

REPORT TITLE:	Chief Executive's Report		
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive		
REPORT AUTHOR:	Richard Beeken, Chief Executive		
MEETING:	Public Trust Board	DATE:	2 nd November 2022

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>1. The launch of the new NHS Operating Framework, published in October, sets out how the NHS nationally, regionally and locally, will be governed, regulated and supported. There are some clarifying statements regarding accountabilities for NHS Trusts, ICBs and NHS England within it, along with clarification on how Trusts in System Outcomes Framework segments 3 and 4, will be overseen and regulated.</p> <p>2. The Executive team continue to develop the key delivery vehicles and projects which will drive the three objectives in our new Trust Strategy. Key to this process is refining our "strategic portfolio" of projects and prioritising those projects which will have the greatest impact on our "pre-Midland Met" priorities. My report includes a high-level update on progress with those priorities.</p> <p>3. As new members of Birmingham Health Partners (BHP) research and development network, we are, from time to time, expected to seek Trust Board approval for certain decisions made in principle at the BHP Board. One such decision, on Board commitment to reducing local bureaucracy on the initiation of clinical trials, is set out for our consideration today.</p>

2. Alignment to our Vision <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> <th></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></td> <td>To work seamlessly with our partners to improve lives</td> <td>X</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		To work seamlessly with our partners to improve lives	X
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3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
N/A

4. Recommendation(s)
The Public Trust Board is asked to:
a. NOTE and discuss the summary of the new NHS England Operating Framework
b. NOTE and discuss the ongoing work being done by the Executive Team on the prioritisation of our strategic project portfolio which delivers our Trust Strategy
c. FORMALLY COMMIT to the reduction of clinical trials bureaucracy and confirm our Chief Medical Officer as lead executive for streamlining research processes with the BHP Executive team

5. Impact <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		<i>Deliver the MMUH benefits case</i>					
Board Assurance Framework Risk 04	X	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>					
Board Assurance Framework Risk 05	X	<i>Deliver on its ambitions as an integrated care organisation</i>					
Corporate Risk Register [Safeguard Risk Nos]							
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: 2nd November 2022

Chief Executive's Report

1. NHS Operating Framework Launch

- 1.1 October has seen the launch of the new Operating Framework for the NHS in England. The document unequivocally declares itself as setting out “how we do things round here” and sets out NHS England’s (NHSE) purpose, areas of value, leadership behaviours and accountabilities, and medium-term priorities with long term aims.
- 1.2 The key elements of the operating framework are as follows;
 - 1.2.1 **What NHSE does to add value** - NHSE sets out their role in setting direction for the NHS; allocating resource is; ensuring accountability; supporting and developing the system and its people; mobilising subject matter experts; enabling quality improvement; delivering corporate services; driving transformation.
 - 1.2.2 The regional tiers of NHS England will provide oversight to integrated care boards (ICBs) and provide support two integrated care systems to enable delivery.
 - 1.2.3 The national programmes will marshal the evidence base full transformation and change; Act as a central hub of subject matter expertise and facilitate supportive interventions to improve performance and outcomes
 - 1.2.4 NHSE corporate functions will set national strategy, priorities and incentives; lead and represent the NH S with government; work with government to ensure the NH S has the resource is it needs and trigger regulatory intervention when required for trusts or systems requiring recovery support.
 - 1.2.5 **“How we work”** - in this section, NHSE set out the leadership behaviours required of all parts of the NHS; how accountabilities and responsibilities will work:
 - 1.2.5.1 On accountability, NHS Trusts are accountable for statutory responsibilities for safe, effective and efficient services; effective system working with partners; Financial performance and delivery of NHS planning guidance priorities compliance with provider licence and Care Quality Commission standards. They will be accountable too icy bees for business as usual delivery of services and performance and those trusts in the system outcomes framework segments 3 and 4 will be accountable to an NHSE directly, as their regulator. NHS Trusts will also be accountable to the CQC for the quality and safety of their services. On a day-to-day basis, NHS trusts are accountable for service delivery, education and training delivery, research and innovation delivery. It is interesting that the operating framework makes no mention of “Place” or Place Based Partnerships, despite the contents of the integration white paper from some months ago.

