

Report Title	Chief Executive's summary of organisation wide issues		
Sponsoring Executive	David Carruthers – Acting CEO		
Report Author	David Carruthers - Acting CEO		
Meeting	Trust Board (Public)	Date	6 th August 2020

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

As discussions and planning continues with restoration and recovery of services, we look forward to the new intake of trainees and students which now includes those from Aston medical School, supporting the long term aim of training more medics in the country. I'm sure we will provide a positive experience but the changes across the organisation from COVID-19 will add an extra level of complexity that I am sure the education team and clinical colleagues will meet to deliver the excellent training we have a reputation for.

Our stop smoking campaign is one year on and is time to reflect on progress and next moves for this. We continue to support staff wellbeing through the pandemic and look to our next phase of weconnect.

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input checked="" type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

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

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4. Recommendation(s)

The Trust Board is asked to:

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| a. | Note the planning additional students from September |
| b. | Review progress with staff wellbeing |
| c. | Discuss plans for review of smoking cessation now we are 1 year on |

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

Trust Risk Register	<input type="checkbox"/>	
Board Assurance Framework	<input type="checkbox"/>	
Equality Impact Assessment	Is this required?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If 'Y' date completed
Quality Impact Assessment	Is this required?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 6th August 2020

Chief Executive's summary of organisation wide issues

1. Medical Training

- 1.1 Last week we welcomed our new FY1 doctors to the Trust (29th July). They are joining colleagues who commenced in June as FiY doctors so will hopefully be able to settle into their roles more quickly with support from both the FiY trainees as well as the outgoing foundation doctors. Importantly, they can focus on important safety aspects in particular around the use of Unity and key patient pathways. There is a larger induction for trainees this week (5th August) who will be transferring into SWBH from other organisations and as part of their welcome we need to understand their prior experience during the COVID pandemic and learn what we can from that. We will need to identify clinical areas they have worked in previously if reallocation of staff is needed with a second surge and we need to support their training and development with our well established educational supervisor programme. They can link into the support network developed over the last few months which has received good feedback from current trainees.
- 1.2 We are also planning for undergraduate students who will start in the beginning of September. This is a big change with introduction of students from Aston Medical School. This will be their first clinical placement. Although we are not teaching all of the Year 3 Aston Students for their clinical placements, we are delivering an induction course to hospital based medicine for all 60 students, half of whom will go onto GP placements during this semester. The remainder stay at SWBH until Christmas when the 2 groups will change over. Those students on hospital placements will integrate with normal cohort of University of Birmingham Students whilst here. Clinical placements will therefore be the same for the 2 groups of students, but there will be some differences in the role of their tutor and the recording of their learning progression. Aston students will increase the number of widening participation as students at the Trust and also our international student number, helping help widen Trust reputation.
- 1.3 The SWBH education team have made significant adaptation to the programme in light of challenges imposed by social distancing and other restrictions in place due to the pandemic. Not only do we have Year 3 Aston students but also University of Birmingham Year 3, 4 and 5 students as normal. Draft programmes have been produced for each clinical year group with some flexibility depending on whether circumstances change between now and September. There is a requirement for Medical Schools to ensure that students receive the same level of education and training and retain similar learning outcomes and competencies that they would have done in previous years. We

have therefore worked to maintain the quality and quantity of our teaching programmes while adapting programmes to minimise the risks posed to students from COVID 19 whilst on placement at SWBH. Regular review has been had with the Infection Control team particularly around action and support needed for any for symptomatic students. Antibody testing will be offered to them all on arrival and appropriate PPE will be provided including FIT testing for more senior students who may end up in clinical areas with COVID patients and aerosol generating procedures. A personalised risk assessment of all students is being undertaken by the Medical Schools.

- 1.4 Induction sessions will be done with a combination of face to face and virtual sessions. Different processes are in place for teaching depending on whether it is a large or small group, 1:1 tutorial, ward based or simulation based training. Clinicians involved in teaching will be given clear guidance regarding any restrictions on teaching practices so they can plan ahead in ensuring that high quality teaching can still be delivered.
- 1.5 Regular meetings are in place with other Heads of Academy to share information, experience and ideas. The Medical School is also revising some of the guidance around clinical skills that needs to be completed in this academic year.
- 1.6 The simulation team has modified protocols for both undergraduate and postgraduate training to continue particularly for Year 5 students. Teaching leads for Year 4 students are being met to make sure that all students who would be predominantly clinic based can achieve their learning outcomes.
- 1.7 It is a really positive time for education at the Trust and the presence of Aston students demonstrates our adaptability as an organisation as well as commitment to the wider development of medical staff in Birmingham. The increased student number gives opportunities for more medical staff to develop as tutors and help influence the next generation of doctors, many of whom I hope will be staying in Birmingham and working at MMUH for (part of) their professional career

