The Dudley Group
NHS Foundation Trust

Board of Directors Meeting Public Papers

Thursday 11th March 2021

12:40 – 16:15

The Dudley Group
NHS Foundation Trust

BOARD MEETINGS
PUBLIC INFORMATION SHEET

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

1. Introduction

This sheet provides some information about how Board meetings work.

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

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

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

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The Dudley Group NHS Foundation Trust
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2. Board Members' interests

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

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

3. Opportunity for questions

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

4. Debate

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

5. Minutes

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

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

6. Key Contacts

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THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

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

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

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

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

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

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

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

The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 11 March 2021
By MS Teams
12.40
AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
17	**Chairmans welcome and note of apologies –**		Y Buckland	For noting	12.40
18	**Declarations of Interest** Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	12.40
19	**Minutes of the previous meeting** Thursday 11 February 2021 Action Sheet 11 February 2021	Enclosure 13 Enclosure 14	Y Buckland	For approval	12.40
20	**Chief Executive's Overview**	Enclosure 15	D Wake	For information & assurance	12.45
21	**Chair's update**	Verbal	Y Buckland	For information	13.00
22	**Virtual Ward Patient/Staff Story**	Presentation	J Hobbs	For information	13.10
23	**Public Questions**	Enclosure 16	Y Buckland	For information	13.35
24	**Board Assurance Framework**	Enclosure 17	L Nevin	For assurance	13.40
25	**QUALITY & SAFETY**				
25.1	Quality and Safety Committee Report	Enclosure 18	E Hughes	For assurance	13.50
25.2	Chief Nurse Report (Including CNST Update)[1]	Enclosure 19	M Sexton	For assurance	14.00
25.3	Board Assurance Infection Control Framework	Enclosure 20	M Sexton	For assurance	14.15
25.4	Maternity and Neonatal Safety and Quality Dashboard	Enclosure 21	M Sexton	For assurance	14.25
26	**FINANCE & PERFORMANCE**				
26.1	Finance and Performance Committee Report	Enclosure 22	J Hodgkin	For assurance	14.40
26.2	Integrated Performance Dashboard	Enclosure 23	K Kelly	For assurance	14.50
27	**WORKFORCE**				
27.1	Workforce and Staff Engagement Committee Report	Enclosure 24	J Atkins	For assurance	15.05
27.2	Disciplinary Policy Review	Enclosure 25	J Fleet	For decision	15.15
27.3	Workforce KPIs	Enclosure 26	J Fleet	For assurance	15.25

27.4	Freedom to Speak Up Report	Enclosure 27	B Plant	For assurance	15.45
27.5	Guardian of Safe Working	Enclosure 28	B Elahi	For assurance	15.55
28	**DIGITAL AND TECHNOLOGY**				
28.1	Digital and Technology Committee Report	Enclosure 29	C Holland	For assurance	16.05
29	**Any Other Business**	Verbal	All		16.15
30	**Reflection on meeting**	Verbal	All		16.15

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

31	**Date of next Board of Directors meeting** 15 April 2021				

Enclosure 13

The Dudley Group NHS
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 11th February 2021, by Remote Attendance

Present:

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

In Attendance:

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

21/016 Note of Apologies and Welcome

The Chair opened the meeting and welcomed members of the public, the press and the governors identified below to the meeting:

Marie Lodge-Smith
Alan Rowbottom
Yvonne Peers
Helen Ashby
Dr Michael Atef
Maria Lodge- Smith

A representative of the Express and Star was also welcomed to the meeting and the Chair advised that the Board would endeavour to answer any questions that he had.

21/017 Declarations of Interest

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

21/018 Minutes of the previous meeting held on 14th January 2021

It was RESOLVED

- **That the minutes of the meeting of the 14th January 2021 be agreed as a true and accurate record of the meeting.**

The Action log was noted.

21/019 Public Chief Executive Overview Report

DW summarised the report and began by paying tribute to the incredible effort that staff continued to make to serve the patients of the Trust. It was noted that the week had seen the first signs that the second wave of COVID-19 was easing although there continued to be considerable pressure on the hospital particularly with respect to the emergency department. Since the 1st September the Trust had cared for 1784 in-patients with 2829 since the pandemic began. Presently there were 181 in patients with COVID 19 and the numbers were slowly reducing.
There had been significant redeployment of staff to address the needs of patients with COVID-19 but it was important to note that there had not been movement of staff from cancer services or critical care. The Trust had also benefitted from 24 military placements who had been helpful and enthusiastic. Staff sickness was improving and was currently at 6.6% Trust wide and 7.5% for nursing and midwifery staff. Although staffing was stretched with the measures that had been put in place it was adequate.

There had been an unannounced CQC inspection on the 3rd February which had resulted in positive feedback. The formal report was awaited but the feedback was that there had been significant improvements in emergency care, with good assurance of patient safety, care was being provided in line with national guidelines, the culture had improved and the Emergency Department team felt supported. The Trust had been advised to improve signage in the Children's ED and this had been actioned and further work was required with partners to reduce ambulance handover delays at times of particular pressure.

It was noted that the Black Country Living museum had opened for the delivery of vaccinations on the 25th January and was now delivering over one thousand a day.

The Health Care Hero awards had been made to the Coronary Care Unit, Greg Ferris in the Workforce Team and a volunteer, Mervyn Jones.

The Chair noted that as COVID-19 cases began to abate the focus would move back to Restoration and Recovery. Given that the Trust was performing well on its improvement trajectories prior to the second wave of COVID she asked whether the Trust would be able to maintain a similar level of performance and improvement. DW assured the Board that this was her expectation. The Trust was in a comparatively good position with RTT performance, and cancer services would continue to be a priority. Usage of the independent sector continued to be maximised.

It was **RESOLVED**

- **That the report be noted**

21/020 Chair's Public Update

The Chair paid tribute to the Trust staff. She noted that it was pleasing to receive the feedback from the CQC but it was also noted that all staff had provided exceptional effort and continued to do so.

The Chair advised that she had volunteered on the wards, and had spent time on ward C8 talking to patients and staff. It was commendable that a large number of volunteers had presented to help out on the wards.

The Chair had also been involved in the launch of the Black Country Living Museum vaccination programme.

Finally, on behalf of the Board the Chair wished to pay tribute to Sir Tom, who had died the previous week. The Board extended condolences to the family.

21/021 Public Questions

No public questions had been received

21/022 Acute Collaboration

KS summarised the report and advised that this was the latest iteration of a series of reports dating back to August 2020. Recent discussions had focussed on whether the case for change was primarily about organisational change or clinical and service changes. The Trust supported the latter approach and this appeared to be the agreed direction of travel.
There was an ongoing conversation with partners as to whether a committee in common was required and this would be subject to further discussion. However, there was a shared commitment to a programme of change.
The Board were advised that a White Paper on the future of the Health Service had been published immediately prior to this meeting and this would set out the system architecture for the NHS locally and nationally. It was clear that there would be a strong role for providers in planning and delivering services.

It was **RESOLVED**

- **That the report be noted**

21/023 QUALITY AND SAFETY

21/023.1 Quality and Safety Committee Report

LH summarised the committee exception report and highlighted the concerns that were reported to the Board in the committee report. The Committee was carefully monitoring the mitigating actions in respect of each of the reported matters.

The Board noted that there were three Never Events reported and sought and received clarification on the types of cases concerned.

DW noted that whilst there was an increase in the number of falls reported there had been no increase in falls with resultant harm. MS agreed that there had been only one case in December that met the criteria for a Serious Incident review.
The Chair advised that the Board had commissioned the Quality and Safety Committee to oversee a piece of work on safer staffing in the Trust so that the Board could receive further assurance on the steps being taken by the Trust to mitigate any risks.

RM noted that a number of concerns related to Restoration and Recovery and JH advised that the Finance and Performance Committee carefully monitored progress against constitutional standards of performance.

It was **RESOLVED**

- **That the report be noted.**

21/023.2 Chief Nurse Report

MS summarised the report. The Board were advised that quality audits had been suspended during December and January as a result of COVID-19 pressures but these would now recommence. IPC audits had continued in accordance with the programmed timetable.

The Chair noted that in respect of the falls data, MS had previously reported to the Board that there was an increasing incidence of patient deconditioning as a result of prolonged immobility during the pandemic. It would be helpful for the Board to see data on how the Trust benchmarked against other providers in the local system to establish whether the Trust was an outlier in any respect. MS assured that the trend was being seen with other providers also and she would circulate benchmarking data to Board members to demonstrate this.

JH stated that in order to assess changes in staffing data over reporting periods it would be helpful to have an SPC or other trend chart. MS advised that this was being worked on.

DW stated that the safer staffing data required some further background information to understand the issue within the context of the mitigations and she asked MS to describe these.
MS advised that a risk assessment tool was used that involved assessing nursing staffing twice daily and the production of risk rating for each area. Deficits in staffing were addressed through redeployment and the use of agency and bank staff. In relation to recruitment a successful programme to appoint Health Support Workers had just concluded and a further development programme was being introduced to develop enhanced skills to a cohort of 300 staff which could ultimately lead to registered nurse qualification. A revamped social media campaign had also been implemented, and work was ongoing on international recruitment.

DW added that over 100 staff had been redeployed from areas like theatres and there were 60 volunteers from non-clinical areas helping on wards.

It was **RESOLVED**

- **That the report be noted**

21/023.3 Board Assurance Infection Control Framework

MS advised that the team continued to focus on maintaining high standards of infection prevention and control. The Board were advised that national guidance had required changes to a number of policies and operating procedures in January and these had all been updated to ensure ongoing compliance with the guidance.

It was noted that training compliance was 86.7% against a target of 90% for infection control

It was **RESOLVED**

- **That the report be noted**

21/023.4 Maternity and Neonatal Safety and Quality Report

MS introduced the report which combined the work done on the quality indicator dashboard as a response to the Ockenden recommendations as well as the evidence in relation to compliance with CNST standard 2 and 4.

RM asked what confidence MS had in the data and MS advised that whilst there was still some work to do on validation, the evidence had been reviewed in detail and therefore she was relatively confident.

It was **RESOLVED**

- **To note the "board level measures minimum dataset maternity safety dashboard" provided by NHS England / Improvement and to adopt this as a way to measure the quality of service delivered in the maternity department.**
- **To accept the assurance provided in the report for each of the items in the maternity safety dashboard**
- **To note that as part of safety action 2 of the CNST maternity incentive scheme the Board had received the monthly CNST scorecard**
- **To note that in respect of safety action 4 of the CNST maternity incentive scheme the Board noted that there were no obstetrics and gynaecology trainees who responded 'Disagreed or Strongly disagreed' to the 2019 GMC National Trainees Survey question: 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota'. Therefore no formal action plan is required**

21/024 Finance and Performance

21/024.1 Finance and Performance Committee Report

JH advised that performance was good compared to regional peers but that the Trust was aiming for a higher level of performance. It was noted that Restoration and Recovery continued to be suspended during the second wave of COVID.

The Board were advised that there had bene excellent work on the vaccination programme and that the Committee was disappointed that it had been necessary to put the Action Heart Hub into hibernation. .
It was further noted that the current financial position was positive but there were risks around cash management, reimbursement of vaccination costs, modular build costs and accrued leave. The Committee had requested reports on the financial implication of the modular build programme and the new trajectories for Restoration and Recovery post COVID.

It was **RESOLVED**

- **That the report be noted**

21/024.2 Integrated Performance Report

KK summarised the report and advised that whilst COVID- 19 continued to impact on the Trust, operational performance against elective constitutional standards and the EAS target continued to be good. In respect of the latter the Trust was currently 2nd out of 5 Black Country trusts and 9th out of 30 Midlands Trusts.
The Board were advised that cancer performance continued to be robust with the Trust protecting a number of beds.

The Board were further advised that it would be necessary to reforecast Restoration and Recovery targets as the second wave of COVID-19 had exceeded the NHS planning parameters.

CH questioned how the Trust would encourage people to come back into the hospital given the importance of addressing delays in treatment. KK advised that virtual consultations had increased significantly and the Trust was keeping in touch with patients and reviewing cases on a risk basis. Specialist rotas were now being reviewed and some Doctors were being released to resume these clinics.
JHO stated that the Trust had also introduced a number of innovations including fit testing and the introduction of the virtual ward, which was proving successful in limiting the rate of readmission.
The Chair proposed and it was agreed that a Patient/Staff Story on the Virtual Ward be included on the next public agenda for more detailed consideration.

21/025 Workforce

21/025.1 Workforce and Staff Engagement Committee Report

JA summarised the Committee exception report. The Board were asked to note that mandatory training was below target and that it was unrealistic to expect to achieve the target in 2021. The Committee would be considering a more realistic trajectory at its next meeting.
The Committee had also discussed staff welfare programmes and was assured that these were comprehensive.
A presentation had been received from the recently appointed Diversity and Inclusion Manager which set out the areas where the Trust needed to focus its attentions. A cultural dashboard was being developed to track progress in this area.

It was **RESOLVED**

- **That the report be noted**

21/025.2 Workforce KPIs

JF introduced the report and the Chair noting the prevalence of stress related absence asked what steps were being taken to support staff. JF advised that the employee assistance programme was being reviewed but it was providing 24 hour counselling provision and the services of the Mental Health Trust were also utilised as well as the Trust's own SHAW service.

It was **RESOLVED**

- **That the report be noted**

21/026 Any Other Business

There was no other business

Date for the Next Meeting - 11 March 2021

Signed ……

Date …….....

Enclosure 14

Action Sheet
Minutes of the Board of Directors (Public Session)
Held on 11 February 2021

Item No	Subject	Action	Responsible	Due Date	Comments
21/023.2	Chief Nurse Report	SPC or other trend chart to be added to safer staffing data to show changes over time	MS	March Board	Included in Report.
21/023.2	Chief Nurse Report	Benchmarking data on falls in other provider Trusts in the system to be circulated to the Board	MS	26.2.21	Done
21/024.2	IPR	Virtual Ward Patient/Staff Story to be included on March Public Board agenda	JHO/LA	March Board	On Agenda

Enclosure 15

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 11th March 2021

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

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS

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

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Coronavirus
- 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:**

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 11TH MARCH 2021

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

Coronavirus

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 March 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 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 bureaus 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 2021with 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

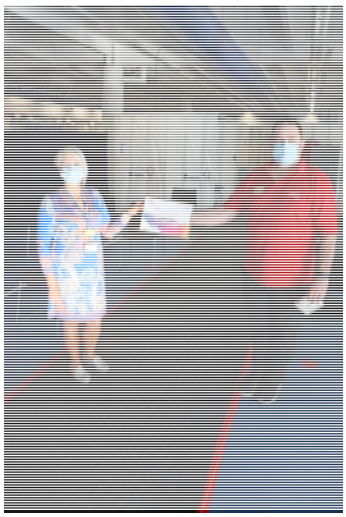
Team Award

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 Award

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 his 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 and 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 of 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

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

Enclosure 17

The Dudley Group NHS Foundation Trust

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

TITLE:	**Board Assurance Framework – Quarterly Report**		
AUTHOR:	Liam Nevin	**PRESENTER**	Liam Nevin

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		Y	

RECOMMENDATIONS

- That the Board note the risks and mitigations as set out in the BAF and summarised in this report.

CORPORATE OBJECTIVE:

All

SUMMARY OF KEY ISSUES:

The report provides an analysis of the corporate risk framework relating to the strategic BAF risks. It provides a composite picture of the strategic risks of the Trust and an analysis of key risk issues against each of the strategic objectives.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

The report is directly concerned with the Board Assurance Framework

RISK	**Y**		**Risk Description:** Covers all risks
	Risk Register: Y		**Risk Score:** Covers all risks
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 and Safety Committee 23.2.21, Workforce Committee 23.2.21, Finance and Performance Committee25.2.21, Digital and Technology Committee 18.2.21** **Board of Directors 11 March 2021**

1. EXECUTIVE SUMMARY

This report is accompanied by the Board Assurance Framework (BAF) which follows the revised structure agreed by the Board. The Trust's Risk Management Strategy provides that risks to be included on the Corporate Risk Register include those that *"directly impact on the delivery of the corporate aims,"* and that the BAF risks are *"significant and corporate risks that threaten an objective."* Therefore, the inter-relationship between the two processes means that there is a benefit in presenting an overview of both which triangulates the information and ensures that the Board is sighted on the most significant risks facing the organisation in relation to the attainment of strategic objectives. Included within the BAF is the Corporate Risk Overview for each Committee and the background information below summarises the key risks arising from the corporate risk environment.

2. BACKGROUND

Set out below are the observations arising from the BAF and the Corporate Risk Register, presented against each of the strategic objectives.

Strategic Objective 1 – Deliver a Great Patient Experience

BAF 1A – We don't always effectively engage with patients in their care or involve them in service improvement as a result we fail to communicate with them effectively resulting in a poor patient experience which means patients will not see us as a provider of choice.

Two new actions have been implemented since the last review and positive assurances are reported in respect of the framework and administration of complaints management, and some improvement in response rates. There is a moderate improvement in open complaints (174) and complaints awaiting a written response (66) compared to the last reporting period (214 and 77 respectively)

The net risk score remains at 9 in this reporting period against a target risk of 6.

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.

There are significant additional negative assurances as a consequence of the challenges presented by the escalation of COVID-19. These include the suspension of routine diagnostics and OPD, limited operational capacity and redeployment of clinicians to support the COVID-19 response.

There is significant slippage of Restoration and Recovery actions as the activity is currently suspended. The modular build completion is forecasting additional slippage since the last report.

The net risk score has increased from 15 to 20 and there is a significant difference between the level of risk currently being carried and the target risk score of 8.

In relation to the key controls, twelve of the fifteen are operational (and therefore the effectiveness of these controls is not subject to some form of validation outside of the service). This is a particularly high ratio.

Corporate Risk Register

There is one corporate risk that addresses strategic objective 1 which is overseen by the Quality and Safety Committee. Corporate risk 1010 (*failure to comply with local and statutory provisions for*

complaints management) has reduced from 12 to 9 since the last BAF report, which is consistent with the narrative reported above.

Strategic Objective 2 – Safe and Caring Services

BAF 2A – If we do not achieve and demonstrate a good or outstanding rating with CQC and other regulatory standards we may be unable to achieve the level of quality of care and subsequently our reputation may be damaged

There are no changes to the actions completed since the last review period or the controls or the gaps in assurance. There are three actions remaining to be completed.

The net risk score remains at 9 and the target risk score is 4 which is consistent with the lower end of the Board Risk Appetite (4-6).

Nine of the twenty one key controls are operational (and therefore the effectiveness of these controls is not subject to some form of validation outside of the service) which is slightly higher than the expected ratio.

BAF 2B – Insufficient effective leadership and capacity may result in the trust being unable to efficiently manage and deliver safe services for our patients

Ten actions have been implemented since the last review and these have provided two additional positive assurances and one partial assurance.

The risk score remains at 8. This is consistent with the target risk score but slightly higher than the Board Risk Appetite (4-6).

Corporate Risk Register

There are ten corporate risks that address strategic objective 2 that are overseen by Quality and Safety Committee. A number of these risks have arisen from operational areas and are sufficiently serious as to directly impact on corporate aims (1015 *Deteriorating Patient Groups*, 896 *Temperatures in Medicine Storage Rooms*, 1185 *review of radiological investigations, 1422 process for review of results of pathology investigations*, *1449 acting on clinical effectiveness reports*). The risk scores remain consistent with the last reporting period.

Strategic Objective 3 – Drive Service Improvements, Innovation and Transformation

BAF 3A – The Dudley Improvement Strategy may not be delivered due to insufficient transformational leadership capability and capacity, resulting in a lack of innovation and a failure to improve services

There are no changes since the last review period. The net risk score remains at 8 and is consistent with the target risk score.

Strategic Objective 4 – Be the Place People Choose to Work

BAF 4A – Be the place people choose to work

Four actions have been implemented since the last review, and the other actions identified are ongoing from the previous review period. There are additional positive assurances in the recruitment campaigns for HCSWs and registered nurses as well as the recruitment through the STP Workforce Bureau. There are ten significant further actions planned to address the supply issues encapsulated in this risk, and these can be broadly categorised as strategy development, planning and targeted recruitment programmes. Six of these actions have slipped for between one and three months in their planned implementation dates, reflecting the impact of operational pressures arising from COVID-19.

The net risk score remains at 16 against a target of 12.

BAF 4B – *If we fail to train and develop our workforce to have the right skills to enable the delivery of our clinical strategy, due to inadequate career development, talent management and leadership development, this may result in poor retention rates, difficulties recruiting and a failure to maximise*

Three actions have been implemented since the last review period, and the other actions identified are ongoing from the previous review period. There are additional positive assurances in respect of engagement and relationships, although a need for further evaluation of the impact of the actions is noted.

A further six actions are planned and three of these are reporting slippage of between three and four months arising from operational pressures.

The net risk score remains at 12 against a target of 8.

BAF 4C - Failure to effectively engage and involve our workforce by not listening, innovating and acting on their feedback and communicating effectively could lead to an inability to positively improve culture

Two new actions have been implemented since the last review and the remaining actions are ongoing from the previous review period. Both of the new actions are reporting tentative positive impact but are subject to further review and embedding.

A further six actions are planned for implementation, four of which are new and one (in relation to monitoring of engagement plans) is reporting slippage.

The net risk score remains at 12 and is now aligned with the target risk score.

In summary, there is no movement on the net risk scores for the three risks over the reporting period. A number of actions have been implemented since the last review and these are typically presented as providing tentative assurance but requiring further review, embedding and evaluation. A number of actions have slipped across the three risk reports reflecting the degree of operational pressures that the Trust has been subject to in this quarter.

None of the three risks have more than 1/3 of controls as operational (and therefore not subject to some form of validation outside of the service).

Corporate Risk Register

There are three corporate risks that relate to strategic objective 4.The BAF risks are concerned with recruitment, training and development and engagement, whilst the Corporate risks being managed

by the Committee concern staff absence (981), and staff engagement and morale (1303, and an effective health and well- being service (1433). High corporate risk scores on sickness and staff morale will influence the strategic BAF risk as they may impact on the place people choose to work (strategic objective 4).

Strategic Objective 5 – Make the Best Use of What We Have

BAF 5A – Failure to recognise the importance and impact of our constrained financial position due to a lack of understanding, engagement and financial discipline mean we miss key financial targets, run out of cash and come under greater regulatory scrutiny

The risk cause has been amended to reflect the uncertainty of the allocation for 2021/22 and the impact on financial planning.

Two new actions have been implemented since the last review period reflecting the confirmation of the full year financial framework for 2020/21 and the financial risk share arrangement which has provided a positive assurance around the financial risks for 2020/21

There are two new actions linked to the amended risk cause for completion in the financial year.

The net risk score has increased from 8 to 12 to reflect the increased uncertainty and risk around the 2021/22 position.

BAF 5B – Failure to successfully adopt digital workflows, due to competing organisation / clinical pressures, availability of resources and change fatigue; results in clinical risk, reputational risk and inefficiency

Nine actions have been implemented since the last review period. These reflect a range of service enhancements including further deployment of electronic solutions. These have not impacted on the net risk score but this is now comfortably within the target score.

Corporate Risk Register

A cyber threat is an acknowledged risk in the BAF (5B) in relation to the successful adoption of digital workflows. It is also recorded in the CRR with a very high potential risk score. The mitigations and controls currently included in the CRR have been incorporated into the BAF. The corporate risk does not directly relate to the adoption of digital workflows (the strategic risk) and therefore it is not proposed to amend the net strategic risk score. It does however create an underlying risk to disruption of Trust business including digital workflows, and is therefore a cross organisational risk.

Strategic Objective 6 – Deliver a Viable Future

BAF 6A – Failure of the Trust to influence the local and wider evolving health economy due to a lack of engagement and poor performance undermining our credibility means our clinical and financial viability is undermined as we lose key high value services and opportunities for profitable growth

A substantial number of actions have been implemented since the last review, across GP engagement, the ICP procurement and assurance process, and the strategy refresh. As with the last BAF review this reflects the considerable resource commitment that the Trust has invested in the mitigation of these risks.

There are nine actions pending. Five of these have slipped (particularly around strategy) due the operational demands in response to COVID 19.

The net risk score has reduced from 20 to 16 to reflect the broadly positive assurance around the ICP verbal feedback given to the Trust.

None of the three risks have more than 1/3 of controls as operational (and therefore not subject to some form of validation outside of the service).

Corporate Risk Register

There are no corporate risks impinging on the BAF strategic risks.

3. RISKS AND MITIGATIONS

Based on the following criterion:

- Controls and recent actions having limited or no impact on net risk scores
- The gap between current risk score and target risk score
- Significant corporate risks

The failure to meet access standards (1A), Recruitment (4A) and the position of the Trust in the wider health economy (6A) remain the highest risks for the Trust. This is consistent with the last reporting period. The mitigations for these risks are set out in the BAF itself.

4. RECOMMENDATIONS

- **That the Board note the risks and mitigations as set out in the BAF and summarised in this report.**

Liam Nevin

Trust Secretary

March 2021

Appendix

BOARD ASSURANCE FRAMEWORK
CORPORATE RISK REPORTS

Board Assurance Framework –February 2021

KEY

RISK SCORE

	Impact score				
Likelihood	**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
5 Almost certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 4	Low risk
5 - 12	Moderate risk
15 - 16	High risk
20 - 25	Extreme risk

Key to Control Levels

Level Of Assurance	Definition
Level 1 Operational	The lowest level of assurance and relates to local assurances provided by operational management, self-assessment.
Level 2 Executive	Moderate level of assurance and relates to assurances provided by executive management/ Board, independent assessment (internal) e.g. clinical audit.
Level 3 External	The strongest level of assurance and relates to e.g. external Reviews, CQC, external audit, external inspections etc.

Board Risk Appetite

Appetite	Descriptor	Risk level
OPEN	Eager to be innovative and to choose options based on those that offer the highest probability of productive outcomes. Prepared to accept high and even extreme rated risks in pursuit of our objectives in this area to realise potential rewards.	**15-25**
MODERATE	Willing to consider all potential delivery options and choose based on delivery of an acceptable level of reward (and VfM). Prepared to accept that risks are likely to occur in the pursuit of our objectives in this area and that we will need to tolerate risks up to a rating of 'high' to realise potential rewards.	**8-12**
CAUTIOUS	Preference for safe delivery options that have a low degree of inherent risk and may have more limited potential for reward. Willing to expend some time and resource to mitigate risks, but accepting that some risks in this will not, or cannot, be mitigated below a moderate level.	**4-6**
AVERSE	Preference for ultra-safe delivery options that have a low degree of inherent risk and only limited reward potential. Prepared to expend significant time and resource to mitigate risks in this area to a minimal level.	**1-3**
AVOID	No appetite, not prepared to tolerate risk above a negligible level.	**0**

RISK PERFORMANCE

Scores calculated: Likelihood x Impact

BAF Risks	CURRENT RISK SCORE	PREVIOUS RISK SCORE	BOARD RISK APPETITE	TARGET RISK SCORE
BAF 1A - We don't always effectively engage with patients in their care or involve them in service improvement as a result we fail to communicate with them effectively resulting in a poor patient experience which means patient's will not see us as a provider of choice	9	9	Cautious 4-6	6
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	20	15	Cautious 4-6	8
BAF 2A - If we do not achieve and demonstrate a good or outstanding rating with CQC and other regulatory standards we may be unable to achieve the level of quality of care and subsequently our reputation may be damaged	9	9	Cautious 4-6	4
BAF 2B - Insufficient effective leadership and capacity may result in the trust being unable to efficiently manage and deliver safe services for our patients	8	8	Cautious 4-6	8
BAF 3A - The Dudley Improvement Strategy may not be delivered due to insufficient transformational leadership capability and capacity, resulting in a lack of innovation and a failure to improve services	8	8	Moderate 8-12	8
BAF 4A - An inability to recruit sufficient numbers of appropriately trained staff due to national and local staff shortages may impact on being unable to meet service demand or provide safe, high quality services resulting in increased temporary workforce spend	16	16	Moderate 8-12	12

BAF Risks	CURRENT RISK SCORE	PREVIOUS RISK SCORE	BOARD RISK APPETITE	TARGET RISK SCORE
BAF 4B - If we fail to train and develop our workforce to have the right skills to enable the delivery of our clinical strategy, due to inadequate career development, talent management and leadership development, this may result in poor retention rates, difficulties recruiting and a failure to maximise the capabilities of staff	12	12	Moderate 8-12	8
BAF 4C - Failure to effectively engage and involve our workforce by not listening, innovating and acting on their feedback and communicating effectively could lead to an inability to positively improve culture	12	12	Moderate 8-12	12
BAF 5A - Failure to recognise the importance and impact of our constrained financial position due to a lack of understanding, engagement and financial discipline mean we miss key financial targets, run out of cash and come under greater regulatory scrutiny	12	8	Moderate 8-12	10
BAF 5B - Failure to successfully adopt digital workflows, due to competing organisation / clinical pressures, availability of resources and change fatigue; results in clinical risk, reputational risk and inefficiency	8	8	Moderate 8-12	12
BAF 6A - Failure of the Trust to influence the local and wider evolving health economy due to a lack of engagement and poor performance undermining our credibility means our clinical and financial viability is undermined as we lose key high value services and opportunities for profitable growth	16	20	Moderate 8-12	12

Strategic Objective		SO1 Deliver a great patient experience				Committee		Exec Lead	
						Quality and Safety Committee		Chief Nurse	
Strategic Risk No	BAF 1a	**Pre Mitigations Risk Score**	L x I 4X3 (12)	**Post Mitigations Current Risk Score**	L x I 4X3 (9)	**Board Risk Appetite** Cautious		**Target Score**	L x I 2X3 (6)

RISK: We don't always effectively engage with patients in their care or involve them in service improvement as a result we fail to communicate with them effectively resulting in a poor patient experience which means patient's will not see us as a provider of choice

Cause	**Impact of the Risk**
• Patients are not informed regarding their care and options for treatment. • We do not robustly seek or respond to feedback • Patients / Carers views are not actively sought as part of service improvements/ redesign • Loss of confidence in trust services • Failure to capture and respond to feedback in a timely manner	• Patients individualised needs are not met. • Patient's come to harm whilst in our care. • Service redesign does not meet patient need. • Reputational damage due to patient feeling they are not receiving individualised patient care opt to go to another health provider • Patients have a poor experience

Quarters – Changes in Post Mitigation Risk Score	**Q1**	**Q2**	**Q3**	**Q4**
	9	**9**	**9**	

KEY CONTROLS IN PLACE	ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action needs to be taken)]	LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External
Patient experience strategy	Yes	2
Quality priorities focussed on reducing harm	Yes	2
Pt feedback actions sought via FFT, patient surveys, feedback Fridays	Yes – now being done virtually/electronically	3
Complaints process and reporting	Yes – in place and routinely reported at team/ divisional level	1
PALS Reports	Yes	1
Perfect ward quality metrics	Yes	1

Quality priorities metrics reported via IPR	Yes	2
Learning from complaints group and reports	Yes- Learning by experience and Quarterly CLIP reports	2
Patient Experience group and associated work plan	Yes	2
Patient Experience improvement work streams across all services	Yes	1
LIA in place to capture and respond to feedback	Yes	2
Participation in annual patient surveys	Yes	3
Patient Panels	Yes – being held virtually reported through Patient Experience Group	3

ACTIONS IMPLEMENTED SINCE LAST REVIEW	IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE
• The new You Said We Did boards have been put up across the organisation • A framework of monitoring compliance and challenge for complaint response rates has been implemented at performance meetings.	**Positive Assurance** • Patient Panels continue to occur via Teams. • The new You Said We Did boards have been put up across the organisation and are regularly updated with the actions taken in response to feedback • A framework has been embedded that monitors compliance and challenges complaint response rates in the Divisions through the performance meetings. • Response rates to respond to complaints in the 30 working day deadline is gradually improving with the Trust now achieving 31% • The back log of the setting up/agreement of Local Resolution meeting appointments has been resolved following the appointment of an additional bank member of staff in the complaints department • The new question for FFT has been implemented nationally and has been rolled out across the organisation. This can be accessed online, text or QR code (on posters around hospital) **Negative Assurance** • The number of volunteers active in the organisation has reduced due to Covid 19. This is due to restrictions around social distancing and risks for vulnerable groups who act as volunteers. • Inpatient departments continue to not achieve their monthly percentage response rates (this is from August 2020)

	• There were 71 complaints received in December 2020 compared to 65 in November and 68 in October (these figures do not include reopened complaints). There are a total of 174 complaints open including the reopened. There are 66 complaints awaiting a written response from divisions. • Patient Voice Volunteers (PVV) - the Trust was looking to recruit a number PVV's to use their experiences of services to inform and influence the delivery, planning and quality of services we provide. This is currently on hold due to the current Covid 19 pandemic • Each Division presents as part of their report to the Performance meeting their number of complaints and compliance to completion in timescale.This remains a concern regarding % compliance with timeliness of responses

SPECIFIC GAPS IN CONTROL / ASSURANCE	**ACTIONS**	**STATUS:**		
		COMPLETE	**IN PROGRESS**	**OUTSTANDING (BEYOND COMPLETION DATE**
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*	*Date for completion*		*Action Lead*
Timely response (complaints process~) not occurring at Directorate level	Embed a framework of monitoring compliance and challenge for complaint response rates at performance meetings.	Dec 2019 Completed		Karen Kelly
	Appointment of additional resource to support divisions to respond to complaints	Completed		Jill Faulkner
	Continue to raise the profile of Feedback Fridays	Completed ongoing		Jill Faulkner

FFT responses are below agreed trajectory	Embed a framework of volunteers engaged to regularly walk round to encourage feedback needs	Completed ongoing	Jill Faulkner
	Complete audit of effectiveness of volunteers visiting clinical areas to encourage feedback	Completed ongoing	Jill Faulkner
	To embed a framework of actions shared from feedback received on the You Said We Did boards *Action completion date delayed and has been extended due to impact of COVID restricting access to clinical areas and work priorities- boards have been agreed*	~~Jan 2020~~ January 2021 Completed	Liz Abbiss
	Launch 'what matters to you' National Campaign	January 2020 Completed	Jill Faulkner
	Recruitment of experts by experience *Action completion date delayed and has been extended due to impact of COVID restricting access to clinical areas – although attempts are to be made to recruit virtually*	~~July 2020~~ March 2021	Jill Faulkner
	Set up Patient Panels	March 2020 Completed	Jill Faulkner

	Development and delivery of a patient experience trolley to be taken to the wards	August 2020 Completed	Jill Faulkner
	Review possible recruitment of Patient Voice Volunteers	January 2021	Tracy Cross
	1 month Pilot of tablets by each bedside which will contain welcome booklets, FFT, surveys, menus, Trust Website Etc	January 2021	Jill Faulkner

Strategic Objective		**SO1 Deliver a great patient experience**				**Committee**	**Exec Lead**	
						Quality and Safety Committee	Chief Operating Officer	
Strategic Risk No	BAF 1b	**Pre Mitigations Risk Score**	L xC 5x4 (20)	**Post Mitigations Current Risk Score**	L x C 5x4 (20)	**Board Risk Appetite** Cautious	**Target Score**	L x C 3x4 (12)
RISK: Failure to meet access standards by Mar 2021 which includes RTT / DMO1 /Cancer/EAS								
Cause • Reduced outpatient, diagnostic and treatment capacity due to COVID-19 • Clinicians re-deployed to support other pathways, including emergency to support response to COVID-19 • Reduced patient contact for patient requiring routine consultations, investigations and treatment to reduce infection rate of COVID-19 • Measures and precautions put in place in line with national guidance to support response to COVID-19, including social distancing measures						**Impact of the Risk** • Harm to patients as a result of waiting times • Failure to achieve 92% RTT incomplete standard • Increased risk of 52 week breaches • Failure to meet DMO1 standard • Failure to meet 62 day cancer standard • Poor patient experience • Delayed patient care potential poorer outcome		

• Reduction in patients willing to come into hospital for treatment and requesting to delay their appointments in fear of contracting COVID-19. • National RTT guidance released specifically for COVID-19, does not allow RTT clocks to be stopped as a result of patient initiated delays for COVID-19 reasons. • Priority has been clinically urgent (including cancer) patients with what operational capacity has been available. Increase referrals over coming months as primary care restarts will increase the likelihood of worsening performance as the denominator of the waiting lists across all statutory targets reduces.	• Poor Trust reputation • Future financial impact • Staff morale

Quarters – Change in Post Mitigation Scores	**Q1**	**Q2**	**Q3**	**Q4**
	20	15	20	

