

<b>Report Title</b>	Chief Executive's Summary on Organisation Wide Issues		
<b>Sponsoring Executive</b>	Toby Lewis, Chief Executive		
<b>Report Author</b>	Toby Lewis, Chief Executive		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	4 <sup>th</sup> June 2020

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

The work of the Trust and its leaders continues to be dominated by COVID-19. Increasingly both financial viability and what the NHS calls "reset" are a feature of discussions, reflecting a desire to convert the innovations of recent weeks into a longer term feature of the local care system. Implicit in that is that we better work together to tackle poverty and inequality, and the ICS Board has against indicated support for system wide application in most or all partner organisations of the Real Living Wage that we adopted some years ago.

The Trust has a long-term financial strategy that reflects the needs that we have as two places. With planned increases in SWB funding to reflect deprivation it is entirely possible that we can meet sustainability obligations over the coming three years. We will need to continue to restructure our cost base, and is essential that local funding is retained locally for both Sandwell and Ladywood/Perry Barr. The expectation is that place based capitation budgets are in place by April 2021.

### 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's long term plans

### 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: 4<sup>th</sup> June 2020

### Chief Executive's Summary of Organisation Wide Issues

1. In February 2020 I reported that we needed to begin to **plan for winter 2020**. This remains a headline message for colleagues inside our organisation. In our July meeting we need to consider our flu vaccination approach and how we will sustain recovery during months when demand for acute beds for both adults and children will rise. Our priorities coming out of winter 2019 were to better support Care Homes and to more effective ways to manage Frailty and HAFD. COVID-19 has only heightened awareness of the need to succeed with both aims. Whilst the Restoration plans before the Board approach this topic, we have more work to do to confirm how we would respond to various different demand scenarios.
2. We know that **public confidence** in reaching for care is crucial to the health outcomes that we can achieve this year and next. Falls in demand during March, April and May have been significant. There are rises in recent days, and it is to be hoped that lockdown changes bring renewed attendance where that is clinically necessary. The risk reflected in the risk register is that such demand is later onset disease that is more difficult to treat. Working with primary care partners we need to publicise the separateness and safety of our #greenshoot facilities. These issues of confidence are perhaps especially important for diagnostic services as well as for cancer care. Presently we continue to offer surgery from off-site private hospital locations.
3. The Board's papers also reflect **the financial challenge faced this year**, recognising the new financial regime in which we are temporarily operating. The STP as a whole entered 2020-21 with a significant financial challenge, and a need to make sure over five years that we could invest in tackling inequality and poor outcomes. That was the basis for CCG allocations, which awarded disproportionate growth to Sandwell and West Birmingham. Since the Board last met we have been again assured that these funds will be provided to the two places within the STP, despite underlying deficit positions elsewhere. This is important but also timely as we have but two financial years before the Midland Met opens.
4. **Our patients**
  - 4.1 The papers today include our annual complaints report and latest patient and speak up scorecards. **The commitment to hear more and do more** on the basis of community feedback is a clear instruction from the Board. Any work on services beyond COVID-19 must begin with recovering trust and understanding among black and minority ethnic residents. Progress reflected in the complaints report in better identifying concerns from those communities augers well for our reach and ability to do this.
  - 4.2 The Board considers, as the quality and safety committee did last month, the deaths we have seen during the pandemic. Alongside those deaths data confirms that **overall non-COVID mortality has been as before** despite falls in demand cited above. Full place data is not yet available although it would appear that the care home mortality seen locally is below that of

neighbours. There has been no rise in care home admissions or readmissions. The analysis also includes consideration of both cross infection rates (so-called hospital acquired C-19) and mortality by BAME characteristics. We continue to work with neighbours and peers to compare our outcomes and to learn about what more we can do to reduce harm. The focus of today's agenda on end of life reflects the prevailing concern of both staff and communities.

