

## 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"> <li>New Governance model introduced; providing enhanced support and responsibility to Divisions and agreement reached with HR and Divisions as to a revised model of people management.</li> <li>Review of delegated authority to Divisions underway.</li> <li>Division 7 established and developing increased visibility through the Trust.</li> <li>Delayed PAS deployment impacted the full rollout of a consistent reporting approach; this will be following the revised deployment date, enabling a consistent means of measurement and reporting.</li> </ul>
Eliminating Unwarranted Variation and Transformation of services (Objectives 2 and 10)	<p><b><u>Redesign of the emergency pathway</u></b></p> <ul style="list-style-type: none"> <li>Site responsible clinician approach embedded across the Trust to help maintain site integrity with the additional pressure of COVID-19.</li> <li>Trust wide principles agreed at CEAG, with local adoption to ensure optimal delivery of care across each site.</li> <li>QEHB elective and emergency pathways embedded.</li> <li>Trauma, stroke and haematology reconfiguration completed.</li> </ul>
Quality Improvement (Objective 3)	<ul style="list-style-type: none"> <li>New quality priorities now to be agreed at the October Board meeting</li> <li>Clinical Dashboard likely to be delayed due to PAS rollout being delayed; timescales TBC.</li> </ul>
Meet regulatory requirements and Operational Performance Standards (Objective 4)	<p><b>See also main report</b></p> <ul style="list-style-type: none"> <li>All diagnostics remain in variable stages of recovery, modified plan to align with on-going recovery, service integration and delivery changes is still being worked on.</li> <li>Audiology and Lung Function integrating under one Scientific service lead</li> <li>Changes in service delivery models for Vascular Science &amp; Urodynamics / GI &amp; Cardiac; no cross site service integration</li> <li>Neuro - currently QE only, plans to deliver HGS site activity but not in place currently.</li> </ul>
Digital transformation & IT (Objectives 5,6 and 7)	<p><b>See also main report</b></p> <p><b><u>New Technology to Community Staff</u></b></p> <ul style="list-style-type: none"> <li>All staff in post/at work received their equipment.</li> <li>Project moving into benefit realisation phase and scoping of phase 2 opportunities now hardware is in place. Processes of use have been adapted due to COVID-19 which will impact benefit profile</li> </ul> <p><b><u>Video Platform</u></b></p> <ul style="list-style-type: none"> <li>Replacement of the current video platform (Vidyo); tested the market via a Procurement Intention Notice (PIN), received 23 responses.</li> <li>These will be reviewed and a decision to follow on how we transition to something more suitable to our requirements; deadline for replacement is March 2021.</li> </ul> <p><b><u>IT Developments</u></b></p> <ul style="list-style-type: none"> <li>Circa 4500 devices now upgraded with Windows 10 and plan to complete by December 2020 being formulated.</li> <li>3856 PCs replaced at HGS, circa 3650 to be replaced over next 2 years. (Note: these PCs will be too old to have Windows 10 on them)</li> <li>Currently remediating risks identified by the DIONACH report which supports the work/activities leading to the Trust achieving Cyber Essentials plus accreditation.</li> </ul>
Efficient use of resources (Objective 8)	<p><b><u>Financial ledger</u></b></p> <ul style="list-style-type: none"> <li>Evaluation process extended due to the number of bidders; shortlisted from 8 suppliers to 3.</li> <li>Functionality testing of the 3 systems taking place the latter part of October, preferred supplier to be identified first week of November.</li> <li>Contract award now expected 01/12/20; implementation anticipated by April 2022.</li> </ul> <p><b><u>Good Ideas Count</u></b></p> <ul style="list-style-type: none"> <li>Launch postponed from September due to increasing number of COVID cases, workshops taking place in Corporate areas and a Twitter site is now live to allow for ideas to be raised.</li> </ul>
Estates and capital infrastructure (Objective 9)	<p><b><u>QEHB Transplant Centre</u></b></p> <ul style="list-style-type: none"> <li>The established project group and the scope of works on W301 and East Ground A is to be reviewed as a result of COVID. Not actively meeting/progressing at present</li> </ul>

