

BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SANDWELL)

TUESDAY, 12 MARCH 2024 AT 14:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Public-I microsite ([please click this link](#)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 DECLARATIONS OF INTERESTS

Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If other registerable interests are declared a Member may speak on the matter only if members of the public are allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If it is a 'sensitive interest', Members do not have to disclose the nature of the interest, just that they have an interest.

Information on the Local Government Association's Model Councillor Code of Conduct is set out via <http://bit.ly/3WtGQnN>. This includes, at Appendix 1, an interests flowchart which provides a simple guide to declaring interests at meetings.

- 3 **APOLOGIES**
- To receive any apologies.
- 5 - 12** 4 **MINUTES OF MEETING – 27TH SEPTEMBER 2023.**
- To note and approve minutes of the last Birmingham & Sandwell Joint Health and Social Care (JHOSC) meeting.
- 5 **COMMISSIONER'S REVIEW AND COMMENT**
- To note Commissioner's comments: "This scrutiny committee is focussing on health-related matter on the basis of its current work programme. On that basis, it would be inappropriate to comment. If in future, the HOSC undertakes work in the BCC functional areas then Commissioners would need to see and comment".
- 13 - 14** 6 **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE ACTION TRACKER (14.05-14.10HRS)**
- To review and note the actions from previous Joint Health Overview and Scrutiny Committee meeting.
- 15 - 36** 7 **MIDLAND METROPOLITAN UNIVERSITY HOSPITAL SITE UPDATE (14.10-14.45)**
- Update report on hospital development and Models of care across the Trust.
- 37 - 44** 8 **PATIENT EXPERIENCE AT SANDWELL & WEST BIRMINGHAM NHS TRUST - UPDATE ON REPORTING SYSTEMS (14.45-15.20)**
- To receive a report from Patient Insight and Involvement Lead, Sandwell & West Birmingham NHS Trust.
- 45 - 80** 9 **UPDATE ON CHANGES TO STROKE SERVICES IN SANDWELL & WEST BIRMINGHAM NHS (15.20-15.45)**
- To receive an update report on Sandwell and West Birmingham (SWB) NHS Trust changes to Stroke Services.
- 81 - 92** 10 **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME (15.45-15.55).**
- To consider the issues on the Committee's Work Programme for 2023/24.
- 11 **DATE OF THE NEXT MEETING**
- To agree a date and time.
- 12 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

Minutes of Joint Health Overview and Scrutiny Committee

27 September 2023 at 5.00pm
at the Council Chamber, Sandwell Council House

Present: Councillors E M Giles (Chair), Dunn, Kalebe-Nyamongo, Johnston and Millar and Davies (Sandwell).
Councillors Brown, Hartley and Moore (Birmingham).

Officers: Rachel Barlow (Director of System Transformation, Sandwell and West Birmingham Hospitals NHS Trust);
Stephnie Hancock (Deputy Democratic Services Manager, Sandwell Council);

1/23 **Apologies for Absence**

There were no apologies received.

2/23 **Declarations of Interest**

There were no declarations of interest.

3/23 **Minutes**

Resolved that the minutes of the meeting held on 29 November 2022 are approved as a correct record.

4/23 **Additional Items of Business**

There were no additional items of business to consider.



Patient Experience at Sandwell and West Birmingham Hospitals NHS Trust

The Committee received a presentation on the Fundamentals of Care (FOC) Framework, which was Sandwell and West Birmingham Hospitals NHS Trusts' flagship clinical improvement framework, driving a number of patient focussed strategic objectives. The approach strove to improve basic standards of care, owned by all and applied consistently.

FOC focused on three strategic objectives – Patients, People and Population, all of which were intrinsically linked - happier staff would lead to happier patients, and seamless working with partners would improve outcomes and experiences. The Framework comprised of three key values, and was underpinned by seven Standards – promoting independence, nutrition and hydration, communication, symptom management, sleep and rest, personalised care, and harm free care - which had been adapted from best practice and shaped with input from staff and the community.

The Trust had appointed a Patient Experience Lead in January 2022 to implement a governance framework and systems of learning from patient experience; and to instigate and support the six workstreams to improve experiences of care. A multi-disciplinary Patient Experience Group (PEG) had been established, including external partners. PEG reviews progress against FoC from patient, relative and carers perspectives.

Local and national patient experience benchmarking had been undertaken against national Care Quality Commission and NHS England measurement tools. A self-assessment had also been carried out utilising NHS Improvement's Patient Experience Improvement Framework and the National Institute for Clinical Excellence (NICE).

The Patient Reported Experience Measures (PREM) programme had also been established and allowed local areas to measure specific experiential aspects of care (e.g. involvement in care, communication, kindness and respect etc.) and for areas to rely on the NHS Friends and Family Test as a single indicator of experience. Over 60 areas Trust-wide (from zero in April 2022)



now had the capability to gather additional experiential data electronically, aligned with FoC standards.

From members comments and questions the following issues were highlighted:-

- the PREM programme would highlight that one size did not fit all and methodology would be tailored to ensure that diversity was recognised;
- carer aware training would be available to support carers, and representative groups were being consulted and asked to share insights on the carer experiences; the Trust considered itself a partner in the “care contract” and was looking to provide additional support to carers such as free parking or discounts;
- the Patient Advice and Liaison Service (PALS) would be included in patient experience groups;
- inclusively was hard wired into all of the Trust’s work;
- a staff carers group was being established and a patient experience ambassadors programme to obtain a wide range of input and experiences ;
- there was good participation from youth groups;

Members welcomed the presentation and looked forward to receiving a future report on progress with the programme.

6/23

Midland Metropolitan University Hospital (MMUH) Update

The Board received an overview of progress that had been made with the build and delivery progression of the Midland Metropolitan University Hospital (MMUH).

The hospital was currently the biggest capital development in the English health service. Upon completion, the hospital would include an emergency department, a dedicated children’s emergency department and a midwife led birth unit. Under the acute care model for the hospital, consultants would be on site seven days a week and state of the art equipment would enhance diagnostics to support the provision of same day emergency care, preventing unnecessary admissions, ensuring that the length of



stay was no longer than medically required and that patients were discharged to the most appropriate place and readmission was prevented.

#MoreThanAHospital, it would provide places for the wider public and local community to use, such as a community garden, a café/restaurant and a Winter Garden on the fifth floor of the building, which would also house an art gallery.

The design of the hospital centred on patient wellbeing with all rooms having an external view onto one of the courtyards or surrounding areas of the hospital. 50% of the beds were in single ensuite rooms, which would enhance infection control. Colour coded wards, with the same layout throughout the hospital, would also provide a dementia friendly environment.

Most outpatient care, day-case surgery and routine diagnostics would remain at the Sandwell (Hallam Street) and City Hospital sites. This included:-

- A 24/7 urgent treatment centre at Sandwell Hospital.
- Birmingham Treatment Centre and Birmingham and Midland Eye Centre (BMEC) at City Hospital.
- Provision for step down / rehab facilities.

Significant changes continued to take place in community and primary care services so that even more care could be provided in people's own homes. Members noted the crucial work also being undertaken across 12 service areas to transform services to support the acute care model. Excellent multi-agency relationships in Sandwell supported this programme of transformation.

The Benefits Case predicted that the hospital building would have a useable efficient lifespan of 58years and would bring benefits to patients equating to around £796m; benefits to employees equating to around £982m and to the wider population equating to around £241m.

In terms of employment, 484 new staff were required to make the business case work, with a target of 35% being from the local



population. A Learning Campus on the site would host 1280 learners a year, with a focus on addressing skills shortages and providing pathways into long term employment. A partnership between the hospital, Sandwell College and Aston and Wolverhampton universities had been established to support recruitment efforts.

Work had been undertaken to incorporate the hospital into the local transport network, 1,600 car parking spaces and an onsite bus stop had been incorporated within the site proposals. The transport plan was being finalised and would be publicly available from January 2024.

Community engagement activities with local groups had taken place to boost awareness of how healthcare provision would be changing in the Borough. A 'Midland Met Mobile' van would be used for 'roadshow' type events at libraries, shopping centres, and the heart of the community, sparking conversations about the hospital and the transformations to healthcare.

The projected opening date for the hospital was Autumn 2024, following a six- month process of testing and a familiarisation process for staff members.

From the comments and questions by members of the Committee, the following responses were made, and issues highlighted:-

- it was recognised that transport was a big issue for the community and engagement was taking place, monthly meetings were also taking place with senior local authority officers;
- the site would be future proofed with electric vehicle charging points;
- all patient pathways had been assessed and best practice considered before deciding to decommission 62 beds;
- it was recognised that a hospital stay was not always in the best interests of elderly patients due to the risk of Hospital Acquired Functional Decline so patients would be assessed and discharged into community care within a period of hours where appropriate;



- the Trust was working on the best language to use to communicate the changes to services to the public and there would be a substantial communications programme over the next 12 months;
- the vision was for the community garden to feel more like a parkland;
- no delays were anticipated regarding the new opening date, however, should there be a delay there would be no disruption to services, which would remain in their current location;
- the Trust was working closely with local authorities on the delivery of the Grove Lane to Smethwick Master Plan;

7/23

Update on Changes to Day Surgery at Sandwell and West Birmingham Hospitals NHS Trust

An update was noted on the ongoing work to implement the changes from the formal conversation around Changes to Day Surgery, which had been held between March 2022 and April 2022.

Sandwell and West Birmingham NHS Trust would operate from two treatment centres for planned day surgery; these sites were the Birmingham Treatment Centre and the Sandwell Treatment (currently Sandwell General Hospital). Acute care and elective surgery that required an overnight stay would be delivered at Midland Metropolitan University Hospital (MMUH).

Over 4,000 people had been reached through a variety of engagement methods. The following common themes emerged from the conversations:-

- improve communication and information about the new hospital and what was moving and what was staying where when the new hospital opened;
- travel and access to different sites would potentially have a financial and time impact on patients and their families and friends;
- people could see the benefits for the future workforce;



- Some people thought it would be clearer for patients and would provide a consistency of care, reduce wait leading to improved patient satisfaction.

A 'plan on a page' had been developed and was used to talk through and share with individuals and communities at every opportunity. It offered an explanation of which services were moving to the new hospital and which were remaining at the treatment centres. It was regularly updated, and a large print version was being developed, as well as versions in our most spoken community languages.

8/23

Work Programme

Resolved that the respective Chairs agree a programme of future meetings and a work programme.

Meeting ended at 6.45pm.

Contact: democratic_services@sandwell.gov.uk



Birmingham & Sandwell Joint Health & Social Care Overview & Scrutiny Committee Action Tracker.

Date of Meeting	Agenda item	Actions	Lead Officer	Update
25th Sept. 2023	Patient Experience at Sandwell and West Birmingham Hospitals NHS Trust	Update on the Fundamentals of Care (FOC) Framework, which was Sandwell and West Birmingham Hospitals NHS Trusts' flagship clinical improvement framework was presented at the last JHOSC meeting.	Jamie Emery, Patient Involvement Lead, Sandwell & West Birmingham NHS Trust.	JHOSC members requested progress report update to be presented at JHOSC meeting on 12 th March 2024.
25th Sept 2023.	Work programme	Agree a programme of future meetings and work programme	BCC & Sandwell Scrutiny Officers.	Work programme 23/24 to be presented at meeting on 12 th March. To discuss issues to look at in the coming year

Birmingham City Council and Sandwell MBC Health and Adult Social Care Overview and Scrutiny Committee

12 March 2024.



Subject: Sandwell and West Birmingham NHS Trust (SWB)
Midland Metropolitan University Hospital (MMUH) Update

Report of: Liam Kenndy, Delivery Director MMUH

Report author: Jayne Ilic, Director of Communications and Engagement
(MMUH)

1 Purpose

- 1.1 To update the Joint Health Overview and Scrutiny Committee on the continued developments of Sandwell and West Birmingham new Acute and Emergency Hospital, Midland Metropolitan University Hospital as we moving to opening later this year.

2 Recommendations

- 2.1 The Joint Health Overview and Scrutiny Committee is asked to:
 - accept the contents of this presentation;
 - discuss matters arising.

3 Any Finance Implications

- 3.1 None

4 Any Legal Implications

- 4.1 None

5 Any Equalities Implications

- 5.1 None

6 Appendices

- 6.1 Appendix 1 – Midland Metropolitan University Hospital Presentation slides



Midland Metropolitan University Hospital

Joint Health Overview and Scrutiny

March 2024



Opening 2024

Timeline	
2007	Formal consultation of closures of A&E at City and Sandwell Hospitals concludes
2011	Site purchased in 2011
2015	Carillion selected as preferred construction company
2016	Building started
2018	Carillion went into liquidation causing delays
2019	Balfour Beatty selected to complete the project
2020	Pandemic hit, however building work continued throughout this period
2022	Six month Commercial Standstill period to review Construction Programme and associate commercial
2023	Forecast for construction completion. Technical commissioning period follows. Give notice to Hard FM provider for building handover and acceptance in 2024.
2024	Planned Completion / Building Handover forecast March – May 2024
2024	Trust start Activation period and Staff Induction March/ May – October/November 2024
2024	Midland Metropolitan University Hospital scheduled to open October – November 2024

Midland Metropolitan University Hospital Programme Company

Purpose

To safely open the Midland Metropolitan University Hospital.

