| Paper ref: | TB (11/19) 013 |
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Sandwell and West Birmingham Hospitals 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** | Public Trust Board | **Date** | 7th November 2019 |

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

The Board may wish to reflect on the collective cohesion of our work on regeneration and social inclusion, some of which is summarised – given the STP has agreed that health inequalities are our number one collective priority. The paper also suggests a clear statement of partnership working with acute care neighbours which the Board is invited to endorse for use.

November sees a continued focus on emergency care, flu vaccination, staff engagement and survey work, and Unity Optimisation. Meanwhile we continue work to reach commercial close on Midland Met. The process for Midland Met FM procurement has reached award and that annex is included with this paper.

## 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]* | |

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

n/a

## 4. Recommendation(s)

The Trust Board is asked to:

| | |
|---|---|
| **a.** | **NOTE** the update on Midland Met approvals and agree the FM appointment |
| **b.** | **RECOGNISE** the extensive collaboration work co-led by the Trust and endorse the acute specific statement proposed for peer clarity |

## 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 | | SBAF 6 | | | | | |
| 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: 7th November 2019

## Chief Executive's Summary of Organisation Wide Issues

1. Since the Board last met we have made positive progress with many of our key projects on regeneration across the communities that we serve. This work includes, but clearly is not limited to:

    - **Commencing construction of the major GP practice** next to Sandwell Hospital which we expect to open in early 2021 that replaces the current Carters Green practice in West Bromwich
    - Finalising planning applications for **our new car parks at both acute sites**, which unlock the land currently used for surface parking to support the masterplans that the Board has previously considered
    - Taken forward community engagement about both Midland Met and the **local air quality partnership** around the new site, with a focus on both household and traffic pollution. This may give scope to re-energise work on regeneration around Dudley Road.
    - Engaged with both local authorities and other stakeholders on the **emerging masterplan that spans the City and Midland Met landscape**, supporting new and existing businesses to develop alongside more housing opportunities in both the social and commercial sector
    - Received approval and funding from **Homes England** for our feasibility study on key worker housing on the Sandwell site, as well as signing the lease for the city site through to January 2023
    - Sponsored awards at the first borough **Care Leavers** celebration event hosted by the Children's Trust in Sandwell, whilst promoting the quadrupled accommodation for Live-Work candidates that we will have, thanks to work with Engie and with St Basils.

    As a Trust we have been clear that wealth and tackling poverty are central to improving health locally and creating a sustainable economy. The Trust will be co-sponsoring next week's Living Wage events across Birmingham as we try to ensure that all public service organisations across the city step forward to meet our obligations to change lives by tackling low pay. This is very much consistent with wider NHS policy work to recognise the role of anchor institutions in local economies, of which the NHS is a critical employer, educator and purchaser.

2. The Board discussed in detail last month, and at our Digital Major Projects Authority, work to deploy **our Unity EPR**, and within that our primary care facing HIE. Optimisation features on the private Board agenda. More than half of the Cerner indicators now show the Trust among the better half of their UK sites, but there is considerable work to do to ensure that the product supports rapid emergency care and precise prospective discharge planning, and that we seize the opportunity of the product to enhance safety and quality. Detailed directorate, team and individual employee optimisation data will be visible from the end of November 2019 and support our work through to March to achieve those initial benefits. Our improving, but still unacceptable, wait times for emergency care are covered on our agenda and are not repeated in this report.

## 3. Our patients

3.1 On November 4th 111 services across the local health system changed provider. The integration of 111 and 999 services is intended by commissioners to improve the quality of patient experience with the service and the accuracy of triage and advice. The Trust continues to work to quantify and achieve the benefits that should come from front-end services of this nature to support continuity of care for patients. At a more local level our Single Point of Access service for GPs continues to attract high volumes and clinical esteem, including from the Local Medical Committees in primary care. From November 4th, our Primary Care, Community and Therapies team launch a single phone number for all Trust staff (employed GP and hospital clinicians) to use to ask for service support as a gateway to the wide range of services provided by the Trust and its partners in community locations and at home. These important winter changes are a backdrop to **the Winter Plan paper** which features on the Board's agenda again this month.

3.2 As outlined previously to the Board, the Trust has made submissions to the current Licensing Consultation being carried out by Sandwell MBC. Whilst recognising that the draft consultation goes further than before in trying to tackle alcohol misuse, we continue to believe that there is scope to be more radical and braver in addressing cut-price alcohol pricing and the harm that it brings. Evidence from Scotland is increasingly clear that this is a policy which is effective. At the same time we are working with Public Health England on their regional **Violence Reduction Unit** programme, and hope to bring to our Trust next spring projects presently in place at UHB, UHCW and RWT to address both knife and gang related violence. The Trust is imminently to introduce body-worn cameras for key staff as part of our response to employee concerns about aggression from visitors and patients, which remains the highest rated incident type reported in the Trust month on month.

3.3 Whilst the volume of patients being treated through the Trust is at our highest ever level, it remains the case that we are seeing waiting list numbers rise above plan, and our growth in surgical volumes is below the expansion that we had planned. This is reflected in the income position YTD and forecasts for year-end covered in other Board papers. A credible route to more improvement has been agreed with the Surgical Services Group with 70% of the improvement due to be delivered during the month of November. Before the Board next meets we will have reviewed the outcomes and learning from that work. **It is clear that our three largest surgical disciplines are able to sustain growth (ophthalmology, orthopaedics and general surgery)**, whilst we will be developing clinical networks to support some disciplines like urology, ENT and plastic surgery. We expect to develop a major plan for the future of Chronic Pain and pain management across primary and secondary care as we look beyond our 2020 vision.

3.4 The presentation on winter, on frailty and on emergency care, shows the huge pressure we continue to manage through our system. Occupancy rates, despite reducing length of stay by one day 2018-19 vs 2017-18 in medicine, remain close to 100%. There are real successes in the work being done, including better compliance with single gender standards, and area leading wait times for ambulance handover. **The key variable remains discharge volume day on day across a seven day period, discharge timing within the day to permit admission and investigation of new patients in daylight working hours, and discharge coordination between partner agencies**. Discussions continue with Birmingham City Council to understand how we can learn from our work in Sandwell, and how we do better to improve enablement services. Our strategy remains focused on putting clinical staff into the coordinating role for our beds by supporting **our**

**'consultants of the week'** to make risk based decisions about discharge vs. arriving volumes. In considering the credibility of our winter plans the Board may wish to test in month how prepared and able those dozen individuals feel to manage the beds as we move into the winter months.

3.6 **I reported last time that in December we would consider a wide ranging paper on how the Trust uses patient feedback to plan and improve services**, not least bearing in mind Friends and Family Test data, and national survey material. This will also include a forward look around Purple Point. Our complaint response times and low levels of re-referral into that service suggest that we have improved on 2017-18 and 2018-19. There remains a backlog of PHSO cases on which outcomes are awaited. In the same manner that the Board is today considering what we have learnt and what have changed as a result of incidents and Never Events, we need in January to consider how the views of patients have shaped service investments, before we commit our budgets for 2020-21. There are outstanding actions around both community children's service investments and our orthotic service shape based on prior presentations to the Board. We also agreed last time to clear targets around organ and tissue donation.

**Our workforce**

3.1 Our engagement Pioneer teams, presented last time to the Board, are nearing the review surveys to see the impact on engagement that their work has delivered, as part of our collaboration with Wrightington, Wigan and Leigh NHS FT. The data on directorate engagement also features in this month's first ever Trust "speak up" scorecard. The second wave Pioneer team application process is ongoing, and will be adjudicated at the Clinical Leadership Executive in November. Meanwhile, we have paused our quarterly **we**connect surveys to take part in the NHS wide anonymous NHS staff survey. At the time of writing almost 1,500 surveys had been returned and we are aiming for over 3,000. I would hope that they would reinforce the picture from the last three surveys that **engagement at the Trust has sharply improved**.

3.2 Board members may recall that in late 2018 we supported a staff wide vote on three key things to improve. The 'bolter' in that vote was a belief that we had work to do to match words with deeds around **flexible working**. Despite projects since in 2019, exit data continues to reinforce that message, that local managers are not finding it easy to match our commitments. Medicine and emergency care are leading the way with changing that. Last weekend their recruitment fair focused wholly on reinforcing our flexible working offer. In the next fortnight all nursing staff in medicine will receive a specific 'what's your plan' survey that supports them asking for flexible working options in advance of making career choices. We would all recognise that there are challenges to running a 24/7 NHS whilst allowing employees to make those choices. Our Trust must aim to distinguish ourselves by the fairness and nuance with which we approach those issues. An upcoming Board development session will look beyond the NHS at worldwide best practice in this field.

