

COVERSHEET

Meeting	Board of Directors' meeting in PUBLIC
Paper Title	Chief Executive Officer's Report
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EXECUTIVE SUMMARY

This report provides a brief summary of the key priorities that the Executive Team and operational teams have been focused on, much of which is summarised in a number of reports presented to the Board this month.

Previously considered by	None
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THE BOARD OF DIRECTORS' (Committee) ARE ASKED TO:

<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
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Link to strategic objective(s)	<i>Select the strategic objective which this paper supports</i>
	<input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
	<input type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
	<input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
	<input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
	<input type="checkbox"/> OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)	Not applicable for this paper
Equality Impact Assessment	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	Not applicable for this paper

Chief Executive's Report

October 2020

1.0 Introduction

- 1.1 This report provides a brief summary of the key priorities that the Executive Team and operational teams have been focused on, much of which is summarised in a number of reports presented to the Board this month.
- 1.2 The Trust is finalising plans for the winter period, both internally as well as with system partners. In line with national expectations, these plans cover the recovery of elective and diagnostic activity following the first wave of Covid-19 and ongoing response to Covid-19, the expected winter increase in urgent care demand, and also preparations for EU Exit. The Chief Operating Officer will report to the Board of Directors regarding the nature of these plans and oversight arrangements through board assurance committees.

2.0 Governance

- 2.1 An Improvement Alliance has been formed between SaTH and the University Hospitals Birmingham NHS Foundation Trust (UHB) to support the sustainable delivery of excellent care to our communities. The resource and expertise provided by UHB will support us to deliver the change necessary to improve the quality of care provided to our communities and will not have responsibility for day to day operational management.
- 2.2 Ben Reid has stepped down from his role as Chair of the Trust and Dr Catriona McMahon has been appointed as our new Chair. Dr McMahon is a physician with over 16 years' experience in pharmaceutical medicine and has been a Non-Executive Director and Senior Independent Director at UHB since 2014. Meanwhile, Hayley Flavell has been appointed as our new Executive Director of Nursing. Hayley has replaced Maggie Bayley.

3.0 NHS Phase 3 Response to Covid-19 and Winter planning

- 3.1 We are in Phase 3 of the NHS's response to Covid-19, and we are in the process of restoring some of the non-Covid-19 urgent services that were temporarily paused.
- 3.2 The third phase of the NHS Response to Covid-19 is the 'Recovery' phase, and requires organisation and systems to increase their elective and diagnostics activity to reduce waiting lists, and meet the cancer and routine referral demand that is largely back to pre-Covid-19 levels. Currently, our plans do not fully meet the national thresholds, predominantly in day case and inpatient elective surgery due to the loss of capacity with new restrictions in place. However, outpatient activity is close to the levels expected, and further work to expand virtual appointments continues.

- 3.3 Diagnostics, which is a vital step in a patient's treatment, is a key area of focus. Following investment and staff working across 7 days, both imaging and endoscopy capacity is increasing close to levels expected during Quarter 3. Further discussion continues on obtaining additional CT and MRI capacity, both equipment and staffing. It will take some time to reduce waiting lists, and we continue to prioritise the most clinically urgent cases.
- 3.4 Trauma Services have returned to SaTH from RJAH where they were temporarily relocated due to the Covid-19 pandemic. As part of the return of trauma services, fracture clinics have recommenced at both sites, including the newly developed virtual fracture clinics.
- 3.5 The winter period is forecast to see a rise in urgent care demand, with associated capacity challenges across both sites for unscheduled care and the potential impact on scheduled care. We are pleased to have secured funding of £6.3 million to help prepare for Winter by creating a new Same Day Emergency Care Centre (SDEC) at RSH, which will help ease pressure on A&E and reduce hospital admissions. The funding will also enable us to relocate the current Fracture Clinic at RSH to the former Fertility Department, so the A&E can undergo a much-needed expansion.
- 3.6 The Trust has also secured £2 million to convert the former Wrekin MLU into a Priorities Admissions Unit (PAU) at PRH. The PAU will help to ease pressure on A&E by allowing us to move patients out of the department and into beds/chairs more quickly. A contractor has been appointed and has started work on site, and the PAU is expected to be open in January 2021. The MLU has been replaced with a purpose-built modular building located alongside the Consultant Led Unit at the Shropshire Women and Children's Centre at PRH.
- 3.7 A fully staffed mobile MRI scanner will be in place outside the Treatment Centre at RSH from October 2020 for three months, initially. A further fully staffed mobile MRI scanner will be in place at PRH from November 2020. The additional scanners will allow us to start inviting patients from our routine waiting list in for scans. Funding has also been secured for a second CT scanner at PRH to replace an ageing scanner.
- 3.8 Winter is likely to be demanding and work continues to further develop workforce plans and support staff, recognising the importance of ensuring appropriate Infection Prevention and Control measures and plans to manage our response to Covid-19 and internal and system-wide escalation plans to deal with increasing levels of pressure. In future, the Chief Operating Officer will provide a formal report to the Board on progress against the Winter plan to support the strengthen the board assurance process.

4.0 Financial Position

- 4.1 Financial guidance for the second half of 2020/21 is now available and each system is expected to set out plans to deliver its Phase 3 recovery and activity

requirements by 5th October, 2020 and achieve financial balance within this envelope.

- 4.2 SaTH's block allocation for the six months ending 31 March 2021 amounts to, £197.5m together with top up funding of £24.6m. In addition, the Trust will receive a share of the Shropshire Telford & Wrekin STP system level allocations for Growth funding and Covid funding, which are in the process of being finalised.
- 4.3 In addition, retrospective top-up funding will no longer be available from October 2020. System funding envelopes are based on the expectation, as set out in the Phase 3 recovery letter, that organisations will return non-NHS income to the levels seen in 2019/20, and organisations have been asked to make all reasonable efforts to do so as quickly as possible.
- 4.4 Guidance on the elective incentive scheme is now available whereby payment of block is linked to delivery of elective activity thresholds from September, 2020.

