

Report to:	Council of Governors	Agenda item:	5
Date of Meeting:	10 March 2022		

Title of Report:	Chief Executive's Update Report
Status:	For Information
Board Sponsor:	Cara Charles-Barks, Chief Executive
Author:	Roxy Milbourne, Deputy Head of Corporate Governance
Appendices	None

1. Executive Summary of the Report
To purpose of the Chief Executive's report is to provide the Council of Governors with an overview of key developments within the Trust.

2. Recommendations (Note, Approve, Discuss)
The Council of Governors are 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 of Directors on a regular basis and key items are reported through the Chief Executive's 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 each meeting of the Council of Governors.

8. Freedom of Information
Public

CHIEF EXECUTIVE'S REPORT

I am sure that like me, you would have been appalled by the terrible scenes emerging from Ukraine, and the suffering that has already been inflicted on innocent civilians. None of us would have thought that such images would ever be seen again in Europe, and we can only hope and pray that a speedy resolution can be found to avoid what is already turning into human catastrophe.

I shared a message with our staff last week, partly to signal our collective solidarity with Ukrainian members of our staff, but also to let people know how they can help by donating to charities that are supporting civilians on the ground. As well as our Ukrainian staff members, we want to offer support to those who are from a Russian background and who may be feeling isolated from their communities. Myself and our Director for People and Culture, Alfredo Thompson, will be writing to those staff to reassure them that they are valued members of Team RUH. Of course, this is a difficult time for everyone and our messaging will highlight our health and wellbeing offering to all of our staff who are feeling anxious. We are also working as a system to identify ways that the NHS can contribute to the ongoing humanitarian efforts by providing supplies, where appropriate.

1. Operational Performance

As you may have noticed, levels of COVID infection in the community have thankfully fallen compared to what they were at the end of December. The omicron variant, while highly infectious, has proved to cause less severe illness, and the number of COVID related admissions in the hospital has continued to fall. That said, the number of patients with COVID in the hospital remains relatively high – 58 as at the 2nd of March, 6 of whom were in the Intensive Care Unit.

Operationally the Trust remains under pressure, so much so that between the 31st of December and the 14th of January, we declared an Internal Critical Incident, driven both by a surge in omicron cases and difficulties with flow through the hospital - 150 of our beds were unavailable to us due to a combination of high levels of staff absences (up to 800 at one stage) and the significant number of patients who remained in the hospital even though they were medically fit to be discharged, mainly as a result of the capacity pressures on community and social care across our communities. We are actively working with the local authorities across BaNES and Wiltshire to find innovative ways to support people to be able to return to their own homes or receive care in more appropriate community settings.

During January, our overall performance against the 4 hour Accident and Emergency target was at 70.8%, and there were some significant ambulance handover delays during the period. However, on the positive side, our urgent care (minors) performance is now consistently much better. A number of other exciting improvements have been made to the Department, including provision of enhanced facilities for children and young people requiring urgent and emergency care with the opening of a new Children's Emergency Department (CED) just before Christmas, creating a dedicated and age appropriate area for children and young people to be seen and assessed in the department. The new-look department includes an improved treatment area as well as individual rooms for those youngsters who need urgent care. It is a bright and airy space with colourful activity walls to keep young patients occupied during their time in the Emergency Department.

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The most important operational challenge currently facing the Trust is the need to recover its elective activity. At the end of January, we were delivering 89% of 2019/20 levels, against a target of 93%, and although there have been significant rises in some areas, such as endoscopy and diagnostic imaging, the continued use of Philip Yeoman ward for non-elective ward has had an impact on elective capacity. The acquisition of Sulis Hospital, on the other hand, continues to support the efforts of both this Trust's and some other local NHS partners in bringing down their waiting lists. We are working with the management at Sulis as well as our system and regional partners to further enhance that facility's role as a key elective and diagnostic resource for our area. The financial impact of increasing elective recovery is discussed later in this report.

Another area in which we are working hard to improve performance is cancer treatment. Our overall performance against the 62 day target (November figures) is significantly below target, with colorectal care being particularly impacted by diagnostic delays (now being addressed in a joint effort between RUH and Sulis teams).

2. COVID-19 and Vaccination Centre Update

Although the Government has recently confirmed that most of the COVID-19 related restrictions that had been imposed on the wider community are now lifted, those relating to health and social care settings, including the wearing of face masks (for staff, patients and visitors) social distancing and self-isolating following a positive test, largely remain in place. Our staff are also required to continue to take lateral flow tests three times a week. However, from April, the government has said that free testing will end for the vast majority of people, and we are unclear how this will affect NHS staff.