3.3 Annexed to my report is additional information on our work on **Flu vaccination.** This is a historic strength for the Trust, and one where we have reached beyond our boundaries to provide, for example, bespoke input into local special schools to support young people with learning disabilities to receive this vital intervention. It is fair to report that implementation of vaccination is behind trajectory to date, and we have work to do in the next four weeks to succeed. We wish to reach 85% coverage and are just about half way there. The programme will continue through to mid-December as we look for herd immunity once again.

3.4 The review of our nurse escalator programme at the recent People and OD committee suggested much to learn from year one implementation. We want to develop year two which launches this month. Being a band 6 nurse in the Trust is something we want to support, with greater pace than in neighbouring organisations. **At the same time, we have quintupled our nurse associate programme moving into 2020**. From October 1st, band 2-3 HCA roles will operate on a single pay spine linked to qualifications/skills. This will resolve a very longstanding grievance voiced through JCNC, and provide a very simple to understand route from band 2 to senior nursing roles for those colleagues who wish to make these steps.

3.5 The recent University of Birmingham review of **undergraduate medical education** proceeded extremely well. Our scorecard to baseline learner experience in advance of Aston students coming on site from August 2020 was well received and a positive report is expected. I would suggest we review in either February or March to look forward for medical education and ensure we have suitable Board level oversight of our new medical school intake. It is important that we maintain our position as the highest rated student venue for UoB education whilst making a success of the AMS proposition. Meanwhile, the Trust has engaged with the Wolverhampton based clinical fellows programme for higher learners to support our JSD recruitment. Encouragingly our CESA programme for ED roles is proceeding outstandingly well, with first consultant level candidates expected next summer.

3.6 Last month the Board received a detailed presentation for **Q3 and Q4 around recruitment**. Tracking of the actual delivery of recruits is in place and we can review in January how this has gone and how our figures compare to projections. Group Reviews in November and January will consider 'hard to fill roles' and the workforce transformation work that we can do to ensure we have a workforce shape, as well as scale, that is ready for 2022-23. A retention plan is being developed, alongside a retirement plan, and those materials will come before the Board in Q4.

**4. Our partners**

5.1 **Work continues with Balfour Beatty** to be ready to restart work on the Midland Metropolitan Hospital in December 2019. We did not achieve our deal deadline of October 31st, and commercial close negotiation continues. On October 12th we did receive Ministerial approval for the Midland Met FBC both for construction and facilities management. The national conditions attached to that approval are acceptable, and there is just a little more work to do on regional conditions ostensibly attached to the position. It will be important to be able to demonstrate that national funds ring-fenced for the post-Carillion position are available consistent with governmental announcements and that the local health system has not seen funds diverted elsewhere to meet wider financial pressures.

5.2 Elsewhere in the papers for the Board we consider the latest iteration of the **STP long term plan**. This remains a work in progress, and likewise we have work to do to ensure that place based governance is the engine for the wider STP working. In that regard the Trust is a key partner in upcoming development work for the Health and Wellbeing Board in Sandwell. Work with third sector partners locally continues to thrive and we want to use of place based alliances to ensure investment in this sector is protected and enhanced.

5.3 We have reviewed in detail the **Facilities Management proposals** for Lots 1/2 of the framework we created after the collapse of Carillion. Subject to contract compliance we are now in a position to proceed in November to contract award for those lots, having agreed under delegated powers the appointment of a Preferred Bidder to that framework. *The details of the position are set out in an annex to this paper*. When Carillion collapsed and after the termination of the SPV contract in 2018 we committed to creating a clear FM partnership for the new hospital and this has been achieved. The next meeting of the Board will be invited to resolve the landscape of FM provision for our other sites.

5.4 We have been exploring for some time our future **employee residential accommodation** arrangements. Subject to planning consent, it remains our intention to develop commercially a hotel proposition adjacent to Midland Met both for staff, visitors and patients. However, we have agreed now to proceed a re-development of one of the Sandwell residential blocks, recognising that the other block will be demolished as part of the car park proposals. This development, which falls within our CRL, will be completed by April 2020.

**Our commissioners**

6.1 We appear to have resolved the in-year difficulties over the interpretation of our CCG contract for 2019-20 and concomitant impact on 20-21 baselines. This is a welcome development for which the detail is due to be completed and presented to both chairs and chief executives in the next week. Forward look discussions about future specialised commissioning arrangements are progressing well, notwithstanding continued uncertainty over **gynaecological specialist cancer surgery**. There is a commitment by NHS England to provide clarity on this matter during January 2020.

6.2 As our financial forward look paper before the Board today illustrates, the **financial improvement trajectory process has seen targets issued** to commissioners by NHS Midlands. The apparent impact of that work on Sandwell and West Birmingham CCG is extremely unfortunate. It is troubling that a CCG with one of the top ten national growth allocations for deprivation and inequality has seen the largest regional diversion of funds proposed to help other systems each balance. We continue to work with STP neighbours to understand how our funding model and our declared priorities can be aligned. It is not clear how a £10m reduction in funds available in the CCG next year is consistent with that position, albeit a proportion of that funding may be achieved through balance sheet flexibilities. Likewise, the Board should be aware of budget setting arrangements being put in place within the Local Authority which have the potential to require material efficiencies or service changes within the cooperative working agreement.

**7. Our STP and ICP**

7.1 This month these matters are largely covered in a distinct paper. ICP discussions continue with PCN partners and others. A formal constituted set of governance arrangements have been agreed with the Healthy Lives Partnership Board, and we are working to see if sufficient consensus exists to launch those two arrangements. **The primary care approach agreed at the last Board meeting will be developed into a measurable scorecard for 2020 that the Board can review routinely to analyse progress being made in transforming primary care relationships in both boroughs**. Whilst there are no imminent further practice vacancies developing, we are expecting a material reframing of local walk in and urgent care arrangements, especially in

Sandwell, and continue to work to develop different models of vertical integration which practices can adopt at their pace. This includes an at scale VI option which we would expect to see in place from April 2020.

7.2 Consistent with our role developing the Black Country Alliance in 2015, **the Trust remains committed to joint working with peers and neighbours across our local systems**. We will formally review on Q4 progress with Black Country Pathology to ensure that the clinical and financial dividends from the approved business case are being delivered and form part of our own, and others', forward financial plan. Procurement gains lie at the heart of local collaboration and the service is now ranked 26th in the national league table for benchmarked performance. We are working to expand the scope of that collaboration with colleagues from beyond the STP now looking to join in. Given work on the future of the Birmingham and Midland Eye Centre, within the development masterplan, we will look to develop a clearer offer of clinical network leadership to ophthalmic services across the STP by April. None of our joint work can be done to the exclusion of colleagues across Birmingham, and joint work on nephrology, oncology and specialised surgery continues, as well as the development of our spoke stroke rehab option into Ladywood.

*7.3* The Board discussed last time the shape of '**acute collaboration'** across the STP. We understand that a business case for formal organisational alignment or merger may be developed by western neighbours, as it was by QEH and HEFT in 2017. This is to be welcomed, and a formal study of impacts is being prepared so that we can contribute to the stakeholder engagement and regulatory process. SWB is approximately half of the STP and it will be important to ensure that future governance reflects our population fairly. There is a risk that our absence from this structural M&A venture could be misconstrued and so it is important that we restate the organisation's enthusiasm to co-design clinical networking and collaboration. A formal letter to that effect will be issued to peer chairs in coming days, if the Board felt able to support a proposition along the following lines: *The Trust has a long history of peer working and currently benefits from services provided by others, whilst itself operating services on other sites within the wider Black Country. We are committed to working jointly on research and educational ventures, to learning from and acting to remove unwarranted clinical variation, and to sharing innovations and developments. Through clinically led collaborations we expect to raise standards of acute and complex care and in time develop more local specialised services for residents across our STP. We will work both across Birmingham and across the Black Country to tackle inequalities and to produce a local health service that people want to work within.*

**Toby Lewis**
**Chief Executive**

**October 31st 2019**

Annex A – TeamTalk slide deck for November
Annex B – October Clinical Leadership Executive summary
Annex C – 2019 imaging improvement indicators
Annex D – Vacancy dashboard
Annex E – Safe Staffing data including shift compliance summary
Annex F – Nationally required flu vaccination information
Annex G – Hard FM lots award notification

