

Board of Directors Meeting Public Papers

Thursday 10th December 2020

12:45 – 15:45



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

BOARD MEETINGS PUBLIC INFORMATION SHEET

The Dudley Group meets in public every month and welcomes the attendance of members of the public and staff at its Board meetings to observe the Board's decision-making process.

1. Introduction

This sheet provides some information about how Board meetings work.

Name signs for each 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 part II (confidential) of the meeting.

Copies of the agenda and papers are available at the meetings, and on our website <http://dudleygroup.nhs.uk/> or may be obtained in advance from:

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2. Board Members' interests

All members of the Board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the trust and these are recorded in a register. If you would like to see the register, please contact the Company Secretary or visit our website.

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

Members the public, should raise any questions directly to the Chair at the conclusion of the meeting.

4. Debate

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

5. Minutes

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

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

6. Key Contacts

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THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty

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

Leadership

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

Board of Directors
Thursday 10 December 2020 at 12.45 noon
By MS Teams
AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
17	Chairmans welcome and note of apologies –		Y Buckland	For noting	12.45
18	Declarations of Interest Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	12.45
19	Minutes of the previous meeting Thursday 12 November 2020	Enclosure 10	Y Buckland	For approval	12.45
20	Chief Executive's Overview	Enclosure 11	D Wake	For information & assurance	12.50
21	Chair's update	Verbal	Y Buckland	For information	1.00
22	Public Questions	Enclosure 12	Y Buckland	For information	1.10
23	QUALITY & SAFETY				
23.1	Quality and Safety Committee Report	Enclosure 13	E Hughes	For assurance	1.20
23.2	Chief Nurse Report	Enclosure 14	M Sexton	For assurance	1.30
23.3	Board Assurance Infection Control Framework	Enclosure 15	M Sexton	For assurance	1.40
24	FINANCE & PERFORMANCE				
24.1	(i) Finance and Performance Committee Report (ii) Green Plan	Enclosure 16 Enclosure 17	J Hodgkin	For assurance For decision	1.50 2.00
24.2	Integrated Performance Dashboard	Enclosure 18	K Kelly	For assurance	2.10
25	WORKFORCE				
25.1	Workforce and Staff Engagement Committee Report - Update from Inclusion Leads	Enclosure 19 Verbal	J Atkins Inclusion Leads	For assurance	2.30
25.2	Workforce KPIs	Enclosure 20	J Fleet	For assurance	2.45
25.3	Freedom to Speak Up Guardians ¹	Enclosure 21		For Assurance	3.00
25.4	Guardian of Safe Working ¹	Enclosure 22		For Assurance	3.10
26	GOVERNANCE				

26.1	Board Workplan 2021 ¹	Enclosure 23	L Nevin	For assurance	3.20
26.2	Interim Governance Arrangements	Enclosure 24	L Nevin	For assurance	3.30
27	Any Other Business	Verbal	All		3.40
28	Reflection on meeting	Verbal	All		3.40
29	Date of next Board of Directors meeting 14 January 2020				3.45

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

¹ Papers will be taken as read and noted

**Minutes of the Public Board of Directors meeting held on Thursday 12th November
2020, by Remote Attendance**

Present:

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

In Attendance:

Liam Nevin, Trust Secretary (LN)
Liz Abbiss Head of Communications (LA)

20/250 Note of Apologies and Welcome

The Chair opened the meeting and welcomed governors Rex Palmley, Hilary Lumsden and Yvonne Peers to the meeting.

20/251 Declarations of Interest

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

20/252 Minutes of the previous meeting held on 8th October 2020

It was RESOLVED

- **That the minutes of the meeting of the 8th October 2020 be agreed as a true and accurate record of the meeting.**

The action log was noted.

20/253 Public Chief Executive Overview Report

DW summarised her Overview Report and advised that the Trust was operating in very difficult circumstances with the escalation of case of COVID-19 alongside considerable

efforts to continue to provide access to patients who need urgent care for non-COVID reasons.

It was noted that the rate of community infection with COVID-19 had increased significantly, and the Trust had 117 in patients as of the 11th November. In total there had been 1351 COVID admissions and 345 since the beginning of September. There was a significant impact on critical care with large numbers requiring ventilation or NIV. In addition, just over 200 staff were absent as a consequence of COVID 19. There was an ongoing challenge with management of the flow of patients and a rezoning of wards had now been completed which was having a positive impact.

The modular build programme was underway and it was hoped to have the first floor area handed over in February. The Trust would push hard for completion in accordance with the agreed plan.

Flu vaccinations for staff were progressing well and against the target of 90% by February, the Trust had currently achieved 56% which was meeting the expected trajectory.

The Trust's consultant vascular surgeon Mr Atiq Rehman had been awarded the title of Honorary Professor in the Institute of Clinical Sciences by the University of Birmingham, a prestigious position that was well deserved.

The Full Business case had been submitted by Dudley Integrated Health Care Trust and the Board had confirmed that it was unable to support this and had not agreed a sub-contract with DIHC at this time. Further discussions were underway in relation to Acute Collaboration and the Board would carefully consider any proposals on the basis of the clinical benefits that were demonstrated.

JH asked how the performance on the vaccination programme compared with the same point last year and DW advised the Trust was approximately 15% ahead of the same point in 2019.

GC asked what steps were being taken to support staff with rest areas and breakout spaces and DW advised that the site footprint limited the options but that the Trust had invested in benches during the Spring, had zoned off the restaurant to provide a dedicated staff space and was offering significant discounts on food.

20/254 Chair's Public Update

The Chair thanked staff and volunteers on behalf of the Board for their efforts during this difficult time. She advised that she had undertaken a number of system meetings and the key themes were the importance of meeting the challenges presented by COVID-19, the need for robust infection control measures monitored by the Board, and the need to restore and recover non-COVID services. It was important to emphasise that the NHS remained open for business.

The Chair advised the meeting that the term of office of Ian James as non-executive director had ended and he had been appointed as a non-executive director with NHSX. The Chair expressed gratitude for the contribution that Ian had made to the work of the Board.

The Chair had completed all the NED appraisals and these, along with her own would be reported to the Council of Governors.

The Chair had undertaken walk-rounds at Russells Hall hospital and was pleased to see that mask wearing and temperature checking were well observed.

20/255 QUALITY AND SAFETY

20/255.1 Quality and Safety Committee Report

LH summarised the matters highlighted for referral to the Board in the Committee report.

It was pleasing to note that significant assurance was received for the Clinical Support Services in relation to the deep dive on governance arrangements and positive progress in reviewing and reducing risks across the Division

It was noted that there had been an increase in complaints in the last quarter and this was impacting on the timeliness of responses. There was a review being undertaken of the timeliness of responses and the possible barriers to prompt resolution in the existing pathways.

It was noted that there remained significant work to do on CNST compliance to achieve three of the standards, particularly in relation to Standard 2 submission of data sets within set timescales.

It was **RESOLVED**

- **That the report be noted**

20/255.2 Chief Nurse Report

MS summarised the report and advised that additional training at ward level was being provided on falls prevention it being noted that a significant proportion of falls arose from patients getting out of chairs.

In relation to safe staffing, whilst fill rates were relatively stable the ratio of temporary to substantive staff had increased significantly because of a combination of vacancies and sickness.

CH asked what progress had been made with safeguarding training and MS advised that this had commenced in October and it had been shared widely across the organisation and through the Dudley Partnership. Additional material had also been made available including through webinars and case studies on the Trust hub.

JA noted that the safer staffing data in B1 and Maternity were showing red and asked whether there was assurance of patient safety in these areas. MS advised that a number of vacancies had now been filled in Maternity and whilst staffing had been challenging it had been safe throughout. A number of staff were now being recruited to B1 and there was no evidence of patient harm as a result of vacancies.

The Chair noted that a public question had been received from Hilary Lumsden asking whether would infections had reduced as a result of infection control measures such as PPE being introduced. MS advised that an annual surgical site surveillance audit was undertaken but the data was not yet available.

The Chair asked what stance the Trust was taking on the presence of partners at birth and MS advised that partners were allowed subject to compliance with PPE and social distancing requirements.

20/255.3 Board Assurance Infection Control Framework

MS summarised the report and the accompanying framework which demonstrated significant assurance. There was good progress with actions on the framework and the infection control team had been working diligently to maintain high standards. Maintaining these standards would be challenging as in patients were staying in hospital for longer periods.

It was **RESOLVED**

- **That the report be noted**

20/256 FINANCE AND PERFORMANCE

20/256.1 Finance and Performance Committee Report

JH summarised the report and advised that The Trust had delivered a balanced position for the first half of the year but it was not expected that this would be maintained as there was a system deficit and the Trust share of this was £2 million. Budgets had now been allocated and signed off and this would provide a clear position to monitor against.

The Committee were pleased to report that the Restoration and Recovery programme was broadly on track.

Rex Palmley asked if the Trust would be able to fund a surge in COVID cases and TJ advised that significant resources had been allocated to wards and he was satisfied that the process for allocating resources was ensuring that these were being apportioned appropriately.

It was **RESOLVED**

- **That the report be noted**

20/257 Integrated Performance Dashboard

KK summarised the report and advised that whilst this currently focussed on mandated targets, it was intended to incorporate finance and workforce in due course.

The Board were advised that the hospital had been re-zoned this week to address delays and to improve patient flow. There had been some ambulance delays as a result of flow issues but the Trust continued to outperform regionally on the emergency access standard. There had also been a small number of 12 hour breaches but these were occurring across the region and the Trust was performing comparatively better than other Black Country providers.

The Chair noted the current performance with the two week wait cancer standard and asked whether the additional endoscopy room was now available. KS confirmed this and advised that cancer, endoscopy and cardiology services were being protected during the COVID surge. In relation to the RTT 18 week standard the Trust had been first in the country in the previous week.

GC noted that the Trust was performing well when benchmarked with peers and encouraged the Executive to use data in the revamped performance report to drive improvement as well as looking back at performance.

It was agreed that the performance report in its current format was a big improvement and the next step would be to show performance against an improvement trajectory using the data to drive performance challenge in teams.

It was **RESOLVED**

- **That the report be noted**

20/258 WORKFORCE

20/258.1 Workforce and Staff Committee Report

JA summarised the matters highlighted for referral to the Board in the Committee report and advised the Board that the meeting had been well attended with good contributions from all including the trade union representatives.

It was **RESOLVED**

- **That the report be noted**

20/258.2 People Plan

JF summarised the plan and advised that it had been developed with executive colleagues and with input across teams and inclusion networks. It had also been considered by the Workforce Committee and was now presented to the Board for approval. The implementation of the plan would be subject to monitoring through the Workforce Committee.

JH asked what the metrics of success were and JF advised that these were as set out in the Workforce KPI report. JH challenged that there needed to be a small number of key metrics and LW stated that these should provide a strategic overview noting that participation of local people in the workforce could be one such measure.

JF advised that the forthcoming Pulse surveys would capture experience and engagement and this would provide a strategic view.

GC stated that the plan would benefit from describing the Dudley way, the standards and expectations, feel and experience of working in the Trust as this would provide the culture that would take the Trust from compliance to innovation.

The Chair summarised that the strategy remained a work in progress and would be kept under review.

It was **RESOLVED**

- **That the People Plan be approved but that it be kept under review in accordance with the matters set out in the preamble to this minute**

20/258.3 Workforce KPIs

JF summarised the report and advised that in relation to bank and agency a number of actions were being taken to incentivise and increase the fill rates. However, whilst there had been an increase in fill rates over the last three weeks since these rates had been introduced there had been a much larger increase in the number of bank shifts required because of sickness and COVID absence.

It was **RESOLVED**

- **That the report be noted**

20/259 GOVERNANCE

20/259.1 Board Assurance Framework

LN summarised the report and the changes since the previous reporting period.

It was noted that based on controls and recent actions having limited or no impact on net risk scores, and the gap between current risk score and target risk score, the most significant BAF risks were the failure to meet access standards (1A), Recruitment (4A) and the position of the Trust in the wider health economy (6A) (particularly in relation to the MCP).

GC noted that work needed to be done to close the gap between risk appetite and net risk scores and DW advised that work on the new strategy needed to be completed so that the BAF could be reviewed. Risk appetite would form part of this work.

It was **RESOLVED**

- **That the report be noted**

20/260 Digital and Technology Committee Report

CH summarised the report and it was noted that there continued to be a heightened risks of cyber threat for which mitigating actions were in place. In addition, national updates (outside of Trust control) to the NHS Mail system were causing local disruption with calendars and mailboxes.

It was noted that there were also a number of positive assurances including the establishment of eVTE as a digital record and high adoption of EPMA.

It was **RESOLVED**

- **That the report be noted**

20/261 Any Other Business

It was agreed that consideration to the re-integration of patient stories into the Board agenda was necessary. The Chair stated that she would discuss with MS the integration of NEDs and governors into virtual ward rounds.

20/262 Reflection on Meeting

It was agreed that there had been a good pace to the meeting with varied content and good strategic discussion.

Date for the Next Meeting - 10 December 2020

Signed

Date



Paper for submission to the Board of Directors on 10th December 2020

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

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

Chief Executive's Report – Public Board – 10th 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 30th 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 5th October with a target of 90 per cent of staff being vaccinated by February 2021 but 100 per cent of frontline staff. As at 1st 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 11th 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 rd November 2020	Live Chat
10 th November 2020	Dudley Integrated Care Provider Community Briefing
10 th November 2020	Live Chat
11 th November 2020	NHSEI - DGFT discussion on DICH FBC proposals meeting
12 th November 2020	Boar d of Directors
13 th November 2020	Urgent Meeting: NHSEI/Black Country
13 th November 2020	Team Brief
13 th November 2020	Weekly Live Draw
17 th November 2020	Room 4 official opening
17 th November 2020	The Dudley Group NHS FT, Diane Wake Mark Mansfield & Rebecca Farmer, NHS England and NHS Improvement
18 th November 2020	Siren Study
19 th November 2020	Live Chat
20 th November 2020	Weekly Live Draw
20 th November 2020	Governors Meeting
23 rd November 2020	Vital Signs Transformation Guiding Board
24 th November 2020	Healthcare Heroes
25 th November 2020	Live Chat
25 th November 2020	BCWB Elective Care Transformation Board
26 th 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 Board of Directors 10th December 2020

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

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

Date Committee last met: 24th November 2020

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

Paper for submission to the Board of Directors December 2020

TITLE:	Chief Nurse Report		
AUTHOR:	Jo Wakeman Deputy Chief Nurse Sara Whitbread Quality Review and Improvement Lead	PRESENTER	Mary Sexton Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		x	
RECOMMENDATIONS			
For the Board to review and note the exceptions presented.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO3: Drive service improvements, innovation and transformation SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
<ol style="list-style-type: none"> 1. This is a new style report; which will continue to be developed over the next few months. All feedback is welcomed. 2. <u>Good News Stories:</u> <ul style="list-style-type: none"> - Wards C3, C5 and Coronary care unit have been invited to celebrate their success in achieving Gold Standards Framework Accreditation at a virtual award ceremony in December 2020. - The recruitment of 100 additional Clinical Support Workers has commenced, with 20 starting on 30th November. Further start dates in December and January have been confirmed for the other 80 new starters. - A multidisciplinary team, comprising of Pharmacists and a Microbiologist, have set up a complex infections clinic to minimise antibiotic use in this patient group. 			

- The Trust now has two accredited staff members who can train others to undertake Face Fit Testing.

3. Areas for Improvement

- The number of falls reported in the Trust remains on an increasing trend, although over 95% of these are recorded as 'no harm caused' or 'low level of harm'.
- As of the 30th of November 2020, 73% of staff have received their flu vaccination
- Since October 2020, there have been 21 Covid-19 outbreaks within the Trust. Of these, 13 are now closed and 8 remain open at the time of writing this report.
- Bank and agency spend for qualified and unqualified staff continues to increase.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK BAF 1A Not effectively engaging with patients in their care or involving them in service improvement	Y		Risk Description: We don't always effectively engage with patients in their care or involve them in service improvement as a result we fail to communicate with them effectively resulting in a poor patient experience which means patients will not see us as a provider of choice.
	Risk Register: Y		Risk Score: 9
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:

Chief Nurse Report November 2020

Mary Sexton, Chief Nurse

DEVELOPMENT DRAFT

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Competence	Page 5
Communication	Page 6
Commitment	Page 7
Courage	Page 8
Appendix 1	Page 9

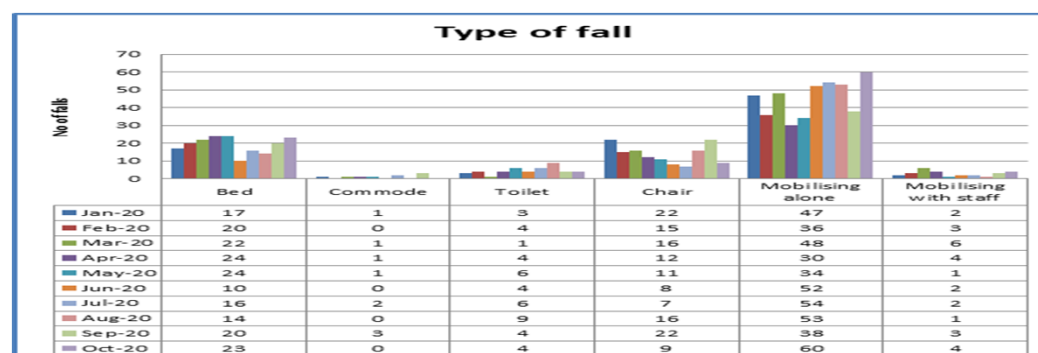
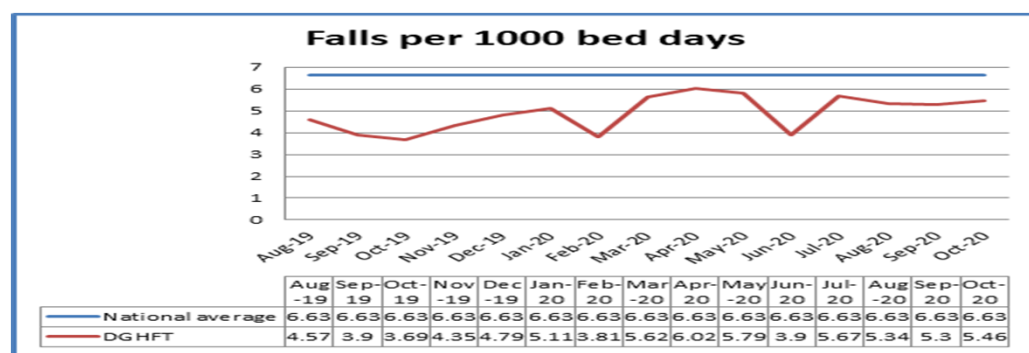
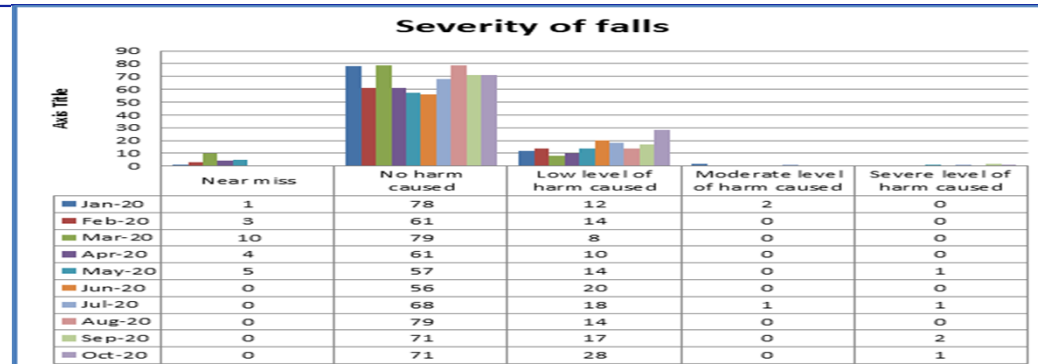
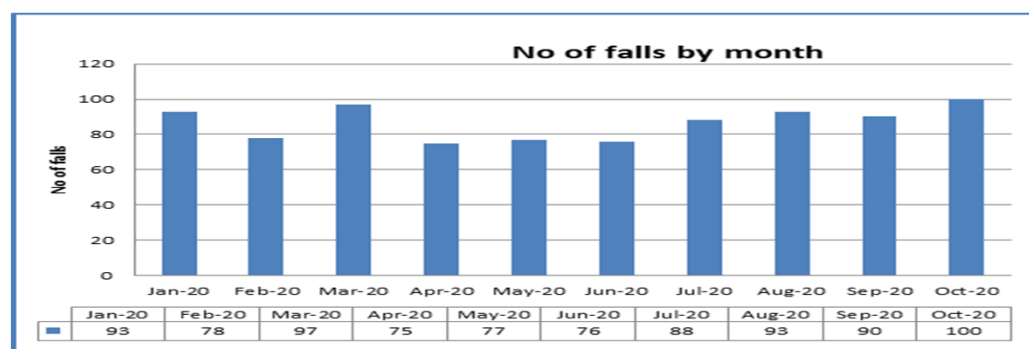


Care - Deliver safe and caring services - Falls

Falls - There has been a slight increase in the number of falls for October with 100 falls compared with September when there were 90. This is reflective of the continued impact of deconditioning of patients following COVID-19.

Post falls neuro observations compliance continues to be variable overall; however, there are some identified areas of improved compliance. Safety bulletin issued on the 12/11/20 which highlighted learning and focused on actions to mitigate the risk.

Falls flag on Sunrise update-Sunrise configuration team have confirmed they can attach the falls assessment to Sunrise. On completion of the assessment a falls risk flag will then automatically be generated in the patient alert column on the tracking board, the timescale for delivery is still to be determined. This will be discussed at Quality and Safety Group for approval and agreeing implementation timeline.



Care - Deliver safe and caring services

Tissue Viability



There have been no further avoidable stage 3 or stage 4 hospital acquired pressure ulcers since August 2020 (1 x avoidable stage 3 pressure ulcer on ward B2). There continue to be 0 reported avoidable pressure ulcers in the community.

The 19th November 2020 was International 'Stop the Pressure' day, with this years theme being 'love great skin'. The Tissue Viability Team visited all wards and departments to provide literature and education to the teams in relation to pressure ulcer prevention and management.

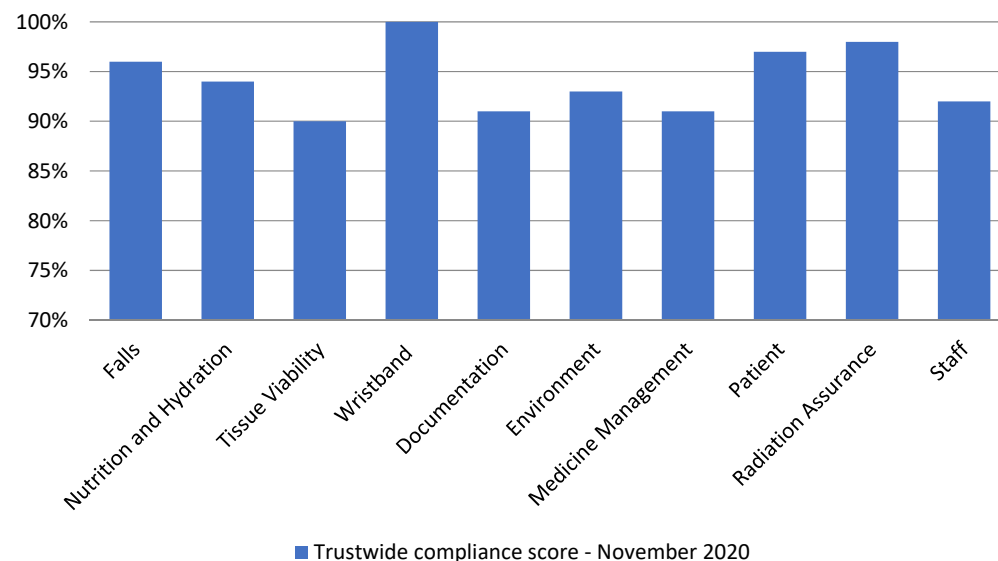
The Tissue Viability Team are currently undertaking the analysis of 2 audits. The first is a pressure ulcer prevalence audit across acute and community teams. This will be triangulated against the number of reported pressure ulcers via datix. The second audit is reviewing the incident reporting of pressure ulcer via datix, focussing on content and investigation process for assurance.



Nursing/AHP/Midwifery Monthly Quality Audits – Move to AMaT

70 teams have now successfully started undertaking their audits via AMaT system, completing 51 audits in October 2020. An overview of Trust wide results by audit type below:

Nursing/AHP/Midwifery Quality Audits



Compassion - Deliver a great patient experience

Complaints

During October 2020, the Trust received 68 new complaints compared to 88 in September 2020. A number of the complaints in Medicine relate to patient discharge.

Part of the Inpatient Survey Action plan relates to discharges and a further audit has been undertaken to identify the key themes for improvement. This has been shared with the operational leads.

As of 10/11/2020, there were 92 complaints out of the total 170 complaints that had been open for over 30 working days. Meaning that 45.88% of complaints were answered within 30 days.

Due to COVID-19, the Trust was unable to hold face to face local resolution meetings (LRM). Despite being given the opportunity to have their meetings virtually or a written response, the majority of complainants still wished to wait for a face to face meeting. Of the 170 complaints; 22 are awaiting an LRM as of the 10th November 2020.

Friends and Family Test

A total of **3,249** responses (old question style) across all areas have been received during October 2020 in comparison to 3,280 in September 2020.

The way we are measured on FFT has changed and timing requirements have been removed. There will no longer be targets set for response rates and NHS guidance states that reporting should focus on what feedback has been collected and what has been done with it, rather than 'response rates' and 'scores'. All clinical teams are aware of this change and we will have a renewed focus on showing patient feedback and actions taken at clinical level.

Family Support Service

This service re-started on the 16th November 2020, operating Monday to Friday 8am to 6pm to assist with communicating with families who are unable to visit their loved ones. This will operate for a period of four weeks and the effectiveness and need to extend past this timeframe will be dependant on continued Covid-19 restrictions.

Mental Health

There were five patients detained under the Mental Health Act during October 2020. Three of these patients were held on a 5(2) and were referred to an AMHP (Approved Mental Health Professional) The remaining two were held on a section 2 and were awaiting beds at the appropriate mental health facilities.

Gold Standards Framework



Wards C3, C5 and the Coronary Care Unit have been invited to celebrate their success in achieving the Gold Standards Framework (GSF) Accreditation in their area at a virtual award ceremony to be held 11th December 2020. In addition to this, Coronary Care will also be celebrating winning 'Hospital Ward of the Year' in relation to their successes in implementing GSF in their area.

Competence - Drive service improvement, innovation and transformation

Professional Development

Pre-Registration

Final numbers of students from University of Wolverhampton are now confirmed; the provisional allocation to the trust was 75 students, to date we have been allocated 46 for the adult program, 9 for child and 16 for midwifery. This is in addition to the allocated students from Birmingham City University (10) and Worcester University (15).

Discussions are taking place with the stimulation team regarding setting up a Mental Health Simulation programme; to enhance and support the new curriculum across the fields of nursing. The program has been developed to be run in 2nd year of the course or equivalent.

Graduates

There is a small graduate intake in November 2020 of 4 at present and then the next intake will be February 2021 numbers yet to be confirmed.

Clinical Support Workers

The process has started to recruit 100 CSW (Clinical Support Workers) in the trust, the first cohort starts 30th November with approximately 20 CSW are due to start. The following cohort will start 14th December which will hopefully have a bigger intake due to the limited time for candidates to fulfil their notice period. The final intake is planned for 4th January for those not cleared for the earlier cohorts.

A Novice CSW apprenticeship programme is planned to start 25th January for 25 apprentices, further supporting access to healthcare careers.

To support this initiative we are recruiting an additional Professional Development nurse on a years fixed term contract to support the team.

Overseas recruitment

In collaboration with all acute trusts in the Black Country, a joint bid was made for funds to support expansion of overseas recruitment. The STP consortium, of which we are part of, were successful in securing £500k to increase recruitment.

Continuing Professional Development

Trauma and orthopaedics will be the first to launch an internship in the trust with Gail Parsons (Consultant Nurse) leading this work. Discussions are taking place with Wolverhampton University about the possibility of this programme to be accredited.

Pharmacy

As a part of Trust Antimicrobial stewardship activities; a complex infections clinic has started (run every Tuesday), run by two Antimicrobial Pharmacists and a Consultant Microbiologist. The aim is to review complex infection patients, ensuring antibiotics use is minimised.

They will also carry out virtual OPAT ward rounds with the help of the OPAT nursing teams.

Communication - Make the best of what we have

Infection Prevention and Control (IPC)

IPC BAF – regular oversight via Quality and Safety Committee and IPC group is in place.

Since October 2020 there have been 21 outbreaks. Of these, 13 are closed and 8 remain open at the time of writing this report.

IPC and Health and Safety

For the first time, the Trust now has two accredited staff members who can train others to undertake Face Fit Testing for FFP3 mask and respirators. This will help to continue to drive training compliance for this key item of Personal Protective Equipment across all staff groups.

Flu Campaign

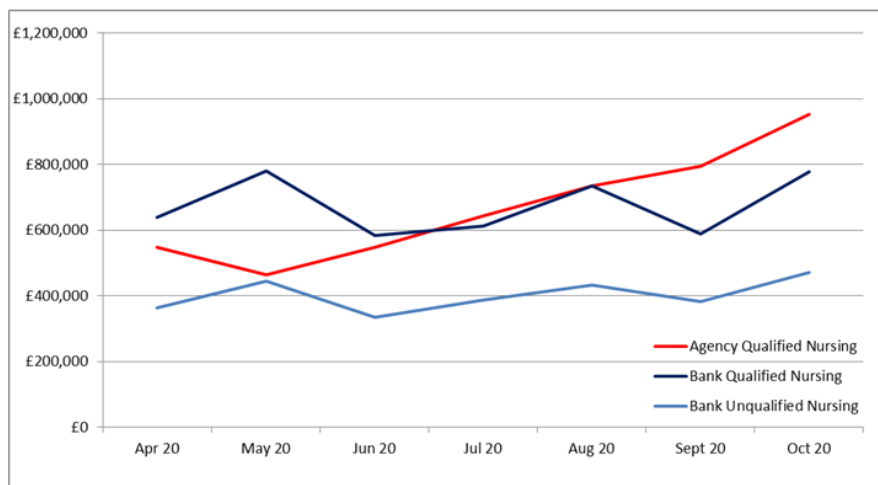
73% of staff, as of the 30th November 2020, have now received the flu vaccination. As well as continuing to provide opportunities for any remaining staff to receive the vaccine, we will be making it easier for staff who have received their vaccine via their GP or pharmacy to record this by launching an online tool which can be found on the front page of the Hub.

Allied Health Professionals (AHP) (appendix 2)

In November 2020, the AHP Council published Issue 5 of the AHP quarterly newsletter 'AHP Matters'. This issue focuses on the innovative work done by the AHP teams during 'recovery and restoration'.

Commitment - Be the place that people choose to work

Bank/Agency



	Vacancy (%)	Agency Qualified Nursing	Bank Qualified Nursing	Bank Unqualified Nursing	Grand Total
Emergency Department Nursing	8%	179,018	59,131	47,282	285,431
I.T.U	-6%	144,561	33,583	2,102	180,246
Acute Medical Unit (AMU)	23%	59,018	55,473	38,642	153,132
Ward C7	13%	65,445	15,466	34,052	114,963
Ward B3	29%	73,660	20,732	13,266	107,658
Ward B5	-6%	46,268	24,485	25,727	96,480
Ward C8	7%	49,188	28,288	17,339	94,815

* vacancy (%) shows a combined vacancy for qualified and unqualified staff.

Bank/Agency

Emergency Department – The opening of the isolation area has resulted in the department requiring an additional 5 staff members per shift to staff this area safely.

I.T.U – have increased their capacity to provide level 2 and level 3 care, resulting in the need for more qualified staff to care for the extra patients.

AMU and Ward B3 – both have significant vacancies for qualified staff, resulting in the need for agency and bank staff to maintain safe nurse to patient ratios.

We have identified that of the 7 wards/departments with the highest bank/agency usage, 3 areas have also had Covid-19 outbreaks.

Safer staffing

Safer staffing (Appendix 1) – The qualified staff fill rates for October were 84% during the day, fill rates for nights were 89%, this is similar to last months day and night time fill rates. The overall qualified fill rates was 86.5% against the target fill rate for qualified staff of 90%. All areas are within the agreed variation of 6.3 or more for the CHPPD (care hours per patient day. Overall the Trust CHPPD is 9.27 for October 2020 (qualified and unqualified). Staffing numbers continue to be reviewed twice a day at the safety huddles facilitated by the Divisional Chief Nurses. Work continues to address staffing concerns which have been exacerbated by an increasing number of staff having to isolate either through having tested positive for COVID -19 or being contacted following the track and trace processes.

Courage - Deliver a viable future

Safeguarding

- Workplace Domestic Abuse Policy signed off and ready for ratification
- Lead Nurse working with CCG and CAMHS around increase of children and young people attendance at ED with mental health problems
- Named Nurse providing 2 days a month of supervision, advice and support in community locations for community staff
- Named Midwife working with Sandwell Trust around information sharing pathway
- List of staff outstanding Safeguarding Adult L3 training has been shared with all service leads
- 2 learning workshops provided on FGM and Child exploitation were well attended.