As a hospital, we are clear that the pandemic is not over – the numbers of COVID patients on our wards as set out above bears this out, and we would ask everyone in our communities to remain vigilant and careful, and to continue, as much as they are able, to minimise risks of infection.

It's celebration time! The hardworking staff and amazing volunteers at the Large Vaccination Centre at Bath Racecourse on 25th January 2022 marked one year since the Centre welcomed its first member of the public. Since then, the centre has delivered over 230,000 vaccinations, including 51,000 booster jabs. I would like to thank everyone who has been involved in this extraordinary endeavour for their perseverance, good humour and for the passion with which they have carried out this most essential aspect of the battle against COVID, helping in the process to limit serious illnesses among our populations.

3. Finance

Our financial position is reasonable at present, but there are a number of challenges that we need to address as we approach the end of the 2021/22 financial year. As at the end of January, we are at a breakeven position, and we are forecast to achieve this by the end of the financial year, with support from our BSW partners. This support includes £1.9 million to cover Sulis operational and mobilisation costs, £10 million to cover the planned deficit for the second half of the financial year and £1.3 million for rising cost pressures due to the significant increase in operational pressures in the final quarter of the year. There is recognition of the need, going forward, to increase

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productivity across many of our services, including through greater reliance on digital and technological approaches, and more fundamentally transforming the way we do things, both clinically and operationally.

You may recall that I informed you at a previous meeting of the financial incentives that the Government had put in place to encourage organisations to move faster in reducing the lengths of their waiting lists. The rules around the accessing of this funding, which is only available at ICS rather than trust level, have become tighter, but nevertheless, across BSW we are determined to continue to do all we can to get our patients treated as quickly as we can. Separately, the Government is making capital funding available to enable organisations to invest in projects that will support elective recovery. The RUH is bidding for some of this funding with a number of innovative proposals being put forward.

4. The “Big Question”

We are now embarking on the next stage of our “Big Question” exercise to help us refresh our organisational goals and vision. This next stage will comprise of a Trust-wide conversation in which all our staff will be invited to be involved in determining the type of organisation we want to be, what we stand for and what our priorities should be. I am grateful to those of you on the Council who have contributed so far to this process and would encourage all Governors to also get involved.

5. National Maternity Survey 2021

I am pleased to announce some good feedback for our maternity teams from the National Maternity Survey 2021, the results of which were released in early February. Parents who had used our services praised the personalised care they received from our teams, with the RUH scoring better than most others in a number of areas, including parents feeling that they had confidence and trust in the team providing care during labour and birth, whether enough information was provided to help them decide where to have their baby, whether they felt involved in decisions about antenatal care. The RUH also scored better for doctors and midwives being aware of the woman or birthing person's medical history, and for skin to skin contact with babies shortly after birth.

This is well deserved good news for our hardworking midwives and other staff within our maternity service, especially set against the backdrop of significant pressure on the teams as a result of staff shortages both here and nationally. Very well done!

6. National Epilepsy Treatment Study

The RUH is playing a central role in a new study evaluating the impact on quality of life of epilepsy surgery compared to treatment with or without medication. One key outcome of the study will be to identify patients who may benefit from surgery to help reduce the severity of their condition. Epilepsy surgery can be offered to those patients whose condition cannot be managed through anti-epileptic drugs. For others, medication can be effective in controlling the illness.

The study - ‘Pharmaco-resistant Epilepsy treatment Options and Quality of Life’ - is aimed at patients who have had multiple Emergency Department admissions.

7. Rainbow entrance revealed at the RUH for LGBT+ History Month

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A new rainbow entrance has been painted at the Lansdown entrance to the hospital to demonstrate the Trust's commitment to providing an inclusive environment for both staff and patients. The rainbow entrance, which was painted this month to coincide with LGBT+ History Month, is one of six planned across the hospital site. The initiative is being led by the RUH's LGBTQ+ Staff Network.

8. New children's art exhibition at the RUH aims to inspire climate action

Children and young people have filled the corridors at the hospital with a new thought-provoking art exhibition on climate change.

Last year, the RUH's Sustainability team, in partnership with hospital art charity Art at the Heart of the RUH and the Schools Climate Network, invited local children to submit art work on the theme 'a healthy planet'. More than 80 pieces of colourful art are now on display as a reminder for staff and patients of the importance of taking care of our planet.

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