Board of Directors (Group) Meeting
Public Papers

Wednesday 18th November 13:00 – 16:35

Dudley Archives & Local History Centre, Tipton Road, Dudley, DY1 4SQ













- The Allied Health Professional Awards across both DGFT and SWB celebrated our AHP's and their amazing work
- Staff flu campaign launches across both Trusts to help keep patients, staff and visitors safe
- The Dudley Group won two prestigious Health Service Journal (HSJ) Patient Safety Awards
- Black History Month celebrated by staff across both Trusts
- Our Annual Member Meetings allowed clinical teams to speak directly to the public at our marketplace events
- Celebrating Diwali and with staff, visitors and patients

Board of Directors (Group)

Wednesday 18th November 2026 13:00hr
Dudley Archives & Local History Centre, Tipton Road, Dudley, DY1 4SQ

AGENDA

	Item	Paper ref.	Lead	Purpose & scope (SWB/DGFT/ Both)	Time
1.	**Welcome and note of apologies**	Verbal	Chair	For noting Both	13:00
2.	**Declarations of Interest** Click here for Dudley Register of Interests Click here for Sandwell Register of Interests		Chair	For noting Both	
3.	**The Sandwell Patient Story and Strategy in Action** – Martha's Rule Introduced by N Taylor, Director of Nursing, Sandwell				13:05
4.	**Group Strategy Q2 update**	Enclosure 1	A Thomas	For noting Both	
5.	**Minutes of the previous meetings** Wednesday 16th September 2026 Action Sheet	Enclosure 2a Enclosure 2b	Chair	For approval Both	13:35
6.	**Chief Executive's Report**	Enclosure 3	D Wake	For information & assurance Both	13:40
7.	**Chair's Update** - Public questions - Fit and Proper Person Test	Enclosure 4 Enclosure 5	Chair	For information/ approval Both	13:55
8.	**Integrated Committee upwards assurance report** *Quadrant reports in further reading pack* - Joint Provider Committee	Enclosure 5 Enclosure 5a	L Writtle G Crowe	For assurance Both	14:05
9.	**Financial Position Month 6 (Sept 2026) including Cost Improvement Plan update** - The Dudley Group NHS Foundation Trust - Sandwell & West Birmingham Hospitals NHS Trust	Enclosure 6a Enclosure 6b	C Walker M Parmar	For assurance Both	14:15
10.	**Comfort break**				14:30
11.	**Our Patients** Deliver high-quality care, by the right person, in the right place at the right time				
12.	**Group Chief Nurse & Group Chief Medical Officer Report to include:** *Action: 26/58.3 clearance of SJR backlog*	Enclosure 7	M Anderson / N Taylor / M Jones	For assurance Both	14:40
13.	**Education and Training** Professor Helen Steed, Deputy Postgraduate Dean for West Midlands, Dean for Secondary Care	Presentation	M Anderson to introduce	For assurance Both	14:50

14.	**Integrated Quality & Operational Performance Report**	Enclosure 8	M Anderson /J Newens / J Richards/ N Taylor / M Jones	For assurance Both	15:00
15.	**Group Perinatal report**	Enclosure 9	M Anderson/ C Macdiarmid	For assurance Both	15:10
16.	**7 day services**	Enclosure 10	M Anderson	For approval Both	15:20
17.	**Winter Plan** update	Enclosure 11	J Newens/ J Richards	For assurance Both	15:30
18.	**Our People** Be a brilliant place to work and thrive through happy, engaged, productive teams				
19.	**NHS Staff Standards**	Enclosure 12	J Fleet	For assurance Both	15:40
20.	**Education and Training (NETs survey results)**	Enclosure 13	M Anderson / J Fleet	For assurance Both	15:50
21.	**10 Point Plan to improve resident doctors' working lives**	Enclosure 14	M Anderson / J Fleet	For assurance Both	16:00
22.	**Guardian of Safe Working** - The Dudley Group NHS Foundation Trust	Enclosure 15	F Chaudhry	For approval DGFT	16:10
23.	**Freedom to Speak Up Guardian Joint report**	Enclosure 16	J Johnson	For approval Both	16:15
24.	**Governance matters**				
25.	**Dudley Group NHS Charity Annual Report and Accounts 2025-2026**	Enclosure 17	C Walker	For approval Both	16:20
26.	**Board Assurance Framework 2026/27**	Enclosure 18	D Conway/ H Board	For approval Both	16:25
27.	**Risk Appetite Statement** - revised	Enclosure 19	D Conway/ H Board	For approval Both	16:30
28.	**Any Other Business** Limited to urgent business notified to the Chair/ Board Secretary in advance of the meeting				16:35
29.	**Meeting close** **Date of next Board of Directors meeting** Wednesday 20 January 2027 Lecture Theatre, Midland Metropolitan University Hospital, Smethwick, B66 2QT				

Enclosure 1

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Group Strategy Q2 Update		
SPONSORING EXECUTIVE / PRESENTER:	Adam Thomas, Group Chief Strategy & Digital Officer		
REPORT AUTHOR:	Martin Chadderton, Associate Director of Strategy, SWB Ian Chadwell, Deputy Director of Strategy, DGFT Alice Cotton, Planning Manager, Group		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve	x	Both Trusts
	Assurance		Agree		Sandwell and West Birmingham NHS Trust
x	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
		x	Discuss		
			Note		

Suggested discussion points

The quarter in summary

This report covers Quarter 2 (2026/27) of our five-year Group Strategy, 'Fit for the Future'.

Despite a challenging environment, the quarter has seen progress in laying the foundations of the strategy, supported by increased Group working: the Measures of Success are now reported through a single Group dashboard, and the Trusts have benchmarked elective productivity together, with a joint productivity plan going live in Q4.

For our patients, Birmingham Treatment Centre was accredited by GIRFT as an elective hub, theatre utilisation remains above national and regional peers at both Trusts, and clinic templates have been improved against GIRFT standards at both Trusts. For our people, staff retention at SWB shows special cause improvement and DGFT is meeting its 93% retention target.

For our population, Urgent Community Response is above target at both Trusts, DGFT community contacts are up 5.8% on Q1, and SWB has submitted its Community Diagnostic Centre business case to national and regional teams.

Strategy into action

In July, the Board heard how community teams at Sandwell and West Birmingham NHS Trust have moved from paper-based prescribing to electronic prescribing and medicines administration (ePMA) within SystmOne, to support safer, more efficient patient care. Prescribing and administration are now fully digital and integrated within the patient record, supported by standardised templates and decision support. Clinical, pharmacy and digital teams delivered the change together, with structured training to support adoption. The work supports two NHS 10 Year Plan objectives: moving from analogue to digital, and strengthening community teams' ability to deliver care faster. In September, the Board heard from The Dudley Group NHS Foundation Trust about its work on integrated neighbourhood teams and prevention.

Further information is located in the reading room associated with this meeting.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	x	OUR PEOPLE	x	OUR POPULATION	x

Previous consideration
Executive Directors - 13th October 2026; considered at all Board committees – October 2026

Recommendations	
a)	Discuss the Q2 2026/27 position against the Group's Measures of Success and six in-year objectives.
b)	Identify any areas requiring further assurance, corrective action or escalation

Escalation
Should any element of this report be escalated:

BAF Impact			
Sandwell and West Birmingham NHS Trust		The Dudley Group NHS Foundation Trust	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
X	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

V003 July2026

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

UNCONFIRMED Minutes of the Board of Directors Meeting (Public session)
held on Wednesday 22nd July 2026 13:00hr
Sandwell Health Campus, Hallam Street, West Bromwich, B71 4HJ

Present:
Mark Anderson, Group Chief Medical Director, (MA)
Laura Broster, Group Chief Communications Officer (LB)
Gary Crowe, Deputy Chair (DGFT) (GC)
Peter Featherstone, Non-executive Director, Senior Independent Director (DG) (PF)
James Fleet, Group Chief People Officer (JF)
Mike Hallissey, Non-executive Director (MH)
Rachel Hardy, Non-executive Director (RH)
Lorraine Harper, Non-executive Director (LH)
Catherine Holland, Non-executive Director (CH)
Karen Kelly, Chief Officer, Fit for the Future (KK)
Mick Laverty, Non-executive Director (ML)
Mohit Mandiratta, Non-executive Director (MMa)
Johanne Newens, Chief Operating Officer (SWB) (JN)
Sir David Nicholson (SDN) **Chair**
Madi Parmar, Director of Finance (SWB) (MP)
Vij Randeniya, Non-executive Director (VR)
Jack Richards, Interim Chief Operating Officer (DGFT) (JR)
Mel Roberts, Group Chief Nurse (MR)
Kat Rose, Group Chief Partnership & Community Officer (KR)
Jatinder Sharma, Non-executive Director, Senior Independent Director (SWB) (JS)
Valerie Taylor, Non-executive Director (VT)
Adam Thomas, Group Chief Strategy & Digital Officer (AT)
Diane Wake, Chief Executive (DW)
Chris Walker, Director of Finance (DGFT) (CW)
Lesley Writtle, Deputy Chair (SWB) (LWr)

In Attendance:
Helen Board, Board Secretary (HB)
Dan Conway, Associate Director of Governance/Company Secretary (SWB) (DC)
Warren Grigg, Group Director of Estates (WG)
Claire Mcdiarmid, Interim Group Director of Midwifery [item 18]

Apologies:
Helen Attwood, Directorate Manager (Minutes) (HA)
Rachel Barlow, Group Chief Development Officer, Group Deputy CEO (RB)
Paul Hudson, Medical Director, DGFT (PH)
Lowell Williams, Non-executive Director (LWi)

Governors, Staff, Members of the Public and External attendees*:*
Ms R Adams, Embrace Inclusion Network [item 20]
Ms G Carter-Sandy, Deputy Chief Operating Officer (SWB) [item 18]
Ms B Cooke, Equalities Business Partner [item 20]
Ms D Digger, Disability & LTC Inclusion Network [item 20]
Mr L Gardiner, Care Co-ordinator [item 3]
Mr A Khan, Chair of the Muslim Liaison Group (SWB)
Mr H Patel, Public Elected Governor, Dudley
Mr D Jenkins, Pharmacy and Population Health Management [item 4]
Ms A Kaur Tung, Deputy Chief Operating Officer DGFT [item 18]

Ms L Maxfield, Deputy Chief Partnerships Officer [item 4]
Mrs C Macdiarmid, Interim Group Director of Midwifery (CMc) [item 14 &15]
Ms N Mann, BME Inclusion Network [item 20]
Mr D Reilly, ED Clinic Co-ordinator (SWB) [item 3]
Mr P Singh, Group Head of Equality & Diversity, Inclusion [item 20]
Ms J Taylor, Strategic Commissioning and Transformation Lead – Primary Care, Adult and Older Adult Community Services and Long-Term Conditions [item 3]
Mr M Taylor, Cinapsis
Ms K Turnbull, Regional Engagement Lead, NHS Professionals

26/49.0 Apologies and Welcome
The Chair opened the meeting and welcomed all to the third meeting of the Group Board as a Committee in Common between Sandwell and West Birmingham Hospitals NHS Trust and The Dudley Group NHS Foundation Trust. The Chair welcomed the Board and Trust colleagues and Foundation Trust members.

Apologies had been received as listed above. The Chair congratulated MA on his appointment as Group Chief Medical Officer, KR on her appointment as Chief Partnership & Community Officer.

26/50.0 Declarations of Interest
The Chair declared that he was the shared Chair of Sandwell and West Birmingham NHS Hospitals Trust, Royal Wolverhampton NHS Trust and Walsall Healthcare Trust. The Declarations of Interest Register for all Board members was available on the Trust's website.

26/51.0 The Dudley Population - Integrated Neighbourhood Teams
KR introduced the section and gave some background on the ongoing improvement work as part of the Fit for the Future Strategy.

The Board received a patient story describing the experience of an elderly housebound couple and the positive impact of intervention by the Integrated Neighbourhood Care Coordinator. Members heard how a home visit identified unmet needs and barriers to care that had not been visible through existing records, including inaccurate coding of housebound status, difficulties attending hospital appointments, equipment concerns and increasing pressure on an unpaid carer. The Board noted that a coordinated plan of support had been implemented, including referrals for equipment assessment, carer support, review of community-based services and updates to primary care records.

They heard more about the INT and the development of the model as part of the Fit for The Future strategy and the benefits of working together rather than in silo. Part of the national community of practice led by Newton and focus on housebound patients who are the most vulnerable patients - access to services can be really challenging and six times more likely to admit into hospital. Of the 2886 individuals identified as housebound, 687 had been reviewed with 203 receiving some referrals for support as needed.

Benefits to the trust with a focus on keeping people well in the community and making best use of acute clinical resources and moving from reactive to proactive care.

The Board reflected on the learning from the case, noting the importance of accurate patient records, proactive care coordination and consideration of both patient and carer needs. Members recognised that home-based assessments and more flexible models of care, including community phlebotomy and telephone consultations where clinically appropriate, could improve patient experience, reduce avoidable travel and support more personalised care.

The story provided assurance regarding the benefits of integrated neighbourhood working and highlighted opportunities to improve access, safety and coordination of care for vulnerable patients while ensuring that carers receive appropriate support and signposting.

KK commended the team and noted the importance of people understanding the left shift and patients not attending ED when they can be supported at home including those that are frail and elderly.

MA asked for more information in respect of the 'safe and well calls' that were not answered. LG replied that if the calls went unanswered, they would then automatically refer the individual to the INT and notify the primary care partner.

DW commented that Dudley had some of the highest number of frail and elderly residents and asked what would be required to do this on a bigger scale and support more people in their usual place of residence. JT noted that the team was small and they were working with acute and ED colleagues to support diversion to INT. There was evidence to show that the impact of the current case load was reaching 2% and would ideally need to reach 4% for any appreciable or so and noted that there are connections to the wards at point of discharge to link in with. SC commented on the work to reduce duplication visits from different agencies where possible. There was more to do to meet some specialist needs and plan to expand the INT with geriatricians as the next step.

The Chair thanked all and commented that the scope of the work undertaken was having a positive benefit for individuals and recognised that the learning going forward should support ongoing improvement.

It was **RESOLVED** to

- **Note** the population story

26/52.0 Strategy into Action

LB introduced the item highlighting the importance of prevention as part of the Trusts strategy and thanked staff and community partners for their contribution to project.

The Board received a presentation on community-led cardiovascular disease (CVD) prevention activity across the Black Country and Birmingham delivery by Duncan Jenkins and Lisa Maxfield. Members noted the significant impact of cardiovascular disease on local populations, particularly amongst deprived communities and some ethnic minority groups, and heard how the Group's prevention approach focused on early detection, risk reduction and optimisation of long-term health outcomes through partnership working with local communities.

The Board noted the positive outcomes from a series of co-designed community events delivered in trusted local settings across Dudley, Handsworth and West Birmingham. More than 400 residents had been engaged, with health checks identifying previously unrecognised cardiovascular risk factors, including high blood pressure, abnormal blood glucose levels and irregular heart rhythms. Members heard that the events had been particularly successful in reaching communities that may be less likely to access traditional healthcare services and had strengthened relationships between community organisations, primary care, public health and Trust teams.

The Board noted that the next phase of the programme would focus on establishing a sustainable prevention pathway, ensuring that individuals identified as at risk were connected into appropriate follow-up care and that outcomes could be measured consistently. Members recognised that the approach supported national priorities to shift care closer to home, increase preventive intervention and reduce health inequalities, and acknowledged the importance of continuing to invest in community partnerships, evaluation and neighbourhood-based prevention activity.

MMa thanked all for their involvement and was supportive of the population approach in reaching out.

GC referenced the videos they has seen and noted it prompted thinking about ongoing communication, innovation and up scaling the reach. DJ stressed it was nothing new and credited

Professor Hughes from Sandwell although it was sporadic but noted that formalising future events and building relationships regionally and nationally. There was currently no budget for these activities and were working towards formalising matters.

VR noted his appreciation for the initiatives and the need to customise as needed. He commented on the multiple visits to vulnerable people and the make every contact count is key.

The Chair thanked the team for their presentation and congratulated all involved for their work.

26/52.1 Group Strategy update (enclosure 1)

The report was noted.

26/53.0 Minutes of the previous meeting held on 22nd July 2026 (enclosure 2a)

The minutes of the July meeting were reviewed and were subject to no amends.

It was **RESOLVED** to

- **Approve** the minutes of the last meeting

Action Sheet

Actions listed were closed or not due.

26/54.0 Chief Executive's Overview and Operational Update (enclosure 3)
The Group Chief Executive presented the report and noted a range of national, regulatory and strategic developments affecting both Trusts. Members noted that Sandwell and West Birmingham NHS Trust's 2026/27 financial plan had been accepted by NHS England as "Compliant with Conditions", subject to enhanced financial oversight and continued delivery of financial improvement actions. The Board also noted publication of the revised National Oversight Framework and the differing segmentation positions of both Trusts within the new methodology; Dudley remained in segment 3 and Sandwell and moved to segment 4.

The Board noted a number of significant organisational achievements. These included national accreditation of the Russells Hall Hospital Elective Surgical Hub, recognition of Anita Jones through her election to the Intensive Care Society Practice Advisory Group, Birmingham Treatment Centre had also received GIRFT accreditation and progress in the completion of the 2026/27 NHS Provider Capability Assessments. Members also received updates on preparations for the forthcoming Human Tissue Authority regulatory assessment and national guidance regarding the safe deployment of Ambient Voice Technology within healthcare settings.

The Board reviewed operational performance across both Trusts, noting continued progress in emergency access standards, ambulance handover performance and long-wait reduction activity, whilst recognising ongoing challenges to eliminate the use of corridor care (Dudley) and in meeting referral-to-treatment and cancer performance trajectories. Members noted that planned care recovery, urgent and emergency care flow, diagnostic capacity and elective backlogs remained key operational priorities, particularly within a number of specialties at Sandwell and West Birmingham NHS Trust. Those waiting over 52 weeks were in single figures at both trusts. There had been significant improvement in the performance against the faster diagnostic standards.

Following the report of the Baroness Amos report, several engagement events had taken place and recollected that her experience was lovely to hear of experience of great care and of care not as good as we would want it to be. Listening is key to driving improvement in the trusts and will be repeating it on a regular basis across the BC and Sandwell. Formally thanked those member of the public who had come forward to share their experiences

The Board welcomed positive updates from the charitable funds programme, staff recognition awards and patient feedback. Members noted the success of charity-funded initiatives supporting hospital discharge, workforce wellbeing and specialist equipment appeals, together with numerous examples of outstanding patient care and staff commitment across both Trusts. The Board recorded its appreciation to staff, volunteers and charity supporters whose efforts continued to make a significant contribution to patient care, experience and organisational culture.

MMa commented on the positives to be gained from using AVT and asked if there were any early indications at Dudley that there was positive benefits from the rollout. DW noted that data had not been shared as yet.

It was **RESOLVED** to

- **Receive** as assurance that The Dudley Group NHS Foundation Trust was represented and have a voice within the Black Country Integrated Care System and at regional and national levels.

26/55.0 Chair's Update

A public question had been received from T Weller in relation to public transit and environmental matters in the Borough. The Trust continued to support the Council and WMCA in their plans to improve cycling and public transit infrastructure across the region.

Recently, the Trust had worked with the Council to provide staff with 30 free bikes alongside training and essential accessories, as well as providing over 860 free bus passes to staff over the last two years.

The issues raised about landfill gases and the extension of the cycling network near Russells Hall Hospital were not within the Trust's responsibility. Black Country Transport have provided a statement to the Board regarding the potential project to continue the work to improve the Smestow Valley for walking and cycling. Information on this work is not within the public domain and have not been confirmed.

[LH rejoined the meeting]

The chair read out a statement from Mr Ansa Khan.

As the Chair of the Muslim Liaison Group, I am honoured to collaborate with James on the work to drive further improvements in the experience of diverse staff. The MLG are pleased to be actively partnering with the Trust to improve the collection and utilisation of EDI (Equality, Diversity, and Inclusion) data, particularly through the development of robust WRES and WDES improvement plans. This work is essential to ensuring equality, equity, and fairness for our staff and to ensure that our staff work in a racist free environment.

Accurate and comprehensive EDI data is critical for identifying disparities, shaping policies, and driving meaningful change. More importantly, the commitment of the Trust's leadership to take action and make interventions to drive improvements is critical. By actively involving various networks in this process, we can harness diverse insights and experiences that will enhance our understanding and effectiveness.

The Muslim Liaison Group fully supports this work and is committed to making our data practices more robust and inclusive. Together, we can create an environment that truly reflects and serves our community.

Mr Khan had also asked the following question:

Given the financial difficulties the Trust is currently facing, there are concerns about how these challenges may impact the services available to our community. What assurances can the Trust

Board provide that our community will not have to seek services elsewhere due to these financial constraints?

DW replied that any proposed services changes would give opportunity for involvement of our people, patients and the wider population. and that the current focus was on those services that had a level of fragility. DW mentioned that the development of the surgical hub at Sandwell could see some services moving from other locations but gave assurances that on the whole it would only apply to specialty services.

26/56.0 Integrated Committee Upward Assurance Report (enclosure 5)
The Board received the Committee Chairs Report and noted the key risks and assurances emerging from committee activity. Members noted that financial sustainability remained the most significant area of concern across both Trusts, particularly in relation to delivery of Cost Improvement Programmes, achievement of recurrent savings, workforce cost pressures and the longer-term financial challenge facing 2027/28. The Board received assurance that enhanced governance arrangements, strengthened reporting, increased scrutiny through the revised Finance and Productivity Committee structure and focused recovery planning were in place to improve delivery confidence and support financial recovery. The Finance & Productivity Committee had held an extraordinary meeting in July to focus on scrutiny around financial performance

The Board noted that assurance remained limited in relation to delivery of the Workforce Plan and the Fit for the Future Programme. Committees had identified concerns regarding the lack of sufficiently detailed evidence demonstrating how workforce reduction targets would be safely achieved and whether transformational programme benefits would be delivered within the required timescales. Members noted that further work was underway to strengthen delivery plans, clarify accountabilities, improve programme oversight and provide assurance regarding the achievement of planned benefits while maintaining quality and operational performance.

The Board received assurance regarding continued improvement within maternity services at Sandwell and West Birmingham NHS Trust, including improvements in key outcome indicators, strengthened governance arrangements and establishment of the Perinatal Transformation and Assurance Group. However, members noted that continued oversight would be required to ensure improvements were sustained and that cultural, leadership and patient experience issues remained a focus. The Board also noted ongoing operational risks relating to the Birmingham and Midland Eye Centre backlog, MRI waiting times, cancer pathways, patient flow and length of stay performance, with committees seeking further assurance that recovery plans were delivering measurable improvement at pace. The discussion at the private session of board earlier in the day in relation to the Fit For the Future Strategy refresh, welcomed the proposals to review resource requirements to create a strong foundation.

The Board further noted risks associated with estates compliance, fire safety, heatwave resilience and community engagement. Assurance was received that detailed reviews, strengthened governance and targeted improvement actions were being progressed. Members also received positive assurance regarding developments in talent management, succession planning and culture through the new Group workforce dashboards, together with progress in establishing governance arrangements for the emerging NHS Anchor Organisation role. The Board noted that committees considered governance arrangements to be operating effectively but recognised that ongoing scrutiny would be required as partnership and commissioning arrangements continued to develop.

The Chair asked if there were any other matters in the report that would not be covered in the remainder of the agenda. LWr noted that more info about delivery of the Fit for the Future delivery would be making its way through committees.

It was **RESOLVED** to

- approve and note the report of assurances provided by the Committees upward reports, the matters for escalation and the decisions made

26/56.1 Joint Provider Committee (enclosure 5a)
GC provided the update from the Joint Provider Committee and noted progress against the Black Country Provider Collaborative work programme. Members noted that two clinical transformation priorities had been completed, five remained on track and two had experienced delays, with one having been escalated due to limited progress. The principal risk identified related to the pace of delivery of agreed transformation priorities and the potential impact of delays on the wider benefits realisation programme. The Board received assurance that delivery remained under active oversight and that previously agreed service transformation decisions, including the urology model, would continue to be implemented.

The Board noted that concerns remained regarding the scale, capacity and delivery challenges associated with both clinical and corporate transformation programmes. Assurance was provided that the current priorities would be completed before additional transformation programmes were commenced and that a review of service fragility was underway to support future prioritisation. Members also noted approval of key Phase 1B Corporate Service Transformation initiatives, including progression of collaborative banking and research and development arrangements, alongside endorsement of Phase 2 managed shared services arrangements supported by strengthened governance, programme management and delivery resources.

The Board further noted emerging opportunities and risks associated with the development of NHS Anchor Organisation arrangements across the system. Members recognised the importance of maintaining local sovereignty whilst identifying opportunities to deliver services and functions more effectively at scale. Assurance was received that the Group Chief Executive Officers and Chief Community and Partnerships Officers would develop a coordinated programme of collaborative work, with appropriate governance arrangements in place to oversee delivery and manage risks.

It was **RESOLVED** to

- Note the report and the matters highlighted for assurance and escalation

26/57.0 Finance Report Month 4 (July 2026)

Sandwell and West Birmingham Hospitals NHS Trust (enclosure 6a)
MP presented the Month 4 financial report for Sandwell and West Birmingham NHS Trust and noted a year-to-date deficit of £7.83m against a planned deficit of £6.65m, representing an adverse variance of £1.18m. Members noted that the principal drivers of the variance were under-delivery of the Cost Improvement Programme (CIP), under-performance against contract income targets and the impact of industrial action costs. The Board also noted continuing pressures relating to workforce expenditure, with staffing levels remaining above plan and bank spend exceeding both planned levels and the year-to-date bank cap.

The Board noted that the most significant risk to delivery of the financial plan remained achievement of the £58.1m CIP programme and the delivery of recurrent savings required to support long-term financial sustainability. Members were advised that savings delivery continued to rely heavily on non-recurrent measures and that the underlying financial position remained a concern, with the latest assessment indicating an underlying deficit of £64.6m. Additional risks were noted in relation to workforce reductions where number were 158wte over plan, activity and income recovery, future deficit support funding and utilisation of the Community Diagnostic Centre capital allocation.

The Board received assurance that a range of mitigating actions were in place, including enhanced oversight through the Financial Improvement Group, strengthened recruitment and temporary staffing controls, monthly reviews with NHS England and the ongoing Drivers of the Deficit Review. Members also noted the establishment of dedicated governance arrangements to oversee capital expenditure and cash management. There were delays to the capital expenditure linked to the community diagnostic project and were working with to re-profile. The Board was assured that focused action was being taken to improve CIP delivery, increase productivity, recover activity levels

and strengthen financial sustainability, whilst maintaining safe service delivery and patient care standards.

JS asked about the extent of the risk to the capital not spent on the diagnostic project. MP replied that there was active dialogue to discern whether it would be impacted locally or regionally.

It was **Resolved** to**:**

- **Note** the Month 4 financial position

The Dudley Group NHS Foundation Trust
CW presented the Month 4 financial report for The Dudley Group NHS Foundation Trust and noted that the Trust reported a cumulative deficit of £0.921m at the end of July 2026, which was £0.135m better than plan. Members noted that the Trust continued to forecast delivery of its planned breakeven position for 2026/27. However, key risks remained in relation to overspends within the Medicine and Surgery, Women and Children's divisions, elective activity performance below plan, and continued operational pressures arising from urgent and emergency care demand forcing the Trust to keep unfunded beds open. The Board received assurance that recovery plans were being developed and monitored to address these pressures.

The Board noted overspend on workforce and productivity risks, particularly the continued reliance on bank staffing, which remained above both planned levels and the NHS England bank cap. Members also noted that delivery of the Cost Improvement Programme (CIP) was £0.407m behind the phased plan and that a residual delivery risk of £2.646m remained, principally associated with the Learn, Adapt, Transform Programme and Fit for the Future schemes. Assurance was received that mitigating schemes had been identified and were expected to be fully operational by the end of September, with a continued focus on maintaining a high level of recurrent savings delivery.

The Board received assurance that the Trust's cash and capital positions remained stable, with year-end cash balances forecast to remain healthy and capital expenditure expected to exceed the original plan following receipt of additional NHS England allocations. Members noted that, whilst the underlying financial position had deteriorated slightly due to increased non-recurrent savings, the Trust remained on track to achieve its financial plan. Ongoing scrutiny of divisional recovery plans, elective activity recovery, workforce expenditure and CIP delivery would continue to provide assurance regarding the achievement of financial sustainability objectives.

To continue to achieve the plan for the rest of the year, month 5 would need to remain on track against a backdrop of ongoing challenge.

The Chair commented that the board was keeping the financial situation under close scrutiny in a challenging environment at both trusts with a particular focus needed on the Sandwell finances that faced significant pressure.

It was **RESOLVED** to

- **Note** the Month 4 financial position, associated risks and mitigating actions

[comfort break]

26/58.0 Group Chief Nurse & Group Chief Medical Officer Report (enclosure 7)
MA and MR presented the joint report from the Group Chief Nursing Officer and Group Chief Medical Officer and noted a number of emerging strategic and clinical risks. Members noted the publication of the national Sepsis Modern Service Framework and the need to ensure organisational readiness for future requirements, including pathway review, staff education and deterioration management. The Board also noted the launch of the Group Clinical Services Plan and the ongoing review of fragile services to identify areas requiring focused intervention and future transformation. Assurance was provided that structured reviews, intelligence gathering and implementation planning

were underway to support future service resilience and compliance with emerging national expectations.

The Board noted workforce and professional governance risks associated with advanced practice regulation, workforce sustainability and staff development. Members received assurance that preparatory work was underway to strengthen advanced practice governance ahead of forthcoming Nursing and Midwifery Council regulation, harmonise policies across the Group and develop standardised workforce frameworks. The Board also noted positive findings from the DGFT MTI doctors survey, although further work was required to improve awareness of reporting routes and training opportunities. Assurance was provided through continued oversight by the Joint People Committee and ongoing investment in leadership, education and workforce development programmes (response to action: 26/06). The MTI scheme was scheduled to cease in 2027 and all medics would be transferred to an employed status.

The Board noted several significant staff achievements and external recognitions. Ms Stacey Price, Nurse Associate Educator, had received the University of Wolverhampton Apprenticeship Ambassador Award in recognition of her contribution to apprenticeship development. Amy Williamson, Practice Nurse, had been awarded the Chief Nursing Officer for England Silver Award for her outstanding collaborative work in supporting the delegation of insulin administration, improving patient care and strengthening cross-organisational working in diabetes management. The Board also noted that Anita Jones had been appointed to the Intensive Care Society Professional Advisory Group, reflecting the Trust's growing contribution to regional and national professional leadership. In addition, she had led the development of the DGFT Advanced Clinical Practitioner Trainee Rotation Programme, with implementation planned for late 2026/early 2027, supporting future workforce development and advanced practice capability across the organisation.

The Board further received assurance regarding quality improvement, workforce retention and research activity across both Trusts. Members noted the redesign of the Transition to Practice Programme to improve preparedness and retention of newly qualified staff, achievement of GSF accreditation across all DGFT medical inpatient wards, and growing research performance with 378 publications at Sandwell and West Birmingham NHS Trust and 139 publications at The Dudley Group NHS Foundation Trust. The research and clinical trials data was still to be fed into the National Oversight Framework data collection. The Board recognised that these developments, together with national and regional staff recognition awards, provided positive assurance regarding clinical quality, professional development, research capability and the long-term sustainability of the workforce.

ML asked how the clinical templates would be aligned with the Fit for the Future work and transformation activities. MA replied that this would need to be assessed once all responses were back and the output would be reported to board.

The chair asked for clarification of the number of fragile services and what the resolution might be. MA replied that definition of fragile could depend on a number of circumstances and would be reviewed on a case by case basis.

GC flagged the achievement of GSF attainment for all wards at Dudley and was recognised as fairly unique. MR confirmed that wards at Sandwell would be working towards their accreditation.

It was **RESOLVED** to

- **Receive** the report and note assurances

[CMc joined the meeting]

26/59.0 Integrated Quality & Operational Performance Report (enclosure 8)
The Board received the Integrated Quality and Performance Report and noted that both Trusts continued to demonstrate effective quality governance arrangements, a positive patient safety culture and generally strong patient experience outcomes. Members received assurance regarding performance in a number of key areas, including stroke services, falls prevention, end-of-life care, pressure ulcer management and reductions in long elective waits. However, the Board noted that overall assurance remained moderated by sustained operational pressures, workforce challenges and a number of quality and performance indicators that remained below target.
MA provided some background to the current development of the aligned paper that should be ready for board in the new year and the current report was in an interim format.

The Board noted a number of key quality and safety risks requiring continued oversight. These included significant complaints backlogs and response delays, particularly at Sandwell and West Birmingham NHS Trust, safeguarding compliance concerns, delays in access to inpatient mental health services and compliance with deteriorating patient pathways that remained below expected standards. Members received assurance that recovery plans, deep-dive reviews, strengthened governance arrangements and targeted improvement programmes were in place and subject to regular executive and committee scrutiny, although sustained improvement remained necessary. There were no incidents attributed to staff reductions.

The Board further noted ongoing operational risks associated with urgent and emergency care flow, ambulance handovers, referral to treatment performance and cancer standards. Particular concern was noted in relation to cancer pathway performance, diagnostic capacity constraints and elective backlogs at Sandwell and West Birmingham NHS Trust, alongside continuing patient flow pressures across both organisations. The Board received assurance that comprehensive improvement programmes remained in place, performance was showing improvement in several areas, and progress continued to be monitored through established quality and operational governance frameworks.

LWr had reflected on the earlier report from on performance in cancer services and queried the impact on NOF ratings especially linked to diagnostics. JN advised that there was extra scrutiny under the NOF rating with fortnightly review meetings and support in respect of diagnostics as well as the key milestones for cancer service target improvement in FDS to reach 80% by October. She noted the dependency of diagnostics and achievement of the cancer delivery targets and described how it linked to the harm review work. JR noted that referrals had seen an increase as a result of awareness campaigns and in response, had introduced straight to appointment pathways and were working with primary care to determine appropriate referrals and the work with the pathology diagnostics

MH referenced the new Sepsis guidance that would only be useful when applied to the right patient and asked when the next project plan would be shared and the required standard achieved by when. MA advised that PEWs has recently commenced, the reporting would require a digital solution at which time a trajectory would be confirmed.

GC referenced safeguarding compliance and staffing challenges and asked for further information. MR replied that the ‘children in care’ caseload at Sandwell was a challenge owing to the catchment area extending 50 miles in all directions and noted the recent success in it recent reduction following an approach from the Trust. The Dudley position for ‘children in care’ had been escalated to the ICB and a response was awaited.

It was **RESOLVED** to

- **Noted** the contents of the Integrated Quality and Performance Report and the performance information provided for July 2026 across both Trusts
- **Receive assurance** that appropriate quality, patient safety and governance arrangements remained in place across both Trusts and were operating effectively. The Board acknowledged the continued positive performance in a number of key areas, whilst

recognising that further improvement was required in relation to complaints management, safeguarding compliance, deteriorating patient pathways, workforce pressures, mental health transfer delays, urgent and emergency care flow, and cancer performance.

- **Note** the ongoing operational and capacity pressures, particularly in relation to urgent and emergency care flow, discharge processes, ambulance handovers and cancer performance at Sandwell and West Birmingham NHS Trust, and received assurance that improvement plans, recovery actions and governance oversight arrangements were in place to address the identified risks and support sustained performance improvement.

26/58.1 Group Perinatal Report (enclosure 9)
CMc presented the joint Perinatal Quality Oversight Report and noted that perinatal mortality remained a key area of risk and focus across both Trusts. Members noted that The Dudley Group NHS Foundation Trust continued to report stillbirth and neonatal mortality rates below national averages, although the increase in neonatal mortality earlier in 2026 remained under close review through a thematic investigation. At Sandwell and West Birmingham NHS Trust, the overall perinatal mortality rate had improved and stillbirth rates had reduced; however, neonatal mortality remained elevated and continued to demonstrate special-cause concern. The Board received assurance that all cases were subject to detailed review through established governance processes, with learning and improvement actions actively monitored.

Trust had received a visit from the MOSS team as part of their work to raise awareness of the initiative.

The Board noted ongoing risks associated with delivery of NHS Resolution Maternity Incentive Scheme Year 8 requirements, workforce resilience and implementation of improvement programmes. Members were advised that both Trusts had achieved the required maternity training standards and continued to demonstrate high compliance with the Saving Babies' Lives Care Bundle. However, risks remained at Dudley regarding implementation of the Maternal Care Bundle and at Sandwell in evidencing learning, triangulation and measurable improvement arising from investigations and reviews. The Board received assurance that dedicated oversight arrangements, including the Group Perinatal Transformation and Assurance Group, chaired by DW, had been established to monitor progress, address risks and oversee delivery of improvement plans.

The Board further noted risks relating to culture, workforce capacity and operational performance within maternity and neonatal services, particularly at Sandwell and West Birmingham NHS Trust following the Baroness Amos investigation. Assurance was provided that intensive support from the NHS England Maternity and Neonatal Improvement Support Team had commenced, with clear milestones, strengthened governance, enhanced community engagement with staff and families, and focused improvement activity across nine priority areas. MR noted how very welcoming the families had been and it had been valuable in terms of feedback received. DW commented on the range and quality of services she has witnessed at the Lozells event and served as a reminder of the difference that supporting community can make. Members also noted improving maternity triage performance, improved Category 1 caesarean section response times and the decision to commission an externally led review of all 2025 stillbirths involving families who had received care from the Trust, providing additional independence, transparency and assurance.

In response to a query from GC about the vacancy rates in midwifery, CMc replied that midwifery vacancies had reduced to nine posts that had all been recruited to. Work was also focussed on the onboarding of a large intake of support workers where a staggered intake approach was applied. Full fill rate was expected and were doing things a bit differently to ensure retention and gave an example of allocation of caseloads, having dedicated assignments to ward areas and upskilling opportunities.

VT asked if the support being given at Sandwell was creating an unnecessary risk to the ongoing quality of services at Dudley. CMc advised that there had been an appointment to the interim head of midwifery at Dudley, the improvement work was embedded and there was ongoing with training

and adequate resourcing. There were positive outcomes following comparative data being used and the active sharing of improvement methodology and experience.

CW referenced the achievement of the NHS Maternity Incentive Scheme and the confidence level for each Trust. CMc replied that Dudley was on track to fully achieve whilst Sandwell continued to work with NHS colleagues noting the trajectory to achieve by the end of year was on track; the focus was on ensuring that the relevant assurances were in place and going through processes and being able to give full assurance.

In response to the chairs request for her overall view of the maternity services at Sandwell, CMc noted that the teams were more readily able to take ownership of their daily decisions and more staff were going through improvement training with increasing engagement. The Chair then asked how blockages relating to either resources or processes were being overcome. CMc responded positively with all involved continuing to work through the changes and transformation work.

[ATK joined the meeting]

It was **RESOLVED** to

- **Receive** the report noting risks, mitigations and assurances

26/58.2 Maternity and Neonatal 10 Point Plan (enclosure 10)
The Board received the baseline assessment against the NHS England Maternity and Neonatal 10 Point Plan and national Maternity Triage Specification for both Trusts. Members noted that the majority of requirements were either fully or partially compliant and that core maternity governance, safety and triage arrangements were established across both organisations. However, the principal area of risk for both Trusts related to demonstrating systematic Board review and action in response to inequalities data, together with the need to strengthen evidence of women and family voice, organisational learning and the measurable impact of improvement activity. The Board received assurance that improvement plans had been developed and aligned to existing maternity governance arrangements.

The Board noted that The Dudley Group NHS Foundation Trust demonstrated strong compliance across the majority of the 10 Point Plan requirements and had well-established maternity triage arrangements. Key risks identified related to inequalities oversight, embedding Martha's Rule within maternity services, strengthening thematic learning from complaints and incidents, and improving the use of demographic data and service-user feedback to identify variation in outcomes and experience. Members received assurance that these areas had been incorporated into existing governance and improvement programmes, with progress subject to ongoing monitoring.

The Board further noted that Sandwell and West Birmingham NHS Trust had identified risks relating to inequalities governance, workforce capacity, family involvement in learning, and aspects of maternity triage accessibility, communication and competency assurance. Members were assured that these issues were already being addressed through the Perinatal Improvement Programme, NHS England support arrangements and established governance structures. The Board reviewed the findings, noted the associated improvement actions and approved both Trusts' baseline assurance submissions to NHS England ahead of the required national deadline.

It was **RESOLVED** to

- **approve** both Trusts' baseline assurance submissions against the NHS England Maternity and Neonatal 10 Point Plan and Maternity Triage Specification ahead of submission to NHS England by 25 September 2026.

26/58.3 Learning from Deaths (enclosure 11)
MA presented the 12-month Mortality and Learning from Deaths overview report and noted that both Trusts continued to operate robust mortality governance arrangements aligned to national standards. Members received assurance that all inpatient deaths were subject to appropriate

Medical Examiner scrutiny, that structured mortality review processes remained in place, and that learning was systematically identified, monitored and embedded through established governance frameworks.

The Board noted that the principal risk remained the elevated Summary Hospital-level Mortality Indicator (SHMI) at Sandwell and West Birmingham NHS Trust. However, members were assured that the Trust remained within the NHS England “as expected” mortality range and that mortality trends continued to be actively monitored and investigated. Members also noted that The Dudley Group NHS Foundation Trust maintained a stable mortality position, with mortality indicators remaining within expected levels and a positive Hospital Standardised Mortality Ratio.

The Board received assurance that improvement programmes were in place across both organisations to address identified mortality themes and areas of elevated risk. These included initiatives focused on patient flow, clinical documentation, sepsis, pneumonia, oxygen management, maternity and perinatal outcomes, and condition-specific mortality. Members were assured that the Joint Quality Committee continued to oversee delivery of these actions and was satisfied that learning from deaths was being translated into measurable quality improvement and patient safety benefits.

In response to a query from VR about the number of people on oxygen at home in Sandwell, MA advised there were several hundred.

GC asked when the backlog in SJR would be completed. MA explained that recruitment was underway and would be in a position to provide a trajectory to clear them by the next board meeting.

Action: trajectory to clear the backlog of SJRs to be included in the CMO report to the next meeting **MA**

It was **RESOLVED** to

- **Receive** assurance that the learning from deaths processes for scrutinising deaths and monitoring various data sources is robust and in alignment with national standards
- **Acknowledge t**he issues identified (i.e. high SHMI) and the actions to be undertaken

26/58.4 Minimum Standards of Patient Experience (enclosure 12)
JN and JR presented the joint baseline assessment against the NHS England Minimum Standards of Patient Experience for Elective Care and noted that both Trusts had many of the required processes in place. Members noted that the principal risk was not the absence of systems, but the ability to consistently evidence compliance and ensure that patients experienced the standards in practice. Areas of risk included referral communication, provision of information whilst waiting, reasonable adjustments, appointment communications and demonstrating systematic compliance with the national standards.

The Board noted that the most significant area of variation between the organisations related to the requirement for patients to receive updates at least every 12 weeks. The Dudley Group NHS Foundation Trust demonstrated strong assurance against this standard, achieving 95.4% compliance, whilst Sandwell and West Birmingham NHS Trust reported performance of 52.5%, below both expected levels and requiring focused improvement. Members also noted risks relating to waiting well information, completion-of-care communication and the consistent identification and management of reasonable adjustments and communication needs.

