The Dudley Group
NHS Foundation Trust

Board of Directors Meeting Public Papers

Thursday 14th January 2021

12:05 – 15:20

The Dudley Group
NHS Foundation Trust

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:

Helen Benbow
Executive Officer
The Dudley Group NHS Foundation Trust
DDI: 01384 321012 (Ext. 1012)
Email: helen.benbow1@nhs.net

Liam Nevin
Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
email: liam.nevin@nhs.net

2. Board Members' interests

All members of the Board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the trust and these are recorded in a register. 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

Liam Nevin
Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
email: liam.nevin@nhs.net

Helen Benbow
Executive Officer
The Dudley Group NHS Foundation Trust
DDI: 01384 321012 (Ext. 1012)
Email: helen.benbow1@.nhs.net

The Dudley Group
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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.

IN PUBLIC

The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 14 January 2021
By MS Teams

AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
17	**Chairmans welcome and note of apologies –**		Y Buckland	For noting	12.05
18	**Declarations of Interest** Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	12.05
19	**Minutes of the previous meeting** Thursday 10 December 2020 Action Sheet 10th December 2020	Enclosure 10 Enclosure 11	Y Buckland	For approval	12.05
20	**Chief Executive's Overview**	Enclosure 12	D Wake	For information & assurance	12.10
21	**Chair's update**	Verbal	Y Buckland	For information	12.20
22	**Public Questions**	Enclosure 13	Y Buckland	For information	12.30
23	**Acute Collaboration**	Verbal	K Sheerin	For discussion	12.35
24	**Brexit Update**	Enclosure 14	C Leach	For discussion	12.45
25	**QUALITY & SAFETY**				
25.1	Quality and Safety Committee Report	Enclosure 15	E Hughes	For assurance	12.55
25.2	Chief Nurse Report (Including CNST Update)	Enclosure 16	M Sexton	For assurance	13.05
25.3	Board Assurance Infection Control Framework	Enclosure 17	M Sexton	For assurance	13.20
25.4	Ockenden Report	Enclosure 18	M Sexton	For assurance	13.35
25.5	7 Day Service Update	Enclosure 19	J Hobbs	For assurance	13.45
26	**FINANCE & PERFORMANCE**				
26.1	Integrated Performance Dashboard	Enclosure 20	K Kelly	For assurance	13.55
27	**WORKFORCE**				
27.1	Workforce and Staff Engagement Committee Report	Enclosure 21	J Atkins	For assurance	14.10
27.2	Workforce KPIs	Enclosure 22	J Fleet	For assurance	14.20

28	**DIGITAL AND TECHNOLOGY**				
28.1	Digital and Technology Committee Report	Enclosure 23	C Holland	For assurance	14.35
29	**GOVERNANCE**				
29.1	Audit Committee Update	Enclosure 24	R Miner	For assurance	14.45
29.2	Charitable Funds Report	Enclosure 25	J Atkins	For assurance	14.55
29.3	Charitable Funds Accounts and Annual Report	Enclosure 26	J Atkins	For assurance	15.05
30	**Any Other Business**	Verbal	All		15.15
31	**Reflection on meeting**	Verbal	All		15.15
32	**Date of next Board of Directors meeting** 11 February 2021				15.20

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

Enclosure 10

The Dudley Group
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 10th December 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)

20/263 Note of Apologies and Welcome

The Chair opened the meeting and welcomed a member of the public to the meeting.

20/264 Declarations of Interest

The Chair declared that she had been appointed as Chair of Birmingham and Solihull ICS and that her standing declarations of interest would be amended accordingly.

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

20/265 Minutes of the previous meeting held on 12th November 2020

It was noted that Richard Miner was recorded in attendance but had in fact tendered apologies. With that amendment

It was RESOLVED

- **That the minutes of the meeting of the 12th November 2020 be agreed as a true and accurate record of the meeting.**

20/266 Public Chief Executive Overview Report

DW summarised her Overview Report and advised that as the Trust approached the end of a difficult year it was timely to pay tribute to the remarkable job that had been done by the staff.
It was noted that lateral flow tests were now well established for staff with approximately 5,500 kits distributed and 2,500 staff registering. The rate of positive returns was approximately 0.8%. It was further noted that good progress was being made with flu vaccinations with staff take up currently at 80%.
The Healthcare Heroes Team Award for November had been presented to the Mortuary Team and the individual award had been presented to Jacqui Passmore.

The Board extended their appreciation and congratulations to the award winners.

20/267 Chair's Public Update

The Chair noted that there was currently a national NHS consultation underway on the development of Integrated Care Systems which would be important in setting the direction for collaboration within the health service and with other partners concerned with health and social care.

The Board remained vigilant in relation to flu vaccinations and nosocomial infections and also the need to ensure that staff were properly supported. All of these issues were important in guiding how the Board worked.

20/268 Public Questions

No public questions had been received

20/269 QUALITY AND SAFETY

20/269.1 Quality and Safety Committee Report

LH summarised the matters highlighted for referral to the Board in the Committee report.
It was noted that there Committee were not satisfied that there had been appropriate progress in addressing blood labelling errors and it had asked for a detailed plan of action at its next meeting.

JHO stated that the concern was being acted upon; a deep dive had been arranged and the base line rate of errors had been identified.

It was **RESOLVED**

- **That the report be noted**

20/269.2 Chief Nurse Report

MS summarised the report and advised that wards C3, C5 and the Coronary Care Unit would be formally receiving their awards for achieving the Gold Standard Framework for end of life care.

The Board were advised that the number of falls continued to increase and there was deconditioning evident in some patients. Most falls were recorded as no or low harm but two cases were subject to an RCA.

JF advised that sickness had peaked at 9.8% for nurses during wave two of COVID, and whilst this had reduced significantly it remained high.

RM asked whether the Trust would be able to recruit sufficient nursing staff for the new modular building. MS advised that this was challenging but there was ongoing recruitment of CSW staff and the recruits would all be in post by the end of January. In addition, the Trust was participating in the STP programme to recruit overseas nurses but this had only resulted in 30 recruits to date and they would not be available for another 9-12 months. It was agreed that a reduction in sickness levels was key to short term improvements in the position.

JA challenged that the safer staffing data demonstrated some concerns, particularly around ward B1 and he asked what assurances could be given that patients were being kept safe.

MS advised that temporary locum staff had been used, and Matrons redeployed and additional staff had been recruited to this ward. In addition every patient had been formally reviewed and no increase in incidents arising from omissions of care had been noted.

JH challenged that agency spend had risen even when COVID sickness rates had fallen and he sought assurance that these costs could be removed post COVID. MS advised that additional beds had been opened in ED and Critical Care that were above the establishment budget and unless these could be closed in future they would remain as a cost pressure.

LW observed that the importance of a long term staffing plan was a key issue for the Trust. JF advised that a Recruitment and Resourcing Plan had been discussed at Workforce Committee in the previous month and work was being done across the system on the development of a collaborative bank arrangement.

The Chair summarised that the new style of report was clear and easier to read and that the discussions on this issue had highlighted that it would be improved further by balancing and highlighting the positive news stories and the matters of concern.

It was **RESOLVED**

- **That the report be noted**

20/269.3 Board Assurance Infection Control Framework

MS summarised the report and advised that progress had been made on the amber rated risks with six of these now being rated as green. There remained some challenges with twenty one outbreaks of nosocomial infection since the last Board meeting. It was however important to note that the definition of an “outbreak” was an infection of two people. This was an important area of focus for the Trust and it was not being complacent even though the number of such infections compared favourably with other Trusts regionally and nationally.
It was **RESOLVED**

- **That the report be noted**

20/270 FINANCE AND PERFORMANCE

20/270.1 Finance and Performance Committee Report

JH summarised the report and advised that whilst a Restoration and Recovery report had not been received by the Committee there were assurances around the continuing strong performance against constitutional standards.

Finances were strong and the Committee had also received benchmarking data that provided assurance around expenditure during the COVID period. There was an ongoing rise in agency costs and consideration would need to be given to the long term financial challenges as it was expected that the financial framework would become more challenging.

The Chair stressed the importance of the Restoration and Recovery data being available and KK advised that this would be included in subsequent reports.

It was **RESOLVED**

- **That the report be noted**

20/270.2 Green Plan

KS summarised the paper which had been presented to the Finance Committee. It was noted that the objective was for NHS to be net carbon zero by 2040 with all providers mandated to take action to achieve this target. The assessment tool contained 296 criterion and the plan set out the actions proposed and those already in the process of being implemented.

GC asked if the plan was being linked to the review of the Estate Strategy and KS confirmed that the need to make these links was recognised.

The Board discussed the wide ranging reach and impact of this agenda and it was agreed that appropriate resourcing would be necessary including the appointment of a Programme Manager reporting into the Green Plan Working Group and the Finance and Performance Committee.

It was **RESOLVED**

- **That the Green Plan be approved**

20/270.3 Integrated Performance Dashboard

KK summarised the report. In relation to ED she advised that there was an increasing demand from acutely unwell patients, particularly with cardio and respiratory conditions.

KK provided an update on the Trust performance against mandated targets including by reference to the November figures which had just been finalised. These indicated further improvements on cancer waiting time targets that demonstrated that the Trust was on trajectory for its Restoration and Recovery targets.

It was **RESOLVED**

- **That the report be noted**

20/271 WORKFORCE

20/271.1 Workforce and Staff Engagement Committee Report

JA summarised the matters highlighted for referral to the Board in the Committee report and it was noted that non-compliance with mandatory Resus training would be subject to a further report back to the Committee at its next meeting.

It was **RESOLVED**

- **That the report be noted**

20/271.2 Update from Inclusion Leads

The Board were joined for this item by Inclusion Leads Kulvinder Aujla (representing Julie Penny) Siobhan Preston and Laura Grady. Each gave an update on the progress in the work of the groups, appointments to key positions and recruitment of members. It was noted that whilst good progress was reported with each group a common theme was the ability for group members to be released from duties to attend meetings. JF agreed to look into this.

The Chair proposed and it was agreed, that the Charitable Funds Committee would consider financial support for the groups for matters that could not be resourced out of mainstream resources.

20/271.3 Workforce KPIs

JF summarised the report and advised that sickness was now running at 6.4% which was a big improvement on the 9.4% position last month.

CH challenged that whilst retention rates were good there appeared to be relatively high turnover in dental and medical functions and questioned whether this needed further consideration. JF advised that a staff engagement model had been developed and professional engagement forums were a feature of this. The issue would be addressed through this process.

The Chair advised that the Trust needed to address the underrepresentation of BAME and disabled staff at senior levels in the Trust and she had been working with partners to identify NEDs from BAME communities that would apply for an Associate NED position with the Board.

It was **RESOLVED**

- **That the report be noted**

20/271.4 Freedom to Speak Up Guardians

The report was taken as read and noted

20/271.5 Guardian of Safe Working

The report was taken as read and noted

20/272 GOVERNANCE

20/272.1 Board Workplan 2021

The report was taken as read and noted

20/272.2 Interim Governance Arrangements

LN presented the report and set out the proposals to streamline formal reporting to Committees during National Incident Level 4 as a result of the COVID pandemic

It was **RESOLVED**

- **That the interim governance arrangements be approved**

20/273 Any Other Business

LN advised that the Board Development Programme led by NHSI Development had been delayed as a result of the COVID pandemic and in light of the second wave of COVID the proposals was that the NHSI facilitators design a programme of 6-8 sessions of approximately 3 hours each. In advance of this the facilitators would hold one to one discussions with Board members to help develop bespoke content.
The Chair stressed that the facilitators should also see the recent feedback from the 360 programme in order to shape this work.

It was agreed that LN would contact NHSI to begin this work in January.

20/274 Reflections on Meeting

It was agreed that there had been a good level of debate on key issues. The Board had welcomed the discussion around learning disability and there was valuable insight from the Equality and Diversity Leads.

Date for the Next Meeting - 14 January 2020

Signed ………………………………………………………………………………………

Date ……………………………………………………………………………………..........

Enclosure 11

Action Sheet
Minutes of the Board of Directors (Public Session)
Held on 10 December 2020

Item No	Subject	Action	Responsible	Due Date	Comments
20/273	Board Development	NHSI Development proposal for Board development programme agreed. One to one interviews with Board members to be set up in January 2021	LN	January 2021	Done

Enclosure 12

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14th January 2021

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

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

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

RECOMMENDATIONS

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

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Coronavirus
- Flu Vaccination
- Healthcare Heroes
- Charity Update
- New Year Honour for Dr Paul Harrison
- 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 – 14th January 2021

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

As the country was placed in national lockdown on Wednesday 6th January 2021, we are seeing an increase in the number of inpatients testing positive for COVID-19 and the incident rate in the Dudley borough continues to rise. As at 6th January 2021, the rate per 100,000 of population was 600.4. It is so important that we do all we can to stop this virulent new strain of the virus from spreading. Sticking to lockdown rules, remembering to wash hands frequently and wear face coverings in enclosed spaces is so important.

From December 29th 2020, we became a vaccination hospital hub for the Pfizer-BioNTech COVID-19 vaccine and people most at risk of complication from COVID-19 are being offered the vaccine first. We have been very happy to support our local community and offer the vaccine to care home staff, people over 80 years of age and high risk staff on the frontline. Those wishing to have the vaccine don't have to do anything to get it – they will be contacted when it is their turn to have the vaccine.

Flu Vaccination

We are getting closer to our target of vaccinating 90 per cent of frontline staff with the flu vaccine. Our campaign started on 5th October 2020 and as at 4th January 2021, we had vaccinated 82 per cent of staff. We do all we can to give staff easy access to the flu jab as this provides the best protection against the flu.

Healthcare Heroes

Team winner

Our staff on ward C7 were nominated by a student nurse for the way they pulled together as a team throughout the pandemic. During the first wave of the pandemic, the ward was transformed into an acute medical unit overnight. This meant they had to transfer all 36 inpatients to neighbouring wards allowing 36 more patients with respiratory health problems into their care. They did this with no issues. They will take anything that is thrown at them with professionalism and as a team. They are all hardworking members of The Dudley Group. They have had to face COVID-19 not once, but twice, and have always shown true resilience and dedication to the patients in their care. They have recently been praised by a patient on the ward who told us that all the staff on C7 were so kind and caring towards her.

The individual award is yet to be presented.

Charity Update

We are very pleased to have been allocated £100,000 in Stage 2 Funding from NHS Charities Together. This will be given in two stages: £50,000 immediately and £50,000 in Jan 2022. Our partner in this venture is Mary Stevens Hospice and the project is BAME Community Outreach for end of life care. This will enable a better understanding of the priorities and needs of Black Asian Minority Ethnic communities at end of life and the opportunity to raise awareness of what palliative care is and how people can access it. It will also encourage BAME communities to have advance care planning conversations, enabling the hospice to hear and share the voice of this community, build community capacity and empower more people to document their wishes and access palliative care earlier. Parallel to this work there will be a qualitative research study to better understand the barriers and experiences of BAME communities accessing palliative care. This will be achieved through a creative and compassionate community approach, using art workshops to create these important conversations.

New Year Honour for Dr Paul Harrison

Congratulations to our former medical director Dr Paul Harrison who has been awarded an MBE in the Queen's New Year Honours List. Dr Harrison, who is now clinical director for Black Country Pathology Services (BCPS), has been honoured for his commitment to pathology services within the Black Country and nationally. He was MD for The Dudley Group 10 years and served as acting chief executive for several months before the appointment of Diane Wake.

Dr Harrison was appointed clinical director of BCPS is 2018 where he successful established and led the Black Country Pathology Network, bringing together The Dudley Group, Sandwell and West Birmingham NHS Trust, Walsall Healthcare NHS Trust and Royal Wolverhampton's pathology services.

Patient Feedback
It is always so lovely to receive positive patient feedback and is a real morale boost for our hardworking staff. Here are a few examples of the patient comments we have received.

Urology: Treatment was on time, I had a comprehensive explanation of what was going on and the whole procedure was conducted with an appropriate level of humour.

Breast Surgery: I attended a rapid access clinic. All went very smooth and efficiently with two procedures being completed. Thank you.

Vaccine hub: From the start to finish it was well organised, all the staff we polite, attentive and helpful. The atmosphere was calm and felt at ease when walking in. Thank you to everyone that has been involved in setting up and rolling out the vaccine to help keep us safe, what an accomplishment! It was very impressive and so organised.

AMU: Under the most stressful and difficult circumstances of our times, I was truly appreciative of the excellent treatment I received from the time the paramedics arrived; what seemed to be minutes from the call to being treated by all staff at Russells Hall Hospital. They are incredibly devoted members of the human race.

B4: All staff were fantastic, they were kind, caring and friendly. I felt very well looked after and I couldn't fault anyone that helped me during my time in hospital.

C1: I was given the very best care by all of the staff.

Visits and Events

2nd December	Live Chat
3rd December	A&E Delivery Board
8th December	Live Chat
10th December	Board of Directors
	Black Country & West Birmingham STP Quarterly System Review Meeting
11th December	Long Service Awards
14th December	STP Cancer Board
16th December	Live Chat
16th December	Healthcare Heroes
18th December	Council of Governors
7th January	A&E Delivery Board
11th January	Board Workshop

National News

NHS staff could lose 75% of Sturgeon Covid bonus, say experts
Tax experts have warned that Scotland's poorest health and care workers could lose up to 75% of the £500 bonus pledged by Nicola Sturgeon because it will not be tax-free. The Chartered Institute of Taxation (CIOT) said the lowest-paid workers who receive universal credit would be penalised the most because the extra income would be deducted from their welfare payments, while a leading economics thinktank criticised it as bad policy. ***The Guardian (01.12.20)***

Covid: Daily Mail gave NHS masks linked to Chinese Uighur factory
A charity set up by the Daily Mail to buy protective equipment for NHS staff donated 100,000 face masks suspected of being made by workers in a controversial Chinese labour programme. The masks were flown in from China by the paper's Mail Force campaign, which was launched in April to buy PPE. They were bought from Medwell Medical Products, a firm suspected of using Uighur Muslims in the labour scheme. Mail Force said it had been unaware of allegations about Medwell at the time. ***BBC News (01.12.20)***

Revealed: which NHS staff will get covid vaccine first
The first to be vaccinated after this morning's approval of the Pfizer/BioNTech covid vaccine are likely to be NHS staff who are at risk of greater harm from covid-19, have greater exposure to it, or are likely to infect vulnerable people. UK expert advisory committees confirmed today that NHS staff were among the top priority groups — along with care home staff and residents — and issued advice on, within healthcare staff, who should go first. ***Health Service Journal (02.12.20)***

More than one million cases reached by NHS Test and Trace
Contact tracers have now successfully reached more than one million people who have tested positive. NHS Test and Trace is continuing to trace a larger proportion of people who have come into contact with someone with coronavirus, latest statistics show – further helping to break chains of transmission and save lives. ***GOV.uk (03.12.20)***

NHS England boss tells nurses '2020 has still been your year'
The chief executive of NHS England has said 2020 has "undoubtedly" been the 'year of the nurse and midwife' despite official commemorations being toned down due to the coronavirus pandemic. Sir Simon Stevens today used his keynote address at the annual Nursing Times Workforce Summit to thank the nursing profession for the way it had responded to Covid-19. ***Nursing Times (03.12.20)***

NHS staff no longer top priority for Covid vaccine despite fear of third wave
NHS staff will no longer get the coronavirus vaccine first after a drastic rethink about who should be given priority, it emerged last night. The new immunisation strategy is likely to disappoint and worry thousands of frontline staff – and comes amid urgent warnings from NHS chiefs that hospitals could be "overwhelmed" in January by a third wave of Covid-19 caused by mingling over Christmas. ***The Guardian (04.12.20)***

Covid: NHS rapid test use defended amid accuracy concerns
The mass use of rapid Covid tests has been defended by a senior NHS adviser, amid concerns over their accuracy. Dr Susan Hopkins, chief medical adviser to NHS Test and Trace, said the lateral flow tests could identify many cases of infection in people without symptoms. Speaking to the BBC, she accepted there had been "false negatives" but stressed the policy was a "game-changer". A study found the tests missed 50% of cases and some scientists fear people could start to ignore health advice. ***BBC News (06.12.20)***

NHS facing third wave with 10-20 times more covid patients than September
Concern is growing that NHS hospitals may face a third wave of the coronavirus pandemic with a much higher level of covid-positive inpatients than at the beginning of the second wave. This raises the prospect of the service being overwhelmed during the January-February "winter pressures" period and having to once again halt elective and non-urgent work in many areas. ***Health Service Journal (07.12.20)***

Covid vaccine: UK woman becomes first in world to receive Pfizer jab
A 90-year-old woman has become the first patient in the world to receive the Pfizer Covid-19 vaccine after its approval in the UK, where the NHS has launched its biggest vaccine campaign. Margaret Keenan received the jab at 6.31am in Coventry, marking the start of a historic mass vaccination programme, which is by far the largest in the NHS's 73-year history. ***The Guardian (08.12.20)***

Build back better: £600 million to upgrade and refurbish NHS hospitals
NHS trusts to receive share of £600 million to help eradicate the maintenance backlog in NHS hospitals. NHS hospital staff, patients and visitors across all regions in England will benefit from refurbished wards, brand-new electrics and upgraded ventilation systems by next spring, the Health Secretary has announced, as the government invests £600 million to tackle critical maintenance work. The funding has been released to 178 NHS trusts to cover almost 1,800 maintenance projects. The projects are now underway, and will be completed by March 2021. ***GOV.uk (09.12.20)***

Elderly couple who served NHS for decades receive vaccine together
Two grandparents who have racked up 80 years' service in the NHS between them held hands as they became one of the first couples in the world to receive the Pfizer coronavirus vaccination. Victor and Penny Griffiths sat next to each other to get their jabs at Basildon University Hospital in Essex, where they both worked from the 1960s, on the second day of the vaccine rollout. ***Express and Star (09.12.20)***

Covid: NHS staff sickness has 'huge impact' on care
One in 10 staff at some Welsh health boards are off sick or self-isolating, BBC Wales has been told. The NHS Confederation said staffing problems were having a "huge impact". It said the overall NHS Wales absence rate was between 8% and 9%, but some services have up to half their staff absent. Monthly absence rates in December are usually about 5%, but Aneurin Bevan, Cwm Taf Morgannwg and Betsi Cadwaladr health boards have rates of about 10%. Welsh NHS Confederation director Darren Hughes told Wales Live the NHS was in "the same storm but different parts will definitely be in different boats", with absence rates higher in areas hit hardest by coronavirus. ***BBC News (09.12.20)***

Covid: NHS long waits 100 times higher than before
The number of patients in England waiting over a year for routine hospital care is now 100 times higher than before the pandemic, figures show. Nearly 163,000 out of the 4.4 million on the waiting list at the end of October had waited over 12 months for operations such as hip replacements. There were just 1,600 year-long waiters in February, NHS England data shows. The Royal College of Surgeons warned patients were being left in pain unable to carry on with "day-to-day life". "Yet again, these waiting time figures drive home the devastating impact Covid has had on wider NHS services," RCS president Prof Neil Mortensen said. ***BBC News (11.12.20)***

Covid: NHS faces 'difficult choices', says health minister
Vaughan Gething said Covid is spreading at an "alarming rate" as latest figures show a record number of patients in Welsh hospitals with Covid-19. In a written statement, the minister set out a range of options which local health boards could implement if the pressures continue to rise. These include postponing outpatient and non-urgent cancer treatments. Other options include closing community dental services and postponing other planned treatments. ***BBC News (11.12.20)***

NHS advert showing Santa with coronavirus in hospital blasted after leaving kids distraught
An "insensitive" NHS advert showing Santa 'unconscious with coronavirus ' has been slammed for upsetting kids and allegedly "making Christmas worse". NHS Charities Together has released its first Christmas advert which sees Santa being nursed back to health. After being seen on a hospital bed on a ventilator, Santa is finally well enough to depart the hospital. Nurses wave him off, wishing him a Merry Christmas as British singer Birdy's People Help The People is played. The advert finishes with the nurse receiving a gift that reads: "Thank you for everything you've done for all of us, Santa." But it has left mums and dads furious after allegedly leaving their children upset amid a year of festive lockdown restrictions and measures. ***Birmingham Live (12.12.20)***

Coronavirus: socialising at Christmas 'very risky', say NHS bosses
Socialising over Christmas, particularly with those most vulnerable to Covid, will be "very risky" and threatens to put further pressure on hospital beds this winter, NHS bosses have warned. Chris Hopson, the head of NHS Providers, which represents hospital trusts in England, said relaxing restrictions over the festive period would leave some people with the mistaken view that there was no greater risk from having more social contact. "I don't want to be the Grinch who stole Christmas, I really don't, but I think everybody needs to think really, really carefully what are they going to do over Christmas," Hopson told BBC Breakfast. ***The Guardian (13.12.20)***

COVID-19: NHS chiefs warn of 'third wave' of cases amid concerns over Christmas relaxation
Boris Johnson has been warned that a further relaxation of restrictions over Christmas could trigger another wave of coronavirus infections. NHS Providers, which represents health trusts in England, has told the prime minister in a letter to exercise "extreme caution" when making the decision to move any areas into a lower COVID-19 tier. ***Sky News (13.12.20)***

Covid: Health board sees 'alarming' rise in cases
Aneurin Bevan health board said its hospitals were under "significant" pressure due to Covid patient numbers. It had already announced it would be halting outpatient appointments and non-urgent planned surgery from Monday. The stark warning comes as First Minister Mark Drakeford said Wales' NHS was in danger of becoming the "national coronavirus service". **BBC News (13.12.20)**

More gay and bisexual men can donate blood after NHS rule change
Campaigners have welcomed the relaxation of NHS rules which prevent some gay and bisexual men donating blood. The change means men who have sex with men (MSM) in a long-term relationship will be able to give blood from next summer. Under previous rules, NHS Blood and Transplant (NHSBT) required all such men to abstain from sex for three months before donating. The Terrence Higgins Trust, the UK's leading HIV and sexual health charity, welcomed the news and said the rule change would lead to "fairer blood donation system." ***The Telegraph (14.12.20)***

Covid: NHS hospital trusts told to rethink pregnant women partner ban
Hospital trusts have been ordered by the NHS to review their current rules and allow pregnant women to have their partner present throughout scans, labour and birth.

The new guidance comes after increasing outrage that women were being forced to go through labour alone, and hear devastating news about miscarriages without the support of their partners, as trusts restricted access to maternity services to decrease the risk of spreading coronavirus. It should mean that all expectant mothers will be allowed one person to accompany them “at all stages of her maternity journey” and attend appointments, as long as the support partner is not showing any Covid-19 symptoms. ***The Guardian (16.12.20)***

NHS England reveals plans to replace A&E waiting time target

NHS England is planning to scrap the four-hour waiting time target for A&E patients in a major shake-up designed to reduce the amount of time spent in emergency departments. The measure, which requires 95 per cent of A&E patients to be seen within four hours, will be replaced with a series of more sophisticated targets that have been backed by clinical leaders. The four-hour target was introduced in 2004 and has not been successfully met by the NHS in England since 2015. ***The Independent (16.12.20)***

NHS Test and Trace reaching more than 92% of contacts

NHS Test and Trace has made significant improvements to its contact tracing service and is successfully tracing 92.7% of contacts and telling them to self-isolate, up from 85.9% last week. In total, 264,960 people were reached during the week 3 to 9 December, people who otherwise would not have known there was a chance they might pass on the virus. Changes such as improving the contact tracing website, reducing repeat calls to households, and increasing numbers of call handlers have led to a record proportion of contacts being reached, and reached faster. Contacts reached within 24 hours is now 97.3%, up from 95.2% on the previous week. ***GOV.uk (17.12.20)***

NHS England invests £10m in network of ‘long COVID’ clinics

NHS England has announced a £10m investment in a network of clinics offering specialist support for long COVID, as new research shows one in five people with coronavirus develop longer term symptoms. The new assessment centre sites will receive referrals from GPs for individuals who are experiencing long-term symptoms associated with COVID-19 infection – including anxiety, depression, breathlessness, fatigue and more. The NHS will provide £10m to the network of clinics, with 69 sites currently operating across the country. ***PharmaTimes (18.12.20)***

Rollout of twice-weekly COVID-19 testing for GPs and practice staff underway

All patient-facing staff in primary care will be asked by NHS England to 'test twice-weekly using self-administered nasal swabbing'. Results will be reported through an online form, with positive tests to be followed up with a PCR test. However, rollout of the tests has been questioned by doctors amid concerns over the potential for staff to be forced off work by false positive tests - and with concerns over the high rate of false negatives in trials of the test. ***GP Online (18.12.20)***

Give NHS staff Covid vaccine now or face growing winter crisis, say hospital bosses

Hospital bosses in England want NHS staff to start getting the Covid vaccine urgently because soaring rates of sickness among frontline personnel are threatening to intensify the service’s growing winter crisis. Doctors and nurses are asking their hospitals to vaccinate them, but are being told they will have to wait until early 2021 because the over-80s and care home staff are the top priority. Hospital trust chief executives say staff believe their wait to have the jab is unfair, and that they feel let down and exposed to danger because they are dealing with a sharp increase in the number of Covid patients. ***The Guardian (18.12.20)***

Clapped-out kit, long delays, too few beds and staff: NHS enters 2021 in a sorry state
Think 2020 has been awful for the NHS? Next year is shaping up to be far worse – and most of the huge hole it's in was dug long before Covid. The virus has merely finished off the job. The health service does not have the beds, staff or equipment to recover the ground it lost during the first two waves of the coronavirus pandemic, but the government is blocking desperately needed improvements, and another round of organisational upheaval is on its way. Roughly one in 11 clinical posts are vacant, and it would hardly be a surprise to see many staff rush for the retirement door once the worst of the pandemic is behind us. The NHS can't solve the problem without long-term certainty over funding for staff. ***The Guardian (18.12.20)***

The NHS is failing to explain the impact of covid on healthcare access
The plea from the editors of the UK's two leading health policy journals for the indoor mixing of households over Christmas to be prohibited is a bold and powerful intervention. It comes from having seen the impact of the pandemic on the UK NHS and not just for those who are unfortunate enough to have contracted the disease and become hospitalised. However, gaining popular and political consent for "cancelling Christmas'" will require a further shift in public understanding of what is at stake if the disease continues to spread and infection rates continue to grow. ***Health Service Journal (18.12.20)***

NIGHTINGALE FAIL Nightingale hospitals built to relieve Covid strain on the NHS are lying empty or hardly being used
NIGHTINGALE hospitals built to relieve Covid strain on the NHS are lying empty or hardly being used, a Sun on Sunday probe has found. One MP has slammed it as 'shocking' and 'terrible' and called for them to be brought back into use. And Shadow Health Secretary Jonathan Ashworth said: "We're heading into the next NHS coronavirus crisis with hospital wards struggling without enough doctors, nurses and health care staff. "It's all very well Ministers telling us they have Nightingales but if they can't sufficiently staff existing wards how can they guarantee enough doctors and nurses at the Nightingales? "Sadly our health and care service is trying to cope on the back of years of Tory cutbacks and understaffing." ***The Sun (19.12.20)***

Exclusive: Hancock demands "affordability" must determine size of NHS covid pay rise
The health and social care secretary has repeatedly emphasised the need for "affordability" when determining the size of the promised pay rise for over one million NHS staff in instructions sent to the independent pay review body this week. In his letter, dated 18 December and sent to NHS Pay Review Body chair Philippa Hird, Matt Hancock, said he was formally beginning the review body process for all NHS staff on the Agenda for Change pay scale. He wrote that, despite a pause in pay awards for the "majority of the public sector", the government recognised "the uniquely challenging impact coronavirus is having on the NHS" and wanted to reward staff as a result. However, Mr Hancock then devotes the bulk of his letter to setting out the economic context facing the country and the need for any pay rise to be influenced by this factor. ***Health Service Journal (19.12.20)***

Length of Covid hospital stays exceed first wave average as NHS capacity nears brink
Covid-19 patients are spending longer in hospital now than during the first wave, raising concerns that 'bed blockers' who could be discharged are clogging up wards when the NHS is already stretched thin. According to data from the Government's Covid-19 dashboard, there are roughly half as many new coronavirus hospital admissions each day compared to April - 1,707 now, versus 3,116 at the peak of the pandemic. But the number of patients currently in hospital is only around 20 per cent lower - the seven day rolling average is currently 17,441, compared to 21,195 at the height of the first wave. ***Telegraph (19.12.20)***

Covid: UK faces 'difficult new year' with pressure mounting on the NHS
More than a million people have now received their first coronavirus vaccination but the UK's chief medical officers have urged doctors to back "decisive action" to combat the "pandemic which is running rampant in our communities". A joint statement from England's Professor Chris Whitty and the CMOs of Scotland, Wales and Northern Ireland said the public would "understand" and "thank" them for a plan to give first jabs as a priority, delaying the follow up vaccination for others. New Year's Eve brought a new record 55,892 daily lab-confirmed cases in the UK – the highest since mass testing began in late May – with a further 964 deaths within 28 days of a positive test. Hospitals in the UK are now dealing with more Covid-19 patients than they were during April's peak, with pressures already being felt across the NHS. ***ITV News (01.01.21)***

'No magic pile of nurses' to staff Nightingale hospitals, health leader warns
The Nightingale hospitals can't swoop in to save the struggling NHS as there is 'no magic pile of nurses' to staff them, one health leader has warned. A lack of staff, combined with hundreds of workers off sick with stress or coronavirus, means the hospitals built to support the NHS will remain largely unused, according to a director from the Royal College of Nursing's England. Mike Adams, told Sky News the expectation of a mass rollout in capacity was 'misplaced' as staff are asked to cancel their leave to deal with the surge in demand. ***Metro (02.01.21)***

Covid: 'Nail-biting' weeks ahead for NHS, hospitals in England warn
Staff absences and the new Covid variant are creating a "challenging situation", Saffron Cordery, of NHS Providers, which represents hospital trusts in England, said. Doctors are urging the public to "take it seriously and follow the rules" to protect the health service. The year started with 53,285 more Covid cases and 613 deaths being reported. The day's figures do not include data from Northern Ireland or Wales, or the numbers of deaths from Scotland - as these are not being published on certain days during the Christmas and New Year period. It comes after the UK reported its highest daily cases on Thursday, with a record 55,892 infections. ***BBC News (02.01.21)***

NHS needs to deliver at least 2m jabs a week to fulfil government target
The NHS will have to start delivering at least 2m jabs a week from next week if it is to fulfil the government's plan to vaccinate everyone in the four highest-priority groups by mid-February. The four groups the prime minister said will have a first dose amount to 13.9 million people in England, according to Nadhim Zahawi, the vaccines minister. Boris Johnson's target implies a sharp increase in the rate of vaccination, with the bulk of the burden likely to fall to GPs who said on Monday that staffing could limit their ability to ratchet up delivery. ***The Guardian (04.01.21)***

Seven mass vaccination centres to open as NHS races to deliver more than 2m jabs a week by end of January
Mass vaccination sites will open next week in stadiums and exhibition centres as the NHS pushes to deliver more than 2 million Covid-19 vaccines a week by the end of January. Boris Johnson announced on Tuesday that 1.3 million people have so far been protected against coronavirus, including almost a quarter of those aged 80 or older. He promised to publish daily vaccination statistics in the future after pressure from his own MPs. The UK is understood to have several million doses of the Pfizer vaccine ready to be administered, as well as 500,000 doses of the Oxford/AstraZeneca jab. ***iNews (05.01.21)***

Regional news

Part of West Midlands challenging government over tier 3 lockdown
Stratford-on-Avon District Council is challenging the Government's decision to put it into Tier 3 after the current lockdown restrictions end. The Conservative-controlled council said it had sent a judicial review pre-action letter to the Health Secretary. Tony Jefferson, leader of the council, said: "This is not an action we take lightly, however none of the data we see warrants Stratford-on-Avon District being placed in Tier 3. It is very disappointing that the Government did not use much greater granularity in deciding on tiers. ***Birmingham Live (02.12.20)***

Shuttle bus service proves to be 'vital' for NHS staff in region during pandemic
A free shuttle bus service by Transport for West Midlands for workers at NHS hospitals across the region has been used more than 25,000 times since being launched. The fleet of Ring and Ride minibuses have been redeployed to help key workers at four hospitals commute from rail, bus and Metro stations to work since the start of April. The service, operated by National Express Accessible Transport (NEAT) under contract from Transport for West Midlands (TfWM), is targeted at hospitals where there were gaps in existing public transport services. ***Express and Star (03.12.20)***

All systems go as West Midlands prepares for vaccine roll out
Vaccinations are on their way to the West Midlands – and health and care staff will be the first to receive the jab. Details today emerged of how the vaccination operation will work in our region. Hospital staff are set to be the first to benefit next week and could be sent to either Walsall Manor Hospital or Royal Stoke University Hospital. Elderly patients inside hospitals are also likely to receive a vaccine and then care homes are likely to be prioritised, possibly as soon as Monday December 14. ***Express and Star (05.12.20)***

Walsall and Warwickshire health trusts selected to deliver Covid-19 vaccine next week
Walsall Healthcare Trust and University Hospitals Coventry and Warwickshire NHS Trust are amongst the 50 hubs chosen across the country to administer the Pfizer vaccine from Tuesday. Walsall Healthcare Trust is one of the dozens of hubs selected to begin vaccinating patients against coronavirus this week. In one of the biggest immunisation programs in NHS history, anyone aged 80 and over as well as care home workers will be first to receive the jab, along with NHS workers who are at higher risk. ***Birmingham Live (06.12.20)***

Frustration as Birmingham met with silence after being left off list for vaccine rollout plan
NHS and Department of Health chiefs have so far failed to provide any assurance that any Birmingham residents will get the coronavirus vaccine everyone is clamouring for this side of Christmas. The UK is celebrating the landmark start of a mass rollout of the new coronavirus vaccine - but in Birmingham we are facing an uncomfortable wait to find out when we are going to join in. Neither of the city's hospital trusts - the country's biggest, University Hospitals Birmingham, and its counterpart across the city, Sandwell and West Birmingham - are included in the first phase of vaccinations that starts tomorrow. ***Birmingham Live (07.12.20)***

NHS 'still open' in Black Country despite Tier 3 restrictions, chiefs say
Health chiefs have reassured patients in the Black Country that the NHS is "still open" despite the area being under Tier 3 coronavirus restrictions. Experts made the plea after people in the region – who were in need of treatment – stayed away from the NHS during the first lockdown due to virus fears.

