

# Board of Directors Meeting Public Papers

Thursday 11<sup>th</sup> June 2020

11.30 – 13.35



Our vision: Trusted to provide safe, caring and effective services because people matter

## **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.foundationmembers@nhs.net](mailto:dgft.foundationmembers@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](http://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](mailto:helen.benbow1@nhs.net)

Liam Nevin  
Trust Secretary  
The Dudley Group NHS Foundation Trust  
Tel: 01384 321114 ext 1114  
email: [liam.nevin@nhs.net](mailto: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](http://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](http://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](mailto:dgft.pals@nhs.net)

## 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.

**Board of Directors**  
**Thursday 11 June 2020 at 11.30am**  
**Clinical Education Centre**  
**AGENDA**

	Item	Paper ref	By	Purpose	Time
1	<b>Chairman's Welcome and Note of Apologies.</b>		Y Buckland		11.30
2	<b>Note of Apologies</b>		Y Buckland	For noting	11.30
3	<b>Declarations of Interest</b> Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	11.30
4	<b>Minutes of Previous meetings:</b> Minutes of 14 May 2020 Action Sheet 14 May 2020	Enclosure 11 Enclosure 12	Y Buckland	For approval	11.30
5	<b>Public Chief Executive's Overview Report</b>	Enclosure 13	D Wake	For information & discussion	11.35
6	<b>Chair's public update</b>	Verbal	Y Buckland	For discussion	11.45
7	<b>Public Questions</b>	Enclosure 14	Y Buckland	For discussion	11.55
8	<b>Chief Nurse Update including IPC Assurance Framework</b>	Enclosure 15	M Sexton	For assurance	12.05
9	<b>Integrated Performance Report</b>	Enclosure 16	K Kelly	For assurance	12.15
10	<b>QUALITY AND SAFETY</b>				
10.1	<b>Public Quality and Safety Committee Report</b>	Enclosure 17	L Hughes	For assurance	12.30
10.2	<b>Public Mortality Report</b>	Enclosure 18	J Hobbs	For assurance	12.40
11	<b>FINANCE AND PERORMANCE</b> <b>Public Finance and Performance Committee Report</b>	Enclosure 19	J Hodgkin	For assurance	12.50
12	<b>WORKFORCE AND STAFF ENGAGEMENT</b> <b>Public Workforce and Staff Engagement Report</b>	Enclosure 20	J Atkins	For assurance	13.00
13	<b>GOVERNANCE</b>				
13.1	<b>Public Audit Committee Report</b> - <b>Audit Committee Annual Report</b> - <b>NHS Provider Licence Self-Certification Declaration</b>	Enclosure 21 Enclosure 22	R Miner L Nevin	For assurance For approval	13.10 13.20
14	<b>Any Other Business</b> Limited to urgent business notified to the Chair/ Board Secretary in advance of the meeting	Verbal	Y Buckland		13.30
15	<b>Reflection on meeting</b>		All		13.30
16	Date of Next Board of Directors Meeting: 9 July 2020				

17	Meeting Close				13.35
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**Quorum:** One Third of Total Board Members to include One Executive Director and One Non- Executive Director

**Minutes of the Board of Directors meeting Considering Public Papers held on  
Thursday 14<sup>th</sup> May 2020, in the Clinical Education Centre.**

**Present:**

Yve Buckland, Interim Chair (YB)  
Diane Wake Chief Executive (DW)  
Liz Hughes Non-Executive Director (LH)  
Jonathan Hodgkin Non-Executive Director (JH)  
Lowell Williams Non- Executive Director (LW)  
Tom Jackson, Director of Finance (TJ)  
Karen Kelly Chief Operating Officer (KK)  
Vij Randeniya, Non- Executive Director (VR)  
Richard Miner, Non-Executive Director (RM)  
Julian Hobbs, Medical Director (JHO)  
Julian Atkins, Non-Executive Director (JA)  
Mary Sexton, Chief Nurse (MS)  
Gary Crowe, Non-Executive Director (GC)  
Ian James, Non- Executive Director (IJ)  
Catherine Holland, Non-Executive Director (CH)  
James Fleet, Chief of People (JF)

**In Attendance:**

Adam Thomas, Chief Information Officer (AT)  
Liam Nevin, Trust Secretary (LN)  
Liz Abbiss Head of Communications (LA)

**19/172 Note of Apologies and Welcome**

No apologies were received. The Chair stated that the meeting was not a public meeting as it was not possible currently to invite the public. However, the Trust would continue to be transparent and in addition to the papers being considered these minutes and the response to public questions would be published. The matter would be kept under review and any innovations from other Trusts would be considered.

**19/173 Declarations of Interest**

No declarations of interest were received other than those contained on the register

**19/174 Minutes of the previous meeting held on 16<sup>th</sup> April 2020**

It was noted that a full narrative of the business considered at the April meeting had been published on the Trust website and this was before the Board for information.

**19/175 Public Chief Executive Overview Report**

DW stated that there had been a great response from the whole Trust and local community in its response to the COVID-19 pandemic.

We have a very strong compassionate workforce who have through adversity and challenging times for themselves, adapted to the unfolding situation and ensured that patients at the end of their life have had the opportunity through virtual means to talk to family or loved ones. They have ensured families can pass messages to patients where a virtual face time is not possible.

Staff across the Trust whether clinical or support staff had also been flexible and adaptable in contributing to the great team work that had been demonstrated.

We continue to be overwhelmed by the generosity of our communities and local businesses who continue to make donations of food, toiletries and beautiful pictures to brighten our windows. Fundraising has taken off across the borough with individuals raising fantastic amounts for our charity and of course a huge donation from InTouch Games of £500,000 and two large sums from NHS Charities together who have received phenomenal support from the public. We are working through ideas and suggestions from staff to spend this money for the longer term support and welfare of our staff and patients. We are so very grateful to our public for these donations and thank them all.

Although support for care homes in Dudley has been coordinated by the CCG the Trust has shared some of the donations we have had into the organisation with the homes, to let them know we are thinking about them.

All patients with suspected COVID-19 symptoms are tested and we have also been testing patients who are being discharged back to a care home since 23<sup>rd</sup> March to ensure our homes know the COVID-19 status of their patients in order to be able to care for them appropriately and protect their workforce.

WE continue to update our local MPs virtually on the COVID -19 response and also to answer questions they have had raised from their constituents around the availability of PPE for our staff.

Whilst COVID will remain with us, the Trust was now developing its Recovery and Restoration Plan. It was important that the public were assured that the site was being zoned and that they could be confident that when they come into the Trust for non-COVID treatment they will be coming into COVID free zones.

### **19/176 Chair's Public Update**

The Chair advised that she had joined regular update calls with NHSI and the STP. It was noted that all Trusts were now prioritising Restoration and Recovery plans and there would a renewed focus on constitutional targets and tackling waiting list backlogs. The STP were currently finalising a Black Country system wide Restoration and Recovery Plan and the Trust's contribution to this were contained in a presentation that would be published along with the minutes of this meeting.

Weekly updates were being provided to the local MPs and Council of Governors and diarised meetings were also being held with both to ensure that as key stakeholders they were being kept up to date with the latest developments in the Trust.

All meetings would continue to be virtual for the foreseeable future and the Trust would continue to review best practice to ensure transparency. Public papers would continue to be published as would the minutes of the meeting. The Chair noted that questions had been

received in response to the newly introduced public question agenda item and these would be addressed as the next agenda item.

## **19/177 Public Questions**

It was noted that three questions had been received and the Board considered these and approved the responses as follows:

**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.*

**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.*

It was further noted that a press enquiry had been received about the Trust's meeting arrangements and the steps taken to ensure that papers, minutes, and public questions and answers were published had been confirmed with the press. This was in addition to the measures being taken to ensure that key stakeholders were kept up to date with developments in the Trust.

### **19/178 Chief Nurse Report**

MS summarised the report and invited questions.

RM noted that there were a number of "red" and "amber" entries in relation to the staffing data and queried the impact that COVID -19 would have on the numbers. MS advised that it was expected that these figures would improve as the number of nurses absent with COVID-19 symptoms had reduced from 200 at the peak to approximately 140 currently.

It was **RESOLVED**

- **That the report be noted**

### **19/179 Integrated Performance Report**

KK summarised the report and advised the Board that in relation to emergency access the Trust was currently third in the region and fifth nationally in relation to performance.

JA noted that VTE performance was not included in the data and it was agreed that this would be rectified for the next month's report.

JH queried the plan for endoscopy and KK advised that lists were being done at both Russells Hall and the Ramsey.

It was **RESOLVED**

- **That the report be noted**

### **19/180 Provision of Cancer Services**

KK summarised the report and noted that there were three key risks that the Trust was addressing;

- 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.

- 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 and a workshop has taken place to agree a single way of tracking patients for all tumour sites following national guidance.

The Chair asked how patients were being kept informed during the pandemic and KK advised that this was through letters and virtually. In addition patients could phone in for a consultation with a clinician.

It was **RESOLVED**

- **That the report be noted**

#### **19/181 Safe Staffing Report**

JF introduced the report and advised that there were two main areas of concern; workforce capacity as a result of COVID related sickness and the mental health and well-being of staff. In summary COVID related sickness had now reduced to 4.1% which was the lowest in the Black Country and non-COVID related sickness was 4.2%, also representing a substantial improvement.

CH noted that a number of shielding staff were identified as returning in June and she questioned whether this would happen.

JF advised that this reflected the 12 week shielding period but all staff would be risk assessed before returning to work if they were in a vulnerable group.

MS advised that some staff who had received a shielding letter had chosen not to shield and these staff had been risk assessed and work modifications introduced where necessary.

JF also advised that with the emerging evidence of enhanced risk from COVID-19 in relation to black and ethnic minority groups, the Trust was in the process of completing risk assessments that would also involve Occupational Health.

It was **RESOLVED**

- **That the report be noted**

#### **19/182 Corporate Risks**

MS introduced the paper and advised that as committees were re-established, the report would be referred through individual committees in future. The Board were advised that the risk register contained the COVID-19 risks and that these were being managed through the Task Force meeting.

The Chair asked what MS considered the most significant risks to be and MS advised that infection control and site zoning were significant issues and neurological referrals continued to be a high risk issue.

### **19/183 Freedom to Speak Up Guardian Report**

The report was noted and it was agreed that JA, as the Non- Executive lead for this process, would liaise with the report authors to establish whether any matters required further involvement.

It was **RESOLVED**

- **That the report be noted**

### **19/184 Guardian of Safe Working Report**

JHO noted the value of the report in providing the high level assurance that junior doctors in training were being appropriately rostered and supported.

It was **RESOLVED**

- **That the report be noted**

### **19/185 Governance Arrangements Update**

LN introduced the report and advised that the Trust continued to operate under the level 4 incident guidance issued by the NHS at the end of March and which directed Trusts to ensure that agendas were streamlined and focussed. The Board had agreed in March the areas of focus and these would continue to apply alongside Recovery and Restoration planning. However, it was now timely to reinstate the Committee meetings and these would operate on the same principles.

The proposal to reinstate monthly meetings of the Quality and Safety Committee was discussed. LH stated that it was important for the Committee to have some flexibility over its work programme and that monthly meetings covering the same agenda items was not necessarily effective in providing assurance.

The Chair requested that all Committee Chairs reviewed their workplan for the year with regard to the streamlining principles previously agreed by the Board.

It was **RESOLVED**

- **That the Trust Board Committees be re-instated**
- **That Committee Chairs review their workplan for the year with regard to the streamlining principles agreed by the Board**

### **19/186 Technology Deliveries Report**

AT summarised the work undertaken to support the COVID-19 response and the Technology Deliveries that had been implemented during this period.

JHO commended the quality of the IT support in helping the clinicians to respond to the pandemic and the Chair and Board members joined in thanking AT and his team for their commendable efforts and responsiveness in rapidly developing the digital response of the Trust.

### **19/187 Any Other Business**

The Chair asked how public engagement in recovery and restoration plans was being assured and LA advised that a Black Country Communications and Engagement Group had been established and this would capture case studies of patients who were experiencing innovation and service change and these would be fed back to clinicians as well as being used for patient stories.

**Date for the Next Meeting - 11 June 2020**

Signed .....

Date .....

**Action Sheet**  
**Minutes of the Board of Directors Public Session**  
**Held on 14 May 2020**

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
19/021.4	Organ Donation Report	Results of work on tissue donation to be included in the next report.	K Lazenby	Jan 2020	Deferred
19/097.5	Freedom to Speak Up Report	NHSI to review implementation of their recommendations in July 2020	JF	July 2020	Not Due
19/133.3	Research and Development Report	Develop a plan with KPIs that will sustain and develop research capacity	Jeff Neilson (JN)	March 2020	Deferred
19/185	Governance Arrangements	Committee Chairs to review workplans in accordance with the framework agreed by the Board at the March meeting	Committee Chairs/LN	June 2020	Completed.

**Paper for submission to the Board of Directors on 11<sup>th</sup> June 2020**

<b>TITLE:</b>	<b>Public Chief Executive's Report</b>		
<b>AUTHOR:</b>	<b>Diane Wake Chief Executive</b>	<b>PRESENTER</b>	<b>Diane Wake Chief Executive</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		X	
<b>RECOMMENDATIONS</b>			
The Board are asked to note and comment on the contents of the report.			
<b>CORPORATE OBJECTIVE:</b>			
SO1, SO2, SO3, SO4, SO5, SO6			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>• Coronavirus</li> <li>• Innovative Working</li> <li>• Trust Praised in House of Commons</li> <li>• The One Show</li> <li>• Charity Update</li> <li>• Visits and Events</li> <li>• National News</li> <li>• Regional News</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>N</b>	<b>Risk Description:</b>	

	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 – June 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)**

#### **Staff testing**

We began antibody testing week commencing 25<sup>th</sup> May 2020 with the aim of ensuring every member of staff who wishes to have the test, can have the test. As at 3rd June 2020 we completed more than 2500 staff tests. The antibody blood test will show whether or not a staff member has developed antibodies to the virus. We are seeking consent from our patients and offering the test to them. We are also supporting primary care and other partner organisations. The support of our Pathology team and Phlebotomists has been fantastic to achieve this so quickly. Guidance is expected on the requirements of further staff testing.

An antibody test result can only tell an individual whether or not they have had the virus in the past. The presence of antibodies signals that the body has staged an immune response to the virus.

Antibody tests are also being used currently in surveillance studies, to understand what proportion of the population have already had the virus. Our understanding of the virus will grow as new scientific evidence and studies emerge.

#### **Innovative working**

Dealing with the COVID-19 crisis has led to some innovative ways of working from virtual outpatient appointments to changes to the way clinicians in the hospital and community have rapid access to patient results. I have been so impressed by everyone's response to the pandemic and for embracing new ways of working.

For example, video consultation calls and virtual waiting rooms are helping to ensure patients get the care they need during the COVID-19 pandemic. We were quick off the mark to introduce new nationally procured technology during the coronavirus lockdown. Our video consultation system Attend Anywhere has proved invaluable for patients to be able to get the consultations they require when it is not necessary for them to physically be at one of our sites. Where patients do need to come to our hospital or outpatients sites, we have measures in place to keep them safe including social distancing markers on our floors, hand gels are readily available and we swab every patient for COVID who comes for an overnight stay. For planned procedures, patients will also be tested before they come in for surgery.

Many of our staff now conduct meetings remotely using MS Teams video conferencing software which has proved efficient, avoids the need to locate rooms and travel, and supports social distancing. This gives staff in our isolation areas where they are unable to use mobiles the ability to communicate with colleagues and share patient information securely.

We have changed our practice across all of our community services dependant on clinical need. We have replaced many clinics with telephone assessments and home visits undertaken when clinically necessary. Our continence patients have said they are happy to have assessments/reviews instead of attending clinics. As we look at implementing more virtual assessments, there will be benefits, including an impact on reducing waiting times in some areas as we can have more 'slots'. We are looking to implement therapy software which will enable exercise classes to be held virtually, reduce amount of follow-ups and so release time to care. The flexibility of our staff and the way they have responded has been outstanding. Thank you to all our community teams.

Our nutritionists have created a support pathway to ensure patients have supplements prescribed to them. This has reduced the number of referrals allowing ward staff to concentrate on critically ill patients.

During the crisis our Pharmacy Department organised an outpatient medicines home delivery service which proved very popular with shielded patients. A nurse from our outpatient department was redeployed to support the Pharmacy Department organise volunteers to deliver medicines. This innovative approach has had a significant impact on patient care where our nurse has intervened in organising community nursing, equipment and treatment based counselling. Thank you to Anne Groucutt, Jane Elvidge and Natalie Hill for making this happens.

Our podiatry surgery staff were redeployed into theatre working in roles outside their normal practice which has demonstrated the diverse skills of our Allied Health Professional staff. We are now remodelling our current service.

There are many more examples of innovative working which is improving delivery of patient care and reducing face-to-face appointments.

### **Trust praised in House of Commons**

Health Secretary Matt Hancock thanked staff at Russells Hall Hospital in the Commons on Tuesday 2<sup>nd</sup> June and said he would love to visit, either virtually or physically, when invited to do so by Stourbridge MP Suzanne Webb.

Ms Webb had raised the issue of the Trust urgently needing capital investment to enable services to re-start while adhering to social distancing. She praised the 'compassionate and heroic efforts' of staff and asked Mr Hancock to join her in thanking staff personally and discussing the investment needed by visiting.

Mr Hancock said he was 'delighted to thank everybody at Russells Hall'.

### **The One Show at Russells Hall Hospital**

We were delighted to welcome BBC's The One Show to the hospital recently to help host Alex Jones surprise one of our wonderful volunteers Roger Brown after he was secretly

nominated for One Big Thank You. We helped the team from The One Show pull off the big surprise for Roger, who has volunteered at Russells Hall Hospital for three years. The One Big Thank You included a surprise virtual performance from the Trust choir, of which Roger is a member, and a special thank you from choirmaster Gareth Malone.

It was a lovely piece and really lovely to see such a hero receiving the recognition he deserves. I would like to pay a special thank you to Roger for all his volunteering work and to those staff members who helped behind the scenes to stage the surprise.

## Charity Update

COVID-19 has created an unprecedented response in the support of NHS Charities, both nationally and locally. The focus on NHS Charities has been phenomenal for fundraising and it has also raised awareness. We are making plans to maximise on this positive publicity by saying thank you, by demonstrating the benefits of all the donations and by involving our community in building a long term plan for the future of our Trust charity.



### NHS Charities Together

[www.nhscharitiestogether.co.uk](http://www.nhscharitiestogether.co.uk)

Our charity has recently become members of NHS Charities Together (previously called the Association of NHS Charities). This is a collective body representing all Trust Charities who are members. Our timely joining meant we didn't miss out on the initial grant of £32,000. We have since received a second grant of £35,000.



### COVID-19 Dudley Group Crisis Appeal

[www.justgiving.com/campaign/NHSThankYou](http://www.justgiving.com/campaign/NHSThankYou)

This appeal was created as we went into lockdown to support the DGNHS Charity. We have many examples of how the general public have been supporting our Trust because of the pandemic, both financially and with donations of gifts

## Large COVID-19 related donations to date

£500,000	In Touch Games
£67,000	NHS Charities Together
£10,000	Marcegaglia corporate donation
£10,000	Bissill Charitable Trust
£10,000	Rotary Club Dudley

£7,000	MKR Charitable Trust
£5,000	Member of the public to say 'thank you to staff'
£3,500	Rotary Club Halesowen and Rowley Regis

### Online Fundraising supporting COVID-19

A record 38 JustGiving Pages have been set up by members of the public and to date have raised £14,000 (including GiftAid).



#### Rainbow merchandise

The rainbow has become the **COVID-19 – Supporting our NHS** emblem. As a result a variety of handmade badges and keyrings have been donated to the Trust. Our volunteers have been selling them wherever possible and to date have raised £1,400 for the COVID-19 Appeal.



#### Super Hero 5 Week Strava Virtual Challenge

[www.facebook.com/events/179940593410283](http://www.facebook.com/events/179940593410283)

The Super Hero 5k running event, planned for June has now been relaunched as a Super Hero Strava Challenge. The Super Hero theme is now more important than ever and we hope for an enthusiastic take up. Entry is free by setting up a JustGiving page. Participants will be encouraged to dress up as super heroes.



#### Dudley – For the Love of Scrubs

[www.facebook.com/groups/254724365682679](http://www.facebook.com/groups/254724365682679)

The charity helped support the launch of the 'Dudley – for the Love of Scrubs' Facebook Group. This is a local independent community group which co-ordinates the sewing of scrubs, facemasks, washbags and other hand-made items. They offer support and advice to its members. They liaise directly with the Trust.

#### Dudley Group NHS FT Scrubs appeal page

<http://www.dgft.nhs.uk/making-scrubs-for-our-hospital-staff/>

This information page is on the Trust website and has all the information needed for anyone wishing to make scrubs for our staff.

## Non-financial donations

The Trust has been receiving numerous daily donations of food (pizza, curry, etc) which has been distributed on across the Trust. We have also received various store cupboard essentials, toiletries, pyjamas and other goods which have been made up into 'well-being' gifts and care packages for those struggling either financially or logistically.

## Visits and Events

14 <sup>th</sup> May 2020	Board meeting
15 <sup>th</sup> May 2020	Virtual meeting with MP's
21 <sup>st</sup> May 2020	Clinical Shadowing shift
21 <sup>st</sup> May 2020	Live Chat
22 <sup>nd</sup> May 2020	Virtual Council of Governors briefing
29 <sup>th</sup> May 2020	Live Chat
4 <sup>th</sup> June 2020	A&E Delivery Board
8 <sup>th</sup> June 2020	Live Chat

## National NHS news

**NHS England's national medical director insists Britain 'may still need' Nightingale hospitals** NHS England's national medical director has insisted, after doctors suggested they were lying empty due to the Government's over-reliance on worst case scenarios. **Telegraph (03.05.20)**

**HS2 protesters block sites and call for money to go to NHS** Demonstrators have blocked access to building sites for the [HS2](#) high-speed railway in London and Warwickshire, in protest at construction work continuing amid the coronavirus crisis. The group, which calls itself HS2 Rebellion, claims the work is non-essential and that, by failing to stop during the lockdown, it is putting the lives of workers and their families at risk. **The Guardian (04.05.20)**

### **Matt Hancock launches contact-tracing app with Isle of Wight trial**

A new contact-tracing app for managing the coronavirus outbreak will be piloted on the Isle of Wight this week, the health secretary has confirmed, despite concerns its centralised setup carries privacy risks and will reduce uptake.

### **Exclusive: 'Wobbly' tracing app 'failed' clinical safety and cyber security tests**

The app is being trialled on the Isle of Wight this week, ahead of a national rollout later this month. Senior NHS sources told *HSJ* it had thus far failed all of the tests required for inclusion in the app library, including cyber security, performance and clinical safety. **Health Service Journal (04.05.20)**

**NHS workers targeted by hostile states in 'malicious cyber campaigns'.** NHS workers, researchers and civil servants involved in the fight against coronavirus are being [targeted by state-backed hackers](#), the UK and US have warned. The hackers "are actively targeting organisations involved in both national and international Covid-19 responses" to steal coronavirus secrets, the security services said. **Telegraph (05.05.20)**

**Coronavirus: Reopening Scottish schools too early could 'overwhelm' NHS.** Fully reopening primary schools in Scotland would "most likely" see the NHS overwhelmed by coronavirus within two months, Nicola Sturgeon has warned. The Scottish government has published a [new paper](#) of options for starting to lift the virus lockdown. **BBC News (05.05.20)**

**NHS faces 'major problems' as charities contemplate withdrawing support.** Multiple organisations told *HSJ* that they would have to cut down the help they offer people if they cannot shore up their income. All said they were unlikely to be eligible for the £750m charity funding the Treasury announced on 8 April. The work done by these charities includes nurses providing cancer care, nurse-led telephone support and social support services offered during hospital clinics. **Health Service Journal (06.05.20)**

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**Government cyber security chiefs warn NHS after hacking attacks.** Healthcare organisations have been attacked by cyber criminals seeking to exploit the covid-19 pandemic, according to hacking experts in the UK and USA. Both countries' governments have issued fresh guidance after seeing "large-scale" attacks against national and international health bodies. **Health Service Journal (06.05.20)**

**Ministers' unfulfilled coronavirus promises eroding UK public trust.** It is a story that has been repeated throughout the coronavirus crisis. An under pressure minister makes a promise about the delivery of protective equipment, new technology or testing capability only to discover that reality fails to match the hype. **The Guardian (07.05.20)**

**Coronavirus: NHS trust board tells CEO to ignore ban on buying PPE so it can better protect staff.** Many trusts have been buying their own PPE to supplement deliveries from national procurement body NHS Supply Chain, but officials wrote to procurement directors last week saying PPE, along with ventilators and a range of other products in high demand due to Covid-19, will be sourced on a national level to reduce competition for supplies. **iNews (07.05.20)**

**English NHS staff sent to Scotland to be tested for Covid-19.** NHS STAFF based in England have been told to take seven-hour trips to Scotland in order to be tested for coronavirus, it has been claimed. Frontline workers from County Durham have been told by the Government's website to head to Edinburgh and Perth to get the test carried out – despite the Army recently setting up testing stations in the region, in Bishop Auckland and at Dalton Park. **The National (09.05.20)**

**Academics say NHS should have responsibility for future pandemics.** PLANNING for any future pandemics should be given to the NHS "free from political interference", academics have said, after the UK's Department of [Health](#) was "found wanting" during the coronavirus crisis. **The National (09.05.20)**

**Coronavirus: 'Off-grid' mother's tirade against NHS staff.** THE mother of a family who have chosen to live an "alternative" lifestyle has criticised NHS staff for putting [coronavirus](#) on death certificates "against the wishes of families" and posting videos on social media. **Echo News (10.05.20)**

**Social care workers at 'significantly higher risk' than NHS staff.** New data from the Office of National Statistics suggests social care workers are at a significantly higher risk of death from coronavirus than NHS staff. **Health Service Journal (11.05.20)**

**Location data from NHS contact-tracing app could help avoid second lockdown, says former Health Secretary.** The NHS [contact-tracing app](#) is still due to roll-out in "mid-May"

Matt Hancock has insisted, as the former health secretary Andrew Lansley has said the location data it collects could help avoid a [second national lockdown](#). Mr Hancock said on Tuesday that the NHS Covid-19 App's [trial on the Isle of Wight](#) had "gone well" and that NHS developers had "learned lessons" from glitches users initially reported when it was released last week. **Telegraph (12.05.20)**

**Vulnerable patients still without shielding advice, warns national cancer lead.** There are extremely vulnerable patients with cancer who have yet to receive a letter advising them to shield from coronavirus, according an NHS clinical director. **Pulse Today (12.05.20)**

**Thousands of coronavirus test results 'disappear'.** The results of tens of thousands of Covid-19 key worker testing kits have reportedly gone missing, it has emerged. Data from essential workers' home testing and drive-through kits have been 'disappearing into a black hole,' according to NHS sources, reported the HSJ. Without the information, local authorities and organisations do not know exactly how many people in their area have tested positive for the virus. **Metro (13.05.20)**

**NHS patients will have to isolate for two weeks before planned surgery.** People going into hospital in England for planned surgery will in future have to isolate for two weeks before they arrive, in a move that will affect about 700,000 patients a month. Either they will have to separate themselves from other members of their household, or the whole family group will have to cut off contact with the outside world, for 14 days, just as people with coronavirus already do. **The Guardian (14.05.20)**

**NHS triggers 'de-escalation' clause to allow private providers to restart work.** Independent hospitals have been given the green light to start some private and NHS elective work, despite remaining 'block-booked' by the NHS in case of a covid surge. The private sector will remain block-booked under commission from NHS England. However, the national commissioner has triggered the "de-escalation notice" in the contract. **Health Service Journal (15.05.20)**

**Investment in NHS digital transformation inadequate, says National Audit Office.** Recent investment in the digital transformation of the NHS has been "inadequate", according to a report from the National Audit Office (NAO). Digital transformation involves updating existing IT and other digital services to improve how staff within the NHS are able to work as well as make such systems more secure. **ITV News (15.05.20)**

**Coronavirus: Mental health of NHS staff at long-term risk.** NHS staff are at risk of high rates of post-traumatic stress disorder if they don't get the right support as the coronavirus outbreak subsides, health service adviser Prof Neil Greenberg has said. **BBC News (15.05.20)**

**Latest NHS IT revolution is failing to learn lessons from the last £10bn car crash.** The UK government is failing to learn lessons from previous NHS IT disasters, including the £9.8bn National Programme for IT (NPfIT) fiasco, the National Audit Office (NAO) has found. **The Register (18.05.20)**

**UK coronavirus testing extended to anyone over age of five.** Coronavirus testing is being extended in the UK to anyone over the age of five with symptoms, [Matt Hancock](#) has announced, as it emerged that the national rollout for the government's new test and track response appears set to be delayed to June. **The Guardian (18.05.20)**

**Loss of smell or taste added to NHS Covid-19 symptoms list.** A loss of taste or smell have been added to the NHS coronavirus symptoms list, weeks after experts first raised

concerns that Covid-19 cases are being missed. Anyone suffering loss of taste or smell, or a noticeable change, should now self-isolate for seven days to reduce the risk of spreading the infection, according to guidance from the UK's chief medical officers. **Kent Online (18.05.20)**

**NHS coronavirus bereavement scheme extended to low-paid workers.** A bereavement scheme granting indefinite leave to remain in the UK to relatives of foreign national [NHS](#) staff who die from Covid-19 has been extended to low-paid workers after their exclusion attracted criticism from Labour, trade unions and workers. **The Guardian (20.05.20)**

**Track and trace strategy coming late in the day, NHS leaders warn.** The Government has defended its position on track and trace, after NHS leaders warned that action to control the future spread of coronavirus is coming late in the day. **Enfield Independent (21.05.20)**

**UK urged to scrap healthcare fee for migrant NHS workers.** Anger is growing towards the British government over its refusal to exempt overseas NHS workers, many of whom are currently putting their lives at risk on the front lines of the coronavirus pandemic, from paying a fee for healthcare. **Aljazeera (21.05.20)**

**Let's stop clapping for the NHS, says woman who started the ritual.** The originator of the weekly "clap for carers" has said next Thursday's show of support should be the last, amid concerns the event has become politicised. Annemarie Plas, a Dutch national living in south London, said she was "overwhelmed" by the support for the ritual, but it was better to stop while it was at its peak. **The Guardian (22.05.20)**

**CORONAVIRUS: No more deaths reported at York NHS trust hospitals.** NO more deaths of patients with coronavirus have been reported at either York or Scarborough hospital. The news from NHS England means the total number of Covid-19 related fatalities at York Teaching Hospital NHS Foundation Trust remains at 196. **York Press (22.05.20)**

