

Appendix C

Key updates against the 2020/21 plan

Reference	Update
Alignment of corporate and clinical services (Objective 1)	<ul style="list-style-type: none"> Operational HR Restructure designed to support Divisional autonomy being implemented. PICS rollout to SHH complete, BHH PICS roll out commences 13 April and GHH from 9 November. Standardised nursing metrics now in place at SHH.
Eliminating unwarranted variation and transformation of services (Objectives 2 and 10)	<p><u>Emergency Pathway</u></p> <ul style="list-style-type: none"> New medical rotas to enhance management of emergency demand being rolled out across all sites. <p><u>Cancer Improvement Academy</u></p> <ul style="list-style-type: none"> COVID response significantly impacted the work in Q4; clear plans in place to progress in Q1.
Quality improvement (Objective 3)	<p><u>Quality Account</u></p> <ul style="list-style-type: none"> Quality Account priorities for 2021/22 currently being agreed. <p><u>Clinical Dashboard</u></p> <ul style="list-style-type: none"> Now launched at Heartlands as well as Solihull and QEHB. Training sessions continue to be held.
Meet regulatory requirements and performance standards (Objective 4)	<p><u>CQC Inspections</u></p> <ul style="list-style-type: none"> All recommendations implemented except for 2; details included in the Q4 Compliance report to BoD. The CQC recently announced their Transitional Monitoring Approach for UHB during 2021. Details of this are included in the Q4 compliance report.
Digital transformation & IT (Objectives 5,6 and 7)	<p><u>Video Platform</u></p> <ul style="list-style-type: none"> DrDoctor video interface successfully went live in March 2021 and all video clinics now conducted using this platform across all Trust sites. <p><u>IT Developments</u></p> <ul style="list-style-type: none"> PAS project officially closed on 19 March transitioning to business as usual. Winscribe digital dictation commenced roll out at HGS; completed by July 2021. PICS in-patient roll-out starting at BHH site with General Medicine (Elderly care wards). Go-live is 13 April and there is a defined and agreed implementation plan bringing four wards on line every few months. Blood transfusion; All BHH wards live by March 2022, remaining wards at GHH plan to conclude June 2022. Windows 10 roll out will be complete by May 2021. Work continues on closing risks identified in the DIONACH report; 54/104 closed so far. High percentage of open risks related to the legacy server operating system project; resolved when these have been replaced.
Efficient use of resources (Objective 8)	<p><u>Financial ledger</u></p> <ul style="list-style-type: none"> Contract currently being agreed and blueprinting phase due to commence in June 2021; Full implementation expected October 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><u>Agency Reduction Programme</u></p> <ul style="list-style-type: none"> Continues to be suspended due to COVID wave 3.
Estates and capital infrastructure (Objective 9)	<p><u>Shared Hospital</u></p> <ul style="list-style-type: none"> All SLAs now un-paused and intention to complete negotiations by October 2021, 12 months before the new facility is due to open. <p><u>ACAD</u></p> <ul style="list-style-type: none"> On schedule to be handed over, as planned in 2022. <p><u>Sustainability</u></p> <ul style="list-style-type: none"> Funding awarded by NHS Charities for £150k to support two sustainability posts (Sustainability Lead and Active Travel Co-coordinator) and sustainability initiatives.
Workforce (Objectives 11,12,13 and 14)	<p><u>Health & Wellbeing</u></p> <ul style="list-style-type: none"> Continue to focus on staff Health & Wellbeing; Roll out of the psychological first aid support training has started and staff Mental Health Hub support in place. Development of both Staff Safety Wellbeing Officers and regular Staff

