

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	4 th December 2020

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

Brexit planning starts to take increasing importance again alongside that for COVID, with regular review meetings as we await decisions on a trade deal. Safety is a prominent feature with short discussions on progress towards improving results endorsement, medicines management and appointment of safety champions in each of the clinical groups. Short and long term complications of COVID are considered as is the Trust Star award ceremony which occurred remotely for the first time.

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. Discuss issues on safety aspects of the report
- b. Note the developing plans around Long COVID
- c.

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 December 2020

Chief Executive's Summary of Organisation Wide Issues

1. COVID

- 1.1 A lot of the focus operationally has been around the changes required in the organisation for COVID. There are some early signs that we may be plateauing in the number of admissions as the community rates slowly fall. There were some particularly busy weeks in mid-November with total numbers of inpatients exceeding those that peaked in March/April with over 240 patients and ITU capacity really stretched. Non-COVID admissions remain at roughly twice the number of COVID related admission and the requirement for flipping wards for COVID and non- COVID patients take a lot of careful thought to help reduce the risk of nosocomial infections but also in response to hospital outbreaks when ward areas need closing. We have been in a position to accept patients from other units ITUs and the team are working hard on early discharge of patients.
- 1.2 One of the longer term effects of COVID has been the syndrome described as long COVID. There is now a requirement to develop a service to support patients with a long COVID which stretches beyond respiratory consequences of infection. 90% of patients will make a full recovery even from the severe episodes of lung inflammation and our respiratory team are already managing part of the problem, but there are other longer term effects relating to musculoskeletal and mental health to mention a few. We are starting to look at how this may be managed effectively across the STP and are setting up a project group to establish the best approach to develop a service that provides care at local Trust and regional level.

2. Brexit

- 2.1 A weekly review of progress nationally on Brexit occurs with no update nationally yet on a trade deal. Areas related to research and development, medicines, workforce and procurement are reviewed. This is done at a Trust wide level at the moment but enquiries are being made about how this is being considered across the STP.
- 2.2 Non clinical goods and services are being reviewed and where those that are not being reviewed nationally, our suppliers are being contacted directly to confirm that supplies will continue. Transport delays may lead to some delay in items arriving therefore consideration is being given for whether earlier ordering will need to occur to reduce the risk of disruption. National stock of PPE is confirmed for the majority of items while we focus on non-supply chain items.
- 2.3 Workforce issues are being considered particularly in relation to our European colleagues and communication will be made with them within the organisation to keep

them upto date. Contact is also being made with social care, primary and community care to confirm that there is a joined up approach.

- 2.4 The situation in relation to research and development, blood and transplant and vaccine is closely monitored and there are no new risks identified from medicines with contingency in place for radiopharmaceuticals. Weekly meetings continue to review progress in all these areas, led by our Chief Finance Officer.

3. Awards - Star and QIHD poster competition

- 3.1 Star Awards are happening through the week and these are being done virtually. The nominations for each prize have been published throughout the week on connect, with information about each individual or service and the reason for nomination. The award ceremony which has been pre-recorded was broadcast on Friday the 27th November 2020. Congratulations to all the nominees and the winners of the awards. Hopefully next year we can return to our previous approach to the awards ceremonies to thank our staff for their hard work.
- 3.2 The QIHD poster competition has had over 90 submissions which have been shortlisted with judging soon to happen for the Top prizes. A high number of submissions show the depth of quality improvement work being done in the organisation.

4. Results Endorsement

- 4.1 In CLE we heard about progress with results endorsement and a survey that has been undertaken with medical staff in the acute medical unit to further understand factors that influence the ability to undertake the ordering of investigations appropriately or their subsequent endorsement on the electronic systems. The high volume of investigation results requiring endorsement as well as the difficulty in ensuring that the result is assigned to the right individual can contribute to disengagement with the process.
- 4.2 We have not been able to identify any reported incidents from non-endorsement of pathology blood samples. I think that this reflects the fact that the vast majority of blood results are looked at directly within the patient record rather than through message centre. However, the process for endorsing within the patient records is not embedded in routine team work for all teams.
- 4.3 There are up to 30% of blood investigations where the correct order pathway is not fully followed through unity, therefore resulting in the report not coming back as endorsable. Although this is causing a challenge for the pathology lab in their efficiency to log samples it is reassuring that these results are coming back to the patients records without any resulting incidents. The process of ordering and the results that we may require to endorse are currently being reviewed and Quality and Safety Committee will be regularly updated.

4.4 The other area under review is the new processes that are being put in place to reduce the risk of results ordered on Unity for radiology not coming back as endorsable in message centre. This can result from a disconnection occurring between the order and the investigation ultimately being undertaken so that the report may not come back to the message centre of the orderer, but is visible in the patient record. Reports have been identified where this may have happened and these are being sent to individual clinicians to double check that they have seen these reports and acted appropriately. An action plan is in place to reduce the risk of this recurring in the future and a regular report to collate any future scan results that may not have come back into message centre is being established.

5. Unity optimisation

5.1 Given that Unity is now past one year we are undertaking a review of optimisation of some of the processes within Unity and are building a plan to focus on these pathways (such as results endorsement) to really focus on optimising and use of Unity amongst all Health Care Professionals and in all environments. This will be done through a variety of processes such as additional training material, hands-on guidance and superusers or subject experts within clinical areas to help support people in their use of this system. This will take place in the New Year depending on COVID and the impact that is having on our services.

6. Patient safety champions

6.1 We are now in a position to interview and appoint patient safety champions in each group who will have time allocated to this role to work together. This is in line with NHSE/I's desire to have a patient safety specialist in every NHS organisation in line with the NHS Patient Safety strategy. They will be recognised as key leaders in the safety of the system and will be fundamental to patient safety across the system. The individuals will promote thinking in patient safety beyond why things go wrong in healthcare, to examine why things routinely go right and how that can be maximised. They will support the broader scope of individuals specifically involved in patient safety in the Trust. It was felt in SWBH it was best to have individuals located within the different clinical groups to work together, rather than having one full time individual and we will see how the role develops and the individuals work together to deliver on this new and important safety role.

7. Medicines management

7.1 Traditionally there has been a single Drug and Therapeutic Committee (DTC) which has dealt with virtually all aspects of Medicines Management and Formulary control. There was a smaller medicine safety group but the latter group meeting less frequently. The DTC generally was overwhelmed with the volume of work and a full redesign and

restructure of the membership and lines of responsibility was undertaken and this has led to an oversight committee (Medicine Management and Safety Oversight Group) comprising of Chief Pharmacist, Medical Director and Chief Nurse with a Medicine Safety and Quality group, Medicine Prescribing Effectiveness group, Formulary and Therapeutics group and Electronic Patient Record group for the oversight, governance and actions relating to electronic records. The responsibilities of each group are defined and received support from the groups at CLE to contribute to function of different subcommittees and hence help improve a safe and effective prescribing in the organisation.

David Carruthers
Acting Chief Executive
3rd December 2020