

Board of Directors Meeting Public Papers

Thursday 15th April 2021

12:30 – 15:50



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

BOARD MEETINGS PUBLIC INFORMATION SHEET

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

1. Introduction

This sheet provides some information about how Board meetings work.

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

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

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

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2. Board Members' interests

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

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

3. Opportunity for questions

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

4. Debate

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

5. Minutes

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

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

6. Key Contacts

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THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty

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

Leadership

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

Board of Directors
Thursday 15 April 2021
By MS Teams
AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
17	Chairmans welcome and note of apologies –		Y Buckland	For noting	12.30
18	Declarations of Interest Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	12.30
19	Minutes of the previous meeting Thursday 11 March 2021 Action Sheet 11 March 2021	Enclosure 11 Enclosure 12	Y Buckland	For approval	12.30
20	Chief Executive's Overview	Enclosure 13	D Wake	For information & assurance	12.40
21	Chair's update	Verbal	Y Buckland	For information	12.55
22	Public Questions	Enclosure 14	Y Buckland	For information	13.05
23	Home for Lunch	Enclosure 15	S Illingworth / J Richards	Presentation	13.15
24	QUALITY & SAFETY				
24.1	Quality and Safety Committee Report	Enclosure 16	E Hughes	For assurance	13.45
24.2	Chief Nurse Report	Enclosure 17	M Sexton	For assurance	13.55
24.3	Board Assurance Infection Control Framework	Enclosure 18	M Sexton	For assurance	14.05
24.4	Maternity and Neonatal Safety and Quality Dashboard (including CNST update)	Enclosure 19	M Sexton	For assurance	14.15
24.5	7 Day Service Progress	Enclosure 20	J Hobbs	For assurance	14.25
25	FINANCE & PERFORMANCE				

25.1	Finance and Performance Committee Report	Enclosure 21	J Hodgkin	For assurance	14.35
25.2	Integrated Performance Dashboard	Enclosure 22	K Kelly	For assurance	14.45
26	AUDIT				
26.1	Audit Committee Report	Enclosure 23	G Crowe	For assurance	15.00
27	WORKFORCE				
27.1	Workforce and Staff Engagement Committee Report	Enclosure 24	J Atkins	For assurance	15.15
27.2	Workforce KPIs	Enclosure 25	J Fleet	For assurance	15.25
28	CHARITABLE FUNDS				
28.1	Charitable Funds Committee Report	Enclosure 26	J Atkins	For assurance	15.35
29	Any Other Business	Verbal	All		15.45
30	Reflection on meeting	Verbal	All		15.45
31	Date of next Board of Directors meeting 13 May 2021				15.50

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

**Minutes of the Public Board of Directors meeting held on Thursday 11th March 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, Associate 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 People Officer (JF)
Katherine Sheerin, Director of Strategy & Transformation (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)

21/027 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:

Governors

Karen Clifford, public elected Halesowen
Maria Lodge, public elected Brierley Hill
Helen Ashby, public elected Stourbridge
Yvonne Peers, public elected Dudley North
Michelle Porter, staff elected Partner Organisations
Dr Atef Michael, staff elected Medical & Dental staff
Chauntelle Madondo, public elected Rest of England

Foundation Trust Members

Jim Conway, Stourbridge,
Harry Friesner, Kingswinford

Public

Tom O'Sullivan

The Chair advised those in attendance that this meeting represented the anniversary of the Coronavirus pandemic for the Trust. She paid tribute to the dedication and selfless efforts of staff and asked that the meeting pause to remember those who had died.

21/028 Declarations of Interest

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

21/029 Minutes of the previous meeting held on 11th March 2021

It was **RESOLVED**

- **That the minutes of the meeting of the 11th March 2021 be agreed as a true and accurate record of the meeting.**

The Action log was noted.

21/030 Public Chief Executive Overview Report

The Board were advised that there continued to be a significant reduction in COVID-19 cases with community transmission now reduced to 70 per 100k of population. There were currently 69 in patients with daily COVID-19 admissions running between one and five. It was noted that survival rates from the second wave had improved. Staff sickness absence was also improving across the Trust with the current rate being 5.3%. Staff continued to provide exceptional support in what remained difficult circumstances and they were to be commended for their dedication.

As COVID-19 cases subsided the focus of the Trust would return to Restoration and Recovery and working with other system providers on mutual support.

DW advised the Board that the Trust continued to be at the forefront of the vaccination programme for the Black Country. JF was leading the team that had recruited 2,500 staff and the feedback from NHS partners and NHSE/I regionally and nationally had been very positive.

The Chair thanked JF and asked that the appreciation of the Board be conveyed to the team for the support provided to the system to make the vaccination programme so effective. The outcomes were good for the Black Country and good for the Trust.

The Modular Ward building continued at pace and handover was expected at the beginning of May, following which there would be a fit out period of approximately two weeks. Further work was being done with clinicians on pathways and the A and E Delivery Board had reviewed the same day emergency care pathways and route of admission.

It was **RESOLVED**

- **That the report be noted**

21/031 Chair's Public Update

The Chair updated the Board on the various meetings that she had been involved in. It was noted that there was a growing emphasis nationally on Restoration and Recovery and she was pleased that the Trust was in a relatively good position in this respect.

The Chair had met with a number of staff and patients during the last month through volunteering and walk-arounds and NED colleagues had also been undertaking the same activities.

The meeting was advised that this was the last Board meeting for Richard Miner and the Chair paid tribute to his noteworthy leadership, the skill with which he had chaired the Audit Committee and the valued support that he had provided as a colleague.

21/032 Virtual Ward Presentation

Dr Phil Brammer (PB) joined the meeting to deliver a presentation on how the Trust had developed its services around COVID-19 home oximetry and the virtual ward.

Following conclusion of the presentation the Chair observed that the Board had been briefed on the virtual ward concept but the presentation had helped to generate a practical understanding of its application. She asked whether it was possible to ascertain patient satisfaction with this initiative. PB advised that staff telephoned patients, often in the evenings, and they had found that patients valued the opportunity to talk about their experience and their anxieties. These calls were an important source of support.

