

Appendix 2

Key updates against the 2020/21 plan

Reference	Update
Alignment of corporate and clinical services (Objective 1)	<ul style="list-style-type: none"> Harmonised, cross-Divisional standard for governance defined and embedded across all Divisions. Co-Location arrangements for governance and divisional management teams defined and introduced where appropriate in the current environment. Division 7 embedded in cross-Trust operational processes. PAS rollout now completed; site based, consistent reporting is being incrementally provided, although this will require PICS to be fully embedded.
Eliminating unwarranted variation and transformation of services (Objectives 2 and 10)	<p><u>Emergency Pathway</u></p> <ul style="list-style-type: none"> NHS111 embedded across most assessment areas and 3 x ED. Direct to assessment area protocols with WMAS in development (GAU taking circa. 60 ambulances/week). Hot clinic approach in place within surgery and rolling out in a co-ordinated way. <p><u>Cancer Improvement Academy</u></p> <ul style="list-style-type: none"> Expansion and roll out of the Academy and the associated 'Flow coaching' development programme paused during Q3 in light of mounting operational pressures stemming from the second wave of COVID19 and the need to review and reprioritise Trust transformation resources. Revised proposals are currently being developed, in collaboration with the cancer MDT leads; aim to deliver the same overall improvement and pathway transformation objectives; envisaged work will commence early in Q4
Quality improvement (Objective 3)	<p><u>Quality Account</u></p> <ul style="list-style-type: none"> Quality Account approved at Board in October 2020 including 2020/21 priorities <p><u>Clinical Dashboard</u></p> <ul style="list-style-type: none"> Launched at Solihull at the end of November, training sessions held with senior nursing staff. Information on updates to Clinical Dashboard were also sent to nursing staff on the QEHB <p><u>CQC Inspections</u></p> <ul style="list-style-type: none"> All recommendations implemented except for 2 Compliance team continues to review evidence against the clinical compliance framework; measures specialities compliance with the CQCs KLOE. Due to COVID some areas within the compliance framework have not been measured during 2020/21 e.g. CQC mock inspections. Work recently commenced on how the Trust can prepare for CQC inspections in light of their latest guidance published in October 2020; details on how this will be included in quarter 4.
Meet regulatory requirements and performance standards (Objective 4)	<p>See main report</p>
Digital transformation & IT (Objectives 5,6 and 7)	<p>See also main report</p> <p><u>Video Platform</u></p> <ul style="list-style-type: none"> Project now in place to collaborate with DrDoctor to replace Vidyo; will bring additional benefits e.g. better patient platform and provision of waiting room. <p><u>IT Developments</u></p> <ul style="list-style-type: none"> PAS went live as planned across all sites along with Clinical Portal including Birmingham Chest Clinic Outcome Form is live across all outpatient areas, some modifications are needed to both outcome and inpatient booking forms, now active projects. Somerset, OPTIMS and ERHA are all live. Winscribe implementation is on track and due to go live in this quarter PICS is live across all inpatient areas in Solihull. Critical Care requested deferring all deployment until Autumn 2021 and this was agreed. Blood transfusion pilot is live on 625, lessons learnt and remodelling of printing services have rescheduled QEH delivery; likely Autumn 2021. Currently reviewing the roll out plan for BHH and GHH.

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	<ul style="list-style-type: none"> • Due to the delays to the Oceano HGS PAS project and the HGS PACS project, roll out of Windows 10 has been delayed; new plan to complete 90% of devices by the end of January 2021 in now in place. • Circa 7500 of 15500 devices are now upgraded or replaced. This is almost 50% of all devices. Approximately 180 devices are being upgraded each day; this rate is planned to continue throughout and January 2021. • Work continues on the DIONACH Risk and an assessment has been requested for April 2021. • Cyber Essentials has now been incorporated into the DSPT requirements which are due for submission by June 30 2021.
