Paper ref:	TB (11/18) 010

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Chief Executive's Summary on Organisation Wide Issues		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Trust Board	**Date**	1st November 2018

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

The Trust's leadership work over the last month has been dominated by finalising the Midland Met Outline Business Case (which approves procurement to commence for a final contractor), accommodating the latest stage of the annual CQC review, and addressing the 11 day IT critical incident. Each would merit discussion.

We discussed 2019-20 financial planning and balance with the Board's FIC. We have salient risks around non recurrent 18-19 savings being backfilled, the impact of the national procurement programme and escalating IT costs. Notwithstanding that we have financial balance proposals now sufficient to address the initial estimate of the next year's financial challenge. A period of time is now needed to secure income agreements with the local CCG. This is timed to conclude by the end of November.

Material progress is needed over the coming month on Sepsis identification and response. The Chief Nurse and Medical Director are devoting the greater proportion of their time in month to that endeavour. A review of mortality improvement results will be conducted at next month's Board.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan	X	Research and Development		Estates Plan	X
Financial Plan	X	Digital Plan	X	Other *[specify in the paper]*	X

3. Previous consideration *[where has this paper been previously discussed?]*

Core items discussed in Clinical Leadership Executive and FIC

4. Recommendation(s)

The Trust Board is asked to:

a.	**NOTE** the contents of this report including work to tackle our No1 quality priority
b.	**ENDORSE** work being led by the Chair and Chief Executive to deliver financial sustainability
c.	**RECONFIRM** delegation arrangements for the NHS Improvement "Undertakings" sign off

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

Trust Risk Register		n/a					
Board Assurance Framework		Risk Number(s): BAF 5 and BAF 10					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 1 November 2018

Chief Executive's Summary on Organisation Wide Issues

The first meeting of our new governance arrangements for IT took place this week. The focused monthly Digital Major Projects Authority will support the work of the Clinical Leadership Executive and its monthly Digital Committee. The continued resilience issues we face, and the critical incident outage that we managed, illustrate the challenge. That is why IT is our number 1 safety issue as a Trust. No data was lost during the outage. A full server remedy is due to be completed by the end of November. Disaster recovery capacity will remain with us until that time. By November 12th we expect to have quality assured our management information and make good missed reporting to national and contracting systems.

Balfour Beatty have taken control now of the Midland Met site, and work has commenced on the remedial work and also on progressing key elements of the design, like the huge Winter Garden. Procurement for our final contractor is on track to commence during November, with our OBC now being reviewed by NHSI for submissions to DHSC and HMT. We will take a highly commercial mind-set in how to contract the completion of the build, and resist any temptation to lock down pricing prematurely and expose taxpayers to inflated estimates of risk from bidders. It is important that the revised OBC does not revisit the underlying strategic case for Midland Met. That has been confirmed both by the national steering group and by DHSC in writing. Put more directly, any attempt to create a hard border between Sandwell and western Birmingham would be operationally, financially and clinically damaging to the Midland Met, and therefore to the wider health and care system which is anticipating the supply that this new facility will provide.

1. Our patients

1.1 We will have an NHS Improvement review of readiness for winter the day before the Board meets. This will review our winter plan. That bed plan remains presently as we had expected, which is very encouraging. Nursing vacancies are the best we have had going into winter, but we have over 20 roles to fill and contingency plans to do that are in hand. The plan B item at today's Board reflects the request last time for a 'code black' response we could implement if neighbouring sites struggle to sustain delivery. More certainly we know that we need to manage together as a system the 'like a bank holiday' period that spans from Friday December 21st to Monday January 7th. The SWB A&E Delivery Board is reviewing the sufficiency of partners' plans when it meets on November 13th.

1.2 Today the organisation goes live with our emergency care Single Point of Access. This will seek to displace GP referred patients from the ED queue, and offer a better standard of service. This change is accompanied by the 'hot clinics' and SMART projects implemented earlier in the month, albeit countered slightly by the use of paper systems

from October 8th-19th. The Board's Quality and Safety Committee at the end of November will review the impact of our changes on wait times, a subject that I discussed at the Joint Overview and Scrutiny Committee last week. The immediate aim remains to deliver the four hour standard consistently during the day, and work together to manage our bed flow and patient demand we see overnight. This need to address twilight capacity and manpower is also well reflected in the paper on 2019 reconfiguration.

1.3 There is real encouragement for the winter in our work on flu vaccination. We are slightly ahead of last year. This will mark the fifth year of a huge campaign within the Trust to deliver vaccination on a scale that is leading the NHS in the west midlands. Our community campaign has begun, and targeted work to address hot spot areas is taking place. At the same time the public health committee is exploring how best to ensure strong vaccination coverage among employees for other vaccines, including MMR. During 2019 we may move to tighten our recruitment process in some high risk areas to require vaccines in the best interests of our patients.

1.4 The Trust continues to meet elective and cancer wait time targets. We will end March 2019 with a higher waiting list than in March 2018, having seen demand rise sharply. The Healthy Lives Partnership is working to bring together the CCG, Trust and GPs to localise care wherever we can. This means offering more services within the Trust for local people, and moving some referral patterns into our Trust where quality is strong and wait times short. Regrettably we will need to seek peer organisation's support to sustain ENT care locally, but in orthopaedics, urology, gynaecology, ophthalmology and general surgery, the Trust is well placed to grow services. In commissioning care locally for 2019-20 we understand the CCG will look to materially expand our contract, and this is a vote of confidence in clinicians operating within the Trust.

1.5 We completed this summer an audit review of the Consistency of Care data that we are using to manage the quality gains needed in medicine. A similar audit will shortly report on our Safety Plan data. Both suggest material gains in quality. That delivery-chain is now needed for our Quality Plan work. The sepsis work, which we agreed in Q1 this year at the Board, would be our top priority, is amenable to that cycle of improvement. During November, dedicated and focused effort to ensure that ward level manage of escalated and potentially deteriorating patients is a multi-professional priority will be led by Paula Gardner and David Carruthers. Over the last month we have seen gains in the volume of wards positively role modelling the programme, and we will ensure that the data is available from the start of December to all Board members as we 'countdown' to an expectation of consistent excellence in this area. We invested in 2014 in VitalPac as an IT solution, in 2016 in our Critical Care Outreach team, and in 2017 in consultant of the week: Each of these decisions show the determination of our leadership to improve standards, and we now need to chase out gains that will save lives.

2. Our workforce

2.1 We discussed last month the work we have done on recruitment since 2016. This has shown real gains but has not yet delivered the trajectories set out in our April 2017 recruitment plan. Raffaela Goodby is overseeing work to address that shortfall, and at both December and January's Board meeting we need to consider where we will end Q4, and how risks associated with shortfalls will be managed. I am concerned to make sure that we deliver on the neonatal recruitment that we invested in during spring 2018, and that we address emerging pressures such as ultra-stenography. At a macro level the positive news about Midland Met gives a further boost to our recruitment work, as does our success in recruiting for and through diversity. However, we would all recognise that Brexit fears, CQC outcomes, and attractive local alternatives, all offer risk into our 2019 aims to become more Fully Staffed.

2.2 Our Speak Up work continues. The top three areas highlighted by staff are all being addressed with action plans launched through this month's Heartbeat and TeamTalk. At the same time we go live with the more detailed survey material derived from our partnership with Wrightington, Wigan and Leigh, alongside the NHS wide annual Staff Survey. The Board receives a self-assessment today of progress with the FTSU guardians' work, recognising that ultimately demand for any part of our whistleblowing offer will be determined by our staff. Nationally data on FTSU "use" continues to be published nationally, which permits us to consider whether our function is using best practice to elucidate and support concerns. The hour's guardian continues to provide valuable and important input to the work of our Board's People and OD committee.

