

Public papers

Full Council of Governors meeting (virtual)

Friday 25th September 2020, 12 – 1.30pm
MS Teams

Meeting to consider public papers

No.	Time	Item	Paper ref.	By
1.	12.00	<u>Welcome</u> (Public & Press) 1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements		Yve Buckland, Interim Chairman
2.	12.05	<u>Previous meeting - 26th June 2020</u> 2.1 Minutes 2.2 Matters arising 2.3 Update on actions	Enclosure 1	Yve Buckland, Interim Chairman
3.	12.10	<u>Presentation</u> Trust Strategy		Katherine Sheerin, Director of Strategy & Transformation
4.	12.25	<u>Chief Executive's and Chair's update</u>	Enclosure 2 / verbal	Diane Wake, Chief Executive Yve Buckland, Interim Chairman
5.		<u>System wide developments</u> Acute collaboration	Verbal	Yve Buckland, Interim Chairman
6.	12.35	<u>Safe, caring and responsive</u> Updates from: 6.1 Quality and Safety Committee 6.2 Charitable Funds	Enclosure 3 Enclosure 4	Liz Hughes, Committee Chair Julian Atkins, Committee Chair
7.	12.45	<u>Effective</u> To receive updates from: 7.1 Finance and Performance Committee 7.2 Audit Committee <i>Inc. Auditors report on Annual report and accounts</i> 7.3 Digital Trust Technology Committee	Enclosure 5 Enclosure 6 Enclosure 7	Jonathan Hodgkin, Committee Chair Richard Miner, Committee Chair Catherine Holland, Committee Chair

8.	13.00	<p><u>Well-Led</u> Updates as follows:</p> <p>8.1 Workforce and Staff Engagement Committee</p> <p>8.2 Remuneration and Appointments Committee</p> <p>8.3 Trust Secretary report</p> <ul style="list-style-type: none"> - Council of Governors Annual Review 2019/20 – actions update - Council of Governors elections 2020 - Governor Training & Development - Foundation Trust membership 	<p>Enclosure 8</p> <p>Verbal</p> <p>Enclosure 9</p>	<p>Julian Atkins, Committee Chair</p> <p>Yve Buckland, Interim Chairman</p> <p>Liam Nevin, Trust Secretary</p>
9.	13.15	<p>Governor Matters</p> <p>Relating to items other than the agenda and raised at least three days in advance of the meeting.</p>	Verbal	Fred Allen, Lead Governor
10.		<p>For information</p> <ul style="list-style-type: none"> • Integrated Performance Report 	Enclosure 10	
11.	13.20	Any Other Business (to be notified to the Chair)	Verbal	Yve Buckland, Chairman
12.	13.30	<p>Close of meeting and forward dates 2020:</p> <p>10th December – full Council of Governors</p>	Verbal	Yve Buckland, Chairman
13.		Reflections on the meeting		All
14.	<p>Quoracy</p> <p>Eight Governors of which at least five are public elected plus chair or deputy chair</p>			

Enclosure 1

**Minutes of the Full Council of Governors meeting
(to consider public papers)
Friday 26th June 2020, 2.45pm
Held using web conference - WebEx**

Present: Name	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Arthur Brown	Public Elected Governor	Stourbridge
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Hilary Lumsden	Public Elected Governor	Halesowen
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
Mr Rex Parmley	Public Elected Governor	Halesowen
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mr Peter Siviter	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Mary Turner	Appointed Governor	Dudley CVS
Cllr Steve Waltho	Appointed Governor	Dudley MBC

In Attendance:	Status	Representing
Mrs Liz Abbiss	Head of Communications	DG NHS FT
Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Deputy Trust Secretary (Interim)	DG NHS FT
Dame Yve Buckland	Chairman Chair of meeting	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mrs James Fleet	Chief People Officer	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mr Ian James	Associate Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mr Richard Miner	Non-executive Director	DG NHS FT
Mr Liam Nevin	Trust Secretary	DG NHS FT
Mr Vij Randeniya	Associate Non-executive Director	DG NHS FT
Mr Adam Thomas	Acting Chief Information Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Mr Lowell Williams	Associate Non-executive Director	DG NHS FT

Apologies:	Status	Representing
Mr Marlon Amulong	Staff Elected Governor	Nursing & Midwifery
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Ms Jill Faulkner	Staff Elected Governor	Non Clinical Staff
Ms Sandra Harris	Public Elected Governor	Central Dudley
Dr Julian Hobbs	Medical Director	DG NHS FT
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Ms Nicola Piggott	Public Elected Governor	North Dudley
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Mary Sexton	Interim Chief Nurse	DG NHS FT
Mr Alan Walker	Staff Elected Governor	Partner Organisations
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

COG 20/1.0 2.45pm	Welcome
COG 20/1.1	Introductions & Welcome The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting and asked that a note be made that the public had not been invited to attend but this would be kept under review.
COG 20/1.2	Apologies Apologies had been received as above.
COG 20/1.3	Declaration of interest The chairman asked those present to indicate if there were any items to declare in respect of the published agenda. The chairman declared interests as Chair of the Royal Orthopaedic Hospital and Pro Chancellor of Aston University.
COG 20/1.4	Quoracy The meeting was declared quorate.
COG 20/1.5	Announcements Governor training and development session Mrs Board advised that the next governor training and development session would be held on the new date of 30 th July and would recirculate the invitation and proposed schedule.
COG 20/2.0	Previous meeting
COG 20/2.1	Note of the previous full Council of Governors meeting held on 22nd May 2020 (Enclosure 1) The notes were accepted as an accurate record and would be signed by the chair.
COG 20/2.2	Re-appointment of the interim chairman <i>[Dame Yve Buckland left the meeting at this point. Ms Holland experienced technical difficulties, left the meeting and was unable to deliver this section]</i> Mr Atkins confirmed that the Council has unanimously agreed at the meeting to re-appoint Dame Buckland for a further 12 month term effective from May 2020.
COG 20/2.3	Matters arising <i>[The chairman re-joined the meeting]</i> There were none.
COG 20/2.4	Action points All actions that were complete would be removed from the list. Action COG19/75 – Council to Council meeting (DG & ROH. Mrs Board reported that this would be scheduled once it was appropriate to do so subject to social distancing requirements.

<p>COG 20/3.0 2.55pm</p>	<p>FT Governance Arrangements (Enclosure 2)</p> <p>Mr Nevin asked all present to review and approve the proposed the Foundation Trust governance arrangements for the restoration and recovery during the period April 2020 to March 2021 related to:</p> <ul style="list-style-type: none"> • Chair and NED appraisals • Council of governors annual work plan • Council of Governor Elections 2020 • Trust Constitution review • Trust public membership • Membership engagement activities <p>The chairmen thanked Mr Nevin for the report adding that the Council had the opportunity review and consider the proposals at their meeting held in May and invited questions. There were none.</p> <p>The chairman asked all present for their approval of the proposal. This was unanimously approved by all present without abstention.</p>
<p>COG 20/4.0 3.00pm</p>	<p>Chief Executive report and Chair's update (Enclosure 2)</p> <p>Ms Wake presented the report provided as enclosure two and asked those present to note the activities, updates provided and news items related to the Trust, the region and the wider national arena.</p> <p>Ms Wake then provided an update on the latest COVID-19 figures and added that the number of positive cases had decreased significantly with 4 or 5 per week; however, the Trust remained watchful to spot any signs of a second surge and noted that some areas of the Midlands were experiencing some challenges. She described the process whereby all emergency admissions who were to stay overnight were tested and those scheduled for elective surgery that were required to self-isolate for 14 days and be tested 72 hours prior to their planned procedure date.</p> <p>Restoration and recovery plans were progressing and the Trust continued to utilise capacity provided by the independent sector with a clear message for the public that the Trust was 'open for business'. She acknowledged some of the challenges faced by the Trust and other trusts across the country to restore services to pre-COVID levels and gave an example of diagnostics. Ms Wake gave assurance that every patient awaiting a rapid diagnosis was subject to a rigorous clinical assessment that was reported to the Risk and Assurance Group and monitored by the Quality and Safety Committee of Board. Ms Wake advised that Emergency Department attendances via ambulance conveyances continued to increase whilst walk in attendance remained lower than pre-COVID levels.</p> <p>Ms Wake added that a second surge was anticipated in mid-July; the Trust maintained its incident room and provided daily reports to the Department of Health and monitored statistics closely. The Trust continued to receive regular Government guidance and had gave an example of the recent introduction of mask wearing and temperature checking measures. She praised the exceptional performance of the infection, prevention and control teams in the Trust. The Trust would maintain 2 metre social distancing wherever possible in all areas.</p> <p><i>[Mrs Marsh joined the meeting at this point]</i></p>

Mrs Board relayed a compliment that had been received from governor Ms Davies-Njie who had visited the hospital on the previous day with her elderly mother. They had been impressed with the safety features in place and how well organised everything had been and concluded that her mother had no concerns about attending. The positive feedback had been circulated by the Trust on social media as part of the virtual feedback Friday activity.

The chairman thanked Ms Wake for the update and invited questions. The chairman added that the overall ED performance of the Trust had been acknowledged by NHS Improvement on a recent regional call as being one of the best in the region.

Mr Parmley asked for an update on the modular ward and ED redesign project.

Modular ward Ms Wake advised that the full business case had been developed based on clinical needs and would be submitted to the Board of Directors in the coming week with a proposed timetable to have the facility open in time to support winter pressures.

ED redesign project had been restarted with a plan to achieve approval of the plans by the end of the year with construction to begin in early 2021.

The chairman expressed that the redevelopment work was positive news for the Trust and would provide much needed capacity to support the social distancing requirements, improved ED pathways and winter pressures.

Multi-speciality Community Provider (MCP/ICP) Mr Jackson summarised the key milestones of the project over the last four years which had recently culminated in the establishment of a separate organisation; Dudley Integrated Health and Care NHS (DIHC). The Trust's Board did not support a new organisation and did not believe that the case for this had been established. The Trust had asked for a pause in the procurement process that would allow for alternative options that could effectively deliver integrated services to be explored. Mr Jackson noted that the risks to the Trust that had been flagged to the commissioners had yet to be resolved. Mr Jackson confirmed that the Trust Board is fully supportive of the integration of services and had met the DIHC board earlier that day to discuss a way forward.

Mrs Marsh asked for an update on the integration of community services and commented that there was anxiety amongst many staff and asked for staff focussed communications to be circulated.

The chairman thanked Mr Jackson for the update and confirmed that the Trust was keen to ensure that all stakeholders were briefed on the ramifications of the project and the impact it would have. She referenced the letter received from the Trusts consultant body that had been unanimous in not supporting the structure and delivery proposal. The chairman confirmed that a Board to Board meeting would take place the following week where the Trust would again re-iterate its support and commitment to achieving a resolution that would represent value for money and the best outcomes for patients. The chairman and the chief executive agreed to circulate a briefing note to all council members providing further details and context. Ms Wake advised that a series of MCP/ICP staff briefings had been scheduled to take place each week during July and agreed to send a copy of the event invites to all staff governors.

	<p><i>[Ms Holland re-joined the meeting]</i></p> <p>ACTIONS Circulate ICP briefing document to all Council members D Wake Circulate MCP/ICP staff briefing event invites to all staff Governors D Wake</p>
COG 20/5.0	Safe Caring and responsive
COG 20/5.1 3.10pm	<p>Update from Quality and Safety Committee (Enclosure 4)</p> <p>Dr Hughes presented the report given as enclosure four and asked the Council to note the contents that summarised the discussions at the last meeting held 26th May 2020 and highlighted:</p> <p>The committee received an update on the work done in relation to the Gold Standards Framework that was impressive and acknowledged the work of Dr Jo Bowen and her team.</p> <p>Dr Hughes was pleased to note that there had been a significant reduction in the backlog of complaints in the period since the Council had last met.</p> <p>The Committee had been assured by the standard of work undertaken by the Trust's Ethics Committee and welcomed its continuation.</p> <p>The Committee also took assurance from the Trust's decision to address the process regarding correct blood labelling in tube and clear communication to be provided to the new cohort of junior doctors.</p> <p>Dr Hughes concluded by noting that the Committee had met virtually with a focussed agenda and reduced attendance and had been pleased overall with the progress being made.</p> <p>The chairman thanked Dr Hughes for her report and invited questions.</p> <p>There were none.</p>
COG 20/6.0	Effective
COG 20/6.1 3.20pm	<p>Update from Finance and Performance Committee (Enclosure 5)</p> <p>Mr Hodgkin presented the report given as enclosure five that reflected the key items considered at the meeting held in May 2020 and gave a verbal update of the key items subsequently discussed at an informal meeting held the previous day.</p> <p>Mr Parmley asked for further information about the Trusts year- end position and the impact of COVID-19</p> <p>Mr Hodgkin confirmed that the Trust has delivered a surplus in 2019/20 and acknowledged this as a significant achievement. He noted that the impact of operational changes as a result of COVID-19 were complicating assurance around divisional spend. The finance team would review all budgets to support the financial planning for the year ahead. The additional costs incurred by COVID-19 had been reimbursed and the interim national financial framework (initially April – July) intended that trusts would operate on a break even basis and expected this arrangement to be extended to the end of the financial year.</p>

	<p>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.</p> <p>The Chair thanked Mr Hodgkin for his update and asked those present to review the full contents of the report.</p>
COG 20/6.2 3.30pm	<p>Update from Audit Committee (Enclosure 6)</p> <p>Mr Miner presented the report given as enclosure six and summarised the Committee exception report and advised that the Auditor's report on the Trusts 2019/20 Annual Report and Accounts would be circulated to the Council of Governors when available. The Auditors had issued a clean audit report with an unmodified opinion. He confirmed that the Annual Report and Accounts had been submitted to parliament in line with the revised timetable.</p> <p>The chairman thanked Mr Miner for the update and invited questions. There were none.</p>
COG 20/6.3 3.35pm	<p>Update from Digital Trust technology Committee (Verbal)</p> <p>Ms Holland provide a verbal update of the key items that had been considered at the last meeting of the Committee held the previous day that had included a review of corporate risks and the need to remain vigilant with the increased amount of cyber attacks experienced by the NHS.</p> <p>Mr Thomas added that assurance should be taken as evidenced by the joined up working of the Board Committees and gave the example of VTE which had been flagged at the Quality & Safety Committee and a plan agreed to utilise digital solutions devised at the Digital Trust Technology Committee who would monitor it.</p> <p>The chairman thanked Ms Holland for the update and invited questions. There were none.</p>
COG 20/7.0	<p>Well-Led</p>
COG 20/7.1 3.45pm	<p>Update from Workforce & Staff Engagement Committee (Enclosure 7)</p> <p>Mr Atkins presented his report given as enclosure seven and asked those present to note that the report contained an update from the meeting held on 26th May 2020.</p> <p>Mr Atkins highlighted that even with the major challenges presented by COVID-19, Trust staff had sustained a good level of mandatory training. The Committee has asked for further updates to be submitted detailing the Trust's vision for transforming ways of working.</p> <p>He noted the new initiatives underway to support staff with the launch of BAME & LGBTQ+ staff inclusion networks and the proposed recruitment of a Head of</p>

	<p>Quality and Inclusion.</p> <p>The chairman thanked Mr Atkins for the update and invited questions. There were none.</p>
<p>COG 20/7.2 3.45pm</p>	<p>Council of Governors Annual Review 2019/20 (Enclosure 8)</p> <p>Mr Nevin advised that all governors had been invited to attend a training and development session scheduled for 30th July where there would be an opportunity to review the survey feedback and identify learning and actions to report back to the September meeting of the full Council.</p>
<p>COG 20/8.0 3.50pm</p>	<p>Governor matters (Verbal) <i>This section relates to items raised by governors other than those covered on the meeting agenda.</i></p> <p>The following items had been raised in advance of the meeting:</p> <p>Resumption of Quality and Safety reviews Mr Allen asked about Trust plans to resume any form of Quality & Safety Reviews work in a virtual or other format. Mrs Board advised that the Chief Nurse and her team were reviewing options and further information would follow.</p> <p>Resumption of face to face meetings Mr Allen asked about scheduled meetings e.g. full council, board of directors. Mrs Board advised that the Trust was awaiting further guidance around distancing and operation of meetings.</p> <p>Wearing of masks Mr Parmley had noted that on a recent visit to the Russells Hall Hospital, he noticed that some staff and volunteers were not adhering to mask wearing guidelines and wanted to know what steps the Trust would take to enforce the new guidelines. Ms Wake advised that the areas concerned had been contacted and asked to remind staff and confirmed they will enforce and spot check for compliance monitoring.</p> <p>MP engagement Mr Parmley asked about the level of engagement the Trust had with its local MPs. The chairman confirmed that the chief executive and herself maintained regular contact and gave examples - weekly briefing emails provided similar to those issued to governors and meetings held monthly, or more often if needed with members of Board as required.</p>
<p>COG 20/9.0 4.00pm</p>	<p>Any other Business</p> <p>There was none.</p>
<p>COG 20/10.0</p>	<p>Close of meeting and forward dates: 2020</p> <p>The chairman advised that the next quarterly meeting of the full Council was scheduled for Thursday 10th September 2020.</p> <p>The chairman thanked all for attending and drew the meeting to a close at 4.00pm.</p>

Dame Yve Buckland, Chair of meeting

Signed..... Dated

Outstanding	Item to be addressed
To be updated	Item to be updated
Complete	Item complete

Council of Governors meeting held 26th June 2020

Item No	Subject	Action	Responsible	Due Date	Comments
COG 19/75.0	Council to Council meeting (DG & ROH)	Arrange transport for Dudley Governors for their visit to ROH on date to be agreed.	Mrs Board	<i>Subject to social distancing guidelines</i>	Initially proposed to visit RoH on 20/5 and attend CoG meeting Under review
BoD 20/209.1	Diversity and inclusion	Invite chairs of BAME and LGBTQ+ Inclusion Networks to present to future governor meeting	LN	Mar 2021	

Paper for submission to the Council of Governors on 25th September 2020

TITLE:	Public Chief Executive's Report		
AUTHOR:	Diane Wake Chief Executive	PRESENTER	Diane Wake Chief Executive
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
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:			
<p>To receive report that was previously submitted to the public session of the Board of Directors on Thursday 10th September 2020:</p> <ul style="list-style-type: none"> • Coronavirus • Frailty Assessment Unit Shortlisted in National Awards • Gold Standards Framework • Changes to the Friends and Family Test • Freedom to Speak Up Month • £3m Funding for Modular Build • Flu Vaccination • Healthcare Heroes • Charity Update • Visits and Events • National News • Regional News 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			

RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	N	Details:
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE: Board of Directors meeting 10/9/2020
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Chief Executive's Report – Public Board – 10th September 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 highlight a number of items of interest.

Coronavirus

We are working with our colleagues across the council and care settings to remind our staff and public that avoiding a local lockdown is everyone's responsibility. The advice remains to keep two metres apart, wash hand frequently and wear a face covering in certain situations, for example, when coming to hospital. It is so important that we all follow this advice to keep ourselves and our loved ones safe from the virus.

Frailty Assessment Unit Shortlisted in National Awards

Congratulations to the Frailty Assessment Unit who have been shortlisted in the Nursing Times Awards in the Care of Older People category. This is great news and a credit for all the work they have done to look after our most vulnerable patients. Finalists will find out if they have won a Nursing Times Award live at the awards ceremony which is taking place on Wednesday 14th October 2020.

Gold Standards Framework

Congratulations also to wards C3 and C8, and the Coronary Care Unit for achieving the Gold Standards Framework Accreditation for the highest standard of care for our end of life patients. The Coronary Care Unit is the first in the country to achieve the Gold Standards Framework Accreditation, so very well done. This is absolutely wonderful news. Pre-COVID, individual care plans have included weddings, visits from pets and birthday celebrations, and this is now part of the culture in the Trust to support end of life care. Gold Standards Framework operates in association with Hospice UK and recognises the hard work of the whole team.

Changes to the Friends and Family Test

Patients who use our services will have been offered many ways to give their feedback about the service and care they have received. One of those is the Friends and Family Test. From this month, September 2020, there are some changes. The question is changing. Instead of: 'How likely are you to recommend our services to friends and family?' patients will be asked 'Overall, how was your experience of our service?'

Following feedback from our patients and staff, we are also asking two free-text questions:

- What was good about your visit?
- What would have made it better?

Patients and people who use services should be able to give feedback at any time and should have the opportunity to provide feedback via the FFT if they want to. In maternity services, women should be able to give feedback at any time during their pregnancy rather than waiting until the 36th week. These changes are designed to make the FFT more accessible for all patients.

Freedom to Speak Up Month

October is national Freedom to Speak Up month and our opportunity to raise awareness amongst staff that no issue is too small to raise. Freedom to Speak Up encourages staff to voice any concerns confidentially. This initiative was introduced in all NHS organisations four years ago following Sir Robert Francis's report. We have three Freedom to Speak Up Guardians who help promote an open culture that supports patient safety and staff wellbeing. We will be engaging with staff in a number of ways throughout the month. For more detail on what we have planned, please see separate report in these papers.

£3m Funding for Modular Build

Prime Minister Boris Johnson announced that we are to receive £3m contribution towards our new modular build which is very good news for our patients. The two storey build will be linked to our Emergency Department to provide combined assessment facilities and same day emergency assessment and care. The assessments facilities in the hospital will relocate there freeing up more than 60 beds to help with winter pressure, the safe management of COVID-19 and the requirements for social distancing and segregation. This new facility should be operational by the end of December 2020.