<p>Efficient use of resources (Objective 8)</p>	<p><u>Financial ledger</u></p> <ul style="list-style-type: none"> • Procurement process has been suspended and now looking at using a framework to direct award. Direct award should happen fairly quickly with full implementation now anticipated in summer 2022. <p><u>Good Ideas Count</u></p> <ul style="list-style-type: none"> • Launch continues to be suspended due to COVID wave 3.
<p>Estates and capital infrastructure (Objective 9)</p>	<p><u>QEHB Transplant Centre</u></p> <ul style="list-style-type: none"> • Due to COVID/ need to increase critical care /ITU capacity and complete works in ED the established project group for this work and that on W301 and East Ground A has not met in Q3. <p><u>Shared Hospital</u></p> <ul style="list-style-type: none"> • The negotiation of most SLAs with HCA are now un-paused and entering the final stages; overall timeline for completion remains the same. <p><u>Sustainability</u></p> <ul style="list-style-type: none"> • Draft Feasibility assessment of the 4 main sites for onsite renewable generation and storage opportunities has been issued; details to be finalised and presented to key stakeholders. • UHB are a partner of the WMAir Programme and currently have a number of NO2 monitoring points across Heartlands and QEHB; data being analysed by UoB and findings reported back to UHB • Introduced reusable face masks, also introduced individual reusable face respirators; respirator filters now last 3 months rather than using 4/5 masks a day previously.
<p>Workforce (Objectives 11,12,13 and 14)</p>	<p><u>Health & Wellbeing</u></p> <ul style="list-style-type: none"> • Continues to be a focus on staff wellbeing during COVID-19 response with: <ul style="list-style-type: none"> ○ well-being hubs ○ hub to you model ○ staff psychological support ○ online resources • Awarded BSol bid for H&W initiatives • Health & Wellbeing Strategy written and objectives in place; outcomes and action plans to be completed. <p><u>Inclusion</u></p> <ul style="list-style-type: none"> • CEO Taskforce group regarding fairness in place; actions include; glossary of terms, reciprocal mentoring, fairness for staff inbox • Embedding new staff networks within UHB • Skills booster training in place for the improvement of staff knowledge <p><u>Workforce</u></p> <ul style="list-style-type: none"> • 100-day engagement programme for new recruits moved to February 2021 roll out date; delay due to prioritisation of COVID vaccine work. • Engagement sessions will be rolled out online focusing on new starters who have been employed at the Trust for 12 weeks and will review their recruitment, selection and induction experience. • Programme to promote the benefits of flexible working to be rolled out in January 2021; promoting flexibility in all job adverts with realistic expectations of what flexibility can be accommodated, annual discussions within yearly appraisals, and delivery of a STP wide approach to training and education on different flexible working practices. • Promotion will include focus on how flexible working can attract and retain new and diverse staff and promote health and wellbeing. • The Occupational Health Service continue to advise and support staff to stay

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	<p>safe and healthy at work and continue to undertake efficient staff swabbing service to limit the amount of self –isolation while ensuring all staff that should be, are self isolating.</p> <ul style="list-style-type: none">• Counselling team continue to flex to support staff, have made links with other organisations such as CRUSE• ER team continue to monitor and review sickness absence reporting; specifically COVID related absences, a pro-active follow up process in place, providing advice to Managers to support staff to return to work including access to relevant services.• Roll out of the end to end recruitment process paused due to the COVID vaccination programme priority work of high volume recruiting; anticipated roll out plan to be implemented in Q4.• Concept business case approved for implementing an Applicant Tracking and Recruitment System; work with supplier will commence early in Q4.• Following completion of the Phase 3 restoration and recovery plan, BSol Workforce Planners met on a monthly basis to discuss development of the workforce planning agenda and opportunities for improvement linked to BSol People Board priorities. <p><u>Leadership</u></p> <ul style="list-style-type: none">• Cohorts 5-7 of the Leadership programme due to complete by March 2021• First line leaders programme for approx. 2000 leaders at bands 3-6 to commence in March 2021.• CSL and General Manager Networks and development in place.• Monthly leadership lecture programme to continue for 2021.• Mentoring and career platform relaunch planned for January 2021.