The Dudley Group
NHS Foundation Trust

Board of Directors Meeting
Public Papers

Thursday 14th May 2020

11.40 – 13.45

The Dudley Group
NHS Foundation Trust

BOARD MEETINGS
PUBLIC INFORMATION SHEET

The Dudley Group's Board of Directors ordinarily meet in public every month and welcomes the attendance of members of the public and staff at its Board meetings to observe the Board's decision-making process. However, due to the COVID-19 restrictions it is not currently possible to hold public meetings, although the Board of Directors will continue to publish the papers and minutes for these meetings. In addition, there is an option for members of the public to submit any questions they may have to the Board for consideration. Questions should be kept brief and to the point and sent to the following email link dgft.foundationtrustmembers@nhs.net Responses will either be posted on the Trusts board meeting web page following the meeting or can be found in the minutes published in due course.

1. Introduction

This sheet provides some information about how the board meetings work.

Some items are confidential (for example if they concern an individual or a commercial contract) – these are dealt with in the (confidential/private) meeting.

Copies of the agenda and papers that are available to the public can be found on the Trust website www.dgft.nhs.uk or may be obtained in advance from the following key contacts:

Helen Benbow
Executive Officer
The Dudley Group NHS Foundation Trust
Tel: 01384 321012 (direct dial) / 01384 456111 ext. 1012
Email: helen.benbow1@nhs.net

Liam Nevin
Trust Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
email: liam.nevin@nhs.net

2. Board Members' interests

All members of the board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the Trust and these are recorded in a Register of Interests. If you would like to see the register, please contact the trust secretary or visit our website www.dgft.nhs.uk.

Members are also required to state at the start of the meeting if they have an interest in any of the items under discussion. Special rules govern whether a member who has declared an interest may take part in the subsequent discussion.

3. Debate

The board considers each item on the agenda in turn. Each report includes a recommendation of the action the board should take. For some items there may be a presentation; for others this may

not be necessary. The board may not actively discuss every item – this does not mean that they have not received careful consideration; it means that nobody at the meeting considers it necessary to debate the subject.

A formal vote need not be taken if there is a general consensus on a suggested course of action.

4. Minutes

A record of the items discussed, and decisions taken, is set out in the minutes, which the board will be asked to approve as a correct record at its next meeting.

The minutes, as presented to the next meeting of the Board of Directors for approval, are added to the website at the same time as the papers for that meeting.

5. Future meeting dates

For details of future Board of Directors meetings, please visit the Trust's website www.dgft.nhs.uk

6. Accessibility

If you would like this information in an alternative format, for example in large print, please call us on 0800 073 0510 or email dgft.pals@nhs.net

The Dudley Group
NHS Foundation Trust

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out **'Seven Principles of Public Life'** which it believes should apply to all in the public service. These are:

Selflessness
Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
Holders of public office should promote and support these principles by leadership and example.
This document should be read in association with the NHS Code of Conduct.

The Dudley Group
NHS Foundation Trust

Hello. Welcome to the meeting….

Please **ensure**;

- Your microphone is set to mute from the point of joining
- You unmute the microphone whist directly contributing
- You've taken a comfort break and are seated comfortably
- You have refreshments to hand
- You have access to the agenda & papers
- You have a head-set **or** are 2 – 3 feet away from your computer microphone
- You are positioned in a well-lit area with a light source in front of you
- You use the chat to indicate your intention to contribute
- You use the format; "Question for [insert name]" to support the chair in tracking contribution requests to add to group discussion
- You cancel your own video-feed, if connectivity is problematic (voice only is adequate and uses less of your bandwidth).

PUBLIC PAPERS

The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 14 May 2020 at 11.40am
Clinical Education Centre
AGENDA

	Item	Paper ref	By	Purpose	Time
1	**Chairmans Welcome and Note of Apologies.**		Y Buckland		11.40
2	**Note of Apologies**		Y Buckland	For noting	11.40
3	**Declarations of Interest** Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	11.40
4	**Minutes of Previous meetings:** Minutes of 16 April2020	Enclosure 10	Y Buckland	For approval	11.40
5	**Public Chief Executive's Overview Report**	Enclosure 11	D Wake	For information & discussion	11.45
6	**Chair's private update**	Verbal	Y Buckland	For discussion	11.55
7	**Public Questions**	Enclosure 12	Y Buckland	For discussion	12.05
8	**Chief Nurse Update**	Enclosure 13	M Sexton	For assurance	12.20
9	**Integrated Performance Report**	Enclosure 14	K Kelly	For assurance	12.30
10	**Provision of Cancer Services**	Enclosure 15	K Kelly	For assurance	12.40
11	**Safe Staffing Report**	Enclosure 16	J Fleet	For assurance	12.50
12	**Corporate Risks**	Enclosure 17	M Sexton	For discussion	13.00
13	**Freedom to Speak Up Guardian Report**	Enclosure 18	R Plant	For discussion	13.10
14	**Guardian of Safe Working Report**	Enclosure 19	B Elahi	For discussion	13:20
15	**Governance Arrangements Update**	Enclosure 20	L Nevin	For assurance	13.30
16	**Technology Deliveries Report**	Enclosure 21	A Thomas	For assurance	13.40
17	**Any Other Business** Limited to urgent business notified to the Chair/ Board Secretary in advance of the meeting	Verbal	Y Buckland		13:50
18	**Reflection on meeting**		All		13.50
19	**Date of Next Board of Directors Meeting:** 11 June 2020				
20	**Meeting Close**				13.55

Quorum: One Third of Total Board Members to include One Executive Director and One Non- Executive Director

Enclosure 10

The Dudley Group NHS Foundation Trust

Summary of Matters Considered by the Trust Board Meeting: 16.4.20

COVID 19 UPDATE

Arrangements to Support COVID 19 Cases

In March the Trust was required to discharge all hospital in patients who are medically fit to leave hospital. The NHS is also in the process of block-buying capacity in independent hospitals. Their staff and facilities will then be flexibly available to Trusts for urgent surgery, as well as for repurposing their beds, operating theatres and recovery facilities to provide respiratory support for COVID-19 patients. We have weekly calls with Ramsay Healthcare to agree the prioritisation of patients. We are utilising Ramsay Healthcare in Dudley to support Cancer work and Urgent non cancer care.

We have put in place, as far as possible, a system to segregate all patients with respiratory problems (including presumed COVID-19 patients) at our front door within our inpatient wards and critical care. Segregation is between those with respiratory illness and other cases. Then, once test results are known, positive cases are cohort-nursed in bays or wards.

Operational Delivery throughout COVID -19

The following update provides an overview of the changes in operational service delivery as a result of responding to COVID-19:

Outpatients

All Outpatient activity in all specialties has moved to virtual, and existing patients waiting to be seen have been triaged via phone. Where a face to face assessment is to take place this is following a virtual consultation and based on need as to whether a physical examination is required.

Diagnostics

Diagnostics resource has been diverted to support inpatient work, all urgent work and supporting cancer.

Cancer

All pathways for Cancer will continue as far as they can in light of diagnostic and treatment constraints under Covid-19. Face-to-face clinics have stopped where possible; however virtual clinics have been set up and work is continuing on the governance and process for these.

Corbett and Ramsay (so far) being used to keep some cancer work, including surgery for Plastics, Urology and Breast. A small amount of very urgent cancer surgery will continue on the second emergency list at the Trust

Elective Procedures

All elective work has been cancelled except emergency surgery and essential cancer work. All cancer work is clinically assessed to understand the risk and benefits of treatment now versus a delayed procedure and the impact.

Emergency Department Attendance at the Trust

	w/c 9.3.20	w/c 16.3.20	w/c 23.3.20	w/c 30.3.20	w/c6/4/20
ED Attendance	1666	1290	1110	1009	987
ED % Patients waited <= 4 hours[1]	79.4%	84%	85.8%	89.4%	94.3%

1 Target of 95%

Emergency Department attendances at the Trust were almost 50% down when compared to the same period in the previous year. Concerns across the sector have been raised that those with chest pain, suspected stroke and other life threatening conditions may not be accessing healthcare as needed. This had prompted a local and national public messaging campaign to encourage people to come forward. The Trust's Emergency Department is currently performing well against the four hour standard and was 4th out of 20 in the Midlands and 24th in the country for performance as of the 15th April.

As stated above, procedures have been put in place to ensure that reception and treatment of COVID and non- COVID patients has been separated.

PPE

A far wider range of staff than usual is involved in directly supporting patients with respiratory needs. Refresher training for all clinical and patient-facing staff is being provided. A cross-specialty clinical group supported by the Royal Colleges has produced guidance to ensure learning from experience is shared across the UK. This includes: a short education package for the entire NHS workforce; a service guide, including for anaesthetics and critical care; COVID-19 clinical management guides in collaboration with NICE.

The availability of PPE is a national concern but at present the Trust has sufficient stock.

Supporting our staff and maximise staff availability

We are doing our utmost to support our staff to stay well and at work. We have enhanced health and wellbeing support for our frontline staff by:

- Extending the opening hours and bolstering the staffing in our Staff Health and Wellbeing service (8am-8pm, 7 days a week).
- Setting up a COVID staff helpline, including access to phone and virtual Counselling 24/7 through our Employee Assistance Programme.
- Opening 2 initial Serenity Rooms (Hydrotherapy (ground floor) and Library (1st floor South Block, in the Library) to provide a chance to recharge during shifts. These are supported with refreshments, toiletries and support materials including worry boxes and displays. Local 'wobble rooms' also being supported in departments.
- Distributing the food deliveries and donations that we have received from generous local business as widely as possible. Hot food, groceries and wellbeing packs of toiletries have been widely distributed to teams and areas across the organisation, as equitably as possible. We have been overwhelmed by the level of donations and support that we have received from our local community and citizens.
- Providing hot meals to staff free of charge, from the staff restaurant to ensure that all staff can have a hot meal during their shift.
- Arranging a hairdressing service for staff which they can access free of charge.
- Work is also underway on plans for after the COVID19 peak, to increase access to counselling and ongoing support for staff affected, to mitigate the longer-term impact of this challenging period for our dedicated and committed staff.

As extra COVID 19 testing capability has become more available and responsive we started formally testing prioritised staff and any family Index cases on the 4th April.

Alongside the enhanced support we are offering our staff which includes free access to apps supporting good mental health and wellbeing, serenity rooms on site for rest and relaxation space, getting a hairdresser to attend site, food bank service for those struggling to shop and care packages for staff we have also received extraordinary support from our community.

<u>Community and Local Business Support to our staff</u>

We have been overwhelmed by the thoughtfulness and kind donations by our community and local businesses. We have received donations of food, shower gels, hand creams, people have been making laundry and wash bags for staff and we had a special surprise Easter egg for everyone kindly donated by Wilkinson's.

A special mention must go to Four Ways Bar and Grill, Rowley Regis who have been sending food every day for our staff. A local pub has donated all the snacks they will no longer be able to sell and children continue to send in thank you cards and pictures as kind thoughts for our people.

We have had thousands of things donated and it is truly heart- warming to see the Dudley spirit in full force as we move through these unprecedented times. The Trust is sharing some of these donations with local care and nursing homes in recognition of the outstanding work they are doing during the lockdown.

Out staff and volunteers have been innovative in their thinking with volunteers making single use visors with surgeon Mushtaq Ahmed's design and guidance and individuals have started fundraising

campaigns to help support us. There really are too many people to mention and here is a list but it is by no means exhaustive as we receive things daily from new people.

Someone has given £1,000 to our charity appeal because they had it set aside for a holiday they can no longer take it really is phenomenal the good feeling and support for all our people and we would like to say a huge thank you to everyone who has given kindly over the past few weeks.

Companies who have donated:

- Fourways Bar and Grill (takeaway)
- Co-operative (Groceries)
- Pizza Hut (takeaway)
- Domino's Stourbridge(takeaway)
- Pret (takeaway)
- King's Kebab and Pizza (takeaway)
- Brockmoor Fryer (takeaway)
- ASDA (Groceries)
- Traffix ltd
- Liner Motion ltd
- Footsteps Nursery (Artwork)
- Kingswinford Academy Arts Department (Artwork)
- C-NET Solutions ltd
- JDS Productions ltd
- BT
- Dudley College
- Halesowen College
- B&Q
- GF Holding Contractors
- Maple Workwear
- Sainsbury's (Groceries)
- Ellowes Hall School
- Little Daisies Nursery
- Prego's Pizza (takeaway)
- Krispy Kreme (takeaway)
- Sikh Toy Appeal
- Matt the Baker (Groceries)
- Roberts Farm Shop (Groceries)
- Nando's (takeaway)
- Jet Singh Trust (Groceries)
- Wilkinsons Dudley (Toiletries)
- British Airways (Toiletries)
- Foundation DB (Groceries)
- CBS packaging

And so many more!

We have two appeals running through our charitable funds at the moment to harness the power of goodwill and ensure we are getting the things our people really need.

If you would like to make a one off donation and send a message please go to:

www.justgiving.com/campaign/NHSThankYou

If you would like to do some fundraising for us please go to:

www.justgiving.com/campaign/Virtual-20-20-Challenge

Current COVID19 position 22.4.20

- Positive cases – 755
- Confirmed inpatients – 82
- Discharges – 277
- Deceased – 199

Finance Update

2019/20

The Trust has worked closely with commissioners and other partners throughout the year and through a combination of their support and internal efficiencies we have achieved our control total target and deliver a year end surplus. We are one of the few Trusts in the Midlands to have achieved the control total target.

2020/21

For 2020/21 payment to providers will be made up of 3 core elements which, when combined, is designed to enable all costs to be met. They are;

- a block element from CCGs based on contracts up to Month 9 (December

  2019)

- a top up element from NHSE/I to reflect the level of actual costs as per

  Months 8-10 (winter months)

- reimbursement for specific COVID costs

Technology

Over the last month the Trust has made significant progress with its technology offer including:

- Large-scale mobilisation of over 200 new secure devices for remote working and for clinical areas, such as converting theatres in to HDU areas.
- In combination with the Trust's existing significant mobile device estate, (800+ regularly used devices), over 1000 staff are enabled with secure access to work from home as part of

their departmental rosters. This will be further bolstered with 500 devices arriving within a month to replace equipment that was urgently re-purposed, thus producing a net gain of circa 350 laptops across clinical / remote working activity.

- Deployment, training and support of key productivity software packages to facilitate collaborative working including;
- Microsoft Teams (offered free of charge with NHSMail) across over 50 divisional and directorate-wide groups and approaching 4000 staff.
- Webex video conferencing (provided free of charge by the incumbent supplier Cisco).
- Rapid role out of the incumbent Dudley Connected Care (dBMotion) shared borough healthcare record (part funded by HSLI capital approved at Trust board)

Interim Governance Arrangements during COVID 19

The Trust will hold virtual Board meetings as during the lockdown period it will not be possible to hold a public meeting. However, we shall be producing public papers and these will be published on our website, ordinarily 7 days prior to the meeting. We are also introducing a facility for public questions to be submitted on agenda items by sending these to:

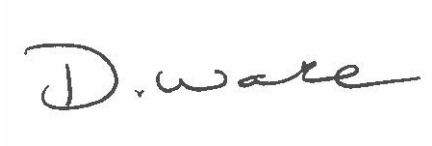
Dgft.foundationtrustmembers@nhs.net

Questions should be kept brief and to the point. Responses will either be posted on the Trust board meeting web page following the meeting or be found in the minutes published in due course.

The Quality and Safety Committee shall continue to meet to provide appropriate assurance in respect of patient safety.

Meetings of the Council of Governors have been stood down and instead a weekly email update is provided with periodic telephone conferences being arranged.

Yve Buckland – Chairman



Diane Wake – Chief Executive

Enclosure 11

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14th May 2020

TITLE:	**Public Chief Executive's Report**		
AUTHOR:	**Diane Wake** **Chief Executive**	**PRESENTER**	**Diane Wake** **Chief Executive**

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE			
Decision	**Approval**	**Discussion**	**Other**
		X	

RECOMMENDATIONS

The Board are asked to note and comment on the contents of the report.

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Coronavirus
- Senior Executive Appointments
- Charity Update
- Visits and Events
- National News
- Regional News

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**N**	**Risk Description:**

	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Safe, Effective, Caring, Responsive, Well Led**
	NHSI	**N**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

Chief Executive's Report – Public Board – May 2020

This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and a highlight a number of items of interest.

Coronavirus (COVID-19)

My deepest sympathies go to all those who have lost loved ones during the coronavirus pandemic. It is a very difficult time for everyone including our staff who are working under extreme pressure and in very challenging circumstances. We have been overwhelmed by public support and I would like to pay my own tribute to staff. I am impressed by the team spirit. Throughout this whole COVID 19 experience we have had a phenomenal response from our staff and we could not ask for more. They are all truly amazing.

It's very important for people who need to come to hospital do come to hospital. The NHS is still here. People must attend their appointments unless they are told not to attend. As the curve has flattened, we, as a Trust and the NHS as a whole, are planning how to restore and recover services starting with a range of critical services over the coming weeks.

Senior Executive Appointments

Director of Strategy and Transformation

I am pleased to announce that Katherine Sheerin has been appointed to the post of Director of Strategy and Transformation. She will join us in July from Leeds Clinical Commissioning Group where she has worked as Director of System Integration since 2017. Katherine began her career in the health service on a fast track graduation programme before taking up her first post at Liverpool Health Authority.

Charity Update

NHS Charities Together

As members of the NHS Charities Together organisation the Trust charity has been eligible to receive grants which are the proceeds of the National charity appeal which has raised over £83.5m at the end of day 30 April.

Last week we received our first grant of £33,000 which will be used to meet the immediate and urgent needs of patients, staff and volunteers. A second instalment is due imminently. The fund is expected to continue to support the welfare of staff affected by COVID-19 after the pandemic is finally over.
www.nhscharitiestogether.co.uk

Those who have been following Captain Tom Moore will be pleased to know that, following his 100th Birthday on 30 April, his Just Giving donations reached over £31m.
www.justgiving.com/fundraising/tomswalkforthenhs

COVID-19 Crisis Appeal

We have an online JustGiving Appeal which states *'Our amazing NHS staff and volunteers are working tirelessly to care for COVID-19 patients. And we want them to know our local community is supporting them. We are so proud and in awe of NHS staff and volunteers as they work tirelessly to save lives!'* www.justgiving.com/campaign/NHSThankYou

An amazing 34 pages have been set up on JustGiving by the general public which, so far, have raised over £9,000. The charity is also receiving many donations from members of the local community which to date £30,000 and is growing daily.

Our Trust Volunteers have been organising an impressive array of rainbow items and have so far raised over £700 for the COVID-19 Appeal.

For the Love of Scrubs

Our website has a host of useful information regarding making scrubs: http://www.dgft.nhs.uk/making-scrubs-for-our-hospital-staff

Alternatively there is an official community facebook group organised by members of the public. This very active group which helps source material, offers free patterns and publishes a host of great advice. The link to this is: www.facebook.com/groups/254724365682679

Visits and Events

12th March	Board of Directors
20th March	MPs Briefing
25th March	Live Chat
2nd April	Live Chat
9th April	Live Chat
16th April	Private Board
	Live Chat
23rd April	Delivering Care Packages
24th April	Live Chat
29th April	Live Chat
	Delivering Care Packages
6th May	Live Chat
12th May	Live Chat

National NHS news

Just 2,000 key NHS staff have been tested, UK government admits Health officials must abandon strict production rules that are hampering the introduction of mass testing for coronavirus, scientists warned on Wednesday, after the government admitted that just 2,000 of half a million frontline NHS staff have been tested to date. Health officials must abandon strict production rules that are hampering the introduction of mass testing for coronavirus, scientists warned on Wednesday, after the government admitted that just 2,000 of half a million frontline NHS staff have been tested to date. **The Guardian (01.04.2020)**

GPs trying to access NHS England's 'emergency' PPE told to buy their own Exclusive GPs calling the new 'emergency' helpline to request personal protective equipment (PPE) have been redirected to their 'usual suppliers' to buy the items they need, Pulse has learned. **Pulse (01.04.2020)**

UK races to convert a convention hall into hospital for coronavirus patients The United Kingdom will open the doors this week on what could soon be the biggest intensive care unit in the country -- and it was built in about a week. As the number of Covid-19 cases in the UK began to rise, the National Health Service (NHS) realized it might be short of many thousands of ICU beds. **CNN (01.04.2020)**

Coronavirus: NHS worker 'let down' before death An NHS worker has died from coronavirus after treating patients with only gloves for protection, leaving his family feeling "let down". Thomas Harvey collapsed on Sunday after falling ill having helped a patient who later tested positive for Covid-19. **BBC News (02.04.2020)**

Government will write off £13.4 billion of historic NHS debt to help trust fight coronavirus The government will write off £13.4 billion of historic NHS debt to enable trusts to better fight the coronavirus pandemic. In his first public appearance since self-isolating with Covid-19 symptoms, Matt Hancock announced the financial package at today's (April 2) press conference. He said writing of debt held by NHS trusts across the country would put the service in a "better position" to fight Covid-19. **Guardian (02.04.2020)**

Coronavirus in the UK: London NHS hospital almost runs out of oxygen for Covid-19 patients A major NHS hospital in London nearly ran out of oxygen for Covid-19 patients on ventilators this weekend because there were so many people in need of assistance breathing, it has been reported. **iNews (02.04.2020)**

What does Matt Hancock's pledge to write off NHS debt really mean? The Health Secretary announced that the government would write off £13.4bn of historic NHS debt. As hospitals grapple with the coronavirus pandemic, he said the measure would "help NHS trusts to deliver what's needed without worrying about past finances". **New Statesman (03.04.2020)**

The inflexibility of our lumbering NHS is why the country has had to shut down Why are we clapping the NHS? It is right and just to clap NHS workers, but that is not the same thing. Virtually everyone has reason to thank good nurses, doctors and paramedics. But if we are to praise large organisations for how effectively they have dealt with the coronavirus crisis, we should be clapping vigorously for Sainsbury's, Tesco, Waitrose and Morrisons, who have responded nimbly to sudden extra demand for one of life's basics – food. We should give only rather tepid applause for the efforts of the NHS to look after another of life's basics – health. **The Telegraph (03.04.2020)**

NHS launches biggest coronavirus treatment in the world – as Hancock calls for patients to take part. THE NHS has launched the world's largest clinical trial for coronavirus treatments - and needs more patients to take part. Researchers crunched a year of planning and regulatory approval into just nine days and have almost 1,000 volunteers already. **The Sun (03.04.2020)**

Health chief urges public not to become complacent as new coronavirus cases show signs of 'plateau' NHS England's national medical director says now is not the time to "take our foot off the pedal" after claiming the number of new coronavirus cases show signs of a plateau. **East Anglian Daily Times (04.04.2020)**

The Queen praises 'selfless' NHS staff and key workers battling on the front line during coronavirus crisis The Queen has used her address to the nation to thank NHS workers for their 'selfless' efforts in combatting the spread of coronavirus. Speaking from Windsor Castle, where she has been isolating, the monarch praised medical workers for their work and sacrifice in the battle against the virus. 'I want to thank everyone on the NHS front line, as well as care workers and those carrying out essential roles, who selflessly continue their day-to-day duties outside the home in support of us all,' she said. **Daily Mail (05.04.2020)**

Ministers are 'furious' with NHS bosses and Public Health England's failure to solve testing shortages by its 'dangerously slow' willingness to involve industry - as even their staff have no faith in their leaders There have been increasing concerns about the level of diagnostic testing for the deadly pandemic, with Matt Hancock last week admitting the UK had struggled to scale up to the mass testing of other countries such as Germany. **Daily Mail (05.04.2020)**

ExCeL owner scraps all fees for NHS to use Nightingale field hospital The chief executive of the London event centre, Jeremy Rees, said the deal with the health service had included some contributions to costs, but "we have since decided to cover the fixed costs ourselves". **The Guardian (05.04.2020)**

NHS England urgently appeals to GPs to staff triage service A key element in the new covid-19 response service run by NHS 111 urgently needs more doctors, NHS England has said. The national covid-19 clinical assessment service, or CCAS, serves a cohort of patients with coronavirus symptoms deemed by 111 as needing a clinical assessment over the phone or online. **Health Service Journal (06.04.2020)**

First NHS midwife in England to die from Covid-19 confirmed Tributes have been paid to Lynsay Coventry, who worked as a midwife at a trust in Essex, after her death from coronavirus was announced late on Sunday. **Nursing Times (06.04.2020)**

NHS England to ensure all GPs can work from home if isolating NHS England has committed to providing GPs with IT solutions to enable them to work remotely during the coronavirus (Covid-19) pandemic. **Pulse (08.04.2020)**

NHS figures show 92% of coronavirus victims in England are over 60 - while only FIVE under-20s have died from the killer infection More than nine in 10 fatalities from coronavirus in England were people aged over 60, figures have revealed. Just five under 20s (0.07per cent) have died from the infection. People aged 20-39 made up 0.7 per cent of the deaths and 40-59 7 per cent. The NHS England data reveals the other 92 per cent killed by Covid-19 were over 60, 40 per cent aged 60-79 and 52 per cent over 80. Almost 6,500 people in England have succumbed to the disease, as well as 222 in Scotland, 212 in Wales and 70 in Northern Ireland. **Daily Mail (09.04.2020)**

NHS England places caps on reimbursement rates for Easter opening NHS England has announced the rates at which GP practices can be reimbursed for staff it needs to put on to open over the Easter weekend. It has previously told practices that they should treat Good Friday and Easter Monday as regular working days. **Pulse (09.04.2020)**

The wider impacts of the coronavirus pandemic on the NHS The coronavirus pandemic will have huge impacts on the National Health Service (NHS). Patients suffering from the illness are placing unprecedented demands on acute care, particularly on intensive care units (ICUs). This has led to an effort to dramatically increase the resources available to NHS hospitals in treating these patients, involving reorganisation of hospital facilities, redeployment of existing staff and a drive to bring in recently retired and newly graduated staff to fight the pandemic. **IFS (09.04.2020)**

Coronavirus: A&E visits drop sharply as calls to 111 double The coronavirus crisis has led to a huge drop in the numbers of people going to accident and emergency units in England last month compared with March last year, official figures show. At the same time, though, calls to NHS 111 rose to nearly three million, twice as many as in the same month in 2019. **BBC News (09.04.2020)**

Deaths in UK rise by 917 as 11-year-old has died from the virus
New Labour leader Sir Keir Starmer has demanded "urgent talks" with the Government to ensure MPs can probe ministers over their handling of the coronavirus crisis, PA reports. Close to 10,000 people have died in UK hospitals since the outbreak started and Sir Keir, who replaced Jeremy Corbyn as opposition leader last week, said the Commons must be open for business after Easter - even if it means MPs asking questions over webcams. **The Telegraph (11.04.2020)**

App launched to track NHS staff's covid-19 absences A new app has been launched by NHS England to track staff absences related to coronavirus amid increasing pressure on the NHS workforce. "Anonymised data" collected from the app will be used to inform the national response to coronavirus and enable health chiefs to fully understand pressures on the health system, according to NHS England. **Health Service Journal (12.04.2020)**

Is protective equipment getting to NHS staff on the coronavirus frontline? Here's the truth The public debate about personal protection equipment (PPE) for health and care workers is in danger of getting stuck in an unhelpful, seemingly irreconcilable, rut. The government is publicly quoting ever-growing figures of how many millions of pieces of PPE are being delivered to the frontline. **The Guardian (13.04.2020)**

Companies providing PPE to NHS prioritising England over Scotland The largest companies providing Personal Protective Equipment (PPE) to NHS and the care sector say they are prioritising NHS England and English care workers over Scotland. The sensational and shocking claim was made by Donald Macaskill, chief executive of industry body Scottish Care, speaking on BBC Radio Scotland this morning. **The National (13.04.2020)**

Two additional NHS Nightingale hospitals set to be opened in England Sunderland and Exeter have both been confirmed as locations where new NHS Nightingale hospitals will be opened to help provide additional beds for patients with coronavirus symptoms, should they be needed in the coming weeks ahead. **National Health Executive (14.04.2020)**

One third of NHS staff and key workers tested in the UK have coronavirus, amid concerns over access to protective equipment According to figures released Monday, 16,888 people who fall into the category of "key workers and their households," and who have shown symptoms or live with symptomatic people, have been tested. So far, 5,733 -- or 34 percent -- were confirmed to have the virus. **CNN (14.04.2020)**

Coronavirus: Army veteran Tom Moore, 99, raises £4m for NHS A 99-year-old army veteran who has raised more than £4m to help the NHS in the fight against Covid-19 has vowed to keep going even though he has smashed his original £1,000 target. **BBC News (15.04.2020)**

Andrew Neil mocks Nicola Sturgeon as she admits NHS England did not take PPE from Scotland Andrew Neil mocked the First Minister of Scotland and tweeted: “Nicola Sturgeon told GMB that she accepts assurances that NHS England did not demand PPE suppliers give preference over Scotland. “I think we can all agree The National has its page one splash for tomorrow (not!).” **Express (15.04.2020)**

Care homes in England say coronavirus death toll has risen to 1,400 The death toll among people being looked after in care homes in England has risen to 1,400, care leaders have said, as NHS England and the Care Quality Commission finally started rolling out testing of staff and residents. **The Guardian (15.04.2020)**

NHS staff should reuse PPE gear as a 'last resort', leaked government report reveals - as hospitals begin laundering single-use gowns and medics buy their own protective wear from DIY stores NHS staff on the coronavirus frontline are being told to reuse personal protective equipment as the 'last resort', a staggering leaked report has revealed today. The document from Public Health England said the safe reuse of items was under consideration, under plans to tackle shortages of PPE, according to the BBC. Mail Online (15.04.2020)

At least 50 NHS workers have died fighting coronavirus pandemic Although the official death toll remains at 27, as announced by Health Secretary Matt Hancock yesterday, tributes from local NHS trusts and loved ones indicate the actual number is almost double. **The National (17.04.2020)**

Coronavirus: Capt Tom Moore's NHS fundraiser hits £17m A 99-year-old war veteran has walked 100 laps of his garden to raise £17m and counting for the NHS. Captain Tom Moore originally aimed to raise just £1,000 for NHS Charities Together by completing laps of his garden before his 100th birthday. But he has smashed his target after nearly 800,000 people made donations to his fundraising page. As he finished the challenge earlier, he said: "I feel fine, I hope you're all feeling fine too." **BBC News (17.04.2020)**

PPE including gowns and masks running out, admits UK government The government has accepted that some personal protective equipment (PPE) is in short supply and promised that a large consignment, including 400,000 gowns, is due to arrive in the UK from Turkey on Sunday. **The Guardian (18.04.2020)**

How accurate are UK coronavirus death toll numbers?