**Why the NHS will not be back to normal for a very long time.** Over the past few months, the thousands of organisations that make up the National Health Service, and the 1.7m people they employ, have turned their attention to one task: dealing with the pandemic. The astonishing transformation that resulted saved many people's lives, and the health service from collapse. Now, however, it must be undone. Medics everywhere are working out how to return to something like normality, even as the virus circulates. Many hospital chiefs believe doing so will prove even more difficult than the initial transformation. **The Economist (23.05.20)**

**Matt Hancock unveils 'NHS Test and Trace' system to help end national lockdown.** From Thursday at 9am, anyone who has Covid-19 symptoms should report themselves to NHS specialists to get a test. If they test positive, the NHS experts will then contact anyone who has been in close contact with them and ask them to isolate for 14 days, even if they do not have symptoms. **Evening Standard (27.05.20)**

**Matt Hancock denies technical issues in NHS Test and Trace app.** He told the daily coronavirus briefing that the system works better with human contact tracers. **The National (27.05.20)**

**This is who the NHS needs to donate blood plasma to treat Covid patients.** Initial findings from tests carried out on blood plasma donations taken from recovered Covid-19

patients by NHS Blood and Transplant (NHSBT) have revealed three key groups of people who are most likely to have potentially life-saving plasma. **Slough Observer (27.05.20)**

**Government launches NHS Test and Trace service.** In the latest efforts to limit the spread of coronavirus, Government have launched the new NHS Test and Trace service across England, aimed at helping to identify, contain and control the virus. **National Health Executive (28.05.20)**

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**Public Health England will keep personal data of people with coronavirus for 20 years.** Personal data about people with coronavirus, collected by the NHS as part of the [test-and-trace programme](#), will be kept for 20 years according to a privacy notice posted by Public Health England. **The Guardian (28.05.20)**

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**Public have 'civic duty' to take part as NHS Test and Trace programme launches across England.** System launched ahead of NHS app intended to help people find out if they have come into contact with anyone with Covid-19 symptoms. **Civil Service World (28.05.2020)**

**William warns about mental health pressures on 'hero' NHS staff.** The Duke of Cambridge has warned the COVID-19 outbreak could leave a legacy of "broken NHS staff" who felt they could not reach out for help. William said frontline doctors, nurses and other workers battling the coronavirus pandemic have rightly been hailed as "heroes" for their efforts. **Richmond & Twickenham Times (28.05.20)**

**UK's first nursing degree apprentices graduate and take up roles.** Newcastle Hospitals has seen its first students to have graduated from the Registered Nurse Degree Apprenticeship scheme, the first of its kind in the UK, and join the frontline within the trust's hospitals. **National Health Executive (28.05.20)**

**Could it be the last Clap for Carers tonight?** Today's Clap for Carers - where people across the region and the country applaud to show their appreciation and admiration for key workers - might be the last in its current format. **ITV news (28.05.20)**

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**Andy Murray to play in charity tournament for NHS organised by brother Jamie.** Andy Murray will play in a tournament organised by brother Jamie that will raise money for NHS Charities Together. **BBC Sport (29.05.20)**

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**NHS moves to protect supplies of critical care equipment.** Hospitals in England have been temporarily barred from ordering some key items of equipment used in intensive care units of "an exceptional increase in national demand", even as numbers of patients being treated for coronavirus falls. **Financial Times (29.05.20)**

**NHS workers who died from coronavirus to be honoured in national memorial.** The 20ft tall bronze monument - known as the '999 Cenotaph' - will be situated in central London, costing an estimated £3million. Britain's first national memorial dedicated to emergency services workers will now include a frontline hospital employee wearing scrubs and a

protective face shield, as the coronavirus pandemic has spurred a change in the sculpture's original design. **iNews (30.05.2020)**

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**Anglia region has second highest daily coronavirus death toll in England.** A further 28 patients have died with Covid-19 in hospitals in the Anglia region according to figures released by NHS England on Sunday. It is the highest number of daily deaths reported in any English region on Sunday apart from the North East and Yorkshire. The Anglia region reported, on Saturday, that 24 patients has died with coronavirus with 34 on Friday and 31 on Thursday. **ITV news (31.05.20)**

**Privacy group prepares legal challenge to NHS test-and-trace scheme.**

Privacy campaigners are preparing a legal challenge to the NHS's coronavirus test-and-trace programme as concerns grow about the amount of contact data that will be collected and retained by government. **The Guardian (31.05.20)**

**NHS and councils booked 1,800 care home beds to 'free up hospitals'.** New data has revealed that 1,800 beds were reserved at care homes at the start of the pandemic in 17 regions across England so hospitals wouldn't become overwhelmed, reported ITV News. They included 182 beds in Suffolk, 122 in the Wirral and 86 in Oxfordshire, said NHS clinical commissioning groups and councils. **Metro (31.05.20)**

**New research centre will focus on BAME health issues in wake of Covid deaths.** A new national centre is to be set up to specifically investigate the impact of race and ethnicity on patient health and the NHS workforce, which has been put in "stark" relief by Covid-19. **Nursing Times (31.05.20)**

**NHS COVID-19 contact tracers say the 'shambolic' system is 'obviously not ready' and admit they have nothing to do all day – despite being paid up to £27-an-hour.** Contact tracers have warned the NHS system designed to curb the spread of Covid-19 in Britain is 'obviously not ready' - and revealed they are being paid up to £27-an-hour to do nothing. **Daily Mail (01.06.2020)**

**North Tees & Hartlepool achieves savings with medicines programmes.** At a time when cost-saving was as crucial as ever in the NHS, the North Tees and Hartlepool NHS Foundation Trust achieved more than double its medicines savings target, delivering the best value for the North Tees and Hartlepool region and the wider NHS while maintaining high quality patient care. **National Health Executive (01.06.20)**

## **Regional NHS news**

**West Midlands Ambulance Service recruits 346 new 111 call handlers amid pandemic.** The service has recruited 346 new 111 call handlers since the beginning of the pandemic, with nearly 40 more to come in the next two weeks. The initial job advert went live at the end of March. The WMAS said it received more than 1,000 applications received in one weekend. Bosses at the ambulance service said they anticipated the need for more call

handlers when it became clear the country was heading for a major pandemic. **Express and Star (04.05.20)**

**West Midlands patients urged to follow-up on cancer symptoms after referral drop-off.** PEOPLE in the West Midlands who suspect they may have cancer symptoms are being urged to seek help despite the ongoing COVID-19 pandemic. Health leaders at NHS England and NHS Improvement in the Midlands are stressing the importance of having worrying signs checked out as soon as possible. **Oswestry Advertiser (04.05.20)**

**Cancer referrals fall by half at Midlands NHS trust.** Toby Lewis, chief executive of Sandwell and West Birmingham NHS Trust (SWBT), said people not attending GPs due to coronavirus pressures had led to a 50 per cent fall in cancer referrals since the start of April. **Express and Star (07.05.20)**

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**Hospital celebrates International Nurses Day.** Staff on the children's ward at Russells Hall Hospital in Dudley turned the clock back for a tea party to celebrate International Nurses' Day. Morrison's supermarket in Kingswinford generously donated cakes for the party which was held to mark the annual May 12 celebration of the birthday of nursing heroine Florence Nightingale. **Stourbridge News (12.05.20)**

**Frontline WMAS staff test positive for coronavirus, despite not showing symptoms.** 3 per cent of frontline staff working for the West Midlands Ambulance Service have tested positive for coronavirus, despite not showing any symptoms. 16 staff members were found to have COVID-19 after testing over two days. The service says it shows the importance of social distancing. **ITV News (12.05.20)**

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**Marathon man** A bighearted Halesowen man has raised more than £1.9k for the Dudley Group NHS Charity through a 'marathon' challenge which has seen him run more than 300 miles. Matthew Shilvock, of Briery Road, has run 10k a day for 50 days. **Dudley News (14.05.20)**

**Children supporting NHS heroes** Kind-hearted youngsters have walked and cycled to raise funds for NHS heroes in the Black Country. Having been inspired by the Clap for Carers event, nine-year-old Jaime Downing, from Wollaston, completed a 100km bike ride in aid of the Dudley Group NHS Foundation Trust. Meanwhile, Halesowen brothers Jacob and Noah Beecroft, aged eight and five, trekked the equivalent distance it takes to reach the summit of Snowdon. Both challenges aimed to raise £100 for the trust – but in the end, each clocked up more than 10 times that amount. **Express and Star (16.05.20)**

**Health trusts recruit thousands for coronavirus research in West Midlands.** A total of 9,742 patients are taking part in 20 pieces of research to better understand the virus and hopefully help to find a cure. It means the region is currently recruiting more participants to studies than any other area in the UK – coinciding with International Clinical Trials Day. **Express and Star (21.05.20)**

**Migrant NHS cleaner 'proud' of his role as fee for overseas workers scrapped.** A carer from Jamaica who works in the *West Midlands* and did not wish to be named welcomed the surcharge U-turn but called for it to be extended to everyone. **Shropshire Star (21.05.20)**

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**West Midlands and Warwickshire welcome becoming pilot area for Covid-19 'track and trace'.** THE West Midlands and Warwickshire region has welcomed becoming a pilot area in developing a 'track and trace' system to contain coronavirus as lockdown eases. The rapid expansion of testing and tracing people who have been in contact with those with symptoms is seen as vital to preventing a second wave of Covid-19. **Coventry Observer (24.05.20)**

**Record number call NHS for dental treatment in face of COVID-19.** Dental care referrals in the West Midlands have spiked to the highest level ever recorded as the suspension of routine dentistry continues in response to COVID-19. In April, 10,292 callers were redirected to urgent dental care (UDC) hubs after ringing NHS 111 with oral health concerns, reports *The Express and Star*. This means one in 10 of all NHS 111 calls in the West Midlands region led to treatment advice involving a dental problem. **Dentistry Online (26.05.20)**

**GP referrals drop across Black Country and Staffordshire.** Health leaders have warned that the NHS faces a "wave of increasing demand" as the initial coronavirus peak abates, with a drop in non-Covid related activity during the crisis storing up problems for the future. **Express and Star (27.05.20)**

**West Midlands' 111 ambulance call answering 'is best in the country'.** The West Midlands' 111 service was the only one in the country to meet a national call-answering target, performing nearly twice as well as providers in some other areas, its chief says. **Shropshire Star (27.05.20)**

**Brave the shave.** A pair of dedicated frontline NHS workers have braved the shave to raise money for their department. The two members of Russells Hall Hospital's Breast Imaging Department have had their locks chopped in aid of The Dudley Group NHS Charity. Consultant radiographer Anne Mannion and clinical superintendent Emma Dobbs took on the clippers at the Dudley hospital on Friday, May 22, while respecting social distancing measures and wearing face masks. Anne and Emma have been working tirelessly to support the Breast Imaging Department, which is reliant upon state of the art technology to treat patients. **Express & Star (28.05.20)**

**The last Clap for Carers in the Midlands.** People across the Midlands took part in what could be the last Clap for Carers last night (May 28). **ITV news (28.05.20)**

**Coronavirus: Walsall trust creates stone garden memorial.** A hospital trust has created a memorial to the friends, families and colleagues of staff who have died during the coronavirus pandemic. Painted stones were laid outside the A&E entrance at Walsall Manor Hospital in a socially distanced ceremony on Wednesday. **BBC News (28.05.20)**

**School student launches petition calling for NHS day.** A Black Country school pupil has created a petition calling for an annual day of recognition for NHS staff. **Express & Star (28.05.20)**

**12 more coronavirus deaths confirmed in Black Country, Birmingham and Staffordshire.** The rise means 2,344 patients have now died in the region's hospitals, while at least 527 people have died with the virus in care homes. **Express & Star (29.05.20)**

**Coronavirus delaying cancer treatments for Birmingham patients, say GPs.** Patients suspected of having cancer are not getting appointments or diagnostic tests in Birmingham because efforts are focused on coronavirus, GPs say. **BBC News (29.05.20)**

**Surge in excess deaths recorded in Herefordshire in April.** Deaths in Herefordshire surged above usual levels in April as coronavirus crisis took hold, officials figures show. **Ludlow & Tenbury Wells (30.05.20)**

**Seven more coronavirus deaths confirmed in Black Country, Birmingham and Staffordshire.** Four new deaths were confirmed at the University Hospitals Birmingham NHS Foundation Trust where 913 patients have now died. The trust runs Queen Elizabeth, Heartlands, Good Hope and Solihull hospitals and has had more coronavirus deaths than any trust in the country. **Express & Star (31.05.20)**

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Paper for submission to the Board of Directors June 2020

<b>TITLE:</b>	Chief Nurse Report		
<b>AUTHOR:</b>	Carol Love-Mecrow Deputy Chief Nurse	<b>PRESENTER</b>	Mary Sexton Chief Nurse
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>x</b>	
<b>RECOMMENDATIONS</b>			
For the Board to review and note the exceptions presented.			
<b>CORPORATE OBJECTIVE:</b>			
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			
<b>SUMMARY OF KEY ISSUES:</b>			
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 <b>Appendix 1</b> Infection Prevention and Control Board Assurance Framework 1.2 <b>Appendix 2</b> Staffing data -April  <b>2. <u>Agency Controls</u></b>  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 Executives have agreed to promote a zero tolerance for the booking of non-framework agency at the current time; this will be reviewed as the trust progresses towards business as usual in order to ensure the safety of patients and our staff.  2.3 All requests for non-framework agency remain Chief Nurse or Chief Operating Officer authorisation only in hours, out of hours remains Executive authorisation only and this is closely monitored by the Chief Nurse.			

### **3. Allied Healthcare Professionals (AHP)**

3.1 The recruitment of AHP students is being supported back into Trust with fixed term contracts via the student portal. AHP students are being invited to upload provider preferences to take up support worker roles whilst also meeting their clinical placement requirements. Currently we have 24 students across Physiotherapy, Occupational Therapy, Speech and Language Therapy, Operation Department Practitioners, and sonography that are being recruited to the Trust.

3.2 The Therapy services across acute, community and Dudley Council have come together to develop a new pathway to support patients with residual symptoms after the acute phase of COVID 19. Much of the emerging rehabilitative need is focused on a complex mix of breathlessness, fatigue, ongoing respiratory dysfunction, post-traumatic stress disorder and cognitive and neurological disorders. Therapy Services, Dudley Rehabilitation Service, Intermediate care, Pulmonary Rehabilitation service and Dudley Councils Assessment & Intervention service have pooled their skills and resources to ensure all patients requiring support are identified and appropriately supported. This service has been extended to our staff and forms part of the Trusts Staff Health & Wellbeing programme of support.

### **4. Complaints**

4.1 During April 2020, the Trust received 31 new complaints. At the time of writing this report 26 new complaints had been received for May 2020.

4.2. There has been increased focus on the closure of complaints; and good progress has been made with the closure of 37 complaints as of the 21<sup>st</sup> May the Trust had 63 outstanding complaints. In respect of local resolution meetings the Trust is looking to reinstate them virtually with complainants where appropriate.

### **5. Falls**

5.1 There were 75 inpatient falls in April 2020, which is a decrease on the 94 falls reported in March.

5.2 There were no serious incidents reported for falls during April 2020.

### **6. Infection Prevention and Control (IPC)**

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

6.2 **IPC Board assurance Framework** (Appendix 1) - In May 2020 NHSI/E requested the trust to complete an Infection prevention and control board assurance framework. One of the key areas in combating the COVID crisis relates to robust infection control standards and practices across the trust. The framework adopts the same headings as the hygiene code listing the 10 criterion. This will make it easier to embed the IPC practices specific to COVID into the IPC Hygiene Code tool which is already an established working document within the trust. The framework is a helpful guide to support board level assurance of the practices of IPC across DGFT.

There are many areas which the team identified as having no gaps in assurance such as good communication through the daily briefings which mobilised a rapid response to the evolving crisis. The zoning of the hospital site supported by a standing operating procedure. Evidence of cleaning schedules which include enhanced cleaning with periodic touch point cleaning. Robust and prompt testing systems in place for patients suspected of COVID. The trust could evidence effective PPE management and distribution. This gave our staff the confidence that their safety and wellbeing was paramount. During the Covid-19 pandemic it is assuring to note that we have maintained our low rates of HCAI and compliance against the hygiene code.

As a trust we responded at pace to the challenges facing us. There are however, areas which we could do better and improved upon. Face Fit testing should be a yearly occurrence for all frontline staff; we are working on an improved system to accurately record this level of training. It has been highlighted that the donning and doffing should be included within Mandatory Training going forward. We recognised that we need a specific COVID 19 infection control policy.

Overall the Trust can demonstrate significant achievements during the COVID 19 pandemic particularly when trying to respond to a rapidly changing landscape. We recognise that during the period of restoration we need to work on identified gaps within the framework. A full report of the Infection prevention and control board assurance framework is outlined in appendix 2

## **7. Mental Health**

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

## **8. Patient Experience**

- 8.1 **The family support service** continues and is being very well received. We have received positive feedback about the service from relatives who are appreciative of the help during this distressing time for them.
- 8.2 **Patient Panels** - following the first patient panels a number of virtual forums will now be taking place to give patient/carers to share their experience of care that they have received at the trust.
- 8.3 **Patient voice volunteers (PVV)** – the trust is recruiting a number of PVV to inform and influence the planning, delivery and quality of services that the trust provides.
- 8.4 **Involvement strategy** - In order to achieve the objectives highlighted in the Patient Experience Strategy, to improve the way we communicate with patients, their GP's and between different services within the Trust, we are developing an Involvement Strategy to strengthen patient and public engagement across the organisation.

## **9. Professional Development**

- 9.1 The professional development team continue to adapt to their usual working patterns to provide additional support to the trust during the COVID- 19 pandemic.
- 9.2 The trust moves to the recovery phase, professional development activity is being reintroduced. This includes:
  - The relaunch, in July, of the diploma level 2 course for clinical support staff that was

deferred from March 2020.

- The return of our trainee nursing associates to university from the 1<sup>st</sup> July, making use of online learning platforms to enable social distancing.
- A review of the senior band 5 and band 6 development courses to include online learning materials and virtual workshops, again to promote social distancing and widen the learning opportunities for staff.
- The recommencement of the clinical competency review group, set up to review and approve all clinical competency documents used by non-medical staff.
- Transition skills training including venepuncture, cannulation and intravenous theory has been brought forward to July 2020 for the extended placement students.

9.3 As reported last month there has been continued focus on the redeployment of student nurses, midwives and AHPs on extended placements.

9.4 At the time of this report there were 151, 2<sup>nd</sup> and 3<sup>rd</sup> year student nurses and midwives on extended placements across the Trust Services.

9.5 The student deployment portal remains open however; no additional students are being added at this time.

As discussed in last month's report, whilst the majority of our students have originated from the University of Wolverhampton there has been the interest from a number of other universities not normally affiliated with the trust, providing an opportunity for wider future recruitment. This will be supported by the Recruitment and Retention Lead with a number of engagement activities to be arranged focused on retaining this group of students when the extended placement period ends.

## **10. Quality and Safety Reviews**

10.1 Work continues to develop a more focused approach that allows triangulation with the CQC *should dos* and *must dos* whilst combining a review of quality key performance indicators.

10.2 Quality and safety reviews are planned to recommence in July 2020.

## **11. Recruitment**

11.1 Face to face recruitment events are currently suspended due to COVID 19. Work is underway to look at virtual events and interviewing.

11.2 The graduate nurse programme is being revised in line with social distancing requirements.

## **12. Safeguarding**

12.1 Safeguarding guidance related to COVID -19 indicates that the safeguarding of children and adults is as critical during the pandemic and all statutory requirements still stand. The work of the safeguarding team in the trust has continued and staff have continued to respond to the needs of vulnerable adults and children, although there has been a decrease in the number of referrals in correlation with reduced footfall throughout the Trust. Specific areas of completed work are:

- Annual report for 2019/20
- Annual Safeguarding Improvement plan
- Annual Safeguarding Audit plan

- Safeguarding re-structure agreed at Executive Board and recruitment commenced
- Learning resources for Level 3 adult and children safeguarding training have been compiled and sent out to senior staff for cascading to all Trust staff.
- RAG rated assessment tool for midwives to assist in prioritising vulnerable families requiring home visits during COVID 19 lockdown
- Safeguarding Supervision Policy agreed at The Internal Safeguarding Group
- Collaborative working with Learning Disabilities Team and Named Doctor for Safeguarding adults to ensure non-discriminatory documentation on Do Not Attempt Resuscitation (DNAR) forms and appropriate documentation of mental capacity assessments.

### **13. Safer Staffing (Appendix 2)**

- 13.1 The qualified staff fill rates for April 2020 were 86% during the day and 80% during the night; this is a slight decrease on last month's figures, this continues to be reflective of the reduction in staff availability due to COVID-19. This has been mitigated with staff who were redeployed and the number of students on extended placements. The overall qualified staff fill rates was 83%, the target fill rate for qualified staff is set at 90%.
- 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 on a twice daily basis.
- 13.4 Assessment of patient acuity and dependency continues daily for our in patient units.

### **14. Tissue Viability**

- 14.1 There have been no avoidable category 3 or 4 pressure ulcers reported in April 2020.
- 14.2 Work continues to monitor skin damage to staff due to the wearing of face masks during the COVID 19 outbreak. Advice has been provided to staff to mitigate any skin damage.

### **15. Volunteers**

- 15.1 Our Volunteers have continued to adapt their working patterns to support the COVID 19 response and has included:
- **Main reception duties**
  - **Visor production:**
  - **Pharmacy deliveries:**
  - **Love of Scrubs:** Volunteers driving on a daily basis to collect and deliver scrubs to the hospital from volunteer machinists.
  - **Warfarin clinics:** Providing support at Corbett, RHH and Ladies Walk.
  - **Nutrition and hydration:** Assisting with food and drinks in green zoned areas.
  - **Community:** Delivering PPE to community staff.

- **Fundraising:** To date the volunteers have raised over £1700.
  - **DVT suite:** Telephoning patients who are due in for clinic the following week.
- 15.2 **The One Show:** Roger Brown, one of our volunteers, received a surprise “Big Thank You” on the One Show to be broadcast on BBC1 on 28<sup>th</sup> May 2020. Roger has given over 2,000 hours of his time in that past 3 years, As well as all of the work he does in the community via his church, he volunteers on our main reception, as well as visiting patients who have no visitors, and is a member of our choir. He is well known throughout the Trust and is a credit to the volunteer service and the Trust.

## 16. Year of the Nurse & Midwife

- 16.1 Work to prepare for the year of the nurse and midwife celebrations have recommenced and a provisional date of the 17<sup>th</sup> September has been reserved to hold this year’s celebration of Nursing & Midwifery conference.

## IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

<b>RISK</b> BAF 1A Not effectively engaging with patients in their care or involving them in service improvement	<b>Y</b>		<b>Risk Description:</b> 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.
	<b>Risk Register: Y/N</b>		<b>Risk Score: 12</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y/N</b>	<b>Details:</b>
	<b>NHSI</b>	<b>Y/N</b>	<b>Details:</b>
	<b>Other</b>	<b>Y/N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>Y/N</b>	<b>DATE:</b>
		<b>Y/N</b>	<b>DATE: June 11<sup>th</sup> 2020</b>



# Infection prevention and control board assurance framework

4 May 2020, Version 1


## Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

A handwritten signature in black ink, reading 'Ruth May', is positioned above a thin yellow vertical line. A large, light grey 'DRAFT' watermark is oriented diagonally across the page, passing behind the signature.

Ruth May  
Chief Nursing Officer for England

## 1. Introduction

As our understanding of COVID-19 has developed, PHE and related [guidance](#) on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

## 2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the [Code of Practice](#) on the prevention and control of infection which links directly to [Regulation 12](#) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



The [Health and Safety at Work Act](#) 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are


treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.


DRAFT












## Infection Prevention and Control board assurance framework

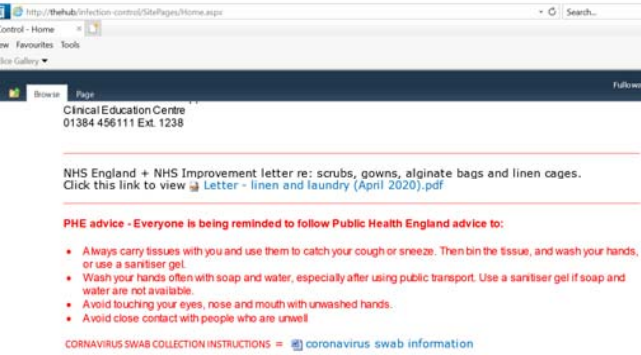
1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>infection risk is assessed at the front door and this is documented in patient notes</li> </ul>	<p>The Trust has policies and procedures in place to identify alert organisms in patients admitted to the Trust.</p> <p>Patients with symptoms are assessed by ED and are placed into the RED Cohort area of ED; all admissions via ED are screened.</p>  <p>Covid -19 flow.pdf</p> <p>Documentation audits are ongoing monthly. No clinical incidents have been identified.</p>	No gaps identified	
<ul style="list-style-type: none"> <li>patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission</li> </ul>	<p>The Trust has implemented a Zoning system, Yellow, Blue and Green with draft SOP in place:</p>  <p>Zoning SOP v 1-4.docx</p> <p>The capacity of the Zones is reviewed 3 times daily at the capacity meetings.</p> <p>The infection prevention team have the daily ward list which documents the location of COVID 19 patients.</p>		Infection control attend the capacity meetings

	There are no datix reports of zoning failures.		
<ul style="list-style-type: none"> <li>compliance with the national <a href="#">guidance</a> around discharge or transfer of COVID-19 positive patients</li> </ul>	<p>Patients who are to be discharged to another care facility (Nursing/Care Home) are screened for COVID 19 as per national guidance. Draft policy awaiting ratification.</p> <p>COVID results are provided to other care providers on transfer with discharge information.</p> <p>COVID status will be added as a separate item on the discharge and transfer information.</p>	This process is awaiting audit.	Where tests are processed in house DMBC PH are informed of any COVID cases in care/nursing homes to enable follow up of patients.
<ul style="list-style-type: none"> <li>patients and staff are protected with PPE, as per the PHE <a href="#">national guidance</a></li> </ul>	<p>PHE guidance in relation to PPE has changed during the COVID19 pandemic. Staff are updated on a daily basis with new guidance as it is released via the daily comms. Staff have access to PPE as per PHE guidance. PPE Marshalls in place and posters stating PPE requirements in each of the zones. Executive oversight of PPE stocks.</p> <p>Patients are offered surgical mask if they are to be placed in a waiting area with other patients.</p>	No gaps identified	
<ul style="list-style-type: none"> <li>national IPC <a href="#">guidance</a> is regularly checked for updates and any changes are effectively communicated to staff in a timely way</li> </ul>	<p>The Incident Room, established in response to the pandemic receives all internal and external information in relation to COVID19 and then forward this, on a daily basis, to all relevant departments. The IPCT review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefing.</p> <p>Recent issue: CAS alert regarding tiger eye, eye protection was actioned within 24 hours of receipt of alert.</p>	No gaps identified	
<ul style="list-style-type: none"> <li>changes to <a href="#">guidance</a> are</li> </ul>	A COVID19 briefing paper is presented to the private board on monthly basis.	Quality and safety committee and IPCC	All regular meetings are

brought to the attention of boards and any risks and mitigating actions are highlighted	COVID 19 taskforce meeting that reports directly to the executive board.	meetings were suspended in March and April due to due work force challenges during the pandemic	resuming in May
<ul style="list-style-type: none"> <li>risks are reflected in risk registers and the Board Assurance Framework where appropriate</li> </ul>	<p>COVID Operational risks are contained within the corporate and divisional risk registers. The infection prevention framework document will be presented to Board for suggestion of inclusion on the corporate risk register.</p>  <p>IPFBA DatixWebReport (2).x</p>	Risk registers to be reviewed to ensure all COVID related risks are documented and reported.	
<ul style="list-style-type: none"> <li>robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens</li> </ul>	<p>Admission assessments include an infection control section which asks if patients have an infection. There are policies and procedures in place to identify alert organisms in admitted patients. These are audited and presented to the Infection Prevention and Control Group for reporting up through the organisation.</p> <p>Surveillance of alert organisms is completed by the IPCT utilising ICNet surveillance system and the national MESS database.</p> <p>Any positive results are reported via sunrise system to inform clinical teams.</p> <p>The PAS is updated with significant infection risks as per policy.</p> <p>Sepsis screens are completed via sunrise.</p>	The infection control risk assessment in the admission documentation is limited.	A draft formal IPC admission risk assessment has been devised this is due to be signed off at the May IPC Group
<b>2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</b>			
<b>Key lines of enquiry</b>	<b>Evidence</b>	<b>Gaps in Assurance</b>	<b>Mitigating Actions</b>

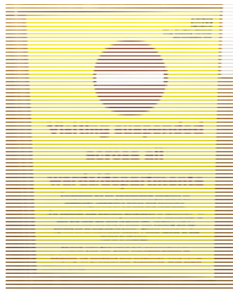
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas</li> </ul>	<p>Training of staff reallocated from theatres to COVID ITU.</p>  <p>Training Records (Dr Calthorpe).xlsx</p> <p>Staff caring for COVID patients, are supported by Matrons and Consultants.</p> <p>IPCT have provided training for Donning and Doffing of PPE, the team commenced in March-but did not capture training attendance until April.</p> <p>Face fit testing undertaken locally and by the clinical skills team.</p> <p>The medical rotas were adjusted to ensure that those with respiratory experience were assigned to the high COVID areas. (Rotas attached).</p>	<p>Lack of accurate data to demonstrate compliance</p> <p>Robust process required for managing yearly face fit testing requirements. Current face fit testing list not complete</p>	<p>Now donning and doffing training completed by the IPCT is documented, going forward this will be included in mandatory training</p>
<ul style="list-style-type: none"> <li>designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.</li> </ul>	<p>Cleaning contractor has ensured that 310 facilities staff are face fit tested and trained regarding PPE requirements.</p> <p>Additional training has been offered to cleaning contract staff to ensure they are aware of appropriate cleaning techniques for working in COVID cohort areas (see evidence attached).</p> <p>An external cleaning training provider has completed a programme of education.</p>	<p>No evidence of overall compliance for face fit testing</p>	
<ul style="list-style-type: none"> <li>decontamination and terminal</li> </ul>	<p>Terminal cleans completed when a COVID patient vacates a bed space or area</p>	<p>No Gaps identified</p>	

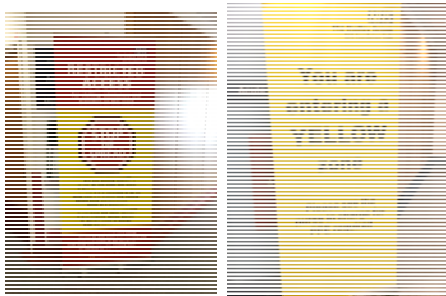
decontamination of isolation rooms or cohort areas is carried out in line with PHE and other <a href="#">national guidance</a>	 Terminal Cleaning SOP.pdf  Terminal cleans (AE-Triage Redzone).pdf  Terminal Cleans April 2020.xlsx  Cleaning and Disinfection Policy.pdf		
<ul style="list-style-type: none"> <li>increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other <a href="#">national guidance</a></li> </ul>	<p>COVID-19 additional cleaning document and cleaning policy</p>  04.05.20 COVID 19 Additional daily clean  Cleaning policy.pdf  COVID 19 Additional daily cleaning schedule  Cubicle cleaning in ED Ambulance Triage  Touchpoint checklist C3.pdf  Touchpoint checklist C3 back.pdf	Auditing of cleaning was suspended during March/April due to work force challenges.	Cleaning audits were recommenced end of April.
<ul style="list-style-type: none"> <li>linen from possible and confirmed COVID-19 patients is managed in line with PHE and other <a href="#">national guidance</a> and the appropriate precautions are taken</li> </ul>	<p>COVID positive linen is managed in line with Elis policy (placed into alginate bag and the white bag) which is compliant with PHE guidance-which is available on the Trust, HUB screen shot below:</p>  Bagging Policy Elis Full Green.pdf	Noted that the Trust linen policy is out of date with regards of alginate bag in to a red bag, so requires updating.	Information regarding the correct bagging is held on the Hub.