Appendix C

Reference	Update
	<p>wellbeing messages</p> <p><u>Inclusion</u></p> <ul style="list-style-type: none"> • Re focus on Inclusion Strategy plans • CEO Fairness Taskforce continues • First Fairness RCA undertaken • Staff networks continue to be active • WDES and WRES implementation plans to be completed • COVID vaccine promotion amongst staff groups that have had a low uptake <p><u>Workforce: Retention of staff</u></p> <ul style="list-style-type: none"> • Template email invitation for managers and staff has been circulated to the Education Team for feedback and comments, to then invite to first feedback sessions in April. • System in place to generate new starter reports to manage ongoing 100-day events. • Programme to promote benefits of flexible working to be rolled out in March/April includes promoting flexibility in all job adverts and delivery of an ICS wide approach to training and education on different flexible working practices. <p><u>Occupational health</u></p> <ul style="list-style-type: none"> • Occupational Health Service led delivery of COVID-19 staff testing, tracing and risk assessments, and advisory service to staff and managers on COVID-related health issues. • Able to divide the different work streams to maintain the standard OH work by the continued screening of new starters, vaccinations and blood tests, health surveillance and sickness absence referrals. • Occupational Health Guidance on health conditions and remaining at work during the pandemic developed; enabling OH doctors and nurses to provide evidenced based advice to staff with queries; risk assessment matrix developed, and any unresolved cases referred to a panel comprising Director of Workforce, Deputy Medical Director, CSL for OH and Associate Director of Nursing. • Counselling service enhanced and the counselling team in partnership with the staff health and wellbeing team providing group support where needed and 1 to 1 counselling sessions mostly by telephone but some face to face work has continued. • Moved to a single computer system; enabling access of employees' records at any site and a single point of entry helping to streamline activity and plan to introduce electronic Pre placement screening and sickness absence management from April. • The Occupational Health service benchmarked nationally and was successful in the annual SEQOHS accreditation; comments from the external auditors were <i>"The Occupational Health Service has continued to maintain the standards ... the scope and frequency of audit is impressive, particularly in light of the COVID-19 work pressures in the hospital setting, and the Service has maintained its' clinical governance arrangements."</i> <p><u>Trust Sickness Absence</u></p> <ul style="list-style-type: none"> • Increased over the last 12 months; reporting 5.03% in January 2020 against 5.74% MAA in January 2021; increase expected due to current circumstances • Employee Relations team provided advice and support to 264 absence management cases. 96% of staff supported to return to work by phased return, redeployment or active management interventions. • COVID-related absences; pro-actively following up on all cases, providing advice to Managers to support staff to return to work or continuing to hold well-being / sickness absence meetings. • Where staff adversely affected by COVID resulting in their sick pay expiring; Sickness Panel introduced to consider exceptional cases and where appropriate can agree to extend staff member's half pay for up to 3 months. This panel comprises senior HR and Occupational Health teams. <p><u>Start-to-end recruitment service</u></p> <ul style="list-style-type: none"> • Roll out plan continued to stay paused due to recruitment activity for the

Appendix C

Reference	Update
	<p>COVID-19 vaccination programme; to date circa 6,000 staff; to be implemented during Q1.</p> <ul style="list-style-type: none"> • Work will commence with the supplier in Q1, following the ESR merge at the end of February 2021 and related data consolidation. <p><u>Workforce planning</u></p> <ul style="list-style-type: none"> • Decision nationally to pause the Phase 4 planning round due to pressures associated with Wave 3 of the pandemic; expected Q1 2021/22. • BSOL workforce planners group continues to meet monthly and focus on workforce planning to address the backlog, aligning workforce capacity with service restoration and recovery. <p><u>Leadership</u></p> <ul style="list-style-type: none"> • Building Healthier teams – first line leaders programme (all roles, bands 3-6) launches on March 25. • CSL and General Manager Networks and development continue; Plans to create new senior leaders networks in Q1. • Matron development programme to commence in Q1, delivered via the School of Nursing • Mentoring and career platform re-launch planned for March/April 21. <p><u>Junior Doctors</u></p> <ul style="list-style-type: none"> • Continue to work with Divisions/support teams e.g. Medical Staffing, Medical Resourcing to improve the Junior Dr experience at UHB. • Junior Dr. health and well-being remains a priority; resilience sessions and pastoral support repeatedly offered throughout 2020/21. • Recruitment for ward specific health and well-being support now in progress • Webinars with the Junior Dr workforce continue to be well attended. <p><u>Aston Medical School</u></p> <ul style="list-style-type: none"> • First placements May 2021 cohort. • Established Governance Committee to set overall strategic direction necessary to achieve the School's objectives. Three strategic priorities are : <ul style="list-style-type: none"> ○ Develop student led clinical learning environments to support inter-professional learning, increased student numbers, safe, high quality environment, supervisor support, partnerships between clinical staff, students and academics. ○ Scaffold personal and professional development for all learners with integrated leadership and career pathways (embed WRES/WDES). ○ Provide quality assured education through networking with e.g. American Nurses Credentialing Centre (ANCC), Florence Nightingale Foundation and British Association of Critical Care Nurses. • Working collaboratively with Corporate Nursing to look at ward accreditation, nursing and midwifery excellence and Pathway to Excellence with the ANCC. Other work the School is undertaking includes: <ul style="list-style-type: none"> ○ Trust led student evaluation of clinical placement. ○ Leadership, management and coaching development across various bands. ○ Clearly identified career progression supported by an e-portfolio. ○ Development and support of apprenticeship provision across nursing, AHPs and midwifery. ○ Health and wellbeing, pastoral support, coaching and mentoring. ○ Quality, safety and innovation across learning and development. • The student-led clinical learning environment (SLCLE) paused due to the pandemic/ Solihull site configuration; SLCLE delivery programme under review so the timelines can be re-set. • Second SLCLE area identified on ward 5 at GHH; first midwifery area. The expert student reference group has been established with the initial meeting scheduled to take place in March. • Monies not yet been received re the English Language Training for Overseas Nurses.; chasing the signed MOU from HEE and will then receive the funding transfer. All those nurses identified are in the process of completing the English language self-assessment to determine their level and appropriate signposting.