5.0 Strategic and Other Issues

- 5.1 We have refreshed our Vision and Values following feedback from staff, members of the public and stakeholders. Our Vision is 'To provide excellent care for the communities that we serve'. Our Values are: Partnering, Ambitious, Caring and Trusted. Collectively they spell out the word 'PACT' which represents our joint commitment to embrace and live these Values.
- 5.2 Every team is now getting the opportunity to discuss how the vision and values can be used to shape the behaviours both within their team and across the whole organisation.
- 5.3 To further support delivery of the Quality Improvement Plan and the wider Trust Quality Improvement Plan, we have welcomed our new Improvement Team, supported through funding from NHS England and NHS Improvement. They will report to Executive Directors, overseen by the Trust Improvement Director. This team will support the delivery of the key objectives within our 'Getting to Good' programme, while coaching and developing staff to deliver sustained change.
- 5.4 The 'Getting to Good' plan will form a significant part of the Trust's objectives for the next three years and is supported by our local health and care partners and through our Improvement Alliance. Each of the work streams will be linked directly to the objectives that have been agreed by the Trust for 2020/21 and led by an Executive Director sponsor. The delivery approach will focus on ensuring that the changes fully address root causes, are sustainable with tangible outcome measures and put in place the foundations for future success.

- 5.5 As the Board of Directors are aware, the Trust continues to work with Donna Ockenden, (Chair of the SaTH Independent Maternity Review - IMR) to support this review which is under way.
- 5.6 The Trust continues to take steps to improve the quality of care for patients across all our services. In particular, a quality and performance improvement programme with support from ECIST (a clinically-led national NHS team) has begun, building on previous improvement work, supported by ECIST, to enhance escalation processes and flow.
- 5.7 We are aiming to recruit 200 participants to a new research project called SIREN, organised by Public Health England, which will look at whether prior infection by the virus that causes Covid-19 provides future immunity to re-infection. It is open to colleagues who work where patients are present.
- 5.8 A patient in our hospitals has received convalescent plasma as part of the national recovery trial that we are part of. The treatment involves the administration of convalescent plasma which is taken from the blood of people who have had Covid-19 and which may contain antibodies that their immune systems have produced in fighting the virus. It's effectiveness as a treatment for coronavirus is being explored as part of the recovery trial which is being led by Oxford University.
- 5.9 Our antibody testing programme has been a huge success; and more than 5,600 colleagues from SaTH had the test. Our teams have also tested nearly 8,200 colleagues from across the system.
- 5.10 A new Covid-19 rapid response team is being launched in October which will respond to urgent requests for cleaning between 6am and 7pm – seven days a week.
- 5.11 Phlebotomy (blood taking) services have returned to Elizabeth House at RSH and Mallings Health Building at PRH, by appointment only.
- 5.12 It remains compulsory for face masks to be worn in our hospitals to help prevent the transmission of coronavirus.
- 5.13 The fact that Covid-19 is still very much present has again been brought into sharp focus. The government's chief scientific adviser Sir Patrick Vallance has warned there could be 50,000 new coronavirus cases a day by mid-October without further action and that has seen a host of new measures put in place. Clearly this is an unprecedented time and I would once again like to thank all my colleagues across our organisation, in the hospitals or in community settings, along with partner organisations for their tremendous support in responding to the pandemic.
- 5.14 In August, 47 Foundation Year 1 Doctors (FY1s) started at our Trust and through the main August changeover we had a further 82 doctors joining us. 62

doctors, who are already at SaTH, will also be remaining with us for another rotation. Some of these doctors started earlier than planned to support the NHS response to the Covid-19 pandemic.

- 5.15 Last year we successfully recruited 177 nurses via the Health Education England 'Overseas Programme', and a further 36 nurses via a different overseas programme. 131 nurses have arrived in the UK and all of our overseas nurses who sat their OSCE exams in January passed first time to gain their place on the NMC register.
- 5.16 Following feedback from the CQC's Adult Inpatient Survey, a new food service and menu has been launched at RSH to give patients an improved meal experience. Inpatients will be offered greater choice, with the number of hot food choices doubling from two to four per meal and a new hostess service means that patients will be personally served so that they can choose their preferred portion size. The system is already in place at PRH, and has been rolled out at RSH following a successful pilot on Ward 27 which received positive comments from both patients and staff.
- 5.17 The national maternity review, known as Better Births, highlights that models of care where women have a midwife caring for them throughout their pregnancy journey have a positive impact on improving safety, clinical outcomes, as well as a better birth experience. We have developed two Continuity of Carers Teams with plans to enable more women to access this model of care going forward. These two pilot teams were launched in September as part of a piece of work that has seen us work closely with our Maternity Voices Partnership group.
- 5.18 The Trust's 2020/21 Flu Campaign has been launched with over 600 staff being vaccinated so far.

6.0 Digital

- 6.1 SaTH continues to trial 'Attend Anywhere' video clinics to ensure patients receive a quality experience, ahead of a Trust-wide rollout.
- 6.2 As part of our long-awaited programme to bring SaTH up-to-date digitally, we have rolled out Vitals (previously known as VitalPac). This electronic system which enables the early identification and escalation of deteriorating patients has been rolled out across our Emergency Departments.

7.0 Conclusion

- 7.1 The Board of Directors are asked to note this report. Of particular importance is the work of the Trust on Winter Planning and the Phase 3 Response to the pandemic.