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

Board of Directors (Group) Meeting Public Papers

Wednesday 16th September 13:00 – 16:30

Sandwell Health Campus, Hallam Street, West Bromwich, B71 4HJ






Captions below in clockwise order starting from top left:

- Deputy chief executive Rachel Barlow welcoming new resident doctors to Dudley.
- Our Trauma & Orthopaedics team at SWB who have been recognised as Clinical Team of the Year.
- The Care Navigation Centre team at Brierley Hill Health and Social Care Centre receiving their healthcare hero award.
- The team at SWB who have been shortlisted in the HSJ Patient Safety Awards for implementing Martha's Rule at the Trust.
- One of the digital teams in Dudley who have been shortlisted for a HSJ Award.
- Children at Sandwell learning how to do CPR on a mannequin, through the Youth Space program.

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

Board of Directors (Group)
Wednesday 16th September 13:00hr
Sandwell Health Campus, Hallam Street, West Bromwich, B71 4HJ

AGENDA

	Item	Paper ref.	Lead	Purpose & scope (SWB/DGFT/Both)	Time
1.	**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 Dudley Population Story** – Introduced by Kat Rose, Group Chief Community and Partnerships Officer How the Integrated Neighbourhood Team Model has impacted patient care				13:05
4.	**Strategy in Action** - Connecting with Communities to prevent Cardiovascular Disease - Group Strategy Q1 update	Presentation Enclosure 1 *For noting*	L Broster	For discussion / noting Both	13:20
5.	**Minutes of the previous meetings** Wednesday 22nd July 2026 Action Sheet	Enclosure 2a Enclosure 2b	Chair	For approval Both	13:45
6.	**Chief Executive's Report**	Enclosure 3	D Wake	For information & assurance Both	13:50
7.	**Chair's Update** - Public questions	Enclosure 4 *To follow*	Chair	For information/ approval Both	14:05
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	14:10
9.	**Financial Position Month 4 (July 2026) including Cost Improvement Plan update** - Sandwell & West Birmingham Hospitals NHS Trust - The Dudley Group NHS Foundation Trust	Enclosure 6a Enclosure 6b	M Parmar C Walker A Thomas	For assurance Both	14:20
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** inc. *Action 26/06 Board to receive additional assurance directly from the MTI doctor in a report to a future board*	Enclosure 7	M Anderson / M Roberts	For assurance Both	14:40

13.	**Integrated Quality & Operational Performance Report**	Enclosure 8 *To follow*	M Anderson /J Richards/ M Roberts	For assurance Both	14:50
14.	**Group Perinatal report**	Enclosure 9	M Roberts / C Macdiarmid	For assurance Both	15:00
15.	**Maternity and Neonatal 10 Point Plan** *Supplementary information in further reading pack*	Enclosure 10	M Roberts/ C Macdiarmid	For assurance Both	15:10
16.	**Learning from Deaths** *Supplementary information in further reading pack*	Enclosure 11	M Anderson	For assurance Both	15:20
17.	**Minimum Standards of Patient Experience**	Enclosure 12	J Newens/ J Richards	For approval Both	15:25
18.	**Winter Plan** and approval of Board Assurance Statement	Enclosure 13 *To follow*	J Newens/ J Richards	For approval Both	15:30
19.	**Our People** Be a brilliant place to work and thrive through happy, engaged, productive teams				
20.	**Workforce Race Equality Standard & Workforce Disability Equality Standard** *Supplementary information in further reading pack*	Enclosure 14	J Fleet	For assurance Both	15:45
21.	**Modern Slavery Statement** - Sandwell & West Birmingham Hospitals NHS Trust - The Dudley Group NHS Foundation Trust	Enclosure 15	J Fleet	For approval Both	15:55
22.	**Our Population** Work together with our partners to improve life chance and health outcomes				
23.	**Anchor Organisations - update**	Enclosure 16	K Rose	For assurance Both	16:00
24.	**Governance matters**				
25.	**Trust Seal Report**	Enclosure 17	H Board/ D Conway	For approval Both	16:15
26.	**Board Assurance Framework 2026/27**	Enclosure 18	D Conway/ H Board	For approval Both	16:20
27.	**Any Other Business** Board approval sought for delegation to the Audit Committee to approve Charitable Funds Annual Accounts 2025/26 – verbal, C Walker			For approval DGFT	16:30
28.	**Meeting close** **Date of next Board of Directors meeting** Wednesday 18 November 2026 Dudley Archives and Local History Centre, Tipton Road, Dudley, West Midlands, DY1 4SQ				

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

REPORT TITLE:	Strategy & annual plan progress – Q1 2026/27		
SPONSORING EXECUTIVE / PRESENTER:	Adam Thomas, Group Chief Strategy & Digital Officer		
REPORT AUTHOR:	Martin Chadderton, Associate Director of Strategy, SWBH Ian Chadwell, Deputy Director of Strategy, DGFT		
MEETING:	Group Public Trust Board	**DATE:**	16/09/2026

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

Suggested discussion points

Following formal ratification of the Group Strategy 2026 – 2031 'Fit the Future' in May 2026, the reporting format for quarterly progress updates has been updated. This report for April – June 2026 summarises progress against each of the in-year objectives identified at the start of the year and measures of success in the group strategy.

The report contains the summary of measures of success in the group strategy reflecting the position at the end of quarter 1. A more detailed presentation of each of the measures was discussed in committees during July (deferred to August in the case of Joint People Committee). The dashboards in the reading room will be updated following the most recent publication of the NHS Oversight Framework due week beginning 7th September.

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 – 14th July 2026, Joint Quality Committee – 29th July 2026, Joint F& P Committee – 23rd July 2026, Joint People Committee – 26th August 2026

Recommendations	
a)	Note the progress at end of quarter 1 against the in-year objectives;
b)	Note the status of measures of success.

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			

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 10:00hr
Lecture Theatre, Midland Metropolitan University Hospital, Smethwick, B66 2QT

Present:
Mark Anderson, Group Chief Medical Director, (MA)
Rachel Barlow, Group Chief Development Officer, Group Deputy CEO (RB)
Laura Broster, Group Chief Communications Officer (LB)
Peter Featherstone, Non-executive Director, Senior Independent Director (DGFT) (PF)
James Fleet, Group Chief People Officer (JF)
Mike Hallissey, Non-executive Director (MH)
Lorraine Harper, Non-executive Director (LH)
Catherine Holland, Non-executive Director (CH)
Paul Hudson, Medical Director, (DGFT) (PH)
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)
Jatinder Sharma, Non-executive Director, Senior Independent Director (SWB) (JS)
Valerie Taylor, Non-executive Director (VT)
Adam Thomas, Group Chief Strategy & Digital Officer (AT)
Chris Walker, Director of Finance (DGFT) (CW)
Diane Wake, Group Chief Executive (DW)
Lowell Williams, Non-executive Director (LW)
Lesley Writtle, Deputy Chair (SWB) (LWr)

In Attendance:
Helen Attwood, Directorate Manager (Minutes) (HA)
Helen Board, Board Secretary (HB)
Dan Conway, Associate Director of Governance/Company Secretary (SWB) (DC)
Claire Mcdiarmid, Interim Group Director of Midwifery [item 18]

Apologies:
Gary Crowe, Deputy Chair (DGFT) (GC)
Rachel Hardy, Non-executive Director (RH)
Jonathan Odum, Group Chief Medical Director (JO)
Kat Rose, Group Chief Community & Partnership Officer (KR)

Governors, Staff, Members of the Public and External attendees:
Lewis Callary, public governor
Sandra Harris, public governor
Colin Humphries, FT member
Hasmuk Patel, public governor

26/32.0 Apologies and Welcome

The Chair opened the meeting and welcomed all to the second 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 placed his thanks on behalf of the wider Board on record to JO for his work as Interim Medical Director.

The Chair congratulated LW who had been recognised with the Freedom of the Dudley Borough for his outstanding contribution to the borough, particularly through his leadership as former Chief Executive of Dudley College. Throughout his career, he played a pivotal role in expanding educational opportunities, raising aspirations and helping thousands of young people develop the skills and confidence needed to achieve their potential. His dedication to education and lifelong learning has left a lasting legacy on the borough and continues to inspire pride across Dudley's communities.

26/33.0 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.

26/34.0 The Sandwell Patient Story - Electronic Prescribing

The meeting was joined by Laura Pitt (Advanced Clinical Practitioner in Palliative Care, Joanne Lees (Specialist Nurse Heart Failure), Jas Singh (Application Support Manager) and Sukhdeep Bhamera (Application Support Analyst). The item was introduced by MR.

The Board received a patient story highlighting the successful implementation of electronic prescribing and medicines administration (ePMA) within SystmOne across community services. The programme had replaced paper-based prescribing processes with a fully integrated digital solution, supporting safer, more efficient care and aligning with the NHS ambition to increase digitalisation and enhance community-based service delivery.

The Board noted the strong collaboration between clinical, pharmacy and digital teams, which had enabled a phased and safe rollout across several community services. Positive feedback from clinical staff highlighted the benefits to patient safety, service efficiency and staff confidence, together with the strength of partnership working between clinical and informatics teams.

The Board recognised the learning gained through the programme and noted that the implementation formed an important part of the Trust's wider digital strategy.

It was **RESOLVED** to

- Note the patient story

26/35.0 Strategy into Action

AT introduced the item and thanked staff for their contribution to project.

The Board received a presentation on the implementation of Electronic Prescribing (EPS) within SystmOne community services. The presentation demonstrated the end-to-end process undertaken to enable electronic prescribing, including governance approval, system configuration, staff training, smartcard access management and clinical readiness activities.

The Board noted that the programme had required close collaboration between clinical and digital teams to ensure appropriate controls, training and prescribing permissions were in place before services went live. The successful implementation represented a significant step in the Trust's digital transformation programme, supporting safer, more efficient prescribing processes and improved patient care.

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

KK asked about the prescribing paramedics. LP confirmed that Paramedics in the Community could be prescribers once qualified.

PF welcomed the patient benefits and asked about the rollout target. The Board noted that only one unit remained.

MA asked about drawbacks. The only drawback was reliance on IT. Learning to use the system was relatively easy. LH asked about linkages to other systems. LP confirmed that some GPs use EMIS and calls to the practice would be required to avoid duplication. Some patients did not agree to use the shared care record and it then required a manual check.

ML asked how learn lessons were learned from the successful roll out and how to reuse skills. IT was important to involve all staff and have a successful steering group. A close relationship with IT was key. Regular weekly meetings with stakeholders was held to understand workflows. AT stressed the importance of clinical leadership.

MMa commended the team for their work and commented on the positive outcome as a service user.

The Chair commented on the fantastic work and the importance of benefits in improving patient safety and thanked the team for their contribution.

The Board noted the successful go-live of electronic prescribing across participating community services and recognised the contribution of the teams involved in delivering the programme.

26/36.0 Minutes of the previous meeting held on 20th May 2026
The minutes of the May meeting were reviewed.

It was **RESOLVED** to

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

Action Sheet of 20th May 2026

Two actions listed were not due.

26/37.0 Chief Executive's Overview and Operational Update

The Group Chief Executive presented an update on key national developments, organisational performance and achievements across both Trusts. The Board noted that The Dudley Group NHS Foundation Trust had secured £2 million of NHS England capital funding to support further improvements in urgent and emergency care and received updates on the Baroness Amos and Ockenden maternity reviews, including actions underway to strengthen maternity services, culture and patient safety. DW gave a public apology to the local population and community in respect to the report and gave assurances to our local mothers around safe care delivered within the Unit. Further details in relation to the ongoing improvement work appeared later on the agenda.

LB updated the Board on the communication and listening events being arranged for the local communities.

The Board noted NHS England's revision of Sandwell and West Birmingham NHS Trust's Provider Capability Assessment rating to Amber-Red and received assurance that recovery actions and enhanced oversight arrangements were in place.

Updates were also received on new national standards for patient experience, the NHS England Quality Strategy, Healthwatch and National Guardian's Office reports, and preparations for the national Band 5 nursing role review programme.

The Board noted the expectations and requirements of the Mann review as detailed in the paper. JF updated the Board on the legal discussions taking place regarding the antisemitic definition described in the review. The Chair confirmed that the matter would be part of the Board culture discussions.

The Board welcomed progress in urgent and emergency care, elective recovery and cancer services, together with national recognition for staff, research achievements, charity-funded initiatives, community engagement activities and positive patient feedback across both organisations.

The Board noted positive patient feedback and a broad programme of engagement activity, visits, and events undertaken across May and June 2026.

DW thanked LB and her Communications team for their hard work in arranging the Annual Staff Awards at each of the trusts. The Chair agreed that both awards were phenomenal events which recognised the fantastic people working in our organisations.

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.

26/38.0 Chair's Update

No further update required.

A public questions had been raised by A Khan in relation to the change in translation services and also the actions being taken in relation to Maternity Services.

DW confirmed that the Trust had formally responded to the local MP and met with its translation staff. An update on Maternity Services appeared later on the agenda.

26/39.0 Integrated Committee Upward Assurance Report

LWr presented the report given as enclosure three, including upward assurance from each of the Committees.

Assure
The Board received positive assurance regarding a number of areas, including the continued excellent performance of stroke services across the Group, with Sandwell maintaining a national SSNAP 'A' rating and approval for stroke rehabilitation services at Ridge Hill. Assurance was also received regarding compliance with antimicrobial stewardship requirements and the positive impact of local employability and workforce development programmes supporting workforce sustainability and community benefit.

Advise
The Board was advised that The Dudley Group NHS Foundation Trust remained in a favourable financial position, although challenges remained in relation to workforce pressures and delivery of savings programmes. Members also noted progress in developing a joint Single Point of Access model to support urgent care delivery across Dudley and Sandwell. The Board further noted that the Fit for the Future programme remains at an early stage of development, with the majority of benefits expected to be realised over the medium term.

Alert
The Board noted significant concerns regarding Sandwell and West Birmingham NHS Trust's financial position, including delivery of the Cost Improvement Programme and the requirement for a credible financial recovery plan. The Board also noted ongoing concerns relating to Sandwell maternity services following the National Maternity and Neonatal Investigation, together with wider risks relating to service backlogs, complaints performance, violence and aggression towards staff, sickness absence and operational pressures across both organisations

CH commented on the lessons learnt and how the Board needed to reflect generally on issues raised via Committee.

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

26/40.0 Finance Report Month (May 2026)

Sandwell and West Birmingham Hospitals NHS Trust
MP presented the report given as enclosure 4b providing the Board received the Month 2 financial report for Sandwell and West Birmingham NHS Trust and noted a year-to-date deficit of £5.52m against a planned deficit of £3.90m, representing an adverse variance of £1.62m. The adverse position was primarily driven by under-delivery of the Cost Improvement Programme (CIP), lower than planned activity income and the impact of resident doctors' industrial action.

The Board noted that delivery of the £58.1m efficiency programme remains the Trust's principal financial risk, with savings delivery £1.74m behind plan at Month 2 and a significant reliance on non-recurrent schemes. Members received assurance that strengthened financial controls, enhanced governance arrangements and additional mitigating actions are in place to improve financial performance and support delivery of the recovery plan.

The Board also noted that cash balances remained ahead of plan and that NHS England continues to maintain enhanced oversight of the Trust's financial position.

Resolved: To note the Month 2 financial position

The Dudley Group NHS Foundation Trust
CW presented the report given as enclosure 4b providing the Board received the Month 2 financial report and noted a year-to-date surplus of £0.221m, which was £0.081m better than plan. The Trust remained on track to deliver its planned breakeven position for 2026/27, with cash balances and capital programme delivery continuing in line with expectations.

The Board noted ongoing financial pressures associated with urgent and emergency care capacity, including increased bank staffing expenditure and delays in delivery of elements of the Learn, Adapt, Transform (LAT) and Fit for the Future programmes. Cost Improvement Programme (CIP) delivery was £0.928m behind plan at Month 2, with a forecast delivery risk of £9.484m.

Members received assurance that mitigating actions had been identified to address delivery risks and support achievement of the Trust's financial plan.

The Chair commented on the need to support the Executive in the challenge to achieve financial plan whilst focussing on medium term to deliver transformational change.

It was **RESOLVED** to

- **Note** the Month 2 financial position, associated risks and mitigating actions

26/40.1 Sandwell and West Birmingham Hospitals NHS Trust - Addressing Financial and Operational Non-Compliance

MP presented enclosure five and updated the Board on the actions being taken in response to NHS England's designation of Sandwell and West Birmingham NHS Trust's 2026/27 financial plan as non-compliant due to its planned £8m deficit position. The Board noted that NHS England had accepted the plan subject to a number of conditions, including the development of a credible route to financial balance and strengthened financial controls.

The Board received assurance that the Executive Team has undertaken a comprehensive lessons learned review and has introduced enhanced financial governance, forecasting, reporting and cost improvement programme arrangements. Members also noted that an independent external review of the drivers of the deficit and financial controls had been commissioned and that work was underway to develop a refreshed medium-term financial recovery plan.

The Board further noted the Trust's commitment to improving financial stewardship, productivity and organisational capability, while maintaining close engagement with NHS England through enhanced oversight arrangements.

The Board noted that the Trust would be working with Deloitte as part of the conditions detailed in the non-compliance letter from NHSE. The Chair commented on the drivers of the deficit and that Deloitte would take the income position into account. PF asked about the timeline for progress towards the medium term plan. MP confirmed that teams were working to a detailed timetable including delivery of CIP. In response to a further question from PF, MP confirmed that committee governance arrangements would be via the Finance and Productivity Committee.

In response to a question from LW about the Corporate Service review, JF confirmed that it would be considered at the Joint Provider Committee on the coming Friday with outcomes shared at Board. LW requested that Committees be involved in shaping the strategic direction in relation to the Corporate Service plans.

It was **RESOLVED** to

- **Note** the report and the actions being taken to address the conditions set by NHS England.

26/41.0 EPRR Annual Report, EPRR and Business Continuity Policy

JN and JR presented the joint report given as enclosure six.

The Board received the annual EPRR report and was assured that both Trusts had maintained effective emergency preparedness, resilience and response arrangements and remained substantially compliant with statutory and NHS England requirements. The Dudley Group NHS Foundation Trust achieved 94% compliance with NHS England Core Standards, while Sandwell and West Birmingham NHS Trust achieved 89% compliance, representing a significant improvement from the previous year.

The Board noted the strengthening of governance, business continuity arrangements, training and emergency exercising programmes across both organisations, including performance above

national requirements in several areas. Members also welcomed continued partnership working and shared learning across the Group and wider health system.

The Board noted a small number of standards that remain partially compliant and received assurance that improvement actions were included within the 2026/27 work programmes. Ongoing focus would be maintained on business continuity, digital resilience, supplier assurance and emergency preparedness governance arrangements

LW welcomed then high level of assurance. VR commented on the benefits of undertaking a live exercise.

It was **RESOLVED** to

- **Receive** the report as assurance that appropriate EPRR frameworks are in place across both Trusts

26/42.0 Our People

26/42.1 Chief People Officer Report – Culture Change and Improvement
JF presented the report given as enclosure 12 and that included the findings from staff survey

Assure
The Board received assurance that a comprehensive Group Culture Improvement Framework had been developed to support delivery of the *Fit for the Future* strategy and address organisational culture challenges across both Trusts. Members noted the strong emphasis on visible leadership, inclusion, psychological safety, staff wellbeing and continuous improvement, together with clear governance arrangements, executive accountability and a proposed Culture Dashboard to monitor progress and impact. The Board also noted the Group Chief Executive's continued commitment to a zero-tolerance approach to racism, discrimination and unacceptable behaviour.

Advise
The Board was advised that the Framework was aligned to the new NHS Staff Standards, the NHS Leadership and Management Framework, the NHS People Promise, the Lord Mann Review and recommendations arising from the Baroness Amos investigation. Members noted a programme of interventions across six culture drivers, including leadership development, staff engagement, inclusion, team effectiveness, organisational learning and wellbeing. Work was also underway to strengthen staff voice, improve workforce experience and develop a shared Group Values and Behaviours Framework.

Alert
The Board noted a number of significant cultural challenges requiring sustained focus, including declining staff engagement, workforce wellbeing pressures, experiences of racism, discrimination, bullying and harassment, and inequalities in staff experience identified through staff survey, WRES and WDES data. Members noted that particular concerns had been highlighted within maternity and perinatal services and that targeted improvement programmes were being implemented. The Board recognised that successful delivery of the culture improvement programme would be critical to improving staff experience, patient outcomes, organisational performance and public confidence.

VT asked about the timing of actions. JF confirmed that given the number of actions needed a realistic timeline for training and verbally assured the Board that a number of actions were already underway. VT added that she would be keen to be assured in relation to further deterioration. JF confirmed that much direct work with the divisions was undertaken.

LWr welcomed the comprehensive framework and asked about the practical actions underway that staff would experience and be assured. JF confirmed that the work created the climate for cultural

change and don leadership actions with more to do to fully understand the experience of staff with regard to racism.

The Chair commented that it would be helpful to understand the direct impact for staff.

CH would welcome an opportunity for the Board to come together to undertake a piece of work on cultural change.

LH asked for reassurance around cultural change for Maternity was part of the work and not a separate plan. JF provided assurance that it was not the case. ML commented that he would like to clear around the commitment from NEDs to support the work.

JS asked about Freedom to Speak Up. DW confirmed that there was further work needed to achieve better alignment.

PF commented that the work must be targeted in the right direction. A piece of work on cultural change would be presented at the Black Country Provider Collaborative Workshop the following Friday.

RB commented on the piece of work underway with her corporate team to achieve cultural change.

DW commented on the importance of bringing the work to life and ensure that all understood their roles adding that work had started weeks ago and we are ensuring staff feel psychologically safe to raise concerns.

It was **RESOLVED** to

- endorse the Group Culture Improvement Framework, noted the introduction of the new NHS Staff Standards and received assurance that the proposed programme would support delivery of the Group's culture improvement ambitions.

[Comfort break]

26/42.1 Chief Nurse and Medical Director Report

MA and MR presented the report given as enclosure seven.

The Board received the report and discussed the alert items relating to two Never Events at Sandwell and West Birmingham NHS Trust and the review of increased mortality during the recent heatwave at The Dudley Group NHS Foundation Trust. Assurance was provided that investigations, learning reviews and improvement actions were underway in both areas.
The Board noted updates on a number of strategic and clinical developments, including the successful blood-borne virus screening programme at Sandwell and West Birmingham, planned implementation of the national Band 5 nursing role review, and the implications of forthcoming changes to Liberty Protection Safeguards legislation. Members also welcomed several Health Service Journal award nominations across both Trusts

The Board received positive assurance regarding the SAS Excellence in Development Award, successful CQC IR(ME)R inspections at both Trusts with no regulatory breaches identified, achievement of 95% consultant job plan sign-off at Dudley, recognition through the Royal College of Physicians Chief Registrar Awards, and accreditation of Dudley's liver service against national quality standards.

PH gave an update on actions undertaken at Dudley following the recent heatwave. Outcome and learning would be shared at the Quality Committee.

MMa raised future developments given the likelihood of further heatwaves given climate change. RB confirmed that part of the issue was related to the extreme humidity and described the response and mitigations from the Trust and its PFI providers. Investment into the infrastructure going forward would include the installation of air cooling.

VR added that trusts must not create a fire issue by keeping doors open to allow for air flow during extreme conditions.

PF asked about mitigations for next year. RB confirmed that the debrief would include lessons learned which would be applied into business continuity plans, along with continued investment in the current year.

It was **RESOLVED** to

- **receive** the report for assurance

26/42.2 Integrated Quality and Operational Performance Report

MA, JR and MR presented the report given as enclosure eight.

Assure
The Board received assurance that both Trusts continue to maintain effective quality governance arrangements and a positive patient safety culture. Positive performance was reported in patient experience, incident reporting, stroke services, falls prevention, pressure ulcer management, end-of-life care and mandatory training compliance. Members noted that over 80% of patients rated services as good or very good, and that Sandwell and West Birmingham's stroke service continues to achieve a national Grade A rating.

Advise
The Board noted continued improvement activity in a number of areas, including urgent and emergency care performance, elective recovery and cancer pathways. Both Trusts remain focused on reducing waiting times, improving patient flow and addressing workforce challenges. Improvement programmes are in place to strengthen safeguarding compliance, deterioration monitoring, mental health transfer arrangements and quality governance oversight

Alert
The Board noted ongoing concerns relating to complaints backlogs and response times, urgent and emergency care flow, workforce pressures, delays in mental health transfers and compliance with deteriorating patient pathways.
Members also discussed sustained operational pressures affecting patient flow and ambulance handovers, together with continued cancer performance challenges at Sandwell and West Birmingham NHS Trust. These areas will remain subject to close oversight through the quality governance framework.

JN commented on the issue with Endoscopy diagnostic capacity and that MA would be leading an Endoscopy Improvement Group to monitor actions.

It was **RESOLVED** to

- **Note** the report and receive assurance regarding quality, patient safety and governance arrangements across both Trusts.

26/42.3 Clinical Services Plan

MA and MR summarised the work undertaken to date in developing the Group's Clinical services plan given as enclosure nine.

The Board received an update on the development of the Group Clinical Services Plan and noted the extensive engagement undertaken with staff, stakeholders and public representatives during its development. Members noted that the Plan aligned with the Group Strategy, Integrated Delivery Plan and broader transformation programme, providing a framework for future clinical service development across both organisations.

The Board noted that work had already commenced to support implementation, including the development of detailed service planning arrangements, communications materials and delivery frameworks to translate the strategic priorities into operational plans. The Board further noted that the Plan would continue to evolve in response to local, regional and national developments.

ML asked about opportunities to collaborate. MA confirmed that Groups have shared plans and that the Collaborative would be the vehicle to drive forward change.

The Chair added that a list of areas where the Groups could work together would be presented to Joint Provider Committee later that week.

It was **RESOLVED** to

- **Approve** the final draft of the Group Clinical Services Plan and move to delivery phase

26/42.4 Baroness Amos National Maternity and Neonatal Independent Investigation

The Chairman tendered apologies for the failings described in the report on behalf of the Board. The focus would now be on rebuilding trust and improving services for our patients and families. He and VT had visited the Unit the previous week and shared the positive response shown by the staff.

MR presented the report given as enclosure 10.

Assure
The Board received assurance that the Trust had responded openly and transparently to the findings of the Baroness Amos Investigation and had already implemented a range of improvement measures. Members noted the establishment of enhanced governance arrangements, the development of a Perinatal People Plan, strengthened oversight of culture and inclusion, and the Trust's engagement with the NHS England Maternity and Neonatal Improvement Support Team (MatNeoIST) to provide independent review and support.

Advise
The Board noted that the investigation identified a number of national themes relating to safety, leadership, workforce culture, inequalities, continuity of care and governance. Members were advised that many of the recommendations aligned with existing local priorities, including reducing health inequalities, improving maternity triage, strengthening community integration, enhancing digital systems and improving patient and staff experience. The Board also noted the forthcoming work of the National Maternity and Neonatal Taskforce and the development of a national action plan.

Alert
The Board discussed the report's findings relating to racism, discrimination, workforce culture and patient safety within maternity services. Particular concerns were noted regarding the experiences of women from ethnic minority communities, the impact of inequalities on outcomes, and the need for further improvements in communication, interpretation services, workforce culture and organisational behaviours. Members noted that these issues required sustained Board oversight and that progress would continue to be monitored through the maternity improvement programme and wider organisational culture improvement work.

CMc updated then Board on the Maternity 10 Point Plan. A position statement was included in the reading pack.

MR provided feedback following the NHSE Maternity supportive visit the previous week.

LWr commented on other organisations who had been through the experience with a similar population and the importance of how we use that learning.

LH acknowledged that we are on an improving journey and would need to build on learning and acknowledge the good work underway with a focus to prioritise those high impact and quick wins.

VT asked about the number of families choosing to go to elsewhere. CMc confirmed that the data was being closely tracked and noted no significant increase in numbers.

It was **RESOLVED** to

- **Note** the findings of the Baroness Amos Report, discussed the improvement journey underway, and received assurance regarding the actions being taken to strengthen maternity services, organisational culture and equity of care

26/42.5 Group Perinatal Quality Oversight Report

CMc, Interim Group Director of Midwifery presented the report given as enclosure 11 and highlighted:

Assure
The Board received assurance that robust maternity and neonatal governance arrangements remained in place across both Trusts. At Dudley, stillbirth and extended perinatal mortality rates remained below national averages, no Maternity and Newborn Safety Investigations (MNSI) or Patient Safety Incident Investigations were commenced or concluded during the reporting period, and no Maternity Outcomes Signal System (MOSS) alerts were received. The Board also noted national recognition for Dudley maternity services through two shortlisted HSJ Patient Safety Award nominations.

Advise
The Board noted ongoing improvement activity across both organisations, including implementation of the NHS England Maternal Care Bundle, Saving Babies' Lives initiatives and maternity safety improvement programmes. At Sandwell and West Birmingham, action plans were being implemented in response to four completed MNSI investigations, while improvement work continued to address triage performance, induction of labour waiting times, caesarean section response times and access to interpreting services. The Board also noted that Sandwell had entered the NHS England Maternity and Neonatal Improvement Support Team (MatNeoIST) programme to support further service improvement.

Alert
The Board noted that Sandwell and West Birmingham's perinatal mortality rate remained above the national average, with themes identified around reduced fetal movements, delayed attendance at triage and communication barriers. Members also noted the receipt of a Level 2 MOSS safety signal and that known safety concerns remained within maternity triage, induction of labour pathways and achievement of Category 1 caesarean section standards. At Dudley, the Board noted an increase in neonatal deaths during Quarter 1 and received assurance that a multidisciplinary review was underway to identify any learning and potential improvement opportunities.

The Chair asked for assurance that there was not a decline in performance at Dudley as a result of the focus on issues within Maternity at Sandwell. The decrease in still birth rate was also noted. CMc provided assurance around numbers and reasons in relation to outcomes.

PH commended the work and thorough reviews that had been undertaken.

DW asked how the Trusts could change their rating to green on the heatmap. CMc confirmed that the data related to 2024 and it was anticipated to see improvement on the map for next year.

AT asked about cross border births and whether we were being appropriately responsive to concerns. Issues with cross boundary births were encompassed within the PMRT process. BE gave assurance around actions and monitoring undertaken in relation to Perinatal deaths. AT added that the Board needs to be assured around statistical trends.

It was **RESOLVED** to

- **Accept** the report as assurance against the requirements of the Perinatal Quality Oversight Model and associated national maternity safety programmes

26/42.6 Anti-Microbial Prescribing (AMR)

MR presented the report given as enclosure 12 that set out the position of Dudley and Sandwell trusts against national targets and actions plan in a joint report.

Assure
The Board received assurance that both Trusts had responded to NHS England's Antimicrobial Resistance Call to Action and had maintained robust antimicrobial stewardship and infection prevention and control arrangements. Members noted that antimicrobial prescribing performance remained broadly in line with, or better than, national and peer benchmarks and that both organisations had established clear governance and oversight arrangements to support delivery of national AMR objectives.

Advise
The Board noted that both Trusts had agreed a set of AMR priorities for 2026/27, including increasing the use of appropriate first-line antibiotics, reducing unnecessary intravenous antibiotic use through improved IV to oral switching, and strengthening infection prevention and control compliance. Members were advised that delivery plans were in place and would be monitored through existing quality and medicines governance structures.

Alert
The Board noted that antimicrobial resistance continued to represent a significant and growing patient safety risk nationally. Members noted areas requiring further improvement, including compliance with national cleanliness standards at Dudley and waste management compliance, electronic prescribing optimisation and antimicrobial stewardship capacity at Sandwell and West Birmingham. The Board recognised the need for continued executive and Board oversight to ensure identified risks and improvement actions were effectively managed.

The report would be monitored via Quality Committee on a quarterly basis.

MMa recognised the work across Trusts and at Committee level and alignment required.

It was **RESOLVED** to

- **Note** the report, endorsed the agreed antimicrobial resistance priorities and received assurance that appropriate arrangements were in place to support delivery of national antimicrobial stewardship requirements

26/44.0 Our Place

26/44.1 Anchor organisations - update
SC summarised the report given as enclosure 14.

Developing an Anchor Approach for Dudley, Sandwell and Birmingham

The Board received an update on the development of the Anchor approach across Dudley, Sandwell and Birmingham and noted its alignment with national NHS policy, the NHS 10 Year Health Plan and the ambition to deliver more integrated, neighbourhood-based care. Members noted that the approach sought to strengthen place-based leadership, improve population health, reduce inequalities and support the delivery of care closer to home through enhanced partnership working across health, local authority and voluntary sector organisations.

The Board noted that Dudley Group NHS Foundation Trust was already undertaking commissioning functions on behalf of the Integrated Care Board and was well placed to develop Anchor arrangements in Dudley, whilst supporting the future development of a similar model in Sandwell. Members received an update on the governance arrangements being established, including the creation of operational and steering groups to oversee implementation and engagement with system partners.

The Board noted the opportunities presented by the Anchor model to improve health outcomes, strengthen community-based services and support prevention, whilst recognising the need to address governance, workforce and financial considerations as the programme develops. The Board also noted that further work would be undertaken to define outcomes, governance arrangements, funding mechanisms and implementation plans, with future updates to be provided as the programme progressed.

The Chair asked about the element of Sandwell and West Birmingham that would be commissioned by UHB. SC confirmed that this element would be dealt with separately. Conversations were taking place with CEO,J Brotherton. MMa added that working together to co-design neighbourhood health was key.

CW added that the Trusts were working with the ICB on transferring contracts and would sustain the to drive as to it would work to improve outcomes. LW commented on history and relationships and the need to ensure we considered all risks. DW confirmed there would be ab opportunity to look at priorities in more detail at the Joint Board Workshop adding the importance of understanding the contracting detail.

It was **RESOLVED** to

- **Note** the progress made in developing the Anchor approach and the planned next steps.

26/45.0 Governance and Regulatory

26/45.1 Risk Management Framework

MR presented the joint report given as enclosure 15 that proposed a Joint Risk Management Framework and noted that it had been developed following a detailed review of risk management arrangements across both Trusts to establish a consistent and effective approach to risk management across the Group. Members noted that the core principles of risk management were already aligned and that areas of variation had been reviewed collaboratively, with agreed best practice incorporated into the framework.

The Board noted that implementation of a number of elements had already commenced to support consistent reporting to Board Committees and that a formal implementation plan would be progressed following approval. Members further noted that the Framework had been subject to

extensive consultation, including review by Internal Audit, and that feedback had been incorporated into the final document.

MA reinforced that some Sandwell risks that were red would become amber including Maternity and all assurances would be provided to the Quality Committee that the risk was not being downgraded.

It was **RESOLVED** to

- Receive and approve the Joint Risk Management Framework for implementation across the Group.

26/45.2 Risk Appetite Statement

HB presented the report given as enclosure 16 setting out the proposed Risk Appetite Statement that provided an aligned position for Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust. Members noted that the work formed part of the wider programme to establish a consistent Group-wide approach to risk management and support aligned decision-making, strategic planning and risk oversight across both organisations.

The Board noted that the revised framework had been developed following a review of existing arrangements, consultation with executive directors and input from external auditors. A refreshed set of risk appetite descriptors had been adopted to reflect current best practice and had been incorporated into the aligned Risk Management Framework and draft 2026/27 Board Assurance Framework.

Members noted the proposed risk appetite positions across key risk domains, including quality and safety, workforce, partnerships, financial sustainability, operational performance, infrastructure, digital services and reputation, and recognised the importance of balancing innovation and transformation with effective risk management and governance.

The statement would be presented to Board for approval on an annual basis. ML commented on the risk descriptors table and how it was applied. HB and DC to support a response outside of the meeting.

It was **RESOLVED** to

- **Approve** the Risk Appetite Statements for both Trusts and noted that the approved statements would be published on each Trust's website

26/45.3 Group Board Architecture Framework

DC presented the report given as enclosure 17 outlining the proposed Board Architecture and Governance Planner for Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust. Members noted that the architecture had been developed to support effective Group working while preserving the statutory responsibilities, accountability and sovereignty of each Trust Board.

The Board noted that the architecture provided a comprehensive framework for planning and coordinating Board, committee and executive business, including the management of annual workplans, reporting cycles, assurance routes and governance responsibilities. The framework was intended to strengthen forward planning, improve risk and assurance reporting, support compliance with statutory and regulatory requirements and reduce unnecessary duplication across the governance structure.

Members noted the delegation arrangements within the framework, whereby matters reserved to the sovereign Trust Boards would continue to be considered and approved by the relevant Board, while delegated responsibilities would be exercised through Committees and Executive forums in accordance with approved Terms of Reference and Schemes of Reservation and Delegation. It was

noted that delegation did not remove Board accountability and that assurance regarding delegated responsibilities would continue to be reported to the Boards.