Appendix 1 - Safer Staffing

Safer Staffing Data

Safer Staffing Summary

Oct

Days in Month

31

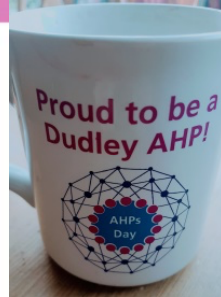
Day RN Day RN Day CSW Day CSW Night RN Night RN Night CSW Night CSW

Ward	Plan		Actual		Plan		Actual		Plan		Actual		UnQual		UnQual		Actual CHPPD				
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	Day	Qual N	N	Sum	Average	Registered	Care staff	Total
B1	137	101	83	53	95	71	76	37					74%	64%	75%	49%	366	45%	5.36	2.80	8.16
B2(H)	123	109	193	167	93	88	156	145					89%	87%	95%	93%	712	77%	3.33	5.14	8.46
B2(T)	122	108	157	131	96	88	120	107					89%	83%	91%	89%	682	92%	3.45	4.18	7.63
B3	289	220	186	113	248	219	156	140					76%	61%	88%	90%	952	73%	5.42	3.19	8.61
B4	258	223	273	208	197	175	229	205					86%	76%	89%	90%	1,379	93%	3.38	3.60	6.98
B5	220	224	162	143	182	208	93	113					102%	89%	114%	121%	583	78%	9.07	5.15	14.22
C1	248	222	256	234	184	176	194	181					90%	91%	96%	93%	1,446	97%	3.23	3.44	6.67
C2	282	262	66	72	246	240	63	59					93%	110%	98%	94%	536	58%	11.00	2.88	13.88
C3	214	214	400	382	188	183	359	343					100%	96%	97%	95%	1,563	97%	3.04	5.44	8.49
C4	162	144	68	65	124	92	63	79					89%	97%	74%	125%	566	83%	4.87	2.95	7.82
C5	272	173	257	227	224	193	199	179					64%	88%	86%	90%	1,271	85%	3.49	3.83	7.33
C6	101	92	93	67	67	62	94	86					91%	72%	92%	91%	513	83%	3.51	3.58	7.09
C7	222	182	203	126	198	179	196	173					82%	62%	91%	88%	882	79%	4.82	4.07	8.88
C8	322	243	217	176	282	240	185	156					75%	81%	85%	84%	1,246	91%	4.56	3.20	7.75
CCU_PCCU	251	220	63	43	218	187	32	28					88%	68%	86%	88%	659	82%	7.25	1.29	8.54
Critical Care	439	379	86	36	449	412							86%	42%	92%		340	69%	27.92	1.26	29.19
EAU AMU 1	485	365	402	313	433	349	376	292					75%	78%	81%	78%	2,250	121%	3.73	3.23	6.96
Maternity	914	748	231	182	527	446	173	143					82%	79%	85%	83%	787	58%	14.40	4.84	19.25
MH DU	164	144	51	34	158	143	31	28					88%	66%	91%	90%	182	59%	18.95	3.88	22.83
NNU	162	143			149	138							89%		93%		291	52%	11.60	0.00	11.60
TOTAL	5,387	4,518	3,444	2,774	4,357	3,889	2,795	2,494					84%	81%	89%	89%	17,206		5.63	3.64	9.27





Welcome to this edition of AHP matters, which aims to share and celebrate the tremendous contribution of Dudley AHP's! This has been an incredibly challenging year and I am conscious that many are again being asked to respond to the escalating need whilst others are struggling with the personal impact of COVID-19 on ourselves or our families. It can feel overwhelming, making it harder to find the positive and uplifting moments. I hope the contributions in this edition give us the opportunity to pause and reflect on the amazing work that has gone on over the past 6 months in response to but also in spite of the ongoing pandemic. The incredible achievements of your teams during restoration and recovery has been truly remarkable and I find it inspiring that you carry on giving your all in support of your team members and your patients every day. I also hope you enjoyed your day of celebration on #AHPsDay and get a sense of pride and pleasure as you raise your "Proud to be a Dudley AHP" Mug. You are all incredible people and I am so proud to be part of the team. Thank you all for everything you do.



Karen Lewis, Deputy Chief AHP.

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Introducing Our AHP Professional Leads: Jenny Glynn

My portfolio is 'AHP Workforce' and this has a broad scope with many exciting opportunities for AHPs as workforce is often a significant challenge for many of our services. Below is a summary of some of my plans: **Stimulate interest and demand** – to continue to raise our profile and encourage people to consider AHP careers through active and co-ordinated involvement at careers fayres and further developing our work experience programme

Increasing student capacity and quality placements – Health Education England (HEE) have invested significant funds to increase clinical placements in the NHS and support growth in nursing, midwifery and AHPs. This is a national driver and so we need to review how we deliver placements to meet this increased demand whilst maintaining quality and ensuring students and staff feel engaged and supported.

Bridging the gap between education and employment – supporting implementation of Apprenticeships across AHP services sharing best practice as we progress; identifying and addressing issues to reduce student attrition; exploring and maximising the potential of 'Return To Practice' clinicians.

Enabling the workforce to deliver and grow – Developing advancing clinical and consultant practice roles; exploring a range of means to support and maximise the delivery of timely and effective CPD both within and across AHP and wider Trust services but also developing robust systems to extend this beyond the Trust; Support leadership careers and opportunities and continue to promote the model of distributed leadership reinforcing the message that 'everyone can contribute'.

I'm aware that a lot of work is already underway regarding some of the above. For example, the AHP Council workstream that is focusing upon AHP promotional events. It is not about reinventing the wheel but building upon the great work already being undertaken, supporting that and extending its remit.

My priority at present is the clinical placement expansion programme as this is a national requirement and has timescales and deadlines for us to achieve as a Trust. The first step is to undertake an extensive scoping exercise to ensure we have sight of and access to all relevant student data in a central database which can then serve as a baseline going forwards. The process of obtaining feedback from student AHPs is underway with current and recent past students as well as devising and implementing a method to capture this data from future students. Next will be to arrange and facilitate engagement events with AHP staff/AHP Student Leads/University links to fully understand the national agenda regarding student placements and to discuss and work collaboratively regarding how this can be achieved, providing opportunities to share best practice across services and also to identify any challenges and potential solutions. This is absolutely a collective effort so I will be liaising with you at some point for your input going forwards.

I think it is a really exciting time for AHPs. Lots of cunning plans and lots of opportunities that I believe can be achieved if we work together. And when we do achieve them, what a massive impact it would have upon our staff, our patients and our services! **I believe the future is bright for AHPs** – exciting times!



Introducing Our AHP Professional Leads: Clare Inglis

My portfolio of work falls under the broad umbrella of Quality Safety and Efficiency, and whilst that doesn't sound very sexy is actually something I'm really passionate about. If as AHP Professional Leads we can provide robust foundations for AHP's, the services they work in, and most importantly the patients they serve, they will be able to flourish even more. So far this has been quite fluid, picking up pieces of work that are already underway in the Trust aiming to align AHP's more closely with our Nursing, Midwifery and Medical colleagues. For example in October several staff across all the AHP services were registered, trained and conducted their first audits on AMaT – the Trust's Quality Audit system. We have also begun to pilot to migrate some teams onto Allocate – an e-rostering system that will help streamline scheduling and monthly returns beyond recognition from the paper processes currently in place, whilst simultaneously contributing to NHS Improvement's aim for all staff to be on an e-roster system by 2022. This in turn will link nicely with work that is beginning with the intention to have Job Plans for all AHP staff by March 2021. And that's all in the first couple of months!



Pulmonary Rehab COVID-19 Response!

The outbreak of the COVID-19 pandemic presented an unprecedented challenge to most hospitals within the UK. We experienced an early spike in cases with the first case identified on the 8th March 2020. There was increasing recognition of the need to ensure robust follow up of patients. First assessment was initiated by the hospital Therapy team, once the patient was diagnosed COVID-19 positive. Rehabilitative interventions then continued on an inpatient basis. Patients were referred to the appropriate community rehab services on discharge. The Pulmonary Rehabilitation team continued ongoing triage and contact with patients who had been successfully treated and discharged with COVID-19 via telephone and/or face-to-face. Patients that had been discharged back to their own homes were prioritised. 681 COVID-19 cases were admitted to hospital. 415 patients were discharged, 200 were nursing/residential home residents, whilst 215 were discharged home. Patients were given advice and education on managing residual symptoms.

A subsequent full rehabilitation pathway was further developed with a weekly MDT involving respiratory consultants, pulmonary/cardiac/ICU rehab teams, hospital Therapy teams and respiratory outreach teams. Newly discharged patients are followed up at home within 24hrs, and outstanding needs identified. Referral for appropriate pulmonary and/or cardiac rehabilitation is undertaken as well as instigation of further investigation for those with ongoing symptoms/signs/radiological features. Initial themes identified were fatigue, breathlessness, deconditioning, cognitive deficits, loss of functional independence, altered smell, taste and appetite, nutritional deficits, dysphagia, dystonia. Anxiety and psychological concerns were also prominent. 45 patients are still requiring ongoing input from the rehab teams. 8 patients are due to start face-to-face pulmonary rehabilitation and 3 are due for commencement of Action Heart programme. 2 patients have PEGs and 1 has a tracheostomy. 3 patients have significant musculoskeletal problems warranting therapy and several are awaiting psychological support either through the psychology services or as part of the Action Heart programme. Our COVID rehabilitation pathway is providing an effective and robust multidisciplinary follow up for patients. Patients have found the team's support and help invaluable in their recovery.

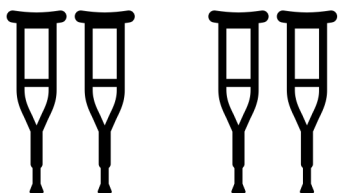
Maria Dance Therapy Manager and Team

This piece was written in August 2020 and therefore numbers of COVID-19 patients differ from those quoted.

Amputee Rehab!

2020 has proved to be a difficult time for amputees, particularly for those who were just starting or were approaching the end of their prosthetic rehab. Like the majority of outpatient services in the NHS, ours was put on hold for a substantial length of time which was detrimental to our patients' journey. Although members of the team were redeployed to other areas of the hospital and helped massively in the fight against COVID-19, our amputees were unable to access physio input for gait re-education, exercise provision and limb oedema control. They were also unable to access any much needed face-to-face input with our prosthetist. Throughout COVID-19 we were in contact with our patients to check on their well-being as many of our amputees were unable to troubleshoot any issues the best we could which most patients appreciated. As a result of COVID-19 our service has changed dramatically since we have been able to slowly integrate patients back into rehab. We now provide a different but still effective service with reduced class sizes, reduced weekly appointment slots however, we are hoping to increase in the near future, and a prosthetic service which is run from the Maltings Mobility Centre in Wolverhampton. Despite these challenging times, the return of classes has been well received by our patients who enjoy the challenge of prosthetic rehab as well as gaining encouragement from other peers who are undertaking a similar journey. As a team, we continue to develop and enhance our services post COVID-19 with a hope that we can provide a similar service to what our patient were used to pre pandemic.

Bradley Preene Amputee and Prosthetic Rehab Physiotherapist



The Enhanced Care Home Team (ECHT)

ECHT is a multidisciplinary team that provides education and support to the care Homes around Dudley. Prior to the pandemic most of our training was provided face-to-face and the support role often came from discussions had within these training sessions. As OT's Jenny and I provide training around Falls Prevention, Personalised care and Behaviours that challenge. We also provide support and advice around these area's to help the care homes maintain and hopefully improve the physical and mental Health of their residents. Since March face-to-face contact within care homes has been limited, so our training has moved online, to Microsoft Teams. This has been a significant challenge for us all, especially those of us who aren't very IT savy!!!! There have been advantages and disadvantages to these changes....

Advantages:

- We can reach a wider audience, from a variety of care homes at one time.
- Our sessions are often quicker (We don't have to travel to get there) so we can do more.
- Homes/carers often find Microsoft teams better as they don't have to be in work to attend training or can just come off the floor for 30 – 60mins.

Disadvantages:

- Less interaction with our audience as you are not delivering the training face-to-face.
- We are not in the care home, with our eyes on the floor, picking up concerns/issues we can support with.
- Numerous technical issues that sometimes mean our training sessions aren't delivered.

This unusual situation has forced our team to consider alternative ways of offering training and we have all learnt a lot during the pandemic, that we will be able to carry forward into the future – every cloud has a silver lining!!!!

Janette Beamson and Jenny Owen (OT's/care Home Educators)



Paramedics in the Emergency Department!

Paramedics have now been working in Russells Hall Emergency Department for around five years in various roles around the department, fitting in with both the nursing and medical workforce. The roles undertaken by Paramedics in the department are: Triage Paramedics, Paramedic Practitioners within the minor's team and Trainee and qualified Advanced Clinical Practitioners (ACP).

Advanced Clinical Practitioners

The Advanced Clinical Practitioner team is made up of eleven paramedics, seven nurses and a physician associate working on a 24-hour rota within the ED covering majors, minors, paediatrics and resuscitation. ACPs examine patients, order appropriate investigations as needed, prescribe medications where able and interpret results to make management plans for patient care; either discharging or referring to the appropriate speciality. The team are either undertaking or have completed an MSc in 'Advanced Clinical Practice' which covers the four pillars of advanced practice – Clinical, Leadership, Education and Research. All ACPs are fully supported in practice by a consultant mentor who works through a competency portfolio to demonstrate safety and proficiency in advanced healthcare assessment, diagnostics, clinical management and decision making skills. Paramedics have been found to fit in well within this role as coming from a prehospital background they already hold many years' worth of experience in emergency care and work autonomously assessing, treating and making differential diagnoses. They join with valuable skills such as ECG interpretation, cannulation and advanced life support.

Emergency Care Practitioners

Paramedics working in the Minor Injuries department work as autonomous practitioners alongside their nursing counterparts - Nurse Practitioners. The Practitioners see and treat all minor injuries presenting to the department and assess, diagnose and treat autonomously. They are able to request and interpret X-rays, plaster fractures and use wound closure techniques such as suturing, stapling, wound glue and steri-strips. They discharge patients with comprehensive advice about their injury or refer to the appropriate speciality were required.

Triage Paramedics

Triage Paramedics work at the front door triaging ambulance and walk in attendances. They utilise history taking skills to formulate a potential working diagnosis and stream the patient to the most appropriate area. This can include onwards referral at the point of triage to other, more specialised areas of the hospital, including ambulatory emergency care, the urgent care centre, minor injuries department or surgical assessment unit as appropriate. This streamlines patient care and eases pressures on the ED. Being a Paramedic I am able to utilise my good working relationships with ambulance staff to streamline flow into and out of the department. This allows ambulance crews to be released in a timely fashion so they can be turned around to respond to further emergencies in the community.

By Edward Perera-Stack Paramedic - Trainee Advanced Clinical Practitioner ED

With thanks to the ACP team and Mike Anslow Triage Paramedic

Job Opportunity!

To support the development and progression of all our AHP support workers a new lead support worker role has been developed and is currently being recruited to. This is for a period of 12 months and will focus on scoping and making recommendations for career progression and skills development across the AHP support roles. Very exciting times for our fabulous support workers, patients and the Trust!

Job Reference: **253-1120-2618030**

Find out more about support worker opportunities here!

<https://www.csp.org.uk/frontline/article/growing-developing-support-workforce>

Podiatry Services pathway update!

Community wide MDT Wound Care pathway

Following the wound care work carried out by Community Podiatry team to support District Nursing through COVID-19, the Community Podiatry Service is now working closely with Community and Primary Care Nursing to develop a comprehensive seamless and holistic wound care pathway. This will allow for the continuation of the successful joint working across community services, creating an MDT pathway. The cross services working party agreed that the greatest priority is for training and education. As part of this work, the group are developing an online resource page to include training videos, pathways and referral forms, so staff have a single point of reference for care of patients with lower limb wounds.

Diabetic Foot pathway

Julie Meakin from the Diabetes & Wound Care Podiatry team has developed an end to end Diabetic foot pathway with the Acute Diabetic Foot Team ensuring patients are seen by the right clinician at the right time, reducing the risk of deterioration and to preventing the need to escalate. This pathway will be rolled out to Primary Care staff through an education session via the Black Country & West Birmingham Training Hub. To support this and other foot wound/ulcer patients the Podiatry Diabetes & Wound Care team will shortly be expanding to 5 Podiatrist to allow the team to provide timely and responsive foot wound care across Dudley.

Plantar Heel pain joint Clinic

Russell Price from the MSK Podiatry team is looking at piloting a joint heel pain clinic with Ryan Pope from CMAPS. This clinic will provide MDT care to patients with plantar heel pain via a one stop shop. Patients will be assessed and treated by both Podiatry and Physiotherapy at the same time preventing the need to be referred between services, and for MDT treatment to be undertaken, reducing wait times and shortening treatment lengths.

Maria Mateunas Podiatry Services Manager

CMAPS Going Virtual!

Due to challenges of social distancing in the community clinics the Community Musculoskeletal Assessment and Physiotherapy Service (CMAPS) could not provide the same amount of face-to-face appointments. Therefore the service moved to a virtual first approach using the Attend Anywhere platform to provide video consultations.

Training to use the platform was provided by Kayley Taggart and nominated super users via Microsoft teams. Despite initial teething issues the CMAPS team have readily adopted the new way of working. Between June and September 2020 the 25 clinical staff in the CMAPS team provided over 1300 video appointments using Attend Anywhere. They have been excellently supported by the CMAPS admin team who have answered patients questions and guided them through using Attend Anywhere. Despite a few technical glitches overall patient feedback has been excellent 'Physio was absolutely excellent. Use of technology was great even though it was first time I've ever had to do a video call.'. Using Attend Anywhere has enabled the service to continue providing safe clinical care whilst reducing the risk of COVID-19 infection to both patients and staff.

Thank you to all the CMAPS team for their willingness to adopt this new way of working!

Ryan Pope Physiotherapist CMAPS



Dietetics pathways and recruitment!

The acute dietetic team have continued to support ward and outpatients throughout the pandemic. Outpatients have been reviewed virtually, something that we will continue to do when face-to-face restrictions have been lifted. We have found them to be efficient and effective when used appropriately. The community dietetic team are moving from a virtual to a mixed template for clinics which includes face-to-face appointments when appropriate. They have been working on increasing clinical time by transferring letter writing to secretarial staff which has involved getting access to Big Hand and purchasing equipment. This will be assisted by a new admin apprentice, interviews for which are about to take place.

The acute Dietetic team produced a nutritional COVID-19 pathway which is now being used. A more generic nutritional pathway has also been produced for elderly care/frailty. The aim of the pathway is to involve ward staff in the nutritional care of patients and help to ensure nutritional care is started promptly.

The community dietitians have welcomed their new team leader Harminder Matharu who has come from a community dietetics department in London and has lots of good ideas about how we can move our dietetics service forward .

A significant number of meetings are now done via MS teams which has improved productivity and reduced wasted time traveling. The community team has been able to work from home; however, this has been limited by the lack of a community EPR.

The bid for 6 additional band 7 dietetic posts to support the Primary Care Networks has been successful, recruitment has taken place and offers have been made to 5 excellent candidates. We are looking forward to 2021.

Ann Marsh Dietetics Manager



FaceFit Testing!

In March myself and Marie Holloway (hydrotherapy support worker) became key trainers for face fit testing to bolster the team the therapy dept. already had. Jacky Rudge and Claire Bousfield had already been key trainers for the dept for a number of years. It soon became very apparent how important PPE would become and the anxiety's that staff would have regarding PPE. We took the role seriously as we wanted to ease any anxieties staff had about wearing masks and wanted to ensure all staff had a suitably fitted mask.

I ensured we had correct public health advice for staff on the PPE guidelines and the procedures for donning and doffing were also made available. Not many staff had worn a FFP3 mask before, so needed time to get used to fitting the mask and ensuring a perfect seal, this was an endless job, with sensitivity testing and mask fitting. The workload increased further as redeployment from other areas occurred and further staff needed fitting. We received a letter of thanks from Maria Dance Head of therapy services thanking us for our efforts and completing in excess of 400 tests.

The role continues to evolve with changing mask provision, ensuring staff have a variety of mask they can use as stocks run low and new masks arrive. We have new electronic testing equipment now available, the porta count machine. Clinical skills have ensured we have adequate training, support and advice for any queries we may have which is invaluable. Marie collaborated with our Speech and Language colleagues and we now have support if needed from another key trainer.

This work was all done alongside clinical workload and our teams supported us along the way. This has been a steep learning curve in terms of becoming a key trainer, educating of staff in fitting masks, keeping up to date with new mask provision, updating and keeping accurate records. Both Marie and I have adapted and embraced the new skills obtained.

Lorraine Allchurch Assistant Therapy Practitioner



Radiology adaption and innovation!

Since the pandemic we have re-evaluated our general approach to managing imaging services. This has enabled greater communication between other hospital departments and GPs to work out the most efficient and effective ways to accommodate patients and keep services running smoothly. We have extended our appointment times to adhere to social distancing guidelines and ensure patients are kept safe, which has also given us extra time to clean rooms and equipment between examinations. As we move through the coming months and the COVID-19 epidemic continues alongside our usual winter pressures we will continue to reassess imaging provision to ensure our patients are accommodated efficiently and appropriately. Our wider imaging workload has increased significantly recently as a result of more services and clinics being reintroduced after closing during the initial crisis period. Diagnostic radiographers play a vital role in supporting diagnosis and treatment and will be essential in supporting our colleagues caring for patients in the near and distant future. The Imaging department are so proud of all our colleagues who have worked so hard in recent months. They have continually adapted to ever changing rules and protocols, whilst maintaining high standards of patient care and support for each other. We are confident they will continue to do so as we enter the next stage of post COVID-19 healthcare at DGFT.

Jo Holmes Radiology

Radiology

COVID 19 Response

The Dudley Group NHS
Foundation Trust

<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>Additional Portable X-ray & Ultrasound examinations</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>Home reporting and home working to support staff</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>Intensive cleaning & decontamination – Allocated ‘Clean’ and ‘Dirty’ Areas</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>Retired staff returning to work</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>On site CXR reporting by Radiology Registrars out of hours</p> </div> </div> <div style="display: flex; align-items: center;"> <div> <p>Extensive phased recovery planning across all modalities</p> </div> </div>	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>Rearrangement of waiting areas to safely separate non Covid patients from Covid +ve patients</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>Urgent x-rays, CT & MRI for GP patients carried out at satellite sites</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>Rota changes to ensure more radiographers and support staff are working through the night</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>Departmental Meetings / virtual document approval - MS Teams</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div> <p>Training staff to perform new techniques</p> </div> </div> <div style="display: flex; align-items: center;"> <div> <p>Redeployment of staff from mammography into general radiography</p> </div> </div>
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escape

pain

Virtual ESCAPE-Pain!

Since COVID-19 lockdown we have adapted our Escape Pain programme that we usually run at the local leisure centres. Myself, Nicola and Sam have had regular meetings virtual to discuss the setting up of ESCAPE virtually as we did not want patients waiting until our diaries were up and running properly and have a long waiting list of patients to see.

Currently I am running the ESCAPE-Pain programme virtually from home 4 days a week. Each class has up to 4 patients and we are running up to 4 classes weekly. It is going really well, the patients are enjoying the programme and are glad they have not had to wait too long to be seen. The patients have all noticed a big improvement in their pain, flexibility and strength with doing the exercises twice a week as well as a positive impact upon their mental health due with the ability to socialise and interact virtually with other people in the same situation.

Emma Baxter Therapy Assistant CMAPS

Dudley Rehab Service (DRS) Community Support!

DRS staff have shown great innovation and resilience, developing new ways of working and continuing to deliver services to its patients throughout the COVID-19 pandemic despite over 50% of staff being redeployed to support other services across the Trust and LA and over 30% of staff off with COVID-19 symptoms at the end of March. The staff that were redeployed showed great flexibility in the use of their skills, but also by adapting their working patterns and procedures. The team leaders who were redeployed continued to support their teams whilst working in other areas – showing dedication and commitment. DRS continued to provide face-to-face appointments including AGP procedures in the community throughout the pandemic for the most urgent patients to facilitate hospital discharges and avoid admissions. Staff quickly adapted to the new restrictions and advice: RAG rating all patients, offering virtual appointments or written advice and information to patients as needed and appropriate. DRS staff quickly identified a gap in advice and support for patients discharged from hospital following COVID-19 and were instrumental in developing the information and support service for these patients, working alongside the Pulmonary rehab service and Acute Therapy department. Routine patients waiting for face-to-face appointments were given welfare check phone calls on a regular basis to ensure their condition had not deteriorated and advising them as necessary. DRS started a food bank in its office enabling packs of essential supplies and information of how to access extra support, to be given out to the most vulnerable and isolated patients and getting them linked with local organisations to help them on a longer term basis. Staff were very innovative transferring many of the day-to-day processes to electronic systems to enable and sustain remote working such as triage and lone-working. Staff were quick to change MDT meetings to MS teams and WhatsApp groups to ensure effective communication and support for each other. DRS were quick to restore face-to-face clinic appointments, through implementing COVID-safe measures in clinic, once allowed, and are now beginning to restart patient therapy groups. DRS returned to seeing routine referrals face-to-face as the restrictions eased, with an enhanced triage process and subjective assessments carried out by phone or Attend Anywhere. DRS has secured 2 temporary Physiotherapy posts to support the falls and rehab team to restore and recover their waiting times following an influx of priority referrals as the COVID-19 lockdown measures reduced.

Frances Pons Dudley Rehab Service Manager

ED Therapy Team PGD!

The therapy team working in the Emergency Department at Russells Hall are currently working towards being able to prescribe and administer specific analgesia. This piece of work was proactively looked into by therapy. It was established from looking at therapy data and outcomes a number of patients were unable to be discharged from ED due to pain level. This may be because the patient had not received any analgesia whilst in ED or analgesia prescribed had not been effective in managing patient's pain. I decided to look into this as I felt it will have a positive impact in relation to the patient journey and meeting patient's needs, ensuring patients are not admitted to acute trust if this can be avoided, again benefitting patient. I also feel this is a brilliant opportunity for therapy. Our MDT colleagues in ED are really busy and if Therapy establish a patient is in pain, following PGD guidance we can in the near future be more autonomous in our practice. The PGD is for Paracetamol, Ibuprofen and Co-Codomol have been completed with great help from Pharmacy colleagues. Myself and the team in ED are now in a position to start to gain practical experience, we are very excited about this opportunity.

Jackie Bath Therapy Team Leader ED





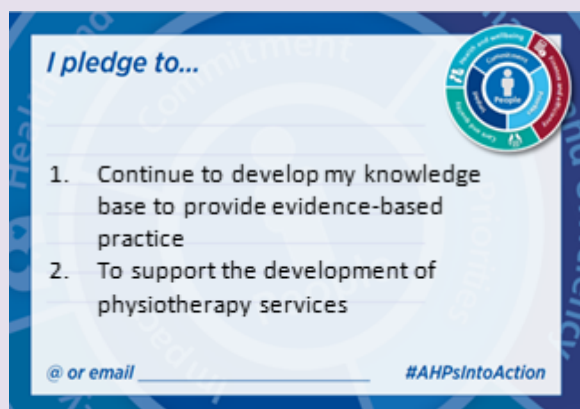
You Are Amazing!

AHPsDay a Students perspective!

This year AHPsDay was delivered virtually, over 80 of Dudley Groups AHPs joined together to Celebrate, appreciate, inspire and connect.

An inspirational Keynote speech by Chief Allied Health Professions Officer Suzanne Rastrick started the day followed by announcing the winners of the AHP awards. This was a particular highlight as it truly recognised the hard work and dedication of individuals and services within the trust. Despite being online, the love and support that was shown was felt by all. Dr Stephan Calteau then spoke about his research into mindfulness, delivering theories and concepts relevant for both patients and staff. This included a short virtual meditation session which was interactive and relaxing.

The afternoon began with a showcase of the innovative service development projects introduced over the past 12 months. Karen Lewis, Deputy Chief AHP, rounded up the success of the last year and set aspirations for the following 12 months, encouraging others to also bring forward their pledges.



By 3 o'clock it was time for a coffee break and gave people the chance to socialise and network with other AHPs. Chief Nurse Mary Sexton concluded the fabulous day. AHPsDay 2020 provided the opportunity to network with a wide variety of multidisciplinary team members. Demonstrating that even when faced with challenges that AHPs are resilient and respond innovatively. From a student's perspective, it was very interesting to see how AHPs integrate to provide holistic patient-centred care.

Frankie Twyford & George Powell University of Birmingham Physiotherapy Students

Incase you missed it... AHPDay award winners

- **AHP of the Year** - Ellie Morrison
Runner up Gemma Coleyshaw
- **AHP COVID-19 Hero** – Operating Department Practitioners
Runner up Catherine May & the Pulmonary Rehab Team
- **AHP Team of the Year** – CMAPS
Runner up Radiology
- **AHP Support Worker of the Year** – Marie Holloway
Runner up Sandra Mulvey
- **AHP Project of the Year** – Maria Dance & the proning team
Runner up Vestibular Rehab Service

Paper for submission to the Trust Board December 2020

TITLE:	Infection Prevention and Control Board Assurance Frame Work –including summary Updated December 2020		
AUTHOR:	Jo Wakeman – Deputy Chief Nurse Hannah White – Clinical Nurse Specialist Kim Jarrett – Clinical Nurse Specialist	PRESENTER	Mary Sexton – Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
CORPORATE OBJECTIVE: SO2: Safe and Caring Services			
SUMMARY OF KEY ISSUES: <p>This paper is being presented to the Board to demonstrate Trust compliance with the Health and Social Care Act 2008 and highlight gaps in assurance for action. In May 2020 NHSI/E requested that the Infection Prevention board assurance framework template is completed and shared with Trust board. One of the key areas to combating the COVID crisis relates to robust infection control standards and practices across the trust. The framework adopts the same headings as the Health and Social Care Act 2008 listing the 10 criterion.</p> <p>The colour coded matrix over the page (before the detailed IPC BAF) demonstrates the many areas which the trust is able to give assurance as evidence of compliance can be confirmed:</p> <p>Note six areas detailed within the IPC BAF have moved from amber to green.</p> <ul style="list-style-type: none"> ➤ 1.3 – Compliant, screening for COVID on discharge embedded. ➤ 1.8 – Delay IPC checklist developed agreed at IPC Committee to defer launch until January 2. Manual process continues. ➤ 2.2 – Compliant, Interserve report IPC training yearly compliance through the IPC Committee. ➤ 6.2 – Compliant, Single issue of half face masks purchased to mitigate the need for continual face fit testing. Two staff has been successfully trained as super fit testers with the ability to train staff as fit testers. ➤ 8.1 – Compliant, Testing in line with national guidance on day 0, day 3 and day 5. All clinical and non-clinical staff have access to twice weekly lateral flow testing. ➤ 10.1 – Compliant, assessment for all vulnerable staff completed and reviewed. Adjustments made as necessary and monitored centrally by HR. <p>IPC training at the time of this report is below target at 86.7%</p>			

IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: Risk regarding decontamination of reusable medical devices and lack of clarity regarding Trust Decontamination Lead-Risk on IPC Risk Log
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Well Lead
	NHSI	Y	Details: The IPC Board Assurance framework was requested by NHS/I
	Other	N	Details:
ACTION REQUIRED OF COMMITTEE / GROUP:			
Decision	Approval	Discussion	Other
		✓	
RECOMMENDATIONS FOR THE BOARD /COMMITTEE/GROUP: <i>The IPC Group and Quality and safety Group are to oversee the continued actions within the IPCTBAF to endure compliance with the Health and Social Care Act</i>			

BAF Compliance Matrix											
KEY		No Gaps	Gaps Identified with mitigations	Gap No Mitigation	No line of enquiry						
	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	0.10	Comments
1											1.8 Improve IPC risk assessment required on admission documents.
2											2.7 Quality round continue to monitor appropriate decontamination of equipment.
3											3.1 Micro/Antimicro Pharmacist rounds reduced, Virtual Antimicrobial stewardship meetings held, Pharmacists actively referring patients to antimicrobial pharmacist for queries, EPMA now in place.
4											4.3 COVID-19 information is produced by DH the trust website does have an accessibility button-that will read information and enlarges words. 4.4 patient check list in place for transfers and discharges-assurance check required.
5											5.1 trust zoning SOP notes that suspected COVID cases are located in ED red zone, urgent care COVID area in place SOP available on the hub.
6											6.1 face to face training session capacity has been reduced due to social distancing; eLearning has been promoted to staff to improve mandatory training. 6.6 Need to develop an audit tool specific to COVID PPE. 6.7. Need to establish an independent review of hand hygiene.
7											
8											
9											
10											10.2 Database for face fit testing in place. 10.3 movements of staff between zones cannot be guaranteed-zone prompts in place.

