The Dudley Group
NHS Foundation Trust

Board of Directors Meeting Public Papers

Thursday 9th July 2020

13.00 – 14.50

The Dudley Group
NHS Foundation Trust

BOARD MEETINGS
PUBLIC INFORMATION SHEET

The Dudley Group's Board of Directors ordinarily meet in public every month and welcomes the attendance of members of the public and staff at its Board meetings to observe the Board's decision-making process. However, due to the COVID-19 restrictions it is not currently possible to hold public meetings, although the Board of Directors will continue to publish the papers and minutes for these meetings. In addition, there is an option for members of the public to submit any questions they may have to the Board for consideration. Questions should be kept brief and to the point and sent to the following email link dgft.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 or may be obtained in advance from the following key contacts:

Helen Benbow
Executive Officer
The Dudley Group NHS Foundation Trust
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Liam Nevin
Trust Secretary
The Dudley Group NHS Foundation Trust
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2. Board Members' interests

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

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

3. Debate

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

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

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

4. Minutes

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

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

5. Future meeting dates

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

6. Accessibility

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

The Dudley Group
NHS Foundation Trust

THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

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

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

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

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

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

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

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

PUBLIC PAPERS

The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 9 July 2020 at 1.00pm
Clinical Education Centre
AGENDA

	Item	Paper ref	By	Purpose	Time
1	**Chairmans Welcome and Note of Apologies.**		Y Buckland		1.00
2	**Note of Apologies**		Y Buckland	For noting	1.00
3	**Declarations of Interest** Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	1.00
4	**Minutes of Previous meetings:** Minutes of 11 June 2020 Action Sheet 11 June 2020	 Enclosure 16 Enclosure 17	Y Buckland	For approval	1.00
5	**Public Chief Executive's Overview Report**	Enclosure 18	D Wake	For information & discussion	1.05
6	**Chair's public update**	Verbal	Y Buckland	For discussion	1.15
7	**Public Questions**	Enclosure 19	Y Buckland	For discussion	1.25
8	**Chief Nurse Update**	Enclosure 20	M Sexton	For assurance	1.35
9	**Integrated Performance Report**	Enclosure 21	K Kelly	For assurance	1.45
10	**QUALITY AND SAFETY** **Public Quality and Safety Committee Report**	 Enclosure 22	L Hughes	For assurance	 1.55
11	**FINANCE AND PERORMANCE** **Public Finance and Performance Committee Report**	 Enclosure 23	J Hodgkin	For assurance	2.05
12	**Charitable Funds Committee Report**	Enclosure 24	J Atkins	For assurance	2.15
13	**WORKFORCE AND STAFF ENGAGEMENT** **(i) Public Workforce and Staff Engagement Report** **(ii) Discussion with Staff Equality and Inclusion Network Leads**	Enclosure 25	J Atkins	For assurance	2.25
14	**DIGITAL AND TECHNOLOGY**				
14.1	**Public Digital and Technology Committee report**	Enclosure 26	C Holland	For assurance	2.35
15	**Any Other Business** Limited to urgent business notified to the Chair/ Board Secretary in advance of the meeting	Verbal	Y Buckland		2.45
16	**Reflection on meeting**		All		2.45

17	Date of Next Board of Directors Meeting: 10 September 2020				
18	**Meeting Close**				2.50

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

Enclosure 16

The Dudley Group NHS
NHS Foundation Trust

Minutes of the Board of Directors meeting Considering Public Papers held on Thursday 11th June 2020, in the Clinical Education Centre and by Remote Attendance

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)
Fred Allen, Lead Governor (FA)
Yvonne Peers, Governor (YP)

19/188 Note of Apologies and Welcome

No apologies were received. It was noted that whilst it had been intended to film the meeting a technical problem had arisen that prevented this and the intention was to address the issue and film the July meeting.

Fred Allen and Yvonne Peers were welcomed to the meeting.

At this point the Chair noted the tragic death of George Floyd and the extent to which this had highlighted wider systemic issues of discrimination. She stated that the Board was committed to the Trust being an open and inclusive organisation that delivered services that were sensitive to the diversity of the public it served. Prior to the recent demonstrations the Trust had begun to examine changes in staff involvement with the aim of developing a more inclusive culture. This had led to the establishment of staff groups for each minority area and the recruitment of an Equalities Officer to develop this work further. The newly appointed Chairs of these groups would be invited to address the Board in July.

19/189 Declarations of Interest

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

19/190 Minutes of the previous meeting held on 14th May 2020

It was RESOLVED

- **That the minutes of the meeting of the 14th May be agreed as a true and accurate record of the meeting.**

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19/191 Public Chief Executive Overview Report

DW set out the steps being taken in relation to the Restoration and Recovery programme and the rigorous infection control procedures in place as the Trust increased elective care services.

It was noted that a significant number of patients were declining appointments and the Trust was working hard to reassure the public and provide confidence that its infection control procedures provided a safe environment for care.

DW advised the Board that face masks would be obligatory in all parts of the hospital from the 15th June. Guidance was awaited and the Trust was ready to implement this.

GC congratulated DW for ensuring that all staff had received anti-body testing and asked what steps were being taken to ensure that risk assessments were of a consistently high quality.

JF advised that a consistency panel had been set up with membership from medical, nursing and workforce staff. The group ensured that any missing information was actively chased with a 48 hour turn-around.

GC further asked the continuing steps being taken to support care homes and DW advised that whilst the CCG were providing the main support in relation to infection control training the Trust had provided PPE, had ensured good communications in relation to admissions and discharges, and had shared items donated by the public with the care homes.

The Board noted that the Procurement Team had provided outstanding support during the COVID surge. They had made huge efforts to ensure that the Trust always had an adequate supply of PPE.

The Board and FA, on behalf of the governors asked that sincere thanks be passed on to the Procurement Team.

19/192 Chair's Public Update

The Chair advised that the system of communication established during the COVID surge had been continuing. This included weekly briefings to the governors and weekly NED/CEO briefings. A good relationship had been developed with the local MPs and the Board were grateful for their support.

There were also monthly meetings with NHSI and there was a strong focus on performance against constitutional standards. All Trusts had seen performance deteriorate as a result of

COVID-19 but the Trust had been advised that it was performing relatively well and NHSI were positive about its progress.

Board to Board meetings had been arranged with Dudley Integrated Healthcare Partnership and Black Country Health Partnerships which would explore opportunities for integrated services in Dudley.

19/193 Public Questions

No public questions had been received

19/194 Chief Nurse Report

MS summarised the report. The attention of the Board was drawn to the IPC Assurance framework which had been updated to reflect the challenges presented by COVID-19.This confirmed that the Trust had strong infection control practices and was either meeting standards or was implementing improvements that would ensure it did so.

RM stated that the document provided good assurance and questioned how the standards would be monitored. MS advised that this would be done through auditing of clinical teams with reporting to the Infection Control Committee.

JA noted that cleaning was undertaken by Interserve and he questioned how this relationship was managed to ensure satisfactory standards were maintained. MS advised that agreed standards were policed through individual wards. There had been some challenges with COVID-19 but Interserve had responded well to these.

It was **RESOLVED**

- **That the report be noted**

19/195 Integrated Performance Report

KK summarised the report and advised the Board that in relation to emergency access the Trust was currently performing well nationally. Recovery plans were in place for all constitutional standards and a significant proportion of patients were now being seen through virtual outpatient clinics with screening to identify those who needed to be seen in the hospital. In respect of RTT, performance against all specialties had deteriorated and there were concerns that some patients were not attending appointments. The Trust's objective was to return to pre-COVID levels by the end of March 2021 and trajectories for constitutional standards were based on this.

It was **RESOLVED**

- **That the report be noted**

19/196 QUALITY AND SAFETY

19/196.1 Quality and Safety Committee Report

LH summarised the key issues considered by the Committee as set out in the exception report. The work done in relation to the Gold Standards Framework was impressive and the Board commended Dr Jo Bowen and her team.

It was **RESOLVED**

- **That the report be noted**

19/196.2 Mortality Report

In introducing the report JHO stated that it was important to remember that behind all of the cases reviewed were grieving families who had lost loved ones often suddenly and in conditions of isolation.

258 patients had died as a result of COVID-19 and the Black Country had surged earlier than the rest of the country. The review had assessed whether the quality of care had been good and the planning and processes deployed had been effective. The Medical Examiners had been used to review a sample of deaths and the results had demonstrated a high standard of care with no excess mortality. In summary there was good assurance around the quality of care and increasing assurance around the avoidability of mortality.

The Chair noted the improvement in delayed discharges of care and emphasised the importance of this being maintained and JHO agreed stating that delayed discharges had a negative impact on mortality and also a secondary impact on those needing admission to hospital.

It was **RESOLVED**

- **That the report be noted**

19/197 FINANCE AND PERFORMANCE

19/197.1 Finance and Performance Committee Report

JHO summarised the exception report and advised that further work was being done by the Finance Team on recasting budgets to help with the assessment of financial performance.

TJ stated that it was likely that the current block contract or a variant of it would continue for the rest of the financial year. Different models were being developed involving services being delivered from all Trust sites, with both elective work and COVID treatment being provided.

It was **RESOLVED**

- **That the report be noted**

19/198 WORKFORCE AND STAFF ENGAGEMENT

19/198.1 Workforce and Staff Engagement Report

JA summarised the exception report from the Committee and

It was **RESOLVED**

- **That the report be noted**

19/199 GOVERNANCE

19/199.1 Public Audit Committee Report

RM summarised the Committee exception report and advised that the annual Audit Committee report was included in the papers for assurance. In addition the annual self-certification against licence conditions had been endorsed by the Committee.

19/199.2 NHS Provider Licence- Self-Certification

LN advised that a "confirmed" declaration be made against 7 of the standards based on the evidence contained in the declaration and that this was an improvement on the previous year. It was noted that two declarations were "non-confirmed" as they related to breaches of licence conditions. It was noted that a meeting was being held on the 16th June that would consider whether the section 31 notices could be lifted and in that event the declarations could be "confirmed."

It was RESOLVED

- **That the NHS Provider Licence Self-Certification be approved as presented. However, if the section 31 notices were lifted as summarised in the preamble to this minute then all declarations would be "confirmed".**

19/200 Any Other Business

There was no other business

Date for the Next Meeting - 9 July 2020

Signed ……

Date …….....

Enclosure 17

The Dudley Group NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors Public Session
Held on 11 June 2020

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
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	To be signed off at the Workforce Committee on 30th June
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 to September Board
19/194	Chief Nurse Report	IPC Assurance Framework to be periodically reviewed by the Board through Quality and Assurance Committee	MS	October 2020	Not Due

Enclosure 18

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 9th July 2020

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

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

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

RECOMMENDATIONS

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

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Coronavirus
- Charity Update
- Inclusion Update
- HSJ Awards
- Visits and Events
- National News
- Regional News

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

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

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

Chief Executive's Report – Public Board – 9th July 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)

Face Coverings

Following the announcement by the Secretary of State for Health and Social Care, we implemented new infection prevention and control (IPC) measures on the use of face masks on 15th June 2020 to help prevent the spread of COVID-19 infection.

This means patients and visitors to our hospital and outpatient sites must wear a face covering when they enter our premises.

The guidance advised that in all settings on Trust-owned premises that are not COVID-19 secure, all staff working at the Trust, including volunteers and contractors, must wear a surgical mask at all times when not otherwise required to use PPE to prevent the spread of infection from the wearer.

A COVID secure area is one where patients or visitors do not have access, for example, non-clinical offices, staff can consistently work more than 2m from any other person and have adequate ventilation, hand rub and decontamination wipes are available.

Temperature Checking

Providing an extra level of assurance, are staff are also required to check their temperature on a daily basis. We have set up temperature checking stations across the Trust with no contact thermometers.

Here For You Video

We are working hard to give patients the care they need during these unprecedented times. Patients can be confident we are doing everything to keep them safe in our care. As well as asking patients to wear face coverings, social distancing is being observed with everyone being asked to keep left in corridors. We have produced a short video explaining all the measures we have taken to reassure our patients. It can be viewed from the front page of our Trust website https://www.dgft.nhs.uk/ and on our Facebook Page @DudleyGroupNHS

Inclusion Update

The Board is committed to its role championing equality and inclusion and we recently wrote to every single member of staff about the part we all play in addressing head-on the impact of racial inequality affecting our Black, Asian and Minority Ethnic (BAME) colleagues, families, friends and communities.

Recent events have highlighted that the discrimination and inequality experienced by people of BAME heritage continues with the recent killing of George Floyd. A report from Public Health England highlights the disproportionate number of people of BAME heritage dying of COVID-19 and it is extremely troubling to us and I know will have caused more anxiety and concern for our BAME colleagues. We have undertaken risk assessments with BAME colleagues during COVID-19 pandemic to ensure our staff are appropriately protected.

If Covid-19 has taught us anything it is that anything can be changed quickly and nothing is impossible so we should use our experiences to ensure we act together to make equality and inclusion core to everything that we do. We can no longer accept inaction as acceptable behaviour as that only serves to make us complicit.

Before the recent tragic events, that have bought inequality and discrimination to the forefront once again, we had taken steps in establishing inclusion networks, actively championed by the Board. We have formed an inclusion network for staff who identify as Lesbian, Gay, Bisexual, Transgender, Questioning- Plus (LGBTQ+) and a network for our BAME staff. We understand that the experiences of staff from diverse backgrounds can often be very different and at times challenging; therefore, our inclusion networks will help inform the Trust's leadership network and influence decision making, as well as actions and interventions to accelerate our progress in building an inclusive, diverse culture that is reflective across all levels of the organisation.

This is part of an ongoing model of staff engagement which we have reinvigorated post-COVID with feedback sessions throughout July. They follow on from the enhanced staff health and wellbeing support offered to our staff during these challenging times.

Health Service Journal Awards

I am delighted to announce that a successful initiative to improve pre-operative iron deficiency anaemia has been shortlisted in the national Health Service Journal Patient Safety Awards 2020. The entry has been shortlisted in the category of Perioperative and Surgical Care Awards. This year the awards will take place virtually as part of the Patient Safety Virtual Congress and Awards in November 2020.

Visits and Events

10th June 2020	Health and Adult Social Care Scrutiny Committee
11th June 2020	Board of Directors
15th June 2020	Dudley System Review
17th June 2020	LGBT Network Attraction Event
19th June 2020	Virtual Meeting with MP's
22nd June 2020	Community Briefing
24th June 2020	BAME Network Attraction Event
25th June 2020	Live Chat

25th June 2020	Health Futures Partnership Board
26th June 2020	Dudley Group NHSFT/ Dudley Integrated Health & Care Board to Board Meeting.
26th June 2020	Council of Governors Quarterly meeting.
1st July 2020	Live Chat
1st July 2020	Dudley Health and Wellbeing Board
2nd July 2020	A&E Delivery Board

National NHS news

UK coronavirus death toll passes 50,000, official figures show
The UK reached a grim milestone in its battle with coronavirus on Tuesday, as the death toll passed 50,000, according to official figures. The tally comes 10 weeks after the nation went into lockdown and confirms Britain's status as one of the countries worst hit by a pandemic that has claimed about 375,000 lives globally. **The Guardian (02.06.20)**

GPs told not to direct any Covid-19 patients to NHS 111. Patients that call their practice rather than contacting NHS 111 about coronavirus should not be redirected to the national service, NHS England has said. The GP standard operating procedures have been updated to say that practices must assess any patients that contact them directly, although symptomatic patients are still being directed to NHS 111 'in the first instance'. Pulse (02.06.20)

NHS England to start issuing cervical screening invitations again from this month
Women stopped being sent invitations from 9 April but the NHS will begin issuing them again 'from around 6 June', according to a document drawn up by Public Health England outlining how to restore cervical screening services. **Nursing in Practice (03.06.20)**

NHS test-and-trace system 'not fully operational until September'.
The NHS coronavirus test-and-trace system designed to prevent a second deadly wave is not expected to work at full speed until September or October, the Guardian has learned. Tony Prestedge, the chief operating officer of the NHS scheme, admitted in a webinar to staff that the programme would be "imperfect" at launch, adding that he hoped it would be operational at a world-class level within three to four months. **The Guardian (04.06.20)**

NHS facing more cyberattacks since coronavirus outbreak, GCHQ boss says
Jeremy Fleming told the Cheltenham Science Festival that GCHQ's cybersecurity arm, the National Cyber Security Centre (NCSC), had been supporting the health sector after it had been targeted by hackers. He said that, although the attacks were not any more sophisticated than previous hacking attempts, there were clear efforts being made to access sensitive data linked to the UK's response to the pandemic, such as vaccine research. **Express and Star (04.06.20)**

Face masks and coverings to be worn by all NHS hospital staff and visitors
All staff in hospitals in England will be provided with surgical masks which they will be expected to wear from 15 June. All visitors and outpatients must wear face coverings at all times. **GOV.UK (05.06.20)**

NHS launches new online support tools for people with diabetes. NHS England have announced the launch of new online tools for people living with diabetes which are now available on the NHS to help people manage their condition during the coronavirus pandemic. In an effort to help people manage their condition online, three new services are to be made available with a range of online videos and training available on each app for children and adults. **National Health Executive (10.06.20)**

NHS examines new deal with private hospitals to clear waiting lists. Private hospitals taken over by the government during the Covid-19 crisis are in talks about extending the arrangement for up to two years, as the NHS attempts to relieve growing pressure on patient waiting lists. Financial Times (15.06.20)

'Itching neck, parched throat': Kenyan living in UK narrates virus journey. One woman known as Cate Mimi has gone the extra mile to tell Kenyans to take the disease seriously after she discovered she had Covid-19. Mimi, is a Kenyan living in the United Kingdom and she tested positive on May 16. The Star **(29.06.20)**

NHS rolls out additional support for pregnant BAME women. After new analysis showed pregnant black women were eight times more likely and Asian women four times as likely to be admitted to hospital with Covid-19, the NHS is rolling out additional support for pregnant women of a Black, Asian and Ethnic Minority (BAME) background. **National Health Executive (29.06.20)**

Empower your superheroes to power your organisation. The year 2020 has been nothing short of cataclysmic for the entire world. Not a single person would disagree that Covid-19 has changed everything. While being in the middle of it all, desperately trying to look after the sick and the frail, it is sometimes hard to take a step back and remember what is actually the most important for you and your healthcare organisation. Between February and May 2020, Quinyx conducted a survey of 1,200 deskless workers across the UK to get insights about their work, wellbeing, overall health, wants and needs, both pre- and during the pandemic. **National Health Executive (29.06.20)**

University of Exeter awarded £1m rare diabetes research funding. Funding of almost £1m has been awarded to scientists at the University of Exeter to study a rare genetic form of diabetes, with a view to definitively identify a new form of the condition. **National Health Executive (29.06.20)**

NHSX offers £3m tender to phase out pagers. The National Health Service (NHS) has put out a multi-year contract for tender for a company to support its ambitions to phase out pagers by 2021 and implement a replacement system. Worth £3 million, the contract seeks to recruit an organisation to design a framework for a secure messaging system with image sharing, call functionality and a staff directory linked the global NHS address book. **IT PRO (29.06.20)**

Governments step up testing as number of new coronavirus cases surges
Governments were stepping up testing and warily considering their next moves Monday as the number of newly confirmed coronavirus cases surges in many countries. India reported 20,000 new cases Monday, while the U.S. confirmed more than 40,000 new infections for the third straight day. As infections rise in the northern hemisphere, many governments are stepping up testing and mulling more aggressive moves such as renewed lockdowns to stem fresh outbreaks. **WOWT (29.06.20)**

Regional NHS News

Lab wrongly reports hundreds of West Midlands coronavirus tests as positive.
Hundreds of people were wrongly reported as having tested positive for coronavirus in the Black Country due to an error in laboratory reporting. The number of confirmed coronavirus cases in the Black Country decreased by 10 per cent as a result of the mistake**. (Express and Star 02.06.20)**

Second former Carillion hospital bracing itself for covid-19 delays.
The West Midlands hospital stalled by Carillion's collapse two-and-a-half years ago looks set to be delayed by the covid-19 crisis. Documents published ahead of tomorrow's Sandwell and West Birmingham Hospitals NHS trust board meeting have revealed there are concerns about the pandemic causing further delays to the Midland Metropolitan hospital project. **(Building.co.uk 03.06.20)**

MP Mike Wood launches poster competition to thank NHS heroes. The News has teamed up with Dudley South MP Mike Wood to say a big thank you to dedicated NHS workers for their tireless work on the frontline during the coronavirus crisis. Mr Wood is inviting school children to get creative and design a poster to say thank you to hard-working doctors, nurses, cleaners, cooks, porters and all the other staff working in the NHS. **Dudley News (04.06.20)**

Dudley has the West Midland's lowest Covid-19 rate — but almost 300 have still died. Dudley has suffered fewer cases of Covid-19 than any other Black Country authority – but almost 300 people have still loss their lives to the pandemic. The human cost of the coronavirus will be discussed by the council's Health and Adult Social Care Scrutiny Committee, at its first public meeting since the national lockdown was introduced in March. **(Birmingham Live 04.06.20)**

Consultations of video and virtual waiting rooms prove a success. Video consultation calls and virtual waiting rooms are helping to ensure patients in Dudley get the care they need during the Covid-19 pandemic. The Dudley Group NHS Foundation Trust, which runs Russells Hall Hospital, outpatient centres and healthcare services in the community, introduced the technology during the coronavirus lockdown. The trust will be keeping the system going as it moves to new ways of providing healthcare post-coronavirus. **(Express and Star 05.06.20, also Dudley News 05.06.20)**

Flowers to thank hospital staff. More than 1,900 flowers have been donated by a group to say ‘thank you’ to a hospital. Halesowen in Bloom, an award-winning initiative, thought of the idea as a way to reward and praise workers at Russells Hall Hospital. Now the colourful flowers have been planted and arranged to reveal a special ‘thank you’ message. **(Express and Star 08.06.20)**

Black Country fundraising duo resume rehearsals. A pair of well-loved musical fundraisers have rehearsed for the first time since lockdown. Musician and performer Tom Stanton, one of half of duo Blue Granits, has continued to raise money for the diabetes unit at Russells Hall Hospital, by writing songs ready to perform after lockdown. He is in his 70s and is diabetic so has been in the at risk category meaning he has faced a tough lockdown at home and has been unable to go out. **(Express and Star 08.06.20)**

West Midlands charities receive £4,000 in donations from business lender. An alternative business lender has donated thousands of pounds to local charities during the coronavirus pandemic. Wolverhampton-based BCRS Business Loans, which supports businesses right across the West Midlands that are unable to access finance from traditional lenders, has donated £4,000 to charitable organisations. So far, eight charities have been supported via donations, including: Beacon Vision, Black Country Foodbank, Cannock Foodbank, Compton Care, The Haven, Kidderminster Foodbank, Russells Hall Hospital and The Well Wolverhampton. **(Express and Star 09.06.20)**

Ben does his bit for lung charity. A pulmonary rehabilitation patient has been completing 20 laps of his home every day to raise funds for charity. Ben Judd, a patient at The Dudley Group NHS Foundation Trust, has been waling 1.5 miles a day for the Breathe Easy Charity – a local support group for patients with chronic lung disease. **(Express and Star 09.06.20)**

Revealed: Dudley health bosses planned for pandemic one month before Covid-19. Black Country health bosses planned for a pandemic emerging from China one month before the outbreak of coronavirus, it has been revealed. Dudley Council and Dudley NHS Trust, which runs Russells Hall Hospital, held Exercise Perinthus on November 13 last year. The planning exercise was based on a "a scenario of an emerging pandemic originating from central Asia’. **(Express and Star 10.06.20)**

Building society helps hospital with donation. Dudley Building Society has launched its ‘Giving Back’ community initiatives for 2020-21 with an immediate donation to Russells Hall Hospital of 1,000 washbags and toiletries in response to the current crisis as well as donations to five local care homes. **(Express and Star 12.06.20)**

West Midlands will see second wave of Covid-19, health boss says. There is no question that the West Midlands will be hit by a second wave of Covid-19 cases, a top health official has warned. The blunt warning was delivered to Sandwell health chiefs as new data emerged to show that the local infection rate is no longer falling. Dr Lisa McNally, director of public health for Sandwell Council, told a meeting of Sandwell Health and Wellbeing Board despite a dramatic fall in cases since April, the disease appeared to be fighting back. (Express and Star 12.06.20)

A second wave inevitable, warn public health chiefs. Hospitals are gearing up for a busy winter period with patients warned of long waiting times due to coronavirus and seasonal flu. The combination of the Covid-19 pandemic coupled with seasonal winter flu could stretch hospitals and doctor's surgeries beyond capacity in the Black Country, it has been warned. **(Express and Star, 16.06.20)**

Visiting restrictions to remain at Russells Hall Hospital. Visiting restrictions will remain in place at Russells Hall Hospital despite the easing of coronavirus lockdown measures. While shops and attractions may be getting set to reopen next week, the ban on general visiting will continue at the Dudley hospital where 257 patients with COVID-19 have now died since the pandemic began. **(Dudley News 12.06.20)**

Virus rate kept at bay in Dudley. Coronavirus infection rates in Dudley were significantly lower than neighbouring areas, figures reveal today. The borough was among the first in the West Midlands to confirm a case, but has since managed to reduce the impact. (**Express and Star 12.06.20)**

A&E visits in Black Country and Staffordshire sink to lowest in decade Visits to A&E across the Black Country and Staffordshire are on the rise, but still remain well below pre-pandemic levels, new figures show. Medical chiefs have said it is "incredibly worrying" that patients have not been using the NHS as much as usual. **(Express and Star 18.06.20)**

Medical chiefs reassure the public as many choose to avoid A&E. Medical bosses have reassured patients that hospitals still remain a safe place to visit – as lockdown restrictions ease. While more people are now visiting A&E when needed, compared to April, the number is still half of that compared to last year due to the public's concerns about Covid-19. **(Express and Star 18.06.20)**

Disney Day delight for young patients at Russells Hall Hospital. Disney characters visited children in hospital to brighten their day. The staff wore matching face masks to their costumes as part of Disney Day at Russells Hall Hospital, which was held to show the youngsters that hospital can be fun**. (Express and Star 26.06.20)**

Coronavirus resurgence can be tackled by 'local reaction' claims West Midlands Mayor. The mayor of the West Midlands has insisted there would be a "local reaction" to respond to localised spikes in coronavirus cases. Andy Street, a Tory, made the comments on BBC Newsnight. Mr Street has been in the role since May 2017. **(Daily Express 26.06.20)**

Trial patients helped to develop life-saving drug. Dozens of patients across the Black Country and Staffordshire have taken part in the coronavirus trial which found the first life-saving drug. The drug, dexamethasome, is a major breakthrough in the fights against the virus, UK experts say. **(Express and Star 27.06.20)**

Woman who gave birth at Russells Hall Hospital during pandemic reassures new mums A new mum who gave birth at Russells Hall Hospital at the height of the coronavirus pandemic has spoken out about her experience to reassure other expectant mothers. Claire Flavell gave birth to daughter Cassie during lockdown and has shared her experience to allay the fears new mums may have about giving birth in hospital with COVID-19 safety restrictions in place. **(Dudley News 27.06.20)**

West Midlands Ambulance call assessor snapped in top photographer Rankin's Covid NHS collection. A second year medical student who trained to become a call assessor when the coronavirus pandemic struck is among just 12 NHS staff to be featured in a photography collection by celebrity photographer Rankin. Jack Hannay-Manikum, whose work covers all of the West Midlands except Staffordshire, was studying at University of Birmingham when the outbreak resulted in his course being put on hold. (**Express and Star 29.06.20)**

Warning of measles outbreak after children miss vital jabs in lockdown. Thousands of children could be at risk of measles after missing out on vital jabs during lockdown, experts have warned. Immunisation dropped by around 20 per cent during the first three weeks of lockdown, scientists from Public Health England and the London School of Hygiene and Tropical Medicine found. In regions such as London and the West Midlands immunisation fell even further, meaning many more children are at risk**. (The Sun 29.06.20)**

Enclosure 19

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors
9th July 2020

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

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	X

RECOMMENDATIONS:

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

CORPORATE OBJECTIVE:

All

SUMMARY OF KEY ISSUES:

Public Questions

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

We have provided a facility for governors and members of the public to submit any questions they may have to the Board for consideration. Questions should be kept brief and to the point and sent to the following email link dgft.foundationmembers@nhs.net

Questions received:

Mark Knowles – Foundation Trust Member

Q. What is the Boards view on the current lack of a GP surgery in the Pensnett area, given that this will be putting extra strain on the walk in centre and A&E? Will the Board be making a representation to Dudley CCG?