2. Stop Smoking

- 2.1 We are one year on with the Stop Smoking Campaign. The Public Health Committee paper reflected on the progress. We need to reinforce the offer to patients who are admitted to hospital of nicotine replacement therapy and also have discussions with patients who are to be admitted for planned care. This was emphasised at the FY1 induction last week and will hopefully act as a reminder to ask the important questions at the point of admission. Patients will still need sign posting to longer term approaches to stopping smoking.

- 2.2 This also provides a good time to reflect on the position of vaping particularly around progress on down titration of nicotine strength to allow gradual withdrawal as is done with other nicotine replacement therapy. We also need to review any new evidence around vaping - both harm and benefit. National policy was to have smoking banned from April 2020 in all hospital grounds including car parks and progress with this around the country could also be reviewed. Prior data had shown that 69% of all Trusts had a smoking ban, however vaping was still not permitted on many hospital sites.

3. Staff wellbeing

- 3.1 The important personal COVID Risk assessments need to be completed for all staff and the team are working hard to make sure that all staff members have completed the assessment. This will provide clarity as to who should undergo changes in work practice, location or alter the type of PPE advised. Provision of PPE remains positive with increased availability of single user, reusable silicone masks in AGP areas. Surgical face masks are now being used in all areas in clinical buildings and this policy is being well adhered to. Review of COVID secure office space continues with 2/3 of offices across the Trust risk assessed by 21st July with those areas that were felt to be non-compliant highlighted to managers to review any outcome and any idea for compliance. This may include changes of hours worked, rearranging office furniture, providing screens and some home working proposal.
- 3.2 Advice for those returning from Spain continues to be reviewed with final decisions from Government on the processes awaited. We are following national guidance which is currently for a 14 day isolation period on return. We have asked all staff planning to travel to Spain to have a conversation with their manager before finalising arrangements so that plans can be considered for their return, which will focus around working from home where possible. If it is not possible to shorten the self-isolating period or work from home then there is a risk if cases increase in other European countries and similar restrictions are applied to those returning from holidays over the coming weeks. We will be keeping a close eye of the situation and stay engaged with staff, who do need their well-earned holidays over the summer.
- 3.3 The Trust will this month run our quarterly weconnect survey to selected directorates within the Trust. The programme is now in its second year and aims to support directorates in improving staff engagement within their teams. The survey has a strong evidence base and the results are able to help develop actions to improve how people feel about work and the organisation. As this is the first survey since the start of the pandemic it will be interesting to see whether there is a significant change since the last survey that was completed in March 2020. The Trust continues to strive towards an overall staff engagement score of 4.0 out of 5.0 which would rank us among the best in the NHS, and a response rate of 35%.

3.4 The pioneer teams programme, which is part of weconnect, will restart in August. We have 10 pioneer teams who have volunteered to take part in a six month focused engagement programme. The programme was paused during the pandemic, due to teams being disrupted through redeployment. The teams are now eager to continue their engagement activities. The teams can evaluate their progress through a second survey, results of which will be available in December 2020.

4. Service improvement

- 4.1 Good practice in training that has been highlighted was the use of simulation trainer in ophthalmology for surgical staff who have been out of surgical practice for a few months. This allowed them to undertake cataract operations on a model in a safe simulated environment. This is an important safety aspect in ophthalmology care, whilst planning and delivering the backlog of cases requiring surgery in the specialty. At CLE we also heard about the recent programme in the Emergency Department with a frailty model pilot. The presence of an elderly care physician and ACP therapist during the day helped to identify patients who could be managed in the community with appropriate support and those who needed admission, early stratification and plan put in place for their care. Overall it was felt that the trial was successful but is for further review and consideration of future models of care. Importantly, consideration needs to be given on how these models might link with frailty in acute care models for MMUH. Development will be support by the appointment of our new acute medicine lead Dr Mae Yan.
- 4.2 We heard a positive story of recruitment in Surgery for Nursing and theatre based posts where many applications have been received for the posts. A six week introductory rotation in critical care continues both for new starters in surgery but also for established team members to enhance their ability to manage level 1 and 2 patients. There is similar good progress in the new Children's Emergency Unit at City with good team working reported and recruitment into roles that were vacant progressing well.

David Carruthers
Acting Chief Executive

August 2020

Annex A – TeamTalk slide deck for July
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