

Report Title	NHS Regulatory Undertakings – monthly status update		
Sponsoring Executive	David Carruthers, Medical Director (Acting Chief Executive)		
Report Author	David Carruthers		
Meeting	Trust Board (Public)	Date	2 nd July 2020

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

Agency controls continue via the Chief operating officer with good compliance to the new system. Maintaining 2 ED and medical admission streams contribute to the use of agency. We will see over the next 6 weeks if the new process can be embedded and change agency spend.

ED attendances will be closely monitored so that reasons for failing to meet the 4 hour target are reviewed and addressed before volumes of patients increase.

Financial recovery plan is on track.

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	X	Research and Development		Estates Plan	
Financial Plan	X	Digital Plan		Other <i>[specify in the paper]</i>	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 any impacts being seen from new agency controls

b. CONSIDER ED improvements and further approach to 'restoration' during Q2

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

NHS Improvement Undertakings Report: a monthly report to the Trust Board for information

Requirement	Last month's update	This month's update
<p>Operational Performance issues Breach of A&E 4 hour waiting time since June 2016.</p>	<p>First hour performance continues to be strong. The Trust has invested in agency staff to try and maintain two distinct ED streams in line with national guidance. This will mean a higher proportion of temporary staff in place.</p>	<p>All indicators show improvement over the last month. Covid and non covid streams remain, but performance improved further for 30 minutes to initial assessment and 60 minutes to be seen.</p>
<p>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.</p>	<p>ED optimisation was covered in DMPA and we continue to seek to make sure that we implement best practice across each service. Medical cover arrangements across medicine will continue on a seven day a week basis in coming weeks.</p>	<p>Medical and nursing cover maintains as per last month</p>
<p>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).</p>	<p>The risk gap is covered in both the Board papers and the FIC notes of the meeting on 29-05-2020. The STP Board agreed on 28-05-2020 to fast-track a first version of 2020-2021 place based control totals as a core part of Restoration and Reset Planning. This is very welcome.</p>	<p>Last month's update refers to Board level assessment of the 2021 risk gap. As updated against SBAF 9 (Risk 3688), the Trust is close to the developing financial framework for Months 5-12 of 2021 and the objective to reach break even or better remains in place with a plan to deliver that, considerably better than the draft plan submitted to NHSI/E on 5th March 2020. For the longer term, (SBAF 10, Risk 3689) the Trust has this month been part of an STP partnership board discussion about the development of an ICP financial framework, and this will be discussed at an upcoming Executive Group. The financial framework is being developed and therefore risks managed through the STP DoFs group, a sub-group of the STP Partnership Board.</p>
<p>Agency Spend The Trust delivered a significant reduction in its agency spend from spend</p>	<p>This is covered the front-sheet. For clarity:</p>	<p>Agency spend is being closely monitored with clear escalation process for requests not already agreed</p>

Requirement	Last month's update	This month's update
<p>of £23.3m in 2016/17 to £15.8m in 2017/18. However, this was still above the agency ceiling of £11m.</p>	<ul style="list-style-type: none"> • Pre-agreed agency use – to cover predicted use that is within budget, unavoidable and a de facto use of contingency. • Ad-hoc emergency use – as approved through the CEO <p>A report will be compiled for June of any unapproved use and necessary conduct procedures will follow.</p>	
<p>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.</p>	<p>SRM was not constituted to discuss this but we will seek to address the matter in NHSM quality catch up meeting. Ongoing</p>	<p>Ongoing</p>
<p>Programme Management The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.</p>	<p>As left.</p>	<p>No change</p>
<p>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.</p>	<p>Compliant, notwithstanding alterations being made at CCG and STP level pursuant to Covid-19.</p>	<p>Will continue to work with partners as required around quality improvement</p>

David Carruthers
Medical Director (Acting Chief Executive)
25th June 2020