A. Whilst the Trust continues to work closely with its partners in the local and wider healthcare economy, the commissioning of GP services remains outside its remit. The Trust closely monitors the Emergency Department attendances data which presently would not indicate any significant impact of the relocation of GP services from High Oak Surgery

Yvonne Peers – Public Elected Governor : North Dudley

Q.It has been reported in the national news that the Test and Trace app indicates that Dudley is an

emerging hotspot along with Walsall. Can the Board confirm that this is correct? What steps have been taken to ensure that the Trust is fully prepared should a second surge occur.

A. This will be answered in the meeting as part of the Chief Executives update.

Rex Parmley – Public Elected Governor : Halesowen

Comment: Rex has asked that a note be made of the following: he is content that the Board is covering all bases at present and is happy with the level of engagement and communication provided for governors adding that when he has had a reason to raise a query, the response has always been provided in a timely manner.

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

Enclosure 20

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors July 2020

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

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

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

RECOMMENDATIONS

For the Board to review and note the exceptions presented.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

1. The Chief Nurse has professional responsibility for nurses, midwives and Allied Health Professionals (AHPs) within the Trust however, does not operationally manage the majority of these staff. The oversight and management of staff within the Trust is within the divisional management structure, which reports to the Chief Operating Officer (COO) via the Divisional Directors.
   1.1 **Appendix 1** Staffing data
2. The newly reformatted Chief Nurse report relates directly to the nursing and midwifery strategy ***Progress and Pride*** and links closely to the allied healthcare professional strategy ***Allied Healthcare Professionals, Many skills one*** **focus,** These strategies form an integral part of our overall strategic objectives outlined in the trust's three-year strategy ***Care better every day.*** These strategies outline our aims for what we want to achieve and what patients and staff can expect both now and over the next 3 years in respect of nursing and midwifery practice.

   This report will use the nursing and midwifery strategy template to provide the board with information and progress on the work being undertaken by nursing, midwifery, and AHP staff to achieve our key priorities and objectives.

Nursing and Midwifery strategy work streams:

Care: Deliver safe and Caring Services

Compassion: Deliver a great patient experience

Competence: Drive service improvements, innovation and transformation

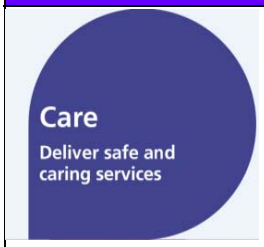
Commitment: Be the place people choose to work

Communication: Make the best use of what we have

Courage: Deliver a viable future

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

Care Deliver safe and caring services



Falls - There were 77 inpatient falls in May 2020, which is a very slight increase from the 75, which occurred in April. One serious incident has occurred following an inpatient fall (head injury sustained) the Root Cause Analysis investigation is ongoing.
The Falls Prevention and Management Group has been reinstated utilising Microsoft teams. New actions agreed include improving compliance with post fall neurological observations.

Tissue Viability - There have been no avoidable category 3 or 4 pressure ulcers reported in May 2020, virtual training opportunities are being trialled within the tissue viability team to ensure continued training takes place and maintains compliance levels.

Quality and Safety Reviews – The Quality Review and Improvement Lead continues to develop a more focused approached that allows triangulation with the CQC *should dos* and *must dos* whilst combining a review of quality key performance indicators. A pilot of the new review process will take place in July.

Compassion Deliver a great patient experience

Allied Healthcare Professionals (AHP) - The Dudley Group Dietetic team in collaboration with Pharmaceutical Public Health Team has run a successful early implementer trial to introduce first contact practitioner in the primary care networks as an extension to the existing Community Dietetic provision. The Primary Care Network Dietitians work as a member of the primary care team to reduce demand on GP time, referrals to secondary care and hospitalisations. In addition, this model will improve compliance with Borough wide formularies through promoting a food first approach to deliver short-term cost savings in nutritional borderline substances and long-term improvements in health outcomes.

Complaints -During May 2020, the Trust received 38 new complaints, in comparison to 31 opened for April 2020 Focus continues on the closure of complaints and at the time of writing this report, the divisions had closed 55 complaints in month.

Compliments – There was an increase in compliments in May with 387 compliments compared to 280 in April. Year to date there has been a sustained increase in compliments received.

Mental Health - There were 2 patients detained under the Mental Health Act during May 2020. One patient was on a section 3 and was placed on S17 leave, which did not have an end date. A Section 17 is formal permission for a patient who is detained in hospital, to be absent from the hospital for a period of time; patients remain under the power of the Mental Health Act when they are on leave and can be recalled to hospital if necessary in the interests of their health or safety or for the protection of others.
The second patient was on a 5 (2) and was referred to the acute mental health trust.

Patient Experience –The COVID Family Support Service continues to work well receiving a steady amount of calls and contacts. The number of concerns received after 1800 hours had decreased and the service has now reduced its contact hours from 0800hrs to 1800hrs.
What Matters to You - We are continuing to deliver our 'What Matters to You' campaign and we have reached 100 twitter followers. There has been an increase in patients posting positive comments on Patient Opinion and via SMS text messages.

Friends & Family (FFT) responses have increased in May with 2,787 responses received across all areas, in comparison to 1,638 responses received in April. Work continues to increase our FFT responses.

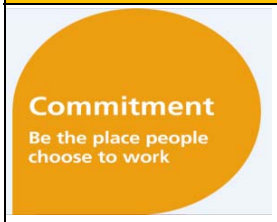
Competence Drive service improvement, innovation and transformation

Professional Development –The professional development team continues to work on restarting development programmes, put on hold during COVID-19. Social distancing remains challenging, as does the removal of the practice development room currently being used for the storage of personal protective equipment this means it is no longer available for classroom teaching, this issue is being taken to the space utilisation group for discussion as once full cohorts of students return we will not have sufficient training rooms. The team is exploring blended and virtual learning opportunities.

Communication Make the best of what we have

Infection Prevention and Control (IPC)
The IPC team continue 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.
As of 11.05.20, the trust IPC training compliance was 88%. The reduction in compliance is due to the cancellation of several face-to-face training sessions due to COVID 19. There is now a direct link for the mandatory IC training on the HUB making it easier for staff to access e-learning and face to face sessions have been recommenced in May 2020 albeit with social distancing measures

Commitment - Be the place that people choose to work



Agency Controls - All bank and agency requests continue to be assessed by the Divisonal Directors with support from the Divisional Chief Nurses. 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 to ensure the safety of our patients and staff. 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.

Recruitment – Face to face recruitment events are currently suspended due to COVID-19. Due to social distancing we will now be running our recruitment events virtually, each event will be hosted on Microsoft teams and candidates will be invited to express their interest for which clinical areas and their details will then be passed to the areas and arrangement will be made to set up an interview. Each team will be asked complete a short 1-2 minute video showcasing their area and why it's great to work there letting the candidate know about the area and the team they could come to work with. We aim to get all these videos in and edited by the end of July.

Safer staffing – The qualified staff fill rates for May were 86% during the day and 80% during the night; this is the same as last months figures ; this continues to be reflect the reduction in staff availability due to COVID -19.. The overall qualified fill rates was 83%, the target fill rate for qualified staff is set at 90%. All areas are within the agreed variation of 6.3 or more for the CHPPD (care hours per patient day. Overall the

Trust CHPPD is 11.93 for May 2020 (qualified and unqualified). Staffing numbers continue to be reviewed twice a day at the safety huddles facilitated by the Divisonal Chief Nurses. Daily asssessment of patient acuity and dependency continues in our inpatient units.

Year of the Nurse and Midwife - Work to prepare for the year of the nurse and midwife celebrations have recommenced and a provisional date of the 17th September has been reserved to hold this year's celebration of Nursing & Midwifery conference. A number of virtual working groups have been set to ensure that the content of this event is relevant and meets the needs of nurses and midwives.

Allied Healthcare Professionals (AHPs) The Black Country AHP Council chaired by the Deputy Chief AHP has secured a £100k strategic bid from Health Education England to increase AHP student placements across the Sustainability Transformation Partnership (STP) to help develop our future workforce.

Working in collaboration with the University of Wolverhampton and MPFT (Midlands Partnership Foundation Trust) the project is focused on benchmarking the current placement offers across providers, establishing the potential and scoping new models of student placement. It is hoped that the project will lead to increased AHP courses in the Black Country region supporting local people to train and work in healthcare professions at Dudley Group and other Black Country health, social care and PIV organisations.

Professional Development – Students on extended placements will continue to work in the trust until July 31st. After that, students who have accepted a substantive post within the trust will be offered the opportunity to continue working in the trust at band 4 until their NMC registration comes through. Work continues to engage other students who have not yet accepted substantive posts within the trust and a number of student engagement sessions have been set up to help facilitate this.

Uniforms – Work has recommenced to rationalise the number of uniforms worn by clinical staff. This will provide clarity to our patients and visitors with the majority of registered nurses wearing a blue uniform with their designation clearly embroidered on their uniform. AHPs uniforms will also be rationalised and the final design will be confirmed shortly. A task and finish group has been set up and has now recommenced following COVID 19, and we are working with our Interserve partners to ensure a smooth transition.

Courage – Deliver a viable future

Safeguarding - Work continues with leads across the trust to improve safeguarding level 3 training compliance. The following new safeguarding policies have been disseminated to senior leads across the Trust -

- Chaperoning
- Managing allegations against staff
- Safeguarding supervision

Recruitment is underway to Safeguarding Administrator role, Lead Nurse for Child Mortality and Named Nurse for Safeguarding Adults

The Dudley Group NHS Foundation Trust

Appendix 1

Safer Staffing Data

Safer Staffing Summary **May** Days in Month 31

	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW					Actual CHPPD				
Ward	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**	**Qual Day**	**UnQual Day**	**Qual N**	**UnQual N**	**Sum 24:00 Occ**	**Average Occupancy**	**Registered**	**Care staff**	**Total**
B1	152	115	144	71	104	58	124	77	75%	49%	56%	62%	373	46%	5.26	4.54	9.80
B2(H)	180	121	230	157	115	79	189	139	67%	68%	69%	74%	683	73%	3.51	5.09	8.59
B2(T)	146	93	144	111	111	66	114	78	64%	77%	59%	69%	485	65%	3.92	4.69	8.61
B3	218	173	175	140	150	133	148	137	79%	80%	89%	92%	732	56%	4.90	4.54	9.44
B4	257	222	245	207	151	121	193	173	86%	85%	80%	90%	510	34%	7.85	8.95	16.80
B5	208	177	157	124	173	128	91	80	85%	79%	74%	88%	351	47%	10.61	6.80	17.41
C1	243	207	252	256	181	144	182	157	85%	102%	79%	86%	1,265	85%	3.25	3.92	7.17
C2	274	238	60	70	240	215	61	60	87%	117%	90%	98%	226	24%	23.52	6.73	30.25
C3	206	196	372	340	185	169	329	306	95%	92%	91%	93%	1,419	88%	3.09	5.34	8.43
C4	158	138	65	66	120	87	60	73	88%	101%	73%	122%	435	64%	6.05	3.69	9.74
C5	244	190	251	225	210	154	215	176	78%	90%	73%	82%	944	63%	4.43	5.09	9.52
C6	93	81	90	73	60	60	89	57	87%	81%	100%	64%	341	55%	4.84	4.59	9.43
C7	218	205	222	184	210	170	228	197	94%	83%	81%	86%	888	80%	4.95	5.14	10.09
C8	313	216	224	208	271	217	197	187	69%	93%	80%	95%	1,123	82%	4.53	4.22	8.75
CCU_PCCU	242	192	77	56	366	175	80	37	80%	74%	48%	46%	444	55%	9.72	2.53	12.24
Critical Care	538	510	82	59	544	461			95%	72%	85%		188	38%	61.98	3.75	65.73
EAU AMU 1	527	431	444	398	476	373	420	368	82%	90%	78%	88%	1,775	95%	5.31	5.18	10.49
Maternity	874	808	220	199	510	473	189	164	92%	91%	93%	87%	745	55%	16.29	5.72	22.02
MHDU	175	185	35	55	174	173	3	21	106%	157%	100%	700%	150	48%	28.70	5.71	34.40
NNU	155	141			144	128			91%		89%		305	55%	10.55	0.00	10.55
TOTAL	**5,419**	**4,639**	**3,487**	**3,000**	**4,494**	**3,584**	**2,912**	**2,486**	**86%**	**86%**	**80%**	**85%**	**13,382**		**7.05**	**4.87**	**11.93**

Enclosure 21

The Dudley Group
NHS Foundation Trust

Paper for submission to the Public Board on 9 July 2020

TITLE:	**Integrated Performance Report for Month 2 (May 2020)**		
AUTHOR:	**Board of Directors**	**PRESENTER**	**Karen Kelly** **Chief Operating Officer**

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

ACTION REQUIRED OF COMMITTEE :

Decision	Approval	Discussion	Other
N	N	Y	N

RECOMMENDATIONS:

To note and discuss the current performance against KPIs.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

Performance

EAS

The May position for EAS improved on April' s performance; we have achieved 97.0% compared with 95.17% in April, our attendances for both walk in major patients and ambulance are continuing to rise, we are however still seeing approximately 3000 less patients per month than previous activity.

We have commenced a Rapid Assessment and Treatment (RAT) process in ED whereby a consultant will see the patient immediately post triage to make a decision in relation to the appropriate care pathway. It is a tried and tested model that is used elsewhere in the country which has led to reduction in admission. We will monitor our outcomes of this model and feed this into weekly performance dashboard.

DM01

In May, the Trust achieved 60.25 per cent of diagnostics tests carried out within six weeks wait against the national operational standard of 99 per cent. There were total of 2188 patients who waited more than 6 weeks for their test.

Under delivery is due to the huge number of cancellations of all non-urgent diagnostic testing in March, in line with national guidance in response to COVID 19. This resulted in:

- Average waiting list reduction for diagnostics by 36%
- Almost 6 fold increased in the number of patients waited over 6 weeks for their diagnostics test compared to the pre-COVID monthly average. DGFT reported only 349 patients who waited for more than 6 weeks; this number went up to 2188 in May.

This is, however, an improvement from performance in April which was 52.37 per cent.

The Imaging and Endoscopy department has resumed routine diagnostics tests allowing for safe social distancing. The social distancing measure will introduce some delays. 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 Independent Sector to increase the capacity as well as increase the 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

All Cancer 2 week waits 92.72% against the target of 93%

This is an improvement from March (87.3%)

Improvements include

- Virtual consultations where appropriate
- Cancer Management Team booking to 7 days to allow for rebooks

2WW Breast Symptomatic 92.72%
31 days diagnostic to first treatment 95.05%
31 day subsequent treatment Surgery 100%
31 day subsequent treatment Drug 100%
62 day urgent GP referral to treatment 68.99%
62 days screening programme 85.71%
62 day consultant Upgrades 83.12%

Cancer activity continues to recover from the reduction in 2WW GP referrals which are at 51% against the same time period last year.

Treatments continue to increase during the recovery phase for patients who were deferred due to COVID as patients over 62 days are prioritised for treatment. This will impact on our ability to meet the 62 day target as we work through the backlog.

Improvements include plans for increasing diagnostic and treatment capacity to recover the position.

RTT

The RTT position continues to deteriorate as a result of COVID pressures. Whilst the Trust works through its restoration and recovery plans there are large numbers of patients breaching the 18 week standard. This will continue for some time as patients work through the system. Historically the Trust used to operate on around 600 elective patients per week; this is now down to around 150 to 200, so clearly the volume of treatments is much lower than it was pre-COVID. Whilst this capacity will gradually increase as more elective capacity is put on the focus remains on priority order as follows; cancer patients, urgent and long waiters. In addition to this we have seen the number of new additions to the waiting list (new clock starts) reduce post COVID and this has impacted on the overall RTT position.

There has also been a natural increase in patients deferring treatment as they are concerned about the risk of COVID coming into hospital and unfortunately national waiting time guidance means that all clocks must continue to run.

On a more positive note the Trust has reported no breaches of 52 week standard YTD June 2020, which is an excellent position to be in. The teams continue to work hard to ensure that patients receive a date prior to their 52 week breach date however given national guidance the volume of patients which need treating the risk around this will increase further. This will need careful management by the operational teams.

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

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

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

Integrated Performance Report - Board

July 2020

Created by: Informatics
Title of report: Integrated Performance Report

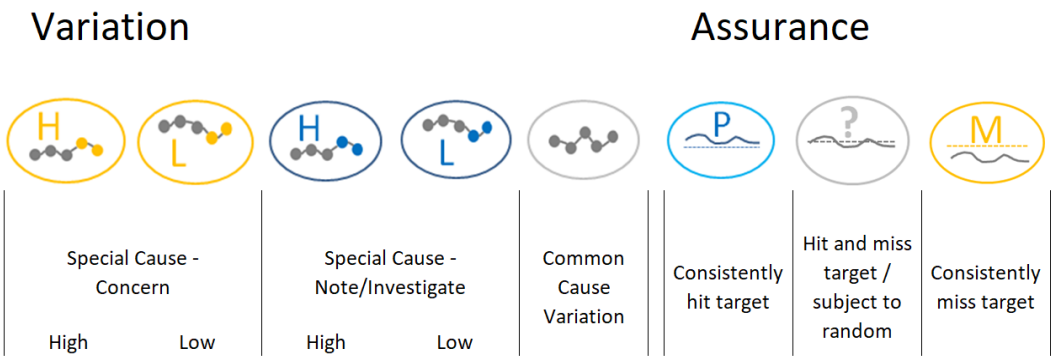
Executive Lead:	**Performance**	**Chief Operating Officer - Karen Kelly**
	Finance	**Director of Finance - Tom Jackson**
	Workforce	**Director of HR -**

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



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.

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%	97.33%		M
	2 week wait - Breast Symptomatic	93%	100.00%		P
	31 day diagnostic to 1st treatment	96%	80.95%		M
	31 day subsequent treatment - Surgery	94%	88.89%	-11%	N/A
	31 day subsequent treatment - Drugs	94%	73.33%	-27%	N/A
	62 day urgent GP referral to treatment	85%	56.18%	L	M
	62 day screening programme	90%	50.00%	L	M
	62 day consultant upgrades	85%	75.68%		M
	Referral to Treatment				
	RTT Incomplete Pathways - % still waiting	92%	73%	H	M
	RTT Incomplete - Cardiology	92%	61%	H	M
	RTT Incomplete - Dermatology	92%	72%	H	M
	RTT Incomplete - ENT	92%	71%		?
	RTT Incomplete - Gastroenterology	92%	77%	H	?
	RTT Incomplete - General Medicine	92%	64%		P
	RTT Incomplete - Gynaecology	92%	52%	H	M
	RTT Incomplete - General Surgery	92%	64%		M
	RTT Incomplete - Geriatric Mediciine	92%	100%	H	?
	RTT Incomplete - Neurology	92%	81%	H	M
	RTT Incomplete - Ophthalmology	92%	84%	H	M
	RTT Incomplete - Oral Surgery	92%	70%	H	M
	RTT Incomplete - Other	92%	79%	H	?
	RTT Incomplete - Plastic Surgery	92%	80%	H	M

Performance - KPIs Summary

Executive Lead: Karen Kelly

KPI SUMMARY APRIL 2020

METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
RTT Incomplete - Respiratory	92%	78%	H	?
RTT Incomplete - Rheumatology	92%	77%	H	?
RTT Incomplete - T&O	92%	78%	H	M
RTT Incomplete - Urology	92%	76%		?
RTT Admitted - % treatment within 18 weeks	90%	95%		M
RTT Non Admitted - % treatment within 18 weeks	95%	91%	H	M
Wait from referral to 1st OPD	26	15		?
Wait from Add to Waiting List to Removal	39	44		P
ASI List (Month End)	-	3974	L	N/A
% Missing Outcomes RTT	-	0.03%		N/A
% Missing Outcomes Non-RTT	-	13.63%		N/A
DM01				
% of Diagnostic tests waiting less than 6 weeks	99%	57%	H	M
No. of Diagnostic tests waiting > 6 weeks (Month End)	0	2592	674	SPC
ED				
ED 4 hour Waits Type 1 & 3 (ED + UCC)	95%	97%	H	P
ED Admitted Patients Waiting Times - 95th Percentile	-	343	L	N/A
ED Non Admitted Patients Waiting Times - 95th Percentile	-	236	L	N/A
ED - Time to Initial Assessment - 95th Percentile	-	2		N/A
ED Attendances Type 1	-	5778	L	N/A
ED Attendances Type 1 & 3 (ED + UCC)	-	9364	L	N/A
Left Without Being Seen	5%	0.3%	L	P
Unplanned Re Attendances	5%	1.1%		P
12 Hours Trolley Waits	0	0	0	N/A

Performance - KPIs Summary

Executive Lead: Karen Kelly

KPI SUMMARY APRIL 2020

METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
Ambulance Convenyances	-	2921		N/A
Ambulance Turnaround Breasches 30-59 minute	-	62		N/A
Ambulance Turnaround Breasches 60+ minute	-	1		N/A
Cancelled Operations				
% Cancelled Operations	1.0%	0.3%		M
Cancelled operations - breaches of 28 day rule	0	0	-17	N/A
Urgent operations - cancelled twice or more	0	0	0	N/A
Theatre Utilisation				
Theatre Utilisation - Day Case (RHH & Corbett)	N/A	73.0%		N/A
Theatre Utilisation - Main	N/A	74.5%	L	N/A
Theatre Utilisation - Trauma	N/A			N/A
Average Length of stay (Quality Strategy Goal 3)				
Average Length of Stay - Elective	N/A	2.0		N/A
Average Length of Stay - Non-Elective	N/A	2.5		N/A
Outpatient Referrals				
GP Written Referrals - made	-	2432	213	SPC
GP Written Referrals - seen	-	2132	465	SPC
Other Referrals - Made	-	2232	555	SPC
GP Discharge Letters				
GP Discharge Letters	90%	0.9128	-2.30%	SPC
Outpatients				
Outpatient Appointment DNA Rate	8%	18%		M
New/Follow Up Ratio	2.48	3.20	L	M
Clinic Utilisation	-	71%	H	N/A
Throughput / Flow				
Patients Discharged with a LoS >= 7 Days	-	8.9%	L	N/A

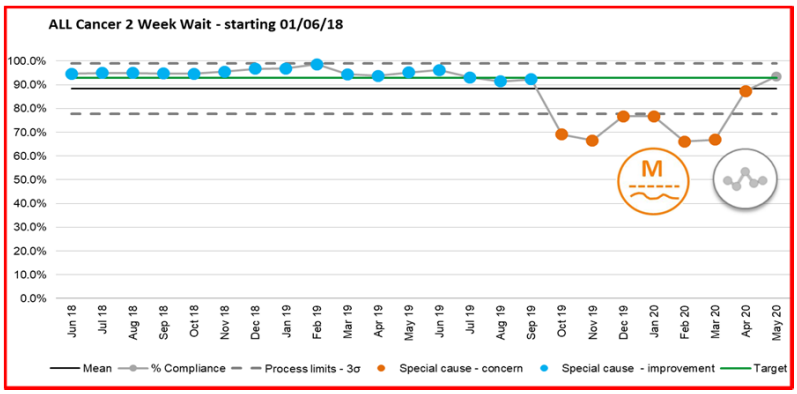
Performance - KPIs Summary

Executive Lead: Karen Kelly

KPI SUMMARY APRIL 2020

METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
Patients Discharged with a LoS >= 14 Days	-	3.5%		N/A
7 Day Readmissions - PbR	-	5.5%	-0.50%	SPC
30 Day Readmissions - PbR	-	7.2%	-2.70%	SPC
DTOC Average Monthly by RAG Rating (Amber)	-	0	0	SPC
DTOC Average Monthly by RAG Rating (Red)	-	0	0	SPC
Nationally Reported Delays - Total Days (1 Month in Arrears)	-	0	0	SPC
Nationally Reported Delays - Reimbursable Days (1 Month in Arrears)	-	0	0	SPC
Nationally Reported Delays - DTOC Patients by Agency (1 Month in Arrears)	-	0	0	SPC
No. of Non-Clinical Patient Moves - Between 8pm and 8am	-	59	-12	SPC
% Discharged by Midday	-	12.4%	-1.15%	SPC
Bed Occupancy - %	95.0%	65.4%	8.01%	SPC
Bed Occupancy - % Medicine	95.0%	73.9%	1.61%	SPC
Bed Occupancy - % Surgery, W&C	95.0%	53.6%	3.04%	SPC
Bed Occupancy - Paediatric %	95.0%	31.2%	4.86%	SPC
Bed Occupancy - Orthopaedic Elective %	95.0%	47.1%	-6.96%	SPC
Bed Occupancy - Trauma and Hip %	95.0%	79.1%	29.45%	SPC

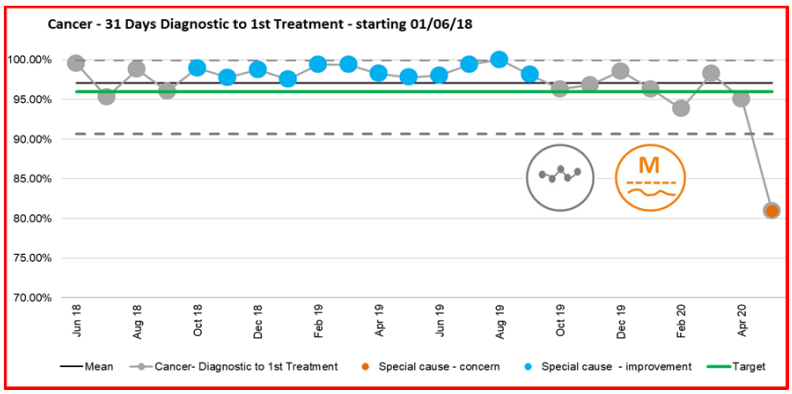
Performance Matters (KPIs)

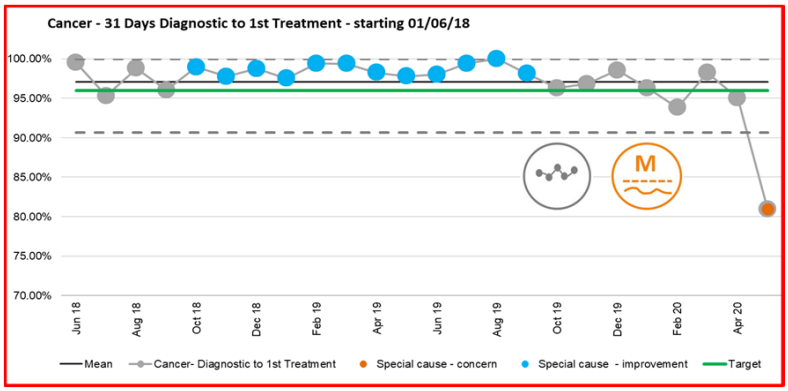


All Cancer 2 week waits 92.72% against the target of 93%
This is an improvement from March (87.3%)
Improvements include
- Virtual consultations where appropriate
- Cancer Management Team booking to 7 days to allow for rebooks

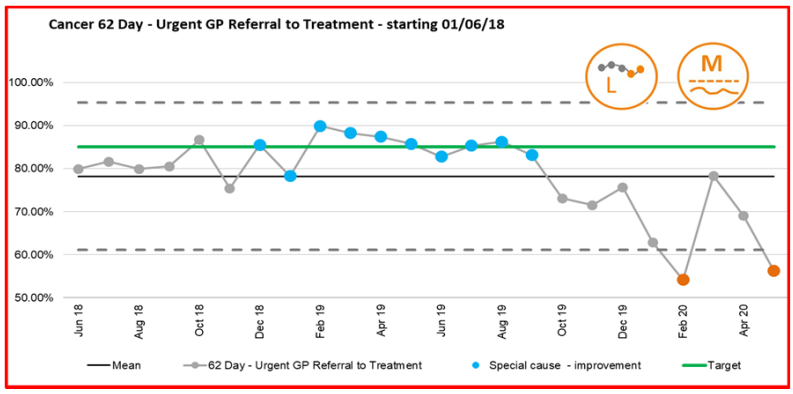
Cancer activity continues to recover from the reduction in 2WW GP referrals which are at 51% against the same time period last year.

