

**BLACK
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in the Black Country
and West Birmingham



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Council of Governors Meeting
Friday 26th March 2021
Held in virtual session using web conferencing

Council of Governor meetings

PUBLIC INFORMATION SHEET

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

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

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

1. Introduction

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

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

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

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

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

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

2. Council Members' interests

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

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

3. Opportunity for questions

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

4. Debate

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

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

5. Minutes

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

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

6. Future meeting dates

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

7. Accessibility

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

Full Council of Governors meeting (virtual)

Friday 26th March 2021 15.30 – 16.50pm
MS Teams

Meeting to consider public papers

No.	Time	Item	Paper ref.	By
6.	15.30	<u>Welcome</u> (Public & Press) 1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements		Yve Buckland, Chairman
7.	15.35	<u>Previous meeting – 19th December 2020</u> 7.1 Minutes 7.2 Matters arising 7.3 Update on actions	Enclosure 3	Yve Buckland, Chairman
8.	15.40	<u>Chief Executive's and Chair's update</u>	Enclosure 4 / verbal	Diane Wake, Chief Executive Yve Buckland, Chairman
9.		<u>System wide developments</u>	Verbal	Yve Buckland, Chairman
10.	15.50	<u>Safe, caring and responsive</u> Updates from: 10.1 Quality and Safety Committee 10.2 Charitable Funds (meeting 23/3/21)	Enclosure 5 Verbal	Liz Hughes, Committee Chair Julian Atkins, Committee Chair
11.	16.05	<u>Effective</u> To receive updates from: 11.1 Finance and Performance Committee 11.2 Audit Committee 11.3 Digital Trust Technology Committee	Enclosure 6 Verbal Enclosure 7	Jonathan Hodgkin, Committee Chair Richard Miner, Committee Chair Catherine Holland, Committee Chair

12.	16.25	<u>Well-Led</u> Updates as follows: 12.1 Workforce and Staff Engagement Committee 12.2 Trust Secretary report <ul style="list-style-type: none"> • Council of Governors elections 2021 • Trust membership report • Governors Code of Conduct • Council of Governors Terms of Reference • Annual Report & Quality Account timetable 2020/2021 • NED recruitment 	Enclosure 8 Enclosure 9	Julian Atkins, Committee Chair Liam Nevin, Trust Secretary
13.	16.40	Governor Matters Relating to items other than the agenda and raised at least three days in advance of the meeting.	Verbal	Fred Allen, Lead Governor
14.		For information ¹ <ul style="list-style-type: none"> • Integrated Performance Report • Complaints, Litigation, Incidents and PALs (CLIP) report 	Enclosure 10 Enclosure 11	
15.	16.45	Any Other Business (to be notified to the Chair)	Verbal	Yve Buckland, Chairman
16.		Close of meeting and forward Council of Governors meeting dates 2021: 18th June 1 st October	Verbal	Yve Buckland, Chairman
17.		Reflections on the meeting		All
18.	Quoracy Eight Governors of which at least five are public elected plus chair or deputy chair			

¹ Papers will be taken as read and noted

**Minutes of the Full Council of Governors meeting
(to consider public papers)
Friday 18th December 2020, 15.00pm Held virtually using – MS Teams**

Present:	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mrs Helen Ashby	Public Elected Governor	Stourbridge
Mrs Karen Clifford	Public Elected Governor	Halesowen
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Maria Lodge-Smith	Public Elected Governor	Brierley Hill
Mrs Hilary Lumsden	Public Elected Governor	Halesowen
Miss Chauntelle Madondo	Public Elected Governor	Rest of England
Dr Mohit Mandiratta	Appointed Governor	Dudley CCG
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mr Rex Parmley	Public Elected Governor	Halesowen
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mr Alan Rowbottom	Public Elected Governor	Tipton & Rowley Regis
Mr Peter Siviter	Public Elected Governor	South Staffordshire & Wyre Forest
Ms Louise Smith	Staff Elected Governor	Nursing & Midwifery
Ms Michelle Porter	Staff Elected Governor	Partner Organisations
Cllr Steve Waltho	Appointed Governor	Dudley MBC

In Attendance:

Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Deputy Trust Secretary (Interim)	DG NHS FT
Dame Yve Buckland	Chairman Chair of meeting	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mr Jonathan Hodgkin	Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mr Richard Miner	Non-executive Director	DG NHS FT
Mr Liam Nevin	Trust Secretary	DG NHS FT
Mr Vij Randeniya	Associate Non-executive Director	DG NHS FT
Mrs Katherine Sheerin	Director of Strategy & Transformation	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Mr Lowell Williams	Associate Non-executive Director	DG NHS FT

Apologies:

Mrs Liz Abbiss	Head of Communications	DG NHS FT
Mr Marlon Amulong	Staff Elected Governor	Nursing & Midwifery
Mr Arthur Brown	Public Elected Governor	Stourbridge
Ms Jill Faulkner	Staff Elected Governor	Non Clinical Staff
Mr James Fleet	Chief People Officer	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Maria Kisiel	Appointed Governor	University of Wolverhampton
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Ms Nicola Piggott	Public Elected Governor	North Dudley

Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Mary Sexton	Interim Chief Nurse	DG NHS FT
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

COG 20/26.0 15.03pm	Welcome
COG 20/26.1	<p>Introductions & Welcome</p> <p>The chairman opened the meeting of the Full Council of Governors and welcomed all to the meeting.</p> <p>She welcomed the following governors returned on the conclusion of recent elections:</p> <p>Helen Ashby, Stourbridge Karen Clifford, Halesowen Alan Rowbottom, Tipton and Rowley Regis Louise Smith, Nursing and midwifery staff; Sandra Harris elected for a second term to represent Central Dudley Maria Lodge-Smith, Brierley Hill Chauntelle Madondo, Rest of England</p> <p>The following organisations had also selected their governor representatives:</p> <p>Dr Mohit Mandiratta representing the Dudley Clinical Commissioning Group and Michelle Porter representing the Trust's Partner Organisations.</p> <p>The chairman thanked the outgoing governors for their dedication and support: Farzana Zaidi, Tipton and Rowley Regis Arthur Brown, Stourbridge Peter Siviter, South Staff and Wyre Forest Rex Parmley, Halesowen</p>
COG 20/26.2	<p>Apologies</p> <p>Apologies had been received as above.</p>
COG 20/26.3	<p>Declarations of interest</p> <p>The chairman asked those present to indicate if there were any items to declare in respect of the published agenda.</p> <p>The chairman declared interests as Chair of the Royal Orthopaedic Hospital and Pro Chancellor of Aston University. The chairman advised that she would take up the appointment as chair of the Birmingham and Solihull Integrated Care System from January and step down as chair of the Royal Orthopaedic Hospital.</p>
COG 20/26.4	<p>Quoracy</p> <p>The meeting was declared quorate.</p>
COG 20/26.5	<p>Announcements</p> <p>The chairman advised that the next governor training and development session would take place in January and the full list of 2021 meetings and training calendar was appended to the Trust Secretary report given as enclosure seven.</p>
COG 20/27.0	Previous meeting

<p>COG 20/27.1</p>	<p>Previous full Council of Governors meeting held on 25th September 2020 (Enclosure 1)</p> <p>The minutes were accepted as an accurate record and would be signed by the chair.</p>
<p>COG 20/27.2</p>	<p>Matters arising There were none.</p>
<p>COG 20/27.3</p>	<p>Action points All actions that were complete would be removed from the list.</p> <p>Action COG19/75 – Council to Council meeting (DG & ROH.) Mrs Board reported that this action remained open and would potentially be scheduled as a virtual meeting in the New Year.</p> <p>Other actions were not due.</p>
<p>COG 20/28.0 15.10pm</p>	<p>Chief Executive report and Chair's update (Enclosure 2/verbal) Ms Wake presented the report provided as enclosure two and asked those present to note the activities, updates provided and news items related to the Trust, the region and the wider national arena.</p> <p>Ms Wake then provided an update on the latest COVID-19 figures and noted that the second wave was merging in wave three with numbers of those admitted with COVID-19 increasing. The Trust had reported a total of 1823 positive cases and 427 COVID-19 related deaths. There was increased pressure on the critical care teams with some staff feeling the strain of caring for very poorly patients as Christmas neared. There had been an initial increase in staff absence which had latterly improved. Whilst the Trust continued to perform comparatively well, Ms Wake noted that there had been a number of 12 hour breaches and the challenge remained to manage winter pressures, maintain patient flow and ensure that patients remained safe. The Trust continued to promote health and wellbeing support available for all staff.</p> <p>Ms Wake reported that elective and cancer work had continued with restoration and recovery trajectories on track and the Trust had continued to use facilities in the independent sector and noted that the arrangements may change in the New Year.</p> <p>Covid-19 vaccinations for NHS staff were underway and Ms Wake confirmed that the Trust was the lead employer for the Black Country and West Birmingham and commented positively on the impressive numbers recruited thus far. The first site in the area to administer vaccines was based at Walsall Manor Hospital. Vaccinations facilities were scheduled to open at the Russells Hall Hospital site in late December. The Trust was working to the Joint Committee on Vaccination and Immunisation (JCVI) guidance in terms of how staff were prioritised for vaccination. The Trust was also providing support to the Black Country Living Museum which was scheduled to be operational in January 2021.</p> <p>Lateral Flow testing had commenced with kits distributed to Trust staff. Of the 8248 registered results with 0.7% recorded positive; subsequent PCR tests confirmed 50% of those has positive with those staff advised to self-isolate.</p> <p>Mr Parmley asked whether the Nightingale Hospitals were presently used for</p>

	<p>patients. Ms Wake advised that use of the units would only be considered if the situation became gravely serious and noted that if the Trust sent patients they would need to send Trust staff too. The chairman noted that the Trust remained under level 4 government control and were encouraged to work with our system partners to manage patients safely. The chairman noted Dr Mandiratta had recently featured on TV and commended the work of GPs in the delivery of COVID-19 vaccination in the primary care setting. Dr Mandiratta thanked everyone for their support and commended the amount of work of all involved in the last few weeks to support the roll out. He noted the good progress made and the collaboration and help provided by the Trust's pharmacy team.</p> <p>Work had progressed well on the modular build with the project on track to deliver extra beds and capacity to support winter pressures. Councillor Waltho asked about the impact on parking as a result of the loss of car park to accommodate the new build and what steps the Trust would take to resolve. Ms Wake replied that more spaces would be created as part of the project but acknowledged the limitations of the site.</p> <p>In conclusion Ms Wake confirmed that the Trust's coronary care unit at Russells Hall Hospital has been named Hospital Ward of the Year. The awards, from the Gold Standards Framework (GSF), recognised that the coronary care team in Dudley is the first such unit in the UK to achieve national accreditation for its care of patients approaching end of life.</p> <p>The chairman thanked Ms Wake for the update and acknowledged the continued hard work of all staff with the challenges of winter pressures and increased numbers of COVID-19 patients.</p>
<p>COG 20/29.0</p>	<p>System wide developments</p> <p>MCP/ICP (verbal)</p> <p>The chairman advised that the Trust was awaiting formal written confirmation in the coming week on the assessment of Full Business Case submitted by Dudley Integrated Health Care (DIHC) to NHSE/I. She acknowledged the process had strained relationships with primary care but had served to reinforce those held within the clinical teams and regardless of outcomes would want to build strong bonds with primary care to ensure the best care for patients as close to home as possible.</p> <p>Acute Collaboration (verbal)</p> <p>The chairman explained the context of the collaboration project that centred on the aim for NHS trusts to take the lead on developing ways they could work together to improve clinical and financial viability; to find solutions to shared challenges. Locally, this translated to four Black Country acute trusts coming together to use resources more efficiently: Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust, Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust.</p> <p>The Royal Wolverhampton and Walsall had opted to form a tight formal chain and introduce a shared chairman and board that reflected their collaboration to date. The Dudley Group had reviewed the proposed options and would pursue a committee in common with Sandwell colleagues to support the development of clinical pathway opportunities to improve care across the Black Country, work with primary care colleagues to work at place level and work with all Trusts to manage the impact of the new Midland Met hospital.</p>

	<p>Mr Heaton referenced the project to digitise patient records and requested a project update and the costs involved. Mr Thomas reported good progress with the digital agenda in last 12 months and gave examples of the introduction of electronic observations, virtual clinics and electronic prescribing with further developments scheduled for 2021. The project continued to attract national funding that supplemented the previous commitment of £32m for digital investment over 10 years.</p>
COG 20/30.0	Safe Caring and responsive
COG 20/30.1 15.30pm	<p>Update from Quality and Safety Committee (Enclosure 3)</p> <p>Ms Holland presented the report given as enclosure three and asked the Council to note the contents that summarised the discussions at the last meeting held 24th November. She noted that as the Trust was subject to level 4 national controls arising from the pandemic the agenda was reduced to facilitate and enable service leads to focus their time on clinical matters.</p> <p>The committee had escalated the matter of the Trust's compliance with the labelling of blood in tubes and had requested further reports to be presented to the December meeting. The chairman noted the issue had initially been raised by the late Pat Price.</p> <p>Ms Holland noted that the Committee had received significant assurance on actions and the timeline for compliance with the CNST maternity incentive scheme and the clear identification of reporting lines for Board and Committee.</p> <p>Mr Heaton enquired how long it took for the results of blood tests taken using purple topped tubes to get to the Consultant or GP. Ms Wake replied that bloods were generally processed on the day they were taken and the provision of results to the GP practice would usually be within 24- 48 hours dependent on the complexity of the tests involved. Mrs Lodge Smith advised that the purple topped tubes were for a full blood count and would usually take 24-48 hours subject to which day of the week it is taken and then dependent on the turnaround time for the GPs to contact their respective patients.</p> <p>The chairman thanked Ms Holland for her report.</p>
COG 20/30.2	<p>Charitable Funds update (Verbal)</p> <p>Mr Atkins reported that the last meeting had been held on the preceding Monday. Whilst the Trust had postponed many fundraising events, the Trust had received £700k from a range of sources. Some had been spent in the short term for the immediate benefit and relief for patients and staff and gave examples that included provision of chill out areas. Mr Atkins advised that ideas for the remainder of the funds were under consideration to support several strategic projects designed to deliver longer term benefits. Further information would be shared with governors.</p> <p>Mr Atkins reported that £100k had been received from the NHS Charities Together and earmarked for partnership working with the Mary Stevens Hospice. He noted a fund balance of £2.5m and stated that previous share based fund investments had seen some losses which were expected to recover.</p> <p>Mrs Ashby asked if match funding would be an option to support the Changing Places project. Ms Wake advised that she had been involved with the installation of Changing Places facilities in her previous trusts and would support the project with Trust funds to form part of the package. Mr Heaton enquired whether the</p>

	Trust had received any of the money raised by Sir Toms Fund. Mr Atkins advised that the NHS Charities fund included the money raised by Sir Tom.
COG 20/31.0	Effective
COG 20/31.1	Update from Finance and Performance Committee (Enclosure 4)
15.45pm	<p>Mr Hodgkin presented the report given as enclosure four that reflected the key items considered at the meeting held in November 2020 and highlighted the following items:</p> <p>Positive assurance provided that the Trust had achieved a break even position in the first half of the year and a small surplus in October. Regional benchmarking provides assurances that spend levels are appropriate, and lower than at Sandwell and Walsall. Restoration and Recovery of activity levels is broadly on track and also on track to deliver performance standards for cancer and diagnostics by end of March 2021. He noted that the Trusts Referral to Treatment performance was amongst the best in the country.</p> <p>The Committee had approved divisional budgets for the remainder of the year and had recommended the Trust's Green Plan and the Patient Administration system support contracts for Board approval.</p> <p>The Chair thanked Mr Hodgkin for his update and asked those present to review the full contents of the report.</p>
COG 20/31.2	<p>Update from Audit Committee (Verbal)</p> <p>Mr Miner advised that the primary purpose of the Committee was to provide assurance to the Board on the robustness of Trust governance. Mr Miner confirmed that the Committee had last met on the preceding Monday and provided a verbal update on items that had been considered:</p> <p>The internal auditors had prepared and submitted three substantial audit reports relating to Trust financial controls and had awarded the highest rating achievable. The Committee had reviewed the Business Assurance Framework and were satisfied it offered positive assurance. The external auditor, Grant Thornton, had considered the Trusts forward plans in the context of emerging Integrated Care Systems and associated cash flow. Mr Miner expressed that it had been a positive meeting overall and emphasised that the Trust had a strong finance and assurance team.</p> <p>The chairman thanked Mr Miner for the update and noted the important role of the chair of the Audit Committee to report to governors as well as externally and commended all for the performance achieved in the last year.</p>
COG 20/31.3	<p>Update from Digital Trust Technology Committee (Enclosure 5)</p> <p>Ms Holland presented the report given as enclosure five and highlighted the following items considered at last meeting held on 22nd October 2020:</p> <ul style="list-style-type: none"> • Digital Trust Technology Committee NEDs were in support of the NHS Providers Digital Boards • Programme Proposal, with three NEDs and three ED roles acting as board advocates. • Two RSM internal audits commissioned for April now arranged for November • Electronic Venous Thromboembolism Bleeding Risk Assessment (eVTE) is

	<p>now established as a digital record, KPIs improving.</p> <ul style="list-style-type: none"> • Strategic support for the APAS and Oracle business case was provided, that had subsequently been submitted to the Board of Directors. <p>Ms Holland explained that the meeting scheduled for earlier in the week had been cancelled owing to capacity pressures in the Trust and confirmed that any urgent matters had been considered by the chief information officer and the Chair with input from the non-executive director committee members as required and non-urgent matters were deferred.</p> <p>The chairman thanked Ms Holland for the update and commended the responsiveness of the IT helpdesk and confirmed that the Board had received a Cyber threat update and noted the effectiveness that the unrelenting vigilance demonstrated.</p> <p>Mr Heaton asked if the Trust had to pay Microsoft for using its products and how much it was.</p> <p>Mr Thomas confirmed that the Trust used Microsoft and benefitted from a nationally negotiated arrangement that ensured value for money.</p> <p>Mrs Marsh asked for clarification about the business case that had mentioned Oracle support. Mr Thomas confirmed that Oracle was software used by the Trust to support some of the Trust's medical systems. The upgrade had been brought forward by Oracle which prompted the requirement for the full business case.</p> <p>The chairman thanked Ms Holland for the update and noted her supported of the Digital Trust programme that would support better outcomes for patients across a variety of care settings and provide the foundation for closer partnership working.</p>
COG 20/32.0	Well-Led
COG 20/32.1 16.00pm	<p>Workforce & Staff Engagement Committee (Enclosure 6)</p> <p>Mr Atkins presented the report given as enclosure six and highlighted the items that had been considered at two Committee meetings held. He noted that the Committee agenda had been limited to those items requiring consideration in order to reduce the burden for senior and operational staff. The matters under consideration had included:</p> <p>Recruitment initiatives and staffing challenges to meet the needs of the pressures of COVID-19 and the vaccination programme where the Trust was the lead employer for the Black Country. It was noted that remote working had produced productivity gains for non-clinical and clinical staff with line managers supported to manage the process effectively; the health and wellbeing support for staff had been enhanced, the inclusion leads had reported good progress for their respective networks. Mandatory resus training compliance remained a concern and the Committee had requested further updates on this matter.</p> <p>Mr Atkins noted that the Trust would soon launch a staff Pulse survey that would provide near real time data about staff morale that meant action could be taken in a timely manner.</p> <p>Councillor Waltho thanked Mr Atkins for the report and noted the enhanced support provided to staff. Referencing recent national data that indicated up to 30 per cent of staff were thinking of resigning and many felt bullied, Councillor Waltho</p>

