

*wishing you a  
Happy Christmas*



## **Council of Governors Meeting**

Friday 18<sup>th</sup> December 2020

Held in virtual session using web conferencing

# **Council of Governor meetings**

## **PUBLIC INFORMATION SHEET**

The Dudley Group's Council of Governors ordinarily meet in public every quarter and welcomes the attendance of members of the public and staff at its Council meetings to observe the Council's activities in fulfilling their duties and responsibilities.

However, due to the COVID-19 restrictions it is not currently possible to hold public meetings, although the Council of Governors will continue to publish the papers and minutes for these meetings. In addition, there is an option for members of the public to submit any questions they may have to the Council for consideration.

Questions should be kept brief and to the point and sent to the following email link [dgft.foundationmembers@nhs.net](mailto:dgft.foundationmembers@nhs.net) Responses will either be posted on the Council's meeting web page following the meeting or can be found in the minutes published in due course.

### **1. Introduction**

This sheet provides some information about how the Council meetings work when held face-to-face.

Name signs for each council and board member are displayed on the table in front of the member to enable you to identify who is speaking at the meeting.

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

Copies of the agenda and papers for the public meeting are available at the meetings, and on the Trust website [www.dgft.nhs.uk](http://www.dgft.nhs.uk) or may be obtained in advance from the following key contacts:

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

Helen Board  
Deputy Trust Secretary  
The Dudley Group NHS Foundation Trust  
Tel: 01384 321124 (direct dial) / 01384 456111 ext. 1124  
Email: [helen.benbow1@nhs.net](mailto:helen.benbow1@nhs.net)

### **2. Council Members' interests**

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

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

### 3. Opportunity for questions

The chairman will endeavour to respond to questions from the public on agenda items, where time permits. Members of the public, should raise any questions directly related to an agenda item with the chair as described above.

### 4. Debate

The council considers each item on the agenda in turn. Each report includes a recommendation of the action the council should take. For some items there may be a presentation; for others this may not be necessary. The council may not actively discuss every item – this does not mean that they have not received careful consideration; it means that nobody at the meeting considers it necessary to debate the subject.

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

### 5. Minutes

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

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

### 6. Future meeting dates

For details of future Council of Governors meetings, please visit the Trust's website [www.dgft.nhs.uk](http://www.dgft.nhs.uk)

### 7. Accessibility

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



## Full Council of Governors meeting (virtual)

Friday 18<sup>th</sup> December 2020, 15.00 – 16.20pm

MS Teams

### Meeting to consider public papers

No.	Time	Item	Paper ref.	By
1.	15.00	<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, Chairman
2.	15.05	<u>Previous meeting – 25<sup>th</sup> Sept 2020</u> 2.1 Minutes 2.2 Matters arising 2.3 Update on actions	Enclosure 1	Yve Buckland, Chairman
3.	15.25	<u>Chief Executive's and Chair's update</u>	Enclosure 2 / verbal	Diane Wake, Chief Executive Yve Buckland, Chairman
4.		<u>System wide developments</u> MCP/ICP Acute collaboration	Verbal	Yve Buckland, Chairman
5.	15.35	<u>Safe, caring and responsive</u> Updates from: 5.1 Quality and Safety Committee  5.2 Charitable Funds	Enclosure 3  Verbal	Liz Hughes, Committee Chair  Julian Atkins, Committee Chair
6.	15.45	<u>Effective</u> To receive updates from:  6.1 Finance and Performance Committee  6.2 Audit Committee  6.3 Digital Trust Technology Committee	Enclosure 4  Verbal  Enclosure 5	Jonathan Hodgkin, Committee Chair  Richard Miner, Committee Chair  Catherine Holland, Committee Chair

7.	15.55	<p><b>Well-Led</b> Updates as follows:</p> <p>7.1 Workforce and Staff Engagement Committee</p> <p>7.2 Trust Secretary report</p> <ul style="list-style-type: none"> <li>• Council of Governors elections 2020</li> <li>• Lead Governor elections 2021</li> <li>• Trust membership report</li> <li>• Governor meeting calendar 2021</li> <li>• Interim Governance arrangements</li> <li>• Governor Removal Process</li> <li>• Annual Report &amp; Accounts 2019/20</li> <li>• Annual Report &amp; Quality Account timetable 2020/2021</li> </ul>	<p>Enclosure 6</p> <p>Enclosure 7</p>	<p>Julian Atkins, Committee Chair</p> <p>Liam Nevin, Trust Secretary</p>
8.	16.10	<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
9.		<p>For information<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Integrated Performance Report</li> </ul>	Enclosure 8	
10.	16.10	Any Other Business (to be notified to the Chair)	Verbal	Yve Buckland, Chairman
11.	16.20	<p>Close of meeting and forward Council of Governors meeting dates 2021:</p> <p>26<sup>th</sup> March</p> <p>25<sup>th</sup> June</p>	Verbal	Yve Buckland, Chairman
12.		Reflections on the meeting		All
13.	<p><b>Quoracy</b> Eight Governors of which at least five are public elected plus chair or deputy chair</p>			

<sup>1</sup> Papers will be taken as read and noted

Enclosure 1

**Minutes of the Full Council of Governors meeting  
(to consider public papers)  
Friday 25<sup>th</sup> September 2020, 12noon  
Held virtually using – MS Teams**

<b>Present:</b>	<b>Status</b>	<b>Representing</b>
Ms Jill Faulkner	Staff Elected Governor	Non Clinical Staff
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
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:**

Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Deputy Trust Secretary (Interim)	DG NHS FT
Dame Yve Buckland	Chairman <b>Chair of meeting</b>	DG NHS FT
Mr Ian Chadwell	Business Development Manager	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
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	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
Mrs Katherine Sheerin	Director of Strategy & Transformation	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT

**Apologies:**

Mrs Liz Abbiss	Head of Communications	DG NHS FT
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Marlon Amulong	Staff Elected Governor	Nursing & Midwifery
Mr Arthur Brown	Public Elected Governor	Stourbridge
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Ms Sandra Harris	Public Elected Governor	Central Dudley
Dr Julian Hobbs	Medical Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Mr Ian James	Associate Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
Mrs Hilary Lumsden	Public Elected Governor	Halesowen
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Mr Rex Parmley	Public Elected Governor	Halesowen
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 Adam Thomas	Chief Information Officer	DG NHS FT
Mr Lowell Williams	Associate Non-executive Director	DG NHS FT
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis



<b>COG 20/11.0</b> 12.03pm	<b>Welcome</b>
<b>COG 20/11.1</b>	<b>Introductions &amp; Welcome</b> The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting.
<b>COG 20/11.2</b>	<b>Apologies</b> Apologies had been received as above.
<b>COG 20/11.3</b>	<b>Declaration of interest</b> The chairman asked those present to indicate if there were any items to declare in respect of the published agenda. There were none.  The chairman declared interests as Chair of the Royal Orthopaedic Hospital and Pro Chancellor of Aston University.
<b>COG 20/11.4</b>	<b>Quoracy</b> The meeting was declared not quorate.
<b>COG 20/11.5</b>	<b>Announcements</b>  The chairman advised that item 8.1 would be taken at the end of the meeting and include feedback on the NED appraisals with only governors invited to remain in the meeting.  The next governor training and development session would take place on 21st October 2020 with all governors strongly encouraged to attend.
<b>COG 20/12.0</b>	<b>Previous meeting</b>
<b>COG 20/12.1</b>	<b>Note of the previous full Council of Governors meeting held on 26<sup>th</sup> June 2020</b> (Enclosure 1)  The notes were accepted as an accurate record and would be signed by the chair.
<b>COG 20/12.2</b>	<b>Matters arising</b>  There were none.
<b>COG 20/12.3</b>	<b>Action points</b> All actions that were complete would be removed from the list.  <b>Action COG19/75 – Council to Council meeting (DG &amp; ROH.</b> Mrs Board reported that this action remained open and would be scheduled once it was appropriate to do so subject to social distancing requirements.  Other actions were not due.
<b>COG 20/13.0</b> 12.10pm	<b><u>Presentation</u></b>  <b>Trust Strategy Development</b> The chairman introduced Mrs Katherine Sheerin, Director of Strategy and Transformation and Mr Ian Chadwell, Business Development Manager who would provide an update about the refresh of the Trust Strategy.

	<p>Mrs Sheerin shared the following:</p> <ul style="list-style-type: none"> <li>• Provided a reminder of the existing strategy</li> <li>• Highlighted some emerging themes</li> <li>• Outlined the process and time line for developing a new trust strategy</li> <li>• Described engagement with Foundation Trust members, staff and the wider community</li> </ul> <p>Mrs Sheerin outlined the key emerging themes:</p> <ul style="list-style-type: none"> <li>• To be seen as the <b>'hospital and care provider at the heart of the community'</b></li> <li>• To be <b>'a beacon of excellence'</b> across the Black Country and beyond</li> <li>• To have greater focus on <b>research and innovation</b></li> </ul> <p>She concluded by providing more detail on the timelines involved and the next steps in terms of governor input.</p> <p>The chairman thanked Mrs Sheerin for the update and invited questions from those governors present.</p> <p>Mrs Marsh and Mrs Peers both expressed their support of the themes that had emerged.</p> <p>Mrs Sheerin encouraged all to complete the strategy survey if they had not done so.</p> <p>The chairman commended Mrs Sheerin and her team on the thorough approach being taken at a time when many complex issues were in evidence.</p> <p><i>[Mrs Sheerin and Mr Chadwell left the meeting at this point]</i></p>
<p><b>COG 20/14.0</b> 12.20pm</p>	<p><b>Chief Executive report and Chair's update</b> (Enclosure 2/verbal)</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 <b>COVID-19</b> figures and confirmed that the Trust would continue to implement the latest Government guidance issued to support effective infection prevention and control which included completion of risk assessments in non-clinical areas. The new guidance meant that all visitors to the Trust would now be required to wear surgical masks. There had been a slight increase in staff absence and some delays in testing had exacerbated the situation which would be closely monitored. She noted that the number of positive cases had seen a steady increase in recent weeks with preparation in place for a potential peak in late October. The Trust had reported a total of 1029 positive cases and two COVID-19 related deaths had occurred in the preceding seven days. The Trust had increased the level of health and wellbeing support available for staff.</p> <p>Ms Wake confirmed that the Trust's Incident room was operational at least 12 hours / day and managed all of the COVID-19 data reporting and interpretation of guidance when issued. The Trust had received no instruction to step any services down and was to maintain focus on managing patients safely at all times. Action was underway to create additional level three beds to reduce impact on theatre</p>



capacity and support ongoing elective work.

**Restoration and recovery plans** had made good progress in all areas when compared to other local providers. The exception to this related to the challenges to recover **diagnostic performance** and in particular work related to endoscopy. Additional facilities were on schedule to open the following week and provide further capacity to support the Trust and the wider system. Ms Wake acknowledged the constraints that social distancing caused and referenced recent concerns raised by a local Councillor in relation to the Corbett Outpatient Centre that highlighted the human factors involved and the need to re-inforce the right behaviours.

**Emergency attendances** had seen a significant increase during September with the emergency access standard performance around 90% and compared favourably to most other trusts.

Work had commenced on the **modular build** with the first phase hand over scheduled for the end of December 2020 and a full handover expected by the end of March 2021. The Trust had developed a Winter plan with modelling based on guidance as issued.

The seasonal **Flu vaccine** was expected in the coming week and the Trust had set a target to vaccinate 100% of frontline staff and would use peer vaccinators as in previous years.

In conclusion Ms Wake confirmed that the Trust would be participating fully in a series of **Freedom to Speak up Events** during October 2020 to promote and raise awareness about speaking up.

The chairman thanked Ms Wake for the update and acknowledged the challenge for staff as Winter approached and a potential second COVID-19 wave loomed.

Mrs Marsh confirmed that line managers were working with staff to be flexible and try to support staff as effectively as possible.

Ms Wake noted that anxiety levels were heightened across the whole of the NHS workforce and a high standard of support packages were in place. She noted an increase in staff who wanted to work remotely and reported that the most recent Chief Executive's Live Chat session, attended by more than 250 staff, had highlighted concerns about winter pressure, the next COVID-19 surge, working arrangements and expectations. The Trust leadership were supportive of a fair and balanced approach and would support managers with relevant guidance.

Mr Fleet concurred and noted the hard work of all involved to support clinical staff and keep the focus on restoration and recovery.