Flu Vaccination

Planning for the flu season is already underway. This year our target is to vaccinate 90 per cent of frontline staff to help keep everyone safe from the flu virus. For most people, flu is unpleasant but we generally recover within a few days. For others, it can cause severe illness and, in some cases, can be life threatening or fatal. Those at particular risk are:

- older people
- the very young
- pregnant women
- those with underlying disease, such as chronic respiratory or cardiac disease
- those who are immunosuppressed

This year, people are also recommended to have the flu vaccine if they are the main carer of an older or disabled person.

Healthcare Heroes

Our monthly Healthcare Hero Awards were paused while our staff and volunteers responded to the coronavirus pandemic. I am so proud of all our staff, both clinical and non-clinical, in the hospital setting and those working in the community and visiting patients' homes. Selecting individual, team and volunteer winners for each month was a happy but difficult task because they are all winners. Listed below are some exceptional people who thoroughly deserve this recognition.

Individual Awards

April

April's Healthcare Heroes individual award went to Matron Simon Gregory. Simon was nominated by a colleague, on behalf of his team. He cares about every member of his team and his dedication to his staff and the ward is a shining example of what a true leader looks like. He never expects any one from his team to carry out something that he wouldn't do himself. Simon is always on hand to help his staff as well as the patients he cares for. Simon's award is yet to be presented.

May



May's Healthcare Heroes individual award went to Roxanne Taylor, who is one of our community leads. Roxanne was nominated by four different people for being a dedicated member of the community nursing team. She has recently taken on a lead role and has been an inspiration to all her colleagues, going above and beyond to ensure the whole team feels supported.



June

June's Healthcare Heroes individual award went to Rachel Willetts who works in our Breast Care Department. The team recently lost a dear colleague to cancer, which was undoubtedly a very emotional and upsetting time for the whole department. Rachel devoted her own time to support her colleague and family during that difficult time, arranging a memorial in her honour.

July



July's Healthcare Heroes individual award went to Rachel Smith for the support she has given to implement our new virtual glaucoma service. Rachel was our first glaucoma technician and ran her very own clinic before the pandemic. She always goes the extra mile to investigate solutions and increase her knowledge of the condition, to not only benefit herself, but her patients and wider team members.

Team Awards

April



April's Healthcare Heroes team award went to the Procurement and Distribution Team. The team was nominated for their selfless and committed attitude in providing around the clock support during the coronavirus pandemic. The team's reaction to an on-going situation has been exemplary and all staff have shown how effective, efficient and professional they are.

May



May's team award went to ward C5 for excelling in their professionalism over the past few months as they battled with coronavirus. They maintained a very strong patient focus and delivered excellent safe, quality care. Despite the challenges, the team pulled through together to make the best out of what has been a devastating situation. They have been very supportive and welcoming to re-deployed staff, making them feel part of the team and looking after their wellbeing.

June



June's team award went to the Infection Prevention and Control team who were nominated by a colleague for their outstanding response to the coronavirus

pandemic. They have thrived on excellence and have shown true passion as they have dealt with an ever changing situation. They have been described as inspirational and have demonstrated courage and compassion.

July



July's team award went to the community response team for their dedication to serve the people of Dudley with top class care to the most frail and vulnerable. The team cared for patients with suspected and confirmed COVID-19 despite their own fears of contracting the virus and transmitting it to loved ones. Despite this, the team continued to deliver the best possible care to those who needed it most which came with a high level of risk.

Volunteer Awards

April



April's Healthcare Heroes volunteer award went to Aimee White. Aimee was furloughed from her job during the COVID-19 pandemic so decided to dedicate her time volunteering at the hospital. She worked on main reception taking belongings up to the patients on the wards, collecting wheelchairs and organising the entrances with masks and sanitisers. While volunteering, Aimee took it upon herself to create a rainbow display in the main corridor of the hospital, which brightens up everyone's day.

May



May's volunteer award went to Emma Sherwood. Throughout the pandemic, Emma has made a difference by volunteering for The Dudley Group, coming in up six days a week. She always fills the room with smiles and doesn't hesitate when asked to do something. She has been busy making visors for staff, delivering notes and making drinks for inpatients.

June



June's volunteer award went to Mervyn Cummings. He is described by colleagues as one of the friendliest people they know and is always willing to go above and beyond for his role. Throughout the pandemic, Mervyn has been volunteering five days a week and has been helping with the deliveries from procurement to clinical areas. He completes task quickly and

efficiently and always follows the correct procedures.

July



July's Healthcare Heroes volunteer award went to James Hyde. James was nominated by colleagues for his willingness to go above and beyond when volunteering at the Trust. James is always pleasant and takes tasks in his stride such as pushing wheelchairs, taking and collecting patient notes from department to department and making the work lives of our staff that little easier.

Charity Update

NHS Charities Together

www.nhscharitiestogether.co.uk

Stage 1 COVID-19 Crisis Appeal funding totalled £117,000. This has now been allocated. The Trust is now working on Stage 2 funding from **NHS Charities Together**. These are funds allocated to us to share with local charities in order to create collaborative partnerships. Our Trust is part of the Black Country STP led by Johnny Shah from Sandwell and Birmingham Trust Charity. We are currently working with other local NHS charities in order to maximise the value of this partnership.

Charity Pumpkin Trail Challenge

We can now confirm that we will be holding our sponsored Halloween ScareFest pumpkin trail on Saturday 31st October at Baggeridge Country Park. This event has been scaled down to respect social distancing so spaces are limited. Details will be available soon on the charity Facebook page.

Russells Hall Rainbow

We are fundraising to support the installation of a sculpture to be located outside Russells Hall Hospital. The Russells Hall Rainbow will be a permanent reminder to honour and thank local heroes for their work during the Coronavirus pandemic. For more information and to make a donation visit the JustGiving Page:

www.justgiving.com/campaign/RussellsHallRainbow

Visits and Events

9 th July 2020	Board of Directors
14 th July 2020	Live Chat
15 th July 2020	Team Brief
16 th July 2020	Black Country Cancer Board to Board
22 nd July 2020	NHS Leadership Regional Roadshow-Midlands
24 th July 2020	Live Chat
27 th July 2020	Black Country STP Cancer Board
30 th July 2020	Healthier Futures Partnership
31 st July 2020	Live Chat
4 th August 2020	Charity Fundraising Group
10 th August 2020	Healthcare Heroes
10 th August 2020	Live Chat
11 th August 2020	Healthcare Heroes
12 th August 2020	Partnership Board
12 th August 2020	Healthcare Heroes
14 th August 2020	Extraordinary Board of Directors
14 th August 2020	Healthcare Heroes
17 th August 2020	Healthcare Heroes
17 th August 2020	Black Country STP Cancer Board
19 th August 2020	Live Chat
20 th August 2020	Team Brief
24 th August 2020	Live Chat
3 rd September 2020	A&E Delivery Board
3 rd September 2020	Live Chat

National NHS news

Roll-out of two new rapid coronavirus tests ahead of winter

Millions of ground-breaking rapid coronavirus tests will be rolled out to hospitals, care homes and labs across the UK to increase testing capacity ahead of winter. The tests will enable clinicians and NHS Test and Trace to quickly advise on the best course of action to stop the spread of the virus. Two new tests – both able to detect the virus in just 90 minutes – will be made available to NHS hospitals, care homes and labs. The two tests will be able to detect both COVID-19 and other winter viruses such as flu and respiratory syncytial virus (RSV). The tests do not require a trained health professional to operate them, meaning they can be rolled out in more non-clinical settings. **GOV.uk (03.08.20)**

NHS set to roll out £160m 'Covid-friendly' cancer initiative

As part of a £160m initiative, the NHS will look to roll out and expand 'COVID-friendly' cancer treatments which are safer for patients during the pandemic, the health service's Chief Executive Sir Simon Stevens has announced. The funding will help pay for drugs which treat patients without having as significant of an impact on their immune system, or which could offer other benefits such as a reduced number of hospital visits. **National Health Executive (03.08.20)**

PPE chaos: Desperate NHS trusts' race to secure lifesaving PPE from unproven suppliers amid catastrophic distribution failures

NHS trusts spent vast sums with unusual and often previously unproven suppliers at the height of the coronavirus outbreak as shortfalls in Britain's PPE supply system left them in a desperate race to keep staff and patients safe, i can reveal. An investigation by i established a catalogue of extraordinary spending as hospitals flooded with COVID-19 patients grappled with finding necessities from gowns to hotel rooms. **iNews (04.08.20)**

GPs should consider home flu jabs for shielding patients, says NHSE

NHS England is targeting 75% uptake of flu vaccinations in at-risk groups this season, with GPs told to consider visiting shielding patients at home, while for others drive-in vaccinations are suggested. **Pulse (05.08.20)**

Thousands of NHS workers to protest this weekend over pay

Unite, which has 100,000 members in the health service, said it is supporting those wishing to attend the socially-distanced protests so that the Government can see the depth of discontent and frustration among NHS staff. A demonstration is organised in London on Saturday morning, while protests will also take place in other towns and cities across the UK. **The Standard (06.08.20)**

Coronavirus: Safety concerns halt use of 50 million NHS masks

The government says the masks, which use ear-loop fastenings rather than head loops, may not fit tightly enough. They were bought for NHS England healthcare workers from supplier Ayanda Capital as part of a £252m contract. Ayanda says the masks met the specifications No 10 had set out. The PM said he was "disappointed" that any protective kit should be unfit for use. An earlier government statement said its safety standards process is "robust". **BBC News (06.08.20)**

Why NHS Test And Trace Isn't Working

The NHS Test and Trace system – which has been branded “world beating” by the prime minister – is meant to be a serious weapon in the government’s arsenal in the fight against COVID-19. But serious concerns have been raised about its effectiveness – so much so that some councils are setting up their own procedures.

At the centre of concerns about the Test and Trace service – and whether it can really protect the UK from a second wave – are questions about how many people are actually being reached by contact tracers. Figures released by the government showed on Thursday showed that just 72% of people who tested positive for COVID-19 between July 23 and July 29 were contacted by NHS Test and Trace. **Huff Post (06.08.20)**

Nearly two-thirds' of NHS workers may have had COVID-19 in spring

A large proportion of healthcare workers in England may have been infected with COVID-19 between mid-February and mid-April, researchers have said. Led by the University of East Anglia in collaboration with University College London, a study found that two-thirds of respondents to a survey across one of the largest NHS trusts in the UK had experienced a loss of their sense of taste and smell during the time period. This was before the Government included the symptom among those which would have enabled NHS staff to have a COVID-19 test, which did not happen until May. **Pulse (07.08.20)**

Nurses ‘confident’ ahead of national pay protests on Saturday

More than 35 demonstrations are scheduled to take place in different parts of the UK with huge numbers of nurses and midwives expected to show up. Organisers told *Nursing Times* they were “extremely confident” the events would have an impact with further local protests planned later in the month. The demonstrations have been sparked by a grassroots movement launched on social media by frontline nurses and midwives. **Nursing Times (07.08.20)**

Staff at London NHS trust lost sense of smell before it was added to symptoms list

Almost two-thirds of staff at a London NHS trust had lost their sense of smell before anosmia was added to national guidance as a coronavirus symptom, a study indicated. Researchers asked staff at London's Barts Health NHS Trust to complete a questionnaire in the week of April 17 to 23, at the height of lockdown. At this time anosmia - a loss of taste or smell - was not listed as an official coronavirus symptom and Covid-19 testing among NHS workers was limited to those displaying symptoms of a new continuous cough or a high temperature over 37.8C. **ITV News (07.08.20)**

Birmingham NHS trust to help improve Shropshire services

NHS experts from Birmingham are stepping in to help improve troubled Shrewsbury and Telford Hospital NHS Trust (SaTH). University Hospitals Birmingham NHS Foundation Trust (UHB) has started an "improvement alliance" with SaTH to provide "leadership expertise". An investigation into maternity care at Shropshire, which is in special measures is reviewing 1,862 incidents. The chairman of the trust since 2018, Ben Reid, has also now stepped down. **BBC News (07.08.20)**

Dozens of NHS trusts tell women seeking IVF to prove they're in a 'stable' relationship - creating infertility 'postcode lottery'

Women seeking IVF treatment on the NHS, in some areas of England, must prove they are in a three-year 'stable' relationship to get funding. However, local policies differ from region to region creating an infertility 'postcode lottery' based on relationship status. **Mail Online (09.08.20)**

NHS Test and Trace service to strengthen regional contact tracing

NHS Test and Trace and Public Health England (PHE) will extend its partnership with local authorities in order to reach more people testing positive and their contacts to stop the spread of COVID-19, the government has announced today. This new way of working will give local areas dedicated ring-fenced teams from the national service. These dedicated teams of NHS Test and Trace contact tracers will focus their work on specific areas, alongside the relevant local public health officials to provide a more tailored service. **GOV.uk (10.08.20)**

Coronavirus: Contact tracers to be reduced by 6,000 in England

The NHS test and trace system in England is cutting 6,000 staff by the end of August, the government has announced. The remaining contact tracers will work alongside local public health teams to reach more infected people and their contacts in communities. It comes after criticism that the national system was not tapping into local knowledge. The approach has been used in virus hotspots like Blackburn and Luton. And it's now being offered to all councils that are responsible for public health in their area. **BBC News (10.08.20)**

Prime Minister confirms funding to prepare the NHS for winter

NHS trusts across the country have today been allocated a share of £300 million to upgrade their facilities ahead of winter, the Prime Minister will confirm. The PM will also urge the public to feel confident to visit A&E for the treatment they need, reassuring those who remain concerned that strict social distancing and hygiene measures are in place to protect patients. **GOV.uk (11.08.20)**

Coronavirus: Deaths of hundreds of frontline NHS and care workers to be investigated

The deaths of hundreds of NHS and social care workers infected with coronavirus are under investigation by medical examiners, *The Independent* has learnt. Ministers have asked medical examiners in England and Wales to review all deaths of frontline health and social care staff infected with the virus to determine whether the infection was caught as a result of

their work. The review, which started last month, is likely to cover more than 620 deaths including nurses, doctors and care home staff across England and Wales, since the beginning of March. **Independent (11.08.20)**

Chief nurse urges pupils getting A-Level results to join NHS coronavirus fight

England's Chief Nurse has issued an appeal to every pupil getting A-level results to join the NHS in the battle against coronavirus. The desperate plea by Ruth May for the "COVID generation" to help comes as the National Health Service tries to reset itself after the first wave of infection, with more than 40,000 nursing vacancies. NHS England wants to capitalise on fresh interest in joining the health profession after the outpouring of gratitude towards carers during the pandemic. It will today send direct emails to 50,000 people as well as putting adverts on Facebook, Instagram, Twitter and Snapchat. The messages will appeal to those entering the universities' clearing system to apply for nursing degrees. **Mirror (12.08.20)**

UK records highest number of new coronavirus cases in seven weeks with 1,148 infections and a further 102 deaths

The UK today recorded its highest number of new coronavirus cases in seven weeks with 1,148 infections and a further 102 deaths across the country. The total number of cases today reached 312,789 after the largest rise since June 21, when there were 1,221 new cases. The total number of deaths rose to 46,628 today.

The new rise in cases breaches the ceiling that the Government's Joint Biosecurity Centre said was acceptable to avoid 'flare-ups' of COVID-19, according to Sage documents. **Mail Online (12.08.20)**

COVID-19: New trial for England's revamped NHS contact-tracing app

England's new look NHS contact-tracing app is set to begin public trials today, after months of setbacks. The app will be based on Apple and Google's decentralised model. NHSX has been working with the tech giants to develop a new version of the app after abandoning its original model in June. Both versions of the app used Bluetooth to track time and distance between smartphone devices, but Apple and Google's version was hailed as more privacy-centric as it only sends alerts between devices when COVID-19 is detected, rather than large quantities of data being stored on a central database. **Digital health (13.08.20)**

Only 1 in 5 NHS trust leaders back COVID testing strategy

Only one in five NHS trust leaders in England believe the government has taken the right approach to testing for COVID-19, according to a survey, as a growing number of experts raise concern that the current strategy is not robust enough to prevent a resurgence of the virus in the autumn. And only one-third of trust executives felt that the government's testing strategy would meet the needs of their users over the next three months, according to the study by NHS Providers, which represents hospital, mental health, community and ambulance services. **Financial Times (13.08.20)**

NHS figures reveal long waits for routine ops in England

The number of patients admitted for routine treatment in hospitals in England was down 67% in June compared with the same time last year, NHS figures show. The number of people going to accident and emergency units in England in July was also down on last year, by 30%. The coronavirus pandemic has caused disruption to many areas of the health service. **BBC News (13.08.20)**

Over 50,000 NHS patients forced to wait more than a year for routine operations

More than 50,000 people are waiting more than a year for routine hospital treatment as NHS delays in England soar to the highest level since records began. Figures published today

showed the stark impact the coronavirus pandemic has had on NHS services. **The Times (13.08.20)**

NHS braces for increased demand for mental health support in wake of coronavirus pandemic

More health staff are being trained to treat people with post-traumatic stress disorder in preparation for a potential spike in demand for mental health services after the coronavirus crisis. Almost 3,000 trainees are expected to start courses in psychological therapies and former staff are also being asked to consider returning to frontline roles in preparation for growing numbers of people suffering from anxiety and depression and related conditions.

The Telegraph (15.08.20)

Government recalls 200,000 faulty gowns supplied to NHS staff

Hospitals have been told to check their personal protective equipment stocks to identify the faulty Flosteril gowns and remove them from circulation. Tests showed the gowns fell short of the fluid-resistance standards claimed by the supplier, potentially putting staff at increased risk of coronavirus infection. Some 200,000 defective gowns were estimated to be in circulation across the NHS. **Metro (15.08.20)**

Public Health England to be scrapped and merged with NHS program

Hancock is expected to announce this coming week the merger of the pandemic response work of PHE with the National Health Service (NHS) Test and Trace program to better deal with the coronavirus pandemic, according to the Independent. The new body will be called the Institute for Health Protection, modelled on Germany's Robert Koch Institute, and will become "effective" next month, although it will take until next spring to get the organizational changes completed. **Digital Journal (15.08.20)**

Coronavirus: Cover-up fears as reviews of COVID-19 deaths among NHS staff to be kept secret

Ministers have been accused of trying to cover up the findings from investigations into hundreds of health and social care worker deaths linked to coronavirus after it emerged the results will not be made public. The Independent revealed on Tuesday that medical examiners across England and Wales have been asked by ministers to investigate more than 620 deaths of frontline staff that occurred during the pandemic. The senior doctors will review the circumstances and medical cause of death in each case and attempt to determine whether the worker may have caught the virus during the course of their duties.

Independent (15.08.20)

Thousands of COVID-19 survivors 'can't access NHS rehabilitation services as no proof they were infected'

Patients want those who believe they had the virus to be able to self-refer themselves to specialists without a GP referral or positive test. Thousands of coronavirus survivors claim they are unable to access NHS rehabilitation services because they have no proof they contracted the virus, an investigation by The Telegraph can reveal. **The Telegraph (15.08.20)**

Cancer patients will live for less time because of NHS care suspension

People with cancer will die sooner because the NHS suspended so much screening, testing and treatment of the disease during the pandemic, according to new research. The chances of people in the UK with breast cancer surviving for five years after diagnosis could fall from 85% to 83.5%, the IPPR thinktank and CF healthcare consultancy found. Five-year survival for bowel cancer could drop from 58.4% to 56.1%, while people with lung cancer would see their chances of being alive after that time fall from 16.2% to 15.4%. **Guardian (16.08.20)**

NHS chief slams ministers for trying to 'shift the blame' for coronavirus failings by AXING Public Health England

Ministers have been accused of seeking to deflect attention from their own handling of the coronavirus crisis after reports Public Health England is to be broken up. The COVID-19 response work of PHE is to be merged with NHS Test and Trace to form a new body designed to deal with pandemics. Other aspects of its operations - such as tackling obesity - could be handed over to councils and family doctors. **Mail Online (16.08.20)**

Dido Harding to run agency replacing Public Health England

Dido Harding, a Conservative peer who heads up England's widely criticised test-and-trace system, has been chosen to run a new institute to replace Public Health England, after the controversial decision to axe the agency. Harding will be named as the chair of the National Institute for Health Protection, which will be charged with preventing future outbreaks of infectious diseases, despite the poor performance of NHS test and trace, which she has led since May. **Guardian (17.08.20)**

NHS braces for £10bn spend on outsourcing work to private hospitals

The NHS could spend £10bn on outsourcing work to private hospital groups over the next four years, HSJ can reveal. A contract notice published today said the work in privately owned facilities would "support the reduction of waiting lists forecast to increase as a result of COVID-19 interrupting and reducing available NHS capacity". The document said private providers had until later this month to register their interest in being on the framework to provide "NHS inpatient and outpatient services (including full supporting pathology and imaging and "NHS inpatient non-elective care"). **Health Service Journal (17.08.20)**

Coronavirus breakthrough: NHS is ready for COVID-19 second wave this winter claims expert

Dr Laurence Buckman, the former chairman of the BMA's GP committee, insisted the NHS is in very good shape and organised amid the coronavirus pandemic. While speaking on TalkRadio with Mike Graham, Dr Buckman admitted he had doubts the UK would even see a second coronavirus wave this winter. He attributed this scepticism to the UK's success in reducing the number of transmissions over the past few months. **Daily Express (18.08.20)**

NHS cannabis guidelines challenged in court

The parents of a three-year-old boy with severe epilepsy are going to court to mount the first legal challenge to the guidelines on prescribing cannabis on the NHS. Charlie Hughes went from having up to 120 seizures a day to fewer than 20, after receiving cannabis oil privately. Although medical cannabis was legalised in November 2018, almost no NHS prescriptions have been handed out. A victory for the family could make the current guidance unlawful. **BBC News (18.08.20)**

Coronavirus fallout: NHS fears 'tsunami' of patients as mental health cases soar

The number of people suffering symptoms of depression has doubled during the coronavirus pandemic, figures show. One in five reported problems including stress and anxiety, up from one in 10 before COVID-19. Experts have warned the situation will only get worse as the economic fallout continues, with what one expert calls a "tsunami" of patients. **Daily Express (19.08.20)**

NHS staff sign up to COVID-19 sniffer dog trial

NHS staff are taking part in a trial to see if dogs can sniff out COVID-19 - even in people who are asymptomatic. Eleven hospitals across the UK are taking part in the study, with scientists hoping at least 3,500 staff will provide "odour samples". Testing has begun to see if medical detection dogs can be trained to smell the disease. If the trial is successful, the dogs could be used at UK airports to screen people arriving from abroad. **BBC News (20.08.20)**

NHS sickness rate hit record high during coronavirus peak, data reveals

The sickness absence rate among NHS staff in England hit its highest level in more than a decade during the coronavirus pandemic, according to new data. The figures, released by NHS Digital, reveal that the monthly sickness rate hit 6.2% in April 2020 – up from 5.4% the month before. This is the highest level recorded in data that goes back to April 2009.