SWB TeamTalk

Annex A

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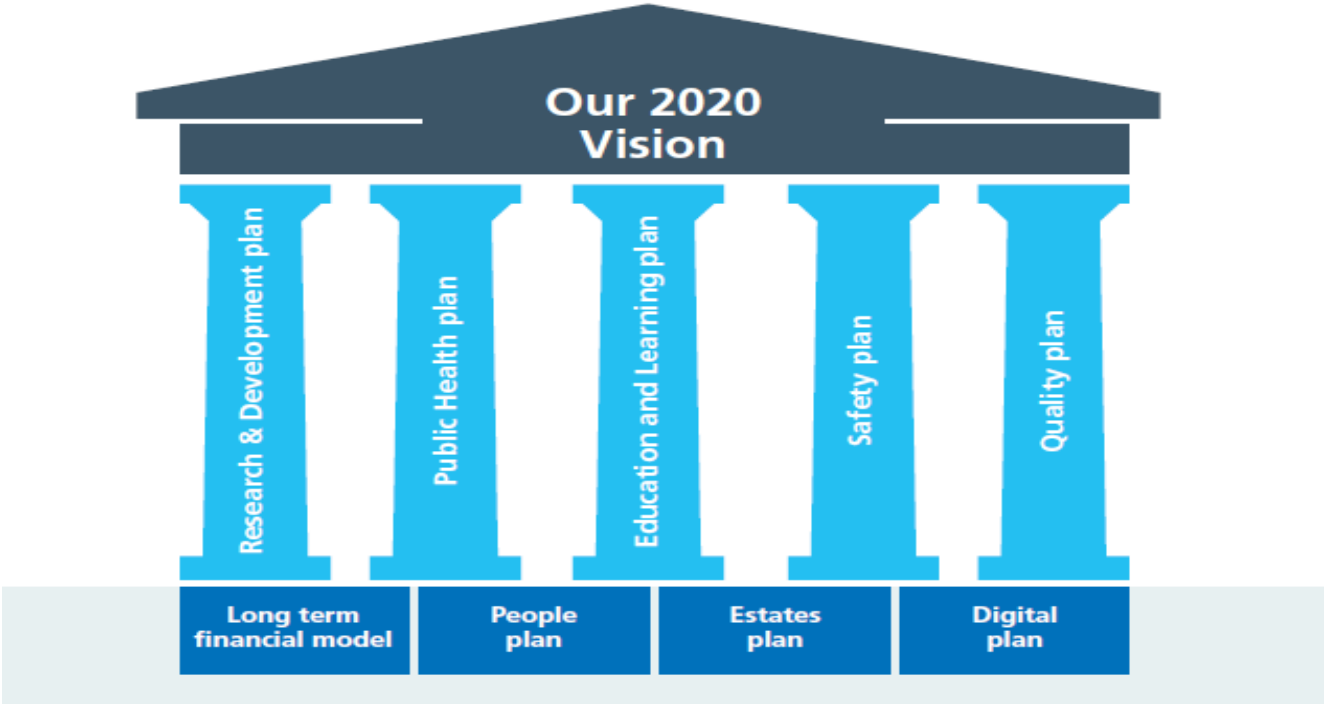
November 2019

# Welcome to SWB TeamTalk

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



SWB TeamTalk

November 2019

# Anonymous NHS staff survey – take the chance to have your say

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- The annual NHS Staff Survey launched on 7 October and closes at the end of November.
- It allows our Trust to see what issues people raise and understand how to make improvements.
- We are able to benchmark our results against other organisations. This helps us see where we excel comparted to other, similar organisations and also where we are not as good as some other Trusts.
- **Our response rate so far is 17 per cent. Thanks to those who have responded. There's still time to have your say. Every line manager is being asked to positively promote the Survey.**

*Watch out for your survey via email or through the post.*
*Fantastic prizes on offer, with £££s worth of shopping vouchers up for grabs !*

***Our weconnect survey will come back in January….***

SWB TeamTalk

November 2019

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# TeamTalk Agenda

1.00pm: Tune In: News from across our Trust and further afield

1.10pm: Learning from Excellence:
***weConnect Programme Pioneer Teams – Focus on City ED***

1.25pm: What's on your mind?

1.35pm: Things you need to know (CLE feedback…)

1.50pm: This month's topic: Grounds and gardens: how can we best use our space?

**Toby's monthly video post will be issued this week and will reflect your TeamTalk feedback.**

# SWB TeamTalk

November 2019

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## Feedback from last month's topic: Focus on flu

As our flu campaign launched on 1 October we asked you to advise on how to succeed.

You told us:

- Teams are keen for vaccinators to join their meetings as they believe convenience and face to face support is key to helping colleagues make the right decision
- Hot spot areas should get focussed support highlighting the dangers that flu could bring to particular patient groups. e.g. neonatal, older patients, immunocompromised patients
- Whilst clinical areas have peer vaccinators, non clinical areas could have flu champions who encourage and coordinate flu vaccinations in their areas.
- Most teams identified 2-3 people in their immediate team who could vaccinate.

We need to pick up the pace and scale of our vaccination effort: Right now we are 1000 down on this time last year. So please identify team meetings and events we can use to catch up!

# SWB TeamTalk

November 2019

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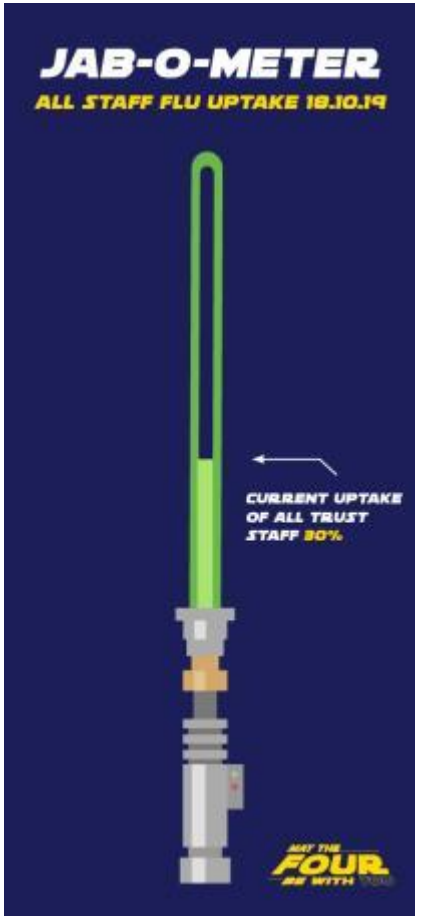
## Flu fighting – May the 4 be with you

- Our award winning flu vaccination campaign got underway on 1 October for a six week period
- 2050 colleagues have had the flu vaccination (30.8% of all staff).
- The quadrivalent vaccine provides protection against four strains of the virus as it successfully did last year
- Both clinical and non-clinical colleagues are urged to join the flu fighting force and have their flu jab
- For more information about the flu vaccination, including becoming a peer vaccinator this flu season, please contact occupational health on ext. 3306
- See Connect for all the vaccination, dates, times and locations of clinics.




**If you have your jab between 1 October and 11 November there are some great prizes to win.**

# Preparing for EU Exit

We continue to ensure we have robust arrangements in place so that we are best prepared for the UK's departure from the European Union.

**Additional help for UK innovation and research post-Brexit**

The Government has pledged further support for UK researchers and businesses post-Brexit, including providing additional funding to support Horizon 2020 projects beyond 2020 and a change to immigration rules to continue to attract international science and research talent after the UK leaves the EU. Further information is available from UK Research and Innovation

**Continuity of medicines' supply**

The Government has announced that it will be continuing with its approach to continuity of medicines' supply, involving a range of activities including warehousing, buffer stocks and procurement for extra ferry capacity, including an express freight service for medicines and medical products. It has also written to the medicines and medical devices industries providing further information on its plans to minimise medicines' disruption.

**Overseas visitors**

Both sides in the Brexit negotiations have agreed in principle to preserve reciprocal health care rights until the end of a transition period (awaiting confirmation of this time limit), at least for those citizens already residing in another EU country. However, until the final outcome of the talks is known, uncertainty remains about the future.

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## weLearn competition

Thank you to those who took the time to submit to the **we**Learn poster competition.

- We have received 70 entries so far
- The posters are now being designed and the short listed posters will be on Connect from the 5th November, and will go on tour round our sites

## weConnect Pioneer Teams wave 2

- The weconnect programme is inviting applications from teams who want to become a second wave pioneer team and drive forward colleague engagement.
- Pioneer teams take part in a 26 week programme from December 2019 and will be able to design and implement their own engagement programme, supported by specially trained colleagues and executive directors.
- The programme begins with a survey of your colleagues to see what areas of engagement need improvement. To find out more or to apply please follow the guidelines and application form.
- Wave 2 weconnect Pioneer Teams Programme Application Form 2019
- **The closing date for applications is 4 November.**

# SWB TeamTalk

## November 2019

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## Learning Disability Awareness Month and Conference

Come and learn more about how simple changes in hospital care can make a big difference in patients outcomes.