The Board received assurance that both organisations had established foundations from which to achieve full compliance and that improvement plans had been developed to address identified gaps. Members supported the establishment of multidisciplinary workstreams, development of a joint approach to patient communications and ongoing governance oversight ahead of future NHS England assurance activity. The Board noted that, subject to delivery of the planned actions, both Trusts would be better placed to demonstrate compliance and provide a more consistent patient

experience across elective care pathways with an update to be brought back to board in three months.

LB advised that it linked to the Accessibility Information Standard and feedback from engagement activities where there was benefits to being able to flag on our patient records e.g. capture communications preferences and the plan demonstrated positive improvements.

ML asked if it overlapped with the fundamentals of care work. MR replied that it did in the communications domain. JN confirmed that the work would be overseen by the Joint Quality Committee noting that the plan would need to include monitoring and oversight arrangements.

It was **RESOLVED** to

- **Note** the outcome of the joint assurance assessment and endorse the establishment of the proposed multidisciplinary workstreams to address identified gaps
- **Support** development of a joint approach to implementation of NHS England patient communications

26/58.5 Winter Plan and approval of Board Assurance Statement (enclosure 13)

Alert
The Board noted that both Trusts faced significant forecast winter capacity pressures, with modelling identifying a combined peak bed gap of 184 beds across the Group. Members recognised the key risks associated with increasing urgent and emergency care demand, patient flow constraints, discharge delays, workforce availability and the potential impact on elective recovery should planned mitigations fail to deliver the anticipated benefits. The financial consequences of prolonged use of surge capacity and additional staffing requirements were also noted.

Advise
The Board was advised that delivery of the Winter Plan remained dependent upon successful implementation of admission avoidance schemes, workforce resilience, effective discharge arrangements and continued support from system partners, including community and social care services. Members noted that failure to achieve the planned reductions in bed demand could result in additional operational pressures, increased expenditure and challenges in maintaining planned elective activity throughout the winter period.

Assure
The Board received assurance that comprehensive winter mitigation programmes had been developed across both Trusts, including enhanced frailty services, virtual wards, same day emergency care, discharge improvement initiatives and additional surge capacity arrangements. Members were assured that the proposed interventions were forecast to offset the identified capacity gap and that robust governance, executive oversight, performance monitoring and benefits-realisation reviews were in place to track delivery, manage risks and support timely corrective action throughout the winter period

Management reported that the internal and ICB bed modelling was broadly aligned. Both Trusts had prepared Board assurance statements for submission by the end of September, subject to Board approval. The plans carried financial and workforce risk, particularly because the availability and timing of non-recurrent ICB funding had not been confirmed.

MM noted that the Several Dudley schemes appeared to be existing business-as-usual services and asked how they would create additional capacity, including the stated bed benefit. AKT explained that the benefit depended on optimising and combining existing schemes rather than simply continuing them. The care navigation centre, Learn Adapt and Transform, frailty pathways and long-term-condition pathways would operate as a coordinated admission-avoidance model with system partners. Existing services were not yet fully optimised.

LWr asked to what extent did operational staff understand the changes and have the capacity to deliver them after a pressured summer. AKT commented that Staff were aware of the requirements, but management acknowledged significant fatigue and that the organisations were entering winter without the usual summer recovery period. Workforce availability remained a material implementation risk.

It was further raised how would the plans reduce length of stay and ensure that learning from previous bed censuses became routine practice. GCS commented that Sandwell planned two further full censuses before Christmas and ward-level mini-censuses informed by stratified length-of-stay data, including variation by ward and clinician. Dudley had commenced winter events, received support on census methodology, and was planning a full census. Cross-Group learning, red-to-green approaches and regular ward review would be embedded as business as usual.

MH questioned whether using surgical beds for medical patients at Sandwell would undermine elective recovery. AKT stated that that elective recovery depended on increasing day-case activity and moving appropriate work away from the Midland Met rather than reducing activity. Limited medical outliers in surgical capacity had been modelled and were not intended to compromise the elective plan. This remained an area requiring active monitoring.

AT asked for clarification that the ICB information appeared to show lower bed demand than the previous winter and questioned was the modelling correct. AKT stated that management had challenged the ICB modelling several times. Changes arising from Dudley's LAT programme had contributed to confusion, but the ICB had accepted the Trust's internal model for scenario planning. The Board requested that the final submission clearly reflect the correct demand and capacity position.

PF asked when the staff vaccination plans would be mobilised, including work with primary care and communities. KR stated the programme would commence at the beginning of October, supported by communications, neighbourhood forums and community groups. The ICB was exploring additional funding with primary care and the voluntary sector, and regional funding was also anticipated.

The Chair asked for confirmation that the learning from the previous winter had been incorporated into the 26/27 plans. He then asked for assurances that the closure of beds would support the mitigations and asked what allowance had been made to accommodate the current demand levels as a starting point to the winter period; what would be the final deficit noting that there was 160 bed deficit with a gap to close of seven linked to a range of schemes to save the beds. JR confirmed that there were schemes against all of the beds and would result in a zero bed deficit.

The Board acknowledged the significant work undertaken to develop the plan. Members noted, however, the likelihood that the additional bed capacity would be utilised given ongoing operational pressures. It was recognised that approval of the Bed Allocation Schedule (BAS) was subject to two key caveats: confirmation of Integrated Care Board (ICB) funding and the development of an equally robust supporting plan by the Mental Health Trust.

The Chair further noted the national challenges relating to bed capacity and shortages. It was reported that these concerns had been raised by the ICB with the regional team, including questions regarding the responsiveness of support arrangements. Members were advised that associated funding was beginning to flow through the system, providing some assurance that the issue was receiving national and regional attention.

It was **RESOLVED** to

- **Note** the forecast winter capacity gap of 184 beds across the Group; received assurance that comprehensive mitigation plans were in place to manage anticipated winter pressures; noted the associated operational, workforce and financial risks; and supported ongoing monitoring and reporting through established governance arrangements.

- **Approve** the responses to the Board Assurance Statements subject to the caveats as described in the preamble to this minute

26/59.0 Our People

26/59.1 Workforce Race Equality Standard & Workforce Disability Equality Standard (enclosure 14)

JF introduced colleagues representing the inclusion networks at Sandwell and Dudley Trust and emphasised the work undertaken by each of them to develop the improvement plans.

There was further details in the reading room provided comprising the full reports that had been considered at the Joint People Committee.

JF presented the 2026 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) report and noted evidence of positive progress across both Trusts, including increased representation of ethnically diverse and disabled staff, reductions in reported harassment from colleagues, improved disciplinary outcomes for ethnically diverse staff, and stronger confidence among disabled staff in reporting concerns. Members noted that the improvement plans had been co-developed with Staff Inclusion Networks and were supported by strengthened governance arrangements, enhanced leadership accountability and the introduction of digital dashboards to provide more timely workforce equality oversight.

The Board also noted a number of areas requiring further improvement. Whilst overall workforce diversity had increased, inequalities remained within recruitment processes and progression to senior leadership roles. The report highlighted a deterioration in several disability-related indicators, including recruitment outcomes, presenteeism, staff engagement and perceptions regarding the adequacy of reasonable adjustments. Members recognised that positive gains in workforce representation had not yet translated consistently into equitable day-to-day staff experiences or leadership representation.

The principal risks identified related to the persistence of workforce inequalities, the potential impact on staff experience, retention, engagement and organisational culture, and the risk that improvements observed at headline level could mask ongoing disparities within specific workforce processes. The Board received assurance that these risks were being mitigated through targeted WRES and WDES improvement plans that had been aligned to the objectives of the individual Inclusion Networks, inclusive talent management that was being scaled, and succession planning initiatives, enhanced scrutiny of recruitment and employee relations data, strengthened escalation processes for reasonable adjustments, quarterly divisional reporting, and ongoing monitoring through the Executive Team, Joint People Committee and Staff Inclusion Networks. The Board supported and approved the proposed improvement plans.

CH highlighted the vast quantity of data and information that was available to the Joint People Committee and acknowledged there was more to do in the Committee to create the space to focus on the road ahead and the importance of the work of the Inclusion Networks.

At the invitation of the Chair, colleagues from the Networks provided their feedback.

Hearing the voices and lived experience was valuable across the groups as the EDI work continued. The improvement plans were robust and would yield positive change over time and commended the level of co design and engagement in developing the improvement plans. The level of support available to staff had improved greatly via a good range of the Apps noting more to do to raise awareness with the line managers noting it was on of many projects that involved working with communications colleagues.

GC emphasised the point there was more to do about recruitment and the data made stark reading as there had been limited progress and encouraged the networks to use the avenues available to challenge and ask for the organisation to do more. JF concurred and that the increasing levels of neuro diversity and had developed a neurodiversity toolkit to support managers and leaders. CH observed that the work was closely related to the cultural work being undertaken.

The Chair noted that the position stated was not a comfortable one for the Board and the ask was for a set of plans that would make a difference with the Inclusion Networks at the heart of it to support the journey. The positive elements highlighted those matters that we could resolve for ourselves with a clear trajectory and milestones. Individual activity was valuable and to positively have an influence was important and related his experience of reverse mentoring. He commended those attending from the inclusion networks and thanked them for the dedication and contribution to the organisation.

It was **RESOLVED** to:

- **Note** the forecast the combined 2026 WRES and WDES findings, including measurable progress and continuing inequalities.
- Take **assurance** that targeted improvement action is being taken to address areas of deterioration, sustained and persistent inequalities delivery.
- **Note** and support the developing use of the digital dashboards to inform divisional review, talent planning and targeted action.
- **Approve** the Group WRES and WDES improvement plans.

26/59.2 Modern Slavery Statement (enclosure 15)

JF outlined the report presenting the 2026/27 Modern Slavery and Human Trafficking Statements for both Trusts and noted the strong governance, safeguarding, workforce and procurement arrangements in place to prevent, identify and respond to risks of modern slavery and human trafficking. Members noted that robust recruitment and employment checks, safeguarding training, supplier assurance processes, contractual controls and Freedom to Speak Up mechanisms continued to provide assurance that appropriate systems and controls were operating effectively. The Board noted that no significant modern slavery concerns had been identified through existing governance processes during the reporting period, providing assurance regarding compliance with the requirements of the Modern Slavery Act 2015 and NHS procurement regulations. Members welcomed the continued commitment of both Trusts to ethical employment practices, responsible procurement and the protection of vulnerable individuals, whilst recognising opportunities to further align future reporting and assurance arrangements across the Group to promote consistency and the sharing of good practice.

The Board discussed the principal areas of potential risk, including international recruitment, temporary staffing arrangements, facilities management services, construction projects, catering and cleaning contracts, and complex national and international supply chains. Members were assured that these risks were being mitigated through risk-based procurement processes, supplier due diligence and assurance arrangements, adherence to NHS contractual standards, safeguarding frameworks, workforce policies and ongoing staff awareness and reporting mechanisms.

VT asked what proactive testing and audits were undertaken to demonstrate that the controls in place were effective. JF advised they are built into the procurement processes. CW added that the majority of procurement was undertaken using the NHS framework and anything locally would be undertaken in line with trust policy. The Chair asked that the internal auditors were alert to this risk. VR noted that there was potential that predominantly using the national framework could exclude local companies within our own communities. WG commented that in terms of the facilities providers and PFI arrangements there were criteria that applied and agreed to the request to bring a report to the next meeting.

JS recognised that in his college life this was apt and supported the chairs suggestion that a report/deep dive should come to board encompassing local procurements and relationship to our local communities.

Action Report/deep dive encompassing local procurements and relationship to our local communities to be presented at the next meeting **WG**

It was **RESOLVED** to

- **Approve** the 2026/27 Modern Slavery and Human Trafficking Statements for both Trusts
- **Authorise** publication of the approved statements on the respective Trust websites; and
- **Note** the assurance provided regarding the governance, safeguarding and procurement arrangements supporting compliance with modern slavery legislation

26/60 Our Population

26/60.1 Anchor organisations (enclosure 16)

KR provided an update on the emerging Anchor Model and noted the strategic opportunity for the Group to play a greater role in shaping population health, care pathways and resource allocation across Dudley, Sandwell and West Birmingham. A letter had been received confirming the role of Dudley as the designate Anchor organisation. Members welcomed the work undertaken during the 2026/27 shadow year, including the establishment of the Anchor Steering Group; covering Dudley and Sandwell trusts along with primary care representation, and Task and Finish Group, and noted the potential benefits of stronger partnership working, improved pathway integration, earlier intervention, better management of demand and a greater focus on population outcomes and health inequalities.

The Board recognised that significant development work remained before any formal model could be agreed. Current discussion had focussed on the strategic view and areas requiring further refinement included governance arrangements, decision-making powers, financial mechanisms, clinical accountability, workforce capacity and capability, data sharing, partner responsibilities and the role of primary care and community representatives. Members emphasised the importance of ensuring that the emerging model complemented existing Place Partnership arrangements and maintained appropriate influence for Sandwell and West Birmingham within future system-wide decision making.

The Board discussed a number of key risks associated with the proposed model, including the potential for responsibility to transfer without sufficient authority, funding or partner commitment; the risk of underfunded services and commissioning gaps; service destabilisation arising from pathway redesign; insufficient workforce, digital or analytical capability; and the possibility that anticipated benefits may not be realised or could inadvertently widen inequalities. Assurance was provided that these risks would be mitigated through the shadow-year approach, phased implementation, robust governance arrangements, financial and clinical assurance reviews, clear accountability frameworks, independent evaluation, regular benefits reporting and ongoing engagement with partners, patients and communities.

ML asked that conversations about the anchor roles align with the work of the Fit for the Future strategy. The chair commented on the scope of services and noted that the commissioning could greatly influence the transformation work and the need to align also. LH asked how the scope of services and the Fit for the Future align given that UHB commissioning approach may differ from our vision. KR advised that there would be a lot of detail to be decided and that overlapping commissioning was not a new thing and the impacts on community services and acute provision should not be underestimated. In response to the Chairs query about what discussions had been undertaken to date with UHB, KR responded that it had been tentative as they worked through the relationship development piece. AT noted work underway by the strategic commissioning unit to go

through the demand capacity modelling that would inform on the future shape of those on the boundaries. The scope of services still had items that need to be in there but not yet decided. More questions around modelling and its influence on transformation work was emerging. KR noted the different model of current providers in Birmingham noting that Dudley was the provider of a majority of services in the list currently.

It was **RESOLVED** to

- **Note** the progress being made to develop Anchor arrangements across Dudley, Sandwell and West Birmingham and the strategic opportunity presented by the emerging Anchor Model to improve population outcomes and integrated care.
- **Note** the work underway, including the establishment of the Anchor Steering Group with general practice representation from both places and the creation of the Anchor Task and Finish Group, reporting through the Integration Committee.

26/61.0 Governance and Regulatory

26/61.1 Trust Seal Report
The Board received the Trust Seal Report for Quarter 1 and Quarter 2 of 2026/27 and noted that governance arrangements remained effective across both organisations. Members noted that there had been no use of the Trust Seal within , demonstrating compliance with established constitutional and governance processes, whilst had appropriately used the seal for a small number of property, lease, warranty and construction-related agreements, all of which had been authorised and recorded in accordance with approved procedures.

The Board noted that the report provided assurance regarding the management and recording of sealed documents and welcomed the continued application of robust controls, including the maintenance of the seal register and formal authorisation arrangements. Whilst no areas of significant concern were identified, members acknowledged the importance of maintaining accurate records and ongoing oversight of sealing activity to ensure continued compliance with constitutional and legal requirements.

No material risks were identified within the report. The principal risk remained the potential for non-compliance with governance or statutory requirements should sealing arrangements not be properly controlled. Members were assured that this risk was mitigated through established approval processes, delegated authorities, comprehensive record keeping and regular reporting to the Board on seal usage across both Trusts.

It was **RESOLVED** to

- **Note** the usage of the Trust Seal during the period April to August 2026 across both Trusts.

26/61.2 Board Assurance Framework
The Board received the final 2026/27 Group Board Assurance Framework (BAF) and noted the significant work undertaken to strengthen alignment between the BAF, performance information and the corporate risk register. Members welcomed the clearer presentation of principal risks, enhanced triangulation of evidence and the establishment of a structured reporting and escalation framework. The Board was assured that risk ownership, controls, mitigating actions and Committee oversight arrangements were well established and provided a coherent line of sight between strategic risks, assurance activity and operational delivery.

The Board noted that, whilst progress had been made in strengthening the assurance framework, there was insufficient outcome evidence at this stage to support any reduction in risk scores. Areas requiring further development included demonstrating sustained improvement through performance outcomes, providing stronger triangulated evidence, and validating improvements through independent assurance. Members noted that Quality, People and SWB Finance remained subject to inconclusive assurance, whilst Partnership, Operational Performance and Infrastructure continued to require further evidence before assurance levels could be strengthened.

The Board discussed the principal risks contained within the BAF, including quality and safety, workforce and culture, financial sustainability, operational performance, partnerships and infrastructure. Particular attention was given to those risks remaining outside risk appetite, namely Quality and Safety, SWB Financial Sustainability and DGFT Financial Sustainability. Members were assured that these risks were being actively mitigated through established committee oversight, clear risk ownership, regular performance monitoring, defined evidence thresholds for score reduction, immediate escalation of material changes or risk appetite breaches, and a requirement for sustained improvement across multiple reporting periods before de-escalation could be considered.

CH welcomed the revised format and ML concurred and confirmed that the Infrastructure Committee had robustly reviewed their respective BAF risk and the feedback had been incorporated.

It was **RESOLVED** to

- Approved the final 2026/27 BAF principal risk profile, risk ownership and current risk scores for both Trusts.
- Endorsed the proposed reporting and escalation arrangements, including the requirement for triangulated evidence of sustained improvement before any BAF risk score is reduced.

26/62.0 Any other Business
There was none raised

26/63.0 Date of next Board of Directors Meeting
The next meeting would be held on Wednesday 18th November 2026 at the Dudley Archives, Tipton Road, Dudley DY1 4SQ.

26/64 Meeting Close

The Chair declared the meeting closed at 16:37hr.

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Sir David Nicholson
Chair Date:

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

Action Sheet
Board of Directors Held September 2026
PUBLIC SESSION

Item No	Subject	Action	Responsible	Due Date	Comments
26/12.1	Chief Nurse and Medical Director Report	To invite the Gynecologist who had undertaken key research to deliver a patient story at a future Board meeting		tbc	
26/58.3	Learning from Deaths	trajectory to clear the backlog of SJRs to be included in the CMO report to the next meeting	MA	Nov '26	Update included in CNO/CMO report to board
26/59.2	Modern Slavery Statement	Report/deep dive encompassing local procurements and relationship to our local communities to be presented at the next meeting	WG	Nov '26	

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Public Chief Executive Report		
SPONSORING EXECUTIVE/ PRESENTER:	Diane Wake, Group Chief Executive		
REPORT AUTHOR:	Helen Board, Board Secretary (Dudley), Dan Conway, Associate Director of Corporate Governance/Company Secretary (Sandwell)		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve	x	Both Trusts
x	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
		x	Discuss		
		x	Note		

Suggested discussion points

- NHS England Guidance to support NHS organisations in the provision of single-sex services and Facilities
- Unauthorised and Inappropriate Access to Patient Information
- BTC Hub accreditation visit
- Implementation of the resident doctors' deal: latest guidance and next steps
- Implementation of Marthas Rule in ED
- National Inclusion Benchmark Results
- Fit for the Future Working Group
- Ninth Clinical Summit – highlights
- West Birmingham CVD Prevention Event
- Healthy Neighbourhoods and Community First
- Dudley and Sandwell Anchor update
- Operational Performance
- Charity Updates
- Awards
- Healthcare Heroes/Staff Recognition
- Patient Feedback
- Visits and Events

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**x**	**OUR PEOPLE**	**x**	**OUR POPULATION**	**x**

Previous consideration
None

Recommendation	
a)	**Note** and **discuss** the contents of the report

Escalation
Should any element of this report be escalated: None

BAF Impact			
Sandwell and West Birmingham NHS Trust		The Dudley Group NHS Foundation Trust	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
X	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date:			
Is Equality Impact Assessment required if so, add date:			

V003 July2026

Report to the Group Public Trust Board on 18th November 2026
Chief Executive's Report

1. **NHS England Guidance to support NHS organisations in the provision of single-sex services and Facilities**

Following receipt of a letter from NHS England NHS England has issued new guidance on the provision of single-sex services and facilities following the implementation of the Equality and Human Rights Commission (EHRC) Code of Practice on 5 August 2026. The guidance reinforces organisations' responsibilities to ensure privacy, dignity, safety and respect for all patients and staff, while ensuring compliance with the Equality Act 2010. NHS trusts are asked to review local policies, practices and environments against the updated requirements and ensure decisions are lawful, proportionate, evidence-based and appropriately documented.

The Board is expected to assure itself that appropriate arrangements are in place to implement the guidance, including review of patient accommodation, staff facilities, relevant policies and operational procedures. NHS England has requested that organisations establish clear action plans where changes are required, support consistent decision-making, and maintain workplaces that are safe, respectful and inclusive. An assessment of the guidance and any local implications for the Trust is underway and any significant actions or risks will be reported through the appropriate governance routes.

2. **Unauthorised and Inappropriate Access to Patient Information**

NHS England has written to NHS organisations expressing strong concern at the increasing number of incidents involving unauthorised access to confidential patient information, describing such behaviour as unlawful, unacceptable and highly damaging to public trust in the NHS. The letter emphasises that while these incidents involve a minority of staff, they undermine the professionalism of the wider workforce and erode confidence in the NHS's ability to safeguard sensitive information. </Sir Jim Mackey>, Chief Executive of NHS England, has reaffirmed a zero-tolerance approach and called on NHS leaders to take decisive action to prevent and address breaches of patient confidentiality.

The Trust shares NHS England's concern regarding any inappropriate access to patient records and fully supports the expectation that such breaches are treated seriously and investigated promptly. The Chief Executive is particularly disappointed by the lack of professionalism, integrity and empathy demonstrated by individuals who seek to access confidential information relating to people who may

be experiencing illness, distress or bereavement. The Trust continues to reinforce staff responsibilities regarding confidentiality and information governance and will ensure that any breaches are managed robustly in line with national guidance and local policies.

3. BTC Hub accreditation visit

The Birmingham Treatment Centre (BTC) has successfully achieved national accreditation as an adult Elective Surgical Hub through the NHS England/GIRFT accreditation programme. The accreditation panel recognised the hub's clinical and operational excellence, highlighting its strong patient pathways, embedded culture of continuous improvement, effective multidisciplinary working, and high levels of patient satisfaction. The visiting team commended the professionalism, enthusiasm and commitment of staff, describing a highly motivated team delivering outstanding patient-centred care.

Accreditation provides independent assurance of the quality, safety and effectiveness of services delivered at BTC and recognises the hub's contribution to improving elective recovery. While accreditation was achieved, the review identified opportunities to further optimise productivity, workforce flexibility and digital processes. A Hub Optimisation Plan has been agreed to address these areas, ensuring the Trust continues to strengthen capacity, improve utilisation of surgical lists and maximise the benefits of the hub model for patients across the Black Country.

4. Implementation of the resident doctors' deal: latest guidance and next steps

The implementation of the national Resident Doctor Deal continues to progress following the publication of further NHS England guidance in September 2026. The guidance sets out expectations for trusts on key commitments including the transition of locally employed doctors to substantive contracts, reimbursement of professional examination fees, enhanced appraisal arrangements and improved exception reporting. Trusts are expected to implement the requirements in line with the national agreement and establish appropriate local assurance arrangements for Board oversight of delivery.

The agreement aims to improve the experience, retention and productivity of resident doctors whilst supporting more sustainable workforce planning. NHS England has also confirmed further expansion of postgraduate training posts and is encouraging organisations to reduce reliance on temporary staffing through the creation of additional substantive and training opportunities. The Trust is reviewing the latest guidance and implementation requirements, with work progressing through the appropriate workforce and medical staffing governance arrangements.

5. Implementation of Martha's Rule in ED

NHS England has announced the expansion of Martha's Rule into all emergency departments across England, extending the patient safety initiative beyond inpatient settings to provide patients, families, carers and staff with a clear route to escalate concerns where they believe deterioration is not being recognised or acted upon. Trusts are expected to commence implementation now, with full delivery required by March 2028, supported by national guidance and dedicated funding for emergency departments. The Trust already has established arrangements to support escalation of concerns and has commenced a review of current processes against the national requirements to identify any enhancements needed.

The expansion represents a significant step forward in strengthening patient voice, safety and the early recognition of deterioration within urgent and emergency care pathways. Locally, work is underway to develop an implementation plan within the Emergency Department, incorporating staff awareness, communication with patients and families, and alignment with existing clinical escalation and patient

safety systems. Progress will be overseen through the Trust's established quality and safety governance arrangements to ensure readiness for full implementation.

6. **National Inclusion Benchmark results**

The Trust has received the results of the Onvero Inclusion Benchmark 2026, achieving an overall score of 89%, an improvement from 85% in 2025, and placing the organisation 13th out of 158 participating organisations, 9th out of 56 public sector organisations, and 7th out of 15 healthcare organisations. The assessment demonstrates that the Trust continues to perform significantly above sector and national averages and reflects a mature and embedded approach to equality, diversity and inclusion. Areas of particular strength included Inclusive Recruitment (ranked 1st overall and 100% score), Talent Management and Development, DEI Training, Working Practices and Inclusive Leadership, confirming the effectiveness of the Trust's strategic commitment to creating an inclusive workplace culture. The TIDE Inclusion Benchmark Report assessed the Trust as operating at the "Sustain" level of the Onvero Inclusion Roadmap, representing the highest stage of inclusion maturity. Whilst the overall position is highly positive, the report identified opportunities to further strengthen performance in Diversity Data Monitoring, Values and Behaviours, and Strategy and Planning, particularly in relation to workforce diversity data completeness, employee engagement survey participation and demonstrating the impact of organisational values. These findings will be incorporated into the Trust's ongoing Equality, Diversity and Inclusion work programme to support continuous improvement and maintain the organisation's strong benchmarking position.

7. **Fit for the Future Working Group**

Fit for the Future sets out how we will translate our Group Strategy into sustainable services that meet the changing needs of our population. The programme's ambition combines healthy neighbourhoods and care closer to home, where clinically appropriate, with planned care hubs and two acute hospitals providing urgent, emergency and specialist care. Alongside the developing Clinical Services Plan, this work will focus on prevention and earlier intervention, improving access and reducing health inequalities. More joined-up pathways, supported by digital technology and better use of our collective expertise and capacity, will help us respond to rising demand and workforce pressures.

Work is underway, supported by Deloitte, to develop an Outline Business Case (OBC) establishing the longer-term strategy for Fit for the Future. This will set out the proposed service models, investment requirements, anticipated benefits and phased approach to delivery, and will be presented to the Board for approval. Clinicians, staff, patients, communities and partners will help shape and test the emerging proposals, with the Clinical Reference Group providing clinical challenge and advice. We will remain clear about what has been agreed, what is under development, and where people can influence the outcome.

8. **Ninth Clinical Summit - highlights**

The ninth Collaborative Clinical Summit, held on 6 November 2026 and attended by more than 150 clinical leaders and colleagues from across the Black Country. The event showcased significant progress in collaborative service transformation, innovation and improvement across partner trusts. Key developments included expansion of the breast reconstruction service at DGFT, progress towards a Black Country approach for advanced colorectal cancer surgery, development of a new ENT service model, emerging gynae-oncology collaboration, and substantial improvements in urology services, with renal cancer waiting times reduced dramatically following service redesign. Delegates also heard about the region's first collaborative robotic surgery strategy and the successful introduction of Aquablation treatment, which is reducing waiting times for patients. Clinical leaders and the ICB

outlined future service and transformation plans, reinforced by examples of award-winning innovation. A central theme was the value of collaboration, shared learning and collective action to improve access, quality and outcomes for patients across the Black Country.

9. **West Birmingham CVD Prevention Event**

On Wednesday 4th November, a highly successful cardiovascular disease prevention event was held in West Birmingham, demonstrating the impact of effective partnership working across local health and community services. The event attracted 108 local residents, all of whom received health checks and prevention advice. Screening identified 32 individuals with significantly raised blood pressure, 14 with elevated blood glucose levels and 10 with abnormal pulse rhythms. In addition, five flu vaccinations were administered (subject to final verification). All attendees with abnormal findings received an on-site GP assessment and were supported to access appropriate follow-up care through their own GP. The event highlighted the value of collaborative working in addressing health inequalities and bringing preventative healthcare closer to local communities, with strong support from clinical leaders and partner organisations. The positive response from residents and the number of previously undetected risk factors identified demonstrate the importance of continued neighbourhood-based prevention initiatives.

10. **Healthy Neighbourhoods and Community First**

Over recent months, our Trusts, as the local Anchor designates, have continued to strengthen our approach to Healthy Neighbourhoods and Community First across Dudley, Sandwell and West Birmingham. At the heart of this work is a simple ambition: to help people stay well and independent for longer, identify changing needs earlier, and provide more joined-up care closer to home wherever it is safe and appropriate to do so.

Firstly, we have successfully co-located the Dudley and Sandwell Single Points of Access together from 2 November 2026. This provides an opportunity to make access to community services simpler and improve coordination between teams. In Dudley we have worked with Primary Care and agreed that some of the ICB winter funding for frailty be spent on providing additional admin capacity within our care Navigation Centre to undertake patient contact and pathway communication activities, releasing Band 6 clinical nursing capacity to focus on referral triage, pathway management, and admission avoidance activity. We also anticipate a reduction in the time it takes a GP to refer.

We are also expanding the Community Frailty Intervention Team in Dudley. The specialist team provides rapid, comprehensive assessment for people living with frailty, bringing professionals together to understand an individual's needs and agree the right support. Following an initial pilot operating one session each week, the service is being expanded during November to provide 10 sessions a week, with capacity to support up to 56 people each week. By identifying and responding to people's needs earlier, we aim to help prevent deterioration, reduce avoidable hospital attendance and admission, and enable more people to remain safely and independently at home.

In partnership with our partners in Sandwell and West Birmingham we have held two more Neighbourhood Health Prevention events one in Smethwick and another in West Birmingham with over 100 people turning up at each event and spending time understanding their health as well as the wider opportunities within the community around prevention.

The Trusts are working with the other Trust's in the Black country to secure Macmillan Neighbourhood Transformation Funding (NTF). This presents an opportunity to secure up to £3m of repayable transformation investment per Trust over three years (up to £12m across the Black Country) to accelerate neighbourhood-based models of care for people living with frailty, complex needs and advanced illness. Unlike traditional grant funding, the NTF is being developed on the basis that participating organisations are expected to demonstrate measurable benefits and agree a mechanism through which the investment is repaid over time. We are working towards bringing the business case through the Trust's Finance and Performance committee in December and Board in January with aim to go live with services in April 2027. The proposals span different stages of people's care, from earlier identification and assessment through to specialist intervention, palliative care and ongoing support in the community. Whilst local portfolios differ, partners have sought to create a common architecture spanning identification, assessment, intervention and ongoing support across the frailty pathway.

Scheme	Sandwell	Dudley	Walsall	Wolverhampton
Community Frailty Hub	✓	✓	✓	✓
Palliative Care	✓	✓	•	•
Fracture Liaison Service	✓	✓	• Bone Health Service	
SPA Geriatrician	✓	X	X	X
Care Homes WRAP	✓	X	X	X

**The decision not to progress demonstrates that schemes are being tested against local need, measurable opportunity and financial viability, not being advanced solely to maintain a consistent number of schemes across organisations.*

We recognise that becoming truly Community First requires more than developing individual projects. We are working with primary care colleagues from across Dudley, Sandwell and West Birmingham to hold a workshop to identify and agree the most credible opportunities for appropriate left shift and neighbourhood-based care across Dudley, Sandwell and West Birmingham, and to establish shared principles for taking this work forward. This work will help us agree a number of priority areas for future development and establish shared principles for neighbourhood-based care.

11. Dudley and Sandwell Anchor update

The ICB has confirmed its intention to award a contract to eligible Anchor designates, subject to a two-step assessment process. A gateway assessing capability and readiness, drawing on existing evidence such as the NHS Oversight Framework, followed by a maturity and development self-assessment. The contract will initially be based on a contractual conferral of discretions rather than full delegation; the same route used for the Black Country and Birmingham and Solihull mental health lead provider arrangements. The ICB is developing four supporting frameworks (finance & risk, quality, behavioural, and delegation & decision rights). It is also reviewing its timeline to allow for providers' internal governance, so the intended April 2027 start depends on these being confirmed.

Year 1 scope has been confirmed following an ICB Executive review. It focuses on urgent and emergency care, non-elective admissions, intermediate care and rehabilitation, frailty, end of life care and outpatients for people with chronic conditions. Children and young people's services, surgical outpatients and elective care are excluded, and the Group will continue to make the case for wider

outpatient scope. The ICB has shared a draft financial envelope that requires material further work. The Trust's finance team is working jointly with ICB finance to agree the baseline, payment mechanism and risk share. No financial risk should transfer to the Trusts until these are agreed and due diligence is complete.

12. Operational Performance

Dudley

Emergency Access Standards (EAS)

Overall, September 2026 performance against the Emergency Access Standard (EAS) was 80.29%. This performance was supported by continued strong non-admitted performance, which remained within the four-hour target. The Length Of Stay (LOS) for non-admitted patients decreased by 2%. There were 10,874 Type 1 attendances, representing a 6% increase compared with August 26.

Ambulance Handovers

In September 2026, there were 3002 ambulance arrivals to RHH, a –2% decrease compared to August 2026, with the average ambulance offload time of 1 hour 32 mins. This is above the 45min target and has risen from the previous month of August, the flow for our admitted patients now having a LOS of over 522 mins (8.7hours) which has increased by 2% from the month of August. While our non-admitted patients have a LOS of 234 mins (3 .9 hours) which is within our 4-hour performance target.

On going actions being undertaken: -

- Improve ambulance handover times: Continue daily monitoring of ambulance arrivals and offload delays, with a focus on reducing the average handover time from 92 minutes towards the 45-minute target. Escalate delays approaching or exceeding 45 minutes to the Nurse in Charge and Clinical Site Team to support timely decision-making.
- Strengthen escalation and oversight: Review prolonged ambulance handovers throughout each shift, identify recurring barriers and ensure clear ownership of actions. Provide regular updates to the relevant operational and clinical teams to support timely ambulance release and maintain emergency service capacity.
- Reduce admitted patient length of stay: Work collaboratively with inpatient wards, bed management and the Clinical Site Team to identify and resolve barriers to admission. Review patients awaiting beds regularly, prioritise those with the longest waits and escalate delays to support timely transfer from the Emergency Department.
- Continue to use the SDEC, Cardiac Assessment Unit (CAU), Respiratory Assessment Unit (RAU), Frailty Assessment Unit (FAU) pathways to create flow within the department.
- Continue to work with Urgent Treatment Centre (UTC) to avoid GP referrals unnecessarily coming through to ED.

Cancer services (August 2026 validated)

28 Day FDS: August 2026 fell below performance of 78.04% against a target of 83.7%. This was driven by waiting times for Skin, Bladder and Colorectal waiting times for first OPA and diagnostics.

31 Day Combined: August 2026 performance was 94.2% vs 94.3% target. Urology, Gynaecology and Skin remain challenged due to capacity for surgical patients and biopsy capacity for Skin.

62 Day Combined: August 2026 performance was 70% against a target of 77.3%. Breast, Urology and Gynaecology were the sites that were the most challenged in August and remain an area of focus for increasing capacity for surgical patients and increasing biopsy capacity.

Referral to Treatment (RTT) Standards – July 2026

Performance against the 18-week RTT standard for September 26 was 63.34% vs 66.90% plan. Performance for Time to First Outpatient Appointment for September 26 was 64.9% vs 67.4% plan. Focus also remains on Total Waiting List. We continue to track October actions to plan; working on the New November initiative; and tracking trajectory of recovery to achieve our March 27 planned target aligned to Divisional plans. Long waits have significantly reduced, with fewer than 0.07% of patients (35) waiting over 52 weeks for September 26.

Sandwell

Emergency Access Standards (EAS)

Urgent and Emergency Care metrics showed some further recovery in September 26. Total EAS performance was reported at 74.47%, an improvement on the previous month but with still some work required to achieve the trajectory. The admitted pathway continues to drive type 1 underperformance against plan with 13.4% of patients requiring admission moving into a bed within 4 hours with delays primarily in Medicine and Surgery.

The proportion of patients with length of stay in ED exceeding 12 hours continues to see improvement, reported at 10.61%. Additional interventions including an Emergency Department Observation Unit (EDOU) planned for the coming month, is expected to deliver further improvement against this metric.

In September 26, there were 3722 ambulance arrivals to MMUH, 5.6% lower than the previous month, however, more in line with average monthly activity. Average ambulance handover performance was reported at 40 minutes, with 81.0% of all ambulances handed over within 45 minutes, a 2% improvement on the previous month. Average acuity of patients arriving by ambulance was higher in September than in the previous month with more patients requiring assessment and treatment in resus.

Cancer services

28-Day Faster Diagnosis Standard (FDS): September performance was reported at 74.4% (unvalidated), representing an improvement on the previous month but remaining below the 80% trajectory. Diagnostic capacity constraints continue to impact timely pathway progression and remain a key area of focus for improvement.

62-Day Cancer Waiting Time Standard: September performance was reported at 68%, against a target of 78.77%. The greatest underperformance was observed in Gynaecology, Colorectal, Urology and Head & Neck, primarily driven by diagnostic delays and capacity constraints associated with workforce challenges. Targeted recovery actions are required to address these challenges and improve performance against the standard.

31-Day Diagnosis-to-Treatment Standard: The 31-day diagnosis-to-treatment standard was achieved in September, with performance reported at 96.7% (unvalidated), exceeding the required trajectory. The focus remains on sustaining this positive performance and maintaining delivery against the standard in the coming months.

Planned Care

18-Week Referral to Treatment (RTT) Standard: September RTT performance was 60.6%, against a planned trajectory of 63.1%. Significant long-wait backlogs for first outpatient appointments remain across ENT, Gynaecology, Dermatology, Urology and Cardiology. ENT accounts for over 4,000 patients waiting more than 18 weeks. To address this, ENT plans to increase capacity through insourcing and mutual aid arrangements with Dudley, with the aim of clearing the backlog by December 2026.

52-Week Waiting Times: A reduction in 52-week waits has been observed across most specialities. However, ENT continues to account for over 50% of the overall 52-week waiting list, while increases have been reported in Cardiology, Allergy and General Surgery. ENT is developing recovery actions,

including additional clinical sessions and insourcing, to increase capacity and reduce the number of patients waiting over 52 weeks.

13. Dudley Group NHS Charity Updates

Charity Hub and Contactless Giving

The Charity Hub at Russells Hall Hospital continues to strengthen the charity's presence within the Trust as its first fully branded public-facing space. Building on this success, a contactless donation point has now been installed in the hospital's main reception area, making it easier than ever for patients, visitors and staff to support the charity. The new facility provides a convenient and secure way for people to donate, helping to increase awareness, encourage spontaneous giving and generate additional income to support projects that enhance patient care, staff wellbeing and hospital environments across the Trust.

Glitter Ball

The Dudley Group NHS Charity hosted its sixth Glitter Ball at the Copthorne Hotel in Dudley on Thursday 24th September, raising an incredible £15,000 for its Children's Appeal. The evening brought together Black Country businesses and supporters for a night of fundraising, featuring Star Wars characters from Garrison UK, a spectacular performance by West End Kids and entertainment from a magician. The funds raised will help provide an interactive MRI Rocket Scanner for young patients across the Trust. The charity extends its heartfelt thanks to everyone who supported the event and helped make Glitter Ball 2026 a glittering success.

Grooving with Kirsty

Hundreds of people came together for an incredible evening in October, bringing the energy, dancing and plenty of smiles, all while supporting two amazing causes! From the fantastic atmosphere to the brilliant raffle and auction prizes, everyone came together to make it a truly special night.
The event was organised by Kirsty Priest, who has already raised more than £10,000 for Dudley Group NHS Charity. Having battled breast cancer three times and now living with stage four brain cancer, Kirsty continues to give back to the hospitals that have supported her.
We're delighted to share that Grooving with Kirsty raised over an incredible £8,000. Every penny will help support the Dudley Group NHS Charity's St Agatha Trust fund and Queen Elizabeth Hospital Birmingham Charity's brain tumour fund, making a real difference to patients and their families.
A huge thank you to Kirsty, everyone who attended, donated prizes and all those who helped make the evening such a success.

Across the Sahara with Ruth

On the 12th of November Ruth, from our Emergency Department, as she prepares to take on the incredible challenge of trekking across the Sahara Desert in support of our charity.
Working on the frontline in the Emergency Department and Acute Medical Unit, she sees every day how important it is to support both patients and the colleagues who care for them.
We're incredibly proud of Ruth for taking on this inspiring challenge and wish her the very best as she gets ready to embark on her adventure. To support Ruth and help her reach her fundraising target, please here. Thank you for cheering her on every step of the way!

Christmas Appeal

The Dudley Group NHS Charity is spreading festive cheer this Christmas with a range of activities to support patients and the local community. Highlights include the Christmas Market, carols and tree

lights switch-on on 26 November, Christmas Jumper Day on 10th December to raise funds for the MRI Interactive Rocket Scanner Appeal, and the Christmas Tree of Hope, where people can dedicate baubles with personal messages.
The charity is also running its Christmas Comfort and Care Appeal and Inpatient Card Appeal to bring comfort and thoughtful gestures to patients spending Christmas in hospital. To get involved or find out more, visit www.dgnhscharity.org/charity-christmas-appeal or email the charity team on dgft.fundraising@nhs.net.

14. Awards

The Dudley Group has achieved a significant milestone in the quality of care it provides to patients approaching the end of life, with all medical inpatient wards and a wide range of community services now successfully accredited by the National Gold Standards Framework (GSF).



Congratulations to Riya Thomas, who has been recognised for 'Nursing Clinical Excellence' at the annual Sheila Lorimer Award, presented by our Acute Medical Unit (AMU). This award is presented

each year in memory of Sheila Lorimer, one of the Trust's first Acute Medicine Nurse Practitioners, who dedicated more than 20 years to the Trust before sadly passing away in 2014.





Five projects from SWB and the Dudley Group have now been recognised nationally after being shortlisted in the HTN Health Tech Awards 2026.

An SWB nurse whose innovations have transformed care for some of the most vulnerable patients in the community has received a prestigious national nursing award. Amy, YHP (Your Health Partnership) Lead Housebound Practice Nurse and Dementia Care Lead at Regis Medical Centre, has received the NHS England Chief Nursing Officer Silver Award for Outstanding Service to Nursing. The award recognises Amy's leadership, innovation and commitment to improving care, particularly for people living with dementia, housebound patients and residents of care homes.



Dudley Healthcare Heroes/Sandwell ARC Star Awards



Congratulations to our latest Healthcare Hero winner the Dudley Group Deteriorating Patient Team, for their exceptional commitment to patient safety, professionalism and teamwork. They were nominated for their immediate action after identifying a potential issue with an electronic checklist that could have provided inaccurate treatment escalation and resuscitation information during a time-critical emergency.

15. Patient Feedback

Own Bed Instead (DGFT) - Friendly, considerate, professional people who related with me well and helped me understand what I needed. Everything needed in one package.

