Paper ref:	TB (12/19) 012

Sandwell and West Birmingham Hospitals NHS
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**	5th December 2019

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

The report outlines significant projects and progress over the last month across a range of patient, people and partnership endeavours. It also acknowledges the deterioration in constitutional standard performance in the month after Unity Go-Live.

The final section of the paper outlines our approach to recovery from the major slippage in four hour standard performance and the flat-lining of discharge improvement efforts. The Board is requested to discuss this position, reflecting on the detailed plan presented last month.

Work across our STP and within our place based alliances is also outlined, noting the changes to the leadership of our four CCGs. There is an encouraging congruence now to the proposed governance of the STP to align to the place-led agenda that is needed in both Sandwell and Ladywood and Perry Barr.

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.	**DISCUSS** the failure to sustain improvements in our 4 hour wait time performance in-month
b.	**RECOGNISE** the work being done to tackle key quality and workforce risks in our Trust

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	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 5th December 2019

Chief Executive's Summary of Organisation Wide Issues

1. **The month of October has been an extremely challenging one**. My report sets out many examples, nonetheless, of good practice, and grounds for optimism about next month and the winter. That written, we must acknowledge – and learn from - the difficulties experienced. Clearly at the end of September we began implementation of a complete EPR change, Unity, and the impact of that in October was significant. Significant not just in data quality terms, but also leadership bandwidth at a local level. We will discuss the extent to which those issues are now surmounted.

2. Considerable time during November has been focused on moving forward with the **Midland Metropolitan**. In addition other key projects have been taken through critical milestones. This including our UK-leading Artificial Intelligence imaging project, important future collaborations with GP neighbours, and our planning applications for our long-term car parking solutions at both Sandwell and City. We are close to reaching commercial close for the Midland Metropolitan with Balfour Beatty, and when we do, we have also secured our facilities management supplier.

3. Our patients

3.1 In October the Board reviewed work on Organ donation, and discussed how we might contribute more to work on blood transfusion, and on tissue capture. I am pleased to confirm that the latest National Blood and Transplant report into the Trust's work describes **exceptional practice**. It states, for example, that "when compared with national data, during the time period your Trust was exceptional for the referral of potential organ donors and exceptional for Specialist Nurse presence when approaching families to discuss organ donation". The Executive Quality Committee will continue to oversee our ambitions for further improvement.

3.2 The **Care Quality Commission report into D11 and D26** (our elderly care wards at City) is now published on their website. It sets out good quality care in looking after, in particular, pressure damage risk. It is pleasing to read affirmation of staff confidence in addressing complex situations related to safeguarding. We know that staffing remains a challenge in all older people's wards, but it does appear that the 'cluster' model linking our specialist wards across sites and looking to develop Consistency of Care standards is bearing fruit. Of course the report notes work to do on mandatory training, which is a subject routinely addressed within the Board.

3.3 The health economy strategy for 2019 and 2020 was to seek to manage more of the care needs of local people in local providers. This is perhaps well understood as a community wealth proposition, in the lexicon of the local authority. In our terms this in particular sees **a material growing of volumes of surgical care providing through our treatment centres**. The expansion of BMEC, our specialist eye centre, into the BTC is one part of that, expanding orthopaedic care to undertake more intermediate work, and next year complex surgery, is another. To October the strategy has been slower to take root than we had planned, but progress in November is really encouraging. As we move into 2020 we want to make sure we cut patient cancellations, and meet our throughput requirements. It remains the right strategy to offer care locally, with the continuity and better access that that implies.

3.4 **In mid-month we implemented the respiratory reconfiguration**, which moved ward beds from Sandwell to City, and creates a single service hub for specialised care. This 'diverts' around five ambulances each day to Dudley Road, on the journey that will happen when we open Midland Met. Throughout December we will track the impact of the changes, both against the Board's agreed quality improvements, and against unintended adverse consequences. Early signs are encouraging that the changes have been a success. Part of the intent has always been to create a different relationship between acute and respiratory medicine, and we will ensure in 2020 that that synergy is achieved. At Sandwell a clinical team supports acute admissions, and nurse-led specialist care is now in place for key conditions and pathways. This model will increasingly be one the Trust follows as it offers career progression for staff and a high quality service for patients.

3.5 We are almost ready to move our neonatal services back into their refurbished home at City. The new space offers much better accommodation for children and families, and a chance to make sure we deliver our aims around infection, hand hygiene, and timely interaction with consultant specialists. We should have the new unit open before Christmas. Build work has now commenced on **the new paediatric facility at City** ED, which brings together our D19 assessment unit, and our children's A&E, into a single 24-7 service. This is due to open in March 2020. Midland Met brings a much clearer demarcation between our adult and our children's services, and makes it plainer that the Trust is a major centre for paediatric care – both in the community and in hospital. The new service model is another that we will implement, improve, learn from, and then move into those new 2022 facilities.

3.6 Extra investment in **care home projects** and launch of the Sandwell Integrated Care Hub are both key steps in our work to build a sustainable model of coordinated care for older adults. We now have a single health/social care team, working out of the Lyng, and supported by the better care fund, and our Urgent Care delivery board has

expanded last year's support to care homes to try and prevent admissions where we can. For next year there is an even more exciting agenda associated with the ground-breaking research work being led by Professor Dan Lasserson from the University of Birmingham in collaboration with our acute medical team. The Board's quality and safety committee has discussed our focus on frailty in the months ahead, and the Trust must achieve excellence in this field if we are to move from our 2020 vision towards our local version of the NHS long term plan, and indeed vision 2030 for the borough.

3.7 The Board considers today an important report on **the patients' voice** in our organisation. There is plenty of good practice in how individual services, and how our organisation as a whole, and in partnership, undertakes work to hear what we do well and what we could do better. There are exciting examples, for instance in GI medicine, is patient-led groupings being at the heart of service improvement. Our Patient Portal in 2020 offers another mechanism to enhance that approach. At the same time, consistently across national patient surveys and other mechanisms we have to recognise a message that we sometimes talk past or around our patients in clinical situations. That can never be our approach and is something we are committed to improving before we move into Midland Met.