- Learn about patient centred care
- How to improve patient experience
- Hear from patients with disabilities
- 'MisFits' renowned theatre group performing on the day!
- Excellent opportunity to boost your continuous professional development

6 November, 8.30am – 4pm, Wolfson Theatre, Postgraduate Centre, City Hospital.

**Book your tickets on http://seemeconference.eventbrite.com or contact Shazia Akhtar on ext. 6445.**

## Your Trust Charity Carol Concert

- Will be held at All Saints Church, West Bromwich, Wednesday 4 December to raise funds for the charities 'sing it better' appeal and chaplaincy service.
- We will also be joined by local school choirs to welcome in the festive season.
- Doors will open at 5.30pm with the concert running from 6pm - 8pm. Tickets are £10 for adults will be free for anybody under the age of 16. Light refreshments including non alcoholic mulled wine, mince pies and soft drinks will be available on the evening.
- **Buy your tickets here https://ytccarolconcert2019.eventbrite.co.uk**

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# Learning from excellence:

## weConnect Programme Pioneer Teams – Focus on City ED

Zoe Crookes, Senior Sister


Resources
Recognition
Development
Doing
Coming Soon
"You said - We did"
Appreciation Board
Positivity Box
Newsletter
2/52 HDT
Lost the plot board
Band 5 development
Staff Photos
Social media Page
Poster competition
coffee morning
Glimpse of Brilliance
Welcome cards
CITY ED
Raid Visit
Vision Statement
Sticker System
Staff resus trolley
Listening Champion
New staff room
Team member of the month
DV Board
Knife crime board
Wellbeing room
Bereavement Room
Notice boards
Band 6 Development
PFA Development
Wellbeing letters
Rolling Teaching Programme: major incident
Hangry Box
Triage SD Oct/Nov
ED Staff Ball 2020
ENP

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# What's on your mind?

## Your opportunity to raise any issues or ask a question.

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# Things you need to know: From our Clinical Leadership Executive

During November our focus is on five big areas of work:

1. **Implementing our winter plans,** including reconfiguring Respiratory Medicine and decanting paediatric A&E at City

2. **Tackling unacceptable waiting times for emergency patients**, with more 100 patients staying over five hours in A&E for each of the last ten days, and over 200 staying more than four hours

3. **Catching up on mandatory training**, including those courses whose frequency has been changed nationally

4. **Welcoming new starters**, as more than 300 new employees join our Trust before Christmas

5. **Optimising** our knowledge and use of the new Unity EPR

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November 2019

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# Things you need to know: from our Clinical Leadership Executive

## Winter plans

For the first six months of the year we have seen increased admissions through our emergency departments.

As part of our planning for winter demand increases we have reviewed our bed plans so that we can admit the right patients and have the staff available to care for them.

- In addition to our 132 community beds there are more end of life care packages and Own Bed Instead (OBI) support. We also have increased admission avoidance schemes.
- Our respiratory reconfiguration in the week of November 18th of inpatient respiratory care to City Hospital frees us some capacity at Sandwell Hospital, should additional beds be required.
- We continue to focus on patients who stay for longer than 21 days to ensure they can get home if appropriate or to an alternative place of care.
- For both ED performance and bed planning, ensuring that patients are discharged at the right time is key.

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# Things you need to know: from our Clinical Leadership Executive

## Emergency care waiting times

In August we saw 80% of patients through our Emergency Departments in 4 hours. That has fallen to 60% over recent weeks. We need to "reset" how we manage patients triage, diagnosis and treatment. This will lead during November to some changes across the Trust. Look out for more details in Toby's Friday messages.

- Triage takes longer because of Unity. So we are changing how we triage, and the details collected to make sure that we can see everyone who arrives inside 15 minutes. That way anyone waiting has had a clinical assessment.
- Everyone arriving in our A&E departments will receive some key tests from early in their time with us. This will help our staff to make diagnostic decisions inside two hours. Sometimes a patient will be seen and then moved back to the waiting room, just like in an outpatient clinic.
- Specialty teams must provide support to A&E referrals inside thirty minutes. This has always been our standard, and A&E will move up the team hierarchy, if necessary to on-call consultant staff, if this standard cannot be met.
- Any pre-planned arrival or GP letter based specialty referral will be diverted to local specialty team assessment areas. A&E is not a backstop for other departments.

SWB TeamTalk

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# Things you need to know: from our Clinical Leadership Executive

## Mandatory training

Some training requirements are role-specific. The core 11 programmes for most staff are listed and there are some changes highlighted in the table.

Currently employee X will show as compliant under the old requirements. From November 1st managers will be able to see compliance against the old and new requirements. From January 1st all our data will be reporting using the new requirements.

ACT NOW TO CATCH UP. MOST OF THIS TRAINING TAKES ONLY A FEW MINUTES.

| Core mandatory training module | Frequency |
|---|---|
| Equality & Diversity | Every three years |
| Conflict Resolution Training | Every three years |
| Fire Safety | **Every two years - new requirement** |
| Health & Safety | Every three years |
| Infection Control: Level 1 & Level 2 | **Every year for clinical colleagues - new requirement**<br>Every three years for non-clinical colleagues |
| Data Security Awareness | Every year for all staff |
| Moving and Handling : Level 1 & Level 2 | Level 1: every three years (non-patient handling)<br>Level 2: every two years (patient handling) -includes a practical assessment |
| Resuscitation: Level 1; Level 2 & Level 3 | BLS: All clinicians every year – includes a practical assessment. Higher levels as per role allocation. |
| Safeguarding Adults: Level 1; Level 2 & Level 3 | All staff do level 1 every three years<br>Level 2: every three years<br>**All clinicians 8a and above need to complete level 3 every three years - new requirement** |
| Safeguarding Children: Level 1; Level 2 & Level 3 | All staff do level 1 every three years<br>Level 2: every three years – role-dependent<br>Level 3: every three years – role-dependent |
| Prevent: Basic and Prevent Awareness | All staff every three years |

SWB TeamTalk

November 2019

NHS
Sandwell and
West Birmingham
NHS Trust

# Things you need to know: From our Clinical Leadership Executive

## Unity optimisation

Thank you again to everyone who worked hard to put Unity into place. The focus now is on best use of the system by every department, team and individual. November's focus is phase one below.

**Phase one will focus on:**

- Results endorsement
- Care plan usage
- Saved / unsigned documents
- Clerking and VTE
- Discharge letters and Safety plan measures

**Phase two will focus on:**

- EPMA optimisation
- Alerts overrides
- Overdue tasks
- Portering KPIs
- Sepsis 6 compliance

Data will be available by group, directorate, ward and speciality team level and can be reviewed by line managers in relation to individual usage. Usage can be benchmarked against peers to understand best practice.

# SWB TeamTalk

NHS
Sandwell and
West Birmingham
NHS Trust

## November 2019

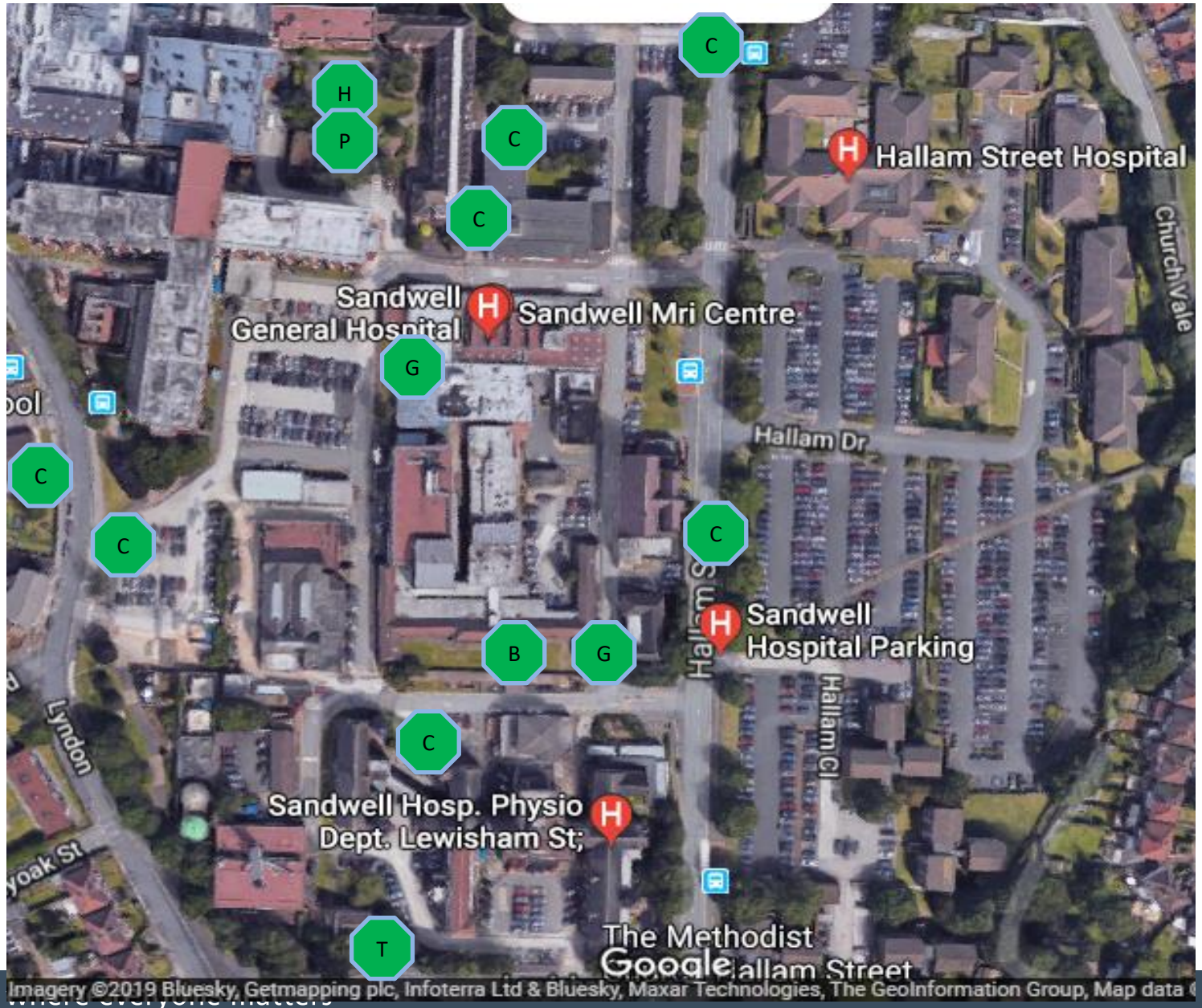
**This month's topic is our Grounds and Gardens. During November we are consulting around plans to change our environment as part of our Public Health Plan.**