GC stated that the innovation demonstrated in difficult circumstances was commendable. He had joined the Medical Leadership Group earlier this week and was impressed by the dedication shown to driving improvements. He encouraged JHO to consider writing up case studies for wider use as they demonstrated success and innovation.

The Chair added that the public would also be interested in hearing about the virtual ward service and how patients were being supported, and she asked that LA develop this.

AT noted that the benefits of this service went beyond quality and safety innovations because there were ancillary benefits such as reduced pressure on car parking and a reduction in carbon emissions from reduced travelling.

The Chair concluded by thanking PB for the presentation which had demonstrated good innovation and triangulation through the feedback given by GC. She noted that the subject had generated a good discussion and it was important that similar stories were brought forward for subsequent Board meetings. She asked that initially the Home for Lunch initiative and trauma and orthopaedic care be scheduled into the Board workplan.

21/033 PUBLIC QUESTIONS

One question had been received from Mr Jim Conway, a Foundation Trust Member who asked in relation to the White Paper:

What is the Trusts current thinking about the scale and implications of these latest proposals and the proposed legislative reform?

KS replied that the Trust welcomed the proposals with their emphasis on system working and enhanced collaboration, through which the Trust would be instrumental as the anchor institution in Dudley. Collaboration would be necessary for Restoration and Recovery and to improve services.

21/034 BOARD ASSURANCE FRAMEWORK (BAF)

LN presented the report and advised that this was the composite of the reports that had been presented to each of the parent committees. The movement in risk scores from the last reporting period were summarised and the reasons for the changes were discussed. It was noted that the most significant strategic risks for the Trust continued to be in relation to the achievement of access standards, recruitment, and the evolving position of the Trust in the wider health economy.

GC queried whether the staffing issues raised by COVID-19 were fully reflected in the articulation of risks and JF agreed to consider this in the context of the BAF and the Corporate Risk report.

It was **RESOLVED**

- **That the report be noted**

21/035 QUALITY AND SAFETY

21/035.1 Quality and Safety Committee Report

LH summarised the Committee exception report. The Chair advised that LH and MS would use a forthcoming meeting with the Non-executive Directors to undertake a deep dive on the maternity standards which would provide further assurance in this area.

It was **RESOLVED**

- **That the report be noted.**

21/035.2 Chief Nurse Report

MS summarised the report and advised that comparative analysis with other trusts had established that the increase in falls at The Dudley Group (DGFT) was not out of kilter.

In relation to Health Care Support Worker recruitment, 141 job offers had now been made and half of these had started with the Trust. With the exception of four staff, the military support provided to the Trust had now been withdrawn and MS placed on record her gratitude for the contribution that they had made to patient care.

The situation with registered nurses availability was improving with reduced sickness and vacancies slowly filling. In addition, the Trust had been awarded £415k to help support international recruitment and this would allow for the recruitment and support for an additional 45 nurses.

JH stated that the report would benefit from more information to support the charts so that the statistical significance of the information presented could be better understood. MS acknowledged that this required some further work and the report would evolve in its next iteration and would include acuity and dependency data.

It was **RESOLVED**

- **That the report be noted**

21/035.3 Board Assurance Infection Control Framework

MS advised that further updates to national guidance had required changes to the framework. These included changes to the test and trace timelines, and zoning. There were also changes to the visiting guidance since the last report with an increase in visiting allowed in line with the relaxation of lockdown rules. It would be necessary to keep this under review to assess the impact on infection prevention and control

It was noted that Infection control training compliance rates remained a challenge and efforts were being made to recover this.

The Chair summarised that work on the Infection Control framework continued to maintain high standards and she thanked MS and the team for their continuing efforts.

It was **RESOLVED**

- **That the report be noted**

21/035.4 Maternity and Neonatal Safety and Quality Report

MS introduced the report and advised that the recent data submission to NHSX had been confirmed as “standards met.”

MS confirmed that she and LH had undertaken the first of a series of walk arounds and engagement events with staff and patients and a series of scheduled reviews were now in place.

It was **RESOLVED**

- **To accept the assurances provided in relation to the maternity safety dashboard.**
- **To note that the Board received the monthly CNST scorecard in relation to safety action 2 of the CNST Maternity Incentive Scheme.**

21/036 FINANCE AND PERFORMANCE

21/036.1 Finance and Performance Committee Report

JH summarised the Committee exception report. It was noted that the Committee had discussed the costs and reimbursement arrangements around the vaccination programme and that there was good assurance from the fact that the Trust’s first claim had been paid in

full, suggesting validation that the programme was demonstrating the appropriate value for money.

There was robust performance around Referral to Treatment (RTT) but it was concerning that the trajectory for the cancer 62 day standard had slipped and would not recover until March 2022. This demonstrated the scale of the challenge.

DW agreed that there were challenges in relation to Restoration and Recovery and that the system was analysing the opportunities to speed up recovery and ensure that mutual aid was provided so that the timeliness of care was not determined by post code.

The Chair stated that she was a party to the weekly Black Country system call and all parties acknowledged the importance of the Trust recovering its costs for the administration of the system wide vaccination programme. In the unlikely event that full reimbursement from the centre was not forthcoming it was acknowledged that this would be a system issue and not solely an issue for DGFT.

It was **RESOLVED**

- **That the report be noted**

21/036.2 Integrated Performance Report

KK summarised the report and advised the Board that the performance figures for the constitutional standards demonstrated the effects of COVID-19. However, improvements as COVID-19 reduced could also now be seen. In particular there was a month on month improvement with cancer two week wait, DMO1 and the 18 week RTT standard. KK and her team were working on the capital plans and diagnostics would be a priority.

KK concluded by advising that emergency access standard performance was between 80-85%, ambulance delays were significantly reduced and there were no 12 hour breaches.