	<p>asked if this was reflective of staff in the Trust. Mr Atkins acknowledged that some issues had been reflected in the national staff survey and summarised the delivery of a very proactive engagement plan that intended to support improved communication with staff and support timely and appropriate initiatives. He illustrated the work of the Freedom to Speak up initiative.</p> <p>Mrs Marsh commented that staff felt well supported and acknowledged the anxiety felt by many was linked to the challenges faced during the pandemic when there was no end in sight.</p> <p>The chairman acknowledged that it was an uncertain time for staff and commended the efforts of the Trust to support them.</p> <p>The chairman thanked Mr Atkins for the update and noted that the chairs of the respective inclusion networks would be invited to attend a future meeting of the Council.</p>
COG 20/32.2	<p>Trust Secretary report (Enclosure 7)</p> <p>Mr Nevin presented the report as read and highlighted the following:</p> <p>Mr Nevin advised that that the Trust had again implemented interim governance arrangements following the return of the NHS to incident level 4 on November 4th 2020. The Trust had encountered daily increases in operational pressures to address rising COVID rates, increasing sickness and the maintenance of the Restoration and Recovery programmes. The Trust had reviewed its position in this regard and approved arrangements that would focus on performance, risk and mandatory business. He reminded governors that they were invited to attend meetings of the Board and, of its Committees in an observer capacity.</p> <p>Governor elections had concluded with eight vacancies filled and one vacancy unfilled. The vacancy would be included in the next round of elections scheduled for June 2021.</p> <p>Mr Nevin reminded all governors present that non-compliance with attendance requirements as described within the governors Code of Conduct could lead to removal from office and that the document setting out the process had been circulated as part of the meeting papers.</p> <p>Mr Nevin confirmed that the Trust's Annual Report and Accounts had been laid before Parliament and subsequently distributed via email to all Governors and was available to access via the Trusts website. Owing to COVID restrictions the Annual Members Meeting had not been held as a face-to-face event and presentation of the Report comprised pre-recorded videos uploaded to the Trust You Tube channel on 30th September 2020.</p> <p>The chairman thanked Mr Nevin for the update and invited questions. There were none.</p>
COG 20/33.0 16.20pm	<p>Governor matters (Verbal) <i>This section relates to items raised by governors other than those covered on the meeting agenda.</i></p> <p>The following items had been raised in advance of the meeting:</p>

	<p>Mr Parmley shared some reflections on his time as governor and thanked the Council for their support. He noted that in his time as governor he had learned so much and asked if there would be other ways that he could support the Council and the Trust. The chairman thanked Mr Parmley for his support during his time in office and encouraged him to remain involved in his membership capacity and to retain contact with the Foundation Trust Team.</p> <p>Mr Parmley expressed his opposition to patient parking charges and asked why, if the government had promised to do away with the charges, were they still in place. Ms Wake sympathised with the effect it could have on some patients and advised that the Trust car parks were managed by the PFI partners, now Mitie. Until such time as the solution could be found nationally, the local arrangements would continue to be under review. The chairman noted the similar comments of other governors present and concluded it would be a topic that would take time to resolve.</p> <p>Mr Parmley commended the usefulness of the Patient Safety Bulletin that, as a layman, they had been very informative and gave thanks for those who author them.</p> <p>The chairman noted that Ms Piggott had raised some matters outside of the meeting and had shared some experience of family members going through ED triage that were not reflective of the assurances received in meetings. Ms Piggott had also indicated her lack of assurance that the complaints and PALS system was robust and responsive. Ms Piggott had also queried some aspects of the referrals process and whether the Trust was always aware of the quality of systems or treatment offered by other trusts and queried how NEDs gained assurance that patients were managed appropriately whilst in the process. Mr Parmley noted that in his experience, the PALS services had provided a prompt response and resolution.</p> <p>Mr Heaton expressed his opinion that staff should not have to pay parking charges when parking on Trust sites. The chairman confirmed that charges were suspended at this time and consideration was being given to waive them indefinitely. Mr Atkins confirmed that this would be raised at the Workforce and Staff Engagement Committee.</p>
COG 20/34.0	<p>For information</p> <p>The chairman asked those present to note the contents of Integrated Performance Report given as enclosure 8 and invited questions. There were none.</p>
COG 20/35.0	<p>Any other Business</p> <p>There was none.</p>
COG 20/36.0	<p>Reflections on the meeting</p> <p>Mr Parmley commented on the comprehensive information provided.</p> <p>The chairman thanked all of the directors on behalf of the Council and noted that it had been an extraordinary year and commended all staff for working together for the people of Dudley. She wished everyone a happy Christmas and a safe New Year.</p>
COG 20/37.0	<p>Close of meeting and forward dates: 2021</p> <p>The chairman advised that the next quarterly meeting of the full Council was scheduled for Friday 26th March 2021.</p>

	The chairman thanked all for attending and drew the meeting to a close at 16.35pm.
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Dame Yve Buckland, Chair of meeting

Signed..... Dated

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

Council of Governors meeting held 18th December 2020

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

Paper for submission to the Council of Governors 26th March 2021

TITLE:	Public Chief Executive's Report		
AUTHOR:	Diane Wake Chief Executive	PRESENTER	Diane Wake Chief Executive
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
The Council is asked to note and comment on the contents of the report.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Coronavirus • Employment Bureau for the vaccination programme • Black Country Living Museum Vaccination Centre • Modular build • Healthcare Heroes • Charity Update • Recruitment campaign • 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: Board of Directors 11th March 2021

CHIEF EXECUTIVE'S REPORT

This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and highlight a number of items of interest.

Coronavirus

We are beginning to see the decline in numbers of inpatients and new admissions on a daily basis. For the first time in many months our teams are starting to feel slightly less pressure although we remain at 130% above baseline for critical care beds

Friday 26th February 2021 marked a milestone as our COVID inpatients dropped below 100 for the first time since 9th November 2020.

We are aware of the disproportionate numbers of the Black Asian Minority Ethnic (BAME) community within Dudley choosing to receive the vaccination. To help tackle this important issue we have filmed two of our staff members Dr Wani and Dr Rehman who are both from BAME communities themselves.

In the video they actively encourage the BAME population within the Borough that the vaccination is safe and ask people to take the vaccination as soon as it is offered. These videos have been shared on Facebook and Twitter.

Employment Bureau for the Vaccination Programme

We are the lead employer for the vaccination programme for the Black Country and West Birmingham and one of 11 employment bureaux across the Midlands. The core role of the Employment Bureau is to provide the workforce capacity required to deliver the vaccination programme across the patch. This involves recruiting, training, rostering and paying the vaccination workforce that is required for the hospital vaccination hubs, vaccination centres and providing workforce capacity to the Primary Care Networks (PCNs).

During the past eight weeks the Employment Bureau has recruited 1000+ staff from Dudley, Wolverhampton, Sandwell and Walsall. The Employment Bureau has a target to recruit 2,500 staff for the vaccination programme by end of May, to cover a wide range of job roles and functions, including; vaccinators, marshals, nursing roles, pharmacists, receptionists, admin roles and operational management. People from a wide diversity of backgrounds have been recruited, including retired clinicians, people currently seeking employment opportunities, existing NHS staff who are keen to contribute by offering additional shifts and individual looking for an opportunity to join the NHS workforce family, including staff from a wide variety of different industries.

The Employment Bureau is currently providing staff and more than 600 volunteers to hospital hubs, vaccination centres including the Black Country Living Museum, as well as to PCNs across the Black Country. As well as making a major contribution to the success of the vaccination programme for the Black Country, there has been great feedback from individuals that have joined the workforce, who have described this as a fantastic opportunity to 'do their bit for the country' at the same time for many learning new skills.

Black Country Living Museum Vaccination Centre

We continue to provide support to the vaccination centre based at BCLM. Vaccinations started on 25th January 2021 with the AstraZeneca Oxford vaccine. We have been vaccinating the priority groups identified by the Joint Committee on Vaccination and Immunisation (JCVI). Approximately 26,000 first dose vaccinations had been delivered as of 28th February 2021. We are supporting a social media campaign to encourage uptake of the vaccine including encouraging people to become COVID ambassadors and share their stories.

We were pleased to give Suzanne Webb a socially distanced guided tour of the Black Country Living Museum this week and showcase the wonderful work the staff and volunteers are doing to support the vaccination programme. We met some lovely, friendly and dedicated people who are offering members of the public a first class experience. Our chief pharmacist Ruckie Kahlon and matron Sara Davis were on hand to answer questions.



Pictured (l to r): Diane, Suzanne, Ruckie and Sara

Modular Build

Work is progressing on the new modular build (AMU) at the front of Russells Hall Hospital. In particular planning is underway to link the building to the main hospital. It will be linked to the west wing via four link corridors, two at ground floor level and two at the first floor.

The ground floor links will be attached to the south corridor which runs from the main entrance area of the hospital down to the Emergency Department; the first floor links will connect the modular building to wards B4 and B5.

The ground floor link corridor (west) nearest to Emergency Department is the main access route to and from the modular building, with the other ground floor link corridor (east) acting as a fire escape route.

The links at first floor level are emergency fire access routes and form part of the emergency horizontal fire evacuation routes that in the event of fire (or other emergency) enable patients to move through in their beds to a place of safety to adjacent ward areas.

Healthcare Heroes

Team Award



The healthcare heroes team award for February went to the Renal Unit. They were nominated by a colleague for their support and care for some of our worst affected COVID patients on critical care. The unit has been working extremely hard to continue providing excellent care to our patients on dialysis, even though staffing numbers have been pressured due to shielding and sickness. They work so well as a team and support each other which really does make a difference.



Individual

The healthcare heroes individual award for February went to Sarah Dhall who is a community nurse for the Halesowen district. Sarah was nominated by the family of a patient she cared for out in the community. She provided invaluable care and support to the whole family when their father required assistance at home and has left a lasting impression on them. She is highly respected and the family trusted their loved ones in her care. Sarah is a true example of how to provide compassionate care and I am delighted to present this award to her.



Volunteer Award

The healthcare heroes volunteer award winner for February was to David Cooper. David has been recognised by many members of staff for the role he has played to support the running of the vaccination programme. He has been the front face of the COVID vaccination hub at Russells Hall Hospital by meeting and greeting all everyone who arrived for their COVID vaccine appointment. His friendly and welcoming persona makes him stand out from the crowd.

Charity Update

Virtual Virgin Money London Marathon

General entries for the virtual 2021 Virgin Money London Marathon sold out in just 11 days of going on sale.

Charity entries are now the only way for people to take part virtually in this year's London Marathon on Sunday 3 October. If you are interested in one of the five DGNHS Charity places contact the fundraising office for an application form. Registered runners will receive an official London Marathon medal and t-shirt following the race.

How Captain Sir Tom Moore has made a difference in Dudley

Captain Sir Tom Moore, whose funeral took place last Saturday, raised £32.8m for

NHS Charities Together by walking 100 laps of his garden before his 100th birthday – breaking the Guinness World Record for an individual's charity walk and inspiring a nation.

Our charity received over £290k in grant funding from NHS Charities Together and this has enabled us to support the emotional and practical needs of staff and volunteers, including counselling programmes and helplines, so that they can focus on their life saving work at a time of immense pressure. Staff have also welcomed the creation of breakaway places to rest, both indoors and outside.

Patients, who are isolated and without visits from family, rely on volunteers and staff to help relieve the stress and boredom. The donations have helped to provide ways for patients to communicate with family members. The Therapy staff have computers with specialist software have also been provided, these have a range of interactive games to increase mobility, but also have a range of movies and music to wind away a few hours. Over 300 patient care bags have been given out which contain essential toiletries, water bottle and other treats.

Spotlight on Staff and Community Fundraisers

Well done to our Rheumatology Consultants who have had a huge fundraising success following their decision to 'Dare to Wear' floral scrubs in aid of our Crisis Appeal last Monday (22 Feb). Their JustGiving page has so far raised £1,350 (including GiftAid).

Madeline Davies, a nurse working in our Children's Emergency Department, is currently fundraising for some sensory equipment for the department. Maddie's plans to have her head shaved have already raised almost £2,000.

A local nursery has just pledged a donation of over £5,000 for our Crisis Appeal. The toddlers from the Learning Journey Day Nursery all took part in a sponsored walk and toddled 100 laps around their gardens as a tribute to Captain Sir Tom Moore.

Nine year old Ronnie Gwynne virtually cycled from Stourbridge to Land's End. Ronnie, whose original target was £100, raised a total of nearly £1,400.

Rupert the donkey has been raising money for the Trust and has donated £200 worth of snacks for our staff with a further £118 going to charitable funds. Rupert lives on Highgate Farm in Halfpenny Green, where he takes part in their annual nativity scene. The farm is run by parents of our head of communications Liz Abbiss.

Dudley MP Marco Longhi has been working with Haji Malik and members of St Thomas's Muslim Community Forum who donated and distributed food parcels to staff to help lift the morale of surgeons, doctors and nurses. The food parcels included sweet treats and snacks such as chocolates, biscuits, crisps and drinks.

Recruitment campaign

The latest part of our recruitment campaign is aimed at recruiting to our radiography service and a range of therapy roles. To support the campaign we are producing two videos to show a 'day in the life' of the roles. Interested applicants will be given a flavour of what it's like here at the Dudley Group.

Patient Feedback

A4: The nurse (and the whole team) are incredible, super professional, friendly, explaining everything really well and knows her stuff. She made me feel really comfortable and went out of her way to ensure that I had a good experience. Thank you so much.

B2 (Hip Suite): Staff we're amazing and gave excellent care. Everyone from the cleaners to the nurses and doctors were incredible.

Acute inpatients: C5, C7 and the entire team on C1a station two were absolutely AMAZING!!! They looked after my mother with care and respect.

B1: Procedure was clearly explained in all parts by those involved. Felt able to ask questions if unsure. Staff on the ward very kind from cleaners, support staff and medical staff. Made a difficult time much easier.

Community Musculoskeletal Assessment & Physiotherapy Service (CMAPS): I was able to stay at HOME! It was a preliminary consultation conducted by phone. The nurse and I spoke at length about my condition and she was able to suggest further action which I look forward to hearing more about, once it has been arranged. Thanks!

Podiatric Surgery: Lovely bunch of staff, helpful and professional. I felt safe and protected with what was in place for COVID-19

B2 (Trauma): Prompt, efficient and professional treatment at all stages of my visit.

Visits and Events

11 th February	Board of Directors
12 th February	Live Chat
12 th February	Marco Longhi MP delivery food parcels
15 th February	Julie Jones' Funeral
15 th February	STP Cancer Board
17 th February	Black Country Museum – Visit with Diane/MP Suzanne Webb
18 th February	Team Brief
22 nd February	Vital Signs Transformation Guiding Board
23 rd February	Healthcare Heroes
24 th February	Board Workshop
24 th February	Elective Care Transformation Board
25 th February	Healthier Futures Partnership Board
26 th February	Healthcare Heroes
4 th March	A&E Delivery Board
5 th March	Consultant Interviews
8 th March	Consultant Interviews

In the News...

National News

NHS moving dozens of Covid patients a day in search for ICU beds

Dozens of Covid patients a day are being moved from one hospital to another because of a severe shortage of critical care beds across the NHS. The NHS transferred a total of 1,079 people needing critical care in England, Wales and Northern Ireland to ICUs in different areas in the four weeks to 28 January – an average of 38.5 a day. That is far more than the 547 patients – 18.2 a day – who were taken from one hospital to another during the whole of last April, at the height of the first wave of the pandemic. *The Guardian (03.02.21)*

Digital technology can improve patient safety – with the right back-up

Has covid helped advance digital technology's position as central to patient safety? That was one of the questions posted during a recent HSJ webinar, held in association with Capsule Technologies. According to Adam Thomas, chief information officer at The Dudley Group Foundation Trust, the pandemic has certainly led to even greater focus on the safe and effective transfer of care between settings, "from the community, from the home, from primary, to secondary acute care and back again" *Health Service Journal (03.02.21)*

Captain Sir Tom Moore: UK must 'mark the memory' of NHS charity fundraiser

The memory of Captain Sir Tom Moore is to be marked "properly and appropriately", the government said. The 100-year-old, who raised almost £33m for NHS charities by walking laps of his garden, died with coronavirus in Bedford Hospital on Tuesday. Health secretary Matt Hancock said he had "touched the hearts of the nation and we should remember that". *BBC News (04.02.21)*

Covid vaccine: Teachers sent Covid jab booking link for NHS staff

Hundreds of teachers in London have been able to book Covid vaccine slots despite not being in the top priority groups, after they were forwarded messages intended for NHS workers. A booking link and passcode meant for staff at Barts Health NHS Trust were circulated via WhatsApp to staff at local schools, teachers told the BBC. Some have received a jab as a result. *BBC News (04.02.21)*

No free critical care beds at 15 NHS England trusts last week

Nearly 10% of English NHS trusts had no spare capacity for critical care patients in the final week of January, as Covid pressures continued to bite. More than 5,000 critical care hospital beds were occupied every day from mid-January onwards, and at one point almost 2,000 more critical care beds were in use than at any point in the previous five winters, NHS England figures show. *The Guardian (04.02.21)*

Nearly all in-person test results returned next day by NHS Test and Trace

NHS Test and Trace has recorded another record-breaking week, with turnaround times for most testing routes returning to levels not seen since the middle of 2020, when testing demand was around a quarter of its current level. In this reporting week, NHS Test and Trace returned 97.2% of in-person test results the next day after the test was taken, compared with 93.7% the week before. *GOV.uk (04.02.21)*

GPs to recoup tax and face rethink on NHS pension opt-outs in anti-discrimination overhaul

The government accepted in 2019 that discrimination in the NHS pension scheme would need to be rectified after a landmark Supreme Court ruling found changes to some public sector pension schemes had been unlawful. Under changes introduced in 2015 to the NHS pension scheme, doctors who were aged under 50 on 1 April 2015 were denied benefits offered to doctors closer to retirement age. At least a dozen doctors took legal action to challenge the impact of the changes. *GP Online (04.02.21)*

Government plans new powers over NHS reconfigurations and ALB functions

The Department of Health and Social Care is planning new powers to intervene in local NHS reconfigurations and to give itself greater flexibility over abolishing and transferring functions between national health bodies. According to draft proposals for a new Health and Care Bill, leaked to Health Policy Insight, the government also wants to "strengthen" the secretary of state's formal powers of intervention and direction over NHS England. *Health Service Journal (05.02.21)*