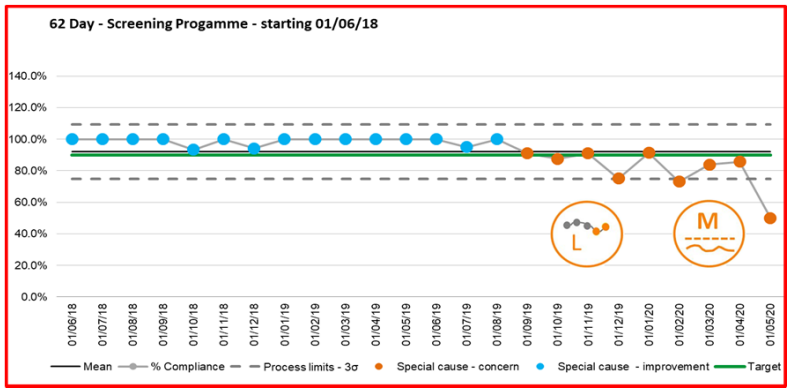
Treatments continue to increase during the recovery phase for patients who were deferred due to COVID as patients over 62 days are prioritised for treatment. This will impact on our ability to meet the 62 day target as we work through the backlog.
Improvements include plans for increasing diagnostic and treatment capacity to recover the position.

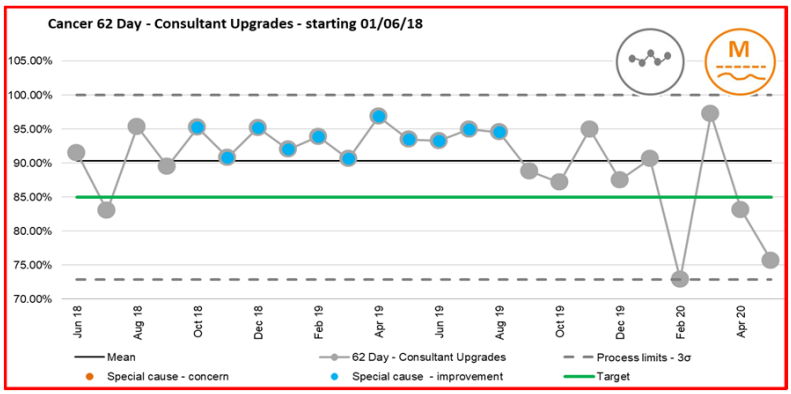


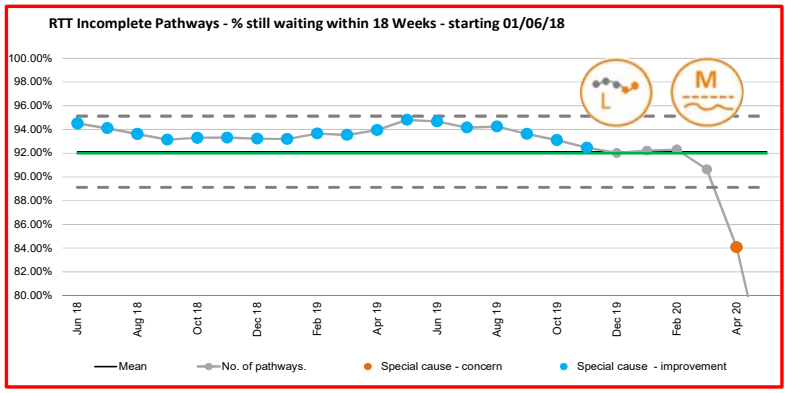


Performance Matters (KPIs)



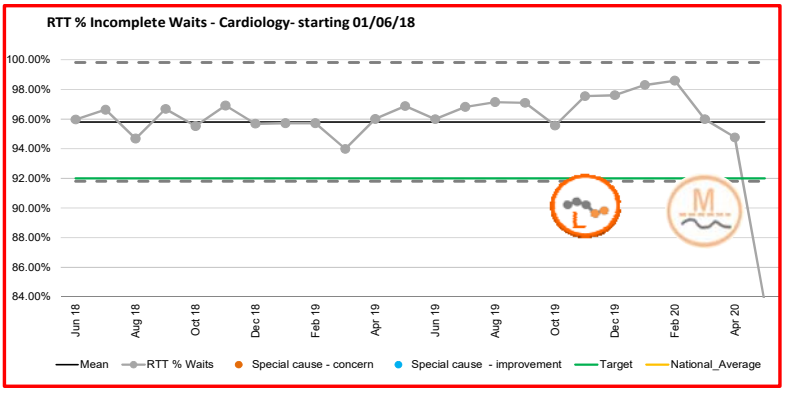






No Narrative Given

Performance Matters (KPIs)



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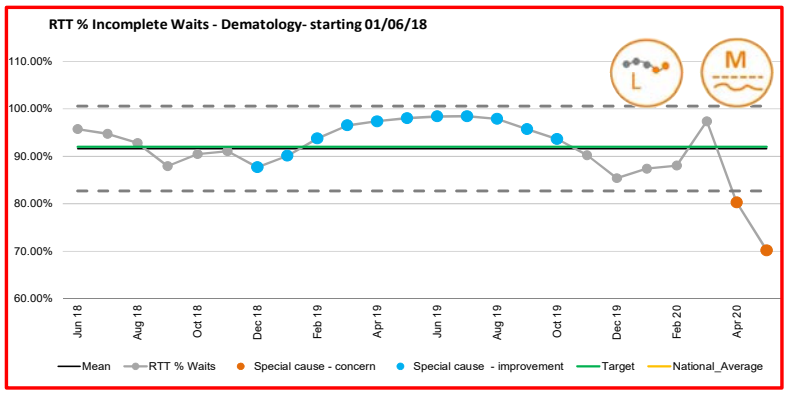

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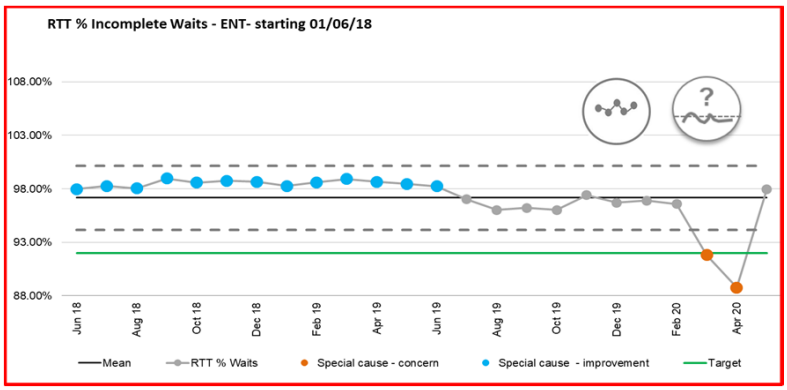

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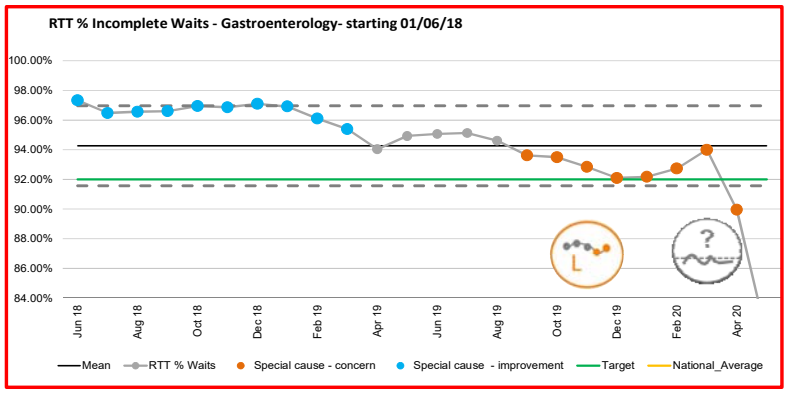

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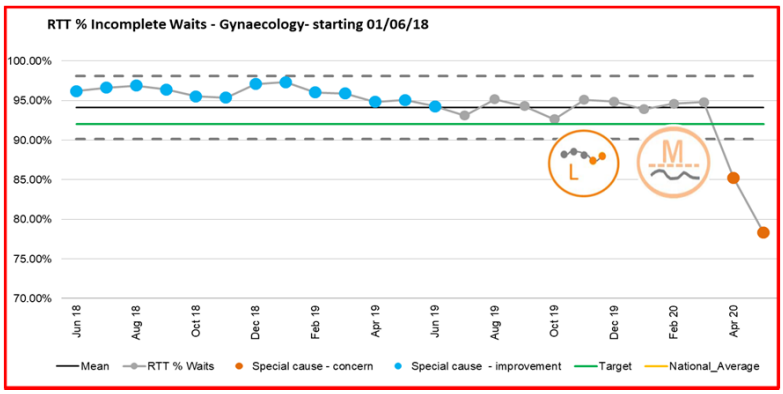

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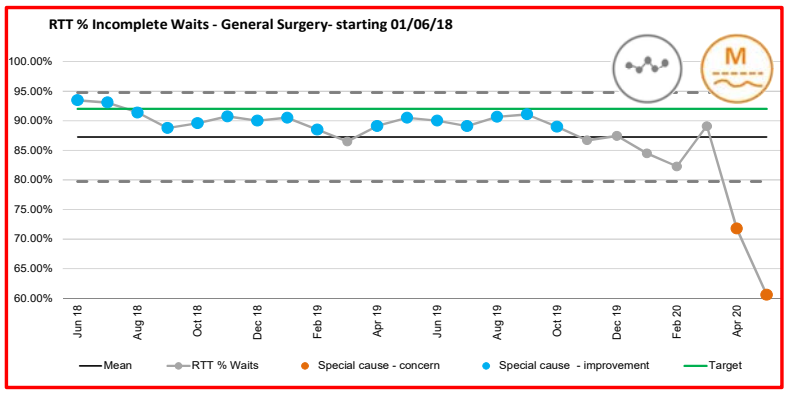

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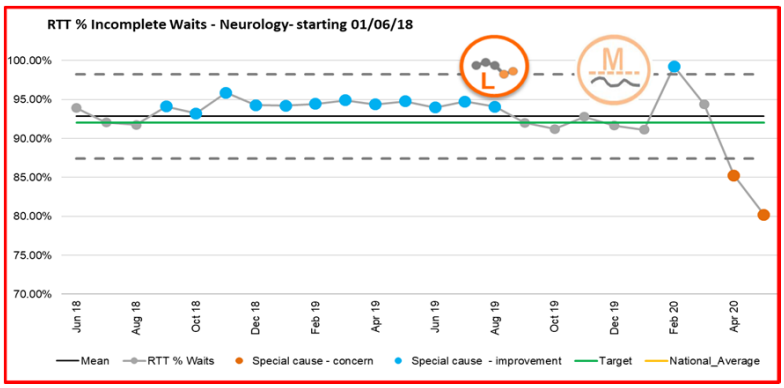

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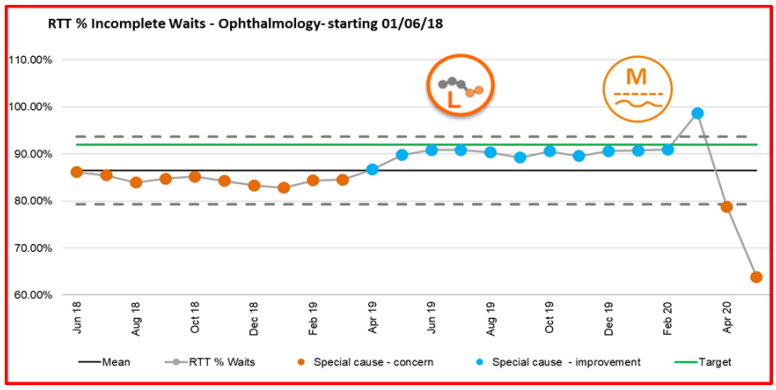

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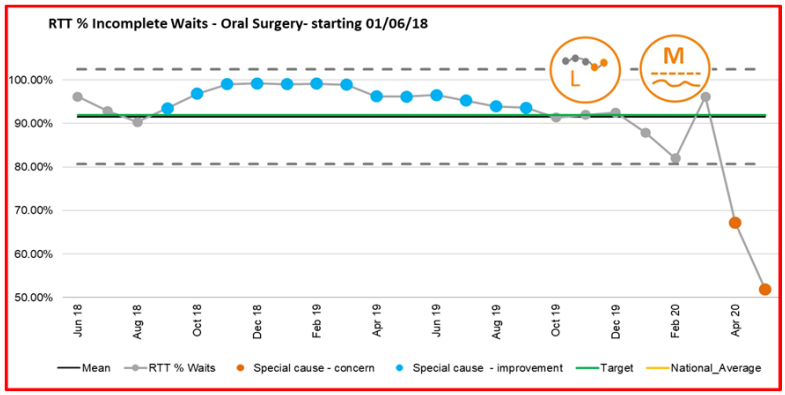

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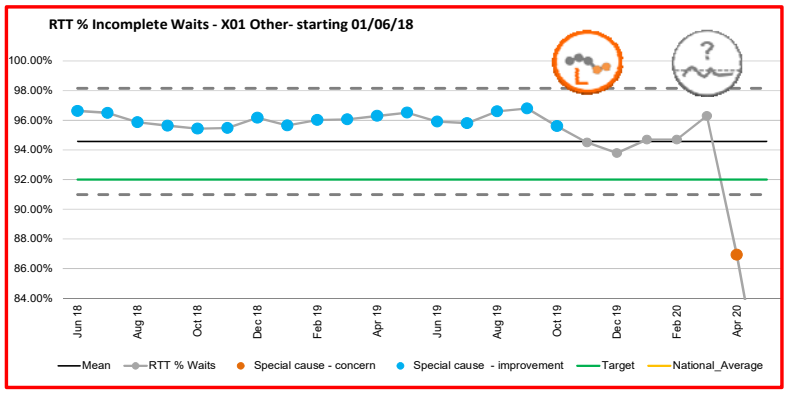

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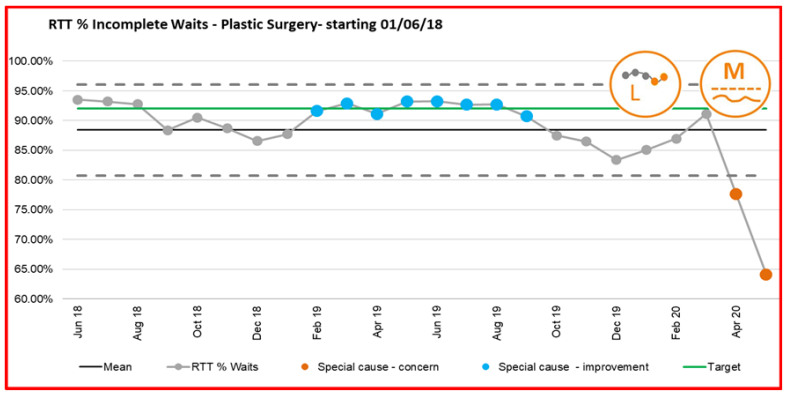

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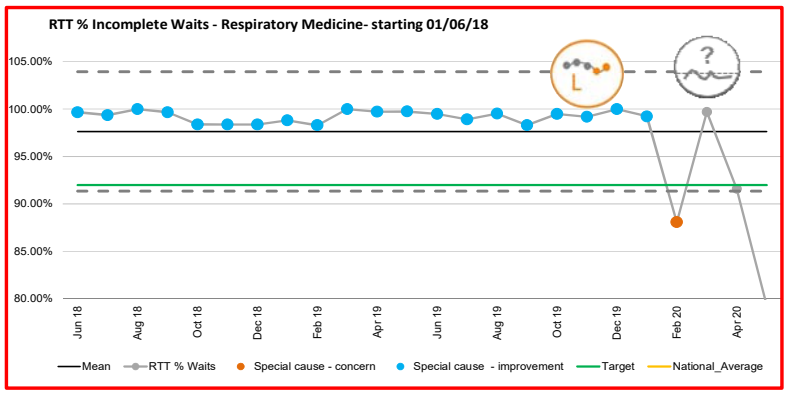

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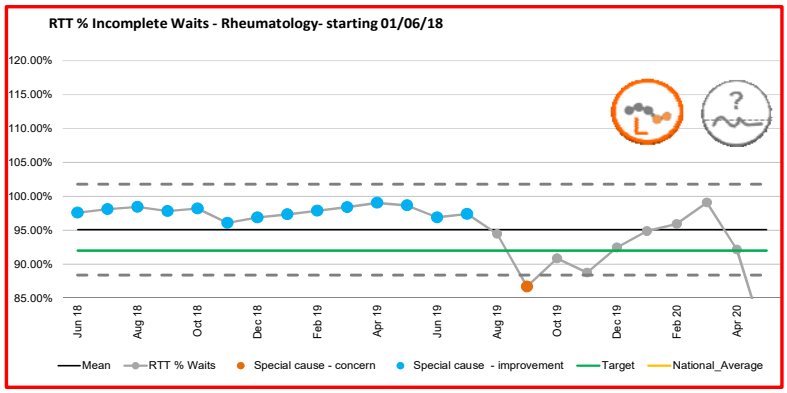

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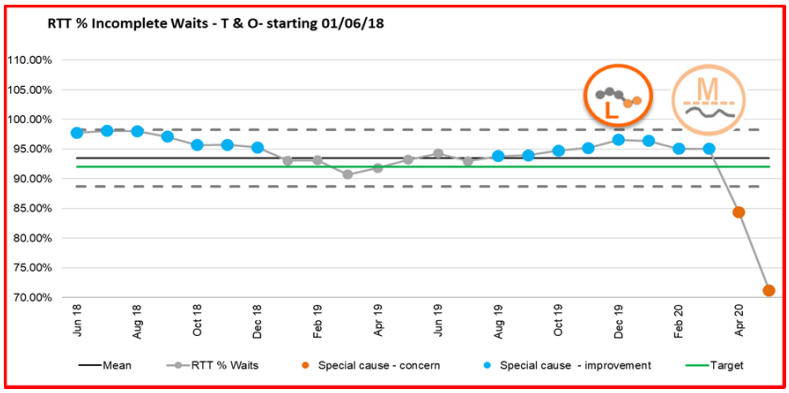

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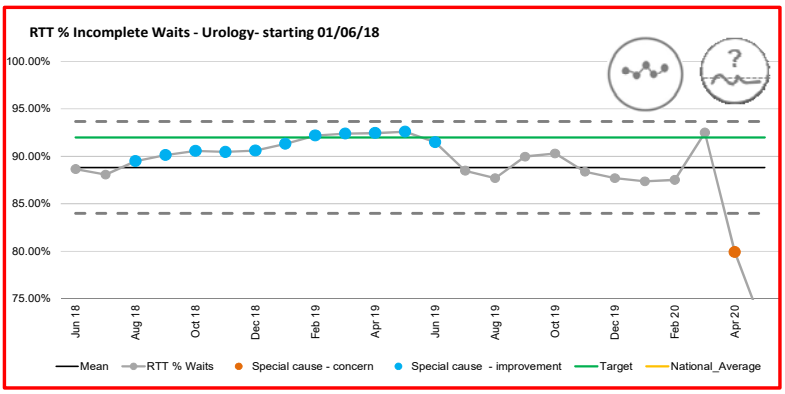
Performance Matters (KPIs)



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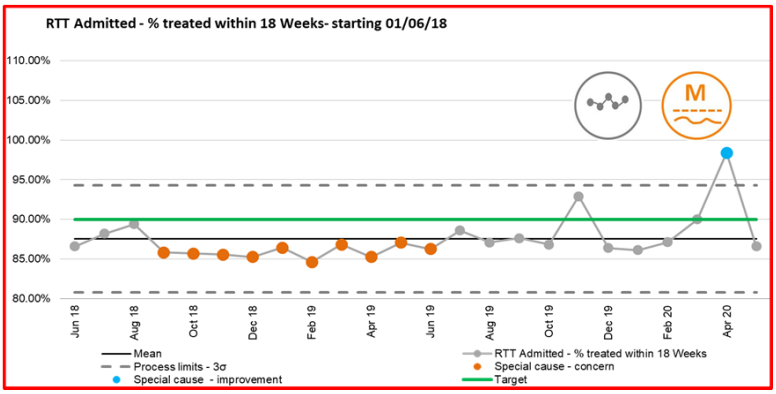

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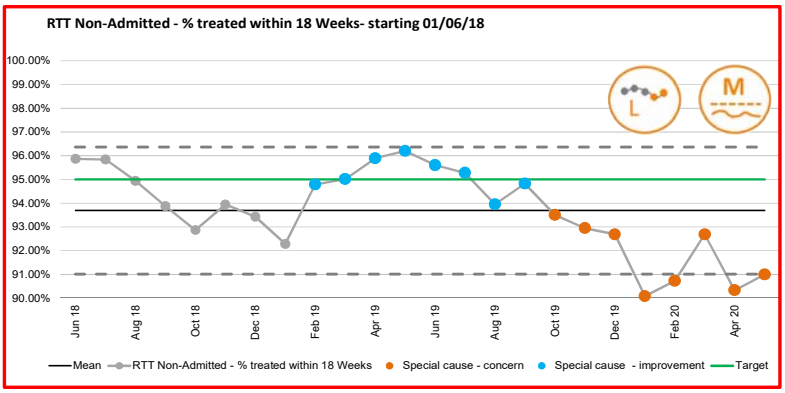

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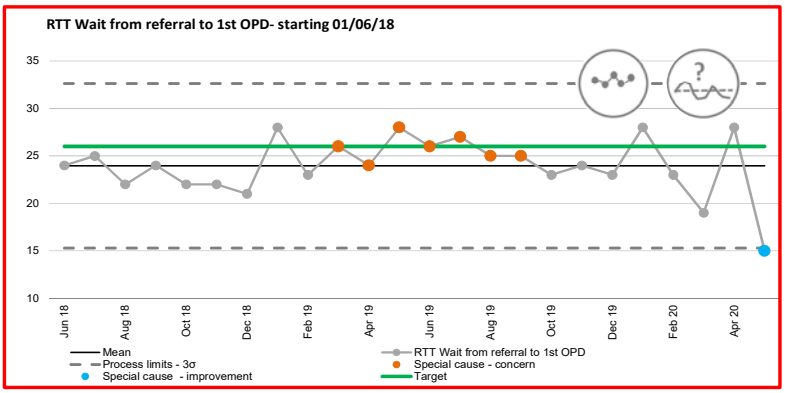

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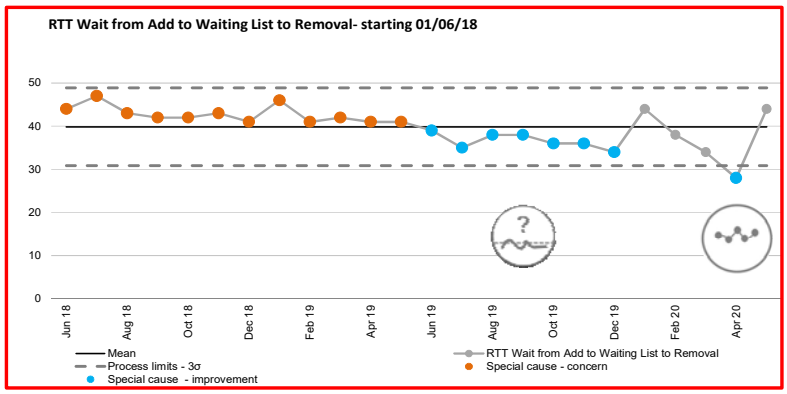
Performance Matters (KPIs)



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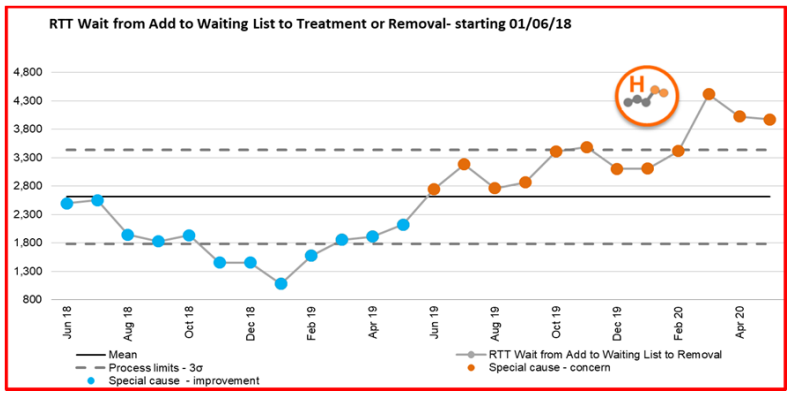

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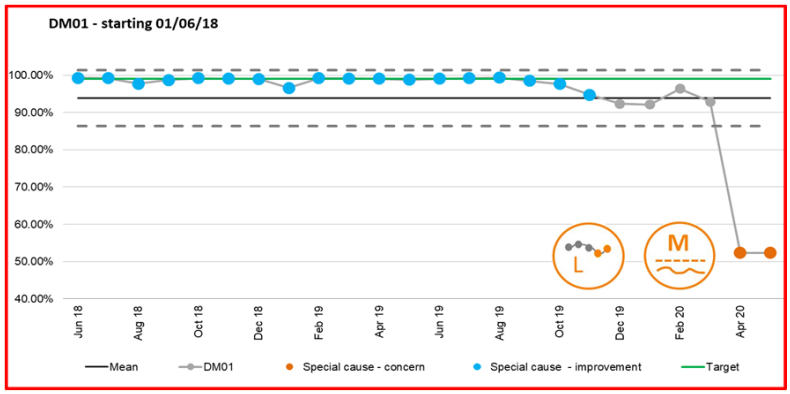
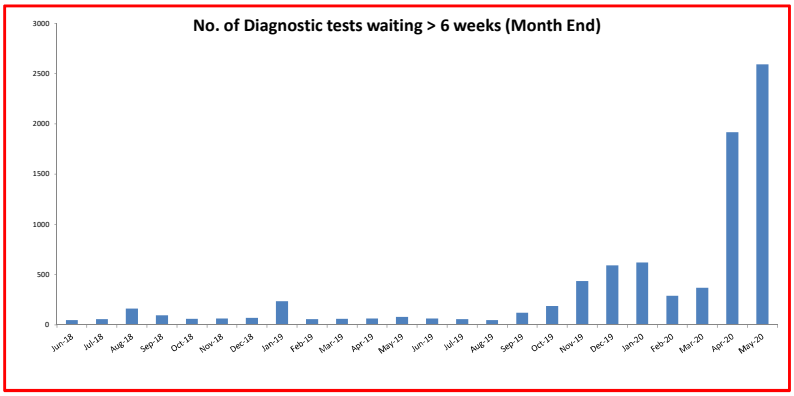


In May, the Trust achieved 60.25 per cent of diagnostics tests carried out within six weeks wait against the national operational standard of 99 per cent. There were total of 2188 patients who waited more than 6 weeks for their test.
Under delivery is due to the huge number of cancellations of all non-urgent diagnostic testing in March, in line with national guidance in response to COVID 19. This resulted in:
- **Average waiting list reduction for diagnostics by 36%**
- **Almost 6 fold increased in the number of patients waited over 6 weeks for their diagnostics test compared to the pre-COVID monthly average. DGFT reported only 349 patients who waited for more than 6 weeks; this number went up to 2188 in May.**

This is, however, an improvement from performance in April which was 52.37 per cent.

