SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 5th March 2020

Chief Executive's Summary of Organisation Wide Issues

1. Since the Board last met we have re-launched the new hospital, now renamed as **the Midland Metropolitan University Hospital**. This decision reflects analysis over recent months of the standing of the organisation's research and educational endeavours, and also recognises the important changes to local arrangements with the imminent start of the Aston University Medical School's clinical placements, alongside our already well-established undergraduate programme with the University of Birmingham. In that context the medical educational focus of the Board's agenda is timely, notwithstanding that the university branding we have chosen reflects all professions, and indeed a culture of lifelong learning, which is essential to our improvement agenda.

2. The Trust is in the top few regionally for rates of Flu Vaccination among staff. After an extended campaign we will close **flu vaccination** coverage at 83%. This has been a huge effort. Analysis of the pattern for those employees not vaccinated will come to the Board's Quality and Safety committee at the end of March as we discuss the 2020-21 campaign for flu at the Clinical Leadership Executive in April. This enhanced senior level scrutiny of approach will we hope allow us to hit 85% in the coming year before the end of December.

3. An important by-product of our deployment last September of the Cerner-Unity product, is the **creation of the HIE connectivity which now links our data with that held in many local GP practices**. Agreement in principle exists to link that with colleagues in both Sandwell and Birmingham Local Authorities, and we are working through arrangements with West Midlands Ambulance Service. A key enabler for the work of our Integrated Care Partnerships is data join up and data analysis, and it is significant that we are now in a position to move at speed to achieve the first couple of key steps, being shared data access. Analytics and presentation of that data follow and a joint project between the Trust and CCG is kicking off in that domain.

4. Our patients

4.1 **COVID-19** has been a significant feature of Trust work, management assurance and clinical effort over recent weeks. The organisation is compliant with national guidance, and has in place the relevant PODs and other infrastructure. We continue to work with both our local authorities, PHE and primary care partners. Of course there is a role to ensure our staff know what to do clinically and also if they themselves have symptoms. The position is a medium term one, and there is a sensible dialogue about new costs and requirements. We will develop a standard report for the Board's Quality and Safety committee for March outlining the position over the prior month. We are also exploring contingency measures should we need to bring into use more side and isolation rooms in spring. I must emphasise that these are readiness measures, as current mortality rates from this virus are relatively small.

4.2 We continue to focus on mortality data, within the IQPR. Recruitment to the medical examiner service is progressing well. We agreed last month that David Carruthers would analyse which deaths in our care had been subject to which forms of review, noting that **our work on sepsis, pneumonia and end of life care remains the dominant scope for further improvement**. Latest Sepsis performance data suggests good screening rates and improving treatment rates. The focus of work now is on timeliness.

4.3 Improvements in results acknowledgement remain hard work. Individual clinicians and teams are working hard to ensure that **every pathology and imaging test is endorsed**. We set a 3 day (inpatient) and 3 week (outpatient) standard and are working with Cerner to ensure that we can accurately report that position weekly. We are confident that from April we will be able to do so. The subject remains a standard emphasis in management performance reviews and at CLE. It remains a likely topic for consideration within our Annual Governance Statement at which point the currently amber risk rating will be re-reviewed, and in likelihood divided into discipline and point of care specific risks.

4.4 The Trust continues to **rank in the top few in NHS Midlands for our work to tackle Long Lengths of Stay**. We have successfully addressed the DTOC position, and our medium term emergency LOS is falling. There remain specific challenges in key pathways including stroke and neuro rehab, and in addition issues about no recourse to public fund patients. A multi phased project is in preparation and that work will be presented to the Quality and Safety Committee and to the Board over coming weeks as part of our work to address HAFD and to ready ourselves for Winter 2020.

4.5 We noted last month that a patient had been discharged with a cannula in situ which is not our normal nor acceptable practice. With this in mind we have reviewed all VIP and discharge checklists for February. This data has demonstrated a % compliance of VIP and discharge checklists. What it does not confirm is if the cannula was removed prior to discharge. The Chief Nurse has subsequently requested the matrons to monitor patients with cannulas in and what expected discharge is within a couple of days. This monitoring is to ensure our normal practice of removing cannulas is embedded and the patient is discharged home safely. It is to be noted there are certain exceptions to this where the patient's treatment is transferred to our OPAT service and the cannula remains in situ. This established pathway has been extremely successful in reducing LOS and improving the patient's experience. Data from this further monitoring will be shared with the Board on March 13th.