The Board also noted that the architecture would clarify reporting and escalation routes, strengthen alignment between strategic risks, Board assurance and committee oversight, and support governance arrangements with the Black Country Provider Collaborative and Joint Provider Committee.

It was **RESOLVED** to

- **Approve** the Board Architecture as the framework for planning and coordinating Board, committee and executive business across the Group and noted the arrangements for its implementation, maintenance and ongoing review.

26/45.4 Board Assurance Framework 2026/27

DC presented the report given as enclosure 18.

The Group Board Assurance Framework has been refreshed to provide a clearer, more consistent and strategically focused view of the principal risks that could prevent delivery of the Group Strategy and Fit for the Future priorities. The refresh has brought together the previous Trust-specific approaches, removed duplication, strengthened alignment with the new Group governance arrangements and standardised each risk statement using the format: “There is a risk that… due to… this may result in…”. The proposed principal risks cover quality and safety, people and workforce, integration and partnerships, finance, operational performance and infrastructure. Some financial and operational risks remain Trust specific to reflect the statutory accountability and differing risk profiles of each organisation.

The Board was asked to agree that the proposed risk statements correctly frame the Group’s principal risks and are set at the appropriate level for strategic oversight. Subject to Board agreement, the relevant Committees would continue to refine the detailed controls, assurances, gaps, actions, risk scores, measures and interdependencies before the completed BAF is returned through the agreed reporting cycle.

ML raised the principle risks including Infrastructure and referencing the Clinical Services Plan. DC confirmed that deep dives would be undertaken at August Committees.

It was **RESOLVED** to

- **Approve** the Board Assurance Framework

26/46.0 Any other Business
None raised.

26/47.0 Date of next Board of Directors Meeting

The next meeting would be held on Wednesday 16th September 2026 at the Sandwell Health Campus, Hallam Street, West Bromwich, B71 4HJ

26/48 Meeting Close

The Chair declared the meeting closed at 16:15hr.

……
Sir David Nicholson
Chair Date:

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

Action Sheet
Board of Directors Held 22nd July 2026
PUBLIC SESSION

Item No	Subject	Action	Responsible	Due Date	Comments
26/06	Chair's Update	Board to receive additional assurance directly from the MTI doctor in a report to a future board	PH	Sept 26	Complete – update provided in CNO/CMO report to board
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	

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:**	16/09/2026

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 Financial Planning Outcome and Oversight – Sandwell and West Birmingham NHS Trust
- National Oversight Framework
- BTC- surgical hub accreditation visit - outcome and feedback
- Medical device regulation for ambient voice technology (AVT) products
- Human Tissue Authority Regulatory Assessment – Licence #12129
- Appointment to Professional Advisory Group (PAG) for the Intensive Care Society
- Provider Capability assessment 2026/27
- Operational Performance
- Charity Update
- Healthcare Heroes/Staff Recognition
- Patient Feedback
- Awards
- 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

Recommendations

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 16th September 2026
Chief Executive's Report

1. **NHS England Financial Planning Outcome and Oversight – Sandwell and West Birmingham NHS Trust**
   Following receipt of a letter from Dale Bywater, Regional Director, NHS England Midlands, the Trust's 2026/27 plan has been formally accepted as "Compliant with Conditions". NHS England recognised the significant work undertaken to develop and strengthen the plan and has accepted the Trust's position subject to continued action to improve the underlying financial position and deliver a sustainable exit run rate aligned to the 2027/28 planning requirement.

   As a result of the residual financial risk within the plan, the Trust will be subject to enhanced financial oversight during 2026/27, including additional monthly monitoring, regular reviews through established Finance and Workforce Review Meetings and Provider Review Meetings, and a Board-approved update to NHS England at the end of Quarter 2. The Trust will continue to work closely with NHS England and will use the findings of the external Drivers of the Deficit Review to support delivery of financial improvement plans and achievement of its longer-term financial sustainability objectives.

2. **National Oversight Framework**
   An updated NHS Oversight Framework for 2026/27 was published in June 2026, which updated both the methodology and the number of metrics included. The Quarter 1 2026/27 segmentation, and league table ranking, is the first under the revised framework

   The key change to the methodology is a move to a 'threshold' based approach for the overall segmentation. This provides a clearer definition of the Average Metric Score aligned to each segment. This will also result in a reduction in the number of organisations in segments 1 and 4.

   This change in methodology and the significant increase in the number of metrics means that comparison between Quarter 4 2025/26 and Quarter 1 2026/27 is very difficult and for some organisations a change in segmentation may be driven by the revised methodology, rather than a change in performance.

   Data for Quarter 1 has now been verified and is expected to go live in the Model Health System shortly. The public-facing dashboards are expected to be updated w/c 7th September.

   Sandwell and West Birmingham NHS trust recorded an average metric score of 2.82, was placed in segment 4 and ranked 121st nationally.

   The Dudley Group NHS Foundation Trust recorded an average metric score of 2.41, was placed in segment 3 and ranked 69th nationally.

3. **BTC - surgical hub accreditation visit - outcome and feedback**
   The Trust's Elective Surgical Hub at Russells Hall Hospital has achieved national accreditation through NHS England's GIRFT programme and the Royal College of Surgeons of England. The accreditation recognises the hub's high standards of clinical care, governance, patient pathways, workforce development and operational performance.

This achievement reflects the dedication of staff and the Trust's commitment to providing high-quality planned care. As one of only 63 accredited elective surgical hubs nationally, the hub is helping to reduce waiting times, improve patient experience and protect elective activity from disruption by emergency pressures.

4. **Medical device regulation for ambient voice technology (AVT) products**

NHS England and the MHRA have issued new guidance on the use of Ambient Voice Technology (AVT), providing greater clarity on the regulatory requirements for AI-enabled clinical documentation tools. The guidance supports wider adoption of AVT to reduce administrative burden, improve productivity and release more clinical time for patient care.

The guidance reinforces the responsibility of NHS organisations to ensure appropriate governance, clinical safety, information governance and staff training arrangements are in place when deploying AVT solutions. The Trust will continue to review national developments and ensure any use of AI-enabled technologies is implemented safely, securely and in line with national requirements.

5. **Human Tissue Authority Regulatory Assessment – Licence #12129**

The Human Tissue Authority (HTA) has notified the Trust of a planned Regulatory Assessment of our Human Tissue licence during the week commencing 12 October 2026. This assessment forms part of the HTA's statutory programme to assure compliance with relevant legislation, codes of practice and regulatory requirements governing licensed human tissue activities.

Preparation is now underway, with the Trust required to submit key documentation including a data verification form and quality manual. The assessment may be conducted virtually and/or on-site, with further supporting information to be requested by the HTA Regulation Manager. No concerns have been raised at this stage, and the assessment provides an opportunity to demonstrate ongoing compliance and assurance arrangements.

6. **Appointment to Professional Advisory Group (PAG) for the Intensive Care Society**

Congratulations go to Anita Jones, our Corporate Advanced Practice Lead, on her recent nomination and election as an Advanced Practitioner in Critical Care for the Practice Advisory Group within the Intensive Care Society. This is a significant achievement for Anita personally and for The Dudley Group. Anita will be the first Advanced Practitioner from our Trust and believed to be the first from the Black Country, to hold this position. Her appointment provides an opportunity to influence and contribute to critical care practice at a national level while showcasing the expertise, innovation and leadership that exists within our organisation. Congratulations Anita and thank you for being such a fantastic ambassador for our Trust and profession.

7. **NHS Provider Capability self-assessment 2026/27**

NHS England has published updated guidance for the 2026 Provider Capability Assessment, a key element of the NHS oversight framework. The assessment requires boards to undertake a robust self-assessment across six domains, including strategy, quality, people, operational delivery, productivity and financial performance, with a particular focus on organisational leadership, governance and the Board's ability to demonstrate effective oversight and "grip" of key risks and priorities.

Both Trusts are progressing their assessments and remain on track to submit their returns by the national deadline of 2 October 2026. The process provides an opportunity for both Boards to reflect on organisational strengths, identify areas for further improvement and demonstrate their continued commitment to high standards of governance, quality and performance.

8. **Operational Performance**

Dudley

Emergency Access Standards (EAS)

In July 2026 overall performance against the Emergency Access Standard (EAS) was 78.6% vs the 82% March 27 target. This performance was supported by continued strong non-admitted performance, which remained within the four-hour standard. Our average admitted performance also improved significantly during July, by 36 minutes, demonstrating positive progress in reducing waiting times for patients requiring admission.

Ambulance Handovers

In July 2026, there were 3,243 ambulance arrivals to RHH, a 0.3% increase compared to June, with the average ambulance offload time of 23 mins. This is below the 45min target and has significantly dropped to the previous month of June.

On going action being undertaken: -

- Twice Daily Multi-disciplinary Team Huddles focusing on patient referrals and pathways outside of usual admission taking place.
- Strengthen daily patient-flow coordination between Emergency Department, Inpatient Wards, Bed Management and Discharge Teams to improve the movement of admitted patients.
- Review the reasons for prolonged admitted waits, including bed availability, clinical decision-making, diagnostics, specialty reviews and discharge delays, and implement targeted improvements**.**

Referral to Treatment (RTT) Standards – July 2026
Performance against the 18-week RTT standard for July 26 was 63.90% vs 65% plan of patients treated within 18 weeks. Long waits have significantly reduced, with fewer than 0.02% of patients waiting over 52 weeks for July 26. There were 0 65-week breaches reported for July 26.

Sandwell

Emergency Access Standards (EAS)
Urgent and Emergency Care metrics showed recovery in July 26. Total EAS performance was reported at 75.05%, a 1.71% improvement on the previous month. The admitted pathway continues to drive type 1 underperformance against plan with 15% of patients requiring admission moving into a bed within 4 hours- particularly those being admitted to medical specialties.

There has been an improvement in the proportion of patients with length of stay in ED exceeding 12 hours (0.39%).

Ambulance activity was up by 2.8% and patients arriving via ambulance were of higher acuity when compared to the previous month, driving up our average handover time by 4 minutes to 36 minutes. This is still below the 45minute average, and a surge activity plan is being developed to mitigate any further slippage.

Cancer services
28 Day FDS (Faster Diagnosis Standard) was reported at 78.79%, an improvement on the previous month but remained below trajectory of 80%. Challenges continue around diagnostics capacity, impacting on pathway progression.

62-day performance improved to 76.09% against the target of 76.6%. Clinical specialties with the greatest underperformance were Gynaecology, Colorectal, Haematology, Dermatology, Urology and Head & Neck, driven mainly by diagnostic delays and capacity constraints due to workforce issues.

The 31-day diagnosis to treatment target was achieved and reported at 96.13, 3.3% above trajectory with the expectation that we will continue to deliver against this target.

Planned Care
Performance against the 18-week RTT standard is 60.39% vs 65% plan of patients treated within 18 weeks. ENT, Gynaecology, Dermatology, and Cardiology continue to hold significant long-wait backlogs, with ENT accounting for approximately 4,000 patients waiting over 18 weeks.

Reduction in long waits have been sustained, with 0.55% of patients waiting over 52 weeks. Cardiology, Gynaecology and Dermatology have all delivered reductions in 52-week waits, demonstrating positive progress in long-wait recovery. However, an increasing backlog within ENT presents a key risk to ongoing delivery against trajectory and is being monitored closely.

9. Charity Updates

Community Bridge Project (Hospital Discharge Support)

The charity-funded Community Bridge Project, which launched in April 2026, is now firmly established as a pilot social prescribing service supporting patients discharged from Russells Hall Hospital. During its first quarter, the project accepted 73 referrals, recruited and trained more than 30 volunteers, and established partnerships with 10 local voluntary sector organisations to provide practical, emotional and wellbeing support tailored to individual needs.

Patients have reported feeling more confident, connected and supported in their recovery journey, while strong collaboration between Dudley Group NHS Charity, The Dudley Group, Dudley CVS, Dudley Council and community organisations has helped embed the service within hospital discharge pathways. The project is already showing significant potential to improve patient wellbeing, strengthen community resilience and contribute to reducing avoidable hospital readmissions, supporting wider system priorities around health inequalities and independent living

Healthy Hearts, Healthy Workforce

Launched in May 2026, the charity-funded Healthy Hearts Healthy Workforce programme aims to improve cardiovascular health and reduce health inequalities among BAME staff aged 40+ who are at increased risk of cardiovascular disease. By the end of July, the programme had delivered 325 health checks to 263 staff members, with 30.2% of participants from minority ethnic backgrounds, demonstrating strong engagement with the target population.

Participant feedback remains highly positive, with a Net Promoter Score of +78 and 84% recommending the programme to colleagues. The initiative has identified a range of previously undetected health risks, resulting in 52 GP follow-up recommendations, while early follow-up data shows encouraging improvements in blood pressure, BMI, body fat risk and smoking prevalence, alongside a cumulative 43kg weight loss among repeat participants. The programme will continue to focus on increasing engagement among BAME staff aged 40+ and supporting preventative action to improve long-term workforce health and wellbeing.

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.

Campaigns

Zenker Appeal

The charity has launched a brand-new appeal - Zenker Appeal. We are looking for support to help the endoscopy department to continue delivering a life-changing specialist service, invest in training for our expert clinical teams, improve patient care and outcomes, and drive research and innovation for this rare condition of Zenker's diverticulum.

Every donation, no matter the size, helps us provide the very best care for patients living with Zenker's diverticulum and ensures more people can benefit from this nationally recognised treatment Zenker Appeal - JustGiving

Events

NHS big tea

From 1–10 July, teams across the Trust hosted their Big Tea events to celebrate the NHS's 78th birthday while raising funds for their own wards and departments. It has been fantastic to see the creativity and enthusiasm that went into each event, with colleagues coming together to celebrate, connect and support their local fundraising efforts. A huge thank you to everyone who organised, took part and helped make the celebrations such a success.

Sunrise Snowdon

On Sunday 11 July, 12 staff members from The Dudley Group NHS Foundation Trust climbed Snowdon in support of The Dudley Group NHS Charity, with the support of three experienced guides.

Starting their ascent at 1.30am, the team reached the 3,000-foot summit in time to enjoy a stunning sunrise.

The challenge has so far raised more than £7,000 for The Dudley Group NHS Charity. The funds will support the C3 Forget me not unit, Children's Outpatients Garden, Community Heart Failure Department, and Ridge Hill Rehabilitation Centre.

Glitter Ball
This year, our Glitter Ball taking place on 24th of September at the Copthorne Hotel in Dudley, will be supporting the Children's Appeal, helping to raise vital funds towards an MRI interactive rocket scanner. A pioneering piece of equipment that will be the first of its kind in the West Midlands.

MRI scans can be an intimidating and anxiety-provoking experience for children aged 3 to 10. Designed as a fun, rocket-shaped simulator, the MRI Interactive Rocket Scanner helps young patients become familiar with the scanning process before their actual examination. By reducing fear and anxiety, it can help children complete their MRI without the need for anaesthesia or sedation, while also enabling clinicians to obtain high-quality images for an accurate diagnosis.

Help us transform MRI scans into exciting adventures for children. Donate today and make a difference MRI Interactive Rocket Scanner Appeal - JustGiving

Across the Sahara with Ruth
The countdown is on!

The time is getting closer for 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!

10. Awards

We held our SWB and Dudley Staff Awards in July 2026 and the winners are listed below:

Sandwell

Non-Clinical Team of the Year – Security Team
ARC Star of the Year – Kevin Johnson
Best Use of Charitable Funds – Mobile 4K Trolley at BMEC
Rising Star of the Year – Paul Roberts
Volunteer of the Year – Martin Boyle
Outstanding Leader of the Year – Sarah Oley and Atul Malik
Excellence in Patient Care – Connected Palliative Care Team
Greener Futures Award – Clare Nash
Excellence in Research – Breast Screening Health Promotions Team
Patient Choice Award – ICU Outreach Team
Clinical Unsung Hero – Sophie Whiles
Clinical Team of the Year – Trauma and Orthopaedics
EDI Champion of the Year – ED Hospital Project partnered with Newbigin Community Trust
Non-Clinical Unsung Hero – Chris Smith
The Improving Together Prize for Excellence – Sarah Concannon
Outstanding Achievement Award – Acute Stroke Services Team
CEO/Chair Award – Des Conlon

Dudley

Clinical Team of the Year - District Nurses

Unsung Hero – Clinical - Dr Jacob Luke
Patient Choice Award - Edele Tracey and Rachelle Harwood
CEO/Chair Award - Emergency Department
Greener Future Award - Heather Jones
Excellence in Patient Care - High Oak and Chapel St Surgery
Unsung Hero - Non- Clinical - Jas Kaur
EDI Champion of the Year - Joey Livesey
The Improving Together prize for Excellence - Kim Bradley
The Steve For Volunteer Award - Luke Pearson
Non-Clinical Team of the Year - Medical Education
Best Use of Charitable Funds - Neonatal Team
Outstanding Leader of the Year - Ravinder Kaur Sahota
Healthcare Heroes Individual Award - Rebecca George
Rising Star of the year - Rebecca Picton
Healthcare Heroes Team Award - Sian Annakin and Georgina Brabham
Prize for Excellence in Research - The Dudley PLACE Research Division
Outstanding Achievement Award - Lucy Smith

Dudley Healthcare Heroes/Sandwell ARC Star Awards

Speech and Language Therapist Jane Patrick was nominated as a Healthcare Hero for her support to the SWB specialist voice service, mentoring of clinicians and managing high-priority patients.

Ward C5 at Russells Hall Hospital were nominated because of the incredible way they have responded to the challenging conditions caused by the heatwaves this summer. They showed care and compassion to each other but also to the patients and their relatives in tough conditions and staff that weren't even on duty came in and brought ice and cold drinks in for colleagues and patients to help keep them cool.

Syeda Begum, Healthcare Assistant was nominated by a family member for the excellent care she recently gave to his father. The son said: "My dad has asked me to write this because he feels unable to adequately express in his own words, just how profoundly Syeda affected him. Rather than simply seeing a patient moving through the admissions process, she saw an elderly man trying to be brave, but who needed someone to help him through the process. She stayed with him for an hour, talking to him continuously to reassure him. She somehow found exactly the right way to keep his mind engaged while allowing his fear to subside."

11. Patient Feedback

Intermediate Care Team (RHH) – "Everything has been excellent. I have progressed gradually and am very pleased with how well I am now. I can do a lot more for myself. My daughter is very pleased also."

Day Surgery Unit (RHH) – "The service was excellent, well organised, professional and efficient staff, who were kind and treated patients with respect. I cannot fault any part of this service from first assessment to surgery and after care, it was excellent. A wonderful team who deserves recognition for their work!"

Ambulatory Emergency Care (RHH) – "I thought the healthcare staff were good and made me feel at ease in a stressful situation, all the girls were brilliant. Dr Umar was also very kind and patient."

Pulmonary Rehabilitation Team (RHH) - "The programme was tailored to my needs; the staff were professional, helpful and were always on hand if I was not well. I would recommend the program to everyone with respiratory issues."

Antenatal Ward (SWB): The care we received from arriving at the ante natal ward through to her being moved up to post-natal was absolutely incredible. Countless midwives, plus doctors, anaesthetists, surgeons etc who worked tirelessly, who listened and assisted and guided and cared and helped were unbelievable.

Breast Screening (SWB): I recently went for my first breast screening and I would just like to say the staff there were amazing and caring. Such lovely members of staff. They made my first time their easy

Accident and Emergency (SWB): My father in law was taken into hospital two nights ago by ambulance. We entered the A&E dept it was totally brilliant everyone friendly very quick to do all checks and then made sure dad was comfortable, even their treatment towards me was excellent I was offered coffee and a sandwich and I was very impressed.

Maternity (SWB): We had a great experience with the maternity and birthing services at MMUH. A special thank you to Jennifer, Lisa and Theresa, who were incredibly supportive, caring and attentive throughout our time there. They made us feel listened to, reassured and well cared for from start to finish.

12. Chief Executive Visits and Events – July and August 2026

1 July	Group Chief Community and Partnership Officer Interview
1 July	Black Country Performance Call
10 July	Staff Awards Evening – SWBT
13 July	Black Country Provider Collaborative Leadership Meeting
15 July	Maternity and Transformation Assurance Group SWBT
17 July	NHSE/SWBT/DGFT Provider Review Meeting
17 July	Staff Awards Evening - DGFT
20 July	Black Country Integrated Care System Cancer Board
20 July	Extra-ordinary Finance and Performance Committee SWBT
20 July	Joint Freedom to Speak Up Steering Group

22 July	Joint Board of Directors Private and Public Meetings
23 July	Joint Finance and Performance Committee
23 July	NHSE/ICB/SWBT Perinatal Maternity Support Meeting
24 July	Black Country Provider Collaborative Joint Provider Committee
24 July	Fit For The Future Executive Oversight Group
29 July	Black Country Performance Call
29 July	Maternity Review Leaders Peer Group
30 July	Chief Executive Staff Coffee and Chat – Birmingham Treatment Centre
30 July	Fit For The Future Executive Oversight Group
30 July	Joint Remuneration and Nomination Committee
30 July	NHSE/SWBT Finance and Workforce Review meeting
31 July	Black Country Provider Collaborative Joint Board Workshop
3 August	Black Country Provider Collaborative Corporate Services Transformation Programme Group
6 August	Black Country Provider Collaborative Clinical Services Transformation Programme Group
13 August	Trust Management Group – DGFT
14 August	Perinatal Transformation & Assurance Programme Group SWBT
17 August	NHSE/SWBT Finance and Workforce Review
19 August	NHSE Regional Performance and Delivery Group
25 August	Trust Management Group – SWBT
26 August	Black Country Performance Call
26 August	Black Country Elective and Diagnostic Strategic Board
27 August	Joint Finance and Performance Committee

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

REPORT TITLE:	Integrated Committee Chairs Report		
SPONSORING EXECUTIVE:	Diane Wake, CEO		
REPORT AUTHOR:	Lesley Writtle, Non-Executive Director, Deputy Chair		
MEETING:	Group Public Trust Board	**DATE:**	16 September 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 report provides a consolidated overview of the assurance levels and key issues identified by Trust Sub-Committee Chairs. It supports the Board's **Alert, Advise and Assure** responsibilities by highlighting matters requiring Board attention or escalation, providing insight into emerging risks and opportunities, and offering assurance regarding the effectiveness of controls and progress against the Trust's strategic objectives. The report also recognises examples of good practice that contribute to the delivery of the Trust's strategic priorities.

The report reflects ongoing work to strengthen the alignment between key issues, the Board Assurance Framework (BAF) and the Trust's strategic risks. Committee Chairs have reviewed the relevant risks and associated scores, and the priority issues highlighted within this report are now directly mapped to the Trust's five refreshed BAF risks. This provides a clearer line of sight between committee discussions, key risks and Board oversight. During this reporting period all sub committees have undertaken a full review of the BAF.

The full Sub-Committee Assurance Reports are available separately and should be read in conjunction with this report. The issues highlighted have been discussed and agreed with Sub-Committee Chairs and reflect themes that have emerged consistently across committee meetings during the reporting period they only represent a small number of highlights from committee reporting.

Alignment to our Group Strategy Vision

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

Previous consideration

Executive Directors

Recommendation

a)	**NOTE** the report and assurance provided.
b)	**PROVIDE** feedback for any identified issues shared for escalation

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			

KEY ITEMS DISCUSSED AT THE BOARD COMMITTEES

ALERT

Financial Position and Recovery

The Committee noted ongoing financial risks across both Trusts, including bank expenditure above agreed caps, an adverse year-to-date budget variance at Sandwell and West Birmingham, and continued concerns regarding delivery of the Cost Improvement Programme (CIP). Particular concern was raised regarding the level of recurrent savings being achieved, the potential deterioration in the underlying financial position at Sandwell and West Birmingham, and the adequacy of assurances provided in relation to the management of overspends at The Dudley Group from Divisional leads. The Committee also highlighted emerging risks relating to capital expenditure utilisation in SWB, cash flow, and the significant overall CIP challenge facing 2027/28.

Following an extraordinary meeting on 20 July 2026, a number of actions were agreed to strengthen financial reporting, programme oversight and delivery assurance, including enhanced reporting on the underlying position, CIP delivery and risks, development of a multi-year financial recovery trajectory, and continued work to de-risk the £21.61m high-risk element of the CIP programme in Sandwell West Birmingham. The Committee emphasised the importance of accelerating recurrent savings delivery, strengthening mitigations and maintaining robust oversight to improve delivery confidence and support long-term financial sustainability. It included the introduction of a revised Finance & Productivity Committee structure to support more focused assurance and performance scrutiny including a part B section for NEDs and Execs only.

To improve the position, a strengthened focus is required on the delivery of identified CIP schemes, the development of additional mitigations to address remaining gaps, and the acceleration of recurrent savings opportunities. Robust programme management, enhanced oversight of underperforming schemes, and continued scrutiny through the governance framework will be essential to increasing delivery confidence and reducing the financial risks associated with the current forecast. At the same time it is vitally important to ensure that no risk is placed on delivery of safe services. Particular attention should be given to confirming the recurrent value of savings delivered and ensuring that non-recurrent measures are transitioned into sustainable, recurring improvements wherever possible.

Primary BAF linkages
- **BAF 004a/004b – Financial Sustainability**

Secondary linkages
- **BAF 002 – People, Workforce and Culture**
- **BAF 005a/005b – Operational Performance**
- **BAF 001 – Quality and Safety**

BAF implication:
The current financial position increases the risk to delivery of the Group's financial sustainability objectives, particularly where savings remain non-recurrent or delivery confidence is low.

Improvement in this BAF area will depend on:
Delivery of credible and recurrent CIP schemes, tighter control of expenditure, clear ownership of recovery actions, strengthened programme oversight and evidence that financial recovery can be achieved without compromising quality, safety or operational performance.

Sandwell West Birmingham Maternity Services

Quality Committee noted continued progress in maternity and neonatal services, as evidenced by improvements in key outcome indicators, including reductions in both the Midlands Maternity Heatmap score and the rolling 12-month perinatal mortality rate. Assurance was received that robust governance and review processes remain in place, with learning from perinatal deaths, patient safety incidents and national audit findings informing ongoing quality improvement activity. The Committee also noted progress in the implementation of the Saving Babies' Lives Care Bundle, sustained improvement in maternity triage performance, and delivery of actions arising from the Baroness Amos Review, particularly in relation to equity, culture, interpreting services and community engagement. Whilst recognising these positive developments, the Committee acknowledged the need to sustain momentum and welcomed the Trust's engagement with the NHS England Maternity and Neonatal Improvement Support Team to support and accelerate improvement.

Quality Committee further noted the establishment of the **Perinatal Transformation and Assurance Group**, chaired by the Chief Executive Officer and comprising Executive Directors ,Non-Executive Directors and expert leads, to provide strategic oversight of the Perinatal Transformation Programme. The Group will be responsible for monitoring delivery of improvement actions, holding leads to account, removing barriers to progress, and providing formal assurance on the quality, safety and experience of perinatal services.

To provide assurance of sustainable improvement, the Board will require evidence that improvement actions and recommendations are being delivered and are resulting in measurable and sustained improvements in patient safety, clinical outcomes, patient and family experience, workforce stability and organisational culture. Particular focus should remain on addressing concerns relating to racism, discrimination, speaking up, leadership visibility and multidisciplinary working, alongside evidence that improvements are embedded in day-to-day practice and reflected in the experiences and outcomes of women, babies, families and staff.

Primary BAF linkages
- **BAF 001 – Quality and Safety**

Secondary linkages
- **BAF 002 – People, Workforce and Culture**
- **BAF 003 – Partnership and Integration**

BAF implication:
Progress provides increasing assurance against the Quality and Safety BAF; however, sustained improvement remains dependent upon embedding changes in clinical practice, culture, leadership and patient experience.

Improvement in this BAF area will depend on:
Demonstrable delivery of the Perinatal Transformation Programme, sustained improvement in clinical outcomes and safety measures, strengthened workforce and multidisciplinary culture, and evidence that learning and improvement are consistently experienced by women, babies, families and staff.

Fit for the Future Programme

A number of Committees were unable to take assurance on delivery of the Fit for the Future programme. Concerns were raised regarding the achievability of planned financial and productivity benefits within 2026/27,

with the majority of benefits expected to be realised in later years. Members also noted limited visibility of delivery plans and questioned whether the programme's scope and ambition were sufficient to maximise transformation opportunities. Following discussions with the Chief Executive Officer, a review of the programme's scope, ambition, and delivery capacity is underway, with further assurance to be provided as the programme develops. This includes closer working with the Building a Better Future programme and the overall Cost improvement programme

To provide assurance on future delivery, the Committee requires a clear and credible delivery plan, including defined benefits, milestones, accountabilities, and risk mitigations, supported by appropriate programme capacity and governance. Regular reporting on progress and benefits realisation will be required to demonstrate that the programme remains on track to deliver its intended outcomes.

Primary BAF linkages

the risk that the strategic, productivity and financial improvements required through Fit for the Future will not be

Alert

Workforce Plan

The People Committee was unable to take full assurance that workforce targets will be achieved and assigned a Partial Assurance rating. Whilst both Trusts have delivered significant workforce reductions, insufficient evidence was provided to demonstrate how the remaining targets will be achieved, including the specific operational changes required, delivery timescales and mitigating actions should targets not be met. Whilst there is robust data being provided there is limited assurance from the Triumvirate as to how this will be delivered safely

To provide future assurance, the Committee will require evidence of delivery against agreed workforce trajectories, including implementation of operational changes, achievement of planned workforce reductions, and demonstrable financial benefits. Regular reporting on progress, risks, and mitigating actions will be necessary to confirm that workforce targets remain achievable and sustainable.

Primary BAF linkages

- **BAF 002 – People, Workforce and Culture**

Secondary linkages

- **BAF 004a/004b – Financial Sustainability**
- **BAF 001 – Quality and Safety**
- **BAF 005a/005b – Operational Performance**

BAF implication:

Limited assurance regarding delivery of the remaining workforce reductions increases the risk to workforce

sustainability and financial recovery, particularly where the operational changes required to safely deliver the planned reductions have not yet been sufficiently evidenced.

Improvement in this BAF area will depend on:
Clear workforce trajectories supported by defined operational changes, accountable delivery plans and robust mitigations, alongside evidence that reductions are financially sustainable and can be delivered without adversely affecting workforce resilience, patient safety or operational performance.

ADVISE

Quality and operational performance

The Quality Committee has now been operating at Group level for almost six months and is beginning to demonstrate tangible benefits. Improved collaboration across both Trusts has enabled greater sharing of best practice, stronger relationships between teams, and increased opportunities for learning and improvement. Committee processes are now well established, with the quality of papers, member engagement and debate continuing to mature, allowing key risks and priorities to be identified and scrutinised more effectively.

Notwithstanding this progress, the Committee wishes to highlight a number of areas requiring continued Board attention. These include the persistent backlog of patients at the Birmingham and Midland Eye Centre (BMEC), where performance has plateaued and a clear recovery trajectory has yet to be demonstrated. The Committee also remains concerned about ongoing MRI waiting time pressures at Sandwell and West Birmingham and the consequential impact on cancer pathway performance. In addition, deteriorating metrics relating to length of stay and patient flow at The Dudley Group remain a significant concern, particularly given the associated risks of emergency department crowding and corridor care. The Committee will continue to seek assurance that robust recovery actions are in place and are delivering sustained improvement in these areas.

Primary BAF linkages
- **BAF 005a/005b – Operational Performance**
- **BAF 001 – Quality and Safety**

Secondary linkages
- **BAF 002 – People, Workforce and Culture**
- **BAF 004a/004b – Financial Sustainability**

BAF implication:
Persistent pressure within BMEC, MRI, cancer pathways, length of stay and patient flow continues to increase strategic risk relating to timely access, safe care and delivery of operational standards.

Improvement in this BAF area will depend on:
Clear and credible recovery trajectories, sustained delivery of improvement actions, effective demand and capacity management and evidence that changes are translating into improved waiting times, patient flow, clinical outcomes and reduced risk of overcrowding and corridor care.

Estates Development and Facilities Management

The Infrastructure Committee raised concerns regarding compliance against the statutory “Big Six” estates compliance requirements, particularly in relation to fire safety. Given the significance of these risks and their potential impact on patient, staff and visitor safety, the Committee requested a detailed deep-dive review at its next meeting to provide greater assurance on current compliance levels, outstanding actions, associated risks and the trajectory to full compliance. The Committee will seek evidence that robust mitigations and governance arrangements are in place to manage any identified gaps and support sustainable compliance.

Primary BAF linkages
- **BAF 006 – Infrastructure**

Secondary linkages
- **BAF 001 – Quality and Safety**
- **BAF 004a/004b – Financial Sustainability**

BAF implication:
Gaps against statutory estates compliance requirements, particularly fire safety, increase the infrastructure risk and have direct implications for the safety of patients, staff and visitors.

Improvement in this BAF area will depend on:
Clear visibility of compliance gaps, completion of prioritised remedial actions, effective mitigations for outstanding risks, robust estates governance and a credible trajectory towards sustained compliance with statutory requirements.

Heatwave Resilience and Estates Infrastructure

The Infrastructure Committee recognised and commended the exceptional efforts of staff in maintaining services during recent periods of extreme heat. However, concerns were raised regarding the resilience of the estate, particularly at Russell's Hall Hospital, where existing infrastructure is not well designed to withstand prolonged heatwave conditions. The Committee noted that significant investment may be required to improve environmental resilience, including cooling and ventilation solutions. Concerns were also expressed regarding the performance of EQUANS**,** including instances where servicing and maintenance activity was not up to date. Assurance was requested that remedial actions are being taken to address contractor performance issues and that a longer-term plan is developed to improve estate resilience to climate-related risks.

Primary BAF linkages
- **BAF 006 – Infrastructure**

Secondary linkages
- **BAF 001 – Quality and Safety**
- **BAF 004a/004b – Financial Sustainability**
- **BAF 005a/005b – Operational Performance**

BAF implication:
Limitations in estate resilience and contractor performance increase the risk that infrastructure may not adequately support safe and continuous service delivery during periods of extreme weather.

Improvement in this BAF area will depend on:
A clear long-term estates resilience plan, prioritisation of investment in cooling and ventilation, strengthened contractor performance management, completion of outstanding maintenance and evidence that business continuity arrangements can maintain safe services during future extreme weather events.

Community Engagement and Inclusion

The Integration committee in Dudley noted feedback from the Small Grants Workshop, which highlighted concerns from community groups regarding the limited visibility of outcomes arising from engagement and involvement activities. Members heard that some communities felt insufficiently listened to and that there remains a gap between engagement and demonstrable action, reinforcing the importance of a clear "You Said, We Did" approach. Concerns were also raised that some individuals may feel reluctant to challenge services or raise concerns due to fear of discrimination. In addition, accessibility issues for the deaf community were identified following the removal of electronic signage used to alert patients when they are called for appointments. The Committee emphasised the importance of ensuring that engagement activity results in tangible improvements, that communities feel safe and empowered to provide challenge and feedback, and that accessibility needs are fully considered when implementing service changes.

- **BAF 003 – Partnership and Integration**

Secondary linkages
- **BAF 001 – Quality and Safety**
- **BAF 002 – People, Workforce and Culture**

BAF implication:
Where communities do not feel listened to, cannot see demonstrable action following engagement, or experience accessibility barriers, there is an increased risk to effective partnership working, equitable access and confidence in services.

Improvement in this BAF area will depend on:
A stronger "You Said, We Did" approach, demonstrable evidence that community feedback influences decisions and service design, improved accessibility and inclusion, and assurance that communities feel safe and empowered to raise concerns and challenge services.

ASSURE

People and Culture

The People Committee received early assurance from the Group Integrated Talent Management and Cultural Heatmap Dashboard, which provides increased visibility of talent management, succession planning, workforce representation and colleague experience across the Group. The dashboard identifies a strong appetite for career development and highlights the ambition of the High Potential Scheme to strengthen the future leadership pipeline and improve workforce diversity at senior levels. While overall indicators of inclusion and colleague experience are positive, a number of directorates have been identified for targeted cultural improvement, particularly in relation to morale, learning and recognition. The Committee noted limitations in data completeness and survey participation and will seek further assurance that cultural improvement activity, succession planning and leadership development are delivering measurable and sustained improvements in workforce experience, culture and organisational performance.

Primary BAF linkages
- **BAF 002 – People, Workforce and Culture**

Secondary linkages
- **BAF 001 – Quality and Safety**
- **BAF 005a/005b – Operational Performance**

BAF implication:
The emerging talent and cultural heatmap provides positive assurance, but identified cultural hotspots, incomplete data and variable participation mean further evidence is required that improvements are translating into sustained changes in colleague experience and organisational performance.