Infection Prevention and Control Board Assurance Framework: December 2020

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and processes are in place to ensure:</p> <p>1.1</p> <ul style="list-style-type: none"> Infection risk is assessed at the front door and this is documented in patient notes 	<p>The Trust has policies and procedures in place to identify alert organisms in patients admitted to the Trust.</p> <p>Patients with symptoms are assessed by ED and are placed into the RED Cohort area of ED; all admissions via ED are screened.</p> <p>Outpatient flow chart in use. Documentation audits are ongoing monthly.</p>	No gaps identified		
<p>1.2</p> <ul style="list-style-type: none"> Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission 	<p>The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place</p> <p>The capacity of the Zones is reviewed 3 times daily at the capacity meetings.</p> <p>The infection prevention team have the daily ward list which documents the location of COVID 19 patients and also have a contact list to track patient contacts.</p>	No gaps identified	Infection control attend the capacity meetings	
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
1.3				

<ul style="list-style-type: none"> Compliance with the national guidance around discharge or transfer of COVID-19 positive patients 	<p>Patients who are to be discharged to another care facility (Nursing/Care/LD Home) are screened for COVID 19 as per national guidance. Policy completed to be added to the hub.</p> <p>COVID results are provided to other care providers on transfer with discharge information.</p> <p>COVID status will be added as a separate item on the discharge and transfer information.</p> <p>Where tests are processed in house DMBC PH are informed of any COVID cases in care/nursing homes to enable follow up of patients. Completed.</p> <p>01/12/20 –meeting held for Sunrise prompt care/nursing home patients to be tested for COVID before discharge. Prompt now available on sunrise to trigger screening prior to discharge.</p>	<p>This process is awaiting audit, as some gaps have been identified by stakeholders, where by patients have been discharged to a home without being tested.</p>	<p>Where a patient has been missed the ward is contacted to make them aware. Discharge check lists to be updated.</p>	
<p>1.4</p> <ul style="list-style-type: none"> Patients and staff are protected with PPE, as per the PHE national guidance 	<p>PHE guidance in relation to PPE has changed during the COVID pandemic. Staff are updated promptly when new guidance is released via the daily communications. Staff have access to PPE as per PHE guidance. PPE Marshalls are in place, there are posters stating PPE requirements in each of the zones. Executive oversight of PPE stocks.</p> <p>Patients are offered surgical mask upon entry to the hospital. In-Patients are to be offered face masks if they are placed in waiting area, or bay with other patients.</p> <p>All patients are encouraged to wear surgical masks at all times except overnight.</p>	<p>No gaps identified</p>		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
1.5 <ul style="list-style-type: none"> National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way 	<p>The Incident Room, established in response to the pandemic receives all internal and external information in relation to COVID and then forward this, on a daily basis, to all relevant departments. The IPCT review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefing.</p> <p>Daily situation report to PHE/NHSI/E.</p> <p>Latest updated PHE/NHS IPC guidance is going through Trust processes currently.</p>	No gaps identified		
1.6 <ul style="list-style-type: none"> Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted 	<p>COVID 19 taskforce meeting that reports directly to the Executive Board.</p>	No gaps identified	Latest updated PHE/NHS IPC guidance is going through Trust processes currently.	
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
1.7				

<ul style="list-style-type: none"> Risks are reflected in risk registers and the Board Assurance Framework where appropriate 	<p>COVID Operational risks are contained within the corporate and divisional risk registers. The infection prevention framework document will be presented to Board for suggestion of inclusion on the corporate risk register.</p> <p>Risk registers reviewed to ensure all COVID related risks are documented and reported.</p>			
<p>1.8</p> <ul style="list-style-type: none"> Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens 	<p>Admission assessments include an infection control section which asks if patients have an infection. There are policies and procedures in place to identify alert organisms in admitted patients. These are audited and presented to the Infection Prevention and Control Group for reporting up through the organisation.</p> <p>Surveillance of alert organisms is completed by the IPCT utilising ICNet surveillance system and the national MESS database.</p> <p>Any positive results are reported via sunrise system to inform clinical teams.</p> <p>The PAS is updated with significant infection risks as per policy.</p> <p>Sepsis screens are completed via sunrise.</p> <p>IPC admission risk assessment discussed at November IPC Committee. Feedback requested.</p>	<p>Gaps Identified</p> <p>The infection control risk assessment in the admission documentation is limited.</p> <p>ICNet system issues – COVID results not always transferred</p>	<p>Live link to sunrise system in place, for COVID-19 results</p> <p>Checklist has been completed, discussed at IPC Committee agreed to delay the launch until the new year.</p> <p>IPCT representation on EPR meetings to move forward with implementation of IPC Risk assessment.</p>	

2 Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and processes are in place to ensure:</p> <p>2.1</p> <ul style="list-style-type: none"> Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas 	<p>Staff caring for COVID patients, are supported by Matrons, Consultants and IPCT. The medical rotas were adjusted to ensure that those with respiratory experience were assigned to the high COVID areas.</p> <p>IPCT have provided training for Donning and Doffing of PPE, the team commenced in March-but did not capture training attendance until April.</p> <p>Face fit testing undertaken locally and by the clinical skills team.</p>	<p>Gaps Identified</p> <p>Lack of accurate data to demonstrate compliance</p> <p>Robust process required for managing yearly face fit testing requirements.</p>	<p>Now donning and doffing training completed by the IPCT is documented, going forward this will be included in mandatory training</p> <p>Database for fit testing now in use and compliance is being monitored</p>	
<p>2.2</p> <ul style="list-style-type: none"> Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas. 	<p>Cleaning contractor has ensured that 310 facilities staff were face fit tested and trained regarding PPE requirements.</p> <p>Additional training has been offered to cleaning contract staff to ensure they are aware of appropriate cleaning techniques for working in COVID cohort areas. An external cleaning training provider has completed a programme of education.</p> <p>Facilities team report yearly training in line with the trust.</p>	<p>No Gaps identified</p>	<p>IPCT hold regular meetings to ensure facilities resources are focused in risk areas</p>	

<p>2.3</p> <ul style="list-style-type: none"> Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance 	<p>Terminal cleans completed when a COVID patient vacates a bed space or area</p> <p>The Trust HPV team where possible have completed room disinfections following the standard terminal cleans within isolation rooms, ward bays.</p>	<p>No Gaps identified</p>		
<p>2.4</p> <p>Increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local</p>	<p>COVID additional cleaning documents and cleaning policy remain in place.</p> <p>The Trust facilities team and infection prevention team have reviewed cleaning requirements through the pandemic, assessing cleaning standards through the audit programme and by gaining feedback from clinical teams. Cleaning audits were recommenced end of April.</p> <p>Audits against cleaning standards reviewed at the IPC Committee.</p> <p>The trust utilises Clinell wipes for decontamination of medical devices and surfaces-Gamma state the wipe are against enveloped viruses and that 60 seconds contact time is required.</p> <p>Touch point cleaning continues; this is reviewed 2 weekly by IPC and facilities team. Dedicated staff have been resourced</p> <p>As the COVID cases within the hospital have continued to rise the trusts facilities manager has ensured cleaning resources</p>	<p>No Gaps identified</p>		

<p>infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance: 'frequently touched' surfaces, e.g. door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids electronic equipment, e.g. mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily rooms/areas where PPE is removed must be decontaminated, timed</p>	<p>are increased in high risk areas.</p>			
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to coincide with periods immediately after PPE removal by groups of staff (at least twice daily.)				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
2.5 <ul style="list-style-type: none"> Linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken 	<p>COVID positive linen is managed in line with Elis policy (placed into alginate bag and the white bag) which is compliant with PHE guidance-which is available on the Trust.</p> <p>Standard precaution policy has been updated to include the colour code</p>	<p>Noted that the Trust does not have a linen policy, a section on linen is included in the standard precaution policy this is currently being updated to include the contractors colour coding which is currently in place across the clinical areas</p>	<p>Information regarding the correct bagging is held on the Hub and the practice is monitored via annual audit process and Quality Rounds</p>	
2.6 <ul style="list-style-type: none"> Single use items are used where possible and according to Single Use Policy 	<p>As far as possible single use items have been used, as documented in the Decontamination and decontamination of medical devices policy available on the HUB.</p> <p>There is an audit programme in place via the ward audits which look at single use items and appropriate decontamination.</p> <p>IPCT annual audits were recommenced in June</p>	<p>Due to COVID crisis frequency of audits has been reduced.</p>	<p>IPC Annual audits have now commenced and Quality Rounds</p>	
2.7 <ul style="list-style-type: none"> Reusable equipment is appropriately decontaminated in line 	<p>Reusable non-invasive medical devices are decontaminated using disinfectant wipes or Chlorine releasing agent in line with Trust policy and/or manufactures instructions.</p> <p>Decontamination and decontamination of medical devices</p>	<p>Gaps Identified</p> <p>Evidence of application of</p>	<p>Ensure audits continue as planned via the annual audit</p>	

with local and PHE and other national policy	<p>policy available on the HUB.</p> <p>Pseudomonas serious incident ongoing. Reported to risk and assurance.</p> <p>Reports from Medical engineering team that wards are not using correct processes, escalation in place to report noncompliance to improve current practice</p>	policy required	<p>programme.</p> <p>Quality Rounds commenced</p>	
<p>2.8</p> <ul style="list-style-type: none"> Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission 	<p>The Estates department as part of the hot weather plans have been installing where possible portable air conditioning units and have reviewed ventilation at the Trust.</p> <p>The estates team hold details regarding air changes according to site plans</p>	No Gap Identified	Installation of air conditioning units	
3 Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and process are in place to ensure:</p> <p>3.1</p> <ul style="list-style-type: none"> Arrangements around antimicrobial stewardship are maintained Mandatory reporting requirements are adhered to and boards continue to maintain 	<ul style="list-style-type: none"> Antimicrobial Pharmacy referrals in place. AMS ward rounds (Antimicrobial Pharmacist led) AMS annual report provided. AMS update is regularly provided to Medicines management Group and Drugs and therapeutics Group. Consultant Microbiologists available via switch board 24/7 for consultation. Antimicrobial prescribing Snap shot audits. 	<ul style="list-style-type: none"> Antimicrobial stewardship group meetings. Micro/Antimicrobial Pharmacist ward rounds not happening as often as before Pandemic due to isolations and remote working. Rigorous 	<p>Virtual Antimicrobial stewardship group meetings during pandemic (via email/teams).</p> <p>All clinical Pharmacists actively referring patients to antimicrobial</p>	

oversight	<ul style="list-style-type: none"> Procalcitonin testing introduced as part of covid screening to reduce inappropriate prescribing of antimicrobials. 	monitoring not possible currently.	<p>Pharmacist for stewardship queries. Band 7 antimicrobial Pharmacist post recruited. Snap shot antimicrobial prescribing audits. Infection control Nurses to support AMS activity.</p> <p>EPMA now in place to allow ongoing monitoring of prescriptions</p>	
4 Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
4.1 Systems and processes are in place to ensure: <ul style="list-style-type: none"> Implementation of 	The trust currently has restricted visiting in place due to social distancing and government essential travel restrictions. Visitors are to wear PPE when visiting. This has been	No gaps identified		

<p>national guidance on visiting patients in a care setting</p>	<p>communicated by, nursing staff to patients and visitors, via social media, switch board and posters as pictured around the hospital.</p> <p>Visiting Policy to be updated to reflect current visiting advice. Information regarding visiting during the COVID crisis is provided via automated message on calling direct to Trust switchboard.</p>			
<p>4.2</p> <ul style="list-style-type: none"> • Areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access 	<p>Signage is placed on entrances to wards and other clinical settings stating restricted access. In addition have zoning SOP, zoning notices and poster with PPE requirements for the area.</p>	<p>No gaps identified</p>		
<p>4.3</p> <ul style="list-style-type: none"> • Information and guidance on COVID-19 is available on all Trust websites with easy read versions 	<p>COVID information is available on the Trust Intranet and External website in line with national communications materials available</p>	<p>Gaps Identified</p> <p>Easy read versions are not available on external website. Multilingual versions also not readily available.</p>	<p>COVID information is currently produced by DH and has been directed through this route. The Trusts website does have a clear</p>	

			information button which reads information to users and enlarges font and gives an explanation of words used amongst other accessibility tools.	
4.4 Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	<p>There is a patient transfer checklist which asks-infection type if the patient requires barrier nursing or side room and requests current observations.</p> <p>As previously documented there is a discharge and transfer checklist (which will be updated to specifically include COVID) and COVID status is included in all discharge documentation to all other healthcare providers.</p> <p>COVID test results for intra trust transfers are documented on Sunrise</p>	<p>Gaps Identified</p> <p>Assurance required regarding evidence of completion</p>	<p>To be reviewed as part of the monthly documentation on audit.</p> <p>Audit results due December 2020.</p>	
5 Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
Systems and processes are in place to ensure:	Please refer to section 1.	No Gaps Identified		

<p>5.1</p> <ul style="list-style-type: none"> • Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection 	<p>There is the zoning document for in-patient admissions which covers patient placement.</p> <p>ED have a flow chart describing the designated 'red area' which is separate to the rest of ED with dedicated staff for suspected COVID patients.</p>			
<p>5.2</p> <ul style="list-style-type: none"> • Patients with suspected COVID-19 are tested promptly 	<p>As per national guidelines testing for acute admissions is completed on admission to ED (detail included in both zoning SOP and patient flow policies). A process for screening of elective cases is in place and delivered via a drive through system.</p> <p>Testing is completed on admission via ED, elective cases before admission via drive through system.</p> <p>Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required. Patients' observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system; the results are reported via this system also.</p>	<p>No gaps identified</p>		
<p>5.3</p> <ul style="list-style-type: none"> • Patients that test negative but display or go on to develop symptoms of COVID- 	<p>As described in the zoning SOP and draft COVID policy. Symptomatic patients are treated in side rooms where possible. Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and</p>	<p>No gaps identified</p>		

<p>19 are segregated, tested and instigation of contract tracing as soon as possible</p>	<p>are rescreened if required. Patients observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system, the results are reported via this system also. New cases which occur within the hospital setting 2> days after admission are contact traced by the ICT. A list of contacts is kept by IPCT to monitor the for their location and symptoms, contacts are then tested on day 5 after contact.</p> <p>Test and trace flow chart in place, which describes the contact tracing risk assessments.</p>			
<p>5.4</p> <ul style="list-style-type: none"> Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately 	<p>Where possible out patients appointments are conducted virtually or by telephone. Some clinics are appointments, before patients attend they are asked if they have symptoms, if patients has symptoms and they have to attend they are asked to wear a surgical mask and decontaminate hands and would be placed last on the list.</p> <p>Phlebotomy clinics have commenced at the main hospital patients have to book appointments and social distancing is in place.</p> <p>Currently all patients attending the OPD are screened via symptom enquiry and temperature check if necessary, asked to decontaminate hands and wear a face mask.</p> <p>The majority of OPD appointments are being conducted virtually or by telephone.</p> <p>OPD flow chart for COVID screening in place.</p>	<p>No gaps identified</p>		
<p>6 Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their</p>				

responsibilities in the process of preventing and controlling infection				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and processes are in place to ensure:</p> <p>6.1</p> <ul style="list-style-type: none"> All staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe 	<p>IPC mandatory training via e learning has continued, face to face training was suspended during March but now back in place with social distancing, this has reduced face to face capacity.</p> <p>COVID briefing sessions in Lecture theatre were held.</p> <p>Face Fit testing</p> <p>Training PPE donning and doffing</p> <p>HUB information with links to PHE guidance and videos</p> <p>The core IPC mandatory training has been updated to include specific COVID training.</p> <p>Trust reviewing the updated PHE/NHS IPC Guidance for implementation at the Trust.</p> <p>Trust compliance for IPC training effective from 13.11.2020 is 86.7%</p>	<p>General face to face IPC training was suspended; therefore training compliance has reduced. Prompts sent by divisional leads to remind staff to complete training.</p>	<p>IPC Mandatory training is now in place.</p> <p>Face fit testing database now in place</p>	
<p>6.2</p> <ul style="list-style-type: none"> All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it 	<p>At the height of the pandemic PPE marshals were trained by IPCL Nurse to enable them to complete checks and assist staff.</p> <p>IPCT, Matrons have provided training to clinical areas posters are displayed at ward entrances stating what PPE is required and within the donning and doffing areas posters are displayed with pictures of how to don and doff. PHE videos are also available.</p> <p>Half face respirators have been purchased and distributed by the trust.</p>	<p>No gaps in assurance.</p>	<p>Communications via huddles and email to all to remind staff of PPE requirements</p>	

	Two staff fully trained as super fit testers. Ability to train the trainers.			
6.3 <ul style="list-style-type: none"> A record of staff training is maintained 	IPC Mandatory training records are held centrally in ESR. Fit test records are held by staff and divisional managers.	The central database for face fit testing does not hold all details of staff face fit tested	Live data base in place for face fit testing. Face fit testing, Donning and Doffing included in priority 1 training requirement	
6.4 <ul style="list-style-type: none"> Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed 	<p>Stocks are monitored by the procurement team and perceived deficits are reported to the executives so mitigation actions can be instigated promptly.</p> <p>If required in acute shortages the PHE guidance for reuse off PPE could be implemented.</p>	No gaps identified		
6.5				

<ul style="list-style-type: none"> Any incidents relating to the re-use of PPE are monitored and appropriate action taken 	<p>Datix system analysed for any reports of PPE being reused- none identified.</p>	<p>No Gaps identified</p>	<p>Staff reminded to report re-use of PPE via datix. Procurement team monitor stock levels</p>	
<p>6.6</p> <ul style="list-style-type: none"> Adherence to PHE national guidance on the use of PPE is regularly audited 	<p>There is no formal COVID PPE audit.</p> <p>PPE Marshalls in place, matron, lead nurse and IPCT checks completed</p> <p>Clinical team complete stock checks.</p> <p>Developing a specific audit for PPE use.</p> <p>PPE use is included as part of the routine ward audit.</p> <p>Datix reports of failure to follow PPE advice are reviewed.</p>	<p>Gap identified</p>	<p>COVID PPE audit, audit tool in draft</p> <p>Quality Rounds Commenced</p>	
<p>6.7</p> <ul style="list-style-type: none"> Staff regularly undertake hand hygiene and observe standard infection control precautions Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash 	<p>The hand hygiene saving lives audits have continued and 100% compliance has been reported across services (that returned an audit) in Q4 and Q1. This level of compliance requires an independent review the IPCT are planning to launch IPC quality rounds to support clinical staff with auditing.</p> <p>Hand Hygiene training is covered within mandatory training.</p> <p>Hand dryers are not located within clinical areas, paper towels in dispenser are provided in line with national guidance along with instructions of how to perform hand hygiene- including drying.</p>	<p>Gap Identified: Independent review of hand hygiene required</p>	<p>IPC Annual audit programme has now commenced</p>	

contamination, as per national guidance				
<ul style="list-style-type: none"> Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas 				
6.8 <ul style="list-style-type: none"> Staff understand the requirements for uniform laundering where this is not provided for on site 	Uniform policy in place, reminders sent out in communications via COVID update email Limited changing room facilities availability across the trust.	No gaps identified		
6.9 <ul style="list-style-type: none"> All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms 	Staff Huddles competed, information shared via intranet, email and posters. Sickness is reported and monitored via a dedicated line, staff are screened if they or a family members have symptoms, staff are aware of isolation procedures in line with PHE guidance. Staff Temperature Checking in progress Test and trace flow chart in place and communications distributed regarding self-isolation	No gaps identified		
7 Provide or secure adequate isolation facilities				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G

<p>Systems and processes are in place to ensure:</p> <p>7.1</p> <ul style="list-style-type: none"> Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate 	<p>The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place.</p> <p>The capacity of the Zones is reviewed 3 times daily at the capacity meetings</p> <p>The infection prevention team have the daily ward list which documents the location of COVID patients and patients with resistant/alert organisms.</p> <p>Zoning SOP available on the HUB.</p>	<p>No gaps identified</p>		
<p>7.2</p> <ul style="list-style-type: none"> Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance 	<p>Cohorting of (positive/negative and patients awaiting results) patients into bays, patients have to be spaced with curtains drawn in between patients, no fans and doors closed. Zoning SOP is in place.</p> <p>The hospital has limited space to have separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems.</p>	<p>Gap identified, mitigated for this trust</p>	<p>Hospital environment limited</p> <p>Areas segregated and social distancing in place</p> <p>Zoning SOP in place</p> <p>Policy is in draft</p>	
<p>7.3</p> <ul style="list-style-type: none"> Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 	<p>IPCT complete surveillance of alert organisms using ICNet, IPCT document on ICNet actions taken and advice given and if necessary document in patients notes regarding precautions required isolation. IPCT policies in place: isolation, MRSA, CPE, C.diff</p>	<p>No gaps identified</p>		

8 Secure adequate access to laboratory support as appropriate				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>There are systems and processes in place to ensure:</p> <p>8.1</p> <ul style="list-style-type: none"> • Testing is undertaken by competent and trained individuals • Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance • screening for other potential infections takes place 	<p>Staff obtaining swab samples are trained to do so. A training package has been devised; staff have the opportunity to shadow and then complete a screen under supervision. Testing of the COVID swabs is undertaken in accredited laboratories.</p> <p>Community staff weekly testing requirement: collaborative approach with CCG and DMBC PH have weekly testing for health care workers who attend care/nursing homes.</p> <p>Prompt now in place on sunrise system to ensure green patients are retested on day 0, day 3 and day 5 as per national guidance</p> <p>Lateral flow testing commenced W/C 23/11/2020. All clinical and non-clinical staff.</p> <p>MRSA screening has continued along with clostridium difficile tests for patients who have diarrhoea.</p> <p>All other screening has continued as pre COVID crisis.</p>	<p>No gaps identified.</p>	<p>Matrons informed during Huddles regarding testing required.</p> <p>Information also available on the hub and communications update.</p>	
09 Have and adhere to policies designed for the individual's care and provider organisations that will help to				

prevent and control infections				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and processes are in place to ensure that:</p> <p>9.1</p> <ul style="list-style-type: none"> Staff are supported in adhering to all IPC policies, including those for other alert organisms 	<p>IPC policy adherence is completed by IPCT visits, training and via Saving Lives audits.</p>	<p>No gaps identified</p>		
<p>9.2</p> <ul style="list-style-type: none"> Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff 	<p>The IPCT receive email alerts from PHE which describe any changes in guidance, the IPCT also review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefings.</p> <p>(See previous information regarding Incident Room cascading all relevant COVID information throughout the Trust)</p>	<p>No gaps identified</p>		
<p>9.3</p> <ul style="list-style-type: none"> All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance 	<p>Waste streams on yellow and blue zones are clinical waste: orange bag. Some reports received of improper disposal Interserve have communicated issues to areas concerned.</p> <p>The national guidance for the disposal of face masks has been updated to stated that face masks which have not been used for clinical tasks can be disposed of in to the domestic waste stream.</p>	<p>No Gaps identified</p>		

	Tiger stripe clinical waste stream has be implemented across the wards-when a case has been identified then orange waste stream is used			
9.4 <ul style="list-style-type: none"> PPE stock is appropriately stored and accessible to staff who require it 	<p>A central store is maintained by procurement, who distribute PPE according to need to ensure adequate stocks, there is out of hours access.</p> <p>On entrance to clinical areas there is available stock of PPE. Staff obtain replacement stock directly from procurement.</p> <p>IPCT sit on PPE Cell meetings with Health and Safety, Procurement and clinical skills.</p> <p>Half face respirators have been purchased and distributed by the trust.</p>	No gaps identified		
10 Have a system in place to manage the occupational health needs and obligations of staff in relation to infection				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Appropriate systems and processes are in place to ensure:</p> <p>10.1</p> <ul style="list-style-type: none"> Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological 	<p>Staff in the following groups have been identified:</p> <ul style="list-style-type: none"> Over 70's Pregnant Staff BAME Staff Staff with underlying conditions <p>Line managers of 'at-risk' groups have been tasked with completing risk assessments to identify risks and consider</p>	No gaps in assurance	Vulnerable staff may not disclose to employer, therefore all staff to have risk assessment completed	

wellbeing is supported	<p>adjustments where appropriate with the support of Staff Health & Wellbeing and HR.</p> <p>Staff members identified as vulnerable are being supported appropriately to ensure both their physical and psychological wellbeing is supported.</p> <p>There has been an active programme of undertaking risk assessments for all staff, this is an on-going process which line managers will review appropriately.</p> <p>The risk assessment process is ongoing and returns continue to be monitored.</p>			
<p>10.2</p> <ul style="list-style-type: none"> Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained 	<p>Health & Safety are keeping and maintaining records of all staff members that have undertaken FFP3 Face Fit Testing.</p> <p>The trust has ordered replacement reusable respirators (half face and hood systems) Medium and large respirators have arrived into the trust and have been distributed. Small half respirators awaiting distribution.</p>	Gaps in assurance identified		

<p>10.3</p> <ul style="list-style-type: none"> Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance 	<p>Zoning SOP sets out that staff should not work across areas where possible, although due to patient safety issues movement of staff may occur.</p> <p>During the height of the pandemic the Trust Interserve partner worked with IPCT to organise 'runners' for clinical areas where COVID patients were cohorted, this was required to reduce footfall. In response to the current fall in cases the resource has been utilised for touch point cleaning within out-patients and main hospital corridors.</p> <p>The hospital has limited space to have totally separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems.</p> <p>As we come out of the pandemic and have fewer cases, nursing staff will be allocated to care for COVID patient per shift.</p> <p>As cases have increased, blue zone capacity within the hospital has been increased, with dedicated nursing teams as far as practicable.</p>	<p>Appropriate workforce numbers to maintain segregation of zones.</p>	<p>Zoning SOP and areas are segregated with one way systems</p>	
<p>10.4</p> <ul style="list-style-type: none"> All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not 	<p>The Trust has provide staff with detailed guidance with regards of social distancing a standard operating procedure is in place, posters and markings on floors, including one way systems in some areas and floor markings within lifts including maximum capacity.</p> <p>Staff are provided with face masks when they enter the</p>	<p>No gaps identified</p>		

<p>wearing a facemask and in non-clinical areas</p> <ul style="list-style-type: none"> Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas 	<p>building and can obtain face masks from their manager.</p> <p>Precautions are in place with regards of staff completing touch point cleaning as described within the social distancing SOPs</p> <p>The Trust has reviewed staff rest area space as they are currently limited within ward areas-breaks are being staggered and the trust is now providing tables with 1 or 2 chairs within the main canteen areas.</p> <p>CCG Quality visit completed 20/08/2020 no issues identified and embedded processes found.</p>			
<p>10.5</p> <ul style="list-style-type: none"> Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing 	<p>All COVID related absence is reported centrally through a COVID Workforce inbox to ensure that all absence is monitored and reviewed on a daily basis.</p> <p>This information feeds directly in Staff Health and Wellbeing on a daily basis, who then contact the staff member or associated member to provide access to staff testing.</p> <p>Line managers are expected to maintain contact and ensure support is in place for all staff self-isolating and the Trust maintains a returner profile, identifying when staff are predicted to return.</p>	No gaps identified		
<p>10.6</p> <ul style="list-style-type: none"> Staff that test positive have adequate information and 	<p>If the staff member has been swab tested by the Trust, negative results are sent via text and positive results are contacted by SHAW.</p>	No gaps identified		

support to aid their recovery and return to work.	<p>If the staff member has received a test for antibodies by the Trust, test results are given via text message-this service has now ceased.</p> <p>Regarding a positive result staff are advised to stay off work for a minimum of 10 days and can return to work after 10 days if they are symptom free for 48 hours, in line with PHE guidance.</p> <p>The Trust have increased the Staff Health and Wellbeing provision, including access to an Occupational Health Physician and 24/7 access to personalised, on-demand advice and support from our team of mental health, financial, and legal experts.</p>			
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Paper for submission to the Board of Directors on 10 December 2020

TITLE:	Exception Report from the Finance and Performance Committee Chair		
AUTHOR:	Jonathan Hodgkin F & P Committee Chair	PRESENTER	Jonathan Hodgkin F & P Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
CORPORATE OBJECTIVE:			
S05 Make the best use of what we have S06 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Summary from the Finance and Performance Committee held on 26 November 2020.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Achievement of Financial Targets
	Other	Y	Details: Value for Money
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE: Finance and Performance 26.11.20

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 26 November 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Restoration and recovery update report not provided this month, although assured verbally that Trust remains on track • Highest agency, bank and WLI spend year to date • Initial base forecast for 2021/22 highlights potential deficit of £9.3m. A CIP of 3.7% will be required to breakeven. However, considerable uncertainty remains around income • No significant improvement in the internal use of resources assessment following the Requires Improvement rating from CQC in February 2019 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Medical Staffing report to provide greater detail on strategy for responding to financial pressure, impact of initiatives and forecast trajectory of spend – from start of 2021/22 • Divisions to work on the narrative and actions to improve use of resources and report back to F&P – March 2021. Latest internal assessment to be re-presented with more granularity and greater clarity around issues and performance – date TBD but before March
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Good RTT performance at 82% – 1st in the country at one point – but likely to drop back slightly • Improvements in cancer (especially reducing numbers waiting >104 days) and diagnostics performance. Currently on track to meet target by Feb/Mar • Trust recorded a surplus of £356k, £406k better than plan • Trust expenditure (along with that of Wolverhampton) benchmarks well compared to Sandwell and Walsall • Positive progress on CSW recruitment reported verbally 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Recommended Trust Green Plan to Board for approval • Approved Terms of Reference for Green Plan Working Group
<p>Chair's comments on the effectiveness of the meeting: Good debate, more strategic in focus</p>	

**Paper for submission to the Board of Directors
on 10th December 2020**

TITLE:	Green Plan 2020-2025		
AUTHOR:	Ian Chadwell Business Development Manager	PRESENTER	Chris Walker Deputy Director of Finance Ian Chadwell Business Development Manager
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	X	X	
RECOMMENDATIONS			
To approve the Green Plan 2020-25.			
To note the reporting arrangements for tracking progress via Finance and Performance Committee twice a year.			
CORPORATE OBJECTIVE:			
<ul style="list-style-type: none"> Strategic Objective 6 – Deliver a Viable Future <ul style="list-style-type: none"> Goal – Further develop our approach to environmental sustainability 			
SUMMARY OF KEY ISSUES:			
<p>The purpose of this report is to present the Trust's Green Plan 2020-25 to the Board of Directors for approval. The NHS Standard contract mandates that all providers are required to have a Board approved Green Plan in place and all organisations are expected to report progress against environmental sustainability in their annual report.</p> <p>The Plan was originally due to be presented in the spring but this did not happen due to COVID. Finance & Performance Committee have received a revised plan incorporating learning from COVID, notably the transformational change in outpatient services and an increase in remote staff working, which is impacting staff travel journeys. Appendix 1 contains the full plan document.</p> <p>Liam Nevin is the executive sponsor for sustainability and Lowell Williams is the non-executive director champion. Joint accountability for coordination and oversight of the environmental sustainability agenda in the Trust has been assigned to the Finance and Strategy and Transformation Departments, currently through Chris Walker and Ian Chadwell.</p> <p>The Plan sets out an ambitious trajectory for improvement and arrangements have been put in place to</p>			

ensure progress is maintained and accountability and responsibility is transparent. There is a risk that progress will be slower than intended given that all the staff involved are doing this alongside other responsibilities. The Trust has initiated discussions across the Sustainability and Transformation Partnership (STP) to map the available resource and expertise that currently exists, identify gaps and collectively seek to fill these by sharing knowledge and expertise and leveraging support from the relevant regional and national agencies.

Given the scale of the agenda, the Trust will need to prioritise those areas where the baseline measurement indicates there is the greatest scope for improvement (initially our corporate approach, sustainable care models, our people and sustainable use of resources) and where action is likely to have the largest impact on emissions. For the first two years of the Plan, the focus will be on energy consumption and the management of waste, including recycling.

The Plan commits the Trust to provide reports to the Board of Directors twice a year via the Finance and Performance Committee, the first of which is due in February 2021.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	Y	Details: Green Plan is a requirement from NHSE/I
	Other	N	Details:
REPORT DESTINATION	Board of directors	Y	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

GREEN PLAN 2020 – 2025

Report to Board of Directors on 10th December 2020

EXECUTIVE SUMMARY

The purpose of this report is to present the Trust's Green Plan 2020-25 to the Board of Directors for approval.

The NHS Standard contract mandates that all providers are required to have a Board approved Green Plan in place and all organisations are expected to report progress against environmental sustainability in their annual report.

Development of the Plan started over a year ago and was due to be presented in the spring but has been delayed due to COVID. Finance & Performance Committee have received a revised plan incorporating learning from COVID, notably the transformational change in outpatient services and an increase in remote staff working, which is impacting staff travel journeys. Appendix 1 contains the full plan document.

Liam Nevin is the executive sponsor for sustainability and Lowell Williams is the non-executive director champion. Joint accountability for coordination and oversight of the environmental sustainability agenda in the Trust has been assigned to the Finance and Strategy and Transformation Departments, currently through Chris Walker and Ian Chadwell.

The Plan sets out an ambitious trajectory for improvement and arrangements have been put in place to ensure progress is maintained and accountability and responsibility is transparent. There is a risk that progress will be slower than intended given that all the staff involved are doing this alongside other responsibilities. The Trust has initiated discussions across the STP to map the available resource and expertise that exists at the moment, identify gaps and collectively seek to fill these by sharing knowledge and expertise and leveraging support from the relevant regional and national agencies.

Given the scale of the agenda, the Trust will need to prioritise those areas where the baseline measurement indicates there is the greatest scope for improvement (initially our corporate approach, sustainable care models, our people and sustainable use of resources) and where action is likely to have the largest impact on emissions. For the first two years of the Plan, the focus will be on energy consumption and the management of waste, including recycling.

BACKGROUND INFORMATION

This Plan is our response to the challenges we face to achieve the reductions in carbon emissions expected across the NHS. The NHS has recently made a commitment to achieve 'Net Zero' by 2040 for emissions it controls directly, and is the first health system in the world to do so. The NHS Sustainable Development Unit has produced a Sustainable Development Assessment Tool (SDAT) which has been used to create and focus this Plan. Our baseline position showed an achievement of 22% in 2019. The actions outlined in this Plan aim to support a year-on-year improvement.

The Green Plan is set out in Appendix 1. The Working Group drew on the work of other Trusts that have been highlighted as examples of good practice by the Sustainable Development Unit at the Department of Health. The Trust is not starting from scratch and the plan sets out the good work that has already been undertaken to date. The Trust has already started to take some steps such as committing to reduce the use of single plastic

items, investing in LED lighting, increased the number of recycling points across the Trust and operating 'virtual' outpatient appointments that avoid the need for patients to travel to hospital.

This Plan outlines the actions to be taken against the areas of focus outlined within the SDAT tool.

Areas of Focus	Actions
Corporate Approach - Sets out the Trust's approach to sustainable development, detailing its aims, ambitions and aspirations and creates clear links with your organisation's vision, values and mission statement and the sustainable development activities to support the delivery of corporate strategy and objectives.	<ul style="list-style-type: none"> A new Working Group will oversee progress and ensure that the Trust Board, our staff and other stakeholders are informed and we are monitoring progress against delivery of the plan over its lifespan.
Capital Projects - Focuses on new build and refurbishment projects and the considerations set out in HTM 07-07 Environment and Sustainability; planning, design, construction and refurbishment.	<ul style="list-style-type: none"> We will ensure that any capital projects such as the redevelopment of the Emergency Department take full consideration of the environmental impact.
Asset Management & Utilities - Addresses the management of organisational assets. This includes large assets; such as buildings and critical operational plant and equipment e.g. boilers or chiller plants, through to smaller assets such as mobile clinical equipment or computers, and mobile assets, such as vehicles or equipment used in the community.	<ul style="list-style-type: none"> We will monitor our use of energy and water and reduce this by avoiding waste and investing in more efficient technologies.
Sustainable use of resources - Looks at our approach to the sustainable use of resources, especially natural resources, such as water, waste, fuel and natural materials.	<ul style="list-style-type: none"> We will implement our pledge to reduce single use plastics, monitor the waste we produce and increase the proportion that is recycled.
Carbon/GHG - Addresses how we will measure the carbon impact of each of our activities and set targets to reduce our emissions. For example, emissions from a Building energy & water use, waste generation and treatment	<ul style="list-style-type: none"> We will report the carbon footprint on a regular basis.
Adaptation - Considers the Trust's approach to climate change adaptation. The section specifically looks at the risks on the register related to clinical needs, types of clinical interventions and the quality and readiness of the estate and infrastructure in responding to severe weather events e.g. heatwaves, cold weather or flooding, and the	<ul style="list-style-type: none"> We will take steps to mitigate against the risk climate change poses to our services.

Areas of Focus	Actions
migration of diseases.	
Green space and biodiversity - Looks at the integration of green space into the clinical and working environments. It includes consideration of elements such as green space either directly on sites or on adjacent sites.	<ul style="list-style-type: none"> We will develop a plan to make the best use of our green space and promote biodiversity.
Sustainable Care Models - Looks at the way clinical services are currently delivered and considers whether they make best use of the trust's resources, finance and infrastructure whilst delivering the best care and outcome for our patients.	<ul style="list-style-type: none"> We will make greater use of technology and the implementation of new care pathways.
Travel and Logistics - Evaluates the impact of staff travel and the logistics associated with our organisation's activity e.g. Non-Emergency Patient Transport, taxi and courier services etc.	<ul style="list-style-type: none"> We will conduct staff travel surveys and devise ways to make it easier for staff, patients and visitors to travel sustainably including enabling staff to work from home where appropriate.
Our People - Our workforce is key to ensuring our organisation is sustainable, and every person within it has a part to play. This section sets out our approach to items such as the elements of responsibility placed on each employee and contractor in regard to sustainability and workforce training programmes for all employees.	<ul style="list-style-type: none"> We will include sustainability within staff induction and provide ways for all our staff to engage with our sustainability agenda.

