

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board: 3<sup>rd</sup> October 2019

### Chief Executive's Summary of Organisation Wide Issues

1. Next week we host our annual Star Awards, where we have the chance to come together and celebrate the very best teams, projects and individuals contributing to care in our organisation. We have had more nominations than ever before, and more votes for the winners of the highest profile awards. GPs and patients have nominated and chosen some of our winners. Since the 2018 awards we have developed our Shout Out profiles on Connect and introduced our Star of the Week award as well: All part of trying to improve a sense of recognition among those who volunteer, study or work in our organisation.
2. During October we will be taking part in the NHS-wide Staff Survey. As a Trust for many years we have run our own quarterly or bi monthly mass surveys, and last month we examined the latest **weconnect** data. That shows that we remain about half way towards our strategic aim to have employee satisfaction at 4/5, which would place us in the top few organisations in the health service. Traditionally we have had average rates of engagement, and we now sit part way between the two. I really hope that we see 40-60% of all of our staff completing the anonymised survey and sharing what it is like to be part of an ambitious integrated system striving to deliver our quality plan and to cut health inequalities and tackle exclusion.
3. **Our patients**
  - 3.1 Last month we considered the learning enquiry report into maternity services. We agreed some improvements that we want to ensure are in place by March 2020. Next month we will take our part year look across all serious incidents in all disciplines so far this year, and consider the actions being taken and the measures of success that the Board considers are required. Last week as part of our cycle of Group Reviews, we discussed the quality outcomes we achieve in **neonatal services**. With a couple of exceptions, we are delivering comparatively excellent standards. The Trust invested heavily in improved staffing in neonates in 2018-19 and of course we then invested again this summer in the layout and estate of the service to bridge the gap to Midland Met. Neonatal services had had a difficult time preparing for Unity, and I am delighted to confirm real success with implementation on the unit.
  - 3.2 **We continue to work to ensure that we offer outstanding diagnostic services at the Trust.** I was encouraged to hear feedback from each such team last week about Unity implementation, and confirmation from myriad clinicians that ordering and viewing test results was now straightforward and simple. Comparative data on pathology turnaround times across the Black Country Alliance shows we have work to do to level up standards and my usual annex on imaging turnaround from request to result demonstrates that we have not yet met the standards we set through which we would lead the west midlands NHS. Results acknowledgement remains a focus and over the first few days of Go Live we have better than doubled our performance. This will remain central to work to improve clinical standards in the weeks ahead.

- 3.4 Over the last month, since the Board last met, Duncan Selbie visited the organisation. As **Chief Executive of Public Health England** he is well placed to see endeavours nationwide to tackle harms like smoking, obesity and misuse of alcohol. It was a real boost to hear his compliments for staff and for the organisation as a whole for the work we have done in this field since 2014, and notably on smoking in the last three months. Our Clinical Leadership Executive will consider in coming weeks of plans around tackling obesity. We are also contributing to the Sandwell Licensing Policy consultation, on the back of published academic data in Scotland demonstrating clear reductions in consumption of alcohol with minimum unit pricing having been put in place.
- 3.5 The Trust has struggled to meet our own expectations on **emergency care waiting times**. Our improvement work in August did not see full compliance with plans to eliminate ‘minors’ breaches, nor sufficient improvement in cutting five hour waits. Unity has then torpedoed that improvement journey and seen a few days of waits where half of all patients arriving have waited over four hours. Dedicated improvement support (including IT colleagues) have seen stabilisation and improvement in the last week, but we have further to go to consistently return to prior waits and then move forward to see more than nine out of ten patients inside constitutional standards. None of us wish to see corridor care as we had to use over the weekend of September 21<sup>st</sup> and it was a stark reminder of the risks that could come with a fierce winter. During November we will relocate some respiratory beds and services from Sandwell into City hospital in readiness for winter and local public engagement on those changes is ongoing with the help of the CCG and Health-watch.
- 3.6 Three meetings ago we focused time at the Board on services for children and young people. Work continues to meet our Transitional Care standards, over the coming year, for young people moving into adult service models inside our Trust. I am pleased meanwhile to feedback real progress with recruitment in paediatric nursing in recent months, as well as our decision to invest time and focus in **developing our CPAP/BiPaP services over the next year**. Traditionally children would be transferred out of the Trust to either Stoke or BCH and we believe that it will be safely possible to support more care closer to home and to family on our Sandwell site, before we move to Midland Met. This development, in part, owes its emphasis to a complaint about our care that we wished to commit to prevent recurrence of.
- 3.7 Feedback from patients is immensely important to our organisation. Over recent days we have had survey results for various national studies undertaken in 2018-19, including A&E and CYP. In December, after scrutiny at our quality and safety committee, we will present a single improvement plan arising from those various reports, incorporating the prior cancer survey, and reflecting on **our own Friends and Family data**. Response rates to the F&F have sharply improved in recent months, and we will focus time on the so-what for 2020 that comes from these various data sources. Next month we will consider the initial work being pulled together about integrated and coordinated care, and the views of users and carers, about what symbolises and signifies that. This is central to our 2020 Vision, and our organisational mission.