Improvement in this BAF area will depend on:
Targeted action within identified cultural hotspots, strengthened leadership and succession pipelines, improved workforce data and participation, and measurable evidence of sustained improvements in morale, inclusion, recognition, development and colleague experience.

Anchor Organisation

On 1 September 2026, the ICB formally wrote to the Chief Executive confirming its intention to work with The Dudley Group NHS Foundation Trust as the designated Anchor organisation for Dudley and to extend this role to include the commissioning responsibilities for Sandwell. The Trust is engaging proactively with the ICB and partner organisations to support the development of these arrangements and to ensure that the interests of Sandwell residents, communities and services are appropriately represented within the emerging model.

The Integration Committees have been fully involved in this work and has provided oversight of the Trust's response to the emerging NHS Anchor arrangements and associated developments.

The Trust has established appropriate governance arrangements to oversee the development and implementation of its NHS Anchor responsibilities. An Anchor Steering Group was established in August 2026, chaired at executive level and including representation from primary care colleagues across Dudley, Sandwell and West Birmingham. The Group provides strategic oversight of the programme and supports alignment with ICB requirements and emerging Neighbourhood Health arrangements.

For West Birmingham, Sandwell and West Birmingham NHS Trust (SWBT) continues to work collaboratively with University Hospitals Birmingham NHS Foundation Trust (UHB), the designated Anchor organisation for Birmingham, through a joint working group established to develop the operating arrangements required under the new model. A shared set of principles to support joint working and the delivery of neighbourhood health outcomes for the West Birmingham population has been agreed in principle and endorsed by the Anchor Steering Group.

Board Assurance: Governance arrangements are established and operating effectively, key ICB deadlines have been met, partnership arrangements are progressing, and risks are being actively managed through the programme governance structure. The principal area requiring ongoing oversight relates to the development of the detailed operating, governance and commissioning arrangements arising from the ICB's designation proposals.

Primary BAF linkages
- **BAF 003 – Partnership and Integration**

Secondary linkages
- **BAF 004a/004b – Financial Sustainability**
- **BAF 005a/005b – Operational Performance**
- **BAF 001 – Quality and Safety**

BAF implication:
The emerging anchor arrangements represent a significant change in system responsibilities and partnership working across Dudley, Sandwell and West Birmingham. The developing role of The Dudley Group as the designated anchor organisation for Dudley, with the proposed extension of commissioning responsibilities for Sandwell, creates both opportunities for greater integration and risks arising from unclear accountabilities, interfaces and delivery arrangements during transition.

Improvement in this BAF area will depend on:
Clear agreement of roles, responsibilities and decision-making arrangements with the ICB and partner organisations; effective governance through the Anchor Steering Group; robust management of identified risks and issues; and development of credible arrangements between DGFT, SWBT, UHB and wider system partners that protect quality, operational delivery and financial sustainability while establishing the new anchor model.

Black Country Provider Collaborative

Enclosure 5a

NHS

Joint Provider Committee – Report to Trust Boards

Date: 24th July 2026

Agenda item

TITLE OF REPORT:	Report to Trust Boards from the JPC meeting of 24th July 2026
PURPOSE OF REPORT:	To provide a summary of the key messages from the Friday 24th July 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, two Deputy Chairs, and both Group CEO's. The following are the key points to note: a) CEOs provided a general update from a key meeting, alongside an assurance report on the agreed clinical priorities as part of the BCPC 26/27 workplan. This was supplemented by a detailed Progress Dashboard in the Reading Pack. b) The Group CMO's presented a short paper on identifying future Clinical Service Transformation priorities, noting current barriers to change and some parallel work on a fragile services review that will support priority identification. c) The CSTP SRO provided a progress report across all Phase 1B priority areas seeking approval of recommendations (detailed reports were also provided in the Reading Pack). A way forward for Phase 2 was presented and supported. d) The BCPC Managing Director and the Group Chief Community & Partnership Officers presented a short paper on 'Anchor' Organisations seeking to identify possible areas of future collaboration at scale.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) **RECEIVE** this report as a summary update of key discussions from the 24th July 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 ☒ For Information

1. PURPOSE

1.1 To provide all partner Trust Boards with a summary of key messages from the 24th July 2026 Joint Provider Committee.

2. SUMMARY

2.1 The Joint Provider Committee was held on Friday 24th July 2026. The meeting was quorate with attendance by the Chair, two Deputy Chairs, and both Group CEO's.

2.2 The minutes of the previous meeting were accepted as an accurate record, and the Action Log was reviewed for progress with completed actions noted.

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

a) **Items for Noting**

i. **CEO highlight report** – The JPC received an update from both CEO's, supplemented by a clinical service transformation progress dashboard (Enc.3 - which was taken as read), highlighting the following:

a. Action Tracker

- The two Group CEO's had a constructive meeting discussing key aspects of the Provider Collaborative work. Both agreed a continued commitment to collaborative work with key agreements as follows:
  - Each CEO would take on a Lead CEO role for a programme of work- DW to remain the lead CEO for the Clinical Service Transformation of work, and JCB to become the lead CEO for the Corporate Service Transformation work. This would facilitate improved ownership for driving delivery of agreed priorities.
  - Both CEO's agreed that DGFT would be confirmed as the 'Host' for the Corporate Services and the Managed Shared Services strategic vehicle.

b. Progress Dashboard

- At its previous meeting JPC had requested a short assurance report on the agreed clinical service transformation priorities, which was provided as enclosure 3. A summary of progress was outlined as follows:
  - **Two completed priorities** – Endometriosis and Vascular Services
  - **Five priorities 'on-track'** for delivery – steady progress is being made, agreements have been reached, but in some instances the opportunity at scale may not have been maximised.
  - **Two priorities are delayed** – one in particular has had limited progress over the last 6-8 months and has been escalated.
  - **Two priorities have been 'stood-down'**- regional work is commencing in these areas, and we will participate in due course

AGREEMENT(s)

Discussions led to the following:

- It was confirmed by JPC that there would be no 'unpicking' of previously agreed Urology transformation service model presented to JPC, and that Group CMO's should work with professional colleagues to rapidly comply with this.

b) **Items for Discussion**

ii. **Clinical Service Transformation – Next Priorities** – At the request of JPC a short paper outlining potential areas as next priorities for discussion and future consideration was presented by the two Group CMO's. Key discussion highlights included:

- The identification of 5-6 clinical / service areas that should be actively considered as part of the next tranche of priorities (e.g. Oncology review, spinal services, Maternity IR cover, Bariatric Surgery, Community Paediatrics, and Anchor Organisations).
- JPC discussed and noted a range of barriers to change that will need to be carefully managed
- The Group CMO's highlighted work about to commence on a service fragility review, which may identify further areas for consideration at scale.

AGREEMENT(s)
Discussions led to the following:

- It was confirmed that work to identify future priorities should continue, BUT that the current agreed priorities should be delivered prior to commencing any new priority areas.

iii. **Corporate Service Transformation Programme** – The JPC received a detailed report from the Programme SRO providing an update across all phases. Key highlights included:

Phase 1B

- **Collaborative Bank –** A detailed report was provided which sought approval for progressing to the preferred option (Outsourced model) for formal procurement and implementation into the strategic vehicle of the Managed Shared Service.
- **Research & Development –** A detailed output report was provided and a mandate for progression of the preferred option (BCPC Collaborative model) is to be formally progressed for mobilisation and implementation into the strategic vehicle of the Managed Shared Service.
- **Recruitment –** Reconfirmation of the previously presented outcome paper, endorsing the pursuit of a collaborative recruitment function within the Phase 2 People Services work.
- **Occupational Health –** A brief verbal update was provided which included confirmation of finance support to complete the analysis of received market testing submissions.
- **Procurement** – The CEO Lead for CSTP presented a paper from the Directors of Finance on the options for maximising productivity and efficiency from the procurement sub-function. Following discussion, it was agreed that the proposed internal option would be progressed by both Groups, and that this area would be stood down as a priority within the CST Programme.

Phase 2

- A detailed paper outlining a reset of Phase 2 was presented to JPC focusing on:
  - Reconfirming the purpose through the establishment and mobilisation of a formal programme to deliver a Managed Shared Service
  - Reconfirming the ambition of the CST programme so that it is clearly understood and endorsed by all – *to deliver corporate services that are highly efficient, resilient and high-quality, operating at the right scale across the collaborative, critically enabling providers to focus resources on front line care*.
  - Reconfirming the previous JPC decision on a Managed Shared Service as the strategic vehicle for all in scope Phase 2 priority areas *(People Services, Finance, Estates & Facilities, and DDaT)*.
  - Outlining a suggested way forward embracing approach, delivery plan, risks & challenges, and programme resource requirement, all strengthening our governance. Leadership and delivery capacity to support a multi-year transformation at scale.

AGREEMENT(s)

Through discussion JPC agreed:

- **Phase 1B** priorities:
  - **Collaborative Bank** – Approved the progression to procurement of the preferred option (Outsourced model)
  - **Research & Development** – Approved the progression of the preferred option (BCPC Collaborative model)
  - **Recruitment** – Endorsed the positioning of Recruitment as a priority within the Phase 2 People Services scope.
  - **Occupational Health** – Requested the rapid progression of an output paper within a 6–8-week timeline.
  - **Procurement** – Agreed the preferred local option to be progressed by the two Groups locally, and the priority to be stood down from the CST programme. CEO's also to engage wider procurement hubs on the possibility of working together to maximise opportunity at scale.
- **Phase 2** – JPC agreed to the following:
  - Endorsed progression of the CST Programme into Phase 2, and to support the governance and resourcing principles required to enable delivery.

iv. **Anchor Organisations** – The BCPC Managing Director and Group Chief Partnerships Officers presented a short paper to set the scene upon which discussion followed. The following was noted:

- Significant amounts of work being undertaken in this 'space' at a local level
- The BC Primary Care Collaborative is keen to work with both Groups in developing and progressing a locally prioritised work plan.
- Sovereignty of 'Place' will remain important moving forward.
- Group CEO's had identified some possible areas for collaborative working through earlier discussions (e.g. virtual ward, SPoA, Palliative Care).
- JPC Chair keen to highlight that transition to new 'anchor' focus may require optimal use of scarce functions (e.g. costing) at scale once, and we should identify these at the earliest possible time.

AGREEMENT(s)

Through discussion JPC agreed:

- That Group CEO's and Chief Community & Partnerships Officers to agree appropriate programme of work worth progressing at scale once.

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 24th July 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:	SWB Finance Report – Month 04 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:**	16/09/2026

Paper Type: (place an 'x')		**Requested action:** (place an 'x')		**Applies to:** (place an 'x')	
	Decision		Approve		Both Trusts
	Assurance		Agree	**x**	Sandwell and West Birmingham NHS Trust
	Discussion		Endorse		The Dudley Group NHS Foundation Trust
	Information		Recommend		
			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.
- **Year to Date Position against plan –** At month 4, the Trust reported a (£7.83m) deficit, against a deficit plan of (£6.65m), an adverse variance of (£1.18m).
- **National Deficit Support Funding –** the Trust has been awarded deficit support funding for Quarter 1 and Quarter 2.

Advise

- (£1.03m) under-delivery against the M4 efficiency plan
- (£2.62m) under-delivery against the M4 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 July was £44.64m. This was £29.43m higher than forecast. The movement between June and July was a reduction of £8.95m.

Alert

Delivery of Financial Plan:

- 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 support medium term financial sustainability and as such will increase the level of recurrent savings required in future years.
- The 2026/27 planned deficit of £8m assumed £21m of non-recurrent support, which results in an underlying deficit of £29m. This is an improvement from £79m in 2025/26. The latest position is a £64.6m deficit, reflecting recurrent CIP under delivery (£33.31m vs £58.1m target) and non-recurrent support.

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 will need to review spend from 27/28 that can be brought forward into 26/27 to ensure the Capital Resource is not lost, following discussions with NHS 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 Performance Committee, Executive Group, Divisional Confirm and Challenge sessions

Recommendations	
a)	Note the Month 4 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 *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		
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 16/09/2026

SWB Finance Report – Month 04 2026/27

1. Executive Summary

Following technical changes, the Trust position to July 2026 reported a deficit of £7.83m. This represents an adverse variance to plan of (£1.18m).

To deliver the forecast outturn, the Trust would be required to deliver an average monthly deficit of £22k a month. The current run rate to Month 4 is an average monthly deficit of £1.96m. However, the challenge is greater than reducing the Month 1-4 average run rate, as the efficiency programme is more heavily weighted towards the latter part of the year, with a significant proportion of CIP delivery planned for the second half of 2026/27.

Mitigation actions included enhanced monitoring of CIP delivery through the fortnightly Financial Improvement Group, along with weekly executive team oversight. The report details that additional non recurrent schemes have been required to offset delays in implementing the high-risk recurrent schemes that were developed to mitigate the re-profiling of fit for the future transformation schemes into years two and three.

The independent drivers of the deficit review are underway, supported by enhanced engagement and review with NHSE through monthly financial, workforce and cost improvement programme meetings. The next phase will focus on completing the analysis, establishing the appropriate interventions and agreeing a clear plan to strengthen financial sustainability and reduce the deficit.

2. Income and Expenditure

Year to Date Financial Position

The Trust incurred an initial deficit of £9.14m to July 2026, this reduced to £7.83m following the application of technical adjustments totalling £1.31m. A breakdown of the technical adjustments is summarised in the table below.

Table 1 – Technical Adjustments

	Plan £000	Actual £000	Variance £000
Surplus / (Deficit) before technical adjustments	(7,754)	(9,135)	(1,381)
Remove Donated Depreciation I&E Impact	852	862	10
Remove PFI Revenue Costs on IFRS16 Basis	3,649	3,831	182
Add Back PFI Revenue Costs on UK GAAP Basis	(3,397)	(3,385)	12
Surplus / (Deficit) post technical adjustments	(6,650)	(7,827)	(1,177)

The Trust's financial plan assumed a deficit position of £6.65m at the end of Month 4 and reporting a deficit of £7.83m has resulted in an adverse position of (£1.18m). Table 2 below details the position by category.

Table 2 - Income and Expenditure

	Current Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income	**66,321**	**67,372**	**1,051**	**262,418**	**265,985**	**3,567**
Substantive	(41,340)	(37,924)	3,416	(162,324)	(152,993)	9,331
Bank	(871)	(3,867)	(2,996)	(3,888)	(14,292)	(10,404)
Agency	(259)	(94)	165	(1,029)	(755)	274
All Other pay	(174)	(176)	(2)	(696)	(720)	(24)
Pay	**(42,644)**	**(42,061)**	**583**	**(167,937)**	**(168,760)**	**(823)**
Non-Pay	(22,752)	(24,488)	(1,736)	(92,546)	(97,307)	(4,761)
Non Operating Items	(2,147)	(1,966)	181	(8,585)	(7,745)	840
TOTAL Provider Surplus/(Deficit)	**(1,222)**	**(1,143)**	**79**	**(6,650)**	**(7,827)**	**(1,177)**
Less Non Recurrent Deficit Funding	(1,167)	(1,167)	0	(4,666)	(4,666)	0
TOTAL Provider Surplus/(Deficit) Excluding Non-Recurrent Deficit Funding	**(2,389)**	**(2,310)**	**79**	**(11,316)**	**(12,493)**	**(1,177)**

The main drivers of the year-to-date variance are the costs of Industrial Action of £0.8m, slippage on efficiency schemes of £1.03m and under performance against income from patient care activities £2.62m. These have been partially mitigated by activity related underspends, other income (education and training, RTA, overseas).

Pay Expenditure

Pay expenditure is (£0.82m) adverse to plan at the end of Month 4. Despite ongoing recruitment efforts, the Trust continues to carry a high level of substantive vacancies during 2026/27, with substantive WTE showing minimal movement against prior periods. The resulting deficit is primarily driven by bank costs incurred above planned levels, alongside a smaller shortfall against CIP delivery (£51k adverse variance to plan at the end of July).

Table 3 below summarises workforce headcount by month in comparison to the workforce plan, with the Trust being 159 wte above plan in July.

	2026 / 2027											
Pay Group	**M01**	**M02**	**M03**	**M04**	**M05**	**M06**	**M07**	**M08**	**M09**	**M10**	**M11**	**M12**
Plan	7,848	7,848	7,798	7,798	7,748	7,748	7,697	7,697	7,647	7,647	7,647	7,647
Actual: Substantive (FTE)	7,338	7,316	7,283	7,279								
Actual: Bank (FTE)	628	613	621	674								
Actual: Agency (FTE)	16	12	7	5								
Actual: Total (FTE)	**7,982**	**7,941**	**7,911**	**7,957**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Month on Month Change (FTE	-188	-41	-30	46								
Month on Month Change (%)	-2.3%	-0.5%	-0.4%	0.6%								
Cumulative Change %	-1.4%	-1.9%	-2.3%	-1.7%								
Variance to Plan (FTE)	134	93	113	159								
Variance to Plan (%)	1.7%	1.2%	1.5%	2.0%								

Table 3 – Workforce WTE

Bank expenditure: the trust has incurred £14.29m of bank costs, this is £10.40m adverse to the financial plan (table 2). The bank cap for 2026/27 is £33.43m, pro rata this would be

£11.14m to July, which results in the Trust being £3.15m adverse. To remain within the bank cap by year end the trust would need to reduce spend by £1.18m when compared to the average spend across April – July. A significant proportion (46%) of this reduction is assumed within existing CIP schemes.

Agency expenditure remains below both the financial plan (£0.27m to July) and the agency cap (£0.70m based on a pro rata of the annual cap of £4.38m).

Included within the adverse pay variance are £0.80m of Industrial Action costs that are a cost pressure to the Trust.

From a CIP perspective, £8.83m of pay savings have been delivered, against a target of £8.84m. Within this, recurrent savings were £1.67m as the programme is underpinned by non-recurrent vacancies.

Non-Pay Expenditure

Non pay expenditure is (£4.76m) adverse to plan at the end of Month 4. This includes £2.51m of under delivery against the efficiency programme and bad debt (£1.95m). The latter relates to overseas private patient income write offs, and there is a corresponding entry within income to offset this.

Income

Income has reported a favourable variance to plan of £3.57m. This comprises a £1.63m over performance against income from activities and a £1.93m over performance against other income. The single most notable variance is the under performance against commissioner contracts for variable and UEC activity, which to the end of July reported an under performance of £2.62m

Table 4 below details variable healthcare income performance to Month 4, which is an adverse position of (£2.62m). The position includes estimated values for uncoded activity for the month of July.

Table 4: 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	156,338	149,664	(6,674)	£48,781	£46,780	(£2,001)
	Variable Other Elective	43,653	41,148	(2,504)	£4,401	£4,159	(£243)
	Blended UEC	101,074	103,635	2,561	£63,917	£63,529	(£388)
	Variable Non-NHS	561	500	(61)	£107	£108	£2
	Variable Other	2,306	775	(1,532)	£55	£18	(£37)
	Variable Pass-through	1,264	1,507	243	£8,054	£8,105	£51
Fixed		2,279,773	2,394,260	114,487	£103,984	£103,984	£0
Grand Total		**2,584,969**	**2,691,489**	**106,520**	**£229,299**	**£226,683**	**(£2,616)**

The above has been fully offset by over performance against other income as referenced above (section 2.1).

3. Efficiency Programme

Performance to Date (April – July 2026, Month 1 - 4)
The 2026/27 financial plan set a requirement to deliver £58.1m of efficiency savings. The table below summarises delivery for the period ending July 2026 (Month 4).

	Plan YTD £000	Actual YTD £000	Variance YTD £000
Recurrent			
Pay - Recurrent	4,914	1,668	(3,246)
Non-pay - Recurrent	2,934	2,263	(671)
Income - Recurrent	0	733	733
Total recurrent efficiencies	**7,848**	**4,664**	**(3,184)**
Non recurrent			
Pay - Non-recurrent	3,962	7,157	3,195
Non-pay - Non-recurrent	2,578	740	(1,838)
Income - Non-recurrent	0	794	794
Total non-recurrent efficiencies	**6,540**	**8,690**	**2,150**
Total Efficiencies	**14,388**	**13,354**	**(1,034)**
% Recurrent		32%	

Table 5: Efficiency Programme Year-to-Date Delivery

For the year to date the Trust has recorded delivery of £13.35m, (£1.03m) adverse to the phased plan, with a substantial reliance on non-recurrent schemes (68% of total delivery).
Full Year Forecast
In relation to the year-end outturn, a forecast of £56.99m is projected, assuming all identified schemes deliver as per current phasing. The Trust is reviewing the delivery risk stratification of all schemes, and this is reported in more detail through Finance and Performance Committee. This will also feed to into overall Income and expenditure forecasting, escalation of risk and drive for rectification plans.

Capital and Cash

The Capital Programme has been prioritised and revised cashflow is being developed to monitor progress against. Performance is behind plan to the end of July as a result of the delay in agreeing prioritised schemes. As previously reported, Medical Equipment for 26/27 was purchase in Q4 of 25/26 and therefore, there is only a small contingency allocation planned in 26/27. However, the 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 will need to review spend from 27/28 that can be brought forward into 26/27 to ensure the Capital Resource is not lost. The Capital Management Group will meet monthly to monitor and manage delivery of the programme.

Cash was ahead of plan for July due to delays in delivering the Trust Capital spend and an increase in income receipts in month for the start of Q2, the position will be closely monitored through 26/27. 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 31/3/27 of £18.4m, 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.

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

Delivery of the 2026/27 financial plan remains challenging with the principal risks relating to CIP delivery, achieving the workforce plan reductions and achievement of the Trust income and activity plan.

Mitigating actions include enhanced pay controls for both recruitment and temporary staffing bookings. Alongside this, productivity opportunities relating to outpatient and theatre booking are a key focus to recover the activity plan and reduce temporary staffing costs.

5. Recommendation

Error! Reference source not found.
The Group Public Trust Board Is asked to:

a. **Note** the Month 4 financial position, together with the key risks identified and the corresponding mitigation measures.

Madi Parmar, Director of Finance SWB
4th September 2026

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

REPORT TITLE:	Month 4 Financial Position		
SPONSORING EXECUTIVE / PRESENTER:	Chris Walker, Director of Finance		
REPORT AUTHOR:	Chris Walker, Director of Finance		
MEETING:	Group Public Trust Board	**DATE:**	16/09/2026

Paper Type: (place an 'x')		**Requested action:** (place an 'x')		**Applies to:** (place an 'x')	
	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 Board is asked to note the Month 4 (July 2026) Trust financial position. After technical changes the July cumulative position is a £0.921m deficit. This position is £0.135m better than the financial plan submitted to NHS England in February 2026.

2. The Trust is forecasting that we will achieve our 2026/27 financial year planned break even position after technical adjustments but there is associated risk to delivery that the Trust is actively mitigating.

3. The Trust is forecasting a healthy cash balance for the 2026/27 financial year.

4. The Trust achieved the capital plan for the period to the end of July 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 continues to review the financial risk to achieve the plan. There are two divisions that are materially overspent at the end of July that will require recovery plans to bring expenditure back within their budgets. In addition, the Trust is not achieving its elective activity plan after 4 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. Elective activity is below plan at the end of July. The Trust needs to recover the shortfall in elective activity from the first 4 months 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.

2. Pay expenditure was overspent against plan by £1.912m. The Trusts bank expenditure is a concern as at the end of July. The Trust is currently £6.175m overspent against our plan and over the bank cap set by NHS England.

3. The phased Cost Improvement Programme plan is £9.977m. Achievement to July totals £9.570m, which is lower than plan by £0.407m. Phasing of the final plan compared to the submitted NHS England plan

contributes £0.702m to this variance with £0.295m offsetting this with schemes currently overachieving against the final plan.

4. The Trust has forecasted the delivery risk associated with the current cost improvement programme of £35.180m. As at the end of July the Trust highlights a delivery risk of £2.646m. The schemes contributing to the total delivery risk are the Learn, Adapt, Transform Programme (Newton) (£2.409m) and Fit for the Future (£1.852m). The Trust has identified mitigation opportunities to fully mitigate the delivery risk. Some of the mitigations are fully worked up leaving £2.646m currently at risk. The Trust expects to have all mitigation schemes fully delivering by the end of September.

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
Month 4 (July 2026) detailed finance report presented to the Finance and Productivity Committee on the 27th August 2026. Summary Month 4 financial report presented to Executive Directors on 11th August 2026.

Recommendation(s)	
a)	Note the financial performance of the Trust for the month of July 2026 for assurance.
b)	

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 16 SEPTEMBER 2026

1. EXECUTIVE SUMMARY

After technical changes the **July cumulative position is a £0.921m deficit.** This position is £0.135m better than the financial plan submitted to NHS England in February 2026.

The cumulative actual position in July compared to plan shows the Trust being better than plan. This continues the position from previous months in the financial year. The 'medicine' and 'surgery, women's and children's' divisions are overspent during this period predominantly due to continued capacity pressures in urgent and emergency care and under performance on elective activity. Emergency pressures are impacting on the delivery of the required 'Learn, Adapt, Transform' programme and requiring unfunded additional bed capacity. These pressures are offset by underspends in other clinical divisions linked to positive pay positions and additional healthcare income. If actions are not taken to recover the activity and overspending areas, then the requirement for savings and overall financial performance increases from August onwards and this means it will be a challenge for the Trust to continue to achieve its financial plan.

Income is £1.669m better than the plan (£1.525m better than plan at the end of May). This relates to additional contract income from the Black Country Integrated Care Board associated with the final NHS pay award settlement, 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.

Pay expenditure was overspent against plan by £1.912m (£1.661m overspent at the end of May). Whole time equivalents were 45 higher than the plan at the end of July. Pay costs are above the financial plan cumulatively to July as a result of increased bank expenditure against plan. Increases are in nursing staff and medical staff and while some of this is associated with the extra unfunded capacity that has been opened the remainder is bank expenditure covering vacancies and sickness.

Non-pay expenditure was below the financial plan at the end of July by £0.317m (£0.095m underspent at the end of May). Expenditure increased in July 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.

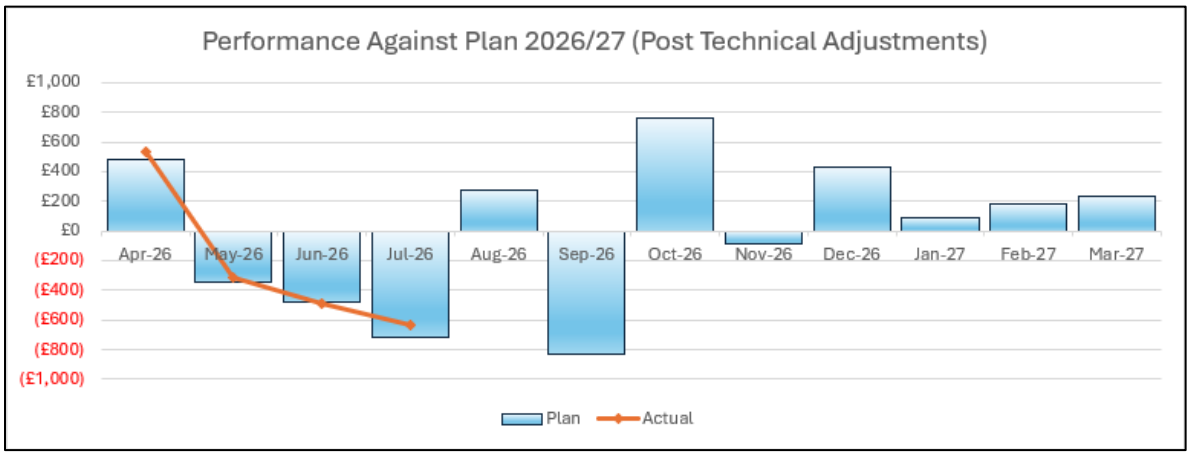
The phased Cost Improvement Programme plan cumulatively for July equated to £9.997m. Achievement to July totals £9.570m, which is lower than plan by £0.407m. Phasing of the final plan compared to the submitted NHS England plan contributes an adverse variance of £0.700m with the remainder relating to over delivery of cost improvement schemes.

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' and 'Surgery, women's and children's' divisions will require recovery plans to be fully developed and delivering 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

After technical changes the **July cumulative position is a £0.921m deficit.** This position is £0.135m better than the financial plan submitted to NHS England in February 2026.

While the Trust is achieving its financial plan at this stage of the financial year it is not without its challenges. The 'medicine' and 'surgery, women's and children's' divisions are overspent during this period predominantly due to continued capacity pressures in urgent and emergency care and under performance on elective activity. Emergency pressures are impacting on the delivery of the required 'Learn, Adapt, Transform' programme and requiring unfunded additional bed capacity. These pressures are offset by underspends in other clinical divisions linked to positive pay positions and additional healthcare income. If actions are not taken to recover the activity and overspending areas, then the requirement for savings and overall financial performance increases from August onwards and this means it will be a challenge for the Trust to continue to achieve its financial plan.



Income is £1.669m better than the plan. This relates to additional contract income from the Black Country Integrated Care Board associated with the final NHS pay award settlement, 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. 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. This means the Trust is slightly below the overall urgent and emergency care activity plan. Of more concern is the Elective activity performance which will require a significant amount of recovery work in August and September to catch up on the shortfall from the first 4 months of the year.

Substantive staff are 93 Whole Time Equivalents (WTE) better than target in July (62 WTE better in May). Substantive pay costs were £4.518m below plan at the end of July. Vacancies are contributing to this underspend especially within Consultants and Qualified Nurses. Vacancies have increased from 45 WTE in April to 93 WTE in July. There has been a similar net reduction in staff each month.

Bank is over the target by 139 Whole Time Equivalents (WTE) (64WTE over target in May). There is a cumulative overspend of £6.175m against plan at the end of July. Increases are mainly across Nursing staff (Qualified and Clinical Support Workers) and Medics (Consultants and Career Grade). Included in bank are the costs of covering the industrial action by resident doctors in April, estimated at £0.364m. The majority of the overspend relates to slippage on the 'Learn, Adapt, Transform' programme together with the continued opening of additional unfunded beds due to periodic capacity pressures. Other requirements for bank include covering vacancies and high levels of sickness in certain areas of the Trust. The Trust is set a cap on bank expenditure by NHSE England, at the end of July the Trust was £1.908m above the cap.

Agency is under target by 1 Whole Time Equivalents (WTE) (4 WTE over target in May). There is a cumulative overspend of £0.245m against plan at the end of July. There was a significant reduction in agency expenditure

during July with expenditure mainly relating only to a Radiographer within Breast Screening and an Older People Consultant. Whilst above plan, the expenditure is within the cap set by NHS England.

Non pay expenditure was below the financial plan at the end of July by £0.317m. Expenditure increased in July 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.

While the Trust is achieving its financial plan as at the end of July this is not without challenge. There are two divisions that are materially overspent at the end of July that will require recovery plans to bring expenditure back within their budgets. In addition, the Trust is not achieving its elective activity plan after 4 months and this will need to be recovered over the rest of the financial year to ensure the Trust does not lose income.

The underlying financial position of the Trust at the end of 2026/27 is forecast to be a deficit of £11.529m. This is a small 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.

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 July was £5.291m higher than the previous month's forecast. Receipts were £6.940m above the forecast position in July. Non-patient income was £6.754m above the forecast, this related to education funding being paid a month earlier than forecast. Payments were £1.690m higher than the forecast in July. Supplier payments were £1.202m higher than forecast. This related to disputed invoices being resolved and paid earlier than forecast. Capital payments were £0.521m higher than forecast. This related to invoices received and paid earlier than planned and is a timing difference.

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 £14.483m taking into consideration scenarios based on the above.

Compliance with the Better Practice Payment Code was 86.5% in terms of number of invoices paid to non-NHS suppliers and 93.7% for NHS suppliers as at 31st July 2026.

In month 4 there was year to date capital expenditure of £2.705m against the original planned spend of £2.789m. Network upgrades (£0.425m underspent) are delayed as further work is carried on specific requirements and procurement processes. Replacement medical equipment variance (£0.389m overspent) relates to items of equipment received earlier than planned. Electronic Patient Record development (£0.313m overspent) is a new scheme developing the functionality of the Electronic Patient Record funded by the Urgent & Emergency Care incentive scheme capital allocation. PFI lifecycle (£0.117m underspend) is a non-cash technical item. Statutory standards (£0.106m underspent) are the timing of minor works being completed.

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. These schemes are currently progressing through the business case process.

4. COST IMPROVEMENT PROGRAMME

The phased Cost Improvement Programme plan cumulative to July equated to £9.977m. Achievement to July totals £9.570m, which is lower than plan by £0.407m. Phasing of the final plan compared to the submitted NHS England plan contributes £0.702m to this variance with £0.295m offsetting this with schemes currently overachieving against the final plan.

The Trust has forecasted the delivery risk associated with the current cost improvement programme of £35.180m. As at the end of July the Trust highlights a delivery risk of £2.646m. The schemes contributing to the total delivery risk are the Learn, Adapt, Transform Programme (Newton) (£2.409m) and Fit for the Future (£1.852m). The Trust has identified mitigation opportunities to fully mitigate the delivery risk. Some of the mitigations are fully worked up leaving £2.646m currently at risk. The Trust expects to have all mitigation schemes fully delivering by the end of September.

Of the total programme in the original plan 81% were planned to be recurrent (£28.597m) with 19% non-recurrent (£6.583m). Of the £9.570m achieved at the end of July, 77% are recurrent.

The Trust slippage on the Learn, Adapt, Transform Programme will contribute to some full year effect cost improvement in 2027/28. To ensure the underlying financial position of the Trust isn't impacted by the cost improvement programme changes the mitigating schemes will maintain or improve the target of 80% of the cost improvement programme being recurrent in nature.

5. RECOMMENDATIONS

The Trust Board is asked to:

a) **Note** the financial performance for the period up to July 2026.

Chris Walker
Director of Finance
30th August 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:**	16/09/2026

	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

- Group readiness for the Sepsis Modern Service Framework, including review of sepsis pathways, deterioration management, staff education, recovery support and arrangements to monitor future national requirements.
- Progress with the Clinical Services Plan, including the outcome of the Fragile Services survey, how supporting intelligence will identify priority services and the timetable for specialty implementation plans.

Advise

- Note the response to the Dudley major fire incident, the support offered to affected staff and the planned post-incident debrief.
- Note the DGFT MTI positive survey findings and assurance, alongside the need to improve awareness of reporting routes and available training.
- Note workforce and professional developments, particularly Advanced Practice governance and preparation for NMC regulation, policy harmonisation, the DGFT theatre support workforce model, expansion of the Chief Nurse Fellowship Programme, Consultant and clinical leadership development, the Wolverhampton partnership on deteriorating-patient education, and externally funded falls research.

Assure

- Take assurance from the redesign of the Transition to Practice Programme to improve preparedness and retention of newly registered staff; national and regional recognition of staff achievements; GSF accreditation across all DGFT medical inpatient wards, with continued improvement and extension into surgical services; and strong research activity across both Trusts, including 378 SWB and 139 DGFT publications and plans to align the Group approach.

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 16 September 2026

Group Chief Nursing and Group Chief Medical Officer Report

1. Purpose

This paper provides highlights from the 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

Sepsis Modern Service Framework

The Sepsis Modern Service Framework, published by NHS England and the Department of Health and Social Care in July 2026, sets out an ambitious 10-year vision for transforming sepsis care, with a strong focus on prevention, early identification, personalised care, digital innovation and improved outcomes, via 6 key themes. For providers, the framework is currently best viewed as a statement of future strategic intent and a guide for local service development, rather than a document requiring immediate operational changes.

The framework describes a future model of care incorporating improved data systems, AI-supported clinical decision-making, digital monitoring, wearable technology, rapid point-of-care diagnostics, home-based treatment options and more personalised approaches to care. It also envisages stronger support for people recovering from sepsis and more equitable outcomes across the population.

We will be strengthening Group readiness for the future requirements by initiating a review of existing sepsis pathways, deterioration management processes, staff education arrangements and recovery support services against the framework's themes, while monitoring for any future guidance, standards, performance measures or implementation requirements that may follow.

Group Clinical Services Plan Launch

The Group Clinical Services Plan was launched on 07 August with support from the Communications Team. An email was sent to all professional clinical staff across the organisation. A fragile services survey has been sent to divisions as part of the first tranche of work aligned to this plan which is due to be completed by 04 September. It is intended that this would be supplemented by CMO/CNO intelligence and an assessment of known fragility from sources such as Model Hospital and performance reviews, to identify a small subset of possible clinical service areas that may require dedicated focus in the future.