To achieve this Plan we will need to work closely with our PFI Partners, Interserve and Summit Healthcare, who have been integral partners in the development of this Plan.

The Plan sets out the communication and engagement activities, together with the governance and reporting arrangements. A Green Plan Working Group will submit a report to the Finance & Performance Committee twice a year.

Given the scale of the agenda, the Trust will need to prioritise those areas where the baseline as measured by the Sustainable Development Assessment Tool (SDAT) indicates there is the greatest scope for improvement. These have been identified as our corporate approach, sustainable care models, our people and sustainable use of resources. For the first two years of the Plan, the focus will be on energy consumption and the management of waste, including recycling. This builds on the message already being communicated to staff and the invitation to take 3 simple pledges:

- Recycling – sort it
- Energy – save it
- Plastic – avoid it

A poster to promote this message is being distributed across the Trust (Appendix 2).

The key measures that will be used to measure progress against the Plan are:

- Carbon emissions we control directly (the NHS Carbon Footprint) which cover emissions associated with our estate, anaesthetic gases, waste, metered dose inhalers and business travel. As more measures become available, the Trust will begin to monitor progress against its Carbon Footprint Plus which includes emissions associated with the production of medicines, supply chain, patient and visitor travel and staff commuting.
- Sustainable Development Assessment Tool (SDAT) score based on an annual self-assessment. We have set ourselves an ambition of achieving an overall score of at least 67% within the lifetime of this plan compared to the baseline position of 22%. It is likely that the Tool will evolve as this agenda develops.

The first report is due to be presented in February 2021.

RISKS AND MITIGATIONS

The Plan summarises the key risks to delivery, namely:

Finance

Delivering our commitments will need finance. Due to the structure of the PFI contract, any savings generated by energy reduction are not automatically realised by the Trust.

Not meeting carbon reductions

Due to pressure on services, it may not be possible to reduce carbon emissions in absolute terms.

Non-compliance with legislation

This could lead to damage to reputation.

Reputation

As a large organisation within our community it is important our plan is robust and we report progress in a transparent manner.

Capacity and capability

There are a limited number of staff within the organisation who understand this agenda well and have competing priorities for their time.

To mitigate these risks, the Trust is leading the development of a network of sustainability leads across the STP to map out what expertise and skills already exist, identify gaps and to collectively secure resources from relevant regional and national agencies to support us.

RECOMMENDATIONS

To approve the Green Plan 2020-25.

The Green Plan Working Group will prepare a report twice a year for Finance & Performance Committee for onward reporting to the Trust Board.

Ian Chadwell
Business Development Manager
27th November 2020

APPENDICES:

Appendix 1 – Green Plan 2020 – 25
Appendix 2 – poster promoting 3 simple pledges



Green Plan for The Dudley Group NHS Foundation Trust

“Care better for our environment”

2020-25

Green Plan (formerly known as Sustainable Development Management Plan)

Executive Summary

The Dudley Group NHS Foundation Trust recognises it has a responsibility to find ways to deliver great healthcare that is also environmentally, socially and financially sustainable. This Plan is our response to the challenges we face to reduce carbon emissions. The NHS is committed to achieving net zero carbon emissions in 2040 ahead of the UK Government target.

We recognise that Sustainable Development is a critical factor in enabling us to deliver world class healthcare, both now and in the future. We are therefore dedicated to ensuring we create and embed sustainable models of care throughout our operations and to ensuring our operations, and our estate(s), are as efficient, sustainable and resilient as they possibly can be.

We recognise that our sustainability journey will require the concerted effort of all our staff and we will need to work with stakeholders to achieve our aims.

The NHS Sustainable Development Unit has produced a Sustainable Development Assessment Tool (SDAT) which has been used to create and focus this Plan. Our baseline position shows an achievement of 22% in 2019. The actions outlined in this Plan aim to support a year-on-year improvement. We will prioritise those areas where the baseline indicates there is the greatest scope for improvement (initially our corporate approach, sustainable care models, our people and sustainable use of resources) and where action is likely to have the largest impact on emissions. For the first

two years of the Plan we will focus on energy consumption and the management of waste, including recycling. The Trust will report the carbon emissions it controls directly, the NHS Carbon Footprint.

We have already started to take some steps such as committing to reduce single-use plastic in the Trust, investing in LED lighting, increasing the number of recycling points across the Trust and rapidly increasing 'virtual' outpatient appointments in response to the COVID pandemic. As a result of the pandemic, many more staff are working from home and using video conferencing facilities for meetings.

This Plan outlines the actions we plan to take in the following areas:

Corporate approach: A new Working Group will oversee progress and ensure that the Trust Board, our staff and other stakeholders are informed

Capital projects: we will ensure that any capital projects such as the redevelopment of the Emergency Department take full consideration of the environmental impact

Asset Management and utilities: we will monitor our use of energy and water and reduce this by avoiding waste and investing in more efficient technologies

Sustainable Use of Resources: we will implement our pledge to reduce single use plastics, monitor the waste we produce and increase the proportion that is recycled

Carbon and Greenhouse gases: we will set targets for reducing our carbon footprint and report progress on a regular basis

Climate change adaptation: we will take steps to mitigate against the risk climate change poses to our services

Green space and biodiversity: we will develop a plan to make the best use of our green space and promote biodiversity

Sustainable Care models: greater use of technology and the implementation of new care pathways will reduce the need for travel to hospital

Travel and Logistics: we will conduct staff travel surveys and devise ways to make it easier for staff, patients and visitors to travel sustainably, including enabling staff to work from home where appropriate

Our people: we will include sustainability within staff induction and provide ways for all our staff to engage with our sustainability agenda

To achieve this Plan the Trust will work closely with our PFI Partners, Interserve and Summit Healthcare who have been integral partners in the development of this Plan.

“Join us on our sustainability journey to help us realise our ambitions for our staff and the people of Dudley”

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Foreword

Sustainability is one of the most important challenges facing us all in the 21st century and it is one that unites our staff, our patients and our communities. The Dudley Group NHS Foundation Trust has a responsibility to find ways to deliver great healthcare that is also environmentally, socially and financially sustainable.

We have already started on our journey and continue to make good progress on many things that will contribute significantly to a sustainable footprint

- We have signed the 'NHS Single-Use Plastics Reduction Campaign' pledge. This relates to catering services and our PFI partner, Interserve will cease using plastic cutlery and cups in our catering facilities.
- We have invested in LED lighting in North Block at Russells Halls Hospital and the multi storey car park. This has reduced utility and maintenance costs by £70k per annum.
- Interserve has increased the number of recycling points across the Trust, making it easier for staff and visitors to recycle.
- We no longer use desflurane which has higher carbon emissions than alternative anaesthetic gases.
- We operate a cycle to work scheme, have promoted staff discounts for annual bus passes and have engaged with our partners to identify ways of promoting and encouraging the use of public transport.
- The range of outpatient appointments offered virtually has increased rapidly as result of the COVID pandemic. This avoids the need for patients to travel to hospital.
- More staff have been enabled to work from home through technology and many meetings now use virtual conferencing facilities as a result of the pandemic. This is expected to lead to a large reduction in work-related travel and its associated carbon footprint.

There is still much to do as we are at the start of our journey but sustainability is at the heart of The Dudley Group strategy and we are proud to be able to make a public commitment to do everything we can to contribute to a sustainable future.

Chief Executive

Introduction

The Trust is a significant employer, buyer and provider of services within the region and we recognise that our activities have the potential to have a detrimental effect on the environment. We have a responsibility to our staff, patients and the wider community to act in a responsible manner. This Green Plan provides an opportunity for us to take significant strides towards lessening our impact through:

- ✓ consuming less
- ✓ emitting less from our buildings
- ✓ providing sustainable travel opportunities and greener procurement,

The Government has declared a climate emergency and updated the Climate Change Act, seeking to achieve Net Zero carbon by 2050. In October 2020, the NHS published the path to achieve Net Zero emissions by 2040 for those emissions it controls directly. The NHS is the first health system in the world to make such a commitment, supported by a campaign called 'For a greener NHS'. Achieving this reduction will be even more challenging in the context of growth. This presents a significant challenge to the Trust and will require changes to the way we manage and operate our infrastructure, how we procure goods and services, how we dispose of our waste and how our staff, patients, suppliers and contractors travel to the Trust.

Why do we need this plan?

All NHS organisations are required to have a Board-approved Green Plan that is monitored, evaluated and informed by engagement with staff, service users and the public.

We are legally obliged to address climate change, with a reduction in carbon emissions set out in the UK's Climate Change Act (CCA). This Plan responds to these and other requirements placed on the Trust to manage and reduce our environmental impact.

We have developed our Green Plan to be inclusive and representative whilst responding to a rapidly changing world. Sustainable healthcare will help our budgets stretch further; it contributes towards the green ambitions of Dudley and it will reduce pressure on health services.

“Business-as-usual is simply not an option any longer” We are facing an increasingly complex series of interconnected challenges. Patient numbers will continue to increase and, without a plan, our carbon footprint will not reduce in line

with legal obligations, and we would not hit local and national targets. Collective action delivered by multi-stakeholder partnerships is essential if we are to deliver sustainable healthcare. The COVID pandemic has reinforced this imperative. We know that our model of care needs to change to protect patient safety by minimising the need to come into hospital.

Vision for sustainable health care

We recognise that sustainable development is a critical factor in our organisation being able to deliver world class healthcare, both now and in the future. We are therefore dedicated to ensuring we create and embed sustainable models of care throughout our operations and to ensuring our operations, and our estate(s), are as efficient, sustainable and resilient as they possibly can be.

Developing the Green Plan

The Sustainable Development Assessment Tool (SDAT) determines progress against the implementation and delivery of sustainable development across the health and care system and is aligned to the UN Sustainable Development Goals.



The tool is designed to help the NHS and other healthcare organisations understand their work, measure progress and create the focus for their Green Plans. Each benchmark reports how the Trust is contributing to the 17 UN Sustainable Development Goals.

SDAT consists of ten areas which are assessed against four cross-cutting themes; governance and policy, core responsibilities, procurement and supply chain and working with staff.

During the initial assessment carried out in autumn 2019, The Dudley Group achieved an overall score of 22%, which is our benchmark for improvement. A detailed breakdown can be found in Appendix 1.

The Sustainable Development Assessment Tool (SDAT) will be used to track progress on an annual basis.



Drivers for Change

Sustainable healthcare in the NHS is driven through national and international policy, legislative and mandated requirements and healthcare specific requirements from the Department of Health and NHS England.

The Intergovernmental Panel on Climate Change (IPCC) and the World Health Organisation (WHO) have laid out very clear guidelines to ensure sustainable development is adopted into law, policy and practice. These guidelines set out the need to mitigate and to adapt to the impacts of climate change in order to realise the wider co-benefits for health.

The importance of sustainable development is reflected within national legislative drivers and mandated sustainability reporting within the public sector. This is the case for the NHS through the NHS Long Term Plan and the NHS Standard Contract, and in line with the HM Treasury Sustainability Reporting Framework and the NHS Estates Return Information Collection.

The Carter Report (2016) reinforced the need for action, highlighting the inefficient use of energy and natural resources as a major concern which requires attention. These areas of work are identified within the NHS Sustainability Strategy (2014-2020) and laid out the requirements for all NHS trusts to have a Trust Board approved Sustainable Development Management Plan (SDMP), now known as a Green Plan.

Most recently, the COVID pandemic has demonstrated the way in which our lives are interdependent on others. Our behaviour affects others. The World Wildlife Fund (WWF) has also warned of the increased risk of further pandemics unless action is taken to protect our natural environment. The NHS is committed to achieving net zero carbon emissions ahead of the Government target of 2050 and has recently published the path to achieve this by 2040 for emissions under its direct control and 2045 for those it can influence.

“As a healthcare provider, the Trust is committed to protecting the natural environment for the benefit of human health and to deliver sustainable healthcare”



Progress to date

We have made good progress in a number of areas that will contribute significantly to a sustainable footprint:

Corporate Approach

- The current Trust Strategy agreed by Board of Directors in 2019 committed the Trust to develop our approach to environmental sustainability.
- The new Procurement Strategy clearly sets out the intention to review sustainability, carbon reduction and adaption and waste reduction within relevant procurement projects.

Asset Management and Utilities

- Investment made providing LED lighting in North Block and the multi storey car park at Russells Hall Hospital reducing utility and maintenance costs by £70k per annum.

Sustainable Use of Resources

- The Trust signed the 'Single-Use Plastics Reduction Campaign' pledge. This relates to catering services and our PFI partner, Interserve, will cease using plastic cutlery and cups in our catering facilities by April 2021.
- Interserve has increased the number of recycling points across the Trust.
- Electronic payslips have completely replaced traditional paper payslips for all Trust employees, avoiding the need for 8,000 printed payslips each month.
- We have introduced an electronic expenses system which has further reduced our paper usage.
- There is a homecare service in place whereby all pharmaceuticals for suitable patients are delivered directly from the supplier to their home, rather than to the Trust first, to reduce the supply chain carbon footprint. This scheme has been extended during the COVID pandemic to cover a wider range of patients.
- Trust staff are encouraged to make processes paperless wherever possible. Departments use electronic referrals and staff are encouraged to use online, electronic copies of documents for reference instead of printing hard copies.

Green space and biodiversity

- The Trust maintains a wide variety of gardens across its sites:
 - Russells Hall Hospital:

- a Peace Garden, an “End of Life” garden, external gym space and external seating areas in which to sit, eat and reflect.
- External spaces accessed from the Childrens Assessment Area provides a lawn and planted zone with climbing frames.
- One car parking area is sensitively managed to protect a species of newt by encouraging wild flowers and shrubs.
- Shrubberies and trees are actively managed to ensure that green spaces are accessible.
- There are 755 trees that are managed and maintained across the site including native and ornamental species.
- Corbett Outpatient Centre:
 - Hosts a balcony garden providing rehabilitation activities for patients
 - Sensitively managed lawns and gardens
- Guest Outpatient Centre:
 - Sensitively managed lawns and gardens

Sustainable Care Models

- The Trust has used data showing the trends in the health of the population produced by the Joint Strategic Needs Assessment (JSNA) to inform future plans.
- The Trust provides outpatient clinics from a number of community locations so that services are more accessible to communities providing care closer to home and reducing unnecessary travel to the main hospital site.
- Some trauma patients are reviewed and their future management decided at ‘Virtual Fracture Clinics’ avoiding the need to attend in person.
- The range of outpatient appointments offered virtually, either by video or telephone, has increased rapidly as result of the COVID pandemic.

Travel & Logistics

- We maintain a good relationship with local transport providers who regularly visit the Trust’s sites to provide free information to staff, patients and visitors about transport routes, service times and special offers on fares.



- Before COVID, staff car parking permits were only allocated to members of staff who met specific eligibility criteria. Members of staff living close by to their place of work and could reasonably use public transport are encouraged to do so, and, in most circumstances, would not be given a parking permit.
- The Trust participates in a cycle to work scheme which allows staff to take advantage of salary sacrifice savings on income tax and national insurance against the cost of a new bicycle and associated equipment up to a total cost of £1,000.
- Our PFI partner, Interserve, has 12 vans and a hybrid Toyota Prius for transporting products around Trust sites and to patients. This includes a daily courier service, taking medical gasses to surgeries, delivering drugs out to cancer patients' homes and transporting medical equipment to community centres and GP surgeries.
- As a result of the pandemic, 260 additional laptops have been set up to enable remote working for staff. On a typical weekday, 230 staff are now dialling into the Trust network from home which is an increase of over 200 before the COVID pandemic.
- Many meetings are now using video conferencing facilities. This includes the Trust's Board of Directors, Council of Governors and meetings with colleagues in other NHS organisations across The Black Country. This change is expected to lead to a large reduction in the number of work-related miles travelled.

Our People

- As of June 2019, we became a smoke free site working towards Public Health's objective of having a smoke free generation and improving the health of our community.
- There is vendor for fresh fruit and vegetables outside the main entrance of Russells Hall Hospital to promote healthy eating by staff, patients and visitors.
- Our Staff Health and Wellbeing Department has improved its service and provides more health surveillance activities, extended onsite Gym opening hours, Staff Flu vaccination programme, employee assistance program, free health checks and stop smoking advice. As a result of COVID, additional facilities such as Serenity Rooms and additional counselling have been introduced.



- We have been actively engaged with our PFI Partner, Interserve, so that now only low sugar content food and drinks are available in our onsite outlets and plenty of health eating options are available daily.
- We launched the three R's campaign (Rest, refuel and rehydrate) and regularly remind our staff of the importance of looking after yourself whilst at work so you can look after others.
- We are actively engage with a growing number of local retailers, food outlets etc. who allow our community staff to use their restroom facilities and to encourage them to stay hydrated whilst out and about in the community during their working day.

What we want to achieve - Our Areas of Focus

We have considered each of the ten modules of the Sustainable Development Assessment Tool (SDAT) and set out our overall aims, objectives and how we will measure progress. Our current performance and the staff consultation have informed this section.

“We have set ourselves an ambition of achieving an overall score of at least 67% within the lifetime of this plan compared to the baseline position of 22%.”

This will place us amongst the better performing Trusts in the country, although reliable benchmarking information is not yet available.

We will aim to achieve a minimum of 50% in each module as soon as practicable. This means that during the first two years covered by the Plan we will focus on our Corporate Approach, developing Sustainable Care Models, Our People and improving the Sustainable Use of Resources.

“For the first two years of the Plan we will focus on energy consumption and the management of waste, including recycling”

Corporate Approach

The Trust made a commitment in its current Strategy 2019 - 2021, to develop its approach to environmental sustainability. Underpinned by the values of care, respect and responsibility, the Trust's vision is summarised in the phrase 'care better every day' which has led the Trust to entitle this Plan ***‘Care better for our environment’***.

The Trust's recently agreed Procurement Policy makes a number of commitments to sustainability including the provision for the review of sustainability, carbon reduction, adaption and waste reduction within relevant procurement projects. Where possible to procure food from local suppliers and identify opportunities to support the local economy through the increased use of 'Encouraged Enterprises'.

Aim: To ensure that sustainability is embedded within organisational strategy and processes and that we deliver, monitor and report on progress supported by a nominated Board level sustainability lead.

Realising Environmental Gain

- Identify a Board member to provide strategic leadership for our sustainability agenda
- Identify an operational and social value lead
- Create a 'greenteam' of staff and volunteers who will act as advocates in their work areas
- Launch this Plan to engage with our staff, patients and the communities we serve
- Provide training and support for our 'greenteam'
- Maintain an ambitious and up-to-date plan and report performance bi-annually to staff, senior management and to the Board of Directors
- Establish a sustainability awareness training programme for staff, members of the greenteam, Board members and governors
- Enable staff, patients, and visitors to provide regular feedback and suggestions to improve sustainability performance

Enhancing health and wellbeing

- Ensure our buildings and estate has a greater focus on improving the environmental determinates of health, such as food, active travel, green space, air quality and biodiversity

Being future ready

- Ensure all new Business Cases contain a Sustainability Impact Assessment

Delivering social value

- Contribute to, and deliver against, key local environmental strategies working closely with Local Government and voluntary partners
- Learn from best practice and share progress within our Sustainability and Transformation Partnership (The Black Country and West Birmingham STP) and the wider healthcare sector and beyond

Measuring Progress

- Set annual targets for the life of this Plan in line with the SDAT baseline
- Carry out annual sustainability surveys to measure staff awareness levels
- Produce the sustainability section in the Trust Annual Report
- Review the guidance on developing policies and procedures to assess if sustainability considerations are fully included

Capital Projects

The majority of buildings at the Russells Hall Hospital, Corbett Outpatient Centre and Guest Outpatient Centre are owned by Summit Healthcare (Dudley) Limited. The Trust provides its clinical services at these sites via a Private Finance Initiative (PFI) Contract which was signed in 2001 and runs until 2041 after which the buildings will revert to Trust ownership. All building lifecycle and maintenance is the responsibility of Summit Healthcare (Dudley) Limited. Any enhancements or additions to the buildings is carried out by Summit Healthcare (Dudley) Limited through a variation to the PFI contract based on the Trust's request for changes to the building as a result of clinical need.

There is an Estates Strategy in place that has been developed to provide an integrated approach to the Trust's estate, relative to proposed service models, aligned to both national and local plans including the Black Country Sustainability & Transformation Partnership (STP) Plan. It supports the Trust's ambition to provide a range of high-quality, ever-improving services in a dynamic and stimulating environment which attracts the best staff. The Estates Strategy is also aligned to the Black Country STP's Estates Strategy. The Black Country STP's Estates Strategy provides a stronger foundation upon which to continue the development of a five year STP Estates Strategy and management framework to support and enable delivery of individual organisation, STP and the wider NHS and Government key priorities. It has been rated as 'strong' by NHS Improvement and continues to be developed through the close partnership working of the NHS organisations within the STP.

The Trust has a number of future capital developments most notably the redevelopment of our Emergency Department. The Trust has successfully bid for £16.975m of STP capital funds that will see the current Emergency Department developed into a modern state of the art department. This is expected to be completed by 2022/23.

The use of our estate has been impacted by the COVID pandemic. In order to maintain social distancing guidelines and to protect patients and their carers from unnecessary risk of infection, the Trust is reconsidering how our estate is being used. To support these changes the Trust has been successful in obtaining £15m of investment that will be used to construct a modular building which will provide additional space for beds to manage peaks in demand, especially during winter. This facility will free up 70 beds within the main Russells Hall Hospital site and ensure the Trust is able to operate in line with social distancing measures.

Aim: The Trust is committed to ensuring that it will continue to use internal building space as efficiently as possible to reduce any unnecessary footprint within our estate and provide the most cost effective service we can.

Realising Environmental Gain <ul style="list-style-type: none"> • Ensure that any new building developments will come with Building Research Establishment Environmental Assessment Method (BREEAM) healthcare ratings • Include BREEAM in the design of the new Emergency Department (ED) redevelopment and modular build • Ensure commitment to sustainability is a key criterion in selecting our construction partner for the ED redevelopment and modular build
Enhancing health and wellbeing <ul style="list-style-type: none"> • Undertake a review of our owned and leasehold buildings for energy improvements. e.g. LED lighting installed in estate • Work with Summit Healthcare (Dudley) Limited and our partners in the STP to ensure both the local and STP estates strategies provide maximum positive impact for the local health systems
Being future ready <ul style="list-style-type: none"> • Ensure all future capital developments are built with energy efficiency and suitable adaptation capacity to ensure they will help the Trust to reduce its CO2 emission over the next century
Delivering social value <ul style="list-style-type: none"> • Ensure that social value outcomes (e.g. engagement of local small businesses, local labour, certified considerate construction, and local skills development) are inherent in the construction of the ED redevelopment
Measuring Progress <ul style="list-style-type: none"> • BREEAM score or WELL Building Standard • Energy and Water consumption

Asset Management & Utilities

Utilities represent a substantial cost and environmental impact to the organisation. It is essential that the Trust accurately measures and reduces consumption to ensure the best value for money and minimise environmental impact. Embedding more efficient practices and improving staff awareness will help to improve utility efficiency across everyday activities and as part of longer-term plans.

Aim - To embed energy and water efficient approaches throughout our estate and services and deliver year on year reduction in consumption

Realising Environmental Gain

- Monitor utility consumption across our estate and continue to develop targeted energy and water efficiency schemes to manage and drive down use
- Inform and educate staff, patients and visitors about how their actions affect energy and water consumption
- Agree a site wide metering strategy to identify key areas of waste

Enhancing health and wellbeing

- Educate staff about how to improve home energy efficiency
- Develop a staff engagement programme regarding energy and sustainability
- Embed the 'Green team' to become local sustainability advocates
- Communicate local successes across the Trust

Being future ready

- Investigate options for on-site energy generation capacity from renewable resources
- Upgrade the lighting to LED fittings in North Block and the multi-storey car park
- Implement metering strategy
- A new larger Combined Heating and Power (CHP) system will replace the existing CHP system in 2020 in order to achieve greater fuel efficiencies plus increased electricity generation

Delivering social value

- Regularly assess space utilisation across our estate to ensure we maximise the value of our estate
- Seek funding to undertake energy efficiency projects such as the replacement Combined Heat and Power and LED light to the PFI areas of the

<ul style="list-style-type: none"> building • Convert all oil points to gas outputs, which will reduce oil consumption but have an impact on gas usage.
Measuring Progress <ul style="list-style-type: none"> • Annual Estates Return Information Collection (ERIC) Returns • Utilities consumption and cost, broken down by individual buildings where data is available • Percentage of energy from renewable sources

Sustainable Use of Resources

The Trust generates large volumes of waste and has legal responsibilities to make sure that it is properly segregated, handled and disposed of correctly. We work closely with our PFI partners who have responsibility under the PFI contract to purchase utility resources and manage their effective use and also to dispose of waste.

Procurement constitutes the largest proportion of our carbon footprint and we are committed to reducing unnecessary use of resources across all of our activities. It is recognised that the Trust's purchasing decisions have a large impact on our local communities and within our region, and we aim for our procurement activity to have a positive impact on local social, economic and environmental wellbeing.

Aim: We are committed to working with our key partners and contractors to reduce the environmental impact of the goods and services we use.

The Trust has a collaborative arrangement for procurement with Sandwell & West Birmingham Trust. This involves implementing a new inventory management system to optimise efficiency. This has yielded efficiency savings and reduced the carbon footprint as only one transaction and delivery method is required. The Trust is committed to complying with relevant legislation whilst focussing on reducing the demand for goods and services by minimising waste and also focussing on the reuse and recycling of existing goods and medical equipment.

Realising Environmental Gain <ul style="list-style-type: none"> • Implement the reduction of single use plastics campaign pledge <ul style="list-style-type: none"> ○ By April 2020, no longer purchase single-use plastic stirrers and straws, except where a person has a specific need, in line with the Government consultation

<ul style="list-style-type: none"> ○ We will only purchase wooden stirrers. Our suppliers (Starbucks /Bidfood) are working towards only having paper straws available to purchase ○ By April 2021, no longer purchase single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics <ul style="list-style-type: none"> • Segregate more waste streams at source to improve recycling rates and upgrade recycling facilities at all sites • Work with suppliers to lower the carbon impact of all aspects of procurement
Enhancing health and wellbeing <ul style="list-style-type: none"> • Set targets for healthy and sustainable food choices in the organisation • Better educate staff around being more eco-friendly
Being future ready <ul style="list-style-type: none"> • Identify projects to improve water efficiency • Organise a campaign to reduce the quantity of paper printed • Review procurement strategy in relation to carbon goals
Measuring Progress <ul style="list-style-type: none"> • Waste streams and volumes • Compliance with the Single Use Plastics campaign pledge

Carbon/Greenhouse Gases

All Trust activity generates a carbon footprint. By measuring and monitoring emissions, we can focus on reducing this. Setting targets, making use of new technologies and engaging staff, suppliers and contractors with our Green Plan will help to reduce our carbon footprint.

The Trust will investigate ways to minimise carbon emissions associated with anaesthetic gases and pharmaceuticals. For example: the most carbon-emitting gas, desflurane, is no longer used within the Trust. We will monitor gas use as part of the regular reporting to Trust Board. We will work with system partners to limit the use of metered dose inhalers wherever clinically appropriate to do so.

Aim: To measure our carbon emissions, identify hotspots and take targeted action to reduce this year-on-year

Realising Environmental Gain <ul style="list-style-type: none"> • Establish an accurate Trust-wide carbon footprint • Invest in low carbon & renewable technologies through own funding, grant funding and third party finance • Seek funding to undertake energy efficiency projects such as the replacement Combined Heat and Power and LED light to the PFI areas of the building • Review procurement strategy in relation to carbon goals • Monitor the use of anaesthetic gases and explore lower carbon alternatives where appropriate
Enhancing health and wellbeing <ul style="list-style-type: none"> • Work with stakeholders to quantify and reduce carbon emissions associated with patient travel and the supply chain • Work with system partners to monitor the use of metered dose inhalers and explore alternatives where appropriate
Being future ready <ul style="list-style-type: none"> • Contribute to local sustainability initiatives within Dudley, the Black Country and the wider region
Delivering social value <ul style="list-style-type: none"> • Calculate and report carbon emissions from different activities • Engage with suppliers on sustainability and carbon reduction
Measuring Progress <ul style="list-style-type: none"> • Carbon footprint as measured in our reports • Anaesthetic gas use

Climate Change Adaption

Climate change is one of the biggest public health threats and challenges that we face. Extreme weather conditions, such as flooding and heat waves, are increasing in severity and frequency and are now a visible reality.

Aim: To ensure that our whole organisation is prepared to deal with the effects of climate change, particularly extreme weather events, and continue to invest in adaptation and mitigation measures.

Building preparedness and resilience now to the predicted health impacts of climate change will save costs in the short and long term, protect lives and deliver better health outcomes. Adaptation planning is an opportunity to ensure a cohesive approach to current and future planning. The process of developing these plans should integrate with the development and refinement of emergency preparedness and business continuity plans.

Realising Environmental Gain

- Identify an adaptation lead
- Include impact of climate change on Trust risk register
- Review heatwave and cold weather operational plans

Enhancing health and wellbeing

- Maximise the quality of our green space to help mitigate the effects of climate change

Being future ready

- Work with stakeholders to align our approach with local and national initiatives

Delivering social value

- Ensure that our emergency plans consider that vulnerable communities are supported during extreme weather events

Measuring Progress

- BREEAM/WELL Building Standard
- Monitor the number of incidents relating to adverse weather

Green Space and Biodiversity

Nurturing and improving green space has benefits for mental and physical wellbeing. It also leads to improved air quality, noise reduction, supports biodiversity and helps combat climate change. By collaborating with partners and local communities we will implement a clear strategy that helps us contribute to local biodiversity and make the best use of available green space. Our sites are actively managed and developed having a focus on sustainability.

Aim: To maximise the quality and benefits from our green spaces and reduce biodiversity loss by protecting and enhancing natural assets.

Realising Environmental Gain <ul style="list-style-type: none"> In conjunction with PFI partners, develop a biodiversity and green space plan
Enhancing health and wellbeing <ul style="list-style-type: none"> Provide opportunities for staff to get involved in Trust-wide initiatives such as gardening schemes and beekeeping
Being future ready <ul style="list-style-type: none"> Investigate the potential to repurpose any unused areas such as roofspace and walls to improve green space and create wildflower areas
Delivering social value <ul style="list-style-type: none"> Work with staff and local community organisations to provide quality accessible green spaces and encourage their use
Measuring Progress <ul style="list-style-type: none"> Production of a biodiversity and green space plan

Sustainable Care Models

Being sustainable will support the Trust to meet the challenges faced by the NHS both locally and nationally. For example, there are an increasing number of older people with multiple health problems, the cost of new medical technology is rising and people have increased expectations with regard to clinical outcomes and user experience.



The NHS Long Term Plan (2019) sets out an ambitious target to re-design the way in which outpatient services are delivered. The target is that by 2023/24, up to 30% of face-to-face attendances can be avoided by redesigning pathways and deploying digital technology. Before the COVID pandemic, The Dudley Group was seeing approximately 500,000 outpatient attendances per year. As a result of the pandemic, there has been a rapid shift to the use of video and telephone consultations and we expect that these changes will become permanent. Since the COVID pandemic, an average of almost 18,000 outpatient appointments per month have been delivered virtually. We expect to achieve a reduction in face-to-face attendances by 60% through a combination of referral assessment, virtual appointments and Patient Initiated Follow-up. This will have a significant impact on the number of miles and carbon emissions associated with travel to and from our hospitals.

The Trust intends to introduce a systematic approach to modelling Demand & Capacity for its services. This will identify services where there is insufficient resource to meet current and predicted demand and drive the innovation needed to deliver services in a different way, either by greater use of technology or utilising different kinds of staff.

The Dudley CCG and the Dudley Council are commissioning a new model of care designed to keep people healthier for longer and providing more services at home or closer to home. This is known as an Integrated Care Provider (ICP) and will bring together primary care, community services and mental health services into a single NHS organisation. The success of the model will be measured on the decrease in fewer people needing to visit hospital for treatment and more outpatient services that have traditionally been delivered in hospital will be delivered in alternative locations such as local health centres. The timetable for implementing the Integrated Care Provider (ICP) was originally intended to be during 2020/21 but this has been delayed due to the COVID pandemic. However, service models are expected to change during the lifetime of this Plan.

Aim: To deliver the best quality of care while being mindful of its social, environmental and financial impact and take a whole systems approach to the way it is delivered.

Realising Environmental Gain

- Implement Demand & Capacity models
- Implement virtual desk top reviews for outpatients and virtual clinics
- Identification of services requiring a partnership approach across trusts required for sustainability
- Deploy a unified quality improvement approach, the Dudley Improvement Practice, to designated care pathways

Enhancing health and wellbeing <ul style="list-style-type: none"> • Develop proposals to redesign the support given to patients who attend with alcohol-related problems
Being future ready <ul style="list-style-type: none"> • Work with the ICP to develop care pathways that reduce the need for patients to attend hospital • Plan for the provision of some outpatient services in the proposed primary care hubs being planned by Dudley CCG
Delivering social value <ul style="list-style-type: none"> • Work with the ICP to strengthen 'Ageing Well' multi-disciplinary teams providing support for the elderly population including care homes
Measuring Progress <ul style="list-style-type: none"> • Level of outpatient activity delivered through 'virtual' clinics • Emergency hospital admissions

Travel and Logistics

The transport of goods, services, staff, patients and visitors has a significant impact on local air quality, congestion and health.

Delivering a robust Travel Plan and supporting staff, patients and visitors to use more active and sustainable travel methods will reduce the impact of these activities, leading to cost savings and health benefits. The Trust is committed to improving local air quality and improving the health of our community by promoting active travel to our staff, patients and the public who use our services.

As a result of the pandemic, more staff have been enabled to work from home through technology and many meetings have used virtual conferencing facilities as a result of the pandemic. This is expected to lead to a large reduction in work-related travel and its associated carbon footprint. On a typical day, 230 Trust staff dial-in remotely, the vast majority of these would previously have driven to and from work.