2.3 It remains the case that we have work to do to ensure that all of our existing and future employees are able to work digitally. The upcoming move to electronic-only payslips, and the change to our Unity product, will both test this skillset, as well as the easy availability of technology inside our organisation. We would expect to complete both changes by the end of this fiscal year and are working through how to ensure less digitally experienced staff feel competent to meet this challenge. This message is not a new one and has been ongoing for over two years, but it remains the case that digital skills are not well profiled within the TNA or PDR process. We will consider how we can map this into next year's PDR, as well as using data on utilisation to assess who in our Trust is making use of our IT, and who is not, and whereso, why that might be.

2.4 By direct action, and through our staff networks, we are continuing work to ensure that our employee base reflects our local communities. The HOP presentation at the meeting of the Board in November highlights some ground-breaking work that we have led with refugee and migrant communities. Less overt progress has been made to date with our longstanding pledge to increase the number of employees with learning disabilities in our organisation. Our baseline data is poorly understood presently, as the field is a voluntary

one in ESR, and we have not yet taken all of the steps that we could to provide a facilitative employment offer to candidates nor to take on a clear pipeline from school into employment. ***Q4 will see renewed emphasis in this area***. At the same time, we are working through with partners from the WMCA how we contribute to work through Thrive to make employment accessible to people with mental health conditions prior to employment. The Trust's work to support those with mental health issues in our midst is well rehearsed elsewhere and returns to the Board in December.

3. Our partners and commissioners

3.1 Discussions continue with NHS England and UHB over the timing and model through which to return solid tumour oncology services to the local community. We are advised that the extant service is safe, and that any future model will preserve choice for patients across Edgbaston, City, Sandwell and Wolverhampton. Prior to Midland Met we would not expect to reconfigure haemato-oncology again, which will remain Sandwell based. Accordingly, we are looking to create a new chemotherapy capacity at Sandwell for solid tumour care, and re-open the prior unit at City. Outpatient care cannot simply be recreated as the space is being deployed to other purposes, and so we are exploring purpose built facilities adjacent to the BTC. We have indicated to commissioners and councillors that we would expect to have a draft plan available in December 2018 for implementation by April 2020.

3.2 The Trust continues to provide tertiary gynae-cancer surgery. We have appointed new clinicians and leaders to maintain our long-term unit level provision. But, having given notice on tertiary care in April 2017, we now hold a contract to March 2020 – which we are fulfilling. We understand that commissioners are hopeful of concluding their negotiations with alternate suppliers by April 2019. The move to Midland Met creates some breathing space if certainty can be achieved, but the new hospital will not be built with capacity for the unit, and as such a solution must now be found, after almost two years of inconclusive discussion.

3.3 We have exchanged initial offers with our lead CCG commissioner for 2019-20. As expected we have some shared aims to address, such as under-provision of critical care locally, and some differences of emphasis. However, having worked constructively over recent months, we should be optimistic of reconciling a position which is affordable to both organisations. We will use the FIC to keep the Board appraised of detailed negotiations, which will be preceded by resolving the pathway queries from 2018-19.

4. Our regulators

4.1 As the Board's agenda describes we have completed the Use of Resources, Core Services site visits and well led on-site inspection. It is evident how different the process is to the

prior process that we experienced in 2017. That difference is likely to give rise to some complexities in reconciling the report we will be given in early 2019 with our own views of service weaknesses and strengths. Where we have written feedback we are working through actively the real issues, whilst working with NHSI and the CQC to understand the nature and merit of other issues and recommendations. Neighbouring Trusts have also undertaken this process recently and we are looking to learn with them, as we suspect the CQC may be, how to effectively hold Trusts to account for improvement. Having been required to produce over 1000 pieces of data or information in recent weeks, we are also considering what predictability might be introduced into the burdens of "light touch" regulation.

4.2 The transfer of pathology services into the Black Country Pathology Service has been completed smoothly. This includes transferring governance accountability for residual services such as our mortuary within our Trust structure. The process for this has now been completed. We have previously indicated that a report on clinical performance in Q3 would be provided to the quality and safety committee. A review of the 2019-20 financial impact of the two commercial partnerships that sit behind BCP will be provided to the January Finance and Investment Committee.

5. Healthy Lives Partnership ICS and the Black Country and WB STP

5.1 HLP held its third board meeting in month, and the minutes from the August meeting are appended to my report. We discussed in particular the need to ensure that the development of Primary Care Networks locally is deeply embedded within the provider alliance work that we are championing. Networks are not purchasing bodies, and the provider alliances must be primary care led. So unless we are have more capacity to change than is realistic we need these programmes to be mutually reinforcing. I am hopeful that the forthcoming NHS Long Term Plan will recognise that reality, and equally that exciting Trust / general practice projects, such as our work in Neptune, and our APMS bids, will provide a basis for genuine care integration in 2019 and 2020. To secure those gains before Midland Met opens will be important if we are to seize the dividend of the reshaped acute care offer.

5.2 The HLP Board again committed itself to an aim of achieving a long term capitated budget locally from 2020-2021. This is an important undertaking, which will drive much work over the intervening eighteen months. To release time for that work it will now be important that we (a) conclude a contract with the CCG for routine work in 2019-20 (b) establish the framework by which the capitated budget is calculated and held and (c) understand how accounting for such a transaction will be managed between years. We expect that this may be informed by forthcoming national policy announcements, and there may be an opportunity to move towards the head of the queue nationally to take

these issues forward. The relatively strong liquidity position of the Trust would support us taking a material risk share of any new vehicle.

5.3 It is important that we keep reminding ourselves that the purpose of the partnership is to improve outcomes and tackle underlying ill health. In that regard we are around 250 days from our smoking ban taking effect at the Trust. The work to be ready for that continues, with preparations being put in place for patients, visitors, and employees. This will be very clear about Nicotine Replacement Therapy, how we will promote vapping, and how we will address non-compliance. We are discussing presently with partners what role other providers could play next July as a flow-through from our changes. Discussions continue with the Local Authority around similar work on alcohol and alcohol pricing.

6. Other items for attention

6.1 TeamTalk is appended (Annex A), including work on feedback from staff and the learning from our recent Star Awards, as well as the outbrief from the Board's recent work on Serious Incidents. It now seems likely that the external review of our progress with incident reporting will take place in January 2019.

6.2 Our **we**learn work continues at pace and we agreed last month to bring back a wider strategy for learning to January's Board meeting for 2019-20 implementation. QIHD accreditation is due for completion this year, and the poster contest will be evaluated by the beginning of December. As part of our work on internal communication we will consider how we expand the brand of 'learning from excellence' within the Trust, which is presently confined largely to our team talk briefings.

6.3 In August, the Clinical Leadership Executive examined progress with our second three-year R&D Plan. In September, the Trust was awarded the top prize at the Clinical Research Network awards for the west midlands. We will receive in December a presentation from the outgoing R&D director, Professor Karim Raza, which will provide an opportunity to learn from what has been achieved since 2014 and to look forward to the next couple of years, especially in developing improved integrated case findings and research projects. We have invited Professor Dan Lasserson to present his views on care integration at an upcoming Board development session.

Toby Lewis
Chief Executive
October 25th 2018

Annex A – Team Talk slide deck
Annex B – Clinical Leadership Executive Summary
Annex C – Recruitment scorecard
Annex D – Safe staffing summary
Annex E – ICS Board (HLP) – September minutes

Annex A

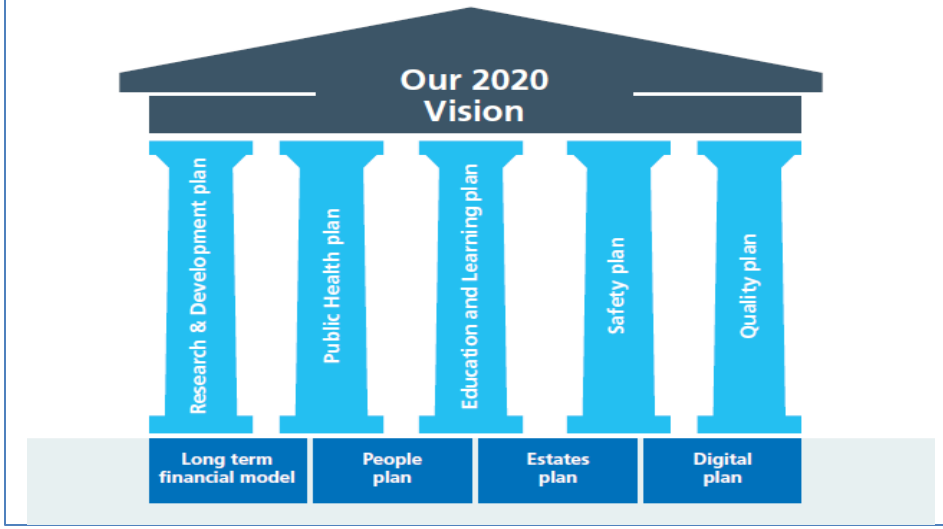
SWB TeamTalk

Sandwell and West Birmingham Hospitals NHS Trust

October 2018

Welcome to SWB TeamTalk

Becoming renowned as the best integrated care system in the NHS…



Ruth Wilkin
Director of Communications

SWB TeamTalk

Sandwell and West Birmingham Hospitals NHS Trust

October 2018

Team Talk Agenda

1.00pm: Tune In: Local and national news – and flu!