Our aims include:
- preventing on site smoking and improving staff security
- reducing the scale of our gardens that need to be maintained
- improving the quality of our gardens as a place to relax
- creating community planting space for fruit and vegetables on our sites
- introducing physical activity space onto our sites
- our plan being consistent with our future estate plans including Midland Met

Please let us know:

1. What you like and do not like about the first draft plans?
2. What forms of physical activity you think can be supported on our sites?
3. One big idea you want to see us implement on our estate!

# Sandwell Hospital




Sandwell and West Birmingham NHS Trust

- H — Health and Wellbeing garden (e.g. green gym)
- B — Bio-diverse garden (e.g. urban meadow) (semi-formal)
- C — Areas for change (e.g. replanting/tarmac)
- T — Tree planting/ orchard
- P — Formal ‘Pride’ gardens
- G — Formal growing - community growing (e.g. food/veg/herbs)

Also replanting of trees around the site borders (off map)

# Example Area - Sandwell Hospital

NHS
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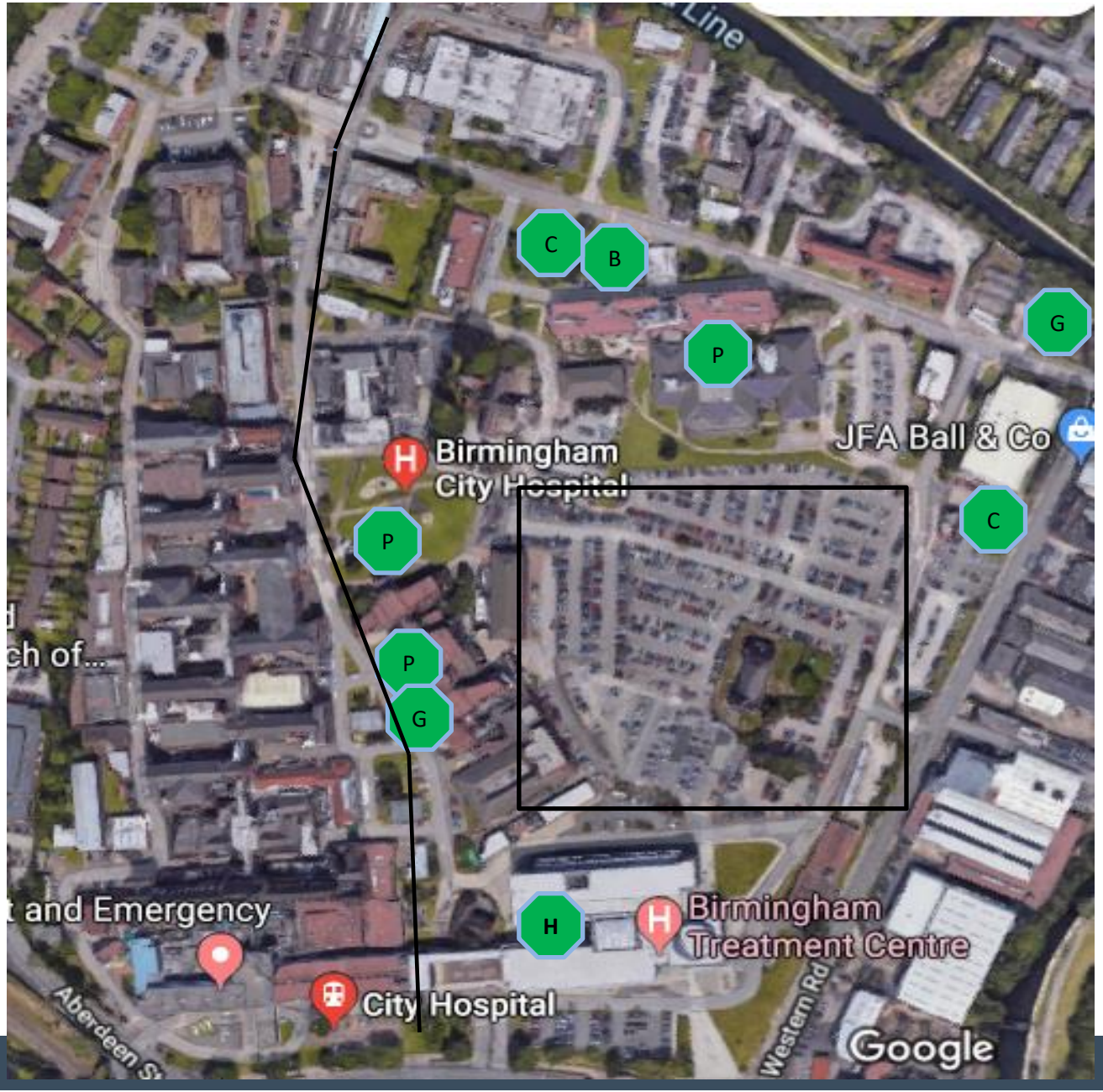
Trust

A small area for growing herbs, plants, fruit or vegetables (involving the local community)

A bio-diverse garden (e.g. urban meadow) with benches for staff to sit and relax (low maintenance)

# City Hospital




NHS
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West Birmingham
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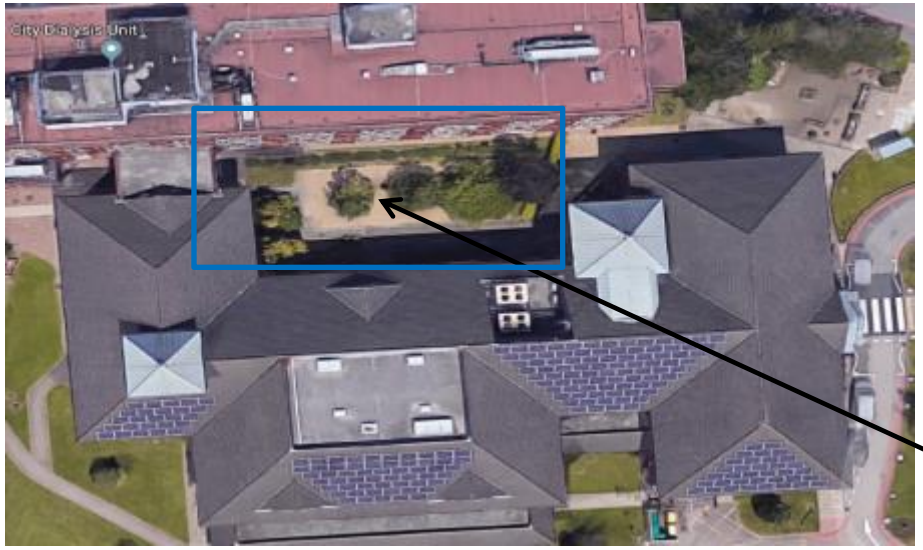
- **H** Health and Wellbeing garden (e.g. green gym)
- **B** Bio-diverse garden (e.g. urban meadow) (semi-formal)
- **C** Areas for change (e.g. replanting/tarmac)
- **T** Tree planting/ orchard
- **P** Formal ‘Pride’ gardens
- **G** Formal growing - community growing (e.g. food/veg/herbs)

Land for future development/boundaries

# City Hospital

Sandwell and West Birmingham NHS Trust



**BMEC -** A ‘pride’ garden

**Front of Sheldon** – A bio-diverse garden (e.g. urban meadow) and an area for re-planting (possibly fruit trees)

# Rowley Regis Hospital

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NHS Trust


H Health and Wellbeing garden (e.g. green gym)