Aim: To encourage sustainable and active travel wherever possible and reduce the carbon and air quality impacts of our organisation and supply chain

Realising Environmental Gain <ul style="list-style-type: none"> • Identify a sustainability travel lead • Conduct regular staff travel surveys • Enforce our existing car parking policy • Optimise the number of staff working from home wherever appropriate • Utilise technology such as webinars, audio or visual conferencing to minimise offsite travel
Enhancing health and wellbeing <ul style="list-style-type: none"> • Promote use of alternative transport (walking, cycling and public transport) to all staff • Include information about alternative transport as part of induction for new staff when they are recruited • Promote the car sharing scheme
Being future ready <ul style="list-style-type: none"> • Introduce electric vehicle charging points as part of the expansion of car parking facilities
Delivering social value <ul style="list-style-type: none"> • Promote active travel (walking, cycling and public transport) for patients and visitors wherever possible • Work with partners to improve travel infrastructure to our sites
Measuring Progress <ul style="list-style-type: none"> • Staff travel survey • Air quality on site • Business and fleet mileage • Uptake of environmentally-focussed staff benefits (cycle scheme, discounted travel pass etc.)

Our People

Making sure that staff are engaged with the sustainability agenda is essential for the delivery of sustainable healthcare – creating the culture of sustainability. Every single member of staff has a role to play in delivering this strategy. Engaging staff to adopt sustainable practices will enable them to take ownership within their own areas of influence. Sustainability principles do not just apply at work; they apply at home, across our supply chain and beyond.



Following the COVID pandemic, the Trust has received some very generous donations from local businesses and organisations to promote the health and well-being of staff. These donations will be used to enhance the facilities for staff and this will include encouragement to use the green spaces of our estate for rest and relaxation.

Aim: To support staff to improve sustainability at work and home and empower them to make sustainable choices in their everyday lives

Realising Environmental Gain
<ul style="list-style-type: none">• Raise awareness of sustainability during new staff induction• Provide opportunities for staff to contribute by becoming part of the 'greenteam' within their own working area• Identify an HR lead for sustainability and collaborate to include sustainability in job descriptions and appraisals
Enhancing health and wellbeing
<ul style="list-style-type: none">• Work with staff to align our approach to sustainability with other trust initiatives• Provide opportunities for staff to boost their own health and well-being through work-based activities• Encourage staff to use local green spaces such as local nature reserve
Being future ready
<ul style="list-style-type: none">• Find ways to compare the sustainable behaviours of different wards and departments and reward staff for participation e.g. most energy efficient, highest proportion of waste recycled etc.
Delivering social value
<ul style="list-style-type: none">• Include sustainability information within development and training programmes offered by the Trust e.g. Managers Essentials and Developing Leaders
Measuring Progress
<ul style="list-style-type: none">• Number and uptake of environmentally-focussed staff benefits (cycle scheme, discounted travel pass etc.)• Staff participation in sustainability programmes

Communication

To help drive change across the whole organisation, we will take a considered, structured and engaging approach to sustainability communications. By communicating what we are doing both within and outside of the organisation we can engage staff, highlight key priorities and position ourselves as an exemplar organisation for sustainable healthcare.

There is 'no one size fits all' approach to communicating sustainability, and we have a large, geographically spread and diverse body of staff to engage. Our approach involves maintaining high quality and regular communications across a variety of channels, and to continually review and learn from what we do. We will maintain a communications plan for all of the requirements that fall under this plan.

A presence on the Hub (internal intranet) has already been established and this will be developed to provide a single source of information about sustainability activities.

We will:

- Create branding to support and embed the identity of the Green Plan and its aims
- Create a page about sustainability on the public facing website to communicate what we are doing
- Promote activities through different social media
- Encourage participation through the creation of a 'greenteam'
- Provide a bi-annual update for Chief Executive's Team brief
- Provide an update in the externally facing Your Trust newsletter
- Provide a summary of the report that goes to Trust Board to all staff via the Hub/social media
- Use the annual NHS Sustainability Day as a focus for celebrating our success and promoting further action across the Trust
- Ask our staff to sign up to regular pledges – ideas include encouraging staff to turn off lights, reduce printing and increasing recycling for example
- Have "did you know" and "myth busters" of common practices we all take for granted published on the Hub and through social media

Governance



The Dudley Group NHS Foundation Trust (DGFT) has an obligation to report on sustainable development in line with national reporting requirements. This requires Trusts to report on progress against sustainable development in a Trust Board approved Green Plan. A report on progress of the Green Plan will be reported to the Trust's Board of Directors twice a year.

The NHS Standard Contract requires the Trust to take all reasonable steps to minimise adverse impacts on the environment. The contract specifies that The Dudley Group NHS Foundation Trust must demonstrate progress on climate change adaptation, mitigation and sustainable development and must provide a summary of that progress in the annual report.

In addition to the Standard Contract requirements, NHS Trusts have an obligation to complete the HM Treasury sustainability reporting template on behalf of NHS England and Public Health England.

The Department of Health requires Trusts to report ERIC (Estates Return Information Collection) data. ERIC data comprises essential statistics on waste, energy and water from Estates and Facilities. DGFT will manage and develop its approach to sustainability through the following structured approach:

Green Plan Working Group

The Trust's Green Plan Working Group will meet on a quarterly basis and will oversee the implementation of the Green Plan. It will:

- Drive forward the sustainable development agenda at the Trust by setting objectives, reviewing and monitoring progress of actions as identified.
- The Working Group to consist of representatives from key corporate functions (Strategy, Finance, Workforce, Communications) and our PFI partners (Summit Healthcare and Interserve)
- Reporting as set out below to include progress against aims, to flag areas for assurance, concern and escalation.
- Assign leads to support the delivery of the actions as set out in appendix 2
- Co-ordinate publicity and promote a calendar of events throughout the year
- Support the work of the 'greenteam'
- Encourage collaborative working with external partners to bring external benefits to the trust and support the local community



Reporting

We will measure the progress of this plan using both quantitative and qualitative methods. The Trust will report the carbon emissions it controls directly, the NHS Carbon Footprint. This covers emissions associated with our estate, anaesthetic gases, waste, metered dose inhalers and business travel. A summary of the type of indicators that will be used to create this is shown in Appendix 3.

As more measures become available, the Trust will begin to monitor progress against its Carbon Footprint Plus which includes emissions associated with the production of medicines, supply chain, patient and visitor travel and staff commuting.

The main way in which we will measure qualitative progress is by carrying out an annual assessment using the Sustainable Development Assessment Tool (SDAT). This online self-assessment tool is designed to help organisations understand their sustainable development work, measure progress and help make plans for the future. It is likely that the tool will evolve as this agenda develops.

The Trust will use external performance benchmarking to improve sustainability. Whilst this is at an early stage of development, the availability and scope of this benchmarking is expected to increase. Some measures relating to sustainability are already available on Model Hospital.

To meet our obligations, we have established a clear process as outlined below.

Annual

- ERIC (Estates Return Information Collection)
- Complete SDAT
- Included report within the Sustainability section of the Trust's Annual Report

Bi-annual

- Progress report to Finance & Performance Committee and Trust Board

Quarterly

- Progress report to the Green Plan Working Group

Risk

Identifying potential risks relating to delivery of this strategy and working to reduce their likelihood and severity is an essential requirement to effectively deliver our sustainability agenda. Where we identify significant risks, these will be logged and monitored through our internal risk and governance system. During the development of the Green Plan, the following risks associated with the delivery of the plan have been identified:

Finance

To deliver the commitments in this plan we will need finance, particularly access to capital funding to adapt our buildings and change the means of producing energy. Due to the structure of the PFI contract, any savings generated by reduction in energy usage etc. are not automatically realised by the Trust. This will be mitigated by engaging senior support and working with our PFI partners.

Not meeting carbon reductions

Due the pressure on Trust services and the increases in activity we are seeing in some areas, it may not be possible to reduce carbon emissions in absolute terms. Because of this we will always measure normalised emissions (per patient contact, bed day, m²) as well as absolute consumption.

Non-compliance with legislation

There is a risk that we will not always comply with legislation and could be faced with damage to our reputation. We will mitigate this through systems, training and auditing of activities against the relevant requirements.

Reputation

Our reputation for sustainability is paramount to our performance. As a large organisation within our community it is important that we have a robust plan and reporting structure that demonstrates our commitment.

List of References used to produce this Green Plan document

- NHS Improvement. <https://improvement.nhs.uk/resources/how-to-produce-a-green-plan/>
- United Nations. Sustainable Development Goals <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>
- NHS England and NHS Improvement. Delivering a Net Zero National Health Service. 2020
- Dudley Group of Hospitals NHS Trust and Summit Healthcare (Dudley) Ltd. Travel Plan. July 2007
- The Dudley Group NHS Foundation Trust. Procurement Policy. November 2019
- The Dudley Group NHS Foundation Trust. Car Parking Policy v4.0. May 2019
- The Dudley Group NHS Foundation Trust. Waste Management Policy v4. October 2017
- North Bristol NHS Trust. Sustainable Development Management Plan 2019-20
- Manchester University NHS Foundation Trust. The Masterplan: Making Sense of Sustainable Healthcare 2018 - 2023
- World Wildlife Fund (WWF). COVID19: Urgent Call to Protect People and Nature. 2020

Appendix 1 – Result of using Sustainable Development Assessment Tool (SDAT) to establish baseline (October 2019)

Module	No of criteria	Yes	In progress	No	N/A	Percentage achievement
Corporate Approach	53	4	1	48		8%
Asset Management & Utilities	23	9	3	11		39%
Travel & Logistics	32	9	11	10	2	30%
Adaptation	26	5		21		19%
Capital Projects	21	10	6	3	2	53%
Green space and biodiversity	23	8	5	8	2	38%
Sustainable Care Models	26	5	3	18		19%
Our People	31	4	12	15		13%
Sustainable use of resources	24	4	1	19		17%
Carbon/Green House Gases	37	6	4	27		16%
Total	296	64	46	180	6	22%

Appendix 2 - Action Plan Summary

Corporate Approach

Aim: To ensure that sustainability is embedded within organisational strategy and processes and that we deliver, monitor and report on progress supported by a nominated Board level sustainability lead.

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Realising Environmental Gain						
Identify an operational and social value lead	x					Strategy Development Lead (post vacant)
Create a 'greenteam' of staff and volunteers	x					Strategy Development (post vacant)
Launch this Plan to engage with our staff, patients and the communities we serve	x					Strategy Development Lead (post vacant)
Provide training and support for our greenteam	x					Sustainable Development Unit (NHSE)
Maintain an ambitious and up to date plan and report performance bi-annually to staff, senior management and to the Board	x	x	x	x	x	Strategy Development Lead (post vacant)
Establish a sustainability awareness training programme for staff, members of the greenteam, Board members and governors	x	x	x	x	x	Ian Chadwell
Enable staff, patients, and visitors to provide regular feedback and suggestions to improve sustainability performance	x	x	x	x	x	Ian Chadwell
Enhancing health and wellbeing						
Ensure our Estate has a greater focus on improving	x	x	x	x	x	Andy Rigby

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
the environmental determinates of health, such as food, active travel, green space, air quality and biodiversity						
Being future ready						
Ensure all new Business Cases contain a Sustainability Impact Assessment	x					Richard Price
Delivering social value						
Contribute to and deliver against key local environmental strategies working closely with Local Government and voluntary partners	x	x	x	x	x	Ian Chadwell
Learn from best practice and share progress within our STP and the wider healthcare sector and beyond	x	x	x	x	x	Ian Chadwell

Capital Projects

Aim: The Trust is committed to ensuring that it will continue to use internal building space as efficiently as possible to reduce any unnecessary footprint within our estate and provide the most cost effective service we can.

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Realising Environmental Gain						
Ensure that any new building developments will come with BREEAM healthcare ratings	x	x	x	x	x	Summit Healthcare
Include BREEAM in the design of the new Emergency Department (ED) redevelopment and modular build	x	x				Summit Healthcare
Ensure commitment to sustainability is a key criterion in selecting our construction partner for the ED redevelopment and modular build	x	x				Summit Healthcare
Enhancing health and wellbeing						
Undertake a review of our owned and leasehold buildings for energy improvements. e.g. LED lighting	x					Chris Walker

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
installed in estate						
Work with Summit Healthcare (Dudley) Limited and our partners in the STP to ensure both the local and STP estates strategies provide maximum positive impact for the local health systems	x	x	x	x	x	Chris Walker
Being future ready						
Ensure all future capital developments are built with energy efficiency and suitable adaptation capacity to ensure they will help the trust to reduce its CO2 emission over the next century	x					Summit Healthcare
Delivering social value						
Ensure that social value outcomes (e.g. engagement of local small businesses, local labour, certified considerate construction, and local skills development) are inherent in the construction of the ED redevelopment	x					Summit Healthcare

Asset Management & Utilities

Aim - To embed energy and water efficient approaches throughout our Estate and services and deliver year on year reduction in consumption

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Realising Environmental Gain						
Monitor utility consumption across our estate and continue to develop targeted energy and water efficiency schemes to manage and drive down use	x	x	x	x	x	Andrew Rigby
Inform and educate staff, patients and visitors about how their actions affect energy and water consumption	x	x	x	x	x	Andrew Rigby / Liz Abbiss

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Agree a site wide metering strategy to identify key areas of waste		x				Summit Healthcare
Enhancing health and wellbeing						
Educate staff about how to improve home energy efficiency		x				Andrew Rigby / Liz Abbiss
Develop a staff engagement programme regarding energy and sustainability	x	x	x	x	x	Ian Chadwell / Liz Abbiss
Embed the greenteam to become local sustainability advocates	x	x	x	x	x	Strategy Development Lead (post vacant)
Communicate local successes across the Trust	x	x	x	x	x	Liz Abbiss
Being future ready						
Investigate options for on-site energy generation capacity from renewable resources			x			Summit Healthcare
Implement metering strategy			x			Summit Healthcare
Replace the existing CHP system in order to achieve greater fuel efficiencies plus increased electricity generation		x				Summit Healthcare
Delivering social value						
Regularly assesses space utilisation across our estate to ensure we maximise the value of our estate	x	x	x	x	x	Karen Kelly
Seek funding to undertake energy efficiency projects such as the replacement Combined Heat and Power and LED light to the PFI areas of the building	x	x	x	x	x	Chris Walker
Convert all oil points to gas outputs, which will reduce oil consumption but have an impact on gas usage		x	x	x		Summit Healthcare

Sustainable Use of Resources

Aim: We are committed to working with our key partners and contractors to reduce the environmental impact of the goods and services we use.

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Realising Environmental Gain						
No longer purchase single-use plastic stirrers and straws, except where a person has a specific need	x					Interserve
No longer purchase single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics		x				Interserve
Segregate more waste streams at source to improve recycling rates and upgrade recycling facilities at all sites	x	x	x	x	x	Interserve
Work with suppliers to lower the carbon impact of all aspects of procurement	x	x	x	x	x	Paul Mellor
Enhancing health and wellbeing						
Set targets for healthy and sustainable food choices in the organisation		x	x	x	x	Interserve
Better educate staff around being more eco-friendly		x	x	x	x	Ian Chadwell / Liz Abbiss
Being future ready						
Identify projects to improve water efficiency		x	x	x	x	Summit Healthcare
Organise a campaign to reduce the quantity of paper printed	x	x	x	x	x	Ian Chadwell
Review procurement strategy in relation to carbon goals	x	x				Paul Mellor

Carbon/Green House Gases

Aim: To measure our carbon emissions, identify hotspots and take targeted action to reduce this year-on-year.

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible
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						officer
Realising Environmental Gain						
Establish an accurate Trust-wide carbon footprint	x	x	x	x	x	Ian Chadwell
Invest in low carbon & renewable technologies through own funding, grant funding and third party finance	x	x	x	x	x	Summit Healthcare
Review business case for and strategy for low carbon technologies through own funding, grant funding and third party finance		x	x	x	x	Chris Walker
Review procurement strategy in relation to carbon goals	x	x	x	x		Paul Mellor
Monitor the use of anaesthetic gases and explore lower carbon alternatives where appropriate	x	x	x	x	x	Andrea Gait/Lesley Leddington
Enhancing health and wellbeing						
Work with stakeholders to quantify and reduce carbon emissions associated with patient travel and the supply chain	x	x	x	x	x	Ian Chadwell / Paul Mellor
Work with system partners to monitor the use of metered dose inhalers and explore alternatives where appropriate	x	x	x	x	x	Danielle Stacey
Being future ready						
Contribute to local sustainability initiatives within Dudley, the Black Country and the wider region	x	x	x	x	x	Strategy Development Lead (post vacant)
Delivering social value						
Calculate and report carbon emissions from different activities	x	x	x	x	x	Andrew Rigby / Ian Chadwell
Engage with suppliers on sustainability and carbon reduction	x	x	x	x	x	Paul Mellor

Climate Change Adaption

Aim: To ensure that our whole organisation is prepared to deal with the effects of climate change, particularly extreme weather events, and continue to invest in adaptation and mitigation measures.

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Realising Environmental Gain						
Identify an adaptation lead	x					Qadar Zada
Include impact of climate change on trust risk register	x	x	x	x	x	Ian Chadwell
Review heatwave and cold weather operational plans	x					Chris Leach
Enhancing health and wellbeing						
Maximise the quality of our green space to help mitigate the effects of climate change	x	x	x	x	x	Summit Healthcare
Being future ready						
Work with stakeholders to align our approach with local and national initiatives	x	x	x	x	x	Qadar Zada
Delivering social value						
Ensure that our emergency plans consider that vulnerable communities are supported during extreme weather events	x	x	x	x	x	Qadar Zada

Greenspace and Biodiversity

Aim: To maximise the quality and benefits from our green spaces and reduce biodiversity loss by protecting and enhancing natural assets.

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Realising Environmental Gain						
In conjunction with PFI partners, develop a biodiversity and green space plan		x				Chris Walker
Enhancing health and wellbeing						
Provide opportunities for staff to get involved in Trust-wide initiatives such as gardening schemes and beekeeping			x	x	x	Summit Healthcare/Ian Chadwell
Being future ready						
Investigate the potential to repurpose any unused areas			x	x	x	Chris Walker

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
such as roofspace and walls to improve green space and create wildflower areas						
Delivering social value						
Work with staff and local community organisations to provide quality accessible green spaces and encourage their use			x	x	x	HR team / Helen Board

Sustainable Care Models

Aim: To deliver the best quality of care while being mindful of its social, environmental and financial impact and take a whole systems approach to the way it is delivered.

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Realising Environmental Gain						
Implement demand & capacity models	x	x	x	x	x	Darren Smith Rita Rai
Implement virtual desk top reviews for outpatients and virtual clinics	x	x	x	x	x	Simon Illingworth
Identification of services requiring a partnership approach across Trusts required for sustainability	x	x	x	x	x	Katherine Sheerin
Deploy a unified quality improvement approach, the Dudley Improvement Practice, to designated care pathways	x	x				Peter Lowe
Enhancing health and wellbeing						
Develop proposals to redesign the support given to patients who attend with alcohol-related problems	x					Dr De Silva / Lucy Ford
Being future ready						
Work with the ICP to develop care pathways that reduce the need for patients to attend hospital	x	x				Julian Hobbs
Plan for the provision of some outpatient services in the	x					Karen Kelly

proposed primary care hubs being planned by Dudley CCG						
Delivering social value						
Work with the ICP to strengthen 'Ageing Well' multi-disciplinary teams			x	x	x	Karen Kelly

Travel and Logistics

Aim: To encourage sustainable and active travel wherever possible and reduce the carbon and air quality impacts of our organisation and supply chain

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Realising Environmental Gain						
Identify a sustainability travel lead	x					Ian Chadwell
Conduct regular staff travel surveys	x		x		x	Ian Chadwell
Enforce our existing car parking policy	x	x	x	x	x	Andrew Rigby
Optimise the number of staff working from home wherever possible	x	x	x	x	x	Adam Thomas
Utilise technology such as webinars, audio or visual conferencing to minimise offsite travel	x	x	x	x	x	Adam Thomas
Enhancing health and wellbeing						
Promote use of alternative transport (walking, cycling, bus) to all staff	x	x	x	x	x	Ian Chadwell
Include information about alternative transport as part of induction for new staff when they are recruited	x	x	x	x	x	Andrea Lester/Bernadette O'Neil
Promote the car sharing scheme	x	x	x	x	x	Bernadette O'Neil
Being future ready						
Introduce electric vehicle charging points as part of the expansion of car parking facilities	x					Summit Healthcare
Delivering social value						
Promote active travel for patients and visitors wherever	x	x	x	x	x	Ian Chadwell

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
possible						
Work with partners to improve travel infrastructure to our sites	x	x	x	x	x	Ian Chadwell

Our People

Aim: To support staff to improve sustainability at work and home and empower them to make sustainable choices in their everyday lives.

Action	2020/21	2021/22	2022/23	2023/24	2024/25	Responsible officer
Realising Environmental Gain						
Raise awareness of sustainability during new staff induction	x	x	x	x	x	Bernadette O'Neil
Provide opportunities for staff to contribute by becoming part of the 'greenteam' within their own working area	x	x	x	x	x	Ian Chadwell
Identify an HR lead for sustainability and collaborate to include sustainability in job descriptions and appraisals	x					James Fleet
Enhancing health and wellbeing						
Work with staff to align our approach to sustainability with other Trust initiatives	x	x	x	x	x	Strategy Development Lead (post vacant)
Provide opportunities for staff to boost their own health and well-being through work-based activities		x	x	x	x	James Fleet
Encourage staff to use local green spaces such as local nature reserve	x	x	x	x	x	Ian Chadwell
Being future ready						
Find ways to compare the sustainable behaviours of different wards and departments and reward staff for participation e.g. most energy efficient, highest	x	x	x	x	x	James Fleet / Ian Chadwell



proportion of waste recycled etc.						
Delivering social value						
Include sustainability information within development and training programmes offered by the Trust e.g. Managers Essentials and Developing Leaders	x	x	x	x	x	Rachel Andrew

Appendix 3 – Sustainable Development Indicators

The table below summarises key indicators showing the trend over recent years. These indicators will be tracked to monitor progress against delivery of the aims stated in the Plan and will form a dashboard to be included in reports to the Board of Directors.

Theme	Indicator	Metric	2015/16	2016/17	2017/18	2018/19	2019/20
Energy	Gas use	(kWh)	57,832,838	56,752,548	56,531,558	53,936,600	55,932,336
	Electricity	(kWh)	15,486,757	15,173,866	17,330,736	17,685,357	18,775,984
	Oil	(kWh)	2,245,255	2,365,459	2,539,766	2,927,001	2,871,005
Water	Water use	(m ³)	202,574	204,878	206,546	190,011	198,229
Waste	Recycling	Tonnes	n/a	241.38	233.68	317	409.83
	Land fill	Tonnes	n/a	532.95	779.8	233.29	491.78
	Incineration	Tonnes	n/a	n/a	n/a	69	207.9
Travel	Business travel and fleet	Miles	881,361	937,625	989,500	1,039,313	991,378

Take the 3 simple pledges and help our Trust be more sustainable



Recycling – sort it!

Put the right stuff
in the right bin



Energy – save it!

Turn off your lights,
fans and computers



Plastic – avoid it!

Reduce your use of
disposable cutlery and cups

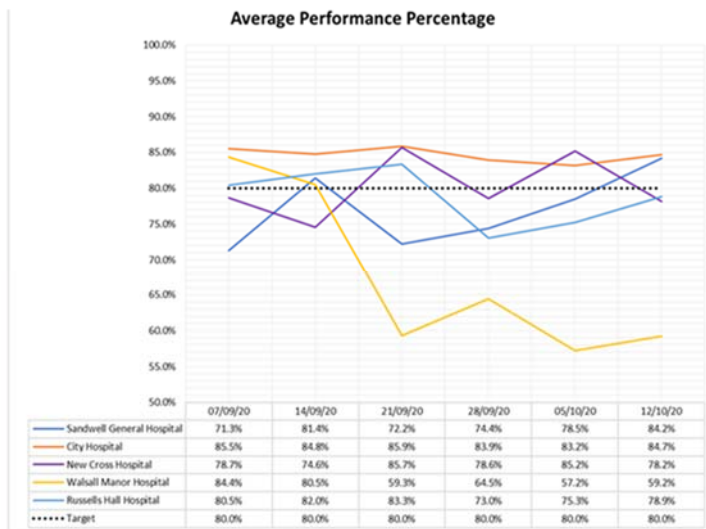
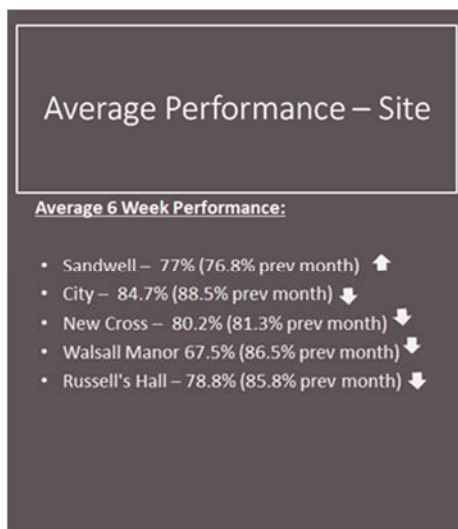


Check out the Hub for more on our green campaign

Paper for submission to the Trust Board – 10th December 2020

TITLE:	Integrated Performance Report for Month 7 (October 2020)		
AUTHOR:	Karen Kelly Chief Operating Officer	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
N	N	Y	N
RECOMMENDATIONS:			
To note and discuss the current performance against KPIs.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
Performance EAS <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 >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"> 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. 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 & wards. 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. 			

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:
- 3rd 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 4th out of the 15 in terms of performance against 4 hour target for all types.
 - The Trust is 71st 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. 40th 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 3rd 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

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

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



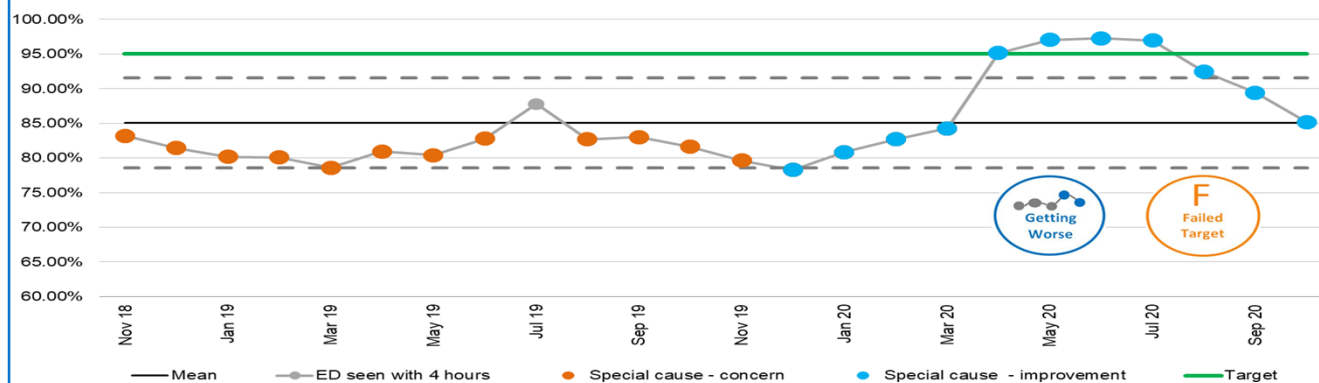
Constitutional Performance

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

12th

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

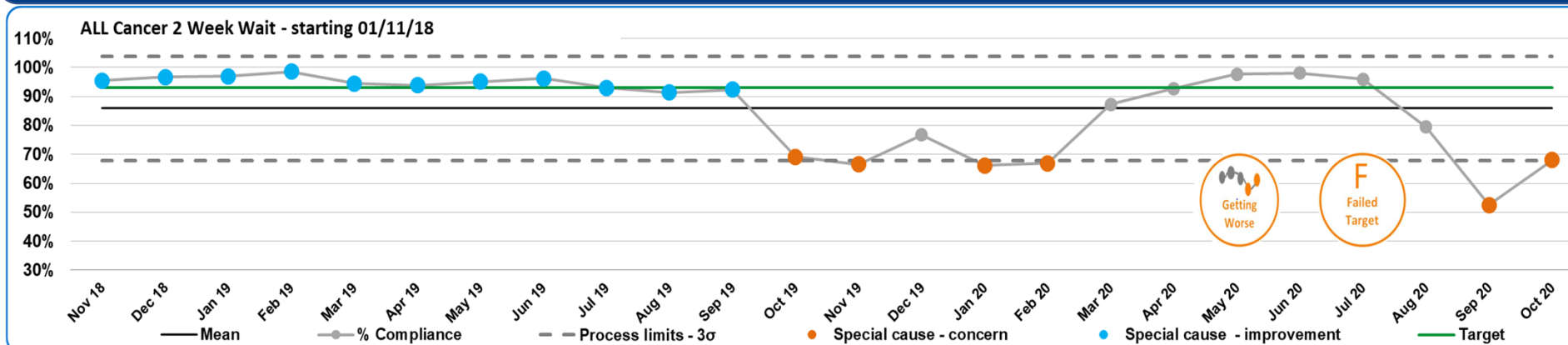
Performance

- 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 3rd Of 5 trusts and Nationally being 4th 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 71st in the Country for type 1 attendances (75.4%) and 40th 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 3rd 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"/ 15th Oct 2020

Cancer Performance – 2 Week Wait



68.0%

All cancer 2 week waits – target 93%

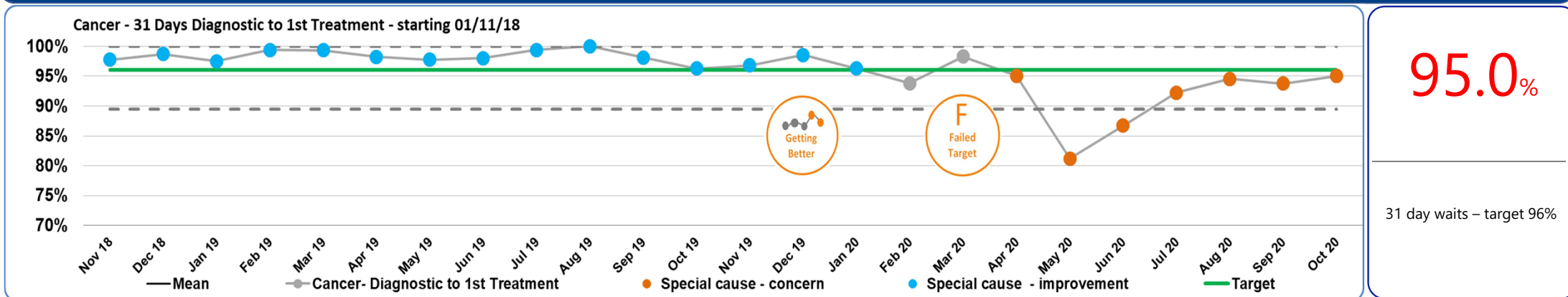
Performance

- 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



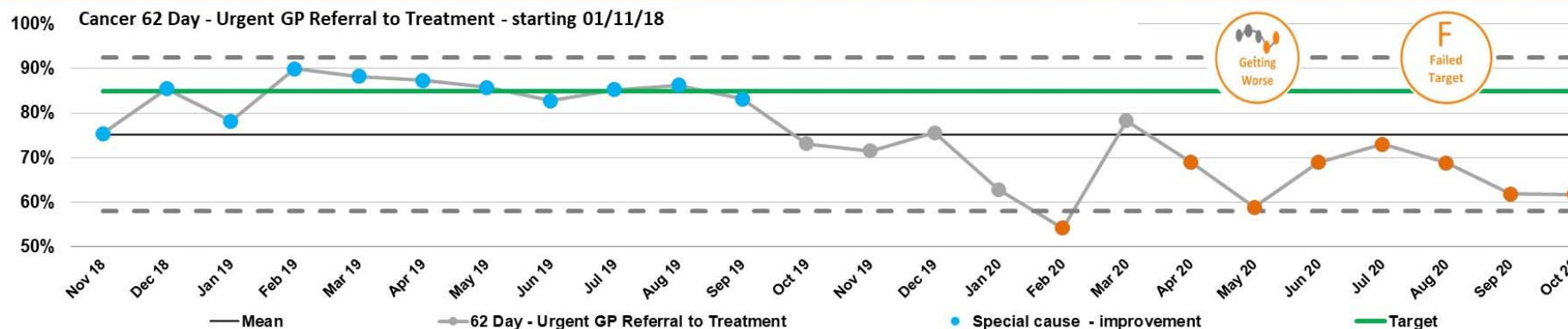
Performance

- 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%

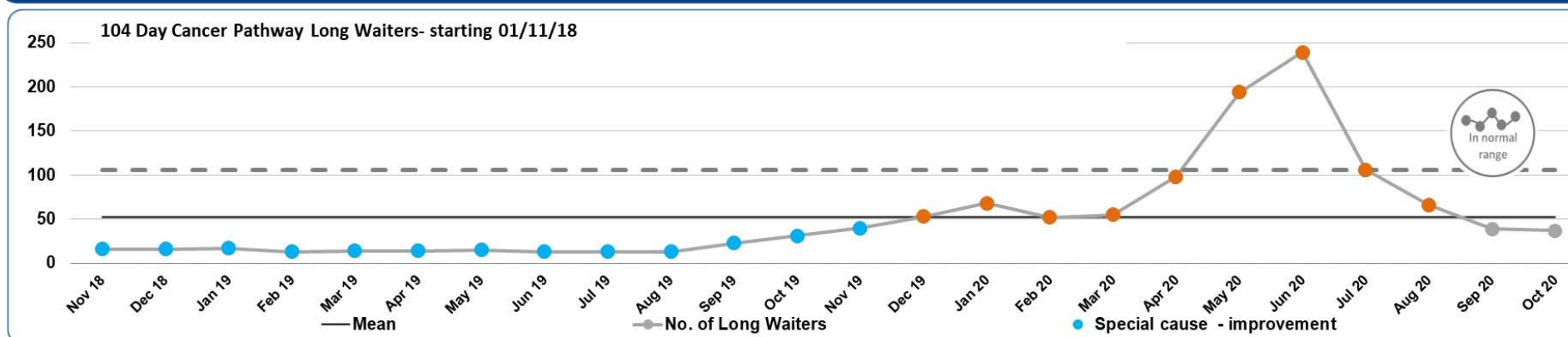
Performance

- 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

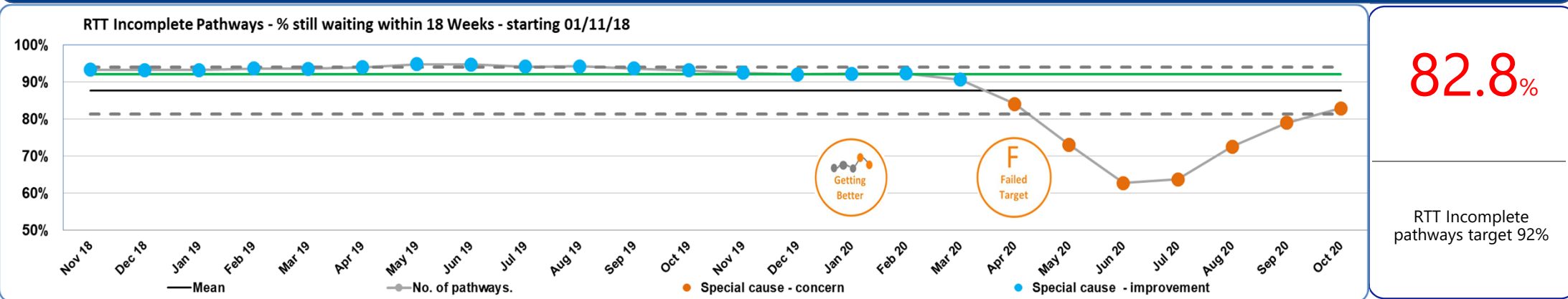
Performance

- 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



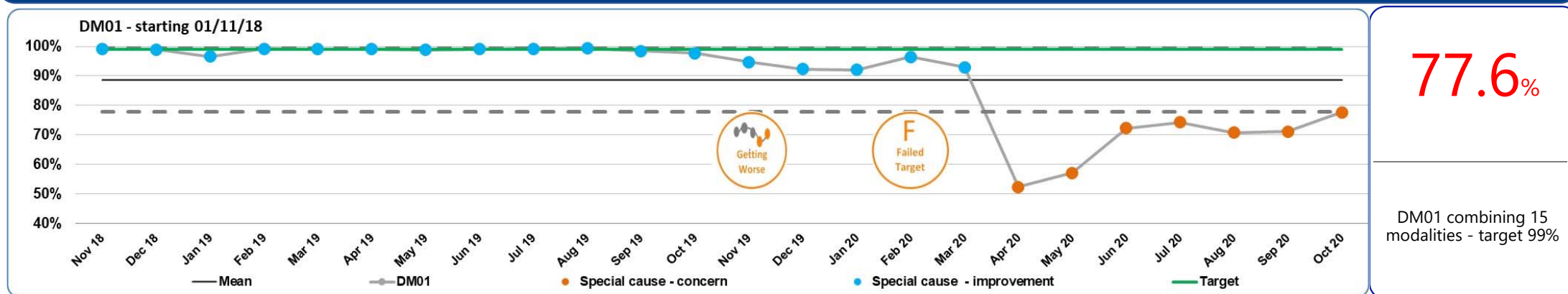
Performance

- 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.