1.10pm: Learning from Excellence:
Pharmacy Improvement Project

1.25pm: Things you need to know

1.35pm: Feedback on your feedback

1.50pm: This month's topic: weconnect: will your team be one of our pioneer engagement teams?

The Chief Executive's video monthly post will be issued this week and will reflect TeamTalk feedback.

SWB TeamTalk

Sandwell and West Birmingham Hospitals NHS Trust

October 2018

September TeamTalk Topic feedback – Protecting our family, friends and patients from the flu

Our flu vaccination campaign started on 1 October. We are one of the leading Trusts for staff vaccination rates and we need to ensure that we maintain and exceed this high standard. Last month we asked you:

1. To ensure you have individuals who are peer vaccinators so your team can have their jab at a convenient time.
2. How you are going to build in time for your team to have their flu jab. Will this be through visiting a clinic, peer vaccination or at your QIHD or Team Talk?
3. How you will make sure your team inform the health and wellbeing team if they have their vaccination elsewhere.

Your feedback told us:

- Teams are well aware who their peer vaccinators are as they have been instrumental in ensuring vaccine coverage in their areas every year.
- Teams understand that the flu vaccination is key to ensuring their wellbeing as well as that of their patients and were keen to plan in their vaccinations alongside their normal duties.
- Information shared through staff comms and as pay slip attachments has ensured all colleagues are aware of how to get in touch with occupational health both for queries as well as notifying regarding vaccinations at GP or pharmacies.

SWB TeamTalk

October 2018 Tune in – Local and national news

NHS
Sandwell and West Birmingham Hospitals
NHS Trust

Last chance to take part in welearn QIHD poster competition and win a share of £5,000

- Share good practice, quality initiatives and improvements, for clinical and non-clinical services, in a poster format.
- Help is available from the library team and Medical Illustration.
- **Closing date is extended to 5 November** and winners will be announced in early December.
- All entries will be on display and colleagues can vote for their favourites.
- 25 entries so far. Let's double it!

Flu campaign – 'May the Four be with you' - this year's vaccine protects against 4 different strains of flu

- The campaign continues to battle against the dark side with the flu-mobile now taken to the road reaching out to community colleagues.
- So far 52% of patient facing colleagues have been vaccinated, 2% more than this time last year.
- If you haven't had your jab yet, attend one of the drop-in clinics advertised on Connect, contact your local flu vaccinator or contact occupational health.

Remember – the flu vaccine is very safe, it does not contain any pork or meat derivatives and it contains very small traces of egg so can still be given to people with mild egg allergies. The vaccine can take up to two weeks to become effective so it is important to get protected before the flu virus starts to circulate.

SWB TeamTalk

October 2018 Tune in – Local and national news

NHS
Sandwell and West Birmingham Hospitals
NHS Trust

Restart a Heart Day (Basic Life Support training)

- We will achieve 100% basic life support training coverage by the end of December.
- Thank you to everyone who took part in the recent Restart a Heart day which generated a lot of energy and enthusiasm from colleagues and members of the public.
- Well done to the team who taught approximately 200 members of the public in CPR techniques.
- It's good news that almost 100 colleagues took the opportunity to update their basic life support training leading up to and during Restart a Heart Day.
- To complete your training contact your local cascade trainer - check here to find your local assessor

National Speak Up month

- We're supporting Speak Up Month this October: a national campaign by the National Guardian's Office, which calls on NHS organisations to increase awareness of how colleagues can raise concerns at work.
- Thank you to everyone who took part in the 'simple things done well' survey as part of our Speak Up Day last month – see the results and actions in our feedback session today
- Colleagues can find out who our Freedom to Speak Up Guardians are on our website https://bit.ly/2CpMUa0 Visit Connect for further info on how you can raise a concern.

Your Trust Charity will be hosting an 80s themed charity ball to raise funds to provide pet therapy across the Trust on Saturday 8 December at Conference Aston, The Aston Triangle, Birmingham, B4 7ET from 7pm. For tickets and information please contact amanda.winwood@nhs.net

SWB TeamTalk

NHS
Sandwell and West Birmingham Hospitals
NHS Trust

October 2018

Learning from excellence:

Pharmacy Improvement Project

Divna Young, Pharmacy Technician Team Manager
Elaine Walton, Lead Technician - Patient Services
Jennifer Howard-Brown, Lead Technician - Patient Services
Malcolm Partridge, Deputy Head of Estates
Essie Li, Head of Transformation

City Pharmacy Dispensary

PRE Project State

- Lack of capacity to respond to the increased service needs to improve the patient journey e.g. TTA and discharge
- Regulatory compliance needed to be improved
- A structured workflow was much needed to further improve the accuracy and effectiveness of dispensing

Limitations and Restrictions

- Absence of Controlled Drugs Room
- Absence of hand wash facilities
- Paint peeling off the walls
- Old shelving and cupboards not fit for purpose
- Limited communications (due to logistic restrictions) affecting aversively to the accuracy and efficiency on dispensing
- Chemotherapy drugs dispensed in the same area
- Underutilisation of the robot
- No structured workflow

SWB TeamTalk

NHS
Sandwell and West Birmingham Hospitals
NHS Trust

October 2018

What we did

What was the City Pharmacy Refit Project?

- Duration of project May – August 2018

Key components of the project

- Re-design
- Business continuity planning at QIHD
- 'Priority approach' and the six priorities
- CD Room; Access to robot
- Install new shelving
- Remove old shelving and raise work benches
- Install hand wash unit; create out of hours ward medicines access locker room

Benefits and outcomes

- Supports aspects of the Carter Report

	Sep 2017	Sep 2018
Immediate output	608 items	1721 items

- Improved dispensing accuracy and efficiency
- Improved services to wards and patient journey

October 2018

Benefits and outcomes

- Improved team communications and working environment

- What was learnt and the future

October 2018

Support from estates department

- Approached by the improvement team to support project
- Provided guidance and expertise on the construction details enabling pharmacy to provide their services as normal
- Helped pharmacy/the Trust to deliver the project on time and within budget; assurance of the quality and compliance of the works carried out and, developed multi-departmental working relationship

Support from the improvement team

- Provided project management support
- Confirmed expected outcomes, timeline, resources and other requirements such as ‘business as usual’
- Improvement team only helped pharmacy to prepare the detailed project plan for one out of six tasks
- Although the pharmacy team members involved in this project were not experienced project management practitioners, they picked up all the skills required to deliver this project very quickly

SWB TeamTalk

NHS
Sandwell and West Birmingham Hospitals
NHS Trust

October 2018

Things you need to know – from our Clinical Leadership Executive

Winter plan: We have built a plan to accommodate additional patients needing admission should demand increase and our staffing levels be affected by sickness and lack of recruitment to our vacancies. We have also considered the impact if neighbouring Trust services are compromised.