B Bio-diverse garden (e.g. urban meadow) (semi-formal)

C Areas for change (e.g. replanting/tarmac)

T Tree planting/ orchard

P Formal ‘Pride’ gardens

G Formal growing - community growing (e.g. food/veg/herbs)

# Example Area - Regis Hospital

Sandwell and West Birmingham NHS Trust

Health and Wellbeing garden (e.g. green gym)

Bio-diverse garden (e.g. urban meadow) and tree / orchard planting

**Annex B**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

| CLINICAL LEADERSHIP EXECUTIVE OUTBRIEF | |
|---|---|
| Date of meeting | 25th October 2019 |
| Attendees | Group Triumvirates (Group Directors, Group Directors of Nursing and Group Directors of Operations), and Executive Directors<br><br>In attendance were Subash Sivasubramaniam and Diane Hallilley |
| Apologies | Tina Robinson, Siten Roy and Chris Rickards |
| Key points of discussion relevant to the Board | • **Implementing our winter plans,** including reconfiguring Respiratory Medicine and decanting paediatric A&E at City<br><br>• **Tackling unacceptable waiting times for emergency patients**, with more 100 patients staying over five hours in A&E for each of the last ten days, and over 200 staying more than four hours<br><br>• **Catching up on mandatory training**, including those courses whose frequency has been changed nationally<br><br>• **Optimising** our knowledge and use of the new Unity EPR<br><br>• **Introducing a new Quality Improvement and Assurance Programme**: supporting our work to achieve a Good rating from the CQC |
| Positive highlights of note | • **Welcoming new starters**, as more than 300 new employees join our Trust before Christmas<br><br>• **Quality Plan**: current plans to address project aims confirmed; delivery plans being confirmed over the coming months. |
| Matters of concern or key risks to escalate to the Board | • **12 month pay bill position:** Grip on sickness absence, rostering KPIs, high cost medical agency staff required<br><br>• **4Documents:** A new electronics system is under development which will confirm that colleagues have read, understood and will follow Trust policies. Prevention of out-of-date policies and clinical guidelines will be addressed through this route. |
| Matters presented for information or noting | Future CLE discussion items were noted/agreed on:<br>• Obesity strategy (from the Public Health CLE Sub-committee)<br>• Mental Health skills development<br>• GIRFT |
| Decisions made | n/a |

**Toby Lewis**
**Chair of the Clinical Leadership Executive**
***For the meeting of the Trust Board scheduled for 7th November 2019***

**Annex C**

**Imaging performance against Trust Referral to Report wait time**

This was our performance when we started in Q2.

| | May | June | w/c 1st July | w/c 8th July | w/c 15th July | w/c 22nd July | July total to date |
|---|---|---|---|---|---|---|---|
| % Inpatient tests reported in less than 1 day | **65%** | **69%** | 65% | 68% | 63% | 69% | **66%** |
| % of urgent other tests reported in less than 5 days from request for test by all referrers (inclusive of GPs) | **71%** | **66%** | 69% | 60% | 62% | 63% | **64%** |
| % of all imaging work reported in less than 4 weeks from request for test | **87%** | **84%** | 83% | 86% | 85% | 86% | **85%** |

**As we enter Q3 this is our performance**

| | w/c 2nd Sept | w/c 9th Sept | w/c 16th Sept | w/c 23rd Sept | w/c 30th Sept | w/c 7th Oct | w/c 14th Oct | w/c 28th Oct |
|---|---|---|---|---|---|---|---|---|
| % Inpatient tests reported in less than 1 day | 68% | 69% | 64% | 66% | 75% | 79% | 78% | 77% |
| % of urgent other tests reported in less than 5 days from request for test by all referrers (inclusive of GPs) | 68% | 70% | 73% | 70% | 76% | 78% | 80% | 72% |
| % of all imaging work reported in less than 4 weeks from request for test | 88% | 87% | 88% | 87% | 89% | 89% | 87% | 86% |
| | | | | | | | | |
| % of all imaging work reported in less than 4 weeks from request for test - **excl Planned Obs scans** | 90% | 89% | 90% | 89% | 90% | 91% | 88% | 88% |

There is a modest improvement in short wait performance. In spite of dedicated work at a senior level we have not seen an improvement in:

- Maximum wait
- Achievement of the 1 day turnaround at 90%+

**Annex D**

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Trust Board: 31st October 2019

## Vacancy Update

| INDICATOR | SEPT 19 | OCT 19 |
|---|---|---|
| No. of vacant WTE in active recruitment | 936 | 946 |
| No. not in advert at end of reporting period (2 day processing) | 3 | 6 |
| No. at advert on NHS jobs | 50 | 57 |
| No. at conditional offer stage | 315 | 381 |
| No at unconditional offer stage | 568 | 502 |
| No. withdrawn | 21 | 25 |
| No of New Starters | 108 | 126 |
| No of Leavers | 64 | 68 |
| No of new activity requests received in reporting period | 58 | 89 |