The second tranche of work will be a clinical template that will be completed by all specialties outlining their objectives based on all the principles of the Clinical Services Plan. This should outline their plans to adopt the plan within their team.

3. ADVISE - DGFT/SWB

Major Fire Incident in Dudley Borough

A major incident was declared by West Midlands Fire Service due to large scale fires in Stourbridge on 13 August. In preparation, DGFT declared a "Major Incident Standby" to allow clinical teams to prepare for potential mass casualties. Thankfully, no critical casualties were received, and 10 patients were treated for smoke inhalational and discharged.

Operational challenges were evident due to a high number of displaced residents saturated Local Authority capacity. Sadly, several staff have been directly impacted, and the Trust has reached out to offer support. A post incident debrief will be held to identify any learning.

DGFT MTI Doctors Survey

The survey results, published in April 2026, showed:

- 100% reported no experience or witnessing of sexual misconduct.
- 100% reported feeling always or mostly safe in their working environment.
- High levels of satisfaction with supervision (28 of 32 respondents satisfied or very satisfied) and induction support.

However, the survey highlighted a need to improve awareness of reporting routes and available training.

The Joint People Committee will continue to oversee progress and receive assurance reports.

Professional Group Updates

SWB/DGFT Allied Healthcare Professionals

AHP Framework for System Impact

The Office of the CAHPO is developing a new professional framework for AHPs (2027-2032) to set the long-term vision, direction and ambition for the **14 registered allied health professions (AHPs)** within the health and care system, aligned with national policy and wider NHS delivery strategies. The framework will cement the significant progress made in the past 10 years,

enable AHPs to navigate strategic change, advance personalised and patient-focused care, and foster a flexible, future-ready workforce. Colleagues from across the Group were invited to attend the Midlands Regional Workshop on 13 July to help shape the direction of travel and workshops will be held across the Trusts to seek the views of staff and feed into the consultation by 18 September.

SWB / DGFT Advanced Practice

There has been significant press coverage in relation to the safety of advanced practice roles, DGFT and SWB AP leads are working collaboratively to prepare a paper outlining the current governance structures for advanced practice. Regulation of advanced practice for those with NMC registration has been bought forward to March 2028, and there will be a need to review the current workforce to identify those working at advanced level, not solely those with the title of ACP to ensure appropriate governance across the Group. This piece of work can commence before the standards are released, expected to be in 2027, as this will provide a clear mapping of the current workforce with clear identification of educational preparation, job description, with subsequent alignment and standardised job planning.

We are developing a standardised Scope of Practice framework for Advanced Practitioners, supported by role-specific scopes tailored to individual clinical teams to promote consistency, governance and safe practice. With preparing for the introduction of the Nursing and Midwifery Council (NMC) regulatory framework for NMC-registered Advanced Practitioners, due to come into effect in March 2028.

Advanced Practitioner Recognition Award we are developing an "Advanced Practitioner of the Year" award, initially for DGFT with the potential to extend across SWB. In collaboration with the Communications Team, this initiative aims to recognise qualified Advanced Practitioners who demonstrate outstanding contribution to patient care, exemplify Trust values and deliver measurable improvements in quality and service. The award will be open to qualified Advanced Practitioners, recognising that trainee APs already undertake service improvement projects as part of their Masters' programme.

Policy Harmonisation: Reviewing the Advanced Practice policies across both SWH and DGFT by the end of 2026/early 2027, with the aim of developing a single, aligned Group approach. Following policy alignment, consideration will be given to the development and implementation of a standardised Advanced Practice job planning framework.

DGFT Theatre Support Assistant (TSA) and Senior Theatre Support Assistant (STSA) Workforce Model

We are introducing the introduce the new Theatre Support Assistant (TSA) and Senior Theatre Support Assistant (STSA) roles within Theatres. This workforce model has been developed in line with recognised system best practice and supports the delivery of safe, effective, and sustainable staffing whilst enhancing career development opportunities for our support workforce.

The introduction of these roles will provide a clearly defined support workforce structure within the theatre specialty, enabling staff to develop specialist skills and competencies within a dedicated clinical environment. The model establishes a formal career progression pathway from Band 2 to Band 3, with opportunities for individuals to progress further into registered professional roles

through Nursing, Operating Department Practitioner (ODP), and apprenticeship pathways. By creating these development opportunities, the Trust will strengthen its internal workforce pipeline, improve recruitment and retention, reduce future workforce risks, and support long-term workforce sustainability.

Sandwell & West Birmingham have had this workforce model in place for a few years.

DGFT Chief Nurse Fellowship Programme 25/26 Celebration

Cohort 3 Celebration
On 10 August 2026, we celebrated the successful completion of the third cohort of the Chief Nurse Fellowship Programme, recognising the achievements of five colleagues who have demonstrated exceptional leadership, innovation and commitment to improving patient care through quality improvement and service transformation.

The Chief Nurse Fellowship Programme continues to develop clinical leaders from across the multidisciplinary workforce, equipping participants with the skills, knowledge and confidence to lead change, influence practice and deliver improvements aligned with the Trust's strategic priorities, quality objectives and the NHS People Promise.

This year's Fellows have each led projects that address identified clinical challenges and opportunities for service improvement:

- **Summer Homer - Midwife, Safeguarding Team**
  Summer's project focused on strengthening safeguarding processes for **children under one year of age presenting to the Emergency Department with injuries or bruising**. The work has reviewed current pathways and documentation, identifying opportunities to improve the consistency of recording, escalation and information sharing, thereby enhancing safeguarding assurance and supporting earlier identification of vulnerable infants.
- **Charlotte McFarling - Midwife**
  Charlotte's project explored improvements to the **consenting process for induction of labour**, ensuring women receive timely, accessible and evidence-based information to support informed decision-making. The project aims to enhance patient experience, strengthen shared decision-making and ensure compliance with legal and professional standards for informed consent.
- **Rebecca Pollard - Pharmacist**
  Rebecca led a project examining opportunities to **enhance access, efficiency and patient experience within oral Systemic Anti-Cancer Therapy (SACT) services through pharmacist-led clinics**. The work demonstrates how advanced pharmacy practice can improve service capacity, optimise medicines management, reduce delays in treatment and support more efficient use of the multidisciplinary workforce.
- **Wara Mudunge - Research Nurse**
  Wara's project investigated the factors influencing **resistance to seasonal influenza vaccination** amongst patients and/or staff. Through understanding the behavioural, cultural and practical barriers to vaccine uptake, the project provides valuable insights to inform future vaccination campaigns and improve uptake, contributing to infection prevention and public health priorities.

- **Lisa Oseland - Nurse**
  Lisa's project focused on **social justice and equity in healthcare**, exploring alternative approaches to assessing patients with respiratory conditions who are less likely to attend hospital-based appointments. By identifying more accessible community-based assessment locations, the project aims to reduce health inequalities, improve access to specialist care and support earlier intervention for vulnerable patient groups.

The breadth of these projects reflects the Fellowship Programme's emphasis on quality improvement, innovation, patient safety, health inequalities and compassionate leadership. Collectively, they demonstrate how empowered clinical leaders can deliver meaningful improvements in patient outcomes, staff experience and service delivery across the organisation. The Board is invited to recognise and congratulate the third cohort of Chief Nurse Fellows for their achievements and acknowledge their ongoing contribution to advancing high-quality, equitable and patient-centred care across the Trust.

DGFT/SWB Chief Nurse Fellowship Programme 2026/7

The CNO fellowship programme has been extended to SWB this year, We have recently completed the selection process and are delighted to offer places to ten individuals representing a range of Nursing and Allied Health Professional (AHP) specialties across the organisation.

The calibre of applicants was exceptionally high, with candidates presenting innovative and impactful quality improvement projects that demonstrated strong alignment with the NHS's three strategic shifts: strengthening community-based care, embracing digital innovation, and prioritising prevention and early intervention. The refreshed Fellowship Programme reflects the evolving direction of healthcare services and will provide participants with the skills, knowledge, and leadership capabilities required to drive transformation and improve patient outcomes within an increasingly complex healthcare environment. The programme will also help to nurture future clinical leaders who can influence change.

Consultant Development

The Consultant Development programme at Sandwell and West Birmingham Hospitals is a new initiative, designed to enhance Consultant development beyond clinical duties. It features well-attended monthly lunchtime sessions on key aspects of Consultant life including their place in the operational function of the Trust. The sessions are also recorded so those that cannot attend on the day can review at a time that suits them.

At Dudley a New Consultant programme launched in April 2026. A Clinical Director development programme meets bimonthly supported by OD and Improving Together Teams. Monthly skills sessions are held with Trust experts and topics have included business cases, risk management and HR processes. These are open to all clinical leaders across the Trust.

Sandwell has also started progress on a Doctors Development Unit. Recently, five Consultants were chosen through a competitive interview process to become coaches, and they will now embark on a structured training programme, forming the core of the new coaching development unit.

Additionally, Sandwell are working jointly with the Improvement Team at Dudley on a Clinical Leadership Development Programme for our clinical leaders; a three-day initiative spread over 18 months, aiming to launch the first date in November 2026.

Partnership working with University of Wolverhampton

In conjunction with Sandwell Learning Campus, we are exploring the opportunities for education delivery within the learning campus at MMUH. We have met with key stakeholders from the University where they had the opportunity to view the learning campus facilities and discuss potential education delivery pathways. The priority programme will be Deteriorating Patient; this programme is under development with the initial cohort planned for November. This will be a two-day course with clinical capability assessment in the workplace for all nurses, midwives, AHPs and support workers. The provisional programme will include a core module taught as a blended cohort with subsequent speciality focused teaching, i.e. paediatrics, community and simulation session.

Falls Research

External Funding has been agreed for a research programme that explores both the behavioural drivers behind inpatient falls and the impact of a comprehensive fall's prevention strategy, with a particular focus on education. By examining patients' behaviours, the study will inform targeted educational interventions for both patients and healthcare professionals. These insights will support
the development of an evidence-informed falls prevention programme that strengthens staff knowledge, improves patient understanding and engagement, and promotes consistent implementation of best practice to reduce avoidable falls and associated harm.

3. ASSURE - DGFT/SWB

Transition to Practice Programme

The Professional Development Team is currently redesigning the Transition to Practice Programme to ensure that third-year Nursing, Midwifery, and Allied Health Professional students are equipped with the knowledge, skills, behaviours, and confidence required to successfully transition into their first registered roles within the organisation.

The revised programme will focus on preparing students for the realities of professional practice, providing enhanced support during the transition from student to registered practitioner. It will include targeted learning opportunities, career development guidance, clinical leadership principles, and professional expectations to ensure graduates are practice-ready from the outset. By investing in this transition period, the Trust aims to improve the experience of newly qualified professionals, strengthen retention, support workforce growth, and ultimately enhance the quality and safety of patient care.

Regional and National Staff awards/ recognition

- **Stacey Price**, Nurse Associate Educator who won the University of Wolverhampton Apprenticeship Ambassador Award.

- **Amy Williamson**, Practice Nurse, received the Chief Nursing Officer for England Silver Award. Amy has been recognised for her outstanding collaborative work in developing and supporting the delegation of insulin administration. This prestigious award acknowledges her commitment to improving patient care, strengthening cross-organisational working, and ensuring safe and effective diabetes management for patients.
- **Anita Jones** has been recently appointed to the Intensive Care Society Professional Advisory Group (PAG). She is leading progress with Advanced Clinical Practitioner (ACP) Trainee Rotation**:** Leading the development of the DGFT Trainee ACP Rotation Programme, with implementation planned for late 2026/early 2027.

AHP Awards

July saw the launch of the annual Allied Health Professional awards across both Trusts. This is an opportunity for staff to nominate colleagues or teams in recognition of their outstanding contribution and excellence in patient care. This year the nominations reflect both national direction and local ambition with the theme of "Celebrating AHPs Deliver".

Winners will be awarded on National AHP Day on 14 October and will go forward to the Black Country celebration event and awards ceremony on 20 October.

DGFT - GSF Accreditation

All medical inpatient ward across the DGFT have now achieved GSF Accreditation. It is a testament to the dedication, compassion and commitment of the ward teams to continually improve the quality of end of life care for patients and those important to them.

Whilst this is an important milestone, it is not the end of the journey. The Specialist Palliative Care Team will continue to work alongside clinical teams to support ongoing reaccreditation, embed continuous quality improvement and extend GSF implementation into our surgical services so that more patients can benefit from this approach to care.

Research and Publication Activity

Across both Trusts our Library Services and R&D teams have been collating a summary of all publications in clinical journals by our teams in the year 2025-26.

At SWB the total is 378 (the number was 302 in the previous year).
For DGFT, the portfolio shows 139 published articles.

Both Trusts are contributing meaningfully to national and international research across a broad range of specialties. Key strengths include:

- Strong multidisciplinary research activity across medical, surgical and allied specialties.
- High levels of collaboration with universities, NHS organisations and international partners.
- Strong representation in high-impact journals and major clinical specialties.
- Growing expertise in AI, data science and precision medicine.
- Particular research strength in gastroenterology, colorectal surgery, cardiovascular medicine and respiratory medicine.

For SWB, the analysis has been by directorate:

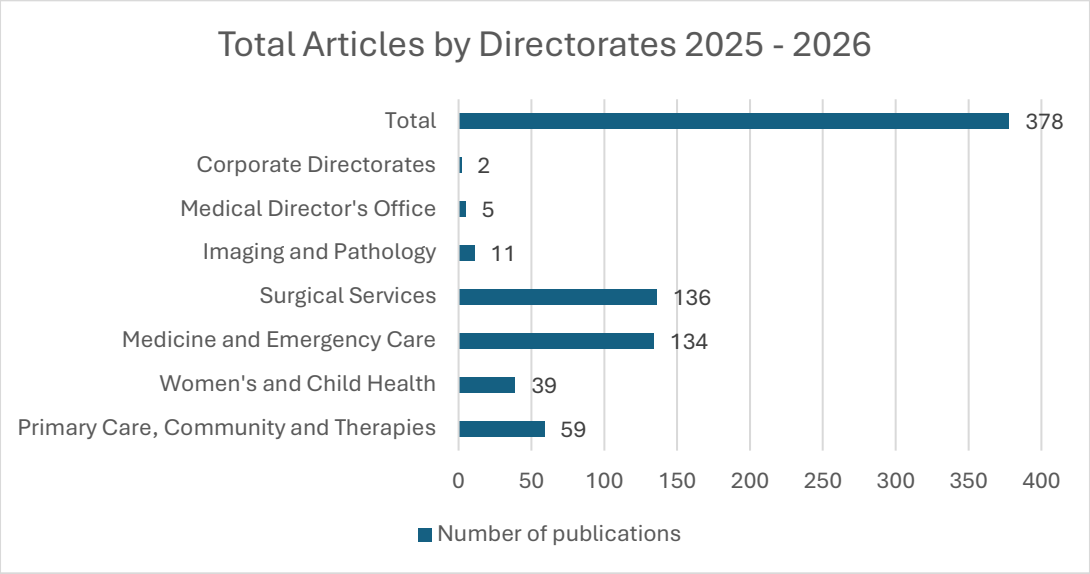


Figure 1 - SWB analysis of research publications by directorate

At Dudley, the speciality areas are noted.

Research Activity – dominant research areas are:

- Cardiology and cardiovascular medicine
- Gastroenterology and inflammatory bowel disease
- Neurology
- Obstetrics and Gynaecology
- Oncology
- Orthopaedics
- Respiratory medicine and severe asthma
- Rheumatology
- Surgery including Colorectal, General, Oral and Maxillofacial and Vascular surgery
- Urology

Figure 2 - DGFT analysis of research activity by speciality

Moving forward we are looking to align the approach taken across the Group.

4. RECOMMENDATIONS

The Group Public Trust Board is asked to:

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

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 Chief Nursing Officer, Mark Anderson, Group Chief Medical Officer, Jack Richards, Interim Chief Operating Officer (DGFT), Johanne Newens, Chief Operating Officer (SWBH)		
REPORT AUTHOR:	Marsha Jones Director of Nursing (DGFT) Giselle Carter-Sandy, Deputy Chief Operating Officer (SWBH) Jennifer Riley, Interim Deputy Director of Nursing (SWBH)		
MEETING:	Group Public Trust Board	**DATE:**	16/09/2026

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

Key Achievements

- Positive patient experience across both Trusts, with over 80% of patients rating services as good or very good.
- Strong patient safety culture and effective quality governance arrangements, evidenced by robust incident reporting and quality improvement activity.
- Excellent stroke performance, including a national Grade A SSNAP rating for SWBH and continued compliance with national stroke standards at DGFT.
- Continued improvements in falls prevention, pressure ulcer management and end-of-life care.
- Improvements in urgent and emergency care performance, ambulance handover times and reductions in long waiting times for elective care across both organisations.
- Achievement of a number of cancer standards, including strong 31-day performance at both Trusts.

Areas Requiring Further Improvement

- Complaints response timeliness and backlog reduction, particularly at SWBH.
- Compliance with safeguarding requirements, including MARF completion, training compliance and child protection processes.
- Deteriorating patient pathway compliance, where monitoring and escalation standards remain below target.
- Workforce pressures and staffing red flags across both organisations.
- Continued delays in mental health transfers due to system-wide capacity constraints.
- Delivery of cancer performance trajectories, particularly the 62-day standard and diagnostic capacity challenges.

Principal Risks

- Ongoing urgent and emergency care flow and capacity pressures affecting patient experience and operational performance.
- Complaints backlogs and response delays.
- Safeguarding compliance and workforce capacity challenges.
- Patient safety risks associated with deteriorating patient pathway compliance.
- Delays accessing inpatient mental health services.
- Cancer performance risks, particularly at SWBH.

The Board can take assurance that quality governance arrangements remain effective and that improvement plans are in place and actively monitored. However, assurance is moderated by sustained operational pressures, workforce challenges and a number of quality and performance indicators that remain below expected standards and require continued executive oversight.

The Board is asked to:

- Note the contents of the report.
- Receive assurance regarding the effectiveness of quality, patient safety and governance arrangements across both Trusts but acknowledge there is further improvement work to do
- Discuss the ongoing operational pressures affecting urgent and emergency care flow, capacity and cancer performance, particularly at SWBH.
- Support the continued delivery of improvement programmes in the identified areas requiring further attention.

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
Joint Quality Committee

Recommendations	
a)	Note the contents of this report
b)	Receive overall assurance regarding the effectiveness of quality, patient safety and governance arrangements across both Trusts but acknowledge there is further improvement work to do in the areas highlighted above
c)	Note and discuss the operational pressures in relation to urgent care flow and capacity pressures and cancer performance at SWB

Escalation
Should any element of this report be escalated: Not applicable

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 16/09/2026
Integrated Quality and Performance Highlight Report
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1. Purpose

1.1 The purpose of this report is to provide the Group Public Trust Board with oversight and assurance regarding key quality, patient safety and operational performance indicators across Dudley Group NHS Foundation Trust (DGFT) and Sandwell and West Birmingham NHS Trust (SWBH) for the reporting period of July 2026.

2. Background

2.1 Performance during July 2026 demonstrates that both Trusts continue to maintain effective quality governance arrangements and a positive patient safety culture. Patient experience remains generally positive, incident reporting levels continue to indicate an open and transparent reporting culture, and strong performance is evident in several clinical quality indicators, including stroke care, falls management, pressure ulcer prevention, audit activity and mandatory training compliance.

However, the overall assurance position remains moderated by ongoing operational and capacity pressures. Key areas requiring continued oversight include:

Improvement programmes are in place across all identified areas of concern and continue to be monitored through established quality governance arrangements.

3. Group headline

3.1 DGFT IQPR, the joint operational performance and productivity dashboard and SWBH Fundamentals of Care dashboards are presented to both Quality Committee and Finance & Productivity Committee monthly. Work is ongoing to mirror the operational performance and productivity dashboard for Quality & Safety. The NOF metrics have also started to be presented at each committee.

4. Quality & Patient Safety Metrics

4.1 Patient Experience - Both Trusts continue to report positive patient experience outcomes, with more than 80% of patients rating services as good or very good. Patient feedback mechanisms remain well established, with intelligence routinely disseminated to clinical and operational teams to support local quality improvement initiatives.

At SWBH, community services continue to exceed national benchmarks for patient experience. Improvements have also been observed within maternity services and emergency care following the transition to the Midland Metropolitan University Hospital, although emergency department performance remains below national expectations. Both Trusts are focussing on increasing the response rates.

4.2 Falls and Pressure Ulcer Management - Falls resulting in significant harm remain rare across both organisations. Dedicated improvement programs continue to strengthen prevention strategies, risk assessment processes and organisational learning.
DGFT has successfully implemented PURPOSE-T, an evidence-based pressure ulcer risk assessment tool designed to support early identification of risk, improve care planning and enhance compliance

with national standards. All pressure ulcers requiring review during the reporting period were appropriately assessed, with no cases resulting in moderate or severe harm.

SWBH has established a multidisciplinary Falls Working Group to coordinate improvement activity focused on risk assessment, patient footwear and pathway optimisation. Falls rate and inpatient falls see a downward trend, with falls below 100 at 95 for the first time since 2025. Pressure ulcer risk assessment remains below target of 95% at 79.4%, and pressure ulcers have slightly increased. As well as the ongoing quality improvements works already underway, the tissue viability team are commencing a deep dive into deep tissue injuries and unstageable under the care of district nursing teams in January and February to plot the outcomes and support learning for prevention. There was 1 stage 4 pressure ulcer, noted initially in April as unstageable, patient only of the district nurse case load for 12 weeks, case being reviewed.

4.3 Stroke Care - Stroke services continue to demonstrate strong performance across both organisations.
Validated data for DGFT demonstrates compliance with key national standards, including stroke unit admission, swallow screening and transient ischaemic attack management.
SWBH has achieved the highest SSNAP rating of Grade A, reflecting exceptional performance across the stroke pathway and recognition as a national exemplar service.

4.4 End of Life Care - Both organisations continue to demonstrate progress in delivering high-quality end-of-life care.

At DGFT, patients approaching end of life are being identified appropriately, with achievement against preferred place of care measures remaining positive. Accreditation programmes remain on track, and the Intensive Care Unit has been shortlisted for a national patient safety award in recognition of its implementation of Gold Standards Framework principles.

At SWBH, improvement activity continues in response to findings from the National Audit of Care at the End of Life (NACEL). Progress has been demonstrated across four of the five assessed domains, supported by mandatory training and specialist palliative care provision.

4.5 Areas requiring continued oversight for quality and safety metrics
Complaints Performance – DGFT received 127 complaints during August, with only 55% of first responses completed within the 30-working-day target. A backlog of open complaints remains, largely attributable to workforce capacity constraints.

SWBH continues to experience substantial backlog pressures, with 721 complaints open, with 70% in backlog, of these 43% require drafting at the time of writing the report, however given the significant rectification plan that is now in place, these numbers are fluid.

Workforce has been the driving factor, due to vacancies and high levels of both short term and long-term sickness within a small team, good progress has been made here with just one outstanding post currently within the recruitment process.

A mapping event was held with good Divisional representation to support both medium term and long-term actions to drive improvement across all areas of the patient and carer journey, to support reduction in complaints.

A deep dive has been undertaken and presented to Quality Committee and recovery plans are in place; however, sustained improvement in timeliness and backlog reduction remains necessary, which is being monitored weekly.

Safer staffing – DGFT reported a significant number of staffing red flags during the reporting period, although formal escalation rates remain comparatively low.

At SWB there has been a significant increase in the number of staffing red flags during the month of August, this correlates with the increased scrutiny within divisions on bank reduction. We have also seen an increase in the number of incidents raised in relation to staffing, to date there has been no patient harm identified within the reports. Weekly workforce meetings have been established to monitor reduction and facilitate early escalation of any quality and safety issues seen within divisions. Governance arrangements are established; however, workforce pressures and utilisation require continued scrutiny.

Mental Health pathway delays - Both Trusts continue to experience delays in transferring patients requiring inpatient mental health care, reflecting wider system capacity challenges. The resulting delays impact patient experience, emergency department flow and organisational capacity. Delays are predominantly attributable to system-wide constraints; however, the impact on patient care and operational performance remains significant.

Safeguarding – There is continued oversight across both organisations regarding safeguarding performance.

DGFT has reported concerns regarding Multi agency referral form (MARF) completion, child protection medical delays and training compliance. SWBH continues to monitor safeguarding training compliance, with the transition to providing in integrated adult and children training in house. Children in Care - remains on the risk register due to increased caseloads (Amber), national average is 1:100 SWB hold 1:200, we are working with the ICB but no formal solution reached - some progress radius reduced from 50 mile to 36 mile. Submission of workforce requirement now submitted and we currently await a response.

AGNI and overturn of Cheshire West - The team are auditing patients that wards have submitting DoLS for and reviewing policies - collaborative approach with Dudley.

Multi Agency Child Protection Team -The Families First Programme is a UK government-led initiative transforming children's social care. We have secured external funding for a Coordinator and MACPT nurse this post is progressing through recruitment process. (Dudley have recruited into this role already).
SUDIC report identified that the highest number sudden unexpected death in children in the Black Country is Sandwell - associated gap in Sandwell services. The SUDIC role is presently on a voluntary basis- ICB have responded and reduced KPI for home visits from 100% to 90%. SUDIC role is preferred resolution, we are currently undertaking a team review and looking at sustainable group models to address the gap.

Deteriorating patient pathways - Compliance with deterioration monitoring and escalation processes remains below expected standards across both organisations at an average of just over 70%. Whilst improvement is evident, particularly in relation to NEWS2 compliance and Martha's Rule implementation, progress remains slower than anticipated and compliance levels continue to present potential patient safety risks.

5. Operational Performance

5.1 Urgent and Emergency Care Flow - Both organisations continue to experience significant operational pressures associated with patient flow and capacity. Emergency department patient experience scores remain lower than those reported elsewhere within both organisations. Delays associated with admission processes, ambulance handovers and discharge pathways continue to impact patient flow. While performance improvements have been observed increasing demand continues to challenge sustainability. Improvement initiatives are in place; however, operational pressures continue to present quality and patient experience risks.

DGFT
Overall performance against the Emergency Access Standard (EAS) was 78.6% against the target. This performance was supported by continued strong non-admitted performance, which remained within the four-hour standard. Our average admitted performance also improved significantly during July, by 36 minutes, demonstrating positive progress in reducing waiting times for patients requiring admission.

Ambulance activity was up by 0.3%, with the average ambulance offload time of 23 mins. This is below the 45min target and is a significant improvement from the previous month. We have also maintained closure of the ED corridor.

SWBH
Urgent and Emergency Care metrics showed recovery in July 26. Total EAS performance was reported at 75.05%, a 1.71% improvement on the previous month. The admitted pathway continues to drive type 1 underperformance against plan with 15% of patients requiring admission moving into a bed within 4 hours- particularly those being admitted to medical specialties.
There has been an improvement in the proportion of patients with length of stay in ED exceeding 12 hours (0.39%).

Ambulance activity was up by 2.8% and patients arriving via ambulance were of higher acuity when compared to the previous month, driving up our average handover time by 4 minutes to 36 minutes. This is still below the 45minute average, and a surge activity plan is being developed to mitigate any further slippage.

Referral to Treatment (RTT) Standards

DGFT
Performance against the 18-week RTT standard is 63.95% vs 65% plan of patients treated within 18 weeks. Long waits have significantly reduced, with 0.04% of patients waiting over 52 weeks. We continue to proactively monitor high-risk specialties and escalate issues promptly to minimise further delays. Focus also remains on Total Waiting List, we have seen a spike in referrals and working to understand reasons and impacts on Specialties. We are working on a trajectory of recovery to achieve our March 27 planned target.

SWBH
Performance against the 18-week RTT standard is 60.39% vs 65% plan of patients treated within 18 weeks. ENT, Gynaecology, Dermatology, and Cardiology continue to hold significant long-wait backlogs, with ENT accounting for approximately 4,000 patients waiting over 18 weeks.

Reduction in long waits have been sustained, with 0.55% of patients waiting over 52 weeks. Cardiology, Gynaecology and Dermatology have all delivered reductions in 52-week waits, demonstrating positive progress in long-wait recovery. However, an increasing backlog within ENT presents a key risk to ongoing delivery against trajectory and is being monitored closely.

6. Cancer Standards

DGFT
28 Day FDS achieved trajectory with performance of 84.35% against a target of 83%.

31 Day Combined: Performance was 95.36% against a target of 94.2%. Urology and Skin remain challenged areas due to capacity for surgical patients and biopsy capacity.

62 Day Combined: Performance was 69.95% against a target of 76.8%. Breast, Urology and Skin are three of our largest tumour sites and remain an area of focus for increasing capacity for surgical patients and increasing biopsy capacity.

SWBH
28 Day FDS (Faster Diagnosis Standard) was reported at 78.79%, an improvement on the previous month but remained below trajectory of 80%. Challenges continue around diagnostics capacity, impacting on pathway progression.

62-day performance improved to 76.09% against the target of 76.6%. Clinical specialties with the greatest underperformance were Gynaecology, Colorectal, Haematology, Dermatology, Urology and Head & Neck, driven mainly by diagnostic delays and capacity constraints due to workforce issues.

The 31-day diagnosis to treatment target was achieved and reported at 96.13, 3.3% above trajectory with the expectation that we will continue to deliver against this target.

Risks

The principal risks requiring ongoing Board oversight are:

- Patient flow and capacity pressures affecting emergency care performance at MMUH; ambulance handovers at RHH, corridor care at RHH, and discharge processes.
- Complaints backlog and response timeliness.
- Safeguarding compliance, including training, MARF completion and child protection processes.
- Compliance with deteriorating patient pathways and escalation standards.
- Delays in access to inpatient mental health services arising from system-wide capacity constraints.
- Cancer Performance at SWB

7. Conclusion

6.1 Sustained operational pressures continue to affect a number of quality and performance indicators. Focus remains necessary in relation to urgent and emergency care flow, complaints management, safeguarding compliance, deteriorating patient pathways, workforce pressures and mental health transfer delays. Improvement programs are established across all identified areas and progress will continue to be monitored through the quality governance framework.

8. Recommendations

7.1.The Group Public Trust Board is asked to:

a) Note the contents of this report.
b) Receive overall assurance regarding the effectiveness of quality, patient safety and governance arrangements across both Trusts but acknowledge there is further improvement work to do in the areas highlighted above
c) Note and discuss the operational pressures in relation to urgent care flow and capacity pressures and cancer performance at SWB

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:**	16/09/2026

Paper Type: (place an 'x')		**Requested action:** (place an 'x')		**Applies to:** (place an 'x')	
	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

The overall perinatal mortality position remains stable, with stillbirth and neonatal mortality rates currently below the respective national rates. However, following the increase in neonatal mortality seen during early 2026, this remains under close surveillance and an internal thematic review of recent neonatal deaths is underway to identify any common themes and further learning.

Maternity Incentive Scheme Year 8 performance is positive, with required training standards achieved and Saving Babies' Lives Care Bundle compliance at 99%. Placental growth factor testing remains outstanding due to the Black Country Pathology position, and implementation of the Maternal Care Bundle by March 2027 remains a compliance risk.

Neonatal workforce pressures continue due to acuity and long-term sickness, with staffing reviewed daily and mitigating actions in place. An interim Head of Midwifery is now in post and recruitment to strengthen senior maternity leadership has progressed.

Sandwell and West Birmingham

Perinatal mortality remains a key area of focus. The overall extended perinatal mortality rate has reduced to 7.0 per 1,000 births and stillbirth has continued to improve; however, neonatal mortality remains elevated at 2.34 per 1,000 births and continues to demonstrate special-cause concern. All cases continue to be reviewed through established governance processes, and improvement work remains underway.

There remains a risk that the Trust will not achieve all requirements of Maternity Incentive Scheme Year 8, particularly Safety Action C – Learning from Reviews and Investigations. Work is underway to strengthen triangulation of learning, family voice, thematic analysis and evidence of the impact of actions.

The Trust continues delivery of its perinatal improvement programme following the Baroness Amos investigation and commenced intensive NHS England MatNeoIST support on 1 September 2026. Nine areas of focus have been agreed with three, six and twelve-month milestones, with delivery overseen through the Chief Executive-chaired Group Perinatal Transformation and Assurance Group.

Maternity triage is now achieving the 90% standard following a sustained positive shift in performance. Category 1 caesarean section performance has also improved, although the 30-minute standard is not yet being consistently achieved.

The review of all 2025 stillbirths involving families who received care from SWB will now be externally led, strengthening independence, transparency and external scrutiny while retaining family voice at the centre of the review.

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

Recommendation(s)	
a)	The Board is asked to review and approve both Trusts baseline Maternity and Neonatal 10-point plan ahead of submission to NHSE on the 25th of September 2026. .

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 Trust Public Board on 16th September 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.