Coronavirus deaths have been 50 per cent higher than the Government has announced, prompting the deadliest week since UK records began, new data shows. Official figures from the Office for National Statistics (ONS) showed 6,235 deaths involving Covid-19 in England and Wales between the start of the year and April 3, compared to the 4,093 figure published by the Department of Health. **The Telegraph (19.04.2020)**

Vital delivery of 84 tonnes of protective equipment for NHS is delayed
The RAF had been ready to transport the protective equipment from Turkey, Sky News reports. However, an unknown delay means the shipment, including 400,000 surgical gowns, will not yet be able to be used in the NHS. **Metro (19.04.2020)**

National minute's silence for NHS heroes who died in frontline coronavirus fight The UK is being asked to observe a minute's silence next week to remember all the health, care and other key workers who have died from Covid-19. And Labour leader Sir Keir Starmer has backed the move. Almost 100 health and care workers are believed to have died after contracting coronavirus. The Department of Health has named 43 NHS workers as victims. **Mirror (19.04.2020)**

NHS will be priority in decision on face masks for public, says minister The government will bear in mind the need to prioritise face masks for the NHS frontline, a minister has said, as scientists are meeting on Tuesday to discuss whether the general public should be advised to wear them to help prevent the spread of coronavirus. **The Guardian (21.04.2020)**

Coronavirus: Capt Tom Moore opens Harrogate NHS Nightingale hospital The 99-year-old war veteran who raised over £27m for the NHS has opened a new Nightingale hospital in Harrogate. Captain Tom Moore, who raised money by completing 100 laps of his garden before his 100th birthday, appeared via video link at the opening on Tuesday. **BBC News (21.04.2020)**

Empty 4,000-bed Nightingale hospital TURNS AWAY 30 'life or death' coronavirus patients from other packed London wards because it lacks nurses and has only treated a total of 40 people Patients are being turned away from the new 4,000-bed NHS Nightingale hospital in London due to a lack of nurses, it has been claimed today. The field hospital at the ExCeL Centre has been unable to accept around 50 coronavirus patients needing 'life or death' care since it opened on April 7. Thirty of those were transfers from existing London hospitals that were not able to go ahead because of nursing staff shortages, reports The Guardian. **Daily Mail (21.04.2020)**

UK shipped PPE to Europe despite severe NHS shortage Masks, gowns, gloves and respirators that could save the lives of the UK's frontline health workers are being shipped to Europe despite crippling shortages in the NHS, a new report claims. **Metro (21.04.2020)**

NHS limits dialysis supplies for coronavirus patients
Hospitals are having to conserve life-saving dialysis fluid in the coming days because of national shortages, as it has been revealed that 28% of coronavirus patients in intensive care who need significant help to breathe also need kidney support. **The Guardian (23.04.2020)**

Coronavirus: Birmingham's Nightingale hospital 'has no patients' Birmingham's Nightingale hospital is "not being used at all" 10 days after it was opened by the Duke of Cambridge. Set up inside the National Exhibition Centre (NEC), the site is intended to take up to 500 coronavirus patients at a time from 23 Midlands hospitals. The chief executive of University Hospitals Birmingham NHS Foundation Trust said it was a "good thing" the hospital had not received patients. BBC News (26.04.2020)

NHS chief says UK is investigating as a 'matter of urgency' after reports of children falling ill with inflammation syndrome possibly linked to coronavirus Health chiefs have vowed to investigate reports of a coronavirus-related inflammatory syndrome in children as a 'matter of urgency'. Doctors were this morning issued an alert about a sharp rise of infants being admitted to intensive care with a Kawasaki-like disease. Chief medical officer Professor Chris Whitty said it is 'entirely plausible' this spike is linked to the Covid-19 outbreak. **Daily Mail (27.04.2020)**

Coronavirus alert: Rare syndrome seen in UK children
NHS doctors have been warned to look out for a rare but dangerous reaction in children that may be linked to coronavirus infection. An urgent alert sent out to GPs said that intensive care departments in London and other parts of the UK have been treating severely sick children with unusual symptoms. This includes "multi-system inflammation" with flu-like symptoms. Some, but not all, tested positive for coronavirus. **BBC News (27.04.2020)**

NHS England reports 'no further deaths' at Morecambe Bay trust hospitals NHS ENGLAND has reported no further deaths due to coronavirus at Morecambe Bay hospitals trust in its daily update. The total number of people to have died with COVID-19 at the University Hospitals of Morecambe Bay NHS Foundation Trust hospitals - which include Furness General Hospital in Barrow - is 144. **The Mail (27.04.2020)**

NHS rejects Apple-Google coronavirus app plan The UK's coronavirus contact-tracing app is set to use a different model to the one proposed by Apple and Google, despite concerns raised about privacy and performance. The NHS says it has a way to make the software work "sufficiently well" on iPhones without users having to keep it active and on-screen. That limitation has posed problems for similar apps in other countries. **BBC News (27.04.2020)**

NHS staff need access to mental health services, says Labour
The government has been urged to arrange post-traumatic stress disorder support for frontline medical staff, whose mental health may be at risk due to the stress of working through the Covid-19 pandemic. **The Guardian (01.05.2020)**

Public health expert says NHS testing system 'emaciated' by Tory cuts
CONSERVATIVE Government cuts have “emaciated” the testing system and made the ability to track down coronavirus cases more difficult, a public health professor has claimed. **The National (01.05.2020)**

Regional NHS News

Nightingale emergency coronavirus hospital may not be needed as urgently as expected The new 4,000-bed Nightingale emergency hospital in London was opened by Prince Charles via video link on Friday, but it is hoped it will not be needed as urgently as previously thought because hospitals in the capital are coping better with the coronavirus. **The Guardian (03.04.2020)**

Birmingham Nightingale hospital work 'accelerated' as Midlands death toll rises The Midlands recorded a higher coronavirus death toll than London on Friday, as ministers said preparations for the new Nightingale hospital for the region will be "accelerated". **Express and Star (04.04.2020)**

Birmingham NHS hospital trust now has 263 coronavirus deaths - 80 higher than anywhere else in UK
University Hospitals Birmingham NHS Foundation Trust has more deaths than anywhere in the UK. The trust, in Birmingham, has a total of 263 deaths. **Birmingham Live (07.04.2020)**

24 more coronavirus deaths confirmed in region's lowest daily rise this week
A total of 24 more people have died after testing positive for coronavirus in the Black Country, Birmingham and Staffordshire. **Express and Star (09.04.2020)**

New NHS Nightingale Hospital for the West Midlands set to receive its first patients on Sunday
THE NEW NHS Nightingale Hospital at the NEC is set to receive its first patients on Sunday – as the region becomes a coronavirus hotspot. **Bromsgrove Standard (10.04.2020)**

Coronavirus death toll up by 84 across Black Country, Birmingham and Staffordshire - bringing total in region to 987 A total of 84 people have died after testing positive for coronavirus in the Black Country, Birmingham and Staffordshire. **Express and Star (11.04.2020)**

Redditch nurse dies after developing Covid-19 symptoms A "much-loved" nurse has died after developing symptoms of coronavirus, a hospital trust said. Julie Omar had been working as a sister on Ward 14 at the Alexandra Hospital in Redditch, Worcestershire Acute Hospitals NHS Trust said. **BBC News (11.04.2020)**

Coronavirus: Birmingham NHS trust 'inundated' after PPE sewing appeal Birmingham Community Healthcare NHS Foundation Trust posted on social media on Friday asking for "urgently needed" gowns. They had hoped to receive 50 offers of help but by Monday had received more than 1,200, a trust spokesman said. **BBC News (20.04.2020)**

West Midlands Police chief gives heartfelt thanks to NHS staff who saved his life Mr Dolby returned home to his family on Tuesday, after 26 days in hospital where he was being treated for the virus. Chief Supt Dolby, who formerly served as Dudley's top police officer, paid thanks to his NHS caregivers as he was discharged from the Worcester Royal Hospital yesterday. **Halesowen News (22.04.2020)**

NHS staff and key workers targeted for ID cards and uniforms in new crime spree
Key workers are being targeted for their ID passes as police warned that "new trends" in crime had emerged during the lockdown. **Express and Star (22.04.2020)**

Empty expanse of Nightingale Hospital Birmingham is tribute to the work of the NHS

The hospital at the NEC was built in less that a fortnight. But since being officially opened by Prince William, it has yet to be put to use. **Express and Star (26.04.2020)**

26 more coronavirus deaths in region as new figures show 26,000 dead in UK

The figures announced on Wednesday take the total number of Covid-19 deaths in the region's hospital to 1,862. **Express and Star (30.04.2020)**

Calls to 111 more than double in West Midlands – but almost half abandoned after not being answered
The region's helpline received more than 9,000 calls a day in March. But of those many callers gave up after being kept waiting for 30 seconds or more. **Express and Star (30.04.2020)**

Birmingham trust to open "covid-free" hospital
A large West Midlands trust has announced it will open "a covid-free" elective hospital as the NHS begins to reintroduce care back into its hospitals. University Hospitals Birmingham said that while covid-19 still posed a significant risk to staff, it plans to use its Solihull Hospital site for mainstream elective inpatient activity from 1 June. **Health Service Journal (02.05.2020)**

Enclosure 12

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors 14th May 2020

TITLE:	**Public questions**		
AUTHOR:	Helen Board Deputy Trust Secretary (Interim)	**PRESENTER**	Yve Buckland Chairman

CLINICAL STRATEGIC AIMS

Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS:

The Board is asked to note the questions raised by the Council of Governors and the public where indicated.

CORPORATE OBJECTIVE:

All

SUMMARY OF KEY ISSUES:

Public Questions

The Trust Board will continue to meet 'virtually' and won't be holding a public meeting in line with government guidance and to support social distancing. The agenda and meeting papers were circulated to the members of the Council of Governors. Additionally, a link to the Trust website and information providing the location of the agenda and papers has been emailed to our five local MPs and foundation trust members.

We have provided a facility for governors and members of the public to submit any questions they may have to the Board for consideration. Questions should have been submitted by close of play of Tuesday 12th May, kept brief and to the point and sent to the following email link dgft.foundationmembers@nhs.net

Questions received:

Rex Parmley, public elected governor, Halesowen
Q. In recent briefings, Governors have been advised that the Trust has sufficient PPE and is participating in a mutual aid scheme to support other organisations in the local health care economy. How much help have we been able to give so far and are we ensuring that we have sufficient stock in reserve for our own use and conversely, what equipment have we been provided with using this scheme?

A. We have received a small number of formal requests for mutual aid related to PPE. Outside of this formal scheme, we have provided PPE to local care homes and social care teams to enable them to safely care for their service users.

We have provided mutual aid to other organisations over time when we have had sufficient stocks of items to allow this. Examples include:

- Black Country Healthcare – hand sanitiser, 'Fit Test' Solution, non-medical gloves
- Sandwell & West Birmingham NHS Trust – gowns
- University Hospitals of North Midlands NHS Trust – aprons (offered but ultimately they sourced

elsewhere)

More recently we have been asked by a number of organisations and the regional teams if we are able to provide support on surgical masks and gowns, however, these items are in extremely scarce supply so we haven't been able to assist.

Hilary Lumsden, public elected governor, Halesowen
Q. In relation to the redeployment of students during the pandemic. What additional support are students receiving in their placement in terms of the emotional wellbeing and what additional training have they had to prepare them for their role?

A. The students are undertaking an enhanced placement on fixed term contracts and are fully supported by the professional development leads and matrons in the area that they have been deployed to. They continue to receive support for their learning by a named assessor/supervisor, they have access to the full range of the Trust's staff health and wellbeing services; we have provided dates for students to book onto individual support sessions with the professional development team and they are all aware of our contacts for any additional support required.

As part of the induction all students receive the following:

- Overview of the role and expectations
- Chief nurse welcome
- HR starter pack
- Staff health and wellbeing information
- Basic Life Support/Sepsis/EObs (electronic observations) training
- Manual Handling and IT training
- PPE training

Q. This is regarding mandatory training. The uptake of resuscitation training for all ages groups is low. Is this because of a lack of trainers? Have they been deployed elsewhere or is it more of a logistical problem? What measures are in place to rectify the shortfall?

A. Resuscitation trainers and resuscitation officers have not been re-deployed at this time and continue to offer training for resuscitation as well as Basic Life Support, ABCDE, track and trigger and DNACPR training. They work proactively with wards and departments to deliver sufficient training at a range of times to be as flexible as possible to accommodate their clinical commitments. Training is delivered in line with the Resuscitation Council UK 2015 guidance. We keep our training capacity under review in line with the Resuscitation Council Standards which would support more members within the team to provide increased cover.

IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	**N**		**Risk Description**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Well Led
	NHSI	**Y**	**Details:** Well led
	Other	**N**	**Details:**
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Enclosure 13

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors May 2020

TITLE:	**Chief Nurse Report**		
AUTHOR:	**Carol Love-Mecrow Deputy Chief Nurse**	**PRESENTER**	**Mary Sexton Chief Nurse**

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE			
Decision	**Approval**	**Discussion**	**Other**
		x	

RECOMMENDATIONS

For the Board to review and note the exceptions presented.

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience
SO2: Safe and Caring Services
SO3: Drive service improvements, innovation and transformation
SO4: Be the place people choose to work
SO5: Make the best use of what we have
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

1. The Chief Nurse has professional responsibility for nurses, midwives and Allied Health Professionals (AHPs) within the Trust however, does not operationally manage the majority of these staff. The oversight and management of staff within the Trust is within the divisional management structure, which reports to the Chief Operating Officer (COO) via the Divisional Directors.

   1.1 **Appendix 1** Staffing data

2. **<u>Agency Controls</u>**

   2.1 All bank and agency requests continue to be assessed by the Divisional Directors with the support of the Divisional Chief Nurses.

   2.2 All requests for non-framework agency remain Chief Nurse or Chief Operating Officer authorisation only in hours, out of hours remains Executive authorisation only.

3. **<u>Allied Healthcare Professionals (AHP)</u>**

   3.1 AHPs across all professions have been proactively redeployed in support for the COVID 19 pandemic. Over 60 allied healthcare professionals from a number of professions came together to develop a patient proning team for ventilated patients.

3.2 There have been a number of initiatives, resulting from local and national drivers, to increase AHPs capacity to respond to the COVID-19 pandemic. These have included the Bring Back Staff (BBS) programme for returning professionals which has resulted in the recruitment of four experienced physiotherapists and the fast track bank recruitment which has resulted in physiotherapists, podiatrists, radiographers and therapy assistants joining staff bank.

3.3 The Physiotherapy Trial in ED has been extended and refined during the COVID response and work is underway to provide an evaluation of the efficacy and benefits in terms of patients experience and outcomes. Initial findings are that physiotherapy presence in ED demonstrates a reduction in re-attendance, reduced admissions for low back pain and high levels of multi-disciplinary staff and patient satisfaction. To continue this, a business case will be required to identify funding to run the service 12 hours a day 7 days a week. In the meantime it will continue whilst the majority of traditional MSK services are stood down.

4. Complaints

4.1 During April 2020, the Trust received 31 new complaints. This is a 29.54% decrease from March 2019 for open complaints (44). With the impact of COVID-19 from mid-March 2020, the number of complaints received decreased in the last two weeks of the month bringing the monthly and quarterly average down.
Of the 31 complaints received:

- The Surgical Division received 9 new open complaints for April 2020 compared to 23 for March 2020.
- Medicine & Integrated Care Division received 19 new open complaints for April 2020 compared to 20 for March 2020.
- Clinical Support Division received no new open complaints for April 2020, compared to the one they received in March 2020.
- Corporate Services and Corporate Nursing received three new complaints in April 2020, compared to none in March 2020.

4.2. In April 2019 we received 50 new complaints so for a year on year comparison the Trust has seen a decrease of 19 new complaints when comparing April 2019 and April 2020.

5. Falls

5.1 There were 94 inpatient falls in March 2020, which is an increase on the 74 falls reported February 2020. There appears to be no consistent themes other than the increased dependency of patients during the COVID-19 pandemic coupled with the redeployment of staff from areas less familiar with falls prevention and assessment. In future all staff redeployed will need to have completed falls management training prior to redeployment.

5.2 There were 2 serious incidents reported for falls both fractured necks of femur. The RCAs for these incidents are being finalised for submission.

6. Infection Control

6.1 Work continues to support staff and their teams in managing the COVID 19 pandemic. Daily briefings continue to be held by the Chief Nurse with senior nursing, AHP and HR staff.

6.2 The new Infection Control Lead Nurse commenced post on 2nd March; she has been joined by the AMU Lead Nurse who has previous IPC 9 Infection Prevention & Control experience who was moved to the team to provide additional support during the COVID-19 pandemic.

6.3 During the pandemic the teams working schedules have been reviewed to increase capacity at the weekend and after 5pm to support the trust and additional bank administrative support has commenced for Saturday and Sunday due to increase in work load.

6.4 The team have been working closely with matrons and ward and department leads to provide up-to-date infection control information in a constantly evolving situation.

6.5 RCA apportionment meetings have been suspended, whilst this has not adversely impacted on the process currently alternative arrangements, recognising social distancing are being put in place to enable the resumption of these meetings.

7. Mental Health

7.1 There were no patients detained under the Mental Health Act during March 2020.

8. Patient Experience

8.1 The patient experience team have set up a 'family support service'. The service provides a mechanism for relatives and carers to pass messages to their loved ones, enquire about their condition, arrange for the collection and delivery of property, organise discussions with clinicians and facilitate Facetime calls. Initial feedback on the service has been very positive. The service is open seven days a week from 8am – 8pm.

8.2 **Experience of Care Week 2020** is an annual event to celebrate healthcare staff impacting patient experience every day. With the support of NHS England (NHSE) and NHS Improvement (NHSI) it offers the trust the opportunity to celebrate the work that has taken place to improve patient's experiences of care, with our staff, patients and their families and carers. A decision had been made to delay this celebration until later in the year due to current COVID- 19 issues however; it was decided to go ahead and to focus on social media only. Throughout the week we have been sharing feedback from our patients to highlight the importance of what matters most to them and their families. We have posted compliments, a patient poem, examples from our 'You Said We Have' feedback to highlight the impact patient feedback has across the trust in real patient-led change, and also the results of our maternity survey which were published in January 2020.

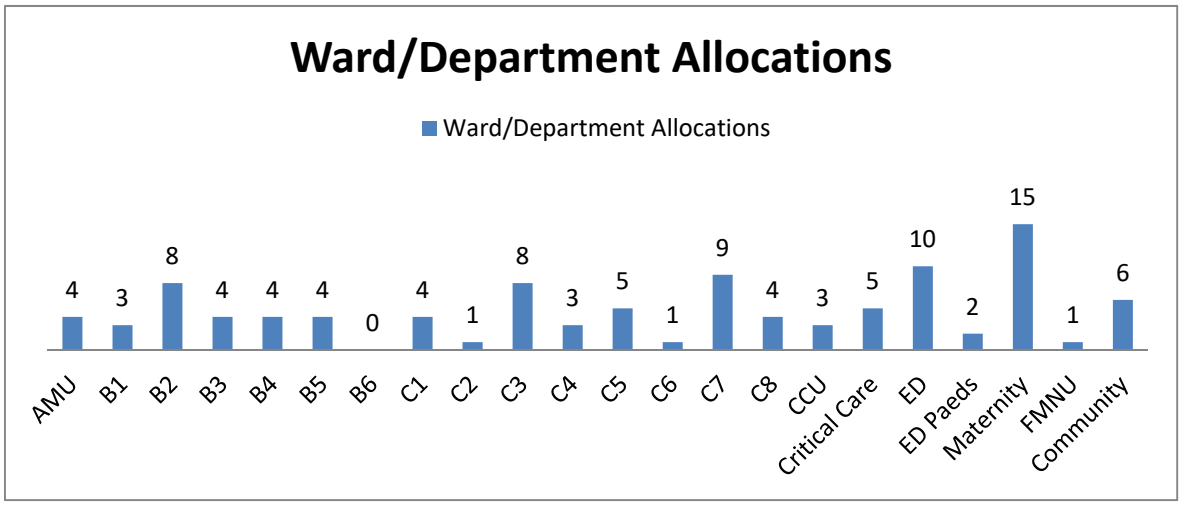
8.3 **Maternity Survey -** The fieldwork for the 2020 Maternity survey was due to commence in April 2020 with final results to be published in January 2021, however, the trust received notification that the Care Quality Commission (CQC) made the decision to cancel the fieldwork for the Maternity Survey 2020 until further notice. For Friends and Family Test (FFT), SMS/online methods are not currently available in maternity services.

9. Professional Development

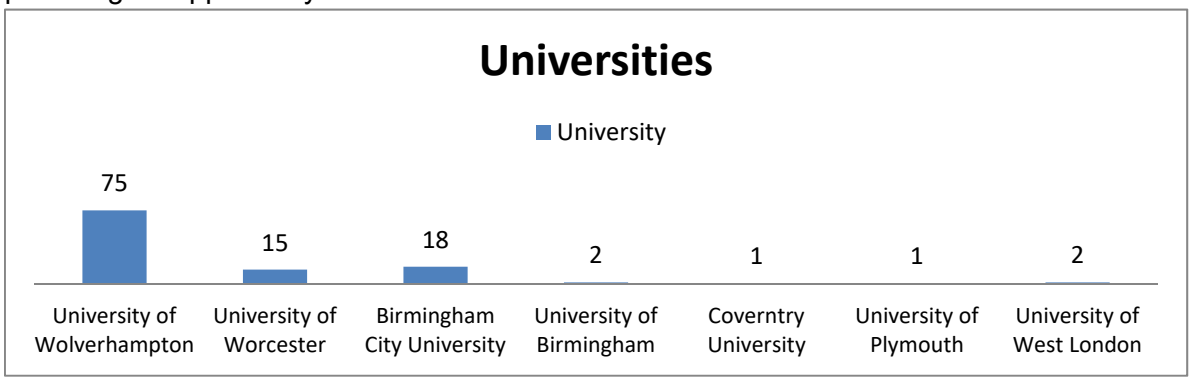
9.1 During the COVID-19 pandemic the professional development team have adapted to their usual working patterns to provide additional support to the trust. Included in this has been in providing additional training for staff who were being redeployed, face fit testing as well as clinical support for wards and departments.

9.2 However, the main focus for the team has been the redeployment of student nurses and midwives who have opted to work in the trust during the COVID-19 pandemic. The term 'deployment' has been used to denote the re-introduction of students into placement settings where they may previously have been temporarily withdrawn and/or where the usual placement element of their programme has been subject to change. This generally refers to an extended placement period or increased practice weighting of the programme. This process has been carried out collaboratively with the trust, the universities and Health Education England. All students for redeployment are identified in the online portal and are deployed, ideally in an area of their choosing and/or an area that they have secured a substantive post.

9.3 At the time of this report there were142 students on the portal, of these 113 had been offered six month placements and 104 had accepted including 86 adult, 3 child and 15 midwifery students. The table below shows the ward allocations of the students at the time of this report.



9.4 Whilst the majority of our students have originated from the University of Wolverhampton the table below shows the interest from a number of other universities not normally affiliated with the trust, providing an opportunity for wider future recruitment.



9.5 Work continues with the universities and HEE to redeploy student nurses and midwives to support the trust during the pandemic and a wide range of placement opportunities are being explored e.g. infection control.

9.6 AHP student deployment will be taking place once contractual arrangements have been clarified.

10. Quality and Safety Reviews

10.1 The scheduled quality and safety reviews have been suspended until July 2020 to focus resources on the COVID pandemic. However, work is underway to develop a more focused approached that allows triangulation with the CQC should dos and must dos whilst combining a review of quality key performance indicators.

10.2 Nursing sensitive indicators are still being recorded to give an overview of quality metrics during the pandemic.

11. Recruitment

11.1 The trust attended the RCNI recruitment event on the 10th March and offered 27 student nurses positions across the organisation to commence in September 2020, as always this number is likely to alter, keeping in touch activities are underway with this potential group of staff.