4.6 Nationally a priority feature of the LTP is a focus on Learning Disabilities including Autism. After our conference last year and other long term work, the Trust is well placed to take action to achieve further improvement in care, reasonable adjustments, and employment. Based on LEDER analysis nationwide, we are focusing on some initial simple assurances in areas like blood taking reasonable adjustments, and will develop that incremental focus-improve-assure approach in coming months. I note that LD remains a standing matter arising on the Board's agenda and we will produce a detailed update of past and planned progress for our May meeting. **Autism Awareness week is at the end of March** and we will seek to use this opportunity to share knowledge and insight across the organisation.

4.6 At the beginning of February **water pipes burst in the BTC** causing flooding across the third floor theatre and minor operating rooms. This resulted in all 6 theatres and 3 minor operating rooms

unfit to operate in. The contractors assessed the theatre environment along with our theatre teams and control of infection and a detailed repair programme was put in place, which passes all theatres and minor operating rooms back to the Trust, ready for use on the 10th March. This impacted over 700 patients who were booked for that time period. Half of these patients have had their care provided through alternative theatres and we continue to work out novel solutions to re-provide the rest in a timely manner. Care was re-provided in order of clinical priority, but of course this has occasioned distress for patients and families, and a huge amount of displaced work for colleagues. Theatre and domestic staff acted swiftly and tirelessly to ensure they mitigated as much damage to the area as possible. A detailed Root Cause Analysis is awaited from the PFI contractors to see if preventative measures could have reduced the impact and what learning there is for the future, across all our sites.

5. Our workforce

5.1 In spite of our better than normal National Staff Survey return rate, our outcomes were disappointing in the main, and specifically at variance with the large quarterly survey data we see through **we**connect. There is some progress on flexible working, but overall morale and engagement remains distinctly average. We are trying to complete a comparison of these two data sources, and will present that in due course into the Board. Of particular note is our continued low rate of staff-reported recommendation of care here – well short of the 90% national leading figure achieved in Newcastle. With our upcoming Speak Up work in May, we will consider how we best understand that result and what can be done to tackle it.

5.2 At the point of issuing this report, 67% of our employees are 100% compliant with 2019-20 **mandatory training requirements**. This figure is below the 79% figure cited last month, which proved erroneous, and is more importantly shy of our 95% year-end target. In practice the vast majority of employees are one credit short of compliance and every effort continues to make sure that that compliance is now achieved. Weekly data is visible to the Clinical Leadership Executive, which not only show compliance and non-compliance but a forward look.

5.3 The workforce plan item for the year ahead sets out recruitment success over the past six months. In particular we seem to have improved our capability to hire HCAs, and more junior nursing staff. There remain hot spots and hard to fill roles. We need to maintain these successes month on month in 2020-21 and ensure our retention work cuts the volume of exits. Key to that is **better anticipation of exit intent**, and we will seek to use the next PDR cycle to kick off a more routine look-ahead process at local level.

5.4 The Trust has appointed a pastoral care lead for the coming year to support junior doctor wellbeing. This forms part of a wider package of ideas emanating from the junior doctors' forum. We are trying to align that energy to the wider efforts in the Trust, including work to ensure doctors in training are part of directorates and local teams; itself part of their learning en route into a medical career. Key to our mental health commitments is the promise **to tackle stress indicators among trainees**, and we have some encouraging data on the impact of local work to date.

6. Our partners

6.1 The latest annual review of our Cooperative working agreement with Sandwell Council is being drafted presently. It will show continued success in delivering the health visiting services, as well as encouraging signs about school nursing. The next board of this vehicle will receive **important proposals about the CYP 0-19 pathway, developed with the help of the Early Years Academy in the borough**. We continue to explore how this work can assist our shared ambitions around weight, wellbeing, and obesity.

6.2 The introduction of **off-site cloud storage for our PACs images** with IBM Watson remains in development. This will improve speed and reliability, as we wait to see connection made on a regional basis for much image storing. Allied to this is our work on AI, which is proceeding. The Trust is working with others to understand as part of our Digital Ambitions 2025 plans the wider scope of AI within the organisation, learning from others.