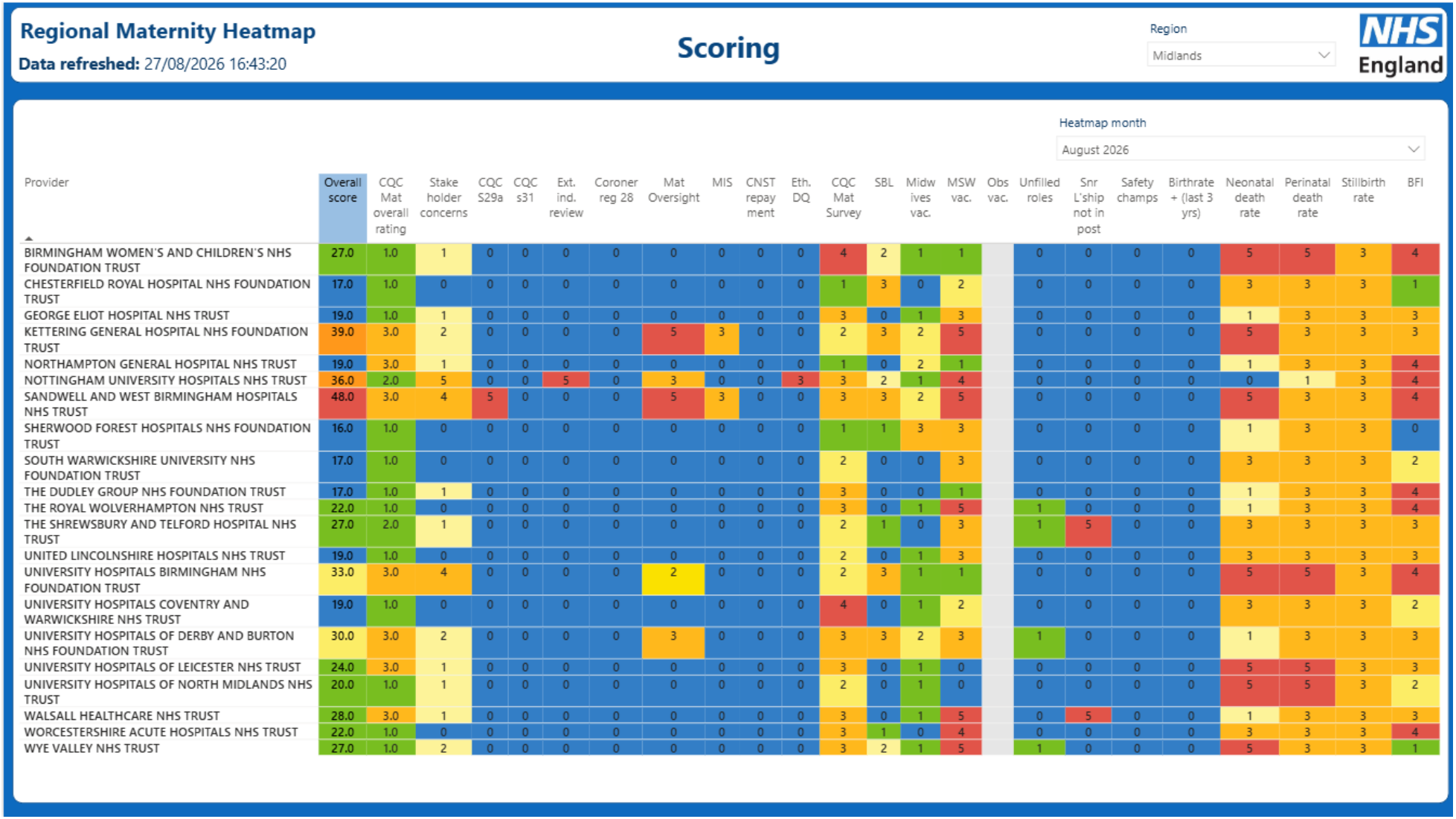
3. Group Headlines

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: 27/08/2026 16:43:20

Scoring

Region: Midlands

NHS England

Heatmap month: August 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	27.0	1.0	1	0	0	0	0	0	0	0	0	4	2	1	1		0	0	0	0	5	5	3	4
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	17.0	1.0	0	0	0	0	0	0	0	0	0	1	3	0	2		0	0	0	0	3	3	3	1
GEORGE ELIOT HOSPITAL NHS TRUST	19.0	1.0	1	0	0	0	0	0	0	0	0	3	0	1	3		0	0	0	0	1	3	3	3
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	39.0	3.0	2	0	0	0	0	5	3	0	0	2	3	2	5		0	0	0	0	5	3	3	3
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	19.0	3.0	1	0	0	0	0	0	0	0	0	1	0	2	1		0	0	0	0	1	3	3	4
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	36.0	2.0	5	0	0	5	0	3	0	0	3	3	2	1	4		0	0	0	0	0	1	3	4
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	48.0	3.0	4	5	0	0	0	5	3	0	0	3	3	2	5		0	0	0	0	5	3	3	4
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	16.0	1.0	0	0	0	0	0	0	0	0	0	1	1	3	3		0	0	0	0	1	3	3	0
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST	17.0	1.0	0	0	0	0	0	0	0	0	0	2	0	0	3		0	0	0	0	3	3	3	2
THE DUDLEY GROUP NHS FOUNDATION TRUST	17.0	1.0	1	0	0	0	0	0	0	0	0	3	0	0	1		0	0	0	0	1	3	3	4
THE ROYAL WOLVERHAMPTON NHS TRUST	22.0	1.0	0	0	0	0	0	0	0	0	0	3	0	1	5		1	0	0	0	1	3	3	4
THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	27.0	2.0	1	0	0	0	0	0	0	0	0	2	1	0	3		1	5	0	0	3	3	3	3
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	19.0	1.0	0	0	0	0	0	0	0	0	0	2	0	1	3		0	0	0	0	3	3	3	3
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	33.0	3.0	4	0	0	0	0	2	0	0	0	2	3	1	1		0	0	0	0	5	5	3	4
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	19.0	1.0	0	0	0	0	0	0	0	0	0	4	0	1	2		0	0	0	0	3	3	3	2
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	30.0	3.0	2	0	0	0	0	3	0	0	0	3	3	2	3		1	0	0	0	1	3	3	3
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	24.0	3.0	1	0	0	0	0	0	0	0	0	3	0	1	0		0	0	0	0	5	5	3	3
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	20.0	1.0	1	0	0	0	0	0	0	0	0	2	0	1	0		0	0	0	0	5	5	3	2
WALSALL HEALTHCARE NHS TRUST	28.0	3.0	1	0	0	0	0	0	0	0	0	3	0	1	5		0	5	0	0	1	3	3	3
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	22.0	1.0	0	0	0	0	0	0	0	0	0	3	1	0	4		0	0	0	0	3	3	3	4
WYE VALLEY NHS TRUST	27.0	1.0	2	0	0	0	0	0	0	0	0	3	2	1	5		1	0	0	0	5	3	3	1

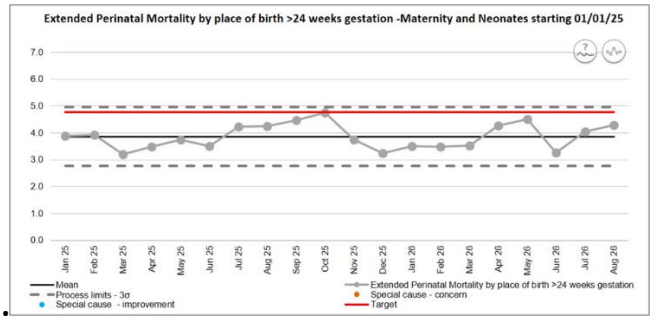
3.2 Heatmap scoring

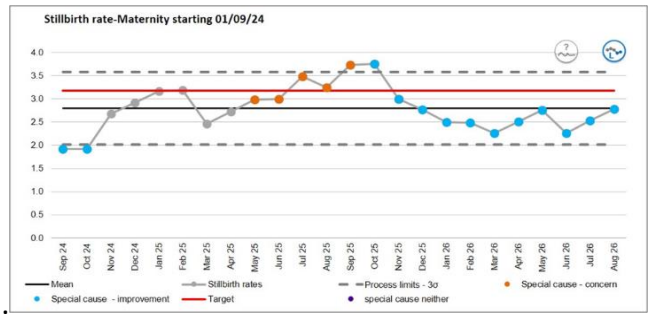
Please note that the heatmap now includes scoring for baby friendly accreditation (BFI). The Dudley Group scoring is inaccurate as the Maternity unit is BFI accredited whilst our Neonatal unit is currently working towards this accredited position. Vacancy position scoring for SWB will improve in the coming months due to newly qualified Midwives commencing in post and Midwifery support workers joining the team.

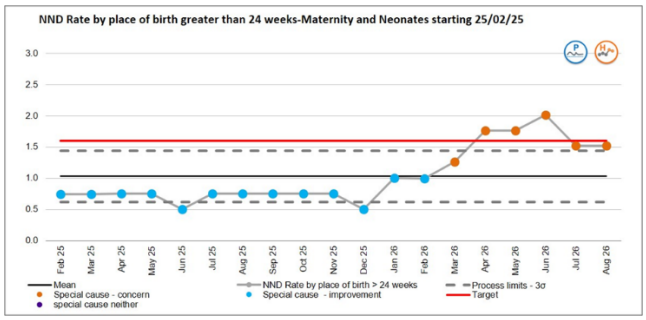
3.3 Perinatal Mortality data: By place of Birth

Dudley Group

SPC Chart 1: Perinatal Mortality (Rolling 12-month rate / 1000 births) Dudley Group
SPC Chart 2: Stillbirth rate (Rolling 12-month rate / 1000 births) Dudley Group
SPC Chart3: Neonatal Death rate (Rolling 12-month rate / 1000 births) Dudley Group

1. 

2. 

3. 

Neonatal mortality: The NND rate (>24 weeks, by place of birth) is currently 1.52 per 1,000 births in August and is now just below the national rate of 1.60. This follows an upward trend during early 2026. All cases are reviewed through PMRT, and an internal thematic review of recent neonatal deaths has been commissioned to identify common themes and further learning.

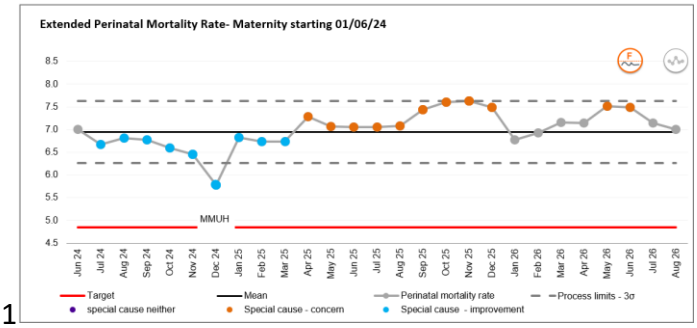
Stillbirth: The August stillbirth rate was 2.78 per 1,000 births, remaining below the national rate of 3.18. The SPC demonstrates rates remaining below the historical mean throughout 2026 and no current special-cause concern.

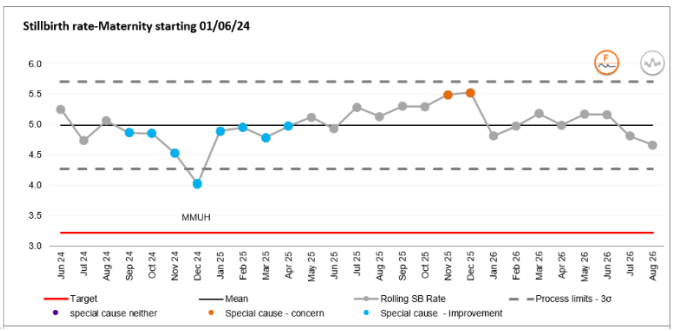
Extended perinatal mortality: The July rate was 4.29 per 1,000 births. The SPC remains stable within expected process limits, with no evidence of special-cause variation.

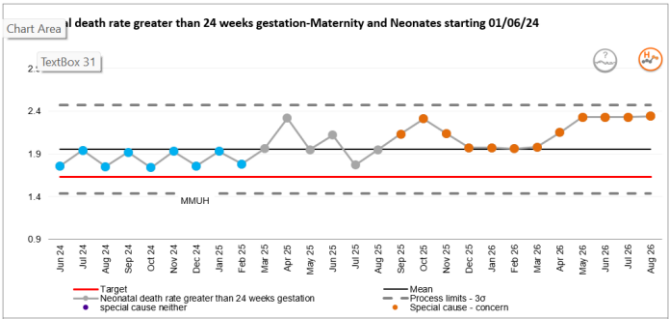
Overall, mortality remains under close surveillance, with particular focus on the recent NND increase and the findings of the internal review.

Sandwell and West Birmingham NHS Trust (SWB)

SPC Chart 1: Perinatal Mortality (Rolling 12-month rate / 1000 births) Sandwell & West Birmingham
SPC Chart 2: Stillbirth rate (Rolling 12-month rate / 1000 births) Sandwell & West Birmingham
SPC Chart3: Neonatal Death rate (Rolling 12-month rate / 1000 births) Sandwell & West Birmingham

1 

2. 

3. 

The overall extended perinatal mortality rate at Sandwell and West Birmingham has reduced to 7.0 deaths per 1,000 births at the end of August 2026, following the peak in May and June 2026. The

rate remains above the national ambition shown on the chart but is currently within expected statistical variation, with no special-cause concern indicated.

The rolling stillbirth rate has reduced to 4.66 deaths per 1,000 births, continuing the improvement seen over the previous two months. The neonatal death rate for babies born at greater than 24 weeks' gestation remains elevated at 2.34 deaths per 1,000 births and continues to demonstrate special-cause concern, with the rate remaining above the SPC mean.

All perinatal mortality cases continue to be reviewed through the Perinatal Mortality Review Tool (PMRT), with themes and learning monitored through established maternity and perinatal governance processes. The overarching aim of the maternity and perinatal improvement programmes is to improve outcomes for women and babies. The improvement work underway across the service is designed to address the contributory factors associated with adverse outcomes, with sustained reductions in stillbirth, neonatal and overall perinatal mortality rates providing an important measure of its impact.

3.4 Patient Safety Incident Investigations and Maternity and Newborn Safety Investigations: Dudley Group

There has been one new case referred to and accepted by the Maternity and Newborn Investigations (MNSI) during July 2026. The baby required therapeutic cooling, and the subsequent MRI was normal.
One MNSI case concluded in July 2026, there was 1 safety recommendation in relation to fetal monitoring, with actions in place to address the findings.
There have been no Patient Safety Incident Investigation commenced or concluded during July 2026.

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

One new MNSI case was referred in July 2026 following transfer of a baby for therapeutic cooling. Rapid review identified learning relating to electronic patient record risk assessment, fetal medicine capacity, outdated VTE guidance, CTG interpretation, MDT communication and escalation, and access to equipment. Three MNSI investigations remain open, with no cases concluded during July.

Two Patient safety incident investigations (PSII) were completed. The first identified delays in recognition, escalation and management of fetal compromise, with themes around handover, emergency response, communication, interpreter use and maternity–neonatal working. The second related to maternal deterioration following a cerebral venous sinus thrombosis (CVST), identifying delayed emergency escalation once neurological deterioration occurred and opportunities to strengthen recognition of maternal stroke, postnatal deterioration, persistent headache guidance and postnatal observations.

Across the cases, recurring learning relates to timely recognition and escalation of deterioration, effective multidisciplinary communication and handover, and robust clinical guidance and emergency response processes.

Actions are being progressed through the maternity improvement programme in response to the identified learning. A dedicated working group has been established with the Improving Together team to strengthen access to and use of interpreter services. NHS England is providing targeted support to strengthen fetal monitoring practice, including CTG interpretation, recognition of fetal compromise and escalation. Relevant clinical guidance is being reviewed and updated, alongside work to strengthen MDT communication, handover, emergency response processes and recognition of maternal and postnatal deterioration. Progress and impact will be monitored through maternity and perinatal governance.[CM1]

3.6 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.

The Dudley Group

Dudley Group received 0 MOSS signals July or August 2026. As part of MIS Year 8 readiness, a mock MOSS signal exercise will be undertaken in September 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 in July or August 2026 (last signal 3rd June 2026). The MOSS team visited the trust in August 2026 to review processes for MOSS alerts and to receive feedback on the processes. This feedback has been taken into consideration for the upcoming upgrades to the MOSS system.

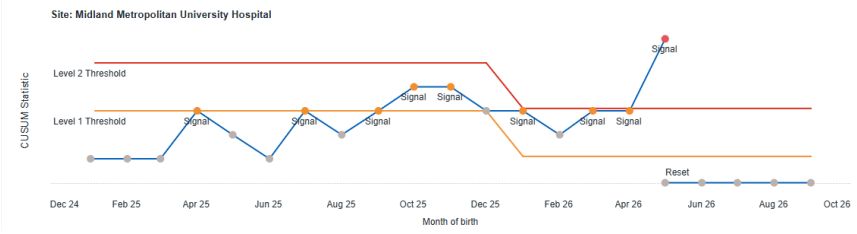


Chart: MOSS Cumulative SUM chart

3.7 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 July 2026.

3.8 Maternity Safety Champions (MSC) Dudley Group

Following the July Maternity Safety Champion walkaround at Dudley, concerns were raised regarding senior midwifery cover during periods of sickness and high acuity, alongside instability within the senior leadership team. An interim Head of Midwifery is now in post and recruitment has progressed. Neonatal services continue to experience workforce pressures associated with increased acuity and long-term sickness, resulting in increased capacity transfers and a temporary reduction in the neonatal outreach service to maintain safe staffing. Further specialist neonatal training is underway, with staffing reviewed daily against acuity and patient safety requirements. Neonatal estate constraints remain on the corporate risk register. Work is also underway to improve the accessibility of maternity and neonatal information for families whose first language is not English. Further safety champion engagement, assurance oversight and staff Speak Up sessions are scheduled for September.

3.9 Maternity Safety champions Sandwell and West Birmingham

Conversations at SWB have focused on the findings of the Baroness Amos report. There has been an increase in escalations via FTSU as well as directly to the CNO/CEO/DOM, which are all being dealt with individually. These themes are being escalated to the Cultural improvement program.

Staff engagement also continues, with opportunities to discuss concerns arising from the Review. Professional Midwifery Advocate and Professional Nurse Advocate support remains in place, alongside enhanced support for any staff concerns or escalations, provided on either an individual or group basis as required.

Sandwell and West Birmingham

3.10 Perinatal Improvement Programme and Maternity and Neonatal Improvement Support Team

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.

This work is supported by participation in the national Perinatal Equity and Anti-Discrimination Programme and the local Perinatal Culture Development Programme. A Perinatal Culture Oversight Group has been established to coordinate and monitor improvement in compassionate leadership, multidisciplinary working, psychological safety and speaking up. Community engagement and co-production are also being strengthened through the Maternity Community Talk and Tour programme, which is being expanded following the initial session with Saathi House.

Alongside this programme, SWB is receiving intensive support from the NHS England Maternity and Neonatal Improvement Support Team (MatNeoIST). A four-day multidisciplinary diagnostic review undertaken from 13–16 July 2026 identified areas of good practice, including strong executive oversight, developing perinatal leadership, established quality improvement infrastructure and improvement already underway across triage, induction of labour and caesarean birth pathways.

Following the diagnostic, nine areas of focus have been agreed, with named leads and three, six and twelve-month milestones. Intensive MatNeoIST support commenced on 1 September 2026, with the milestones aligned to existing Trust and regional improvement activity. Early priorities include strengthening culture, leadership and accountability; undertaking a deep dive of perinatal governance; developing a comprehensive workforce strategy, including implementation of Birthrate Plus; strengthening escalation and daily perinatal huddles; improving service-user voice and equity; reviewing senior and specialist workforce capacity; and addressing identified clinical pathway and digital/data quality issues.

Longer-term milestones focus on demonstrating sustained improvement through strengthened ward-to-Board assurance, a sustainable perinatal workforce and leadership model, reliable perinatal data and SPC reporting, embedded service-user voice and equity, and measurable improvement across priority workstreams.

Overall delivery is overseen through the Group Perinatal Transformation and Assurance Group, chaired by the Chief Executive. This provides executive oversight of the Baroness Amos recommendations, the wider Perinatal Improvement Programme and MatNeoIST milestones through a single assurance framework, with progress, evidence of impact, risks and areas requiring escalation monitored through established governance arrangements and reported through Quality Committee to Board.

3.11 NHS Resolution Maternity (and Perinatal) Incentive Scheme Year 8 Quarterly update

Dudley

At the first pre-selected checkpoint, training compliance was above the 90% minimum threshold across all staff groups, including midwives, maternity support workers, obstetricians, anaesthetists, neonatal medical staff, neonatal nurses and Advanced Neonatal Nurse Practitioners, for Practical Obstetric Multi-Professional Training, fetal monitoring and neonatal resuscitation. The aim is to maintain this level of compliance throughout the year. In-situ hospital simulation takes place as part of each monthly Practical Obstetric Multi-Professional Training Day, with an out-of-hospital multidisciplinary simulation scheduled for 7 November 2026 in conjunction with West Midlands Ambulance Service.

Submission to the Safety and Perinatal Excellence Network continues with full compliance. The Quarter 1 2026/27 Perinatal Mortality Review Tool report is available in the reading room. Quarter 1 data for the Saving Babies' Lives Care Bundle demonstrates 99% compliance. Placental growth factor testing remains outstanding and is recorded on both local and regional risk registers. Delays in resolving this through the Black Country Pathology Service continue to require escalation.

The Maternal Care Bundle implementation plan was presented to Quality Committee in July, with quarterly updates planned to provide assurance of implementation by March 2027. Achievement of the required implementation remains a compliance risk. Quarterly equality, diversity and inclusion reporting continues through governance arrangements and Quality Committee, supporting

oversight of care, incidents and themes affecting women and families and ensuring service user voice informs improvement. Development of a Perinatal Culture Group is also underway to provide greater oversight of actions to improve staff and service user experience.

Sandwell
At the pre-selected checkpoint on 31 July 2026, training compliance was above the 90% minimum threshold across all required staff groups for Practical Obstetric Multi-Professional Training, fetal monitoring and neonatal resuscitation. In-hospital and out-of-hospital multidisciplinary simulations are planned for September and October 2026.
Submission to the Safety and Perinatal Excellence Network meets the required standard for the Maternity Incentive Scheme. Implementation of the Saving Babies' Lives Care Bundle has improved to 94%. Placental growth factor testing remains outstanding, with further improvement required in carbon monoxide monitoring and recording of smoking status to achieve full implementation of Element 1 of the bundle.

There remains a risk that the Trust will not achieve all requirements of Maternity Incentive Scheme Year 8, with particular risk relating to Safety Action C – Learning from Reviews and Investigations. The principal area of risk is the ability to consistently demonstrate triangulation of learning from perinatal mortality reviews, maternity and newborn safety investigations, incidents, complaints and wider safety intelligence, and to evidence that identified learning has resulted in sustained and measurable improvement.

Work is underway to strengthen family voice within review processes, ensuring families have meaningful opportunities to contribute and that their questions, concerns and experiences are reflected within reviews and subsequent learning. Further work is also required to strengthen thematic analysis, enable earlier identification of recurrent themes and demonstrate the impact and effectiveness of actions arising from reviews.

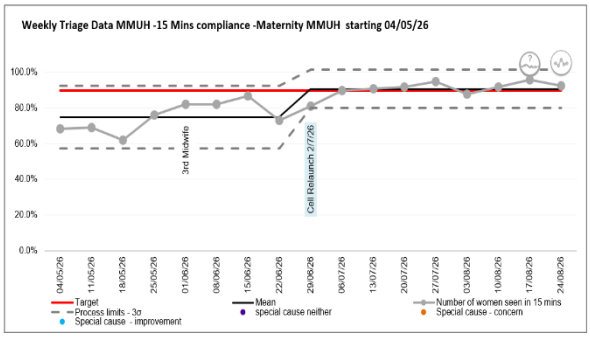
A Perinatal Culture Oversight Group has been established at Sandwell and West Birmingham to oversee and track delivery of the With You All the Way Perinatal Culture Development Programme. The group monitors progress against the programme's actions and priorities, including leadership, staff experience, psychological safety, speaking up and multidisciplinary working, ensuring that staff feedback and lived experience are translated into meaningful and sustainable improvements for staff, women and families.

3.12 Sandwell Stillbirth review

Earlier this year, the Trust announced a review of all stillbirths involving families who had received any level of care from perinatal services at Sandwell and West Birmingham Hospitals NHS Trust, during 2025. All families within the scope of the review were subsequently contacted and invited to contribute. As the work has progressed, we have reflected further on the breadth, depth and significance of the review and have determined that it should be externally led.

This will provide greater independence and objectivity, strengthen transparency and public confidence in the process, and ensure that the findings and recommendations are subject to appropriate external scrutiny. The scope of the review remains unchanged, with the experiences and voices of families central to the process and a clear focus on identifying learning and opportunities to further improve the safety and quality of perinatal care. The Quality Committee and Trust Board will receive regular updates throughout the review, providing ongoing oversight and assurance on progress, emerging themes and any actions requiring early implementation.

3.13 Quality and Safety Improvements
Triage data- SWB

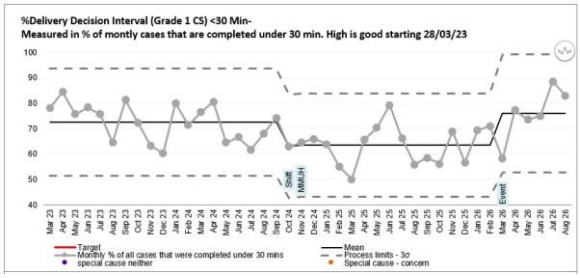


*The statistical process control chart above shows the weekly average time for women seen within 15mins of arrival at the Maternity unit.

Maternity triage performance has demonstrated sustained improvement against the 15-minute assessment standard, which measures whether women receive an initial clinical assessment within 15 minutes of arrival. Compliance increased from approximately 60–70% in May to around 90% or above during July and August. Statistical Process Control demonstrates a positive shift in performance following additional triage staffing and improvement activity, with the 90% target now being achieved. The focus remains on sustaining this level of performance consistently.

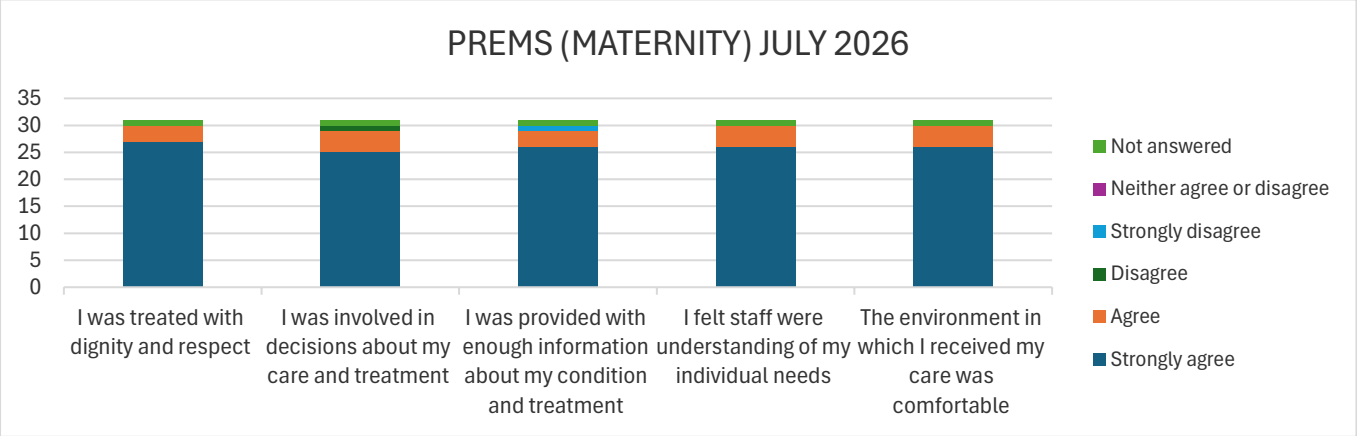
Category 1 caesarean section response times (within target time of 30 minutes)

Category 1 caesarean section performance has shown sustained improvement, with 88% delivered within the 30-minute target in July and 83% in August 2026. This represents a marked improvement compared with performance during 2025 and early 2026, although the 30-minute target is not yet being consistently achieved. Individual cases exceeding 30 minutes continue to be reviewed to identify contributory factors and support sustained improvement.



3.14 Service user feedback

Patient reported experience measures July 2026



31 responses across 5 domains. 2 negative outcomes**.**

Dudley

Communication on updates could have been better but mostly great care.

Our stay was in the middle of a heatwave which was very uncomfortable. Maybe better temp/less people to rooms in such conditions. Also, a bathroom for men/partners.

Staff was always welcoming and accommodating, nothing was ever too much, really felt heard and cared for.

Super helpful staff, extremely informative, all aware of birth plan. Nothing too much trouble, responsive to all needs, special mention to Lizzie, Lucy, Jennie for all your support. Turning my second birth into a healing experience.

The two ladies treated us very good. Was friendly and lovely. Made the experience feel magical.

Sandwell

I've been very lucky to have a straightforward pregnancy so far, but I had some concerns around my baby's movements and so decided to contact the triage team. The person who answered the phone was very understanding and supportive and told us to come in as soon as possible. I would like to say a big thank you to Bridget who guided us through the process of the monitoring of the heartbeat and movements, and made sure all was well with me too. She made it very clear that if we weren't happy, we could see a doctor or could come back at any time. Fortunately, all was well, and we left feeling so much more reassured. Thank you for the we received; we really appreciated it at a stressful time.

We really want birth partners to be allowed in A4 ward all day and not 9am-9pm, as mother needs their birth partner for emotional and support

Overall, I feel my experience was pleasant however I feel there could be some improvements. Firstly, when I gave birth, I wish that there was a small introduction to the team that look after you in this ward as I did not really know who would be caring for me and my baby. Midwife were quite diligent, and I found that if there were other support workers that were delegated to look after my baby, they should've made themselves visible or introduce themselves. I really loved all the support workers. Particularly Lynn, Kristina ebanks, liv - they were so attentive kind and caring and really fun. Student Midwife's Khadeza was incredible and professional. Zainab also was attentive and hardworking she was managing a lot of things while attending to me.

Midwives: Jessica, Faith, Hamdollilah, Nicola, Lillie, Francesca and all the ones working on shift were excellent. I cannot fault them they were incredibly professional and diligent in their jobs. Also, the cleaners and women who handle breakfast were incredibly supportive and hardworking I really appreciate them the most in this ward as they managed and handled the food and cleanliness without hesitation.

4. Recommendation

4.1 The Public Trust Board is asked to:

a) **Accept** this paper as assurance against the national requirements of Perinatal Quality Oversight Model.

Claire Macdiarmid
Interim Group Director of Midwifery

Date: 4th September 2026.

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

REPORT TITLE:	Maternity and Neonatal 10 Point Plan		
SPONSORING EXECUTIVE / PRESENTER:	Mel Roberts Group Chief Nursing Officer Marke Anderson Group Medical Director		
REPORT AUTHOR:	Claire Macdiarmid Interim Group Director of Midwifery		
MEETING:	Group Public Trust Board	**DATE:**	16/09/2026

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

This paper presents the baseline position for Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust against the NHS England Maternity and Neonatal 10 Point Plan and national Maternity Triage Specification.

The assessments provide assurance that the majority of requirements are either compliant or partially compliant, with clear improvement actions identified where further work is required. At both Trusts, the principal area of non-compliance within the 10 Point Plan relates to demonstrating systematic Board review and action in response to inequalities data. Other areas requiring further development include women and family voice, workforce and competency, learning from complaints and incidents, and demonstrating the impact of improvement activity.

Maternity triage benchmarking provides assurance that the core triage arrangements are established. Two standards are not currently in place at Dudley and one at SWB. Improvement is required across areas including pathways and escalation, accessibility of information, workforce competency, service-user feedback and the use of demographic data to identify inequalities.

Improvement actions have been identified and will be monitored through established maternity and neonatal governance arrangements. The Board is asked to review and scrutinise the findings and associated improvement actions and approve the baseline assurance submissions to NHS England ahead of the 25 September 2026 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

Recommendations

a)	**Review** and scrutinise the findings and associated improvement actions, and 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.

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

Report to the Group Public Trust Board on 16/09/2026

Benchmarking of the Maternity and Neonatal 10 Point Plan

1. Purpose

1.1 This paper provides the Board with an update on progress against the national 10 Point Plan for maternity and neonatal services, including the actions required of NHS trusts.

1.2 The paper also presents the outcome of the maternity triage benchmarking undertaken across Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust, highlighting areas of assurance, identified gaps and the actions being taken in response.

1.3 The Board is asked to note the progress made, the areas requiring further improvement and the governance arrangements in place to oversee delivery.

2. Background

2.1 Following publication of Baroness Amos' independent investigation into maternity and neonatal services in England and Donna Ockenden's independent review of maternity services at Nottingham University Hospitals NHS Trust, NHS England established a national 10 Point Plan setting out the most urgent actions required to improve maternity and neonatal safety.

2.2 On 12 August 2026, NHS England published the Maternity and Neonatal 10 Point Plan assurance process, setting out expectations for Trusts, Boards and regional teams. The Plan is intended to drive immediate action while the national Maternity and Neonatal Taskforce develops a comprehensive national action plan by the end of 2026.

2.3 Trusts are required to submit a standardised assurance return to their NHS England region at two points: a baseline assessment by 25 September 2026 and a progress update by 31 December 2026. Both submissions require Trust Board approval, with Boards expected to demonstrate visible ownership and scrutiny of delivery, management of risks and escalation of significant concerns.

2.4 As part of the assurance process, NHS England also published a maternity triage benchmarking audit tool on 12 August 2026 to support implementation of the national maternity triage specification. Trusts are expected to use the tool to assess their current position, identify gaps and develop an improvement plan. The initial audit is required as part of the September submission, with improvements against the national triage specification expected to be implemented within 12 months.

3. Group headline

3.1 Across both organisations, the assessments demonstrate that many of the core arrangements required to support safe maternity and neonatal services are established, while also identifying areas where further improvement, embedding or stronger evidence of implementation is required.

3.2 There are differences in the maturity and focus of the improvement work across the two organisations. At SWB, the principal emphasis remains on sustaining recent improvement and strengthening service resilience, governance, family voice and delivery of the wider improvement programme. At Dudley, the assessment is more strongly focused on refinement of existing arrangements, including pathways, accessibility, service-user feedback and the use of data to identify inequalities.

3.3 Actions have been aligned, where appropriate, with existing maternity and neonatal improvement plans and governance structures. Progress will be monitored through established governance arrangements and will inform the formal progress update required by NHS England by 31 December 2026.

4. The Dudley Group NHS Foundation Trust position

4.1 The Dudley Group has completed its baseline assessment against the NHS England Maternity and Neonatal 10 Point Plan and the national Maternity Triage Specification. Overall, the assessment provides assurance across many of the core requirements, while identifying a defined number of areas where further development or stronger evidence is required.

Summary position

Assessment	Compliant / fully in place	Partially compliant / in place	Non-compliant / not in place
10 Point Plan (25 requirements)	**19 (76%)**	**5 (20%)**	**1 (4%)**

Maternity Triage Specification (81 standards)	**53 (65.4%)**	**26 (32.1%)**	**2 (2.5%)**

10 Point Plan
The assessment demonstrates established arrangements for Board-level accountability, 24/7 safety and responsiveness, workforce oversight, homebirth services and implementation of PSIRF within maternity and neonatal services. The Trust is also compliant with requirements relating to participation in the Perinatal Equity and Anti-Discrimination Programme and has an agreed plan for implementation of the Maternal Care Bundle by March 2027.

The principal areas requiring further development are:

- **Women and family voice:** the Trust collects a range of clinical outcome, audit and experience information; however, greater triangulation of these sources is required and reporting to Board needs to demonstrate more clearly the resulting scrutiny, decisions, actions and impact.
- **Inequalities:** this is the most significant identified gap. The Trust is not currently able to demonstrate the required six-monthly Board review and action in response to inequalities dashboard data. The EDI Lead Midwife will incorporate inequalities analysis into quarterly governance reporting, alongside biannual review of the inequality's dashboard and analysis of the antenatal and newborn screening dashboard.
- **Martha's Rule:** a Trust-wide Call for Concern process is established; further work is required to ensure this is explicitly embedded within maternity and neonatal services.
- **Complaints and concerns:** PSIRF and Duty of Candour processes are established, but deeper thematic analysis and triangulation of complaints, incidents and other intelligence is required to strengthen organisational learning.

Actions arising from the assessment will be incorporated into existing governance arrangements, with progress monitored ahead of the December 2026 national progress return.

Maternity Triage Benchmarking
The benchmarking assessment provides assurance that the core maternity triage service and infrastructure are established. Dedicated staffing arrangements are in place, telephone and face-to-face triage are established and recent performance against the 15-minute initial assessment standard has remained above the national 90% target.

The audit has identified a number of areas requiring further development:

Area	Position and required improvement
Pathways and escalation	Strengthen interfaces with the Emergency Department, including referral and escalation arrangements, and ensure pathways explicitly address women presenting during the six-week postnatal period.

Workforce competency	Core staffing arrangements are established; however, competency requirements and rapid-assessment training need to be more consistently defined and evidenced.
Women and family voice	Improve the accessibility of triage information and establish more systematic collection, analysis and use of service-user feedback to inform improvement.
Equity and inequalities	Strengthen understanding of local population needs and use demographic and outcome data more consistently to identify variation in access, timeliness, experience and outcomes.
Data and measurement	Current data review and governance arrangements are established, but not all measures within the national measurement strategy can currently be captured. Further development of reporting is required, particularly analysis by ethnicity, deprivation, spoken language and other demographic characteristics.

An improvement plan has been developed from the benchmarking findings. Delivery will be monitored through established maternity governance arrangements, with progress and exceptions escalated through the Quality Committee and Board as appropriate.

5. Sandwell & West Birmingham NHS Trust position

5.1 Sandwell and West Birmingham NHS Trust has completed its baseline assessment against the NHS England Maternity and Neonatal 10 Point Plan and the national Maternity Triage Specification. The assessment demonstrates a number of established arrangements, alongside areas where improvement activity already underway needs to be completed, embedded or more clearly evidenced.

Summary position

Assessment	Compliant / fully in place	Partially compliant / in place	Non-compliant / not in place
10 Point Plan (24 assessed requirements)	**13 (54.2%)**	**10 (41.7%)**	**1 (4.2%)**
Maternity Triage Specification (81 applicable standards)	**54 (66.7%)**	**26 (32.1%)**	**1 (1.2%)**

10 Point Plan

The assessment demonstrates established arrangements for Board-level accountability and oversight, consultant presence and locum governance, 24/7 anaesthetic provision, oversight of workforce acuity and service pressures, and delivery and oversight of maternity triage. The Trust is also compliant with the requirement to support participation in the Perinatal Equity and Anti-Discrimination Programme and has an agreed plan for implementation of the Maternal Care Bundle.

The principal areas requiring further development are:

- **Women and family voice:** further work is required to strengthen the systematic collection and triangulation of experience information, including MNVP intelligence and targeted engagement. Community Talk and Tour sessions have commenced

alongside wider community engagement, with further work planned to strengthen co-production and demonstrate how intelligence results in improvement.

- **Inequalities:** this represents the single non-compliant requirement. The Trust needs to demonstrate systematic Board review and action in response to trends identified through inequalities data. Further development is also required to strengthen analysis of outcomes, incidents and experience by ethnicity and deprivation.
- **Workforce:** neonatal medical staffing and the midwifery establishment are assessed as partially compliant. The neonatal medical workforce business case requires Executive consideration, while the final Birthrate Plus assessment has been received and will inform the associated maternity workforce business case. Further work is also required in relation to specialist provision, including bereavement services.
- **Learning, complaints and family involvement:** further strengthening is required to demonstrate consistent PSIRF governance, thematic triangulation of complaints and incidents, and opportunities for open learning and compassionate debriefing with women and families.
- **Martha's Rule:** components 2 and 3 are embedded within maternity. Further work is underway to implement component 1, including resolution of digital limitations affecting incorporation of the Patient Wellness Questionnaire.

Actions are aligned with the existing Perinatal Improvement Programme and NHS England improvement support, with progress monitored through established governance arrangements ahead of the December 2026 national progress return.