KEY CONTROLS IN PLACE	**ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action is being taken)**	**LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External**
Weekly Trust Operational Group	Yes	1
Weekly Trust RTT Meeting	Yes	1
Outpatient Taskforce Meeting	Yes	1
COVID Taskforce Meeting	Yes	1
Theatres Restoration and Recovery Meeting	Yes	1
Access Policy Review & Training in line with national guidance	Yes	1
Weekly Independent Sector Meeting	Yes	3
Weekly Cancer PTL meeting	Yes	1
Monthly Cancer steering group	Yes	2
Monitoring tool to robustly report & monitor activity & performance	Yes	1
Weekly operational restoration & recovery meeting	Yes	1
Interim Cancer manager in post	Yes	1
Weekly Executive meeting	Yes	1

Finance and Performance Committee	Yes	2
STP Restoration and Recovery	Yes	1

ACTIONS IMPLEMENTED SINCE LAST REVIEW	IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE
This BAF has been refreshed to in its entirety to reflect the Trusts post c-19 position	<u>Positive Assurance</u> • Re-introduced weekly Trust RTT and Cancer PTL meeting however this is monitoring progress and unlikely to deliver recovery to Mar 21 • Independent sector being used in theatres for some surgical pathways • Small number of 52 week breaches in August and September • RTT improved • Overall patient waiting list has reduced by circa 1000 patients compared to pre-COVID • Dedicated cancer informatics / business analyst in post • 77% reduction in patients over 104 days cancer on track to deliver agreed activity levels • Continue to deliver virtual appointments • Increase in face to face appointments where required <u>Negative Assurance</u> • Significant numbers of Covid Positive patients remain in Trust beds • Productivity and activity levels affected due to social distancing measures • Routine diagnostics remain suspended • Routine OPD remains suspended • Reduced activity due to limited operational capacity available • Patients waiting more that 6 weeks for DMO1 related

	diagnostics have increase pre c-19 levels • GP referrals are increasing back towards pre-COVID levels resulting in overall waiting list size to grow • Face to face outpatient appointments reduced due to social distancing measures, resulting in discharge percentage to be less, requiring further appointments • Theatre activity levels not to pre-Covid levels as yet • Currently clinicians are supporting delivery of Covid response

SPECIFIC GAPS IN CONTROL / ASSURANCE	**ACTIONS**	**Completed**	**In progress**	**Outstanding (beyond completion date)**
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*			*Date for completion*
• Services and staff deployed to Wave 2 C19 response • Lack of treatment capacity, particularly theatre • Routine Outpatient activity suspended • Diagnostic waits have increased, impacting overall pathway waiting times • Reduced productivity across all pathways due to social distancing and COVID-19 precautions • GP referrals increasing • High proportion of waits over 18 weeks and ability to treat more patients that are waiting over 18 weeks versus the number that are added each week is not possible at present • Staff fatigue and availability to support increase in capacity out of hours	Independent sector theatre capacity available to Dudley Group would need to treble to increase activity levels to required level			Completed
	Extend one theatre each day into the evening			Completed
	Run four all day elective lists each weekend. Elective activity now suspended due to wave 2 C-19			December 2021
	Increase outpatient levels to pre-COVID state Restoration and Recovery Plan March 2021 Trajectory R&R now suspended due to C-19, action date now extended			December 2021

	Reduce diagnostic waits to within DM01 standards through provision of additional internal and independent sector capacity.	28 February 2021
	4th endoscopy room in place	Completed
	Have in place dedicated cancer informatics / business analyst	Completed
	Modular build in place to increase capacity. Delay with introduction of Modular build due to issues outside the control of the Trust. Completion date revised	31 May 2021

Strategic Objective		**SO2 Safe and Caring services**				**Committee**	**Exec Lead**	
						Quality and Safety Committee	Chief Operating Officer	
Strategic Risk No	BAF 2a	**Pre Mitigations Risk Score**	4X4 (16)	**Post Mitigations Current Risk Score**	3x3 (9)	**Board Risk Appetite** Cautious	**Target Score**	1X4 (4)
RISK: If we do not achieve and demonstrate a good or outstanding rating with CQC and other regulatory standards we may be unable to achieve the level of quality of care and subsequently our reputation may be damaged								
Cause / Effect • Failure to demonstrate we deliver care in line with regulatory standards • Perceived reputational damage • Risk of harm to patients as statutory standards not met • Impact on staff morale • Impact on recruitment and retention • Increased scrutiny resulting in clinicians potentially being diverted from direct patient care						**Impact of the Risk** • Reduced influence with external organisations e.g. NHSI, CCG • Potential impact on ability to recruit staff particularly to senior management positions • Reduced ability of the Trust to take independent decisions • Staff become disengaged • Increased vacancies and over reliance on agency staff • Increased sickness • Staff wellbeing is affected • Patients at risk of not receiving timely interventions		

	• Poor overall patient/family experience			
Quarters - Change in Post Mitigation Scores	**Q1**	**Q2**	**Q3**	**Q4**
	9	9	9	

KEY CONTROLS IN PLACE	ASSURANCE THAT CONTROLS ARE EFFECTIVE	LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External
Schedule of positive press releases/media campaigns	Yes	3
Collaborative working with NHSI	Yes	3
Collaborative working with neighbouring trusts as appropriate	Yes	3
Weekly Operational meeting to monitor performance against key regulatory standards	Yes	1
Divisional Performance Meetings	Yes	2
IPR report to CQSPE, F&P & Board	Yes	3
Cancer Alliance Meetings	Yes	3
Quality review visits against each domain	Yes	1
Perfect ward tool to drive local understanding and improvement	Yes	1
Skill mix review undertaken	Yes	1
Nursing & Midwifery strategy	Yes	1
Mortality Review process	Yes	1
Nurse recruitment Lead	Yes	1
Corporate & bespoke recruitment events	Yes	1
MTI Programme	Yes - delayed	3
Workforce Strategy	Yes	1
Developing Leaders Programme	Yes	2
Staff engagement indicators	Yes	2
National staff survey & FFT results	Yes	3
Board, Executive and senior management development programmes	Yes	2

Urgent Care Service Improvement Group	Yes	2
ACTIONS IMPLEMENTED SINCE LAST REVIEW	**IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE**	
• Lead Medical Examiner appointed and in post • Additional senior doctor input to Mortality Process recruited and in post • Revised TOR and meeting structure to include speciality level input for MSG • Care bundles implemented for AKI/ALD/Sepsis and Pneumonia	MTI Programme – delayed as a result of the pandemic. Work is now re-starting but date for completion extended to allow time to seek the required authorisations, advertise and recruit and taking into account current travel restrictions.	

SPECIFIC GAPS IN CONTROL / ASSURANCE	**ACTIONS**	**STATUS:**		
		COMPLETE	**IN PROGRESS**	**OUTSTANDING (BEYOND COMPLETION DATE**
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*	*Date for completion*		*Action Lead*
• Increase in demand for specific cancer pathways e.g. Breast • RWT challenged capacity for robotic surgeries for Urology • Increased demand and ambulance arrivals • DM01 – increase in demand overall, and on the day diagnostics • Mortality reviews not sufficiently robust in providing learning that is shared across the trust • Assessment & analysis of recruitment events to inform where to concentrate resources • Expansion of the MTI programme to more countries • Disjointed approach to staff education, development & education • Leadership Programme – gap with medical leaders engagement • Step up to Care programme only provides development at corporate level associated to management development and needs to be broadened to capture other staff development.	Plan for CT refit commencing June	Completed		S Jackson
	Business Case to redesign & enhance cancer tracking team	July 2020		S Jackson
	EAS System Improvement Plan	Closed		K Kelly
	Review of Mortality meetings & processes	Completed		P Brammer
	MTI programme to be developed alongside one other country and managed effectively within Medical Management fortnightly meetings.	~~Oct 2019~~ Oct 2021		Hassan Paraiso/Jess Haycock
	Review areas of further collaboration across education and training providers under the remit of the Workforce Group	Complete - BAU		Rachel Andrew, Carol Love-Mecrow and Atiq Rehman

• Further development of the OD programme	Undertake review and audit of data collection systems that record training information to determine what changes can be made to provide better level of detailed analysis and information.	Closed	Becky Cooke
	The introduction of the 'Make it Happen' OD programme supported with the Staff Engagement plan, the behavioural framework and the anti-bullying campaign.	Completed	Rachel Andrew
	Plan to support detailed preparation for the forthcoming Staff Survey in 2019.	Completed	Rachel Andrew
	Development programme to include skills associated to engagement and support for staff and colleagues. This will also be supported by the introduction of anti-bullying campaign	Completed	Rachel Andrew & Becky Cooke
	Modular build to increase capacity. Business case approved and build underway. Completion date revised based on contractual feedback	31/05/21	Qadar Zada
	Further IT input required to develop electronic order sets for deteriorating patient pathways.	31/03/21	Adrian Jennings

Strategic Objective		SO2 Safe and Caring services				Committee	Exec Lead	
						Quality and Safety Committee	Medical Director	
Strategic Risk No	BAF 2b	**Pre Mitigations Risk Score**	L x I 4X4 (16)	**Post Mitigations Current Risk Score**	L x I 2X4 (8)	**Board Risk Appetite** **Cautious**	**Target Score**	L x I 2X4 (8)
Insufficient effective leadership and capacity may result in the trust being unable to efficiently manage and deliver safe services for our patients								

Cause	**Impact of the Risk**
• Insufficient time allocated to leadership roles • Operational demands conflict with leadership roles related to governance and engagement. • Staff lack understanding of the potential of leadership to deliver service improvement • No shared vision for the organization	• Quality improvement work not undertaken or is ineffective - Mortality reduction not achieved or maintained - CIP not delivered - EAS, cancer and diagnostic waiting times not achieved • Reduced staff morale and engagement • Negative impact on reputation • Poor recruitment and retention

Quarters – Changes in Post Mitigation Risk Scores	**Q1**	**Q2**	**Q3**	**Q4**
	8	8	8	

KEY CONTROLS IN PLACE	ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action is being taken)]	LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External
Trust leadership programme	Yes	2
Trust management group	Yes	1
Medical leaders group	Yes	3
Nursing leadership events	Yes	3
Away days	Yes	3

Communications plan	Yes	1
Safety strategy	Yes	1
SAS Development Programme in place	Yes	1

ACTIONS IMPLEMENTED SINCE LAST REVIEW	IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE
Expression of interest to join Chief Registrar programme submitted SAS Development plan approved at JLNC External Mortality Review completed Enrolment to 3V programme Managers Essentials Enrolment ongoing Virtual Clinical Summit held GP Engagement events happening monthly AQuA supporting with QI skill development for clinical and support teams through AQ programme CESR support programme established. Currently appointing Educational Supervisors 4 additional Hospital at Night Practitioner posts funded to increase senior clinical leadership on site 24/7	• Positive assurance - External LfD report completed • Partial assurance - developing leadership in system working and pathway development. Currently on hold. • Positive Assurance – SAS actions delivering including appointment of SAS doctor to ME role and allocation of Job Planning licences for SAS workforce

SPECIFIC GAPS IN CONTROL / ASSURANCE	ACTIONS	STATUS:			
		COMPLETE	IN PROGRESS	OUTSTANDING (BEYOND COMPLETION DATE	
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*			*Date for completion*	*Action Lead*
Assessment of effectiveness.	Staff survey			Dec 20	HRD
Earned autonomy /Competency framework	Develop earned autonomy framework			Dec 19	CofMed / CofSur
Participation in Chief Registrar Programme	Applications for 2021 programme due to open December 2020			Dec 20	HRD

Strategic Objective		SO3 Drive Service improvements, innovation and transformation				Committee	Exec Lead	
						Finance & Performance	Medical Director	
Strategic Risk No	BAF 3a	**Pre Mitigations Risk Score**	L x C 4X4 (16)	**Post Mitigations Current Risk Score**	L x C 2X4 (8)	**Board Risk Appetite**	**Target Score**	L x C 2X4 (8)
						Moderate		

RISK: The Dudley Improvement Strategy may not be delivered due to insufficient transformational leadership capability and capacity, resulting in a lack of innovation and a failure to improve services

Cause	**Impact of the Risk**
• If the Improvement Practice Programme is discontinued due to lack of leadership support and commitment, the trust would need to find an alternative approach to continuous quality improvement.	• Cost of an alternative programme is likely to be in excess of £0.5m and would take at least 1 year to establish. • Without a standard approach to improvement, there could be a slow decline in the quality and cost of services.

Quarters – Change in Post Mitigation Scores	**Q1**	**Q2**	**Q3**	**Q4**
	8	**8**	**8**	

KEY CONTROLS IN PLACE	ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action is being taken)	LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External
Contract with NHSI/E until June 2021 provides support from an Improvement consultant for 2 days per week and an executive coach for 8 days per annum	Yes	3
Training at three levels of competency is in place and currently being undertaken by the exec team	Yes	1
The Improvement Practice team has a total of four members of staff and 3 additional posts have been approved from April 2021, bringing the team capacity in line with the national average for the Vital Signs cohort of 8 trusts.	Yes	2

ACTIONS IMPLEMENTED SINCE LAST REVIEW	IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE
The DIP team were redeployed for 4 months during the Covid peak to assist with running the Incident room. The Gastro pathway event scheduled for April 2020 was postponed. To relaunch the Gastro pathways improvement work stream, an exec workshop was held in August and the event rescheduled for October.	Positive Assurance • Rather than postpone for second time, an alternative format for the event is being trialled since social distancing rules do not allow for a large number of people to use the same physical space. This ensures that the Continuous Improvement programme is not delayed further. Negative Assurance • The team building and motivational effect of an in-person event will not be fully replicated in the new trial format but it will still launch the Gastro improvement activity for the coming months.
DIP has been repositioned within the People Directorate in order to achieve integration between Organisational Development and Continuous Improvement.	Positive Assurance • Aligning OD with DIP provides a greater ability to shape a culture of improvement across the trust by integrating the staff and the method from both departments. CI using the DIP approach is now an integral part of the large leadership development programme which commenced in October 2020.

SPECIFIC GAPS IN CONTROL / ASSURANCE	ACTIONS	STATUS:			
		COMPLETE	IN PROGRESS	OUTSTANDING (BEYOND COMPLETION DATE)	
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*			*Date for completion*	*Action Lead*
NHSI consultant vacant post leaving trust without support for several months	DGFT representative involved with NHSE/I recruitment activity to fill post.			Nov 2020	Peter Lowe
It is not possible to reduce the consequence of failure, only the likelihood can be reduced.	Recruitment of specialist practice coach to replace current post holder			Jan 2020	Peter Lowe
Existing three year resource plan (presented Dec 2018) has been superseded by plans to reshape and integrate transformation, business development, financial waste reduction, project management office and Dudley Improvement Practice.	Integration of Organisational Development with Dudley Improvement Practice has been achieved by moving DIP from the Strat & Transformation directorate to the People Directorate. 3 posts approved for DIP from 01/04/2021 with delivery metrics agreed aligned to Staff Survey performance and Line Manager capability development.			Apr 2021	James Fleet

Strategic Objective		SO4 Be the place people choose to work				Committee	Exec Lead	
						Workforce and Development Committee	Chief People Officer	
Strategic Risk No	BAF 4a	Pre Mitigations Risk Score	L x C 4X4 (16)	Post Mitigations Current Risk Score	L x C 4X4 (16)	Board Risk Appetite: Moderate	Target Score	L x C 3X4 (12)

RISK: An inability to recruit sufficient numbers of appropriately trained clinical staff due to national and local staff shortages may impact our ability to meet service demand and/or provide safe, high quality services resulting in enhanced pay arrangements and/or increased temporary workforce spend

Cause

- External - major workforce supply challenges in hard to recruit roles, locally and nationally
- Inconsistency in job bandings/pay between local providers which can result in highly competitive recruitment activity
- Delays at multiple stages in the internal recruitment process, resulting in an extended 'time to hire'

Impact of the Risk

- Lack of substantive clinical capacity to meet service requirements
- Higher demand for temporary workforce at premium cost
- Impact on consistency and quality of patient care
- Low staff morale
- Increased sickness absence
- High turnover
- Patient-related complaints

Quarters – Changes in Post Mitigation Risk Scores	Q1	Q2	Q3	Q4
	16	16	16	

KEY CONTROLS IN PLACE	ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action is being taken)]	LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External
Nurse recruitment lead established to work alongside departments in order to support innovative ways to recruit new nursing staff. Collaborative working with HR/Recruitment team.	Y	1/2
Corporate recruitment events alongside bespoke recruitment events for areas with high levels of vacancies as well as participating in external recruitment events, working in collaboration with Professional Development and HR.	Y	2
Development of local sustainable workforce through extension of the Nursing	This is medium term strategy.	1

Associate Programme (band 4). Work undertaken to profile the nurse workforce, to identify the maximum opportunity to utilise Nursing Associates (Band 4) in ward areas.		
Development of MTI workforce between the Trust and Pakistan.	Y	1
Explore opportunities for international recruitment as part of the short term strategy to fill nursing posts alongside longer term strategy of growing our own	Y	2
Robust recruitment KPI reporting	Y	2

ACTIONS IMPLEMENTED SINCE LAST REVIEW	**IMPACT OF CONTROLS AND ACTIONS ON RISK AND ASSURANCE**
Dudley Chief People Officer has been appointed as the STP lead for the Collaborative Bank programme for the system. This work programme will deliver a detailed implementation plan, with costed benefits (financial/non-financial) by March 2021.	Greater transparency and insight into workforce issues, including recruitment. Strengthened governance.
Implemented more detailed workforce reporting on recruitment activity, for all staff groups to the Workforce Committee through the monthly Workforce KPIs	It is estimated that there is a large no of nurses who work bank shifts on a full time basis within the system. Dudley doesn't current have access to this resource but would through collaborative bank arrangements. Once implemented, a system wide collaborative bank would provide economy of scale and reduce the reliance on agency staff
Major recruitment campaign launched to recruit HCSW's.	Plan to 'over recruit' recognising nurse staffing challenges and a plan to reduce the existing nursing staffing pressures. 200+ applications have been received for HCSW posts, 33 staff have commenced in post, 18 have agreed commencement dates and a further 101 offers of employment have been made.
Registered Nurse recruitment campaign launched	Generic band 5 and band 6 vacancies advertised, supported by a social media campaign, in which the hospital façade displays "We are Recruiting" and a Radio media campaign. This is not only targeted at improving registered nurse recruitment, but also on raising our profile as a local employer.
Extended nurse bank enhancements.	Incentivised bank fill rates, though further consideration required due to low fill levels.
Recruitment to COVID vaccine workforce has increased local profile	STP Workforce Bureau (Vaccination Recruitment) has increased local profile and reputation of the Dudley Group. All staff recruited is hosted by the Dudley

	Group Staff Bank, with potential to convert the vaccine workforce into both bank assignments within the trust; and to develop links with other candidates for the permanent workforce. Engaging students is building positive relationships with universities for both medical and nursing students.
Recruitment to COVID vaccine workforce has enabled review of recruitment processes and improvements to candidate journey are underway	The STP Workforce Bureau has recruited circa 500 bank staff across a range of roles, mass recruitment has provided the opportunity to improve the recruitment processes, including the use of editable PDF documents and the development of an on-line portal, ensuring the candidate journey is simple and easy to navigate and allowing the Recruitment team to be more responsive. The Trust have committed to participating in the Digital Passport scheme which allows staff to transition between Trusts. The on-boarding process has been reviewed to ensure a warm welcome is provided, improving our reputation as an employer. The Impact is yet to be seen as this work is in its infancy

SPECIFIC GAPS IN CONTROL / ASSURANCE	**ACTIONS**	**STATUS:**			
		COMPLETE	**IN PROGRESS**	**OUTSTANDING (BEYOND COMPLETION DATE**	
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*			*Date for completion*	*Action Lead*
International recruitment considerations still in its infancy, The Nursing Associate Programme is a longer term strategy that will realise benefits over the next 1-4 years.	Development and embedding of a consistent approach to workforce planning including an agreed Dudley Workforce Planning tool.			March 2021	Deputy Chief People Officer
A fresh approach to new and alternative roles and new ways of working is required to fill some of the longstanding medical vacancies. This requires a focus on workforce transformation. The lack of a comprehensive workforce planning tool to plot the workforce supply and demand over the next 5 years.	The Trust is engaging and supporting a collaborative system wide international nurse recruitment initiative, being led by Wolverhampton, to bid for central money/resource that is being made available to support international nurse recruitment.			March 2021	Chief People Officer/Chief Nurse

Inefficiency within the recruitment process still exists and new processes not yet bedded in . E-rostering not optimised across clinical workforce groups, low level of attainment Limited substantive bank only workforce to meet short term supply issues. Low bank fill rates by substantive staff. Clinical staff have been significantly impacted by COVID since Waves 1-3 and winter pressures have exacerbated existing issues with staffing, rest and wellbeing. Impact of winter and COVID pressures likely to result in earlier than planned exits; potential moves from areas/change of focus for staff and ongoing staff sickness.	Establish a more dynamic approach to recruitment advertising, including social media use, cohorting adverts, selling Dudley/Black Country as well as the Trust, STP collaboration and introducing a one-stop-shop approach to recruiting multiple posts.	February 2021	Resourcing and Planning Lead
	Establish an optimal future staff bank model and implement, in conjunction with STP collaborative bank programme	April 2021	Chief People Officer
	To significantly increase the population of bank only nursing and AHP staff.	April 2021	Resourcing and Planning Lead
	Mobilise the Workforce Transformation – new ways of working programme, which was approved by the Workforce Committee at its January meeting. This work is being supported by Health Education England (HEE), to focus on implementing new roles/ways of working.	May 2021	Chief People Officer
	Develop and implement a comprehensive Nurse Resource Strategy, to include: o Over recruiting CSW's o Strengthening the comms channels used to recruit (i.e. social media) o Refreshing the recruitment offer/marketing, greater focus on development/career progression offer o Exploring local Partnerships, inc Dudley College o Exploring alternative staff bank options,	June 2021	Chief People Officer

	including outsource and technology options o Optimising e-rostering to utilise all available clinical workforce capacity to best effect, include bidding for capital being made available centrally o Explore immediate fixed term enhancements to pay rates/reward to secure greater uptake of bank shifts		
	Develop clear timeline and actions for workforce transformation and new ways of working; supported by HEE.	May 2021	Chief People Officer
	Focused work with BAME nurses to address barriers to career progression.	April 2021	Chief people Officer/Chief Nurse
	Well-being strategy launched – requires ongoing review of effectiveness and impact on staff. 4 month review planned.	May 2021	Chief People Officer

Strategic Objective		SO4 Be the place people choose to work				Committee	Exec Lead	
						Workforce and Development Committee	Chief People Officer	
Strategic Risk No	BAF 4b	**Pre Mitigations Risk Score**	L x C 4X4 (16)	**Post Mitigations Current Risk Score**	L x C 3X4 (12)	**Board Risk Appetite**	**Target Score**	L x C 2X4 (8)
						Moderate		

RISK: Failure to train and develop our workforce, maximising their capabilities so they have the right skills to enable the delivery of our clinical strategy, may impact our ability to recruit and retain due to the lack of/inadequate career/leadership development, succession planning and talent management

Cause

- Historic lack of investment and prioritisation of staff development, particularly professional and management development.
- Vacancy factor, as well as significant operational pressures making it difficult for staff to be released for training and development opportunities
- Sickness absence levels making it difficult for staff to be released for training and development opportunities
- Previously low staffing resource in Learning & Development/OD to support leadership and development programme
- Recent impact of COVID on availability of staff to be released for development/training
- Limited ability to deliver training / impact of paused activity due to physical distancing restrictions

Impact of the Risk

- High turnover, particularly in clinical posts
- High vacancy rates
- Increased sickness absence, particularly relating to stress
- Low morale amongst staff
- Dependency on agency workforce at premium cost
- Insufficient support for management development has caused poor management of staff resulting in an impact of delivery against objectives
- Failure to deliver the quantity and quality of management and leadership development required
- Senior staff acting down to provide disproportionate levels of support, therefore, effecting the impact they have on the organisation
- Reputational and operational performance issues.

Quarters – Changes in Post Mitigation Risk Scores	Q1	Q2	Q3	Q4
	12	12	12	

KEY CONTROLS IN PLACE	ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action is being taken)]	LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External
• The revised Dudley People Plan providing greater focus on staff development	N – Delivery of the outcomes is at an early stage as the Dudley	1/2

• Trust Board supportive of a learning culture being further developed within the Trust • 'Improvement and Development Culture' in the Dudley People Plan provides the basis for supporting further staff development in the Trust and across the STP.	People Plan is currently undergoing an update/relaunch with actions linked to the NHS People Plan.	
• The introduction of the Developing Leaders Programme in 2018 and further continued development in 2019/2020, 20/21 • Targets set to ensure the Developing Leaders Programme acts as a prerequisite for current and aspirant leaders • Developing Leaders Programme supports the consistency of development aligned to Trust values	Y	2/3
• Manager's Essentials programme launched to provide clear support for leadership for all leaders – across all disciplines. Programme running twice monthly from Sept; and weekly from Jan 2021	N – impact is too early to measure as programme and accreditation are not yet at critical mass. Initial feedback from participants is positive.	

ACTIONS IMPLEMENTED SINCE LAST REVIEW	**IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE**
Delivery of limited cohorts of Manager's Essentials and launch of accreditation programme to support a supportive management culture including personal and team development	Positive impact of course on participants and teams; developing a more supportive management culture. COVID activity has resulted in programme pausing and planned activity to cease until late February 2021 which will delay full roll out. Support for managers is reduced at a time when pressure is increased.
National Staff Survey delivered and participation increased for 2020 to check engagement and staff recommendation to work/care	Detailed findings not yet available. Increased participation is indicative of increased engagement in the staff survey. Results may provide both positive and negative assurance.
Implemented Action Learning sets for Directorate Managers across all Divisions to provide better peer support	Improve working relationships and support for middle-leaders; positive feedback from participants which improves the staff experience in these roles.
Mentoring for inclusion programme has launched with initial small number of matches/conversations	Positive impact on engagement and experience of leaders; especially those with protected characteristics. Further roll-out required to share and spread as a development programme and to impact more widely on inclusive leadership.

SPECIFIC GAPS IN CONTROL / ASSURANCE	**ACTIONS**	**STATUS:**

		COMPLETE	IN PROGRESS	OUTSTANDING (BEYOND COMPLETION DATE
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*		*Date for completion*	*Action Lead*
• Lack of a robust OD, learning and leadership strategy as other work has been prioritised during 2020/21 • Delays in full roll out of development, OD and Learning due to continued tactical rather than strategic activity; plus the requirement to pause plan learning activity due to operational demands. Requires focus on strategy for 2021 to ensure a full programme of activity meets the needs and requests of staff across all parts of the organisation • Engagement across the organisation with manager's essentials programme and accreditation may limit impact where this is not widespread. • Further work is required to enable equitable access and utilisation of the CPD budget for registered staff to ensure this is effective and supports their CPD and identified learning needs • People Plan and Recruitment plans identified key outcomes and streams of work but have been delayed in implementation due to COVID work pressures – amended timescales are being developed	Due to increased pressures of COVID and reduced work of Board Committees, this work has been postponed to Spring 2021 for the development and delivery of OD and Leadership Strategy (including Talent) as part of the WSEC Deep Dive		April 2021	Head of OD & Culture
	Revised date for further delivery of plans for 2021/22 with specific programmes of development to meet gaps in knowledge/skills and ensure programmes are available for all.		March 2021	Head of OD & Culture
	Report on take-up and access to Manager's Essentials once programme has relaunched in Feb/March to ensure engagement from across the organisation and mitigate any risks of poor engagement and target appropriately		April 2021	Head of OD & Culture
	Promotion of access to CPD funding including link to organisational priorities and individual personal development plans as part of appraisal discussions and recruitment plans		April 2021	Deputy Chief Nurse
	Promotion of Nursing and AHP career pathways from entry to Chief Nurse. Embed and share across whole organisation. Undertake career conversations to support promotion of pathways. Include as part of Induction and appraisal conversations		April 2021	Deputy Chief Nurse
	Review of People Plan and Recruitment plan outcomes and timescales in line with period of suspended activities and to re-focus delivery during 2021/22		March 2021	Chief People Officer

Strategic Objective		SO4 Be the place people choose to work				Committee	Exec Lead	
						Workforce and Development Committee	Chief People Officer	
Strategic Risk No	BAF 4c	Pre Mitigations Risk Score	L x C 4X4 (16)	Post Mitigations Current Risk Score	L x C 3X4 (12)	Board Risk Appetite: Moderate	Target Score	L x C 3X4 (12)

RISK: Failure to effectively engage and involve our workforce by not actively listening, innovating and acting on their feedback and communicating effectively could lead to an inability to positively improve culture

Cause

- Insufficient awareness and use of formal and informal mechanisms in place to engage meaningfully with staff at all levels, and across all groups.
- Insufficient investment of resource, focus and capacity to implement a structured and far-reaching staff engagement programme.
- Failure to address matters locally resulting in escalation to inappropriate levels in order to solve staff issues/concerns
- Lack of awareness of the changes that happen as a result of staff feedback

Impact of the Risk

- High levels of sickness
- Low morale
- Increased employee relations issues
- Inability to fulfil the aims of the Trust to the standards expected.
- Lack of trust in managers to respond to staff concerns
- Instability in leadership arrangements creating unnecessary workloads
- Turnover of staff in management/leadership roles due to role dissatisfaction/disempowerment
- Reputation damage caused by low morale leading to recruitment challenges
- Decrease in engagement metrics in both staff FFT and survey

Quarters – Change in Post Mitigation Scores	Q1	Q2	Q3	Q4
	16	12	12	

KEY CONTROLS IN PLACE	ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action is being taken)]	LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External
Collection of staff engagement indicators that are published within the workforce KPIs report for Committees	Y	2

Feedback from the national staff survey and FFT results introduced on the basis on 'you said, we did'	Y	2/3
Board, Executive and senior management development programmes provide better understanding of role and responsibility and impact of positive engagement and impact of behaviours	Y – further roll-out of 360 feedback and leadership development throughout 2021	3
Annual staff survey process in place	Participation increased in 2020 and is in line with benchmark group. Performance compared to benchmark remains lowest quartile for most indicators. Focus on historical comparison for 2020 to gauge local improvement.	1
Engagement plan for 2019/20 have provided additional opportunities for connection and feedback to staff	Actions were limited in delivery and impact during 2019/20	1
New Staff Engagement Model launched in July 2020, with quarterly Divisional & Professional Staff Group Engagement Events. Progress and action to be monitored through Workforce & Staff Engagement Committee.	New Staff Engagement Model has recently launched. Annual diary of engagement events now firmly diarised for 2020/21. Regular reporting to WSEC.	2

ACTIONS IMPLEMENTED SINCE LAST REVIEW	**IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE**
Staff Survey undertaken Sept-Nov 2020 with increased participation rate for the year.	Detailed results are not yet analysed; increased participation is positive.
Regular Divisional Staff Engagement Forums are in place; with AHP forum running quarterly and action plans reported to Workforce Committee.	Clear plans in place to deliver prioritised staff engagement improvement actions. More active staff engagement and participation under development.
Further delivery of Managers Accreditation Programme developed, including roll-out plan for 2020/21; although training activity has paused during Q3 due to operational pressures for clinical and management staff.	Delayed positive impact of training as spread remains limited until further roll-out. Plans in development to increase capacity during 2021/22 to support planned delivery timescale.
Continued engagement and communication activity during COVID such as additional team briefs, daily briefings (face to face) and daily update	Positive feedback on increased engagement during COVID wave 1-3. This is identified as an area to continue activity in which will reduce risk/increase assurance of engagement with staff.
Work underway to launch pulse survey's in pilot areas in early 2021 to provide additional intelligence more frequently on areas of engaged and disengaged staff.	No impact seen yet – planned actions will positively impact engagement and reduce risk by being able to more quickly target areas for improvement and celebrate areas of good practice
SHAW provision and capacity has been bolstered including purchase of an extended Employee Assistance Programme, ad hoc support for areas of increased need, Staff Wellbeing steering group and Wellbeing activities to support staff	Greater support is in place for staff. Take up is increasing but remains low in comparison to the workforce numbers. Increased demand for more complex needs of staff.

SPECIFIC GAPS IN CONTROL / ASSURANCE	ACTIONS	STATUS:		
		COMPLETE	IN PROGRESS	OUTSTANDING (BEYOND COMPLETION DATE
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*		*Date for completion*	*Action Lead*
• Engagement Forums remain under development across all divisions with further opportunity to support the review of Staff Survey 2020 results. There is a need to increase the level of engagement, particularly for front line staff in future engagement forums; ensure that actions from 2019 have been completed and identify process for 2020 actions. • Staff Survey results for 2020 to be analysed in terms of Trust-wide improvements/areas requiring improvement. Actions and information to be cascaded to staff. • SHAW services remain under review and do not currently provide a high quality, responsive service which meets the needs of staff following a period of turnover and poor leadership. A new service operating model is required. • Wellbeing and EAP services were commissioned for COVID Phase 1 and are still developing; uptake amongst staff is increasing but remains low. Contract for EAP expires March 21. • Local, regular staff feedback is not robustly collected. The launch of departmental Pulse Surveys will provide additional insight and intelligence to enable better and quicker responses to staff feedback.	Engagement forums to be reviewed by Divisional Directors to ensure they are running effectively alongside efforts to support higher levels of participation by front line staff. Enhancing participation levels will deliver more robust plans/actions and priorities.		March 2021	Head of Communications/ Divisional Directors
	Engagement plans to be improved and regularly reviewed through WSEC.		April 2021	Head of Communications/Deputy Chief People Officer
	Staff Survey results for 2020 to be analysed and shared with staff, engagement and inclusion forums and outline responses developed to link with People Plan and other planned activity.		March 2021	Head of OD, Culture and Learning/Head of Communications/
	SHAW review and proposal for future operating model to be presented to WSEC		March 2021	Deputy Chief People Officer
	Wellbeing and EAP services to be reviewed and evaluated and EAP service to be re-provided for 2021/22.		April 2021	Deputy Chief People Officer
	Pulse Survey to be piloted in initial team and a further roll out plan for 2021 to be developed		April 2021	Chief People Officer/Head of Communications/ Divisional Directors

Strategic Objective		SO5 Make the best use of what we have				Committee		Exec Lead	
						Finance & Performance		Director of Finance	
Strategic Risk No	BAF 5a	**Pre Mitigations Risk Score**	L x C 4X5 (20)	**Post Mitigations Current Risk Score**	L x C 3X4(12)	**Board Risk Appetite**		**Target Score**	L x C 2X5 (10)
						Moderate			
RISK: Failure to recognise the importance and impact of our constrained financial position due to a lack of understanding, engagement and financial discipline mean we miss key financial targets, run out of cash and come under greater regulatory scrutiny									
Cause • Failure to fully understand the actual, forecast and underlying financial Income and Expenditure and cash position can lead to a lack of financial discipline and awareness. • The risk score has been updated to reflect the uncertainty that exists in the 2021/22 allocation of resources and the ability of the Trust to fund ongoing costs and agreed developments eg Modular				**Impact of the Risk** • Poor decision making and a weakened ability to manage a deteriorating financial position such as when to seek support for the cash position, budget holders uncertain of resource availability, efficient use of resources and reputation					
Quarters – Change in Post Mitigation Scores		**Q1**		**Q2**		**Q3**		**Q4**	
		12		8		12			

KEY CONTROLS IN PLACE	ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action is being taken)]	LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External
Financial Management, Control and Planning Policies	Yes	2
Business Cases	Yes	2
Financial Improvement Programme	No - work in progress (continuous improvement through financial year	1

Budget Holder Training	Yes	1
SFI's	Yes	2
Scheme of Delegation	Yes	2

ACTIONS IMPLEMENTED SINCE LAST REVIEW	IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE
• Final agreement of £8.3m from Dudley CCG secured in 2019/20 • Further agreement with NHSI/E for £4.8m secured in 2019/20 • Full and final settlements agreed with other commissioners reflecting activity pre-Covid • Additional Covid funds of just over £2m agreed in 2019/20 • Significant additional resources in the first 6 months of 2020/21 • One month's contract payments made in advance during 2019/20 • The full years financial framework for 2020/21 has been received and additional resources allocated • A financial risk share arrangement has been agreed across the STP organisations	• Successful delivery of control total • Full PSF earned of £6.462m in 2019/20 • Surplus achieved of £3.521m in 2019/20 • No requirement to borrow cash and an enhanced cash position • Public Sector Payment Policy targets have improved significantly • The forecast position for the end of 2020/21 for both the Trust and the STP does not suggest that this risk will impact in the financial year 2020/21.