#### 4. **Our workforce**

- 4.1 It is encouraging that the draft STP-wide strategy places such emphasis on **making the Black Country and West Birmingham the very best place to work**. That document will come back to the Board next month and it will need to ensure that our collective recruitment endeavours develop more local talent, and indeed import into the communities we serve, more employees. It

is therefore timely to examine mid-year progress with our ambitions for 2019-20 around sickness, core training, and **becoming Fully Staffed**. The paper is considered separately to this, and as I indicated last month, it is clear that we need to do better in these domains in the second half of the year than year to date.

- 4.2 Last month we discussed **Unity readiness** in great detail. It was our training and simulation readiness then gave greatest cause for concern. I can report that subsequent to the meeting, and prior to Go Live we saw considerable improvement, with 100% completion of simulation work across Gold and Silver teams. We will consider, in light of Go Live fortnight, what renewed simulation and practice work we need to support in Q4 of 2019-20 to help individuals and teams to share best practice in a structured way, after the enthusiasms of the current deployment have faded. Crucial too will be ensuring new joiners and returners in our organisation get high quality induction into Unity, which reflects on lessons from the Go Live about areas where training to date had not met lived experience.
- 4.3 October is Speak Up month across the NHS, and our own speak up work saw a focused day on that topic in September. That highlighted in particular our Managers' Code of Conduct, which was enthusiastically received in August. Next month's Board meeting will see our Speak Up scorecard considered, and later in October we introduce reporting capability for Speak Up within safeguard. At the same time **our confidentiality circles** work will sit within the Code of Conduct piece to make sure that employees report confidence in how their personal details and issues are handled in line management and HR settings by our teams. Our Staff Networks have raised these issues with me in the past, and I am determined that it possible to both manage individual's needs and issues, and fulfil managerial obligations.
- 4.4 **Flu vaccination** is not simply a staff issue, in that we will be working to ensure that we support patients and carers as well. That notwithstanding, we have five weeks ahead of us to try and match prior years' successes with our May The 4 Be With You campaign. Hot spot campaigns to support specific teams and professions will be take place, as we look to reach herd immunity by area, and to do so before we enter December. There is absolutely no scope for complacency in this work, and we need to make sure, starting with today's Board, that the message is clear and myths and outright nonsense are tackled and addressed.

## 5 Our partners

- 5.1 **Work continues with Balfour Beatty** to be ready to restart work on the Midland Metropolitan Hospital in December 2019. This timetable will allow us access to develop the building in early 2022 and the chance to open before summer 2022 and Birmingham 22, the Commonwealth Games. Exciting collaborations are developing around arts and culture in the building, and our retail strategy is now finalised too. The build will make more extensive use of robots than any other UK hospital, and a programme to support that technology is in place. From 2020 staff and others will have access to augmented reality simulations of the building so that they can begin to think through what working there will be like: Our A&E for example is the largest single such space in Europe, the theatres are a local bespoke design, the ward templates very different to either Sandwell's bays or the nightingale wards at City.

5.2 Approval of permission to sign a contract for Midland Met is still awaited and was due initially in August and is now expected by mid-October. All the necessary funding is in place and the approval required is simply the commercial go-ahead. Once that is granted we can move into a site mobilisation phase, which will also include Balfour Beatty adopting a smoke free approach to the site consistent with our recent model cited above. The Board is aware of work on wider regeneration through and around the site and it will be important over this winter to begin to put in place structures and detail for that work. **A series of masterplan options** have been developed and the Trust will look to work with both local authorities and others to develop a thriving commercial and residential district around the site.

