Paper ref:	TB (12/18) 011

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**	6th December 2018

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

The highly material issues of amenable mortality and unacceptable waits for emergency care are covered elsewhere in the Board's agenda. We need to discuss the realistic ambition that we have for delivery in Q4 bearing in mind the organisation's bandwidth as we move towards EPR deployment and respond to a forthcoming CQC report, which may contain some adverse comments or findings.

Really strong progress is being made in developing integrated care partnerships with primary care, the third sector and others, and there is a reasonable prospect of meeting our stated aim of a local system wide capitated budget from April 2020. That is precisely the long-term, prevention-led agenda that is supported by both local authority groups, and espoused by the current Secretary of State. As such we would hope it will be in the Long Term Plan.

In many ways our People Plan has seen good progress in 2018, as in 2017. Our Aspiring to Excellence work has started conversations for *individuals*, and from February all *teams* will have an audited Team Brief. In 2019-20 we will set budgets and other planning tools at *Directorate*-level first, for the first time. However, we still hold far too many vacancies, and our sickness burden falls too heavily, not just on budgets but on teams left behind and individuals affected. We need a brave response from January as we look to cut below 150 the number of individuals off work for the long term in any given month by July, with a further cut to 120 or less by the end of 2019.

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

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development	X	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 elsewhere

4. Recommendation(s)

The Trust Board is asked to:

a.	**NOTE** the improvement comments of our principal regulator NHS Improvement (annex E)
b.	**CONSIDER** the ambitions to further improve people management in 2019-20 which we are signalling in draft in this report
c.	**DISCUSS** the implications of our Integrated Care System and provider alliance work for the 2019-20 Trust Annual Plan and our 2025 ambitions work

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: 6 December 2018

Chief Executive's Summary on Organisation Wide Issues

I will update the Board when we meet on the issuing of the final procurement notice for the completion work on Midland Met, to finish the new build ready for opening by 2022. The approval of the scheme is a statement of confidence in the local system. Balfour Beatty are making good progress with the interim works. The final contractor will be selected by open competition, and in parallel, we will select a Facilities Management provider to undertake maintenance work to keep Midland Met to the standard we would all want. The Trust's distinctive financial grip and our sometimes ground-breaking work on care integration form the twin basis for the investment confidence of HMT and DHSC. More than £400m will be spent on completion and enabling works to keep City working until 2022. Our relative financial stability in the last five years is helping funders to invest with us with confidence.

That noted, the new hospital will not succeed by 2030 unless we deliver on the local prevention agenda, whilst recognising that housing and employment are the key to health and wellbeing. December 17th marks the 200 day countdown to our No More Smoking go live date of #NHS71 on July 5th 2019. At the same time we are engaged in important discussions with Birmingham City Council on air pollution, and with Sandwell Metropolitan Borough Council on the 50p Minimum Unit pricing best practice project for alcohol sales. Whether it is our work on domestic violence and FGM, or our commitment to use Unity go-live to undertake MECC at scale, the Trust is seeking to deliver a large-scale Public Health dividend over the coming decade.

1. Our patients

1.1 November has seen very encouraging progress with our number one quality priority which is ***tackling Sepsis***. The Trust has comparatively strong "Red Flag in ED" identification protocols in place already. Based on our review of practice we identified in spring 2018 that we needed to do more to support assessment and care for patients on wards who trigger an elevated NEWS score. Using the model we have developed for our successful Safety Plan we have been tracking every single patient who may have merited review. When we began our confirmed "pick up" rate was below 1 in 10. The latest data shows us better than 1 in 2. It is important to be clear that other data points suggest better rates than that, but, as ever, we wish to rely on the data within our IT systems as we move forward our digital agenda. The medical director's latest report on the Quality Plan and on amenable mortality is within the Board's papers and outlines next steps in our campaign.

1.2 Since the Board met last we have held a GIRFT visit in radiology with the national team. This was encouraging in considering the quality of what we already provide and opportunities for employment. Both that visit and subsequent discussions with Health Education England have reinforced the scope of specialist registrar reporting over and

above our current model. Improved IT remains a priority to secure best access to expertise at UHB's trauma centre, and to permit our radiologists, and bank radiologists, to report scans from home. Taken together these changes will further reduce our reporting backlog. ***That backlog has been largely removed over the last three months by focused effort and modest investment***. The Board is being invited to consider now implementing changes within Imaging from April 2019 which will offer a much firmer guarantee of reporting waits times for both emergency and elective patients, including GP direct referrals. This forms a key step in our system-wide localisation plan to support faster patient pathways, as well of course to respond to the national cancer plan. Our proposals on that cancer challenge will return to the Board in February 2019.

1.3 The Board will spend considerable time on urgent care. A month ago we had an external report which could not identify new or additional required actions, and praised both the culture and content of the work we are doing. That visit has given rise to some detailed coaching work around ***discharge of non-complex patients***. There is some encouragement in improved performance in some wards since and CLE spent time on how that improvement might be made seven day and expanded across all wards. Despite that endeavour, our four hour wait position has not improved and is below the first and second planned trajectories for improvement that we set. We will discuss under the listed paper what more will need to be done to create sustained daily improvement and a norm whereby care is provided fully inside four hours. A new medicine and emergency care management team are in place from February but we need to see gains before they arrive.

1.4 ***More complex discharge practice*** is showing improvement still. Our delayed transfer of care rate remains comparatively strong when compared to other providers and the Sandwell joint winter plan creates some confidence. It is less clear the local gains from the city-wide plan in Birmingham but there is a large investment being made and we would hope to see some benefit. The Trust benefits from our 2015-16 investment in medically fit wards, which provide a focus for intermediate care and rehabilitation. That focus on our purposive care needs to be delivered, alongside the intent to reduce the number of patients staying with us for more than 21 days. Our plan remains to reduce that number below 100 going into 2019 and keep it at that point through winter. Daily tracking and oversight is in place through the Chief Nurse to ensure that any patient with us for a fortnight has a clear and relevant plan for discharge over the following week.

1.5 We have made considerable progress over the last two years ***expanding ambulatory alternatives to admission***. We agreed a pricing structure for this with our CCG from April 2018, and more importantly the clinical service has seen huge growth in demand. At the same time, we have introduced hot clinics and surgical pathways which give rise to alterations in demand patterns and in supply models. There are some unintended consequences from these changes, which are set out in the paper on mortality later on

our agenda. We need now to describe the patient cohort, workforce model, and best governance, as well as the finances, of these alternatives to overnight admission, and find solutions, with regulators to the counting issues that they give rise to. None of this will be unique to our Trust, but the scale of our ambulatory work is emerging as a distinctive feature of our system.

1.6 Consistent with our revised process for addressing Never Events, the action plan from the matters reported last time is due at January's Board. This will be against a backdrop of the first draft **we**learn proposition for 2019/20, to be finalised and agreed at February's Board for deployment from April. This must tackle the issue of cross organisational learning models which has been a self-identified weakness of our Trust over the long term. There is emerging national work on patient safety and improvement dissemination, which we will consider as part of that proposition. It remains the case that the vast majority of the care we provide is of a high standard. Consistency remains the challenge to be met and in revisiting our IQPR for 2019-20 we will want to consider how thresholds and data is presented to make sure that we remain focused on a small number of areas where we do not deliver the standards we usually meet. The work we have done on neutropenic sepsis illustrates that approach, as does the upcoming focus on stroke ward access for a handful of patients whose specialist admission is delayed beyond four hours. The surgical Group are presenting shortly their emergency care quality scorecard which looks to ensure that we achieve consistency of offer both in and out of hours. We aim to pull these 'threads' together for March's Board meeting and the dataset which will govern our operating model in 2019-20.

2. Our workforce

2.1 We have discussed progress with the ***vacancy hot-spot areas***, to which last time's discussion added the then 87 vacancies for trainee and locally employed doctor roles. Whilst the new IQPR sets out new workforce indicators, more closely aligned to our People Plan, we will want to ensure that we set and can track improvement metrics for 2019-20 consistent with our agreed vacancy rates (2% or less), financial plan to further reduce agency spend, and an agreed improvement in retention in key roles. Consistent staffing is crucial to the development of teams that can learn and work well together. I will provide an oral update on the current position of vacancies against our expected April 2019 establishments, taking account of hires made latterly and expected leavers in the final quarter.

2.2 We have focused over many months on addressing sickness and have seen progress at a local level. The aggregate position remains high and higher than our ambition. A revised approach to ***sickness management***, and in particular support for staff off work with psychological or stress related conditions, will be discussed in the Board's papers. We will not make material progress addressing our staffing gaps without reducing our sickness rate, and we cannot do that without a cut in the number of employees on long term sick leave. Our initial aim must be to reduce that number below 140 in any given

month, and among other things this will necessitate sustained improvement in our investigations process which continues to exceed timelines and can contribute to our sickness absence position.