It comes as chiefs in the Black Country and West Midlands continued to urge people to remain vigilant over the pandemic during the festive period. ***Express and Star (07.12.20)***

Coronavirus vaccine: Road to recovery starts right here
The first vaccinations were today expected to be given, starting our long road to recovery from coronavirus. Batches of the Pfizer/BioTech vaccine have been stored at Walsall Manor Hospital and Royal Stoke University Hospital. NHS workers from across the Black Country and Staffordshire were today starting to receive the jab, travelling to the hospitals by appointment. It also emerged today that GP surgeries have also been told to be ready to start staffing GP-led Covid-19 vaccination centres by next Monday. ***Express and Star (08.12.20)***

Prime Minister Boris Johnson pledges coronavirus vaccinations will come to Birmingham
The Prime Minister was challenged in the House of Commons after Birmingham hospitals were excluded from the first wave of vaccinations. Prime Minister Boris Johnson has pledged the coronavirus vaccine will "of course" be available in Birmingham. He spoke in the House of Commons after he was was challenged by city MP Steve McCabe (Lab Selly Oak) over the delay providing vaccinations in the city. It follows the announcement over the weekend that 50 hospital trusts would be supplied with the Pfizer vaccine from Tuesday of this week, but none of them were in Birmingham. ***Birmingham Live (09.12.20)***

GPs in Birmingham and the Black Country ready to start Covid vaccinations 'from Monday'
Health chiefs are staying tight lipped - but GP practices across Birmingham, Solihull and parts of the Black Country are ready to start vaccinations of vulnerable patients. GPs in Birmingham, Solihull and the Black Country are expecting to start delivering game-changing Coronavirus vaccinations from Monday. Several practices across the area have been told they will start delivering jabs to the most vulnerable patients next Monday, with others following in mid-week. ***Birmingham Live (09.12.20)***

Mums blamed for deaths of their babies in NHS's worst ever hospital maternity scandal
An independent review at a hospital trust shows mums were blamed for deaths of their babies in NHS's worst ever hospital maternity scandal. The damning report, released today, found 13 mothers died between 2000 and 2019 in the care of Shrewsbury and Telford Hospital NHS Trust. Others were called pathetic and lazy or left screaming for hours without treatment. In one horrendous case, a woman had repeated attempts at forceps delivery but the baby sustained multiple skull fractures and subsequently died. It does not say how many babies died or suffered serious injury, but between 2013 and 2016, maternity death rates were 10 per cent higher than in comparable hospital trusts. The report identifies seven "immediate and essential actions" needed to improve maternity care in England. ***Mirror (10.12.20)***

Around 1,000 Worcestershire NHS workers set to receive Pfizer vaccine in five-day blitz
Around 1,000 staff at Worcestershire's two hospital trusts are set to become the first people in the county to receive the coronavirus vaccine. Hospital chiefs, speaking at the Worcestershire Acute Hospitals NHS Trust board meeting on Thursday (December 10) confirmed the Pfizer/BioNTech vaccine was due to be delivered on Friday, ahead of a five-day vaccination blitz through to Wednesday (December 16) night. Over the course of those days just short of 1,000 NHS staff will receive the first of two doses of the vaccine, which should protect them from developing Covid-19. ***Birmingham Live (10.12.20)***

Shrewsbury maternity scandal: Inquiry demands NHS overhaul to prevent baby deaths
Maternity care across the NHS must be urgently overhauled to prevent widespread malpractice that puts mothers and babies at risk, according to a damning inquiry into the largest scandal of its kind in the history of the health service. There were dozens of deaths at Shrewsbury and Telford Hospital Trust over several decades because of a drive to avoid caesarean sections, even denying women key information about the risks, the first official report of the independent inquiry, which is examining more than 1,860 family complaints, found. ***The Independent (11.12.20)***

Coventry and Warwickshire 'should move into Tier 2 next week' says Midlands Mayor
The Mayor of the West Midlands says Coventry has a strong case to move into Tier 2 next week. The Government is reviewing tier allocations every 14 days, with the next review set to take place next Wednesday (December 16). Mayor of the West Midlands Andy Street today said he believes Coventry is well placed to move out of Tier 3 and into Tier 2 as part of the next review. Mr Street also believes the same could apply for Warwickshire and Solihull, in a move which would allow pubs, restaurants and other hospitality venues to reopen. ***Coventry Live (11.12.20)***

Test and Trace service still missing thousands
Thousands of people who have been in contact with coronavirus across the Black Country and Staffordshire are still not being reached by the test and trace system, figures suggest. In the West Midlands, on average, 62.3 per cent on contacts were reached. It comes as the region is likely to be stuck in Tier 3 for Christmas, despite a sharp fall in Covid cases. Case numbers and infection rates across the Black Country and parts of Staffordshire are plummeting ahead of the Government's review of the tiered lockdown next Wednesday, raising hopes of a drop down to Tier 2. ***Express and Star (12.12.20)***

GPs launch Covid vaccine clinics in Shropshire as part of biggest NHS immunisation programme
A group of GP surgeries will be launching Covid vaccine clinics in Shropshire today, with nearly 1,000 patients expected to receive the jab this week. Practices in more than 100 parts of the country are taking delivery of the Pfizer vaccine, as the biggest vaccination programme in NHS history gains further momentum. ***Shropshire Star (15.12.20)***

Wolverhampton firms making PPE during Covid crisis offer new jobs for local people
Two Wolverhampton businesses working together during the Covid-19 pandemic to produce PPE for the NHS have now been able to grow and create new jobs for local people. The support from Wolverhampton Council's Aim for Gold programme has enabled Airguard Filters Ltd, and Pam Covers Ltd to produce vital PPE supplies to hospitals and care homes in the fight against coronavirus. Airguard Filters, which specialises in the manufacture of permanent cleanable air filters for power generation and industry, received a £10,799 grant through the scheme. ***Express and Star (18.12.20)***

Two more sites now delivering coronavirus vaccine in Dudley
Two new sites have started delivering the Covid-19 vaccine in Dudley today, with council bosses welcoming the latest move in the fight against the virus. The vaccine is being administered from today at Revival Fires, in Wolverhampton Street just outside Dudley town centre, and Brierley Hill Methodist Church in Bank Street. Sedgley's Northway Medical Centre and Feldon Lane Medical Practice in Halesowen are the other two registered sites at present, with more to be announced in the coming weeks. ***Express and Star (18.12.20)***

Mixed reactions by Midland leaders to new Covid rules for Christmas
Prime Minister Boris Johnson announced today that the rules on allowing up to three households to mix in the region over five days has been cut to just one. He also announced that from Sunday areas in the South East currently in Tier 3 will be moved into a new Tier 4 – effectively returning to the lockdown rules of November. It comes after scientists said that a new coronavirus variant is spreading more rapidly. The rest of England will see the Christmas "bubble" policy – allowing up to three households to meet up over the holiday period – severely curtailed, applying on Christmas Day only. Council leaders and MPs across the region have spoken out about the changes. ***Express and Star (19.12.20)***

UK Covid cases surge to record number with biggest death toll in Midlands
The Midlands has recorded the highest number of coronavirus-related deaths in the country as the UK reported a record rise in confirmed cases. Another 266 people, who tested positive for Covid-19, have died in hospitals in England, as of the most recent NHS stats revealed today (Sun, Dec 20). Patients within the latest death toll were aged between 42 and 101 years old. All except seven (aged 53 to 90 years old) had known underlying health conditions. Of those deaths, a total of 75 were reported as having taken place in hospitals in the Midlands. ***Birmingham Live (20.12.20)***

Enclosure 14

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14th January 2020

TITLE:	**No Deal EU Exit Resilience Strategy**		
AUTHOR:	**Christopher Leach**	**PRESENTER**	**Christopher Leach**

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	**Assurance**

RECOMMENDATIONS

To note that the EU Exit Resilience strategy has been implemented and risks are being effectively managed.

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO5, SO6

SUMMARY OF KEY ISSUES:

The trust has a duty to prepare for a wide range of incidents actual and perceived.

Since 2019 the trust has been preparing for a potential no deal exit from the European Union. A team of subject matter experts from the areas identified most at risk was formed in 2019 and then again in 2020 on the approach to another potential no deal EU Exit date. These support the SRO for EU Exit (Chief Operating Officer)

The areas identified include:

- Procurement
- Medical Devices supplies and regulation
- Data sharing
- Workforce
- Pharmacy supply chain and regulation
- Mitie
- Research and Development
- Radiological Isotopes
- Reciprocal Healthcare

Each department has fully assessed potential risk areas and has managed to gain assurance either through internal analysis or through the gaining of assurance from providers that we are prepared for EU Exit.

There are a number of risks that are currently difficult to substantiate including increased costs. However the EU Exit

Task and Finish Group have planned for the worst case scenarios.

Included in this planning round is the planning for potential impacts on key supply chains for the ongoing response to COVID 19 including PPE and Vaccination which have been assured to be Category A supply chain with the highest level of assurance and protection from NHS England National team.

The team continues to prepare based on the changing guidance and scenarios whilst negotiations continue with the EU.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description:** There is potential that a no deal exit from the EU may occur on the 31st December 2020, which could affect the supply chains and workforce impacting on the Trust's ability to provide safe and effective services. 10/12/2020- Due to the ongoing negotiations around EU Exit the risk is escalated due to the likelihood of a no deal exit
	Risk Register: OPS1450		**Risk Score:** 16- Major
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**Y**	**Details:** Daily Returns on EU Exit to NHS England
	Other	**Y**	**Details:** Civil Contingencies Act 2004 EPRR Framework 2015 Health and Social Care Act 2012 NHS Standard Contract Section 46 & 47
REPORT DESTINATION	**Board of directors**	**Y**	**DATE:14.1.20**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

EU EXIT RESILIENCE STRATEGY		
	DOCUMENT TITLE:	EU EXIT Resilience Strategy
	Name of Originator/Author /Designation & Specialty:	Christopher Leach, Emergency Planning Manager
	Director Lead:	Chief Operating Officer (Accountable Emergency Officer)
	Target Audience:	All Staff
	Version:	7.0
	Date of Final Ratification at Committee/Board of Directors:	
	Review Date:	
	Registration Requirements Outcome Number(s) (CQC)	
	Relevant Documents /Legislation/Standards	Civil Contingencies Act 2004 ISO 22301:2012 Government Guidance EU Exit Dudley Group NHS FT No Deal EU Exit BIA Dudley Group NHS FT Business Continuity Plan Dudley Group NHS FT Business Impact Analysis
	Contributors: ***Individuals involved in developing the document.***	**Designation:** Deputy Chief Pharmacist & Medication Safety Officer Assistant Director of Procurement Head of HR Operations Chief Pharmacist Head of Medical Engineering Estates Compliance Manager IT relationship manager Estates Manager Interserve Sandwell and West Birmingham NHS Trust Transfusion Laboratory Manager Research & Development Manager Deputy Director of Finance – Financial Reporting Information Governance Manager/Data Protection Officer Deputy Chief Pharmacist – Medicines Optimisation
	The electronic version of this document is the definitive version	

Version	Date	Reason
1.0	October 2018	New Document
2.0	26th March 2019	Updated document for Board
3.0	April 2019	Updated document following new guidance
4.0	May 2019	Updated following updates from Radiology
5.0	August 2019	Updated in preparation for new October exit date
6.0	October 2019	Updates from key areas i.e. workforce included
7.0	December 2020	Update to reflect new No Deal Risk Dec 2020

THIS DOCUMENT IS SUBJECT TO CHANGE

A translation service is available for this document. The Interpretation/Translation Policy, Guidance for Staff is located on the intranet under Trust-wide Policies.

Contents

THE DUDLEY GROUP NHS FOUNDATION TRUST

EU EXIT RESILIENCE STRATEGY

1. INTRODUCTION

As part of the trusts resilience strategy it is necessary for us to prepare for incidents actual and perceived.

On the 29 March, 2017 the UK triggered Article 50 of the Lisbon Treaty as part of our preparations to leave the European Union

Currently the UK will leave the EU on the 31st December 2020 if a trade deal is not agreed by this point

There is a potential risk of a `no deal` scenario, this generates a number of potential risks to:

- Supply chain
- Workforce
- Finances
- Reciprocal Healthcare
- Pharmacy supply chain
- Data sharing

In the event of a deal being made there would be relatively little impact envisaged on NHS providers.

This strategy mainly considers a no deal scenario but the principles can be applied if required in a full or partial deal situation

This document is also being written/updated in awareness of the ongoing response to COVID 19 by the trust and the potential impacts that a No Deal may have on key supply chains necessary for the response to this pandemic.

This document identifies areas of potential risk and the assessment of these risks against the organisational aims and how the trust delivers care to its patients

This document will be supported by trust specific documentation:

- Business Continuity Policy
- Business Continuity Response and Recovery SOP
- Trust Business Impact Analysis
- Trust No Deal EU Exit Business Impact Analysis

2. STATEMENT OF INTENT/PURPOSE

This document is designed to assist the trust in responding to a no deal exit from the EU. Due to rapidly developing guidance from Department of Health and Social Care this document will be updated regularly

Aim

To define key impacts and strategy for the trust in relation to no deal EU exit planning

Objectives

- To identify areas that could potentially be impacted by EU exit
- To indicate potential impacts on trust provision of care
- To identify the anticipated work plan for the trust in relation to no deal EU exit
- To update on key national requirements and preparations in relation to no deal EU exit
- To provide analysis of any specific supply chains that may be affected by EU Exit linked to the response to COVID 19

3. DEFINITIONS

Acronym	Definition
DHSC	Department of Health and Social Care
EU Exit or Brexit	The UK process of exiting the EU
EU	European Union
ISO	International Standard
MHRA	Medicines and Healthcare products Regulatory Agency
IVDR	In Vitro Diagnostic Regulations
HMr	Human Medical Regulations
MDr	Medical Devices Regulations

4. COVID 19 TASKFORCE SILVER

Unlike the planned response to EU Exit earlier in the year, due to the ongoing response to COVID 19 the EU Exit planning team members also form part of Taskforce Silver for the specific response to COVID 19, therefore to ensure that there is a holistic response to COVID 19 and EU Exit, planning will report into the Taskforce Silver with EU Exit forming a standing agenda item.

Requests for data from NHS England or other bodies will also be coordinated by the established COVID 19 Incident Room (running 7 days per week) ensuring that dynamic risk assessments can be made with all information from both types of incident.

5. NO DEAL EU EXIT HIGH LEVEL BUSINESS IMPACT ANALYSIS

Risk	Impact Definition	Service Delivery	Financial	Reputation	Wellbeing, Health & safety	Information Security	Statutory/ Regulatory	Business/ Work plan objectives
Reciprocal healthcare	Provision of care to EU nationals			X	X	X		X
Procurement	Supply of non-clinical and clinical consumables, goods and services	X	X		X			X
Pharmacy	Supply of medicines and vaccines	X	X	X	X		X	X
Medical devices	Supply and maintenance of medical devices	X	X	X	X		X	X
Interserve and support services	Estates and Soft FM	X	X	X	X		X	X
Blood Services	Blood, blood components, organs, tissues and cells	X	X	X	X			X
Workforce	Staffing	X	X	X	X		X	X
IT/Information Governance	Data sharing, processing and access	X	X	X	X	X	X	X
Fuel supplies	National supplies of fuel	X			X			X
Research and Clinical trials	Investigational medicine products and clinical research	X		X	X	X	X	X

Note: All departments are expected to have in place individual Business Continuity and Impact Assessments that identify risks to their areas and a detailed specific Trust BIA for No Deal EU exit is available, this document is sensitive, a redacted version can be requested through FOI

6. AREA INDIVIDUAL IMPACTS AND RESILIENCE

6.1 Procurement

With regards to supplies and stocks purchased by the trust there are 2 methods that are utilised:

1. NHS Supply Chain
2. Trust directly procured

NHS Supply Chain- is being assessed by the EU Exit Team from NHS England and NHS Supply Chain Direct; they are considering all potential impacts of a no deal EU exit and also potential impacts on the COVID 19 response. NHS Supply Chain considers building national stock levels, for 6 weeks cover, for key clinical lines that are purchased through them. This negates the need for local level stockpiling which is actively discouraged and would be investigated if thought to be happening

COVID 19 PPE Stocks- PPE stocks coming from national are currently in a good state, the national team are focussing on building stocks in this area to account for any shortages in the supply chain as a result of EU Exit

Trust directly procured- The trust has undertaken an all-encompassing approach in relation to products that are directly procured by the trust, the procurement team have undertook a `deep dive` into all of these areas during the initial preparation for EU exit in late 2018.

Procurement have been sent a list of key suppliers that are not within the scope of the NHS Supply Chain piece of work and also have self-assessed the key suppliers that NHS Supply may not be aware of.

Assurance is being re-checked against this piece of work to ensure preparedness remains in place. Procurement also are seeking assurance from any `new` providers (37 in total) to the trust to ensure they are also prepared for a no deal exit

The trust has sought to conduct a EU `touch point` piece of work to ensure that as a minimum a 72 hour stock of key supplies is maintained to allow for potential disruptions in delivery at ports etc. this piece of work is being conducted at a divisional level.

6.2 Pharmacy

One of the largest potentially impacted areas will be the provision of pharmaceuticals post no deal EU exit, this is currently being compounded by a national issue in the relation to medications shortages (not related to EU exit)

Dudley Groups pharmacy team has undertaken a risk assessment of hundreds of medications in use by the trust to ensure that any medicines considered critical or with limited alternatives are identified and contingencies have been considered, this includes “fragile lines” those that historically retained in small amounts or those requiring several days for delivery

The trust is also part of Regional discussions through bi-monthly meetings with the regional chief pharmacists and regional chair, with daily communication if necessary via email. A principal pharmacist is on part-time secondment in a regional procurement role so good links exist with the national supply situation. The Chief Pharmacist will be fully briefed regarding any contingency and collaboration arrangements determined by the Chief Pharmaceutical Officer of England.

Medicines present a particular complexity in that a number can only be procured from within the EU, and a number not produced within the EU do purchase raw materials from the EU. This supply chain tracing is being conducted at a national and local level, however it must be noted that whilst alternate suppliers are being explored, for many lines there are often sole suppliers.

In addition to this in line with national request the trust has ensured that:

- We have a Senior Responsible Officer identified for no deal EU exit, this is being conducted by the chief pharmacist
- No stockpiling of medications takes place on site
- Medical staff within the trust have been instructed not to request longer prescriptions than usual for patients
- All trust staff are communicated with to reassure patients and families, if asked, that preparations are being undertaken in relation to potential medications shortages and no deal EU exit preparations as a whole (see communications section)
- Pharmacy team monitors the supply of medications and maintains awareness for any potential stockpiling that may be occurring
- Trust has ensured it has a process in relation to “serious medicines shortage” this will allow flexibility in relation to the dispensing of available medications
- Maintain Shortages Log with details of the shortage and interim advice for pharmacy staff
- Pharmacy Brexit steering group has been established and feeds directly into the trust No Deal EU Exit team

Pharmacy have also recently strengthened governance around drug shortages, and tabled a paper at CQSPE to detail formalisation of the process

Assurance has been provided by the national team that resilience is in place for ensuring supplies of key items i.e. medications is able to get into the UK and then to the trust

Pharmacy have also recently strengthened governance around drug shortages, and tabled a paper at CQSPE to detail formalisation of the process in Spring 2019

6.3 Drug Regulation

In the event of a no deal, UK participation in the European regulatory network would cease, the Medicines and Healthcare products Regulatory Agency (MHRA) would take on the functions currently undertaken by the EU for medicines on the UK market. This would require changes to UK law, via the Human Medicines Regulations

2012 (HMRs). The MHRA is planning a public consultation in early autumn on some of the key proposed legislative changes, this document will be updated as more information is received More information.

6.4 Black Country Pathology

Dudley Group NHS FT works closely with the Black Country Pathology (BCP) they are responsible for provision of:

- Biochemistry (inc. molecular genetics)
- Haematology (inc. blood transfusion)
- Histopathology (inc. histology, cytology and mortuary services)
- Immunology
- Microbiology

As such the Dudley Group has requested assurance from the Black Country Pathology service in relation to these areas in relation to no deal EU exit, this was provided to the trust on the 23/11/2020, they indicated that work has been undertaken to improve their resilience in relation to no deal EU exit and they have a in depth cross organisational strategy and plan that can be enacted if required

BCP have also investigated locally procured services in relation to their service assessment provided below:

Company	Category	Detail of supply	Departments affected	Assurance Provided?
Bio Rad	Automation principle/ technology	Supplier of automation / principle technology in use in the lab	Laboratory/Whole site	Assurance provided through NHS national work
Greiner	Blood Tubes	Suppliers of blood tubes manufactured outside of the UK	Whole site	Assurance provided through NHS national work
Other suppliers	Testing equipment	Range of items used by departments i.e. pipette tips	Biochemistry/ Haematology/ Histopathology/ Immunology/ Microbiology	Requested, alternative suppliers have been identified

NHS Blood and Transplant have also provided the below assurance as the main provider of transfusion and transplant supplies as below:

NHS Blood and Transplant service provide key supplies to the trust in relation to transfusion and transplantation services, NHSBT have indicated that they are continuing to establish contingency arrangements to mitigate potential impacts on products and services arising from a no deal EU exit scenario, they have specifically indicated the below assurance:

- NHSBT collects blood from donors within the UK and does not routinely import from the EU for routine demand for red blood cells, platelets and plasma
- NHSBT have identified that they import and export very small numbers of rare red blood units for specific patients.
- NHSBT have identified that they import around 6.5% of plasma units from the EU (for patients born after 1996 at risk of vCJD)
- NHSBT have identified that the majority of organ donations come from the UK with only around 0.5% a year being imported from the EU
- NHSBT have considered the potential disruption to the road network around Kent and have put plans in place to ensure that stocks and samples are able to travel across the UK

Due to identification of the above resilience NHSBT have advised transfusion laboratories to continue to operate normally, ordering blood and blood components, and not to change our stock-holding of blood or blood components

The Blood Safety and Quality Regulations 2005 would be retained in UK law. The new regulation would maintain the current standard of blood quality and safety on exit day and enable updates to be made to the blood safety and quality standards to respond to emerging threats and changing safety, quality standards and technological advances.

MHRA (Medicines and Healthcare products Regulatory Agency) have indicated the following preparations for No Deal EU exit
https://www.gov.uk/government/news/medicines-and-healthcare-products-regulatory-agency-statement-on-the-outcome-of-the-eu-referendum

The trust has in place an emergency blood and platelet management plan, describing how we 'demand manage' a RAG rated blood supply interruption.

6.5 Medical Devices

Dudley Group uses a variety of medical equipment devices from a range of suppliers, including Siemens, GE, Toshiba and Phillips.

The trust BIA contains full details of these equipment providers assurance

Medical Equipment Regulation: The EU AIMDD, EU MDD and EU IVDD will continue to apply to the UK through the UK MDR 2002.

The Medical Devices (Amendment etc.) (EU exit) Regulations 2019 (UK MDR 2019) will amend the UK MDR 2002 in part by fixing deficiencies in those Regulations to reflect the new regime for our departure from the EU.

The UK MDR 2019 will also transpose all the key elements contained in the EU MDR and EU IVDR, which will be brought into force in line with the transitional timetable being followed by the EU for the full application of those two Regulations.

6.6 Radiological Isotopes/ Starting agents

Dudley Group holds a contract with Sandwell and City to provide isotopes to the trust for radiological use.

Nationally companies responsible for the provision of items used in radiotherapy and radioactive processes have been asked to ensure resilience of the supply chain and as a result have stockpiled 6-months' supply of non-radioactive starting agents, this however still leaves a risk in relation the actual radioactive component, this cannot be stockpiled due to decay rate.

In the event of a no-deal EU exit, there is a risk of delayed delivery of radioactive generators which are key in manufacturing radiopharmaceuticals, and other radioactive products which are usually provided as finished products,

- DaTSCAN (used in the diagnosis of Parkinsons Disease)
- I-123 MIBG (diagnosis of Tumors, adrenal medulla)
- Tl-201 (diagnostic agent)
- Ga-67 (radiopharmaceutical used to obtain images of a specific type of tissue, or disease state of tissue)

Sandwell has a risk assessment in place with actions to take in the event of no deal with actions which will be invoked as required, they have also contacted there suppliers (GE and Curium) to ensure that there is mitigation in place by amending their delivery schedule ensuring availability of generators for usual workload, there will be difficulties however if this new schedule of delivery cannot be met so a risk remains. These could potentially result in some delays, rather than cancellations however there are local contingencies in place to deal with this

Sandwell advise is managing this through there no deal EU exit preparations and remain in constant communication on progress of preparations with key partners, they have also advised that this is now included on their trusts risk register, rating it as an **Amber** risk.

Guidance has been issued and is being followed by Sandwell and the trust in relation to no deal exit preparedness

6.7 Summit

Summit as the landlord for the Dudley Group PFI subcontract services to Mitie who provides services across the trust in relation to:

- Hard FM (Engineering, Electric provision, building maintenance)
- Soft FM (Porterting, Switchboard services, Food provision)
- Security (subcontracted to Olympian)

As such Summit have been requested by the trust to ensure that assurance is sought from these providers in relation to a no deal EU exit scenario

Interserve provided assurance to Summit on January 2019 and March 2019. In November 2020 assurance was provided to the trust by Mitie having taken over management of the Interserve areas of the contract, this indicated that Mitie have established a national programme in relation to no deal EU exit preparations.

In relation directly to service provision at the Dudley Group, Summit requested further assurances as detailed below:

Question	Response
Review of the assets and spares [particularly critical] to establish whether exiting the EU has an issue concerning timely fault repairs	A Request for Information (RFI) document has been issued to key suppliers within the health sector that are used across multiple hospitals. Clarification is being sought regarding how Brexit may impact the provision of spares; what suppliers are doing to ensure that stock is available and accessible etc.
Is the consumable supply chain robust	Based upon the responses received from suppliers, the Supply Chain Development (SCD) team will work with Procurement and Operations to assess suppliers based on their risk impact and develop risk mitigation plans as required. Given the criticality of certain service lines and vendors within the health sector – these will be prioritised.
Does Brexit affect the labour force here at Dudley?	A full review of the impact it may have has been initiated by the site team with the support of Interserve EU exit team. A meeting is planned for early January to review progress and we expect to have a full understanding soon after that.
Any subcontractors that we rely on from the EU [such as Siemens]	As outlined above, work is on-going with key suppliers to determine their plans in relation to Brexit and verifying their ability of being able to continue to provide the services required within the defined SLAs and having access to spares / stock to support this.

Further assurance has been requested by the trust to be included onto the trust BIA that will indicate any key suppliers that would be affected by a No Deal exit as well as full details of any staff that may be affected by a no deal EU exit.

6.8 NHS Property Services/ Community Health Partnerships/ Engie

Whilst the majority of Dudley Groups estate is through the PFI in place with Summit it is important to note other departments and services operate within buildings maintained by other companies, assurance was requested from these organisations and provided as below:

Organisation	Services affected	Assurance received
NHS Property Services	Hard and Soft Facilities Management of local healthcare community buildings where DGFT occupy rooms	Yes, anticipated minimal impacts
Community Health Partnerships	CHP are the SPC for the PFI	
Engie	As NHSPS, but specifically relates to Brierley Hill and	Yes, anticipated minimal impacts

	Stourbridge Social Care Centres	

6.9 IT and Data Protection

The Trust completes the annual Toolkit; this year's Data Security and Protection Toolkit (DSPT) has been completed

Trust IT 'Terrafirma' have also completed the DSPT individually

The Trust is certified to ISO27001 and Cyber Essentials indicating a good level of business continuity for disruptive events

The Trust has processing agreements in place with third party organisations within and without the EEA, during the process 4 have been identified as being hosted within the EU and assurance has been requested:

Company	Assurance received
Medronic	Yes
Biotronik	Yes
Boston Scientific	Yes
Abbott (formerly St Jude Medical)	Yes

The Trust is currently receiving guidance on whether or not the National Framework Agreements cover the assurance required for the continued flow of data from EU to UK, or whether the Trust has to do this independently with the organisations themselves

NHS Digital has provided assurance that nationally there is preparedness in place for responding to any incidents as a result of Brexit

We are comfortable that post Brexit (even in the event of a no deal) our data flows will be unaffected.

6.10 Finance

In the event of a no deal EU exit costs will potentially rise impacting on the trust and/or additional costs may be incurred above normal expectations.

In line with national guidance the trust has ensured that we have a process in place to ensure additional costs are identified, logged and escalated to the Finance department. These will then be collated and NHS E EU exit team will be informed

6.11 Workforce and professional registration

Staffing and Workforce have been identified as an area that could be impacted by a no deal EU exit, the trust values its employees and will assist, where required, ensuring that staff originating from the EU, and requiring assistance, are able to stay within the UK, working as a member of the Dudley Group NHS FT

The Trust HR department is currently re-doing its risk assessment of staff that may be affected by a No Deal Exit this will be entered when received

6.12 Research and Clinical trials

As part of a potential impact to clinical trials and research across the NHS, we as a trust were requested to ensure exploration of impacts across:

- EU research and innovation funded schemes
- Clinical networks
- Clinical trial and investigations

Scheme	Response
EU research and innovation	The trust does not currently have any EU, Horizon 2020 or Third Health programme grants
Clinical Networks	UK clinicians would be required to leave European Reference Networks (ERNs) However, we will seek to strengthen and build new relationships – including with the EU – ensuring clinical expertise is maintained through the UK DHSC and NHSE are in contact with the ERNs and no action is required at this stage. Further information will be communicated in due course
Clinical Trials and clinical investigations	The trust does not currently sponsor Investigational Medical Product (IMP) trials, all of our drug trials are sponsored commercially or through University or trial centre

Clinical Trial Regulation

EU Clinical Trial Regulation (CTR) will not be incorporated into UK law. However, the UK will align where possible with the CTR without delay

IF carrying out clinical trials the normal process for seeking regulatory approval will be followed

As a trust the Research Nurses and Clinical Trial pharmacists are liaising with sponsors regarding arrangements for future supplies, this will be fed into the trust BIA as the information is received.

6.13 Fuel Disruption

In the event of any fuel disruption the trust will follow its predetermined plan for fuel loss which is part of the trust Business Continuity Plan

Bunkered stocks- The trust does have 2 tanks on site that store fuel for the generators on site, the anticipated amounts stored are indicated in the below table, the quantities stored would be sufficient to fuel all four generators for approximately **12 days**

The tanks have been requested to be filled by the Trust, Interserve are currently arranging this

6.14 Breast Cancer Screening

Breast Cancer Screening has been specifically reviewed by the trust at the request of NHS England, the key provider of services and equipment related to breast cancer screening are Hologic, they have indicated they have no anticipated risks related to no deal EU exit and continue to engage fully with the trust

A full assessment was also undertaken of key consumables, as with other departments, and where necessary a 3 day buffer stock has been maintained

Sandwell and West Birmingham have been identified as providing a Service Level Agreement with the trust in relation to breast MRI reporting, if SWBH decided not to provide this in the future it would pose a risk to patient safety, this is being looked at by the Radiology team

6.15 Reciprocal Healthcare

In the event of a no deal EU exit there is the potential that EU healthcare cards will no longer be valid for EU nationals within the UK.

Finance manages the arrangements in relation to Reciprocal Healthcare and will as such follow guidance from DHSC in relation to this, the trust already has established processes in place in relation to management of reciprocal healthcare in relation to other countries i.e. US and would be able to manage this eventuality if required:

Guidance provided from DHSC indicates that the most obvious consequence of these changes for the NHS is that visitors from the EEA or Switzerland, who come after the UK's withdrawal, may no longer be covered for healthcare in the same way they are now, there are exceptions to this which are covered in the DHSC letter dated 05 April 2019 *(EU Exit: Overseas Visitors and Migrants Cost Recovery)*

The Trust has ensured that processes are prepared to ensure staff are immediately trained in the rollout of new reciprocal healthcare arrangements, this will be enacted in the event of a no deal

6.16 Communications

The trust has undertaken a wide ranging programme of work to ensure that communications are far reaching so the majority of trust staff are aware of the arrangements being undertaken in relation to a no deal EU exit scenario, this includes messaging to specific roles for example, medical staff have been contacted to prevent overprescribing. Other mechanisms include:

- Establishment of a No Deal EU exit portal on the trust communications page where key information is provided for staff to access, this includes FAQs as well as links to key documents and processes such as the EU registration scheme
- A poster has been produced by the trust indicating answers to key FAQs about the impacts of a no deal EU exit, it also indicates the process staff are expected to follow to escalate any identified issues and/or shortages to service provision

- A trust communications strategy is being developed separate to this document indicating how the public will be informed in the event of a no deal exit scenario occurring

6.17 Mammography

There are two mammography vans covering both Dudley and Staffordshire which are owned by Dudley Group they have been assessed to ensure they can continue to provide services in a no deal scenario and also have been assessed to ensure no external agencies would impact on their provision of services

SWB are working on a SLA for the high risk women, to be reviewed shortly. In regards to the MRI reporting SLA the contract will end 31st March 2021 as we may be in a position to do the reporting in house

The risk regarding the vans is low and no action required at the moment.

7. PROCESS FOR MONITORING COMPLIANCE

Monitoring of Compliance Chart

Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Emergency Planning Manager	EPRR Group	Quarterly	Via EPRR Group	Emergency Planning Manager	Via EPRR Group

8. EQUALITY

Dudley Group is committed to ensuring that, as far as is reasonably practicable the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

9. REFERENCES

Professor Keith Willett letter Sept 2020	*HTTPS://WWW.ENGLAND.NHS.UK/WP-CONTENT/UPLOADS/2020/09/PAR001559-KEITH-WILLETT-END-OF-TRANSITION-PERIOD-LETTER.PDF*
Government Guidance	HM Prepare for Transition home page. *BREXIT TRANSITION - GOV.UK (WWW.GOV.UK)*

Enclosure 15

The Dudley Group NHS Foundation Trust

Paper for Submission to the Board of Directors 14th January 2021

TITLE:	Quality and Safety Committee		
AUTHOR:	Sharon Phillips – Deputy Director of Governance	**PRESENTER:**	Liz Hughes – Non Executive Director

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

ACTION REQUIRED OF COMMITTEE :

Decision	Approval	Discussion	Other
	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:

- 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 January 2021 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**	**Y**	**Details:**
	NHSI	**Y**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

NHS
The Dudley Group
NHS Foundation Trust

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

Date Committee last met: 22 December 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
POSITIVE ASSURANCES TO PROVIDE • Significant assurance of the Emergency Departments compliance to the CQC 'Putting the Patient First' document and their further actions for ongoing improvement. • Assurance received in respect of engagement and progress to support the delivery of a safe and robust Maternity EPR • Significant assurance received in respect of mortality and learning from deaths	**DECISIONS MADE** • A report of the progress against actions taken to be presented to the February 2021 committee of non-compliance for incorrect labelling of blood tubes • End of Life Strategy was approved
Chair's comments on the effectiveness of the meeting:	

Enclosure 16

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors 14th January 2021

TITLE:	**Chief Nurse Report**		
AUTHOR:	**Jo Wakeman** **Deputy Chief Nurse**	**PRESENTER**	**Mary Sexton** **Chief Nurse**

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

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

RECOMMENDATIONS

For the Board to review and note the exceptions presented.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

1. This is a new style report, which we will continue to develop over the next few months. All feedback is welcomed.

2. <u>Good News Stories:</u>

   - The Trust was successful at the Gold Standard Framework Awards in winning the Keri Thomas Team of the Year Award for the Dudley Group with the Coronary Care Unit winning the ward of the year. The Gold Standards Framework Virtual award ceremony was held on the 17th December 2020.

   - New patient and visitor information boards have been placed in communal areas throughout the hospital. The boards will contain 'What Matters to You' patient information points to display, relevant information.

   - Trauma and orthopaedics will be the first team to launch an internship in the trust led by Gail

Parsons (Consultant Nurse). The programme has been accredited by Wolverhampton University.

- There have been 27 COVID outbreaks since October 2020 with 9 outbreaks open.
- A Long COVID pathway has been developed and a pilot is underway in the community (see Appendix 1).
- Flu vaccination compliance for the Trust; 82% at the time of this report.
- Our COVID 19 vaccination programme commenced on 29th December 2020 with Pfizer Biotec vaccination.

3. Areas for Improvement
   - Bank and agency usage continues to be high, driven largely by vacancies – particularly Band 5, with 197 WTE vacancies. This results in a smaller pool of staff available for bank shifts, which also drives agency spend. In addition, nurses appear to have been disproportionately affected by COVID absences, with Monday 4th January showing an increase over the previous 2 weeks (4.1% equates to 73 wte RNs). This is further compounded by additional unfunded beds within critical care (7 L2 and 3 L3) and trollies within ED an additional 16 spaces (red zone) all requiring nursing workforce.

-

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:**
		N	**DATE:**

NHS
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Chief Nurse Report

Board 14th January 2021

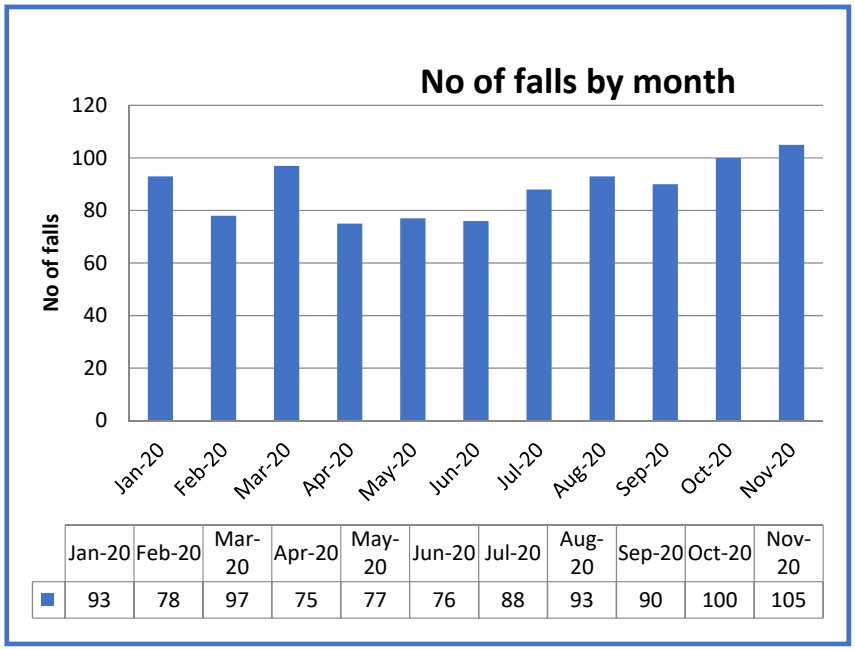
Mary Sexton, Chief Nurse



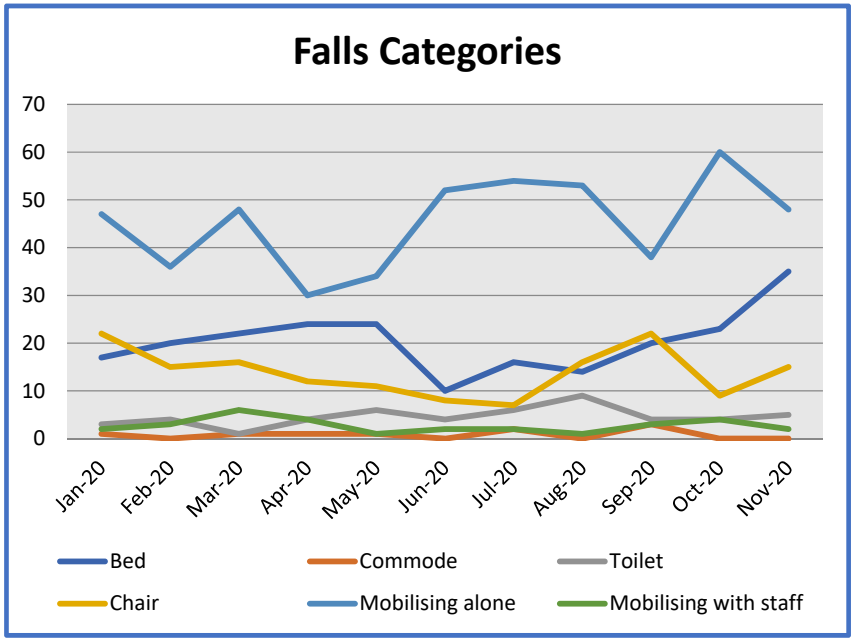

Care - Deliver safe and caring services - Falls

Falls - There has been a slight increase in the number of falls for November with 105 falls compared with October when there were 100. This is reflective of the continued impact of deconditioning of patients following COVID-19.