Guardian (20.08.20)

Matt Hancock's Scrapping Of Public Health England Reignites Debate Over NHS Privatisation

Matt Hancock's decision to scrap Public Health England in the middle of the coronavirus pandemic has sparked fresh claims the Tories are privatising the NHS and putting "profiteering and corporate greed" over the wellbeing of the nation.

The new National Institute for Health Protection (NIHP) will take in some of PHE's responsibilities along with the NHS Test and Trace programme and the work of the Joint Biosecurity Centre. **Huff Post (20.08.20)**

NHS Test and Trace successfully reaches over 80% of close contacts since launch

Statistics from the eleventh week of operation (6 to 12 August) of NHS Test and Trace show that the service has reached more than 272,000 people, helping to stop hundreds of thousands of people at risk of unknowingly passing the virus on. Where communication details have been provided, the service has reached 88.6% of close contacts since launch or 81% of close contacts overall. **GOV.uk (21.08.20)**

NHS sees increase of more than 13,000 nurses in the last year

According to newly-published employment figures from up until the end of May, the number of nurses in the NHS in England has increased by 13,840 compared with last year – while the number of doctors has risen by 9,306 too. The results mean all professionally-qualified clinical staff, doctors, paramedics and support to clinical staff are now at record levels. The figures for May include some former healthcare professionals who responded to a call from the NHS and returned to working on the frontline during the coronavirus pandemic. A total of 592 returning staff were identified in the May statistics – of which there 102 doctors and 157 nurses and health visitors. **National Health Executive (21.08.20)**

Cystic fibrosis drug Kaftrio to be available on NHS after European licence granted

The European commission has licensed a new, potentially lifesaving drug to treat cystic fibrosis, meaning it will be available on the NHS to many who have the condition. The drug, Kaftrio, is produced by Vertex Pharmaceuticals and contains three key ingredients: tezacaftor, ivacaftor and elexacaftor. Clinical trials have shown Kaftrio can increase lung function by between 10% to 14% in people with cystic fibrosis, depending on their genetic makeup, and can improve quality of life. **Guardian (22.08.20)**

NHS Test and Trace fails to ask nearly 30% of COVID contacts to isolate

The NHS Test and Trace programme is still struggling to reach the contacts of those testing positive for COVID-19 to ask them to self-isolate, the latest data has revealed. Official figures showed that only 71.3% of close contacts were reached and asked to self-isolate between 6 and 12 August - and this was down from 74.2% the week prior. It comes after the Government announced it would overhaul the NHS Test and Trace programme to give local authorities a greater role in contact tracing, with the hope of reaching more people to stop the spread of COVID-19. **Pulse (24.08.20)**

Survey of female NHS staff raises concerns over burnout in pandemic

Stress and exhaustion from the COVID-19 crisis threaten to intensify burnout among women working in the NHS just as it prepares to resume most services, according to a survey that has prompted calls for greater support for female staff. The pandemic had amplified alleged

bullying, sexism and racism on the part of managers, some workers also warned, while 26% of women said they did not feel safe sharing personal concerns with their boss. **Guardian (25.08.20)**

Parliament officials reject petition over lack of non-COVID NHS care

Parliamentary authorities have been accused of censorship after refusing to accept a charity's petition highlighting non-COVID patients not receiving NHS care during the pandemic.

Action against Medical Accidents (AvMA) submitted the petition in June. It said NHS England's decision in March to restrict most normal care so hospitals could focus on the influx of coronavirus patients "has meant access even to urgent diagnostic procedures and treatment for non-COVID conditions has been severely restricted, putting lives at risk". But parliament's petitions team, which decides which proposals are hosted online, rejected AvMA's petition, saying that reopening NHS services now the pandemic has subsided is not a matter for ministers. **Guardian (26.08.20)**

How a BREATHALYSER could tell if you have coronavirus: NHS is trialling a breath test that diagnoses patients in as little as 10 minutes

Britons could soon be diagnosed with coronavirus by simply exhaling into a tube, if a trial of breathalyser-like technology is successful. NHS doctors are testing out the machine, which could give results in as little as 10 minutes, its creators say. The device works by analysing the chemicals in the air someone breathes out after they blow into a mouthpiece for a minute, and is already used for other illnesses. **Mail Online (26.08.20)**

More than a million people overpaying for NHS prescriptions in England

Last year more than a million NHS patients in England paid more than they needed to for their prescriptions. Freedom of Information figures obtained by MoneySavingExpert.com show 1,058,147 people bought 12 or more prescribed items, on average paying £40 more than they would have with a 'season ticket'. That's because while prescriptions cost £9 last year, the NHS also offers prescription payment certificates costing £104 for a year. These cover the cost of all your prescriptions for 12 months, making them better value for anyone visiting the pharmacist more than 11 times. On average, those who paid for 12 items or more bought 16 items each – meaning the average saving with a prepayment certificate would have been £40. **Mirror (26.08.20)**

Regional NHS news

Potentially life-changing programme for those in region at diabetes risk

People in the West Midlands at high risk of developing Type 2 diabetes can sign themselves up online to join a potentially life-changing programme. The new free local Healthier You NHS Diabetes Prevention service has been launched as part of a series of measures in response to COVID-19. Recent findings show people with diabetes face a significantly higher risk of dying with COVID-19, but better management of the condition can help.

Coventry Observer (01.08.20)

Incredible prosthetics provide some normality after life-changing injuries

This is the incredible result when the world of art and science collide. Appearing almost life-like, a talented team of technicians create artificial eyes, noses and ears for hospital patients. The delicate crafting process can take months. But the end result means the world to people who have tragically lost precious body parts. The technicians at Russells Hall Hospital can also make fingers as well as nipples for female cancer patients. (Express and Star 01.08.20)

NHS services in West Midlands face one of toughest winters in the history

NHS services across the West Midlands will be preparing to face what will undoubtedly be one of the toughest winters in the history of our health service. So warns British Medical Association West Midlands Regional Council chair Dr Stephen Millar.

"Come the winter our NHS will need to tackle a backlog of care, treat COVID patients, deal with seasonal flu and prepare for further local or national outbreaks of coronavirus.

"Empowering local councils to close shops, outdoor events and public spaces, while long overdue, is entirely necessary to help reduce the spread of the virus and keep the pressure off the NHS. **Coventry Observer (03.08.20)**

Bostin' musical duo raising money for Russells Hall Hospital

The Blue Granits - which comprises of Tom Stanton and Billy Spakemon [real name Dr Brian Dakin] - are raising money for a hospital ward at Russells Hall Hospital, in Dudley. The cash raised will go towards buying special lights on the Georgina Unit which cares for haematology [blood diseases] and oncology [cancer] patients. So far the duo have raised almost £2,500 for the cause. **Express and Star (03.08.20)**

Testing key to prevent COVID-19 lockdowns across region, say councils

After new lockdown rules were brought into play in large parts of northern England, council leaders and public health bosses have said widespread testing is now more important than ever to reduce the prospect of similar action in the region. Birmingham, Coventry, Sandwell, Solihull, Dudley, Walsall and Wolverhampton councils are urging people who have COVID-19 symptoms or who have come into contact with anyone who has tested positive to get tested.. **Express and Star (04.08.20)**

Fundraiser launched for Rainbow in honour of our coronavirus heroes

A public fundraiser has been launched to raise cash for a permanent monument to key workers in recognition of their efforts during the coronavirus pandemic. Councillors in Dudley are aiming to raise £30,000 for the Russells Hall Rainbow, a stunning sculpture set to be located outside the hospital of the same name. They say it will serve as a permanent reminder of how local heroes stepped up to the plate during the crisis. **Express and Star (06.08.20)**

Runner's 12 marathons

A runner has completed a dozen marathons in 2020 to raise more than £300 for the Dudley NHS COVID-19 Crisis Appeal. Farrah Huinter-Coley, from Wombourne, of Dudley Kingswinford Running Club, set a target at the start of the year to run 12 marathons by the end of 2020. **Dudley Chronicle (07.08.20)**

When the virus came to our hospital

As the COVID-19 pandemic loomed, the staff at one hospital in the English Midlands braced themselves. Quickly they found themselves at the centre of a coronavirus hotspot - and nothing turned out as they anticipated. Liz Rees sat down at her dining room table to take the call. It was a Sunday in early March and, from down the line, a voice was telling her about some test results that had just come back from the lab. This wasn't a normal diagnosis. Dudley, the town where Liz has worked for 20 years as a consultant microbiologist, had its first case of COVID-19. That, in itself, wasn't a surprise. She'd watched on TV as the virus had spread from Asia to continental Europe before reaching the south of England; it had already been detected in nearby Birmingham and Wolverhampton. "There was an inevitability about it," she says. "But the first one makes it real." **BBC News (09.08.20)**

Russells Hall Hospital to receive £3 million to upgrade A&E facilities

Mike Wood, MP for Dudley South, has welcomed the news that Russells Hall Hospital is set to receive an additional £3 million to help support its A&E services throughout the winter period. It is expected that the money will contribute to the cost of building new combined assessment facilities.

These facilities will be housed in new modular buildings connected to the Emergency Department and will allow for the same day assessment and care of patients. **Black Country Radio (11.08.20)**

Dudley service 'highly commended'

The Dudley Falls Prevention Service has been highly commended in a national award in recognition of its support to Dudley residents. The service which launched two years ago is delivered in partnership between Dudley Council, Dudley Clinical Commissioning Group and Dudley and Dudley Group of Hospitals NHS Trust. **Your Midlands (12.08.20)**

Russells Hall Hospital wards win national praise for end of life care

Three wards at Russells Hall Hospital have achieved the highest national standard for end of life care. The coronary care unit and wards C3 and C8, which look after elderly and stroke patients, all received Gold Standards Framework after two years of hard work from staff across the wards. The programme works in association with Hospice UK and aims to enable a 'gold standard' of care to help people live well before they die, and to die well in the place and the manner of their choosing. **Dudley News (12.08.20)**

£17m goes to hospitals in case of second wave

Hospitals across the region have received more than £17 million to upgrade facilities ahead of a potential second wave of the coronavirus. Prime Minister Boris Johnson said the cash would allow NHS trusts to maintain essential services should a fresh outbreak lead to a surge in demand... Russells Hall Hospital will get £3m for a new emergency department, which bosses hope will be up and running by the end of the year. **Express and Star (20.08.20)**

Interserve to build £36m emergency department at Walsall Manor Hospital

Interserve Construction will shortly commence enabling works on Walsall Manor Hospital's new Emergency Department and Acute Medical Unit. The new development will incorporate a new emergency department with "front door" access to a new Urgent Treatment Centre and Paediatric Assessment Unit. The first floor will also accommodate a new Acute Medical Unit along with a Medical Ambulatory Emergency Care Unit, within the refurbished existing Emergency Department footprint. Walsall Council's planning committee approved plans for the development last month and said it was a vital project that will improve healthcare. **PBC Today (12.08.20)**

Hospital manager praises community workers for heroic efforts during pandemic

And Edlitz Kelly, from the Dudley Group NHS Foundation Trust, paid a huge thanks to frontline workers who have been visiting care homes during the pandemic. Ms Kelly, the team leader at the trust's Community Clinical Hub, revealed things are "most definitely calming down" after a peak of cases back in March and April. Since the outbreak, there have been 52 deaths from coronavirus at Dudley's care homes. However, the last death was recorded seven weeks ago on June 21. **Express and Star (14.08.20)**

NHS staff call for more support as workers given 'sanctuary' weekend

NHS workers have spoken about a need for more support from senior management and state funds for the NHS. One NHS nurse who contracted COVID-19 said she was not given enough support as she struggled with the trauma of recovering from the virus, while others called for more funding for health services. **Express and Star (14.08.20)**

Sandwell links probed as Birmingham virus cases rise

Health bosses say they are concerned about a spike in coronavirus cases in Birmingham – some of which are linked to fresh outbreaks in Sandwell. The number of positive COVID-19 tests in the second city rose to 23.6 per 100,000 in the seven days to August 10, according to the latest figures, with 269 new cases recorded. A West Midlands Combined Authority briefing on the region's handling of the pandemic heard that the increase in positive tests may be linked to three recent outbreaks in Sandwell, which has a region-high rate of 24.7 cases per 100,000. **Express and Star (14.08.20)**

Coronavirus cases nearly double in Birmingham as more people 'flout rules'

The number of people infected with coronavirus has spiked across Birmingham, nearly doubling, amid fears people are failing to follow basic rules while out and about at work and play. New cases are now being reviewed daily as public health chiefs battle to keep the virus at bay and prevent a major outbreak. The number of new cases reported in Birmingham over the most recent seven days, according to NHS Digital data published yesterday, was more than 24 per 100,000 people - the equivalent of around 250 a week. The rate was 12 at the start of August. **Birmingham Live (15.08.20)**

Dudley Group NHS FT accelerates information sharing platform roll-out

The Dudley Group NHS Foundation Trust has accelerated the roll-out of an information sharing platform to support its clinicians during the coronavirus outbreak. The trust is one of the first in the UK to adopt the Allscripts' dbMotion platform and was planning a full-scale deployment this summer, following internal testing and a proof of concept with local GPs. **Digital Health (17.08.20)**

Dignio App launched in Dudley for patients with Covid-19

Patients with suspected coronavirus who are self isolating at home could benefit from a new app launched in Dudley. MyDignio has been commissioned by NHS Dudley Clinical Commissioning Group and will be used to monitor patients who have the virus at home - and follow up those whose clinical condition could deteriorate. **Black Country Radio (17.08.20)**

Spitfire takes to West Midlands skies in NHS thank you

A Spitfire has completed the West Midlands leg of flights across the country in a show of gratitude to the NHS. Bearing a thank you message on the underside of its iconic wings, it took to the skies of Rugby, Coventry, Birmingham, Wolverhampton, Shrewsbury, Telford, Ludlow, Worcester and Hereford, bringing applause from hospital staff below. Thousands of names - nominated by the public - have been added to the plane, reflecting those who have contributed during the battle against coronavirus. The project is raising funds for NHS Charities Together. **BBC News (18.08.20)**

Flu jab rate 'needs to improve'

It is hoped at least three-quarters of at-risk people will get vaccinated this winter, according to official documents. Uptake for the flu jab "needs to improve", according to official documents. Officials are planning to vaccinate more people than ever in the coming flu season. The list of people who qualify for a free flu jab on the NHS has been expanded to reduce seasonal flu pressures hitting the health service at the same time as a possible second peak of coronavirus cases. **Express and Star (18.08.20)**

Annual celebration planned for NHS and key workers

A Black Country council has announced it will hold an annual celebration for NHS and key workers who have been heroes during the pandemic. Sandwell Council says the event will be an opportunity to tell the stories of sacrifice, of lives lost on the front line and of the

community's lasting gratitude. The initiative is planned for next Spring. **Express and Star (20.08.20)**

'Drop and collect' coronavirus testing service to launch in Birmingham

A council in the West Midlands is set to carry out a "drop and collect" coronavirus testing service amid the threat of a local lockdown. Councillor Ian Ward, leader of Birmingham City Council, said the move would help combat the "extremely concerning" rise in the city. It will be set up for residents who find it difficult to leave their home for a test as Government chiefs consider implementing harsher restrictions. **Express and Star (21.08.20)**

Birmingham placed on Government watchlist amid virus surge and lockdown fears

Health Secretary Matt Hancock made the move to place the city on the "Area of Enhanced Support" list amid fears over a local lockdown. It means the area will receive additional testing, locally-led contact tracing and "targeted" community engagement to help curb the virus spread. Figures for coronavirus cases, for the seven days leading up to August 17, have revealed a spike in cases in Birmingham – with 332 positive cases and an infection rate of 29.1 per 100,000. **Express and Star (21.08.20)**

Birmingham lockdown 'could spark devastation for manufacturing firms, jobs and economy'

A full-scale lockdown in Birmingham could spark 'devastation' for jobs, firms and the wider region's economy, Unite has warned. The union, which represents local manufacturers including Jaguar Land Rover, urged everyone to do all they can to prevent restrictions tightening back up amid the fears. A localised lockdown would also put public services under further strain and affect the mental health of every resident, it said. **Birmingham Live (25.08.20)**

GPs to vote on £2 billion merged health plan for Black Country and West Birmingham

Doctors are to vote on a reorganisation of primary care in the Black Country and West Birmingham – which could create a £2 billion a year health trust. GPs are being asked to approve the merger of Clinical Commissioning Groups (CCGs) covering Sandwell, Wolverhampton, Dudley, Walsall and West Birmingham which govern surgeries, pharmacists and dental practices. Health bosses say the move will not affect local services to patients – and could even improve them. Dr Ian Sykes, chairman of Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG), said the merger would streamline health care and reduce management costs. **Express and Star (26.08.20)**

Dudley Kingswinford Running Club take on 'cob run' for much-missed teammate

Members of Dudley Kingswinford Running Club raised hundreds of pounds for Russells Hall Hospital and Mary Stevens Hospice on an eight-mile 'Cob Run' in memory of a much-missed member of their team who died last year. The runners took on the annual 'Cob Run' from their Wall Heath clubhouse to The Anchor Inn in Caunsall in memory of long-standing club member John Glover who passed away in 2019. **Dudley News (26.08.20)**

Enclosure 3

Paper for Submission to the Council of Governors
25th September 2020

TITLE:	Quality and Safety Committee		
AUTHOR:	Sharon Phillips – Deputy Director of Governance	PRESENTER:	Liz Hughes – Non Executive Director
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
		Y	
RECOMMENDATIONS FOR THE GROUP			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> As detailed in the paper 			

IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description:
	Risk Register: Y		Risk Score: Numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details:
	NHSI	Y	Details:
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE Date Committee last met: 28 July 2020

<p align="center">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Maternity CNST Standards further review of granular detail ensuring NEDs agree • Compliance in relation to the documentation of prescribing and administration of controlled drugs in the gastrointestinal unit – Actions being mitigated - After Action Review to be undertaken • Compliance in labelling of blood samples - Remain concerned regarding traction and delivery of a robust system - After Action Review to be undertaken • CQC action plan progress presented - Mandatory training compliance remains challenging • Harm review of patients with learning disabilities 	<p align="center">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • After Action Review to be established to review correct labelling of blood samples to understand delays and lesson learnt • After Action Review to be established to review prescribing and administration of controlled drugs in the gastrointestinal unit
<p align="center">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Improved performance in dementia scores for Find/Assess, Investigation and referral – all exceeding Trust target of 90% • Improved performance VTE and pressure ulcers was noted • Verbal update of Radiology plain x-ray and review has been completed and full paper to be presented at the next meeting. • Trust has successfully attained Gold Standard Framework Accreditation for wards C3, C8 and CCU • Evidence of robust audit programme which shows improved completion of audits • Two of the three section 31 conditions on the Trusts CQC registration for the Emergency Department have been removed – Staffing and Sepsis. Triage remains on the registration • CLIP report identifying positive learning and changes in practice following the outcome of investigations into complaints, litigation, incidents and PALS. 	<p align="center">DECISIONS MADE</p> <ul style="list-style-type: none"> • Quality account approved to be submitted to the Board for ratification • Two Corporate risks closed • COR748 – Governance arrangements from Ward to Board through divisional structures • COR1260 – Patient Safety Compromised due to being nursed on the corridors
<p>Chair's comments on the effectiveness of the meeting:</p>	

Enclosure 4

Charity Annual Report 2019/20

Providing extra support when you need it most

Registered Charity Number 1056979



Our funds come from a number of sources such as legacies, donations, fundraising and investment income.

