SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 4 July 2019

Chief Executive's Summary on Organisation Wide Issues

1. On July 5th, we celebrate the 71st birthday of the NHS. On the same day, from 07.00am, we go Smoke Free across all our sites. We strongly support vaping, inhalers, nicotine replacement patches, and other cessation support. But those incentives, and with enforced fines for non-compliance, we will insist that anyone smoking stubs out or leaves the site. I am confident that after a year of publicity, readiness work internally, publicity through clinic letters, banner, social media, and elsewhere, everyone using our sites will be aware of the change. Inevitably we will need to work hard to enforce our stance and to support people to comply, and ideally to quit.

2. In 80 days' time, we expect to go live with our Unity electronic patient record. I discuss more detail of that implementation in my report. It is important to emphasise that alongside the new system, GP partners will have access to the HIE information connection, and from March 2020 we will go live with our Patient Portal, which will enrolled patients, and any designated person they choose, access to their clinical record at the Trust. The Board is familiar with the scale of investment being made to both buy the systems and to invest in training and supporting colleagues to use them. Optimising the use of Unity is at least as crucial as a successful 'cutover' from the old to the new systems. We expect that to take six months from Go Live. In the early weeks of October it is inevitable that some processes in clinics and elsewhere will run slightly more slowly while staff gear up to using unfamiliar technology rapidly.

3. Our patients

3.1 Data reported this month is for May, and so it is at the next Board that we can look across all quarter 1 indicators. By then we will be able to compare our own view of our data with that seen by the Care Quality Commission. In addition we are working with the local CCG to ensure that a single version of the quality and safety performance of the Trust is understood at both boards, and shared across our Sustainability and Transformation Partnership. That data must always be informed by clinical judgment, and the Board will want to maintain our tradition of openness. That openness was very clear in our Annual General Meeting and annual report, where learning and transparency were our theme. The Risk Register report today reflects an organisation wide review of highly rated risks so that we can act together to tackle them.

3.2 Our mortality data does continue to show benefit from the considerable focus of the last twelve months. There are varied indicators, across SHMI, RAMI, and HSMR, and all 3 show betterment, with RAMI falling furthest and fastest. The Board was explicit that we

would keep our focus on this until we showed a consistent .95 score across our sites, and both acute sites were within normal tolerances. With that in mind over 98% of sepsis screens were achieved last week, and one of the benefits of Unity is the move across to NEWS2. The additionality sensitivity of that tool should see more gains.

3.3 Good progress is being made with our maternal deaths learning enquiry. I would now expect a final report with actions agreed to be ready for consideration later in July. External clinicians have worked with our own teams over the last six weeks, and I believe that there will be both evidence of really good practice and opportunities to do better when the enquiry is concluded.

3.4 We were visited by David Harley, the NHSE lead for learning disabilities during the last month to discuss the work we are doing in this field, and to compare it with his team's experience of other organisations. There are plenty of opportunities for us to improve further and to access funding to support staff and to support involvement and engagement with residents with learning disabilities. We are working now to finish off uploading residents data with flags from local GPs, and are working to achieve a similar arrangement with data held by Birmingham Community Healthcare Trust, the city's provider of many LD services. Finally we are working with patient champions to share videos and stories on the topic of best care for people with autism, including Oliver's story.

3.5 The CQC published data on the 2018 inpatient survey. The Trust again had disappointing feedback, and feedback that did not align with other data sources that we have. The quality and safety committee has considered some initial ideas in this field, notwithstanding the fact that our two largest weak spots were mixed sex accommodation and sleep patterns overnight. On both significant work has been done and more started since 2018. I would not expect to see huge gains in the 2019 survey but it would be disappointing if we did not see improvement in 2020.

3.6 At the same time we have seen a major leap forward in our use of Friends and Family data, and some upswing in our PROMs data for hip and knee recovery. The Chairman's Community Involvement Forum will bring together patient engagement groups in different specialties and will give us softer intelligence on strengths and weaknesses. We will also be tracking work to be done to address the outpatient feedback given to us via Healthwatch Birmingham, who visited all our clinic spaces, as they did other providers. I would suggest we frame Board visits in autumn to those spaces to see what progress has been made and what remains to be done.

3.7 The implementation of Unity will allow us to drive forward our public health focus on Making Every Contact Count. The system will allow us to report data on conversations, as well as referrals and take up. This will help us to work with public health colleagues in

the two local authorities to compare data on service provision and test what seems to work best. I would very much hope, as Primary Care Networks gear up their social prescribing programme to then be able to connect these two projects, as well as to identify marker of loneliness and isolation.