11.2 The last corporate recruitment event was on the 17th March with 2 offers made to student nurses due to commence in September 2020. We have currently suspended all recruitment events due to Covid 19 but have continued with the rolling adverts for registered nurses.

12. Safeguarding

12.1 The annual safeguarding report has been finalised and will be presented to the Quality and Safety committee in May 2020.

13. Safer Staffing (Appendix 1)

13.1 The qualified staff fill rates for March 2020 were 85% during the day and 86% during the night; this is a slight decrease on last month's figures, this is reflective of the reduction in staff availability due to COVID-19. The overall qualified staff fill rates was 85.5%, the target fill rate for qualified staff is set at 90% since December 2018.

13.2 All areas are within the agreed variation of 6.3 or more for the CHPPD. Overall Trust CHPPD is 9.30 for March 2020 (qualified and unqualified).

13.3 Review of staffing numbers through safety huddle continues facilitated by the Divisional Chief Nurses.

13.4 Assessment of patient acuity and dependency continues daily in bedded units.

14. Tissue Viability

14.1 There have been no avoidable category 3 or 4 pressure ulcers reported in March.

14.2 There has been increased reporting of skin damage to staff due to wearing face masks during the COVID -19 outbreak. National guidance has now been distributed along with a poster to advise staff of appropriate care of skin to prevent damage occurring and ongoing management of skin.

15. Volunteers

15.1 During the COVID-19 pandemic the work of the volunteers has been adapted, recognising that has been a reduction in existing volunteers but new volunteers, who ordinarily would not have been available have stepped forward to cover any deficits. Working being covered by the volunteers includes:

- **Main reception**: In addition to usual reception tasks, volunteers are covering extended hours to run errands and to take items to patients and staff: weekdays 8am-8pm, weekends 10am-6pm.
- **Visor production**: Volunteers have been relocated to Queens Cross Centre, making and distributing visors to hospital, care homes, domiciliary visitors and GP surgeries.
- **Pharmacy**: Daily medication deliveries to isolating patients at home. Volunteers are also assisting with delivering medication to the wards.
- **Love of Scrubs**: Volunteers driving on a daily basis to collect and deliver scrubs to the hospital from volunteer machinists.
- **Warfarin clinics:** Clinic hosts at Corbett, RHH and Ladies Walk.
- **Nutrition and hydration:** Ward volunteers were removed due to lockdown. Requests have just started coming in for volunteers to assist with drinks in green zoned areas.
- **Community:** Volunteer drivers delivering PPE to community staff.
- **Fundraising:** The volunteers are making rainbow badges, keyrings, fridge magnets, etc. to raise funds for the Trust.
- **DVT suite:** Telephoning patients who are due in for clinic the following week.

16. Year of the Nurse & Midwife

15.1 Work to prepare for the year of the nurse and midwife celebrations within the trust have been temporarily suspended to focus on the Trust's COVID 19 response. It is hoped that these celebrations will take place later this year.

15.2 However, there was recognition this month, for International Day of the Midwife on the 5th May and International Nurses day 12th May, with thank you cards and year of the nurse and midwife badges being given to nurses and midwives. There will also be an acknowledgement of Operating Department Practitioner (ODP) Day on the 14th May, which this year is being extended to the 19th June to celebrate 75 years of the College of ODPs.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK BAF 1A Not effectively engaging with patients in their care or involving them in service improvement	**Y**		**Risk Description:** We don't always effectively engage with patients in their care or involve them in service improvement as a result we fail to communicate with them effectively resulting in a poor patient experience which means patient's will not see us as a provider of choice.
	Risk Register: Y/N		**Risk Score: 12**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y/N**	**Details:**
	NHSI	**Y/N**	**Details:**
	Other	**Y/N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y/N**	**DATE:**
		Y/N	**DATE:**

The Dudley Group NHS Foundation Trust

Appendix 1

Safer Staffing Data

Safer Staffing Summary		Mar		Days in Month		31												
	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW								Actual CHPPD		
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Average Occupancy	Registered	Care staff	Total
B1	138	100	81	62	93	70	84	61	72%	76%	75%	73%	444	55%	4.36	3.31	7.67
B2(H)	207	149	241	188	139	108	199	175	72%	78%	78%	88%	891	96%	3.39	4.79	8.17
B2(T)	142	103	141	110	109	86	107	93	73%	79%	79%	87%	621	83%	3.58	3.93	7.51
B3	212	148	156	133	156	134	124	118	70%	86%	86%	95%	720	55%	4.70	4.18	8.88
B4	259	236	303	230	156	146	224	214	91%	76%	93%	96%	1,255	84%	3.55	4.16	7.71
B5	249	206	194	159	217	174	124	107	83%	82%	80%	86%	495	67%	9.23	6.29	15.52
C1	244	211	253	245	187	172	186	178	86%	97%	92%	96%	1,428	96%	3.18	3.51	6.69
C2	302	258	69	65	248	216	62	59	85%	94%	87%	95%	343	37%	16.20	4.13	20.33
C3	214	205	389	386	190	182	354	344	96%	99%	96%	97%	1,565	97%	2.97	5.47	8.44
C4	175	166	72	66	124	91	64	86	95%	91%	73%	134%	578	85%	5.19	2.97	8.16
C5	264	208	281	263	251	182	244	201	79%	94%	72%	82%	1,322	89%	3.54	4.21	7.75
C6	98	90	107	85	69	64	107	85	91%	80%	93%	80%	479	77%	3.76	4.27	8.02
C7	207	185	214	170	190	158	204	179	90%	80%	83%	88%	983	88%	4.19	4.26	8.45
C8	301	228	221	189	257	228	191	200	76%	86%	89%	105%	1,212	89%	4.42	3.85	8.27
CCU_PCCU	240	204	69	44	219	196	45	31	85%	64%	89%	69%	498	62%	9.63	1.80	11.43
Critical Care	429	394	64	55	414	388			92%	87%	94%		286	58%	32.14	2.32	34.46
EAU AMU 1	553	489	468	417	498	443	431	402	88%	89%	89%	93%	2,000	108%	5.59	4.92	10.51
Maternity	887	737	243	223	527	432	208	181	83%	92%	82%	87%	781	57%	14.19	5.91	20.11
MHDU	195	176	56	38	186	162	31	2	90%	67%	87%	6%	181	58%	21.88	2.17	24.04
NNU	169	144			156	138			85%		88%		306	55%	10.57	0.00	10.57
TOTAL	**5,485**	**4,636**	**3,620**	**3,128**	**4,386**	**3,770**	**2,988**	**2,714**	**85%**	**86%**	**86%**	**91%**	**16,388**		**5.42**	**3.87**	**9.30**

Enclosure 14

The Dudley Group
NHS Foundation Trust

Paper for submission to the Public Board on 14 May 2020

TITLE:	**Integrated Performance Report for Month 11 (March) 2020**		
AUTHOR:	**Board of Directors**	**PRESENTER**	**Karen Kelly Chief Operating Officer**

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE :

Decision	Approval	Discussion	Other
N	**N**	**Y**	**N**

RECOMMENDATIONS:

To note and discuss the current performance against KPIs.

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience
SO2: Safe and Caring Services
SO4: Be the place people choose to work
SO5: Make the best use of what we have
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

The Dudley Group NHS Foundation Trust

Performance

Cancer

				First draft, not validated					
Target	Feb-20 Patients	Breaches	Compliance	Mar-20 Patients	Breaches	Compliance	Apr-20 Patients	Breaches	Compliance
2WW	1189	390	67.2%	1344	172	87.2%	526	46	91.3%
2WW - Breast Symptomatic	163	149	8.6%	154	38	75.3%	25	2	92.0%
First Treatment	162	5	96.9%	170	5	97.1%	74	5	93.2%
Subs Anti-Cancer Drug	14	0	100.0%	9	0	100.0%	3	0	100.0%
Subs Radiotherapy	0	0		0	0		0	0	
Subs Surgery	27	1	96.3%	33	0	100.0%	18	1	94.4%
62 Day Traditional	87	32	63.2%	97	22.5	76.8%	48.5	14.5	70.1%
62 Day - Breast Symptomatic	0	0		4	0	100.0%	0	0	
31 Day Rare Cancer	2	0	100.0%	0	0		0	0	
Screening	11	1.5	86.4%	15	1	93.3%	3.5	0	100.0%
Upgrades	64	14.5	77.3%	52.5	3	94.3%	25	5.5	78.0%

The table above shows the performance to date over the previous 3 months.

Points to note:

- There is a 68% drop in the number of suspected cancer 2 week wait referrals from GPs over March and April as a result of Covid 19 pandemic.

- In April, there was a 50% reduction in the number of cancer first definitive treatments carried out. For those patients treated, 70.1% of cancer treatments were carried out within 62 days. As cancer treatments increase back to pre-Covid levels and beyond then each delayed treatment will adversely affect the 62 day performance figures as breaches are not counted until the treatment occurs.

- The 2 week wait standard for Breast symptomatic patients is much improved from its February low point of 8.6%, although again referrals are reduced in April by 84% from the previous 2 months. Patients continue to change their minds on coming in for an appointment so some patients are being seen after 2 weeks although the capacity is in place to offer them earlier appointments. Validation will therefore change the forecast percentages upwards in some cases.

PTL (Patient Tracking List)

As of the 01/05/2020, there are 1012 patients on the Cancer PTL.

The breakdown of these patients by specialty and progress on the 62 day pathway:

Cancer Site	0 to 27	28 to 41	42 to 48	49 to 55	56 to 62	62 to 103	104+	Total
All Sites	367	68	52	73	67	289	96	1012
Brain	2	0	0	0	0	0	0	2
Breast	65	2	0	0	1	2	0	70
Colorectal	77	39	17	33	36	194	61	457
Gynaecology	55	9	3	4	6	13	3	93
Haematology	2	0	1	1	3	2	1	10
Head and Neck	30	1	4	0	4	8	5	52
Lung	0	0	1	0	0	1	0	2
Skin	59	4	6	11	4	27	8	119
Upper GI	51	9	13	16	7	18	5	119
Urology	26	4	7	8	6	23	13	87

This is a reduction from previous months and reflects the reduction in 2 week wait referrals. There is national concern that patients have been reluctant to come forward to the NHS and there is now a national campaign "*Help us help you get the Treatment you Need"* designed to encourage the public to continue to access the NHS as they had previously done.

It is anticipated that there will be a surge in referrals as a result of the national campaign and the increase will impact on demand for cancer diagnosis and treatments. This will require plans to be developed to manage this in addition to normal numbers of referrals. As services in the Trust begin to increase capacity, we will model this potential increase and develop options for increasing capacity across specialties.

DM01 Performance by Month

The table below demonstrates trust's performance against DM01 Diagnostic operational standard. From September onwards trust consistently failed to perform against the national Operational standard of 99% of diagnostics test are carried out within 6 weeks wait. Majority of non- delivery is driven by huge numbers of the backlog in Endoscopy and some capacity problem in MRI.

1920 DM01 Breaches

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MRI	55	40	46	49	31	38	26	30	38	195	57	8
CT	0	35	8	0	2	6	8	9	2	9	17	26
US	0	0	4	4	3	0	92	35	10	5	7	1
DEXA	0	0	0	0	1	0	0	6	5	4	0	0
Others	7	6	7	4	10	78	62	355	537	407	209	314
% < 6 weeks	99.07%	98.79%	99.10%	99.22%	99.35%	98.48%	97.68%	94.73%	92.37%	92.11%	96.38%	92.94%

In September Endoscopy had to cancel its planned activity due to failure in decontamination unit, which led to an increase in its waiting time. And the challenges to the provision of Cardiac MR examinations are multifactorial. The procedures require the presence of a cardiologist and as a result of job planning their booked slots are compromised by on-call cover. The pensions issue has inhibited the extra work that was provided. In the month of December, a number of CT cardiac lists were lost due to Cardiologist capacity and staff illness resulting in downtime for the scanners which was not able to be replaced. This led to a huge increase in backlog in January.

Subsequently, a Remedial Action Plan (RAP) was agreed with the commissioner to improve the performance and achieve the national standard by March 2020. Working through RAP the services continued to make improvement against its trajectory supported by local grip and control to address any immediate deviation from improvement trajectory. In February the trust achieved 96.38% against the trajectory of 95% and was in course to achieve 99.03%.

However, following the national directive to suspend routine elective diagnostics due to the Covid-19 crisis, all non-urgent diagnostic imagings were suspended from Monday 23rd March. This is for reasons of patient safety as well as the capacity to deal with the crisis. As a part of this decision all endoscopy and scans were cancelled except for the following:

1) Life or limb-threatening conditions

2) Rapid access pathway patients

3) High suspicion of cancer or other serious pathology outside a rapid access pathway

4) Follow up scans of oncology patients on active treatment (not surveillance)

5) As a result, just under 3000 planned activity had to be cancelled; this meant the trust could only achieve 92.94% against its trajectory of 99%.

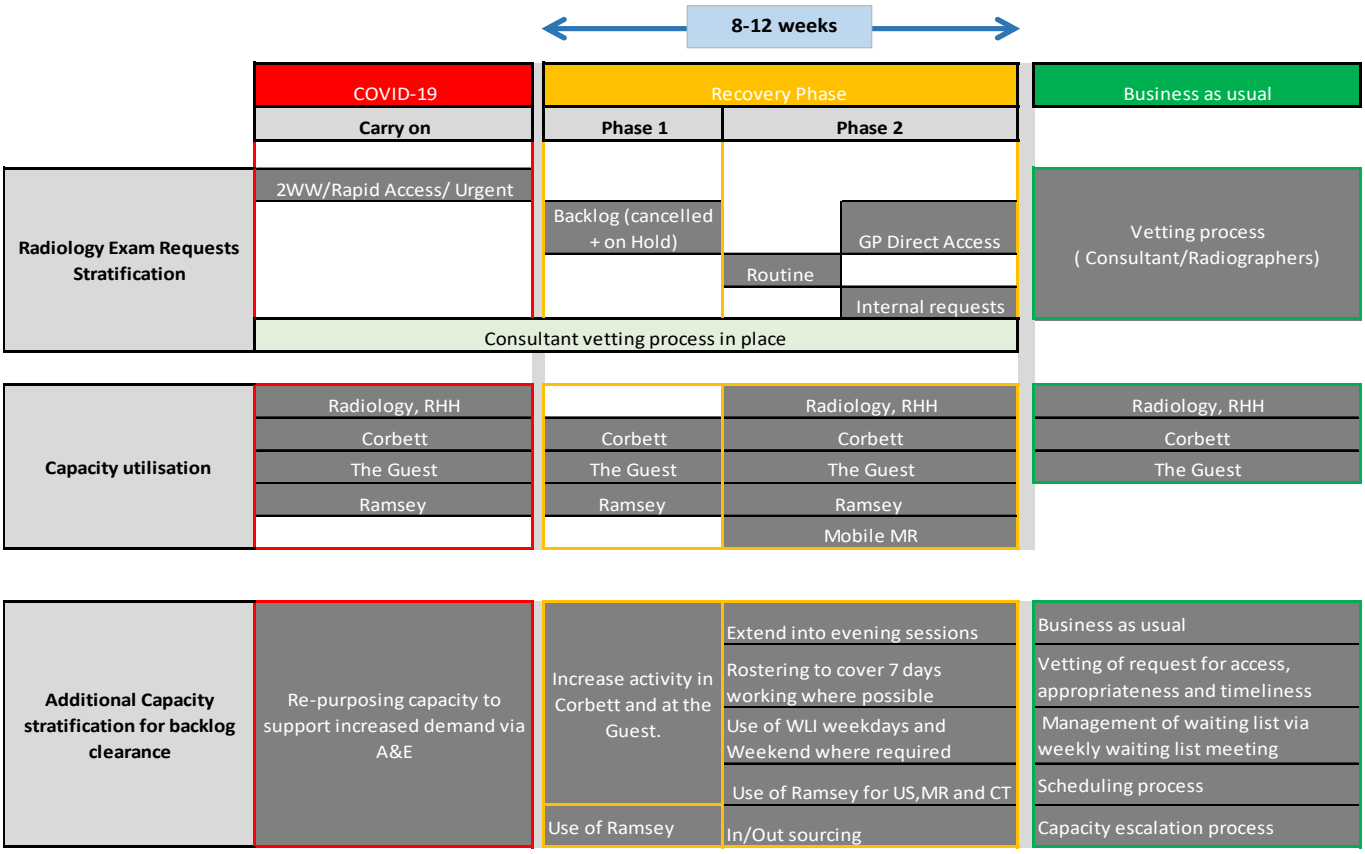
Recovery Plan

As the national and local picture continued to demonstrate improvement on COVID-19 infection rate, there has been an increased level of anticipation to reinstate routine activity. With this in mind, Imaging has continued to develop its recovery plan. The table below gives a snapshot of the recovery strategy, this includes:

- Increase in productivity
- Increase in capacity by extending hours weekdays as well as running services at the weekend
- Continue to use RHH site as the hot site for COVID-19, therefore increase the use of satellite sites. Such as the Guest and the Corbett
- Use of Private providers to increase in capacity as well as increase choice of cold sites
- If necessary explore the use of further capacity through in/outsourcing, this includes temporary mobile van for MRI

The Dudley Group NHS Foundation Trust

Post COVID-Radiology Recovery Plan



Assumptions:

- Backlog constitutes of all cancelled exams, on hold exams due to patient choice and weekly average requests
- Routine referral phased in @75% of weekly average demand for the first 4 weeks. Allowing this for lag time for referral processing
- Capacity is based on average weekly activity for the last two weeks
- No changes to DNA and cancellations rate and this is managed as a part of Access Policy
- Waiting list size is maintained @ 6 weeks' worth of activity as a part of business as usual

Challenges:

- A national statement on how infection of COVID-19 is managed and extended period of pandemic locally and nationally. This will be key in encouraging patient's uptake for routine activity.
- Estate and facility to support social distancing. Within the current setting, this will significantly reduce utilisation, as appointments will need to be staggered to avoid cramping of waiting areas.
- Ability to segregate COVID and non-COVID patient pathway. Unlike surgical and medical consultations, diagnostics services cannot be delivered on a virtual platform.
- Clinical capacity to sustain the level of input required to manage COVID patient as well as to

support routine activity.

RTT

The RTT position for the Trust was 84.03% in April, compared to 90.5% in March. This deterioration in performance was solely related to the high amount of cancelled elective work in response to COVID-19 and the national suspension of routine elective work. Whilst most outpatient services have moved to virtual or telemedicine (including the adoption of *Attend Anywhere* software which allows interactive virtual consultants to take place between clinician and patient) there has still been a reduction in the amount of new outpatient activity which has taken place. The single largest factor however has been the cancellation of elective routine activity for inpatient and day case admissions along with the suspension of routine diagnostics.

The organisation has begun to look at how, in line with national guidance, we can begin to scale back up the amount of none urgent elective work we perform over the next few weeks and this will begin to have a positive impact on the RTT position over time. Despite this it will take some considerable time to recover RTT performance to pre-COVID levels and a further deterioration in performance should be expected for the next couple of months at least. The Trust has continued to provide services for cancer and urgent patients during this time.

EAS

The month end position for March was 84% and we saw 10611 attendances. The April position for EAS has improved on this significantly; we have achieved 95.17% for the month April, we did however only see 6479 patients in April and hence there were less admissions. The other main contributory factor to our improved EAS position is the reduction in Delayed Transfers of Care. On the 20/3 there were 97 DTOCs, most of these patients were waiting for assessment and further care to be organised prior to discharge. On the 15/4 the DTOC number was 15 patients. At the commencement of Covid-19 lockdown national instructions were issued to local authorities and CCGs in relation to reducing DTOCS and some of the previous barriers that were in place were removed, primarily in relation to funding and assessment decisions.

Historically the main breach reason has been patients attending majors who have been referred to medicine for admission and they who have to wait >4 hours in the Emergency Department. The reduction in attendances but just as significantly the reduction in DTOCs has enabled timely transfer out of ED into a medicine bed. Work is underway with the local authority and Dudley CCG to continue with improvements that have been made on an ongoing basis.

IMPLICATIONS OF PAPER: Risks identified in this paper are linked to the risk (BAF 1b)

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**	**Risk Description:** BAF 1b - Failure to meet access standards

			caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient
	Risk Register: Y		Risk Score: BAF 1B – Risk score 15 (AMBER)
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y/N**	**Details:**
	NHSI	**Y/N**	**Details:**
	Other	**Y/N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y/N**	**DATE:**
	WORKING GROUP	**Y/N**	**DATE:**
	COMMITTEE	**Y/N**	**DATE:**

Integrated Performance Report - Board

May 2020

Created by: Informatics
Title of report: Integrated Performance Report

Executive Lead:	**Performance**	**Chief Operating Officer - Karen Kelly**
	Finance	**Director of Finance - Tom Jackson**
	Workforce	**Director of HR -**

Performance - KPIs Summary

Executive Lead: Karen Kelly

KPI SUMMARY MARCH 2020

	METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
PERFORMANCE	**Cancer Reporting - TRUST (provisional)**				
	All Cancer 2 week waits	93%	87.18%		P
	2 week wait - Breast Symptomatic	93%	75.32%		M
	31 day diagnostic to 1st treatment	96%	97.50%		M
	31 day subsequent treatment - Surgery	94%	100.00%	0	N/A
	31 day subsequent treatment - Drugs	94%	100.00%	0	N/A
	62 day urgent GP referral to treatment	85%	77.60%		M
	62 day screening programme	90%	83.87%	H	M
	62 day consultant upgrades	85%	92.00%		M
	Referral to Treatment				
	RTT Incomplete Pathways - % still waiting	92%	91%		P
	RTT Incomplete - Cardiology	92%	89%		P
	RTT Incomplete - Dermatology	92%	93%		M
	RTT Incomplete - ENT	92%	95%	H	P
	RTT Incomplete - Gastroenterology	92%	92%	H	P
	RTT Incomplete - General Medicine	92%	99%		P
	RTT Incomplete - Gynaecology	92%	96%	H	P
	RTT Incomplete - General Surgery	92%	91%		M
	RTT Incomplete - Geriatric Mediciine	92%	100%		P
	RTT Incomplete - Neurology	92%	94%		?
	RTT Incomplete - Ophthalmology	92%	96%	H	M
	RTT Incomplete - Oral Surgery	92%	97%		M
	RTT Incomplete - Other	92%	100%		P
	RTT Incomplete - Plastic Surgery	92%	94%		M

Performance - KPIs Summary

Executive Lead: Karen Kelly

KPI SUMMARY MARCH 2020

METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
RTT Incomplete - Respiratory	92%	99%		
RTT Incomplete - Rheumatology	92%	99%		
RTT Incomplete - T&O	92%	95%		P
RTT Incomplete - Urology	92%	96%		
RTT Admitted - % treatment within 18 weeks	90%	90%		
RTT Non Admitted - % treatment within 18 weeks	95%	93%		M
Wait from referral to 1st OPD	26	19		
Wait from Add to Waiting List to Removal	39	34		
ASI List (Month End)	-	4416	L	N/A
% Missing Outcomes RTT	-	0.09%		N/A
% Missing Outcomes Non-RTT	-	7.52%		N/A
DM01				
% of Diagnostic tests waiting less than 6 weeks	99%	93%		M
No. of Diagnostic tests waiting > 6 weeks (Month End)	0	369	79	SPC
ED				
ED 4 hour Waits Type 1 & 3 (ED + UCC)	95%	84%	H	M
ED Admitted Patients Waiting Times - 95th Percentile	-	891	L	N/A
ED Non Admitted Patients Waiting Times - 95th Percentile	-	481		N/A
ED - Time to Initial Assessment - 95th Percentile	-	37	L	N/A
ED Attendances Type 1	-	6652	L	N/A
ED Attendances Type 1 & 3 (ED + UCC)	-	10611		N/A
Left Without Being Seen	5%	0.5%	L	P
Unplanned Re Attendances	5%	0.9%		P
12 Hours Trolley Waits	0	8	3	N/A

Performance - KPIs Summary

Executive Lead: Karen Kelly

KPI SUMMARY MARCH 2020

METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
Ambulance Convenyances	-	3446		N/A
Ambulance Turnaround Breasches 30-59 minute	-	449		N/A
Ambulance Turnaround Breasches 60+ minute	-	81		N/A
Cancelled Operations				
% Cancelled Operations	1.0%	2.2%		M
Cancelled operations - breaches of 28 day rule	0	9	9	N/A
Urgent operations - cancelled twice or more	0	1	1	N/A
Theatre Utilisation				
Theatre Utilisation - Day Case (RHH & Corbett)	N/A	71.3%	H	N/A
Theatre Utilisation - Main	N/A	75.9%	H	N/A
Theatre Utilisation - Trauma	N/A	80.7%		N/A
Average Length of stay (Quality Strategy Goal 3)				
Average Length of Stay - Elective	N/A	2.7		N/A
Average Length of Stay - Non-Elective	N/A	3.7	L	N/A
Outpatient Referrals				
GP Written Referrals - made	-	6656	788	SPC
GP Written Referrals - seen	-	4560	-1000	SPC
Other Referrals - Made	-	3730	-274	SPC
GP Discharge Letters				
GP Discharge Letters	90%	0.9207	1.01%	SPC
Outpatients				
Outpatient Appointment DNA Rate	8%	11%		M
New/Follow Up Ratio	2.48	2.16		P
Clinic Utilisation	-	72%	H	N/A
Throughput / Flow				
Patients Discharged with a LoS >= 7 Days	-	7.3%	L	N/A