SPECIFIC GAPS IN CONTROL / ASSURANCE	ACTIONS	STATUS:			
		COMPLETE	IN PROGRESS	OUTSTANDING (BEYOND COMPLETION DATE	
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*		*Date for completion*		*Action Lead*
• Understanding the Underlying Position, adherence to policies • Adherence to Business Case processes, link to affordability	Audit of Financial Controls Significant assurance received for internal audits in the year to January 2021		Mar 2021		Chris Walker

• Adherence to Resources to deliver • Adherence to Budget Holder Training • Adherence to Scheme of Delegation • Benchmarking	Multi Year Financial Plan reviewed by Finance and Performance Committee Regular benchmarking of income and spend trends reviewed by Finance and Performance Committee	Mar 2021	Richard Price

Strategic Objective		**SO5 Make the best use of what we have**				**Committee** Digital Trust Technology committee (DTTC) Sub working group: Digital Steering Group	**Exec Lead** Chief Information Officer	
Strategic Risk No	BAF 5b	**Pre Mitigations Risk Score**	L x C 3X5 (15)	**Post Mitigations Current Risk Score**	L x C 2X4 (8)	**Board Risk Appetite** **Moderate**	**Target Score**	L x C 3X4 (12)
RISK: Failure to successfully adopt digital workflows, due to competing organisation / clinical pressures, availability of resources and change fatigue; results in clinical risk, reputational risk and inefficiency								

Cause

Staff Engagement:

- Competing organisational priorities / change fatigue – failure to adapt new work flows and system

Business Risk / Reputational Risk

- Operational / clinical pressures – delayed roll out leading to risk of legacy system failing with no strategic mitigation
- Cyberthreats and major failure of legacy systems / infrastructure impact staff adoption of digital workflows and Trust reputation
- Failure to deliver infrastructure for interoperable digital workflows impact DGNHSFT sustainability / STP goals

Clinical Risk

- Not delivering maintains current levels of clinical risk with no systematic mitigation
- Lack of resources caused by delayed roll outs – leads to insufficient go-live support

Impact of the Risk

- Failure to deliver improved efficiencies and patient outcomes
- Increased clinical risk or sustained current state clinical risk
- Failure to meet NHS standard contract terms
- Fail NHS Long term-plan / Personalised Health and Care 2020 vision and objectives
- Adverse impact on patient outcomes or delays to patient care
- Failure to deliver sustainability in a future platform for strategic objective 'SO3 Drive Service improvements, innovation and transformation' for future years transformation plans
- Failure to support new models of care and future adoption of digital workflows
- Inability to attract clinical work in the region
- Inability to meet increasing demands for data returns in short timescales (remaining manual)
- Loss of revenue
- Trust reputation damaged

Quarters – Change in Post Mitigation Scores	**Q1**	**Q2**	**Q3**	**Q4**
	8	8	8	

KEY CONTROLS IN PLACE	ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action is being taken)]	LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External
Deployment of new workflows and enhancement of existing functionality follows clinically / operationally led design, process mapping and acceptance testing – with directorate / divisional operational ownership. Major commissioned work go-lives run through an operational Go/No-Go process and link to associated governance groups	Y	1
There are a number of forums where the wider the workforce can contribute to ongoing quality improvement. This includes transparently displaying you said we did on the digital trust intranet pages for reference and regularly updated training support content.	Y	1
Interlinked Corporate risk COR1083 - Risk of cyber a security incident causing widespread impact of Trust operational capability and patient safety COR1081 - Failure of the IT infrastructure would impact on patient safety and performance – dynamically address ongoing operational response to the risk environment, with controls in place	Y – controls are dynamically updated in the Corp risk register. Whilst cyber-awareness in the organisation is one part of the overall cybersecurity risk, there are a number of other key factors including ongoing investments in technology, as well as the increased UK cyber-threat level due to Covid-19.	1
The Digital Steering Group will provide clinical governance and workforce engagement and is authorised by the Digital Trust technology Committee to investigate any activity within its terms of reference to deploy technology to meet the trusts prevailing policies, within financial budgets to meet clinical and operational needs.	Y	2

DGNHFT currently manage the clinical risk management standard DCB0160 by exception through the roles of the medical director and chief nurse (in accordance with the provisions in the statute). There is currently no designated clinical safety officer (CSO) in post CCIO and CSO roles report to MD clinical executive. CNIO reports to CN clinical executive	Currently no CSO or CNIO in place. The Trust is meeting the DBC0160 clinical risk management statue through the CCIO clinical safety review process with oversight of the Medical Director and Chief Nurse as defined in the act as "Top management".	2
Board level involvement in ICP programme, including awareness of risks linked to shared digital workflows across the Dudley health care system. In dependent due-diligence reports assess the position of digitally supported clinical pathways.	Y	3
Trust engaged with Black Country Pathology Service (BCPS) on infrastructure to deliver shared digital workflows	Y	3
Trust engaged with STP and new Midlands regional digital boards including priority setting, of local health care records (LHCR), the Black Country Local Maternity System (LMS) integration, and national procurements for virtualised of digital workflows	Y	3
Infrastructure is managed through TeraFirma IT to provide a state-of-the-art infrastructure to support the delivery of shared records population health platform between GPs and DGNHSFT (formally BAF 599)	Y	3
Allscripts are compliant with DCB0129 – clinical risk management and have a designated clinical safety officer (CSO) Dr Anna Bayes	Y	3

ACTIONS IMPLEMENTED SINCE LAST REVIEW	**IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE**
Bespoke Allscripts enhancements for the Trust for our recent Electronic Prescribing and Medicines Administration (EPMA) solution deployed (Point Release 32) Adoption of eDocuments; Medical patient review and Ward Round clinical documentation to facilitate regular daily patient reviews (replacement of paper) Adoption of eDocument for Treatment Escalation Plan and Resuscitation Status with population level sharing (across place).	<u>Positive Assurance</u> L1 Positive assurance – ongoing use of video conferencing solution *Attend Anywhere* within outpatient workflows - 600% increase in virtual appointments (170,000 from April to Dec 2020). L1 Positive assurance – significant use of video conferencing's, collaborative productivity tools and up to a third of staff on shift working remotely each day. L2 Positive assurance – digital committee re-cast technology BAF against the

Data Service model using new Data Relationship Manager roles embedded in Trust Site Office and corporate services to provide insight / oversight dashboards and visualisations. Proactive implantation and adoption of data visualisations used to target discharge and flow. Solution upgrades to Radiology solutions and Intensive Care electronic records delivered. In response to COVID: • Provision of virtual wards in Sunrise and clinical documentation to support • Mandated patient scores and vital signs • Oxygen updates to improve recording of vital signs • Work package 1 (of 4) of the Deteriorating Patient pathway to support vital signs • Digital delivery of Dudley vaccination centre, PCN sites, roving teams and hospital hub d being used as a blue-print to support other boroughs. • Lateral flow testing portal rapidly mobilised using in-house team to capture and report lateral flow testing of the workforce Trust is preparing to undertake its project to build digital maturity in e-Rostering across wider staff groups (to included AHPs) after successfully securing National funding. Network re-fresh delivering the platform for further, future digital innovation continues to deliver Patient Administration System (PAS) and Oracle infrastructure refresh business case, transitions into delivery to ensure ongoing stable technology platforms for core business solutions.	refreshed Trust strategy as adoption of what we have improves – provision of digital service transformation is required. L3 Positive assurance Positive assurance, all devices use Advanced Threat Protection to safeguard. L3 Positive assurance – delivery of digital workflow for vaccination centres widely credited. <u>Negative Assurance</u> L2 Negative assurance – current risk level maintained below board appetite. Digital investment decisions to transform need to risk more for greater reward. L2 Negative assurance - Clinical Safety Officer post vacant. MD – advertising, await post fill. L2 Negative assurance - Chief Nursing Information Officer vacant post - CN / CCIO review L3 Negative assurance - National funding and central contract for the currently free-of-charge Attend Anywhere solution has been extended to March 31st 2020, at which point it will cease. Memorandum of understanding being reviewed for extending for one year at same time as investigating if Microsoft Teams could replace. Procurement work progressing – no concluded. L3 Negative assurance - Lack of clarity on DIHC technology proposal and plans and ICP full busines case / subcontract position, leads to uncertainty and lack of technology provision for community teams.

SPECIFIC GAPS IN CONTROL / ASSURANCE	ACTIONS	STATUS:		
		COMPLETE	IN PROGRESS	OUTSTANDING (BEYOND COMPLETION DATE
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*		*Date for completion*	*Action Lead*
~~1. Dissemination of clear messages into wider clinical community by members of the CAG do not always occur / inconsistent leading to disenfranchised staff.~~ 2. Staff with high levels of digital engagement, leaving a gap to those less eager. ~~3. Original strategy launched under different executive / senior leadership teams leaving an awareness Gap~~ ~~4. Risk appetite lower than current risk level – leading to avoidance disruption / go-live~~ 5. Lack of Staff engagement – creates a block to adopting change 6. Speed of mobilisation and operational readiness leading to lag-time	~~Embedding of Digital Transformation through clinically led Board committee's (CQPSE) and groups to ensure that digital first forms part of a reasonable assurance processes and avoids false assurances.~~ Digital committee reinstated, bi-monthly. Committee work plan has been devised such that in the non-meeting months members will support the Digital Steering Group undertaking quality reviews / deep-dives in key areas around the Trust to support the quality committee in establishing clear action plans.		Jul 19	Max Hodges (CCIO)
7. On-going system support, by skilled staff 8. Revenue to recruit and retain adequate skills to deliver projects of this scale 9. New initiatives divert resources away from core project activity ~~10. Lack of clarity on HSLI Pop Health fund matching (approved case in 18/19 funding held back) carrying forward into 19/20~~ ~~11. Clarity on MCP strategic formation~~	Digital strategy re-launched in Board away day. Trust board January 2020 agreed to reinstate committee level oversight, with revised digital / medical devices steering groups. Agreed Digital Trust Technology Committee Terms of Reference and Digital Steering Group ToR in February 2020 Board.		Mar 20	Adam Thomas (CIO)
~~12. Changes in BCPS priorities and co-dependent risk (transferred Corp risk CE008)~~ ~~13. Failure of existing EPR (Soarian) may mean electronic record is irrecoverable. Sunrise Go-live is only mitigation (Corp Risk CE009 / COR091)~~ ~~14. Operational No-Go decision protracts existing higher levels of clinical risk~~	Increase exposure of all clinical groups to independent clinical safety review (CSR) of each project roll out, driving digital skills within the wider clinical workforce and better understanding of clinical risk at an organisational level.		Sept 19 continual process	Clinical Safety Officer / Max Hodges (CCIO)

~~/ dual systems of work and chance of Soarian failure.~~ 15. Current levels of organisational-wide clinical risk in practice are poorly understood by the workforce, so that something new seems more risk than something familiar. 16. Digital Trust programme perceived as a technology / IT project rather than clinical transformation (see item 1).	

Strategic Objective		**SO6 Deliver a viable future**				**Committee**		**Exec Lead**	
						Finance & Performance		Director of Strategy and Business Development	
Strategic Risk No	BAF 6a	**Pre Mitigations Risk Score**	L x C 5X4 (20)	**Post Mitigations Current Risk Score**	**L x C 4X4 (16)**	**Board Risk Appetite**	**Moderate**	**Target Score**	L x C 3X4 (12)

RISK: Failure of the Trust to influence the local and wider evolving health economy due to a lack of engagement and poor performance undermining our credibility means our clinical and financial viability is undermined as we lose key high value services and opportunities for profitable growth

Causes	**Impact of the Risk**
Relationships • Challenged relationship with main commissioner • Lack of engagement with GP practices to jointly develop new service models • Lack of profile of the Trust as an anchor institution in the community **Competition**	• Loss of activity and associated income may destabilise some services impacting on continued provision • Loss of ability to income generate resulting in CIPs being more focused on cuts to services. • Fragile and fragmented clinical services which become unsafe • Financial losses that threaten the sustainability of the Trust

• A number of acute Trusts within a small geographical area providing similar services. • Private provider in Birmingham for Ophthalmology offering low waiting times • Sandwell & West Birmingham Hospitals integrated with a PCN since Apr-20 which is a significant user of our services **Policy direction** • Implementation of Integrated Care Partnerships at 'place' level has locally been interpreted as the establishment of new organisation (DIHC Integrated Care **Provider**) to deliver and sub-contract for range of services currently provided by DGFT. Could result in significant loss of services. • Development of Integrated Care Systems are predicated on greater provider collaboration, with local drive towards shared leadership / group models; this could result in loss of autonomy. • Block contract arrangements for 20/21 affect ability to income generate; arrangements for 21/22 not yet fully known.	

Quarters – Change in Post Mitigation Scores	**Q1**	**Q2**	**Q3**	**Q4**
	20	20	16	

KEY CONTROLS IN PLACE	**ASSURANCE THAT CONTROLS ARE EFFECTIVE [Yes / No (if no what action is being taken)**	**LEVEL of CONTROL 1 = Operational 2 = Committee 3 = External**
Clinical Strategy Board, Clinical Advisory Groups and GP Engagement meetings in place to build relationships with primary care and co-design new service models.	No – these meetings have been put on hold pending resolution of ICP issues / capacity of clinicians given pressures arising from Covid-19.	1
Dedicated Executive support in place to work through the development of the Integrated Care **Provider** in order to ensure risks to DGFT are mitigated.	Yes	2,3

The Integrated Care **Provider** development is scrutinised by the Board directly with approval sought at each gateway.	Yes	2, 3
The Integrated Care Provider development is subject to a national assurance process overseen by NHSEI.	Yes	3
DGFT is an active member of Dudley Partnership Board which will has been reconstituted to become the vehicle for the Integrated Care **Partnership** for Dudley.	No – consideration needs to be given to how the Board has oversight of this.	1
A comparative analysis of performance is presented to F&P Committee every six months with an evolving range of measures discussed to highlight the Trust's strengths and weaknesses. This includes market share analysis to identify changes in referral patterns	Yes	2
Director of Strategy and Transformation part of STP team to develop the case for change, options appraisal and implementation plan for acute collaboration, reporting to Chairs and CEOs.	Yes	3
Board and Governors to have full oversight of proposals for acute collaboration and are required to approve any changes in governance.	Yes	2

ACTIONS IMPLEMENTED SINCE LAST REVIEW	**IMPACT OF CONTROLS AND ACTIONS ON RISK/ASSURANCE**
GP Engagement • Clinical engagement meetings now established between DGFT and primary care, with sub-group working on developing shared agenda, ensuring actions are followed through, etc. • Weekly operational meetings established between DGFT, DIHC, CCG and PCN leadership to ensure good communication regarding pressures arising from Covid and any services changes required to be made. • CSB / CAGs were established, with terms of reference and work plan. However, these have been temporarily stood down given current pressures arising from Covid-19 and DGFT's position regarding the IC Provider overall (see below).	

Procurement of Integrated Care Provider • Following full analysis of the Full Business Case and intensive negotiations to attempt to resolve outstanding issues and risks, report was presented to DGFT Board in Oct 2020 recommending that the Board do not support the FBC. • National review of FBC has not been progressed given the clinical and financial risks inherent within the Business Case and the poor relationships in the system. • Verbal instruction given to cease work on the transaction and for staff not to transfer on 1st April 2021. • Discussions have commenced regarding how services can be integrated at place; details still to be confirmed. **Development of Integrated Care Partnership** • Terms of Reference for Dudley Partnership Board refreshed to reflect emerging role as the vehicle as the Integrated Care **Partnership** (rather than, as previously, a board to oversee implementation of the Integrated Care **Provider**). • Proposal for series of workshops to develop overarching goals and outcomes to be achieved agreed. • Active participation in CCG-led work regarding scope of services to be 'managed' at place level as part of future ICS arrangements. **Acute Collaboration** • Paper presented to all 4 acute trust boards in December 2020 setting out proposals for formal collaboration across acute trusts in the Black Country and West Birmingham.	<u>Positive Assurance</u> Risks in the Full Business Case identified and articulated. NHSEI verbal confirmation that risks are too great for transaction to proceed at this time and for local partners to agree the way forward. <u>Negative Assurance</u> Still a level of uncertainty around approach to be taken. Still possible that the CCG will push for the transaction to go ahead.

• Consensus across all 4 trusts to establishing a clinically led programme which focuses on services where quality and outcomes can be improved with no imminent change in organisational leadership arrangements. • Draft Terms of Reference and outline programme scope being developed by working group for initial agreement by Chairs / CEOs in advance of first programme board meeting. Due to covid pressures, meeting postponed; to be re-scheduled for late Feb / early March. **Strategy Refresh** • Refresh of strategy has commenced to provide framework for how the organisation develops over the next 3 – 5 years, including in its role as an anchor institution. • Individual discussions held with all NEDs and EDs, and workshops held separately with NEDs and EDs to form key themes. • Key themes tested with staff groups at meetings. • Staff and governor survey undertaken with 110 and 133 responses respectively. • Sessions held with Governors, Medical Leaders and Health and Wellbeing Board to test themes. • People's Network Event held in partnership with Healthwatch attended by c50 members of the community to further inform the strategy. • Work to take forward 3 strategic aims (hospital and care at heart of the community; creating centres of excellence across the Black Country; greater emphasis on teaching, research and innovation) well underway. • Detailed preparation undertaken for full Board development session, however, this has been postponed on several occasions due to Covid pressures. Rescheduled for 24th February 2021.	

SPECIFIC GAPS IN CONTROL / ASSURANCE	ACTIONS	STATUS:		
		COMPLETE	IN PROGRESS	OUTSTANDING (BEYOND COMPLETION DATE
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*		*Date for completion*	*Action Lead*
• Integrated Care **Provider** – lack of formally agreed way forward.	Pragmatic way forward to be developed and proposed.		Apr 2021	Tom Jackson
• Trust's existing strategy reliant on income growth in time of greater collaboration.	Board development session to refresh strategy		Feb 2021	Katherine Sheerin
	Draft strategy to be presented to Board in Apr 2020		Apr 2021	Katherine Sheerin
	Stakeholder analysis and action plan to be produced to underpin the strategy		Jun 2021	Liz Abbiss
• No promotional material for our services and limited regular relationship meetings.	Comms materials to be produced in discussion with practices through clinical engagement meetings		Jun 2021	Liz Abbiss

SPECIFIC GAPS IN CONTROL / ASSURANCE	ACTIONS	STATUS:		
		COMPLETE	IN PROGRESS	OUTSTANDING (BEYOND COMPLETION DATE
The main areas of weakness which result in ineffective or absent controls / assurance	*Actions required to mitigate the weaknesses*		*Date for completion*	*Action Lead*
	Routine relationship meetings to be set up with other key partners, including commissioners, LA, etc		Apr 2021	Katherine Sheerin
• Limited involvement by Trust staff in the different work streams of the STP / ICS	Strengthen engagement with the work streams of the STP by being clear on where DGFT input is on the work streams and identifying any gaps in engagement /involvement across the Programme. Co-ordinate a regular update to Exec Directors		May 2021	Katherine Sheerin
	Programme Board for acute collaboration to be established.		March 2021	Katherine Sheerin

The Dudley Group NHS Foundation Trust

Quality and Safety Committee – Corporate Risks

Exec Lead	Risk Mitigator	Ref	Risk Title	Date entered on Risk Register	Initial Risk Score	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Trend	Target Risk Score
Objectives: SO1 Deliver a great patient experience																	
CN	**Jill Faulkner**	COR1010	Failure to comply with local and statutory provisions for complaints management	08/05/19	5 X 5 (25)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 x 4 (12)	3 x 4 (12)	3 x 4 (12)	3 x 4 (12)	3 x 4 (12)	3 x 3 (9)	↻	2 X 5 (10)
Objectives: SO2 Safe and Caring services																	
MD	**Phil Brammer**	COR1015	Compliance to the identification and action of all deteriorating patient groups	13/05/19	4 X 5 (20)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	3 X 5 (15)	→	2 X 5 (10)
COO	**Ruckie Kahlon**	COR896 (CSS896)	Temperatures in medicines storage rooms exceeding manufacturers recommendations	16/01/19	5 X 3 (15)	4 X 3 (12)	4 X 3 (12)	4 X 3 (12)	4 X 3 (12)	4 X 3 (12)	4 X 3 (12)	4 X 3 (12)	4 X 3 (12)	4 X 3 (12)	4 X 3 (12)	→	2 X 3 (6)
MD	**Kausar, Dr Shahid**	COR1145	Neurosurgical Referral Pathway	18/09/19	4 x 5 (20)	4 x 5 (20)	4 x 5 (20)	2 x 5 (10)	2 x 5 (10)	2 x 5 (10)	2 x 5 (10)	2 x 5 (10)	2 x 5 (10)	2 x 5 (10)	2 x 5 (10)	→	2 X 5 (10)
MD	**Hudson, Paul**	COR1185	Lack of systemic process to ensure clinicians review all results for all radiological investigations performed	25/10/19	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	→	2 X 4 (8)
CN	**Aworinde, Mandy**	COR1301	Implementation of Liberty Protection Safeguards	26/02/20	4 x 3 (12)	4 x 3 (12)	4 x 3 (12)	4 x 3 (12)	4 x 3 (12)	4 x 3 (12)	4 x 3 (12)	4 x 3 (12)	3 x 3 (9)	3 x 3 (9)	3 x 3 (9) **DE-ESC**	→	2 x 3 (6)
MD	**Hudson, Dr Paul**	COR1422	Lack of systemic process to ensure clinicians review all results for all pathology investigations performed	12/08/20	4 x 4 (16)				**NEW**	3 x 4 (12)	3 x 4 (12)	3 x 4 (12)	3 x 4 (12)	3 x 4 (12)	3 x 4 (12)	→	2 X 4 (8)
MD	**Edwards, Rebecca**	COR1449	Failure to act on findings/recommendations from national clinical effectiveness reports (NCEPOD, HSIB, National Clinical Audit)	24/09/20	5 x 4 (20)					**NEW**	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	→	2 X 4 (8)
MD	**Bill Dainty**	COR1453	Lack of clinical teaching environments and resources	29/09/20	5 x 3 (15)					**NEW**	4 x 3 (12)	4 x 3 (12)	4 x 3 (12)	4 x 3 (12)	3 x 3 (9)	↻	2 x 3 (6)

Exec Lead	Risk Mitigator	Ref	Risk Title	Date entered on Risk Register	Initial Risk Score	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Trend	Target Risk Score
MD	**Edwards, Rebecca**	COR1527	Wrong Blood in Tube (Labelling)	23/12/20	4 x 4 (16)								**NEW**	4 X 4 (16)	4 X 4 (16)	➲	2 X 4 (8)
CN	**Jo Wakeman**	COR1529	Unable to safely staff the wards during the Coronavirus Pandemic	11/01/21										**NEW**	5 X 4 (20		2 X 4 (8)
Objectives: SO3 Drive Service Improvements, innovations and transformation																	
MD	**Bill Dainty**	COR1063	Data validation for sepsis reporting	18/06/19	4 X 5 (20)	2 X 5 (10)	2 X 5 (10)	2 X 5 (10)	2 X 5 (10)	2 X 5 (10)	2 X 5 (10)	2 X 5 (10)	2 X 5 (10)	2 X 5 (10)	2 X 5 (10)	➲	2 X 5 (10)
MD	**Jennings, Adrian**	COR1420	Failure to recognise deteriorating patients properly will cause harm	04/08/20	5 x 5 (25)				**NEW**	4 X 5 (20)	4 X 5 (20	4 X 5 (20	4 X 4 (16)	4 X 4 (16)	4 X 4 (16)	➲	2 X 5 (10)

The Dudley Group NHS Foundation Trust

Finance and Performance Committee Corporate Risk Register

Exec Lead	Risk Mitigator	Ref	Risk Title	Date entered on Risk Register	Initial Risk Score	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Trend	Target Risk Score
Objectives: SO4 Be the place people choose to work																	
MD	**Julian Hobbs**	COR959	Financial implications of job planning	11/03/19	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	3 x 3 (9)	3 x 3 (9)	2 x 4 (8)	➲	2 x 4 (8)

The Dudley Group NHS Foundation Trust

Workforce and Engagement Committee - CRR

Exec Lead	Risk Mitigator	Ref	Risk Title	Date entered on Risk Register	Initial Risk Score	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Trend	Target Risk Score
Objectives: SO4 Be the place people chose to work																	
CPO	**Karen Brogan**	COR981	High levels of staff absence resulting in staff shortages and agency expenditure	12/04/2019	5 x 4 (20)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	➲	2 x 4 (8)
CPO	**Rachel Andrew**	COR1303	Staff engagement and morale	11/03/2020	5 x 4 (20)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	3 x 4 (12)	3 x 4 (12)	➲	2 x 4 (8)
CPO	**Susan Coffee**	COR1433	Ability to deliver an effective staff health and wellbeing service	08/09/2020	4 x 4 (16)							4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	➲	1 x 4 (4)
Objectives: SO2 Safe and caring services																	
CPO	**Boswell, Andrew**	COR982	Poor compliance to Trust mandatory training in specific areas	12/04/2019	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	4 x 4 (16)	➲	2 x 4 (8)
CPO	**Marcia Hylton**	COR1489	Lack of effective e-rostering for clinical workforce	10/11/2020	4 x 4 (16)								NEW	4 x 4 (16)	4 x 4 (16)	➲	2 x 4 (8)

The Dudley Group NHS Foundation Trust

Digital and Technology Corporate Risk Register

Exec Lead	Risk Mitigator	Ref	Risk Title	Date entered on Risk Register	Initial Risk Score	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 20	Trend	Target Risk Score
Objectives: SO2 Safe and Caring services																	
CIO	**Sarah Ellis**	COR1081 (CE1081)	Failure of the IT infrastructure would impact on patient safety and performance	03/07/19	5 x 4 (20)		ESC	4 x 5 (20)	4 x 5 (20)	4 x 5 (20)	4 x 5 (20)	4 x 5 (20)	4 x 5 (20)	4 x 5 (20)	4 x 5 (20)	➲	2 x 4 (8)
Objectives: SO6 Deliver a viable future																	
CIO	**Karen Hale**	COR1083 (CE1083)	Risk of cyber a security incident causing widespread impact of Trust operational capability and patient safety	03/07/19	5 x 5 (25)		ESC	5 x 5 (25)	5 x 5 (25)	5 x 5 (25)	5 x 5 (25)	5 x 5 (25)	5 x 5 (25)	5 x 5 (25)	5 x 5 (25)	➲	2 x 5 (10)

Enclosure 18

The Dudley Group NHS Foundation Trust

Paper for Submission to the Board of Directors 11th March 2021

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

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

ACTION REQUIRED OF COMMITTEE :

Decision	Approval	Discussion	Other
	Y	Y	

RECOMMENDATIONS FOR THE GROUP

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

CORPORATE OBJECTIVE:

All

SUMMARY OF KEY ISSUES:

- As detailed in the paper
- As the Trust was on level 4 due to the Covid pandemic the agenda was reduced to facilitate and enable service leads to focus time on clinical matters. High risk reports were presented and some reports took as read

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description:**
	Risk Register: Y		**Risk Score:** Numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:**
	NHSI	**Y**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

Date Committee last met: 23rd February 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Increased Patient Treatment List numbers. Restoration will commence on 1st March 2021 which will mitigate the risk	• Report of the outcome of wrong blood in tube deep dive review, recommendations and time scales to be reported at the May 2021 meeting
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• 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.	• 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.

Enclosure 19

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors 11 March 2021

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

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

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

RECOMMENDATIONS

For the Board to review and note the exceptions presented.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

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

1. Good News Stories:

- The Trust was successful in its bid and received £20,000 from the volunteers funding (NHSI/E) to support initiatives such as TTO deliveries, development of volunteers' communication system and the purchase of IPads to be used by the Chaplain service.
- Clinical Support Workers open day was held on the 22nd January 2021 and was attended by 70 candidates.
- 21- 3rd year students from Worcester and Wolverhampton Universities joined the Trust as part of HEE paid placements scheme to support the trust during the pandemic.
- Support from the Military continues until March 5th 2021.
- Pharmacy Technicians pilot within Critical Care receiving positive feedback.
- Flu vaccine uptake 83%.

2. Areas for Improvement

- Bank and agency usage continues to be high. Despite positive recruitment campaigns many of these staff will require notice periods and inducting into the trust and their retrospective clinical areas.
- Occupancy within Critical Care remains above funded capacity this is driving a proportion of high cost agency usage due to the specialist skills required within this area.
- Freedom to Speak up Guardians themes highlight that the stress of working during the pandemic is being reflected in the attitudes and behaviours of some staff.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

Risk Corporate Unable to safely staff the wards during the Coronavirus Pandemic due to high levels of absence (sickness/COVID related) leading to risk of inability to meet quality standards and safe care.	**Y**		**Risk Description** COR1529 Unable to safely staff the wards during the Coronavirus Pandemic
			Risk Score :20
RISK BAF 1A Not effectively engaging with patients in their care or involving them in service improvement	**Y**		**Risk Description:** COR1010 Failure to comply with local and statutory provisions for complaints management
	Risk Register: Y		**Risk Score: 9**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
		N	**DATE:**

NHS
The Dudley Group
NHS Foundation Trust

Chief Nurse Report

Board 11th March 2021

Mary Sexton, Chief Nurse

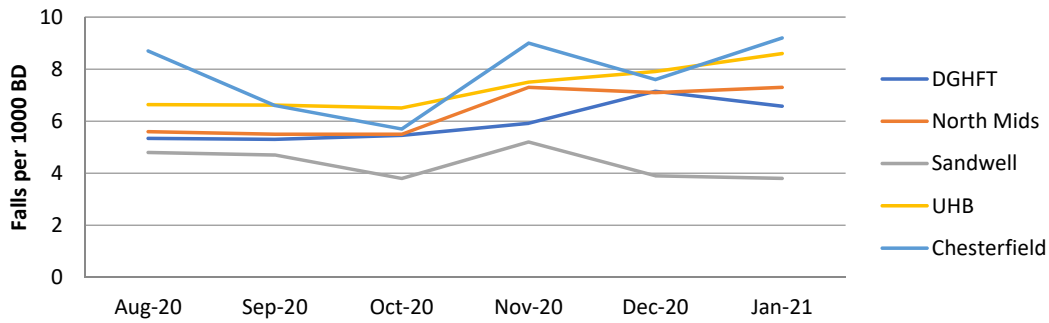


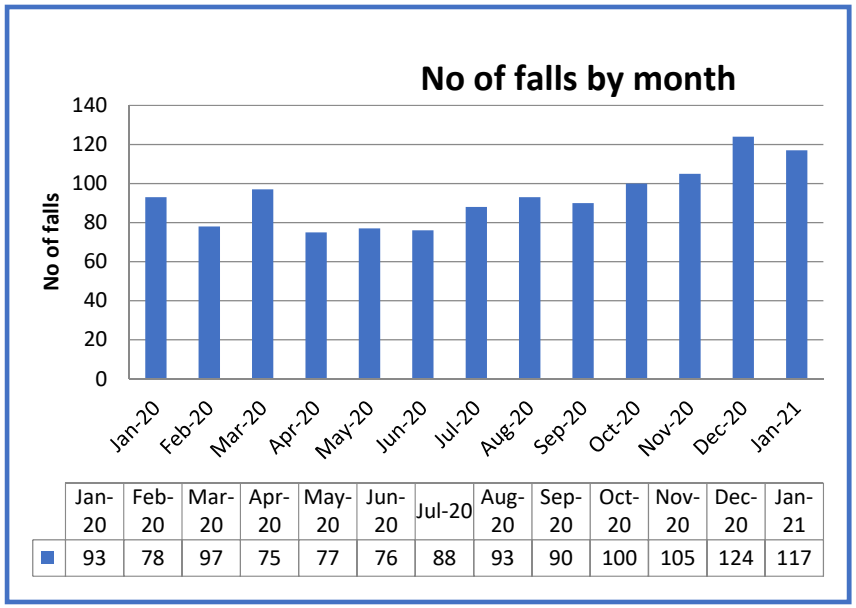

Care - Deliver safe and caring services - Falls

Falls - There were 117 falls during January 2021- of those 64 patients who fell did not come to harm. The remaining two falls resulted in harm and have been reported as serious incidents.

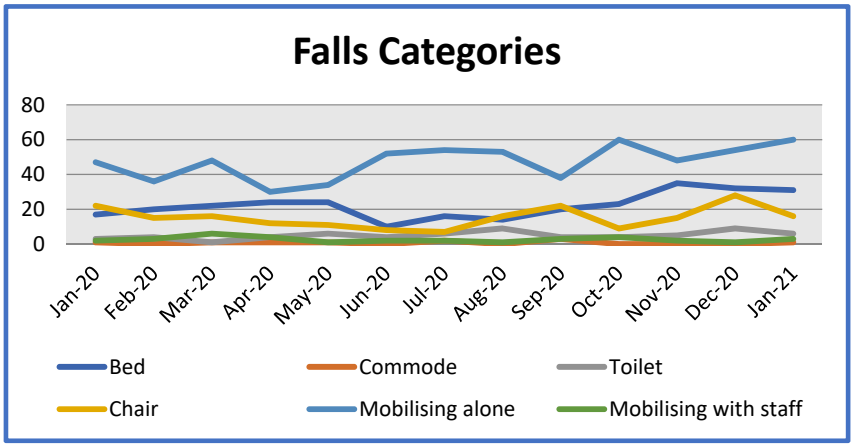
Patients mobilising by themselves results in the highest number of falls. This may be due to isolation effects and deconditioning combined with a unfamiliar environment.

Enclosed is a comparator of DGHFT compared to local trusts. The trust is not showing as an outlier but follows trends generally of an increase in falls.





	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
■	93	78	97	75	77	76	88	93	90	100	105	124	117



Care - Deliver safe and caring services

Patient Feedback from Audiology

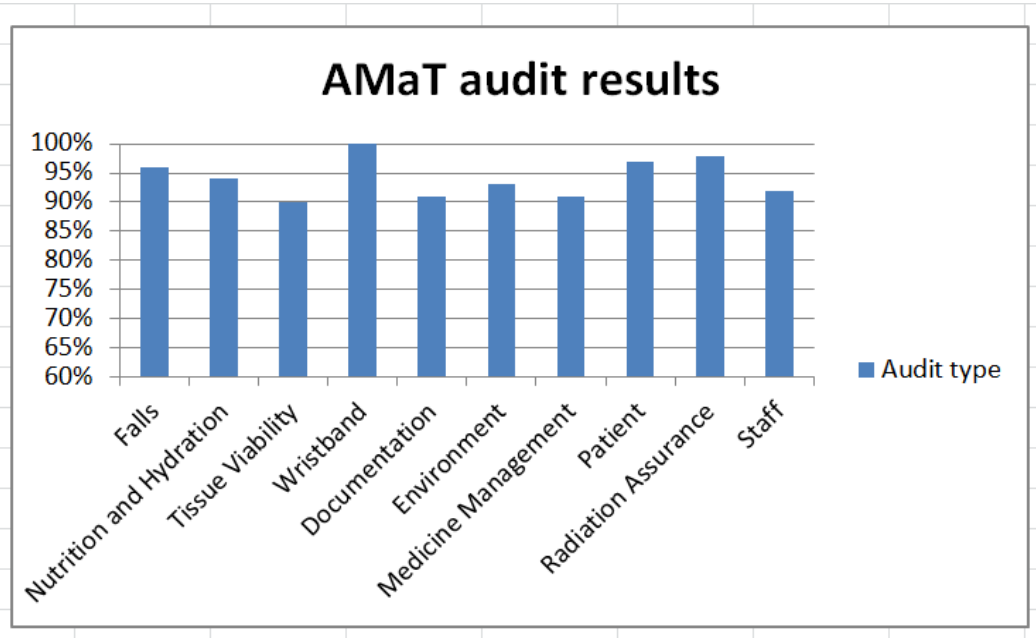
It seemed that our service really affected her and she was super grateful for her appointment ☺

She said that she had such an amazing experience in her appointment with the Audiologist she saw.

She had so many questions, but the Audiologist didn't make her feel embarrassed and answered them all fully.
She felt as if she didn't just receive a generic service today and that the Audiologist was just so lovely and made her feel so at ease- like a friend.
She commented that she had been in lockdown for months worrying about coming here today, as this is a big change for her in her life at such a young age, and that the Audiologist really was special and made her feel so comfortable.
Motioning to her bag with info and new aid in she said that she is grateful for this, but today was so much more than just a bag for her, and the way she was treated was really what she was grateful for.
Makes us remember what we are here for and what a great job we are all doing even in these challenging times Ruth Delves (NHSP Manager/Audiology Department

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

November 2020 data- Audits suspended The data provided relates to the audits completed by Nursing/Midwifery/AHP teams, excluding nursing teams working on the inpatient wards, in November 2020 and the results are comparable to the previous month. Work is ongoing to review the inpatient ward questions for each audit type prior to the planned to restart date in March 2021. Up to date AMaT results will be presented in March 2021.



Compassion - Deliver a great patient experience

Complaints

In January 2021, 62 complaints were received. And 60 complaints were closed within 30 days . There remains 171 open complaints of which 26 are either PHSO or LRM . **PALS**

There has been an 11 % reduction in the last 3 months from concerns being raised to PALs.

