

Report Title	Chief Executive's Report		
Sponsoring Executive	Chief Executive		
Report Author	Richard Beeken, Interim Chief Executive		
Meeting	Trust Board (Public)	Date	1 st July 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 development of the Sandwell Integrated Care Partnership programme, governance and recruitment of senior leadership to drive the population health agenda
- Huge pressures in the urgent care system already manifesting themselves and the construction of a detailed, week by week and evidence based system winter plan, including primary care, social care and secondary care contributions. We should receive that plan for Board approval in September
- The key outputs from the rapidly developing acute collaboration programme between the 4 Black Country acute provider Trusts
- The Integrated Care System implementation guidance and its implications for us

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

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: 1st July 2021

Chief Executive's Report

1. Introduction or background

- 1.1 This brief report deliberately focuses the Board's attention on key issues which do not sit within other papers or agenda items within the Board and on issues which I am personally leading or sponsoring at this time. As ever, I welcome comments and suggestions from Board members on how we may change our approach to these issues and seek their support in dealing with them.

2. Our patients

- 2.1 At the time of writing this report we are seeing unprecedented pressures across our system in urgent care portals – be it primary care, urgent treatment centres, emergency departments and the ambulance service. Some organisations are seeing record numbers of attendances and in particular, activity levels never before seen at this time of year. The working hypothesis at present regarding why, centres on primary care being unable to cope with the number of patients who wish to be seen face to face by a GP and more acutely, the effect of suppressed chronic disease demand during the pandemic, surfacing in acute presentations demanding paramedic or urgent care clinician attention.
- 2.2 We have already passed mid-summer's day and our attentions need to turn to planning for a safe winter for our local NHS. This year, the threat of a concurrent wave of COVID-19, an influenza spike and the expectation of the system that we develop a wider, pan-organisational winter response at place and system level, mean the context is very different than previous years. As Chair of our Black Country and West Birmingham (BCWB) Urgent Care Board, I am accountable for bringing together all system partners to construct an effective, evidence based and responsive, winter plan.
- 2.3 We have agreed as a system to develop a plan which examines, week by week of the winter period, predicted demand on each part of the local health and care network at both place and system level. The plan will also contain responses, actions and mitigations to that demand pattern, on a week by week basis, demonstrating how capacity will be flexed and resources deployed to keep patients safe. Safety must and will be, our priority.
- 2.4 On 17th June, the Trust Chair and I attended the BCWB Acute Collaboration Programme Board. The productive meeting agreed the following:
- 2.4.1 The final arrangements for wide ranging clinical leadership engagement to determine which services should be integrated across the system for reasons of reducing variation in clinical practice, improving access or improved 7 day service resilience

- 2.4.2 How CCG non-recurrent funding to develop the partnership and its programme was to be committed on informatics/evidence collation, programme leadership and backfilled clinical leadership
- 2.4.3 A process via which a final decision would be made about procurement alliances and associated efficiencies
- 2.4.4 A process via which prioritisation of capital money on vital backlog maintenance was to be delivered this year, across all constituent organisations.

3. Our population

- 3.1 I am pleased to report that the Sandwell Integrated Care Partnership (ICP) Board has approved to proceed with the recruitment of a Director role to lead the integration. Funding has been secured from within the partnership via the Better Care Fund. I propose that role will be a member of our executive team and Board, should we be chosen as the host organisation for the partnership. That decision, along with an adoption of the Case for Change and model of care, will be the key decisions for the ICP Board in July.
- 3.2 The Director of Integration role will be responsible for, not exclusively:
 - 3.2.1 Forming the senior leadership team from the partner organisations
 - 3.2.2 Developing the programme plan and implementing that plan
 - 3.2.3 Continuing the primary care vertical integration with the Trust, where mutually beneficial and appropriate
 - 3.2.4 Maintaining and improving the complex and nuanced relationships between senior leaders from different agencies and their respective teams
 - 3.2.5 Assuring the ICP Board and in turn, our Trust Board, of progress on the programme plan.
- 3.3 I have had a good discussion with the Chair of our Public Health Board Committee, about the prospect of repurposing that committee as the ICP Board for Sandwell. Should the ICP Board agree to these governance proposals in July, I ask the Board to consider in advance of our next meeting, whether they would be happy to host the ICP and adjust our sub-committee arrangements accordingly. I will share the Sandwell ICP Case for Change at our next Board meeting for wider understanding and engagement.

4. Wider issues

- 4.1 I represented our organisation and Sandwell ICP at the BCWB ICS Board development session on 24th June. The session explored how the various responsibilities of both place based partnerships, provider collaboratives and the Integrated Care System (ICS) could be managed, within a clearer framework of delegated authority and mutual accountability.
- 4.2 The attached document (appendix 2) is the local ICS team's interpretation and summary of the recent ICS implementation guidance and is a helpful distillation of the issues. Board members will note the appointment timescales for the system leadership team (Chief Executive, Director of Finance, Director of Nursing etc). We are assured that this process will be open and transparent and provider organisation executives are

encouraged to consider these roles to ensure balance in the ICS leadership team between CCG executives and those from the provider sector.

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
June 24th 2021