

Report Title	NHS Regulatory Undertakings – monthly status update		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Trust Board (Public)	Date	4 th June 2020

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

Agency controls via the Chief Executive have been introduced for June. This is a 'last roll of the dice' to try and establish a control regime that works and avoids last minute decision making or habitualised use of agency staff. Initial indications are that the intervention is helping to tackle both. I would estimate it will take a further eight weeks to play out that intervention.

Further work is needed in June to understand why low volumes of ED attendances are not yet translating into 95%+ compliance with the four hour standard and what more could be done to achieve this. A refresh of the paused AMAA project for Sandwell is taking place in month.

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 what role the Board wishes to play in ED '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>The SPC charts do now show improvements on one hour metrics. It is unclear whether that confirms capacity was the prior bottleneck and if so what the tipping point for that capacity is.</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>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>The Board should confirm a deadline for the AMAA plan to be agreed within the Executive.</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>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>Negotiation of 2020-21 contracts were suspended and the Trust balanced its 19-20 outturn to control total. The block arrangements for Q1+1month were previously advised. The risk gap between block income and plan is being calculated and will be orally advised.</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>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.</p>	<p>We decided to defer the model from April 1st owing to frontline manager pressure. It will commence from May 5th and be fully effective from May 31st.</p>	<p>This is covered the front-sheet. For clarity:</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</p>

Requirement	Last month's update	This month's update
<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.</p>	<p>and necessary conduct procedures will follow. 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>As left</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.</p>	<p>Compliant, notwithstanding alterations being made at CCG and STP level pursuant to Covid-19.</p>

Toby Lewis
Chief Executive

7th May 2020