Total 2019/20 income: £349,000

How we spent our money 2019/20

		% of total
Purchase of new equipment	£ 91,000	19%
Patient education and welfare	£109,000	22%
Staff education and welfare	£ 97,000	20%
Building and Refurbishment	£103,000	21%
Research	£ 8,000	2%
Cost of raising funds	£ 79,000	16%
Total:	£487,000	100%





Thank you to everyone who supported our COVID-19 Crisis Appeal. Donations, both locally and nationally, amounted to over £170,000. The charity was able to improve staff wellbeing and enhance the environment, and experience, for our patients.

www.justgiving.com/campaign/NHSThankYou

We need your help
to continue to
support our staff
and to improve
the experience of
our patients.



How to get involved



www.justgiving.com/campaign/LoveDudleyNHS



[DudleyGroupNHSCharity](https://www.facebook.com/DudleyGroupNHSCharity)



[DGNHSCharity](https://twitter.com/DGNHSCharity)



www.dgft.nhs.uk/our-charity

DGNHS Charity is a registered charity - Ref No: 1056979



Paper for submission to the Council of Governors on 25 September 2020

TITLE:	Update from the Finance and Performance Committee		
AUTHOR:	Jonathan Hodgkin Finance & Performance Committee Chair	PRESENTER	Jonathan Hodgkin Finance & Performance Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
The Council 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 report from the Finance and Performance Committee.			
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: Achievement of Financial Targets
	Other	Y	Details: Value for Money
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE: 27/8/2020

UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Date Committee last met: 27th August 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Funding framework for the first half of the year gives at best weak incentives for cost improvement and in the absence of meaningful budgets it is difficult to assure the underlying financial performance of the Trust The funding framework for second half of the year is not yet entirely clear, but unlikely to guarantee continued break-even Pay costs are over plan and bank and agency spend is rising towards the levels of the previous year Not expected to meet NHSI's demanding restoration and recovery targets in full, although not out of line with neighbouring Trusts 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Budgets for the second half of the year being developed to ensure cost control and maximise the chances of achieving break-even over the full year. Budgets to be presented to F&P in September Service recovery planning and reporting
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> So far costs remain broadly in line with block contract and top up; only an additional £90k needed to break-even in first four months despite COVID costs of £6m. Guarantee of break-even will continue to the end of September Cash position remains strong and compliance with the Better Practice Payment Code for non-NHS suppliers has improved to 74% Continue to meet the 95% EAS standard despite rising attendances 41 of 42 services restored and recovery performance compares favourably with neighbouring Trusts 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Recommended that Board approve the contract for the purchase of endoscope washer disinfectors Cyber security risks transferred to Digital and Technology Committee
<p>Chair's comments on the effectiveness of the meeting: Effectiveness of the virtual meetings has improved although still working to a reduced agenda pending the reestablishment of full budgets</p>	

Enclosure 6

Paper for submission to the Council of Governors on 25th September 2020

TITLE:	Update from the Audit Committee		
AUTHOR:	Richard Miner Audit Committee Chair	PRESENTER	Richard Miner Audit Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
<p>The Council is asked to note the contents of the upward report from the last meeting of the Audit Committee held on 22nd June 2020.</p> <p>To receive the PWC Report on the audit of financial statements 2019/20</p>			
CORPORATE OBJECTIVE:			
<p>SO3: Drive service improvements, innovation and transformation</p> <p>SO5: Make the best use of what we have</p> <p>SO6: Deliver a viable future</p>			
SUMMARY OF KEY ISSUES:			
Summary report from Audit Committee meeting held on 22 June 2020.			
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	N	Details:
	Other	Y	Details: Good Governance
REPORT DESTINATION	BOARD OF DIRECTORS	N	DATE: 9/7/2020
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE: Full Council 25/9/2020

UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 22 June 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> The External Auditor was providing a modified adverse opinion in respect of the Value for Money (arrangements for securing economy, efficiency and effectiveness in the use of resources) conclusion based primarily on the Trust's underlying financial performance, CQC inspection report and breach of its constitutional performance targets. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p>
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> The External Auditor (PwC) was providing an unqualified/unmodified audit opinion including an Emphasis of Matter paragraph on the fundamental uncertainty of going concern (as in previous years) in respect of the financial statements for the year ended 31 March 2020. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> To recommend approval to the Board of the financial statements for the year ended 31 March 2020. To note the ISA260 report from PwC (the report to those charged with governance) also noting the modifications agreed to be considered (and subsequently agreed) in respect of the VfM opinion. To recommend approval of the Letter of Representation to be provided by Board to PwC subject to a minor modification (and subsequently agreed). To recommend approval to the Board of the Annual Report subject to some minor modifications and corrections.
<p>Chair's comments on the effectiveness of the meeting: This was a limited scope Audit Committee meeting in order to transact year end business.</p>	



Independent Auditors' Report to the Council of Governors of The Dudley Group NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion, The Dudley Group NHS Foundation Trust's Group and Foundation Trust financial statements (the "financial statements"):

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2020 and of the Group's and Trust's income and expenditure and the Group's and Trust's cash flows for the year then ended; and
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

We have audited the financial statements, included within the Annual Report & Accounts (the "Annual Report"), which comprise: the Consolidated and Foundation Trust Statements of Comprehensive Income For the Year Ended 31 March 2020; the Consolidated and Foundation Trust Statements of Financial Position as at 31 March 2020; the Consolidated and Foundation Trust Statements of Changes in Taxpayers' and Others' Equity for the Year Ended 31 March 2020; the Consolidated and Foundation Trust Statements of Cash Flows for the Year Ended 31 March 2020 and the notes to the financial statements, which include a description of the significant accounting policies.

Basis for opinion

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code of Audit Practice"), International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Material uncertainty relating to going concern

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of the disclosure made in note 1 to the financial statements concerning the Group's and the Trust's ability to continue as a going concern.

The Group and Trust recorded a surplus for 2019/20 but have an underlying deficit. The current financial plan for 2020/21 is based on a number of assumptions and there is significant uncertainty in the plan as a result of the COVID-19 pandemic and its impact on the Group and Trust. The Group and Trust recognise that the underlying deficit, combined with the assumptions made relating to likely levels of income and their ability to deliver against their Cost Improvement Programme and Agency Expenditure Ceiling, creates uncertainty over their future funding needs. The Group and Trust have assumed financial support will be received from the Department of Health and Social Care during the course of 2020/21 in order to meet ongoing liabilities where required and to continue to provide healthcare services. The extent and nature of the financial support from the Department of Health and Social Care, including whether such support will be forthcoming or sufficient, is currently uncertain, as are any terms and conditions associated with the funding.

These conditions, along with the other matters explained in note 1 (accounting policies) to the financial statements, indicate the existence of a material uncertainty which may cast significant doubt about the Group's and the Trust's ability to continue as a going concern. However, the assurance provided by the immediate continuing provision of healthcare services and improved access to funding through changes in the NHS financing regime significantly mitigates this. The financial statements do not include the adjustments that would result if the Group or the Trust were unable to continue as a going concern.

Explanation of material uncertainty

The Department of Health and Social Care Group Accounting Manual 2019/20 requires that the financial statements of the Trust should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

The Group, not including the Dudley Group NHS Foundation Trust Charity, recorded a surplus in 2019/20 of £3.521 million. The Trust has an underlying deficit and submitted a draft financial plan for 2020/21 to NHS Improvement which, if the current gaps were not addressed, would not meet the agreed financial improvement trajectory of a £1.7 million deficit. The 2020/21 draft financial plan submitted to NHS Improvement contains a deficit of £6.4 million and includes assumptions that the Trust will deliver £10 million of financial savings; that a 3.8% (£7 million) growth in income from Dudley CCG will be received; and that additional funding of £8.3 million will be received for providing emergency care services. The Trust's cash flow forecasts indicate that, should the assumptions not be achieved, the Trust will be reliant on external cash support from the Department of Health and Social Care within the 2020/21 financial year.

What audit work we performed

In considering the financial performance of the Group and the Trust and the appropriateness of the going concern assumption in the preparation of the financial statements, we obtained the 2020/21 annual plan and going concern paper and the Group's and Trust's financial plans and cash flows to March 2021. We also:

- Understood the Group's and Trust's budget produced before the impact of COVID-19 and the most recent position for 2020/21;
- Read and challenged the key assumptions underlying the financial plan, focussing on income from Dudley CCG and the cost improvement programme.
- Considered the potential impact of the planned Dudley Multispecialty Community Provider proposals;
- Looked at the Trust's actual financial performance in April 2020 compared with the forecast position; and
- Understood the cash flow forecast and the potential impact of changes to key assumptions on the Group's and Trust's ability to meet its liabilities as they fall due.

Our audit approach

Context

The Trust is the main provider of acute emergency and scheduled healthcare in Dudley, operating from three sites, the main site at Russells Hall Hospital, the Corbett Outpatient Centre and the Guest Outpatient Centre. It also provides community services in Dudley from a number of different locations. It is funded predominantly by local Clinical Commissioning Groups ("CCGs") and NHS England.

NHS Improvement has placed the Trust in Segment 3 of its Single Oversight Framework as at 31 March 2020. NHS Improvement's Single Oversight Framework is the framework for overseeing providers and identifying potential support needs. Segment 3 is described by NHS Improvement as 'Providers receiving mandated support for significant concerns'.

Our audit for the year ended 31 March 2020 was planned and executed having regard to the fact that the Group's and Trust's operations were largely unchanged in nature from the previous year. The Trust's financial stability remained a key area of focus. The Trust's operations were also affected as a result of the COVID-19 pandemic. In light of this, our approach to the audit, in terms of scoping and key audit matters, was largely unchanged apart from the COVID-19 key audit matter that was new this year.

Only the Foundation Trust is a material component which is within the scope of our Group audit. We have not undertaken a statutory audit of either Dudley Clinical Services Limited or The Dudley Group NHS Foundation Trust Charity.

Our audit also involved forming a conclusion on the arrangements for securing economy, efficiency and effectiveness in the use of resources (the "3 Es"), in accordance with the Code of Audit Practice.

Overview



- Overall Group materiality: £7,783,900 (2019: £7,465,500) which represents 2% of forecast total revenue for the 2019/20 financial year as at January 2020 (£389,195,000).
- The consolidated financial statements comprise the parent, The Dudley Group NHS Foundation Trust, and its subsidiaries (The Dudley Group NHS Foundation Trust Charity and Dudley Clinical Services Limited).
- All work was performed by a single audit team who assessed the risks of material misstatement, taking into account the nature, likelihood and potential magnitude of an misstatement and determined the extent of testing we needed to perform over each balance in the financial statements.
- During our audit we visited Russells Hall Hospital and performed the majority our audit of the financial information remotely as COVID-19 affected working arrangements for staff
- Going concern.
- Fraud in revenue and expenditure recognition.
- Valuation of the Group's Property, Plant and Equipment.
- COVID-19.
- Multispecialty Community Provider proposals.

The scope of our audit

As part of designing our audit, we determined materiality and assessed the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain.

As in all of our audits we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

Key audit matters

Key audit matters are those matters that, in the auditors' professional judgement, were of most significance in the audit of the financial statements of the current period and the conclusion on the arrangements for securing economy, efficiency, and effectiveness in the use of resources, and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by the auditors, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters, and any comments we make on the results of our procedures thereon, were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In addition to going concern, described in the 'Material uncertainty relating to going concern' section above, and the matters described in the 'Arrangements for securing economy, efficiency and effectiveness in the use of resources' section below, we determined the matters described below to be the key audit matters to be communicated in our report. This is not a complete list of all risks identified by our audit.

Key audit matter

How our audit addressed the key audit matter

Management override of control and fraud in revenue and expenditure recognition – Group and Trust

See note 1 to the financial statements for the Group's disclosures of the related accounting policies, judgements and estimates relating to the recognition of revenue and expenditure, and notes 2 to 5 for further information.

Under ISAs (UK) 240 there is a (rebuttable) presumption that there are risks of fraud in revenue recognition. We extend this presumption to the recognition of expenditure in the NHS in general.

The main source of revenue for the Trust is from contracts with commissioning bodies in respect to healthcare services, under which revenue is recognised when, and to the extent that, healthcare services are provided to patients. This is contracted through a Service Level Agreement ('SLA').

We focussed on this area because there is a heightened risk due to:

- The risks surrounding the financial sustainability of the Group and Trust, as described in the section 'Material uncertainty relating to going concern'; and
- Due to the wider financial challenge in the NHS, the pressure The Dudley Group NHS Foundation Trust is under to achieve its forecast 2019/20 deficit set out in its plan submitted to NHS Improvement and gain access to the available Provider Sustainability Funding; and therefore the incentive to recognise income for services which have not been delivered during the financial year, and to omit to recognise expenditure in 2019/20, to improve the reported financial position.

We considered revenue recognition to be a risk, in particular revenue streams from the Clinical Commissioning Groups ("CCGs") and NHS England, which comprise £313 million and £60 million of the Trust's income respectively. An adjustment is negotiated with the CCGs to reflect actual levels of activity at the end of the financial year. The value of the adjustment is subject to management judgement and negotiation with commissioners. The Trust can also earn Commissioning for Quality and Innovation (CQUIN) revenue as a percentage of the contract value for demonstrating improvements in quality and innovation in specified areas of patient care.

We considered the key areas to be:

- recognition of revenue and expenditure;
- recognition of revenue in accordance with IFRS 15; and
- manipulation of journal postings to the general ledgers.

We evaluated and tested the accounting policy for revenue and expenditure recognition to ensure that it is consistent with the requirements of the Department of Health and Social Care Group Accounting Manual 2019/20 and IFRS 15. We noted no issues in this respect.

For a sample of transactions recognised during the year and around the year-end (both before and after), we confirmed that income and expenditure had been recognised in line with the Trust's accounting policies and in the correct accounting period by agreeing transactions to the supporting invoice and cash receipts/payments where appropriate.

For a sample of CCG income, we obtained the signed contract and agreed its value to the income recognised during the year. For a sample of income from over and under performance against the contract we agreed the income to supporting evidence. This included inspecting information from the year-end intra-NHS balance agreement process to identify any significant differences between the income and accounts receivable reported between the Trust and other NHS organisations.

We performed testing to identify whether there were any unrecorded liabilities. We:

- tested a sample of payments made and invoices recognised after 31 March 2020 to supporting documentation, to check that, where they related to the 2019/20 financial year, an accrual was recognised appropriately; and
- compared accrued expenses recognised as at 31 March 2020 with that recognised in the prior year to identify material differences in the accruals recognised year on year.

We also inspected the information from the year-end intra NHS balance agreement process to identify any significant differences between the expenditure and accounts payable reported with NHS organisations.

We obtained an understanding of the movement for each category of expenditure provision and performed testing by agreeing a sample to supporting evidence, confirming the accuracy of the provision calculation and that the Trust had a constructive obligation at 31 March 2020. No material issues were identified from the work performed.

We tested the holiday pay accrual back to the supporting evidence available and obtained the information that had been used to form the estimate in order to substantiate the accrual. To assess the completeness of accruals, we considered current year accruals versus prior year accruals to determine if any balances had been omitted.

No material issues were identified from the work performed on revenue and expenditure transactions and we did not identify any transactions that were indicative of fraud in the recognition of revenue or expenditure.

Journals

Our journals work was carried out using a risk based approach across the general ledger used by the Trust. We used data analysis techniques to identify the journals that had higher risk characteristics.

We focused our testing on a sample of journal transactions that had been recognised in both income and expenditure. We agreed the journal entries to supporting documentation. Our testing found that they were supported by appropriate documentation and that the income and expenditure was recognised in the appropriate accounting period for the correct value.

Key audit matter**How our audit addressed the key audit matter**

Valuation of Property, Plant and Equipment – Group and Trust

See note 1 to the financial statements for the Group's and Trust's disclosures of the related accounting policies, judgements, estimates, and use of experts relating to the valuation of the Group's and Trust's land and buildings, and note 13 for further information.

The Trust is required to regularly revalue its assets in line with the Department of Health and Social Care Group Accounting Manual 2019/20. We have focused on this area due to the material nature of this balance, and the consequential impact on the financial statements were it to be materially misstated.

As at the year-end 31 March 2020, the Group's property, plant and equipment are valued at £176 million (2019: £181 million). All property, plant and equipment is measured initially at cost, with land and buildings subsequently measured at fair value.

In 2018/19, the Trust carried an exercise to determine the value of its land and buildings on a Modern Equivalent Asset basis as at 1 April 2018, with a reduced footprint, and this continued to be used as the basis for its valuation methodology in 2019/20.

Valuations are performed by a professionally accredited expert, in accordance with the Royal Institute of Chartered Surveyors ('RICS') Appraisal and Valuation Manual, and performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the balance sheet date.

The Group's Valuers noted that the COVID-19 pandemic has impacted on property valuations.

The specific areas of risk are:

- accuracy and completeness of detailed information on assets provided to the valuation expert – most significantly the floor plans, on which the valuation of hospital properties is routinely based;
- the methodology, assumptions and underlying data used by the valuation expert; and
- the accounting transactions resulting from this valuation.

We obtained and read the valuation report prepared by the Group's Valuers. We used our own valuations expertise to evaluate and challenge the assumptions and methodology applied in the valuation exercise. We found the assumptions and methodology applied to be consistent with our expectations.

We checked that the Valuer had a UK qualification, was part of an appropriate professional body and was not connected with the Group.

We tested the underlying data (upon which the valuation was based) by confirming the floor areas used in the valuation with the PFI provider.

We checked that the change in valuation was appropriately disclosed in the financial statements and correctly reflected in the Group's workings and the general ledger. This we did by testing a sample of asset values which had increased or decreased by checking the Group had accounted for the valuation change correctly, and found that, for all assets tested, the revaluation or impairment had been posted accordingly in the general ledger. We considered the repairs and maintenance expense codes to confirm that there had been no material alterations to the existing value and use of assets, and to address the risk that capital expenditure had not been misclassified as repairs and maintenance spend.

Due to the uncertainty created by the COVID-19 pandemic regarding the valuation of the Trust's land and buildings, we asked for additional disclosures to be added to the financial statements to reflect the impact of COVID-19 on the valuation process as at 31 March 2020. The Trust has disclosed this as part of notes 1 and 13 of its financial statements.

No other significant matters were identified.

Key audit matter

How our audit addressed the key audit matter

COVID-19 – Group, Trust, and 3 Es

During the course of the audit, both management and the engagement team considered the impact that the ongoing COVID-19 pandemic has had on the activities, suppliers and wider economy of the Group's and the Trust's financial statements.

Management's assessment is that there was not a significant impact on the outturn financial position, because operations only significantly changed in scope for the last 3 weeks of the year and the Trust was able to reclaim COVID-19 related costs.

Due to the significance of the pandemic, the financial statements have recognised the impact as a non-adjusting post balance sheet event in the financial statements. The actions the Trust took in response have been disclosed as part of its Annual Governance Statement in the Annual Report.

As a result of the impact of the COVID-19 pandemic on the NHS in general and the Trust in particular, we determined that the impact of COVID-19 should be a key audit matter.

We performed the following procedures to address the impact that the COVID-19 pandemic has on the financial statements:

- Evaluated and challenged management's assessment of the pandemic and its impact on valuations and going concern. This included using our own valuations experts to consider the assumptions underpinning the Trust's valuation. Our work on evaluating management's going concern assessment is described in the "Material uncertainty relating to going concern" section above.
- Performed sample testing of non-pay expenditure transactions posted after 31 March 2020 to address the heightened risk that transactions may have been posted to the wrong period, as a result of more staff working at home.
- Looked at the items recognised as COVID-19 related costs to ensure the classification as being reimbursable was appropriate.
- Assessed the disclosures made by management and ensured that the impact of the pandemic was reflected in the Annual Report, and in the accounting policies and as a non-adjusting post balance sheet event in the financial statements.
- Considered if any adjustments to the carrying value of assets and liabilities were required.
- Ensured access to audit evidence where this was not available electronically, for example through use of online meetings to look at evidence.
- Held regular discussions with the Deputy Director of Finance to understand the impact of the COVID-19 pandemic on the Trust.

We concluded that management's assessment of the impact of the COVID-19 pandemic and their arrangements for securing economy, efficiency and effectiveness in its use of resources is reasonable, as they have disclosed in the Annual Governance Statement in the Annual Report.

Multispecialty Community Provider Proposals – 3 Es

Dudley CCG was selected to join NHS England's Vanguard Programme in early 2015 with the intention to develop a new care model – the Multi-Specialty Community Provider (MCP). Since that time the CCG has been working with local partners and stakeholders, including the Trust, on the development of the MCP.

The aim of the MCP is to bring together services in an integrated service model, including community-based services which are currently run by the Trust. This is acknowledged to have a potential financial and clinical impact on the Trust, which it has been considering during 2019/20 as part of its response to the proposals.

As a result of the potential impact of the MCP on the Trust, we determined that the Trust's response to the MCP proposals should be a Key Audit Matter for our work on the arrangements for securing economy, efficiency and effectiveness in the use of resources.

We performed the following procedures in considering the Trust's response to the MCP proposals. We:

- considered relevant Trust Board Papers and Minutes;
- met with the Director of Finance to discuss the proposals and the Trust's response; and
- read a report entitled 'Review of the MCP financial model' that was prepared in March 2020 to understand the potential impact on the Trust's financial position.

