

<b>Report to:</b>	<b>Council of Governors</b>	<b>Agenda item:</b>	<b>5</b>
<b>Date of Meeting:</b>	<b>12 December 2022</b>		

<b>Title of Report:</b>	<b>Chief Executive's Update Report</b>
<b>Status:</b>	<b>For Information</b>
<b>Board Sponsor:</b>	<b>Cara Charles-Barks, Chief Executive</b>
<b>Author:</b>	<b>Adewale Kadiri, Head of Corporate Governance</b>
<b>Appendices</b>	<b>None</b>

**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

The nature of recent and current media coverage of NHS and health related issues could cause an uninformed observer to conclude that the service is on the brink of total collapse. While it is true that the NHS faces significant challenges, I can assure the Council that here at the RUH, we are continuing to provide the best possible quality of care that we can to all our patients. I will use this report to highlight the principal challenges that we face, and how we are responding to them.

### 1. Industrial action

In November 2022, the Royal College of Nursing announced that its members at a number of trusts across the country had voted to take strike action in response to the 2022/23 pay award which was seen as a real-terms pay cut in light of the prevailing rate of inflation. The results of the ballot were mixed across the country, but RCN members in the RUH did vote for strike action, and it has been confirmed that the first two strike dates will be 15 and 20 December 2022. A high proportion of the Trust's nurses are RCN members, and would therefore be entitled to strike, but it is not clear exactly how many will actually walk out. Not all trusts whose staff voted to strike have been chosen by the RCN, but locally, there will be strike action at Great Western Hospitals, University Hospitals Bristol and Weston and North Bristol trusts on the same days as the RUH.

The RCN have agreed a defined list of "core" services, (services that "protect life and limb") in relation to which Sunday/Bank Holiday/Christmas Day service levels will be provided. These include surgery (including post-operative care), time-sensitive cancer treatment, emergency care, diagnostics for urgent care, and life sustaining therapies. In addition, there is the concept of "derogation", which means that the Trust can ask the RCN to consider support to ensure safe staffing levels in services that we have defined locally as core or essential. On top of these steps, the Trust has put a number of plans in place to ensure that we make the best use of all our staffing resources on the strike days.

You may also be aware that unions representing other healthcare staff, including ambulance workers, allied health professionals and junior doctors, are also either in the process of balloting their members on strike action or are about to do so. We will keep you informed about what the outcomes of these processes may mean for us as we find out more. It is fair to say, in light of these possible actions, that the service as a whole faces considerable disruption over the next few months. We will of course continue to work as closely as we can with all our partners to limit as much as we can the impact that any action may have on patient care.

### 2. Operational Performance

Although the direct impact of COVID on the hospital's operational performance has eased, the Trust remains challenged on a number of fronts. Ambulance handover delays have remained stubbornly high – in September, the Trust lost a total of 2,320 hours, a significant deterioration on the position in August. The main cause of these delays continues to be the difficulty in securing flow through the hospital – very high bed occupancy, including by patients who are medically fit to be discharged, means that there is limited capacity to admit new patients. This has also impacted our performance against the Emergency Department 4 hour target which was 63.98% for September, again a deterioration from the position in August.

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A number of actions are being taken to address these issues – for example, within the Emergency Department itself, we are ramping up delivery of a Rapid Assessment and Treatment (RAT) service, whereby a senior doctor makes an initial assessment of the patient and decides whether they require admission or referral to a specialist team. In terms of supporting effective and timely discharges of medically fit patients, we continue to work closely with local authority and social care partners to open up and maintain both bedded and home based care provision that is better able to support such patients away from the hospital setting, while at the same time freeing up our own scarce acute beds for the patients that need them.

RUH performance in recovering the delivery of elective care is much more of a good news story. For 2022/23, the national target for elective recovery has been updated, and trusts are now required to deliver 104% of what they did in 2019/20. During September, the RUH in fact delivered 110% of 2019/20 activity, meaning that overall performance in the year to date is 106%. Performance has been particularly strong in day cases such as endoscopy. This is particularly noteworthy considering that we had to cancel elective care for a time during October when urgent care demand rose sharply.