Ward A2 (SWB) - I would like to give my compliments on the care my grandmother received on ward A2. All the staff, especially ward sisters treated my grandmother and family with such care and respect.

Minor Procedures Room (DGFT) - All staff were so kind, friendly and gave me a friendly welcoming, with a smile. Great to have music playing especially in surgery.

Dr Alvaro Bedoya Ronga in Gynaecology (SWB): During my appointment, he was very professional, made me feel at ease, took the time to explain, he was easy to talk to and I can see how passionate he is about his field of expertise.

Cardiac Assessment Unit (DGFT) - Excellent care from the onset of arrival. Treated with dignity and respect. Kind, helpful and friendly staff, very supportive. Brilliant nursing care by knowledgeable staff.

16. Chief Executive Visits and Events – September and October 2026

1 September	Diane's Coffee and Chat - Guest Outpatients
1 September	Executive Directors - Joint
1 September	Exec Tea
2 September	Corporate Services Transformation Programme Group
2 September	SWB/NHSE - SWBH Maternity SB ToR Review

3 September	DGFT/SWBT Board Cultural Workshop
3 September	Anchor Steering Group
3 September	Rachel - Ground Floor Clinic
4 September	Weekly Cancer Catch-up
4 September	BBCS CEO Meeting
4 September	Joint Sandwell/Dudley Monthly NEDs Call and SPC Chart Training
7 September	COO DGFT and SWBT Stakeholder Panel
7 September	Diane's Coffee and Chat - Rowley
7 September	Transformation and Improvement Workshop
7 September	Executive Directors Meeting
16 September	Dudley/Sandwell Joint Board Meeting (Private and Public session)
17 September	Divisional Challenge Meeting SWBT - MEC
17 September	Clinical Adjacencies Workshop
17 September	BBCS ICB Cancer Delivery Catch-up
17 September	Divisional Challenge Meeting DGFT - CCCS
17 September	Full Council of Governors Quarterly Meeting
18 September	Staff Survey - Line Manager Briefing
18 September	Divisional Challenge Meeting SWBT - Imaging
1 October	Clinical Service Transformation Programme Group
1 October	Charity Committee
1 October	Group Chief Digital and Information Officer Interview
2 October	Dudley/Sandwell Board Cultural Competence Development Session
5 October	Health and Adult Social Care Scrutiny Committee
6 October	Community Maternity Conversation - Bangladesh Islamic Centre
6 October	Executive Directors - Joint
7 October	Listening, Learning and Leading Together Session - Maternity and Perinatal
7 October	SWB Annual General Meeting
7 October	SWB Tiering Call
7 October	Maternity Review Leaders Peer Group
20 October	Midlands Regional Roadshow
20 October	Executive Directors - Joint
21 October	DGFT Team Brief
21 October	NHSE/SWBT Finance and Workforce Review
21 October	Senior Medical Staff Committee Meeting
21 October	SWB Tiering Call
21 October	Divisional Challenge Meeting SWBT - Imaging
21 October	Perinatal Transformation and Assurance Programme Group
21 October	MNIST Executive Meeting - SWB
22 October	Joint Finance and Productivity Committee
22 October	Cluster Cancer and Diagnostics Executive Group
22 October	Joint Finance and Productivity Committee - Board and Executive Session

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

Paper for submission to Board of Directors 18th November 2026

REPORT TITLE:	Fit and Proper Persons Annual Assurance 2025/26		
SPONSORING EXECUTIVE:	Sir David Nicholson, Chairman		
REPORT AUTHORS:	Helen Board, Board Secretary (Dudley) Dan Conway, Company Secretary, Associate Director of Governance, (Sandwell)		
MEETING:	Board of Directors	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve	**x**	Both Trusts
x	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
			Discuss		
		x	Note		

Suggested discussion points

Background

The NHS England Fit and Proper Person Test (FPPT) Framework, introduced in August 2023 following the Kark Review, sets out requirements for assessing the suitability of board directors to hold office and discharge their responsibilities effectively. The framework applies to executive and non-executive directors, including interim appointees. Both Trusts have established FPPT processes in place and are reviewing policies to achieve a consistent approach across the Group.

Process and outcome

Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation have successfully conducted the Fit and Proper Persons Test (FPPT) for 2025/26 and submitted to NHSE by the required submission date of the end of June 2026.

The process ensured that all Board members meet the requirements outlined in the Health and Social Care Act 2008 regulations. The process included new appointment checks and annual assurance measures, such as DBS checks, searches of relevant registers, and self-declarations, with outcomes recorded in personal files and the Electronic Staff Record (ESR). The Council of Governors have received the report and noted the outcome. NHS England reviewed and signed off the submissions in October 2026, confirming that all Board directors continue to meet the statutory requirements (see reading room for appendix 1). The Board will continue to monitor compliance throughout the year and will be notified of any matter that may affect a Director's ongoing eligibility under the Fit and Proper Person Requirements.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**x**	**OUR PEOPLE**	**x**	**OUR POPULATION**	**x**

Previous consideration
Submitted to NHSE at the end of June 2026 for sign off. Council of Governors September 2026 as part of the full year NED appraisal submission. NHS England approved copy received October 2026. Submission to the Board of Directors November 2026 for assurance.

Recommendation	
a)	**Receive the report** and record substantial assurance in respect of the FPPT that has been conducted for the period 2025/26 and that all Board members satisfy the requirements

Escalation
Should any element of this report be escalated: none

BAF Impact			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
X	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

V003 July2026

Report to the Public Trust Board on 18th November 2026
Fit and Proper Persons Annual Assurance 2025/26

1. Purpose

This report provides annual assurance to the Private Trust Board that all Directors of Sandwell and West Birmingham Hospitals NHS Trust and The Dudley Group NHS Foundation Trust continue to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Test (FPPT).

2. Background

The Fit and Proper Persons Test requires NHS organisations to ensure that individuals occupying Board-level positions are suitable to hold office and discharge their responsibilities effectively. In September 2023, NHS England implemented the FPPT Framework following recommendations arising from the Kark Review to strengthen accountability, transparency and leadership standards within NHS Boards.

The framework applies to all executive and non-executive directors, including interim and acting-up appointments where applicable. Comprehensive checks are undertaken on appointment, with annual assurance reviews completed thereafter.

3. Annual Assurance Process

During Quarter 1 of 2026/27, all executive and non-executive directors of both Trusts completed an FPPT self-declaration. Annual assurance checks were undertaken in accordance with the NHS England FPPT Framework, including:

- Self-declarations by all directors;
- Checks of relevant insolvency, bankruptcy and director disqualification registers;
- Review of trustee disqualifications and other statutory exclusions;
- Appropriate online and media searches;
- Confirmation of ongoing compliance with statutory requirements.

In addition, all new Board appointments during 2025/26 were subject to the full pre-appointment FPPT process. Records of all checks are maintained within local governance records and the Electronic Staff Record (ESR).

Directors remain responsible for notifying the Trust Chair, Board Secretary or Company Secretary without delay should any matter arise that may affect their eligibility to satisfy the FPPT requirements.

4. Outcome
All annual declarations were reviewed by the respective Board Secretary/Company Secretary and Deputy Chair.

No matters were identified that would call into question the fitness or propriety of any Director of either Trust. All executive and non-executive directors continue to satisfy the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The annual FPPT submissions were submitted to NHS England in June 2026 and were signed off by the Midlands Regional Director in October 2026 (Appendix 1).

Directors have also complied with the requirement to declare interests annually and to update these declarations throughout the year where changes arise. Registers of Interests are published on the respective Trust websites.

5. Conclusion
The Board can be assured that:
- Appropriate arrangements are in place to comply with the NHS England FPPT Framework;
- All required annual assurance processes have been completed;
- All Directors of Sandwell and West Birmingham Hospitals NHS Trust and The Dudley Group NHS Foundation Trust meet the requirements of the Fit and Proper Persons Test;
- No concerns have been identified during the reporting period.

6. Recommendation
The Board is asked to:

a) Note the annual Fit and Proper Persons Test assurance process undertaken for 2025/26.
b) Confirm assurance that all Directors continue to satisfy the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the NHS England Fit and Proper Persons Test Framework.

Helen Board, Board Secretary (Dudley)
Dan Conway, Company Secretary, Associate Director of Governance, (Sandwell)
October 2026

Appendix 1 – NHSE signed schedules for The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	**Integrated Committee Chairs Report**		
SPONSORING EXECUTIVE / PRESENTER:	Diane Wake, Chief Executive Officer		
REPORT AUTHOR:	Lesley Writtle, Deputy Chair, on behalf of Committee Chairs Dan Conway, Associate Director of Corporate Governance/Company Secretary		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:	**Requested action:**	**Applies to:**
Assurance	Discuss	**Both Trusts**

Overview and Suggested discussion points

Overview: Chairs identify recurring gaps in delivery ownership, learning and evidence of impact. Recovery and workforce assurance remains partial; Dudley pathway and medical staffing controls have minimal assurance. Initial CQC feedback on Dudley emergency care adds an urgent safety escalation. *Full committee assurance reports are available in the reading room.*

Discussion: Are recovery plans owned and deliverable? What evidence and intervention will improve assurance, and how will equal Board briefing and continuity of governance be secured during operational pressure?

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**x**	**OUR PEOPLE**	**x**	**OUR POPULATION**	**x**

Previous consideration and journey of the paper

Finance: 24 September, 22/27 October. Quality: 30 September, 28 October. People: September, 28 October. SWB Audit: 9 September; DGFT Audit: 21 September. Infrastructure and Charity updates included. Recent Integration/Infrastructure cancellations limited scrutiny. Committee Chairs' feedback informs this update.

Recommendation(s)

a)	**NOTE** the assurance and risk changes. **REQUIRE** an integrated December return on recovery, workforce, activity and safety, including November action outcomes.
b)	**CHALLENGE** recurrent savings, bank controls and safe delivery assumptions. **SUPPORT** CEO escalation with mental health providers and the ICB on capacity and funding.

Escalation

Yes. Financial recovery, SWB operational deterioration, Dudley pathway governance, medical staffing controls, mental health, diagnostic delays, SWB life support training and estates safety. Board challenge and system escalation are required.

BAF Impact *mark 'x' as needed*

Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
x	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			

Report to the Group Public Trust Board on 18/11/2026

Overall assessment from Committee Chairs

Chairs consistently highlight the disconnect between strategic plans and evidence of implementation, ownership, and impact. Future reports should articulate the expected trajectory of improvement, assign clear accountability at divisional level, and demonstrate how organisational learning is being embedded across services, particularly where concerns re-emerge. Workforce sustainability, financial recovery, and safe patient care must be addressed as interdependent factors in decision-making and performance management.

1. Matters of Alert and change since September

Financial recovery and recurrent savings

DGFT's year-to-date adverse variance increased from £1.5m to £2.7m in September, with a forecast year-end deficit of £15.7m before recovery actions, reducing to £7.3m if the recovery plan is delivered in full. SWB reported £3.7m adverse year to date and a £16.5m forecast deficit before further recovery actions, already dependent on substantial savings. Both Trusts received partial assurance on their recovery plans, with significant delivery risks and reliance on external commissioner support to improve their positions. A confidential verbal update was provided on the emerging findings of work to assess SWB's underlying deficit position, ahead of a formal report. Early indications suggest significant challenges relating to funding levels, estate efficiency and operational productivity

Workforce delivery and medical staffing controls

Workforce assurance improved from minimal in September to partial in October. Chairs reported that DGFT divisions did not recognise workforce-plan numbers and recruitment timings for additional activity were not demonstrated. Plans require clear Executive and divisional ownership. SWB remained 150 full-time equivalents above plan. Sickness assurance was partial: stress/anxiety predominated and around two thirds of absence was long term.

DGFT Audit gave minimal assurance on medical bank/agency controls, with nine fundamental actions outstanding. Executive assurance required in December Audit committee

Pathway and diagnostic safety

Dudley patient pathway governance: chest pain, glaucoma pathway and clinic letter backlog evidence repeatedly failed to reach the Risk and Assurance Group. Named ownership, outcomes and attendance are required in November. In Sandwell MRI delays and overdue ophthalmology follow-ups need credible recovery trajectories, harm reviews and sustainable capacity and cancer/endoscopy improvement remains too slow.

Mental health and system engagement: Around 500 patients / month present to MMUH ED with a primary mental health condition, including 30-40 Section 136 attendances. The Committee requested Board and system-level escalation due to the worsening position and the reliance on partner organisations to address many of the underlying causes and required solutions.

Operational Pressures, Flow and Corridor Care – Dudley: Quality Committee expressed significant concern and gave only minimal assurance about the effect of operational pressures / flow / patient safety and quality of care, including the ongoing use of corridor and other non-designated care areas. This is married with increasing patient complaints. Delayed discharges / limitations in admission avoidance were identified as key drivers. Group Executives will lead the response and report back with a robust improvement plan, clear trajectory and evidence of sustained impact.

2. BAF implications and required assurance

BAF risk	Committee evidence and assurance gap	Executive owner and next return
001 Quality and safety	Initial DGFT CQC concerns add to missing pathway evidence, diagnostic delays, nutrition and E. coli concerns. SWB life support training was 79.35%. Learning must transfer between services. **BAF Links: 002, 005a/b, 006.**	Verify pathway controls, harm reviews and nutrition actions at November Quality Committee. Obtain Quality follow-up on SWB life support training, recovery actions and interim safeguards.
002 People workforce and culture	Plans have partial assurance, but DGFT divisional ownership, workforce numbers and recruitment timings remain unproven. Sickness and bank reliance threaten safe capacity and savings. Medical bank/agency controls have minimal assurance. **BAF Links: 001, 004a/b, 005a/b.**	Reconcile plans with divisions, recruitment capacity and pay trajectories at November Committees. DGFT December Audit: Executive assurance on nine medical staffing actions and job-planning review.
003 Partnerships and integration	Chairs reported positive SWB locality work and progress on Single Point of Access. Mental health demand and winter capacity depend on partner action; anchor arrangements remain unresolved. The postponed Integration workshop must retain locality focus and test system-model implications. **BAF Links: 001, 004a/b, 005a/b.**	Secure dated provider/ICB capacity and funding commitments; escalate unresolved barriers. Next Integration: review locality purpose, BAF and future working arrangements.
004 Financial sustainability 004a SWB 004b DGFT	Deficits, non-recurrent benefits and high-risk recovery assumptions limit assurance. Further SWB underlying-deficit analysis is untested; funding, estate costs and productivity need reconciliation. **BAF Links: 002, 005a/b, 006.**	Validate recurrent savings, forecasts, external support and bank controls; bring Fit for the Future to next Finance. Close outstanding DGFT audit actions, including patient monies, by December. Report recovery outcomes to January Board.
005 Operational performance 005a DGFT 005b SWB	SWB cancer/endoscopy and imaging recovery remain too slow. DGFT handovers, escalation-space use and elective shortfall qualify improved access. Discharge audit assurance is deferred to Q4. BAF **Links: 001, 002, 003, 004a/b.**	Next Finance/Quality returns to show monthly capacity, activity and harm trajectories for MRI, eye care, correspondence and flow. Maintain interim discharge-control assurance pending the Q4 review.
006 Infrastructure and digital	Estates safety gaps and digital funding uncertainty affect resilience. The £1.6m digital savings gap, £2m City receipt assumption, CDC reprofiling and capital utilisation need validation. **BAF Links: 001, 004a/b, 005a/b.**	Verify remedial closure, interim controls and independent review; reconcile funding and re-baseline benefits at the next relevant Committees.

3. Positive assurances

People committee recorded reasonable assurance on culture, staff feedback, flu preparedness, Staff Standards, the Mann Review response, equality, education and Freedom to Speak Up. Chairs welcomed comprehensive plans but require measurable staff experience and impact. Flu uptake was ahead of the equivalent stage last year.

Quality reported satisfactory Nuclear Medicine inspections, Dudley community end-of-life accreditation and no new Dudley never events since Q2 of the previous year. DGFT perinatal mortality was below national rates in September. SWB perinatal/theatre improvement and learning across services require sustained outcome evidence.

SWB implied productivity was 3.1% above the national rate; DGFT was 2.4% below. DGFT emergency access improved, with handovers still a concern. SWB cancer recovery remained too slow despite reported improvement.

SWB's Data Quality Maturity Index was 89.8, above the national benchmark. Ambient voice technology received positive clinical feedback; benefits require measurement. Charity reported 140 Community Bridge referrals and over 400 Healthy Hearts checks. The stalled £45,000 Beacon project requires clarification of funding use.

SWB Audit recorded reasonable assurance on external visits, data quality, clinical audit/follow-up, medical appraisal and recruitment controls. September's audit discussion was positive; the sustainability of financial recovery will require further scrutiny.

DGFT Audit recorded substantial assurance on Group Model transition, safety alerts and data quality, and reasonable assurance on the BAF, audit follow-up and counter-fraud. Medical bank/agency control gaps remain open.

4. Formal decisions and Board recommendations

Finance endorsed phased, medicine-led same day emergency care coding and supported Modality contract withdrawal. Cloud infrastructure modernisation was recommended to Board.

People approved both Annual Organisational Audit reports and Mann Review improvement actions, retaining its BAF score of 16.

Infrastructure endorsed ambient voice rollout after prior approval, supported the Executive-approved artificial intelligence policy/procedure and approved its BAF. Routine data-quality assurance was routed to sovereign Audit Committees; terms of reference and forward plans require updating.

Charity approved the three-year Events Strategy, supported £15,000 ophthalmology nurse training and £5,000 staff wellbeing proposals, and requested a full lottery business case, preferring Option 2.

Both Audit Committees approved the BAF refresh assurance arrangements and financial-instruction updates; SWB also approved updated Standing Orders.

5. Conclusion and recommendations

Committee scrutiny in September and October identified clearer recovery plans and positive assurance on specific services and people arrangements. Significant gaps remain in delivery and evidence of effective controls. Partial assurance on SWB's financial recovery and the joint workforce plans, together with minimal assurance on Dudley pathway governance, requires continued Board oversight. Financial recovery must demonstrate recurrent savings and sustained operational improvement while maintaining safe care. The BAF should reflect the remaining gaps and dependencies between these risks.

The Board is asked to agree the front-sheet recommendations.

Joint Provider Committee
Report to Black country Trust Boards

Date: 5th November 2026

Agenda item:

TITLE OF REPORT:	Report to Trust Boards from the JPC meeting of 5th November 2026
PURPOSE OF REPORT:	To provide a summary of the key messages from the Thursday 5th November 2026 meeting of the Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, BCPC Managing Director
MANAGEMENT LEAD(s):	Sir David Nicholson, Group Chair *(DGFT, RWT, SWBT, & WHCT)* Diane Wake, Group CEO *(DGFT & SWBH)* Joe Chadwick-Bell, Group CEO *(RWT & WHT)*
KEY POINTS:	The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and both Group CEO's. The following are the key points to note: a) Some minor adjustments to the previous minutes were made. b) JPC expressed its frustrations at the limited / slow progress in delivering the agreed programmes of work, with the CEO's and BCPC Managing Director requested to present a revised plan for delivery urgently. c) JCB presented slow progress for all Phase 1B areas and confirmed that the reset phase 2 workshop would take place this month. d) Both Groups shared their progress in becoming an 'Anchor Organisation' with gateway processes being identified for navigation. Thought is also to be given to potential shared capability requirements, and options for doing so to be identified for discussion. e) DW presented steady progress across the remaining clinical service transformation priorities. Resistance to change is being (gradually) challenged with three priorities moving to a 'delivery' phase. f) SK shared an analysis of Group Clinical Service Plan work against the ICB Clinical Strategy priority areas, showing good alignment between them all.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) **RECEIVE** this report as a summary update of key discussions from the 5th November 2026 JPC meeting. b) **NOTE** the key messages, agreements, and actions in section 2 of each report.
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:	☒ Assurance ☒ Endorsement / Support ☐ Approval

1. PURPOSE

1.1 To provide all partner Trust Boards with a summary of key messages from the 5th November 2026 Joint Provider Committee.

2. SUMMARY

2.1 The Joint Provider Committee was held on Thursday 5th November 2026. The meeting was quorate with attendance by the Chair, three Deputy Chairs, and both Group CEO's.

2.2 The minutes of the previous meeting were accepted as an accurate record, with the exception of the following amendment raised by JCB:

JPC/26/16 – 'Hosting' of Managed Shared Service

- "It was confirmed that following a recent CEO discussion, a working assumption that DGFT would be confirmed as the 'Host' for the Corporate Services and the Managed Shared Services strategic vehicle".

2.3 Two other items were also discussed:

- PA raised the work on Community Paediatrics with JCB confirming that the ICB was leading some pathway work aligned to additional funding. An update would be provided in due course.
- JCB confirmed that a letter had been received by all Chairs and CEO's regarding a regional approach to the pursuit of large scale procurement, which all NHS organisations are expected to participate in.

2.4 The Action Log was reviewed for progress with completed actions noted, and all other actions identified as key items on the agenda.

2.5 The following is a summary of discussions with agreements noted.

a) **Items for Discussion**

i. **General** – The Chair opened the meeting with a reflective discussion on the limited progress being shown across all agreed transformation programmes, seeking to understand the reasons for this.

Both CEO's shared their insights which included confirmation that progress had been less than optimal driven by a change to a competitive environment which has diminished the appetite for work together, in addition to acknowledging that the existing capability unable to support the needs of the CST Programme.

JPC member acknowledged the difficulties of 'change' but remained ambitious and determined to pursue delivery of system wide working, discussing expectations including the concept of 'save to invest' in transformation.

AGREEMENT(s)

Through discussion JPC agreed:

- It was agreed that the CEO's would work with the BCPC Managing Director to revisit and reform a plan for Corporate & Clinical Service Transformation with identified resources to be presented to the JPC members urgently.

ii. **Corporate Services Transformation Programme** – JCB presented the progress update report (enclosure 3). The slow progress was noted across all Phase 1B areas, with strong encouragement to 'pick up the pace'.

Concern was expressed around the direction of travel for R&D, which differed to the previous JPC agreement in July 2026. JF confirmed that the MOU process was a first step towards the agreed end-point of a single R&D department.

JCB acknowledged the delay in holding the Phase 2 reset workshop but did confirm that this would be held this month, following which both a 'roadmap' and resource requirements would become clearer.

AGREEMENT(s)

Through discussion JPC agreed:

- A corporate services roadmap would be incorporated into the revised programme plan.

iii. **Anchor Organisation** – SC and KR presented a brief update (enclosure 4) on work being undertaken to establish the 'Anchor Organisation' concept.

A gateway process is being established with work focused on navigating stage 1 imminently, and preparing for subsequent stages as the criteria becomes evident.

Within the Black Country the two Chief Partnership Officers are working together to identify possible joint capability and capacity requirements, which also form part of discussions with ICB colleagues.

JPC identified a potential risk that responsibility for delivery could transfer to anchor organisations without the resources and capabilities needed to fulfil that responsibility.

AGREEMENT(s)

Through discussion JPC agreed:

- To continue working together on the 'Anchor Organisation' and explore the feasibility of establishing a shared commissioning function for the Black Country.

iv. **Clinical Service Transformation** – DW presented the progress update report (enclosure 5). Several areas were highlighted as progressing well, and nearing completion (Breast Diep, ENT), whilst others (gynae-oncology, and Urology) had made steady progress, but remained behind original planned timelines.

Active clinical engagement was key in supporting progress, and it is anticipated that the reticence for change is gradually being navigated by appropriate Group CMO's.

Three key priority areas (Breast Diep, ENT and Robotic Surgery strategy) will now move into a 'delivery' phase for the remainder of 26/27, before transitioning to BAU through the respective Group Clinical Service Plans from the 1st April 2027.

v. **ICB Clinical Strategy** – SK presented a short report (enclosure 6) on the recent ICB Clinical Strategy, analysing how the four partner Trusts of the BCPC are supporting its delivery through their Clinical Service and Transformation Plans.

It was noted that there was reasonable alignment between all components, but further clarity would be sought as partner Trusts developed their local plans and system wide governance arrangements provided clarity on future expectations.

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 5th November 2026 JPC meeting.

b. **NOTE** the key messages and agreements in section 2 of the above report.

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Month 6 Financial Position		
SPONSORING EXECUTIVE / PRESENTER:	Chris Walker, Director of Finance		
REPORT AUTHOR:	Chris Walker, Director of Finance		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve		Both Trusts
X	Assurance		Agree		Sandwell and West Birmingham NHS Trust
X	Discussion		Endorse	**X**	The Dudley Group NHS Foundation Trust
X	Information		Recommend		
		X	Discuss		
		X	Note		

Suggested discussion points

Assure

1. The Trust is forecasting that it will achieve its 2026/27 financial year planned break even position after technical adjustments, but this requires the delivery of a financial recovery plan as well as additional funding from Black Country Integrated Care Board.

2. The Trust is forecasting a healthy cash balance for the 2026/27 financial year if the financial plan is achieved.

3. The Trust achieved the capital plan for the period to the end of September and forecasts that it will achieve the full 2026/27 capital plan. The Trust has received £4.315m of additional capital allocations from NHS England in 2026/27 to date.

Advise

1. The Trust's financial forecast for the 2026/27 financial year remains in line with the plan at a breakeven position. The Trust has now produced a financial recovery plan that includes assumptions around receiving additional income from Black Country Integrated Care Board. There are three divisions that are materially overspent at the end of September that now have financial recovery plans to bring expenditure back within their budgets for the second half of the financial year. In addition, the Trust is not achieving its elective activity plan after 6 months and this will need to be recovered over the rest of the financial year to ensure the Trust does not lose a material amount of income.

Alert

1. The Board is asked to note the Month 6 (September 2026) Trust financial position. After technical changes the September cumulative position is a £4.283m deficit. This position is £2.674m worse than the financial plan submitted to NHS England in February 2026.

2. Elective activity is below plan at the end of September. The Trust needs to recover the shortfall in elective activity from the first half of the financial year over the remainder of the year. If this is not achieved, then this will have a significant impact on the Trusts financial position.

3. Pay expenditure was overspent against plan by £3.305m. The Trusts bank expenditure continues to be a concern as at the end of September. The Trust is currently £9.810m overspent against our plan and over the bank cap set by NHS England.

4. The phased Cost Improvement Programme plan cumulatively for September equated to £15.368m. Achievement to September totals £15.207m, which is lower than plan by £0.161m. Phasing of the final plan

compared to the submitted NHS England plan contributes an adverse variance of £0.090m with the remainder relating to a small under delivery of cost improvement schemes.

5. The Trust has forecasted the delivery risk associated with the current cost improvement programme of £35.180m. As at the end of September the Trust highlights a delivery risk of £4.309m. The schemes contributing to the total delivery risk are the Learn, Adapt, Transform Programme (Newton) (£2.287m) and divisional schemes (£1.784m). While the Trust is now concentrating on run rate reductions to deliver the financial recovery plan some of these reductions will be reported as CIP and the Trust expects to close the current forecast gap materially by the end of the financial year.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**X**	**OUR PEOPLE**	**X**	**OUR POPULATION**	**X**

Previous consideration
Month 6 (September 2026) detailed finance report presented to the Finance and Productivity Committee on the 22nd October 2026. Summary Month 6 financial report presented to Executive Directors on 13th October 2026.

Recommendations	
a)	Note the financial performance of the Trust for the month of September 2026 for assurance.

Escalation
Should any element of this report be escalated: N/A

BAF Impact *mark 'x' as needed*			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
	001 (Joint): Quality		
	002 (Joint): Workforce		
	003 (Joint): Partnerships		
	004: Finance	X	004: Finance
	005: Operational performance		005: Operational performance
	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

V003 July2026

REPORTS FOR ASSURANCE

FINANCE REPORT TO PUBLIC BOARD OF DIRECTORS ON 18 NOVEMBER 2026

1. EXECUTIVE SUMMARY

1.1 After technical changes, the **September cumulative position is a £4.283m deficit.** This position is £2.674m worse than the financial plan submitted to NHS England in February 2026.

1.2 The cumulative actual position in September compared to plan shows the Trust being worse than plan. This continues the position from August with no notable recovery in that position occurring in September. The 'medicine,' 'surgery,' and 'women's and children's divisions continue to be overspent during this period predominantly due to continued capacity pressures in urgent and emergency care and under performance on elective activity. Emergency pressures have impacted on the delivery of the required 'Learn, Adapt, Transform' programme and in September unfunded additional bed capacity was required. Despite assurance around recovery of elective activity this was not seen in September and the Trust continued to perform below the required activity plan. These pressures are offset by underspends in other clinical/corporate divisions linked to positive pay positions and additional income. The Trust has now produced a financial recovery plan to manage how it can achieve its financial plan.

1.3 Income is £0.626m better than the plan (£1.669m better than plan at the end of July). This relates to an increase in education income from an increased number of doctors in training, higher PCN income, non-patient care income, and one-off old year income. Patient care income remains below plan at the end of September particularly in relation to elective activity.

1.4 Pay expenditure was overspent against plan by £3.305m (£1.912m overspent at the end of July). Whole time equivalents were 121 higher than the plan at the end of September. Pay costs are above the financial plan cumulatively in September as a result of continued high bank expenditure against plan offset by an underspend on substantive pay. The Trust continues to experience materially higher bank expenditure on nursing staff and medical staff. The majority of this is associated with the extra unfunded capacity that has been opened with the remainder covering vacancies and sickness.

1.5 Non-pay expenditure was overspent against the financial plan at the end of September by £0.053m (£0.317m underspent at the end of July). Expenditure continued to increase in September compared to previous months in clinical supplies, drugs and passthrough costs but this was offset by consultancy payments to Newton relating to the 'Learn, adapt, transform' project being below plan.

1.6 The phased Cost Improvement Programme plan cumulatively for September equated to £15.368m. Achievement to September totals £15.207m, which is lower than plan by £0.161m. Phasing of the final plan compared to the submitted NHS England plan contributes an adverse variance of £0.090m with the remainder relating to a small under delivery of cost improvement schemes.

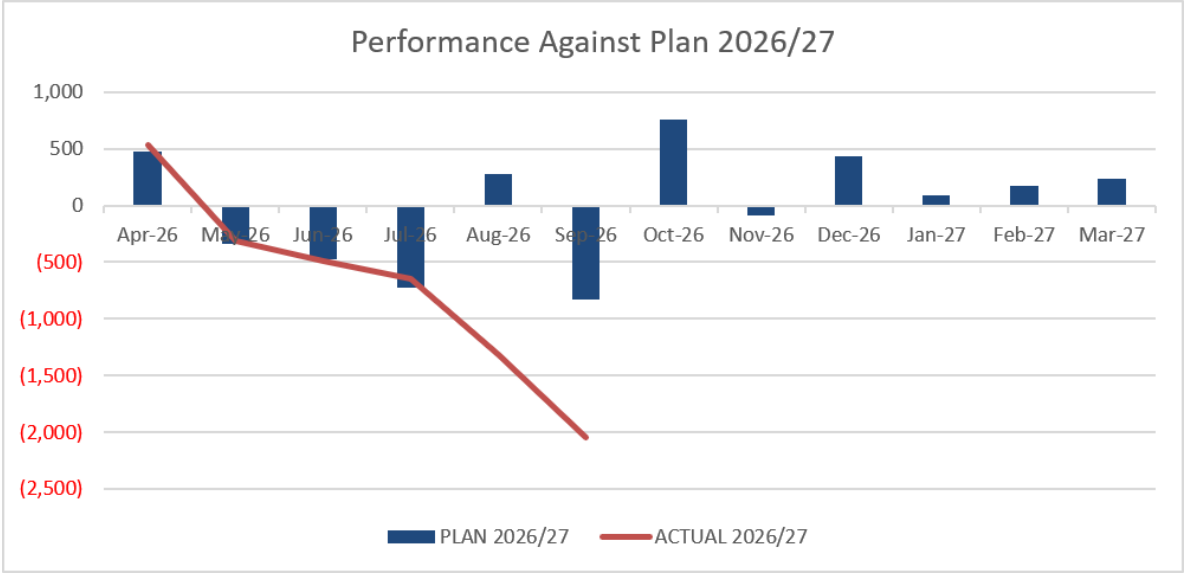
1.7 The Trust's financial forecast for the 2026/27 financial year remains in line with the plan at a breakeven position. The material overspends within the 'Medicine,' 'Surgery' and 'Women's and children's' divisions will now require financial recovery plans to be in place as we enter the second half of the financial year to ensure the financial plan can be achieved. The Trust continues to work through the cost improvement programme to ensure all schemes are delivered and where there are forecast shortfalls in delivery the Trust has mitigating schemes to cover any shortfalls.

2. INCOME AND EXPENDITURE

2.1 After technical changes, the **September cumulative position is a £4.283m deficit.** This position is £2.674m worse than the financial plan submitted to NHS England in February 2026.

2.2 The Trust performance against its financial plan has deteriorated for the second month in a row and is now £2.674m worse than plan at the end of September. The 'medicine,' 'surgery,' and 'women's and children's divisions continue to be overspent during this period predominantly due to continued capacity pressures in

urgent and emergency care and under performance on elective activity. Emergency pressures have impacted on the delivery of the required 'Learn, Adapt, Transform' programme and in September unfunded additional bed capacity was once again required. Despite assurance around recovery of elective activity this was not seen in September and the Trust continued to perform below the required activity plan. These pressures are offset by underspends in other clinical/corporate divisions linked to positive pay positions and additional healthcare income. The Trust has now produced a financial recovery plan to manage how it can achieve its financial plan.



2.3 Income is £0.626m better than the plan. This relates to additional contract income from the Black Country Integrated Care Board associated with community development funding and depreciation funding which were not included in the Trusts' original plan. The Trust has also seen an increase in education income from an increased number of doctors in training. However, the Trust is not achieving its planned healthcare income activity targets for the financial year. Elective activity is once again below plan at the end of September despite assurance that some recovery would be seen in this month. In addition, while activity performance for Accident & Emergency attendances remains significantly above plan this is not translating into increased overall emergency activity due to increased discharges straight from A&E and shorter length of stay/case mix. Detailed work has been carried out with the Surgery division in particular to gain assurance around an income recovery plan for the remainder of the year to ensure the elective activity plan is achieved.

2.4 Substantive staff are 70 Whole Time Equivalents (WTE) better than target in September (93 WTE better in July). Substantive pay costs were £6.869m below plan at the end of September. Vacancies continue to be the main contributor to this underspend especially within Consultants, Qualified Nurses, and administrative staff. Other than August (resident doctor rotation), staff in post numbers have reduced each month and are c70 WTE below the workforce plan.

2.5 Bank is over the target by 186 Whole Time Equivalents (WTE) (139WTE over target in July). There is a cumulative overspend of £9.810m against plan at the end of September. The overspends are mainly across nursing staff (Qualified and CSWs) and medical staff (Consultants and Career Grade Doctors) and are associated with the extra unfunded capacity that has been opened, the inability to close beds via the LAT programme and increasing sickness absence. Of particular note are the overspends in Medical Staff Acute Medicine (12% of the total spend) and Medical Staff Emergency Medicine (6% of the total spend). The Trust is set a cap on bank expenditure by NHSE England, at the end of September the Trust was £3.608m above the cap.

2.6 Agency is over target by 5 Whole Time Equivalents (WTE) (1 WTE under target in July). There is a cumulative overspend of £0.343m against plan at the end of September. Agency increased in September but remained relatively low (average for year to date of £0.089m per month). The expenditure is currently well within the cap set by NHS England, which allows an average of £0.145m per month.

2.7 Non pay expenditure was above the financial plan at the end of September by £0.053m. Expenditure increased in September compared to previous months in clinical supplies, drugs and passthrough costs but this was offset by consultancy payments to Newton relating to the 'Learn, adapt, transform' project being below plan.

2.8 The Trust is not achieving its financial plan as at the end of September being £2.674m adrift. There are three divisions that are materially overspent at the end of September with recovery plans now in place to bring expenditure closer to their budgets by the financial year end. In addition, the Trust is not achieving its elective activity plan after 6 months and this will need to be recovered over the rest of the financial year to ensure the Trust does not lose income.

2.9 The underlying financial position of the Trust at the end of 2026/27 is forecast to be a deficit of £13.894m. This is a deterioration from the plan position of a deficit of £11.256m. The movement relates to additional non-recurrent CIP being forecast in the financial position and a reduction in the full year effect of CIP into 2027/28.

2.10 At this stage of the financial year the Trust is forecasting it will achieve its 2026/27 financial plan.

3. CAPITAL AND CASH The cash position at the end of September was £0.370m higher than the previous month's forecast. Receipts were £0.543m below the forecast position in September. Black Country Integrated Care Board and other Integrated Care Boards' income was £0.504m above the forecast. This related to additional payments for final pay inflation paid on account. Non-patient income was £2.214m above the forecast, this related to the timing of receipt of cancer/lung screening income from Black Country Integrated Care Board. Public Dividend Capital of £3.261m will be received in October and is a timing difference. Supplier payments were £0.609m lower than forecast. This is related to the timing of invoices being authorised and is a timing difference.

3.2 The Trust is forecasting a cash balance of £23.233m at year end which has been reduced by £1m compared to the previous month due to the Trust increasing its capital expenditure from self-funded cash by £1m relating to the UEC incentive capital allocation from NHS England. At this stage, the Trust is not forecasting any other material cash movements in 2026/27 however as the year progresses non-achievement of the CIP and/or overspending budgets will impact on the cash position. The downside cash position shows a cash balance of £15.291m taking into consideration scenarios based on the above.

3.3 Compliance with the Better Practice Payment Code was 89.2% in terms of number of invoices paid to non-NHS suppliers and 94.4% for NHS suppliers as at 30th September 2026.

3.4 In month 6 there was year to date capital expenditure of £5.703m against the original planned spend of £4.811m. Replacement medical equipment variance (£0.805m overspent) relates to items of equipment received earlier than planned. EPR development (£0.462m overspent) is a new scheme developing the functionality of the Electronic Patient Record funded from the UEC incentive scheme capital allocation. PFI Lifecycle (£0.439m overspend) is a technical non-cash item that does not count against the Trusts capital control total. RAAC enabling works (£0.434m overspend) was an allocation given to the Trust after the plan was submitted. Network upgrades (£0.425m underspent) are delayed as further work is carried on specific requirements and procurement processes.

3.5 Capital expenditure of £18.302m is forecast to be spent in the 2026/27 financial year, which is £4.315m higher than the original plan. This now includes £3.261m RAAC enabling works centrally funded by NHSE, £1.000m Electronic Patient Record development funded by the UEC incentive capital funding and £0.054m for stock management hardware centrally funded by NHSE. The Trust has received a strategic capital allocation of £3.008m relating to constitutional standards. £1.802m of these schemes have been approved by NHS England and the Trust with the remainder currently progressing through the business case process.

4. COST IMPROVEMENT PROGRAMME

4.1 The phased Cost Improvement Programme plan cumulatively for September equated to £15.368m. Achievement to September totals £15.207m, which is lower than plan by £0.161m. Phasing of the final plan compared to the submitted NHS England plan contributes an adverse variance of £0.090m with the remainder relating to a small under delivery of cost improvement schemes.

4.2 The Trust has forecasted the delivery risk associated with the current cost improvement programme of £35.180m. As at the end of September the Trust highlights a delivery risk of £4.309m (£2.646m at the end of July). The schemes contributing to the total delivery risk are the Learn, Adapt, Transform Programme (Newton) (£2.287m) and divisional schemes (£1.784m). While the Trust is now concentrating on run rate reductions to deliver the financial recovery plan some of these reductions will be reported as CIP and the Trust expects to close the current forecast gap materially by the end of the financial year.

4.3 Of the total programme in the original plan 81% were planned to be recurrent (£28.597m) with 19% non-recurrent (£6.583m). Of the £15.207m achieved at the end of September, 73% are recurrent.

4.4 The reduction on recurrent CIP schemes in 2026/27 has increased the 2027/28 CIP requirement by £2.743m. This is offset by an improvement of £1.759m in full year effect on cost improvement in 2027/28. To ensure the underlying financial position of the Trust is not impacted further by the cost improvement programme changes, any further CIP schemes will need to improve the forecast of 73% of the cost improvement programme being recurrent in nature.

5. RECOMMENDATIONS

5.1 The Trust Board is asked to note the financial performance for the period up to September 2026.

Chris Walker
Director of Finance
27th October 2026

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	SWB Finance Report – Month 06 2026/27		
SPONSORING EXECUTIVE / PRESENTER:	Madi Parmar – Director of Finance SWB		
REPORT AUTHOR:	Madi Parmar – Director of Finance SWB Craig Higgins – Associate Director of Finance SWB Bal Malhi – Deputy Director of Finance SWB		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve		Both Trusts
x	Assurance		Agree	**x**	Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
		x	Discuss		
			Note		

Suggested discussion points

Assure

The Group Trust Board is asked to note:

- **Financial Plan –** The Trust plan for 2026/27 is an £8m deficit outturn, which includes £58.1m of efficiency required to deliver the plan, and £14m deficit support within the plan.
- **National Deficit Support Funding –** the Trust has been awarded deficit support funding for Quarter 1 and Quarter 2.

Advise

- (£4.08m) under-delivery against the M6 efficiency plan
- (£4.59m) under-delivery against the M6 contract income plan
- (£0.80m) Industrial Action costs incurred in April, this will remain a cost pressure to the Trust as no national funding will be awarded
- The cash balance at the end of September was £35.2m. This was £24.2m higher than forecast. Cash balances reduced by £11m in month.

Alert

Delivery of Financial Plan:

- **Year to Date Position against plan –** At month 6, the Trust reported a (£11.59m) deficit, against a deficit plan of (£7.94m), an adverse variance of (£3.65m).
- Delivery of the 2026/27 CIP in full remains a high risk for the Trust. This principally relates to the re-profiling of transformation opportunity in the medium-term plan necessitating new mitigation schemes, some of which will have significant service implications.
- The level of recurrent CIP delivery in year will not fully support medium term financial sustainability and as such will increase the level of recurrent savings required in future years.
- The 2026/27 break even plan assumes £29m of non-recurrent support. Therefore, on a recurrent basis, should the Trust deliver its financial plan, it would enter 2027/28 with a £29m underlying deficit. This is an improvement for £79m in 2025/26.
- The month 6 refresh to the underlying position is a £63.85m deficit, reflecting recurrent CIP under delivery (£34.7m vs £58.1m target), and non-recurrent costs and income (£11.42m).

CDC Capital Allocation:

CDC external funding of £11.6m will not be fully utilised on the CDC scheme in 26/27, due to time available to progress. As a result, the Trust has reviewed and identified c£3.8mm of spend from 27/28 that can be bought forward into 26/27 to ensure some of the Capital Resource is not lost, this will be considered following discussions with NHSE England.

Cash Balances:
The Trust is currently forecasting a cash balance at the end of the financial year as per the original plan at a value of £18.55m. Forecast cash balances remained achievable but only within very tight tolerances and with continued reliance on CIP delivery, capital programme performance and the allocation of deficit support funding in Quarters 3 and 4.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**x**	**OUR PEOPLE**	**x**	**OUR POPULATION**	**x**

Previous consideration
Finance and Productivity Committee, Executive Group, Divisional Confirm and Challenge sessions

Recommendation(s)	
a)	Note the Month 6 financial position, together with the key risks identified and the corresponding mitigation measures.

Escalation
Given the deficit position of the Trust and shortfall on year-to-date CIP delivery, it is recommended that this is highlighted to the Board.