Ms Wake provided an update on the **MCP/ICP** arrangements and summarised the latest round of meetings that had been held with the different parties involved where an outcome had been to agree a way forward to address the risks as previously highlighted. The Trust had re-iterated the desire to reach a workable solution and to agree details of the sub contract offer with Dudley Integrated Health Care (DIHC) and had shared due diligence in an attempt to reach a satisfactory solution to mitigate those risks. There was still substantial effort required to achieve a positive outcome for both organisations and the people of Dudley and significant concern remained in relation to the lack of clarity of the

	<p>clinical pathways involved.</p> <p>The chairman noted the dedication of the executives who had devoted significant time to the project and had succeeded in distilling the critical clinical and financial issues and actively supported the partners involved to create a focussed solution for the people of Dudley. Governors would continue to receive regular updates.</p> <p>Cllr Waltho advised that, as a member of the Council's Health Select Committee, he had asked at a recent meeting of that Committee why the process was taking up valuable time in the midst of pandemic and whether the process could be postponed. He had been disappointed to learn that the sentiment of the Council ran counter to this and would press forward with the process.</p>
<b>COG 20/16.0</b>	<p><b>System wide developments</b></p> <p><b>Acute Collaboration</b> (verbal)</p> <p>The chairman explained the context of the collaboration project that centred on the aim for NHS trusts to take the lead on developing ways they could work together to improve clinical and financial viability, to find solutions to shared challenges. Locally this translated to four local acute trusts coming together to use resources more efficiently: Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust, Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust. The trusts had been asked to consider a number of organisational forms and recognised that each place would need an anchor organisation and that specialist services may need to be located elsewhere. All trusts had agreed that collaboration was a logical way forward and the challenge remained to understand the case for change before any option could finally be selected.</p> <p>The chairman noted that the case for change would need to be driven by clinicians, be evidence based and key to preparing the case for change. Ms Wake had been appointed as the System RO for clinical aspects. Ms Wake advised that there was some concern about the lead times and reiterated that clinicians were crucial to the success of the collaboration and so far had not been widely involved.</p> <p>Ms Faulkner stated that some staff were worried about their jobs and asked what the impact of collaboration arrangements might be. Ms Wake replied that each of the organisations had resourcing issues and suggested that the risk was low and confirmed that Dudley staff would be kept updated.</p> <p>The chairman had noted that as the only acute trust in the Black Country with foundation trust status, Governors had a key responsibility to oversee and agree any significant changes and be supportive of any change and would be kept updated.</p>
<b>COG 20/17.0</b>	<p><b>Safe Caring and responsive</b></p>
<b>COG 20/17.1</b>	<p><b>Update from Quality and Safety Committee</b> (Enclosure 3)</p> <p>Dr Hughes presented the report given as enclosure three and asked the Council to note the contents that summarised the discussions at the last meeting held 28<sup>th</sup> July 2020 and highlighted:</p> <p>The committee received an update on the work done in relation to the <b>Gold Standards Framework</b> that was impressive and acknowledged the ongoing work</p>

	<p>of Dr Jo Bowen and her team.</p> <p>Dr Hughes was pleased to note that that the Trust had improved performance in <b>Dementia scores</b>, the <b>plain film backlog review</b> was completed and would be reported to the next meeting and two of the three <b>Section 31 notices</b> had been removed. There remained a level of concern regarding the compliance with <b>labelling of blood samples</b> processes and she had requested an ‘after action’ review to be undertaken. Dr Hughes was pleased to note that subsequent to the meeting, compliance in relation to the documentation of prescribing in the GI unit had received positive assurance as a result of electronic prescribing and medicine administration (EPMA) support.</p> <p>Dr Hughes confirmed that the Quality Account 2109/20 had been approved for submission to the Board for ratification.</p> <p>Dr Hughes concluded by noting that the Committee had met virtually with a focussed agenda 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>
<b>COG 20/17.2</b>	<p><b>Charitable Funds update</b> (Enclosure 4)</p> <p>Mr Atkins presented the report given as enclosure four that provided an overview of the Dudley Group NHS Charity Charitable Funds activity for the period 2019/20. He noted that the latter part of the year and subsequent months had been dominated by the generosity of the Dudley Community in response to the COVID-19 pandemic with an unprecedented level of donations received which had included a one off donation of £500k. Mr Atkins outlined a few of the many projects that were being funded for the benefit of staff and patient welfare.</p> <p>The chairman thanked Mr Atkins for the update and paid tribute to the generosity which had shown that the Dudley spirit was alive and well and served to illustrate the importance of The Dudley Group at the heart of the community.</p>
<b>COG 20/18.0</b>	<b>Effective</b>
<b>COG 20/18.1</b>	<b>Update from Finance and Performance Committee</b> (Enclosure 5)
	<p>Mr Hodgkin presented the report given as enclosure five that reflected the key items considered at the meeting held in August 2020 and he gave a verbal update of the key items discussed and highlighted the items that would be referred to the next meeting of the Board.</p> <p>Mr Hodgkin advised that there would potentially be financial challenges in the latter part of the year until such time that the funding framework had been finalised and he was unable to provide assurances that the Trust would not experience a deficit situation. He confirmed that the Trust closely monitored all budgets and performance against local, regional and national targets.</p> <p>The Chair thanked Mr Hodgkin for his update and asked those present to review the full contents of the report.</p>
<b>COG 20/18.2</b>	<b>Update from Audit Committee</b> (Enclosure 6)

	<p>Mr Miner presented the upward report from the last meeting held on 22<sup>nd</sup> June, held with a limited agenda in order to transact year end business. He highlighted the decisions made:</p> <ul style="list-style-type: none"> <li>• To recommend approval to the Board of the financial statements for the year ended 31 March 2020.</li> <li>• 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 Value for Money (VfM) opinion.</li> <li>• To recommend approval of the Letter of Representation to be provided by Board to PwC subject to a minor modification (and subsequently agreed).</li> </ul> <p>Mr Miner confirmed that the Annual Report and Accounts had been laid before Parliament and subsequently distributed via email (18<sup>th</sup> August 2020) to all Governors and drew attention to the Independent Auditors Report to the Council of Governors. He noted the Modified adverse opinion issued and provided an explanation of the different aspects that it related to and was able to confirm that the Audit Committee had subsequently met and had received positive assurance that a robust system of governance was in place.</p> <p>The chairman thanked Mr Miner for the update and confirmed that as a result of the COVID-19 restrictions, the Annual Members Meeting would not be held as a face-to-face event and would comprise a pre-recorded video uploaded to the Trust You Tube channel on 30th September 2020. Prior to that, a summary of the Annual report had been included as part of the Your Trust newsletter which had been distributed widely to both Foundation Trust members at the end of August/early September 2020.</p>
<b>COG 20/18.3</b>	<p><b>Update from Digital Trust Technology Committee</b> (Enclosure 7)</p> <p>Mr Randeniya presented the report given as enclosure seven, and highlighted the following positive assurances to provide following the last meeting held on 27<sup>th</sup> August 2020:</p> <ul style="list-style-type: none"> <li>• positive assurance and mitigation of the High CareCERT (CC-3563) (computer emergency response team) 15th July 2020.</li> <li>• positive assurance that electronic prescribing and medicine administration (EPMA) and electronic venous thromboembolism (eVTE) go live and clinical adoption (DCB0160/0129) compliant clinical safety case report completed.</li> <li>• the Technology Strategy has been revised (V1.1) to account for advances made during COVID-19.</li> </ul> <p>Mr Randeniya paid tribute to the exemplar clinical leadership and workforce approach to adopting various digital solutions during the last few months that had represented significant change.</p> <p>The chairman thanked Mr Randeniya for the update and noted the effectiveness demonstrated by the new Committee in bringing together the digital needs of the Trust to support safe, effective patient care.</p>
<b>COG 20/19.0</b>	<b>Well-Led</b>
<b>COG 20/19.1</b> 13.00pm	<b>Workforce &amp; Staff Engagement Committee</b> (Enclosure 8)

	<p>Mr Atkins presented the report given as enclosure eight summarising the items that were considered at the meeting held on the 25<sup>th</sup> August. The focus of the meeting was a deep dive session that had focussed on equality and inclusion. Mr Atkins was pleased to advise that the Trust had appointed a new head of equality of diversity and inclusion that would join the Trust at the end of October 2020.</p> <p>Mr Atkins acknowledged the work of the Chief People Officer and his team in the development of improved management information that provided an improved insight on equality issues and described some of the activities underway.</p> <p>The chairman thanked Mr Atkins for the update and noted that the chairs of the respective inclusion networks would be invited to attend a future meeting of the Council.</p>
<b>COG 20/19.2</b>	<p><b>Trust Secretary report</b> (Enclosure 9)</p> <p>Mr Nevin presented the report as read and highlighted the following:</p> <p>Subsequent to the Council's Annual Review of Effectiveness, three on line workshop activities had been held with Governors to review the findings with the six key themes identified of which five were completed. The outstanding item related to the ongoing timely circulation of meeting papers which would be monitored over the coming year. Elections were underway with a call for nominations issued. A series of 'potential governor' workshop sessions had been held to provide an opportunity for interested parties to hear directly from existing council members. These had been well attended and early indications suggested all vacancies would be contested.</p> <p>The chairman thanked Liam for the update and invited questions. There were none.</p>
<b>COG 20/20.0</b>	<p><b>Governor matters</b> (Verbal)  <i>This section relates to items raised by governors other than those covered on the meeting agenda.</i></p> <p>The following item had been raised in advance of the meeting:</p> <p><b>Modular build</b> Mrs Board confirmed that the only item raised had been covered earlier in the meeting a part of the chief executives update.</p>
<b>COG 20/21.0</b>	<p><b>For information</b></p> <p>The chairman asked those present to note the contents of Integrated Performance Report given as enclosure 10 and invited questions. There were none.</p>
<b>COG 20/22.0</b> 13.26pm	<b>Well-Led</b>
<b>COG 20/22.1</b> 13.26pm	<p><b>Remuneration and Appointments Committee</b></p> <p><i>At this point, all participants with the exception of governors were asked to leave the meeting.</i></p> <p>The chairman confirmed that the Remuneration and Appointments Committee had met on 21<sup>st</sup> September 2020 to consider the following items and that documents detailing the recommendations for approval had been circulated 'in confidence' to</p>

	<p>all Council members.</p> <p>The following papers were presented to members of the Council present for approval as recommended by the Committee:</p> <ul style="list-style-type: none"> <li>• Remuneration &amp; Appointments Committee Terms of Reference</li> <li>• Remuneration &amp; Appointments Committee Annual Work plan</li> <li>• Reimbursement of Governors Expenses Document</li> </ul> <p>It was resolved to:</p> <ul style="list-style-type: none"> <li>• to approve the documents as listed above</li> </ul> <p>The chairman confirmed that the appraisal process for all non-executive directors had taken place and had followed a process as agreed by the Council's Remuneration and Appointments Committee. The appraisals were complete with the exception of the chairman and that of Mr Atkins; the details of which would be circulated to the council under separate cover.</p> <p>The chairman advised that the appraisals had revealed a positive and effective performance by all NEDs and summarised the proposed recommendations pending a review of the size, structure and composition of the Board in March 2021:</p> <p><b>Ian James</b> - Ian's term of office has expired and therefore the recommendation is not to extend as he has secured an additional NHS role.</p> <p><b>Lowell Williams</b> - to extend his term until the end of March 2021 pending review of Board size, structure and skill set.</p> <p><b>Liz Hughes</b> - to continue with her present term of office that will expire at the end of October 2022.</p> <p><b>Vij Randeniya</b> - to extend his term until the end of March 2021 pending review of Board size, structure and skill set.</p> <p><b>Gary Crowe</b> - to continue with his present term of office that will expire at the end of June 2022.</p> <p><b>Richard Miner</b> - his term is extended until the end of March 2021 to avoid a mid-year change in the Audit Committee Chair.</p> <p><b>Jonathan Hodgkin</b> – to extend his term until the end of March 2021 (current term expires at the end of February 2021) pending review of Board size, structure and skill set.</p> <p><b>Catherine Holland</b> - to continue with her present term of office that is due to expire at end of August 2021.</p> <p>It was resolved to:</p> <ul style="list-style-type: none"> <li>• to approve the recommendations as set out in the preamble to this minute.</li> </ul>
<b>COG 20/23.0</b>	<p><b>Any other Business</b></p> <p>There was none.</p>

<p><b>COG 20/24.0</b></p>	<p><b>Reflections on the meeting</b></p> <p>Cllr Waltho commented on the good standard of administration offered to the Council and felt that matters were covered in detail with opportunity for discussed as needed.</p> <p>The chairman thanked all for attending and drew the meeting to a close.</p>
<p><b>COG 20/10.0</b></p>	<p><b>Close of meeting and forward dates: 2020</b></p> <p>The chairman advised that the next quarterly meeting of the full Council was scheduled for Thursday 10<sup>th</sup> December 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 26<sup>th</sup> June 2020

Item No	Subject	Action	Responsible	Due Date	Comments
<b>COG 19/75.0</b>	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  <b>Under review</b>
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 Board of Directors on 10<sup>th</sup> December 2020**

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

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

## **Chief Executive's Report – Public Board – 10<sup>th</sup> December 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**

Dudley, along with Birmingham and the Black Country, entered into Tier 3 after national lockdown restrictions ended on 2nd December 2020. Dudley borough currently has the highest figures in the region, despite seeing a slight reduction recently. As at 30<sup>th</sup> November 2020, the rate per 100,000 of population in Dudley was 318.1. We are seeing an increase in the numbers of inpatients testing positive for COVID. We joined forces with the local authority and public health colleagues to reinforce the importance of following the guidance. We produced three videos called Dudley is Counting on You which are performing very well on social media. [Click here](#) to view specialist palliative care nurse Aimee Wood, pulmonary rehab team leader Catherine May and consultant acute physician Murali Veerabahu explain why it is so important for everyone to keep their distance, wash hands regularly and wear a face mask to help stop the spread of COVID.