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.



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
■	93	78	97	75	77	76	88	93	90	100	105



Care - Deliver safe and caring services

Tissue Viability

There were no Category 3 or 4 pressure ulcers reported as serious incidents I for the acute or community in December 2020.

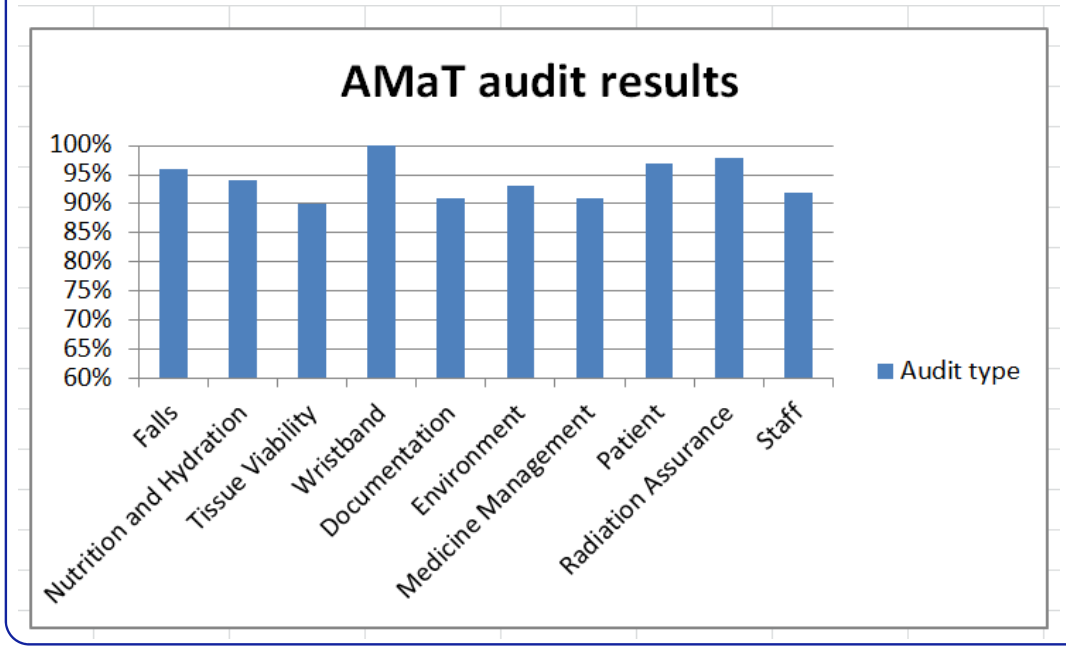
The team welcomed Rebecca Vivian (band 6 nurse) to the team.

Datix incident reporting audit –A random selection of 10 hospital and 10 community incidents identified that of the 10 community incidents gaps in completion of the reviews have been identified. This was escalated to the Community leadership team and Patient Harm team for action and is being addressed

As part of the review of prevalence the data was checked against the DATIX database and identified that there is underreporting of moisture lesions and Category 2 pressure damage. This issue will be addressed with staff and a patient safety bulletin is being developed for circulation to all teams in January 2021.

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

The data provided relates to the audits completed by Nursing/Midwifery/AHP teams, excluding nursing teams working on the inpatient wards, in November 2020 and the results are comparable to the previous month. Work is ongoing to review the inpatient ward questions for each audit type prior to the planned to restart date in February 2021. Due to the current Covid-19 pressures and the acuity of patients, Nursing/Midwifery/AHP audits via AMaT have formally been suspended for December 2020 and January 2021.



Compassion - Deliver a great patient experience

Complaints

In November 2020, 94 complaints were closed of which 27 were closed within the 30 day target.This is an average of 28.7% for the last three months which is a decrease on the previous three months (June to August) when the average was 33.8%. As evidenced by the number of complaints closed for November, the team continue to work hard on closing complaints with focus on the older cases and driving for responses with divisions.

New patient experience boards

The new patient and visitor information boards have now been put up throughout the hospital. The boards will be 'What Matters to You' patient information points to display good news,' you said we have done, and other information to encourage patient engagement and feedback.

Friends and Family Test

- A total of **3,144** responses across all areas have been received during November 2020 in comparison to 3,249 in October 2020.
- The new actual reporting will commence end of December with National benchmarking available end of February 2021.
- New cards have now been printed and distributed to all departments and wards.

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 service will continue to operate with restrictions in place during the pandemic.

Mental Health

There were two patients detained under the Mental Health Act during November and December 2020. These patients were held on a 5(2) and were referred to an AMHP (Approved Mental Health Professional). Both of these patients have subsequently been discharged to their normal place of residents.

Gold Standards Framework

The Trust as a whole won the Keri Thomas Team of the Year Award with the coronary care unit winning the ward of the year at the Gold Standards Framework Virtual award ceremony held on the 17th December 2020. The team of the year award is a new award and is in recognition of an outstanding team demonstrating the delivery of high quality, evidence based end of life care. B6 and C1a have submitted their evidence for accreditation and look forward to hearing from the national team in due course. The team will be showcasing the work with a poster presentation at the Palliative Care Congress to be held in March 2021.

Freedom to Speak Up

Zero concerns in December.

Competence - Drive service improvement, innovation and transformation

Professional Development

Support staff team

Clinical Support Workers (CSW)

To date 9 new CSW have started with the trust due to the limited time period for clearances and then for candidates to give their months' notice. The next programme is 4th January when the majority of new CSW will start, and any outstanding candidates will start 1st February.

Novice CSW apprenticeship programme is planned to start 25th January for 25 apprentices.

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

Pre-registration Team

Capacity student placements:

- Student numbers for Wolverhampton for September 20: aim 75. We are expecting 46 for Adult, 9 children or 16 Midwifery, who will be due out in practice in the New Year. The team have raised their concern to the university that we are over established for a child placement, especially as Health Visitors and school nurses aren't able to take students.
- Worcester accepted 15 students for September 2020 cohort who were due to commence in practice November 20 but due to COVID the University have put back their placement until February 2021.

Internships

Trauma and orthopaedics will be the first to launch an internship in the trust with Gail Parsons. Wolverhampton University have agreed this programme can be accredited, so a meeting has been set in the New Year to review the course criteria.

Recruitment and graduates team

Recruitment:

- The rolling advertisement continues in areas that hold registered nurses vacancies.
- The DGHFT recruitment advertisement display on local buses is due to start January 2021

Graduates

There is a small graduate intake in December of 7 the next intake will be February numbers yet to be confirmed.

Clinical supervision is being reviewed especially with training more supervisors throughout the trust.

Team support.

The Professional Development team have been supporting HR with the clinical interviews for the immunisation programme to get staff recruited due to the limited time to start the programme.

Communication - Make the best of what we have

Infection Prevention and Control

Since October 2020 we have had 27 outbreaks across the Trust of which 9 are still open. Isolation period (contacts) for non NHS staff has reduced to 10 days, NHS staff remains at 14 days but this is under review. The vaccination program for our staff and patients over 80 years commenced on the 29th December 2020.

Flu Campaign

82% of staff, as of the 2nd December 2020, have now received the flu vaccination. We are continuing to provide opportunities for any remaining staff to receive the vaccine.

Allied Health Professionals (AHP) (Appendix 1)

Radiography have successfully recruited their first Chest and abdomen reporting Radiographer last week. This will release Consultant time for more complex cases, improve turnaround of reports delivering a more timely service to patients and a better patient experience. From a workforce perspective this enables opportunities for further advanced Practice within the team supporting career development and role satisfaction.

A new rapid response service is being piloted to reduce the number of patients being admitted into hospital and conversely to reduce the demand on the hospital by enabling rapid discharge of patients that are medically fit with an identified therapy need. Own bed instead or OBI is a team of Occupational Therapists, Physiotherapists & Therapy support workers including an equipment delivery driver with the overall aim to extend to include nurses and social workers to provide a more holistic MDT approach to patient care.

The team works in conjunction with the local authority and are able to access a package of care for patients if this is an identified need at a later date.

The team aims to provide 4 weeks of rehab over a 7 day period operating between 8am and 6pm, (4pm on weekends)

- Aims of the service:
- Reduce conveyance of patient's to hospital by WMAS
- Reduce pressure on ED
- Reduce or delay the need for long term care
- Reduce demand for community beds
- Increase independence
- Improve quality of life
- Empower self-management where possible
- Provide a seamless transfer of therapy from hospital to home

OBI are based at Brierley Hill Health & Social Care Centre. Referrals can be made via telephone through the Dudley clinical hub we will accept referrals from the hospital, WMAS (falls only) GP's, AHP's, district nurses and other community teams.

The pathway for post Covid syndrome has now been agreed across the Dudley health economy. This ensures patients are supported by the right practitioners in the right place at the right time both in acute and community. Investment in additional Physiotherapy and occupational therapy will boost capacity and allow frailty, anxiety and breathlessness (FAB) clinics to be established week commencing 4th January. this will complete the rehabilitative elements for those requiring medium to longer term support. The intention is that these will then act as a framework for trialling this approach for other long-term conditions as part of a broader commissioned service. Please see Long Covid Pathway Appendix 1

Good News Story

University Hospital of Birmingham (UHB) visited the Trust to review the work C5 and critical care do in relation to ward based high flow, high oxygen treatments . They were very impressed with the services and will be taking some of our experiences to further develop services at UHB.

Commitment - Be the place that people choose to work

Vacancies

M08 ROLE & BAND WTE Budget V WTE Contracted

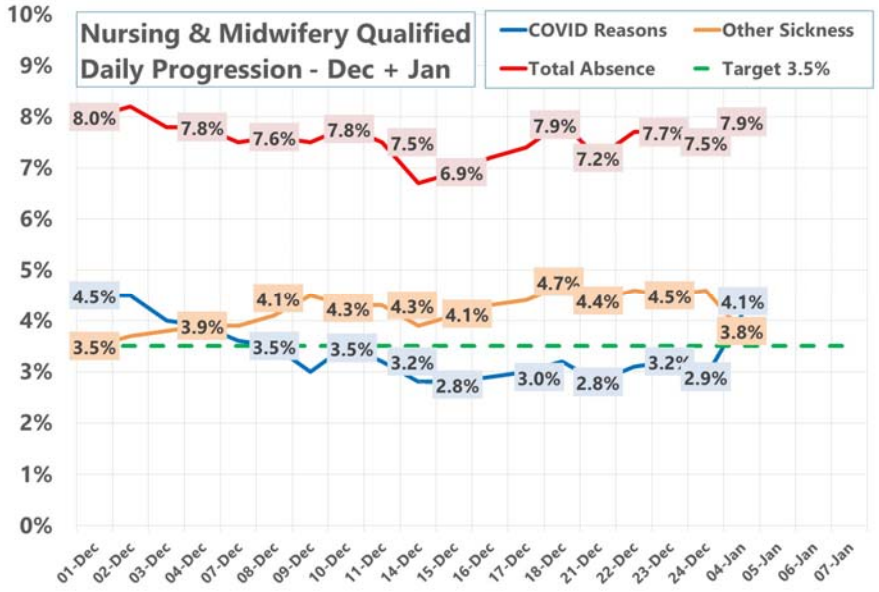
Expense Code Description	Budget M08	Contracted M08	Vacancies M08
Nursing Band 2	621	565	-57
Nursing Band 3	128	102	-27
Nursing Band 4	57	56	-2
Nursing Band 5	858	661	-197
Nursing Band 6	573	566	-8
Nursing Band 7	243	248	5
Nursing Band 8a	47	45	-2
Nursing Band 8b	5	6	1
Nursing Band 8c	2	1	-1
Nursing Band 8d	1	0	-1
Nursing Band 9	0	1	1
Total	**2,536**	**2,249**	**-287**

Bank & Agency

M08 NURSING BAND Agency + Bank

Expense Code Description	Agency	Bank	Total
Nursing Band 2 Bank		173	**173**
Nursing Band 3 Bank		9	**9**
Nursing Band 4 Bank		3	**3**
Nursing Band 5 Agency	139		**139**
Nursing Band 5 Bank		102	**102**
Nursing Band 6 Bank		49	**49**
Nursing Band 7 Bank		17	**17**
Nursing Band 8a Bank		1	**1**
Total	**139**	**355**	**493**

Daily Sickness / Absence – 1st December to 4th January



Qualified and Unqualified Nursing vacancies are at 287 WTE

Bank and agency usage continues to be high driven largely by vacancies – particularly Band 5, with 197 WTE vacancies this also results in a smaller pool of staff available for bank shifts, which also drives agency spend

Nurses have been disproportionately affected by COVID absences, with Monday 4th January showing an increase over the previous 2 weeks.

Commitment – COVID Reason Absence Profile – Nursing and Midwifery Qualified on Monday 4th January

31st December saw a spike on new COVID reason absences for Qualified Nurses.

Current absence duration (on Monday 4th January) profile for 73 Qualified Nurses with COVID reasons is:

1-7 days = 3 staff

8-14 days = 50 staff

15-83 days = 18 staff

84+ days = 2 staff

Surgery division has the highest absences at 9% (Covid 4.6%, Other 4.4%)

04/01/2021 13:27:29

Add Prof Scientific and Technic | Additional Clinical Services | Administrative and Clerical | Allied Health Professionals | Healthcare Scientists | Medical and Dental | **Nursing and Midwifery Registered** | Students

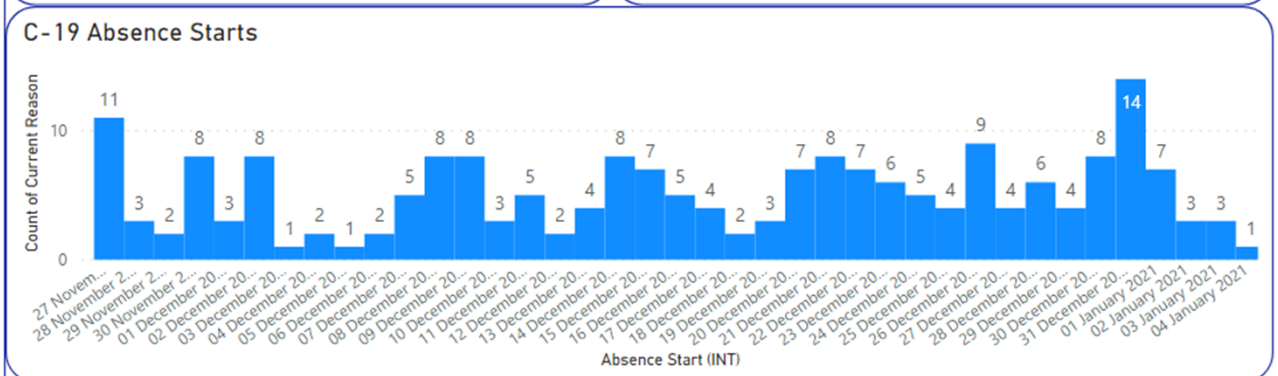
Employee Count Within Selected Staff Group

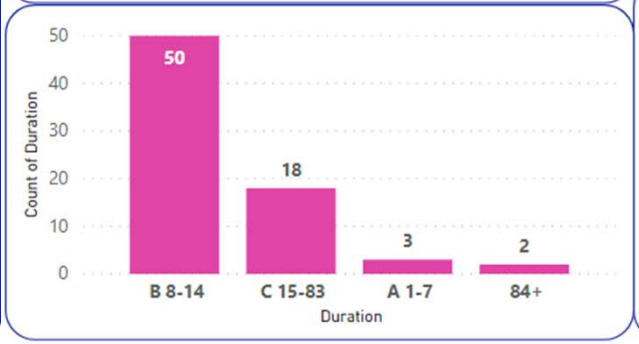
1769

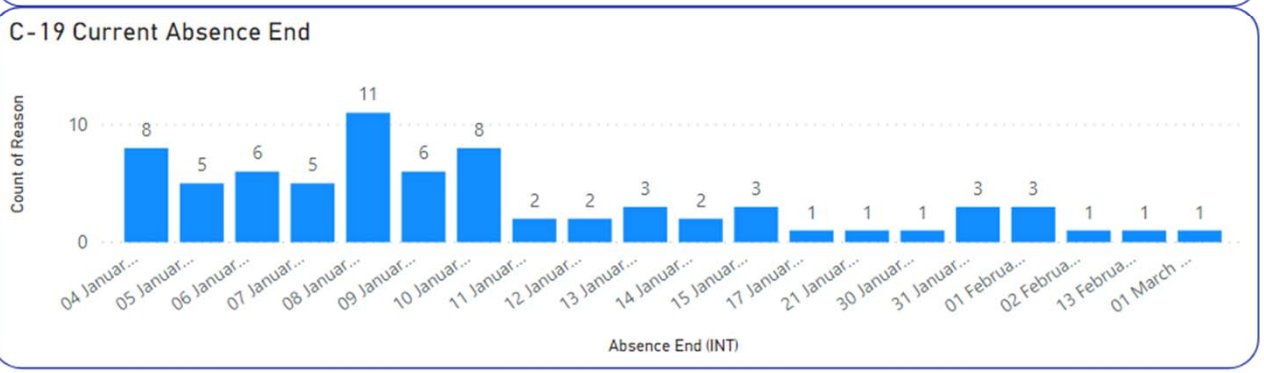
Staff Group	Active Assignment	Covid-19	Other Sickness	Total
Nursing and Midwifery Registered	92.1%	4.1%	3.8%	100.0%
Total	**92.1%**	**4.1%**	**3.8%**	**100.0%**

DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	14			14
253 Corporate / Mgt	95	2	2	99
253 Medicine & Integrated Care	821	36	31	888
253 Surgery	699	35	34	768
Total	**1629**	**73**	**67**	**1769**

DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	100.0%			100.0%
253 Corporate / Mgt	96.0%	2.0%	2.0%	100.0%
253 Medicine & Integrated Care	92.5%	4.1%	3.5%	100.0%
253 Surgery	91.0%	4.6%	4.4%	100.0%
Total	**92.1%**	**4.1%**	**3.8%**	**100.0%**







Courage - Deliver a viable future

Safeguarding

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

NHS Dudley Integrated Health and Care NHS Trust

NHS The Dudley Group NHS Foundation Trust

REFERRAL PATHWAY TO LONG COVID CLINIC

POSITIVE COVID TEST HOSPITAL CARE

Hospital Admissions: Any Ward
Pts with Covid-19 +ve swab result

Complete the COVID-19 Discharge Bundle
Patients Discharged from Hospital

No Further FU Indicated
Advise patient to contact GP if prolonged symptoms

Further FU Indicated
Referral to DRAS Team

Discharge to GP

Still symptomatic at 10 weeks

Exit pathway

POSITIVE COVID TEST COMMUNITY CARE

Symptoms > 10 weeks
Worsening Symptoms
New Symptoms

YES

NO → Exit pathway

Arrange ECG CXR Bloods

NORMAL

New Changes ABNORMAL

Arrange CT Scan if CXR Abnormal & refer to Speciality

Arrange Echo if ECG Abnormal & refer to Speciality

Admit if clinically indicated

Persisting Symptoms

Exit pathway

Patient referred to Long Covid Clinic

Respiratory Consultant
Other Specialist Services

Cardio/respiratory
Rheumatology
Orthopaedic
Pain Management
Psychology

↔

Long COVID MDT

↔ Pulmonary Rehab
↔ Action Heart
↔ IAPT
↔ Long Term Conditions
↔ Dudley Rehab Services
↔ FAB Clinic
↔ OTHER SERVICES; EG. OT. DN

Enclosure 17

The Dudley Group NHS Foundation Trust

Paper for submission to the Trust Board 14th January 2021

TITLE:	**Infection Prevention and Control Board Assurance Framework –including summary Update January 2021**		
AUTHOR:	**Jo Wakeman – Deputy Chief Nurse** **Emma Fulloway- Infection Prevention Lead Nurse**	**PRESENTER**	**Mary Sexton – Chief Nurse**

CLINICAL STRATEGIC AIMS

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

CORPORATE OBJECTIVE: SO2: Safe and Caring Services

SUMMARY OF KEY ISSUES:

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 be 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.
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.

Updates since December's report:

- IPC training at the time of this report is below target at 86.3% (clinical staff compliance).
- COVID vaccination programme has commenced.
- New Government guidelines regarding staff contact isolation reduced from 14 days to 10, implementation to be discussed with DIPC.
- Use of lateral flow test within ED to assist with patient placement within the department is being considered.
- Documentation audit completed to assess compliance with completion of patient transfer documentation (this is where information is documented regarding infection status to inform the receiving area), this identified 79.5%. Clinical teams informed and audit to be repeated.

As of January 2021, there are no red non-compliant areas without mitigation, there are amber areas with mitigations in place, the IPC Group and wider Trust team continue to progress this work stream.

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: 12**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Safe, Effective, Well Lead**
	NHSI	**Y**	**Details: The IPC Board Assurance frame work was requested by NHS/I**
	Other	**N**	**Details:**

ACTION REQUIRED OF COMMITTEE / GROUP:

Decision	Approval	Discussion	Other
		✓	

RECOMMENDATIONS FOR THE BOARD:

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

The Dudley Group NHS Foundation Trust

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-audit of documentation completed in December 79.5% compliance identified.
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. COVID Vaccination programme commenced.

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**
Systems and processes are in place to ensure: **1.1** • Infection risk is assessed at the front door and this is documented in patient notes	The Trust has policies and procedures in place to identify alert organisms in patients admitted to the Trust. Patients with symptoms are assessed by ED and are placed into the RED Cohort area of ED; all admissions via ED are screened. Outpatient flow chart in use. Documentation audits are ongoing monthly.	No gaps identified		
1.2 • Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place The capacity of the Zones is reviewed 3 times daily at the capacity meetings. 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.	No gaps identified	Infection control attend the capacity meetings	
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
1.3				

• Compliance with the national guidance around discharge or transfer of COVID-19 positive patients	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. COVID results are provided to other care providers on transfer with discharge information. COVID status will be added as a separate item on the discharge and transfer information. 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. 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.	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.	Where a patient has been missed the ward is contacted to make them aware. Discharge check lists to be updated.	
1.4 • Patients and staff are protected with PPE, as per the PHE national guidance	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 oversite of PPE stocks. 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. All patients are encouraged to wear surgical masks at all times except overnight.	No gaps identified		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
1.5 • National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	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. Daily situation report to PHE/NHSI/E. Latest updated PHE/NHS IPC guidance is going through Trust processes currently.	No gaps identified		
1.6 • Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	COVID 19 taskforce meeting that reports directly to the Executive Board. Updated national guidance for isolation of staff contacts reduced from 14 day to 10, DIPC to discuss with regards of implementation.	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				

• Risks are reflected in risk registers and the Board Assurance Framework where appropriate	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. Risk registers reviewed to ensure all COVID related risks are documented and reported.			
1.8 • Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	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. Surveillance of alert organisms is completed by the IPCT utilising ICNet surveillance system and the national MESS database. Any positive results are reported via sunrise system to inform clinical teams. The PAS is updated with significant infection risks as per policy. Sepsis screens are completed via sunrise. IPC admission risk assessment discussed at November IPC Committee. Feedback requested.	Gaps Identified The infection control risk assessment in the admission documentation is limited. ICNEt system issues – COVID results not always transferred	Live link to sunrise system in place, for COVID-19 results Risk Assessment has been completed, discussed at IPC Committee agreed to delay the launch until the new year. IPCT representation on EPR meetings to move forward with implementation of IPC Risk assessment check list	

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**
Systems and processes are in place to ensure: **2.1** • Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	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. IPCT have provided training for Donning and Doffing of PPE, the team commenced in March-but did not capture training attendance until April. Face fit testing undertaken locally and by the clinical skills team.	Gaps Identified Lack of accurate data to demonstrate compliance Robust process required for managing yearly face fit testing requirements.	Now donning and doffing training completed by the IPCT is documented, going forward this will be included in mandatory training Database for fit testing now in use and compliance is being monitored	
2.2 • Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	Cleaning contractor has ensured that 310 facilities staff were face fit tested and trained regarding PPE requirements. 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. Facilities team report yearly training in line with the trust.	No Gaps identified	IPCT hold regular meetings to ensure facilities resources are focused in risk areas	

2.3 • Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	Terminal cleans completed when a COVID patient vacates a bed space or area The Trust HPV team where possible have completed room disinfections following the standard terminal cleans within isolation rooms, ward bays.	No Gaps identified		
2.4 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	COVID additional cleaning documents and cleaning policy remain in place. 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. Audits against cleaning standards reviewed at the IPC Committee. 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. Touch point cleaning continues; this is reviewed 2 weekly by IPC and facilities team. Dedicated staff have been resourced As the COVID cases within the hospital have continued to rise the trusts facilities manager has ensured cleaning resources	No Gaps identified		

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	are increased in high risk areas.			

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 • Linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	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. Standard precaution policy has been updated to include the colour code	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	Information regarding the correct bagging is held on the Hub and the practice is monitored via annual audit process and Quality Rounds	
2.6 • Single use items are used where possible and according to Single Use Policy	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. There is an audit programme in place via the ward audits which look at single use items and appropriate decontamination. IPCT annual audits were recommenced in June	Due to COVID crisis frequency of audits has been reduced.	IPC Annual audits have now commenced and Quality Rounds	
2.7 • Reusable equipment is appropriately decontaminated in line	Reusable non-invasive medical devices are decontaminated using disinfectant wipes or Chlorine releasing agent in line with Trust policy and/or manufactures instructions. Decontamination and decontamination of medical devices	Gaps Identified Evidence of application of	Ensure audits continue as planned via the annual audit	

with local and PHE and other national policy	policy available on the HUB. Pseudomonas serious incident ongoing. Reported to risk and assurance. Reports from Medical engineering team that wards are not using correct processes, escalation in place to report noncompliance to improve current practice	policy required	programme. Use of Datix system to report non-compliance in place. Quality Rounds commenced	
2.8 • Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission	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. The estates team hold details regarding air changes according to site plans. Communications held with matrons regarding the benefits of periodically opening windows to aid air exchanges within clinical areas.	No Gap Identified	Installation of air conditioning units. Periodic opening of windows to dilute air.	
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**
Systems and process are in place to ensure: **3.1** • Arrangements around antimicrobial	• Antimicrobial Pharmacy referrals in place. • AMS ward rounds (Antimicrobial Pharmacist led) • AMS annual report provided.	• Antimicrobial stewardship group meetings. • Micro/Antimicrobial Pharmacist ward rounds not	Virtual Antimicrobial stewardship group meetings during pandemic (via email/	

stewardship are maintained • Mandatory reporting requirements are adhered to and boards continue to maintain oversight	• 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. • Procalcitonin testing introduced as part of covid screening to reduce inappropriate prescribing of antimicrobials.	happening as often as before Pandemic due to isolations and remote working. • Rigorous monitoring not possible currently.	teams). All clinical Pharmacists actively referring patients to antimicrobial Pharmacist for stewardship queries. Band 7 antimicrobial Pharmacist post recruited. Snap shot antimicrobial prescribing audits. Infection control Nurses to support AMS activity. EPMA now in place to allow ongoing monitoring of prescriptions	
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: • Implementation of national guidance on visiting patients in a care setting	The trust currently has restricted visiting in place due to social distancing and government essential travel restrictions. Visitors are to wear PPE when visiting. This has been communicated by, nursing staff to patients and visitors, via social media, switch board and posters as pictured around the hospital. 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. .	No gaps identified		
4.2 • 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	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.	No gaps identified		
4.3 • Information and guidance on COVID-19 is available on all Trust websites with easy read versions	COVID information is available on the Trust Intranet and External website in line with national communications materials available	Gaps Identified Easy read versions are not available on external website. Multilingual versions also not readily	COVID information is currently produced by DH and has	

		available.	been directed through this route. The Trusts website does have a clear information button which reads information to users and enlarges font and gives an explanation of words used amongst other accessibility tools.	
4.4 Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	There is a patient transfer checklist which asks-infection type if the patient requires barrier nursing or side room and requests current observations. 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. COVID test results for intra trust transfers are documented on Sunrise. Documentation audit completed in December has identified	Gaps Identified Assurance required regarding evidence of completion	To be reviewed as part of the monthly documentation audit. Clinical	

	79.5% compliance, for completion of patient transfer checklist, clinical teams have been informed and informed of requirements.		teams informed, audit to be repeated to monitor progress.	
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: **5.1** • 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	Please refer to section 1. There is the zoning document for in-patient admissions which covers patient placement**.** ED has a flow chart describing the designated 'red area' which is separate to the rest of ED with dedicated staff for suspected COVID patients. Lateral Flow tests for ED patients to be introduced.	No Gaps Identified		
5.2 • Patients with suspected COVID-19 are tested promptly	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. Testing is completed on admission via ED, elective cases before admission via drive through system.	No gaps identified		

	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.			
5.3 • Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated, tested and instigation of contract tracing as soon as possible	As described in the zoning SOP and draft COVID policy. Symptomatic patients are treated in side rooms where possible. Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required. Patients observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system, the results are reported via this system also. 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 for their location and symptoms, contacts are then tested on day 5 after contact. Test and trace flow chart in place, which describes the contact tracing risk assessments.	No gaps identified		
5.4 • Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	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.	No gaps identified		

	Phlebotomy clinics have commenced at the main hospital patients have to book appointments and social distancing is in place. 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. The majority of OPD appointments are being conducted virtually or by telephone. OPD flow chart for COVID screening in place.			
6 Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection				
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
Systems and processes are in place to ensure: **6.1** • 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	IPC mandatory training via e learning has continued, face to face training was suspended during March 2020 but now back in place with social distancing, this has reduced face to face capacity. COVID briefing sessions in Lecture theatre were held, now virtually. Face Fit testing Training PPE donning and doffing HUB information with inks to PHE guidance and videos The core IPC mandatory training has been updated to include specific COVID training. Trust reviewing the updated PHE/NHS IPC Guidance for implementation at the Trust.	General face to face IPC training was suspended; therefore training compliance has reduced. Prompts sent by divisional leads to remind staff to complete training.	IPC Mandatory training is now in place. Face fit testing database now in place	

	Trust compliance for IPC training effective from 13.11.2020 is 86.7%			
6.2 • 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	At the height of the pandemic PPE marshals were trained by IPCL Nurse to enable them to complete checks and assist staff. 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. Half face respirators have been purchased and distributed by the trust. Two staff fully trained as super fit testers. Ability to train the trainers.	No gaps in assurance.	Communications via huddles and email to all to remind staff of PPE requirements	

6.3 • 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 • Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	Stocks are monitored by the procurement team and perceived deficits are reported to the executives so mitigation actions can be instigated promptly. If required in acute shortages the PHE guidance for reuse off PPE could be implemented.	No gaps identified		
6.5 • Any incidents relating to the re-use of PPE are monitored and appropriate action	Datix system analysed for any reports of PPE being reused- none identified.	No Gaps identified	Staff reminded to report re-use of PPE via	

taken			datix. Procurement team monitor stock levels	
6.6 • Adherence to PHE national guidance on the use of PPE is regularly audited	There is no formal COVID PPE audit. PPE Marshalls in place, matron, lead nurse and IPCT checks completed Clinical team complete stock checks. Developing a specific audit for PPE use. PPE use is included as part of the routine ward audit. Datix reports of failure to follow PPE advice are reviewed.	Gap identified	COVID PPE audit, audit tool in draft Quality Rounds Commenced	
6.7 • 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 contamination, as per national guidance • Guidance on hand hygiene, including	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. Hand Hygiene training is covered within mandatory training. 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.	Gap Identified: Independent review of hand hygiene required	IPC Annual audit programme has now commenced	

drying, should be clearly displayed in all public toilet areas as well as staff areas				
6.8 • 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 • 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**
Systems and processes are in place to ensure: **7.1**	The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place.	No gaps identified		

• Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	The capacity of the Zones is reviewed 3 times daily at the capacity meetings The infection prevention team have the daily ward list which documents the location of COVID patients and patients with resistant/alert organisms. Zoning SOP available on the HUB.			
7.2 • 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	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. 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.	Gap identified, mitigated for this trust	Hospital environment limited Areas segregated and social distancing in place Zoning SOP in place Policy is in draft	
7.3 • Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	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	No gaps identified		
8 Secure adequate access to laboratory support as appropriate				

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
There are systems and processes in place to ensure: **8.1** • 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	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. Community staff weekly testing requirement: collaborative approach with CCG and DMBC PH have weekly testing for health care workers who attend care/nursing homes. 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 Lateral flow testing commenced W/C 23/11/2020. All clinical and non-clinical staff. MRSA screening has continued along with clostridium difficile tests for patients who have diarrhoea. All other screening has continued as pre COVID crisis.	No gaps identified.	Matrons informed during Huddles regarding testing required. Information also available on the hub and communications update.	
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
Systems and processes are in place to ensure that: **9.1** • Staff are supported in adhering to all IPC policies, including those for other alert organisms	IPC policy adherence is completed by IPCT visits, training and via Saving Lives audits.	No gaps identified		
9.2 • Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	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. (See previous information regarding Incident Room cascading all relevant COVID information throughout the Trust)	No gaps identified		
9.3 • All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	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. 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. Tiger stripe clinical waste stream has be implemented across the wards-when a case has been identified then orange waste	No Gaps identified		

	stream is used			
9.4 • PPE stock is appropriately stored and accessible to staff who require it	A central store is maintained by procurement, who distribute PPE according to need to ensure adequate stocks, there is out of hours access. On entrance to clinical areas there is available stock of PPE. Staff obtain replacement stock directly from procurement. IPCT sit on PPE Cell meetings with Health and Safety, Procurement and clinical skills. Half face respirators have been purchased and distributed by the trust.	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**
Appropriate systems and processes are in place to ensure: **10.1** • Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Staff in the following groups have been identified: • Over 70's • Pregnant Staff • BAME Staff • Staff with underlying conditions Line managers of 'at-risk' groups have been tasked with completing risk assessments to identify risks and consider adjustments where appropriate with the support of Staff Health & Wellbeing and HR.	No gaps in assurance	Vulnerable staff may not disclose to employer, therefore all staff to have risk assessment completed	

	Staff members identified as vulnerable are being supported appropriately to ensure both their physical and psychological wellbeing is supported. 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. The risk assessment process is ongoing and returns continue to be monitored. The Trust commenced COVID vaccination programme on 29/12/20 priority is to be given to patients over 80 years and staff with increased risk.			
10.2 • Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	Health & Safety are keeping and maintaining records of all staff members that have undertaken FFP3 Face Fit Testing. 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.	Gaps in assurance identified		

10.3 • 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	Zoning SOP sets out that staff should not work across areas where possible, although due to patient safety issues movement of staff may occur. 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. 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. As we come out of the pandemic and have fewer cases, nursing staff will be allocated to care for COVID patient per shift. As cases have increased, blue zone capacity within the hospital has been increased, with dedicated nursing teams as far as practicable.	Appropriate workforce numbers to maintain segregation of zones.	Zoning SOP and areas are segregated with one way systems	
10.4 • All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not	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. Staff are provided with face masks when they enter the	No gaps identified		

wearing a facemask and in non-clinical areas • Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	building and can obtain face masks from their manager. Precautions are in place with regards of staff completing touch point cleaning as described within the social distancing SOPs 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. CCG Quality visit completed 20/08/2020 no issues identified and embedded processes found.			
10.5 • Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	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. 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. 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.	No gaps identified		
10.6 • Staff that test positive have adequate information and	If the staff member has been swab tested by the Trust, negative results are sent via text and positive results are contacted by SHAW.	No gaps identified		

support to aid their recovery and return to work.	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. 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. 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.			

Enclosure 18

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 14 January 2021

TITLE:	Ockenden Report - Emerging Findings and Recommendations from the Independent Review of Maternity services at the Shrewsbury and Telford Hospital NHS Trust		
AUTHOR:	**Dawn Lewis** **Head of Midwifery**	**PRESENTER**	**Mary Sexton** **Chief Nurse**

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS

Note the report and findings

Note and approve the evidence and actions in the assurance tool (appendix 1)

Note the high priority of Maternity Services at National level and the requirement for Board oversight

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Overall findings of report and cascade of failings at all levels, from Board to floor, it is clear that inconsistencies, failure to learn, lack of transparency at all levels, failure to escalate and failures in process led to poor outcomes and institutionalised failings.

- 12 immediate actions for all organisations have been identified, which are contained within the appendices, where work is required by the Trust and Local Maternity and Neonatal System to improve services and outcomes.
- Request to organisations to conduct a maternity workforce gap analysis and set out plans to meet Birthrate Plus (BR+) standards

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:**
	Other	**N**	**Details:**
REPORT DESTINATION	**Board of directors**	**Y**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

REPORTS FOR ASSURANCE

Summarised Findings of the
Ockenden Report - Emerging Findings and Recommendations from the Independent Review
of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust
Published 10th December 2020

Report to Trust Board on 14th January 2021

1 EXECUTIVE SUMMARY

1.1 This independent maternity review is focusing on all reported cases of maternal and neonatal harm between the years 2000 and 2019. These include cases of stillbirth, neonatal death, maternal death, hypoxic ischaemic encephalopathy (HIE) (grades 2 and 3) and other severe complications in mothers and newborn babies. In addition, a small number of earlier cases have emerged these are being reviewed by the independent team wherever medical records are available.

The total number of families to be included in the final review and report is 1,862. This first report arising from the 250 cases reviewed to date. The number of cases considered so far include the original cohort of 23 cases.

The review panel has identified important themes which must be shared across all maternity services as a matter of urgency and have formed **Local Actions for Learning** and make early recommendations for the **wider NHS Immediate and Essential Actions**.

