

Report to:	Public Board of Directors	Agenda item:	7
Date of Meeting:	29 July 2020		

Title of Report:	Chief Executive's Report
Status:	For Information
Board Sponsor:	Libby Walters, Interim Chief Executive
Author:	Libby Walters, Interim Chief Executive
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
Private	

CHIEF EXECUTIVE'S REPORT

National Perspective

COVID -19 Phase 2

The national alert level has been reduced from level 4 to level 3 but we remain in a national level 4 critical incident and therefore the management of the COVID-19 pandemic as a critical incident continues across the NHS.

The Phase 2 expectations for setting up services was set out in a letter from Simon Stevens, NHS Chief Executive and Amanda Pritchard, NHS Chief Operating officer with a clear expectation of what should be achieved by the end of July. Further guidance is awaited as to what is expected for Phase 3. However, we are preparing to work towards setting back up our services fully whilst addressing the backlog of patients awaiting appointments. Infection prevention and control will remain the highest priority as we prepare to set back up services alongside being prepared should there be a second wave of COVID-19 patients.

The Kings Fund has published a report on the Five Priorities for the Health and Care System Post COVID-19. These are:

1. A step change on inequalities and population health
2. Lasting reform for social care
3. Putting the workforce centre stage
4. Embedding and accelerating digital change
5. Reshaping the relationship between communities and public services.

Nightingale Hospitals

The use of Nightingale Hospitals whilst they are in stand-by mode is being reviewed. A number of them are now being used to provide additional diagnostic capacity. Alternative options for the Bristol Nightingale hospital whilst it remains in stand-by are currently being evaluated.

Finance Mechanism

The current block and top up system will remain in place through August and we anticipate it still being in place in September. This will allow Trusts to focus on productivity and regaining cost control. The national contracts with the Independent Sector will remain in place until the end of October to allow capacity to be maximised.

The Prime Minister has announced there will be £3 billion of funding for the NHS to support and prepare for winter and further clarity is awaited about what this £3 billion will cover. It is not yet clear if this funding will extend to mental health, community, rehabilitation and ITU capacity. This all needs to be in place to ensure that the whole NHS system can effectively manage the winter period and the restarting of services. The funding is not to cover social care which is in a critical condition and this is likely to present further pressures on NHS services.

Ending Racial Inequality and Discrimination

Further reports have been published to support Trusts with addressing the current inequality and discrimination experienced by Black, Asian and Minority Ethnic staff (BAME). The Kings Fund have produced an article entitled Workforce Race Inequalities and Inclusion in NHS Providers, which shares how three NHS provider organisations have sought to address workforce race inequalities and develop a positive and inclusive working

Author: Libby Walters, Interim Chief Executive	Date: 22 July 2020
Document Approved by: Libby Walters, Interim Chief Executive	Version: Final
Agenda Item: 7	Page 2 of 5

environment. This article includes a number of stories where NHS staff have shared their experiences of racism and discrimination. A number of safe space meetings have been held by NHS Providers to enable shared learning to take place and the Chair and Chief Executive Officer from the RUH have attended.

A BAME leaders network event is taking place on the 25 July and all CEOs have been invited to listen to the experiences of BAME staff. NHS England and Improvement have set a target for all BAME staff to have a COVID-19 risk assessment prior to the end of July.

Digital Board

NHS Providers together with Public Digital have developed a digital board programme with the first publication called “A New Era of Digital Leadership”. Through good practice sharing and peer learning, the programme aims to build board understanding of the potential and implications of the digital agenda and increase the confidence and capability of boards to harness the opportunities it provides.

Care Quality Commission (CQC)

The CQC is starting to return to business as usual and will continue to support local providers and systems who experience local lockdowns. From September the CQC will be introducing a transitional methodology which will draw on the 5 key questions it asked previously but will be much shorter. It will involve some visits and some remote assessment of data. This methodology will make use of the new technology platform the CQC created during COVID-19 and the intention is to reduce the previous burden on data provision. The frequency of inspections and type of rating system has not been decided yet, but the CQC are preparing to engage with public and provider groups over the autumn.

People Plan

A revised People Plan is expected to be published imminently, which will distil the learning from the past few months into a set of priorities and commitments for the remainder of 2020/21. The headlines are expected to focus on: building a culture of inclusion and belonging; actions to grow our workforce and train our people; and finding ways to work together differently, to deliver patient care.

BaNES, Swindon and Wiltshire (BSW) Perspective

Across the country, local authorities are facing major funding gaps due to a loss of income caused by the COVID-19 pandemic. The local authorities covering BSW are reporting a combined deficit of £106 million, with BaNES facing a deficit of £41 million due to a lack of tourism within Bath. This presents a significant risk to health and care provision in the next phase of the BSW ICS COVID-19 response. Vulnerable people including the elderly, those with learning disabilities and mental illnesses are likely to be hit the hardest because social care takes up the largest proportion of council funding.

