

Report Title	Chief Executive's Summary on Organisation Wide Issues		
Sponsoring Executive	David Carruthers, Medical Director and Acting Chief Executive		
Report Author	David Carruthers		
Meeting	Trust Board (Public)	Date	4 th February 2021

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

The focus this month has been very much on COVID and the changes that have been needed in the organisation to manage patient care at a time of rapid change and significant service pressure. Work continues in many other areas but much has had to take a back seat with the focus on the current emergency pressures and development and delivery of the vaccination programmes.

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	X	Estates Plan	X
Financial Plan	X	Digital Plan	X	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. Reflect on the changes for COVID and pathway changes
- B. Note the success of the QIHD poster competition
- C.

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		n/a				
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: 4th February 2021

Chief Executive's Summary of Organisation Wide Issues

1. COVID

- 1.1 Management of COVID related illness has remained the focus over the last 4 weeks as community rates have increased and pressure on our services has mounted. Support from local partners, such as the Children's hospital accepting ambulance admissions for urgent paediatric care is appreciated and has allowed both opportunity for increased ward space as well as staff redeployment to support our under pressure ICUs. Regionally all the ICUs are under increased pressure and a supportive external review to ICU has occurred with many areas of best practice noted as was the quality of the support and training provided to our reservists. The pressure on staff in the high pressure environments is acknowledged and wellbeing support in the form of provision of refreshments is in place as is much welcomed psychological support for the staff provided by the Black Country Mental Health Trust.
- 1.2 Looking after staff is a key priority with additional shifts being worked, leave cancelled or postponed and recommendations on reduction of SpA activity and flexibility in any work in the private sector requested. Finalisation of proposals for leave carry over into next year is underway in view of likely consequence that not all leave has been possible to take this year. This will help both the Trust and staff plan through leave requests for 21/22, getting a better understanding of the consequences of greater quantity of leave being taken during the next financial year.
- 1.3 Looking after the health of staff remains a high priority, especially as community rates remain high and sickness from COVID increases. Protecting patients from COVID infection is an important consequence of doing all we can to reduce staff risk of acquiring COVID – so the message around social distancing remains strong both within and out of work. Enhancing our PPE advice will also hopefully lead to reduced risk of COVID in staff groups, especially where unexpected infection is detected in our routine screening programme (swabbing) in the non-COVID wards. The lateral flow tests taken twice weekly will also identify staff infection early and the movement to weekly LAMP testing (more sensitive and easier to undertake – saliva test) will only add to the benefits of staff screening. Unused lateral flow tests can be used for other groups, in particular partners of those attending for maternity scans, once the full pathway has been established.

2. Patient care

- 2.1 Maintaining timely patient flow from ED to the wards is a challenge because of requirements for patient testing on admission as well as the processes needed for safe discharge of patients from the base wards. A risk based approach to using lateral flow tests in certain groups of patients overnight (those who clinically have COVID) when labs are not available for swab testing is being supported in AMU and will allow safe transfer of patients from admission units to base wards overnight when COVID +ve. Development of lab services with extended opening hours will help, as will the deployment of point of care test machines within ED environments for a limited number of daily tests.
- 2.2 The process for taking swabs and their package and transfer to the laboratories is being reviewed with assistance from volunteers and military support that has been provided recently. This latter group will also assist on ICU, ED and the respiratory hub.
- 2.3 For discharges, clinician understanding of pathways that are available for supported discharge has been a keen focus recently, so that home O2 monitoring, community service availability and referral to the Discharge to Assess hub has been promoted so that supported discharge can occur. This is at a time where balance between red and amber beds is a daily challenge and with the high number of community infections and thus unexpected +ve swabs on patients in amber wards, means that a contact ward is being re-considered to minimise the infection risk to non-COVID patients. This will become more manageable if admissions decline over the coming days.

3. NHS Staff Survey: Initial results

- 3.1 The Trust has received the initial results from the national staff survey that was distributed to all our workforce during Q3. 38% of staff completed the survey and we are grateful for the time taken by colleagues, during a difficult period for many of our clinical teams, to share their feedback through the survey. The Trust is expected to receive the full results during this quarter when the results are published nationally. We have begun engagement with teams, initially through the Clinical Leadership Executive, to consider our results and develop priority areas for improvement that will include: staff wellbeing, inclusion and team communication. We want to ensure all colleagues have an opportunity to discuss results with their teams and contribute ideas to how we can best improve how people feel about their job and the organisation.

4. QIHD poster competition

- 4.1 After the last Board meeting last month was the QIHD poster competition. With over 90 submissions, it was a challenge to short lists and then cut down to the final 10. All

reflected the great work that is going on within so many clinical groups to improve the care provided to our patients, often in challenging circumstances and many in response to COVID. With Ophthalmology, Gynaecology and breast screening in the top 4, I was pleased to be able to announce the winner from Speech and Language therapy (Children's community service) who had taken an evidence based approach to review the service they were providing and were brave enough to make the changes in their model of care to improve the service they could provide to the most in need group of young children, increasing their language skills and thus educational future. Kathrine Dunn was then invited to present the work at Teamtalk in January and answer questions about the project work. Well done to all who submitted their work which is now displayed within the education centre and also available on-line.

5. Building Progress

- 5.1 When on site, you won't fail to notice the rapid progress in the build of the new multi-storey carparks which despite the recent cold weather continue to progress rapidly. Completion will bring much needed respite for drivers; however the use of New Square car park and WFH arrangements in lock down does mean that here is less of a challenge for parking on site currently. The situation will be closely watched. What may not be so noticeable is the fantastic progress with the building works of the GP practice on Sandwell site when things have progressed well externally allowing a focus on internal fixtures and fittings – I hope to visit the site later in February with GP colleagues to assess progress and continue thoughts on how clinical services can be changed to make a stronger link between hospital and primary care from a patient's experience.
- 5.2 The other areas where there has been rapid change is around the vaccination hubs, both on Sandwell site in the education centre, being responsive to the rapidly changing demands on our service, but also development within the community hub at Tipton sports centre which we visited this week. Progress will be followed closely before we revisit to sign off the clinical pathways within the hub.

6. Leadership change

- 6.1 After 7 months as Acting CEO I am pleased to be able to welcome Richard Beeken from Walsall to take over as Interim CEO. He will be starting next week to cover Toby's absence until he is able to fully resume his duties. Richard has been at Walsall Healthcare NHS Trust for the last 3 years and will lead the Trust through the next stage of the pandemic and maintain our focus on our top priorities of delivery of MMUH and integrated care in our 2 places. I will return to focus on Medical Director duties and thank colleagues and the organisation for the support given to me while acting CEO.

David Carruthers
Acting Chief Executive 29th January 2020