1.2 Fundamentally, Trust Boards are encouraged to ask themselves whether they really know that mothers and babies are safe in their maternity units and how confident they are that the same tragic outcomes could not happen in their organisation. Boards are expected to robustly assess and challenge the assurances provided and providers are being asked to consider utilising their internal audit function to provide independent assurance that the process of assessment and evidence provided is sufficiently rigorous.

Regional Teams will assess the outputs of the self-assessment tool and will work with providers to understand where the gaps are and provide additional support where this is needed. This will ensure that the 7 IEAs will be implemented with the pace and rigour commensurate with the findings and ensure that mothers and their babies are safe.

2 BACKGROUND INFORMATION

2.1 1.0 Findings

1.1 Review of the Trust's maternity governance processes

- Inconsistent governance processes for the reporting, investigation, learning and implementation of maternity-wide changes.
- Inconsistent multiprofessional engagement with the investigations of maternity serious incidents.
- In some serious incident reports the findings and conclusions failed to identify the underlying failings in maternity care.
- Lack of objectively in Serious incident reviews and a lack of consideration of the systems, structures and processes in the reports.
- Limited evidence of feedback to staff following incident review.
- Examples of failure to learn lessons and implement changes in practice. This is notable:
  - in the selection of, or advice around, place of birth for mothers
  - the management of labour overall
  - the injudicious use of oxytocin
  - the failure to escalate concerns in care to senior levels when problems became apparent
  - Continuing errors in the assessment of fetal wellbeing.
- Incidents not investigated in a timely manner.
- Serious incidents not investigated using a systematic and multiprofessional approach.
- Lack of evidence that lessons were learned and applied in practice to improve care.

1.2 Trust Board oversight

Turnover of Executive leadership has impacted organisational knowledge and memory.

1.3 Midwifery and Obstetric issues identified

1.3.1 Compassion and kindness

- Lack of kindness and compassion seen in women's medical records, and in letters sent to families.
- There have also been cases where women and their families raised concerns about their care and were dismissed or not listened to.

1.3.2 Place of birth: Assessment of risk

- At the booking appointment all women should have a risk assessment to decide on the most appropriate place of birth.
- Once the decision on place of birth has been made, there should be a risk assessment at each antenatal appointment to ensure the decision remains appropriate.
- All members of the maternity team must provide women with accurate and contemporaneous evidence-based information as per national guidance. This will ensure women can participate equally in all decision-making processes and

make informed choices about their care. Women's choices following a shared decision-making process must be respected.

- Women should have information regarding anticipated transfer time to the obstetric-led unit might be in case of a complication during childbirth should she choose to birth in an environment away from the labour ward.

1.3.3 Clinical care and competency: management of the complex woman

- Clinical care and decision making of the midwives did not demonstrate the appropriate level of competence
- Consultant obstetricians must be directly involved and lead in the management of all complex pregnancies and labour.
- There must be a minimum of twice daily consultant-led ward rounds and night shift of each 24 hour period. The ward round must include the labour ward coordinator and must be multidisciplinary.
- The labour ward should have regular safety huddles and multidisciplinary handovers.
- The labour ward should have regular in-situ simulation training.
- Complex cases in both the antenatal and postnatal wards need to be identified for consultant obstetric review on a daily basis.

1.3.4 Escalation of concerns

- Failure to recognise and escalate the management of deteriorating mothers by midwives to obstetricians, and by obstetricians in training to consultants.
- When concerns were escalated, they were not then acted upon appropriately or escalated further to the appropriate level.
- Multidisciplinary communication and collaboration and/or senior clinical supervision are key.

1.3.5 Management of labour: monitoring of fetal wellbeing, use of oxytocin

- Intermittent auscultation and in the interpretation of CTG traces. Maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion the development and improvement of the practice of fetal monitoring. Both colleagues must have sufficient time and resource in order to carry out their duties.
- Fetal monitoring leads must ensure that the service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 (2019) and subsequent national guidelines.
- Implementation of recommendations of Saving Babies Lives Care Bundle 2 (2019) and subsequent national guidelines should include regional peer reviewed learning and assessment.
- These auditable recommendations must be considered by the Trust Board and as part of continued on-going oversight that has to be provided regionally by the Local Maternity System (LMS) and Clinical Commissioning Group.
- Staff must use NICE Guidance (2017) on fetal monitoring for the management of all pregnancies and births in all settings. Any deviations from this guidance must be documented, agreed within a multidisciplinary framework and made available for audit and monitoring.

- Appropriate risk assessment should be carried out before oxytocin use in the first stage of labour, and again before use in the second stage of labour.
- The use of oxytocin to induce and/or augment labour must adhere to national guidelines and include appropriate and continued risk assessment in both first and second stage labour.
- Continuous CTG monitoring is mandatory if oxytocin infusion is used in labour and must continue throughout any additional procedure in labour including the siting of an epidural.

1.3.6 Traumatic birth

- Obstetricians should follow established local or national guidelines for safe operative delivery.

1.3.7 Caesarean section rates

- The caesarean section rate was consistently been 8%-12% below the England average.
- Women should have freedom to express a preference for caesarean section or exercise choice on their mode of delivery.

2.0 Bereavement care

- Maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion the development and improvement of the practice of bereavement care
- The Lead Midwife and Lead Obstetrician must adopt and implement the National Bereavement Care Pathway.

3.0 Governance

- The maternity department clinical governance structure and team must be appropriately resourced so that investigations of all cases with adverse outcomes take place in a timely manner.
- The maternity department clinical governance structure must include a multidisciplinary team structure, trust risk representation, clear auditable systems of identification and review of cases of potential harm, adverse outcomes and serious incidents in line with the NHS England Serious Incident Framework.

4.0 Maternal Deaths

- Maternity services must develop clear Standard Operational Procedures (SOP) for junior obstetric staff and midwives on when to involve the consultant obstetrician. There must be clear pathways for escalation to consultant obstetricians 24 hours a day, 7 days a week. Adherence to the SOP must be audited on an annual basis.
- Women with pre-existing medical co-morbidities must be seen in a timely manner by a multidisciplinary specialist team and an individual management plan formulated in agreement with the mother to be. This must include a pathway for referral to a specialist maternal medicine centre for consultation and/or continuation of care at an early stage of the pregnancy.

- There must be a named consultant with demonstrated expertise with overall responsibility for the care of high-risk women during pregnancy, labour and birth and the post-natal period.

5.0 Obstetric Anaesthesia

- The Royal College of Anaesthetists (RCoA) and the Obstetric Anaesthetist Association (OAA) have issued clear guidance for staffing on the labour ward which includes a duty anaesthetist available for maternity services 24 hours a day and appropriate consultant cover for emergency and elective work.
- The number of women requiring advanced levels of medical and anaesthetic care from maternity services
- The support of a consultant anaesthetist on the labour ward is crucial, in addition to consultant anaesthetist availability 'around the clock', as maternity is a 24 hours a day and 7 days a week service.
- The maternity and anaesthetic service must ensure that obstetric anaesthetists are completely integrated into the maternity multidisciplinary team and must ensure attendance and active participation in relevant team meetings, audits, Serious Incident reviews, regular ward rounds and multidisciplinary training.
- Obstetric anaesthetists must be proactive and make positive contributions to team learning and the improvement of clinical standards.
- Obstetric anaesthetists and departments of anaesthesia must regularly review their current clinical guidelines to ensure they meet best practice standards in line with the national and local guidelines published by the RCoA and the OAA.
- Adherence to guidelines by all obstetric anaesthetic staff working on labour ward and elsewhere, must be regularly audited.
- Any changes to obstetric anaesthetic clinical guidelines must be communicated and necessary training be provided to the midwifery and obstetric teams.
- Obstetric anaesthesia services develop or review existing guidelines for escalation to the consultant on-call. This must include specific guidance for consultant attendance. Consultant anaesthetists covering labour ward or the wider maternity services must have sufficient clinical expertise and be easily contactable for all staff on delivery suite. The guidelines must be in keeping with national guidelines and ratified by the Anaesthetic and Obstetric Service.
- Quality improvement methodology should be used to audit and improve clinical performance of obstetric anaesthesia services in line with the recently published RCoA 2020 'Guidelines for Provision of Anaesthetic Services', section 7 'Obstetric Practice'.
- Ensure appropriately trained and appropriately senior/ experienced anaesthetic staff participate in maternal incident investigations and that there is dissemination of learning from adverse events.
- Ensure mandatory and regular participation for all anaesthetic staff working on labour ward and the maternity services in multidisciplinary team training for frequent obstetric emergencies.

6.0 Neonatology

- Medical and nursing notes must be combined; where they are kept separately there is the potential for important information not to be shared between all members of the clinical team.

- Daily clinical records, particularly for patients receiving intensive care, must be recorded using a structured format to ensure all important issues are addressed.
- There must be clearly documented early consultation with a neonatal intensive care unit (often referred to as tertiary units) for all babies born on a local neonatal unit who require intensive care.
- The neonatal unit should not undertake even short term intensive care, (except while awaiting a neonatal transfer service), if they cannot make arrangements for 24 hour on-site, immediate availability at either tier 2, (a registrar grade doctor with training in neonatology or an advanced neonatal nurse practitioner) or tier 3, (a neonatal consultant), with sole duties on the neonatal unit.
- Consultant neonatologists and ANNPs must have the opportunity of regular observational attachments at another neonatal intensive care unit.

7.0 Immediate and Essential Actions to Improve Care and Safety in Maternity Services across England

7.1 Enhanced Safety

Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.

- Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.
- External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.
- LMS must be given greater responsibility, accountability and responsibility so that they can ensure the maternity services they represent provide safe services for all who access them.
- An LMS cannot function as one maternity service only.
- The LMS Chair must hold CCG Board level membership so that they can directly represent their local maternity services which will include giving assurances regarding the maternity safety agenda.
- All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months.

7.2 Listening to Women and Families

Maternity services must ensure that women and their families are listened to with their voices heard.

- Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.

- The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome
- Each Trust Board must identify a nonexecutive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.
- CQC inspections must include an assessment of whether women's voices are truly heard by the maternity service through the active and meaningful involvement of the Maternity Voices Partnership.
- Maternity services must ensure that women and their families are listened to with their voices heard.

7.3 Staff training and working together

Staff who work together must train together.

- Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.
- Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.
- Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.

7.4 Managing Complex Pregnancy

There must be robust pathways in place for managing women with complex pregnancies through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.

- Women with complex pregnancies must have a named consultant lead.
- Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team.
- The development of maternal medicine specialist centres as a regional hub and spoke model must be an urgent national priority to allow early discussion of complex maternity cases with expert clinicians.
- This must also include regional integration of maternal mental health services.

7.5 Risk assessment throughout pregnancy

Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.

- All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional.
- Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.

7.6 Monitoring fetal wellbeing

All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.

- The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on:
  - Improving the practice of monitoring fetal wellbeing
  - Consolidating existing knowledge of monitoring fetal well being
  - Keeping abreast of developments in the field
  - Raising the profile of fetal wellbeing monitoring
  - Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported
  - Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.
- The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training.
- They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.
- The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle and subsequent national guidelines.

7.7 Informed Consent

All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.

- All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care
- Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care.
- Women's choices following a shared and informed decision-making process must be respected.

3 RISKS AND MITIGATIONS

The risks and mitigations identified during the assessment have been included in the attached document at appendix 1.

4. RECOMMENDATION(S)

4.1 Following the publication of the report NHSE/I have mandated that providers to assess their current position against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of *effective* implementation to their boards, Local Maternity System and NHS England and NHS Improvement regional teams. This completed tool is attached in appendix 1

The Trust Board is asked to:

a. Note the report and findings
b. Approve the evidence in the assurance tool (appendix 1)
c. Note the high priority of Maternity Services at National level and the requirement for Board oversight

Name of Author Dawn Lewis
Title of Author Head of Midwifery
Date report prepared 6th January 2021

APPENDICES:

Appendix 1 – Assessment and assurance document

Maternity services assessment and assurance tool

We have devised this tool to support providers to assess their current position against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of *effective* implementation to their boards, Local Maternity System and NHS England and NHS Improvement regional teams. Rather than a tick box exercise, the tool provides a structured process to enable providers to critically evaluate their current position and identify further actions and any support requirements. We have cross referenced the 7 IEAs in the report with the urgent clinical priorities and the ten Maternity incentive scheme safety actions where appropriate, although it is important that providers consider the full underpinning requirements of each action as set out in the technical guidance.

We want providers to use the publication of the report as an opportunity to objectively review their evidence and outcome measures and consider whether they have *assurance* that the 10 safety actions and 7 IEAs are being met. As part of the assessment process, actions arising out of CQC inspections and any other reviews that have been undertaken of maternity services should also be revisited. This holistic approach should support providers to identify where existing actions and measures that have already been put in place will contribute to meeting the 7 IEAs outlined in the report. We would also like providers to undertake a maternity workforce gap analysis and set out plans to meet Birthrate Plus (BR+) standards and take a refreshed view of the actions set out in the Morecambe Bay report. We strongly recommend that maternity safety champions and Non-Executive and Executive leads for Maternity are involved in the self-assessment process and that input is sought from the Maternity Voices Partnership Chair to reflect the requirements of IEA 2.

Fundamentally, boards are encouraged to ask themselves whether they really know that mothers and babies are safe in their maternity units and how confident they are that the same tragic outcomes could not happen in their organisation. We expect boards to robustly assess and challenge the assurances provided and would ask providers to consider utilising their internal audit function to provide independent assurance that the process of assessment and evidence provided is sufficiently rigorous. If providers choose not to utilise internal audit to support this assessment, then they may wish to consider including maternity audit activity in their plans for 2020/21.

Regional Teams will assess the outputs of the self-assessment and will work with providers to understand where the gaps are and provide additional support where this is needed. This will ensure that the 7 IEAs will be implemented with the pace and rigour commensurate with the findings and ensure that mothers and their babies are safe.

Section 1

Immediate and Essential Action 1: Enhanced Safety

Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.

- Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.

- External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.

- All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months

Link to Maternity Safety actions:

Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
Action 2: Are you submitting data to the Maternity Services Dataset to the required standard?
Action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification scheme?

Link to urgent clinical priorities:

(a) A plan to implement the Perinatal Clinical Quality Surveillance Model
(b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB

What do we have in place currently to meet all requirements of IEA 1?	• A local maternity dashboard is in place, completed monthly and includes both local and LMNS KPIs • LMNS uses HES data and is reviewed monthly at the quality and safety meeting • A decision has been made to utilise the national Maternity dashboard as an LMNS, allowing benchmarking more widely. • All qualifying cases are submitted to HSIB for independent investigation. Most recent annual discussion with local HSIB team reported that there were no particular themes to incidents investigated. Also a number of areas of good practice were identified during investigations carried out. • All SI reports including those reports completed by HSIB for certain criteria investigation are shared and discussed at Risk and Assurance Group and included in the report to Quality and Safety committee (Board level Committee) which in turn reports to Trust Board. • Currently lessons learned, themed issues and good practice are shared via LMNS quality and safety work stream on a monthly basis. Discussion has taken place at the LMNS quality and safety meeting • Completed investigations are shared with the CCG as per STEIS process • However there is no current process for LMNS scrutiny and transparency of every SI. This has been discussed with the LMNS SRO for agreement on reporting to LMS, further discussions are planned. The proposal is to adopt the national performance framework across the LMNS for all maternity providers and the LMNS will also be developing a local assurance framework which will support the QSG approach at ICS level • Lessons learned are utilised in the multidisciplinary training scenarios and discussed as part of human factors training. •
Describe how we are using this measurement and reporting to drive improvement?	1. Review of maternity dashboard at directorate clinical audit meeting identifying any themes trends or exceptions. 2. Also reviewed together with incident reports at Maternity governance meeting again reviewing themes trends and exceptions. Benchmarked against national data where it is available, informing audits and quality improvement plans. 3. Most recently the LMNS dashboard data was used to demonstrate that elective caesarean section rates within Trust were higher than our LMNS neighbour Trusts. This has enabled a targeted approach to quality improvement in this area and a working group is in progress including our board safety champion. 4. The quality and safety committee monitor compliance and progress towards compliance for the 10 maternity CNST safety actions.

How do we know that our improvement actions are effective and that we are learning at system and trust level?	• Reduction in incidents of harm • Improved maternal and perinatal mortality and morbidity • HSIB annual conversation reported that there were no themes identified within their investigations • • Audit results demonstrate the embedding of improvements • Utilisation of monthly audits to identify that change has been consistent and sustained.
What further action do we need to take?	• Monthly reporting mechanism required at board and LMNS level on maternity services, to provide overview of quality and safety, mapped against core components, such as, workforce, SI's, Perinatal mortality and morbidity, regional and national drivers (CNST, saving babies lives etc.) including dashboard data (utilising national tool when available to provide board with benchmarking at LMNS and national level). • Formulation of Overarching quality improvement plan • Increased transformational project support • QA assurance framework to be implemented by LMNS to inform quality surveillance group, ensuring robust scrutiny across the system and provide detail for exception reporting to the regional chief midwifery officer, and support the implementation of the Perinatal Clinical Quality Surveillance Model.
Who and by when?	**Trust:** • Monthly board paper – Head of midwifery – February 2021 • Formulation of Overarching quality improvement plan –Maternity Triumvirate March 2021 **LMNS:** • Adoption of the national performance framework across the LMNS for all maternity providers and the LMNS will also be developing a local assurance framework which will support the QSG approach at ICS level. This is a change in approach from the LMNS but will support the overall QSG approach we will be adopting across the BCWB ICS in the New Year, for formal go live April 2021
What resource or support do we need?	Additional PAs for obstetric governance consultant Additional senior midwifery governance post Additional PA for neonatal clinical attendance consistently at PMRT meetings.

How will mitigate risk in the short term?	Continue with current reporting processes. Include short but realistic time frames for completion of actions within a maternity quality improvement plan

Immediate and essential action 2: Listening to Women and Families

Maternity services must ensure that women and their families are listened to with their voices heard.

- Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.
- The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.
- Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.

Link to Maternity Safety actions:

Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Action 9: Can you demonstrate that the Trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

Link to urgent clinical priorities:

(a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.

(b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard.

What do we have in place currently to meet all requirements of IEA 2?	• The Trust has a Non-Executive Director recently appointed to have oversight of maternity • Quarterly Maternity Voices Partnership MVP meetings have taken place including virtually during COVID restrictions. • Chair of MVP is user representative and lay person. • LMNS engagement work stream continues with input from service users to inform services. Currently a coproduction is in progress to address the issues highlighted for BAME women in the light of learning and evidence from COVID. • We have engaged with women via the '15 steps' approach on an annual basis twice and now considering a third review conducted in a new way. • Learning from complaints, PALS concerns, FFT and birth reflections are utilised to inform and improve services. • There is an active social media presence by maternity services • Maternity safety champions are in place. Board Executive – Chief Nurse Mary Sexton Non-Executive Director – Dr Liz Hughes Midwifery – Head of Midwifery, Dawn Lewis Obstetrician- Clinical Director, Ms Uzma Zafar Neonatologist- Dr Chandan Gupta Neonatal Nursing –Head of Children Services, Karen Anderson
How will we evidence that we are meeting the requirements?	1 Minutes and terms of reference of the local MVP meetings. 2 Minutes of the LMNS engagement work stream meetings 3 Maternity Survey results 4 Compliments 5 Minutes of the quality and safety committee. 6 Notes and actions from the safety walkaround and bi monthly meetings.
How do we know that these roles are effective?	• Utilising the principles of guardianship and reporting to the Trust board • Monitoring via compliments and complaints • Evidence of co production in the quality improvements

What further action do we need to **take?**	1 Introduction of senior advocate role, following national agreement of role and job description, commitment from the board to support the addition of this role. 2 MVP voice to be heard at Board level 3 Non-Executive Director Champion role to be embedded and both roles to further prioritise visibility, listening and feedback to staff and championing services at board level
Who and by when?	1 National steer on Advocate role awaited TBA 2 Embedding further of roles by Non- executive and executive leads April 2021 3 Continue further development of co-design with MVP and embed fundamental aim and aligned vision April 2021
What resource or support do we need?	a) Engagement on a more formal basis from the CCG with the MVP b) Time from Non-executive and executive champion c) National steer on Advocate role d) Commitment from Board for Advocate role e) Funding for Advocate role
How will we mitigate risk in the short term?	• Continue to utilise current processes whilst implementing and embedding new roles • Debriefs offered to all women and all cases that have required enhanced investigation via HSIB or local SI, offered debriefed and findings of reports discussed staff safety champions and through dynamic area leads.

Immediate and essential action 3: Staff Training and Working Together
Staff who work together must train together

- Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.

- Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.

- Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.

Link to Maternity Safety actions:

Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?
Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities:

(a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.
(b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place

What do we have in place currently to meet all requirements of IEA 3?	• Consultant obstetrician cover rota 98hrs/week on Unit • Consultant present on labour ward for 12 hours (08.30-20.30) Mon-Fri • Out of hours on call is covered and weekend working is 08.30-17.00 resident; thereafter on call • Multidisciplinary ward rounds are in place. • Currently a consultant led ward round takes place twice daily; however there have been some inconsistency in MDT attendance • A Multi-disciplinary team training schedule is in place. Human factors are a core part of the training undertaken. • The trust has a monthly PROMPT training in place with a fully trained faculty (with the exception that during COVID this was paused). • The trust teams have just introduced PROMPT at home so that staff can access training remotely. This will require audit and review in line with pandemic restrictions. • All training funds received via NHSE/I and LMNS have been ring fenced to support staff training. • There is also ring fenced funding available through LBR to support CPD for Midwifery staff. • The CNST MIS monies in previous years have not been used exclusively for maternity.
What are our monitoring mechanisms?	• Ward round documentation – via audit • Confirmation on daily report sheet of ward round taking place • Robust monitoring is in place re: training compliance and this is routinely reported via the agreed departmental and divisional governance framework.
Where will compliance with these requirements be reported?	• Via maternity governance and clinical audit meetings, by exception. • Inclusion in directorate report to division again by exception and included in the maternity assurance report to quality and safety committee

What further action do we need to take?	• To ensure board oversight Training and workforce will be monitored via the monthly board report moving forward • Review of uplift to enable training required, due to the additional requirements for the service to maintain safety and professional requirements. • Plan from LMNS required for external validation three times per • Establishment of formal arrangement for twice daily ward round
Who and by when?	• Monthly board paper – Head of midwifery – February 2021 • Review of uplift by practice development team and triumverate -February 2021 • Plan from LMNS required for external validation three times per- April 2021
What resource or support do we need?	1. Support to ensure all required MDT members continue to be available for team training schedule 2. Potential funding following review for uplift
How will we mitigate risk in the short term?	• Robust plan for training in place • monitor compliance

Immediate and essential action 4: Managing Complex Pregnancy
There must be robust pathways in place for managing women with complex pregnancies

Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.

- Women with complex pregnancies must have a named consultant lead

- Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team

Link to Maternity Safety Actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Link to urgent clinical priorities: a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place. b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres.	
What do we have in place currently to meet all requirements of IEA 4?	1. Risk assessments based on NICE guidance and MBRRACE report guidance are in place. High risk women are assigned a named lead consultant dependent on their risk assessment. Specialist advice is sought via the local network **2.** We are engaged at a network level for the development of the maternal medicine networks working towards a tiered specialists centre system
What are our monitoring mechanisms?	• Monthly documentation audit in part • Checked as part of any incident review
Where is this reported?	• Via ward to board governance process by exception.
What further action do we need to take?	• Implement audit to identify the consistency of appropriate risk assessment and referral • Continue with engagement at network level in the maternal medicine network
Who and by when?	• Consultant audit lead by 31st March 2021 • Clinical director by 31st March 2021
What resources or support do we need?	• Awaiting Continuation of regional work to develop tier system for maternal medicine centres. • IT solution
How will we mitigate risk in the short term?	• Identify appropriate tertiary units based on woman's medical requirements.

<table>
<tr><td colspan="2">Immediate and essential action 5: Risk Assessment Throughout Pregnancy
Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.

• All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional

• Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.</td></tr>
<tr><td colspan="2">Link to Maternity Safety actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?</td></tr>
<tr><td colspan="2">Link to urgent clinical priorities:

a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance.</td></tr>
<tr><td>What do we have in place currently to meet all requirements of IEA 5?</td><td>• Risk assessments are completed at booking and a pathway of care is recorded.
• Currently the Trust are using Perinatal Institute paper notes, these include an antenatal assessment at each appointment with the review and changes in care and or medical management clearly documented within the record.
• The Perinatal Institute paper notes include space to include a personalised care plan.
• Antenatal care guideline in place
• Saving babies lives audit in place
• Risk assessment is updated on every contact and documented</td></tr>
</table>

What are our monitoring mechanisms and where are they reported?	• Audits are in place to monitor the initial risk assessments. These will be adapted to review risk assessments in place throughout the pregnancy journey. • A database was commenced in December to capture initial risk assessments and plans completed
Where is this reported?	• By exception to quality and safety committee via the ward to processes
What further action do we need to take?	• Formalisation of monthly Audit surveillance report through to monthly governance • BEEM trial to commence, this is a randomised cluster controlled trial across the Black Country LMNS to evaluate the knowledge of community midwives regarding place of birth for healthy low-risk women. The trial compares a standalone E-Learning package against one combined with additional support from a lead midwife. This training will potentially support the implementation of national policy and provide clear unbiased information to these women.
Who and by when?	• Matrons to discuss with quality assurance lead to add to monthly audits • BEEM trial to commence.
What resources or support do we need?	• Shrewsbury and Telford Hospitals Trust have developed a resource for women to be completed with named midwife or consultant. Adopting this resource for DGFT will have a cost. • To request funding from LMNS in first instance
How will we mitigate risk in the short term?	• Continue with the standard monthly audits and ad hoc notes reviews

Immediate and essential action 6: Monitoring Fetal Wellbeing

All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.

The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: -

- Improving the practice of monitoring fetal wellbeing –
- Consolidating existing knowledge of monitoring fetal wellbeing –
- Keeping abreast of developments in the field –
- Raising the profile of fetal wellbeing monitoring –
- Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported –
- Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.
- The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training.
- They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. •
- The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines.

Link to Maternity Safety actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?
Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Link to urgent clinical priorities:

a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.

What do we have in place currently to meet all requirements of IEA 6?	• The dedicated senior midwife role for fetal monitoring was funded for 6 months until September 2020 via LMNS funds. • Since then the role has been absorbed by the practice development midwife however this is not dedicated time • 6month secondment funded via LMNS specialist midwife for whole of saving babies lives care bundle implement5ation and embedding • Currently utilising both face to face and online training via K2 CTG training package. Staff receive two face to face formal sessions with assessment supplemented by the K2 training also including assessment. • All cases presented at the weekly incident meeting have a CTG review and this is included in the monthly CTG audit results. • Junior doctor weekly teaching involves CTG reviews and is attended by the practice development midwife alongside the obstetric tutor.
How will we evidence that our leads are undertaking the role in full?	• Currently these roles are not fully supported and in the case of the midwife are slotted in around the practice development role. • The obstetrician post is a new development and has to be created and recruited to.
What outcomes will we use to demonstrate that our processes are effective?	Improved identification of CTG issues and appropriate escalation of concerns with appropriate planning of care to follow.
What further action do we need to take?	• Funding for the PA requirements for obstetric lead for element 4 of SBLCB v2. Awaiting guidance on minimum requirement • Identify funding for 1 WTE band 7 dedicated fetal monitoring midwife.
Who and by when?	Confirmation of funding and appointment of staff members by 30th April 2021

What resources or support do we need?	Funding to establish posts
How will we mitigate risk in the short term?	• Robust fetal monitoring training in place • Simulation training •

Immediate and essential action 7: Informed Consent
All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.

All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care

Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care

Women's choices following a shared and informed decision-making process must be respected

Link to Maternity Safety actions:

Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Link to urgent clinical priorities:

a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.

What do we have in place currently to meet all requirements of IEA 7?	• The Trust website includes information on pathways of care for women accessing maternity care at the trust. • All leaflets given to women are included on the Trust website and are in formats consistent with NHS policy. • The Perinatal Institute notes used by the Trust also include information that relates to making informed choice
Where and how often do we report this?	• Included in the maternity survey questions and • Currently asked on a monthly basis in the matron audit • Results are discussed at the Senior midwifery team meeting and reported to patient experience group.
How do we know that our processes are effective?	• Positive responses from the matrons audit and the last maternity survey results
What further action do we need to take?	• Adopt the resource developed by Shrewsbury and Telford Hospitals Trust as outlined below • Senior midwifery team are reviewing the web pages and using the advised good practice of Chelsea and Westminster as a benchmark, as suggested by the national team • Explore appointment of Consultant Midwife as advised in the RCM document strengthening midwifery leadership and discussed in the section 2 below
Who and by when?	• Head of Midwifery by 31st March 2021 • Matrons by 31st March 2021 • Head of Midwifery by 28th February 2021
What resources or support do we need?	• Shrewsbury and Telford Hospitals Trust have developed a resource for women to be completed with named midwife or consultant, supporting choice and personalisation. • Adopting this resource for DGFT will have a cost. • To request funding from LMNS in first instance
How will we mitigate risk in the short term?	• Continue liaison with MVP and LMNS engagement work • stream meetings

Section 2	
MATERNITY WORKFORCE PLANNING	
Link to Maternity safety standards: **Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard** **Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?**	
We are asking providers to undertake a maternity work-force gap analysis, to have a plan in place to meet the Birthrate Plus (BR+) (or equivalent) standard by the 31st January 2020 and to confirm timescales for implementation.	
What process have we undertaken?	• A Birthrate Plus (BR+) assessment was last carried out in 2017 with results published in 2018. This assessment indicated that an additional • 8.8 WTE clinical midwives were required, • 4.7WTE specialist or management midwives were required and • an additional 5.8 WTE band 3 maternity support workers were required. • Funding was sought but not agreed to bring establishment to Birthrate plus recomendation • A number of changes have occurred since this last full BR+ assessment all have an effect on numbers of midwives required. ‘ • These include changes to the numbers of babies born at the Trust, the complexity and comorbidities of the women giving birth and the requirement to deliver continuity of carer for 51% of women by March 2022.
How have we assured that our plans are robust and realistic?	• All workforce plans will be scoped against BR+ requirement and aligned to safe staffing in a maternity setting. Work is ongoing at both a national and regional level to address the shortfall in registrants, in conjunction with HEE.
How will we ensure oversight of progress against our plans going forwards?	• As part of the revised perinatal quality surveillance model the Trust Board is required to receive monthly updates on maternity safety via the maternity and neonatal dashboard

What further action do we need to take?	• Workforce analysis required by 31/1/21 utilising BR+ • Clinical workforce analysis to be undertaken • Explore the potential for a full Birthrate plus assessment which is recommended every 3 years
Who and by when?	Workforce analysis required by 31/1/21 utilising BR+ by HOM and DDO Clinical workforce analysis to be undertaken by Clinical Director and DDO
What resources or support do we need?	• Funding dependent on analysis • Support from HR and finance • Data analyst support to ensure capacity given tight time scale
How will we mitigate risk in the short term?	Workforce BCP in place and escalation to minimise risk. Daily midwifery staffing rapid response meeting in place Weekly look forward for staffing requirements Utilisation of daily LMNS huddle

MIDWIFERY LEADERSHIP **Please confirm that your Director/Head of Midwifery is responsible and accountable to an executive director and describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in** Strengthening midwifery leadership: a manifesto for better maternity care
The Head of Midwifery is responsible to the Divisional Director of Operations and professionally accountable to the Chief Nurse who is an Executive Director. Utilising the document above there are a number of recommendations that require action: • Every Trust or health board should have a Director of Midwifery (to note the recommendation is that the Director of Midwifery has a seat at the board alongside the Chief Nurse as the expert in maternity care and service provision) • A consultant midwife in each maternity unit • Specialist midwives in every Trust • A commitment to fund ongoing midwifery leadership development The Trust has a Head of Midwifery but not a Director of Midwifery The Trust does not have a consultant midwife
NICE GUIDANCE RELATED TO MATERNITY
We are asking providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Where non-evidenced based guidelines are utilised, the trust must undertake a robust assessment process before implementation and ensure that the decision is clinically justified.

What process do we have in place currently?	NICE guidance is received and disseminated by corporate governance Guidelines developed by an MDT approach and require review and consultation
Where and how often do we report this?	Monthly reporting of policies and guidelines approaching their review date Updated guidance ratified via directorate and divisional process before
What assurance do we have that all of our guidelines are clinically appropriate?	Ratification process as above
What further action do we need to take?	Work with corporate audit team to collate a gap analysis of NICE guidance
Who and by when?	Directorate working with the corporate audit team April 2021
What resources or support do we need?	Support from corporate governance Agreement for overarching plan
How will we mitigate risk in the short term?	Maintain current pathways

Enclosure 19

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to Board of Directors 14th January 2021

TITLE:	**7Day Services Update**		
AUTHOR:	Dr Paul Hudson	**PRESENTER**	Dr Julian Hobbs

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other (Assurance)
			Y

RECOMMENDATIONS

The board is asked to note the updated seven day service position

CORPORATE OBJECTIVE:

SO2 Safe and caring services

SUMMARY OF KEY ISSUES:

- This paper updates on the position reported in June 2020. National reporting of the standards remains suspended due to COVID-19
- The previous paper reported compliance against 4 priority standards
- Further audit of diagnostic standards undertaken and reported in November 2020 showing significant progress since the 7DS standards were introduced.
- Internal audit (RSM) undertaken for additional assurance and has provided a series of recommendations to strengthen the reporting process and review the 7DS strategy. Further work is required for full assurance of the diagnostic standards.

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	**CQC**	**Y**	**Details:** Safe, Well Led
	NHSI	**Y**	**Details:** NHSI Board Assurance Framework for

LEGAL REQUIREMENTS			Seven Day Services
	Other	**Y**	**Details:** GMC Good Medical Practice NHS Framework for Quality Assurance for Responsible Officers
REPORT DESTINATION	**Board of directors Execs**	**Y**	**DATE: Jan 2021**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

Update on Seven Day Service (7DS) Clinical Standards.

The Dudley Group NHS Foundation Trust – January 2021

1.0 Introduction

The 7DS were first introduced in 2013 by NHS Improvement as 10 standards of which four were identified as clinical priorities in 2016 on the basis of their potential to positively affect patient outcomes. It is against these which will the Trust will be assessed through a Board Assurance Framework (BAF). Progress against the six remaining 7DS Standards will not be measured through the collection of data or formal self-assessments, but the Trust must include summary progress information about their delivery in its report.

This paper will outline progress made to date and a summary of the internal audit recommendations received in December 2020 to strengthen performance. It should be noted that national reporting has been suspended due to COVID 19 pressures.

2.0 Objective

The 7DS programme aim is to provide a standard of consultant led care to all patients presenting urgently or as an emergency such that their outcomes are optimised and there is equity of access nationwide but also outcomes are not dependant on the time of day or day of the week patients present.

The Four Priority Clinical Standards

- **Standard 2** - Time to first Consultant review- within 14 hours of admission for all non-elective patients
- **Standard 5** - Access to diagnostic tests - ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology.
    - Within 1 hour for critical patients
    - Within 12 hours for urgent patients
    - Within 24 hours for non-urgent patients
- **Standard 6** - Access to consultant directed interventions - Critical Care, Interventional Radiology, Interventional Endoscopy, Emergency Surgery, Emergency Renal Replacement Therapy, Urgent Radiotherapy, Stroke Thrombolysis, Percutaneous Coronary Intervention and Stroke Thrombolysis
- **Standard 8** - Ongoing review by consultant twice daily if high dependency patients, daily for others

3.0 Summary of results

By March 2020 NHS England expected all Trusts in the country to be 90% compliant with the 4 clinical standards. The Trust reported in June 2020 that these standards had been achieved;

3.1 Standard 2 and Standard 8

We have achieved **92%** for standard 2 and for standard 8 94% for once daily review and 87% for twice daily reviews. These results reflect data prior to Covid-19 so will improved now due to the change in the ED pathway to ensure all patients are seen by a Medical Consultant prior to admission and enhanced support of MHDU by Critical Care Consultants. Some specific developments to achieve this standard are detailed below;

Critical Care:
Unique set up of 3 independent areas (ITU, SHDU and MHDU) meant previously inconsistent second daily review especially at weekends. Weekend ward rounds of SHDU and MHDU now undertaken by Consultant Anaesthetists so expected full compliance with standard 8 for patient requiring second daily review
Business case submitted and approved to centralise into bigger mixed ITU/HDU leaving enhanced specialty care "level 1+" units in place of SHDU/MHDU for lower acuity patients though this work has bene postponed until after the pandemic.

General Surgery:
Second largest admitting speciality with previously variable compliance with standard 2 and no weekend presence of Consultant for ward rounds of inpatients. Business case agreed to expand workforce from 8 to 12 (recruitment still underway). New rota implemented with a Consultant timetabled to be on SAEC until 20:00 daily and 2 Consultants available for weekend ward rounds –one emergency post-take patients and one for elective inpatients. Therefore expected improved compliance with 7DS standards but also key performance metrics such as time from decision to operate to access to emergency theatre. Revised rota included in consultant job plans.

Urology:
Currently national shortage of Consultants and department has 3 WTE vacancies meaning previously unable to free on call Consultant from elective duties so ward rounds led by SpRs with escalation to Consultants as necessary. Have recruited upto 6 WTE with locum Consultant appointments allowing the freeing of Consultant from elective work for morning ward round on C6

Outstanding issues:

Endocrinology
Currently 6 Consultants, 5 of whom undertake on call as part of the General Internal Medicine (GIM) rota, which allows the Acute Medical Team, which currently has a number of vacancies, to provide more in reach into the Emergency Department. Moving to a fully complaint 7DS would threaten the GIM rota.
Action: Currently plans in place to deliver one Consultant ward round per weekend of the 12 bedded endocrinology ward moving to full compliance if able to recruit one additional Consultant (job planned approved but no suitable candidates). It should be noted that this would require completion of the current round of Consultant job planning currently delayed by the pandemic.

3.2 Standard 5 and 6

A further audit of standards 5 and 6 was undertaken in Autumn 2020 reviewing all inpatient CT/MRI/Ultrasound and Interventional Radiology requests throughout August 2020. It should be noted that significant progress has been made since the launch of the 7DS standards and this audit identified 76% of urgent inpatient CT scans were undertaken and reported in 24 hours and 98% of all CT scans (routine and urgent) completed in 48 hours. 2 out of 3 patients requiring urgent MRI scans were competed in 48 hours. A high level of compliance was reported in the audit with a requirement for additional scanning capacity to further enhance the performance against the standards.

4.0 Assurance

The Trust has sought further assurance on compliance through internal audit with a report presented to Audit committee in December 2020. The report provided partial assurance against the standards and highlighted Priority Standard 5 (Diagnostics) as reflecting the availability of services and not the delivery of reporting within the set timescales. The report identified robust governance arrangements and highlighted scope to improve the consistency of the format / content of reporting.