BAF Impact			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
	001 (Joint): Quality		
	002 (Joint): Workforce		
	003 (Joint): Partnerships		
X	004: Finance		004: Finance
	005: Operational performance		005: Operational performance
	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

Report to the Group Public Trust Board on 18/11/2026
SWB Finance Report – Month 06 2026/27

1. Executive Summary

The Trust position to September 2026 was a deficit of £11.59m. This represents an adverse variance to plan of (£3.65m).

To deliver a break-even position by year end the Trust would be required to deliver a surplus of £1.93m per month across October to March.

During the past month, the Trust has seen marginal improvements in the maturity of the 2026/27 CIP programme, which in turn has led to a £2.34m increase in the in-year CIP forecast. Alongside this, the Trust has seen a second consecutive month of bank reductions, although it remains 156wte above the September plan.

Full delivery of the CIP requirement remains high risk, with the likely case forecast pointing to a £16.5m year-end deficit. It should be noted that this forecast does assume the Trust secures the full £22m of national deficit support funding. A best and worst-case range has also been calculated, with the best case including a financial recovery plan to achieve break-even by year end.

The underlying position is a deficit of £63.85m, with this being a prudent assessment of income, as the Trust has assumed all deficit support funding and non-recurrent income is removed for 2027/28 with no new recurrent settlement to address the structural drivers of the deficit as the Trust has not commenced contract negotiations with commissioners for 2027/28. The delivery of recurrent CIP will have a significant impact on the underlying position (the underlying deficit assumes £34.7m of recurrent CIP which is 60% of the £58.1m target)

To mitigate the recurrent CIP gap in 2026/27, the Trust is actively reviewing schemes that are due to deliver in 2027/28 and assessing if these can be brought forward into the current year.

2. Income and Expenditure

2.1. Year to Date Financial Position

The Trust incurred an initial deficit of £13.55m to September 2026, this reduced to £11.59m following the application of technical adjustments totalling £1.95m. A breakdown of the technical adjustments is summarised in Table 1 below.

Table 1 – Technical Adjustments

	Plan £000	Actual £000	Variance £000
Surplus / (Deficit) before technical adjustments	(9,596)	(13,545)	(3,949)
Remove Donated Depreciation I&E Impact	1,278	1,294	16
Remove PFI Revenue Costs on IFRS16 Basis	5,473	5,745	272
Add Back PFI Revenue Costs on UK GAAP Basis	(5,094)	(5,087)	7
Surplus / (Deficit) post technical adjustments	(7,939)	(11,593)	(3,654)

At Month 6, the Trust reported a deficit of £11.59m against a planned deficit of £7.94m, resulting in an adverse variance of (£3.65)m. Table 2 below sets out the variance by category.

	Current			Year to		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	**65,604**	**66,490**	**886**	**393,627**	**398,531**	**4,904**
Substantive	(40,801)	(38,903)	1,898	(243,927)	(230,239)	13,688
Bank	(608)	(3,277)	(2,669)	(5,104)	(21,281)	(16,177)
Agency	(231)	(59)	172	(1,490)	(867)	623
All Other pay	(174)	(178)	(4)	(1,044)	(1,077)	(33)
Pay	**(41,814)**	**(42,417)**	**(603)**	**(251,565)**	**(253,464)**	**(1,899)**
Non-Pay	(22,133)	(23,908)	(1,775)	(137,125)	(145,026)	(7,901)
Non Operating Items	(2,145)	(1,932)	213	(12,876)	(11,634)	1,242
TOTAL Provider Surplus/(Deficit)	**(488)**	**(1,767)**	**(1,279)**	**(7,939)**	**(11,593)**	**(3,654)**
Less Non Recurrent Deficit Funding	(1,168)	(1,168)	0	(7,000)	(7,000)	0
TOTAL Provider Surplus/(Deficit) Excluding Non-Recurrent Deficit Funding	**(1,656)**	**(2,935)**	**(1,279)**	**(14,939)**	**(18,593)**	**(3,654)**

Table 2 - Income and Expenditure

The main drivers of the year-to-date variance are the costs of Industrial Action of £0.8m, slippage on efficiency schemes of £4.08m and under performance against income from patient care activities £4.59m. These have been partially mitigated by activity related underspends, other income (education and training, RTA, overseas).

2.1.1. Pay Expenditure

Pay expenditure is (£1.90m) adverse to plan at the end of Month 6. The key drivers of the deficit position are £1.38m of CIP slippage and £0.80m of industrial action costs incurred in April, partially offset by £0.30m of savings not deemed as CIP.

Pay CIP schemes have delivered £12.96m of savings; however, £10.27m of these savings are non-recurrent and will require recurrent solutions to be identified in future years.

A combination of recruitment and enhanced controls have resulted in a reduction of bank costs from August to September of £0.4m. however bank expenditure remains a key area of financial risk.

At Month 6, bank expenditure totalled £21.28m, representing an adverse variance of £16.18m against the financial plan and exceeding the year-to-date pro-rata bank cap by £4.57m, based on the 2026/27 annual cap of £33.43m.

Whilst the adverse variance against plan is partially mitigated by favourable variances across substantive and agency staffing, the financial plan assumed that pay efficiencies would be achieved primarily through reductions in bank expenditure. Consequently, to achieve compliance with the 2026/27 annual bank cap, the Trust must deliver a further £1.11m reduction in bank expenditure per month over the remainder of the year, in addition to the savings expected from existing bank CIP schemes scheduled for delivery in H2.

Agency expenditure remains below both the financial plan (£0.62m to September) and the agency cap (£1.32m based on a pro rata of the annual cap of £4.38m).

In relation to the workforce plan, the Month 6 plan required the Trust to deploy 7,748wte, compared to an actual deployment of 7,904wte resulting in an adverse variance of 156wte. It is important to note that the Trust has maintained headcount below the March 2026 baseline. Despite this, there remains a significant risk to delivery of the full recurrent workforce efficiency programme of £34m by year end, particularly given the current variance to planned workforce reductions.

2.1.2. Non-Pay Expenditure

Non pay expenditure is (£7.90m) adverse to plan at the end of Month 6. This includes £4.52m of under delivery against the efficiency programme and £3.29m bad debt. The latter relates to overseas private patient income write offs, and there is a corresponding entry within income.

2.1.3. Income

Income has reported a favourable variance to plan of £4.90m. This comprises of £1.72m over performance against income from activities and a £3.18m over performance against other income. The single most notable variance is the under performance against commissioner contracts for variable activity, which to the end of September reported an under performance of £4.59m. Table 3 below details variable healthcare income performance to Month 6, which is an adverse position of (£4.59m). The position includes estimated values for uncoded activity.

Table 3: Variable Healthcare Income

		Year-to-Date					
Variable Group	**Variable Type**	**Activity Plan**	**Activity Actual**	**Activity Diff**	**Price Plan £000**	**Price Actual £000**	**Price Diff £000**
Variable	Variable ERF	234,507	225,209	-9,298	£74,016	£71,204	(£2,812)
	Variable Other Elective	65,479	58,527	-6,952	£6,695	£6,056	(£639)
	Blended UEC	151,611	153,646	2,036	£96,977	£96,810	(£167)
	Variable Non-NHS	842	670	-172	£161	£152	(£9)
	Variable Other	3,460	976	-2,484	£83	£31	(£53)
	Variable Pass-through	1,896	2,238	342	£12,224	£11,311	(£913)
Fixed		3,419,660	3,764,413	344,753	£157,515	£157,515	£0
Grand Total		**3,877,453**	**4,205,679**	**328,226**	**£347,671**	**£343,079**	**(£4,592)**

2.1.4. Efficiency Programme

Performance to Date (April – September 2026, Month 1 - 6)

The 2026/27 financial plan set a requirement to deliver £58.1m of efficiency savings. The table below summarises delivery for the period ending September 2026 (Month 6).

Table 4: Efficiency Programme Year-to-Date Delivery

	Plan YTD £000	**Actual YTD £000**	**Variance YTD £000**
Recurrent			
Pay - Recurrent	7,938	2,686	(5,252)
Non-pay - Recurrent	5,102	3,735	(1,367)
Income - Recurrent	0	798	798
Total recurrent efficiencies	**13,040**	**7,219**	**(5,821)**
Non recurrent			
Pay - Non-recurrent	6,400	10,274	3,874
Non-pay - Non-recurrent	4,484	1,334	(3,150)
Income - Non-recurrent	0	1,019	1,019
Total non-recurrent efficiencies	**10,884**	**12,628**	**1,744**
Total Efficiencies	**23,924**	**19,847**	**(4,077)**
% Recurrent		30%	

For the year to date the Trust has recorded delivery of £19.85m, (£4.08m) adverse to the phased plan, with a substantial reliance on non-recurrent schemes (70% of total delivery).

Full Year Forecast

In relation to the year-end outturn, a forecast saving of £56.99m is projected, assuming all identified schemes are delivered in line with current phasing assumptions. Over the past month, Corporate and Clinical Divisions have undertaken detailed reviews of all schemes, resulting in a further £1.63m of savings being reclassified into the fully developed category. This has improved the overall maturity and deliverability of the 2026/27 CIP programme

3. Capital and Cash

3.1. The Capital Programme has been reprioritised and a revised cashflow forecast is being developed to support monitoring of delivery against plan. Capital expenditure remains behind plan at the end of September; however, operational leads remain committed to delivering full utilisation of the Trust's internally allocated capital funding by 31 March 2027.

3.2. The £11.6m CDC external funding allocation remains a key risk for the Trust. Any forecast underutilisation will require agreement from NHS England to either broker funding to other organisations or enable the Trust to bring forward expenditure currently planned for 2027/28. National and regional NHS England colleagues are aware of this issue and are engaged in ongoing discussions with the Trust.

3.3. To help mitigate this risk, the Trust has identified approximately £3.8m of medical equipment expenditure that could potentially be accelerated into 2026/27. A decision on whether to proceed will be taken once NHS England has concluded its review of the forecast position and any opportunities for brokerage have been fully explored.

3.4. Cash was ahead of plan for September due to delays in delivering the Trust Capital spend and an increase in income receipts in month. As in previous years, delivery of the Trust's Efficiency Programme is key to maintaining cash balances and to reduce the risk of applying for cash support through NHSE. The forecast shows a cash balance at 31st March 2027 of £18.5m, which is based on the Trust achieving an £8m deficit I&E position and receiving £14.0m of deficit support funding. The Trust has established a Cash Committee to ensure appropriate control, governance and understanding of cash balances and drivers of change, are understood by key staff in Directorates from around the Trust.

3.5. The Trust aim to manage cash through flexibility in working balances whilst maintaining payment performance (BPPC). Failure to effectively manage balances may require the Trust to consider applications to NHSE for revenue cash borrowing, the requirement for this will be monitored throughout the year, considering the cash balance and I&E run rate each month. Work continues to deliver the 2% spend commitment with local suppliers in line with Anchor Institution commitments and is reported through Audit and Risk Management Committee.

4. Risks and Mitigations

4.1. Delivery of the 2026/27 financial plan remains challenging. The principal risks to achieving the planned year-end position relate to the delivery of the CIP programme, achievement of the planned workforce reductions, and the delivery of income and activity targets. Failure to mitigate these risks could result in adverse variances against both the financial and workforce plans

4.2. Mitigating actions include the implementation of enhanced pay controls covering both substantive recruitment and temporary staffing utilisation. In parallel, a key area of focus is the delivery of productivity improvements across outpatient and theatre scheduling, with the aim of recovering planned activity levels while reducing reliance on temporary staffing and associated pay costs.

5. Recommendation

5.1. The Group Public Trust Board Is asked to:

Note the Month 6 financial position, together with the key risks identified and the corresponding mitigation measures.

Madi Parmar, Director of Finance SWB
4th November 2026

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Group Chief Nursing and Group Chief Medical Officer Report		
SPONSORING EXECUTIVE / PRESENTER:	Melanie Roberts, Group Chief Nursing Officer Mark Anderson, Group Chief Medical Officer		
REPORT AUTHOR:	Corporate Medical and Nursing Teams		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve	x	Both Trusts
x	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
		x	Discuss		
		x	Note		

Suggested discussion points

This report updates on the following areas, under Advice, Assure & Alert for The Dudley Group NHS Foundation Trust (DGFT) and Sandwell and West Birmingham NHS Trust (SWB).

Alert

DGFT Structured Judgement Review (SJR) backlog.
SWB Imaging reporting backlog, Primary attendance of patients with mental health conditions and Nutrition and Hydration.

Advise

SWB/DGFT Organ donation, SWB Medical Director appointment, SWB Never Events, SWB/DGFT Special Educational Needs and Disabilities (SEND), SWB/DGFT Mix Sex accommodation guidance. DGFT unannounced Inspections of the Emergency Department & Children & Young People, SWB/DGFT - Same Sex accommodation guidelines, DGFT - Award for Queens Nursing.

Assure

DGFT HSJ Award, SWB Interpreting launch, SWB Maternity.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**X**	**OUR PEOPLE**	**X**	**OUR POPULATION**	**x**

Previous consideration

N/A

Recommendation(s)	
a)	**Discuss** the Alert section for assurance.
b)	**Note** the Advise and Assurance sections.

Escalation

Should any element of this report be escalated: No

BAF Impact			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
X	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

Report to the Group Public Trust Board on 18 November 2026

Group Chief Nursing Officer and Group Chief Medical Officer Report

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1. Purpose

This paper provides highlights from the Group Chief Medical Officer and Group Chief Nursing Officer (CMO/CNO) portfolios across both Trusts, The Dudley Group NHS Foundation Trust (DGFT) and Sandwell and West Birmingham NHS Trust (SWB) presented as items to Assure, Advise and Alert to the Board.

2. ALERT - SWB/DGFT

- **Structured Judgement Review (SJR) Backlog – DGFT**

To date in 2026 45% of the referrals have been reviewed via a Structured Judgement Review. While this is an improvement since the last reporting period work is continuing to reduce the backlog. There has been a noted increase in referrals from both governance and complaints routes over the last 12 months impacting on current capacity. To address the backlog there has been an increase in reviewers trained and a call to support from named mortality leads in the Trust identified via Job Plans. All named leads have received an updated Job Description outlining a clear expectation to complete a proportion of SJRs per year.

There are currently 62 cases awaiting review. The team of 11 reviewers expect to review 6 cases each over the next 3 months. This will clear the backlog by the end of the financial year; however this is dependent on the volume of new work resulting from governance and complaints routes.

- **Imaging reporting backlog – SWB**

The Trust has a backlog of approximately 30,500 unreported diagnostic imaging studies, comprising 18,733 plain films, 8,975 MRI scans and 2,781 CT scans. The backlog has accumulated over an extended period and presents a significant patient safety risk, particularly where delayed reporting may have postponed the diagnosis or treatment of time-critical conditions. Chest X-rays and chest CT scans are priority groups because findings may include lung cancer or pulmonary nodules requiring follow-up. MRI studies involving neurological and oncological conditions also require prioritisation. The number of significant findings and cases of harm remains unknown until reporting and review are completed. All modalities are being outsourced for reporting, with studies prioritised according to clinical risk and length of wait

- **Primary attendances of patients with mental health conditions - SWB**

Since the move to Midland Metropolitan University Hospital, the Trust has reported an incremental increase in primary attendances to the Emergency Department by patients presenting with mental health conditions, with activity now averaging approximately 500 attendances per month. This has been further compounded by the introduction of the Right Care, Right Person model and the increased utilisation of Section 136 powers, resulting in an additional 30-40 attendances per month. The legislative and operational changes associated with Right Care, Right Person mean that police support is now largely limited to individuals assessed as presenting a very high risk. Consequently, the responsibility for the management

and support of many patients experiencing a mental health crisis has transferred to healthcare services and clinical teams.

The Trust has undertaken a range of actions to mitigate this risk, including enhanced education and training programmes, the development of a cohort of staff with specialist mental health skills, and the implementation of additional safety and escalation processes. Whilst significant work has been undertaken to upskill staff and reduce risk, the sustained level of demand means this continues to be recorded as a red-rated organisational risk.

To fully mitigate this risk, there is a requirement for local mental health providers and system partners to increase capacity and responsiveness to meet the needs of the population and ensure timely access to appropriate mental health assessment, treatment, and support services. DGFT are experiencing similar issues and the learning from SWB on the work completed to date is being shared with DGFT.

- **Nutrition - SWB**

A gap analysis has previously been completed to assess the nutritional intake of inpatients across the Trust. A business case has subsequently been developed and circulated, identifying the financial investment required to address the gaps identified and improve nutritional provision for patients. Since the development of the business case, data submitted through the Estates Returns Information Collection (ERIC) has demonstrated that the Trust sits within the lower quartile for financial spend on food per patient when benchmarked against peer organisations. This provides further evidence of the need to review current nutritional provision. Given these findings, the nutritional content and value of the Trust's meal and snack offering will be reviewed as a matter of urgency to ensure that patients receive food and hydration that meets their nutritional requirements and supports recovery, wellbeing, and clinical outcomes.

3. ADVISE - DGFT/SWB

- **Organ Donation - DGFT**

During 2025/26 DGFT facilitated five actual deceased solid organ donors from six consented donors, resulting in 12 patients receiving life-saving or life-changing transplants, with an additional four corneas donated to NHS Blood and Transplant (NHSBT) Eye Banks.

The Trust referred 26 potential organ donors to the Organ Donation Service, although six potential donors were not referred. A Specialist Nurse for Organ Donation (SNOD) was involved in 13 family discussions, with only two occasions where a SNOD was not present. This demonstrates strong performance against national benchmarks, including a 99% referral rate for donation after brain death (DBD) patients and consent rates above UK averages.

Overall, the findings demonstrate the Trust’s positive contribution to organ donation and transplantation, while identifying continued opportunities to improve referral compliance and ensure SNOD involvement in all donation discussions. An action plan has been developed to support these improvements and a new Organ Donation Committee Chair recently appointed.

- **Organ Donation - SWB**

In 2025/26, SWB Trust facilitated four actual solid organ donors from five consented donors resulting in seven patients receiving a life-saving or life-changing transplant. Additionally, 12 corneas were received by NHSBT Eye Banks from the Trust.

The Trust referred 33 potential organ donors during 2025/26. There were no occasions where potential organ donors were not referred. When compared with UK performance, the Trust was exceptional (gold) for referral of potential organ donors to NHS Blood and Transplant.

A SNOD was present for 11 organ donation discussions with families during 2025/26, with only one occasion where a SNOD was not present.

The Trust consent rate (33%) for this period remains below the national average (57%), though it is recognised by NHSBT that our served population represents some unique challenges. Our team continue to promote organ donation in the hospital and community. We held a televised event last year for the opening of the Organ donation sculpture. Many local figures of note were in attendance, including the Deputy Lord Lieutenant Gurpreet Bhatia's. Our practices are well embedded, and we look forward to another year of promotion and work. We will likely be welcoming a new chair to the Organ Donation Committee as our long-standing Chair, Surinder Sahota, will be stepping down in the near future. We would like to thank him for his hard work and dedication.

- **Appointment of Medical Director - SWB**

Following a competitive interview process in October, Dr Sarb Clare has been appointed to the position of Medical Director at SWB.

Sarb is an accomplished clinical leader who played a key role in the Trust's response to COVID in 2020 and has previously held Deputy Medical Director roles at SWB, one of which provided clinical leadership for the safe opening of MMUH.

- **Queens Nursing Award**

Katie Butler, Divisional Chief Nurse for Place, received confirmation on 24 September that she has been awarded the Queen's Nurse status from The Queen's Institute of Community Nursing (QICN). Katie has been invited to a celebration of community nursing at the QICN Annual Awards Ceremony on Thursday 26 November, where she will be presented with the Queen's Nurse badge and certificate. A Queen's Nurse is a prestigious professional title awarded to experienced community nurses who demonstrate a high commitment to patient-centred care, leadership, and continuous learning.

- **Never Events Update - SWB**

Three Never Events were reported across June-August 2026, including two theatre-related events in June and one wrong-site surgery event identified in August. Themes include procedural compliance, verification processes, communication, and adherence to safety-critical controls. Immediate actions have focused on LocSSIP compliance, referral pathway clarification, safety-net processes and learning reviews.

One Never Event reported during August involved wrong-site surgery (incorrect lesion removal). Immediate actions have included reinforcement of LocSSIP compliance, strengthening of booking and referral processes, and additional safeguards relating to lesion identification and clinical photography.

- **SWB/Dudley - Special Educational Needs and Disabilities (SEND)**

Whilst the pace of change across both Dudley and Sandwell differs in relation to the SEND reforms, Sandwell's programme is progressing at pace, with clear partnership arrangements, strengthened governance, and a focus on improving outcomes for children and young people with SEND.

In contrast, Dudley remains at an earlier stage of implementation, with several workstreams still being embedded. Despite the differing rates of progress, both organisations remain committed to delivering the national SEND reform agenda, improving early intervention, reducing variation in access to services, and ensuring that children and families receive timely, coordinated support. Sandwell's experience demonstrates the benefits of a collaborative, system-wide approach, underpinned by strong partnership working across education, health and social care.

The national SEND Reform Programme aims to create a more inclusive, sustainable and equitable system for children and young people with additional needs. Through the development of the **Experts at Hand** model, approximately **£1.8 billion will be invested nationally over three years** to improve access to specialist expertise within mainstream education settings. This is a long-term programme extending over the next decade, with any legislative changes expected to be implemented from September 2029.

As one of only three national pilot sites, the local Integrated Care Board (ICB) is leading implementation across the Black Country, with Sandwell receiving **£3.3 million over three years** to develop and deliver the programme. Given the pilot status, rapid mobilisation, recruitment and operational delivery are essential to maximise learning and influence the national model.

- **SWB/DGFT - Same Sex Accommodation guidelines (October 2026)**

NHS England's updated Same-Sex Accommodation guidance (October 2026) reaffirms the requirement for NHS organisations to protect patient privacy, dignity and safety through the provision of single-sex accommodation based on biological sex. The guidance maintains the expectation that patients should not share sleeping accommodation, toilet or washing facilities with members of the opposite sex, except in exceptional circumstances where this is clinically justified, and in the patient's best interests.

Trusts should review local policies, operational processes and escalation arrangements to ensure compliance with the updated national guidance, particularly during periods of operational pressure and high occupancy. Work is in train to assess our position against this guidance and implement any actions necessary.

- **DGFT CQC Unannounced Inspection - Emergency department & Children & Young People**

On 27 & 28 November DGFT received an unannounced visit of the Emergency Department & Children & Young People Services. The reports are awaited. The CQC is also attending Group Trust Board in November.

4. ASSURE - DGFT/SWB

- **Interpreting services - SWB**

The transition to Word 360 took place on 14 September. This has progressed well and without disruption to services.

Up to 04 October data, there are just short of 1,000 SWB colleagues who are now active Wordskii portal users. Of the 3,339 bookings 64% have been face-to-face, 31% via telephone and 5% via video, across 61 languages. Maternity are the largest users of virtual interpreting options.

Colleagues have provided star ratings for 1,131 bookings, 98.4% of these rated a full 5-stars with a further 1.3% rated 4 out of 5.

- **HSJ Award Success - DGFT**

It was really pleasing to see two of our DGFT teams rewarded for their hard work at the recent HSJ awards. Our maternity team won the Maternity, Midwifery and Neonatal Safety Initiative of the Year award for their work on reducing regional escalation within acute maternity setting.

Our palliative care team won the Palliative and End of Life Safety Initiative of the Year for their excellent work on integrating end of life care into Intensive Care practice. Well-deserved congratulations to the teams.

- **Maternity Community Engagement visits - SWB**

Community engagement visits have been taking place as part of our commitment to birthing people, their families, and those who may use or have previously used our maternity services. A series of engagement events has been held across the community to listen to experiences, strengthen relationships, and rebuild trust and confidence in local maternity services.

These events have provided valuable opportunities for women, families, community groups, and stakeholders to share their experiences and perspectives, helping to inform service improvement and future maternity service development. The Trust remains committed to ongoing engagement and co-production with the communities it serves to ensure that maternity services are safe, equitable, and responsive to the needs of local people. A report will be completed and shared once all the visits have been completed

5. RECOMMENDATIONS

The Group Public Trust Board is asked to:

a. Discuss the Alert section for assurance.
b. Note the Advise and Assurance section.

NAME: CMO and CNO Offices
DATE: November 2026

Enclosure 8

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Integrated Quality and Performance Report		
SPONSORING EXECUTIVE / PRESENTER:	Melanie Roberts, Group CNO, Mark Anderson, Group CMO, Jack Richards, Chief Operating Officer, DGFT, Joanne Newens, Chief Operating Officer, SWB		
REPORT AUTHOR:	Marsha Jones, Director of Nursing DFGT Nicola Taylor, Director of Nursing, SWBH Rita Rai, Associate Director of Performance, DGFT Giselle Carter-Sandy, Deputy Chief Operating Officer Paul Hudson, Medical Director, DGFT		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type: (place an 'x')		**Requested action:** (place an 'x')		**Applies to:** (place an 'x')	
	Decision		Approve	X	Both Trusts
X	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
		X	Discuss		
		X	Note		

Suggested discussion points

This report provides the Group Public Trust Board with assurance regarding quality, patient safety and operational performance across both Trusts for September/October 2026. It highlights areas of strong performance, identifies key risks requiring ongoing oversight and outlines the improvement actions in place to address areas of concern.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**X**	**OUR PEOPLE**	**X**	**OUR POPULATION**	**X**

Previous consideration

Information contained within the report has been considered through the Joint Finance and Productivity Committee and Joint Quality Committee.

Recommendations	
a)	Note the positive quality and safety performance demonstrated in falls, sepsis management and mandatory training compliance.
b)	Acknowledge accelerated improvement plans for patient observation compliance, including strengthened accountability at divisional level and enhanced monitoring through quality dashboards.
c)	Accept continued workforce oversight, specifically focusing on recruitment, retention and succession planning within both urgent care and specialist Breast Screening services.
d)	Accept the scrutiny of complaints performance, ensuring that learning is translated into measurable service improvements and that response times improve.

Escalation
Should any element of this report be escalated: No

BAF Impact			
Sandwell and West Birmingham NHS Trust		The Dudley Group NHS Foundation Trust	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
	003 (Joint): Partnerships		
	004: Finance		004: Finance
X	005: Operational performance	X	005: Operational performance
	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

V003 July2026

Report to the Group Public Trust Board On 18/11/2026
Integrated Quality and Performance Report

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1. **Purpose**

1.1 The Board is asked to take assurance regarding the Trust's quality, patient safety and performance position, including progress against Breast Screening Service Quality Assurance (SQAS) recommendations. Overall assurance remains Moderate (Amber), reflecting strong performance in several quality domains alongside a few areas requiring continued oversight and targeted improvement.

2. **The Dudley Group NHS Foundation Trust Quality & Safety Position**

2.1 The Trust continues to demonstrate positive outcomes across several core patient safety indicators.

- Falls performance remains favourable at 4.55 falls per 1,000 patient days, performing better than the national average and with no severe harm falls reported during the reporting period. This reflects the ongoing effectiveness of falls prevention initiatives and ward-based risk management.
- Sepsis management continues to be a strength, with 97.3% of patients receiving IV antibiotics within four hours, exceeding expected standards and supporting improved patient outcomes.
- Mandatory training compliance remains strong at 92.7%, providing assurance that staff are maintaining essential competencies.
- Governance, audit and quality monitoring arrangements remain embedded across services, with evidence of learning from incidents, complaints and patient feedback being incorporated into improvement activity.
- Within the Breast Screening Service, good progress continues against the six actions arising from the SQAS visit. One recommendation has been fully completed, three remain on track for delivery, and further progress has been made against the remaining recommendations despite dependencies on regional and national system developments.

2.2 **Key Risks and Challenges**

- **Workforce Sustainability**

Workforce pressures remain a common theme across several services.
Recruitment and retention challenges continue within urgent and emergency care settings, vacancies are out post and recruitment under way for nursing.

Specialist workforce constraints within the Breast Screening Service reflect a nationally recognised shortage of qualified breast radiologists and advanced practitioners.

Reliance on temporary staffing in some areas continues to create operational pressures and potential resilience risks. Controls are in place to have single oversight of the areas where additional HR support is required. Ward Establishment reviews have taken place that identifies in the most correct establishments.

However, benchmarking nationally our Safer Staffing we can provide assurance that we meet National Quality Board and RCN standards and Guidance.

- **Complaints and Patient Experience**

Open complaints remain elevated, with 299 outstanding complaints at month end. Whilst themes are being monitored and response plans implemented; the volume continues to place pressure on investigation and response processes. Opportunities remain to strengthen learning and improve response timeliness.

Digital and Technical Dependencies

- **Clinical Letter Backlog**

There has been meaningful improvement with the backlog but this is a continuing patient-safety and governance risk. Between August and October 2026, the Trust-wide backlog fell 17%, from 29,597 to 24,560, with letters awaiting typing down 19% and those awaiting export down 40%; Surgery and Medicine achieved the largest reductions, including a particularly marked improvement in Ophthalmology from 2,030 to 57. However, the approval backlog increased 13%, from 5,022 to 5,659, suggesting that pressure is shifting from transcription to clinician authorisation rather than being fully eliminated. Harm reviews reported no identified harm in the small Neurology and Cardiology samples, but assurance remains dependent on systematic review of the wider backlog. The recovery programme includes bank support, prioritisation of urgent letters and rollout of Heidi ambient voice technology. Trajectories remain to eliminate the backlog by April 2027.

- **Chest Pain Pathway (CPP)**

Work remains ongoing around the CPP with a power-Bi dashboard developed. This monitors key metrics and shows some good assurance especially around timely performance of ECGs with >90% of patients getting an ECG within 15 minutes of arrival. Improvement work to improve the timeliness of aspirin administration, optimize troponin testing processes, strengthen structured risk stratification, and improve data quality reporting is underway. A multidisciplinary Chest Pain Focus Group will be established as the primary governance mechanism to oversee pathway development, audit activity and implementation of improvement actions.

- **Glaucoma pathway**

Following a patient safety incident where a patient being monitored for glaucoma suspect underwent a repeat YAG peripheral iridotomy (PI) laser treatment in August 2025 that, on review, appears to have been unnecessary work an action plan was developed. Teo actions were outstanding

the first being development of an SOP mandating physical review and examination of all patients listed for treatment in virtual clinic has been written by the chief of surgery and is awaiting ratification to be implements by December 2026. The second action relating to diversification and development of the workforce has been superseded by the fit for the future workstream and is closed.

3. Sandwell & West Birmingham NHS Trust Quality & Safety Position

3.1 The Trust continues to demonstrate positive outcomes across several core patient safety indicators

3.2 The Fundamentals of Care Dashboard demonstrates that patient outcomes remain largely positive across several key safety, quality and operational indicators. Performance provides assurance in relation to healthcare-associated infections, venous thromboembolism (VTE) assessment compliance, medication safety, readmissions and several patient flow measures:

Several key indicators continue to provide assurance regarding the safety and quality of care delivered across the Trust.

Positive performance is demonstrated through:

- VTE risk assessment compliance of 96.4%, exceeding the Trust target of 95%.
- Sustained performance in healthcare-associated infection prevention measures.
- No reported medication incidents resulting in harm.
- Falls rates remaining stable, with falls resulting in harm demonstrating a significant reduction and returning to baseline levels.
- Moderate harm incidents continuing a sustained downward trend.

3.3 Whilst outcome measures remain stable, variation persists in the reliability of several fundamental care processes, including risk assessment, screening, deterioration management and discharge performance. Although this variation is not currently reflected in worsening patient outcomes, it represents a potential future quality and safety risk if not addressed.

Targeted improvement programmes are established across all areas of concern, supported through divisional governance arrangements, corporate oversight and executive leadership.

- **Workforce Sustainability**

The Trust has implemented additional measures to reduce the utilisation of bank staffing across nursing and allied health professional services. These actions support the delivery of cost improvement programmes across both divisional and corporate services and include the requirement for all bank shifts to be reviewed and approved by the Chief Nursing Officer (CNO) and her team.

To mitigate the impact of reduced bank utilisation and maintain safe staffing levels, ward managers, team leaders, professional development nurses, and matrons have increased their clinical contribution by working directly within clinical. This approach has enabled the Trust to maintain safe and effective care for both patients and staff.

Quality metrics continue to be closely monitored through the Fundamentals of Care Dashboard, Safety Governance meetings, and routine review of workforce indicators. These include the

utilisation of red flag events within Allocate, staffing metrics, and sickness absence rates, ensuring that any emerging risks are identified and acted upon promptly

- **Complaints and Patient Experience**

Whilst we still have concerns regarding the volume and length of some of the complaints outstanding within the Trust. We have seen positive improvement against the planned trajectory the Trust now sits at below 300 complaints. A mapping event has taken place, and opportunities have been identified for teams to intervene early to deescalate patient, carer and family complaints.

- **Backlogs (Endoscopy, BMEC, MRI)**

  Endoscopy
  Good progress is being made with 26+ week waits reduced from 250 to 99 patients in five weeks with aim to reach 0 in 6 weeks from now.

  Overall Total Waiting list: the service still has 2,262 patients on the waiting list, including 611 waiting over 13 weeks, and DM01 performance remains below target at 48.3%.

  A Robust Phased Endoscopy Recovery programme commenced, including daily booking huddles, weekend forward booking capacity, reminder calls, telephone pre-assessment and enhanced waiting list validation. These actions are helping reduce backlog and improve operational control.

  To successfully deliver recovery, additional investment is required in management capacity, complex procedure capacity, booking support, and digital pre-assessment. These improvements will help reduce long waiters, improve utilisation, increase activity levels and support achievement of the recovery trajectory, which aims to eliminate avoidable 13+ week waits by July 2027 and improve DM01 performance to 90% by March 2028.

  Birmingham Midland eye Centre (BMEC)
  The team have made progress and achieved an 84.5% reduction in the cohort identified in 2025. However, the overall waiting list has plateaued around 11,000 patients, predominantly in Glaucoma and Corneal services, with ongoing risks of avoidable and irreversible sight loss if waits exceed what is acceptable.

  Challenges include rising demand, increasing clinical complexity and limited clinical and diagnostic capacity. Internal capacity is largely exhausted, and current recovery activity is insufficient to achieve further reduction.

  Existing mitigation: Risk-based clinical prioritisation (RAG), enhanced validation, safety-netting, failsafe processes, virtual clinics and harm reviews. These provide limited assurance, and the risk to patients remains.

  Proposed actions: A detailed paper will be tabled at Quality committee. Consideration will be given to securing additional external capacity - insourcing / outsourcing / mutual aid. Work ongoing with the ICB and regional partners on sustainable demand–capacity solutions and pathway redesign.

MRI

The Trust has a backlog of approximately 30,500 unreported diagnostic imaging studies, comprising 18,733 plain films, 8,975 MRI scans and 2,781 CT scans. The backlog has accumulated over an extended period and presents a significant patient safety risk, particularly where delayed reporting may have postponed the diagnosis or treatment of time-critical conditions.

Chest X-rays and chest CT scans are priority groups because findings may include lung cancer or pulmonary nodules requiring follow-up. MRI studies involving neurological and oncological conditions also require prioritisation. The number of significant findings and cases of harm remains unknown until reporting and review are completed.

All modalities are being outsourced for reporting, with studies prioritised according to clinical risk and length of wait.

- **Primary attendances of patients with mental health conditions - SWBH**

  Since the move to Midland Metropolitan University Hospital, the Trust has reported an incremental increase in primary attendances to the Emergency Department by patients presenting with mental health conditions, with activity now averaging approximately 500 attendances per month. This has been further compounded by the introduction of the Right Care, Right Person model and the increased utilisation of Section 136 powers, resulting in an additional 30-40 attendances per month. The legislative and operational changes associated with Right Care; Right Person mean that police support is now largely limited to individuals assessed as presenting a very high risk. Consequently, the responsibility for the management and support of many patients experiencing a mental health crisis has transferred to healthcare services and clinical teams.

  The Trust has undertaken a range of actions to mitigate this risk, including enhanced education and training programmes, the development of a cohort of staff with specialist mental health skills, and the implementation of additional safety and escalation processes. Whilst significant work has been undertaken to upskill staff and reduce risk, the sustained level of demand means this continues to be recorded as a red-rated organisational risk.

  To fully mitigate this risk, there is a requirement for local mental health providers and system partners to increase capacity and responsiveness to meet the needs of the population and ensure timely access to appropriate mental health assessment, treatment, and support services. DGFT are experiencing similar issues and the learning from SWB on the work completed to date is being shared with DGFT.

4. **Operational Performance DGFT**

4.1 Emergency Access Standards (EAS)

Overall, September performance against the Emergency Access Standard (EAS) was 80.29% against the target. This performance was supported by continued strong non-admitted performance, which remained within the four-hour target. The LOS for non-admitted patients has decreased by 2%. There were 10,874 Type 1 attendances, representing a 6% increase compared with August.

Ambulance Handovers in September 2026, there were 3002 ambulance arrivals to RHH, a –2% decrease compared to August, with the average ambulance offload time of 1 hour 32 mins. This is above the 45min target and has risen from the previous month of August, the flow for our admitted patients now having a LOS of over 522 mins (8.7 hours) which has increased by 2% from the month

of August. While our non-admitted patients have a LOS of 234 mins (3 .9 hours) which is within our 4-hour performance target.

4.2 Cancer Standards

Cancer Performance (August 2026 validated)

28 Day FDS: August 2026 fell below performance of 78.04% against a target of 83.7%. This was driven by waiting times for Skin, Bladder and Colorectal waiting times for first OPA and diagnostics.

31 Day Combined: August 2026 performance was 94.2% vs 94.3% target. Urology, Gynaecology and Skin remain challenged due to capacity for surgical patients and biopsy capacity for Skin.

62 Day Combined: August 2026 performance was 70% against a target of 77.3%. Breast, Urology and Gynaecology were the sites that were the most challenged in August and remain an area of focus for increasing capacity for surgical patients and increasing biopsy capacity.

4.3 Referral to Treatment (RTT) Standards

Performance against the 18-week RTT standard for September 26 is currently at 62.91% vs 66.90% plan. September validation period has been extended to the 25 October 26. Performance for Time to First Outpatient Appointment for September 26 is currently at 64.4% vs 67.4% plan. Focus also remains on Total Waiting List. Tracking September actions to plan; tracking October actions to plan; working on the New November initiative; and tracking trajectory of recovery to achieve our March 27 planned target aligned to Divisional plans.

Long waits have significantly reduced, with fewer than 0.07% of patients (35) waiting over 52 weeks currently for September 26.

4.4 6-Week Diagnostic (DM01) Standard

DM01 for September shows performance of 86.20% vs 90.57% plan. This position is a significant improvement from August performance.

The main focused areas for 6+ and 13+ week are:

- Dexa
- Cardiology
- Audiology
- NOUS remains a focus, however, has improved significantly this month

4.5 Community Standards - Urgent Community Response (UCR) Performance / Community Health Services / Virtual Ward

Urgent Care Response 2-hour target >70% continues to be met with compliance at 90% for August 2026. 789 – 2 hour referrals managed during September

Adult Community Health Services Proportion of patients waiting over 52 weeks met by Community services (with exception of Audiology service) who have 28 Paediatric patients over 52 weeks – awaiting next Follow Up appointment. New Audiology referrals are seen on average within 6 week target.

Virtual Ward occupancy >80% remains consistent; funding has been agreed and all, but one post is now staffed substantively to provide consistent cover.

4.6 Black Country Pathology Service (BCPS) Performance – September data not yet available

Histology Overall BCPS performance has improved by 8% in June 26 to 60% for 10-day Histology TAT.
SWBH achieved 63% which is a 14% improvement from May 26
DGFT achieved 61%, which is a 10% improvement from May 26
Next Steps - Task and Finish Group to reduce the number of urgent requests. BCPS data shows that Skin, Gynae and Urology send a higher proportion of cases as urgent. To continue to improve electronic requesting.

4.7 Discharge Ready Date (DRD) to Discharge Performance

During September 2026, discharge performance remained broadly stable despite increasing operational pressures across health and social care pathways. The month saw an increase in overall discharge demand, alongside a rise in Pathway 3 referrals and continued challenges associated with complex discharge arrangements. September recorded an average DRD-to-discharge time of 3.74 days, compared with 3.71 days in August.

The Care Transfer Hub (CTH) remained central to the coordination and oversight of discharge activity, managing approximately 180–220 new Pathway 1–3 referrals each week, alongside increasing complexity and demand. Continued multidisciplinary working, proactive case management and system escalation supported patient flow, although capacity constraints across partner organisations continued to present challenges.

September also saw the commencement of weekly Multi-Agency Discharge Events (MADE), alternating between acute and community settings. These events provided additional scrutiny of patients experiencing prolonged lengths of stay, strengthened multidisciplinary accountability and supported the identification and escalation of barriers to discharge.

4.8 Temporary Escalation Spaces - Corridor Care – September 2026 Medicine & Surgery
Ward Corridor Care – September 26 - 268 patients

There were an additional 268 patients across the Medical and Surgical wards. This number of patients equates into 562.89 bed days with the highest users being C5, C6, C7, C3, FMNU, C1.

Patients are assessed by AMU or ED staff pre movement to these non-designated bed spaces and when on the ward are continuously monitored for signs of deterioration, with escalation pathways in place for urgent review. Efforts are made to preserve patient privacy and dignity using screens, appropriate communication, and consideration of individual needs. Senior clinical oversight is provided throughout the day and night, with regular review of patients awaiting discharge or transfer, helping to reduce Length Of Stay in the corridor. Matron oversight of all patients in these spaces continues every day, supported by division and by oversight visits from the Director of Nursing. Work has commenced on strengthening these dynamic risk assessments through renewed vigour in documentation.

Work continues across the Divisions to improve pathways for patients who are medically fit for discharge and to reduce the number of patients awaiting community care packages or placements. Delays in discharge for these patients remain a significant contributor to hospital flow challenges, impacting bed availability and increasing delays within the Emergency Department (ED). Reducing

these delays is a key priority to ensure patients can be transferred to an appropriate inpatient bed space in a timely manner and receive care in the most suitable setting.

The Medicine Division aim is to restore the discharge lounge to its original function so discharges can go there to be safely discharged so the requirement to have extra patients on wards is reduced, in conjunction with a requirement to reduce our tolerance to carrying over 80 MOFD patients in the division on any one day or more this tolerance needs to reduce dramatically to ensure flow is achieved. The LAT team continue to work with Trust to try to ensure this aim is realized.

5. Operational performance SWB

5.1 Urgent and Emergency Care metrics showed a slight improvement in September. Total EAS performance was reported at 74.44%, a 0.33% improvement on the previous month. The admitted pathway continues to drive type 1 underperformance with 13.4% of admitted patients moving into a bed within 4 hours. Clinical leadership challenges within the ED continue to be an issue, particularly overnight and are also a contributing factor with non-admitted type 1 performance for September reported at 55%. The proportion of patients with length of stay in ED exceeding 12 hours increased in September to 10.61%, however, this was more in line with previous months after a significant shift to 6.54% in August.

5.2 Average ambulance handover decreased by 2 minutes in September, however, still fell short of trajectory (20 mins). In September we saw a similar trend to the previous month with batching of ambulances and a greater number of patients requiring assessment and treatment in resus. The interventions outlined in this report have been developed and implemented to support recovery in UEC performance metrics, some of which are part of our planning and preparation for Winter 26/27.

