Paper ref: TB (01/21) 010

# Sandwell and West Birmingham Hospitals

**NHS Trust** 

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	7 <sup>th</sup> January 2021		

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

Vaccination and increasing rates of community and hospital covid have been a major focus this month. Communication with relatives remains a priority as do infection control measures. A no deal on Brexit is avoided, reducing risk to the organisation and providing clarity on Trust priorities to clinical leaders will be key to our progress in 2021 and development of clinical models for MMUH and across the ICPO and ICS.

2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports]						
Safety Plan	X	Public Health Plan	Χ	People Plan & Education Plan	X	
Quality Plan	Χ	Research and Development	Χ	Estates Plan	Χ	
Financial Plan	Χ	Digital Plan	Χ	Other [specify in the paper]		

**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 vaccination not covered elsewhere
- **b.** Review communication and IPC issues
- 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: 7<sup>th</sup> January 2021**

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

#### 1. COVID vaccination

- 1.1 While a lot of time remains focused on managing patients admitted to the organisation with both COVID and non-OVID illness, primarily to the medical beds, there is also increasing pressure on our ICUs. Additional capacity is likely to be needed within our surge area on D16 unless opportunity is identified elsewhere to be able to transfer some our less unstable patients out. Any additional space utilisation will have an impact of staffing in other areas of the Trust so the balance needs to be carefully considered of where staff may be able to be asked to be redeployed from.
- 1.2 The establishment of the vaccination centre in the education centre at Sandwell was a result of some excellent team work by some many departments to get not only the pathways established, but the environment sorted so that over a few days over Christmas, there was a remarkable transformation of our conference facility into a clinically appropriate area with appropriate flooring, sinks, redecoration and a hatch for direct access from the vaccine preparation area. Many thanks to the estates, pharmacy and corporate nursing teams in getting this established, and to the many volunteers to provide vaccinations.
- 1.3 Many of our high risk staff had already received vaccination at the centre at Walsall, for which I am grateful. We now focus next week on high risk patient groups, having established the pathway for vaccination at short notice with our staff working in high risk clinical areas. Close working with PCN colleagues and ward teams will allow identification of appropriate patients, initially in the over 80 year old group, reducing to the over 75s after this group. We are also in conversation with the council to allow care home staff to attend as a key group to have vaccinated.
- 1.4 Changing guidance may allow us to vaccinate more patients with a gap of 12 weeks now proposed and awaiting ratification, between the 2 jabs. The approval of the Oxford vaccine will also allow greater access to a vaccine for residents in care homes and those immobile at home.
- 1.5 We will run some Q+A sessions for staff around the vaccine so they understand the mechanisms of action, clinical efficacy, potential side-effects and risk of allergic reaction. This will be run by webex, starting 11<sup>th</sup> January and will have a panel of experts to provide a short presentation and address any questions as well.

#### 2. Brexit

- 2.1 As you are aware, a Brexit deal was reached, reducing the risk posed by a potential no deal situation. This is a positive outcome as the risk now to supplies now is considerably reduced. Any current hold-ups at the channel ports will hopefully reduce shortly and were infact more for exit rather than entrance into the UK. Our weekly review of progress nationally on Brexit has been reduced to fortnightly with no concerns raised in relation to research and development, medicines, workforce or procurement. A data sharing agreement for a transitional period has also been established which will reduce risk further.
- 2.2 Updates ae provided to staff, particularly those of EU origin and reassurance around the workforce and settlement scheme.

#### 3. Awards -Star and QIHD poster competition

3.1 Star Awards were successfully delivered remotely with all winners presented with their awards now. This month we have the QIHD poster competition to look forward to, showing all the great work done by teams around quality improvement work and research. 45 of the 90 submissions were shortlisted and then scored by a panel of judges. The outcome of this process can be viewed later today after the private board meeting.

#### 4. Executive appointments

4.1 I am pleased to be able to report the appointment at interview of Frieza Mahmood to the substantive post of Chief People Officer. Frieza has been acting up in the role from her deputy role for the last few months and will now take up the substantive post from the start of 2021. I look forward to working with her over the coming months. In addition I will be looking to confirm the plan for acting Chief Nurse shortly and we will be welcoming back Liam Kennedy, Chief Operating Officer, from shared paternity leave, at the start of January as well.

#### 5. Visiting and communication

- 5.1 Due to the rise in community cases of COVID, including the risk of the more infectious new variant, we were unfortunately unable to relax visiting to the wards over Christmas. Normal visiting arrangements remained in place but I know this would have been hard for patients and relatives, but for everyone's safety was an important decision to make.
- 5.2 This did highlight the importance of clear and regular communication from the ward based teams to relatives of their patient's. in many instances this is done very well and appreciated by the next of kin, but it doesn't always go well leading to frustration and increasing concerns from relatives when information isn't provided in a timely fashion. This is something of great importance for all teams to re-focus their efforts and get

robust systems established for clear communication. IT on the wards in the form of ipads should assist in patients talking to their relatives as well.

#### 6. Infection control

6.1 Recent visit from Health and Safety executive identified areas of infection control and safety that need to be addressed. However there were many areas of good practice identified and commended. The areas of infection control process that need addressing related mainly to use of PPE within non-clinical areas and meeting rooms where there needs to be a focus on notifications on the doors on meeting rooms showing covid secure capacity and IPC processes within the area. This is underway. The other area related to staff walking on the road rather than on the pavement in one of the back roads on City. Signs and barriers are being reviewed.

#### 7. Integrated care partnerships

7.1 How the delivery of the MMUH business case and operating model fits in with our developing work at place level in both Sandwell and West Birmingham ICPs, as well as how we will work at system level across the ICS, needs to be clearly presented to show how clinical pathways can be integrated for patient benefit across the system. Regular reviews will be provided at CLE to our clinical leaders on developments in this evolving area.

David Carruthers Acting Chief Executive 30<sup>th</sup> December 2020