

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>8</b>
<b>Date of Meeting:</b>	<b>6 July 2022</b>		

<b>Title of Report:</b>	<b>Chief Executive's Report</b>
<b>Status:</b>	<b>For Information</b>
<b>Board Sponsor:</b>	<b>Cara Charles-Barks, Chief Executive</b>
<b>Author:</b>	<b>Helen Perkins, Senior Executive Assistant to Chair and Chief Executive</b>
<b>Appendices</b>	<b>None</b>

### 1. Executive Summary of the Report

The purpose of the Chief Executive's Report is to highlight key developments within the Trust, which have taken place since the last Board of Directors meeting.

Updates included in this report are:

- Overview of current performance, encompassing quality, finance people and performance;
- Updates regarding areas of recognition, ongoing developments and new initiatives
  - Midwife receives prestigious award from Chief Midwifery Officer for England
  - Latest technology used to treat Ovarian Cancer
  - Leading role in ground breaking Stroke research study
  - Launch of innovative new feedback tool for patients and families
  - Dyson Cancer Centre virtual update
  - Coronary Care Unit nominated for a who cares wins award
  - Healthcare and Estate and Facilities day
  - Platinum jubilee
- Update on Consultant appointments

### 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.

<b>8.</b>	<b>Freedom of Information</b>
Private	

## CHIEF EXECUTIVE'S REPORT

### 1. Performance

During May we had a slightly improved position with Emergency Department (ED) performance being 69%, which is an improvement since March and April. Additionally ambulance handover delays have significantly improved with 50% less delays in May than April and March. Flow within the hospital has improved which has enabled the hospital to close its escalation capacity but hasn't yet enabled significant improvements in the bed occupancy position and this has continued to cause moments of delays and bottle necks on ED performance and Ambulance Handover delays. COVID inpatients number had reduced in May with the hospital being able to close its cohort wards, although we have seen an increase over recent weeks.

The Trusts NC2R position has also improved from the highest point in April of 156, down to an average of 120 pts waiting in May. This has been driven by the Trust working with the system on focused work around discharges across the non criteria to reside pathways. Here within the RUH this focused on trying to deliver more focused same day emergency care for frail patients and increasing community support. We also focused on reducing the long staying and complex discharges with some very real benefits. We are now focused on making these changes sustainable. The BSW system is still working towards delivering the 30% reduction trajectory with aspirations of delivering a 50% reduction.

For elective recovery, the Trust has successfully delivered 106% against the weighted target of 104%. This makes the RUH fairly unique within the South West. The RUH continues to work closely with the system to deliver additional activity. On Diagnostic performance, the Trust saw the backlog reduce by 219 pts but performance level dropped as we had less referrals due to the bank holidays. Finally, the Trust has seen a strong performance on cancer recovery, with the 62 day position being 68.6%, and the backlog reducing to 130, one of the lowest in the south west. At the end of May, we had 3 patients waiting longer than 104 weeks for treatment, although all have dates for their treatment.

### 2. Quality

In May the Trust celebrated International Day of the Midwife, International Nurses Day, Operating Department Practitioners' Day and World Hand Hygiene Day – these days are significant in our calendar and give us an opportunity to reflect and give thanks to our staff for their incredible work. The Chief Nurse welcomed Jacqueline Dunkley-Bent (Chief Midwifery Officer) who presented the Chief Midwife Silver Award to Bex Walsh, our Lead Midwife for Bereavement Care. We are enormously proud of Bex, she has been instrumental in developing and improving the quality of bereavement care provided to families who have experienced a pregnancy or baby loss.

Infection, Prevention and Control (IPC) remains a focus, the number of COVID-19 patients reduced in May, however the number has increased in June. The Trust continues to implement changes to practice which is enabling more patients to have their elective operations and the Trust has reinstated visiting, welcomed back volunteers and recommenced face to face teaching for staff.

There have been some changes to PPE, staff and visitors do not always have to wear a face mask whilst in hospital, however, there are some exceptions to this and our staff will inform patients and visitors of these. Face masks and hand gel are available at all our hospital entrances, staff and visitors can choose to wear masks if preferred.

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The Trust is ensuring staff are adequately protected from potential cases of Monkeypox and we continue to update the Trust clinical pathways and processes as per UK Health Security Agency (UKHSA) guidance.

In May there were three falls resulting in moderate harm, a number of initiatives are being implemented to reduce falls. The Trust remains above trajectory for Clostridioides Difficile infections with five cases reported in May, interventions include ensuring stool sampling occurs in a timely manner on admission.