Vision

To transform clinical services, acting as a catalyst for enhanced care and treatment, improving life chances and health outcomes across our communities.

Our values

Ambition - Respect - Compassion

Objectives

Patients



Enable outstanding health outcomes for patients with equality of service provision no matter where you live.

Provide a safe and welcoming environment for care.

Provide integrated care services that are seamless for patients.

People



Develop career pathways for local people.

Provide an inspiring and inclusive place to work.

Provide comfortable and productive spaces that make people feel valued.

Population



Be #morethanahospital engaging with local people to provide accessible and inspiring community spaces.

Seize every opportunity for MMUH to regenerate the neighbourhoods.

Create a catalyst to improve life chances for today's and future generations.

Getting to know Midland Met

Midland Metropolitan University Hospital will be the acute centre for care for Sandwell and West Birmingham NHS Trust and includes:

- A purpose-built emergency department with co-located imaging and diagnostic services.
- A dedicated children's emergency department and assessment unit.
- Operating theatres for both emergency and major planned surgery.
- A midwife led birth unit next to a delivery suite, two maternity wards and an antenatal clinic, plus a neonatal unit.
- Same day emergency care for adults.
- The regional sickle cell and thalassemia centre.

Patients can expect to receive all of this as a standard part of our care model:

- The same high standards any day of the week with senior doctors leading expert clinical teams.
- Diagnostic tests including x-ray, MRI and CT scans, plus other tests for urgent care.
- Our Winter Garden and outdoor spaces are designed to help patients stay active.





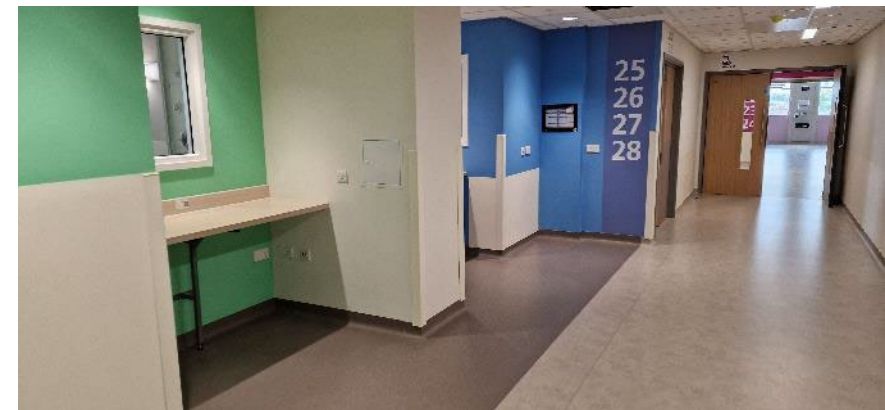


- Planned Care scheduled up to 23 hours will take place in our two treatment centres at City and Sandwell hospital sites. These facilities will offer outpatients, diagnostics and day case treatments.
- The City Site also retains the Birmingham Midland Eye Centre.
- The Sandwell Site retains the local Urgent Care Centre.
- Community and Primary based care is run from several community locations including at Rowley Regis Community Hospital providing outpatients, Diagnostics and Intermediate Care, Leasowes Intermediate Care Centre, Harvest View Care Home, and hundreds of community and primary care locations.



The benefits of our new hospital

- The hospital will house state-of-the-art equipment to support faster diagnosis and improve patient outcomes.
- It will be home to 11 emergency, trauma and elective inpatient operating theatres, 2 maternity theatres and 15 birthing rooms for maternity services.
- The wards and rooms centre on patient wellbeing. All bedrooms have an external view onto one of the courtyards or surrounding areas of the hospital.
- The design includes 50 per cent single rooms with en-suite shower rooms in the main ward areas which will reduce the risk of spreading infections.
- The hospital provides a dementia friendly environment. Colours and clear bed numbers will help patients identify where they are. Layouts of wards will be the same, with each group of four beds within a ward having a different colour theme.



DID YOU KNOW?

Midland Metropolitan University Hospital will serve people living in Sandwell and West Birmingham.

Location

Grove Lane, Smethwick.

Status

Under construction.

Construction partner

Balfour Beatty.

Getting to know SWB

City Hospital will be redeveloped and new homes will be built on the site by Homes England. It will retain these services:

- Birmingham and Midland Eye Centre
- Birmingham Treatment Centre
- Sheldon
- Outpatient services
- Diagnostics
- Day surgery
- Pharmacy hub
- DGM building
- Ophthalmology A&E



Midland Metropolitan University Hospital

Our new hospital is poised to become the centre of acute and emergency care at SWB when it opens. It will include:

- Acute medical care
- Emergency/elective surgery
- Maternity services including Serenity
- Children's Unit
- Sickle Cell and Thalassaemia department
- Diagnostics
- Winter Garden
- Education Centre
- Spiritual Care Centre
- Urgent Care Centre
- Learning Campus



Sandwell Treatment Centre will offer GP led urgent, but not emergency care, including:

- Sandwell Urgent Treatment Centre
- Primary care GP services
- Outpatient services
- Diagnostics
- Day surgery and treatment
- Children's Outpatients
- Education Centre
- Clinical research facility



Rowley Regis Hospital provides comprehensive community services:

- Outpatient services
- Diagnostics
- Community intermediate care beds
- Primary care community
- Urgent community response
- Virtual wards
- Day treatment



Leasowes Intermediate Care

Centre offers short-term, individual and holistic rehabilitation programmes to help people improve their independence with everyday tasks such as washing, dressing, walking and eating.

- Community intermediate care beds



COMMUNITY SERVICES

ICARES, District Nursing, ESD Stroke Team, School Nursing, Health Visiting, Specialist Nursing Teams (Continence, Heart Failure, Diabetes, Falls), ISHUS, Community Rehabilitation Teams, Case Management Team, Foot Health, Admissions Avoidance Team, HAPO, MSK Clinics, Hand Therapy Service, Specialist Diabetes Service, Community Paediatric Nursing, Specialist Nursing & Therapy Teams, Respiratory Team, HIV Clinic, GP practices & other primary care services.

**Moving 2 acute hospitals
to a single site**

736 beds, 11 Theatres, Adult and Paediatric Emergency Departments, dedicated diagnostics, 50% side rooms; 2 UTCs; separate public, patient/staff and logistics flow.

Workforce

Enhanced seven day working; new roles include ACPs and Logistics, hard to recruit roles; increasing local employment; Management of Change 5900 WTE and Organisational Development Programme.

Planned Care

Two Treatment Centres Providing up to 23 hour care; OP, diagnostics, OP procedures, Theatres; Birmingham Midlands Eye Centre.

**Master planning
and Regeneration**

Decommission City site; Trust has 2 of the largest development plots in Birmingham; Strategic Partnership Regeneration Plans with WMCA, BCC and SMBC; Learning Campus; Transport and Connectivity.

Care model

12 significant clinical pathway transformations; significant Place based change; 7 pathways impact on reducing bed days and rightsizing into MMUH (102 beds); emphasis on SDEC, Frailty and Place based pathways; Enhanced 7 day model.

Stakeholder engagement

Patient groups; public engagement and consultation; critical provider stakeholders for move; strategic benefits partners; near neighbours meetings; ICBs, NHSE, NHP.

DID YOU KNOW?

The **Winter Garden** is more than just a place to meet.

It will not only be an inviting place for staff, patients and visitors to meet and relax, but it will also be the main welcome point housing a contemporary art gallery.

Visitors will be able to find their way around with the help of clear signs, volunteers and wayfinding from this location.

Clinical services transformation

In preparation for the opening of Midland Met, crucial work is being undertaken across 12 areas to transform our services, focusing on our acute care model. It comprises of these services.

Emergency Department 2 site to 1	Senior decision making supported by rapid diagnostics to support right care right place.	Acute therapies 2 sites to 3	Extended working hours will enable patient therapy provision to support earlier discharge.
Same Day Emergency Care 2 site to 1	Expansion of same day emergency care (SDEC) pathways to optimise ambulatory care, reducing admissions and assessment unit demands.	Imaging 2 sites to 3	Improved turnaround times will support rapid decision making at the front door. Demand management and artificial intelligence will improve efficiency.
Assessment Units 2 site to 1	Rapid diagnostics and decision making over seven days to reduce length of stay (LOS) in assessment units.	Endoscopy 2 sites to 3	Separation of inpatient and outpatient endoscopy to the treatment centres and Midland Metropolitan University Hospital to support patient flow and productivity.
Older peoples Care & Frailty 2 site to 1	End to end acute and community care will prevent patients being admitted unnecessarily or reduce LOS if admitted.	Place Partnership	Community beds and home-based services right sized to enable increased supported discharge from acute settings.
Stroke Decoupling	Rehabilitation to be provided in a community setting to improve patient care, end of life experience and release acute beds.	Theatres 2 sites to 3	Increased use of day case pathways with day case activity split from elective and emergency activity will improve.
Cardiology	Increased use of ambulatory pathways and day case procedures will prevent patients being in hospital unnecessarily.	Enhanced Care	Provision of a post anaesthetic care unit (PACU) and ward based enhanced care to support care pathways.



Stakeholder engagement is an integral part of building relationships with our People, Patients and Population.

We have a dedicated stakeholder plan which includes:

- Near Neighbours
- Community Bus
- Attendance at community events
- Attendance at scrutiny meetings
- Meetings with faith leaders and voluntary sector

Great success to date – over **3000** attendees on community bus!!