We noted that the Trust disclosed within the Annual Governance Statement that the proposal to establish a Multi-Specialty Community Provider has potential implications for the future financial sustainability of the Trust, and that the board has carried out a detailed risk assessment. This proposal is currently paused.

We concluded that the Trust has considered the potential impact of the MCP proposals and that there was nothing to report in respect of their arrangements for securing economy, efficiency and effectiveness in its use of resources in this area.

Other than the matters noted in the 'Material Uncertainty relating to going concern' and 'Arrangements for securing economy, efficiency, and effectiveness in the use of resources' paragraphs, we determined that there were no further key audit matters relating to the financial statements of the Group to communicate in our report.

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the Trust and the Group, the accounting processes and controls, and the environment in which the Group operates.

Due to the impact of COVID-19, the audit was primarily conducted remotely by working with Trust finance staff and other Trust employees who are based at The Dudley Group NHS Foundation Trust's largest site in Dudley (Russells Hall Hospital).

Materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

	<i>Group financial statements</i>	<i>Trust financial statements</i>
Overall materiality	£7,783,900 (2019: £7,465,500)	£7,394,000 (2019: £7,092,301)
How we determined it	2% of forecast total revenue* for the 2019/20 financial year as at January 2020 (2019: 2% of total revenue)	2% of forecast total revenue* for the 2019/20 financial year as at January 2020 (2019: 2% of total revenue)
Rationale for benchmark applied	<p>Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.</p> <p>We decided not to update the materiality level to reflect the total income in the draft financial statements. This was done to ensure that materiality was not increased as a result of one-off additional income the Trust received at year end.</p>	<p>Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.</p> <p>We decided not to update the materiality level to reflect the total income in the draft financial statements. This was done to ensure that materiality was not increased as a result of one-off additional income the Trust received at year end.</p>

*Revenue includes operating income from patient care activities and other operating income.

Only the Foundation Trust is a material component which is within the scope of our Group audit. We have not undertaken a statutory audit of either Dudley Clinical Services Limited or The Dudley Group NHS Foundation Trust Charity.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £300,000 (Group audit) (2019: £300,000) and £300,000 (Trust audit) (2019: £300,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

With respect to the Performance Report and the Accountability Report, we also considered whether the disclosures required by the NHS Foundation Trust Annual Reporting Manual 2019/20 have been included.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) and the Code of Audit Practice require us also to report certain opinions and matters as described below.

Performance Report and Accountability Report

In our opinion, based on the work undertaken in the course of the audit, the information given in the Performance Report and Accountability Report for the year ended 31 March 2020 is consistent with the financial statements and has been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

In light of the knowledge and understanding of the Group and the Trust and their environment obtained in the course of the audit, we did not identify any material misstatements in the Performance Report or Accountability Report.

In addition, the parts of the Remuneration and Staff reports to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

Responsibilities for the financial statements and the audit

Responsibilities of the directors for the financial statements

As explained more fully in the Accountability Report, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20, and for being satisfied that they give a true and fair view. The directors are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Group's and Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Group and Trust or to cease operations, or have no realistic alternative but to do so.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

We are required under Schedule 10 (1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our work in accordance with the Code of Audit Practice, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based on our on-risk assessment, we undertook such work as we considered necessary.

Use of this report

This report, including the opinions, has been prepared for and only for the Council of Governors of The Dudley Group NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice, we are required to report, by exception, if we conclude we are not satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020. Key audit matters relating to this reporting requirement are set out in the Key audit matters table above and identified as relating to the 3 Es conclusion, and in the Basis for adverse opinion paragraph below.

Adverse opinion

As a result of the matters set out in the Basis of adverse opinion section immediately below, we have concluded that the Trust has not put in place proper arrangements for securing economy, efficiency and effectiveness in the use of its resources for the year ended 31 March 2020.

Basis for adverse opinion

During 2019/20, the Trust incurred agency expenditure costs of £13.5 million. This was significantly in excess of the Trust's ceiling for agency costs, specified by NHS Improvement, of £6.2 million.

The Trust has an underlying deficit in the current year and there are gaps in the Trust's plans to break-even in 2020/21. The most recent financial plan is based on a number of assumptions and there is significant uncertainty in the funding arrangements for 2020/21 as a result of the COVID-19 pandemic and its impact on the Trust. The underlying deficit, combined with the assumptions made on likely levels of income and the Trust's ability to deliver against its Cost Improvement Programme and Agency Expenditure Ceiling, creates uncertainty over its future funding needs.

The CQC's inspection report issued in June 2019 concluded that, overall, the Trust 'Requires Improvement' and, in particular, the Trust's arrangements in relation to the 'Safe' services domain was considered to be 'Inadequate'. The main Russells Hall hospital site was rated 'Requires Improvement' overall, and the Corbett Hospital site was rated 'Inadequate'. Section 31 notices issued by the CQC have been in place for the whole of 2019/20.

The Trust's did not meet key constitutional targets during 2019/20, in particular in relation to the A&E 4-hour wait target, and the 62 day wait time for Cancer patients.

As a result of the matters noted above, the Trust has been subject to enforcement action during the year as a result of breaches of a number of conditions of its license, in relation to Quality and Governance, Financial issues and Operational Performance. The Trust has agreed a number of undertakings with NHS Improvement and NHS England to address these issues.

Based on our risk assessment and work performed, we concluded that:

- The evidence available from the results of the Trust's most recent CQC inspections and associated enforcement notices, its performance against key constitutional targets, and the associated enforcement undertakings in place as a result of the breaches of its license conditions, indicate that there were gaps in the Trust's application of the principles and values of sound governance.
- The material uncertainties in relation to Financial Sustainability and Going Concern call into doubt the financial sustainability of the Trust in the context of the sustainable deployment of resources.

In considering the Trust's arrangements we:

- read the June 2019 CQC inspection report and discussed the findings with management;
- understood the Trust's performance against key constitutional targets, in particular Referral to Treatment times, the A&E 4-hour wait target, and the 62 day wait time for Cancer patients;
- read the enforcement undertakings in place during 2019/20; and
- understood the Trust's 2019/20 results and 2020/21 financial plans, including its cash flows and assumptions underpinning the potential for future financing needs.

Other matters on which we report by exception

We are required to report to you if:

- The statement given by the directors in the Accountability Report, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable, and provides the information necessary for patients, regulators, and other stakeholders to assess the Group's and Trust's performance, business model, and strategy is materially inconsistent with our knowledge of the Group and Trust acquired in the course of performing our audit.
- The section of the Annual report in the Accountability Report, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.
- The Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 or is misleading or inconsistent with our knowledge acquired in the course of performing our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

- We have referred a matter to Monitor under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.
- We have issued a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006.
- We have not received all the information and explanations we require for our audit.

We have no exceptions to report arising from this responsibility.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Code of Audit Practice.



Alison Breadon (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Birmingham
23 June 2020

Enclosure 7

**Paper for submission to the Council of Governors
on the 25th September 2020**

TITLE:	Public Digital and Technology Committee Report		
AUTHOR:	Catherine Holland (Digital Committee Chair)	PRESENTER	Catherine Holland (Digital Committee Chair)
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
			ASSURANCE
RECOMMENDATIONS			
<ul style="list-style-type: none"> • That there is positive assurance and mitigation of the High CareCERT (CC-3563) 15th July 2020 • That there is positive assurance EPMA and eVTE golive and clinical adoption (DCB0160/0129 compliant clinical safety case report) • That the Technology Strategy has been revised (V1.1) to account for advances made during Covid. 			
CORPORATE OBJECTIVE:			
SO5 – Make the best use of what we have			
SO6 – Deliver a viable future			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Mitigated High CareCERT (CC-3563) 15th July 2020, statutory requirement to report to board • The successful goliive and adoption of EPMA and eVTE. The committee placed on record acknowledgement of the exceptional clinical leadership and workforce approach to adopting this significant change smoothly as exemplar. 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER			
RISK	Y	Risk Description: CE1083 Risk of cyber a security incident causing widespread impact of Trust operational capability and patient safety	
	Risk Register: Y	Risk Score: 25 - Extreme	
COMPLIANCE and/or LEGAL REQUIREMENTS	Other	Y	Details: DCB0160 and DCB0129 clinical risk management standards (HSCA statue 250)
REPORT DESTINATION	BOARD	Y	DATE: 10th September 2020

UPWARD REPORT FROM Digital and Technology Committee

Date Committee last met 27th August 2020



The Dudley Group
NHS Foundation Trust

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY <ul style="list-style-type: none">• National Microsoft N365 programme progressing• EPMA and eVTE project live and being embedded into practice• Borough-wide work on securely connecting GPs to health & social care network (HSCN) nears completion• Externally commissioned GP device refresh nears completion• Trust device refresh programme ongoing
POSITIVE ASSURANCES TO PROVIDE <ul style="list-style-type: none">• Mitigation, closure and report to board of CareCERT (CC-3563 – <i>SigRed Windows DNS RCE Vulnerability</i>) 15th July 2020• Successful go-live and adoption of electronic prescribing, medicines administration (EPMA) and electronic VTE bleeding risk (eVTE) assessment. Clinical leadership and the wider workforce approach to adopting this significant change smoothly was noted as exemplar.	DECISIONS MADE <ul style="list-style-type: none">• Ratified revised Technology Strategy (V1.1) as fit for purpose
Chair's comments on the effectiveness of the meeting: <ul style="list-style-type: none">• The virtual meeting format is becoming more familiar to committee members and focus on providing concise jargon free papers improved the quality of discussion and the ability to seek appropriate assurance. A "CIO report" was provided to set context for the 8-week reporting interval, which was well received by the committee.	

Paper for submission to the Council of Governors on 25th September 2020

TITLE:	Workforce and Staff Engagement Committee Report		
AUTHOR:	James Fleet Chief People Officer	PRESENTER	Julian Atkins NED & Chair WSEC
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
SO1: Deliver a great patient experience, SO4: Be the place people choose to work			
SUMMARY OF KEY ISSUES:			
<p>The Workforce and Staff Engagement Committee convened its second Deep-Dive session, focusing on Equality and Inclusion, on 25th August.</p> <p>Objectives for the session were:</p> <ol style="list-style-type: none"> 1. Review to early progress with the Staff Inclusion Networks, including; feedback from the Chairs and Exec/NED sponsors, as well as critically reviewing the steps that are in place to support and champion the Networks to participate in and inform Trust decision making and strategy, including; support to Network Chairs and Equality & Inclusion Communications Strategy 2. Share the plan for establishing the Disability Staff Inclusion Network 3. Share, test and discuss highlights, key messages and actions emerging from the Equality and Inclusion Deep-Dive analysis that has been undertaken. 4. Share, test and discuss the DRAFT Workforce Disability Equality Standard (and Workforce Race Equality Standard WDES/WRES submissions, in advance submission by 31st August. 5. Consider the action required to deliver the Equality & Inclusion requirements from the new national People Plan (We are the NHS: People Plan 2020/21 – action for us all). 6. Update on Board & Senior Leadership Development Programme - Cultural Intelligence (CQ) and Inclusive Leadership Programme 7. Review, test and approve the DRAFT Inclusion Mentoring programme 8. Review, test and approve the planned actions to strengthen Promotion, Progression, Development and Training for Diverse Staff Groups 9. Provide an update on the approach to reviewing all HR Policies to ensure that they reflect Equality & Inclusion best practice. <p>Overview - Key Actions, Decisions and Updates:</p> <ul style="list-style-type: none"> • The Deep-Dive session was well attended session, with strong engagement and participation from all attendees. • The high quality of the work undertaken on the analysis and papers was excellent and acknowledged by attendees. By way of example the Deep-Dive analysis work that was presented aligns the strong messages from staff that have come through the 2019 Staff Survey with; the Trust's workforce information relating to; representation, recruitment, training/development and career progression. • I was encouraged by the calibre of the discussions, the focus and evident commitment by attendees that Equality and Inclusion is a high priority for the Trust. • The analysis that was presented provides a level of detail, insight and clarity that hasn't previously existed and a level of analysis that will help accelerate improvement and transformation, as well as facilitate the work plans for the Engagement Networks. This analysis provides a much more forensic view of the challenges, at Trust, Division/Service, Staff Group and protected characteristic level. Whilst recognising that some of the messages emerging for the analysis are uncomfortable to read, attendees 			

at the Deep-Dive responded positively and recognise the current position as being the basis from which significant improvements can be made to embed a culture of inclusion, champion diversity and ultimately create a more diverse organisation, at all levels.

- A robust set of Trust level actions, corporate commitments and improvement initiatives were presented, discussed and 'tested', including action across the following domains, with a requirement for Divisional Directors and Professional Leads to develop priority actions, reflecting the 2019 Staff Survey results, the Divisional and staff group analysis from the Deep-Dive analysis and the planned 2020 WDES and WRES submission, for their areas and report back to the September meeting of the WSEC. These plans will be reviewed by the Staff Inclusion Networks at their October meetings, with regular updates to WSEC and ongoing assurance through WSEC :
 - Leadership and cultural transformation;
 - Positive action and practical support
 - Accountability and assurance
 - Monitoring progress and benchmarking
- It was encouraging to hear the positive feedback from the Inclusion Network Chairs from the inaugural meetings of the BAME and LGBTQ+ Networks that were held in July. Plans for launching the Disability Network (Karen Kelly ED Sponsor/Professor Elizabeth Hughes NED Sponsor) were also shared, which draw on the learning from the recent launch of the BAME and LGBTQ+ Networks. The launch meeting for the Disability Network is planned for September, with support from NHSI/E's national Disability Lead. The Network Chairs provided positive updates from the early discussions within the Networks and outlined some ambitious plans, which was encouraging to hear. The Network Chairs value the support package that the Trust is putting in place for the Networks to help them realise their potential in making a very active and real impact on Trust decision making, strategy and most importantly the lives of diverse staff from across the organisation. The support package includes:
 - Appointing Exec/NED Sponsors
 - Network Chairs to be invited to feedback to Trust Board on a quarterly basis
 - Dedicated budget assigned to each Network
 - Facility time has been secured for the Network Chairs and other Network leads, i.e. LGBTQ+ Network engagement lead. Members of the network are also being supported with release to attend the network meetings/activities
 - Cherron Inko-Tariah MBE (author of *The Incredible Power of Staff Networks*) has been commissioned to provide coaching and mentoring support to the network Chairs, including:
 1. Attending a meeting of the BAME and LGBTQ+ Networks (Sep/October) to; observe Chairs in action; and identify key areas to strengthen the operation of the networks
 2. Provide 1:1 coaching with the Chairs
 3. Review documentation such as Terms of Reference and Work plan
 4. Share observations with the Trust Board and suggestions about how the Board can best support the network to be effective and successful.
 5. Devise and deliver a practical session which aims to empower employee network leaders and equip them with tools to help the network be more effective OR a general webinar helping people understand the power of staff networks.
 - The Inclusion Networks will have regular access to Board members, through the Workforce & Staff Engagement Committee, as well as being invited to feedback to the Trust Board on a regular basis.
- The WDES and WRES submission (due 31st August) evidences some of the challenges that staff from diverse backgrounds experience in the Trust. The 2020 submissions, which will be reported back to the Trust/nationally in October will highlight some areas of improvement, but also a number of areas where the Trust's position has worsened, specifically Disabled staff entering the formal capability process, and BAME staff representation at Board level. Work has also been undertaken to effectively create a 'Dudley WSES', utilising and applying the WDES/WRES framework to the Trust's position in relation to Sexual Orientation. This is excellent work and reflects the scale of the opportunity for Dudley to innovate in the way that we embed an environment of equality and inclusion. We understand that the WRES/WDES results will be shared at a system level and will form a core part of the Black Country People Plan, and the new STP Workforce KPI Dashboard, which is due to be launched in September.

- There was an active discussion on the new national People Plan (We are the NHS: People Plan 2020/21 – action for us all), which specifies a total of 36 requirements for NHS providers, including a range of measures to strengthen equality and inclusion (Chapter 3 – Belonging in the NHS). A Draft Trust level plan was shared, with an action for Divisional and corporate leads to review these and share comments/feedback to James Fleet and Becky Cooke. An updated version of the plan will be reviewed by the Inclusion Networks at their September meeting, and presented to the Board in October.
- An Equality and Diversity Communications Plan was presented, which was well received by the group, which drew on some insightful analysis of comms activity over the past 12 months.
- The DRAFT programme for Inclusion mentoring was shared, which received full support from attendees, this programme will be launched in September and has the potential to deliver huge organisational benefits, including;
 - Providing a platform to shape leadership which addresses diversity and inclusion as core elements;
 - Actively facilitating the participation and confidence of staff from diverse backgrounds, as well as visibility and role modelling for the Trust's wider diverse staff population;
 - Supporting Mentees to develop their capability, cultural awareness, intelligence and insight for leading diverse teams. This programme builds inclusive leadership competencies, such as; adaptability;
 - Mentors broaden their network through building mutually beneficial relationships with senior leaders.
- It was positive to receive an update on the appointment of the new Head of Equality and Inclusion, which is a new leadership role that brings dedicated leadership capacity to help develop and progress the equality and inclusion agenda. Shabir Mohammed Abdul will be joining the Trust at the end of October. Shabir is currently Equality, Diversity and Inclusion Manager at Epsom & St Helier University Hospitals NHS Trust. Shabir is very looking forward to joining the Trust and will be engaging with some individuals ahead of joining in October. Shabir will be building on the work that has been delivered in recent months, to develop a transformational Equality and Inclusion Strategy for the Trust.

The next Workforce and Staff Engagement Committee Deep-dive session is planned for 27th October and will focus on Organisational Development/Leadership Strategy.

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 and support the key developments, actions and decisions.

**Paper for submission to the Council of Governors on
Friday 25th September 2020 (virtual session)**

TITLE:	Trust Secretary Report		
AUTHOR:	Helen Board Deputy Trust Secretary	PRESENTER	Liam Nevin, Trust Secretary
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
<p>To receive this report and note its content relating to:</p> <ol style="list-style-type: none"> 1. Council of Governors Annual Review – update on actions 2. Council of Governor Elections 2020 3. Governor training and development 4. Trust public membership report 			
CORPORATE OBJECTIVES:			
<p>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</p>			
SUMMARY OF KEY ISSUES:			
<p>In line with guidance issued by NHS Improvement /England on 28th March 2020, in order to reduce the governance burden, many governance items were cancelled and/or deferred in response to the Government's level 4 incident status of the Coronavirus pandemic.</p> <p>Subsequent guidance relating to 'restoration and recovery' has been issued and the following sets out the proposals to reinstate and, in some cases, defer a number of activities:</p> <ol style="list-style-type: none"> 1. Council of Governors Annual Review Feedback from the Council of Governors effectiveness survey 2019 was considered and discussed at governor training and development sessions (held over 3 virtual session in July and August 2020) that identified and agreed a small number of actions which include: <ul style="list-style-type: none"> • Continuing to deliver in-house training & development sessions complete • Continue to offer Governwell training opportunities to new and existing governors complete • Revised communications and engagement plan to utilise an increased amount of online 			

media **complete**

- Create Twitter user guide for governors **complete**
- Create and circulate Governor biographies **complete**
- Circulate meeting papers in a timely manner

2. Council of Governors Elections

Elections are underway to fill vacancies arising in the following Constituencies:

- Brierley Hill
- Dudley Central
- Halesowen
- South Staffs & Wyre Forest
- Stourbridge
- Tipton & Rowley Regis
- Nursing & Midwifery
- Partner organisations

The timetable will be as follows:

- 21st September 2020 - Notice of Election and call for nominations
- 15th October 2020 - Nominations deadline
- 3rd November 2020 - Notice of Poll published
- 24th November 2020 - Close of election
- 25th November 2020 - Declaration of results published

Three virtual workshops will be held to provide potential candidates the opportunity to learn more about the role and speak to some of our existing governors about their experience. They will be held at 5pm on Thursday 17th September, 24th September and 1st October. Verbal feedback will be given on the first two sessions which will have taken place by the time of the Council of Governors meeting.

3. Governor training & Development

The last training and development session was held 30th July and welcomed Peter Lowe, Director of Improvement who delivered a 'plot the dots' training session. This was followed by a look at the revised Governor and members Engagement plan that had been revised to support more on-line membership recruitment and engagement activity using online/social media tools.

The next in-house session is scheduled for 21st October 2020 and will include an update on the development of the Trust Strategy, fire training and to hear back from Governors who will have attended external training provided as part of Governwell training from NHS Providers.