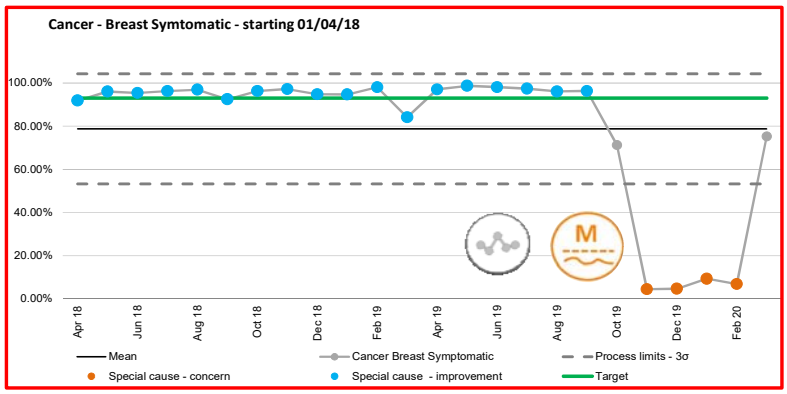
Performance - KPIs Summary

Executive Lead: Karen Kelly

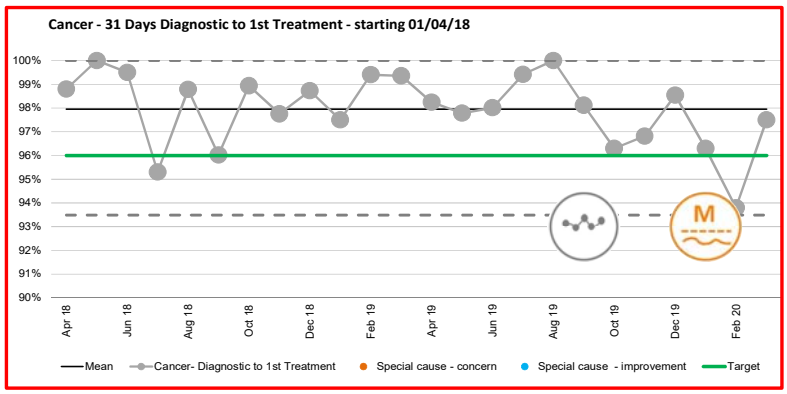
KPI SUMMARY MARCH 2020

METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
Patients Discharged with a LoS >= 14 Days	-	4.0%		N/A
7 Day Readmissions - PbR	-	4.3%	-0.50%	SPC
30 Day Readmissions - PbR	-	9.0%	0.50%	SPC
DTOC Average Monthly by RAG Rating (Amber)	-	0	-20	SPC
DTOC Average Monthly by RAG Rating (Red)	-	12	-81	SPC
Nationally Reported Delays - Total Days (1 Month in Arrears)	-	0	-772	SPC
Nationally Reported Delays - Reimbursable Days (1 Month in Arrears)	-	332	123	SPC
Nationally Reported Delays - DTOC Patients by Agency (1 Month in Arrears)	-	55	35	SPC
No. of Non-Clinical Patient Moves - Between 8pm and 8am	-	56	-7	SPC
% Discharged by Midday	-	13.8%	0.46%	SPC
Bed Occupancy - %	95.0%	78.0%	-11.90%	SPC
Bed Occupancy - % Medicine	95.0%	86.5%	-8.15%	SPC
Bed Occupancy - % Surgery, W&C	95.0%	72.9%	-16.25%	SPC
Bed Occupancy - Paediatric %	95.0%	33.6%	-15.09%	SPC
Bed Occupancy - Orthopaedic Elective %	95.0%	58.9%	-23.30%	SPC
Bed Occupancy - Trauma and Hip %	95.0%	84.1%	-12.12%	SPC

Performance Matters (KPIs)

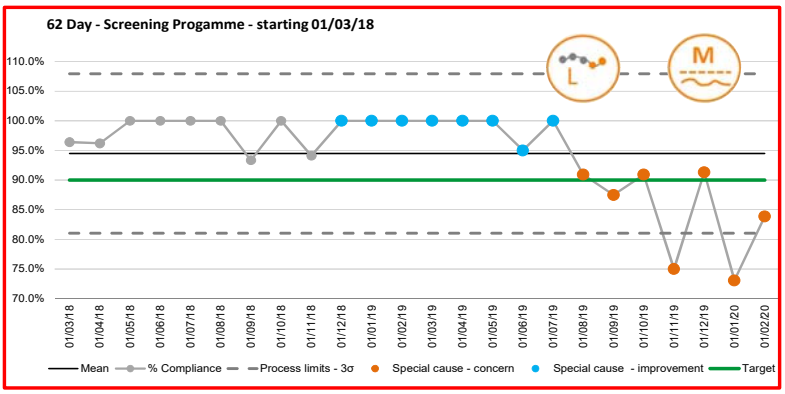


No Narrative Given

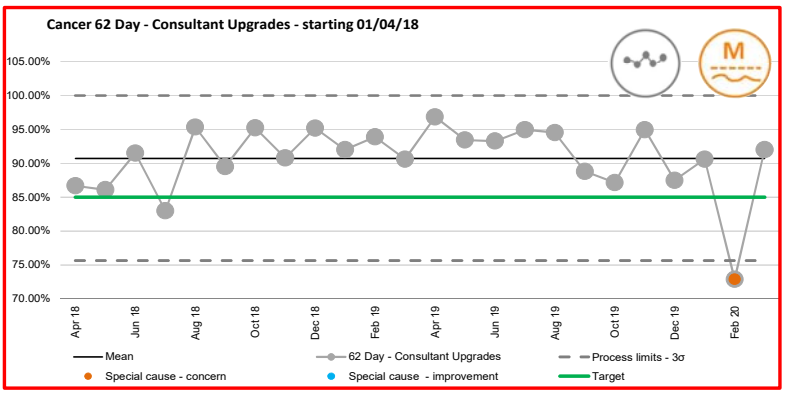


No Narrative Given

Performance Matters (KPIs)

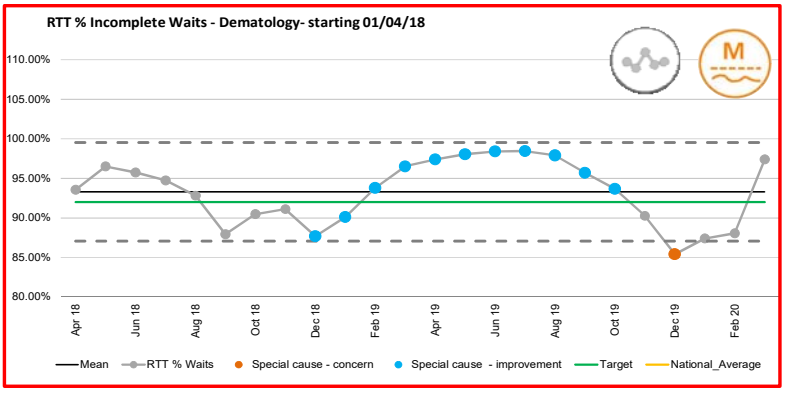


No Narrative Given

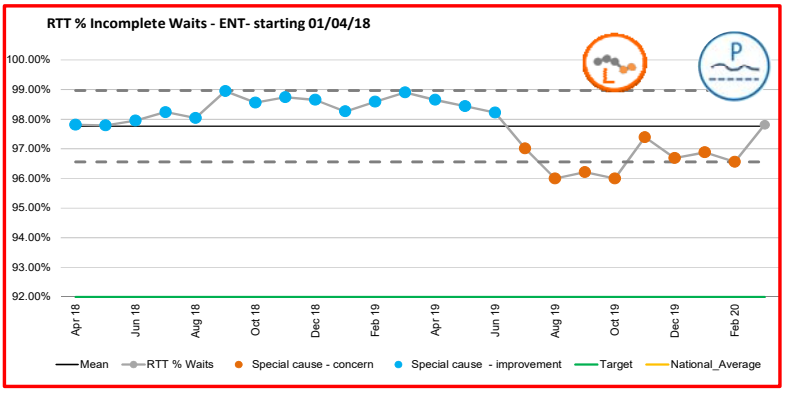


No Narrative Given

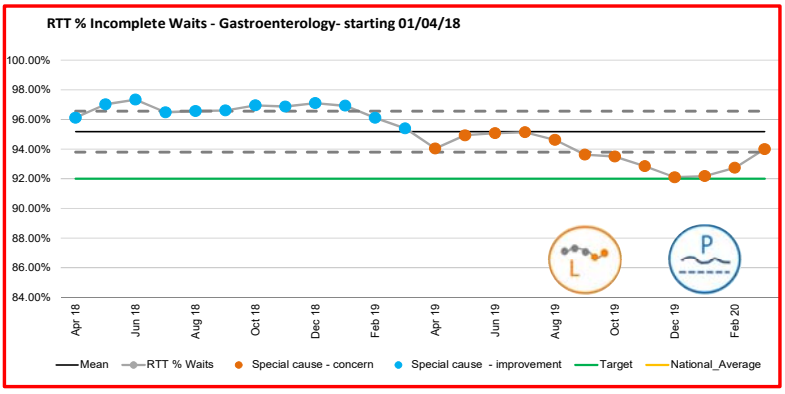
Performance Matters (KPIs)



No Narrative Given

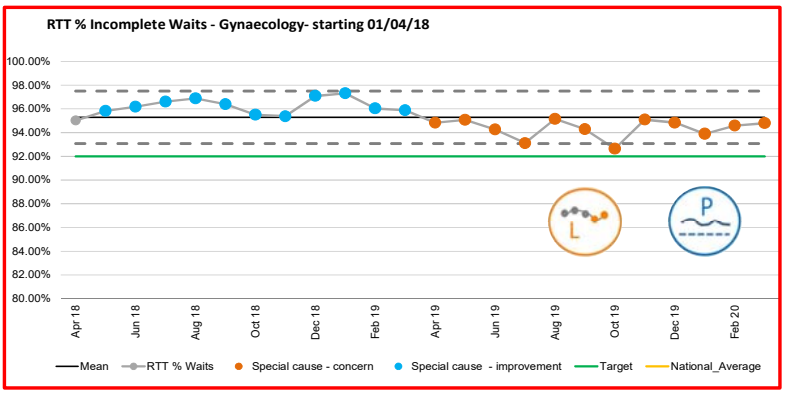


No Narrative Given

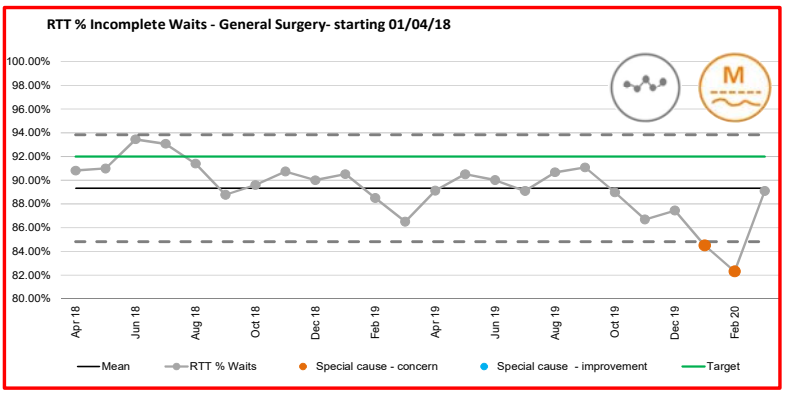


No Narrative Given

Performance Matters (KPIs)

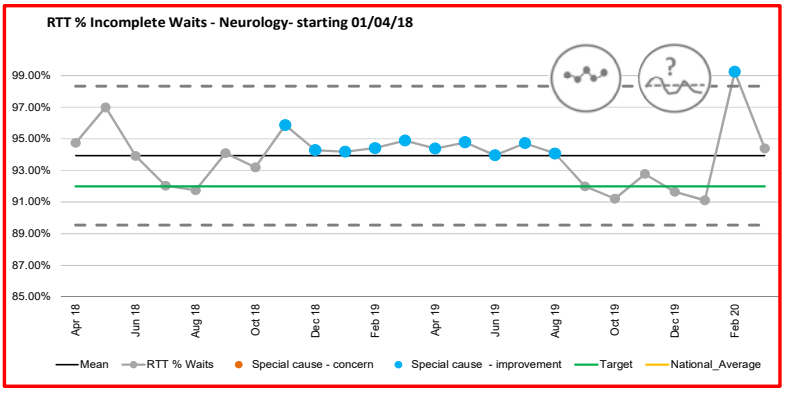


No Narrative Given

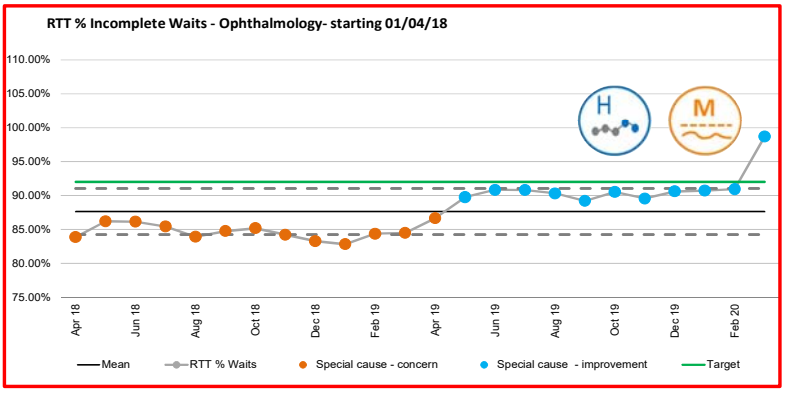


No Narrative Given

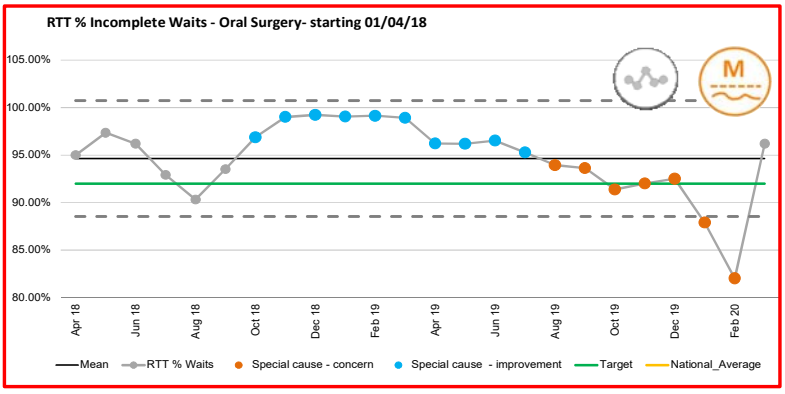
Performance Matters (KPIs)



No Narrative Given

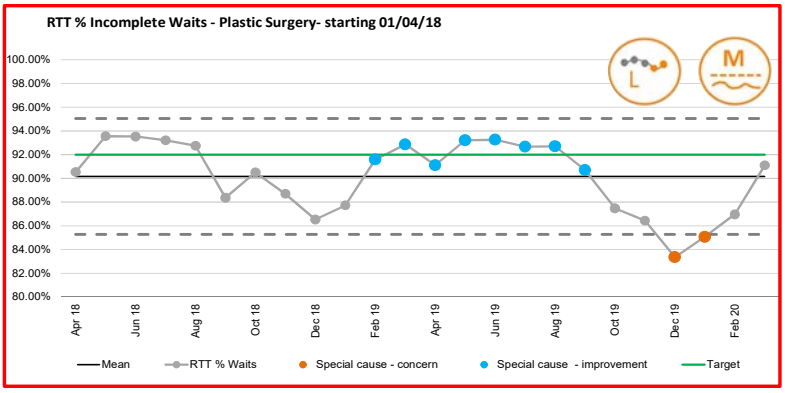


No Narrative Given

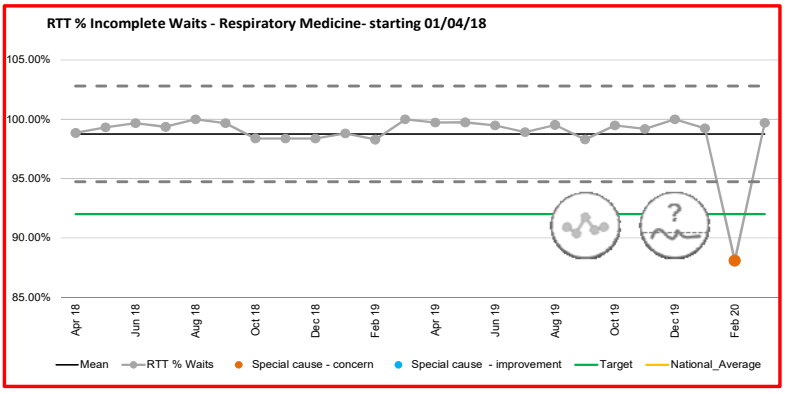


No Narrative Given

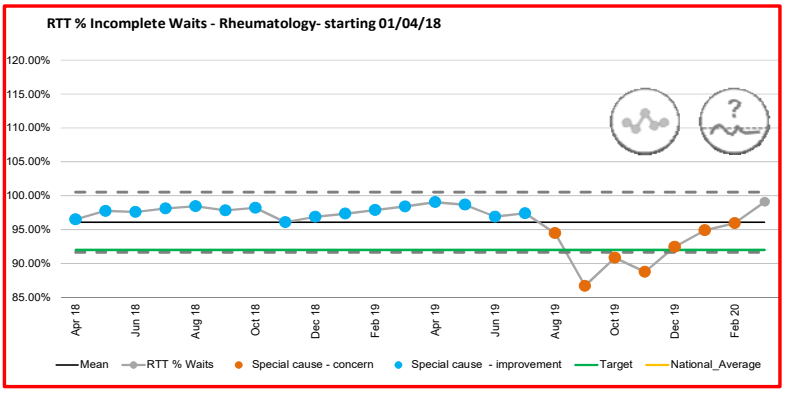
Performance Matters (KPIs)



No Narrative Given

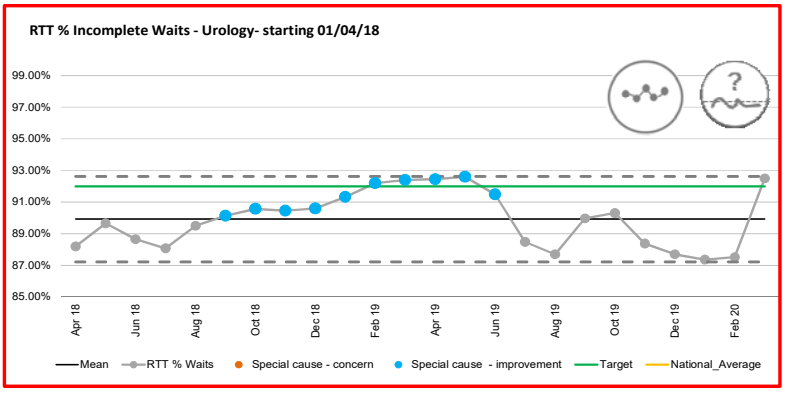


No Narrative Given

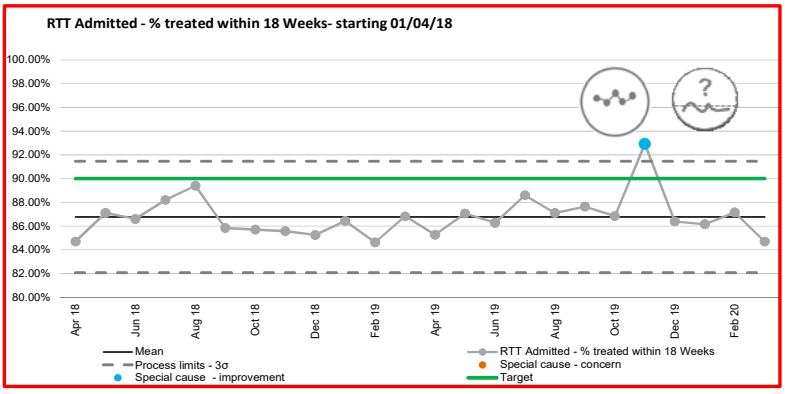


No Narrative Given

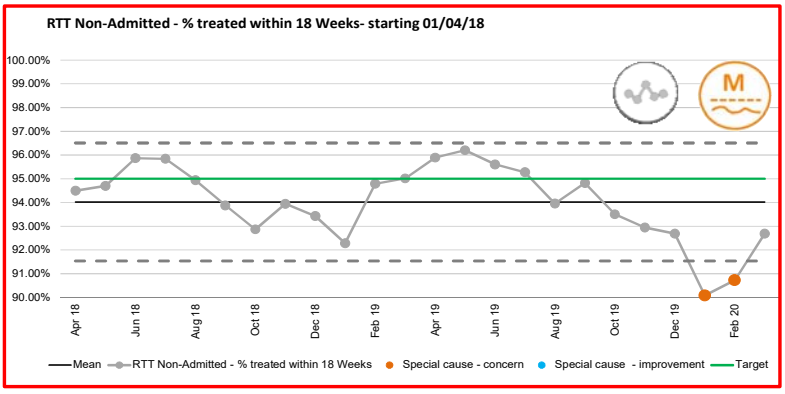
Performance Matters (KPIs)



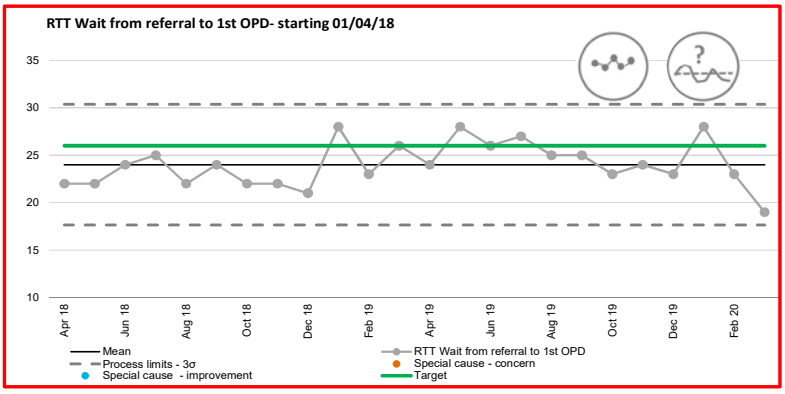
No Narrative Given



No Narrative Given

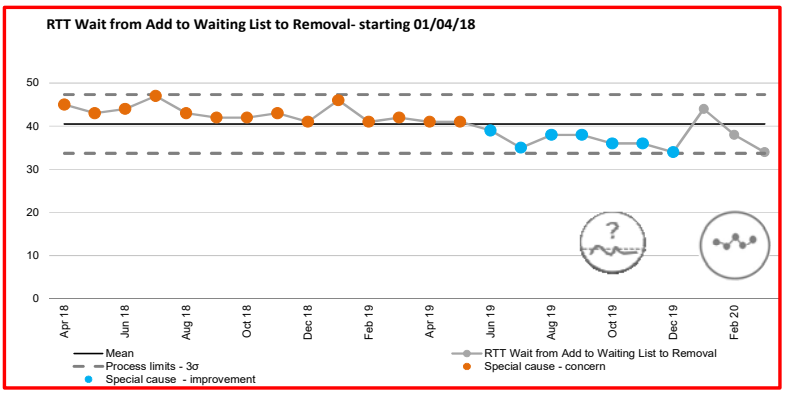


No Narrative Given

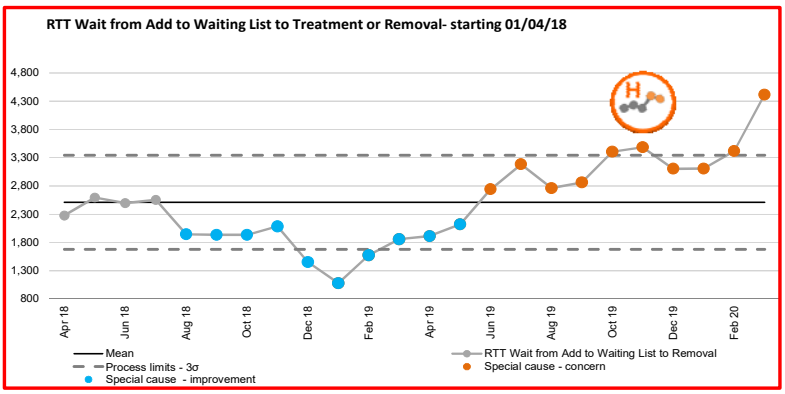


No Narrative Given

Performance Matters (KPIs)

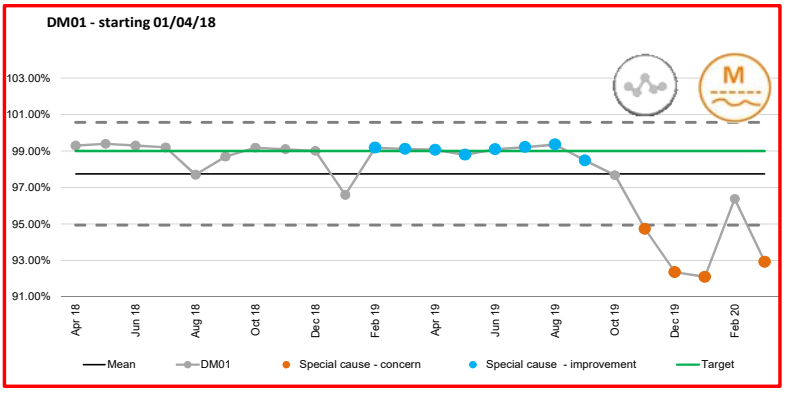


No Narrative Given

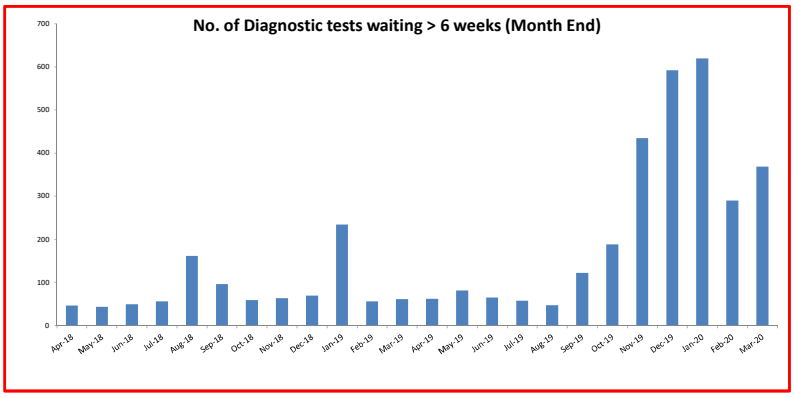


No Narrative Given

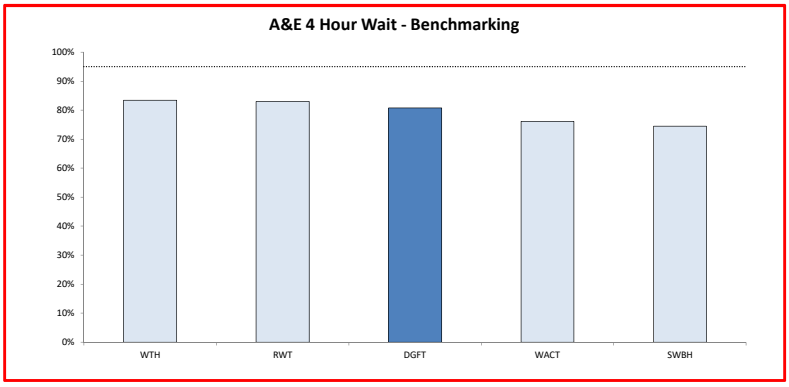
Performance Matters (KPIs)



