

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 2nd April 2020

Chief Executive's Summary of Organisation Wide Issues

1. Since the Board last met **everything has changed**. It is clear that through Q1 and beyond we will be managing the Covid-19 Pandemic. The Trust must all efforts to this and must ensure that our founding values and plans can be delivered when the virus is controlled.
2. In practice this effort means that some projects due to start in March and April will be deferred and that some deliverables due to conclude in 19-20 will too. Planning as an ICS and ICP for the year ahead is in abeyance. But work to execute Optimisation of Unity is ever more important, as data will be crucial to managing staff and patient safety. And our efforts to implement key projects like #welearn, #weconnect, our Safety and Quality Plans matter more than ever. Ways of working forged in crisis will be central to delivering Midland Met in 2022-23.
3. In responding to the challenges we will face, **we have strong partnerships to rely upon**. Students from our local nursing schools and our medical partners are with us. We are working alongside both relevant local authorities. The Trust benefits from great collaboration with local GPs, local PCNs, and the LMC. Our third sector neighbours want our help and we want theirs. We have reached out to commercial partners to help them with their viability and ask for their help around innovation. And of course we work alongside Walsall Healthcare, Black Country Healthcare, Dudley Group and RWT in trying to construct a 'system' response.
4. **Our patients**
 - 4.1 COVID-19 has been the absolute focus of the executive since we last met. It is both an issue for those affected and a fear for those not infected. The immediate agreed action to address both groups is to continue to overwhelmingly focus on our safety plan basics of care data. A report to committee has been presented which reflects lower performance in February 2020 than in August 2019. As Team Talk, annexed, reflects, we are keen to April and May to see this improve.
 - 4.2 We continue to focus on mortality data, and current data shows only the initial effects of Covid-19. Non-Covid related deaths must be scrutinised by the Board, recognising that 'expected vs. actuals' data will be disrupted by the pandemic. The Board will receive outside of committee a formal note explaining which deaths in 19-20 have received which forms of peer review.
 - 4.3 I reported last month that "improvements in results acknowledgement remain hard work". This month we have a report on progress in advance of our AGS. With the dislocations of standard care pathways arising from the pandemic it is important that we create rhythm across pools, some of which are now significantly enlarged. It is welcome that the Board retains focus on this matter through our Medical Director.
 - 4.4 Tackling Long Lengths of Stay is crucial to battling the surge effects of Covid-19. We have around 130 beds at any given time occupied by patients beyond 21 days. From May I would suggest that the reasons for that becomes a routinely reported annex to my report as we strive to tackle the

underlying causes and work with partners to put in place systemic solutions, like our collaboration with Circle in Birmingham.

- 4.6 The end of March was due to see a focus on autism, and that is a feature of the Board this month. There is much we can do in our care models and in our new hospital to help, and we can foresee additional mandatory training nationally in this area. The action to address wider LD issues in the tracker will need to be stayed to June, but again we will focus some time on this matter in coming weeks.
- 4.6 At the beginning of February water pipes burst in the BTC causing flooding. This occasioned over 1,000 cancelled attendances and operations, around half of which were remedied at the time. With the further interposition of the Covid-19 crisis the Quality and Safety Committee will be given a specific 'next steps' report at its April meeting of what has happened to everyone cancelled then. The commercial issues arising continued to be progressed.

Our workforce

- 5.1 We wanted to undertake work with our national staff survey to understand the drivers of some key results, especially staff care recommendations. Covid-19 will pause that analysis. It will also make it even more important. Staff perception of the care we can provide during the pandemic is a crucial dynamic to track and understand. It is possible that we both succeed and fail – and we need to work with those who feel that circumstance prevents them giving of their best.
- 5.2 It is intensely frustrating that Q4 has seen our mandatory training position not meet trajectory. Our best case year end figure is 84% and current POD expectations are 80%. Of course this is against our absolute compliance measure. With PDR thresholds in place and applying KSF gateway bars, we expect to go through the coming year with a culture that prioritises this as an employee. Learning from our web-enabled way of working we have agreed to re-review classroom teaching and see how it might be further reduced.
- 5.3 Within the annexes it is clear that we have met our year end vacancy target and halved vacancies at the Trust. This is a foundational achievement and one we need to build on, recognising the potential for momentum loss in the months ahead. With Cost Improvement Plans the real vacancy position is perhaps 300 WTE plus departures in year. On that basis with continued focus we can realistically enter 2021-22 "Fully Staffed". We will ensure that the People and OD committee of the Board, as a standing item, retains tracking responsibility for that precise objective.
- 5.4 This aim links to the agreed improvement work on Workforce Assurance, debated in 18-19 and re-agreed for 20-21. Crucially we want to link together staffing quantity, quality, care consequence and employee wellbeing. We assert that we have three of these four indicators largely in place and that we want to complete this analysis and then begin to track against it.
- 5.5 Mental wellbeing remains a focus for the Board, reflected in our SBAF. Covid-19 brings into stark relief the work we need to do to get this right at scale. A key work-stream of our plans is making sure that we match need to supply both in the immediate phase and the longer term PTSD stage we will face. We have some helpful pillars in place with Trainee Doctors' Wellbeing work, and our