It should be noted, however, that although the Trust does not currently have any patients who have been waiting for up to 104 weeks (2 years) for their care, the number who have been waiting for 78 weeks increased to 184 in September. We are taking concerted action to address these waits, which are occurring mainly in gastroenterology, and general and oral surgery. The extra capacity that Sulis Hospital gives us will be a key component in the recovery of this position, especially as we enter the winter months when we know that elective care delivery on the RUH site often becomes constrained.

The Trust's performance on cancer care remains mixed. We are essentially in the middle of the pack compared to other trusts in the South West against the two main targets – referral for the first outpatient appointment within 2 weeks of GP referral and confirmed diagnosis and/or treatment within 62 days. Delays in key diagnostics have been one of the main contributors to these delays, but increases in capacity are expected to lead to significant improvements in performance by the time the next set of data is released.

As we enter the winter months, we know that the pressures on the hospital will continue to grow, with rises expected in respiratory illnesses, influenza and some infections. As is usual, we have been planning our responses to these challenges, in conjunction with our system partners, for some months, and some additional funding has also been made available. I am aware that Simon Sethi, our Chief Operating Officer, will be joining later to bring you up to speed on the steps that we are taking in preparing for winter.

### 3. Finance

The BSW system has set a breakeven financial plan for 2022/23 as was required nationally, and within this some organisations are planning a deficit and others a surplus. The RUH for its part is forecasting a deficit of £19.3 million, but the actual position at the end of Month 6 (September) was £1.4 million worse than planned at this stage. That said, this represents an £800,000 improvement on the position in the

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previous month, and improvement plans are in place in those areas, such as the use of agency staff and delivery of savings, where further work is required.

#### 4. CQC Report

In August 2022, inspectors from the Care Quality Commission (CQC) attended the hospital to carry out an unannounced inspection as a result of a number of concerns that had been raised with them about safety and quality within our Medicine division. The inspection focused on three of our elderly care wards – Cheseldon, Midford and Waterhouse. The final inspection report was published in November, and I am pleased to announce that it was overwhelmingly positive, highlighting the respectful and considerate way that staff treat their patients, and that patients felt listened to. The inspectors also acknowledged the understanding and respect that staff give to patients' cultural, social and religious needs, as well as the positive feedback from patients and their families.

The report identified some areas for improvement, particularly in relation to the way that care is provided to vulnerable patients, including those who lack capacity to make their own decisions or are experiencing mental ill health. We have already agreed an action plan with the inspectors for addressing these issues and delivery against this is underway.

It should be noted this focused inspection does not impact on the Trust's overall CQC rating which remains "Good". However, as the CQC gradually moves away from large set-piece inspections towards more risk-based and intelligence-led assessments, this very positive report provides the regulator with the right impression of the Trust's culture and approach to delivering high quality care.

#### 5. New members of the Board

I am pleased to see that you will be meeting our newest Non-Executive Director, Paul Fairhurst for the first time, so I will leave him to introduce himself to you, and share with you the ambitious plans that he has for his time on the Board.

I would also like to inform you that Andrew Hollowood, our new Chief Medical Officer has now joined the organisation, although he does not formally take up his full statutory role until next month (Professor Richard Graham will continue as Interim CMO until then). Andrew, who is a consultant upper gastrointestinal surgeon by background, joins us from University Hospitals Bristol and Weston NHS Foundation Trust, where he was the Medical Director for the Weston site. As CMO, he will be in overall charge of the Trust's medical workforce. He will also have a key leadership role in maintaining the quality and safety of care, addressing the health inequalities that sadly exist across our patch, supporting and promoting the role of research in our delivery of care, and championing digital developments in improving access to care, among other priorities. I am sure that Andrew will be keen to attend one of your future meetings to share first hand with you his vision for the role.