Paper ref:	TB (05/20) 016

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Chief Executive's Summary on Organisation Wide Issues		
Sponsoring Executive	Richard Beeken, Interim Chief Executive		
Report Author	Richard Beeken, Interim Chief Executive		
Meeting	Trust Board (Public)	**Date**	6th May 2021

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

I wish to bring to the Board's attention the size, breadth and complexity of our place based and system based partnership agenda, which, when combined with overseeing recovery of staff and routine services, together with the internal transformation work and adoption of best practice we need to deliver for the Midland Metropolitan Hospital, will place huge pressure on our leadership capacity. As part of the development of our new strategic objectives, we will need to sponsor as a Board, a delivery programme and annual plans which seek to be realistic about what can be achieved and how we can prioritise our work. The national expectations on us now can often feel like everything is a priority and we must make sense of that for our leaders.

The NHS planning guidance for England has now been published for 2021/22. Whilst the expectations within it are, in of themselves reasonable and necessary, we will soon learn whether we have the capacity and/or financial latitude to deliver on all of them, as a system and an organisation, very soon.

COVID pressures are easing both within our local population and in most of our services. Community services however, remain under significant pressure and will remain under pressure for some time. In addition, we are beginning the planning process for a potential third wave of COVID admissions and, of course, for winter pressures. We are doing so this year as a system, rather than by organisation.

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	**X**	Digital Plan		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: 6th May 2021

Chief Executive's Summary of Organisation Wide Issues

1. Our patients

1.1 COVID-19 pressures are now significantly easing in our acute services. Population incidence rates are now as low, or lower, than they were even in the summer of 2020, which is hugely encouraging given the socio-demographic backdrop of the two "places" we serve. Community services, including social care, remain under significant pressure. This is by virtue of the expectation that they continue to maintain the significant increase in capacity to maintain out of hospital flow, together with the significant long COVID demand. Further pressures will be placed on our community services colleagues in their helping us to deliver the Integrated Care Partnership (ICP) agenda, which I address later in this report.

1.2 Despite activity pressures easing and patient acuity related to COVID reducing, we nevertheless must be vigilant and prepared for a potential third wave of COVID in the late summer, linked to the easing of lockdown and workplace measures in England. When this is combined with the defining characteristics of our populations, such as vaccine hesitancy, multi-generational households and local employment types, we need to be as vigilant if not more so, than most of the rest of the country. The Chief Operating Officer (COO) is leading this contingency planning in this space.

1.3 As Chair of the Black Country & West Birmingham (BCWB) Urgent Care Board, I can confirm that all four acute hospital Trusts have agreed to collaborate on the production of a winter service resilience plan, using the same methodology and planning assumptions. This is a significant step forward in assurance for our system. We will be engaging a methodology that seeks to deliver a more sophisticated approach than deployed in the past, particularly given the fact that due to the last year of COVID, we don't have reliable historical demand patterns on which to base our assumptions. We will be taking an approach that will seek to model the impact of public health and primary care interventions, as well as social care provision and community healthcare provision impacts as we have done traditionally. The aim will be a robust winter plan, based on the same assumptions, with evidence based interventions to provide each Trust Board and the ICS Board with assurance on safety and responsiveness of urgent and emergency care provision, in the coming winter.

1.4 This month, our care model redesign work associated with our Midland Metropolitan University Hospital (MMUH) development, starts in earnest. We have to adopt not just a paradigm shift in community care and population health improvement to make the MMUH work for our population, but also adopt best practice in clinical service delivery within the hospital too. Redesign workshops will allow clinicians to think through how

they can adopt best practice, ideally in advance of the MMUH opening date. As a Board, we must seek assurance on this work and be comfortable that any gap between current and best practice is being meaningfully addressed through service delivery change, workforce change or both.

2. Our colleagues

2.1 In the last month, we have stepped up our staff engagement activities as a senior leadership team and I have been pleased to have played a role in ensuring that every service in the Trust has a link/sponsor executive director, with whom a good working relationship and understanding can develop. We will be far better placed when this approach matures, to be able to understand the front line service pressures better, to have a ready made audience for getting views on new organisational strategy and, critically, a potentially ready made structure for getting cross-Trust input on the construction of a new set of organisational values which will underpin the delivery of our strategy over the next few years.

2.2 Linked to the above, I have begun a weekly drop in session, rotating between the catering establishments of all of our main sites. Staff from anywhere in the organisation are encouraged to come and say hello and talk to me on any subject. This could include any speaking up concerns, unresolved HR or OD issues in services, quality improvement ideas etc. It is already deepening my understanding of this large and complex organisation and both my colleagues and I will benefit from it.

2.3 As part of the planning cycle in response to both our own needs as a Trust and the new national planning guidance issued since the last Board meeting, the executive and the clinical leadership executive are considering which health and wellbeing offers we should continue to provide and make part of our ongoing offer as an employer. I am optimistic that we will be able to respond positively to the national expectation and our own staff expectation about investing in personal recovery, professional development opportunities and health & wellbeing. We will need to continue to differentiate ourselves as an employer, on all these fronts, if our strategic objectives are to be delivered. "Our People" will be one of the objectives in our new strategic approach, which is under development.

