

Report Title	Chief Executive's Summary on Organisation Wide Issues		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Trust Board (Public)	Date	7 th May 2020

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

The Trust will report 2019/20 on time in our annual report on 18th June. Our accounts will record that the Trust not only **met our control total for the year**, as set by NHS Midlands, but discounted income by way of rebate to NHS England's commissioning groups as agreed under our contract. That contract unwinds that rebate as a baseline for 2020-21. Contracts for 2020-21 are unsigned because of COVID-19 and un-agreed as we work across the STP to balance our financial plan. A risk analysis of that position will come to the May Finance and Investment Committee.

Safety plan compliance was discussed at the recent Quality and Safety Committee and the IQPR records continued non-compliance with some of our local improvement indicators. **The focus on sepsis first hour of care remains**, and is emphasised in the Team Talk brief to the organisation for the weeks ahead.

We discussed vacancy slippage in the People and OD Committee and the Board will want to continue to track recruitment and retention activity with real care during Q1. **The organisation in March stood at its lowest level of vacancies for seven+ years**, and our safety and financial plan depend on our ability to re-achieve and maintain that position in the year ahead.

Recruitment continues to key leadership roles and positions leading our Care Groups. The succession planning commitment to developing next-step directors remains and will be discussed with the Remuneration Committee. We have deferred June's Leader's Conference to September 2020 as we work to develop our 2025 ambitions.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development	X	Estates Plan	X
Financial Plan	X	Digital Plan	X	Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

n/a

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the approach being taken to managing the organisation on Q1 2020-2021

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

Report to the Public Trust Board: 7th May 2020

Chief Executive's Summary of Organisation Wide Issues

1. 137 clinics took place last week using video technology. This coming week the Trust is doing primary care MDTs on the same basis. Ward rounds have taken place remotely during the last fortnight to support cross site COVID-19 care. Other papers before the Board consider the full scope of immediate and medium term issues associated with the pandemic but it is surely clear that the way that we provide care is being changed at pace by circumstance.
2. As the summary to this paper records it is important to 'finish' 2019/20 clearly and honestly. We implemented Unity as our electronic patient record. We achieved our financial plans whilst investing in developing diagnostic services. The Trust merged with a major local primary care provider and helped to build emergent yet purposive Integrated Care Places. Relationships with key partners like our universities, University Hospital Birmingham, and both local Councils are strong. A terrific start has been made with our Quality Plan and we have made progress tackling amenable mortality.
3. The Trust remains in dialogue with the Care Quality Commission. We hope and expect to see them return during 2020. Our GP practices retain Good ratings, and the Trust is working to achieve that standard across all our services. Emergency services for adults and children remain our improvement priority and upcoming changes to paediatric care on both acute sites will aim to match the Outstanding and Good ratings distinctively achieved by our community based CYP services.
- 4. Our patients**
 - 4.1 We have completed analysis of deaths in our care in March. Six Subjective Judgmental Reviews gave rise to no avoidable mortality conclusions. We have presented to the Birmingham Health and Wellbeing Board our work on demographic, including ethnicity, connections to COVID-19. These show association to age and gender, and potentially to poverty. March saw a specific cluster at City Hospital. We have worked extensively with community leaders to reflect shared concerns about that, and note that April data does not show that same pattern.
 - 4.2 From the outset of the Pandemic the Trust has worked together with care homes across our geography, especially in Sandwell. We re-organised district nursing teams to provide daily support with care, PPE and infection control advice. The outbreak volume in the borough so far is lower than the wider system, which is welcome, and reflects daily working with the CCG and local authority as well as other agencies.
 - 4.3 Maternity services are deeply affected by COVID-19 concerns. The Trust has reorganised provision, moving some clinics off site to ensure that access continues. A number of our community midwifery teams have again relocated (in Birmingham for the second time at least in 3 years). Both West Bromwich Albion and Aston Villa have provided us with space to provide

antenatal and postnatal services. Serenity relocated but has now moved back to its main base. The wider LMS is working closely together to help compare and coordinate responses.

