

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	5 th November 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.
Agency costs are increasing again as sickness rises. Still needing to continue with 2 admitting streams through ED.

ED attendances are closely monitored but are still lower than corresponding months last year. There are an increase number of red admissions and reduced flow into in-patient beds unfortunately continues, 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 bed capacity by ending lilac stream may help.

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:

- DISCUSS** any impacts being seen from new agency controls
- 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>Still reduction in 4 hour target with increase admission and reduced flow into bed base contributing in addition to previous months factors. Closely monitored and discussed with NHSe/i</p>	<p>Some difficult days with high numbers of attendances with sick patients and limited bed availability both in Trust and ICU. Changes in bed capacity being undertaken with loss of lilac flow and cancellation of some orthopaedic surgery temporarily.</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>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>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>See board report</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
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"> • 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>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>	SI review meeting in place for discussion pre-sign off and weekly harm review meetings underway now for cases where moderate harm recorded	Si review process for moderate harm cases and those requiring an SI progressing well.
<p>Programme Management The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.</p>	As left.	No change
<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. 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)
5th November 2020