

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	3 rd September 2020

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

The work on restoration and recovery is a strong focus of Trust work at present but the importance of our many other lines of work remain. Improved IT resilience has been an important factor in managing many aspects of the covid pandemic and subsequent restoration work and recent changes are reflected on.

Staff wellbeing is vitally important and many ongoing pieces of work are discussed here showing how staff engagement and opportunities to show case departmental work, excellence from colleagues are progressing. Progress with our widening participation programme continues as does Winter planning and adoption of modified infection control guidance.

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** some of the recent IT modifications and programmes for staff and apprentice development.

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: 3rd September 2020

Chief Executive's Summary of Organisation Wide Issues

1. Information Technology

- 1.1 We had a successful code upgrade of our unity operating system (26/08/20) which doesn't change the user experience but provides greater functionality in the background for reporting and future developments. This will be based on providing greater stability, performance and function. Careful planning and oversight by a tactical team at the time of change meant that there was minimal impact of the upgrade process on the user. This is a reflection of improvements in our underlying IT resilience and will allow further developments in relation to our digital ambitions.
- 1.2 The number of systems available as a single sign-on has increased further improving user experience of our IT systems. The work on transferring all paper documentation to electronic forms is progressing with a high number of documents reviewed (over 400 outpatient documents processed) and some sent for digitisation.
- 1.3 The patient portal development progresses with consideration being given to patient enrolment into the system and the governance around this, the documents to be included as accessible to patients and expansion of the working group to inform the required decisions. This will build on access to patient records already provided successfully in some areas through 'patients know best' and will give patients access to items of their results, letters and clinic scheduling.

2. Infection control

- 2.1 Our flu campaign progresses with a focus on recruitment of peer vaccinators in each clinical area, while training is available via an online programme so that when vaccines are available the process can progress rapidly. Achieving high levels of immunity against seasonal flu is really important to reduce any impact on staff health and any subsequent problems with staffing levels to provide the levels of care we aim for. Our drive for vaccination amongst staff groups must be reflected in what happens with vaccination amongst vulnerable groups in the general population as well, reducing risk of severe illness in this group and subsequent hospital admission.
- 2.2 Information on COVID vaccine continues through national media and PHE with no clear timeline. Vaccinating against flu while also having clear processes for staff and patients presenting with flu-like symptoms will be critical for our management of services into the winter. Rapid testing in ED with point of care analysis for flu and other respiratory viruses will be very important along with progress in development of more rapid and available COVID testing. This will help to

determine the correct pathway for patients who require admission and ease some of the streaming processes we currently have.

3. Bed planning

- 3.1 Winter planning is underway with a further discussion held at CLE last month with a revision due next month having had feedback and increased engagement from clinical groups. These discussions will reflect on previous year's winter plans whilst considering the impact of not only the current process for combined ED and AMU Red and Blue streams but also a potential second wave. Each clinical group is working through the modelling for their clinical area for further discussion and planning. In addition, working with the independent sector is being reviewed with consideration of the appropriate activity to be undertaken in this sector. We need to consider the balance of cancer or routine work being undertaken in the independent sector, with some advantage in more complex cancer surgical activity being undertaken back at SWBH for easier access to appropriate levels of critical care support.
- 3.2 Beds in ICU are being looked at nationally with local collaborative work between BCWB and BSOL STP clinical teams to model for future COVID-19 surges, but also plan for long term regional ICU bed numbers. This fits with our current working group to develop the model for level 1 (monitored) and level 2 (HDU) and level 3 (ventilator support) beds. Alternative approaches to supporting post-operative patients in theatre or ward based environments is being considered as an important aspect of this work. Staff development to provide an appropriately trained and supported workforce would be critical. This has the advantage that individuals can then enhance care in ward environments with skills learnt for care of level 2 and 3 patients. The work of surgery in their induction placements for all new nurses in ICU will go a long way to help develop this model.

4. Widening participation

- 4.1 The HOP (Healthcare Overseas Programme) progresses and the renewal of the 'clinical attachment policy' from October will hopefully allow more rapid progression of some of the 80+ doctors on the programme register. This will support them in a ward based attachment as an observer to develop a greater understanding of working within the UK health service. These placements are time limited so alternative ways to help candidates generate appropriate experience will need to be considered. Support continues for their progress through the required language and professional assessments. Over 300 overseas professionals (doctors, nurses, health scientists) are now in the programme with 30 employed or placed at SWBH to date. Understanding of the different backgrounds of the individual professionals will allow specific tailoring of support needed to progress through the process to suitability for employment sooner.
- 4.2 The Live and Work programme in partnership with St Basils has 21 young people employed either at the Trust or through local partners. Accommodation is provided with appropriate support for the individual. Additional charitable and partner investment should see more availability for this group of vulnerable young people to take up accommodation and apprenticeship in the same Live and Work village on Sandwell site (potentially up to 85 flats).

5. Staff development

- 5.1 We have had over 700 individuals nominated for our Star Awards with online voting soon to be available for our top awards. Nominations this year are greater than ever which is really positive and reflects the depth of appreciation colleagues have for each other in the work that individuals and teams perform, particularly through the COVID-19 pandemic period.
- 5.2 Our WeConnect survey is out for the first cohort providing an opportunity for colleagues to express how they feel about working in the Trust. This is particularly important this time as it will help provide first insight to staff engagement since the pandemic. We continue with our work to support staff, particularly with mental wellbeing.
- 5.3 The QI poster competition is launched and I hope will again reflect the depth of work being done across the Trust to improve patient care. I am sure that COVID QI work will feature strongly and help inform future care pathways should there be a second surge.
- 5.4 We had our first SI case review meeting in August, discussing and finalising the learning points and actions needed for the two completed case reviews. The rich conversations helped form clear actions which will be closely monitored with progress fed back through EQC. This built on the SI Board paper discussion from last month. In the near future we will also use a team based harm review meeting to select cases for SI review further increasing our governance and oversight of the SI process.

David Carruthers
Acting Chief Executive
3rd September 2020

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