			
<ul style="list-style-type: none"> <li>single use items are used where possible and according to Single Use Policy</li> </ul>	<p>As far as possible single use items have been used, as documented in the Decontamination and decontamination of medical devices policy available on the HUB.</p> <p>There is an audit programme in place via the ward audits which look at single use items and appropriate decontamination.</p>	Due to COVID crisis frequency of audits has been reduced.	Ensure audits continue as planned via the annual audit programme.
<ul style="list-style-type: none"> <li>reusable equipment is appropriately decontaminated in line with local and PHE and other <a href="#">national policy</a></li> </ul>	<p>Reusable medical devices are decontaminated using disinfectant wipes or Chlorine releasing agent in line with Trust policy and/or manufactures instructions. Decontamination and decontamination of medical devices policy available on the HUB.</p>	Evidence of application of policy required	Ensure audits continue as planned via the annual audit programme.

### 3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance


Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and process are in place to ensure:</p> <ul style="list-style-type: none"> <li>• arrangements around antimicrobial stewardship are maintained</li> <li>• mandatory reporting requirements are adhered to and boards continue to maintain oversight</li> </ul>	<ul style="list-style-type: none"> <li>• Antimicrobial Pharmacy referrals in place.</li> <li>• AMS ward rounds (Antimicrobial Pharmacist led)</li> <li>• AMS annual report provided.</li> <li>• AMS update is regularly provided to Medicines management Group and Drugs and therapeutics Group.</li> <li>• Consultant Microbiologists available via switch board 24/7 for consultation.</li> <li>• Antimicrobial prescribing Snap shot audits.</li> <li>• Procalcitonin testing introduced as part of covid screening to reduce inappropriate prescribing of antimicrobials.</li> </ul>	<ul style="list-style-type: none"> <li>• Antimicrobial stewardship group meetings.</li> <li>• Micro/Antimicrobial Pharmacist ward rounds not happening as often as before Pandemic due to isolations and remote working.</li> <li>• Rigorous monitoring not possible currently.</li> </ul>	<p>Virtual Antimicrobial stewardship group meetings during pandemic (via email/teams).</p> <p>All clinical Pharmacists actively referring patients to antimicrobial Pharmacist for stewardship queries.</p> <p>Band 7 antimicrobial Pharmacist post recruited.</p> <p>Snap shot antimicrobial prescribing audits.</p> <p>Infection control Nurses to support AMS activity.</p>

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>implementation of <a href="#">national guidance</a> on visiting patients in a care setting</li> </ul>	 <p>The trust currently has restricted visiting in place due to social distancing and government essential travel restrictions. Visitors are to wear PPE when visiting. This has been communicated by, nursing staff to patients and visitors, via social media, switch board and posters as pictured around the hospital.</p> <p>Visiting Policy to be updated to reflect current visiting advice.</p> <p>Information regarding visiting during the COVID crisis is provided via automated message on calling direct to Trust switchboard.</p>	No gaps identified	
<ul style="list-style-type: none"> <li>areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with</li> </ul>	<p>Signage is placed on entrances to wards and other clinical settings stating restricted access. In addition have zoning SOP (attached above), zoning notices and poster with PPE requirements for the area.</p>	No gaps identified	

appropriate signage and have restricted access			
<ul style="list-style-type: none"> <li>information and guidance on COVID-19 is available on all Trust websites with easy read versions</li> </ul>	<p>COVID-19 information is available on the Trust Intranet and External website in line with national communications materials available</p>	<p>Easy read versions are not available on external website. Multilingual versions also not readily available.</p>	<p>Coivd-19 information is currently produced by DH and has been directed through this route. The Trusts website does have a clear information button which reads information to users and enlarges font and gives an explanation of words used amongst other accessibility tools.</p>
<ul style="list-style-type: none"> <li>infection status is communicated to the receiving organisation or department when</li> </ul>	<p>There is a patient transfer checklist which asks-infection type if the patient requires barrier nursing or side room and requests current observations.</p> <p>As previously documented there is a discharge and transfer</p>	<p>Assurance required regarding evidence of completion</p>	<p>To be reviewed as part of the monthly documentation audit</p>

a possible or confirmed COVID-19 patient needs to be moved	checklist (which will be updated to specifically include COVID) and COVID status is included in all discharge documentation to all other healthcare providers.		
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**5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people**

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection</li> </ul>	<p>Please refer to section 1.</p> <p>There is the draft zoning document for in-patient admissions which covers patient placement.</p> <p>ED have a designated 'red area' which is separate to the rest of ED with dedicated staff for suspected COVID patients.</p> <p>Neonatal team have produced the attached document about screening suspected cases and placement of patients</p>  <p>COVID-19 Network Neonatal Routine adn</p>	<p>No evidence of SOP for ED process</p>	<p>ED SOP to be produced</p>
<ul style="list-style-type: none"> <li>patients with suspected COVID-19 are tested promptly</li> </ul>	<p>As per national guidelines testing for acute admissions is completed on admission to ED (detail included in both zoning SOP and patient flow policies). A draft policy for screening of elective cases is in place and delivered via a drive through system.</p>	<p>No gaps identified</p>	


	<p>Recent audits completed weeks commencing 27<sup>th</sup> April and 5<sup>th</sup> May demonstrate the following:</p> <p>Testing is completed on admission ED, elective cases before admission via drive through system.</p> <p>20 ED Patient records were reviewed for timeliness of COVID testing:  11 pts were not admitted -discharged and no swab required  1 patient admitted but not swabbed.  8 patients were swabbed, time from first observation to test varied from 1 hour to 11hours.</p> <p>Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required. Patients' observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system; the results are reported via this system also.</p>		
<ul style="list-style-type: none"> <li>patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested</li> </ul>	<p>As described in the zoning SOP and draft COVID policy. Symptomatic patients are treated in side rooms where possible. Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required. Patients observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system, the results are reported via this system also.</p>	No gaps identified	
<ul style="list-style-type: none"> <li>patients that attend for routine appointments who</li> </ul>	<p>Out patients appointments are currently conducted virtually or by telephone. Some clinics are restarting, before patients attend they are asked if they have symptoms, if patients have symptoms and they have to attend they are asked to wear a</p>		Draft flowchart in circulation

display symptoms of COVID-19 are managed appropriately	<p>surgical mask and decontaminate hands and would be placed last on the list. Limited phlebotomy clinics have commenced at the main hospital social distancing is in place.</p> <p>Currently all patients attending the OPD are screened via symptom enquiry and temperature check if necessary.</p> <p>The majority of OPD appointments are being conducted virtually or by telephone.</p> <p>A local SOP is being developed to described OPD pathways.</p>		
<b>6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection</b>			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>all staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other <a href="#">guidance</a>, to ensure their personal safety and working environment is safe</li> </ul>	<p>IPC mandatory training via e learning has continued, face to face training was suspended during March but now back in place with social distancing.</p> <p>COVID briefing sessions in Lecture theatre were held.</p> <p>Face Fit testing</p> <p>Training PPE donning and doffing</p> <p>HUB information with inks to PHE guidance and videos</p> <p>The core IPC mandatory training is being updated to ensure it includes all specific COVID19 training.</p>	<p>General face to face IPC training was suspended; therefore training compliance has reduced over March.</p> <p>Face fit testing is not added on ESR.</p>	<p>IPC Mandatory training is now in place.</p>


<ul style="list-style-type: none"> <li>all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely <a href="#">don and doff</a> it</li> <li>a record of staff training is maintained</li> </ul>	<p>IPCT, Matrons have provided training to clinical areas posters are displayed at ward entrances stating what PPE is required and within the donning and doffing areas posters are displayed with pictures of how to don and doff. PHE videos are also available. PPE Marshalls complete checks.</p> <p>IPC Mandatory training records are held centrally in ESR. Fit test trainers and staff hold records of fit testing- fit test certificates</p> <p>Donning and Doffing Training: Records were kept from beginning of April for ad hock PPE training (training had taken place in March but not recorded).</p>		
<ul style="list-style-type: none"> <li>appropriate arrangements are in place that any reuse of PPE in line with the <a href="#">CAS alert</a> is properly monitored and managed</li> </ul>	<p>During the pandemic phase the only requirement to reuse PPE related to eye protection. Orthopaedic surgeons found a novel way of producing eye protection.</p>	<p>Stocks are monitored by the procurement team and perceived deficits are reported to the executives</p>	
<ul style="list-style-type: none"> <li>any incidents relating to the re-use of PPE are monitored and appropriate action</li> </ul>	<p>Datix system analysed for any reports of PPE being reused- none identified.</p>	<p>Visors were reused in March this was not raised as a risk</p>	<p>Risk log to be updated</p>



taken	 IPFBA DatixWebReport (2).x		
<ul style="list-style-type: none"> <li>adherence to PHE <a href="#">national guidance</a> on the use of PPE is regularly audited</li> </ul>	<p>There is no formal COVID PPE audit.</p> <p>PPE Marshalls in place, matron, lead nurse and IPCT checks completed</p> <p>Clinical team complete stock checks.</p> <p>Developing a specific audit for PPE use.</p> <p>PPE use is included as part of the routine ward audit.</p> <p>Datix reports of failure to follow PPE advice are reviewed.</p>	Lack of formal COVID PPE audit	
<ul style="list-style-type: none"> <li>staff regularly undertake hand hygiene and observe standard infection control precautions</li> </ul>	<p>The hand hygiene saving lives audits have continued and 100% compliance has been reported across services (that returned an audit) in Q4.</p>	Independent review of hand hygiene required	
<ul style="list-style-type: none"> <li>staff understand the requirements for uniform laundering where this is not provided for on site</li> </ul>	<p>Uniform policy in place, reminders sent out in communications via COVID-19 update email</p>	Limited changing room facilities availability across the trust.	
<ul style="list-style-type: none"> <li>all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other <a href="#">national guidance</a> if they or a</li> </ul>	<p>Staff Huddles completed, information shared via intranet, email and posters.</p> <p>Sickness is reported and monitored via a dedicated line, staff are screened if they or a family members have symptoms, staff are aware of isolation procedures in line with PHE guidance.</p>	No gaps identified	

member of their household display any of the symptoms			
<b>7. Provide or secure adequate isolation facilities</b>			
<b>Key lines of enquiry</b>	<b>Evidence</b>	<b>Gaps in Assurance</b>	<b>Mitigating Actions</b>
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate</li> </ul>	<p>The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place.</p> <p>The capacity of the Zones is reviewed 3 times daily at the capacity meetings</p> <p>The infection prevention team have the daily ward list which documents the location of COVID 19 patients.</p>	No gaps identified	
<ul style="list-style-type: none"> <li>areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE <a href="#">national guidance</a></li> </ul>	Cohorting of (positive/negative and patients awaiting results) patients into bays, patients have to be spaced with curtains drawn in between patients, no fans and doors closed.	Specific COVID 19 infection control policy is required	Policy is in draft
<ul style="list-style-type: none"> <li>patients with resistant/alert</li> </ul>	IPCT complete surveillance of alert organisms using ICNet, IPCT document on ICNet actions taken and advice given and if necessary document in patients notes regarding	No gaps identified	

organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	 MRSA Screening Policy.pdf precautions required isolation.		
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## 8. Secure adequate access to laboratory support as appropriate

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>There are systems and processes in place to ensure:</p> <ul style="list-style-type: none"> <li>testing is undertaken by competent and trained individuals</li> <li>patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other <a href="#">national guidance</a></li> </ul>	<p>Staff obtaining swab samples are trained to do so. A training package has been devised; staff have the opportunity to shadow and then complete a screen under supervision. Testing of the COVID swabs is undertaken in accredited laboratories.</p>  Covid-19 Swabbing Draft.AEB.30.04.2020	<p>No gaps identified</p> <p>The timing of swabbing is indicated in the acute admission flow diagram.</p>	

<ul style="list-style-type: none"> <li>screening for other potential infections takes place</li> </ul>	<p>Staff who are absent with COVID symptoms are reported by their manager to the COVID absence email and documented on ESR. A daily testing list is produced and shared with staff health and wellbeing for them to invite the staff in for testing.</p> <p>MRSA screening has continued along with clostridium difficile tests for patients who have diarrhoea.</p> <p>All other screening has continued as pre COVID crisis.</p> <div data-bbox="533 542 940 662">  MRSA Elective Admission Screening.   MRSA Emergency Admission Screening. </div>		
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## 9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> <li>staff are supported in adhering to all IPC policies, including those for other alert organisms</li> </ul>	<p>IPC policy adherence is completed by IPCT visits, training and via Saving Lives audits.</p>	<p>No gaps identified</p>	
<ul style="list-style-type: none"> <li>any changes to the PHE <a href="#">national</a></li> </ul>	<p>The IPCT review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff</p>	<p>No gaps identified</p>	

<p><a href="#">guidance</a> on PPE are quickly identified and effectively communicated to staff</p>	<p>via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefings.</p> <p>(See previous information regarding Incident Room cascading all relevant COVID information throughout the Trust)</p>		
<ul style="list-style-type: none"> <li>all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance</li> </ul>	<p>Waste streams on yellow and blue zones are clinical waste orange bag.</p> <p>Incident reports have been made identifying that PPE had been incorrectly disposed of in black and recycling bin waste-communications have been sent out and bins removed where possible.</p>	Gap in compliance noted	<p>Communication to all staff and clinical waste bin to be located on car park for patient use. Gaps in compliance are investigated.</p>
<ul style="list-style-type: none"> <li>PPE stock is appropriately stored and accessible to staff who require it</li> </ul>	<p>A central store is maintained by procurement, who distribute PPE according to need to ensure adequate stocks, there is out of hours access.</p> <p> IMG_3150.JPG</p>	No gaps identified	
<b>10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection</b>			
<b>Key lines of enquiry</b>	<b>Evidence</b>	<b>Gaps in Assurance</b>	<b>Mitigating Actions</b>
Appropriate systems and processes are in	<p>Staff in the following groups have been identified:</p> <ul style="list-style-type: none"> <li>Over 70's</li> </ul>	Awaiting collation of risk assessment results. Lack of	

<p>place to ensure:</p> <ul style="list-style-type: none"> <li>staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant Staff</li> <li>BAME Staff</li> </ul> <p>Line managers of 'at-risk' groups have been tasked with completing risk assessments to identify risks and consider adjustments where appropriate with the support of Staff Health &amp; Wellbeing and HR.</p> <p>Staff members identified as requiring to shield are being supported appropriately to ensure both their physical and psychological wellbeing is supported.</p> <p>There has been an active programme of undertaking risk assessments for all staff who have vulnerabilities.</p>	<p>certainty that the full denominator of vulnerable staff may not be known to the employer.</p>	
<ul style="list-style-type: none"> <li>staff required to wear FFP reusable respirators undergo training that is compliant with PHE <a href="#">national guidance</a> and a record of this training is maintained</li> </ul>	<p>Health &amp; Safety are keeping and maintaining records of all staff members that have undertaken FFP3 Face Fit Testing.</p>	<p>Gaps in assurance identified</p>	
<ul style="list-style-type: none"> <li>staff absence and well-being are monitored and staff who are self-isolating are supported and</li> </ul>	<p>All COVID related absence is being reported centrally through a COVID Workforce inbox to ensure that all absence is monitored and reviewed on a daily basis, with the exception of weekends and bank holidays where it is actioned on the next working day.</p>	<p>No gaps identified</p>	

able to access testing	<p>This information feeds directly in Staff Health and Wellbeing on a daily basis who then contact the staff member or associated member to provide access to staff testing.</p> <p>Line managers are expected to maintain contact and ensure support is in place for all staff self-isolating and the Trust maintains a returner profile, identifying when staff are predicted to return.</p>		
<ul style="list-style-type: none"> <li>staff that test positive have adequate information and support to aid their recovery and return to work.</li> </ul>	<p>Results are given verbally over the phone, with an offer of written confirmation. Regarding positive result and are advised about staying off work for 7 days or until symptom free for 48 hours, in line with PHE guidance.</p> <p>The Trust have increased the Staff Health and Wellbeing provision, including access to an Occupational Health Physician and 24/7 access to personalised, on-demand advice and support from our team of mental health, financial, and legal experts.</p>	No gaps identified	

## Appendix 2

### Safer Staffing Data – April 2020

#### Safer Staffing Summary

Apr

Days in Month

30

Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW					Actual CHPPD				
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	UnQual	UnQual	UnQual	UnQual	Sum	Average	Registered	Care staff	Total
									Qual Day	Day	Qual N	N	24:00 Occ	Occupancy			
B1	152	115	144	71	104	58	124	77	75%	49%	56%	62%	413	53%	4.75	4.10	8.85
B2(H)	180	121	230	157	115	79	189	139	67%	68%	69%	74%	392	44%	6.11	8.87	14.98
B2(T)	146	93	144	111	111	66	114	78	64%	77%	59%	69%	313	43%	6.08	7.26	13.34
B3	218	173	175	140	150	133	148	137	79%	80%	89%	92%	769	61%	4.66	4.32	8.99
B4	257	222	245	207	151	121	193	173	86%	85%	80%	90%	804	56%	4.98	5.68	10.66
B5	208	177	157	124	173	128	91	80	85%	79%	74%	88%	272	38%	13.69	8.78	22.47
C1	243	207	252	256	181	144	182	157	85%	102%	79%	86%	998	69%	4.11	4.97	9.08
C2	274	238	60	70	240	215	61	60	87%	117%	90%	98%	198	22%	26.85	7.69	34.53
C3	206	196	372	340	185	169	329	306	95%	92%	91%	93%	1,320	85%	3.32	5.74	9.06
C4	158	138	65	66	120	87	60	73	88%	101%	73%	122%	363	55%	7.25	4.42	11.67
C5	244	190	251	225	210	154	215	176	78%	90%	73%	82%	875	61%	4.78	5.50	10.27
C6	93	81	90	73	60	60	89	57	87%	81%	100%	64%	255	43%	6.48	6.13	12.61
C7	218	205	222	184	210	170	228	197	94%	83%	81%	86%	815	75%	5.39	5.60	10.99
C8	313	216	224	208	271	217	197	187	69%	93%	80%	95%	1,041	79%	4.89	4.55	9.44
CCU_PCCU	242	192	77	56	366	175	80	37	80%	74%	48%	46%	445	57%	9.70	2.52	12.22
Critical Care	538	510	82	59	544	461			95%	72%	85%		342	71%	34.07	2.06	36.13
EAU AMU 1	527	431	444	398	476	373	420	368	82%	90%	78%	88%	1,109	62%	8.50	8.29	16.79
Maternity	874	808	220	199	510	473	189	164	92%	91%	93%	87%	742	56%	16.36	5.74	22.11
MH DU	175	185	35	55	174	173	3	21	106%	157%	100%	700%	187	62%	23.02	4.58	27.59
NNU	155	141			144	128			91%		89%		363	67%	8.87	0.00	8.87
<b>TOTAL</b>	<b>5,419</b>	<b>4,639</b>	<b>3,487</b>	<b>3,000</b>	<b>4,494</b>	<b>3,584</b>	<b>2,912</b>	<b>2,486</b>	<b>86%</b>	<b>86%</b>	<b>80%</b>	<b>85%</b>	<b>12,016</b>		<b>5.76</b>	<b>3.98</b>	<b>9.74</b>

**Paper for submission to the Public Board on 11 June 2020**

<b>TITLE:</b>	Integrated Performance Report for Month 1 (April 2020)		
<b>AUTHOR:</b>	Karen Kelly Chief Operating Officer	<b>PRESENTER</b>	Karen Kelly Chief Operating Officer
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
<b>ACTION REQUIRED OF COMMITTEE :</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
<b>N</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>RECOMMENDATIONS:</b>			
To note and discuss the current performance against KPIs.			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO1: Deliver a great patient experience</b> <b>SO2: Safe and Caring Services</b> <b>SO4: Be the place people choose to work</b> <b>SO5: Make the best use of what we have</b> <b>SO6: Deliver a viable future</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>Performance</b>  <b>EAS</b> <p>The April position for EAS improved significantly on March's performance; we have achieved 95.17% for the month of 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.</p> <p>A review of the medical model supporting ED is currently taking place to ensure the lessons learned and best practice from having medics and the front door during covid-19 is not lost.</p>			

## **DM01**

In February, the Trust achieved 96.38 per cent of diagnostics tests carried out within six weeks wait against the national operational standard of 99 per cent, and was on course to achieve 99.03 per cent in March.

In line with national guidance DGHFT cancelled all non-urgent diagnostic testing, from 18<sup>th</sup> March 2020. The non-delivery of DM01 standard is driven by this huge numbers of routine cancellations across all modalities.

The Imaging team and Endoscopy department has resumed routine diagnostics tests allowing for safe social distancing. That distancing will introduce some delays, so Imaging Department 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 and Endoscopy

## **CANCER 2WW AND BREAST SYMPTOMATIC**

2ww were achieved for patients referred in March following significant underachievement in February but March compliance was affected as expected by patients delayed from the previous month. The target for 2ww overall was provisionally achieved in April, but a very low number of referrals and difficulties persuading patients to attend impacted the Breast Symptomatic achievement slightly. There is a significant risk of underachievement in June onwards if referrals return to normal levels whilst clinics only have 50% capacity due to social distancing.

## **62 URGENT GP REFERRAL TO TREATMENT**

As Cancer surgery and scoping were largely stopped on 15<sup>th</sup> April and has only partially restarted an existing diagnostic backlog has doubled, primarily for scoping and the colorectal pathway, making Dudley an outlier for the region. As capacity is increased through May and June towards normal levels then the number of undiagnosed and untreated patients will fall, but the breach figures will become much higher as breaches are counted when a diagnosed cancer patient is treated. Achievement will need to be measured by backlog reduction for at least 3-6 months before percentage targets recover. Patients are being clinically prioritised but delays in cancer pathways are likely to cause harm to some patients.

The key issue is increasing diagnostic, oncological and surgical capacity up to and above pre-Covid levels.

## **RTT**

Performance in April was 84.5% across all specialties. This was drop on the previous month and is related solely to the ongoing COVID-19 pandemic and the cancellation of routine elective surgery and outpatients. Specialities which have been particularly badly affected include those delivering aerosol generating

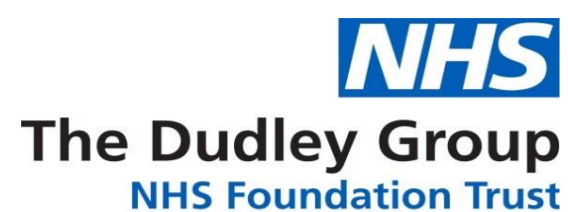
procedures including Oral Surgery, ENT and Max Fax as well as services offering none urgent / routine services such as Ophthalmology (cataracts) and T&O (joint replacements). In addition to this General Surgery has also seen a substantial fall in performance.

Attempting to forecast an improvement trajectory at this stage is difficult for a number of reasons including, as yet unknown, future demand patterns combined with operational variables such as social distancing, doffing and donning in Theatres, patient led cancellations and national RTT guidance requiring clock to remain ticking in cases of COVID related cancellation. Performance is expected to deteriorate further over the coming months as patients who have experienced extended pathways come through the system. All specialties are now working hard on their restoration plans which are well underway for cancer, urgent and long waiting patients followed, in the next two weeks, by those requiring more routine surgery. In addition to this pressures on the delivery of RTT pathways have increased in response to national requirements for patients to undergo a period of 14 days self-isolation prior to surgery. Given that this is required for most patients with an inpatient or day case admission (including interventional diagnostics) this could add an additional 3 or 4 weeks onto each pathway.

**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**

<b>RISK</b>	<b>Y</b>		<b>Risk Description:</b>  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
	<b>Risk Register: Y</b>		Risk Score: BAF 1B – Risk score 15 (AMBER)
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y/N</b>	<b>Details:</b>
	<b>NHSI</b>	<b>Y/N</b>	<b>Details:</b>
	<b>Other</b>	<b>Y/N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>Y/N</b>	<b>DATE:</b>
	<b>WORKING GROUP</b>	<b>Y/N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>Y/N</b>	<b>DATE:</b>



June 2020

**Title of report: Integrated Performance Report**

<b>Executive Lead:</b>	<b>Performance</b>	<b>Chief Operating Officer - Karen Kelly</b>
	<b>Finance</b>	<b>Director of Finance - Tom Jackson</b>
	<b>Workforce</b>	<b>Director of HR -</b>

## Guide to Icons on SPC Charts.

### ICONS

Where KPIs are unsuitable to be produced as a SPC Chart the following icon will appear



The key below is for SPC suitable KPIs

Variation				Assurance			
Special Cause - Concern		Special Cause - Note/Investigate		Common Cause Variation	Consistently hit target	Hit and miss target / subject to random	Consistently miss target
High	Low	High	Low				

**Special Cause Concern** – this indicates that special cause variation is occurring, with the variation being in an adverse direction

Low (**L**) indicates that the variation is downwards in a KPI where performance is ideally above a target line, e.g. RTT. High (**H**) is where the variance is upwards for a below target line KPI, e.g. DNA Rate.

**Special Cause Note** - this indicates that special cause variation is occurring, with the variation being in a favourable direction

High (**H**) indicates that the variation is upwards in a KPI where performance is ideally above a target line, e.g. RTT. Low (**L**) is where the variance is downwards for a below target line KPI, e.g. DNA Rate.

For Non-SPC KPIs or measures the following icons will be used.

Met the target	Missed the target	No Target



## Patients will experience safe care - KPIs Summary

Executive Lead: Mary Sexton

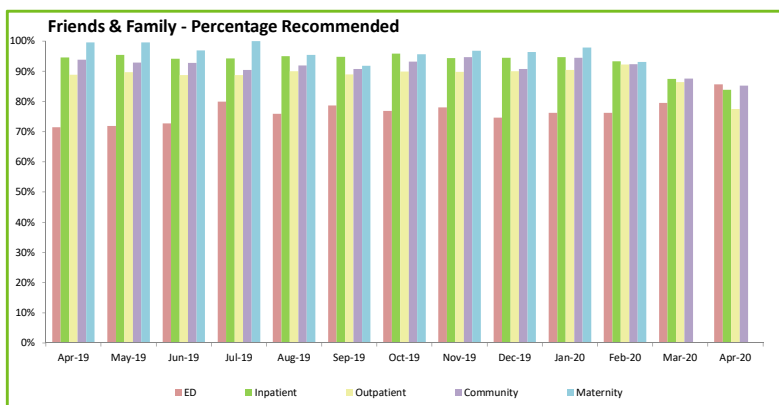
KPI SUMMARY APRIL 2020					
QUALITY & PATIENT SAFETY	METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
	Friends & Family Test - Response Rate				
	Friends & Family Test - ED	19.3%	20.8%		SPC
	Friends & Family Test - Inpatients	32.8%	10.0%		SPC
	Friends & Family Test - Maternity - Overall	30.1%	0.2%		SPC
	Friends & Family Test - Outpatients	9.7%	2.2%		SPC
	Friends & Family Test - Community	6.0%	3.2%		SPC
	Friends & Family Test - Recommended Rate				
	Friends & Family Test - ED	93.4%	85.7%		SPC
	Friends & Family Test - Inpatients	97.3%	83.8%		SPC
	Friends & Family Test - Maternity - Overall	98.8%	0.0%		SPC
	Friends & Family Test - Outpatients	93.8%	77.6%		SPC
	Friends & Family Test - Community	97.8%	85.3%		SPC
	Complaints				
	No. of Complaints received in Month	-	31	L	N/A
	Complaints Re-Opened	-	5	-1	N/A
	PALS Numbers	-	198	-80	N/A
	Complaints open at month end	-	118	-28	SPC
	Compliments received	-	280	-33	N/A
	Dementia				
	Find/Assess	90%	74.8%	H	M
	Investigate	90%	69.9%	H	M
	Refer	90%	94.9%	H	P
	Falls				
	No. of Falls	-	75		N/A
	No. of Multiple Falls	-	6	-3	N/A
	Falls with Moderate Harm or Above	1.67	0	-2	SPC
	Avoidable Pressure Ulcers (Grades 3 & 4)				
	Hospital	-	0	0	SPC
	Community	-	0	0	SPC
	Handwash				
	Handwashing	95%	100.0%	0.0%	N/A
	Mixed Sex Accommodation Breaches				
	Single Sex Breaches	0			SPC



## Patients will experience safe care - KPIs Summary

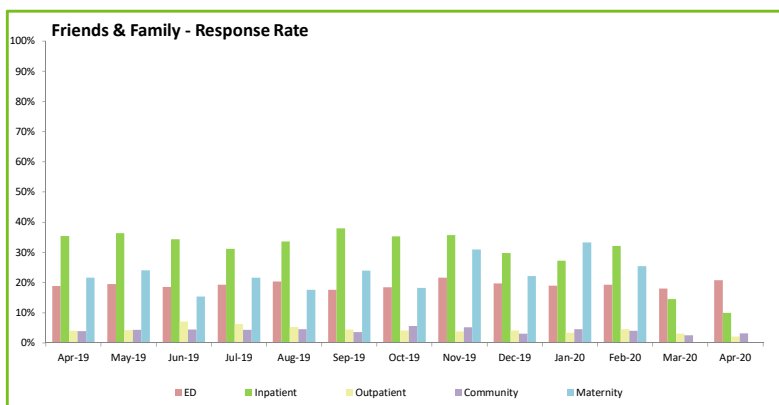
Executive Lead: Mary Sexton

KPI SUMMARY APRIL 2020				
METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
<b>Mortality (Quality Strategy Goal 3)</b>				
HSMR Rolling 12 months (End of Latest Available Period)	100	122		
SHMI Rolling 12 months (End of Latest Available Period)	1.00	1.14		
<b>Infections</b>				
Cumulative C-Diff due to lapses in care	4.08	0	0	SPC
MRSA Bacteraemia	0	0	0	SPC
MSSA Bacteraemia	0	0	-5	SPC
E. Coli	0	5	2	SPC
<b>Stroke (1 month in arrears)</b>				
Stroke Admissions to Swallowing Screen 4 Hrs	75%	96.4%		
Stroke Patients Spending 90% of Time on Stroke Unit	85%	87.8%		
Suspected High Risk TIAs Assessed and Treated <24hrs	85%	42.9%		
Stroke Admissions to Thrombolysis Time	50%	75.0%		
<b>VTE - Provisional Figures</b>				
VTE On Admission	95%	91.0%		
<b>Incidents</b>				
Total Incidents	-	1084		
Recorded Medication Incidents	0	326	185	
Never Events	0	0	0	
Serious Incidents	0	2	0	
of which, pressure ulcers	-	0	0	
<b>Incident Grading by Degree of Harm</b>				
Death	-	0	-1	
Severe	-	1	1	
Moderate	-	1	-5	
Low	-	157	-6	
No Harm	-	543	-145	
Near Miss	-	381	179	
Percentage of incidents causing harm	28%	49.9%	14.8%	
<b>Priorities of Care</b>				
GSF with PFC who Have Died	60.00%	0.00%	-62.0%	



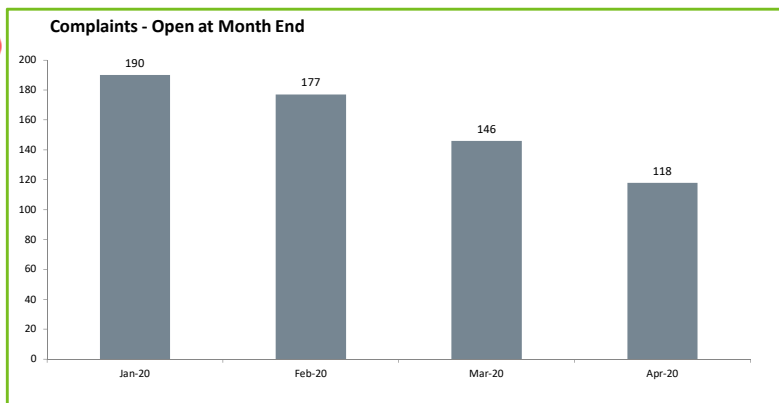
For April 2019 – April 2020 (96 areas have been published) the Trust is achieving the target on 27 occasions where the score is equal to or better than the national average percentage recommended. Inpatients, A&E, outpatients and community have not achieved their internal target. No responses have been received for maternity services for April 2020 as SMS text messaging is not available. The national average percentage response rates are not available at the time of writing this report.