The Imaging and Endoscopy department has resumed routine diagnostics tests allowing for safe social distancing. The social distancing measure will introduce some delays. 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 Independent Sector to increase the capacity as well as increase the choice of cold sites**
- **If necessary explore the use of further capacity through in/outsourcing, this includes temporary mobile van for MRI and Endoscopy**

Performance Matters (KPIs)



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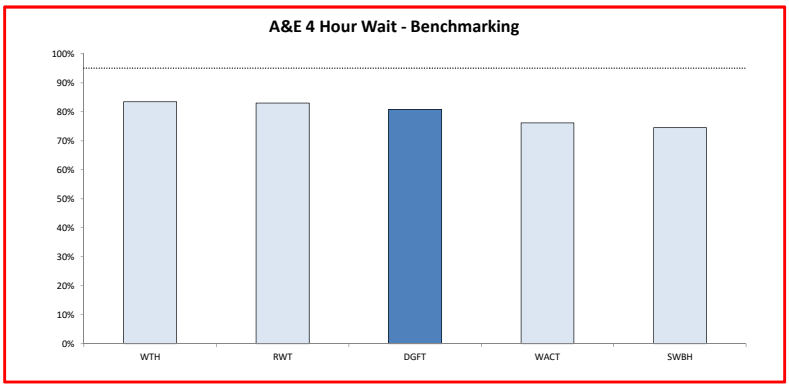

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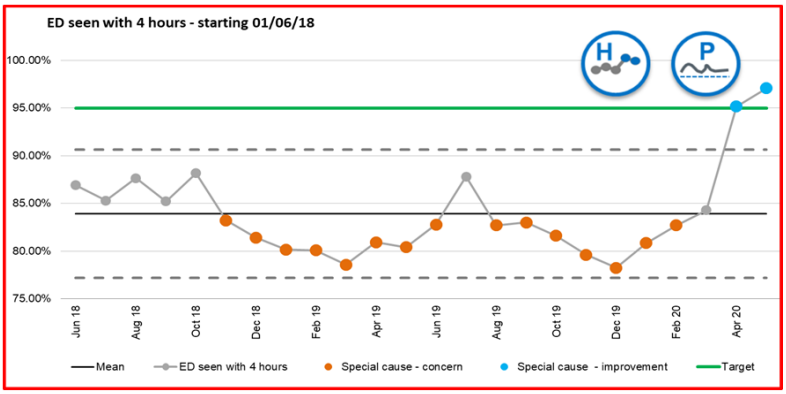
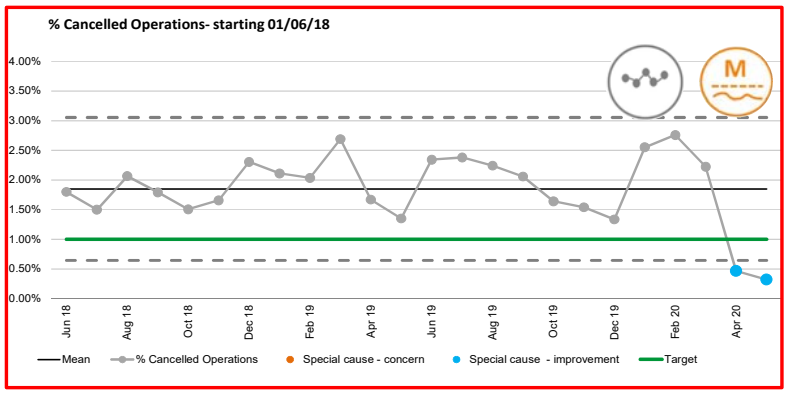


The May position for EAS improved on April' s performance; we have achieved 97.0% compared with 95.17% in April, our attendances for both walk in major patients and ambulance are continuing to rise, we are however still seeing approximately 3000 less patients per month than previous activity.

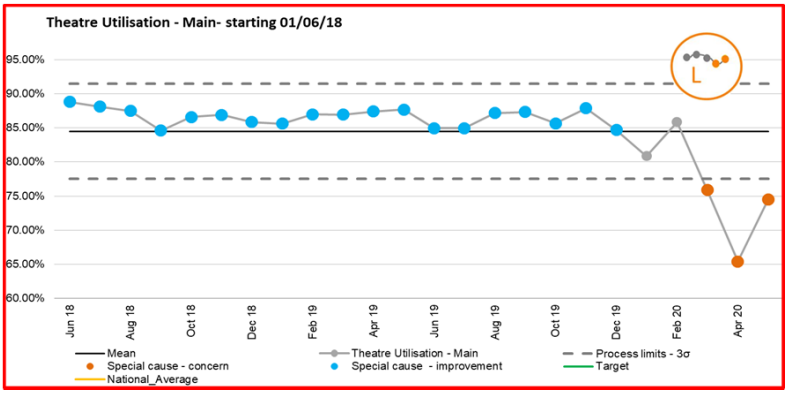
We have commenced a Rapid Assessment and Treatment (RAT) process in ED whereby a consultant will see the patient immediately post triage to make a decision in relation to the appropriate care pathway. It is a tried and tested model that is used elsewhere in the country which has led to reduction in admission. We will monitor our outcomes of this model and feed this into weekly performance dashboard.

Performance Matters (KPIs)



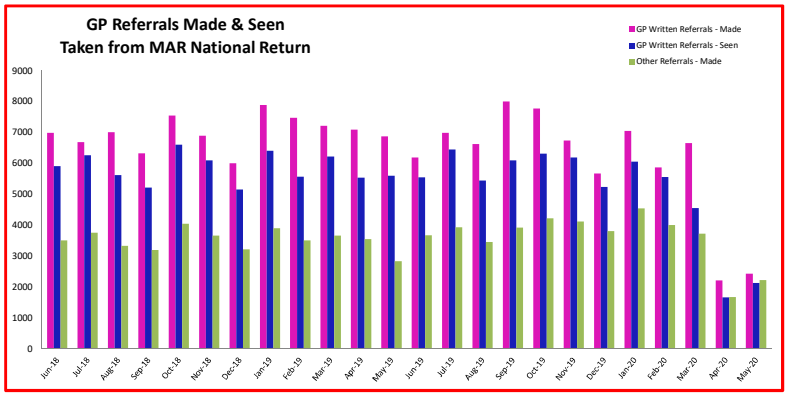
No Narrative Given

Performance Matters (KPIs)



No Narrative Given

Performance Matters (KPIs)



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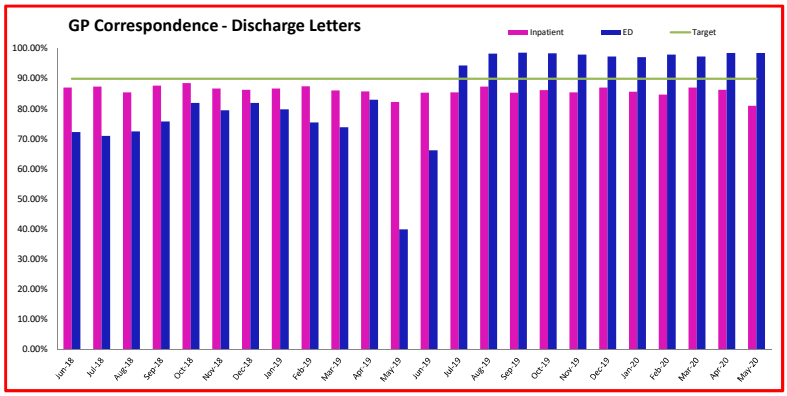

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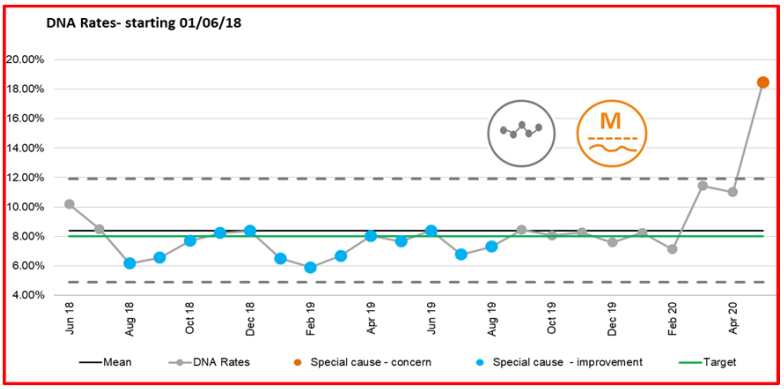

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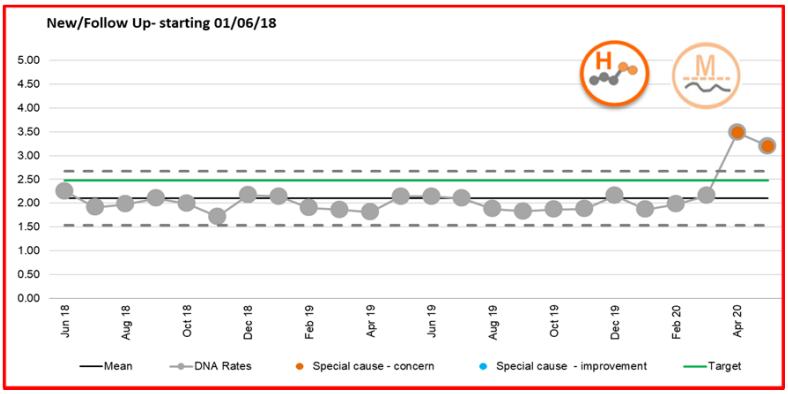
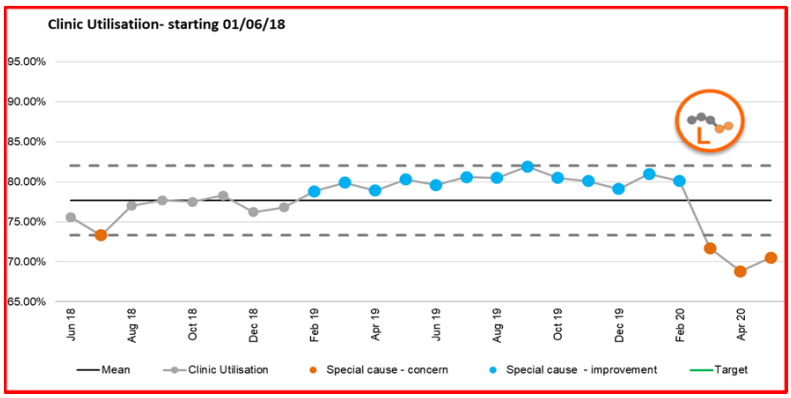


No Narrative Given

Performance Matters (KPIs)



No Narrative Given

Performance Matters

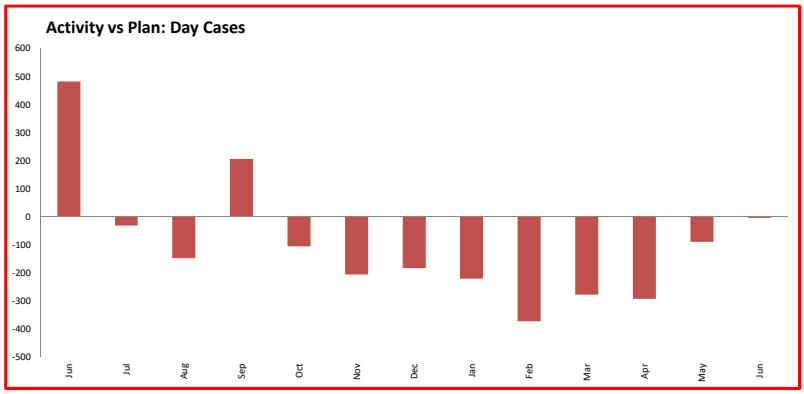
In Month	18/19 Actual	19/20 Plan	19/20 Actual	Variance	%
Elective Day cases	3,786	3,867	3,667	-200	-5%
Elective Inpatients	448	504	471	-33	-7%
Elective Total	4,234	4,371	4,138	-233	-5%
Non Elective	3,670	4,156	4,135	-21	-1%
Outpatients	42,189	43,444	41,168	-2276	-5%
Maternity Pathway	310	331	305	-26	-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.

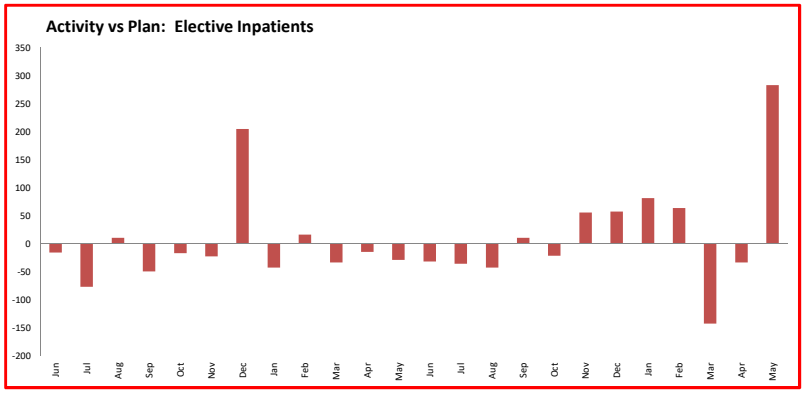
Obstetric outpatient attendances are excluded as they are covered by the Maternity Pathways

No Narrative Given

KPI SUMMARY APRIL 2020



No Narrative Given



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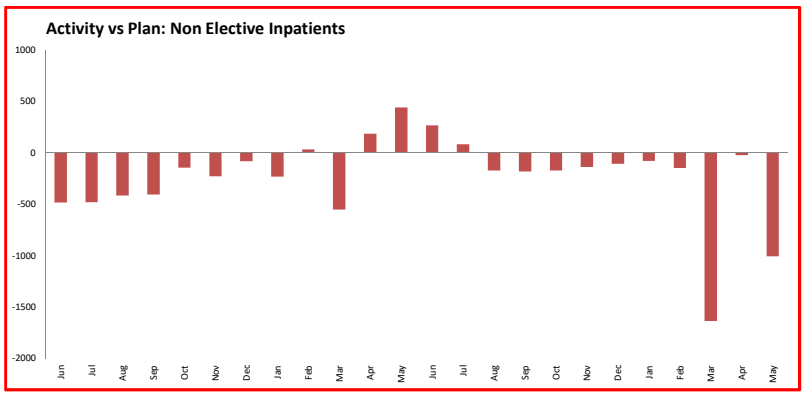
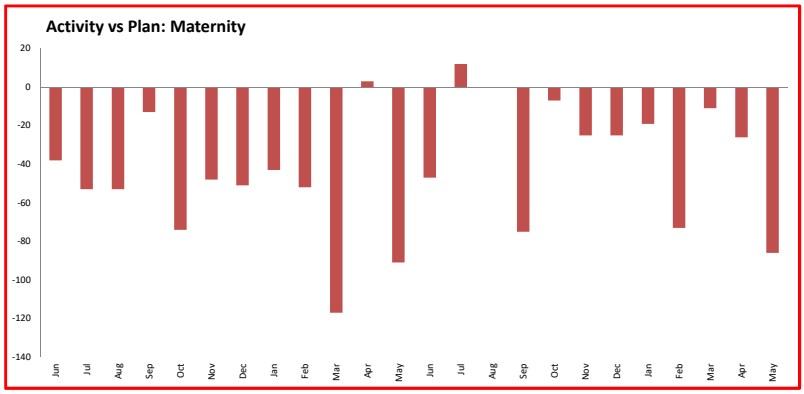


No Narrative Given

Performance Matters



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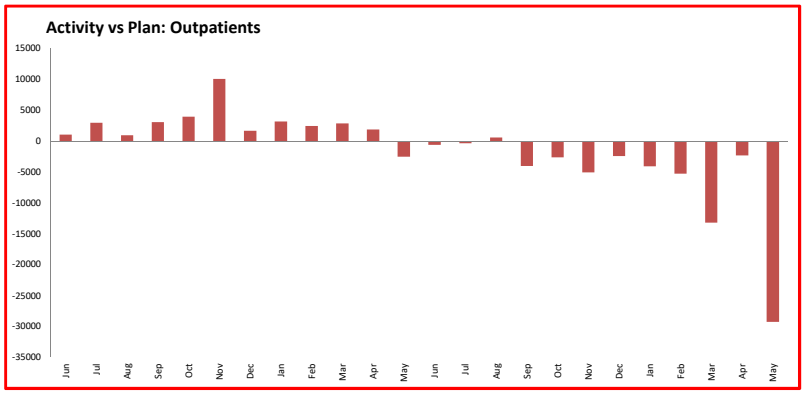
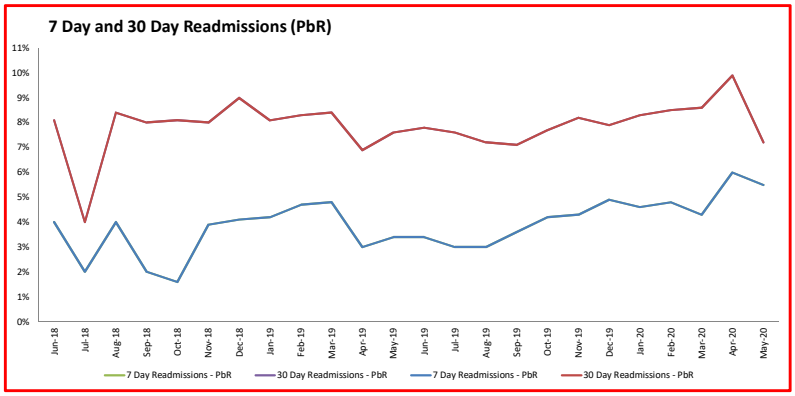


No Narrative Given

Performance Matters



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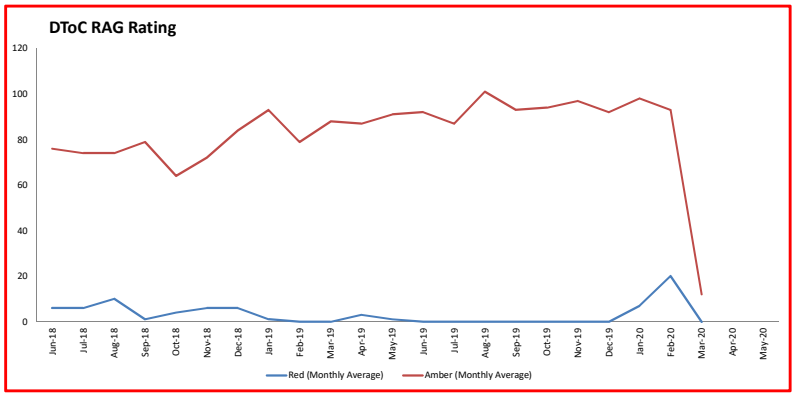
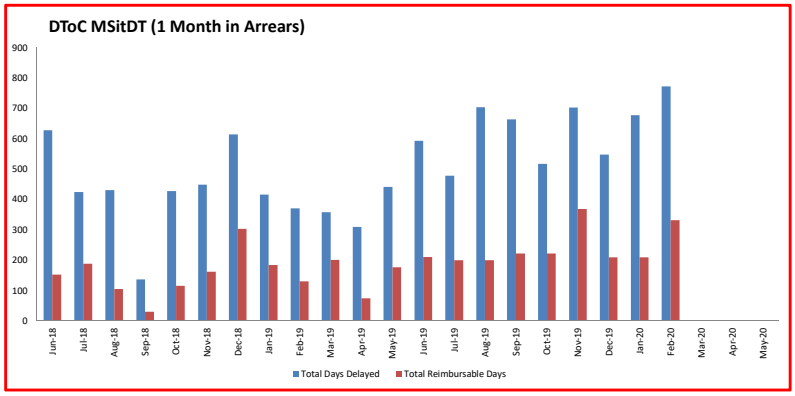
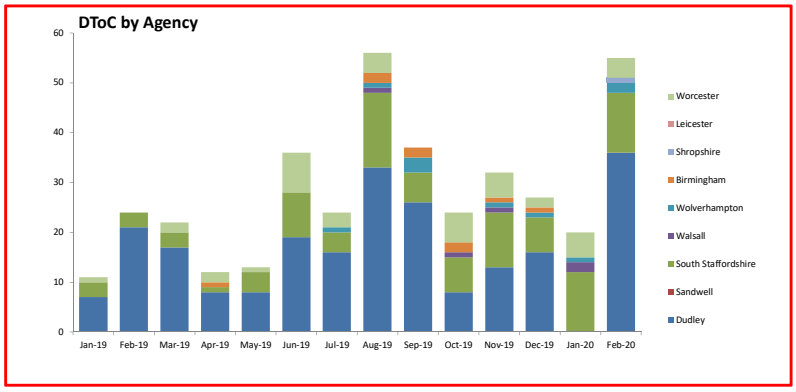


MSitDT has been suspended Unitl June 2020

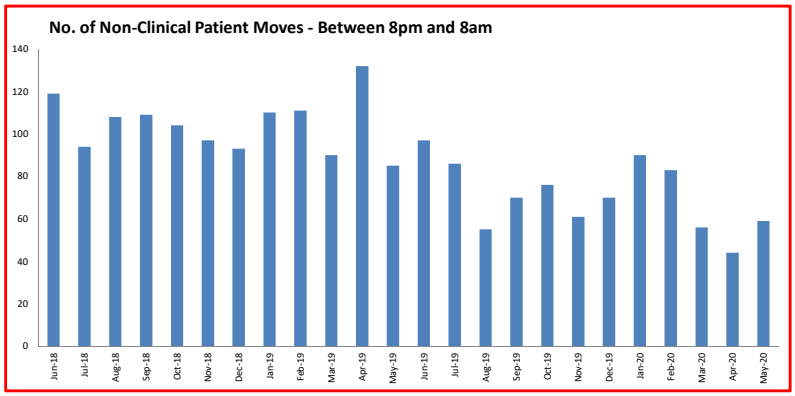


MSitDT has been suspended Unitl June 2020

Performance Matters



MSitDT has been suspended Unitl June 2020



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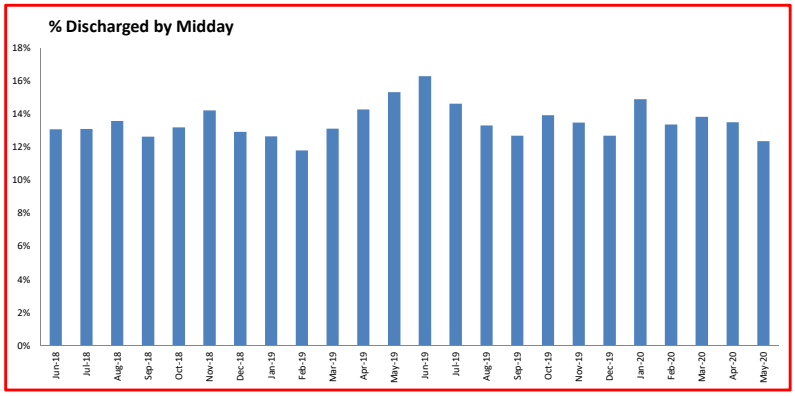

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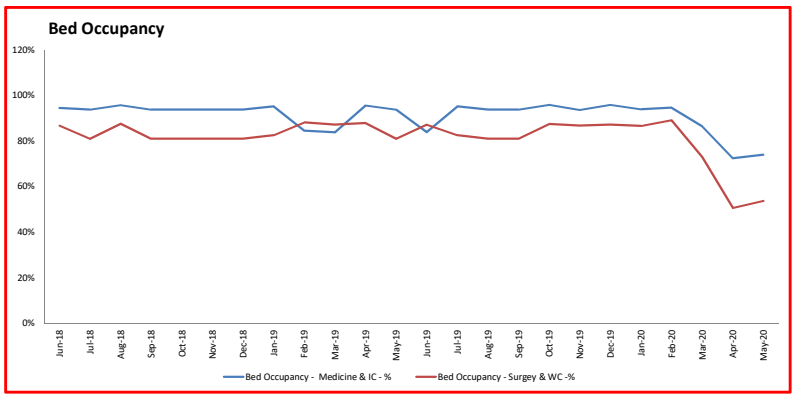
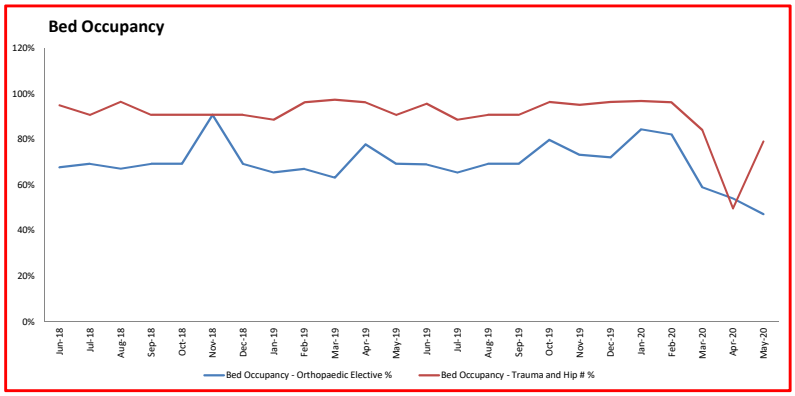
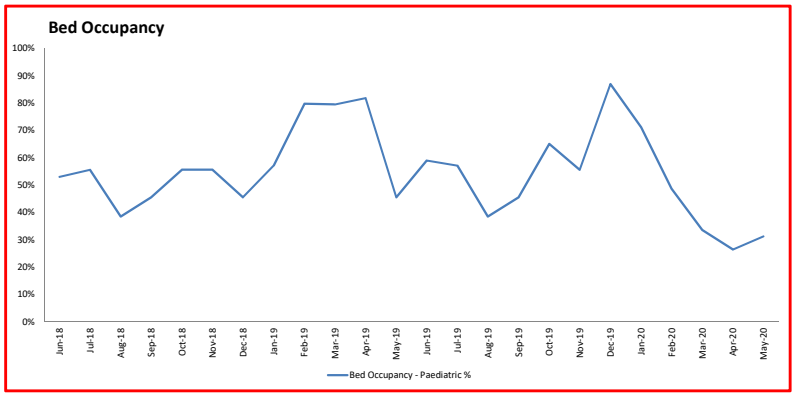


No Narrative Given

Performance Matters



No Narrative Given



No Narrative Given

Enclosure 22

The Dudley Group
NHS Foundation Trust

Paper for submission to Board of Directors (PUBLIC Session)
Thursday 9th July 2020

TITLE:	**Quality & Safety Committee Highlights Report for 23rd July 2020**		
AUTHOR:	**Julie Everingham – PA to the Chief Nurse**	**PRESENTER**	**Elizabeth Hughes – Non-Executive Director**

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
	X	X	

RECOMMENDATIONS

- The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.