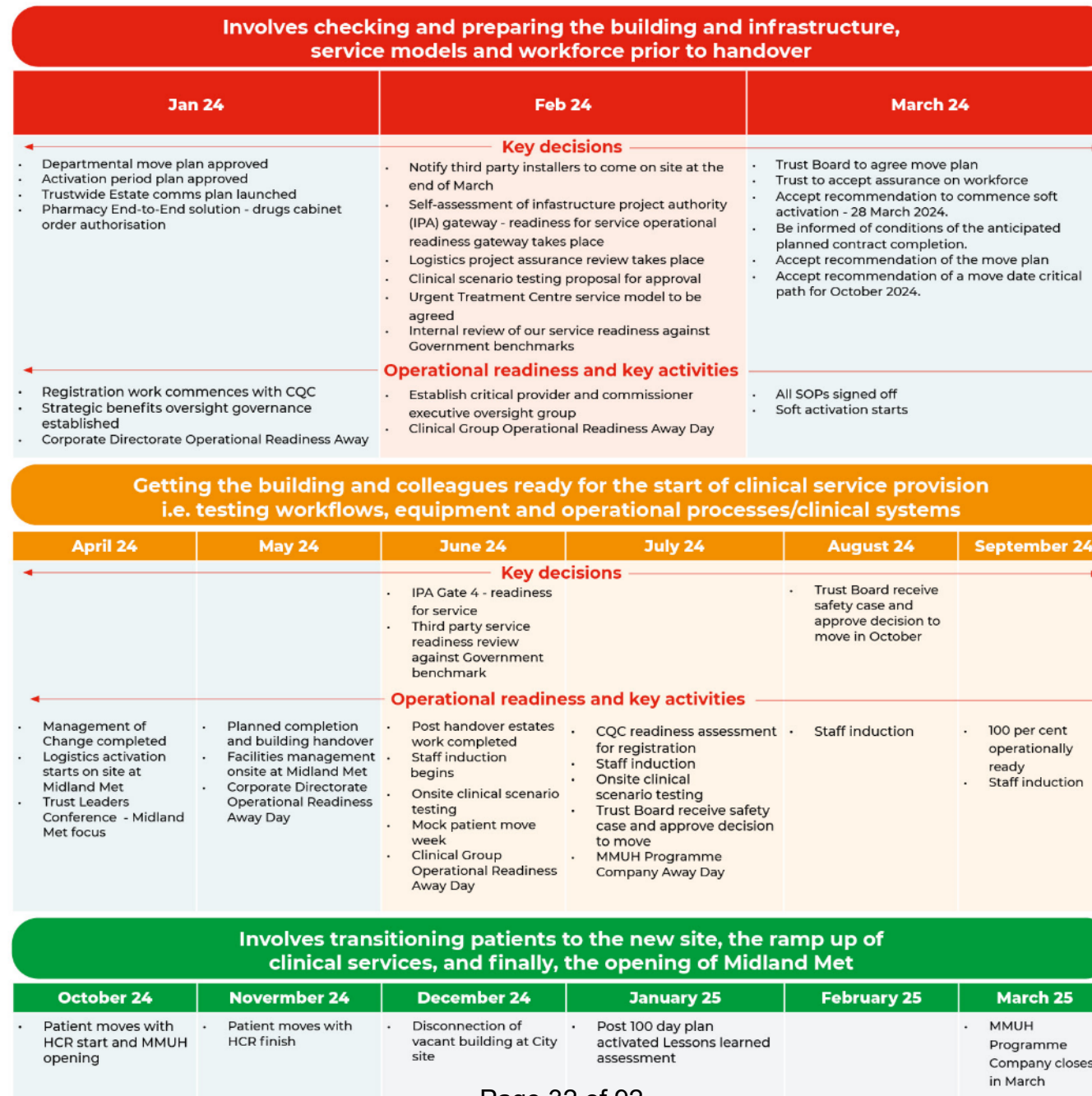


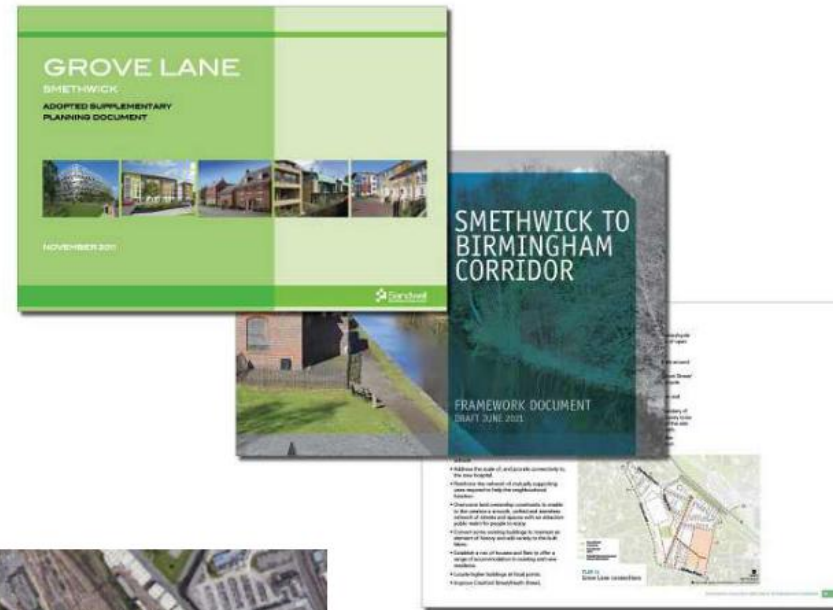
► **READY**
SET
GO

READY
►► **SET**
GO

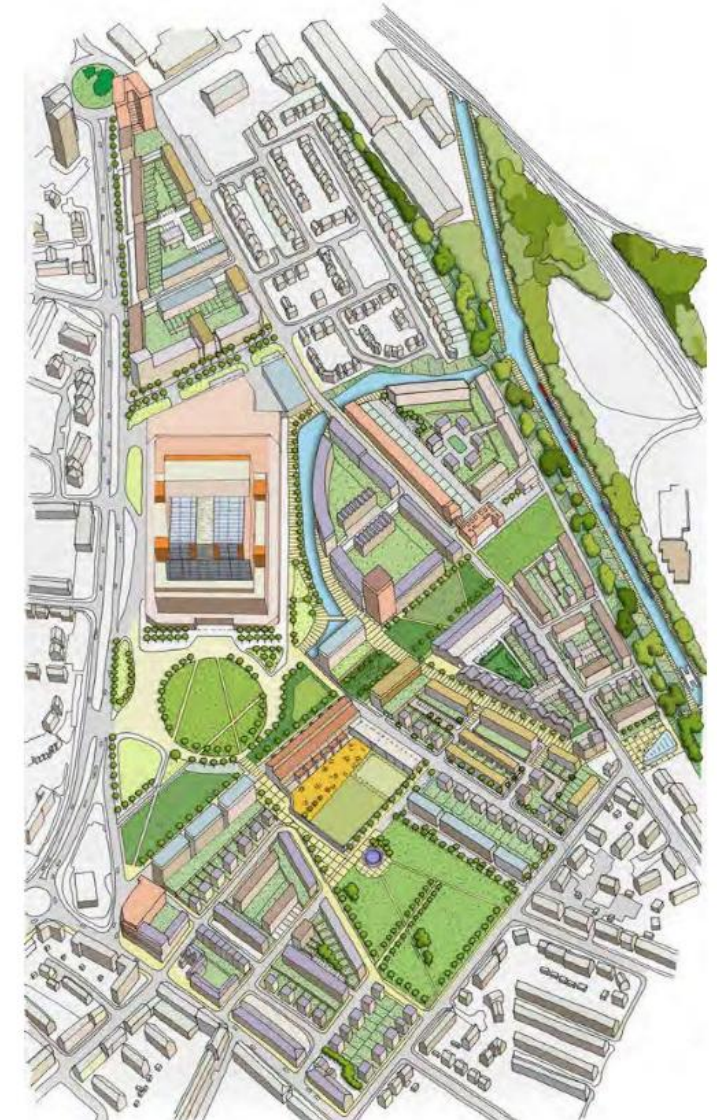
READY
SET
►►► **GO**

#MoreThanAHospital





The Grove Lane Masterplan



Patients



**Patient Objective Benefit Total
£796m**

Enable outstanding health outcomes for patients with equality of service provision no matter where you live.

Provide a safe and welcoming environment for care.

Provide integrated care services that are seamless for patients.

Patients – top 3 benefits ,	£M
Reducing the acute bed base	448
Split of Elective and ED	244
Agency Savings	39
TOTAL PATIENT RELATED BENEFITS	796

People



**People Objective Benefit Total
£982m**

Develop career pathways for local people.

Provide an inspiring an inclusive place to work.

Provide comfortable and productive spaces that make people feel valued.

People – Top 3 benefits	£M
Consultant Journeys	356
Employment GVA	217
Staff Satisfaction Increase	172
TOTAL PEOPLE BENEFITS	982

Population



**Population Objective Benefit Total
£241m**

Be #morethanahospital engaging with local people to provide accessible and inspiring community spaces.

Seize every opportunity for MMUH to regenerate the neighbourhoods.

Create a catalyst to improve life chances for today and future generations.

Population – Top 3 benefits	£M
MMUH Construction GVA	142
Homes England GVA	41
Homes England Council Tax	23
TOTAL POPULATION BENEFITS	241

Opportunities at or close to Midland Met

- Midland Met learning campus.
- Community garden.
- New housing – mixed modes, apartments and houses.
- Employment opportunities, commercial and retail.
- Education from 16+ through to university level.
- Improved connectivity between canal tow path and hospital site.
- Active travel opportunities – bike lanes connecting Sandwell and Birmingham.





Delivering the Midland Metropolitan University Hospital Any Questions?

Birmingham City Council and Sandwell MBC Joint Health, Adult and Social Care Overview and Scrutiny Committee

Date – 12 March 2024



Subject: Sandwell and West Birmingham NHS Trust (SWB)
Patient Experience Update

Report of: Jamie Emery, Patient Insight and Involvement Lead

Report author: As above

1 Purpose

- 1.1 To update the Joint Health Overview and Scrutiny Committee about recent developments in SWB patient experience and initiatives to improve communication, patient experience and personalisation of care, in line with the SWB Fundamentals of Care programme.

2 Recommendations

- 2.1 The Joint Health Overview and Scrutiny Committee is asked to:
- accept the contents of this paper;
 - discuss matters arising.

3 Any Finance Implications

- 3.1 None

4 Any Legal Implications

- 4.1 None

5 Any Equalities Implications

- 5.1 Some actions described in the report are to support vulnerable individuals who receive SWB care and treatment.

6 Appendices

- 6.1 Appendix 1 – ‘Getting to Know Me’ documentation (size A3 – actual)

7. Introduction

- 7.1 Patient Experience Group (PEG), implemented in November 2022, maintains oversight and assurance of patient, carer, and relatives' experiences of care, in particular the communications and personalisation work-streams aligned with the Fundamentals of Care (FoC).
- 7.2 The future PEG cycle of reporting is aligned to the FoC programme for the year ahead, in addition to other specific projects and areas.

8. Patient Experience Group - updates

8.1 October 2023

A patient / relative story, previously heard at Trust Board, was described by the patient's stepdaughter regarding a mental health needs Emergency Department presentation involving suicidal ideation. Further information about specific action is described further below (9.14).

The Medicine and Emergency Care Group reported the findings of the 2023 Car Quality Commission National Urgent and Emergency Care Survey. Also, the findings of the internal intelligence conveyancing¹ report were presented and discussed. The Primary Care, Community and Therapies Group presented recent activity and actions relating to patient experience and engagement.

Healthwatch Sandwell described joint work with the Your Health Partnership in supporting people with Diabetes. Bereavement / End of Life Services presented the Bereavement Resource Boxes created and provided to wards to support positive end of life experiences.

8.2 November / December 2023

A patient story describing life-experience as a heroin addict and their perspective of personalised care was presented (as heard at Trust Board - January 2024, see section 9.3 below).

The Maternity / Neo-natal Patient Experience Group update was provided including volunteer support and food options available, particularly for vulnerable women. The update also included efforts to improve communication and mechanisms established to gain more feedback from women. It was also agreed that 'Partners in Care' (carer support) could be adapted and implemented in maternity.

¹ Intelligence Conveyancing – the practice of patients being transported via ambulance to a hospital / Emergency Department outside of their immediate local area due to prevailing regional pressure in the system. For example, a patient living in Solihull may taken to Sandwell Hospital Emergency Department due to existing regional pressure.

The Patient Experience Ambassadors and steering group were presented (further detail below section 9.3).

8.3 January 2023

FoC updates were delivered and discussions took place regarding the Personalisation 'Getting to Know Me' documentation and the 'Partners in Care' initiative (sections 9.2 and 9.3 below). The 'Rhythm of the Day' schedule was also presented and discussed.

Sandwell Healthwatch presented their 'Guided by You' research across the region. The development of the SWB Patient Advice and Liaison Service (PALS) was presented followed by the development of the Patient Engagement Portal initiative to improve outpatient access and communication.

9. **Further key updates**

9.1 Complaints and PALS

Since a recent leadership transfer of these services to Chief Nursing Officer's portfolio, and specifically to within the Patient Experience function, work to develop how the Trust manages and learns from complaints and PALS has been undertaken in conjunction with Group leads. This work continues and will culminate in an updated policy and procedure including defined and agreed working standards targeted for April 2024.

This will include development of a defined PALS team and service within the complaints framework. Reporting style and data presentation will be developed and updated in the months ahead.

9.2 Personalisation of care

'Getting to Know Me' documentation (**appendix 1**) is in place on three wards with a further two to be launched shortly. This is available to all wards for use and requires focus to become embedded.

9.3 Patient Experience Ambassadors and Patient Experience Steering Group

The Ambassador's programme was launched at the Personalisation study day in October 2023. Since, this community of practice has grown to c70 colleagues, passionate and committed in promoting and developing positive patient experience across SWB.

Ambassadors are invited to attend a quarterly forum, where achievements can be showcased and support for initiatives in place or proposed can be gained. At the recent inaugural forum, projects undertaken through the Ambassadors' work was presented. These related to the Surgical Same Day Emergency Care Unit and work in combatting addiction-related stigma.

A spin-off from this latter project was the discovery that current disposable patient wipes do not provide optimum patient comfort or promote skin-integrity. A trial of improved quality wipes is being implemented to assess use and impact on patient comfort.

The Patient Experience Steering Group, which reports into PEG, also supports the Ambassadors and their work. Reporting conventions for Ambassador reporting into clinical Groups are being discussed and will be formalised via PEG.

9.4 Surgical Same Day Emergency Care

As identified via the Ambassadors' role, this area has taken steps to improve experience following independent observation and review of the care pathway and the environment. Small scale improvements were found to have a significant impact on patients' experiences. For example, the signage on arrival, the waiting area with appropriate seating and additional computers allowing teams to work more efficiently, so multiple patients' treatment can be processed at one time.

9.5 Carer support. Our Partners in Care

A carer passport is due to be trialled shortly. This will provide the recognition and on-site support that carers have asked for and will establish relationships with carers as equal partners in care. This will be supported through an implementation plan which clearly defines what a carer is and their role. It will be further developed for use within areas such as Maternity and Paediatrics.

The staff carers network is also being developed to support this to work in conjunction with a community carers group / forum, incorporating lived-experience of mental health needs.