5.0 Summary and recommendation.

The board is asked to note the ongoing work to embed 7DS standards during the pandemic. RSM recommendations will be actioned and reported via Audit Committee throughout the coming year.

Dr Paul Hudson

Enclosure 20

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors, January 2021

TITLE:	**Integrated Performance Report for Month 8 (November 2020)**		
AUTHOR:	**Diane Povey** **Interim General Manager**	**PRESENTER**	**Karen Kelly** **Chief Operating Officer**

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

ACTION REQUIRED OF COMMITTEE :			
Decision	**Approval**	**Discussion**	**Other**
N	**N**	**Y**	**N**

RECOMMENDATIONS:

To note and discuss the current performance against KPIs.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

Performance

EAS

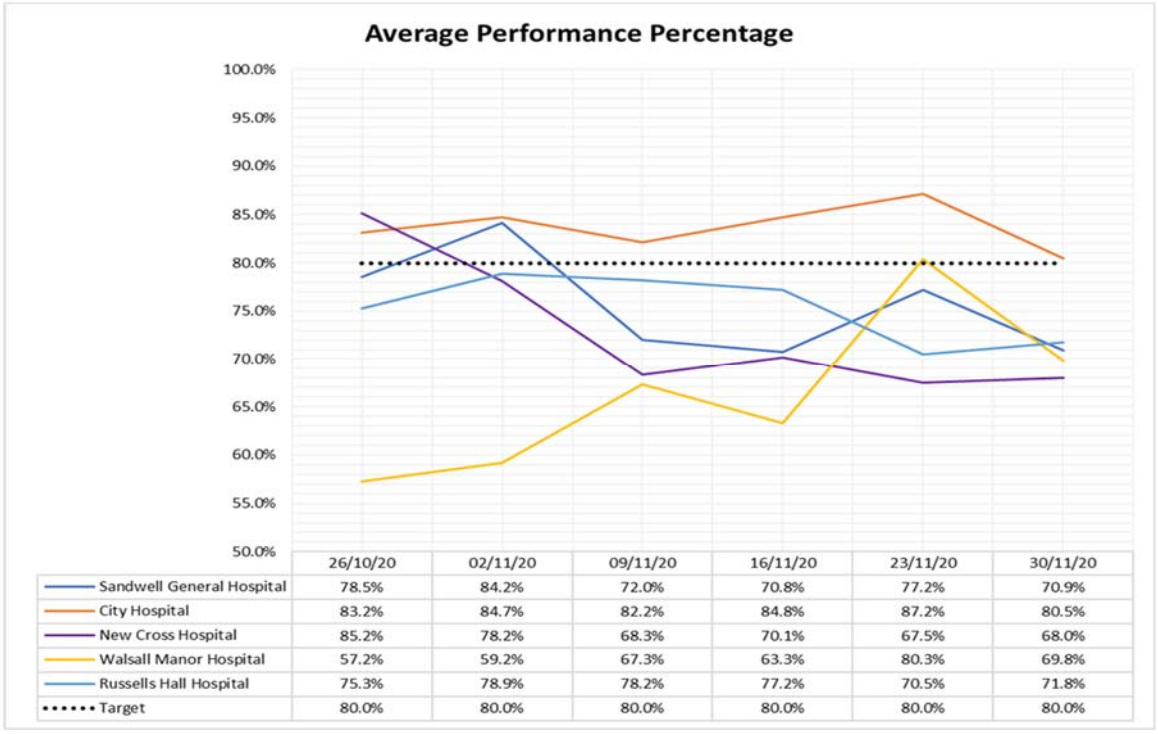
1. The November position for performance is below the expected Emergency Access Standard, the Trust has achieved a combined performance of 85.7% for the month of November. The Trust is regionally ranked 2nd Of 5 Trusts (Based on last six weeks average) and 9th out of 30 Midlands area Trusts.

The main contributory factors to our EAS position is the following:

2. Patient flow and capacity upstream is the main reason for breaches of the 4hr standard during November. This has been impacted by high bed utilisation due to peak demand caused by Covid-19.

3. November has seen the biggest ever numbers of ambulance handovers waiting >60 minutes due to peak demand of Covid-19 2nd Wave.

Dudley's Emergency Access Standard compared with other neighbouring Black Country Trusts is shown in the table below:



	26/10/20	02/11/20	09/11/20	16/11/20	23/11/20	30/11/20
Sandwell General Hospital	78.5%	84.2%	72.0%	70.8%	77.2%	70.9%
City Hospital	83.2%	84.7%	82.2%	84.8%	87.2%	80.5%
New Cross Hospital	85.2%	78.2%	68.3%	70.1%	67.5%	68.0%
Walsall Manor Hospital	57.2%	59.2%	67.3%	63.3%	80.3%	69.8%
Russells Hall Hospital	75.3%	78.9%	78.2%	77.2%	70.5%	71.8%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

CANCER

All cancer performance figures have 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:

a. 2ww achievement for October is 79.5%.
b. 31 day is 88.6%.
c. 62 day is 70.9%

The number of patients waiting over 104 days has further reduced to 26 at the end of November and as at the 10/12/20 it has reduced further to 20. There have been amendments to the counting methodology for the 104 day waiting list to provide further granularity about the start of treatment. This accounts for any inflation of our legacy position and the purpose of this change is to prepare for 62 Day standards change from April 2021.

Demand for services continues to increase, 2WW referrals demand has returned to circa 96% of pre Covid-19 levels. In addition there is a continuing reduction in capacity due to Covid social distancing precautions, staff absence and patient reluctance to attend. These issues are affecting the whole cancer pathway. Breast & breast symptomatic continue to be the most challenged area 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 consistently improved since July 20 with November performance at 83.9%. The Trust is the 3rd best performing Trust Nationally and the best performing regionally following the release of September national data (latest data available). The Trust expects to be within the top 5 performing trusts across the NHS when the October data is released.

The numbers of patients waiting > 52 weeks has increased during November to 27; however the Trust is still the best performing Trust in the region. Nationally there are high numbers of 52 week breaches as a result of clinical prioritisation of patients and as a result of reduced capacity earlier in the year due to Covid-19 impact with Covid-19 wave 2 having further impact.

DM01

In October, the Trust achieved 84.3% of diagnostics tests which were carried out within six weeks representing further improvement against the constitutional standard of 99%. The number of patients waiting over 6 weeks for their test at the end of November is 1166 a further reduction since October (1773).

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**	**Y**	**Details:** Compliance with Quality Standards for safe & effective care.
	NHSI	**Y**	**Details:** Achievement of national performance targets.
	Other	**Y/N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**Y/N**	**DATE:**
	WORKING GROUP	**Y/N**	**DATE:**
	COMMITTEE	**Y**	**DATE: Board of Directors 14th January 2021**

Performance KPIs

21st December 2020 Report (November Data)

NHS
The Dudley Group
NHS Foundation Trust

Karen Kelly, Chief Operating Officer



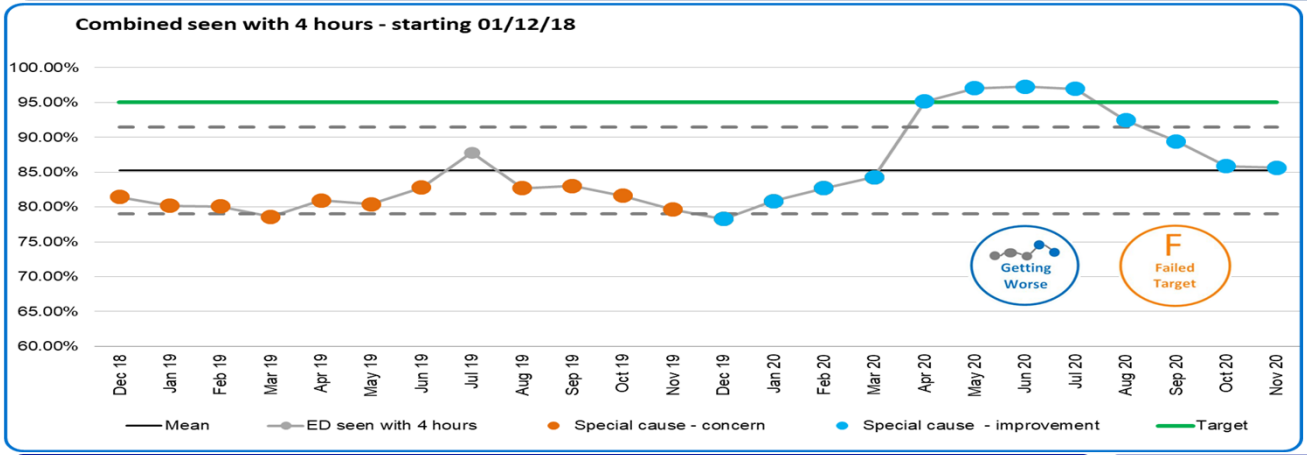

Constitutional Performance

Constitutional Standard and KPI		Target	Actual 20/21						Status	
			Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	97.3%	97.0%	92.4%	89.4%	85.8%	85.7%	Getting Worse	F Failed Target
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	68.9%	73.0%	68.8%	61.9%	63.6%	70.9%	Getting Worse	F Failed Target
	Cancer 31 Day -	96.0%	86.7%	92.2%	94.5%	93.8%	96.2%	88.6%	Getting Better	F Failed Target
	All Cancer 2 Week Waits	93.0%	98.0%	95.9%	79.4%	52.5%	68.0%	79.5%	Getting Worse	F Failed Target
Referral to Treatment (RTT)	RTT Incomplete	92%	62.7%	63.7%	72.5%	78.9%	82.8%	83.9%	Getting Better	F Failed Target
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	72.3%	74.3%	70.8%	71.1%	77.6%	84.3%	Getting Better	F Failed Target
VTE	% Assessed on Admission	95%	94.2%	94.2%	89.9%	93.8%	93.2%	93.8%	Getting Worse	F Failed Target

Making Numbers Count - Icon Key

Is the Process Stable?					Will the target be met?			Non-SPC Measures			Admin		
H	L	H	L		P	F	?	P	F	N/A	SPC	DNP	NNP
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 + ED 111 Clinic Implemented



85.7%	7	9th
		As at 07/12/20
EAS 4 hour target 95% for Type 1 & 3 attendances	DTA 12 hour breaches - target zero	DGFT ranking out of 30 Midlands area Trusts

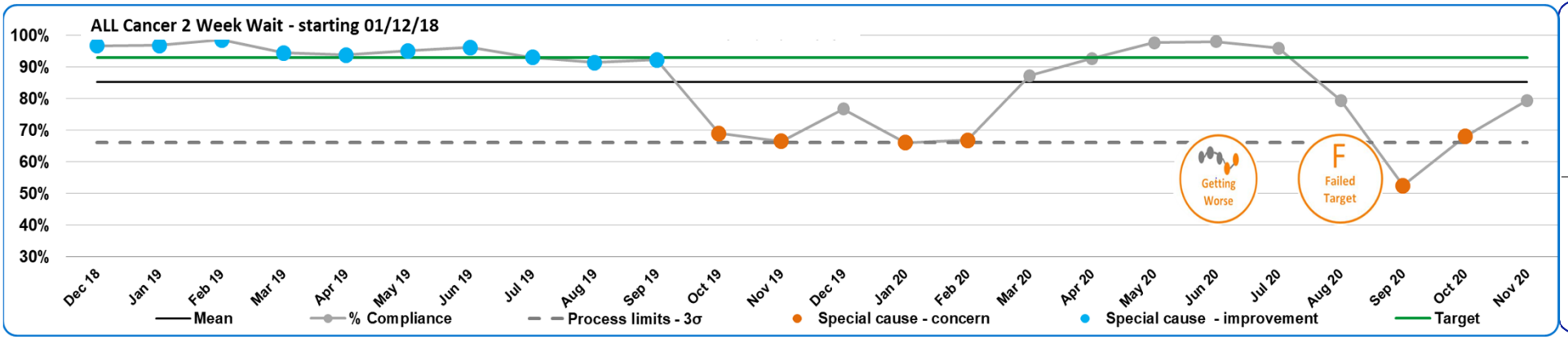
Performance

- ED Performance for the % seen in 4 hours during November is 85.7%. The target has not been met since April 20.
- The Trust compares well with others , regionally being ranked 2nd Of 5 trusts and 9th out of 30 Midlands area trusts.
- The trust has experienced the peak demand of second Covid19 wave, accompanied by the largest ever numbers of >60 mins ambulance handovers delays , 41 during week 9/11 & 34 during week 16/1
- Attendances have decreased across all age ranges with the exception of 80+, where there has been a statistically significant increase in attendances.
- The ED conversion rate is within normal limits despite high demand
- 12 hour breaches have increased during November to 7 up from 2 in October. RED ED breaches not reported as Assessment Areas not report.
- The main breach reason for November was lack upstream Capacity .

Action

- ✓ Demand has necessitated expansion of Red ED from 10 to 18 beds .
- ✓ Additional Medicine Consultant and Acute SHO & REG have commenced supporting RED ED successfully to strengthen decision making and care planning
- ✓ Medical huddles have been implemented to support ED juniors and strengthen decision making within EAS , care planning and safety .
- ✓ The Advanced Clinical Practitioner rota (ACP) extended to 7 days and rapid assessment & triage (RAT) model is due to be established, dependent on nursing numbers and recruitment.
- ✓ All patients stranded in ambulances have had nursing and medical assessment . This is particularly important due to the longer ambulance handover time during November & To maintain clinical safety for patients stranded on back of ambulances.
- ✓ 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.

Cancer Performance – 2 Week Wait



79.5%

All cancer 2 week waits – target 93%

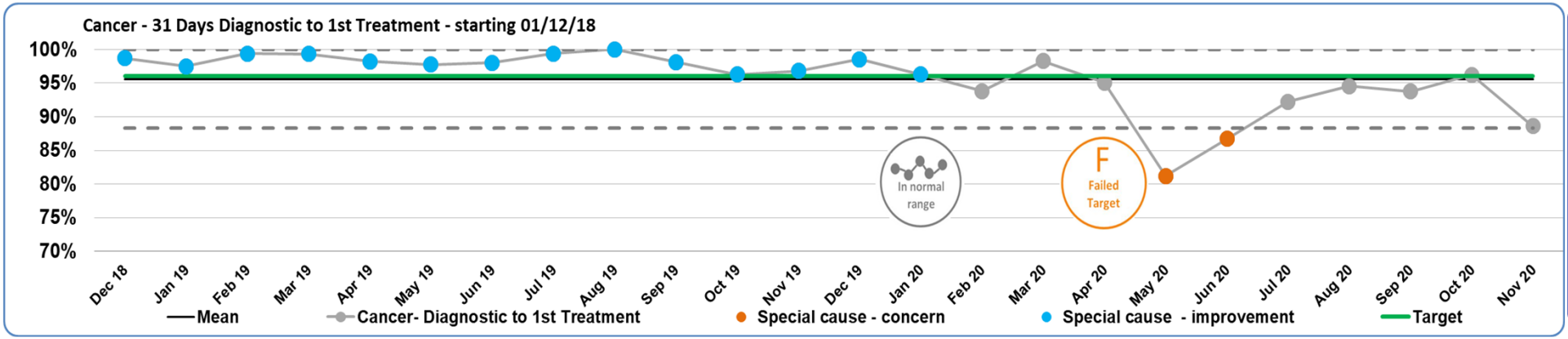
Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- Performance is within normal limits but has failed to meet the target since August 20.
- The Trust was unable to meet 2WW performance in November, with the majority of breaches within Breast for the second Month in a row (November performance of 44.64%). 2WW referrals demand has returned to circa 96% of pre Covid-19 levels.
- There is a capacity shortfall with Face-to-Face first outpatient appointments primarily in Breast & Breast Symptomatic. Breast capacity is reduced by 33% due to social distancing, which has Impacted on both suspected and symptomatic pathways.

Action

- ✓ Internal booking processes have been reviewed and we have now implemented day zero booking for majority of specialties together with a forward look to January to mitigate any reduction in clinics. A Daily escalation process has been robustly implemented with a 72 hour booking expectation.
- ✓ Breast patients to be contacted 24 hours before appointment to ensure attendance and to reduce DNA's maximise our slot utilisation .
- ✓ A Forward look review of rapid access clinics within December and January to mitigate any potential dropped clinics and to expand on current capacity is in progress.
- ✓ Working with breast clinicians on alternative options to improve Breast performance .

Cancer Performance – 31 Day



88.6%

31 day waits – target 96%

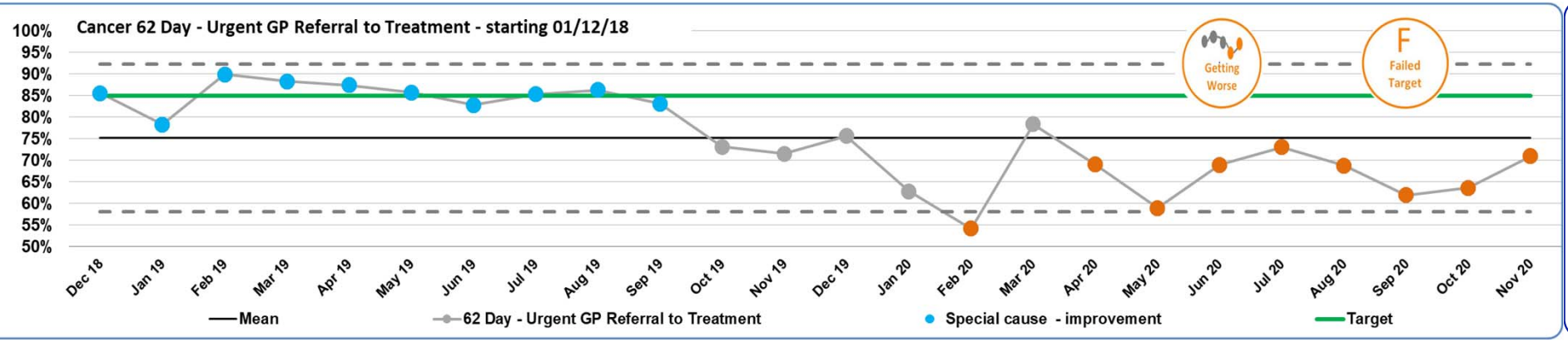
Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- For November, there is currently 16 out of a total of 143 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.
- December to date stands at 91.84%.

Action

- ✓ To support improvement of achievement against the 31 day target, a 31 day pathway training and education package is being cascaded to the multi-disciplinary team to ensure understanding of the issues and help to encourage timely escalation and to expedite improvement.
- ✓ Consultation on Cancer Assurance Cycle - A stakeholder session on 5th 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.
- ✓ This target is being monitored and progressed daily, with every single breach risk identified being escalated.

Cancer Performance – 62 Day



70.9%

All cancer 62 day waits – target 85%

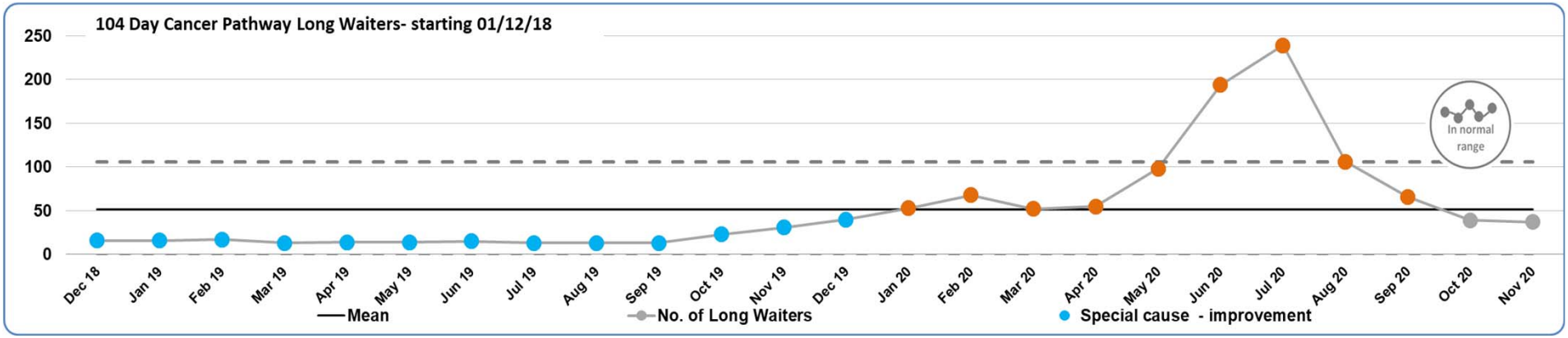
Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- Performance has consistently been lower that the previous average since April 20 and has not achieved target since October 19.
- Covid-related delays have impacted at all stages of the pathway due to reduction in capacity due to social distancing, patients remain reluctant to attend for treatment and appointments. In addition the reduction of diagnostic capacity due to the invasive nature of some procedures. Is having a significant impact on cancer pathways.
- Patients who have waited the longest are being prioritised and there has been a further reduction in patients waiting 104 days and over during November. This will in turn convert into reduction in those waiting over 62 days.

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.
- ✓ 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 has been introduced during November 2020.
- ✓ Several new SOP's have been drafted to support improvements in PTL management just one example is a "fitness to proceed" SOP which is currently being prepared for Clinical sponsorship.

Cancer Performance – 104 Day



26

As at 30/11/2020

All 104 week waits, target zero

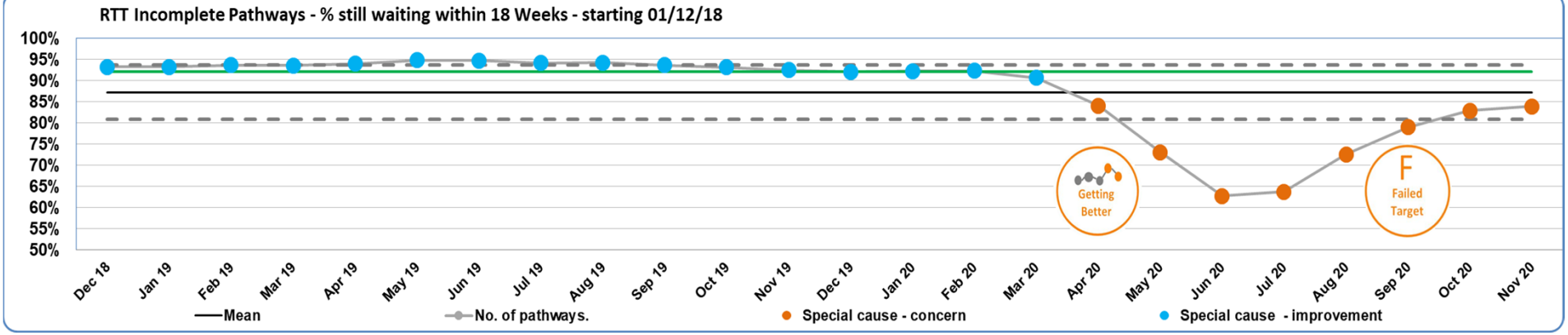
Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- At the end of November the Trust had 26 patients waiting over 104 days. This has now reduced further to 22 (10/12/20).
- The reduction of legacy patients who have waited over 62 weeks and in particular those waiting over 104 days has had significant focus over the past eight weeks resulting in the numbers currently over 104 days being returned to near pre-COVID levels.
- As of 10/12/2020, the 104 day position stood at 20 patients.

Action

- ✓ A forward look to January has been commenced to mitigate any reduction in clinics. Daily escalation process has been robustly implemented with a 72 hour booking expectation. There are plans in place to reduce this to 48 hours.
- ✓ All of the patients in our 104 backlog were personally contacted by telephone with a prescribed script, 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.
- ✓ The 'Cancer 62 Day Patient Tracking List' (CANPTL) collection is a weekly snapshot which shows the number of patients on the cancer 62-day pathway. From 23 November 2020, this collection was remodelled to include waiting list breakdown by suspected tumour groups 62-day screening, consultant upgrades and further granularity about the start of treatment. This accounts for any inflation of our legacy position and the purpose of this change is to prepare for 62 Day standards change from April 2021.

RTT Performance



83.9%

RTT Incomplete pathways target 92%

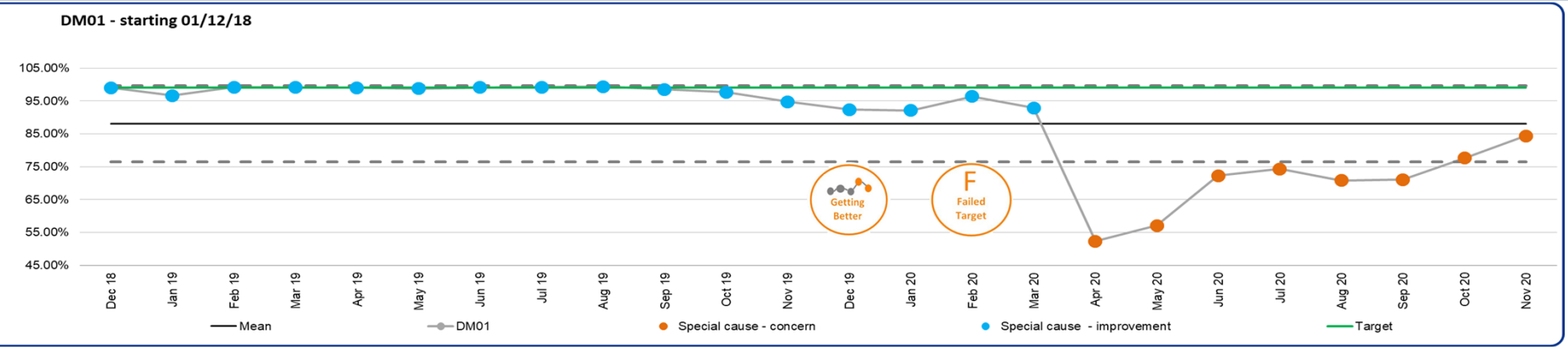
Performance

- RTT performance has consistently fallen below the previous average since April 20 and also missed the target during the same period, however improvement has been consistent since July 20.
- DGFT is the 3rd best performing Trust Nationally and the best performing regionally following the release of September national data.(latest available). The trust expects to be within the top 5 performing trusts across the NHS.
- The number of 52 week waits has increased from 12 at the end of October to 27 currently . However the trust is still the best performing in the region.
- Covid-19 wave two has caused a significant drop in elective activity as anticipated, due to the impact on staffing, And the need to staff critical care with the use of theatre staff only, as unlike in wave 1, other staff are not available. This has adversely affected theatre capacity for other specialities The impact of dropping further elective activity has mainly impacted Orthopaedics due to inability to provide arthroplasty due to zoning.
- Theatre capacity at RHH has dropped due to staffing constraints. Some activity has moved (mainly a proportion of Orthopaedics) to the independent sector(ISP). However, this is likely to reduce with the new ISP contract/framework and ongoing discussions are being held.
- .

Action

- ✓ Long waits , cancer & urgent patients are being prioritised in line with clinical need.
- ✓ (IS) is being utilised where possible and will be crucial to recovery of RTT & reduction in number of 52 week waits.
- ✓ Anaesthetics have recruited two additional locums (3rd one dropped out) to support recovery provision, start in March 2021.
- ✓ Additional lists are being planned for December where possible.
- ✓ A detailed paper is being prepared for discussion at execs next week for discussion regarding the reduction in elective care and related staffing issues.
- ✓ Potential Insourcing & outsourcing options are being explored to expand capacity.

DM01 Performance



84.3%

DM01 combining 15 modalities - target 99%

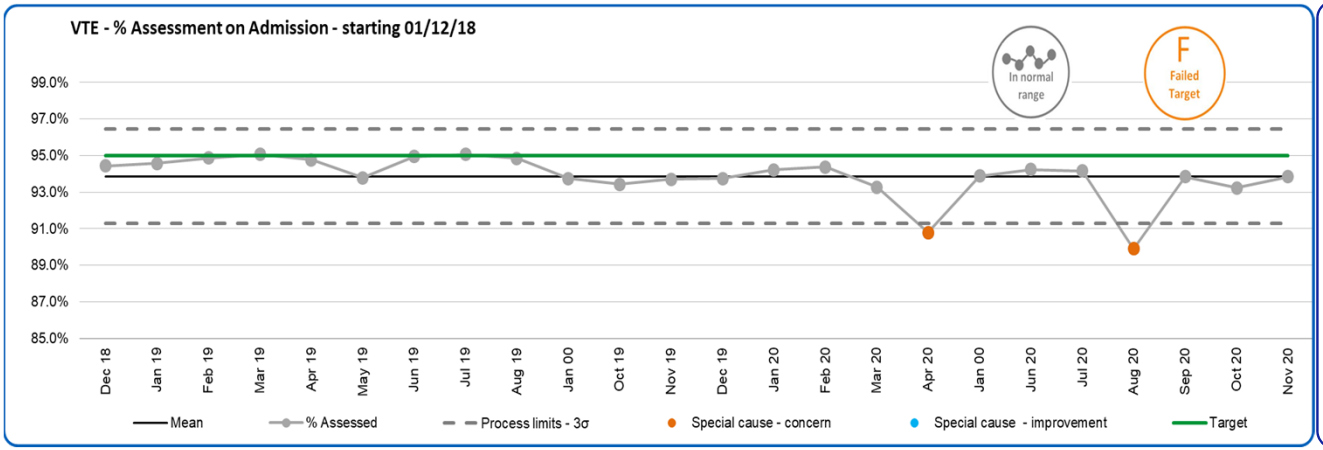
Performance

- In November the Trust achieved 84.35% of diagnostic tests carried out within 6 weeks against the national operational standard of 99%. The trend shows further improvement.
- Based on DM01 national benchmarking for October the Trust is positioned in the third upper quartile.
- There were a total of 1166 patients who waited more than 6 weeks for their test. This is a reduction compared to October total of 1773 patients.
- Non-obstetric ultrasound (NOU) magnetic resonance imaging (MRI)and Endoscopy contributed to low performance in November.
- Overall DM01 recovery forecast is showing compliance against the target by February 2021. However colonoscopy recovery is likely to be delayed due to an increase in the level of COVID support required
- There has been an increase in staff sickness which is attributed to COVID-19 / isolation.

Action

- ✓ Non-obstetric ultrasound: work continues to reduce the backlog further. This includes outsourcing activity on weekends and running additional WLI's where possible. Existing staff were utilised to capacity and no outpatient appointments were cancelled however the availability of inpatient slots reduced.
- ✓ CT / MRI: : Teams are actively recruiting to vacant Modality Lead post. and reviewing options for increasing capacity including the use of agency staff.
- ✓ CT: Are scoping potential for mobile CT scanner to provide additional capacity in particular for rapid access patients to support the increase in demand.
- ✓ NOU- The absence of the Modality lead has further impacted the service. There is a national shortage of sonographers and this is a risk to recruitment plans. The use of agency sonographers is being pursued where possible. Long term plan is to scope potential for setting up an Ultrasound Academy at a satellite site to provide a sustainable service in the future.

VTE Performance



93.8 %	95.1%	92.45%
Trust overall Position	**Medicine & IC**	**Surgery, W & C**

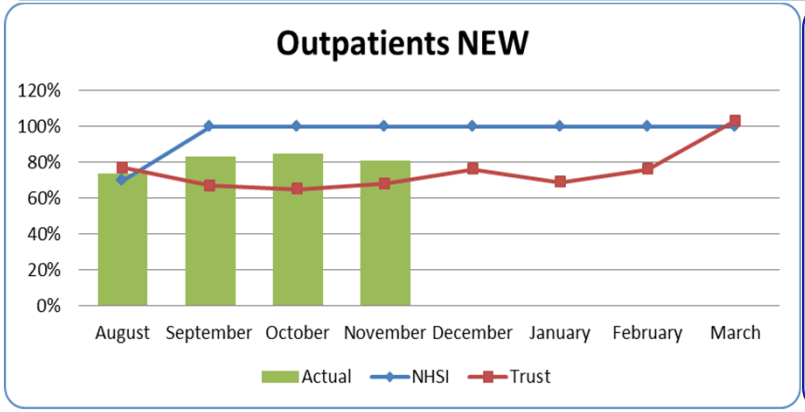
Performance

- VTE performance for November is un-validated and therefore subject to change.
- VTE performance is within normal limits but the overall target has not been achieved since July 19.
- Medicine & integrated care have achieved the target of 95% during November.
- Surgery have not achieved the target for the 1st or for 2nd assessment and have achieved 92.45% against a target of 95%.
- The divisional figure may be affected by ward changes due to Covid-19. Activity being sent to the independent sector may also be adversely affecting VTE performance. The November figure for the independent sector is not available yet but was well below the target in October

Action

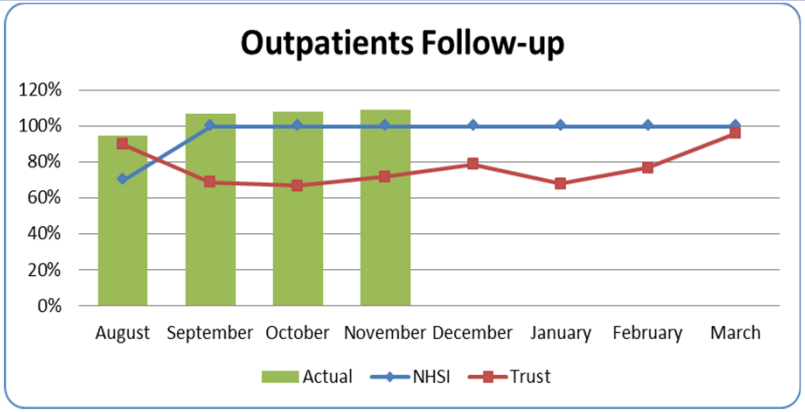
- Covid -19 2nd wave has adversely impacted optimal compliance with VTE assessment .
- VTE recording has been added to EPR to support improved performance. There are plans to progress medical documentation in EPR which will facilitate improvements.
- The surgical, women and children's division have liaised with Sara Whitbread and Chris Benfield to produce a report on which medical staff are selecting the 'it is not my responsibility' option on the VTE assessment pop up. A review of this will be carried out, with repeat non-compliance challenged by the Clinical Directors."

Recovery and Restoration - Outpatients



November

81%



November

109%

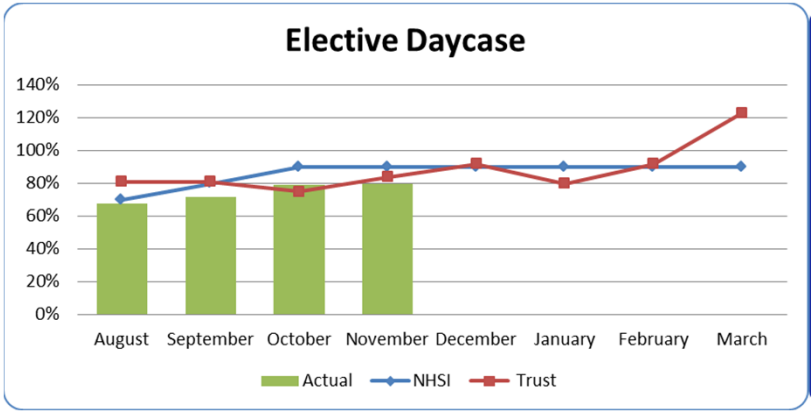
Performance

- DGFT did not commit to the full NHSI ask with regard to recovery trajectory. despite this follow up Outpatient activity is performing above the national target of 100% of Pre-covid activity.
- Outpatients are over performing on the Trust trajectory for new appointments for November at 81% against a Trust target of 68% of Pre-Covid activity but below the National target of 100%.
- Follow up Outpatient activity is consistently over performing on both the Trust target of 72% and the National target of 100%.
- Medicine & Integrated Care is significantly challenged with both 1st and follow up outpatient activity due to Covid demand. Capacity has been re-directed to support additional consultant rotas particularly in respiratory specialities which has necessitated the cancellation and reduction of some elective activity. Increased referral demand is impacting on new outpatient activity.

Action

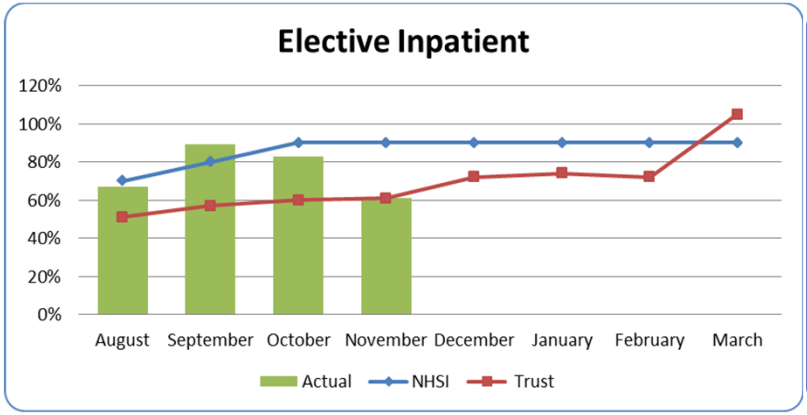
- ✓ New ways of working such as referral assessment and virtual appointments have enabled outpatient activity levels to be maintained as far as possible and use of these are being maximised where clinically appropriate.
- ✓ Long waiting , cancer & urgent & 2ww patients are being prioritised in line with clinical priority.
- ✓ Outpatient activity is being reviewed every 2 weeks to ensure as much activity as possible is maintained.
- ✓ Waiting list initiatives are being utilised where capacity and rotas allow.
- ✓ Locums are being utilised where necessary to maximise activity levels.
- ✓ Where indicated deep dive reviews are being undertaken and remedial plans developed for challenged specialities .
- ✓ Due to ongoing Covid demand recovery trajectories need to be reviewed with managers

Recovery and Restoration - Electives



November

80%



November

61%

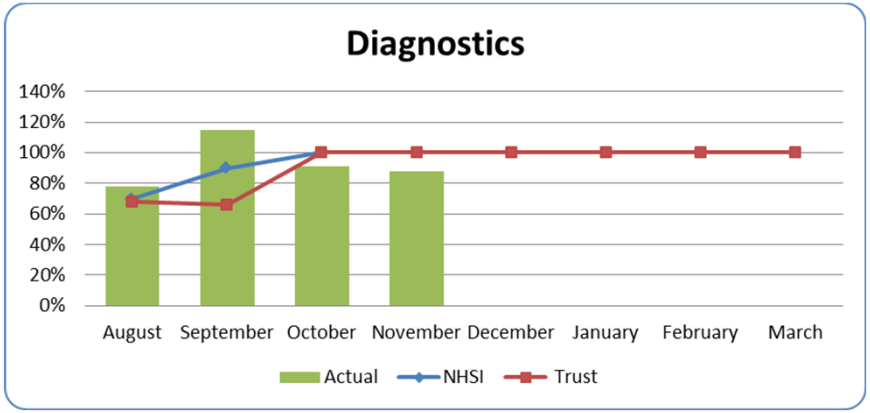
Performance

- The Trust achieved 80% of pre-covid daycase activity during November, below both the local (84%) and national (90%) daycase target.
- The Trust achieved the local target of 61% of pre-covid elective inpatient activity during November but this remains below the national target of 90%.
- Covid-19 wave two has caused a significant drop in elective activity due to the impact on staffing of Covid-19. and the need to staff critical care with the use of theatre staff only due to the lack of availability of other staff unlike wave 1. This has also affected capacity within other specialities. The impact of dropping further elective activity has mainly affected Orthopaedics due to the lack of ability to provide arthroplasty due to zoning.
- Theatre capacity at RHH has dropped due to staffing constraints. Some activity has moved (mainly a proportion of Orthopaedics) to ISP. However, this is likely to drop with the new ISP contract/framework and ongoing discussions are being held.