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	<p><b><u>Shared Hospital</u></b></p> <ul style="list-style-type: none"> <li>The negotiation of some SLAs with HCA that were paused now progressively being un-paused and discussions are recommencing; overall timeline for completion of SLA discussions remains the same</li> </ul> <p><b><u>Sustainability</u></b></p> <ul style="list-style-type: none"> <li>Sustainability Strategy Launched on Clean Air day (8 October)</li> <li>Encouraged cycling to work with the cycle to work scheme, expanded storage and free bicycle maintenance and safety checks.</li> </ul>
<p><b>Workforce (Objectives 11,12,13 and 14)</b></p>	<p><b><u>Workforce</u></b></p> <ul style="list-style-type: none"> <li>100-day engagement programme for new recruits being prepared for roll out from November; look at engagement through online focus group meetings with new starters who have been employed at the Trust for 12 weeks to review their recruitment, selection and induction experience.</li> <li>Feedback gathered will enable improvement to be made across all areas / how our approach can be improved to support retention of staff.</li> <li>Flexible Working initiatives actively encouraged to attract and retain new staff; includes promoting flexibility in all job adverts and delivering sessions between Oct – Dec to promote the benefits.</li> <li>Occupational health service has responded to the changing needs of the Trust during COVID; helping people to stay safe and healthy at work. Key actions that have taken place:             <ol style="list-style-type: none"> <li>Risk assessment of staff shielding to assess their return to work in existing role or revised role or redeployed role</li> <li>Key panellist of risk assessment committee to advise people about returning or remaining in work</li> <li>Undertaking an efficient staff swabbing service to limit the amount of self-isolation and quarantine</li> <li>Counselling service expanded to meet the needs of staff</li> </ol> </li> <li>The Employee Relations team supported monitoring and reviewing COVID sickness absence reporting ,providing appropriate advice/support to line managers, supporting staff to return to work.</li> <li>Roll out of end to end recruitment process will commence in Dec 2020. A business case has been developed to procure an Applicant Tracking and Recruitment System to streamline recruitment processes and provide an improved candidate experience; paper being submitted to CEAG in October 2020 for an agreement to procure a preferred supplier for roll out in 2021.</li> <li>STP system-level workforce planning led by UHB for Phase 3 restoration and recovery, with completed return to NHSEI progressed August to Sept.</li> <li>This has seen us bring together workforce planners across the system to share modelling tools and approaches, and enabled UHB to lead a more holistic and integrated approach to workforce planning that recognises the interdependencies between organisations.</li> <li>Common STP approach to both growing the substantive workforce to reduce vacancies and increasing the bank workforce to mitigate against winter pressures, COVID surges and increased absences.</li> <li>Workforce forecasts been modelled based on historic trends, including bank and agency usage, taking account of a changing COVID landscape; been some limitations to workforce modelling, predominantly due to the deferred publication of the financial envelopes for Trusts and system control.</li> </ul> <p><b><u>Leadership</u></b></p> <ul style="list-style-type: none"> <li>Cohorts 5-7 of leadership programme re-commenced from April.</li> <li>Plans in place to introduce a leadership engagement platform, and deliver content for frontline leaders.</li> <li>CSL development continues and new group to be established for aspiring GMs.</li> <li>In addition to traditional mentoring a reciprocal mentoring scheme launched in September.</li> <li>Weekly leaders email to promote events and reinforce key messages</li> </ul> <p><b><u>Aston Medical School</u></b></p> <ul style="list-style-type: none"> <li>Initial business plan approved by CEAG pending a further case for approval of any associated capital costs late autumn.</li> <li>The first Aston medical students will be on site April/May 2021</li> </ul> <p><b><u>School of Nursing</u></b></p>

