

|                             |   |             |                  |
|-----------------------------|---|-------------|------------------|
| <b>Report Title</b>         | NHS Regulatory Undertakings – monthly status update         |             |                  |
| <b>Sponsoring Executive</b> | David Carruthers, Medical Director (Acting Chief Executive) |             |                  |
| <b>Report Author</b>        | David Carruthers  |             |                  |
| <b>Meeting</b>              | Trust Board (Public)  | <b>Date</b> | 1st October 2020 |

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

Agency controls are back with the Chief operating officer.

Having to maintaining 2 ED and medical admission streams contribute to the use of agency but this is under review, though increase COVID admissions mean that for now the 2 streams continue. Overall agency spend is up on last month with an increase in clerical and nursing spend on the previous month.

ED attendances are closely monitored but are still lower than corresponding months last year. More patients are attending to obtain a COVID swab test. There are an increase number of admissions and reduced flow into in-patient beds, particularly on the Sandwell site. This has contributed, with the dual streams of covid/non-covid patents to the fall in 4 hour performance. Changes in place to modify patient flow processes in ED continue to be reviewed.

### 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><b>Operational Performance issues</b><br/>Breach of A&amp;E 4 hour waiting time since June 2016.</p>  | <p>4 hour performance dropped off at Sandwell particularly. High acuity and reduced flow into bed based contributed to the restrictions already in place due to dual admission pathways into red and blue beds. Aggravated by recent staff sickness and new doctors starting</p>   | <p>Still reduction in 4 hour target with increase admission and reduced flow into bed base contributing in addition to previous months factors.<br/>Closely monitored and discussed with NHSe/i</p> |
| <p><b>Emergency Care</b><br/>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&amp;E standard in line with the Trust trajectory delivery 90% by September 2018 and 95% by March 2019.</p> | <p>Changes in pathways and processes – reassigning some areas within ED to improve flow, clarifying surge plan and triggers for staff and improved handover process.</p>   |   |
| <p><b>Financial Issues</b><br/>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>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 5<sup>th</sup> 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>See board report</p>   |
| <p><b>Agency Spend</b><br/>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  |
|---|--|--|
| of £23.3m in 2016/17 to £15.8m in 2017/18. However, this was still above the agency ceiling of £11m.  | <ul style="list-style-type: none"> <li>• Pre-agreed agency use – to cover predicted use that is within budget, unavoidable and a de facto use of contingency.</li> <li>• Ad-hoc emergency use – as approved through the CEO</li> </ul>   |  |
| <p><b>Quality Improvement</b><br/>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>Ongoing. SI process reviewed at last months board. New system in place and enacted to review SI reports at a team based meeting and now also to have a harm review meeting for any possible SIs</p> | SI review meeting in place for discussion pre-sign off and weekly harm review meetings underway now for cases where moderate harm recorded |
| <p><b>Programme Management</b><br/>The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.</p>   | As left.   | No change  |
| <p><b>Other Partner Stakeholders</b><br/>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&amp;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. Increasing discussion around STP via Clinical Reference Group of areas of concern and where joint working will help.</p>                    | Ongoing contribution to CRG of STP to look at opportunities for collaboration across the acute Trusts                                      |

David Carruthers  
Medical Director (Acting Chief Executive)  
25<sup>th</sup> September 2020