Paper ref:	TB (04/21) 015

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Chief Executive's Summary on Organisation Wide Issues		
Sponsoring Executive	Chief Executive		
Report Author	Richard Beeken, Interim Chief Executive		
Meeting	Trust Board (Public)	Date	1st April 2021

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

This month's report is very much written as the further observations and conclusions made in my first six weeks as Interim Chief Executive (CEO). For continuity reasons, the report follows the basic format of previous CEO Board papers but remains necessarily quite high level at this stage.

The key points of discussion I wish to highlight are:

- Our obligations to our local population to recover and restore elective and diagnostic services which have suffered so much through COVID, need to be balanced with a commitment from us to reset our relationship with our most valuable asset, our staff. The staff opinion survey results and the experience of 2020 has demonstrated that the psychological contract between employee and employer needs to change and our overt and genuine support for professional development, refreshing our organisational values, inclusion and recovery/reflection must be more than fleeting, if we are to retain a battered and bruised workforce to meet the significant challenges of the future
- The first step of our journey to meaningful collaboration and integration of acute hospital services in the Black Country & West Birmingham, has been taken, through the first meeting of the acute hospital collaborative Programme Board. Our Trust will be a key and vital partner in that process, on whom others can rely to be evidence based and open minded about changes to service provision or delivery which will better meet population need
- Good progress is now being made on practical changes to plans and delivery in each of our Integrated Care Partnerships. These will be the vehicles for delivery of most of our ambition to be the best integrated care organisation in the country and are the vehicles for ensuring that our Midland Metropolitan University Hospital development will be so much more than just a hospital

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		Estates Plan	
Financial Plan		Digital Plan	X	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.	**NOTE** the Interim Chief Executive's initial reflections and recommendations about current issues and future organisational intent, making suggestions about a change in focus or direction

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	X	Where possible, all our agendas should be aligned to the BAF and mitigations to the delivery of our strategic objectives						
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 April 2021

Chief Executive's Summary of Organisation Wide Issues

1. Our patients

1.1 COVID-19 related pressures and associated knock-on effects, continue to dominate much of our focus when it comes to the health of our populations and our patients, albeit the intense immediate pressure associated with this is now considerably easing. The community COVID incidence rates, historically so much higher in the borough of Sandwell than most of the rest of the country and higher than all of the rest of the Black Country & West Birmingham (BCWB) system, has fallen at a very rapid rate in the last few weeks. At the time of writing, COVID incidence rates locally were at c 80/100,000 of the population, much more in line with the rest of our system.

1.2 As the consequent pressure on the Trust's services reduces, our attention naturally turns to both recovery of services, particularly time critical surgery, and to the recovery of our staff. We are still finalising what we think our maximum potential is in diagnostic and elective waiting time recovery terms, but we will certainly be measuring recovery back to pre-COVID levels of attainment in many months.

1.3 The planning guidance for the coming financial year is due imminently and will have been received by the time the Board meets. In a helpful and illuminating meeting to discuss national expectations on the immediate future, the CEO of NHS England made it clear that no specific waiting time commitments had been made to national government within specific timescales. There was also a refreshing and realistic expectation regarding what activity levels the NHS can achieve in an immediate post 3rd wave scenario, along with a commitment to put staff recovery front and centre of the planning guidance. Nevertheless, an incentive fund running to over £1 billion points quite explicitly to an expectation that we recover certainly time critical and delayed surgery and diagnostic tests quickly, for obvious reasons.

1.4 Locally, the Chief Operating Officers of the acute providers in BCWB are working with Medical Directors to align the approach to clinical prioritisation associated with elective backlogs. This is a significant step forward and will allow us to genuinely offer the same approach to prioritisation of clinical work for our patients, wherever in the Black Country they live.

2. Our colleagues

2.1 With the intense and exhaustive nature of our clinical and managerial work over the past year, it is often easy to forget that innovative and excellent work continues to be done in our Trust which breaks new ground. I was delighted to attend the Health Service Journal awards evening with many colleagues, to see the following achievements from services and individuals in our organisation:

- Colleagues from our estates and facilities teams won the national environmental sustainability award. Reflecting not just the ground breaking work on social responsibility associated with the MMUH development, but also on day to day improvements which show that we can "provide healthcare that won't cost the earth". The submission made demonstrated innovations to reduce waste, water consumption, energy consumption and single use plastics. The award recognises the work of some key individuals including: Fran Silcocks, Head of Sustainability; Kevin Reynolds, Deputy Director of Estates; Austin Bell, Project Director for MMUH and a wide range of partners including ENGIE, our two local councils and our regeneration partnerships. Congratulations to them

- Colleagues from the Alcohol Care Team won a special commendation for their work in the Acute Care Innovation category. The team provides support for people needing treatment, signposting to community services and lifesaving inpatient care. It was a pleasure to meet that team on the evening of the event.