• Reciprocal mentoring cohort 1 now live; future cohorts planned for 2021 <p><u>Junior Doctors</u></p> <ul style="list-style-type: none">• Continuing to survey junior doctors; used recently to gather trainee feedback prior to a HEE visit to O and G. The information received proved beneficial for Divisional and Education teams; this activity will continue. <p><u>Aston Medical School</u></p> <ul style="list-style-type: none">• Work continues towards development of the second business case for presentation at February Corporate CEAG. <p><u>School of Nursing</u></p> <ul style="list-style-type: none">• School concept paper accepted at CEAG, business case being developed for presentation at February's CEAG.• School work in three streams: quality, preregistration/ unregistered and post-registration.• Quality: will quality-assure all education provision delivered in-house and work with American Nursing Credentialing Centre (ANCC) to achieve accreditation for in-house education to provide a global kite mark.• Preregistration/unregistered: commencement of the Trusts first student led clinical learning environment (SLCLE) in April at Solihull. Monies received to support IELTS and NMC testing for EU non-registered staff working within the Trust to convert to RN. 10 ODP apprentices commencing in April.• Post-registration: CPD monies being transacted. Each member of staff eligible for CPD monies can access 10 points worth of learning over 3 years. All in-house education provision has been allocated points. <p><u>Learning Hub</u></p> <ul style="list-style-type: none">• October 31 2020 saw the end of our ESF funded World of Work (WOW) contract; engaged with 72 clients with 49 clients (68%) securing employment.• Agreed with BCC to continue as Delivery partners for an extension of the Youth promise Plus project; looking to extend our offer of employability training across our other 3 sites• In December HCCD worked in partnership with UHB+ and Recruitment in the development and roll out of a “Fast Track Vaccine Programme”; supporting the recruitment to non-clinical roles within the vaccine centres.• In November we piloted this programme under the banner of the Prince’s Trust “Get Started” programme with a further 3 programmes scheduled throughout December. <p><u>Bright Horizons (Careers Hub)</u></p>

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	<ul style="list-style-type: none"> UHB continues to actively support the work with Bright Horizons and are the leads for the Work Related Stream as well as the lead for Apprenticeship Levy transfer of unused funds. <p><u>Apprenticeships</u></p> <ul style="list-style-type: none"> Internal delivery of apprenticeships scaled down as Educators in the team repurposed; now involved in the delivery of the get into work programmes and also support large scale recruitment drive for vaccine programme. <p><u>Matrix Accreditation Award</u></p> <ul style="list-style-type: none"> The Information Hub coordinated the successful Matrix accreditation assessment in October <p><u>Work Experience; Live interactive Virtual programme.</u></p> <ul style="list-style-type: none"> The first Medic Mentors live stream aired on 17 October with more scheduled; received excellent feedback and viewing figures (3000). The Live Event follows 3 patients over a 6 month period as they go from diagnosis to treatment to follow up; provided by real doctors and a multidisciplinary team.
<p>Partnerships <i>(Objectives 15 and 16)</i></p>	<p><u>Shared Care Record</u></p> <ul style="list-style-type: none"> BSMHT and YCC now integrated into the Shared Care Record with BCC and UHB in testing phase, go live planned by Q4. The Shared Care Record is now a collaborative across BSol, Coventry and Warwick and Hereford and Worcester. <p><u>Consolidation of Video Technologies</u></p> <ul style="list-style-type: none"> A number of show and tells have been hosted across the STP. A convergence strategy is being prepared. <p><u>Centralised Cyber Workforce</u></p> <ul style="list-style-type: none"> BSol STP Cyber Project Group is now up and running and project MOU is being signed with all partners for delivery. <p><u>International partnerships</u></p> <ul style="list-style-type: none"> Numbers maintained of junior and middle grade doctors through twice yearly intakes to the IFP. Second residency (full training) cohort from Kingdom of Saudi Arabia (KSA) arrived in September 2020. Currently recruiting to the third Saudi intake (both residency and fellowship), likely to arrive in April 2021. Kuwait - discussions have progressed and its first residency (full training) cohort is expected in February 2021. Advert for next intake will go live in February 2021 for arrival in August 2021. Unique National Training Number (NTN) now developed for these residency (full training) programmes.