NHS: Government plans to reverse Cameron-era reforms

The government is planning to reverse reforms of the NHS in England introduced under David Cameron in 2012, a leaked document suggests. The changes would aim to tackle bureaucracy and encourage health services from hospitals to GP surgeries and social care to work more closely. The draft policy paper also says the health secretary would take more direct control over NHS England. The Department for Health and Social Care said it did not comment on leaks. **BBC News (07.02.21)**

NHS asks all over-70s in England to book Covid vaccine appointment

People aged 70 and over in England are being urged to arrange to have a Covid-19 vaccine if they have not already been inoculated, in a change of tactics by the NHS. Until now the NHS has asked people not to contact them and to wait to be invited to come for their first dose of either the Pfizer/BioNTech or Astra Zeneca/Oxford vaccine. **The Guardian (08.02.21)**

Why government is 'taking back control' of the NHS

In light of the government's plans to pass legislation to assume more powers over the NHS, Richard Sloggett looks at the reasons behind the move. With the leak of the forthcoming white paper last Friday we now know that ministers want to use legislation to give themselves additional powers over the NHS. But why? As the government does not comment on leaks, it is difficult to know for sure. And in this vacuum much speculation and comment has emerged. Terms such as 'land grabs', 'seizures' and 'taking back control' have all emerged. **Health Service Journal (08.02.21)**

Coronavirus: surgical gowns bought by the UK government for NHS use are withdrawn over packaging concerns

Ten million surgical gowns bought by the UK Government for use in the NHS have been withdrawn from use over concerns about how they were packaged. The sterile gowns were bought for £70m from a US firm last year, but they arrived in only one layer of protective packaging. The contract had not requested double packaging. **iNews (08.02.21)**

Covid: Over-70s can contact NHS for vaccine in England

People aged 70 or older in England who have not yet had their coronavirus vaccine but would like to are being asked to contact the NHS. A national booking system can be accessed online or people can call 119 free of charge between 7am and 11pm. At a Downing Street news briefing, deputy chief medical officer Prof Jonathan Van-Tam urged people to get the vaccine "without delay". "Protect yourself against the clear and present danger," he said. **BBC News (09.02.21)**

COVID-19: NHS Test and Trace app has prevented 600,000 cases, study suggests

As many as 600,000 coronavirus cases have been prevented as a result of the NHS COVID-19 app, new research suggests. Scientists at The Alan Turing Institute and Oxford University found that for every 1% increase in app users, the number of infections falls by up to 2.3%. The analysis, which is yet to be peer-reviewed, is based on data gathered in between the app launching in September and the end of last year. **Sky News (09.02.21)**

Nurses outside NHS facing slower access to Covid-19 vaccine, warns RCN

Nurses working outside the NHS and in agency or temporary positions are being left behind in the UK's vaccination programme, a new survey from the Royal College of Nursing has warned. Days before the deadline for offering all health and care staff the first dose, the college is urging the government to redouble its efforts to ensure vaccines are offered to all nursing staff, regardless of where they work. **Nursing Times (09.02.21)**

Brighton NHS Trust introduces new trans-friendly terms

An NHS trust is to use "gender inclusive language" for its maternity services, including terms such as "chestfeeding" and "birthing parent". Brighton and Sussex University Hospitals Trust is thought to be first in the UK to adopt the language in its internal communications and meetings. The trust said it recognised "challenges" gender identity can have on pregnancy, birth and feeding. **BBC News (10.02.21)**

Government ordered to investigate link between PPE shortages and NHS COVID-19 deaths

MPs have given the government until July to report on whether PPE shortages directly contributed to COVID-19 infections and deaths in NHS staff, after a report warned health professionals had 'risked their own and families lives' to provide care. **GP Online (10.02.21)**

Covid: 'Encouraging signs' Welsh cases falling says NHS chief

There are "encouraging signs" coronavirus cases in Wales are falling, the head of NHS Wales has said. Chief Executive Andrew Goodall said rates of the virus in the community were "significantly down" from where they were in December. Over a similar period the number of hospital patients with Covid has fallen by about a quarter. Office for National Statistics (ONS) figures show a second week of falling death rates in Wales. **BBC News (10.02.21)**

Blueprint launched for NHS and social care reform following pandemic

The Health and Social Care Secretary, with the support of NHS England and health and care system leaders, will today set out new proposals to build on the successful NHS response to the pandemic. The proposals will bring health and care services closer together to build back better by improving care and tackling health inequalities through measures to address obesity, oral health and patient choice. **GOV.uk (11.02.21)**

NHS reforms to cut red tape, but doctors say we need 'stability' during COVID crisis

Boris Johnson is being accused of undermining the fight against COVID-19 by launching a re-organisation of the NHS in the middle of the pandemic. The Health Secretary Matt Hancock is announcing an NHS shake-up in England that he claims is based on lessons learned from COVID and will slash red tape. But the government has been accused of a power grab - by scrapping health quangos and regulators and taking direct control of NHS bodies - and using COVID as an excuse. **Sky News (11.02.21)**

'It shows what we're capable of': the NHS's vaccine triumph

The extraordinary effort – the UK has provided 14m first-dose jabs in a little over two months – has become a national mission, with cathedrals, mosques and temples becoming vaccination sites to reach communities around the land. And, after a year of coronavirus failure, it has been a striking success. A target set by Boris Johnson in December to offer a jab to all 15 million in the first four priority groups by 15 February is on the verge of being met. The effort has been remarkably consistent around the country. **The Guardian (12.02.21)**

How NHS data is supporting the discovery of lifesaving treatments

Data gathered by NHS Digital has helped researchers discover evidence that an anti-inflammatory drug reduces the risk of death in patients with severe Covid-19. Run by the University of Oxford, the RECOVERY trial used data from NHS Digital's Secondary Uses Service (SUS+) and other datasets to help assess the effectiveness of a range of potential treatments for coronavirus. As part of the trial, tocilizumab - an intravenous drug used to treat rheumatoid arthritis - showed a reduced risk of death in hospitalised patients with severe coronavirus. The trial involved 2,022 patients, in which 596 (29%) of the patients in the tocilizumab group died within 28 days, compared with 694 (33%) patients in the usual care group. **National Health Executive (12.02.21)**

NHS to roll-out tocilizumab treatment for COVID-19

The UK government has announced that an arthritis med, tocilizumab, will be offered to thousands more NHS patients after the drug was found to reduce the risk of death in people with COVID-19. In the RECOVERY trial, tocilizumab significantly reduced deaths, with 29% of the patients in the tocilizumab-treated group having died within 28 days compared to 33% in the placebo group – an absolute difference of 4%. *PharmaTimes (12.02.21)*

England 'on track' for vaccinating Covid priority groups

The NHS is "firmly on track" to offer everyone in the top four priority groups in England a Covid vaccine by Monday, says the head of NHS England. Sir Simon Stevens said it had been "the fastest and largest vaccination campaign in history". The UK government's aim is to reach 15 million of the most vulnerable by mid-February - and 14 million have been vaccinated so far. Wales said on Friday it was the first UK nation to meet its target. *BBC News (13.02.21)*

CT scan catches 70% of lung cancers at early stage, NHS study finds

Thousands of lives could be saved if people at risk of developing Britain's deadliest cancer were screened to diagnose it before it becomes incurable, a major NHS study has found. Giving smokers and ex-smokers a CT scan uncovers cancerous lung tumours when they are at an early enough stage so they can still be removed, rather than continuing to grow unnoticed, it shows. *The Guardian (14.02.21)*

Covid: Lower jab take-up by BAME NHS staff 'a concern'

Lower proportions of black and Asian staff at a hospital trust have come forward to have a Covid-19 vaccine, according to a study. The analysis found 70.9% of white staff at the University Hospitals of Leicester NHS Trust had received the jab, compared with 58.5% of South Asian staff and 36.8% of black staff. This could have "major implications" for vaccine roll-out, the report said. *BBC News (15.02.21)*

'Most healthcare apps not up to NHS standards'

A firm which reviews healthcare apps for several NHS trusts says 80% of them do not meet its standards. Failings include poor information, lack of security updates and insufficient awareness of regulatory requirements, said Orcha chief executive Liz Ashall-Payne. The firm's reviews help determine whether an app should be recommended to patients by NHS staff. *BBC News (16.02.2021)*

Covid: NHS Wales hospital waiting list hits record 538,861

Numbers in Wales who are waiting for non-urgent hospital treatment have hit a record high of 538,861. More than 82,000 people have been added to the list since last March, latest NHS Wales figures show. It comes after the number of those waiting more than nine months grew by eight times to 226,138 people, from 27,314 in January 2020. *BBC News (18.02.21)*

The Ward Round: What the NHS reforms mean for the workforce

Most of the reforms set out in the government's white paper last week have been long expected — turning integrated care systems into statutory agencies, merging NHS England and Improvement and abolishing clinical commissioning groups. But some of the proposals are more controversial — most significantly, the sweeping new formal powers given to the health secretary. If the bill is passed, which it probably will be, Matt Hancock or his successor will be able to transfer functions easily between arm's-length bodies and even abolish them without needing a vote in the Commons. *Health Service Journal (18.02.21)*

New campaign to support vaccine roll-out backed by social media companies and British institutions

The new initiative allows users to update their profiles with a range of specially designed profile frames and graphics. People can use these to show “I’ve had my vaccine” or make a pledge that “I will get my vaccine” when their time comes. Famous faces including iconic British designer Zandra Rhodes and actor Brian Blessed are among those set to join in with the campaign. **GOV.uk (19.02.21)**

NHS sees surge in referrals for eating disorders among under-18s during Covid

Referrals of young people with eating disorders for NHS treatment shot up by almost a half last year in England according to Observer analysis of government data, with doctors warning that lives are being ruined. There were 19,562 new referrals of under-18s with eating disorders to NHS-funded secondary mental health services in 2020, a rise of 46% from the 13,421 new referrals in 2019. **The Guardian (20.02.21)**

Covid-19 vaccines: NHS England allows people with HIV to access jabs without informing a GP

People with HIV in England will no longer have to disclose their status to get the Covid vaccine at the earliest opportunity. Those living with the immunological condition will receive the jab in phase six of the roll-out, after people aged over 65, due to the associated immunosuppression risk. But campaigners warned that thousands of HIV-positive people would miss out on the potentially life-saving vaccine for months as they can only be called on if they reveal their status to a GP. **iNews (21.02.21)**

NHS vaccination programme already reached two thirds of priority group

Over two thirds of people aged between 65 and 69 have had their first Covid-19 vaccination, NHS England has announced, as the country’s national vaccination drive continues to progress rapidly. **National Health Executive (22.02.21)**

NHS sets up mental health hubs for staff traumatised by Covid

The NHS is setting up dozens of mental health hubs to help staff who have been left traumatised by treating Covid patients during the pandemic. There is mounting concern that large numbers of frontline workers have experienced mental health problems such as anxiety, depression and post-traumatic stress disorder over the last year. **The Guardian (22.02.21)**

Exclusive: Sharp drop in patient goodwill towards NHS since autumn

Patient positivity about NHS hospital services suffered a sharp drop during the autumn, and satisfaction with access is now well below pre-pandemic levels, according to analysis exclusively shared with HSJ. The analysis of social media and online sentiment by PEP Health appears to show that a surge of goodwill towards the health service during the first covid peak last spring dissipated last autumn. **Health Service Journal (22.02.21)**

NHS app could show Covid vaccine status or latest test result

People could have their vaccine status or their latest Covid test result put on their NHS app – though the government is considering whether to ban businesses from making access to services conditional on vaccinations. Boris Johnson said he understood “fervent libertarians” might object to a Covid certification system for England – a phrase that could raise eyebrows among some of his backbenchers. However, he said there was “a case for it” when people needed to prove their status. **The Guardian (23.02.21)**

Exclusive: Key NHS long-term plan target to be missed ‘due to covid’

The NHS is set to miss a major national target to eliminate inappropriate out of area placements within mental health by the end of March, HSJ can reveal. At least eight of the 52 English NHS mental health trusts surveyed by HSJ are predicting they will miss the national deadline of getting rid of their inappropriate OAPs by the end of next month.

The national target was one of the headline mental health pledges set out in 2014's Five Year Forward View. The pledge was also in 2019's long-term plan. **Health Service Journal (23.02.21)**

Smear tests: Women to trial 'do-it-at-home' kits for NHS

About 31,000 women in London are being offered "do-it-at-home" tests to check for early warnings of cervical cancer, as part of an NHS trial. It could be a way to encourage more women to get screened, experts hope. **BBC News (23.02.21)**

One million high-grade NHS masks withdrawn over safety concerns

A million high-grade masks used in the NHS may not meet the right safety standards and have been withdrawn. The Department of Health told the BBC there are 1.12 million of these masks either in use or in hospital stores and has told staff to stop using them. Distribution of some gloves has also been suspended because they may not meet technical requirements. The Department of Health said safety of frontline staff was an absolute priority. **BBC News (23.02.21)**

NHS Digital reviewing algorithm after women incorrectly told to shield

NHS Digital is reviewing a technology that identifies new people who could be at risk of Covid-19 after it incorrectly identified groups of women as needing to shield. The QCovid risk assessment model flagged some women previously diagnosed with gestational diabetes as being at "high risk" of coronavirus on a "precautionary basis", a statement from NHS Digital said. **Digital Health (24.02.21)**

Exclusive: New call for NHS to take public health budgets back from councils

The NHS should be handed back the commissioning of clinical public health services currently dealt with by local authorities, it has been argued today. In a briefing, NHS Providers said the impending dismantling of Public Health England alongside plans to place integrated care systems on a statutory footing means the commissioning of some clinical public health services, such as sexual health services or school visiting, should be moved to the NHS. **Health Service Journals (24.02.21)**

COVID-19: UK alert level downgraded as threat of NHS being overwhelmed recedes

The UK's chief medical officers said the alert level should move from Level 5 to Level 4 as the numbers of patients in hospital are "consistently declining and the threat of the NHS and other health services being overwhelmed within 21 days has receded". Level 4 means transmission of COVID-19 is now "high or rising exponentially" compared with level 5, the highest level, where there was "a risk of healthcare services being overwhelmed". **Sky News (25.02.21)**

Captain Sir Tom Moore: Trees to be planted in honour of NHS fundraiser

The 100-year-old Army veteran, who raised almost £33m for NHS charities by walking laps of his garden in Marston Moretaine, died on 2 February. Through the Trees for Tom campaign, a "legacy forest" will be planted by two charities on behalf of his family. His daughter, Lucy Teixeira, said it could create a "living legacy". **BBC News (25.02.21)**

NHS Test and Trace passes 6 million contacts reached

Since its launch last May, NHS Test and Trace has reached more than 6 million contacts, including 90.2% of close contacts for whom communication details were provided. The latest weekly statistics reveal a continued strong performance into February by NHS Test and Trace, reaching more than 210,000 people, and testing more than 2.5 million people for COVID-19. The service successfully reached 87.9% of cases and 93.6% of their contacts, making a real impact in breaking chains of transmission. **GOV.uk (25.02.21)**

Budget 2021: Rishi Sunak set to ignore pay rise demands for NHS staff

NHS staff in England are set to miss out on a pay rises when Chancellor Rishi Sunak reveals his Budget next week despite a year fighting on the Covid-19 frontline, i can reveal. Senior Treasury sources have told this newspaper Mr Sunak will not make any decision on health-worker salaries until after the NHS Pay Review Body's conclusions arrive on his desk in May. *iNews (25.02.21)*

Minority ethnic candidate chances of recruitment in NHS fall back, finds NHSE

The likelihood of minority ethnic candidates being appointed from NHS shortlists compared to white applicants is at its lowest rate so far recorded, while other key race equality indicators have "not improved over time", according to NHS England's latest annual evaluation of progress. The latest workforce race equality standard report from NHS England, published today, said that, at NHS trusts, white applicants were 1.61 times more likely to be appointed from shortlisting compared to minority ethnic applicants — which is a significant increase from the previous year (1.46), and the highest since WRES records began in 2016. *Health Service Journal (25.02.21)*

Covid: Senior doctor 'shortage' could hit NHS recovery

It will be "impossible" for NHS Scotland to recover from the pandemic if senior staff cannot be retained, a medical body has warned. The British Medical Association (BMA) Scotland said vacancies for consultants may now be higher than 15%. Doctors were also reporting "widespread burnout" even before the Covid crisis hit, according to the association. *BBC News (26.02.21)*

Norfolk NHS staff amongst first to trial new Covid saliva tests

Frontline NHS staff at the Norfolk and Norwich Hospital are among the first to use new saliva tests for coronavirus. The new rapid tests do not need an additional PCR test to confirm a positive result. Up to 35,000 can be analysed at the Earlham Institute in Norwich per week with the results given on the same day. *ITV News (26.02.21)*

NHS Covid vaccination invitations further extended

As the NHS Covid-19 vaccination programme continues to gather momentum, hundreds of thousands more are set to be invited for their first vaccine jab. These are predominantly people who had been asked to shield earlier this month, having been identified by public health officials as being at an additional risk from Covid-19. Public health officials identified 1.7 million people who were at a heightened risk, with around 600,000 of these people now being invited to book a slot at a vaccination centre or pharmacy service. The remainder of this group have already been offered their first jab. *National Health Executive (26.02.21)*

Regional news

Almost 10,000 free trips for NHS staff

West Midlands Ring and Ride shuttle buses were re-purposed to carry doctors, nurses, cleaners and porters to and from the hospital from Wednesbury Parkway Metro Stop since April. Up to the end of January, a total of 9,472 journeys were completed in Walsall out of more than 30,000 made in the region. When the first lockdown began, bus and rail services were severely diminished and Midlands Metro continued to operate. *Express and Star (03.02.21)*

NHS staff 'drained' after a year of fighting Covid and toughest wave

The number of Covid patients in Sandwell and West Birmingham has fallen but NHS staff are 'tired' and 'drained' - health bosses have warned. In-patients have dropped from 430 to 340 according to figures from Sandwell and West Birmingham NHS Hospitals Trust (SWBH). Liam Kennedy, Chief Operating Officer, told a meeting of the Trust's board the latest wave had been the toughest of the pandemic. *Birmingham Live (05.02.21)*

NHS still at ‘full stretch’ as warning comes against relaxing lockdown too early

The NHS is operating at “full stretch” and remains under “huge pressure”, according to a leading health official who has called for a cautious approach to lifting lockdown measures. NHS Providers chief executive Chris Hopson said intensive care unit (ICU) numbers are coming down “very slowly”, adding that there are still 26,000 Covid-19 patients in hospitals – 40% more than the peak in the first phase last April. **Express and Star (04.02.21)**

Volunteers and NHS team up to launch Villa Park vaccination hub

A coronavirus vaccination hub set up in Aston Villa’s Holte End has welcomed its first patients – with club staff pitching in to help NHS workers. It is hoped the new centre, expected to administer around 1,500 doses per day with capacity to scale up subject to demand and vaccine availability, will play a key role in the programme in the Birmingham area. **Express and Star (05.02.21)**