Finance: Our finances are currently overall on track although income is behind and our agency spend remains above plan. Plans are in place to ensure we are able to do the patient activity required. Recruitment to vacancies is intended to bring down agency usage and has a strong focus for the next few weeks.

Completing Midland Met: Balfour Beatty will begin their interim work on the hospital to repair damage and get the site winter ready. This includes building the roof for the winter garden. The Secretary of State for Health and Social Care, Matt Hancock, visited the site on Thursday 18 October and gave his support for the facility.

Sepsis / Quality Plan: Sepsis is our number one quality priority as part of our quality plan. A new flow-chart and checklist is being piloted on three wards. Inpatient wards are only screening one in seven patients who need it. It is imperative that ward clinical teams are sighted on the data feed coming out daily and acting to screen for sepsis when required.

Feedback on your feedback

We all want to work in an engaged organisation where our ideas make a difference. Parts of our Trust are like that or not at all.

The Board and Clinical Leadership Executive want to support all teams to be like our best. That will be measured in how it feels round here but also through three metrics:

- Participation in our new **we**connect quarterly survey being at 35% or above in each area surveyed
- A dissatisfaction score in that survey below 10% (well below, we hope)
- Our engagement score rising from 3.7 to 4.0

To make progress over coming weeks several projects go into delivery:

- Clinical group level communication and engagement plans
- The Trust-wide launch of our new survey model
- Commitment to our first three promises prioritised by you
- Enrolment for the 2019 **we**connect pioneers programme

SWB TeamTalk

NHS
Sandwell and West Birmingham Hospitals
NHS Trust

October 2018

Weconnect engagement programme launches

- Based on a proven model established by Wigan, Wrightington and Leigh NHS Foundation Trust and now adopted by other Trusts
- The programme starts with **a new survey** to gain a better understanding of how we feel about our jobs, our teams and our organisation.
- The survey will go out to a sample of our Trust and is a more in depth look at engagement
- It's also that time of the year for **the NHS staff survey** when 1,250 colleagues have been randomly approached for their feedback either by email or in the post.
- The results of the national staff survey help us to understand how we are performing compared to similar organisations.
- **If you receive an invitation to complete either survey please do take part and you could win one of three £50 shopping vouchers.**

The biggest difference must be: Things change because of what you say. So by the end of January directorate level 'so what' plans will be visible in each team surveyed in November.

SWB TeamTalk

NHS
Sandwell and West Birmingham Hospitals
NHS Trust

Speak Up Day - results of polling

Rank	Issue	Action	Votes
1	IT that works every day	Ronseal test	409
2	More flexible working approaches	New flexible working standards by February	315
3	Improved communication about change	Promise of local face to face meetings and a new 'manager's brief' from the Chief Executive each fortnight	254
4	More printers and computers		238
5	Guaranteed car parking		231
6	Getting equipment fixed quickly		228
7	The vacancy process being too slow		216
8	Improved personal security at work		145
9	Raising concerns being simpler		116
10	The right uniform to do my job		78

SWB TeamTalk

October 2018

NHS
Sandwell and West Birmingham Hospitals
NHS Trust

Feedback on your feedback

This is what we will probably do….what do you think?

Improved IT reliability and resilience

The investment in people and equipment continues and by December we will have both implemented our existing IT plan and finished an external review to see what we are missing. If some systems will never deliver, we will replace them.

Flexible working approaches

The policy suite for leave and time off is being revisited. This will be simplified by February into a straightforward guide for managers and employees. Alongside this a process will be in place to support employees to ask for a second opinion on local decisions.

Improved communication about changes

We will support managers in their communication with team members including manager's briefings, guides to meetings and the accredited manager programme. The promise to employees must be access to a face to face briefing session not less than once a month where they work.

SWB TeamTalk

NHS
Sandwell and West Birmingham Hospitals
NHS Trust

TeamTalk Topic – October 2018

weconnect – Could your team become one of our weconnect pioneer teams?

This month we launch a new engagement approach – **we**connect – our own version of a tried and tested model from Wigan, Wrightington and Leigh Foundation NHS Trust that is being adopted by several other NHS Trusts. The Wigan approach tests different factors of engagement and will help us to identify where and how we can improve.

There is an opportunity for your team to volunteer to be part of an intensive engagement approach. This month we ask that you discuss the prospect of becoming a pioneer team to work with colleagues who are trained in new tools and techniques to support your team to improve your engagement. We are looking for 25 teams in total over the next 12 months. Expressions of interests are due in by Christmas. This month is a chance to talk through the subject in your teams.

Think about and tell us:

- What three things could improve engagement in your area?
- What three outcomes you would like to achieve at the end of the project?
- What help do you need to make that happen?

Teams should be between 20 and 30 people.

Annex B

Sandwell and West Birmingham Hospitals NHS Trust

CLINICAL LEADERSHIP EXECUTIVE UPDATE	
Date of meeting	23rd October 2018
Attendees	Group Triumvirates (Group Directors, Group Directors of Nursing and Group Directors of Operations), Executive Directors and Trust Convenor
Apologies	Chetan Varma and Martin Sadler
Key points of discussion relevant to the Board	• A review of serious incidents by each group from the 2017/18 theme report focussing on the learning and changes implemented as a result of each incident. • A review of the proposed 2019/20 income plan with Sandwell and West Birmingham CCG. • Review of monthly risk register including a detailed summary of the post-mitigated red risks. • Winter readiness including Plan B – also to be reported to November Trust Board meeting.
Positive highlights of note	• Sepsis performance and immediate actions to implement a new, single pathway/process for identifying, recording and monitoring across the Trust, which will improve results by December 2018.
Matters of concern or key risks to escalate to the Board	• Increased number of electronic incidents that remain open and actions to ensure these are resolved/closed by Groups.
Matters presented for information or noting	• A comprehensive presentation from the Director of Medical Education on the structure, current priorities, challenges and recommendations for future actions/multidisciplinary training, in collaboration with Aston University.
Decisions made	-

Toby Lewis
Chair of the Clinical Leadership Executive
For the meeting of the Trust Board scheduled for 1st November 2018