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	<ul style="list-style-type: none"> <li>• Head of the School (Professor Ruth Pearce) appointed in August 2020.</li> <li>• School engagement events 'big conversation' will be concluded mid-October.</li> <li>• The face to face preceptorship offer re-established, and all registrants will be offered a date to attend, including anyone who missed the opportunity in the last year.</li> <li>• A leadership, management and coaching offer for all levels is currently under development.</li> </ul> <p><b><u>Learning Hub</u></b></p> <ul style="list-style-type: none"> <li>• In August delivered a Prince's Trust programme to 13 students; 5 students receiving conditional offers for HCA positions, further 2 awaiting interview.</li> <li>• Registered 35 students onto virtual programmes via MS teams with a 12 week programme including wrap around pastoral support.</li> </ul> <p><b><u>Bright Horizons (Careers Hub)</u></b></p> <ul style="list-style-type: none"> <li>• Instrumental in driving the STP Careers Hub a BSol initiative designed to promote job opportunities in health and social care across the population of Birmingham and Solihull.</li> <li>• Work underway to identify the required skill set, values and behaviours across specific Trust roles to support the attraction of health care roles to people not used to the sector and the requirements of NHS Jobs.</li> <li>• Hoped this will support a wider recruitment pool; targeting school/college leavers and those seeking a second career as a result of the current economic climate.</li> <li>• Project extended until 31/3/20 and additional support offered for 2 days per week by HealthCare Careers and Development (HCCD).</li> <li>• Bright Horizons have various work streams all of which HCCD are actively involved in these include:- <ul style="list-style-type: none"> <li>○ Social Media.</li> <li>○ Work Experience and Apprenticeships.</li> <li>○ Gifting.</li> <li>○ Work Related Learning.</li> </ul> </li> </ul> <p><b><u>Apprenticeships</u></b></p> <ul style="list-style-type: none"> <li>• As part of their wider COVID Response plan HCCD as an employer provider suspended internal delivery enrolments for 6 months so we can provide get into work programmes for those adversely affected by COVID.</li> <li>• Continue to promote apprenticeship opportunities to new staff joining and to up-skill our existing workforce.</li> </ul>
<p><b>Partnerships</b> <i>(Objectives 15 and 16)</i></p>	<p><b><u>STP</u></b></p> <ul style="list-style-type: none"> <li>• Digital collaboration - planning for the programme for 21/22 has now begun.</li> <li>• BSOL STP Digital Group awaiting confirmation of a £7m grant for the delivery of a Local Health and Care Record across the West Midlands.</li> <li>• UHB are delayed for the on boarding of the HIE due to the PAS project delay, all other parties are expected to go live by December 2020.</li> <li>• A Cyber Security Health Assurance Dashboard has now been purchased for each NHS STP organisation and is live; UHB will go live in the next month.</li> </ul> <p><b><u>International partnerships</u></b></p> <ul style="list-style-type: none"> <li>• First residency (full training) cohort from Kingdom of Saudi Arabia (KSA) successfully benchmarked and joined their respective National Training programmes in August 2020; second residency arrived in September 2020.</li> <li>• Discussions have progressed with Kuwait and its first residency (full training) cohort is expected in February 2021.</li> </ul>
<p><b>Research &amp; Innovation</b> <i>(Objectives 17, 18 and 19)</i></p>	<p><b><u>See also main report</u></b></p> <ul style="list-style-type: none"> <li>• UHB's UPHR COVID-19 trial portfolio encompasses trials targeted at all parts of patient pathway, and include interventional (Ward &amp; ITU IP areas) and observational trials.</li> <li>• Since 14 September patient numbers have been steadily increasing therefore recruitment to the COVID portfolio is increasing also.</li> <li>• To date recruited 4,988 patients into observational studies and 363 patients into complex platform interventional studies.</li> <li>• Overall, 90.31% of all COVID positive admissions that remain in patients for &gt;24hours recruited into either an observational or interventional study.</li> <li>• The Oxford vaccine trial now includes vaccination of the elderly cohort. The staff cohort recruited are currently receiving a 2nd booster dose with 142 participants over 70, making UHB the highest recruiter in the UK to this cohort.</li> <li>• Strategically planning /working in collaboration with the CRN in the delivery of vaccines in our region and supporting with the training and hosting of webinars, so this training can</li> </ul>