Paper for submission to the Board of Directors
on Thursday 10th December 2020

TITLE:	Summary of Workforce and Staff Engagement Committee meeting on Tuesday 24th November 2020		
AUTHOR:	Julian Atkins	PRESENTER	Julian Atkins
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	X	X	
RECOMMENDATIONS			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
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			
SUMMARY OF KEY ISSUES:			
As detailed in the paper.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description:
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Annual Business Planning Process
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:

	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:

CHAIR'S LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE - Date Committee last met: 10th December 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> 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. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> 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. 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 & 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. 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.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> 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 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> 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.

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 Board 10th December 2020

TITLE:	Workforce KPI Report		
AUTHOR:	Karen Brogan – Head of Operational HR Graeme Ratten - Analyst	PRESENTER:	James Fleet – Chief People Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
		<i>Provide specialist services to patients from the Black Country and further afield.</i>	
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	x	x	
RECOMMENDATIONS			
For the Board to receive the report and note the contents.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services SO4: Be the place people choose to work, SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> Overall Sickness Absence increased in October to 7.1%, up from 6.8% in September. COVID reason absences increased from 2.2% to 2.7%, and all other sickness reasons reduced from 4.7% to 4.4%. Daily tracking of overall Sickness Absence shows it rising steadily in November, peaking at 9.5% on the 20th Nov. The last week of November has seen gradual reduction to 7.6% on 30 November. Daily COVID absence rose steadily in November and peaked at 5.4% on the 20th November followed by a gradual reduction to 4.1% on the 30th. Agency increased by 28 in October to 185 WTE, and Bank increased by 14 to 417 WTE. Qualified Nursing vacancies are at 316 WTE, and in October this gap was not fully filled with Agency + Bank which totalled 278 WTE. M07 October Budget for Contracted WTE has been increased by circa 70 WTE, and this has increased the vacancy factor to 669 WTE from 603 WTE in September – the underlying position is the same. The Budget WTE for October onwards has been increased by circa 70, resulting in a higher vacancy factor. The turnover trend continues with a reduction in October to 6.2%. October had more starters than leavers (53 starters, 34 leavers), Medicine and Integrated Care (MIC) having 21 starters and 13 leavers. Staff retention 'Stability Index' shows an overall staff retention rate of 92.9% 24 months after starting. Nursing and Midwifery has a 97.2% stability index and is the largest staff group. Mandatory training compliance dropped by 2.1% in October to 85.5%, down from 87.6% in September. 			

- Black Asian Minority Ethnic (BAME) staff Trust representation is at 19.2% in October, down from September 19.9%. By grade (excluding Medical & Dental), BAME staff are under-represented at Bands 6, 7, 8c, 8d, Director, and Senior Manager. By grade (excluding Medical & Dental), DISABLED staff are under-represented at Bands 8b, 8c, 8d, and Senior Manager.
- The Staff Health and Wellbeing (SHAW) service continues to offer appointments within the 15-day target. Appointments held in October reduced to 35, down from 41 in September. Pre-employment check performance was at 98.1% (unvalidated) for October, up from 89.2% in September. Total volume of checks was 160 in October, similar to September at 157. Year to date, Staff Nurse pre-employment checks are the highest at 9% of the total.
- The HR caseload has reduced from 45 in September to 43 in October. BAME staff are represented in 23% of cases – higher than the current BAME representation in the Trust of 20% overall.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:
	Other	Y	Details: <i>in accordance with Trust policies and procedures developed and maintained to comply with prevailing legislation as required.</i>
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Workforce KPI Report

10th December 2020

James Fleet, Executive Chief People Officer

Summary

Pages 2 - 4

Sickness Absence

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Workforce Profile

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Bank & Agency

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Turnover

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Mandatory Training

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Recruitment

Page 17

Staff Health & Wellbeing

Page 18

HR Caseload

Page 19



Summary 1/3	Performance	Action
Sickness & Absence	<ul style="list-style-type: none"> Overall Sickness Absence increased in October to 7.1%, up from 6.8% in September. For October as a whole, COVID reasons increased from 2.2% to 2.7%, and all other sickness reasons reduced from 4.7% to 4.4%. The underlying non-COVID sickness/absence is still above the target of 3.5%. Daily tracking of Sickness Absence shows it rising steadily in November, peaking at 9.5% on the 0th Nov. The last week of November has seen gradual reduction to 7.6% on 30 November. Daily COVID reason absence rose steadily in November and peaked at 5.4% on the 20th November followed by a gradual reduction to 4.1% on the 30th. 	<ul style="list-style-type: none"> ✓ Centralised Sickness Absence Reporting has recommenced for Covid-related absence, this feeds directly into the Staff Testing process to enable staff to return to work as quickly as possible, if appropriate. ✓ All Covid-related absence is screened and challenged to ensure staff are self-isolating appropriately. ✓ Monthly sickness absence reports are being sent to Managers, Divisional Directors and Heads of Service detailing both short and long term absence. ✓ The operational HR team convene monthly meetings with managers to support, advise and challenge action that is being taken to manage sickness absence,
Bank & Agency Usage	<ul style="list-style-type: none"> Agency increased in by 28 in October to 185 WTE, and Bank increased by 14 to 417 WTE. M07 October Budget for Contracted WTE has been increased by circa 70 WTE, and this has increased the vacancy factor to 669 WTE from 603 WTE in September – the underlying position is the same. By Division, Agency WTE and Bank WTE use has a close correlation to Vacancy WTE. However there is less correlation by Monitor Pay Group, e.g. Nursing Qualified has 316 WTE vacancies, and used 278 WTE Agency + Bank. Notably, Scientific, Therapy + Tech has 99 WTE vacancies and used 47 WTE Agency + Bank. 	<ul style="list-style-type: none"> ✓ Action plan being developed to prioritise recruitment and retention. ✓ Authorisation levels have been reviewed and revised within Health Roster to ensure there is senior nursing oversight for agency usage. ✓ Development of the Business Partner model to include monthly operational business meetings to support advise and challenge action that is being in relation to vacancies, retention and bank and agency usage.
Turnover & Recruitment	<ul style="list-style-type: none"> October had more starters than leavers (53 starters, 34 leavers), MIC having 21 starters and 13 leavers. Of the full time starters, 17 = Fixed Term and 17 = Permanent. Part-time starters were split 4 = Fixed Term, and 15 = Permanent. The turnover trend continues with a reduction in October to 6.2% The Stability Index shows an overall staff retention rate of 92.9% 24 months after starting. Medical and Dental staff group shows the lowest retention at 74.8%. Nursing and Midwifery has a 97.2% stability index and is the largest staff group. 	<ul style="list-style-type: none"> ✓ Turnover continues to fall and is well below the average industry rate of 10%. ✓ The HR Business Partners will be supporting the Divisional Directors to ensure the development and implementation of workforce planning, that understands staffing capacity, establishments, and skill & experience requirements and incorporates into service design to ensure roles are fit for purpose and add value. ✓ Examine trends on planned versus actual staffing levels, triangulated with key quality and outcome measures, including exit interviews and stay interviews. ✓ Further recruitment KPIs are being developed for next report.

Summary 2/3	Performance	Action
Mandatory Training	<ul style="list-style-type: none"> ○ Mandatory training compliance dropped by 2.1% in October to 85.5%, down from 87.6% in September. This is the lowest overall compliance value for the last 2 years. ○ Some improvements small improvements were made, non more than one percentage point, and the largest performance reductions were in the 'red' focus areas. ○ The largest performance reductions were: RESUS Neonatal – 5.9% to 67.%, RESUS Paediatric -6.3% to 58.2% and Safeguarding Children Level 3 – 4.3% to 68.1%. 	<ul style="list-style-type: none"> ✓ An action plan has been devised along with a trajectory for the Divisions to achieve mandatory training compliance. ✓ Restrictions to the amount of attendees and exploration of adjusted delivery continues ✓ Meetings held with SMT Lead and Gen Managers for MIC, Surgery, and CSS, with out-of-hours additional sessions run throughout September up to December to capture Clinicians particularly
Workforce Profile	<ul style="list-style-type: none"> ○ Month 7 shows an overall vacancy factor of 669 FTE calculated as the difference between the Budgeted FTE (5,404) and the Contracted FTE (4,735). ○ The Budget WTE for October onwards has been increased by circa 70, resulting in a higher vacancy factor ○ Qualified Nursing vacancies are at 316 WTE, and in October this gap was not fully filled with Agency + Bank which totalled 278 WTE. ○ Scientific. Therapy + Tech has 99 WTE vacancies and used 47 WTE Agency + Bank. 	<ul style="list-style-type: none"> ✓ HR and Professional Development continue to collaborate to support on-going recruitment. Interventions include nursing recruitment days, virtual tours and social media campaigns. ✓ We continue to explore collaborative recruitment across the STP and to build upon existing streamlining work to enable appropriate functions to be delivered at regional level on behalf of constituent organisations e.g. recruitment campaigns
Equality, Diversity & Inclusion	<ul style="list-style-type: none"> ○ BAME staff Trust representation is at 19.2% in October, down from September 19.9%. ○ By grade (excluding Medical & Dental), BAME staff are under represented at Bands 6, 7, 8c, 8d, Director, and Senior Manager. ○ By grade (excluding Medical & Dental), DISABLED staff are under represented at Bands 8b, 8c, 8d, and Senior Manager. ○ Overall within the Trust staff, 62.7% identify as heterosexual, and 1.6% as non-heterosexual (grouped), and 35.7% have 'not stated'. 	<ul style="list-style-type: none"> ✓ The Trust has now established 3 networks: BAME, LGBTQ+, and Disability. The BAME, and Sexual Orientation Networks which are now underway with growing membership and regular meetings and events ✓ Each of these networks has both an Executive Director and Non-Executive Director sponsor. In addition, the Chairs of the networks are attending Board meetings. ✓ The Workforce Committee meeting in late August focused on a 'deep dive' by age, band, length of service, and staff group for WDES, WRES, and WSES.

Summary 3/3	Performance	Action
Staff Health & Wellbeing	<ul style="list-style-type: none"> ○ Appointments held in October reduced to 35, down from 41 in September. ○ The SHAW service continues to offer appointments within the 15 day target. ○ Pre-employment check performance was at 98.1% (unvalidated) for October, up from 89.2% in September. Total volume of checks was 160 in October, similar to September at 157. ○ Year to date, Staff Nurse pre-employment checks are the highest at 9% of the total. 	<ul style="list-style-type: none"> ✓ Review of Staff Health & Wellbeing service in progress to identify the service model and additional support required. ✓ Interim support provided to support the service and review processes and practices in the short term.
HR Caseload	<ul style="list-style-type: none"> ○ The HR caseload has reduced from 45 in September to 43 in October. BAME staff are represented in 23% of cases – higher than the current BAME representation in the Trust of 20% overall. ○ Suspensions have reduced by 1 since last month (7 down to 6). ○ Staff Group: Nursing and Midwifery Registered have the largest number of open cases, however this is in proportion to the number of staff in that group. ○ Disciplinary cases continue to be the highest category at 12. 	<ul style="list-style-type: none"> ✓ Employee relations cases continue to be proactively managed and supported by the implementation and maintenance of a case tracker. ✓ There is a focus on the Just Culture framework, with shared learning and early resolution where possible.

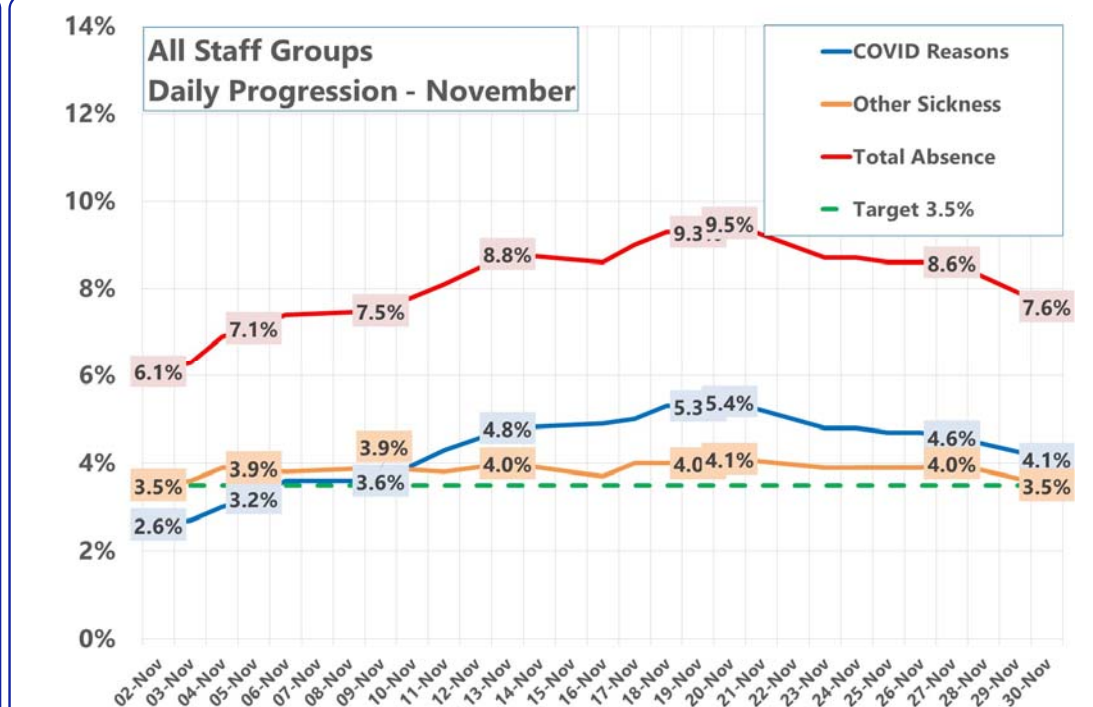
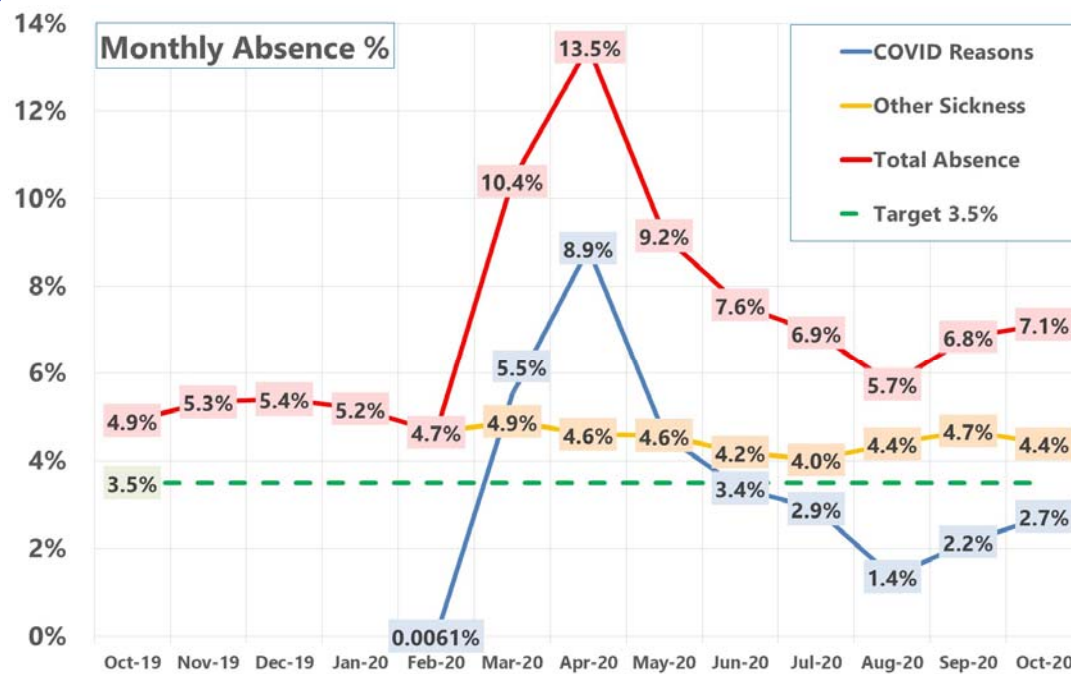
Sickness Absence

Overall Sickness Absence increased in October to 7.1%, up from 6.8% in September. COVID reasons increased from 2.2% to 2.7%, and all other sickness reasons reduced from 4.7% to 4.4%.

The underlying non-COVID sickness/absence is still above the target of 3.5%.

Daily tracking of Sickness Absence shows it rising steadily in November, peaking at 9.5% on the 0th Nov. The last week of November has seen gradual reduction to 7.6% on 30 November.

October Sickness / Absence	COVID	All Other	Total	Absence Reason	Days	% of All Reasons
Clinical Support	2.8%	4.7%	7.5%	COVID reasons	4,362	37%
Corporate	1.8%	2.6%	4.4%	Anxiety/stress/depression	2,274	19%
MIC	2.7%	4.4%	7.1%	Other musculoskeletal pr	875	7%
Surgery	2.8%	4.5%	7.3%	Pregnancy related disord	453	4%
Grand Total	2.7%	4.4%	7.1%	Cold, Cough, Flu - Influenza	447	4%
				Gastrointestinal problems	435	4%
				Genitourinary & gynaeco	427	4%



Covid 19 Absence Profile – All Staff at Monday 30th November

COVID reason absences rose steadily in November and peaked at 5.4% on the 20th Nov. The last week of November has seen gradual reduction to 4.1% on the 30th.

Additional Clinical Services staff are highest at 6.3%, the majority being Healthcare Support Workers – this group also have the highest 'Other Sickness' absences at 6.9%.

The majority of the current COVID absences have a planned duration of 8 to 14 days (147 staff out of 244)

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Add Prof Scientific ...

Additional Clinical S...

Administrative and ...

Allied Health Profes...

Healthcare Scientists

Medical and Dental

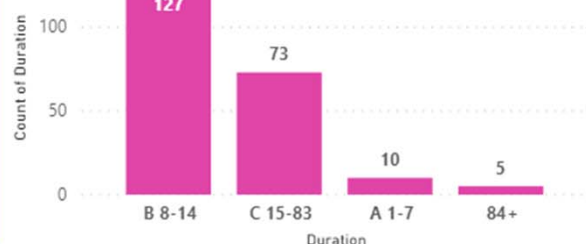
Nursing and Midwif...

Students

Employee Count Within Selected Staff Group

5249

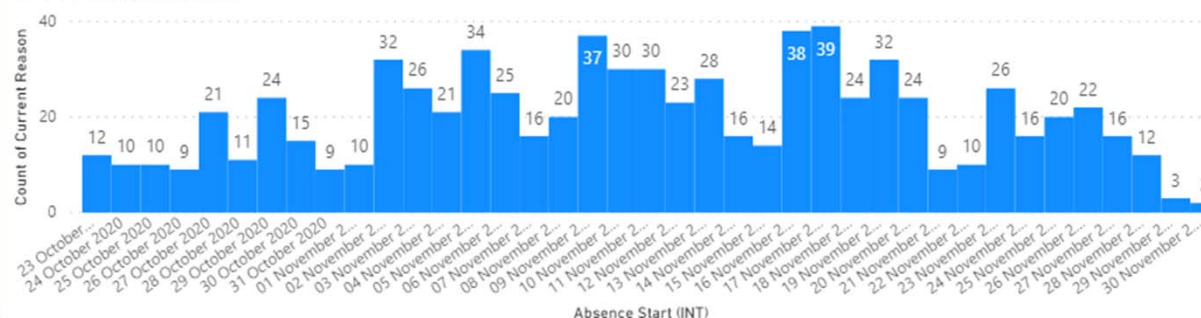
Staff Group	Active Assignment	Covid-19	Other Sickness	Total
Add Prof Scientific and Technic	96.1%	2.9%	1.0%	100.0%
Additional Clinical Services	88.4%	5.6%	6.0%	100.0%
Administrative and Clerical	93.7%	4.0%	2.3%	100.0%
Allied Health Professionals	94.6%	3.2%	2.2%	100.0%
Healthcare Scientists	100.0%			100.0%
Medical and Dental	96.1%	1.5%	2.4%	100.0%
Nursing and Midwifery Registered	91.8%	4.5%	3.8%	100.0%
Students	100.0%			100.0%
Total	92.4%	4.1%	3.5%	100.0%



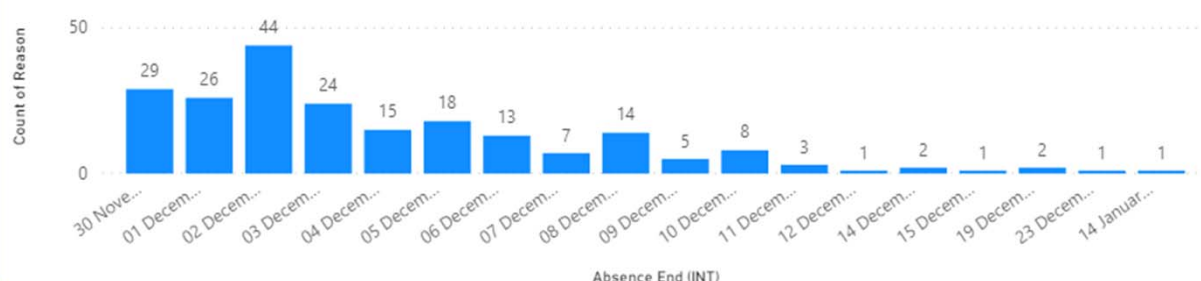
DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	467	24	18	509
253 Corporate / Mgt	570	10	14	594
253 Medicine & Integrated Care	2098	104	85	2287
253 Surgery	1713	77	68	1858
Total	4848	215	185	5248

DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	91.7%	4.7%	3.5%	100.0%
253 Corporate / Mgt	96.0%	1.7%	2.4%	100.0%
253 Medicine & Integrated Care	91.7%	4.5%	3.7%	100.0%
253 Surgery	92.2%	4.1%	3.7%	100.0%
Total	92.4%	4.1%	3.5%	100.0%

C-19 Absence Starts



C-19 Current Absence End



Workforce Profile – Staff in Post

Month 7 shows an overall vacancy factor of 669 FTE calculated as the difference between the Budgeted FTE (5,404) and the Contracted FTE (4,735).

The Budget WTE for October and onwards has been increased by circa 70, resulting in a higher vacancy factor.

Qualified Nursing vacancies are at 316 WTE, and in October this gap was not fully filled with Agency + Bank which totalled 278 WTE.

Scientific. Therapy + Tech has 99 WTE vacancies and used 47 WTE Agency + Bank.

M07 Divisions WTE Budget V WTE Contracted

CC1 Description	Budget M07	Contracted M07	Vacancies M07
Clinical Support	521	435	-86
Corporate / Mgt	570	545	-25
Medicine & Integrated Care	2,368	2,056	-312
Surgery	1,945	1,699	-247
Total	5,404	4,735	-669

M07 Divisions WTE Agency + Bank

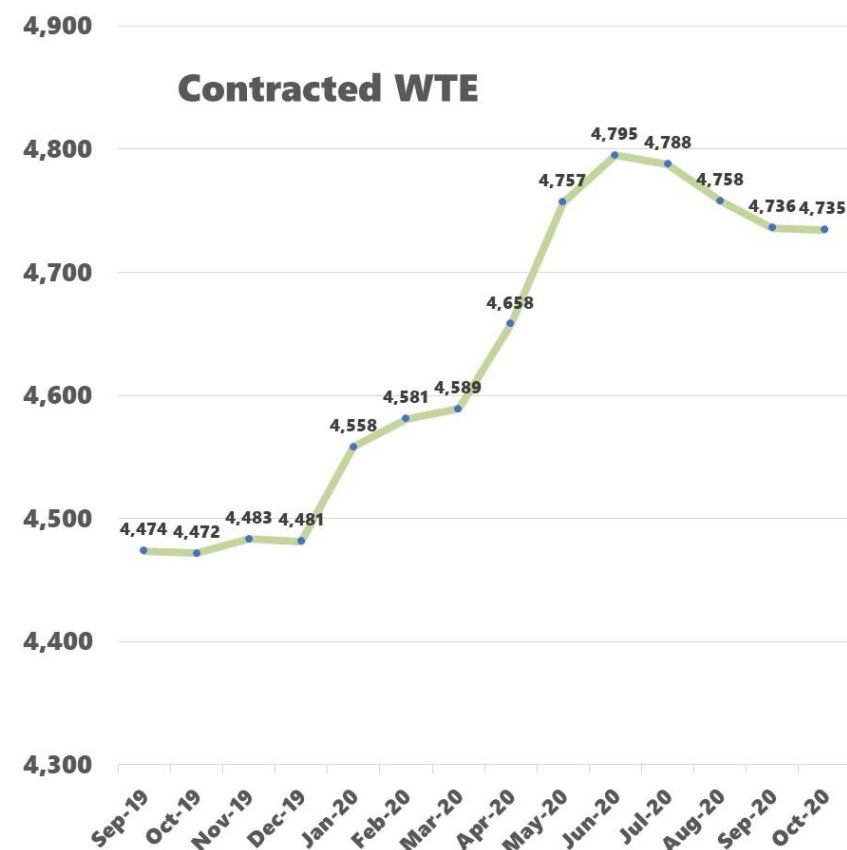
CC1 Description	Agency	Bank	Total
Clinical Support	8	30	38
Corporate / Mgt	4	21	25
Medicine & Integrated Care	95	211	305
Surgery	78	156	234
Total	185	417	602

M07 Monitor Pay Group WTE Budget V WTE Contracted

Monitor Pay Group	Budget M07	Contracted M07	Vacancies M07
Admin and Clerical	956	874	-82
Manager	88	88	1
Medical and Dental	714	652	-62
Nursing Qualified	1,862	1,546	-316
Nursing Unqualified	886	788	-98
Other	27	14	-13
Scif, Therap and Tech	872	773	-99
Total	5,404	4,735	-669

M07 Monitor Pay Group WTE Agency + Bank

Monitor Pay Group	Agency	Bank	Total
Admin and Clerical	3	61	63
Manager	3	1	4
Medical and Dental	18	49	66
Nursing Qualified	151	127	278
Nursing Unqualified	0	143	143
Other		2	2
Scif, Therap and Tech	11	36	47
Total	185	417	602



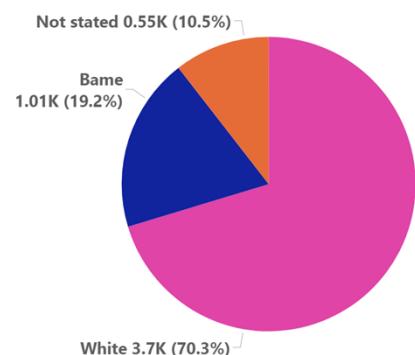
Workforce Profile - Ethnicity – Representation by Trust, Division & Grade

BAME staff Trust representation is at 19.2% in October, down from September 19.9%.

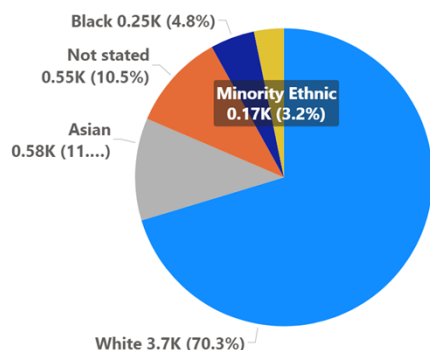
Corporate Division has the lowest representation at 12.3%, with MIC at 18.3% (all staff).

By grade (excluding Medical & Dental), BAME staff are under represented at Bands 6, 7, 8c, 8d, Director, and Senior Manager.

ETHNICITY



ETHNICITY



All Staff

Org L2	Bame	Not stated	White	Total
253 Clinical Support	25.7%	8.6%	65.7%	100.0%
253 Corporate / Mgt	12.3%	12.5%	75.2%	100.0%
253 Medicine & Integrated Care	18.3%	11.1%	70.6%	100.0%
253 Surgery	20.5%	9.7%	69.7%	100.0%
Total	19.2%	10.5%	70.3%	100.0%

Excluding Medical & Dental

Grade	Bame	Not stated	White	Total
Band 2	9.6%	10.6%	79.7%	100.0%
Band 3	8.2%	12.5%	79.3%	100.0%
Band 4	11.0%	10.3%	78.7%	100.0%
Band 5	24.8%	11.7%	63.5%	100.0%
Band 6	15.1%	10.5%	74.5%	100.0%
Band 7	11.7%	5.9%	82.4%	100.0%
Band 8A	21.0%	10.9%	68.1%	100.0%
Band 8B	17.4%	4.3%	78.3%	100.0%
Band 8C	8.3%	8.3%	83.3%	100.0%
Band 8D	14.3%	14.3%	71.4%	100.0%
Band 9	40.0%		60.0%	100.0%
Local Apprentice Scale	13.2%	13.2%	73.5%	100.0%
Trust Director	11.1%	22.2%	66.7%	100.0%
Trust Senior Manager	11.7%	15.6%	72.7%	100.0%
Total	14.7%	10.6%	74.7%	100.0%

All Staff

Org L2	Bame	Not stated	White	Total
253 Clinical Support	132	44	337	513
253 Corporate / Mgt	73	74	446	593
253 Medicine & Integrated Care	419	254	1613	2286
253 Surgery	383	181	1300	1864
Total	1007	553	3696	5256

Excluding Medical & Dental

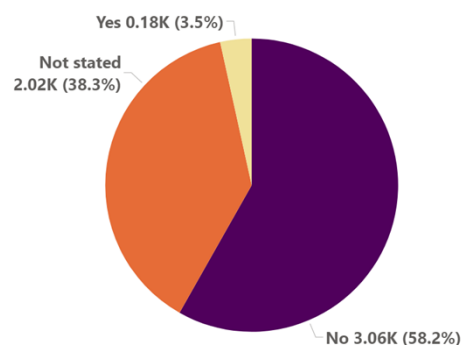
Grade	Bame	Not stated	White	Total
Band 2	113	125	937	1,175
Band 3	29	44	279	352
Band 4	44	41	314	399
Band 5	253	119	648	1,020
Band 6	145	101	717	963
Band 7	54	27	380	461
Band 8A	29	15	94	138
Band 8B	4	1	18	23
Band 8C	1	1	10	12
Band 8D	1	1	5	7
Band 9	2		3	5
Local Apprentice Scale	9	9	50	68
Trust Director	1	2	6	9
Trust Senior Manager	9	12	56	77
Total	694	498	3,517	4,709

Workforce Profile - Disability – Representation by Trust, Division & Grade

DISABLED staff Trust representation is at 3.5% in October, unchanged since June 2020. Surgery Division has the lowest representation at 2.6% (all staff).

By grade (excluding Medical & Dental), DISABLED staff are under represented at Bands 8b, 8c, 8d, and Senior Manager.