9.6 Training and education

Patient experience sessions are now embedded within the student and nurse associate training programme. Building on an initial study day in June 2023, a further study day focussing on personalisation took place in October 2023, which incorporated the launch of the Ambassadors' programme. A further two study days are taking place; firstly on 15 March 2024 focusing on vulnerabilities. Paula McGowan² will be the keynote speaker at this study day. A May 2024 study day will focus on communication, personalisation and experience at end of life and beyond with family / carers.

Further bespoke communication, personalisation and experience sessions have been provided to elderly care / frailty, respiratory, Acute Medical Unit and safeguarding teams. The Sandwell Deaf Community Association (SDCA) delivered an afternoon-long session with the Breast Care Team. This session is

² [NHS England » Paula McGowan](#)

available to book for all Trust teams. The SDCA will be also deliver a session also at the vulnerabilities study day.

Lived experiences of care, voiced by patients, relatives and carers are used routinely in each session delivered. A Communication Skills Working Group is being convened to devise a range of experience and communication skills training packages to suit different staff types. This will be underpinned by agreed communications standards.

9.7 Recruitment

The Patient Experience Manager post has had significant impact on the projects developed to promote positive experience and communication in recent months. The data analyst post has recently been recruited to will commence in post in the weeks ahead. The post-holder will lead on the development of the patient experience dashboard, which will interpret significant volumes of experiential data from a range of sources, including PALS and complaints. This will support understanding of and learning from patient experience at different layers across the Trust.

9.8 Environment

An environmental plan and wish-list was devised in line with the associated FoC workstream. Items related to equality, diversity, inclusion, and vulnerabilities were prioritised. These items are being considered through the workstream to ensure these are in place at Midland Metropolitan University Hospital (MMUH). It is important they are also factored into plans following the opening of the new site.

Environmental walkabouts have recently commenced involving key stakeholders. These concentrate on aesthetics, cleanliness and professional appearance in communal areas. Output and work undertaken as a result of these sessions are now reported through PEG.

9.9 Digital signage

The related FoC workstream has considered locations for digital signage across MMUH and retained estate. The content for the information screens is to be agreed and devised in the weeks and months ahead. The content sessions will involve patients and members of the public.

9.10 #Call Me

SWB is taking learning from a neighbouring Trust in patients having a clear and easy way of indicating their preferred name to hospital staff. The initiative entails an additional section being added to patients' identification wrist bands and name stickers, which can be completed with their preferred name and/or title. This to respect patients' identity by addressing them with their preferred name, not assuming that they are most comfortable using their formal birth forename.

An IT graduate is leading on this project at SWB; fortnightly meetings with Patient Experience are in place.

9.11 Information leaflets

Regular workshops are in place to agree process in creation, review, and continuation of patient information. This will support and improve the quality and governance of SWB produced patient information leaflets.

9.12 Patient and Public Voice

Over the coming months SWB will invite patients and population to co-produce the Trust's Involvement and Insight Strategy. This will drive how SWB engages with and listens to local people. Through this work, SWB will also establish a Patient Partnership Voice group, a forum that will report into and support PEG.

In addition, community discussions are being planned regarding the implementation of the Patient Safety Incident Response Framework.

9.13 Food and a smoke free environment – children and young people (CYP) and their parents

In line with the Sophie's Wish³ campaign, recent research was conducted with CYP and parents at SWB to understand perceptions of food provision and support available to parents when their child is in hospital. This is now being developed to ask CYP specifically the changes to menus they would make. In conjunction with the Head of Soft Facilities Management, a plan will be devised to alter the food provision in these areas.

A significant issue causing distress to children and their parents relates to people smoking immediately outside the CYP ward at Sandwell Hospital. An audio system is being installed to combat this; nursery children have provided recorded messages which, through the audio system, will be played intermittently in this area as a deterrent to smokers.

9.14 Mental Health Emergency Department – patient story learning

This was used to test, examine, and improve our care and processes in how we look after our patients with mental health needs and other vulnerable people. As confirmed at a cross-partner meeting with the patient's family in November 2023, a mental health triage process is implemented to assess and cater for personal needs, particularly at discharge. Mental health-qualified recruitment was undertaken and a Practitioner in Charge has oversight of all people and their circumstances at discharge, with particular focus on any pre-existing vulnerabilities.

Appendix 1: 'Getting to Know Me' documentation (size A3 - actual)

³ [Sophie's Wish | Grace Kelly Childhood Cancer Trust \(gkcct.org\)](https://www.gkcct.org/)

Getting to Know Me

My name is: but call me my birthday

My Life Story... i.e. family history, special people, pets, significant events, education, employment, places I have lived, my faith, religious beliefs and spirituality, memories that make me happy.

My Interests are... i.e. knitting, DIY, cooking, gardening, reading, music, films, radio, travelling, TV, sports etc.

Visible clues that I am unhappy or need something...

Possessions/objects that make me feel secure...

What frustrates me... i.e. being told to sit down repeatedly

What is my daily hygiene routine and what I like to wear...

Please help me by... i.e. distracting me by playing music

What I like to eat and drink... i.e. Hot or cold, certain textures etc.

My spiritual needs are:

When I am happy and feel calm I will... talk about my loved ones or things I like around me.

"My likes and dislikes"

Please make a copy in my notes

Signed by

Birmingham City Council and Sandwell MBC Joint Health and Adult Social Care Overview and Scrutiny Committee

12 March 2024.



Subject: Sandwell and West Birmingham NHS Trust (SWB) Changes to Stroke Services Update

Report of: Liam Kennedy, Delivery Director, Midland Metropolitan University Hospital

Report author: Jayne Salter-Scott, Head of Public and Community Engagement.

1 Purpose

- 1.1 To update the Joint Health Overview and Scrutiny Committee about recent public conversation around 'Changes to Stroke Services' ahead of the opening of the Midland Metropolitan University Hospital later this year.

2 Recommendations

- 2.1 The Joint Health Overview and Scrutiny Committee is asked to:
- Note the content of the report.
 - Endorse the development of a Decoupling Implementation Action Plan to address the feedback raised by our patients and their relatives in this conversation.
 - Endorse Sandwell and West Birmingham NHS Trust decision to co-locate Stroke inpatient rehabilitation to Rowley Hospital alongside other rehabilitation and therapy services.

3 Any Finance Implications

- 3.1 None

4 Any Legal Implications

- 4.1 None

5 Any Equalities Implications

- 5.1 Some feedback within the report is being looked into further as a result of the conversation with our patients and their relatives. Where we can the Trust want to ensure that all the feedback received is acted upon.

6 Appendices

- 6.1 Appendix 1 – Changes to Stroke Services – Insight Report
- 6.2 Stroke EQIA
- 6.3 Continuing the Conversation on Stroke Improvement Plan
- 6.4 ML6757 Stroke Service Public Document

7. Introduction

- 7.1 When Midland Metropolitan University Hospital (MMUH) opens its doors later this year, we will be delivering care differently across the Trust. We will be using our retained estate which includes the Birmingham Treatment Centre, Sandwell Hospital (to be known as Sandwell Treatment Centre), Rowley Regis Hospital to its full potential ensuring that we provide the right care at the right time in the right place for our patients and people who use our services.
- 7.2 In preparation for this Sandwell and West Birmingham NHS Trust has agreed that changes need to be made to the way several services are provided. This includes the way in which we currently provide inpatient Stroke rehabilitation. This report presents an overview of the proposed changes, the approach taken to involve a wide range of stakeholders and the insight we gathered during the 'conversation period.'
- 7.3 This report builds on the work we have undertaken over the past 18 months or so through the Stroke Decoupling Group (SDG). We have established a Stroke Reference Group (SRG) which works alongside the SDG and feeds in the views of Stroke survivors, their family members and specialist support organisations e.g. Stroke Association, Headway. The booklet and questionnaire used in the public conversation was co-designed with members of the SRG and SDG colleagues.
- 7.4 A discussion was held with the joint chairs of the Health Overview and Scrutiny Committee, who supported the approach for public conversation. The Changes to Stroke Services conversation went live 4th December 2023.

8. In summary

- 8.1 Ninety questions were completed and returned. Of these 90 respondents:
- 73 were patients/local people.
 - 13 were carers or relatives of someone who has used/ is using services currently.
 - 2 expressed an interest in the subject matter.
 - 1 works/support a local voluntary/community sector organisation.
 - 1 works for the Trust.
- 8.2 We asked people to tell us, **how aware of the new hospital** they were. Four eight of respondents said that they were aware of the new hospital in Smethwick. With 39 respondents having little to no awareness.
- 8.3 The questionnaire asked people to indicate **whether they understood why we are wanting to co-locate inpatient Stroke rehabilitation at Rowley Regis Hospital**. Out of the 86 people who responded to this question, 66 respondents indicated that they understood.
- 8.4 **When asked to want extent they agree with the move to co-locate Stroke inpatient services to Rowley Regis Hospital. Thirty-eight respondents answered mostly/fully agree.** With 33 people stating that they do not agree with our preferred option to co-locate inpatient Stroke rehabilitation to Rowley Hospital. The remaining 19 people responding to the survey preferring to not state a real preference.

8.5 Most people we spoke with had no experience of Stroke and were therefore reluctant to participate in the conversation. A copy of the Insight Report can be found appendix a.

9. When asked about, 'What matters to you' after having a Stroke. The following themes emerged:

- Assessment – “Being assessed properly, with a proper plan for my care.”
- Consistent and improved care – “There is such a difference between the care you get through the night to the care you get during the day.”
- Access to therapy staff – “Never sure when the therapist is coming.”
- Timely response – “Being able to speak to someone and get a response quickly.”
- Access and visiting – “Better transport links to the hospitals.”
- More nursing staff – “not enough nursing staff, they are running around trying to care for everyone.”
- More compassionate and caring staff – “some staff are rude and come across as not caring.”
- Patient support – “More help for patients who cannot feed themselves or get themselves to the toilet.”
- Better communications – “I have to ask what's going on with my mom, I am not told unless I ask.”
- Patient Information – “Unsure what will happen when I leave hospital, will I get rehabilitation at home.”
- Food – “Some of the food is not nice. More quality and variety of food is needed.”
- Accessible services – “Services should be provided close to where people live, it's difficult to travel if you haven't got your own transport or the money to.”

“Getting well and getting home to my family and my surroundings.”

10. Recommendations

10.1 The Joint Health and Social Care Overview and Scrutiny Committee is asked to:

- Note the content of the report.
- Endorse the development of a Decoupling Implementation Action Plan to address the feedback raised by our patients and their relatives in this conversation.
- Endorse Sandwell and West Birmingham NHS Trust decision to co-locate Stroke inpatient rehabilitation to Rowley Hospital alongside other rehabilitation and therapy services.

Report Author: Jayne Salter-Scott

Job Title: Head of Public and Community Engagement

Date: 27th February 2024

Appendix 1: Changes to Stroke Services Insight Report



Changes to Stroke Services

Insight Report



Content		Page No.
1.	Executive Summary	3 – 4
2.	Introduction	4
3.	Background and Purpose	4 – 5
5.	Overall aims	5
6.	Our Approach	5 – 6
7.	Findings	6 – 9
8.	Summary of Communications & Engagement Activity	9 – 10
9.	Next Steps	11
10.	Conclusions	11 – 12
11.	Recommendations	12

Executive Summary

- 1.1 When Midland Metropolitan University Hospital (MMUH) opens its doors later this year, we will be delivering care differently across the Trust. We will be using our retained estate which includes the Birmingham Treatment Centre, Sandwell Hospital (to be known as Sandwell Treatment Centre), Rowley Regis Hospital to its full potential ensuring that we provide the right care at the right time in the right place for our patients and people who use our services.
- 1.2 In preparation for this Sandwell and West Birmingham NHS Trust has agreed that changes need to be made to the way several services are provided. This includes the way in which we currently provide inpatient Stroke rehabilitation. This report presents an overview of the proposed changes, the approach taken to involve a wide range of stakeholders and the insight we gathered during the 'conversation period.'
- 1.3 90 questions were completed and returned. Of these 90 respondents:
- 73 were patients/local people.
 - 13 were carers or relatives of someone who has used/ is using services currently.
 - 2 expressed an interest in the subject matter.
 - 1 works/support a local voluntary/community sector organisation.
 - 1 works for the Trust.
- 1.4 We asked people to tell us, how aware of the new hospital they were. 48 of respondents said that they were aware of the new hospital in Smethwick. With 39 respondents having little to no awareness.
- 1.4 The questionnaire asked people to indicate whether they understood why we are wanting to co-locate inpatient Stroke rehabilitation at Rowley Regis Hospital. Out of the 86 people who responded to this question, 66 respondents indicated that they understood.
- 1.5 When asked to what extent they agree with the move to co-location Stroke inpatient services only 6 (%) people answered yes. Most respondents (67) choosing not to answer the question.
- 1.6 When asked about, 'What matters to you' after having a Stroke. The following themes emerged:
- Assessment – "Being assessed properly, with a proper plan for my care."
 - Consistent and improved care – "There is such a difference between the care you get through the night to the care you get during the day."
 - Access to therapy staff – "Never sure when the therapist is coming."
 - Timely response – "Being able to speak to someone and get a response quickly."
 - Access and visiting – "Better transport links to the hospitals."
 - More nursing staff – "not enough nursing staff, they are running around trying to care for everyone."