### **The New Acute Medical Unit (Modular Build)**

We are very excited about our new build outside the front of Russells Hall Hospital. We have invested in the multi-million pound build to provide much needed additional space on the site which will greatly benefit our patients. Work is progressing on the new acute medical unit (modular build) and we are expecting delivery of the modules themselves to start shortly. Delivery will take 12 to 14 days.

The two-storey build will be linked to our Emergency Department to provide assessment facilities on the ground floor and to improve access and flow of patients through this service. A short stay ward will be on the second floor to support patients needing assessment before discharge.

### **Flu Vaccination**

The Trust's flu campaign started on 5<sup>th</sup> October with a target of 90 per cent of staff being vaccinated by February 2021 but 100 per cent of frontline staff. As at 1<sup>st</sup> December 2020, we had vaccinated 75% of our eligible staff. Our team of roaming vaccinators continue to give our busy staff easy access to the flu vaccine and this provides the best protection against the flu. With the help of football legend Steve Bull, we continue to encourage staff to have the flu jab. He has appeared in a series of four videos to get the message across.

## Healthcare Heroes

### Team Award



The Healthcare Heroes team award for November 2020 went to the mortuary department. They were nominated by several colleagues for their outstanding contributions to families, carers and, most recently, medical staff. This unsung team are not only involved in receiving the deceased but also caring and preparing patients for leaving the hospital, and supporting families through really difficult circumstances. They do an amazing job, even through some of the most challenging times, they go above and beyond to provide a top service. Undertakers are

full of praise for this team. They can't speak highly enough of them. They work together in a professional and respectful way and this award is truly deserved.

### Individual Award

Our Healthcare Hero individual award went to Jacqui Passmore, our lead nurse for learning disabilities. Jacqui was nominated by one of her close colleagues for the work she has put in to build the learning disabilities team here at The Dudley Group. It is clear how passionate Jacqui is in making a difference to those in her care. Some may also call her a real super nurse, an inspiration and a role model for her peers. Jacqui has so much experience and knowledge to share, which works alongside her kind and caring heart and she is a huge advocate for anyone with learning disabilities. Most recently, she coordinated a very complex admission for a patient who needed multiple interventions. Jacqui worked hard to liaise between the family and her clinical peers to ensure every aspect of care remained patient focused. She continued to make arrangements for the admission and ensure that the wellbeing of not only the patient, but the whole family, was a priority.

## Charity Update

### NHS Charities Together

The Trust is pleased to say that we have received a further £50,000 donation to support us through the second wave of COVID-19. We are also working on a bid for the Stage 3 Grants which are aimed at sustainable projects which will support the wellbeing of our colleagues.

### Christmas Fundraising

We are going virtual this year and asking people to get behind our charity by taking part in Christmas fundraising events including our **Christmas Jumper Day** on Friday 11<sup>th</sup> December 2020. As usual there are a selection of Christmas Jumper Day badges to buy!

We are also offering Santa Suits throughout December for all those who register to take part in our **Santa Challenge**. Whatever you do; do it dressed as Santa. You can liven up teams meetings, wear a suit to work or be more adventurous and run a few laps of your local park.

You can find out more on our charity Facebook page by clicking [here](#).

## Next Steps for Integrated Care Systems

NHS England and NHS Improvement have set out the next steps in relation to Integrated Care Systems. They have recently published the new document “Integrating Care” which builds on the route map set out in the NHS Long Term Plan.

It signals a renewed ambition for greater collaboration between partners in health and care systems to help accelerate progress in meeting the most critical health and care challenges.

It details how systems and their constituent organisations will accelerate collaborative ways of working in future, considering the key components of an effective integrated care system (ICS) and reflecting what local leaders have said about their experiences during the past two years, including the immediate and long-term challenges presented by the COVID-19 pandemic.

It sets out ambition for how all parts of our health and care system can work differently, in particular, stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care. Provider organisations are being asked to step forward in formal collaborative arrangements that allow them to operate at scale and developing strategic commissioning through systems with a focus on population health outcomes.

It also describes options for giving ICSs a firmer footing in legislation, which sits alongside other recommendations aimed at removing legislative barriers to integration across health bodies and with social care, to help deliver better care and outcomes for patients through collaboration, and to join up national leadership more formally.

The document invites views on these proposed options from all interested individuals and organisations.

## Patient Feedback

**B2 (Trauma):** I found my experience as an inpatient to be first class, we were taken care of wonderfully well everybody cared for and about the patients comfort and well-being thank you. God bless you all xxxx

**Emergency Department:** The service I received was fantastic! Was taken straight through, straight to X-ray and treated accordingly as a patient for my injury and then discharged. With all the information I needed to look after my broken bone injury.

**Podiatry:** They were really helpful and helped me a great deal my feet feel a lot better they gave me some support and advice which I found really helpful and some support insoles for my shoes and some elastic and showed me some good exercises to do to strengthen my feet and ankles.

**B1:** The nurses on the ward were absolutely brilliant and made me feel very comfortable and cared for. The protections against COVID seemed very robust. The surgeons were very calming and friendly. The ward staff made sure my relatives were contacted as soon as possible to update them on my condition. Thank you to all staff on B1 ward.

**Dermatology Day Case:** Everyone was very professional whilst remaining friendly and approachable. Every question was answered fully. I was made aware of the procedure as it happened which really helped calm my nerves. All of the areas were very clean and all COVID rules followed. Thank you everyone for making this such a good experience. I am very grateful for the NHS and its people.

**C4:** The staff were amazing on Oncology, C4 kind, caring and informative. Nothing too much trouble, treated with kindness and respect; was made to feel as comfortable as possible, which made my visit less stressful and worrying.

**Gynaecology:** Very good all staff, really good kind and caring and explained everything in detail, and made me feel at ease. Thank you.

## Visits and Events

3 <sup>rd</sup> November 2020	Live Chat
10 <sup>th</sup> November 2020	Dudley Integrated Care Provider Community Briefing
10 <sup>th</sup> November 2020	Live Chat
11 <sup>th</sup> November 2020	NHSEI - DGFT discussion on DICH FBC proposals meeting
12 <sup>th</sup> November 2020	Boar d of Directors
13 <sup>th</sup> November 2020	Urgent Meeting: NHSEI/Black Country
13 <sup>th</sup> November 2020	Team Brief
13 <sup>th</sup> November 2020	Weekly Live Draw
17 <sup>th</sup> November 2020	Room 4 official opening
17 <sup>th</sup> November 2020	The Dudley Group NHS FT, Diane Wake   Mark Mansfield & Rebecca Farmer, NHS England and NHS Improvement
18 <sup>th</sup> November 2020	Siren Study
19 <sup>th</sup> November 2020	Live Chat
20 <sup>th</sup> November 2020	Weekly Live Draw
20 <sup>th</sup> November 2020	Governors Meeting
23 <sup>rd</sup> November 2020	Vital Signs Transformation Guiding Board
24 <sup>th</sup> November 2020	Healthcare Heroes
25 <sup>th</sup> November 2020	Live Chat
25 <sup>th</sup> November 2020	BCWB Elective Care Transformation Board
26 <sup>th</sup> November 2020	Weekly Live Draw



## National NHS news

### **Coronavirus: NHS COVID app failed to record potential exposures due to error**

An error with the NHS COVID app has left potentially thousands of people unaware that they were exposed to the coronavirus and needed to self-isolate. More than 19 million people have downloaded the English contact-tracing app since 24 September, but it has had the wrong settings to record whether these people were close enough to each other to transmit the coronavirus. **Sky News (01.11.20)**

### **NHS bosses accused of 'putting politics before patient safety' as leading hospital struggles to cope with second wave**

An NHS hospital at the epicentre of the coronavirus second wave is facing the threat of action by the care watchdog as it struggles to keep patients safe, The Independent has learned. Senior NHS bosses in the northwest region have been accused of putting politics ahead of patient safety and not doing enough to help the hospital to cope with the surge in Covid patients in recent weeks. The Care Quality Commission (CQC) warned the Liverpool University Hospitals Trust on Friday that it could face action after an inspection carried out last week in response to fears raised with the regulator. **Independent (02.11.20)**

### **NHS in England to go back to highest alert level as Covid patient numbers rise**

The NHS in England is returning to its highest state of alert amid warnings that hospitals will continue filling up with Covid-19 patients for at least another two weeks. The service will go back to level 4 alert status at midnight on Wednesday to coincide with the start of the second lockdown. **The Guardian (04.11.20)**

### **Covid-19: NHS in England moves to highest alert level**

The move by NHS England means staff can be moved around the country, while patients may be sent to other regions for treatment if Covid threatens to overwhelm local services. Health bosses said they were seriously concerned, adding the NHS was facing a "very difficult winter". But they said they hoped lockdown would help avoid major disruption. **BBC News (04.11.20)**

### **NHS Test and Trace hits record testing capacity as over 10 million people tested at least once**

Figures released today show that over 10 million people in the UK have now been tested, and the target of reaching 500,000 testing capacity has been exceeded. NHS Test and Trace figures published today show the service has now reached more than 1.7 million people, with more than 10 million people in the UK tested at least once. This week's figures come after the [government's announcement earlier in the week](#) that the target of reaching 500,000 testing capacity by the end of October has been exceeded. **GOV.uk (05.11.20)**

### **NHS England's IT plan expensive and risky, say MPs**

MPs say the NHS is in danger of repeating past mistakes as it tries to modernise its IT systems. The Commons Public Accounts Committee warns that massive sums of public money could be wasted. Its report says without proper planning it will not be clear whether the health service's digital transformation plan will deliver value for money. The MPs also reveal that the total cost of the NHS Covid-19 contact-tracing app will be £36m. **BBC News (06.11.20)**

### **NHS England suspends one-to-one nursing for critically ill Covid patients**

Nurses will be allowed to look after two critically ill Covid-19 patients at the same time after NHS bosses relaxed the rule requiring one-to-one treatment in intensive care as hospitals come under intense strain. NHS England has decided to temporarily suspend the 1:1 rule as the number of people who are in hospital very sick with Covid has soared to 11,514, of whom 986 are on a ventilator. The move comes amid concern that intensive care units, which went into the pandemic already short of nurses, are being hit by staff being off sick or isolating as a result of Covid. It follows a warning last week by Prof Chris Whitty, England's chief medical officer, that the Covid resurgence could overwhelm the NHS. **The Guardian (08.11.20)**

### **NHS staff to get twice-weekly home covid tests with immediate effect**

Government said only last week that universal asymptomatic staff testing would start in December, but government has now agreed it will bring this forward to this week for a first tranche of 34 trusts; and all others next week. HSJ has asked if primary care is covered. The tests at 34 trusts this week will cover "over 250,000 staff," Professor Powis said. He set out plans for the new testing regime in a letter to Commons health and social care committee chair Jeremy Hunt who has been pressing the government for routine staff testing since the summer. **Health Service Journal (09.11.20)**

### **Visa rules forcing migrant NHS workers to leave UK amid Covid second wave**

Migrant healthcare workers are having to return to their countries of origin, potentially hampering Britain's response to the second wave of coronavirus, after the expiry of visas to support the NHS, trade unions and charities have warned. Unison has called on the government to stop forcing out key workers in the health and care sectors and to stop barring potential new ones from coming to work here. **The Guardian (09.11.20)**