5.3 FDS performance declined from 77.7% in July to 75.3% in August 2026, below the plan of 76.08%, primarily due to delays in Colorectal, Gynaecology and Urology. Diagnostic capacity constraints across Endoscopy, Imaging and Histopathology, alongside delays in completing outpatient clinical outcomes, continue to impact pathway progression, although performance is improving across most tumour sites. Focused recovery actions are underway to address diagnostic bottlenecks, strengthen pathway oversight, expedite clinical outcomes and accelerate validation to support performance recovery.

5.4 62-day cancer performance declined from 76.81% in July to 70.04% in August 2026, below the target of 76.63%, driven by underperformance in Breast, Gynaecology, Haematology and Lung, despite improvements in Skin, Head and Neck, and Upper GI. Diagnostic delays across imaging, endoscopy and histopathology continue to affect diagnostic confirmation and timely treatment decisions. Recovery actions focus on improving diagnostic turnaround times, strengthening pathway tracking and escalation, and expediting investigations and treatment initiation to support recovery against the revised trajectory.

5.5 31-day cancer performance remained strong at 93.90% in August 2026, exceeding the national target of 92.90%. Continued focus on capacity management, timely treatment scheduling and pathway validation will support sustained delivery. Proactive monitoring and early escalation of patients at risk of breach will help maintain performance above the national standard throughout 2026/27.

5.6 RTT performance was 60.06% in August 2026, below the target of 62.02%, with a September recovery plan targeting 63% under active monitoring. Time to First Outpatient Appointment performance remained below plan for the fifth consecutive month at 62.30% against 68.35%, with

significant long-wait backlogs across key specialties, particularly ENT, which has over 4,000 patients waiting beyond 18 weeks. The total waiting list remains below the planned recovery trajectory, with Clinical Groups implementing targeted actions to reduce backlogs, optimise capacity, improve productivity and strengthen demand management to accelerate recovery and improve timely access to care.

5.7 52-week performance deteriorated slightly in August to 0.69%, against the planned trajectory of 0.64%, with recovery plans in place to return to trajectory by October. ENT remains a key risk due to its growing backlog, while increases in waiting patients across Medicine, PCCT and some surgical specialties are under review, with targeted mitigating actions being developed. Robust oversight through the Trust's governance framework and Planned Care Delivery Group continues to monitor risks, drive recovery actions and support delivery of the Trust's elective recovery objectives.

6. Recommendations

6.1 The Group Public Trust Board is asked to:

- Note the positive quality and safety performance demonstrated in falls, sepsis management and mandatory training compliance.
- Acknowledge accelerated improvement plans for patient observation compliance, including strengthened accountability at divisional level and enhanced monitoring through quality dashboards.
- Accept continued workforce oversight, specifically focusing on recruitment, retention and succession planning within both urgent care and specialist Breast Screening services.
- Accept the scrutiny of complaints performance, ensuring that learning is translated into measurable service improvements and that response times improve.
- The Board is asked to take assurance from the progress reported, endorse the proposed improvement actions, and support continued monitoring of workforce, observation compliance, complaints management and Breast Screening technical dependencies through the established governance framework.

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Group Perinatal Quality Oversight Report		
SPONSORING EXECUTIVE / PRESENTER:	Mel Roberts Group Chief Nursing Officer Mark Anderson Group Medical Director		
REPORT AUTHOR:	Claire Macdiarmid, Interim Group Director of Midwifery		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision	x	Approve	**x**	Both Trusts
x	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
			Discuss		
			Note		

Suggested discussion points

The Dudley Group NHS Foundation Trust
The Dudley Group continues to demonstrate a positive overall maternity and neonatal safety position, achieving the lowest Midlands Maternity Heatmap score of 14. Stillbirth (2.29 per 1,000 births) and extended perinatal mortality (4.07 per 1,000 births) remain below national rates. However, neonatal mortality increased to 1.78 per 1,000 live births in September, above the national rate of 1.60. A thematic analysis of neonatal deaths is nearing completion and will be presented to the November Quality Committee to identify further learning and improvement opportunities.

Workforce assurance remains positive, with the funded midwifery establishment closely aligned to Birthrate Plus recommendations, although maternity leave, sickness absence and neonatal staffing pressures continue to require monitoring. Progress against MIS Year 8 remains on track, subject to completion of outstanding evidence and formal assurance processes. The Trust has received no MOSS signals to date.

The maternity service achieved national recognition at the HSJ Patient Safety Awards in September 2026, winning the Maternity, Midwifery and Neonatal Safety Initiative of the Year award and being shortlisted for a further award recognising its quality management system. These achievements reflect the sustained impact of improvement work initiated in 2022.

Areas requiring continued focus include neonatal mortality surveillance, improving early access to maternity care, strengthening service-user engagement and maintaining workforce resilience.

Sandwell and West Birmingham NHS Trust (SWB)
SWB continues to deliver a comprehensive programme of maternity and neonatal safety improvement, although significant challenges remain. The Midlands Maternity Heatmap score remains at 48, with ongoing concerns relating to workforce, Saving Babies' Lives compliance and Baby Friendly accreditation. SPC surveillance continues to demonstrate special cause variation of concern in extended perinatal mortality, although recent rates indicate modest improvement.

Perinatal mortality remains an area of concern, with the extended perinatal mortality rate at 7.00 per 1,000 births in September 2026, above the national rate of 4.84. The stillbirth rate reduced to 4.66 per 1,000 total births, while neonatal mortality was 2.34 per 1,000 live births. Statistical process control surveillance continues to demonstrate special cause variation of concern in extended perinatal mortality, although recent data indicates modest improvement. Continued surveillance, investigation and targeted improvement activity remain priorities to achieve a sustained reduction in perinatal deaths.

Workforce sustainability remains a principal risk. The Birthrate Plus assessment identified a shortfall of 18.65 WTE clinical midwives, alongside neonatal nursing and wider maternity workforce pressures.

Executive approval has been secured for phased midwifery recruitment and additional obstetric and neonatal workforce investment.

The Trust is unlikely to achieve full compliance with MIS Year 8 by 30 November 2026. The most significant risks relate to learning from investigations and implementation of the Maternal Care Bundle, particularly digital dependencies, with additional risks to obstetric emergency training compliance. These matters require continued Executive and Board oversight.

Positive progress includes sustained maternity triage Birmingham Symptom specific obstetric triage system (BSOTS) compliance of 93% during September and October, exceeding the Trust's 90% target, alongside improvements in interpreting services, community engagement and perinatal improvement activity.

Intensive support from NHS England's Maternity and Neonatal Improvement support Team (MatNeoIST) commenced in September 2026, complementing the Trust's existing Perinatal Improvement Programme and response to the Baroness Amos Review. Initial milestones focus on leadership, governance, workforce, culture, clinical pathways, equity and data quality. A further progress update will be provided in December following the first three-month milestone review.

Both organisations continue to strengthen perinatal safety oversight, with new Executive Perinatal Safety Champions. The Maternity and Neonatal Equalities Dashboard is informing further work to triangulate clinical outcomes, incidents and service-user experience by ethnicity and deprivation.

Service-user engagement remains an area for improvement across both organisations, with revised arrangements being developed to embed the voices of women and families more effectively within service governance and improvement.

NHS England requires Trusts to complete and submit both a self-assessment against the Maternity and Neonatal 10 Point Plan and a gap analysis against the National Maternity Triage Principles. The initial 10 Point Plan baseline assessment was submitted in September 2026, with a further progress update required by 31 December 2026. In addition, the regional deadline for submission of the completed Triage Principles gap analysis and associated action plan has been extended to the end of December 2026.

NHS England's Maternity and Neonatal 10 Point Plan Assurance Process requires both the baseline assessment and progress update submissions to be reviewed and approved through Trust Board governance arrangement. Whilst NHS England permitted the September baseline assessment to be approved through an appropriate sub-committee where an extraordinary Board meeting could not be convened, no such provision has been identified for the December progress submission. The Board is therefore asked to determine the mechanism by which approval will be provided prior to submission of the Trust return by 31st December 2026, recognising that there is no scheduled Board meeting before the submission deadline.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**x**	**OUR PEOPLE**		**OUR POPULATION**	**x**

Previous consideration
Joint Quality Committee September and October 2026

Recommendations	
a)	The Public Trust Board is asked to receive and note the report, and consider the assurance provided against the national requirements of Perinatal Quality Oversight Model.
b)	Note the requirement to submit the Maternity and Neonatal 10 Point Plan progress update and the Maternity Triage Principles gap analysis/action plan by 31 December 2026 and agree the governance and approval process to enable sign-off of the submissions in advance of the deadline.

Escalation
Should any element of this report be escalated: As per the report

BAF Impact			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
	003 (Joint): Partnerships		
	004: Finance		004: Finance
X	005: Operational performance	X	005: Operational performance
	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

Report to the Trust Public Board on 18th November 2026

Group Perinatal Quality Surveillance paper

1. Purpose

1.1 This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety as outlined in the NHS England (NHSE) document "Perinatal Quality Oversight Model' (August 2025). The purpose of the report is to inform the Joint Quality Committee, Joint Trust Board and Local Maternity and Neonatal System (LMNS) board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of ward to board insight across the multidisciplinary multi professional maternity and neonatal service teams. The Perinatal Quality Oversight Model (PQOM) has been developed in response to the need to proactively identify trusts that require support before serious issues arise.

It provides consistent and methodical oversight of NHS perinatal services and ensures we collect the information and insight we need to drive service improvement. While provider trusts and their boards ultimately remain responsible for the quality of the services they provide and for their improvement, the PQOM supports trusts and integrated care boards (ICBs) to discharge their duties and provides a mechanism for escalation of any emerging risks, trends or issues that cannot be resolved at local level or would benefit from wider sharing.

2. Background

2.1 In line with the perinatal quality oversight model, both Trusts are required to report the information outlined in the data measures proforma bimonthly to the trust board.

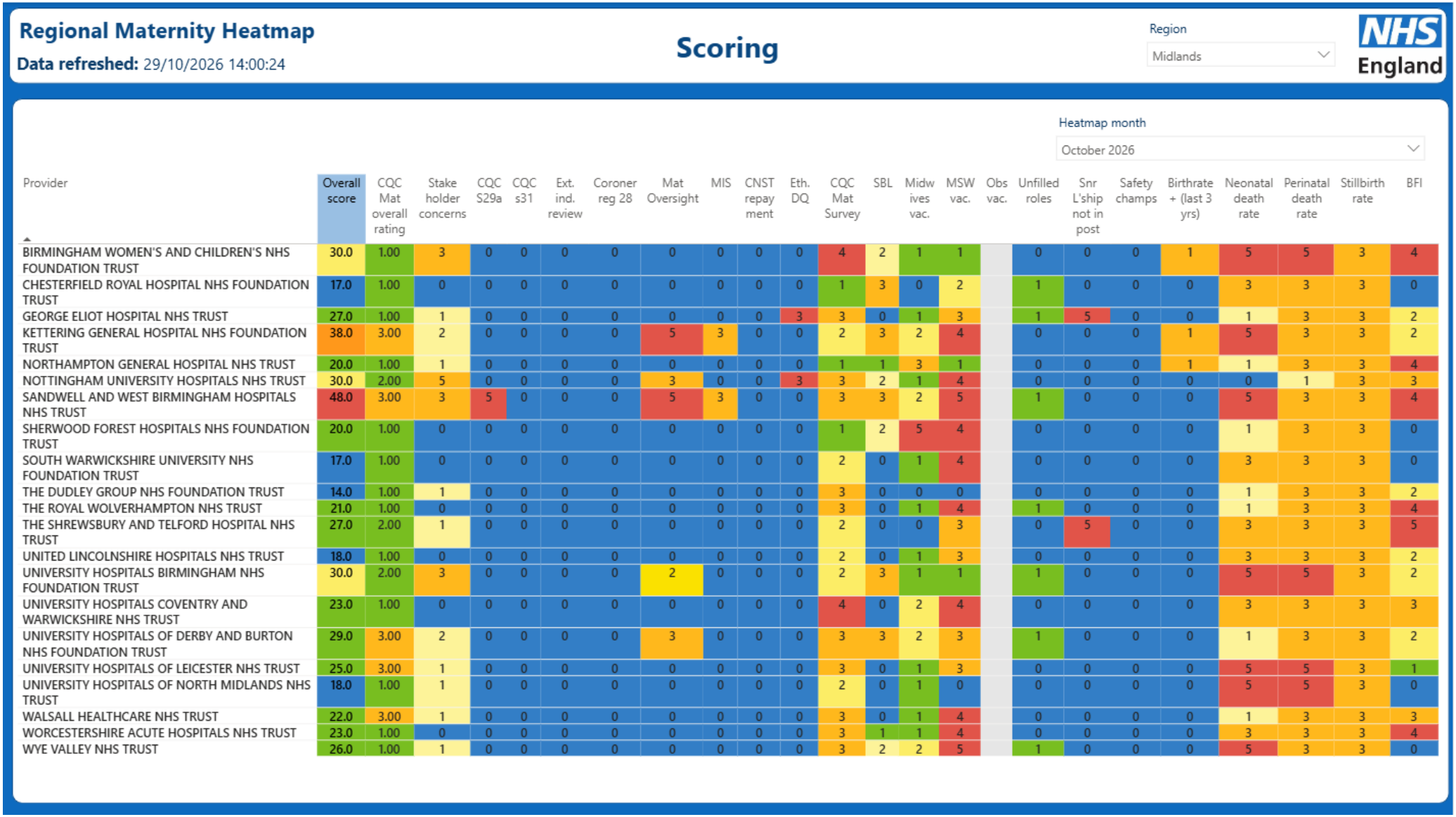
3. Group Headlines

3.1 Perinatal Surveillance Dashboard

The latest perinatal surveillance dashboards for both organisations are enclosed in the Reading room.

Table 2- Regional Maternity Heatmap

Heatmap



Regional Maternity Heatmap

Data refreshed: 29/10/2026 14:00:24

Scoring

Region: Midlands

NHS England

Heatmap month: October 2026

Provider	Overall score	CQC Mat overall rating	Stake holder concerns	CQC S29a	CQC s31	Ext. ind. review	Coroner reg 28	Mat Oversight	MIS	CNST repay ment	Eth. DQ	CQC Mat Survey	SBL	Midw ives vac.	MSW vac.	Obs vac.	Unfilled roles	Snr L'ship not in post	Safety champs	Birthrate + (last 3 yrs)	Neonatal death rate	Perinatal death rate	Stillbirth rate	BFI
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	30.0	1.00	3	0	0	0	0	0	0	0	0	4	2	1	1		0	0	0	1	5	5	3	4
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	17.0	1.00	0	0	0	0	0	0	0	0	0	1	3	0	2		1	0	0	0	3	3	3	0
GEORGE ELIOT HOSPITAL NHS TRUST	27.0	1.00	1	0	0	0	0	0	0	0	3	3	0	1	3		1	5	0	0	1	3	3	2
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	38.0	3.00	2	0	0	0	0	5	3	0	0	2	3	2	4		0	0	0	1	5	3	3	2
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	20.0	1.00	1	0	0	0	0	0	0	0	0	1	1	3	1		0	0	0	1	1	3	3	4
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	30.0	2.00	5	0	0	0	0	3	0	0	3	3	2	1	4		0	0	0	0	0	1	3	3
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	48.0	3.00	3	5	0	0	0	5	3	0	0	3	3	2	5		1	0	0	0	5	3	3	4
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	20.0	1.00	0	0	0	0	0	0	0	0	0	1	2	5	4		0	0	0	0	1	3	3	0
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST	17.0	1.00	0	0	0	0	0	0	0	0	0	2	0	1	4		0	0	0	0	3	3	3	0
THE DUDLEY GROUP NHS FOUNDATION TRUST	14.0	1.00	1	0	0	0	0	0	0	0	0	3	0	0	0		0	0	0	0	1	3	3	2
THE ROYAL WOLVERHAMPTON NHS TRUST	21.0	1.00	0	0	0	0	0	0	0	0	0	3	0	1	4		1	0	0	0	1	3	3	4
THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	27.0	2.00	1	0	0	0	0	0	0	0	0	2	0	0	3		0	5	0	0	3	3	3	5
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	18.0	1.00	0	0	0	0	0	0	0	0	0	2	0	1	3		0	0	0	0	3	3	3	2
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	30.0	2.00	3	0	0	0	0	2	0	0	0	2	3	1	1		1	0	0	0	5	5	3	2
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	23.0	1.00	0	0	0	0	0	0	0	0	0	4	0	2	4		0	0	0	0	3	3	3	3
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	29.0	3.00	2	0	0	0	0	3	0	0	0	3	3	2	3		1	0	0	0	1	3	3	2
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	25.0	3.00	1	0	0	0	0	0	0	0	0	3	0	1	3		0	0	0	0	5	5	3	1
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	18.0	1.00	1	0	0	0	0	0	0	0	0	2	0	1	0		0	0	0	0	5	5	3	0
WALSALL HEALTHCARE NHS TRUST	22.0	3.00	1	0	0	0	0	0	0	0	0	3	0	1	4		0	0	0	0	1	3	3	3
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	23.0	1.00	0	0	0	0	0	0	0	0	0	3	1	1	4		0	0	0	0	3	3	3	4
WYE VALLEY NHS TRUST	26.0	1.00	1	0	0	0	0	0	0	0	0	3	2	2	5		1	0	0	0	5	3	3	0

3.2 Heatmap scoring

Dudley's score has reduced to 14 and is the lowest scoring organisation in the Midlands.
Sandwell and West Birmingham remain at a score of 48 with work ongoing to reduce this particularly relating to recruitment of Midwives and Midfery support workers, saving babies lives compliance and Baby friendly accreditation.

3.3 Maternity and Neonatal Equalities dashboard

NHS England's Maternity and Neonatal Equalities Dashboard provides national and Trust-level data, broken down by ethnicity and socioeconomic deprivation, to identify inequalities in access, experience and outcomes. In line with the requirements of the Maternity and Neonatal 10 Point Plan (10PP), the dashboard supports Board oversight, identification of disparities and targeted improvement to reduce inequalities in maternity and neonatal care. Further analysis will be undertaken by the services to triangulate clinical outcomes, patient safety incidents, complaints and service user feedback to identify emerging themes, understand potential inequalities and inform targeted improvement actions.

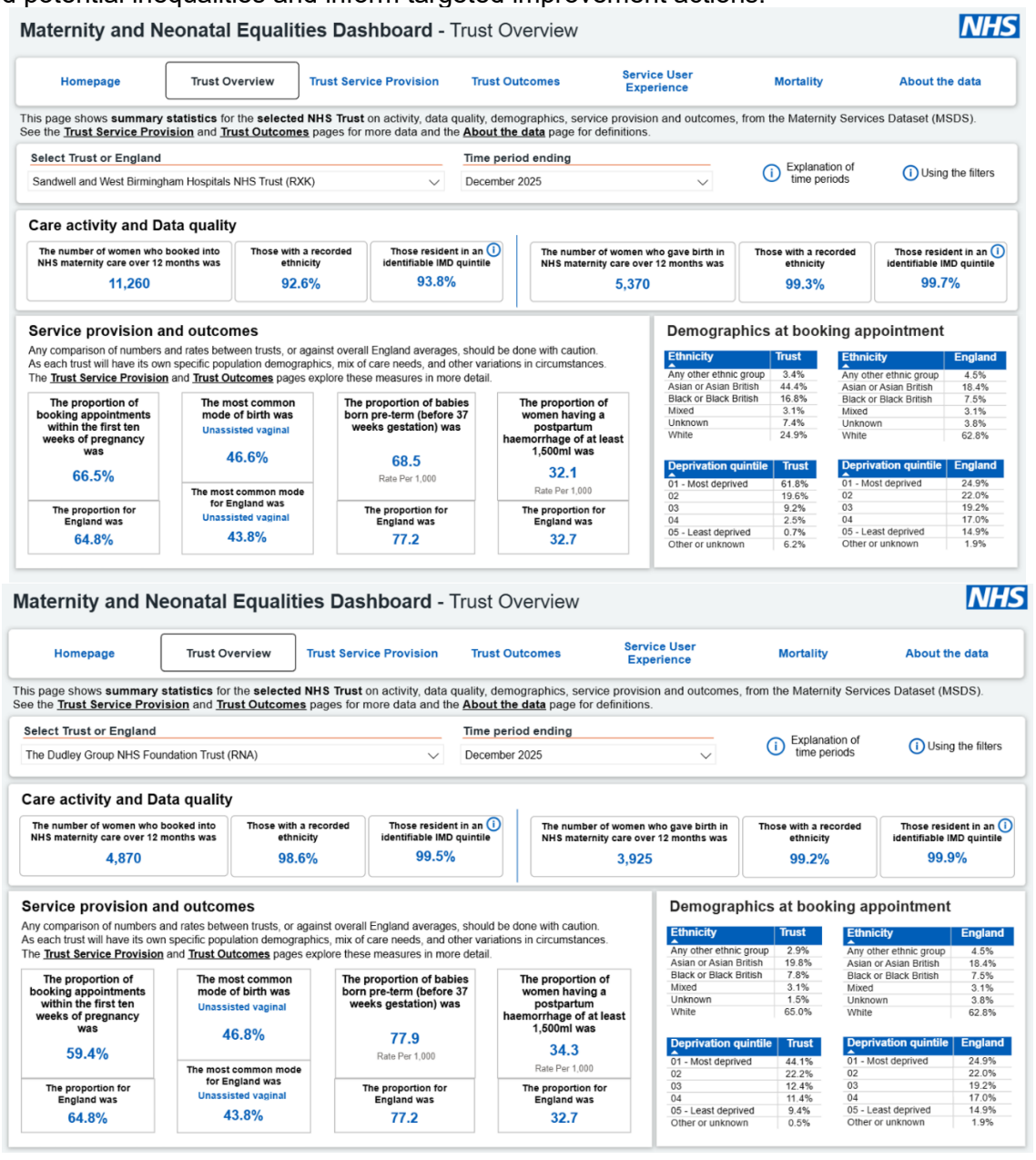


Table 2- inequalities dashboard SWB

SWB provides maternity care to a highly diverse and significantly deprived population, with 61.8% of women living in the most deprived national quintile and over 60% identifying as Asian or Black ethnic groups. Despite these demographic challenges, outcomes compare favourably with national averages, with a higher proportion of women reported as booking by 10 weeks (66.5% vs 64.8%), a higher rate of unassisted vaginal birth (46.6% vs 43.8%), and a lower preterm birth rate (68.5 vs 77.2 per 1,000 births). Rates of severe

postpartum haemorrhage remain in line with national performance. These findings demonstrate positive outcomes for a population with significant health inequality risks, whilst highlighting the importance of continuing to improve equitable access, culturally responsive care and maternity outcomes across all communities.

Table 3- inequalities dashboard Dudley

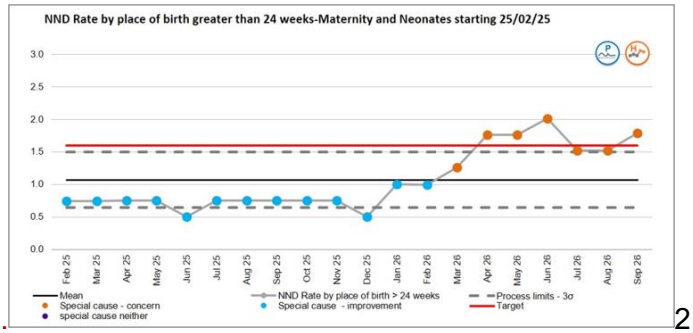
The Dudley Group provides maternity care to a population that is less ethnically diverse than the national average, with 65.0% of women identifying as White, but still serves a population with significant levels of deprivation, with 44.1% of women living in the most deprived quintile. Data quality is strong, with ethnicity and deprivation recorded for over 98% of women. The Trust reports a higher rate of unassisted vaginal birth than England (46.8% vs 43.8%), while rates of preterm birth are broadly in line with the national average (77.9 vs 77.2 per 1,000 births). However, only 59.4% of women booked for maternity care by 10 weeks' gestation, which is below the England average of 64.8% and represents the key area for improvement. Rates of severe postpartum haemorrhage are comparable with national performance (34.3 vs 32.7 per 1,000 births). Overall, outcomes are broadly aligned with national benchmarks, although improving early access to maternity care remains a key priority, particularly for women from deprived communities and those at greater risk of poorer outcomes.

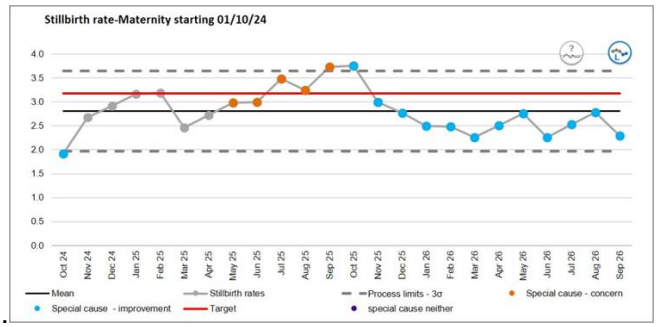
3.4 Perinatal Mortality data: By place of Birth

Dudley Group

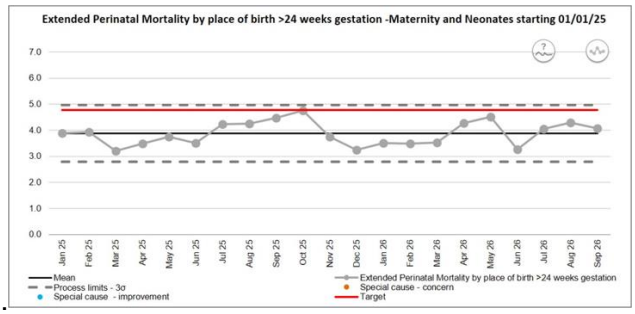
SPC Chart1: Neonatal Death rate (Rolling 12-month rate / 1000 births) Dudley Group

SPC Chart 2: Stillbirth rate (Rolling 12-month rate / 1000 births) Dudley Group

1. 

2. 

SPC Chart 3: Perinatal Mortality (Rolling 12-month rate / 1000 births) Dudley Group

3. 

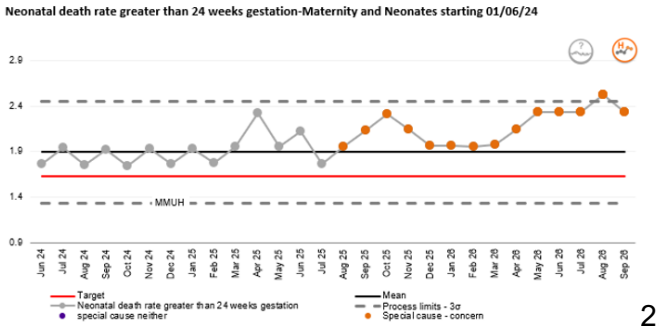
Neonatal mortality rates during Quarter 2 remained at 1.27 per 1,000 live births in July and August 2026, increasing to 1.78 in September, above the national rate of 1.60.

The stillbirth rate in September 2026 was 2.29 per 1,000 total births, compared with the national rate of 3.18. Although some fluctuation has been observed, stillbirth rates have remained below the national rate throughout the previous two quarters. The extended perinatal mortality rate by place of birth was 4.07 per 1,000 total births in September 2026, remaining below the national rate of 4.77.

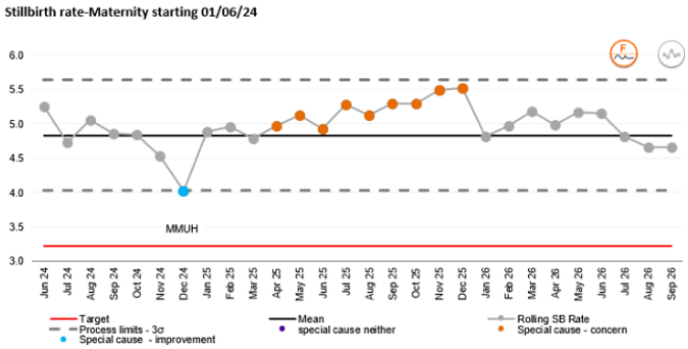
Whilst the overall position remains favourable compared with national rates for stillbirth and extended perinatal mortality, the increase in neonatal mortality during the year warrants continued surveillance and review through established perinatal mortality governance processes. A thematic analysis of neonatal deaths is nearing completion and will be presented to the November Quality Committee, providing further insight into emerging themes, contributory factors and opportunities for learning and improvement.

Sandwell and West Birmingham NHS Trust (SWB)
SPC Chart1: Neonatal Death rate (Rolling 12-month rate / 1000 births) SWB 2.34/1000 (Nat. rate 1.6)
SPC Chart 2: Stillbirth rate (Rolling 12-month rate / 1000 births) Dudley Group SWB 4.66/1000 (Nat. rate 3.22)

1.



2.



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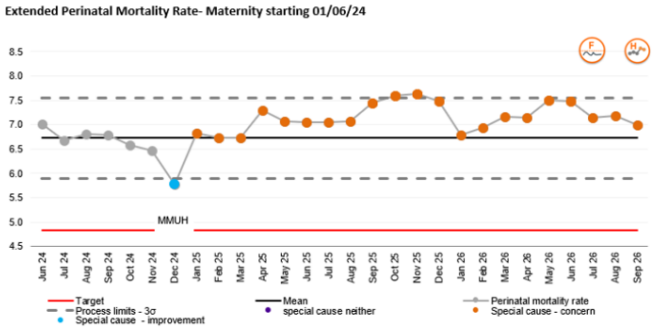


SPC Chart 3: Perinatal Mortality (Rolling 12-month rate / 1000 births) SWB 7.00/1000 (Nat. rate 4.84)

The SPC charts demonstrate continued special cause variation of concern in extended perinatal mortality, although the most recent rolling 12-month rate shows a modest reduction to 7.0 per 1,000 births. The stillbirth rate has reduced from previously elevated levels and is now demonstrating common cause variation, with recent data points around the established mean. Improvement work remains ongoing across the service, with an overarching aim of achieving a sustained reduction in perinatal mortality rates through targeted interventions, continuous monitoring and learning from outcomes.

3.5 Patient Safety Incident Investigations and Maternity and Newborn Safety Investigations: Dudley Group
During August and September 2026, no new cases were referred to and accepted by the Maternity and Newborn Safety Investigations (MNSI) programme, and no new Patient Safety Incident Investigations (PSIIs) were commenced.

One MNSI investigation concluded in August 2026, resulting in a safety recommendation relating to fetal monitoring. Actions are in place to address the findings and support improvements in clinical practice.
One PSII was completed in August 2026, relating to complications of diabetes in pregnancy that subsequently resulted in the baby requiring therapeutic cooling. The investigation identified learning regarding communication between the Emergency Department (ED) and Maternity Unit, alongside the need for timely escalation to senior clinical support when women are receiving care outside the maternity setting. Improvement actions include a review of local diabetic ketoacidosis (DKA) guidance, strengthening communication pathways between ED and maternity services, and reinforcing escalation processes through updated local guidance.

3.6 Patient Safety Incident Investigations and Maternity and Newborn Safety Investigations Sandwell and West Birmingham

During August and September 2026, no new cases were referred to the Maternity and Newborn Safety Investigations (MNSI) programme from SWB.

No MNSI investigations were concluded in August. One investigation was concluded in September 2026, resulting in four safety recommendations relating to the management of antenatal follow-up appointments, cardiotocography (CTG) monitoring practices and training, and emergency escalation procedures for fetal bradycardia. Implementation of these recommendations is being progressed through established governance arrangements. Two MNSI investigations remain open, with the earliest dating from April 2026. Reports were anticipated in October 2026, subject to MNSI completion timescales.

One Patient Safety Incident Investigation (PSII) was completed in August 2026, relating to a postnatal maternal collapse and cardiac arrest following a concealed massive haemorrhage. The investigation identified learning relating to the recognition and management of maternal deterioration, use of interpretation services and availability of appropriate adult resuscitation equipment.

Actions completed include the review and updating of local guidance for the deteriorating woman in obstetric care and the introduction of the National Maternity Early Warning Score (MEWS) across perinatal inpatient services. Further work remains ongoing to embed learning through multidisciplinary training, simulation exercises and annual training updates.

No new PSIIs were commissioned during August or September 2026.

3.7 MOSS Signals

The Maternity Outcomes Signal System (MOSS) is a new, real-time NHS safety tool in England designed to detect, highlight, and prevent serious risks in maternity and neonatal care. It analyses routinely recorded data to identify unusual, emerging patterns (signals) that suggest potential safety issues, particularly in intrapartum care.

The Dudley Group

The Dudley Group received 0 MOSS signals to date. As part of MIS Year 8 readiness, a mock MOSS signal exercise has been undertaken in October 2026 to test the Trust's processes for receipt, review, escalation and governance of a MOSS signal, providing assurance that arrangements are operational and embedded.

Sandwell and West Birmingham

There have been 0 MOSS signals received since 3rd June 2026.

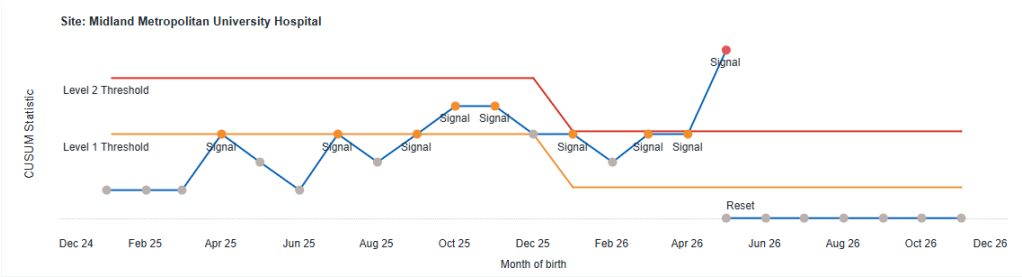


Chart: MOSS Cumulative SUM chart

The absence of a MOSS signal since June is a positive indicator and provides assurance that rates of term stillbirth and term neonatal death have remained within expected statistical limits, with no concerning patterns identified through the national surveillance system. This suggests that the improvements and safety measures implemented across maternity services are contributing to the maintenance of safe intrapartum care. However, MOSS is an early warning tool focused on a limited number of outcome measures and should not be considered in isolation. Continued vigilance is required through review of the wider maternity quality dashboard, incident investigations, PMRT learning, staffing indicators, patient experience feedback and external assurance processes to ensure that emerging risks are identified and addressed at the earliest opportunity.

3.8 Coroner Regulation 28 made directly to the Trust

There were 0 Coroner regulation 28 made directly to either Trust in respect of perinatal or maternal deaths in August or September 2026.

3.9 Perinatal Safety champions Maternity and Neonatal Safety Champion meetings continue across both organisations. Adam Thomas has been appointed as the new Executive Maternity and Neonatal Safety Champion at Sandwell and West Birmingham NHS Trust, and Chris Walker has been appointed as the new Executive Maternity and Neonatal Safety Champion at The Dudley Group NHS Foundation Trust.

A revised meeting and engagement framework is being developed to strengthen communication and escalation pathways, ensuring that the voices of frontline staff, women and families are heard at all levels of the organisation and meaningfully inform safety oversight, decision-making and service improvement.

3.10 Perinatal Improvement Programme and Maternity and Neonatal Improvement Support Team Sandwell and West Birmingham

The Trust continues to deliver the recommendations arising from the Baroness Amos National Maternity and Neonatal Independent Investigation through a structured perinatal improvement programme. Key priorities include improving outcomes and oversight by ethnicity, strengthening access to interpreting and translation services, embedding national maternity triage standards, improving workforce culture and psychological safety, and ensuring the voices and experiences of women, families and diverse communities inform service improvement.

SWB commenced intensive support from NHS England's MatNeoIST on 1 September 2026, with positive initial progress against the agreed improvement milestones. All Trust milestone leads have been identified and briefed on their responsibilities, with Executive leads engaging directly with improvement advisers to strengthen oversight and accountability.

The initial three-month milestones focus on strengthening perinatal leadership, culture and accountability, including clarification of senior leadership responsibilities, HR processes and professional advocacy support. A comprehensive review of perinatal governance arrangements is being initiated to strengthen reporting, escalation and ward-to-Board assurance.

Further priorities include progressing the perinatal workforce strategy and Birthrate Plus recommendations, strengthening daily operational huddles and escalation arrangements, reviewing obstetric and neonatal leadership capacity, and improving service-user engagement and equity. Digital and data quality reviews will identify opportunities to improve the reliability of performance reporting, whilst clinical pathway reviews will inform targeted improvement activity. A review of equality diversity and inclusivity was undertaken in April 2026 by NHSE, with the findings of the visit only received into trust late October. The findings are currently being reviewed, and actions taken and will be reported via the Quality committee and Perinatal Safety champions. A key outstanding risk remains the absence of dedicated Programme Management Office (PMO) support to coordinate the Perinatal Improvement Plan and ensure effective monitoring of delivery. This is being progressed by the department.

The first three-month milestone review is due at the end of November 2026. A further comprehensive update will be presented during December 2026, providing assurance on progress against the agreed milestones, evidence of improvement, outstanding actions and any risks requiring escalation or additional support.

The Improving Together programme continues to support maternity and neonatal service improvement, with a planned transition of leadership and ownership of all improvement cells to the perinatal team commencing in January 2027. Ongoing support has been negotiated for specific workstreams, with continued upward reporting of improvement data to provide assurance of sustained progress. The service also continues to receive direct support from the NHS England regional team for fetal monitoring. It is proposed that regional support for maternity triage, induction of labour (IOL), born before arrival (BBA) and telephone triage will formally conclude following the next scheduled review in January 2027, with ongoing improvement activity embedded within local service governance arrangements.

Stillbirth review
As discussed at the previous Trust Board meeting, the review of stillbirths at Sandwell and West Birmingham has now been established as an external independent review, with an extended scope to include neonatal deaths. Progress continues in establishing the review arrangements, with the Terms of Reference having been shared with a family for review and their comments incorporated. A meeting between Birmingham Women's and Children's NHS Foundation Trust (BWCH) and SWB was scheduled for 4 November 2026 to agree the final Terms of Reference. The independent Chair is developing a structured framework to expedite the review of individual cases, whilst the appointment of an external neonatal expert remains outstanding. Families affected by neonatal deaths will be contacted for the first time to explain the review process, and further updates will be provided to all other families regarding the extended scope and next steps.

3.11 Family Engagement SWB
Following the Amos Review, SWB continues to strengthen engagement and co-production with local communities to build trust, improve access and ensure women's voices inform maternity improvement.
The MMUH Maternity Community Talk and Tour programme continues to work alongside community organisations to familiarise women with maternity services, provide opportunities to ask questions and enable direct dialogue with maternity leaders. During September, engagement sessions were delivered with Bethel Doula Services, Smethwick Pathway Progress, and the Ileys Community Organisation.

These well attended visits provided valuable opportunities for women and families to share their experiences, discuss barriers to accessing services and identify opportunities for improvement. Feedback from these sessions is currently being collated and analysed. The findings will be presented through this committee to inform assurance and oversight, whilst also being used to shape ongoing service development and quality improvement initiatives within maternity services.
The engagement undertaken to date has demonstrated a positive willingness from women, families and community partners to work collaboratively with maternity services. This feedback will support the continued development of responsive, inclusive services that meet the needs of the diverse communities served by MMUH.

3.12 NHS Resolution Maternity (and Perinatal) Incentive Scheme Year 8 Dudley

Overview of progress on MIS year 8 safety action requirements

NHS Resolution

Safety Action	Not started	Compliance risk	In progress & on track	Meets compliance	Fully embedded	Total sub-actions
A	0	0	1	3	3	7
B	0	0	5	0	0	5
C	0	0	4	2	0	6
D	0	0	2	0	0	2
E	0	0	2	1	0	3
F	0	0	3	1	0	4
Local work	0	0	0	0	0	0
National	0	0	0	0	0	0
Total	0	0	17	7	3	

Progress against MIS Year 8 Safety Actions remains on track, with full compliance for most actions dependent on completion of the reporting period on 30 November 2026. Outstanding audits, reports and formal assurance through Committee and Board governance processes are required to demonstrate full compliance.

- **Safety Action A1 – Consultant Attendance:** The April–June 2026 audit demonstrated 91.2% compliance (135/148 high-risk events). However, mandatory consultant attendance was evidenced in only 19 of 25 cases, with six requiring further review. A further seven cases lacked evidence of consultant attendance or registrar competency. Improvement actions focus on mandatory attendance, out-of-hours cover, documentation and competency assurance.
- **Safety Action A2 – Locum Certification:** Fully compliant. A continuously maintained database provides assurance of eligibility and certification for all short-term tier 2/3 obstetric locums, with annual reviews undertaken.
- **Safety Action A4 – Workforce:** The workforce assurance paper was presented to the Quality Committee (October 2026).

- **Safety Action B – Avoiding Brain Injury in Childbirth (ABC):** Impacted fetal head training has been incorporated into PROMPT since 2021. Following faculty attendance at ABC train-the-trainer training on 2 September, the updated programme launched on 18 September 2026. Training resources and attendance records are retained as evidence of implementation.
- **Safety Action D – Service User Voice and Equity:** Progress continues in embedding EDI, strengthening service-user engagement, improving GCP2A assessments and developing health inequalities monitoring. Further work is required to strengthen data collection, demonstrate the impact of interventions and provide robust assurance of improvements.
- **Safety Action F – Culture:** The Dudley Perinatal Culture Action Plan update is available in the reading room, alongside the quarterly EDI report.

Overall, implementation continues to progress, with remaining priorities focused on addressing identified assurance gaps, completing outstanding evidence requirements and securing formal governance oversight ahead of the MIS Year 8 declaration.

Sandwell and West Birmingham

Progress continues against MIS Year 8 Safety Actions; however, there is a significant risk that the Trust will not achieve full compliance with the scheme by the assessment deadline of 30 November 2026. Key challenges relate to workforce capacity, training compliance, evidence of learning from investigations and implementation of the Maternal Care Bundle.

- **Safety Action A** – Workforce: The consultant attendance audit is due for completion in November 2026. Locum certification checks have identified no concerns, although full compliance cannot be confirmed until 30 November. The 2026 Birthrate Plus Midwifery workforce assessment identified a shortfall of 18.65 WTE clinical midwives, with Executive approval secured for phased recruitment over the next 8 months. Additional neonatal and obstetric workforce business cases have also been approved. The elective caesarean section demand and capacity assessment is due for presentation to the November Quality Committee. The bi-annual workforce paper was presented to the October Quality Committee.
- **Safety Action B** – Training: All requirements were met at the July checkpoint, with fetal monitoring and neonatal resuscitation training compliance exceeding 90%. Obstetric emergency training remains at risk due to medical rota gaps, junior doctor rotations and wider staffing pressures. Outstanding staff are scheduled for training before the end of November; however, achievement remains vulnerable to operational pressures and staffing availability. ABC training, including management of impacted fetal head, commenced in September 2026.
- **Safety Action C** – Learning from Reviews and Investigations: All qualifying perinatal events have been reported within required timescales. However, significant risks to compliance remain for C2 due to insufficient evidence demonstrating how bereaved family feedback has informed improvements, and C4 due to delays in family meetings and Duty of Candour outcome letters, linked to limited obstetrician availability. These outstanding requirements present a risk that full compliance will not be evidenced by the assessment deadline.
- **Safety Action E** – Maternal Care Bundle: Implementation of all five elements is progressing, although none are fully implemented. Three elements require digital support, with progress affected by reduced digital capacity. A significant risk remains for Element 2, particularly implementation of the Maternity Early Warning Score in non-maternity settings through UNITY EPR. This has been escalated to the Trust's Deteriorating Patient Group for wider consideration. Given the scale of outstanding implementation and digital dependencies, achievement of full compliance with this Safety Action by the assessment deadline is considered unlikely.

