



REPORT TITLE:	Chief Executive's Report
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive
REPORT AUTHOR:	Richard Beeken, Chief Executive
MEETING:	Public Trust Board
DATE	8 th May 2024

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

This month's report focuses on the following subjects:

1. A positive reflection of our Trust's delivery against NHS Constitutional standards in 20123/24
2. An update on delivering the action plan on data quality in waiting list management and patient access policy, following the 2023 Internal Audit report and national publicity.
3. A briefing on changing and newly established urgent care patterns in the Black Country and how the Midland Metropolitan University Hospital's opening may impact on these.
4. Assurance for the Board on our receipt of and action taken relating to NHSE guidance and instruction.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

OUR PATIENTS	- To be good or outstanding in everything that we do	X
OUR PEOPLE	- To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION	- To work seamlessly with our partners to improve lives	

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

None

4. Recommendation(s)

The Public Trust Board is asked to:

- a) **NOTE** the briefing on constitutional standards improvement in 2023/24 and the briefing on the impact of newly established urgent care activity patterns in the Black Country
- b) **TAKE ASSURANCE** on the action plan delivery, following the Internal Audit report on data quality in waiting list management
- c) **TAKE ASSURANCE** on the action taken by the executive following receipt of guidance from NHS England

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	x	<i>Deliver safe, high-quality care.</i>
Board Assurance Framework Risk 02	x	<i>Make best strategic use of its resources</i>
Board Assurance Framework Risk 03		<i>Deliver the MMUH benefits case</i>

Board Assurance Framework Risk 04	x	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>
Board Assurance Framework Risk 05	x	<i>Deliver on its ambitions as an integrated care organisation</i>
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 8th May 2024

Chief Executive's Report

1. NHS Constitutional standards delivery at Sandwell & West Birmingham NHS Trust (SWB) in 2023/24

- 1.1 Of late there has been considerable and understandable focus both from our Board, the Black Country Integrated Care Board (ICB) and NHS England, regarding our performance against the Emergency Access Standard (EAS). This focus was particularly intense in March, during the national push to deliver 76% in month. This focus, combined with our own, declared risk regarding "bed fit" into the new hospital and our increasing length of stay in the last 12 months, has masked some commendable delivery and recovery against NHS Constitutional access standards in year.
- 1.2 **EAS performance** – we finished the year 2023/24 with an outturn of 69.4%, having achieved 70% in March 2024. Underpinning recent improvement in performance in urgent care has been the introduction of additional, staffed majors cubicles at Sandwell General Hospital ED, which has delivered an improvement in non-admitted patient EAS performance of 10%. This will stand us in good stead as we move into May.
- 1.3 **Diagnostics direct access (DMO1) performance** – the Trust is currently exceeding its revised trajectory for the reduction of patients waiting over 13 weeks. Our target of achieving zero >13 week waits in diagnostics by 2025, is well on track. Our percentage improvement against the DM01 standard over the course of the year, was 12%.
- 1.4 **Cancer 62 day performance** – We are already exceeding the 2023/24 national target of 70%, by delivering 72.3%. This has made the Trust one of the most improved Trusts in the Midlands region, on this standard.
- 1.5 **Referral to Treatment (RTT) performance** - the Trust had no patients waiting over 104 weeks at the end of March 2024. We initially predicted to achieve zero patients waiting more than 78 weeks, however, due to unforeseen situations in ENT, we resulted in having 5 capacity breaches at the year end. As of March 2024, the Trust had 350 patients waiting more than 65 weeks which was ahead of trajectory, and successfully accommodated all patients who waited for their first new Outpatient appointment.

2. Data quality in RTT and waiting list management

- 2.1 Further to support from MBI technologies, experts in the field of RTT and Waiting List Management we have made and communicated some decisions and agreed an action plan through Performance Management Group and Finance and Productivity Committee. Key points include:

- 2.1.1 We are now submitting our weekly and monthly minimum data set (MDS) submissions in line with National Policy. This may well mean that we have increased numbers of breaches in our weekly submissions due to having less time to validate them and only a very small validation team.
- 2.1.2 We have clarified roles and responsibilities and agreed a route to finalising our access policy for sign off at Performance Management Committee in May. In finalising it we will need to make decisions about planned patients, follow up patients and “C” classification patients.
- 2.1.3 We have agreed a plan that synthesises actions that are set out in the MBI report and the Audit report. This contains a set of mid/longer term actions to build capacity and capability in our people, clean and validate our waiting list, and improve our management reporting. This plan will also be taken through Audit Committee in May.
- 2.1.4 Whilst achieving and maintaining our compliance with National policy we will have to support our teams with any challenge, caused by any increase in the number of reported breaches. We will also need to do work with the system to align around a single approach or to agree any differences.