4. **Our workforce**

4.1 One of the facets of 'challenge' in October was a striking rise in short term sickness rates. This is cited in the IQPR and is the focus of work within the People and OD team. The underlying issues will be considered at the Board's POD committee on December 17th. **Progress to address long term sickness absence is encouraging,** and we are close to meeting our plans for this year. There remains work to do in Q4 to ensure that our rehabilitation/return to work options have sufficient take up and scale, and to understand what the HSE/stress assessments are showing in our most challenged teams. Work on this theme within our Core Medical Trainee cluster is showing encouraging QI results, which are attracting regional interest.

4.2 The Clinical Leadership Executive has followed through on the Board's **induction focus** from last month. Survey data clearly shows continued issues with corporate induction which Raffaela Goodby will work to resolve before January. Positively we are now concluding our implementation plan for digital identity across the Trust which will ensure on entry an ESR linked profile for IT access. The next phase is to ensure cogent exit arrangements, consistent with the leavers' audit presented by Rachel Barlow at our last meeting. In simple terms we want to make starting easy and leaving conclusive. During 2020 we will look to Mick Laverty to assure the Board on the 100-day feedback of our new intake. 40% of our exits are among people in their first 24 months of employment – to deliver we need to change that.

4.3 **Flu vaccination** take-up remains behind the trajectory of the last three years. This does, in part, reflect some challenges nationally about vaccine supply, but also some of the competing pressures seen within the Trust. This is though a key issue for us, and one we are committed to getting right. 85% coverage remains the standard we are seeking to deliver and at least another 2,000 vaccinations are needed to achieve this goal. We are working hard to do that before Christmas.

4.4 Recruitment progress is outlined in our annex. There are encouraging signs in our ability to attract HCAs, and some specialised nursing roles. Simply put we will not succeed in the coming years unless we become distinctively excellent in hiring, at pace and quality, to patient-facing roles. There is work to do in coming weeks to hone the clarity of our recruitment message and promise. Myself, Raffaela Goodby and Paula Gardner continue to work to make sure that those messages are credible and consistent through 2020. Notwithstanding national gaps, we need to cut **nursing vacancies** if we are to meet our ambitions.

4.5 Our Group Review cycle in November considered first phase outputs from the work being done on **Hard-To-Fill roles**. HR Business Partners and group leaders were able to describe well thought through plans to tackle persistently vacant roles. In January, these teams will need to present final plans for 2020-2021, which address the drive we have to implement Nursing Associates, Imaging Assistants, Physicians' Assistants, and other re-defined roles. In providing for a pay bill estimated in 2020/21 at £330m or less, we need to make sure that these plans have credibility in addressing longstanding gaps in our clinical workforce. This will be a key part of our workforce assurance process against NHS England/Improvement standards.

5 Our partners

5.1 We continue to work **with Cerner to embed our Unity product,** and also to prepare for the next phase of implementation in 2020. That sees us take the Surginet product, but also bring integrated voice technology to bear, reducing duplicate work in clinic and other settings. Our aim remains that our portal will allow patients to track in real time their care, including bookings of appointments and tests, as well as to have access to the clinical record. Cerner are providing our AMS back-up for technical queries now with Unity, and meanwhile we have continued our 24-7 IT helpdesk launched in August. Outstanding IT incidents have fallen from 2018's 4000+ to around 1000 and there are credible plans to shrink that further to meet our goal of all queries being addressed in-month.

5.2 Not only have we launched an innovative AI technology in imaging with IBM Watson, but have now **agreed upgrade and hosting arrangements for our PACs system from January 2020**. This will secure resilience which has been a key issue over many years

with this product, and when combined with the home reporting solution through Pulse that we implemented in July, offers the Trust a platform on a par with any in the West Midlands. This is consistent with the Board's aim for 2019 to deliver request to report wait times that are region leading. Now our collaboration for reporting with overseas partners is secured, we should quickly see improvement in the four week and especially the one day standard covered in my annexes.

5.3 The development of the Aston University Medical School has been an exciting feature of our work over the last few months. The **first clinical placements will take place from August 2020**, and the Trust remains the largest host organisation within this enterprise. Securing clinical time to teach, train and simulate is a call on scare resource but also a key enabler of recruitment and work balance. Jawad Khan has led the proposition within our team, with Shagaf Bakour taking the key role for Aston. In March the Board will hear a detailed presentation of the implementation plan, but also of the key aims of this long term transformation project.

5.4 Against that background it was helpful to complete **our Undergraduate education external assessment with the University of Birmingham last month**. An extremely positive report has been issued to us, which not only reflects longstanding strengths, but also the resolution of prior issues and difficulties. The report explicitly praises the Trust for the work that we have done, led by Saket Singhal, to make sure that we balance the input received by UoB students even as we prepare to add Aston students into our organisation.

6 Our commissioners

6.1 The Board is well-sighted on the decision in 2016 to issue notice on our contract for **complex gynae-oncology specialist surgery**, primarily because of a 40% cut in the budget offered to us by commissioners. In intervening years we have maintained the service whilst myriad options for its future were examined. The Trust has now indicated to commissioners to circumstances under which we would rescind our notice and provide a long term base for this regional service in the Midland Met. Positive discussions have taken place with the aim of reaching a conclusion on this matter over coming weeks. Meanwhile, we are exploring developing an extended critical care capability within the ward for this cohort of patients, in order to reduce the likelihood of late notice surgical cancellation.

6.2 We continue to have **encouraging discussions about future funding and risk models with the new commissioning leadership across the four local CCGs**. The Trust has had a variety of non-PBR contracts over recent years, as we try to work differently with commissioners to change service models and focus more attention on outcomes and less on contacts. It remains possible that, either in real or shadow form, we may be able to create an innovative contract for the coming year. And

there is certainly a shared interest in a multi-year contract beyond that. We have seen the benefits of that with health visiting and end of life care in the past two years. For a Trust with such a huge transformation agenda in 2022, to be able to have secure arrangements from 2021 to 2024 would be a huge enabler, offering a combination of both continuity and scope to permit innovation.

7. **Black Country and West Birmingham STP / ICS**

7.1 Both in Sandwell and in Ladywood and Perry Barr, the Healthy Lives Partnership has hosted our first 'board-style' meetings to try to operate a place level alliance across partners and across care sectors. This is the culmination of work over a number of months. I remain hopeful that by creating both common purpose and shared risk model these collaborations can offer sustained vehicles for improvement. The draft **Response Plans will come to the Board** in February so that we can assure ourselves that our Trust annual plan is congruent with these wider long term outcomes goals in areas like obesity and school readiness. Consistent with our values, we need to be certain we are biasing our funds, time and expertise towards these aims.