Friends and Family Test

- A total of **3420** responses across all areas have been received during January 2021.
- Overall, 83% of respondents have rated their experience of Trust services as 'very good/good'. A total of 4% of patients rated their experience of Trust services as 'very poor/poor'. A&E received the lowest percentage scores for 'very good/good' and the highest number of patients who rated their experience as 'very poor/poor, at 7%. This however is a reduction of 1.7% from December.

Volunteer funding

- NHS England and NHS Improvement (NHSEI) made an offer of financial support (up to £20,000) to NHS trusts to contribute to reducing pressure on staff and NHS services due to the COVID-19 pandemic. This funding is being offered to provide additional capacity in order to meet increased demand for support from NHS volunteers.
- The Trust made an application for £15,000 and was successful. The remit is that these monies must be spent by the end of March 2021.
- The monies awarded to DGFT will be used as follows:
- **Volunteer drivers expenses** – Our volunteer drivers will deliver TTO's and regular medication to patients, return lost property to its owners, collect and deliver equipment, PPE deliveries, 4 x 4 vehicle service to assist in bad weather including bringing staff into work as well as any other reasonable requests.
- **IPads** – The Trust is purchasing 10 IPads. These will be allocated to the wards and chaplains for patients to stay in contact with their loved ones.
- **Communication system** – A PDA system will be put in place for the utility volunteers who are running errands throughout the Trust. This will enable them to stay in contact with each other rather than having to report back to the main reception after each job has been completed.
- The Trust will provide a report to NHS England and NHS Improvement at the end of April 2021 will for our patients and staff detail how the monies have been spent and the impact the improved service has made.

Mental Health

There were two patients this month. One an adult on a section 2 awaiting a tier 4 bed. The second a paediatric under the care of CAMHS. Both patients have been discharged to a suitable facility.

Gold Standards Framework

- We have updated the GSF care plans Amber and Red for use in Hospital and have developed and adapted these for community use and will be piloting these over the next 3 months.
- We will be presenting our work on GSF at two upcoming conferences and have submitted an abstract for the European Association for Palliative Care Congress.

'Freedom to Speak Up

One of the themes evolving is the stressful nature of working through the pandemic which has presented in some attitudes and behaviours being raised, all matters have been resolved amicably.

Competence - Drive service improvement, innovation and transformation

Professional Development

Recruitment

The Trust is currently undertaking a large scale recruitment of Clinical Support Worker. This campaign is supported by NHSE&I funding. The intention is to reach a target of as close to Zero vacancy rate as possible by the end of March 2021 with a further ambition to over-recruit to support the on-going COVID and winter pressures and help staff the new modular build and associated service expansion. The Trust received 375 applications in just 3 days with 199 candidates being shortlisted. A successful virtual open day on 22nd January was attended by in excess of 70 candidates in order to introduce the role in more detail, including a newly prepared video with members of the team talking about the benefits and experiences of working for DGFT as a CSW. Interviews are scheduled for 28-30th January and 1st Feb and an enhanced support package will ensure new recruits many of whom will be new to care have a positive experience from the outset. The Trust is working with Black Country partners on a system wide CSW recruitment programme to ensure we maximise our profile and exposure to future candidates and ensure a healthy workforce supply. As part of the Clinical Support Worker campaign we are offering bank only Clinical Support Workers an opportunity of a substantive posts in areas they are interested in working.

The next project due to launch is a new nurse recruitment campaign with other professions to follow including staff groups that are hard to fill at a national and local level such as Radiography.

Recruitment videos for Clinical Support Workers and Registered Nurses has just been completed with communication department and provides a very positive recruitment campaign for the trust. These videos are on social media and are going to be used for the next graduate event planned at Birmingham university, there is another video planned for AHP recruitment

It has been confirmed that we expecting 21 third year students from Worcester and Wolverhampton University as part of HEE paid placements to support in this pandemic. These students will be placed in a variety of clinical areas and hopefully are potential new graduates at the end of this 12 weeks paid placement.

As other students continue on placements within the trust the Professional Development team are ensuring all staff are aware of the emergency NMC standards to hopefully take some pressure of assessing and support students out in practice.

Due to the present climate the Professional Development team are offering regular clinical supervision session or drop in sessions to staff and students

Multidisciplinary working – Innovation in Critical Care

Two pharmacy technicians are in their fourth week of a pilot . The idea came up as a direct result of the pandemic, recognising our nursing workforce was having to nurse 3-4 pts in full PPE. In order to free up nursing time the pharmacy technicians role was used to prepare drugs and provide a second check.

We are in the process of writing a research article for the HSJ wards submission due in March.

Communication - Make the best of what we have

Infection Prevention and Control

There have been 48 COVID outbreaks since September, there is currently 12 open outbreaks across the hospital. 3 x weekly internal outbreak meetings are held with clinical teams in attendance to ensure they are supported, and the required precautions and mitigations are in place. A weekly external outbreak meeting is held to gain support and expert advice from external stakeholders.

Flu Campaign

83% of staff, as of the February 2021. As well as continuing to provide opportunities for any remaining staff to receive the vaccine should they wish to .

COVID Vaccine

64% of all staff are recorded as receiving their first vaccination dose. With 49% of BAME staff having received their first vaccination.

Allied Health Professionals (AHP)

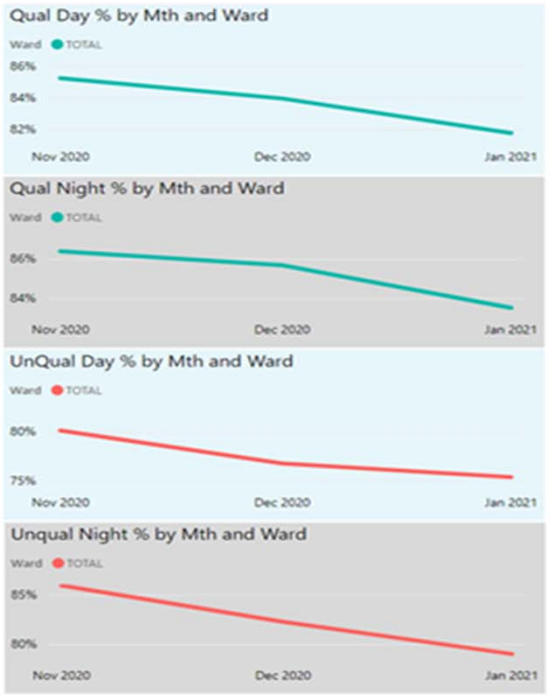
AHP Update

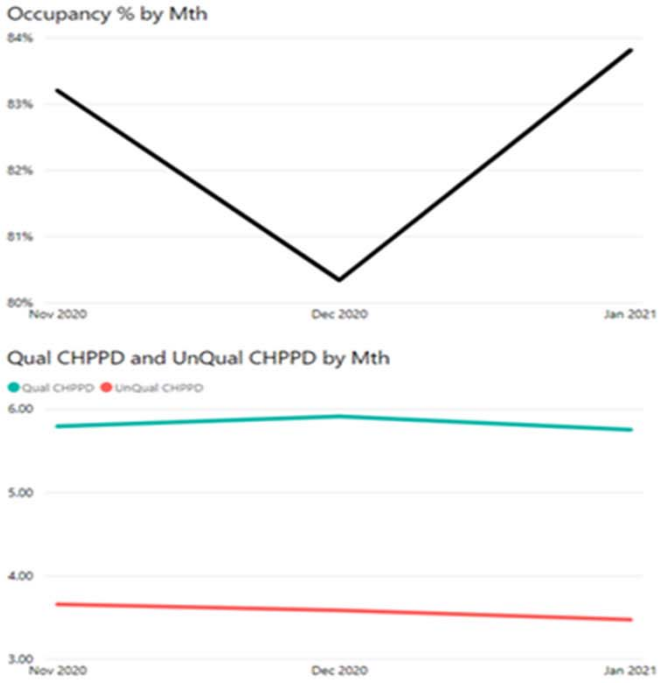
AHP e-job planning and e-rostering project launch

- This month saw the launch of the Trusts AHP E-job planning and e-roster project. The NHS People plan requires organisations to implement e-rostering by March 2022 and the Trust is fully committed to attaining Level 4 compliance.
- The Trust was successful in its bid for NHSI Workforce Deployment Systems capital funding to support the project delivery and purchase the additional licences. The project will roster AHPs in a way that fully utilises the functionality of the Trust's e-Rostering system and ensures interface with e-Job plans for all 550 AHPs. This will provide the benefits of competency-based rostering;

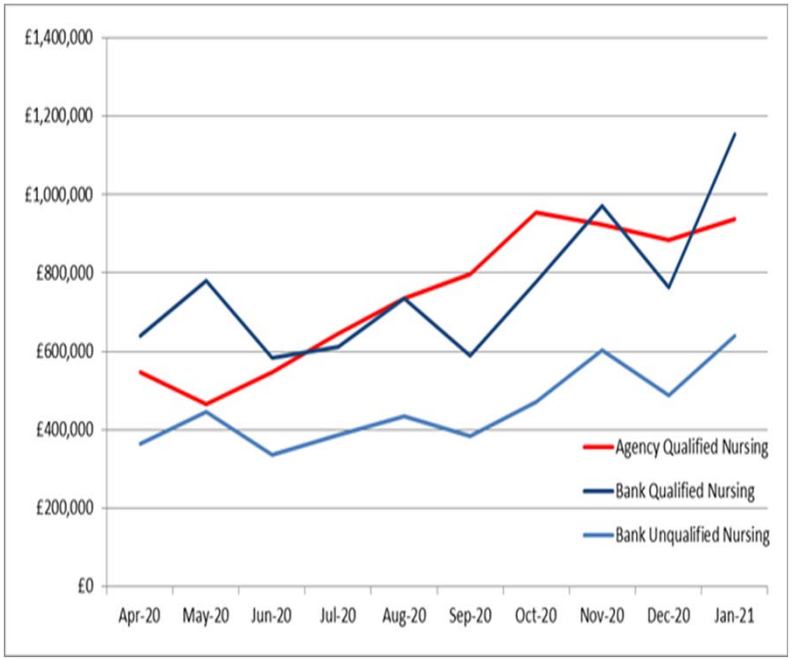
- **AHP Covid re-deployment**
- The AHP's have been instrumental in supporting our most critically ill patients during the covid 3rd wave. Large numbers of staff including operating department practitioners, speech and language therapists, physiotherapists, podiatrists, occupational therapists and dietitians from acute and community services were re-deployed to support to ventilated patients and 12 hour proning rosters across critical care and C5 7 days a week. Many also volunteered to work overnight shifts as CSW's in support of their nursing and medical colleagues during times when staffing in these areas was significantly challenged and critical care capacity topped 200%.
- Aside from providing invaluable support to our most critically ill patients, this has been seen by all staff groups as a positive experience where staff have learnt new skills and made links with other MDT colleagues. All the AHP's who took part reported that they received a warm welcome and have gained professionally and personally from their experience.
- **AHP recruitment**
- In conjunction with the CSW recruitment and nursing recruitment campaigns March will see the launch of two further recruitment drives for therapists and radiographers. This is in response to the increased staffing requirements associated with the modular build, SDEC and discharge ward development and the significant vacancy rate within all aspects of imaging. Both campaigns will be supported by a newly commissioned recruitment video showcasing Trust staff talking about their experience of working in Dudley and virtual open days which will be publicised by a communication campaign on social media.

Commitment - Be the place that people choose to work





Bank and Agency



Safer staffing data indicates there was a deficit in planned versus actual hours to deliver care . This was evident in both trained and untrained staff across day and night shifts.

Some of the above figures include staff who have been redeployed during the pandemic.

Bank and agency usage continues to high driven by sickness and vacancies within the workforce**.**

Commitment – COVID Reason Absence Profile – Nursing and Midwifery Qualified on Friday 26th February

Daily tracking of sickness absence showed a peak of 8.7% on the 4th February, followed by a downwards trend towards the end of the month, with 6.7% absent on Friday 26th February.

Current absence duration (on Friday 26th February) profile for 48 Qualified Nurses with COVID reasons is:

1-7 days = 1 staff

8-14 days = 11 staff

15-83 days = 27 staff

84+ days = 9 staff

Surgery division has the highest absences at 7.7% (Covid 3.2%, Other 4.0%)

26/02/2021 09:18:30

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

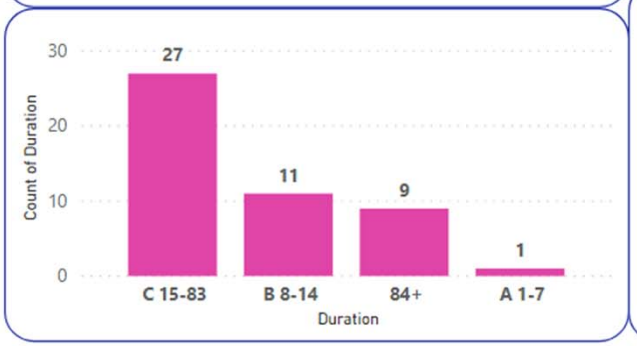
Employee Count Within Selected Staff Group

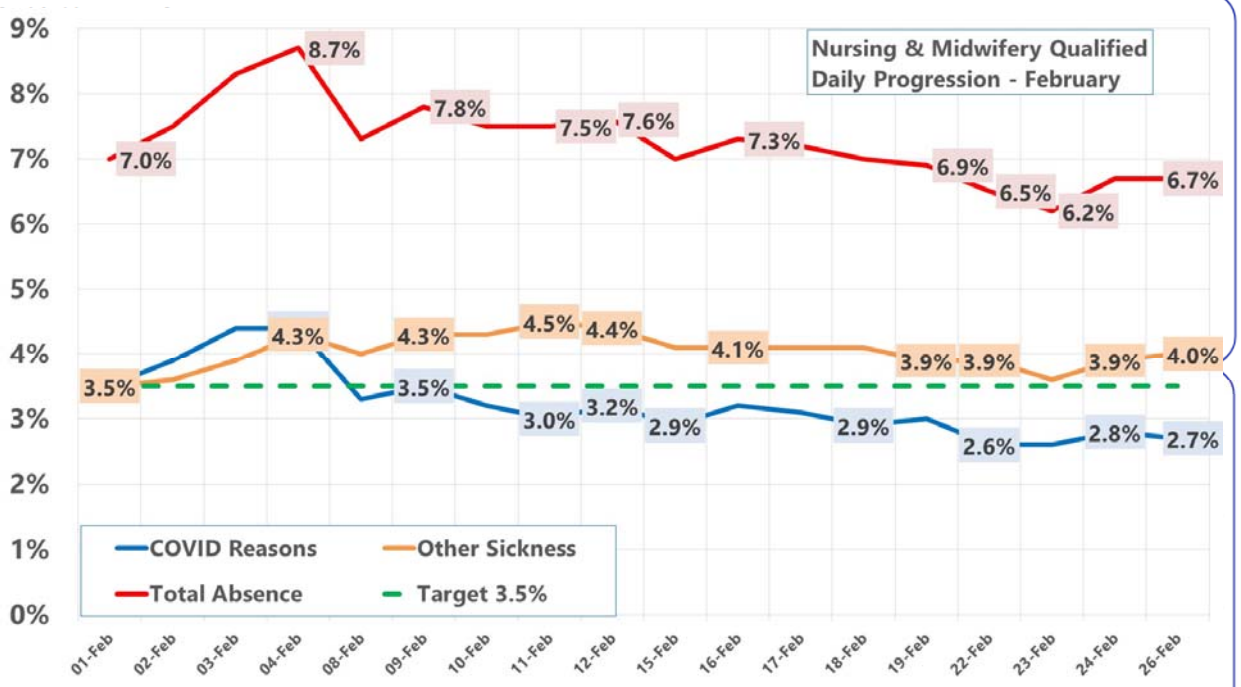
1791

Staff Group	Active Assignment	Covid-19	Other Sickness	Total
Nursing and Midwifery Registered	93.3%	2.7%	4.0%	**100.0%**
Total	**93.3%**	**2.7%**	**4.0%**	**100.0%**

DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	14			**14**
253 Corporate / Mgt	94	1	4	**99**
253 Medicine & Integrated Care	836	22	32	**890**
253 Surgery	715	25	35	**775**
Total	**1659**	**48**	**71**	**1778**

DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	100.0%			**100.0%**
253 Corporate / Mgt	94.9%	1.0%	4.0%	**100.0%**
253 Medicine & Integrated Care	93.9%	2.5%	3.6%	**100.0%**
253 Surgery	92.3%	3.2%	4.5%	**100.0%**
Total	**93.3%**	**2.7%**	**4.0%**	**100.0%**





Courage - Deliver a viable future

Safeguarding

- **COVID response**
  - Improvement and audit work has been placed on hold with only priority and urgent safeguarding work been undertaken
  - Safeguarding team have provided nursing care assistance on B4 for 3 weeks in support of COVID pandemic work
  - Named nurses have provided hands on safeguarding support to ED by visiting 3 x daily to complete safeguarding referrals
  - Named Nurses have completed Section 42 enquiries on behalf of lead nurses to support clinical areas.

- Level 2 and 3 safeguarding training below contractual targets of 90% and 85% respectively
- Safeguarding concerns for children attending ED with mental health issues continues to be the highest reasons for referrals to children's social

Enclosure 20

The Dudley Group NHS Foundation Trust

Paper for submission to the Trust Board March 11 2021

TITLE:	**Infection Prevention and Control Board Assurance Frame Work –including summary Updated March 2021**		
AUTHOR:	**Jo Wakeman – Deputy Chief Nurse** **Hannah White and Kim Jarrett Infection Prevention Clinical Nurse Specialists**	**PRESENTER**	**Mary Sexton – Chief Nurse**

CLINICAL STRATEGIC AIMS

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

CORPORATE OBJECTIVE: SO2: Safe and Caring Services

SUMMARY OF KEY ISSUES:

This paper is to demonstrate Trust compliance with the Health and Social Care Act 2008 and highlight gaps in assurance for action. In May 2020 NHSI/E requested that the Infection Prevention board assurance framework template is completed and shared with Trust board. Additional recommendations were added to the template in February 2021 by NHSI/E, and this report includes those updates. One of the key areas to combating the COVID crisis relates to robust infection control standards and practices across the trust. The framework adopts the same headings as the Health and Social Care Act 2008 listing the 10 criterion.
The colour coded matrix over the page (before the detailed IPC BAF) demonstrates the many areas which the trust is able to give assurance as evidence of compliance can be confirmed.

Updates since last report:

- IPC BAF updated to incorporate new Guidance in February 2021 NHSI/E
- IPC training at the time of this report is below target at 84.2% for January (clinical staff compliance).
- New Government guidelines regarding staff contact isolation reduced from 14 days to 10 implemented. Positive patients not to be retested for 90 days following a positive result and can be treated as negative following 14 day isolation period as long as they have been asymptomatic for 48 hours.
- Trust Test and Trace SOP updated to incorporate national guidance changes
- Trust Zoning SOP updated detail regarding ventilation and isolation
- Documentation audit completed to assess compliance with completion of patient transfer documentation (this is where information is documented regarding infection status to inform receiving area), this identified 79.5%. Clinical teams informed and audit to be repeated.

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

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description: Risk regarding decontamination of reusable medical devices and lack of clarity regarding Trust Decontamination Lead-Risk on IPC Risk Log**
	Risk Register: Y		**Risk Score: 12**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Safe, Effective, Well Led**
	NHSI	**Y**	**Details: The IPC Board Assurance frame work was requested by NHS/I**
	Other	**N**	**Details:**

ACTION REQUIRED OF COMMITTEE / GROUP:

Decision	Approval	Discussion	Other
		✓	

RECOMMENDATIONS FOR THE BOARD /COMMITTEE/GROUP:

The IPC Group and Quality and Safety Group are to oversee the continued actions within the IPCTBAF to endure compliance with the Health and Social Care Act

BAF Compliance Matrix	KEY	No Gaps	Gaps Identified with mitigation	Gap No Mitigation	No line of enquiry

	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19
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	1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
	Systems and processes are in place to ensure:	The Trust has policies and procedures in place to identify alert organisms in patients admitted to the Trust.	N/A		
1.1	• Infection risk is assessed at the front door and this is documented in patient notes	Patients with symptoms are assessed by ED and are placed into the RED Cohort area of ED; all admissions via ED are screened.			
1.2	• There are pathways in place which support minimal or avoid patient bed/ward transfers for duration of admission unless clinically imperative	Outpatient flow chart in use. Documentation audits are ongoing monthly.	N/A	POCT Feb 2021	
1.3	• That on occasions when it is necessary to cohort COVID or non-COVID patients, reliable application of IPC measures are implemented and that any vacated areas are cleaned as per guidance.	Point of care testing in place within Emergency Department that enables streaming of patients thus preventing crowding of patients as a direct result of waiting for COVID-19 swabs. Movement of patients restricted to clinical need.	Frequency of moves not routinely monitored. Re-zoning of clinical areas to meet patient demand often compounds frequent movement of patients.	IPC team monitor movement of any patient positive from COVID and monitor the contacts. Report to be presented at IPC with recommendations for improvement.	
1.4	• monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice		Information not readily available. Monthly audits reliant on clinical staff assessing their own area. Self-auditing.	Consideration for a trust wide system.	

1.5	• Staff adherence to hand hygiene?	Zoning SOP in place. Lead nurse sign off for terminal cleaning. Cleaning audits. Senior nurse environmental monthly audits. Outbreak meetings three times a week. IPC inspections un announced. Mandatory training, monthly hand hygiene audits. IPC inspections un announced.	N/A	Trust wide audit of terminal cleaning of side rooms. IPC team to do trust wide review, to be included work plan. Compliant.	
1.6	• Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place (this is in line with national pathways of low/medium/high) The capacity of the Zones is reviewed 3 times daily at the capacity meetings. IPC attend as required. The infection prevention team have the daily ward list which documents the location of COVID 19 patients and their	N/A IPC ward list not a live document due to current workload pressures not currently updated	Infection control attend the capacity meetings as required	

		contacts. BI Power Server introduced by Informatics to monitor COVID changes.	daily.		
1.7	• Implementation of twice weekly lateral flow antigen testing for NHS patient facing staff, which include organisational systems in place to monitor results and staff test and trace	Any staff member that becomes positive for COVID-19, are followed up for any breaches in PPE and social distancing. PPE marshalls located around the trust.	LF is currently voluntary Not all front facing staff are recording results. Lack of data. Local data compliance is not readily available.	LAMP testing in the process of being introduced.	
1.8	• Additional targeted testing of all NHS staff, if your trust has a high nosocomial rate, as recommended by your local and regional infection prevention and control/Public Health team.	Staff members encouraged to challenge non-compliance of PPE. Available on all entrances to the trust.	N/A		
1.9	• Training in IPC standard infection control and transmission-based precautions are provided to all staff	Staff lateral flow system set up. Staff encouraged to record lateral flow results.	N/A	Compliant.	
1.10	• Trust Chief Executive, the Medical Director or the Chief Nurse approves and personally signs off, all daily data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner	Whenever outbreaks are identified, the testing evidence is available. Recorded in outbreak meetings.		Compliant	
1.11	• This Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board	Included in all mandatory training which all staff must completed yearly. Mandatory training is monitored by learning and development team and reminders sent out when training is due to lapse. SIITREP data submitted to DIPC daily by 11am for sign off before Incident room	N/A	Complaint	

1.12	• Ensure Trust Board have oversight of ongoing outbreaks and action plans	submit data by 13.00. IPC collect data mon – fri and covered by incident room at the weekends	N/A		
1.13	• There are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas.	BAF submitted in timely manner for board review. Updated monthly by IPC, Consultant microbiologist and deputy chief nurse. Board updated by DIPC. DIPC chairs outbreak meetings and have daily updates sent via email by IPC. Minutes of outbreak meeting available as required. Discussed at Quality and safety committee. Via board and Quality and safety committee.	N/A N/A	Complaint Complaint Complaint	
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
1.14	• Compliance with the national guidance around discharge or transfer of COVID-	Patients who are to be discharged to another care facility (Nursing/Care/LD	This process is awaiting audit, as some gaps have been identified	Where a patient has been missed	

	19 positive patients	Home) are screened for COVID 19 as per national guidance. Policy completed to be added to the hub. COVID results are provided to other care providers on transfer with discharge information. COVID status will be added as a separate item on the discharge and transfer information. Where tests are processed in house DMBC PH are informed of any COVID cases in care/nursing homes to enable follow up of patients. Completed. 01/12/20 –meeting held for Sunrise prompt care/nursing home patients to be tested for COVID before discharge. Prompt now available on sunrise to trigger screening prior to discharge.	by stakeholders, where by patients have been discharged to a home without being tested.	the ward is contacted to make them aware. Discharge check lists to be updated.	

1.15	• Patients and staff are protected with PPE, as per the PHE national guidance	PHE guidance in relation to PPE has changed during the COVID pandemic. Staff are updated promptly when new guidance is released via the daily communications. Staff have access to PPE as per PHE guidance. PPE Marshalls are in place, there are posters stating PPE requirements in each of the zones. Executive oversite of PPE stocks. Patients are offered surgical mask upon entry to the hospital. In-Patients are to be offered face masks if they are placed in waiting area, or bay with other patients. All patients are encouraged to wear surgical masks at all times except overnight.	N/A		

	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
1.16	• National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	The Incident Room, established in response to the pandemic receives all internal and external information in relation to COVID and then forward this, on a daily basis, to all relevant departments. The IPCT review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefing. Daily situation report to PHE/NHSI/E. Latest updated PHE/NHS IPC guidance is included in Trust SOP's (Test & Trace and Zoning SOP's).	N/A		
1.17	• Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	COVID 19 taskforce meeting that reports directly to the Executive Board. Updated national guidance for isolation of staff contacts reduced from 14 day to	N/A	Latest updated PHE/NHS IPC guidance is going through Trust processes currently.	

		10.			
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
1.18	• Risks are reflected in risk registers and the Board Assurance Framework where appropriate	COVID Operational risks are contained within the corporate and divisional risk registers**.** The infection prevention framework document will be presented to Board for suggestion of inclusion on the corporate risk register. Risk registers reviewed to ensure all COVID related risks are documented and reported.			
1.19	• Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	Admission assessments include an infection control section which asks if patients have an infection. There are policies and procedures in place to identify alert organisms in admitted patients. These are audited and presented to the Infection Prevention and Control Group for reporting up through the organisation.	The infection control risk assessment in the admission documentation is limited. ICNEt system issues –COVID results not always transferred	Live link to sunrise system in place, for COVID-19 results Risk Assessment has been completed, discussed at IPC Committee agreed to delay the launch	

		Surveillance of alert organisms is completed by the IPCT utilising ICNet surveillance system and the national MESS database. Any positive results are reported via sunrise system to inform clinical teams. The PAS is updated with significant infection risks as per policy. Sepsis screens are completed via sunrise. IPC admission risk assessment discussed at November IPC Committee. Feedback requested.		until the new year. IPCT representation on EPR meetings to move forward with implementation of IPC Risk assessment check list	

	2 Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
2.1	Systems and processes are in place to ensure: • Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	Staff caring for COVID patients, are supported by Matrons, Consultants and IPCT. The medical rotas were adjusted to ensure that those with respiratory experience were assigned to the high COVID areas. IPCT have provided training for Donning	Lack of accurate data to demonstrate compliance Robust process required for managing yearly face fit testing requirements.	Now donning and doffing training completed by the IPCT is documented, going forward this will be included in mandatory training Database for fit	

		and Doffing of PPE, the team commenced in March-but did not capture training attendance until April. Face fit testing undertaken locally and by the clinical skills team.		testing now in use and compliance is being monitored	
2.2	• Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	Cleaning contractor has ensured that 310 facilities staff were face fit tested and trained regarding PPE requirements. Additional training has been offered to cleaning contract staff to ensure they are aware of appropriate cleaning techniques for working in COVID cohort areas. An external cleaning training provider has completed a programme of education. Facilities team report yearly training in line with the trust.	N/A	IPCT hold regular meetings to ensure facilities resources are focused in risk areas	
2.3	• Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	Terminal cleans completed when a COVID patient vacates a bed space or area in none COVID areas. The Trust HPV team where possible have completed room disinfections following the standard terminal cleans within isolation rooms, ward bays.	N/A		
2.4	Increased frequency, at least twice daily, of cleaning in areas that have higher	COVID additional cleaning documents and cleaning policy remain in place.	N/A		

	environmental contamination rates as set out in the PHE and other national guidance				
	attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	The Trust facilities team and infection prevention team have reviewed cleaning requirements through the pandemic, assessing cleaning standards through the audit programme and by gaining feedback from clinical teams**.** Cleaning audits were recommenced end of April. Audits against cleaning standards reviewed at the IPC Committee.			
	manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance: 'frequently touched' surfaces, e.g. door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids electronic equipment, e.g. mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	The trust utilises Clinell wipes for decontamination of medical devices and surfaces-Gamma state the wipe are against enveloped viruses and that 60 seconds contact time is required. Touch point cleaning continues; this is			

	rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily.)	reviewed 2 weekly by IPC and facilities team. Dedicated staff have been resourced As the COVID cases within the hospital have continued to rise the trusts facilities manager has ensured cleaning resources are increased in high risk areas.			

	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
2.5	• Linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	COVID positive linen is managed in line with Elis policy (placed into alginate bag and the white bag) which is compliant with PHE guidance-which is available on the Trust. Standard precaution policy has been updated to include the colour code	Noted that the Trust does not have a linen policy, a section on linen is included in the standard precaution policy this is currently being updated to include the contractors colour coding which is currently in place across the clinical areas	Information regarding the correct bagging is held on the Hub and the practice is monitored via annual audit process and Quality Rounds	
2.6	• Single use items are used where possible and according to Single Use Policy	As far as possible single use items have been used, as documented in the Decontamination and decontamination of medical devices policy available on the HUB. There is an audit programme in place via the ward audits which look at single use items and appropriate decontamination. IPCT annual audits were recommenced in June	Due to COVID crisis frequency of audits has been reduced.	IPC Annual audits have now commenced and Quality Rounds	
2.7	• Reusable equipment is appropriately decontaminated in line with local and	Reusable non-invasive medical devices are decontaminated using disinfectant	Evidence of application of policy required	Ensure audits continue as planned	

	PHE and other national policy	wipes or Chlorine releasing agent in line with Trust policy and/or manufactures instructions. Decontamination and decontamination of medical devices policy available on the HUB. Pseudomonas serious incident ongoing. Reported to risk and assurance. Reports from Medical engineering team that wards are not using correct processes, escalation in place to report noncompliance to improve current practice	Nominated Decontamination Lead required-include on risk log.	via the annual audit programme. Use of Datix system to report non-compliance in place. Quality Rounds commenced	
2.8 2.9 2.10	• Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission • Monitor adherence environmental decontamination with actions in place to mitigate any identified risk • monitor adherence to the decontamination of shared equipment	The Estates department as part of the hot weather plans have been installing where possible portable air conditioning units and have reviewed ventilation at the Trust. The estates team hold details regarding air changes according to site plans. Communications held with matrons regarding the benefits of periodically opening windows to aid air exchanges within clinical areas. Cleaning Audits submitted monthly	N/A	Installation of air conditioning units. Periodic opening of windows to dilute air.	

	with actions in place to mitigate any identified risk	Audits, spot auditing. De-contamination certificates.	Trust do not currently have a de-contamination lead. Highlighted on risk register.		
	3 Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
3.1 3.2	Systems and process are in place to ensure: • Arrangements around antimicrobial stewardship are maintained • Mandatory reporting requirements are adhered to and boards continue to maintain oversight	• Antimicrobial Pharmacy referrals in place. • AMS ward rounds (Antimicrobial Pharmacist led) • AMS annual report provided. • AMS update is regularly provided to Medicines management Group and Drugs and therapeutics Group. • Consultant Microbiologists available via switch board 24/7 for consultation. • Antimicrobial prescribing Snap shot audits.	• Antimicrobial stewardship group meetings. • Micro/Antimicrobial Pharmacist ward rounds not happening as often as before Pandemic due to isolations and remote working. • Rigorous monitoring not possible currently.	Virtual Antimicrobial stewardship group meetings during pandemic (via email/ teams). All clinical Pharmacists actively referring patients to antimicrobial Pharmacist for stewardship queries. Snap shot antimicrobial	

		• Procalcitonin testing introduced as part of covid screening to reduce inappropriate prescribing of antimicrobials.		prescribing audits. Infection control Nurses to support AMS activity. EPMA now in place to allow ongoing monitoring of prescriptions	
	4 Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
4.1	Systems and processes are in place to ensure: • Implementation of national guidance on visiting patients in a care setting	The trust currently has restricted visiting in place due to social distancing and government essential travel restrictions. Visitors are to wear PPE when visiting. This has been communicated by, nursing staff to patients and visitors, via social media, switch board and posters as pictured around the hospital. Visiting Policy to be updated to reflect current visiting advice. Information regarding visiting during the COVID crisis is provided via automated message on calling direct to Trust switchboard. .	N/A		
4.2	• Areas in which suspected or confirmed	Signage is placed on entrances to wards	N/A		

	COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	and other clinical settings stating restricted access. In addition have zoning SOP, zoning notices and poster with PPE requirements for the area.			
4.3	• Information and guidance on COVID-19 is available on all Trust websites with easy read versions	COVID information is available on the Trust Intranet and External website in line with national communications materials available	Easy read versions are not available on external website. Multilingual versions also not readily available.	COVID information is currently produced by DH and has been directed through this route. The Trusts website does have a clear information button which reads information to users and enlarges font and gives an explanation of words used amongst other accessibility tools.	
4.4	• Infection status is communicated to the receiving organisation or department	There is a patient transfer checklist which asks-infection type if the patient	Assurance required regarding evidence of completion	To be reviewed as part of the monthly	

	when a possible or confirmed COVID-19 patient needs to be moved	requires barrier nursing or side room and requests current observations. As previously documented there is a discharge and transfer checklist (which will be updated to specifically include COVID) and COVID status is included in all discharge documentation to all other healthcare providers. COVID test results for intra trust transfers are documented on Sunrise. Documentation audit completed in December has identified 79.5% compliance, for completion of patient transfer checklist, clinical teams have been informed and informed of requirements.		documentation audit. Clinical teams informed, audit to be repeated to monitor progress.	
	5 Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
5.1	Systems and processes are in place to ensure: • Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed	Please refer to section 1. There is the zoning document for in-patient admissions which covers patient placement.	N/A		

	COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection	ED have a flow chart describing the designated 'red area' which is separate to the rest of ED with dedicated staff for suspected COVID patients. Lateral Flow tests for ED patients to be introduced.			
5.2	• Patients with suspected COVID-19 are tested promptly	As per national guidelines testing for acute admissions is completed on admission to ED (detail included in both zoning SOP and patient flow policies). A process for screening of elective cases is in place and delivered via a drive through system. Testing is completed on admission via ED, elective cases before admission via drive through system. Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required. Patients' observations are input into sunrise which will set an alert when news scores	N/A		

		is triggered. Requests are made via the Sunrise system; the results are reported via this system also.			
5.3	• Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated, tested and instigation of contract tracing as soon as possible	As described in the zoning SOP and draft COVID policy. Symptomatic patients are treated in side rooms where possible. Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required. Patients observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system, the results are reported via this system also. New cases which occur within the hospital setting 2> days after admission are contact traced by the ICT. A list of contacts is kept by IPCT to monitor the for their location and symptoms, contacts are then tested on day 5 after contact. Test and trace flow chart in place, which describes the contact tracing risk assessments.	N/A		
5.4	• Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	Where possible out patients appointments are conducted virtually or by telephone. Some clinics are	N/A		

		appointments, before patients attend they are asked if they have symptoms, if patients has symptoms and they have to attend they are asked to wear a surgical mask and decontaminate hands and would be placed last on the list. Phlebotomy clinics have commenced at the main hospital patients have to book appointments and social distancing is in place. Currently all patients attending the OPD are screened via symptom enquiry and temperature check if necessary, asked to decontaminate hands and wear a face mask.			
5.5	• Face masks are available for all patients and they are always advised to wear them	The majority of OPD appointments are being conducted virtually or by telephone.	Not monitored.	Patient information, staff encouraging patients to wear face masks within the day. Public notices, posters.	
5.6	• Monitoring of Inpatients compliance with wearing face masks particularly when moving around the ward (if clinically ok to do so)	OPD flow chart for COVID screening in place.	Not monitored.		
5.7	• There is evidence of compliance with routine patient testing protocols	Information provided in policies. Patients are requested to wear a face mask at all time other than when	Data not gathered and reported on.	Dashboard required to monitor compliance.	

		asleep. Manual process as part of the outbreak meetings that take place three times a week.			
	6 Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
6.1	Systems and processes are in place to ensure: • All staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	IPC mandatory training via e learning has continued, face to face training was suspended during March 2020 but now back in place with social distancing, this has reduced face to face capacity. COVID briefing sessions in Lecture theatre were held, now virtually. Face Fit testing Training PPE donning and doffing HUB information with inks to PHE guidance and videos	General face to face IPC training was suspended; therefore training compliance has reduced. Prompts sent by divisional leads to remind staff to complete training.	IPC Mandatory training is now in place. Face fit testing database now in place	

		The core IPC mandatory training has been updated to include specific COVID training. Trust reviewing the updated PHE/NHS IPC Guidance for implementation at the Trust. Trust compliance for IPC training effective from 13.11.2020 is 86.7%			
6.2	• All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	At the height of the pandemic PPE marshals were trained by IPCL Nurse to enable them to complete checks and assist staff. IPCT, Matrons have provided training to clinical areas posters are displayed at ward entrances stating what PPE is required and within the donning and doffing areas posters are displayed with pictures of how to don and doff. PHE videos are also available. Half face respirators have been purchased and distributed by the trust. Two staff fully trained as super fit testers. Ability to train the trainers.	N/A	Communications via huddles and email to all to remind staff of PPE requirements	

6.3	• A record of staff training is maintained	IPC Mandatory training records are held centrally in ESR. Fit test records are held by staff and divisional managers.	The central database for face fit testing does not hold all details of staff face fit tested	Live data base in place for face fit testing. Face fit testing, Donning and Doffing included in priority 1 training requirement	
6.4	• Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	Stocks are monitored by the procurement team and perceived deficits are reported to the executives so mitigation actions can be instigated promptly. If required in acute shortages the PHE guidance for reuse off PPE could be implemented.	N/A		
6.5	• Any incidents relating to the re-use of PPE are monitored and appropriate action taken	Datix system analysed for any reports of PPE being reused- none identified.	N/A	Staff reminded to report re-use of PPE via datix.	