Appendix C

Reference	Update
	<p data-bbox="443 188 836 219"><u>Bright Horizons (Careers Hub)</u></p> <ul data-bbox="496 226 1465 651" style="list-style-type: none">• Continue to be a key partner of the BSol Careers Hub (Bright Horizons); increase in support of 1 day per week to drive the hand holding support for non-Levy paying organisations.• User friendly support package created to allow smaller BSol organisations to navigate accessing the Apprenticeship Levy.• Plans to begin 1;1 and group webinars to develop smaller organisations' understanding of the Levy complexities; to ensure effective use of "gifted" unused App Levy funds from UHB.• Sharing of best practice with Black Country and West Birmingham Training Hub for the mutual benefit of both regions.• "Work related learning " activities - conversation are being had at how NHS organisations and Local Authorities can work in closer collaboration to develop programmes that promote careers within the wider health and social sector. <p data-bbox="443 658 842 689"><u>Youth Promise Plus extension:</u></p> <ul data-bbox="496 696 1465 808" style="list-style-type: none">• February Birmingham City Council Cabinet approved to seek 2 years' extension to the YPP project. In December, DWP opened the bidding window for ESF / YEI funds, and BCC will submit their application before the deadline of 22 March. <p data-bbox="443 815 660 846"><u>Apprenticeships</u></p> <ul data-bbox="496 853 1465 1279" style="list-style-type: none">• As at 28 February 2021, UHB enabled £3.83m to be drawn down for the provision of apprenticeship training for UHB apprentices. In addition there has been agreement to "gift" to other BSol organisations as follows :<ul data-bbox="592 936 1187 1003" style="list-style-type: none">○ BSol GP Practices - 11 apprentices £138,874○ Acorns Hospice - 4 apprentices £18,000• UHB S.O.P. created to ensure future gifting continues to support BSol Health and Care organisations to minimise the loss of unused App Levy funds whilst ensuring enough funds to continue to support UHB apprenticeships• 526 apprentices undertaking training within UHB; 329 Trainee Nurse Associates.• 72 individuals (no TNAs as yet) achieved a pass, distinction or merit compared to 3 who failed to succeed.• HCCD continue to support Apprentices and Managers in delivering Apprenticeships to support skills gaps within UHB. <p data-bbox="443 1285 1442 1339"><u>DWP CAEHRHS (Commercial Agreement for the provision of Employment and Health Related Services):</u></p> <ul data-bbox="496 1346 1465 1554" style="list-style-type: none">• HCCD currently in conversation with two Prime contractors (REED and SERCO) who are looking to submit tenders for the Governments new "Restart" initiative. UHB submitted a letter of agreement which both Primes will use as supporting evidence.• Contracts expected to be awarded mid-April, referrals to Primes from May / June; both Primes indicated they're keen to work with UHB as a specialist provider.