### **NHS Covid drive aims to vaccinate up to 5,000 people daily at each mass centre**

Thousands of hospital staff will join the drive to vaccinate all adults in England against coronavirus and will be deployed at mass vaccination centres, each of them aiming to give the jab to up to 5,000 people a day, NHS officials involved in the plans said. The NHS intends to use football stadiums, town halls and conference buildings in England to inoculate at least 2,000 people per centre each day. In urban areas, there will be a network of these centres. **The Guardian (11.11.20)**

### **NHS Test and Trace suffers another round of 'huge' IT issues**

Leaked emails sent to NHS clinical-level contact tracers on 15 and 16 October confirmed the "huge IT" issues related to outbreaks at hospitals and care homes, first reported by The Guardian. Sources told the news outlet the previously undisclosed problems led to delays of up to 48 hours in reaching potentially infected people in care homes and hospital settings. But government scientific advice states 80% of an infected person's close contacts should be reached within 24 hours. **Digital Health (12.11.20)**

### **Year-long waits for surgery at highest level since 2008, says NHS England**

The number of people waiting more than a year for an operation has reached its highest level since 2008, new NHS figures shows. In September, 139,545 patients in England had been waiting more than 12 months for surgery such as a hip and knee replacements or cataract removals. Under the NHS constitution everyone needing non-urgent treatment should get it within 18 weeks. The number of people forced to wait for more than 12 months has risen by a multiple of 107 in just a year, from 1,305 in September 2019. **The Guardian (12.11.20)**

### **Covid vaccine patients will not need lengthy observation, says NHS England**

GP sites administering Covid vaccinations will only need to observe patients for any immediate negative reactions, NHS England has said. This comes as the draft plans for the enhanced service had suggested patients may need to be observed for 15 minutes following their vaccination. NHS England also specified that the vaccine may cause side effects such as a headache or a fever, but the BMA told Pulse patients will not need to be advised to self-isolate if this occurs. **Pulse (13.11.20)**

### **NHS England to launch 40 GP-staffed 'long Covid' clinics 'within weeks'**

NHS England has announced that more than 40 'long Covid' clinics are to open across the country 'within weeks'. GPs and other specialists will staff the clinics set up to diagnose and treat patients suffering from the long-term effects of Covid, backed by £10m of local funding, NHS England previously announced. It comes as NICE last month published its definition of 'long Covid', saying that patients with long-term effects of Covid-19 are those with symptoms for more than 12 weeks that 'can affect any system in the body'. **Pulse (16.11.20)**

### **Covid-19: Boris Johnson and six Tory MPs self-isolating after No 10 meeting**

One of the MPs, Lee Anderson, later tested positive for Covid-19, and on Sunday the prime minister was told to self-isolate by NHS Test and Trace. In a video from No 10, Mr Johnson urged others to "follow the rules" if contacted by the system. The PM's official spokesman insisted that Downing Street is "Covid-secure". He said "social distancing did happen" but factors such as the length of the meeting were considered by Test and Trace. **BBC News (19.11.20)**

### **NHS prepares dozens of Covid mass vaccination centres around England**

The NHS is preparing to open dozens of mass vaccination centres across England to vaccinate people against Covid-19. There will be at least 42 centres, based in places such as conference centres, and the NHS is planning to hire tens of thousands of staff to run them, the Health Service Journal reported. The fresh details of how people will get the vaccine come as NHS England prepares to publish its "deployment plan" for how it will store, distribute and administer the vaccine. **The Guardian (20.11.20)**

### **Coronavirus: £3bn for NHS but Sunak warns of 'economic shock' to come**

Chancellor Rishi Sunak is to announce an extra £3bn for the NHS - but has warned that people will soon see an "economic shock laid bare" as the country deals with the Covid pandemic. The one-year funding will be pledged in the Spending Review on Wednesday. But Mr Sunak said Covid's impact on the economy must be paid for - and high levels of borrowing could not go on indefinitely. Borrowing in October hit £22.3bn, with public sector debt over £2 trillion. **BBC News (22.11.20)**

### **Matt Hancock wants to use NHS testing system to fight flu after Covid**

The NHS should routinely test people for illnesses such as seasonal flu once the coronavirus pandemic has passed, Matt Hancock has said, adding that he wants to end the UK's culture of "soldiering on" and going to work while ill, infecting others. Giving evidence to a Commons committee hearing, the health secretary said the mass testing capacity built up to deal with Covid could be repurposed to detect illnesses such as influenza, and thus limit the community spread of these as a routine intervention. **The Guardian (24.11.20)**

### **Chancellor confirms NHS nurses will be spared from public sector pay freeze**

Nurses in the NHS will be given a pay rise next year, the chancellor of the exchequer announced today in his latest spending review, though he did not specify how much they would receive. Rishi Sunak confirmed that NHS workers would be excluded from a wider public sector pay freeze that he was implementing for 2021-22. **Nursing Times (25.11.20)**

### **UK's 'chaotic' PPE procurement cost billions extra**

The government spent £10bn more buying personal protective equipment in “chaotic” and inflated market conditions during the pandemic than it would have paid for the same products last year, according to a report by the parliamentary spending watchdog. But less than 10% of the gloves, gowns, face masks and other products – ordered for a total £12.5bn – had been delivered to NHS trusts and other frontline organisations by the end of July, the National Audit Office (NAO) report found. Of 32bn items ordered at exponentially rising prices, 2.6bn had been distributed by July. The controversial “parallel supply chain”, rapidly set up by the Department of Health and Social Care (DHSC) in March, has still not received much of the PPE it ordered, the report said, “with some of it not yet manufactured”. ***The Guardian (25.11.20)***

### **Revolutionary cancer-detecting blood tests to be piloted**

More than 50 types of cancer could soon become easier to diagnose after the NHS has taken steps to launch a pilot for an innovative new blood test said to be capable of detecting the cancers, health service Chief Executive Sir Simon Stevens has announced. The Galleri blood test can detect early stage cancers through a simple blood test and is now set to be piloted with 165,000 patients as part of a world-first deal struck by NHS England with the test's developers. ***National Health Executive (27.11.20)***

### **NHS to enlist 'sensible' celebrities to persuade people to take coronavirus vaccine**

NHS bosses plan to enlist celebrities and “influencers” with big social media followings in a major campaign to persuade people to have a Covid vaccine amid fears of low take-up. Ministers and NHS England are drawing up a list of “very sensible” famous faces in the hope that their advice to get immunised would be widely trusted, the Guardian has learned. Health chiefs are particularly worried about the number of people who are still undecided, and about vaccine scepticism among NHS staff. ***The Guardian (29.11.20)***

## **Regional NHS News**

### **Online booking system launched for blood tests across Dudley**

An online booking system has been introduced for patients needing to make an appointment for blood tests at Dudley's hospitals. All blood tests requested by GPs have had to be booked in advance since The Dudley Group NHS Foundation Trust stopped its walk-in service to ensure social distancing can be maintained in waiting rooms and to reduce the amount of time patients have to wait. ***Stourbridge News (03.11.20)***

### **Staffordshire hospitals have 30 per cent more coronavirus patients now than at peak of first wave**

Almost 600 members of staff are off work due to coronavirus as a Staffordshire hospital trust treats more Covid-19 patients than it has at any time during the pandemic. The University Hospitals of North Midlands NHS Trust, which runs County Hospital in Stafford, is treating around a third more coronavirus patients now than it was at the peak of the first wave of coronavirus infections. But the trust also has around 1,000 members of its 11,500 workforce off sick, with 583 of these absent as a result of Covid-19. ***Express and Star (04.11.20)***

### **Mass testing 'key' in battling Covid-19 in the West Midlands**

Blanket testing is 'key' in tackling the coronavirus pandemic – but Wolverhampton Council leader Ian Brookfield said the results need to be available within 10 or 15 minutes for it to be effective. It comes as Liverpool prepares to trial a mass testing scheme, with 2,000 members of the military working with NHS staff to offer repeat testing to all those living and working in the city from this Friday. *Express and Star (04.11.20)*

### **Fireworks set off across Dudley to thank 'Heroes of the Pandemic'**

'Light Up Dudley' will start at 8pm tonight! A firework extravaganza will light up the sky above Dudley this evening, to thank hospital workers and heroes of the coronavirus pandemic for their continued hard work. The free display, organised by Dudley Council, will start at 8pm and last for seven minutes. *ITV News (05.11.20)*

### **Nursing union calls on Government to 'be honest' about NHS staffing challenges**

A union has warned it is too late to find the nurses needed to meet the demands of an "extremely challenging" winter and called on the Government to "be honest" about the risks a lack of staff could pose to patient safety. The Royal College of Nursing (RCN) said that despite more nurses being registered with the Nursing and Midwifery Council (NMC) than last year, there are still around 40,000 registered nursing vacancies in England alone. *Express and Star (07.11.20)*

### **NHS staff to receive Covid-19 tests twice a week**

Asymptomatic NHS staff in England are to receive Covid-19 tests twice a week, the health service has confirmed. Professor Stephen Powis, national medical director for NHS England, confirmed the health service will introduce testing for patient-facing employees twice weekly. In a letter to Jeremy Hunt, chairman of the Health and Social Care Committee, Prof Powis said the tests will initially be given to 250,000 staff across 34 NHS trusts, with a full rollout expected by the end of next week. *Express and Star (09.11.20)*

### **Work on hospital's new £3m two-storey building ongoing**

This aerial photograph shows the scale of work taking place to build a new facility at a Black Country Hospital. A small section of land, which can be seen from High Street, Pensnett, now resembles a building site. The Acute Medical Unit at Russells Hall Hospital, in Dudley, will treat seriously unwell patients and help to reduce winter pressures on health services. Construction work is ongoing to complete facility. *Express and Star (10.11.20)*

### **Hospital facility will help to safely manage coronavirus**

A new hospital facility which is being currently constructed will help to safely manage coronavirus, a health chief has said. The Acute Medical Unit at Russells Hall Hospital, in Dudley, is being built to care for seriously ill patients and free up resources during the winter. The Government has provided Dudley NHS Trust, which runs the hospital, with £3million towards the project. The end product will see a two-storey modular building set up on the hospital's grounds. It is hoped the ground floor unit will open by January and the whole unit by March. *Express and Star (11.11.20)*

### **More patients enduring long waits for NHS treatment**

The number of people having to wait more than 52 weeks to start hospital treatment continues to rise, new figures show. Across England, 139,545 people had waited more than 52 weeks to start treatment as of September this year – the highest number for any calendar month since September 2008. In September 2019, the figure was just 1,305, meaning there has been a 100-fold increase. The data from NHS England also shows 1.72 million people were waiting more than 18 weeks to start treatment in September. *Express and Star (12.11.20)*



### **Hospital relaunches support service for relatives of patients**

A SUPPORT service to help families stay in touch with loved ones in hospital is being relaunched at Dudley's Russells Hall Hospital while visiting remains suspended due to the coronavirus crisis. With visiting only permitted in a few exceptional circumstances, the Family Support Service aims to bridge the gap. It was set up during the first wave of the pandemic back in April and is being relaunched from Monday November 16. **Stourbridge News (13.11.20)**

### **Dudley healthcare workers are asked to join Covid19 drugs trial**

Healthcare workers across the Dudley borough are being asked to join a global Covid-19 drugs trial. Care workers, GPs, ambulance crews and hospital staff – including porters and catering staff – can take part in the study through the Dudley Group NHS Foundation Trust. The COPCOV trial will determine whether a daily dose of chloroquine/hydroxychloroquine can protect healthcare workers from catching the infection, and also whether taking these drugs at the time people catch coronavirus may also mean they become less sick. **Express and Star (14.11.20)**

### **'They're frightened and can't breathe' - Nurse lifts lid on treating covid patients**

Marie Banner, a matron on the C5 respiratory ward at Russells Hall Hospital, said staff had 'learned a lot' from the first wave. A nurse treating coronavirus patients at a Midland hospital has revealed the sheer terror confronted by many as they struggle to breathe. Respiratory ward matron Marie Banner said many of those on her ward were fearful as they fought for every breath. She works at Russells Hall Hospital in Dudley, which, like many in the Midlands, has seen a spike in coronavirus patients needing treatment, including intensive care, in recent weeks. **Birmingham Live (15.11.20)**

### **Stark warning from Dudley health chiefs as Covid cases surge**

DUDLEY'S health leaders have issued a stark warning that local restrictions could remain in place post-lockdown and in the run-up to Christmas unless coronavirus cases in the borough start to fall. The borough's director of public health, the chairman of Dudley CCG and the chief executive of Dudley's hospital trust have united to issue a plea to residents to follow the rules to help bring down Covid-19 case numbers in the borough as lockdown enters its third week. **Stourbridge News (16.11.20)**

### **Hospital and foodbank team up to help vulnerable patients**

Russells Hall Hospital in Dudley has teamed up with Black Country Foodbank to provide emergency food and toiletry parcels for elderly, vulnerable patients when they are discharged. The team who discharge patients will either be providing them with enough food to make meals for a couple of days, or a food voucher for those who are able to get to a foodbank once they are back at home. **Halesowen News (17.11.20)**

### **Shropshire performs best in West Midlands for Covid contact tracing, latest figures reveal**

The contact tracing success rate rose across the county as the number of new positive cases reached a record high. Data from the Department for Health and Social care shows 3,562 people who tested positive for Covid-19 in Shropshire were transferred to the Test and Trace service between May 28 and November 11. A total of 836 new cases were transferred in the latest seven-day period – the largest increase since the regime began. **Shropshire Star (20.11.20)**

### **Hospitals lose another 76 patients with virus**

A further 76 coronavirus patients have died in hospitals across the Black Country, Birmingham and Staffordshire over the weekend. In total, 3,412 people have died in the region's hospitals after contracting coronavirus. Twelve more patients died at The Dudley Group NHS Foundation Trust, where the total who have died is 342.