				Procurement team monitor stock levels	
6.6	• Adherence to PHE national guidance on the use of PPE is regularly audited	There is no formal COVID PPE audit. PPE Marshalls in place, matron, lead nurse and IPCT checks completed Clinical team complete stock checks. Developing a specific audit for PPE use. PPE use is included as part of the routine ward audit. Datix reports of failure to follow PPE advice are reviewed.		COVID PPE audit, audit tool in draft Quality Rounds Commenced	
6.7 6.8 6.9	• Staff regularly undertake hand hygiene and observe standard infection control precautions • Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance • Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas	The hand hygiene saving lives audits have continued and 100% compliance has been reported across services (that returned an audit) in Q4 and Q1. This level of compliance requires an independent review the IPCT are planning to launch IPC quality rounds to support clinical staff with auditing. Hand Hygiene training is covered within mandatory training. Hand dryers are not located within clinical areas, paper towels in dispenser are provided in line with national guidance along with instructions of how to perform hand hygiene- including drying.	Independent review of hand hygiene required	IPC Annual audit programme has now commenced	

6.10	• Staff understand the requirements for uniform laundering where this is not provided for on site	Uniform policy in place, reminders sent out in communications via COVID update email Limited changing room facilities availability across the trust.	N/A		
6.11 6.12	• All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms • Staff maintain social distancing (2m+) when travelling to work (including avoiding car sharing) and remind staff to follow public health guidance outside of the workplace	Staff Huddles competed, information shared via intranet, email and posters. Sickness is reported and monitored via a dedicated line, staff are screened if they or a family members have symptoms, staff are aware of isolation procedures in line with PHE guidance. Staff Temperature Checking in progress Test and trace flow chart in place and communications distributed regarding self-isolation	N/A Not monitored.	Compliant. Regular updates provided via 'In The Know'	

		Staff requested to continue to follow national guidance on social distancing measures. Communications to all staff regarding trust expectation for all staff to follow national guidance.		communication daily to all members of staff through email.	
	7 Provide or secure adequate isolation facilities				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
7.1	Systems and processes are in place to ensure: • Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place (updated January 2021). The capacity of the Zones is reviewed 3 times daily at the capacity meetings The infection prevention team have the daily ward list which documents the	N/A		

		location of COVID patients and patients with resistant/alert organisms. Zoning SOP available on the HUB.			
7.2	• Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	Cohorting of (positive/negative and patients awaiting results) patients into bays, patients have to be spaced with curtains drawn in between patients, no fans and doors closed. Zoning SOP is in place. The hospital has limited space to have separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems.	Gap identified, mitigated for this trust	Hospital environment limited Areas segregated and social distancing in place Zoning SOP in place Policy is in draft	
7.3	• Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	IPCT complete surveillance of alert organisms using ICNet, IPCT document on ICNet actions taken and advice given and if necessary document in patients notes regarding precautions required isolation. IPCT policies in place: isolation, MRSA, CPE, C.diff	N/A		
	8 Secure adequate access to laboratory support as appropriate				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
	There are systems and processes in place to ensure:	Staff that are obtaining swab samples are trained to do so.	N/A	Matrons informed during Huddles	

8.1 8.2 8.3 8.4 8.5	• Testing is undertaken by competent and trained individuals • Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance • Screening for other potential infections takes place • That all emergency patients are tested for COVID-19 on admission • That those inpatients who go on to develop symptoms of COVID-19 after admission are retested at the point symptoms arise	A training package has been devised; staff have the opportunity to shadow and then complete a screen under supervision. Testing of the COVID swabs is undertaken in accredited laboratories. Community staff weekly testing requirement: collaborative approach with CCG and DMBC PH have weekly testing for health care workers who attend care/nursing homes. Prompt now in place on sunrise system to ensure green patients are retested on day 0, day 3 and day 5 as per national guidance Lateral flow testing commenced W/C 23/11/2020. All clinical and non-clinical staff. MRSA screening has continued along with clostridium difficile tests for patients who have diarrhoea. All other screening has continued as pre COVID crisis.		regarding testing required. Information also available on the hub and communications update. Compliant.	

				Compliant.	
8.6	• That those emergency admissions who test negative on admission are retested on day 3 of admission, and again between 5-7 days post admission	All Patients tested on admission, routine swabbing for asymptomatic patients, admitted to amber bed whilst awaiting swab result which is back normally within 24 hours (not tested on site).			
8.7	• That sites with high nosocomial rates should consider testing COVID negative patients daily	Symptomatic patients are swabbed as an emergency and test on site and results available within 4 hours. Isolated until result available.		Dashboard mitigation.	
8.8	• That those being discharged to a care home are being tested for COVID-19 48 hours prior to discharge (unless they have tested positive within the previous 90 days) and result is communicated to receiving organization prior to discharge	Any patients who develop symptoms are swabbed and moved into side rooms. Bed in bay to remain blocked until result know as other patients in bay treated as contacts. These patients would have an on site test and results back within 4 hours		Non-compliant.	
8.9	• That those being discharged to a care facility within their 14 day isolation period should be discharged to a designated care setting, where they should complete their remaining isolation.	Prompts on SUNRISE system. Reviewed		Compliant.	

8.10	• That all elective patients are tested 3 days prior to admission and are asked to self-isolate from the day of their test until the day of admission.	as part of the outbreak meetings. Trust have reviewed and are unable. Therefore do not have the resources to carry out daily testing of negative patients. Insufficient capacity. On discharge checklist. Commissioned care home for COVID-19 positive patients. All elective patients are tested. SOP in place.	Not reported anywhere within the trust.	Compliant. Partial compliance. Divisional chief nurse to report compliance within IPC report.	
	9 Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections				

	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
9.1	Systems and processes are in place to ensure that: • Staff are supported in adhering to all IPC policies, including those for other alert organisms	IPC policy adherence is completed by IPCT visits, training and via Saving Lives audits.	N/A		
9.2	• Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	The IPCT receive email alerts from PHE which describe any changes in guidance, the IPCT also review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefings. (See previous information regarding Incident Room cascading all relevant COVID information throughout the Trust) Zoning SOP being reviewed in light of new guidance	N/A		
9.3	• All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	Waste streams on yellow and blue zones are clinical waste: orange bag. Some reports received of improper disposal Interserve have communicated	N/A		

		issues to areas concerned. The national guidance for the disposal of face masks has been updated to stated that face masks which have not been used for clinical tasks can be disposed of in to the domestic waste stream. Tiger stripe clinical waste stream has be implemented across the wards-when a case has been identified then orange waste stream is used			
9.4	• PPE stock is appropriately stored and accessible to staff who require it	A central store is maintained by procurement, who distribute PPE according to need to ensure adequate stocks, there is out of hours access. On entrance to clinical areas there is available stock of PPE. Staff obtain replacement stock directly from procurement. IPCT sit on PPE Cell meetings with Health and Safety, Procurement and clinical skills. Half face respirators have been purchased and distributed by the trust	N/A		
	10 Have a system in place to manage the occupational health needs and obligations of staff in relation to infection				

	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
10.1	Appropriate systems and processes are in place to ensure: • Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Staff in the following groups have been identified: • Over 70's • Pregnant Staff • BAME Staff • Staff with underlying conditions Line managers of 'at-risk' groups have been tasked with completing risk assessments to identify risks and consider adjustments where appropriate with the support of Staff Health & Wellbeing and HR. Staff members identified as vulnerable are being supported appropriately to ensure both their physical and psychological wellbeing is supported. There has been an active programme of undertaking risk assessments for all staff, this is an on-going process which line managers will review appropriately. The risk assessment process is ongoing and returns continue to be monitored. The Trust commenced COVID vaccination programme on 29/12/20	N/A	Vulnerable staff may not disclose to employer, therefore all staff to have risk assessment completed	

		priority is to be given to patients over 80 years and staff with increased risk.			
10.2	• Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	Health & Safety are keeping and maintaining records of all staff members that have undertaken FFP3 Face Fit Testing. The trust has ordered replacement reusable respirators (half face and hood systems) Medium and large respirators have arrived into the trust and have been distributed. Small half respirators awaiting distribution.	N/A		
10.3	• Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance	Zoning SOP sets out that staff should not work across areas where possible, although due to patient safety issues movement of staff may occur. During the height of the pandemic the Trust Interserve partner worked with IPCT to organise 'runners' for clinical areas where COVID patients were cohorted, this was required to reduce footfall. In response to the current fall in cases the resource has been utilised for touch point cleaning within out-patients and main hospital corridors. The hospital has limited space to have	Appropriate workforce numbers to maintain segregation of zones.	Zoning SOP and areas are segregated with one way systems	

		totally separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems. As we come out of the pandemic and have fewer cases, nursing staff will be allocated to care for COVID patient per shift. As cases have increased, blue zone capacity within the hospital has been increased, with dedicated nursing teams as far as practicable.			
10.4 10.5	• All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas • Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	The Trust has provide staff with detailed guidance with regards of social distancing a standard operating procedure is in place, posters and markings on floors, including one way systems in some areas and floor markings within lifts including maximum capacity. Staff are provided with face masks when they enter the building and can obtain face masks from their manager. Precautions are in place with regards of staff completing touch point cleaning as described within the social distancing	N/A		

		SOPs The Trust has reviewed staff rest area space as they are currently limited within ward areas-breaks are being staggered and the trust is now providing tables with 1 or 2 chairs within the main canteen areas. CCG Quality visit completed 20/08/2020 no issues identified and embedded processes found.			
10.6	• Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	All COVID related absence is reported centrally through a COVID Workforce inbox to ensure that all absence is monitored and reviewed on a daily basis. This information feeds directly in Staff Health and Wellbeing on a daily basis, who then contact the staff member or associated member to provide access to staff testing. Line managers are expected to maintain contact and ensure support is in place for all staff self-isolating and the Trust maintains a returner profile, identifying when staff are predicted to return.	N/A		
10.7	• Staff that test positive have adequate information and support to aid their recovery and return to work.	If the staff member has been swab tested by the Trust, negative results are sent via text and positive results are contacted by SHAW.	N/A		

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

Enclosure 21

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 11 March 2020

TITLE:	Maternity and Neonatal Safety and Quality Dashboard		
AUTHOR:	**Dawn Lewis** **Head of Midwifery**	**PRESENTER**	**Mary Sexton** **Chief Nurse**

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS

- The Board is invited to accept the assurance provided in this report for each of the items in the maternity safety dashboard
- To record in the minutes as part of safety action 2 of the CNST maternity incentive scheme that the Board have received the monthly CNST scorecard.

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Progress against the CNST Maternity Incentive Scheme
- Maternity Improvement Plan
- Service User Feedback
- Staff Feedback from frontline Champions and walkabouts
- Midwifery Workforce

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Safe, Effective, Caring, Responsive, Well Led**
	NHSI	**Y**	**Details: CNST Standards and NHSI Guidance on Ockenden Report**
	Other	**N**	**Details:**
REPORT DESTINATION	**Board of directors**	**Y**	**DATE:11 March 2021**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

REPORTS FOR ASSURANCE

Maternity Monthly Report

Report to Trust Board on 11 February 2021

1 EXECUTIVE SUMMARY

1.1 This paper addresses the minimum dataset advised for the Maternity Safety Dashboard as recommended by NHS England and Improvement in the response following the publication of the first Ockenden report of services at Shrewsbury and Telford NHS Trust

The topics covered within this paper include:

- Progress against the CNST Maternity Incentive Scheme
- Use of the Perinatal Mortality Review Tool forall cases
- Maternity Improvement Plan
- Service User Feedback
- Staff Feedback from frontline Champions and walkabouts

1.2 The Board should be aware of the current situation in maternity services within the Trust specifically related to these topics as indicated in the safety dashboard (Appendix 1)and any actions proposed or required to address areas for improvement.

2 BACKGROUND INFORMATION

2.1 Following the First Ockenden report of services at Shrewsbury and Telford NHS Trust published in December 2020 all Trusts with maternity services were advised by NHS England / Improvement that a monthly report on maternity services should be delivered to Trust Board. Trust Boards are are encouraged to ask themselves whether they really know that mothers and babies are safe in their maternity units and how confident they are that the best quality care is being provided in their organisation. Trust Boards are expected to robustly assess and challenge the assurances provided and have developed a dashboard with a minimum set of measures from which trusts should build a local dashboard

2.2 **CNST Maternity Incentive Scheme –NHS Resolution Year 3 Progress as at February 2021**

2.2.1 This section provides an update to the Board in relation to compliance with the third year of the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions. The scheme offers a financial rebate of up to 10% of the maternity premium for Trusts that are able to demonstrate progress against a list of ten safety actions.

2.2.2 NHSR has published the Maternity Incentive Scheme for the third year running. This scheme for 2020/21 builds on previous years to evidence both sustainability and on-going

quality improvements. The safety actions described if implemented are considered to be a contributory factor to achieving the national ambition of reducing stillbirths, neonatal deaths, perinatal morbidity and maternal deaths by 50 % by 2025

2.2.3 NHSR published an update for Year 3 of of the incentive scheme on 4th February 2020. Since then the scheme has been updated and relaunched in October 2020 following the pause due to Covid-19. A further update extending the final submission date to 15th July 2021 was received by the Trust in December 2020. An update for individual safety actions has been indicated by NHS Resolution and is awaited by Trust.

2.2.4 The maternity service has assessed itself against the current incentive scheme and considers that there are 4 areas for focus if the scheme is to be achieved successfully and in full.

Action	Maternity Safety Action	Current Position	Update	Deadline
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?		All areas of this action are on track. This is monitored monthly and learning from the reviews are included in the quarterly perinatal mortality report and widely disseminated.	June 2021
2	Are you submitting data to the Maternity Services Data Set to the required standard?		The current score card relates to Novemeber data and is included for information as required The team have addressed the gaps in data and we have received confirmation from NHS digital and NHSE that the December 2020 data submitted in February has achieved the required standard  Copy of Midlands CNSTSCORECARDNO	May 2021
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?		All areas of the requirements have been achieved attached are the results of the audit required. Further audit is in place and will be reported via future papers.  Transitional Care Audit June - Septemb	June 2021
4	Can you demonstrate an effective system of medical workforce planning to the		The obstetric staffing audit has been completed to requirements. There were no	June 2021

	required standard?		obstetric and gynaecology trainees who responded 'Disagreed or Strongly disagreed to the 2019 GMC National Trainees Survey question 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota'. Therefore no formal action plan is required The anaesthetic medical workforce – 100% of ACSA standards are met and an audit is planned to demonstrate compliance. The specific requirements for the neonatal workforce both medical and nursing are in progress and will be reported on in future months.	
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		The last Birthrate plus assessment was carried out in 2017. A table top Birthrate assessment has been carried out on a 6 monthly basis since then and a formal Birthrate Plus assessment has been requested in line with the NICE guideline Safe midwifery staffing for maternity settings.	June 2021
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle?		The Trust is fully compliant with four of the five elements of the care bundle, an improvement since last month. Work is ongoing to achieve compliance with the final element relating to fetal growth restriction. The team is confident that this will be complete by the end of March 2021	March 2021
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?		The Maternity Voices Partnership has continued to meet virtually during 2020 and into 2021. The group is actively working to ensure the voice of black , Asian and minority ethnicity women is prioritised and have co -	

			produced a communication strategy to ensure that information is both culturally sensitive but also widely disseminated. Collaborative working across the Black Country and West Birmingham LMNS offers support and sharing of best practice amongst the four Trusts and other Stakeholders.	
8	Can you evidence that 90% of each maternity unit staff group have attended an 'inhouse' multi-professional maternity emergencies training session within the last training year?		This is on target for compliance despite the challenges posed by wave 3 of COVID19 and the demands onall staff but especially theatre and anaesthetic teams	June 2021
9	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?		The maternity safety champion has continued to meet with the Board level safety champion on a monthly basis. February was the first opportunity for the Non Executive Board Maternity champion to accompany the Chef Nurse as Executive Board maternity and neonatal board safety champion on the walkaround in maternity and neonatal areas. An action plan is in progress to progress the requirement to achieve Continuity of Care pathways for 35% of women currently we have 22% of women booked onto a continuity pathwasy	June 2021
10	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?		This is up to date and requires no additional actions	June 2021

2.3 **Perinatal Mortality Review Tool**

2.3.1 A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 will have been started within four months of each death. This includes deaths after home births where care was provided by your trust staff and the baby died.

2.3.2 At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your trust, including home births, from Friday 20 December 2019 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool, within four months of each death.

2.3.3 For 95% of all deaths of babies who were born and died in your trust from Friday 20 December 2019, the parents were told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your trust staff and the baby died.

2.3.4 Monthly reports are submitted to Trust Board as part of the overarching maternity paper.

2.3.5 Quarterly reports have been submitted to the Trust Board that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the trust maternity safety champion.

2.3.6 Acute maternity trusts are required to notify NHS Resolution within 30 days of all babies born at term (≥37 completed weeks of gestation), following labour, that have had a potentially severe brain injury diagnosed in the first seven days of life, based on the following criteria:

- Have been diagnosed with grade III hypoxic ischaemic encephalopathy (HIE); OR
- Were actively therapeutically cooled; OR
- Had decreased central tone AND were comatose AND had seizures of any kind.

2.3.7 **Stillbirths** - There has been 1 stillbirth during quarter the month of February a review was undertaken and care for the family continues with support from the bereavement midwife.

2.3.8 **Neonatal Deaths** – There have been 0 neonatal death during the month of February

2.3.9 **HSIB Referrals** There have been no referrals required to be made to HSIB and we await the reports from HSIB for the 2 referrals previously made.

2.4 **Maternity Transformation**

2.4.1 The term 'continuity of carer' describes consistency in the midwife or clinical team that provides care for a woman and her baby throughout the three phases of her maternity journey: pregnancy, labour and the postnatal period (NHS England 2017). Women who receive midwifery-led continuity of carer are 16% less likely to lose their baby, 19% less likely to lose their baby before 24 weeks and 24% less likely to experience pre-term birth and report significantly improved experience of care across a range of measures (Sandall et al 2016). Preterm birth is a key risk factor for neonatal mortality. Continuity of carer can significantly improve outcomes for women from ethnic minorities and those living in deprived areas. There are significant and widening health inequalities in maternity care. When compared to babies of White ethnicity: Black/Black British babies have a 121%

increased risk for stillbirth and 50% increased risk for neonatal death and the gap has been widening since 2013; Asian/Asian British babies have a 66% increased risk of neonatal mortality and this risk is rising and an increased risk of stillbirth of around 55%. Babies born to mothers in the most deprived quintile have a 30% increased risk neonatal mortality and the gap between the most deprived and the least deprived quintiles is widening. Draper et al 2018. This difference has been highlighted more during the pandemic and the national direction for supporting improved outcomes for this population has been via continuity of care, with the ambition of 75% of this group being on a continuity of care pathway. The revised ambition is for 35% of women to be booked on a pathway by March 2021, this has been particularly hard to achieve due to the pandemic and the effects on workforce and service provision. The Trust is working in collaboration with the Black Country Local Maternity and Neonatal System to enact the findings of Better Birth's (2016) and transform services across the STP.

2.4.2 The continuity of carer data to the end of January submitted to the Black Country and West Birmingham LMNS is as follows

Requirement	DGFT
Percentage of BAME women booked	17.6%
Percentage of women booked who are resident in the most deprived IMD decile	19.7%
Percentage of women booked on a CoC pathway	22.3%
Percentage of BAME women booked on a CoC pathway	30%

2.4.3 The recently formed Poppy team are providing continuity of care in a mixed risk group of women living in the area of the borough that is in the top decile of deprivation. Early outcomes for women and babies cared for by the team demonstrate the benefits as outlined above.

2.4.4 Funding from the Black Country and West Birmingham LMNS has enabled the 6 month secondment of a midwife to lead the progression of the continuity of care pathways. A further team is going to be brought together and begin working in this way in April 2021.

2.5 **Service User Voice Feedback**

2.5.1 The Maternity Voices Partnership has continued to meet vitually on a regular basis.

2.5.2 There are terms of reference and the meeting minutes indicate the consistent involvement of staff

2.5.3The group is actively working to ensure the voice of black , Asian and minority ethnicity women is prioritised and have co -produced a communication strategy to ensure that information is both culturally sensitive but also widely disseminated

2.5.4 The team actively encourage women raising a concern or complaint to become members of the Maternity Voices Partnership as part of the resolution of the concerns.

2.5.5 The maternity service also utilises social media as another means to guage feedback in both open and closed groups.

2.6 **Staff Feedback from frontline champions and walk-abouts**

2.6.1 The Executive and Non Executive Board level safety champions carried out a walkaround of the maternity and neonatal units on 15th Februar 2021. The maternity unit unusually had few women in babies in all in-patient areas of maternity

2.6.2 None of the staff on duty raised any concerns with the safety champions on this occassion

2.6.2 Staff feedback is encouraged and the introduction of the virtual staff forum has enabled more staff to join meetings at times when they are not on duty.

2.7 **Workforce**

2.7.1 The last Birthrate plus (BR+) review was undertaken in 2017 and reported in 2018, this showed a deficit of 13.59 wteclinical midwives, 5.18 non clinical midwives and 11.32 band 3 maternity support workers. Since this last review the birthrate has decreased by approx 300 births per year.

2.7.2 Funding has been secured from the lack Country LMNS to carry out a Birthrate + review based on current birthrate. This is awaited.

2.7.3 In the interim a table top review has been carried out and this demonstrates that there is a requirement for 8 WTE band 3 maternity support workers. Following the Ockenden report recommendation the senior midwifery team also requires a Consultant midwife post and additional leadership posts to be reviewed.

2.7.4 There is a vacancy within the current funded worforce of 4.3 wte and recruitment to this is ongoing.

3 RISKS AND MITIGATIONS

3.1 There are some risks related to the achievement of all of the 10 CNST maternity safety actions. These may be mitigated by the updated guidance yet to be received from NHS Resolution. The multi disciplinary team continues to move forward to the original time scales .

3.2 It is unlikely that the Trust is going to achieve the ambition of 35% of women on a continuity of carer pathway at the end of March 2021. However we are progressing with the actions to extend the number of teams providing continuity of care in April 2021 and beyond. This will demonstrate our commitment to the ambition for the new financial year.

4. RECOMMENDATION(S)

4.1 The Board is invited to accept the assurance provided in this report

Name of Author Dawn Lewis
Title of Author Head of Midwifery
Date report prepared 2.3 2021

Enclosure 22

The Dudley Group
NHS Foundation Trust

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

TITLE:	**Exception Report from the Finance and Performance Committee Chair**		
AUTHOR:	Jonathan Hodgkin F & P Committee Chair	**PRESENTER**	Jonathan Hodgkin F & P Committee Chair

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS:

The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.

CORPORATE OBJECTIVE:

S05 Make the best use of what we have
S06 Plan for a viable future

SUMMARY OF KEY ISSUES:

Summary from the Finance and Performance Committee held on 25 February 2021.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description:**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Well Led
	NHSI	**Y**	**Details:** Achievement of Financial Targets
	Other	**Y**	**Details:** Value for Money
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 25 February 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• Despite good performance, currently the date for recovery of 2 week wait and 31 day cancer targets has slipped to May 2021. 62 day target is now not forecast to be met until March 2022 • Delays and additional electrical infrastructure work have challenged the Modular ward budget but it is still on track to deliver • Mechanism for providing capital for modular build will be PD. • Changes to payment regime next year means more robust cash management will be required in the future • BAF risk 5A risk score increased from 8 to 12 • BAF risk 6 risk score reduced from 20 to 16	• None
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Positive feedback from NHSEI on vaccination Workforce Bureau and first claim paid in full. Forecast spend has reduced and confident of full reimbursement • Confirmed robust operational performance despite covid challenges	• Agreed to recommend joint replacement products contract to Board for approval
Chair's comments on the effectiveness of the meeting: Agenda difficult to accommodate all the issues to be discussed within the time available	

Enclosure 23

The Dudley Group
NHS Foundation Trust

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

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

RECOMMENDATIONS:

To note and discuss the current performance against KPIs.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

Performance

Key Areas of Success

- 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

- 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

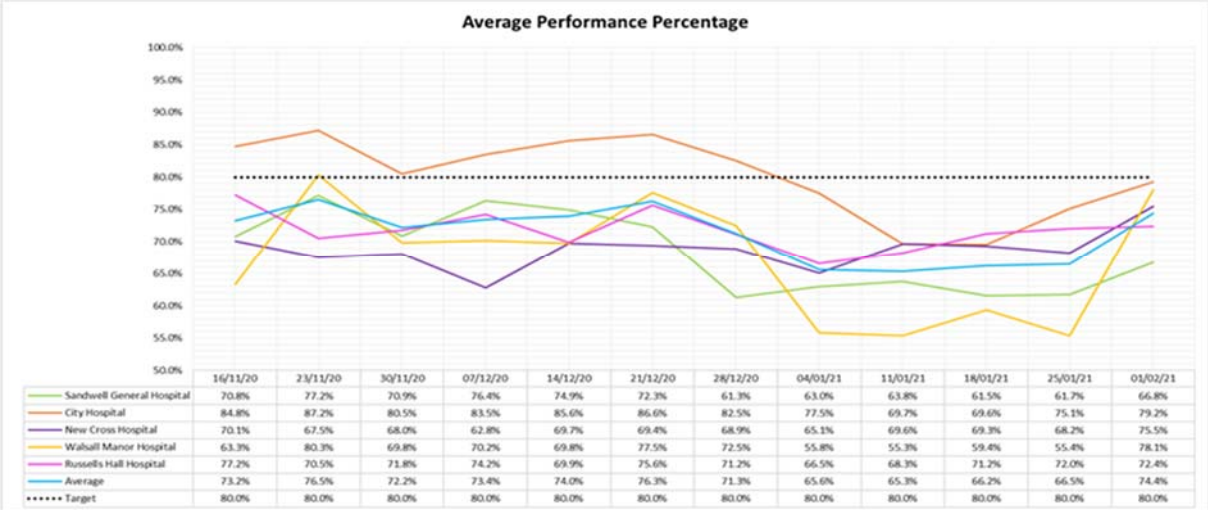
1. The January position for performance is below the expected Emergency Access Standard, the Trust has achieved a combined performance of 82.7%. The Trust is regionally ranked 12th out of 30 Midlands area Trusts.

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:



	16/11/20	23/11/20	30/11/20	07/12/20	14/12/20	21/12/20	28/12/20	04/01/21	11/01/21	18/01/21	25/01/21	01/02/21
Sandwell General Hospital	70.8%	77.2%	70.9%	76.4%	74.9%	72.3%	61.3%	63.0%	63.8%	61.5%	61.7%	66.8%
City Hospital	84.8%	87.2%	80.5%	83.5%	85.6%	86.6%	82.5%	77.5%	69.7%	69.6%	75.1%	79.2%
New Cross Hospital	70.1%	67.5%	68.0%	62.8%	69.7%	69.4%	68.9%	65.1%	69.6%	69.3%	68.2%	75.5%
Walsall Manor Hospital	63.3%	80.3%	69.8%	70.2%	69.8%	77.5%	72.5%	55.8%	55.3%	59.4%	55.4%	78.1%
Russells Hall Hospital	77.2%	70.5%	71.8%	74.2%	69.9%	75.6%	71.2%	66.5%	68.3%	71.2%	72.0%	72.4%
Average	73.2%	76.5%	72.2%	73.4%	74.0%	76.3%	71.3%	65.6%	65.3%	66.2%	66.5%	74.4%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

CANCER

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

Current in month performance is as follows:

a. 2ww achievement for 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**

NHS
The Dudley Group
NHS Foundation Trust

Performance KPIs

25th February 2021 Report (January 2021 Data)

Karen Kelly, Chief Operating Officer



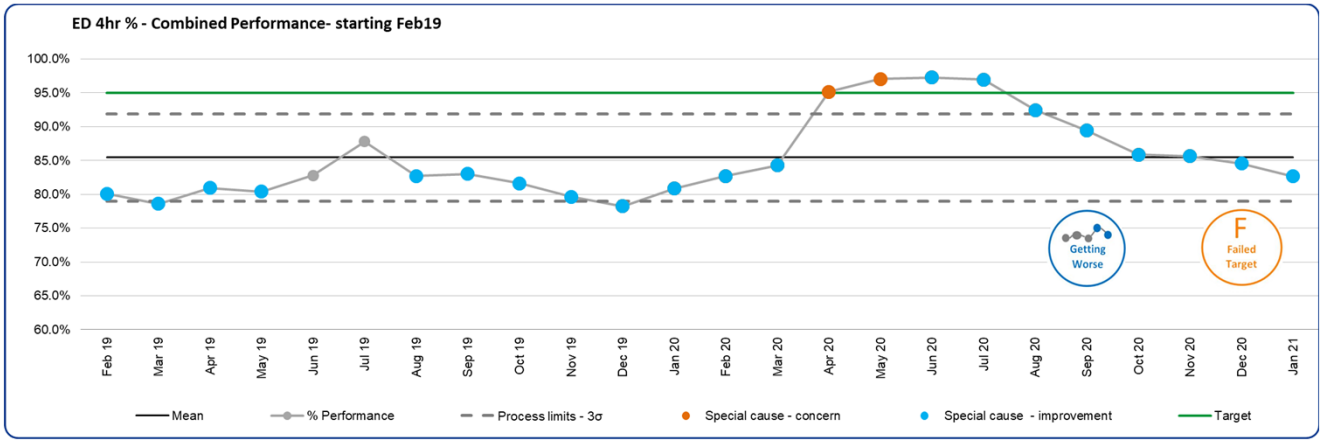

Constitutional Performance

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%	Getting Worse	F Failed Target
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	68.8%	61.9%	63.6%	70.9%	63.2%	70.8%	Getting Better	F Failed Target
	Cancer 31 Day -	96.0%	94.5%	93.8%	96.2%	92.2%	95.7%	91.5%	Getting Worse	F Failed Target
	All Cancer 2 Week Waits	93.0%	79.4%	52.5%	68.0%	79.5%	94.1%	85.1%	Getting Worse	F Failed Target
Referral to Treatment (RTT)	RTT Incomplete	92%	72.5%	78.9%	82.8%	83.9%	83.1%	80.5%	Getting Worse	F Failed Target
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	70.8%	71.1%	77.6%	84.3%	77.5%	73.5%	Getting Worse	F Failed Target
VTE	% Assessed on Admission	95%	89.9%	93.8%	93.2%	93.8%	93.6%	92.1%	Getting Worse	F Failed Target

Making Numbers Count - Icon Key

Is the Process Stable?					Will the target be met?			Non-SPC Measures			Admin		
H	L	H	L		P	F	?	P	F	N/A	SPC	DNP	NNP
GETTING BETTER		GETTING WORSE		STABLE	YES	NO	MAYBE	PASS	FAIL	NO TARGET SET	NON-SPC	DATA NOT PROVIDED BY SERVICE	NARRATIVE NOT PROVIDED BY SERVICE