7.2 The Board considered the draft STP Long Term Plan when we last met. Based on regulatory feedback there remains work to do to make the plan as impactful as we would all want. **Our populations are among the most disadvantaged in the region**, have high rates of poverty and inequality, and poor outcomes. Our Public Health Committee considered last week material from Paul Maubach's team on Healthy Life Expectancy – and it was encouraging too to hear such a positive response from partners to the proposal from ourselves, Walsall, and Birmingham City Council for the STP to make commitments towards Living Wage accreditation over the next year.

8. **Conclusion**

8.1 It is clear within the IQPR that during October wait times in our emergency departments fell sharply. Despite specific improvements, discussed below, the overall position in November remains 10% below our Q3 trajectory. **We need to consider what more can be done, and what can be done differently to assist the situation, both in terms of care pathways and process, and employee morale and cohesion.** We have contributed to our STP UEC, and have engaged actively with NHS Improvement and ECIST to analyse the position and seek for best practice. Site visits take place at the start of December focused both on processes inside the A&Es and on discharge practices including long length of stay, where our summer improvements have stalled.

8.2 The focus on our work **inside ED is focused on four pathway standards**: Ensuring initial triage including ambulance handover; having a senior clinician seen each

patient in the first hour; key decision making for most patients within two hours (23%); and discharge or admission within four hours (71%), again for most patients. To this end we have undertaken a series of changes during November, including the following to try and make a difference:

- Reorganising the relationship between ED triage and our GP 'front end' to divert more patients, including children into the latter service
- Investing more staff time into the minors work-stream, especially out of hours
- Establishing best practice order sets from Wolverhampton on initial arrival and working to make sure that our pathway to imaging is smooth and effective
- Reorganising SMART and RAM to make sure that consultant led majors triage is taking place, while introducing an ambulatory majors cubicle
- Working alongside individual clinicians and teams to coach and support best practice exhibited by members of the team across the wider team

8.3 Of course, **"exit block", from ED into our bed base, puts a pressure on cubicle space and congests the department as a whole**. For much of the latter part of November we have operated at 100% occupancy. The focus of improvement effort is on bedside handover, with smooth administration of Unity-Capman. To make our bed base work we need all our overnight beds to be cohorted within our AMUs, with transfers into the wider bed base accomplished in the morning and afternoon. As that implies we need to achieve 374 weekly medical bed base discharges, and are usually at about 80% of that figure presently. That includes 75 in/outs into our community bed base, which is now being assisted by an in-reach model from our PCCT teams. To see these changes deliver some occupancy headroom, we also need to make two things happen which have proved sticky: We want to reduce the number of long stay inpatients from around 120 to nearer 80, and we need to make smarter and better use of our ambulatory assessment units. The inability to do the former is leading then to the use of the latter as a ward space, further slowing work in ED.

8.4 There is no lack of effort or resource flexibility to improve the present state. However, **those efforts are showing signs of improvement on the Sandwell site at certain times, but not delivering a sustained benefit beyond that**. Intense senior leadership effort remains 24-7 on these matters, to the exclusion of other priorities, and we are working too to manage fatigue among all involved. Whilst the Trust is under no greater pressure than neighbours and others, this does not make the position any easier for those involved, including most particularly our patients and their loved ones. Wherever possible we are diverting patients to the right place for their care if assessment suggests that that is not an A&E department, and remains

frustrating that each weekend many ‘slots’ exist to see GPs that lie unused under the extended access scheme.

8.5 Everyone agrees that we need to solve the issues faced and most importantly we need to try to **make each shift more effective** in making decisions about patient pathways in the first two hours after arrival. That is our focus.

Toby Lewis
Chief Executive
November 27th 2019

Annex A – TeamTalk slide deck for December 2019
Annex B – November Clinical Leadership Executive summary
Annex C – 2019 imaging improvement indicators
Annex D – Safe Staffing data including shift compliance summary

SWB TeamTalk

Annex A

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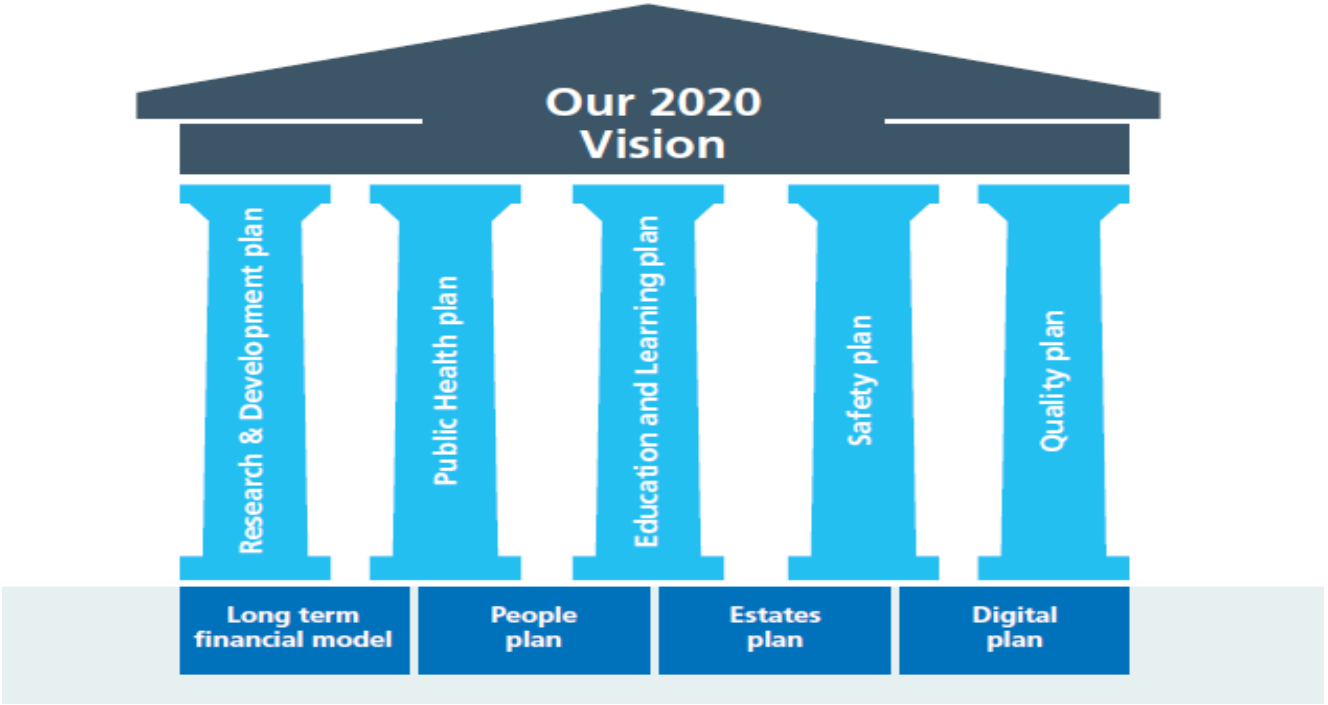
December 2019