- 4.3 Results acknowledgement feature heavily still in our Board safety discussions. Seven months on from Unity we are again reporting the turnaround times achieved both for imaging and pathology. The Clinical Leadership Executive has discussed the required emphasis from teams on this topic in Q2. The same focus of drive and effort is needed for **sepsis**, where our treat inside one hour data, still gives rise to room for improvement. Building on our longstanding success in using quality improvement time to drive gains at local level, our emphasis now is on ward teams finding time to have discussions at very local level about how to improve practice.
- 4.4 During June **we will open our new Children's Acute Care Unit**, which brings together paediatric A&E and our D19 assessment unit at city. At Sandwell we continue with operating paediatric ED via our ground floor ward space. The learning from these two integration projects will carry into the new hospital. More children will see specialist paediatric clinicians and nurses. Moreover, the staffing position at City for doctors in training will be improved. The dedicated space for paediatric care in the University Hospital is an important focus for the Trust, recognising the demography of our population and the need to develop strong local services, whilst collaborating with the specialist children's hospital.
- 4.5 The Clinical Leadership Executive has reviewed progress with **transitional care services for teenagers/CYP** in fifteen specialties. Nine now appear to meet the high standards that we have established, with others making good progress in coming weeks. The introduction of Visionable technologies into clinics will assist with this process because it permits experts to hold clinics across site. July's Clinical Group Reviews will be used to test progress with this longstanding objective which Paula Gardner has led work on in recent months. It is to be hoped that, for example, our QIHD poster work this year sees strong entries in this field.
- 4.6 Over recent years, we have developed exceptional services models to support homeless adults and those facing alcohol and other addictions. **Our alcohol service has now moved to a seven day model**, and the results continue to be reported to our Public Health Committee. A summary of these will be briefed in the July meeting (the Board will remember that these services were featured in NHSE's LTP). The commitment to provide services which focus on excluded groups is a distinctive feature of the Trust's work and reflects a belief that that is the way to tackle inequality and to improve outcomes. As we begin to develop our 2025 ambitions work, this emphasis will grow, and we have further plans for services in support of survivors of domestic violence, and trafficking. Our Birmingham-wide FGM service is operating well, and we will review that at Board level during 2020-21.
- 4.7 This summer the Board will want to **review the depth and nature of primary care integration**, and ensure that our involvement in both local Integrated Care Partnerships is delivering value. The merger with Your Health Partnership in Sandwell is opening up changes to service delivery, not least in dermatology, and moving local care towards better coordination. Whilst the Trust has been praised by local GPs for work with all practices, it is proving easier to innovate at pace

with some groupings where there are established improvement approaches in common. This does give us scope to test ideas, for example about how to restructure neurology, chronic pain and respiratory access. These can then be properly compared to other approaches across the area. Changes across the board can be delivered, the recent progress with MSK access illustrates that.

## 5. Our workforce

- 5.1 We have **launched our annual employee Star Awards 2020**. Last year we have well over 500 nominations, and this year we would expect to achieve something on a similar scale. Weekly in 2020 we have had our Star of the Week – recognition of individual effort and success. The challenges of COVID-19 probably emphasis rather than detract from the achievements seen in the organisation. The ceremony in October will kick off our traditional Q3 celebrations, which culminate in the QI poster contest, and chairman’s festive event. Later in the year we would expect national activities to celebrate the country’s pandemic response, and key worker ‘heroism’ within that. There is a great deal to do before that point is reached, but it is important to continue to recognise the sustained work of teams through the marathon.
- 5.2 Annual performance assessments [PDR] have been taking place over the last month and are due to conclude in full by the end of July. In addition to moderation work that follows, we will also be collating 20-21 objectives in support of our performance and investment programme. With the continued absolute POD committee focus on mandatory training, it will be delivery of SMART objectives which will define the results we get in spring 2021. Part of that work must be **executing the Unity optimisation work** that we set out to deliver after September 2019. The latest report to the DMPA offers some encouraging evidence of progress, but there is a great deal of work to do to ensure that nursing colleagues in particular embrace in full what the technology can offer us, by way of releasing time to care.
- 5.3 Strong recruitment progress is being made in key disciplines, including our general practice services. This lies at the heart of **reducing unwarranted agency premium expenditure**, but also creating sustainable teams. Induction remains a key feature of our work and local induction improvements continue. Part of the programme was corporate connection with all new starters after about 100 days in post and a report to reflect that work since January will come back to the Board in August. We know that tackling retention means reducing turnover in years 0-2. To that end, perhaps especially with the disruptions of COVID-19 we need to ensure that are keeping our promises where we can to new recruits.
- 5.4 The risk register and our Restoration Plan reflect the need to **deliver our training commitments** in the coming semester. COVID-19 has delayed and deferred programmes for existing students across all disciplines. National adjustments are planned to take account of that, and we are undertaking work to ensure that changed delivery models are made compatible with training requirements. With new clinical placements for Aston due in the autumn, and over 150 nursing associates are part of our workforce plan, it is important we find a way to track how we are doing across all disciplines. A new report for the Clinical Leadership Executive will summarise that progress and will be considered at the Board in due course. Meanwhile revalidation progress for existing employees will be reviewed at the end of June.

5.5 Other papers before the Board consider progress with our mental health wellbeing work. This will be a key forerunner to **our wider work on obesity and nutrition**, which is now due to launch in August. There is real energy and commitment behind our engagement in the welfare and psychological fitness of our colleagues. The Trust is determined, through walking, cycling, e-scooters, and other activities to put physical health at the heart of our employee offer. Whilst we had hoped to launch in spring sunshine, we will nonetheless kick off this year. On July 1<sup>st</sup> we celebrate one year of our No Smoking sites, and will undertake a point prevalence study on that day of employee smoking status, including vaping.