Dudley’s rheumatology team to don flowery scrubs for charity

CONSULTANTS in the rheumatology department at Russells Hall Hospital will be donning bright and beautiful scrubs later this month to pull in the pounds for charity. The Dare to Wear fundraiser will see the consultants wear flowery scrubs for two days later this month. **Dudley News (09.02.21)**

Top doctor plea to BAME communities to take life-saving vaccines

A top hospital consultant is pleading with people from BAME communities to take vaccines following initial concerns of a low uptake. Dr Mazhar Chaudri, who works as a respiratory physician, said the NHS has been under ‘unprecedented pressure’ - the most in all his 17 years of working at Russells Hall hospital in Dudley. He said the only way to get out of the current lockdown and escape future restrictions was for everyone to take vaccines when offered. **Birmingham Live (10.02.21)**

Dudley’s hospital trust backs organ donation campaign

DUDLEY’S hospital trust is backing a new NHS campaign to urge families across the Dudley borough to talk about organ donation following research that less than half of adults in England have had the conversation. **Dudley News (12.02.21)**

Year-long waits for treatment triple at Russells Hall Hospital during second Covid wave

The Dudley Group NHS Foundation Trust – which runs Russells Hall Hospital – revealed the numbers had risen as a result of the virus. It comes after theatre staff were redeployed to the critical care department due to the need to prioritise emergency care at the hospital. The move has seen theatre capacity at the hospital reduced from nine to six theatres in order to cope with the high levels of demand. Karen Kelly, chief operating officer at the trust, told a trust board meeting their referral to treatment levels had declined. **Express and Star (12.02.21)**

Dudley hospital boss welcomes fall in Covid-19 patients

Chief executive Diane Wake, who runs the Dudley Group NHS Foundation Trust, said the numbers were slowly falling. Around 30 patients were being admitted to Russells Hall Hospital three weeks ago – which has fallen to 10 to 15 daily. **Express and Star (12.02.21)**

Cancer patients still receiving treatment in Black Country and Staffordshire amid Covid-19

Karen Kelly, chief operating officer at the trust, said: “We achieved our two week waiting [standard] in October – the first time for a long time. And we’re still changing the way we are validating and assessing patients and we’ve seen a really good improvement in terms of our 104-day patients.” **Express and Star (12.02.21)**

West Midlands Mayor Andy Street urges Boris Johnson to reject any return to regional lockdowns

West Midlands Mayor Andy Street is calling on the Government to abandon regional lockdown tiers and continue with nation-wide rules, as coronavirus restrictions start to come to an end. The Government is to launch a review of the current lockdown on Monday February 15, to decide when the current strict rules can be lifted. Prime Minister Boris Johnson will announce the findings in the week beginning February 22. ***Birmingham Live (13.02.21)***

On yer bike! Redditch couple to raise vital sums for NHS while out cycling

A REDDITCH couple have been getting on their bikes – yes, in sub zero weather – to raise vital sums for Birmingham Children's Hospital and the NHS. Kim and Joe Utting from Greenlands had set themselves the target of raising £500 by cycling 100 miles in February. ***Redditch Standard (14.02.21)***

Those eligible should come forward for Covid-19 jab, insists South Staffordshire MP

Mr Williamson, MP for South Staffordshire, said: "Vaccines are the way out of this pandemic and they offer a route back to normal life. They are the best way to protect people from coronavirus and will help to save thousands of lives. Thanks to the incredible efforts of the NHS, volunteers, our armed forces and local authorities, together we have vaccinated more than 13 million of the most vulnerable people in the UK so far – including around nine in ten of all over-70s. Today, I'm encouraging all over-70s across West Midlands and Staffordshire to come forward if they haven't yet had their vaccine." ***Express and Star (14.02.21)***

Heading to A&E without any symptoms cost NHS millions

The Royal College of Emergency Medicine (RCEM) said many people anxious about their health have "no alternative" but to turn to A&E for treatment, and added that pressures on emergency departments should not fall on the public. NHS Digital data shows roughly 17,070 admissions had a primary diagnosis of "nothing abnormal detected" at University Hospitals of North Midlands (UHNH) NHS Trust in 2019 to 2020. These attendances cost the trust around £2.9 million over the period and accounted for seven per cent of all emergency activity. ***Express and Star (19.02.21)***

Fake vaccine victims scammed out of £3,500 in West Midlands

West Midlands Police has had 26 reports of people being tricked into handing over cash after receiving a fake vaccine invitation since the turn of the year. The victims have been contacted by phone, email or text message. Officers are reminding people to ignore the approaches of coronavirus scammers as the vaccine is only available through the NHS. ***Express and Star (20.02.21)***

Dudley MP says lockdown exit plan "will be welcomed by all"

Prime Minister Boris Johnson told MPs earlier today, ahead of a Downing Street press conference, that all Covid-19 restrictions could be lifted by June 21 as part of a four-stage plan. The PM said he favoured a "cautious but also irreversible" approach to lifting lockdown restrictions as he announced a number of key dates when measures will begin to ease. He told the public the country is "on a one-way road to freedom" as he announced the next steps. ***Stourbridge News (22.02.21)***

MP supports lockdown exit plan to get life back to normal

STOURBRIDGE MP Suzanne Webb says she very much supports the lockdown exit plan to get "life back to normal slowly and cautiously" after the Prime Minister praised people in the town for "their patience and resilience" in dealing with the coronavirus crisis.

The Conservative MP welcomed the Prime Minister's plan announced to MPs in the House of Commons on Monday (February 22) and she told him via Zoom that she backed "the prudent and cautious measures to reducing lockdown restrictions". **Stourbridge News (23.02.21)**

Nine in 10 over 70s vaccinated against Covid in region

New figures reveal more than 90 per cent of the over-70s have taken their injection. The figure is far higher than experts had hoped for – and will help our region get out of lockdown. The latest data shows that 196,500 people aged 70 and over in the region have received the first dose of the vaccine. It comes as anyone aged 65 to 69 years old in the West Midlands who has not yet been vaccinated is now being urged to respond to their invites. **Express and Star (24.02.21)**

Dudley nursery tots raise NHS cash in memory of Captain Tom

Youngsters aged from 9 months to 5 each walked 100 laps around the garden to raise money in his memory. And to mark his funeral on Saturday they will be releasing balloons and revealing exactly how much they raised. But so far the totting up shows that their combined efforts have topped £4,000 and the total is still growing. **Dudley News (26.02.21)**

Paper for Submission to the Council of Governors 26th March 2021

TITLE:	Quality and Safety Committee		
AUTHOR:	Sharon Phillips – Deputy Director of Governance	PRESENTER:	Liz Hughes Non-executive Director
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
	Y	Y	
RECOMMENDATIONS FOR THE GROUP			
The Council to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> As detailed in the paper As the Trust was on level 4 due to the COVID-19 pandemic the agenda was reduced to facilitate and enable service leads to focus time on clinical matters. High risk reports were presented and some reports took as read 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description: see below
	Risk Register: Y		Risk Score: Numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: All domains
	NHSI	Y	Details: All
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

Date Committee last met: 23rd February 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Increased Patient Treatment List numbers. Restoration will commence on 1st March 2021 which will mitigate the risk 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Report of the outcome of wrong blood in tube deep dive review, recommendations and time scales to be reported at the May 2021 meeting
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Positive assurance in relation to the reduced number of hospital acquired infections - non covid related. Assurance received of the progress being made following procedural document management review and the identified recommendations that are being implemented. Improved positive assurance of wrong blood in tube incidents. Positive assurance received from Division that as of the 1st March 2021 partners will be able to attend routine prenatal screening scans. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Agreed the Quality Priorities and Quality Metrics for 2021/2022 To look at strengthening the metrics reported for HCAI and Covid in performance reports Dementia Strategy agreed with the addition of addendum in relation to actions in place to support this patient groups as a result of COVID and operational changes that have occurred.

Paper for submission to the Council of Governors on 26 March 2021

TITLE:	Update from the Finance and Performance Committee		
AUTHOR:	Jonathan Hodgkin, Chair Finance and Performance Committee	PRESENTER	Jonathan Hodgkin, Chair Finance and Performance Committee
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
The Council is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
CORPORATE OBJECTIVE:			
S05 Make the best use of what we have S06 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Summary report from the Finance and Performance Committee.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y	BAF 3A – Risks to the delivery of Dudley Improvement Strategy BAF 5A - Failure meet key financial targets, run out of cash, come under greater regulatory scrutiny BAF 6A - Failure of the Trust to influence the local and wider evolving health economy	
	Risk Register: N	Risk Score:	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Achievement of Financial Targets
	Other	Y	Details: Value for Money
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	Y	DATE: for the period from 18/12/2020

UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Report for the period since: 18th December 2020

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> • Restoration and recovery paused due to the second wave of COVID-19. Despite good performance currently the date for recovery of 2 week and 31-day cancer targets has slipped to May 2021. 62-day target now not forecast to be met until March 2022 • Scale of the challenge to recover post COVID-19 is a concern, especially given the impact to date on our people. Board needs a recovery strategy and plan for the next two years • Additional electrical infrastructure work and other delays have challenged the timetable and budget for the modular ward. Completion and handover now expected mid-May • More robust cash management will be needed next year as the existing advance payments financial regime ends • BAF risk 5A dealing with the financial position of the Trust increased due to lack of certainty about financial arrangements for 2021/22 	<ul style="list-style-type: none"> • Investigation into the financial implications of further delay to modular ward • Initial view of post March performance and restoration and recovery trajectories • Update on Use of Resources assessment
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> • Despite the challenges presented by COVID-19, the Trust continues to demonstrate robust operational performance, particularly around cancer 2 week and 31-day and referral to treatment times. Performance compares well with regional peers • Positive feedback from NHSEI on the performance of the vaccination Workforce Bureau and first claim paid in full. Forecast spend has reduced and confident of full reimbursement • On track to balance income and expenditure for 2020/21 	<ul style="list-style-type: none"> • Agreed to recommend joint replacement products contract to the next meeting of the Board for approval
<p>Chair's comments on the effectiveness of the meeting: Committee has continued to meet via MS Teams which, whilst not perfect, is proving adequate in the circumstances. Governor attendance at February's meeting was welcome.</p>	

**Paper for submission to the Board of Directors on the
26th March 2021**

TITLE:	Digital Trust Technology Committee Report		
AUTHOR:	Catherine Holland Committee Chair	PRESENTER	Catherine Holland Committee Chair)
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
			NOTING
RECOMMENDATIONS:			
<ul style="list-style-type: none"> The Council of Governors to note the upward report of the Digital and Technology Committee 			
CORPORATE OBJECTIVE:			
SO5 – Make the best use of what we have			
SO6 – Deliver a viable future			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> Positive assurance: Maternity Electronic Paper Record (EPR) plans. Importance of Clinical Safety Officer (CSO) role and establishing appropriately skilled clinician noted. Committee confirms strategic support for patient-held Personalised Health Record (PHR). 			
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: 11 th March 2021

UPWARD REPORT FROM DIGITAL TRUST TECHNOLOGY COMMITTEE

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

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Ongoing significant cybersecurity threat level and risk remains at extreme.
- The ongoing vacancy of a Clinical Safety Officer (CSO) and how this relates to assurance of clinical safety and completeness of evaluation of project deliveries. It is noted that mitigation for the statutory requirement is provided (DCB0160) by Medical Director. Advert out for expressions of interest.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Demand / capacity review and priority matrix process for digital projects and defining value
- Maternity EPR next major digital delivery. Seeking clinical / operational go-live in April.
- RSM internal audit to be commissioned for 21/22 HiMSS AMAM, data and analytics maturity assessment and standard cyber-awareness audit.

POSITIVE ASSURANCES TO PROVIDE

- Positive assurance on cyber-security actions.
- Maternity EPR workforce engagement and progress is excellent

DECISIONS MADE

- Committee confirms strategic support for the Personalised Health Record (PHR) which meets the requirements to have a patient-held record. The item aligns to the existing Digital, Technology strategy and NHS long-term plan. Central HSLI funding / funding agreement pending with ongoing business case development.

Chair's comments on the effectiveness of the meeting:

Paper for submission to the Council of Governors Thursday 26th March 2021

TITLE:	Workforce and Staff Engagement Committee meetings held 26th January and 23rd February 2021		
AUTHOR:	Julian Atkins, Committee Chair	PRESENTER:	Julian Atkins Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	X	X	
RECOMMENDATIONS			
The Council is 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: BAF4a, 4b & 4c
	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: 11/03/2021

	DIRECTORS		
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE: Council of Governors 26/3/21

CHAIR'S LOG

UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE

Date Committee last met: 23rd February 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> The Committee noted that a robust plan is required to recover mandatory training over the coming months. This plan needs to be realistic, given the ongoing COVID challenges, and increasingly the expectations for recovering services and staff. A plan will be brought to the April WSEC. 	<ul style="list-style-type: none"> The principal item on the February WSEC agenda was the 2020 Staff Survey results, which were shared with a streamlined attendance of the Committee (Governors were asked to leave), due to the requirement to avoid any external circulation of the results ahead of the national publication on March 11th. A summary paper was presented which captured the key messages and changes from the 2019/20 survey results, by themes and specific questions. The Committee acknowledged that these results provide early indications of improvement in several areas, showing an upward trajectory in scores that have previously been declining/remaining static over time. James Fleet emphasised that any evaluation of the results must be cautious on the basis that there is still a lot of work to do to secure the level of improvement in staff experience and morale that DGFT aspires to within the Dudley People Plan. The Committee discussed the need to engage with staff across the Trust to share the results and also develop robust local plans. The Committee also recognised that the corporate level cross cutting improvement plans that were developed last year, including the roll-out of the Dudley Improvement Plan, Staff Engagement Model and Staff Partnership Forums, were only partially implemented last year, due to the impact of COVID-19 and should now be accelerated at pace. These plans will also support the ambitious plans to recover services and staff, in the coming weeks and months. However, more work is required to establish robust local Divisional level plans. These will be developed during March and reported to the Committee at the next meeting. Shabir Abdul (Head of EDI) will be comparing the Dudley People Plan against the survey results to identify which actions should be prioritised to improve the experience of diverse staff across the Trust. The Committee recognised the importance of communicating with staff about what action is being taken, as well as actions that cannot be implemented. It is as important to feedback to staff about the things that we cannot do, as it is to update on the things that we can/are doing to improve staff experience.

	<ul style="list-style-type: none"> • The Committee asked that clearer messaging is provided to staff ahead of the next Staff Survey, to highlight the successes that are delivered during the next 9 months. • As part of the HCSW Recruitment Project, a Recruitment and Retention Strategy has been developed. Diane Wake requested a plan on bringing the career framework to life, with clear action points. Julie Pain, Quality Lead - Corporate Nursing, will be leading a series of roadshows in April and May and the updated plan will be presented to the Committee in May/June.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Committee was updated on the project being undertaken to recruit HCSWs into the organisation. This is part of national programme funded by NHSI/E. The Workforce and professional Nursing teams are working together to recruit to all current HCSW vacancies by the end of March. The benefits of the programme include a reduction in Bank and agency usage, an improvement in retention rates and an improvement in nursing metrics, providing safer staffing levels. Tasks that have been undertaken so far include the revision of the job description, the launch of a social media and radio campaign and online open days and recruitment events. In December, the vacancy rate was 103 FTE. In January, this reduced to 99 FTE. By 23rd February, the rate reduced to 85 FTE. Following the campaign that was launched in November, 50 candidates have been fully recruited and on-boarded. A further 63 candidates, from the January cohort, were cleared and ready to start in-post. A further 27 candidates are in the offer stage and 70 candidates are scheduled for interviews. New recruits are being on-boarded together to support training and to provide peer support. There is a target of 141 FTE that need to be fully on-boarded by the end of March. The funding will be awarded following the data return input on 1st April. James Fleet and Mary Sexton advised the Committee that they remain cautiously positive that the target will be achieved. The learning from the project has also been applied to other recruitment campaigns, such as the undergraduate nursing, AHP and radiography events. • The newly developed dashboard for the Workforce KPIs was presented to the Committee. Data is triangulated from, ESR, Trac, Allocate and the finance system, into a single easy to use self-service based interface, providing the ability for managers to look at in depth KPIs to inform management decision making, equality and inclusion requirements and the staff survey results. The data will be in real-time and will also 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee will receive more regular updates by Divisions from their Staff Engagement Forums, as well as formal quarterly reviews of actions and progress. • The pulse surveys will be rolled-out during the next 3-6 months, starting with Surgery, and will be used to test the effectiveness and rigor of the corporate and Divisional improvement plans.

<p>compliment Pulse Survey data. The dashboard is far in advance of developments in the wider system. The dashboard was still a work-in-progress, so feedback has been taken and a tailored data pack, which provides assurance on key issues or asks appropriate questions for further work, will be presented to the Committee going forward.</p> <ul style="list-style-type: none"> • The Chair of the LGBTQ+ Network provided the Committee with an update. February was LGBTQ+ History Month, so virtual events were held and personal stories from members and key figures in LBGT+ history were shared with the Trust. The next network meeting is planned for 11th March, with an aim to re-focus on objectives and prioritise a plan of action. • James Fleet presented the Regional Equality Strategy, which recommends that employers support staff networks to be prominent in contributing to and informing discussion making processes. James Fleet is arranging a session with the Staff Network Chairs, executive and non-executive sponsors to develop criteria and KPIs to ensure that the networks receive all the support and championship that they require to positively contribute to decision making across the Trust. In the future the evaluation will be reported to the Committee and Board. 	
<p>Chair's comments on the effectiveness of the meeting:</p> <p>The February Workforce & Staff Engagement Committee (WSEC) had a streamlined attendance, given the restrictions on the circulation of the Staff Survey results. Whilst fewer in number the quality of discussion was excellent, with strong contributions from Divisional and corporate leaders. The meeting focused principally on the staff survey, which provides an encouraging platform for further improvement, as set out within the Dudley People Plan. It was great to hear about the efforts that have gone into celebrating LGBTQ+ history month and the ongoing work of the staff network. The Committee also reviewed a DRAFT version of the new workforce KPI self-service dashboard, which will enhance the information that is available to support management decision making.</p>	

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 26th January 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> • Mandatory training compliance: There has been a decline of 0.9% in mandatory compliance (to 85%) since the December 2020 report to WSEC. However, the Committee recognised that statutory training for existing staff had been suspended during December/January, given the major capacity challenges across the Trust during the second wave of the pandemic. The Committee discussed the reality that it would be unrealistic to achieve the mandatory training target for 2020/21. Furthermore, there would also be significant risk to core services to release staff to complete the training in the first six months of 2021/22. The Committee agreed that a clear and robust trajectory for improving mandatory training during 2021/22 is required, which will be monitored through WSEC. A trajectory will be developed and presented to the March WSEC. • WSEC recognised the scale and impact of the current environment on staff health and well-being, particularly front line clinical staff. Supporting staff wellbeing is of paramount importance during the pandemic. The Chief People Officer updated WSEC on the measures that are in place, including access to services from the local Mental Health Trust which are being accessed by DGHFT staff, along with the Trust's own EAP. Regular comms are also being used to promote well-being and the important role of line managers in supporting staff at this difficult time. • Corporate risks: Two additional risks have been added to the corporate risk register, these being; <ul style="list-style-type: none"> ○ The Trust's ability to develop a diverse workforce at all levels and meet public sector equality duties. ○ Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff well-being. <p>Appropriate actions are in place to reduce these risks going forwards, with review by WSEC. The Quality and Safety Committee have also escalated the same risks regarding insufficient clinical workforce capacity.</p> 	<ul style="list-style-type: none"> • E-Rostering: The Committee was updated that NHSI/E have awarded capital funding to the Trust to support the implementation of the E-Rostering programme, focusing on AHP's, which is currently at Attainment level 0. James Fleet, Mary Sexton and Karen Lewis will be establishing a Steering group for this programme of work, which will report into WSEC. • Vaccination Programme: As Action Heart and Tipton Sports Academy are being 'hibernated' during February, the DGHFT Workforce Bureau will be seeking to re-deploy the 500+ vaccination workforce elsewhere in the system, including; re-deploying them to BCLM and Walsall Manor, as well as into acute Trusts to support capacity challenges. • Recruitment: Two live recruitment campaigns have been launched for qualified nurses and HCSWs, supported by social media and radio advertising. Over 200 applications were received for the HCSW posts, with 198 applicants short-listed for interview and the first 150 candidates scheduled for interview through a 'one-stop' recruitment event at the end of January, with the remaining applicants being interviewed in early February. • HR Caseloads: Guidance has been received from NHS Employers that during the current wave of the pandemic, casework should be prioritised, and where possible cases should be resolved in a more flexible way. HR Business Partners were reviewing all cases and actively seeking to reduce the numbers of cases. The work that is currently being completed to update the disciplinary process/policy will help promote more dynamic employment relations practices going forwards, under the principles of 'just culture'. • EDI: A Task and Finish group from the BAME network has been established to develop an 'Our People First' paper. This work will be developed along-side a full EDI strategy. The Head of Equality & Inclusion is also working with the Chief People Officer and Trust Board Secretary to develop a recruitment and retention commitment for Board members to address the representation challenges at senior level.