The Patient Experience Team will continue to promote FFT during our patient experience ward visits and feedback Friday events when it is safe to do so. Under the new FFT guidance patients are encouraged to give feedback during all stages of their patient journey.

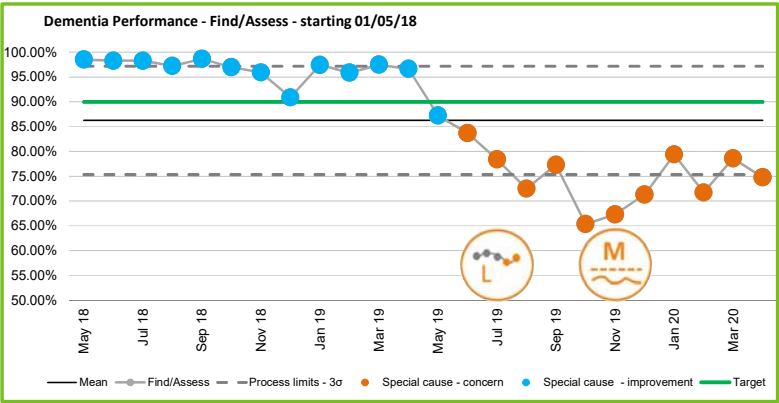


For April 2019 – April 2020 (84 areas were published) and the Trust is achieving the target on 42 occasions where the percentage response rate score is equal to or better than the national average percentage response rate. No responses have been received for maternity services for April 2020 as SMS text messaging is not available. There has been a decline in response rates for all areas in April 2020. A&E has achieved the target again this month. Inpatients/community have not achieved their internal target for April 2020 but this may be due to the method of data collection used as paper surveys were the main method used to collect FFT responses.

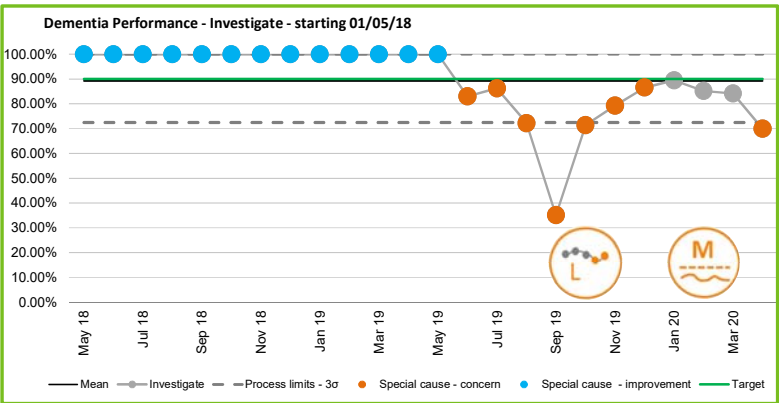
The 'What Matters You' Campaign has been launched to promote the accessibility of giving feedback and to raise the profile of patient experience across the Trust.



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.

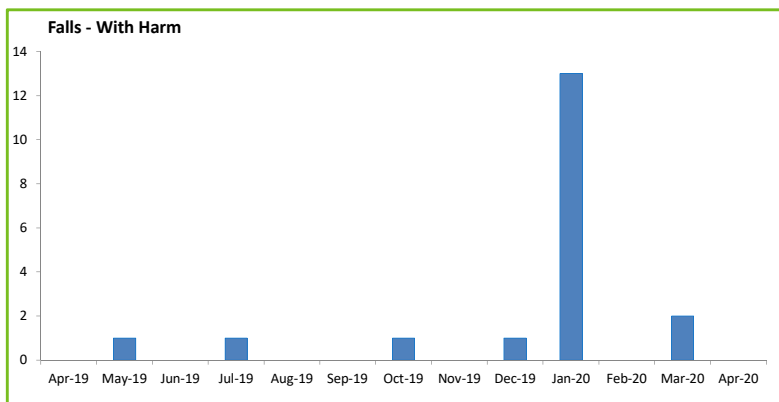


Variable performance continues, 75% again target of 95%



Variable performance continues, 70% again target of 90%

SPC



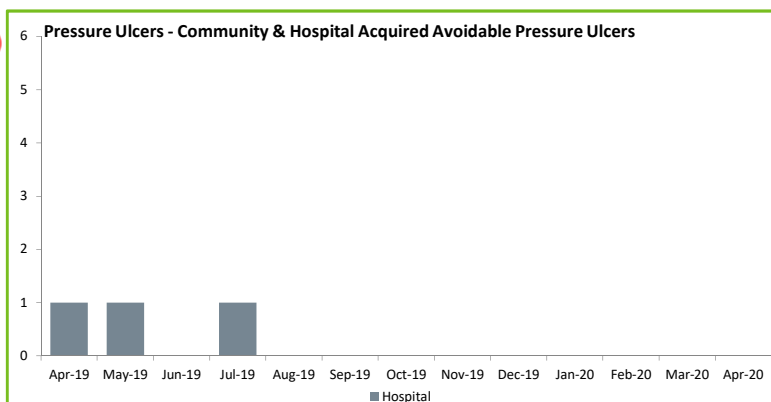
There were no falls with harm in April 2020, although a fall which occurred on 31st March was not reported until the following day.

Both incidents last month (March 2020) highlighted the need for timely completion of documentation but this did not cause the falls: this was highlighted as learning from both investigations and has been shared with nursing teams.

The need for timely documentation has been highlighted as a point for learning following the investigation of the two reported previous falls with harm.

In addition one of the patients may have forgotten that they had a catheter in so work is underway on making sure we are educating people properly.

SPC

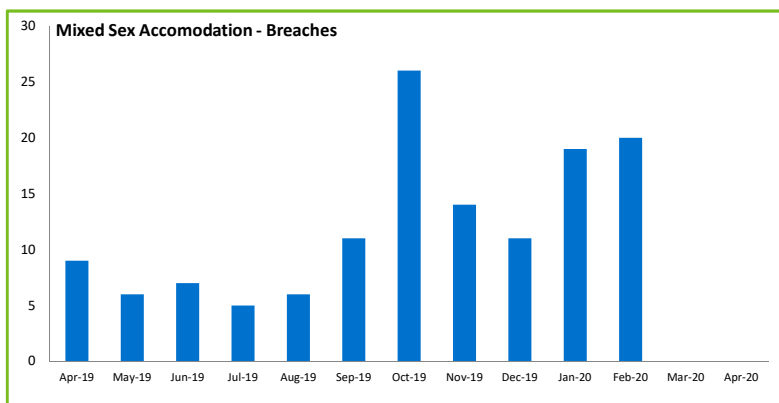


Despite the increased dependency of patients into Trust there have been no avoidable Pressure Ulcers in the acute or community services during April 2020.

In 2018/2019 the Trust reported an overall total of 16 avoidable category 3 pressure ulcers compared to 2019/2020 total of 3 category 3 avoidable pressure ulcers.

An overall reduction of 81.25%

SPC

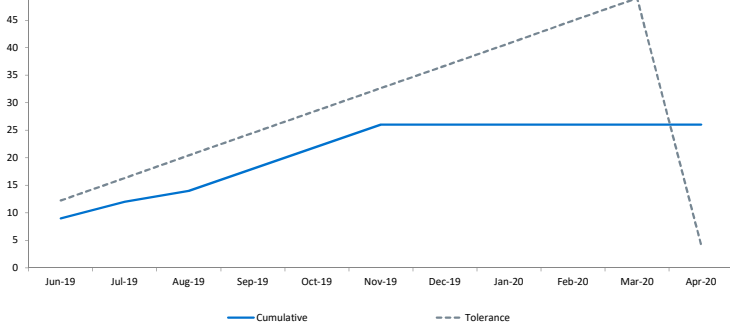


Due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response, the collection and publication of this information was suspended in March 2020 until end of June 2020, so this figure is from April 2019 to February 2020.

Patients will experience safe care (Quality Experience)

SPC

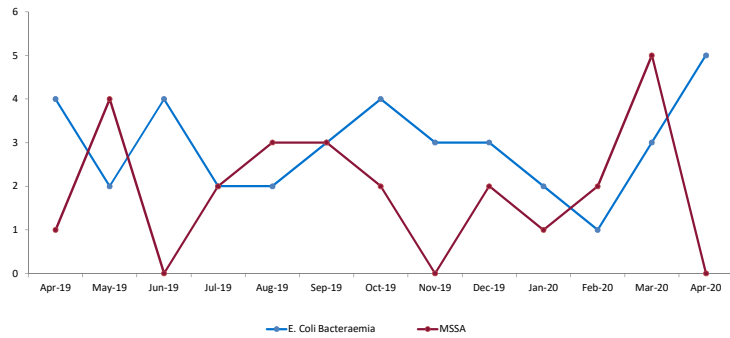
Infection Control - Hospital & Community Acquired Clostridium Difficile



No further cases since November 2019

SPC

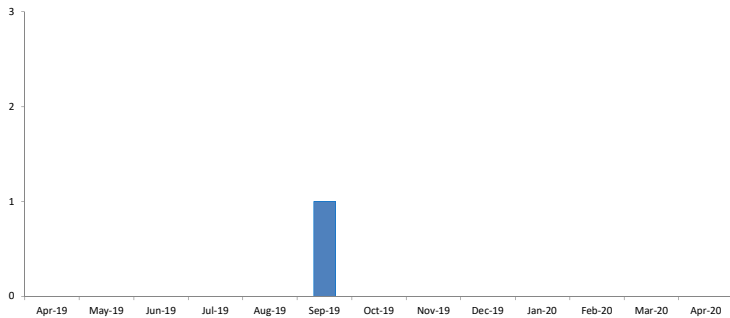
Infection Control - E. Coli Bacteraemia & MSSA



No Narrative Required

SPC

Infection Control - MRSA Bacteremia

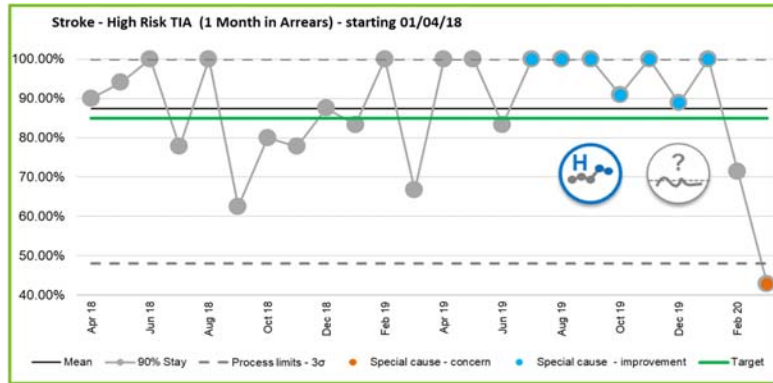


No further MRSA Bac since sept 2019

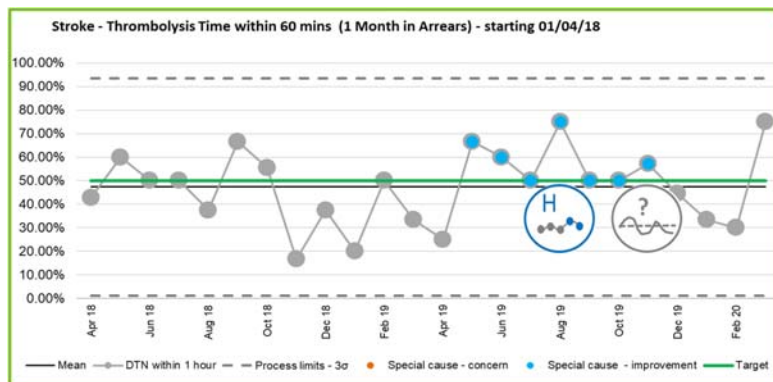
High Impact Interventions		February	No Narrative Given
HII - 1	Ventilator Associated Pneumonia	100%	
HII - 2a	Peripheral Vascular Access Devices - Insertion	100%	
HII - 2b	Peripheral Vascular Access Devices - Ongoing Care	98%	
HII - 3a	Central Venous Access Devices - Insertion	100%	
HII - 3b	Central Venous Access Devices - Ongoing Care	100%	
HII - 4a	Surgical Site Infection Prevention - Preoperative	100%	
HII - 4b	Surgical Site Infection Prevention - Intraoperative Actions	100%	
HII - 5	Infection Prevention in Chronic Wounds	100%	
HII - 6a	Urinary Catheter - Insertion	100%	
HII - 6b	Urinary Catheter - Maintenance & Assessment	98%	
Hand Hygiene		100%	
Commode Audits		100%	



## Patients will experience safe care (Quality Experience)

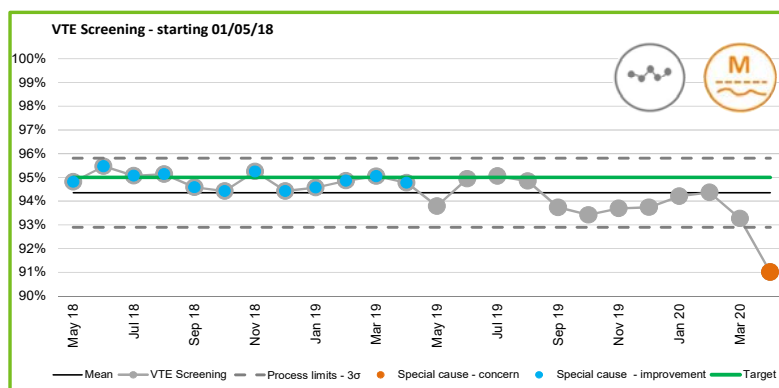


March at 43%, down from 72% in February. Unfortunately due to the Covid-19 pandemic less patients were able to be seen in a timely manner. The risks outweighed the benefits as the majority of patients are elderly and in the vulnerable group i.e hypertensive, diabetic, with other chronic long-term conditions. There were also high levels of sickness amongst medical staff due to Covid-19. Plans are being put in place to combat the backlog of patients waiting for appointments.



March at 75%, up from 30% in February. 3 passes and 1 fail due to clinical need. The patient's condition was stabilised in the resus department then the patient was taken for a CT head followed by a CT angio. The door to needle target was not achieved and the patient was transferred to QEH for thrombectomy treatment. ED arrival 11:22, CTA report received at 12:23.

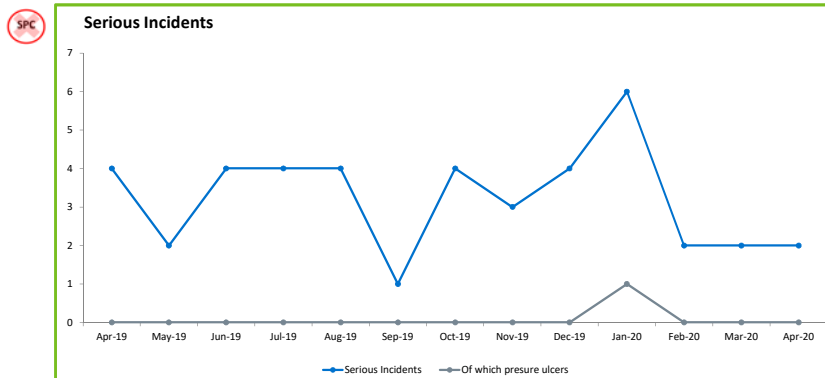
## Patients will experience safe care (Quality Experience)



In addition to the normal challenges of ensuring both parts (assessment and electronic recording) are completed the further decline in performance will no doubt be exacerbated by the change in practices due to Covid 19.

An example of this would be in the Emergency Department where they are undertaking a concise respiratory assessment which is in essence a clerking prior to admission. In high turnover areas such as the Acute Medical Unit this has replaced their normal clerking booklet which incorporates the VTE RA.

The Anticoagulation Clinical Nurse Specialist is waiting for a reminder to go out through the Communications team in regards to ensuring VTE RA is still completed and electronically logged.



### Serious Incidents;

A total of 2 Serious Incidents were reported to STEIS in April 2020:

- INC71561 (2020/6325) – Fall resulting in a fractured neck of femur (the fall occurred on 31st March 2020 and was reported 1st April 2020).
- INC71787 (2020/6687) – Failure to treat and a decision was made that the patient was not for escalation.

Both investigations are underway.



# Performance - KPIs Summary

Executive Lead: Karen Kelly

## KPI SUMMARY APRIL 2020

	METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
PERFORMANCE	Cancer Reporting - TRUST (provisional)				
	All Cancer 2 week waits	93%	93.18%		
	2 week wait - Breast Symptomatic	93%	91.67%		
	31 day diagnostic to 1st treatment	96%	95.56%		
	31 day subsequent treatment - Surgery	94%	91.67%	0	
	31 day subsequent treatment - Drugs	94%	100.00%	0	
	62 day urgent GP referral to treatment	85%	66.67%		
	62 day screening programme	90%	22.58%		
	62 day consultant upgrades	85%	73.53%		
	Referral to Treatment				
	RTT Incomplete Pathways - % still waiting	92%	84%		
	RTT Incomplete - Cardiology	92%	72%		
	RTT Incomplete - Dermatology	92%	80%		
	RTT Incomplete - ENT	92%	84%		
	RTT Incomplete - Gastroenterology	92%	89%		
	RTT Incomplete - General Medicine	92%	79%		
	RTT Incomplete - Gynaecology	92%	67%		
	RTT Incomplete - General Surgery	92%	78%		
	RTT Incomplete - Geriatric Medicine	92%	100%		
	RTT Incomplete - Neurology	92%	90%		
	RTT Incomplete - Ophthalmology	92%	95%		
	RTT Incomplete - Oral Surgery	92%	80%		
	RTT Incomplete - Other	92%	92%		
	RTT Incomplete - Plastic Surgery	92%	85%		



## Performance - KPIs Summary

Executive Lead: Karen Kelly

### KPI SUMMARY APRIL 2020

METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
RTT Incomplete - Respiratory	92%	92%		
RTT Incomplete - Rheumatology	92%	93%		
RTT Incomplete - T&O	92%	85%		
RTT Incomplete - Urology	92%	87%		
RTT Admitted - % treatment within 18 weeks	90%	98%		
RTT Non Admitted - % treatment within 18 weeks	95%	90%		
Wait from referral to 1st OPD	26	28		
Wait from Add to Waiting List to Removal	39	28		
ASI List (Month End)	-	4024		
% Missing Outcomes RTT	-	0.31%		
% Missing Outcomes Non-RTT	-	8.03%		
<b>DM01</b>				
% of Diagnostic tests waiting less than 6 weeks	99%	52%		
No. of Diagnostic tests waiting > 6 weeks (Month End)	0	1918	1549	
<b>ED</b>				
ED 4 hour Waits Type 1 & 3 (ED + UCC)	95%	95%		
ED Admitted Patients Waiting Times - 95th Percentile	-	440		
ED Non Admitted Patients Waiting Times - 95th Percentile	-	340		
ED - Time to Initial Assessment - 95th Percentile	-	4		
ED Attendances Type 1	-	4600		
ED Attendances Type 1 & 3 (ED + UCC)	-	6479		
Left Without Being Seen	5%	0.4%		
Unplanned Re Attendances	5%	1.0%		
12 Hours Trolley Waits	0	0	-8	



## Performance - KPIs Summary

Executive Lead: Karen Kelly

### KPI SUMMARY APRIL 2020

METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
Ambulance Convenyances	-	2665		N/A
Ambulance Turnaround Breasches 30-59 minute	-	208		N/A
Ambulance Turnaround Breasches 60+ minute	-	10		N/A
<b>Cancelled Operations</b>				
% Cancelled Operations	1.0%	0.5%		
Cancelled operations - breaches of 28 day rule	0	17	8	N/A
Urgent operations - cancelled twice or more	0	0	-1	N/A
<b>Average Length of stay (Quality Strategy Goal 3)</b>				
Average Length of Stay - Elective	N/A	2.2		N/A
Average Length of Stay - Non-Elective	N/A	5.4		N/A
<b>Outpatient Referrals</b>				
GP Written Referrals - made	-	2219	-4437	
GP Written Referrals - seen	-	1667	-2893	
Other Referrals - Made	-	1677	-2053	
<b>GP Discharge Letters</b>				
GP Discharge Letters	90%	0.9358	1.51%	
<b>Outpatients</b>				
Outpatient Appointment DNA Rate	8%	11%		
New/Follow Up Ratio	2.48	3.48		
Clinic Utilisation	-	69%		N/A
<b>Throughput / Flow</b>				
Patients Discharged with a LoS >= 7 Days	-	10.0%		N/A
Patients Discharged with a LoS >= 14 Days	-	4.0%		N/A
7 Day Readmissions - PbR	-	6.0%	1.70%	
30 Day Readmissions - PbR	-	9.9%	1.30%	
DTOC Average Monthly by RAG Rating (Amber)	-	0	0	

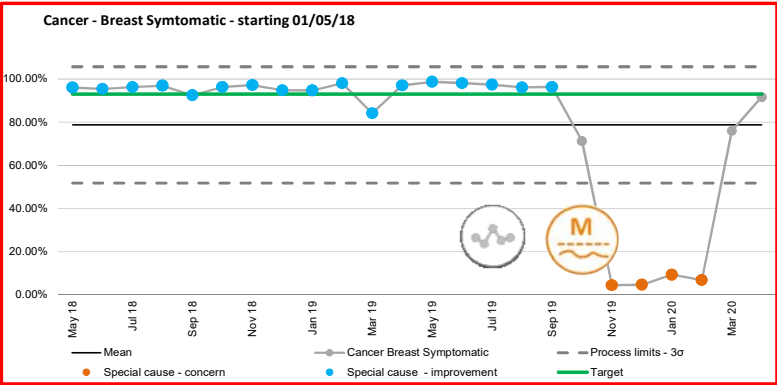


## Performance - KPIs Summary

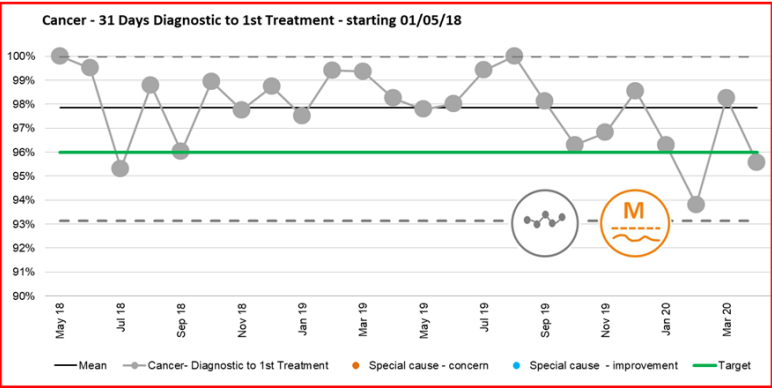
Executive Lead: Karen Kelly

### KPI SUMMARY APRIL 2020

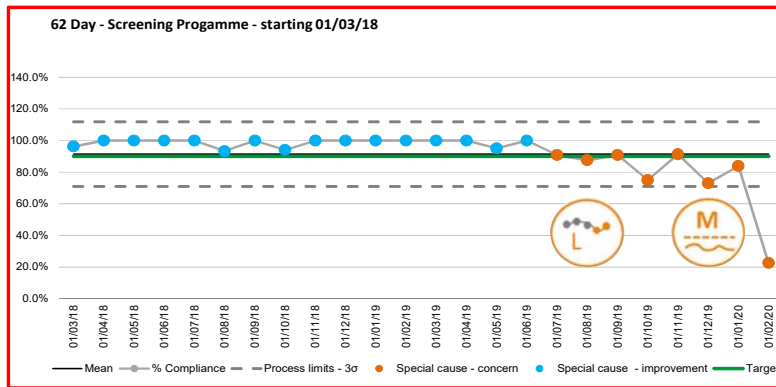
METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
DTOC Average Monthly by RAG Rating (Red)	-	0	-12	SPC
Nationally Reported Delays - Total Days (1 Month in Arrears)	-	0	0	SPC
Nationally Reported Delays - Reimbursable Days (1 Month in Arrears)	-	0	-332	SPC
Nationally Reported Delays - DTOC Patients by Agency (1 Month in Arrears)	-	0	-55	SPC
No. of Non-Clinical Patient Moves - Between 8pm and 8am	-	44	-27	SPC
% Discharged by Midday	-	13.5%	-0.33%	SPC
Bed Occupancy - %	95.0%	57.4%	-20.66%	SPC
Bed Occupancy - % Medicine	95.0%	72.3%	-14.17%	SPC
Bed Occupancy - % Surgery, W&C	95.0%	50.6%	-22.30%	SPC
Bed Occupancy - Paediatric %	95.0%	26.3%	-7.23%	SPC
Bed Occupancy - Orthopaedic Elective %	95.0%	54.1%	-4.83%	SPC
Bed Occupancy - Trauma and Hip %	95.0%	49.7%	-34.45%	SPC



2ww were achieved for patients referred in March following significant underachievement in February but March compliance was affected as expected by patients delayed from the previous month. The target for 2ww overall was provisionally achieved in April, but a very low number of referrals and difficulties persuading patients to attend impacted the Breast Symptomatic achievement slightly. There is a significant risk of underachievement in June onwards if referrals return to normal levels whilst clinics only have 50% capacity due to social distancing.



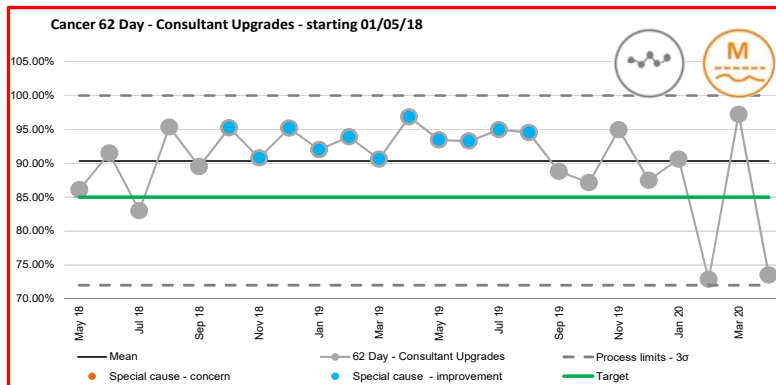
No Narrative Given



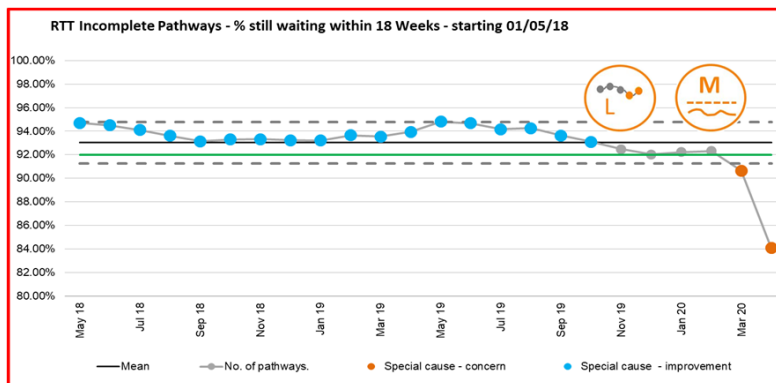
## 62 Urgent GP Referral to Treatment

As cancer surgery and scoping were largely stopped on 15th April and has only partially restarted an existing diagnostic backlog has doubled, primarily for scoping and the colorectal pathway, making Dudley an outlier for the region. As capacity is increased through May and June towards normal levels then the number of undiagnosed and untreated patients will fall, but the breach figures will become much higher as breaches are counted when a diagnosed cancer patient is treated. Achievement will need to be measured by backlog reduction for at least 3-6 months before percentage targets recover. Patients are being clinically prioritised but delays in cancer pathways are likely to cause harm to some patients.

The key issue is increasing diagnostic, oncological and surgical capacity up to and above pre-Covid levels.