Despite continued improvement activity and Executive approval of workforce investment, the current assessment indicates that the Trust is unlikely to achieve full compliance with MIS Year 8 by 30 November 2026. The most significant risks relate to Safety Actions C and E, with additional vulnerability in Safety Action B. Whilst mitigating actions are being progressed, some requirements are dependent on wider Trust systems, digital capacity and operational resources that are unlikely to be fully resolved within the remaining assessment period. The Board is asked to note the significant risk of non-compliance, the potential

implications for the MIS Year 8 declaration and the continued focus on delivering improvements irrespective of the scheme's compliance outcome.

3.13 Bi-Annual Perinatal Workforce
Dudley
The six-monthly perinatal workforce review provides substantial assurance that maternity and neonatal services are safely staffed and compliant with national workforce standards. A recent Birthrate Plus review confirmed that the funded midwifery establishment of 172.98 WTE is closely aligned to the recommended requirement of 173.79 WTE, representing a gap of less than 1 WTE. Vacancy levels remain low, labour ward safety standards have been fully achieved, and neonatal medical staffing meets BAPM requirements. Within neonatal services, 61% of nurses are Qualified in Specialty (QIS), with plans in place to achieve the national expectation of 70%.

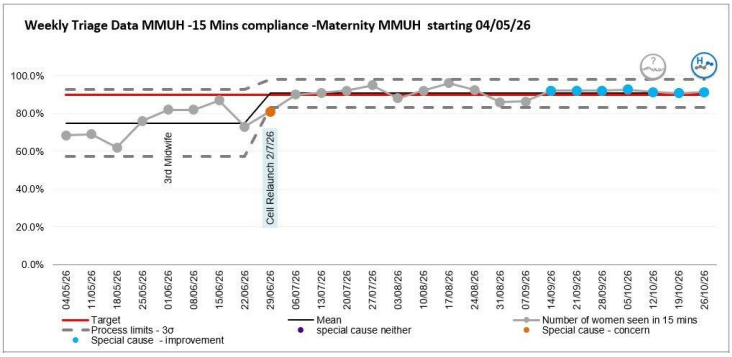
The principal workforce risk relates to staff availability rather than funded establishment vacancies. At the time of reporting, approximately 9.3% of the midwifery workforce was unavailable due to maternity leave, alongside ongoing sickness absence pressures. Community services were identified as operating around 1 WTE below requirement on most days, and neonatal services have experienced occasional escalation associated with capacity and staffing pressures. However, recruitment, workforce development and daily staffing oversight arrangements provide assurance that risks are being effectively managed and safe care maintained.

Bi-Annual Perinatal Workforce report
Sandwell
The Bi- Annual perinatal workforce review identifies significant workforce pressures across maternity and neonatal services and provides partial assurance regarding workforce sustainability. A recent Birthrate Plus review identified a requirement for 272.05 WTE clinical midwifery staff and confirmed a shortfall of 18.65 WTE midwives against the workforce required to safely meet demand. This is reflected in 31.66 WTE midwifery vacancies and 12.27 WTE maternity support worker vacancies. Community midwifery was highlighted as the area of greatest concern, with workforce deficits affecting service capacity, while neonatal services reported a nursing shortfall of 5.52 WTE against required staffing levels. Service acuity has also increased significantly, with high-acuity births rising from 54.1% to 62.3% despite stable birth numbers.

A range of mitigation measures are in place to maintain safety whilst longer-term workforce solutions are progressed. Daily escalation processes, enhanced staffing oversight and workforce risk reviews are used to identify and respond to staffing pressures in real time. Staff are redeployed where required to support high-risk clinical areas, temporary staffing is utilised to address gaps, and targeted recruitment campaigns continue across midwifery, maternity support worker and neonatal nursing roles.

Workforce planning has been strengthened through review of the Birthrate Plus recommendations and service demand, and three workforce business cases covering obstetric, midwifery and neonatal staffing have been agreed in principle to increase workforce capacity and support the safe delivery of services. Governance oversight is maintained through the Quality Committee, Board reporting arrangements and the MATNEO Improvement Programme, ensuring workforce risks, red flag incidents, induction of labour delays and staffing indicators are closely monitored and acted upon. Whilst challenges remain, these mitigations provide assurance that appropriate actions are being taken to maintain patient safety and improve workforce resilience.

3.14 Quality and Safety Improvements - Maternity Triage data- SWB



*The statistical process control chart above shows the weekly average time for women seen within 15mins of arrival at the Maternity unit.

During September and October 2026, MMUH Maternity Triage recorded 2,803 attendances, maintaining 93% BSOTS compliance in both months, above the national 90% target and supporting assurance against the National Maternity Triage Specification and 10 Point Plan. Despite sustained overall compliance, daily variation remains, particularly during periods of increased activity and acuity, highlighting the need for continued improvement to ensure consistently timely assessment.

3.15 Maternity 10 point plan and Triage Benchmarking

NHS England requires Trusts to complete and submit both a self-assessment against the Maternity and Neonatal 10 Point Plan and a gap analysis against the National Maternity Triage Principles. The initial 10 Point Plan baseline assessment was submitted in September 2026, with a further progress update required by 31 December 2026. In addition, the regional deadline for submission of the completed Triage Principles gap analysis and associated action plan has been extended to the end of December 2026.

NHS England's Maternity and Neonatal 10 Point Plan Assurance Process requires both the baseline assessment and progress update submissions to be reviewed and approved through Trust Board governance arrangement. Whilst NHS England permitted the September baseline assessment to be approved through an appropriate sub-committee where an extraordinary Board meeting could not be convened, no such provision has been identified for the December progress submission. The Board is therefore asked to determine the mechanism by which approval will be provided prior to submission of the Trust return by 31st December 2026, recognising that there is no scheduled Board meeting before the submission deadline.

3.16 Dudley Group – HSJ Patient Safety Awards 2026

On 28 September 2026, The Dudley Group NHS Foundation Trust achieved national recognition at the HSJ Patient Safety Awards, winning the Maternity, Midwifery and Neonatal Safety Initiative of the Year award for its project, *Reducing Regional Escalation Within the Acute Maternity Setting*.

The award recognises the improvement work undertaken since 2022 with the support of the then known, Dudley Improvement practice team and, importantly, the successful sustainment of these improvements over the subsequent four years. The multidisciplinary programme focused on strengthening maternity triage, induction of labour, elective caesarean section pathways, operational oversight and patient flow, resulting in a sustained reduction in maternity escalation and improved service efficiency.

The maternity service was also shortlisted for a second award in the Advancing Patient Safety with Data and Analytics category, recognising its project, *Development of a Quality Management System to Sustain Patient Safety in Maternity Services*.

These achievements provide positive assurance of the Trust's ability to embed and sustain quality improvement, demonstrating the longer-term impact of multidisciplinary collaboration, data-driven improvement and effective clinical leadership on maternity safety and operational resilience.

3.16 Service user feedback

3.16 Maternity and Neonatal Voices Partnership

No service users attended the September MNVP meetings at either Dudley or SWB, highlighting ongoing challenges in securing meaningful service user engagement through this approach. Both organisations are reviewing their arrangements with Gateway, the MNVP provider, and plan to revise how service user

involvement is integrated into maternity and neonatal services. The aim is to move towards a more inclusive and embedded approach, ensuring the voices and experiences of women and families routinely inform service planning, delivery and improvement. At SWB, this work will also be supported through the Service User Voice milestone within the NHS MatNeo IST programme. Dudley plan to utilise learning from SWB and follow a similar approach.

Dudley

“I called triage this morning as I was concerned about a change in baby's movements when I arrived, I was seen straight away. Midwife (Sophie) took very good care of me and reassured me.”

“Super helpful staff, extremely informative, all aware of birth plan. Nothing too much trouble, responsive to all needs.”

“They were incredibly kind and supportive and reassuring and helped me feel safe and relaxed throughout my stay.”

“My midwife Mariam has been so amazing during my labour, she's been so kind, gentle and brilliant at making me feel comfortable. She really went above and beyond.”

Feedback also identified areas for improvement, particularly around listening to women's concerns and facilities for birth partners:

“Dr's, consultants, hearing me but not actually listening to me and my concerns, I was scared and I did not feel heard.”

“Better sleeping equipment and facilities for partners.”

The feedback highlights the importance of ensuring women feel listened to, respected and involved in decisions about their care. This has been shared with the multidisciplinary maternity team to reinforce effective communication, active listening and compassionate care. Opportunities to strengthen staff awareness and learning have been added to existing governance and training processes.

SWB

“Her communication was clear, timely and compassionate and I felt consistently supported throughout my pregnancy.”

“Every member of the team made us feel safe, respected, and cared for; we will always remember your kindness and the way you supported us throughout this journey.”

“Absolute dream team - without your guidance, skill & encouragement I wouldn’t have gotten through this. Thank you all so much for the compassion & care!”

“I was so scared at being induced but all the team on C4 and Labour Ward made my experience simply the best.”

Whilst feedback was overwhelmingly positive, one respondent highlighted an opportunity to improve awareness and early access to Consultant Midwife services, particularly for women with previous traumatic births and those with English as an additional language.

4. Recommendations

4.1 The Public Trust Board is asked to receive and note the report, consider the assurance provided against the national requirements of Perinatal Quality Oversight Model.

Name of Author: Claire Macdiarmid
Title of Author: Interim Group Director of Midwifery

Date: 10th November 2026

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Seven Day Service Update		
SPONSORING EXECUTIVE / PRESENTER:	Dr Mark Anderson, Group Chief Medical Officer		
REPORT AUTHOR:	Corporate Medical Teams		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve	x	Both Trusts
x	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
		x	Discuss		
		x	Note		

Suggested discussion points

Advise

Opportunities identified as follows:

The Dudley Group (DGFT)

- Review of Sentinel Stroke national Audit Programme (SSNAP) data looking specifically at 7 Day services for Stroke.
- Roll out of SAFER inpatient ward standards and FRIDAY checklist

Sandwell and West Birmingham (SWB)

- 7-day consultant-led services at MMUH.
- Consultant review times and care of higher-acuity patients.
- Consistency of clinical audit arrangements for emergency admissions.
- Critical pathways.
- MRI capacity and reporting provision

Assure

- The group is reporting strong assurance in priority standards 2,5,6 & 8.
- A full 7-day service audit across the group is proposed.
- Compliance of 7-day services will continue to be monitored via the Job Planning governance process and audit and rota information.

Alert

Nil to report.

Alignment to our Vision

Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust

OUR PATIENTS	**X**	**OUR PEOPLE**	**X**	**OUR POPULATION**	**x**

Previous consideration

N/A

Recommendations

a)	Note the Advise and Assurance sections and not no items to alert Note the current assessment of 7 Day service standards across the Group
b)	Endorse the planned assurance actions over the next 12 months.

Escalation
Should any element of this report be escalated: No

BAF Impact			
Sandwell and West Birmingham NHS Trust		The Dudley Group NHS Foundation Trust	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
X	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

Report to the Group Public Trust Board on 18 November 2026

Seven Day Services Report

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1. Purpose

The 7 Day Service (7DS) programmes aim is to provide a standard of Consultant led care to patients presenting urgently or as an emergency to ensure outcomes are optimised and there is equity of access nationwide.

This paper reports Group compliance against all standards and provides assurance that services are in place to meet the required standards.

2. Background

National BAF

The 7DS was first introduced in 2013 by NHS Improvement as 10 standards, of which 4 (below) were identified as clinical priorities based on their potential to positively affect patient outcomes.

- **Standard 2 and 8** around consultant presence (time to first review / ongoing daily review).
- **Standard 5 and 6** around access to diagnostics and consultant led interventions.

Full details of the standards are accessible here: B1230-seven-day-services-clinical-standards-08-feb-2022.pdf (england.nhs.uk)

Reporting nationally was paused during the pandemic, and progress is now reported annually to Trust Board.

3. Group Progress

Progress for DGFT and SWB against the priority standards are shown below.

Standard	DGFT	SWB
Standard 2 All emergency admissions must be seen and have a thorough clinical assessment by a suitable Consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	The Trust has a strong assurance in relation to the 14-hour review standard due to the continual review model in Acute Medicine. In addition, acute physician's work within the Emergency Department daily. This was evidenced in job plans from the last planning round. Snapshot audit undertaken identified 75% compliance.	The Trust has a strong assurance in: - All emergency admissions are seen by the appropriate specialty Consultant within the 14 national hour standard 7 days a week. - Acute Internal Medicine (AIM) who review the largest proportion of emergency admissions work to the Society Acute Medicine (SAM) Guidance where daytime Consultant review is benchmarked against 8 hours. - There is significant weekend Consultant presence at MMUH with 16 hour presence for the acute medical take. This is evidenced via job planning and *Appendix 1* which outlines all specialties and Consultant presence 7 days a week. This is evidenced further from specialty audits including national audits such as SAMBA.
Standard 5 Hospital inpatients must have scheduled 7-day access to diagnostic services; typically, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available 7 days a week.	There is emergency and urgent access to CT, MRI and Ultrasound based on the critical (1 hr) and urgent (12 hr) TAT. A full compliance is detailed on appendix 2. A 7-day Consultant on-call service is provided by endoscopy procedures and is evident in gastroenterology Consultant job plans. Consultant Microbiology workforce provides 24/7; 365 service via a duty microbiologist rota which is	The Trust has strong assurance on the access to diagnostic services over 7 days. The exception to this is MRI. - Access of diagnostics including ultrasound, CT, Echocardiography, endoscopy and microbiology are available robustly 7 days a week. - Emergency is defined within 1 hour and urgent defined as same day. In these cases, the following modalities are available with ease- ultrasound, CT, Echocardiography and endoscopy providing the Trust strong assurance. - Investment into Same Day Emergency Care (SDEC) has enabled urgent access for all diagnostics for same day access apart from MRI. - MRI is available 7 days a week although limited. This provision is not available out of hours (OOH) and on the

	available via switchboard and directly accesses a Consultant at any time. This service also delivers the Health and Social Care Act requirement to have 24/7; 365 infection control advice.	weekend which requires transfer to UHB. The scan may be completed however there are delays in reporting. - Emergency CT is provided 24/7 365. - Emergency lifesaving Ultrasound OOH is increasingly provided by clinicians with point of care ultrasound (POCUS) accreditation. - Echocardiography provides a 7-day in hours service. - Endoscopy provides a 24/7 365-day service. - Microbiology provides a 24/7 365 service.
Standard 6 Hospital inpatients must have timely 24-hour access, 7 days a week, to key Consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols. These interventions would typically be: • Critical care • Interventional radiology • Interventional endoscopy • Emergency general surgery • Emergency renal replacement therapy • Urgent radiotherapy • Stroke thrombolysis and thrombectomy• Percutaneous Coronary Intervention • Cardiac pacing (either temporary via internal wire or permanent).	The Trust has a Critical Care Unit supported by Critical Care outreach 24/7. There is emergency and urgent access to interventional radiology and CT for thrombolysis. A Consultant on-call model is in operation for Urgent Endoscopy requests 7 days per week. A Consultant on-call model is in operation for General and Vascular services. Dudley Consultants work on a shared rota with Royal Wolverhampton to provide coronary interventions.	The Trust has strong assurance in the following specialties providing 24-hour access 7 days a week. Note 41 critical life and limb pathways including the below were all reviewed prior to move to move to MMUH to ensure robust safe cover. - 24/7 365 Emergency Medical Response team (EMRT) at MMUH with reduced hour provision at SW and City Healthcare Campus sites. - 24/7 365 Critical Unit supported by 24/7 365 Critical Care outreach team. - Access to interventional radiology and via Heartlands Hospital if the Trust is not able to support on that day. - 24/7 365 access to interventional endoscopy. - 24/7 365 access to general surgery. - Access to Vascular Surgery from Heartland Hospital. - 24/7 365 Stroke thrombolysis service. Thrombectomy is provided from UHB. - Emergency Renal Replacement (RRT) is provided by Critical Care services and non-urgent is provided via UHB. - 24/7 365 PCI and Cardiac pacing is provided by the Cardiology team.
Standard 8 All patients with high dependency needs should be seen and reviewed by a	97% of Consultants had a signed off job plan in 2025/6 with speciality level consistency panels held during summer 2026. A key criteria for the panel was 7-day service compliance. Respiratory and	The Trust has strong assurance. - Level 2 patients are seen twice daily by Critical Care Consultants as per guidance from ICS.

consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a Consultant at least ONCE EVERY 24 HOURS, 7 days a week, unless it has been determined that this would not affect the patient's care pathway.	Endocrinology had previously been highlighted as partially compliant. Endocrinology now has job planned activity for consultant ward rounds 7 days per week, having previously been reliant on additional sessions to provide the required cover. Respiratory have implemented a COW model were able to demonstrate job planned ward rounds at weekends. Snapshot audit identified 75% compliance.	- Level 1 patients including areas within medicine such as AMU, CCU, Stroke and Toxicology and areas within Surgery are reviewed more frequently by a Consultant and senior decision makers including registrars throughout their stay. Eg. AMU with have up to four times review over a 24 period (twice by a Consultant and twice by a registrar). - All other specialties provide daily 7-day Consultant daily review as per standard 8. - The 7-day Consultant of The Week (COW) model has been adopted by the majority of teams. This ensures continuity of care through the patient journey as well as robust medical leadership.

The full seven day service standards and current position for the Group is included in the reading room.

4 Opportunities

4.1 DGFT

The most recent snapshot audit undertaken identified a series of actions, of which 75% are now complete. An additional action has since been added related to the review of SSAP data looking specifically at 7 Day services for Stroke. The remaining open action relates to the roll out of SAFER inpatient ward standards and FRIDAY checklist which is progressing but currently exceeding its September 2026 deadline.

4.2 SWB

The evidence reviewed to provide progress on the 10 standards has identified the following areas where further evaluation would be beneficial to evaluate the impact:

- 7-day consultant-led services at MMUH.
- Consultant review times and care of higher-acuity patients.
- Consistency of clinical audit arrangements for emergency admissions.
- Critical pathways.
- MRI capacity and reporting provision.

There may also be opportunities to expand nurse-led discharge models, further optimise use of clinical workforce capacity and improve mental health responsiveness across inpatient settings.

5 Assurance of Standards

- A full 7-day service audit across the group is proposed.
- Compliance of 7-day services will continue to be monitored via the Job Planning governance process and audit and rota information.

6. RECOMMENDATIONS

The Group Public Trust Board is asked to:

- Note the current assessment of 7 Day service standards across the Group
- Endorse the planned assurance actions over the next 12 months.

NAME: CMO Offices
DATE: November 2026

Appendix 1 SWB - MMUH Specialty Bed Base, Consultant Presence and On Call Cover

Beds	Specialty	Weekday physical presence	Weekend physical presence	Emergency cover	Overnight on-call
—	**ED**	08:00–22:00 (14h)	08:00–22:00 (14h)	Yes	Yes
108	**AMU (AIM)**	08:00–21:30 (13.5h)	07:30–21:30 (14h)*	Yes	Yes – Level 2
—	**Medical SDEC**	09:00–21:00 (12h)	11:00–21:00 (10h); covers FSDEC OOH/BH	N/A	Closed
—	**FSDEC**	08:00–20:00 (12h)	11:00–21:00 (10h)	N/A	Closed
32	**Cardiology**	08:00–16:00 (8h)	08:00–14:00 (6h)	Yes	Yes – PCI/Cardiology
23	**SAU**	Surgical specialty in-reach	Surgical specialty in-reach	Yes	Yes
—	**Surgical SDEC**	Surgical specialty in-reach	Surgical specialty in-reach	N/A	Closed
N/A	**Radiology**	Hot reporting 24/7	Hot reporting 24/7	Yes	Yes
30	**ITU**	08:00–22:00 (14h)	08:00–20:30 (12.5h)	Yes	Yes
32	**Respiratory**	08:00–16:00 (8h); +2h Wed	08:00–12:00 (4h)	Yes	Yes – Level 3
36	**Neonates**	08:30–17:30 (9h)	08:30–14:30 (6h)	Yes	Yes
56	**Maternity**	08:30–20:30 (12h)	08:30–14:30; 17:30–18:30 (7h)	Yes	Yes
50	**Paediatrics**	09:00–20:30 (11.5h)	09:00–17:00 (8h)	Yes	Yes
32	**Stroke**	08:00–16:00 (8h)	08:00–12:00 (4h)	Yes	Yes
16	**Haematology**	Mon/Fri mornings only	08:00–12:00 (4h)	Yes	Yes
24	**Gynaecology**	08:30–16:30 (8h)	09:00–12:00 (3h)	Yes	Yes
48	**T & O**	08:00–17:30 (9.5h)	08:00–17:30 (9.5h)	Yes	Yes
16	**Diabetes & Endocrine**	08:00–16:00 (8h)	B7: 11:30–13:00 (1.5h), reduced; Sun Think Glucose 13:30–15:00, increased	No	Yes – GIM wards only
24	**Gastroenterology**	08:00–16:00 (8h)	08:00–12:00 (4h)	Yes	Yes
8	**Toxicology**	08:00–13:00 (5h)	08:00–13:00 (5h)	Yes	Yes
64	**General Surgery**	08:00–17:00 (9h)	08:00–17:30 (9.5h)	Yes	Yes
Within Gen Surg	**Urology**	08:00–17:30 (9.5h)	08:00–17:30 (9.5h)	Yes	Yes
Within Gen Surg	**ENT**	08:00–17:30 (9.5h)	08:00–17:30 (9.5h)	Yes	Yes
96 + 16	**Care of the Elderly**	08:00–16:00 (8h)	08:00–14:00 (6h), increased	No	Yes – GIM wards only
In-reach	**Neurology**	In-reach model	No; UHB calls	Yes + UHB OOH	UHB
In-reach	**Renal**	In-reach model (SLA)	No; UHB calls	Yes + UHB OOH	UHB
In-reach	**Rheumatology**	In-reach model	No calls only	Yes	Yes
In-reach	**Dermatology**	In-reach model	No calls only	Yes	Yes – regional
—	**Ophthalmology**	N/A	N/A	Yes	Yes
—	**Anaesthetics**	N/A	N/A	Yes	Yes
In-reach	**GUM**	N/A	N/A	No	No

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	SWBH and DGFT Winter Plan 2026 Update		
SPONSORING EXECUTIVE / PRESENTER:	Johanne Newnes – Chief Operating Officer SWBH Jack Richards – Chief Operating Officer DGFT		
REPORT AUTHOR:	Giselle Carter-Sandy – Deputy Chief Operating Officer Amandeep Kaur Tung – Deputy Chief Operating Officer (Interim)		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type: (place an 'x')		**Requested action:** (place an 'x')		**Applies to:** (place an 'x')	
	Decision		Approve	**x**	Both Trusts
x	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
			Discuss		
		x	Note		

Suggested discussion points

Winter planning for 2026/27 has been developed in response to anticipated increases in urgent and emergency care demand, continued pressures on patient flow and ongoing system constraints impacting discharge and community capacity. The plan aligns with NHS England Winter Planning and Oversight Key Lines of Enquiry and incorporates lessons learned from winter 2025/26.

Both Trusts enters Winter 2026/27 with a significantly strengthened position compared to previous years, underpinned by a comprehensive programme of admission avoidance, frailty, discharge and flow initiatives, supported through winter funding from the ICB. The Trusts have successfully secured ICB funding for a number of key schemes including enhancements to frailty services, care navigation and system flow, enabling accelerated implementation of interventions designed to reduce demand on acute beds and improve patient outcomes.

Importantly, the recent Winter Assurance Visit at DGFT, provided positive external assurance regarding the Trust's overall preparedness, leadership, governance arrangements and system partnership working. The review highlighted the maturity of the organisation's approach to operational flow, frailty and discharge management, whilst recognising the strong collaborative working across the Black Country system. The visit also reinforced the importance of maintaining delivery momentum and evidencing the benefits associated with winter investments.

Current activity levels remain within expected trajectories and many winter schemes are either operational or in active delivery. Additional resilience has been created through escalation capacity, enhanced discharge arrangements, utilisation of the Frailty Assessment Unit and the continued development of community alternatives to admission. While further work is required to maximise Virtual Ward capacity, fully mobilise the Ridge Hill scheme and demonstrate measurable returns from all funded initiatives, the overall position remains positive.

At both Trusts, the focus remains on improving patient flow, reducing avoidable admissions, optimising discharge processes, expanding community alternatives to admission and maintaining elective activity wherever possible.

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

Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**x**	**OUR PEOPLE**	**x**	**OUR POPULATION**	**x**

Previous consideration

Group Trust Public Board September 2026, DGFT NHSE Assurance Visit September 2026, DGFT Trust Management Group October 2026

Recommendation(s)

a)	**Take** assurance that a comprehensive mitigation program is in place to manage anticipated winter pressures.
b)	**Note** the key operational, workforce and financial risks associated with delivery.
c)	**Support** ongoing monitoring through the Trust's governance arrangements and routine reporting.

Escalation
Should any element of this report be escalated:

BAF Impact *mark 'x' as needed*			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
X	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

V003 July2026

Report to the Group Public Trust Board on 18/11/2026

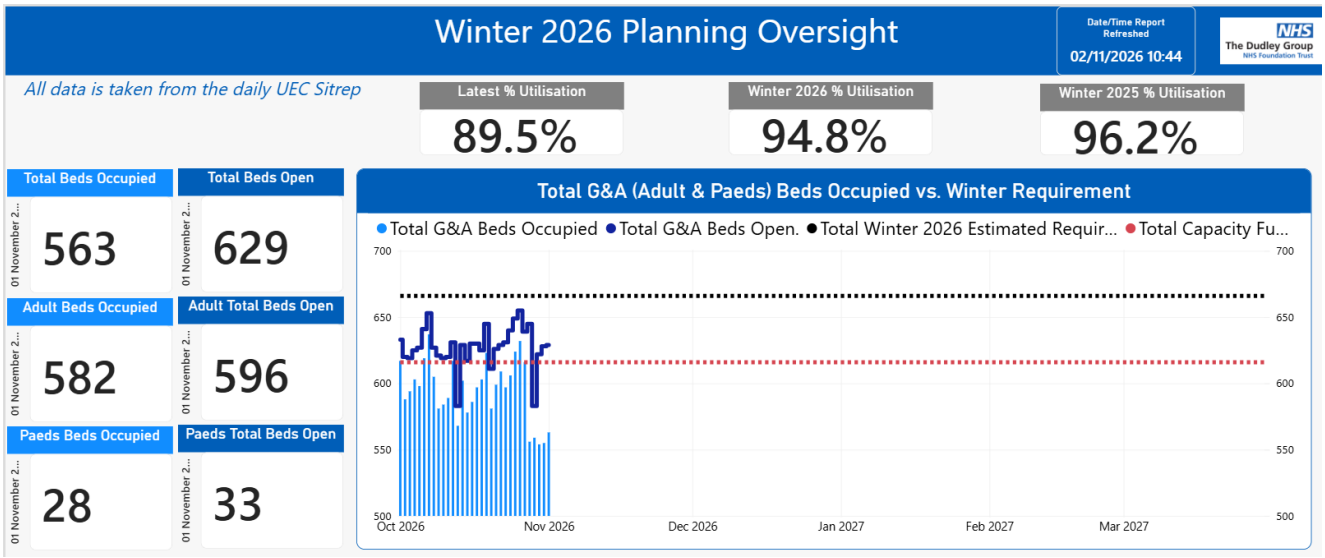
SWBH and DGFT Winter Assurance Plan 2026 Update

1. Background

Group Public Trust Board approved DGFT/SWBH Winter Assurance Plan in September 2026, noting that there was 116 bed deficit to mitigate. Mitigations included several schemes as well as identification of beds to surge into.

2. The Dudley Group NHS Foundation Trust position

2.1 Current Demand vs Winter Model



DGFT enters Winter 2026 in a stronger position than the previous year, with current demand remaining below planned winter assumptions. However, a gap persists between current operational capacity and the forecast winter bed requirement of approximately 666 beds, requiring continued oversight of capacity readiness, patient flow and data quality. To mitigate the forecast shortfall, the Trust has activated escalation capacity, including a 16-bed Discharge Lounge and 14 surge beds, with FAU and B6 utilised overnight as required to maintain flow. Further contingency plans for AA (9 trolley spaces) and A4 (12 beds) are under review to optimise ambulance offload performance, while the Ridge Hill development remains on track to deliver additional capacity by 14 December.

2.2 Financial Update

DGFT have been funded for £570,000 from the ICB to support Bridging beds, registrar overnight and discharge patient trackers. The funded schemes will be operationalised in November. The remainder of the schemes remain a cost pressure for the Trust.

	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Total	
Bridging beds (4)	£30,000	£30,000	£30,000	£30,000	£30,000	£150,000	**Funded by ICB**
Registrar overnight	£30,000	£30,000	£30,000	£30,000	£30,000	£150,000	**Funded by ICB**
Patient Trackers (of which Gregg Marson £18k per month = 6 WTE)	£54,000	£54,000	£54,000	£54,000	£54,000	£270,000	**Funded by ICB**
ED Corridor Staffing	£38,800	£38,800	£38,800	£38,800	£38,800	£194,000	

Ridge Hill	£0	£126,423	£126,423	£126,423	£126,423	£505,693	
FAU (Overnight) (7)	£24,917	£24,917	£24,917	£24,917	£24,917	£124,585	
A4 (12)	£0	£0	£121,468	£121,468	£0	£242,936	
Total	£177,717	£304,140	£425,608	£425,608	£304,140	£1,637,214	

The ICB has allocated £400k of non-recurrent winter funding to support a coordinated frailty pathway across Dudley from November 2026 to March 2027. The proposal put forward by Dudley GPs focuses on earlier identification of frailty, enhanced care navigation and expanded Community Frailty Integrated Team (CFIT) capacity, helping people remain independent and reducing avoidable pressure on urgent and emergency care services. Funding is proposed for Think Frailty (£162k), Care Navigation Centre capacity (£18k) and CFIT expansion (£220k) across all six PCNs. These schemes will look to be mobilised from November 2026.

Scheme	Agreed	Outcome
Think Frailty (via Flu vaccination)	Pending approval	Earlier identification, validation and coding of frailty; improved practice frailty registers; increased frailty reviews and population health intelligence.
Care Navigation Centre Admin Capacity	Pending approval	Additional administrative support to release clinical time, improve patient contact, strengthen care coordination and provide a clear referral route with feedback to practice.
Community Frailty Intervention Team Expansion	Pending approval	Expanded multidisciplinary comprehensive geriatric assessment (CGA) capacity across all six PCNs (56 assessments per week) delivering personalised interventions, admission avoidance and support for people to remain independent at home via multidisciplinary team.

2.3 Action Tracker Update

DGFT has made strong progress against its Winter Plan, with many schemes now in delivery and overall preparedness assessed as Amber-Green. Key strengths include the Care Navigation Centre, discharge improvement programme, operational flow initiatives, IPC arrangements and workforce resilience measures, all of which are providing increased assurance ahead of winter. Frailty transformation, SDEC redesign and additional capacity schemes are progressing to plan, although continued executive oversight is required to ensure timely implementation and benefits realisation. The principal risks relate to delayed virtual ward expansion, mobilisation of additional capacity initiatives and the need to strengthen outcome reporting to demonstrate impact on admissions, patient flow and length of stay.

Priority Area	Executive Lead	Delivery Lead	Target Completion	RAG	Board Assurance Summary	Key Risk / Board Focus
Care Navigation Centre (CNC)	COO	Head of Urgent Care / CNC Lead	Dec 2026		Enhanced navigation pathways, WMAS interface and primary care connectivity progressing well and supporting demand management.	Ensure outcome measures demonstrate reduction in ED attendances and admissions.

Frailty & Front Door Transformation	COO	Clinical Director for Frailty & Elderly Care	Nov 2026	🟢	Frailty Assessment Unit and community frailty pathways advancing with significant admission avoidance potential. Acute Frailty Model to be operationalised Nov 2026.	Final approval and implementation of remaining frailty initiatives.
Virtual Ward Expansion	COO	Associate Director Community & Integrated Care	Dec 2026	🔴	Existing model operational but expansion plans remain constrained by workforce and funding challenges.	Capacity gap may limit winter admission avoidance benefits.
Same Day Emergency Care (SDEC)	COO	Divisional Director Medicine	Dec 2026	🟠	Service redesign underway to maximise ambulatory care and reduce admissions.	Benefits and performance measures require formal reporting.
Discharge Improvement Programme	COO	Director of Discharge & Transfer of Care	Ongoing (weekly review)	🟢	Red-to-Green, MADE events and discharge census arrangements embedded and delivering improved flow.	Maintain focus on long-stay patients and NCTR performance.
Ridge Hill Capacity Scheme	COO	Programme Lead, Ridge Hill	Jan 2027	🟠	Additional capacity proposal provides resilience for sustained winter pressures.	Delivery timescale and operational mobilisation.
Learn Adapt Transform (Flow Programme)	COO	Operational Flow Lead	Mar 2027	🟢	Programme supporting improved patient flow, escalation management and operational productivity.	Demonstrate measurable impact through agreed KPIs.
Senior Clinical Review Model	MD	Acute Medicine Clinical Lead	Dec 2026	🟠	Enhanced senior review process expected to improve referral quality and admission decisions.	Monitor impact on conversion rates and flow.
Escalation & Surge Capacity	COO	Head of Capacity & Patient Flow	Nov 2026	🟠	Escalation plans, discharge lounge utilisation and surge	Staffing model and activation triggers

					capacity arrangements progressing.	require final assurance.
IPC & Vaccination Programme	Chief Nurse	Director of Infection Prevention & Control	Dec 2026		Robust IPC arrangements and vaccination programme established. Currently at 29%.	Sustain vaccination uptake and outbreak preparedness.
Workforce Resilience	Chief People Officer	Deputy Director Workforce	Ongoing		Weekly workforce oversight and winter staffing controls in place.	Monitor sickness, vacancies and agency dependency.

Next steps and focus remain on:

- Mobilise the Ridge Hill capacity scheme and ensure delivery of additional capacity by December 2026 to support peak winter demand.
- Implement the ICB-funded frailty initiatives, including Think Frailty, Community Frailty Integrated Team expansion and additional Care Navigation Centre capacity to strengthen admission avoidance pathways.
- Resolve workforce and funding constraints affecting Virtual Ward expansion and maximise utilisation of existing community alternatives to admission.
- Continue implementation of SDEC redesign, senior clinical review arrangements and operational flow improvements to reduce unnecessary admissions and improve throughput.
- Maintain focus on discharge performance, length of stay reduction and long-stay patient management through daily operational oversight and system collaboration.
- Strengthen benefits realisation reporting with clear KPIs demonstrating the impact of winter schemes on emergency admissions, bed occupancy, patient flow and ambulance handover performance.
- Maintain robust monitoring of workforce resilience, escalation triggers and surge capacity plans throughout the winter period via established governance arrangements.

2.4 Assurance Visit Update DGFT

DGFT were selected for a winter assurance visit by NHS England, which took place on Friday 25th September 2026. The NHS England Winter Assurance Review concluded that the Trust has a well-developed winter plan, underpinned by strong executive leadership, effective system partnership working and robust governance arrangements. Particular assurance was provided regarding the Trust's approach to frailty, discharge improvement, admission avoidance, virtual wards and the use of community capacity.

The review recognised the comprehensive programme of actions in place to improve patient flow and reduce demand on acute services. However, it highlighted that delivery of the planned benefits at pace will be critical to mitigating the forecast demand and capacity gap during periods of peak winter pressure.

The review identified patient flow, length of stay reduction, discharge performance and the realisation of benefits from community, frailty and admission avoidance pathways as key areas requiring continued focus. The Trust's operational oversight arrangements, including daily reviews, performance monitoring and escalation processes, were recognised as important enablers in managing these risks. Overall, the review provided assurance that the Trust is well prepared for winter, whilst noting that ongoing assurance will be dependent upon the successful delivery and measurable impact of the mitigation plans throughout the winter period.

3.0 SWBH Trust Position

3.1 Financial Plan update

A total of 13 schemes were submitted by the Trust to support winter resilience at a cost of £1.6mn. The ICB agreed a total of £404k to support flow and admission avoidance initiatives (**See table 1**). The funded schemes were operationalised from October onwards. The unfunded schemes remain a cost pressure for the Trust.

Table 1 – Winter schemes (ICB funded)

SWBH Winter Plan Schemes - Admission Avoidance & Flow - ICB funded	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Total
	£000's						
MSDEC Consultant weekend 1x Consultant 0800-1200, 1x RD 0800-1200 Saturday and Sunday	2967	5934	5934	5934	5934	5934	32637
Ed in reach Shift- 1x AIM Consultant holding RMO bleep supporting admission avoidance and 1xRD 1600-2100	5563	11126	11126	11126	11126	11126	616194
MG Night- 1x MG night 2000-0600 3days a week (Mon, Tues, Fri)	6305	12610	12610	12610	12610	12610	69354
ED- MSDEC use Overnight- 1xHCA 1900-0730, 1xband 6 qual nurse 1900-0730, 7 Days a week	9706	19411	19411	19411	19411	19411	106762
ED- MSDEC use Overnight - MG midnight-8am, 7 Days a week	11769	23538	23538	23538	23538	23538	129460
Alcohol in reach in ED (weekends and Bank holiday) admission avoidance	0	0	2296	2297	0	0	4593
Total	36310	72620	72620	72620	72620	72620	404000

Internal Winter modelling for SWBH forecasts the highest bed deficit at -68 beds in February 2027, based on the assumption there will be 591 general and acute beds available across all clinical divisions including Community. The scale of the projected capacity shortfall represents the most significant operational risk within the winter plan and would result in sustained pressure on emergency pathways, increased occupancy levels, extended wait times and heightened risk of elective disruption, therefore the following unfunded schemes are a priority to mitigate the gap:

SWBH Winter Plan Schemes - Admission Avoidance & Flow - unfunded	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Total
	£000's						
Medical input into Discharge Lounge on weekends and bank holidays (9am - 5pm)	4	4	5	4	4	5	**26**
Corridor staffing ED to support ambulance handover (1RN, 1HCA 24/7)	32	32	32	32	32	33	**193**
Provision of nursing input in ED waiting room 4pm - 12am, 7 days	6	6	6	6	6	6	**36**
MMUH surge capacity (16 additional beds)			110	110	110	110	**440**
Total							**695**

There are a couple of pipeline schemes led by PCCT (Macmillan funded) which will have a net positive impact to front door flow: (1) Frailty at the front door (consultant led, supporting ED 0800-1200 Mon – Fri, pull through to frailty SDEC) and (2) Consultant in the Care Navigation Centre (admission avoidance pathways). These schemes are being finalised by the division.

3.2 Action Tracker Update

Priority Area	Executive Lead	Delivery Lead	Target Completion	RAG	Board Assurance Summary	Key Risk / Board Focus
MSDEC weekend flow (Consultant & RD)	CMO/ COO	Satya Kare/ Rachel Clarke	October 2026	🟠	Increased volume in MSDEC weekend activity (33% return)	Monitor impact on conversion rates and flow
ED in-reach shift	CMO/ COO	Satya Kare / Rachel Clarke	November 2026	🟠	Admission avoidance (min. 4 DTAs avoided per shift)	Monitor impact on conversion rates and flow
Additional ED Senior Decision Maker (night shift)	CMO/ COO	Satya Kare / Rachel Clarke	November 2026	🔴	Additional SDM capacity provides resilience for sustained winter pressures re: type 1 attendances & reducing wait to be seen	Fill rate not 100% due to gaps with core shifts however daily monitoring in place with mitigation plan
MSDEC overnight use	COO	Rachel Clarke	November 2026	🟠	Service redesign underway to maximise ambulatory care and reduce admissions.	Benefits and performance measures require formal reporting.
Alcohol in-reach in ED	COO	Debi Fretwell / Rachel Clarke	December 2026	🟢	Additional capacity provides resilience during weekend and bank holiday pressures.	Operational mobilisation
Escalation & Surge Capacity	COO	Rachel Clarke / Satya Kare / Annabel Bottrill	December 2026	🟠	Escalation plans, discharge lounge utilisation and surge capacity arrangements progressing.	Staffing model and activation triggers require final assurance.
IPC & Vaccination Programme	CNO	IPC Director	Dec 2026	🟢	Robust IPC arrangements and vaccination programme established. Currently at 34%.	Sustain vaccination uptake and outbreak preparedness.

Workforce Resilience	CPO	Director Workforce	Ongoing	●	Weekly workforce oversight and winter staffing controls in place.	Monitor sickness, vacancies and agency dependency.

4.0 Conclusion

The Board can take assurance that admission avoidance, frailty, discharge and escalation planning are progressing well at DGFT. The principal areas requiring continued scrutiny are Virtual Ward expansion, implementation of the Ridge Hill model, workforce resilience and demonstration of measurable benefits from winter schemes. The current risk profile does not indicate any immediate threat to winter delivery, but warrants continued executive monitoring.

SWBH is making good progress against its winter plan, with the funded schemes operationalised from October with moderate assurance levels. Key risks remain around funding surge capacity which will be a cost pressure to the Trust. Robust monitoring governance is maintained via the daily capacity meetings and ICB reporting.

5.0 Recommendations

The Group Public Trust Board is asked to:

a) **Take** assurance that a comprehensive mitigation program is in place to manage anticipated winter pressures.
b) **Note** the key operational, workforce and financial risks associated with delivery.
c) **Support** ongoing monitoring through the Trust's governance arrangements and routine reporting.

Amandeep Kaur Tung – Deputy Chief Operating Officer (interim)
Giselle Carter-Sandy – Deputy Chief Operating Officer
Monday 10th November 2026

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Staff Standards		
SPONSORING EXECUTIVE / PRESENTER:	Dr James Fleet, Group Chief People Officer		
REPORT AUTHOR:	Dr James Fleet, Group Chief People Officer Felicity Davies, Director of People & OD (SWB) Andrew Harding, Group Associate Director, Workforce Digital & Analytics		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve	**x**	Both Trusts
x	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information	x	Recommend		
			Discuss		
			Note		

Suggested discussion points

The purpose of this report is to:

- PROVIDE the Group Board with an overview of the new NHS Staff Standards (July 2026).
- PROVIDE the necessary information and ASSURANCE to enable the Group Board to discharge its responsibilities, as set out by NHSE, for implementing the new Staff Standards, identifying and addressing gaps, monitoring the progress of improvement actions, as well as providing oversight and accountability.
- PROVIDE the Group Board with an overview of the relationship between the staff standard ratings and the NHS Oversight Framework (NOF).
- PROVIDE the Group Board ASSURANCE that the Group Culture Improvement Framework, approved by the Group Board in July 2026, provides a robust delivery vehicle and governance framework for delivering the NHS Staff Standards within DGFT and SWB.
- Provide the Group Board with ASSURANCE that high impact actions are being taken forwards, to fully implement the NHS Staff Standards in both Trusts.
- SHARE benchmarking data, for the Birmingham, Black Country and Solihull cluster Workforce Programme Board, regarding the comparative levels of maturity of actions and interventions to implement the 6 Staff Standards, across provider Trusts.