<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Vaccination Programme: The WSEC received a positive update on the work of the Employment Bureau, which has successfully recruited 800+ staff, with 500+ having been fully on-boarded and rostered into shifts. The Chief People Officer also highlighted that through establishing the Workforce Bureau and the processes required for accelerated recruitment at scale, the Recruitment team have improved the efficiency and productivity of their BAU processes. • EDI: Head of Equality and Inclusion shared a presentation on ideas and issues highlighted by colleagues during his first months in post. This presentation also highlighted the key areas for targeting improvement activity, aligned to WRES/WDES and Staff Survey results. Positive feedback included: <ul style="list-style-type: none"> - A diverse population who were proud to work at the Trust. - Board level commitment highlighted by the support provided to the inclusion networks. This is reflected in feedback given on the regional Race, Equality and Inclusion Strategy. - Robust use of data/analysis to target improvements in EDI. - The use of Cultural Intelligence training for senior leaders to drive change and improvement. - The appointment of the Network Coordinator role starting next month. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • EDI: Head of Equality and Inclusion presented a first DRAFT of a Culture Dashboard, for review and feedback. The WSEC supported the launch of the dashboard which highlights the Trust's progress against the WRES/WDES indicators, on a monthly basis and includes comparison against other local trusts. WSEC approved the DRAFT and further work to finalise the dashboard for regular reporting to WSEC. • Workforce Policy Review: the Committee approved and ratified the MHPS policy. In doing so WSEC also commended the JLNC for its progressive approach to developing this important document and process, this sets the 'blue print' for developing workforce policies collaboratively through co-development between staff side organisations and Trust managers.
<p>Chair's comments on the effectiveness of the meeting:</p> <p>A positive meeting of the WSEC, with a focused agenda on business critical items only. The Committee welcomed the report from the Trust's new Head of Equality and Inclusion (Shabir Abdul) which highlights some of the very positive EDI developments that have been achieved during the past 12 months, and the next steps for building on these achievements, particularly recognising the messages that flow from the WRES/WDES and 2020/21 Staff Survey results. The Committee was pleased to review and support the emergent Culture Dashboard. Whilst clinical workforce capacity continues to be a major concern, we were pleased to see the progressive work that is being undertaken to over-recruit into key roles, such as HCSW's. WSEC will be monitoring the success of this work at its next meeting in February.</p>	

**Paper for submission to the Council of Governors on
Friday 26th March 2021 (virtual session)**

TITLE:	Trust Secretary Report		
AUTHOR:	Helen Board Deputy Trust Secretary	PRESENTER	Liam Nevin Trust Secretary
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			
To receive this report and note its content relating to: <ol style="list-style-type: none"> 1. Council of Governors elections 2021 2. Trust membership summary report Q3 2020/2021 on-executive 3. Council of Governors Terms of Reference – for approval 4. Council of Governors Annual Workplan 2021/2022 – for approval 5. Council of Governors Code of Conduct – for approval 6. Annual Report and Accounts 2019/20 timetable 7. Associate Non-executive Director recruitment 8. Richard Miner Non-executive Director retirement 			
CORPORATE OBJECTIVES:			
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. Council of Governors Elections Elections will be held fill arising in the following Constituencies with the successful candidates to be formally welcomed to the Council of Governors on Friday 18 th June 2021: <ul style="list-style-type: none"> • Dudley North x 1 vacancy • South Staffs and Wyre Forest x 1 vacancy • Nursing & Midwifery x 2 vacancies • Allied Health Professional and Health Care Scientists x 2 vacancies 			
The timetable is given below:			

ELECTION STAGE	OPTION 1
Notice of Election / nomination open	Monday, 22 Mar 2021
Potential Governor Inf event no. 1 – MS Teams	Wednesday, 24 Mar 2021 –11am
Potential Governor Inf event no. 2 – MS Teams	Thursday, 8 th April 2021 -5pm
Potential Governor Inf event no. 3 – MS Teams	Tuesday, 13 th April 2021 – 5pm
Potential Governor Inf event no. 4 – MS Teams	Thursday, 15 th April 2021 – 3pm
Nominations deadline	Wednesday, 21 Apr 2021
Summary of valid nominated candidates published	Thursday, 22 Apr 2021
Final date for candidate withdrawal	Monday, 26 Apr 2021
Notice of Poll published	Tuesday, 11 May 2021
Voting packs despatched	Wednesday, 12 May 2021
Close of election – 5pm	Wednesday, 2 Jun 2021
Declaration of results	Friday, 4 Jun 2021

2. **Trust public membership**

To comply with the conditions of our license, the Trust is required to maintain a public membership of 13,000 or more. The number of public members at 31st December 2020 is 13,492 (30th September 2020 13,538).

3. **Council of Governors Terms of Reference**

These are reviewed annually with no changes proposed. The Terms of Reference enclosed as appendix 1 is submitted for approval.

4. **Council of Governors Annual Workplan 2021/2022**

The Council of Governors Annual Workplan is reviewed annually with no changes proposed is enclosed as appendix 2 and submitted for approval.

5. **Governors Code of Conduct**

All Council members are required to sign a personal declaration accepting the Code of Conduct document developed by governors and is subject to **review** each year. There is no changes proposed. See appendix 3.

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

All NHS foundation trusts must publish annual reports and accounts to allow scrutiny of the year's operations and outcomes. Whilst the timetable for the preparation and submission of the Annual Report 2020/2021 has been issued by NHS, deadlines and details for NHS foundation trusts laying their annual reports and accounts before Parliament will be provided later in the year. Governors will again be invited to provide a comment on the Quality Account. The draft document will be circulated during April and the council's comment to be completed by the end of April 2021. This will be facilitated by the Lead Governor with the support of the deputy trust secretary.

7. **Associate Non-executive director recruitment**

The process is underway to recruit to one vacancy as associate non-executive director. The process will follow that used previously as developed by the Council Appointments and Remuneration Committee. The role has been widely advertised to encourage BAME

applicants with a primary care/GP background with interviews scheduled to take place mid-April.

8. Richard Miner retirement

Non-executive director Richard Miner leaves the Trust after 11 years' service on the Trust's Board of Directors. Richard will be much missed by us all and we wish him all the very best.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well led
	NHSI	Y	Details: Good Governance, conditions of license
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE
	COMMITTEE	N	DATE: CoG 26/03/2021

Appendix 1

COUNCIL OF GOVERNORS TERMS OF REFERENCE

1. Constitution

- 1.1 The Trust shall have a Council of Governors, which shall comprise both elected and appointed Governors. The Council of Governors in its workings will be required to adhere to the Terms of Authorisation and Constitution of The Dudley Group NHS Foundation Trust and such other guidance as issued by the Independent Regulator for NHS Foundation Trusts. Standing Orders as defined in the Constitution of The Dudley Group NHS Foundation Trust shall apply to the conduct of the working of the Council of Governors.

2. Membership

All Governors
Trust Chair

3. Attendance

- 3.1 In accordance with the Trust Constitution, the chairman of the Board of Directors or, in his/her absence, the deputy chairman, shall preside at meetings of the Council. All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the committee.
- 3.2 The following members of staff will usually be in attendance at meetings:
- Director with lead responsibility for Governor Development
- 3.3 Other managers/staff may be invited to attend meetings depending upon issues under discussion. The Council has the power to co-opt for a specified task or period of time or to request attendance of any member of Trust staff as necessary and to commission input from external advisors as agreed by the Chair
- 3.4 The trust secretary will ensure that an efficient secretariat service is provided to the Council.
- 3.5 Meetings of the Council of Governors shall normally be a meeting in public. Members of the public may be excluded from the whole or part of a meeting for special reasons, either by resolution of the Council of Governors or at the discretion of the chair of the meeting.
- #### **4. Quorum**
- 4.1 As defined in the Trust Constitution a quorum will consist of eight governors of which at least five must be public elected governors and including at least the chair or/ vice chair to preside over the meeting.
- 4.2 If the chair or vice chair is not present the meeting is not quorate. The meeting can proceed but not in public. Another non-executive director present will be nominated to chair by those members present.

5. Frequency of meetings

- 5.1 Ordinary meetings of the Council shall be held at such times and places as the Board of Directors may determine and there shall be not less than 3 or more than 4 formal meetings in any year except in exceptional circumstances as set out in the Trust Constitution.
- 5.2 It is expected that members attend at least 75% of the meetings in the year as defined in the Trusts Code of Conduct for Governors.
- 5.3 In accordance with the Trust Constitution, the chair of the Trust may call a meeting of the Council at any time. If the chair refuses to call a meeting after a requisition for that purpose, signed by at least one third of the whole number of members of the Council, has been presented to him or her, or if, without so refusing, the chair does not call a meeting within seven days after such requisition has been presented to him or her at Trust's Headquarters, such one third or more members of the Council may forthwith call a meeting.
- 5.4 Where under the terms of 5.3 Governors meet in the absence of action requested of the chair the lead governor shall convene and chair the meeting and request the senior independent director to attend.

6. Statutory Powers and Duties of the Council of Governors

The duties of the Council of Governors, to be undertaken in accordance with the Trust Constitution are:

- 6.1 To appoint and, if appropriate, remove the chair at a general meeting.
- 6.2 To appoint and, if appropriate, remove other non-executive directors at a general meeting.
- 6.3 To decide the remuneration and allowances, and the other terms and conditions of office, of the chair and the other non-executive directors.
- 6.4 To approve (by a majority of members of the Council) the appointment by the non-executive directors, of the chief executive.
- 6.5 To appoint and, if appropriate, remove Trust's external auditors at a general meeting.
- 6.6 To receive the NHS Foundation Trust's annual accounts, any report of the auditors on them, and the Annual Report including the Quality Account at the Annual Members' Meeting.
- 6.7 To be consulted by the Trust's Board of Directors on forward planning and to have the Council of Governors' views taken into account.
- 6.8 To receive appropriate assurance from the Board of Directors on any systems, processes or actions that impact on the Council's ability to meet its responsibilities defined above.
- 6.9 To approve significant transactions which exceed 25% by value of FT assets, FT income or increase/reduction to capital value.
- 6.10 To approve any structural change to the organisation worth more than 10% of the organisation's assets, revenue or capital by way of merger, acquisition, separation or dissolution.

- 6.11 To decide whether the level of Private Patient income would significantly interfere with the Trust's principal purpose of providing NHS services.
- 6.12 To approve amendments to the Trust's Constitution.

In addition;

- 6.13 The Council will establish appropriate Committees to assist in the discharge of responsibilities.
 - 6.13.1 Each Committee shall have such Terms of Reference and power and be subject to such conditions (as to reporting back to the Council), as the Council shall decide and shall be in accordance with the Regulatory Framework and any guidance issued by the Independent Regulator. Such Terms of Reference shall have effect as if incorporated into the Standing Orders.
 - 6.13.2 The Council may not delegate any decision-making or executive powers to any of its Committees or Sub-committees.
 - 6.13.3 The Council shall approve the appointments to each of the Committees which it has formally constituted.
- 6.14 Governors will also undertake duties to support membership engagement and recruitment in line with the Trusts Terms of Authorisation.

7. Reporting

- 7.1 The Council of Governors will receive reports from members of the Board of Directors as required to enable the Council to fulfil the duties described above.
- 7.2 The Council will also receive reports from any Committee established by the Council of Governors to support the business of the Council of Governors. Any recommendations made by these Committees will require ratification by the full Council of Governors.

8. Review

- 8.1 The Terms of Reference of the Council of Governors shall be reviewed at least annually or as part of any application to amend the Constitution of the Trust.

Appendix 2 - Annual Workplan 2021/2022

Council of Governors Committee WORKPLAN – Financial Year 2021/22

Council Committee meetings are held regularly to support the full Council to effectively deliver its duties and responsibilities. *Workplan may be subject to change.*

	AGENDA ITEM / ISSUE	Jan/Feb	Mar/April	May/June	July/Aug (Annual Members' Meeting)	Sept/Oct	Nov/Dec
Key	Full Council of Governors meetings held: March, June, Sept/Oct and December.		X	X		X	X
	Experience and Engagement Committee	X		X		X	X
	Appointments & Remuneration Committee			X			
1.	Quality, Safety and Performance						
	Board Feedback and Trust Developments (strategy workshops held as needed in year)		X			X	
	Finance and Performance reports required		X	X	X	X	X
	Quality assurance & Quality Priorities update Patient experience Group and Quality and Safety Group reports to committee	X		X		X	
2.	External Auditors/ audit processes						
	Annual report by Audit and Assurance Committee on External Auditors			X	X		
	Appoint or remove Auditors (if required)						
	Annual review of performance of the Trust in delivery of Board Assurance Framework						
	Receive regular updates on corporate risks		X		X	X	X
3.	Forward Plan and Strategic activity						
	Inform staff, members and wider public of forward plan/quality priority indicators	X	X	X	X	X	X

	AGENDA ITEM / ISSUE	Jan/Feb	Mar/April	May/June	July/Aug (Annual Members' Meeting)	Sept/Oct	Nov/Dec
	Draft Forward/Annual Plan developments for next financial year Governors meet to agree collective priorities		X				
	Canvas staff, members and wider public and stakeholder opinion on key themes	x	x	x	x	x	x
	Comment on Final Draft of Forward/Annual Plan (submitted to NHSI)					X	
	Sustainability Transformation Programme(STP) (ICS),	x	x	x	x	x	x
	Approvals – significant transactions, as required						
4.	Annual Report and Accounts						
	Review draft Quality Accounts indicators and priorities and prepare comment upon them		X	X			
	Receive Quality Accounts (including auditors report)				X		
	Receive Annual Accounts (including auditors report on them)				X		
5.	Governance and Constitutional matters						
	Review and agree next year's Work plan		X				
	Review Corporate Governance Statement and other statements required by the Licence		X				
	Appoint/re-appoint Lead Governor						X
	Review and confirm Council Committees Terms of Reference and membership		X				
	Progress report on Trust Membership including engagement activities	X		X		X	X
	Update reports from Council Committees and Working Groups		X	X		X	X
	Review of NED/ Review and agree remuneration for NEDs as required			X			
	NED appraisal					X	

	AGENDA ITEM / ISSUE	Jan/Feb	Mar/April	May/June	July/Aug (Annual Members' Meeting)	Sept/Oct	Nov/Dec
	NED appointment/reappointment (as required)						
	Periodic review the balance of skills, knowledge, experience and diversity of the non-executive directors					X	
	Review annually the time commitment requirement for non-executive directors					X	
	Ensure NED appointment comply with regulatory requirement including Fit and proper persons test					X	
	Appoint/reappoint NEDs and Trust Chair as required					X	
	Review and agree changes to Trust Constitution (if any)					X	

Appendix 3

Governors' Code of Conduct

1. Introduction

Public service values are expected to be at the heart of the NHS and those who work in it have a duty to conduct NHS business with probity and to demonstrate high ethical standards of personal conduct

The Trust Constitution requires that the Governors follow the Code of Conduct at all times whether acting individually or collectively

Governors' attention is also drawn to Trust policies regarding confidentiality and use of information, including:

- Confidentiality policy
- Raising Concerns Speak Up Safely (whistleblowing) policy
- Conduct policy

Whilst these policies have been drawn up principally for staff, the principles therein should be followed by all Governors. Any queries regarding the content or interpretation of this Code of Conduct or any Trust policy should be directed to the trust secretary.

2. Scope

A Governor must observe this Code of Conduct whenever he/she:

- Conducts the business of the Trust
- Acts as a representative of the Council of Governors (CoG); or in a way that can be interpreted as representing the CoG or the Trust
- Acts as a representative of the Trust

The Code of Conduct shall be applied in conjunction with the Trust Constitution and adhered to where the conduct of a Governor can be regarded as bringing their office as a Governor, or the Council of Governors itself, into disrepute.

3. The Nolan Principles

The Committee on Standards in Public Life (1996), chaired by Lord Nolan established seven "principles of public life", set out below, and which have been adopted by the Trust and must be observed by Governors:

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material 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 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.