Action

- ✓ Urgent , 2ww and long waiting patients are being prioritised.
- ✓ Critical care surge capacity is being protected to ensure clinical safety.
- ✓ The independent sector is being utilised where possible and it is vital to recovery. However the availability of this capacity into next year is not confirmed . This will significantly impact elective activity in January 21 and possibly longer unless the new national contract is agreed.
- ✓ Anaesthetics have recruited two additional locums (3rd one dropped out) to support recovery provision, they will start in March 2021.
- ✓ Orthopaedics will be repatriated to Russell hall in January.

Recovery and Restoration - Diagnostics



November

88%

Performance

- Diagnostics achieved 88% of pre covid activity during November below the local & national target of 100% for the second month running.
- Main underperformance is in Magnetic resource imaging (MRI) & non-obstetric ultrasound tests (NOU). Both are further affected by reduced independent sector capacity.
- NOU is affected by significant workforce shortages. There is a national shortage of sonographers and this is a risk to recruitment.
- Colonoscopy is impacted by staff being re-directed due to the increased level of Covid demand.
- MRI –Paediatric & cardiac scans are being prioritised which take longer to complete and therefore reduce activity numbers .

Action

- ✓ The Modality lead absence in NOU has further impacted the service. Medicare & agency sonographers are being utilised where possible and at weekends to support NOU. The Long term plan is to scope potential for setting up an Ultrasound Academy at a satellite site to provide a sustainable service in the future.
- ✓ Independent sector capacity is being sought for suitable procedures where possible.
- ✓ Diagnostic capacity for cancer & cancer bowel screening is being protected.
- ✓ MRI are actively recruiting to vacant Modality Lead post and reviewing options for increasing capacity including use of agency staff.
- ✓ Computed Tomography are scoping potential for a mobile CT scanner to provide additional capacity in particular for rapid access patients to support the increase in demand.

Enclosure 21

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on Thursday 14th January 2021

TITLE:	**Summary of Workforce and Staff Engagement Committee meeting on Tuesday 15th December 2020**		
AUTHOR:	**Julian Atkins**	**PRESENTER:**	**Julian Atkins**

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

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

RECOMMENDATIONS

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

CORPORATE OBJECTIVE:

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	**Board of**	**Y**	**DATE: 14/01/2021**

	Directors		
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

CHAIR'S LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE - Date Committee last met: 15th December 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Mandatory training compliance (Resus and Safeguarding) remains a key challenge. Whilst overall compliance for Mandatory Training improved in November to 86%, both Adult and Paediatric RESUS fell by 2.8% and 3.7% respectively. There is still a lack of assurance at WSEC that a clear and robust plan is in place to deliver an improvement in compliance levels for these subjects. Bill Dainty advised WSEC that a paper outlining the requirement for additional resources is being presented to the Executive Team. WSEC has asked the Divisional Directors and Bill Dainty to meet ahead of the January meeting to develop a clear plan to address the high DNA levels (circa 30%) and to ensure that there is a collective effort to address compliance in these mandatory training subjects. The DD's and Bill have been asked to present a plan at the January WSEC.	• WSEC received an update on e-rostering implementation, in light of the requirements of the NHS Long-term plan, as well as internal and external reviews (inc Internal Audit, Use of Resources Assessment) which have highlighted low levels of attainment across the clinical workforce. The Chief People Officer updated WSEC on the bid that has been submitted to secure some external NHSI/E funding to support the implementation of e-rostering and e-job planning for AHP's. The results for the bid were due on 14th December, however they were delayed. WSEC has requested regular updates on the programme for optimising e-rostering for the Trusts clinical workforce. • WSEC were updated on a requirement from NHS/IE for Trusts to review their disciplinary policies against recommendations from a national review which followed an incident in 2016 whereby a member of staff who was subject to a disciplinary process, took their own life in a London Trust. The Chief NHS Chief People Officer has written to Trust CEO's and HR Directors (Sharing good practice to improve our people practices, 1st December 2020, Prerana Issar – NHS Chief People Officer) requesting that the review of disciplinary policies is discussed/minuted at a Public Board or equivalent. The Trust's policy will be brought to WSEC in February, with the outcomes of the review to be minuted at the March 2021 public Board meeting.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Despite an increase in November, staff turnover remains well below the NHS national average. The Stability Index showed an overall staff retention rate of 92.9%. • WSEC received an update on the Trust's Lead Employer responsibilities for the Black Country vaccine rollout; a significant number of staff have	• The Trust will be launching Pulse Surveys (real-time staff engagement and satisfaction feedback system surveys) in January, starting in outpatients. Managers will own the system and will be required to take timely action. The rich intelligence from these key surveys will help drive staff engagement at all levels and will underpin the full implementation of the

now been employed and are currently being on-boarded, ahead of the hospital hub and vaccination centres being launched. • The Staff Well-being Strategy was launched in November 2020 and with a good early uptake, despite the challenges of the pandemic. The programme of well-being events is due to be rolled out further during December 2020 -March 2021. • The Inclusion Network Chairs provided positive progress updates, which included strong membership growth across the Inclusion Networks, as well as ambitious and far reaching work plans for 2021.	Trust's Staff Engagement Model. The Chief People Officer advised WSEC that this important data would become part of managers' KPIs in appraisals. The feedback from staff will be fundamental for capturing if the Trust is delivering the People Plan.

Chair's comments on the effectiveness of the meeting:

Whilst there were only three weeks between the November and December WSEC meetings, it was encouraging to receive updates across a range of key workforce areas including positive feedback from the Equality and Inclusion Chairs, the plan for the launch of the pulse surveys for staff and news of the excellent work that the Trust is leading on for the system in respect of the Black Country vaccine rollout programme. WSEC needs to escalate mandatory training again and has asked the Divisional Directors to work with Bill Dainty to develop a robust plan for addressing the high levels of DNA which continue to undermine efforts to improve compliance.

Enclosure 22

The Dudley Group NHS Foundation Trust

Paper for submission to Board 14th January 2021

TITLE:	**Workforce KPI Report**		
AUTHOR:	**Karen Brogan – Head of Operational HR Graeme Ratten - Analyst**	**PRESENTER:**	**James Fleet – Chief People Officer**

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		x	Assurance

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:

- The second wave of COVID reason absences made a significant impact on the overall position as the total reached 9.8% in November.
- Underlying sickness absence (excluding COVID reasons) was 4.5% for November, up 0.1% point from October.
- CIS had the highest overall absence at 11%, with COVID reasons at 5.8% and other sicknesses at 5.1%.
- Daily tracking during December and January shows a gradual trend downwards, with COVID reasons at 2.8% on Monday Jan 4th and a total absence of 6.2%.
- Bank usage increased to 516 WTE in November, up from 417 WTE in October. Agency use reduced slightly from 173 WTE in November, down from 185 in October.
- The increased Bank usage was driven by November's COVID reason absences.
- MIC's use of Bank and Agency (353 WTE) exceeded the November vacancies (297 WTE), driven by COVID absences.
- The impact of COVID reason sickness can be seen within the Monitor Pay Groups, where Nursing Unqualified vacancies of 103 WTE were significantly exceeded by Bank and Agency usage of 185 WTE.
- November's turnover increased to 7%, up from 6.2% in October. November had more starters than leavers (60 starters, 40 leavers), MIC having 37 starters and 17 leavers.
- Overall mandatory training compliance improved slightly in November to 86%, with RESUS Neonatal showing the largest improvement up 6.9% to 74.5%. However, both Adult and Paediatric

RESUS fell by 2,8% and 3.7% respectively.

- Total staff vacancies are 660 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 8).
- Nursing Qualified continues show the largest vacancy factor at 309 WTE, followed by Nursing Unqualified at 103, and Scientific, Therapy & Technical at 96 WTE (the majority being Radiographers).

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:** *in accordance with Trust policies and procedures developed and maintained to comply with prevailing legislation as required.*
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

NHS
The Dudley Group
NHS Foundation Trust

Workforce KPI Report

14th January 2021

James Fleet, Executive Chief People Officer




Summary 1/3	*Performance*	*Action*
Sickness & Absence	o The second wave of COVID reason absences made a significant impact on the overall position, with total absence reaching 9.8% in November. o Underlying sickness absence (excluding COVID reasons) was 4.5% for November, up 0.1% point from October. o CIS had the highest overall absence at 11%, with COVID reasons at 5.8% and other sicknesses at 5.1%. o Daily tracking during December and January shows a gradual trend downwards, with COVID reasons at 2.8% on Monday Jan 4th and a total absence of 6.2%.	✓ 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	o Bank usage increased to 516 WTE in November, up from 417 WTE in October. Agency use reduce slightly from 173 WTE in November, down from 185 in October. o The increased Bank usage was driven by November's COVID reason absences. o MIC's use of Bank and Agency (353 WTE) exceeded the November vacancies (297 WTE), driven by COVID absences. o The impact of COVID reason sickness can be seen, where Nursing Unqualified vacancies of 103 WTE were significantly exceeded by Bank and Agency usage of 185 WTE.	✓ 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	o November's turnover increased to 7%, up from 6.2% in October. o November had more starters than leavers (60 starters, 40 leavers), MIC having 37 starters and 17 leavers. o The largest group of starters were Staff Nurses at 7 (6.4 FTE) o Recruitment data for November is not available for comparison, as DGFT's role as the workforce bureau for the Black Country and West Birmingham STP Vaccination programme has resulted in circa 900 temporary and bank staff being recruited during November (and continuing in December)	✓ Turnover continues to be 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.

Summary 2/3	*Performance*	*Action*
Mandatory Training	o Overall compliance improved slightly in November to 86%, with RESUS Neonatal showing the largest improvement up 6.9% to 74.5%. However both Adult and Paediatric RESUS fell by 2,8% and 3.7% respectively. o The priority focus areas continue to be RESUS and SAFEGUARDING	✓ 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, continuing staff absence is also a factor, as is the increasing clinical demand as a result of Covid. ✓ 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 and increase overall compliance.
Workforce Profile	o Contracted WTE staff has increased to 4,753 WTE in November, up 18 from October. o The total vacancies stands at 660 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 8). o Nursing Qualified continues show the largest vacancy factor at 309 WTE, followed by Nursing Unqualified at 103, and Scientific, Therapy & Technical at 96 WTE (the majority being Radiographers).	✓ 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 ✓ A recruitment campaign has been launched, directly targeting Healthcare Support Workers to run through January with the aim of recruiting circa 140 staff for commencement by 31st March 2021.
Equality, Diversity & Inclusion	o BAME staff Trust representation has remained constant at 19.2% in November. o Corporate Division has the lowest representation at 12.3%, with MIC at 18.3% (all staff). o DISABLED staff representation is at 3.5% in November, unchanged since June 2020. o LBGTQ+ representation within Trust staff: 62.7% identify as heterosexual, and 1.6% as non-heterosexual (grouped), and 35.7% have 'not stated'.	✓ The Trust has now established 3 networks: BAME, LGBTQ+, and Disability. The BAME, and LGBTQ+ 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.

Summary 3/3	*Performance*	*Action*
Staff Health & Wellbeing	o Appointments held in November increased 76, up from 35 in October. o The largest category is 'Ability to perform duties' at 62%. o The SHAW service continues to offer appointments within the 15 day target. In November the average was 7 days from referral to appointment.	✓ 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	o The HR caseload has reduced from 43 in October to 40 in November. BAME staff are represented in 28% of cases – higher than the current BAME representation in the Trust of 20%. Since last month, the number of non-BAME cases has reduced, the number of BAME cases has remained the same) o Suspensions have reduced by 1 since last month.	✓ 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

The second wave of COVID reason absences made a significant impact on the overall position as the total reached 9.8% in November.

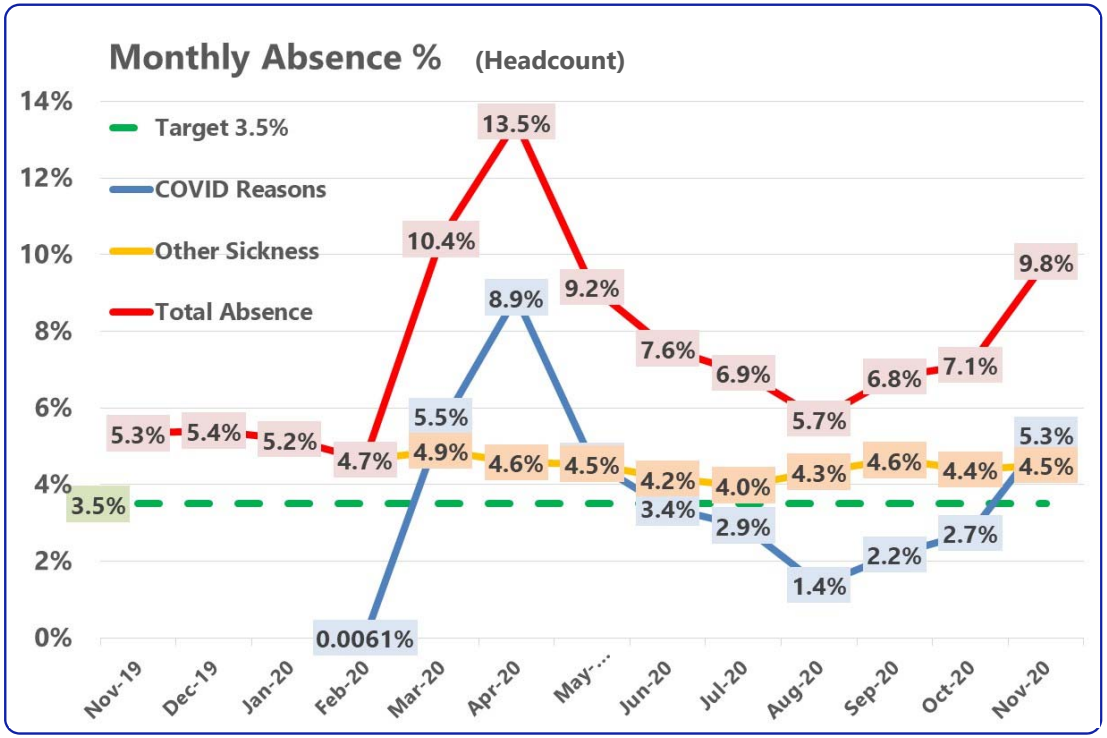
Underlying sickness absence (excluding COVID reasons) was 4.5% for November, up 0.1% point from October.

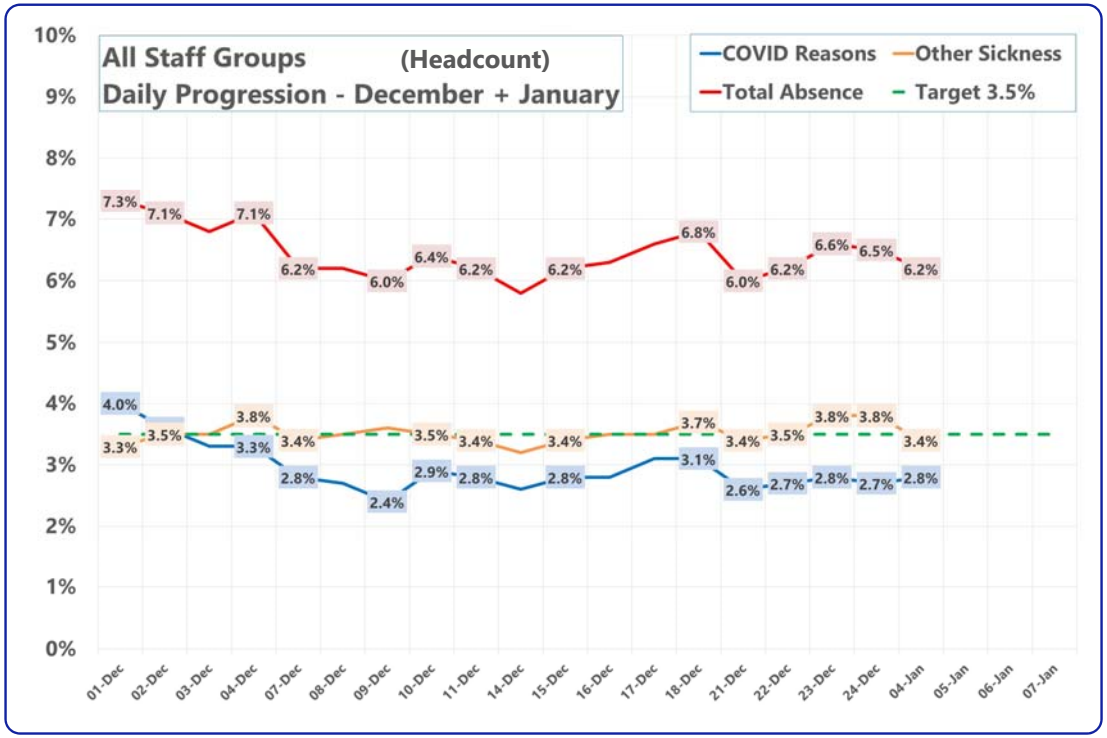
CIS had the highest overall absence at 11%, with COVID reasons at 5.8% and other sicknesses at 5.1%.

Daily tracking during December and January shows a gradual trend downwards, with COVID reasons at 2.8% on Jan 4th and a total absence of 6.2%

October Sickness / Absence	COVID	All Other	Total
Clinical Support	5.8%	5.1%	**11.0%**
Corporate	3.2%	3.0%	**6.2%**
MIC	5.8%	4.7%	**10.5%**
Surgery	5.3%	4.6%	**9.9%**
Grand Total	**5.3%**	**4.5%**	**9.8%**

Absence Reason	Days	% of All Reasons
COVID Reasons	8,604	54%
Anxiety/stress/depression	2,355	15%
Other musculoskeletal pro	805	5%
Gastrointestinal problems	579	4%
Genitourinary & gynaecolo	462	3%
Back Problems	409	3%





NHS The Dudley Group NHS Foundation Trust

Covid 19 Absence Profile – All Staff on Monday 4th January

The second wave of COVID reason absences made a significant impact on the overall position as the total reached 5.3% in November.

Daily tracking during December shows a gradual tend downwards, with COVID reasons at 2.4% on the 9th and a total absence of 6.2%.

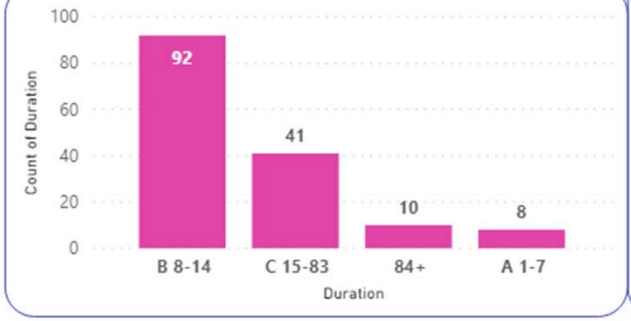
04/01/2021 10:37:06

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

5299

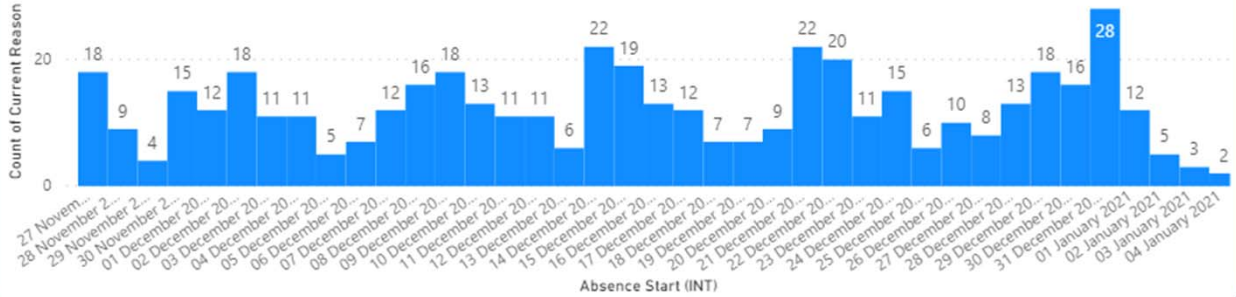
Staff Group	Active Assignment	Covid-19	Other Sickness	Total
Add Prof Scientific and Technic	96.6%	1.9%	1.5%	100.0%
Additional Clinical Services	90.4%	3.6%	6.0%	100.0%
Administrative and Clerical	96.8%	1.1%	2.1%	100.0%
Allied Health Professionals	97.1%	1.9%	1.0%	100.0%
Healthcare Scientists	98.2%	1.8%		100.0%
Medical and Dental	95.8%	2.0%	2.2%	100.0%
Nursing and Midwifery Registered	92.1%	4.1%	3.8%	100.0%
Students	100.0%			100.0%
Total	**93.8%**	**2.8%**	**3.4%**	**100.0%**



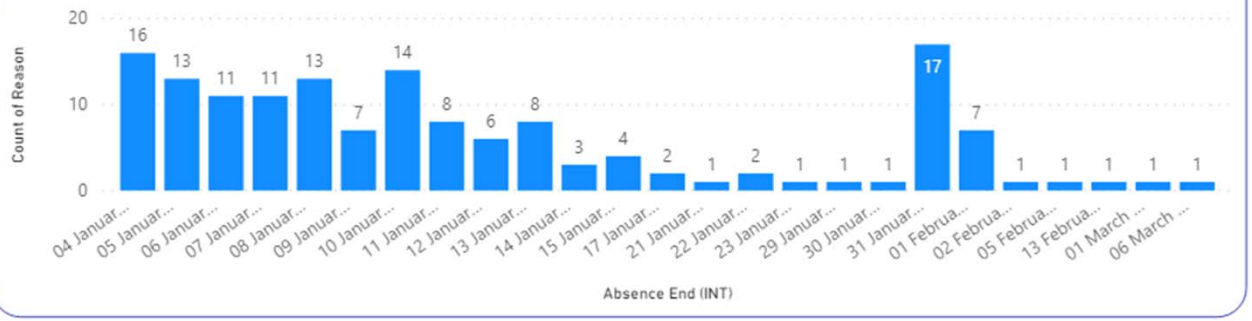
DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	494	10	12	516
253 Corporate / Mgt	579	5	12	596
253 Medicine & Integrated Care	2158	76	84	2318
253 Surgery	1737	60	72	1869
Total	**4968**	**151**	**180**	**5299**

DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	95.7%	1.9%	2.3%	100.0%
253 Corporate / Mgt	97.1%	0.8%	2.0%	100.0%
253 Medicine & Integrated Care	93.1%	3.3%	3.6%	100.0%
253 Surgery	92.9%	3.2%	3.9%	100.0%
Total	**93.8%**	**2.8%**	**3.4%**	**100.0%**

C-19 Absence Starts



C-19 Current Absence End



Workforce Profile – Staff in Post

Contracted WTE staff has increased to 4,753 WTE in November, up 18 from October.

The total vacancies stands at 660 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 8.

Nursing Qualified continues show the largest vacancy factor at 309 WTE, followed by Nursing Unqualified at 103, and Scientific, Therapy & Technical at 96 WTE (the majority being Radiographers).

M08 Divisions WTE Budget V WTE Contracted

CC1 Description	Budget M08	Contracted M08	Vacancies M08
Clinical Support	523	435	-88
Corporate / Mgt	570	549	-21
Medicine & Integrated Care	2,366	2,070	-297
Surgery	1,945	1,691	-254
Total	**5,404**	**4,744**	**-660**

M08 Divisions WTE Agency +Bank

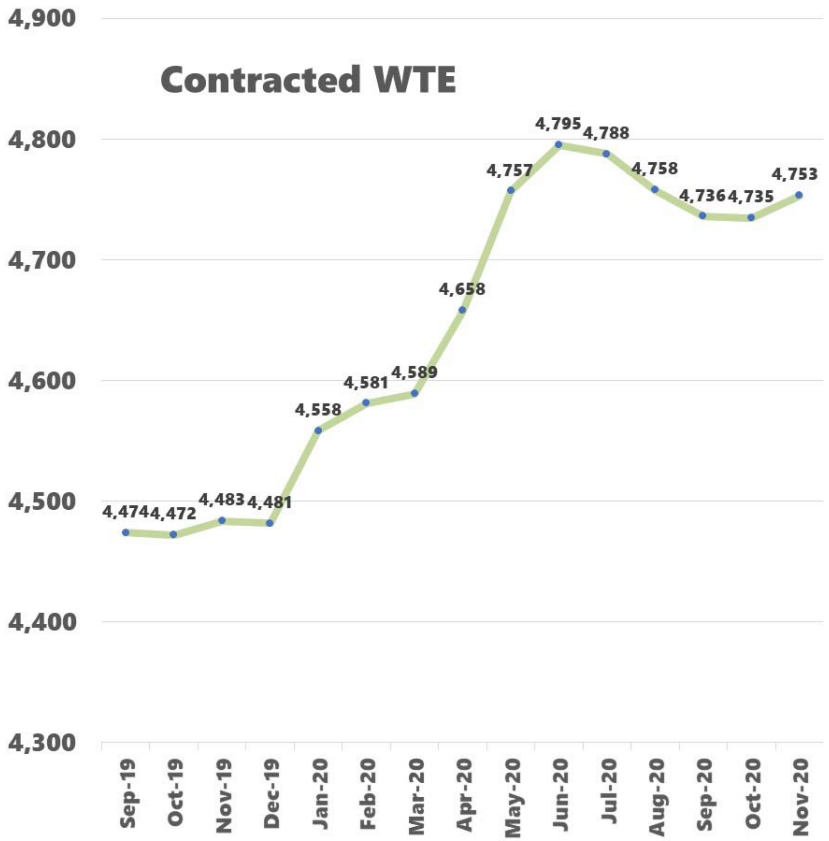
CC1 Description	Agency	Bank	Total
Clinical Support	10	27	**37**
Corporate / Mgt	3	19	**23**
Medicine & Integrated Care	91	262	**353**
Surgery	69	194	**263**
Total	**173**	**502**	**675**

M08 Monitor Pay Group WTE Budget V WTE Contracted

Monitor Pay Group	Budget M08	Contracted M08	Vacancies M08
Admin and Clerical	965	881	-84
Manager	90	89	-1
Medical and Dental	714	647	-67
Nursing Qualified	1,862	1,553	-309
Nursing Unqualified	885	782	-103
Other	18	18	0
Scif, Therap and Tech	871	775	-96
Total	**5,404**	**4,744**	**-660**

M08 Monitor Pay Group WTE Agency +Bank

Monitor Pay Group	Agency	Bank	Total
Admin and Clerical	2	58	**59**
Manager	4	1	**5**
Medical and Dental	17	52	**69**
Nursing Qualified	139	170	**308**
Nursing Unqualified	0	185	**185**
Other		1	**1**
Scif, Therap and Tech	11	35	**47**
Total	**173**	**502**	**675**



NHS The Dudley Group NHS Foundation Trust

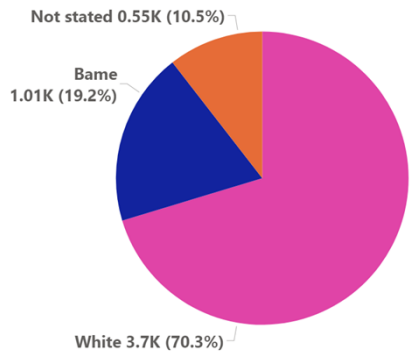
Workforce Profile - Ethnicity – Representation by Trust, Division & Grade

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

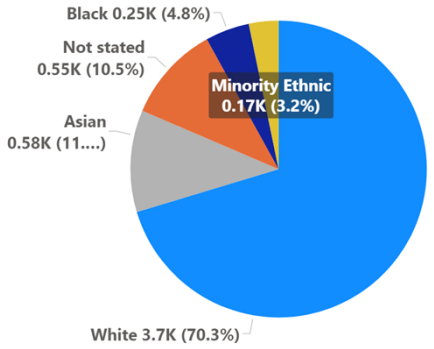
Corporate Division has the lowest representation at 12.3%, with MIC at 18.3% (all staff).

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%

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	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%

Excluding Medical & Dental

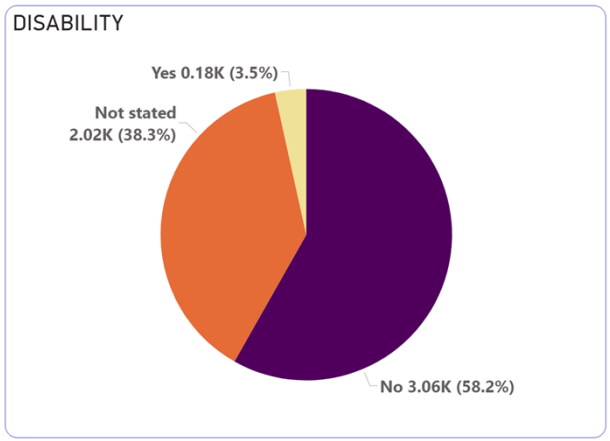
Grade	Bame	Not stated	White	Total
Band 2	113	125	937	**1,175**
Band 3	29	44	279	**352**
Band 4	44	41	314	**399**
Band 5	253	119	648	**1,020**
Band 6	145	101	717	**963**
Band 7	54	27	380	**461**
Band 8A	29	15	94	**138**
Band 8B	4	1	18	**23**
Band 8C	1	1	10	**12**
Band 8D	1	1	5	**7**
Band 9	2		3	**5**
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.



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%

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	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%

Excluding Medical & Dental

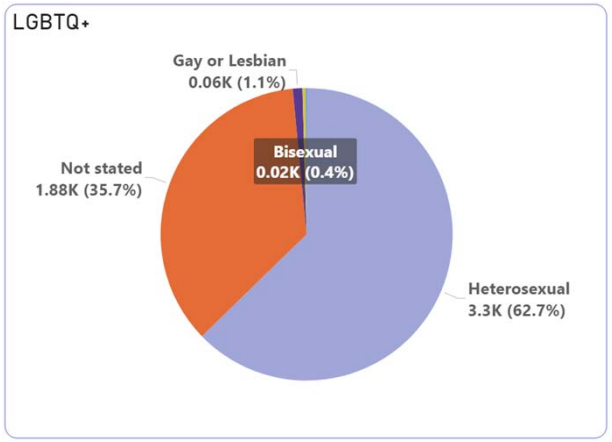
Grade	No	Not stated	Yes	Total
Band 2	652	489	34	**1,175**
Band 3	204	132	16	**352**
Band 4	256	130	13	**399**
Band 5	580	397	43	**1,020**
Band 6	542	388	33	**963**
Band 7	271	172	18	**461**
Band 8A	90	42	6	**138**
Band 8B	12	11		**23**
Band 8C	10	2		**12**
Band 8D	5	2		**7**
Band 9	4		1	**5**
Local Apprentice 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%**

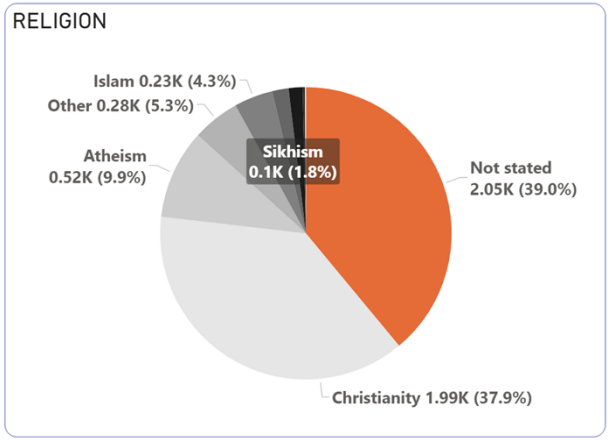
All Staff

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%.



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%

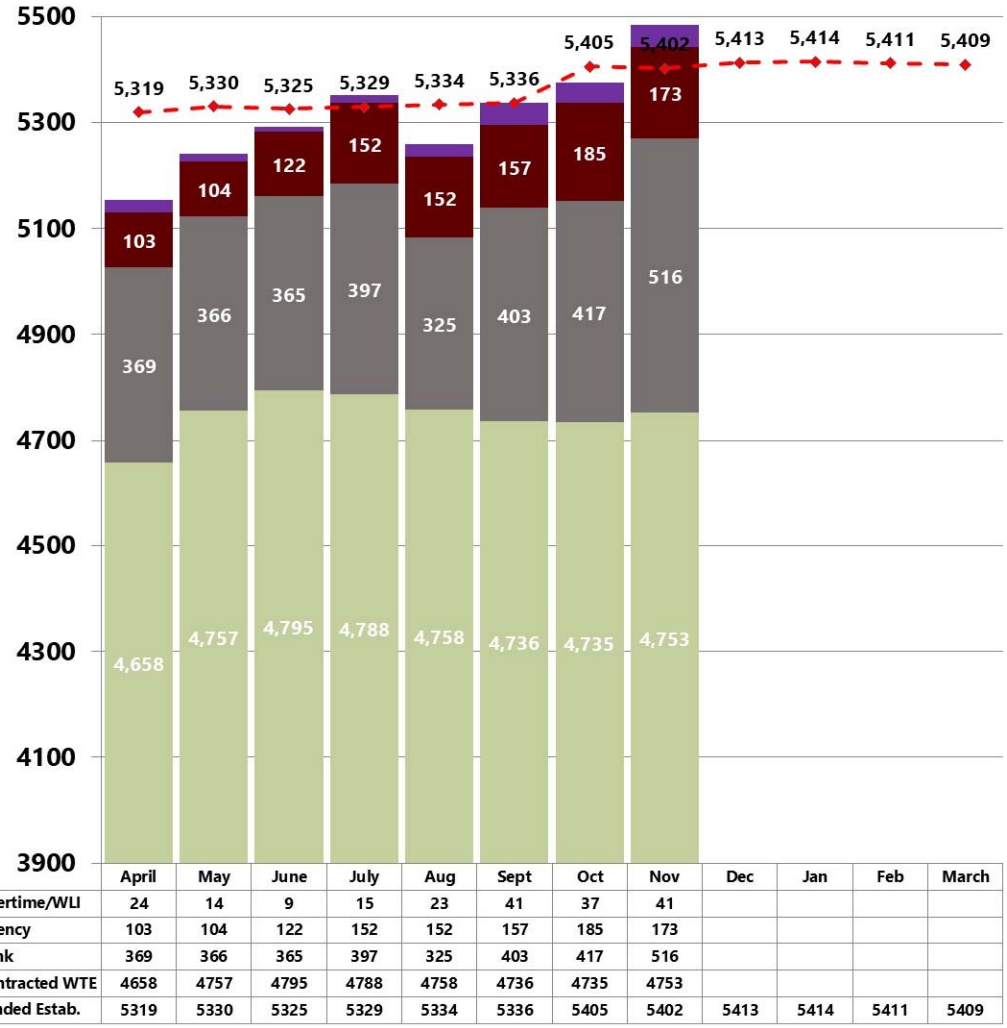
Bank & Agency Usage – Compared to Vacancies, and by Division and Monitor Pay Group

Bank usage increased to 516 WTE in November, up from 417 WTE in October. Agency use reduce slightly from 173 WTE in November, down from 185 in October.

The increased Bank usage was driven by November's COVID reason absences.

MIC's use of Bank and Agency (353 WTE) exceeded the November vacancies (297 WTE), driven by COVID absences.

The impact of COVID reason sickness can be seen within the Monitor Pay Groups, where Nursing Unqualified vacancies of 103 WTE were significantly exceeded by Bank and Agency usage of 185 WTE.



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Overtime/WLI	24	14	9	15	23	41	37	41				
Agency	103	104	122	152	152	157	185	173				
Bank	369	366	365	397	325	403	417	516				
Contracted WTE	4658	4757	4795	4788	4758	4736	4735	4753				
Funded Estab.	5319	5330	5325	5329	5334	5336	5405	5402	5413	5414	5411	5409

M08 Divisions WTE Budget V WTE Contracted

CC1 Description	Budget M08	Contracted M08	Vacancies M08
Clinical Support	523	435	-88
Corporate / Mgt	570	549	-21
Medicine & Integrated Care	2,366	2,070	-297
Surgery	1,945	1,691	-254
Total	**5,404**	**4,744**	**-660**

M08 Divisions WTE Agency +Bank

CC1 Description	Agency	Bank	Total
Clinical Support	10	27	**37**
Corporate / Mgt	3	19	**23**
Medicine & Integrated Care	91	262	**353**
Surgery	69	194	**263**
Total	**173**	**502**	**675**

M08 Monitor Pay Group WTE Budget V WTE Contracted

Monitor Pay Group	Budget M08	Contracted M08	Vacancies M08
Admin and Clerical	965	881	-84
Manager	90	89	-1
Medical and Dental	714	647	-67
Nursing Qualified	1,862	1,553	-309
Nursing Unqualified	885	782	-103
Other	18	18	0
Scif, Therap and Tech	871	775	-96
Total	**5,404**	**4,744**	**-660**

M08 Monitor Pay Group WTE Agency +Bank

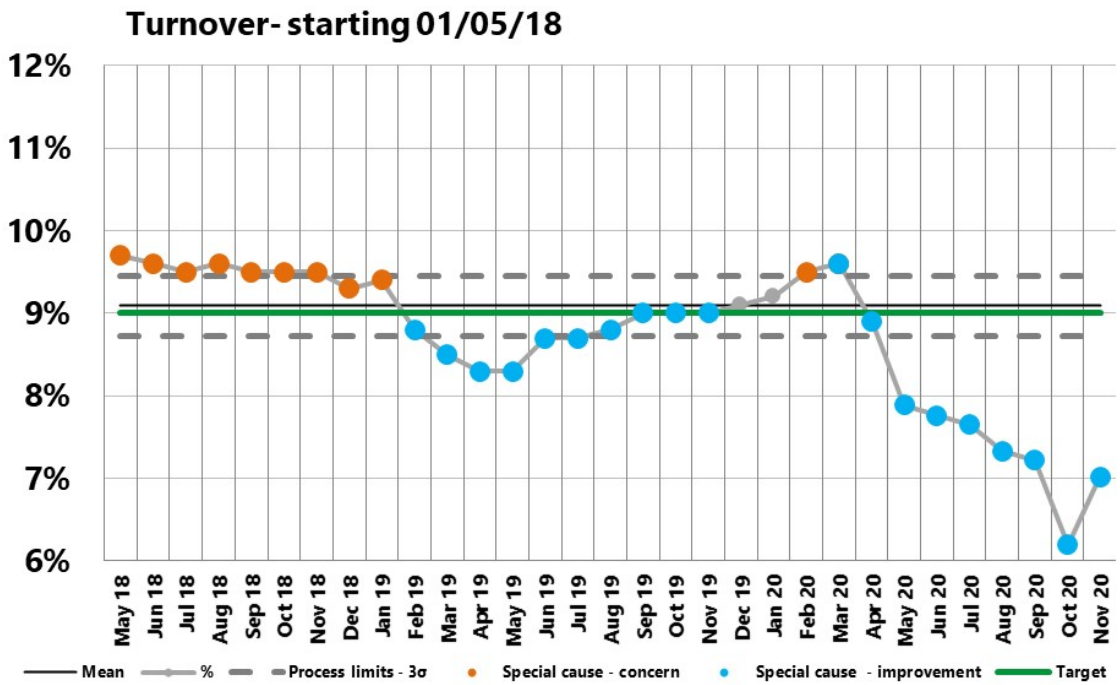
Monitor Pay Group	Agency	Bank	Total
Admin and Clerical	2	58	**59**
Manager	4	1	**5**
Medical and Dental	17	52	**69**
Nursing Qualified	139	170	**308**
Nursing Unqualified	0	185	**185**
Other		1	**1**
Scif, Therap and Tech	11	35	**47**
Total	**173**	**502**	**675**

Turnover – SPC and the Stability Index - 24 month retention

November's turnover increased to 7%, up from 6.2% in October.