Appendix C

Reference	Update
<p>Partnerships (Objectives 15 and 16)</p>	<p><u>Integrated Care System</u></p> <ul style="list-style-type: none"> Review commissioned by the ICS CFO's to look at shared service opportunities across IT and Informatics: data collection tool being completed and outcomes presented at varying workshops with digital leads. <p><u>Maternity dataset</u></p> <ul style="list-style-type: none"> Integration of the maternity data on track for delivery by the end of April 2021; this follows extensive User Acceptance Testing/implementation of more data items that were identified during initial testing. <p><u>Shared Care Record</u></p> <ul style="list-style-type: none"> Now live with Mental Health Data, Birmingham City Council and UHB, ROH due to go live Q1 21/22: all BSOL partners live by September 2021. <p><u>Centralised Cyber Workforce</u></p> <ul style="list-style-type: none"> Assurance Dashboard that will monitor the cyber security status of the network and devices implemented in ROH, WMAS, BWC and BCHC. UHB currently being deployed; completion by Q2 2021. The CISO JD and person specification sent to HR for banding and advertised once completed. <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. Saudi Arabia - National Benchmarking delayed due to COVID and will happen by April 2021. Third Saudi intake recruited and will look to start in August 2021 (both residency and fellowship). Kuwait - first residency cohort now expected August 2021; combined intake of delayed group from February 2021 and planned second intake. Infrastructure support within HEE continues to be developed. <p><u>Global Health China</u></p> <ul style="list-style-type: none"> As at 09 March 2021 - Investment Committee confirmed approval that action should commence to close the operations of the Joint Venture Company - Innovating Global Health China (IGHC). Contact will be maintained with IGHC and should potential business be possible in the future UHB would be free to pursue that in its own right. Such potential commercial activity would be identified to the Investment Committee.
<p>Research & Innovation (Objectives 17, 18 and 19)</p>	<ul style="list-style-type: none"> Delivery teams restructured to support COVID/non COVID activity and clinical deployment requirements; supporting existing speciality research portfolios as well as COVID. This flexibility allowed the recruitment to time and target to: <ul style="list-style-type: none"> phase 1 vaccine trial (Valneva) highest recruiting site to Phosp-COVID (post discharge care) highest recruiting site to Recovery RS maintained recruitment to non COVID priority trials UoB platform trial Catalyst recruited to time and target; recommendation to close to recruitment following successful achievement of primary endpoints. UHB the highest recruiting site to this important trial. R,D & I activity during this busy quarter has seen; <ul style="list-style-type: none"> 67.84% of COVID +ve patients admitted for greater than 24 hours have been recruited into COVID UPH trials and studies. COVID delivery team achieved 11.48% recruitment into Recovery Trial surpassing the 10% target set externally to UHB. Other highlights in Q4 include: <ul style="list-style-type: none"> Clarity IBD; 50 recruits by end of Q3 and during Q4 total of 136 patients recruited so far. Planning for on-going later phase vaccine trials includes proposals for longer term placement of CRN staff within UHB R&D/recruitment drive to COVID specific posts. Essential clinical services that have continued to run alongside COVID activity include the Centre for Rare Diseases; allowed patients to be seen virtually/face to face to reduce any possibility of patient harm. Since 1 Jan 2021 157 patients recruited to non-COVID level 2 priority trials; 22 to cancer trials - these are studies where the research protocol