4. General Obligations under the Code of Conduct

Every member of The Dudley Group NHS Foundation Trust Council of Governors will:

- Actively support the vision and values of the Trust and assist in developing it as a successful organisation working collaboratively with the Board of Directors, Trust staff, members and partner organisations;
- Endorse and uphold the principle that The Dudley Group NHS Foundation Trust is an apolitical organisation and recognise that they represent the constituency that elected them, or organisation that appointed them, rather than any trade union, political party or other organisation they may have affiliation to;
- Abide by the Standing Orders for the practice and procedure of the Council of Governors;
- Ensure attendance and participation in all relevant induction, training and development events for Governors;
- Act with honesty, integrity and objectivity in the best interests of the Foundation Trust and not seek any privileges, preferential or special treatment arising from the governor role. Governors are to ensure their official capacity (or any other circumstance) is not used to improperly confer or secure an advantage or disadvantage for themselves or any other person;
- Maintain an attendance record at meetings of the Council of Governors, relevant committees and Members' meetings as required. An attendance record of less than 75% or two consecutive absences without reasonable justification to be absent from Council meetings may lead to expulsion from the Council;
- Contribute actively and effectively to the work of the Council of Governors to enable it to fulfil its role to best effect. Recognise that the Council of Governors exercises collective decision making in the best interests of patients, local community and staff;
- Recognise that the Council of Governors has no day-to-day managerial or operational role within the Foundation Trust;
- Act as an ambassador for the Trust in a manner that reflects positively upon it;
- Respect and treat with dignity and fairness colleagues, patients, relatives, carers, the public, NHS staff and partners in other agencies;
- Appropriately refer any feedback, concerns or complaints they may receive from Members to the PALS team or the Foundation Trust office in the first instance;
- Seek to ensure that the membership of the constituency, or the organisation represented (by an Appointed Governor), is properly informed and able to influence services;
- Maintain a high level of confidentiality and not disclose any information given in confidence without the consent of a person authorised to give it, unless required to do so by law;
- Governors should operate to equal opportunities principles and inclusivity to ensure that no-one is unfairly discriminated against because of their religion, race, colour, gender, marital status, disability, sexual orientation or age;
- Support and assist the chief executive as Accountable Officer in his/her responsibility to answer to NHS Improvement /England (formerly) Monitor (the Independent Regulator of NHS Foundation Trusts), commissioners of health services and the public, in terms of fully

and faithfully declaring and explaining the use of resources and the performance of the Trust, in putting national policy into practice and delivering targets;

- When reaching decisions consider any relevant advice given by a director or Committee of the Trust and be willing to give reasons for those decisions, and;
- Draw the attention of the Trust chairman or Trust secretary to any possible breach of this Code, Standing Orders, or the Constitution.

5. Governors and the Media

As well as occasionally speaking for the Trust, it is recognised that governors have an important role in representing their constituency Members or the organisation that nominated them to the Council of Governors.

Should a Governor be approached by the media to comment on any matter of Trust affairs, she/he must contact the trust secretary or head of communications for advice before responding. It may well be more appropriate for the response to be made by the chief executive or a director. Should the view of the full Council of Governors be sought by the media on any matters of Trust affairs, the Chair will consult as appropriate and practicable and issue on its behalf.

A Governor may feel the need to express a personal view to the media on a matter of Trust affairs or act as a spokesperson for their constituency or nominating body. The individual Governor must preface any comments by a statement that they are expressing a personal view, or that of their constituency/nominating body, and not necessarily the view of the Council of Governors. The Governor is expected to alert the trust secretary or head of communications of their intention to speak to the media about Trust business.

NOTE for the avoidance of doubt the word media includes all forms of social media, online media as well as formal printed media.

6. Work with External Organisations

Governors may be approached by external organisations to work with them on shared objectives. Such invitations must always be notified to the chair or trust secretary for advice as to the appropriateness of acceptance. Governors may only claim to represent the Trust if nominated to the role by the chairman or the Council of Governors. Other joint work can only be accepted on the understanding that the governor is participating as an individual and not as a representative of the Trust. Governors are reminded to ensure that they have considered issues of safety before agreeing to provide any personal details or agreeing to meetings with third parties.

7. Visits

Governors are not permitted to use their position to independently arrange visits to Trust facilities or other organisations. Arrangements must always be agreed through the Foundation Trust Office. However this restriction is not intended to limit contact with external organisations but this should be done in an independent capacity and not as a Trust Governor and not by using Trust business as the purpose.

8. Conduct at full Council and sub committee meetings

Governors are reminded that these meetings are for the conduct of Trust business. It is important that contributions are relevant to the matter at hand. To avoid confusion, if a Governor wishes to make an announcement or distribute material to Governors during a meeting this should be agreed in advance of the meeting with the chairman.

9. Additional provision for Staff Governors – time off

In addition to the above provision, Staff Governors are subject to the provision that application for time off from normal duties to attend to the business of the Council of Governors will be dealt with in accordance with Trusts' Special Leave Policy.

10. Termination & removal from office

The grounds on which a person holding office of Governor shall cease to do so are set out in the constitution under section 14:

- It otherwise comes to the attention of the trust secretary at the time that the member of the Council of Governors takes office or later, that the member is disqualified in accordance with annex 6 of the Trusts' Constitution;
- They resign by giving notice in writing to the trust secretary;
- In the case of an elected Member of the Trust, they cease to be a Member of the Trust;
- In the case if an Appointed Member of the Council, the appointing organisation terminates the appointment;
- They have failed to undertake mandatory training that all Members of the Council of Governors are required to undertake, unless the Council is satisfied that:
 - the failure to undertake training was due to a reasonable cause; and
 - they will be able to undertake the required training within such a time period as the Council considers reasonable
- They fail to attend two consecutive full Council meetings in any financial year unless the Governors are satisfied that:
 - the absences were due to reasonable causes; and
 - they will be able to start attending meeting of the Council of Governors again within such period as the Council considers reasonable.
- They have failed to sign or deliver to the trust secretary a statement in the form required by the Council confirming acceptance of this Code of Conduct;
- They are removed from the Council by a resolution approved by the majority of the remaining Members of the Council present and voting at a General Meeting of the Council on the grounds that:
 - they have committed a serious breach of this Code of Conduct; or
 - they have acted in a matter detrimental to the interests of the Trust; or
 - they have failed to discharge their responsibilities as a Member of the Council of Governors

Paper for submission to the Board of Directors, 11 March 2021

TITLE:	Integrated Performance Report for Month 10 (January 2021)		
AUTHOR:	Diane Povey Interim General Manager	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
N	N	Y	N
RECOMMENDATIONS:			
To note and discuss the current performance against KPIs.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
Performance Key Areas of Success <ul style="list-style-type: none"> Cancer recovery is ahead of expectations despite COVID – Breast and Breast symptomatic services have a capacity shortfall due to social distancing precautions. Despite cessation of most of the routine 6 week wait (DM01) Diagnostics remain in the third upper quartile. Despite stopping routine elective service the Trusts 18 Week RTT position national ranking position remains in the upper quartile nationally. The trust is in the top 10 being 10th nationally and 1st regionally. Key Areas of Concern <ul style="list-style-type: none"> The second surge of COVID has grossly exceeded planning parameters for all services. Staff from outpatients, elective areas and administration roles have been redeployed to assist in critical clinical areas. This is impacting 18 week performance currently. There is an increase in 52 week breaches due to cessation of elective activity during January .The Trust will continue to have 52 week breaches awaiting routine surgical treatment whilst there is insufficient operating theatre capacity to undertake both routine and urgent operations. The Trust has 181 52 week breaches in January. 			

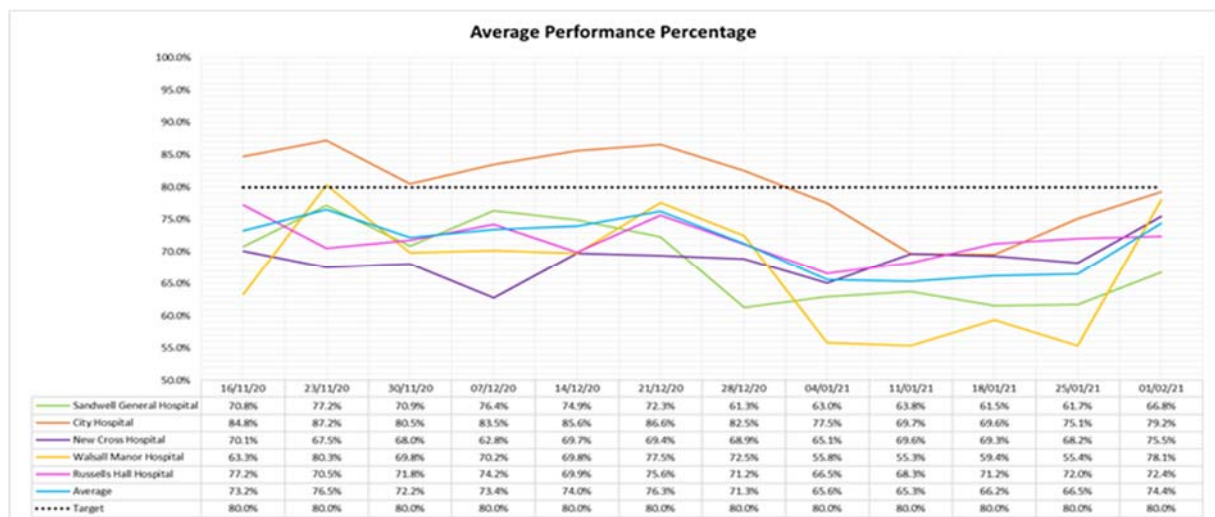
EAS

1. The January position for performance is below the expected Emergency Access Standard, the Trust has achieved a combined performance of 82.7%. The Trust is regionally ranked 12th 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 and for the highest number of ambulance delays during January. This has been caused by challenges with flow within both the Medical & Surgical Divisions due to Covid-19.
3. Demand has stabilised but there has been a statistically significant increase in attendances by the over 80's, accompanied by increased acuity.

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



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 January is 85.1%.
- b. 31 day is 91.5%.
- c. 62 day is 70.8%

The number of patients waiting over 104 days has increased to 33 at the end of January 21. The necessary amendments to the counting methodology for the 104 day measure have been put in place

to prepare for 62 Day standards change from April 2021 and this may inflate the trust legacy position and account for some of the increase.

Demand for services continues to increase, 2WW referrals demand has returned to circa 96% of pre Covid-19 levels. In addition there is a capacity reduction in both Breast and Breast Symptomatic due to social distancing precautions.

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 been adversely affected by Covid and the need to prioritise urgent, long waits and cancer treatment with January performance at 80.5%. DGFT remains in the top 10 being 10th nationally and 1st Regionally.

Covid-19 has required the cancellation of routine outpatient appointments within and elective and day case activity as anticipated. Staff have been re-deployed to support critical care which is staffed at 200% of normal levels. Clinically urgent/Cancer (P2) work has continued and the use of the independent sector has continued where possible during this time. Medical consultants have been required to support additional rotas and in particular respiratory.

There were 12 52 week breaches in October, 27 in November and 45 in December. This has increased as anticipated to 181 during January as due to Covid-19 surge.

Despite this the trust compares well with peers for December 52 week breach performance being 2nd Regionally and 5th Nationally.

DM01

In January the Trust achieved 73.5% of diagnostic tests carried out within 6 weeks against the national operational standard of 99%. Based on DM01 national benchmarking for November the Trust is positioned in the third upper quartile.

There has been an increase in the number waiting over 6 weeks due to Covid demand as a direct consequence of the need to prioritise inpatient & ED examinations. The numbers waiting over 6 weeks has increased to 2050 from 1757.

Overall DM01 recovery is likely to be delayed due to an increase in the level of COVID demand, the need to prioritise inpatient and ED tests and staffing shortages.

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 and Recovery targets.
	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y	DATE: Board of Directors, 11 March 2021

Performance KPIs















25th February 2021 Report (January 2021 Data)














Karen Kelly, Chief Operating Officer

Constitutional Targets Summary	Page 2
Ed Performance	Page 3
Cancer Performance	Pages 4 - 7
RTT Performance	Page 8
DM01 Performance	Page 9
Restoration & Recovery	Pages 10 - 13



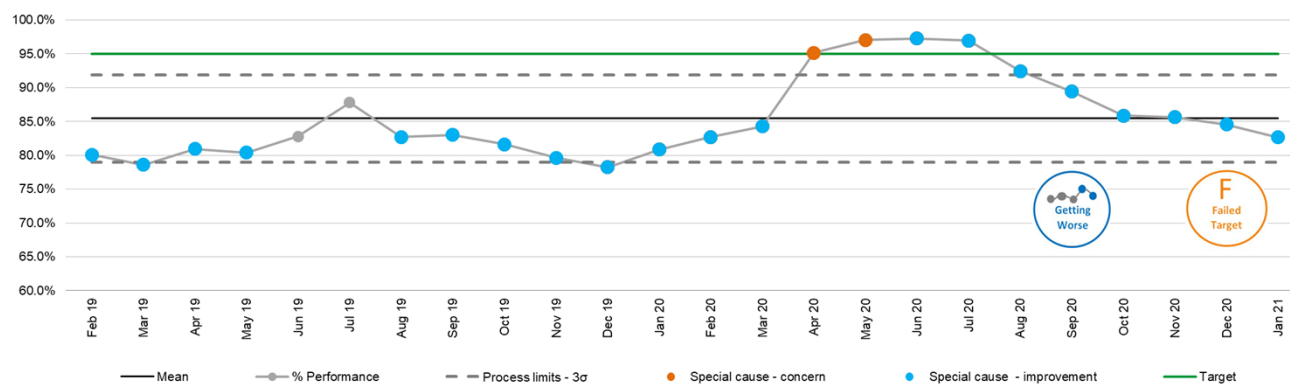
Constitutional Performance

Constitutional Standard and KPI		Target	Actual 20/21						Status	
			Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	92.4%	89.4%	85.8%	85.7%	84.5%	82.7%		
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	68.8%	61.9%	63.6%	70.9%	63.2%	70.8%		
	Cancer 31 Day -	96.0%	94.5%	93.8%	96.2%	92.2%	95.7%	91.5%		
	All Cancer 2 Week Waits	93.0%	79.4%	52.5%	68.0%	79.5%	94.1%	85.1%		
Referral to Treatment (RTT)	RTT Incomplete	92%	72.5%	78.9%	82.8%	83.9%	83.1%	80.5%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	70.8%	71.1%	77.6%	84.3%	77.5%	73.5%		
VTE	% Assessed on Admission	95%	89.9%	93.8%	93.2%	93.8%	93.6%	92.1%		

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

ED Performance

ED 4hr % - Combined Performance- starting Feb19



82.7%

86

12th

As at 18/01/2021

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

DTA 12 hour breaches - target zero

DGFT ranking out of 30 Midlands area Trusts

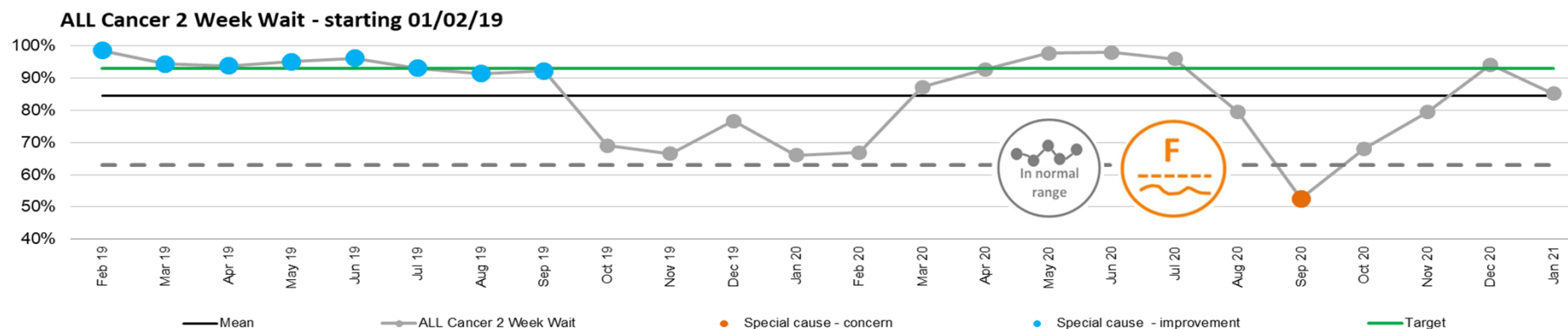
Performance

- ED Performance for the % seen in 4 hours during January is 82.7%. The target has not been met since April 20.
- The Trust compares well with others, regionally being ranked 12th out of 30 Midlands area trusts.
- Demand has stabilised during January. 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, increased acuity and increase in Older Age, gastroenterology and complex Social care challenges attendances
- The main breach reason for January'21 was lack of upstream Capacity .
- January'21 was the highest reported ambulance handover delays of 60+ minutes = 518, and 30+ minutes 476 delays; main reason for ambulance delays was lack of upstream beds due to challenges with flow and capacity in medicine and surgery

Action

- ✓ Expansion of RED ED capacity to 18 remains in place.
- ✓ Additional Medicine Consultant and Acute SHO & REG have continued to support RED ED to strengthen decision making and care planning throughout January'21
- ✓ Medical huddles have been implemented to support ED juniors and strengthen decision making and improve EAS performance , care planning and safety .
- ✓ The Advanced Clinical Practitioner rota (ACP) extended to 7 days cover and ED matron reported adequate nursing numbers to commence RAT Model (rapid assessment & triage at ED Ambulance Triage and ED Front Door..
- ✓ All patients stranded in ambulances have had nursing and medical assessment . Medical Rota available to support WMAS stranded Patients 10.00am-22.00pm.
- ✓ Joint working with Community MDTs and Specialist Staff plus Trust AHPs to improve pathways and Flow. Joint working with diagnostics to reduce diagnostic waits and

Cancer Performance – 2 Week Wait



85.1 %

As at 13:00
17/02/2021

All cancer 2 week waits –
target 93%

Performance

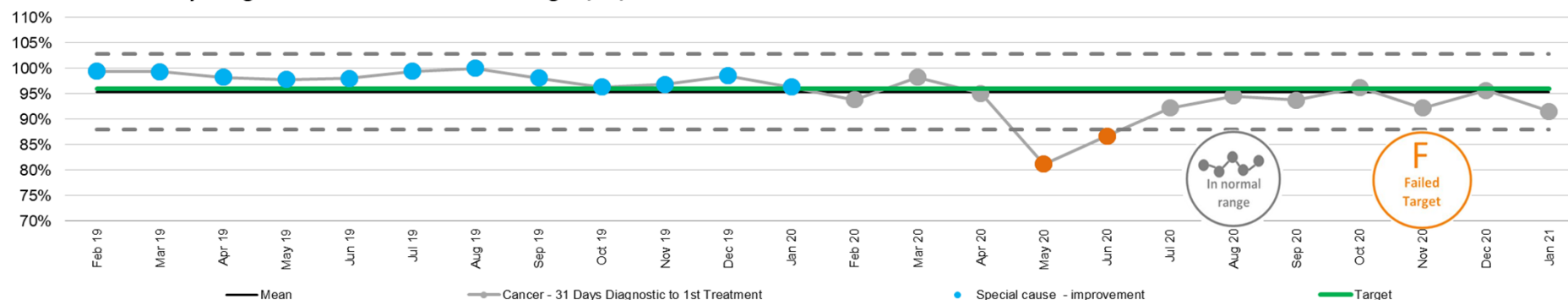
- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- Achievement against the 2ww target remains within normal limits although the target has not been achieved during January 21.
- The majority of breaches were within Breast for the fourth Month in a row and 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, continues to impact on both suspected and symptomatic pathways.

Action

- ✓ A zero day booking process has now been implemented for the majority of specialties together with a forward look to support mitigation of any reduction in clinics. A Daily escalation process has been robustly implemented with a 72 hour booking expectation.
- ✓ Breast patients are contacted 24 hours before appointment to ensure attendance and to maximise slot utilisation .
- ✓ A Forward look review of rapid access clinics continues to mitigate any potential dropped clinics and to expand on current capacity.
- ✓ We are working with breast clinicians on alternative options to improve Breast performance .