Maternity Triage Benchmarking

The benchmarking assessment demonstrates that the majority of the national maternity triage requirements are established or substantially in place. Of the 81 applicable standards, 54 (66.7%) are fully in place, 26 (32.1%) are partially in place and one (1.2%) is not in place. This means 80 of the 81 applicable standards (98.8%) are at least partially in place.

The audit has identified several areas requiring further development:

Area	Position and required improvement
Access, information and pathways	Strengthen information for women about accessing triage, including accessible and translated information, hospital wayfinding and signposting. The single standard assessed as not in place relates to clear signposting of maternity triage throughout the hospital and availability of associated maps/information.
Women and family voice	Develop more systematic collection and use of triage-specific experience and qualitative feedback, strengthen MNVP involvement and co-production, and embed mechanisms to demonstrate how feedback influences improvement.
Workforce and competency	Further define and evidence competency requirements for staff undertaking telephone and face-to-face triage, including training in the locally adopted triage methodology, and strengthen escalation arrangements during periods of increased activity or workforce pressure.

Equity and communication	Strengthen interpretation arrangements, culturally safe care and staff training, and improve understanding of the social, cultural and geographical needs of the population accessing triage.
Data and inequalities	Develop analysis of access, timeliness, experience and outcomes by ethnicity, language, deprivation, disability and other demographic characteristics, in line with the national measurement strategy.

An improvement plan has been developed from the benchmarking findings. This builds on the existing triage improvement work undertaken with the Trust improvement team and NHS England. Delivery will continue to be monitored through maternity governance arrangements, with performance and exceptions escalated through the Quality Committee and Board as appropriate.

6. Conclusion

6.1 Both Trusts have completed their baseline assessments against the NHS England Maternity and Neonatal 10 Point Plan and the national Maternity Triage Specification. The assessments demonstrate that many of the required arrangements are established, while clearly identifying areas where further improvement, embedding or stronger evidence is required.

6.2 Improvement actions have been identified for both Trusts and will be managed through existing maternity and neonatal governance and improvement arrangements. Progress and any outstanding risks will continue to be monitored and escalated through the appropriate governance routes.

6.3 The baseline position presented within this paper will inform the September 2026 submission to NHS England, with progress against identified gaps reviewed ahead of the further national assurance return in December 2026.

7. Recommendations

7.1. The Group Public Trust Board is asked to:

a) **Review** and scrutinise progress against the Maternity and Neonatal 10 Point Plan
b) **Review** the findings of the maternity triage benchmarking audit, including identified gaps and associated improvement actions.
c) **Note** the arrangements for ongoing Board oversight of triage quality, performance and delivery of improvements.
d) **Approve** the Trust's baseline assurance submission to NHS England, due by 25 September 2026.

Claire Macdiarmid, Interim Group Director of Midwifery
7th September 2026

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

REPORT TITLE:	Mortality and Learning from Deaths 12-month overview		
SPONSORING EXECUTIVE / PRESENTER:	Mark Anderson, Group Chief Medical Officer Dr Paul Hudson, Medical Director (Dudley)		
REPORT AUTHOR:	Arvind Rajasekaran, Deputy Medical Director & Trust Mortality Lead SWB Philip Brammer, Deputy Medical Director & Trust Mortality Lead DG		
MEETING:	Group Public Trust Board	**DATE:**	16/09/2026

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	x	Endorse		The Dudley Group NHS Foundation Trust
x	Information		Recommend		
			Discuss		
		x	Note		

Suggested discussion points

This paper aims to provide assurance that SWB and DGFT:

- Consistently complete Tier 1 scrutiny (Medical Examiner Review) of inpatient deaths
- Monitor compliance against the ME Office standards
- Identify and disseminate learning from Tier 2 Structured Judgement Reviews
- Are aware of conditions that have high mortality statistics (e.g. SHMI) and investigate these appropriately to identify contributing factors and areas for learning;
- Are monitoring conditions identified as key areas for improvement, and able to provide progress updates on what improvement is taking place
- Acknowledge the overall Summary Hospital-level Mortality Indicator (SHMI) for SWBH is higher than average but is within the "as expected" band. Acknowledge the overall SHMI for DGFT remains within the expected range and the HSMR continues to be a positive outlier
- Acknowledge that there are differences in methods of calculation for SHMI for each Trust

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

Monthly reporting through Learning from Deaths Group and Quality Committee
Quarterly reporting through Executive Quality Group

Recommendations	
a)	Receive assurance that the learning from deaths processes for scrutinising deaths and monitoring various data sources is robust and in alignment with national standards
b)	Acknowledge the issues identified (i.e. high SHMI)
c)	Accept the actions in place to better our position

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 Group Public Trust Board on 16/09/2026

Mortality and Learning from Deaths 12-month overview:

1. Assurance Summary

The Joint Quality Committee receives regular mortality and Learning from Deaths reports through a robust governance framework comprising monthly review by the Learning from Deaths Group and Joint Quality Committee, with quarterly oversight through the Executive Quality Group. This provides systematic scrutiny of mortality indicators, Medical Examiner activity, Structured Judgement Reviews (SJRs), learning themes and associated quality improvement actions across both Trusts. The full 12-month Learning from Deaths report is available in the Reading Room supporting the September 2026 Board meeting.

The Committee is assured that both Sandwell and West Birmingham NHS Trust (SWBH) and The Dudley Group NHS Foundation Trust (DGFT) continue to operate robust Learning from Deaths processes aligned to national standards, with high levels of Medical Examiner scrutiny, comprehensive mortality review arrangements and established mechanisms to identify, disseminate and monitor learning. Mortality indicators remain within the expected range overall. DGFT continues to demonstrate a stable mortality position, with a SHMI of 100.11, a positive Hospital Standardised Mortality Ratio (HSMR) of 91.84 and improving crude and perinatal mortality rates. SWBH maintains strong mortality governance processes and improving perinatal outcomes. Although its SHMI is 109.75, the Trust is currently rated within the NHS England 'as expected' range and continues to monitor and investigate mortality indicators through its established governance framework.

The Joint Quality Committee has reviewed the actions underway in response to identified mortality themes and areas of elevated risk. Across both Trusts, improvement programmes are in place relating to patient flow, documentation quality, sepsis, pneumonia, oxygen management, maternity and perinatal outcomes, and condition-specific mortality. The Committee is satisfied that appropriate governance arrangements are in place to oversee delivery of these actions and that learning is being translated into measurable quality improvement. Overall, the Committee provides substantial assurance that mortality governance, Learning from Deaths processes and associated quality improvement arrangements are effective across both organisations.

The full report is located in the reading room.

Name: Arvind Rajasekaran Philip Brammer
Date: 27th August 2026

REPORT TITLE:	NHS England Minimum Standards of Patient Experience (Elective Care) - Joint Initial Assurance Assessment
SPONSORING EXECUTIVE / PRESENTER:	Joanne Newens – Chief Operating Officer – Sandwell and West Birmingham Hospitals NHS Trust / Jack Richards – Interim Chief Operating Officer – Dudley Group Foundation Hospitals NHS Trust
REPORT AUTHOR:	Hilary Lemboye – Acting Director of Operational Performance – Sandwell and West Birmingham Hospitals NHS Trust Rita Rai – Associate Director of Performance – Dudley Group of Hospitals NHS Foundation Trust
MEETING:	Group Public Trust Board **DATE:** 16/09/2026

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

Suggested discussion points

This paper provides a joint baseline assessment against the NHS England Minimum Standards of Patient Experience for Elective Care. It concludes that both Trusts have many of the necessary processes in place but require further work to strengthen assurance and evidence compliance. Members are asked to note the assessment, consider the identified gaps and support the proposed improvement actions ahead of future NHS England assurance requirements.

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

N/a

Recommendation(s)

a)	**Note** the outcome of the joint assurance assessment.
b)	**Endorse** the establishment of the proposed multidisciplinary workstreams to address identified gaps.
c)	**Support** development of a joint approach to implementation of NHS England patient communications requirements.
d)	**Receive** a further progress update ahead of the NHS England stocktake.

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		
	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

Report to the Group Public Trust Board on 16/09/2026

NHS England Minimum Standards of Patient Experience (Elective Care) - Joint Initial Assurance Assessment

1. Purpose

1.1 This is a joint initial assessment against the NHS England Minimum Standards of Patient Experience for Elective Care (Appendix 1), prepared ahead of the formal Trust Board assurance statements due in 2026/27. It sets out where current processes already give assurance, where the two Trusts differ, and where either the process, or the evidence behind it, still needs work before a compliance position can be confirmed.

2. Background

2.1 National Context:

2.1.1 "Over the past year, we have made huge strides in improving elective performance and reducing waiting lists, but too many patients still don't feel informed or involved while they wait for their appointments. These standards represent the minimum they must be able to expect from the NHS at what can be one of the most challenging times of their lives." Sir Jim Mackey, Chief Executive, NHS England, 3 July 2026 (Appendix 1)

2.1.2 NHS England published the Minimum Standards of Patient Experience for Elective Care in July 2026 to establish a consistent national baseline for how patients should be supported, informed and engaged whilst waiting for elective treatment. The standards move the focus beyond waiting time performance alone and reinforce the importance of patient experience, communication and involvement in decision-making throughout the waiting period.

2.2 Local Context: Both Trusts already operate elective improvement arrangements which support many of the requirements within the NHS England standards. The assessment indicates that the principal challenge is not generally the absence of processes but ensuring that patients consistently experience those processes and that compliance can be evidenced. As a result, most actions relate to communications, workflow refinement and assurance rather than creation of wholly new arrangements

2.3 National stocktake and communications requirements: this assessment establishes a baseline position ahead of NHS England's planned review of implementation of the Minimum Standards of Patient Experience. It also identifies the actions required to strengthen assurance arrangements and support future communication of the standards to patients.

3. Group headline

3.1 The joint assessment demonstrates that both Trusts already have processes in place that support many of the requirements within the NHS England standards. However, further work is needed to strengthen assurance, improve consistency of patient experience and evidence compliance. Most standards have therefore been assessed as Amber, with performance against Standard 4 (12-week patient contact) representing the most notable area of variation between the two organisations.

3.2 Headline Assessment (Table 1)

Standard	Joint Position
1. Referral outcome within 28 days	Amber/ Red
2. Clear, accessible communication (needs identification)	Amber
3. Information while waiting	Amber
4. Contact at least every 12 weeks	DGFT: Green / SWB: Amber/ Red
5. Reasonable adjustments	Amber
6. 21-day appointment notice	Amber
7. Rebooking within 28 days of cancellation	Amber
8. Communication when care is complete	Amber

3.3 Key Themes

- Existing arrangements support many requirements but are not always visible to patients.
- Patient communication and waiting-well information represent the most common gap across standards.
- DGFT demonstrates stronger assurance for 12-week patient contact than SWB.
- Further work is required before a formal compliance statement can be made

4. The Dudley Group NHS Foundation Trust position

4.1 Strengths:

- Consistent performance against Standard 4 (95.4%).
- Established booking and validation arrangements.
- Existing SPoA and triage processes support Standards 1 and 2.

4.2 Areas requiring further development:

- Information provided whilst patients wait.
- Assurance regarding reasonable adjustments.
- Consistency of completion-of-care communications.

5. Sandwell & West Birmingham NHS Trust position

5.1 Strengths:

- Existing planned care transformation programme.
- Ongoing outpatient and digital development initiatives.
- Existing infrastructure supporting several standards.

5.2 Areas requiring further development:

- Recovery of Standard 4 performance (12-week contact).
- Waiting-well information and communication.
- Assurance relating to reasonable adjustments and pathway completion communications.

6. Conclusion

6.1 The assessment demonstrates that both organisations have established foundations upon which the NHS England Minimum Standards of Patient Experience can be delivered. Whilst no standard has been identified for which implementation is considered unattainable, further work is required to strengthen evidence of compliance, improve patient-facing communications and address areas where assurance remains limited. The most significant variation between

organisations currently relates to Standard 4 (12-week patient contact). Subject to delivery of the actions outlined in this report, both Trusts will be better placed to demonstrate progress during future NHS England assurance activity.

7. Recommendations

7.1. The Board is asked to:

a) **Note** the outcome of the joint assurance assessment.
b) **Endorse** the proposed multidisciplinary workstreams establishment addressing identified gaps.
c) **Support** development of a joint approach to implementation of NHS England patient communications requirements.
d) **Receive** a further progress update ahead of the NHS England stocktake.

Hilary Lemboye/ Rita Rai
8th September 2026

Appendix 2: Detailed Assessment Against NHS England Minimum Standards of Patient Experience (Elective Care)

A2.1 Headline Assessment

Standard	Joint Position
Referral outcome within 28 days	Amber / Red
Clear, accessible communication	Amber
Information while waiting	Amber
Contact at least every 12 weeks	DGFT: Green / SWB: Amber-Red
Reasonable adjustments	Amber
21-day appointment notice	Amber
Rebooking within 28 days of cancellation	Amber
Communication when care is complete	Amber

A2.2 Standard 1: Referral Outcome Within 28 Days

NHS England Standard *"You will know within 28 days whether your referral has been accepted, or what the next steps are."*

Assessment: Both Trusts have established Single Point of Access (SPoA) and consultant-led triage arrangements which support earlier clinical review of referrals. NHS expectations are that referrals receive a response within five days and that patients are increasingly able to access information relating to referral management. At present approximately 29% of referrals at DGFT and 25% at SWB proceed through these routes. Further work is required to expand their use and strengthen assurance relating to equality, diversity and digital exclusion.

Position: Amber / Red

A2.3 Standard 2: Clear, Accessible Communication

NHS England Standard *"Communication will be clear and easy to understand, and if you have specific communication needs, you will be able to tell your provider these."*

Assessment: Both Trusts have established processes enabling communication preferences and patient needs to be identified at referral stage. Outpatient transformation and digital programmes also support improvements in communication quality. Further work is required to ensure communication needs are consistently identified and addressed throughout the patient pathway rather than solely at referral. **Position:** Amber

A2.4 Standard 3: Information While Waiting

NHS England Standard: *"When your referral is accepted, you will get information to help you while you wait."*

Assessment : Current provision of waiting-well information is largely limited to My Planned Care information, NHS App functionality and periodic validation communications. Examples of good practice exist across both organisations, including self-management resources, digital pre-assessment processes and condition-specific advice. A coordinated programme of work is required to improve consistency and availability of information to patients whilst waiting. **Position:** Amber

A2.5 Standard 4: Contact at Least Every 12 Weeks

NHS England Standard: *"You will get regular updates on your wait at least every 12 weeks."*

Assessment

Provider	Outcome
DGFT	95.4%
SWB	52.5%
Midlands Average	58.4%

DGFT demonstrates strong assurance against this standard. SWB performance has deteriorated and is subject to an internal recovery plan. Additional work is required to improve both compliance and the quality of communications provided to patients

Position: DGFT Green / SWB Amber-Red

A2.6 Standard 5: Reasonable Adjustments

NHS England Standard: *"Before your appointments you will be able to tell your provider of any additional needs and reasonable adjustments you require."*

Assessment: Patients are currently able to identify additional needs through referral, booking and reminder processes. Further assurance is required to determine whether identified needs are consistently acted upon and whether existing digital tools could strengthen delivery of this standard. **Position:** Amber

A2.7 Standard 6: Twenty-One-Day Appointment Notice

NHS England Standard: *"You will receive clear information about your appointment at least 21 days in advance."*

Assessment

Provider	Performance
DGFT	52.5%
SWB	59.13%

Both Trusts continue to work towards improvement in providing patients with greater notice of appointments. DGFT's booking model demonstrates recognised good practice in balancing patient notice with efficient use of outpatient capacity. SWB is developing a similar approach.

Position: Amber

A2.8 Standard 7: Rebooking Within 28 Days of Cancellation

NHS England Standard: *"If your appointment is cancelled, by either you or your provider, a new date will be communicated within 28 days."*

Assessment

Provider	Performance
DGFT	63.4%
SWB	67.02%

Performance exceeds 60% at both organisations for hospital-initiated cancellations. Further work is required to assess outcomes relating to patient-initiated cancellations and identify opportunities for improvement.

Position: Amber

A2.9 Standard 8: Communication When Care Is Complete

NHS England Standard: *"You will be told when your care is complete and what happens next."*

Assessment: Patients currently receive copies of clinician correspondence; however, there is no consistent approach to completion-of-care communications across either Trust. Opportunities have been identified through adoption of national outpatient correspondence standards and wider use of digital communication solutions. **Position:** Amber

A2.10 Overall Conclusion: The assessment demonstrates that many elements of the NHS England Minimum Standards of Patient Experience are already supported by existing elective care, booking, outpatient and communications processes. The principal gaps relate to the visibility of those processes to patients, consistency of patient communications and the availability of evidence demonstrating compliance. The most significant variation between the two organisations relates to Standard 4 (12-week patient contact), where DGFT currently demonstrates materially stronger assurance than SWB.

To:
- NHS trust:
  - chief executives
  - chief operating officers

cc.
- NHS trust chairs
- Regional:
  - directors
  - chief operating officers
  - chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

3 July 2026

Dear colleagues

Minimum standards of patient experience – electives

Patients waiting for elective care have too often been left in the dark, not knowing if a referral has been accepted or if they are still on the waiting list. Some only hear about an appointment after it has already happened. This is entirely unsatisfactory and, if we are serious about improving patient experience of and satisfaction with the NHS, we have to fix the basics – and that starts with how we treat people from first contact and throughout their journey.

The Elective Reform Plan committed us to setting clear minimum standards that every trust must meet for every patient once referred to an elective pathway.

The planned care minimum standards set out in a simple and clear way the very minimum a patient should experience when their referral has been accepted in secondary care. They have been designed alongside key stakeholders, including patient groups and could also be beneficial for other pathways.

The standards (annex 1) are defined in 3 parts:

- what patients should expect at referral
- what they can expect while they are on the waiting list
- the information they can expect to receive about their appointment

What we expect from acute trusts

Trust boards should assess their current performance against each standard and set out how they will improve where they are not meeting a standard.

Trust boards are also expected to publish a statement in 2026/27 setting out their approach to complying with the minimum standards, followed by an annual statement reflecting their assessment of progress against them.

We will carry out a national stocktake in 6 months to assess progress across England and monitor the Office for National Statistics (ONS) Health Insight Survey every 4 weeks and the British Social Attitudes survey annually.

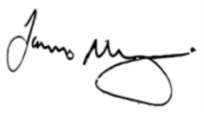
It is a trust's responsibility to communicate the standards with patients to ensure they are aware of the minimum they should expect when on an elective pathway. To support providers to communicate these standards with patients, we will be sharing a communications toolkit in the next couple of weeks.

Why is this important?

Over the past year, we have made huge strides in improving elective performance and reducing waiting lists, but too many patients still don't feel informed or involved while they wait for their appointments. These standards represent the minimum they must be able to expect from the NHS at what can be one of the most challenging times of their lives, and I know in many places you are going beyond what these standards set out.

Thank you for all that you are doing already and will do to continue to improve performance, and to ensure that these minimum standards are what patients can rightly expect from elective care wherever they are across the country.

Yours sincerely



Sir Jim Mackey

Chief Executive Officer, NHS England

Annex 1: Minimum standards of patient experience – electives

When you are referred

- Standard 1: You will know within 28 days whether your referral has been accepted or what the next steps are.

While you are on the waiting list and throughout your care

- Standard 2: Communication will be clear and easy to understand. If you have specific communications' needs, you will have the opportunity to tell your provider these.
- Standard 3: When your referral is accepted, you will get information to help you while you wait.
- Standard 4: You will get regular updates on your wait, at least every 12 weeks.
- Standard 5: Before your appointments, you will be able to tell your provider of any additional needs and reasonable adjustments you require.

Planning and understanding your appointments

- Standard 6: You will receive clear information about your appointments at least 21 days in advance.
- Standard 7: If your appointment is cancelled, by either you or your provider, a new date will be communicated within 28 days.
- Standard 8: You will be told when your care is complete and what happens next.

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

REPORT TITLE:	Group Winter Plan 2026/27 Assurance Report		
SPONSORING EXECUTIVE / PRESENTER:	Jack Richards – Chief Operating Officer DGFT Johanne Newnes – Chief Operation Officer SWBH		
REPORT AUTHOR:	Amandeep Kaur Tung – Deputy Chief Operating Officer DGFT Giselle Sandy-Carter – Deputy Chief Operating Officer SWBH		
MEETING:	Group Public Trust Board	**DATE:**	16/09/2026

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

Suggested discussion points

The purpose of this report is to provide the Group Public Trust Board with an overview of the Trust's Winter Plan 2026/27, the underlying demand and capacity assumptions, planned mitigation schemes, associated delivery risks and the financial and operational implications for the organisation.

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.

For DGFT, internal demand and capacity modelling has identified a forecast shortfall of 116 adult beds during peak winter months, depending on the baseline capacity assumptions applied. Winter demand modelling estimates a requirement for approximately 633 adult beds compared to currently funded adult capacity of 550 beds**.** However, Regional Winter Planning modelling shows a significantly smaller bed shortfall of 40 beds during peak winter period in January 2027.

For SWBH, internal demand and capacity modelling has identified a bed deficit of 68 adult beds, requirement of 659 adult beds against 591 funded beds available.

A comprehensive programme of admission avoidance, flow improvement and discharge initiatives has been developed with estimated benefits equivalent to 116 beds. These initiatives focus on reducing avoidable admissions, improving same day care utilisation, strengthening frailty pathways, enhancing discharge processes and expanding virtual ward capacity. Should these schemes fail to optimise a surge bed plan has been considered, giving 111 bed mitigation against the 116 deficit.

There remains a financial risk that benefits may not be realised at the pace assumed within the modelling. Failure to deliver planned bed reductions could necessitate escalation capacity, additional staffing expenditure and increased non-recurrent operational costs during winter periods. For DGFT this has a financial risk of £3.278million (assuming all surge and super surge capacity will need to be utilised). For SWBH this has a financial risk of £1,399,424.

The plan remains dependent on successful delivery of key schemes, workforce availability, partner support and community capacity. Continuous monitoring through existing governance structures will be essential to ensure benefits are realised and risks mitigated.

The Group Public Trust Board is asked to review the proposed approach, take assurance regarding the credibility of the delivery plan and provide oversight of performance, capacity and financial risks throughout the winter period.

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

Recommendation(s)	
a)	**Note** the forecast winter bed capacity gap of 116 beds at DGFT.
b)	**Take assurance** that a comprehensive mitigation programme is in place to manage anticipated winter pressures.
c)	**Note** the key operational, workforce and financial risks associated with delivery.
d)	**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 16/09/2026

TITLE: Group Winter Plan 2026/27 Assurance Report

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1. Purpose

1.1 To provide the Group Public Trust Board with assurance regarding the Trust's preparedness for Winter 2026/27, including the forecast demand and capacity position, planned mitigations, operational risks and financial implications.

1.2 To seek Group Public Trust Board oversight of the delivery arrangements and benefits realisation program throughout the winter period.

2. Background

2.1 Winter continues to place significant pressure on urgent and emergency care pathways, driven by increased demand, delayed discharges, workforce pressures and constrained system capacity.

2.2 The Trust's Winter Plan 2026/27 has been developed in line with NHS England Winter Planning and Oversight Key Lines of Enquiry and incorporates learning from Winter 2025/26.

2.3 The plan focuses on improving patient flow, reducing avoidable admissions, optimising discharge processes, expanding community alternatives to admission and maintaining elective activity wherever possible.

3. Group headline

3.1 Winter demand modelling for DGFT and SWBH forecasts a requirement for approximately 184 adult beds during peak winter periods (116 at RHH and 68 at MMUH respectively).

3.2 Both Trusts have developed a comprehensive mitigation program designed to offset this gap through admission avoidance, improved patient flow, enhanced discharge processes and increased utilisation of community-based alternatives.

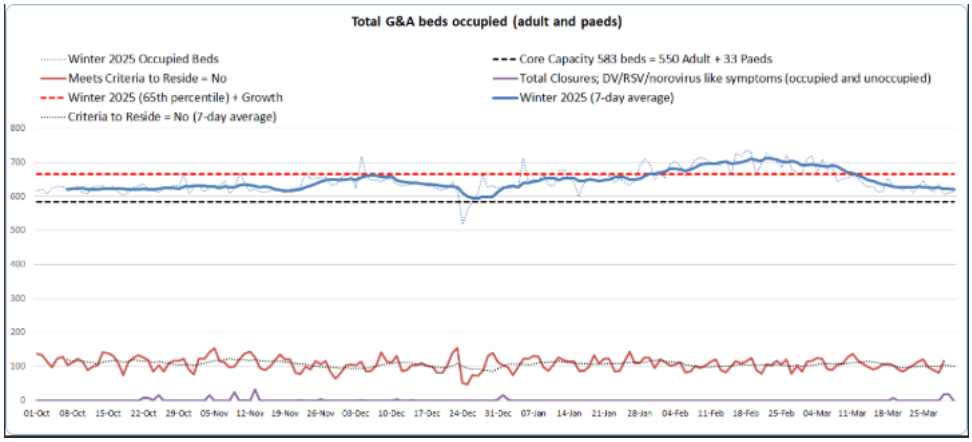
3.3 Successful delivery of the plan is dependent upon timely implementation of key schemes and continued support from system partners, including community services, local authority and social care colleagues.

4. The Dudley Group NHS Foundation Trust position

4.1 Internal modelling indicates:

Modelling based on winter 2025/26 activity, adjusted for population growth and anticipated system demand, indicates a requirement for approximately 633 adult general and acute beds during peak winter period, with peak in January 2027. This creates a forecast capacity gap as follows:

Capacity Assumption	Bed Gap
Funded General & Acute Beds (550)	116 beds



4.2 SWBH Internal modelling

Internal Winter modelling for SWBH forecasts the highest bed deficit at -68 beds in February 2027, based on the assumption that there will be 591 general and acute beds available across all clinical divisions including Community:

Division	Planned Beds	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	*Average*
Medicine & Emergency Care	364	-31	-27	-26	-7	-10	-14	-18	-17	-26	-36	-41	-30	*-24*
Surgical Services	153	24	18	20	19	23	7	24	21	33	11	25	15	*20*
Womens & Childrens	24	5	8	8	4	6	5	9	7	8	4	5	5	*6*
Community Care	50	-42	-40	-33	-28	-27	-22	-22	-23	-28	-28	-57	-52	*-34*
Total	**591**	**-44**	**-41**	**-31**	**-12**	**-8**	**-24**	**-7**	**-12**	**-13**	**-49**	**-68**	**-62**	*-31*

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 if mitigations are not successfully delivered

5.0 Mitigation Program

5.1 DGFT

To mitigate the forecast capacity gap, the Trust has identified the following schemes:

The Trust has developed a multi-faceted mitigation program intended to close the forecast winter capacity gap.

Scheme	**Estimated Bed Savings**
Care Navigation Centre	10
Frailty Assessment Unit Enhancement	10
Virtual Ward Expansion	15
SDEC Optimisation	10
Medical Hot Clinics	10
Discharge Excellence Program	25
Ridge Hill (current capacity open and optimized)	11
Learn Adapt Transform Program	15
Registrar Referral Vetting Process	10
Total	**116**

Collectively these schemes provide estimated capacity benefits sufficient to offset the maximum forecast bed deficit. However, a number of schemes remain reliant upon implementation milestones, workforce recruitment and partnership arrangements and therefore require ongoing delivery oversight. Should DGFT require additional beds to be opened, a surge plan has been developed opening up 111 additional spaces to mitigate.

Beds/Trollies	
	GAP 116
AA (trollies)	9
A4	12
FAU overnight	7
B6 overnight (trollies and beds)	7
Rowley Beds	10
Ridge Hill Beds	24
Total	**69**
Super Surge at peak – January 2027-March 2027	
Discharge Lounge	16
SDEC location super surge	24
TOTAL	**40**
Total Gap including Super Surge Capacity	
Gap left	**-7**

5.2 SWBH
The medical bed deficit is expected to be partly offset through utilisation of surgical beds where there is demand above bed availability in Medicine (14 beds). In addition, 16 beds on B7 can be opened to accommodate medical patients. 30 beds will therefore be available during peak demand periods. To reduce the remaining bed deficit by 25 beds, each clinical division has a separate set of proposed interventions that will be implemented to reduce bed occupancy and length of stay.

6.0 Performance Impact

Delivery of the Winter Plan is expected to support:

- Improved Emergency Department performance.
- Reduced ambulance handover delays.
- Reduced length of stay.
- Reduced numbers of patients with No Criteria to Reside.
- Improved discharge performance.
- Increased utilisation of Virtual Wards and Same Day Emergency Care pathways.
- Protection of elective recovery activity.

Performance will be monitored through established governance arrangements using defined winter KPIs covering flow, urgent care, discharge, workforce, quality and elective activity.

7.0 Financial Implications

7.1 Whilst many elements of the plan focus on service transformation and pathway redesign, several schemes remain dependent upon workforce availability, partner support, business case approval and confirmation of funding arrangements.

7.2 There remains a financial risk that benefits may not be realised at the pace assumed within the modelling. Failure to deliver planned bed reductions could necessitate escalation capacity, additional staffing expenditure and increased non-recurrent operational costs during winter periods. For DGFT this has a financial risk of £3.278million (assuming all surge and super surge capacity will need to be utilised). For SWBH this has a financial risk of £1,399,424.

7.3 Failure to deliver the planned mitigations could result in additional expenditure associated with escalation beds, temporary staffing, patient flow pressures and disruption to elective activity.

7.4 The financial implication of the 16-bed capacity to offset the deficit referred to under section 5.2 is included in the Medicine Division's run rate.

7.5 Note, there has been indication that non-recurrent, revenue funding maybe available from ICB to help mitigate the financial impact of winter, and support closing the regional winter bed gap for the system. More information is yet to be made available.

8.0 Key Risks

The principal risks associated with the Winter Plan are:

Capacity Risk
Delivery assumptions require achievement of up to 184 equivalent bed reductions through system and pathway improvements. Any under-delivery may result in sustained operational pressure and increased escalation activity and opening of bed/trolley surge capacity.

Workforce Risk
Recruitment challenges, sickness absence and workforce availability may affect implementation of key schemes and safe staffing arrangements.

System Dependency Risk
Delivery remains dependent on social care, community services, discharge pathways and wider system partners supporting patient flow and preventing delays.

Financial Risk
Additional expenditure may be required should forecast benefits not materialise or surge capacity need to be activated for prolonged periods.

Elective Recovery Risk
Failure to maintain flow and capacity may impact the ability to protect planned elective activity and achieve recovery trajectories.

9.0 Governance and Monitoring

Delivery will be monitored through existing operational and corporate governance arrangements, with performance tracked through key winter indicators and regular executive review.
Assurance will be provided through:

- Daily operational management processes.
- Weekly winter delivery reviews.
- Monitoring of agreed winter KPIs.
- Executive oversight through operational escalation structures.
- Reporting through the Integrated Performance Report.
- Routine reporting to Finance & Performance Committee and Trust Board.

Monthly benefits realisation reviews will be undertaken to assess progress against planned capacity reductions and identify corrective actions where required.

10.0 Leadership and Oversight

Appropriate oversight of all winter interventions is vital to ensure we continue to drive forward performance and deliver the target trajectories for improvement. Delivery against winter key performance indicators will

be monitored at the Urgent Care Delivery Group reporting to Operational Performance Group using existing reporting templates.

Urgent Care dashboards will be used alongside daily UEC data to inform decision making and progress against our plans, ensuring that corrective measures are implemented when required.

Regular reports will be submitted to the Quality Committee detailing performance against Fundamentals of Care metrics using the quality assurance reporting template. Regular reports will be submitted to Finance and Performance Committee and Trust Board to ensure that the plan continues to deliver against our strategic objectives.

The Trust escalation process is utilised to mobilise Tactical and Strategic command as required in addition to daily Executive oversight.

11.0 Conclusion

11.1 Both Trusts are forecasting significant winter demand pressures with a joint capacity gap of 184 beds. A comprehensive program of interventions has been developed to mitigate these pressures through admission avoidance, improved flow and enhanced discharge arrangements.

11.2 Whilst the proposed mitigations provide sufficient planned benefit to close the forecast gap, successful delivery will require robust program management, workforce resilience and continued support from system partners.

11.3 Ongoing monitoring of scheme delivery, operational performance and financial impact will be essential throughout the winter period.

12.0 Recommendations

The Group Public Trust Board is asked to:

a) **Note** the forecast winter bed capacity gap of 184 beds.
b) **Take assurance** that a comprehensive mitigation program is in place to manage anticipated winter pressures.
c) **Note** the key operational, workforce and financial risks associated with delivery.
d) **Support** ongoing monitoring through the Trust's governance arrangements and routine reporting.

Amandeep Kaur Tung – Deputy Chief Operating Officer (interim) DGFT
Giselle Carter-Sandy - Deputy Chief Operating Officer SWBH
Date: 3rd September 2026

Enclosure 14

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

REPORT TITLE:	Workforce Equality Standards 2026 Combined WRES and WDES position for The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust		
SPONSORING EXECUTIVE / PRESENTER:	Dr James Fleet, Group Chief People Officer		
REPORT AUTHOR:	Dr James Fleet, Group Chief People Officer Andrew Harding, Group Associate Director – Workforce Digital and Analytics Paul Singh, Group Head of Culture & Inclusion		
MEETING:	Group Public Trust Board	**DATE:**	16/09/2026

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

This report summarises the 2026 Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) results for the Group Board. The results demonstrate some important improvements since the 2025 WRES and WDES, as well as over the longer-term data period, in particular:

- Sustained improvement in workforce representation for ethnically diverse and disabled staff
- Improvements in staff experience measures, specifically; the WRES results show reductions in reported harassment from staff at both Trusts. Disciplinary outcomes have also improved substantially at DGFT and remain close to parity at SWB.
- The WDES results demonstrate that confidence in reporting harassment has strengthened.

However, despite these improvements, the 2026 WRES and WDES results highlight areas where ethnically diverse and disabled staff experience material and persistent inequalities. These insights necessitate sustained leadership focus, through active interventions, to drive equity across the following key areas:

- Recruitment processes and practices.
- Representation of ethnically diverse and disabled staff at the most senior levels.

The 2026 WDES results also highlight deterioration in the experience of disabled staff at both Trusts. Presenteeism increased, the proportion of disabled colleagues reporting that adequate reasonable adjustments had been made reduced, positive responses relating to career progression also fell and the engagement score for disabled staff engagement remains below the equivalent non-disabled score at both Trusts.

Robust improvement plans are presented for Board support and approval. These plans have been co-developed with the Staff Inclusion Networks at both Trusts and capture a range of high impact actions, including interventions to strengthen inclusive talent development and succession planning, as well as the

introduction of a clear escalation route for disabled staff where adjustments are delayed or not implemented.

The organisational mechanisms for accountability, including scrutiny of the delivery and impact of interventions, through the Group Executive and People Committee, have also been strengthened. Staff Inclusion Networks are, for the first time, formally sponsoring the improvement plans and associated workstreams, connecting the formal organisational response more directly to staff voice and lived experience. Quarterly divisional WRES and WDES reporting, recruitment and employee-relations scrutiny, Staff Survey and pulse-survey information, cultural heatmaps, talent and succession data and intersectional analysis will increasingly replace reliance on a single annual assessment of performance across EDI metrics and measures.

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
Group People Committee

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

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 16/09/2026

Workforce Equality Standards 2026

Combined WRES and WDES position for The Dudley Group and Sandwell and West Birmingham

1. Executive summary

1.1 The 2026 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) results demonstrate measurable progress in key areas, while highlighting persistent inequalities requiring sustained inclusive leadership and targeted improvement, delivered in partnership with Staff Inclusion Networks, trade unions and professional networks. While both Trusts recognise and will build on improvements since 2025, there is a firm leadership commitment to avoid complacency. The 2026 WRES and WDES improvement plans will maintain an unrelenting focus on securing material improvements where staff continue to experience inequality, prejudice, racism or discrimination.

1.2 Tackling racism and embedding equity and inclusion are organisational priorities for the Group. The Group CEO is Executive SRO for tackling racism and has reaffirmed a zero-tolerance approach to racism, discrimination and all forms of unacceptable behaviour. All Executive Directors have a 2026/27 PDR objective to champion equity, inclusion, dignity and respect, role-model inclusive leadership and actively tackle racism and discrimination.

1.3 While workforce representation and some staff-experience measures have improved across both Trusts, the 2026 WRES and WDES results identify continuing equity gaps in recruitment and progression; bullying, harassment and discrimination; disability-related capability processes; presenteeism and reasonable adjustments; and whether staff feel valued and engaged.