3. Urgent Care activity trends in the Black Country and the impact of MMUH

- 3.1 In the last four years, the Black Country has become a significant importer of urgent care activity, particularly additional ambulance borne patients, from other systems. Operational pressures, day to day, at Birmingham Hospitals and the Trusts in Shropshire and Staffordshire, has meant a significant increase in activity, most of which occurs in an unplanned way. Being largely ambulance borne patients, that activity then converts to admissions, many of which need additional, premium rate staffing to safely manage, through the opening of inpatient beds in an unplanned way.
- 3.2 At SWB, the main additional pressure comes from Heartlands, Good Hope and Queen Elizabeth Hospitals to our City Hospital site. City Hospital is the biggest net importer of so-called “intelligent conveyancing” ambulances, in our host system.
- 3.3 Walsall Healthcare’s Manor Hospital has seen a 21% increase in ED attendances in the last 4 years, largely as a result of indirect pressure from both Wolverhampton and Sandwell, who themselves have been managing increased demand from other systems.
- 3.4 The above picture is now an established pattern and one that the Black Country Urgent Care Board, has resolved to plan for and to seek the financial resources to manage this in a planned fashion.
- 3.5 The opening of MMUH in Autumn this year adds further complexity to that planning picture. Detailed activity projection work had been produced by colleagues at Black

Country ICB which appeared to suggest a far greater impact on Walsall Manor and Dudley's Russells Hall Hospital as a result of MMUH opening.

- 3.6 The Black Country Urgent Care Board has reviewed the data and agreed a series of planned mitigations to reduce the activity impact on Dudley and Walsall as much as possible. The biggest mitigation is the proposed agreement with West Midlands Ambulance Service NHS FT (WMAS) of a clear protocol to direct ambulances from defined postcodes, to MMUH, as per MMUH business case assumptions. Other mitigations to the pressures may lead to further, inpatient bed expansion at Walsall and a commitment to ensure the Sandwell Urgent Treatment Centre remains open for a defined period of each day and enjoys X-Ray diagnostic facilities.
- 3.7 The Black Country ICB are taking the coordinating role on the activity projections data, the mitigations, and the consequent resource implications. I will update the Board at each meeting, as to the progress we make.

4. NHS England Guidance Updates for Leaders – March and April 2024

- 4.1 Discussions have commenced within the Primary Care, Community and Therapies care group regarding the guidance and actions for trusts on implementing medical associate roles, and we are awaiting further guidance from the Royal College on slowing down the rollout.
- 4.2 The policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care has been widely shared within primary care by the Group Director.
- 4.3 Martha's Rule expressions of interest – The Trust has applied to become one of the first provider sites to implement Martha's rule following the request for expressions of interest on 2 April 2024.
- 4.4 The information regarding safe and effective integration of physician associated into general practice teams is part of ongoing discussions with the Group Director about new practices being taken on by the Trust and the need to clarify PA roles.
- 4.5 NHS Resolution has published practitioner performance research and resources aimed at understanding ethnic minority and international medical graduate practitioners' experience of performance management. This is built into the Responsible Officer process to discuss with practitioners.
- 4.6 Guidance on managing research finance in the NHS has been shared with the research team and the relevant finance lead to assess our position against this.
- 4.7 The government has confirmed that from Monday 9 September, all deaths in any health setting that are not investigated by a coroner will be reviewed by a medical examiner. The medical examiner's office are aware of the changes which form part of the death certification reforms and have been engaging with primary care.

- 4.8 The Trust are fully compliant with the annual costing guidance for 2024 and national cost collection outputs were presented to the Finance and Productivity Committee for assurance.
- 4.9 The “Who Pays?” guidance, which set out the framework for establishing which NHS commissioner will be responsible for commissioning and paying for an individual’s NHS care. Has been shared with key colleagues within the Trust.
- 4.10 The Trust’s 2024/25 priorities and operational planning will be included in the Joint Forward Plan being submitted via the ICB.

5. Recommendations

- a. **NOTE** the briefing on constitutional standards improvement in 2023/24 and the briefing on the impact of newly established urgent care activity patterns in the Black Country.
- b. **TAKE ASSURANCE** on the action plan delivery, following the Internal Audit report on data quality in waiting list management.
- c. **TAKE ASSURANCE** on the action taken by the executive following receipt of guidance from NHS England.

Richard Beeken
Chief Executive

25 April 2024