ED Performance



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

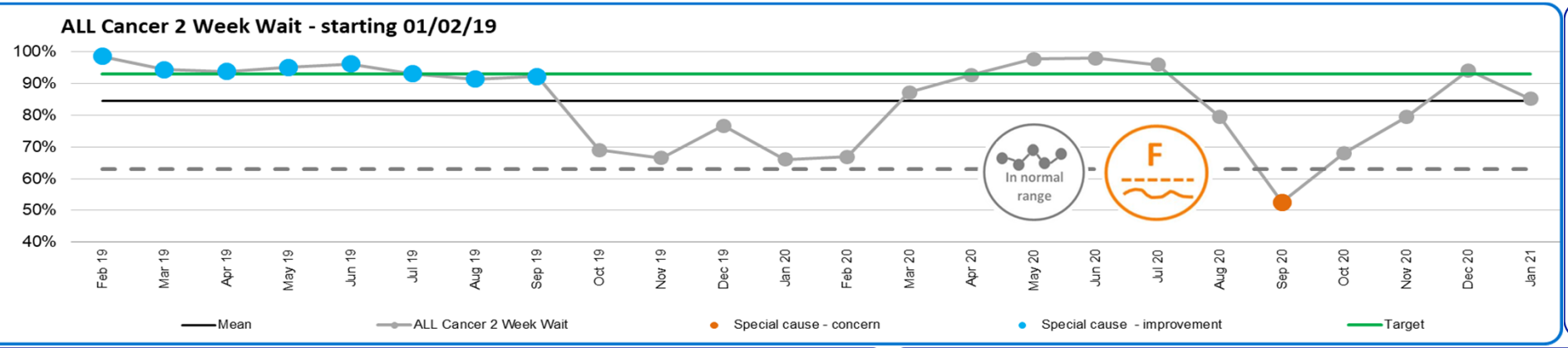
Performance

- 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%

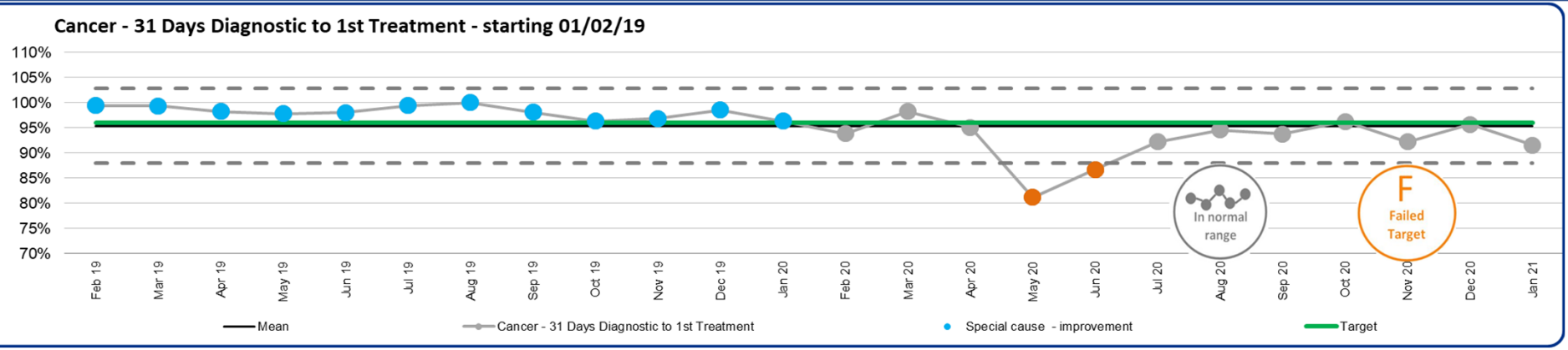
Performance

- 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



91.5%

As at 13:00 17/02/2021

31 day waits – target 96%

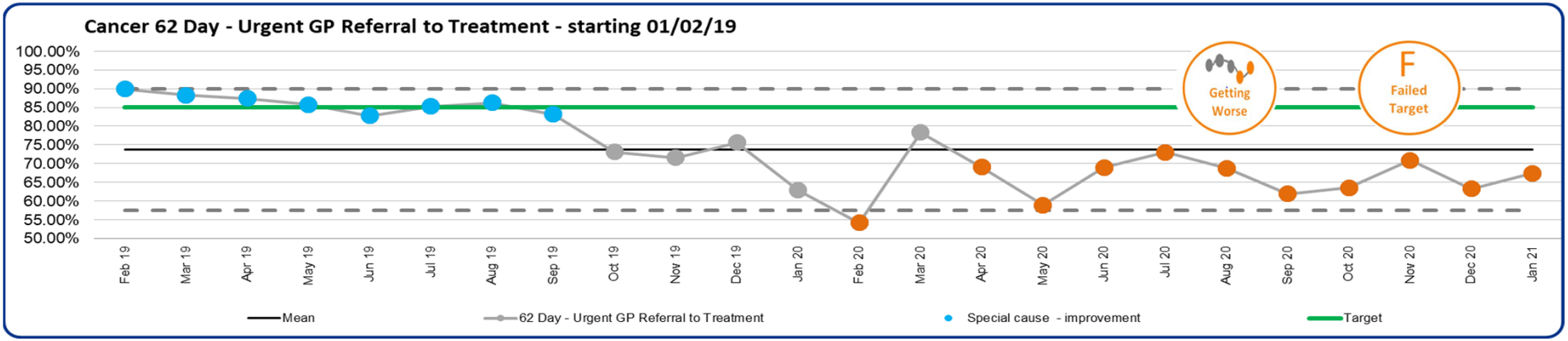
Performance

- 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%

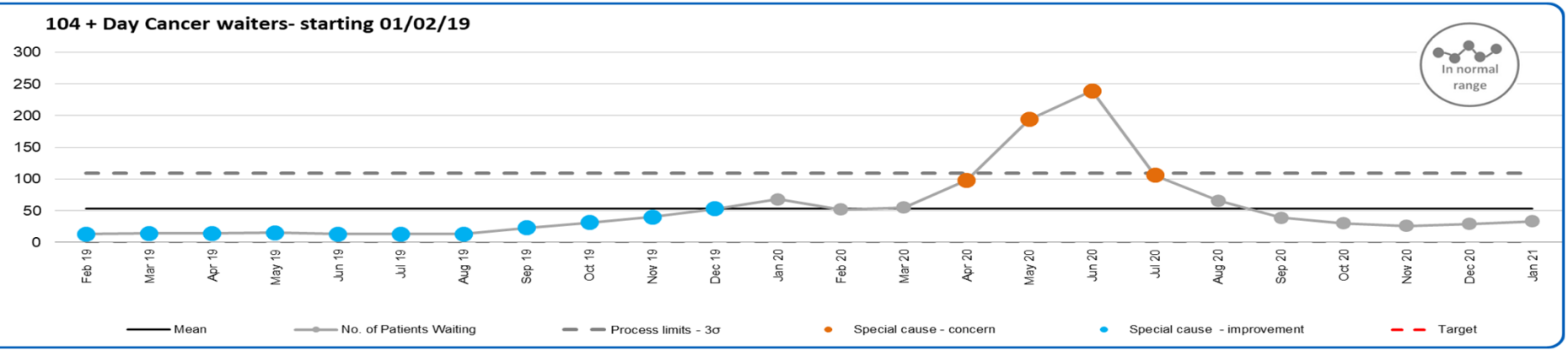
Performance

- 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



33

As at 13:00 17/02/2021

All 104 week waits, target zero

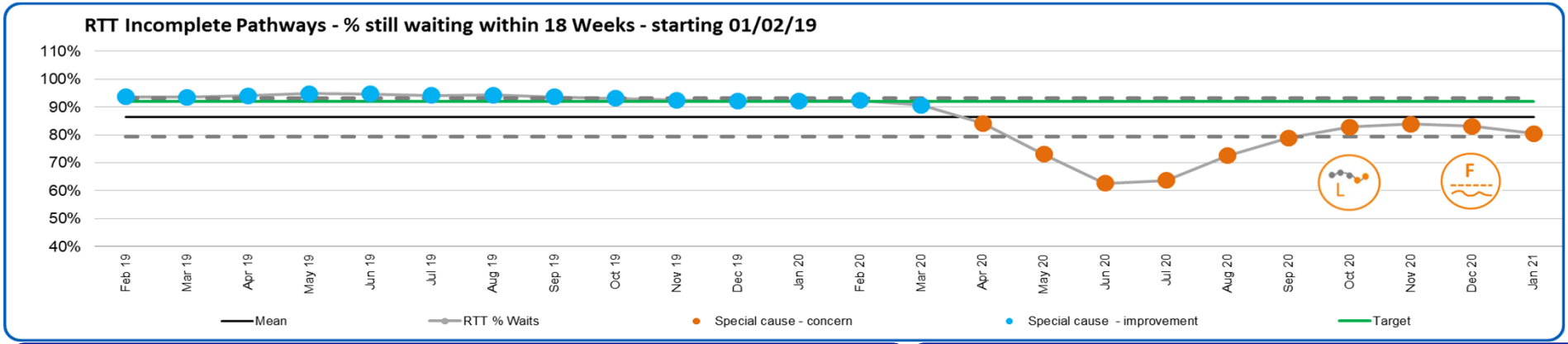
Performance

- 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



80.5%

RTT Incomplete pathways target 92%

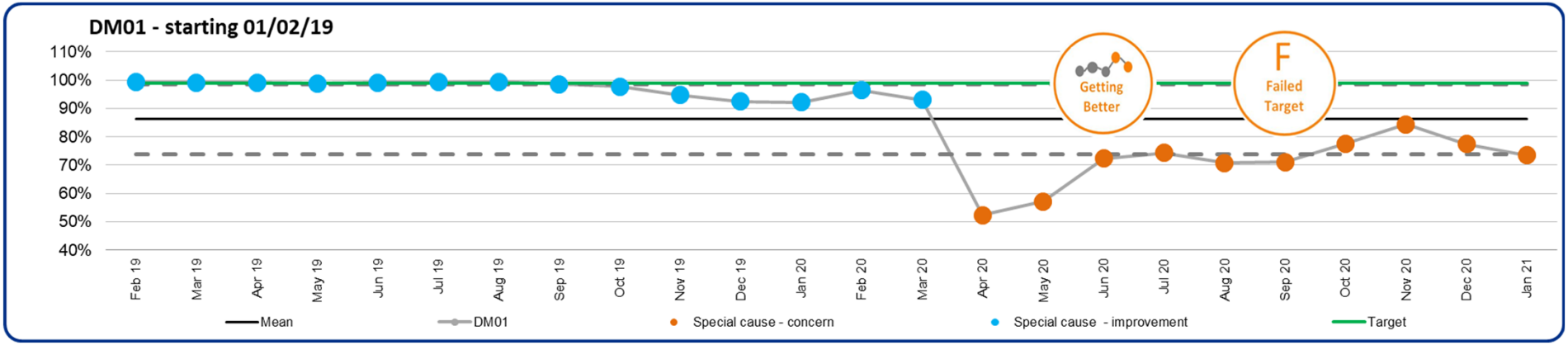
Performance

- 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 and10th 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 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%

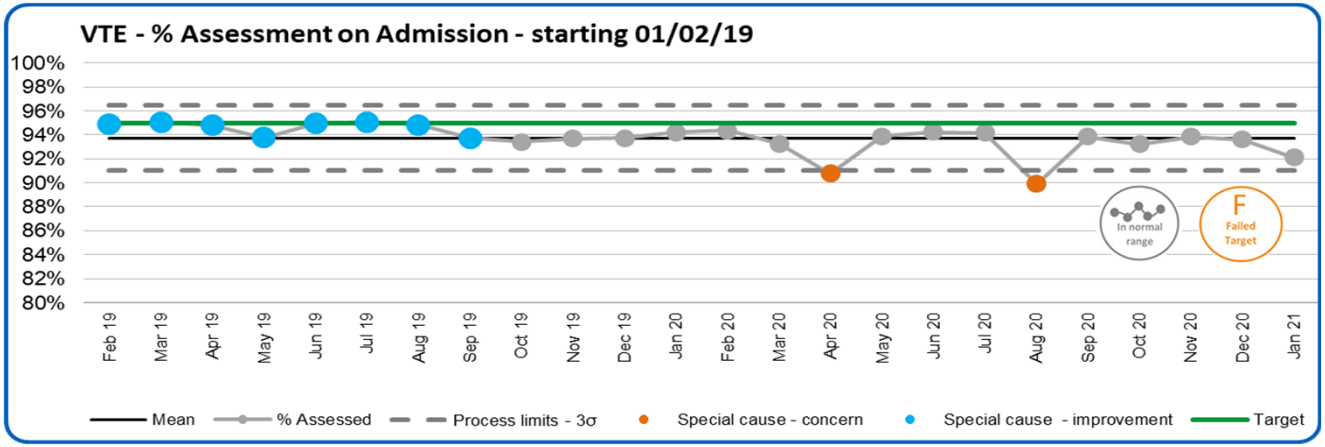
Performance

- 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



Trust overall Position	Medicine & IC	Surgery, W & C
92.1%	91.9%	92.4%

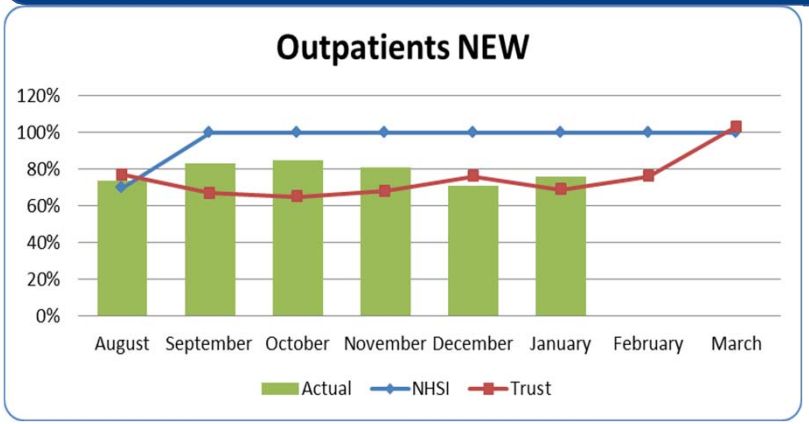
Performance

- 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.

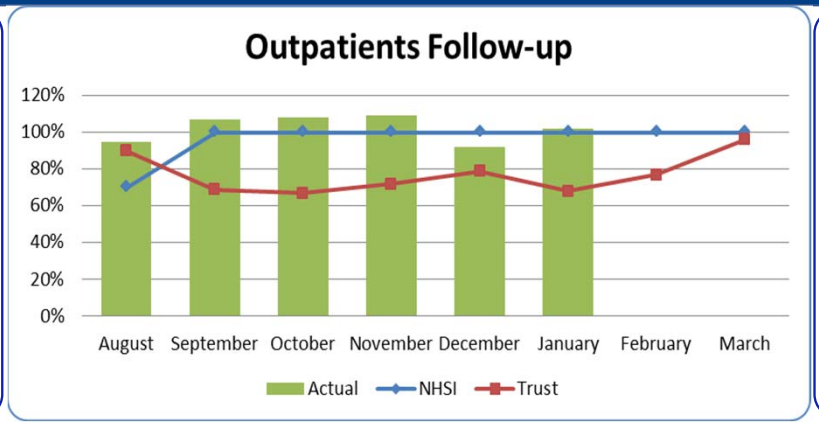
Action

- 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



January
76%



January
102%

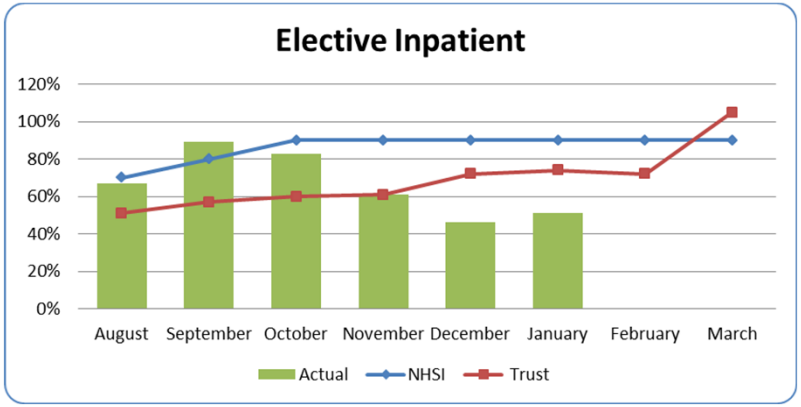
Performance

- 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

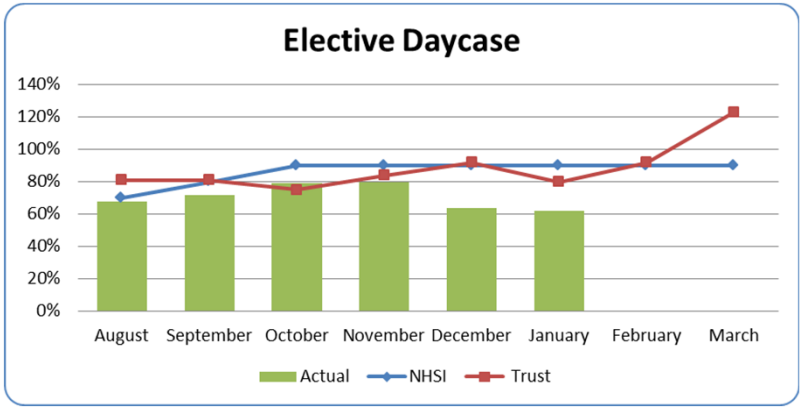
- ✓ Routine OPD has moved to virtual appointments where these are possible or have been deferred to release staff to support critical care and theatres for urgent care .
- ✓ Urgent or 2ww clinics are continuing either face to face or virtually as required
- ✓ Locums are being utilised where necessary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

Recovery and Restoration - Electives



January

51%



January

62%

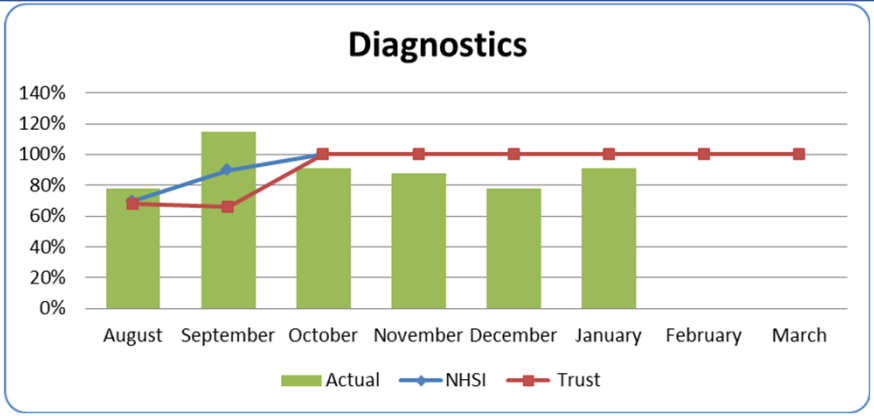
Performance

- 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.

Enclosure 24

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on Thursday 11th March 2021

TITLE:	**Summary of Workforce and Staff Engagement Committee meeting on Tuesday 23rd February 2021**		
AUTHOR:	**Julian Atkins**	**PRESENTER:**	**Julian Atkins**

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

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

RECOMMENDATIONS

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

CORPORATE OBJECTIVE:

SO3:Drive service improvement, innovation and transformation
SO4: Be the place people choose to work
SO5: Make the best use of what we have
SO6: deliver a viable future

SUMMARY OF KEY ISSUES:

As detailed in the paper.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**Y**		**Risk Description:**
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Well Led
	NHSI	**Y**	**Details:** Annual Business Planning Process
	Other	**N**	**Details:**
REPORT DESTINATION	**BOARD OF**	**Y**	**DATE: 11/03/2021**

	DIRECTORS		
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

The Dudley Group NHS Foundation Trust

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 23rd February 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• 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.	• 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.

	• 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.
POSITIVE ASSURANCES TO PROVIDE • 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	**DECISIONS MADE** • 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.

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. • The Chair of the LGBTQ+ Network provided the Committee with an update. February was LGBT+ 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.	

Chair's comments on the effectiveness of the meeting:

The February 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 LGBT+ 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.

Enclosure 25

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 11th March 2021

TITLE:	**Disciplinary Policy Review**		
AUTHOR:	**Karen Brogan – Head of HR Operations**	**PRESENTER:**	**James Fleet – Chief People Officer**

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

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

RECOMMENDATIONS

Board members are asked to note the NHSI/E requirement for NHS organisations to commit to undertaking a tangible review of disciplinary procedures by the end of this financial year (2020/21) and to formally discuss/minute that this has taken place at a Public Board or equivalent.

To consider and discuss the content of this paper and specifically the action that has been outlined against the recommendations from the Verita inquiry.

To approve this action as being sufficiently robust to address the recommendations from NHSI/E as well as reflect the high standards of employment practice that DGFT has set through the Dudley People Plan, Behavioural Framework and in the vision and values of the organisation.

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- In addition to the requirement for all Trusts to review their disciplinary policies and processes, as set out within correspondence from Dido Harding and Prerana Issar, the DGFT disciplinary policy has been revised and improved in order to:
    - Align with and support the implementation of the Trust's values and behavioural framework;
    - Better reflect a Just culture approach;
    - Address disproportionate representation of BAME staff within formal employment procedures;
    - Reflect the commitments made within the Trust's new Staff Partnership Agreement;
    - Implement the valuable learnings from the joint work undertaken with the Trust's

JLNC to co-develop a new best practice MHPS policy, which was ratified by WSEC in December 2020.

- The Trust's disciplinary policy has been reviewed in line with:
  - The recommendations and learnings from the Verita Inquiry, as well as from the work of the Advisory Group;
  - The framework set out in the Staff Partnership Agreement;
  - The learnings from the collaborative work recently undertaken with the BMA to update the MHPS Policy;
  - The principles of 'Just Culture';
  - The principles set out within *A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce* (NHSI/E, July 2019), including implementing the models of good practice for reducing the disproportionate gap in BAME and white staff entering the formal disciplinary process.

- A DRAFT updated disciplinary policy has been co-developed with staff side colleagues, which will now be processed through the following internal forums/governance approvals prior to final sign off through the Workforce Staff Engagement Committee:
  - Review and input from Staff Inclusion Networks (March 2021);
  - Review/consideration by Local Negotiating Committee (April 2021);
  - Review by Trust Executive (April 2021);
  - Final sign-off by WSEC (May 2021).

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**N**	**Details:**
REPORT DESTINATION	**BOARD OF DIRECTORS**	**Y**	**DATE: 11/03/2021**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

DISCIPLINARY POLICY REVIEW

1. INTRODUCTION

1.1 The Trust's disciplinary policy provides written guidance for our staff and managers on how to handle a range of employment issues. This policy is key to effectively delivering the Dudley People Plan and Behavioural Framework, therefore providing consistency and transparency for staff and managers, helping to enhance the psychological contract and create a positive organisational culture.

1.2 The delivery of the disciplinary policy plays a key role in supporting fairness and consistency across the Trust, as well as safeguarding the Trust and its officers from legal risk, through embedding a culture of trust, fairness and inclusion. The disciplinary policy plays an important role in supporting inclusive and compassionate workplace cultures by outlining the responsibilities of both the Trust as the employer and staff in the employment relationship. This policy has a direct impact on employee motivation, organisation reputation and the ability to attract and retain talent. Developing an effective policy will inform the attitudes and behaviours required for sustainable performance, creating mutual benefits for DGHFT and the workforce.

1.3 Board members will be aware that the Trust has a clear and robust process for the development, socialising, review and formal approval of HR/workforce policies and procedures, which ultimately falls within the remit of the Workforce and Staff Engagement Committee (WSEC), following sign off by the Trust Executive and Joint Negotiating Committee (JNC).

1.4 However, a paper was presented to the WSEC at its meeting on 15th December which addressed correspondence from Prerana Issar (NHS Chief People Officer) dated 1st December 2020 - 'Sharing good practice to improve people practices'. This correspondence set out a requirement for NHS organisations to commit to undertaking a tangible and timely review, on a yearly basis and by the end of this financial year (2020/21), of disciplinary procedures against the recommendations from the Verita inquiry. NHSI/E also stipulated that this is formally discussed/minuted at a Public Board or equivalent.

1.5 The Verita inquiry was commissioned following a tragic event that occurred at Imperial College Healthcare NHS Trust, where Mr Amin Abdullah, a nurse, who was subject of an investigation and disciplinary procedure took his own life. The report concluded that, in addition to serious procedural errors having been made, throughout the investigation and disciplinary process Amin was treated very poorly, to the extent that his mental health was severely impacted. Verita's recommendations were accepted by the Trust, in full, and have largely been implemented.

1.6 Prerana's recent letter, followed previous correspondence from Dido Harding to trust Chairs and Chief Executives (*Learning lessons to improve our people practices, May 2019*), which set out the conclusions of a 'task and finish' Advisory Group established by NHSI/E to consider to what extent the failings identified in Amin's case are either unique to this Trust or more widespread across the NHS, and what learning can be applied. The analysis highlighted several key themes associated with the Verita inquiry which were also common to other historical cases considered. Principal among these were:

- Poor framing of concerns and allegations;
- Inconsistency in the fair and effective application of local policies and procedures;
- Lack of adherence to best practice guidance;
- Variation in the quality of investigations;
- Shortcomings in the management of conflicts of interest;

- Insufficient consideration and support of the health and wellbeing of individuals;
- An over-reliance on the immediate application of formal procedures, rather than consideration of alternative responses to concerns.

1.7 The NHS England and NHS Improvement People Committees in Common received a detailed report on the outcomes of the Advisory Group's activities, which included recommendations that aim to ensure the captured learning is used to best effect in informing positive changes across the NHS. Dido Harding's letter provided additional guidance relating to the management and oversight of local investigation and disciplinary procedures, based on the Advisory Group's recommendations. In her letter Dido Harding specifically asked NHS Boards to consider how they are assured that investigations and disciplinary procedures are undertaken in line with best practice.

1.8 WSEC has previously received and approved a prioritised timetable for the review of all HR policies and procedures, including the Trust's disciplinary policy. This timetable prioritised the review of all HR policies and procedures, with the urgency determined by; lapse of time since last review, compliance with legislative changes and alignment to best practice. Based on this approach the Trust's disciplinary policy was scheduled for formal review in January 2021.

1.9 In light of the requirements, as set out within Prerana Issar's letter, this paper:

1. Summarises the work that has been undertaken to review the DGFT Disciplinary Policy, which is currently in DRAFT;
2. Summarises the changes that have been made in the new DRAFT Disciplinary Policy, to fully implement the key recommendations from the Verita inquiry;
3. Sets out the engagement and governance steps for finalising and rolling-out the new policy, including management training.

2. DISCIPLINARY POLICY REVIEW

2.1 In addition to the requirement for all Trusts to review their disciplinary policies and processes, as set out within correspondence from Dido Harding and most recently Prerana Issar, the DGFT disciplinary policy was due to be revised and improved in order to:

- Align with and support the implementation of the Trust's values and behavioural framework;
- Better reflect a Just culture approach;
- Address disproportionate representation of BAME staff within formal employment procedures;
- Reflect the commitments made within the Trust's new Staff Partnership Agreement;
- Implement the valuable learnings from the joint work undertaken with the Trust's JLNC to co-develop a new best practice MHPS policy, which was ratified by WSEC in December 2020.

2.2 The Trust's disciplinary policy has been reviewed in line with:

- The recommendations and learnings from the Verita Inquiry, as well as from the work of the Advisory Group;
- The framework set out in the Staff Partnership Agreement;
- The learnings from the collaborative work recently undertaken with the BMA to update the MHPS Policy;
- The principles of 'Just Culture';
- The principles set out within *A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce* (NHSI/E, July 2019), including

implementing the models of good practice for reducing the disproportionate gap in BAME and white staff entering the formal disciplinary process.

2.3 The review of DGFT's disciplinary policy has addressed the core components of effective HR policies and best practice, namely:

- *HR Policy and Procedure*; underlying principles, purpose and aims, providing concise procedural key steps and associated information (legal requirements etc.);
- *HR Management Toolkit*; for use by line managers, working with the HR Team, to improve the efficiency and consistency of processes;
- *Communication and Implementation*; HR policies will have a clear communication and implementation plan.

2.4 A DRAFT updated disciplinary policy has been co-developed with staff side colleagues, which will now be processed through the following internal forums/governance approvals prior to final sign off through the Workforce Staff Engagement Committee:

- Review and input from Staff Inclusion Networks (March 2021);
- Review/consideration by Local Negotiating Committee (April 2021);
- Review and sign-off by the Trust Executive Team (April 2021);
- Final sign-off by WSEC (May 2021).

3. DISCIPLINARY POLICY CHANGES

3.1 The new disciplinary policy is underpinned by The Dudley Group NHS Foundation Trust's values and behaviour framework and the Just Culture framework which is a value based model of shared organisational accountability. Just culture recognises individuals should not be accountable for failings over which they have no control. The new policy is user friendly and service user focused, which seeks to avoid technical HR speak and jargon.

3.2 The table below summarises the changes that have been made to the Trust's Disciplinary policy to fully implement the key recommendations from the Verita inquiry, specifically those in line with the guidance relating to *the management and oversight of local investigation and disciplinary procedures*, which accompanied Dido Harding's letter of 24th May 2019, and re-circulated with Prerenar Issar's recent letter of 1st December 2020.

Recommendation	Action
Adhering to best practice	The DRAFT disciplinary policy and investigation toolkit has been underpinned by current best practice, using the following resources: • ACAS' 'code of practice on disciplinary and grievance procedures'; • GMC's 'principles of a good investigation'; • NMC's 'best practice guidance on local investigations'; • Imperial College Healthcare NHS Trust – Disciplinary Policy and Procedure; • A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce. Within the policy the importance of ensuring complete independence and objectivity is maintained at every stage of an investigation and disciplinary procedure, has been recognised, with independent impartial oversight highlighted throughout the process.

Applying a rigorous decision-making methodology	The values and underlying principles of a Just Culture approach have been embedded into the policy when considering and assessing allegations. A Just culture examines the underlying cause of the issue and recognises that these can be due to failures within the Trust's systems and processes. The process does not focus on allocating blame and seeks to identify learning opportunities to ensure similar issues are not repeated and that everyone in the process is supported and treated fairly and with respect. A comprehensive and consistent decision-making methodology is championed which considers information gathered as part of the preliminary enquiries being clear about what has happened to support the proposed course of action. This allows full and careful consideration of context and prevailing factors to ensure the allegation is being dealt with in the most constructive way and in accordance with Just culture principles. The important of plurality in all decision-making that relates to the application of sanctions has been identified, with all decisions regarding sanctions requiring a minimum of two appropriately trained/experienced panel members.
Ensuring people are fully trained and competent to carry out their role	In addition to the development of the disciplinary policy and investigation toolkits, the following training packages are being reviewed/developed: • Disciplinary Policy and Process; • Investigation Training; • Panel member training – for hearings. These training packages will also be delivered through the Trust's Manager's Essentials programme and be developed in conjunction with staff side colleagues.
Assigning sufficient resources	The new policy makes clear that before commencing investigation and disciplinary procedures, appropriate release must be secured for any individual who is identified as being the investigating officer, or taking any role in supporting the process, whether at an informal or formal stage. Review of disciplinary cases during the past few years has highlighted some instances where these processes have been drawn out and protracted, principally due to there being insufficient capacity of individuals in key roles, such as investigating officers. Trade union representatives also need to have sufficient time to properly support and represent individuals who are subject to such procedures.
Decisions relating to the implementation of suspensions/exclusions	Immediate steps have been taken, with the introduction of a suspension risk assessment. The decision to suspend will only be taken where genuine risks have been identified (e.g. to the integrity of the investigation, the health and wellbeing of employees, the security of data or safety of patients) and all alternatives to suspension have been considered and ruled out as a reasonable and adequate way of managing risks. Any decision to suspend needs to be approved by the Chief People

	Officer and either the Chief Nurse or Medical Director. Any decision to suspend/exclude an individual cannot be taken by one person alone and will be proportionate, time bound and only applied when there is full justification for doing so. The suspension will be kept under constant review, with a formal review every two weeks or as required. Where circumstances change, which reduces potential risks, consideration will be given to lifting suspension either with or without alternative measures to suspension. The Head of Operational HR will be kept apprised of and will review all on-going suspensions to ensure there is appropriate senior-level oversight. Any suspensions that breach the timescales within the new policy will be reported (anonymously) to the WSEC and Trust Board on a monthly basis, as part of the Workforce KPI report.
Safeguarding people's health and wellbeing	At all stages of the disciplinary policy and process the concern for the health and wellbeing of people involved in investigation and disciplinary procedures will be paramount and continually assessed. Appropriate professional occupational health assessments and EAP support (including counselling services) will be made available to any person who either requests or is identified as requiring such support. A communication plan will be established in all cases that allows regular and confidential communication to ensure employees are kept informed of what is happening, including updates on progress and timescales. Regular and confidential communication will ensure employees are kept informed of what is happening and will have the opportunity to ask questions to avoid stress and other health and wellbeing issues.
Board-level oversight	Comprehensive data relating to investigation and disciplinary procedures will be collated, recorded, reported at the Workforce and Staff Engagement Committee on a quarterly basis, this will include: • Number of cases; • Oversight of reasons for cases; • Timescales; • Suspensions/exclusions and justification; • Outcomes; • Lessons learnt.

4. RECOMMENDATIONS

4.1 Board members are asked to note the NHSI/E requirement for NHS organisations to commit to undertaking a tangible review of disciplinary procedures by the end of this financial year (2020/21) and to formally discuss/minute that this has taken place at a Public Board or equivalent.

4.2 To consider and discuss the content of this paper and specifically the action that has been outlined against the recommendations from the Verita inquiry.

4.3 To approve this action as being sufficiently robust to address the recommendations from NHSI/E as well as reflect the high standards of employment practice that DGFT has set through the Dudley People Plan, Behavioural Framework and in the vision and values of the organisation.

Enclosure 26

NHS
The Dudley Group
NHS Foundation Trust

Paper for submission to Board 11th March 2021

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

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
	x	x	

RECOMMENDATIONS

For the Board to receive the report and note the contents.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

- Overall Sickness/Absence was 9.95% in January, with Surgery the highest at 11%. The 3rd wave of COVID absences impacted the overall figure and contributed 5% points. COVID reason absences peaked in January at 5.3% and had reduced to 2.5% on Monday 1st March.
- Bank usage increased to 634 WTE in January, driven in part by DGHFT's role as Lead Employer for the Black Country and West Birmingham vaccination programme. Agency usage remained largely the same as December.
- The overall turnover rate for the Trust is 6.5%, with Students at 12.2% (to be expected), followed by AHPs at 9.5%.
- The total vacancies stand at 634 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 10) and equates to 11%. Clinical Support Services has the highest vacancy numbers at 17%.
- Qualified Nursing vacancies stand at 308 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 10), at 17%.
- In terms of departments, Acute Medicine has the largest number of vacancies (23), followed by Wards C8 (17), B3 (17), and C5 (15).
- Mandatory Training: overall compliance reduced in January to 84.3%, down from December at 85.4%.
- BAME staff Trust representation is at 19.4%.Disabled staff Trust representation is at 3.6%.
- Referrals received in January reduced to 58 from 64 in December. The largest category is 'Ability to perform duties' at 59%.

- In January, the average days from referral to appointment increased to 15.4 days, compared to the target of 15 days.
- The HR caseload (not including suspensions) has 33 live cases, the majority being disciplinary (12) at 36%. BAME staff represent 30% of active cases. It is important to note that there have been no new cases involving BAME members of staff, however because of the closure of several cases this has disproportionately affected the % rate.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**Y**	**Details:** *in accordance with Trust policies and procedures developed and maintained to comply with prevailing legislation as required.*
REPORT DESTINATION	**EXECUTIVE DIRECTORS**	**N**	**DATE:**
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

NHS
The Dudley Group
NHS Foundation Trust

Workforce KPI Report

Board 11th March 2021

James Fleet, Executive Chief People Officer

Please note that this month's report contains variations in the way performance is presented, and is drawn from the new self-service HR Dashboard – launching 1st March




Summary 1/3

	Performance	*Action*
Sickness & Absence	o Overall Sickness/Absence was 9.95% in January, with Surgery the highest at 11%. The 3rd wave of COVID absences impacted the overall figure, and contributed 5% points. o COVID reason absences ('other' in the table to the right below) was the highest category, followed by 'Anxiety/stress/depression' – also at a significant level. o In terms of instances of sickness/absence, ED and Pathology were highest, followed by Maternity, Pharmacy and Ward B3. The staff group with the highest absence continues to be additional clinical services. o COVID reason absences peaked in January at 5.3%, and had reduced to 2.5% on Monday 1st March.	✓ Centralised Sickness Absence Reporting has recommenced for Covid-related absence, this feeds directly into the Staff Testing process. ✓ All Covid-related absence is screened and challenged to ensure staff are self-isolating appropriately. Long COVID clinics are being provided for all staff with 20+ days of COVID absence. ✓ Monthly sickness absence reports are being sent to Managers, Divisional Directors and Heads of Service detailing both short and long term absence. ✓ The operational HR team convene monthly meetings with managers to support, advise and challenge action that is being taken to manage sickness absence,
Bank & Agency Usage	o Bank usage increased to 634 WTE in January, driven in part by DGHFT's role as Lead Employer for the Black Country and West Birmingham vaccination programme. o Agency usage remained largely the same as December.	✓ Action plan has been developed to prioritise recruitment and retention. ✓ Authorisation levels have been reviewed and revised within Health Roster to ensure there is senior nursing oversight for agency usage. ✓ The Business Partner model has been embedded, which includes monthly operational business meetings to support advise and challenge action that is being in relation to vacancies, retention and bank and agency usage.
Turnover & Recruitment	o The overall turnover rate for the Trust is 6.5%, with Students at 12.2% (to be expected), followed by AHPs at 9.5%. o The total vacancies stands at 599 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 10) and equates to 11%. o Clinical Support Services has the highest vacancy numbers at 17%. o Qualified Nursing vacancies stand at 308 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 10), at 17%. o In terms of departments, Acute Medicine has the largest number of vacancies (23), followed by Wards C8 (17), B3 (17), and C5 (15).	✓ Turnover continues to fall and is well below the average NHS rate of 10%. ✓ The HR Business Partners are supporting the Divisional Directors to ensure the development and implementation of workforce planning, that understands staffing capacity, establishments, and skill & experience requirements and incorporates into service design to ensure roles are fit for purpose and add value. ✓ Examine trends on planned versus actual staffing levels, triangulated with key quality and outcome measures, including exit interviews and stay interviews. ✓ Further recruitment KPIs are being developed for next report.

Summary 2/3	*Performance*	*Action*
Mandatory Training	o Mandatory Training: overall compliance reduced in January to 84.3%, down from December at 85.4%. o The new HR dashboard enables detail analysis by staff group, and representation by BAME staff (BAME colleagues accessing non mandatory training is an area of focus requiring significant improvement). o The priority areas continue to be RESUS and SAFEGUARDING. o The new HR dashboard enables analysis of the status by department, staff group etc. The table on the right shows the current % compliance by department, and the numbers of modules requiring completion to attain 90% compliance.	✓ An action plan has been devised along with a trajectory for the Divisions to achieve mandatory training compliance. ✓ Restrictions to the amount of attendees and exploration of adjusted delivery continues, staff absence during November was also a factor. ✓ Meetings held with SMT Lead and Gen Managers for MIC, Surgery, and CSS, with out-of-hours additional sessions run throughout September up to December to capture Clinicians and increase overall compliance.
Appraisals	o Staff appraisal % compliance was 95.5% for the year ending March 2020, and up to October 2020 was at 77.2%. o This element is contained within the new HR dashboard, and will be refreshed up to date in the next few days. o The dashboard enables detailed analysis by directorate and department to enable focus on compliance.	✓ This is a new element in the KPI report, and will be utilised by managers supported by HR Business partners to ensure that staff appraisals are planned and completed on time.
Equality, Diversity & Inclusion	o BAME staff Trust representation is at 19.4%. o The new HR dashboard enables detailed analysis of representation by grade and department, and mirrors the WRES submission to enable monthly tracking. o Disabled staff Trust representation is at 3.6%. o The new HR dashboard enables analysis by gender. In the next few days the dashboard will include a section enabling analysis of the gender pay gap, and will be reported here in subsequent months.	✓ The Trust has now established 3 networks: BAME, LGBTQ+, and Disability. The BAME, and LGBTQ+ Networks which are now underway with growing membership and regular meetings and events. The goal is to ensure that these networks are prominent in decision making processes across the Trust. Governance is through WSEC. ✓ Each networks has both an Executive Director and Non-Executive Director sponsor and a protected budget. Network Chairs regularly attend Trust Board meetings. ✓ The Workforce Committee meeting in late August focused on a 'deep dive' by age, band, length of service, and staff group for WDES, WRES, and WSES. The results have informed the development of an action plan to prioritise action in key areas of the Dudley People Plan, i.e. recruitment, promotion and employee relations.