Recruitment Activity Report

Report Date: 18/10/2018

Annex C

Criteria		Measure/Month		Actual						Forecast						Target	
				Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19		
Band 5 Nurses (excluding Theatre Practitioners)	SIP	FTE	Establishment	771.89	775.27	774.27	768.42	770.60	770.60	770.60	770.60	770.60	770.60	770.60	770.60		
		FTE	FTE in Post	642.62	642.38	630.33	622.76	619.75	620.30	636.49	656.45	659.86	668.26	701.67	701.07		
		FTE	New Starters	6.72	5.97	2.72	6.17	4.60	40.01	17.61	25.00	10.00	15.00	40.00	6.00		
		FTE	Leavers	11.61	1.53	11.03	4.56	11.62	8.15	1.42	5.04	6.60	6.60	6.60	6.60		
		FTE	Vacancies in month	129.27	132.89	143.94	145.66	164.85	150.30	134.11	114.15	110.75	102.34	68.94	69.53	88.33	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	20.24	6.92	35.00	25.60	11.83	10.03	8.72	15.00	44.00	15.00	15.00	10.00		
		FTE	Offers Confirmed (in month)	16.60	10.20	10.20	12.92	12.17	20.00	6.22	12.17	12.17	12.17	12.17	12.17		
Band 5 Community Nurses	SIP	FTE	Establishment	156.47	161.47	156.47	156.47	165.27	165.27	165.27	165.27	165.27	165.27	165.27	165.27		
		FTE	FTE in Post	141.10	144.07	140.07	137.66	143.94	149.54	152.48	155.48	154.19	152.91	151.62	154.34		
		FTE	New Starters	0.00	1.60	0.00	1.80	0.00	6.00	4.00	5.00	0.00	0.00	0.00	4.00		
		FTE	Leavers	0.53	1.51	0.61	0.00	1.53	4.60	1.06	2.00	1.29	1.29	1.29	1.29		
		FTE	Vacancies in month	15.37	17.40	16.40	18.81	21.33	15.73	12.79	9.79	11.08	12.36	13.65	10.93	31.73	----- Target Met
	Offers External Applicants	FTE	Conditional offers (in month)	1.80	0.60	3.00	6.00	1.00	1.67	3.74	1.80	1.80	1.80	1.80	1.80		
		FTE	Offers Confirmed (in month)	0.60	4.00	0.30	0.00	1.00	3.00	0.93	0.93	0.93	0.93	0.93	0.93		
Band 5 Nursing (Total)	SIP	FTE	Establishment	928.36	936.74	930.74	924.89	949.87	935.87	935.87	935.87	935.87	935.87	935.87	935.87		
		FTE	FTE in Post	783.72	786.45	770.40	760.42	763.69	769.84	788.97	811.93	814.05	821.17	853.29	855.41		
		FTE	New Starters	6.72	7.57	2.72	7.97	4.60	46.01	21.61	30.00	10.00	15.00	40.00	10.00		
		FTE	Leavers	12.14	3.04	11.64	4.56	13.15	12.75	1.00	0.60	7.88	7.88	7.88	7.88		
		FTE	Vacancies in month	144.64	150.29	160.34	164.47	186.18	166.03	146.90	123.94	121.82	114.70	82.58	80.46	120.06	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	22.04	7.52	38.00	31.60	12.83	11.70	12.46	16.80	45.80	16.80	16.80	11.80		
		FTE	Offers Confirmed (in month)	17.20	14.20	10.50	12.92	13.17	23.00	7.15	13.10	13.10	13.10	13.10	13.10		
Band 6 Nurses (excluding Theatre Practitioners)	SIP	FTE	Establishment	383.34	382.61	386.21	386.31	399.95	399.95	399.95	399.95	399.95	399.95	399.95	399.95		
		FTE	FTE in Post	355.26	358.03	365.29	363.69	364.86	367.25	369.81	372.37	373.33	374.29	375.25	376.21		
		FTE	New Starters	0.43	3.61	0.00	6.40	0.43	5.00	3.56	3.56	3.56	3.56	3.56	3.56		
		FTE	Leavers	9.48	2.60	2.60	4.99	1.85	2.72	1.00	1.00	2.60	2.60	2.60	2.60		
		FTE	Vacancies in month	28.08	24.58	20.92	22.62	35.09	32.70	30.14	27.58	26.62	25.66	24.70	23.74	34.05	----- Target Met
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	1.61	6.16	5.00	8.60	0.20	8.88	5.92	5.92	5.92	5.92	5.92	5.92		
		FTE	Offers Confirmed (in month)	2.00	3.00	3.00	7.25	3.00	2.10	2.10	3.00	3.00	3.00	3.00	3.00		
Band 6 Community Nurses	SIP	FTE	Establishment	145.95	145.95	145.95	145.95	145.05	145.05	145.05	145.05	145.05	145.05	145.05	145.05		
		FTE	FTE in Post	137.15	136.29	134.29	133.57	133.37	133.21	135.21	135.97	136.13	136.29	136.45	136.61		
		FTE	New Starters	0.00	0.00	0.00	1.00	0.76	3.00	2.00	0.76	0.76	0.76	0.76	0.76		
		FTE	Leavers	0.00	0.60	2.00	1.19	1.40	0.60	0.00	0.00	0.60	0.60	0.60	0.60		
		FTE	Vacancies in month	8.80	9.66	11.66	12.38	11.68	11.84	9.84	9.08	8.92	8.76	8.60	8.44	9.61	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	1.00	3.00	0.50	0.76	5.00	0.00	4.00	1.00	1.00	1.00	1.00	1.00		
		FTE	Offers Confirmed (in month)	0.00	0.00	0.00	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
Band 6 Nursing (Total)	SIP	FTE	Establishment	529.29	528.56	532.16	532.26	545.00	545.00	545.00	545.00	545.00	545.00	545.00	545.00		
		FTE	FTE in Post	492.41	494.32	499.58	497.26	498.23	500.46	505.02	508.34	509.46	510.58	511.70	512.82		
		FTE	New Starters	0.43	3.61	0.00	7.40	1.19	8.00	5.56	4.32	4.32	4.32	4.32	4.32		
		FTE	Leavers	9.48	3.20	4.60	6.18	3.25	3.32	1.00	1.00	3.20	3.20	3.20	3.20		
		FTE	Vacancies in month	36.88	34.24	32.58	35.00	46.77	44.54	39.98	36.66	35.54	34.42	33.30	32.18	43.66	----- Within Target Range
	Offers External Applicants	FTE	Conditional offers (in month)	2.61	9.16	5.50	9.36	5.20	8.88	9.92	6.92	6.92	6.92	6.92	6.92		
		FTE	Offers Confirmed (in month)	2.00	3.00	3.00	9.25	5.00	3.10	3.10	4.00	4.00	4.00	4.00	4.00		
Band 5 & 6 Midwives	SIP	FTE	Establishment	192.39	186.19	186.19	186.19	178.94	178.94	178.94	178.94	178.94	178.94	178.94	178.94		
		FTE	FTE in Post	156.07	156.19	156.83	154.21	154.13	153.05	156.45	156.55	156.97	157.39	157.81	158.23		
		FTE	New Starters	1.43	1.34	0.00	0.00	0.80	2.00	4.00	1.00	1.17	1.17	1.17	1.17		
		FTE	Leavers	3.84	0.00	0.00	0.60	1.57	4.32	0.60	0.90	0.75	0.75	0.75	0.75		
		FTE	Vacancies in month	36.32	30.00	29.36	31.98	24.81	25.89	22.49	22.39	21.97	21.55	21.13	20.71	26.64	----- Target Met
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	0.00	0.00	2.00	2.00	16.32	1.00	3.60	2.00	2.00	2.00	2.00	2.00		
		FTE	Offers Confirmed (in month)	0.42	0.42	0.42	0.00	0.00	2.00	2.00	0.42	0.42	0.42	0.42	0.42		
Consultants	SIP	FTE	Establishment	322.10	319.28	320.73	321.68	332.63	333.63	333.63	333.63	333.63	333.63	333.63	333.63		
		FTE	FTE in Post	282.65	282.70	282.02	279.32	279.90	283.95	287.75	286.55	286.45	286.35	286.25	286.15		
		FTE	New Starters	1.00	1.00	2.00	2.00	6.00	1.00	6.00	2.00	2.00	2.00	2.00	2.00		
		FTE	Leavers	0.50	0.90	2.20	0.00	7.40	2.00	2.20	3.20	2.10	2.10	2.10	2.10		
		FTE	Vacancies in month	39.45	36.58	38.71	42.36	52.73	49.68	45.88	47.08	47.18	47.28	47.38	47.48	33.36	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	0.00	2.00	1.00	3.00	9.00	2.00	5.00	2.00	2.00	2.00	2.00	2.00		
		FTE	Offers Confirmed (in month)	0.00	0.00	0.00	5.00	1.00	4.00	1.00	1.00	1.00	1.00	1.00	1.00		
Specialty Registrars (including Junior Specialist Doctors)	SIP	FTE	Establishment	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00	311.00		
		FTE	FTE in Post	258.00	258.00	258.00	258.00	264.00	256.00	293.40	293.40	305.40	305.40	305.40	305.40		
		FTE	New Starters	7.00	8.00	7.00	1.70	71.09	36.96	41.00	11.00	14.00	5.00	1.00	0.00		
		FTE	Leavers	6.00	11.00	3.68	76.00	17.40	33.16	3.60	11.00	2.00	5.00	1.00	0.00		
		FTE	Vacancies in month	54.00	53.00	53.00	53.00	47.00	55.00	17.60	17.60	5.60	5.60	5.60	5.60	36.00	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	0.00	3.00	62.00	43.00	4.00	2.00	1.00	3.00	3.00	3.00	3.00	3.00		
		FTE	Offers Confirmed (in month)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Notes:

Staff in post this includes staff in post as at the first of the month

New starters Actual - : This includes all agreed start dates from the first of the month

New starters forecast: Based on average number of new recruits due to recruitment campaigns and number of student nurses likely to accept offers.

