

Report Title	Chief Executive's Summary on Organisation Wide Issues		
Sponsoring Executive	David Carruthers, Medical Director and Acting Chief Executive		
Report Author	David Carruthers		
Meeting	Trust Board (Public)	Date	1 st October 2020

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

We are tightening up our processes for review of moderate harm cases reported through the safeguard system, linking with review of case reports that have progressed to an SI review. ED waits need a renewed focus as attendances of patients with COVID related symptoms increase at both sites. Unity was introduced one year ago last week. Reflections were had at CLE on benefits seen with the record but also on those areas where optimisation of use of specific functions is needed.

Local partnerships and regeneration remain an important aspect of the MMUH build project and the work on car parks on both sites is due to commence.

COVID planning takes a renewed focus with the increase in community cases and hospital attendances and we balance this with the work underway on restoration and recovery, in conjunction with STP partners.

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 changing and improved process around SI reviews
- b. Discuss balance of COVID surge v recovery planning
- c. Focus on colleague wellbeing continues, with flu campaign a major focus through October

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: 1st October 2020

Chief Executive's Summary of Organisation Wide Issues

1. Quality and safety

1.1 Our performance against the emergency four hour target remains lower than we would like and we apologise to patients who have had to wait longer than they should for care and treatment. Patient attendance is now at pre-covid levels with some particularly high admissions on certain days. The Group and Operations leads are continuing to address the improvement plan actions, that are well known to the Board, that include a focus on discharge earlier in the day with preparation done the day before to enable flow from the front door, senior decision-making within the first hour of arrival and timely triage and treatment of the minors stream. I need to bring to the Board's attention a 12 hour DTA breach of a mental health patient who arrived in ED on 23 September. The patient was deemed unsafe to move from the department before a suitable psychiatric inpatient bed could be found. A table top review will be carried out on the care of this patient with partners to identify any learning. Patients in ED with mental health needs are experiencing long waits on occasions which needs addressing with mental health providers and specialist commissioning colleagues, with recognition that our emergency departments are not the best place to provide appropriate care.

1.2 Our electronic patient record, Unity, reached its first anniversary last week and it is encouraging to see how well the system has been embedded across the Trust. Implementation of Unity was a huge transformational change for the organisation that was delivered successfully with thousands of colleagues trained in the new system. We continue to address optimisation to further realise the benefits of the investment and to ensure safer patient care. Ordering of tests and endorsing results remains a priority area for improvement.

1.3 We have commenced our weekly meetings to review moderate harm cases from our safeguard system to tighten up the process supporting groups on deciding which cases should proceed to full SUI review. This is a multi-disciplinary, multi-specialty committee where reports and 72 hour reviews are considered. This process adds to the already introduced formal SI sign off meetings which allow thorough review of the investigation outcome with the case reviewer and Group director present. Both these processes should improve the governance and effectiveness of our SI process, which now provides a regular report to the Q+S committee.

2. Colleague wellbeing

- 2.1 Our flu campaign begins this month with our early vaccination stock targeted at frontline clinical colleagues. Peer vaccinators have been identified and trained across the organisation with responsibility for vaccinating their team and service colleagues. The opportunities for mass vaccinations at Trust events are reduced this year so it is important that the localised approach is as effective in supporting high vaccination rates. Flu jab uptake is a vital part of our winter and Covid-19 surge preparation.
- 2.2 In September we held our Trust Speak Up Day which was an opportunity to raise awareness of the different ways available to staff to raise a concern about safety at work. Executive Directors and group leaders arranged to be available for booked or drop in appointments. A small number of concerns were raised through this route that have all been reviewed and followed up. This month (October) the national guardian's office is promoting Speak Up Month which we will again use as an opportunity to promote our Freedom to Speak Up Guardians and the role they play in supporting people who are raising a concern. The Board will recall the assessment of our organisational approach to speaking up presented last month and we expect to be able to demonstrate progress on those areas where we are less assured, under Kathy French's leadership.
- 2.3 The national NHS staff survey is due to be issued to all colleagues within the Trust in the next few weeks. Last year we recorded our highest response rate to this important survey that allows us to benchmark against other similar NHS Trusts. This survey, along with our quarterly weconnect survey, provides useful information on how staff feel about their jobs and working for the Trust. Our latest weconnect survey results are due out this week which will be the first survey across the Trust since the pandemic. Results will be shared among the directorates taking part, who will all be supported to develop actions to address the engagement enablers that scored lowest. Our weconnect pioneer teams programme has restarted following a pause between April and June. The pioneer teams are demonstrating good progress on their engagement plans and have recognised the value of the programme in improving morale and wellbeing.