2.3 When the Board meets we will have a further 25 days left to achieve our aim of 100% ***Basic Life Support training*** among at work employees by the end of December 2018. There is great energy behind this project, and the Critical Care Board on December 7th will confirm our approach for 2019 to paediatric life support skills. We agreed at the last Trust Board meeting that from January we would report mandatory training generally in a new way, showing clearly the number of employees who are fully compliant and the number who are only partially compliant. This will drive an emphasis Trust-wide on compliance by April as an individual employee obligation similar to having a PDR.

2.4 It is fantastic news that we have achieved our primary aim of ***80%+ Flu Vaccination coverage*** among patient facing staff. Our Trust-wide position is moving towards 70% and work continues in key areas, such as night staffing. Of course risk remains, and neighbouring hospitals are starting to see rises in flu related admissions. We will monitor our own position closely. The vaccination status of our employees generally is something that we seek to monitor and discussions continue about how we ensure MMR vaccination rates among new and existing employees might best protect our patients from harm.

3. Our partners and commissioners

3.1 We continue to meet our planned care volume targets and RTT obligations. However, increased referrals are seeing ***our overall waiting list*** rise sharply, as the IQPR illustrates. During Q4 we will take steps with partners to seek to ensure that the waiting list is administered from addition and to bring forward some increases in care volumes. Notwithstanding national planning guidance for 2019-20 which is awaited, we would expect to set quarterly waiting list target figures for March 2019 to October 2020, as we look to increase referrals further, yet meet demand. This sculpted plan will be set by specialty but also by Primary Care Network and from April we will monitor by GP practice to overall demand pattern into secondary care. If we can we will work with mental health provider partners to offer GP colleagues a single view of local use.

3.2 We are having continued discussions 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 are using the FIC to keep the Board appraised of detailed negotiations, which will be preceded by resolving the pathway queries from 2018-19. That latter process has been led by Drs Harding and Carruthers and is now completed clinically.

4. Our regulators

4.1 We continue to work on improvements identified through the CQC process from September and await a draft report, which is expected during December. In common with many other Trusts we have had ***queries raised about paediatric expertise within adult services***, including within Emergency Departments. We are working through how best to respond to these issues, balancing high demand times like late afternoon, with very low volume periods like overnight. Before we exit 2018-19 we will ask the CYP committee to present an overall outline of children's care in adult areas in the Trust, as well as their update on transitional care for adolescents, in which we have invested again this year.

4.2 We have held productive discussions with HEE about hot spot areas for ***trainee welfare and educational quality***. The four areas identified to the Board are all seeing progress, and the proposals for educational governance outlined at the last private Board by Julian Chilvers will give us clearer grip from early 2019. Our mental health and wellbeing offer applies to in-reaching trainees. Through both the Hours Guardian and the Chief Resident, I have asked for a set of proposals on steps which might further improve the experience of both LEDs and numbered roles for 2019-20. This will come forward during Q4 as part of standard reporting.

4.3 Attached as an annex to my report is our ***latest quarterly stocktake outcome*** letter from NHS Improvement. This reflects a positive conversation with a focus on forward financial risk to be managed as a system, recognition of strong planned care delivery, and detailed consideration of continued emergency care weaknesses. The diagnostic waits and mixed sex reporting positions are as considered previously by the Board. Consistent with delegation from prior meetings I have progressed to signature the NHSI undertakings process, which seemed prudent to conclude before changes to the local regional team under the NHSI/E reorganisation.

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

5.1 Between now and the next Board meeting we are hosting a series of important system wide discussions:

- Both the western Birmingham and Sandwell provider alliances are holding away days to finalise 2019-2020 plans to respond to the CCG outcomes framework
- Our ICS holds an important simulation event to begin to prepare for an April 2020 long term capitated budget
- The STP is seeking to launch a clinical strategy document in January 2019
- And our December Board meeting will review progress from our year one plans

At the same time, there is some optimism that the publication of the NHS-LTP and social care green paper may create ***a more permissive framework for new working arrangements at local level***.

5.2 STP wide activities continue, with the new chair Jonathan Fellows seeking to establish a way through which to make a reality of a four-fold place based system. This ***subsidiarity*** is critical to the future vision for the STP as we aim to ensure that the vertical integration opportunity is maximised, whilst taking proportionate steps to work in horizontal collaborations with mental health, hospital and community partners.

6. Other items for attention

6.1 TeamTalk illustrates once again the launch of **we**connect. Our first wave survey is now live and continues until mid-December. Selected directorates have been briefed and supported with their response action plans, which will be due by the end of January. Close attention in the performance cycle will be paid to the real changes to be delivered in each plan, and February's Heartbeat will give profile to these endeavours. At the same time, we have launched ***our Pioneer programme***, complete with privileges, and 12 teams organisation wide will start work in January on that project. By February we will look to fulfil our promise to have made material progress with the Top 3 priorities selected by our staff – better IT, better local communication and clear and better flexible working opportunities. As we go through 2019 we need to deliver on the Board's commitment to:

- Increase participation to 35% or more
- Move from 3.7 towards an engagement score of 4
- Tackle and reduce dissatisfaction rates from 12% to below 10%

6.2 The Board's attention is drawn to the ***ward fill rate dataset***. The next performance management committee in mid-December will focus time on the position of each ward area viz a vis vacancies, shift coverage, acuity and focused care. This will support a discussion at January's Board about both vacancy fill trajectories for 2019 and skill development. By then we will have completed our work on roster management and the capability of individual leaders to meet our longstanding KPIs. The sickness management paper in today's Board papers is also of relevance to that intention.

Toby Lewis
Chief Executive
November 30th 2018

Annex A – Team Talk slide deck
Annex B – Clinical Leadership Executive Summary
Annex C – Recruitment scorecard
Annex D – Safe staffing summary
Annex E – Dale Bywater Quarterly Stocktake issue and response

Annex A

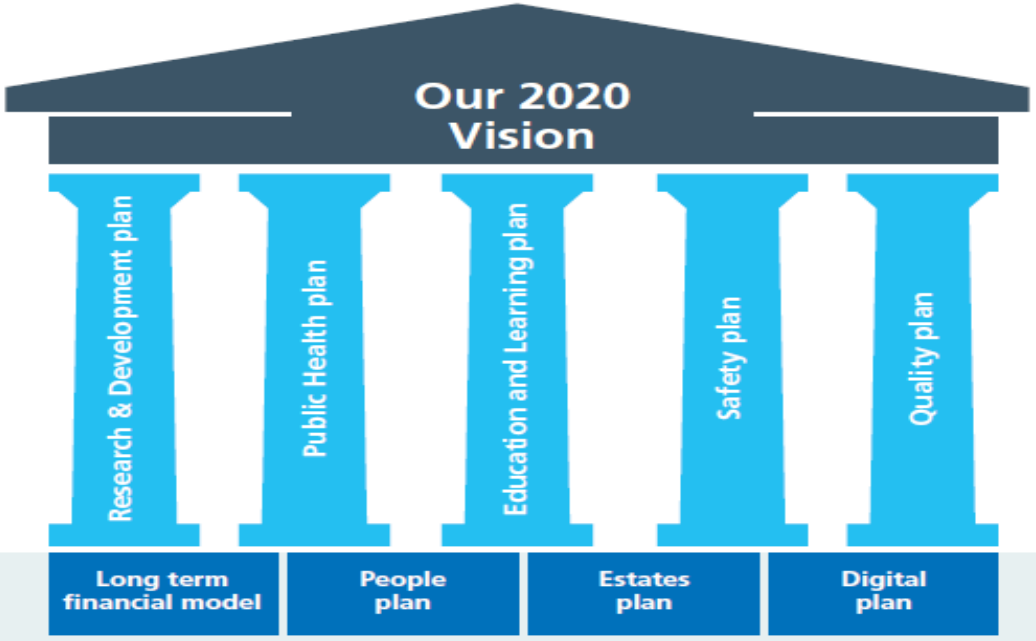
SWB TeamTalk

Sandwell and West Birmingham NHS Trust

November 2018

Welcome to SWB TeamTalk

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



Ruth Wilkin

Director of Communications

SWB TeamTalk

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November 2018

TeamTalk Agenda

1.00pm: Tune In: Local and national news – and TeamTalk topic feedback

1.10pm: Learning from Excellence:

Sepsis: our number one quality priority

1.25pm: What's on your mind?

1.35pm: Things you need to know

1.50pm: This month's topic: How will you improve face to face communication within your team?

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

SWB TeamTalk

November 2018

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Tune in – Local and national news

Welearn poster competition – last chance to vote

- In September we launched our first annual **we**learn poster competition to engage and empower colleagues to share good practice. A £5,000 reward is up for grabs for all entries.
- You can vote online for your **three favourite posters** and by doing so enter a draw to win a £25 shopping voucher.
- Posters can be seen on Connect or on display in the Education Centre and the foyer of Hallam Restaurant at Sandwell Hospital.
- To review the posters and submit your votes, click here Welearn Poster Competition - Voting and Poster Gallery and login to the voting form using your windows login details and pick your top three favourite posters, place a tick next to them in the list and hit the submit button at the bottom of the form.
- Online voting will close on **28 November (TODAY!)**. If you prefer you can complete a paper vote by visiting the Library in the Education Centre at Sandwell Hospital or Post Graduate Centre at City Hospital.