Welcome to SWB TeamTalk

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



SWB TeamTalk

December 2019

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TeamTalk Agenda

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

1.10pm: Learning from Excellence: ***Supporting homeless patients***

1.25pm: What's on your mind?

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

1.50pm: This month's topic: ***Improving induction for our new starters***

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

SWB TeamTalk

December 2019

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Feedback from last month's topic: Focus on our grounds and gardens

Last month we launched our consultation around plans to change our environment as part of our Public Health Plan.

We showed you draft plans for our three sites at City, Sandwell and Rowley and asked you to let 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!

You said:

- Colleagues were in favour of the plans and suggested additional ideas, e.g. multisensory / therapeutic gardens with easy access for wheelchair and bed bound patients.
- Gardens should be designed to welcome in wildlife. E.g. water features \ bird feeders.
- Along with building the facilities could we develop more exercise groups and sports teams to make regular use of the facilities. Options for outdoor meeting spaces.

Tune in – regional and national news

New NHS online training to help people get home from hospital quicker

NHS England and Health Education England have launched ActNow, an e-learning tool developed for health service and care staff to help them reduce hospital delays for patients.

Action to help tens of thousands more people avoid lengthy spells in hospital is being rolled out nationwide as part of the NHS Long Term Plan. Colleagues are being encouraged to ask themselves 'Why not home? Why not today?' when planning care for patients recovering from an operation or illness, as part of a campaign – called 'Where Best Next?' – which aims to see around 140,000 people every year spared a hospital stay of three weeks or more. Visit https://bit.ly/2pEPNjx for more info.

National learning disabilities staff survey

NHS England and NHS Improvement are seeking your views to help improve the experience people with learning disabilities, autism or both have when using NHS services. Results will be used as part of the National Learning Disabilities Improvement Standards benchmarking.

The survey is easy to complete and will take around 10 minutes to answer. It can be completed by clicking here The survey closes on 17 January.

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Tune in - supporting the Living Wage

- As an accredited Living Wage Foundation employer, we supported the recent Living Wage Week and were pleased with the announcement that the rates will rise to £9.30 an hour.
- We are proudly at the forefront of trying to tackle poverty pay. We see this as a health related issue, as poor pay compounds issues like fuel poverty, poor nutrition, ad-hoc child care and poor school attendance.
- Next year, we will be joining others to try and get Birmingham accredited as the country's first Living Wage city, and in the meantime, we are working to see whether all partners within our STP can join us in abolishing band 1 or much of band 2 wage rates.

Please share and the download the CoGo app CoGo information sheet, which helps you to choose Living Wage businesses and outlets and to help us to make it clear that our economy must not depend on a low wage model if we are to thrive as a city and a region.

Tune in – Changes to our hospital bed configuration

All acute respiratory specialist inpatient beds are now located at City. The changes also mean relocating our dedicated adult NIV unit to City. Our ambulance colleagues, have in place changes to their conveyance protocols to support this reconfiguration, which has been subject to CCG led public engagement. About 3-5 ambulances each day, which would previously have gone to Sandwell, will now to go to City.

The changes will mean:

- The creation of a specialist acute respiratory hub which aims to ensure that patients will be seen by specialists sooner
- Establishing a treatment room on D15/ D17 – reduce the time spent waiting for procedures so patients spend less time in hospital
- Investment in our specialist nursing workforce – creation of a pleural nurse role + increase in Respiratory CNS roles at the front door
- Role for Community CNS on SGH AMU to identify patients known to community teams and identify alternatives for admission

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Anonymous NHS staff survey – last chance to have your say

- The annual NHS Staff Survey closes this **Friday (29 November).**

- 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.

- So far over 2,500 colleagues have responded and we want to get to 3,000 by the end of the week. Thanks to those who have responded. There's only two days left 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 **we**Connect survey will come back in January….

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Learning from excellence:

Supporting Homeless Patients

Helen Taylor
Lead Nurse, Homeless Patient Pathway Team

SWB TeamTalk

December 2019

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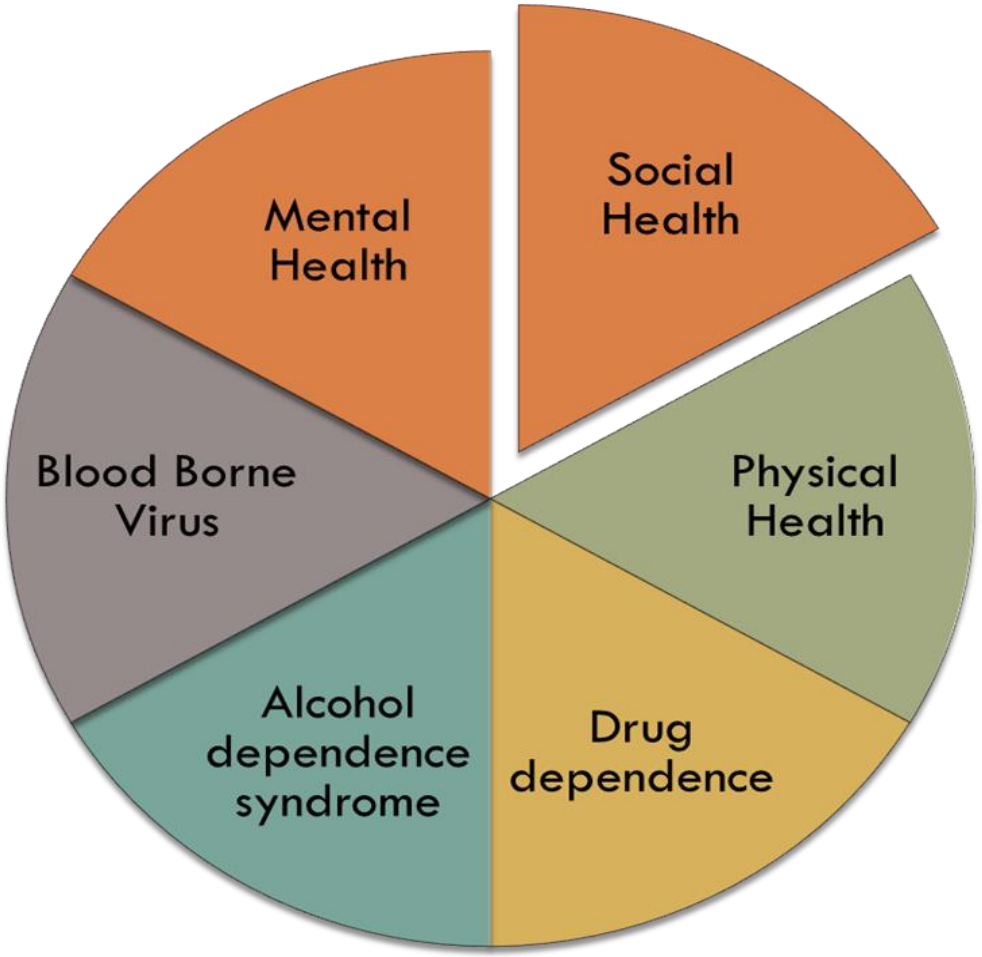
Origin of the homeless team

- The homeless patient pathway team originated as a pilot project in December 2013 and was a Department of Health funded initiative that evolved from its Health Inclusion programme.
- We were formed as a direct response to the 2012 Health and Social Care Act, which explicitly places responsibility on professional organisations for socially excluded groups such as the homeless.
- Care of patients experiencing homelessness is complex and requires an understanding of the interrelated problems that affect the domains of physical, mental, drugs, alcohol and social ill health.
- To better understand and address these needs the Homeless Team work to provide joined up care to homeless patients admitted to the Trust using a multi-disciplinary approach between health care professionals and social housing providers.

About the homeless population

- 'Homeless' people include but are not exclusively those that are rough sleeping on the streets.
- They are more likely to be vulnerably housed - sofa surfing, squatting, staying in hostels or being passed around B&Bs by the local council
- They are more likely to suffer from Tri-morbidities (Mental Health, Physical Health, Social Issues)
- They are more likely to suffer from Addiction; Drug, Alcohol, Substance Misuse
- They are more likely to have Blood Borne Viruses (HIV, Hep C) or contract TB

Multi-morbidity



Why do people become homeless?

Society may have pre-conceptions regarding how or why they have become homeless some of which can be very far from the truth. Through our team experience we have assisted people who have become homeless due to:-

- Leaving the Armed Forces
- People fleeing Domestic Violence
- People who have lost highly professional skilled jobs (substance misuse)
- Relationship / Family Breakdown
- Deteriorating Health Needs - Accommodation no longer suitable (Older Adults)
- Addiction / Gambling
- Rent Arrears
- Prison Releases

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Homeless statistics…

- We have on average between **35 - 65** homeless referrals that we see every month, this may increase during the winter period. We are able to house the majority of our referrals with the exception of 'No Recourse to Public Funds' and some extra care patients that require fully adapted properties with a high care package such as 24 hour residential nursing care.

- Approximately **70%** of our referrals are male and **30%** female. Average age range is between **40 - 65** years for the majority of our patients. We do not have any age restrictions for referrals as long as they can live independently.

- The average death for a single homeless male is **47** years and age **43** for a homeless woman – a shocking 30 years younger than the national average population.
- Homeless people face rates of physical ill health several times higher than the general population, often made worse by mental ill health and substance misuse. Depression is also extremely common, with homeless people being nine times more likely to commit suicide than the general population.

Regional estimates on homelessness - 2019

Region	Homeless in Temporary Accommodation	Rough Sleeping	Total People Homeless	Population	Rank – 1 in x	Regional Rank	National Rank
Birmingham	15,481	57	15,538	1,137,123	73	1	22
Coventry	2,069	8	2,077	360,149	173	2	43
Rugby	313	6	319	106,350	333	3	70
Walsall	583	20	603	261,293	466	4	99
Wyre Forest	211	4	215	100,715	468	5	101
Wolverhampton	451	19	470	259,926	552	6	110
Stratford-Upon-Avon	190	17	207	125,202	603	7	114
Shropshire	456	13	469	317,459	676	8	124
Worcester	127	12	139	102,314	733	9	130
Nuneaton & Bedworth	166	5	171	126,659	754	10	135

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Homeless team service…

- The service consists of 2 Homeless Housing Navigators that cover cross site, and is Nurse-led by a Non-Medical Prescribing Nurse to provide joined up care within the hospital and the community setting – bridging the gap between secondary and primary care.
- The Team cover City, Sandwell, Rowley Regis and Leasowes sites as well as community (Home Visits).
- This helps the Health and Social Care division to have strong links and work together for the benefit of the patient pre and post discharge.
- Agency Liaison / Home Visits.

What we can provide patients …

- Homeless/housing advice and signposting
- Housing referrals /accommodation
- Discharge planning
- Internal & external agency referrals
- Community home visits
- Allocated community support worker (in-house)
- GP registration/ID letters/medications/prescriptions
- Food vouchers/food parcels
- Clothing/toiletries/bedding/sleeping bags (donated)

Harm reduction…

- We take a multi-agency approach to increase the services available to patients.
- Our aim is to minimise the dangers to this vulnerable client group and help them to engage with support.
- Our hope is that by offering interventions it may give them incentive to make better lifestyle choices.
- If we do nothing the suffering is greater and issues remain unresolved – ‘Revolving Door’

Does the homeless patient pathway make a difference?