3. Partnerships

- 3.1 The Midland Metropolitan University Hospital programme continues to progress well with strong partnerships with Balfour Beatty, Engie and others. The construction proceeds to plan with at present no material delay to be reported. The regeneration opportunities that are being explored are developing well as reported to the last Public Health Committee. The hospital development is in a strong position to build on partnership with local planners, expert advisors and commercial organisations to create health and wealth in the surrounding areas. MMUH hosts a visit today by NHS England's national director of estates who is keen to see evidence of the Trust's partnership with

Balfour Beatty and how we have worked together to continue construction work throughout the pandemic.

3.2 MMUH remains a cornerstone of the Black Country and West Birmingham STP, and we have participated in discussions with partners about acute care collaboration and the future form of commissioning. Our Trust has, in line with previous Board decision and discussion, put forward our support for the CCG merger proposal whilst seeking assurance over the precedence of “place” over system-wide change, financial allocations for the ICPs and the strengthening, not diluting, of local partnerships and engagement mechanisms. We have responded to the Black Country provider Trusts with a clear position on acute care collaboration, that we are committed to clinical collaboration where the clinical case for change is clear, and that organisation form change or shared leadership would not be in our interests due to our need to focus on covid-19 surge planning, winter and the transformational change associated with the MMUH development.

3.3 Commencement of building of our new multi-story car parks as a long term solution for on site parking for visitors, patients and staff is to start shortly. A reduction in car park space has occurred as a consequence. Though many colleagues from Sandwell site have been parking at New Square and many are still working from home, this has not been enough to create sufficient capacity for on-site parking for staff. This is undergoing rapid review to consider options, needed more at Sandwell than City. Government policy to encourage working from home may not have additional impact on the situation at SWBHT due to our own approach to WFH already in place.

4. Covid-19 planning and recovery

4.1 The organisation continues to focus on our recovery plans with submission of our phase 3 return that outlines our trajectory for returning service line activity. Our plan is ambitious and we know the areas that need further focus to ensure we are able to provide patients with their treatment plans, minimising waiting times. Referral rates remain lower than the same period in previous years, and we have high DNA rates for some specialty appointments where people need to come to a hospital site. We continue to focus on spreading the message in our local communities that hospitals and healthcare buildings are safe places to come to when you have a healthcare need, emphasising the infection control processes we have in place including symptom and temperature checks, use of PPE, handwashing and social distancing.

4.2 We are monitoring carefully the cases in the community that have led to further restrictions in Sandwell, Birmingham, Solihull and Wolverhampton. We have seen an increase in the number of inpatient admissions which is cause for concern. Our surge

plan is now documented and we are reviewing the decisions made during the early stages of the pandemic to ensure that we are prepared and have considered what we will need to change, when.

4.3 Further national and local restrictions, including school closures will undoubtedly have an impact on our workforce, be that with childcare or wellbeing needs. We have limited hotel accommodation reserved to enable staff to come to work and be safe, protecting their family members and themselves from risk of Covid-19 transmission. Our wellbeing offer has been reviewed by the Board and continues to be accessed by colleagues across the organisation. With the rise in community transmission we are taking a considered and cautious approach to visiting arrangements and our current restrictions remain in place. We fully recognise the impact that this restriction has on patients and their loved ones and have reviewed the technology available on our inpatient wards to support keeping in touch via telephone / video link to ensure it is sufficiently supported.

4.4 Compliance with PPE, social distancing and handwashing remains essential for all of our workforce and we need to guard against complacency in our health care services. We will be stepping up workplace checks to ensure compliance and making sure that managers understand their responsibilities to check that employees are following our infection prevention and control procedures at all time when at work. In coming days we are likely to move to the new national infection prevention and control classification that will see us change our “blue” stream to “amber”. This will mean we are aligned with other hospitals and should ensure consistency of message across health care facilities. The PPE requirements for staff and patients remain the same.

David Carruthers
Acting Chief Executive
1st October 2020