It was **RESOLVED**

- **That the report be noted**

21/037 WORKFORCE

21/037.1 Workforce and Staff Engagement Committee Report

JA summarised the Committee exception report and the matters considered by the Committee, and further work commissioned were both noted. It was further noted that compliance with mandatory training targets remained a concern and that a plan would be brought to the next meeting of the Committee.

It was **RESOLVED**

- **That the report be noted**

21/037.2 Disciplinary Policy Review

JF summarised the report and explained the tragic circumstances that had led to the national guidance and the requirement that all Trusts review their disciplinary policies.

The Chair noted that the approach taken was thorough and involved appropriate consultation and governance. It was agreed that the final version of the Policy should be subject to the review and approval by the Workforce Committee, but that the Board endorsed the steps taken as described in the report.

It was **RESOLVED**

- **That the actions set out in the report be approved as sufficiently robust to address the recommendations from NHSE/I 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.**

21/037.3 Workforce KPIs

JF summarised the data and the report was noted.

21/037.4 Freedom to Speak Up Report

Becky Plant (BP) joined the meeting and summarised her report. She advised the Board of the nature of the concerns that had been raised with her and confirmed that there were no issues that could not be resolved informally.

The Chair asked how BP was managing to keep in contact with staff during the pandemic and BP advised that there were a number of mechanisms that she used including staffing the trolley, working with the site operations team and ensuring a high profile and visibility by visiting different areas. The Chair asked if BP had any concerns that required Board involvement and BP advised that there were not and she observed that many of the issues raised during the second COVID-19 wave were illustrative of stress and often the role was to ensure that the member of staff was correctly signposted.

DW stated that issues raised with her did demonstrate the importance of reintroducing training on staff management techniques and standards, including team development and communication skills.

Maria Lodge asked how staff were assured that the process was confidential and BP advised that there would be an initial conversation to discuss options and the member of staff was advised that if confidentiality was requested this would be honoured but that it may limit how the issue could be dealt with.

The Chair thanked BP on behalf of the Board for her hard work and noted that BP had shown great flexibility in helping in different areas during the COVID-19 pandemic which encouraged staff to raise concerns as they worked alongside her.

It was **RESOLVED**

- **That the report be noted**

21/038 Guardian of Safe Working

Dr Babar Elahi joined the meeting to present the report. He advised that no exceptions had been reported during this reporting period but he assured the Board that there were a number of mechanisms for engagement with junior doctors that provided the opportunity for any concerns to be raised.

JHO thanked Dr Elahi, Professor Rehman and Mr Mike Healey for their leadership in engaging with junior doctors. This had included integrating junior doctors into the management structure to help with the resolution of issues before they became a problem.

The Chair encouraged those involved to write up these examples of good practice in order to share with other trusts.

It was **RESOLVED**

- **That the report be noted**

21/039 DIGITAL AND TEHNOLOGY

21/039.1 Digital Trust Technology Committee Report

CH presented the Committee exception report. The attention of the Board was particularly drawn to the vacancy for the Clinical Safety Officer. There had been difficulties in recruiting to this role and if these persisted the Committee was expecting a different solution to be considered. It was noted that the post was currently out to advert and it was hoped that this would address the issue.

The Board were advised that a Demand and Capacity Review Framework was being developed and this would inform the prioritisation of digital projects in the Trust.

21/040 Any Other Business

There was no other business

21/041 Reflections on Meeting

It was agreed that the Board had addressed a number of important issues and that debate had been focussed and productive. The presentation on the Virtual Ward was well received and it was important to ensure that these types of innovation and good practice were a regular feature on the agenda.

Date for the Next Meeting - 15 April 2021

Signed

Date

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

Item No	Subject	Action	Responsible	Due Date	Comments
21/033	Virtual Ward	Publicity and Comms for the public to understand the work undertaken in respect of the Virtual Ward	LA	To be agreed by Exec	
21/033	Virtual Ward	April and May agenda to include “stories” on trauma services and “home to lunch” initiatives	LA	April and May Board agendas	On Agenda

Paper for submission to the Board of Directors on 15th April 2021

TITLE:	Public Chief Executive's Report		
AUTHOR:	Diane Wake Chief Executive	PRESENTER	Diane Wake Chief Executive
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
The Board are asked to note and comment on the contents of the report.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Coronavirus • Action Heart Covid-19 Vaccination Hospital Hub • Healthcare Heroes • Charity Update • Recruitment • 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 – 15TH APRIL 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 have seen a marked decrease in the number of inpatients with a positive COVID test and the most recent seven-day incident rate in our local community per 100,000 has also seen a slight decrease. The vaccine is the key tool to keeping us all safe and we have been encouraging managers to have supportive conversations with their staff about the vaccine. We have also been publishing helpful myth busting to counter the misinformation on social media to help improve vaccine uptake in some staff groups.

As we marked the year anniversary of the first national lockdown on 23rd March 2021, we remembered all those who have lost loved ones during the pandemic as well as everyone affected by COVID. The COVID pandemic brought out the best in our staff, and those of our partner organisations, both clinical and non-clinical, many of whom were redeployed to support clinical colleagues on the frontline. They did this with the overwhelming support and kindness of our local community. Inevitably the past year has put staff under a huge amount of pressure, both physically and emotionally. Our staff are our most important asset and we have provided them with a suite of wellbeing support. This has included encouraging managers to hold regular and effective wellbeing conversations with their teams following what has been the most challenging time in the NHS's 72-year history.

Action Heart Vaccination Hospital Hub

We continue to offer second dose Pfizer vaccines to staff in our vaccination hub at Russells Hall Hospital.

Healthcare Heroes

Team Award



The Healthcare Heroes team award for March went to the clinical skills team. They were nominated by a colleague for the vital part they play in ensuring all staff and students are trained and competent in all clinical skills. Over the last 12 months, the team has been supporting the Trust in the essential roll out of face-fit testing staff for their face masks. They have, without question, prioritised those staff who have been redeployed to high-risk

areas and fitted them with the appropriate PPE. Not only have they put on additional sessions but also invested their time in supporting areas to have their own key trainers. They are an amazing team. They are friendly, approachable and are dedicated to everything they do.