- More compassionate and caring staff – “some staff are rude and come across as not caring.”
- Patient support – “More help for patients who cannot feed themselves or get themselves to the toilet.”
- Better communications – “I have to ask what’s going on with my mom, I am not told unless I ask.”
- Patient Information – “Unsure what will happen when I leave hospital, will I get rehabilitation at home.”
- Food – “Some of the food is not nice. More quality and variety of food is needed.”
- Accessible services – “Services should be provided close to where people live, its difficult to travel if you haven’t got your own transport or the money to.”

“Getting well and getting home to my family and my surroundings.”

2.0 Introduction

- 2.1 This report provides an overview of the communications and involvement around the recommended changes to Inpatient Stroke Rehabilitation as part of the move to Midland Metropolitan University Hospital (MMUH).
- 2.2 The insight gathered will be used to inform and support a conversation with our workforce through the Management of Change process, used to continue to provide high quality, safe care and to inform the decision on the future service provision of our Inpatient Stroke rehabilitation.
- 2.3 Further information on the Midland Metropolitan University Hospital and how patients and the public can get involved with the work of the Trust can be found here: www.swbh.nhs.uk

3.0 Background and purpose

- 3.1 It is difficult to talk about any proposed change without putting into context of MMUH. The conversation on ‘Changes to Stroke Services’ put MMUH at the heart of the conversation and shared our rationale for the proposed change. MMUH always stimulates a great discussion.
- 3.2 The purpose of the conversation was to outline the proposed ‘Changes to the Stroke service at Sandwell and West Birmingham NHS Trust’, as part of the opening of Midland Metropolitan University Hospital later this year.
- 3.2 There will be three strands of stroke care:
 - 3.2.3 For those who need inpatient medical treatment, care will be delivered at Midland Metropolitan University Hospital. This will include rehabilitation where it is suitable for the person.
 - 3.2.4 When the person’s medical condition is stable enough for them to leave the acute hospital, we will aim to continue their care and rehabilitation in their own home. To do this,

we have expanded our previous home-based rehabilitation team in Sandwell, which is now known as our Integrated Community Stroke Service (ICSS).

3.2.5 If it is not possible to meet the person's rehabilitation needs in their own home at that time, for example, if they require specialist equipment which is not suitable for the home environment, inpatient rehabilitation will be offered. The proposal is for this to be located at our Rowley Regis Hospital site. This is the Trust's preferred option as outlined below.

4. Overall Aims

4.1 The overall aims of the involvement activity were to understand:

- General awareness of the new hospital.
- People's understanding of why we are proposing the changes.
- People's views on our preferred option.
- Whether or not they agree.
- When improving Stroke services what matters to them.
- What impact the proposed changes might have on them and their family.
- How people want to be communicated with or engaged in the future.

4.2 The insight gathered through the conversation period will be considered throughout the design and delivery process. Using the insight to improve patient care.

5. Our Approach

5.1 Involving People in the Conversation

5.1.1 In order to present as rounded and robust set of insights as possible, several connected strands of activity were used to ensure widespread awareness and to gather as much insight as possible between 4th December 2023 and 12th January 2024 (6 weeks). An Involvement plan was produced to shape and steer the conversation.

5.1.2 This includes both qualitative and quantitative methods as follows:

1. Formal conversation with the Chairs of the Birmingham and Sandwell Joint Health Overview and Scrutiny Committee; the Black Country and Birmingham Solihull ICB.
2. In-person engagement event and conversations to allow people the opportunity to hear about the future of Stroke services as we move to MMUH. The event was attended by a cross section of people, including Stroke survivors, their families, and specialist charitable organisations who support people after a Stroke or brain injury.
3. The Engagement Team encouraged and supported patients, and their family members to complete the questionnaire by undertaking bedside visits to our acute ward on Priory 4 and our rehabilitation ward on Newton 4.
4. Targeted conversations for example through Sandwell Consortium to ensure that those communities which suffer some of the worse health inequalities had the opportunity to listen to the proposed changes and comment accordingly.

5. An online survey to collect both qualitative and quantitative feedback from members of the public, current and previous patients, people with caring responsibilities, staff, and other stakeholders. There were 87 responses to the online survey.
 6. Text messaging to patients on General Practice Stroke registers.
 7. Use of social media widely to promote all the above opportunities for involvement up to and during the 6-week period.
 8. Throughout the 6-week period we included the Stroke conversation on the MMUH Roadshow where we visited the following locations to take about MMMUH:
 - Wednesbury Family Hub
 - Ladywood Children's Centre
 - Tipton Family Hub
 - Rowley Regis Family Hub
 - Soho Children's Centre
 - Soho Baptist Church
- 5.1.3 The changes to Stroke Services were also promoted at our MMUH Near Neighbours meetings, with a few people expressing interest.
- 5.1.4 The conversation phase was informed by both the Equality Impact Assessment and detailed data analysis undertaken by our business intelligence team.
- 6. Findings summary**
- 6.0 Feedback from the Public Meeting**
- 6.1 The meeting was held at the YMCA, West Bromwich on 23rd November. We invited 750 people off our 'Get Involved' database and were joined on the day by 12 people, which included charitable organisations representing the views of Stroke survivors and their relatives. Sarah Oley, our Clinical Directorate Leda – iBeds and Clair Finnemore, Therapy lead for Stroke Services were present, along with Jayne Salter-Scott, Head of Public and Community Engagement on the day to talk through the background and context for the change, and why we have a preferred option and to answer any questions people had. It was a positive meeting with no outright concerns about the proposed changes being made.
- 6.2 There were, however, a number of related questions and points raised as below:
- What do mean when you say, "MMUH will provide a 7-day service".
 - What facilities will there be for general trauma services?
 - Better communications and co-ordination required with Birmingham Stroke leads, particularly with Stroke patients who live on the borders.
 - There was a comment that "The community Stroke Nurses are brilliant, but after that when we land back with the GP, the wheels fall off." It was explained that there will be more GP involvement with the Rowley Regis model.
 - Will it still be called the Stroke Unit and have dedicate staff.
- 6.3 We took the opportunity to ask people present what they considered the biggest challenges were, challenge and response laid out as below:

Challenge - Communication and information – provide simple, straightforward, and timely information.

Response – we have an opportunity to work with our Stroke Reference Group to co-design suitable patient information, and to collaborate with our staff our continuing to improve the way we communicate with our patients and their relatives.

Challenge - Will patients (and their relatives) be introduced to the team who will be looking after them upon discharge back home.

Response – Members of the Integrated Community Stroke Service visit patients on the ward before being discharged home. This is a way that you can discuss any concerns you may have and meet the team.

Challenge – working with the Stroke Association and their commissioned referral upon discharge service.

Response – Potential to undertake staff briefings and ensure that the Stroke Association are an integral part of the discharge planning process.

Challenge – Improve Discharge

Response – We need to ensure that patients letters are ready, their takeout meds are in place along with transport plans.

Challenge – More needs to be done to support people who live on their own after having a Stroke.

Response – We need to consider this as part of the complex discharge service.

Challenge – Need to improve the relationship and response time with Community Social Workers.

Response – Happy to feedback this back and look at it being part of the formal 6-month review.

Challenge – Appropriate and timely patient information, particularly on discharge. Need to understand what services are where, what happens next etc.

Response – Happy to work with our Stroke Reference Group on co-producing patient information that can form part of a discharge pack.

Challenge – What are your plans to use AI scans?

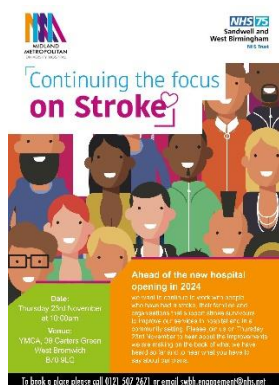
Response – As far as we are aware there are conversations being held with WMAS about AI being available in ambulances on the way to the hospital.

Challenge – Will 12 beds be enough.

Response – Our Therapy lead for Stroke Services explained that this was based on detailed bed modelling which has been undertaken based on the information/data we hold.

6.4 It was clear however, that there is a continued need for consistent and timely information around the wider changes taking place as we open MMUH. People present at the meeting were interested a wider conversation on MMUH which included:

- The opening date of the MMUH?
- Blue badge parking and access?
- Will there be more than one A&E?
- Will the new hospital cater for patients suffering from a brain injury?



7.0 Feedback from online survey findings

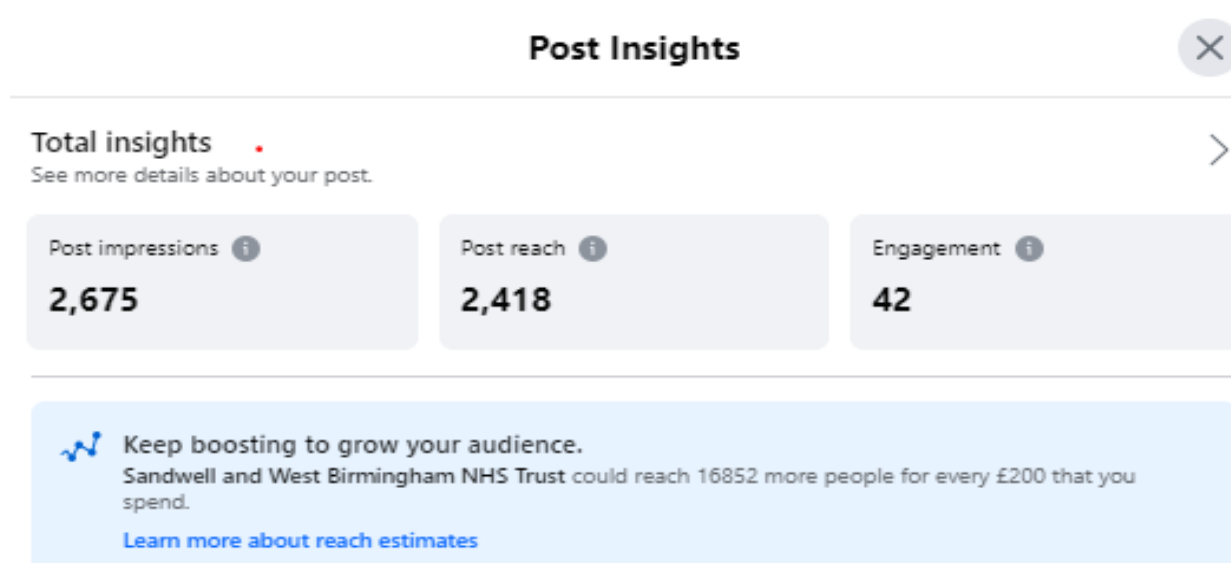
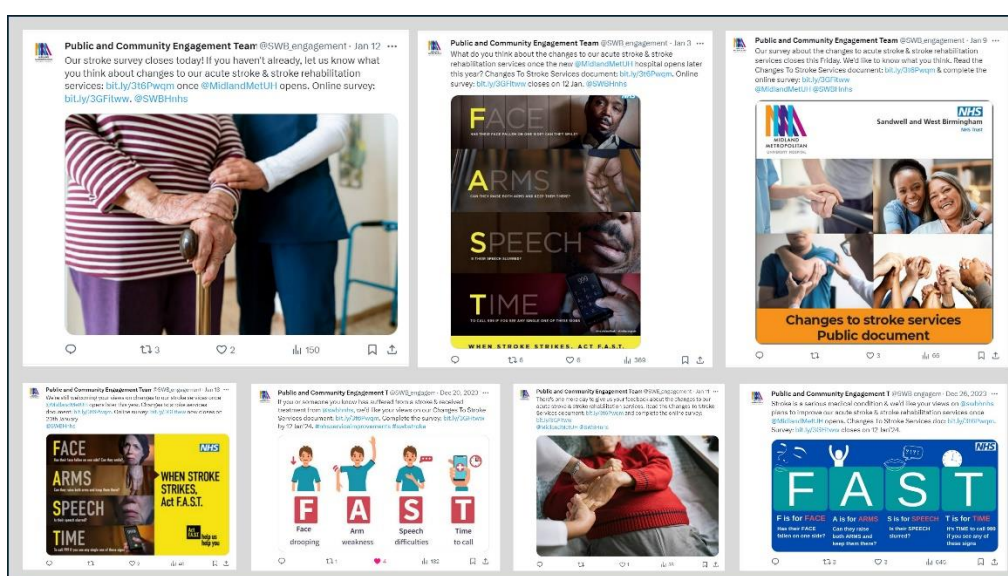
- 7.1 This section of the report summaries feedback from the online survey which sought feedback from patients, carers, the public, staff, and wider stakeholders on our preferred option for Inpatient Rehabilitation Stroke services.
- 7.2 The Changes to Stroke Services documentation were shared widely through our partner organisations, for example Healthwatch, Black Country and BSOL ICBs, the Voluntary, Community and Social Enterprise Sector along with the promotion we ran through our SWBH.nhs.uk website, our @SWBHnhs, and our @SWB_engagement X social media accounts.
- 7.3 We worked closely with colleagues from the Business Intelligence team who identified 1'127 people who had received Stroke care from us over the past 2 years. Out of the 1'127 we sent letters a copy, link to the documentation and survey to 667 people and a letter and copy of the documentation and survey to the remaining 450 people.
- 7.4 Our primary care colleagues across Sandwell and West Birmingham also agreed to send out a message to patients on their Stroke registers through their various text messaging platforms.
- 7.5 At the time of writing this report we know that Tower Hill Primary Care Centre sent the link to document and survey to 371 patients on their register and our Heath Street practice sent it out to 71 patients on their Stroke/TiA register. Soho Primary Care Centre also sent the information out to patients on their register.