## Safe Staffing Return : 01/09/2019 to 30/09/2019

## Annex E

| | | | | | | | 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 | 3,849 | 4,001 | 1,713 | 1,677 | 3,250 | 3,191 | 1,356 | 1,377 | 103.95% | 97.87% | 98.18% | 101.51% | 1048 | 6.9 | 2.9 | 9.8 | Sign Off |
| + | + | + | Critical Care - Sandwell | SCRITC | 192 - CRITICAL CARE MEDICINE | 300 - GENERAL MEDICINE | CCS Sand | 3,526 | 3,406 | 561 | 514 | 2,442 | 2,313 | 0 | 0 | 96.6% | 91.61% | 94.72% | #NUM! | 276 | 20.7 | 1.9 | 22.6 | Sign Off |
| + | + | + | Lyndon 1 - Paediatrics | SLY1 | 420 - PAEDIATRICS | 110 - TRAUMA & ORTHOPAEDICS | Lyndon 1 | 1,357 | 1,348 | 464 | 484 | 968 | 963 | 361 | 319 | 99.33% | 104.48% | 99.51% | 88.3% | 327 | 7.1 | 2.5 | 9.5 | Sign Off |
| + | + | + | Lyndon 2 - Surgery | SLY2 | 100 - GENERAL SURGERY | 110 - TRAUMA & ORTHOPAEDICS | Lynd2s | 1,753 | 1,780 | 1,024 | 1,016 | 1,116 | 1,116 | 1,162 | 1,150 | 101.56% | 99.27% | 100.0% | 98.97% | 809 | 3.6 | 2.7 | 6.3 | Sign Off |
| + | + | + | Lyndon 3 - T&O/Stepdown | SLY3 | 110 - TRAUMA & ORTHOPAEDICS | 160 - PLASTIC SURGERY | Lyn 3 | 1,216 | 1,242 | 1,377 | 1,393 | 1,093 | 1,106 | 1,323 | 1,277 | 102.1% | 101.2% | 101.21% | 96.52% | 675 | 3.5 | 4.0 | 7.4 | Sign Off |
| + | + | + | Lyndon 4 | SLY4 | 430 - GERIATRIC MEDICINE | 300 - GENERAL MEDICINE | L4 | 1,532 | 1,567 | 1,546 | 1,460 | 1,370 | 1,358 | 898 | 898 | 102.29% | 94.42% | 99.16% | 100.0% | 1041 | 2.8 | 2.3 | 5.1 | Sign Off |
| + | + | + | Lyndon 5 - Acute Medicine | SLY5 | 100 - GENERAL SURGERY | 300 - GENERAL MEDICINE | L5 | 1,764 | 1,742 | 1,441 | 1,364 | 1,391 | 1,372 | 721 | 706 | 98.78% | 94.67% | 98.63% | 97.92% | 968 | 3.2 | 2.1 | 5.4 | Sign Off |
| + | + | + | Lyndon Ground - PAU/Adolescents | SLYG | 420 - PAEDIATRICS | 110 - TRAUMA & ORTHOPAEDICS | PAU | 2,401 | 2,287 | 845 | 792 | 1,803 | 1,774 | 569 | 570 | 95.24% | 93.74% | 98.42% | 100.31% | 399 | 10.2 | 3.4 | 13.6 | Sign Off |
| + | + | + | Newton 3 - T&O | SNT3 | 110 - TRAUMA & ORTHOPAEDICS | 430 - GERIATRIC MEDICINE | SNNT3 - N | 1,630 | 1,592 | 1,607 | 1,547 | 1,349 | 1,338 | 1,334 | 1,415 | 97.62% | 96.24% | 99.18% | 106.03% | 924 | 3.2 | 3.2 | 6.4 | Sign Off |
| + | + | + | Newton 4 - Stroke and Neurology Rehab | SNT4 | 314 - REHABILITATION | 300 - GENERAL MEDICINE | SNNT4 - N | 1,349 | 1,337 | 1,337 | 1,298 | 1,070 | 1,026 | 805 | 793 | 99.17% | 97.12% | 95.93% | 98.45% | 861 | 2.7 | 2.4 | 5.2 | Sign Off |
| + | + | + | Newton 5 - Haematology | SNT5 | 304 - CLINICAL PHYSIOLOGY | 300 - GENERAL MEDICINE | N5 | 1,349 | 1,319 | 480 | 480 | 748 | 772 | 0 | 0 | 97.79% | 100.0% | 103.21% | #NUM! | 280 | 7.5 | 1.7 | 9.2 | Sign Off |
| + | + | + | Older Persons Assessment Unit (OPAU) - Sandwell | SNT1 | 430 - GERIATRIC MEDICINE | | OPAU | 1,402 | 1,348 | 994 | 963 | 1,150 | 1,090 | 1,127 | 1,093 | 96.13% | 96.93% | 94.78% | 96.94% | 570 | 4.3 | 3.6 | 7.9 | Sign Off |
| + | + | + | Priory 2 - Colorectal/General Surgery | SPR2 | 100 - GENERAL SURGERY | | Pr2 | 1,761 | 1,635 | 1,247 | 1,174 | 1,690 | 1,554 | 1,070 | 1,020 | 92.84% | 94.15% | 91.93% | 95.37% | 782 | 4.1 | 2.8 | 6.9 | Sign Off |
| + | + | + | Priory 4 - Stroke/Neurology | SPR4 | 300 - GENERAL MEDICINE | 400 - NEUROLOGY | Priory 4 | 2,100 | 1,922 | 940 | 918 | 1,840 | 1,693 | 1,056 | 991 | 91.53% | 97.7% | 91.98% | 93.8% | 655 | 5.5 | 2.9 | 8.4 | Sign Off |
| + | + | + | Priory 5 - Gastro/Resp | SPR5 | 340 - RESPIRATORY MEDICINE | 301 - GASTROENTEROLOGY | Pr5 | 1,992 | 1,937 | 1,100 | 1,105 | 1,942 | 1,931 | 1,056 | 1,041 | 97.26% | 100.45% | 99.43% | 98.58% | 897 | 4.3 | 2.4 | 6.7 | Sign Off |
| + | + | + | SAU - Sandwell | SSAU | 100 - GENERAL SURGERY | 110 - TRAUMA & ORTHOPAEDICS | SAU (New) | 1,633 | 1,556 | 1,286 | 1,273 | 1,690 | 1,594 | 540 | 517 | 95.31% | 99.05% | 94.33% | 95.74% | 434 | 7.3 | 4.1 | 11.4 | Sign Off |
| + | + | + | AMUs - City | CM_AMU | 326 - ACUTE INTERNAL MEDICINE | | AMU CITY | 5,269 | 5,384 | 1,892 | 1,709 | 3,919 | 3,862 | 1,921 | 1,898 | 102.17% | 90.35% | 98.55% | 98.8% | 1337 | 6.9 | 2.7 | 9.6 | Sign Off |
| + | + | + | CCS - Critical Care Services - City | CCCS | 192 - CRITICAL CARE MEDICINE | 300 - GENERAL MEDICINE | CCS City | 3,683 | 3,637 | 425 | 403 | 2,695 | 2,583 | 0 | 0 | 98.77% | 94.82% | 95.84% | #NUM! | 340 | 18.3 | 1.2 | 19.5 | Sign Off |
| + | + | + | City Surgical Unit (CSU) | CD27 | 101 - UROLOGY | 120 - ENT | CSU (D25) | 32 | 34 | 59 | 92 | 22 | 22 | 12 | 12 | 106.35% | 156.41% | 100.0% | 100.0% | 570 | 0.1 | 0.2 | 0.3 | Sign Off |
| + | + | + | D11 - Male Older Adult | CCDU | 430 - GERIATRIC MEDICINE | | D11 | 986 | 987 | 1,036 | 998 | 609 | 609 | 1,023 | 1,022 | 100.19% | 96.4% | 100.0% | 99.9% | 541 | 2.9 | 3.7 | 6.7 | Sign Off |
| + | + | + | D15/D16 Gastro/Resp | CM_D15D16 | 340 - RESPIRATORY MEDICINE | 301 - GASTROENTEROLOGY | D15 | 1,131 | 1,190 | 1,121 | 1,014 | 1,697 | 1,658 | 838 | 759 | 105.22% | 90.49% | 97.69% | 90.51% | 1087 | 2.6 | 1.6 | 4.3 | Sign Off |
| + | + | + | D17 (Gynae Ward) | CFSW | 502 - GYNAECOLOGY | | D17 | 1,107 | 1,100 | 696 | 696 | 635 | 703 | 341 | 341 | 99.32% | 100.07% | 110.84% | 100.0% | 432 | 4.2 | 2.4 | 6.6 | Sign Off |
| + | + | + | D19 - Paediatric Medicine | CD19 | 420 - PAEDIATRICS | 120 - ENT | CPAU | 1,591 | 1,579 | 781 | 737 | 0 | 0 | 0 | 0 | 99.25% | 94.36% | #NUM! | #NUM! | 175 | 9.0 | 4.2 | 13.2 | Sign Off |
| + | + | + | D26 - Female Older Adult | CD26 | 430 - GERIATRIC MEDICINE | 300 - GENERAL MEDICINE | D26 | 1,089 | 1,092 | 881 | 783 | 747 | 703 | 885 | 828 | 100.28% | 88.88% | 94.11% | 93.56% | 631 | 2.8 | 2.6 | 5.4 | Sign Off |

## Safe Staffing Return : 01/09/2019 to 30/09/2019

## Annex E

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | D43 - Community RTG | CD43 | 318 - INTERMEDIATE CARE | 430 - GERIATRIC MEDICINE | D43 | 1,369 | 1,357 | 1,288 | 1,217 | 966 | 944 | 1,023 | 990 | 99.12% | 94.49% | 97.72% | 96.73% | 756 | 3.0 | 2.9 | 6.0 | Sign Off |
| + | + | + | D47 - City | CD47 | 430 - GERIATRIC MEDICINE | | Sheldon | 658 | 655 | 1,249 | 1,210 | 632 | 624 | 690 | 665 | 99.62% | 96.92% | 98.62% | 96.36% | 554 | 2.3 | 3.4 | 5.7 | Sign Off |
| + | + | + | D5/D7 - Cardiology | CM_D5D7 | 320 - CARDIOLOGY | 300 - GENERAL MEDICINE | Acute Card | 5,675 | 5,574 | 838 | 819 | 3,094 | 2,943 | 276 | 276 | 98.22% | 97.67% | 95.12% | 100.0% | 1034 | 8.2 | 1.1 | 9.3 | Sign Off |
| + | + | + | Labour Ward - City | CLW | 501 - OBSTETRICS | | Del Suite | 3,885 | 3,837 | 909 | 749 | 3,331 | 2,919 | 714 | 634 | 98.75% | 82.44% | 87.62% | 88.73% | 333 | 20.3 | 4.2 | 24.4 | Sign Off |
| + | + | + | Maternity 1 - City | CM_M1 | 501 - OBSTETRICS | | M1 | 1,333 | 1,350 | 877 | 767 | 897 | 792 | 552 | 555 | 101.23% | 87.46% | 88.27% | 100.54% | 556 | 3.9 | 2.4 | 6.2 | Sign Off |
| + | + | + | Maternity 2 - City | CM_M2 | 501 - OBSTETRICS | 424 - WELL BABIES | M2 | 1,217 | 1,249 | 640 | 652 | 794 | 787 | 386 | 393 | 102.59% | 101.88% | 99.21% | 101.82% | 535 | 3.8 | 2.0 | 5.8 | Sign Off |
| + | + | + | Neonatal Unit - City | CNNU | 422 - NEONATOLOGY | | NEO | 2,601 | 2,655 | 697 | 650 | 1,872 | 1,812 | 619 | 558 | 102.1% | 93.25% | 96.77% | 90.15% | 336 | 13.3 | 3.6 | 16.9 | Sign Off |
| + | + | + | Serenity Birth Centre - City | CSBC | 501 - OBSTETRICS | | Serenity | 1,251 | 1,061 | 516 | 532 | 817 | 752 | 483 | 488 | 84.83% | 103.15% | 92.04% | 101.09% | 76 | 23.9 | 13.4 | 37.3 | Sign Off |
| + | + | + | Ophthalmic Unit - City | CEYEIP | 130 - OPHTHALMOLOGY | 180 - ACCIDENT & EMERGENCY | Eye Ward | 1,975 | 1,798 | 558 | 543 | 527 | 509 | 35 | 35 | 91.04% | 97.35% | 96.49% | 100.0% | 184 | 12.5 | 3.1 | 15.7 | Sign Off |
| + | + | + | Eliza Tinsley Ward - Community RTG | RETIN | 318 - INTERMEDIATE CARE | 300 - GENERAL MEDICINE | ET | 839 | 851 | 964 | 940 | 690 | 690 | 943 | 898 | 101.54% | 97.46% | 100.0% | 95.17% | 639 | 2.4 | 2.9 | 5.3 | Sign Off |
| + | + | + | Henderson | RHEND | 318 - INTERMEDIATE CARE | | Henderson | 1,189 | 1,157 | 1,467 | 1,371 | 645 | 671 | 989 | 964 | 97.31% | 93.41% | 104.03% | 97.52% | 669 | 2.7 | 3.5 | 6.2 | Sign Off |
| + | + | + | McCarthy - Rowley | RMCCA | 318 - INTERMEDIATE CARE | | McCarthy | 775 | 837 | 995 | 944 | 689 | 702 | 706 | 672 | 108.07% | 94.82% | 101.89% | 95.18% | 447 | 3.4 | 3.6 | 7.1 | Sign Off |
| + | + | + | Leasowes | LEAS | 318 - INTERMEDIATE CARE | | Leasowes | 1,205 | 1,301 | 1,247 | 1,259 | 718 | 715 | 732 | 720 | 107.94% | 100.96% | 99.58% | 98.36% | 546 | 3.7 | 3.6 | 7.3 | Sign Off |
| | | | Total | | | | | 69,469 | 68,702 | 37,089 | 35,538 | 50,901 | 49,184 | 26,538 | 25,864 | 98.9% | 95.82% | 96.63% | 97.46% | 22767 | 5.2 | 2.7 | 7.9 | |

