Paper ref:	TB (11/19) 024

Sandwell and West Birmingham Hospitals NHS Trust

Report Title	NHS Regulatory Undertakings – monthly status update		
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]*

Alongside the usual monthly summary is an update table on agency spend projections, together with detail on four hour improvement work.

The Board needs to consider what additional actions or scrutiny is needed to secure faster or better delivery of these key obligations.

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]*	x

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

Monthly report to Board

4. Recommendation(s)

The Trust Board is asked to:

a.	**DISCUSS** the credibility of plans to achieve two hour decision making in our EDs

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	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		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 update	This month's update
Operational Performance issues Breach of A&E 4 hour waiting time since June 2016. **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.	During the first three weeks of September we did not meet our original nor our revised trajectory overall, and whilst we improved minors performance we did not eliminate minors breaches. We delivered four hour wait performance MTD of: • 83.6% • 78.1% • 75.7% Data since 21-09 is not wholly reliable. From 07-10 need to return to reporting of our sub-indicators and implement the improvement actions agreed by the Board in August. November's Board will again see the plan presented with monthly updates appended to this report at Board and Q&S.	As promised November's Board will see routine updates. Triage times are recovering now to pre Unity levels. Our prior and now compounded issue remains the delay to decisions within ED. Actions to address that are outlined and timetabled in the appended annex.
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 FIC report records work done as left. There remains detailed improvement work needed to address likely month 12 income under-recovery and a Chief Executive led challenge meeting on October 11th will engage managers and clinicians in making improve/cut decisions consistent with changing a projected £7.5m under-recovery in surgery.	An agreed income improvement plan has been developed and is being implemented with a dedicated "war room" in place within HQ including clinicians, managers and booking staff. FIC on January 2nd can see data on outcomes from that work.
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.	Improvement has not proceeded as outlined and a specific annex is added to this report which gives an indication of our exit run rate aim and permits detailed tracking and Board level scrutiny of progress, overseen through the director of people and OD.	The attached annex shows some improvement. Progress on medical staff in medicine and emergency care is improving and will be reviewed in detail at the November Group Review

Requirement	Last month's 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.	As left, being led by the director of governance.	A review of SIs is with the Board today and an update on the specific actions from the 2017 review will be issued to the Q&S committee during Q3
Programme Management The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.	In line with our well led plan reported elsewhere we continue to develop our programme management resourcing and will report in more detail to the Board in February as part of agreeing our annual plan for 2020-21.	No change since last month's report
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 report remains extant. Debts held with two large neighbouring organisations (funds owed to us) may inevitably create some short term turbulence while the issue is resolved.	No change since last month's report.

Toby Lewis, Chief Executive
November 1st 2019

Annex A

Immediate plans to improve four hour delivery:

The Trust is aiming to deliver a minimum 81% four hour performance in November, which restores prior standards missed over the last six weeks since Unity Go Live.

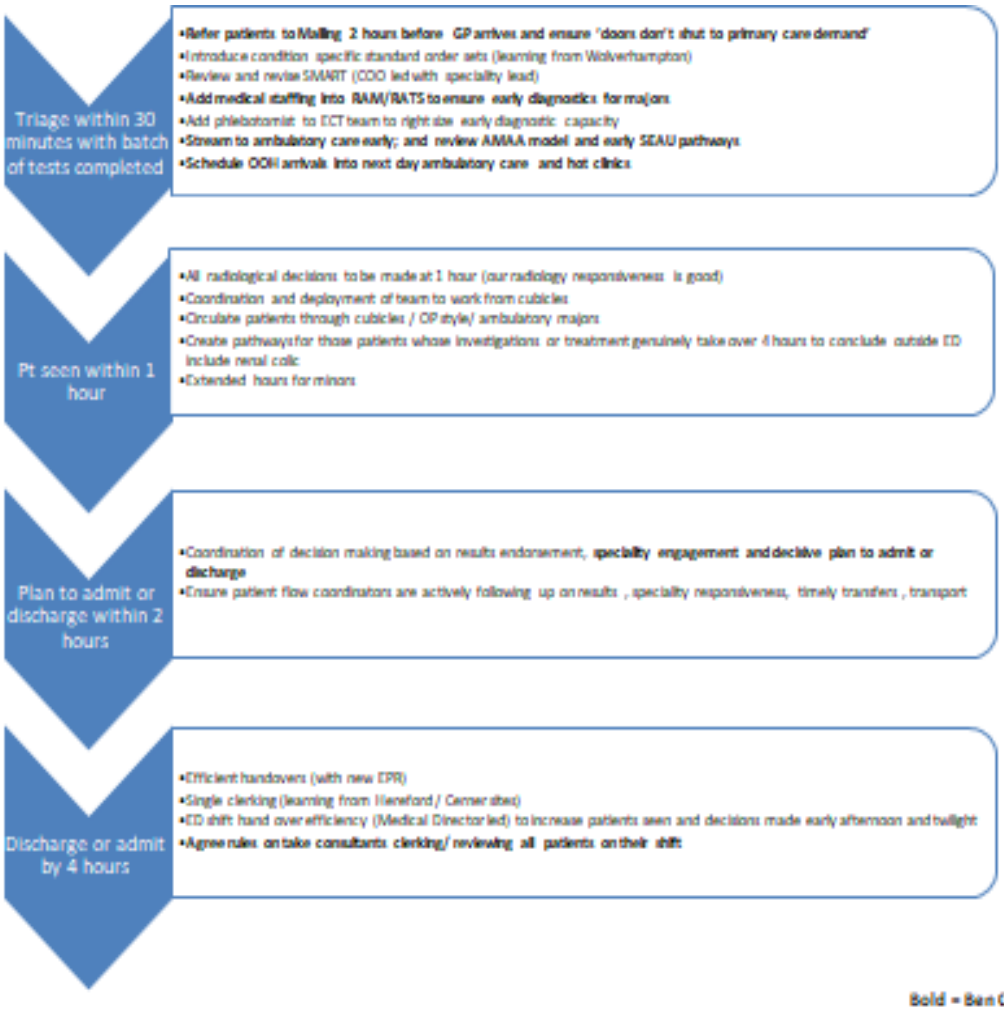
We are working in two domains:

- Bedflow through smarter management of discharge volume and timing

We know that we need to discharge 54 medical patients each day for seven days to make our inflow work. Within that we need 16-20 empty AMU beds at 21:00 nightly. This scale of discharge has fallen from 5/7 days to 3.5/7 days since Unity.

- Processes of care in the Emergency Departments themselves

The schematic below shows the intended performance for our patients in ED. Data is available on the four steps, which shows that it is the 'middle two' that are missed in 60-80% of cases.



Bold = Ben Owens recommendations

Improvement time table

	Improvement initiative	Note	Start / implementation date
Triage within 30 minutes with batch of tests complete			
1	**Refer patients to Malling PC 2 hours before GP arrives and ensure 'doors don't shut to primary care demand'**		1.11.19
2	Introduce condition specific standard order sets (learning from Wolverhampton)	Standards signed off. For upload on to EPR	1.11.19
3	Revised model of SMART and RAM with senior decision maker to trialled • Review and revise SMART (COO led with speciality lead) • **Add medical staffing into RAM/RATS to ensure early diagnostics for majors**	Revised model agreed for pilot.	4.11.19
4	Add phlebotomist to ECT team to right size early diagnostic capacity		In place
5	**Stream to ambulatory care early; and review AMAA model and early SEAU pathways** **Schedule OOH arrivals into next day ambulatory care and hot clinics**	Independent review of AMAA with **recommendations on implementation approach to be received by 11.11.19**. We are engaging external expertise to lead change approach.	Implementation will star in November.
Patient seen within 1 hour			
6	All radiological decisions to be made at 1 hour (our radiology responsiveness is good)	Improvement anticipated with revised SMART/ RAM model	4.11.19
7	Coordination and deployment of team to work from cubicles	Roles and responsibilities clear. Visual management in place in ED.	In place
8	Circulate patients through cubicles / OP style/ ambulatory majors	Await best practice reference site from NHSM/ ECIST. ED leadership team to present proposal 6.11.19	Pilot wc 11.11.19
9	Create pathways for those patients whose investigations or treatment genuinely take over 4 hours to conclude	Focus on renal colic. Medial director to direct new pathway	11.11.19

	Improvement initiative	Note	Start / implementation date
	outside ED include renal colic	implementation. Meeting wc 4.11.19 to sign off.	
10	Extend minors into night shift	Agreed workforce model to mobilise asap.	By end November
Plan to admit or discharge in 2 hours			
11	Coordination of decision making based on results endorsement, **speciality engagement and decisive plan to admit or discharge**	Improvement partially dependant on test results and improvement in no 2-4.	Review wc. 18.11.19
12	Ensure patient flow coordinators are actively following up on results , speciality responsiveness, timely transfers , transport	Role defined, educational support and competencies in place. Variation in practice to standardise by mid November.	18.11.19
Discharge or admit in 4 hours			
13	Efficient handovers (with new EPR)	PDSA improvement week being designed for early November.	18.11.19
14	Single clerking (learning form Hereford / Cerner sites)	Review proposal 6.11.19	By end November
15	ED shift hand over efficiency (Medical Director led) to increase patients seen and decisions made early afternoon and twilight	Agree new handover process 6.1.19	11.11.19
16	**Agree rules on take consultants clerking/ reviewing all patients on their shift**	Medical Director to meet with medical team wc 4.11.19	18.11.19

(Bold = Ben Owens recommendations)

Further work is needed in coming days to hone our discharge improvement plan. This will be circulated to the Board by November 7th.

Rachel Barlow
Chief Operating Officer

Annex B

NHSI Undertakings - Agency Plan

Professional group	Planned position September	Actual September position	March 2020 planned exit rate	Month 12 Exit rate as of October 19	Comments
Overall	-980	-1586	-1102	-1204	
Medical Agency including recruitment of substantive staff, LTS and STS reduction, rostering improvements.	-418	-649	-454	-635	Surgical services additional £70k of spend predicted to deliver production plan Roster improvements still to be made
Nursing & midwifery Agency including recruitment of substantive staff, LTS & STS reduction, rostering improvements, reducing unlocking forms	-336	--612	-429	-391	External recruitment fairs Increased rostering compliance including reducing unlocking forms Reducing short term sickness Rostering improvements not being delivered Over allocation of A/L
Admin and Clerical Incl. grip & control, completing UNITY, recruitment to substantive staffing	-120	-72	-114	-67	Substantive recruits successful sooner than predicted. Informatics spend reducing
AHP Agency Recruitment of substantive staff, LTS & STS reduction	-102	-150	-105	-107	AHP agency reduction plans are working well and should exit the year on trajectory