Cancer Performance – 31 Day

Cancer - 31 Days Diagnostic to 1st Treatment - starting 01/02/19



91.5%

As at 13:00
17/02/2021

31 day waits – target 96%

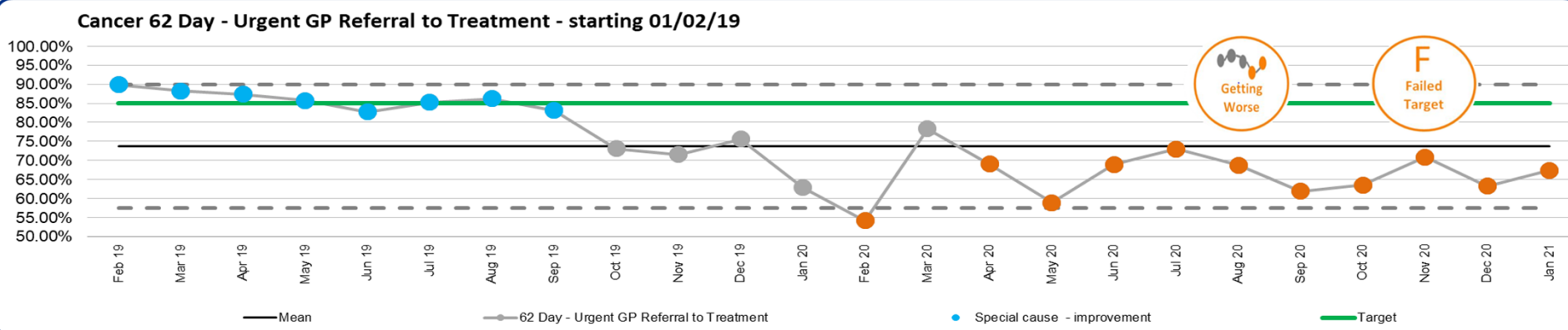
Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- The 31 day target has not been met since October 20, performance remains within normal limits with performance during January at 91.5%. This is due to delays related to Covid restrictions, to patients reluctance to attend for appointments and to reduced clinic capacity.

Action

- ✓ A 31 day pathway training and education package continues to be cascaded to the multi-disciplinary team to ensure understanding of the issues, help to encourage timely escalation and to expedite improvement in performance.
- ✓ This target is being monitored and progressed daily, with every single breach risk identified being escalated.

Cancer Performance – 62 Day



70.8% As
at 13:00
17/02/2021

All cancer 62 day waits –
target 85%

Performance

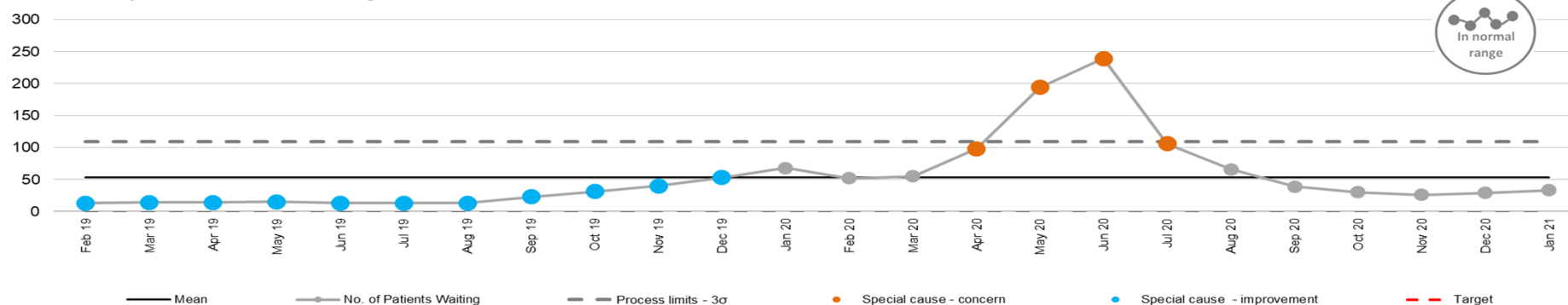
- Performance remains within normal limits up from 62.3% in December. However the target of 85% has not been achieved target since October 19.
- Covid-related delays have impacted at all stages of the pathway due to reduction in capacity due to social distancing, patients are reluctant to attend for treatment and appointments. In addition the reduction of diagnostic capacity and the invasive nature of some procedures means additional precautions need to be taken and this has further reduced capacity. These issues are having a significant impact on all cancer pathways.
- Patients who have waited the longest continue to be prioritised.

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.

Cancer Performance – 104 Day

104 + Day Cancer waiters- starting 01/02/19



33

As at 13:00
17/02/2021

All 104 week waits,
target zero

Performance

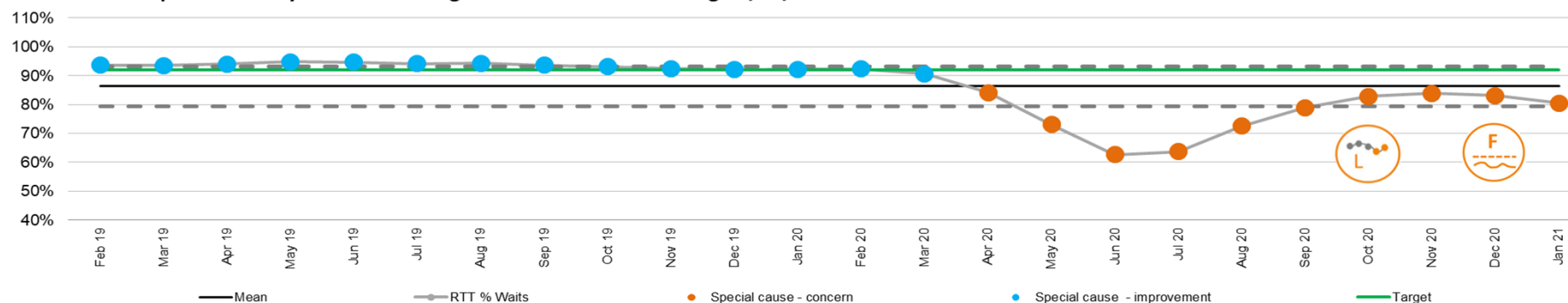
- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- At the end of June 2020 the Trust had >200 patients waiting over 104 days, this number has decreased consistently until January which has seen an increase of 16 to 33 in total due to Covid demand and patient reluctance to attend for appointments.

Action

- ✓ The 'Cancer 62 Day Patient Tracking List' (CANPTL) remodelling to include waiting list breakdown by suspected tumour groups 62-day screening, consultant upgrades and further granularity about the start of treatment. This may account for some inflation of our legacy position and the purpose of this change is to prepare for 62 Day standards change from April 2021.

RTT Performance

RTT Incomplete Pathways - % still waiting within 18 Weeks - starting 01/02/19



80.5%

RTT Incomplete pathways target 92%

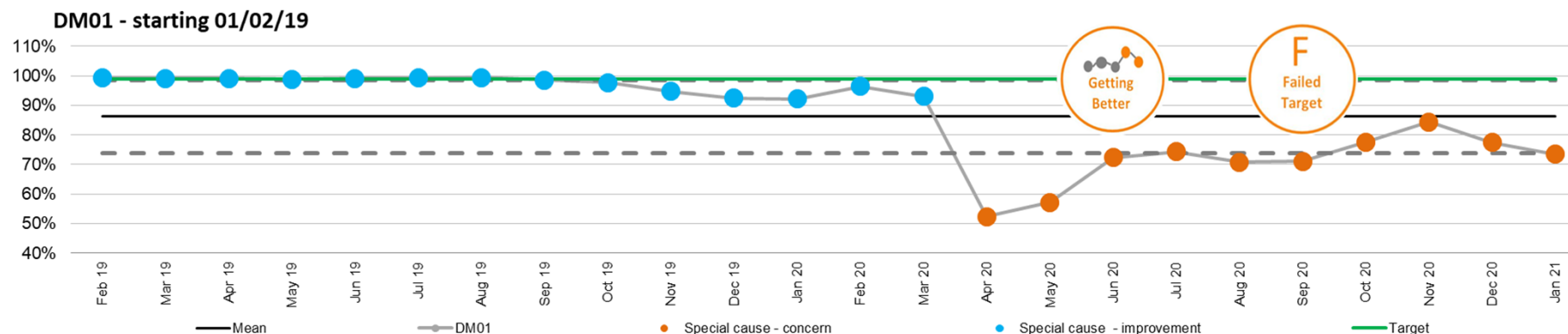
Performance

- RTT performance has failed to meet the target since Feb 20, however improvement had been consistent since June 20 but has been affected by Covid during January.
- There has been deterioration in RTT performance in December and January due to cessation of elective surgery, due to covid-19 wave 2.
- Incomplete 52 week breaches have increased during January to 181. This was due to no routine elective surgery in January 2021.
- Clinically urgent and Cancer (P2) work has continued during this time within both the surgical and Medical Divisions.
- December RTT performance performed well compared with peers. The trust is 1st Regionally and 10th Nationally.
- The trust also compares well with peers for December 52 week breach performance being 2nd Regionally and 5th Nationally.

Action

- Elective activity in 1 theatre is to be restored from 01.03.21.
- Further theatres are to be brought online from mid April
- The use of an insourcing company is being explored to support additional capacity
- Independent sector (ISP) activity is continuing together with the exploration of models beyond 31st March 2021 in partnership with the STP.
- Restoration plans are being developed by speciality.

DM01 Performance



73.5%

DM01 combining 15 modalities - target 99%

Performance

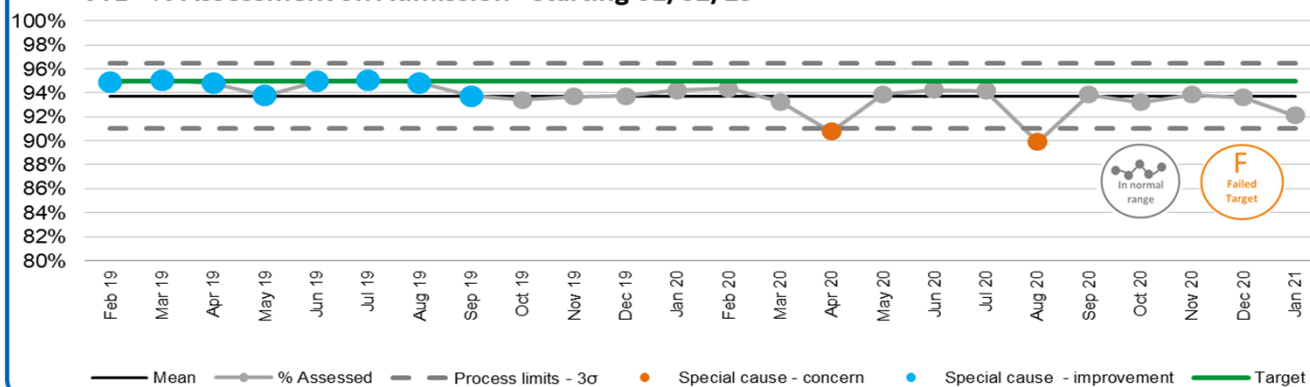
- In January the Trust achieved 73.50% of diagnostic tests carried out within 6 weeks against the national operational standard of 99%.
- Based on DM01 national benchmarking for January the Trust is positioned in the third upper quartile.
- There has been an increase in the number waiting over 6 weeks due to covid demand and as a direct consequence of the need to prioritise Inpatient & ED examinations. The numbers waiting over 6 weeks has increased to 2050 from 1757. It was necessary to cancel some routine CT Cardiac scans.
- Non-obstetric ultrasound (NOU), CT (Computed Tomography) and Cardiac CT contributed to low performance in January.
- Overall DM01 recovery is likely to be delayed due to the recent surge in COVID demand.

Action

- ✓ **CT:** Mobile CT scanner on site at RHH from 11th to 27th February. Anticipate the scanner will provide approx. 300 additional slots to support and maintain cancer treatment and reduce number of patients on overall CT waiting list. Additional weekend capacity opened at Guest in January and majority of outpatient work moved there.
- ✓ **CT:** Routine Cardiac CT scans re-introduced mid-February.
- ✓ **MRI:** Vacant Modality Lead post remains unfilled despite trying to recruit. 5 additional Sunday mornings provided to increase capacity. Cardiac MRI wait has reduced.
- ✓ **Non-obstetric ultrasound:** Activity continues to be outsourced on weekends and additional WLI's are being undertaken. Recruitment of bank sonographers is currently being scoped to provide additional resource. Development of Ultrasound Academy remains part of long term plan.

VTE Performance

VTE - % Assessment on Admission - starting 01/02/19



92.1%

**Trust overall
Position**

91.9%

**Medicine
& IC**

92.4%

**Surgery,
W & C**

Performance

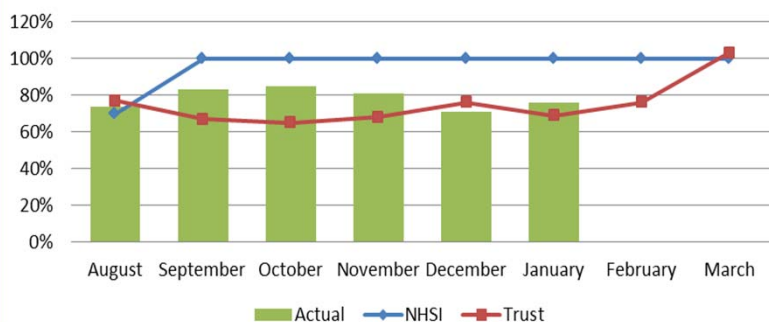
- VTE performance for January is un-validated and therefore subject to change..
- VTE performance is within normal limits but the overall target has not been achieved since July 19.
- Medicine & integrated care have achieved 91.9% & Surgery have achieved 92.4% against the target of 95% during January with performance being affected by Covid demand.

Action

- Covid -19 Surge 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.
- Targeted communication has been sent to teams to raise awareness of VTE assessment
- The surgical, women and children's division together with colleagues have produced 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."

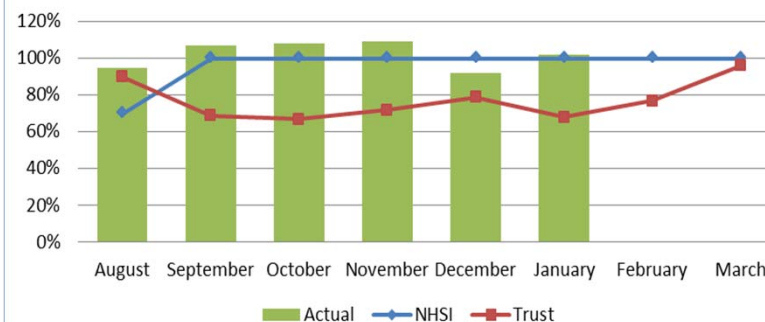
Recovery and Restoration - Outpatients

Outpatients NEW



January
76%

Outpatients Follow-up



January
102%

Performance

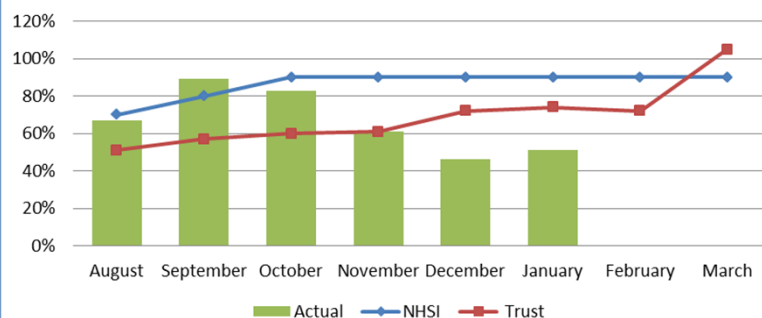
- DGFT did not commit to the full NHSI ask with regard to recovery trajectory.
- Trust agreed targets for new and follow up outpatient contacts have been achieved during January despite covid demand. The national target has also been achieved for follow up activity.
- The number of 52 week incomplete breaches has increased to 181 in January 2021. This was due to no routine elective surgery in January 2021

Action

- ✓ Routine OPD has moved to virtual appointments where these are possible or have been deferred to release staff to support critical care and theatres for urgent care .
- ✓ Urgent or 2ww clinics are continuing either face to face or virtually as required
- ✓ Locums are being utilised where necessary to support maximised activity levels
- ✓ Divisions are developing restoration plans by speciality

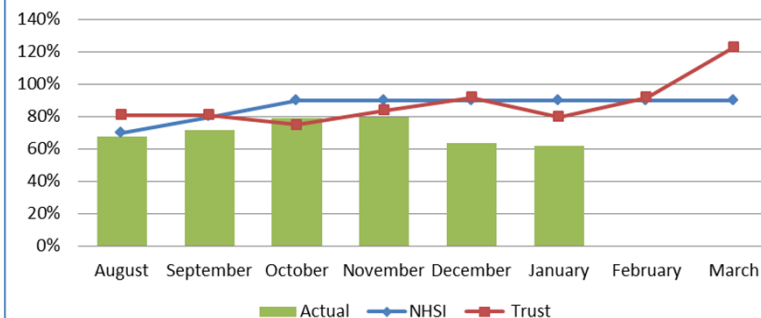
Recovery and Restoration - Electives

Elective Inpatient



January
51%

Elective Daycase



January
62%

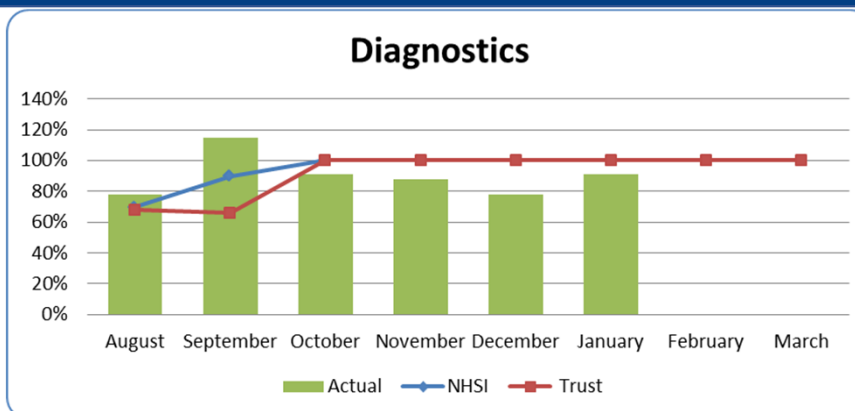
Performance

- Performance against the national Elective pre –covid activity target of 90% is 51% for inpatients and 62% for day case activity due to Covid.
- All routine elective activity has been stood down since w.c 28th December due to Covid demand.
- All cancer/clinically urgent (P2) electives have been undertaken either at RHH or Ramsey/Stourside
- Staff have been relocated to support critical care which is staffed to 200% of normal staffing levels.