Alignment to our Vision

Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust

OUR PATIENTS		**OUR PEOPLE**	**x**	**OUR POPULATION**	

Previous consideration

The detailed Staff Standards Self-Assessment, Gap Analysis, Improvement Plans and Monitoring arrangements have been reviewed, considered and approved through the weekly Executive Directors twice (20th & 27th October), prior to presentation to the Group People Committee on 28th October. The People Committee undertook a deep-dive review of the self-assessment undertaken for both Trusts and considered the adequacy

of the improvement plans that have been developed. The People Committee was satisfied that the plans are robust and address the key areas for improvement that have been highlighted through the self-assessment. The People Committee provided a Reasonable Assurance rating, on the basis that a future assessment of the impact of these plans will be required before a higher level of assurance can be provided.

Recommendations	
a)	NOTE the introduction of the NHS Staff Standards and their relationship with the NHS Oversight Framework (NOF).
b)	CONSIDER the Boards leadership and governance responsibilities relating to the Staff Standards, specifically to: ○ Review existing policies and practices to identify gaps against the new standards. ○ Develop improvement plans to address areas where standards are not being met. ○ Monitor progress and demonstrate compliance, ensuring staff experience improves. ○ Embed the standards into workforce strategies, management practices and organisational policies. ○ Provide oversight and accountability through existing NHS assurance and performance frameworks.
c)	Take ASSURANCE that: ○ A robust and timely assessment and gap analysis against the new NHS Staff Standards has been undertaken for both Trusts, which has provided a detailed understanding of key improvement requirements. ○ Meaningful high impact improvement actions have been developed, which will enable both Trusts to fully implement the NHS Staff Standards. ○ Robust arrangements are in place to review ongoing progress in implementing the new Staff Standards, including reporting through the Group Executive, Group People Committee and with upwards assurance to the Group Board. ○ The Group Culture Improvement Framework, approved by the Group Board in July 2026, provides a robust delivery vehicle and governance framework for enabling and supporting the delivery of the NHS Staff Standards within DGFT and SWB.

Escalation
Should any element of this report be escalated: No immediate escalation is requested. Delivery risks or investment requirements that cannot be resolved through existing Trust or Group arrangements will be escalated.

BAF Impact			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
	001 (Joint): Quality		
X	002 (Joint): Workforce		
	003 (Joint): Partnerships		
	004: Finance		004: Finance
	005: Operational performance		005: Operational performance
	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

Report to the Group Public Trust Board on 18/11/2026

NHS Staff Standards

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1. Introduction and Background ('what')

1.1 On 6th July 2026 NHS England (NHSE) published the NHS Staff Standards.
The Staff Standards establish a common minimum expectation for the employment experience of all NHS Staff.

1.2 The six Staff Standards cover:

- Line Management
- Health & Wellbeing
- Violence Prevention and Reduction
- Championing Sexual safety
- Tackling Racism
- Promoting Flexible Working

1.3 NHS Boards and executive leaders are accountable for ensuring the standards are implemented and delivered within their organisations. Specifically, NHS Boards are expected to provide leadership and oversight of implementation, including:

1. Review existing policies and practices to identify gaps against the new standards.
2. Develop improvement plans to address areas where standards are not being met.
3. Monitor progress and demonstrate compliance, ensuring staff experience improves.
4. Embed the standards into workforce strategies, management practices and organisational policies.
5. Provide oversight and accountability through existing NHS assurance and performance frameworks.

1.4 The Staff Standards underpin the NHS People Promise and utilise existing frameworks for good employment practice. The purpose of setting national standards is to address poor employment practices, reduce variation and support overall improvement in staff experience. These improvements will have a positive impact on key indicators such as absence and retention, and in turn enhance patient experience.

1.5 The Staff Standards Score within the 2026/27 NHS Oversight Framework, uses selected questions from the NHS Staff Survey to assess how well NHS organisations are delivering six national standards for staff experience. The questions are grouped into six standards, a sub-score is calculated for each standard, and those sub-scores are combined into one overall Staff Standards Score. Each of the six standards has equal weighting (see summary table at Appendix 1).

1.6 NHS Employers have issued an implementation tool which is made up of 129 questions over the six standards to assess the organisational maturity level.

1.7 The implementation tool has been completed for both SWB and DGFT in partnership with staff side colleagues, operational, clinical and corporate leads for each of the areas. The detailed assessments are provided in the Reading Room.

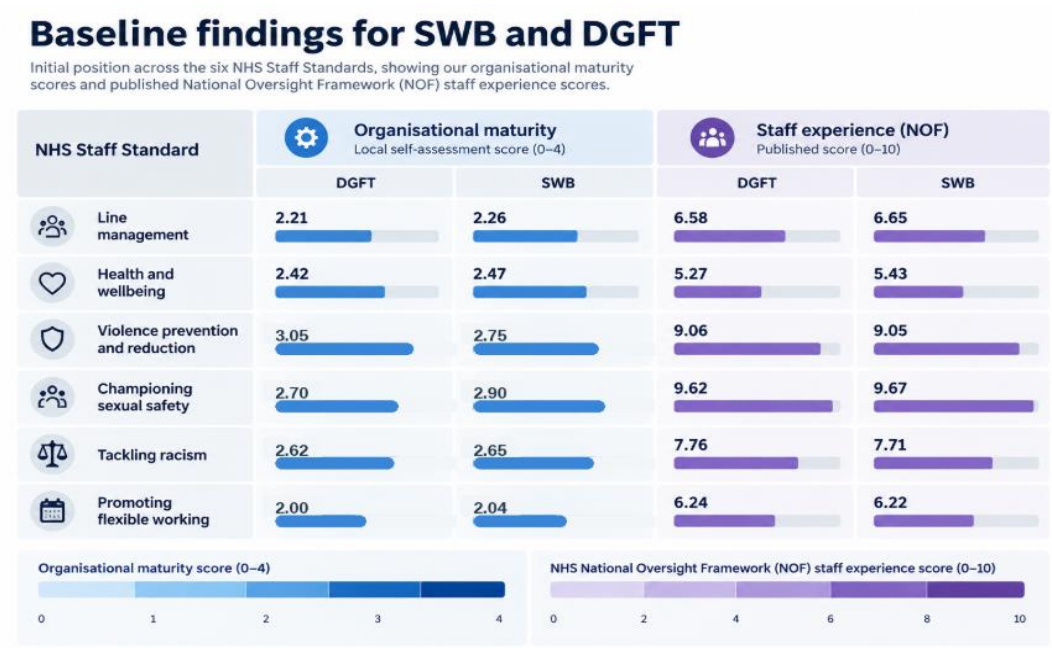
1.8 Implementation of the standards is mandatory and reflected in the NHS Oversight Framework, drawing on relevant staff survey questions as indicators. The 2026/27 Q2 and Q3 Staff Standard NOF scores draw on the 2025 Staff Survey results, whereas the Q4 NOF position will be driven by the 2026 staff survey results, which will be published under-embargo in February 2027. The combination of the self- maturity assessment, which tests the maturity of a Trusts workforce systems, processes and policy infrastructure, alongside the Staff Survey results which reflect the lived experience of staff, provides a comprehensive assessment of staff experience.

1.9 The SWB/DGFT Group Workforce Insight Team have also undertaken benchmarking analysis for providers within the wider Birmingham and Black Country cluster, which the Group CPO presented at the most recent Cluster Workforce Programme Board. This analysis provides useful additional insights into the comparative maturity assessments of other providers, as well as highlighting common areas of challenge (i.e. Line Management) across the Cluster providers (see summary in Appendix 2).

1.10 The Group Culture Improvement Framework, which was approved by the Group Board in July 2026, provides a robust delivery vehicle and governance framework for enabling and supporting the delivery of the NHS Staff Standards within DGFT and SWB (see Reading Room information for assurance). Rather than creating a separate programme of activity, implementation of the Staff Standards will be integrated within the existing Group Culture Improvement Framework, ensuring alignment with the Group's wider work on leadership, staff experience, inclusion, wellbeing and organisational culture.

2. Staff Standards – Maturity Assessment Outcomes ('so what')

2.1 The data below summarises the initial baseline assessment for DGFT and SWB, highlighting both the maturity assessment and the associated Staff Survey/NOF scores. The assessment is scored from 0 (not in place) to 4 (area of excellence), whereas the NOF score runs from 0 (lowest) to 10 (highest score). A full breakdown of the scores for all 6 Staff Standards, also aligned to the relevant staff survey questions was presented and considered by the Group People Committee and is available in the Reading Room for Board members.



2.2 The variances in the maturity assessment scoring between DGFT and SWB reflects the integrity and rigour of the process, in considering the evidence available at each Trust. The highest scoring Staff Standard for DGFT is Violence Prevention and Reduction (3.05), this is the second highest scoring area for SWB (2.75) and has the second highest NOF scoring for both Trusts (9.06 DGFT and 9.05 SWB).

2.3 The highest scoring Staff Standard for SWB is Championing Sexual Safety (2.90), this is the second highest scoring Staff Standard for DGFT (2.70) and the highest NOF scoring for both Trusts (9.62 DGFT and 9.67 SWB). Tackling Racism has the third highest maturity scoring for both Trusts (2.62 DGFT and 2.65 SWB). While promoting flexible working has the lowest maturity assessment score for both Trusts (2.00 DGFT and 2.04 SWB) Line Management also has low maturity scores and NOF for both Trusts.

2.4 The lowest NOF score for both Trusts is Health and Wellbeing, indicating that the staff who completed the 2025 staff survey reported a poor experience of health and wellbeing. As Board members will be aware, a detailed improvement plan is being implemented in response to the 2025 staff survey results, with reporting to the People Committee (currently 100+ improvement actions are being implemented).

2.5 Levels of alignment between the organisational maturity scoring and NOF scoring varies across the 6 Staff Standards, highlighting the reality that multiple factors impact the lived experience of staff. Therefore, a high maturity assessment score will not consistently translate through the staff survey feedback and the Staff Standard NOF scoring. Similarly, complacency in areas with high NOF scores (i.e. Violence Prevention and Reduction and Championing Sexual Safety) is being avoided. Both Trusts fully recognise that improvements are required across all 6 staff standards, and the improvement plan reflects this. Furthermore, as the People Committee noted, the Group model provides the opportunity to draw on shared Group resources to take forward the improvement activities.

3. Improving Performance Against the Staff Standards – Next Steps ('what next')

3.1 A range of actions have been identified for improving DGFT and SWB's performance against each of the six standards (see Reading Room). These actions have been synthesised at Group level into five high impact actions, which were strongly supported by the Group Executive Team and People Committee.

3.2 The baseline assessment will form the first stage of a repeatable improvement and assurance cycle. Progress of the high impact actions will be monitored through the Trust Executive and Group People Committee.

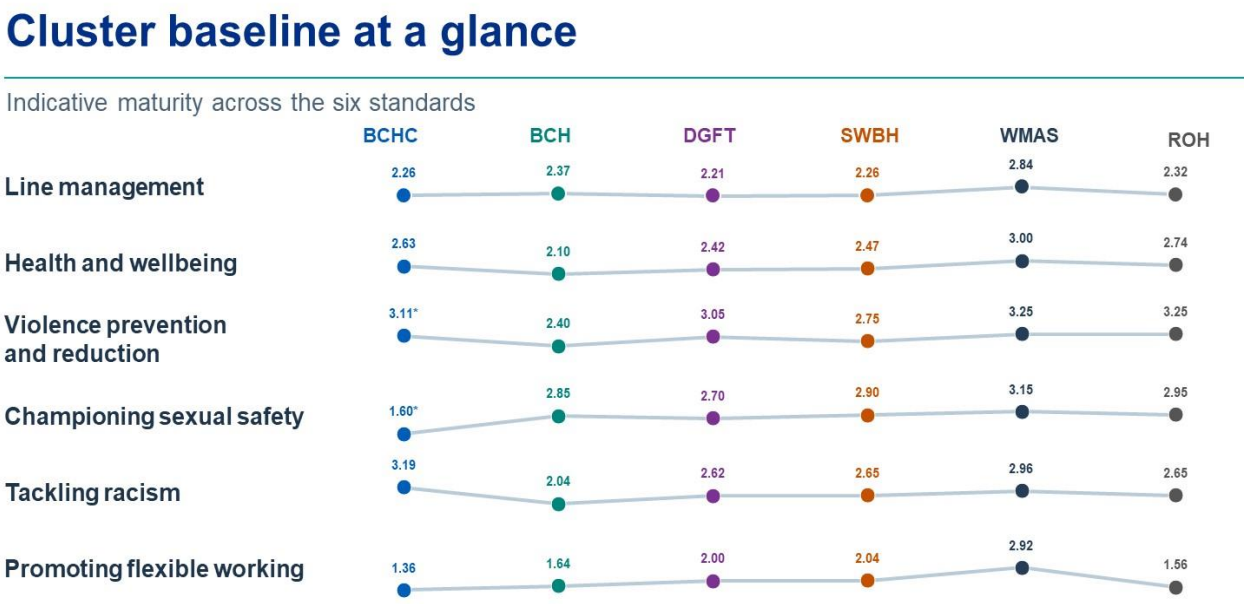
3.3 Delivery of the Staff Standard maturity improvement actions, as well as their impact on improving staff experience, will be measured through:

- Progress in delivering the improvement actions (Executive Team & People Committee)
- Staff Survey and quarterly PULSE Survey scores (Executive Team & People Committee)
- Workforce metrics/KPIs (Executive Team & People Committee)
- Culture Dashboard – reporting on delivery of the Culture Improvement Plan (Executive Team & People Committee)
- Lived experience feedback from Staff Networks, Trade Unions/Staff Side, staff forums and professional groups.

Appendix 1

Staff Standard	NHS Staff Survey measures
Line management	Q9d, Q9f, Q9i – supportive management; Q7a and Q7h – team management; Q23a – appraisals; and relevant discrimination measures
Health and wellbeing	Q11a – organisational action on wellbeing; Q11c – work-related stress; Q12b – burnout
Violence prevention and reduction	Q13a–c – experience of physical violence; Q13d – reporting violence
Sexual safety	Q17b – unwanted sexual behaviour from colleagues
Tackling racism	Selected survey measures, including fair career progression and discrimination, using responses from ethnic minority staff
Flexible working	Q4d – satisfaction with flexible working; Q6b – work-life balance; Q6d – ability to discuss flexible working with managers

Appendix 2



Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Education and training: National Education and Training Survey (NETs) and National Training Survey (NTS) Update		
SPONSORING EXECUTIVE / PRESENTER:	Dr Mark Anderson, Group Chief Medical Officer		
REPORT AUTHOR:	Medical Education Management Teams (DGFT & SWB)		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve	X	Both Trusts
X	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
		X	Discuss		
			Note		

Suggested discussion points

This paper highlights results from the 2025 NETs survey and 2026 NTS survey.

DGFT Position The 2026 NTS results identify a mixed picture across DGFT. There have been significant improvements in a number of specialties, whilst some areas have experienced deterioration and require further attention. In particular, the results for Emergency Medicine and General Surgery require continued focus. These specialties are already subject to enhanced internal scrutiny and improvement activity, and NHSE Quality Assurance (QA) has proposed formal Quality Intervention Visits for both specialties; dates are yet to be agreed.

Formal responses were requested by NHSE QA in relation to the 2026 results for Geriatric Medicine and Obstetrics & Gynaecology. The departments provided formal responses which were submitted to NHSE. These were accepted without any further requirements on the departments.

The 2025 National Education and Training Survey (NETs) show pressure in ED and General Surgery, in line with the NTS results.

SWBH Position National Education and Training Survey The 2026 GMC National Training Survey (NTS) for SWBH show an improved overall position, with no Trust-level indicators below the interquartile range. Neonatology and Obstetrics and Gynaecology have improved under the NHSE Intensive Support Framework, while Clinical Radiology has shown deterioration and has a targeted action plan following an NHSE quality assurance review. Workload and rota pressures remain important specialty-level concerns.

The 2025 National Education and Training Survey (NETS) shows improvement across all 13 Trust-level indicators compared with 2024. SWBH remains below the England all-learner mean on 12 indicators, although none is in the lowest national decile. The largest gaps are workload (8.59 points below England), facilities (6.56), overall experience (5.91), teaching and learning (5.09) and supervision (5.07). Sexual safety is the sole indicator above the England mean (1.49 points).

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	X	**OUR PEOPLE**	X	**OUR POPULATION**	

Previous consideration
The results of the two surveys and the individual specialty action plans were presented at Executive group for critique and challenge, and the summary paper was then presented at Joint People Committee on October 28th. It was given a Reasonable Assurance rating. This was on the basis that there was evidence of improvement in many areas and that for those areas of concern, we already had knowledge of those and clear action plans in place, accepted by the NHSE deanery.

Recommendations	
a)	The Board is asked to note the latest NTS and NETs survey results for the Group.
b)	DGH: Note formal responses were submitted by the Trust to QA NHSE for Geriatrics and O&G; these were accepted with no additional requirements Note that formal Quality Intervention Visits are proposed by NHSE for Emergency Medicine and General Surgery, dates for these are still to be confirmed. SWB: Note formal responses were submitted by the Trust to QA NHSE for Clinical Radiology, Anaesthesia and Ophthalmology. Note an ongoing ISF-2 QA process continues for Radiology. Significant improvements were seen in O+G and Neonatology (also under ISF-2 QA review).

Escalation
Should any element of this report be escalated:

BAF Impact			
Sandwell and West Birmingham NHS Trust		The Dudley Group NHS Foundation Trust	
	001 (Joint): Quality		
X	002 (Joint): Workforce		
	003 (Joint): Partnerships		
	004: Finance		004: Finance
	005: Operational performance		005: Operational performance
	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

V003 July2026

Report to the Group Public Trust Board on 18/11/2026

National Education and Training Survey (NETs) and National Training Survey (NTS) Update

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1. Purpose

1.1 This paper summarises the latest survey results relating to medical training at both The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust. The key surveys reported are the 2025 National Training and Education Survey (NETs) and GMC National Training Survey (NTS).

2. Background

2.1 The GMC National Training Survey is an annual survey of doctors in training and provides an important source of intelligence regarding the quality of training and the experience of resident doctors across the Group.

2.2 The 2026 results have been reviewed at specialty level and compared with previous years' results to identify areas of sustained improvement, deterioration, and emerging concerns.

2.3 Results should be considered alongside other sources of intelligence, including local trainee feedback, quality assurance activity, exception reporting, concerns raised through the Medical Education team and feedback from resident doctor representatives.

2.4 The 2026 results identify a mixed picture across DGFT. There have been significant improvements in a number of specialties, whilst some areas have experienced deterioration and require further attention. In particular, the results for Emergency Medicine and General Surgery require continued focus. These specialties are already subject to enhanced internal scrutiny and improvement activity, and NHSE Quality Assurance (QA) has proposed formal Quality Intervention Visits for both specialties; dates are yet to be agreed.

2.5 Formal responses were requested by NHSE QA in relation to the 2026 results for Geriatric Medicine and Obstetrics & Gynaecology. The departments provided formal responses which were submitted to NHSE. These were accepted without any further requirements on the departments.

2.6 The 2025 National Education and Training Survey (NETs) show pressure in ED and General Surgery, in line with the NTS results.

2.7 The 2026 GMC National Training Survey (NTS) for SWBH show an improved overall position, with no Trust-level indicators below the interquartile range. Neonatology and Obstetrics and Gynaecology have improved under the NHSE Intensive Support Framework, while Clinical Radiology has shown deterioration and has a targeted action plan following an NHSE quality assurance review. Workload and rota pressures remain important specialty-level concerns.

2.8 The 2025 National Education and Training Survey (NETS) shows improvement across all 13 Trust-level indicators compared with 2024. SWBH remains below the England all-learner mean on 12 indicators, although none is in the lowest national decile. The largest gaps are workload (8.59 points below England), facilities (6.56), overall experience (5.91), teaching and learning (5.09) and supervision (5.07). Sexual safety is the sole indicator above the England mean (1.49 points

3. The Dudley Group NHS Foundation Trust position

3.1 The most recent survey results for results for The Dudley Group are the 2026 GMC NTS released on 21 July 2026.

The 2026 results for DGFT show a mixed but overall improving picture in a number of specialties:

- Strong improvement: Paediatrics, Clinical Radiology and Intensive Care Medicine show the most significant and sustained improvements, with multiple indicators moving from Q1/below the IQR into the IQR or above.
- Further positive movement: Cardiology, Gastroenterology and Respiratory Medicine have also improved across a number of key educational and trainee-experience indicators.
- Emergency Medicine: Some previously poor indicators, particularly workload and rota design, have improved and moved out of the 'below' category. However, overall satisfaction remains a concern, with supportive environment, handover and clinical supervision requiring continued attention.
- General Surgery: This shows the most concerning year-on-year deterioration, with nine indicators now below the IQR, including overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, handover, supportive environment, adequate experience, educational supervision, and local teaching. This is consistent with concerns identified through other sources of trainee intelligence and requires continued targeted intervention.

- Trauma & Orthopaedics: Significant deterioration is evident in workload, rota design, teamwork, reporting systems, induction, and educational supervision. Workload and rota design are particularly concerning.
- Acute Internal Medicine: There has been marked deterioration across several domains, particularly teamwork, supportive environment, induction, handover, and rota design.
- Obstetrics & Gynaecology: Results remain mixed. Improvements are seen in some areas, including clinical supervision out of hours and educational supervision, but deterioration in induction, adequate experience, and rota design warrants further attention. A formal response to NHSE QA team was submitted and accepted without further intervention required.
- Geriatric Medicine: Overall satisfaction remains in Q1, with clinical supervision, reporting systems, supportive environment, and educational supervision also remaining in Q1. A formal response to NHSE QA has been requested. A formal response to NHSE QA team was submitted and accepted without further intervention required.

Overall: The results demonstrate considerable variation between specialties. The significant improvements in several areas are encouraging and demonstrate the benefit of targeted action, whilst the deterioration in General Surgery, Trauma & Orthopaedics and Acute Internal Medicine requires focused review and monitoring.

3.2 Action already underway

3.2.1 The Trust did not wait for the outcome of the 2026 NTS to commence action in areas of concern. A number of specialties have already been subject to enhanced review through the Trust's internal quality assurance processes, with action plans and improvement measures already in place.

3.2.2 In Emergency Medicine, existing concerns regarding workload, staffing, supervision, rota design, breaks, induction, and culture are already being addressed through targeted improvement activity following an internal QA review conducted by the Medical Education Team. The Trust will continue to work with NHSE QA in preparation for the proposed Quality Intervention Visit.

3.2.3 In General Surgery, the Trust has already identified concerns relating to trainee experience, supervision, educational opportunities, culture, and workload. These have been considered through internal QA processes, and the specialty is undertaking improvement activity. The proposed NHSE QA Quality Intervention Visit provides an opportunity to review progress and agree further actions where required.

3.2.4 The Medical Education team will continue to monitor NTS outcomes alongside other sources of trainee feedback and quality intelligence, with escalation through the appropriate governance routes where sustained or significant concerns remain.

3.2.5 As previously reported, the NETs 2025 survey results were received in April 2026 with 153 responses. Pressure was evident in both Emergency Medicine and General Surgery where scores were a negative outlier for overall experience, supervision and teaching and learning domains. Reporting mirrored the latter NTS results in these specialities.

2025 | National Education and Training Survey | Education Quality Reporting Data Tool

Introduction | Region | Organisation | Professional Group | **Subject / Specialism** | Questions

Respondents 153

> Subject / Specialism by Organisation > **Current Year** | Year on Year

Open Filter Panel

Organisation	Subject and Specialism	Bullying & Undermining	Discrimination	Facilities	Induction	Overall Experience	Quality of Care	Raising Concerns	Sexual Safety	Supervision	Teaching & Learning	Teamwork	Wellbeing	Workload
The Dudley Group NHS Foundation Trust	Common Stem - Anaesthetics													
	Anaesthetics	90.48	90.48	60.71	87.50	74.29	66.43	80.95	73.57	70.54	74.11	69.64	92.86	57.14
	Cardiology	100.00	50.00	41.67	75.00	72.08	70.00	100.00	100.00	68.75	68.75	83.33	100.00	33.33
	Clinical Radiology	100.00	100.00	53.57	89.06	71.88	74.11	95.83	100.00	73.44	65.89	71.88	66.67	81.25
	CST - General surgery	100.00	100.00	66.67	87.50	71.67	66.67	100.00	100.00	66.67	72.92	70.83	100.00	66.67
	Emergency Medicine	41.67	100.00	43.75	65.63	22.50	42.50	66.67	91.67	25.00	35.94	43.75	100.00	25.00
	Foundation - Medicine	72.92	87.50	70.31	81.25	76.25	69.06	81.25	90.63	74.22	70.70	78.13	83.33	56.25
	Foundation - Psychiatry	77.78	100.00	66.67	87.50	76.67	78.33	88.89	68.89	77.08	77.08	83.33	66.67	83.33
	Foundation - Surgery	70.83	76.56	67.19	78.91	67.97	62.50	89.58	87.50	58.46	63.54	75.78	75.00	56.25
	General Surgery	5.56	70.83	30.00	60.42	32.50	47.78	61.11	95.83	28.75	30.21	52.08	100.00	33.33
	GP - Emergency Medicine	77.78	75.00	75.00	87.50	75.00	65.00	100.00	100.00	72.92	66.67	70.83	100.00	0.00
	GP - Medicine	60.00	86.67	75.00	80.00	70.00	68.00	86.67	85.00	63.75	67.50	82.50	80.00	70.00
	GP - Paediatrics & Child Health	100.00	100.00	50.00	81.25	70.00	62.50	91.67	100.00	48.44	56.25	65.63	100.00	75.00
	Haematology	86.67	80.00	55.00	80.00	71.00	69.25	86.67	100.00	53.75	55.83	72.50	100.00	80.00
	Obstetrics And Gynaecology	87.50	83.33	62.50	79.69	67.97	60.16	91.67	100.00	71.88	62.50	70.31	85.71	62.50
	Paediatric - General Paediatrics	100.00	100.00	71.43	83.93	76.43	77.14	95.24	100.00	73.21	75.00	80.36	100.00	57.14
	Renal Medicine	100.00	100.00	75.00	87.50	78.33	70.00	100.00	100.00	68.75	83.33	83.33	100.00	50.00

4. Sandwell & West Birmingham NHS Trust position

4.1 The SWBH position draws on 304 responses from learners training at the Trust in the 2025 NETS, including 174 postgraduate medical respondents, and on the 2026 GMC NTS results for resident doctors and trainers. NETS scores are means out of 100; a higher score represents a more positive experience in every domain, including bullying and undermining, discrimination, and sexual safety.

4.2 In NETS, all 13 Trust-level indicators improved year on year, by between 0.52 and 4.98 points. The number of specialty categories in the lowest national decile fell from 28 in 2024 to 12 in 2025, while categories well above the national mean rose from 3 to 19. Despite this progress, workload remains the clearest Trust-wide gap: its score of 57.57 is 8.59 points below the England mean. Facilities, supervision and teaching and learning also warrant attention.

4.3 Specialty results identify acute pressures. Foundation Emergency Medicine scored 0 for workload (five respondents), Paediatric Neonatology scored 14 for workload (seven respondents), and Emergency Medicine scored 30 for facilities (five respondents). Clinical Radiology had low NETS scores for facilities (46), overall experience (46), supervision (45), teaching and learning (42), and teamwork (55), based on nine respondents. Anaesthetics scored 69 for induction and 57 for raising concerns. These small specialty cohorts require follow-up with local feedback and other quality intelligence.

4.4 The 2026 GMC NTS has no Trust-level indicators below the interquartile range and shows improvements in supportive environment, teamwork, adequate experience, educational governance, feedback, and handover. The specialty picture remains uneven. Clinical Radiology, Neonatology, and Obstetrics and Gynaecology are under NHSE Intensive Support Framework level 2. Neonatology and Obstetrics and Gynaecology have improved, but Clinical Radiology has deteriorated: its overall satisfaction fell from 70% to 50%, adequate experience from 78% to 44%, and educational governance from 78% to 44%. The Radiology department has developed an action plan after an NHSE quality assurance review, with regular resident forums and monthly consultant oversight.

4.5 In Neonatology, overall satisfaction improved from 47% to 75%, although workload and rota design remain concerns. A business case has been submitted for two additional junior specialty doctor lower posts and two higher posts. In Emergency Medicine, revised resident rotas aim to rebalance normal working days and out-of-hours work; a facilities review and additional laptops are also being pursued. In Ophthalmology, adverse feedback from FY2 doctors relates largely to on-call duties covering ENT and

Urology; the proposed rota redesign moves them to General Surgery on call from December 2026. Anaesthesia has improved in several domains, but induction, overall satisfaction and rota design still need attention.

5. Conclusion

5.1 The 2026 GMC NTS results provide a mixed picture across the Group, with significant improvements evident in several specialties alongside areas requiring further targeted action.

5.2 At DGFT the improvements seen in Paediatrics, Clinical Radiology and Intensive Care Medicine are particularly positive, with a number of indicators moving from previously poor or Q1 positions into the IQR or above. The deterioration in General Surgery, Trauma & Orthopaedics and Acute Internal Medicine requires continued attention. In the case of Emergency Medicine and General Surgery, the Trust has already identified and is actively addressing a number of the concerns reflected in the NTS results and earlier NETs results. The results therefore provide assurance that the Trust has appropriate mechanisms in place to identify and respond to areas of concern, whilst recognising the need for continued monitoring and targeted intervention in specialties where trainee experience remains below the expected level.

5.3 At SWBH, the 2025 NETS shows year-on-year improvement in every Trust-level indicator, but workload and the learning environment remain below the England average. The 2026 GMC NTS provides a positive overall position with no Trust-level indicators below the interquartile range. Improvement in Neonatology and Obstetrics and Gynaecology is encouraging; deterioration in Clinical Radiology, together with workload and rota pressures in specific specialties, calls for continued targeted action and monitoring alongside direct resident feedback.

6. Recommendations

6.1. The Trust Board is asked to:

a) Note the 2026 GMC National Training Survey results and NETS results for the Group and note the Reasonable Assurance given by People committee.

b) At DGFT, note that formal responses were received and accepted by NHSE Quality Assurance for Geriatric Medicine and Obstetrics & Gynaecology. Note that formal Quality Intervention Visits are proposed by NHSE Quality Assurance for Emergency Medicine and General Surgery. Note the significant improvements demonstrated in Paediatrics, Clinical Radiology and Intensive Care Medicine, alongside positive movement in a number of other specialties.

c) At SWBH, note the improvement across all 13 NETS indicators and the absence of Trust-level indicators below the interquartile range in the 2026 GMC NTS, while recognising the continuing workload and facilities gaps and the deterioration in Clinical Radiology. Note the Radiology action plan, the Neonatology staffing business case, and specialty-level follow-up on Emergency Medicine, Anaesthesia and Ophthalmology.

d) Across the Group, note that the NTS results will continue to be monitored alongside other sources of trainee feedback and quality assurance intelligence, with further action taken where required.

Date: November 2026

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	10 Point Plan Update		
SPONSORING EXECUTIVE / PRESENTER:	Mark Anderson, Group Chief Medical Officer James Fleet, Group Chief People Officer		
REPORT AUTHOR:	Corporate Medical and People Offices		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
	Decision		Approve	x	Both Trusts
x	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
		x	Discuss		
		x	Note		

Suggested discussion points

Alert

No significant concerns or unmitigated risks.

Advise

Challenges to obtaining full compliance relating to self-rostering for residents. This is a challenge nationally. Some progress has been made at DGFT with the use of a tool in Anaesthetics that is now being piloted in O&G.

There remains no central funding for updating mess facilities across the Group. At DGFT the Chief Registrar and Resident Doctor Representatives have been asked to collate a list of updates required and a bid will be supported to take via Charity Committee. The provision of hot food is under review at DGFT. The refurbishment of the RD common room at BMEC, City Health Campus was achieved through JD Wellbeing Funds, however this work has depleted funds for future projects.

Assure

An improvement from baseline position to 12-week implementation compliance was evident across the Group with DGFT increasing from 74% to 88% and SWB increasing from 84%-86% compliance.

Since the launch of the standards in 2025, there has been progress in multiple areas.

- At DGFT this has included an increase in locker availability and on call rooms.
- At SWB there has been a refurbishment of the resident doctor common room at BMEC, creation of ringfenced workspaces at MMUH and resident doctor interactive intranet page to streamline key information sharing.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**X**	**OUR PEOPLE**	**X**	**OUR POPULATION**	**x**

Previous consideration

N/A

Recommendation

a)	**Note** the actions outlined in NHS England 10PP to improve the working lives of resident doctors and the Group position against each recommendation

Escalation
Should any element of this report be escalated: No

BAF Impact			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
X	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

10 Point Plan (10PP) for Improving the Lives of Resident Doctors

1. BACKGROUND INFORMATION

1.1 In line with a commitment to staff in the 10 Year Health Plan for England, NHS England set out 10 ways to improve resident doctors working conditions over a 12 week period between August and November 2025. This paper outlines the current position against the 10 points and outlines a proposal for ongoing monitoring. The 10 Point Plan (10PP) builds on work undertaken by the Directors of Medical Education across the Group over the past 5 years.

1.2 Trusts were required to provide a baseline assessment and a further assessment following the 12 week implementation phase. Both Trusts in the Group showed an increase as follows:

	DGFT	SWB
Baseline compliance	74%	84%
12 week compliance	88%	86%

1.3 Regular progress meetings are held with NHSE's Associate Dean for Trainee Experience to review progress.

2. GROUP SUMMARY POSITION

Annex A outlines the Group's summary position against the 10PP standards.

3. ASSURANCE

3.1 The following data sources are suggested to provide ongoing assurance:

- Resident Doctor Survey Feedback
- NETs Survey Feedback
- Issuing of rotas v 8 week target
- Payroll errors
- Reimbursement of expenses v 6 week target and % paid prior to attendance
- Exception reporting summary
- Anecdotal Feedback from RD Forum/ Guardian of Safe Working Forum / Registrar Forum

4. RISKS AND MITIGATIONS

4.1 There are no unmitigated risks identified in relation to the points outlined in the 10PP. Work is ongoing to address areas of non-compliance with regular input from NHSE. A working group continues to meet on a monthly basis.

5. RECCOMENDATIONS

5.1 The Board is asked to note the actions outlined in NHS England 10PP to improve the working lives of resident doctors and the Group position against each recommendation.

NAME: CMO Offices
DATE: November 2026

Annex A - Group Summary position against standards and next steps

Point	DGFT Summary position	SWB Summary Position
Trusts should take action to improve the working environment and wellbeing of resident doctors	**Wellbeing** We have a dedicated Wellbeing Champion for Resident Doctors and Spectrum psychological support service in place. The Trust offers a comprehensive wellbeing programme, which can be accessed via the internal Wellbeing Hub Pages. The Trust launched the Wellbeing Strategy in 2023 which was codesigned by staff, wellbeing champions and staff networks. **Facilities** • On-call car parking spaces have been considered, and a survey confirmed no issues with car parking for on-call shifts specifically. • An additional 16 lockers are being made available in the Doctors' Mess. During 2026 an audit of locker use in South Block was undertaken creating additional capacity • Brent House has 5 rooms which can be booked for post on-call rest. An additional room was sourced in 2026. • There are 2 recliners available in North Block Mess. • There is a spacious wellbeing room available in SDEC area for those working in the department. The above facilities are regularly signposted through Resident Doctor Forums, Resident Doctor Newsletters/Handbook and Resident Doctor induction. Funding for the Doctors' Mess/facilities still remains an issue as there is no Trust wide budget to support this. A charity bid is being constructed by the Medical Education Team, Medical Director's Office and Mess presidents. **Hot food** The Trust no longer has a vending machine with a range of hot meals due to change on contract with Mitie. This was removed without the Trust's knowledge due to low	**Wellbeing** The Trust has a dedicated Wellbeing Lead for resident doctors, Dr Mike Blaber. On top of the Trust wide wellbeing offer listed in our wellbeing brochure (which includes EAP, Schwartz rounds, wellbeing hub appointments etc), Dr Blaber provides: • Thriving in Medicine Programme (addressing the experience of being a doctor and how to sustain personal wellbeing and the wellbeing of the teams we are in). Delivered at Foundation and IMT level. • Samosa and Support Sessions fortnightly • 1:1 pastoral support meetings with Resident doctors (3/week) which is informed by being MHFA accredited. • Teaching at local and regional training days related to professional wellbeing. • Leadership on projects to improve working conditions for RDs in partnership with wider wellbeing steering group **Facilities** *MMUH* • Dedicated resident doctor / student common room • In the past 12 months we have developed the staff rest space adjacent to common room to accommodate RD rest • We have identified 6 work stations on Level 4, opposite the common room, which are reserved for RDs on a 'drop in' basis (no need to book on Optispace) to facilitate nonclinical work (revision/writing papers/QIPs) • We have worked with AMU team to improve the workspaces for RDs to complete documentation. The new arrangement has been well received. • There is 24 hour access to food and drinks via Amazon shop outlet and vending machines with restaurant and

	usage. Toasters/Microwaves are accessible across the Trust. **Next Steps :** A charity bid is being constructed by the Medical Education Team, Medical Director's Office and Mess presidents. Options for hot food continue to be explored with facilities partners	other outlets open until 8pm. Wards have staff rooms with sink, microwave and facilities for hot drinks. • There is showering facilities throughout the hospital with lockers for storing belongings. • Energy pods provided in AMU and Common room to optimise power naps overnight. *City Health Campus / BMEC* • In the past 12 months we have refurbished the Resident Doctor Common Room in BMEC, ensuring that it is a facility that optimises rest, recovery and quiet learning. This has received excellent feedback from Ophthalmology trainees. • Hot food vending machine available 24/7, along with BTC Costa and BMEC Café during the daytime *Sandwell Health Campus* • Resident Doctor Common room available. • The Sandwell Health Campus has 2 Costa Coffee outlets, 2 Volunteer led refreshment/snack outlets and a staff restaurant open from 8am to 6pm. There are no resident doctors after 8pm on the Sandwell site. There is good car parking available on sites with no concerns raised in RD engagement. **<u>Information Sharing</u>** • Our Chief SpR and 10PP Resident Lead created a RD intranet page on SPARC to house all important information for RDs to know and make it easy to navigate. This has seen high levels of user traffic, saving time and stress in streamlining information sharing. **Next Steps:**

		• Ongoing work with estates to identify improved private workstations on wards for non-patient facing clinical tasks. • Improve RD awareness of energy pods. • Chief SpR led RD forums are providing ongoing avenue for RDs to provide feedback and identify issues.
Resident doctors should receive work schedules and rota information as per the requirements of the Rota Code of Practice	All work schedules for August, September and October 2026 issued 8 weeks in advance. We have a Trust-wide system - Medi-Rota - which provides instant access to the rotas with changes showing in real-time. This can also be accessed via a mobile app. **Next Steps:** The Trust will continue to monitor timeframes for issuing rotas and progress work to further improve Less than full time rotas.	For August 2026 figures were as follows: • Work schedules 8 week deadline 317 of 341 sent on time – 93% • Rota 6 week deadline 311 of 354 sent on time – 88% Reasons for delay • Incorrect information from NHSE • Late notifications from NHSE • Ophthalmology rota changes. This was due to late notice of higher than usual trainee allocation from NHSE that resulted in changes required to rotas to ensure alignment with both service delivery and trainings needs. This was implemented after discussion with Ophthalmology RDs.
Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing	Leave policy for resident doctors approved via JLNC where any request not acknowledged/approved within 5 days, would be taken as authorised. Most specialties now using Medi-Rota to approve/record leave. This is a regular item on the Resident Doctor Forum to ensure there are no issues with resident doctors leave arrangements. Policy ratified and in use. **Next Steps:** The Trust will continue to seek feedback related to annual leave via the Resident Doctor Forum.	Our Annual Leave policy has a section relating to RD process to address the bespoke needs of this group. Annual Leave is currently approved and signed off through local arrangements within each department. We have introduced the Loop Software (with app) to simplify leave requests and impact on rotas and scheduled clinical activity. The roll out has happened amongst substantive staff, with RDs to be included this year **Next Steps:** • Introduce the Loop software to all departments for coordinating RD Annual / Study leave.
All NHS Trust Boards should appoint 2 named leads: one senior leader responsible for resident	Dr Paul Hudson, Medical Director will hold this role for the Trust with the support of Prof Atiq Reham, Director of Medical Education. In addition, the current Chief Registrar will act as the peer representative for the programme. Dr	Senior Lead: Dr Mike Blaber RD Peer Rep: Chief Registrar Dr April Diviney Non Exec Lead: Dr Mohit Mandiratta

doctor issues, and one peer representative who is a resident doctor. Both should report to Trust Boards.	Mohit Mandiratta has been appointed as NED lead following an extension of roles during 2026.	CMO Team Lead: Dr Nick Makwana (DCMO) Annual reports to be delivered to Trust Board and People Committee.
Resident doctors should never experience payroll errors due to rotations	Payroll have created an SLA for Doctors in Training. The Trust has attended the required webinar and signed up to the benchmarking exercise. The errors are not related to payroll input, they are often related to the data received within payroll being incorrect. Work ongoing to increase accuracy in data received. Training Session led for Clinical Leaders from payroll paperwork and its importance. **Next Steps:** The Trust will increase training in payroll accuracy amongst those completing payroll paperwork.	Our Payroll team have attended the mandatory payroll improvement webinar. We have established a monthly reporting of pay error data relating to resident doctors and have seen an improvement in payroll accuracy over the last academic year. When monthly monitoring commenced in Sept 2025, 19 payroll errors were reported. By July 2026 there were no errors in pay that month. For the intervening months errors were always < 5 / month and any patterns were identified (e.g. late payments due to RD being late starters after returning to work from a period of absence) to provide focus to any need for improvement.
No resident doctor will unnecessarily repeat statutory and mandatory training when rotating	The Trust has a SMT working group in place and training completed in other organisations is accepted to avoid duplication. The required MoU has been signed confirming this.	SWB accepts mandatory training completed at other Trusts. RDs are asked to provide record of their mandatory training to our ESR team so that compliance can be updated in the personal ESR record of each rotating trainee.
Resident doctors must be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours	Previous paper received by Trust Board and JLNC. Exception reporting reform came into effect 04/02/26. Postgraduate team is responsible for access to the reporting software and Medical Workforce are responsible for reviewing and processing exception reports for payment of 2 hours or less. Guardian of Safe Working Hours attends Trust wide Resident Doctor Forums to discuss any issues the resident doctors may be experiencing with the process. Within our bi-monthly resident doctor surveys, we ask if doctors are aware of the exception reporting process and whether they are regularly working over their contracted hours. We also regularly promote exception reporting within our bimonthly resident doctor newsletters and inductions. Specialty tutors have been appointed who are responsible for leading on	Exception reporting reform was implemented in February 2026 with a streamlined system for submitting exception reports. These are reviewed by our Guardian of Safe Working, who reports to the Postgraduate Leadership Team and Trust Board. Accepted exception reports result in TOIL or payment trainee concerned. Any patterns of concern are highlighted with relevant Clinical Director CD with the potential of fines issues to departments where consistent non-compliance / problems exist. Any fines are placed in a wellbeing fund for the RD cohort. Guardian of safe working attends resident doctor forum to ensure engagement with the RD cohort.

	departmental induction and helping to organise the rotas and local teaching. **Next Steps:** Guardian of Safe Working report included in November Board agenda. Guardian of Safe working interview process to be held on 09 November.	**Next Steps:** • Recently appointed Guardian of Safe Working to take forward this work from the outgoing incumbent.
Resident doctors should receive reimbursement of course related expenses as soon as possible	Reimbursement is within the 4-6 week timetable as long as the Medic enters their claim on or shortly after their course and these are then signed off promptly enabling them to be picked up and paid on the next payment run. The Trust has reviewed current process and has agreed to pay resident doctors before the booking on confirmation of expenses, and this has been communicated to the workforce. No concerns have been raised in relation to this	RDs are now able to claim expenses from the time of incurring costs rather than waiting for the course / conference to be completed. The process is for RDs to upload their study leave dates and costs onto ACCENT system for approval. They can then claim expenses through the electronic expenses system, putting the date of expenditure as the date of course (with a note to highlight when the course will take place). This ensures a maximum of 6 week wait for reimbursement of expenses. This has been welcomed by RDs.
We will reduce the impact of rotations upon resident doctors' lives while maintaining service delivery	NHSE Action	NA
We will minimise the practical impact upon resident doctors of having to move employers when they rotate	NHSE Action	NA

Enclosure 15

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Guardian of Safe Working		
SPONSORING EXECUTIVE:	Dr Paul Hudson, Medical Director		
REPORT AUTHOR:	Mr Fouad Chaudhry, Guardian of Safe Working		
MEETING:	Public Trust Board	**DATE:**	18 November 2026

Paper Type:		**Requested action:**		**Applies to:**	
x	Decision		Approve		Both Trusts
	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion	x	Endorse	**x**	The Dudley Group NHS Foundation Trust
	Information		Recommend		
			Discuss		
			Note		

Suggested discussion points

This is the 10th report from the Guardian of Safe Working (GOSW) and covers the period between 26 February 2026 and 31 October 2026.