- Dr Sarbjit Clare, Deputy Medical Director, won a special commendation in the category of Clinical Leader of the Year. This is a real reflection of her service commitment, medical leadership and her campaign on empowering women to empower women in leadership.

2.2 The Trust has launched its new personal development review (appraisal) process for all non-medical staff. There is a 2 stage process this year which reflects the challenges of the pandemic year we have just experienced. Stage one is a guided health and wellbeing conversation, focusing on post-pandemic recovery for the individual and what form that should take, with clear signposting to the retained and expensive health and wellbeing offers the Trust has made available to staff. Stage 2 is agreeing personal objectives for the year in which there will be a particular focus on personal and professional development

2.3 Our staff opinion survey results are out. Our overall score has marginally deteriorated compared to last year, but there has been a consistent marginal deterioration year on year since 2016. Relative to the mean average results nationally, on most categories/criteria, our Trust is marginally worse. It is however, heartening to see our colleague's opinion of our quality of care provided and working in a safe environment, to be better than the national mean.

2.4 By focusing on the agreed priority areas of health and wellbeing, equality and inclusion, team communication and leadership development, we aim to start to recover the confidence of our colleagues. If we combine our work on long term organisational strategy refresh soon, with a refresh of our organisational values and demonstrably live those values, we will continue to improve on what remains a wonderful indicator of organisational health.

3. Our partners

3.1 Good progress has been made since the last Trust Board meeting in both Integrated Care Partnerships (ICPs) that we serve and co-lead. In the West Birmingham ICP, we have ensured that our Medical Director and Director of System Transformation are to lead the clinical prioritisation and MMUH care model development work streams respectively. The ICP

continues to be led on an interim basis by the CEO of Birmingham Community Healthcare NHS FT.

3.2 In the Sandwell ICP, I have secured agreement with the CCG to ensure that we find end of year resources to help us secure support to develop the business case and programme plan of action for the partnership, along with making recommendations for proper hosting and governance accordingly. That support is likely to be sourced from the external advisers who helped develop the Walsall Together ICP so successfully.

3.3 Once both ICPs are established on a better footing with clearer accountability and clearer implementation programmes, we must then move to developing the mind set of each ICP to work as an organisation in its own right. In addition, leadership and management capacity, along with definitive investment plans in more community capacity, should then follow, so we really can "live the dream" of population health management, reduction in health inequalities and reducing our local over-reliance on hospital admission. Resources to deliver just this, are in the process of being negotiated between myself, the CCG and Sandwell MBC and are progressing quite well.

3.4 On Thursday 18th March, the first Programme Board for our acute hospital services collaboration in BCWB, took place. CEOs and Chairs from all four acute hospital Trusts were present. There was a refreshing and appropriate shift in focus from organisational form and financial improvement, to clinical service integration and clinical best practice. The Board members agreed the following:

- To take the now agreed case for change proposal to their respective Trust Boards for approval as soon as practically possible

- To establish clinical engagement workshops with clinical leaders at Group/Divisional level in each of the four Trusts over June and July, with the clear objectives of gaining commitment to service integration and collaboration for the benefit of the BCWB population and also to identify the priority projects for the work, be they either quick wins or longer term or more 'wicked' issues for resolution

- To share the resourcing of the extensive programme of integration and collaboration between the CCG and the partner Trusts on a fair shares basis

4. Our commissioners and ICS/STP

4.1 Since the Board last met, the BCWB STP has been approved and accredited as an Integrated Care System (ICS) with effect from 1st April 2021. Board members will recall that the Health & Care White Paper clearly sets out how each ICS nationally, will have different constitutions and become statutory bodies with formal accountabilities, with effect from, 1st April 2022.

4.2 Because of the overt direction of travel in the White Paper, towards system by default, locally, the STP leadership team have been engaging the partner organisations in a series of workshops to explore the most pragmatic options for mutual/dual accountability and how the business of the ICS should be conducted, in the absence of any detailed guidance from NHS England nationally about it at this stage. I will share the output of that current thinking at our meeting later today.

4.3 I would like to thank Board colleagues and Group Directors who have contributed to the development of our organisational response to the prospect of West Birmingham ICP being aligned to the Birmingham & Solihull ICS and co-terminus with Birmingham City Council boundaries. We have now adopted our position in the form of some "key tests" or assurances which we feel need to be successfully passed, before we can consent to any such boundary change and the consequences of that. Our position statement has been shared with ICS and ICP SROs and Chairs, together with local NHSE/I representatives, this week.

Richard Beeken
Interim Chief Executive
March 24th 2021

Annex A – TeamTalk slide deck for March
Annex B – March Clinical Leadership Executive summary