Homeless Team Stats 2018/2019	
Total Number of Referred Patients received for the year (July 2018 – July 2019)	612
Reduced Rough Sleeping Rate	94%
Reduced Potential Hospital Re-Admission	85.6%
Bed Days Saved for the year (1X BED DAY = £400) (Figures for bed days saved calculated by patient Admission Date, Expected Discharge Date and Actual Discharge Date).	480
Total Annual Cost Saving for the Trust (480 X £400)	£192,000

Conclusion and future development

Our pathway service touches the lives of the homeless populations across Sandwell & Birmingham and offers a rare opportunity for people to take the first few steps on their road to a healthier and happier with the expert support and compassion of our committed team.

The team strive to support a safer discharge for all of the homeless patients who come through our trust, by; sourcing suitable accommodation with the right level of support for each individual, signposting patients to a wide range of external services, providing patients with food packages, clothing, toiletries and blankets to get them set up in their new home.

Looking to the future we can only see the demand for our service growing due to the current housing crisis throughout Sandwell & Birmingham and we are ready to rise to the challenge, ensuring that the patient is always at the heart of everything we do. Future plans include working in collaboration with Sandwell & Birmingham Councils/CCG's for new initiatives such as the Housing First Project.

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Referral process and team contacts…

Patients who are identified as homeless or vulnerably housed can be flagged on **Unity** via the **Capman** application by clicking on the **'Modify Patient Attributes'** icon on the **Activity Toolbar** then selecting the **'Homeless'** box, alternatively please contact staff members directly as below:-

Helen Taylor (Lead Nurse - Clinical) - **07580 677913 -** helen.taylor54@nhs.net
Louise Edwards (Housing Navigator – Sandwell/Rowley) - **07580 677884 -** louise.edwards@nhs.net
Sara Zurakowski (Housing Navigator – City) **– 07890 525689 -** Sara.zurakowski-lucas@nhs.net

Follow us on Facebook @ '**SWBH Homeless Team'.** Trust Website:
https://www.swbh.nhs.uk/services/homeless-team/

Service Operates Monday – Friday, 9am–5pm only. For out of hours service please contact The Emergency Housing Duty Team on **0121 6754806 / 0121 3032296**. Rough Sleepers Team for advice on **07483 981912** or Streetlink: **0300 5000914 (up to 11pm).**

SWB TeamTalk

December 2019

NHS
Sandwell and
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What's on your mind?

Your opportunity to raise any issues or ask a question.

SWB TeamTalk

December 2019

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From our Clinical Leadership Executive:

- **Flu:** We need to vaccinate another 2000 colleagues. More peer vaccinators are out in hot spot areas. If you are unsure about having the jab please watch this film https://bit.ly/2qDgvJB

- **we**Connect **Pioneer Teams**: Wave 1 teams will this month receive the results of their second survey to see how their team's engagement score has changed! Wave 2 applications have closed the next programme will get moving from January 2020.

- **Supporting wellbeing and battling obesity:** The CLE and Board public health subcommittees discussed our plans to support staff health and wellbeing. Get ready for launch of the plans early in 2020, including lots of team challenge games and prizes.

- **Mental health provision:** CLE is focused on better provision to our patients; and agreed further support for both mental health first aid training and a major training programme for ward based HCAs.

- **Winter plans and ED performance:** There is a twin focus on supporting more decisive processes in our A&E units and much improved discharge practice Trust-wide.

SWB TeamTalk
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Improved mental health support for patients

The Black Country Mental Health Partnership Trust and Birmingham and Solihull Mental Health Trust will be providing **additional mental health expertise to our sites** through a 24/7 nurse lead service with increased psychiatry cover and an administration service for our mental health act responsibilities. A service to inpatients at Rowley has also been agreed and funding for support to patients in the community.

Mental health first aid training will be extended to cover shift leads on elderly care, community wards and AMUs in addition to the training that has been provided for ED and maternity colleagues. **Increased dementia training for HCAs** will also be offered.

We are working with the local mental health Trusts on arrangements to **host nurse AMHPs in our Trust 24/7** to reduce the long waits for patients who need a mental health assessment.

Body cameras are being introduced for all security colleagues next month to improve safety but also offer learning opportunities. We will also begin a pilot in clinical areas.

SWB TeamTalk

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Winter plan and emergency care standards

Currently, only 70% of patients who are attending our EDs are seen within four hours and our goal was to reach 81% in November. Our improvement plans are focused on **specific steps within the four hours** of a patients' arrival.

- 0-30 minutes: Triage and initial diagnostics
- 0-60 minutes: Patients seen by a doctor within one hour
- 0-120 minutes: Plan to admit or discharge
- 0-4 hours: Discharge or admit all patients

We are also looking at how we can **improve pathology turnaround times.**

Our discharge arrangements need to continue to improve so that patients can leave earlier in the day (**10 patients before 10am from Sandwell and City sites**) as well as a strategy for managing complex discharges.

For our bed base to work, we need to discharge 57 patients each day from our medical wards, excluding AMUs, and move 75 patients a week home from our community based wards.

SWB TeamTalk

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This month's topic is local and corporate induction for new colleagues

There have been some changes to corporate induction to improve the timeliness of our new starters having everything they need to start their role. At corporate induction, a new starter should expect to receive their IT packs, uniform, Trust ID and badge and car park pass. The corporate induction also now includes Unity training for our new clinical staff (Day 2). Feedback suggests that local induction is variable in quality and we want to improve that to make sure that all of our new starters have a great experience during the first few weeks with us. We will report back to you in February.

This month we are asking you to discuss with your teams how we could improve the experience of colleagues when they first join our organisation. Think about:

1. What does a good local induction look like in your area?
2. Are there any additional improvements that can be made to corporate induction?
3. How do you know that your new starters have had a good local induction?
4. Following local induction, how best could we all support our new starters during their first few months?