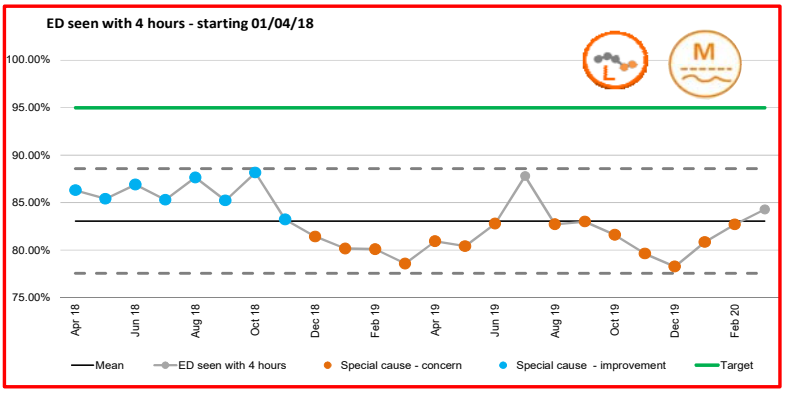
No Narrative Given



No Narrative Given

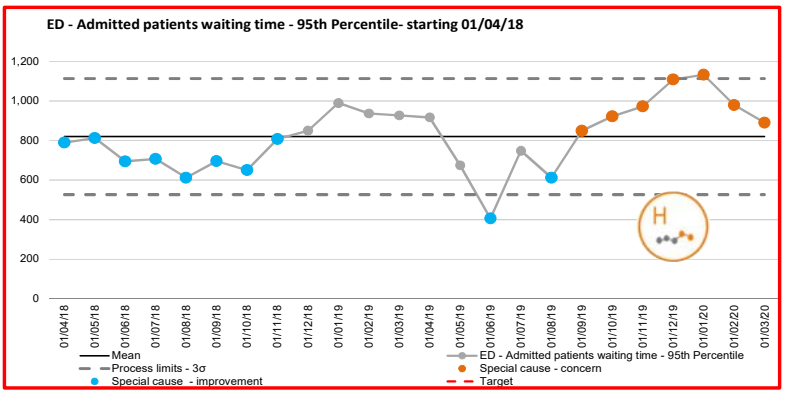


No Narrative Given

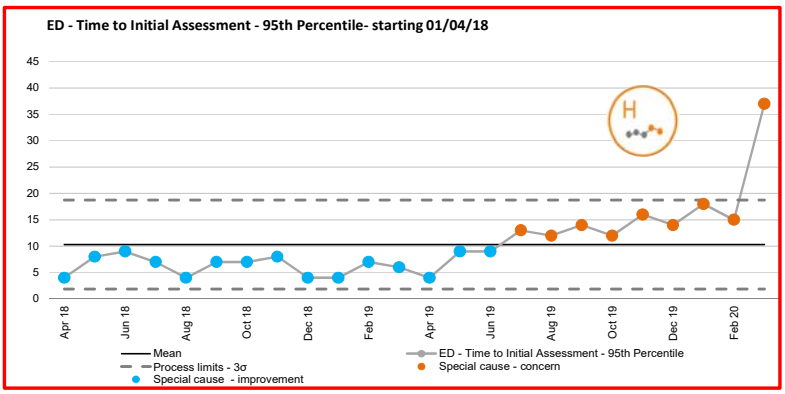


No Narrative Given

Performance Matters (KPIs)

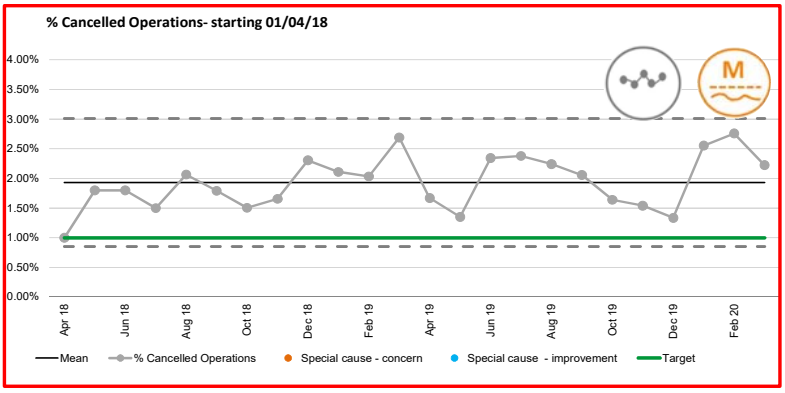


No Narrative Given

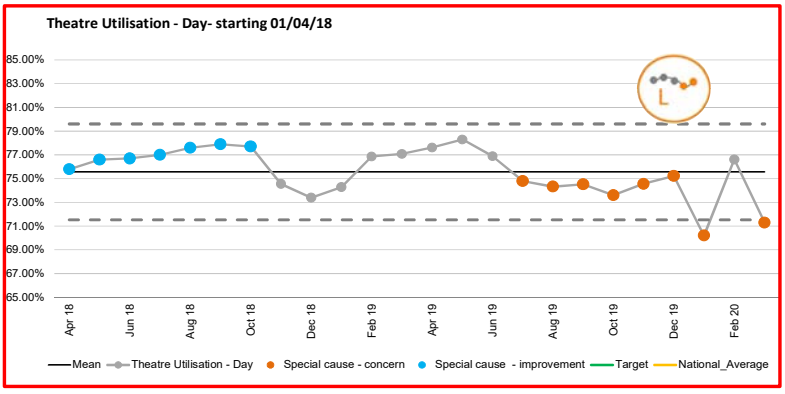


No Narrative Given

Performance Matters (KPIs)

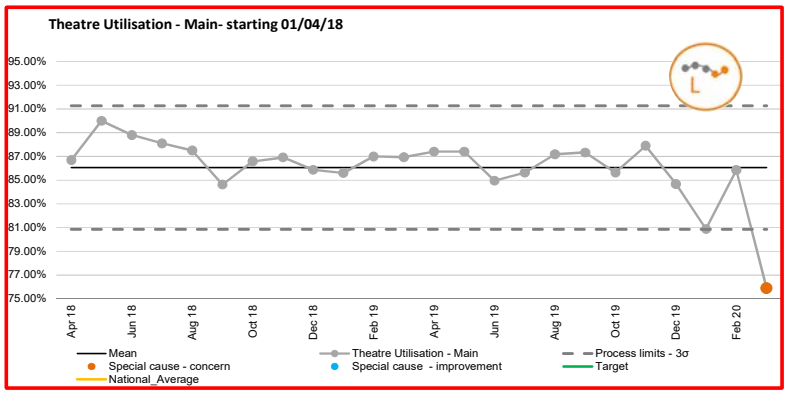


No Narrative Given



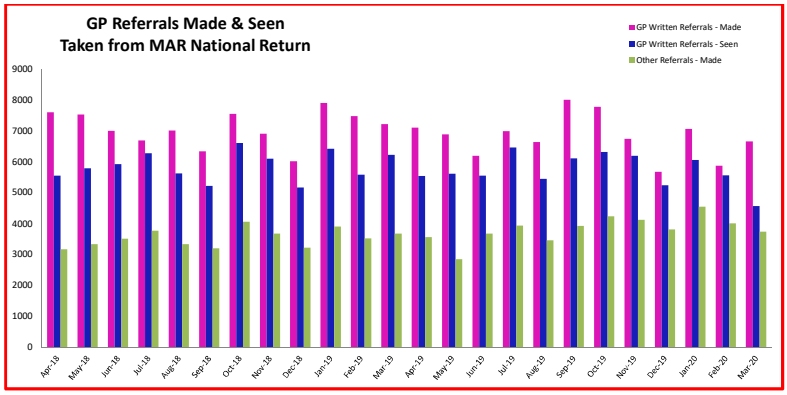
No Narrative Given

Performance Matters (KPIs)

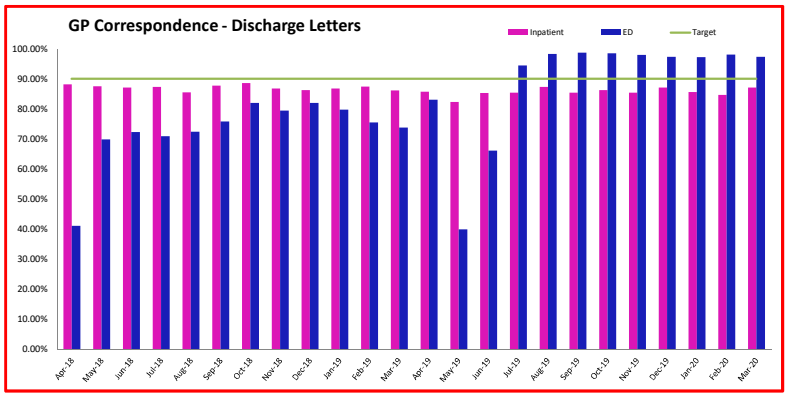


No Narrative Given

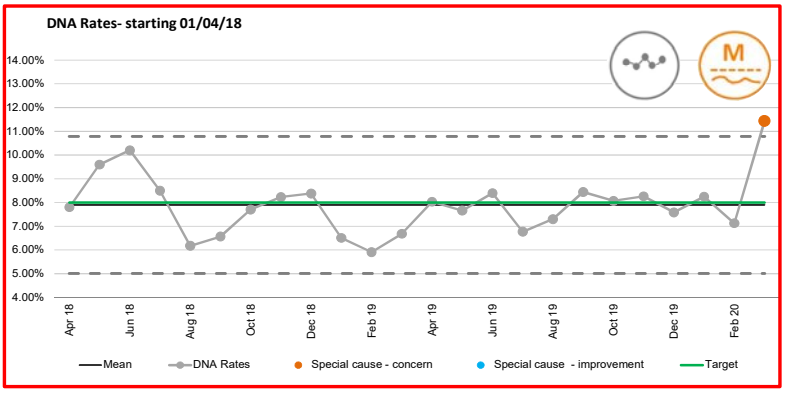
Performance Matters (KPIs)



No Narrative Given



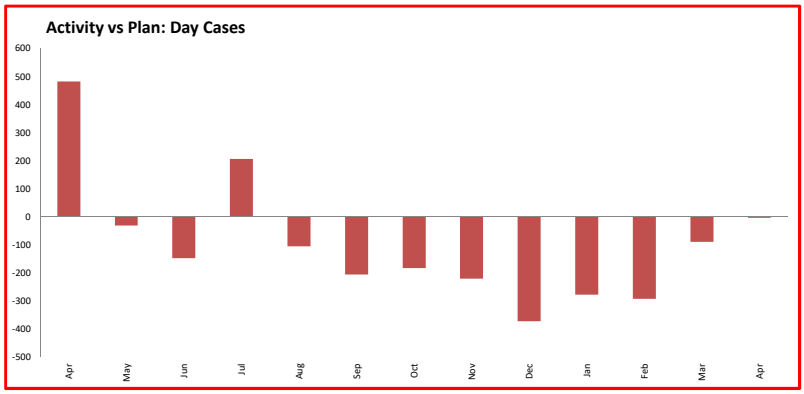
No Narrative Given



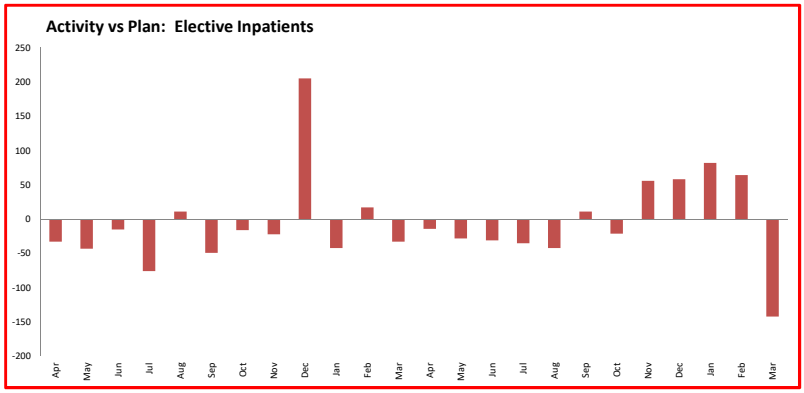
No Narrative Given

Performance Matters

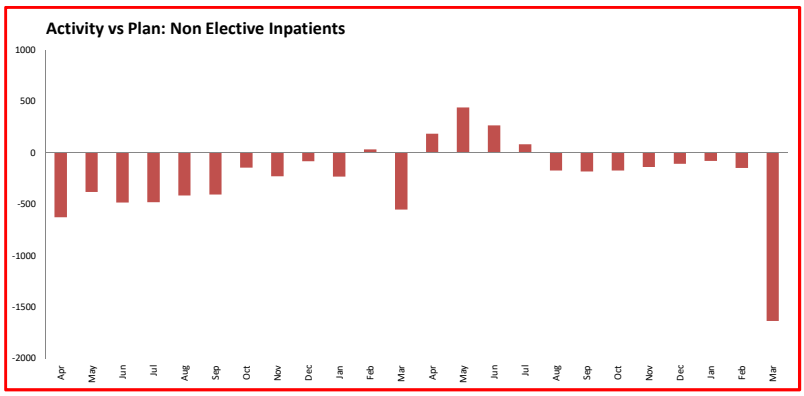
No Narrative Given



No Narrative Given

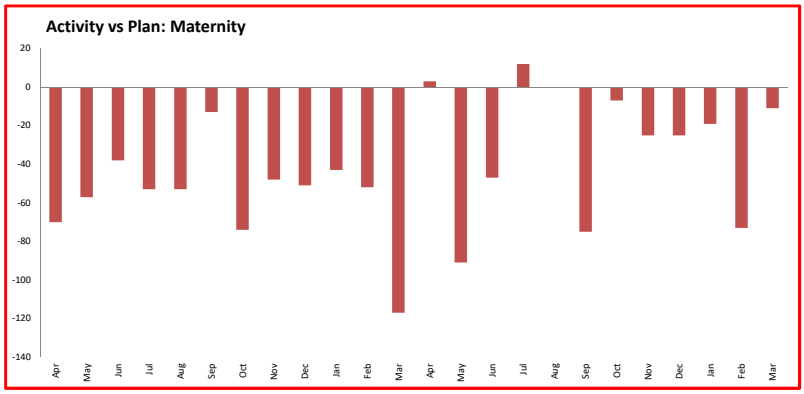


No Narrative Given

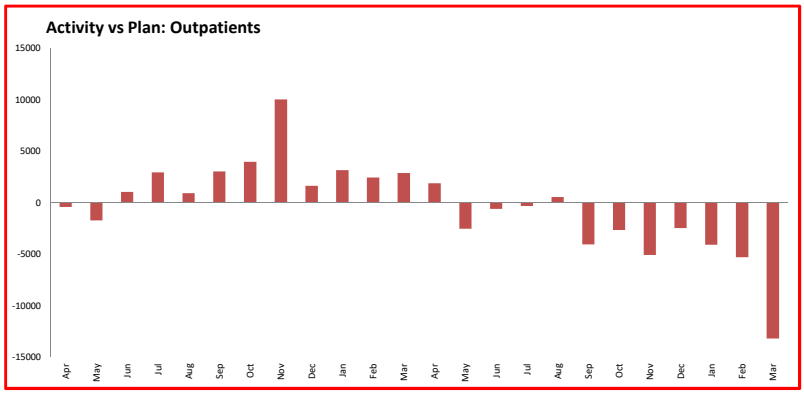


No Narrative Given

Performance Matters

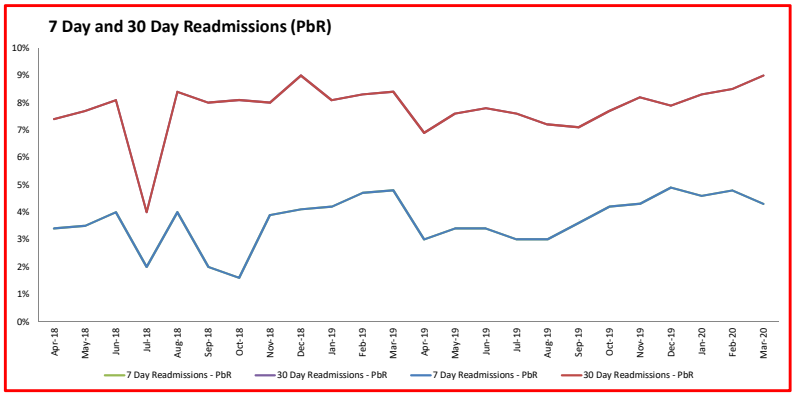


No Narrative Given

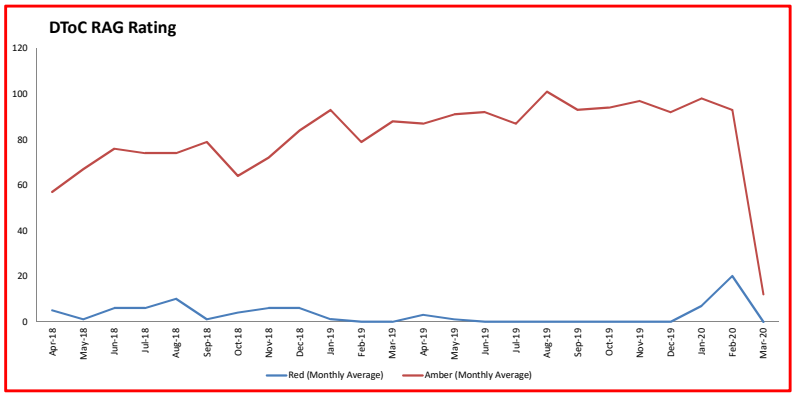


No Narrative Given

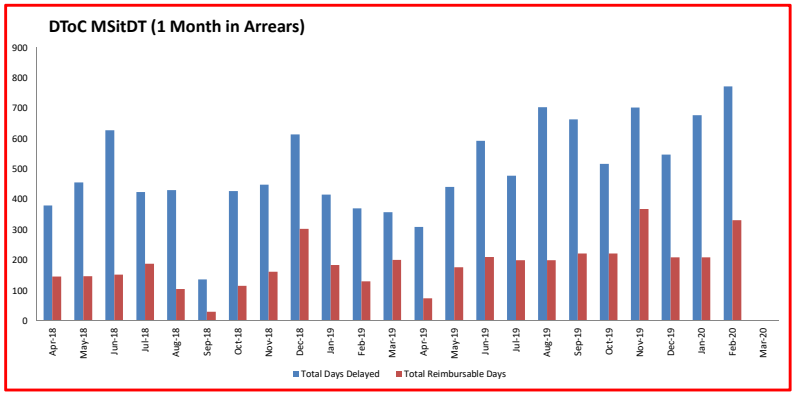
Performance Matters



No Narrative Given

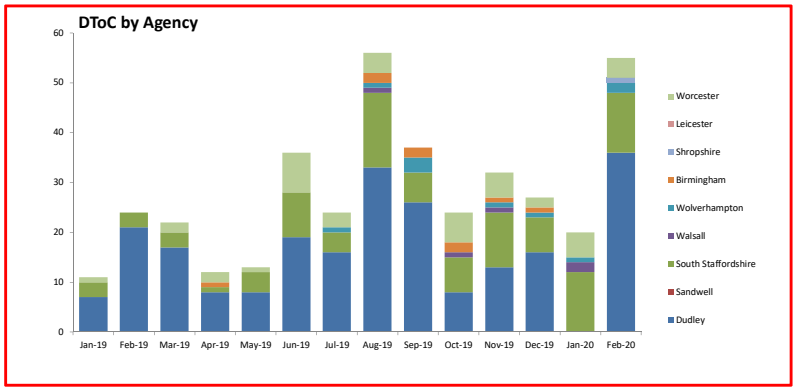


No Narrative Given

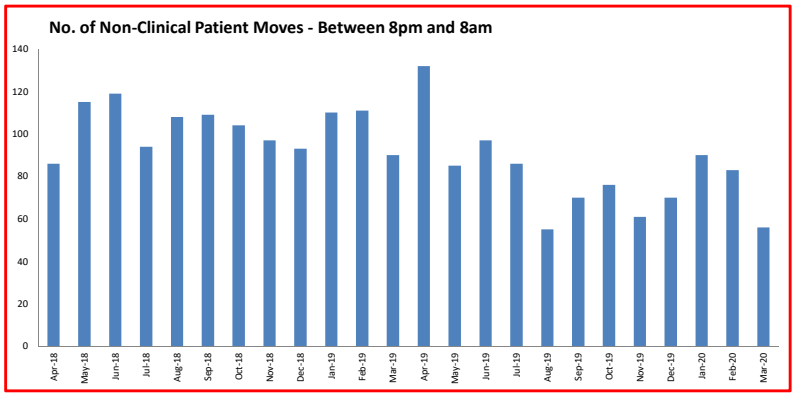


MSitDT has been suspended Unitl June 2020

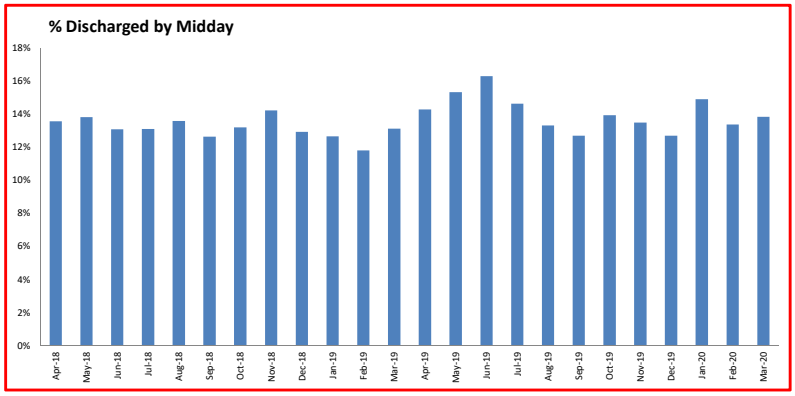
Performance Matters



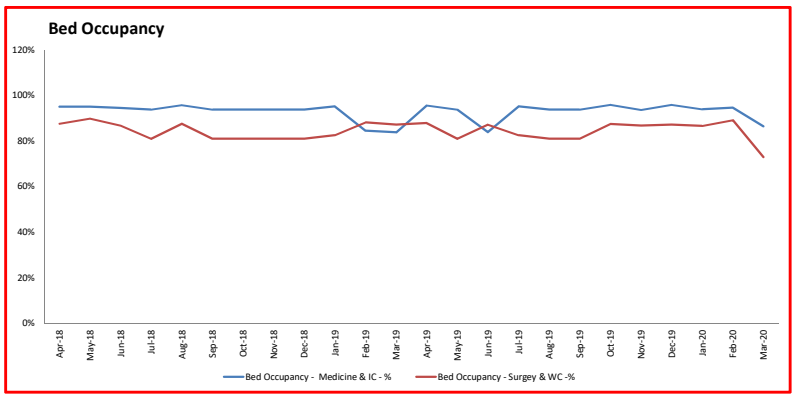
No Narrative Given



No Narrative Given

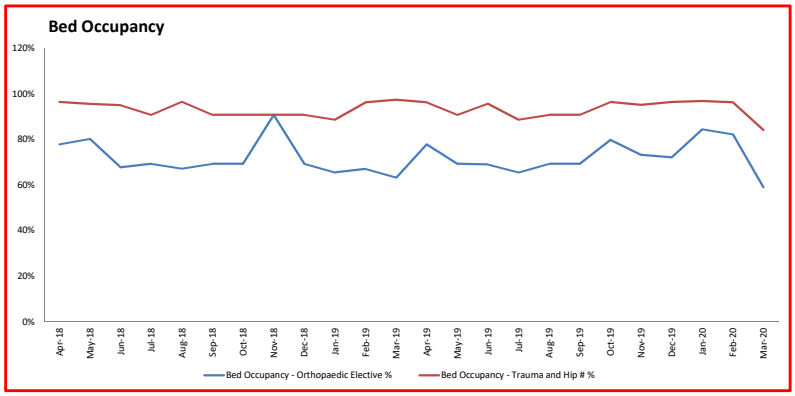


No Narrative Given

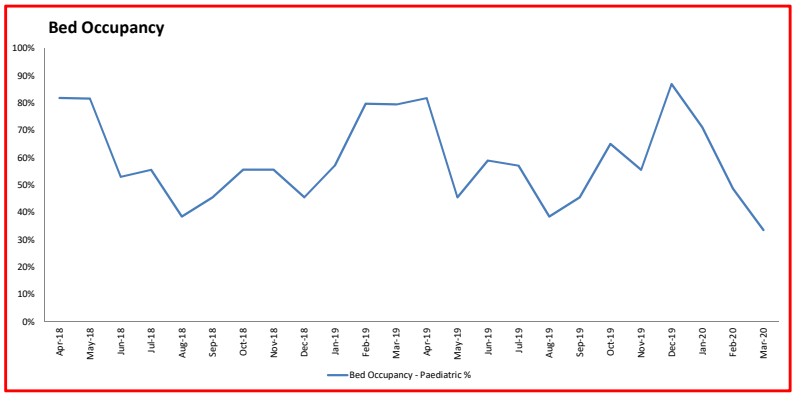


No Narrative Given

Performance Matters



No Narrative Given



No Narrative Given

Enclosure 15

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on Thursday 14th May 2020

TITLE:	**Provision of Cancer Services**		
AUTHOR:	**Rupert Wainwright** **Helen O'Connell**	**PRESENTER**	**Karen Kelly, Chief Operating Officer**

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE			
Decision	**Approval**	**Discussion**	**Other**
		X	

RECOMMENDATIONS

To note and discuss

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience
SO2: Safe and Caring Services
SO5: Make the best use of what we have

SUMMARY OF KEY ISSUES:

This paper outlines the current position for cancer patients in the Trust as we recover from the Covid 19 crisis, current cancer waiting times performance and plans being developed within specialties to recover from current position to business as usual.

This demonstrates that there are developing plans for the continued diagnosis and treatment of cancer patients and that these plans have scrutiny and oversight

The paper is based on ongoing work as the position is evolving and therefore is likely to have had further progress at the point of submission and subsequent presentation.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK		**Risk Description:**

	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Safe, Effective, Caring, Responsive, Well Led
	NHSI	**Y**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**Board of directors**	**Y**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

PROVISION OF CANCER SERVICES

Summary

This paper outlines the current position for cancer patients in the Trust as we recover from the Covid 19 crisis, current cancer waiting times performance and plans being developed within specialties to recover from current position to business as usual.
This demonstrates that there are developing plans for the continued diagnosis and treatment of cancer patients and that these plans have scrutiny and oversight.

It should be noted that interventional cancer diagnostics, particularly scoping, and certain cancer treatments have not been carried out at normal levels following national guidance on the safety of staff and patients. The plans are aimed at bringing these diagnostics and treatments back to pre-Covid levels as soon as safe and practical.

There are 3 risks being currently mitigated:

- That patients may contract Covid-19 as part of their diagnosis and treatment or may fear they will do so. This is being mitigated by the creation of non-Covid sites such as the Corbett and the Ramsay backed up by pre-procedure testing. Discussions are ongoing about the risks to the delivery of chemotherapy due to the patients becoming immunosuppressed. To ensure that "safety netting" of patients is robust all deferrals of diagnostics or treatments are being agreed clinically and minuted for each patient at the relevant MDT meeting. However patients continue to choose not to attend appointments or to defer their own treatment.
- That social distancing and creating non-Covid pathways will greatly diminish capacity for steady-state and recovery. This is an emerging issue, already manifesting itself in Breast diagnosis as referral levels start to rise towards their pre-Covid levels. Work is underway on clinic re-zoning and staggered appointment times but much more is needed to create sufficient capacity when demand returns to normal levels.
- That the current systems for monitoring cancer patients are too diverse to accurately and quickly report on progress of patients through the cancer pathway for both first and subsequent treatments, even though the MDTs are making the decisions clinically and ensuring they are implemented for each patient. This is a reporting and monitoring issue rather than a patient safety issue so a workshop is taking place on w/c 4th May to agree a single way of tracking patients for all tumour sites following national guidance and making proper use of both Somerset and Trust systems, and also creating a new set of monitoring reports to track on progress against any developing delays and backlogs before they occur.