Flu – the 4 is with us

- We have achieved herd immunity in just over seven weeks – our fastest record to date. This means 80 per cent of patient facing colleagues have now been vaccinated.
- Thank you to all colleagues for really embracing our flu campaign this year – reaching herd immunity is a team effort and it will make us all a little bit safer as we head into winter and make our patients safer too.
- It is important not to stop our drive, we want to make this our best year yet, so if you haven't yet had your vaccine please contact occupational health on extension 3306 to arrange an appointment.

If colleagues are still unsure whether to have the vaccine, please try and encourage them to do so.

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November 2018

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Tune in – Local and national news

Last chance to complete the NHS staff survey

- If you are part of a sample of 1,250 colleagues that have been approached for feedback either by email or in the post, you now have just **3 days** to have your say.
- If you have received an invitation, please take part as the results help us to understand how we are performing compared to similar organisations.
- If you complete the survey you will be automatically put into a draw which will see **three** lucky people win shopping vouchers worth **£50 each**.

Responses are strictly confidential - no one from the Trust will see your completed survey or identify you from individual responses.

weconnect **survey**

- This month has seen the start of our new surveying programme **we**connect; to gain a better understanding of how we feel about our jobs, our teams and our organisation.
- The survey has gone out to a sample of our Trust and is a more in depth look at engagement, slightly longer than the Your Voice surveys we are all accustomed to.
- Everyone plays an important role in our organisation's journey and this is an opportunity to help influence and contribute to the Trust's future plans.
- If you complete the survey you have a chance to be put into a draw which will see **three** lucky people win shopping vouchers worth **£50 each**.

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November 2018

Tune in – Local and national news

Our journey to becoming smoke free

- On 17 December we will be marking 200 days to go until our sites go smoke free.
- We'll be raising awareness through messages to colleagues, patients and visitors to the Trust to encourage smokers to take advantage of the opportunity to quit now, in advance of the ban which comes into effect on 5 July 2019 – our 71st birthday.
- People who smoke will have an opportunity to feedback their thoughts on how we offer the support they need, through a survey launching next week. Please complete it and have your say.

Adverse weather plans

- Plans are in place to ensure we can continue to deliver services to patients in the case of snow or other adverse weather. Colleagues must make every effort to attend work and for their allocated shifts.
- Departments are reminded to follow their business continuity plans in response to severe weather.
- For further information see the severe weather plan on Connect.

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November 2018

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Tune in – Local and national news

NHS money for community services

- More NHS patients will be cared for at home and in their community to avoid them going into or staying in hospital.
- The Prime Minister has pledged funding through community-based rapid response teams and dedicated support for care home residents.
- 24/7 rapid response teams are made up of doctors, nurses and physiotherapists and will provide urgent care and support in the community as an alternative to hospital.
- This includes emergency treatment as well as support to help patients recover closer to home, which will help people stay healthy and independent for longer. For further info visit https://bit.ly/2KorDQh

Support Your Trust Charity over the festive period

- A group of colleagues have joined with Bristnall Hall Academy, Oldbury to release a single - O'Holy Night which is out now. Please download a copy from Apple Music, iTunes, Googleplay or Spotify – search for ' Heartbeats choir'. We only need 8,000 downloads to enter the top 40 singles chart!
- Tickets for the Christmas raffle are still available with great prizes on offer including theatre tickets to Harry Potter The Cursed Child. Winners will be notified on 9 December.
- If you haven't planned your Christmas party yet, then buy tickets for the charity ball on 8 December. It promises to be a great night whilst raising money to enhance the care we provide.

For further information contact amanda.winwood@nhs.net

The annual Christmas decorating competition has started. Judging will be on 20 December. You can claim up to £30 in expenses from the finance office at City or the general office at Sandwell. Contact sue.bullock2@nhs.net for more information.

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November 2018

Learning from excellence:

Saving 50 lives a year:

Our mission to tackle sepsis

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70 YEARS OF THE NHS 1948 - 2018

Sepsis is our number one quality priority

Our mission to tackle sepsis

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Recognising the patient has sepsis is the first step, the next is ensuring the patient receives the sepsis 6 within one hour. To manage sepsis, it has become clear that a rapid response, managing the patient using the basics of care and escalating when the patient doesn't respond, is more effective than any complex pathway.

The sepsis 6 are the actions to take to ensure the patient receives timely treatment, the sepsis 6 are:

- Give 02 to keeps SATS above 94 per cent
- Take blood cultures
- Give iv antibiotics
- Give a fluid challenge
- Measure lactate
- Measure urine output

The sepsis challenge

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- We have 382 screenings required on an average week.
- Some patients require more than one screening per day.
- We are screening 199 out of the 382 per week (as at 25th Nov).
- This is 52% or 1 in 1.9 patients being screened for sepsis
- This has improved from 9% or 1 in 11 in September.

Our progress with sepsis screening

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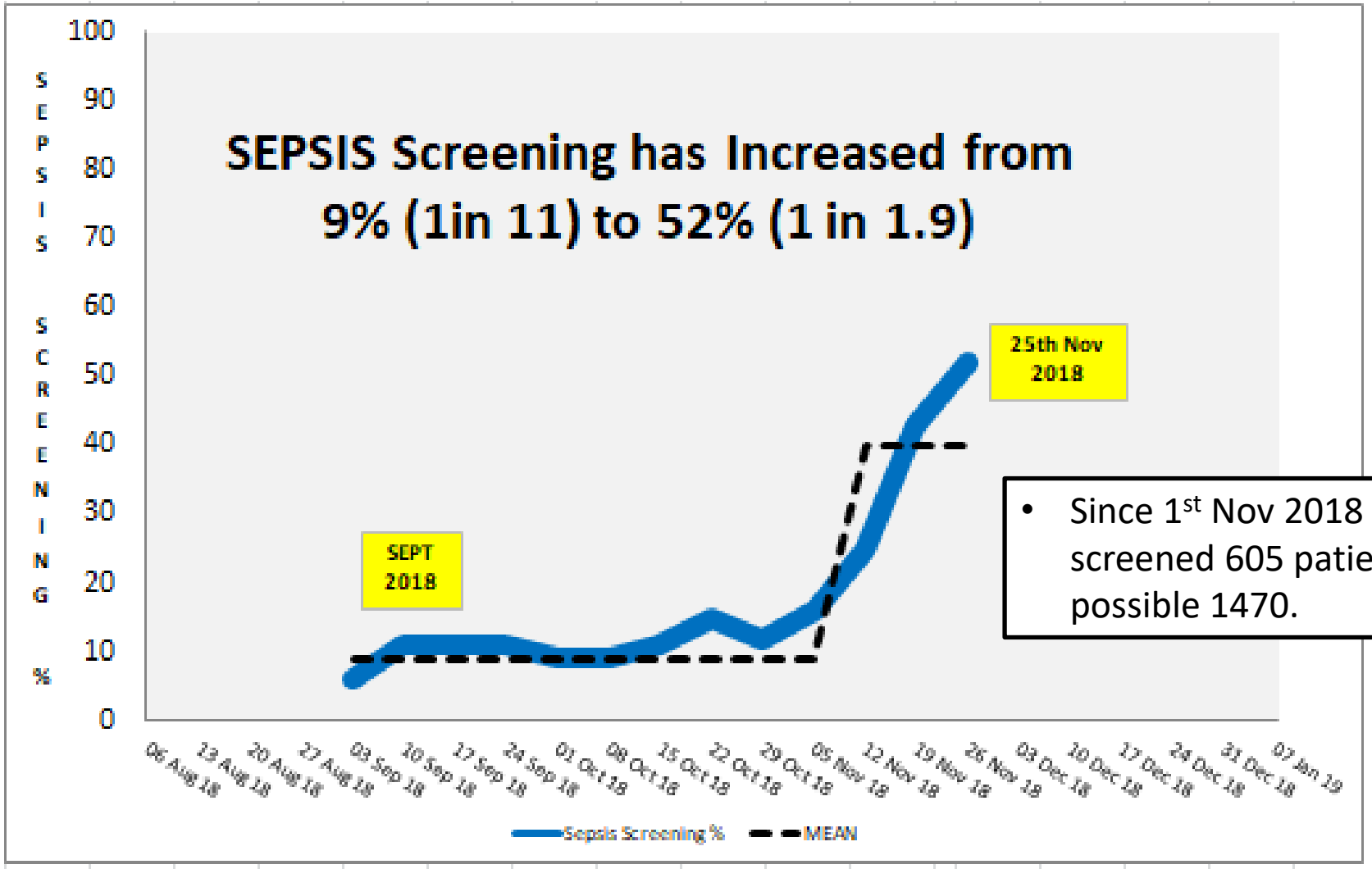

- Since 1st Nov 2018 we have screened 605 patients out of a possible 1470.