## 6. Our partners

6.1 The Your Trust charity has worked effectively to secure NHS charity funding under the COVID-19 scheme. As is indicated in the charitable funds committee minutes, our focus remains on making sure that local third sector giving is returned rapidly to pre pandemic levels. It would represent a real difficulty if this social capital was lost, and the Trust relies on and delivers through key community partners. The Sandwell MBC commitment to **The Community Offer** has been resuscitated and this represents a real opportunity to work in partnership in the months ahead.

6.2 Our strategic partnership with Engie continues to progress. Work on sustainability has been deferred by furlough but is now moving at pace and expect to **present Net Zero options to the July PH Committee**. TUPE discussions will take place later in 2020 and we remain on course for service transfer in April 2021. Recruitment into the revised Trust-side functions is ongoing and will be completed before the Estate MPA next meets. Austin Bell has been confirmed after external advert as project director for MMUH, working to Rachel Barlow.

6.3 Construction work on **our new car park facilities** is due to kick off in July. Complete with good EV integration, these units will provide service and release land at City, and end the considerable parking deficit at Sandwell. We are renewing our discussions with National Express about subsidising public transport options, and are working closely with Birmingham City Council on their emergency transport plan. The early promises in that plan, which include a revised and improved Dudley Road scheme across all modes of travel are hugely welcome. The Trust has advocated for a strong plan that integrates long term needs aimed at wealth creation with local neighbourliness for long term residents. This now feels achievable. We need to settle ingress and egress plans for our Dudley Road health services after 2022, whilst engaging Homes England in their plans to develop the old city hospital site.

## 7. Our commissioners, ICS and ICP

7.1 Both ICPs continue to meet and discuss response plans, as well as COVID-19 recovery. BCWB CCG have asked all partners to **reconfirm formally the terms of reference** of the governance of those bodies (these have been circulated separately to Board members). The vision remains that each will have a commissioning budget at place level for key services next year. This capitated model would create local flexibility to better tackle inequality and underlying causes of poor health. At this stage budgetary arrangements would simply be on the health side, but we will undertake relevant discussions at neighbourhood level to see what scope exists to integrate LA budgets as well.

- 7.2 The overall **STP level Recovery and Restoration Plan** is circulated with the Board papers in private. The plan reiterates the commitment to invest heavily in mental health and wellbeing, and notes capacity deficit for Q2 and Q3 unless access to private provision is maintained. The STP has submitted a shared capital approval to NHS Midlands to address CRL plans for 2020-21. The Trust's portion of that submission is consistent with the approved Midland Met FBC.
- 7.3 Formal contracting for 2020-21 was suspended by the pandemic. It remains uncertain when PBR will be re-established, albeit it will not be before month 7. This is material not simply to baseline plans for 2021-22/2022-23 but also for considering how winter pressures might be funded prospectively. **Working backwards from April 2021 place based budgets** is the current approach that we are taking, but we may need to adjust that position if that objective appears unachievable.

## 8. Other comments

- 8.1 I remain conscious that the Chairman asked me to ensure that going into 2020-2021 we develop a clearer plan for the future direction of the Birmingham and Midland Eye Centre (BMEC). Estate options for the site are well advanced and some discussions continue about a pan-Birmingham approach to eye disease. We are quite open that we consider that the service is a research, education, and patient care asset to the whole STP, and that as such we need to consider a model as lead provider across the boroughs with local provision in each. Discussions to that end continue with peers, as it makes little sense to talk routinely about acute services re-design and then miss the opportunity for the 'Moorfields of the Midlands' to be enhanced.
- 8.2 The Trust continues to engage with national arrangements in relation to Brexit. There is nothing material to report to the Board at this stage. We note changes mooted in relation to fees for NHS overseas workers giving service and trust that that will remove the payment anomaly that the Board has previously discussed. Overseas visitor charging remains a priority and there is work to do in the year ahead with the transfer of all aspects of service recovery to one team, to make sure that we reduce our write off. There is no incongruity between supporting refugees and migrants, whilst charging those able to make payments after travel. As a provider of a huge HOP programme we have written to Ministers inviting them to visit the services and learn with us about the impact of these programmes on local recruitment across primary and secondary care services.

Toby Lewis  
Chief Executive  
May 28<sup>th</sup> 2020

Annex A – TeamTalk slide deck for June  
Annex B – May Clinical Leadership Executive summary  
Annex C – Imaging improvement indicators  
Annex D – Vacancy dashboard  
Annex E – Safe Staffing data including shift compliance summary