Summary 3/3	*Performance*	*Action*
Staff Health & Wellbeing	o Referrals received in January reduced to 58 from 64 in December. o The largest category is 'Ability to perform duties' at 59%. o In January the average days from referral to appointment increased to 15.4 days, compared to the target of 15 days.	✓ Review of Staff Health & Wellbeing service in progress to identify the service model and additional support required. ✓ Interim support provided to support the service and review processes and practices in the short term.
HR Caseload	o The HR caseload (not including suspensions) has 33 live cases, the majority being disciplinary (12) at 36%. o BAME staff represent 30% of active cases. It is important to note that there have been no new cases involving BAME members of staff, however because of the closure of a number of cases this has disproportionally affected the % rate.	✓ Employee relations cases continue to be proactively managed and supported by the implementation and maintenance of a case tracker. ✓ There is a focus on the Just Culture framework, with shared learning and early resolution where possible. ✓ There has been the review and introduction of a new suspension risk assessment to ensure all suspensions are proportionate and justified. ✓ The Operational HR teams are trialling the introduction of a 'Decision Making Tree' to inform decisions regarding informal/formal action.

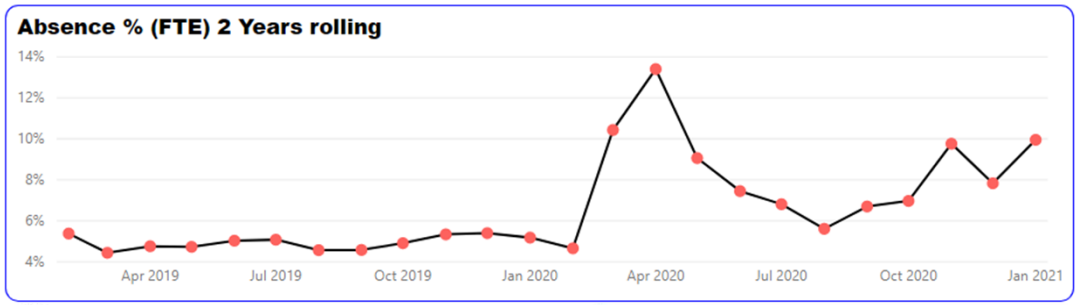
Sickness Absence

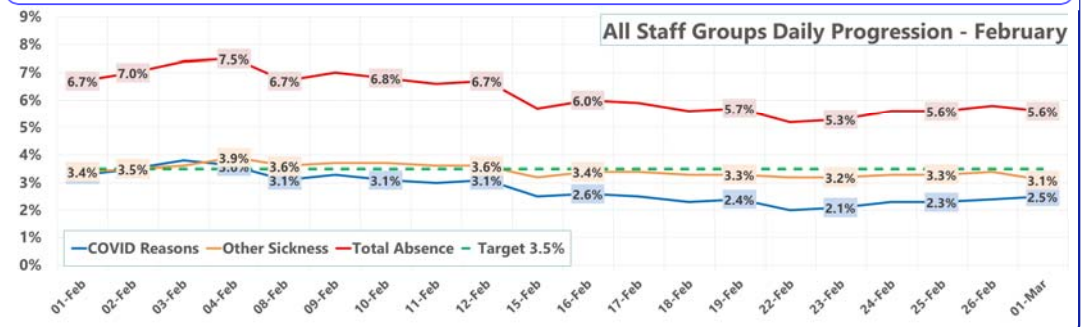
Overall Sickness/Absence was 9.95% in January, with Surgery the highest at 11%. The 3rd wave of COVID absences impacted the overall figure, and contributed 5% points.

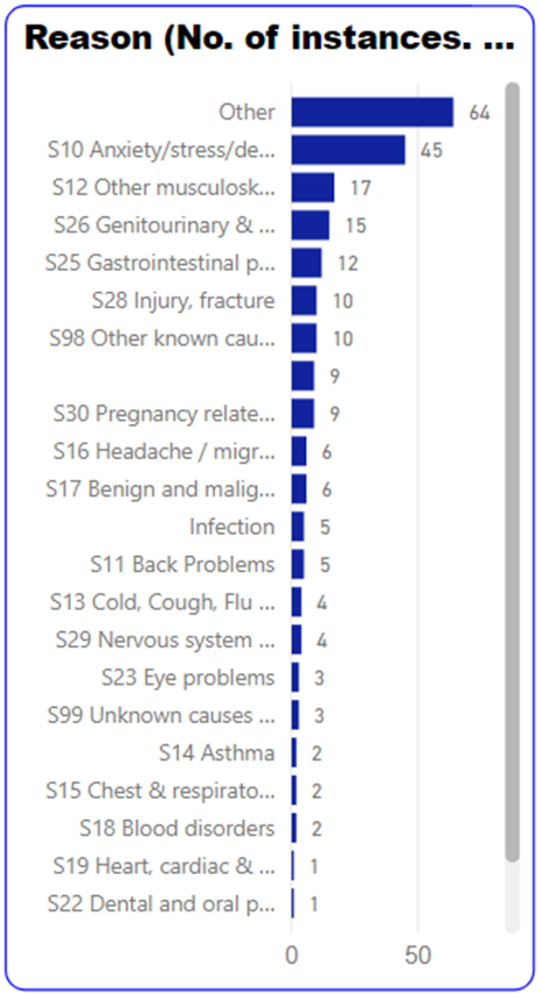
COVID reason absences ('other' in the table to the right below) was the highest category, followed by 'Anxiety/stress/depression' – also at a significant level.

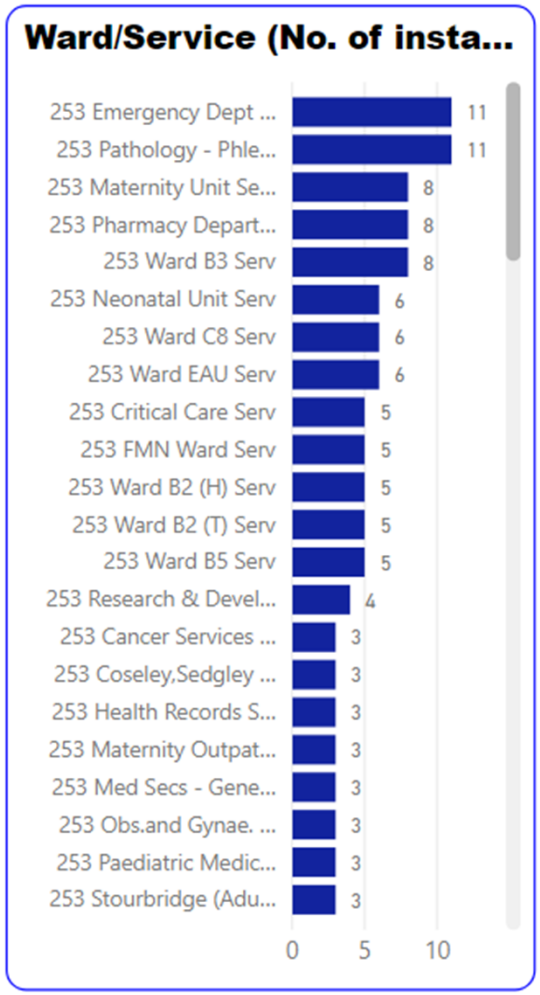
In terms of instances of sickness/absence, ED and Pathology were highest, followed by Maternity, Pharmacy and Ward B3.

Latest Month	Trust	CS	Corporate	MIC	Surgery
	9.95%	10.31%	5.03%	10.36%	11.03%









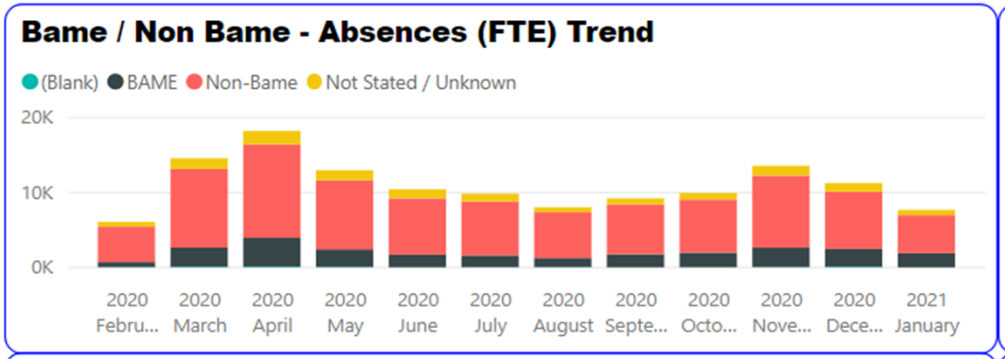
Sickness Absence - Detail

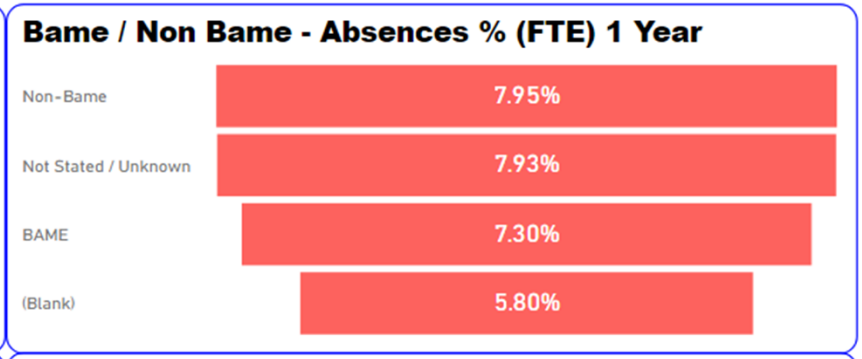
The new HR dashboard enables an in-depth analysis of absence levels, including by ethnicity, disability.

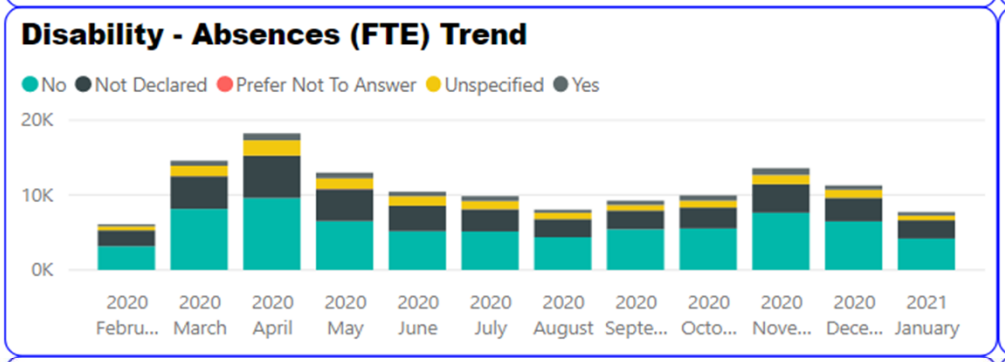
In terms of disability, the chart to the right highlights the absence levels of disabled colleagues (for the 12 months to January 2021, including the COVID effect).

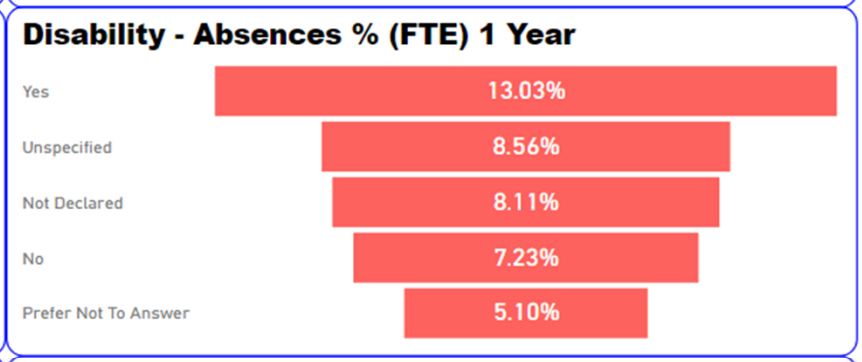
The 2019 staff survey results described the pressure disabled colleagues feel to be present, and their negative experiences when they are not.

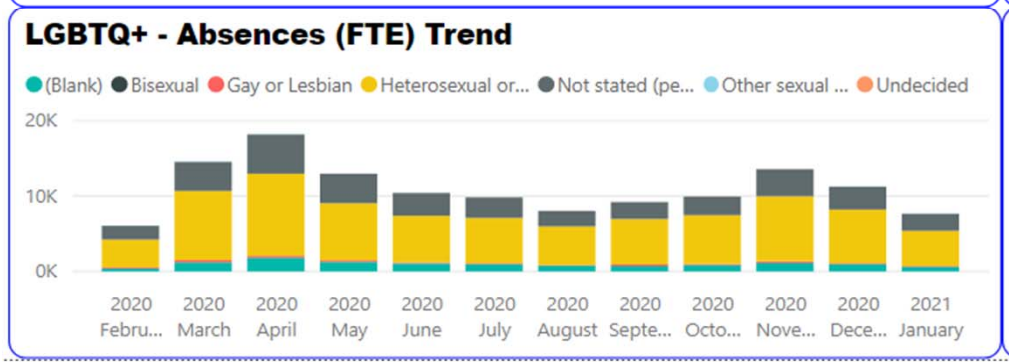
For LGBTQ+ colleagues, the numbers of individuals in some groups is very low, creating a disproportional effect if one or 2 staff are absent.

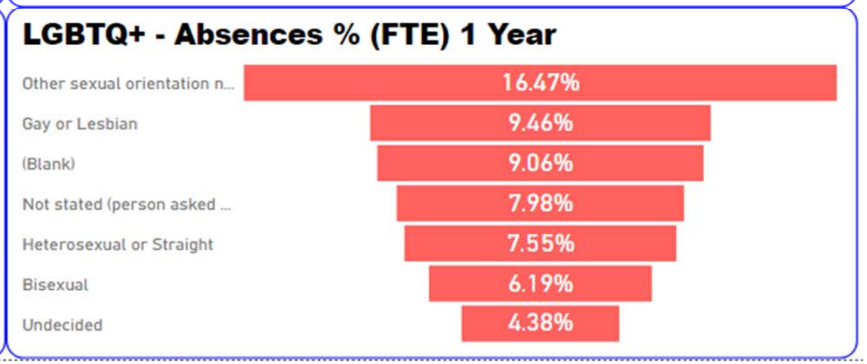












Covid 19 Absence Profile – All Staff on Monday 1st March

COVID reason absences peaked in January at 5.3%, and had reduced to 2.5% on Monday 1st March.

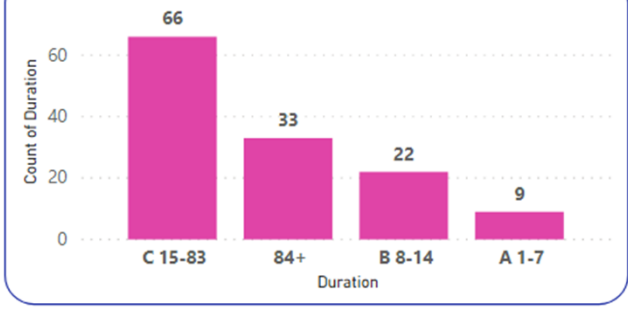
02/03/2021 09:21:46

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

Employee Count Within Selected Staff Group

5381

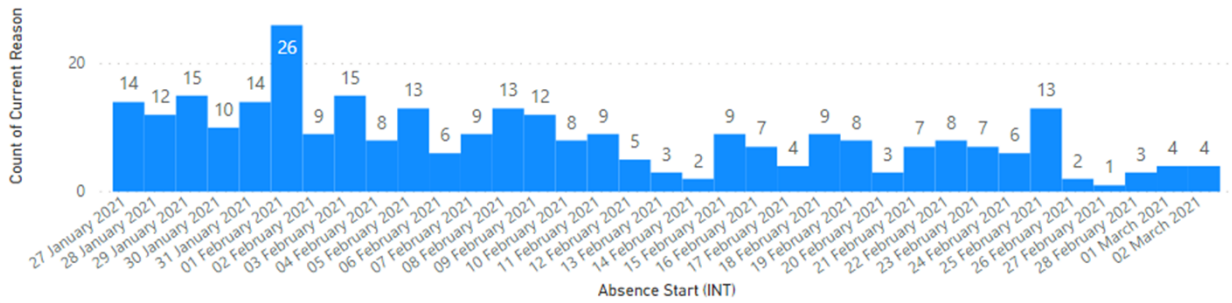
Staff Group	Active Assignment	Covid-19	Other Sickness	Total
Add Prof Scientific and Technic	97.5%	0.5%	2.0%	100.0%
Additional Clinical Services	90.9%	3.9%	5.3%	100.0%
Administrative and Clerical	96.4%	1.4%	2.2%	100.0%
Allied Health Professionals	96.2%	3.1%	0.7%	100.0%
Healthcare Scientists	100.0%			100.0%
Medical and Dental	96.8%	0.8%	2.5%	100.0%
Nursing and Midwifery Registered	93.9%	2.8%	3.3%	100.0%
Students	96.0%	4.0%		100.0%
Total	**94.4%**	**2.5%**	**3.1%**	**100.0%**



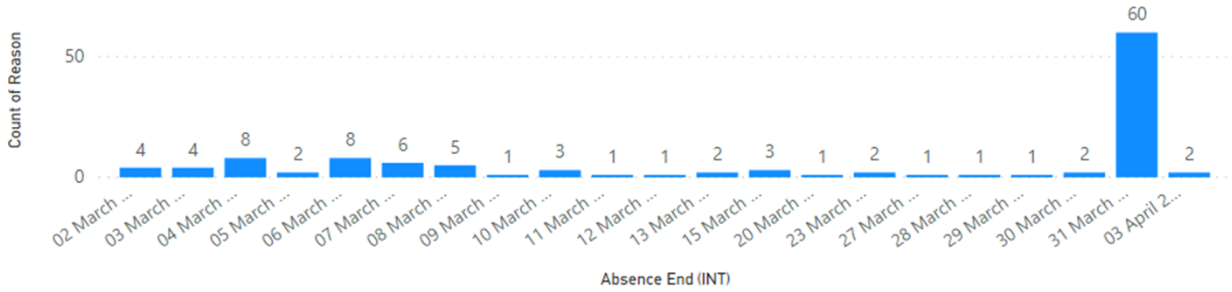
DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	496	11	10	517
253 Corporate / Mgt	584	4	10	598
253 Medicine & Integrated Care	2179	67	72	2318
253 Surgery	1718	48	72	1838
Total	**4977**	**130**	**164**	**5271**

DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	95.9%	2.1%	1.9%	100.0%
253 Corporate / Mgt	97.7%	0.7%	1.7%	100.0%
253 Medicine & Integrated Care	94.0%	2.9%	3.1%	100.0%
253 Surgery	93.5%	2.6%	3.9%	100.0%
Total	**94.4%**	**2.5%**	**3.1%**	**100.0%**

C-19 Absence Starts



C-19 Current Absence Planned End (back following day)

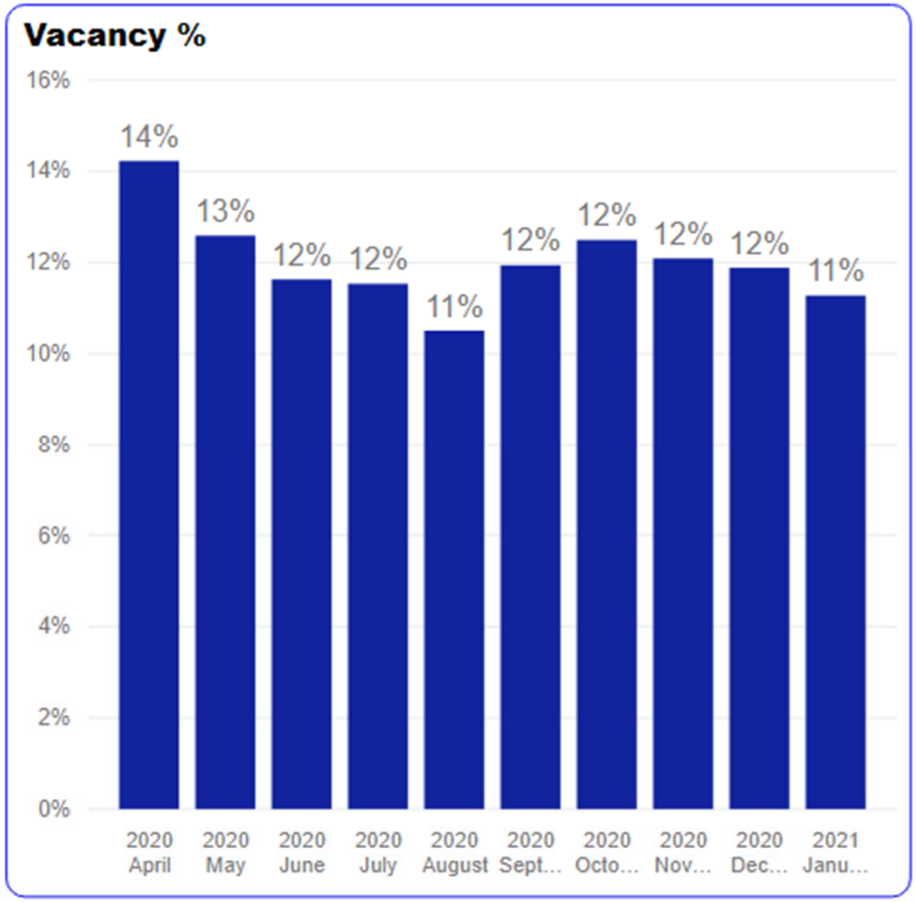


Vacancies – Staff in Post + Bank & Agency – Total Trust

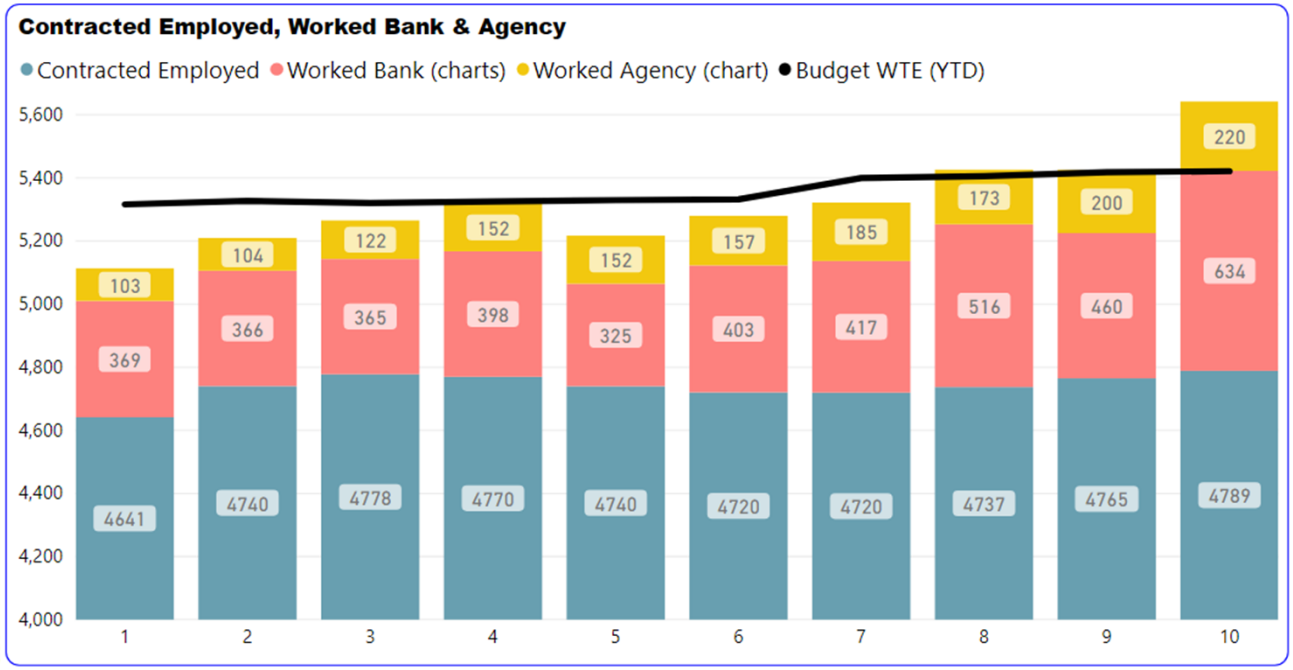
Contracted WTE staff has increased to 4,789 WTE in January, up 24 from December. The overall number of vacancies has dropped to 11% (with rounding, the change is very small).

Bank usage increased to 634 WTE in January, driven in part by DGHFT's role as Lead Employer for the Black Country and West Birmingham vaccination programme.

Trust	CS	Corporate	MIC	Surgery
11%	17%	0%	12%	13%



CC1 Desc	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
Clinical Support	534.16	442.30	91.86	17%	38.89	£131,261	14.98	£116,590	£247,852
Corporate / Mgt	567.66	566.54	1.12	0%	125.75	£530,381	77.21	£521,855	£1,052,237
Medicine & Integrated Care	2,378.94	2,101.04	277.90	12%	271.56	£1,753,505	67.83	£510,910	£2,264,415
Surgery	1,940.64	1,679.11	261.53	13%	197.74	£1,204,759	59.58	£420,541	£1,625,301
Total	**5,421.40**	**4,788.99**	**632.41**	**12%**	**633.94**	**£3,619,907**	**219.60**	**£1,569,897**	**£5,189,804**

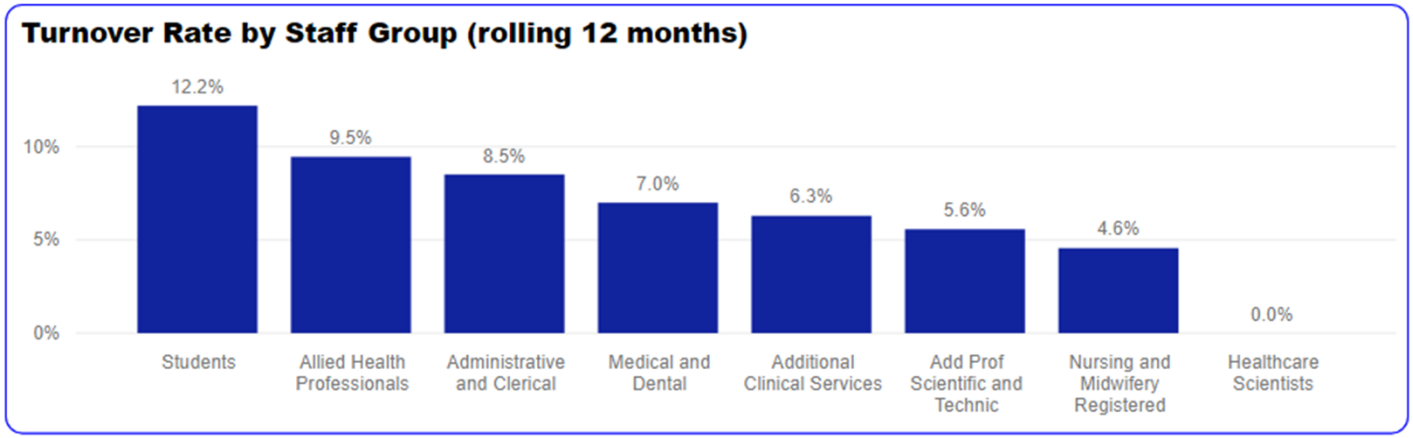


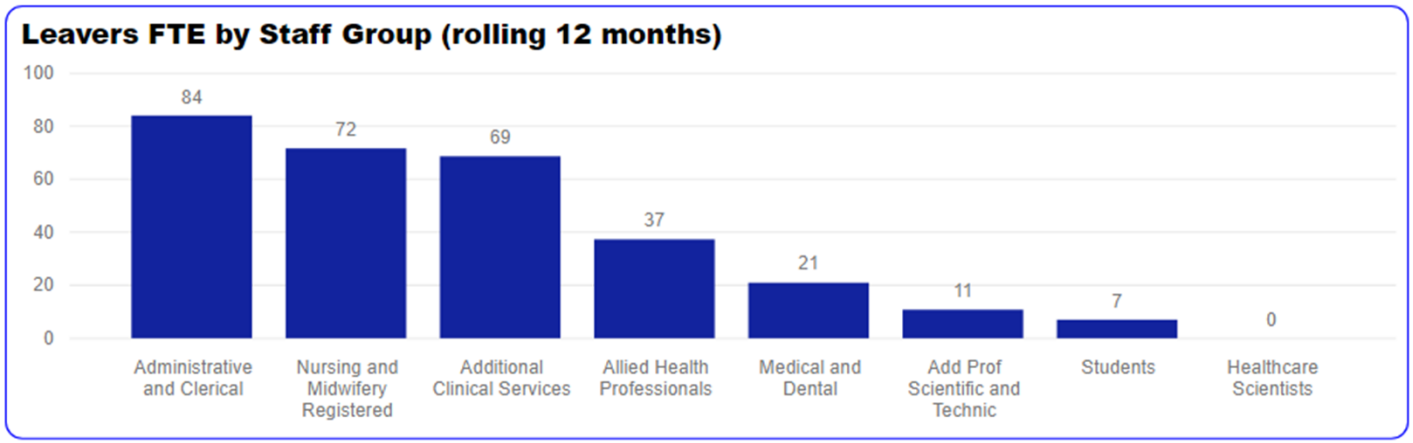
Turnover – Rate by Staff Group

The overall turnover rate for the Trust is 6.5%, with Students at 12.2% (to be expected), followed by AHPs at 9.5%.

This new section will be developed for next month's report, and is part of the new HR dashboard.

Latest Month	Trust	CS	Corporate	MIC	Surgery
	6.5%	7.1%	11.0%	6.7%	4.6%





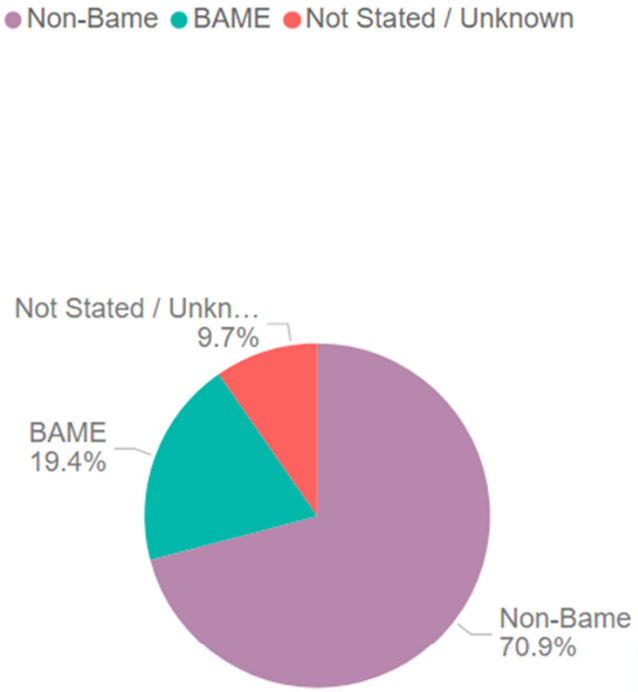
Workforce Profile - Ethnicity – Representation by Trust, and Grade

BAME staff Trust representation is at 19.4%.

The new HR dashboard enables detailed analysis of representation by grade and department, and mirrors the WRES submission to enable monthly tracking.

NB: there is a data quality issue at VSM, where ESR is incorrectly coded to show 1 BAME staff member. There are 7 VSM staff of which non are stated as BAME.

Ethnicity Profile



BAME/Non-BAME by Division

Mapping	BAME		Non-Bame		Not Stated / Unknown		Total	
Org L2	No.	%	No.	%	No.	%	No.	%
253 Surgery	377	20.5%	1303	70.7%	163	8.8%	1843	100.0%
253 Medicine & Integrated Care	442	19.1%	1638	70.7%	238	10.3%	2318	100.0%
253 Corporate / Mgt	75	12.3%	463	75.9%	72	11.8%	610	100.0%
253 Clinical Support	134	25.9%	346	66.8%	38	7.3%	518	100.0%
Total	**1028**	**19.4%**	**3750**	**70.9%**	**511**	**9.7%**	**5289**	**100.0%**

BAME/Non-BAME by Pay Grade (grouped)

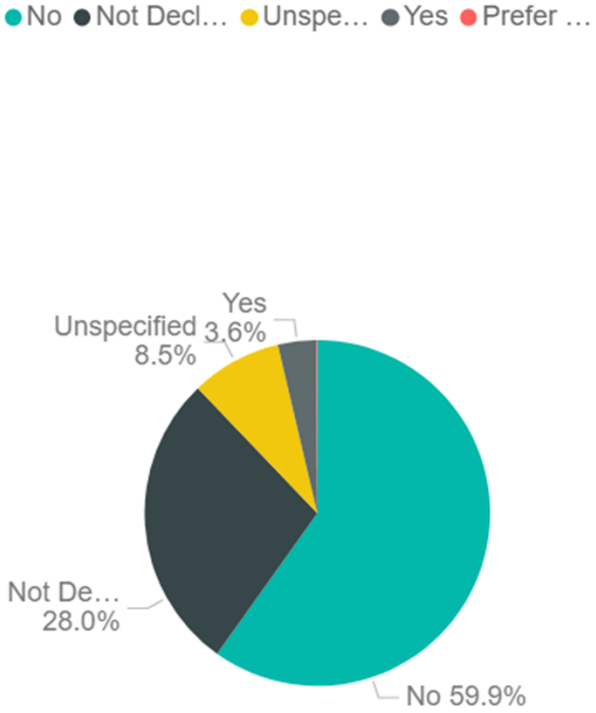
Mapping	BAME		Non-Bame		Not Stated / Unknown		Total	
Band	No.	%	No.	%	No.	%	No.	%
Apprentice	7	13.2%	40	75.5%	6	11.3%	53	100.0%
Band 2	116	9.9%	947	80.7%	110	9.4%	1173	100.0%
Band 3	29	8.1%	290	81.0%	39	10.9%	358	100.0%
Band 4	44	11.1%	310	78.3%	42	10.6%	396	100.0%
Band 5	258	25.2%	654	63.9%	112	10.9%	1024	100.0%
Band 6	148	15.1%	737	75.3%	94	9.6%	979	100.0%
Band 7	58	12.0%	397	82.2%	28	5.8%	483	100.0%
Band 8a	29	19.9%	103	70.5%	14	9.6%	146	100.0%
Band 8b	5	11.4%	36	81.8%	3	6.8%	44	100.0%
Band 8c	2	15.4%	10	76.9%	1	7.7%	13	100.0%
Band 8d	1	8.3%	10	83.3%	1	8.3%	12	100.0%
Band 9	2	25.0%	6	75.0%			8	100.0%
Consultant	116	47.9%	97	40.1%	29	12.0%	242	100.0%
Non-Consultant	208	67.3%	81	26.2%	20	6.5%	309	100.0%
Trust contract	4	9.8%	27	65.9%	10	24.4%	41	100.0%
VSM	1	12.5%	5	62.5%	2	25.0%	8	100.0%
Total	**1028**	**19.4%**	**3750**	**70.9%**	**511**	**9.7%**	**5289**	**100.0%**

Workforce Profile - Disability – Representation by Trust, and Grade

Disabled staff Trust representation is at 3.6%.

The new HR dashboard enables detailed analysis of representation by grade and department, and mirrors the WDES submission to enable monthly tracking.