What have we done to support this achievement?

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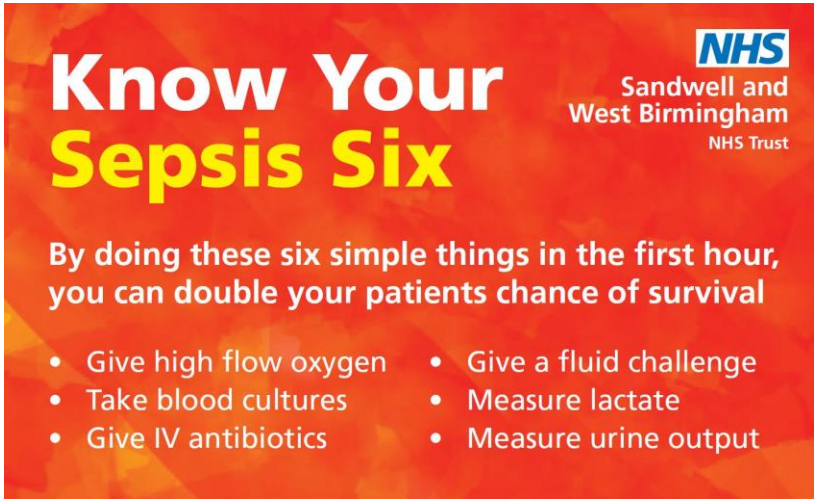
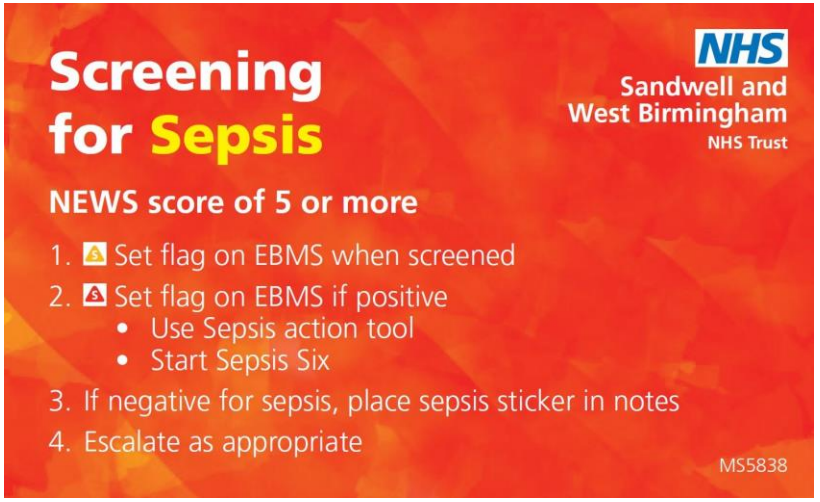
- Not reinvented the wheel (we are asking you to use systems already in place).
- Focused work with wards with buddy's.
- Daily message through staff comms looking at the wider trust message.
- Cards to support the use of eBMS and the act of screening.





Know Your Sepsis Six

NHS Sandwell and West Birmingham NHS Trust

By doing these six simple things in the first hour, you can double your patients chance of survival

- Give high flow oxygen
- Take blood cultures
- Give IV antibiotics
- Give a fluid challenge
- Measure lactate
- Measure urine output

Screening for Sepsis

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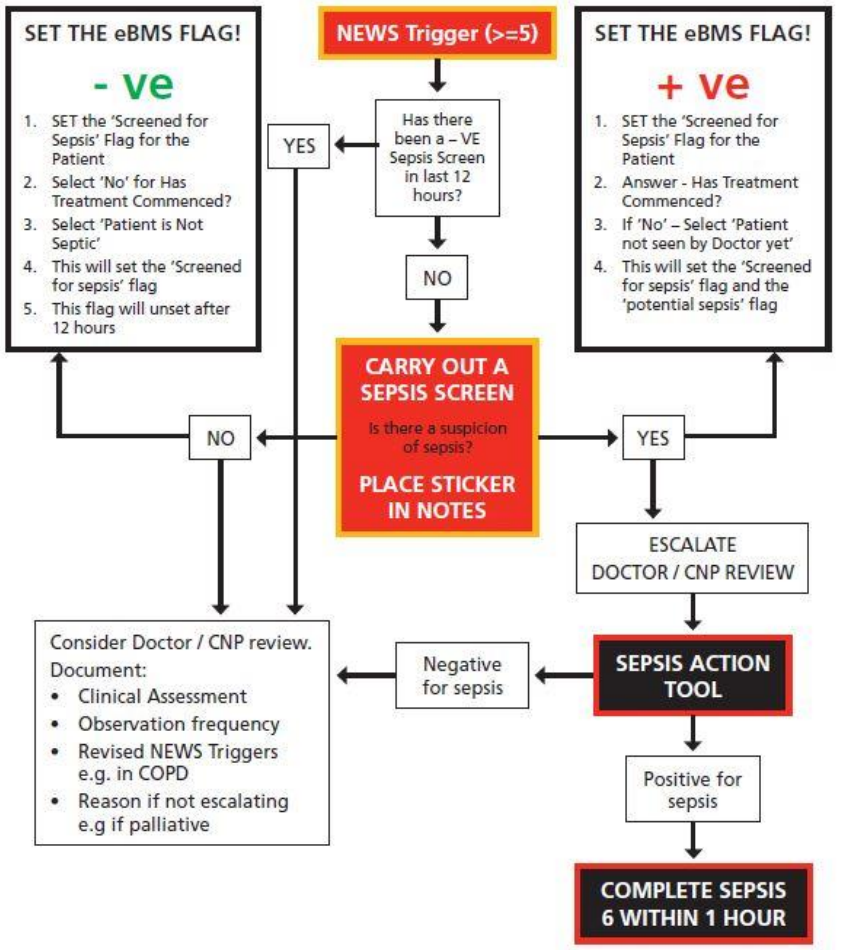
NEWS score of 5 or more

1. Set flag on EBMS when screened
2. Set flag on EBMS if positive
   - Use Sepsis action tool
   - Start Sepsis Six
3. If negative for sepsis, place sepsis sticker in notes
4. Escalate as appropriate

MS5838

High NEWS

NHS Sandwell and West Birmingham NHS Trust



All patients **SCREENED** for sepsis must have a **STICKER** placed in the notes and the appropriate **FLAG SET ON eBMS**
All patients **SCREENING +VE** for sepsis must have a **SEPSIS ACTION TOOL**
All patients **DIAGNOSED** with sepsis must have the **SEPSIS 6 COMPLETED**

MF5842

What next?

- Continue with the increase in screening.
- Work with those areas who are not on VitalPAC +/- do not have eBMS.
- Look at the next step, the screening has increased but are we completing the sepsis 6 in a timely manner.

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Pioneer selection

weconnect – we are looking for 12 teams to go first

Thank you to teams who have expressed an interest so far through Team Talk feedback. Formal applications open on December 1st and close on December 12th. We will adopt a final list before Christmas, through CLE, and start work in January!

1. Pioneer teams will get some ***privileges***, including…. preferential estate and IT queue, access to additional help with communication and team building, some funding. A full list will be published with Toby's Friday message.
2. Pioneer teams need to include around 30 people (it can be made up of several smaller teams), a committed local management team, and the support of team members. You need to identify ***where you will find the time***.
3. The focus on your programme will be on improving engagement within your team towards ***our aim of an Engagement rating of 4*** and reduced dissatisfaction among employees

In the first instance you need to indicate an interest to your Group Director and to Kam Dhami. We are looking for 2+ teams per Group.

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What's on your mind?

Your opportunity to raise any issues or ask a question.

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November 2018

Feedback from October's Q&A sessions

BLS training – can we look into the e-learning being available externally so easier for people to access when off site?

Colleagues can complete their training through ESR and access this off site. To be set up remotely please contact the ESR team, by raising a ticket on the IT Service Desk online portal. Training can also be accessed via the e-learning for health website.

Winter plan – annual leave planning

We need to be confident that annual leave arrangements are robust to ensure sufficient staff in place to deliver our activity and services over the festive period.

Winter plan – SMBC have been awarded winter monies. What will that be spent on?

Spend will largely be on care home provision and home care services. We are providing some support for adult social care provision to support discharges from hospital or avoiding admission to hospital from care homes.

Flexible working – are we applying it to partners?

The Trust first, but yes, we should consider a consistent approach. In February we will be set out a clear statement on flexible working. Your feedback indicates that we need to ensure that we are able to deliver the services required, accommodating flexible working needs / requests were possible and having consistency of approach.