CORPORATE OBJECTIVE:

SO 1 – Deliver a great patient experience
SO 2 – Safe and caring services

SUMMARY OF KEY ISSUES:

- As detailed in the paper

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y/N**		**Risk Description:**
	Risk Register: Y		**Risk Score:** Numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Links all domains
	NHSI	**Y**	**Details:** Links to good governance
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

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UPWARD REPORT FROM QUALITY & SAFETY COMMITTEE TO BOARD OF DIRECTORS ON 6th JUNE 20

Date Committee last met: 23/06/20

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The Trust Response to the Paterson Report was accepted and actions undertaken were noted. • Significant resource required to interrogate Multi Agency Safeguarding Hub involving a total of Safeguarding Team 6,000 hours • The Committee recognised the significant pressures on the Breast Screening Service in terms of national shortage of trained radiologists and radiographers, minimal support and assurance of the service from PHE and insufficient geographical space for the Dudley service resulting in significant risks within the service	• Health & Safety Annual Report to be reworked and re-submitted for approval at the July 2020 Committee • Cancer Committee Terms of Reference to be revised to reflect comments regarding the reporting lines for performance of cancer services and the maintenance of quality and safety
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Committee was assured of areas of good practice within Infection Prevention & Control, Medicines Management, Safeguarding and Patient Experience. • An Oxygen Escalation Plan was developed within the Trust and resulted in oxygen supply being maintained throughout the peak of the COVID 19 pandemic.	• The Terms of Reference for Health Safety & Fire Assurance Group was approved. • The Quality & Safety Committee Workplan was accepted • The following 2019-20 Annual Reports were approved for publication: o Infection Prevention & Control (with minor amendments) o Dudley, Wolverhampton & South Staffordshire Breast Screening Annual Report o Medicines Management Annual Report o Annual Learning from Complaints Annual Report o Patient Experience Annual Report

Chair’s comments on the effectiveness of the meeting:

The meeting was conducted over Microsoft Teams and there were a number of challenges, however the meeting ran to time and report presenters joined and left the meeting as scheduled and were well prepared.

Enclosure 23

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 9 July 2020

TITLE:	**Exception Report from the Finance and Performance Committee Chair**		
AUTHOR:	Jonathan Hodgkin F & P Committee Chair	**PRESENTER**	Jonathan Hodgkin F & P Committee Chair

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS:

The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.

CORPORATE OBJECTIVE:

S05 Make the best use of what we have
S06 Plan for a viable future

SUMMARY OF KEY ISSUES:

Summary from the first bi-monthly informal Finance and Performance Committee held on 25 June 2020.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description:**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Well Led
	NHSI	**Y**	**Details:** Achievement of Financial Targets
	Other	**Y**	**Details:** Value for Money
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 25 June 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Increasing pay spend due to growth in substantive staff, continued accruals for untaken annual leave and continued high bank costs • Existing financial framework gives at best weak incentives for cost improvement	• Finance team challenged to develop tools for assessing effectiveness of cost control in the current period • Performance against restoration and recovery internal targets/milestones and comparisons with performance of other Trusts to be shared with F&P • August informal meeting to deep dive into the Trust's medium term financial strategy, including financial framework for months 5 to 12
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Financial position remains healthy. Additional COVID costs of £3.5m in April and May more than offset by cost reductions elsewhere • Good progress with restoration and recovery; 31 out of 42 services restored	• Recommended that Board approve the contract for the purchase of endoscope washer disinfectors
Chair's comments on the effectiveness of the meeting: First bi-monthly informal meeting held. Agenda for future meetings was discussed and format agreed.	

Enclosure 24

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board of Directors on 9 July 2020

TITLE:	Charitable Funds Committee Summary Report		
AUTHOR:	Julian Atkins Committee Chair	**PRESENTER:**	Julian Atkins Committee Chair

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS

The Board is asked to note the contents of the report.

CORPORATE OBJECTIVE:

S01 – Deliver a great patient experience
S05 – Make the best use of what we have

SUMMARY OF KEY ISSUES:

Summary of key issues discussed and approved by the Charitable Funds Committee at extraordinary meetings on the 30th April and the 13th May and at the scheduled meeting on 28th May. The extraordinary meetings were called in response to the large volume of donations received by the Trust following the Covid-19 outbreak.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**Y**	**Details: Charity Commission**
REPORT DESTINATION	**Board of Directors**	**Y**	**DATE: 9 July 2020**
	Working Group	**N**	**DATE:**
	Committee	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 30 April 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• None	• A number of suggestions and requests had been put forward in respect of Covid-19 funding. The Committee agreed to put the suggestions into three categories: - 'business as usual' items which should seek approval via normal charitable/revenue funds - 'quick win' items to be funded via Covid-19 donations - Projects/items that could deliver longer lasting benefits and amenities This was done and Mr Walker and Mrs Abbiss agreed to produce a more detailed plan for the next meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• It was reported that total donations received to date across all platforms were just over £76,000 with a further £531,000 expected.	• The Committee agreed that up to £50,000 could be spent on the 'quick win' items. • It was agreed that a further extraordinary meeting would be held in two weeks time.

Chair's comments on the effectiveness of the meeting: The meeting was focussed and effective in agreeing a strategy for the spending of Covid-19 related donations.

The Dudley Group NHS Foundation Trust

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 13 May 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• None	• Mrs Abbiss confirmed that a detailed communication plan for all Covid-19 related expenditure would be available in June. • This was in part dependent upon a plan for the longer term expenditure being developed and it was confirmed that Mr Walker and Mrs Abbiss would be preparing a draft and that this would be circulated to Committee members as soon as it was available.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Mrs Abbiss confirmed that a £500,000 donation from Intouch Games had been received and that the Trust was continuing to receive smaller donations. • She confirmed that updates on successful suggestions for funding would be included in the daily Covid-19 briefings.	• A further sixteen suggestions for funding were presented and the Committee ranked these according to the categories agreed at the last meeting; business as usual items, 'quick wins', and longer term items/initiatives. • The agreed 'quick wins' to be purchased in accordance with the £50,000 budget previously agreed.
Chair's comments on the effectiveness of the meeting: The meeting was effective as good progress was being made in deciding how Covid-19 donations should be spent.	

The Dudley Group NHS Foundation Trust

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee last met: 28 May 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• It was reported that the performance of the Fund's shareholding had fallen significantly and that a detailed update would be provided at the next meeting.	• The Fund's investment manager will be invited to the next meeting to advise the Committee of the Fund's shareholding performance and to discuss future strategy.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Total fund balances at the end of April 2020 stood at £1,942,020. • For the period ending 30th April total income was £97,060 whist expenditure was £31,221. The majority of the income was Covid-19 related. • The balance available to spend across the general funds totalled £115,929.	• Three requests were presented and approved: - Mattress warmer and Control Unit for the Corbett Hospital Day Unit (to ensure that the optimum body temperature for patients undergoing surgery can be maintained) - £2,050 - Shockwave pain relief medical device for the Surgical Directorate - £9,990 - Videofluoroscopy chair to enable a moving x-ray of the swallow to be carried out - £8,200.
Chair's comments on the effectiveness of the meeting: The meeting was effective and attendance was good.	

Enclosure 25

Paper for submission to the Board on 9th July 2020

TITLE:	**Dudley Group Workforce & Staff Engagement Committee – Staff Engagement Deep-Dive**		
AUTHOR:	**James Fleet, Chief People Officer**	**PRESENTER**	**Julian Atkins, Chair Workforce and Engagement Committee**

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

SO1: Deliver a great patient experience, SO4: Be the place people choose to work

SUMMARY OF KEY ISSUES:

The Workforce and Staff Engagement Committee convened its first Deep-Dive session on 30th June.

The session focused on the following objectives:

- Sharing and discussing the key messages from the 2019 national staff survey:
  - Trust level
  - Divisional level
  - Equality & Inclusion
- Considering how the Trust moves from 'responding to the staff survey' to 'embedding a culture of engagement'?
- Reviewing the process for developing robust and meaningful improvement plans.
- Determining how we ensure that staff engagement continues to be a priority and focus for the organisation, especially given the operational and day-day pressures for restoring and recovering services.

Key Actions, Decisions and Updates:

- The Dudley Group Staff Engagement Model (see Appendix 1) was discussed and approved with full support from Executives, Divisions, Professional leads and Equality and Inclusion Chairs. This model goes much further than just responding to the feedback from the national staff survey in that it establishes a clear and robust approach to engaging the Trust's workforce at all levels. The model sets an ambitious vision and commitment to active staff engagement, which will drive real and tangible improvements in the day-to-day experience, satisfaction and more of our people.
- Committee members welcomed this as being sustainable, aligned to the Trust's Strategy and building on existing mechanisms for staff engagement. The Dudley Group Staff Engagement Model includes the introduction of real-time pulse satisfaction surveys, Staff Partnership Forums, Divisional and Professional Engagement Groups and clear integration with the new Staff Equality and Inclusion Networks. The Staff Engagement Model will be formally launched in July, with a pro-active comms campaign and championship by Executives, Divisional and Corporate leaders. Progress, updates and feedback will be provided to the Workforce and Staff Engagement Committee on a regular basis.
- The Committee were pleased to receive an update on the Managers Accreditation Programme, which will be essential to addressing the issues relating to 'immediate managers' that were highlighted in the Staff Survey results. In particularly staff raised concerns regarding the support that they receive from their line manager. The Committee were pleased to note that additional investment has been provided to increase the capacity of OD/Training team to launch the Managers Accreditation programme for 1000+ managers during the next 18 months.
- The Equality and Inclusion Groups will play an active role in embedding the new Staff Engagement

Model, working closely with the Divisional and Corporate leadership teams, as well as with Executive sponsors. The Committee warmly welcomed Julie Penny (Chair – Staff BAME Equality & Inclusion Group) and Laura Gibbs-Grady (Chair – Staff LGBTQ+ Equality & Inclusion Group) to their first Workforce and Staff Engagement Committee meeting. Julie and Laura have now formally joined the Committee and will make a significant contribution to the Committee work plan, drawing on the rich insights from the new networks.

- The Divisional leads set out their plans for developing robust local engagement improvement plans during July. Diane has written all staff across the Trust encouraging participation.

The next Workforce and Staff Engagement Committee Deep-dive session is planned for 25th August and will focus on Equality and Inclusion.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description: corporate risk register recruitment and retention of staff**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Caring, Well Led**
	NHSI	**Y**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF COMMITTEE :

Decision	Approval	Discussion	Other
	√	√	

RECOMMENDATIONS FOR COMMITTEE:

Note the new Dudley Group Staff Engagement Model, following approval by the Workforce and Staff Engagement Committee.

APPENDIX 1

Paper for submission to the Workforce and Staff Engagement Committee on 29th June 2020

TITLE:	**Draft Staff Engagement Model**		
AUTHOR:	**Liz Abbiss, Head of Communications and James Fleet Chief People Officer**	**PRESENTER**	**James Fleet, Chief People Officer**
CLINICAL STRATEGIC AIMS			
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*	
SO1: Deliver a great patient experience, SO4: Be the place people choose to work			

SUMMARY OF KEY ISSUES:

The Trust recognises it has much more to do to engage its workforce in a meaningful way that captures people's experiences of working at the Trust and builds an environment where staff feel supported to drive improvement, are engaged in changes affecting them and help develop the solutions.

The Workforce Committee and Trust Board received the staff survey results in February which highlighted some key areas for improvement, namely; morale, support from immediate line managers, health and well-being and staff engagement. An improvement plan was also presented, which identified a range of actions and interventions at Trust and Divisional levels, including; establishing a Managers' Accreditation Programme, strengthening the Trust's Staff Health & Wellbeing offer, introducing pulse surveys to capture real-time information regarding how our staff feel, increasing the number of staff trained in the Dudley Improvement Practice methodology and establishing a more effective model for embedding social partnership working with staff side organisations.

This paper sets out a draft model for engagement, which goes much further than responding to the feedback from the staff survey, to establish a clear and robust approach to engaging the Trust's workforce at all levels. This paper sets out a model for staff engagement that will be sustainable, aligned to the Trust's Strategy and which incorporates the existing mechanisms for staff engagement, with more recent developments such as the Staff Inclusion Networks and Pulse Surveys to capture real-time insights into staff morale.

The trust has several groups already in existence, which support some engagement activities, albeit with a focus on specific statutory, policy, regulatory, operational and professional matters, for example Joint Negotiating Committee, Clinical Leaders. The Trust needs to establish a clear framework for staff engagement at all levels, which is underpinned by compassionate and inclusive leadership, a firm commitment to equality and diversity and drives a culture where people feel engaged in their work, their team and the Trust.

The model and the ambitions set out here aim to describe to our workforce and people at all levels the Trusts vision and commitment to active staff engagement, which drives real and tangible improvement in the day-to-day experience, satisfaction and more of our people.

IMPLICATIONS OF PAPER:			
RISK	**Y**		**Risk Description: corporate risk register recruitment and retention of staff**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Caring, Well Led**
	NHSI	**Y**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF COMMITTEE :

Decision	Approval	Discussion	Other
	√	√	

RECOMMENDATIONS FOR COMMITTEE:

Receive the draft staff engagement model to discuss and revise or approve

Staff Engagement Model

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The Dudley Group
NHS Foundation Trust

Trust Board
Workforce & Staff Engagement Committee · Trust Staff Partnerships

Commitments for Staff Engagement

This model for engagement sets out how our Trust will engage with its workforce in an open and inclusive way to move the culture in our workplaces to one where people want to work. This will be through a shared sense of purpose and governance with staff underpinned by compassionate leadership.

We will:

1. Actively encourage staff engagement, particularly with frontline staff in open and transparent dialogue about their experience of work.
2. Embed a culture of engagement and compassionate leadership as business as usual, rather than a tactical response to national staff survey results
3. Take a multi-pronged approach to staff engagement which captures lived experiences of our people at different levels, including diverse staff groups.
4. Implement a regular pulse survey to collect real-time insight into the way our staff are feeling. Managers will have a key role and responsibility to utilise this data to support staff engagement in their areas and to take action to address issues which undermine staff morale and motivation.
5. Better understand, through engagement with our staff, how we can better support staff health and wellbeing
6. Establish a Managers Accreditation Programme which equips our 1000+ people managers with the capability and capacity to engage, motivate, encourage and empower individuals and teams to deliver their optimal contribution to the organisation, within a shared governance framework.
7. Demonstrate increased levels of staff feeling well engaged as measured by Friends & Family Test, Staff Survey and Pulse Surveys.
8. Improve the experience for our staff particularly in addressing the major themes from the Staff Survey:

    - Managers,
    - Bullying and Harassment
    - Morale.
9. Have a clear set of priorities which our staff believe will have the greatest impact on their working lives which we define and monitor.

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Workforce Board Report

8th July 2020

James Fleet, Executive Chief People Officer




Summary

Sickness Absence

- Overall Sickness Absence rose during the Covid 19 period, however this is dropping weekly.
- The overall Sickness Absence for May is at 9.3%, of which half is due to Covid 19 reasons. All other Sickness Absence is at 4.7% compared to the target of 3.5%. The current performance, excluding Covid 19, is in line with the previous months.
- Weekly Covid 19 absences continue to fall, down to 2.6% as at 30th June by headcount (3.1% last week). At 30th June, 134 staff are absent with Covid 19 reasons, of which 91 are shielding (68%).

Bank & Agency Usage

- Both Bank and Agency usage has remained constant during April and May.
- During May (Month 02) C19 absence was a significant factor, with Health Care Workers disproportionally (unqualified nursing) affected.

Turnover

- Leavers for all reasons for the last five months shows a significant increase in March, however April is back within the normal range, with May showing a lower than average number.
- The majority of starters in May (45%) were Health Care Support Workers.

Mandatory Training

- Compliance rates continue to be impacted by staff absence and a reduction in the provision of face to face training due to social distancing measures. Online training remains available for a number of subjects, areas most impacted include manual handling.

Workforce Profile

- In May, the WTE shortfall between the ***Funded Establishment WTE*** and the ***Contracted WTE*** was 573 WTE. This gap was not fully filled with Bank (103.5), Agency (365.8), and Overtime (12.4), leaving 89.7 WTE short overall compared to Funded Establishment.

Recruitment

- Performance in May shows improvement in individual elements of the process, notably; ***Time to Approve***, ***Invites to Interview***, and ***Time to Complete PE Checks.***

Staff Health & Wellbeing

- The response time to Managers' referrals continues to improve, with an average of 7.5 days in May (days from referral to 1st appointment).

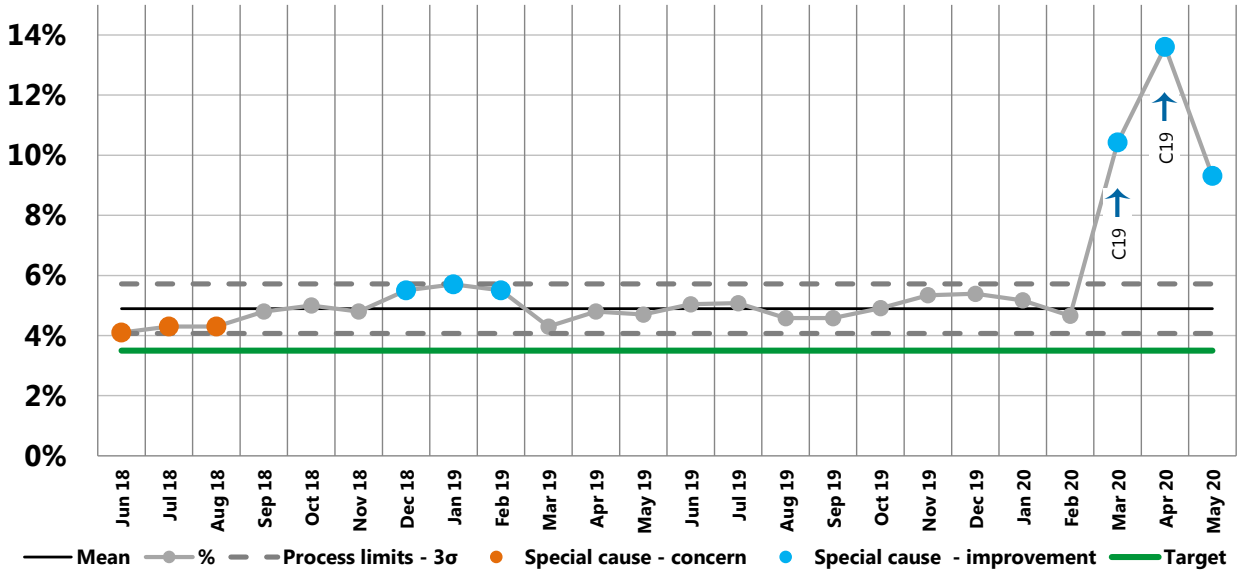
Sickness Absence

The overall Sickness Absence is at 9.3%, of which half is dur to Covid 19 reasons. All other Sickness Absence is at 4.7% compared to the target of 3.5%. The current performance, excluding Covid 19, is in line with the previous months. 'Anxiety/stress/depression' continues to be the most frequent absence reason (after Covid 19 in the current data.

Weekly Covid 19 absences continue to fall, down to 2.6%, this week (30 June) by headcount (3.1% last week). At 30 June, 134 staff are absent with Covid 19 reasons, of which 91 are shielding (68%). Following new Government guidance, shielding has been extended until 31st July, with a planned return to work for staff on the 1st August. Overall absence level on a cumulative basis continues to track above the target level for the Trust (3.5%).

	C19 Reasons		All Other Reasons		Total May Absence	
Division	**Days**	**%**	**Days**	**%**	**Days**	**%**
Clinical Support	514	3.9%	695	5.3%	1,210	**9.3%**
Corporate / Mgt	438	2.8%	427	2.7%	865	**5.4%**
Medicine & Integrated Care	3,067	4.9%	2,966	4.7%	6,033	**9.6%**
Surgery	2,626	5.1%	2,608	5.1%	5,234	**10.2%**
Total	**6,645**	**4.6%**	**6,696**	**4.7%**	**13,341**	**9.3%**

Sickness Absence- starting 01/06/18



Absence Reason	Days	% of all Reasons
C19 Reasons	7878	49%
Anxiety/stress/depression	3249	20%
Other musculoskeletal pro	842	5%
Injury, fracture	507	3%
Gastrointestinal problems	488	3%
Back Problems	386	2%
Genitourinary & gynaecolo	380	2%
Chest & respiratory probl	376	2%
Other known causes - not	372	2%
Cold, Cough, Flu - Influe	259	2%
Benign and malignant tumo	217	1%
Pregnancy related disorde	177	1%
Headache / migraine	138	1%
Ear, nose, throat (ENT)	137	1%
Unknown causes / Not spec	109	1%
Nervous system disorders	108	1%
Asthma	107	1%
Infectious diseases	95	1%
Skin disorders	92	1%
Blood disorders	54	0%
Dental and oral problems	39	0%
Eye problems	30	0%
Endocrine / glandular pro	13	0%
Burns, poisoning, frostbi	1	0%

Covid 19 Absence Profile – All Staff – 2.6% (134 staff, of which 91 shielding)

Weekly Covid 19 absences continue to fall, down to 2.6% this week (3.1% last week). On Tuesday 30th June 134 staff are absent with C19 reasons, of which 91 are shielding (68%)

Following new Govt. guidance, staff shielding have had their planned return date extended to 1st August.

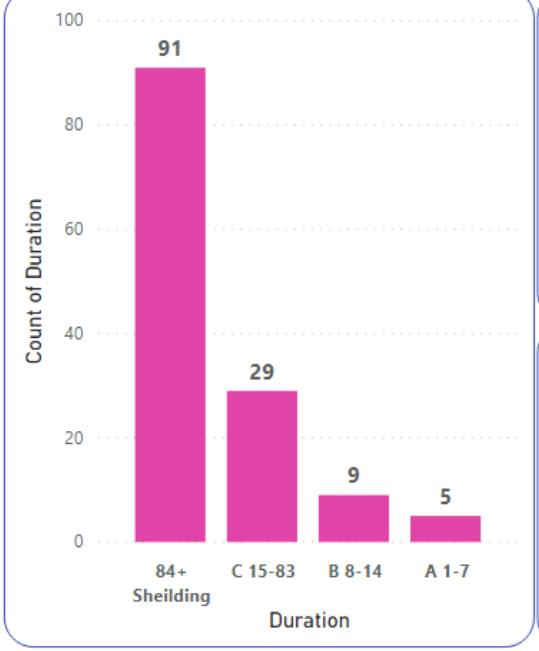
30/06/2020 14:38:48

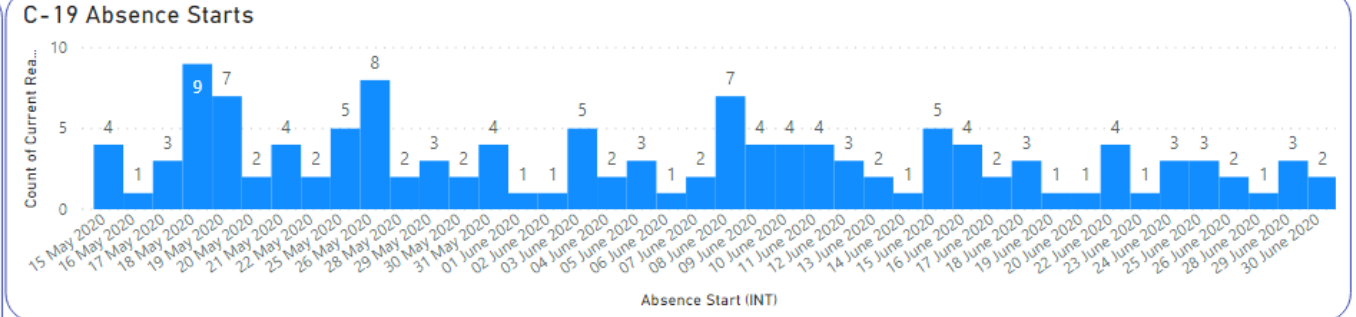
Add Prof Scientific and ... | Additional Clinical Servi... | Administrative and Cler... | Allied Health Professio... | Healthcare Scientists | Medical and Dental | Nursing and Midwifery ...

