Report to:	Board of Directors	Agenda item:	7
Date of Meeting:	24th June 2020		

Title of Report:	Chief Executive's Report
Status:	For Information
Board Sponsor:	Libby Walters, Interim Chief Executive
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Appendices	None

1.	Executive Summary of the Report
The purpose of this report is to provide the Board with further information on national and strategic developments across the NHS and more locally across the BaNES, Swindon and Wiltshire (BSW) geography. It also provides a local context to these issues and a reflection on how the Trust is currently performing.	

2.	Recommendations (Note, Approve, Discuss)
The Board is asked to note the report.	

3.	Legal / Regulatory Implications
Not applicable	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
Strategic and environmental risks are considered by the Board on a regular basis and key items are reported through this report.	

5.	Resources Implications (Financial / staffing)
Not applicable	

6.	Equality and Diversity
Not applicable	

7.	References to previous reports
The Chief Executive submits a report to every Board of Directors meeting.	

8.	Freedom of Information
Public	

CHIEF EXECUTIVE'S REPORT

National Perspective

COVID -19 Phase 2

As the number of hospital admissions gradually declines, the NHS is working towards restarting more routine activities such as elective surgery and cancer treatments. There are a number of significant practical challenges in doing this alongside COVID-19 which include:

- Treating all emergency patients as COVID-19 requires enhanced PPE and increased time to clean areas and equipment between patients;
- Patients requiring planned surgery will need to be swabbed and self-isolated prior to investigations or treatment and a further test immediately before;
- Reduced staffing in front-line services due to staff in high risk categories and self-isolating;
- Work is more onerous for staff due to the increased use of PPE;
- The design of many hospitals is not supportive of the level of infection prevention and control needed when isolating COVID-19 and Non-COVID-19 patients and ensuring social distancing.

The Nuffield Trust have reported that we should expect these challenges to remain until we see the successful roll out of an effective vaccine; the widespread use of a rapid highly sensitive test to identify infectious patients; introduction of an antibody test and the effective elimination of the virus from community transmission.

Test and Trace System

The NHS test and trace service has commenced to ensure that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus. It helps trace close recent contacts of anyone who tests positive and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus. NHS staff contacted through the NHS test and trace service are required to self-isolate which presents the risk of a further reduction in front line staff.

Use of Face Masks in Hospitals

Since Monday, 15th June all NHS staff have been required to wear face masks at work, and outpatients and visitors are required to wear face coverings. This applies to all staff in all areas, clinical and non-clinical, including buildings that are not connected to the main hospital. The NHS has faced major challenges throughout the pandemic in securing a steady supply of masks and other items of PPE. Whilst we are receiving the right PPE when we need it, there remain concerns over the consistency and reliability with an increased demand on masks.

The R Number

In an epidemic, one of the most important numbers is R - the reproduction number. The R number forecasts the average number of onward infections that will be generated by a single infectious individual. The national R number is currently between 0.7 and 0.9. The R number for the South West is higher than the national average at between 0.8 and 1.1. The South West has had very low infection rates to date. Regions currently estimated to have the highest value for R (North West, South West, East of England) are those which

had the lowest level of activity prior to the lockdown, due to a delayed spread into these regions.

Nightingale Hospitals
A total of seven Nightingale hospitals have been created across England to provide additional intensive care capacity in response to the COVID-19 pandemic. This includes a 300 bed Nightingale Hospital in Bristol and provides Trusts within the Severn Network additional intensive care capacity for COVID-19 patients. The Severn Network was created in April 2020 as part of a regional response to the COVID-19 pandemic. It brings together the critical care units from Bristol & Weston, Gloucester, Bath, Swindon, Taunton and Yeovil and in so doing divides the South West critical care network into a 'north' functional unit for the duration of the national emergency.

Finance Mechanism
There is a new NHS funding model in place to make sure the NHS has the necessary funding and support to respond to the COVID-19 pandemic. The financial regime for the period April to June is one of block income payments that ensures the Trust achieves a breakeven position taking into account the costs of responding to the COVID-19 pandemic. The next phase will be between August and October and will again be block income payments based on more up to date cost information. The final phase covering the last five months of the year has yet to be determined.

From 1st April, over £13 billion of NHS debt will be written off as part of a wider package of NHS reforms announced by the Health Secretary. This is part of a package of major reforms to the NHS financial system, designed in a collaboration between the Department of Health and Social Care and NHS England. This includes £826 million of debt to be written off in the South West.