- 4.4 The Trust is providing the 'hot' COVID-19 services to both Sandwell (Parsonage Street) and Birmingham (Urban in Pride). It is clear that this dedicated primary care service is important to ensuring that we have local access albeit volumes of use are modest. As we develop over the next few months we will need to consider how these services link thoughtfully to A&E, just as we examine what value can be achieved from NHS 111, and how best to adapt our successful SPA team and services like our emergency surgical assessment unit.
- 4.5 We continue to investigate reported incidents and where urgent respond to complaints. In line with NHS-wide guidance, we have deferred by 12 weeks all less urgent responses. We will present to the Quality and Safety Committee an analysis of themes in June so that we can ensure that immediate themes are not being overlooked. The Board will recall that ED and BMEC together represent around 40% of our complaints. Both are now low volume services.
- 4.6 Attached to this report is data on nurse safe staffing for March together with the professional advice on the red rated areas. The Board is reminded that in addition to data analysis and senior level advice, we also scrutinise feedback from shift leaders. As we move through quarter one it will be important to test staffing ratios and ensure that we are able to maintain quality across both blue and red streams.

Our workforce

- 5.1 Last month we noted that we would not achieve 95% mandatory training compliance. In the event we ended the year at 76%. The People and Organisation Development Committee considered the way forward and agreed that COVID-19 did *not* provide a basis for lessened emphasis or pace, despite some national guidance to that effect. As such the expectation is that in Q1 there is emphasis on WFH and shielding staff, together with those who missed compliance in both 2018/19 and 2019/20. An annex on that subset will be reported monthly attached to this report through Q1 and Q2.
- 5.2 From May we will kick off our 2019/20 PDR cycle one month late with the intent to complete by the end of July. Recognising about 7% of our staff have been redeployed we will need to consider carefully who best sets objectives for 2020/21. The Board will recall that this year will see Bands 3/4 attract potential financial bonuses, whereas 2019/20 moderated outcomes will pay a bonus on ratings of 4. This is a crucial intervention to link remuneration to organisational objectives and individual improvement: Part of our emergent SWB 2025 People Plan!
- 5.3 The psychological wellbeing offer to employees is covered in a distinct paper. Linked to that we intend to press ahead with the Stress Risk Assessment model we agreed in 2019. It will be important in coming weeks and months to provide not only a wide ranging support offer to our staff, but also to extend that offer to their loved ones and dependents. We will work to scope that option and consider whether it part of the STP-funded offer, or something that we consider bespoke, ourselves or with Your Trust Charity.
- 5.4 The focus on the safety and wellbeing of Black and Minority Ethnic staff is crucial. The Trust has considered carefully best practice and recent guidance from NHS Employers. We will work with professional bodies and with our staff network, and explore neighbouring Trust offers, to make

certain that our support to more than 40% of our workforce is truly outstanding, well used, and is effective. All of our staff data is collated with protected characteristics, including our swabbing information. We are exploring how to interpret our FIT testing data for issues of gender as raised by the BMA nationally.

- 5.5 We successfully proceeded with QIHD time in April, with over 30 teams contributing virtually. The report of that work was shared with the Board's Quality and Safety Committee. We will be using the 13th May QIHD as a chance for staff to test and inform our Recovery and Restoration Plans. On 14th we launch our 'Schwartz round' model – Recharge Booth – which is also referenced in the wellbeing paper annexes. **we**learn deployment is proceeding at pace and during Q1 we would hope to have all previously advised elements operational including the Learning Pack. **we**connect data was circulated from January surveys and current expectations are that we will recommence surveys in July.
- 5.6 FTSU Guardians make a valuable contribution to the work of the Trust. We are reviewing how best to support that function and how that role can be more widely used. This work, alongside discussions about trade unions, and the remit of any staff governor model, is something we will consider more conclusively towards the end of Q2, mindful that we had expected to be launching work on our values and promises this autumn.
- 5.7 The Board will be interested to know that preparations for our flu vaccine campaign do continue and we would expect to discuss that programme in more detail at the July Board meeting, conscious of the challenges we surmounted last year, and the risks and opportunities associated with this coming winter. National policy and guidance in this area is awaited.