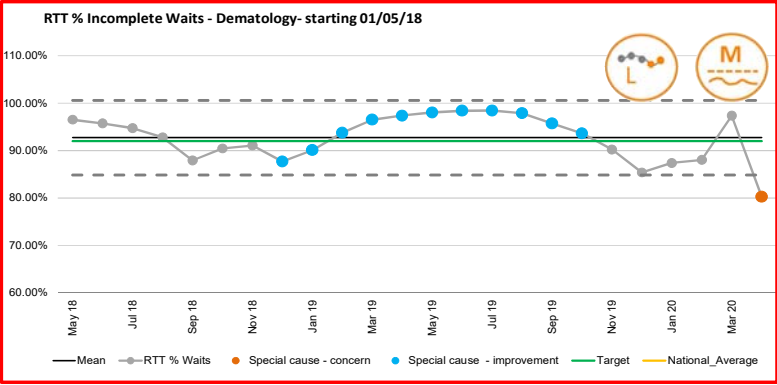


No Narrative Given

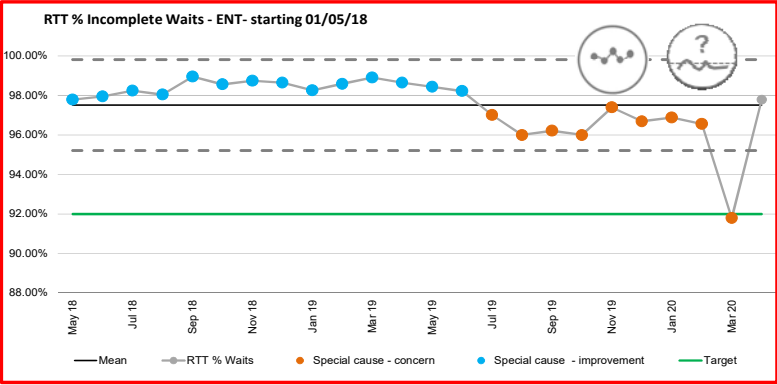


RTT performance in April was 84.5% across all specialties. This was drop on the previous month and is related solely to the ongoing COVID-19 pandemic and the cancellation of routine elective surgery and outpatients. Specialities which have been particularly badly affected include those delivering aerosol generating procedures including Oral Surgery, ENT and Max Fax as well as services offering none urgent / routine services such as Ophthalmology (cataracts) and T&O (joint replacements). In addition to this General Surgery has also seen a substantial fall in performance.

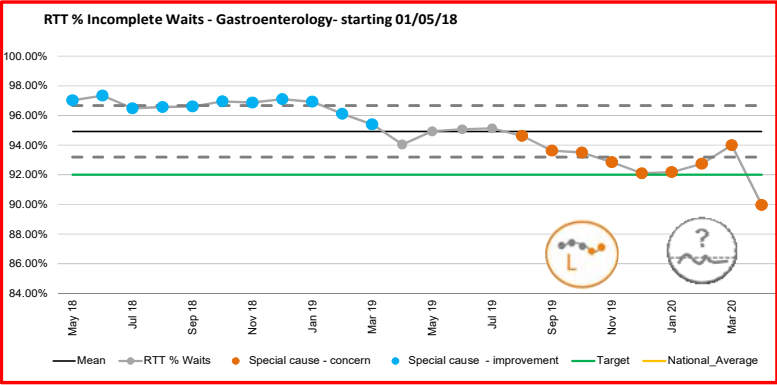
Attempting to forecast an improvement trajectory at this stage is difficult due to a number of reasons including, as yet unknown, future demand patterns combined with operational variables such as social distancing, doffing and donning in theatres, patient led cancellations and national RTT guidance requiring clock to remain ticking in cases of COVID related cancellation. Performance is expected to deteriorate further over the coming months as patients who have experienced extended pathways come through the system. All specialties are now working hard on their restoration plans which are well underway for cancer, urgent and long waiting patients followed, in the next two weeks, by those requiring more routine surgery. In addition to this pressures on the delivery of RTT pathways have increased in response to national requirements for patients to undergo a period of 14 days self-isolation prior to surgery. Given that this is required for most patients with an inpatient or day case admission (including interventional diagnostics) this could add an additional 3 or 4 weeks onto each pathway.



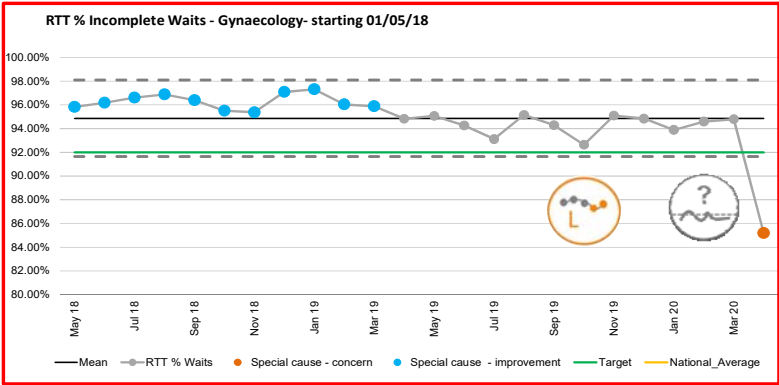
No Narrative Given



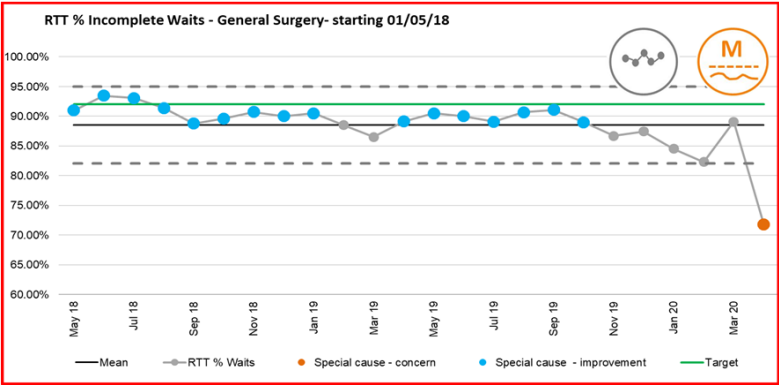
No Narrative Given



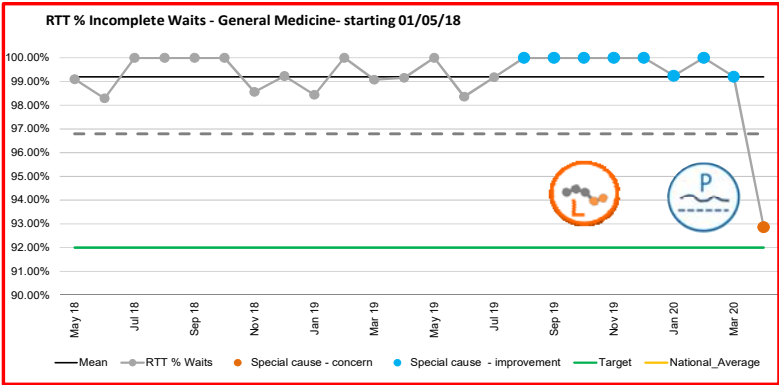
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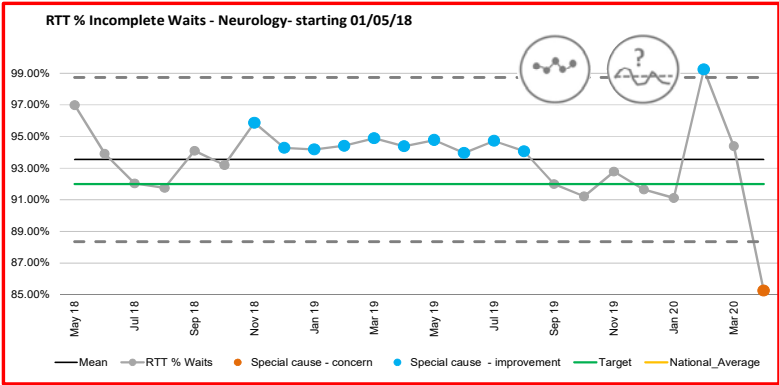
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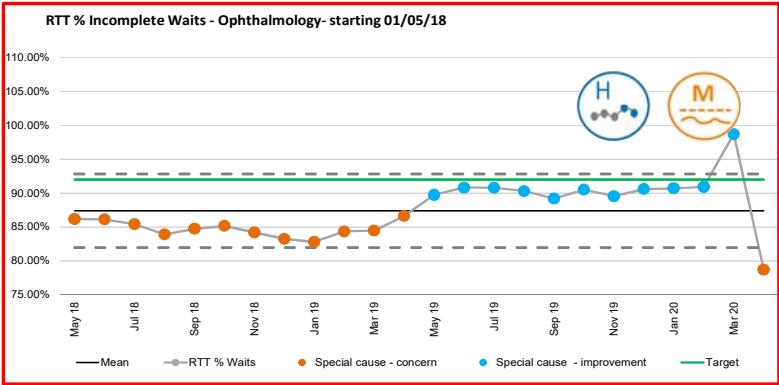
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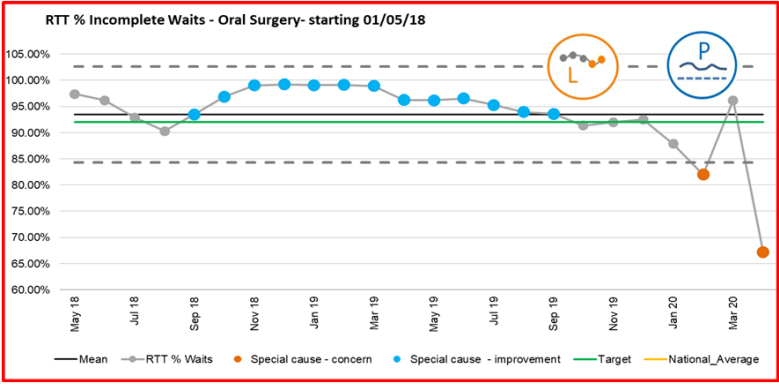
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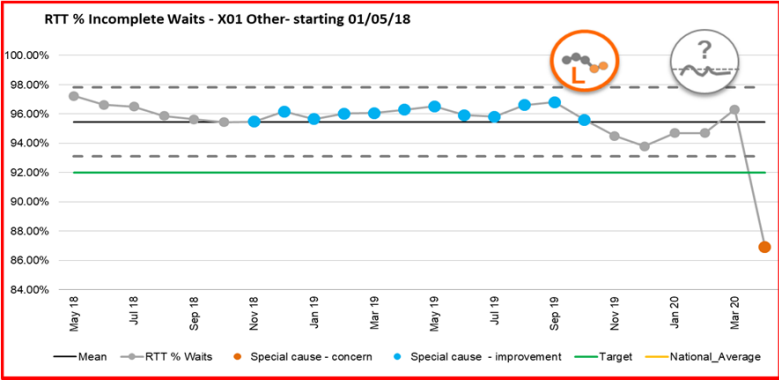
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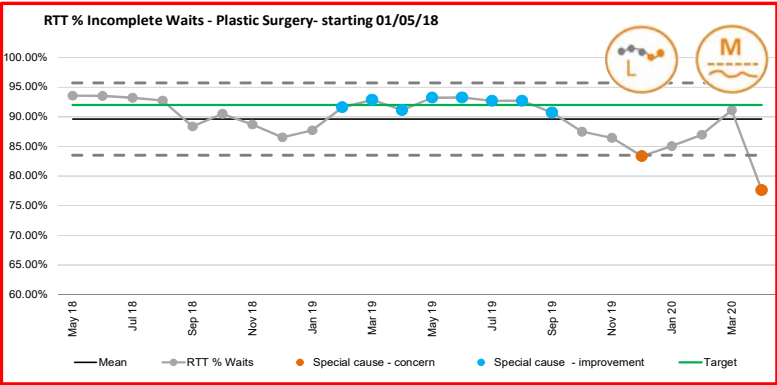
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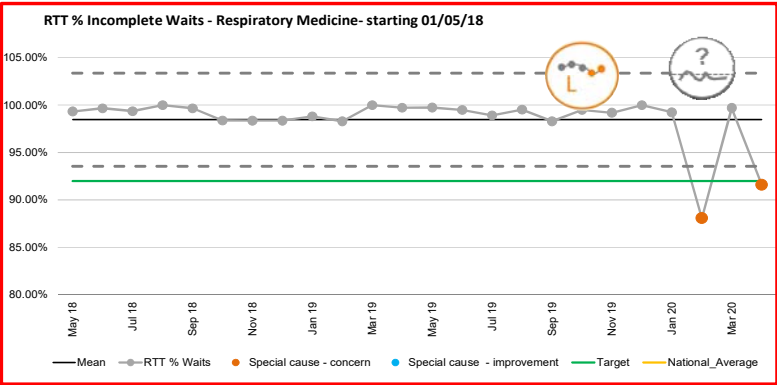
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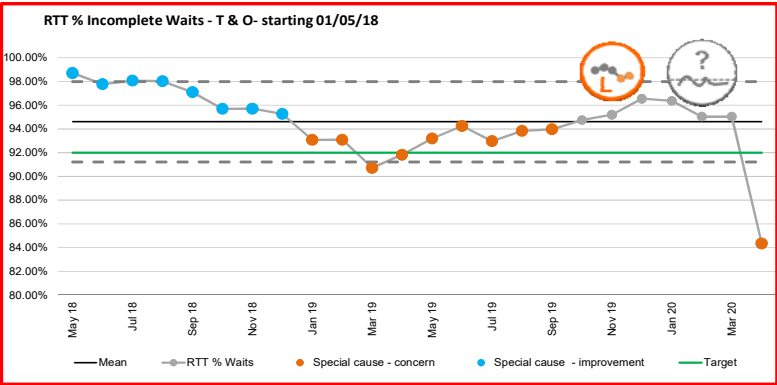
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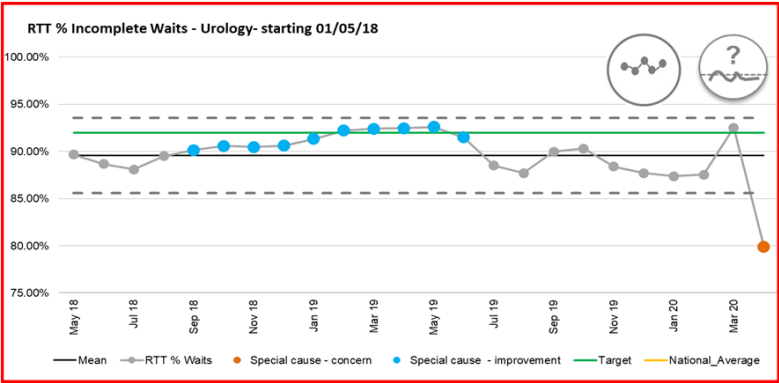
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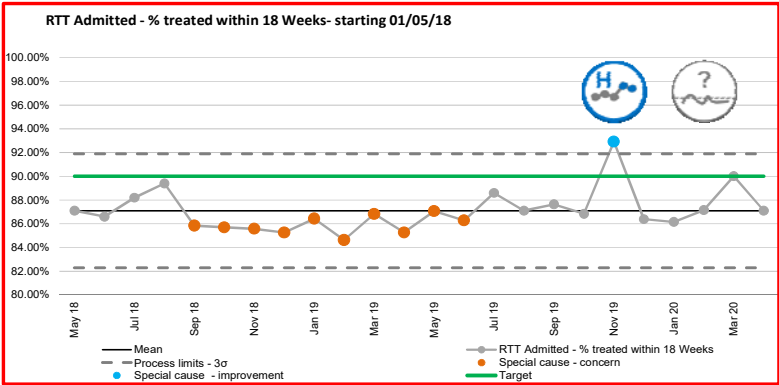
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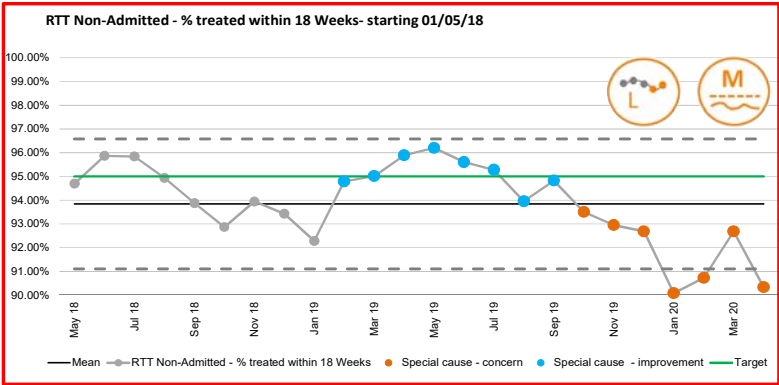
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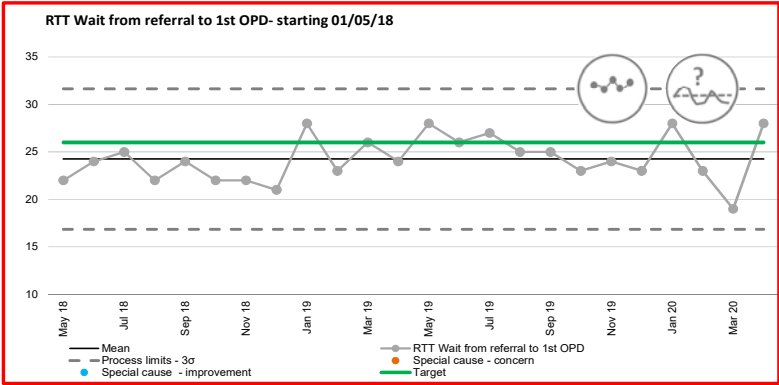
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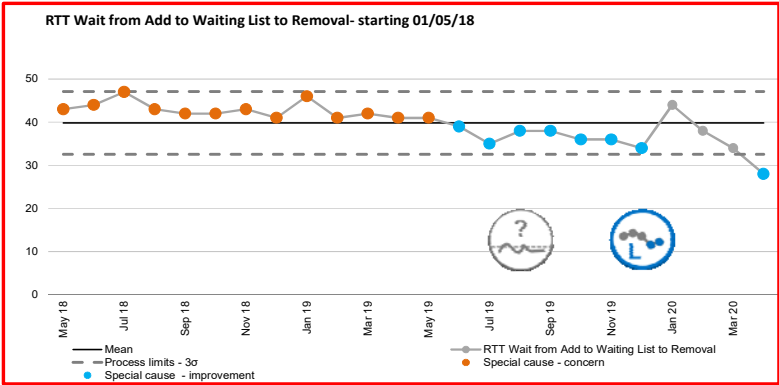
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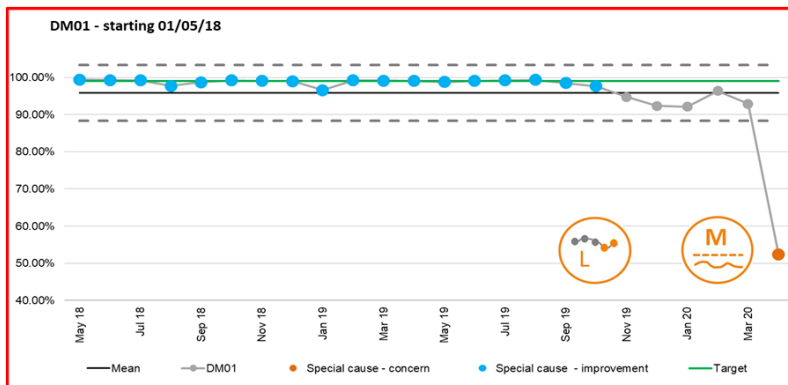


No Narrative Given



No Narrative Given

## Performance Matters (KPIs)



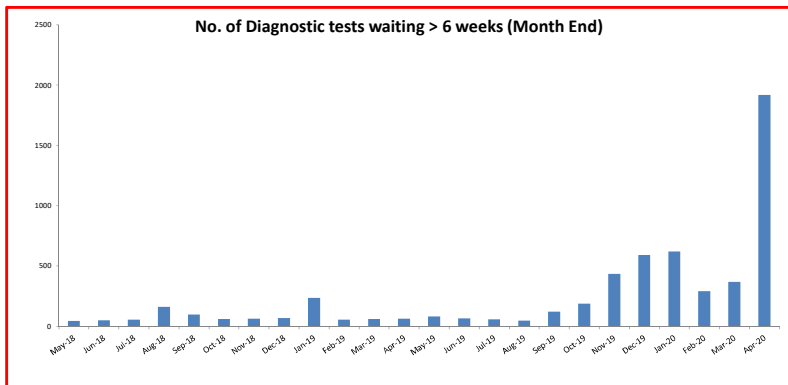
In February, the Trust achieved 96.38 per cent of diagnostics tests carried out within six weeks wait against the national operational standard of 99 per cent, and was on course to achieve 99.03 per cent in March.

In line with national guidance DGHFT cancelled all non-urgent diagnostic testing, from 18th March 2020.

The non-delivery of DM01 standard is driven by this huge numbers of routine cancellations across all modalities. The Imaging team and Endoscopy department has resumed routine diagnostics tests allowing for safe social distancing. That distancing will introduce some delays, so Imaging Department with this in mind, Imaging has continued to develop its recovery plan. The table below gives a snapshot of the recovery strategy, this includes:

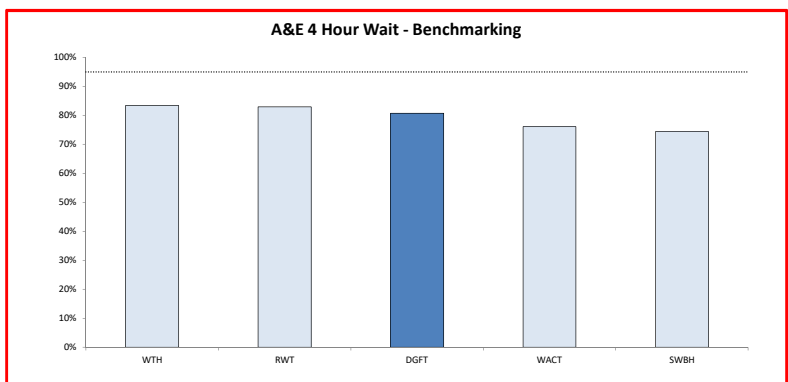
- Increase in productivity
- Increase in capacity by extending hours weekdays as well as running services at the weekend
- Continue to use RHH site as the hot site for COVID-19, therefore increase the use of satellite sites. Such as the Guest and the Corbett
- Use of Private providers to increase in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

SPC

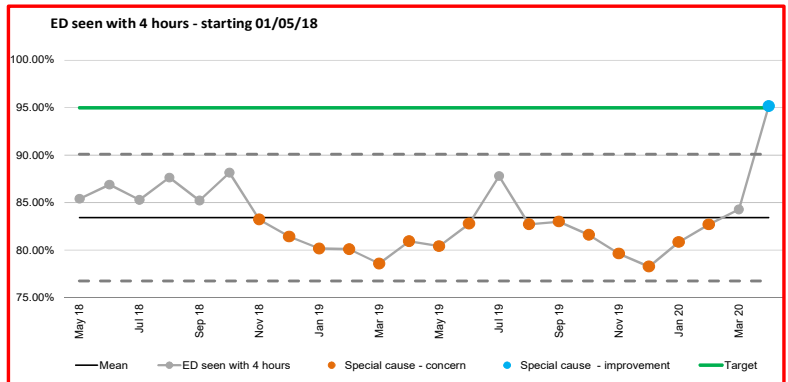


No Narrative Given

SPC

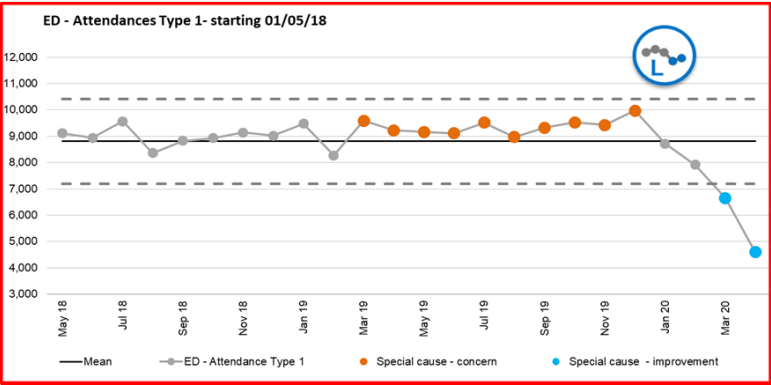


No Narrative Given

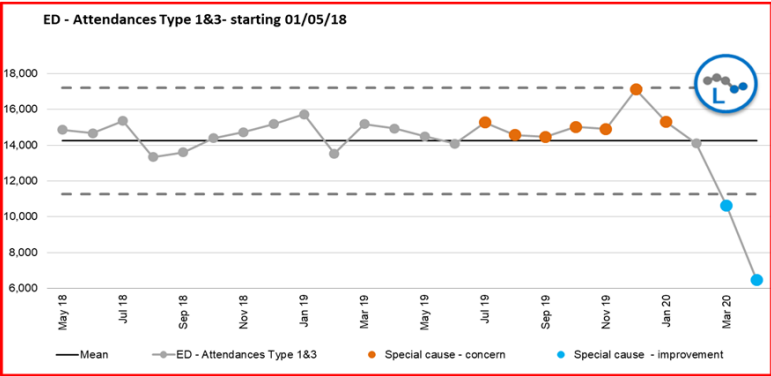


The April position for EAS improved on this significantly on March's performance; we have achieved 95.17% for the month April, we did however only see 6479 patients in April and hence there were less admissions. The other main contributory factor to our improved EAS position is the reduction in Delayed 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.

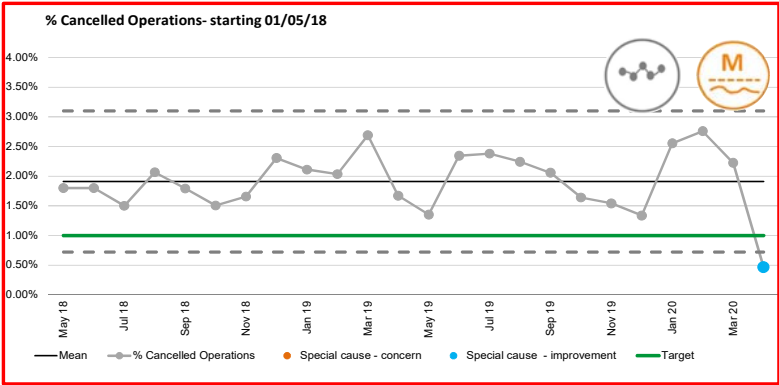
A review of the medical model supporting ED is currently taking place to ensure the lessons learned and best practice from having medics and the front door during covid-19 is not lost.