1.4 The WRES and WDES improvement plans have been co-developed with Staff Inclusion Networks and are presented to the Group Board for endorsement and active championship, reflecting the Board's responsibilities for WRES and WDES. They set out high-impact actions to improve equity of staff experience through inclusive leadership; fair recruitment, talent and succession processes; better workplace support; stronger staff voice; and more systematic use of workforce and experience data to drive improvement.

1.5 Interactive digital dashboards are being introduced to enable more timely reporting and direct leadership attention to areas of greatest inequality. Early versions have been well received by the Trust Executive and Group People Committee. Talent management, cultural heatmap and intersectionality dashboards, combined with lived-experience intelligence from Staff Inclusion Networks, will give the Group Executive, divisional leadership teams, People Committee and Group Board a more authentic view of EDI performance across all areas. This will strengthen oversight of the leadership pipeline, talent development and staff experience within the Group's Culture Improvement Framework.

2. Introduction

2.1 The WRES and WDES provide annual measures of representation, recruitment, access to opportunity, formal workforce processes and staff experience. This paper reports across the combined 2026 WRES and WDES positions for DGFT and SWB, while retaining the distinct findings for ethnically diverse and disabled colleagues.

2.2 The detailed WRES and WDES reports, including the full metric schedules, will be published on the Trust websites in October 2026 (see Reading Room). The draft reports and improvement plans were fully considered by the Group Executive Team and were subject to a detailed dee-dive review by the Group People Committee at its meeting on 26 August 2026.

2.3 Delivering an Inclusive and Respectful Culture is one of the 6 culture improvement drivers within the Culture Improvement Framework, which was approved by the Group Board at its July 2026 meeting. The Culture Improvement Framework sets out the high impact actions required to deliver measurable improvements across the six evidence-based principal drivers of organisational culture.

Figure 1. Group Culture Improvement Framework

2.4 A three-year Group EDI Strategy is also currently being developed, led by the Group Head of EDI, working closely with the Staff Inclusion Networks, Professional Networks and trade unions.

3. Group 2026 WRES & WDES Highlight Summary

3.1 Figure 2 below summarises the most significant movements in WRES and WDES indicators between 2025 and 2026.

3.2 In summary, both Trusts increased workforce representation under WRES and WDES. Recruitment outcomes deteriorated for disabled applicants at both Trusts and for ethnically diverse applicants at DGFT. SWB's WRES appointment ratio improved from 1.54 to 1.21, although inequality remains.

3.3 Disability-related workplace experience has deteriorated across reasonable adjustments and engagement, while WRES data has continued to show gaps in progression, discrimination and leadership representation, similarly to the previous 2025 results.

Comparative headline metrics and the significance of the 2026 movement

STANDARD / INDICATOR		DGFT	SWB
WRES	Workforce representation	29.8% ↑	49.0% ↑
	Appointment from shortlisting	2.05 ↓	1.21 ≠
	Formal disciplinary process	0.40 ↑	1.05 ≈
WDES	Workforce representation	6.8% ↑	5.34% ↑
	Appointment from shortlisting	1.33 ↓	1.36 ↓
	Reasonable adjustments	70.6% ↓	69.5% ↓

Reading across the standards: representation improved at both Trusts, but entry remained unequal and disability-related workplace support weakened.

Figure 2. Group highlight position, 2026.

3.4 Whilst at a headline level, evidence of growing workforce representation is positive, at a more granular level, DGFT's WRES appointment ratio of 2.05 represents a marked deterioration in 2026, while SWB's ratio improved from 1.54 to 1.21 but hasn't delivered parity. DGFT's disciplinary ratio shifted from 1.51 to 0.40, meaning ethnically diverse staff were less likely than white staff to enter the process. SWB remained close to parity at 1.05. These findings demonstrate the importance of metric-specific analysis, supported by underlying counts, lived experience and intersectional evidence.

3.5 The 2026 WDES results demonstrate a more consistent pattern of deterioration across key indicators for both Trusts. While recorded disability increased, appointment ratios deteriorated, and reasonable-adjustment scores declined.

3.6 The Group Board can be assured that the Group People Committee considered the detailed metric-level analysis for WRES and WDES and tested the rigour of the proposed improvement plans at its August meeting.

4. A Focus on Areas of Improvement and deterioration

4.1 Figure 3 below highlights the most prominent areas of improvement and deterioration in WRES results for both Trusts between 2025 and 2026. A summary of all 2026 WRES indicators was reviewed by the Group People Committee and is available in the Reading Room.

4.2 Representation improved at both Trusts. Disciplinary outcomes shifted at DGFT and remained near parity at SWB, while reported harassment from staff reduced. These changes contrast with a continuing recruitment inequality at both Trusts and persistent discrimination. Senior representation remains materially below workforce representation, demonstrating that more focus is required to translate the positive continued increase in overall workforce diversity to levels of representation at the Executive and Board level. This is a principal pillar of the WRES/WDES improvement plans, and established work to implement a Group level Inclusive Talent Management Programme.

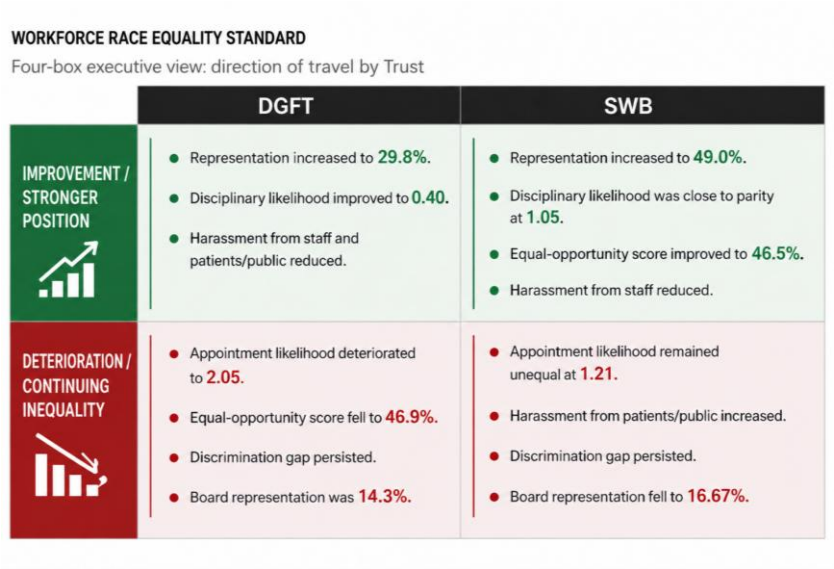


Figure 3. WRES improvement and deterioration matrix.

4.3 Figure 4 below summarises the key areas of improvement and deterioration in WDES results for both Trusts between 2025 and 2026. A summary of all WDES metrics was reviewed by the Group People Committee and is available in the Reading Room.

4.4 Both Trusts recorded higher disability representation and stronger confidence in reporting harassment, but recruitment moved further from parity. Measures relating to presenteeism, reasonable adjustments and engagement weakened, and capability ratios remained unequal. The DGFT capability ratio increased from 10.63 in 2025 to 20.45 in 2026. This is a relative-likelihood measure based on a two-year rolling period; in absolute terms, 0.44% of disabled staff entered formal capability processes, compared with 0.02% of non-disabled staff. As the calculation is based on very small numbers it should be interpreted cautiously, while still prompting scrutiny of individual cases, support before formal action and consistency of management practice.

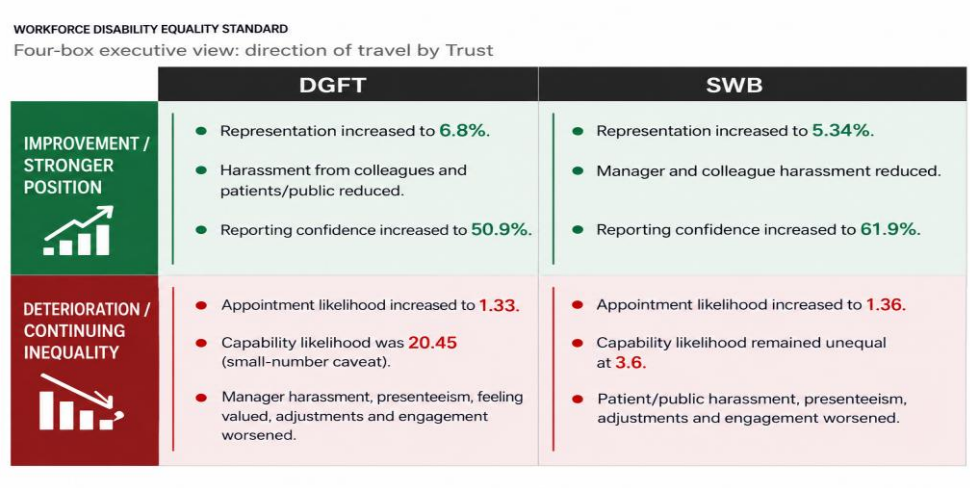


Figure 4. WDES improvement and deterioration matrix.

4.5 Overall, the metrics identify the principal areas of challenge and opportunity. Improvements in representation need to be translated into robust pathways to senior roles and more equitable day-to-day employment experiences.

4.6 The WRES and WDES improvement plans set out high impact actions to address equity across the employment cycle rather than treating individual metrics in isolation.

5. WRES and WDES Performance between 2020 and 2026

5.1 The Board recognises the value of using time-series and historical trend analysis to inform the development and delivery of improvement actions to drive sustainable improvements in EDI performance and most importantly the lived experience of diverse staff.

5.2 Figures 5 and 6 below summarise the historical performance of both Trusts against all WRES and WDES indicators between 2020 and 2026, where historical data points are available. This time-series analysis highlights persistent inequalities and reduces the risk of taking false assurance from positive single-year movements.

5.3 WRES performance between 2020 and 2026

WRES — ALL INDICATORS, 2020–2026

Gap measures are percentage-point differences; likelihood measures move towards parity at 1.00.

Indicator	DGFT 2020 → 2026	SWB 2020 → 2026	Seven-year pattern
1 Workforce representation	18.1% → 29.8%	40.4% → 49.0%	
2 Appointment from shortlisting — relative likelihood	2.58 → 2.05	1.01 → 1.21	
3 Formal disciplinary process — relative likelihood	0.90 → 0.40	0.35 → 1.05	
4 Non-mandatory training/CPD — relative likelihood	1.52 → 1.28	1.29 → 1.06	
5 Patient/public harassment — ethnicity gap	-0.4 pp → 3.9 pp	0.8 pp → 7.2 pp	
6 Harassment from staff — ethnicity gap	4.6 pp → 4.8 pp	5.9 pp → 7.5 pp	
7 Equal opportunity — White minus ethnically diverse	13.6 pp → 6.9 pp	14.4 pp → 8.0 pp	
8 Discrimination — ethnicity gap	11.1 pp → 9.9 pp	8.5 pp → 7.1 pp	
9 Board representation	— → 14.3%	16.7% → 16.7%	

DGFT SWB

Figure 5. WRES indicators, 2020–2026. Source: Group WRES 2026 Report.

5.3.1 Between 2020 and 2026, DGFT improved against five of the eight WRES indicators, deteriorated against three, and did not have a data complete series for Board representation. SWB improved against five indicators, deteriorated against three and remained broadly static for Board representation.

5.3.2 The improvements between 2020 and 2026 were:

- Workforce representation, Indicator 1 (both Trusts)
- Appointment from shortlisting, Indicator 2 (DGFT)
- Formal disciplinary processes, Indicator 3 (SWB)
- Non-mandatory training, Indicator 4 (both Trusts)
- Equal opportunity, Indicator 7 (both Trusts)
- Discrimination, Indicator 8 (both Trusts).

5.3.3 The areas of deterioration between 2020 and 2026 were:

- Appointment from shortlisting, Indicator 2 (SWB)
- Formal disciplinary processes, Indicator 3 (DGFT)
- Patient and public harassment, Indicator 5 (both Trusts)
- Harassment from staff, Indicator 6 (both Trusts).

5.4 WDES performance between 2020 and 2026

WDES — ALL INDICATORS, 2020–2026

Gap measures are percentage-point differences; likelihood measures move towards parity at 1.00. Metric 3 is volatile because of small numbers.

Indicator	DGFT 2020 → 2026	SWB 2020 → 2026	Seven-year pattern
1 Workforce representation	— → 6.8%	2.7% → 5.3%	
2 Appointment from shortlisting — relative likelihood	2.15 → 1.33	1.38 → 1.36	
3 Formal capability — relative likelihood	— → 20.45	0.00 → 3.60	
4a Patient/public harassment — disability gap	7.6 pp → 4.9 pp	5.2 pp → 6.8 pp	
4b Manager harassment — disability gap	5.9 pp → 8.5 pp	8.9 pp → 6.0 pp	
4c Colleague harassment — disability gap	8.6 pp → 8.0 pp	13.0 pp → 7.1 pp	
4d Reporting of harassment	— → 50.9%	28.5% → 61.9%	
5 Equal opportunity — non-disabled minus disabled	10.0 pp → 8.0 pp	11.6 pp → 2.3 pp	
6 Presenteeism — disability gap	11.1 pp → 9.3 pp	11.1 pp → 11.8 pp	
7 Feeling valued — non-disabled minus disabled	9.6 pp → 10.3 pp	15.3 pp → 7.3 pp	
8 Reasonable adjustments	— → 70.6%	69.6% → 69.5%	
9a Engagement — non-disabled minus disabled	0.50 → 0.60	-0.60 → 0.62	
9b Disabled staff voice facilitated	— → 1.00	1.00 → 1.00	
10 Board representation	— → 3.6%	0.0% → 0.0%	

DGFT SWB

Figure 6. WDES indicators, 2020–2026. Source: Group WDES 2026 Report.

5.4.1 The timeseries performance against the WDES indicators provides a more positive account of improvement than the WDES performance between 2025 and 2026, which highlighted deterioration across several measures at both Trusts, particularly recruitment, formal capability, presenteeism and reasonable adjustments.

5.4.2 At DGFT, eight of the 14 WDES measures have a complete 2020–2026 series. Five improved over that period:
- Appointment from shortlisting (Indicator 2)
- Patient and public harassment (Indicator 4a)
- Colleague harassment (Indicator 4c)
- Equal opportunity (Indicator 5)
- Presenteeism (Indicator 6).

5.4.3 At DGFT three of the WDES measures deteriorated between 2020-2026:
- Manager harassment (Indicator 4b)
- Feeling valued (Indicator 7)
- Engagement (Indicator 9a).

5.4.4 Of the six WDES measures without a complete seven-year series, workforce representation and reasonable adjustments improved over the available period; capability, reporting of harassment and Board representation deteriorated; and disabled staff voice remained unchanged. The capability result should be interpreted cautiously because it is based on very small numbers.

5.4.5 At SWB, all 14 WDES measures have a complete series. Seven improved:
- Workforce representation (Indicator 1)
- Appointment from shortlisting (Indicator 2)
- Manager harassment (Indicator 4b)
- Colleague harassment (Indicator 4c)
- Reporting of harassment (Indicator 4d)
- Equal opportunity (Indicator 5)
- Feeling valued (Indicator 7).

5.4.6 At SWB five WDES measures deteriorated:
- Formal capability (Indicator 3)
- Patient and public harassment (Indicator 4a)
- Presenteeism (Indicator 6)
- Reasonable adjustments (Indicator 8)
- Engagement (Indicator 9a).

5.4.7 At SWB disabled staff voice (Indicator 9b) and Board representation (Indicator 10) remained unchanged.

5.4.8 Recruitment deteriorated between 2025 and 2026 at both Trusts but remained better than its 2020 position, substantially so at DGFT and only marginally at SWB. At DGFT, the equal-opportunity and presenteeism gaps also worsened during 2025–26 but remained narrower than in 2020. Reasonable adjustments at DGFT declined in the latest year but improved from the first available result in 2023.

6. Improvement Plans

6.1 Robust WRES and WDES improvement plans have been developed in response to the 2026 results and the time-series analysis within Figures 5 and 6. They also draw on quantitative evidence and lived experience shared through safe-space focus and engagement groups led by Paul Singh, Group Head of EDI, with Staff Networks, staff-side colleagues, professional forums and divisional leaders.

6.2 The WRES and WDES improvement plans align with wider work being undertaken to implement the People Plans for both Trusts, deliver the 2025 staff survey improvement plans at Group and Trust levels, as well as the new NHS Staff Standards, NHS England's EDI Improvement Plan and 2026/27 equality objectives, the recommendations from the recent review by Lord Mann, the NHS Race and Health Observatory's Seven Principles of Anti-Racism and address the findings from the Baroness Amos Review.

6.3 Work is currently underway to develop a three-year Group EDI Strategy supported by Clive Clarke, formerly Director of Inclusion at Nottingham University Hospitals and Head of Evidence and Policy in NHS England's national EDI team.

6.4 The Board should note that for the first time, Staff Inclusion Networks are formally sponsoring the improvement plans and their associated workstreams, including joint branding by the Staff Networks, as well as full alignment of the plans to the individual Network objectives, by way of example see the recently approved objectives for the SWB BME Staff Network.

6.5 The WRES and WDES improvement plans (Appendix 1 & 2) include actions and interventions to drive overarching structural improvements across all areas of EDI, i.e., implementing a single Group Inclusive Talent Management Programme, with targeted Trust specific actions, where this with have the greatest improvement impact. Therefore, whilst separate WRES and WDES plans have been developed to satisfy the national publication requirements, many of the interventions will deliver cross-cutting EDI improvements and wider inclusion benefits for staff.

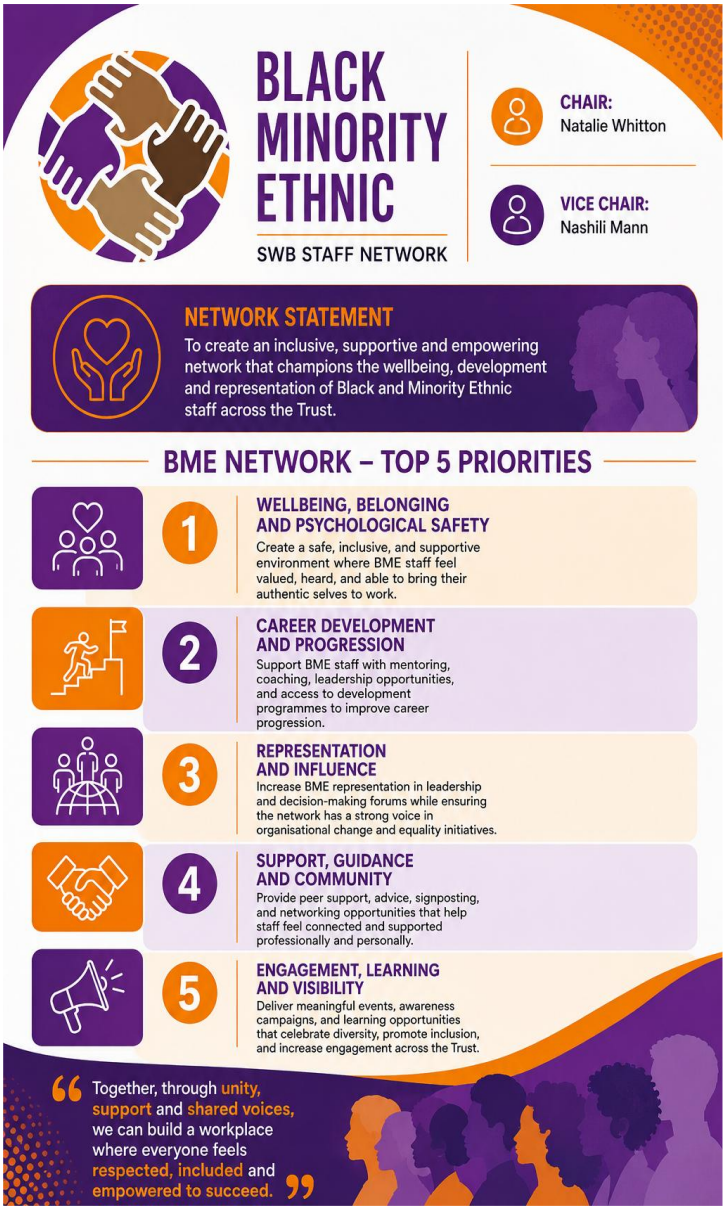


Figure 7. SWB BME Network Priorities 2026.

6.6 The WRES improvement plan sets out a range of high impact actions targeted at improving diversity and equity across leadership development, recruitment and selection, career progression and talent management, learning and professional development, organisational culture and anti-racism, as well as governance and assurance.

6.7 The WDES improvement plan sets out high-impact actions across inclusive leadership and management; equitable recruitment and career progression; a safe, respectful and open culture; staff experience, wellbeing and adjustments; staff voice; and insight and accountability.

6.8 Most actions are scheduled across quarters 2 to 4 of 2026/27, giving the reporting cycle a defined basis for reviewing delivery and impact.

7. Delivery and Governance

7.1 Quarterly dashboards, divisional WRES and WDES insight packs, employee-relations scrutiny and triangulation with staff survey, pulse survey and lived experience will provide a more authentic, real- time and comprehensive approach to tracking improvements in the day-to-day experience of diverse staff across both Trusts. Early drafts of the Group Culture dashboard (see Reading Room) have been shared with the Group Executive, People Committee, as well as with NHSE, and have received positive feedback.

7.2 Delivery will be monitored through established EDI governance arrangements, including the Staff Experience and Inclusion Sub-group, the Executive Team and People Committees. The reporting approach described in the source papers moves beyond annual submission by adding more frequent process data and divisional review.

7.3 Quantitative movement will be considered alongside staff voice. Staff networks, focus groups and lived experience are identified in both reports as necessary for understanding why an inequality persists and whether an intervention is experienced as meaningful.

8. Succession Planning, Diverse Talent-Management Dashboards and Cultural-EDI Heatmap

8.1 The Succession Planning and Diverse Talent-Management Dashboard (see Figure 8 below), Cultural-Heatmap and EDI dashboard (see Reading Room) connects the equality standards to operational workforce information, including drawing on the ‘aspiration’ data as reported through the annual PDR process for both Trusts.

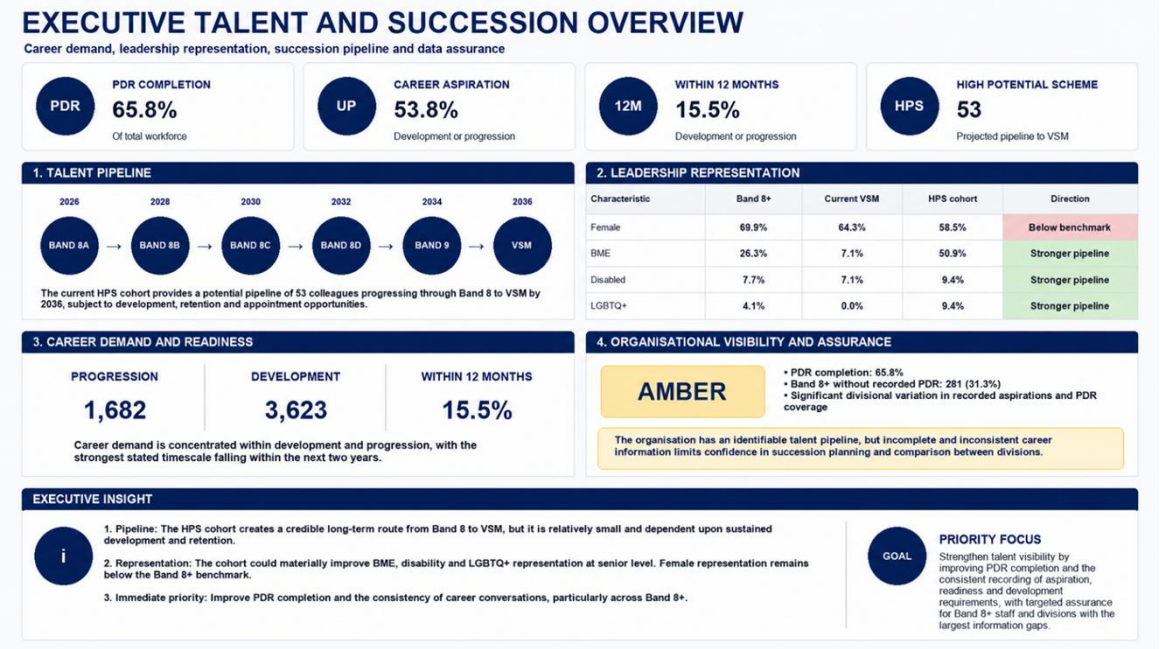


Figure 8. Executive talent and succession overview.
Source: Talent Management Dashboard, August 2026.

8.2 The Group are investing in measures to support the growth of diverse talent pipelines over the coming months and years. By way of example, the High Potential Scheme included 53 colleagues. Its cohort is 50.9% BME and 9.4% disabled. The High Potential Scheme has stronger BME, disabled and LGBTQ+ representation than the current VSM cohort, creating a powerful opportunity to strengthen future senior diversity for the benefit of patients and the wider staff group, rather than simply delivering the equality duties. There is a firm commitment from the Executive to progress actions to accelerate development for diverse staff seeking to achieve leadership roles in the future, including existing Deputy and Associate Directors, as well as other leaders, through opportunities to engage in coaching, mentoring, Board and Committee observation and through planned interventions such as the Shadow Board.

9 Intersectionality

9.1. Intersectionality analysis is also now captured within the EDI Dashboard (see Reading Room) which forms part of the overall EDI dashboard that is presented to the Group People Committee for consideration on a monthly basis. This lens supports a more comprehensive improvement approach, as opposed to reliance on single-characteristic EDI data. For example, the intersectional view supports the action-plan commitment to analyse recruitment, talent and experience data at a more meaningful and granular level.

10. Recommendations

a) **Note** the combined 2026 WRES and WDES findings, including measurable progress and continuing inequalities.

b) Take **assurance** that targeted improvement action is being taken to address areas of deterioration, sustained and persistent inequalities delivery.
c) **Note** and **support** the developing use of the digital dashboards to inform divisional review, talent planning and targeted action.
d) **Approve** the Group WRES and WDES improvement plans.

Dr James Fleet, Group Chief People Officer
Andrew Harding, Group Associate Director – Workforce Digital and Analytics
Paul Singh, Group Head of Culture & Inclusion

Located in the reading room:

Appendix 1 - Group WRES Action Plan 2026/27

Appendix 2 - Group WDES Action Plan 2026/27

Enclosure 15

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

REPORT TITLE:	Modern Slavery and Human Trafficking Statements 2026/27		
SPONSORING EXECUTIVE / PRESENTER:	Dr James Fleet – Group Chief People Officer		
REPORT AUTHOR:	Karen Brogan – Director of People & OD		
MEETING:	Group Public Trust Board	**DATE:**	16/09/2026

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

This paper presents the 2026/27 Modern Slavery and Human Trafficking Statements for both Trusts and for approval prior to publication. The statements demonstrate each Trust's commitment to preventing modern slavery, forced labour, servitude and human trafficking across their workforce, operations and supply chains and have been developed in line with the requirements of the Modern Slavery Act 2015 and the National Health Service (Procurement, Slavery and Human Trafficking) Regulations 2025.

The statements outline the governance, safeguarding, workforce and procurement arrangements in place across both organisations to identify, prevent and mitigate risks associated with exploitation. These include robust recruitment and employment checking processes, safeguarding policies and training, supplier assurance mechanisms, contractual controls, and established routes for staff to raise concerns.

No significant modern slavery concerns have been identified through existing governance arrangements during the reporting period. The statements therefore provide assurance that appropriate systems and controls remain in place to support compliance with legislative and regulatory requirements whilst reinforcing both Trusts' commitment to ethical employment practices, responsible procurement, and the protection of vulnerable individuals.

Whilst separate statements are required to fulfil the statutory obligations of each organisation, opportunities will continue to be explored to further align future reporting and assurance arrangements across the Group, supporting consistency and shared good practice.

The Board of Directors is asked to:

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

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 draft Modern Slavery and Human Trafficking Statements were reviewed by the Executive Directors in July 2026. Executive Directors were asked to consider the assurance provided, confirm compliance with statutory requirements and support progression through the respective governance processes prior to publication.

Recommendations	
a)	**Approve** the Modern Slavery and Human Trafficking Statements 2026/27 for both Trusts.
b)	**Authorise** publication of the approved statements on the Trust websites.
c)	**Note** the ongoing governance, safeguarding and procurement arrangements supporting compliance with modern slavery legislation

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
	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 to the Group Public Trust Board on 16/09/2026

Modern Slavery and Human Trafficking Statements 2026/27

1. Purpose

1.1 The purpose of this report is to seek approval of the 2026/27 Modern Slavery and Human Trafficking Statements for The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust prior to publication.

2. Background

2.1 Modern slavery is a serious criminal offence and a violation of fundamental human rights. It encompasses slavery, servitude, forced or compulsory labour and human trafficking, and can occur within organisations, workforces, and supply chains.

2.2 Section 54 of the Modern Slavery Act 2015 requires relevant organisations to publish an annual statement outlining the steps taken to prevent modern slavery and human trafficking within their operations and supply chains. These requirements have been

strengthened through the National Health Service (Procurement, Slavery and Human Trafficking) Regulations 2025, which place increased emphasis on due diligence, transparency, and accountability within NHS procurement activity.

2.3 Separate statements have been prepared for each Trust to reflect their individual statutory responsibilities whilst maintaining a consistent approach across the Group. The statements have been reviewed against current legislative and regulatory requirements and set out the measures in place to identify, prevent, and mitigate risks associated with modern slavery and human trafficking.

3. Group headline

3.1 Both Trusts remain committed to ensuring that modern slavery and human trafficking have no place within their organisations, workforce practices, or supply chains. Governance oversight is provided through Board accountability, supported by Procurement, Workforce, Safeguarding and Governance functions.

3.2 The principal areas of potential risk continue to be associated with international recruitment, temporary staffing arrangements, facilities management services, construction projects, catering and cleaning contracts, and the procurement of goods through complex national and international supply chains.

3.3 Assurance is provided through a range of established controls, including robust recruitment and employment checking processes, right-to-work verification, safeguarding policies and training, supplier assurance arrangements, procurement due diligence, contractual requirements, and mechanisms that enable staff to raise concerns through Freedom to Speak Up and whistleblowing arrangements.

3.4 No significant concerns relating to modern slavery or human trafficking have been identified through Trust governance processes during the reporting period. The attached statements therefore provide assurance that effective arrangements remain in place to support compliance with legislative requirements and to protect vulnerable individuals from exploitation.

4. The Dudley Group NHS Foundation Trust position

4.1 The Dudley Group NHS Foundation Trust maintains a comprehensive framework of safeguards and controls to minimise the risk of modern slavery within its workforce and supply chains. The Trust utilises national procurement frameworks, NHS contractual standards, and its Supplier Code of Conduct to ensure suppliers are expected to operate to the highest ethical standards.

4.2 Workforce safeguards include robust recruitment procedures, employment checks, safeguarding policies, and mandatory training programmes that support staff in recognising and responding to concerns relating to exploitation and human trafficking.

5. Sandwell & West Birmingham NHS Trust position

5.1 Sandwell and West Birmingham NHS Trust has similarly established arrangements to identify and manage risks associated with modern slavery across recruitment, workforce management, and procurement activities. The Trust applies a risk-based approach to supplier assurance and procurement activity and utilises NHS contractual arrangements to strengthen compliance requirements.

5.2 Staff are supported through established safeguarding frameworks, mandatory training, workforce policies, Freedom to Speak Up arrangements and whistleblowing procedures, providing appropriate mechanisms for raising concerns and ensuring potential issues are addressed promptly.

6. Conclusion

6.1 Both Trusts have well-established and effective arrangements in place to prevent, identify, and respond to risks associated with modern slavery and human trafficking. The attached statements demonstrate compliance with relevant legislative and regulatory requirements and reflect a continued commitment to ethical employment practices, safeguarding responsibilities, and responsible procurement.

6.2 Approval of the statements will enable publication and provide public assurance regarding the actions being taken by both organisations to address modern slavery risks within their operations and supply chains.

7. Recommendations

7.1. The Group Public Trust Board is asked to:

a) Approve the 2026/27 Modern Slavery and Human Trafficking Statements for both Trusts.
b) Note the assurance provided regarding compliance with statutory and regulatory requirements.
c) Authorise publication of the approved statements on the respective Trust websites.

Karen Brogan
August 2026

Modern Slavery and Human Trafficking Statement 2026/27 – DGFT Website Statement

The Dudley Group NHS Foundation Trust is committed to preventing modern slavery, forced labour, servitude and human trafficking within its workforce, operations, and supply chains. The Trust adopts a zero-tolerance approach to modern slavery and expects the same high standards from suppliers' contractors and partners.

The Trust complies with the Modern Slavery Act 2015, the National Health Service (Procurement, Slavery and Human Trafficking) Regulations 2025 and relevant NHS guidance to ensure transparency and responsible business practices . Governance oversight is provided by the Board of Directors, supported by Procurement, Workforce, Safeguarding and Governance functions

Modern slavery risks are considered within recruitment practices, temporary staffing arrangements, international recruitment activity and the procurement of goods and services. The Trust undertakes

proportionate through supplier assurance processes, use of NHS procurement frameworks, contractual requirements, and risk-based procurement reviews.

The Trust maintains safeguarding arrangements to identify and support individuals who may be vulnerable to exploitation or human trafficking and provides staff with training and awareness to support early identification and reporting of concerns. Staff are encouraged to raise concerns through established speaking up, safeguarding and workforce processes.

Modern Slavery and Human Trafficking Statement 2026/27 – SWB Website Statement

The Sandwell and West Birmingham NHS Trust are committed to preventing modern slavery, forced labour, servitude and human trafficking within its workforce, operations, and supply chains. The Trust adopts a zero-tolerance approach to modern slavery and expects the same high standards from suppliers' contractors and partners

The Trust complies with the Modern Slavery Act 2015, the National Health Service (Procurement, Slavery and Human Trafficking) Regulations 2025 and relevant NHS guidance to ensure transparency and responsible business practices . Governance oversight is provided by the Board of Directors, supported by Procurement, Workforce, Safeguarding and Governance functions

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Full Modern Slavery Statement 2026/27 - The Dudley Group NHS Foundation Trust

The Dudley Group NHS Foundation Trust is committed to preventing modern slavery and human trafficking in all aspects of its operations and supply chains. The Trust recognises its responsibilities under the Modern Slavery Act 2015 and the National Health Service (Procurement, Slavery and Human Trafficking) Regulations 2025 and is committed to maintaining effective systems and controls to minimise the risk of modern slavery.

The Trust Board has overall responsibility for compliance with modern slavery legislation and for ensuring that appropriate arrangements are in place to identify, prevent and address risks of exploitation. Oversight is provided through the Trust's governance arrangements, with responsibilities shared across Procurement, Workforce, Safeguarding and Governance functions. This statement is reviewed annually and approved by the Board of Directors

The Trust recognises that modern slavery risks may exist across a range of activities including:

- International recruitment activities.
- Temporary staffing and agency workers.
- Facilities management contracts.
- Construction and estates projects.
- Cleaning and catering services.
- Medical consumables and manufactured goods supply chains.
- Other high-risk procurement activities.

The Trust procures the majority of its non-pay expenditure through national framework agreements, where compliance with modern slavery legislation forms part of supplier selection and assurance. For local

procurement activity, the Trust follows the requirements of the National Health Service (Procurement, Slavery and Human Trafficking) Regulations 2025 and applies a risk-based approach to pre-procurement, procurement, and contract management activities. Additional assurance may be sought where higher-risk suppliers, sectors or supply chains are identified.

The Trust's Supplier Code of Conduct sets out expectations regarding ethical business practices, fair labour standards, and compliance with modern slavery legislation. These expectations are reinforced through contractual arrangements, including NHS Terms and Conditions of Contract.

The Trust is committed to ensuring that modern slavery is not present within its own workforce. Robust recruitment and employment checks are undertaken to verify identity, qualifications and right to work in the United Kingdom before employment commences.

Where international recruitment is undertaken, the Trust follows the NHS Code of Practice for International Recruitment and seeks assurance that candidates have not been subjected to exploitative practices, inappropriate fees, or coercion during the recruitment process.

Employees are paid in accordance with national terms and conditions and are encouraged to raise concerns through Freedom to Speak Up, Dignity at Work, Grievance, Safeguarding and Whistleblowing arrangements. Modern slavery is recognised as a safeguarding issue. The Trust's safeguarding policies for both adults and children provide guidance on recognising and responding to suspected cases of modern slavery and human trafficking. Mandatory safeguarding training includes awareness of modern slavery and exploitation, supported by additional resources available through the Trust's safeguarding arrangements.