***Express & Star (23.11.20)***

### **Covid hospital admissions declining across West Midlands**

NHS data shows that in the week ending November 24, there were 1,576 coronavirus patients in hospitals across the Black Country, Staffordshire and Birmingham.

The average number of admissions per day was 128 – down from 138 (seven per cent) in the week to November 19. The region is set to be plunged into Tier 3 restrictions on December 2, with hospital admissions one of the key factors used by Ministers to justify the decision. ***Express & Star (28.11.20)***



## Paper for Submission to the Council of Governors 18<sup>th</sup> December 2020

<b>TITLE:</b>	Quality and Safety Committee		
<b>AUTHOR:</b>	Sharon Phillips – Deputy Director of Governance	<b>PRESENTER:</b>	Liz Hughes – Non Executive Director
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE :</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	Y	Y	
<b>RECOMMENDATIONS FOR THE GROUP</b>			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
<b>CORPORATE OBJECTIVE:</b>			
All			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>As detailed in the paper</li> <li>As the Trust was on level 4 due to the Covid pandemic the agenda was reduced to facilitate and enable service leads to focus time on clinical matters. High risk reports were presented, some reports took as read and others deferred to the Decembers 2020 meeting</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	Y		<b>Risk Description:</b>
	<b>Risk Register: Y</b>		<b>Risk Score:</b> Numerous across the BAF, CRR and divisional risk registers
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	N	<b>Details:</b>
	<b>NHSI</b>	N	<b>Details:</b>
	<b>Other</b>	N	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	N	<b>DATE:</b>
	<b>WORKING GROUP</b>	N	<b>DATE:</b>
	<b>COMMITTEE</b>	N	<b>DATE: Quality and Safety 24.11.20</b>

## CHAIRS LOG

### UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

Date Committee last met: 24<sup>th</sup> November 2020

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>Trust compliance in the taking of patient bloods in relation to process and incorrect labelling of blood tubes</li> <li>Trust compliance of the process for the management of nasogastric tube insertions in relation to knowledge, skills and documentation (LocSSIP).</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>Significant assurance on actions and timeline for compliance for CNST maternity incentive. Clear identification of reporting lines for assurance to Board and Committee</li> <li>Closure of Never Event 2020/152 - Never Event retained foreign object: 'Endoractor sponge'</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>Detailed plan of actions and time line to be presented to the December 2020 committee to mitigate occurrence of non compliance for incorrect labelling of blood tubes</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b></p>	

**Paper for submission to the Council of Governors on 18 December  
2020**

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

## UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Date Committee last met: 26 November 2020

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Pay costs remain high and agency spend has increased month on month</li> <li>• Initial base projections for 2021/22 highlight a potential deficit of £9.3m, although considerable uncertainty remains around income</li> <li>• Top-up for September of £2.4m and £2.54m of COVID related capex not yet approved by NHSI</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• ED redesign project restarted, with revisions based on the learnings from COVID-19</li> <li>• New Modular build/AMU under construction</li> <li>• Additional actions and narrative to improve the internal “use of resources” assessment following the Requires Improvement rating from CQC in February 2019</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Allowing for relatively modest additional top-up payments of £2.8m the Trust achieved break-even in the first half of the year and a small surplus in October</li> <li>• Regional benchmarking provides assurance that spend levels are appropriate, and lower than at Sandwell and Walsall</li> <li>• Restoration and recovery of activity levels is broadly on track and also on track to deliver performance standards for cancer and diagnostics by end of March 2021</li> <li>• Near industry leading performance on referral to treatment at 82% in October</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• Approved divisional budgets for the remainder of the year set with a £3.5m efficiency challenge in order to deliver the STP assigned deficit of £2m</li> <li>• Recommended Trust Green Plan and Patient Administration System (PAS) Oracle and Supplier Support contracts to Board for approval</li> <li>• Approved updated EPRR strategy and terms of reference for the Green Plan Working Group</li> <li>• Ratified revised Hearing Aids and Mobile Phones for Staff policies</li> </ul>
<p><b>Chair’s comments on the effectiveness of the meeting:</b> Increasingly efficient and effective virtual meetings. Plans to restructure future meetings around an alternating operational and strategic focus paused due to COVID-19</p>	

Enclosure 5

Paper for submission to the Council of Governors  
18th December 2020

<b>TITLE:</b>	<b>Public Digital and Technology Committee Report</b>		
<b>AUTHOR:</b>	<b>Catherine Holland</b> (Digital Committee Chair)	<b>PRESENTER</b>	<b>Catherine Holland</b> (Digital Committee Chair)
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
			<b>NOTING</b>
<b>RECOMMENDATIONS:</b>			
<ul style="list-style-type: none"> <li>The Council to note the upward report.</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO5 – Make the best use of what we have</b>			
<b>SO6 – Deliver a viable future</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>Digital Trust Technology Committee NEDs were in support of the NHS Providers Digital Boards Programme Proposal, with three NEDs and three ED roles acting as board advocates.</li> <li>Two RSM internal audit commissioned for April now arranged for November</li> <li>Electronic Venous Thromboembolism Bleeding Risk Assessment (eVTE) is now established as a digital record, KPIs improving.</li> <li>Strategic support for the APAS and Oracle business case was provided, that will be submitted to this board.</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>Y</b>	<b>Risk Description:</b> BAF 5b – Failure to adopt digital workflows. Positive strategic assurance	
	<b>Risk Register: N</b>	<b>Risk Score:</b>	
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>Other</b>	<b>Y</b>	<b>Details:</b> DCB0160 and DCB0129 clinical risk management standards (HSCA statute 250)
<b>REPORT DESTINATION</b>	<b>BOARD</b>	<b>Y</b>	<b>DATE: 12<sup>th</sup> November 2020</b>

## UPWARD REPORT FROM DIGITAL TRUST TECHNOLOGY COMMITTEE

Date Committee last met: 22nd October 2020

### MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Continued, heightened risks of Cyber threat remains. Actions in place.
- National updates (outside of Trust control) to the NHSMail system causing local disruption with calendars and mailboxes
- IT Service Desk performance continues to be pressured and impacted by the rapid expansion of technology. The impact of the National NHSmail box changes also contributes to support calls

### MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- RSM commissioned to undertake internal audit into digital adoption a gap analysis (HiMMS) and baseline 'cyber-awareness' assessment across the Trust workforce, commencing November
- NHS Providers – Digital Boards programme proposal supported (see below) – linked to Dudley People Plan
- National Windows 10 & Advanced Threat Protection roll out continues
- PC Refresh and laptop deployment continues
- National Microsoft Office N365 Project

### POSITIVE ASSURANCES TO PROVIDE

- Electronic Venous Thromboembolism Bleeding Risk Assessment (eVTE) is now established as a digital record, KPIs improving. Ongoing clinical vigilance by the Thrombosis Group will continue with oversight at the Quality &, Safety Committee.
- Clinical Risk Management vigilance of Electronic Prescribing and Medicines Administration (EPMA) continues (statutory standard: DCB0160)
- EPMA adoption remains high – BAF5b positive assurance

### DECISIONS MADE

- Digital Trust Technology Committee NEDs were in support of the NHS Providers Digital Boards Programme Proposal, with three NEDs and three ED roles acting as board advocates.
- Strategic support for the APAS and Oracle business case was provided. The case will proceed to F&P and then Trust Board.

### Chair's comments on the effectiveness of the meeting:

Challenges to a wider attendance and wider contributions due to current competing pressures and challenges acknowledged.

**Paper for submission to the Council of  
Governors Friday 18<sup>th</sup> December 2020**

<b>TITLE:</b>	<b>Summary of Workforce and Staff Engagement Committee meeting</b>		
<b>AUTHOR:</b>	<b>Julian Atkins Committee Chair</b>	<b>PRESENTER</b>	<b>Julian Atkins Committee Chair</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
			X
<b>RECOMMENDATIONS</b>			
The Council to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
<b>CORPORATE OBJECTIVE:</b>			
SO3: Drive service improvement, innovation and transformation SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
As detailed in the paper.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>Y</b>		<b>Risk Description:</b> BAF 4a, 4b & 4c
	<b>Risk Register: Y</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Well Led
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Annual Business Planning Process
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>Y/N</b>	<b>DATE:</b> Board of Directors 10/12/2020



	<b>WORKING GROUP</b>	<b>Y/N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>Y/N</b>	<b>DATE:</b> 24th November 2020

## CHAIR'S LOG

### UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE - Date Committee last met: 10<sup>th</sup> December 2020

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>Mandatory training compliance, particularly for Resus and Safeguarding, continues to be a concern for WSEC. The Committee has asked Bill Dainty to revert with a clear plan for improving the performance trajectory for these training subjects. Divisional leaders have agreed to support efforts to increase compliance, particularly in helping to reduce the high levels of DNA. The plan will be presented to the WSEC in December.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>Divisional leaders provided updates on remote working arrangements locally, including citing a range of benefits and productivity gains. This provides a firm basis for embedding remote working as a key part of the Trust's workforce transformation strategy. However, there was a recognition that some managers have struggled to operationalise the remote working guidance and require more support, including additional training.</li> <li>In presenting the Workforce KPI report, the Chief People Officer (CPO) summarised a discussion at the November Board meeting, which related to developing overall strategic People Measures/ KPIs to measure progress in delivering the ambitious improvements within the Dudley People Plan. The Committee discussed and supported some initial thinking that there should be five principal people measures, these being <i>engagement, morale/satisfaction, health &amp; well-being, equality/inclusion, and productivity/capacity</i>. Further work is being undertaken by the workforce team to define clear KPIs against these measures, which will be brought back to the WSEC in January.</li> <li>WSEC was pleased to receive sight of the Well-Being Strategy, which is being rolled-out and has been well received by staff, further well-being initiatives are planned for Dec-March. A formal Steering Group has been established to inform and guide this important work. In line with the new Dudley People Plan this Steering Group will be broadened, to include multi-professional leadership input and will inform the Trust's wider well-being agenda.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>The Inclusion Network Chairs presented updates on the excellent progress that is being made across the three Inclusion Networks. The networks now have formal work plans in place, terms of reference and supporting comms plans. Following requests from each of the Networks a new role of Inclusion Network Co-ordinator has been developed to</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>The Workforce and Nursing/AHP team presented the DRAFT Nurse/AHP Resourcing Strategy which was well received by WSEC. This is a comprehensive and collaborative strategy, covering; recruitment, retention, development and temporary staffing. This Strategy will inform the actions and interventions to address the current nurse staffing challenges.</li> </ul>

address the growing administrative and co-ordination demands across the Networks. WSEC was pleased to hear that membership numbers are increasing, for example membership of the BAME Network has increased from 8-15-35, which reflects the great work, positive impact, and effective engagement by the Network and in particular the contribution of the Network Chairs. The support from the Exec and NED sponsors was recognised, along with the external mentorship support. WSEC took the opportunity to emphasise its support for the Inclusion Networks, on behalf of the Board.

- Whilst a challenging time for the staff, there were some positive messages from the Workforce KPI Report, including that; the turnover trend continues to reduce to 6.2% in October, which is considerably lower than the STP average turnover. Also, that the Trust's stability index shows an overall retention rate of 92.9%, which is similarly reflected by a 97.2% stability index for nursing and midwifery as the largest staff group.