**3. Care Quality Commission**

The Trust works to a continuous improvement ethos, as part of which it seeks to continually assure itself of its readiness for an external regulatory inspection, including by the Care Quality Commission (CQC). The CQC is the main health and social care inspectorate for England, and is responsible for ensuring that all providers work to agreed standards of quality and safety. The pandemic has changed much in the NHS, and in this phase of ‘recovery and reset’ the Trust has put in place a comprehensive implementation plan in preparation for a CQC inspection (the Trust has not had a full CQC inspection since 2018). This includes:

- Carrying out mock core services interviews and inspections across the hospital Re-commencing and building on the ward accreditation programme
- Carrying out a comprehensive self-assessment against the key components of the CQC’s Well Led domain, which focuses on leadership, governance and organisational culture
- Preparing a staff handbook and other information to raise awareness of the role, work and assessment methodology of the CQC across the organisation
- Putting in place an enhanced governance structure to ensure effective oversight of the Trust’s preparedness.

Planning for the inspection is overseen by the Quality Board and progress with this is shared with the Quality Governance Committee, a committee of the Board. The QGC will in turn include relevant details of this work in its Chair’s upward report to the Board of Directors.

**4. Finance**

The BSW system has set a breakeven financial plan for 2022/23 as required and within this some organisations are planning a deficit and others a surplus. The RUH is planning a deficit of £19.3 million. The actual position at the end of Month 2 was a deficit of £4.5 million which is £188,000 worse than planned. Pressures are currently being seen on pay costs in our emergency services and there has been an increase in costs as we increase elective capacity to ensure the reduction in our waiting times. A savings plan of £14.8 million is included within the plan and to date £11 million of savings have been identified. The key risks to the delivery of the financial plan are ensuring we maintain elective capacity which require reducing the number of patients with no criteria to reside; managing vacancies and temporary cover of workforce gaps; and delivering the savings plan.

**5. People**

The Trust has put staffing levels at the heart of the True North objective for 2022-23, and is aiming to deliver improved staff and patient experiences through fully established teams. To support achieving this we are not only continuing with our international recruitment, but we are also transforming our recruitment practices and over the coming two months we will introduce Trac. This new system is aimed at improving the experiences for both the

recruiting manager and the candidates. Over the last 12 months we have recruited 133 nurses. The new Occupational Health System G2 is also now in place and this provides managers with a more comprehensive referral process.

From the 4<sup>th</sup> – 10<sup>th</sup> July we will hold our Health and Well-being Festival, supporting our people to try new activities to help their wellbeing, ranging from green-trails to a steel band.

**6. Update from Management Board Held on 29<sup>th</sup> June 2022**

The Divisional Director of Operations, Surgery confirmed that the Trust would be reviewing the provision of intensive care at the hospital, and carrying out an options appraisal, the outcomes of which would be brought back to Management Board.

Management Board also reviewed a project to provide additional side room and en-suite facilities across the hospital, with a view to enabling improved infection prevention and control. It is intended that these improvements are implemented by winter 2022.

Finally, Management Board discussed a contract recommendation report for the provision of car-park management at the Trust. They agreed that the paper should be presented to the Board of Directors for approval.

**7. RUH Midwife receives prestigious award from Chief Midwifery Officer for England**

Bex Walsh, a Midwife specialising in supporting families through pregnancy and baby loss, was presented with the Chief Midwifery Officer Silver Award by Professor Jacqueline Dunkley-Bent, OBE, Chief Midwifery Officer for England, when she visited in May.

The award recognises and rewards the enormous range of skills, expertise and enduring compassion of Midwives across the country. Bex was nominated for the award by her colleagues, recognising the specialist support she provides to women and birthing people and their families going through really difficult times.

Following a bereavement, women and birthing people and their families receive a range of support at the RUH. This includes use of the Forget Me Not suite, which provides a space away from the busy maternity ward where grieving can have the privacy they need in a more homely environment.

Women and birthing people also receive one to one follow up support from Bex, who is just a phone call away should people have any questions or need any advice, and are invited to join a support group for bereaved parents which Bex runs in partnership with Somerset County Council.

**8. RUH Uses Latest Technology to Treat Ovarian Cancer**

In May, the organisation became one of five Trusts in the UK to introduce the PlasmaJet Ultra - an innovative piece of equipment used for the targeted removal of cancer cells for patients with ovarian cancer, which is more successful in removing all traces of the tumour than more traditional surgical methods, leading to better patient outcomes.