Cancer Performance to Date

				First draft, not validated					
	Feb-20			Mar-20			Apr-20		
Target	Patients	Breaches	Compliance	Patients	Breaches	Compliance	Patients	Breaches	Compliance
2WW	1189	390	67.2%	1344	172	87.2%	526	46	91.3%
2WW - Breast Symptomatic	163	149	8.6%	154	38	75.3%	25	2	92.0%
First Treatment	162	5	96.9%	170	5	97.1%	74	5	93.2%
Subs Anti-Cancer Drug	14	0	100.0%	9	0	100.0%	3	0	100.0%
Subs Radiotherapy	0	0		0	0		0	0	
Subs Surgery	27	1	96.3%	33	0	100.0%	18	1	94.4%
62 Day Traditional	87	32	63.2%	97	22.5	76.8%	48.5	14.5	70.1%
62 Day - Breast Symptomatic	0	0		4	0	100.0%	0	0	
31 Day Rare Cancer	2	0	100.0%	0	0		0	0	
Screening	11	1.5	86.4%	15	1	93.3%	3.5	0	100.0%
Upgrades	64	14.5	77.3%	52.5	3	94.3%	25	5.5	78.0%

The table above shows the performance to date over the previous 3 months.

Points to note –

- There is a 68% drop in the number of suspected cancer 2 week wait referrals from GPs over March and April as a result of Covid 19 pandemic.

- In April, there was a 50% reduction in the number of cancer first definitive treatments carried out. For those patients treated, 70.1% of cancer treatments were carried out within 62 days. As cancer treatments increase back to pre-Covid levels and beyond then each delayed treatment will adversely affect the 62 day performance figures as breaches are not counted until the treatment occurs.

- The 2 week wait standard for Breast symptomatic patients is much improved from its February low point of 8.6% , although again referrals are reduced in April by 84% from the previous 2 months. Patients continue to change their minds on coming in for an appointment so some patients are being seen after 2 weeks although the capacity is in place to offer them earlier appointments. Validation will therefore change the forecast percentages upwards in some cases.

PTL (Patient Tracking List)
As of the 01/05/2020, there are 1012 patients on the Cancer PTL

The breakdown of these patients by specialty and progress on the 62 day pathway -

Cancer Site	0 to 27	28 to 41	42 to 48	49 to 55	56 to 62	62 to 103	104+	Total
All Sites	367	68	52	73	67	289	96	1012
Brain	2	0	0	0	0	0	0	2
Breast	65	2	0	0	1	2	0	70
Colorectal	77	39	17	33	36	194	61	457
Gynaecology	55	9	3	4	6	13	3	93
Haematology	2	0	1	1	3	2	1	10
Head and Neck	30	1	4	0	4	8	5	52
Lung	0	0	1	0	0	1	0	2
Skin	59	4	6	11	4	27	8	119
Upper GI	51	9	13	16	7	18	5	119
Urology	26	4	7	8	6	23	13	87

This is a reduction from previous months and reflects the reduction in 2 week wait referrals. There is national concern that patients have been reluctant to come forward to the NHS and there is now a national campaign "*Help us help you get the Treatment you Need"* designed to encourage the public to continue to access the NHS as they had previously done.

It is anticipated that there will be a surge in referrals as a result of the national campaign and the increase will impact on demand for cancer diagnosis and treatments. This will require plans to be developed to manage this in addition to normal numbers of referrals. As services in the Trust begin to increase capacity, we will model this potential increase and develop options for increasing capacity across specialties.

Specialties are opening capacity as below-

Specialty	Plans	
Breast Symptomatic	Ongoing discussions of OP capacity to match levels of demand, escalations as required by the cancer team Breast surgery carried out at Russell Halls Hospital (RHR) and West Midlands Hospital (Private Provider)	
Breast Screening	Awaiting national guidance on opening of the national screening services	
Colorectal Diagnostic Pathway	Planned start 11 May at RHH	
Colorectal Surgery	Capacity for 4 patients per week at RHH, also surgery at West Midlands Hospital	
Urology	Kidney cancers – surgery arranged on nationally agreed pathways at UCHL, Royal Free Hospital and Kings College Hospital London Bladder Cancers – Diagnostic and treatment surgery at Prostate cancer patients – forms the majority of patients waiting for diagnosis on the PTL, large proportion of patients maintained on surveillance without impacting their outcome, some surgery Patients choosing robotic prostate surgery are referred to RWT	
Skin	Surgery at Corbett Hospital, RHH and West Midlands Hospital	
Lung	All patients diagnosed, 2 patients awaiting surgery at Wolverhampton (RWT)	
Head Neck	Surgery referred to RWH, Tonsillectomies and Thyroidectomies at RHH	
Gynaecology	Diagnostic hysteroscopy/polypectomy at WMH and RHH, first definitive treatments at WMH and RHH	
Upper GI	Surgery at UHB, diagnostic and chemotherapy at RHH	
Haematology	Patients treated at RWH for complex chemotherapy or local chemotherapy for simple chemotherapy regimes	

Oversight of the Surgical Capacity and Patient Tracking

A central register of patients is being held by the Cancer Team to ensure that there is close oversight of the current backlog and current cancer referrals. This includes all cancer patients requiring surgical procedures. This is compiled from both Somerset Cancer Database and the RTT Surgical PTL with close liaison with directorates to provide a collaborative approach.

Specialty	Diagnostics at GI Unit (Endoscopy)	Diagnostic with TCI	Awaiting TCI Date	Sub Total	Treatment (Endoscopy)	Treatment Patients with TCI	Awating TCI date	Sub Total
Breast						6	12	18
Colorectal	308	2		310	9	4	21	34
Gynaecology		2	5	7			4	4
Head and Neck			3	3	2		7	9
Lung	1			1				
Skin		1	1	2		8	91	99
Upper GI	40			40				
Urology		1	4	5		4	32	36
Grand Total	**349**	**6**	**13**	**368**	**11**	**22**	**167**	**200**

Source: Information Department, Somerset Cancer Database, Oasis (Surgical PTL)

The table shows a summary of the number of cancer patients waiting for surgical diagnostic, first definitive and subsequent treatment and demonstrates the current position as capacity increases across the available
providers.

Cancer Surgery Performed over the previous 2 weeks

The following tables show the cancer treatments completed in the past 2 weeks and the location of surgery carried out

Treatments completed W/C 20/04/2020

	Diagnostic Pathway		Defintive Treatments					
Specialty	RHH	Sub Total	Corbett Hospital	Endoscopy Unit	WMH Ramsey	RHH	Sub Total	Total
Breast		0			4	1	5	5
Colorectal		0				2	2	2
Gynaecology	1	1				5	5	6
Skin		0	9		4	7	20	20
Upper GI		0		1			1	1
Urology		0				2	2	2
Grand Total	**1**	**1**	**9**	**1**	**8**	**17**	**35**	**36**

Treatments Completed W/C 27/4/20								
	Diagnostic		Definitive Treatments					
Specialty	**RHH**	**Sub Total**	**CH**	**GI**	**RAMSEY**	**RHH**	**Sub Total**	**Total**
Breast					2	3	5	5
Colorectal		1	1			4	4	5
Gynaecology		1	1		2	1	3	4
Haematology		1	1					1
Head and Neck		1	1			1	1	2
Skin				11		5	16	16
Upper GI		2	2			1	1	3
Urology						3	3	3
Grand Total		**6**	**6**	**11**	**4**	**18**	**33**	**39**

Further Plans being developed to support the process

- Work is continuing with the MDT Leads and clinical teams to improve the level of categorisation of patients as the national requirements (ABCD), with two further categorisations now being mandated. This will include the creation of systems to ensure safety netting is much simpler to report upon and monitor compliance to the national guidance.
- Improving the patient tracking process to ensure more real time information to support the process with the reduction of reliance on multiple informal data sources
- Appointment of part time data manager in the Cancer team to manage the information needs, including submissions to NHSE/NHSI as part of the recovery programme
- Developing models to predict increasing referrals to allow capacity to be planned where required

The Midland Cancer Hub and Local Commissioning

The Midlands Cancer Hub is being driven by the West Midlands Cancer Alliance to provide cancer surgery and other cancer treatments where local providers or our tertiary providers do not have capacity to treat patients within acceptable timeframes. The Hub will then find providers with capacity and specialisms to treat patients. This information is submitted weekly with a list of retrospective surgeries carried out in the previous week.

The Recovery programme is also supported by the Black Country STP Cancer Group and local commissioners who require a similar weekly report.

Cancer Summary

Following the increased capacity required for dealing with the Covid 19 pandemic and the patient safety issues of bringing cancer patients into an unscreened environment with Covid 19 present, the Trust is now increasing capacity in both diagnostic and treatment areas as specialty working returns to normal, ensuring patients are treated in a timely way within the defined standard pathway times. The cancer team and the specialities will continue to monitor any potential increased referrals where patients have not accessed services during the Covid 19 crisis.

This paper demonstrates that work to date in this area, the work with all available providers and will continue to develop plans as demand and capacity increases. It outlines the approach and collaborative working to ensure that we are tracking and treating all appropriate cancer patients or they are referred elsewhere when necessary.

Enclosure 16

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14th Mary 2020

TITLE:	**Workforce Performance Indicators**		
AUTHOR:	**Rachel Andrew, Head of Development and Culture**	**PRESENTER**	**James Fleet, Chief People Officer**

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE			
Decision	**Approval**	**Discussion**	**Other**
		X	

RECOMMENDATIONS

The Board is asked to:

- Note the information provided within this report
- Support the workforce, HR and OD interventions that have been implemented during the past few weeks to address the major risks from COVID 19, as well as the emergent plans for restoration and recovery
- Support the plans for workforce restoration and recovery, including sustaining and embedding transformational workforce improvements.

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

The report provides an updated position in relation to the current key performance indicators. It provides additional information on the impact of COVID on a streamlined set of workforce and staff performance metrics, including; mandatory training and absence.

This report describes activities undertaken to manage absence and support staff, reducing the impact of absence on the workforce. It outlines emerging information on risks to BAME staff, as well as staff in other high risk groups, and outlines the planned approach to mitigating the risks for Trust staff. Mandatory training performance remains below target, as a result of re-prioritised workload and the report describes additional activity and recovery plans being phased into delivery to limit deterioration in this key performance area. Restoration and Recovery are now a key focus for our patients and staff. Workforce Restoration and Recovery plans will be monitored through the Workforce and Staff Engagement Committee, which has been reinstated from May. KPI summary:

- Absence remains higher than target overall, in part due to an increase in absence coded to

COVID including self-isolation. Testing has improved the COVID position but absence for other reasons has begun to increase. A number of activities are being undertaken to support staff and return them to work.

- Mandatory training has stabilised in performance as staff have focused on preparing for COVID activity including Face Fit testing and additional skills and knowledge to assist redeployment.

Emergent and compelling data analysis has highlighted that BAME staff are a high risk group, requiring specific consideration to support safety and mental well-being, including risk assessment.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

(*set out narrative here)*

RISK	**Y/N**		**Risk Description:**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Safe, Effective**
	NHSI	**N**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y**	**DATE: 14/05/2020**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

REPORTS FOR ASSURANCE

The Dudley Group NHS Foundation Trust

Workforce Performance Indicators

Report to Trust Board on 14th May 2020

1 EXECUTIVE SUMMARY

1.1 A streamlined workforce report was presented to the April meeting of the Trust Board. This report highlighted the significant workforce challenges which the Trust was facing as a result of COVID 19. This report provides Board members with a focused update on current workforce performance, with reference to core workforce indicators and specific COVID19 workforce risks.

1.2 This report highlights the Trusts position against a streamlined set of key workforce performance indicators, with particular reference to those which relate to the workforce impacts of COVID19, including; COVID related absence and COVID related training such as Face Fit testing. The narrative within this report also summarises the activities undertaken and outline plans for recovering performance against workforce KPI's, in line with plans for restoration and recovery. The KPI's featured within this report are; Absence (COVID and non-COVID), Turnover and mandatory training. This report also updates Board members on the work that is being taken forwards, at pace, in response to the emergent evidence of disproportionate mortality and morbidity amongst black, Asian and minority ethnic (BAME) people, including NHS staff, who have contracted COVID-19, as well as other high risk groups.

1.3 During April, workforce activity and HR resource has been focused on action to mitigate and manage the impact of COVID19 on the Trust's staff and patients, working closely with line managers and multi-professional leaders from across the Trust. The loss of physical workforce capacity through absence is just one of the major staffing risks from COVID 19. The detrimental impact on the mental health and well-being of staff has also been a significant area of focus. Enhanced workforce flexibility and working arrangements (including remote working, rotas and redeployment) has been mobilised at scale across the Trust, along with a bolstering of counselling provision and access (24-7), well-being initiatives and employee assistance. There have also been examples of inspirational and emergent clinical, operational and corporate leadership, as well as a renewed focus on team working from staff across the Trust.

2 STAFF ABSENCE

2.1 The narrative below reflects the workforce data that is available to the end of April, based on staff headcount. Absence reported in line with national reporting requirements (FTE) for April is not available until the 12th May 2020.

2.2 Total absence levels (combined COVID and non-COVID absence), on a daily and cumulative basis, continue to track above the target level for the Trust (3.5%), this in part is due to COVID related staff absence. The monthly FTE absence figure for April will be formally reported from 12th May.

2.3 However, the analysis positively highlights that on a daily basis the level of staff absence has significantly reduced, from a daily average of circa 750 (circa 16% - based on headcount) staff away from work in March, to an average of 500 staff being absent during the latter part of April. In particular, during April the daily number of staff reporting COVID absence reduced significantly.

2.4 COVID absence continues to be monitored on a daily basis, a dynamic tracker has also been put in place. This process tracks planned return to work arrangements, and facilitates the deployment of staff to cover key front line services/areas where the greatest capacity risks exist. Whilst the requirement for re-deployment has reduced currently, given the stabilisation of COVID presentations, this process remains in place whilst the risk of a later surge exists.

2.5 The returner profile is reported on a daily basis, this highlights that as at end of April 36% of those staff that are absent for COVID related absence are shielding (i.e. absent for 12 weeks). The majority of shielding staff are planned to return by mid-June. Additional work has been undertaken with all staff identified as self-isolating for periods greater than 30 days to provide check-in support, establish information around their reasons for shielding and provide wellbeing advice, guidance and information.

2.6 As at the end of April Dudley Group FT had the lowest COVID related absence in the Black Country. The introduction of staff/household testing has significantly reduced the duration of absence for those who are asymptomatic and are absent from work due to symptoms being present in household members, as well as for those who experienced symptoms. 76% of staff COVID absence sits within the 1-14 day period. Testing has been prioritised for symptomatic staff and their households. As at 1st May 529 tests have been undertaken, with 109 of positive results. From the

beginning of May, testing for asymptomatic staff has been commenced at small scale, given challenges with testing capacity locally.

2.7 Effective line manager support, workplace social distancing measures (achieved through remote working), enhanced staff health and employee assistance provision and good staff engagement have all contributed to the rapid reduction in staff absence. More recently some staff have recently returned to work ahead of their planned return date.

2.8 The Board should note that there is evidence of an increase in non-COVID related absence during April, with increased reporting of gastro-intestinal absences, stress and anxiety and coughs and colds. Whilst reported as non-COVID absence it is highly likely that this increase does reflect, at least in part the scale of the unprecedented workplace challenges and pressures that many staff have experienced in recent weeks, including; additional workloads, less holiday/time away from work, as well as the wider stressors that the lock-down period has brought for staff within and outside of work. For this reason continued support for staff, is an essential part of the Trust plans for restoration and recovery.

2.9 The HR team and Staff Health and Wellbeing service continues to work with line managers to support the reduction of non-COVID related absence, in line with the Trust's policy.

3 RISK ASSESSMENT FOR HIGH RISK GROUPS, INCLUDING BAME STAFF

3.1 The NHS Chief Medical Officer has asked Public Health England (PHE) to further explore the impact of COVID-19 across different population groups. This includes work to analyse confirmed cases, hospitalisations and deaths relating to COVID-19 by ethnicity, where this data is available.

3.2 Emerging evidence that is currently being reviewed by Public Health England shows that black, Asian and minority ethnic (BAME) communities are disproportionately affected by COVID-19. This evidence suggests that the impact may also be higher among men and those in the higher age brackets. The reasons for this are not yet fully understood, but the health inequalities present for BAME communities have long been recognised. One hypothesis is that there are higher rates of underlying health conditions, such as type 2 diabetes and hypertension in these groups, and this may increase their vulnerability and risk.

3.3 NHS Employers has also issued guidance for employers on how to carry out risk assessments particularly for vulnerable groups, to understand the

specific risks staff members face from exposure to COVID-19 and actions which employers can take to keep staff safe. This includes staff returning to work for the NHS, and existing staff who are potentially more at risk due to their race, age, disability or pregnancy. Simon Stevens and Amanda Pritchard have also written to NHS organisations to advise that employers, on a precautionary basis, should conduct risk assessments for staff and to act accordingly.

3.4 The workforce team have undertaken some additional analysis of COVID absence and staff testing, across protected groups to inform our own local risk assessments. Appendix 1 outlines current absence rates linked to COVID from our staff. This indicates an increased absence in our BAME staff compared to their representation within the workforce. 18% of our workforce is from BAME groups but our recorded COVID absence is 22% in this group.

3.5 Work has begun to complete additional risk assessments with our BAME staff. The purpose of these risk assessments is to:

1. Ensure that managers have thorough, sensitive and comprehensive conversations with all BAME staff;
2. Identify any underlying health condition that may increase the risk for these staff in undertaking their job roles.
3. Provide well-being information and support, including; through Staff Health and Well-being services, reassurance and adjustments for those staff where appropriate, necessary or requested to support both their physical and emotional wellbeing.

4 WELL-BEING SUPPORT

4.1 The April report set out an extensive list of the staff health and well-being initiatives that have been put in place during the COVID emergency period. A number of additional wellbeing support activities were provided during April to ensure that staff can access information, help and pastoral care during the pandemic. This has included:

- More effective reporting and recording of absence to enable real-time reporting and tracking of return to work through a centralised recording process for all staff.
- Requirement for prompt return to work conversations following isolation periods.
- Welfare checks and support calls are being undertaken by Staff Health and Wellbeing and the HR team for staff who are self-isolating for 12 weeks due to high risk conditions.

4.2 Additional wellbeing and welfare support continues to be delivered on-site, via phone calls, apps and online services – through local services in Health and Wellbeing and access to national support lines provided. These are being promoted through the COVID update and in addition letters have been distributed individually to all staff with details of the Employee Assistance programme.

4.3 Serenity Rooms for staff to recharge during shifts have been set up in two central locations. These are supplied with refreshments, toiletries and support materials including worry boxes and displays. Local 'wobble rooms' are also being created across Trust departments – and staff are creating their own displays, support packs and wellbeing resources. Staff feedback has been positive, with staff keen to see the Serenity Rooms expanded and in place going forwards.

4.4 Food and toiletry distribution has continued as the Trust continues to receive donations that we have received from generous local business. Hot food, groceries and wellbeing packs of toiletries have been widely distributed to teams and areas across the organisation, as equitably as possible. We have been overwhelmed by the level of donations and support that we have received from our local community and citizens.

4.5 Providing hot meals to staff free of charge, from the staff restaurant to ensure that all staff can have a hot meal during their shift.

4.6 Work is now underway to prepare support activities for staff to increase access to counselling and ongoing support for staff affected, to mitigate the longer-term impact of this challenging period for our dedicated and committed staff. This will include in-house psychological support, additional Schwartz rounds (or equivalent) and peer-support groups.

5 TURNOVER

5.1 In the previous Board report we reported an increase in staff turnover in March. Turnover data for April will be available from 12th May.

5.2 Recruitment activity has increased during March and April, due in part to the implementation of a fast track and streamlined process. This is likely to have positively impacted on the turnover rate for April.

5.3 Targeted interventions on retention will form ongoing plans for recovery and restoration.

6 MANDATORY TRAINING

6.1 Overall compliance for Priority 1 has remained stable after a drop in March performance to 87% compliance. This has been maintained in April with overall compliance at 88%.

6.2 Performance continues to be impacted by continued staff absence and redeployment of staff away from their normal areas of work to support COVID activity and approximately 50% less attendance at face to face sessions in April.

6.3 Subjects that continue to be red RAG rated are resuscitation training (all levels) and Safeguarding Children Level 2 and 3. These subjects will be the key focus of the recovery plan going forward.

6.4 Sessions for some subjects were cancelled due to availability of subject experts focusing on support the organisational response to COVID and session size was reduced to facilitate physical distancing (110 seats to 55 maximum).

6.5 Fortnightly reporting of mandatory training, introduced to support more rapid identification of gaps and target completion, has paused during March and April due to competing workforce data demands.

6.6 Training has continued to be delivered to new staff on Induction, as well as through the promotion of online access to training and the online modules accepted have been expanded to increase the options available for completion of training.

6.7 To ensure new temporary Staff Bank applicants are not unduly delayed to commence work agreement of Nursing and Workforce Leads to permit 'Fast-Track' system whereby five annual statutory requirements are required initially to commence practice. To date, 27 new members of temporary workforce have been successfully appointed through this method, with proviso to complete remaining statutory requirements during continued practice.

6.8 A recovery plan for access to training and revised trajectories for compliance will be developed with Divisions and reported to the Workforce and Staff Engagement Committee as work on restoration and recovery continues. To support this, fortnightly reporting will be planned to be reinstated from June to ensure timeliness of information for performance management.

6.9 In addition, additional statutory training sessions are being arranged during Quarter 2 to accommodate potential ongoing distancing restrictions and recapture of Q1 loss (i.e. currently minimum of 28 sessions per month, to increase to a minimum of 42 per month). Access to online sessions is also being explored following an online Induction delivered during April.

7 APPRAISAL

7.1 As we reported in April the Trust's appraisal window, which would normally commence on 1st April each year, has already been extended to September 2020 in recognition of limitations/prioritisation during April/May of other activity. Some staff (246) have begun to undertake those in areas where less COVID activity has enabled this. Further communication of the changed expectation will be undertaken during May, with plans to reinstate monthly reporting to commence from the end of May, to support monitoring over the next quarter.

8 RECOMMENDATION(S)

8.1 Board members are asked to note the updates within this paper and to support the workforce, HR and OD interventions during the past few weeks, as well as the emergent plans for restoration and recovery, including reinstating the Workforce and Staff Engagement Committee on 26th May. The Workforce Committee will have a key role in informing and assuring workforce plans for restoration and recovery, which will include sustaining and embedding some of the transformational workforce improvements, as well as inspirational leadership behaviours, that have been showcased during the past 6 weeks. Specifically, this includes; enhanced staff health, well-being and support arrangements, more flexible ways of working, dynamic workfo

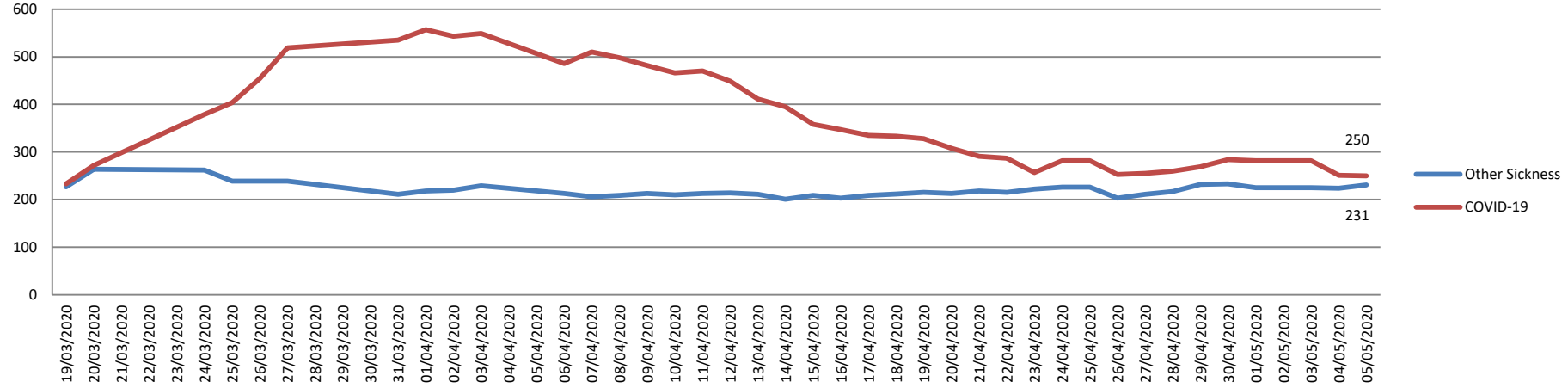
8.2 rce planning, compassionate leadership, and greater team-working within and across teams. Other key workforce enablers for restoration and recovery include:

- Strengthening staff engagement and experience (staff survey);
- Accelerating equality and inclusion across the Trust;
- Developing the people management capability, capacity and skills of line managers
- Transforming workforce models, roles and new ways of working, and
- Utilising technology to improve the experience and productivity of our workforce.

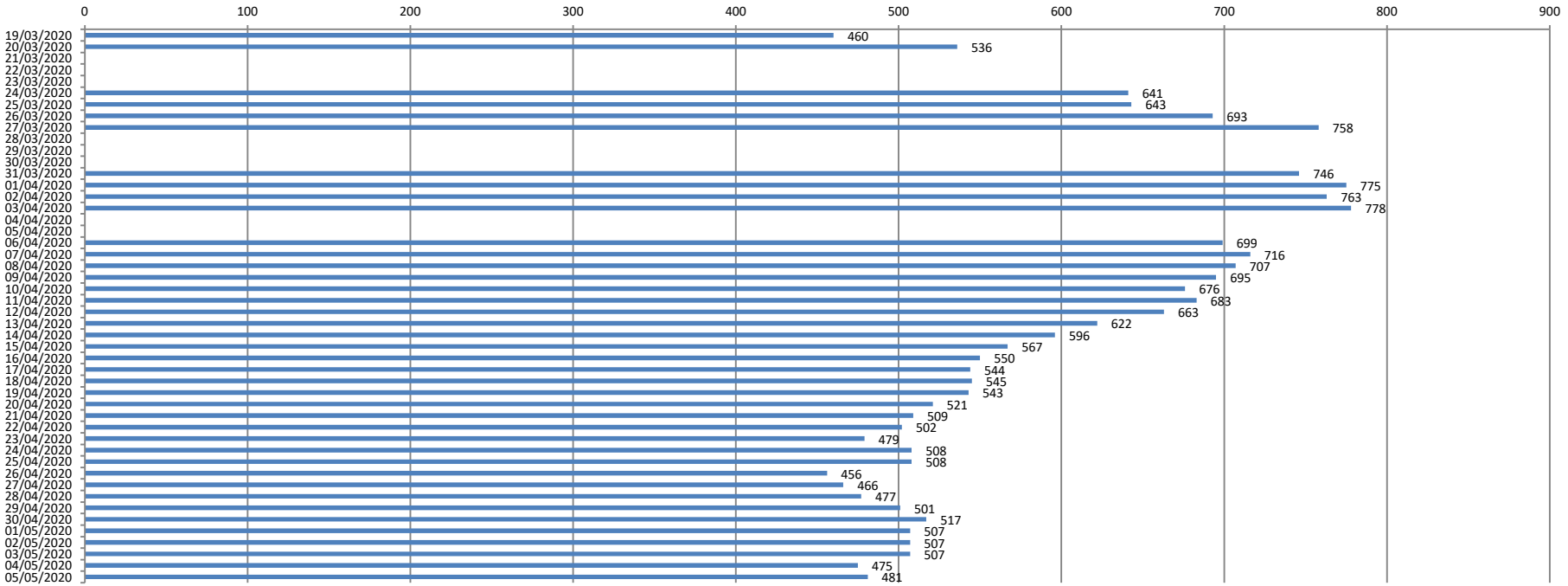
APPENDICES:

Appendix 1 – Workforce KPI analysis.