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Things you need to know – from our Clinical Leadership Executive

Face to face communication

We adopted a commitment that, not later than February 2019, everyone working at the Trust will have access to a face to face team briefing not less than once a month. Most staff already have this, but we know some teams do not, and that some staff are omitted. Please use this month's TeamTalk time to consider how you will make this pledge happen where you work.

Financial discipline and our 2019/20 budget

After seven months we are delivering our financial plan. We have to achieve our income plans in December, January, February and March, and are then investing to treat more patients in 2019/20, who otherwise go outside our local area for care. Our forward plan also invests heavily in radiology to both reduce waiting times and increase certainty about reporting timescales. From January non-clinical agency use will be very rare within our Trust. In 2019/20 we want to reduce agency use in all areas sharply. Get ready!

Tackling Sepsis Care safely

We are trying to save at least fifty lives by better care of patients with sepsis. The first step in that is to screen and respond to the results of that screening. In November we have made progress making that our norm. Just like our Safety Plan we need to make sure that we succeed consistently. Please speak up if you are unsure what to do!

Discharge safely to make winter better

If we discharge ten patients before 10am daily, our bed stock will be sufficient to support timely specialist care in age-appropriate beds. We need to manage this seven days a week, and are currently not doing. This requires not just good support services over weekends, but great handover between day/night week/weekend teams. Every patient in our Trust deserves to be involved in and know their care plan, and know the expected date of discharge. To succeed this winter we need to make what we do sometimes, consistent and routine.

Best wishes for Christmas: Get your decorations up for our contest on December 20th.

SWB TeamTalk

NHS
Sandwell and
West Birmingham
NHS Trust

November 2018

TeamTalk Topic

How will you improve communication within your team?

Over the past few months we have surveyed managers and team members about face to face communications within teams. Although our audit with managers revealed that meetings do occur on a monthly basis, many team members feel they are not given the opportunity to be part of these meetings.

This month we ask you to discuss:

- How you will ensure face to face communication is happening regularly with all your teams? Everyone should have the opportunity for a face to face conversation with their manager at least once a month.
- How you will ensure colleagues who work at night are accommodated?

Annex B

Sandwell and West Birmingham Hospitals NHS
NHS Trust

CLINICAL LEADERSHIP EXECUTIVE UPDATE	
Date of meeting	27th November 2018
Attendees	Group Triumvirates (Group Directors, Group Directors of Nursing and Group Directors of Operations), Executive Directors and Trust Convenor
Apologies	Siten Roy
Key points of discussion relevant to the Board	• Mental health and wellbeing work within the Trust and sickness rate improvement actions • Internal communication and expectations around face to face meetings from February 2019 • Progress following NHSI Quarterly Review meeting • Sepsis work and documentation improvement project
Positive highlights of note	• Delivery of the flu vaccination standard, especially in medicine • Delivery of national cancer wait time standards
Matters of concern or key risks to escalate to the Board	• Continued challenges faced in sustaining ENT services • Necessity to make progress with neonatal and CCS decants at City • Difficulties with Winscribe product for clinicians and care records
Matters presented for information or noting	• Well led assessment at Group and directorate level • Continued progress with 21-day standard for incident reporting • Update on reporting backlog and report recognition
Decisions made	• Full Dress Rehearsal to take place for Unity in February 2019

Toby Lewis
Chair of the Clinical Leadership Executive
For the meeting of the Trust Board scheduled for 6th December 2018

Recruitment Activity Report

Annex C

Report Date: 22/11/2018

Criteria		Measure/Month		Actual						Forecast						Target	
				May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19		
Band 5 Nurses (excluding Theatre Practitioners)	SIP	FTE	Establishment	775.27	774.27	768.42	759.75	759.75	759.75	759.75	759.75	759.75	759.75	759.75	759.75		
		FTE	FTE In Post	642.38	630.33	622.76	619.75	620.30	639.65	643.77	643.73	643.69	675.65	680.61	681.57		
		FTE	Starters	5.97	2.72	6.17	4.60	40.01	19.22	5.42	5.00	5.00	37.00	10.00	6.00		
		FTE	Leavers	1.53	11.03	4.56	11.62	8.15	5.04	1.30	5.04	5.04	5.04	5.04	5.04		
		FTE	Vacancies in month	132.89	143.94	145.66	164.85	150.30	120.10	115.98	116.02	116.06	84.10	79.14	78.18	**88.33**	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	6.92	35.00	25.60	11.83	10.03	17.05	23.72	15.00	44.00	15.00	15.00	10.00		
		FTE	Offers Confirmed (in month)	10.20	10.20	12.92	12.17	20.00	10.64	4.00	10.64	10.64	10.64	10.64	10.64		
Band 5 Community Nurses	SIP	FTE	Establishment	161.47	156.47	156.47	158.27	158.27	158.27	158.27	158.27	158.27	158.27	158.27	158.27		
		FTE	FTE In Post	144.07	140.07	137.66	133.94	134.94	137.15	136.15	136.08	134.56	134.04	134.52	135.00		
		FTE	Starters	1.60	0.00	1.80	0.00	6.00	4.00	0.00	1.93	0.00	1.00	2.00	2.00		
		FTE	Leavers	1.51	0.61	0.00	1.53	4.60	2.00	1.00	2.00	1.52	1.52	1.52	1.52		
		FTE	Vacancies in month	17.40	16.40	18.81	21.33	15.73	21.12	22.12	22.19	23.71	24.23	23.75	23.27	**31.73**	----- Target Met
	Offers External Applicants	FTE	Conditional offers (in month)	0.60	3.00	6.00	1.00	1.67	2.00	2.74	2.00	2.00	2.00	2.00	2.00		
		FTE	Offers Confirmed (in month)	4.00	0.30	0.00	1.00	3.00	0.93	0.93	0.93	0.93	0.93	0.93	0.93		
Band 5 Nursing (Total)	SIP	FTE	Establishment	936.74	930.74	924.89	918.02	918.02	918.02	918.02	918.02	918.02	918.02	918.02	918.02		
		FTE	FTE In Post	786.45	770.40	760.42	753.69	755.24	776.80	779.92	779.81	778.25	809.69	815.13	816.57		
		FTE	Starters	7.57	2.72	7.97	4.60	46.01	23.22	5.42	6.93	5.00	38.00	12.00	8.00		
		FTE	Leavers	3.04	11.64	4.56	13.15	12.75	7.04	1.00	0.60	6.56	6.56	6.56	6.56		
		FTE	Vacancies in month	150.29	160.34	164.47	186.18	166.03	141.22	138.10	138.21	139.77	108.33	102.89	101.45	**120.06**	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	7.52	38.00	31.60	12.83	11.70	19.05	26.46	17.00	46.00	17.00	17.00	12.00		
		FTE	Offers Confirmed (in month)	14.20	10.50	12.92	13.17	23.00	11.57	4.93	11.57	11.57	11.57	11.57	11.57		
Band 6 Nurses (excluding Theatre Practitioners)	SIP	FTE	Establishment	382.61	386.21	386.31	399.95	399.95	399.95	399.95	399.95	399.95	399.95	399.95	399.95		
		FTE	FTE In Post	358.03	365.29	363.69	364.86	367.25	364.93	369.01	370.01	372.02	374.02	376.03	378.03		
		FTE	Starters	3.61	0.00	6.40	0.43	5.00	6.56	5.08	2.00	4.31	4.31	4.31	4.31		
		FTE	Leavers	2.60	2.60	4.99	1.85	2.72	2.00	1.00	1.00	2.30	2.30	2.30	2.30		
		FTE	Vacancies in month	24.58	20.92	22.62	35.09	32.70	35.02	30.94	29.94	27.94	25.93	23.93	21.92	**34.05**	----- Within Target Range
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	6.16	5.00	8.60	0.20	8.88	11.56	3.76	6.16	6.16	6.16	6.16	6.16		
		FTE	Offers Confirmed (in month)	3.00	3.00	7.25	3.00	2.10	8.92	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	145.05	145.05	145.05	145.05	145.05	145.05	145.05	145.05	145.05		
		FTE	FTE In Post	136.29	134.29	133.57	133.37	133.21	131.73	133.33	133.33	133.21	133.09	132.97	132.85		
		FTE	Starters	0.00	0.00	1.00	0.76	3.00	2.00	2.60	0.00	0.88	0.88	0.88	0.88		
		FTE	Leavers	0.60	2.00	1.19	1.40	0.60	1.00	1.00	0.00	1.00	1.00	1.00	1.00		
		FTE	Vacancies in month	9.66	11.66	12.38	11.68	11.84	13.32	11.72	11.72	11.84	11.96	12.08	12.20	**9.61**	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	3.00	0.50	0.76	5.00	0.00	3.60	1.00	1.00	1.00	1.00	1.00	1.00		
		FTE	Offers Confirmed (in month)	0.00	0.00	2.00	2.00	1.00	1.00	1.60	1.00	1.00	1.00	1.00	1.00		
Band 6 Nursing (Total)	SIP	FTE	Establishment	528.56	532.16	532.26	545.00	545.00	545.00	545.00	545.00	545.00	545.00	545.00	545.00		
		FTE	FTE In Post	494.32	499.58	497.26	498.23	500.46	496.66	502.34	503.34	505.22	507.11	508.99	510.88		
		FTE	Starters	3.61	0.00	7.40	1.19	8.00	8.56	7.68	2.00	5.19	5.19	5.19	5.19		
		FTE	Leavers	3.20	4.60	6.18	3.25	3.32	3.00	2.00	1.00	3.30	3.30	3.30	3.30		
		FTE	Vacancies in month	34.24	32.58	35.00	46.77	44.54	48.34	42.66	41.66	39.78	37.89	36.01	34.12	**43.66**	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	9.16	5.50	9.36	5.20	8.88	15.16	4.76	7.16	7.16	7.16	7.16	7.16		
		FTE	Offers Confirmed (in month)	3.00	3.00	9.25	5.00	3.10	9.92	3.70	4.00	4.00	4.00	4.00	4.00		
Band 5 & 6 Midwives	SIP	FTE	Establishment	186.19	186.19	186.19	178.94	178.94	178.94	178.94	178.94	178.94	178.94	178.94	178.94		
		FTE	FTE In Post	156.19	156.83	154.21	154.13	153.05	160.46	159.46	158.56	158.21	157.86	157.51	157.16		
		FTE	Starters	1.34	0.00	0.00	0.80	2.00	8.00	0.00	0.00	0.40	0.40	0.40	0.40		
		FTE	Leavers	0.00	0.00	0.60	1.57	4.32	0.60	0.00	0.90	0.75	0.75	0.75	0.75		
		FTE	Vacancies in month	30.00	29.36	31.98	24.81	25.89	18.48	19.48	20.38	20.73	21.08	21.43	21.78	**26.64**	----- Target Met
	Offers External/Internal Applicants	FTE	Conditional offers (in month)	0.00	2.00	2.00	16.32	1.00	3.60	1.00	2.00	2.00	2.00	2.00	2.00		
		FTE	Offers Confirmed (in month)	0.42	0.42	0.00	0.00	2.00	6.00	2.00	0.42	0.42	0.42	0.42	0.42		
Consultants	SIP	FTE	Establishment	319.28	320.73	321.68	332.63	333.63	332.63	332.63	332.63	332.63	332.63	332.63	332.63		
		FTE	FTE In Post	282.70	282.02	279.32	279.90	283.95	276.30	277.30	274.10	273.50	272.90	272.30	271.70		
		FTE	Starters	1.00	2.00	2.00	6.00	1.00	6.00	0.00	0.00	1.50	1.50	1.50	1.50		
		FTE	Leavers	0.90	2.20	0.00	7.40	2.00	3.20	0.00	3.20	2.10	2.10	2.10	2.10		
		FTE	Vacancies in month	36.58	38.71	42.36	52.73	49.68	56.33	55.33	58.53	59.13	59.73	60.33	60.93	**33.36**	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	2.00	1.00	3.00	9.00	2.00	6.00	5.00	3.00	3.00	3.00	3.00	3.00		
		FTE	Offers Confirmed (in month)	0.00	0.00	5.00	1.00	4.00	1.00	0.00	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	264.00	256.00	266.00	273.40	275.40	287.40	287.40	287.40	287.40		
		FTE	Starters	8.00	7.00	1.70	71.09	36.96	16.00	11.00	13.00	14.00	5.00	1.00	0.00		
		FTE	Leavers	11.00	3.68	76.00	17.40	33.16	8.70	3.60	11.00	2.00	5.00	1.00	0.00		
		FTE	Vacancies in month	53.00	53.00	53.00	47.00	55.00	45.00	37.60	35.60	23.60	23.60	23.60	23.60	**36.00**	----- Over Target
	Offers External Applicants	FTE	Conditional offers (in month)	3.00	62.00	43.00	4.00	2.00	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