well-developed Occupational Health service. The stress risk assessment and other tools will be crucial in coming months to ensure we see latent need as well as presenting demand.

6 Our partners

- 6.1 Educational collaborations remain at the forefront of our development plans, and we have some success bringing more closely together the work of the ophthalmic services at Aston and our own BMEC team. Given the Board's 20-21 emphasis on the future of the regional eye hospital and our development plans for the City Road site, this is a positive situation, which reflects our Medical School alliance, as well as potentially wider plans to tackle exclusion.
- 6.2 Sustainability work with partners at Engie has commenced. After the initial downtime of Covid-19 we expect to renew that collaboration and develop further the strategic partnership to transfer services to our partner from April 2021. Planning continues on that basis with the Estate MPA providing oversight for the Board.
- 6.4 The Trust's work to co-host NHS Midlands wide work on health inequalities, which will look to develop around three collective priorities for action which can be delivered at scale, is stayed. The impact of Covid-19 makes it even more important that, later this year or early next, we renew this work – which is critical to peers but also integral to our 2025 ambitions around care outcomes and life chances.

7. Our commissioners, ICS and ICP

- 7.1 Both ICPs have response plans emerging. We have agreed to stand down formal meetings until June and consider then the arc of improvement and collaboration that we can adopt. Especially within Birmingham the focus provided by the JSNA and by the Commonwealth Games remains significant and creates time pressures we need to respond to. GP groupings in Sandwell continue to evolve. Of course from April 1st we have our own new primary care partnership with the Trust's integration with Your Health Partnership: 5% of our medics are now GPs and 10% of local residents now have an SWB GP.
- 7.2 It is now unclear the timeline for agreement to return Solid Tumour Oncology services to both hospital sites in line with the outcome of the NHS England led patient engagement exercise. We have completed the key steps agreed with both commissioners and with the Joint Overview and Scrutiny Committee and will seek to establish an approach which does not too much defer the May deadline for a settled plan.
- 7.3 The Board will recognise the discussions on long term financial sustainability that have taken place over the last four months across the ICS. Work with the local CCG continues to in short order "make sense of the rebate". In 2019-20 we had a contract whereby we accepted rising demand risks, and costs, and suspended PBR. In our annual accounts for 2019-20 we will reflect that reality and seek to unwind the arrangements in the 2020-21 in line with our extant and written contact. If that does not happen, a deficit will be created at the Trust which will imperil investment en-route to the Midland Metropolitan University Hospital. Encouragingly Sandwell and western Birmingham benefits from £105-£110m of growth in funding between 2020 and 2023 and the Trust's underlying plans require just £36m. That should provide a basis for agreeing a local place based agreement from organisations with strong finances – unless local funds have to be diverted to support neighbours.

Other comments

- 8.1 Changes in the executive group continue, pursuant to succession planning and the desire to have a stable senior leadership both towards Midland Met, and in the couple of years after she opens. Martin Sadler has been duly appointed as CIO, and Dinah McLannahan joins the Board as Chief Finance Officer. Our Chief Nurse role remains to be appointed to with Paula's retirement in June. Development work as an executive team, and for the Board as a whole is planned. The Good Governance Institute continues to work with us in considering our Well Led compliance.
- 8.2 Our Annual Report drafting continues. A decision about our June annual general meeting, and likewise our Leaders' Conference will occur in due course. On current timetables we can meet our statutory reporting obligations on time.

Toby Lewis
Chief Executive

27th March 2020

Annex A – TeamTalk slide deck for April
Annex B – 2019 imaging improvement indicators
Annex c – Vacancy dashboard
Annex D – Safe Staffing data including shift compliance summary