4. Trust public membership

To comply with the conditions of our license, the Trust is required to maintain a public membership of 13,000 or more. The number of public members at 30th June 2020 is 13,516.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK *(set out narrative here)*

N

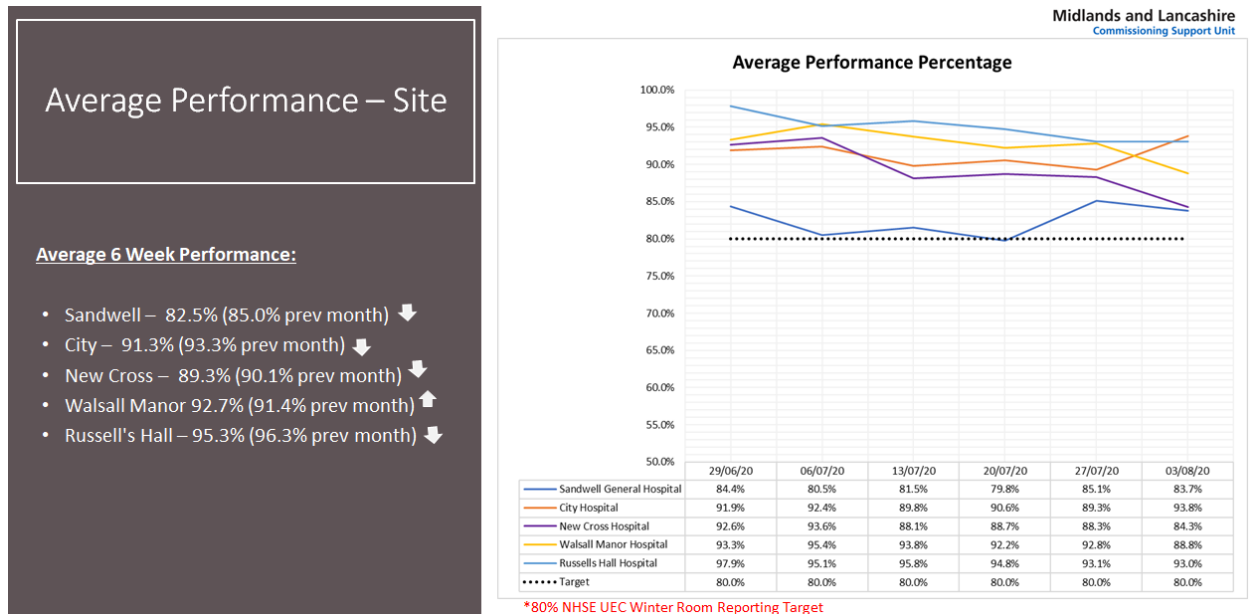
Risk Description:

RISK	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well led
	NHSI	Y	Details: Good Governance, conditions of license
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE: 25/9/2020

Paper for submission to the Public Board on 10th September 2020

TITLE:	Integrated Performance Report for Month 1 (July 2020)		
AUTHOR:	Karen Kelly Chief Operating Officer	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
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:			
<h2>Performance</h2> <h3>EAS</h3> <p>The July position for performance has exceeded the expected Emergency Access Standard and the trust has achieved a combined performance of 97% for the month of July.</p> <p>The other main contributory factor to our improved EAS position is the following:</p> <ol style="list-style-type: none"> Reduction in Delayed Transfers of Care. Reduced numbers of attendance compared to pre-covid levels although there has been a gradual increase in attendances throughout July'20 to 1748 patients per week <p>Dudley's Emergency Access Standard compared with other neighbouring Black Country Trusts is shown in</p>			

the table below



DM01

In July, the Trust achieved 74.31 per cent of diagnostics tests carried out within six weeks wait against the national operational standard of 99 per cent. There was a total of 2124 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:

- Almost six fold increase 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 2124 in July.

This is, however, an improvement from performance in May and June and in line with improvement trajectory.

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 recover activity.

Endoscopy – Significantly challenged diagnostic

When the Endoscopy Unit recommenced activity in May 2020 there were over 1000 patients waiting for an endoscopy procedure, these included routine, surveillance, urgent and cancer referrals.

There have been a number of limitations that have impacted restoring services to pre-COVID activity levels that include:-

1. Reduced number of patients on endoscopy lists due to AGP/PPE requirements and social distancing. Overall we are running at around 50% capacity compared to pre-COVID levels.
2. Pre-COVID business case was approved for additional room in GI unit – capacity already outweighed demand.
3. Staff who has been risk assessed and adjustments are required that impact on nurses ability to be in the endoscopy room – supporting alternative roles where possible.
4. Shielding of both nursing staff and doctors.
5. Gastroenterology consultant workforce – one vacant post waiting for college approval, we would like to recruit to two more gastroenterologist as part of succession planning.
6. Training limited at present due to lack of physical space to train and also a pause of training.
7. Lack of endoscopists who can undertake specialist work ie: Zenkers, wireless capsule and EMRs.

The challenges at the Trust are no different to other neighbouring Trusts and discussions are happening on an STP footprint to consider further actions. Dudley is working on the following actions to restore Endoscopy to full performance:

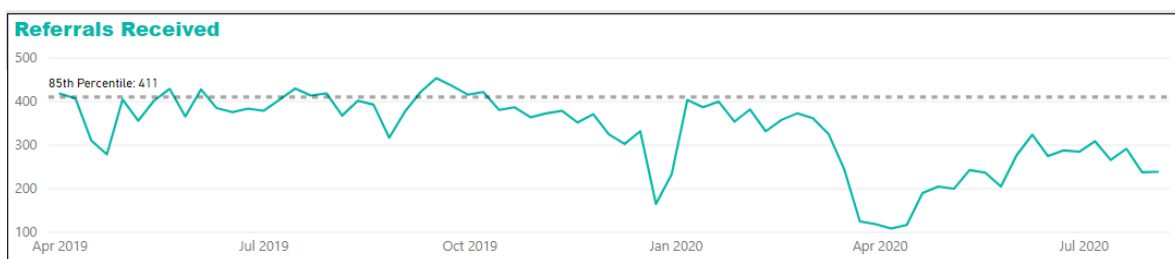
1. For diagnostic only flexible sigmoidoscopies we have commenced utilising OPC rooms, WC 10th August 2020, this has already helped to decrease number of flexible sigmoidoscopies from 199 on DM01.
2. Colorectal task and finish group in place which is reviewing the colorectal pathway, to include FIT, CTC etc. We need the GPs to engage with FIT and utilise this so we are not overburdening our services. Capacity has been carved out for cancer pathway patients to help reduce the backlog.
3. Endoscopy 4th room planned to be in place by 28th September 2020 – works in progress. Recruitment to additional admin and nursing staff in place. This will enable the unit to get to pre-COVID activity levels however WLIs will still be required to further reduce the backlog.
4. Risk assessment undertaken in endoscopy unit on recovery space – increased to 5 bed spaces.
5. Review of vetting underway for inpatient referrals to reduce demand on service.
6. 'BLUE' room to be utilised for clinic list during the morning and inpatient lists for afternoon use only to increase capacity to pre-covid levels.
7. Bid for mobile unit was submitted to NSHE to assist with the backlog of patients on the waiting list.
8. Bid to NHSI for diagnostics included scope guide to support upskilling of endoscopist.

9. Plans to expand wireless capsule service (additional kit already ordered), Consultant lead commencing training on colon capsule which will act as an alternative to conventional colonoscopy or CTC. One endoscopy nurse practitioner will also be training in small bowel capsule to assist the current service provision.
10. Recruitment in place for 8th Gastroenterologist and plans to further expand workforce for succession planning.
11. Working with informatics team on a scheduling system in endoscopy to support capacity and demand planning.
12. Endoscopy STP meeting in place for demand and capacity planning across the region – information submitted awaiting further meeting next week to discuss plans.
13. UGI pathway to be reviewed for inclusion of triaging to aid capacity.

CANCER

Cancer 2ww continues to achieve, performing at 95%, with challenges in both 62 and 104 day waiting times as a consequence of work suspended during COVID-19. Achievement of 2WW is down to low number of referrals and difficulties persuading patients to attend. There is a significant risk of underachievement in future months if referrals return to normal levels whilst clinics only have 50% capacity due to social distancing.

The table below shows the number of 2ww GP referrals over the past year. There is a decrease in the number of referrals from the average per month, however we are beginning to see an increase in specialties



The reduced referrals have been experience across almost all specialties and equates to approximately 50% of previous pre-COVID levels. This is experienced by other organisations and forms part of the Phase 3 letter from the Department of Health. The Trust is working with primary care to support patients to build confidence in presenting with symptoms at primary care.

This table shows the breakdown by specialty for the first 2 weeks in August where referrals remain significantly lower.

Two-Week Wait Comparison 2019 vs 2020		
Ca Site	2019	2020
Brain	5	2
Breast	157	97
Colorectal	122	69
Gynaecology	63	44
Haematology	4	2
Head and Neck	49	47
Lung	3	5
Paediatric	3	2
Skin	192	117
Upper GI	60	62
Urology	59	27
Grand Total	717	474

Cancer PTL

The table below shows the total patients on the PTL as of 12th August and the distribution across days on the pathway and by specialty – There are now 1151 patients on the cancer PTL, with 58 patients diagnosed and 1093 remaining to be diagnosed, predominantly in Colorectal specialties.

There has been considerable work across the Divisions to improve the number of patients waiting for their diagnosis or having a no cancer diagnosis confirmed and concentrating on long waiters within that cohort. There is also progress with plans for increasing capacity in the specialties to ensure patients can receive their treatment promptly.

Current forecasting of the 62 day CWT has shown that there are approximately 70 patients who will breach the standard over the coming months and this will impact significantly on the Trusts ability to meet the target. Agreed 62 day recovery trajectory agreed by March 2021.

RTT

In July the RTT position was 63.66%. This was an increase of 1% on the previous month and a reflection of the increase levels of activity seen as part of the Trusts restoration plans. Whilst this is a positive improvement there remains significant operational pressures with the number of patients now waiting for inpatient admission without a date between 20 and 40 weeks at close to 2,000. The implementation of weekend working and the delivery of the final two operating theatres will go some way to improving this position over the next two weeks.

The Trust is now also experiencing pressure on the 52 week breach standard. To date the organisation has performed extremely well against this standard with zero (0) breaches so far this year (April to July). Looking

ahead however August and September are looking far more challenged and there are expected to be breaches of this standard over the summer. The numbers however will be kept to an absolute minimum as long waiters remain one of the priority cohorts for treatment.

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



August 2020

Created by: Informatics

Title of report: Integrated Performance Report

Executive Lead: Performance Chief Operating Officer - Karen Kelly



Performance - KPIs Summary

Executive Lead: Karen Kelly

KPI SUMMARY JULY 2020					
METRIC		TARGET	ACTUAL	VARIATION	ASSURANCE
PERFORMANCE	Cancer Reporting - TRUST (provisional)				
	All Cancer 2 week waits	93%	95.66%		
	2 week wait - Breast Symptomatic	93%	96.88%		
	31 day diagnostic to 1st treatment	96%	93.28%		
	31 day subsequent treatment - Surgery	94%	90.91%	17%	N/A
	31 day subsequent treatment - Drugs	94%	83.33%	-17%	N/A
	62 day urgent GP referral to treatment	85%	72.58%		
	62 day screening programme	90%	0.00%		
	62 day consultant upgrades	85%	89.38%		
	Referral to Treatment				
	RTT Incomplete Pathways - % still waiting	92%	64%		
	RTT Incomplete - Cardiology	92%	53%		
	RTT Incomplete - Dermatology	92%	64%		
	RTT Incomplete - ENT	92%	56%		
	RTT Incomplete - Gastroenterology	92%	62%		
	RTT Incomplete - General Medicine	92%	50%		
	RTT Incomplete - Gynaecology	92%	45%		
	RTT Incomplete - General Surgery	92%	64%		
	RTT Incomplete - Geriatric Medicine	92%	100%		
	RTT Incomplete - Neurology	92%	78%		
	RTT Incomplete - Ophthalmology	92%	90%		
	RTT Incomplete - Oral Surgery	92%	55%		
	RTT Incomplete - Other	92%	71%		
	RTT Incomplete - Plastic Surgery	92%	80%		



Performance - KPIs Summary

Executive Lead: Karen Kelly

KPI SUMMARY JULY 2020

METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
RTT Incomplete - Respiratory	92%	71%		
RTT Incomplete - Rheumatology	92%	78%		
RTT Incomplete - T&O	92%	78%		
RTT Incomplete - Urology	92%	70%		
RTT Admitted - % treatment within 18 weeks	90%	70%		
RTT Non Admitted - % treatment within 18 weeks	95%	73%		
Wait from referral to 1st OPD	26	14		
Wait from Add to Waiting List to Removal	39	34		
ASI List (Month End)	-	3193		N/A
% Missing Outcomes RTT	-	0.02%		N/A
% Missing Outcomes Non-RTT	-	10.94%		N/A
DM01				
% of Diagnostic tests waiting less than 6 weeks	99%	74%		
No. of Diagnostic tests waiting > 6 weeks (Month End)	0	2124	249	SPC
ED				
ED 4 hour Waits Type 1 & 3 (ED + UCC)	95%	97%		
ED Admitted Patients Waiting Times - 95th Percentile	-	802		N/A
ED Non Admitted Patients Waiting Times - 95th Percentile	-	235		N/A
ED - Time to Initial Assessment - 95th Percentile	-	0		N/A
ED Attendances Type 1	-	7334		N/A
ED Attendances Type 1 & 3 (ED + UCC)	-	12330		N/A
Left Without Being Seen	5%	0.6%		
Unplanned Re Attendances	5%	1.1%		
12 Hours Trolley Waits	0	0	0	N/A



Performance - KPIs Summary

Executive Lead: Karen Kelly

KPI SUMMARY JULY 2020

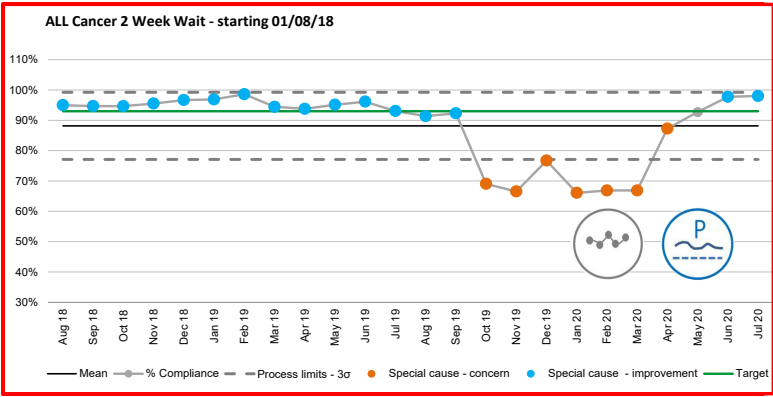
METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
Ambulance Convenyances	-	3306		N/A
Ambulance Turnaround Breasches 30-59 minute	-	51		N/A
Ambulance Turnaround Breasches 60+ minute	-	0		N/A
Cancelled Operations				
% Cancelled Operations	1.0%	0.8%		
Cancelled operations - breaches of 28 day rule	0	0	0	N/A
Urgent operations - cancelled twice or more	0	0	0	N/A
Theatre Utilisation				
Theatre Utilisation - Day Case (RHH & Corbett)	N/A	66.9%		N/A
Theatre Utilisation - Main	N/A	80.0%		N/A
Theatre Utilisation - Trauma	N/A	91.0%		N/A
Average Length of stay (Quality Strategy Goal 3)				
Average Length of Stay - Elective	N/A	2.5		N/A
Average Length of Stay - Non-Elective	N/A	4.1		N/A
Outpatient Referrals				
GP Written Referrals - made	-	0	0	SPC
GP Written Referrals - seen	-	0	0	SPC
Other Referrals - Made	-	0	0	SPC
GP Discharge Letters				
GP Discharge Letters	90%	0.8993	0.73%	SPC
Outpatients				
Outpatient Appointment DNA Rate	8%	15%		
New/Follow Up Ratio	2.48	3.30		
Clinic Utilisation	-	73%		N/A
Throughput / Flow				
Patients Discharged with a LoS >= 7 Days	-	7.0%		N/A



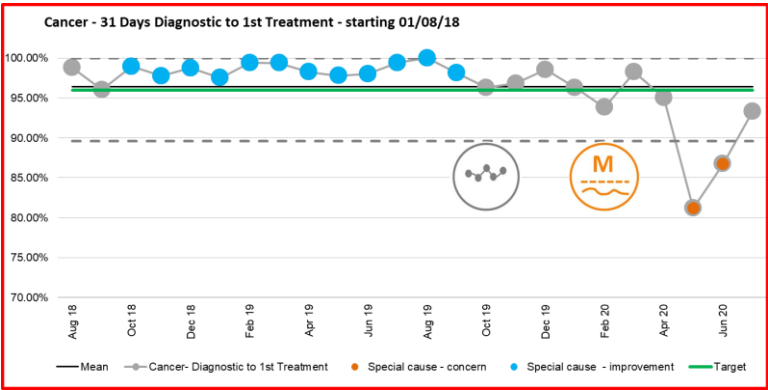
Performance - KPIs Summary

Executive Lead: Karen Kelly

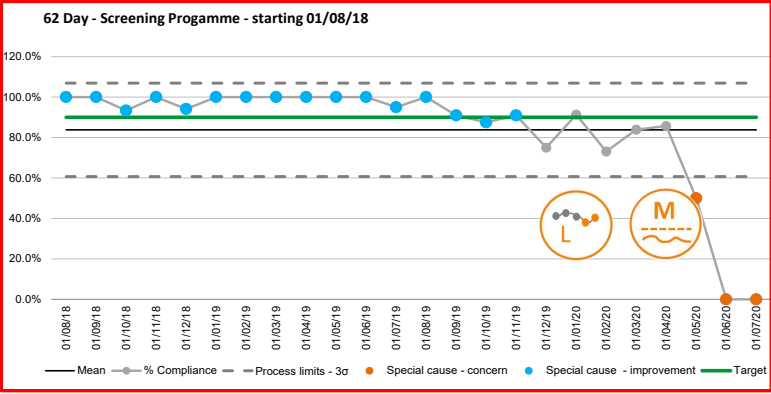
KPI SUMMARY JULY 2020				
METRIC	TARGET	ACTUAL	VARIATION	ASSURANCE
Patients Discharged with a LoS >= 14 Days	-	3.0%		N/A
7 Day Readmissions - PbR	-	3.5%	0.50%	SPC
30 Day Readmissions - PbR	-	5.9%	-1.00%	SPC
DTOC Average Monthly by RAG Rating (Amber)	-	0	0	SPC
DTOC Average Monthly by RAG Rating (Red)	-	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	-	191	52	SPC
% Discharged by Midday	-	11.4%	-0.51%	SPC
Bed Occupancy - %	95.0%	76.1%	3.13%	SPC
Bed Occupancy - % Medicine	95.0%	86.9%	6.86%	SPC
Bed Occupancy - % Surgery, W&C	95.0%	73.7%	8.03%	SPC
Bed Occupancy - Paediatric %	95.0%	28.4%	-2.49%	SPC
Bed Occupancy - Orthopaedic Elective %	95.0%	20.1%	-37.08%	SPC
Bed Occupancy - Trauma and Hip %	95.0%	88.9%	0.30%	SPC