DISABILITY



All Staff

Org L2	No	Not stated	Yes	Total
253 Clinical Support	63.2%	32.7%	4.1%	100.0%
253 Corporate / Mgt	66.4%	28.7%	4.9%	100.0%
253 Medicine & Integrated Care	57.8%	38.5%	3.7%	100.0%
253 Surgery	54.7%	42.8%	2.6%	100.0%
Total	58.2%	38.3%	3.5%	100.0%

Excluding Medical & Dental

Grade	No	Not stated	Yes	Total
Band 2	55.5%	41.6%	2.9%	100.0%
Band 3	58.0%	37.5%	4.5%	100.0%
Band 4	64.2%	32.6%	3.3%	100.0%
Band 5	56.9%	38.9%	4.2%	100.0%
Band 6	56.3%	40.3%	3.4%	100.0%
Band 7	58.8%	37.3%	3.9%	100.0%
Band 8A	65.2%	30.4%	4.3%	100.0%
Band 8B	52.2%	47.8%		100.0%
Band 8C	83.3%	16.7%		100.0%
Band 8D	71.4%	28.6%		100.0%
Band 9	80.0%		20.0%	100.0%
Local Apprentice Scale	75.0%	13.2%	11.8%	100.0%
Trust Director	33.3%	55.6%	11.1%	100.0%
Trust Senior Manager	62.3%	37.7%		100.0%
Total	57.9%	38.4%	3.7%	100.0%

All Staff

Org L2	No	Not stated	Yes	Total
253 Clinical Support	324	168	21	513
253 Corporate / Mgt	394	170	29	593
253 Medicine & Integrated Care	1322	880	84	2286
253 Surgery	1019	797	48	1864
Total	3059	2015	182	5256

Excluding Medical & Dental

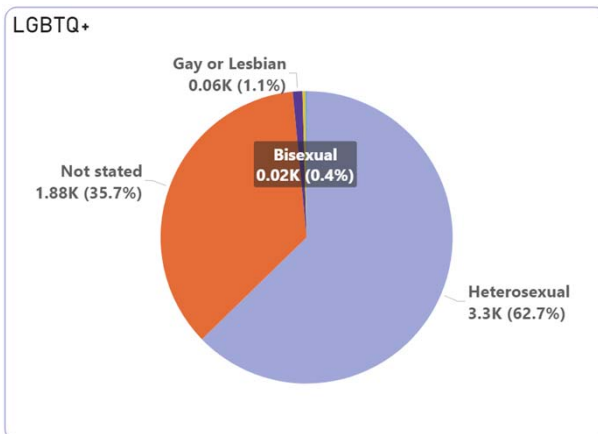
Grade	No	Not stated	Yes	Total
Band 2	652	489	34	1,175
Band 3	204	132	16	352
Band 4	256	130	13	399
Band 5	580	397	43	1,020
Band 6	542	388	33	963
Band 7	271	172	18	461
Band 8A	90	42	6	138
Band 8B	12	11		23
Band 8C	10	2		12
Band 8D	5	2		7
Band 9	4		1	5
Local Apprentice Scale	51	9	8	68
Trust Director	3	5	1	9
Trust Senior Manager	48	29		77
Total	2,728	1,808	173	4,709

Workforce Profile – LGBTQ+ – Representation by Trust, Division & Grade

Overall within the Trust staff, 62.7% identify as heterosexual, and 1.6% as non-heterosexual (grouped), and 35.7% have 'not stated'.

Further detail is not shown, since numbers of staff in some categories are small and potentially identifiable.

Detail by grade are not shown as staff numbers are small and individuals could potentially be identified.



All Staff

Org L2	Bisexual	Gay or Lesbian	Heterosexual	Not stated	Other	Total
253 Clinical Support	0.6%	0.6%	65.7%	32.7%	0.4%	100.0%
253 Corporate / Mgt	0.7%	1.0%	72.0%	26.3%		100.0%
253 Medicine & Integrated Care	0.3%	1.5%	63.2%	35.0%	0.0%	100.0%
253 Surgery	0.3%	0.6%	58.4%	40.6%	0.1%	100.0%
Total	0.4%	1.1%	62.7%	35.7%	0.1%	100.0%

All Staff

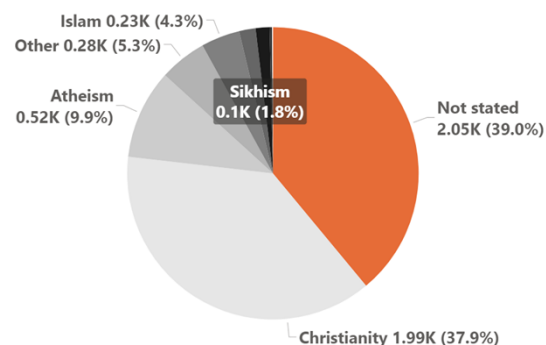
Staff Group	Bisexual	Gay or Lesbian	Heterosexual	Not stated	Other	Total
Add Prof Scientific and Technic			63.2%	36.8%		100.0%
Additional Clinical Services	0.5%	1.5%	57.4%	40.2%	0.3%	100.0%
Administrative and Clerical	0.4%	1.0%	69.6%	28.9%	0.1%	100.0%
Allied Health Professionals	0.5%	2.2%	70.4%	26.8%		100.0%
Healthcare Scientists			47.3%	52.7%		100.0%
Medical and Dental	0.7%	0.7%	61.2%	37.4%		100.0%
Nursing and Midwifery Registered	0.2%	0.8%	60.8%	38.2%	0.1%	100.0%
Students			93.3%	6.7%		100.0%
Total	0.4%	1.1%	62.7%	35.7%	0.1%	100.0%

Workforce Profile – Religious Belief – Representation by Trust, Division & Grade

In terms of Religious Belief within the Trust, 'non stated' is the largest group at 39%, followed by Christianity at 37.9%, and Atheism at 9.9%.

The detail by grades does not identify significant under or over representation, with the exception of 'Trust Director' where staff identifying as Christian are 55.6%.

RELIGION



All Staff

Org L2	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Not stated	Other	Sikhism	Total
253 Clinical Support	9.6%		35.3%	1.9%	7.4%			37.2%	4.3%	4.3%	100.0%
253 Corporate / Mgt	13.3%	0.2%	43.8%	2.0%	2.9%			29.7%	5.6%	2.5%	100.0%
253 Medicine & Integrated Care	9.5%	0.3%	39.5%	1.3%	3.7%	0.1%		38.1%	6.2%	1.4%	100.0%
253 Surgery	9.3%	0.4%	34.6%	1.6%	4.7%	0.1%	0.1%	43.5%	4.3%	1.4%	100.0%
Total	9.9%	0.3%	37.9%	1.5%	4.3%	0.1%	0.0%	39.0%	5.3%	1.8%	100.0%

Excluding Medical & Dental

Grade	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Not stated	Other	Sikhism	Total
Band 2	10.0%		37.6%	0.3%	2.0%			42.0%	7.1%	0.9%	100.0%
Band 3	9.1%		46.3%	0.9%	0.9%			35.8%	6.0%	1.1%	100.0%
Band 4	10.8%		40.1%	1.3%	1.5%			37.1%	7.0%	2.3%	100.0%
Band 5	9.9%		39.4%	0.8%	3.6%	0.1%	0.1%	40.1%	4.4%	1.6%	100.0%
Band 6	7.2%		42.6%	1.7%	2.5%			39.3%	4.6%	2.3%	100.0%
Band 7	12.4%		40.6%	1.1%	2.0%			36.2%	5.9%	2.0%	100.0%
Band 8A	8.7%		43.5%	2.9%	2.9%	0.7%		32.6%	5.1%	3.6%	100.0%
Band 8B	8.7%		34.8%		4.3%			43.5%	4.3%	4.3%	100.0%
Band 8C	8.3%		50.0%					33.3%		8.3%	100.0%
Band 8D	57.1%			14.3%				28.6%			100.0%
Band 9	20.0%		40.0%		20.0%					20.0%	100.0%
Local Apprentice Scale	27.9%		36.8%		4.4%			22.1%	7.4%	1.5%	100.0%
Trust Director	11.1%	11.1%	55.6%					11.1%	11.1%		100.0%
Trust Senior Manager	6.5%		41.6%	2.6%	1.3%			45.5%	1.3%	1.3%	100.0%
Total	9.9%	0.0%	40.4%	1.0%	2.4%	0.0%	0.0%	38.9%	5.6%	1.7%	100.0%

Bank & Agency Usage – Compared to Vacancies, and by Division and Monitor Pay Group

Agency increased in by 28 in October to 185 WTE, and Bank increased by 14 to 417 WTE.

MIC had the highest agency usage at 95 WTE, and the highest Bank at 211 WTE.

M07 October Budget for Contracted WTE has been increased by circa 70 WTE, and this has increased the vacancy factor to 669 WTE from 603 WTE in September – the underlying position is the same.

By Division, Agency WTE and Bank WTE use has a close correlation to Vacancy WTE

By Monitor Pay Group, there is less correlation, e.g. Nursing Qualified has 316 WTE vacancies, and used 278 WTE Agency + Bank. Whereas Nursing Unqualified has 98 WTE vacancies and used 143 WTE Agency + Bank. Notably, Scientific, Therapy + Tech has 99 WTE vacancies and used 47 WTE Agency + Bank.

M07 Divisions WTE Budget V WTE Contracted

CC1 Description	Budget M07	Contracted M07	Vacancies M07
Clinical Support	521	435	-86
Corporate / Mgt	570	545	-25
Medicine & Integrated Care	2,368	2,056	-312
Surgery	1,945	1,699	-247
Total	5,404	4,735	-669

M07 Divisions WTE Agency + Bank

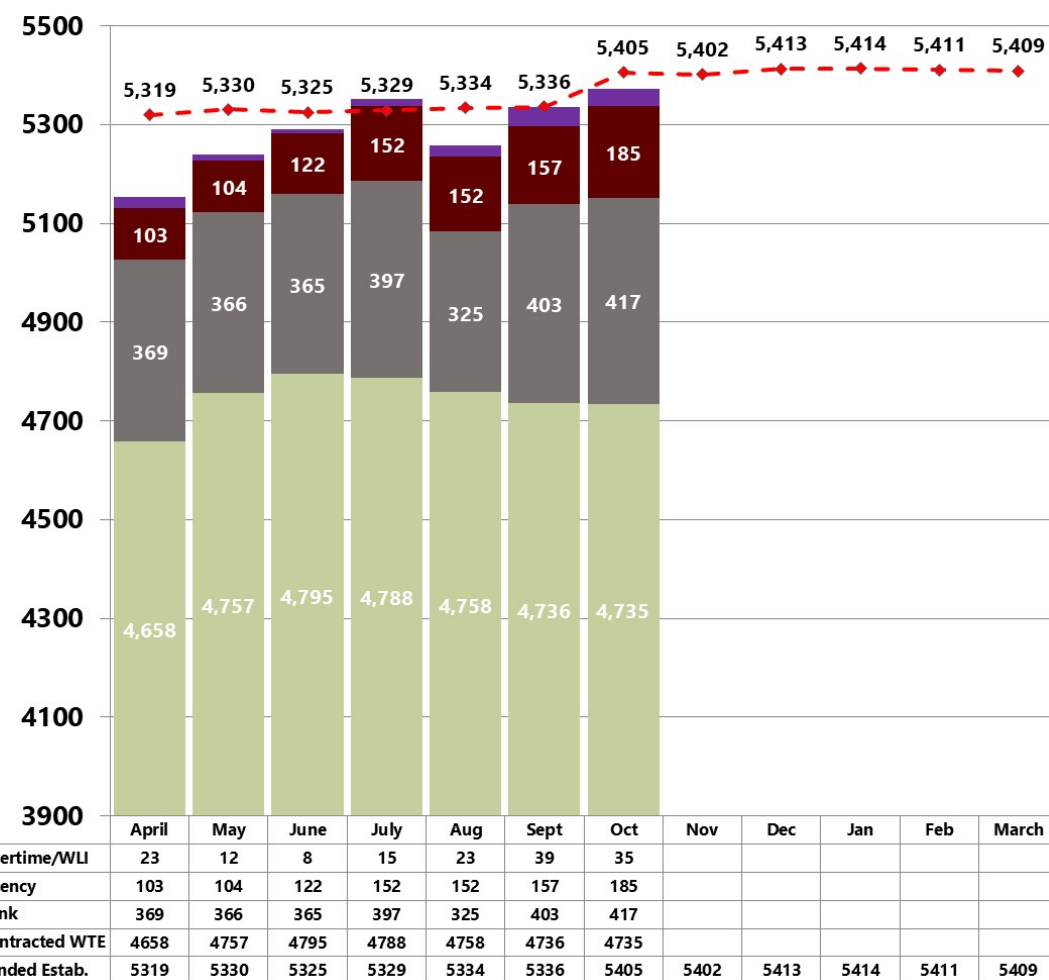
CC1 Description	Agency	Bank	Total
Clinical Support	8	30	38
Corporate / Mgt	4	21	25
Medicine & Integrated Care	95	211	305
Surgery	78	156	234
Total	185	417	602

M07 Monitor Pay Group WTE Budget V WTE Contracted

Monitor Pay Group	Budget M07	Contracted M07	Vacancies M07
Admin and Clerical	956	874	-82
Manager	88	88	1
Medical and Dental	714	652	-62
Nursing Qualified	1,862	1,546	-316
Nursing Unqualified	886	788	-98
Other	27	14	-13
Scif, Therap and Tech	872	773	-99
Total	5,404	4,735	-669

M07 Monitor Pay Group WTE Agency + Bank

Monitor Pay Group	Agency	Bank	Total
Admin and Clerical	3	61	63
Manager	3	1	4
Medical and Dental	18	49	66
Nursing Qualified	151	127	278
Nursing Unqualified	0	143	143
Other		2	2
Scif, Therap and Tech	11	36	47
Total	185	417	602



Turnover – SPC and the Stability Index - 24 month retention

The turnover trend continues with a reduction in October to 6.2%

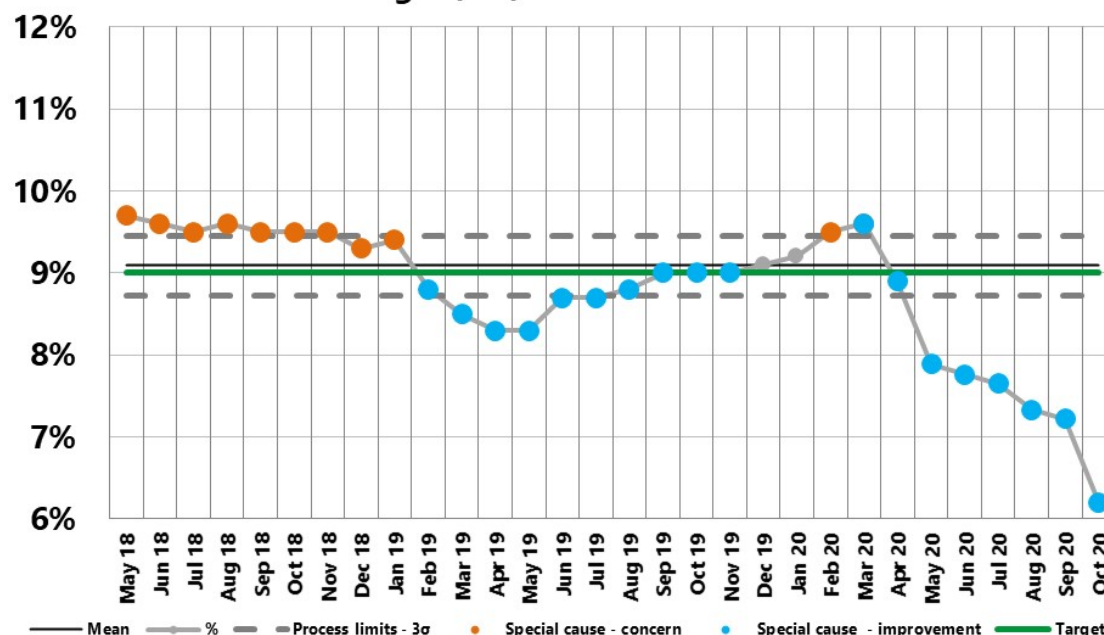
The Stability Index shows an overall staff retention rate of 92.9% 24 months after starting. Medical and Dental staff group shows the lowest retention at 74.8% impacted by fixed-term contracts (there relatively very few students, where lower retention is expected)

Nursing and Midwifery has a 97.2% stability index and is the largest staff group.

Stability Index By Staff Group

Based on Headcount	Retention - 24 months		%
	Start	Remain	
Add Prof Scientific and Technic	211	198	93.8%
Additional Clinical Services	1,233	1,137	92.2%
Administrative and Clerical	1,066	1,048	98.3%
Allied Health Professionals	400	385	96.3%
Healthcare Scientists	53	53	100.0%
Medical and Dental	528	395	74.8%
Nursing and Midwifery Registered	1,726	1,677	97.2%
Students	67	15	22.4%
TOTAL	5,284	4,908	92.9%

Turnover- starting 01/05/18



Turnover – Starters and Leavers

October had more starters than leavers (53 starters, 34 leavers), MIC having 21 starters and 13 leavers.

Of the full time starters, 17 = Fixed Term and 17 = Permanent. Part-time starters were split 4 = Fixed Term, and 15 = Permanent.

Of the 34 leavers, over half were voluntary resignations, 10 end of Fixed Term contract, and 6 retirements.

3 Staff Nurses started, and 3 left. 2 Radiographers left, none started.

	Starters	
	Head Count	FTE
Specialty Registrar	11	11.0
Assistant	6	4.9
Officer	4	3.4
Healthcare Science Assistant	3	2.0
Staff Nurse	3	3.0
Clerical Worker	3	2.2
Doctor - Speciality Registrar	3	3.0
Midwife	3	2.8
Occupational Therapist	2	2.0
Health Care Support Worker	2	1.8
Physiotherapist	2	1.8
Healthcare Assistant	1	0.8
Specialist Nurse Practitioner	1	1.0
Medical Secretary	1	0.6
Consultant	1	0.8
Doctor - Foundation Level	1	1.0
Doctor - Career Grade Level	1	1.0
Grade Doctor - C. Grade level	1	0.5
Assistant/Associate Practitioner	1	1.0
Sister/Charge Nurse	1	1.0
Dietitian	1	1.0
Receptionist	1	0.6
Grand Total	53	47.2

	Starters	
	Head Count	FTE
Clinical Support	10	8.2
Corporate / Mgt	6	5.4
Medicine & Integrated Care	21	19.0
Surgery	16	14.6
Total	53	47.2

	Starters	
	Head Count	FTE
Full Time		
Fixed Term Temp	17	17
Permanent	17	17
Part Time		
Fixed Term Temp	4	2.5
Permanent	15	10.7
Total	53	47.2

	Leavers	
	Head Count	FTE
Clinical Support	4	2.6
Corporate / Mgt	3	3.0
Medicine & Integrated Care	13	10.4
Surgery	14	13.1
Total	34	29.1

	Leavers	
	Head Count	FTE
Voluntary Resignation	18	13.6
End of Fixed Term Contract	10	10.0
Retirement Age	6	5.5
Total	34	29.1

	Leavers	
	Head Count	FTE
Specialty Registrar	9	9.0
Specialist Nurse Practitioner	5	4.4
Staff Nurse	3	2.3
Medical Secretary	2	2.0
Physiotherapist	2	1.0
Radiographer - Diagnostic	2	1.8
Healthcare Science Assistant	2	0.8
Officer	1	1.0
Manager	1	0.8
Receptionist	1	0.5
Health Care Support Worker	1	0.7
Non Executive Director	1	1.0
Assistant	1	1.0
Assistant Psychotherapist	1	0.8
Clerical Worker	1	1.0
Trust Grade - Specialty Registrar	1	1.0
Grand Total	34	29.1

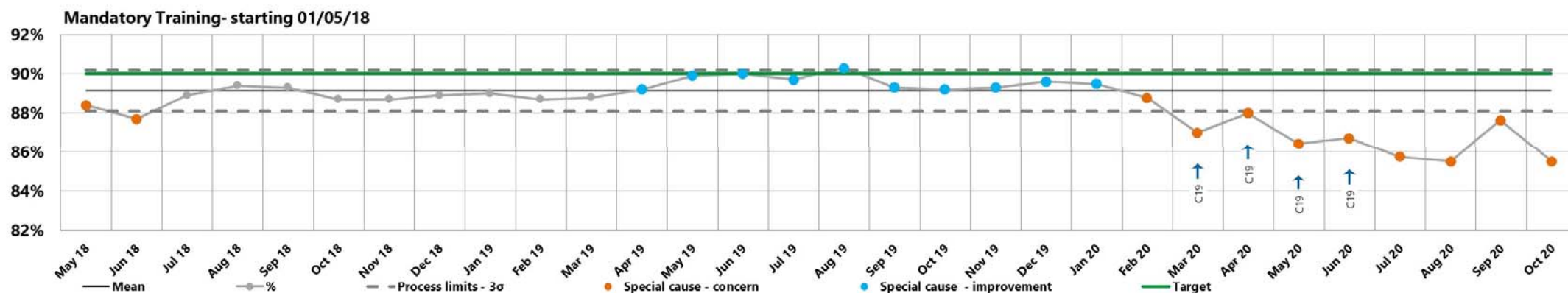
Mandatory Training – Performance Trend

Mandatory training compliance dropped by 2.1% in October to 85.5%, down from 87.6% in September. This is the lowest overall compliance value for the last 2 years.

Some improvements small improvements were made, non more than one percentage point, and the largest performance reductions were in the 'red' focus areas.

The largest performance reductions were: RESUS Neonatal – **5.9%** to 67%, RESUS Paediatric –**6.3%** to 58.2% and Safeguarding Children Level 3 – **4.3%** to 68.1%.

In summary, the worse performing training categories worsened.



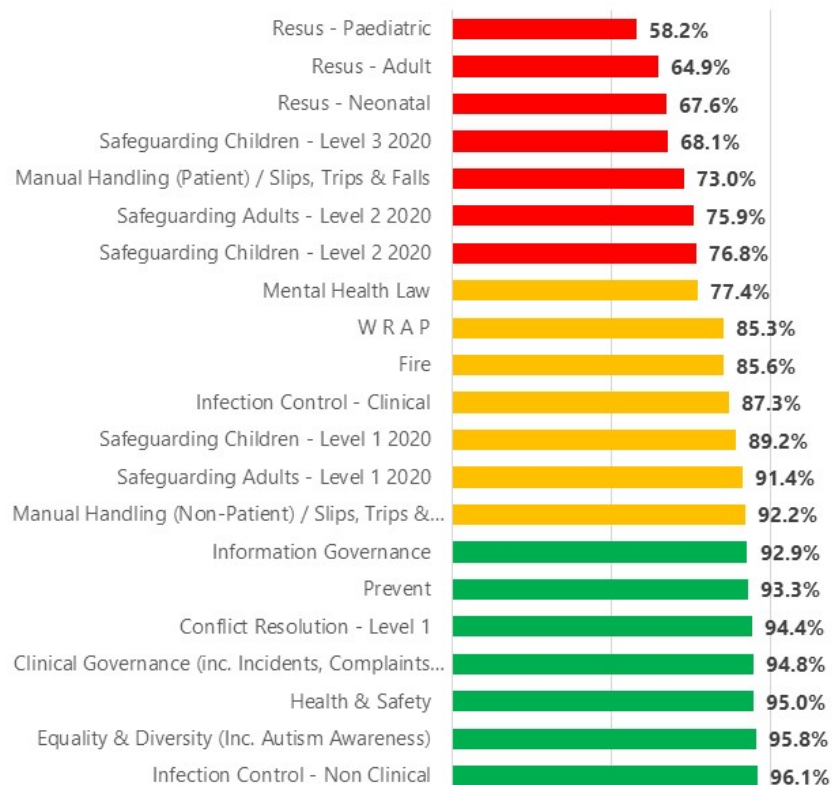
Month	Clinical Governance	Conflict Resolution - Level 1	Equality & Diversity	Fire	Health & Safety	Infection Control - Clinical	Infection Control - Non Clinical	Information Governance	Manual Handling (Non-Patient)	Manual Handling (Patient)	Mental Health Law	Prevent	Resus - Adult	Resus - Neonatal	Resus - Paediatric	Safe-guarding Adults-Level1	Safe-guarding Adults-Level2	Safe-guarding Children-Level1	Safe-guarding Children-Level2	Safe-guarding Children-Level3	W R A P
June	93.9%	92.5%	94.8%	84.5%	93.8%	88.2%	94.9%	88.5%	88.6%	75.3%	80.8%	94.6%	70.4%	73%	62.7%	91%	76.3%	89%	78%	74.9%	88%
July	92.9%	92.6%	93.7%	83.4%	92.7%	83.9%	94.3%	87.5%	89.5%	71.2%	78.9%	93.5%	66.8%	68.9%	61.2%	90.6%	74.9%	88.2%	75.8%	72.9%	86.3%
August	94.7%	94.3%	95.7%	86.0%	94.4%	87.8%	96%	92%	91.1%	71.9%	80.4%	94.3%	68.6%	75.5%	65.5%	91.4%	77.3%	88.9%	78.3%	75.6%	87.2%
September	95.0%	94.4%	96.0%	86.4%	95.3%	89.0%	96.1%	92.9%	92.0%	73.2%	80.4%	94.2%	66.7%	73.5%	64.5%	91.2%	78.3%	89.2%	79.3%	72.4%	87.2%
October	94.8%	94.4%	95.8%	85.6%	95%	87.3%	96.1%	92.9%	92.2%	73%	77.4%	93.3%	64.9%	67.6%	58.2%	91.4%	75.9%	89.2%	76.8%	68.1%	85.3%
This Month v Last Month Variance																					
May to June	-0.8%	-1.1%	-0.3%	-0.9%	-0.7%	-1.1%	-0.2%	-1.5%	-0.7%	-4.4%	-0.9%	-2.4%	1.6%	0.1%	-1.9%	-1.0%	0.7%	-2.2%	-0.4%	-0.4%	-0.3%
June to July	-1.0%	0.1%	-1.1%	-1.1%	-1.1%	-4.3%	-0.6%	-1.0%	0.9%	-4.1%	-1.9%	-1.1%	-3.6%	-4.1%	-1.5%	-0.4%	-1.4%	-0.8%	-2.2%	-2.0%	-1.7%
July to Aug	1.8%	1.7%	2.0%	2.6%	1.7%	3.9%	1.7%	4.5%	1.6%	0.7%	1.5%	0.8%	1.8%	6.6%	4.3%	0.8%	2.4%	0.7%	2.5%	2.7%	0.9%
Aug to Sep	0.3%	0.1%	0.3%	0.4%	0.9%	1.2%	0.1%	0.9%	0.9%	1.3%	0.0%	-0.1%	-1.9%	-2.0%	-1.0%	-0.2%	1.0%	0.3%	1.0%	-3.2%	0.0%
Sep to Oct	-0.2%	0.0%	-0.2%	-0.8%	-0.3%	-1.7%	0.0%	0.0%	0.2%	-0.2%	-3.0%	-0.9%	-1.8%	-5.9%	-6.3%	0.2%	-2.4%	0.0%	-2.5%	-4.3%	-1.9%

Mandatory Training – Areas of Focus

Resus continues to be a weak area, at Paediatric at 58%, Adult at 65%, and Neonatal at 68%.

Safeguarding Children is also challenged at Level 3 68%, Level 2 77% and Level 1 89%.

Mandatory Training Compliance - Priority 1

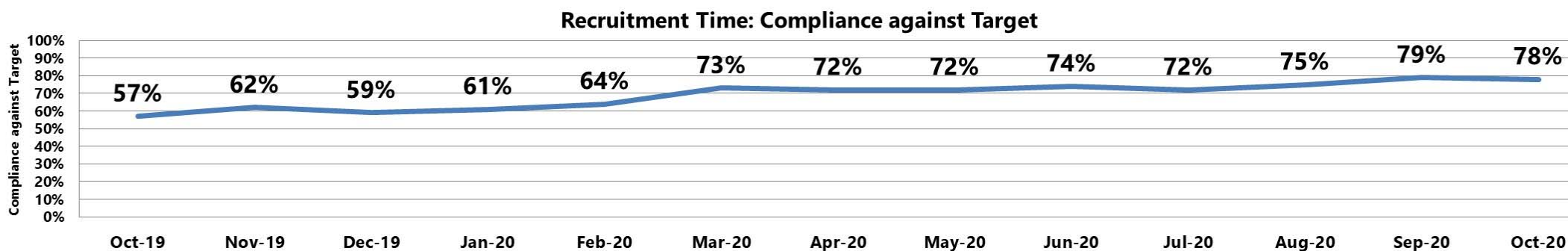


Selected Mandatory Training Categories		Resus - Adult	Resus - Neonatal	Resus - Paediatric	Safeguarding Children - Level 3 2020
Division	Directorates (showing all category total)	>=90% >=80%	>=90% >=80%	>=90% >=80%	>=90% >=80%
253 Clinical Support 87.2% (5391/6180)	253 Breast Screening Service Dir 92% (497/540)	77%			
	253 Cancer Services Management Dir 80.7% (201/249)	50%			
	253 Clinical Support Div Mgt Dir 79.7% (59/74)	100%			
	253 Imaging Dir 87.9% (2391/2720)	75%		64%	
	253 Pathology Dir 77.5% (687/886)	50%		100%	
	253 Pharmacy Dir 90.9% (1556/1711)				
	CLINICAL SUPPORT TOTAL	74%		64%	
253 Corporate / Mgt 88.3% (5709/6462)	253 Board Secretary FT Dir 98.7% (77/78)				
	253 Chief Executive Dir 79.1% (265/335)	100%			
	253 Finance Information and Estate Dir 94.3% (1306/1384)				
	253 Human Resources Dir 92.4% (525/568)	50%			
	253 Information Technology Dir 88.5% (859/970)				
	253 Medical Director Dir 86.3% (991/1148)	42%		100%	
	253 Nursing Directorate Dir 90.6% (1129/1246)	64%			63%
	253 Operations Management Dir 73.9% (493/667)	61%			58%
	253 Strategy & Performance Dir 96.9% (64/66)				
	CORPORATE TOTAL	55%		100%	60%
253 Medicine & Integrated Care 86.7% (25969/29951)	253 Integrated Care Dir 90.1% (8770/9723)	76%		90%	70%
	253 Medicine Division Management Dir 90.8% (208/229)	100%			100%
	253 Nursing Medicine Dir 84.9% (11591/13648)	62%		61%	69%
	253 Specialist Medicine Dir 84.5% (3561/4210)	62%		45%	
	253 Urgent Care Dir 85.8% (1839/2141)	74%		60%	52%
	MIC TOTAL	67%		62%	66%
253 Surgery 83.9% (20075/23913)	253 Maternity Services Dir 84% (2839/3379)	60%	64%		63%
	253 OPD and Health Records Dir 85.5% (575/672)	65%			
	253 Specialist Surgery Dir 84.8% (1912/2254)	56%		76%	45%
	253 Surgery Division Mgmt Dir 93.7% (1209/1289)	87%			80%
	253 Surgery Urology & Vascular Dir 79.5% (3679/4624)	56%		100%	
	253 Theatres Anaes & Crit Care Dir 81.5% (4952/6076)	60%		34%	
	253 Trauma & Orthopaedics Dir 85.4% (2395/2803)	66%		66%	
	253 Women and Children Dir 89.2% (2514/2816)	60%	72%	73%	78%
	SURGERY TOTAL	60%	67%	53%	70%
OVERALL PERFORMANCE		64.9%	67.6%	58.2%	68.1%

Recruitment

Performance against targets (days to complete stages) dropped slightly overall in October down 1% to 78%.

Two areas contributed to the performance reduction – ‘sending invites to interview date’ down to 70%, and ‘from interview to conditional offer’ down to 52%



Trust Total Recruitment Time	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Time to Approve (8 Days)	61%	63%	59%	73%	70%	72%	72%	85%	90%	95%	87%	91%	80%
Time to Advertise (2 Days)	94%	97%	94%	94%	94%	96%	97%	98%	90%	96%	95%	99%	91%
Time to Shortlist (4 days)	100%	61%	53%	56%	53%	50%	49%	51%	64%	61%	63%	60%	66%
Time to send interview invites after shortlisting (2 Days)	76%	100%	95%	97%	100%	100%	100%	100%	96%	99%	99%	100%	100%
Time from sending invites to interview date (5 Days)	76%	83%	77%	65%	68%	79%	79%	83%	76%	62%	76%	75%	70%
Time from interview to conditional offer sent (2 Days)	77%	84%	80%	55%	58%	68%	68%	54%	85%	88%	94%	92%	52%
Time to complete PE Checks (27 Days)	56%	66%	69%	54%	59%	57%	57%	75%	69%	83%	77%	85%	92%
Total Time to Recruit (50 Days)	57%	62%	59%	61%	64%	73%	72%	72%	74%	72%	75%	79%	78%

Staff Health & Wellbeing – SHAW Service – Manager Referrals

Appointments held in October reduced to 35, down from 41 in September.
The SHAW service continues to offer appointments within the 15 day target.

Pre-employment check performance was at 98.1% (unvalidated) for October, up from 89.2% in September. Total volume of checks was 160 in October, similar to September at 157.

Year to date, Staff Nurse pre-employment checks are the highest at 9% of the total.