- Face-to-face conversation with the engagement team on the MMUH Bus.

8.1.3 The formal conversation document was produced to inform local people about the proposed changes to Stroke services and to our Inpatient Stroke Rehabilitation Services. These information resources were shared with a wide range of stakeholders across Sandwell and West Birmingham.

8.1.4 Our website hosted a range of information about the new hospital and the proposed changes Stroke services.

8.1.5 Using our social media channels to reach local people has proved particularly successful. As you can see from the screen shots below.



- 8.1.5 The documentation supporting, Changes to Stroke Services are embedded below. The key documents were the Equality Impact Assessment (EQiA), the Involvement Plan and the public consultation document.



Stroke EQiA.docx



Continuing the
Conversation on StrolService Publication (el



ML6756 Stroke

9.0 Next Steps

- 9.1 The insight from the public conversation will be considered at several internal meetings including the Primary Care, Communities and Therapy Group (PCCT), the Stroke Decoupling Group, the MMUH Clinical Reference Group.
- 9.2 The above groups will consider the feedback relevant to their specialty area and explore how to mitigate any associated risks or potential negative impact on our patients caused by the proposed changes. In this case when acute Stroke services move to MMUH, and inpatient Stroke rehabilitation moves to Rowley Regis Hospital.
- 9.2 When asked, 'what matters to you.' The following themes emerged:
- Better communication and information.
 - Free transport between hospitals.
 - Assistance with additional travel/fuel costs.
 - Free parking.
 - More nursing staff.
 - Being clear on personal care plan.
- 9.3 After the feedback has been considered an implementation plan will be drawn up and that along with the decision and the report findings will be shared formerly with the new Black Country and West Birmingham Integrated Care Board, the Joint Health Overview and Scrutiny Committee and shared widely with all key stakeholders and participants.

10.0 In Conclusion

- 10.1 This report presents the findings from the 'Changes to Stroke Services' conversation on the proposed changes to Stroke Services ahead of MMUH opening later this year.
- 10.2 Disappointing, all the efforts of the team and our wider partners has only resulted in 90 surveys being returned. However, we take confidence on the fact that we gave people the opportunity to share their views with us on numerous occasions and in numerous ways.
- 10.3 Many people we spoke to had not expressed Stroke or knew of anyone affected by Stroke and therefore declined the opportunity to complete the survey or offer a view.

- 10.4 The survey responses have been analysed, along with questions and comments captured during the period, received by a range of stakeholders. A representative selection of comments and opinions have been included in the report to illustrate commonly expressed views. The report does not speculate upon the reasons for the views given, other than those stated by respondents, it simply presents a balanced summary of the responses received.
- 10.5 The conversation findings will contribute to a conversation with our workforce, enabling a safe move of services, and the continued provision of high-quality, safe care given after MMUH opens.
- 10.6 It was very evident from the engagement activity undertaken during the formal conversation that further work needs to be undertaken to ensure that our communities across Sandwell and West Birmingham and beyond are not only aware of the new hospital, but understand what services and facilities will be delivered out of the Midland Metropolitan University Hospital and how to access them, and what will be provided out of the Birmingham Treatment Centre, Sandwell Treatment Centre and what we will continue to deliver through our community and primary care services.

11.0 Recommendations

- 11.1 Continue to inform and involve local people in the conversation around the new hospital to ensure that we take all the steps necessary to ensure that our local population and key stakeholders including our clinical providers for example West Midlands Ambulance Service, General practice, other neighbouring acute providers, local authorities etc are aware of what services are moving to MMUH and what services will remain on our retained estates at Sandwell, City, Rowley and Leasowes IMC.

Continuing the Conversation on Stroke

Involvement Plan

Project Title:	Continuing the Conversation on Stroke
Project Dates:	4 th December 2023 – 12 th January 2024
Involvement Lead:	Head of Public and Community Engagement: Jayne Salter-Scott Jayne.salter-scott@nhs.net

Context
<p>At Sandwell and West Birmingham NHS Trust, we want to ensure that our patients, population, and people (staff) are at the heart of everything we do.</p> <p>This document talks about our recommendation to improve Stroke services in line with our aim to continuously improve the number of patients who survive a Stroke and to enable them to live as fuller life as possible with less disability.</p> <p>As we move towards the opening of our new hospital Midland Metropolitan University Hospital in 2024 it is necessary to ensure that we are providing the right care, in the right place at the right time.</p> <p>Working alongside our Stroke Reference Group and our internal Stroke Decoupling Group a business case was developed that set out the current Stroke inpatient bed base, which co-locates acute and rehabilitation services at Sandwell.</p> <p>The Midland Met model provides one 32 bed ward which will primarily provide acute Stroke beds, which increases the current acute bed capacity for those with ongoing complex needs. Decoupling of Stroke services to deliver rehabilitation outside the acute hospital environment is therefore required.</p> <p>An initial business case to support Stroke decoupling was submitted which describes 2 main phases of Stroke specific care:</p> <ul style="list-style-type: none"> • Acute Stroke care. • Inpatient community-based Stroke Rehabilitation (delivered at Sandwell Treatment Centre). • Integrated Stroke Community Services - extending the scope of the existing community offer. <p>Since the initial business case was submitted, Phase 1 of the Decoupling project (the ICSS component) has been approved, staff have been recruited and the service launched in June 2023.</p> <p>Phase 2 of the project will be decoupling the acute level care from the community based inpatient ward which are currently co-located. This will take affect when MMUH opens in 2024.</p> <p>The third and final phase of this project is the work that continues around the community inpatient model. Currently, there is insufficient space to accommodate the plans for a 32 bedded</p>

unit with a specialist rehabilitation gym. In addition, there is also an identified risk associated with being the only inpatient ward at the site.

A full options appraisal and renewed consideration has been developed to approve the final model and was presented and discussed at the Trusts Midland Met Clinical Reference Group (CRG). After discussion the CRG have put forward a recommend option, which would see the Stroke inpatient service co-located at Rowley Regis Hospital which would see the service co-located with ICSS, supporting 'pull' model and offering continuity of care for transition of patients from inpatient to domiciliary/home setting.

With this in mind and before implementation the Midland Met Programme Board, asked for the views of our patients, their families and local specialist organisations who support people who have suffered a Stroke.

This next section of document aims to:

- Set out the 'Objective' for this piece of work.
- Set out the approach to involving stroke survivors, their families, people who care for them and the voluntary, community, charity and faith sector who support them.
- Set out the timeline for this piece of work.

Objective

Involvement is planned with patients who have suffered a Stroke, their families, the organisations that support them to specifically consider the option to co-locate the current inpatient Stroke services.

We want to understand the views of those above associated with the Trusts recommended option to co-locate Stroke services to Rowley Regis Hospital which would see the service co-located with ICSS, supporting 'pull' model and offering continuity of care for transition of patients from inpatient to domiciliary/home setting making a more coherent journey for people who have suffered a Stroke.

Approach

This piece of work is divided into three main areas:

1. Preparation and planning
2. Delivery of Involvement activity
3. Timeline for reporting

1. Preparation and planning

This Continuous Conversation Involvement plan.

Documentation to support conversation.

Review Stakeholders to ensure timely conversations with key stakeholders e.g. JHOSC.

Work with Business Intelligence colleagues to extract Stroke data covering previous 2 years.

Refer to EQiA to ensure appropriate reach and access to conversation.

2. Involvement approach and activities

The continuing conversation around Stroke launches on Monday 4th December 2023 and will run for a period of 6 weeks, unto and including Friday 12th January 2024. We are taking multiple approaches to reach out to people who have been affected by Stroke, whether directed or indirectly.

People can choose to get involved by:

- Attending in-person meetings.
- Dropping by the MMUH bus on its tour of the towns and neighbourhoods across Sandwell and West Birmingham.
- Completing the on-line Survey through www.swbh.nhs.uk
- Freepost survey, enabling people who do not have access to the internet to participate.
- Freepost survey sent to people who have had a Stroke in the past 2 years and were under our care.
- Speaking with specialist local support charities and local community-based organisations.
- Talking to a member of the Engagement Team on their visit to the Stroke wards
- Accessing information through SWB social media channels
- General getting in touch with the Engagement Team on 0121 507 2671 or swbh.engagemnt@nhs.net

See appendix 1 for sample Involvement Plan

Timeline for reporting

The continuous conversation around Stroke services closes on Friday 12th January 2024. The analysis of any feedback we receive will be completed by 19th January 2024. A feedback report will be available and presented to the Stroke Reference Group, Stroke Decoupling Group, MMUH CRG and to the MMUH Programme Board for final decision.

Appendix 1

Involvement Approach

Sample Involvement Plan (note the plan make flex and change according to response rates, implementation of the considerations under the EQiA etc.)

Stakeholder	Area of Interest	Involvement Approach	Involvement Tools	Output
-------------	------------------	----------------------	-------------------	--------

Joint Chairs of Health Overview and Scrutiny	High/impact on approach and decision	On-line	Verbally outline approach and share documentation	Understanding and appreciation of case for change Agree approach
Healthwatch	High/impact on approach	On-line	Conversation documentation	Understanding and appreciation of case for change Agree approach
Stroke Reference Group	High/impact on our approach and documentation	In-person meetings	Presentation, documentation	Agree documentation and approach
Stroke Survivors	High/Lived experience	Using data identified by our BI team reach out to people who have suffered a Stroke and received care from SWBHT over the past 2 years	Letter or email outlining potential changes to Stroke inpatient services with accompanying/attached freepost conversation document.	Completed surveys returned
Family members	High/associated lived experience	On-line, bedside conversation; in-person meeting;	Online documentation; conversation document and survey.	Completed surveys returned
Specialist support organisation (VCSE)	High/ expertise and knowledge in supporting Stroke survivors and their families	On-line resource; in-person conversation	Online documentation; conversation document and survey.	Support in accessing Stroke survivors and their families. Understanding and appreciation of case for change. Completed surveys returned.
Local community-based organisations	High/expertise and knowledge of local community who may experience poorer	Work in partnership with local community-based	Online documentation; conversation document and survey.	Support in accessing Stroke survivors and their families from

	access to, experience of Stroke	organisations who support people from different communities and cultures	Focus group approach to conversation.	across some of our under-represented communities. Completed surveys returned.
MMUH Near Neighbours	Medium/potential lived experience or knowledge of people in local community with lived experience of Stroke	In-person meeting	Conversation documentation	Support in accessing Stroke survivors and their families in the community. Completed surveys returned
Partners across place (Sandwell and the West of Birmingham)	Medium/interest in subject matter.	Sharing documentation and involvement opportunities through their networks and social media platforms.	Online documentation and survey.	Support in accessing Stroke survivors and their families in the community. Completed surveys returned
General Practice	High/interest in impact on their patients who have had a Stroke and patient pathways.	Working in partnership with general practice to access all patients on their Stroke registers.	Message and documentation link sent through GP messaging platforms.	Support in accessing Stroke survivors and their families in the community. Completed surveys returned

Other useful links/documentation

<https://www.swbh.nhs.uk/get-involved/>.

The QR code on poster attached.

Continuing the focus on Stroke



Scan Me



Midland Metropolitan University Hospital, or Midland Met as it's affectionately known, is our new hospital in Smethwick which will open in the Autumn of 2024. In preparation for the opening of the new hospital we need to make changes to some of our services.

From next year those who need inpatient medical treatment for acute stroke care will receive their care at Midland Met. This will include rehabilitation where it is suitable.