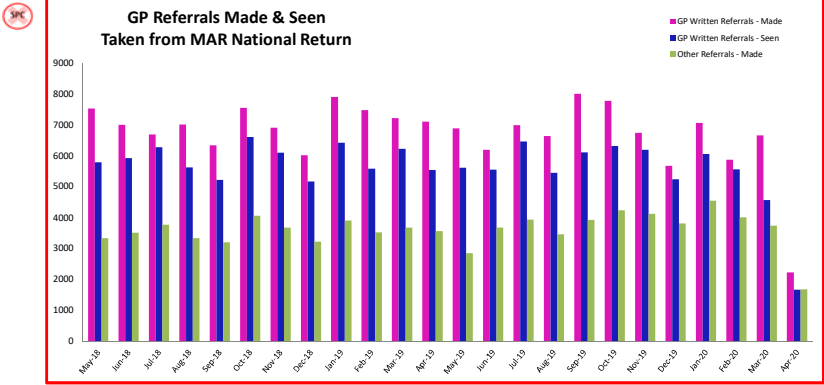
No Narrative Given



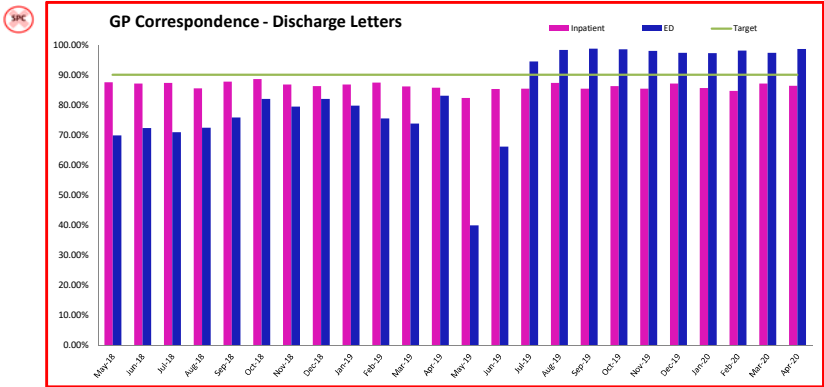
No Narrative Given



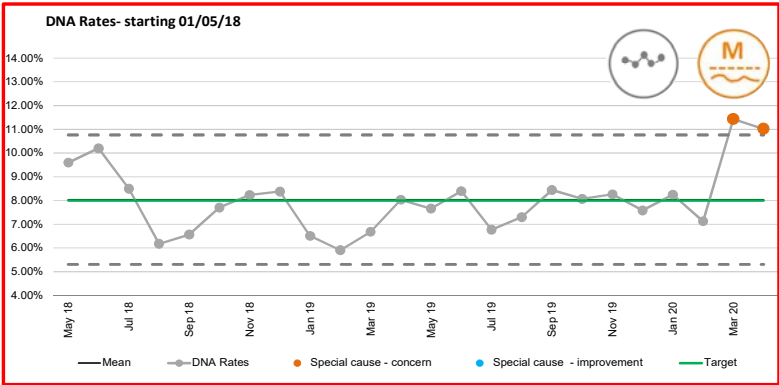
No Narrative Given



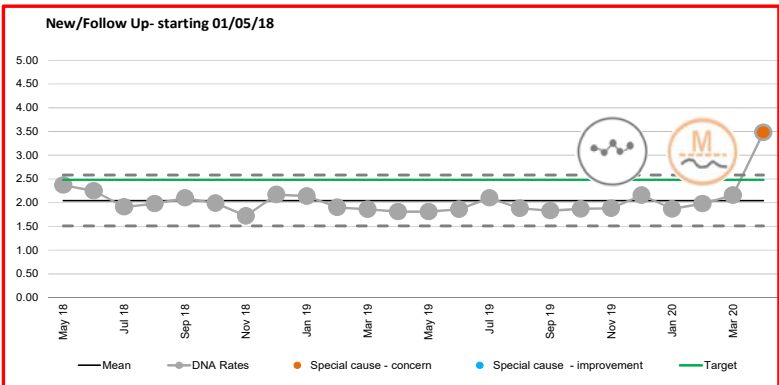
No Narrative Given



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No Narrative Given

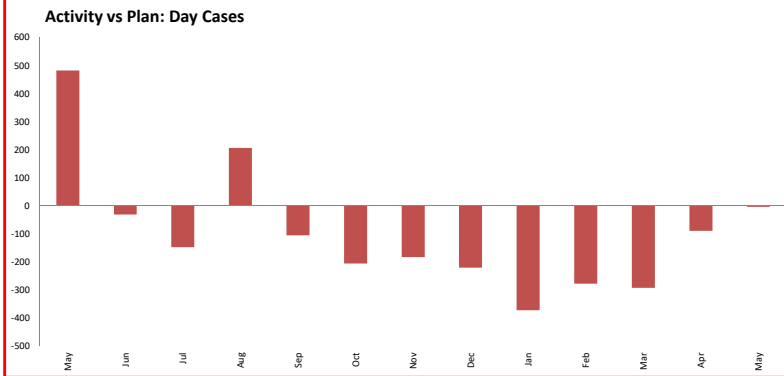


No Narrative Given

In Month	18/19 Actual	19/20 Plan	19/20 Actual	Variance	%
Elective Day cases	3,786	3,867	3,667	-200	-5%
Elective Inpatients	448	504	471	-33	-7%
Elective Total	4,234	4,371	4,138	-233	-5%
Non Elective	3,670	4,156	4,135	-21	-1%
Outpatients	42,189	43,444	41,168	-2276	-5%
Maternity Pathway	310	331	305	-26	-8%
A&E Attendances - Type 1	9,222	9,072	9,143	71	1%
* Please note excess bed days are not included in these figures. Obstetric outpatient attendances are excluded as they are covered by the Maternity Pathways					

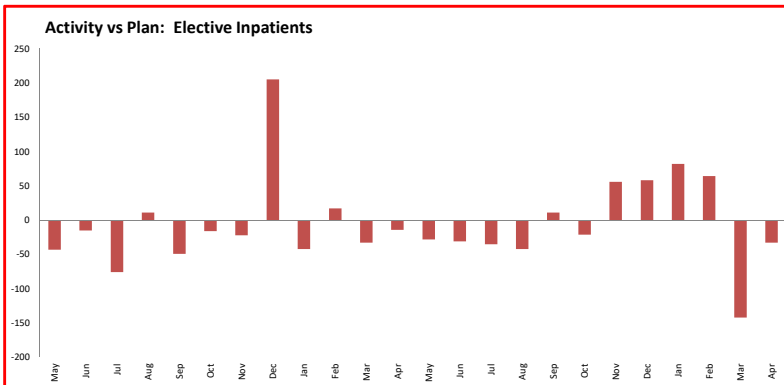
#### KPI SUMMARY APRIL 2020

SPC



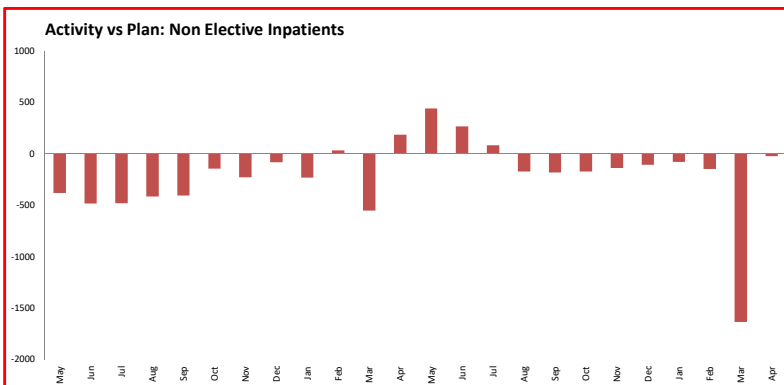
No Narrative Given

SPC

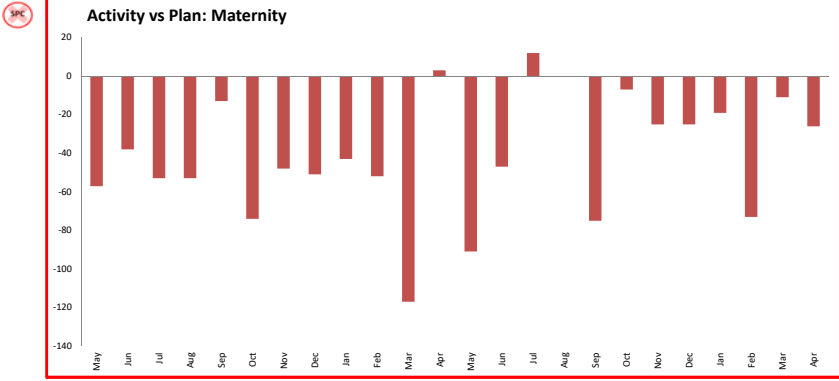


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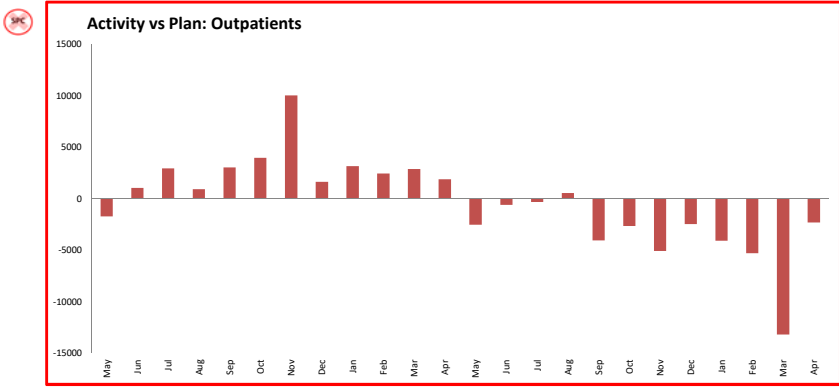
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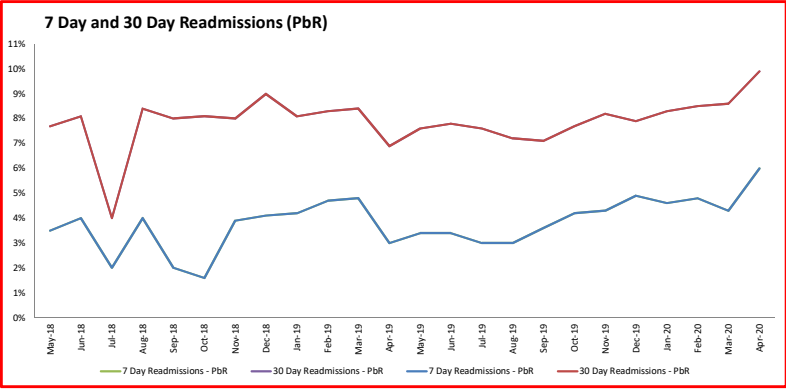
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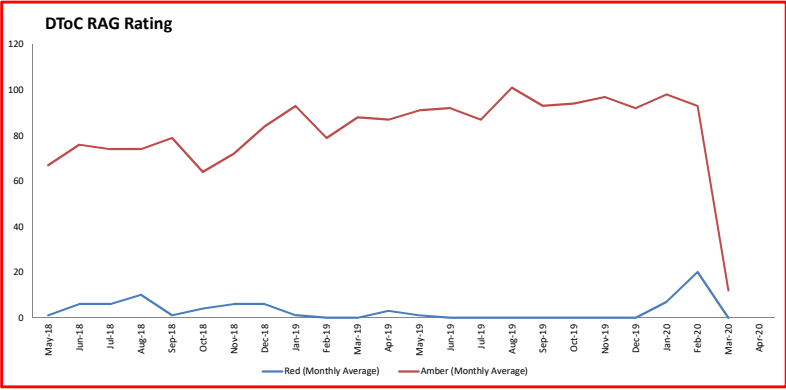
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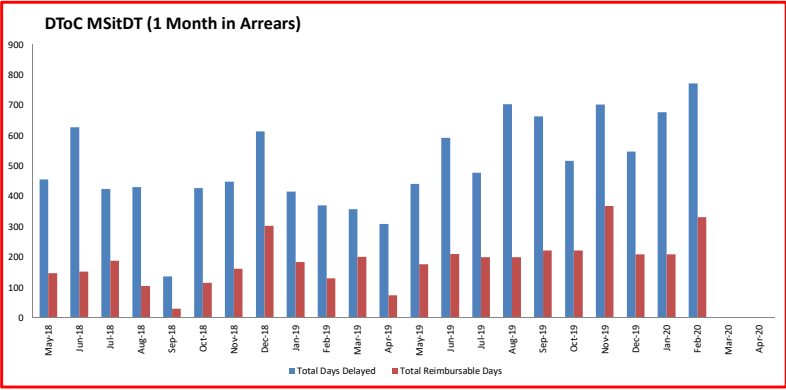
No Narrative Given



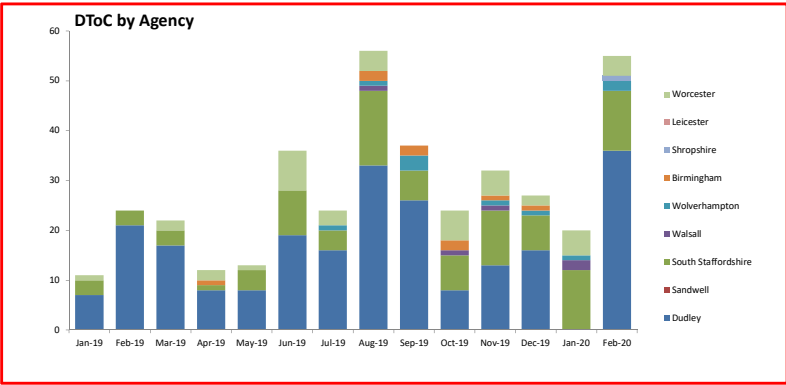
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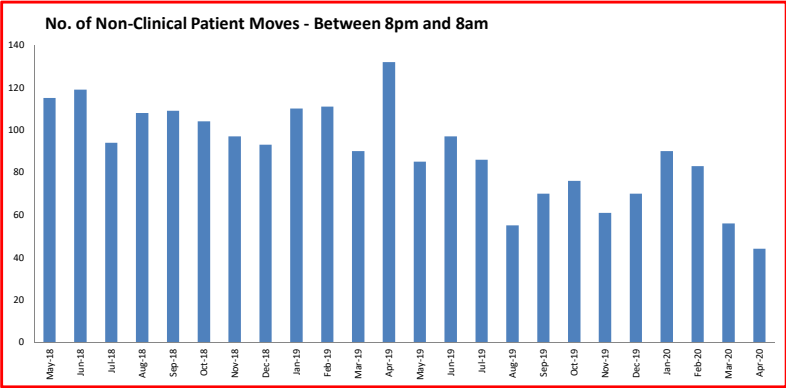
MSiDT has been suspended Unitl June 2020



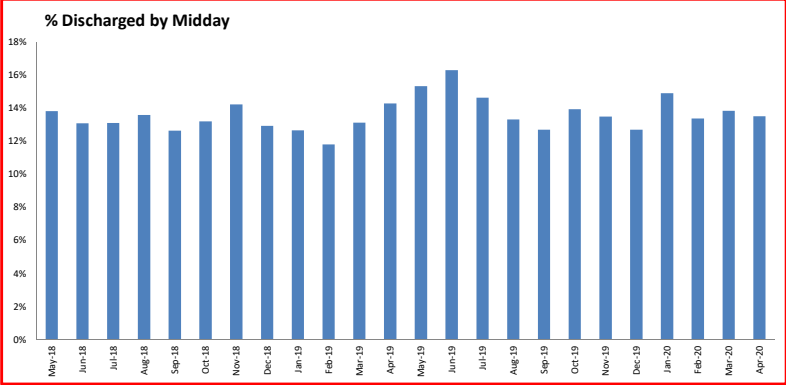
MSiDT has been suspended Unitl June 2020



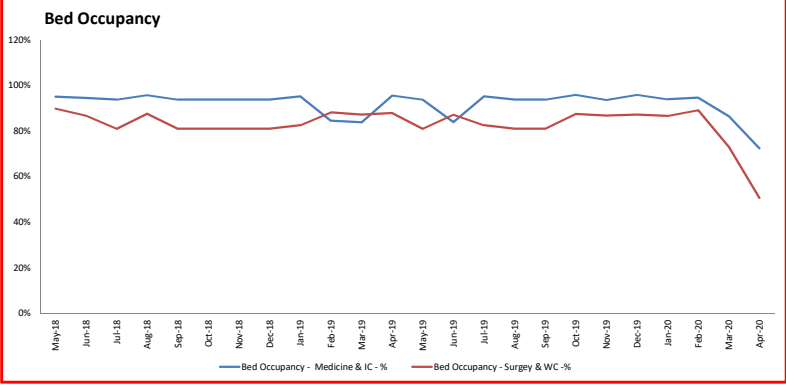
MSitDT has been suspended Unit! June 2020



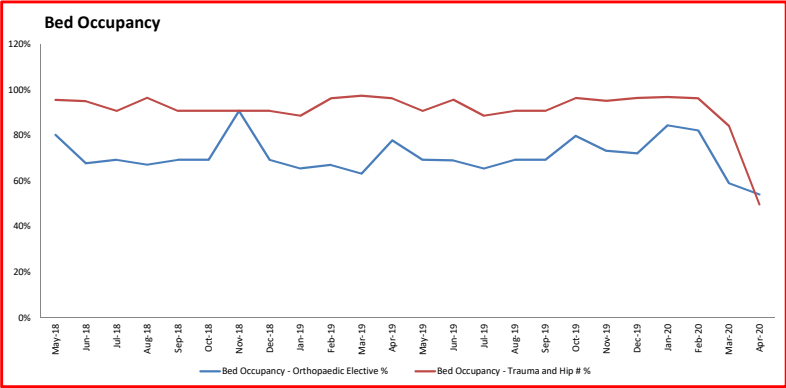
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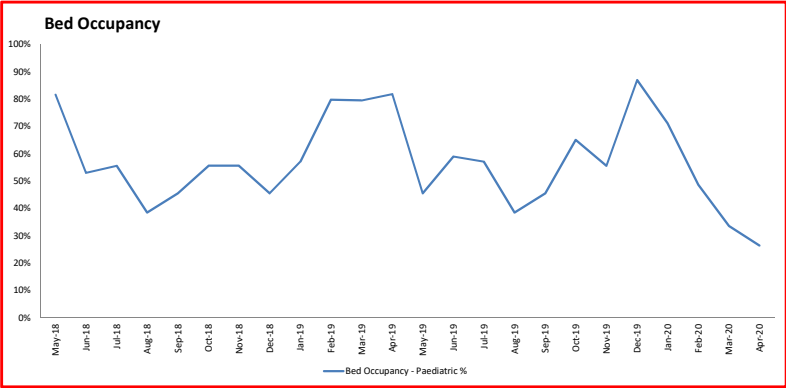
No Narrative Given



No Narrative Given



No Narrative Given



No Narrative Given

## UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE TO PUBLIC BOARD

Date Committee last met: 26/05/20

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>VTE screening deteriorated against target in March and it is recognised that targets will only consistently be met once an electronic solution is in place. C Holland will raise this at the Digital Committee.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>Paper to be provided to the Committee in November 2020 once the NORSE re-audit has been undertaken.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>Gold Standards Framework has embedded further during the COVID pandemic and it is expected that DGFT CCU will be the first CCU in the country to be awarded accreditation. The Committee commended the work under taken by Dr Jo Bowen and her team.</li> <li>The Committee commended the work undertaken by the Ethics Committee and welcomed it's continuation.</li> <li>Outstanding complaints had reduced to the lowest level in the last three years with sixty three outstanding at the date of the meeting.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>Trust to have a plan in place for blood labelling for when the new cohort of junior doctors start.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b></p> <ul style="list-style-type: none"> <li>The meeting took place via Webex with a reduced attendance limited to presenters, Board Secretary, Executive and Non-Executive Directors</li> </ul>	

**Paper for submission to Board of Directors meeting on Thursday 11<sup>th</sup> June 2020**

<b>TITLE:</b>	<b>COVID Mortality Report</b>		
<b>AUTHOR:</b>	Dr Philip Brammer Dr Julian Hobbs	<b>PRESENTER</b>	Dr Julian Hobbs
<b>CLINICAL STRATEGIC AIMS</b>			
		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other (Assurance)</b>
		<b>Y</b>	<b>Y</b>
<b>RECOMMENDATIONS</b>			
To note the assurances received and the decisions taken in accordance with the Group's terms of reference.			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO1</b> Deliver a great patient experience <b>SO2</b> Safe and caring services <b>SO3</b> Drive service improvement, innovation and transformation <b>SO5</b> Make the best use of what we have			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>Prior to the onset of the Coronavirus cases in March, crude and overall mortality were comparable to 2018/19 levels.</li> <li>The Trust has recorded a total of 617 deaths (567 inpatients and 50 ED), of which 246 patients had confirmed COVID-19 from the 1<sup>st</sup> March to present.</li> <li>Two hundred consecutive deaths have been reviewed using the Structured Judgement Review (SJR). Overall care was rated as good or excellent in 73.5% of cases and adequate or higher in 96.5%. Three cases were deemed possibly avoidable (but with less than 50:50 likelihood) and one case was deemed as possibly avoidable but this related to care in the community prior to admission to hospital.</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>N</b>	<b>Risk Description:</b>	
	<b>Risk Register: N</b>	<b>Risk Score:</b>	

<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Safe, Effective, Caring, Responsive, Well Led
	<b>NHSI</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>Board of directors</b>	<b>Y</b>	<b>DATE:</b> 11/6/20
	<b>WORKING GROUP</b>	<b>N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>N</b>	<b>DATE:</b>

## 1.0 Purpose of the paper

The paper is presented

- To update the Board as to mortality in the Trust directly and indirectly related to COVID 19 infection.
- To review processes for escalation and treatment decisions within the Trust.
- To gauge the level of assurance currently available in relation to mortality and future steps to close any gaps.

## 2.0 Background

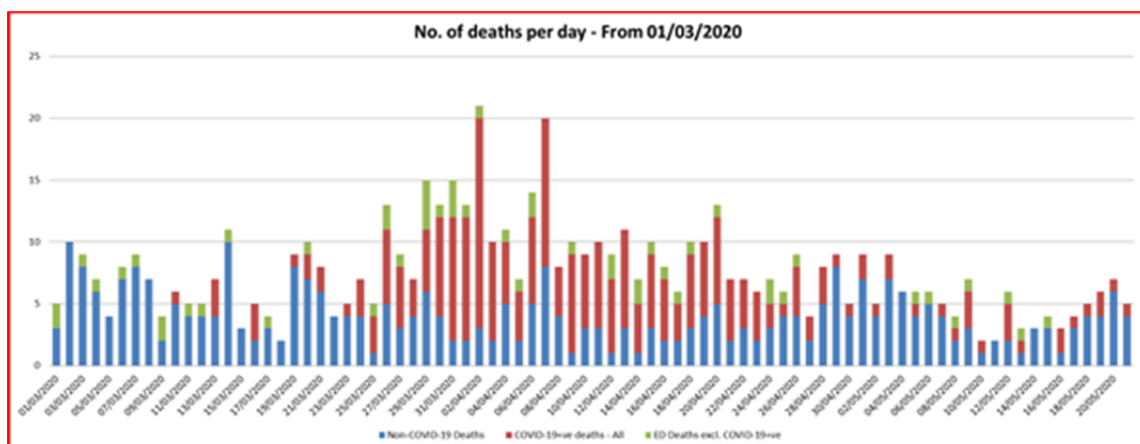
Covid 19 is a novel Coronavirus for which little innate immunity exists within the community. The outbreak of the COVID -19 pandemic has presented health services worldwide with an unprecedented challenge. Whilst there is a burgeoning research effort there is only descriptive data related to susceptibility and outcomes for different patient groups. Similarly there is no standard of best care or specific therapies though a number of research studies are in progress nationally and the Trust is enrolling patients in many of these studies.

Accepting the limitations of rapidly evolving data, temporal trends and limited comparisons can be made. Structured Judgement Reviews (SJR) have an important place in ensuring that deaths are scrutinized and lessons learnt when the mortality rate is uncertain. This is set in the context of high reported mortality in London and the Black Country which is subject to ongoing review.

Our data are congruent with the regional data set suggesting that we have seen an earlier mortality spike than the rest of the country with the exception of London. They also demonstrate the positive effect of the social distancing measures with a subsequent reduction in admissions and mortality (see COVID deaths 2 below).

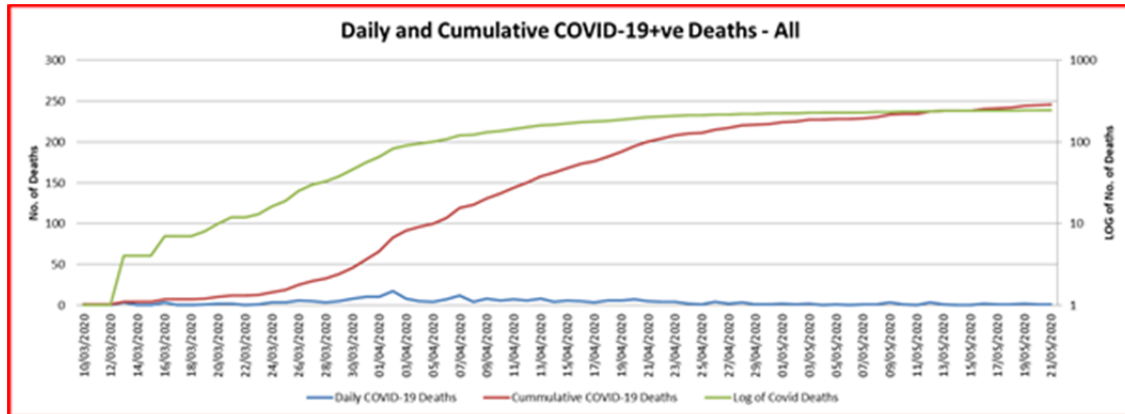
### COVID 19 Deaths-1

#### Daily COVID-19 +ve mortality since 1/3/20 Split by COVID-19 +ve, Non-COVID and ED

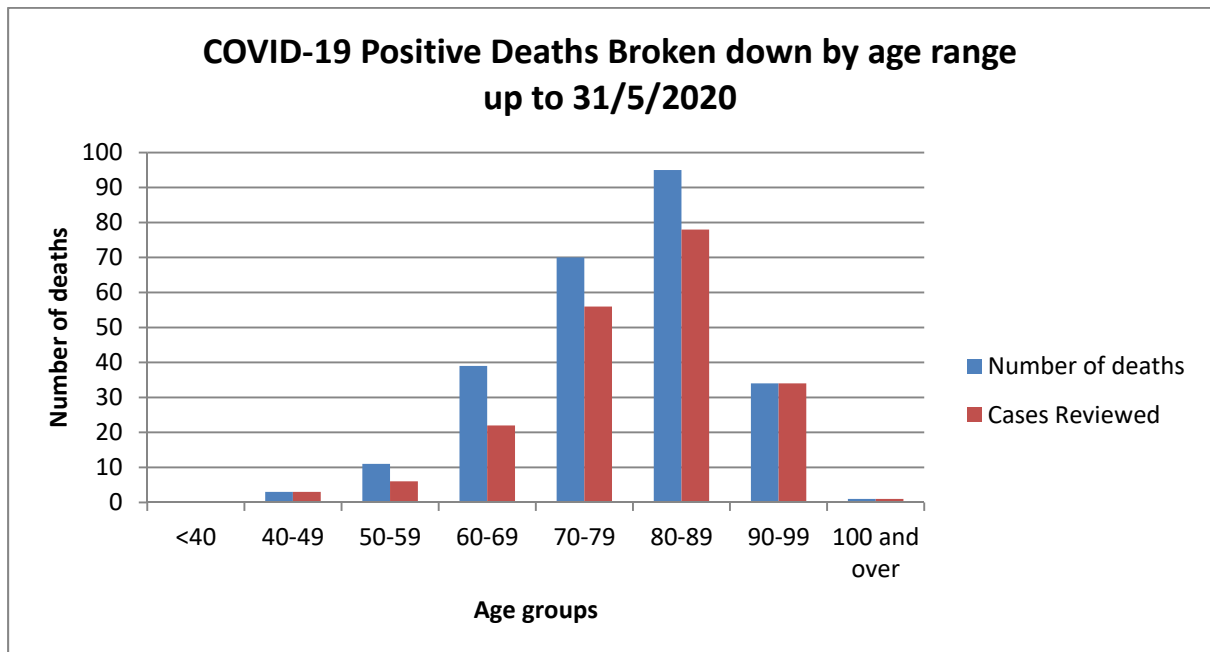


### COVID 19 Deaths-2

## Daily COVID-19 +ve mortality since 1/3/20 Split by COVID-19 +ve, Non-COVID and ED

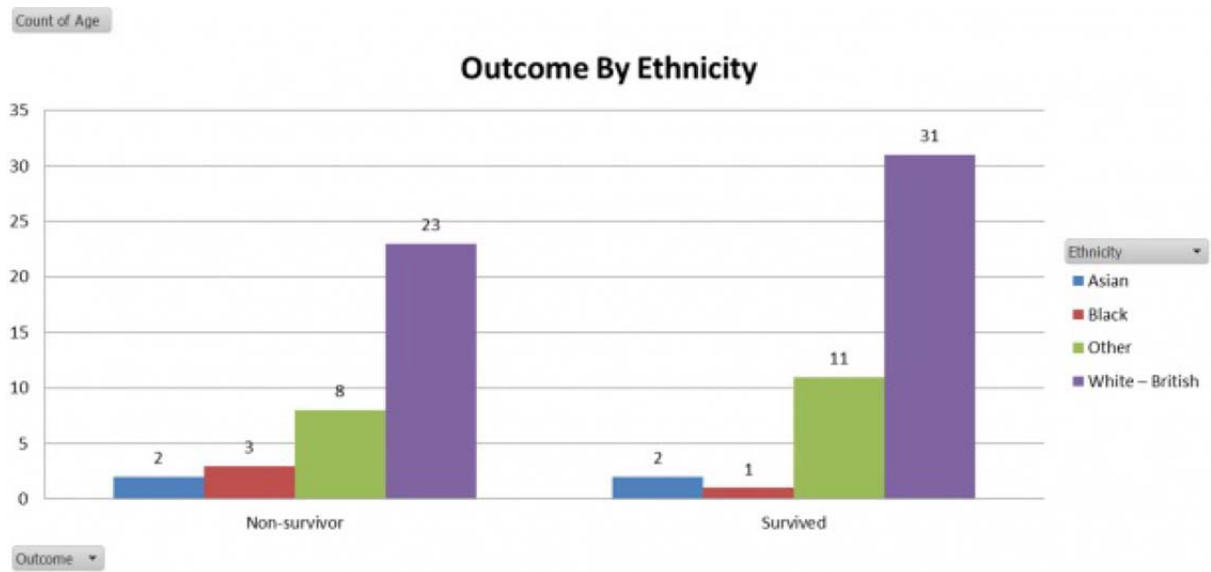


When considering the patient groups affected by COVID-19, the graph below identifies patient age groups where death has occurred following a positive result.

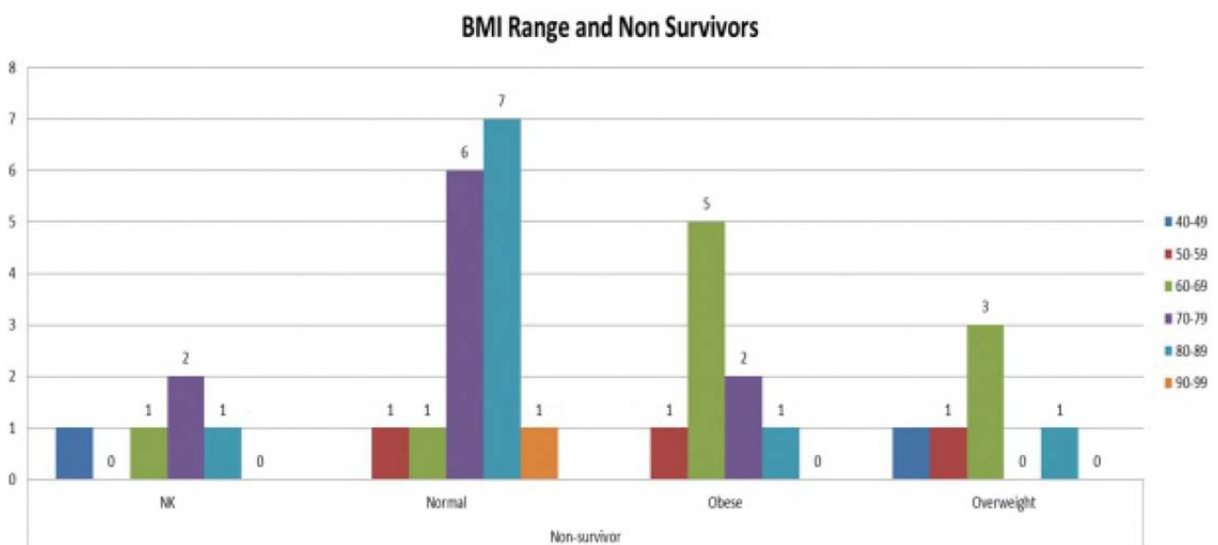
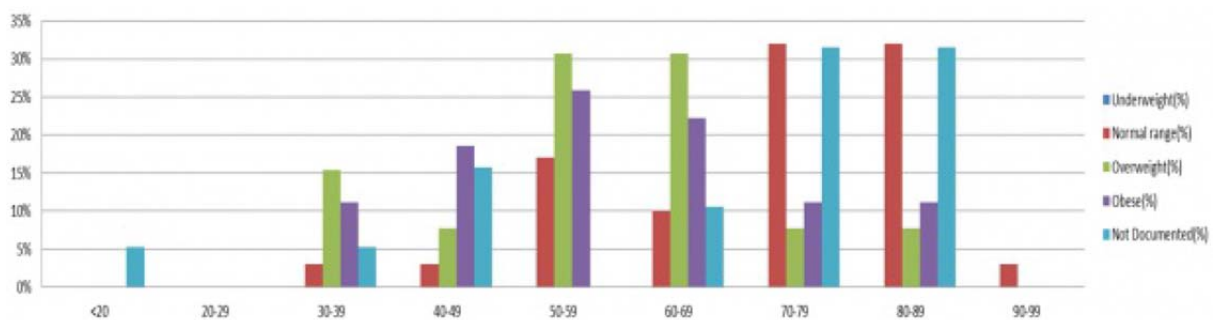


The subsequent charts show demographic data based on ethnicity and BMI from a sample of patients admitted to respiratory areas.

## Outcomes of Patients Admitted to Respiratory Area Based on Ethnicity



## Patients Admitted to Respiratory Area Based on BMI



## 4.0 How do we assure quality of care?

### 4.1 Learning from Case Note Review

The Trust has undertaken 200 Structured Judgement Reviews for patients who died following a positive test. This is out of a total of 253 deaths from COVID as of 31/5/20. We have used the standard measures of quality of care and avoidability to reach a conclusion as to the overall outcomes.