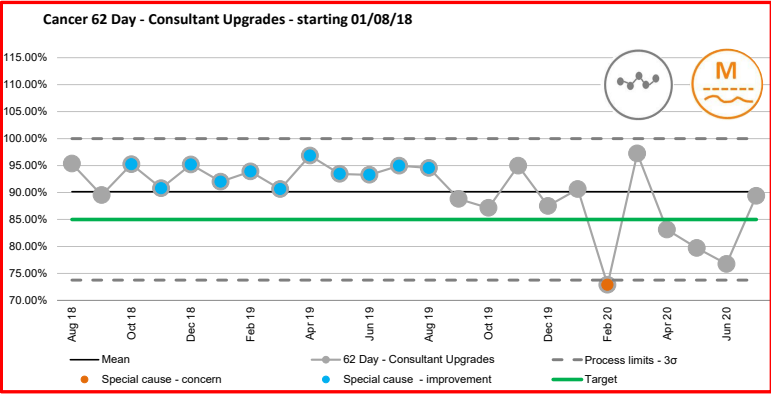
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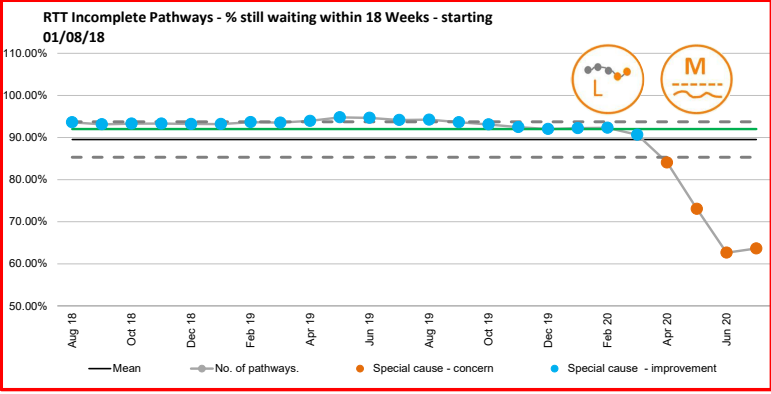
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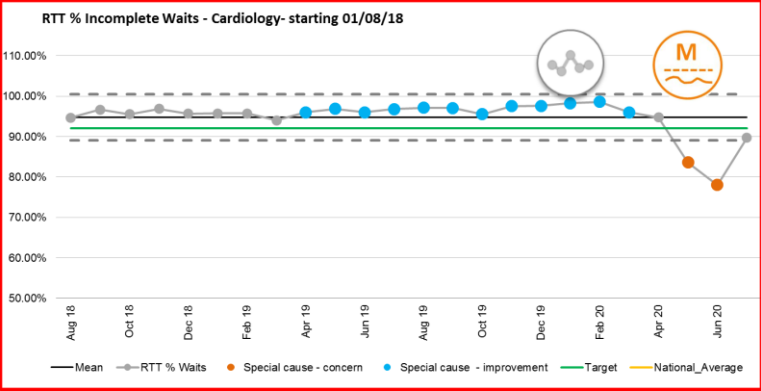
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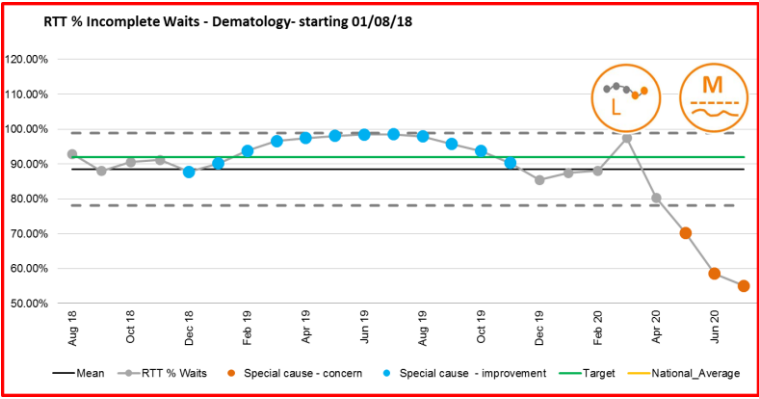
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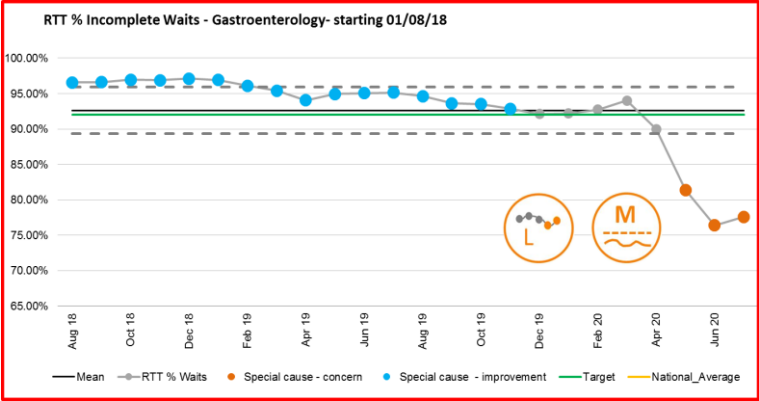
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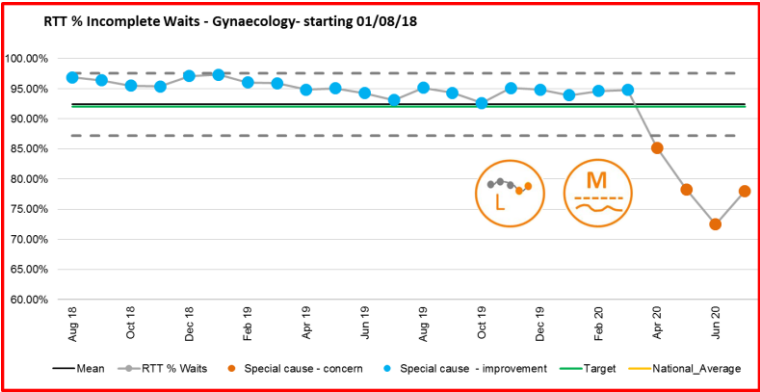
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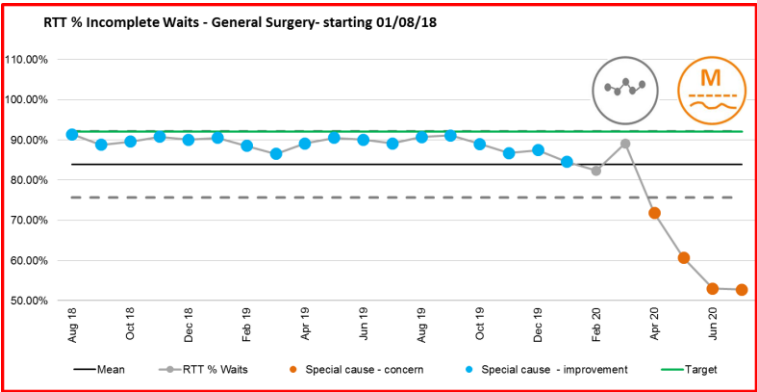
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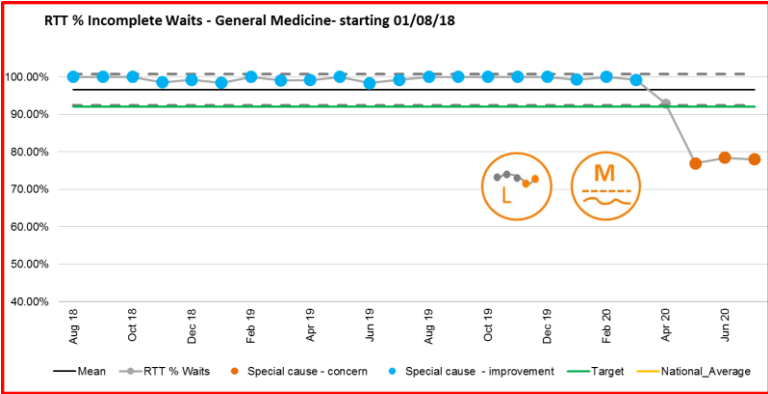
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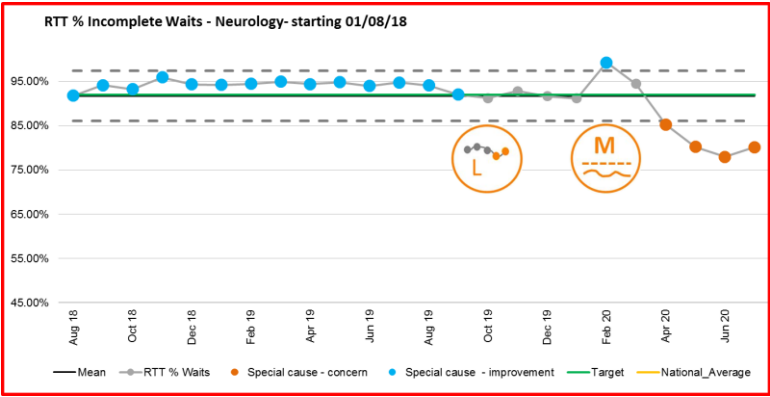
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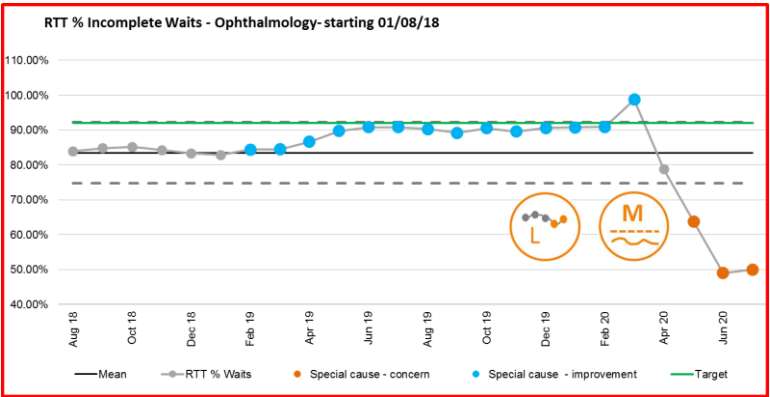
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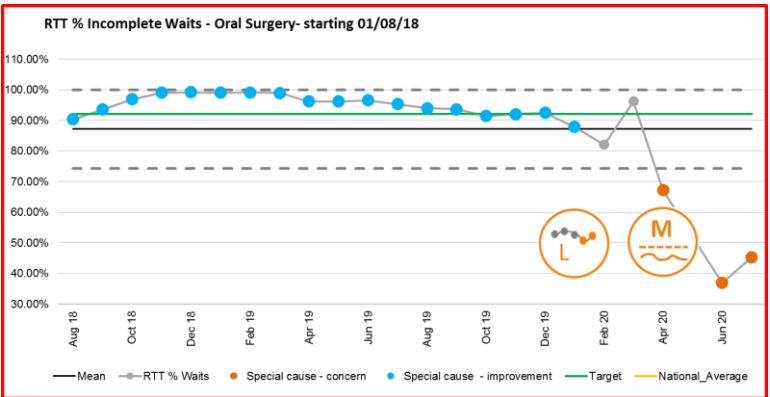
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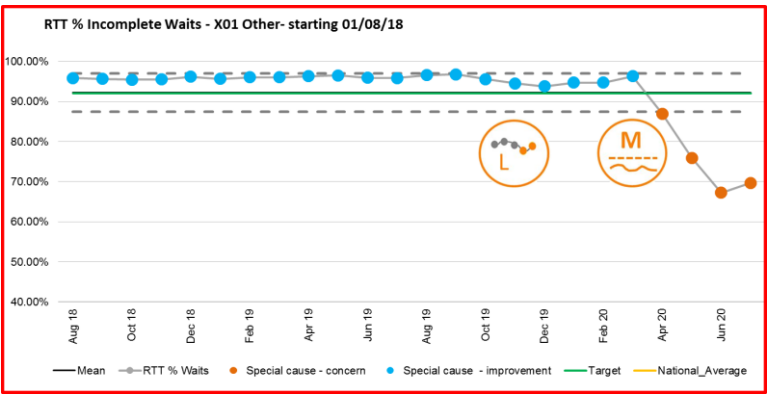
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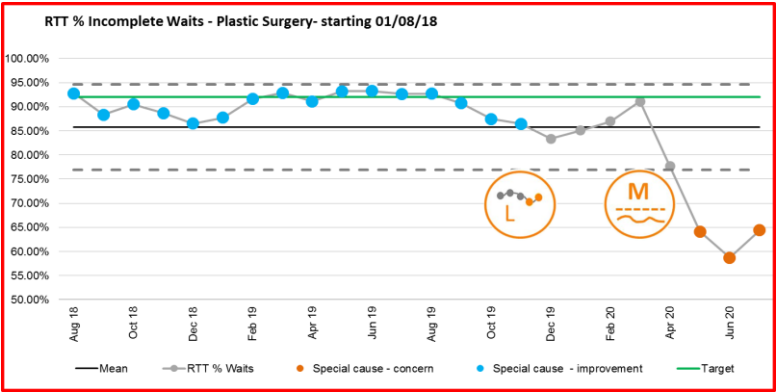
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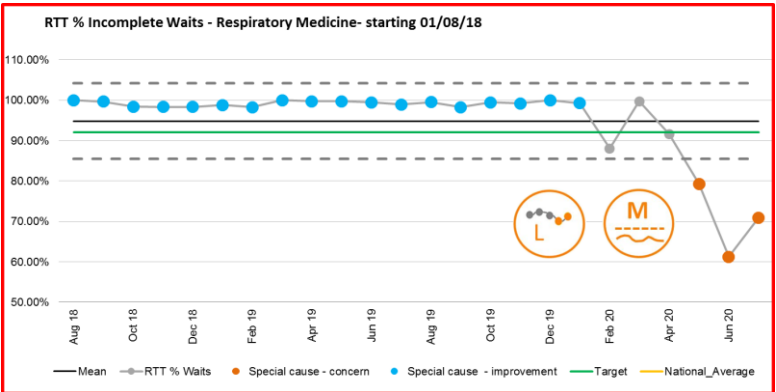
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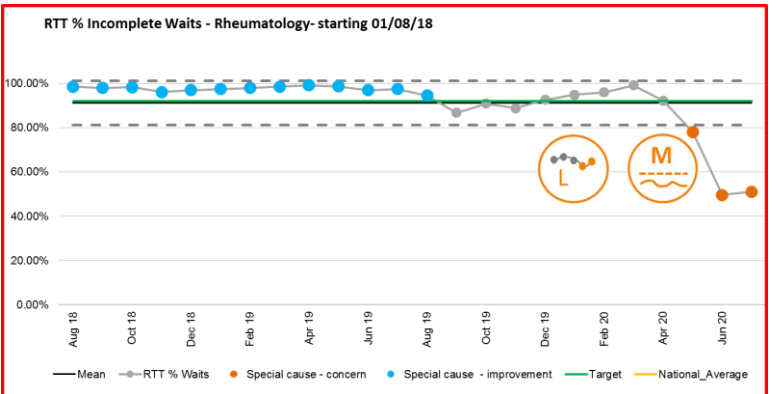
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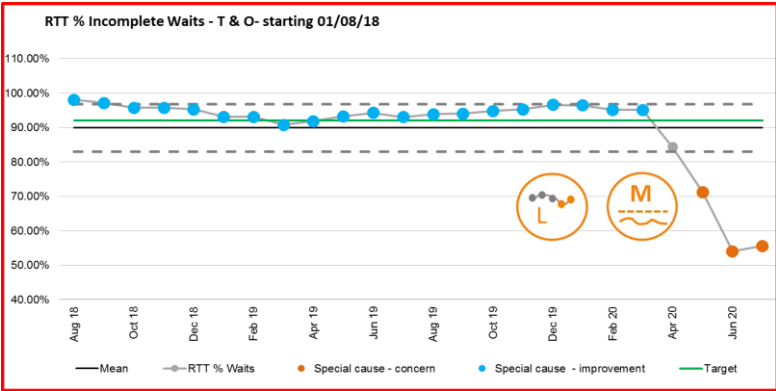
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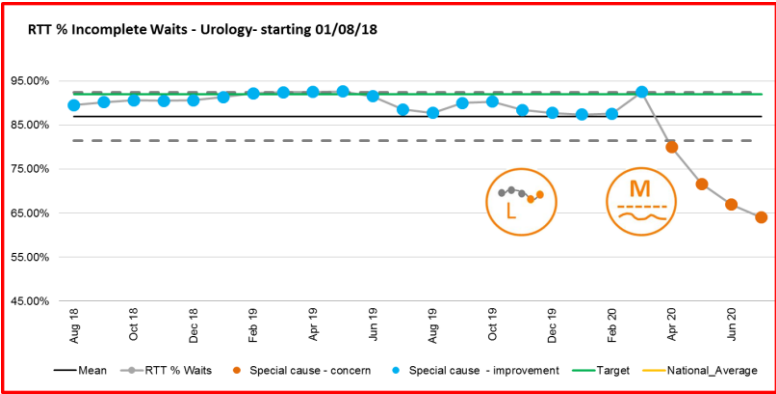
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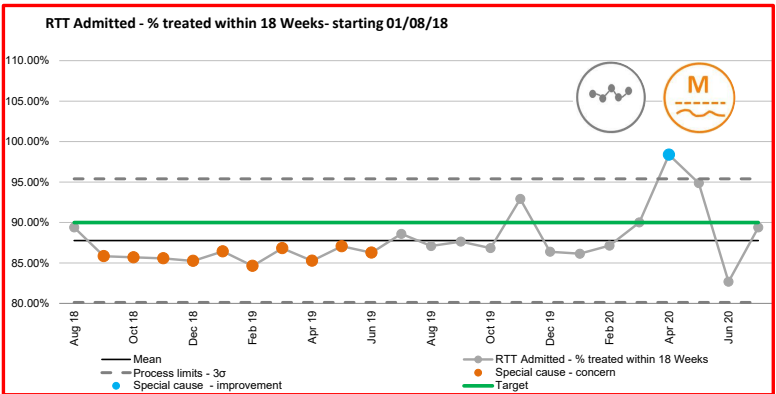
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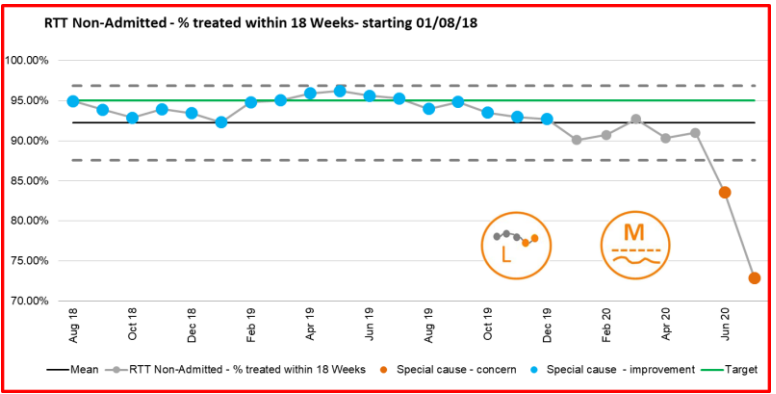
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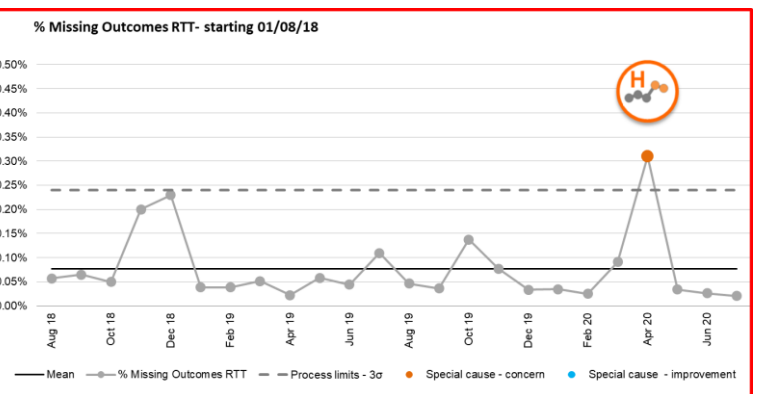
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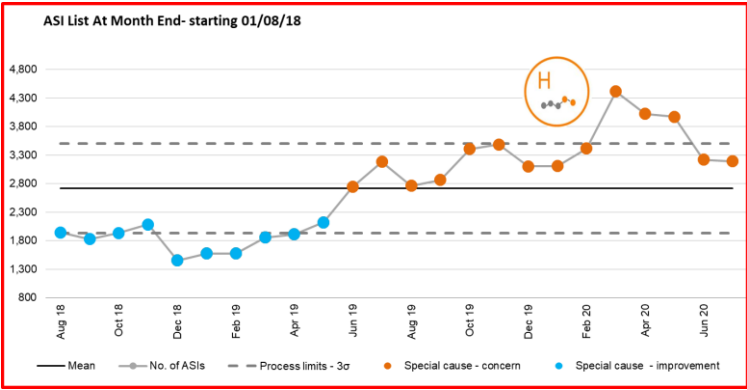
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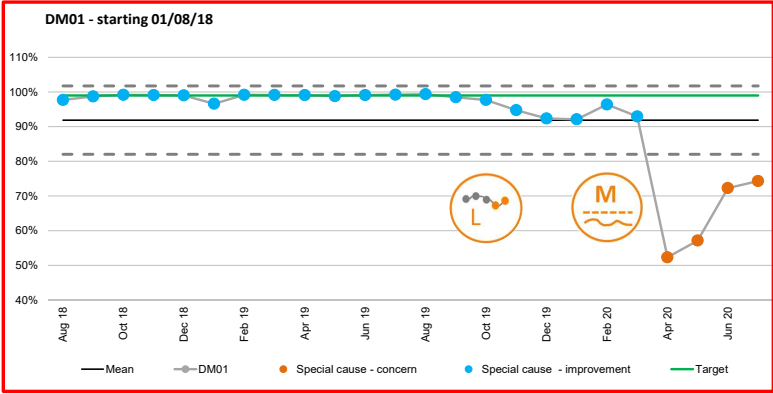
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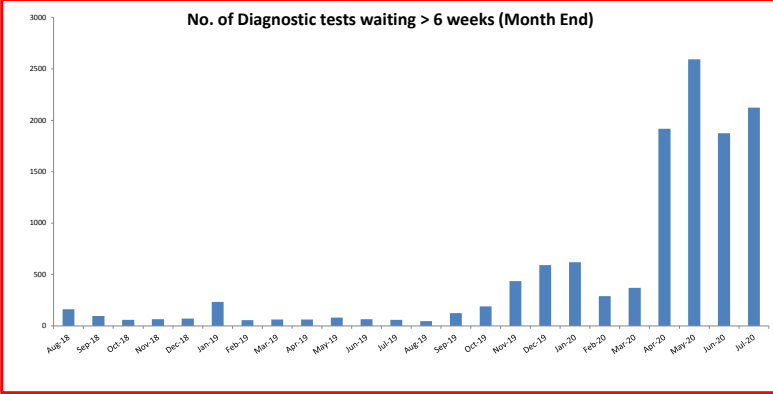
No Narrative Given



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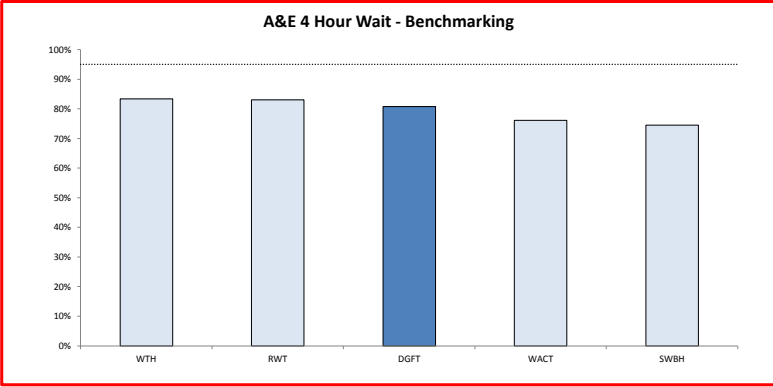
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SPC