The Trust will continue to review and strengthen its arrangements to prevent modern slavery and human trafficking across its organisation and supply chains. This includes monitoring emerging risks, reviewing the effectiveness of existing controls and promoting awareness amongst staff, suppliers, and partners.

Full Modern Slavery Statement 2026/27 – Sandwell and West Birmingham NHS Trust

Sandwell and West Birmingham Hospitals NHS Trust are committed to preventing modern slavery and human trafficking in all aspects of its operations and supply chains. The Trust recognises its responsibilities under the Modern Slavery Act 2015 and the National Health Service (Procurement, Slavery and Human Trafficking) Regulations 2025 and is committed to maintaining effective systems and controls to minimise the risk of modern slavery.

The Trust Board has overall responsibility for compliance with modern slavery legislation and for ensuring that appropriate arrangements are in place to identify, prevent and address risks of exploitation. Oversight is provided through the Trust's governance arrangements, with responsibilities shared across Procurement, Workforce, Safeguarding and Governance functions. This statement is reviewed annually and approved by the Board of Directors

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The Trust will continue to review and strengthen its arrangements to prevent modern slavery and human trafficking across its organisation and supply chains. This includes monitoring emerging risks, reviewing the effectiveness of existing controls and promoting awareness amongst staff, suppliers, and partners.

Enclosure 16

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

REPORT TITLE:	Anchor model: from delivering services to shaping care for whole populations		
SPONSORING EXECUTIVE / PRESENTER:	Kat Rose, Group Chief Community and Partnerships Officer		
REPORT AUTHOR:	Lisa Maxfield, Deputy Chief Partnership Officer		
MEETING:	Public Board	**DATE:**	16/09/2026

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

This paper supports an early Group Trust Board discussion about the emerging Anchor model and the opportunities it could create for Sandwell and West Birmingham NHS Trust (SWBT), The Dudley Group NHS Foundation Trust (DGFT) and the populations they serve. It describes a possible future state; it does not ask the Board to endorse a defined model or commit to any contractual, financial or delivery arrangement.

The Anchor model could give SWBT and DGFT a stronger role in shaping how care, capacity and resources are organised across Dudley and Sandwell. The current 2026/27 position is a shadow year: DGFT is the designate Anchor organisation for Dudley, with the proposed role extending to Sandwell through a joint approach with SWBT. No final delegation, population budget or transfer of accountability has yet been agreed. The opportunity is therefore to use the shadow year to design a model that improves outcomes, reduces avoidable demand and supports a more sustainable Trust Group—not simply to take on a larger contract.

The Board is therefore invited to consider the direction and opportunities described, while recognising the uncertainties, dependencies and safeguards that will need to be worked through before any formal proposal is brought forward for decision.

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
Anchor Steering group.

Recommendations	
a)	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 and its potential to improve population outcomes and integrated care.
b)	To note the work underway and the establishment of the Anchor Steering Group within inclusion of general practice representation from both places since August 2026 and the establishment of Anchor Task and Finish Group which will report into Integration Committee.

Escalation
Should any element of this report be escalated: none

BAF Impact *mark 'x' as needed*			
Sandwell and West Birmingham NHS Trust		**The Dudley Group NHS Foundation Trust**	
	001 (Joint): Quality		
	002 (Joint): Workforce		
x	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

Anchor model: from delivering services to shaping care for whole populations

1. Purpose and strategic context

This paper supports an early Group Trust Board discussion about the emerging Anchor model and the opportunities it could create for Sandwell and West Birmingham NHS Trust (SWBT), The Dudley Group NHS Foundation Trust DGFT and the populations they serve. It describes a possible future state; it does not ask the Board to endorse a defined model or commit to any contractual, financial or delivery arrangement.

The national and local arrangements are still developing. Important matters - including the final scope, decision-making powers, funding, accountability, risk-sharing, governance and timetable, remain to be worked through and agreed.

National policy is moving the NHS away from mainly treating illness after it occurs and towards improving outcomes for defined populations, intervening earlier and delivering more care through neighbourhoods. The March 2026 NHS England Neighbourhood Health Framework supports stronger provider coordination and the possible future use of population-, risk- and outcome-based contracts. National guidance and the direction set by the clustered ICB are clear that this will require capable providers, clear accountability, strong partnerships and evidence that the model delivers real benefit.

For the Trust Group, the opportunity is to help shape the model from the outset so that it strengthens both Trusts, improves outcomes and gives the Group more influence over the decisions that affect demand, capacity and long-term sustainability. The challenge is to secure those benefits without accepting responsibility that is not matched by the necessary authority, funding, information and partner commitment.

2. What the anchor model would mean for our Group

The term “Anchor” describes an emerging provider and coordinating role; it is not yet a settled national contract. In 2026/27, DGFT is the designate shadow Anchor for Dudley and is expected to lead the development of the proposed Sandwell arrangements with SWBT and the ICB. During the shadow year, the ICB retains its statutory commissioning, contracting, financial and quality responsibilities. The longer-term legal, financial and operating model is still to be agreed.

However, two related roles should be distinguished clearly:

- **Anchor provider role:** coordinating the planning and delivery of care for a defined population through a network of partners, with clearer shared responsibility for outcomes and the use of resources.

- **Anchor institution role:** using the Group's role as a major employer, purchaser, estate owner and civic partner to improve the wider social and economic factors that affect health.

Both roles matter, but this paper focuses mainly on the provider and coordinator role. At its best, this could give SWBT and DGFT a shared platform to shape priorities, align resources with need, redesign whole pathways with partners and take a longer-term view of population outcomes and service sustainability. It would extend the Group's influence beyond the performance of its own services to the way the whole model of care works across Dudley and Sandwell.

3. One Group commitment, differentiated by place

The Group will need a shared set of principles, but the role will be different in each place:

Place	Expected Group role	Strategic implication
Dudley	DGFT is the designate shadow Anchor organisation for Dudley in 2026/27.	DGFT will convene the shadow work with partners. This gives the Group an opportunity to shape future pathways, responsibilities and use of resources, but no formal delegation has yet transferred.
Sandwell	The ICB intends DGFT's designate role to extend to Sandwell, developed jointly with SWBT and the ICB.	The approach must be genuinely joint, build on SWBT's acute, community, primary care and neighbourhood capabilities, and recognise Sandwell's distinct needs and existing partnerships.
West Birmingham	SWBT remains a strategic delivery partner within a separate UHB-led Anchor arrangement.	SWBT must retain meaningful influence over decisions affecting West residents, pathways and commissioned community services, supported by clear governance across system and place boundaries.

This distinction is strategically important. The Dudley and Sandwell work should strengthen the Group without weakening SWBT's influence, pathways or responsibilities for the West Birmingham population.

The Anchor arrangements should complement rather than replace the established Dudley and Sandwell Place Partnerships. Place Partnerships bring together the NHS, local authorities, Public Health, Primary Care, the voluntary and community sector and communities to understand local need and shape shared priorities. The emerging Anchor role should provide additional

NHS coordination, integration and delivery capability to help respond to those priorities. The relationship should be based on partnership and shared accountability; Place Partnerships would not report to the Anchor.

The Anchor would not replace or diminish the statutory responsibilities of the ICB, local authorities or Health and Wellbeing Boards, nor the democratic accountability of elected members. These responsibilities and relationships will need to be clearly reflected in the future governance model.

The detailed governance arrangements will also need to provide a meaningful role for Primary Care clinical leadership, ensuring that General Practice helps shape priorities, pathways, resource decisions and the evaluation of outcomes rather than participating solely as a delivery partner.

How the responsibilities fit together

Although these organisations and partnerships are familiar, their distinct roles within the emerging model need to be clearly understood. The table below summarises the current position and the proposed coordinating role of the Anchor.

Function	Primary accountability or role
Statutory commissioning, contracting, financial and quality duties	The ICB retains statutory accountability.
Local needs, priorities and democratic leadership	Place Partnerships bring partners together to shape priorities. Local authorities and Health and Wellbeing Boards retain their statutory and democratic roles.
Population outcomes	Shared responsibility across the ICB, providers, Primary Care, local authorities and other partners, with precise accountabilities to be agreed.
Delivery of individual services	Each provider remains accountable for the quality, safety and performance of the services it delivers.
Integration and coordination	The emerging Anchor role would coordinate NHS planning, pathways, resources and delivery against agreed outcomes; its precise authority remains to be determined.
Neighbourhood delivery	Providers, Primary Care and wider partners work together through neighbourhood teams, with responsibilities defined for each pathway.

Put simply, Place helps determine what matters locally, the ICB retains statutory commissioning accountability, and providers remain accountable for the services they deliver. The emerging Anchor role would help connect these elements by coordinating NHS planning and delivery

around agreed population outcomes. It would not sit above Place or replace the statutory responsibilities of the ICB, local authorities or Health and Wellbeing Boards.

4. The strategic prize for SWBT and DGFT

The model could help address problems that neither Trust can solve through its own services alone. It offers a route for SWBT and DGFT to influence commissioning, whole-pathway design, partner delivery and the use of shared resources—helping the Group to manage demand earlier rather than responding only when people reach hospital services.

Strategic opportunity	What the model enables	What SWBT and DGFT gain
A stronger strategic voice	Use the shadow year to shape future commissioning priorities, outcomes and resource decisions across Dudley and Sandwell.	More influence with the ICB and partners, and less risk that important decisions are made around the Trusts rather than with them.
Whole-pathway design	Bring hospital, community, primary care, mental health, local authority and voluntary-sector partners together around complete pathways.	Fewer gaps, hand-offs and duplicated processes, with clearer clinical responsibility across both Trusts.

Strategic opportunity	What the model enables	What SWBT and DGFT gain
Earlier intervention and prevention	Use population information and local insight to identify people who would benefit from earlier support.	Less avoidable deterioration and demand, better outcomes and a stronger case for investing earlier where the evidence supports it.
Demand, flow and capacity	Coordinate proactive care, alternatives to hospital, discharge and recovery across organisational boundaries.	Better use of MMUH and Dudley hospital capacity, fewer avoidable crises and more sustainable core services.
Scale and spread	Share successful approaches across both Trusts and their neighbourhoods while allowing local adaptation.	Faster spread of good practice, shared learning and less duplication of transformation effort.
Shared capability and infrastructure	Develop shared population-health, analytical, contracting, digital, workforce and change capability where this adds value.	Access to expertise that would be difficult or inefficient to build twice, and better information for investment decisions.
A new relationship with partners	Make General Practice and other partners equal clinical and strategic co-designers, with shared outcomes and clear responsibilities.	Stronger neighbourhood delivery, better primary-secondary care relationships and clearer ways to resolve system barriers.
Different value in each place	Use a shared Group approach while recognising the different roles and relationships in Dudley, Sandwell and West Birmingham.	DGFT and SWBT can build on their respective strengths while protecting SWBT's voice and responsibilities in West Birmingham.

The wider benefit of our anchor institution role

The anchor opportunity is wider than the coordination of healthcare services. As major employers, purchasers, estate owners and civic partners, the Group organisations can use their economic and social influence to improve the wider determinants of health. This could include creating accessible employment and development opportunities for local people, increasing local and socially responsible procurement, using our estate to support community benefit, and working with partners on financial inclusion, housing, skills and environmental sustainability.

These actions can strengthen local communities, reduce inequalities and, over time, contribute to lower avoidable demand for healthcare.

5. What the Group must build to realise the opportunity

The opportunity will not be realised simply by changing a contract. The Group and its partners will need to build and connect the following capabilities:

- Population health: understanding need, identifying priority groups and targeting support earlier.
- Clinical and pathway leadership: giving clinicians from across the system the authority and support to redesign whole pathways.
- Partnership and coordination: agreeing responsibilities, managing delivery, resolving disagreements and escalating problems when needed.
- Finance and analysis: understanding pathway costs, making informed investment choices, tracking benefits and managing shared risk.
- Data and digital: sharing information lawfully and promptly, using common definitions and creating a consistent view of performance.
- Governance and assurance: being clear about who decides what, who holds clinical responsibility and how quality and conflicts of interest are managed.
- Workforce and change capacity: providing enough protected time, skills and resource to develop the model without weakening day-to-day services.
- Patient and community partnership: involving patients, residents, carers and communities in setting priorities, designing pathways and evaluating outcomes, with specific approaches to reach groups whose voices are less often heard.

The value will come from combining greater influence with the practical ability to redesign and deliver care. The shadow year provides time to test the approach, build capability and agree the safeguards needed before any formal responsibility or financial risk is considered.

6. What should feel different for staff, patients and communities

	For patients and communities
pathways. • Better access to shared information and multidisciplinary expertise. • Fewer avoidable hand-offs, repeated assessments and workarounds. • Greater professional influence over pathway redesign. • Opportunities across hospital, community, primary care and neighborhood settings.	support before crisis. • Clearer coordination and continuity for people with complex needs. • Less repetition and less need to navigate organisational boundaries. • More care at home or in neighbourhoods where clinically appropriate. • More equitable access and continued high-quality hospital care when needed.

7. Illustrative outcomes and evidence of benefit

A detailed outcomes framework that shows whether it is improving population health, patient experience, equality, operational performance and financial sustainability will be needed. Measures will need a clear starting point and should show differences between Trusts, places, neighbourhoods and population groups.

The table below is illustrative only; it is not the final outcomes framework. The detailed framework should be co-designed with clinical leaders, partners and communities. It will need agreed measures, definitions, baselines, milestones, named owners, data sources, reporting arrangements and checks for unintended consequences. It should demonstrate clear value for SWBT, DGFT and the wider system—not only changes in activity.

Illustrative outcome domain	Examples of potential measures	Intended direction of benefit
Population health	Risk-factor control; prevention and screening uptake; long-term condition outcomes; premature mortality.	Improvement against baseline and reduced variation.
Equity	Access, experience and outcomes by place, neighbourhood, deprivation, ethnicity and other relevant population characteristics.	Resources and interventions are targeted according to need, with measurable reductions in avoidable differences in access, experience and outcomes.

Illustrative outcome domain	Examples of potential measures	Intended direction of benefit
	benefits.	cash-releasing assumptions.
	sickness, time spent on avoidable coordination.	reduces friction rather than transferring workload.
	Local employment and progression; local and social-value procurement; community use of estate; contribution to wider determinants of health.	Greater social and economic benefit for local communities, contributing to reduced inequalities and improved population health.

8. Key risks and how they would need to be managed

The opportunity is significant, but so are the risks. These risks do not rule out the model; they show what must be resolved before responsibilities or financial risk could safely transfer. The greatest danger would be the Group becoming accountable for outcomes without having the authority, information, funding or partner commitment needed to deliver them.

Risk	What could happen	What needs to be in place	What the Board should expect to see
Responsibility without sufficient authority	The Group could be held responsible for population outcomes but be unable to direct all the services, resources or partner actions that determine them.	A clear agreement about what the Group is responsible for, which decisions it can make, what partners must deliver and how unresolved issues will be escalated.	An approved map of responsibilities and decision-making rights, with agreed partner commitments and escalation arrangements.

Risk	What could happen	What needs to be in place	What the Board should expect to see
Underfunding, commissioning gaps and population need	The funding may not reflect deprivation, population growth, complexity or current demand. The Group could also inherit services that are underfunded, inconsistently commissioned or not commissioned at all, including activity currently delivered without recurrent funding.	A jointly validated starting position covering population need, activity, funding, contracts and existing services. Commissioning gaps, unfunded activity and differences between Places must be identified, costed and either funded, resolved or kept outside the arrangement before financial risk transfers.	Independent financial review, an agreed schedule of commissioning gaps and legacy arrangements, and a documented decision showing how each issue will be funded, resolved, excluded or managed during transition.
Dependence on partner delivery	The Group's success will depend on organisations with their own priorities, governance and workforce pressures. If a partner cannot deliver, the Group may still be held accountable for the overall outcome.	Partners involved as equal co-designers, with clear responsibilities, realistic capacity plans, shared measures and an agreed process for addressing delivery problems.	A signed partnership and delivery agreement, supported by evidence that each partner has the capacity and authority to meet its commitments.
Service destabilisation and stranded costs	Moving care into community or neighbourhood settings may reduce hospital activity without reducing the fixed costs of existing services. SWBT or DGFT may also have to fund both the existing and new models during transition, creating financial pressure or unsafe service gaps.	Assess the operational and financial impact on each affected provider before activity or funding moves. Agree how implementation, double-running and unavoidable residual costs will be funded, and transfer resources only when the alternative service is operational, safe and able to manage the activity.	A costed transition and provider-impact plan showing the difference between reduced activity, releasable capacity and genuine cash savings, with an agreed approach to double-running and residual costs.

Risk	What could happen	What needs to be in place	What the Board should expect to see
West Birmingham decisions made without sufficient SWBT influence	Decisions within the UHB-led Anchor arrangement could affect West Birmingham residents, demand across SWBT services, patient flows, pathways and the sustainability of services without SWBT having sufficient influence over those decisions.	Formal SWBT representation, timely access to information and an agreed role in decisions affecting West Birmingham, including decisions that could change demand, pathways, resources or service responsibilities across SWBT.	An approved West Birmingham interface and accountability agreement setting out representation, information rights, shared outcomes and escalation routes.
Unclear clinical responsibility or variable quality	Patients could experience gaps in care, delayed decisions or different standards if clinical responsibility is unclear when pathways cross organisational boundaries.	Named clinical responsibility, common clinical and quality standards, shared monitoring and clear arrangements for incidents, deterioration and escalation.	Clinical governance approval before pathways transfer, supported by named accountable clinical leaders and an agreed quality and safety framework.
Insufficient data and incompatible digital systems	The Group may be unable to identify priority patients, coordinate care, understand costs or demonstrate benefit if information is incomplete, delayed or cannot be shared across organisations.	Agreed information-sharing arrangements, common definitions, lawful access to relevant records and tested analytical products that give partners a consistent view of need, activity, outcomes and cost.	A data-readiness assessment, an agreed minimum dataset and evidence that information can be shared and used safely before the relevant service changes begin.
Insufficient workforce and change capacity	Designing and implementing the new model could add pressure to already stretched teams. The Group may not have enough capacity or specialist skills in integration, analytics, contracting and change to deliver safely.	A phased implementation plan, protected transformation capacity, a costed workforce plan and targeted development or recruitment for skills that are not currently available.	A costed operating model and workforce impact assessment showing the people, skills, time and funding required for implementation and ongoing delivery.

Risk	What could happen	What needs to be in place	What the Board should expect to see
Benefits do not materialise or inequalities worsen	Expected improvements may take longer than planned, fail to release capacity or money, or benefit some populations more than others. Average results could conceal widening inequalities.	Clear baselines, realistic milestones, named owners, independent evaluation and routine review of outcomes by Trust, Place, neighbourhood and population group. The framework should also track unintended consequences.	Regular benefits and inequalities reporting to the Board, showing progress against the agreed baseline, reasons for variation and corrective action where benefits are not being achieved.

9. Conditions for success and work underway

Work has already started, a joint Sandwell and Dudley Executive Steering Group is providing senior oversight, supported by a fortnightly Transition Task and Finish Group. The Task and Finish Group brings together commissioning, provider, clinical, financial, workforce, digital and operational expertise. Its work includes confirming what could sit inside and outside the future arrangement; understanding existing services, resources, commissioning gaps and dependencies; and developing possible commissioning, delivery and governance arrangements. It reports to the Executive Steering Group and then to the Integration Committee and ultimately the Board, providing a clear route for decisions, assurance and escalation.

Patients, residents, carers and communities will also need a meaningful role in shaping the Anchor model. This should go beyond consultation on a model that has already been designed and include involvement in identifying priorities, co-designing pathways, defining the outcomes that matter to people and evaluating whether the model is making a difference. Particular attention will be needed to ensure that communities experiencing the greatest inequalities are represented and supported to participate. The detailed arrangements are still to be developed but could include community representation within the emerging governance arrangements, a patient and community advisory mechanism, targeted engagement through trusted local organizations and clear feedback showing how community insight has influenced decisions.

Reducing health inequalities should be a core design principle for the Anchor model rather than a separate workstream or measure considered after implementation. Development of the model will therefore need to align with the work of the Health Inequalities Steering Group, bringing together population-health data, clinical evidence and community insight to identify where outcomes and access vary. This should inform which populations and pathways are prioritised, how resources are targeted and how the impact of the model is evaluated across Dudley, Sandwell and West Birmingham.

Regular discussions with UHB are helping to develop the principles and working arrangements needed for West Birmingham. This is essential to protect SWBT's influence and responsibilities across system boundaries. If the Anchor model progresses, any transition should be phased, evidence-led and subject to clear review points as outlined below:

Review point	Required output
1. Define	Confirm the populations, scope, services in and out, intended contract form, interfaces and non-negotiable principles.
2. Understand the starting point	Establish the baseline for need, outcomes, activity, cost, workforce, contracts, assets, commissioning gaps and inequalities.
3. Design	Develop governance, decision rights, clinical accountability, partner arrangements, financial mechanisms, data requirements and outcomes.
4. Assure	Complete legal, financial, clinical, workforce, data and equality checks, including what would happen if assumptions prove wrong.
5. Mobilise	Only proceed in phases, with transition funding, protected capacity, benefits tracking and clear escalation.
6. Scale, amend or stop	Expand only where evidence shows the model is safe, beneficial and sustainable; retain the ability to change or stop it.

10. Summary

This paper is intended to support the Board's consideration of the opportunities presented by the emerging Anchor model and the future state it could enable for SWBT, DGFT and the populations they serve. It does not seek endorsement of a defined model or commitment to specific contractual, financial or delivery arrangements. The potential benefits are significant, but the model also carries material strategic, operational, clinical and financial risks, particularly if responsibility is not matched by authority, funding, resource, influence and system support. The Board is therefore invited to consider the direction and opportunities described, while recognising the uncertainties, dependencies and safeguards that will need to be worked through before any formal proposal is brought forward for decision.

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

REPORT TITLE:	**Trust Seal Report Q1 & Q2 2026/2027**		
SPONSORING EXECUTIVE / PRESENTER:	Diane Wake, Group Chief Executive		
REPORT AUTHOR:	Helen Board, Board Secretary DGFT Dan Conway, Associate Director of Governance/ Company Secretary SWB		
MEETING:	Group Public Trust Board	**DATE:**	16/09/2026

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

The Dudley Group NHS Foundation trust

In line with the Trust's Constitution, the board secretary ensures that an entry of every sealing is recorded and numbered consecutively in a book provided for that purpose and shall be signed by the persons who have approved and authorised the document and those who attested the seal. The Seal of the Trust is fixed to documents authorised by a resolution of the Board or otherwise under the authority of the Board as delegated. A report of all sealing is made containing the details of the seal number, the description of the document and date of sealing.

Trust Seal Usage 2025/26

There was no usage of the Trust seal in the period April – August 2026

Sandwell and West Birmingham NHS Trust

Trust Seal Usage 2025/26

Entry No. (auto)	Date sealed*	Document title / description*	Document category*	Parties / counterparty*	Approved signatory 1 (name)	Approved signatory 2 (name)	Sealed by (name)*	Seal impression / number
16	09/04/2026	Lease for James Preston Health Centre	Lease / Property	XK Propco Ltd SWB	Madi Parmar	Jo Newens	Dan Conway	281
17	09/04/2026	Counterpart lease, Unit 8 Spring Road	Lease / Property	XK Propco Ltd SWB	Madi Parmar	Jo Newens	Dan Conway	282
18	09/04/2026	Consultants Collateral Warranty	Warranty	Kier SWB Hawkins Brown	Madi Parmar	Jo Newens	Dan Conway	283
19	09/04/2026	lease for the Learning Campus	Lease / Property	SWB Sandwell College	Madi Parmar	Jo Newens	Dan Conway	284
20	29/07/2026	Contract for MMUH UTC construction	Building Contract	SWB Henry Brothers Construction	Jo Newens	Rachel Barlow	Dan Conway	285
21	12/08/2026	Collateral warranty SWB MRI	Warranty	SWB CSM Architects DD Porter Construction	Jo Newens	James Fleet	Dan Conway	286

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

Recommendations	
a)	**Note** the usage of the Trust Seal in the period April – August 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		
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

Enclosure 18

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

REPORT TITLE:	Group Board Assurance Framework 2026/27 Report		
SPONSORING EXECUTIVE:	Diane Wake, Group Chief Executive Officer		
REPORT AUTHOR:	Dan Conway, Associate Director of Corporate Governance/Company Secretary Helen Board, Board Secretary		
MEETING:	Public Trust Board	**DATE:**	16 September 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

Following consideration and approval of the Group Board Assurance Framework (BAF) 2026/27 at the July 2026 Board meeting, all BAF documents have been refreshed to strengthen triangulation between the BAFs, performance evidence and corporate risks. Corporate Governance also consulted Internal Audit on best practice for presenting the BAF to the Board in a clearer, more visual format. Their advice informed the presentation approach; it did not constitute a formal audit opinion or assurance conclusion.

The Board is asked to review and discuss the following:

- Is the Board assured that the final BAFs accurately reflect the Group's principal risk profile and that the current scores remain appropriate?
- Is the Board satisfied that triangulation between the BAFs, performance evidence and corporate risks provides sufficient assurance and a clear basis for any future score reduction?
- Does the Board support the proposed reporting rhythm, evidence thresholds and immediate escalation of material changes or risk-appetite breaches?

Full BAF risks are available in the Reading Room.

Alignment to our Group Strategy Vision					
OUR PATIENTS	**x**	**OUR PEOPLE**	**x**	**OUR POPULATION**	**x**

Previous consideration

Committees of board that met in July, August and early September 2026

Recommendation

a)	**Approve** the final 2026/27 BAF principal risk profile, risk ownership and current scores for both Trusts.
b)	**Endorse** the proposed reporting and escalation arrangements, requiring triangulated evidence of sustained improvement before any risk score is reduced.

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			

Report to the Group Public Trust Board on 16th September 2026

Group Board Assurance Framework (BAF)

1. Purpose

This paper presents the final Group Board Assurance Framework (BAF) 2026/27 for Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust, following review through the relevant Committees of the Board. It supports the accompanying visual slide pack. In developing the visual presentation.

Corporate Governance consulted Internal Audit on best practice for presenting BAF information to Boards, including concise visual presentation of the risk position, assurance, risk appetite, triangulation and links to the corporate risk register. This advice informed the presentation approach and does not constitute a formal Internal Audit opinion or assurance conclusion. Six principal risks are reported through eight positions because Financial Sustainability and Operational Performance retain separate SWB and DGFT assessments. Committee reviews during July, August and early September informed the final position.

2. Overall assurance judgement

The Board can take assurance that the BAF architecture, risk ownership, controls, material actions and Committee oversight are established. It cannot yet take assurance that outcome evidence supports de-escalation. Three positions remain outside appetite; five are within their stated appetite but remain material; and no BAF has unqualified reasonable or substantial assurance. Current scores should therefore be retained.

- Inconclusive: Quality, People and SWB Finance.
- Partial: Partnership, both Operational Performance positions and Infrastructure.

- Partial to reasonable: DGFT Finance.

3. Guide to the accompanying slide pack

- Slide 1 - Portfolio overview: confirms joint and Trust-specific risks and the eight reported positions. Board focus: ownership and the overall principal-risk profile.
- Slide 2 - Risk and assurance position: shows current scores, the 31 March 2027 gateway and residual targets alongside assurance and appetite. Gateway and target scores are ambitions, not automatic reductions.
- Slide 3 - Triangulation: shows how People, Partnership and Infrastructure enable Operations and Finance, with Quality testing outcomes, harm and experience. A BAF score should not move unless linked evidence moves.
- Slide 4 - Corporate-risk line of sight: before circulation, the slide should be corrected to the final source position of nine unique score-20 risks and 28 primary or secondary entries. Primary ownership is Quality 4, People 1, SWB Finance 2 and Infrastructure 2. The secondary link for risk 6209 requires validation.
- Slide 5 - Reporting rhythm and escalation: monthly Committee oversight; quarterly Board reporting; a quarterly deep dive in the first Board reporting month after quarter-end (Q4 in May); twice-yearly Audit Committee review; and immediate escalation for material change or an appetite breach.

4. Evidence threshold before any score reduction

Any proposed reduction should be supported by at least three reporting periods of sustained improvement; Trust, division and service-level drill-down; linked leading, outcome and balancing measures; verified recurrent benefit and quality-impact evidence; and independent or third-line validation.

5. Conclusion

The BAF provides a coherent line of sight from strategic risk, through controls and Committee assurance, to delivery evidence and corporate-risk movement.

6. Recommendations

The Board is asked to:

a) **Approve** the final 2026/27 BAF principal risk profile, risk ownership and current scores for both Trusts.
b) **Endorse** the proposed reporting and escalation arrangements, requiring triangulated evidence of sustained improvement before any risk score is reduced.

8 **BAF positions**
Six principal risks; Finance and Operations retain separate Trust positions.

3 **outside appetite**
Quality, SWB Finance and DGFT Finance require active recovery oversight.

JOINT GROUP RISKS

BAF 001 | JOINT

Quality and Safety

Learning does not consistently change practice, increasing avoidable harm and variation.

CURRENT 16 → 31 MAR 27 12

BAF 002 | JOINT

People, Workforce and Culture

Workforce capacity, leadership and culture may not sustain safe care and transformation.

CURRENT 16 → 31 MAR 27 12

BAF 003 | JOINT

Integration and Partnerships

Variable partnership maturity and accountability may delay integrated, preventative care.

CURRENT 12 → 31 MAR 27 12

BAF 006 | JOINT

Infrastructure, Digital and Estates

Estate, technology, cyber and data weaknesses may disrupt safe and resilient services.

CURRENT 16 → 31 MAR 27 12

TRUST-SPECIFIC RISKS

SANDWELL AND WEST BIRMINGHAM NHS TRUST

BAF 004a | SWB

Financial Sustainability

The underlying deficit, demand pressure and recurrent savings gap threaten sustainability.

CURRENT 20 → 31 MAR 27 15

BAF 005b | SWB

Operational Performance

Demand, capacity and pathway constraints threaten access, flow and constitutional standards.

CURRENT 12 → 31 MAR 27 9

THE DUDLEY GROUP NHS FOUNDATION TRUST

BAF 004b | DGFT

Financial Sustainability

Demand pressure, efficiency gaps and variable delivery threaten annual and t hree-year plans.

CURRENT 15 → 31 MAR 27 12

BAF 005a | DGFT

Operational Performance

Demand, capacity and system-flow constraints t hreaten sustained access and productivity.

CURRENT 12 → 31 MAR 27 9

Risk remains high; assurance does not support de-escalation

Eight BAF positions combine the current score, evidence gateway, assurance judgement and appetite status.

PRINCIPAL RISK	NOW	Gateway 31 MAR 2027	TARGET	ASSURANCE	APPETITE
001 Quality & Safety	16	12	8	Inconclusive	Outside
002 People	16	12	8	Inconclusive	Within*
003 Partnership	12	12	8	Partial	Within*
004a SWB Finance	20	15	TBC	Inconclusive	Outside
004b DGFT Finance	15	8	8	Partial → reasonable	Outside
005a DGFT Operations	12	9	9	Partial	Within*
005b SWB Operations	12	9	9	Partial	Within*
006 Infrastructure	16	12	8	Partial	Within*

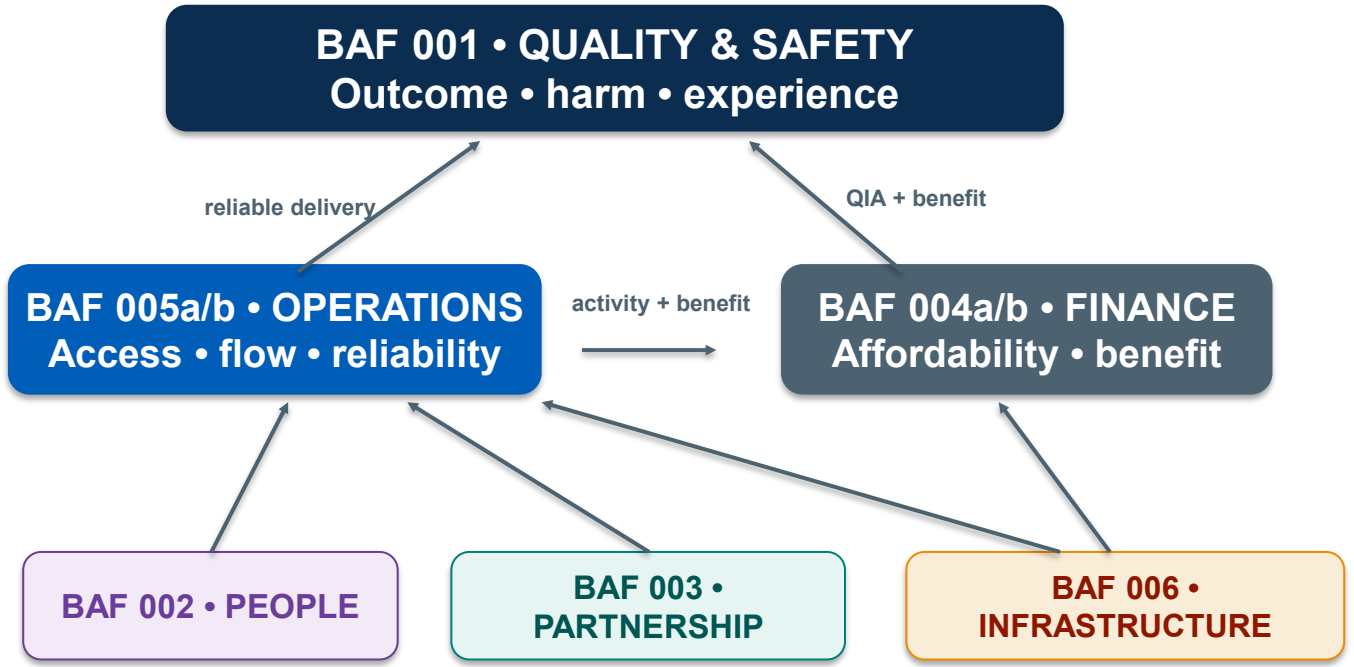
CURRENT COMMITTEE ASSURANCE

FIVE EVIDENCE GATES

1. 3+ periods of sustained improvement
2. Trust, division and service drill-down
3. Leading, outcome and balancing measures
4. Verified recurrent benefit
5. Independent / third-line validation

BAF RULE Retain current scores until linked outcomes and corporate risks show sustained movement. *Within stated appetite — but still material.

Triangulation connects delivery, outcomes and corporate risks



Relationship summary: People, Partnership and Infrastructure are enabling dependencies for Operations. Infrastructure also links to Finance. Operations and Finance both link to Quality and Safety, so movement in one BAF should be tested against linked outcomes and corporate risks.

ASSURANCE RULE Do not reduce a BAF score if linked outcomes, balancing measures or corporate risks have not moved.

Ten red corporate risks link into four primary BAF owners

Across the source BAFs, the ten score-20 risks create 32 primary or secondary links.

PRIMARY BAF OWNER	SCORE 20 PRIMARY CORPORATE RISKS	SECONDARY BAF LINKS RECORDED
BAF 001 Quality & Safety	DGFT CSS1956 — radiology reporting capacity DGFT WC2491 — mental-health care in ED SWB 6253 — mental-health care in ED SWB 5104 — ageing aseptic facility	**People • Partnership** Operations • Infrastructure
BAF 002 People	SWB 6266 — ED staff security and safety DGFT FE2789 — security, violence and terrorism	**Quality • Partnership** Operations • Infrastructure
BAF 004a SWB Finance	SWB 6208 — financial sustainability SWB 6207 — cost-improvement delivery	**Operations • Infrastructure**
BAF 006 Infrastructure	SWB 6677 — estate consolidation and land-disposal benefits SWB 6209 — estate safety, compliance and capital	**Finance • Operations** 6209: no secondary link recorded

Assurance follows a fixed cycle — with escalation outside it

Each layer has a distinct role; quarterly Board deep dives provide the consolidated Group position.

12× YEAR — **Relevant Committee** → **4× YEAR** — **Board** → **2× YEAR** — **Audit Committee**

Monthly reporting: material changes, exceptions and escalations; development reports may initially focus on what has moved.

Quarterly deep dive: consolidated Group profile, material movements, cross-cutting themes and matters requiring Board attention.

Twice-yearly review: effectiveness of the BAF process, robustness of assurance and links to corporate risks, Internal Audit and the AGS.

QUARTERLY DEEP DIVE	Report the quarterly position in the first Board reporting month after quarter end.	Q4 → MAY
IMMEDIATE ESCALATION	Any principal risk that changes materially or exceeds appetite is escalated to the Board outside the routine cycle.	
BOARD ASSURANCE	This cycle does not delay escalation: material movement and appetite breaches come to the Board immediately.	