Avoidability	Definitely avoidable	Strong evidence of avoidability	Probably avoidable (more than 50:50)	Possible avoidable but not very likely (less than 50:50)	Slight evidence of avoidability	Definitely not avoidable	Total
	0	0	1	2	10	187	200
Overall Assessment of care	Very poor	Poor	Adequate	Good	Excellent		
	0	7	46	116	31		200
Quality of Notes	Very poor	Poor	Adequate	Good	Excellent		
	0	1	33	144	22		200

Overall care was rated as *good or excellent* in 73.5% of cases.

Deaths were deemed unavoidable in 99.5% of cases.

The one case that was deemed as probably avoidable actually relates to care prior to admission to hospital where a patient was admitted with an unclassifiable sacral sore.

Two cases that were deemed *possibly avoidable but not very likely* were in relation to where plans for MDT management were delayed resulting in long in patient stays in patients with major co-morbidities.

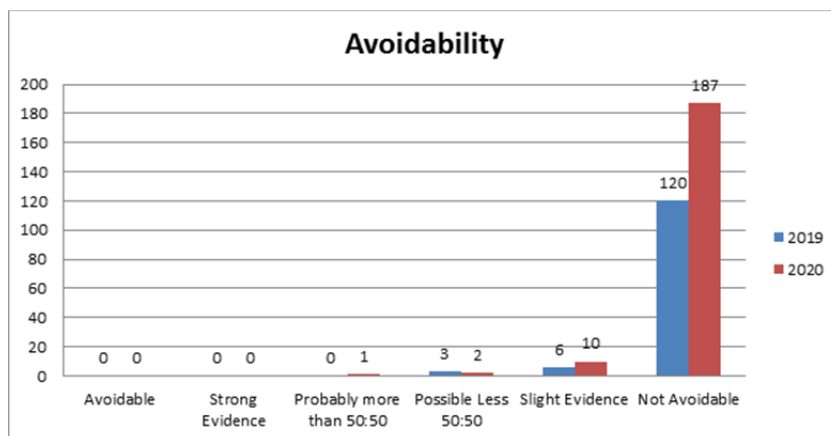
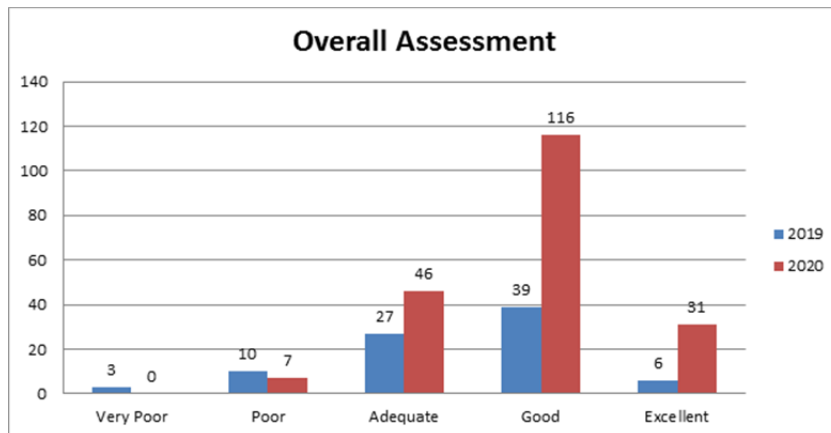
For those cases with *slight avoidability*, (5%) there were concerns that patients had been in hospital for prolonged periods.

The reviews identified areas for learning as detailed :

- There were a number of cases where end of life care could have been improved by improving communication with patients, families and primary care.
- A significant number of cases were admitted from nursing homes at end of life and passed away shortly after admission. Many of these were deemed avoidable admissions.
- Delays in discharge of elderly frail patients resulted in 4 cases where patients had been medically fit for up to 6-8 weeks. Some patients developed COVID during hospital stay. Other cases where shorter delays in discharge also resulted in development of COVID
- Initial cohorts of patients on PCCU and orthopaedic ward where outbreaks occurred led to clustering of cases and potential spread to other patients. However, in both cohorts,

patients reviewed to date were extremely frail and were often deemed at end of life even before COVID diagnosis made.

#### Comparative Data From Reviews 2019 and 2020



## 4.2 Learning from Ventilation Data

### Continuous Positive Airway Pressure (CPAP) Usage

To establish the demographics of patients admitted with serious COVID-19 related symptoms an audit was undertaken of 81 patients admitted to either MHDU or the respiratory ward- full details of which can be found in appendix 1. This demonstrated a male to female ratio of 3:1 with ethnicity broadly representative of our local population; however when looking at outcomes there was disproportionately high mortality in patients from BAME backgrounds as has been extensively reported externally. Similarly increasing age was a predictor of poor outcome despite a high proportion of younger patients admitted had either a raised BMI or obesity however this did not appear to be as important a factor in determining outcome as age. There was a high prevalence of co-morbidities in these patients with cardiovascular and diabetes being the most common with few patients with respiratory co-morbidities,

**CPAP outcome data for patients admitted to our respiratory support unit between 27/03/20 and 18/04/2020**

- Initial data shows 99 patients were admitted to the MHDU area during this period.
- A formal audit was undertaken on CPAP usage but this actually identified 53 patients who tried CPAP either as an adjunct prior to potential invasive ventilation or as a ceiling of care.
- 25 patients survived after CPAP alone – 24 in the full escalation group and 1 where CPAP was the ceiling of care. 10 patients had CPAP as a ceiling of care and did not survive.
- 18 patients had CPAP initially and were subsequently escalated to ITU. 11 of these patients subsequently died and 7 remained alive at the end of the audit period.

The initial analysis suggests that CPAP was an effective modality in preventing decline in patients with COVID pneumonia. A significantly greater proportion of patients receiving CPAP survived compared to those who subsequently were intubated.

Our use of CPAP was initially informed by NHS guidance recommending CPAP as a bridge to Invasive Mechanical Ventilation (IMV). However, clinical experience identified groups of patients who might benefit from CPAP as a ceiling of treatment who were not deemed suitable for IMV.

Data from international sources suggested strong associations between COVID and incidence of thrombotic episodes both at a macrovascular and microvascular level. Concerns of mortality related to pulmonary embolism and other vascular episodes prompted clinical changes in management. National guidance on thromboprophylaxis with adjustment to weight based regime was therefore adopted. Additional enrolment in national studies has been undertaken.

#### **5.0 Actions taken are summarised below.**

<b>Identifiable Actions</b>	<b>Measures of Impact</b>	<b>Data Collection</b>
CPAP Usage and Outcomes	Mortality rates and discharges	Audit complete but other analysis ongoing
Thromboprophylaxis dosing	ITU/HDU mortality rates	CTPA usage and outcomes
DNA CPR including Learning Disability	Cardiac arrest rates and outcomes	Ongoing SJR reviews and LEDER analysis
Flow and Consultant Review in orthogeriatrics	Length of stay	Discharge data/LOS
Palliative care support on wards	Enhanced levels of palliative care	SJR reviews
COVID patient cohorting	Numbers of patients developing COVID in hospital	Mortality data/ SJR

#### **6.0 How do we ensure that escalation decisions are appropriate?**

In keeping with national guidance the Trust has a DNAR policy and has undertaken mandatory training , additional grand rounds and a written update with legal advice, and developed an e-learning resource to all medical staff on the process for completing DNAR and escalation decisions.

Decisions are captured electronically using an escalation form as are decisions related to admission to intensive care

There is a specific piece of work in relation to learning disabilities following the reference to LD on 7 DNAR forms. Internal review has been undertaken using an SJR format. All deaths were unavoidable. Independent external assurance in relation to these is in progress. The Trust has undertaken immediate education and circulated an e-learning resource to all staff..

Our data show the full age range, BMI, gender and ethnicity of those with COVID are represented proportionately.

## **7.0 Other actions likely to have a bearing on mortality and Trust-wide developments to strengthen Learning from Deaths**

### **7.1 Palliative Care Developments**

Palliative care have implemented the Gold Standards Framework (GSF) which is a systematic, evidence based approach to optimise care for all patients approaching the end of life, delivered by generalist frontline care providers.

The data has demonstrated increasing recognition of patients in the last year of life and an increase in the number of patients offered the opportunity to advance care plan and support an individual plan of care.

During COVID 19 performance has improved, with 33% being identified as needing assessment of palliative care planning which is at target.

The “cutting edge” work being undertaken at Dudley Group was recognised by the national team during their recent visit.

### **7.2 Deteriorating Patient Pathways**

As part of ongoing work on the management of the deteriorating patient, specific high impact pathways previously identified have been implemented

- Pneumonia Bundle- significant improvement in CXR provision with 51/52 bundles where CXR performed within 4 hours and the majority within 1 hour
- AKI bundles – 31 in place with ongoing work with renal team. Renal Team have been auditing renal intervention and outcomes in patients with COVID
- Alcoholic liver disease- 3 cases in total admitted- all with care bundles instigated & a new clinical lead for this area
- Trust wide sepsis management has continued to improve.

Cardiac arrest and Medical Emergency Team (MET) rates within the Trust have fallen with the introduction of e-handover, Hospital at Night team and expanded Nerve Centre function

## **8.0 Assurance**

This paper can provide high assurance that the quality of care is at an adequate or higher level and that any areas for improvement have been identified.

This paper can provide partial assurance that our mortality in relation to COVID is in the expected range. The key dependency missing is the denominator which may be clarified further in time.

Further training in relation to learning and disability assessment has been undertaken with a formal report to the ISB in progress.

**Dr Julian Hobbs , Medical Director**

**Dr Philip Brammer , Deputy Medical Director**

**May 2020**

**Glossary of terms**

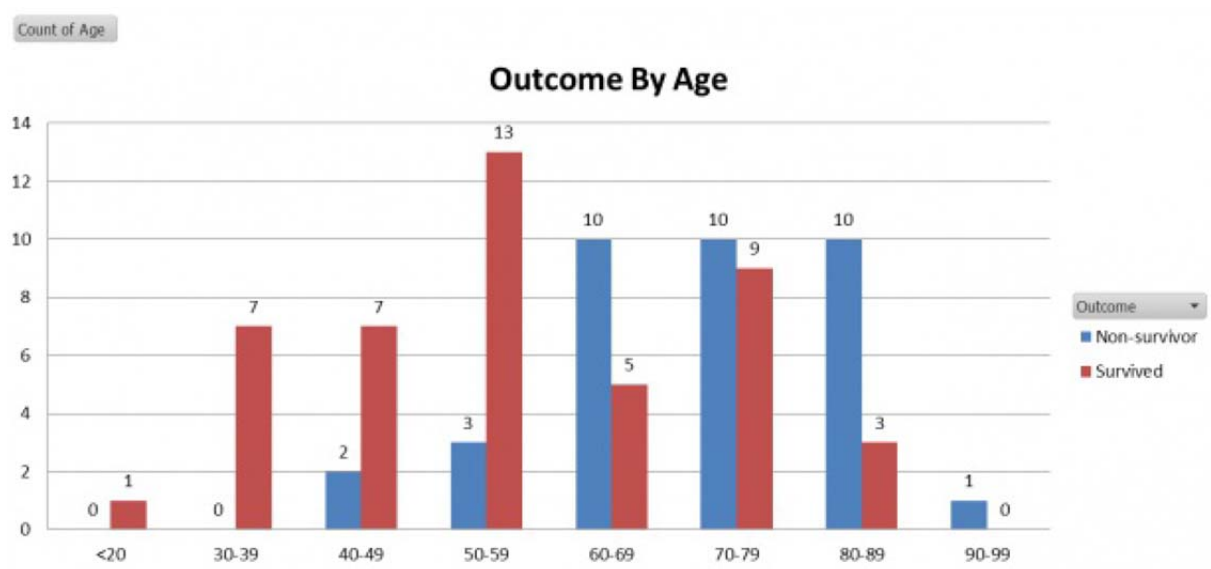
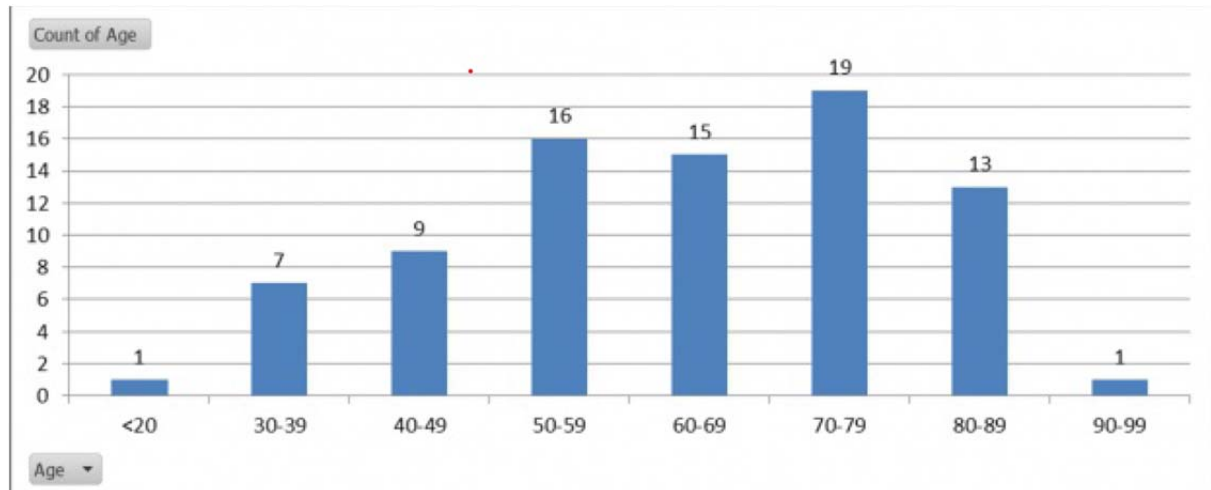
ITU	Intensive care unit
CPAP	Continuous positive airway pressure
BMI	Body mass index
HDU	High dependency Unit
ISB	Integrated safeguarding board
MET	Medical Emergency Team
CXR	Chest X-ray
DNAR	Do not attempt resuscitation
CTPA	Computer tomographic pulmonary angiography
LD	Learning disabilities
AKI	Acute kidney injuries
MH DU	Medical high dependency unit

## Appendix 1 – demographic characteristic of patients admitted to MHDU and C5 during COVID-19 pandemic

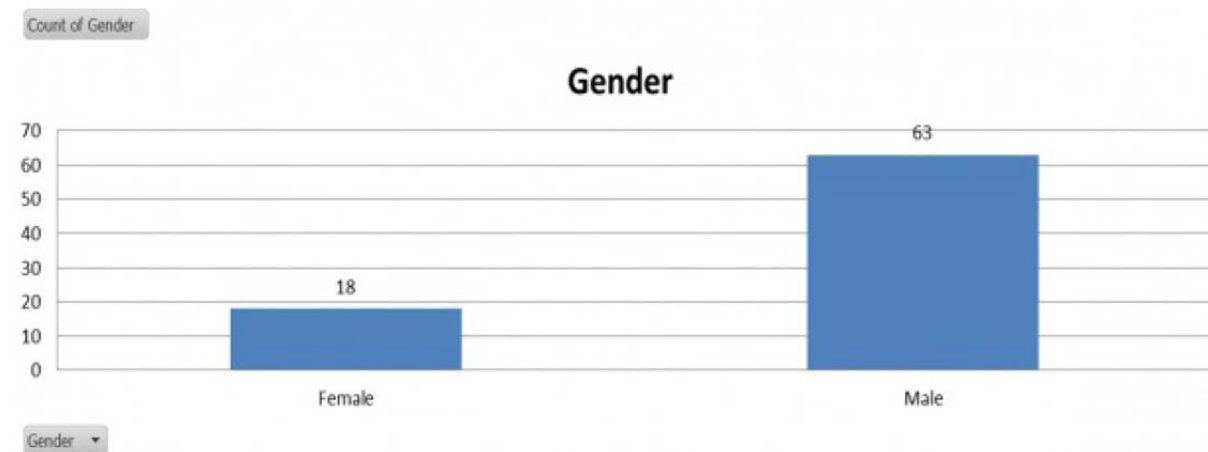
Method.

100 sequential admissions found between 27/03/2020 and 18/04/2020 and notes requested 81 of whom were included, 3 were excluded as not meeting the criteria and the others could not be located.

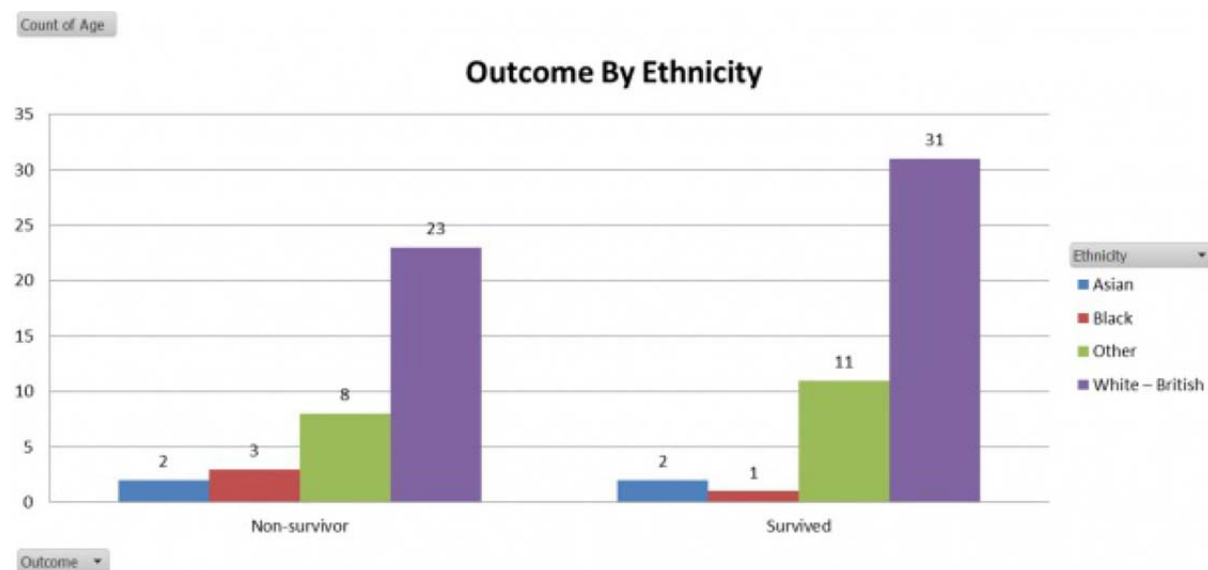
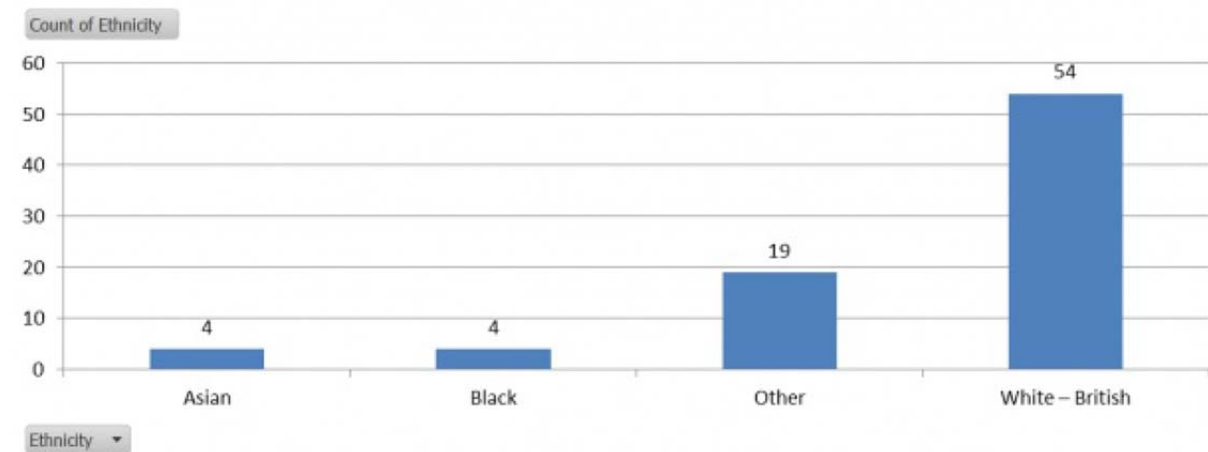
Patients age.



## Gender

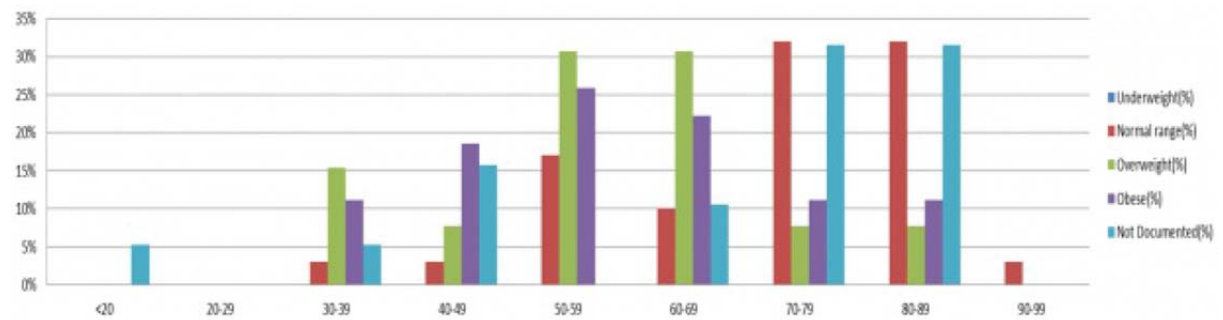


## Ethnicity

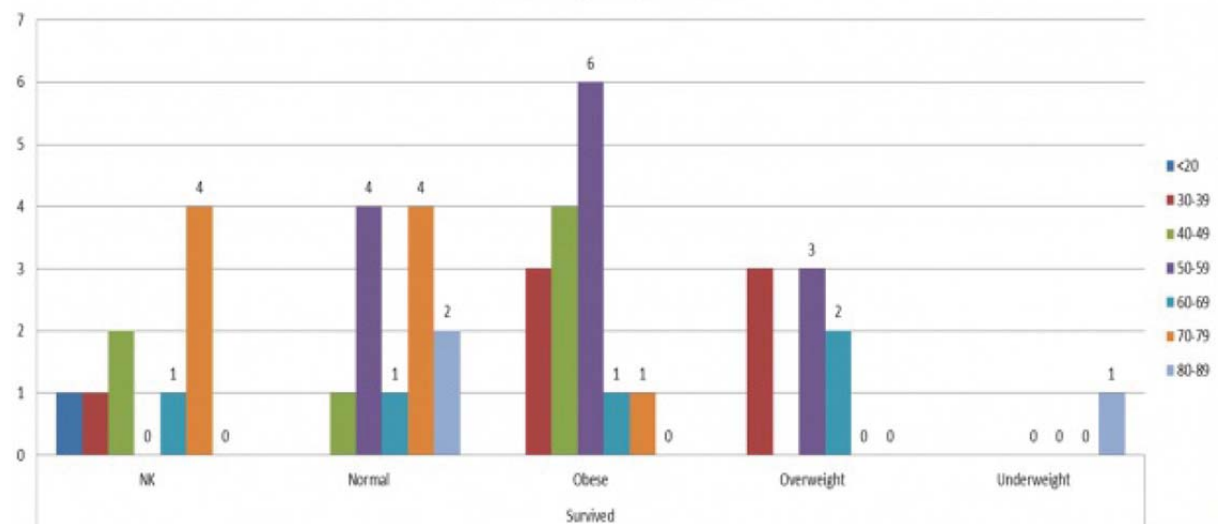


## BMI

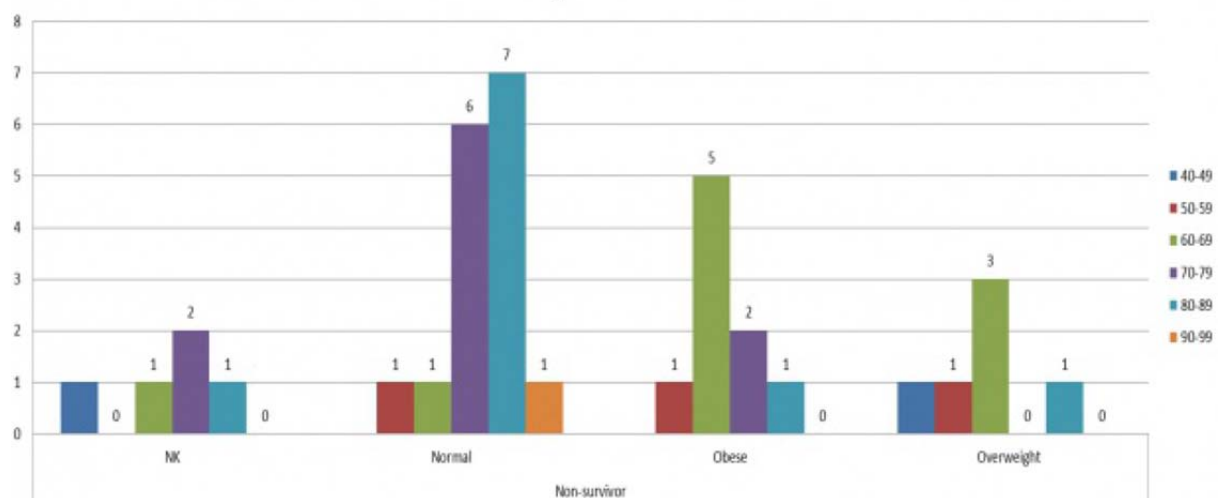
**BMI Range**



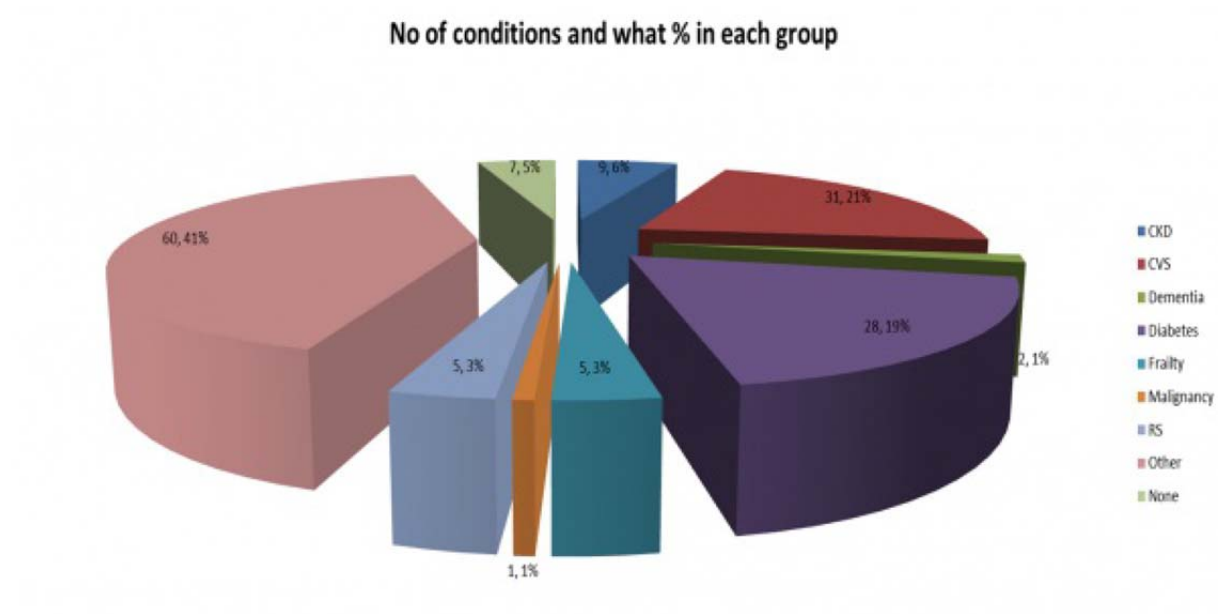
**BMI Range and Survived**



**BMI Range and Non Survivors**



## Co-morbidities



**Paper for submission to the Private Board of Directors on 11 June 2020**

<b>TITLE:</b>	<b>Exception Report from the Finance and Performance Committee Chair</b>		
<b>AUTHOR:</b>	Jonathan Hodgkin F & P Committee Chair	<b>PRESENTER</b>	Jonathan Hodgkin F & P Committee Chair
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		X	
<b>RECOMMENDATIONS:</b>			
The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
<b>CORPORATE OBJECTIVE:</b>			
S05 Make the best use of what we have S06 Plan for a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
Summary of Finance and Performance			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>Y</b>		<b>Risk Description:</b>
	<b>Risk Register: Y</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Well Led
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Achievement of Financial Targets
	<b>Other</b>	<b>Y</b>	<b>Details:</b> Value for Money
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>N</b>	<b>DATE:</b>
	<b>WORKING GROUP</b>	<b>N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>N</b>	<b>DATE:</b>

## EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 28 May 2020

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Under performance against RTT, cancer and diagnostics standards due to impact of COVID-19</li> <li>• Ability of diagnostics, and in particular endoscopy, to recovery key to restoration and recovery performance</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Enhanced budget processes being developed so that by mid July budgets can be recast for the remainder of the year around the restoration and recovery plans and by September set for the following year</li> <li>• Potential transformation CIP projects to be reviewed</li> <li>• ED patient streams to be piloted in June with the objective of maintaining current high EAS performance</li> <li>• Regional comparisons of restoration and recovery performance to be provided when available</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• On track to breakeven financially. Increasingly likely that the existing financial regime will be extended to the end of the year</li> <li>• Approximately £1.6m of the £1.7m of COVID related costs in April met through cost reduction</li> <li>• Significant reductions in agency spend anticipated in Q1</li> <li>• Restoration and recovery plans developed and shared with CCG and STP</li> <li>• Continue to active 95% EAS standard</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• Executive to develop full business case for 60 bed modular ward</li> <li>• In the months that the committee does not meet formally, members will meet informally to review monthly finance and performance information and discuss and debate ad hoc items raised by the Executive</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> First virtual committee meeting marred by poor technology. Necessary to swap from Conve to MS Teams mid-way through. Trust wifi capacity constraints may also have contributed to poor user experience</p>	

Paper for submission to the Board of Directors  
on Thursday 11<sup>th</sup> June

<b>TITLE:</b>	<b>Summary of Workforce and Staff Engagement Committee meeting on Tuesday 26th May 2020</b>		
<b>AUTHOR:</b>	Julian Atkins	<b>PRESENTER</b>	Julian Atkins
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	X	X	
<b>RECOMMENDATIONS</b>			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
<b>CORPORATE OBJECTIVE:</b>			
SO3: Drive service improvement, 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			
<b>SUMMARY OF KEY ISSUES:</b>			
As detailed in the paper.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>Y</b>		<b>Risk Description:</b>
	<b>Risk Register: Y</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Well Led
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Annual Business Planning Process
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>Y/N</b>	<b>DATE:</b>