**Chair's comments on the effectiveness of the meeting:**

Despite being a much-shortened meeting to focus on essential assurance whilst the Trust has returned to incident level 4, WSEC was able to address some key workforce items, including nurse staffing, remote working, well-being and equality and inclusion. There was a strong attendance at the meeting and active contributions from attendees. Next months planned deep-dive into Leadership Development will be replaced with a streamlined core business meeting, the deep-dive session will be re-booked for when the interim governance arrangements end.

**Paper for submission to the Council of Governors on  
Friday 18<sup>th</sup> December 2020 (virtual session)**

<b>TITLE:</b>	<b>Trust Secretary Report</b>		
<b>AUTHOR:</b>	<b>Helen Board Deputy Trust Secretary</b>	<b>PRESENTER</b>	<b>Liam Nevin Trust Secretary</b>
<b>CLINICAL STRATEGIC AIMS</b>			
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.		Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.	Provide specialist services to patients from the Black Country and further afield.
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
			<b>X</b>
<b>RECOMMENDATIONS</b>			
<p>To receive this report and note its content relating to:</p> <ol style="list-style-type: none"> <li>1. Council of Governors elections 2020 and 2021</li> <li>2. Lead Governor elections 2021</li> <li>3. Trust membership summary report</li> <li>4. Governor meeting calendar 2021</li> <li>5. Interim governance arrangements</li> <li>6. Governor Removal Process</li> <li>7. Annual Report and Accounts 2019/20</li> </ol>			
<b>CORPORATE OBJECTIVES:</b>			
<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>			
<b>SUMMARY OF KEY ISSUES:</b>			
<ol style="list-style-type: none"> <li>1. <b>Council of Governors Elections</b>  Elections have concluded to fill vacancies in the following Constituencies with the successful candidates to be formally welcomed to the Council of Governors on Friday 18<sup>th</sup> December 2020: <ul style="list-style-type: none"> <li>• Brierley Hill, Maria Lodge-Smith</li> <li>• Dudley Central, Sandra Harris</li> <li>• Halesowen, Karen Clifford</li> <li>• Stourbridge, Helen Ashby</li> <li>• Tipton &amp; Rowley Regis, Alan Rowbottom</li> <li>• Nursing &amp; Midwifery, Louise Smith</li> <li>• Partner organisations, Michelle Porter</li> <li>• Rest of the West Midlands, Chauntelle Madondo</li> </ul> </li> </ol>			

No nominations were received for the following:

- South Staffs & Wyre Forest

### **Council of governor elections 2021**

Elections will be held in June 2021 to fill vacancies arising in the following Constituencies:

- Allied Health Professionals & Healthcare Scientists x 2 vacancies
- Nursing & Midwifery x 1 vacancy
- South Staffs & Wyre Forest x 1 vacancy
- North Dudley x 1 vacancy

### **2. Lead Governor elections 2021**

It is proposed to hold elections to appoint a lead governor designate in the New Year to shadow the incumbent lead governor, Mr Allen who will reach his end of term of office in December 2021. Nominations will be sought and in the event of two or more candidates expressing their interest, a ballot will be held.

### **3. 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 30<sup>th</sup> September is 13,538 (30<sup>th</sup> June 2020 13,516).

### **4. Governor meeting calendar 2021**

Refer to appendix 1 for schedule dates for Council and committee meetings, training and development activities and note that the Annual Members Meeting date is to be confirmed.

Governors are invited to attend in an observer capacity to the following meetings:

Board of Directors  
Finance & Performance Committee  
Workforce & Staff Engagement  
Quality & Safety Committee  
Digital Trust Technology Committee

To request joining instructions, please contact the Foundation Trust office.

### **5. Interim Governance arrangements**

The NHS returned to incident level 4 on November 4<sup>th</sup> 2020. The Trust has encountered daily increases in operational pressures to address rising COVID rates, increasing sickness and the maintenance of Restoration and Recovery programmes.

Although no central directive has been given in terms of governance arrangements, many Trusts are now re-introducing interim governance arrangements for Committee meetings, with the aim of limiting production of papers and duration of meetings, with the focus on essential assurance and decision making during this time. This is necessary to maximise operational capacity. The Trust has reviewed its position in this regard and has approved interim governance arrangements that focus on performance, risk and mandatory business whilst the level 4 designation remains.

### **6. Governor Removal Process**

All Council members are required to sign a personal declaration accepting the Code of Conduct document developed by governors. Non-compliance with attendance requirements as described within the Code could lead to removal from office. The document setting out the

process for this is attached as Appendix 2.

**7. Annual Report and Accounts 2019/2020**

The Annual Report and Accounts have been laid before Parliament and subsequently distributed via email (18th August 2020) to all Governors, uploaded to the Trusts website and available <http://www.dgft.nhs.uk/about-us/publications/annual-report/> and a summary included in the Your Trust newsletter which had been distributed widely to Foundation Trust members. Owing to COVID restrictions the Annual Members Meeting had not been held as a face-to-face event and presentation of the Report comprised pre-recorded videos uploaded to the Trust You Tube channel on 30th September 2020.

**8. Annual Report and Accounts 2020/2021- timetable**

All NHS foundation trusts must publish annual reports and accounts to allow scrutiny of the year's operations and outcomes. At the time of writing this report, the timetable for the preparation and submission of the Annual Report and Quality Accounts 2020/2021 had not been issued by NHS.

**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: Good Governance, conditions of license
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE
	COMMITTEE	N	DATE: CoG 18/12/2020

## Appendix 1

## CORPORATE CALENDAR 2021

Month / meeting / public holiday	Board of Directors 8.30am start	Finance & Performance Committee 8.30am start	Workforce & Staff Engagement 2.00pm start	Quality & Safety Committee 9.00am start	Digital Trust Technology Committee 10.00am	Audit Committee 9.00am
JAN 1	14	28	26	26		
FEB	11	25	23	23	18	
MAR	11	25	30	23		22
APR 2 & 5	15	29	27	27	22	
MAY 3 & 31	13	27	25	25		20£
JUN	10	24	29	22	17	
JUL	15	29	27	27		
AUG 30	-	26	31	24	19	
SEP	16	30	28	28		24
OCT	14	28	26	26	21	
NOV	11	25	23	23		
DEC 25/6/7/8	16	21	21	20	16 <sup>tbc</sup>	13

Council of Governors Refer to agenda for start times	Annual General Members Meeting	Engagement & Experience Committee 4.30pm start	Remuneration & Appointments Committee	Governor Training & Development (Evening)
				26
		23		23
26				23
				27
		25		27
18			18	
	15!!			27
		24		
1				26
		23		
17				

### Notes:

!! Annual Members Meeting date to be confirmed

£ this will be an open meeting for ALL governors to meet with the External Auditors

x Date/activity to be confirmed

### Governors invited to attend in an observer capacity to the following meetings:

Board of Directors  
Finance & Performance Committee  
Workforce & Staff Engagement  
Quality & Safety Committee  
Digital Trust Technology Committee

To request joining instructions, please contact the Foundation Trust office

[helen.board@nhs.net](mailto:helen.board@nhs.net)

Tel: 01384 321124

## Appendix 2 Process to support Governor non-attendance at Full Council meetings & training sessions

### Stage 1 -

Activity not completed	Trigger point 1	Action	Trigger point 2	Action
<b>Full Council of Governor meetings</b>				
<b>Failure to attend one Full Council meeting</b>	FT office to monitor attendance and apologies received			
<b>Failure to attend two consecutive Full Council meetings</b>	FT to notify Lead Governor & Senior Independent Non-executive Director	Lead Governor to contact Governor to establish cause and agree next attendance/remedy		
<b>Failure to attend future Full Council meetings as agreed</b>			FT office notify Chairman	Chairman's letter sent to Governor indicating they will be recommended for removal from office at next Full Council meeting and explaining the appeals process
<b>Training sessions – mandatory and other</b>				
<b>Failure to attend Mandatory training in first 6 months of office</b>	FT office to monitor attendance and apologies received			
<b>Failure to attend Mandatory training in first 12 months of office</b>	FT to notify Lead Governor & Senior Independent Non-executive Director	Lead Governor to contact Governor to establish cause and agree next attendance/remedy		
<b>Failure to attend any training in first 12 months</b>			FT office notify Chairman	Chairman's letter sent to Governor indicating they will be recommended for removal from office at next full Council meeting and explaining the appeals process

### Stage 2

#### Appeals Process

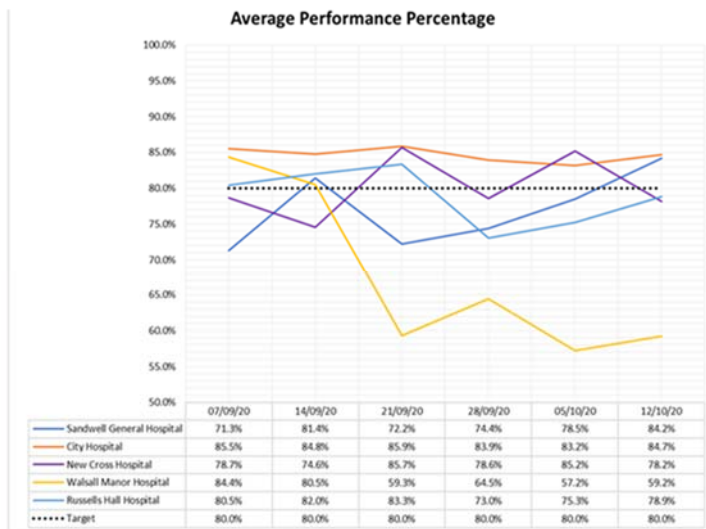
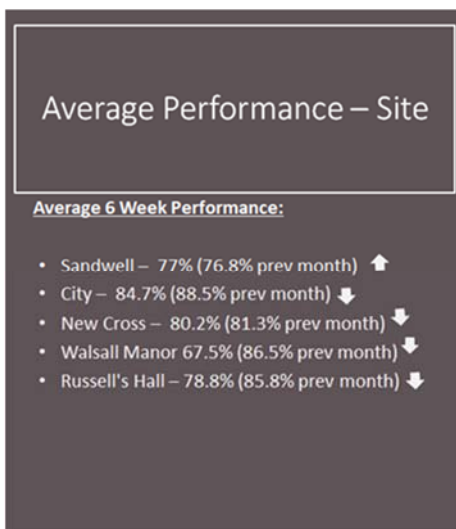
<b>Following receipt of letter from Chair. The Governor may choose to call a meeting with the Appeals Panel comprising Lead Governor, Senior Independent NED and Chair</b>	Appeals panel to either – - agree expected resumption of attendance and training activity with timelines - agree to refer a recommendation to next full Council for the removal of Governor from office
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**Paper for submission to the Trust Board – 10<sup>th</sup> December 2020**

<b>TITLE:</b>	<b>Integrated Performance Report for Month 7 (October 2020)</b>		
<b>AUTHOR:</b>	<b>Karen Kelly Chief Operating Officer</b>	<b>PRESENTER</b>	<b>Karen Kelly Chief Operating Officer</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE :</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
<b>N</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>RECOMMENDATIONS:</b>			
To note and discuss the current performance against KPIs.			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO1: Deliver a great patient experience</b> <b>SO2: Safe and Caring Services</b> <b>SO4: Be the place people choose to work</b> <b>SO5: Make the best use of what we have</b> <b>SO6: Deliver a viable future</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>Performance</b>  <b>EAS</b>  <p>The October position for performance is below the expected Emergency Access Standard, the Trust has achieved a combined performance of 85.2% for the month of October, a deterioration of 4.2% since September. Only 7 trusts out of 113 achieved the 4 hour wait target &gt;95% during October'20.</p> <p>The main contributory factors to our decreased EAS position is the following:</p> <ol style="list-style-type: none"> <li>1. Patient flow is the main driver for the reduction in performance which has been impacted by high bed utilisation and red ED saw the highest number of patients.</li> <li>2. Covid swabbing in Red ED continues to be a challenge with the number of allocated rapid swabs to the Trust, these have been directed towards ED and this has improved transfers to AMU &amp; wards.</li> <li>3. Emergency admissions from ED (excludes those aged 16 and under) in October has decreased, this is the 3rd month in a row the numbers have decreased.</li> </ol>			

4. Our WMAS conveyances continue to rise making the Trust second highest in the area. Dudley's Emergency Access Standard compared with other neighbouring Black Country Trusts is shown in the table below:
- 3<sup>rd</sup> out of 5 Trusts locally (Based on last six weeks average).
  - Of 15 trusts across the country with similar levels of activity to DGH, we are ranked 4<sup>th</sup> out of the 15 in terms of performance against 4 hour target for all types.
  - The Trust is 71<sup>st</sup> in the country for ED waiting time data with 75.4% performance for type 1 only. This rises to 85.8% if including the Urgent Care Centre, i.e. 40<sup>th</sup> in the Country out of 113 Trusts.