Leavers -: Figures based on terminations received into ESR and assuming that managers are submitting termination data in a timely fashion.

Leavers: With the exception of band 5 staff nurses and midwives, the leaver figure is based on the WTE leaving the organisation. For band 5 staff nurses/midwives, this also includes the WTE moving internally to take into account the impact of internal promotion.

Turnover forecast: Based on average for the staff group/band over the previous year.

Band 5 Nurses: Report includes data on band 5 nursing posts within the Trust with the exception of midwives. Reporting on external recruitment activity i.e. activity that improves vacancy bottom line given this is an entry level post.

Band 6 Nurses: Figures include all band 6 nurses i.e. charge nurses, sisters, community practitioners with the exclusion of midwives

Specialty Registrars (including Junior Specialist Doctors): Includes all approved doctors in training posts except foundation Y1 and Y2 doctors. It also includes GPSTs that are being trained at SWBH but employed by lead employer (St Helens)

Data source: ESR, Recruitment data base and Medical Staffing Database

Safe Staffing Return : 01/09/2018 to 30/09/2018 **Annex D**

								DAY				NIGHT				Average Fill Rate				Care Hours Per Patient Day			
								Qualified		Care Staff		Qualified		Care Staff		DAY		NIGHT					
By Date	By Person	Detail	Ward Name	Ward Code	Spec Name 1	Spec Name 2	e-Roster Location Code	Planned Hours	Actual Hours	Planned Hours	Actual Hours	Planned Hours	Actual Hours	Planned Hours	Actual Hours	Qualified %	Care Staff %	Qualified %	Care Staff %	Occ. Bed Days	Qualified Hours	Care Staff Hours	Overall Hours
+	+	+	AMU A - Sandwell	SEAU	326 - ACUTE INTERNAL MEDICINE		AMU A	4110	3999	1857	1901	3321	3283	1400	1330	97.3%	102.37%	98.86%	95.0%	1216	6.0	2.7	8.6
+	+	+	Critical Care - Sandwell	SCRITC	192 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	CCS Sand	3454	3395	386	383	2530	2497	0	0	98.29%	99.22%	98.7%	#NUM!	241	24.5	1.6	26.0
+	+	+	Lyndon 1 - Paediatrics	SLY1	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	Lyndon 1	1198	1276	818	775	971	865	511	497	106.51%	94.74%	89.08%	97.26%	374	5.7	3.4	9.1
+	+	+	Lyndon 2 - Surgery	SLY2	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	Lynd2s	1537	1491	993	984	977	975	690	690	97.01%	99.09%	99.8%	100.0%	647	3.8	2.6	6.4
+	+	+	Lyndon 3 - T&O/Stepdown	SLY3	110 - TRAUMA & ORTHOPAEDICS	160 - PLASTIC SURGERY	Lyn 3	1664	1576	1460	1361	1046	1023	1688	1642	94.71%	93.22%	97.8%	97.27%	748	3.5	4.0	7.5
+	+	+	Lyndon 4	SLY4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	L4	1604	1564	1979	1736	1368	1357	1127	1087	97.51%	87.72%	99.2%	96.45%	778	3.8	3.6	7.4
+	+	+	Lyndon 5 - Acute Medicine	SLY5	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	L5	1251	1150	1589	1408	1271	1262	847	790	91.93%	88.61%	99.29%	93.27%	711	3.4	3.1	6.5
+	+	+	Lyndon Ground - PAU/Adolescents	SLYG	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	PAU	2043	2119	775	716	1525	1449	582	467	103.72%	92.39%	95.02%	80.24%	376	9.5	3.1	12.6
+	+	+	Newton 3 - T&O	SNT3	110 - TRAUMA & ORTHOPAEDICS	430 - GERIATRIC MEDICINE	SNNT3 - N	1898	1876	1653	1650	1104	1125	1575	1493	98.84%	99.82%	101.9%	94.79%	779	3.9	4.0	7.9
+	+	+	Newton 4 - Stroke and Neurology Rehab	SNT4	314 - REHABILITATION	300 - GENERAL MEDICINE	SNNT4 - N	1250	1199	1427	1410	1058	1020	770	712	95.92%	98.81%	96.41%	92.47%	838	2.6	2.5	5.2
+	+	+	Newton 5 - Haematology	SNT5	304 - CLINICAL PHYSIOLOGY	300 - GENERAL MEDICINE	N5	1132	1148	464	415	690	692	253	185	101.41%	89.44%	100.29%	73.12%	244	7.5	2.5	10.0
+	+	+	Older Persons Assessment Unit (OPAU) - Sandwell	SNT1	430 - GERIATRIC MEDICINE		OPAU	1644	1468	1098	1062	1379	1236	1115	1069	89.29%	96.72%	89.63%	95.87%	571	4.7	3.7	8.5
+	+	+	Priory 2 - Colorectal/General Surgery	SPR2	100 - GENERAL SURGERY		Pr2	1942	1995	1064	1067	1310	1293	1023	1012	102.73%	100.28%	98.7%	98.92%	674	4.9	3.1	8.0
+	+	+	Priory 4 - Stroke/Neurology	SPR4	300 - GENERAL MEDICINE	400 - NEUROLOGY	Priory 4	2843	2798	1103	981	1805	1714	1252	1211	98.42%	88.94%	94.96%	96.73%	668	6.8	3.3	10.0
+	+	+	Priory 5 - Gastro/Resp	SPR5	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	Pr5	2346	2269	1064	1045	1955	1943	1012	996	96.72%	98.21%	99.39%	98.42%	896	4.7	2.3	7.0
+	+	+	SAU - Sandwell	SSAU	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	SAU (New)	1675	1607	1075	1041	1700	1699	345	343	95.94%	96.84%	99.94%	99.42%	414	8.0	3.3	11.3
+	+	+	AMUs - City	CM_AMU	326 - ACUTE INTERNAL MEDICINE		AMU CITY	4913	4961	1903	1976	4055	4048	1839	1765	100.98%	103.84%	99.83%	95.98%	1287	7.0	2.9	9.9
+	+	+	CCS - Critical Care Services - City	CCCS	192 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	CCS City	3492	3463	391	385	2277	2162	22	22	99.17%	98.47%	94.95%	100.0%	196	28.7	2.1	30.8
+	+	+	City Surgical Unit (CSU)	CD27	101 - UROLOGY	120 - ENT	CSU	509	523	139	150	33	33	34	34	102.75%	107.91%	100.0%	100.0%	418	1.3	0.4	1.8
+	+	+	D11 - Male Older Adult	CCDU	430 - GERIATRIC MEDICINE		D11	1120	1052	1025	987	723	689	770	724	93.93%	96.29%	95.3%	94.03%	601	2.9	2.8	5.7
+	+	+	D15 - Gastro/Resp/Haem (Male)	CD15	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	D15	1833	1735	1629	1584	1299	1336	1138	1038	94.65%	97.24%	102.85%	91.21%	456	6.7	5.8	12.5
+	+	+	D16 - (Female)	CD16	301 - GASTROENTEROLOGY	340 - RESPIRATORY MEDICINE		0	0	0	0	0	0	0	0	#NUM!	#NUM!	#NUM!	#NUM!	493	0.0	0.0	0.0
+	+	+	D17 (Gynae Ward)	CFSW	502 - GYNAECOLOGY		D17	1348	1328	660	660	704	704	330	330	98.52%	100.0%	100.0%	100.0%	321	6.3	3.1	9.4
+	+	+	D19 - Paediatric Medicine	CD19	420 - PAEDIATRICS	120 - ENT	CPAU	1396	1030	683	714	0	0	0	0	73.78%	104.54%	#NUM!	#NUM!	243	4.2	2.9	7.2
+	+	+	D25 - Admissions Unit	CD25A	101 - UROLOGY	120 - ENT		0	0	0	0	0	0	0	0	#NUM!	#NUM!	#NUM!	#NUM!	2	0.0	0.0	0.0
+	+	+	D26 - Female Older Adult	CD26	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	D26	1153	1137	1209	1054	862	713	851	782	98.61%	87.18%	82.71%	91.89%	603	3.1	3.0	6.1
+	+	+	D43 - Community RTG	CD43	318 - INTERMEDIATE CARE	430 - GERIATRIC MEDICINE	D43	1418	1393	1774	1733	1058	1035	1378	1363	98.24%	97.69%	97.83%	98.91%	706	3.4	4.4	7.8
+	+	+	D47 - City	CD47	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	Sheldon	722	707	1430	1358	683	683	690	690	97.92%	94.97%	100.0%	100.0%	533	2.6	3.8	6.5
+	+	+	D5/D7 - Cardiology	CM_D5D7	320 - CARDIOLOGY	300 - GENERAL MEDICINE	Acute Card	5774	5854	1028	934	2840	2871	0	0	101.39%	90.86%	101.09%	#NUM!	784	11.1	1.2	12.3
+	+	+	Labour Ward - City	CLW	501 - OBSTETRICS		Del Suite	3999	4100	659	588	3132	2713	674	637	102.53%	89.23%	86.62%	94.51%	297	22.9	4.1	27.1
+	+	+	M2 - Postnatal - City	CM2P	501 - OBSTETRICS	424 - WELL BABIES	M2	1068	1238	747	742	724	719	368	372	115.92%	99.33%	99.31%	101.09%	488	4.0	2.3	6.3
+	+	+	Maternity 1 - City	CM_M1	501 - OBSTETRICS		M1	1326	1359	747	761	851	807	376	342	102.49%	101.87%	94.83%	90.96%	522	4.2	2.1	6.3
+	+	+	Neonatal Unit - City	CNNU	422 - NEONATOLOGY		NEO	3807	4020	612	661	2621	2536	687	659	105.59%	108.01%	96.76%	95.92%	689	9.5	1.9	11.4
+	+	+	Serenity Birth Centre - City	CSBC	501 - OBSTETRICS		Serenity	1529	1479	349	339	1009	966	542	530	96.73%	97.13%	95.74%	97.79%	67	36.5	13.0	49.5
+	+	+	Ophthalmic Unit - City	CEYEIP	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGENCY	Eye Ward	1894	1798	504	475	526	497	59	69	94.93%	94.25%	94.49%	116.95%	171	13.4	3.2	16.6
+	+	+	Eliza Tinsley Ward - Community RTG	RETIN	318 - INTERMEDIATE CARE	300 - GENERAL MEDICINE	ET	923	910	1225	1238	690	690	1000	975	98.59%	101.06%	100.0%	97.5%	608	2.6	3.6	6.3
+	+	+	Henderson	RHEND	318 - INTERMEDIATE CARE		Henderson	921	832	1596	1497	742	690	1104	986	90.34%	93.8%	92.99%	89.31%	628	2.4	4.0	6.4
+	+	+	McCarthy - Rowley	RMCCA	318 - INTERMEDIATE CARE		McCarthy	872	856	1362	1351	690	690	701	701	98.17%	99.19%	100.0%	100.0%	438	3.5	4.7	8.2
+	+	+	Leasowes	LEAS	318 - INTERMEDIATE CARE		Leasowes	1136	1150	1232	1183	732	719	718	707	101.23%	96.02%	98.22%	98.47%	530	3.5	3.6	7.1
			TOTALS					72744	71855	39709	38305	50261	48734	27471	26250	98.78%	96.46%	96.96%	95.56%	21256	5.7	3.0	8.7