1.2.5.2 Integrated Care Boards (ICB) will be accountable for the oversight of their own strategies and plans; Overseeing the budget for NHS services in their system and working with local authorities to act as stewards of local population health outcomes. ICBs will be accountable to HS England via their regional director and to the CQC as part of the CQC's increasing quality regulation of systems as well as individual and HS providers. Day-to-day, ICB responsibilities include commissioning of services and the delegation of responsibility for service delivery and partnership agreements to individual providers including primary care. This appears to clearly retain the word commissioning in its own right and retains the separation of commissioning and service provision come out just as CCGs and Trusts had managed before the recent Health and Care Act changes which came into force on the 1st of July.

1.3 All the operating framework expectations will be set out in forthcoming memoranda of understanding, between NHSE, ICBs and Trusts.

1.4 The operating framework also sets out the formal integration of NHSE, Health Education England and NHS Digital, all of which will have formally merged before 31/3/23.

2. Trust Strategy – developing our “strategic portfolio” of projects

2.1 Background

In our Trust strategy, the Board signed off several priorities split by before and after the opening of Midland Metropolitan University Hospital, shown below.



2.2 Priority Updates

The table below overviews the objectives with commentary as to those completed and further actions for completion.

Pre MMUH- Priority	Completed within 6 months	Further actions due by May 2024
Launch of strategy and co-develop the plans	<p>The flagship plans were co-developed and largely signed off at Board by September 2022. These are:</p> <ul style="list-style-type: none"> • People Plan • Patients: Fundamentals of Care • Digital (enabler) • Green & Net Zero (Population) • Research & Development Plan (enabler) • Sandwell Place Based Partnership Strategy (Population) • Financial Recovery Plan 	<p>Embed the key plans and deliver identified improvements. Estates Strategy (Population). Birmingham Place Based Partnership strategy (Ladywood & Perry Barr is a locality within a larger Place). Provider Collaborative Case for Change has been paused due to development of the ICS strategy; the identified specialties and corporate work stream will continue to work closer together and develop service change proposals.</p>
Values & behavioural framework	<p>Our Values were agreed following stakeholder engagement – Ambition, Respect, Compassion (ARC). A behavioural framework has also been agreed.</p>	<p>Embed the framework so it is lived every day – in recruitment, OD interventions and appraisal policy and process.</p>
Prepare for and open MMUH	<p>Opening date confirmed; on track progress for Acute Care Model delivery with capability timelines and benefits realisation plan.</p>	<p>Formal creation of ‘temporary organisation’ (MMUH programme Company) to accelerate implementation. Acute Care Model ‘pivot tool’ tracking capability delivery dates. Benefits realisation workstream established.</p>
Staff journey from recruit to retire	<p>People Plan close to sign off including key actions completed thus far:</p> <ul style="list-style-type: none"> • Recruitment business case agreed to improve hiring experience and efficiency; • Outline Leadership Development Programme; • Retention QI Project commenced 	<p>POD Target Operating Model and revised structure in order to deliver People Plan; Leadership development programme detailed plan and commence delivery (March 2023); Complete Retention QI Project (March 2023); Trust Induction review and relaunch.</p>
Budget reset and cost control	<p>Budgets reset Financial recovery plan developed and delivering</p>	<p>Deliver planned exit run rate at end of 22/23 and develop, by early 2023, medium term financial strategy for Trust, which tackles MMUH affordability gap.</p>

Pre MMUH- Priority	Completed within 6 months	Further actions due by May 2024
Place based partnership development	Work streams agreed and in progress for Sandwell Place Based Partnership (PBP). Sandwell strategy signed off at Health & Wellbeing Board. Several aspects operational including Discharge to Assess,, Care Navigation Centres.	Further development of the Sandwell PBP work streams. Development of Birmingham Place strategy (of which Ladywood & Perry Barr is incorporated as a locality) possibly to include SWBH as an “anchor” organisation.
Agree a continuous quality improvement approach	Mandate signed off at Board September 2022 (Gateway 1).	Readiness engagement and Options Appraisal (Gateway 2) by 31 st March 2023. Full Business Case (Gateway 3) by July Board 2023. Delivery Plan (Gateway 4) date to be confirmed in view of organisational capacity pre MMUH.