<p>Research & Innovation <i>(Objectives 17, 18 and 19)</i></p>	<p><u>See also main report</u></p> <ul style="list-style-type: none"> Delivering a balanced COVID and non-COVID portfolio. Un-paused and new studies supporting recruitment and follow up to non COVID trials, whilst prioritising capacity to support core COVID team delivering the UPH COVID portfolio of 30 patient therapeutic and observational trials across all sites. Urgent NHSE calls for staff testing pilot projects; delivered to time and target, with current staff testing activity focussing on recall of COCO recruits aligning to the UPH National project – PITCH. In Q3 8,792 patients recruited into observational studies and 459 patients into complex platform interventional studies. Patients may be recruited into more than one trial, whilst ensuring patients are not over-burdened and a co-enrolment strategy is in place; to ensure scientific integrity of studies is maintained. Overall, 85.79% of all COVID positive admissions that remain inpatients for >24hours, are recruited into either an observational or interventional study. The UPH prioritised UoB trial CATALYST reached the first milestone on time with 61 patients recruited to all approved arms; all data entered ahead of the data lock and safety committee review in November. The Nationally prioritised trial Recovery accounts for 74.5% of UHB eligible patients recruited to COVID therapeutic trials. <p><u>Vaccination</u></p> <ul style="list-style-type: none"> Oxford Vaccine Trial completed recruiting to all cohorts with UHB one of the top recruiting sites; 150 participants to the elderly group, the largest for this age group in the country.

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	<ul style="list-style-type: none"> • All groups have now received their booster dose. • The Janssen Vaccination trial delivered through a mixed staffing model including both CRF and CRN staff; successfully recruited 174 of the target 280 participants in the first 8 days of site green light. <p><u>Non-COVID Trial highlights</u></p> <ul style="list-style-type: none"> • Recruitment of the first global patient to a trial of an Adeno-Associated Virus Vector-Mediated Gene Transfer of Human Phenylalanine Hydroxylase in Subjects with Phenylketonuria. • Neurology team recruited to two neurology rare disease trials <p><u>NIHR Trauma MIC and MD-TEC Team</u></p> <ul style="list-style-type: none"> • Continue to offer testing on behalf of the government for products/devices (ventilators, PPE, syringe drivers) to support the effort against COVID-19. • In collaboration with Universities of Birmingham, Liverpool and Rio de Janeiro been awarded UKRI funding to develop a high performance, low cost ventilator for low and middle income countries. • Completed testing of a prototype Intensive Care mechanical ventilator developed by the TMD group from Bosnia and Herzegovina. • On-going support provided for the submission of grant applications to various NIHR streams, Innovate UK and UKRI for a range of COVID-19 and non-COVID-19 related projects; continuing to explore alternative ways of carrying out usability testing following social distancing policies. • R&D continued to open new studies aligned to the NIHR prioritisation • 241 studies have been submitted with 34% (81) having been RFG approved. Of the 241 studies being/been reviewed: <ul style="list-style-type: none"> ○ 2% Level 1a (highest), 7% Level 1b, 21% Level 2 and 49% Level 3. ○ The remaining 21% are awaiting confirmation of their level. ○ 39% commercial studies ○ 55% academic, with 6% to be confirmed. • For the un-pausing of the portfolio – from the research assessment prioritisation (RAP) process 91% in the system have been un-paused, the remaining are under review; they have been impacted by service reconfiguration, and the impact of COVID on support services required i.e. imaging. <p><u>Partnership with Sarah Cannon Research UK</u></p> <ul style="list-style-type: none"> • Follow up call being scheduled to reinstate the SCRI discussion and progress the collaboration agreement subject to 3rd wave pandemic restrictions and availability. <p><u>Genomic Medicine Alliance</u></p> <ul style="list-style-type: none"> • UHB successfully led the provider selection process to become one of seven super-regional organisations, and an early adopter. The Central and South Genomic Medicine Service Alliance (GMSA) was confirmed on the 11 December by Professor Dame Sue Hill. • The Alliance will serve a population of around 12 million and support the implementation of genomic medicine into the NHS and deliver commitments set out in the Long Term Plan; underpinned by the creation of a Central and South GMSA Business Plan which will be inclusive of Business Cases to resource transformation and embedding projects. • The work lead by UHB has provided a platform to enable GMSA activities to be undertaken within this financial year ahead of recurrent funding from April 2021 until March 2024 <p><u>Standardise R&D processes</u></p> <ul style="list-style-type: none"> • Continue to develop and refine the RDI strategy; ensuring this aligns with the priorities of stakeholders and the Trust. • Edge (single R&D Governance platform) implemented across sites and work underway on a single set of governance document. • EDGE supported the initial RAP pause and re-start of the UHB research portfolio and the opening of new studies across all UHB sites; been pivotal in capturing service departments and divisional dependencies and research staffing resource requirements. • Reports set up to ensure regular reviews can take place to review and re-set research priority levels during the COVID pandemic.