The individual and volunteer awards have yet to be announced.

Charity update

London Virtual Marathon 2021

Calling all our budding runners and fundraisers.

Be a part of the most iconic run in the world and join The Dudley Group virtual team. Participants will have 24 hours to complete the 26.2 miles, from 00:00 to 23:59 on Sunday 3 October, and will be able to run, walk, take breaks and log their race on a new London Marathon app.

You will receive an official London Marathon number before the event and a coveted official finishers medal and t-shirt on completion.

Please note that this event cannot be run indoors or on a treadmill and must be run outdoors.

If your application for a place is successful, you'll receive the following support and material:

- A charity branded water bottle to help keep you hydrated during training and on race day
- A fundraising pack with ideas for getting started
- Support and advice from our fundraising team
- Help with promoting your fundraising
- Offline sponsorship form or help setting up your online page.

Recruitment Campaign

The Trust has been hugely successful in recruiting 128 new clinical support workers since November 2020 thanks to an innovative and focused recruitment campaign. A further 64 are still undergoing preparatory checks which will see us not only reach a zero vacancy position but also significantly over recruit into these important care roles. This will have a positive impact for our patients in terms of their experience and outcomes.

Alongside traditional adverts, the Trust worked as a system with other Black Country hospitals to run a virtual events attended by more than 200 people. Further virtual open days for shortlisted applicants ensured local people interested in working with us had all the information they needed about the role, the benefits of working for the Trust and the expectations of the recruitment process and supplementary training. The learning and positive feedback received led to graduate nurse recruitment events through February and March where the Trust reached out to all the universities in England and Wales offering nurse training to communicate what fantastic opportunities we offer at The Dudley Group.

March also saw the Trust host two virtual open days for therapy services and a second for imaging. Both saw presentations from clinical staff and service leads, staff networks and HR alongside virtual tours and recruitment videos. The therapies event, in particular, was well attended receiving healthy feedback and resulting in 90 applications. Further events are planned aimed at graduates of all professions as well as emerging plans to engage with schools and colleges to start to cultivate our workforce of the future.

Patient Feedback

Urology: Very good; what a lovely lady who saw me. I was called into the consulting room on arrival, no waiting around, excellent service, lovely lady consultant, I can't suggest any improvements. Thank you.

A4: Superb team, very professional and made me feel at ease. Felt very safe (regarding COVID) and the nurses and team are very friendly. Thank you very much.

ED - The service level attention from the staff and the reassurance I was given from start to finish was first class Couldn't ask for any more from the hospital.

C1: Having not been in hospital since 1987 and having hard hearing negative reports and Russells hall - I was totally taken aback by the quality of care I received through a pandemic, short staffed due to heavy snowfalls. They never failed to deliver a first-class service at all times.

Children's ED: Well looked after, very quick in being seen. Reassured that we did the right thing visiting – especially with the current situation.

B1: The staff on ward East B1 were amazing, nothing was any bother for them, their kind and caring nature made my hospital stay very comfortable. My operation was done on time and I was fully informed throughout the whole process.

Visits and Events

11th March	Board of Directors
12th March	Staff Survey
16th March	Exec Team Workshop (Park Regis)
19th March	Team Brief
24th March	Healthcare Heroes
24th March	Elective Care Transformation Board
25th March	Healthier Futures Partnership Board
26th March	Long Service Awards
26th March	Council of Governors Quarterly Meeting

29 th March	Consultant Interviews
31 st March	Healthcare Heroes
1 st April	Easter Bonnet Parade Party
1 st April	A&E Delivery Board
1 st April	Consultant Interviews
9 th April	Team Brief
14 th April	Partnership Board
14 th April	NED Interviews

In the news...

NATIONAL NEWS

Breast cancer drug combination to be made available for routine NHS use

Thousands of breast cancer patients will potentially now have access to another potentially life-saving drug combination after amends to draft NICE guidance on a two-drug combination was taken out of the Cancer Drugs Fund (CDF) and entered routine recommendation for use on the NHS. The draft guidance recommends ribociclib plus fulvestrant as an option for treating a type of breast cancer called hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer. **National Health Executive (01.03.21)**

NHS, social care and most vulnerable 'betrayed' by Sunak's budget

A lack of support for care homes, the NHS and people on benefits led to claims that Rishi Sunak's budget had left the country's most vulnerable people "betrayed". In his statement to the Commons, the chancellor ignored the social care system and set out only a temporary extension of the universal credit boost, potentially plunging 500,000 people into poverty next winter. **The Guardian (03.03.21)**

Unions attack 'sinister' plan to force NHS staff to have Covid vaccine

A government plan to force all NHS and care staff in England to get vaccinated against Covid-19 has been criticised as "sinister" and likely to increase the numbers refusing to have the jab. Health unions and hospital bosses urged the health service to continue its efforts to persuade its 1.4 million workforce in England to get immunised rather than resorting to compulsion and "bullying" to try to increase take-up. **The Guardian (03.02.21)**

Sir Keir Starmer attacks government over 1% pay rise for NHS staff - adding 'COVID heroes' deserve more

Sir Keir Starmer has criticised the government over its plans to give NHS staff a 1% pay rise, which have already been branded "dangerously out of touch". Sharing the Daily Mirror front page, which reads "Insult to our NHS heroes", the Labour leader wrote on Twitter: "You can't rebuild a country by cutting nurses' pay. **Sky News (05.03.21)**

NHS may face a million long Covid patients after pandemic

Senior doctors are braced for up to a million people needing treatment for long Covid after the pandemic, putting huge extra pressure on an already overstretched NHS, the Guardian can reveal. Long Covid is a significant problem affecting huge numbers of patients that will confront the NHS for many years to come, one of the service's expert advisers on the fast-emerging condition said. *The Guardian (05.03.21)*

NHS pay: 'Undervalued' nurses may quit over 1% rise – union

Large numbers of staff could leave nursing when the pandemic is over after being offered a 1% pay rise, the Royal College of Nursing (RCN) has warned. Patricia Marquis from the RCN told Times Radio it made staff in England feel they were not valued and would worsen the NHS's recruitment issues. *BBC News (06.03.21)*