6 Our partners

- 6.1 The appointment of Jawad Khan as our new Director of Medical Education is welcome, especially with the incoming nature of Aston clinical placements in the autumn. Sarah Carr-Cave joins us at Deputy Chief Nurse from the start of July. Sarah's role will be principally focused on our future nursing workforce and on education, and so she will play a key role in thinking through our longer term educational requirements for the profession. As these comments imply we are very focused presently on both:

- How we deliver on promises made to existing students and apprentices
- How we ensure the right educational compact is in place to support our 2025 ambitions, but within that our University Hospital

We will bring further details of options around the latter to the Board' away session in July, and we should consider at July's Board meeting the assurance we have on the former point.

- 6.2 Clap for business was a positive feature of the past month. This formally celebrated those organisations who have made a distinctive contribution to the organisation's sustainability over the last two months. Bearing that in mind, and mindful of economic circumstance, we will consider how we best support strategic suppliers. The Board has asked for a clearer quantified exposition of our local economic footprint impact and that will be presented by the Chief Finance Officer and myself in June.

6.3 Regeneration activities are referenced throughout the Board's papers, but it is worth noting approval now to proceed with construction of both car parks. Subject to any nuances of lockdown restrictions, we would expect to make both construction sites available for start during June. As outlined in March's Board meeting, we will bring forward plans on the longer term future of the Midland Eye Hospital, and the possibility of a major city-wide development to support eye health and eye research. This SOC might be available by October 2020.

7. **Our commissioners, ICS and ICP**

7.1 In May we recommence ICP meetings in both places. This will help us to govern Restoration and Recovery Plans at place level, which shared ambition of most local providers. The Ladywood and Perry Barr ICP was involved in the Birmingham Health and Wellbeing Board meetings in month and we would expect that involvement to continue.

7.2 We understand that a commissioning managing director within the CCG is now in place for both geographies and look forward to working with them to understand how a long term financial model can be put in place through each alliance not later than April 2021.

7.3 The financial arrangements in place for COVID-19 are outlined in the Recovery Plan paper.

7.4 Place based regulatory meetings with NHS Midlands have continued. The expected Framework for the LTP and 2020-21 operating plan has not arrived due to COVID-19 and at present accordingly engagement is best understood as anecdotal. The undertakings document is appended to this paper as we continue to track against our 2 key variances – four hour delivery and agency expenditure. The control regime for the latter is highlighted above.

8. **Other comments – the current situation with MMUH**

8.1 There is understandable public interest in progress completing the Midland Met. Currently we do have teams from Balfour Beatty on site developing the design and there is no formal delay in place. Delivery in 2022 is important, and the limitations of our estate during COVID-19, with low levels of single rooms, illustrate the merits of modern healthcare design and adjacencies. There is a shared commitment to continue to make progress, albeit in practice it will be the progress of the virus and the sustainability of supply chain that will determine any need to slow down.

8.2 We have made space available to support the Test Centre for other key workers in the area, while we continue to provide NHS staff with testing on our sites and at home. This is proving successful and we will work through with DHSC and local partners how long that site can practically remain in place. Given the vulnerabilities and inequality in Sandwell, Ladywood and Perry Barr it is crucial that we have a locally shaped strategy for testing and tracing, and good close supply of testing is part of that paradigm. We welcome the commitment to the Black Country and West Birmingham STP to work to ensure that is delivered.

Toby Lewis
Chief Executive
1st May 2020

Annex A – Team-Talk slide deck for April
Annex B – April Clinical Leadership Executive summary
Annex C – Imaging improvement indicators
Annex D – Vacancy dashboard
Annex E – Safe Staffing data including shift compliance summary