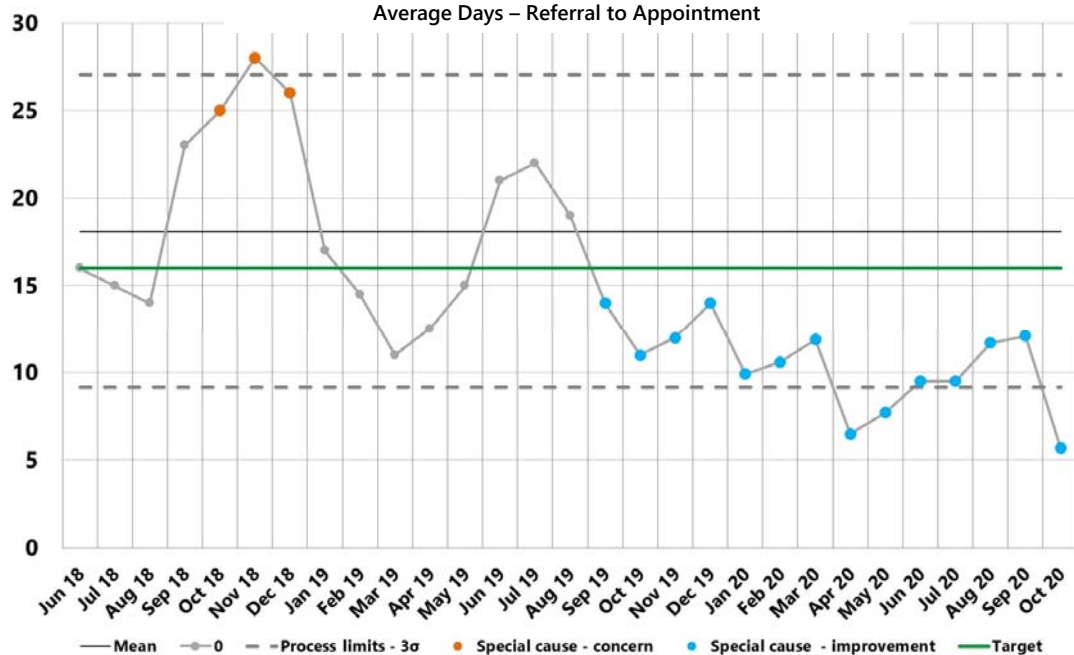
Referrals Received: YTD 2020

Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Total	%
Ability to Perform Duties	13	22	4	72	34	33	24	202	64%
Frequent Short Term Sickness Absence	12	5	0	5	9	4	3	38	12%
Long Term Sickness Absence	14	22	0	14	16	4	8	78	25%
Total	39	49	4	91	59	41	35	318	100%

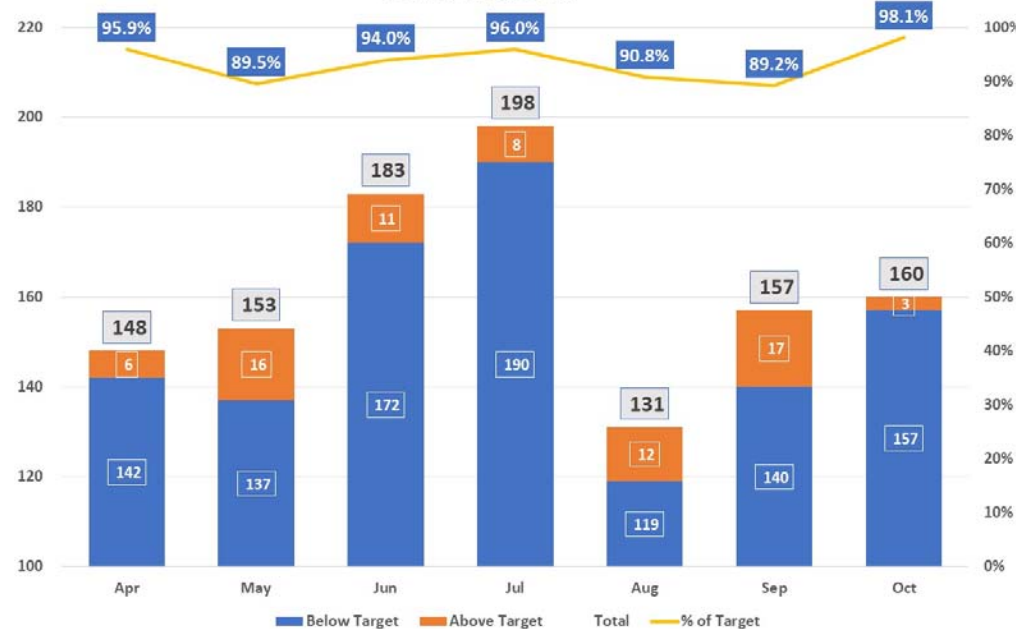
Pre-Employment Check Requests

Role (top 6 by vol.)	Apr	May	June	July	Aug	Sept	Oct	YTD	% of YTD
Staff Nurse	7	7	18	34	7	13	20	106	9%
Volunteer	26	4	15	8	12	13	13	91	8%
Bank Staff Nurse	6	7	4	4	5	3	2	31	3%
CSW (Standard)	5	10	2	6	2	2	1	28	2%
Bank CSW	10	0	0	13	1	1	2	27	2%
MIDWIFE	6	5	7	0	1	3	4	26	2%

Average Days – Referral to Appointment



Pre-Employment Checks within Target (14 days)



HR Caseload

The HR caseload has reduced from 45 in September to 43 in October. BAME staff are represented in 23% of cases – higher than the current BAME representation in the Trust of 20% Overall.

Suspensions have reduced by 1 since last month.

Staff Group: Nursing and Midwifery Registered have the largest number of open cases, however this is in proportion to the number of staff in that group.

Disciplinary cases continue to be the highest category at 12.

	Suspension	Capability No UHR	Capability UHR	Disciplinary	Grievance	Further ER Stages - Ref to Prof Reg Body	Further ER Stages - Appeal	Total	% of BAME+Non- BAME
BAME		3	2	4	1	0	0	10	23%
Non-BAME	6	1	7	7	7	0	1	29	67%
Z Not Stated		0	1	1	0	1	1	4	9%
Grand Total	6	4	10	12	8	1	2	43	

	Suspension	Capability No UHR	Capability UHR	Disciplinary	Grievance	Further ER Stages - Ref to Prof Reg Body	Further ER Stages - Appeal	Total	% of Total
Additional Clinical Services	1	0	5	2	0	0	0	8	19%
Administrative and Clerical		1	2	3	1	0	2	9	21%
Allied Health Professionals		0	0	2	7	0	0	9	21%
Medical and Dental		0	0	1	0	1	0	2	5%
Nursing and Midwifery Registered	5	3	3	4	0	0	0	15	35%
Total	6	4	10	12	8	1	2	43	

Paper for submission to the Board of Directors on 10th December 2020

TITLE:	Speak Up (FTSU) Guardian Update		
AUTHOR:	Derek Eaves, FTSU Guardian Becky Plant, FTSU Guardian Philippa Brazier FTSU Guardian	PRESENTE R	
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
N	Y	Y	x
RECOMMENDATIONS			
To agree that the actions being taken are appropriate.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience. SO2: Safe and Caring Services. SO4: Be the place people choose to work. SO5: Make the best use of what we have. SO6: Deliver a viable future.			
SUMMARY OF KEY ISSUES:			
This paper gives an update on: <ul style="list-style-type: none"> Concerns raised in the last two quarters (Q1/Q2 and for Q3 up to 25th November and an outline of outcomes and feedback from these. Recent information, activities and developments 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N	Risk Description:	
	Risk Register: N	Risk Score:	

COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	Y	Details: Recent review of FTSU
	Other	N	Details:
REPORT DESTINATION	Board of directors	Y	DATE: 10th December 2020
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Executive Summary

This paper provides details on recent concerns, brought to the FTSU service including themes. Demographics are also provided, by professional group only, to ensure confidentiality is maintained.

Examples of concerns are given and details of feedback received.

In addition a summary of recent FTSU activities, in relation to National Freedom to Speak up Month (October 2020) is included. As part of promoting the service a number of staff were surveyed, for their views, on FTSU and the details of these findings can be found in Appendix 1.

THE DUDLEY GROUP NHS FOUNDATION TRUST

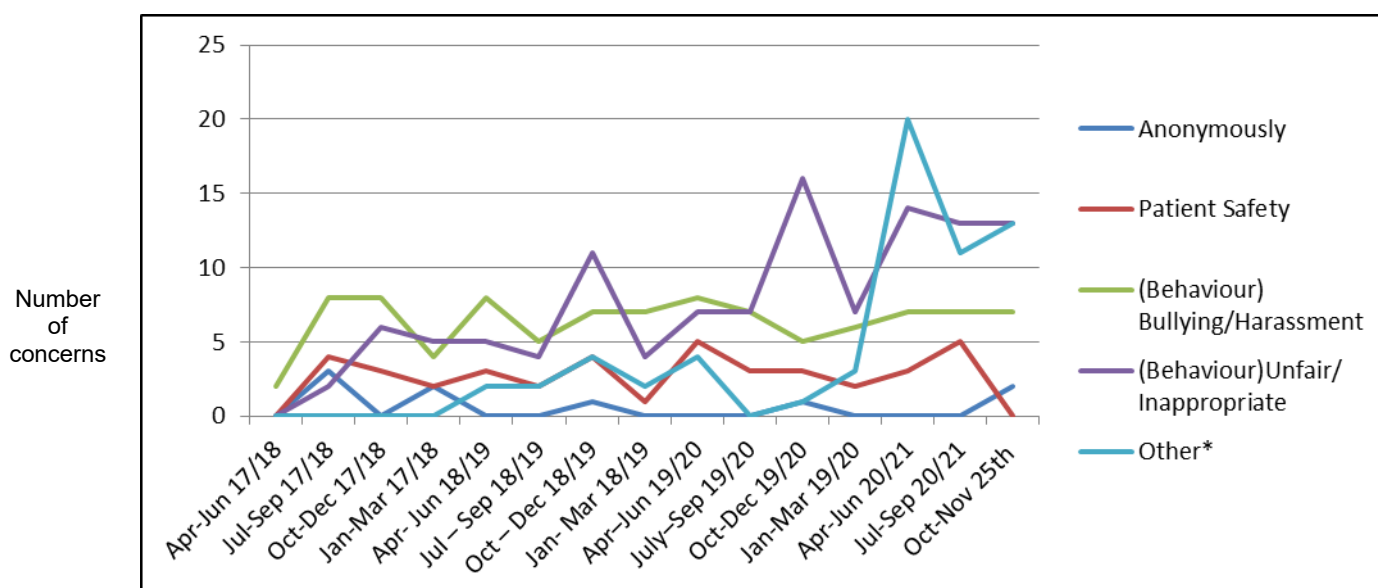
Freedom to Speak Up (FTSU) Guardian December 2020 update

Numbers of concerns raised at the Trust

The chart below indicates the numbers and types of concerns raised with the Guardians a) each full quarter in the last three financial years b) the numbers for Q1, Q2 and ongoing Q3 this year. From this financial year, in terms of numbers of concerns raised the National Guardian Office (NGO) has asked that when a group of staff have the same concern this should be recorded as the number of staff in the group not one concern (as previously). As previously noted, the National Guardian Office (NGO) has discussed the difficulties in categorising types of concerns being raised and those below are locally based categories. The majority of concerns being raised are regarding behaviour unrelated to patient care although as the Civility Saves Lives Campaign points out, inappropriate behaviour between and towards staff can result in ineffective care. We have divided the national category on this topic into two: a) perceived bullying and harassment and b) perceived unfair behaviour, the latter includes such concerns as unfair recruitment, unfair rotas and concerns about redeployment of staff. Both of these two types of concerns cover those regarding colleagues, line and senior managers.

From April 2020, extras due to NGO change of counting number of individuals not concerns: Q1 3, Q2 7, Q3 6

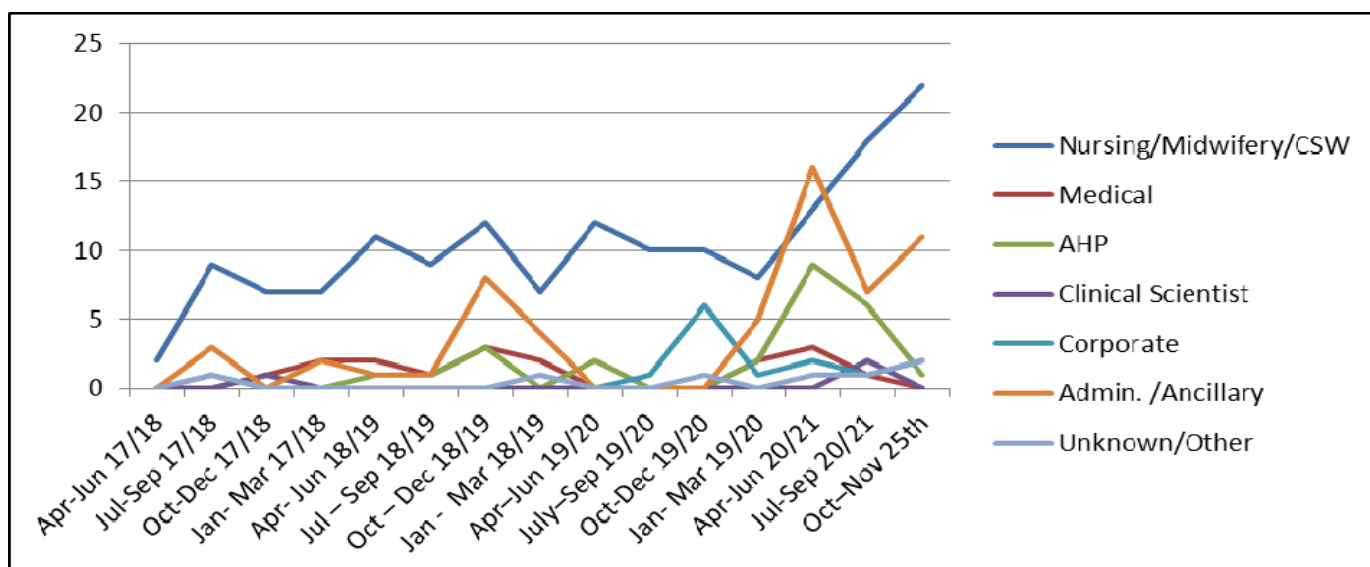
*Covid related: Q1 17, Q2 5, Q3 7



It can be seen that the numbers of concerns have increased considerably in 2020, due to Covid 19 concerns and the fact that the NGO has asked us to count the individuals that come to us and not only the number of concerns. Ten of the concerns in Q3 were initially raised with champions who provided advice and then they highlighted the issues with the Guardians, who took appropriate action as necessary.

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

Number
of
concerns



Actions/Outcomes

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

The following are some latest examples of cases and actions/outcomes as a result of concerns raised:

- A concern about perceived unfairness of the recruitment process was resolved by reopening the closing date for applicants.
- A previous concern which had not been resolved despite agreement on actions that needed to be taken was progressed further after the intervention of the Guardian.
- Concerns about working relationships between colleagues and managers have been prevalent during autumn: the majority of these issues have been related to communication and have been resolved informally.
- Covid related concerns include the use of track and trace and redeployment: mostly these are easily resolved by providing assurance based on the latest information. Trust comms such as 'in the know' and 'live chat' have been very useful in such scenarios.

Feedback

It is not always possible to get written feedback from those who raise concerns in terms of the quality and timeliness of our response but some staff have stated:

- *'Thank you so much for your persistence – I can be hopeful that we may be getting somewhere!'*
- *'Thank you for listening to my concerns raised and for your response'.*
- *'Thank you for getting in touch so soon'*

Speak Up Champions:

Appreciative enquiry training took place in October with many of our champions attending. It is hoped that this skill can be utilised to maximise positive learning from the Greatix system as some submissions may benefit from further investigation.

FTSU Surveys of Staff

During October two surveys of staff views were conducted. One was of staff who had recently used the service and the second was of staff generally with regards to their understanding of the service. Both include quantitative and qualitative questions. The detailed results and how best to publicise them, and what action should be taken, are going to be discussed at the next FTSU Steering Group. A summary of some of the findings can be found in Appendix 1.

Internal Audit/NHSi Review of Speak Up

As reported at the last meeting, RSM, the Trust's internal auditors, undertook a review of FTSU arrangements in August. The Board can be assured that all the recommended actions have now taken place with the final action being an updated review of the Trust's compliance with the national NHSi Speak Up standards for all Trusts. This has now been undertaken by a staff member from NHSi and the outcome report received on 30th November. This will be discussed at the next FTSU Steering Group from which actions will be agreed to the recommendations.

NGO Case Reviews

No reviews have been published in this quarter.

National Speak Up Month

This occurred over October. A walkround schedule to all areas of the Trust occurred with Guardian, Champion and Non-Executive/Executive involvement. As well as promoting Speak Up, pens, leaflets and chocolates were distributed and staff were asked to completed a quick confidential survey (see above). Speak Up was promoted on Twitter every day by videos of Guardians, Champions and Executive/Non Executive Leads discussing an element of Speak Up for each alphabet letter (A-Z). All of these videos have now been put together and this was promoted on the Hub through 'In the Know' as were videos of a Guardian and some champions – these will be placed on the Hub. The Statement on Speak Up that each Board member agreed to sign at the last Board Meeting was promoted in 'In the Know'. The surveys mentioned above also took place as part of Speak Up month.



Recommendations/Assurance

The FTSU Guardians and champions continue to promote their service with support from the Directors (executive and non executive). The information gained from surveying staff will be used to highlight areas of our service which can be improved.

In addition to this the findings from NHSi's recent audit of our service will be discussed at FTSU steering group on 17th December 2020 so actions and timescales can be agreed.

Appendix 1

Staff Surveys of FTSU service October 2020

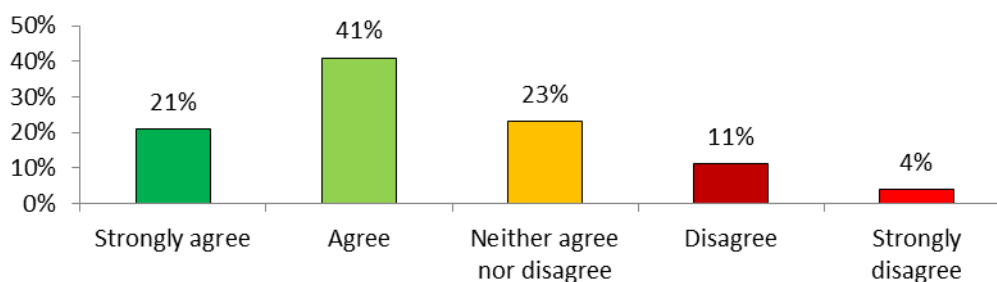
a. Survey of Staff who have used the service

This was undertaken by emailing staff and asking them to confidentially complete a series of questions and either returning it by email or by internal post, if the person wished to remain anonymous. In order to try and achieve a good response the questionnaire was kept as short as possible but covering: a) key questions on the service, b) questions on if the concern has been resolved by the Trust and c) some key demographic data questions. Not all staff who have used the service could be surveyed as some have left the organisation. 39 questionnaires were sent to those who had used the service in the last nine months. In total 17 replied (44% overall response rate). Those responding included medical, laboratory, AHP, nursing and administrative and clerical staff. The majority were from the acute hospital although there were two from the community. Four respondents indicate they had protected characteristics. All indicated they were able to access contact details for the Guardians easily, were able to make contact quickly, were satisfied with the time taken to contact them back and thought the Guardian/champion was helpful. 71% felt that the concern was resolved. 94% would recommend a colleague to use the service. With regards to the open questions on if they had any comments to make about the handling of the concern or any improvements that could be made, the responses varied considerably with some being overwhelmingly positive but others with a mixture of both negative and positive elements. A number of improvements were suggested which will be looked at in terms of improving the service.

b. Survey of Staff generally

488 staff members (which included students) from a range of specialities, departments and sites were asked their opinions on the FTSU service. 38 of the surveyed staff submitted their own responses via an online link while the next 450 were surveyed face to face as part of the FTSU walkrounds in October. 89% indicated they knew about the different ways to speak up in the organisation. The results of the question:

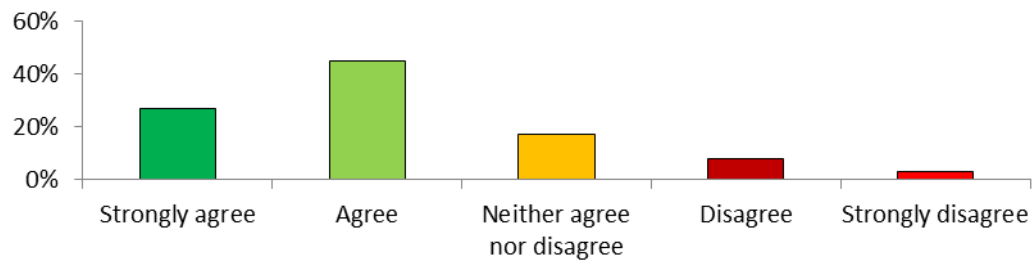
People are encouraged to speak up and can share their opinion without fear of negative consequence are below:



While to the question:

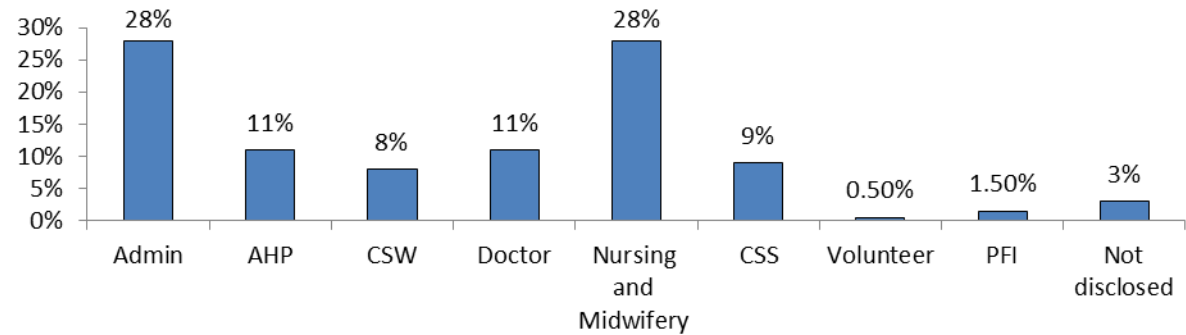
I am confident to speak up and raise any work concern

staff indicated the following:



80% indicated they are aware of the Trust’s Freedom to Speak Up (FTSU) Guardians and champions and 89% said they would contact them if they felt they needed to.

The demographics of the staff surveyed were



Please note students and trainees are included in the above figures.

The Steering Group will be discussing the detailed results which included open comments and suggested improvements to be made at the Trust in terms of Speaking Up.

Paper for submission to the Board on the 10th December 2020

TITLE:	Guardian of safe working report		
AUTHOR:	Mr Babar Elahi – Guardian of safe Working Hours	PRESENTER	Mr Babar Elahi – Guardian of safe Working Hours
CORPORATE OBJECTIVES: SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have			
The report covers the following elements: <ul style="list-style-type: none"> Guardian's quarterly report with ongoing challenges Progress to date 			
IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: Implementation of revised JD contract may adversely impact on rotas
	Risk Register: Y COR102		Risk Score: 16
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: links to safe, caring and well led domains
	Monitor	N	Details:
	Other	Y	Details: national requirement for effective guardian role
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		Y	Y (Assurance)
RECOMMENDATIONS FOR THE BOARD The Board is asked to note the actions taken by the Trust and its appointed guardian of safe working.			

Board of Directors

Guardian of Safe Working Report September 2020

Purpose

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

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

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

Background and Links to Previous Papers

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

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

This is the 16th GSW report and covers the period from 12th August to 25th November 2020. The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources and finance to establish his role in the Trust and build relationships.

Challenges

Engagement

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

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

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

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

Junior Doctor Representative Committee 2020 - 2021:

We are pleased to inform the Board that junior doctors under the leadership of Dr Bethan McLeish have formed junior doctor representative committee. This newly formed committee has the support of the Guardian of Safe Working and Director of Medical Education. It will form a channel of communication between the Junior Doctor body, senior management and educational leads. It has so far 22 members with representation of each department and grade. Their role and responsibilities are :

- To represent colleagues at Junior Doctor Forums & Guardian of Safe Working Forums.
- To canvas the views of peer trainee doctor colleagues and obtain feedback.
- To report on the experiences and views of trainee doctors and be actively involved in finding a satisfactory conclusion.
- To be involved in the development of Quality Improvement initiatives.
- To highlight good practice / positive behaviours from within each specialty.
- To provide feedback to their peers regarding the outcome of JDRC committee meetings, JDFs & GOSW forums

The Guardian of Safe working has offered all these members mentorship for Guardian role as token of appreciation on behalf of the Trust for their commitment to this new role.

Exception Reports by Department – 12th August 2020 – 25th November 2020 total = 28

Number of exceptions carried over	Number of exceptions raised	Number of exceptions closed	Number of exceptions outstanding	Specialty
0	28	28	0	General Surg - 24 Gen med – 2 O&G – 1 Paeds - 1

Exception Reports by Grade

Grade	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open –
F1 – 26 ST1 – 1 St5 -1	1	1	26	0

Exception Reports and Fines.

- 28 exception reports by doctors
- 1 immediate safety concern which was dealt within the required timeframe
- 23 exception reports agreed as compensation overtime payment
- 1 closed due to no response from doctor
- 4 exception reports agreed as no further action
- No fines during this period

Gaps as at November 2020					
Department	DOCTORS IN TRAINING				Total
	FY1	FY2	ST Lower (CT, CMT, GPST)	ST Higher	
AMU	0	0	2	0	2
ANAESTHETICS	0	0	0	0	0
CARDIOLOGY	0	0	1	0	1
DERMATOLOGY	0	0	0	0	0
DIABETES	0	0	1	0	1
ELDERLY CARE	0	0	1	3	4
EMERGENCY	0	0	1	0	1
ENT	0	0	0	0	0
GASTROENTEROLOGY	0	0	0	0	0
HAEMATOLOGY	0	0	0	0	0
MAX FAC	0	0	0	0	0
OBS & GYNAE	0	0	0	0	0
ONCOLOGY	0	0	0	0	0
OPHTHALMOLOGY	0	0	0	0	0
PAEDIATRICS	0	0	0	0	0
PAIN MANAGEMENT	0	0	0	0	0
RADIOLOGY	0	0	0	0	0
RENAL	0	0	1	0	1
RESPIRATORY	0	0	0	0	0
RHEUMATOLOGY	0	0	0	0	0
STROKE	0	0	0	0	0
SURGERY (GENERAL)	0	0	0	0	0
TRAUMA & ORTHOPAEDICS	0	0	0	0	0
UROLOGY	0	0	0	0	0
VASCULAR	0	0	0	0	0
Total	0	0	7	3	10

Next Steps

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

1. Conclusion

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

2. Recommendation

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

Author	Babar Elahi Guardian of Safe Working
Executive Lead	Chief Executive
Date	29/11/2020

Paper for submission to the Board of Directors
10 December 2020

TITLE:	Board Workplan 2021		
AUTHOR:	Liam Nevin	PRESENTER	Liam Nevin
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
x	x		
RECOMMENDATIONS			
<ul style="list-style-type: none"> That the Board approve the scheduled business for 2021 			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> The attached workplan sets out the proposed scheduled business for the Board in 2021 The plan sets out the standing business, structured by reporting period (monthly through to annual) and the referred committee business for assurance or decision Where there are specific regulatory or legal reporting requirements these are set out in the table accompanying the plan 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
N/A			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details: Well Led
	NHSI	N	Details:
	Other	Y	Details:

REPORT DESTINATION	EXECUTIVE DIRECTORS	Y	DATE: 23.11.20 (by email) – comments incorporated
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	N	DATE:

Board Reporting Cycle 2021

	Freq.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Standing Items - Public													
Acute Collaboration	Monthly	x	x	x	x	x	x	x		x	x	x	x
Chair's Update	Monthly	x	x	x	x	x	x	x		x	x	x	x
Chief Executive's report	Monthly	x	x	x	x	x	x	x		x	x	x	x
Chief Nurse Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
CNST (see tab for details of report required)	Monthly	x	x	x	x	x							
Finance & Performance Committee Report to Board	Monthly	x	x	x	x	x	x	x		x	x	x	x
Integrated Performance Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
Public Questions	Monthly	x	x	x	x	x	x	x		x	x	x	x
Quality and Safety Committee Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
Workforce Committee Report including KPIs	Monthly	x	x	x	x	x	x	x		x	x	x	x
Digital Trust Technology Committee Report	Bi-Monthly	x		x		x		x		x		x	
Patient Story	Bi-Monthly		x		x		x			x		x	
Staff Story	Bi-Monthly	x		x		x		x			x		x
7 Day Services Compliance	Quarterly	x		x	x			x			x		
Audit Committee Quarterly Report	Quarterly	x			x		x				x		
Board Assurance Framework	Quarterly		x			x				x			x
Trust Strategy - updates	Quarterly	x		x			x			x			x
Charitable Funds Report	Quarterly	x			x		x				x		
Freedom to Speak up Guardians	Quarterly			x			x			x			x
Guardian of Safe Working	Quarterly			x			x			x			x
Workforce Planning & Transformation	Quarterly				x					x			x
Research and Development Report	Bi-Annual						x						x
Annual Medical Revalidation Report	Annual									x			
Annual Report and Accounts	Annual						x						
Audit Committee Annual Report	Annual						x						
Board and Committee Effectiveness Review	Annual				x								
Constitution Review	Annual										x		
Emergency Planning Core Standards	Annual									x			
Winter Plan	Annual									x			
Standing Items - Private													
CEO Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
Digital Technology Exception Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
Finance & Performance Committee Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
Finance Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
MCP Update	Monthly	x	x	x	x	x	x	x		x	x	x	x
MHPS Exception Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
Quality and Safety Committee Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
Workforce Report	Monthly	x	x	x	x	x	x	x		x	x	x	x
Draft Annual Report and Accounts	Annual					x							
Referred Committee Business													
Never Events (via Quality and Safety)	Bi-Monthly		x		x		x				x		x
Board Assurance Infection Control Framework (via Quality and Safety)	Quarterly		x				x				x		
Learning from Deaths quarterly report (via Quality and Safety)	Quarterly												x
Learning from Deaths (via Quality and Safety)	Quarterly		x				x				x		
Annual Plan New Year sign-off (via F&P)	Annual				x								
Business Assurance Framework (all committees)	Annual											x	
Draft Annual Governance Statement (via Audit Committee)	Annual				x								
ED Build FBC (via F&P)	Annual												x
Financial Plan (via F&P)	Annual			x									
Health and Safety Annual Report (via Quality and Safety)	Annual							x					
Infection Prevention Control Annual report	Annual					x							
Internal Audit Plan (via Audit Committee)	Annual				x								
NHSI Self Certification Declaration (via Audit Committee)	Annual				x								
People Plan inc STP (via Workforce)	Annual											x	
Quality Priorities & Quality Metrics (via Quality and Safety)	Annual			x									
Safeguarding Annual Report (via Quality and Safety)	Annual							x					
Staff Survey (via Workforce)	Annual			x									
Statutory mandatory training (via Workforce)	Annual												x
WRES, WDES & gender pay gap Annual update (Workforce Committee)	Annual										x		

Subject Matter	Requirement for Board Assurance
7 Day Service Compliance	Board Assurance Framework for 7 Day Hospital Services - NHSI
Annual Governance Statement	Annual Reporting Manual
Annual Report and Accounts	Annual Reporting Manual (para 1.14)
Financial Plan	NHS Act 2006 – Chapter 6
Freedom to Speak Up	Supplementary Information on FTSU in NHS Trusts and NHS Foundation Trusts 2009 - NHSI
Guardian of Safe Working	Terms and Conditions of Service for Doctors in Training 2016
Health and Safety Annual Report	Health and Safety at Work act 1974
Infection Control Annual Report	Code of Practice on the Prevention and Control of Infections - Dept of Health and Social Care
Learning from Deaths	Implementing the Learning from Deaths Framework: Key Requirements for Trust Boards – NHSI 2017
Maternity CNST Standards	Maternity Incentive Scheme – NHS Resolutions
MHPS	Maintaining High Professional Standards in the NHS: NHS Resolutions
Never Events	Never Events Policy and Framework 2018
NHSI Annual Declarations	NHSI – Self Certification: Guidance for NHS Foundation Trusts
Quality Priorities	Health Act 2009 and Quality Account Regulations 2010
Safeguarding Annual Report	Safeguarding Accountability and Assurance Framework - NHSI

Paper for submission to the Board of Directors
10 December 2020

TITLE:	Interim Governance Arrangements		
AUTHOR:	Liam Nevin	PRESENTER	Liam Nevin
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
x	x		
RECOMMENDATIONS			
<ul style="list-style-type: none"> That the Board endorse the proposed interim governance framework as set out in the background paper, whilst the Trust remains on level 4 Incident designation. 			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> The NHS returned to Incident level 4 on November 4th. 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 background paper proposes interim governance arrangements that focus on performance, safety, risk and mandatory business (legal or regulatory compliance) whilst the level 4 designation remains. 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
The Trust will continue to maintain the risk framework and each Committee and the Board will continue to receive risk based assurance.			
RISK	N	Risk Description:	

	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:
	Other	Y	Details: LEVEL 4 Incident Designation – NHS Letter 4.11.20
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y	DATE: 24.11.20
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	N	DATE:

Board Governance – Interim Arrangements

Report to Board on 10 December 2020

1 EXECUTIVE SUMMARY

1.1 Introduction

The NHS returned to Incident level 4 on November 4th. 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.

1.2 Board Committees

Board governance for the duration of the Level 4 Incident designation needs to be adapted to reflect the focus of the Trust and provide sufficient oversight for the Board whilst reflecting the intense operational pressures that will be experienced during this time.

It is proposed that Board committees continue to operate but with reduced agendas the focus on essential oversight and decision making and streamline papers with a view to limiting committee meeting length to approximately one hour. Some flexibility will be required in relation to agenda setting and there will be a provision for each Committee Chair and Executive lead to agree specific agenda items where it is decided that urgency or other extenuating circumstances require it. Subject to this caveat the proposed framework for each Committee reflects its specific mandate but with the common themes of performance, safety, risk and mandatory business (legal or regulatory compliance):

Quality and Safety

Outstanding Committee assurance concerns from the action log	
Performance overview - IPR	
Risk	
Safety:	
(i)	Complaints, Litigation, Incidents, PALS (CLIP) report

(ii) Serious Incidents
(iii) Learning from Deaths
Mandatory (eg CNST)
Upward Assurance – Highlight Reports of Reporting Groups
Urgency/necessity – agreed by Chair/Exec lead

Workforce

Outstanding Committee assurance concerns from the action log
Performance overview – IPR/KPIs
Risk
Mandatory (eg training)
Equality and Inclusion
Urgency/necessity – agreed by Chair/Exec lead

Finance and Performance

Outstanding Committee assurance concerns from the action log
Finance Summary
Performance -IPR
Risk
Staffing – Nursing and Medical
Urgency/necessity – agreed by Chair/Exec lead

Digital and Technology

Outstanding Committee assurance concerns from the action log
Safety/Mandatory: Cyber security/Care Cert High Alerts Clinical Safety EXTREME / HIGH risks by exception
Performance: Digital Deliveries – COVID 19: Vaccinations Asymptomatic Testing Digital Deliveries – Portfolio: Maternity CNST NHS 111

Risk
Urgency/Necessity – agreed by Chair/Exec lead

1.3 Audit Committee

The Audit Committee meets quarterly and there are limited internal reports for the December meeting. The next meeting will be in March and the agenda will be subject to discussion with the Chair, and will be dependent on the incident level applicable.

1.4 The Trust Board

The Trust Board will continue to meet monthly, including the public meeting. Agendas will be reduced by virtue of the reduction in Committee business flowing through but the programmed Board business will also be subject to review by the Chairman and the Trust Secretary. Some business may be deferred depending on the volume of business to be conducted and whether the items are time sensitive, and some items may be taken as read and debated only by exception.

1.5 Urgent Decision Making

Given that the Board committee structure will be maintained urgent decision making should remain exceptional, but in the event that this is required the recent changes made to the constitution permit an urgent sub-committee of the Chair, Chief Executive and relevant Committee chair to be convened without formal notice, either electronically or by telephone. Decisions made under such powers are required to be reported to the next Board meeting.

1.6 Governor Committees and the Council of Governors

As with the arrangements for wave one of the pandemic, Governor committees will not meet during the level 4 Incident designation. The Council of Governors will be subject to periodic briefings and these will be converted to formal business meetings where it is necessary for decisions to be approved, although this requirement will be exceptional.

Weekly written briefings are also being provided to Governors and these will be continued and a monthly briefing is provided to the Trust membership.

RECOMMENDATION(S)

2.0 That the Board endorse the proposed interim governance framework whilst the Trust remains on level 4 Incident designation.

Liam Nevin
Trust Secretary

10 December 2020