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 – Starters and Leavers

November had more starters than leavers (60 starters, 40 leavers), MIC having 37 starters and 17 leavers.

The largest group of starters were Staff Nurses at 7 (6.4 FTE)

Of the 40 leavers, 18 were voluntary resignations, 6 end of Fixed Term contract, and8 retirements.

	Starters	
	Head Count	FTE
Clinical Support	4	3.6
Corporate / Mgt	8	8.0
Medicine & Integrated Care	37	33.3
Surgery	11	9.1
Total	**60**	**54.1**

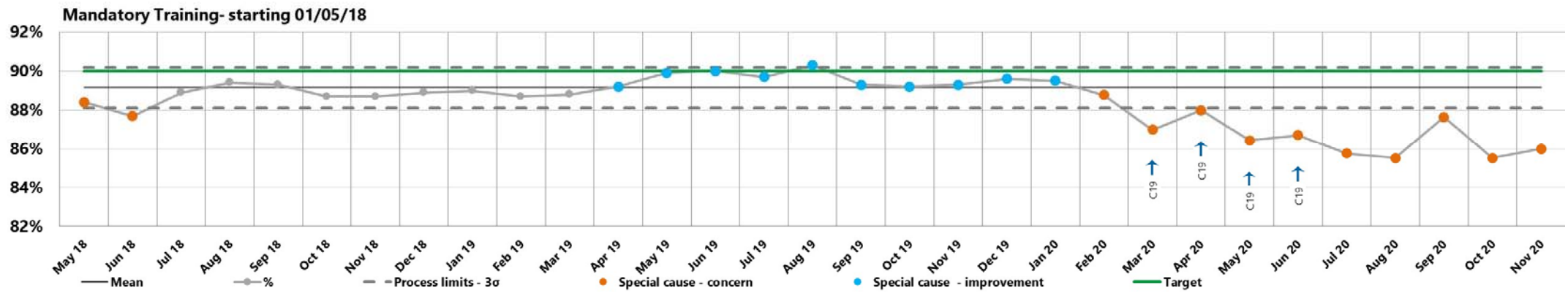
	Starters	
	Head Count	FTE
Staff Nurse	7	6.4
Clerical Worker	6	5.6
Specialist Nurse Practitioner	5	4.2
Trust Grade Doctor - Career Grade level	3	3.0
Medical Secretary	3	2.4
Manager	2	2.0
Doctor - Speciality Registrar	2	2.0
Trust Grade Doctor - Specialty Registrar	2	2.0
Consultant	3	2.0
Specialty Registrar	2	2.0
Paramedic	2	2.0
Health Care Support Worker	2	1.8
Midwife	2	1.8
Occupational Therapist	2	1.6
Assistant Psychotherapist	2	1.4
Doctor - Foundation Level	2	1.3
Doctor - Career Grade Level	1	1.0
Trust Grade Doctor - C. Grade level	1	1.0
Assistant	1	1.0
Analyst	1	1.0
Speech and Language Therapist	1	1.0
Physiotherapist	1	1.0
Officer	1	1.0
Trust Grade Doctor - Foundation Level	1	1.0
Assistant/Associate Practitioner	1	1.0
Sister/Charge Nurse	1	1.0
Senior Manager	1	1.0
Receptionist	1	0.9
Technician	1	0.6
Grand Total	***60***	***54.1***

	Leavers	
	Head Count	FTE
Clinical Support	5	5.0
Corporate / Mgt	7	6.8
Medicine & Integrated Care	17	13.8
Surgery	11	9.2
Total	**40**	**34.8**

	Leavers	
	Head Count	FTE
Retirement Age	8	6.4
End of Fixed Term Contract	6	5.7
Voluntary Resignation - Work Life Balance	7	5.0
Voluntary Resignation - Relocation	4	4.0
Voluntary Resignation - Promotion	2	2.0
End of Fixed Term Contract - End of Work Requirement	2	2.0
Has Not Worked	2	2.0
Voluntary Resignation - Incompatible Working Relationships	2	1.8
Voluntary Resignation - Health	2	1.4
Dismissal - Capability	1	1.0
End of Fixed Term Contract - Other	1	1.0
Voluntary Resignation - Other/Not Known	1	1.0
Death in Service	1	1.0
End of Fixed Term Contract - Completion of Training Scheme	1	0.6
Grand Total	***40***	***34.8***

Mandatory Training – Performance Trend

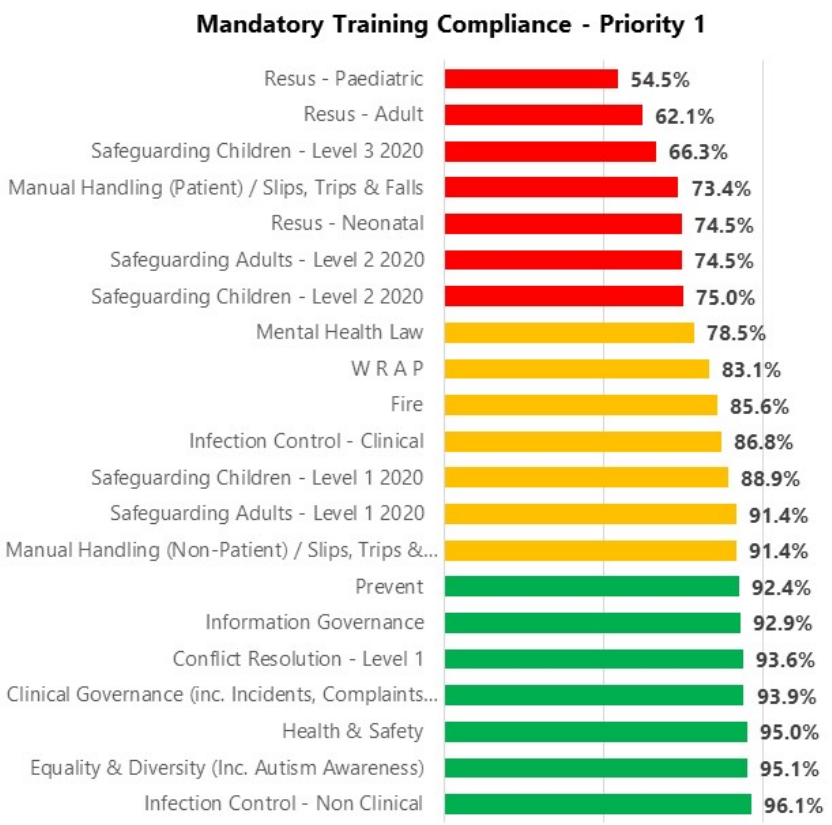
Overall compliance improved slightly in November to 86%, with RESUS Neonatal showing the largest improvement up 6.9% to 74.5%. However both Adult and Paediatric RESUS fell by 2,8% and 3.7% respectively.



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
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%
November	93.9%	93.6%	95.1%	85.6%	95%	86.8%	96.1%	92.9%	91.4%	73.4%	78.5%	92.4%	62.1%	74.5%	54.5%	91.4%	74.5%	88.9%	75%	66.3%	83.1%
This Month v Last Month Variance																					
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%
Oct to Nov	-0.9%	-0.8%	-0.7%	0.0%	0.0%	-0.5%	0.0%	0.0%	-0.8%	0.4%	1.1%	-0.9%	-2.8%	6.9%	-3.7%	0.0%	-1.4%	-0.3%	-1.8%	-1.8%	-2.2%

Mandatory Training – Areas of Focus

The priority focus areas continue to be RESUS and SAFEGUARDING

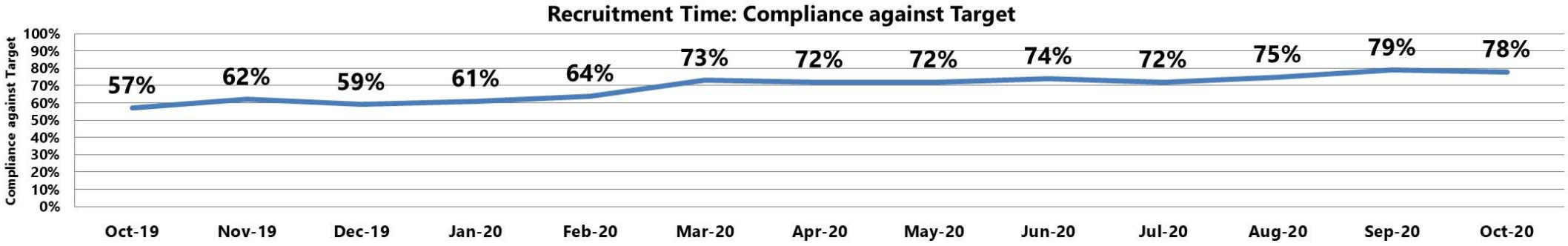


Selected Mandatory Training Categories		Resus - Adult	Resus - Neonatal	Resus - Paediatric	Safeguarding Children - Level 3 2020
OrgP2	OrgP3	>=90% >=80%	>=90% >=80%	>=90% >=80%	>=90% >=80%
253 Clinical Support 85.9% (5039/5865)	253 Breast Screening Service Dir 91% (459/504)	78%			
	253 Cancer Services Management Dir 88.6% (203/229)	100%			
	253 Clinical Support Div Mgt Dir 71.4% (50/70)	100%			100%
	253 Imaging Dir 85.9% (2199/2558)	65%		54%	
	253 Pathology Dir 77.7% (690/888)	40%		50%	
	253 Pharmacy Dir 88.9% (1438/1616)				
	CLINICAL SUPPORT TOTAL	66%		54%	100%
253 Corporate / Mgt 90.2% (5425/6009)	253 Board Secretary FT Dir 100% (60/60)				
	253 Chief Executive Dir 86.6% (266/307)	100%			
	253 Finance Information and Estate Dir 94.4% (1219/1291)	0%			
	253 Human Resources Dir 92.6% (506/546)	75%			
	253 Information Technology Dir 91.9% (831/904)				
	253 Medical Director Dir 89.5% (965/1078)	50%		100	
	253 Nursing Directorate Dir 91.7% (1063/1159)	64%	0%		60%
	253 Operations Management Dir 75.4% (456/604)	52%			58%
	253 Strategy & Performance Dir 98.3% (59/60)				
	CORPORATE TOTAL	57%	0%	100%	59%
253 Medicine & Integrated Care 86.5% (24710/28560)	253 Integrated Care Dir 90.1% (8248/9151)	74%		90%	70%
	253 Medicine Division Management Dir 96.9% (193/199)	100%			100%
	253 Nursing Medicine Dir 84.3% (10887/12903)	58%	0%	57%	66%
	253 Specialist Medicine Dir 84.7% (3467/4093)	62%		63%	
	253 Urgent Care Dir 86.4% (1915/2214)	73%		56%	48%
	MIC TOTAL	65%	0%	58%	63%
253 Surgery 83.5% (19020/22771)	253 Maternity Services Dir 84.6% (2698/3186)	60%	73%		61%
	253 OPD and Health Records Dir 85.9% (503/585)	68%			
	253 Specialist Surgery Dir 84.4% (1821/2157)	57%		65%	38%
	253 Surgery Division Mgmt Dir 94% (1126/1197)	75%			80%
	253 Surgery Urology & Vascular Dir 78.2% (3601/4600)	51%		100%	
	253 Theatres Anaes & Crit Care Dir 81% (4674/5767)	55%		37%	0%
	253 Trauma & Orthopaedics Dir 83.5% (2166/2591)	59%		64%	
	253 Women and Children Dir 90.4% (2431/2688)	64%	78%	69%	78%
	SURGERY TOTAL	57%	75%	51%	68%
	OVERALL PERFORMANCE	62.1%	74.5%	54.5%	66.0%

Recruitment

Recruitment data for November is not available for comparison, as DGFT's role as the workforce bureau for the Black Country and West Birmingham STP Vaccination programme has resulted in circa 900 temporary and bank staff being recruited during November (and continuing in December)

In the subsequent report the extraordinary recruitment activity, and the underlying performance will be described.



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%**

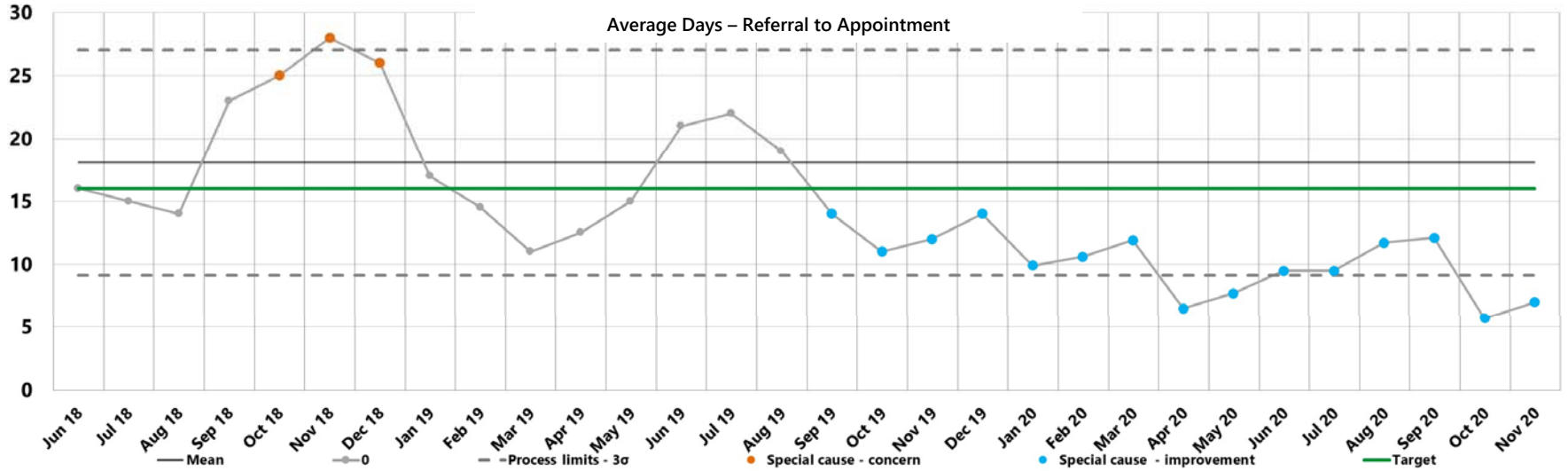
Staff Health & Wellbeing – SHAW Service – Manager Referrals

Appointments held in November increased 76, up from 35 in October.

The largest category is 'Ability to perform duties' at 62%.

The SHAW service continues to offer appointments within the 15 day target. In November the average was 7 days from referral to appointment.

	Referrals Received: YTD 2020									
Reason	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Total**	**%**
Ability to Perform Duties	13	22	4	72	34	33	24	43	**245**	**62%**
Frequent Short Term Sickness Absence	12	5	0	5	9	4	3	10	**48**	**12%**
Long Term Sickness Absence	14	22	0	14	16	4	8	23	**101**	**26%**
Physiotherapy Referral	0	0	0	0	0	0	0	1	**1**	**0.3%**
Total	**39**	**49**	**4**	**91**	**59**	**41**	**35**	**76**	**394**	**100%**



HR Caseload

The HR caseload has reduced from 43 in October to 40 in November. BAME staff are represented in 28% of cases – higher than the current BAME representation in the Trust of 20% Overall. (since last month, the number of non-BAME cases has reduced)

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 14.

	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		2	2	6	1	0	0	**11**	28%
Non-BAME	5	1	5	7	7	0	1	**26**	65%
Z Not Stated		0	1	1	0	1	0	**3**	8%
Grand Total	**5**	**3**	**8**	**14**	**8**	**1**	**1**	**40**	

	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	4	2	0	0	0	7	18%
Administrative and Clerical		0	2	3	1	0	1	7	18%
Allied Health Professionals		0	0	2	7	0	0	9	23%
Medical and Dental		0	0	1	0	1	0	2	5%
Nursing and Midwifery Registered	4	3	2	5	0	0	0	14	35%
Students		0	0	1	0	0	0	1	3%
Total	**5**	**3**	**8**	**14**	**8**	**1**	**1**	**40**	

Enclosure 23

Paper for submission to the Board of Directors on the 14th January 2021

The Dudley Group NHS Foundation Trust

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

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
			NOTING

RECOMMENDATIONS:

- The Board of Directors note the upward report and cyber-security assurance.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

- Cyber-security threat level remains extreme.
- Significant digital deliveries in month on major national programme work (NHS111, Covid Vaccination, Lateral Flow testing) as well as Trust major business cases progressing to completed contracts.
- Recognition of collaborative leadership from system colleagues on successful major digital deliveries, identifying the Trust as a strong system partner.
- Two RSM internal audit commissioned continues

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description:** CE1083 Risk of cyber a security incident causing widespread impact of Trust operational capability and patient safety
	Risk Register: Y		**Risk Score: 25 - Extreme**
COMPLIANCE and/or LEGAL REQUIREMENTS	**Other**	**Y**	**Details:** DCB0160 and DCB0129 clinical risk management standards (HSCA statue 250)
REPORT DESTINATION	**BOARD**	**Y**	**DATE: 14th January 2021**

UPWARD REPORT FROM DIGITAL TRUST TECHNOLOGY COMMITTEE

Date Committee last met: Meeting by exception Chair and Executive lead.

The Dudley Group NHS Foundation Trust

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE • Ongoing significant challenges to the IT support team due to the rapid expansion of digital technology this year, without corresponding increase in support staff. • Ongoing significant cybersecurity threat level and risk set at extreme.	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY** • Significant work on National vaccination programme digital solutions for all models • Digital programme demand, capacity and delivery matrix • Staff lateral flow device testing portal delivered. • NHS111 First emergency care, digital solution delivery • Patient Administration System contract awarded (business case approved in November 2020 board) • Cardiology contract awarded (business case approved in November 2020 board) • Radiology Information System (cRIS) upgrade completed • RSM internal audit work continues.
POSITIVE ASSURANCES TO PROVIDE • Significant assurance on managing CareCerts of all ratings. • Positive National media for Dudley Group NHS FT digital delivery • Recognition by STP and CCG colleagues of DGFT collaborative leadership on major digital programmes (associated with vaccination work).	**DECISIONS MADE** • Nil
Chair's comments on the effectiveness of the meeting: The meeting was cancelled due to the operational site pressure in the Trust on the morning of the meeting. The Chair collated non-executive director comments by exception and agreed the action log with the executive lead.	

Enclosure 24

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board of Directors on 14 January 2021

TITLE:	**Audit Committee Meeting – 14 December 2020**		
AUTHOR:	Richard Miner Audit Committee Chair	**PRESENTER**	Richard Miner Audit Committee Chair

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
x		x	

RECOMMENDATIONS:

To note the issues discussed at the Audit Committee on 14 December 2021.

CORPORATE OBJECTIVE:

SO3: Drive service improvements, innovation and transformation
SO5: Make the best use of what we have
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

Largely positive reporting of all assurance processes as reported at the meeting.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Well Led
	NHSI	**N**	**Details:**
	Other	**Y**	**Details:** Good Governance
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 14 December 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE •	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY** • The AC considered that the refresh of strategy provides opportunity for full Board participation in a further review of the BAF and its style and a renewed focus on risks and Board appetite. • Request for CEO to attend next AC meeting on 22 March. • Review of effectiveness underway.
POSITIVE ASSURANCES TO PROVIDE • Internal Audit (IA) substantial assurances in cash receipting/treasury, general ledger and financial reporting, payroll. • Positive update and effective reporting on consultant job planning. • Positive update on implementation of IA recommendations and coordination with RSM. • Progress continues against LCFS work plan and the Fraud Impact Assessment was submitted on time. • Losses and special payments are small and insignificant • No risks highlighted by new External Auditors, Grant Thornton (GT) that AC or Board not already aware of.	**DECISIONS MADE** • Agreed changes to the IA plan due to Covid pressures • Ratified Trust policy on Corporate Records Management • Noted Charitable Funds Audit Plan for 2019/20 (this is a delayed process from earlier in the year now undertaken by GT) • Approved the Caldicott and Information Governance Group Terms of Reference
Chair's comments on the effectiveness of the meeting: Full participation including a first substantial briefing from GT on approach to risk.	

Enclosure 25

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board of Directors on 14 January 2021

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

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS

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

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

Summary of key issues discussed and approved by the Charitable Funds Committee on 14th December 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**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**Y**	**Details: Charity Commission**
REPORT DESTINATION	**Board of Directors**	**Y**	**DATE: 8 October 2020**
	Working Group	**N**	**DATE:**
	Committee	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 14 December 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- The value of shares held was discussed. At the end of March 2020 the value had decreased by £174,000 but it was reported that since that date, to the end of November, £82,000 had been recovered. (An update later in December indicated that the decrease had improved further to £11,500).

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- It was agreed that there should be a review of TV/iPad provision for patients across the Trust to ascertain the best technical/patient satisfaction/cost solution. An audit of TVs currently required has indicated that installation costs alone would be £290,000.
- It was agreed that there should be a meeting arranged for January 2021 to discuss the strategy for the spending of remaining Covid donations. Intelligence gained from staff indicates that they wish to see improved car parking, food provision and rest facilities. An analysis of what has been spent and provided so far will be presented at the meeting.

POSITIVE ASSURANCES TO PROVIDE

- It was reported that a bid to NHS Charities for £100,000 had been successful. The bid is to work in partnership with Mary Stevens Hospice and is linked to discharges for End of Life Care.
- It was also reported that a further bid for £50,000 had also been received from NHS Charities.
- As part of the financial update it was stated that total income to the 30 November was £949,080 and total expenditure £431,593. Total fund balances were £2.476m.
- The total balance available to spend across the general funds totalled £659,916.

DECISIONS MADE

- To review the provision of TVs and iPads as indicated above.
- The Committee approved a request for all staff to receive a £10 gift voucher as a ‘Thank You”.
- The Committee received and noted the draft Charity Financial Statements and Annual Report.

Chair’s comments on the effectiveness of the meeting: The meeting was effective and well attended.

Enclosure 26

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board of Directors on 14 January 2021

TITLE:	Charity Financial Statements and Annual Report 2019/20		
AUTHOR:	Lynn Hinton Charity Finance Manager	**PRESENTER:**	Julian Atkins Charitable Funds Committee Chair

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
	X		

RECOMMENDATIONS

The Board is asked to ratify the recommendation by the Audit Committee to approve the Charity Financial Statements and Annual Report 2019/20

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

The Charity Financial Statements and Annual Report 2019/20 have been prepared in accordance with Charity SORP. At the point of circulate both documents are still being reviewed by Grant Thornton and their Independent Auditors report will be shared with Board members prior to approval being sought.

It is expected that the Financial Statements will receive an **Unqualified Audit Opinion.**

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

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

CHARITABLE TRUST ACCOUNT - DUDLEY GROUP NHS CHARITY - 2019/20

Data entered below will be used throughout the workbook:

This year	2019-20
Last year	2018-19
This year ended	2020
Last year ended	2019
This year beginning	1 April 2019
This year name	31 March 2020
Last year name	31 March 2019

NATIONAL HEALTH SERVICE

DUDLEY GROUP NHS CHARITY

FINANCIAL STATEMENTS
2019-20

FOREWORD

The Dudley Group NHS Charity funds are registered with the Charity Commission, reference number 1056979 and include funds in respect of The Dudley Group NHS Foundation Trust.

The financial statements for the year ended 31 March 2020 have been prepared in accordance with the requirements in The Charities (Accounts and Reports) Regulation 2008, Charities Act 2011 and the Financial Reporting Standards applicable in the UK and the Republic of Ireland (FRS102).

MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of charitable funds held on trust is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by The Dudley Group NHS Foundation Trust.

Signed:

Date:

Statement of trustee's responsibilities

The trustee are responsible for preparing the Trustee's Report and the financial statements in accordance with applicable law and regulations.

The law applicable to charities in England and Wales requires the trustee to prepare financial statements for each financial year. Under that law the trustee have prepared the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under that law the trustee must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustee are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustee are responsible for keeping accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provision of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustee are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Signed on behalf of the trustees:

Chairman ..... Date:

Trustee ..... Date:

CHARITABLE TRUST ACCOUNT - DUDLEY GROUP NHS CHARITY - 2019/20

Statement of Financial Activities for the year ended 31 March 2020

	Note	Unrestricted Funds £000	Restricted Funds £000	2019/20 Total Funds £000	2018/19 Total Funds £000
Income from					
Donations and legacies	3	220	28	248	536
Investments	14	42	0	42	50
Charitable activities	4	56	2	58	76
Other	5	1	0	1	4
Total income		319	30	349	666
Expenditure on					
Raising funds	7 & 10	76	3	79	72
Charitable activities:	7				
Purchase of new equipment		81	10	91	157
Staff education and welfare		97	0	97	100
Patient education and welfare		80	29	109	122
Research		8	0	8	12
Building and refurbishment		95	8	103	64
Total expenditure	21	437	50	487	527
Net income/(expenditure)		(118)	(20)	(138)	139
Net Gains/(losses) on investments	13	(174)	0	(174)	44
Net income/(expenditure) after Gains/(Losses) on investments		(292)	(20)	(312)	183
Transfers between funds		0	0	0	0
Net Movement in funds	11	(292)	(20)	(312)	183
Reconciliation of Funds					
Total Funds brought forward		2,113	75	2,188	2,005
Total Funds carried forward		**1,821**	**55**	**1,876**	**2,188**

The notes on pages 7 to 17 form part of these financial statements.

All activities arise from continuing activities. There were no recognised gains or losses after those shown above. The statement is equivalent to the income and expenditure account.

CHARITABLE TRUST ACCOUNT - DUDLEY GROUP NHS CHARITY - 2019/20

Balance Sheet as at 31 March 2020

	Note	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2020 £000	Total at 31 March 2019 £000
Non Current Assets					
Intangible Assets	12	0	0	0	0
Investments	13	1,186	0	1,186	1,360
Debtors over 1 year	15	1	0	1	2
Total Fixed Assets		1,187	0	1,187	1,362
Current Assets					
Debtors	15	10	1	11	10
Cash and cash equivalents	16	687	54	741	848
Total Current Assets		697	55	752	858
Creditors falling due within one year	17	63	0	63	32
Net Current Assets		634	55	689	826
Total Assets Less Current Liabilities		**1,821**	**55**	**1,876**	**2,188**
Creditors falling due after more than one year	17	0	0	0	0
Provisions for liabilities and charges		0	0	0	0
Total Net Assets		**1,821**	**55**	**1,876**	**2,188**
Funds of the Charity					
Restricted income funds	18	0	55	55	75
Unrestricted income funds	19	1,821	0	1,821	2,113
Total Funds		**1,821**	**55**	**1,876**	**2,188**

The financial statements were approved by the Board of Directors and authorised for issue on their behalf by:

Signed: Date:

Funds of the Charity comprise Unrestricted Funds £1,821,000 (2018/19 £2,113,000) of which £1,670,000 (2018/19 £1,945,000) have been designated for specific purposes and Restricted Funds £55,000 (2018/19 £75,000). Unrestricted Funds comprise those funds that the trustee is free to use for any purpose in furtherance of the Charity objectives, Restricted Funds are specific appeals for funds or donations where legal restrictions have been imposed by the Donor.

CHARITABLE TRUST ACCOUNT - DUDLEY GROUP NHS CHARITY - 2019/20

Cash Flow Statement for the year ended 31 March 2020

	2019/20 Total Funds £000	2018/19 Total Funds £000
Reconciliation of net income/(expenditure) to net cash flow from operating activities		
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	(138)	139
Adjustments for:		
Depreciation charge	0	0
Dividends and interest from investments	(42)	(50)
(Increase)/decrease in debtors	0	4
Increase/(decrease) in creditors	31	(9)
Net cash provided by (used in) operating activities	(149)	84
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	(149)	84
Cash flows from investing activities:		
Dividends and interest from investments	42	50
Net cash provided by (used in) investing activities	42	50
Change in cash and cash equivalents in the reporting period	(107)	134
Cash and cash equivalents at 1 April	848	714
Cash and cash equivalents at 31 March	741	848

Analysis of cash and cash equivalents

Cash in hand	241	348
Notice deposits	500	500
Total cash and cash equivalents	741	848

Notes to the financial statements

1. Accounting Policies

(a) Basis of preparation

The financial statements have been prepared in accordance with The Charities (Accounts and Reports) Regulation 2008, Charities Act 2011 and the Financial Reporting Standards applicable in the UK and the Republic of Ireland (FRS102).

The charity's major funds held in restricted and unrestricted categories are disclosed in notes 18 and 19.

The trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's financial statements.

(b) Structure of funds

Restricted Funds are those where the donor has provided for the donation to be spent in futherance of a specific charitable purpose or an appeal for funds where legal restrictions have been imposed by the donor.

Unrestricted funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. The Trustees have set aside part of the unrestricted funds as designated funds to be used for a particular ward or specialty where the donor has specified.

The major funds held in each of these categories are disclosed in notes 18 and 19.

(c) Incoming resources

All incoming resources are recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.
Individual donations are reviewed for Gift Aid application and duly claimed from H.M.R.C. Gift Aid income is accrued at the year-end if not claimed from H.M.R.C in the financial year.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable; this will be once confirmation has been received from the representatives of the estate(s) that probate has been granted, the executors have established that there are sufficient assets in the estate to pay the legacy and all conditions attached to the legacy have been fulfilled or are within the charity's control.

1. Accounting Policies (continued)

(e) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following Criteria are met:

There is a present legal or constructive obligation resulting from a past event.
It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement.
The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

Grants are only made to related or third party NHS bodies and non NHS bodies in furtherance of the charitable objectives of the funds held on trust. Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

The trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees then a liability is recognised.

(f) Allocation of support costs

Support costs are those costs which do not relate to a single activity. These include staff costs, cost of administration, internal and external audit costs and IT support. Support costs have been apportioned between fundraising costs and charitable activities as a percentage of expenditure. The analysis of support costs and the bases of apportionment applied are shown in note 6.

(g) Charitable Activities

Costs of charitable activities include all costs incurred in the pursuit of the charitable objects of the charity. These costs include an apportionment of support costs costs, as shown in note 6, and are apportioned by average fund balance charged to the specific funds.

(h) Fixed asset investments

Investments are stated at market value at the balance sheet date. The Charity Authorised Investment Fund Units are included in the balance sheet at the closing dealing price at 31 March 2020.

(i) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and the opening market value or purchase date if later. Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value or purchase date if later.

1. Accounting Policies (continued)

(j) Intangible assets

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Charity's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Charity and where the cost of the asset can be measured reliably.

Software
Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset. Purchased computer software licences are capitalised as intangible non-current assets where expenditure of at least £5,000 is incurred and amortised over the shorter of the term of the license and their useful lives.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at fair value.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Asset Category	Useful Life (years)
Software Licences	5

(k) Pooling Scheme

An official pooling scheme is operated for investments relating to all Umbrella and Special Charity Funds.

The scheme was registered with the Charity Commission on 7 April 1998.

(l) Cash Flow Statement

The Charity has prepared the financial statements under FRS 102 and provided a statement of cash flow.

2 Related party transactions

As part of the normal course of business, the Charitable Funds undertake a number of transactions with The Dudley Group NHS Foundation Trust. These transactions amount to expenditure of £487,000 (2018/19 £527,000); and a creditor of £53,000 (2018/19 £20,000).
The Charity has also undertaken transactions with HMRC, who as a Government Department are deemed a related party. These transactions amount to income of £2,200 (2018/19 £3,000); and a debtor of £600 (2017/18 £200).

Members of the Charitable Funds Board of Trustees are also members of The Dudley Group NHS Foundation Trust Board. There are appropriate controls in existence to ensure that individual transactions are undertaken independently of these members.

	2019/20		2018/19	
	Turnover of Connected Organisation	Surplus (Deficit) for the Connected Organisation	Turnover of Connected Organisation	Surplus (Deficit) for the Connected Organisation
	£000	£000	£000	£000
The Dudley Group NHS Foundation Trust	411,900	3,203	372,704	(911)

3 Donations and legacies

	Unrestricted Funds	Restricted Funds	2019/20 Total Funds	2018/19 Total Funds
	£000	£000	£000	£000
Donations from individuals	87	1	88	104
Donations in memoriam	106	1	107	103
Charity Appeal income	0	22	22	61
Legacies	25	0	25	218
Grants	2	4	6	50
Total	220	28	248	536

4 Charitable activities - income

	Unrestricted Funds	Restricted Funds	2019/20 Total Funds	2018/19 Total Funds
	£000	£000	£000	£000
Fundraiser income	34	2	36	56
Staff Lottery Income	22	0	22	20
Total	56	2	58	76

5 Other income

	Unrestricted Funds	Restricted Funds	2019/20 Total Funds	2018/19 Total Funds
	£000	£000	£000	£000
Research & Development income	0	0	0	1
Clinical Education Centre - income	1	0	1	3
	1	0	1	4

6 Allocation of support costs

	Raising funds	Charitable activities	2019/20 Total Funds	2018/19 Total Funds
	£000	£000	£000	£000
External audit fee	0	7	7	7
Statutory compliance	0	0	0	0
Financial Services	0	11	11	10
Governance	0	18	18	17
Financial Administration	9	14	23	23
Salaries and related costs	0	0	0	0
Miscellaneous costs	0	1	1	0
Bank charges	0	1	1	1
Charity system	0	5	5	4
Total	9	39	48	45

	Unrestricted Funds	Restricted Funds	Total 2019/20 Funds	Total 2018/19 Funds
	£000	£000	£000	£000
Raising funds	9	0	9	7
Charitable activities	39	0	39	38
	48	0	48	45

The allocation of support costs are apportioned using the average balance of each fund and are charged to each fund. Support costs have been apportioned between fundraising costs and charitable activities as a percentage of expenditure as above.

7 Expenditure

	Unrestricted Funds	Restricted Funds	Total 2019/20 Funds	Total 2018/19 Funds
	£000	£000	£000	£000
Raising Funds	76	3	79	72
Charitable activities - expenditure				
Purchase of new equipment	81	10	91	157
Staff education and welfare	97	0	97	100
Patient education and welfare	80	29	109	122
Research	8	0	8	12
Building and refurbishment	95	8	103	64
	361	47	408	455
	437	50	487	527

The total costs for raising funds is £79,000 (2018/19 £72,000) of which £53,000 relates to the fundraiser and apprentice salary costs (see note 10) and the remaining balance relates to the staff lottery £10,000 (2018/19 £10,000), events and support costs £16,000 (2018/19 £16,000),

8 Auditors' remuneration

The auditors' remuneration of £7,200 (2018/19 £6,500) relates solely to the statutory audit.

9 Trustees' remuneration and benefits

The Trustees' were not paid any remuneration and benefits or reimbursed for any expenditure in 2019/20 (2018/19 nil)

10 Staff costs and emoluments

	2019/20 Total £000	2018/19 Total £000
Salaries and Wages	43	37
Tax & NI	4	4
Pension costs	6	5
	53	46

The staff costs and emoluments of £47,000 (2018/19 £46,000) relate to the fundraiser who commenced in January 2010 and £6,000 relates to the apprentice who commenced in August 2019. There were no other staff costs as the Charity uses the services provided by the NHS Foundation Trust staff, for the administration of the charity (Note 6 Financial Services)

11 Analysis of net movement in funds

	Unrestricted Funds £000	Restricted Funds £000	2019/20 Total Funds £000	2018/19 Total Funds £000
Net movement in funds for the year	(292)	(20)	(312)	183
Net movement in funds available for future activities	(292)	(20)	(312)	183

12 Intangible assets

	Software	2019/20	2018/19
Cost or Valuation	£000	£000	£000
Balance at start of year	5	5	5
Additions	0	0	0
Revaluations	0	0	0
Impairments	0	0	0
Disposals	0	0	0
Closing Balance	5	5	5
Accumulated Depreciation			
Balance at start of year	5	5	5
Disposals	0	0	0
Revaluations	0	0	0
Impairments	0	0	0
Charge for year	0	0	0
	5	5	5
Closing Net Book Value	0	0	0

13 Investments

Movement in fixed asset investments:	2019/20	2018/19
	£000	£000
Market value at 1 April 2019	1,360	1,316
Less: Disposals at carrying value	0	0
Add: Acquisitions at cost	0	0
Net gain (losses) on revaluation	(174)	44
Market value at 31 March 2020	1,186	1,360

Fixed asset investments:	Units held as at 31 March 2020	2019/20 Total £000	2018/19 Total £000
Investments in BLK Charities UK Bond Fund	138,890	266	263
Investments in BLK Charities UK Equity ESG Fund	549,235	920	1,097
		1,186	1,360

BlackRock transferred the assets of Charishare restricted Common Investment Fund and Charinco Common Investment Fund to BLK Charities UK Equity ESG Fund and BLK Charities UK Bond Fund respectively, both are sub funds of BlackRock Charities Fund. The transfer was implemented on 6 December 2019 and the closing number and value of share units of Charishare & Charinco remained the same for the opening balances of BLK Charities UK Equity ESG Fund and BLK Charities UK Bond Fund.

Post Balance Sheet event;

The valuation of the shares at 31st March 2020 had decreased significantly due to the global pandemic of Covid 19.
A recent valuation at the 31st December 2020 showed that the value of BLK Charities UK Equity Fund was £1,109,455 an increase of £188,937 and the value of BLK Charities Bond Fund was £273,614 an increase of £7,500.