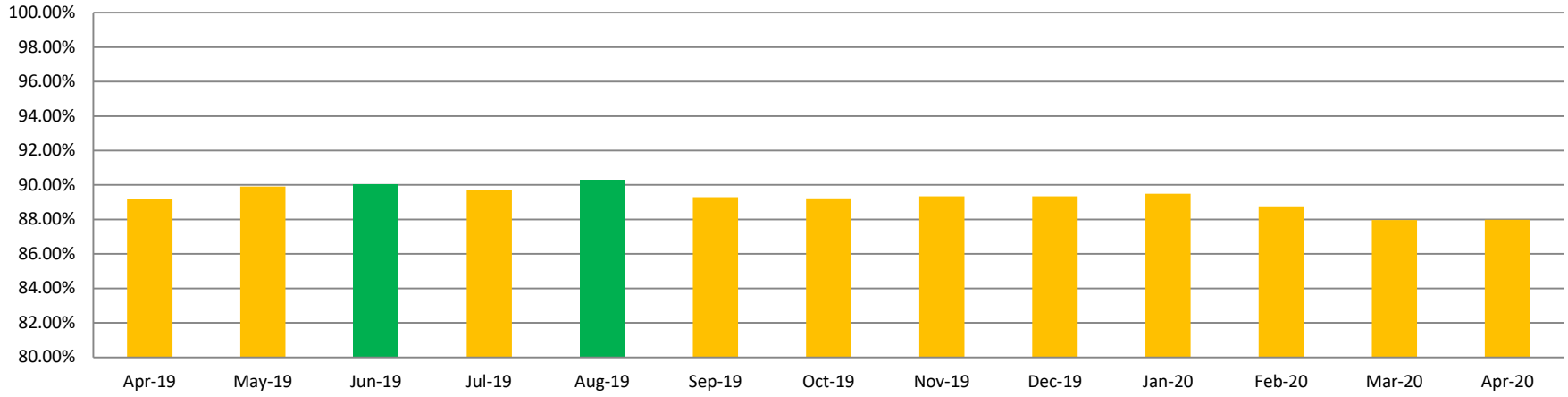
Sickness Absence
Number of absences per day (Headcount)



COVID-19 Open Absences per day
*Gaps due to ESR unavailability



% MRT Compliance by Month



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
% Compliance	89.21%	89.90%	90.04%	89.70%	90.27%	89.29%	89.23%	89.34%	89.34%	89.50%	88.76%	87.97%	87.98%

% Mandatory Training Compliance by Subject – April 2020

Clinical Governance	Conflict Resolution - Level 1	Equality & Diversity	Fire	Health & Safety	Infection Control - Clinical	Infection Control - Non Clinical	Information Governance	Manual Handling (Non-Patient)	Manual Handling (Patient)	Mental Health Law
94.4% (4531/4795)	93.3% (3556/3811)	94.8% (4546/4794)	83.7% (4016/4795)	93.6% (4496/4800)	88.1% (3311/3754)	94.3% (982/1041)	88.8% (4262/4795)	89.4% (1717/1919)	80.6% (2315/2869)	82.5% (2429/2942)

Prevent	Resus - Adult	Resus - Neonatal	Resus - Paediatric	Safeguarding Adults - Level 1 2020	Safeguarding Adults - Level 2 2020	Safeguarding Children - Level 1 2020	Safeguarding Children - Level 2 2020	Safeguarding Children - Level 3 2020	W R A P
96.2% (4586/4763)	72.4% (2439/3368)	77.3% (188/243)	75.4% (459/608)	91.5% (938/1025)	78.5% (2790/3550)	87.3% (895/1025)	80.8% (2739/3388)	78.3% (326/416)	91.3% (3384/3706)

Enclosure 17

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14 June 2020

TITLE:	**Significant Corporate Risks**		
AUTHOR:	**Sharon Phillips – Deputy Director of Governance**	**PRESENTER**	**Mary Sexton – Chief Nurse**

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE			
Decision	**Approval**	**Discussion**	**Other**
		x	

RECOMMENDATIONS

- That the Board note the significant corporate risks as set out in this report.

CORPORATE OBJECTIVE:

All

SUMMARY OF KEY ISSUES:

As a component of the interim governance arrangements it was agreed that the Board would receive a composite risk report that addresses the most significant corporate risks. Ordinarily corporate risks are reported through the Committees and it is proposed to re-instate this arrangement as the Trust steps up its committee arrangements to address the Second Phase response work.

The COVID 19 specific risks are included on the corporate register and a more detailed operational risk register containing approximately 25 risks is managed through the Trust's weekly Operational Group meeting and the significant operational risks from this are reviewed by the Executive.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description: All corporate risks scoring 15 or above**
	Risk Register: Y/N		**Risk Score: 15 or above**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:**
	NHSI	**Y**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y**	**DATE: 05/05/20**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

1. BACKGROUND

The purpose of the report is to highlight to the Board the risks that sit on the corporate risk register rate 15 and above. Each corporate risk has an Executive Lead who has oversight of the risk and is responsible to drive completion and provide assurance to the Board.

2. NEW CORPORATE RISKS (RATED 15 AND ABOVE)

There have been no corporate risks rated 15 and above added to the risk register since the last reporting period.

3. CLOSURE OF CORPORATE RISKS

There are two Corporate Risks that have been mitigated and submitted for closure

- COR1145 Neurosurgical Referral Pathway. This risk score has decreased from Catastrophic 4 x 5 (20) to moderate (2 x 5 (10). The rational that the audit has been completed and there is a clear set of standards when utilising NORSE. This is submitted for closure
- COR1012 Failure to remain financially sustainable in 2019/20. This risk score has decreased from 4 x 4 (16) (major) to the target score of 2 x 4 (8) (moderate). The risk has been submitted for closure as the Trust has met all financial targets for 19/20.

4. MOVEMENT OF CORPORATE RISKS (RATED 15 AND ABOVE)

There has been movement in 2 open risk scores during April 2020.

- COR1046 Failure to deliver the Imaging CQC post inspection action plan and improve CQC Rating. The risk score has decreased from 3 x 5 (15) (major) to 3 x 4 (12) (moderate).
- COR1063 Data validation for sepsis reporting. The risk score has decreased from 3 x 5 (15) (major) to 2 x 5 (10) (moderate). The rationale for this is that the E Sepsis has been implemented and although further development is required technically this is not affecting performance.

5. CORPORATE RISK ACTIONS

5.1 Corporate Risks – Breached Action Completion Date

There are 4 risks with actions that have breached their identified completion date. These are indicated in red on the table in section 7

6. ASSURANCES OF CORPORATE RISKS

There are no risks where assurance has not been received. Please refer to section 7 to review positive and negative assurance received against each risk.

6. CORPORATE RISKS MOVEMENT OVERVIEW

The following table provides an overview of the corporate risks and shows its month my month movement in relation to the current risk score. Further detail for each risk can be found at section 7 in relation to action and assurances.

Exec Lead	Risk Mitigator	Ref	Risk Title	Date entered on Risk Register	Initial Risk Score	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Trend	Target Risk Score
Quality and Safety																	
CN	Jill Faulkner	COR1010	Failure to comply with local and statutory provisions for complaints management	08/05/19	5 X 5 (25)	4 X 4 (16)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15	3 X 5 (15)	3 X 5 (15)	➲	2 X 5 (10)
MD	Phil Brammer	COR1015	Compliance to the identification and action of all deteriorating patient groups	13/05/19	4 X 5 (20)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	➲	2 X 5 (10)
COO	Rupert Wainwright	COR1046	Failure to deliver the Imaging CQC post inspection action plan and improve CQC Rating	12/06/19	4 X 5 (20)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	3 X 4 (12)	➘	2 X 4 (8)
MD	Bill Dainty	COR1063	Data validation for sepsis reporting	26/06/19	4 X 5 (20)	3 X 5 (15)	3 X 5 (15)	3 X 4 (12)	3 X 4 (12)	3 X 4 (12)	3 X 4 (12)	3 X 4 (12)	3 X 4 (12)	3 X 5 (15)	2 X 5 (15)	➘	2 X 5 (10)
MD	Matthew Banks	COR1145	Neurosurgical Referral Pathway	18/09/19	4 X 5 (20)			NEW	4 X 5 (20)	4 X 5 (20)	4 X 5 (20)	4 X 5 (20)	4 X 5 (20)	4 X 5 (20)	2 X 5 (10) **CLOSED**	➘	2 X 5 (10)
MD	Paul Hudson	COR1185	Lack of systemic process to ensure clinicians review all results for all radiological investigations performed	25/10/19	4 X 4 (16)				NEW	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	➲	2 X 4 (8)
COO	Chris Leach	COR1289	Covid-19	10/02/20	5 X 5 (25)								NEW	3 X 5 (15)	3 X 5 (15)	➲	3 X 5 (15)
Finance and Performance																	
MD	Julian Hobbs	COR959	Financial implications of job planning	11/03/19	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	➲	2 X 4 (8)
DF	Richard Price	COR1012	Failure to remain financially sustainable in 2019/20	01/04/19	5 X 4 (20)	5 X 4 (20)	5 X 4 (20)	5 X 4 (20)	5 X 3 (15)	5 X 3 (15)	5 X 3 (15)	5 X 3 (15)	5 X 3 (15)	4 X 4 (16)	2 X 4 (8) **CLOSED**	➘	2 x 4 (8)
Workforce and Engagement																	

Exec Lead	Risk Mitigator	Ref	Risk Title	Date entered on Risk Register	Initial Risk Score	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Trend	Target Risk Score
S&TD	Rachel Andrew	COR981	High levels of staff absence resulting in staff shortages and agency expenditure	12/04/19	4 X 4 (20)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	➲	2 x 4 (8)
S&TD	Andrew Boswell	COR982	Poor compliance to Trust mandatory training in specific areas	12/04/19	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	➲	2 X 4 (8)
S&TD	Rachel Andrew	COR1303	Staff engagement and morale	11/03/20	5 X 4 (20)								NEW	4 X 4 (16)	4 X 4 (16)	➲	3 X 4 (12)

7 ACTIONS AND ASSURANCE OF RISKS - CORPORATE

The Corporate risks of which the Quality and Safety Committee has oversight all risks have had assurance recorded. Please refer to the below table. The following table provides an overview of the risk and the identified actions to mitigate the risk. In addition this identifies any assurances since the last report of actions taken, performance or compliance.

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
CHIEF OPERATING OFFICER								
COO	Rupert Wainwright	4 X 4 (16)	COR1046	Failure to deliver the Imaging CQC post inspection action plan and improve CQC Rating	Completion of the Imaging CQC Action Plan	31/03/20	Rupert Wainwright	**Partial assurance** CQC action plan with clearly identified must and should "Do"s in place. This gets reviewed and updated regularly via weekly CQC action plan monitoring meeting. This, unfortunately, had to be suspended for the last 3 weeks due to COVID 19 but this has now been reinstated and will start from next week. Additionally, the interim Imaging Manager has undertaken a Quality review and has produced a localised action plan to mitigate gaps. This will also form part of the wider CQC action plan review meeting. The Directorate is undertaking a review of the skill mix. The
					Completion of the Imaging staffing review	31/03/20	Rupert Wainwright	

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
								findings of which will feed into the directorate workforce plan. Workforce plan is based on an assessment of activity (quantitative and qualitative), productivity opportunity and skill mix review. The first draft is in circulation within directorate for feedback prior to submission for approval. This is expected to be completed by the end of May 2020.
COO	Chris Leach	3 X 5 (15)	COR1289	Coronavirus	Deployment of Corona Pod	21/02/2020 COMPLETED	Andrew Rigby	**Positive** The Trust is now responding to a global pandemic, which has lead to a number of measures being instigated. An incident room has been established headed by a designated executive supported by a manager each day, and runs 0800-2000 7 days per week in line with national guidance. This provides oversight and management of the incident. PPE issues are escalated by procurement directly to the national procurement team on a daily basis, this is then coordinated by a PPE cell that meets daily chaired by Health and Safety or EPRR to ensure processes are joined up in relation to the management and issuing of PPE at a site level. This covers fit testing also which is an ongoing process, additional equipment has been ordered in relation to fit testing (portacount) that will assist in the process. Surge and escalation processes are in place and cohorting of positive cases takes place in designated areas on C5, Critical Care, MHDU, B4, this can be expanded as required, a designated area has been identified in ED to allow the streaming of RED patients as required. Financial tracking is conducted through a specific COVID cost code to allow easy purchase and tracking of expenditure in relation to COVID 19. Additional mortuary capacity has been provided onto site to allow a further 21 spaces for any predicted surges in demand from a mortality perspective. The trust is well engaged in the national and regional response and has close working with the local authority as part of the Dudley Local Health protection group.
					Nurse Staffing Plan for Corona Pod	21/02/2020 COMPLETED	Jo Wakeman	
					Confirm FFP3 training plan	21/02/2020 COMPLETED	Luke Lewis	
					Assurance around RPE hoods	01/05/2020	Lewis, Luke	
					Oversight process for fit testing	**24/04/2020**	Lewis, Luke	
					Confirmation if RPE hoods can be managed by EBME	24/04/2020 COMPLETED	Shaw, Neal	
					Confirmation of process for PPE marshals	01/05/2020	Lewis, Luke	
					Sign off of Oxygen shortage process	13/05/2020	Kahlon, Ruckie	
					Process for distribution of donations of PPE to Care Homes	29/04/2020 COMPLETED	Marson, Gregg	

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
					Confirmation of whether RPE training is required	30/04/2020	Lewis, Luke	**Negative** Further assurance is required around oxygen resilience and this will be conducted through a test with key partners on the 24/04/2020. A process will then be presented to executives for sign off. There is further assurance required nationally in relation to PPE and the resilience of supply chain. A number of issues have been experienced at trust level this includes issuing of PPE can be delayed at times and lack of consistency in relation to the types of PPE that are received. For those that have failed fit testing an RPE hood must be provided. There are limited amounts across the Trust and further are provided to safeguard the staff. The remaining risk will be if there is a second wave and when this could be. This at present will be difficult to predict as a number of countries are currently only just exiting the first wave, the removal of the lockdowns and social distancing measures will dictate how and when we potentially may see this.
					Confirmation of whether half masks are personal issue	24/04/2020 COMPLETED	Leach, Christopher	
					Mortuary Process	01/05/2020	Darby, Chris	
					Medicine COVID 19 Plan	01/05/2020	Newens, Johanne	
					Provision of Surgical COVID 19 Plan	01/05/2020	Illingworth, Simon	
					Request for PFI Partner processes for COVID 19	01/05/2020	Rigby, Andrew	
					Update of Pandemic Influenza SOP to encompass wider pandemic response	29/05/2020	Leach, Christopher	
CHIEF NURSE								
CN	Jill Faulkner	3 X 5 (15)	COR1010	Failure to comply with local and statutory provisions for complaints management	Development and submission of business case by JF/Complaints for resources	05/02/2020 COMPLETED	Faulkner, Jill	**Positive** Complaints administrator due to start in post on 23 April 2020. Clinical staff that are unable to work on the wards due to COVID 19 are assisting with the backlog of complaints. In March we closed 88 complaints and to date we have closed 51 in April 2020.
					Review the efficiency and effectivenss of the complaints process as part of Dudley Improvement Practice	11/11/2019 COMPLETED	Faulkner, Jill	

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
					Initiative			**Negative** The business case has been delayed due to COVID 19.
					Review the function of the Complaints learning and review group	30/06/2019 COMPLETED	Faulkner, Jill	
					Implementation of education and development programme	03/02/2020 COMPLETED	Faulkner, Jill	
					Approval by Directors of business case	30/06/2020	Faulkner, Jill	
					review and update complaints policy	30/09/2019 COMPLETED	Faulkner, Jill	
					Recruitment to vacant positions for 2 band 5 complaints officers	10/02/2020 COMPLETED	Faulkner, Jill	
					appointment of complaints administrator	31/03/2020 COMPLETED	Faulkner, Jill	
DIRECTOR OF FINANCE								
DF	Richard Price	2 x 4 (8)	COR1012	Failure to remain financially sustainable in 2019/20	Identification of further CIP schemes to offset unidentified gap	01/07/2019 COMPLETED	Younes, Natalie	**Positive** The year end position improved and the Trust has met all financial targets for 19/20. Risk submitted for closure.
					Ensure contingency reserve exists to meet unforeseen CQC/Winter Pressures	31/12/2019 COMPLETED	Jackson, Tom	
					Ensure agency spend is	28/06/2019	Jackson,	

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
					minimised	COMPLETED	Tom	
					Agree income positon with Dudley CCG	28/02/2020 COMPLETED	Price, Richard	
					Meet with CCG to agree magnitude of current contract overperformance including the LLP and additional Vanguard Theatre	31/12/2019 COMPLETED	Price, Richard	
					Continued focus on existing and additional CIP programme to ensure delivery of maximum level of savings (including Executive led task and finish groups)	31/10/2019 COMPLETED	Price, Richard	
					Identification of further CIPs to reduce the unidentified balance with sign off by Board	30/09/2019 COMPLETED	Younes, Natalie	
					Reaffirmation from Board that Trust will not meet the control total	30/09/2019 COMPLETED	Jackson, Tom	
					Letter to be sent to CCG to request further assistance to ensure PSF is maximised	29/11/2019 COMPLETED	Jackson, Tom	
					Amend NHSI/E forecast if no further CCG	31/01/2020	Price,	

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
					assistance	COMPLETED	Richard	
					Agree extra £1m funding from Sandwell & West Birmingham Hospital	31/03/2020 COMPLETED	Jackson, Tom	
S&TD								
	Rachel Andrew	4 x 4 (16)	COR981	High levels of staff absence resulting in staff shortages and agency expenditure	Enhanced Staff Support for MSK	31/03/2020 COMPLETED	(HR Ops) - Cooke, Becky	**Positive** Additional activity has been undertaken to support increased COVID related absence including staff testing, wellbeing services, wellbeing support calls from HR. Non-COVID related absence is reduced from previous months. Active real time recording and reporting of absence including reasons for all staff groups being recorded within 48 hours. Return to work data being recorded in real-time to present a more accurate picture of absence/attendance. Absence management meetings including Stage 2 meetings are still being undertaken - remotely via video call/teleconference. to actively manage non-COVID absence. **Negative** Daily absence and monthly absence of COVID isolation/symptoms or shielding has increased absence to 5%. Actions that were underway to improve absence management including audits and training have been suspended due to COVID activity/ limitations.
					Implementation of Staff Engagement Plans	29/11/2019 COMPLETED	Andrew, Rachel	
					Review the Occupational Health management referral process	29/09/2019 COMPLETED	Woods, Ms Dawn (Inactive User)	
					Development of staff survey plan	31/05/2020	Abbiss, Liz	
					Review processes for on boarding and support given to both Bank and agency staff	31/12/2019 COMPLETED	Woods, Ms Dawn (Inactive User)	
					Analysis to be undertaken to review the effectiveness of the Enhanced Physiotherapy	30/04/2020	Oyidi, Toyin	

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
					Services for staff			
					Review of Staff Health and Wellbeing capacity and delivery	30/04/2020	Oyidi, Toyin	
	Rachel Andrew	4 x 4 (16)	COR1303	Staff engagement and morale	Development of an engagement plan with staff	11/03/2020 COMPLETED	Fleet, James	**Positive** Investment in wellbeing activities and support to staff during COVID; re-deploying staff and increased communication activity has received positive feedback from staff in relation to teamworking, being listened to and included in decisions. Daily briefs (face to face) and email briefs, increased Chief Executive Live Chats have supported improved communication. **Negative** The impact of COVID has suspended planned activities in relation to engagement on staff survey results; actions and action plans to target divisions and areas on improvements and development activity is paused until June 2020.
					Implementation within the Division the Staff engagement and experience improvement plan	31/05/2020	Illingworth, Simon	
					Implementation within the Division the Staff engagement and experience improvement plan	31/05/2020	Newens, Johanne	
					Pulse Survey	30/06/2020	Abbiss, Liz	
					Investment and Delivery plans for Development	31/05/2020	Andrew, Rachel	
					Implementation within the Divisions the staff engagement and experience improvement plan	31/05/2020	Wainwright, Rupert	
	Andrew Boswell	4 x 4 (16)	COR982	Poor compliance to Trust mandatory training	To report on areas of risk associated to non compliance that allows	31/03/2020 COMPLETED	Andrew, Rachel	**Positive** SMT sessions continue to run and are focussed on Induction for new employees to support increased staffing

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
				in specific areas	local managers and staff to immediately mitigate risk.			for COVID. Additional mandatory training sessions planned for May and June 2020 to support recovery in subject compliance. **Negative** Performance across all SMT subjects has declined over the last reporting period due to prioritisation of activities around Face Fit testing and developing skills to deliver COVID care including enhanced critical care skills for a wider staff population. Report to Trust Board in April outlined current performance overall at 87% with a further decline expected during April.
					Reporting of Compliance to Workforce Committee	25/02/2020 COMPLETED	Boswell, Andrew	
					Review uptake of additional and out-of-hours sessions	29/05/2020	Boswell, Andrew	
					Increase Reporting Frequency for Trust Training Compliance	17/03/2020 COMPLETED	Boswell, Andrew	
MEDICAL DIRECTOR								
MD	Phil Brammer	3 X 5 (15)	COR1015	Compliance to the identification and action of all deteriorating patient groups	Human Factors Training	**COMPLETED** 28/06/2019	Nicola Calthorpe	**Partial Assurance** Implemented the deteriorating patient pathway and appointed a lead doctor. GSF has been incorporated into Sunrise along with an electronic handover document. Assurance for 5 critical pathways including AKI, Pneumonia, Alcoholic liver disease. Group due to meet on 27/04/20. Along with these H247 team has implemented and a consistent reduction in MET calls visible The criteria for education completion to be awarded Bronze Silver and Gold levels of achievement at a personal and ward level have been agreed. The educational material for bronze level has been developed and trailed in Orthopaedics. Rollout across the Trust to be completed in April 2020 Trust have appointed a Doctor to progress this work. He is currently writing a business case (submitted Execs end of Feb) work itself 12 month extension.
					Review of rota management and medical staffing	**COMPLETED** 30/09/2019	Atiq Rehman	
					Development of Diploma in the management of the deteriorating patient	01/06/2020	Nicola Calthorpe	
					Ensure implementation of the Deteriorating Patient Pathway	**COMPLETED** 1/4/20	Phillip Brammer	
					Link work streams to streamline process	30/11/2020	Phillip Brammer	

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
								Following the rollout of electronic prescribing, proposal is for development will be the creation of a dashboard type system similar to that used for sepsis to facilitate tracking of the deteriorating patient and escalation to the doctor's and in particular to the hospital at night team.
MD	Bill Dainty	2 x 5 (10)	COR1063	Data validation for sepsis reporting	AQUA external review of sepsis data and outcomes	**COMPLETED** 24/08/2019	Rebecca Edwards	**Positive/Negative** B. Dainty liaised with IT on 20/04/20, unable to take project forward due to prioritisation of COVID. E-sepsis has been implemented, performance for the Trust is at or exceeds target. Complexity of care during pandemic has meant there has been significantly more patients triggering within the systems and recorded, overall performance and reporting during the last 2 months map to the 2 months at the start of the year. The current risk score has been reduced. The rationale for this is that the E Sepsis has been implemented and although further development is required technically this is not affecting performance.
					Adaption of the new sepsis 6 within E Sepsis Framework	30/04/2020	Dainty, Bill	
					External data validation	**COMPLETED** 31/08/2019	Rebecca Edwards	
					Complete Trust data validation tool	**COMPLETED** 31/10/2019	Rachel Tomkins	
MD	Banks, Dr Matthew	2 x 5 (10)	COR1145	Neurosurgical Referral Pathway	Reporting of Concerns to Spec Comm	31/10/2019 COMPLETED	Julian Hobbs	**Positive Assurance** Audit now complete and clear set of standards when utilising NORSE agreed. To be communicated at education sessions and induction Audit to be presented at UHB
					NORSE User group meeting date	31/10/2019 COMPLETED	Banks, Dr Matthew	
					NORSE audit	31/03/2020 COMPLETED	Lynch, Diane	

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
					SOP for emergency image transfer	31/01/2020 COMPLETED	Banks, Dr Matthew	NO SIs relating to NORSE reported in previous 12 months. **Negative Assurance** All patients presenting with neurological symptoms, head injury and suspected brain tumour should have imaging done within one hour of presentation. Audit identified that only 20% of patients achieved this standard. Median time from imaging to reporting is 80min (should be less than 60min) Linking to downloading time-In 25/43 cases (58%) the time taken was more than 20 minutes (should be less than 25min) All cases should be discussed with On call consultant and document in NORSE (only 16% were discussed in our audit)
MD	Hudson, Dr Paul	4 x 4 (16)	COR1185	Lack of systemic process to ensure clinicians review all results for all radiological investigations performed	Plan to address local process for follow up of radiological investigations	**31/03/2020**	Illingworth, Simon	**Positive Assurance** Approved SOP has been implemented for x-ray to 'push out' urgent and unexpected findings. Current process in place is the paper copy of test result. There was still the legal requirement to sign the paper report, and file it in the paper notes, as proof that the result had been received, and reviewed. On SUNRISE, there is flagging system to anyone reviewing a patient that results are available for review. **Negative Assurance** Completed a review of current processes to identify if there was one solution for a uniformed system across Surgery and Medicine to notify requestor of results (unexpected/expected). It was identified that there were a number of systems in operation within different specialities to track x-ray results to ensure nothing untoward is ignored, with some more robust than others. We are currently
					Plan to address local process for follow up of radiological investigations	**31/03/2020**	Newens, Johanne	
					Management of clinical engagement regarding transformation of results management and a real time digital solution	31/08/20	Mr Mushtaq Ahmed	
					Management of clinical engagement regarding transformation of results management and a real time digital solution	31/08/20	Dr Liz rees	
					Management of clinical engagement regarding transformation of results management and a real time digital solution	31/08/20	Dr Michael Healey	
					Develop capability to review results digitally	31/08/20	Max Hodges	

Exec Lead	Risk Mitigator	Current Score	Ref	Risk Title	Action	Date to be completed by	Action Lead	Assurance
								compiling a directorate level report on what processes are in place and the level of assurance. On SUNRISE, there is no electronic system linking the availability of a result on sunrise with the requestor's email. Currently, unable to activate the link between SUNRISE and the email accounts of the responsible consultants at the moment. New
MD	Julian Hobbs	4 x 4 (16)	COR959	Financial implications of job planning	Meeting with the Finance Team to discuss concerns	31/03/2019 COMPLETED	Hobbs, Julian	**Partial assurance** Medical Job Planning Consistency Committee established and meeting monthly. Job planning progress presented to Staff Workforce Committee in February 2020 and agreement for quarterly update **Negative Assurance** Risk of financial impact of aligning job plans to pay identified COVID-19 has impacted on job planning progress in March/April. There is a proportion of money allocated for potential back pay but plans have not been through consistency committee yet.
					Establish Job Planning Steering Group	01/08/2019 COMPLETED	Edwards, Rebecca	
					Review of policy with JLNC	31/07/2019 COMPLETED	Edwards, Rebecca	
					Reaudit of Job Planning Process	31/07/2019 COMPLETED	Edwards, Rebecca	
					Launch of new job planning round	11/10/2019 COMPLETED	Hobbs, Julian	
					RSM recommendation to reconcile payroll with job plans	**31/03/2020**	Edwards, Rebecca	
					Approval of amended Policy at JLNC	30/09/2019 COMPLETED	Edwards, Rebecca	

Enclosure 18

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14th May 2020

TITLE:	**Speak Up (FTSU) Guardian Update**		
AUTHOR:	Derek Eaves, FTSU Guardian Becky Plant, FTSU Guardian	**PRESENTER**	Derek Eaves, FTSU Guardian Becky Plant, FTSU Guardian

CLINICAL STRATEGIC AIMS

Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		x	

RECOMMENDATIONS

For the Board to receive the report, note the contents and to agree that the actions being taken are appropriate.