Appendix C

Reference	Update
	<p>includes an urgent treatment or intervention without which patients could come to harm.</p> <ul style="list-style-type: none"> • At the beginning of Q4 NIHR Prioritisation was applied as follows : <ul style="list-style-type: none"> ○ Level 1a (Top Priority) - COVID-19 UPH vaccine and prophylactic studies and platform therapeutics trials (RECOVERY/RECOVERY PRINCIPLE; REMAP CAP). ○ Level 1b; Other COVID-19 UPH studies (CATALYST) ○ Level 2; Where research protocol includes an urgent treatment or intervention without which patients could come to harm. Considered locally by specialty teams and through RFG ○ Level 3; All other studies (inc. COVID-19 studies not in Level 1a/1b). • Level 3 studies (where other treatment options are available) were paused, with some exceptions. Resulting in : <ul style="list-style-type: none"> ○ 702 studies were paused to recruitment, ○ 707 remaining active (combination of Level 1a/1b, COVID Urgent public health studies & Level 2, no other treatment options available), ○ Those that continue are 65% non-commercial and 35% commercial studies. • R, D & I continue to review new studies requested to open as prioritised by each speciality portfolio and in line with Level 1a, 1b and 2 studies. • Agreeing Restart strategy with R&D and Clinical Directors; in line with national and local priorities aligned with clinical services that are resuming. • Communications to be circulated detailing; <ul style="list-style-type: none"> ○ Process for Restart ○ Central R&D workforce model and timelines ○ R,D & webinar planned for 25 March 2021 <p><u>Partnership with Sarah Cannon Research UK</u></p> <ul style="list-style-type: none"> • Following a call in February SCRI requested a pause on the Collaborative agreement given the impact of the pandemic on cancer services and research globally <p><u>Genomic Medicine Alliance</u></p> <ul style="list-style-type: none"> • UHB led the formation of the Central and South Genomic Medicine Service Alliance (GMSA) business plan 2021/22 and transformation and embedding business cases for 2020/21 and 2021/22. • Central and South GMSA awarded over £115,000 for Q4 20/21 infrastructure costs, and recurrent £1.2m infrastructure costs for the next three years. • In addition nine of eleven business cases for 20/21 supported by NHS England totalling over £213,000, with a further portfolio of business cases having been submitted on the 26 February 2021. • This submission categorises business case proposals into Central and South GMSA prioritised projects, those aligning to national priorities and those the GMSA seek to leverage funds to support from alternative sources. • The Central and South GMSA priorities agreed by the Senior Clinical Leadership team and include; <ul style="list-style-type: none"> ○ A geography wide cancer development programme; would utilise Genomic Tumour Advisory Boards (GTABs) extending the co-ordination and evolution of somatic cancer care across the alliance geography and could be extended in scale to provide a national platform for genomic cancer management. ○ Primary care development programme; projects prioritising equity of access and accessing hard to reach groups by moving aspects of genetic diagnosis and care into the community. • GMSA priorities include a selection of rare disease projects being evolved into an integrated secondary care programme; linked into workforce development programmes that are being co-produced with HEE; already resulted in the Central and South GMSA having leveraged £147,000 from HEE to support workforce development within Q4 20/21 for projects across the alliance geography. <p><u>Standardise R&D processes</u></p> <ul style="list-style-type: none"> • Change to the selection and set up of studies process; aligning with the Health Research Authority's "Assess, Arrange and Confirm" framework; utilising the Edge digital platform to manage and record decision making;

Appendix C

Reference	Update
	<p>allowing greater transparency to research staff across the Trust.</p> <ul style="list-style-type: none"> • Will also facilitate regular R,D & I activity reporting and access to real time study status data for research teams, managers and PI/ CI's <p><u>Increase R & I activities associated with Artificial Intelligence</u></p> <ul style="list-style-type: none"> • Board approved use of Cloud within R, D&I; paper outlines assurance framework including additional control mechanisms. Enable continued development particularly within the Health Data Research Hubs, supporting the extract, transform, load (ETL) processes, and enabling development of secure Trusted Research Environments (TRE's) for data sharing, in line with NCS, NHSD & HDR UK recommendations. • Three new grants submitted this quarter: <ul style="list-style-type: none"> ○ Open Source AI to augment and accelerate Radiotherapy workflows across the NHS led by Cambridge University Hospital, UHB a research partner ○ NHSX AI Technologies call - Cogstack application with 5 participating NHS sites; applying well developed AI technologies into NHS systems for assessment to scale up/assess potential economic return/opportunity for technology to enhance accuracy/ productivity/ efficiency. Data science rather than patient recruitment. The funding call is between £500k and £1.5m over 24 months. UHB costs approx. £320k. ○ Safe AI in Medical Diagnostics (Safe-AID) led by Imperial College London; develop principles and mechanisms for validating AI and ensuring its safe clinical use. • Within the wider Health Research Team additional grants submitted include: <ul style="list-style-type: none"> ○ re2PROTECT; responds to the NIHR's call for head to head evaluation of clinical effectiveness of the COVID-19 vaccines. ○ Dare2PROTECT; seeks to mimic the Dare2THINK virtual study design, linking primary and secondary care data and minimising patient visits, instead utilising routinely collected data.
<p>Emergency preparedness (Objective 20)</p>	<ul style="list-style-type: none"> • Following pilot use/feedback amendments made to BCP template and Completion Guide at final draft. • Roll out planned from May when COVID centre hours should have reduced; still currently staffed by the EP Team running 12hrs a day, 7 days a week.

Appendix C