

Chief executive's report Trust Board – in public

Date: 28th January 2021

Agenda item: 1.6

Executive sponsor	Michael Wilson, Chief Executive
Report author(s)	Jamie Whitburn, Head of Communications
Report discussed previously: (name of sub-committee/group and date)	N/A

Action required:		
Approval (✓)	Discussion (✓)	Assurance ()

Purpose of report:
To ensure the Board are aware of current and new requirements from a national, regional and local perspective and to discuss any impact on the Trusts strategic direction

Summary of key issues
Local: <ul style="list-style-type: none"> • COVID-19 • Dedicated strategy and increased partnership working to improve mental health care • Reverse mentoring • Class helps colleagues increase support networks and improve communication

Recommendation:
The Board is asked to note the report and consider any impact on the trusts strategic direction.
Relationship to Trust strategic objectives and assurance framework:

SO1: Safe – Deliver safe, high quality care and <i>improving</i> services which pursue perfection and be in the top 25% of our peers
SO2: Effective – As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy
SO3: Caring – Work <i>with compassion</i> in partnership with patients, staff, families, carers <i>and community partners</i>
SO4: Responsive – To <i>continue to be</i> the secondary care provider of choice for the <i>people of our community</i>
SO5: Well led – To be a <i>high quality</i> employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model

Corporate impact assessment	
Legal and regulatory impact	Ensures the Board are aware of current and new requirements.
Financial impact	N/A
Patient experience/engagement	Highlights national requirements in place to improve patient experience.
Risk and performance management	Identifies possible future strategic risks which the Board should consider
NHS Constitution/equality and diversity/communication	Includes where relevant an update on the NHS Constitution and compliance with Equality Legislation
Attachments: N/A	

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1. National matters

1.1 Imaging Networks

The national direction for the development of imaging networks was described within the NHS Long Term Plan and then a strategy was produced in 2019. Implementation guidance was provided in 2020 alongside suggested networks.

For Surrey and Sussex the suggested network covers Frimley, Surrey and Sussex ICSs. Organisations are requested to consider the allocated network and agree to working in partnership with the relevant partners to develop an appropriate network model. It is our intention to create a diagnostics board that will consider our collective strengths and weaknesses and develop a roadmap for the future. We believe that the allocated network is appropriate and will develop plans to be discussed at Board shortly.

1.2 Review of Urgent and Emergency Care models of care and measurement

The clinical review of NHS standards programme is considering how to transform the way that urgent and emergency care is delivered and measured. A consultation was launched in December and is seeking provider input on a suite of proposed new standards and whether they should complement or replace existing standards. The proposed bundle is provided below. Feedback on the consultation is expected by 12th February.

Proposed New Bundle of Standards by the Clinically-led Review of Standards

Service	Measure
Pre-hospital	Response times for ambulances
	Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances
	Proportion of contacts via NHS 111 that receive clinical input
A&E	Percentage of Ambulance Handovers within 15 minutes
	Time to Initial Assessment – percentage within 15 minutes
	Average (mean) time in Department – non-admitted patients
Hospital	Average (mean) time in Department – admitted patients
	Clinically Ready to Proceed
Whole System	Patients spending more than 12 hours in A&E
	Critical Time Standards

2. Local matters

2.1 COVID-19

At the time of writing this report we are caring for many more inpatients with COVID-19 than at the first peak in the Spring. In the week before Christmas, there were under 100 patients with a positive coronavirus test result in East Surrey Hospital. By 5 January this number was over 200.

This rapid increase has presented our staff with a range of challenges, not least because this has also been against the backdrop of many of the usual pressures we see over winter.

On a daily basis we are reviewing our capacity and taking any actions we need to ensure patients can receive the care they need. As part of this, we have postponed planned appointments and procedures to create additional capacity and enable some of our staff to be redeployed. While it is so busy we continue to work on a daily basis with other hospitals, using mutual aid when necessary.

With extremely high demand alongside the continued challenges of staff needing to isolate, we have been grateful for offers of support. We have been working with local private healthcare providers and have been joined by some of their staff to support our effort.

2.2 Support from the armed forces

We have been very grateful to have the support of around 30 members of the armed forces from the Royal Artillery and the Royal Electrical and Mechanical Engineers, who are helping with a wide range of tasks to ease the burden on our teams. From moving equipment, supporting deliveries, assisting our porters and helping colleagues in several departments and wards, they have been a real help this week.

I would like to pay tribute to our staff who continue to go to extraordinary lengths to prioritise the care of patients and the support of their colleagues.

2.3 Vaccination

While the beginning of 2021 has been very challenging, it has also brought hope with the rapid expansion of the COVID-19 vaccination programme.

We began our programme at SASH on 4 January, vaccinating patient-facing staff and local care home workers. This has increased with over 2,000 SASH staff vaccinated in the first two weeks and the programme continuing to pick up pace. Alongside this, more centres in the community are opening to vaccinate the public week by week.

2.4 Visiting restrictions

We know the visiting restrictions we have put in place help reduce risk of the virus spreading, but we do acknowledge it is difficult for patients not seeing their loved ones except for in exceptional circumstances.

That's why we're working so hard to improve their experience. We've set up a dedicated email address to help relatives organise video calls with patients. Relatives can email us at sash.facetime@nhs.net with the patient's name, ward, their phone number and preferred call time.

2.5 Elective Care

We have paused all but the most urgent elective operations to ensure the safety of emergency admissions and reduce pressure on our high dependency beds. Our clinical teams continue to review our waiting lists and individual cases to ensure that high priority procedures are considered in order to ensure appropriate prioritisation of care.



2.6 Robotic surgery

Since our last meeting we have taken delivery of our surgical robot which will enable us to provide cutting-edge treatments using state-of-the-art technology. Our teams will be working with experts as we prepare to begin offering this service for patients.

2.7 Sunflower scheme

As a Trust, we signed up to the Hidden Disabilities Sunflower Scheme to coincide with International Day of People with Disabilities. The scheme provides people with subtle, visual indications that they can choose to wear to indicate that they have a hidden disability and may require some extra help, time or assistance during their visit to hospital. Because not all disabilities are visible, it is really important that we enable people to have the recognition, understanding and help they may need. People can choose to wear a lanyard or a badge, and we have been raising awareness among staff to look out for the materials and provide extra support if it's needed. While the scheme is primarily aimed at patients and visitors, it is important that our staff with disabilities know that they too can also wear the sunflower badge should they choose to.

3.0 Recommendation

The Board is asked to approve the commitments for the BAME Alliance and note the report and consider any impacts to the trusts strategic direction.

Michael Wilson CBE
Chief Executive
January 2021