Assure

- The purpose of this report is to give assurance to the Trust Board that Resident Doctors in Training (RD) are safely rostered, and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).
- No fines have been issued in this reporting period. The outcome of the Exception Reports in this period combination of TOIL and payment.

Advise

- There have been exception reports raised in the period. There are currently 30 vacancies in the Resident Doctors workforce.

Alert

Reforms to the Guardian of Safe working process commenced on 4th February 2026 including a new reporting pathway to HR and the Guardian of Safe Working Hours (GOSWH) instead of clinical supervisors, increased timeframe for submitting reports, revised fining guidance and a mandate for employers to provide a choice of payment or time off in lieu (TOIL) for worked additional hours. This is now fully implemented.

Alignment to our Group Strategy Vision					
OUR PATIENTS	**x**	**OUR PEOPLE**	**x**	**OUR POPULATION**	

Previous consideration
Joint People Committee, Board of Directors

Recommendation	
a)	**Note** the current Exception Reporting data
b)	**Note** the reforms started from 04 February 2026

Escalation
Should any element of this report be escalated: none

BAF Impact			
Sandwell and West Birmingham NHS Trust		The Dudley Group NHS Foundation Trust	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
	003 (Joint): Partnerships		
	004: Finance		004: Finance
	005: Operational performance		005: Operational performance
	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

Guardian of Safe Working Report
Report to Trust Board of Directors November 2026
Reporting Period: February 2026- October 2026
Report Number: 28th GSW Report
Guardian: Mr Fouad Chaudhry (10th report from current Guardian)

Guardian of Safe Working Hours Report

1. Executive Summary

This report provides assurance to the Trust Board regarding the safe working arrangements of Resident Doctors in Training and compliance with the contractual safeguards set out in the *Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016* (TCS).

During the reporting period:

- **396** exception reports were submitted.
- Outcomes included time off in lieu (TOIL), financial payment and work schedule review.
- No financial penalties were issued.
- There are currently **30** vacancies within the junior medical workforce.

National reforms to the exception reporting process came into effect on 4 February 2026. These reforms strengthen confidentiality, improve accessibility, extend the reporting window and introduce additional contractual requirements for employers.

The Guardian of Safe Working Hours (GOSW) continues to work closely with Medical Staffing, Postgraduate Medical Education, Human Resources and Finance to monitor exception reporting, identify emerging risks and ensure appropriate implementation of contractual requirements.

The increase in exception reporting during this period should be considered in the context of improved engagement and the implementation of the revised reporting process. Increased reporting does not necessarily indicate deterioration in working conditions and may instead reflect greater awareness of the process and increased confidence among Resident Doctors in raising concerns.

Overall, the Guardian continues to receive assurance that the Trust has appropriate mechanisms in place to monitor safe working hours, identify workforce and rota-related risks and address concerns raised by Resident Doctors.

The Board is asked to note the contents of this report and the assurance provided regarding the monitoring of safe working hours and contractual compliance.

2. Background and Purpose

The role of the Guardian of Safe Working Hours is established within the 2016 TCS and provides an independent mechanism for monitoring the safe working arrangements of Resident Doctors in Training. The purpose of this report is to provide assurance that:

- Resident Doctors are appropriately rostered, and their working hours are monitored against contractual requirements.
- Exception reporting provides an effective mechanism for identifying and addressing breaches of agreed work schedules.
- Risks associated with fatigue, rota gaps, workload and potential impacts on training are identified and appropriately escalated.
- Resident Doctors have access to an effective, accessible and confidential exception reporting process.
- Appropriate actions are taken where exception reports identify concerns regarding working hours or working conditions.

This report provides an overview of:

- Exception reporting activity during the reporting period.
- The current junior medical workforce position.
- Workforce and rota-related risks identified through exception reporting.
- Implementation of the national contractual reforms introduced in February 2026.
- Engagement with Resident Doctors and actions undertaken to promote a positive safe-working culture.

3. Exception Reporting Activity

A total of **396** exception reports were submitted during the reporting period.
Exception reports provide an important source of intelligence regarding actual working practices and areas where the delivered service differs from the agreed work schedule.
The outcomes of exception reports included:

- Payment for additional hours worked.
- Time off in lieu (TOIL).
- Work schedule reviews, where appropriate.

No financial penalties were levied during the reporting period.
The Guardian continues to review individual exception reports and overall trends to identify recurring issues, particularly where reports may indicate underlying rota, workload or workforce pressures. Where appropriate, concerns are discussed with Medical Staffing, Clinical Leads, Postgraduate Medical Education, Human Resources and other relevant stakeholders.

The continued use of exception reporting is encouraged as an important mechanism through which Resident Doctors can raise concerns regarding their working hours and ensure that these are considered and appropriately addressed.

Exception Reports–25/02/2026-31/10/2026

ER (Grade)

Month	Number of Exceptions	Grade								
		FY1	FY2	CT1	ST1	ST2	ST3	ST4	ST5	ST6
October	111	79	13	9	7	0	0	0	2	0
September	116	86	10	9	7	0	0	0	4	0
August	70	48	3	6	2	9	0	0	2	0
July	21	5	5	0	2	7	1	0	1	0
June	12	2	1	0	0	0	0	1	1	7
May	16	8	4	2	1	0	0	1	0	0
April	12	6	2	0	0	0	2	1	1	0
March	38	18	9	5	1	2	0	1	2	0
Total:	396	252	47	31	20	18	3	4	13	7

ER (Outcome)

Payment	**TOIL**	**Work review**	**Pending**	**Withdrawn**
252	31	35	55	23

ER by Month

Month	**Number of reports**
March 2026	38
April 2026	12
May 2026	16
June 2026	12
July 2026	21
August 2026	70
September 2026	116
October 2026	111

Historic Data

Year	**Total Exception Reports**
2018	55
2019	103
2020	60
2021	44
2022	72
2023	69
2024	81
2025	46

Exception Reports and Fines.

- No fines submitted.

4. Workforce Position

There are currently **30** vacancies within the junior medical workforce.

While vacancies do not necessarily translate directly into unsafe working arrangements, persistent rota gaps represent an important operational risk and have the potential to increase workload and fatigue among Resident Doctors.

The Guardian therefore continues to monitor the relationship between workforce gaps, rota pressures and exception reporting activity. Attention is given to whether vacancies result in:

- Increased workload or additional hours for existing Resident Doctors.
- Repeated reliance on additional shifts or changes to planned rotas.
- Reduced opportunities for rest and recovery.
- Potential impacts on training opportunities.
- Recurring exception reports from specialties or teams.

Workforce gaps should continue to be managed through appropriate workforce planning, rota review and escalation processes, with the aim of ensuring that service requirements do not compromise the contractual safeguards governing Resident Doctors' working hours.

The Guardian will continue to work with Medical Staffing; Clinical Leads and Postgraduate Medical Education to identify and escalate emerging concerns and ensure that appropriate mitigation is put in place where required.

Medical Vacancy:

- Doctors in training vacancy: **30**

Department	Foundation Year (1/2)	GP Specialty Training (ST1/2)	Lower Training (1/2)	Higher Training (ST3+)	Grand Total
Acute Medicine Dept	1	1		2	4
Anaesthesia Dept	1		1	1	3
Cardiology Dept			1		1
Clinical Haematology Dept				1	1
Emergency Medicine Dept	1	1	1		3
ENT Dept			1	1	2
Gastroenterology Dept	1	1			2
GP Medicine Dept	2				2
Obs & Gynae Dept		1	1		2
Older People Dept	2				2
Paediatrics Dept		1			1
Psychiatry Recharge Dept	1				1
Renal Dept	1	1			2
Respiratory Dept	1	1			2
Stroke Dept		1			1
Surgery Dept		1			1
TOTAL	**11**	**9**	**5**	**5**	**30**

5. Mitigations

Exception Reporting Reforms – Effective 4 February 2026

Significant changes to the exception reporting process for doctors working under the 2016 contract in England came into effect on 4 February 2026. The reforms are intended to strengthen confidentiality, improve accessibility and support more consistent compliance with contractual requirements.

Revised Reporting Pathway

Exception reports are now submitted through a process involving Human Resources and the Guardian of Safe Working Hours, rather than being submitted directly to clinical supervisors. This provides greater confidentiality and helps reduce potential conflicts of interest when concerns relate to working arrangements.

Employer Financial Penalties

The revised arrangements provide for financial penalties where employers fail to meet specified contractual requirements, including:

- Failure to onboard Resident Doctors to the exception reporting system within 14 days.
- Breaches of confidentiality relating to exception reporting information.

The Trust continues to monitor compliance with these requirements.

Choice of Compensation

Resident Doctors are provided with a choice between payment and TOIL for additional hours worked above their contracted hours, except where TOIL is required because of a safe-working breach.

Extended Reporting Window

The period for submitting an exception report has been extended to 28 days, providing Resident Doctors with greater flexibility to report concerns following a shift or period of work.

Educational Exception Reports

Educational exception reports are submitted directly to the Director of Medical Education for review and approval, ensuring that concerns relating specifically to training and educational opportunities are appropriately considered.

The Guardian continues to monitor the implementation of these reforms and will work with relevant Trust departments to ensure that the revised arrangements are embedded effectively.

6. Engagement and Culture

Engagement with Resident Doctors continues to improve, and the Guardian remains committed to promoting a culture in which doctors feel able to raise concerns about working hours, workload and training without fear of adverse consequences. Key actions include:

- Combining the Resident Doctor Forum and Guardian Forum into a single bi-monthly afternoon session to maximise attendance and participation.
- Presenting the new exception reporting arrangements through the Local Negotiating Committee (LNC).

- Encouraging Resident Doctors to use exception reporting where service pressures result in additional working hours or adversely affect training opportunities.
- Reinforcing the Trust's commitment to safe working, appropriate rest and high-quality training.

The increase in exception reporting during this period is considered in the context of improved engagement and the implementation of the revised reporting system.

An increase in reporting does not necessarily indicate deterioration in working conditions. It may instead demonstrate greater awareness of the reporting process and increased confidence among Resident Doctors to report concerns.

Through regular forums, meetings and direct engagement, the Guardian has received reassurance that Resident Doctors are increasingly aware of the exception reporting process and have appropriate opportunities to raise concerns.

7. Risks and Mitigations

Risk	**Mitigation**
Rota gaps due to vacancies	Ongoing monitoring of workforce gaps, escalation through Medical Workforce and review of rota arrangements and safe staffing levels.
Increased exception reporting	Continued engagement with Resident Doctors, promotion of the reporting process and monitoring of themes and trends. Increased reporting is considered in the context of improved engagement and the revised reporting system.
Confidentiality breaches under the new reforms	Clear governance arrangements, appropriate handling of exception reporting information and HR oversight of the revised reporting process.
Failure to meet new contractual requirements and potential financial penalties	Robust onboarding processes, monitoring of compliance and appropriate escalation where requirements are not met.
Training opportunities affected by service pressures	Monitoring of educational exception reports and engagement with Postgraduate Medical Education and relevant clinical departments to address identified concerns.
Failure to take contractual breaks	Doctors have reported that on few occasions although they were able to finish the shift in time but could not take contractual breaks due to busy shifts. This has been discussed with the departments and suggestions are made to staff more doctors,

8. Obstetrics and Gynaecology

Concerns were raised by Resident Doctors regarding the compliance of the Obstetrics and Gynaecology rota with contractual safe-working requirements.

The concerns are being reviewed, and correspondence has been shared with Human Resources, Rota Management and the Clinical Director for Obstetrics and Gynaecology.

Human Resources is aware of the concerns and is working with the relevant teams to ensure that the rota remains compliant with contractual requirements and that the issues raised by Resident Doctors are appropriately addressed.

The Guardian will continue to monitor the position and seek assurance that any identified issues are appropriately mitigated.

9. Assurance to the Board

The Guardian of Safe Working Hours provides the following assurance to the Trust Board:

- Exception reports are being reviewed, and appropriate outcomes are being implemented.
- Resident Doctors have access to a confidential and strengthened exception reporting process.
- The revised national exception reporting requirements have been implemented and are being monitored.
- No financial penalties were issued during this reporting period.
- Engagement with the Resident Doctor workforce is active and continues to improve.
- Workforce and rota gaps are recognised as potential risks and are being monitored through appropriate governance structures.
- Concerns regarding rota compliance, including those raised within Obstetrics and Gynaecology, are being actively reviewed and escalated where appropriate.
- The Trust continues to promote a culture of safe working, appropriate rest and high-quality training and educational opportunities.

Conclusion and Transition of the Guardian Role

The Guardian would like to place on record his sincere appreciation to the Trust Board and senior leadership for their continued support throughout his three-year tenure as Guardian of Safe Working Hours.

The role has provided a valuable opportunity to work with Resident Doctors, Medical Staffing, Postgraduate Medical Education, Human Resources, Finance and clinical leadership to strengthen the systems supporting safe working, contractual compliance and training.

After three years in the role, the Guardian has decided that this is an appropriate time to step down from the position. The Guardian is grateful for the support, cooperation and commitment received from colleagues across the Trust throughout this period.

The Guardian remains committed to supporting an effective transition of the role and ensuring continuity of the safe-working arrangements and governance processes that have been developed during his tenure.

Fouad Chaudhry
Guardian of Safe Working
November 2026

Enclosure 16

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Freedom to Speak Up Bi-Annual update
SPONSORING EXECUTIVE / PRESENTER:	Diane Wake, Group Chief Executive Officer Freedom to Speak Up Executive lead
REPORT AUTHOR:	Jamil Johnson- Freedom to Speak Up Lead (SWB) Phillipa Brazier- Associate director of nursing and Freedom to Speak Up Guardian (DGFT)
MEETING:	Group Public Trust Board **DATE:** 18/11/2026

Paper Type: (place an 'x')		**Requested action:** (place an 'x')		**Applies to:** (place an 'x')	
	Decision		Approve	x	Both Trusts
	Assurance		Agree		Sandwell and West Birmingham NHS Trust
X	Discussion		Endorse		The Dudley Group NHS Foundation Trust
X	Information		Recommend		
		x	Discuss		
		x	Note		

Suggested discussion points

Assure

The board is asked to note the reasonable assurance agreed by the Group People Committee and the continued utilisation of the service by staff across both organisations.

Advise

The recommendations to better understand the impact of the service from the committee have been incorporated with actions to support strengthening the staff voice and insight into the impact following staff raising concerns.

Alert

Increase in the number of Disadvantageous and Demeaning treatment concerns at the Dudley group, this is being monitored by the teams and close working with the appropriate teams to support deploying interventions to optimise psychological safety being perceived.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	x	**OUR PEOPLE**	X	**OUR POPULATION**	

Previous consideration

Freedom to Speak Up steering group- October 2026, Group People Committee- October 2026

Recommendations	
a)	**Note** the report
b)	**Discuss** the report

Escalation
Should any element of this report be escalated: No

BAF Impact *mark 'x' as needed*			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
	003 (Joint): Partnerships		
	004: Finance		004: Finance
	005: Operational performance		005: Operational performance
	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: N/A			
Is Equality Impact Assessment required if so, add date: N/A			

V003 July2026

Report to the Group Public Trust Board on 18/11/2026

Freedom to Speak Up Bi-Annual update

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1. Purpose

1.1 The report provides an overview of the Freedom to Speak Up (FTSU) activity across The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust between April 2026 to September 2026.

1.2 It highlights the number and categories of the concerns raised through the site based FTSU services. Providing the board with an overview of the actions being undertaken, to further strengthen the services and speaking up culture reflecting the scrutiny gained from the Group People Committee.

2. Background

2.1 Freedom to Speak Up mechanisms offer an alternative, independent route for individuals who work within the organisation to raise concerns and were embedded within NHS organisations in 2016, following recommendations made by Sir Francis KC in 2015. The mechanisms do not replace preexisting routes to raising concerns, instead are intended to compliment these.

2.2 The work undertaken by the Freedom to Speak Up service, remains business critical for both organisations. The work supports the deployment of interventions, supporting organisational culture to be consistently demonstrated by all, with behaviours acting as enablers of a positive speaking up culture. The framework is designed to support bringing 'truth to power' providing the board with oversight of FTSU activity.

3. Group headline

3.1 The FTSU services across both organisations continue to work towards strengthening collaborative working and sharing of best practice. This way of working has shown improved capability in supporting proactive elements of the role, notably the design and hosting of the Black Country Freedom to Speak Up leadership workshop. The focus of the workshop was to support leadership capability with deploying local strategies to develop environments conducive of psychological safety.

3.2 Organisational learning is actively supported by the FTSU guardians with their membership of strategic workstreams focused on improving staff experience. The teams support triangulation of data and sharing of soft intelligence gained through engagement activities. In doing so, enabling inclusive meaningful interventions to be deployed to address areas highlighted as requiring strengthening.

3.3 The services continue to be utilised by staff from a wide variety of staff groups, which has remained consistent in line with the same reporting period last year. Although this is a positive indicator, further work is required to ensure speaking up does not lead to the perception of futility.

4. The Dudley Group NHS Foundation Trust position

Total concerns April 2026-September 2026	Largest category of concerns raised	Largest reporting clinical division	Highest reporting staff group	Anonymous concern	Concerns related to potential disadvantageous and demeaning treatment
112	Worker safety or Wellbeing	Surgery, Women's and Children's (32.1%)	Nursing and Midwifery	19.64%	11.6%

4.1 The largest category reported was worker safety or wellbeing, this is in keeping with national trends. This was followed by inappropriate behaviours or attitudes, with incivility commonly reported. This is followed by patient safety or quality; these concerns have been escalated for timely review to the appropriate teams.

4.2 There has been a notifiable increase in the number of concerns raised from the surgery, women's and children's division, which is not in keeping with previous reporting patterns. The division was undergoing service development and organisational change, which may have been a contributing factor, with concerns raised being suggestive of staff feel uncertain of the changes. This will be monitored by the FTSU team, working closing with the divisional leadership teams to provide support where necessary.

4.3 There has been an increase in the number of concerns being raised anonymously. In response, the FTSU Lead is launching the FTSU Listen Up training programme for all managers. This training is designed to equip managers with the skills and confidence to listen effectively to staff concerns, create psychologically safe conversations, and respond appropriately to issues raised, thereby supporting a more open and transparent speaking-up culture. In addition, a manager's guide will be developed through our collaborative partnership with Sandwell and West Birmingham NHS trust.

4.4 There has been a significant increase in the number of concerns that relate to perceived disadvantageous and demeaning treatment, in comparison to the same period last year. These concerns have been managed through the relevant employee relations processes. The Dudley based FTSU team plan to monitor these concerns to support identifying opportunities for organisational learning, aiding interventions to strengthen the perception of psychological safety. The FTSU lead is starting to develop psychological safety training within the trust.

4.5 Nursing and Midwifery colleagues present the largest proportion of those who have raised concerns through FTSU. This is expected due to this staff group accounting for large proportion of the workforce. Other staff group do use the service, which indicates the accessibility of the service for all.

5. Sandwell & West Birmingham NHS Trust position

Total concerns April 2026- September 2026	Largest category of concerns raised	Largest reporting clinical division	Highest reporting staff group	Anonymous concern	Concerns related to potential disadvantageous and demeaning treatment
144	Worker safety or Wellbeing	Women's and Child health (24.3%)	Nursing and Midwifery (53.47%)	18%	1.39%

5.1 Worker safety or wellbeing accounted for the largest proportion of concerns raised, as noted previously this is in keeping with national trends. The concerns raised in this category are broad in nature and often are related to employee relation processes. This was followed by Inappropriate behaviours and attitudes. Patient safety or Quality made up the third highest reported category, these concerns were predominately aligned with quality. Where concerns were related to patient safety, there has been positively received collaborative working with the site director of nursing and FTSU to support addressing these concerns in a timely manner.

5.2 The concerns raised regarding the clinical divisions were predominately related to the women's and child health, with perinatal services accounting for the largest proportion of these, in keeping with previous reporting periods. There has been deployment of targeted resource within the perinatal services, to enable improvement in care provision and address micro-cultures present. There may be early indicators of the impact of the targeted resource, as the number of concerns raised in relation to the division are beginning to show a downward trend for quarter 2 (July 26- August 26). It is premature at this stage to determine this, as soft intelligence is suggestive further work is required to further strengthen leadership capability.

5.3 Anonymous concerns are an indicator of possible microcultures which foster conditions which are not supportive of staff perceiving psychological safety. There has been a 16.1% decrease of concerns reported anonymously compared to the same reporting period last year. The contributors to this decrease may be associated with the development of the managers guide and the leadership workshop, which focused on developing psychological safety. Although this is a positive indicator, we remain within the highest 25% of trusts and third amongst third amongst peers and below the peer average (Quarter 1 data only available for comparison). The team continues to provide increased focus and support for colleagues within Women's and Child Health, specifically the perinatal services as this directorate accounted for 69% of the anonymous concerns.

5.4 There has been a 0.44% decrease in the number of concerns relating to potential disadvantageous and demeaning treatment (DDT) following raising concerns, from the same reporting period last year.

This a positive early indicator of the reinforcement of organisational expectations regarding behaviours and the reinforcement of the importance of FTSU. The concerns raised which aligned to this category, were managed through the DDT process and appropriate remedial actions applied. Further work is required to support alignment of DDT process across both organisations, whilst also supporting alignment with employee relations processes.

6. Committee scrutiny

6.1 The group people committee applied scrutiny to the comprehensive bi-annual update paper. The committee recognised the FTSU activity with the supporting data, with the committee agreeing reasonable assurance.

6.2 The committee required further insight into the impact achieved through staff raising concerns and the interventions deployed and whether these have supported meaningful and sustained change. In addition, the committee suggested consideration should be made in obtaining independent insight into whether staff perceive psychological safety, which may be helpful in supporting the identification of potential gaps, in turn aid appropriate interventions to address these to be deployed.

6.3 The FTSU service is assessed independently by the Care Quality Commission providing qualitative insight into staff perception, in addition the organisation gains quantitative insight through the NHS staff survey, with some qualitative insight also being gained. There is however merit on further exploring the suggestion by the committee, in doing so will aid greater insights incorporating the intersectional influencers of psychological safety.

6.4 To improve the assurance score, the FTSU team are working to incorporate the recommendations as outlined in Annex 1, feeding these back into the people committee as required.

7. Conclusion

7.1 Freedom to Speak Up continues to be actively utilised by staff across both organisations. The teams continue to actively work and support strategic workstreams to support further strengthening organisational culture, where all areas have environments that are conducive to a positive speaking up culture.

7.2 There are positive early indicators of improved psychological safety through a reduction in the number of anonymous concerns.

7.3 Further work is needed to strengthen assurance, with the intention of gaining greater insight from the staff voice and perception of impact. The team intend to work with key partners to address the identified gaps.

8. Recommendations

7.1. The Group Public Trust Board is asked to:

a) Note the report.
b) Discuss the report.

Name: Diane Wake, Group Chief Executive and Executive lead for Freedom to Speak Up
Jamil Johnson, Freedom to Speak Up lead -SWB
Phillipa Braizer, Associate director of nursing and Freedom to Speak Up Guardian- DGFT

Date: 4th November 2026
Annex 1: Improvement actions to improve assurance score

Annex 1- Improvement actions to improve assurance score.

Owner(s)	Committee recommendation(s)	Action(s)	Evidence of impact	Fixed date	Variable date
April Burrows/Jamil Johnson	Demonstrate impact of FTSU following concerns raised.	Incorporate staff experience attendance to people committee in line with FTSU papers.	Consistent positive staff experience.	March 2027	March 2027
April Burrows/Jamil Johnson	Demonstrate impact of FTSU following concerns raised.	Develop key performance indicators to monitor to length of time of responses and resolution to concerns.	Closure of concerns meeting set indicators.	May 2027	May 2027
April Burrows/Jamil Johnson	Demonstrate impact of FTSU following concerns raised.	Improving triangulation with organisational culture data sets.	Culture barometer aligned to organisational expectations.	October 2027	October 2027
April Burrows/Jamil Johnson	Independent assessment of staff perceiving psychological safety.	Peer assessment of FTSU services, incorporating staff views.	Consistent feedback from staff of perceived psychological safety.	September 2027	September 2027

Enclosure 17

Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Dudley Group NHS Charity Annual Report and Accounts 2025/26		
SPONSORING EXECUTIVE / PRESENTER:	Chris Walker – Director of Finance		
REPORT AUTHOR:	Chris Walker – Director of Finance		
MEETING:	Group Public Trust Board	**DATE:**	18/11/2026

Paper Type:		**Requested action:**		**Applies to:**	
x	Decision	x	Approve		Both Trusts
	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse	**x**	The Dudley Group NHS Foundation Trust
	Information		Recommend		
			Discuss		
			Note		

Suggested discussion points

Assure

1. The Dudley Group NHS Charity Annual Report and Accounts (ARA) are prepared annually as at 31 March 2026.

2. PKF Smith Cooper are the external auditors for the Charity. They have completed the audit and, in their opinion, the financial statements;
   - give a true and fair view of the state of the charity's affairs as at 31 March 2026, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
   - have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
   - have been prepared in accordance with the requirements of the Charities Act 2011.

3. The Charity is on schedule to submit the Annual Report and Accounts to the Charity Commission by 31st December 2026.

Advise

1. The annual report and accounts show the financial position and performance of the Charity, including its assets, liabilities, income and expenses. As of 31st March 2026, the Charity was holding funds of £2.232m (2024/25: £2.416m), made up of £2.288m assets and £56k of liabilities. During the year, the Charity received income of £0.530m (2024/25: £0.591m) and incurred expenditure of £0.858m (2024/25: £0.715m).

2. The Charity Committee receives regular financial reports throughout the financial year with the accounts being the formal output of the reporting requirement to the Charity Commission. Due to the timing of the completion of the audit, it has been necessary for the Trust Board to approve the accounts and annual report rather than the Audit Committee. In future years the timing of the audit will be changed to ensure our normal governance process for approval is followed.

3. Following approval, the annual report and accounts will be submitted to the Charity Commission.

4. The full set of the annual report and accounts are available in the reading room along with the auditor's report.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	x	OUR PEOPLE	x	OUR POPULATION	x

Previous consideration
The Charity Committee have received a finance report at each of the four Committee meetings held during the year. The accounts are consistent with the financial reports to the Committee.

Recommendations	
a)	Approve the Annual Accounts and Trustee Report for the Dudley Group Charity 2025/26

Escalation
Should any element of this report be escalated: N/A

BAF Impact *mark 'x' as needed*			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
	001 (Joint): Quality		
	002 (Joint): Workforce		
	003 (Joint): Partnerships		
	004: Finance	x	004: Finance
	005: Operational performance		005: Operational performance
	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date:			
Is Equality Impact Assessment required if so, add date:			

V003 July2026

REPORT TITLE:	**Q2 2026/27 Board Assurance Framework**		
SPONSORING EXECUTIVE / PRESENTER:	Diane Wake, Group Chief Executive		
REPORT AUTHOR:	Dan Conway, Associate Director of Corporate Governance / Company Secretary & Helen Board Trust Secretary		
MEETING:	Group Public Trust Board	**DATE:**	18 November 2026

Paper Type:	**Requested action:**	**Applies to:**
Assurance	Approval	Both Trusts

Overview and Suggested discussion points
Overview: Q2 covers July to September 2026, with October updates. Appendix 3 summarises eight risk entries: five have inconclusive assurance and three partial assurance. **Discussion:** Financial recovery, winter resilience, safety and workforce outcomes, and the proposed partnerships risk score increase from 12 to 16.

Alignment to our Vision					
Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust					
OUR PATIENTS	**x**	**OUR PEOPLE**	**x**	**OUR POPULATION**	**x**

Previous consideration and journey of the paper
September BAF baselines; October executive deep dives and Committee Chairs' assessment; Board on 18 November 2026 for challenge and decisions.

Recommendations	
a)	**Note** the Q2 position and agree the proposed overall inconclusive assurance.
b)	**Approve** the proposed increase in BAF 003 Partnerships and integration from 12 to 16.
c)	**Require** Executive leads to evidence Q3 recovery against the March 2027 gateways.

Escalation
Board attention required: finance remains outside appetite at both Trusts; the BAF 003 increase requires approval.

BAF Impact			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
x	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

Q2 Board Assurance Framework

Group Public Trust Board 18 November 2026

1. Overall assessment

The Q2 assessment in Appendix 1 covers July to September 2026 with October updates for The Dudley Group NHS Foundation Trust (DGFT) and Sandwell & West Birmingham NHS Trust (SWB). Five of eight risk entries have inconclusive assurance; DGFT finance, DGFT operations and infrastructure have partial assurance. Sustained outcome evidence is required for the March 2027 assessment, with winter pressures increasing the urgency of Q3 delivery.

2. Principal risks requiring Board attention

Finance presents the greatest recorded exposure. SWB is scored 20, outside appetite, with a £3.65m adverse position at month six and high risks to recurrent savings and divisional recovery. DGFT is also outside appetite at 15, with a forecast £4.3m Cost Improvement Programme gap and a need to recover transformation benefits. The March 2027 gateway scores are 15 for SWB and 8 for DGFT.

Quality and people risks are both scored 16 with inconclusive assurance. A further never event, overdue learning actions and incomplete divisional delivery plans weaken quality assurance. Worsening absence and deployment above plan increase workforce exposure. Both risks have a March 2027 gateway of 12, requiring evidence of sustained improvement in safety and workforce outcomes.

The partnerships and integration risk remains recorded at 12, with 16 proposed because of uncertainty over anchor arrangements and partner capacity. Board approval is sought for this increase. Clear outcomes and ownership in each Place are required; the March 2027 gateway remains 12.

3. Operational and infrastructure resilience

Both operational risks are scored 12, with a March 2027 gateway of nine. DGFT has partial assurance: September four-hour access was 80.2%, while average handover was 90 minutes and South Hub restrictions continued. SWB has inconclusive assurance because cancer, diagnostics and flow remain fragile; recovery depends on funded winter and partner capacity.

Infrastructure is scored 16 with partial assurance and a March 2027 gateway of 12. Reasonable digital assurance does not resolve estate, RAAC, funding and benefits gaps; mitigation spans several years.

4. Priorities for Q3 and Board recommendations

The risks share delivery dependencies. Workforce availability affects safe care, capacity and cost. Community and partner capacity affects admissions, discharge and flow, while estate and digital constraints affect continuity and productivity. Financial decisions can therefore alter quality and operational exposure. Executive leads are required to provide a coordinated account of recovery, with clear divisional ownership and triangulated quality, workforce, operational and financial evidence.

The Board is asked to approve the partnerships score increase and require evidence of Q3 recovery. Relevant Committees should test sustained outcomes against the March 2027 gateways and longer-term residual scores, escalating insufficient evidence or deteriorating delivery.

Q2 2026/27 Board Assurance Framework

July–September 2026 with October updates. Group Public Trust Board 18 November 2026.

Winter pressures make Q3 delivery urgent. Sustained outcome evidence is needed for the March 2027 assessment.

Principal risk	Q2 score	March 2027 gateway	Strategic residual	Q2 assurance	Q2 position
001 Quality and safety	**16**	**12**	8	Inconclusive	Further never event and overdue learning actions. Divisional delivery plans remain incomplete.
002 People, workforce and culture	**16**	**12**	8	Inconclusive	Absence worsened and deployment exceeds plan. Workforce and culture actions need sustained outcome evidence.
003 Partnerships and integration	**12 recorded 16 proposed**	**12**	8	Inconclusive	Anchor uncertainty and partner capacity increased exposure. Agree outcomes and ownership in each Place.
004a SWB finance	**20**	**15**	8	Inconclusive	Outside appetite. M6 £3.65m adverse. Recurrent savings and divisional recovery remain high risk.
004b DGFT finance	**15**	**8**	8	Partial	Outside appetite. Forecast CIP gap £4.3m. LAT and transformation benefits require recovery.
005a DGFT operations	**12**	**9**	9	Partial	September four-hour access 80.2%, but average handover 90 minutes. South Hub restrictions remain.
005b SWB operations	**12**	**9**	9	Inconclusive	Cancer, diagnostics and flow remain fragile. Recovery depends on funded winter and partner capacity.
006 Infrastructure	**16**	**12**	8	Partial	Digital assurance is Reasonable. Estate, RAAC, funding and benefits gaps remain. Migration is multi-year.

Common Group-level delivery themes across BAF risks

Common delivery theme	Why the risks are linked	Main BAF links
1. Governance and accountability	Every risk depends on clear ownership, effective divisional oversight and reliable assurance to Committees and Boards. Weaknesses in these arrangements can affect delivery across several strategic priorities simultaneously.	All BAF risks
2. Intelligence, data and triangulation	Quality, workforce, operational and financial indicators describe interconnected aspects of organisational performance. Considering them together helps explain whether improvement in one area reflects sustainable progress or increased pressure elsewhere.	All BAF risks
3. Workforce capacity, leadership and culture	Staffing availability, skills, deployment and management practice influence service capacity and care quality. Sickness and temporary-staffing dependency also affect expenditure, productivity and the ability to deliver financial recovery.	002 People; 001 Quality; 004a/b Finance; 005a/b Operations
4. Quality, safety and pathway reliability	Patient outcomes depend on reliable clinical processes, timely access and effective handovers. Workforce pressures, operational delays and inconsistent learning can contribute to repeated harm, poorer experience and variation between services.	001 Quality; 002 People; 005a/b Operations
5. Financial recovery and productivity	Financial performance reflects workforce costs, activity, patient flow and the efficiency of estate and digital systems. Sustainable savings depend on operational improvement, while financial decisions influence staffing, care quality and investment capacity.	004a/b Finance; 005a/b Operations; 002 People; 001 Quality; 006 Infrastructure
6. Community First and partnership working	Admissions, discharge and hospital occupancy depend partly on capacity and coordination across primary care, community services, mental health and social care. Partnership arrangements therefore directly influence access, patient experience and acute operational pressures.	003 Partnerships; 001 Quality; 005a/b Operations
7. Infrastructure, digital resilience and sustainability	Safe estate, dependable technology and accurate data underpin clinical care and operational continuity. Infrastructure constraints can limit capacity, increase costs and delay transformation, while financial pressures affect the investment available to address them.	006 Infrastructure; 001 Quality; 004a/b Finance; 005a/b Operations

REPORT TITLE:	Risk Appetite – refinement of assignment to BAF Risks and Risk Appetite Statement - Sandwell and West Birmingham and The Dudley Group Foundation Trust Review October 2026		
SPONSORING EXECUTIVE:	Diane Wake, Group CEO		
REPORT AUTHOR:	Helen Board, Board Secretary Dan Conway, Associate Director of Corporate Governance/Company Secretary		
MEETING:	Public Trust Board	**DATE:**	18 November 2026

Paper Type:		**Requested action:**		**Applies to:**	
x	Decision	X	Approve	**X**	Both Trusts
	Assurance		Agree		Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
			Discuss		
			Note		

Suggested discussion points

Background

In July 2026, the Board of Directors approved a revised Risk Appetite Framework and associated Risk Appetite Statements for the Trust's principal risks. This formed part of a wider programme of work being undertaken across The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust to strengthen and align key elements of risk management arrangements whilst maintaining the sovereignty of each Board.

The revised framework incorporated updated risk appetite descriptors, developed following a review of contemporary risk management practice and informed by external advice from RSM. The framework was subsequently applied to the development of the 2026/27 Board Assurance Framework (BAF) and has supported the ongoing review of principal strategic risks across the organisation.

Review of Risk Appetite Assessments

Following Board approval in July, the detailed review of individual Board Assurance Framework risks within the respective Board committees identified a number of areas where the proposed risk appetite assessments would benefit from further refinement. Through discussion and challenge, committees considered whether the appetite levels assigned to specific strategic risks accurately reflected the level of risk the Board is willing to accept in pursuit of its strategic objectives.

As a result of this further scrutiny, an amendments has been proposed to the risk appetite ratings associated with one BAF risk. The proposed change does not alter the approved Risk Appetite Framework, descriptors, or underlying methodology. Rather, they represent a refinement of the application of the framework to individual strategic risks, informed by a more detailed assessment of the nature of those risks, the associated controls, and the level of risk exposure considered acceptable by the organisation.

The proposed revisions have been reviewed through the relevant Board committees and are considered to provide a more accurate reflection of the Board's risk tolerance in relation to the affected strategic objectives.

Risk	July Risk Appetite Position	Q2 Risk Appetite Position - refined	Changed Y/N
Quality Safety & Patient Experience	Limited	Measured	Y
People/Workforce	Progressive	Progressive	N
Partnership/Integration	Transformational	Transformational	N
Financial sustainability - DG	Measured	Measured	N
Financial sustainability - SWB	Measured	Measured	N
Operational performance SWB	Measured	Measured	N
Operational performance DG	Measured	Measured	N
Infrastructure	Progressive	Progressive	N
Digital and Data	Limited	Progressive	Y

Governance Considerations

The Board remains ultimately responsible for determining the Trust's risk appetite and tolerance and for ensuring that this is appropriately reflected within the Board Assurance Framework. The proposed amendments support continued alignment between the Trust's strategic objectives, principal risks and risk management arrangements, whilst ensuring that the BAF remains a robust and meaningful governance tool.

Alignment to our Group Strategy Vision					
OUR PATIENTS	**x**	**OUR PEOPLE**	**x**	**OUR POPULATION**	

Previous consideration
All board committee with oversight of Board Assurance Frameworks

Recommendation	
a)	**Note** that following detailed review of the 2026/27 Board Assurance Framework by the relevant Board committees, amendments are proposed to the risk appetite assessments.
b)	**Approve** the publication to the website of each Trust

Escalation
Should any element of this report be escalated: none

BAF Impact			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
X	001 (Joint): Quality		
X	002 (Joint): Workforce		
X	003 (Joint): Partnerships		
X	004: Finance	X	004: Finance
X	005: Operational performance	X	005: Operational performance
X	006 (Joint): Infrastructure		
Is Quality Impact Assessment required if so, add date: n/a			
Is Equality Impact Assessment required if so, add date: n/a			

Proposed Risk appetite statement

A Group strategy 2026-2031 has been developed as part of a collaboration and Group model working with Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust, through which it aims to improve services and health outcomes for local people, and to support and develop its workforce. This strategic framework is based around three strategic goals:

- **Our Patients:** Deliver high-quality care, by the right person in the right place, at the right time.
- **Our People:** Be a brilliant place to work and thrive through happy, engaged, productive teams.
- **Our Population:** Work together with our partners to improve life chances and health outcomes.

The NHS operates in a challenging environment, affected by economic pressures and is aspiring to deliver the vision set out in the Fit for the Future: 10 Year Health Plan for England. To fulfil its aspirations in changing times, the Group has established its own Fit for the Future Programme that will need to be innovative and has committed to a series of multi-year commitments.

- ✓ Community First
- ✓ Prevention through Partnerships
- ✓ Focus on People and Culture
- ✓ Make Money Matter

This will mean doing some things differently to how they have been done before, introducing new types of service and activity, and collaborating with other organisations to provide services. Transformational change such as this is never without an element of risk.

As the provider of essential public services funded by the taxpayer, and also one of the largest employers locally, we have a duty to identify and manage reasonably foreseeable risks that affect our organisation, its patients and staff. We have a robust, formal process to do this using a Risk Management Framework. However, we recognise that risk is inherent to healthcare, and that sometimes it is necessary to take risks in pursuit of opportunity. We are risk-aware rather than risk-averse. This means that we use data, information and our shared risk appetite to guide us in our decisions about the risks we are willing to take, and how we manage them.

Risk appetite

Risk appetite is defined as a decision about the level of risk that an organisation is prepared to accept, after balancing the potential opportunities and threats a situation presents. It takes into account the potential benefits of innovation and the threats that change inevitably brings. Our Trust board has defined its appetite for each of the main types of risk facing NHS organisations: Quality Safety and Patient Experience; Finance, Productivity and Value for Money; Regulatory, Statutory and Compliance; People, Workforce and Culture; Operational Performance and Access; Strategy, Integration and Partnerships; Digital, Data and Information Governance; Estates, Infrastructure and Capital; Reputation and Public Confidence; Research, Innovation and Continuous Improvement.

Quality Safety and Patient Experience
Measured: We are willing to accept moderate risk where there is compelling evidence of benefit and robust mitigation measures in place supported by strong governance.

Finance, Productivity and Value for Money
Measured: We are willing to accept moderate risk where there is compelling evidence of benefit and robust mitigation measures in place supported by strong governance.

Regulatory, Statutory and Compliance
Limited: We will take a cautious approach, accepting only low levels of risk. Any risk must be well understood, tightly controlled, and supported by strong assurance.

People, Workforce and Culture
Progressive: We will accept higher levels of risk where benefits are clear, mitigations are robust, and alignment with strategic objectives is maintained.

Operational Performance and Access
Measured: We are willing to accept moderate risk where there is compelling evidence of benefit and robust mitigation measures in place supported by strong governance.

Strategy, Integration and Partnerships
Transformational: We acknowledge that there are higher levels of acceptable risk where the potential benefits are substantial, mitigations are robust, and alignment with long-term strategic objectives is clear.

Digital, Data and Information Governance
Progressive: We will accept higher levels of risk where benefits are clear, mitigations are robust, and alignment with strategic objectives is maintained.

Estates, Infrastructure and Capital
Progressive: We will accept higher levels of risk where benefits are clear, mitigations are robust, and alignment with strategic objectives is maintained.

Reputation and Public Confidence
Limited: We will take a cautious approach, accepting only low levels of risk. Any risk must be well understood, tightly controlled, and supported by strong assurance.

Research, Innovation and Continuous Improvement
Limited: We will take a cautious approach, accepting only low levels of risk. Any risk must be well understood, tightly controlled, and supported by strong assurance.

Reviewed October 2026