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience, SO2: Safe and Caring Services
SO4: Be the place people choose to work, SO5: Make the best use of what we have
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

This paper gives an update on:

- Concerns raised in the last two quarters (Q3/Q4) and for Q1 up to date, numbers and types of recent concerns raised and an outline of outcomes and feedback from these.
- Recent information, activities and developments.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**N**		
	Risk Register: N		
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: SAFE, EFFECTIVE, CARING, RESPONSIVE WELL LED**
	NHSI	**Y**	**Details:** Review of FTSU and recommendations
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

THE DUDLEY GROUP NHS FOUNDATION TRUST
Freedom to Speak Up (FTSU) Guardian May 2020 update

Numbers of concerns raised at the Trust

The table below indicates the numbers and types of concerns raised with the Guardians a) each full quarter in the last three financial years with annual totals and b) the numbers for the ongoing Q1. As previously noted, the National Guardian Office (NGO) has discussed the difficulties in categorising types of concerns being raised and those below are locally based categories. The majority of concerns being raised are regarding behaviour unrelated to patient care although as the Civility Saves Lives Campaign points out, inappropriate behaviour between and towards staff can result in ineffective care. We have divided the national category on this topic into two: a) perceived bullying and harassment and b) perceived unfair behaviour, the latter includes such concerns as unfair recruitment, unfair rotas and concerns about redeployment of staff. Both of these two types of concerns cover those regarding colleagues, line and senior managers.

	Number	Anonymously	Patient Safety	Behaviour: Bullying/ Harassment	Behaviour: Unfair/ Inappropriate	Other
Apr-Jun	2	0	0	2	0	0
Jul-Sep	14	3	4	8	2	0
Oct-Dec	17	0	3	8	6	0
Jan-Mar	11	2	2	4	5	0
2017/18	44	5	9	22	13	0
Apr- Jun	15	0	3	8	5	2
Jul – Sep	12	0	2	5	4	2
Oct – Dec	26	1	4	7	11	4
Jan- Mar	14	0	1	7	4	2
2018/19	67	1	10	27	24	10
Apr–Jun	24	0	5	8	7	4
July–Sep	17	0	3	7	7	0
Oct-Dec	25	1	3	5	16	1
Jan-Mar	18	0	2	6	7	3
2019/20	84	1	13	26	37	8
Apr (to 29th)	17*	1	0	4	2	12+

*From April 1st the NGO has requested that each member of staff is counted separately even when a group concern. + 8 of these were Covid related

The table below breaks down the types of staff who are raising the concerns and it can be seen that these come from a cross-section of staff.

	Number	Nursing	Midwife	HCA	Medical	AHP	Clinical Scientist	Corporate	Admin. /Ancillary	Unknown
Apr-Jun	2	2	0		0	0	0		0	0
Jul-Sep	14	7	2		0	1	0		3	1
Oct-Dec	17	7	0		1	0	1		8^	0
Jan- Mar	11	5	2		2	0	0		2	0
2017/18	44	21	4		3	1	1		13	1
Apr- Jun	15	9	2		2	1	0		1	0
Jul – Sep	12	8	1		1	1	0		1	0
Oct – Dec	26	10	2		3	3	0		8	0
Jan - Mar	14	6	1		2	0	0		4	1
2018/19	67	33	6		8	5	0		14	1
Apr–Jun	24	7¹	1	4	1¹	2	0	4²	5²	0
July–Sep	17	3	4	3	0	2²	0	1	4¹	0
Oct-Dec	25	8	0	2	0	2¹	2²	6	4²	1
Jan- Mar	18	4¹	1	3	2	2	0	1	5	0
2019/20	84	22	6	12	3	8	2	12	18	1
Apr (to 29th)	17*	6	0	2	0	2	0	0	7	0

^1 of these was a PFI staff member, ¹=One was more than one individual, ² = Two were more than one individual,

It can be seen that the numbers of concerns have increased in Q3 as it did in 2018 which is probably due to Speak Up month in October.

Actions/Outcomes
The concerns being raised vary considerably in complexity and as a consequence the time and resources required to come to a conclusion do differ markedly. Some issues can be resolved quickly by the Guardian, sometimes with the assistance of the Chief Executive or in liaison with local management while others are handed over, with the agreement of the person raising the concern, to such departments as Human Resources and Complaints. The following are some latest examples of cases and actions/outcomes as a result of concerns raised:

- Newly appointed junior doctor concerned about the behaviour of a locum consultant. Relevant clinical director contacted who has taken appropriate action including moving the junior to a different firm.
- Bushey Fields doctor concerned about the behaviour of staff in a particular department. Relevant Matron and Clinical Lead contacted. Matron has apologised for any misunderstanding.
- Member of staff concerned about the lack of communication and time taken during an investigation being undertaken under the disciplinary policy. This was escalated to the Chief of People Officer
- Members of staff concerned about a breach in confidentiality from the Human Resources Department. This was escalated to the Chief of People Officer.
- Member of staff concerned about the behaviour of a colleague who was experiencing stress. Manager when contacted has recognised this and by mutual agreement the staff member has moved to a less demanding area
- Member of staff concerned about staffing levels but did not want their name involved. Individual did not think that the manager's response was satisfactory. Suggestions have been made about how they could take this further. Awaiting a response.
- Member of staff who has left the Trust made contact about a concern of being bullied by their manager while here at the Trust. The alleged person undertaking the bullying as now left the Trust. The person has decided not to take the case further.
- A member of staff anxious about their workload raised a concern about not getting enough support from the manager and thought that other areas may be less stressful. Agreed to speak with her Matron and a meeting with the recruitment lead was arranged to discuss possible redeployment. Decided not to move to another area and to leave the Trust.
- A concern was raised about the lack of clinical support when patients are waiting in the radiology department at Corbett. This has been resolved with the appointment of aides for the department.
- A group of staff concerned about discrimination in their department. This was escalated to the manger and Human Resources Department. Due to changes in managers and HR staff and now the Covid situation there has been a delay in commencing the investigation.
- An individual was concerned that they were experiencing less preferential treatment than others, in the same department, as a result of out of work personal relationships. The concern was taken up by the senior manager overseeing the department who has met with both the individual and their manager and resolution has been reached.

Seven of the concerns in Q4 and 2 in April were initially raised with champions who provided the initial advice and then they highlighted the issues with the Guardians, who took appropriate action as necessary.

Covid 19 update

A number of Trusts in our region have reported a dip in concerns, raised to the Guardians, during the Covid 19 pandemic. Dudley Group has received roughly the same number of concerns as usual with a mixture of Covid/non Covid related queries.

The majority of Covid related queries have been easily resolved after being forwarded to either HR or the incident room: both of which have been quick to respond.

One query is still to be resolved by a visit to the relevant department, by the Guardian to give staff the opportunity to come forward with concerns.

The Guardians have liaised regularly with HR and Staff engagement/Comms and the service has been promoted daily as part of the regular updates to staff by email/on the HUB.

Feedback
It is not always possible to get written feedback from those who raise concerns but six have stated:

'Thanks for your support and prompt response'

'Thank you for being so supportive and understanding'

'Thanks for your support'

'Thanks again for all your wonderful help and support. You probably don't realise just how much you have made a difference to my mental health during this unpleasant time.'

'I would like to thank you for your support: It was a difficult decision to make but I feel you made the process much easier for us.'

'Thanks for taking the time to come to the dept and listen to me, its much appreciated'.

Numbers of concerns raised nationally and local Trusts.

In February the NGO published the national Q3 data. While the Trust figures were 24 concerns raised at the Trust, the national picture showed:

• 4,120 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
• 915 of these cases included an element of patient safety / quality of care
• 1,496 included elements of bullying and harassment
• 147 related to incidents where the person speaking up may have suffered some form of detriment
• 7 organisations did not receive any cases through their Freedom to Speak Up Guardian
• 212 organisations sent returns (196 NHS Trusts and 16 other organisations)
• 29 Trusts did not send in data.
• Highest Trust had 152 cases (Southern Health) (Local Trusts: 8, 22, 18, 7)

The NGO has not yet published Q4 or full year data.

New Posts
The new Guardian for 4 days, Becky Plant, has been phased into the role and commenced fully at the beginning of March. The part time administrative support, Lesley Bucknall (who also continues with her FTSU champion role in medicine) commenced in the last week of

February. The appointments have been publicised though the Hub news pages and on Twitter.

Speak Up Champions: There are now 20 FTSU and Patient Safety Champions with the latest interest coming from Neonates, palliative care, one of the orthopaedic wards and community. Becky Plant will be seeing all of the champions to assess support needed and take her findings to the FTSU steering Group.

National Guardian Office (NGO) Annual Survey of Freedom to Speak Up Guardians
The NGO undertake this survey annually and this year it was published on 31st January. The results reveal details about the network's demographics and Guardians perceptions of the impact of their role. There are now over 500 guardians supporting workers to speak up in a variety of healthcare settings. Headlines from the survey include a measure of whether those in speaking up roles think their work is making a difference, with 76 per cent agreeing or strongly agreeing – compared to 68 per cent last year. They also reported that awareness of the guardian role is improving. One area of concern that the National Guardian's Office has highlighted in the past is ring-fenced time for guardians and again the survey shows that there is still work to do, with 44 per cent of guardians indicating that they have no ring-fenced time to carry out their role – an increase on the previous year. The Trust has addressed this by increasing the hours available with the appointment of Becky Plant as the new Guardian on 30 hours per week. Another area the survey has helped highlight include the need to address the fact BAME workers are under-represented in the guardian network. While BAME workers make up 24 per cent of the NHS workforce, just 13 per cent occupy speak up roles. The Trust is assessing such representation in its champion network. At the Trust, the overall BAME workforce is 17% and of the 20 champions 3 have BAME backgrounds (15%).
The report includes a number of recommendations for organisations and Guardians. These recommendations together with draft Trust/Guardian actions will be discussed and agreed at the next FTSU Steering Group. The report can be accessed here or a copy is available from the Guardians: https://www.nationalguardian.org.uk/wp-content/uploads/2020/01/ftsu_guardian_survey_report_2019.pdf

NGO Case Reviews

There have been no reviews published in this quarter.

Enclosure 19

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board on the 7th May 2020

TITLE:	**Guardian of safe working report**		
AUTHOR:	**Mr Babar Elahi – Guardian of safe Working Hours**	**PRESENTER**	**Mr Babar Elahi – Guardian of safe Working Hours**

CORPORATE OBJECTIVES:

SO2: Safe and Caring Services
SO4: Be the place people choose to work
SO5: Make the best use of what we have

The report covers the following elements:

- Guardian's quarterly report with ongoing challenges
- Progress to date

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description: Implementation of revised JD contract may adversely impact on rotas**
	Risk Register: Y COR102		**Risk Score: 16**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: links to safe, caring and well led domains**
	Monitor	**N**	**Details:**
	Other	**Y**	**Details: national requirement for effective guardian role**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
			Y

RECOMMENDATIONS FOR THE BOARD

The Board is asked to note the actions taken by the Trust and its appointed guardian of safe working.

The Dudley Group NHS
NHS Foundation Trust

Board of Directors

Guardian of Safe Working Report
May 2020

Purpose

To give assurance to the Trust Board that Junior Doctors in Training (JDT) are safely rostered and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

This paper provides a summary of the following areas related to JDT and the 2016 TCS:

- Challenges
- Exception reports
- Vacancies (data provided by Medical Work Force Department)

Background and Links to Previous Papers

The role of Guardian of Safe Working Hours (GSW) is to:

- Ensure the confidence of doctors that their concerns will be addressed
- Require improvements in working hours and work schedules for JDTs
- Provide Board with assurance that junior medical staff are safe and able to work, identifying risks and advising Board on the required response
- Ensure fair distribution of any financial penalty income, to the benefit of JDTs.

This is the 14th GSW report and covers the period from 26st February 2020 – 29th April 2020. The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources and finance to establish his role in the Trust and build relationships.

Challenges

Engagement

Engagement with the junior doctor workforce continues to improve. The Guardian is following his strategy to engage junior doctors, which involves.

- Holding regular Guardian Junior doctor forum.
- Introduction to Guardian and his role by attending Junior Doctor Induction Day
- Attending junior doctor forum arranged by Postgraduate Clinical Tutor
- Attending junior doctors' operational forum
- Creating a dedicated Guardian email in the trust
- Creating a webpage on the Trust HUB which carries information on Guardian role as well as

how to make exception reports.

- Regular communication to junior doctors through emails
- Using Trust HUB to advertise important information to junior doctors
- Holding regular monthly one to one meeting with Junior doctors representative

As part of the above mention strategy, Guardian has been engaging with junior doctors by one to one contact both formally and informally.

As mentioned in the last GSW board report, there continues to be improvement in the engagement by the Educational Supervisors (ES) and Clinical Supervisors (CS) towards exception reports.

COVID 19 Outbreak:

Our junior doctors have performed exceptionally during COVID 19 outbreak. There has been minimal exception reporting despite juniors being redeployed to different areas of work to provide cover during this difficult time. Guardian has maintained a close contact with junior doctors during the pandemic.

Exception Reports by Department – From 26th February 2020 – 29th April 2020 total = 8

Number of exceptions carried over	Number of exceptions raised	Number of exceptions closed	Number of exceptions outstanding	Specialty
0	8	7	1	All surgery/urology

Exception Reports by Grade

Grade	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open –
F1			7	1

Exception Reports and Fines.

- 8 exception reports by doctors
- 0 immediate safety concerns
- 6 exception reports agreed as compensation overtime payment
- 1 pending
- 0 exception reports agreed as time in lieu
- 1 exception reports agreed as no further action
- No fines during this period
- 0 exception reports outcome “work schedule review”

High level data

Number of doctors/dentists in training (total): **151**

Gaps as at April 2020

Speciality / Grade	FY1	FY2	ST 1-2, GPVTS	ST 3-8	Total
Cardiology					0
AMU				1	1
Diabetes					0
Dermatology			1		1
Elderly Care			2	2	4
EAU					0
Gastro			1		1
ED			1	1	2
Renal					0
General Surgery			1		1
ENT			1		1
Vascular Surgery					0
Haematology					0
T & O					0
Obs & Gynae			1		1
Paeds			0		0

Pathology					0
Radiology					0
Respiratory			1		1
Rheumatology					0
Stroke				1	1
Urology					0
Ophthalmology					0
Oral/ Max Fax					0
Anaesthetics					0
Total	**0**	**0**	**9**	**5**	**14**

Next Steps

1. To encourage wider junior doctor engagement by the Guardian.
2. To use the Trust HUB to promote the role of Guardian in the Trust.

1. Conclusion

Guardian can give assurance to the Trust Board that Junior Doctors in Training (JDT) are safely rostered and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

2. Recommendation

The Board are asked to read and note this report from the Guardian of Safe Working

The Dudley Group NHS
NHS Foundation Trust

Author	**Babar Elahi** **Guardian of Safe Working**
Executive Lead	**Chief Executive**
Date	**04/05/2020**

Enclosure 20

The Dudley Group NHS Foundation Trust

Paper for submission to the Board 14th May 2020

TITLE:	**Interim Board Committee Arrangements**		
AUTHOR:	**Liam Nevin**	**PRESENTER**	**Liam Nevin**

CLINICAL STRATEGIC AIMS

Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
x			

RECOMMENDATIONS

- **That the Board approve the interim committee arrangements proposed in this paper**

CORPORATE OBJECTIVE: All

SUMMARY OF KEY ISSUES:

The Board are currently operating interim governance arrangements in accordance with the national NHS guidance issued to reflect the level 4 national incident status that continues to apply. The guidance issued on the 28th March set out the governance arrangements that Trusts should implement to address COVID-19. NHSI have stated their intention to monitor and review the situation and to make further changes where necessary and any arrangements will be interim until such time as the guidance provides for reinstatement of full governance arrangements.

On the 29th April, directions were issued concerning the "Second Phase of NHS Response to COVID-19". The letter sets out the requirement to fully to step up non-Covid19 urgent services as soon as possible over the next six weeks (from the date of the letter). Further instructions will be issued in due course in relation to phase 3 recovery work.

As the situation is dynamic and the recovery actions incremental it is advisable to keep the interim governance arrangements under review and to adapt them to reflect the national directions although no specific directions have been given in relation to governance at this stage.

However, it is proposed at this stage to "step up" the Committee arrangements, also on an interim basis, initially with a reduced focus to reflect the key areas of activity as the Trust deploys the second phase activities. These will reflect the broad priorities agreed by the Board at its March meeting, and will allow for additional items to be added in response to phase 2 and 3 directions. In particular the second phase directions encourage reflection on how to "lock in" *beneficial changes and gives examples of "enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid*

scaling of new technology-enabled service delivery options such as digital consultations."

The phase 2 directions also present additional challenges in relation to the organisation and delivery of services and it is felt that the Quality and Safety Committee should meet monthly during the recovery and restoration phases.

In relation to the Board itself, measures were agreed in March to provide for public participation. A facility for public questions has been added to the agenda for the public meeting and is advertised on the website.

Depending on the duration of social distancing measures the Board may wish to consider exploring options for the use of technology to broadcast some (e.g. key note items) or all of the public meeting in the future. There have been some teething issues during the first two remote Board meetings and these need to be resolved before any such measures are addressed. Therefore, it is proposed that the June public Board meeting, whilst not being broadcast, will be filmed and used as a "dry run" to test the operation of the technology, and identify any technical or user issues that need to be considered.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description: N/A**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

Enclosure 21

Paper for submission to the Board of Directors on 14th May 2020

The Dudley Group NHS Foundation Trust

TITLE:	**Technology Deliveries – Assurance**		
AUTHOR:	Karen Hale Head of Cyber Security & IT Governance	**PRESENTER**	Adam Thomas Chief Information Officer

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS

Acknowledge the assurance around technology deliveries and compliant governance.

CORPORATE OBJECTIVE:

S03 – Drive Service Improvements, innovation and transformation

SUMMARY OF KEY ISSUES:

The following Technology Deliveries have been delivered at pace and scale to support the Trust's emergency preparedness, resilience and response (EPRR).

- Continued rapid large-scale mobilisation of secure devices for remote working
- Enhanced access to devices in clinical areas to support new access and workflows
- Virtual / Video Consultations – nationally procured 'Attend Anywhere' solution
- Maintaining new ways of working
- Ongoing delivery of integrated records across care settings, STP / regional need

IMPLICATIONS OF PAPER:

BOARD ASSURANCE FRAMEWORK – support assurance of strategic risk BAF 5b, adopting digital workflow

RISK	**N**		**Risk Description: BAF 5b**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**BOARD**	**Y**	**DATE: 14th May 2020**

REPORTS FOR ASSURANCE

Technology Delivery – Assurance

Report to Trust Board of Directors Private Session on 14th May 2020

1 EXECUTIVE SUMMARY

1.1 This paper summarises for assurance that executive decisions have been taken in command and control to optimise the availability of technology as part of the Trust's emergency preparedness, resilience and response (EPRR).

1.2 It is important that during this period of exceptionality technology is mobilised on a needs and risk basis and appropriate governance is in place to manage this. In so doing the Trust's financial governance of technology spend associated with COVID-19 cost code is in place. The governance around technology spend associated with Covid has changed this month.

NHSI/E have changed the way that IT equipment related to the COVID EPRR is approved and reimbursed. At the start of the COVID period Trusts took their own governance arrangements to procure IT equipment that was needed to respond to COVID. At that stage (March 2020) the Trust ordered £594k worth of IT equipment. At the beginning of April NHSI/E put in place a requirement for all NHS bodies to get approval before placing an order for equipment over £250k.

The NHSI/E guidance now states the following:

Previously providers were able to retrospectively claim for all capital COVID-19 expenditure <£250k. This remains the same for the majority of the expenditure, however, where medical equipment and IT is procured centrally, you will need to ensure that the central procurement route has been tested first and that local procurement has been signed off as appropriate by the relevant Midlands Scarce Equipment (loan stock) Lead and/or Digital Lead as appropriate. The COVID capital claim forms have consequently been updated include new tabs for clinical equipment, digital and scarce equipment to help facilitate this approval (new forms attached).

With immediate effect, for centrally procured equipment and IT organisations should submit claims to the region via the Midlands capita inbox [address removed]. We will then review and process with regional leads as appropriate. Where providers proceed with any orders or

purchase for these items without assurance of the questions contained in the forms, and required agreement, then this is at your own risk.

For April 2020 we realise that organisations may have already incurred capital expenditure on these items. In these cases, the new forms will still require completion and require approval, however, we propose to take a proportional approach to our review.

Whilst we understand that these revisions make the process of reclaiming more complicated this will ensure that the NHS has access to the necessary equipment and IT as soon as possible in response to the COVID-19 incident.

2 BACKGROUND INFORMATION

The following detail identifies the activity to this point that has followed the outline governance process. The organisation is in a good position at this stage. The board should be aware that there has been a rapid and widespread adoption of digital workflows across all elements of the organisation, during this period which supports BAF 5b assurance – adopting digital workflows.

- Further mobilisation of new secure devices for remote working along with the support for clinical areas and workflows has taken place during April 2020
- Remote radiology working has now been deployed with both 3rdParty reporting arrangements and home working for Trust staff.
- The training and support of key productivity software packages to facilitate collaborative working is ongoing with positive feedback from many areas Trust wide. These include;
    - Microsoft Teams (offered free of charge with NHSMail) across over 50 divisional and directorate-wide groups and approaching 4000 staff.
    - Webex video conferencing (provided free of charge by the incumbent supplier Cisco).
    - Continued rapid role out of the incumbent Dudley Connected Care (dBMotion) shared borough healthcare record (part funded by HSLI capital approved at Trust board)
    - Attend Anywhere – video consultation software. 218 staff across the trust (including Community Services) trained.
- Data/Analytics to support situation-reporting, managing demand / capacity and patient contact reporting for the clinical and operational teams

Attend Anywhere – Nationally Procured Video Consultation Solution

The Trust has launched and rapidly implemented the nationally procured secure video consultation solution Attend Anywhere in response to the COVID-19 pandemic. The Dudley Group NHS Foundation was the first Trust in the Black Country STP to deploy this free-of charge solution to transform outpatient care. In addition, receiving recognition from NHSE on the speed of deployment (4 days) with on-going training and support.

Set against the NHS long-term target of 30% of outpatient follow-up to be virtual, the Trust has moved from 6.5% virtual (pre-Covid) to 40% virtual in 4 weeks, which is expected to grow in volume and quality with the Attend Anywhere video consultation solution over the next reporting period. At the time of writing this report, the Trust has 20 'virtual waiting areas' live and specialist consultations are taking place particularly in Dermatology, Rheumatology, Orthopaedics and Maxillofacial.

The executive has taken a view on focusing on quality in video consultation utilising the government grant associated with the Attend Anywhere solution to support better patient experience, as the basic technology 'device' requirements were already in place through executive led strategic planning. This means that audio, visual and connection performance has been a focus.

3 RISKS AND MITIGATIONS

3.1 The cyber security threat level remains very high, and whilst the Trust has been subjected to a number of attempted attacks, these have been successfully prevented.

3.2 Ongoing monitoring of the new Covid cost process for IT equipment, as described in this paper.

3.3 Work is ongoing with operational and clinical leads to ensure practice is embedded and maintained to support wider Transformation and safe recovery of services

4. RECOMMENDATION(S)

4.1 Recommend that the board of directors acknowledge the continued assured agile, compliant technology deliveries, recorded in this paper.

4.2 The board should seek further assurance as we step down from this period of pandemic response that key transformations to working practice are maintained beyond the crisis to ensure safe, efficient and productive clinical and workforce models persist in the organisation.

Karen Hale
Head of Cyber Security & IT Governance
4th May 2020

Appendix 1 - Digital Trust deliveries

Appendix 1 - Digital Trust deliveries

Sunrise Electronic Patient Record

An accelerated process, supported by twice weekly Clinical Safety review has led to the implementation of a number of electronic record developments. As of 04/05/2020, the Digital Trust team have received 21 individual requests, 9 are deployed, 2 are ready to deploy and 8 are in progress. There is also currently 1 request on hold and 1 no longer required.

	Summary	Status
WP1	Escalation Document and Discharge Status Order on Tracking board v2 (including Work Flow manager and tracking board updates)	Deployed
WP2	ED Location Updates v1 - RED and REDHDU locations	Deployed
WP3	Handover Document and Handover tracking board column v1	Deployed
WP4	Respiratory Assessment Document and Respiratory Consultant Document v3 (including work flow manager)	Deployed
WP5	ED Patient List BedLoc Column v1 - to show the location on the ED specialty referral lists	Ongoing
WP6	OutPatient Assess v1 - including RTT and a work list for the PAS administration	On hold
WP7	DischargeLetter_20200331 No Sunrise Config - DB Motion only - NOT REQUIRED	Not required
WP8	Health Issues v1 - SNOMED CT codes for suspected COVID 19 and diagnosed COVID 19	Deployed
WP9	Clin Docs (nursing + med) v1 - Under review	Analysis
WP10	ED Tracking Board Update v1 - Remove the pager column and add the Post take column	Deployed
WP11	Bed Management Solution v1 - Process required to allow 24/7 admin support for bed management - under review	Analysis
WP12	Pharmacy Referral – request for some ePMA functionality (already built but will require some modification) – primarily Pharmacy handover document, Medicines reconciliation and Pharmacy Tracking Board.	Deployed
WP13	End of Life Gold Standard Framework Work Package - requested by Max Hodges (on behalf of Joanne bowen) 07/04/2020. Process to record Red, amber , Green status of EOL patients and display on Tracking board	Deployed
WP14	Critical Care Review Document	Deployed
WP15	Pharmacy Handver Document	Ongoing
WP16	Community document	Ongoing
WP17	DNACPR	Ongoing
WP18	Form and Process for COVID-19 patients follow up	Ongoing
BAU	Workflow Manager pull through issue (CS16949280)	Ongoing
BAU	AEC Referral	Ongoing
BAU	SPA Referral	Ongoing

Dudley Connected Care (dbMotion)

The dbMotion Solution enables the Trust to integrate patient data from diverse care settings into a single patient record. In recent weeks we have provided view of the GP Practice patient record to Clinical Staff within the Trust to support rapid clinical decision making. Effectively dbMotion provides an integrated longitudinal patient record, point-of-care tools and an analytics gateway

	Summary	Status
DBM1	Discharge Summary - link to WP7.	Deployed
DBM2	Data view/presentation in Clinical viewer	Deployed
DBM3	Labs/Rads data domain	Deployed
DBM4	Documents to DBMotion	Ongoing