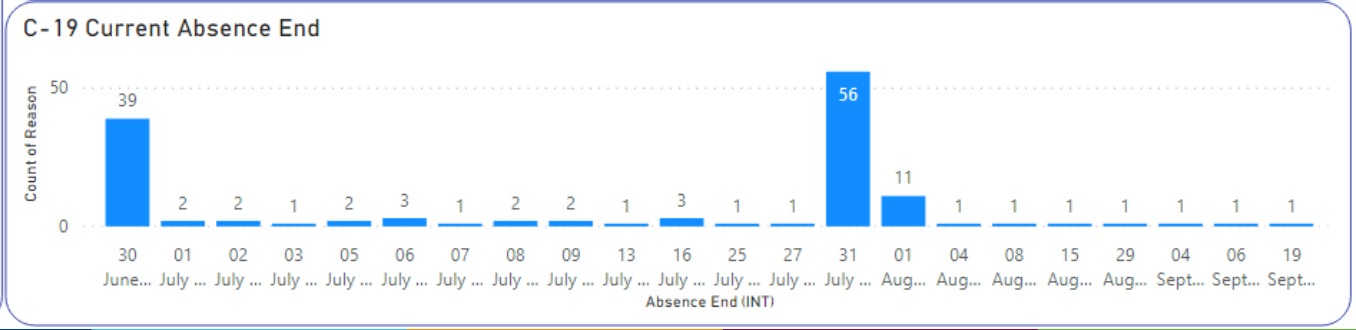
Employee Count Within Selected Staff Group	C19 Absence at some point since since 5 March	Employees with current C19 absence
5139	1409	134

Staff Group	Active Assignment	Covid-19	Other Sickness	Total
Nursing and Midwifery Registered	1644	46	67	1757
Medical and Dental	490	7	12	509
Healthcare Scientists	48	2	2	52
Allied Health Professionals	381	7	5	393
Administrative and Clerical	998	27	24	1049
Additional Clinical Services	1063	39	73	1175
Add Prof Scientific and Technic	191	6	7	204
Total	**4815**	**134**	**190**	**5139**

Staff Group	Active Assignment	Covid-19	Other Sickness	Total
Add Prof Scientific and Technic	93.6%	2.9%	3.4%	100.0%
Additional Clinical Services	90.5%	3.3%	6.2%	100.0%
Administrative and Clerical	95.1%	2.6%	2.3%	100.0%
Allied Health Professionals	96.9%	1.8%	1.3%	100.0%
Healthcare Scientists	92.3%	3.8%	3.8%	100.0%
Medical and Dental	96.3%	1.4%	2.4%	100.0%
Nursing and Midwifery Registered	93.6%	2.6%	3.8%	100.0%
Total	**93.7%**	**2.6%**	**3.7%**	**100.0%**



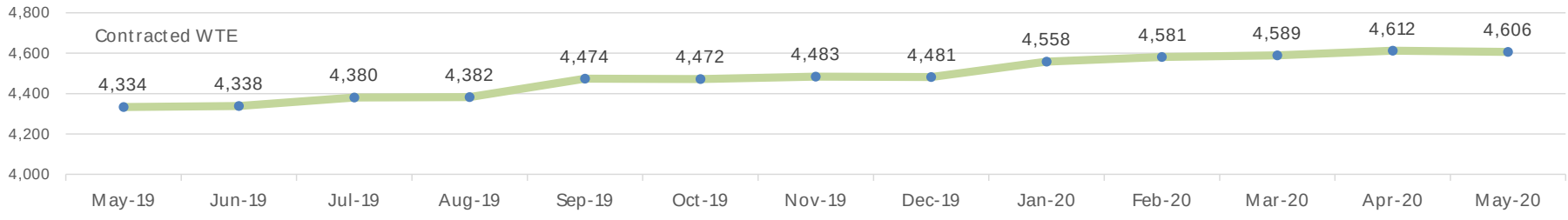


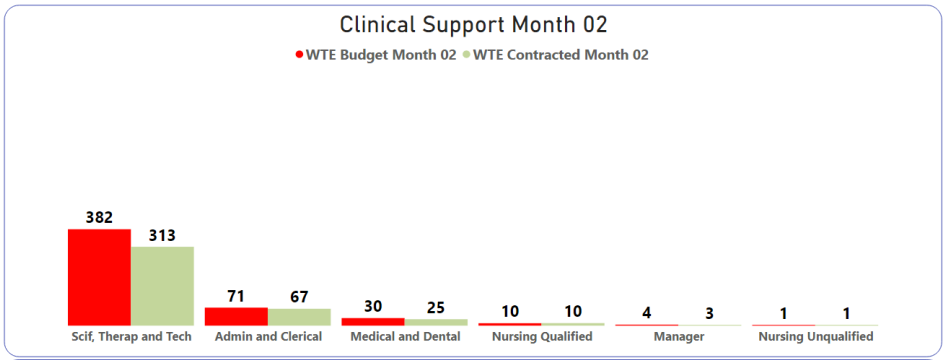


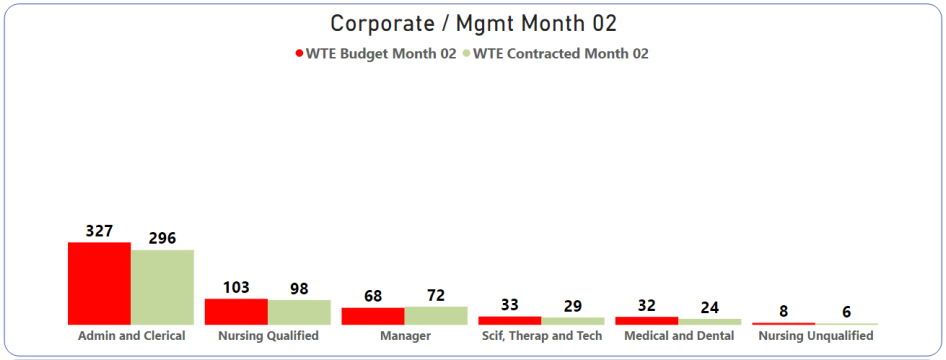
Workforce Profile – Staff in Post

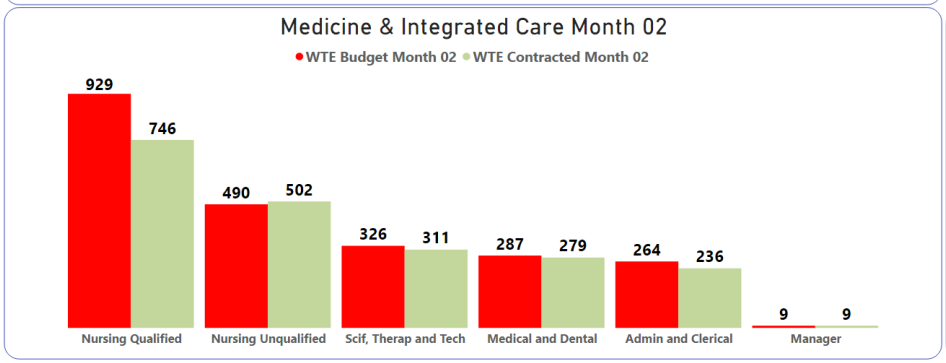
In May, the WTE shortfall between the ***Funded Establishment WTE*** and the ***Contracted WTE*** was 573 WTE. This gap was not fully filled with Bank (103.5), Agency (365.8), and Overtime (12.4), leaving 89.7 WTE short overall compared to Funded Establishment.

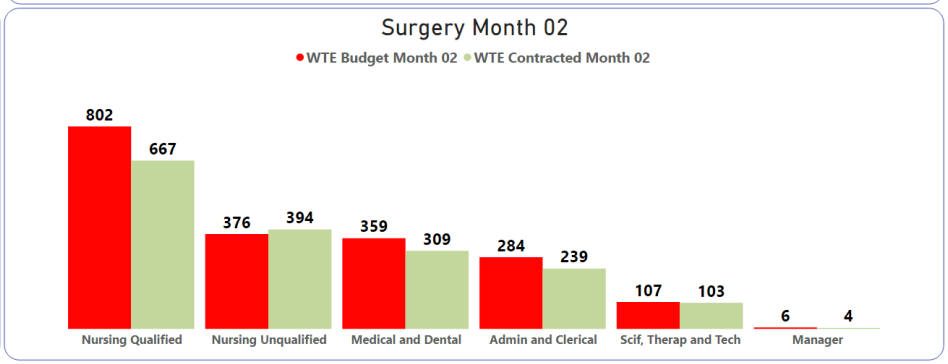
Total WTEs worked: ***Nursing Qualified*** was short (1,844-1,656) **188** WTE. ***Nursing Unqualified*** was over (875-998) **123** WTE.





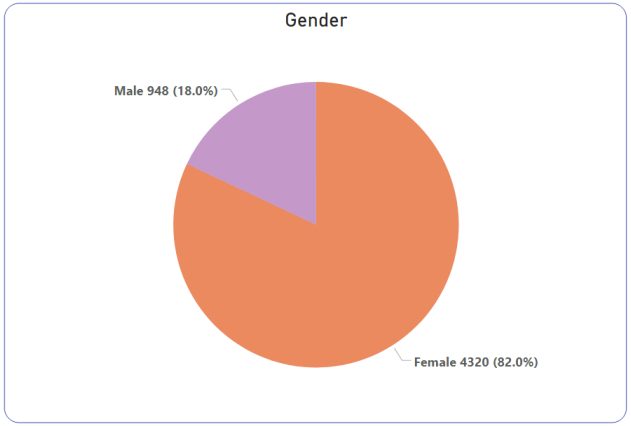


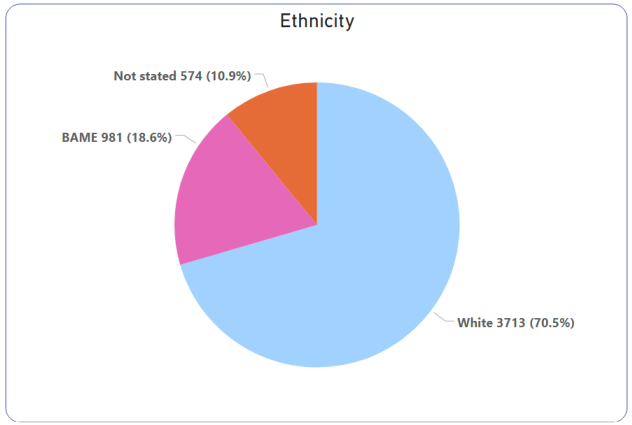


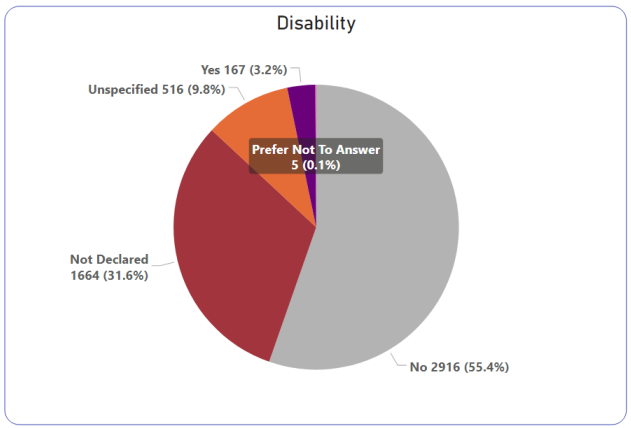


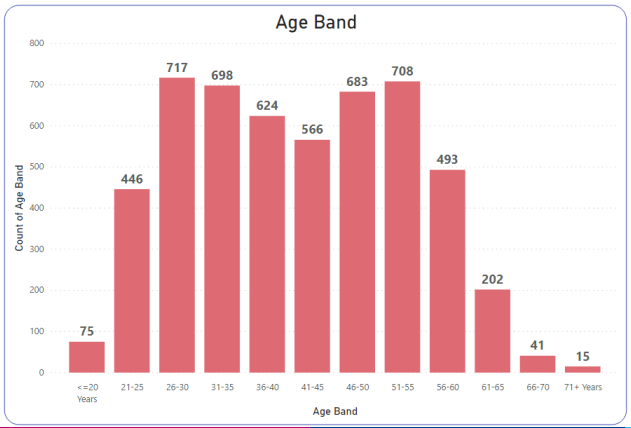
Workforce Profile - Diversity

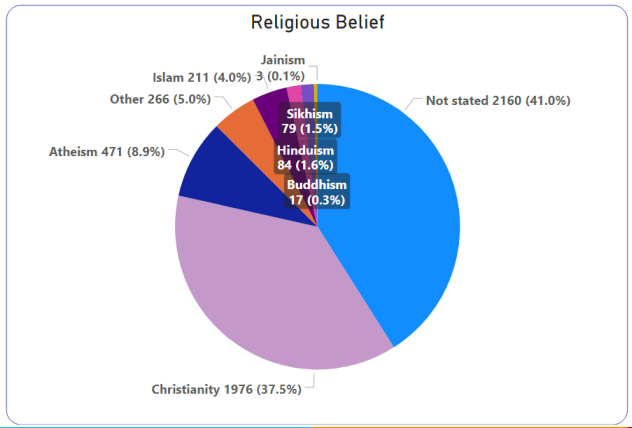
A significant programme of work is being taken forwards to raise the profile of Equality and Diversity and embed a culture of inclusion, for staff from diverse communities and protected characteristics. The Trust is committed to going beyond our public sector duties, to establish dynamic staff Inclusion Networks, which are championed and supported by the Trust Board and senior leadership team. These staff networks will inform and help to shape the Trusts strategy, policies, processes, systems and most importantly cultures and behaviours.
The Trust has recently joined Stonewall, Employers Network for Equality & Inclusion, and has lined with Regional and National Equality and Inclusion networks. The data below and in the following pages summarises the current workforce profile, shown by diversity categories, with further analysis by staff group and pay band.

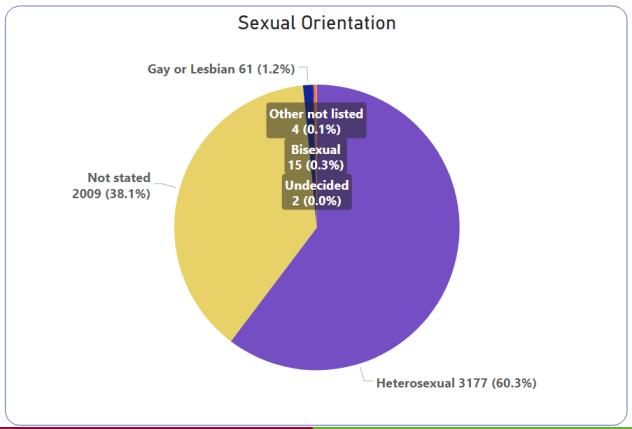






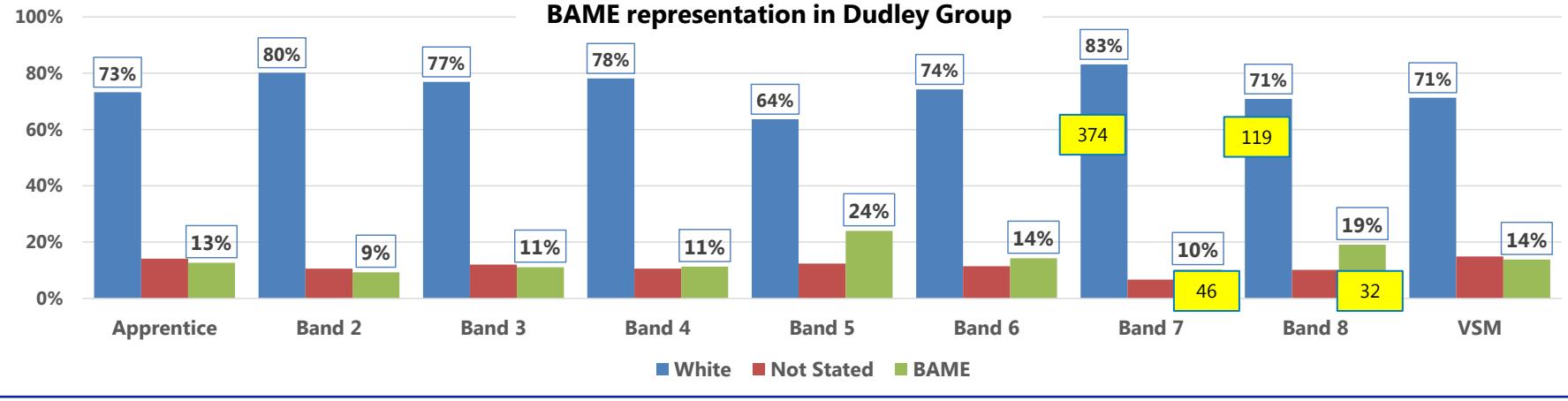


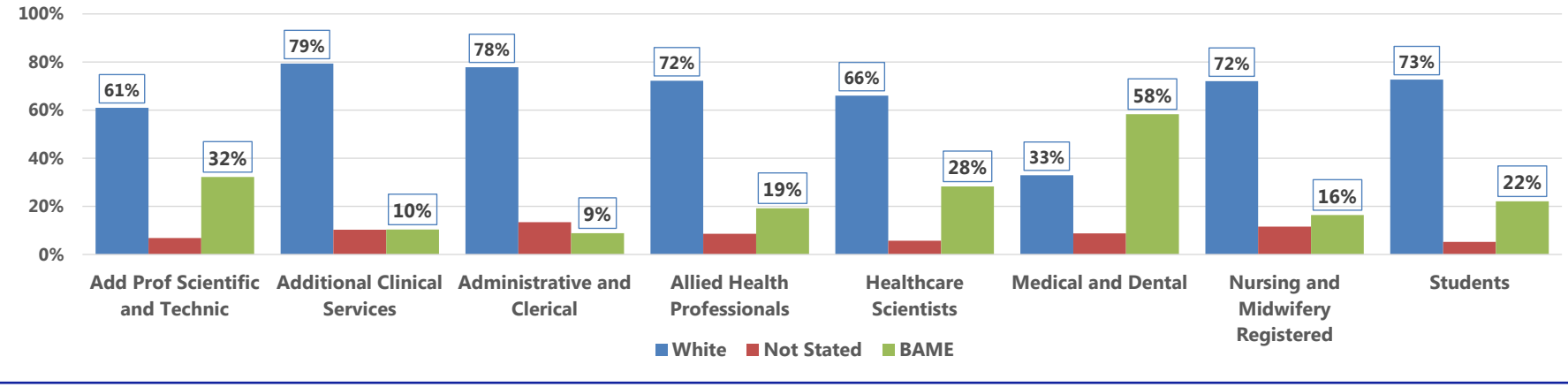




Workforce Profile – Diversity – BAME representation by band & staff group

DGFT's current (total) workforce at 18.6% BAME, 70.5% White & 10.9% Not stated. There is significant variation within staff groups, with Additional Clinical Services (including Health Care Support Workers) at 12%, and Admin and Clerical at 10% well below the Trust average. However Medical & Dental shows 64% BAME staff within the group. There has been an improvement in BME representation at senior levels during the past 6 months, since the 2019 WRES submission. The BAME headcount in band 8 posts has risen from 24 BME in 2019 to 32 BME staff in 2020. Whilst this represents an improvement, as the data in the following slides highlights there is more work to be done to deliver equality and inclusion for BAME staff. The Trust's leadership team is committed to working closely with the BAME Staff Inclusion Group to implement targeted interventions to improve the recruitment, retention and promotion of BAME staff in senior/leadership roles.

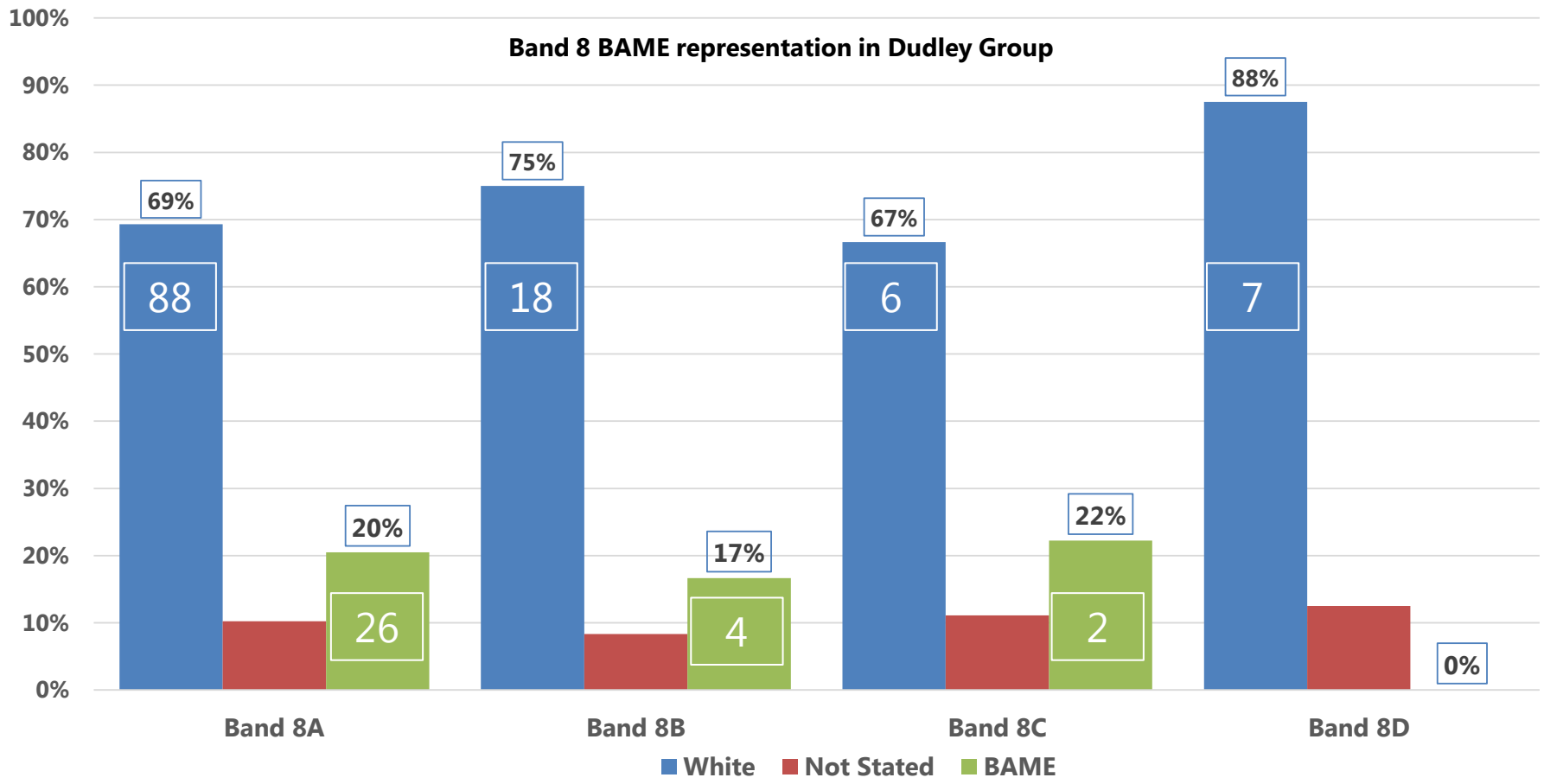




Workforce Profile – Diversity – BAME representation within Band 8

Band 8 has a total BAME representation of 19%, which is in line with the Trust average of 18.6%.

Within the Band 8 grades, A, B, & C are above the Trust average, however there is no BAME representation at grade 8D.

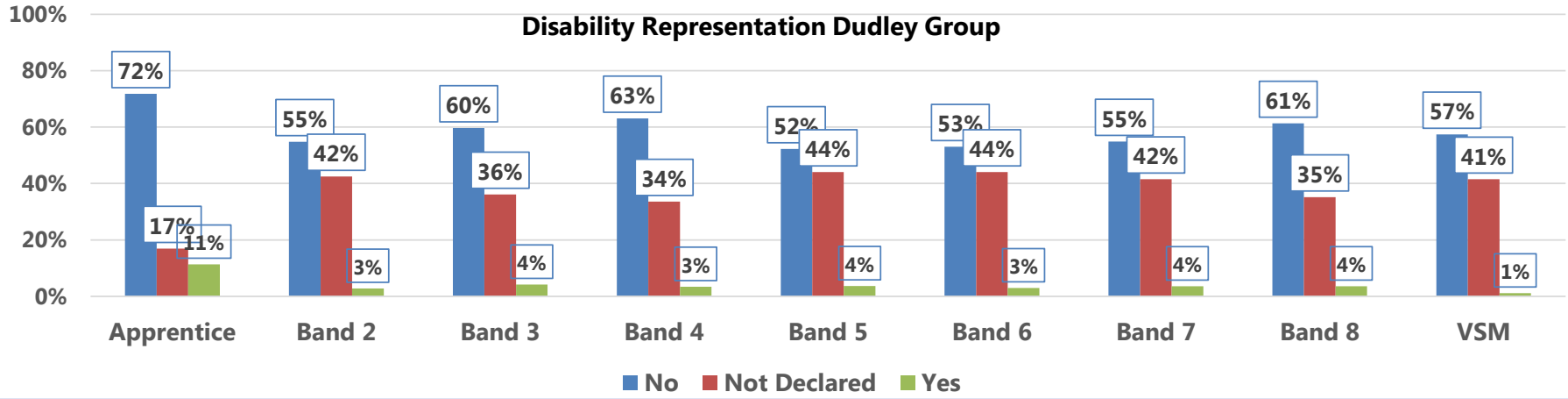


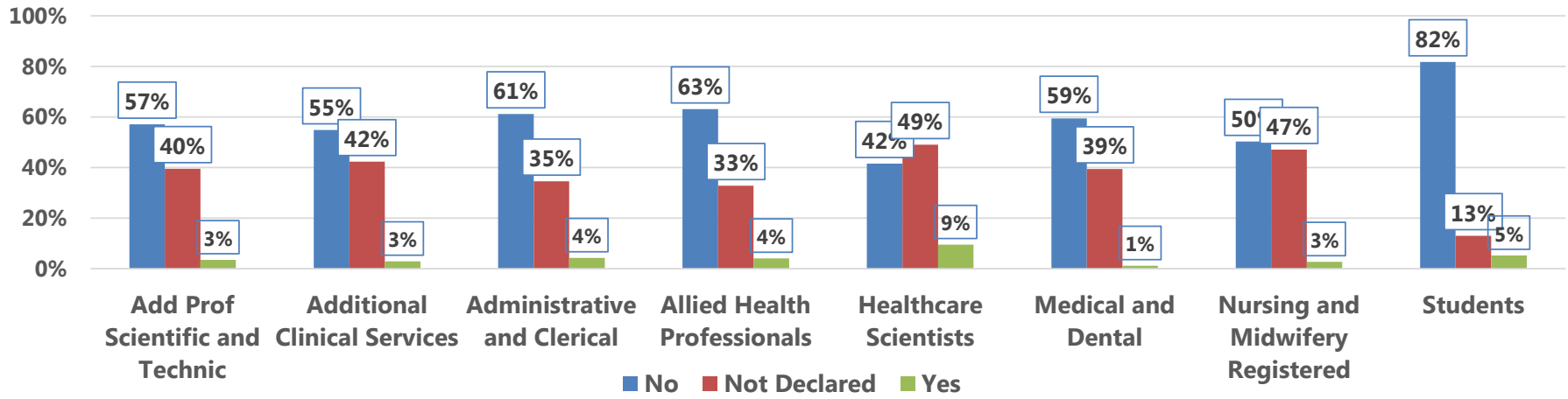
Workforce Profile – Diversity – Disability representation by band & staff group

Overall Trust average for disability representation is 3.6%.

This is consistent across the bands, except at VSM where representation is at 1%.