6.3 Sustainability work with partners at Engie has commenced. The Public Health Committee of the Board has had an initial briefing and we will return during Q1 with **a specific Net Zero Carbon outline plan for coming years**, tackling both energy use and source, and travel sustainability for staff, suppliers and patient care. This is a huge and important agenda, and NHSE led work on it will be presented to NHS Midlands Chief Executives in April.

6.4 Further to prior presentations of the Trust's 2014-2020 Public Health work to NHS Chairs, we recently did the same before Chief Executives across the region. On the basis of that **the Trust has been asked 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, but also which become part of the commitment we make as a supra-regional NHS family to work alongside local authorities and combined regional government to tackle the underlying causes of ill health, including poverty.

7. Our commissioners, ICS and ICP

7.1 Both ICPs are now meeting in a structured board format, and both are overseeing Response Plans on the key outcomes that we are focused on. The Ladywood and Perry Barr ICP Terms of Reference are now agreed by partners and will be circulated. **The Trust has agreed to fund an ICP development programme for senior leaders**, and the wider ICS has a programme in place for other stakeholders. In 'west Birmingham' we have agreed in principle to develop a shared financial plan and possibly aligned contracting model. Work in Sandwell continues, and the ICP work that we have done is being presented to the upcoming Health and Wellbeing Board.

7.2 The Board has previously discussed the Integrated Care System (STP), the maturity matrix for such systems nationally, and work being done to ensure our accreditation. Recent review with NHS Midlands suggested **a credible route to September 2020 approval of the ICS**, which would assist with ensuring that such work is not concurrent with either year end or 21-22 planning. March sees the first Partnership Board in the new "Place-Led" format.

7.3 Regrettably we have not yet found a final agreement to return **Solid Tumour Oncology** services to both hospital sites in line with the outcome of the NHS England led patient engagement exercise. There remain concerns about oncology staffing numbers in a multi-site solution, and these will need to be weighed against the co-location benefits of the multi-professional working among cancer specialists, as is ostensibly indicated by national best practice. We agreed with the

Joint OSC that by the end of May a final decision and implementation timetable would be in place.

7.4 The Board will recognise the discussions on **long term financial sustainability** that we undertook as part of confirming Go-Forward on the Midland Met contract. This included trying to align FIT trajectories introduced mid-way through 2019-20 with the long term financial model for the Trust by which we have planned our finances for the last five years, with annual updates to that for circumstance. We proceeded only having done just that. A FIT compliant STP plan is in draft form, but we need to re-reconcile assumptions across all partners. Initial activity offers show growth of 0.6% and that is unlikely to be sufficient to meet prioritised need. A long term agreement will create scope and space to ensure that demand-reduced outcomes can be delivered, and new models of supply introduced.

7. Other comments

8.1 I outlined last month changes in the executive group, 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. Rachel Barlow was successful in being appointed after external advertisement to the role of Director of System Transformation. **Liam Kennedy, who has served as deputy COO for the last three years, has been appointed to the Board level role of Chief Operating Officer after external advertisement and externally supported interviews**. These changes are operational from March 10th. I think it is appropriate to record my thanks, and I suspect those of the whole Board, for Rachel's service on the Board since 2012. Other appointment processes continue during March, after a slight delay associated with cohering representative panels. All should be completed for the start of the new public sector fiscal year.

8.2 Our Annual Report drafting has commenced, recognising that much of the content is mandated by guidance. **The main body of the report will focus on the 101 ideas and suggestions from patients that we have deployed to improve care in our Trust over recent months**. A 'wrap' will be placed around the 2019/20 report to focus on the whole of our 2020 Vision, launched in 2015, reporting back to local people on what has been delivered, what has not been delivered, and to indicate which projects will go forward further over the coming twelve months. This work will clearly inform the development during this year of our 2025 Ambitions.

Toby Lewis
Chief Executive

28th February 2020

Annex A – TeamTalk slide deck for March
Annex B – February Clinical Leadership Executive summary
Annex C – 2019 imaging improvement indicators
Annex D – Vacancy dashboard
Annex E – Safe Staffing data including shift compliance summary