Paper ref:	TB (06/21) 010

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**	9th June 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:

- A successful yet instructive visit to the Trust from the Chief Inspector of Hospitals at the CQC
- Continued strong progress in forming the Sandwell Integrated Care Partnership (ICP)
- Consensus on how to handle the potential transition of the Ladywood & Perry Barr ICP to the Birmingham & Solihull Integrated Care System (ICS)
- Key outputs from the Black Country & West Birmingham ICS Board

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	
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 on pertinent 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: 9th June 2021

Chief Executive's Report

1. Introduction or background

1.1 This month's report is deliberately briefer. Instead of articulating the accountable officer's take on our whole agenda, I instead focus on some specific and particular developments or challenges, which I wish to bring to the Board's attention for noting and discussion. As ever, I welcome comments and suggestions from Board members on how we may change our approach to these issues, over time.

2. Our patients

2.1 On 27th May, we had a planned visit by Ted Baker, Chief Inspector of Hospitals at the Care Quality Commission. He was joined by his regional Deputy Chief Inspector, Fiona Allinson and our West Midlands CQC lead, Bernadette Hanney. The CQC team met the Chief Operating Officer, Medical Director, Director of Governance and Chief Nurse, before having a tour of Sandwell General Hospital and concluding with a meeting with myself at the Trust Chair.

2.2 The CQC team were particularly keen to hear how the relatively new leadership team of the Trust had coped with COVID-19, what the defining factors were of our local populations and critically, what our diagnostic was of the strengths and weaknesses of the Trust from a quality of care and leadership perspective and our emerging plans for tackling any issues we shared with them.

2.3 Their initial view is that we clearly have significant population health challenges locally, have been through a very difficult time in managing the pandemic and seem to have handled that well. However, they wish to see two things from us in the near future and on an ongoing basis: Firstly, more openness from us about emerging quality issues and the challenges we have in improving them and secondly, more clarity and more structure about our overall improvement journey. To that end, we must as a Board, now assure ourselves that:

- Our repository of evidence to demonstrate progress against all the CQC domains in every core service or speciality, is developed robustly and we are subsequent to that, honest with ourselves where we have blind spots in that evidence or indeed, concerns about a lack of progress on any CQC domains in any core service

- Linked to the refresh of our organisational strategy, we can articulate, both within the Board environment but also across the organisation and wider stakeholders, what our methodical framework for quality improvement is and how we are

measuring progress on the key indicators of success. I have previously said that one of our new Trust objectives should be an unapologetic and unrelenting focus on delivering the fundamentals of safe and effective care for patients and carers. We need to better articulate how we do that, sharing our approach and progress with the CQC frequently.

3. Our population

3.1 I am pleased to report that we are continuing to make significant progress in the development of the Sandwell Integrated Care Partnership (ICP). By the end of June, we should have developed a business case with clear inputs and outputs/outcomes, a recommended governance structure, recommendations on leadership team make up and capacity and, critically, a detailed implementation plan, from which our community services teams, local GPs, mental health teams, public health colleagues, social care colleagues and voluntary sector partners can base their interventions.

3.2 I have started discussions with executive colleagues and the wider ICP partners about potentially repurposing our Public Health Board Committee to become the ICP Board, with a continued focus on public health improvement and widening participation/social inclusion. However, my intention is that, by hosting the partnership and the ICP Board, we can get quicker and more practical buy in to our intentions in this field as well as providing a clear home for the governance and accountability of the ICP in Sandwell. I will now discuss that repurposing potential with non-executive colleagues and of course, we can shortly feed our intentions in this regard into the governance review, which will begin in June.

3.3 The potential changes for our Ladywood & Perry Barr "place", moving from the Black Country & West Birmingham (BCWB) Integrated Care System (ICS), to the Birmingham & Solihull ICS, are to be reflected in a first cut implementation plan, as required of us by NHS England. A meeting is being convened for 8th June in which the Ladywood & Perry Barr ICP members intend to sign off the plan for how we would handle any such switch of systems. We have already agreed as a Board, the "key tests" which we would seek assurance on for such a change and I am pleased to confirm that the expectations of our Board on the following issues, will be a key component of that plan:

- Subsidiarity and local determination for Ladywood & Perry Barr partnership
- Transparency about historical and prospective funding flows in both Sandwell and Ladywood & Perry Barr, with assurances about these not being denuded over time
- Assurances about patient flows and consequent funding flows, to ensure the MMUH business case assumptions are underwritten

4. Wider issues

4.1 I represented our organisation and Sandwell ICP at the BCWB ICS Board meeting on 27th May. The following are key points of note from that session:

- The ICS Health Inequalities plan was agreed and signed off. The Directors of Public Health are happy with it and the 5 respective ICPs were reaffirmed as the key delivery vehicles for it.

- I articulated how our Trust was starting to align its new strategy and plans to the national ICS "purposes" and encouraged the other ICS partners to do the same

- There remains an incomplete picture on transparency with the whole ICS financial plan. Secondary care providers are taking an open book approach but the same principles are yet to be fully applied in the space of primary care provision, prescribing budgets and continuing healthcare, all the preserve historically of CCGs. To work truly in a mutual accountability world, transparency on needs and performance financially, is essential

- On ICS Board development, we will shortly be inviting non-executive directors from each provider Trust to develop with the ICS leadership team, how they can get behind the ICS common purposes and oversee the delivery of that through their own duties in their host organisations

- Concern was expressed about how CCG staff could end up going through three management of change processes within a calendar year (CCGs to one CCG; CCG to ICS; ICS to provider collaboratives and ICPs). It was agreed that we should define as quickly as possible, what CCG resources would transfer to ICPs and provider collaboratives, to minimise this impact on those dedicated staff

5. Recommendations

5.1 The Trust Board is asked to:

a. **NOTE** the Interim Chief Executive's initial reflections and recommendations on pertinent issues and future organisational intent, making suggestions about a change in focus or direction

Richard Beeken
Interim Chief Executive
May 28th 2021