3.8 I annex our current position in terms of referral to report for imaging. The tracking data for much of June has shown 92% compliance with our 4 week end to end target, which is significantly in advance on NHS norms. There are more gains to come as we 'turn on' our external contracts. In addition, the bed paper within our private bundle alludes to setting wider clinical standard markers for clinical support to all inpatients, as we begin to implement in earnest the "acute care mindset" that we discussed as a Board in July 2018 and which we considered crucial to the journey towards Midland Met.

4. Our workforce

4.1 Over 900 jobs have now reached advertisement as part of our Fully Staffed drive. More than half of that number now have an offer made, with over half of that figure having a confirmed start date. The Board discussed last time the cultural importance of the 'Class of 2019' who join our Trust, their induction, learning, and what we can learn from them. We will discuss over coming weeks how we make a reality of that intention. Given turnover Fully Staffed is a year round ambition, and we discussed within the both the People and OD, and Quality and Safety, committees the scale of 'red' shifts we still show arising from sickness and vacancies at ward level. We need to maintain momentum over the next month, and will use the Group Reviews in mid-July to focus on Q3 starters as well as retention.

4.2 PDR implementation continues and we have not achieved 100% coverage at the end of June. This will delay moderation slightly and daily data will be shared in the first fortnight of July to try and close out our coverage. Aspiring to Excellence remains a key programme for the Trust, and it is very much in the vein envisaged by the recently published national interim People Plan from NHS England.

4.3 The Clinical Leadership Executive is overseeing implementation of the **we**learn programme, which the Board discussed last month. The ten key changes outlined in our plan are being supported, including a much higher profile for our excellent Clinical Audit services, and the introduction of a formal Learning from Excellence programme this autumn. Alongside these endeavours we continue to develop analysis of learning and training time, with a first focus on ward based nursing and how we can move to rostering such time formally towards the end of 2019-20.

4.4 We have deferred by a few weeks launch of our new Manager's Code of Conduct, which is a document setting out some key standards we want everyone to abide by. The Code

is intended to support peer challenge around the right behaviours. Over 96% of respondents to consultation welcomed the proposal. Our Freedom to Speak Up Guardians have contributed importantly to the content and ideas.

4.5 We are making progress with our Overseas Recruitment work. More than 50 nurses will join us over the next year from the antipodes, albeit some are returning Brits. We are engaged in discussions with a number of other partners about other recruitment projects abroad, notwithstanding intimations that a national approach could be taken under the recently published Interim People Plan from NHS England.

5. Our partners and commissioners

5.1 The CCG Governing Body on July 3rd will consider a formal recommendation arising from the 71%/29% vote by local practices on a weighted basis in favour of option one, which retains the integrity of Sandwell and West Birmingham working together. It is clear that the Black Country and West Birmingham STP is committed to working across five places, and we all need to work to ensure that we have good reach across and beyond borders and boundaries. The Trust had supported option one and endorsed it strongly.

5.2 In July we will host the second Air Quality Partnership event for Western Birmingham and Sandwell, this time focused on activities to drive change in Sandwell. The CAZ in Birmingham has been delayed from January 2020. The Trust's AGM heard a very clear presentation on air quality and its health impacts from Arvind Rajasekaran. It has been circulated to members for information. We continue to explore our fleet and how we might measure, monitor and display air quality around out sites.

5.3 We had a successful bowel screening QA visit in month, with limited recommendations reflecting the pressure the service is under. As we will discuss in our Quality Plan item we have more to do to ensure that update among communities in deprived areas and where people may not have English as a routine language are as a high as disease prevalence merits. The screening programme is a partnership between us and UHB.

6. Our regulators

6.1 Elsewhere in the papers, we exert a monthly update on the Undertakings required by regulators. Separately we have just received feedback on our March 2019-20 Annual Plan submission which is broadly acceptable. The focus remains on key targets, which in our case means the four hour standard, even better ambulance turnaround times, and working to match the agency ceiling.

6.2 We have duly submitted the CQC Improvement Plan seen by the Board. Engagement work continues in a scheduled manner through to the end of 2019. A clear structure for inter organisational communication is now in place.

7. Healthy Lives Partnership ICP and the Black Country and WB STP/ICS

7.1 Guidance has now been published by NHSE on the Long Term Plan implementation framework. This will be considered within the STP leaders group against the mid-September submission deadline for plans. Work on the SWB Place Based Response Plans incorporates the themes from the LTP, as well as the emerging Outcomes Framework, and the Trust's Quality Plan.

7.2 It remains unclear whether the Primary Care Network Accelerator funding programme will now proceed. If it does not, we will work with GP colleagues to identify ways to progress the innovative urgent care projects that we had co-developed under that umbrella.

Toby Lewis
Chief Executive

June 27th 2019

Annex A – TeamTalk slide deck for July
Annex B – June Clinical Leadership Executive summary
Annex C – 2019 imaging improvement indicators – June MTD
Annex D – Vacancy dashboard
Annex E – Safe Staffing data including shift compliance summary