## CANCER

All cancer performance figures have a 2 month validation process, on that basis the current performance is unvalidated and may be subject to change.

Current in month performance is as follows:

- 2ww achievement for October is 68%.
- 31 day is 95%.
- 62 day is 61.7%

The number of patients waiting over 104 days has further reduced to 30 (as at 17/11/20)

Demand for services continues to increase and reduced capacity due to Covid precautions and patient reluctance to attend remains challenging and is affecting the whole cancer pathway. Breast continues to be the most challenged area that is impacting on delivery of the 2 WW cancer standard.

The Cancer management team submitted a recovery trajectory for the 62 day pathway to NHSE in August 2020 outlining an expected position with aim of full recovery by Mar-21. Current 62 day performance is in line with this plan.

## RTT

The RTT position has improved from 78.9% in September to 82.8% in October, a further improvement of 3.9%. The position continues to improve at a steady rate and this has seen us move from 7th highest performing Trust nationally to 3<sup>rd</sup> and the best locally.

Nationally there are high numbers of 52 week breaches due to long waiting patients being prioritised and as a result of reduced capacity earlier in the year due to COVID impact. The Trust has twelve 52 week breaches at October month end and there are projected to be similar numbers in November.

#### DM01

In October, the Trust achieved 77.6% of diagnostics tests which were carried out within six weeks against the constitutional standard of 99%. This represents an improvement of 6.5% compared to September.

The number of patients waiting over 6 weeks for their test at Month end has decreased by 631, to a total of 1773 compared with August (2404)

Overall DM01 recovery forecast is showing compliance against the target by February 2021. However colonoscopy recovery is likely to be delayed.

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

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

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

# Performance KPIs

## November 2020 Report (October Data)

# DRAFT

**NHS**  
The Dudley Group  
NHS Foundation Trust













**Karen Kelly, Chief Operating Officer**















Constitutional Targets Summary	Page 2
Ed Performance	Page 3
Cancer Performance	Pages 4 - 7
RTT Performance	Page 8
DM01 Performance	Page 9





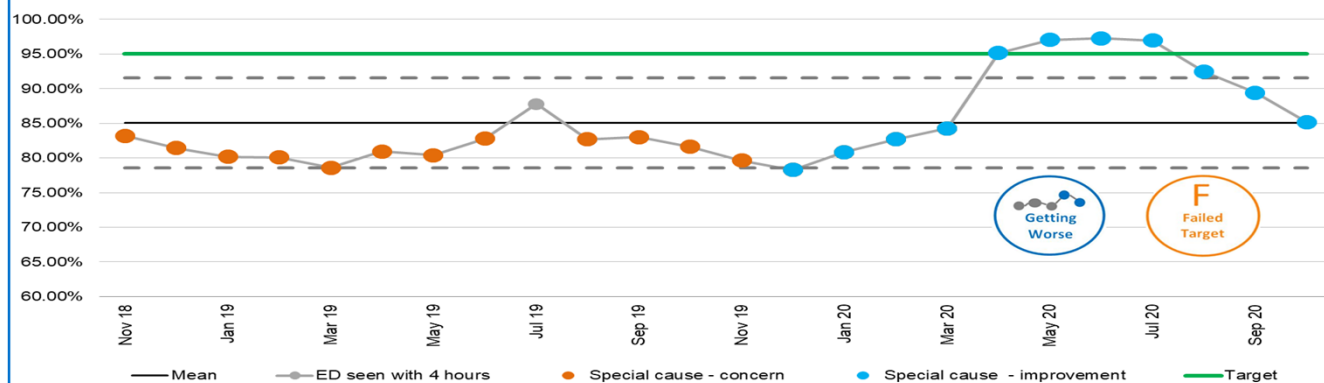
## Constitutional Performance

Constitutional Standard and KPI		Target	Actual 20/21						Status	
			May	June	July	Aug	Sept	Oct		
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	97.1%	97.3%	97.0%	92.4%	89.4%	85.2%		
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	56.2%	68.3%	72.6%	63.6%	62.1%	61.7%		
	Cancer 31 Day -	96.0%	81.2%	86.7%	92.2%	94.5%	90.8%	95.0%		
	All Cancer 2 Week Waits	93.0%	97.7%	98.0%	95.9%	79.4%	52.5%	68.0%		
Referral to Treatment (RTT)	RTT Incomplete	92%	73.1%	62.7%	63.7%	72.5%	78.9%	82.8%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	57.1%	72.3%	74.3%	70.8%	71.1%	77.6%		

Making Numbers Count - Icon Key													
Is the Process Stable?					Will the target be met?			Non-SPC Measures			Admin		
													
GETTING BETTER		GETTING WORSE		STABLE	YES	NO	MAYBE	PASS	FAIL	NO TARGET SET	NON-SPC	DATA NOT PROVIDED BY SERVICE	NARRATIVE NOT PROVIDED BY SERVICE

## ED Performance

Combined seen with 4 hours - starting 01/11/18



85.2%

2

12<sup>th</sup>

As at 11/11/20

EAS 4 hour target 95% for Type 1 & 3 attendances

DTA 12 hour breaches - target zero

DGFT ranking out of 30 Midlands area Trusts

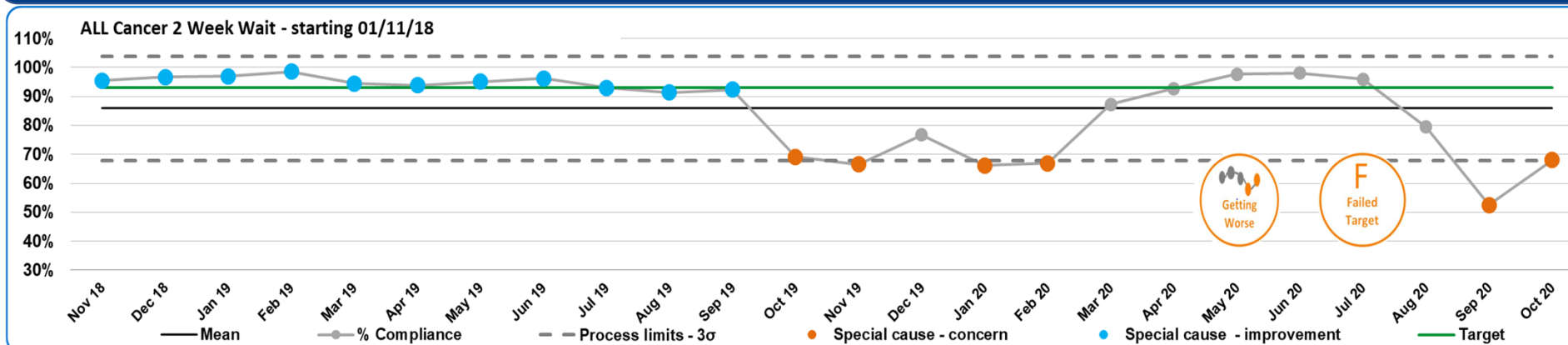
### Performance

- ED Performance for the % seen in 4 hours has decreased since September 20 when 89.4% of attendances were seen in 4 hours. Only 7 trusts out of 113 achieved the 4 hour wait target >95% during October'20.
- The Trust compares well with others being , Regionally:] ranked 3<sup>rd</sup> Of 5 trusts and Nationally being 4<sup>th</sup> out of 15 trusts across the country with similar levels of activity to DGH in terms of performance against 4 hour target for all types . In addition the Trust is 71<sup>st</sup> in the Country for type 1 attendances (75.4%) and 40<sup>th</sup> in the country if Urgent care attendances are included out of 113 trusts.
- Attendances have decreased across all age ranges with the exception of 80+, where there has been a statistically significant increase in attendances. Overall number of patients arriving by ambulance has increased slightly from September'20. this the 3<sup>rd</sup> Month in a row that emergency admissions have decreased (excluding under 16's).
- ED conversion rate has improved for October, reducing to 30.94%, down from 32.33% in September 20.
- The main breach reason for October was "A3-1, Capacity (1129 breaches) .

### Action

- ✓ A Second medical Consultant has been based in RED ED between 9am-17pm, supported by an acute SHO/PA and REG rota to support 12 hrs shifts on RED ED. Medical huddles have been implemented together with an ED consultant round and an additional ED consultant shift between 16.00 & 24.00 to support juniors and strengthen decision making.
- ✓ All patients stranded in ambulances have nursing and medical assessment and the ambulance triage area is being re-located.
- ✓ RED ED relocated to Old Ambulance Triage – has led to expansion in RED ED Capacity to 16 cubicles, improving the ability to respond to COVID19 second wave surge.
- ✓ The Advanced clinical practitioner rota (ACP) has been extended to 7 days and a rapid assessment & triage (RAT) model has been established, dependent on nursing numbers and recruitment.
- ✓ Joint working with Divisions to improve pathways and flow and Joint working with diagnostics to reduce diagnostic waits and improve referral acceptance has been established. In addition electronic referrals to AEC have been implemented and embedded
- ✓ We have hosted the First ED/Surgery/Acute Medicine "Emergency Access Forum"/ 15<sup>th</sup> Oct 2020

## Cancer Performance – 2 Week Wait



68.0%

All cancer 2 week waits – target 93%

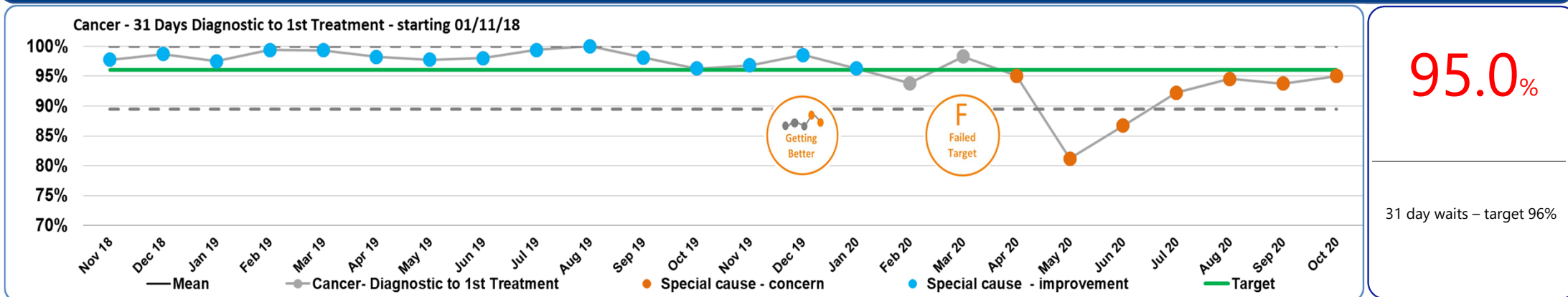
### Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- Unable to meet 2WW performance in October, with the majority of breaches within Breast (October performance of 25.57%)
- Skin initially had capacity issues within October however put plans in place to mitigate, and they recovered a position of 4.82% in September to 73.45% in October.
- Continuation of increasing referral demand within October. Comparing August, September and October referral demand, we received 1314, 1428 and 1504 referrals respectively. Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is unvalidated.