3. Our partners

3.1 I am pleased to report that we are now making significant progress in the development of the Sandwell ICP. Intensive work will be done over May and June to pull together a business case of interventions and approaches to integrated care, based on national and international evidence. The product of this work will also recommend a clear governance and hosting arrangement for the Sandwell ICP, proposed leadership and resourcing arrangements and, critically, a detailed programme of implementation. I am very clear that as a Trust, we should be seeking to gain the confidence of all the partners to host the ICP and for the ICP Board to become a sub-committee of our Trust Board. We should consider repurposing the public health committee for that purpose. Our job

then will be to seek assurance, on behalf of the people of the borough, that the programme plan and population health outcomes are being delivered. Clearer accountability for these nascent, "virtual" organisations will be key.

3.2 In the Ladywood & Perry Barr ICP discussions, and concurrently in the BCWB and BSol ICS joint discussions, the issue of the potential realignment of the West of Birmingham to the BSol system and Birmingham City Council geography, dominates. This is linked to, but not explicitly in, the government white paper on health and social care. The "key tests" and assurances document which this Board produced to help provide some objectivity and proper assurance to the process of change, has been welcomed by all partners as having provided structure and clarity to the discussions. NHS England have asked us and our partners to consider the issue of the boundary change and our key tests will form part of a process, overseen by them, which will set out the engagement path and potential transition path for this change. Opinions about this matter, held not just by local GP partners but others, remain strong. Those partners in part look to us as an organisation to represent their interests and help them get the assurances they seek to demonstrate that this change will not be detrimental to either funding flows or patient flows in this geography.

3.3 Since our last meeting, there has been a productive meeting of the BCWB acute collaboration programme Board. Key decisions made at that session included a clear and single methodology for undertaking sustainability reviews of our services, the content and structure of our summer clinical engagement events and our proposed system response to the new national strategy on imaging services and the formation of imaging networks. The collaborative continues to positively focus on functional service integration between Trusts, whilst keeping an eye on the joint leadership and organisational form changes starting to take shape between Walsall and Wolverhampton Trusts.

4. Our commissioners and ICS/STP

4.1 The national planning guidance for the NHS in England for 2021/22 has been published since our last Board meeting. The priorities for us to deliver are:

- ***Deliver the COVID vaccination programme and meet the ongoing needs of COVID patients*** – we can be confident about how our system, through hospital hub, PCN partnership and mass vaccination centres, has delivered the programme thus far. However, our collective effort is going to need to step up another notch, to ensure that our local population, already relatively vaccine hesitant, maintains good vaccination rates, given we are now moving to the younger cohorts of the population who will be harder to persuade

- ***Support the Health and Well-being of staff***
- ***Accelerate the restoration of Elective services, using learning from the pandemic, achieving 70% of 19/20 activity by April 21 and increase 5% per month*** – We should be cautiously optimistic about this expectation, also. This is a reasonable ask of us, even allowing for a staff group, many of whom are exhausted, who are currently reluctant to give the levels of discretionary effort we have seen in the past and on which we have come to rely. To access the elective recovery fund, which provides extra money to providers to accelerate recovery, we need to deliver >85% of 2019/20 activity levels, which may prove

more difficult. I am determined not to ask too much of our staff and for our recovery agenda for them in Q1 of this year, to be meaningful

- ***Restore cancer activity, delivering 28 day FDS by Q3 and address the shortfall in the number of first treatments – we have particular problems with two week wait rapid access in both suspected skin and breast cancer services. Our issues have been exacerbated by the knock on impact from Birmingham, following their services becoming overwhelmed. The COO and I are exploring how other Trusts in our system can provide temporary mutual aid in this area, until demand and supply reaches equilibrium***
- ***Manage the increasing demand on mental health, learning disability and autism services***
- ***Expand primary care capacity to improve access, patient outcomes and address inequalities –*** *This priority links explicitly to our ICP development and delivery agenda in both Sandwell and Ladywood & Perry Barr. Expanding primary and community care capacity without an obvious or hypothecated revenue stream for this work will require lateral thought and some bold decision making from all partners around the ICP Board tables. Using the theoretical latitude a block contract/capitated budget brings, we will bring forward decisions for the Board to consider shortly, ideally linked to both our emerging annual plan for the year and our emerging new strategic objectives*
- ***Transform community and urgent and emergency care –*** *by tackling the best practice opportunities in, for example, same day emergency care, via the care model redesign process under the MMUH programme, we can hold ourselves to account for delivery against this agenda*
- ***Implement the recommendations of the Ockenden review, with an additional £95m for maternity services –*** *we will continue to report separately to the Board, via our Director of Midwifery and our executive maternity services lead, the Medical Director, on our maternity services improvement work. I will be personally involved in how we can tackle one of the biggest risks we face, which is community midwifery vacancies and turnover in Ladywood and Lozells.*

5. Recommendations

5.1 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

Richard Beeken
Interim Chief Executive
April 28th 2021

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