When the person's medical condition is stable enough for them to leave the acute hospital, we will aim to continue their care and rehabilitation in their own home. If this is not possible, for example they need specialist equipment, inpatient rehabilitation will be offered at our proposed site of Rowley Regis.

We would very much welcome your opinion on our plans for improving Stroke Services. Please use the QR code to go to our stroke booklet and complete the survey to tell us what you think.

Any queries please call 0121 507 2671 or email swbh.engagement@nhs.net

Tweets which include the link to the document and the survey:

Read the Changes To Stroke Services document: <https://bit.ly/3t6Pwqm> & then complete the survey: <https://bit.ly/3GFitww> by 12 Jan'24.

Find us on social media @swb_engagment and @SWBHnhs corporate account.

Equality Impact Assessment

Toolkit

Appendix A

Equality Impact Assessment

Stage 2

Initial Assessment form

The Initial Impact Assessment is a quick and easy screening process. It should:

1. Identify those services, policies, or functions which require a full EIA by looking at:
 - Negative, positive or no impact on any of the protected characteristics.
 - Opportunity to promote equality for the protected characteristics.
 - Data / feedback prioritise if and when a full EIA should be completed
2. Justify reasons why a full EIA is not going to be completed

Group:

PCCT

Directorate:

Therapies

Speciality/Service Area

Stroke Rehabilitation – inpatient beds

Is it a Service, Policy or Function:

Service

Lead officer (enter name and designation):

Sarah Oley / Clair Finnemore

Title of service , policy or function :

Stroke Rehabilitation inpatient ward

Is this service aimed at:

Adults

☒

Paediatrics

☐

Both

☐

Existing:

☐

New/proposed:

☒

Changed:

☐

Equality & Diversity
Team



Q1) What is the aim of your service, policy or function (you may want to refer to the Operational Policy for your service)?

The aim of the Stroke Rehabilitation service is to decouple from the Stroke Acute and Hyper acute wards which will be located in MMUH Hospital. Having a specialist ward for rehabilitation is becoming increasingly common and brings about many positive benefits.

Once a patient has been identified as being no medically required to be cared for in the acute ward, the ward will seek to support them to return home, with the support of our expanded community offer – our Integrated Community Stroke Service (ICSS) which launched in June 2023.

Where their rehabilitation needs dictate that return to their home setting is not immediately possible can move to the nurse/therapy led ward where their rehabilitation can continue with a view to returning to a domiciliary setting (which may be a care home) once their inpatient rehabilitation phase has been completed.

Q2) State which Trust strategic objective this service, policy or function relates to:

Safety and Quality plan. Safe and timely discharge from acute care not only reduces length of stay for a patient but ensures that they are not at risk of de-conditioning, risk of hospital acquired infections and a better patient experience.

Safety plan – involving patients in discharge planning to meet expected discharge date and the follow up for home care packages

Quality Plan-reporting that health is better following treatment with us (patient outcomes) and patients end of life decide where they chose to die and receive compassionate end of life care..

Meets 'Patients' and 'Population' part of the Trust Strategy in particular. Training, skills and opportunities for development will meet the 'People' aspect of the Trust strategy.

Q3) Who benefits from your service, policy or function?

The acute services – smoother patient flow allowing resources and attention to be focussed on those requiring acute care.

Capacity team – frees up allocated beds to enable patient flow

Therapies team - Will be able to take ownership for developing a ward which is therapeutic and supports patients recovery

Patients and their families – most patients and their families wish to be back in their own place of residence in their familiar surroundings and able to have adapted support. This aligns to the 'Home First' model that the Trust adopt and that the Stroke service will look to facilitate. Where this is not feasible, a community based rehabilitation option in an inpatient setting will be delivered.

Q4) Do you have any feedback data that influences, affects or shapes this service, policy or function?

Yes	No
<input checked="" type="checkbox"/> Please complete below.	<input type="checkbox"/> Please go to question 5

What is your source of feedback?

- ☐ Monitoring Data
- ☐ PALS
- ☐ Previous EIAs
- ☐ National Reports
- ☐ Internal Audits
- ☐ Patient Surveys
- ☐ Complaints / Incidents
- ☐ Focus Groups
- ☐ Equality & Diversity Training
- ☐ Equality & Diversity Team
- ☐ Other (please state)

What does this source of feedback reveal?

Feedback from Trust Head of Public and Community Engagement indicates that the Rowley Regis Hospital site is likely to be less popular with the public than the STC site. This is largely influenced by a relative lack of public transport options to this site making visiting, particularly on a regular basis, challenging for those visiting inpatients at this site.

Q5) Thinking about each group below does or could the service, policy or function have a negative impact on members of the protected characteristics below?
(Please refer to pages 3 & 4 for further definitions of protected characteristic)

Protected Characteristic	Yes	No	Unclear
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer is "yes" or "Unclear" please complete a full EIA

Q6) Who was involved in the EIA and how?

Who:

☒ Staff members

☒ Consultants

☐ Doctors

☒ Nurses

☐ Local patient/user groups

☒ Other

Stroke Staff and therapists

How were they involved?

☐ Surveys

☒ Team Meeting

☒ Group Review

☐ Other

Please specify: reviewed document and shared additional comments

Q7) Have you identified a negative/potential negative impact (direct /indirect discrimination)?

No ☐ yes ☒

Q7a) If 'No' Explain why you have made this decision?

Whilst the service is located on a separate ward at a different hospital, the hospital is equipped to be able to transfer patients from once hospital to another. Should patients have more complex medical needs at the time of transfer, protocols are in place to discuss this in MDTs and make decisions how best to transfer patients.

The services/staff and structure of the ward will not pose any challenges or impact on the protected characteristics any differently to any other ward

The local population however, is an ageing one and it is assumed that there will be an increase in BAME population in the next 5 – 10 years therefore the service should ensure that we can continue to support the needs of the BAME population and have support from BAME and Age related organisations in how we deliver their care.

Q7b) If 'yes' explain the negative impact – you may need to complete a full EIA

The geographical location of the rehabilitation ward may impact on patients and their families, particularly as those from a socially deprived background maybe more at risk of stroke and therefore would have to rely on public transport. However this will be considered and addressed in the Quality Impact assessment.

If a negative impact has been identified please continue to Stage 3. If no negative impact has been identified please submit your Initial Equality Impact Assessment to your Group Director of Operations or Corporate Head of Service approval.

Please note: Issues relating to either interpreting/translating, ensuring single-sex accommodation or Bariatric issues have been identified as corporate trends, therefore if the negative impact you have identified falls within these categories a full impact assessment is not required. However you must state what reasonable adjustment you have put in place to mitigate the impact temporarily.

Should you go full impact assessment Corporate trends must be included on the action plan (page 19) along with what actions (reasonable adjustments) are being taken locally whilst the corporate trends are being addressed.

Justification Statement:

As member of SWBH staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete this EIA by law. By stating that you have not identified a negative impact, you are agreeing that the organisation has not discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in the Equality Legislation.

Completed by:

Name:	Sarah Oley
Designation:	Clinical Directorate Lead – iBeds
Date:	17/7/23
Contact number:	07815 500103
Head of Service:	Simon Mitchell

This EIA has been approved by the Group Director of Operations / Corporate Head of Service:

Name:	Lydia Jones
Designation:	GDoP for PCCT
Date:	
Contact number:	

This EIA has been audited by Equality & Diversity:

Name:	
Signature:	
Date:	
Contact number:	

Step 8) Now that you have ensured a full impact assessment does not need to be completed we need to publish your results for the public to view.

Tick list

- ☐ Send an electronic copy of ratified EIA for approval to the Accountable Executive Lead and the Trust Secretary in line with the Policy on the Development, Approval and Management of Policies.

Equality & Diversity contact details

You can contact Equality and Diversity by:

Tel: 0121 507 5561 or Email: swb-tr.SWBH-GM-EqualityDiversity@nhs.net

Appendix B

Sandwell and West Birmingham Hospitals **NHS**
NHS Trust

Equality Impact Assessment

Stage 3 Full Assessment Form

Having completed the Initial EIA Screening Form (Appendix A) which identified a negative or potential negative impact, you are required to complete this Full Assessment form. This will involve you questioning aspects of a proposed/existing service policy or function and forecasting the likely effect on different groups.

Step 1) What is the impact?

1) Why have you carried out this Full Equality Impact Assessment?

The geographical location of the rehabilitation ward may impact on patients and their families, particularly as those from a socially deprived background maybe more at risk of stroke and therefore would have to rely on public transport.

Please mention any additional impacts in the box below. This could include contributing factors or conflicting impacts/priorities (e.g. environment, privacy and dignity, transport, access, signage, local demography) that has resulted in indirect discrimination or anyone else who will be impacted on by your service, policy or function.

--

Step 2) what are the differences?

2a) Identify the Equality group(s) that will be affected by the impact and state what the Differences are:

Protected Characteristic	Negative / Potential Negative Impact	Positive / Potential Positive Impact	How is the Equality group identified affected in a different way to others as a result of the service, policy or function?
Age	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	

Other socially excluded groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Currently treated in Sandwell Hospital and will be required to receive treatment in Rowley Hospital which may pose difficulties in public transport
--------------------------------	-------------------------------------	--------------------------	---

2b) This EIA indicates that there is insufficient evidence to judge whether there is Differential impact. Please state why below.

Due to the wide geographical area served by SWBH NHS Trust, it is likely that the move to Rowley will be more convenient to some patients but that it may be less easy for others depending on their starting location.

It is recognised that Rowley Regis is geographically on the edge of the borough and has fairly limited public transport options so may not be as easy to reach as Sandwell for public transport users.

The move of the patient themselves to rehabilitation ward is likely to be undertaken by patient transport services therefore the patient will not have to use their own mode of transport to reach the ward.

The direct impact will mainly therefore be upon visitors (e.g. friends and family) to the patient. This could have an indirect impact on the patient as a result of reduced social contact with their friends/relatives which may in turn limit their engagement/willingness to participate in the rehabilitative journey,

The ambition on the service will be to provide the patients with the necessary inpatient rehabilitation followed by discharge to their usual place of residence and receive community support following discharge. This will minimise impact of the number of journeys families will make as treatment in a rehabilitation ward should reduce overall LOS and fewer patients will need to stay in the rehabilitation ward. Overall patients are likely to have better health outcomes as a result though the short term impact on the patient's relatives if this is not a convenient / cost effective journey for them is recognised.

It is impossible to predict the scale of this impact as the variables in terms of visitors, their transport arrangements, frequency of visiting and the patient's LOS are all variable and individual to the patient/their visitors.

Step 3) You are almost there - now all you need to do is to consult!

3a) Who have you consulted with on your service, policy or function and when did the consultation take place?

Stroke Reference Group

3b) As a result of the consultation are there any further changes to the service, policy or function indicated?

TBC

Step 4) Plan to address your Negative Impact

1. It is now time to complete your action plan using the table below. Please detail how you are going to address the negative impact, stating the timescales involved. Please refer to the matrix on pages 11 and 12. When including the rag rating please state how the score was achieved e.g. severity (S) 3 x Probability (P) 4 = 12.

Protected Characteristic	Negative Impact	Negative Impact Rag Rating	Action Required	Cost Implications	Expected Outcome	Lead (name and designation)	Timescale (specify dates)
Nil (geographical location and social deprivation are not protected characteristic)	Distance to travel to ward Public transport	3	Discuss with Stroke Reference Group as part of the wider Options appraisal for consideration & feedback	Dependent on individual circumstances	Minimal negative feedback	Sarah Oley Clinical Directorate Lead - iBeds	Review March 2024

NB: As a requirement of the Clinical Group Review process, please ensure that you include the above actions within your Implementation Plan.

Step 5) Congratulations you have made it.

Completed by:

Name:	Sarah Oley
Designation:	Clinical Directorate Lead – iBeds
Date:	17/7/23

Contact number:	07815 500103
Head of Service:	Simon Mitchell – Group Director PCCT

This EIA has been approved by the Group Director of Operations / Corporate Head of Service:

Name:	Lydia Jones
Designation:	GDoP - PCCT
Date:	
Contact number:	

This EIA has been audited by Equality & Diversity:

Name:	
Signature:	
Date:	
Contact number:	

Step 6) Now we need to publish your results for the public to view.

Please complete the tick list below.

- ☐ Send an electronic copy of ratified EIA for approval to the Accountable Executive Lead and the Trust Secretary in line with the Policy on the Development, Approval and Management of Policies.