3. Birmingham Health Partners (BHP) Board meeting feedback

- 3.1 The partners within BHP have a longstanding history of clinical research across a wide variety of specialisms and disciplines, from fundamental molecular and cellular research to late-stage clinical trials. Partners secure significant amounts of research funding from diverse funders including the National Institute for Health Research, Medical Research Council, medical charities and industry. Funding has also been obtained to develop the clinical research infrastructure including the Wellcome Trust Clinical Research Facility and the Biomedical Research Centre. Close collaboration and shared objectives are critical to success, particularly in the current evolving climate of research funding, if the partners are to make best use of existing and future opportunities.
- 3.2 The Department of Health & Social Care policy paper on the Future of UK Clinical Research Delivery published in March 2021 provides an opportunity for BHP to show leadership as the ambitions we are asking BHP to endorse fit with the 5 key aims of the DHSC:
1. Clinical research embedded in the NHS – to create a research-positive culture in which all health and care staff feel empowered to support and participate in clinical research as part of their job.
 2. Patient-centred research – to make access to and participation in research as easy as possible for everyone across the UK, including rural, diverse and under-served populations.
 3. Streamlined, efficient and innovative research – so the UK is seen as the best place in the world to conduct fast, efficient and cutting-edge clinical research.

4. Research enabled by data and digital tools – to ensure the UK has the most advanced and data-enabled clinical research environment in the world, which capitalises on our unique data assets to improve the health and care of patients across the UK and beyond.
5. A sustainable and supported research workforce – which offers rewarding opportunities and exciting careers for all healthcare and research staff of all professional backgrounds – across the length and breadth of commercial and non-commercial research.

3.3 The government commissioned Independent Review of Research Bureaucracy (Tickell Review), published in July 2022, noted that nationally, *“Unnecessary bureaucracy diverts and hampers research, and the work of individual researchers and research teams. Ultimately, it diminishes the returns from research funding”*, and that *“it is clear that universities and other research organisations, and individual researchers and their groups, must play their part in driving efficiencies”*.

3.4 A dedicated sub-group, BHP Clinical Trials Working Group (which predated the expansion of the BHP partnership to include our organisation and The Royal Orthopaedic Hospital NHS Foundation Trust), has been established to co-develop shared research processes to ensure that partners within BHP can work effectively together and the barriers to the development and delivery of clinical trials are minimised. The Clinical Trials Working Group aims to support the BHP Research Management Committee and BHP senior management team with:

- Streamlining of clinical trial grant development and setup processes involving University of Birmingham (UoB) and another member
- The creation and implementation of guidelines to support all aspects of clinical trial application development and set up involving UoB and another member

3.5 The aim of the guidelines produced by the sub- group is to reduce delays and misalignment of expectations that can be encountered when determining the costings required for a clinical trial grant submission and delivery of the trial within the NHS. A copy of these guidelines is on the BHP Board teams site for information.

3.6 It was therefore recommended that:

BHP Partners commit to the principles of reducing clinical research bureaucracy by minuting that commitment at their Trust Board meeting

Each BHP partner organisation identifies an executive lead for streamlining research processes within the partnership and for developing the principles that underpin a BHP Joint Research Office. I have proposed that our Trust Chief Medical Officer, be that executive lead.

BHP partners consider co-funding of a project lead on a permanent or fixed term basis. This was agreed.

4. The Trust Board is recommended to:
 - a. Note and discuss the summary of the new NHS England Operating Framework
 - b. Note and discuss the ongoing work being done by the Executive Team on the prioritisation of our strategic project portfolio
 - c. Formally commit to the reduction of clinical trials bureaucracy and confirm our Chief Medical Officer as lead executive for streamlining research processes with the BHP Executive team

Richard Beeken
Chief Executive

24 October 2022