Boris Johnson faces backlash over 'pitiful' NHS pay offer

Boris Johnson is facing a growing backlash against his proposed 1 per cent pay increase for NHS staff — including the threat of strikes by nurses — in the first test of the prime minister's commitment to post-pandemic fiscal discipline. UK nurses' leaders said they were preparing for possible industrial action after denouncing what they called a "pitiful" pay rise for workers including staff fighting the coronavirus pandemic. *Financial Times (06.03.21)*

Covid: Maxine Peake backs bid to pay NHS protest organiser's fine

Maxine Peake has backed an appeal to pay a £10,000 fixed penalty notice handed to a protest organiser angry about plans to cap NHS pay rises to 1%. Mental health nurse Karen Reissmann, 61, was fined for breaching Covid rules at the rally in Manchester on Sunday. *BBC News (08.03.21)*

Covid: Banksy to auction Southampton hospital artwork for NHS

Street artist Banksy hopes to raise more than £3m for the NHS with the auction of a painting offering a "universal tribute" to staff. Game Changer appeared at Southampton General Hospital during the first wave of the coronavirus pandemic. The anonymous graffiti artist is now auctioning the original canvas to raise funds for the NHS, with a reproduction of the work to remain in the hospital. *BBC News (08.03.21)*

NHS celebrates pandemic efforts during International Women's Day

As part of its celebrations for International Women's Day, the NHS has praised the vital role played by hundreds of thousands of women in the country's response to the pandemic. More than three quarters of the NHS' 1.3 million members of staff are women and many have been at the forefront of the NHS' response during Covid-19. *National Health Executive (09.03.21)*

NHS chief indicates nurses had been in line for 2.1% pay rise

The chief executive of NHS England has appeared to confirm that NHS nurses were supposed to receive a higher pay rise this year than the 1% that is being proposed by the government. At a Health and Social Care Committee meeting today, Sir Simon Stevens said the "working assumption" before the coronavirus pandemic hit was that staff on Agenda for Change (AfC) would receive a 2.1% pay rise in 2021-22. *Nursing Times (09.03.21)*

NHS England boss says staff deserve 2.1% pay rise rather than 1%

The boss of the NHS in England has said staff deserve a 2.1% pay rise next year and confirmed that ministers had planned to give them that rather than the 1% that has sparked a huge outcry. Sir Simon Stevens said the salaries of most of the NHS workforce were due to increase by 2.1% from 1 April under the five-year funding deal Theresa May gave the service in 2018. *The Guardian (09.03.21)*

COVID-19: NHS hoping to drive coronavirus vaccine uptake by sending text messages and reminders

Texts will now be sent to 40,000 unpaid carers and almost 400,000 people aged 55 and over. The messages will include a weblink so the person can reserve an appointment at one of more than 300 vaccination centres or pharmacies across England. Reminders will then be sent every two to three weeks to encourage people to get their vaccine if they have not taken up the offer. **Sky News (09.03.21)**

COVID-19: NHS Nightingale hospitals to close as they are no longer needed

Nightingale hospitals established to help the NHS cope with a surge in coronavirus cases will close from April. NHS England said they were no longer required because existing hospitals have increased their bed capacity. A network of seven Nightingale hospitals was set up in England last spring, amid worries that the health service could be overwhelmed by COVID-19 cases. **Sky News (09.03.21)**

Covid-19: NHS Test and Trace 'no clear impact' despite £37bn budget

The Public Accounts Committee said it was set up on the basis it would help prevent future lockdowns - but since its creation there had been two more. It said the spending was "unimaginable" and warned the taxpayer could not be treated like an "ATM machine". But Transport Secretary Grant Shapps said the MPs' report "defies logic". **BBC News (10.03.21)**

Covid vaccine: UK has up to 10 million extra jabs, as surge in supply means NHS can ramp up second doses

Up to 10 million extra vaccine doses are now available in the UK as a surge in supply from manufacturers is set to begin this week. In an interview with i, Wales's First Minister Mark Drakeford said a "dip" in vaccinations in recent weeks was now over, and predicted a large increase in the number of doses being administered over the rest of this month. **iNews (10.03.21)**

Covid: Police to review £10k fine for NHS protest organiser

A £10,000 fine handed to an NHS protest organiser is to be reviewed by police following a request by the mayor of Greater Manchester. Karen Reissmann, 61, was fined for breaching Covid-19 rules at a rally in Manchester against the proposed 1% payrise for NHS workers. Andy Burnham said Greater Manchester Police would now review the fine to check it was "done fairly". He added police have "no choice" but to enforce coronavirus regulations. **BBC News (10.03.21)**

NHS poll shows rising toll of work stress on staff health

The proportion of NHS staff in England who reported feeling unwell as a result of work-related stress increased by nearly 10% last year as the Covid pandemic took its toll, according to the health service's 2020 survey. The survey found that 44% reported feeling unwell as a result of work-related stress in the previous 12 months, compared with 40.3% in 2019. The proportion has steadily increased since 2016 (36.8%). **The Guardian (11.03.21)**

NHS workers who refuse Covid vaccine could be redeployed

Hospital staff who refuse to have a Covid vaccine could be redeployed, NHS England has advised managers. The workers could be asked to move to a 'less exposure-prone setting', according to a document seen by the Health Service Journal (HSJ). This would be a last option if the risk to themselves or others was found to be 'very significant', after taking into account their personal protective equipment (PPE) and training. **Metro (16.03.21)**

NHS faces 'decade of disruption and thousands of avoidable deaths' without billions in funding, report warns

The NHS faces up to a decade of disruption, with cancer survival progress reversed years and thousands of avoidable deaths, unless the Government provides billions in additional funding, a report has found. Health and social care in England needs £12bn additional funding to counter the damage done by the Covid-19 pandemic and stop it slipping down international rankings, policy experts have said. *iNews (16.03.21)*