Equality & Diversity contact details

You can contact Equality and Diversity by:

Tel: 0121 507 5561 or Email: swb-tr.SWBH-GM-EqualityDiversity@nhs.net

Birmingham City Council and Sandwell MBC Joint Health Overview and Scrutiny Committee

12 March 2024



Subject: Joint Birmingham and Sandwell Health Overview and Scrutiny Committee's Work Programme

Report of: Christian Scade, Head of Scrutiny and Committee Services

Report author: Fiona Bottrill, Senior Overview and Scrutiny Manger,
fiona.bottrill@birmingham.gov.uk Tel: 07395 884487

1 Purpose

- 1.1 This report sets out the proposed work programme for the Joint Birmingham and Sandwell Health Overview and Scrutiny Committee (JHOSC) for 2023-24. Appendix 1 outlines the topics identified, aims and objectives and the preferred method of scrutiny to achieve these objectives.

2 Recommendations

- 2.1 That the Committee:
- Notes the information set out in Appendix 1 and identifies if any further topics need to be added to the menu of topics for the Committee to explore at future meetings.
 - Agrees, subject to further input from the Joint Chairs, the issues that the Committee will consider at the next meeting and the proposed aims and objectives and the preferred method of scrutiny.
 - Notes, subject to further input from the Joint Chairs outside of the meeting, its proposed work programme will be submitted to Co-ordinating O&S to enable work to be planned and co-ordinated throughout the year.

3 Background

- 3.1 The [statutory guidance for local government overview and scrutiny](#) sets out the role it can play in holding an authority's decision makers to account. This makes it fundamentally important to the successful functioning of local democracy.
- 3.2 Effective Overview and Scrutiny should:

- Provide constructive 'critical friend' challenge.
 - Amplify the voices and concerns of the public.
 - Be led by independent people who take responsibility for their role.
 - Drive improvements in public services.
- 3.3 The role and functions of the Birmingham and Sandwell Overview and Scrutiny Committee is set out in the terms of reference agreed at the meeting on 29 November 2022 [Document.ashx \(cmis.uk.com\)](https://cmis.uk.com/Document.ashx)
- 3.4 Effective scrutiny needs to add value. A well planned and timely work programme enables Overview and Scrutiny Committees to be involved at the right time and in the right way, and ensure their involvement is meaningful and can influence the outcome.
- 3.5 Members often have a number of topics suggested to them and are therefore required to **prioritise** matters for consideration. The Scrutiny Framework sets out the following factors to be considered:
- Public interest: concerns of local people should influence the issues chosen.
 - Ability to change: priority should be given to issues that the Committee can realistically influence.
 - Performance: priority should be given to areas in which the Council and Partners are not performing well.
 - Extent: priority should be given to issues that are relevant to all or a large part of the city.
 - Replication: work programme must take account of what else is happening to avoid duplication.

Looking Ahead

- 3.6 Overview and Scrutiny Committees will identify a 'menu' of issues (including policy development, policy review, issues of accountability and statutory functions) at the start of the year. Each Committee should then regularly review their 'menu' and decide which issues need to be examined further, and how that work would be undertaken. Scrutiny activities should be thorough and undertaken in a timely manner.

Scrutiny Methods

- 3.7 There are a range of ways to undertake scrutiny. The approach for 2023-24 enables flexible scrutiny and outlines a shift from monthly formal meetings to a combination of approaches. The Committee will choose the most effective scrutiny method to achieve the desired aims and objectives for each topic.
- 3.8 Based on Statutory Guidance published in 2019, different scrutiny methods include (but are not limited to):

- A single item, or items, on a committee agenda – this method fits more closely with the “overview” aspect of the Scrutiny function and provides limited opportunity for effective scrutiny. It is most appropriate for specific issues where the committee wants to maintain a watching brief.
- A single item meeting, either as the committee or a more limited number of Members. It has the capacity to enhance the previous option by taking evidence from a number of witnesses.
- A task and finish day - provided that these are properly focused, they ensure Councillors can swiftly reach conclusions and make recommendations and are effective even for complex topics.
- A task and finish review – this is an enhancement of the previous option being held over four or six meetings spread over a limited number of months.

Joint Health Overview and Scrutiny Committee.

3.9 The Committee’s Terms of Reference is to fulfil its functions as they relate to any policies, services and activities concerning the development of Health and Wellbeing Board and relationship with NHS and private providers; social care services and safeguarding for adults; public health services; healthy living, and discharge of the relevant overview and scrutiny role set out in the National Health Service Act (2006) as amended by the Health and Social Care Act (2012) including:

- The appointment of Joint Overview and Scrutiny Committees with neighbouring authorities
- The exercise of the power to make referrals of contested service reconfigurations to the Secretary of State as previously delegated to the Health and Social Care Overview and Scrutiny Committee by the Council.

3.10 The Joint HOSC is chaired by Cllr Mick Brown (Birmingham) and Cllr Elaine Giles (Sandwell), and its membership comprises:

Birmingham:

Councillors Mick Brown (BCC Chair - Lab), Kath Hartley (Lab), Vacancy (Labour), Gareth Moore (Con) and Mumtaz Hussain (LibDem).

Sandwell:

Councillors Elaine Giles (Sandwell Chair – Lab), Amrita Dunn (Con), Thomas Johnston (Lab), Chipiliro Kalebe-Nyamongo (Lab), Kay Millar (Lab).

4 Work Programme 2023-24

- 4.1 Appendix 1 sets out the work previous undertaken by the Joint HOSC and also the topics the Committee has identified for future consideration.
- 4.2 The Committee may decide to add further items to the work programme during the course of the year. When considering this, the Committee is advised to consider

where it can best add value through scrutiny, and how it can prioritise topics for consideration based on the Scrutiny Framework referred to in 3.5.

5 Any Finance Implications

- 5.1 There are no financial implications arising from the recommendations set out in this report.

6 Any Legal Implications

- 6.1 There are no legal implications arising from the recommendations set out in this report.

7 Any Equalities Implications

- 7.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.2 The protected characteristics and groups outlined in the Equality Act are Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion and Belief; Sex, and Sexual Orientation.
- 7.3 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering how policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; whether the impact on particular groups is fair and proportionate; whether there is equality of access to services and fair representation of all groups within Birmingham and Sandwell; and whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.
- 7.4 The Committee should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

8 Appendices

- 8.1 Appendix 1: Birmingham and Sandwell Joint HOSC Work Programme February 24

Birmingham and Sandwell Joint Health Overview and Scrutiny Committee Work Programme – 23/24.

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
September 2023	Midland Metropolitan Hospital update Health Scrutiny Function	To receive an update on the development of the Midland Metropolitan University Hospital (MMUH)	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.		Jayne Ilic Director of Communication and Engagement, MMUH Programme.	Invitation from NHS Sandwell & West Birmingham for a potential visit. Visit now scheduled for 1 st March 2024.
September 2023	Update on Changes to Day Surgery at Sandwell and West Birmingham Hospitals NHS Trust. Health Scrutiny Function	To provide an update to the Committee on the ongoing work to implement the changes from the formal conversation to Changes to Day Surgery held between March 2022 and April 2022.	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.	Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell and West Birmingham Hospitals NHS Trust.		Members to be kept updated at future meetings
September 2023	Patient Experience at Sandwell and West Birmingham Hospitals NHS Trust. Health Scrutiny Function	To update the Committee about Sandwell and West Birmingham Hospitals NHS Trust's (SWB) approach to patient experience	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.	Jamie Emery, Patient Insight, and Involvement		Members to be kept updated at future meetings
October 2023	An informal briefing for JHOSC Chairs with MMUH Delivery Director and our Group Director of Operations Primary Care, Communities	To talk through our rationale and approach to the decoupling of Stroke services to deliver high quality, safe rehabilitation outside the acute hospital	MS TEAMS JHOSC Chairs briefing. 31st October 2023 1.30pm	Jayne Salter-Scott, Head of Communities and Engagement, Sandwell and West		Meeting contributed to the Stroke Conversation. The first conversation in public last week on Thursday 23rd November. It was well received.

	Health Scrutiny Function	environment and seek their opinion and advise on our direction of travel.		Birmingham NHS Trust.		
March 2024	Visit to Midlands Metropolitan Hospital Health Scrutiny Function	To see the development of the hospital to inform future work at Joint HOSC meetings	On location 1 March 2024	Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell and West Birmingham Hospitals NHS Trust.		
March 2024	Midlands Metropolitan Hospital – update on hospital development and Models of care across the Trust Health Scrutiny Function	To looks at models of care across the Trust in meeting patients’ needs	Committee meeting single item: 12th March Venue: Council House, Victoria Sq. Birmingham. Deadline for report: Tues. 27th Feb	Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell and West Birmingham Hospitals NHS Trust.		To provide progress update as agreed from last JHOSC meeting in Sept 2023.
March 2024	Patient Experience at Sandwell and West Birmingham Hospitals NHS Trust – update on reporting programme Health Scrutiny Function	Progress report on patients’ experience and reporting system/programme	Committee meeting single item: 12th March Venue: Council House, Victoria Sq. Birmingham.	Jamie Emery, Patient Insight & Involvement Lead, Sandwell & West Birmingham NHS		From the last meeting in Sept. 23

			Deadline for report: Tues. 27th Feb			
March 2024	Update on proposed changes to Stroke services Health Scrutiny Function	To update following member briefing on service on 31 st October 2023	Committee meeting single item: 12th March Venue: Council House, Victoria Sq. Birmingham. Deadline for report: Tues. 27th Feb	Jayne Salter-Scott, Head of Public & Community Engagement, NHS Sandwell & West Birmingham NHS		

*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

Scrutiny Method Options:

Committee meeting - single item

Committee meeting - single theme

Task and Finish Group (outline number of meetings)

On location

Other - (describe)

Birmingham and Sandwell Joint Health Overview and Scrutiny Committee Work Programme – 23/24.

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
September 2023	Midland Metropolitan Hospital update Health Scrutiny Function	To receive an update on the development of the Midland Metropolitan University Hospital (MMUH)	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.		Jayne Ilic Director of Communication and Engagement, MMUH Programme.	Invitation from NHS Sandwell & West Birmingham for a potential visit. Visit now scheduled for 1 st March 2024.
September 2023	Update on Changes to Day Surgery at Sandwell and West Birmingham Hospitals NHS Trust. Health Scrutiny Function	To provide an update to the Committee on the ongoing work to implement the changes from the formal conversation to Changes to Day Surgery held between March 2022 and April 2022.	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.	Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell and West Birmingham Hospitals NHS Trust.		Members to be kept updated at future meetings
September 2023	Patient Experience at Sandwell and West Birmingham Hospitals NHS Trust. Health Scrutiny Function	To update the Committee about Sandwell and West Birmingham Hospitals NHS Trust's (SWB) approach to patient experience	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.	Jamie Emery, Patient Insight, and Involvement		Members to be kept updated at future meetings
October 2023	An informal briefing for JHOSC Chairs with MMUH Delivery Director and our Group Director of Operations Primary Care, Communities	To talk through our rationale and approach to the decoupling of Stroke services to deliver high quality, safe rehabilitation outside the acute hospital	MS TEAMS JHOSC Chairs briefing. 31st October 2023 1.30pm	Jayne Salter-Scott, Head of Communities and Engagement, Sandwell and West		Meeting contributed to the Stroke Conversation. The first conversation in public last week on Thursday 23rd November. It was well received.

	Health Scrutiny Function	environment and seek their opinion and advise on our direction of travel.		Birmingham NHS Trust.		
March 2024	Visit to Midlands Metropolitan Hospital Scrutiny Function	To see the development of the hospital to inform future work at Joint HOSC meetings	On location 1 March 2024	Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell and West Birmingham Hospitals NHS Trust.		
March 2024	Midlands Metropolitan Hospital – update on hospital development and Models of care across the Trust Health Scrutiny Function	To looks at models of care across the Trust in meeting patients’ needs	Committee meeting single item: 12th March Venue: Council House, Victoria Sq. Birmingham. Deadline for report: Tues. 27th Feb	Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell and West Birmingham Hospitals NHS Trust.		To provide progress update as agreed from last JHOSC meeting in Sept 2023.
March 2024	Patient Experience at Sandwell and West Birmingham Hospitals NHS Trust – update on reporting programme Health Scrutiny Function	Progress report on patients’ experience and reporting system/programme	Committee meeting single item: 12th March Venue: Council House, Victoria Sq. Birmingham.	Jamie Emery, Patient Insight & Involvement Lead, Sandwell & West Birmingham NHS		From the last meeting in Sept. 23

			Deadline for report: Tues. 27th Feb			
March 2024	Update on proposed changes to Stroke services Health Scrutiny Function	To update following member briefing on service on 31 st October 2023	Committee meeting single item: 12th March Venue: Council House, Victoria Sq. Birmingham. Deadline for report: Tues. 27th Feb	Jayne Salter-Scott, Head of Public & Community Engagement, NHS Sandwell & West Birmingham NHS		

*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

Scrutiny Method Options:

Committee meeting - single item

Committee meeting - single theme

Task and Finish Group (outline number of meetings)

On location

Other - (describe)