Consultants: Includes substantive and fixed term appointments

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 : 01/10/2018 to 31/10/2018

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	4,659	4,500	1,907	1,879	3,653	3,530	1,472	1,402	96.59%	98.54%	96.62%	95.28%	1154	7.0	2.8	9.8	Locked
+	+	+	Critical Care - Sandwell	SCRITC	192 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	CCS Sand	3,666	3,536	370	353	2,640	2,527	0	0	96.45%	95.41%	95.72%	#NUM!	192	31.6	1.8	33.4	Sign Off
+	+	+	Lyndon 1 - Paediatrics	SLY1	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	Lyndon 1	1,455	1,609	921	864	1,086	1,075	879	865	110.64%	93.81%	99.06%	98.46%	475	5.7	3.6	9.3	Locked
+	+	+	Lyndon 2 - Surgery	SLY2	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	Lynd2s	1,534	1,518	1,051	982	973	984	937	857	98.97%	93.45%	101.1%	91.41%	644	3.9	2.9	6.7	Sign Off
+	+	+	Lyndon 3 - T&O/Stepdown	SLY3	110 - TRAUMA & ORTHOPAEDICS	160 - PLASTIC SURGERY	Lyn 3	1,612	1,654	1,626	1,605	1,081	1,082	1,484	1,331	102.61%	98.68%	100.05%	89.72%	805	3.4	3.6	7.0	Sign Off
+	+	+	Lyndon 4	SLY4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	L4	1,846	1,839	2,170	1,998	1,288	1,252	1,243	1,185	99.62%	92.05%	97.22%	95.36%	978	3.2	3.3	6.4	Locked
+	+	+	Lyndon 5 - Acute Medicine	SLY5	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	L5	1,475	1,422	1,646	1,567	1,323	1,175	796	780	96.37%	95.24%	88.85%	97.99%	969	2.7	2.4	5.1	Locked
+	+	+	Lyndon Ground - PAU/Adolescents	SLYG	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	PAU	2,410	2,490	1,052	1,112	1,854	1,704	726	625	103.3%	105.68%	91.91%	86.08%	404	10.4	4.3	14.7	Locked
+	+	+	Newton 3 - T&O	SNT3	110 - TRAUMA & ORTHOPAEDICS	430 - GERIATRIC MEDICINE	SNNT3 - N	2,278	2,022	1,596	1,451	1,245	1,220	1,666	1,480	88.76%	90.91%	97.99%	88.86%	762	4.3	3.8	8.1	Sign Off
+	+	+	Newton 4 - Stroke and Neurology Rehab	SNT4	314 - REHABILITATION	300 - GENERAL MEDICINE	SNNT4 - N	1,318	1,274	1,701	1,600	1,139	1,018	1,150	963	96.62%	94.07%	89.42%	83.7%	863	2.7	3.0	5.6	Locked
+	+	+	Newton 5 - Haematology	SNT5	304 - CLINICAL PHYSIOLOGY	300 - GENERAL MEDICINE	N5	1,245	1,282	529	469	735	726	207	219	102.99%	88.56%	98.84%	105.56%	274	7.3	2.5	9.8	Locked
+	+	+	Older Persons Assessment Unit (OPAU) - Sandwell	SNT1	430 - GERIATRIC MEDICINE		OPAU	1,345	1,284	1,083	991	1,414	1,299	1,093	1,081	95.46%	91.5%	91.87%	98.95%	554	4.7	3.7	8.4	Locked
+	+	+	Priory 2 - Colorectal/General Surgery	SPR2	100 - GENERAL SURGERY		Pr2	2,036	2,071	1,191	1,140	1,357	1,418	909	949	101.72%	95.78%	104.55%	104.46%	699	5.0	3.0	8.0	Sign Off
+	+	+	Priory 4 - Stroke/Neurology	SPR4	300 - GENERAL MEDICINE	400 - NEUROLOGY	Priory 4	3,072	2,907	1,288	1,179	1,990	1,804	1,089	1,041	94.63%	91.56%	90.68%	95.59%	754	6.2	2.9	9.2	Locked
+	+	+	Priory 5 - Gastro/Resp	SPR5	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	Pr5	2,309	2,282	1,210	1,194	2,069	2,057	1,047	1,035	98.83%	98.72%	99.42%	98.9%	929	4.7	2.4	7.1	Locked
+	+	+	SAU - Sandwell	SSAU	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	SAU (New)	1,767	1,792	1,164	1,066	1,769	1,728	345	322	101.4%	91.58%	97.65%	93.33%	384	9.2	3.6	12.8	Sign Off
+	+	+	AMUs - City	CM_AMU	326 - ACUTE INTERNAL MEDICINE		AMU CITY	5,326	4,767	2,086	1,897	4,359	4,114	1,829	1,669	89.51%	90.94%	94.38%	91.29%	1442	6.2	2.5	8.6	Locked
+	+	+	CCS - Critical Care Services - City	CCCS	192 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	CCS City	3,848	3,720	419	386	2,299	2,233	0	0	96.69%	92.0%	97.13%	#NUM!	176	33.8	2.2	36.0	Sign Off
+	+	+	City Surgical Unit (CSU)	CD27	101 - UROLOGY	120 - ENT	CSU	595	598	144	166	9	9	12	12	100.5%	115.68%	100.0%	100.0%	513	1.2	0.3	1.5	Sign Off
+	+	+	D11 - Male Older Adult	CCDU	430 - GERIATRIC MEDICINE		D11	1,115	1,071	1,202	1,064	771	713	940	813	96.12%	88.54%	92.41%	86.54%	621	2.9	3.0	5.9	Locked
+	+	+	D15/D16 Gastro/Resp	CM_D15D16	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	D15	1,833	1,734	1,685	1,594	1,445	1,382	948	878	94.61%	94.54%	95.61%	92.59%	1093	2.9	2.3	5.1	Locked
+	+	+	D17 (Gynae Ward)	CFSW	502 - GYNAECOLOGY		D17	1,424	1,421	761	728	693	682	352	341	99.82%	95.66%	98.41%	96.88%	353	6.0	3.0	9.0	Locked
+	+	+	D19 - Paediatric Medicine	CD19	420 - PAEDIATRICS	120 - ENT	CPAU	1,291	1,032	661	819	0	0	0	0	79.97%	124.0%	#NUM!	#NUM!	246	4.2	3.3	7.5	Sign Off
+	+	+	D25 - Admissions Unit	CD25A	101 - UROLOGY	120 - ENT		0	0	0	0	0	0	0	0	#NUM!	#NUM!	#NUM!	#NUM!	4	0.0	0.0	0.0	Not Populated
+	+	+	D26 - Female Older Adult	CD26	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	D26	1,253	1,137	848	722	736	702	771	667	90.74%	85.13%	95.31%	86.57%	627	2.9	2.2	5.1	Locked
+	+	+	D43 - Community RTG	CD43	318 - INTERMEDIATE CARE	430 - GERIATRIC MEDICINE	D43	1,481	1,443	1,636	1,588	1,058	1,047	1,125	1,079	97.45%	97.08%	98.91%	95.91%	706	3.5	3.8	7.3	Locked
+	+	+	D47 - City	CD47	430 - GERIATRIC MEDICINE		Sheldon	738	762	1,483	1,541	702	702	690	664	103.18%	103.91%	99.96%	96.23%	523	2.8	4.2	7.0	Locked
+	+	+	D5/D7 - Cardiology	CM_D5D7	320 - CARDIOLOGY	300 - GENERAL MEDICINE	Acute Card	6,293	6,286	1,062	999	3,036	3,024	0	0	99.88%	94.09%	99.63%	#NUM!	863	10.8	1.2	11.9	Locked
+	+	+	Labour Ward - City	CLW	501 - OBSTETRICS		Del Suite	4,478	4,496	726	884	3,305	3,161	782	713	100.4%	121.85%	95.66%	91.18%	304	25.2	5.3	30.4	Locked
+	+	+	M2 - Postnatal - City	CM2P	501 - OBSTETRICS	424 - WELL BABIES	M2	1,272	1,408	787	839	782	776	390	406	110.76%	106.68%	99.17%	104.24%	240	9.1	5.2	14.3	Locked
+	+	+	Maternity 1 - City	CM_M1	501 - OBSTETRICS		M1	1,265	1,309	804	770	815	804	368	369	103.48%	95.77%	98.65%	100.27%	492	4.3	2.3	6.6	Locked
+	+	+	Neonatal Unit - City	CNNU	422 - NEONATOLOGY		NEO	4,317	4,425	834	873	2,860	2,725	697	655	102.52%	104.77%	95.27%	94.03%	719	9.9	2.1	12.1	Locked