The government has introduced an Adult Social Care Infection Control Fund. The fund is worth £600 million and has been designed to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes. A smaller percentage of the fund can be used to support domiciliary care providers and wider workforce resilience to deal with COVID-19 infections.

Ending Racial Inequality and Discrimination
Public Health England (PHE) has published a review into disparities around COVID-19 risks. It highlights the disproportionate impact of COVID-19 on black, Asian and minority ethnic (BAME) people. A further report has been produced by PHE "Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities". This report provides additional information and insights on the relationship between COVID-19 and BAME communities in England. The report highlights that Ethnic inequalities in health and wellbeing in the UK existed before COVID-19 and the pandemic has made these disparities more apparent and undoubtedly exacerbated them. The unequal impact of COVID-19 on BAME communities may be explained by a number of factors ranging from social and economic inequalities, racism, discrimination and stigma, occupational risk, inequalities in the prevalence of conditions that increase the severity of disease including obesity, diabetes, CVD and asthma.

The PHE report summarises the requests for action into a series of recommendations made by stakeholders. These include: better research, data collection and reporting practices; improved access to services; faster development of 'culturally competent' risk

assessment tools and education programmes; greater focus on addressing structural inequalities in any recovery efforts.

At the RUH we have a BAME staff network – the Fusion Network – whose support has been invaluable during the pandemic. They have advised on our risk assessment and communication to staff, our messages about reporting sickness and they review relevant policies as well as input into reports on health inequalities. Members of the network are also mentoring Executive Team members. We are also currently following up on our action plan following a Workforce Race Equality Standard report in 2019 that identified areas that we must improve on, like recruitment and mentoring to support out BAME colleagues with their career progression in the RUH and beyond. But, we must do more. This is about speaking up and calling out discrimination when we see it, educating ourselves on this issue, contributing to the conversation and changing working practices and behaviours.

BaNES, Swindon and Wiltshire (BSW) Perspective

BSW Integrated Care System Development Programme

BSW have outlined their proposed approach to Phase 2 and the resetting of services. Demand and capacity planning across BSW will be very much centred around the three localities with close working between acute providers, mental health, local authority partners, community services, primary care and the voluntary sector. There remain significant constraints to restarting activity including workforce provisions, availability of PPE and the risk of a second wave of infections. A set of triggers and thresholds are being developed to support both the approach to bringing more activity back on line and to act as an early warning system.

BSW are transitioning into an Integrated Care System and have proposed a Development Programme to take this forward. The focus is on learning from the COVID-19 pandemic and co-ordinating the shared understanding about current activities with the aim of undertaking co-design for future services and ways of working.

Local Perspective

Phase 2: Development of Business As New Usual

The RUH has in place a governance structure to move us into phase 2 of the COVID-19 pandemic which focus on getting services back up and running for both elective, non-elective non COVID-19 services and the on-going provision for COVID -19 patients. We are seeing an increase in activity at the hospital as COVID-19 activity reduces. By mid-June, attendances to the Emergency Department were 80% of the levels seen pre-COVID. Compared to activity levels prior to the COVID-19 pandemic our day case, elective and outpatient activity is currently less than 50% with variations by specialty. The focus remains on increasing levels of activity whilst maintaining the safety of patients and staff.

Improving Together

We are continuing to prioritise the Improving Together Programme but have had to pause the implementation to new teams through the peak of the COVID-19 pandemic. The review of the performance metrics and strategic projects will commence again at Management Board during June. The breakthrough objectives identified for 2020/21 are being reviewed to ensure they remain relevant. By September it is expected that a revised roll out programme for the remaining teams will be agreed.

RUH Focus

As we move out of phase 1 of the COVID-19 pandemic our focus remains on increasing the volume of Non COVID-19 activity we can safely undertake whilst remaining prepared for any future surges in demand. This increases the operational pressures on the site at a time when we still do not have a full complement of staff. The health and wellbeing of our staff is a priority and we will continue to listen to staff and understand how we can provide support as we safely increase the services we offer to our patients. Through the pandemic, we have worked very closely and collaboratively with our partners across BSW. We are continuing to build on this to ensure we are able to learn together and co-design the models of care that will enable the provision of high quality patient centred services across BSW.