Action

- Critical care is staffed to 200% as per CCN guidance.
- Critical care staffing to be stood down to 150% w.c 15 February 2021.
- Use of ISP contract varied to support P2 work and will be maintained.
- Continued conversation is ongoing regarding use of ISP capacity beyond 31st March 2021 to support Restoration and recovery.
- One elective theatre to be stood up from 1st March 2021.
- P2 vascular work starting from 15.02.21 providing appropriate critical care capacity available.
- Further two theatres to be stood up from w.c 19th April 2021.
- Corbett Theatre refurbishment to be completed mid June 2021.
- Full restoration and recovery paper to be sent by all divisions for discussion

Recovery and Restoration - Diagnostics



January
86%

Performance

- Diagnostics achievement of pre covid activity increased to 86% during January although it remains below the local & national target of 100% for the 4th Month running.
- The recent surge in demand combined with scan time lost to room cleaning and staff sickness and isolation stretched all services particularly CT.
- Routine outpatient cardiac computer tomography (CT's) were cancelled however re-introduced mid-February.
- Non-obstetric ultrasound tests (NOU) were impacted by Covid demand, staffing absence and reduced independent sector capacity.
- Endoscopy was impacted due to Covid demand as capacity was re-directed and Consultants supported ED red rota and the Outlier rota.
- In light of Covid demand February planned recovery will not be achieved and trajectories are under review.

Action

- ✓ To provide a more responsive service in CT additional capacity opened at Guest Hospital in January and the majority of outpatient work has moved into weekend slots at Guest Hospital.
- ✓ A Mobile CT scanner will be sited at RHH site from 11th to 27th February. It is anticipated this will provide approx. 350 additional slots and will support and maintain cancer treatment and reduce the overall number of patients waiting for a CT scan.
- ✓ The potential to recruit bank sonographers is being Scoped to provide additional NOU resource. Medicare & agency sonographers are being utilised where possible and at weekends to support capacity.
- ✓ Endoscopy capacity for inpatients has been extended from an afternoon session to a whole day session to accommodate a dedicated 'blue' room.
- ✓ Diagnostic recovery plans are currently in development.

Paper for submission to the Quality and Safety Committee on 26th January 2021

TITLE:	CLIP Report (Complaints, Litigation, Incident and PALS)		
AUTHOR:	Justine Edwards – Patient Safety Manager	PRESENTER	Sharon Phillips – Deputy Director of Governance
CLINICAL STRATEGIC AIMS			
	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>		
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		Y	
RECOMMENDATIONS			
<ul style="list-style-type: none"> To note the continued commitment to learning from Complaints, Litigation, Incidents and PALS across the Trust as demonstrated within the report. 			
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:			
<p>This report aggregates Complaints, Litigation, Incidents and PALS (CLIP) for Quarter 3 (Q3) (2020/2021). All CLIP information is reported within the DATIX system and is aggregated to determine corporate themes and to highlight key issues. The intention of the report is to review the themes and trends within Q3 and to identify learning.</p> <p>Key Themes identified</p> <p>An aggregated approach to the analysis of the data has identified 10 key themes across complaints and incidents:</p> <ul style="list-style-type: none"> Discharge Patient property Parkinson's Disease and administration of medication Cystoscopy decontamination Nasogastric feed tubes Management of children in the Urgent Care Centre Removal of wound dressing and bandages Child death following discharge from paediatric assessment unit 			
IMPLICATIONS OF PAPER:			

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: All Domains
	NHSI	Y	Details: Well led framework
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	Y	DATE: Quality & Safety Committee 26 th January 2021

CLIP REPORT QUARTER THREE 2020/21

1. INTRODUCTION

This report aggregates Complaints, Litigation, Incidents and PALS (CLIP) for Quarter 3 2020/2021. All CLIP information is reported within the DATIX system and is aggregated to determine corporate themes and highlight key issues.

2. SUMMARY

2.1 Year-on-Year Quarterly Comparison

	Q3 2018/19	Q3 2019/20	Q3 2020/21
Complaints	144	211 ↑	204 ↓
Litigation	16	12↓	16↑
Incidents	4281	4436↑	3739↓
PALS (concerns and comments only)	604	611 ↑	1030 ↑

The table above provides an overview of the year-on-year CLIP totals for the same quarter for the preceding two years. It can be seen that there has been a decrease in the number of incidents and complaints, litigation is comparable and there has been a significant increase in the number of PALS concerns. Details to explain the changes across the CLIP can be found in point 2.2.

2.2 12 Month Rolling Quarterly Comparison

The following table provides an overview of the rolling quarter CLIP totals reported.

	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21
Complaints	159↓	124 ↓	218↑	204 ↓
Litigation	24↑	15↓	9↓	16↑
Incidents	3983↓	3069↓	3735↑	3739↑
PALS (concerns and comments only)	661↑	515↓	906↑	1030↑

In Quarter 3 2020/2021 it can be seen that there has been a little increase in the number of incidents reported. There has been a significant decrease in the number of reported incidents compared to Q4 2019/2020. On review this can be attributed to an 87% decrease in the number of reported prescribing incidents. There has been a 71% decrease overall in the number of medication incidents when comparing Q4 2019/2020. This is due to a number of factors including COVID-19, the implementation of an Electronic Prescribing and Medicines Administration (EPMA) system across adult in-patient areas and an associated change in the way data on prescribing errors is reported and managed.

With the impact of COVID-19 from mid-March 2020, the number of complaints decreased in Quarter 1 (2020/21) however the numbers significantly increased in Quarter 2 (2020/21). For Quarter 3 (2020/21) they have slightly reduced and are on par with the number of complaints received for Quarter 3 (2019/20).

There has been a significant increase in the number of complaints raised about the discharge process and in particular communication with families at a time when visiting is restricted across the Trust. The discharge team are aware of these concerns and are working closely with the wards to improve the communication moving forward. A checklist has been introduced by the discharge team and this includes communicating any updates to family/patient.

There has also been an increase with the amount of patient's missing property across different wards within the trust, this has also been reflected in reported incidents. Staff are aware of this and have been reminded of the Trust's property policy and procedures and to complete a property form for all patients on admission to their ward. A reminder via the Patient Safety Bulletin has been sent to all staff.

A total of 16 claims were notified during Q3 2020/2021. The number of claims received is an increase in comparison to the number reported for the same period Q3 2019/20 but there are no specific themes identified.

PALS concerns and comments received for Quarter 3 (2020/21) has significantly increased in number since Quarters 1 & 2 (2020/21). This is due to the effect COVID-19 has had on the service. Many of the concerns raised relate to patient's property and communication around discharge and discussions with families around DNAR CPR (do not attempt resuscitation) forms being put in place and their lack of understanding.

3. THEMES

3.1 Comparison Table of Themes (High Level)

The following table provides an aggregated overview of the common themes highlighted for Complaints, Litigation, Incidents and PALS.

Themes	Complaints	Litigation	Incidents	PALS
Communications	√			√
Patient Care including Nutrition and Hydration	√	√	√	√
Admissions, discharges and transfers (excluding delayed discharge due to absence of package of care)	√	√	√	√
Failure/Delay in treatment	√	√		√
Values and Behaviours (Staff)	√			√
Clinical Treatment - General Medicine	√	√	√	√
Clinical Treatment - Surgical Group	√	√	√	√
Medication	√		√	√
Patient Falls	√			√
Appointments including delays and cancellations	√			√
Patient Care and End of Life	√			√
COVID-19	√			√
Waiting times	√			√
Clinical Treatment - Accident and Emergency	√			√
Violence and Aggression	√			

It can be seen that there is some correlation of the themes across Complaints, Litigation, Incidents and PALS (CLIP). The main themes identified across the CLIP are around the categories of patient care, discharges and transfers and medication. These themes will be further considered within the report in relation to learning and its embedding to prevent recurrence and reduce the incidence of repetition.

3.2 SUMMARY OF THEMES AND IDENTIFIED LEARNING

Each of the themes of regular/new/increased reporting trends for complaints, litigation, incidents and PALS have been reviewed and aggregated to determine corporate themes, key issues and learning. Not all areas of learning can be aggregated across all and some relate to a theme within a singular or multiple capture system. The following are a summary of these:

- Discharge
- Patient property
- Parkinson's Disease and administration of medication
- Cystoscopy decontamination
- Nasogastric feed tubes
- Management of children in the urgent care centre
- Removal of wound dressing and bandages
- Child death following discharge from paediatric assessment unit
- Management of women booked for midwifery led unit

Section 4 will look at each of these in more detail and the associated learning and changes in practice.

4. BREAKDOWN DETAIL OF IDENTIFIED THEMES

4.1 DISCHARGE

The Trust continues to see incidents and complaints that relate to patient discharge. A project is being undertaken in the Trust to review the patients journey and looking at how the length of stay can be reduced. This is focusing on effective well led board rounds. The review is being undertaken from a patient focused angle, utilising the tool of WELL - what does the patient want? This is a checklist that has been devised as a tool to help the Board coordinator, gather the required detail for the patient in a timely and organised manner and give the patient an optimal Green day. The Red days are escalated with the aim to turn them into a Green day.

This involves a board round structure which identifies who attends the board round to make it productive via the MDT team with a Quality approach to incorporate all of the components of WELL!



If all of the components of WELL are answered on the board round, the patient journey should be Green and no wasted days. A flow chart has been developed to offer a clear process of how and when to escalate when investigations are not being undertaken as planned

A SAFER tool has been developed that is to be launched with the help of the medical bed managers. This is a practical checklist tool to reduce delays for patients. Patients can be looked at from this list and components of the list can be escalated earlier if not achieved. Safer has been included on the Perfect Ward app as one of the staff questions.

S - Senior Review – All patients seen before midday

A - All patients to have Estimated Date of Discharge (EDD)

F – FLOW BY 10am. Extra patients on the ward or patients sat out on ward (in dayrooms etc)

E - Early discharge - How many discharged before midday

R - Review-How many patients are Medically Fit For Discharge (MFFD)

These initiatives are currently being trialled on one of the medical wards and will be monitored to assess compliance before rolling out to wards across the Trust.

4.2 PATIENTS PROPERTY

The Trust has seen an increase in the number of incidents, complaints and PALS concerns in relation to lost patient's property. This has been particularly when patients are transferred from a front door ward to a speciality ward. A patient safety bulletin "Patient property, valuables and money" has been produced and circulated. This detailed the staff's responsibilities in ensuring that patient's personal belongings and personal property is safe.

Staff were reminded that regardless of the type of belongings, they are all valuable to the patient themselves and it is the staff's responsibility to explain the safekeeping options available and ensure that the correct process is followed for recording, storing, and returning items to the patient.



It was reiterated that when a patient wishes to hand in property or valuables for safekeeping, the controlled stationery "Patient Property Book" was to be used as the official record. This is a carbon-paper handwritten record to ensure there are four identical copies of the record are available for the following purpose:

- White Copy: which is provided to the patient or relative for their retention
- Pink Copy: which is held by the ward or General Office and signed by the patient or relatives on return of their belongings
- Green Copy: that is left in the book and taken to the Bereavement Office for signing and retaining following death
- Blue Copy: that is retained in the Patient Property Book

The patient safety bulletin detailed how any property or cash of less than £100 handed over for safekeeping should be held in your nearest ward safe and how property or cash of greater than £100 must be taken to the General Office based by Main Reception by the next working day. Managers have been asked to share a copy of the Trust Patient Property and Valuables Policy with their teams.

4.3 PARKINSON'S DISEASE AND ADMINISTRATION OF MEDICATION

Incidents have been reported over the last few months relating to delays in administering Parkinson's medication, no harm has been identified, but it highlighted the need to remind staff of the importance of the patients receiving their Parkinson's medication on time. A patient safety bulletin was circulated to all staff and it stressed the importance of time critical medication.



Staff were informed that when admitting a patient they were not to abruptly withdraw Parkinson's medication as it can have life threatening implications and they were to utilise the knowledge of the patients/familys/carers expertise and insight into their condition.

4.4 CYSTOSCOPY DECONTAMINATION

A serious incident was reported which related to 46 patients that had under gone cystoscopies at the Corbett urology cystoscopy suite and who had been identified as having pseudomonas infections. These infections ranged from urinary tract infections, testicular infections and discitis. The suite environment and equipment (scopes) were sampled and pseudomonas was identified as present. The Trust identified significant harm to three patients, complaints have been received from three of the patients and claims have been submitted for two.

In response a review was undertaken of the environment and working practices within the urology cystoscopy department. The following actions have been taken:

All equipment/storage that was visible is stored off the floor and a new storage room has been identified to enable this stock to be appropriately stored.

All members of staff have received refresh training on scope cleaning and this process is now supported by a newly developed Standard Operating Procedure (SOP) which details the method of pre cleaning cystoscopes. This will involve audit of compliance with the SOP.



Where possible any reusable items have been replaced with single use alternative such as valves, lubricant, syringes and receivers/jugs.

The process of skin preparation has been amended and the team now prepare the patients skin before applying drapes and the skin prep has been changed from chlorhexidine gluconate to Aqueous Betadine

To ensure that the environment is conducive to infection control standards all sinks and carpets have been replaced in the urology outpatient department and there is regular monitoring of the water is being undertaken.

During the investigation it was found that written consent was not gained from patients who were undergoing cystoscopies, therefore there was no documentation that the risks of the procedure had been explained to the patients. This has led to an immediate change in practice involving every patient now having a written consent completed and the team have introduced the two-stage consent process.

4.5 NASOGASTRIC (NG) FEED TUBES

The Trust has seen two near misses reported in relation to nasogastric (NG) tube insertion in which poor documentation and failure to complete a LocSSIP played a significant part. The nasogastric tube LocSSIP has now been added to Sunrise (EPR system). This will mean that every time a nasogastric tube is inserted, checked or removed, whether in an adult or a child, there is a requirement to complete the checklist on Sunrise. This will facilitate the nutrition team to audit of compliance of nasogastric tube insertion across the Trust and enable them to provide support and identify any further learning.

The introduction of the electronic LocSSIP was supported by the development and circulation of a patient safety bulletin that outlined areas of concern with NG tube insertion across the Trust, including documentation, staff being deemed to be non-competent, staff not making it clear what the

clinical criteria for x-rays were and staff not documenting the four key criteria when confirming the position of the tube.

Staff were reminded of the “Must Do’s” when inserting a nasogastric tubes:

- Complete a checklist on Sunrise every time a nasogastric tube is inserted – adults and children
- Make it clear when you are requesting an x-ray what you require
- Confirmation of position MUST specifically state that the four criteria are met
- Clear instructions MUST be given when confirming position i.e., safe to feed or must be removed
- All staff regardless of profession or grade who are involved in the insertion or position checking of an NG Tube MUST be assessed as competent by Trust trainers
- NG tubes inserted outside of hours MUST be authorised by a consultant

The investigation highlighted that the nasogastric tube insertion training was not included in the mandatory training priorities which meant lead nurses was unable to easily identify staff that required training. This is now included on the mandatory training dashboard enabling all lead nurses to identify gaps in training and facilitate this to be undertaken.

4.6 MANAGEMENT OF CHILDREN IN THE URGENT CARE CENTRE

An incident was reported which related to a baby being transferred to the children’s ward from the Urgent Care Centre (UCC). When the baby arrived on the ward they were grey, lifeless and their oxygen saturations were only 47% in air. This incident identified a number of improvements required to ensure that children are appropriately assessed in the UCC and that there was an escalation/communication process with ED.



Actions were taken to address the gaps identified in the investigation. All children now under the age of 16 now have a full set of observations completed when they present in the UCC and the Paediatric Early Warning score (PEWS) chart is utilised to record the observations and support the level of care the child requires. An SBAR has been introduced to ensure that all relevant information is provided to the EPIC or C2 to enable a plan of care to be implemented. A transfer proforma has also been introduced to accompany children when they are transferred from UCC to the children’s ward, compliance with the completion of these will be monitored through the incident reporting system.

4.7 REMOVAL OF DRESSINGS AND BANDAGES

A theme identified within incidents and recently seen as a contributory factor in a serious incident is the failure to remove wound dressings to allow for a wound assessment to be undertaken. This enables an appropriate evidence based wound management plan to be implemented. A patient safety bulletin was developed by the tissue viability lead and shared across the Trust and this reiterated the need for removal of wound dressings as soon as possible following admission to hospital and advised staff that compression bandaging should not be continued during an in-patient stay due to the risk of pressure ulcer development during this time.



The need for removal of dressings was also highlighted to staff through a HUB story and screen saver. The Trust will continue to monitor compliance through incident reporting.

4.8 CHILD DEATH FOLLOWING DISCHARGE FROM PAEDIATRIC ASSESSMENT UNIT

A serious incident has been investigated relating to the death of a child shortly after being discharged from the paediatric assessment unit (PAU). The Trust have also received a recent claim. The investigation identified a number of concerns in relation to the management to fluid challenge in children. This has led to a number of developments to support this process and this includes the development and implementation of an oral fluid challenge proforma for utilisation across ED, PAU and the children's ward. An oral fluid challenge package has been introduced and this includes a traffic light system for maintenance and deficit replacement calculations. This process is supported by the development of an oral fluid challenge Standard Operating Procedure (SOP) which has been made available on the HUB and the assessment of fluid challenge has been added to the Nursing Care Indicators (NCI) to allow for monitoring.

The PEWS prompt cards have been updated to include the correct escalation process for a total Paediatric Early Warning score (PEWS) score of 1-4 and to consider the increase of observations. The PEWS SOP has been updated to reflect this escalation process for a PEWS score of 1-4.

Formal medical discharge documentation has been developed and this incorporates a checklist for the discharging doctor. The checklist will require that the discharging doctor to review the PEWS observations before discharge in addition to other checks that have been determined when devising the formal process.

4.9 MANAGEMENT OF WOMEN BOOKED FOR MIDWIFERY LED UNIT

An investigation has been undertaken following the neonatal death of a term baby booked under midwifery care, review at the weekly meeting of harm identified that there were no omissions in care. The yellow investigation has identified that this woman was booked for low risk care and had a significant weight gain during pregnancy which wasn't reassessed in the third trimester. This meant that the woman wasn't reassessed in relation to her suitability for low risk care in labour. The woman's BMI at booking met the criteria for care on maternity led care.

This has led to the change in practice and all women that are booked for the Midwifery led unit are reweighed in the 3rd trimester and suitability for low risk care is reviewed. The guideline has been updated to reflect this and there has been an overall MDT agreement to include this in the obesity guideline which is currently being developed.

From this learning was shared to ensure that any baby that requires resuscitation whereby a paediatrician is required needs to have cord gases. The guideline has been updated to reflect this.

The team have ordered 4 x sealable grab bags which contain resuscitation equipment and these are now only for use outside of the hospital and grab bags previously used in the maternity unit are no longer required. Uniform neonatal resuscitation trolleys are now located in theatres 1 and 2 , on maternity ward and one on the delivery suite. These contain all the necessary equipment for advanced resuscitation, as the resuscitaires now include the equipment previously stored in the grab bags.

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January 2021