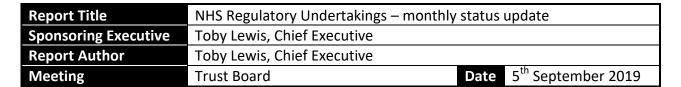
Sandwell and West Birmingham Hospitals **NHS**

NHS Trust



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

This paper for information updates the Board on progress in the six key areas, of which we consider three are largely met, and one is on track. Last month we agreed that we should return next month to the likelihood of delivery in Q3 of the two missed standards – agency and ED.

We might still expect to see a reduction in agency spend in coming weeks as recruitment improves and some contracts are ended. However, hitting £887k pm is not yet foreseeable. Work continues on recruitment, as outlined in the Chief Executive's report, with a view to confirming the month in which this plan will be achieved. Work on high cost agency is in hand to address the handful of over £100/hr locums being employed in hard to fill roles.

The Board discussed Emergency Care delivery last month in detail. We remain short of 85% and continue to achieve 81% with very limited evidence of improvement at Sandwell. Reductions in minor breaches and 4-5 hour breaches remain the key step that we need to take.

The Board is invited to consider whether both items now merit a standard Board report to be discussed monthly until we have collective confidence of progress.

2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports]						
Safety Plan		Public Health Plan		People Plan & Education Plan		
Quality Plan		Research and Development		Estates Plan		
Financial Plan		Digital Plan		Other [specify in the paper]	Х	

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

Monthly report to Board

4. Recommendation(s)

The Trust Board is asked to:

a. | **AGREE** to escalated Board level reporting for both items, monthly from October

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		n/a					
Equality Impact Assessment	ls	this required?	Υ		Ν	Χ	If 'Y' date completed
Quality Impact Assessment	ls	this required?	Υ		N	X	If 'Y' date completed

NHS Improvement 2019-20 Undertakings Report: a monthly report to the Trust Board for information

Requirement	Last month's Trust update	This month's update		
Operational Performance issues Breach of A&E 4 hour waiting time since June 2016.	External support visit took place on July 17 th and again on August 23 rd . Actions are being implemented, but not consistently and results are not following. The Board considered the detail of the improvement plan and was not yet persuaded of a high likelihood of improvement.	We remain committed to consistently achieving above 85% on both acute sites as we prepare for winter. This requires a focus on discharge to ensure we have bed flow, and on in-ED behaviours in respect of early decision, minors breaches and 4-5 hour waits. A weekl project to deliver on this is in place led by the Chief		
Emergency Care The Trust will take all reasonable steps to recover operational performance to meet its projected performance and achieve sustainable compliance with the 4 hour A&E standard in line with the Trust trajectory delivery 90% by September 2018 and 95% by March 2019.	The Trust, as is outlined above, is working to deliver this trajectory.	Operating Officer.		
Financial Issues In 2016/7 the Trust reported a deficit (exc STF) of -£17.2m against a planned deficit of -£4.7m (the Trusts underlying deficit was -£26m).	The financial plan trajectory has been presented to the FIC and as at end of Q1 we are slightly ahead of plan. The STP Partnership Board has accepted in July that the extant Trust FBC LTFM should be a fixed point in our wider system submission.	Key to removing the deficit in 2020-21 will be two workstreams (a) ensuring we end the year at a recurrent run rate consistent with our LTFM and (b) developing £20m of CIP plans. The former analysis will go to FIC at the end of September, the latter at the end of November.		
Agency Spend The Trust delivered a significant reduction in its agency spend from spend of £23.3m in 2016/17 to £15.8m in 2017/18. However, this was still above the agency ceiling of £11m.	The localisation of our overall agency reduction plan to specialties has taken place. Further detailed scrutiny is now needed through the People PMO to oversee implementation.	The weaknesses identified in our recruitment/fully staffed work will mean that this improvement is not achieved by October.		

Requirement	Last month's Trust update	This month's update
Quality Improvement The Trust will ensure the improvement plan to address the recommendations from the serious incident and Patient Safety review is implemented and delivered by a date to be agreed with NHS improvement.	In Q3 we should formally review the last external review to confirm once again that we have sustained our prior improvement.	This is being prepared for the October Q&S committee and November Board.
Programme Management The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.	Last month's update remains extant. Over the coming month we will consider the human infrastructure required to support our 2020-2022 financial recovery work.	Meetings to frame this have taken place and discussions continue to ensure that work on this can take place whilst other priorities, specifically Unity, are being delivered in parallel
Other Partner Stakeholders The Trust will co-operate and work with any partner stakeholders who may be appointed by NHS improvement to assist the Trust with delivery of the Quality improvement Plan, Joint A&E improvement plan and the improvement of its finances and the quality of care the Trust provides.	The Trust is fully cooperating with all place and STP processes, and will consider any further actions or processes suggested by NHSI.	Last month's report remains extant.

Toby Lewis, Chief Executive August 2019