



<b>REPORT TITLE:</b>	Chief Executive's Report		
<b>SPONSORING EXECUTIVE:</b>	Richard Beeken, Chief Executive		
<b>REPORT AUTHOR:</b>	Richard Beeken, Chief Executive		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	8 <sup>th</sup> March 2023

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
This month's report focuses on the following two subjects: <ol style="list-style-type: none"> <li>1. The new NHS Delivery Plan for recovery urgent and emergency care services (Full document in Trust Board Reading Room)</li> <li>2. Initial Feedback from the Aston Medical School Quality Management Visit (Appendix 1)</li> </ol>

<b>2. Alignment to our Vision</b> <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>										
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th></th> <th>OUR PEOPLE</th> <th></th> <th>OUR POPULATION</th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> </tr> </tbody> </table>	OUR PATIENTS		OUR PEOPLE		OUR POPULATION	To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives
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<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
<b>a. NOTE</b> the new NHS delivery plan for urgent and emergency care recovery
<b>b. SUPPORT</b> the Black Country system UEC Board process to review the current system delivery plan on urgent care against the new, national delivery plan expectations, thereafter, receiving updates to the Finance & Performance Committee and potentially, Trust Board on specific actions we need to take as a Trust which are not already in train
<b>c. NOTE</b> the feedback from the Aston Medical School quality management visit
<b>d. SUPPORT</b> the oversight of any action we need to take on the above, via the People and OD Committee, when necessary

<b>5. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	X	Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04	X	Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05	X	Deliver on its ambitions as an integrated care organisation
Corporate Risk Register [Safeguard Risk Nos]		

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board: 8<sup>th</sup> March 2023

### Chief Executive's Report

#### 1. NHS Delivery Plan for recovery urgent and emergency care services

- 1.1 In January, a new, national delivery plan for urgent and emergency care services was published by NHS England (full, published plan is available in the Trust Board reading room). This is in response to years of deteriorating performance on the key, emergency access and ambulance handover standards and in the context of declining public confidence in patient safety and experience in urgent care, nationally. The current winter, compounded by influenza and ongoing COVID-19 challenges, has compounded the need for a differential response.
- 1.2 The plan is unapologetically focused on improving emergency access waiting times, which remain strong proxy indicators of patient safety and patient experience in the NHS.
- 1.3 The plan makes some very specific asks of systems, Trusts, and local Place Based Partnerships, namely:
  - Increase physical bed capacity in acute hospitals, to reduce the over-reliance on temporary beds, “boarding” patients on inpatient wards or temporarily caring for patients in non-ward environments
  - Speeding up discharge from hospitals, particularly reducing the length of stay of patients who do not meet the “criteria to reside”. It is noteworthy that the national team have used Sandwell & West Birmingham’s discharge hub as an example of good practice in the main document itself
  - Build on and expand the early successes of improved community services capacity (frailty services, admission avoidance, virtual wards) that have been deployed this winter
  - Reducing unwarranted variation in practice between Trusts
  - Improving the quality of and the resilience of ambulance fleets
- 1.4 The plan comes with hypothecated funding for capacity expansion, ambulance fleets and discharge improvement. The first two of these are subject to a bidding process via systems.
- 1.5 The oversight of the rollout of this plan will be delivered via the Black Country Integrated Care System Urgent and Emergency Care Board, which I chair. On 23 February, it was agreed that the System Board would review its existing system delivery plan for urgent care, against these new national expectations and revise the plan accordingly. Mutual accountability for delivery will be managed between the respective Trusts at that Board. Internally, the Finance Investment and Performance Committee may wish to receive periodic reports from the Chief Operating Officer on our Trust’s delivery against those

expectations and how we are committing any allocated funding awarded to us, accordingly.

## **2. Initial Feedback from the Aston Medical School Quality Management Visit**

- 2.1 The attached paper (appendix 1) was sent by Aston University Medical School, following their quality assurance visit held on 19 January 2023. It is an initial, high level feedback document. A full report will follow in due course.
- 2.2 The Chief Medical Officer, Director of Medical Education and myself were interviewed as part of the process.
- 2.3 Positive feedback included the review team's assessment of the education and teaching ethos and culture at the Trust, our support system for medical students and our consultant's positive attitude and dedicated time for teaching. We are also seen as a Trust which is responsive to feedback from the students.
- 2.4 Areas for improvement include improving safety checks before observing students undertaking procedures and encouraging our consultants to take part in observed structured clinical examinations (OSCEs) in other Trusts.
- 2.5 I propose that the People and Organisational Development Committee choose how it wishes to assure itself on our commitment to medical education in partnership with Aston Medical School, once our full quality assurance visit report is received.

**Richard Beeken**  
**Chief Executive**  
**23 February 2023**