+	+	+	Serenity Birth Centre - City	CSBC	501 - OBSTETRICS		Serenity	1,386	1,189	491	422	965	829	504	400	85.78%	85.9%	85.93%	79.44%	57	35.4	14.4	49.8	Locked
+	+	+	Ophthalmic Unit - City	CEYEIP	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGENCY	Eye Ward	2,210	2,199	660	651	509	528	46	46	99.52%	98.56%	103.63%	100.0%	257	10.6	2.7	13.3	Sign Off
+	+	+	Eliza Tinsley Ward - Community RTG	RETIN	318 - INTERMEDIATE CARE	300 - GENERAL MEDICINE	ET	968	996	1,375	1,310	713	713	1,057	1,044	102.94%	95.31%	100.0%	98.77%	609	2.8	3.9	6.7	Locked
+	+	+	Henderson	RHEND	318 - INTERMEDIATE CARE		Henderson	1,030	1,032	1,663	1,565	668	663	1,150	1,051	100.21%	94.12%	99.25%	91.41%	634	2.7	4.1	6.8	Locked
+	+	+	McCarthy - Rowley	RMCCA	318 - INTERMEDIATE CARE		McCarthy	932	934	1,421	1,375	713	713	724	702	100.21%	96.81%	100.0%	96.89%	414	4.0	5.0	9.0	Locked
+	+	+	Leasowes	LEAS	318 - INTERMEDIATE CARE		Leasowes	1,220	1,214	1,177	1,176	740	744	744	742	99.47%	99.9%	100.47%	99.7%	564	3.5	3.4	6.9	Locked
			Total					78,293	76,650	42,422	40,815	52,789	50,858	28,163	26,382	97.9%	96.21%	96.34%	93.68%	22297	5.7	3.0	8.7	

ANNEX E

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Trust Headquarters
Health and Wellbeing Centre
Sandwell General Hospital
Lyndon, West Bromwich
B71 4HJ

November 30th

Dale Bywater
Regional Director
NHS Midlands and East
Only copy by email

Dear Dale,

Q2 quarterly stocktake outcome letter

Thank you for the correspondence recently issued following the review on November 11th. Having discussed its content with Mike Hoare, who stood in for Richard, and also looking over my notes, we concur with the summary presented. The team felt supported, yet challenged, by you and colleagues. There is a huge agenda here and we are committed to success and to openness. We will cover your letter in our upcoming public Board meeting.

Data quality:

I can confirm that effective December 1st we will recommence MSA reporting in the manner outlined, which reverses the position agreed between the Trust, SWB CCG and NHSI earlier in 2018. We continue to work to balance the dignity of our patients, which includes single sex bays for care, with the need to avoid the safety risks of backlogs of patients in A&E, either in curtained cubicles or mixed corridor spaces.

The Trust has always reported legacy 52-week breaches of the national standard in the way we discussed. Regrettably this month we have reported two breaches that are not of that type. We will work with your team to consider how best to draw this distinction in future reporting, as our routine wait position does not give rise to long waits.

The very expansive improvement plan that we have for emergency care will, of course, see quite a large number of patients displaced from traditional A&E settings. We would welcome the chance to work with your team on how urgent care outwith ED is to be reported. There is varied practice in the local area and we would not wish to step outside what the regulator considered suitable.

Safety and patient care quality:

We benefitted from Nigel's visit to our various committees to look over how mortality and amenable mortality improvement is being prioritised here. We will take up opportunities to learn from your experts but it was reassuring that the review of our approach created no obvious new actions. That said, we are liaising productively with colleagues at the Royal Wolverhampton on the issues arising from a major shift of care into an ambulatory setting. This would appear to alter our baseline position and make our mortality appear comparatively worse than others and worse over time. As this shift is very much national

policy and we are at the forefront we want to ensure that counting and coding keeps pace with good care models.
We know that to deliver our quality plan and sustain our safety plan we need to improve recruitment and retention, to match our investment in staffing and in education. We will need to work with you, and with the CQC, where we are innovating and finding that regulatory responses do not keep pace. In particular we need to ensure that the national drive to create band 4 roles is not inadvertently undermined. I know that Paula will liaise with Siobhan on this matter. We have already benefitted from expert paediatric nursing input via your team, which gave rise to no concerns of the type intimated by the CQC.

Thank you for acknowledging the success of our staff and managers in delivering the cancer standards and the "RTT" planned care measure. Having expected to miss the latter in October, owing to our IT outage, we in fact continued to deliver. Our overall waiting list is rising, with additions from ambulatory settings as well as a rise from general practice. This is of course the heart of our 2019-20 local system plan. We agreed to work with you to ensure that that intention was not unduly varied by short term imperatives. The Trust does and aims to offer short waits, and will treat patients in chronological order adjusted for urgency.

The recent Winter Assurance visit here was well received by staff, and feedback from your team was very positive. Whilst our four hour wait data is not acceptable, we are living safely within our bed base and holding re-admission rates, which are rising sharply nationally. We are optimistic of meeting our 21-day standard as well.

Conclusion

We listed a series of improvements that we expected to make by late February for the Q3 review. The Board will review that commitment at its January and February meeting to ensure oversight is robust. You will appreciate that our Board meetings are not only held in public but audiotaped, so should colleagues wish they can review the level of scrutiny and challenge applied.