Disability



Disability by Division

Org L2	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
253 Clinical Support	64.9%	24.6%	0.2%	6.5%	3.8%
253 Corporate / Mgt	67.4%	21.7%	0.3%	5.1%	5.5%
253 Medicine & Integrated Care	59.5%	27.5%	0.0%	9.0%	4.0%
253 Surgery	56.5%	31.6%	0.1%	9.5%	2.4%
Total	**59.9%**	**28.0%**	**0.1%**	**8.5%**	**3.6%**

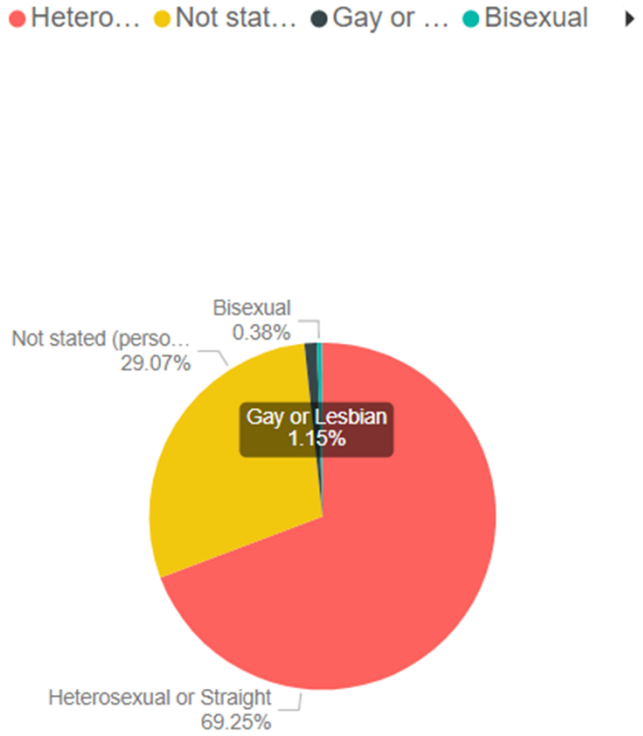
Disability by Pay Grade (grouping)

Band	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
Apprentice	69.8%	11.3%			18.9%
Band 2	57.3%	27.6%	0.2%	12.1%	2.9%
Band 3	59.7%	27.1%		8.3%	5.0%
Band 4	66.1%	23.4%		7.8%	2.8%
Band 5	58.7%	26.8%		10.0%	4.5%
Band 6	58.4%	30.6%		7.5%	3.5%
Band 7	60.0%	32.2%	0.2%	3.1%	4.5%
Band 8a	67.8%	21.2%		6.8%	4.1%
Band 8b	56.8%	38.6%		4.5%	
Band 8c	84.6%	15.4%			
Band 8d	66.7%	33.3%			
Band 9	87.5%				12.5%
Consultant	41.4%	49.2%	0.4%	9.0%	
Non-Consultant	78.0%	14.0%		5.4%	2.5%
Trust contract	61.0%	26.8%		12.2%	
VSM	25.0%	50.0%	12.5%		12.5%
Total	**59.9%**	**28.0%**	**0.1%**	**8.5%**	**3.6%**

Workforce Profile – LGBTQ+ – Representation by Trust, and Grade

LGBTQ+ staff representation is shown as % since absolutely numbers are low.

LGBTQ+



LGBTQ+ by Division

Org L2	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)	Other sexual orientation not listed	Undecided
253 Clinical Support	0.6%	0.4%	71.4%	27.2%	0.4%	
253 Corporate / Mgt	0.7%	0.9%	77.7%	20.6%		0.2%
253 Medicine & Integrated Care	0.3%	1.8%	69.7%	28.2%	0.0%	
253 Surgery	0.4%	0.7%	65.2%	33.6%	0.1%	0.1%
Total	**0.4%**	**1.2%**	**69.2%**	**29.1%**	**0.1%**	**0.0%**

LGBTQ+ by Pay Grade (grouped)

Mapping	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)	Other sexual orientation not listed	Undecided
Apprentice		1.9%	79.2%	18.9%		
Band 2	0.8%	1.7%	67.8%	29.4%	0.3%	
Band 3		0.9%	74.0%	25.1%		
Band 4		1.1%	71.7%	26.7%	0.3%	0.3%
Band 5	0.2%	1.0%	69.2%	29.6%		
Band 6	0.2%	0.9%	69.0%	29.9%		
Band 7	0.2%	1.3%	68.2%	30.1%	0.2%	
Band 8a		1.5%	74.5%	24.1%		
Band 8b	2.3%	2.3%	58.1%	37.2%		
Band 8c			75.0%	25.0%		
Band 8d			66.7%	33.3%		
Band 9			100.0%			
Consultant		0.9%	46.0%	52.7%		0.4%
Non-Consultant	1.3%	0.7%	82.4%	15.6%		
Trust contract		2.8%	66.7%	30.6%		
VSM			87.5%	12.5%		
Total	**0.4%**	**1.2%**	**69.2%**	**29.1%**	**0.1%**	**0.0%**

Workforce Profile – Gender – Representation by Division and Grade

The new HR dashboard enables analysis by gender.

In the next few days the dashboard will include a section enabling analysis of the gender pay gap.

Gender by Division

Org L2	Female	Male	Total
253 Surgery	1536	321	**1857**
253 Medicine & Integrated Care	1977	361	**2338**
253 Corporate / Mgt	419	194	**613**
253 Clinical Support	416	105	**521**
Total	**4348**	**981**	**5329**

Gender by Division (%)

Org L2	Female	Male
253 Clinical Support	79.8%	20.2%
253 Corporate / Mgt	68.4%	31.6%
253 Medicine & Integrated Care	84.6%	15.4%
253 Surgery	82.7%	17.3%
Total	**81.6%**	**18.4%**

Gender by Pay Grade (grouping)

Mapping	Female	Male	Total
Apprentice	45	8	**53**
Band 2	1061	125	**1186**
Band 3	320	42	**362**
Band 4	360	38	**398**
Band 5	906	126	**1032**
Band 6	879	104	**983**
Band 7	408	77	**485**
Band 8a	97	49	**146**
Band 8b	36	8	**44**
Band 8c	10	3	**13**
Band 8d	6	6	**12**
Band 9	4	4	**8**
Consultant	63	181	**244**
Non-Consultant	134	180	**314**
Trust contract	15	26	**41**
VSM	4	4	**8**
Total	**4348**	**981**	**5329**

Gender by Pay Grade (grouping, %)

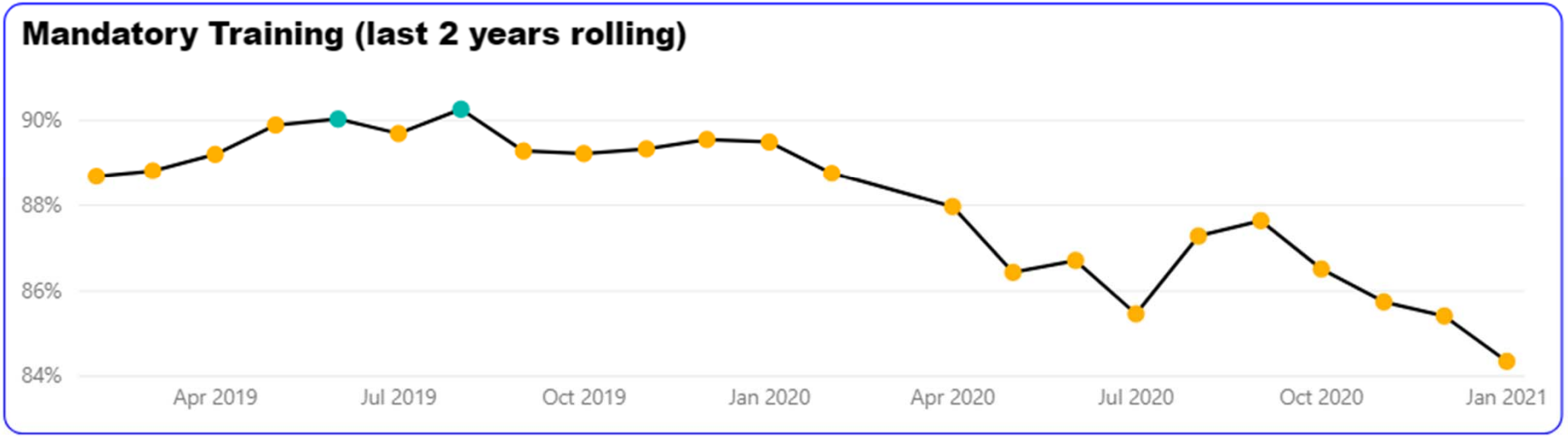
Mapping	Female	Male	Total
Apprentice	84.9%	15.1%	**100.0%**
Band 2	89.5%	10.5%	**100.0%**
Band 3	88.4%	11.6%	**100.0%**
Band 4	90.5%	9.5%	**100.0%**
Band 5	87.8%	12.2%	**100.0%**
Band 6	89.4%	10.6%	**100.0%**
Band 7	84.1%	15.9%	**100.0%**
Band 8a	66.4%	33.6%	**100.0%**
Band 8b	81.8%	18.2%	**100.0%**
Band 8c	76.9%	23.1%	**100.0%**
Band 8d	50.0%	50.0%	**100.0%**
Band 9	50.0%	50.0%	**100.0%**
Consultant	25.8%	74.2%	**100.0%**
Non-Consultant	42.7%	57.3%	**100.0%**
Trust contract	36.6%	63.4%	**100.0%**
VSM	50.0%	50.0%	**100.0%**
Total	**81.6%**	**18.4%**	**100.0%**

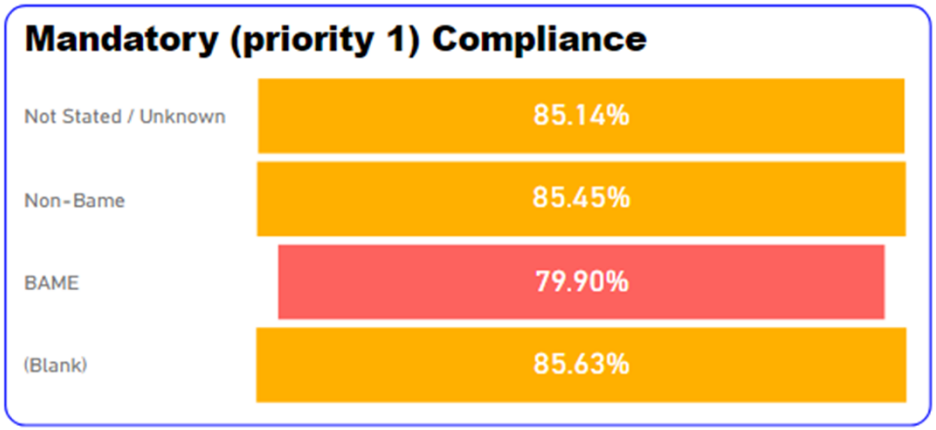
Mandatory Training – Performance Trend

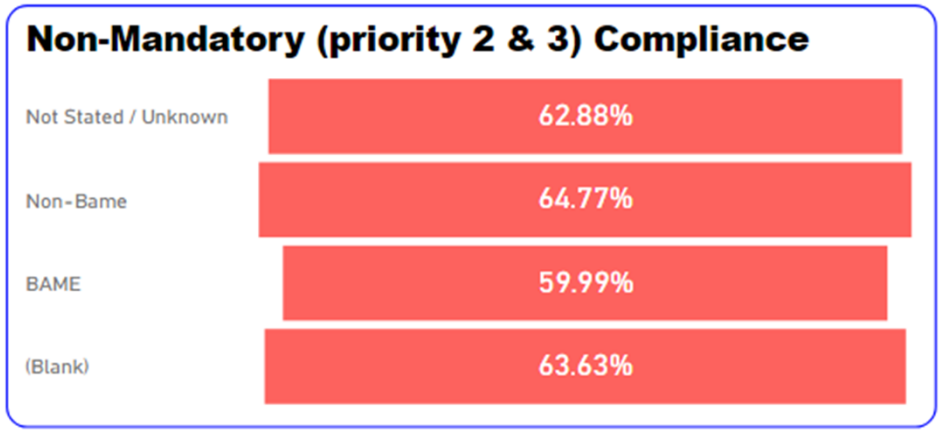
Mandatory Training: overall compliance reduced in January to 84.3%, down from December at 85.4%.

The new HR dashboard enables detail analysis by staff group, and representation by BAME staff (BAME colleagues accessing non mandatory training is an area of focus requiring significant improvement).

Latest Month	Trust	CS	Corporate	MIC	Surgery
	84.35%	84.82%	87.47%	85.41%	82.05%





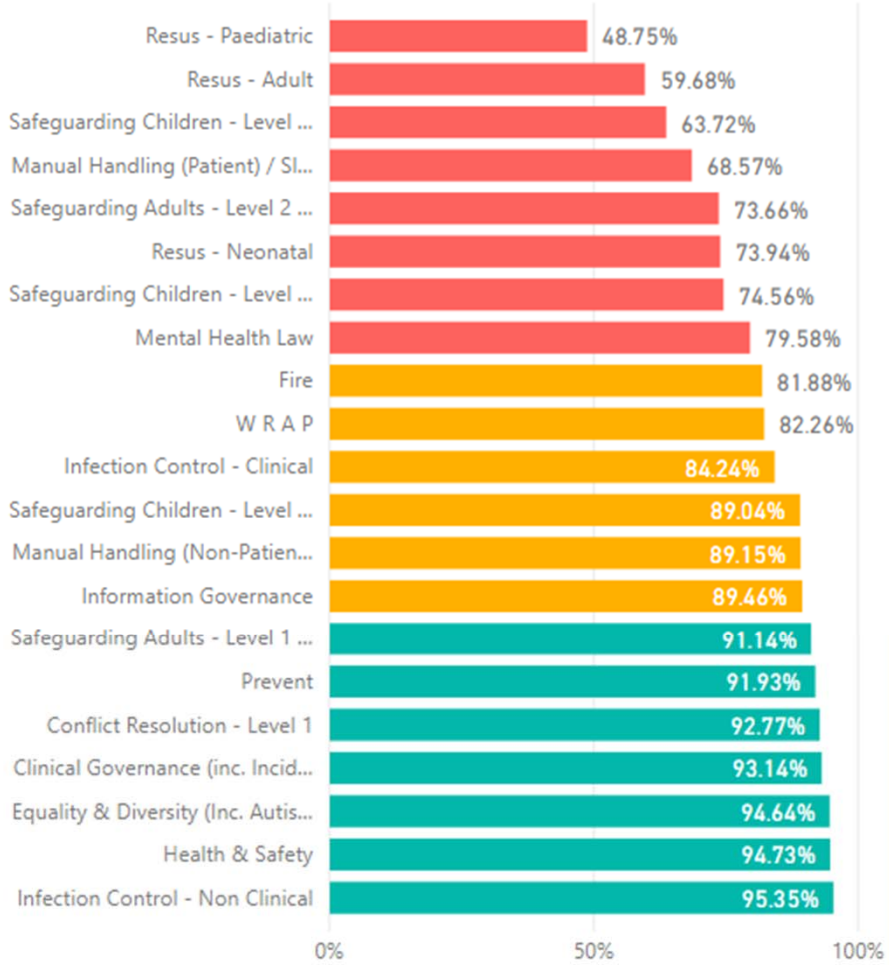


Mandatory Training – Areas of Focus

The priority areas continue to be RESUS and SAFEGUARDING.

The new HR dashboard enables analysis of the status by department, staff group etc. The table on the right shows the current % compliance by department, and the numbers of modules requiring completion to attain 90% compliance.

Course Compliance (based on selections)



Ward/Service (based selections)

Group5Description	Actual	No. >90%	%' tage
253 Psychiatry Medics Rechg PCT Serv	5	12	27.77%
253 Medical Staff (Medical Oncology) Serv	13	13	46.42%
253 General Surgery Medical Staff Serv	308	198	54.80%
253 Medical Staff Renal Serv	83	52	55.33%
253 Clinical Nurse Spec Oncology Serv	41	22	58.57%
253 Medical Staff GP Medicine Serv	51	25	60.71%
253 Operations Management Serv	117	56	60.93%
253 Trust Capacity Management Serv	107	44	64.07%
253 Medical Director Serv	50	20	64.93%
253 Medical Secretaries (Immu) Serv	15	6	65.21%
253 Theatres Recovery & Anaesth Serv	347	132	65.22%
253 Theatre Plastics Serv	19	8	65.51%
253 Urology Medical Staff Serv	116	43	65.90%
253 Medics - Biochemistry 2 Serv	37	14	66.07%
253 Plastic Surgery Medical Staff Serv	84	25	69.42%
253 ENT Medical Staff Serv	107	32	69.48%
253 Ward C4 Onc Day OP Serv	223	65	69.68%
253 HR Director Serv	21	6	70.00%
253 Discharge Co-ordinator Serv	184	52	70.22%
253 Medical Staff Cardiology Serv	171	48	70.37%
253 Renal CAPD Uni Serv	145	40	70.73%
253 Paediatric Medical Staff Serv	257	70	70.79%
253 Maxillo Facial Serv	22	6	70.96%
253 Gynaecology Ambulatory Serv	167	45	71.06%
253 Mgt Team Clinical Support Div Serv	58	15	71.60%
253 Maxillofacial Surgery Medical Staff Serv	109	28	71.71%
253 Medical Staff (Vascular) Serv	107	27	72.29%
253 Medical Staff (Older People) Serv	128	32	72.31%
253 Theatres T&O Serv	227	55	72.52%
253 Ward C1 Area B Serv	302	73	72.59%
Total	**54,361**	**3638**	**84.35%**

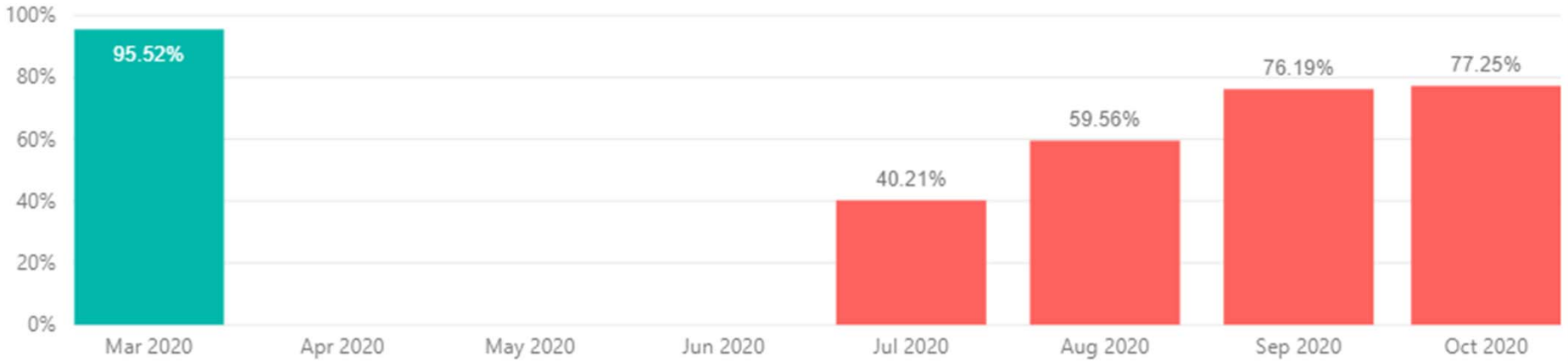
Appraisals (status to October 2020)

Staff appraisal % compliance was 95.5% for the year ending March 2020, and up to October 2020 was at 77.2%.

This element is contained within the new HR dashboard, and will be refreshed up to date in the next few days.

The dashboard enables detailed analysis by directorate and department to enable focus on compliance.

Appraisal (last 1 year rolling)



Rates by Directorate (based on selections)

Group3Description	%	Actual Value	No. to >90%
253 Trauma & Orthopaedics Dir	94.19%	146	-7
253 Integrated Care Dir	93.23%	593	-21
253 Pharmacy Dir	89.92%	116	1
253 Maternity Services Dir	89.40%	194	2
253 Breast Screening Service Dir	87.80%	36	1
253 Board Secretary FT Dir	85.71%	6	1
253 Nursing Medicine Dir	85.24%	757	43
253 Strategy & Performance Dir	83.33%	5	1
253 Surgery Division Mgmt Dir	81.25%	91	10
253 Women and Children Dir	76.72%	122	22
Total	**77.25%**	**3282**	**542**

Rates by Service (based on selections)

Group5Description	%	Actual Value	No. to >90%
253 Discharge Co-ordinator Serv	26.31%	5	13
253 Surgical Mgmt Team Serv	27.27%	3	7
253 Chief Executive Serv	28.57%	6	13
253 Community Practice Teachers Serv	33.33%	1	2
253 Living Beyond Cancer Service Serv	33.33%	1	2
253 Medical Staff (Emergency Med) Serv	33.33%	5	9
253 Mgt Team Clinical Support Div Serv	33.33%	2	4
253 Ward C6 Serv	39.13%	9	12
253 RHH Day Case Theat&Recov Serv	39.28%	11	15
253 Mgmt Team Theatres Serv	40.00%	8	10
Total	**77.25%**	**3282**	**542**

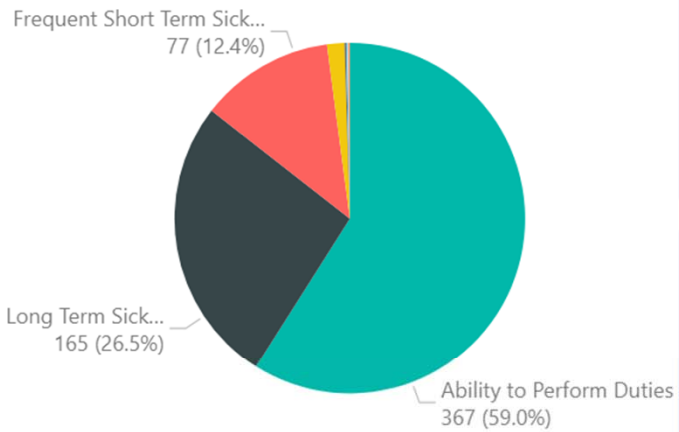
Staff Health & Wellbeing – SHAW Service – Manager Referrals

Referrals received in January reduced to 58 from 64 in December.

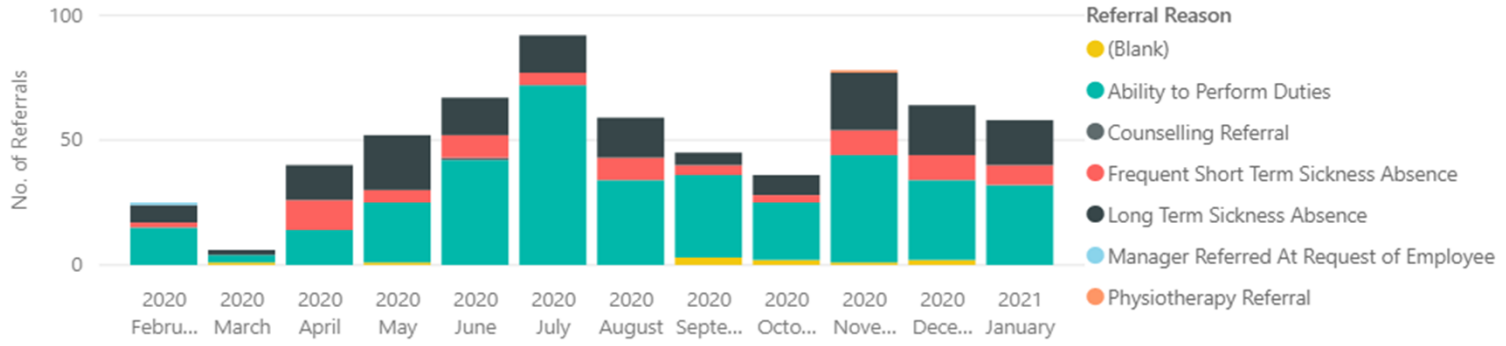
The largest category is 'Ability to perform duties' at 59%.

In January the average days from referral to appointment increased to 15.4 days, compared to the target of 15 days.

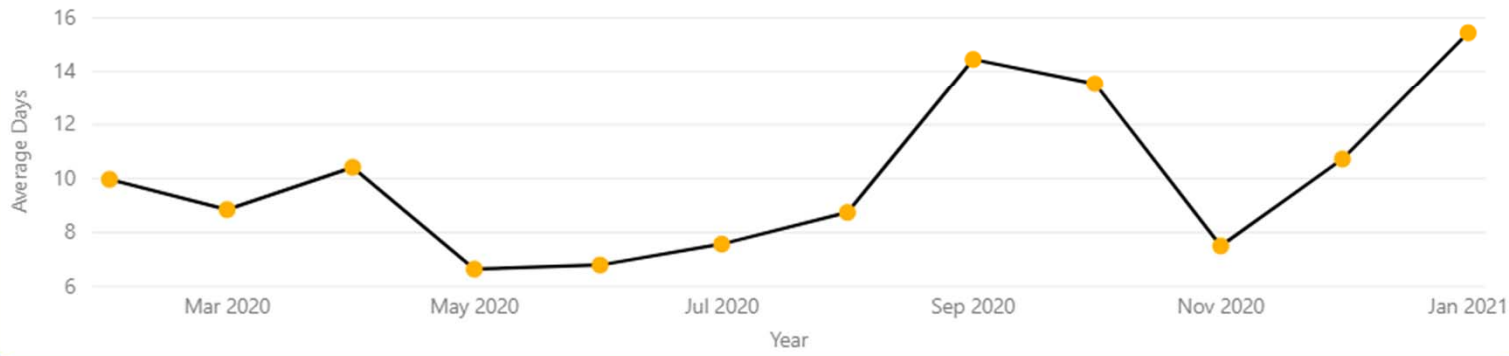
SHAW Referrals by Reason



SHAW Referrals Trended



SHAW - Mean Average Wait (Weekdays. Based on Referral to 1st Appointment Offer)

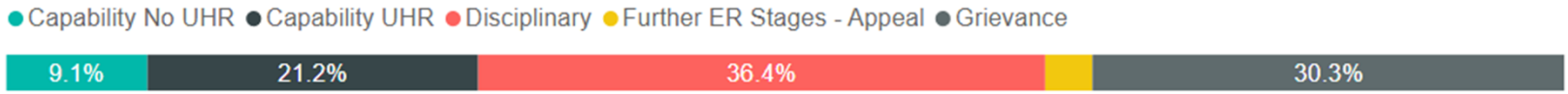


HR Caseload

The HR caseload (not including suspensions) has 33 live cases, the majority being disciplinary (12) at 36%.

BAME staff represent 30% of active cases. Please note this excludes suspensions of which non are BAME staff, and this is why the number appears higher than last month in % terms.

Caseload By Type



Caseload, % BAME/Non-BAME

Caseload by Staff Group

Employee Relations Type / Staff Group	Capability No UHR Count	Capability No UHR %	Capability UHR Count	Capability UHR %	Disciplinary Count	Disciplinary %	Further ER Stages - Appeal Count	Further ER Stages - Appeal %	Grievance Count	Grievance %
Additional Clinical Services			4	80.0%	1	20.0%				
Administrative and Clerical			2	25.0%	4	50.0%	1	12.5%	1	12.5%
Allied Health Professionals					2	22.2%			7	77.8%
Medical and Dental					1	100.0%				
Nursing and Midwifery Registered	3	30.0%	1	10.0%	4	40.0%			2	20.0%
Total	**3**	**9.1%**	**7**	**21.2%**	**12**	**36.4%**	**1**	**3.0%**	**10**	**30.3%**

Enclosure 27

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 11th March 2021

TITLE:	**Speak Up (FTSU) Guardian Update**		
AUTHOR:	Becky Plant, FTSU Guardian Philippa Brazier FTSU Guardian	**PRESENTER**	Becky Plant, FTSU Guardian

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

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

RECOMMENDATIONS

To agree that the actions being taken are appropriate.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

This paper gives an update on:

- Numbers/themes/origins of concerns.
- Recent information, activities and developments

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE	**CQC**	**Y**	**Details: Safe, Effective, Caring, Responsive, Well**

and/or LEGAL REQUIREMENTS			**Led**
	NHSI	**Y**	**Details:** Recent review of FTSU
	Other	**N**	**Details:**
REPORT DESTINATION	**Board of directors**	**Y**	**DATE:** 11th February 2021
	WORKING GROUP	**N**	**DATE:**
	COMMITTEE	**N**	**DATE:**

1. Introduction

This paper provides numbers/themes/origins of recent concerns, brought to the FTSU service.

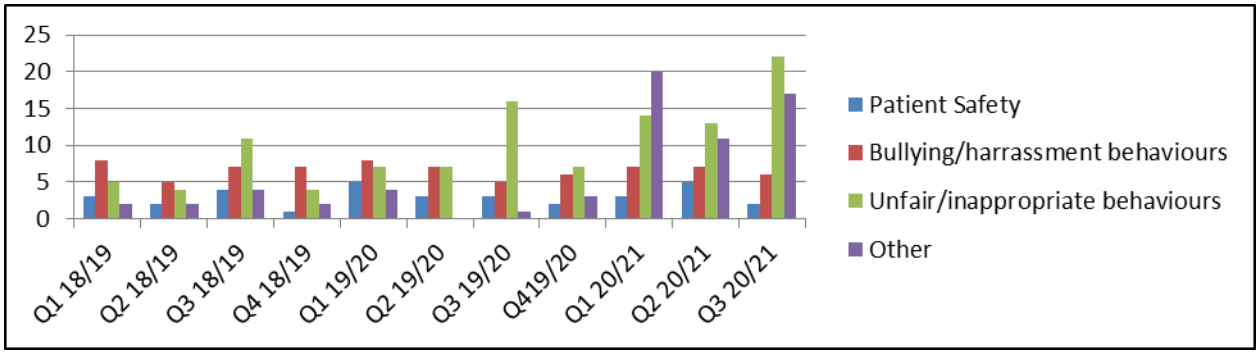
Demographics are provided, by professional group only, to ensure confidentiality is maintained.

In addition reference is made to the recent FTSU service assessment which was undertaken by NHSi.

2. Numbers of concerns raised at the Trust

From this financial year, in terms of numbers of concerns raised the National Guardian Office (NGO) has asked that when a group of staff have the same concern this should be recorded as the number of staff in the group not one concern (as previously).

The NGO national category for 'Behaviour' has been divided into two categories locally:
a) perceived bullying and harassment and b) perceived unfair behaviour, the latter includes such concerns as unfair recruitment and unfair rotas. Both of these two types of concerns cover those regarding colleagues, line and senior managers.

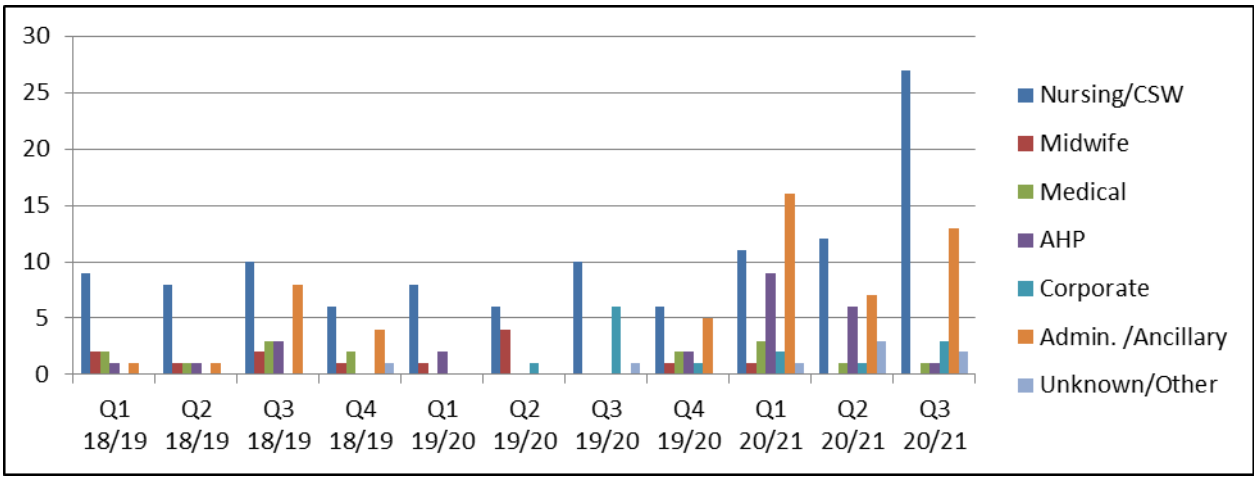


It can be seen that the numbers of concerns have increased in 2020, due to Covid 19 concerns and the fact that the NGO has asked us to count the individuals that come to us and not only the number of concerns.

Q3 concerns continue to have a Covid theme: some related to track and trace/isolating/redeployment (classed under 'other') and some may relate indirectly to the national pandemic by way of behaviours during a time of stress.

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

Number of concerns



The majority of Q3 concerns have been resolved at manager level.

3. Speak Up Champions:

Planned training from the Trust Inclusion and Culture lead, for champions, has been temporarily postponed due to the Covid 19 pandemic.

Champion training, on the FSTU role, for our newer champions is planned for later in the year and will be delivered via MS teams by regional trainers.

4. NGO Case Reviews

No reviews have been published in this quarter.

5. NHSi Review of Speak Up

In Q3 Rachel Clarke, Advocacy and Learning Senior Manager (FTSU) undertook a review of the Trust service. The survey findings and a comparison with the Trust's results from the review undertaken in 2019 will be reported to the next Workforce Committee and then for onward consideration by the Board.

The Dudley NHS Foundation Trust

Enclosure 28

Paper for submission to the Board on the 11th March 2021

TITLE:	**Guardian of safe working report**		
AUTHOR:	**Mr Babar Elahi – Guardian of safe Working Hours**	**PRESENTER**	**Mr Babar Elahi – Guardian of safe Working Hours**

CORPORATE OBJECTIVES:

SO2: Safe and Caring Services
SO4: Be the place people choose to work
SO5: Make the best use of what we have

The report covers the following elements:

- Guardian's quarterly report with ongoing challenges
- Progress to date

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description: Implementation of revised JD contract may adversely impact on rotas**
	Risk Register: Y COR102		**Risk Score: 16**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: links to safe, caring and well led domains**
	Monitor	**N**	**Details:**
	Other	**Y**	**Details: national requirement for effective guardian role**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
			Y

RECOMMENDATIONS FOR THE BOARD

The Board is asked to note the actions taken by the Trust and its appointed guardian of safe working.

The Dudley Group NHS
NHS Foundation Trust

Guardian of Safe Working Report March 2021

Executive Summary:

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

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

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

Background Information:

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

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

This is the 17th GSW report and covers the period from 26th November 2020 to 10th February 2021. The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources and finance to establish his role in the Trust and build relationships.

Risks and Mitigations:

Exception Reports by Department – 26th November 2020 – 10th February 2021

Number of exceptions carried over	Number of exceptions raised	Number of exceptions closed	Number of exceptions outstanding	Specialty
0	0	0	0	

Exception Reports by Grade

Grade	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open –

Exception Reports and Fines.

- No exception reports submitted during this period

Gaps as at February 2021	INSERT				
Department	DOCTORS IN TRAINING				Total
	FY1	FY2	ST Lower (CT, CMT, GPST	ST Higher	
AMU	0	0	0	0	**0**
ANAESTHETICS	0	0	1	0	**1**
CARDIOLOGY	0	0	0	0	**0**
DERMATOLOGY	0	0	0	0	**0**
DIABETES	0	0	2	0	**2**
ELDERLY CARE	0	0	0	1	**1**
EMERGENCY	0	0	0	0	**0**
ENT	0	0	0	0	**0**
GASTROENTEROLOGY	0	0	0	0	**0**
HAEMATOLOGY	0	0	0	0	**0**
MAX FAC	0	0	0	0	**0**
OBS & GYNAE	0	0	0	0	**0**
ONCOLOGY	0	0	0	0	**0**
OPHTHALMOLOGY	0	0	0	0	**0**
PAEDIATRICS	0	0	0	0	**0**
PAIN MANAGEMENT	0	0	0	0	**0**
RADIOLOGY	0	0	0	0	**0**
RENAL	0	0	0	0	**0**
RESPIRATORY	0	0	0	0	**0**
RHEUMATOLOGY	0	0	0	0	**0**
STROKE	0	0	0	0	**0**
SURGERY (GENERAL)	0	0	1	0	**1**
TRAUMA & ORTHOPAEDICS	0	0	0	0	**0**
UROLOGY	0	0	0	0	**0**
VASCULAR	0	0	0	0	**0**
Total	**0**	**0**	**4**	**1**	**5**

Mitigations:

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

- Holding a regular Guardian Junior doctor forum. During the current surge of COVID 19 cases the Guardian, alongside Director of Medical Education and Chief of Medicine now attend fortnightly meetings with the junior doctors through Junior Doctors Representative Committee.
- The Junior Doctor Forum and Guardian of Safe Working forum have been merged into one afternoon session every 2 months to maximise the junior doctors' contribution.
- The Guardian has been communicating with junior doctors through newly created electronic newsletter.

- The Guardian is aware of low number of exception reporting during this quarter and has engaged with the junior doctors through the above mentioned engagement strategy. The Guardian has been reassured through all these forums and meetings that the junior doctors are aware of the exception reporting process and are encouraged to submit one if they feel necessary.

- Junior doctors have been conveyed by the Guardian through the above mentioned engagement strategy that the Trust promotes a culture of safe working and high standard of learning opportunity.

1. Conclusion

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

2. Recommendation

The Board is asked to note the actions taken by the Trust and its appointed guardian of safe working.

Author	**Babar Elahi** **Guardian of Safe Working**
Executive Lead	**Chief Executive**
Date	**26/02/2021**

Enclosure 29

Paper for submission to the Board of Directors on the 11th March 2021

The Dudley Group NHS Foundation Trust

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

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
			NOTING

RECOMMENDATIONS:

- The Board of Directors note the upward report 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:

- Positive assurance: Maternity EPR plans.
- Importance of 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: 11th 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	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• 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.	• 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	**DECISIONS MADE**
• Positive assurance on cyber-security actions. • Maternity EPR workforce engagement and progress is excellent	• 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:	