The Staff Groups show a range of representation with Healthcare Scientists highest at 9%, and Medical & Dental lowest at 1%.



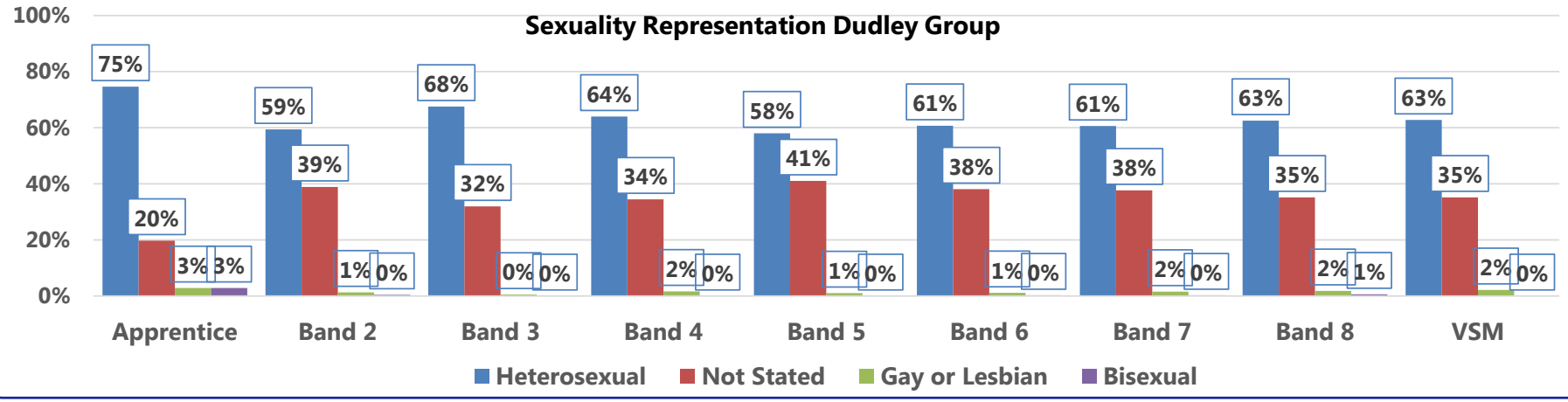


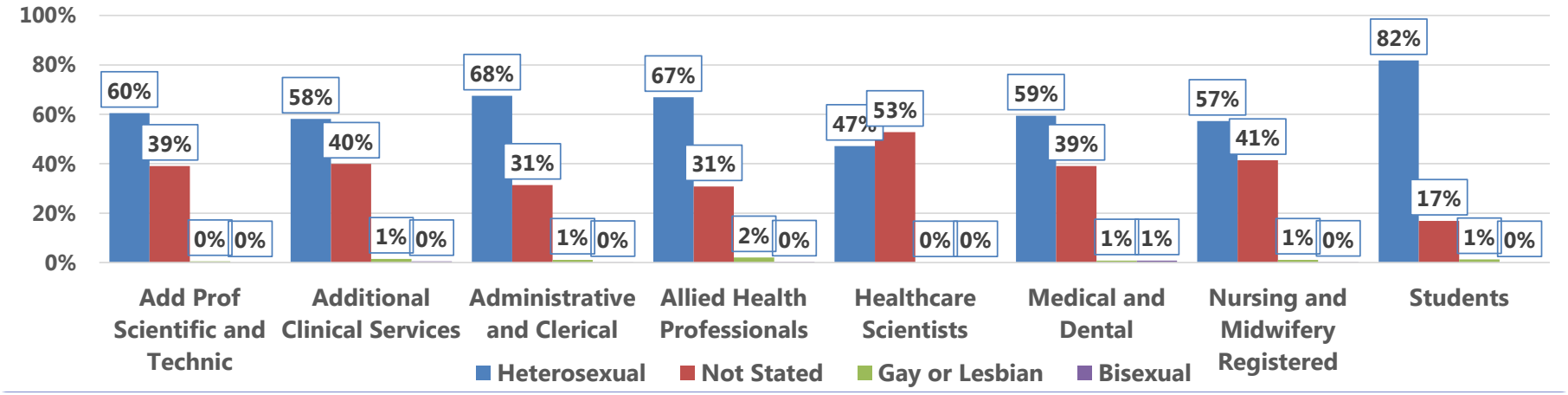
Workforce Profile – Diversity – Sexuality representation by band & staff group

The overall Trust average for staff identifying as being Gay, Lesbian, Bi-sexual and Other Sexuality is 1.6%.

There is very little statistical difference between Bands or the Staff Groups, with the exception of the Apprentices and the Students who are more likely to state their sexuality.

Overall circa 40% of staff have not stated their sexuality.





Workforce Profile – Diversity – Staff Survey Extract - WRES

Using the WRES results highlighted by Dr Habib Naqvi – 'The importance of a BME staff network (Dudley), NHSE&I 24 June 2020', the DGFT position is as shown below.

The 2019 Staff Survey for DGFT shows a worsening position on all of the selected metric descriptions except WRES: BAME *'Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months'* which shows a slight improvement over the previous year.

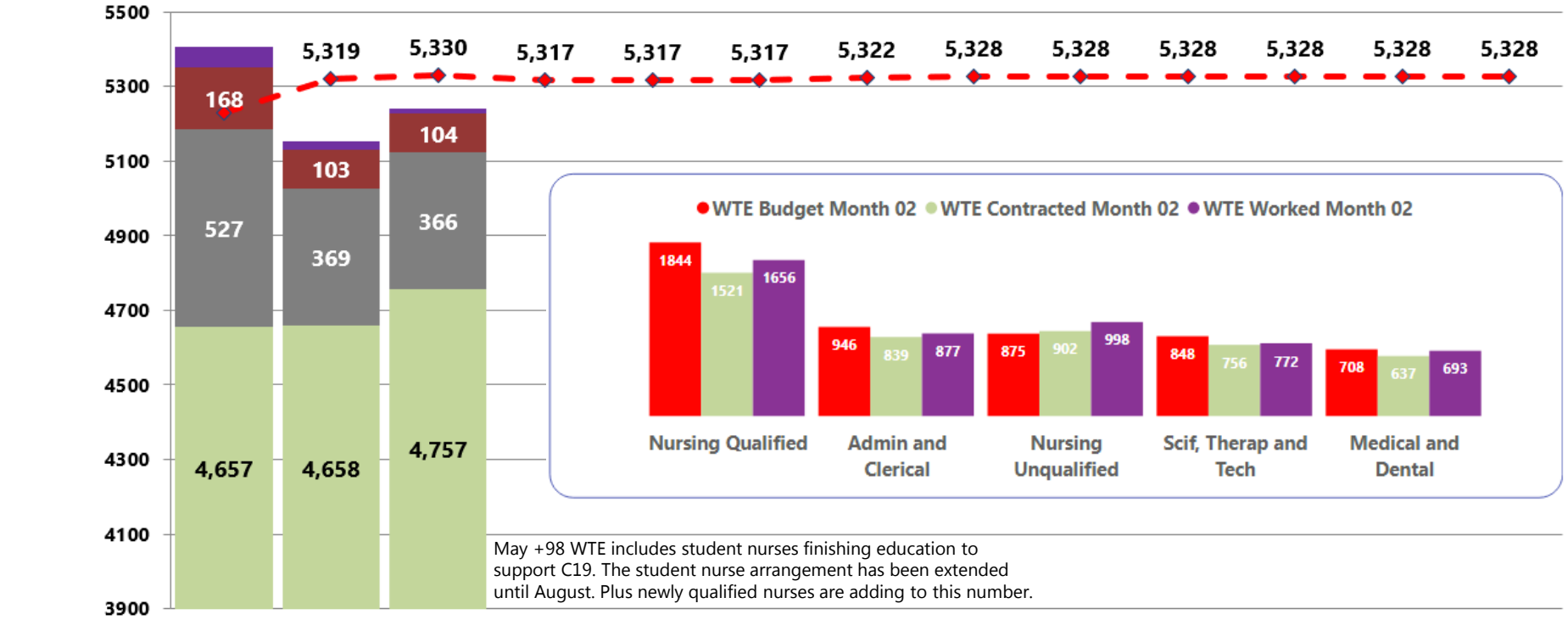
DGFT results are worse than the National Average on all selected metrics.

				DGFT Staff Survey			DGFT	National	DGFT to
			Metric Description	2017	2018	2019	Trend	2019	National
STAFF SURVEY	5	WRES: White	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	27.4%	28.5%	31.6%	Worsening	25.4%	Worse
		WRES: BAME		25.6%	30.2%	31.2%	Worsening	28.7%	Worse
		Theme Results: Q13a		26.1%	28.2%	30.6%	Worsening	25.9%	Worse
	6	WRES: White	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	19.7%	25.7%	28.4%	Worsening	22.2%	Worse
		WRES: BAME		29.4%	36.3%	33.0%	Improvement Last Year	27.9%	Worse
		Theme Results: Q13c		15.3%	19.8%	20.9%	Worsening	18.0%	Worse
	7	WRES: White	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	86.5%	84.3%	84.8%	Worsening	87.4%	Worse
		WRES: BAME		77.8%	74.2%	67.8%	Worsening	72.9%	Worse
	8	WRES: White	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	5.8%	5.3%	6.3%	Worsening	5.5%	Worse
		WRES: BAME		14.4%	11.6%	17.4%	Worsening	14.8%	Worse
		Theme Results: Q15b		7.2%	6.2%	8.1%	Worsening	6.9%	Worse

Bank & Agency Usage - Trend

Both Bank and Agency usage has remained constant during April (103 + 369) and May (104 + 366), despite an increase in ***Contracted WTEs*** in May (plus 119 WTE). In May, the WTE shortfall between the ***Funded Establishment WTE*** and the ***Contracted WTE*** was 573 WTE. This gap was not fully filled with Bank (103.5), Agency (365.8), and Overtime (12.4), leaving 89.7 WTE short overall compared to Funded Establishment.

Total WTEs worked: ***Nursing Qualified*** was short (1,844-1,656) **188** WTE. ***Nursing Unqualified*** was over (875-998) **123** WTE.



May +98 WTE includes student nurses finishing education to support C19. The student nurse arrangement has been extended until August. Plus newly qualified nurses are adding to this number.

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Overtime/WLI	53.54	22.99	12.4	0	0	0	0	0	0	0	0	0	0
Agency	167.81	103.09	103.53	0	0	0	0	0	0	0	0	0	0
Bank	527.08	368.86	365.81	0	0	0	0	0	0	0	0	0	0
Contracted WTE	4656.5	4658.04	4756.92	0	0	0	0	0	0	0	0	0	0
Funded Estab.	5227.34	5319.32	5330.37	5316.87	5316.59	5316.63	5322.13	5327.74	5327.67	5327.72	5327.67	5327.72	5327.68

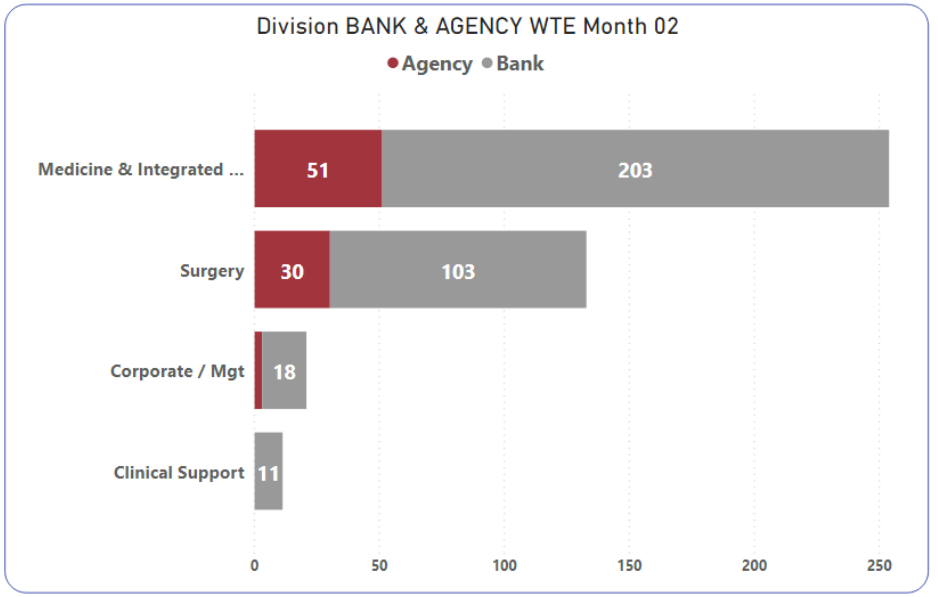
Contracted WTE Bank Agency Overtime/WLI Funded Estab.

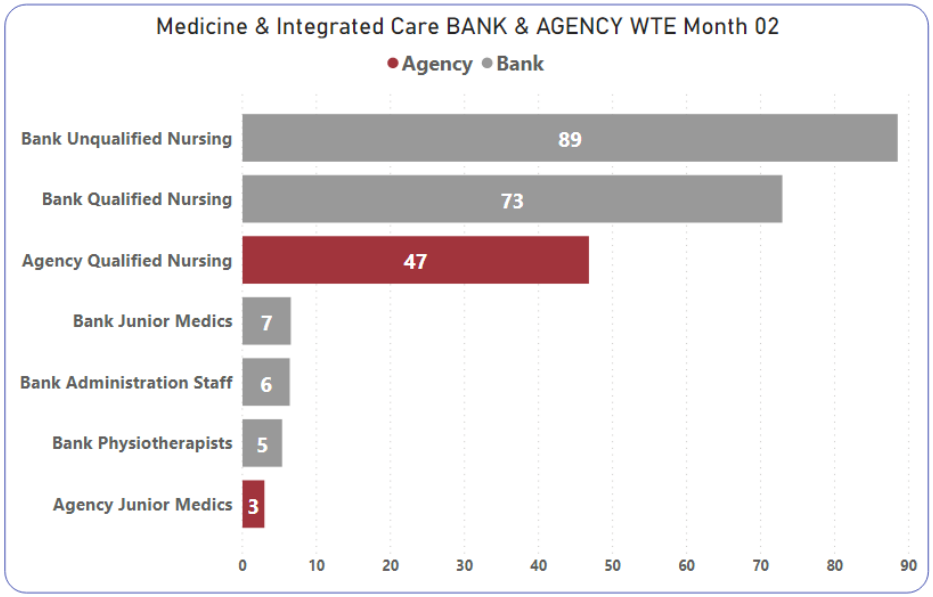
Bank & Agency Usage – By Division and Role

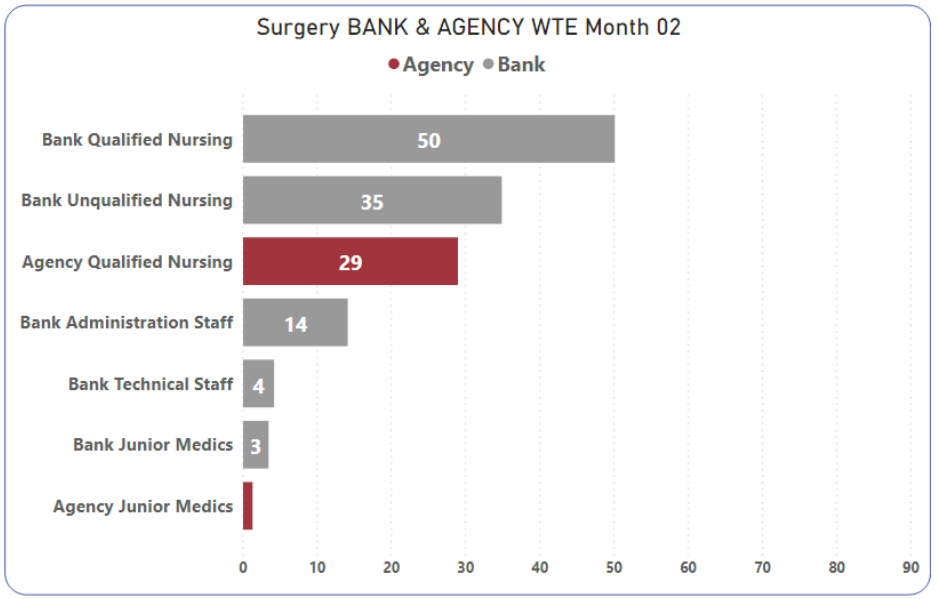
Medicine & Surgery both continue to use the Agency and Bank Qualified Nursing to fill funded vacancies.

During May (Month 02) C19 absence was a significant factor, with Health Care Workers disproportionally (unqualified nursing) affected.

There has been an increased use of bank as part of the staffing Initiatives such as 'Fast Track' recruitment, utilising students via bank, NHS returners and redeployment of under utilised teams to areas of high demand to ensure resilience of the workforce during increased and unpredictable absence.







Turnover

Leavers for all reasons for the last five months shows a significant increase in March, however April is back within the normal range, with May showing a lower than average number: **January = 32, February = 30, March = 49, April = 24, May = 15**

The majority of starters in May (45%) were Health Care Support Workers.

Division	Starters	
	Head Count	FTE
Clinical Support	9	7.1
Corporate / Mgt	8	6.3
Medicine & Integrated Care	20	17.1
Surgery	12	9.6
Total	**49**	**40.1**

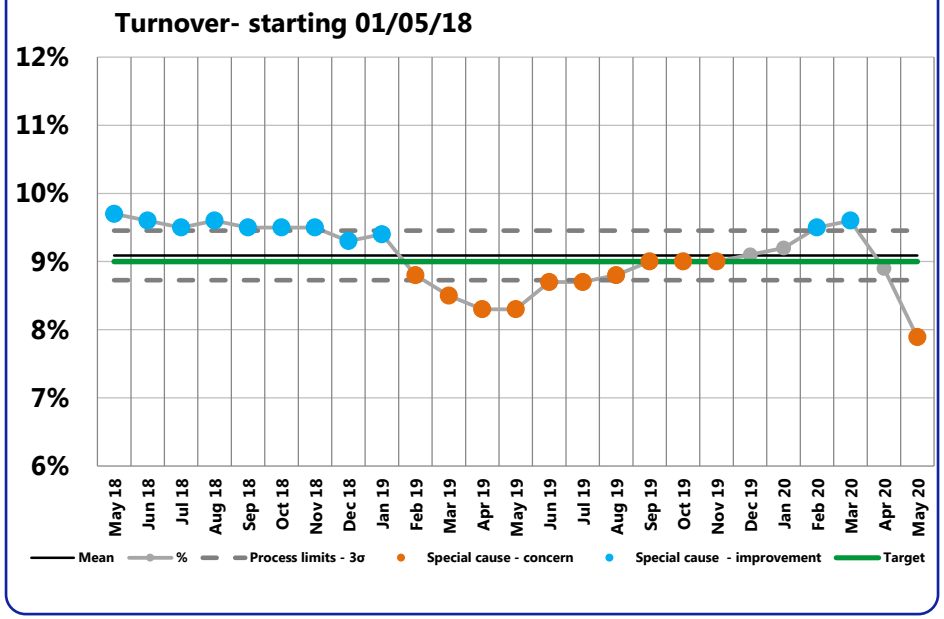
Division	Leavers	
	Head Count	FTE
Clinical Support	2	1.7
Corporate / Mgt	1	1.0
Medicine & Integrated Care	7	5.4
Surgery	5	4.0
Total	**15**	**12.1**

Employment Category	Starters	
	Head Count	FTE
Part Time		
Fixed Term Temp	20	15.8
Permanent	14	9.3
Full Time		
Permanent	9	9.0
Fixed Term Temp	6	6.0

Reason for Leaving	Leavers	
	Head Count	FTE
Retirement Age	7	5.1
Vol. Res. - Work Life Balance	4	3.5
Vol. Res. - Promotion	2	2.0
Vol. Res. - Health	2	1.6

Role	Starters	
	Head Count	FTE
Health Care Support Worker	22	17.3
Student Nurse - Adult Branch	4	3.8
Healthcare Science Assistant	5	3.1
Clerical Worker	3	2.5
Consultant	2	2.0
Officer	2	1.9
Assistant	2	1.9
Staff Nurse	1	1.0
Trust Grade Doctor	1	1.0
Radiographer	1	1.0
Senior Manager	1	1.0
Pharmacist	1	1.0
Specialist Nurse Practitioner	1	0.8
Sister/Charge Nurse	1	0.6
Manager	1	0.6
Occupational Therapist	1	0.6

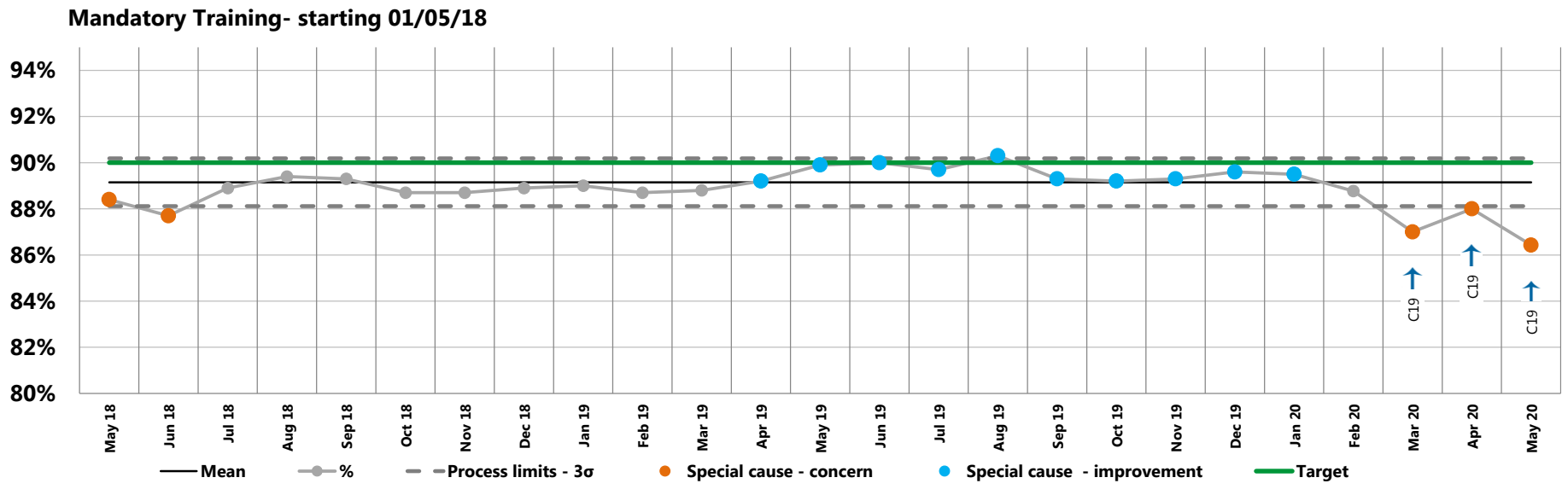
Role	Leavers	
	Head Count	FTE
Staff Nurse	2	2.0
Specialist Nurse Practitioner	2	1.8
Health Care Support Worker	3	1.7
Clerical Worker	2	1.6
Trust Grade Doctor - SHO	1	1.0
Radiographer - Diagnostic	1	1.0
Senior Manager	1	1.0
Sister/Charge Nurse	1	0.8
Healthcare Science Assistant	1	0.7
Assistant	1	0.6



Mandatory Training – Performance Trend

Mandatory training compliance in May has reduced in most categories with the exception of: Resus-Adult +1.6%, Safeguarding Adults Level 2 +0.7%, and Resus-Neonatal +0.1%.

Compliance rates continue to be impacted by staff absence and a reduction in the provision of face to face training due to social distancing measures. Online training remains available for a number of subjects, areas most impacted include manual handling.



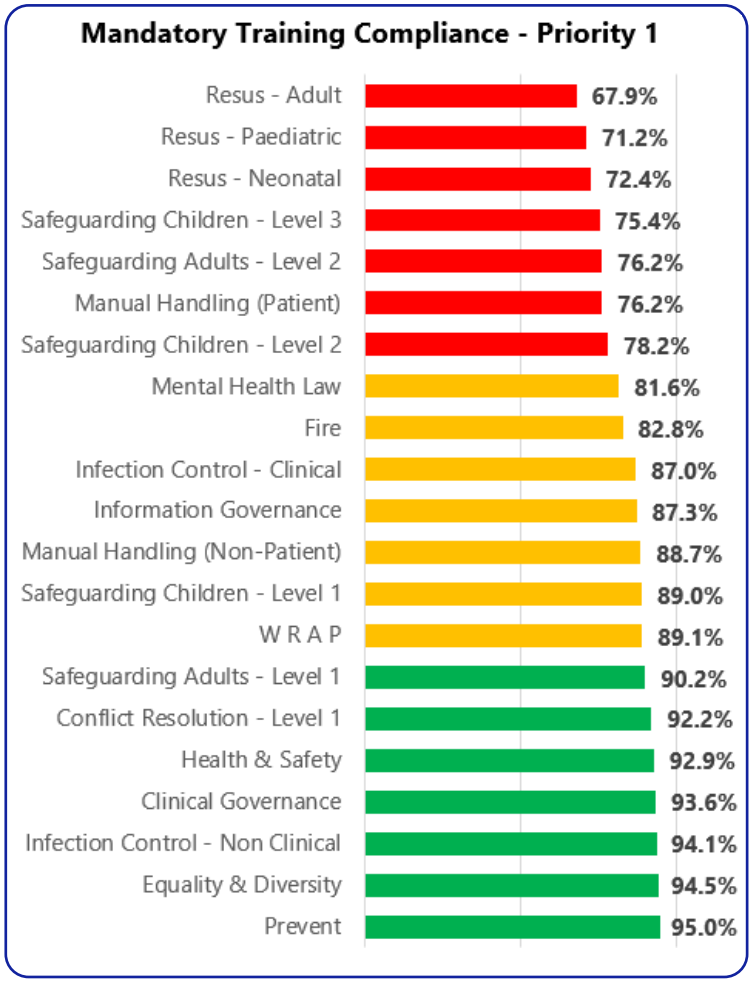
Month	Clinical Governance	Conflict Resolution - Level 1	Equality & Diversity	Fire	Health & Safety	Infection Control - Clinical	Infection Control - Non Clinical	Information Governance	Manual Handling (Non-Patient)	Manual Handling (Patient)	Mental Health Law	Prevent	Resus - Adult	Resus - Neonatal	Resus - Paediatric	Safe-guarding Adults-Level1	Safe-guarding Adults-Level2	Safe-guarding Children-Level1	Safe-guarding Children-Level2	Safe-guarding Children-Level3	W R A P
January	94.1%	92.5%	94.9%	85.7%	93.2%	88.1%	94.8%	89.9%	89.9%	85.9%	82.1%	96.6%	75.8%	76%	77.7%	92.8%	85.1%	90.3%	87.4%	84.4%	92.7%
February	94.1%	92.2%	94.7%	85%	93%	88.8%	93.9%	88.7%	88.8%	84.4%	81.4%	95.4%	75.3%	80.3%	77.4%	91.7%	83.6%	87.4%	84.9%	81.5%	91.9%
March	92.7%	92.4%	93.1%	82.1%	92.3%	85.8%	92.2%	86.9%	86.7%	82.7%	81.9%	93.8%	74%	77.4%	73.5%	90.5%	79.2%	85.1%	80.4%	77.9%	91%
April	94.4%	93.3%	94.8%	83.7%	93.6%	88.1%	94.3%	88.8%	89.4%	80.6%	82.5%	96.2%	72.4%	77.3%	75.4%	91.5%	78.5%	87.3%	80.8%	78.3%	91.3%
May	93.6%	92.2%	94.5%	82.8%	92.9%	87%	94.1%	87.3%	88.7%	76.2%	81.6%	93.8%	74%	77.4%	73.5%	90.5%	79.2%	85.1%	80.4%	77.9%	91%
This Month v Last Month Variance																					
Jan to Feb	0.0%	-0.3%	-0.2%	-0.7%	-0.2%	0.7%	-0.9%	-1.2%	-1.1%	-1.5%	-0.7%	-1.2%	-0.5%	4.3%	-0.3%	-1.1%	-1.5%	-2.9%	-2.5%	-2.9%	-0.8%
Feb to Mar	-1.4%	0.2%	-1.6%	-2.9%	-0.7%	-3.0%	-1.7%	-1.8%	-2.1%	-1.7%	0.5%	-1.6%	-1.3%	-2.9%	-3.9%	-1.2%	-4.4%	-2.3%	-4.5%	-3.6%	-0.9%
Mar to Apr	1.7%	0.9%	1.7%	1.6%	1.3%	2.3%	2.1%	1.9%	2.7%	-2.1%	0.6%	2.4%	-1.6%	-0.1%	1.9%	1.0%	-0.7%	2.2%	0.4%	0.4%	0.3%
Apr to May	-0.8%	-1.1%	-0.3%	-0.9%	-0.7%	-1.1%	-0.2%	-1.5%	-0.7%	-4.4%	-0.9%	-2.4%	1.6%	0.1%	-1.9%	-1.0%	0.7%	-2.2%	-0.4%	-0.4%	-0.3%

Mandatory Training – Areas of Focus

Particular effort continues on the 7 lowest attainment categories in **RED** shown in the chart below left.