The PlasmaJet Ultra uses the plasma energy from ionised argon gas to destroy cancer cells safely during surgery. This makes it easier to remove cancer cells from structures such as the bowel and diaphragm, without causing damage to healthy surrounding tissue.

As a result, there may be no need to remove the tissue in these areas, which reduces the impact on a patient's quality of life after their surgery and the amount of time they stay in hospital.

**9. RUH Takes Leading Role in Groundbreaking Stroke Research Study**

A new groundbreaking research programme aimed at helping stroke patients to recover the ability to swallow again started at the Trust in June.

The Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PhEAST) study aims to help stroke patients who are unable to swallow food and drink to re-train their brain so that they can swallow independently again. The study uses special nasal gastric tubes, which are used to feed patients, fitted with tiny electrodes. The electrodes are used to deliver short bursts of current directly to the muscles and nerves that are used for swallowing.

It is hoped that by stimulating these nerves, the electric current will help to re-programme the swallowing centres in the brain. The stimulation can barely be felt by patients. A stroke can cause swallowing problems in half of patients, many of whom still have abnormal swallowing a year later. Swallowing problems lead to chest infections, poor nutrition, the need for a feeding tube inserted into the stomach, long hospital stays and disability.

Having a long term feeding tube reduces quality of life and adds to the physical, mental and emotional cost of stroke.

**10. Launch of Innovative New Feedback Tool for Patients and Families**

In June our Emergency and Orthopaedic departments' waiting rooms launched a pilot project to allow patients to give real-time feedback about the service they are receiving by simply scanning a QR code on their mobile device or sending a text.

Patients are able to give feedback on a range of different topics, from their overall experience of the waiting room and what could be improved, to the welcome they received from staff when they arrived and how well they have been communicated with during their visit.

This feedback compliments the RUH's Friends and Family Test, a national NHS survey which is a simple and anonymous way for patients, their friends, family and carers to give views on the care or treatment they have received at their local Trust and results are used to build on what we are doing well and identify any further improvements we can make.

**11. Dyson Cancer Centre Virtual Update**

We held a virtual event in June for patients and our wider community to provide an update on the progress of the Dyson Cancer Centre and answer any questions. Attendees were able to hear from those closely involved in the project including the capital project team, construction partner Kier and clinicians. The event also provided an early look at the art and design work that has been commissioned for the Centre, as well as the overall interior design scheme.

**12. Coronary Care Unit Nominated for a Who Cares Wins Award**

In June our Coronary Care Unit was nominated for The Sun's Who Cares Wins Award in recognition of the support the team provided television presenter Martin Roberts during a recent stay at the Trust. Martin underwent a procedure called pericardiocentesis to drain

the build-up of fluid around his heart, so that it could function properly again. Martin nominated the team for the award which recognises health care heroes.

**13. Healthcare and Estate and Facilities Day**

The Trust celebrated the first ever National Healthcare Estates and Facilities Day in June. It was an opportunity to highlight the incredible work of the almost 500 Estates and Facilities colleagues who work at the RUH including Catering, Security, Plumbing, Switchboard and Portering. Events included behind the scenes tours of some of the rarely seen, but vitally important, parts of the hospital maintained by our Estates and Facilities team.

**14. Platinum Jubilee**

Teams across the hospital marked Her Majesty The Queen's Platinum Jubilee in many different ways. Young people on the Children's ward created a beautiful royal mural and older people on our wards enjoyed tea parties and a musical performance organised by Art at the Heart. The Union Jack flag was flown at the front of the hospital to mark the historic occasion.

**15. RUH Membership**

We are always actively seeking new members to help us shape the future of the hospital and as a member of the Trust; you can influence many aspects of the healthcare we provide.

By becoming a Member, our staff, patients and local community are given the opportunity to influence how the hospital is run and the services that it provides. Membership is completely free and offers three different levels of involvement. Through the Council of Governors, Members are given a greater say in the development of the hospital and can have a direct influence in the development of services. Simply sign up here:

<https://secure.membra.co.uk/RoyalBathApplicationForm/>

**16. Consultant Appointments**

The following Consultant appointments have been made since the last report to Board:

- Dr Rachel Chute was appointed as a Consultant Paediatrics/Psychiatrist on the 10<sup>th</sup> May 2022. Dr Chute is already a Locum Consultant at the Trust and will take up her permanent post from August;
- Dr Sree Sreedhara was appointed on 24<sup>th</sup> May 2022 as a Consultant in Haematology. Dr Sreedhara currently works at St Peters & Ashford Hospitals in this role and will join the organisation in September 2022.