COVID-19 Outbreak plans have been agreed for both Wiltshire and BaNES at their retrospective Health and Wellbeing Boards. BaNES have formalised a COVID-19 Stakeholder Engagement Board to provide place-based leadership to communities during the pandemic and beyond, into its recovery phase. The focus of this Board is outwards to the community, and other stakeholders with major roles to play during the pandemic. This Board complements the COVID-19 Health Protection Board which manages the operational elements of the outbreak response.

Author: Libby Walters, Interim Chief Executive	Date: 22 July 2020
Document Approved by: Libby Walters, Interim Chief Executive	Version: Final
Agenda Item: 7	Page 3 of 5

Alongside Midwife Led Unit

The maternity transformation service redesign proposals agreed included the provision of Alongside Midwife Led units at the RUH and Salisbury NHS Foundation Trust, with reduction of freestanding Midwifery Led birth centres from 4 to 2 to provide more equity of access to women across BSW for midwifery led birth. The plans also included the replacement of 9 community beds (situated in Paulton and Chippenham birth centres) with timely, targeted care for women, babies and families, locally wherever possible, within available resources, utilising and supporting community social support wherever possible to build sustainability.

The plans were to close the Paulton postnatal beds and continue to support the post-natal beds in Chippenham only for up to 12months. We permanently closed the postnatal beds at Paulton birth centre from Monday 4 May in line with the proposals agreed by the Governing Body in January 2020.

In response to the COVID-19 pandemic the postnatal beds at Chippenham birth centre were temporarily closed from Monday 4 May to reduce the clinical risk of having postnatal mums and new born babies in hospital environments. The impact of this closure has been closely monitored and is to be reported back to the Governing Body. Work has continued at pace to co-create with families and staff the new non-bedded postnatal support model as part of the COVID-19 response and has resulted in increased support being available. There have been no concerns or complaints received regarding the closure of the post-natal beds. Agreement is sought from the BSW Governing body to permanently close the Chippenham postnatal beds.

Local Perspective

Phase 2 Programme

Plans to increase the amount of elective work undertaken at the RUH continue to be developed. The largest risk is currently the creation of sufficient diagnostic capacity to meet demand. A number of the wards have been re-designated in order to create further elective capacity and we continue to use capacity within the independent sector. As lock down restrictions have been eased further we remain prepared should a further surge in cases present. There is currently a focus on ensuring as much capacity as possible is restarted safely to enable waiting lists to be reduced and timely services provided.

The Trust is required to report on a daily basis the % of BAME staff who have had a risk assessment and must ensure that 80% have completed risks assessment by the 17 July and 100% by the end of July. The Trust achieved the 17 July target and are working towards achieving 100% by the end of the month.

RUH Operational Focus

The performance scorecard has been reviewed by the Management Board and each of the breakthrough objectives reviewed to ensure they remain relevant at the present time. It was concluded that the three breakthrough objectives of Hospital Acquired Infections, Discharges by Midday and Band 5 Recruitment and Retention are the most pressing operational issues that we need our front line teams to focus on this financial year.

Infection Prevention and Control remains the priority in managing the COVID-19 pandemic and this is an area where significant focus is being given at the RUH. Whilst we achieved

Author: Libby Walters, Interim Chief Executive	Date: 22 July 2020
Document Approved by: Libby Walters, Interim Chief Executive	Version: Final
Agenda Item: 7	Page 4 of 5

a reduction in the number of MSSA cases at the end of the year we remain an outlier. With regards to Clostridium Difficile we achieved our trajectory for the end of the year but our position has deteriorated in year and regional data published for April and May show we are currently sitting as an outlier. As part of our work to improve our infection rates we have invested in additional cleaning staff.

The last few months have seen a reduction in our nurse vacancies and use of agency staff. However, there is an increasing financial risk as we see our expenditure run rates increase higher than we would expect.

Improving Together

The CEO attended a round table event for CEOs across Europe who are all on the same Quality Improvement journey, in order to share their experiences through COVID-19. It was very apparent that the Quality Improvement tools had significantly helped the ability of each organisation to manage the COVID-19 pandemic

Hospital Infrastructure Programme 2

A Programme Director has been appointed and we are working with the BaNES, Swindon and Wiltshire system and NHS Improvement to develop our HIP 2 plan to ensure we are reshaping our environment to support future models of care.

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Document Approved by: Libby Walters, Interim Chief Executive	Version: Final
Agenda Item: 7	Page 5 of 5