The single biggest issue faced by our Trust remains IT resilience. We are in contact with NHS Digital, and would continue to benefit from advice and support with this matter. In terms of risk it is our biggest, and has a broader effect on morale, effectiveness and management time. You will appreciate that we have invested, altered our governance and now changed the management team to tackle these threats and we will continue to prioritise this work over all other matters. That said, our efforts are consistent with delivering our 2018-19 control total, which we have committed to do. We look forward to the upcoming accountability meeting with Mark Mansfield and Rachel Hardy to ensure that CCG investment commitments to our local two year plan are honoured in full.

Yours sincerely,

Toby Lewis
Chief Executive

Cc Julie Grant, NHSI patch director for SWBH
Mark Mansfield, NHSI M&E Director of Finance
Siobhan Heathfield, Director of Nursing, NHSI M&E
Mike Hoare, Chair of Trust's Finance and Investment Committee
Richard Samuda, Trust Chairman

From the office of Julie Grant
Acting Delivery and Improvement Director West Midlands

St Chad's Court
213 Hagley Road
Birmingham
B16 9RG

T: 0300 123 2620
E: Julie.grant9@nhs.net
W: improvement.nhs.uk

Our ref: NHSI/Q2QRM/201811

28th November 2018

By email

Toby Lewis
Chief Executive
Trust Headquarters
Sandwell General Hospital
Lyndon
West Bromwich
B71 4HJ

Dear Toby

Re: NHS Improvement/Trust Quarterly Review Meeting 9th November 2018

Thank you and other members of your Board for attending the quarterly review meeting on 9th November 2018. The purpose of the meeting was to provide us with assurance regarding the progress the trust is making to deliver financial and operational recovery, key risks and actions to mitigate.

Dale Bywater opened the meeting by acknowledging the trust has a large, challenging portfolio that includes delivery of a significant cost improvement programme (CIP) and managing the consequences, both clinically and financially, following the delay of MMH. The trust performs well in delivering cancer 62 day and referral to treatment (RTT) standards, however improvement to mitigate 52 week breaches must be a priority. Whilst the trust anticipates delivering this year's financial plan, the trust will need to deliver some challenging plans to maintain financial sustainability into 2019/20.

You provided a comprehensive trust overview that included progress with the nine point safety plan, workforce transformation to deliver efficiencies and maximise output and the IT infrastructure challenges that are having significant impact on operational delivery. The discussion focused on three main areas: quality, operational performance and financial position.

Quality
The trust remains an outlier for both HSMR and SHMI, and you confirmed your focus on improving sepsis performance. We had a general discussion about the recent CQC inspection and you

shared your concerns regarding the inspection team's approach. NHSI offered its support to the trust in navigating discussions with the CQC.

Mixed Sex Accommodation

The trust's mixed sex accommodation (MSA) policy approach was discussed in some detail. The trust implemented an amended policy at the end of 2017, which varied from the national policy with respect of applying MSA requirements within its medical assessment units. However, this was challenged by the CQC during the Trust's recent inspection. Consequently, the trust has ensured a refreshed focus to minimising MSA breaches within its medical assessment units and proposed reporting in accordance with the national policy from 1st December 2018. The trust had maintained a record of all MSA breaches since April 2018. The trust agreed to share their revised policy with NHSI once agreed.

Workforce

Both you and your non-executive director articulated the trust's approach to recruitment and retention of staff. In particular, you referenced development programmes designed to upskill existing staff that support retention of staff and the valuable tacit knowledge internal staff have of the organisation. You shared some areas, such as staff engagement, where the trust and CQC view of performance may differ.

Operational Performance

Urgent Care Performance

We discussed the trust's performance against the 4 hour target standard; the key pressure being the ability to maintain flow, which is impacted by consistently higher than predicted emergency admissions and challenges with timeliness and volumes of discharges. The trust has recently implemented a number of new processes including single point of access, SMART and workforce changes in A&E. All these plans are anticipated to reduce the number of breaches, streamline access to urgent care and improve A&E performance. Dale commented that urgent care remains a significant issue for the trust reflecting the primary issue being processes in the A&E department, however, he was encouraged by the Board's grip and challenge of the executive team in relation to performance improvement.

The difference in the trust's elective versus urgent care performance was discussed; differences between the management capacity and capability along with clinical behaviours between urgent and elective care teams make it more difficult to make changes. However, the trust is fully conversant of its issues and has a comprehensive improvement plan in place. The trust has engaged with support from ECIST, focussing on earlier discharges using a three-pronged approach, namely red2green refresh, early preparation of discharge medications and consistent use of criteria led discharge. The aim is to pull the hospital day forward by circa 3.5 hours.

Positively, the length of stay (LoS) group, led by the Director of Nursing, continues to deliver month on month improvements and the trust anticipates meeting their LoS reduction target by December 2018.

Diagnostics

The trust described the challenges in both MRI and ultrasound that have prevented it from meeting the diagnostic target since March 2018. You acknowledged the importance of diagnostic

turnaround in maintaining positive relationships with local GPs. A diagnostic recovery plan is being finalised which includes outsourcing reporting to Australia. By means of support, NHSI agreed to connect the trust with NHSI's operational productivity radiology lead.

52 Week Breaches

The 52 week breaches reported on a monthly basis are reporting legacies rather than patients on an active waiting list. NHSI offered the support of IST to assist with a desk top review of the trust's validation process to ensure consistency of reporting with other Trusts.

Referral to Treatment (RTT)

Whilst the trust has maintained performance against the RTT incomplete 92% target, the total waiting list has risen by circa 5,000 patients since March 2018. The trust confirmed it was not going to meet the waiting list planning guidance in that the total waiting list should be no greater in March 2019 compared with March 2018 due to a 7.4% rise in referrals. NHSI requested that the trust to determine the key drivers of the rise in waiting list size and produce a coherent plan to recover the position and that the Board should be sighted on this.

Finance

The trust confirmed it was on track to deliver the 2018/19 financial plan. Your year-end forecast before mitigations was £8.5m off plan but this will be addressed through technical adjustments and an increase in income. Whilst the scale of your CIPs are significant and as such risky, the trust gave assurance to delivery of the overall financial plan. To date £28m of the £37m CIP has been identified and the remainder will be met by non-recurrent schemes which will be fully identified by January 2019.

Achieving this year's financial plan will be dependent on delivering the production plan agreed with Sandwell and West Birmingham (SWB) commissioners as part of a two-year contractual agreement. This is monitored via a month on month delivery profile to the end of the year. There are ongoing data challenges with Birmingham and Solihull CCG which is proving difficult to resolve due to poor working relationships.

Given the high level of non-recurrent benefits which will be used to achieve the 2018/19 financial plan sustaining the trust's financial position will be determined by recurrent pay and non-pay spend reductions and increase in income in 2019/20. The £10m cut in pay spend will be delivered by a reduction in agency (£4m) and the remainder coming out of urgent care and medicine. NHSI challenged the reduction in pay spend in these services when A&E performance is so challenged. The trust affirmed that much of the historical high cost medical spend had been resolved but further work is necessary particularly around long term sickness. In addition, the trust will be required to reduce non-pay spend by £4m which will be challenging. Income will need to be increased to a contract value of £300m with capacity to deliver supported by expanding the nursing workforce.

By way of summary the trust committed to ten actions by the end of 2018/19 financial year:

- Compliance with the diagnostic standard
- Delivery of the agreed control total
- Implementation of the 4 hour standard improvement plan
- Reduction in monthly pay bill including reduction in monthly agency spend
- Reduction in medical vacancies

- Reduction in nursing vacancies and sickness absence
- Largely implemented improvement plan arising from CQC report
- Quantified change in sepsis management at ward level
- 2019/20 agreed contract and risk share consistent with the MMH model
- IT stability consistent with Unity go-live.

Further, the trust agreed to:

- produce a recovery plan to deliver the 2018/19 waiting list planning guidance Monday 10th December 2018.
- share their revised MSA policy to be implemented on the 1st December 2018.

Yours sincerely

Julie Grant
Acting Delivery and Improvement Director
NHS Improvement – West Midlands

Cc: Rachel Barlow – Chief Operating Officer, SWBH
Paula Gardner – Director of Nursing, SWBH
Dinah McLannahan – Acting Director of Finance SWBH
Jo Phillips – Delivery and Improvement Lead

Agenda Item	Action	Lead	Deadline
Operational	NHSI to connect the trust with the operational productivity regional lead for radiology	Jo Phillips	Complete
Operational	NHSI to facilitate a desk top review of the trust validation process to support mitigation of 52 week breaches	Jo Phillips	Mid December 2018.
Operational	Trust to determine key drivers for the increase in waiting list size and produce a recovery plan	Rachel Barlow	10th December 2018
Quality	Trust to start reporting MSA breaches in line with national requirements as of the 1st December 2018	Paula Gardner Rachel Barlow	1st December 2018
Quality	Trust to share their revised MSA policy with NHSI	Paula Gardner Rachel Barlow	1st December 2018