## 6 Our commissioners

6.1 A process is in place at a senior level to conclude remaining contract challenges during October, and we would expect too in month to conclude considerations of the data impact of the Unity implementation. The clinical adjudication of the ophthalmology pathway dispute took place in March 2019 and notice was duly served too on pricing changes in BMEC in 2018. These form the majority of outstanding sums. **A conclusion is also agreed in principle to the longstanding antenatal charges dispute with neighbouring Trusts**, and the current consultation on blended maternity pricing nationally may provide a route to prevent a recurrence of this matter, which is material for the Trust because hundreds of families choose to receive their antenatal and postnatal care with our community midwifery teams even if they give birth elsewhere.

6.2 Disappointingly the Joint Overview and Scrutiny Committee on September 12<sup>th</sup> did not see a conclusion to the long-running issue of **gynaecological specialist cancer surgery**. The Trust will offer to extend our service through 2020-2021 only if there is a signed agreement in place for the five years thereafter in early 2020. Specialist commissioning received notice on this service from the Trust in 2017. Nothing better illustrates the limits of procurement and contractual law applied to public bodies than this unenforceable situation, and we should not proposals from NHS England and NHS Improvement in recent days to DHSC to include alterations to these provisions in a future NHS Bill in the next session.

6.3 The Board will recognise that 2020-21 will be a transitional year across the local health system. **The CCGs are planning to merge from April 2021 and work in a unitary manner from April 2020.** Our contract will be with the SWB CCG for the coming year and advanced discussions have taken place about the contract. It may be based on a PBR model, albeit we might look to extend our innovative outpatient payment model for a further year, whilst seeking to develop investment plans in common with other alliance partners. The governance detail required to do that is outlined below, and the Trust remains in the vanguard of work nationally to move these issues forward such that the care narrative of integration and cooperation can be matched by organisational collaborations and financial risk sharing.

## 7 Our STP and ICP

7.1 The Trust has contributed constructively to **the draft STP wide plan** that will be put forward to NHS Midlands on September 26<sup>th</sup>. It is envisaged by November 15<sup>th</sup> that partner organisations will have considered this document in Board meetings with a view to more formal submission. There is no credible reason why the plan would be reviewed in private as it is neither commercially confidential nor containing individual information of a confidential nature. The

overall financial picture of the system, both now and in the future, is inevitably speculative but compares favourably to neighbouring systems, and there is a credible route to financial sustainability, not simply in SWB, but across our ICS. Of course, for decade-long sustainability we need to invest to tackle health inequalities, poverty and exclusion, thereby addressing the causes of demand for services, and it is important therefore that funds voted in Parliament for this purpose and this system are not displaced to other systems to address financial deficits.

7.2 Good progress has been made in refining versions of a **Place-Based Alliance model** for both Sandwell and for western Birmingham, focused in Ladywood and Perry Barr. The formal proposal will be put to Boards in November, contingent on confirmation of the financial model from the CCG to be applied next year. There is strong commitment to joint working from the third sector, local primary care, this Trust and mental health partners, and work continues to help incorporate local authority views, preferences and needs within that model. The whole purpose of a place based model, and its associated primary care network model, is that this is a scale that is consistent with refined delivery, and is relatable for carers, patients, and community groups. To build a self-care, health promotion, preventative model it is essential that we place our focus on populations of 30-50,000 people. The Trust remains distinctively committed to reshaping what we do and helping others to do the same with this agenda in mind. This thoughtful localism must not get lost behind rhetoric and monolithic NHS restructuring.

## 8. Other comments

8.1 Last month I confirmed our planning baselines for 2020-21 would be set with income expectations developed this month and the pay baseline agreed at the end of October. Notwithstanding Unity I am clear that we must spend November planning in detail with teams for next year. Our two year cycle of cost realignment ends in March 2020 and we should review our success then, and set a new cycle, which, by March, I would hope that include some understanding of the first year of budgets within Midland Met as well (2+1). This will give local directorate managers, matrons, and clinical directors absolute clarity and **considerable discretion to develop their services for the medium term**, working alongside clinical directors of Primary Care Networks.

**Toby Lewis**  
**Chief Executive**  
**September 26<sup>th</sup> 2019**

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