Minutes of the ICS Board
held on Wednesday 19th September 2018

14:00 – 16:00 hrs, Board Room 2F, Kingston House, West Bromwich

Mr Jonathon Pearson	Independent Chair
Mr Toby Lewis	Chief Executive Officer, SWBHT/Provider Alliance Co-ordinator
Professor Nick Harding	GP and Chair of SWB CCG
Mr Andy Williams	Accountable Officer, SWB CCG
Mr Ranjit Sondhi	Vice Chair, SWB CCG/Co-Chair PPAG
Mr Richard Samuda	Chairman, SWBHT
Dr David Carruthers	Medical Director, SWBHT
Dr Ian Sykes	Chair, Black Country LCG
Mr Deska Howe	Patient Representative

In Attendance:

Dr Helen Hibbs*	Accountable Officer, Wolverhampton CCG/Birmingham & Black Country STP
Mrs Jenna Phillips	Senior Commissioning Manager (new models of care) (SWB CCG)
Mrs Jayne Salter-Scott	Head of Engagement and Communications (SWB CCG)
Ms Helen Attwood	Executive Assistant to Accountable Officer (SWB CCG)

Apologies:

Dr Jas Lidher	Black Country Partnership NHS Foundation Trust

*Denotes part attendance

12/18	**Welcome and Introductions** Mr Pearson welcomed Dr Helen Hibbs to the meeting.
13/18	**Declarations of Interest** It was noted that Mr Howe works for a voluntary sector organisation and undertakes a significant amount work for the voluntary sector within the Sandwell area. An updated declaration form has been completed and has been passed to the Governance Manager at SWB CCG.

14/18	**Previous Draft Minutes dated 22nd August 2018 for approval** The previous draft minutes dated 22nd August 2018 were agreed as an accurate record subject to the following amendment:- • Page 2, Professional Advisory Group ToR, remove **'Action: JSS to circulate final draft version for circulation with the minutes'.**
15/18	**Action Register** Action number 03/18 PID ' sign off' Mr Pearson confirmed the changes had been made to the PID and will circulate an updated version. **Action completed/closed.**
16/18	Action number 04/18(a) Service User Advisory Group ToR Mrs Salter-Scott advised that since the last meeting further amendments had been made to the ToR. **Action: Circulate latest version to ICS Board members for information. Action completed/closed.**
17/18	Action number 04/18(b) Professional Advisory Group ToR This item is on the agenda. **Action completed/closed.**
18/18	Action number 05/18 Overview of work programmes Safe and sustainable acute services A verbal update will be provided on the agenda. **Action completed/closed.**
19/18	Action number 06/18 Declaration of interest statement The declaration of interest is being updated and will be added to the reverse of the agenda in readiness for the next meeting. **Action completed/closed.**

20/18	Action number 07/18(a) Outcomes This item is on the agenda. **Action completed/closed.**
21/18	Action number 07/18(b) Outcomes A summary of the outcomes paper to be produced for public body meetings. **Action reassigned to Mr Williams/Mrs Salter-Scott/Ms Wilkin and will be picked up outside this meeting. Action completed/closed.**
22/18	Matters arising **It was agreed that the Ratified ICS Board Minutes would be presented to the SWB CCG and SWBHT Public Governing Body meetings each month, for information purposes.**
23/18	Governance Service Users Advisory Group Activation Mrs Salter-Scott provided a verbal update as follows:- The first patient facing event took place on the 10th August 2018 attended by approximately 50 people. As a result, we are aware that the advisory group does not reflect the population we serve and recognise further work is required. A workshop has been arranged for the 8th October 2018 to discuss the evaluation criteria for the service reconfiguration due to the delay in MMH. Jane Dunn from SWBHT will be attending this event and feedback will be provided to the quality and sustainability committee. Mr Sondhi referred to the membership of the service users' advisory group and welcomed a proactive approach using different means of communication to reach a younger audience and should also include a clear mandate from the community in terms of co-chairing this group.
24/18	Professional Advisory Group ToR It was noted that Dr Sykes and Dr Carruthers had met to update the ToR.