	<b>WORKING GROUP</b>	<b>Y/N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>Y/N</b>	<b>DATE:</b>

## CHAIRS LOG

### UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE - Date Committee last met:

26<sup>th</sup> May 2020

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>Whilst there were no new risks added to the register since the last report, the Committee discussed concerns regarding the ongoing impact of COVID on the health and wellbeing of the Trust's workforce. In particular the Committee highlighted concerns regarding the service model, capacity and scope of the Staff Health and Wellbeing service (SHAW) to meet the needs of the workforce and to fully support restoration and recovery. The Committee was advised that some improvements have already been implemented, i.e. addition of the new 24-7 counselling service. The Committee were also advised that work is currently being undertaken to review the SHAW service model, including the proposed for an external review of the service (operating model, staffing model, performance KPI's), which will be considered by the Trust Executive Team. The Committee has asked for an update on this work to the next Workforce Committee.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>The Committee supported a programme of work that is being undertaken to scope the assimilation of those staff that remain on local T&amp;C's (81 staff in total) onto A4C. The trust is an outlier nationally and locally. This will support recruitment and retention strategies.</li> <li>The Committee received an update on the Equality and Inclusion work programme, which set out some positive developments since the last meeting, but also an ambitious work plan for the next 12 months. This is a key priority for the Trust.</li> <li>Given the recent guidance from NHSI/E, NHS Employers and HSE regarding measures to keep staff safe whilst working, including promoting and supporting remote working (where possible), the Committee has asked for a paper to its next meeting setting out the Trust's vision for transforming ways of working.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>Work has been undertaken to strengthen the Trust's job evaluation process. Additional training is being organised to increase the number of individuals trained in both job evaluation and consistency reviews and have introduced a set of KPI's.</li> <li>The HR team have improved the workforce KPI report, which the Committee was pleased to receive. The May report provided greater depth of analysis, as well as a detail and narrative to support discussions regarding practical actions and next steps. Further improvements are planned for the next report due to be presented to the Workforce Committee in July.</li> <li>The Committee was pleased to see that despite the major challenges of recent weeks the Trusts has been able to sustain a credible performance for mandatory training. All statutory subjects are within Amber (80.0% &gt;) or Green (90.0%&gt;) R.A.G.-rating, with exceptions of Adult Resuscitation, Paediatric Resuscitation, Neonatal Resuscitation, Adult Safeguarding</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>Amendments to the DBS renewal process were approved. Self-declaration will now be used rather than a 3 year rolling DBS programme, which will form part of the annual appraisal process. This is in line with the approach taken by other Trusts and will increase compliance (currently 60%). Key roles, with greater risk will still be required to follow a DBS renewal programme.</li> <li>The Committee Chair led a discussion regarding the findings and recommendations from an audit report on E-Rostering that was presented to the Audit Committee in May. This report highlights some issues regarding the implementation of nurse rostering. James Fleet and Mary Sexton have committed to reviewing the audit report and to report back to the next meeting of the Workforce Committee.</li> </ul>

<p>Level 2, and Child Safeguarding Level 3. The Committee recognised that the L&amp;D team have worked hard to sustain performance in exceptional circumstances.</p> <ul style="list-style-type: none"> <li>• The Committee was pleased to note that the Trust will be recruiting a Head of Equality and Inclusion in the coming months to support the major work programme for Equality and Inclusion. The Committee is also championing the launch of the first two Staff Inclusion Networks during June (LGBTQ+ and BAME).</li> </ul>	
<p><b>Chair's comments on the effectiveness of the meeting:</b></p> <p>We reverted to a streamlined attendance for this month's meeting, which worked well, enabling greater depth of discussion and with clearer focus on actions. The updates on Equality and Inclusion were welcomed; there is clear progress but also much more to do in the coming weeks and months which will remain a key area of focus for the Workforce Committee. The Committee also recognised the great work that the training team have undertaken to sustain mandatory training performance, at such a challenging time. In future meetings I am keen to see a stronger input from Divisional colleagues across the range of workforce and people domains.</p>	

Paper for submission to the Board of Directors on 11 June 2020

<b>TITLE:</b>	Update from the Audit Committee		
<b>AUTHOR:</b>	Richard Miner Audit Committee Chair	<b>PRESENTER</b>	Richard Miner Audit Committee Chair
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		X	
<b>RECOMMENDATIONS:</b>			
The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
<b>CORPORATE OBJECTIVE:</b>			
SO3: Drive service improvements, innovation and transformation SO5: Make the best use of what we have SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
Summary report from the Audit Committee meeting held on 20 March 2020.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>N</b>		<b>Risk Description:</b>
	<b>Risk Register: N</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Well Led
	<b>NHSI</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>Y</b>	<b>Details:</b> Good Governance
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>N</b>	<b>DATE:</b>
	<b>WORKING GROUP</b>	<b>N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>N</b>	<b>DATE:</b>

## UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 20 May 2020

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>At the previous meeting, the Committee requested a verbal update on progress in a number of areas: clinical audit, radiology, consultant job planning, workforce processes and declaration of interest policy. These have been deferred due to Covid19 pressures and will be reviewed again in September.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>Awaiting final versions of the annual accounts and Annual Report for approval.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>The Committee is able to endorse the declarations made in the NHS Provider Licence Self-Certification and which reflects the Trust's improved financial position (see separate agenda item).</li> <li>That the Head of Internal Audit Opinion for 2019/20 was able to confirm that the Organisation "has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that the framework remains adequate and effective."</li> <li>Follow up actions on CQC radiology report and partial assurance on electronic rostering.</li> <li>The LCFS annual report which has shown continued improvement.</li> <li>The Committees commitment and acknowledgement of the Trust's anti-fraud culture and an effective risk management process.</li> <li>Noted the losses and special payments report for Q4 which indicates these remain at tolerable levels.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>Agreed changes to the Internal Audit plan driven mainly by the accessibility constraints of Covid19.</li> <li>Approved the 2019/20 Local Counter Fraud Service (LCFS) annual report.</li> <li>Approved the Audit Committee Annual Report for 2019/20.</li> </ul>



**The Dudley Group**  
NHS Foundation Trust

**Chair's comments on the effectiveness of the meeting:** The first virtual meeting of the Audit Committee which seemed to work well with full participation and no technical problems.

## **ANNUAL REPORT OF THE AUDIT COMMITTEE FOR THE YEAR 2019/20**

<b>1.</b>	<b>Introduction</b>	<b>Page 1</b>
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<b>9.</b>	<b>Conclusion and Audit Committee Opinion</b>	<b>Page 7</b>
<b>10.</b>	<b>Appendix – Summary of Internal Audit Work Completed</b>	<b>Page 8</b>

## **1. Introduction**

The Audit Committee is established to provide assurance to the Board that there is an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives and that this system is established and maintained.

The purpose of this report is for the Audit Committee to account to the Trust Board of Directors on its activities relating to the financial year 2019/20. In practice this covers the period up to the approval and sign off of the Trust's Annual Report and Accounts, which is due to take place on 22 June 2020. Historically, the Board gives delegated powers to the Audit Committee to approve these documents although the Board is taking greater direct responsibility this year by dealing with the June meeting as an extraordinary Board Meeting.

After each of its meetings during the year, the Audit Committee provides a written report to the Trust Board that details the matters discussed, key issues identified and any items requiring referral to Trust Board. This annual report draws from the information contained in these regular reports.

The Committee's responsibilities are set out in detail below.

Although financial scrutiny remains vitally important, Audit Committees have increasingly recognised that there is a widening range of activities which require comprehensive and effective controls and which should therefore fall within the remit of the Audit Committee. For NHS organisations, this typically includes clinical governance issues, such as the collection and reporting of performance and quality data, the preparation of annual clinical audit plans and processes and the measures taken to combat fraud.

In order to discharge its key functions, the Audit Committee prepares an Annual Report for the Trust Board and the Chief Executive as Accounting Officer of the Trust and expresses its considered opinion based upon the evidence placed before it.

## **2. Audit Committee's Responsibilities**

During the year, the Audit Committee operated in accordance with its responsibilities as set out in its Terms of Reference, which are:

- a) To review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical, that supports the achievement of the organisation's objectives;
- b) To ensure that there is an effective Internal Audit function that meets Government Internal Audit Standards and that provides appropriate independent assurance to the Audit Committee, Chief Executive and Trust Board;
- c) To review the work and findings of the External Auditors and consider the implications of and management's responses to their work;
- d) To review the findings of other significant assurance functions, both internal and external to the Trust and including in particular local and national clinical audit activity and outcomes and consider the implications for the governance of the organisation;

- e) To satisfy itself that the organisation has adequate arrangements in place for countering fraud and to review the outcomes of counter fraud work;
- f) To receive and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. The Committee also requests specific reports from individual functions within the organisation (for example, clinical audit) where these are appropriate to the overall arrangements;
- g) To monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance;
- h) To ensure that the systems for financial reporting to the Trust Board, including those of budgetary control, are subject to review in order to establish the completeness and accuracy of the information provided to the Trust Board;
- i) To review the Annual Report, Quality Report and financial statements before submission to the Trust Board focusing particularly on:
  - The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee
  - Changes in and compliance with accounting policies, practices and estimation techniques
  - Unadjusted mis-statements in the financial statements and significant judgments used in the preparation of the financial statements
  - Significant adjustments resulting from the audit
  - The letter of management representations
  - Qualitative aspects of financial reporting
  - Contents of the Quality Report

### **3. Audit Committee Membership**

The Audit Committee is constituted as a sub-committee of the Trust Board with approved terms of reference that are aligned with the *Audit Committee Handbook 2018* published by the HFMA and Department of Health. The required quorum for meetings is two Non-Executive Directors.

It is recommended that the Chair of the committee is a suitably (CCAB) qualified accountant. Richard Miner is a Fellow of the Institute of Chartered Accountants in England and Wales (FCA).

Certain individuals were required to attend Audit Committee meetings. These included the Trust Director of Finance & Information, senior representatives of the External Auditors of the Trust, senior representatives of the Internal Auditors of the Trust and the Local Counter Fraud Specialist (LCFS).

The table below records attendance at each meeting, including the last meeting of the 2018/19 cycle; the 2019/20 cycle has reduced to 4 meetings and is due to complete at the forthcoming meeting on 20 May 2020:

<b>Date of Meeting</b>	<b>Audit Chair</b>	<b>Other NEDs</b>	<b>Finance Director</b>	<b>External Auditors</b>	<b>Internal Auditors</b>	<b>LCFS</b>
<b>22 May 2019</b>	Yes	2	Yes	Yes	Yes	Yes
<b>19 August 2019</b>	Yes	2	Yes	No	Yes	No
<b>18 November 2019</b>	Yes	3	Yes	Yes	Yes	Yes
<b>18 March 2020</b>	Yes	2	Yes	Yes	Yes	Yes

Other individuals from the Trust are invited to attend meetings including the Chief Executive (for at least one meeting during the annual “round”) and the Director for Governance.

There have been a number of changes to the Committee during the year with Jonathan Hodgkin joining and then retiring and Gary Crowe joining. Lowell Williams has also joined the Audit Committee but is yet to attend his first meeting. All new appointments reflect an expansion of the Committee’s skill set.

The Committee is able to draw on the independent advice of the Trust’s auditors and any other officers or outside agencies it considers necessary. The Committee also met with both the External and Internal auditors in private during the year in order to ensure that they had the freedom to raise any issues of concern. These meetings centered primarily on the auditors’ assessment of business risks and the management of these; transparency and openness of working relationships with management; and confirmation that management had not attempted to place any restrictions on the scope of their audit work. There were no matters of significance to report as a result of these meetings.

#### **4. Internal Audit**

Internal Audit services for the 2019/20 year were provided by RSM and RSM have been appointed again, following a competitive tender, for a further 5 years. Internal Audit supports the work of the Audit Committee in two key areas:

- a) by providing an independent and objective opinion on the degree to which risk management, control and governance support the achievement of the Trust’s strategic objectives; and
- b) by providing an independent and objective service to help improve risk management, control and governance.

As is normal, a risk-based approach was taken to establish the internal audit plan for 2019/20. This took account of the strategic and operational risks relating to quality and safety issues; service delivery standards and targets; workforce; finance and business, as identified by both management and the Committee, as well as the need to review key financial systems. The plan is updated throughout the year.

The Committee noted, once again, that the risk from cyber crime is continuing to have a growing impact on the shape of the assurance the Committee is seeking. The Trust has maintained its ISO27001 accreditation.

Internal Audit has undertaken a number of advisory assignments as well as risk assurance assignments for which it issues a range of opinions between green (substantial assurance) and red (no assurance).

All issued reports have their agreed actions tracked and followed up, with Internal Audit providing a report on the progress made by management in implementing the agreed actions. The work undertaken is set out in an appendix to this report. Specifically, any assurance that is considered partial or providing no assurance is reported to the Board together with assurance around an action plan

As a result of this work, the proposed opinion from the Head of Internal Audit is that:

**“The organisation has an adequate and effective framework for risk management, governance and internal control.**

**However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.”**

Internal Audit also concluded, based on their work, that there were no significant internal control weaknesses that required reporting within the Trust’s Annual Governance Statement.

The further enhancements relate to those areas which provided less than substantial assurance but given Internal Audit is directed towards those more challenging or “uncomfortable” areas, this should not come as a complete surprise.

The Business Assurance Framework (BAF) continues to undergo modifications with the engagement of the whole Board.

## **5. Clinical Governance**

The core business of every NHS organisation is healthcare and consequently it is appropriate and necessary for the Audit Committee to consider the clinical objectives and risks in the Assurance Framework and report to the Trust Board on the controls and assurances relating to these. In a change to reporting arrangements, a Quality Improvement and Outcomes Report by either the Clinical Audit Manager or Medical Director now comes to the Audit Committee.

By the March 2020 quarterly report, 78 audits had been registered for the Medicine Division, 125 for the Surgery Division and 15 in Clinical Support.

The categories include National Audits, Mandatory Audits and Local Guidance. While the Audit Committee monitors the system of control, the learning is dealt with at the Quality and Safety Committee.

## **6. Counter Fraud Services**

The Local Counter Fraud Services (LCFS) have continued to provide a combination of fraud awareness newsletters and training, hold meetings with key managers and engage in active investigations. The essence of their work is preventative. The service has been provided by RSM and who have been re-appointed for a further 5 year (as noted above).

The LCFS concluded based on their work that there were no significant fraud risks that required reporting within the Trust's Annual Governance Statement.

## **7. External Audit**

This will be the fifth and last year that PriceWaterhouseCoopers (PwC) will have acted as external auditor to be succeeded by Grant Thornton following a competitive tender process.

The following audit risks were identified:

- Risk of management override controls
- Risk of fraud in revenue and expenditure recognition
- Valuation of land and buildings

Other material areas that are being considered include:

- Going concern – particularly this year and last year
- Use of resources and value for money
- The Trust Quality Report, which is reported on separately

The timetable for the work as well as the Quality Report are subject to further guidance as a consequence of the Covid-19 pressures.

The audit of the Financial Statements requires the setting of a materiality level in order to assess the impact of any adjustments that might be necessary.

The audit is planned on the basis that the Trust has an effective financial control environment and this is subsequently tested along with application of various substantive analytical procedures. They also take into account the work of the internal auditors. PwC issued an [unqualified] audit opinion which reflects that they had been able to satisfy themselves as to the truth and fairness of the financial accounts. [We have again seen reference to the “going concern” situation in the Trust’s accounting policies and PwC’s reference to this “material uncertainty” in their report].

The Trust is required to demonstrate its Economy, Efficiency and Effectiveness in its Use of Resources which PwC reported as [an “adverse modified value for money opinion” as a consequence of gaps in the Trust’s application of the principles and values of sound governance due to the CQC enforcement notices as well as the Trust’s financial performance].

As consequence of Covid 19 pressures, nationally, the formal Quality Report is not being reported for 2019/20.

## **8. Review of Audit Committee Effectiveness and Other Matters**

The Terms of Reference for the Audit Committee are reviewed annually. The next review was scheduled for March 2020, however this has been deferred with a view to combining an effectiveness review and objective setting once the membership of the audit committee has been settled. Whilst all Non-Executive Directors can attend meetings of the Audit Committee should they wish to do so, three specific Non- Executive Directors have been appointed to serve on the Audit Committee (and as noted above), in addition to the Chair of the Committee in order to provide the Committee with sufficient balance and experience.

Members of the Audit Committee have access to a number of training, development and networking opportunities through some of the larger private sector accounting firms as well as NHS Providers which, because of the technical and risk based work of the Audit Committee, they are encouraged to attend. In addition, given the changes in the Audit Committee (and also for the wider Board) this year, there have continued to be a series of development sessions run by our Internal auditors to highlight their work as well as a fraud awareness session.

## **9. Conclusion and Audit Committee Opinion 2019/20**

The Committee once again wishes to express its appreciation to everyone who has supported the work of the Audit Committee during the year and contributed to its effective functioning.

The Audit Committee considers it has obtained adequate assurance that the key controls and processes within the Trust, to ensure corporate and financial governance, continue to operate effectively and that this conclusion is supported by the reports of the Internal and External Auditors received by the Committee during the year. The recent CQC inspection has, however, highlighted areas in which the Audit Committee will be seeking further assurance in the future and there is further work has been agreed in the programme of the Internal Auditors.

The Audit Committee is able to provide reasonable assurance to the Trust Board that there are no major weaknesses in the Trust's risk management, control and governance processes. The Trust Board should however recognise that assurance given can never be absolute and systems and the assurances around them must continue to improve.

The Audit Committee reviewed the Trust's Annual Governance Statement and confirms, based on the information it has received, the statement is a balanced view of the Trust's systems of risk management, governance and internal control.

Richard Miner FCA  
Chair of Audit Committee  
May 2020

## APPENDIX B: SUMMARY OF INTERNAL AUDIT WORK COMPLETED 2019/20

All of the assurance levels and outcomes provided above should be considered in the context of the scope, and the limitation of scope, set out in the individual assignment report.

Assignment	Executive lead	Assurance level	Actions agreed		
			L	M	H
Follow up (Phase One) (1.19/20)	Tom Jackson, Director of Finance	Reasonable Progress	5 actions where the implementation is ongoing and 3 actions where they have not been implemented.		
Discharge Management (2.19/20)	Karen Kelly, Chief Information Officer	Partial Assurance [●]	5	7	0
Consultant Job Planning (Follow up) (3.19/20)	Julian Hobbs, Medical Director	Reasonable Progress	2	2	0
Patient Experience linking with Lessons Learnt from Complaints, Incidents and Claims (4.19/20)	Mary Sexton, Interim Chief Nurse	Advisory [●]	3	2	0
Radiology (5.19/20)	Karen Kelly, Chief Information Officer	Partial Assurance [●]	1	3	2
Payroll (6.19/20)	Tom Jackson, Director of Finance	Substantial Assurance [●]	2	0	0
Cash Receipting and Treasury Management (7.19/20)	Tom Jackson, Director of Finance	Substantial Assurance [●]	1	0	0
Data Security Protection Toolkit (8.19/20)	Tom Jackson, Director of Finance	Advisory [●]	2 Non categorised management actions		
Sickness Absence (9.19/20)	Andrew McMenemy, Director of HR	Partial Assurance	0	0	2

Assignment	Executive lead	Assurance level	Actions agreed		
			L	M	H
		[●]			
Journals and changes to Supplier details (10.19/20)	Tom Jackson, Director of Finance	Substantial Assurance [●]	0	2	0
Business Intelligence Function (11.19/20)	Karen Kelly, Chief Information Officer	Advisory [●]	2	3	0
	Tom Jackson, Director of Finance				
General Ledger and Financial Reporting (12.19/20)	Tom Jackson, Director of Finance	Substantial Assurance [●]	1	1	0
Creditor Payments (13.19/20)	Tom Jackson, Director of Finance	Substantial Assurance [●]	0	0	0
Cost Improvement Programme (CIP) – Delivery and Scrutiny (14.19/20)	Tom Jackson, Director of Finance	Reasonable Assurance [●]	1	4	0
Follow up (Phase Two) (15.19/20)	Tom Jackson, Director of Finance	<b>Little progress</b> in six of the areas considered, <b>reasonable progress</b> in one area, and <b>good progress</b> in six areas in implementing agreed management actions	12 actions where the implementation is ongoing and 3 where they have not been implemented.		
Care Quality Commission (CQC) (16.19/20)	Diane Wake, Chief Executive	Advisory [●]	2 non-categorised management actions		
Rostering (17.19/20)	Mary Sexton, Interim Chief Nurse	Partial Assurance [●]	6	1	2
Breast Screening	Karen Kelly, Chief Information Officer	Advisory [●]	Not applicable		
Board Assurance Framework	Liam Nevin, Board Secretary	Advisory [●]	Not applicable		

**Paper for submission to the Board of Directors on 11<sup>th</sup> June 2020**

<b>TITLE:</b>	<b>NHS Provider Licence Self- Certification</b>		
<b>AUTHOR:</b>	Liam Nevin	<b>PRESENTER</b>	Liam Nevin
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	x		
<b>RECOMMENDATIONS</b>			
<ul style="list-style-type: none"> <li>That the Board approve the draft Provider Licence Self- Certification</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
All			
<b>SUMMARY OF KEY ISSUES:</b>			
<p>The Trust is required to self-certify against a number of declarations in respect of its provider licence.</p> <p>The Declarations are required by NHSI/E but do not need to be submitted unless specifically requested by them.</p>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
N/A			
<b>RISK</b>	<b>N</b>		<b>Risk Description:</b>
	<b>Risk Register: N</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>N</b>	<b>Details:</b>
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Self- Certification Guidance for NHS Foundation Trusts and NHS Trusts
	<b>Other</b>	<b>N</b>	<b>Details:</b>

REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE: Audit Committee 16 <sup>th</sup> March and 20 <sup>th</sup> May

## **NHS Provider Licence Self-Certification**

### **Report to Board of Directors on 11 June 2020**

#### **1 EXECUTIVE SUMMARY**

- 1.1 The Board is required to make a number of declarations at the year- end. In respect of its annual plan the self-certification set out below is required.

The Declarations are required by NHSI/E but do not need to be submitted unless specifically requested by them. However, the declarations in respect of conditions 6 and 7 must be signed off by 31st May and the declaration in respect of condition 6 must be published by 30th June. However, guidance from NHSI/E is that in light of the current COVID-19 pandemic, NHS England/Improvement does not intend to undertake any audits of compliance against the self-certification requirements of the provider licence or to use enforcement powers in the event of a breach in this financial year. The draft declarations were considered by the Audit Committee at its meeting on the 20<sup>th</sup> May and prior to that on the 16<sup>th</sup> March.

- 1.2 The options available are “confirmed” or “not confirmed,” having considered the views of the Council of Governors. If the declaration is not confirmed the Trust are invited to provide summary explanatory information. The Council of Governors have been consulted on the proposed declarations and evidence for these and all respondents endorsed the judgements.

#### **2 BACKGROUND INFORMATION**

##### **2.1 Declaration 1:**

##### **General Condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)**

The Board is required to confirm it is compliant with the following certification, or explain why it can't certify itself as compliant.

**Following a review for the purpose of paragraph 2(b) of license condition G6, the Directors of the Licensee are satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the license, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.**

**It is recommended that a “not confirmed” declaration is made.**

The Trust has entered into enforcement undertakings that acknowledge that it is in breach of its license condition. The undertakings entered into by the Trust are set out a letter signed by the Trust and NHSI/E in February 2020, details of which were considered by the Board at its February 2020 meeting. In summary, the Trust received a Section 31 notice arising from the CQC inspection between January and February 2019 and a further Section 31 notice from the CQC in July 2019. However in August 2019 the CQC did remove one section 31 notice in relation to clinical review in the Emergency department. The existing S31 notices are being reviewed by the CQC with the intention to advise if they can be removed based on the assurance from the monthly data submissions.

In addition, in relation to operational performance the Undertakings cite delivery against the four hour emergency care standard, the 62 day cancer standard, and the diagnostic standard.

By way of explanatory information the Trust is already implementing a number of undertakings to secure compliance with its license conditions and has agreed to further undertakings in February 2020. These include:

- Ongoing support, challenge and monitoring of the CQC action plan with governance and oversight through the Achieving Excellence Group
- Remedial plans to achieve the Constitutional Performance Standards
- Implementation of a Quality Improvement Plan to address the concerns raised in the CQC reports

In addition, the Board are actively pursuing additional bed capacity in order to support the necessary improvements in performance standards.

### **Continuity of service condition 7 – Availability of Resources**

The Board is required to make one of the following three declarations<sup>1</sup>

**1a. After making enquiries the Directors of the Licensee have reasonable expectations that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.**

**1b. After making enquires the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources<sup>2</sup> available to it after taking account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box in section 3 below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested services**

**1c. In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.**

<sup>1</sup> The period of 12 months, is the 12 months from the date of the certificate

<sup>2</sup> Required Resources include: management resources, financial resources and facilities, personnel, physical and relevant asset guidance.

**It is recommended that a “confirmed” declaration is made.**

The Trust's financial operational plans, CIP programme and working capital requirements are under continued review. The Trust has an improved I and E and cashflow position since last years' declaration. In addition, whilst COVID will impose additional pressures on the Trusts resources in the first half of 2020/21, NHS Trusts are assured by central government and NHSI/E that resources will be made available to deal with the crisis. The situation is closely monitored by the Board.

## **2.2 Declaration 2:**

### **Condition FT4 - Corporate Governance Statement**

The Board is required to indicate it is compliant with the following statements, or if not, state why it is non-compliant. In addition, the Board is invited to identify any risks and mitigating actions in relation to each of the statements.

**1) The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.**

**It is recommended that a “confirmed” declaration is made** as the Board is assured from the work of the Audit Committee, its Internal and External Auditors and their opinions received during the year.

**2) The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.**

**It is recommended that a “confirmed” declaration is made** as the Trust Board Secretary has made the Board, Audit Committee and Executives aware of NHSI/E guidance and any impact/ improvements to be made within Trust systems as a result.

**3) The Board is satisfied that the Trust implements:**

**(a) Effective board and committee structures;**

**(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and**

**(c) Clear reporting lines and accountabilities throughout its organisation.**

**It is recommended that a “confirmed” declaration is made** with the risks and mitigations reflected below.

The Board has an established committee system and has recently re-introduced the Digital Trust Technology Committee. The work plans of each committee have been reviewed during the year and the exception reporting introduced for each Committee up to the Board is working effectively.

Risks/Mitigations: The Board have acknowledged the need to review the “Ward to Board” reporting arrangements in the Trust and have commissioned a Well Led Review.

**4) The Board is satisfied that the Trust effectively implements systems and/or processes:**

**(a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively;**

**(b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations;**

**(c) To ensure compliance with health care standards binding on the Licensee (including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions);**

**(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee’s ability to continue as a going concern);**

**(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;**

**(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;**

**(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and**

**(h) To ensure compliance with all applicable legal requirements.**

It is recommended that a “not confirmed” declaration is made.

The Trust is not currently compliant with paragraph 4c by virtue of the Enforcement Undertakings and Section 31 Notices referred to above.

In respect of the other measures in Condition FT4 the Board has both directly and through its Committee structure been assured that the Trust's designed systems of internal control have been operating effectively and as intended over the year. Where issues have arisen during the year, for example in respect of operational performance, timely actions have

been implemented to improve these areas. Assurance is routinely and regularly obtained as to the quality of the data supporting the Trust's performance reporting and decisions being taken and improvements have been introduced through the adoption of Statistical Process Control (SPC) reporting. The Board has approved the Trust's longer term Strategy and Annual Plan and has commenced a review of the Strategy. Key risks and associated assurance has been reported to the Audit Committee and Board during the year and the process has been subject to Internal Audit review which concluded positively over the Trust corporate risk and assurance processes.

**5) The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:**

**(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;**

**(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;**

**(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;**

**(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;**

**(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and**

**(f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.**

**It is recommended that a "confirmed" declaration is made** as there is clear leadership and accountability for the delivery of high quality and safe services within the Trust. The Board both directly, and through its Committee structures, ensures that a focus is maintained on the delivery of quality services. The Trust's Quality Priorities continue to be set in consultation with the Council of Governors and other stakeholders with regular reporting of the delivery against these priorities provided to the Board and the Council of Governors and our Commissioners.

**6) The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.**

**It is recommended that a "confirmed" declaration is made.** The Trust has strengthened the Board over the course of the year appointing four new non-executive directors and a Chief

Nurse. The Trust has also established a process that ensures that all Board Members are "fit and proper" persons. The Board through its Workforce and Staff Engagement Committee has been assured over the actions being taken to mitigate the workforce risks in relation to recruitment and retention. Regular reporting is provided to the Board on the Trust's compliance with the nursing safer staffing levels and the revalidation of its nursing and medical workforce.

### **2.3 Declaration 3: Training of Governors**

The Board is required to indicate it is compliant with the following statement or if not state why it is non-compliant.

**The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.**

**It is recommended that a "confirmed" declaration is made**

The governor training programme is constructed on a modular basis with the modules structured to support newly appointed and elected governors. These modules were run for the newly elected governors from the elections in quarters one and three as refresher for those returned for a further term of office and new governors. One to One support is in place for all new governors and buddying is encouraged for those more experienced governors to support newly appointed governors. Annual training on fire safety and Infection Control is offered across two sessions in the year allowing governors to attend at least one of these sessions. The Council of Governors Experience & Engagement Committee monitors the take up of induction and "mandatory" training, along with overseeing the content of the training programme utilising feedback from those attending the individual modules.

A series of engagement events supplement the training and enable Governors to attend strategy workshops with the Board, coupled with presentations from elements of the Trust on their service. The latest series of 'Meet our Experts' events have focused on the Corbett and Guest Outpatient Centres, Community Services, Podiatry, Dudley Rehabilitation Services, Children's Services, Falls team, Ophthalmology, Gastroenterology, Community Single Point of Access, End of Life and Dudley Improvement Practice. Members of the Council regularly participate in review and inspection activities including PLACE and Quality & Safety Review audits. They are also invited to attend Trust Board committees and working groups including the Patient Experience Group.

The Trust had worked with the Council of Governors to develop an engagement plan for 2020-2022 with the governors 'out there' initiative at its core supporting governors out and about in their respective constituencies. This is monitored by the Experience and Engagement Committee.

## **3 RISKS AND MITIGATIONS**

3.1 These are contained in the body of the report

## **4. RECOMMENDATION(S)**

- **That the Board endorse the draft Provider Licence Self- Certification**

Liam Nevin  
Board Secretary  
May 2020