### Action

- ✓ Change of internal processes within RA Booking team – Now implemented day 0 booking for majority of specialties
- ✓ Daily escalation process robustly implemented with a 72 hour booking expectation
- ✓ Review of D&C for Breast and Skin completed and shared with specialties – To be continued with other specialties – By 30/11/2020
- ✓ Forward look review of RA clinics within December and January to mitigate any potential dropped clinics and expand on current capacity – In progress
- ✓ Breast patients to be contacted 24 hours before appointment to ensure attendance to reduce DNA's maximise our slot utilisation – Implemented 16/11/2020
- ✓ Implementation of RAS – Underway, and will start testing by end of November with aim to go live ASAP
- ✓ Introduction of e-RS/Somerset interface - Testing from 27 November 20 with a proposed "go-live" January 21

## Cancer Performance – 31 Day



### Performance

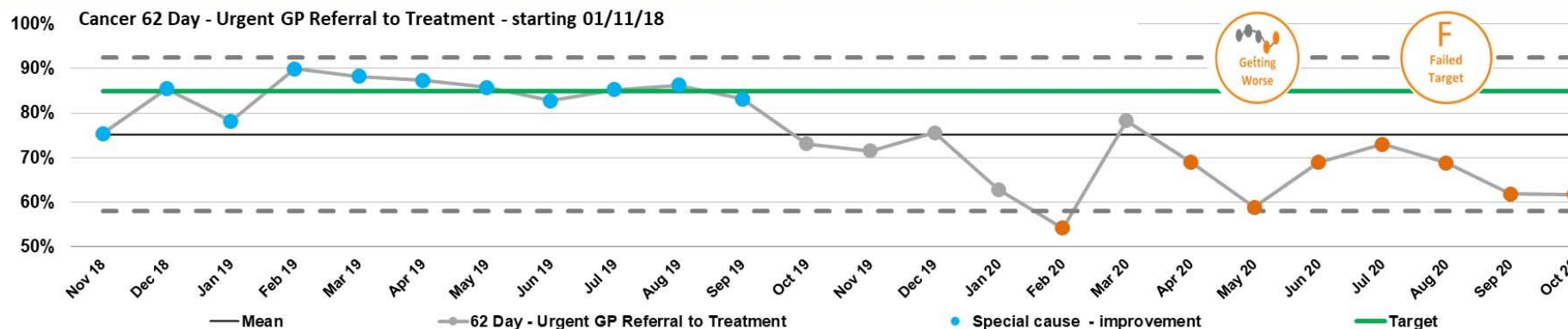
- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- Performance against the 31 day standard has improved since October (91.04%)
- There is currently 7 out of a total of 128 patients breaching the 31 day decision to treat target. This is due to delays related to Covid restrictions, to patients lack of engagement to attend for appointments and reduced clinic capacity
- This target is being monitored and progressed daily, with every single breach risk identified being escalated

### Action

- ✓ To support improvement of achievement against the 31 day target, a 31 day pathway training and education package is to be cascaded to the multi-disciplinary team to ensure understanding of the issues and help to encourage timely escalation and to expedite improvement.
- ✓ Historic breach reasons will be examined to support further understanding of reasons and themes which are causing delay. This will provide the ability to prevent and to resolve issues bringing performance back in line
- ✓ Consultation on Cancer Assurance Cycle - A stakeholder session on 05th November 2020 with all Divisional specialties proposed a new Cancer Assurance Cycle which will support effective and efficient cancer pathway management, improved data and DQ and supportive partnerships with Divisions.



## Cancer Performance – 62 Day



61.7%

All cancer 62 day waits – target 85%

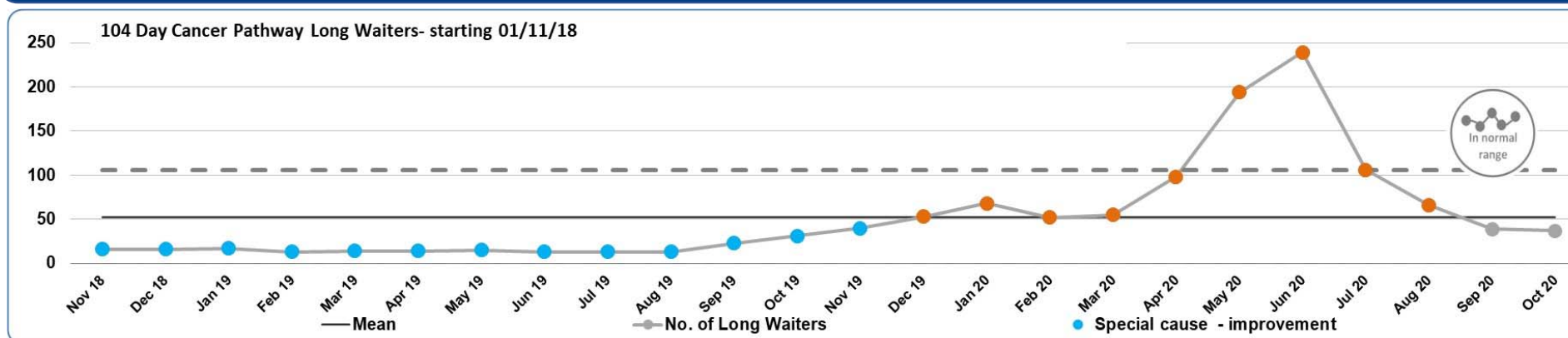
### Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- Of the 71 physical patients treated, DGFT are accountable for 66.5 of these. Of the 29 patients who have breaches, DGFT is accountable for 25 of these. This gives a performance of 62.41%
- This is due to Covid-related delays at all stages of the pathway, including reduction in capacity due to social distancing, reluctance of patients to attend for treatment etc. Of particular note is the reduction of diagnostic capacity due to the invasive nature of some procedures.
- Patients who have waited the longest are being prioritised and there has been a significant reduction in patients waiting 104 days and over

### Action

- ✓ The Cancer management team submitted a recovery trajectory for the 62 day pathway to NHSE in August 2020 outlining an expected position with aim of full recovery by Mar-21. Current 62 day performance is in line with this plan
- ✓ Consultation on Cancer Assurance Cycle - A stakeholder session on 05th November 2020 with all Divisional specialties proposed a new Cancer Assurance Cycle which will support effective and efficient cancer pathway management, improved data and DQ and supportive partnerships with Divisions.
- ✓ Initial training with the MDTC's and Trackers commenced an eight week programme of training which will support improved pathway management. Training and "How Do I Guides" and "Scripts" for all MDTC's and Trackers are drafted and will be introduced during November 2020.
- ✓ Long waiters are being prioritised and as the 104 and over cohort reduces this will in turn reduce those waiting over 62 days

## Cancer Performance – 104 Day



**30**  
As at 17/11/2020

All 104 week waits,  
target zero

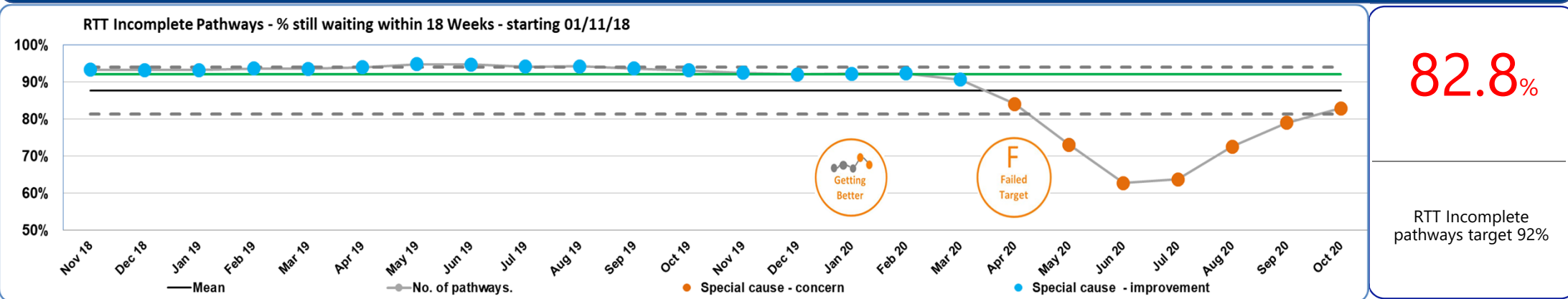
### Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- Backlog clearance of all legacy patients (62+) continues at pace with a high level of scrutiny of all pathways in this cohort, in particular those over 104+ days. For the past eight weeks the Trust has reduced the long waiting pathways. Current position is 30 104+ pathways overall at RHH and 11 tertiary. (As at 17/11/2020)
- Shared care pathway management is received particular attention to ensure that cases are transferred within the 38 day timescale.
- In October 10 patients received treatment at 104+ at either tertiary or at Russell Hall Hospital. All patients had a clinical harm review, and no harm was recorded

### Action

- ✓ The number of patients waiting 104 days or more has reduced significantly since the peak in June and numbers are almost back to pre-Covid levels
- ✓ Patients in our 104 backlog were personally contacted by telephone with an algorithm and prescribed script. During this their appointments were checked and discussed, they were asked how they were symptomatically, advised of who to contact should anything change and were given our details to contact at any time. Although quite time consuming all patients without exception expressed their thanks for our calls, we will continue to call patients to ensure safety and correct categorisation.
- ✓ A weekly call has been arranged with each tertiary centre to discuss a list of patients which will be sent for discussion prior to the call. This will also support month end CWT shared care case allocation for upload

# RTT Performance



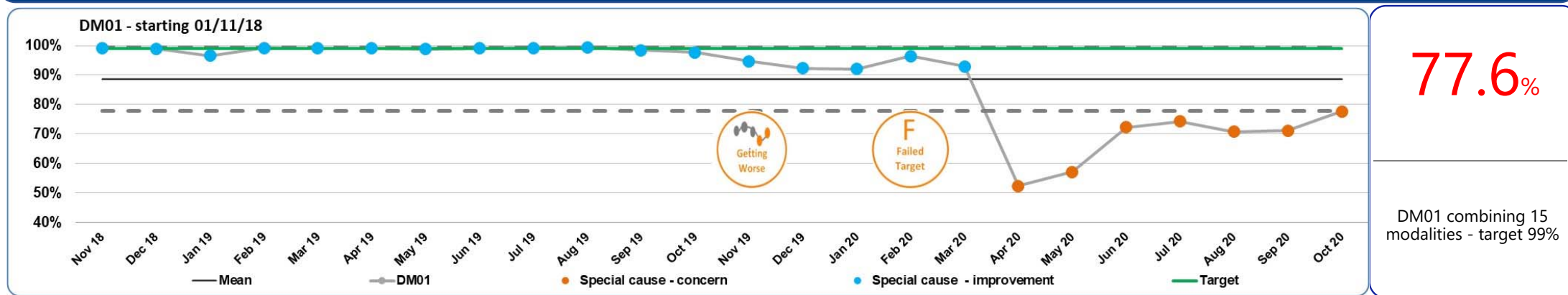
## Performance

- RTT performance has improved since September which was 78.9%. Current RTT performance is 82.8%.
- DGFT is the 3rd best performing Trust Nationally and the best performing regionally following the release of September national data.
- There were 3 x 52 week month end breaches in August, 9 x month end 52 week breaches in September and 12 x month end 52 week breaches in October. Likely be some 52 week breaches in November
- The Trust is performing significantly better than the region and high performing nationally with regards to treating longest waiters.
- Projected decrease in performance in December due to stopping Inpatient Orthopaedic electives at RHH, mainly Arthroplasty. About 1/3 activity sent to Ramsey

## Action

- ✓ Long waiters and urgent patients are being prioritised in line with clinical need which has resulted in reduced numbers of patients waiting over 52 weeks
- ✓ Additional capacity at Ramsey being utilised
- ✓ Plan to start using Stourside in December following STP approval
- ✓ Continued use of virtual appointments. Check and challenge being used to ensure compliance.
- ✓ RAS been set up in all bar 4 specialties resulting in 13% redirection rate
- ✓ Under performance is reviewed and challenged at the Outpatient steering group weekly and Group presenting to exec 17.11.20
- ✓ Specialties continue to be invited to RTT meeting where appropriate to support decision making.

## DM01 Performance



### Performance

- In October the Trust achieved 77.6% of diagnostic tests carried out within 6 weeks against the national operational standard of 99%. This shows an improvement of over 6% compared to last month (71% in September).
- There were a total of 1773 patients who waited more than 6 weeks for their test. This is a reduction compared to September when a total of 2404 patients waited more than 6 weeks.
- Non-obstetric ultrasound, Cardiology and Endoscopy contributed to low performance in October.
- Overall DM01 recovery forecast is showing compliance against the target by February 2021. However colonoscopy recovery is likely to be delayed due to COVID support

### Action

- ✓ Non-obstetric ultrasound : Ongoing work is being undertaken to reduce the backlog further. This includes outsourcing activity on weekends and running additional WLI's where possible. There has been an increase in staff sickness and this can be attributed to COVID-19 / isolation. Existing staff were utilised to capacity, no outpatient appointments were cancelled however the availability of inpatient slots reduced.
- ✓ CT / MRI: Plan has been requested from both modalities to deliver extra activity to meet the current shortfall.
- ✓ Cardiology: Additional lists are being undertaken and staff have cancelled annual leave or come into work on rota day to cover booked lists. Cardiology has been impacted by staff sickness due to COVID-19 / isolation.
- ✓ Endoscopy: The GI booking team continue to date escalations as they appear on the PTL and are reviewing how patients are booked to reduce length of pathway. Capacity is redirected to support achieving recovery.