Covid: NHS warns of 'significant reduction' in vaccines

The NHS has warned of a "significant reduction in the weekly supply" of Covid vaccines in England next month in a letter to local health organisations. The letter says there has been a "reduction in national inbound vaccines supply" and asks organisations to "ensure no further appointments are uploaded" to booking systems in April. *BBC News (17.03.21)*

Covid: Some NHS staff 'not receiving regular lateral flow tests'

NHS staff in Wales are not receiving the regular lateral flow tests they were promised, according to staff and the British Medical Association (BMA). The Welsh health minister last year announced "a programme of regular asymptomatic testing" for NHS staff. Some doctors said they have not received any tests at all. The Welsh government said more than 1.5 million lateral flow tests had been provided and Health Minister Vaughan Gething said he would investigate. *BBC News (17.03.21)*

NHS and social care staff in Wales receive bonus payment for 'extraordinary contribution' during coronavirus pandemic

All NHS and social care staff will receive a special bonus next month in recognition of their work during the coronavirus pandemic. The bonus, which will come to £500 after tax deductions, will be paid to over 220,000 people from April. Students who worked in the NHS during the pandemic will also be eligible for the payment. The announcement comes as Tuesday marked one year since the first death from coronavirus was confirmed in Wales. *ITV News (17.03.21)*

Boris Johnson stresses Covid vaccine safety as tensions with NHS spill over

Boris Johnson has sought to reassure the public over the vaccine programme as NHS leaders privately accuse ministers of piling pressure on staff to meet unrealistic expectations amid "political boasting". Speaking at a Downing Street press conference, the prime minister repeatedly underlined the safety of the Oxford/AstraZeneca jab, which was reaffirmed by regulators in the EU and UK on Thursday after many EU countries suspended its use. *The Guardian (18.03.21)*

'Important milestone' as NHS patients to get first new cholesterol treatments in over a decade

Up to 100,000 people will be eligible for new cholesterol treatments on the NHS, the first oral treatments to be approved in over a decade. Patients will have access to two drugs for lowering LDL-Cholesterol, often called "bad" cholesterol because it collects in the walls of your blood vessels and is a leading risk factor for heart attacks and stroke. England is the first country in Europe to be granted access to the treatments: bempedoic acid and a combination of bempedoic acid and ezetimibe. *iNews (18.03.21)*

NHS-developed Covid-19 treatment saves one million worldwide

A clinical trial ran in the NHS proved dexamethasone, an inexpensive and widely available steroid, to be an effective treatment for Covid-19 nine months ago. Now, newly-published data has shown the steroid treatment has been involved in saving around one million lives worldwide. The same figures, revealed in a paper to the NHS England board looking at the health service's response to the coronavirus pandemic, showed the drug to have saved 22,000 lives in the UK. *National Health Executive (23.03.21)*

Covid: Banksy painting for NHS charity sells for £14.4m

A Banksy painting depicting a young boy playing with a superhero nurse doll has raised more than £16m for an NHS charity after being sold at auction. Game Changer, by the anonymous graffiti artist, appeared in a foyer at Southampton General Hospital during the first wave of the pandemic. **BBC News (23.03.21)**

COVID-19: Dexamethasone may have saved lives of 1 million COVID sufferers, says NHS

An easily available drug may have saved the lives of a million COVID sufferers around the world since its discovery in June, NHS England has said. Dexamethasone, an inexpensive and widely available steroid, was found to reduce deaths from COVID-19 following a clinical trial. It cut the risk of death by a third for COVID patients on ventilators, while fatalities for those on oxygen fell by almost a fifth, scientists from the University of Oxford found as part of a clinical trial known as Recovery. **Sky News (23.03.21)**

Covid-19: Birmingham GPs told to postpone vaccinating under-50s

GPs in Birmingham who had offered Covid-19 jabs to some under-50s have been told to cancel the appointments. Some patients aged in their 40s got text messages at the weekend telling them vaccinations had been postponed due to a "national shortfall". The UK will be affected by a delay in a delivery from India, but on Friday a record number of Covid jabs were given. **BBC News (23.03.21)**

Government awards £660m funding for Scotland NHS and care services

NHS and social care services in Scotland are set to be further supported through £660m of additional UK Government funding, following an announcement by the Health Secretary Matt Hancock. The £660m funding award comes as part of the wider £7bn funding for the NHS and social care services announced last week. **National Health Executive (24.03.21)**

NHS England will continue to negotiate national GP contract following ICS reforms

Exclusive NHS England will continue to negotiate national GP contracts when ICSs take control of local commissioning next year, it has told Pulse. The Government recently announced plans for ICSs to be given the statutory power to commission NHS services currently held by CCGs, as part of wider NHS reforms. But it had made no mention of future commissioning responsibility for GMS, PMS and APMS contracts. **Pulse (24.03.21)**

Care home chief says Covid vaccine should be compulsory for all NHS and social care staff

The head of one of the biggest private care providers in the country has said coronavirus vaccinations should be compulsory for NHS and care home staff. Barchester Healthcare chief executive Pete Calveley said care home residents are among the most vulnerable in society and Covid-19 can "spread like wildfire" in these settings. Since January, his company has enforced a policy that no new member of staff will be recruited unless they have had the vaccination or are prepared to get one, with a similar policy imposed on new residents.

iNews (24.03.21)

NHS staff in Scotland to be offered 4% pay rise

Nurses, paramedics and domestic staff are among those who could receive the boost to their salaries. Health Secretary Jeane Freeman said the average pay of a front-line NHS nurse would rise by over £1,200 a year. She said the offer - which does not apply to doctors - recognised the "service and dedication" of staff during the pandemic. **BBC News**

(25.03.21)

Covid: NHS coronavirus emergency level should be reduced, health boss says

The coronavirus emergency response level for the health service should be reduced due to a reduction in hospital admissions, the chief executive of NHS England has said. Sir Simon Stevens said the NHS's Emergency Preparedness, Resilience and Response (EPRR) coronavirus alert level should be reduced from four to three due to "reduced acute pressures on the health service". *ITV News (25.03.21)*