The grid below right shows areas of specific attention around RESUS and SAFEGUARDING.

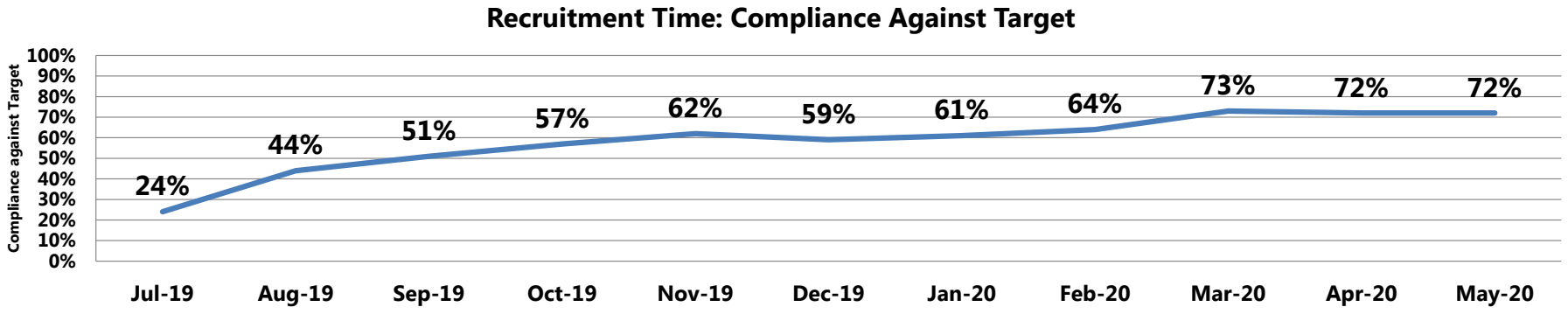
Division	MRT Compliance
Clinical Support	89.3%
Corporate / Mgt	90.4%
Medicine & Integrated Care	86.0%
Surgery	85.2%



Selected Mandatory Training Categories		Resus - Adult	Resus - Neonatal	Resus - Paediatric	Safeguarding Adults - Level 2 2020	Safeguarding Children - Level 3 2020
Division	Directorate	>=90% >=80%	>=90% >=80%	>=90% >=80%	>=90% >=80%	>=90% >=80%
253 Clinical Support 89.3% (4908/5496)	253 Breast Screening Service Dir 88.7% (396/446)	92%			76%	
	253 Cancer Services Management Dir 84.4% (190/225)	100%			100%	
	253 Clinical Support Div Mgt Dir 88.8% (40/45)	100%			100%	
	253 Imaging Dir 87.3% (2094/2398)	78%		87%	81%	
	253 Pathology Dir 88.7% (715/806)	88%		100%	83%	
	253 Pharmacy Dir 93.4% (1473/1576)				81%	
		81%		87%	81%	
253 Corporate / Mgt 90.4% (5176/5724)	253 Board Secretary FT Dir 100% (61/61)					
	253 Chief Executive Dir 80% (253/316)	100%			50%	
	253 Finance Information and Estate Dir 93.4% (1262/1351)	0% (			71%	
	253 Human Resources Dir 90.5% (497/549)	83%			83%	
	253 Information Technology Dir 96.4% (708/734)				100%	
	253 Medical Director Dir 89% (876/984)	69%		100%	83%	
	253 Nursing Directorate Dir 92.9% (1037/1116)	77%	100%		89%	70%
	253 Operations Management Dir 76.2% (414/543)	61%			83%	66%
	253 Strategy & Performance Dir 97.1% (68/70)					
		71%	100%	100%	85%	68%
253 Medicine & Integrated Care 86% (24739/28735)	253 Integrated Care Dir 89.8% (8401/9351)	73%		92%	82%	72%
	253 Medicine Division Management Dir 93.3% (169/181)	66%			100%	
	253 Nursing Medicine Dir 83.5% (10798/12930)	62%		63%	73%	64%
	253 Specialist Medicine Dir 84.9% (3369/3966)	69%		55%	73%	
	253 Urgent Care Dir 86.7% (2002/2307)	67%		71%	72%	81%
		67%		66%	76%	68%
253 Surgery 85.2% (19841/23286)	253 Maternity Services Dir 85.6% (2853/3331)	76%	83%	0% (	80%	80%
	253 Nursing Surgery Dir 85% (6481/7618)	63%	48%	80%	72%	83%
	253 OPD and Health Records Dir 94.1% (1457/1547)	73%			87%	
	253 Specialist Surgery Dir 87% (1580/1815)	74%		91%	75%	
	253 Surgery Division Mgmt Dir 91.4% (107/117)	50%			100%	
	253 Surgery Urology & Vascular Dir 77.2% (944/1222)	54%		50%	58%	
	253 Theatres Anaes & Crit Care Dir 83.7% (4930/5888)	63%		63%	72%	
	253 Trauma & Orthopaedics Dir 87.9% (637/724)	61%			67%	
	253 Women and Children Dir 83.2% (852/1024)	73%	60%	70%	56%	68%
		66%	72%	72%	73%	80%
OVERALL PERFORMANCE		67.90%	72.40%	71.20%	76.20%	75.40%

Recruitment

Performance in May shows improvement in individual elements of the process, notably; ***Time to Approve***, ***Invites to Interview***, and ***Time to Complete PE Checks.***



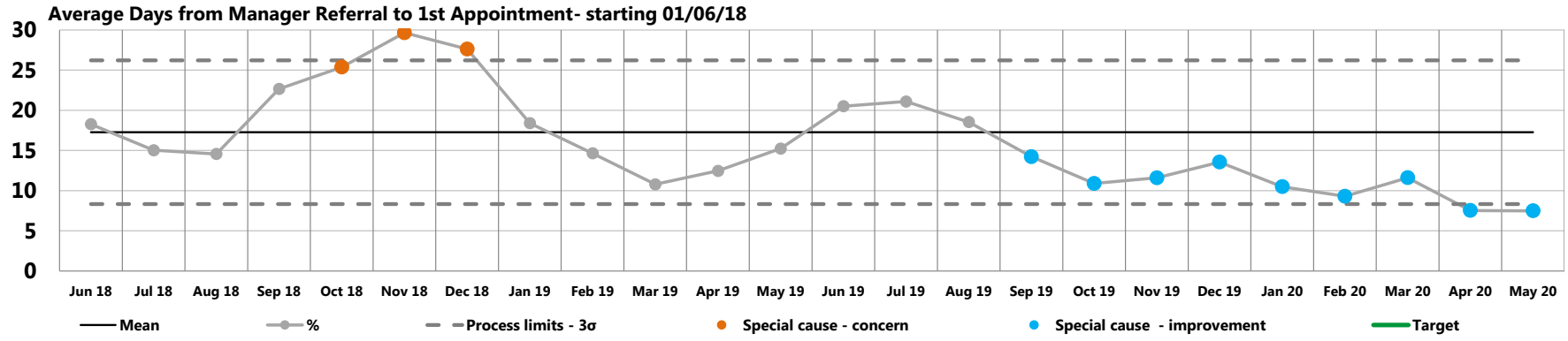
Trust Total Recruitment Time	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Time to Approve (8 Days)	48%	75%	60%	61%	63%	59%	73%	70%	72%	72%	85%
Time to Advertise (2 Days)	95%	94%	96%	94%	97%	94%	94%	94%	96%	97%	98%
Time to Shortlist (4 days)	74%	52%	38%	100%	61%	53%	56%	53%	50%	49%	51%
Time to send interview invites after shortlisting (2 Days)	99%	91%	100%	76%	100%	95%	97%	100%	100%	100%	100%
Time from sending invites to interview date (5 Days)	76%	73%	74%	76%	83%	77%	65%	68%	79%	79%	83%
Time from interview to conditional offer sent (2 Days)	53%	77%	72%	77%	84%	80%	55%	58%	68%	68%	54%
Time to complete PE Checks (27 Days)	80%	69%	47%	56%	66%	69%	54%	59%	57%	57%	75%
Total Time to Recruit (50 Days)	24%	44%	51%	57%	62%	59%	61%	64%	73%	72%	72%

Staff Health & Wellbeing – SHAW Service

The response time to Managers' referrals continues to improve, with an average of 7.5 days in May (days from referral to 1st appointment)

The SHAW service appointments held showed an increase in March, due mainly to Health Surveillance, and Self Referral levels.

Number of appointments in May have dropped significantly to below the usual monthly average – with the main reductions showing in Immunisation, Health Surveillance, and Pre-employment.



	2019												2020				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Counselling	30	25	19	13	18	14	27	15	19	24	21	18	19	13	20	46	33
Flu campaign	4	14								9		3	1				
General advice appointment/walk in	3	1	10	8	8	3	7	14	22	19	10	8	2	3	6	3	3
General advice email			2											1	8	4	1
General advice walk in			2							1					1		
Health surveillance/Skin assessment	19	22	17	19	24	11	41	39	30	36	51	37	19	35	111	93	56
Immunisation	299	291	222	260	231	231	249	231	190	303	229	223	249	223	250	177	146
Management referral	131	123	143	125	162	147	138	156	111	80	78	74	91	78	104	68	112
Meeting														1			
Needlestick	18	18	17	23	27	25	34	30	28	20	39	25	22	28	13	12	13
Physio															1		
Pre-employment	7	7	7	2	11	8	11	102	79	92	122	145	42	2	26	38	10
Self-Referral	1	1	1				2							4	10	3	
Self-Referral (telephone)	2	2	6	3	1	2	1	9	2	7	2	1	1	1	104	23	3
Grand Total	**514**	**504**	**446**	**453**	**482**	**441**	**510**	**596**	**481**	**591**	**552**	**534**	**446**	**389**	**654**	**467**	**377**

HR Caseload

The current open HR caseload of 33 is dominated by 'Disciplinary' cases at 58%

Cases related to BAME staff represent 17% of the total cases of BAME and Non-BAME staff (Z Not Stated staff excluded from this calculation to enable a like-for-like with the overall Trust BAME representation of 21%.

	Capability No UHR	Capability UHR	Disciplinary	Grievance	Total	% of BAME+Non-BAME
BAME	2	0	1	2	**5**	17%
Non-BAME	0	4	16	5	**25**	83%
Z Not Stated	0	0	2	1	**3**	
Total	**2**	**4**	**19**	**8**	**33**	

	Capability No UHR	Capability UHR	Disciplinary	Grievance	Total	% of Total
Add Prof Scientific and Technic	0	1	0	0	**1**	3%
Additional Clinical Services	0	1	4	0	**5**	15%
Administrative and Clerical	0	1	3	2	**6**	18%
Allied Health Professionals	0	0	0	6	**6**	18%
Medical and Dental	0	0	2	0	**2**	6%
Nursing and Midwifery Registered	2	1	10	0	**13**	39%
Total	**2**	**4**	**19**	**8**	**33**	

Paper for submission to the Board on 9th July 2020

TITLE:	**Dudley Group Workforce & Staff Engagement Committee – Staff Engagement Deep-Dive**		
AUTHOR:	**James Fleet, Chief People Officer**	**PRESENTER**	**Julian Atkins, Chair Workforce and Engagement Committee**

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

SO1: Deliver a great patient experience, SO4: Be the place people choose to work

SUMMARY OF KEY ISSUES:

The Workforce and Staff Engagement Committee convened its first Deep-Dive session on 30th June.

The session focused on the following objectives:

- Sharing and discussing the key messages from the 2019 national staff survey:
  - Trust level
  - Divisional level
  - Equality & Inclusion
- Considering how the Trust moves from 'responding to the staff survey' to 'embedding a culture of engagement'?
- Reviewing the process for developing robust and meaningful improvement plans
- Determining how we ensure that staff engagement continues to be a priority and focus for the organisation, especially given the operational and day-day pressures for restoring and recovering services.

Key Actions, Decisions and Updates:

- The Dudley Group Staff Engagement Model (see Appendix 1) was discussed and approved with full support from Executives, Divisions, Professional leads, Equality and Inclusion Chairs. This model goes much further than just responding to the feedback from the national staff survey, it establishes a clear and robust approach to engaging the Trust's workforce at all levels. The model sets an ambitious vision and commitment to active staff engagement, which will drive real and tangible improvements in the day-to-day experience, satisfaction and more of our people.
- Committee members welcomed this as being sustainable, aligned to the Trust's Strategy and building on existing mechanisms for staff engagement. The Dudley Group Staff Engagement Model includes the introduction of; real-time pulse satisfaction surveys, Staff Partnership Forums, Divisional and Professional Engagement Groups and clear integration with the new Staff Equality and Inclusion Networks. The Staff Engagement Model will be formally launched in July, with a pro-active comms campaign and championship by Executives, Divisional and Corporate leaders. Progress, updates and feedback will be provided to the Workforce and Staff Engagement Committee on a regular basis.
- The Committee were pleased to receive an update on the Managers Accreditation Programme, which will be essential to addressing the issues relating to 'immediate managers' that were highlighted in the Staff Survey results. In particularly staff raised concerns regarding the support that they receive from their line manager. The Committee were pleased to note that additional investment has been provided to increase the capacity of OD/Training team to launch the Managers Accreditation programme for 1000+ managers during the next 18 months.
- The Equality and Inclusion Groups will play an active role in embedding the new Staff Engagement

Model, working closely with the Divisional and Corporate leadership teams, as well as with Executive sponsors. The Committee warmly welcomed Julie Penny (Chair – Staff BAME Equality & Inclusion Group) and Laura Gibbs-Grady (Chair – Staff LGBTQ+ Equality & Inclusion Group) to their first Workforce and Staff Engagement Committee meeting. Julie and Laura have now formally joined the Committee and will make a significant contribution to the Committee work plan, drawing on the rich insights from the new networks.

- The Divisional leads set out their plans for developing robust local engagement improvement plans during July. Diane has written all staff across the Trust encouraging participation.

The next Workforce and Staff Engagement Committee Deep-dive session is planned for 25th August and will focus on Equality and Inclusion.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description: corporate risk register recruitment and retention of staff**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Caring, Well Led**
	NHSI	**Y**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF COMMITTEE :

Decision	Approval	Discussion	Other
	√	√	

RECOMMENDATIONS FOR COMMITTEE:

Note the new Dudley Group Staff Engagement Model, following approval by the Workforce and Staff Engagement Committee.

APPENDIX 1

Paper for submission to the Workforce and Staff Engagement Committee on 29th June 2020

TITLE:	**Draft Staff Engagement Model**		
AUTHOR:	**Liz Abbiss, Head of Communications and James Fleet Chief People Officer**	**PRESENTER**	**James Fleet, Chief People Officer**
CLINICAL STRATEGIC AIMS			
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*	
SO1: Deliver a great patient experience, SO4: Be the place people choose to work			

SUMMARY OF KEY ISSUES:

The Trust recognises it has much more to do to engage its workforce in a meaningful way that captures people's experiences of working at the Trust and builds an environment where staff feel supported to drive improvement, are engaged in changes affecting them and help develop the solutions.

The Workforce Committee and Trust Board received the staff survey results in February which highlighted some key areas for improvement, namely; morale, support form immediate line managers, health and well-being and staff engagement. An improvement plan was also presented, which identified a range of actions and interventions at Trust and Divisional levels, including; establishing a Managers Accreditation Programme, strengthening the Trust's Staff Health & Wellbeing offer, introducing pulse surveys to capture real-time information regarding how our staff feel, increasing the no of staff trained in the Dudley Improvement Practice methodology and establishing a more effective model for embedding social partnership working with staff side organisations.

This paper sets out a draft model for engagement, which goes much further than responding to the feedback from the staff survey, to establish a clear and robust approach to engaging the Trust's workforce at all levels. This paper sets out a model for staff engagement that will be sustainable, aligned to the Trust's Strategy and which incorporates the existing mechanisms for staff engagement, with more recent developments such as the Staff Inclusion Networks and Pulse Surveys to capture real-time insights into staff morale.

The trust has several groups already in existence, which support some engagement activities, albeit with a focus on specific statutory, policy, regulatory, operational and professional matters, for example Joint Negotiating Committee, Clinical Leaders. The Trust needs to establish a clear framework for staff engagement at all levels, which is underpinned by compassionate and inclusive leadership, a firm commitment to equality and diversity and drives a culture where people feel engaged in their work, their team and the Trust.

The model and the ambitions set out here aim to describe to our workforce and people at all levels the Trusts vision and commitment to active staff engagement, which drives real and tangible improvement in the day-to-day experience, satisfaction and more of our people.

IMPLICATIONS OF PAPER:			
RISK	**Y**		**Risk Description: corporate risk register recruitment and retention of staff**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Caring, Well Led**
	NHSI	**Y**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF COMMITTEE :

Decision	Approval	Discussion	Other
	√	√	

RECOMMENDATIONS FOR COMMITTEE:

Receive the draft staff engagement model to discuss and revise or approve

Staff Engagement Model

The Dudley Group
NHS Foundation Trust

Trust Board
Workforce & Staff Engagement Committee · Trust Staff Partnerships

Commitments for Staff Engagement

This model for engagement sets out how our Trust will engage with its workforce in an open and inclusive way to move the culture in our workplaces to one where people want to work. This will be through a shared sense of purpose and governance with staff underpinned by compassionate leadership.

We will:

1. Actively encourage staff engagement, particularly with frontline staff in open and transparent dialogue about their experience of work.
2. Embed a culture of engagement and compassionate leadership as business as usual, rather than a tactical response to national staff survey results
3. Take a multi-pronged approach to staff engagement which captures lived experiences of our people at different levels, including diverse staff groups.
4. Implement a regular pulse survey to collect real-time insight into the way our staff are feeling. Managers will have a key role and responsibility to utilise this data to support staff engagement in their areas and to take action to address issues which undermine staff morale and motivation.
5. Better understand, through engagement with our staff, how we can better support staff health and wellbeing
6. Establish a Managers Accreditation Programme which equips our 1000+ people managers with the capability and capacity to engage, motivate, encourage and empower individuals and teams to deliver their optimal contribution to the organisation, within a shared governance framework.
7. Demonstrate increased levels of staff feeling well engaged as measured by Friends & Family Test, Staff Survey and Pulse Survey's.
8. Improve the experience for our staff particularly in addressing the major themes from the Staff Survey:-

    - Managers,
    - Bullying and Harassment
    - Morale.
9. Have a clear set of priorities which our staff believe will have the greatest impact on their working lives which we define and monitor.

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LGBTQ+ Network Chair

Laura Gibbs-Grady




A little about me…

- Trained as a Physiotherapist and started my career in Dudley as a band 5 in 2004
- After traveling & working in other trusts across midlands, I rejoined Dudley in 2009 within Community team as a band 6 physio
- Current role is Therapy Lead – Community MSK within Therapy Services
- My wife and I have an 18 month old daughter

Workforce Profile

The Dudley Group NHS Foundation Trust

A break down of our staff according to

Gender split

Female
2020- 82.09%
2019 - 82.25%
2018 - 82.17%

Male
2020- 17.91%
2019 - 17.75%
2018 - 17.83%

Disability breakdown

	2018	2019	2020
Declared Disability	1.32%	1.73%	3.04%
Nothing Declared	63.62%	58.28%	42.10%
Declared no Disability	35.06%	39.98%	54.87%

Ethnicity breakdown

	2018	2019	2020
BME	16.10%	16.52%	18.10%
White	68.29%	68.75%	71.04%
Not Stated	15.61%	14.73%	10.86%

Age Profile

Employee Age Group	Headcount		
	2018	2019	2020
<=20 Years	71	74	76
21-25	441	412	448
26-30	619	625	683
31-35	658	648	672
36-40	553	567	608
41-45	578	549	557
46-50	690	665	660
51-55	688	671	688
56-60	400	442	495
61-65	184	186	194
66-70	47	50	43
>=71 Years	11	13	14
Grand Total	4940	4902	5138

Religion/faith breakdown

Religious Belief	% of Workforce		
	2018	2019	2020
Atheism	5.24%	5.92%	8.80%
Buddhism	0.14%	0.20%	0.31%
Christianity	28.99%	30.76%	37.00%
Hinduism	1.48%	1.47%	1.62%
Chose not to disclose	42.19%	40.31%	32.95%
Islam	2.09%	2.67%	3.83%
Other	3.64%	3.92%	5.14%
Sikhism	0.93%	1.29%	1.44%
Undefined	15.30%	13.44%	8.84%
Judaism	0.00%	0.02%	0.04%
Jainism	0.00%	0.00%	0.04%

Sexual Orientation

Sexual Orientation	% of Workforce		
	2018	2019	2020
Bisexual	0.10%	0.10%	0.29%
Gay or Lesbian	0.73%	0.88%	1.23%
Heterosexual	42.94%	46.94%	59.65%
Chose not to disclose	40.97%	38.72%	29.93%
Undefined	15.26%	13.36%	8.78%
Undecided-other not listed	0.00%	0.00%	0.12%

CARE RESPECT RESPONSIBILITY

The father/partner/spouse can take SPL immediately following the birth/placement of the child, but may first choose to exhaust any paternity leave entitlements (as the father/partner cannot take paternity leave or pay once they have taken any SPL or Shared Paternity Pay).

I am the baby's biological father/married to the mother/living with the mother in an enduring family relationship, but am not an immediate relative (please delete as appropriate)

Opportunities

The Dudley Group NHS Foundation Trust

Review policies & guidance

Consider diversity champion roles

Consider training needs within trust & how to address these needs via training, newsletter or events

Review trust action plan developed with Stonewall and identify priorities

Peer to peer support

Influence recruitment & procurement processes

Learning from other organisations

CARE RESPECT RESPONSIBILITY

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NHS Foundation Trust

BAME Network Chair

Julie Penny




Who am I?

- I qualified as a band 5 Diagnostic Radiographer in 2005
- In 2008 I trained as a Mammographer, specialising in Breast Screening as a band 6
- 2010 I worked as a locum in Manchester, Rochdale, Stoke and Oxford.
- I joined The Dudley Group 2017.
- My current role is an Advanced Practitioner, within the Breast Imaging Department.
- I am a mother of 3 and grandmother of 6.
- In my spare time I play bass guitar in a reggae band which I formed 2019 with a close friend.

BAME NETWORK GROUP

The Dudley Group NHS Foundation Trust

- I have attended a stepping up leadership course.
- I also attended the Developing Leaders course here at the Dudley Group.
- Becky Cooke approached me out of the blue re: New BAME NETWORK GROUP CHAIRPERSON.
- Ready for the new challenge.

CARE RESPECT RESPONSIBILITY

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My aim……

CARE RESPECT RESPONSIBILITY

TIME FOR CHANGE

The Dudley Group NHS Foundation Trust

- As a BAME employee I understand the struggles faced when seeking senior roles within the NHS.
- To believe I have the opportunity to reach a certain banding higher than band 7 is difficult when I rarely see my race in a position from 8a to VSM.
- We need more role models in those positions to help us believe we can also achieve this.
- I would help make the change to empower BAME staff to believe they can become role models, help stampo out discrimination and make the Dudley Group the place that anyone regardless of race is proud to work.

CARE RESPECT RESPONSIBILITY

LET'S WORK TOGETHER TO MAKE A DIFFERENCE

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CARE RESPECT RESPONSIBILITY

Enclosure 26

Paper for submission to the Board of Directors on the 09th July 2020

The Dudley Group NHS Foundation Trust

TITLE:	**Public Digital and Technology Committee Report**		
AUTHOR:	**Catherine Holland** (Digital Committee Chair)	**PRESENTER**	**Catherine Holland** (Digital Committee Chair)

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

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

RECOMMENDATIONS

Accept positive assurance of planned clinically led digital solution for VTE linked to electronic prescribing

CORPORATE OBJECTIVE:

SO5 – Make the best use of what we have
SO6 - Deliver a viable future

SUMMARY OF KEY ISSUES:

- Clinically led Digital solution for VTE linked to electronic prescribing described by CCIO
- Discussed wider board strategic objectives review and use of digital / technology to transform

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**BOARD**	**Y**	**DATE: 9th July 2020**

UPWARD REPORT FROM Digital and Technology Committee

Date Committee last met: 25th June 2020

The Dudley Group NHS Foundation Trust

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The committee reviewed current board assurance framework BAF5b and acknowledged that actions are complete, evidenced outcomes awaited through planned audit. • The committee considered a wider discussion on the opportunity to managed strategic transformation risks, once the Board of directors have reviewed and refreshed the Trust strategic objectives.	• The committee acknowledge that the existing approved capital network refresh project is submitted to board for July. • The committee acknowledge that the nationally commissioned "Microsoft N365" discount programme has been agreed by executives and will be brought to the July board.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• A clinically led VTE (venous thromboembolism) screening assessment solution is ready and linked to electronic prescribing – links to Quality committee upward report to board (11th June 2020)	• The committee agreed to support the clinical teams and the Chief Clinical Information Officer in establishing the transition to improved quality. • Agreed to support the essential network refresh project • Agreed to support the Microsoft N365 case (National programme)

Chair's comments on the effectiveness of the meeting:
The Committee it still in its forming stage, coping well with remote meetings, but more development needed on the quality and focus of reports.