14 Investment income

	2019/20 Total £000	2018/19 Total £000
Investments income - Common Investment Fund	36	44
Cash held as part of the investment portfolio	4	4
Interest from Bank Account	2	2
	42	50

	Unrestricted Funds £000	Restricted Funds £000	2019/20 Total Funds £000	2018/19 Total Funds £000
Fixed asset investment	36	0	36	44
Short term investments and cash on deposit	6	0	6	6
	42	0	42	50

Movement in Santander Deposit Account

	2019/20 Total £000	2018/19 Total £000
Value of Deposit Fund at 1 April	500	500
Additions	4	4
Disposals	(4)	(4)
Value of Deposit Fund at 31 March	500	500

15 Debtors

Debtors under 1 year	2019/20 Total £000	2018/19 Total £000
Accrued income	8	8
Prepayments	3	2
Total	11	10
Debtors over 1 year		
Accrued income	0	0
Prepayments	1	2
Total Debtors	**12**	**12**

Accrued income of £8,000 (2018/19 £8,000) represents sums owed to the charity by related parties, this mainly consists of accrued investment interest of £4,000.
The prepayments of £3,000 within the year relate to courses for 2020/21. Prepayments over 1 year of £1,000 relates to ECG recorder 5 year maintenance.

16 Cash and cash equivalents

	2019/20 Total £000	2018/19 Total £000
Government Banking Services	241	348
Santander Fixed Term Deposit	500	500
	741	848

17 Creditors

Creditors: falling due within one year	2019/20 Total £000	2018/19 Total £000
Trade creditors	14	12
Accruals	49	20
Total	63	32
Creditors falling due after more than one year		
Accruals	0	0
Total Creditors	**63**	**32**

Creditor accruals represent sums owed each year end by the Charity to a related party, The Dudley Group NHS Foundation Trust for costs incurred by the NHS Foundation Trust on behalf of the Charity in the furtherance of the Charity's objects.

18 Analysis of charitable funds - restricted

	Balance 1 April 2019 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2020 £000
Dementia Appeal	6	7	(10)	0	0	**3**
Children's Appeal	12	2	(9)	0	0	**5**
Rehabilitation Appeal	1	0	0	0	0	**1**
Cancer Appeal	2	1	0	0	0	**3**
Baby Bereavement Appeal	54	9	(28)	0	0	**35**
Emergency Department Appeal	0	4	0	0	0	**4**
Emergency Department Paediatric Appeal	0	6	(3)	0	0	**3**
COVID-19 Appeal	0	1	0	0	0	**1**
	75	**30**	**(50)**	**0**	**0**	**55**

Restricted Funds are specifc appeals for funds or donations where legal restrictions have been imposed by the donor. The charity has five appeal funds; Dementia Appeal, Childrens Appeal, Rehabilitation Appeal, Cancer Appeal and the Baby Bereavement Appeal.

19 Analysis of charitable funds - unrestricted

Material funds	Balance 1 April 2019 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2020 £000
A General Funds - Trust wide	160	27	(49)	23	(8)	**153**
B Community General Fund	12	0	(9)	0	0	**3**
Sub total	**172**	**27**	**(58)**	**23**	**(8)**	**156**

Material funds designated	Balance 1 April 2019 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2020 £000
A Special Care Baby Unit	29	20	(21)	0	(2)	**26**
B Maternity & Obstetric Unit	43	1	(5)	0	(3)	**36**
C Coronary Care Unit	97	6	(17)	0	(5)	**81**
D Gastro Intestinal Unit	33	1	(2)	0	(2)	**30**
E Renal Unit	94	17	(7)	0	(8)	**96**
F Pathology Directorate	81	1	(3)	0	(5)	**74**
G Medical Directorate	811	131	(162)	0	(91)	**689**
H Medical Equipment Charity	57	21	(19)	0	(5)	**54**
I Cardiology	17	1	(4)	0	(3)	**11**
J Rheumatology	94	4	(13)	0	0	**85**
K Surgical Directorate	291	47	(64)	0	(20)	**254**
L Clinical Education Centre	54	3	(12)	0	0	**45**
M Adult Community Services	110	16	(22)	0	0	**104**
Others	130	23	(28)	(23)	(22)	**80**
Sub total	**1,941**	**292**	**(379)**	**(23)**	**(166)**	**1,665**
Total Unrestricted Funds	**2,113**	**319**	**(437)**	**0**	**(174)**	**1,821**

20 Commitments

The Charity has the following commitments:

	Unrestricted Funds	Restricted Funds	Total Funds 2019/20	Total Funds 2018/19
	£000	£000	£000	£000
Charitable Projects	0	0	0	0
Capital	0	0	0	0
Other	129	0	129	165
	129	**0**	**129**	**165**

Other commitments relate to minor medical equipment, patients furniture and education for staff.

21 Analysis of total resources expended

Description	2019/20 £000	2018/19 £000
Christmas Expenditure - Patients	4	4
Patients Furniture	35	24
Patient Information/Education	4	4
Patients Miscellaneous	38	70
Medical & Surgical Equipment	82	143
Patients Audio Visual	19	10
Staff Christmas Expenditure	0	4
Staff Expenses	3	6
Staff Books/Journals/Education	3	8
Staff Course Fees	39	32
Staff Retirement/Long Service	10	3
Staff Other	23	28
Research	7	11
Contribution to Capital	93	57
Support Costs	30	30
Fundraiser Costs	60	55
Staff Lottery Prizes	10	10
Clinical Education Centre Costs	9	11
Governance Costs	18	17
Total	**487**	**527**

DUDLEY GROUP NHS CHARITY

TRUSTEE'S ANNUAL REPORT

& SUMMARY FINANCIAL STATEMENTS 2019/20

FOREWORD

The Dudley Group NHS Charity (the Charity) has a Corporate Trustee: The Dudley Group NHS Foundation Trust.

The Corporate Trustee presents the Charitable Funds Annual Report and Summary Financial Statements for the year ended 31 March 2020.

The Charity's Annual Report and Financial Statements for the year ended 31 March 2020 have been prepared by the Corporate Trustee in accordance with the Charities Act 2011 and the Charities Statement of Recommended Practice 2015. The Charity's Annual Report and Financial Statements include all the separately established funds for which The Dudley Group NHS Foundation Trust is the sole beneficiary.

The members of the NHS Foundation Trust Board who served during the financial year were as follows:

Dame Yve Buckland DBE	Chairman (Non-Executive Director) started 20 May 2019
Diane Wake	Chief Executive (Executive Director)
Tom Jackson	Finance Director (Executive Director)
Karen Kelly	Chief Operating Officer (Executive Director)
Mary Sexton	Chief Nurse (Executive Director)
Julian Hobbs	Medical Director (Executive Director)
Adam Thomas	Chief Information Officer (Executive Director) started 26 August 2019
James Fleet	Chief People Office (Executive Director) started 19 March 2020
Richard Miner	Non-Executive Director
Julian Atkins	Non-Executive Director
Jonathan Hodgkin	Non-Executive Director
Catherine Holland	Non-Executive Director
Liz Hughes MBE	Non-Executive Director started 15 November 2019
Gary Crowe	Non-Executive Director started 1 July 2019
Ian James	Non-Executive Director started 1 July 2019
Lowell Williams	Associate Non-Executive Director started 1 December 2019
Vijith Randeniya	Associate Non-Executive Director started 7 November 2019

Jenni Ord	Chairman (Non-Executive Director) Left 30 April 2019
Andrew McMenemy	Director of Workforce & Organisational Development went on secondment 1January 2020

The Charitable Funds are registered with the Charity Commission (no. 1056979) in accordance with the Charities Act 2011.

CHARITY TRUSTEES AND ADVISERS

Reference and Administrative details

The Dudley Group NHS Charity, registered Charity Number 1056979, was entered on the Central Register of Charities on the 22 July 1996 as amended on 14 November 2011.

The Charity is constituted of 70 individual funds as at the 31 March 2020 (2018/19: 80) and the notes to the financial statements, as per the Financial Accounts 2019/20 distinguish the types of fund held and disclose separately all material funds.

Charitable funds received by the Charity are accepted and held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 2006 and the National Health Service and Community Care Act 1990 and these funds are held on trust by the corporate body.

Trustee

The Dudley Group NHS Foundation Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

The NHS Foundation Trust Board devolved responsibility for the on-going management of funds to the Charitable Funds Committee which administers the funds on behalf of the Corporate Trustee.

The members of the Charitable Funds Committee who served during the financial year are as follows:

Diane Wake	Chief Executive (Executive Director)
Tom Jackson	Director of Finance & Information (Executive Director)
Julian Atkins	Non-Executive Director (Chair of the Committee)
Jonathan Hodgkin	Non-Executive Director
Richard Miner	Non-Executive Director

Principal Charitable Fund Advisers

The following officers of The Dudley Group NHS Foundation Trust are the principal charitable fund advisers:

Diane Wake, Chief Executive, and Tom Jackson, Director of Finance, under a scheme of delegated authority as approved by the Corporate Trustee, have day-to-day responsibility for the management of the Charitable Fund and must personally approve, on behalf of the Corporate Trustee, all expenditure over £5,000 with an upper limit of £50,000 using their delegated authority. All Executive Directors and the Deputy Director of Finance – Financial Reporting, under a scheme of delegated authority as approved by the Corporate Trustee, approve all expenditure up to £5,000.

Heather Taylor, Financial Services Manager, advised and reported on charitable funds, including strategy, in this financial year.

Lynn Hinton, Treasury Manager, acted as the principal officer overseeing the day-to-day financial management and accounting for the charitable funds during the year.

Karen Phillips, Fundraising Manager, liaises with the wards and departments providing advice and support for the charity fundraising.

Principal Office for the Charity
Finance Department,
The Dudley Group NHS Foundation Trust,
Trust Headquarters,
Russells Hall Hospital,
Dudley,
West Midlands,
DY1 2HQ.
Telephone : 01384 321121

A full set of financial statements can be downloaded from our website www.dudleygroup.nhs.uk/our-charity or by contacting the Treasury Manager, on 01384 321121(direct line) or lynn.hinton@nhs.net

Principal Professional Advisers

Bankers

NatWest
RBS European Operations Centre,
Brampton Road,
Newcastle-under-Lyme,
Staffordshire,
ST5 0QX

Santander UK plc
Corporate & Commercial Banking
1/35, 287-301 St Vincent Street
Glasgow
G2 5HN

Solicitors

Mills & Reeve
78-84 Colmore Row
Birmingham
B3 2AB

Investment Fund Managers

BlackRock Investment Managers Limited
PO Box 545
Darlington
DL1 9TQ

Independent Auditors

Grant Thornton LLP
The Colmore Building
20 Colmore Circus Queensway
Birmingham
B4 6AT

STRUCTURE, GOVERNANCE AND MANAGEMENT

The Dudley Group NHS Foundation Trust consists of Russells Hall Hospital (Acute Hospital), Corbett Outpatient Centre and Guest Outpatient Centre. The charitable funds are attributed in line with the Trust's Directorate structure. For example, charitable funds for Medicine include Medical Wards, Leukaemia, Chest Clinic, Diabetes, Rheumatology, Rehabilitation and Palliative care. The funds within Surgery include Ear, Nose and Throat (ENT), Ophthalmology, Surgical Wards, Breast Cancer Services, Audiology, Surgery and Theatres. Other funds are within Obstetrics, Gynaecology, Pathology, Critical Care, Neonatal Services, Cardiology, Gastro Intestinal Services, Renal Unit and Coronary Care. Adult Community Services include the District Nurse Teams Fund, Palliative Care, Audiology, and the Community Rehabilitation Fund (which includes Neurology).

The Charity fund was established with the Charity Commission using the model declaration of trust and all funds held on trust as at the date of registration were classified as unrestricted funds or classified as designated funds under the main Charity. Subsequent donations and gifts received by the Charity that are attributable to the original funds are added to those fund balances within the existing Charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund. By designating funds the key aim of the Trustee is to serve the NHS Trust for the public benefit, it respects the wishes of our generous donors to support patient care and advance the good health and welfare of patients, visitors and staff. The Trustee have complied with their duty to have had regard to the Charity Commission's guidance on public benefit, with due regard for funding decisions to demonstrate public benefit in the Charity's work.

Non-Executive Members of the Trust Board are appointed by the Trust Governors. Executive members of the Board are subject to recruitment by the NHS Foundation Trust Board. Members of the Trust Board and the Charitable Funds Committee are not individual trustee under Charity Law but act as agents on behalf of the Corporate Trustee.

The newly appointed members of the Charitable Funds Committee are provided with an induction pack which provides information about the Charity, including the Charitable Funds Committee terms of reference, Trustees' Annual Report and Financial Statements, policies and minutes, and information about trusteeship, including Charity Commission booklet CC3, The Essential Trustee. The Chair gives new members of both the NHS Foundation Trust Board and the Charitable Funds Committee a briefing on the current policies and priorities for the charitable funds.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Fund. The Committee is required to:

- Control, manage and monitor the use of the fund's resources.
- Provide support and guidance for usage of funds, whilst managing and monitoring the receipt of all income.
- Ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all of its legal responsibilities.
- Ensure that the Investment Policy approved by the NHS Foundation Trust Board as Corporate Trustee is adhered to and that performance is continually reviewed whilst being aware of ethical considerations.
- Keep the Trust Board fully informed on the activity, performance and risks of the Charity.

The Charitable Funds Committee was established in 2006/07 and reports to the Trust Board. The objectives of the committee are to control the management and administration of the Charity in accordance with the Charity's purposes and in line with the Charitable Funds Investment Policy. The committee will assist in the determination of the Charitable Funds Strategy ensuring that the Charity has all the hallmarks of an effective charity, as set out in the standards issued by the Charity Commission.

The accounting records and the day-to-day administration of the funds are dealt with by the Finance Department, Trust Headquarters, Russells Hall Hospital, Dudley, West Midlands, DY1 2HQ.

RISK MANAGEMENT

The risks to which the Charity is exposed have been identified and considered.

Future levels of income

The charity is reliant on donations to allow it to support the Trust and its plans for the future. The Trustees mitigate the risk that income will fall by engaging with the Charity Fundraiser. Fundraising activity is regularly reviewed at the Charity Committee meetings to understand what worked well and what improvements may be needed.

Fall in investment returns

The most significant risk identified was a possible loss from a fall in the value of the investments and the level of reserves available to mitigate the impact of such losses. The charity committee review the investment returns at the quarterly meetings to ensure that both spending and financial commitments remain in line with available income.

An effective system of internal financial control is maintained and operated in connection with the charitable funds as the Charity is managed under the Governance and internal controls that are in place for The Dudley Group NHS Foundation Trust. The current system of internal financial control provides reasonable assurance of the safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information.

WORKING IN PARTNERSHIP FOR PUBLIC BENEFIT

The Dudley Group NHS Foundation Trust is the main beneficiary of the Charity and is a related party by virtue of being Corporate Trustee of the Charity. The charities objectives are for any charitable purpose or purposes relating to the National Health Service, wholly or mainly for the service provided by The Dudley Group NHS Foundation Trust. The strategy of the Charity is to work in partnership with the Trust, ensuring the funds are used to best effect, by deciding upon the most beneficial way to use charitable funds with regard to the main activities, objectives, strategies and plans of the Trust.

Our mission statement is to enhance and further improve the high quality services provided by the Trust, providing additional comfort and benefit to its patients and staff, by focusing fund expenditure on areas not covered or fully supported by NHS funds.

The charity fundraiser continues to forge strong relationships with members of staff of the hospital and community donors and fundraisers. Without the support and co-operation of the wider community the effective contribution to the Trust would be much diminished.

In accordance with the objectives and strategy of the Charity, the Financial Services Manager and the Treasury Manager regularly liaise with Ward Managers and Department Heads to encourage the spending of their funds in accordance with the donor's wishes; by supporting research and procedures within the National Health Service, supporting capital developments and the purchase of medical equipment, provide training and development activities for clinical and other staff, to ensure public benefit.

The Leukaemia Appeal Fund, a separately registered Charity raises money specifically for the Georgina Unit at Russells Hall Hospital.

The Trust's Volunteer Service, managed by the Volunteer Co-ordinator, Jane Fleetwood provides a valuable service to patients, visitors and staff. For more information call 01384 456111 ext. 3420 or email jane.fleetwood@nhs.net

The Dudley Clinical Education Centre promotes and advances the study of science and medicine by supporting the professional education and development of Trust & Community staff and associated healthcare professionals. It supports key patients who are committed to further development of staff, by assisting in the training which empowers their contribution to specialist teams to improve the quality of care for all patients. For more information call 01384 321095 or email Barbara.white8@nhs.net

ANNUAL REVIEW: OUR OBJECTIVES AND ACTIVITIES

The key aim of the Trustees to provide public benefit is by helping patients, relatives, visitors and staff by:

- Funding medical research to understand the conditions affecting our patients so that we can help develop cures and therapies in the future.

- Enhance the care the Trust can offer through the purchase of new equipment and building improvements to deliver better facilities.

- Invest in staff to create a caring environment and improved treatment for our patients, families and visitors.

- Provide direct support to patients by way of information, networking support and better facilities.

The charity currently has six main appeals:

Dementia Appeal
Patients with dementia need to feel respected and valued for who they are now, as well as in the past. We aim to raise awareness, to help prepare and provide understanding for patients and families to face the challenges of the future.

Children's Appeal
To provide a comfortable, reassuring environment for the children and their families in the hospital, by providing a reassuring base during their care and treatment.

Cancer Appeal
Caring for the patient and their family adds comfort and care for our cancer patient, encompassing the well-being of patients, families and carers.

Baby Bereavement Appeal
To improve the facilities available to families who are adjusting to the death of their baby. The dedicated bereavement suite will be a calming, comfortable and private space with access to specialist equipment in a less clinical setting.

Children's Emergency Department Appeal
Helping us to change the way we treat our younger patients by making their experience the best it can be.

COVID-19 Emergency Appeal
Supporting Dudley Group staff, patients and volunteers affected by the COVID-19 pandemic.

During the year, the funds continued to support a wide range of charitable and health related activities benefiting both patients and staff. Charitable funds were used to purchase much needed medical equipment, such as:

- Vital signs monitors for various wards
- Nebulisers
- Digital Reminiscence Technology for dementia patients for various wards
- Patient Monitors for Ward C4
- Ventilators for Critical Care Unit
- Syringe Drivers & BP monitors for Adult Community Services
- Care chairs including bariatric patient care chairs for Critical Care Unit
- Baby Bed warmers & mattresses for the Neonatal Unit
- Diagnostic equipment for Audiology Community Services

The hospital wards receive many charitable fund donations. These are often used to benefit the staff and the patients, such as:

- Leaflets providing specific ward information to patients & visitors
- Patient manual reclining chairs in various wards
- Glideaway folding beds for patient relatives use
- Patient over bed tables, over chair tables & high back chairs
- DAB radios and TVs mainly for ward B2 and C3 (Forget Me Not Ward)
- LED sky lights for ward B5
- Hostess trolley for ward C4 – Georgina Unit
- Patient Turners
- Breast Pumps for the Neonatal Unit
- Baby bereavement room – refurbishment, furniture and facilities

The charitable funds also enable consultants, medical staff, nurses and allied health professionals to attend additional courses which will update them on the new ideas and modern techniques in their specialties.

These activities enable the Trustee to meet its strategic priorities of supporting the work of the Trust. The Trustee's review of future plans and strategic objectives have also been infused with the need to demonstrate public benefit and by the guidance issued by the Charity Commission.

The Trust Volunteer Service continues to provide support to patients, visitors and staff with duties such as ward/clinic hostess services, way finding, helpdesk assistance and chaplaincy.

The charitable funds have received legacies this year totalling £25,000. There were two significant legacies, the first was for £20,000 for the benefit of Corbett & Guest Outpatient Centres to purchase medical equipment (50% each) and the second was for £5,000 for Ward C4 Georgina Unit.

A Review of our Finances

The total value of the Charitable Funds as at 31 March 2020 was £1,876,000 (2018/19: £2,188,000). A decrease in the overall fund value of £312,000 which was mainly due to a decrease in donated and legacy income and more significantly the valuation of investments held at 31st March 2020 which has decreased by £174,000 due to the effect of the COVID-19 pandemic on the worldwide stock markets.

The Charity continues to rely on donations, legacies and investment income as the main sources of income. Donations from individuals have decreased by £16,000; donations in memoriam have increased by £4,000, donations received in respect of the charity appeals have decreased by £39000. Grant income decreased by £44,000 however, significant grant income last year of £50,000 was unusual. Legacies have decreased by £193,000 however, an exceptional level of income was received last year.

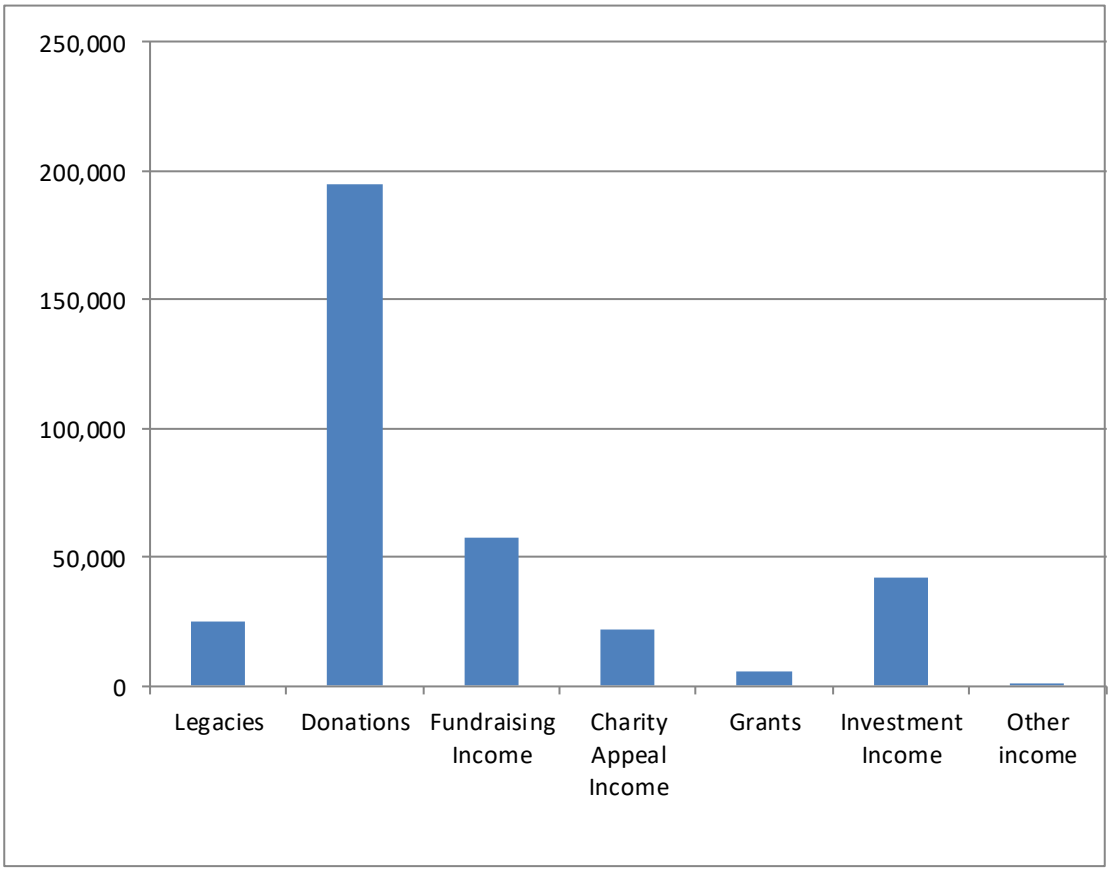
Investment Income decreased by £8,000, due to BlackRock converting all six remaining BlackRock Common Investment Funds to the Charity Authorised Investment fund structure with the approval of unitholders.

The distribution of 3 monthly interest cycle changed in December when the Charishare and Charinco funds were transferred to the new BLK Charities UK Equity ESG Fund and BLK Charities UK Bond Fund. The 3 month cycle now runs for the quarters ended June, September, December and March which resulted in a small value being received for the one month to synchronise the timings. BlackRock was unable to provide an estimate of interest earned for the period January to March 2020, so a prudent estimate was entered into the accounts.

The close of the 2019/20 financial year has been overshadowed by the Covid-19 outbreak which has had an effect upon the operation of the charity, mainly in respect of the impact on the Charity investments.

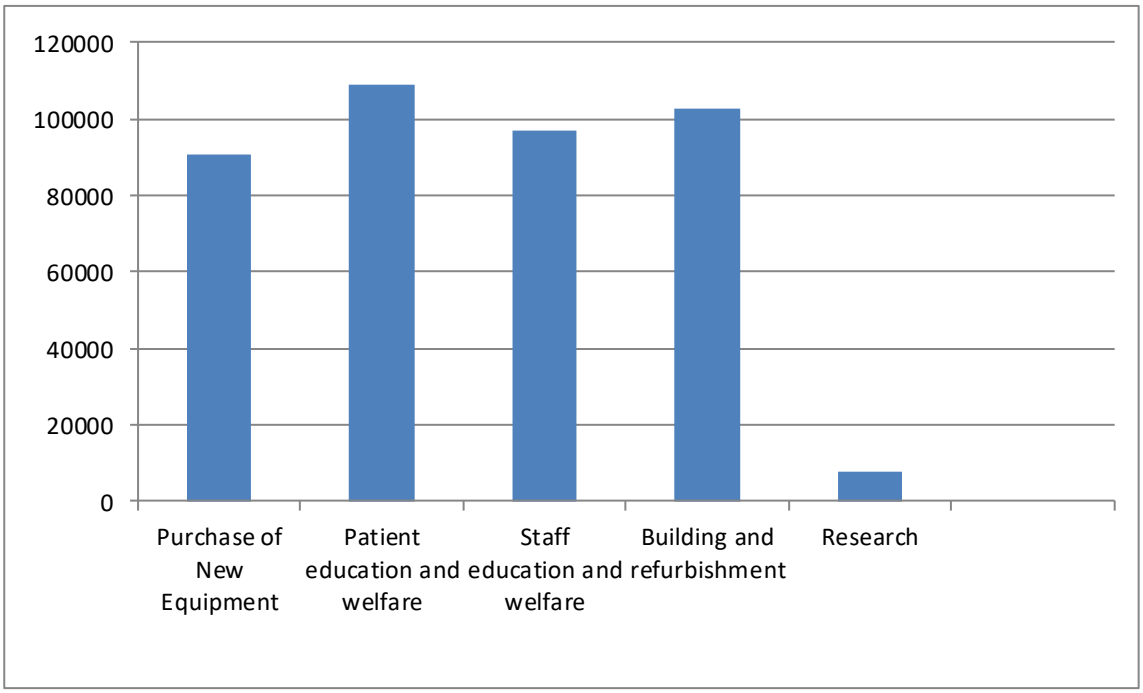
A recent valuation at 31st August 2020 showed that the value of BLK Charities UK Equity Fund was £1,012,240 an increase of £91,722 and the value of BLK Charities Bond Fund was £269,308 an increase of £3,194.

Where our money comes from



What we spent the money on

Of the total expenditure of £487,000 (2018/19 £527,000).expenditure on direct charitable activity was £408,000 (2018/19 £455,000) across a range of funds. Expenditure on raising funds was £79,000 (2018/19 £72,000), the increase due to the appointment of the fundraising apprentice in August 2019. There was an overall reduction of £40,000 on last year's expenditure.



Purchase of new equipment

The total amount spent was £91,000 (2018/19 £157,000) representing a vital and valuable contribution to enhancing the provision of clinical care. Purchases range from small items of equipment costing a few hundred pounds, to larger items costing thousands of pounds.

Staff education and welfare

Annual expenditure was £97,000 (2018/19 £100,000) of which £43,000 (2018/19 £33,000) was spent on external educational courses. An additional sum of £3,000 (2018/19 £6,000) was spent on travel expenses to allow attendance of these courses. A total of £51,000 (2018/19 £61,000) was spent on staff welfare, for example educational material such as medical books and journals, educational prizes and awards and non-medical equipment for the wards.

Patient education and welfare

Annual expenditure of £109,000 (2018/19 £122,000) included the purchase of furniture of £35,000 (2018/19 £26,000), for ward areas.

The sum of £3,000 (2018/19 £4,000) was spent in respect of patients and patient relatives information and education.

Other patient expenditure of £71,000 (2018/19 £92,000) includes items which help make the patient's stay in hospital more comfortable, such as gifts at Christmas, audio and TV equipment.

Research

The sum of £8,000 (2018/19 £12,000) was spent on rheumatology research projects.

Building and Refurbishment

The sum of £103,000 (2018/19 £64,000) was spent on installation and conversion work in respect of charity purchases. The main items of expenditure relate to the installation of power supply to the Baby Bereavement room of £7,000, installation of the LED Skylights on ward B5 of £1,000, Installation of electrics, aerials & TVs on Ward C3 of £10,000 and provision of new office and conversion of unused bathroom within ward C8 of £21,000, power & water supply to water coolers trust wide of £8,000.

EXPENDITURE POLICY

The Dudley Group General Fund receives donations and legacies where no particular preference as to its expenditure has been expressed by donors. Applications are received from various departments within the Hospital and the Community to purchase medical equipment or items which will improve and benefit the patients and staff at the Trust. Based on their knowledge of the Hospital, the Charitable Funds Committee agrees funding and encourages spending of the charity funds. Funding is provided to areas of the Trust that do not have available Designated Funds.

The Designated Funds are overseen by Clinical Directors, Clinical Service Leads and Matrons who can make recommendations on how to spend the money within their designated area. The recommendations are generally accepted and these funds can be spent at any time.

The Restricted Funds are those where the donor has provided for the donation to be spent for a particular charitable purpose or where legal restrictions have been imposed by the donor at the time their donation was made.

RESERVES POLICY

The reserves policy is incorporated within the Charity Investment Policy. This policy ensures that income not required for immediate use is invested to earn interest, whilst ensuring that money identified to meet expenditure plans is available as required.

The ratio of reserves held in the short term investment deposit fund is appropriate to the advice received by the external investment managers, based upon current commitment levels of known planned expenditure in the next financial year.

A review of the investment portfolio is undertaken by the Charity Funds Committee which includes the level of reserves held, on a quarterly basis.

The total value of the funds held at 31 March 2020 in the Santander Corporate and Commercial Banking investment totals £500,000 with the balance of £241,000 held in the Government Banking Services Account. It is appropriate that the reserves remain at a level which will permit the timely realisation of long term investments, if required. Therefore the minimum reserve level is maintained at £250,000 and based upon current known commitments for future charitable expenditure and the funding required for the next financial year for financial services which maintain the financial aspect of the charity and the charity fundraiser.

The reserve level will be achieved by reinvesting income received from the investment portfolio and the excess of funds held in the Charitable Funds Government Banking Services account.

PERFORMANCE MANAGEMENT

The Charity requires the Clinical Directors, Clinical Service Leads and Matrons for each fund to provide expenditure plans for a one to three year programme. This is requested annually and plans are regularly reviewed and reported to the Charitable Funds Committee.

The role of the Clinical Directors, Clinical Service Leads and Matrons as charity fund budget managers is supported by the Charity Fundraising Co-ordinator.

INVESTMENTS

At the year-end, the sum of £1,186,000 (2018/19 £1,360,000) was held with BlackRock Investment Management Limited in BLK Charities UK Equity ESG Fund (previously Charishare Excluding Tobacco) and BLK Charities UK Bond Fund (previously Charinco).

BlackRock Investment Management Limited converted BlackRock Common Investment Funds, Charishare excluding tobacco and Charinco, to the Charity Authorised Investment fund structure with the approval of unitholders. This was actioned on 6 December 2019 with no change to the number of units held.

The charity's long term investments which mainly consist of UK equities have decreased in value by a total of £174,000 during the year 2018/19, due to the effect of the COVID-19 pandemic on the worldwide stock markets.

The Trustee seeks to balance 'Ethical and socially responsible investment' and risk. Therefore, investment in companies engaged in the manufacture of tobacco products is not permitted.

The investment policy requires that all monies, apart from working capital, be invested in securities to maximise the overall return consistent with an acceptable level of risk. Fund Managers are appointed for an initial three year period and the tendering process follows the NHS Trust's regulations and ensures that the requirements of the Trustee Act 2000 are met.

The performance of the investments is continuously monitored and reported on a quarterly basis by BlackRock Investment Management Limited. The reports are disseminated to the Charitable Funds Committee at the scheduled quarterly meetings.

FUTURE PLANS

The charity will work with the Trust to equip NHS staff with the skills they need to enhance patient treatment and provide financial support for research and pilot new projects which will enhance patient care.

The charity will continue to provide additional equipment so that the service provided for patients and staff is enhanced.

The charity will also provide for other non-medical equipment which enhances the patients time when using the Trust facilities.

Future plans can be influenced by available resources with the Trust budgets, in that the resources required to maintain equipment purchases may exceed the benefit in obtaining the new equipment. The Trust has a policy for the purchase of equipment in that new purchases are consistent with equipment already in use, so that training can be consistent Trust wide for all staff.

In 2018/19 the Trust was awarded £20 million from the STP capital fund to radically redesign the emergency department and resuscitation area, to improve patient care and experience.

The charity launched a major Children's Emergency Department Appeal to raise £100,000 in conjunction with the STP capital funding. The appeal will pay special attention to the children's waiting area and consulting rooms, equipping them with sensory items for distraction, improving the environment where teenagers are treated and improving the relative's room and providing quiet areas for patients and their relatives.

The Charity has started to receive overwhelming support and generosity from our local community & NHS Charities Together in relation to the COVID-19 pandemic. The community are not only offering their time to support various schemes they are also fundraising for our benefit. The donations and grants received will be used to enhance the well-being of NHS Staff, volunteers and patients affected by COVID-19. The income could be used to fund well-being packs or gifts for staff and volunteers on wards or departments, such as food or meal deliveries and refreshments, wash kits, overnight stay kits, furniture for rest rooms, for example. To provide support for patients mental health through isolation with electronic communication devises so they can talk to family and friends.

The Corporate Trustee will decide the most appropriate benefit to staff, volunteers & patients as part of the Trust's COVID-19 response in 2020/21.

Funds Held On Trust Financial Statements 2019/20

Foreword

The Dudley Group NHS Charity Funds are registered with the Charity Commission, number 1056979 and include funds in respect of The Dudley Group NHS Foundation Trust. The Financial Statements have been submitted to the Charities Commission.

The financial statements for the year ended 31 March 2020 have been prepared in accordance with the requirements in the Charities Act 2011 and the Statement of Recommended Practice 2015.

The following pages are not the full financial statements but a summary of information relating to the Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement. These statements have been checked for consistency with the externally audited financial statements by Independent Auditors Grant Thornton LLP and their report follows on page 18.

The financial statements are available from the Trust's Finance Department by writing to: Lynn Hinton, Finance Department, Trust Headquarters, Russells Hall Hospital, Dudley, West Midlands. DY1 2HQ or email lynn.hinton@nhs.net or telephone 01384 321121.

Main Purpose of Funds Held On Trust

The main purpose of charitable funds held on trust is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by The Dudley Group NHS Foundation Trust.

Signed ……

Date: ……..

Statement of trustees' responsibilities

The trustee are responsible for preparing the Trustee's Report and the financial statements in accordance with applicable law and regulations.

The law applicable to charities in England and Wales requires the trustee to prepare financial statements for each financial year. Under that law the trustee have prepared the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under that law the trustee must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustee are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustee are responsible for keeping accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provision of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustee are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Signed on behalf of the trustees:

Chairman ..... Date

Trustee ..... Date

Dudley Group NHS Charity – 2019/20

Statement of Financial Activities for the year ended 31 March 2020

	Unrestricted Funds £000	Restricted Funds £000	2019/20 Total Funds £000	2018/19 Total Funds £000
Income from				
Donations and legacies	220	28	248	536
Investments	42	0	42	50
Charitable activities	56	2	58	76
Other	1	0	1	4
Total income	319	30	349	666
Expenditure on				
Raising funds	76	3	79	72
Charitable activities:				
Purchase of new equipment	81	10	91	157
Staff education and welfare	97	0	97	100
Patient education and welfare	80	29	109	122
Research	8	0	8	12
Building and refurbishment	95	8	103	64
Total expenditure	437	50	487	527
Net income/(expenditure)	(118)	(20)	(138)	139
Net Gains/(losses) on investments	(174)	0	(174)	44
Net income/(expenditure) after Gains/(losses) on investments	(292)	(20)	(312)	183
Transfers between funds	0	0	0	0
Net Movement in funds	(292)	(20)	(312)	(383)
Reconciliation of Funds				
Total Funds brought forward	2,113	75	2,188	2,005
Total Funds carried forward	**1,821**	**55**	**1,876**	**2,188**

Dudley Group NHS Charity – 2019/20

Balance Sheet as at 31 March 2020

	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2020 £000	Total at 31 March 2019 £000
Non Current Assets				
Intangible Assets	0	0	0	0
Investments	1,186	0	1,186	1,360
Debtors over 1 year	1	0	1	2
Total Fixed Assets	1,187	0	1,187	1,362
Current Assets				
Debtors	10	1	11	10
Cash and cash equivalents	687	54	741	848
Total Current Assets	697	55	752	858
Creditors falling due within one year	63	0	63	32
Net Current Assets	634	55	689	826
Total Assets Less Current Liabilities	**1,821**	**55**	**1,876**	**2,188**
Creditors falling due after more than one year	0	0	0	0
Provisions for liabilities and charges	0	0	0	0
Total Net Assets	**1,821**	**55**	**1,876**	**2,188**
Funds of the Charity				
Restricted income funds	0	55	55	75
Unrestricted income funds	1,821	0	1,821	2,113
Total Funds	**1,821**	**55**	**1,876**	**2,188**

Dudley Group NHS Charity – 2019/20

Cash Flow Statement for the year ended 31 March 2019

	2019/20 Total Funds £000	2018/19 Total Funds £000
Reconciliation of net income/(expenditure) to net cash flow from operating activities		
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	(138)	139
Adjustments for:		
Depreciation charge	0	0
Dividends and interest from investments	(42)	(50)
(Increase)/decrease in debtors	0	4
Increase/(decrease) in creditors	31	(9)
Net cash provided by (used in) operating activities	(149)	84
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	(149)	84
Cash flows from investing activities:		
Dividends and interest from investments	42	50
Net cash provided by (used in) investing activities	42	50
Change in cash and cash equivalents in the reporting period	(107)	134
Cash and cash equivalents at 1 April	848	714
Cash and cash equivalents at 31 March	741	848
Analysis of cash and cash equivalents		
Cash in hand	241	348
Notice deposits	500	500
Total cash and cash equivalents	741	848

THANK YOU!

The Corporate Trustee would like to express its appreciation of the support received from so many groups and individuals whose generous contributions are of enormous benefit to both patients and staff throughout our Trust.

Approved on behalf of the Corporate Trustee by Diane Wake, Chief Executive, The Dudley Group NHS Foundation Trust