Covid vaccine: Midlands becomes first region in the UK to hit 5 million doses

The Midlands is performing above national average as it became the first region to reach the five million vaccines landmark - just over 100 days since the Covid-19 vaccination programme began. The region is leading the way in all six of the age-based groups over 50, including the delivery of at least one vaccine dose to over 95% of people aged over 70. *ITV News (25.03.21)*

Record number of NHS doctors and nurses in England

There are record numbers of NHS doctors and nurses working in England according to the latest statistics published today. The government is committed to delivering 50,000 more NHS nurses by the end of this Parliament. Minister for Care Helen Whately said: "I'm thrilled that the numbers of qualified doctors and nurses working in our NHS have reached an all-time high, with over 123,000 doctors and 301,000 nurses working in our NHS." *GOV.UK (25.03.21)*

Sarah Wilkinson to step down as NHS Digital chief executive

Sarah Wilkinson is to step down as chief executive of NHS Digital after four years. Wilkinson will leave her role in the summer this year. She said it was a "privilege" to work for an "extraordinary" organisation. *Digital Health (26.03.21)*

Screen Covid patients and NHS staff for post-traumatic stress, expert urges

One of Britain's leading psychiatrists has warned that "all the dials are pointing the wrong way" on the nation's mental health, as he raises concerns of post-traumatic stress disorder (PTSD) among patients and NHS staff in the aftermath of the pandemic. Dr Adrian James, president of the Royal College of Psychiatrists, called for an urgent plan to deal with mental health issue, which he said could last for years after the immediate threat of the virus recedes. *The Guardian (27.03.21)*

COVID-19: Second doses are 'protected' for when UK's vaccine supply falls in April, NHS England says

The UK has enough vaccine supplies to ensure that Britons can receive their second doses without disruption, NHS England's medical director for primary care has said. Weeks after the health service warned that the country will face a "**significant reduction**" in the availability of **coronavirus** jabs next month, Dr Nikki Kanani said: "The supply over April is slower, but we know that we will keep going." *Sky News (28.03.21)*

NHS uses AI scan to detect hidden heart disease

The NHS is using artificial intelligence to treat patients at risk of a heart attack, years before they strike. CaRi-Heart can spot minor problems undetected by routine scans, Oxford University researchers say, identifying inflammation and scarring in the lining of blood vessels that supply the heart. The tool is being rolled out at 15 hospitals around the country. And the NHS hopes up to 350,000 patients could benefit every year. *BBC News (30.03.21)*

NHS trusts drop court appeal for £2.35bn business rates discount

A group of NHS trusts has abandoned a legal battle to get a £2.35bn refund on business rates paid by hospitals. The group, led by University Hospitals of Derby and Burton NHS Foundation Trust (UHDB), argued they should be treated the same as charities. However the High Court rejected the case in 2019 and ruled NHS trusts were not entitled to the same 80% reduction that charities get. A petition to the Court of Appeal has now been dropped.

BBC News (30.03.21)

One in four NHS workers more likely to quit than a year ago, survey finds

A quarter of NHS workers are more likely to quit their job than a year ago because they are unhappy about their pay, frustrated by understaffing and exhausted by Covid-19, a survey suggests. The findings have prompted warnings that the health service is facing a potential "deadly exodus" of key personnel just as it tries to restart normal care after the pandemic. A representative poll of 1,006 health professionals across the UK by YouGov for the IPPR thinktank found that the pandemic has left one in four more likely to leave than a year ago.

The Guardian (30.03.21)

The NHS staff forced to quit by the pressures of the Covid pandemic

The pressures of the Covid pandemic are forcing NHS workers out of the profession a report has found, with one former nurse telling ITV News the results would have been

"catastrophic" had she not left. Ronke Olademije left the NHS last year, after more than 15 years of nursing. The pressure of the job - made worse during coronavirus - coupled with a lack of support, and not enough staffing forced her to leave the job she loved.

ITV News (30.03.21)

NHS staff assaults: Scheme launched to increase abuse convictions

A scheme to increase convictions after NHS staff have been "kicked, spat at and urinated on" has been launched. The joint initiative follows a three-month pilot across five London boroughs. Around 75,000 workers experienced violence and aggression from patients, relatives or public, according to the latest NHS staff survey. The Met said the scheme would help and support those who feel being assaulted is "part of the job".

BBC News (31.03.21)

Racism in healthcare is real and it matters

The Commission on Race and Ethnic Disparities report makes some bold claims, from denying that institutional racism exists, to advocating for a "new story" on how we view the slave trade. On healthcare, its findings also appear somewhat removed from the everyday experiences of many. It is surprising to see the report appearing to play down the inequalities that are known to exist between different ethnic minorities and their experiences and access to healthcare.

The Independent (31.03.21)

Regional news

Trust backing organ donation campaign

A hospital trust is backing a new NHS campaign which tries to urge families to talk about organ donation. The Dudley Group NHS Foundation Trust is backing the campaign following research that less than half of adults in England have had the conversation about donating their organs.

Express & Star – print (01.03.21)

Budget confirms £100 million boost for Wolverhampton, Rowley Regis, West Bromwich and Smethwick

Conservative MPs and council leaders across the West Midlands have welcomed a string of measures announced in the Chancellor's Budget after Rishi Sunak confirmed furlough would be extended until September along with schemes to help businesses amid Covid-19. It was also confirmed that £59 million will be set aside for five new railways stations in the region – Darlaston, Willenhall, Kings Heath, Moseley, and Hazelwell/Stirchley. And a further £50m will be spent on transport improvements around the HS2 Birmingham Interchange Station – which will "support regeneration" at Arden Cross in Solihull. **Express and Star (03.03.21)**

Health Secretary praises people in Dudley for doing an 'amazing job' rolling out the Covid-19 vaccine