Annex B

Sandwell and West Birmingham Hospitals NHS
NHS Trust

CLINICAL LEADERSHIP EXECUTIVE OUTBRIEF	
Date of meeting	26th November 2019
Attendees	Group Triumvirates (Group Directors, Group Directors of Nursing and Group Directors of Operations), and Executive Directors Observing: Kate Richards, Plastics Registrar [shadowing the CEO]
Apologies	Chris Rickards, Siten Roy, Chetan Varma and Alan Kenny
Key points of discussion relevant to the Board	• **Mental Health: Funding for 2020/21**: We agreed MH first aid, HCA upskilling and other projects in partnership with BCP. The MHA administration arrangements were re-confirmed. • **Getting it Right First Time (GIRFT)**: We agreed the implementation and oversight model for 2020 to ensure that by July 20 all extant review action plans had been studied in CLE • **Obesity Plan 2020**: We discussed the framing of our approach to wellness and weight management in the coming year. Projects on mindfulness were added to the menu of planned actions. • **Co-ordinating our GP Plans**: We discussed work with individual practice and PCNs building on the paper debated in our Board session in October 2019 • **Corporate and local induction**: Disappointingly mixed feedback received from corporate induction and we agreed to review that, alongside local induction transformation plans at the January CLE
Positive highlights of note	• **we**Connect Pioneer teams: Wave 2 nominations agreed • Sustained delivery of the cancer wait time position despite high rates of critical care bed cancellation
Matters of concern or key risks to escalate to the Board	• Continued non-achievement of the A&E 4 hour target • Not achieving the headline RTT target in month • Increase in sickness levels - 5.45% in October
Matters presented for information or noting	• Integrated Quality and Performance report: October 2019 • Finance report: month 7 • Monthly risk report • Business relationship partners: confirmed list
Decisions made	Next month key items: Unity optimisation, psychology services and infection control

Toby Lewis
Chair of the Clinical Leadership Executive
For the meeting of the Trust Board scheduled for 5th December 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%**

The latest performance data shows no material improvement from the prior month.

On the basis of this the department have been instructed to utilise our outsourced reporting partners through December

	w/c 4th Nov	w/c 11th Nov	w/c 18th Nov		Board Target for Oct
% Inpatient tests reported in less than 1 day	73%	78%	77%		**90%**
% of urgent other tests reported in less than 5 days from request for test by all referrers (inclusive of GPs)	73%	76%	76%		**90%**
% of all imaging work reported in less than 4 weeks from request for test	90%	89%	88%		**95%**
% of all imaging work reported in less than 4 weeks from request for test - **excl Planned Obs scans**	92%	91%	91%		