	The following comments were noted:- • Mr Lewis did not understand the membership of ToR which appear to be duplicative of the work with the provider alliances and do not sit consistently with the rest of the governance structure. • The existing architecture of the ICS does not have a place where clinicians meet to have a discussion about the direction, purpose, evidence and effectiveness of the ICS and there is value in a large scale clinical participation activity. • If, instead, we have a service design activity that seems to reside at a locality level not an ICS level. • Dr Carruthers felt this was an intermediary between the working groups across the ICS feeding into the professional advisory group to discuss those issues. • At the last meeting, it was recognised there would be an organisational development component within the advisory group. • Also need to be clear on how each of the two provider alliances may organise themselves. **Action: The Accountable Officers to consult with Dr Sykes/Dr Carruthers and present a revised ToR that fits with the structure and works with professional colleagues at the next ICS Board.**
25/18	**Outcomes** Mr Williams provided an overview of the outcomes paper as follows:- • Positive feedback and comments from stakeholders, partners and members of the public. • On-going engagement with both councils including a presentation to Sandwell's Health and Wellbeing Board. • We have reached principle agreement with Sandwell Metropolitan Borough Council to proceed to a single outcomes framework for Sandwell across health and local government. • The challenge in Sandwell will be linking with the public health framework and the 2030 plan. • Positive feedback noted from Birmingham City Council. • Further work to be undertaken in terms of health; currently working with BSoL via the joint commissioning committee to identify areas of alignment.

- The document has been shared at the first stakeholder forum, tested with public health colleagues at Birmingham City Council and Birmingham Community Healthcare NHS Foundation Trust and discussed, in principle, at the Birmingham Provider Alliance.
- Next steps will include continued engagement/feedback.
- Metrics appended to the outcomes paper.
- An improvement trajectory has not yet been set and this piece of work will follow.
- It was agreed to use the outcomes framework in shadow form with effect from April 2019.

Action: Version 2 of the outcomes framework to be presented for 'sign off' at November's ICS Board.

The following comments were noted:-

- Dr Hibbs informed ICS members that each area in the Black Country is working on its own outcomes framework which are being compiled in different ways and will add some complexity into the system.
- There is an intention across the STP to bring the outcomes together in order to compare and contrast; you would expect a certain number of outcomes to be the same due to the amount of work undertaken by public health and the aims/aspirations will be the same for patients.
- It was noted that NHS England are looking for outcome frameworks to be on a 1m+ population basis.
- In the Black Country our delivery needs to be in our 'place' and will need to have clear outcomes for our 'places' with a set of overarching outcomes for the wider population that organisations are signed up to.
- When patients move around the system, who will be held to account?
- What are we using the outcomes framework for i.e. contracting or commissioning which are both very different?
- Mr Lewis suggested we review the outcomes framework alongside the clinical strategy for the STP and the emerging outcomes together with the NHS 10 year plan if we have received it.
- Mr Lewis felt it would also help our local parochial journey if we could do a 'compare and contrast' against our organisations' quality and public health plans as well as the other plans listed.

26/18	• Mr Samuda referred to the use of academic support in terms of monitoring/evaluation. **Action: Mr Williams agreed to follow up with partners.**
27/18	**Flight Plan** Mr Williams provided an overview as follows:- • As a complete system we wanted to move towards a different approach to improving health and wellbeing based on a clear focus on outcomes. • In the longer term, a set of processes providing continuity of funding, focus and prioritisation and were integrated to both transform the way we do things and to affect important shifts in resource between care settings and care programme areas. • We were very clear that the correct way to do this was to build a set of strategic partnerships and to build alliances. • Needs to be partnership/system delivered. • We plan to engage with a wider group of partners via the improvement events in the autumn. • A number of recommissioning opportunities as ways of prototyping key thinking. The following comments were noted:- • Mr Lewis felt it would be useful for the next meeting to have a descriptive piece setting out the destination and will create a sense of permanence. • It was noted there are bits of work on different ways of contracting and various models. • Mr Williams asked to avoid mobilisation via a formal procurement process and preferred to work through a system as a provider alliance via planned partnership and agreement. • Mr Lewis noted that the new chair of NHS England has previously expressed strong views on the role of procurement and financial incentives. • Co-ordinated approach and clear pathway for the patients. • It was noted that a piece of work is progressing via the STP in relation to personalisation and personal health budgets. **Action: Mr Williams/Mr Lewis to circulate the Flight Plan for comment prior to presentation at the next ICS Board.**

28/18	**Resourcing and management arrangements** Mr Williams provided an overview as follows:- • The resourcing and management arrangements link to the Flight Plan. • A number of discussions have taken place at SWB CCG about the direction of travel and potential impact. • Mr Lewis acknowledged that in order to move forward with the PCNs and the Provider Alliances we need to resource both and ensure resource coheres. • We recognise we need to work through the sensitives with individuals. The following comments were noted:- • Mr Lewis asked what processes we are 'standing down' in order to do this and need to give some thought as to how we do the contracting round i.e. in a leaner/more simplified way. • Mr Williams agreed that we need to be clear on what we 'stop' doing. • Mr Howe referred to the provider alliances and service redesign and stressed the importance of not designing a service to fit all patients; to bear in mind the diversity in particular areas and population of that footprint and ensuring any service is flexible to meet the diversity. • Mr Sondhi expressed his concerns at the amount of pressure members of staff were under and asked if there was a case to be made for additional funding. • Continuous involvement/engagement with staff, service users and patients in terms of service reconfiguration. • Dr Hibbs acknowledged that CCG discussions are currently taking place in terms of how we work together differently and noted the importance that timeframes are aligned with STP to avoid any duplication and utilise people resource as effectively as possible. • It was anticipated that additional resource from NHS England would not be forthcoming. • Mr Lewis recognised that 80% of the value comes from vertical service integration and significantly less from horizontal working across the Black Country and it was noted that this point has been raised with NHS England. • Mr Lewis indicated that one of the potential areas of emphasis was between traditional commissioning versus a model where we are looking to get a different outcome over long term where we continually innovate and adjust; and are

	moving away from a service model narrative which is a significant change from the traditional approach. **Action: Mr Williams/Mr Lewis to circulate the resourcing and management arrangements prior to presentation at the next meeting.** Dr Hibbs left under this agenda item.
29/18	**Local services** Mr Lewis provided a verbal update as follows:- • Local services proposal to include SWBHT/SWB CCG views. • It was acknowledged that an additional paper will be presented to the next SWBH Trust Board Meeting that looks to resource the extra service supply required from April 2019, consistent with these changes in demand allocation. • It was noted that recent agreement had been reached with the West Midlands Ambulance Service NHS Foundation Trust (WMAS) regarding conveyance boundaries. **Action: Local services (numbers against plan) to be presented at the next meeting.**
30/18	**Action: An additional paper regarding resourcing the extra service supply with effect from April 2019, to be presented at the next meeting.**
31/18	**Action: Mr Lewis to provide a verbal update on conveyance position with WMAS at the next meeting.**
32/18	**<u>Midland Metropolitan Hospital (MMH)</u>** Mr Lewis provided a verbal update as follows:- • It was noted that SWBHT will make an announcement tomorrow regarding the contractor for its remediation work taking place over the next six months. • It was also noted that a formal procurement process is due to be launched in November 2018. It is anticipated that this building work will commence in the spring and concluded by 2022.

	Interim Reconfiguration Mr Lewis confirmed that work was underway in terms of the interim reconfiguration and this is anticipated to be operational by next winter. The following comments were noted:- • Mr Williams stressed the importance of the sequencing being right and any proposals to change the configuration of services would need to be considered formally by the SWB CCG's Governing Body prior to any NHS England governance, which triggers public consultation - if required. • It was noted that HOSC had asked for immediate assurance in terms of the two Accident and Emergency departments. • Mr Pearson formally thanked Mr Samuda and Mr Lewis for their continued work. • It was noted that a number of Birmingham providers have asked Mr Pearson what the implications of MMH will be. **Action: Mr Lewis to draft Midland Metropolitan Hospital presentation including the impact on Birmingham providers including figures and phasing to be used across the health system for the next ICS Board.**
33/18	**Any Other Business** Mrs Salter-Scott referred to the stakeholder mapping exercise that was undertaken and acknowledged that some key partners may be missing. **Action: Mrs Salter-Scott to review and update the stakeholder map accordingly.**
34/18	**Close of Meeting** The meeting closed at 1600 hours.
35/18	**Date and time of next meeting** Wednesday 17th October 2018 1400 to 1600 hours Board Room 2F, Kingston House