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	<ul style="list-style-type: none"> • Access and training provided to all UHB research and NIHR programme teams; system also accessible to all Principal Investigators and the wider R&D core team. <p><u>PIONEER and INSIGHT</u></p> <ul style="list-style-type: none"> • The recently awarded DEMAND hub is in setup and on boarding UHB hosted posts. The Business Development Manager commenced in post tasked with supporting SMEs with digital enablement via PIONEER. • Prof Alastair Denniston (Director of INSIGHT) submitted an application for an NIHR Professorship 'Unlocking the Benefits of Artificial Intelligence in Healthcare'; 5 year programme looking to address three research priorities for artificial intelligence within the NHS: building better evidence, building better data and building greater trust. <p><u>Artificial Intelligence</u></p> <ul style="list-style-type: none"> • Project 'Quantitative Imaging and Artificial Intelligence in Birdshot Chorioretinopathy' led by Prof Alastair Dennison and funded by Fight for Sight; back open to recruitment after being paused due to COVID-19. The impacts include: <ul style="list-style-type: none"> ○ Establishing a shared bioresource of BCR images to accelerate birdshot research ○ Exploring early BCR diagnosis through automated AI-detection ○ Improving disease monitoring and treatment titration through QI and AI-based measures of disease activity and/or damage. • Three grants submitted to the recent NHS-X Artificial Intelligence in health and care funding award call: <ul style="list-style-type: none"> ○ Application of AI technologies to clinical coding; supported by UHB and in collaboration with HDR UK. UHB would be one of 5 sites in this collaboration ○ AI In health & care application; supported by Trauma Medtech; aimed at creating software utilising AI to identify patients at high risk of hypertrophic cardiomyopathy. ○ Artificial Intelligence (AI) Award Phase 3: Real world testing. Supported by UHB and led by Cambridge University Hospitals NHS FT; looking at open-source AI to augment and accelerate radiotherapy workflows across the NHS. • The CardAIC Study (RRK6900) will utilise AI to undertake three research case studies: <ul style="list-style-type: none"> ○ Cardiac biomarkers to predict adverse prognosis in COVID-19 ○ Electroniccardiographic data to improve prediction of new-onset heart failure ○ Reanalysis of cardiac imaging data to facilitate better NHS care. • Led by Dr Dipak Kotecha this collaboration between UHB, UoB and HDR UK has now received approvals and is in setup.
<p>Emergency preparedness (Objective 20)</p>	<ul style="list-style-type: none"> • New template has gone out to 2 of the 3 intended pilot services with one completed and the other in progress with any feedback and adjustments incorporated into the templates. • Due to the second wave of COVID, winter pressures and a potential third wave in Jan/Feb no further pilots are planned. • EP team still running the COVID Coordination Centre 12hrs a day, 7 days a week. • Work programme will be developed to roll out the new templates across all divisions next year. To include a guide on how to complete.