Safe Staffing Return : 01/10/2019 to 31/10/2019

ANNEX D

								DAY				NIGHT				Average Fill Rate DAY		Average Fill Rate NIGHT		Care Hours Per Patient Day				
								Qualified		Care Staff		Qualified		Care Staff										
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	3,249	3,283	1,766	1,656	3,324	3,285	1,498	1,452	101.03%	93.77%	98.85%	96.91%	1605	4.1	1.9	6.0	Sign Off
+	+	+	Critical Care - Sandwell	SCRITC	192 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	CCS Sand	2,626	2,567	633	616	2,433	2,363	22	22	97.77%	97.31%	97.15%	100.0%	303	16.3	2.1	18.4	Sign Off
+	+	+	Lyndon 1 - Paediatrics	SLY1	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	Lyndon 1	1,609	1,557	656	597	1,297	1,212	484	477	96.76%	90.98%	93.43%	98.65%	405	6.8	2.7	9.5	Sign Off
+	+	+	Lyndon 2 - Surgery	SLY2	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	Lynd2s	1,568	1,544	1,064	1,000	1,081	1,081	1,173	1,153	98.47%	93.95%	100.0%	98.27%	800	3.3	2.7	6.0	Sign Off
+	+	+	Lyndon 3 - T&O/Stepdown	SLY3	110 - TRAUMA & ORTHOPAEDICS	160 - PLASTIC SURGERY	Lyn 3	1,305	1,230	1,222	1,164	1,173	1,175	1,184	1,140	94.25%	95.25%	100.13%	96.24%	759	3.2	3.0	6.2	Sign Off
+	+	+	Lyndon 4	SLY4	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	L4	1,302	1,400	1,644	1,575	1,472	1,406	941	909	107.51%	95.78%	95.53%	96.55%	1078	2.6	2.3	4.9	Sign Off
+	+	+	Lyndon 5 - Acute Medicine	SLY5	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	L5	1,428	1,435	1,349	1,152	1,391	1,357	672	672	100.55%	85.4%	97.6%	100.04%	1010	2.8	1.8	4.6	Sign Off
+	+	+	Lyndon Ground - PAU/Adolescents	SLYG	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	PAU	2,559	2,698	726	732	2,123	2,104	417	417	105.43%	100.83%	99.12%	99.88%	363	13.2	3.2	16.4	Sign Off
+	+	+	Newton 3 - T&O	SNT3	110 - TRAUMA & ORTHOPAEDICS	430 - GERIATRIC MEDICINE	SNNT3 - N	1,482	1,525	1,672	1,553	1,518	1,485	1,668	1,670	102.9%	92.88%	97.86%	100.12%	902	3.3	3.6	6.9	Sign Off
+	+	+	Newton 4 - Stroke and Neurology Rehab	SNT4	314 - REHABILITATION	300 - GENERAL MEDICINE	SNNT4 - N	1,297	1,270	1,536	1,394	1,070	1,070	803	770	97.94%	90.72%	100.0%	95.83%	899	2.6	2.4	5.0	Sign Off
+	+	+	Newton 5 - Haematology	SNT5	304 - CLINICAL PHYSIOLOGY	300 - GENERAL MEDICINE	N5	1,151	1,174	532	511	885	867	23	12	102.0%	96.05%	97.97%	50.0%	290	7.0	1.8	8.8	Sign Off
+	+	+	Older Persons Assessment Unit (OPAU) - Sandwell	SNT1	430 - GERIATRIC MEDICINE		OPAU	1,230	1,153	1,104	1,036	1,173	1,140	1,058	1,048	93.7%	93.84%	97.14%	99.01%	600	3.8	3.5	7.3	Sign Off
+	+	+	Priory 2 - Colorectal/General Surgery	SPR2	100 - GENERAL SURGERY		Pr2	1,819	1,741	1,172	1,004	1,794	1,684	987	942	95.71%	85.67%	93.86%	95.39%	776	4.4	2.5	6.9	Sign Off
+	+	+	Priory 4 - Stroke/Neurology	SPR4	300 - GENERAL MEDICINE	400 - NEUROLOGY	Priory 4	2,296	2,257	1,335	1,271	2,415	2,274	1,202	1,143	98.29%	95.22%	94.17%	95.17%	730	6.2	3.3	9.5	Sign Off
+	+	+	Priory 5 - Gastro/Resp	SPR5	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	Pr5	2,156	2,075	1,117	1,038	2,048	1,989	953	1,010	96.27%	92.93%	97.14%	106.04%	933	4.4	2.2	6.6	Sign Off
+	+	+	SAU - Sandwell	SSAU	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	SAU (New)	1,492	1,448	1,400	1,485	1,723	1,693	472	473	97.03%	106.07%	98.26%	100.21%	469	6.7	4.2	10.9	Sign Off
+	+	+	AMUs - City	CM_AMU	326 - ACUTE INTERNAL MEDICINE		AMU CITY	4,136	4,075	1,816	1,759	4,241	4,196	1,903	1,823	98.52%	96.86%	98.94%	95.77%	1582	5.2	2.3	7.5	Sign Off
+	+	+	CCS - Critical Care Services - City	CCCS	192 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	CCS City	3,368	3,460	565	538	2,915	2,834	11	0	102.73%	95.22%	97.22%	0.0%	459	13.7	1.2	14.9	Sign Off
+	+	+	City Surgical Unit (CSU)	CD27	101 - UROLOGY	120 - ENT	CSU (D25)	1,500	1,458	1,065	901	736	713	673	589	97.21%	84.64%	96.88%	87.51%	604	3.6	2.5	6.1	Sign Off
+	+	+	D11 - Male Older Adult	CCDU	430 - GERIATRIC MEDICINE		D11	892	933	795	772	633	636	966	942	104.64%	97.17%	100.55%	97.59%	639	2.5	2.7	5.1	Sign Off
+	+	+	D15/D16 Gastro/Resp	CM_D15D16	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	D15	0	0	12	12	0	0	12	0	#NUM!	100.0%	#NUM!	0.0%	1310	0.0	0.0	0.0	Sign Off
+	+	+	D17 (Gynae Ward)	CFSW	502 - GYNAECOLOGY		D17	1,135	1,134	734	698	726	706	374	374	99.91%	95.09%	97.25%	100.0%	330	5.6	3.2	8.8	Sign Off
+	+	+	D19 - Paediatric Medicine	CD19	420 - PAEDIATRICS	120 - ENT	CPAU	1,615	1,412	709	704	0	0	0	0	87.44%	99.36%	#NUM!	#NUM!	231	6.1	3.0	9.2	Sign Off
+	+	+	D26 - Female Older Adult	CD26	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	D26	1,068	1,112	789	713	735	750	795	708	104.21%	90.4%	102.11%	89.11%	669	2.8	2.1	4.9	Sign Off
+	+	+	D43 - Community RTG	CD43	318 - INTERMEDIATE CARE	430 - GERIATRIC MEDICINE	D43	1,323	1,338	1,364	1,294	1,035	1,048	1,081	1,058	101.17%	94.86%	101.3%	97.87%	810	2.9	2.9	5.8	Sign Off
+	+	+	D47 - City	CD47	430 - GERIATRIC MEDICINE		Sheldon	589	585	1,231	1,237	701	703	851	863	99.21%	100.51%	100.21%	101.47%	568	2.3	3.7	6.0	Sign Off
+	+	+	D5/D7 - Cardiology	CM_D5D7	320 - CARDIOLOGY	300 - GENERAL MEDICINE	Acute Card	5,518	5,557	746	608	3,278	3,251	206	205	100.71%	81.5%	99.19%	99.27%	1143	7.7	0.7	8.4	Sign Off
+	+	+	Labour Ward - City	CLW	501 - OBSTETRICS		Del Suite	3,554	2,949	652	552	3,429	2,775	821	626	82.96%	84.66%	80.92%	76.19%	312	18.3	3.8	22.1	Sign Off
+	+	+	Maternity 1 - City	CM_M1	501 - OBSTETRICS		M1	997	1,167	828	834	736	683	449	437	117.0%	100.72%	92.73%	97.44%	623	3.0	2.0	5.0	Sign Off
+	+	+	Maternity 2 - City	CM_M2	501 - OBSTETRICS	424 - WELL BABIES	M2	1,087	1,223	721	707	943	933	396	391	112.47%	98.13%	98.94%	98.74%	773	2.8	1.4	4.2	Sign Off
+	+	+	Neonatal Unit - City	CNNU	422 - NEONATOLOGY		NEO	3,548	3,369	1,001	962	2,944	2,860	658	611	94.96%	96.15%	97.15%	92.94%	297	21.0	5.3	26.3	Sign Off
+	+	+	Serenity Birth Centre - City	CSBC	501 - OBSTETRICS		Serenity	1,258	1,254	460	483	1,152	927	448	438	99.62%	105.0%	80.5%	97.66%	105	20.8	8.8	29.5	Sign Off
+	+	+	Ophthalmic Unit - City	CEYEIP	130 - OPHTHALMOLOGY	180 - ACCIDENT & EMERGENCY	Eye Ward	1,877	1,861	606	586	566	586	0	0	99.11%	96.62%	103.67%	#NUM!	233	10.5	2.5	13.0	Sign Off
+	+	+	Eliza Tinsley Ward - Community RTG	RETIN	318 - INTERMEDIATE CARE	300 - GENERAL MEDICINE	ET	872	904	1,289	1,310	702	714	1,138	1,097	103.73%	101.64%	101.81%	96.42%	720	2.2	3.3	5.6	Sign Off
+	+	+	Henderson	RHEND	318 - INTERMEDIATE CARE		Henderson	872	863	1,542	1,493	666	644	1,045	1,021	98.89%	96.82%	96.77%	97.66%	705	2.1	3.6	5.7	Sign Off
+	+	+	McCarthy - Rowley	RMCCA	318 - INTERMEDIATE CARE		McCarthy	828	833	1,025	1,016	711	705	750	722	100.6%	99.12%	99.16%	96.26%	581	2.6	3.0	5.6	Sign Off
+	+	+	Leasowes	LEAS	318 - INTERMEDIATE CARE		Leasowes	1,115	1,096	1,325	1,311	733	733	744	744	98.3%	98.98%	99.93%	99.93%	568	3.2	3.6	6.8	Sign Off
			Total					65,718	64,935	38,197	36,270	54,493	52,578	26,872	25,951	98.81%	94.96%	96.49%	96.58%	25238	4.7	2.5	7.1	