**Annex F**

Appendix 1 – Healthcare Worker Flu Vaccination Best Practice Management Checklist – for Public assurance via Trust Boards by December 2019.

| **A** | **Committed Leadership**<br>(number in brackets relates to references listed below the table) | **Trust Self-Assessment** |
|---|---|---|
| A1 | Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing. | Yes |
| A2 | Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers. | Yes |
| A3 | Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt. | Yes |
| A4 | Agree on a board champion for flu campaign. | Yes |
| A5 | All board members receive flu vaccination and publicise this. | Yes |
| A6 | Flu team formed with representatives from all directorates, staff group and trade union representatives. | No |
| A7 | Flu team to meet regularly from September 2019. | No |
| **B** | **Communication Plan** | |
| B1 | Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trade unions. | Yes |
| B2 | Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper. | Yes |
| B3 | Board and senior managers having vaccinations to be publicised. | Yes |
| B4 | Flu vaccination programme and access to vaccination on induction programmes. | Yes |
| B5 | Programme to be publicised on screensavers, posters and social media. | Yes |
| B6 | Weekly feedback on percentage uptake for directorates, teams and professional groups. | Yes |
| **C** | **Flexible Accessibility** | |
| C1 | Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered. | In progress |
| C2 | Schedule for easy access drop in clinics agreed. | Yes |
| C3 | Schedule for 24 hour mobile vaccinations to be agreed. | Yes |
| **D** | **Incentives** | |
| D1 | Board to agree on incentives and how to publicise this. | Yes |
| D2 | Success to be celebrated weekly. | Yes |

**Annex G**

# Report to the Trust Board: 7th November 2019
# Hard FM Progress to Contract Update

1. The Board has discussed facilities management arrangements for our future on several occasions. In 2014/15 our OBC for Midland Met agreed to outsource FM provision as part of the PF2 model. Such hard FM outsourcing was indeed a precondition of that financing model. At the time we made provision for the potential variation of that contract to include non-PF2 estate at the future discretion of the Board. In 2018/18, with the termination of the SPV contract, we determined that we should proceed a concurrent but distinct FM procurement to ensure that our construction contractor was supported by our future FM supplier. In order to offer our staff future certainty we also decided that in 2019/20 we would decide if our non-Midland Met estate would be supported by the same or a different supplier. We determined a position of neutrality/best value over whether that supplier was in-house, public sector, or private sector. FM provision to the BTC was implicitly excluded from these considerations, after extensive work in 2017 determined no interest from the current contractor and funder in varying out their FM model.

2. With external legal and specialist professional advice we have then proceeded a framework procurement to establish a framework covering 4 lots: Lots 1 and 2 relate, in different time periods, to the Midland Met, including lifecycle. Lot 3 covers all other estate excluding Midland Met and the BTC. Lot 4 covers both Lot 3 lifecycle and the wider capital programme of the Trust. Permission to proceed this way if covered as necessary in the Midland Met OBC and FBC. DHSC have confirmed that the Trust has permission to make contract award. Other Lots fall below the external approval threshold required by our regulator.

3. A moderation scrutiny group consisting of Dinah McLannahan, Richard Samuda, Toby Lewis, and Alan Kenny reviewed the merits of the Engie offer on the 21st October2019. The Engie offer passed the Trust's quality benchmarks and was also, at Framework level covering all Lots, within the Trust's affordability criteria. The scrutiny group recommended the appointment of Engie subject to the satisfaction of a number of conditions. These conditions were captured in the Preferred Bidder Letter issued to on 23rd October 2019.

4. The Estates MPA on the 25th October 2019 noted the expectation of contract award further to a decision at the upcoming board meeting pending confirmation of the satisfaction of the Preferred Bidder letter conditions. Annex 1 sets out the agreed thresholds.

Warren Grigg
Commercial and Senior Project Manager
31st October 2019

## **Annex 1** - Material Conditions Required

| Preferred Bidder Letter Conditions | | | |
|---|---|---|---|
| **No** | **Aspect** | **Commitments** | **Success Criteria** |
| **1.** | **Contract Documents** | Incorporation of all dialogued topics into updated contract documents to the satisfaction of both parties | **Confirmation from Capsticks** - Contract docs updated in line with dialogue to the satisfaction of the Trust and our Legal Advisors |
| **2.** | **Termination thresholds** | Agree appropriate Termination threshold for SFPs (considering the other 'default' limbs within the contract) | **Confirmation from Motts** - Termination thresholds for Service Failure Points are defined in the contract and determined as appropriate by the Trust's technical advisors |
| **3.** | **Pensions** | Clarity of timings when a direction letter will be obtained. Clarity of risk allocation if this is not obtained and commercial impact. | **Confirmation from Capsticks and Trust HR –** The risk allocations associated with Pensions are fully understood and documented within the contract documents to the satisfaction of the Trust. |
| **4.** | **Affordability** | The Trust and ENGIE will work together to identify where the Lot 2 Contract Prices can be fine-tuned to achieve a more efficient Contract Management Service for Lot 2. | **Confirmation from the Trust –** Lot 2 as a stand alone contract is within the Trust's affordability parameters |
| **5.** | **Interfaces** | Appropriate detail to be included within the Method Statement on Clinical, Soft Services, IM&T and EBME. Specifically 'how' these interfaces would be undertaken/managed. | **Confirmation from the Trust and Motts** – all appropriate interfaces between the Hard FM provider and the Trust and other third party providers have been documented and the responsibilities are clear. |
| **6.** | **Mobilisation** | Specific points of clarity to be resolved on how the Lot 1 requirements will be delivered | **Confirmation from Motts** – they confirm that the Hard FM method statements adequately respond to the Trust's Output Specifications |
| **7.** | **Lifecycle Plans** | Specific points of clarity to be resolved on how the Retained Estate Lifecycle Plan will be developed | **Confirmation from the Trust and Motts -** they confirm that the Hard FM method statements adequately respond to the Trust's Output Specifications.<br>The draft Lifecycle models within the contracts are appropriate and in line with benchmarks.<br>The Lifecycle responsibility matrix is appropriate |
| **8.** | **Lot 4** | Points of clarity to be resolved on how Lot 4 works will be managed in line with the Trust's specifications and | **Confirmation from Motts** – they confirm that the Hard FM method statements adequately respond to |

| Preferred Bidder Letter Conditions | | | |
|---|---|---|---|
| **No** | **Aspect** | **Commitments** | **Success Criteria** |
| | | Contract documents | the Trust's Output Specifications |
| **9.** | **Local Regeneration** | Confirmation that Engie will guarantee their proposals.<br>Definition of 'Local' e.g. how local is the 70% commitment to supplier spend. | **Confirmation from Motts** – they confirm that the Hard FM method statements include appropriate 'guarantees' and also appropriately define the criteria |
| **10.** | **Smart Buildings** | Need detail what the Trust's £300k investment buys and the extent of the saving from the Construction Contract. | **Confirmation from Motts and Capsticks** – full understand of the commercial impact of this investment, what it buys the Trust, and that contract procedures are documented. |
| **11.** | **Tender Clarifications** | Updating of Method Statements or providing of suitable evidence to the Trust to address tender clarifications. | **Confirmation from Motts** – they confirm that the Hard FM method statements adequately respond to the Trust's Output Specifications |