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	<p>be accessed across the network, to up skill the CRN in the delivery of GMO/COVID vaccines.</p> <ul style="list-style-type: none"> <li>• R&amp;D involved in a Trust workshop to gather intelligence on likely delivery of vaccine to UHB staff and supporting further staff testing; looking at the contribution of Occupational Exposure to the risk of COVID 19.</li> <li>• Reconfiguration of services strengthened research collaborations between sites, Thoracic surgery joined with surgical research at QE – still maintaining involvement with BHH site, elective surgery moving to Solihull expanding opportunities and surgical PIs working together to increase opportunities.</li> <li>• Ophthalmology research team based at QE meeting (via video link) with HGS based clinicians to establish ways at expanding research opportunities in the future.</li> <li>• RAS team based at BHH, working part on site on site and WFH, The WFH time has shown that the service can be undertaken by video calls across sites, this will continue and has seen grant submission from researchers across all sites and collaborative working</li> <li>• The Trauma MIC and MD-TEC’s role in the National Ventilator Challenge was formally acknowledged by a letter from the Prime Minister.</li> <li>• Two projects awarded: Innovate UK COVID-19 funding with the Trauma MIC/MD-TEC a key partner delivering formative usability testing and regulatory advice. One of the projects has been delivered through virtual testing which can be live streamed to the partners providing instant feedback.</li> </ul> <p><b>Partnership with Sarah Cannon Research UK.</b></p> <ul style="list-style-type: none"> <li>• SCRI agreement delayed during the pandemic has since had final amends and returned to US lawyers for final approval.</li> </ul> <p><b>Genomic Medicine Alliance</b></p> <ul style="list-style-type: none"> <li>• Continue to lead the provider selection process to become one of seven super-regional organisations.</li> </ul> <p><b>Standardise R&amp;D processes</b></p> <ul style="list-style-type: none"> <li>• Work undertaken to realign functions and teams to our new leadership structure</li> <li>• Development of a draft Innovation Strategy, as part of the RD&amp;I strategy to establish/support the relationship between innovation and transformation.</li> <li>• Agreement of a RD&amp;I Trust wide suite of policies and procedures with a development plan.</li> </ul> <p><b>PIONEER and INSIGHT</b></p> <ul style="list-style-type: none"> <li>• Continue to progress towards delivery of the Minimum Viable Product (MVP) by Milestone 2 (31 March 2021).</li> <li>• REC approval of the protocols achieved, enabling them to be used for service evaluation, clinical audit and research.</li> <li>• INSIGHT - The UHB AMD data has been provided, facilitating a use-case exemplar to assess how the pandemic and associated interruption to ophthalmic services impacted the population of patients in England with incident neovascular age-related macular degeneration (nAMD).</li> <li>• PIONEER - secured an additional £615k from UKRI to enhance platform capabilities to include an image suite. In addition EDRF funding has been secured via the recently awarded DEMAND Hub, to include the funding of 3.5WTE for 1 year.</li> </ul> <p><b>Artificial Intelligence</b></p> <ul style="list-style-type: none"> <li>• Prof. Alastair Denniston led the development of the CONSORT-AI (Consolidated Standards of Reporting Trials–Artificial Intelligence) extension and its companion statement for clinical trial protocols: SPIRIT-AI (Standard Protocol Items: Recommendations for Interventional Trials–Artificial Intelligence). Both published in Nature Medicine on 09 September providing a new reporting guideline for clinical trials evaluating interventions with an AI component.</li> </ul>
<p><b>Emergency preparedness (Objective 20)</b></p>	<ul style="list-style-type: none"> <li>• New template in place, x3 pilot services identified for completion in October.</li> <li>• Any adjustment to templates to be made and then another x4 services identified for November.</li> </ul>