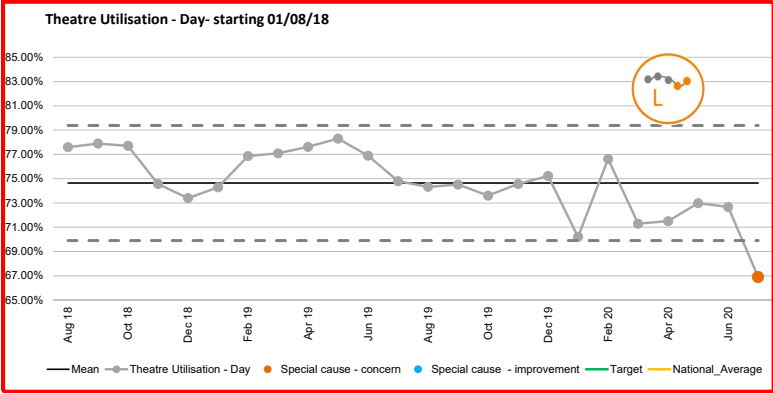


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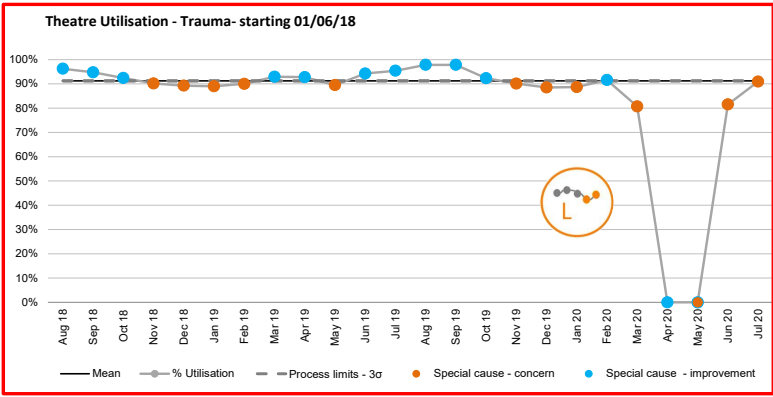
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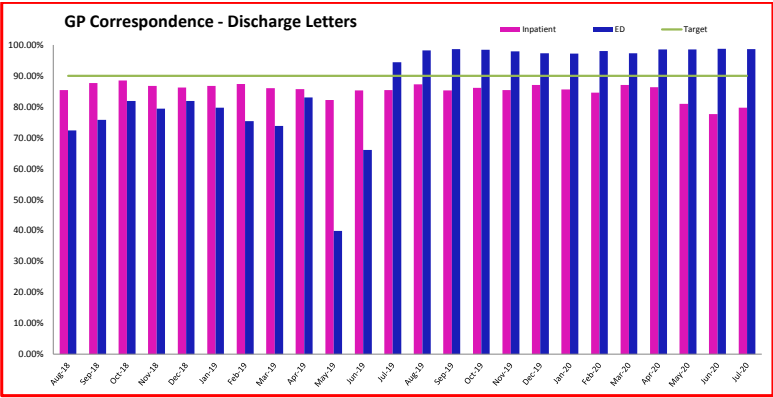
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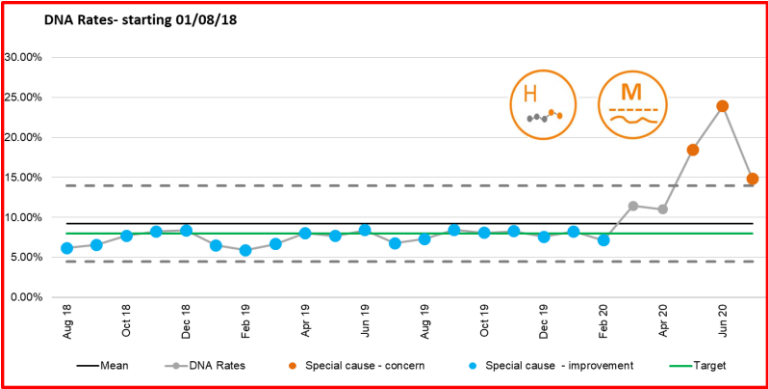
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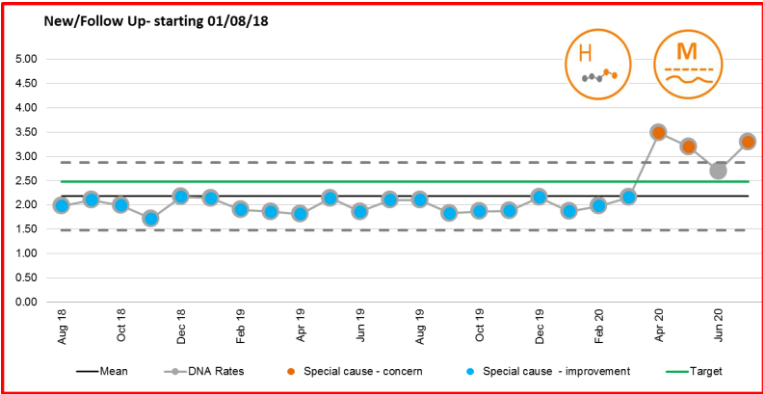
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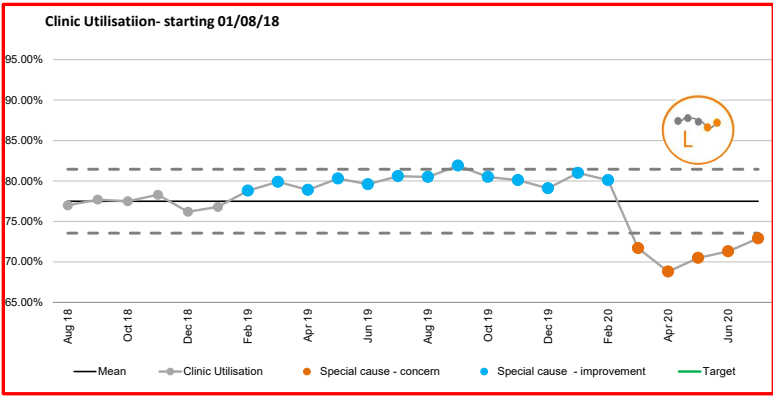
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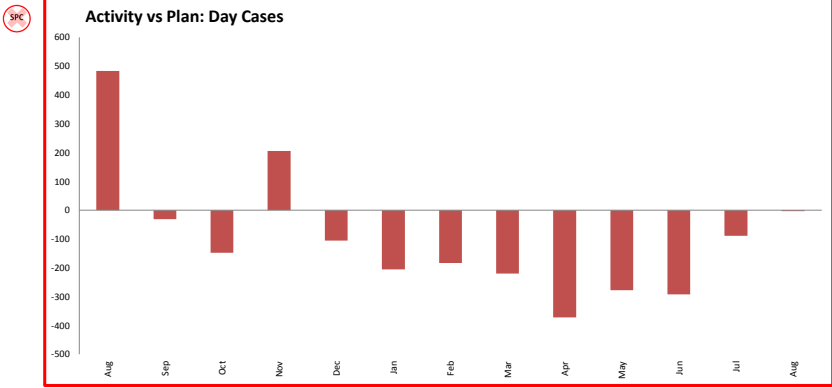


No Narrative Given

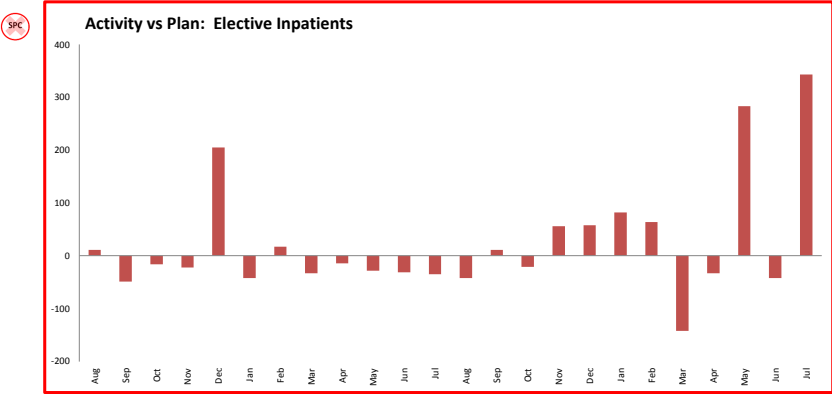
Performance Matters

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					

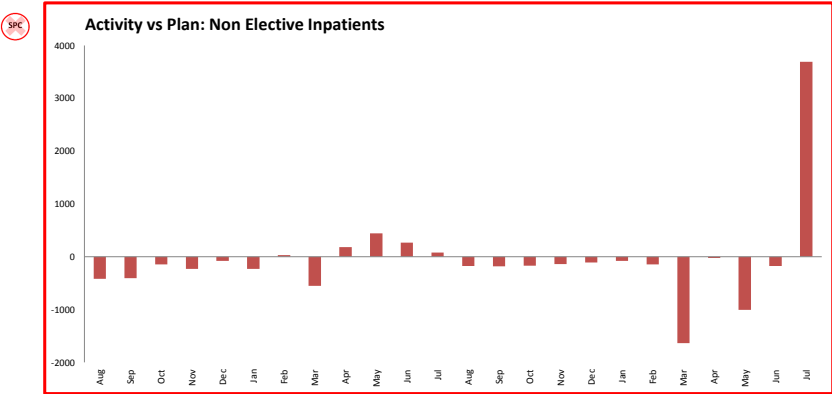
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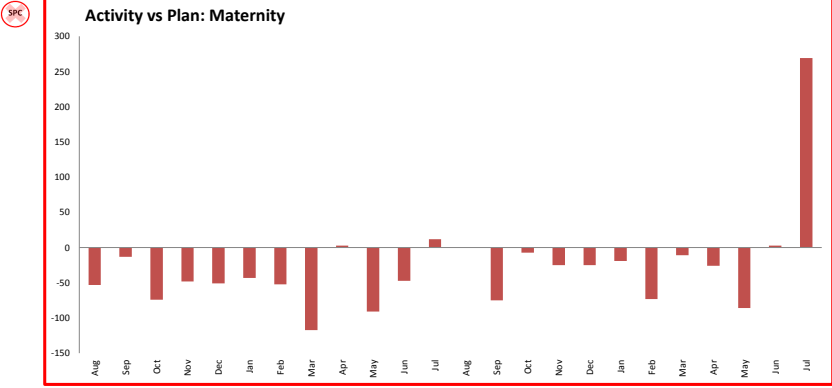
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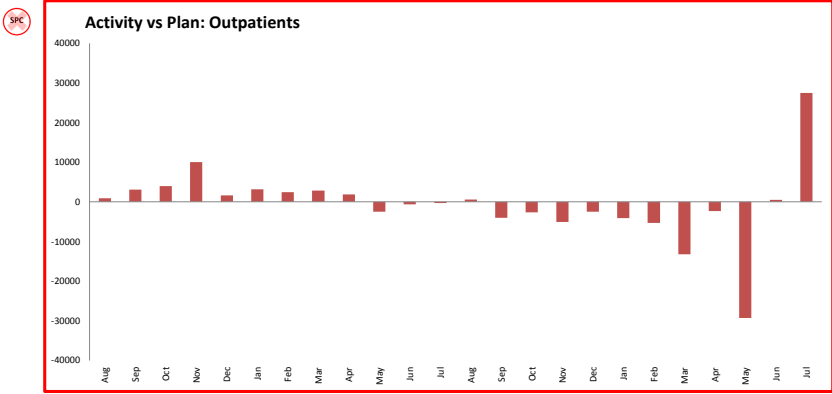
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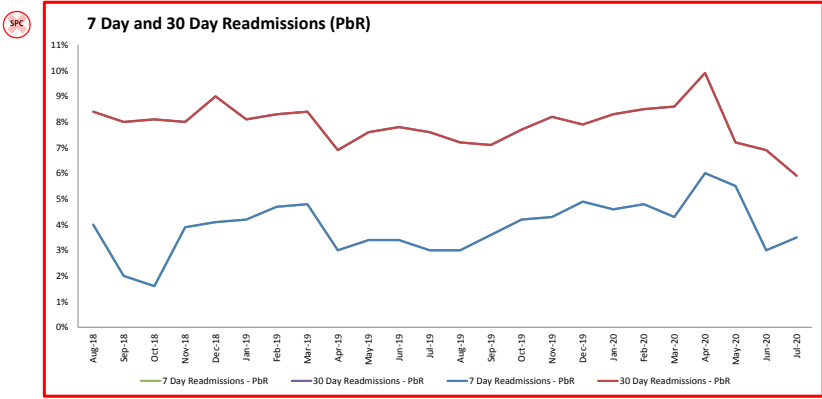
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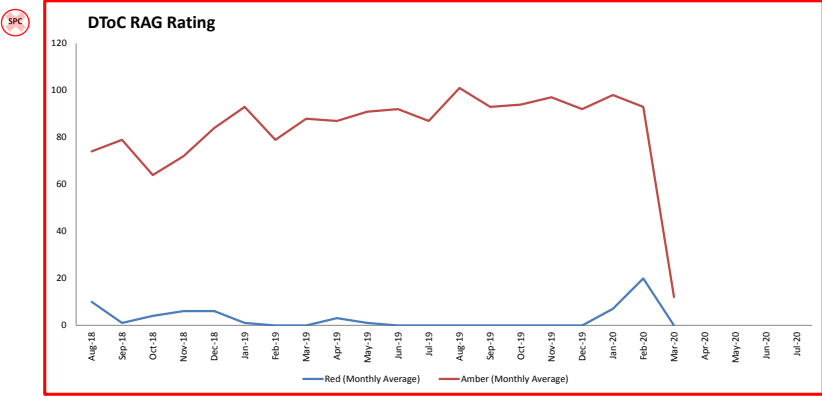
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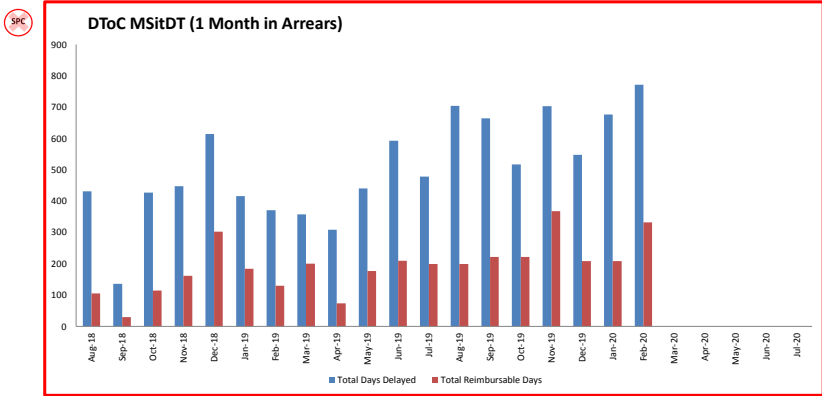
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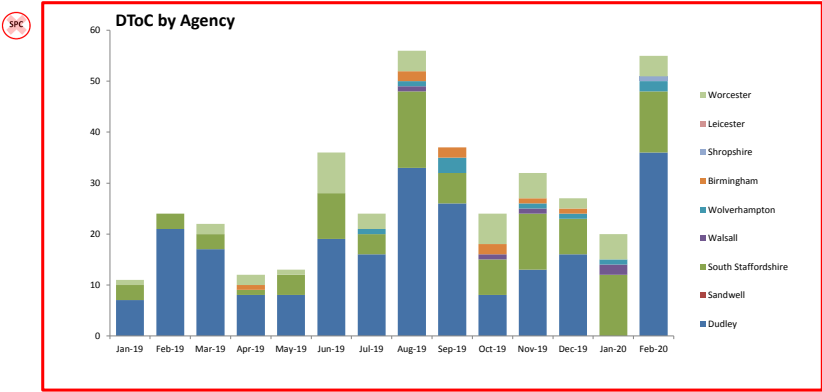
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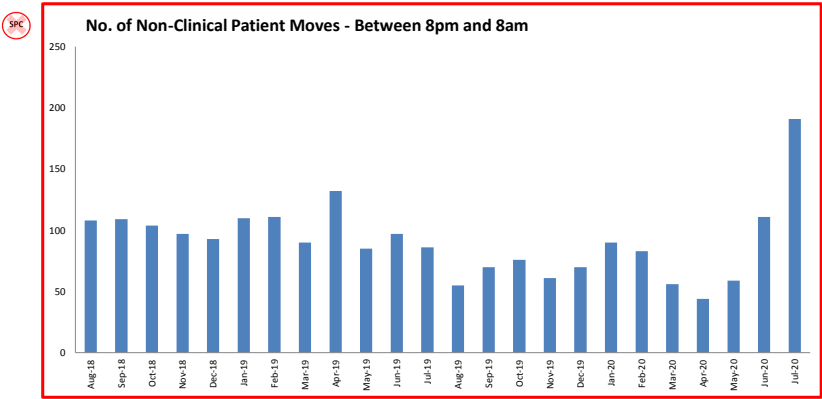
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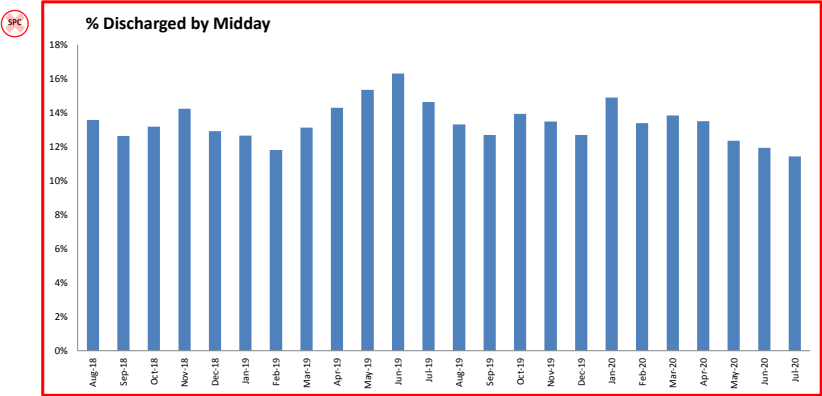
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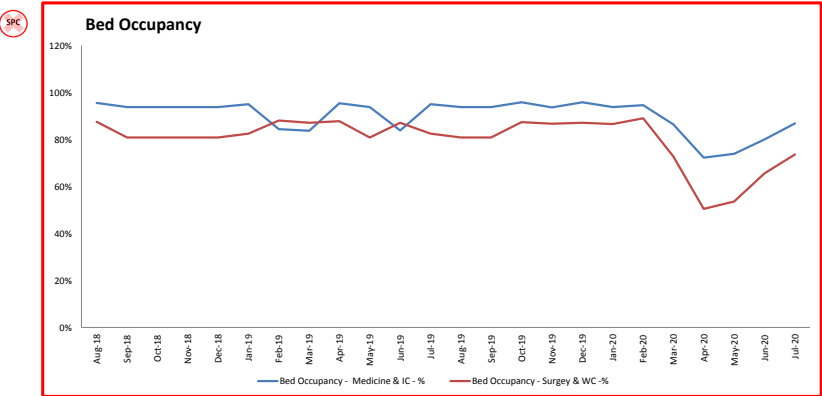
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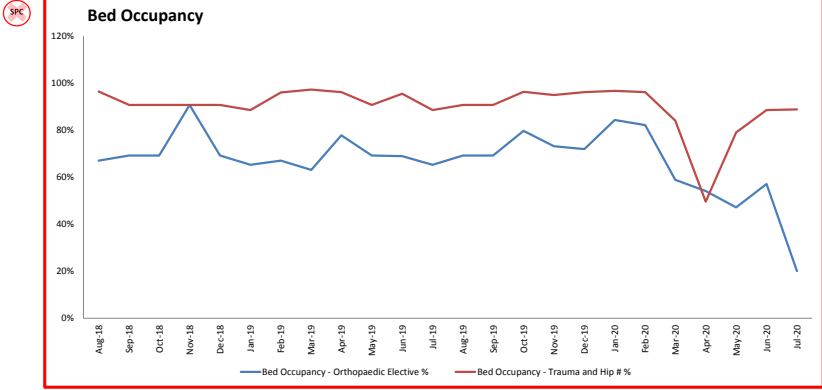
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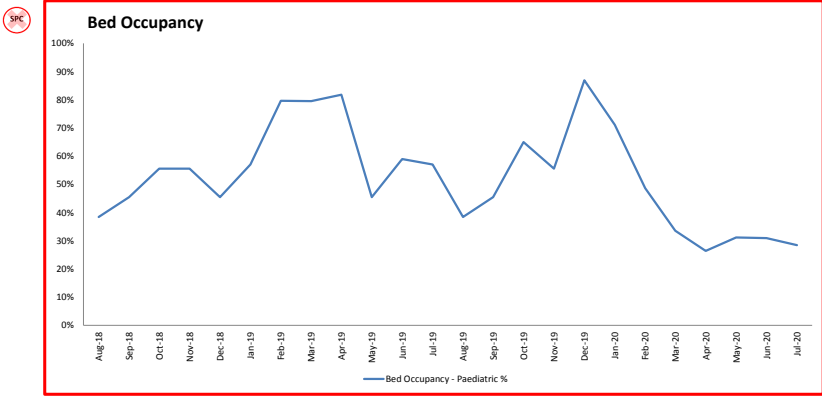
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