A third of residents in Dudley have now been vaccinated against the virus as the focus shifts to protecting the over 60s in the area. Now Mr Hancock has praised everyone involved in the rollout for doing an "amazing job" to ensure those eligible receive their jab. He said: "I want to thank everyone across Dudley who have worked so hard to get the vaccination roll-out going so effectively. **Express & Star (03.03.21)**

Breast screening bus at Black Country supermarket

The Dudley, Wolverhampton and South Staffordshire Breast Screening Service, based at Russells Hall Hospital, has three mobile screening units based at different community locations throughout the region. One of the units, named 'Hope' by members of the public, has most recently touched base on Morrison's car park in Bilston. **Express & Star – online and print (05.03.21)**

Dudley community champion becomes first time blood donor

A DUDLEY community champion has become a blood donor for the first time and is urging others to consider following suit to help save lives. Founder of the Saleem Foundation, Shaz Saleem, has made a video of his experience to encourage others to consider giving blood to help the NHS meet the demand for donors. **Dudley News (05.03.21)**

Black Country junior doctor Kishan entertains thousands with DJ sets

Everyone from Matt Hancock to Tinie Tempah have got behind Russells Hall Hospital's Kishan Bodalia, whose Instagram posts have kept people dancing and boosted morale through music. Kishan, who is in the second and final year of his general postgraduate medical training programme with The Dudley Group NHS Foundation Trust, combines his NHS work with life as an in-demand DJ who champions new artists. **Express & Star – online and print (07.03.21 and 08.03.21)**

Ambulance service made mistake over Covid sick pay

AMBULANCE staff and paramedics who have had to self-isolate during the pandemic are to get back-payments after being underpaid for a year. West Midlands Ambulance Service (WMAS) had not been following NHS guidance on what money staff should be getting. The service has stressed this was not intentional, and they agreed to pay it out as soon as they were told about it. **Stourbridge News (09.03.21)**

New age group invited for vaccine as figures show progress in region

PEOPLE aged between 56 and 59 in the West Midlands have been called on to book their Covid-19 vaccination this week. NHS chiefs made the plea after more than eight in 10 people aged 65 to 69 took up the offer of a jab across England. They have now sent out a new batch of letters inviting people to be vaccinated and have called on people across the region to come forward as the vaccine roll-out continues to "gather pace". **Stourbridge News (10.03.21)**

Volunteers needed to support vaccine programme across West Midlands

St John Ambulance has appealed for volunteers to boost the Covid-19 vaccination drive across the West Midlands. The charity is looking for extra vaccination care volunteers and patient advocates. They look after people before, during and after they receive their injections - and there is a shortage in the region. St John Ambulance's Peter Shergold is the director responsible for getting more than 30,000 vaccination volunteers recruited and trained. ***Birmingham Mail (11.03.21)***

Birmingham hospitals trust has worst cancer referral times

Two thirds of people urgently referred to one of England's largest NHS trusts with suspected cancer are not being seen at its hospitals within the two-week target, NHS figures show. Universities Hospital Birmingham (UHB) is the lowest performer in the country and is also second worst at starting cancer treatment within two months. Healthwatch Birmingham said the figures could indicate "systemic problems". ***BBC News (13.03.21)***

Nearly half of all adults in the West Midlands have now been vaccinated

Nearly half of all adults in the West Midlands region have now been vaccinated. It means the vaccination programme has been rolled out faster in the West Midlands than in most other parts of the country. A report from the Office for National Statistics shows that 47% of adults in the region have received at least one vaccination. Another three per cent have been offered a vaccination and are waiting to have the jab. ***Birmingham Mail (15.03.21)***

900,000 vaccine jabs have now been given out across region

More than 900,000 coronavirus vaccinations have been administered in the Black Country and Staffordshire, new figures show. It comes as the region is on track to have vaccinated the top nine priority groups by mid-April. And it has raised hopes that those in the 50 to 54 age bracket could be called up as soon as next week. ***Express & Star – print (15.03.21)***

Health workers feeling positive about their work

Healthcare staff feel better about work despite the Covid-19 pandemic, results of a national survey have shown. More than 2,300 staff at The Dudley Group NHS Foundation Trust took part in the anonymous survey, the highest figure for five years. ***Express & Star – print (15.03.21)***

Mother-of-three pounding pavements to help raise money for charity

Anna Eeles is doing a 3.5k run everyday in March to help raise money for the Georgina Unit at Russells Hall. Local musician Billy Spakemon will be joining her on some runs, as he raises money for the same cause. Anna Eeles, aged 50, from Halesowen, is the daughter of 74-year-old Tom Stanton, one half of the busking duo The Blue Granits, from Sandwell, who are well-known for their fundraising efforts. ***Express & Star – online and print (17.03.21)***

Unique West Midlands venues helping distribution of vaccine

Pop-up vaccination services in mosques, mobile vaccination vans, football arenas, museums and cinemas are just some of the ways where people have been able to benefit from the life-saving coronavirus vaccination. The West Midlands delivered the world's first vaccine outside of a clinical trial as part of the largest vaccination programme in the NHS's history, when Margaret Keenan received the jab at University Hospital Coventry in December. ***Express and Star (18.03.21)***

Accreditation for specialist centre

A specialist treatment centre has continued to help women suffering from the most severe cases of a debilitating condition throughout the Covid pandemic. Russells Hall Hospital is a specialist centre for the treatment of endometriosis, a complex condition which affects one in 10 women. The Dudley Group NHS Foundation Trust gained accreditation from the British Society for Gynaecological Endoscopy (BSGE) in February. **Express & Star – print (18.03.21)**

West Midlands Police Commissioner urges residents to report scammers selling fake Covid vaccines

Cruel fraudsters have been going door to door offering fake coronavirus vaccinations. West Midlands Police and Crime Commissioner David Jamieson urged anyone who had been targeted to contact police immediately. And the scammers were condemned in the House of Commons by Police Minister Kit Malthouse, who said their actions were "disgraceful". **Birmingham Live (23.03.21)**

Average hospital stay is 13 days for Black Country and Staffordshire Covid patients

Coronavirus patients at hospitals in the Black Country and Staffordshire spent an average of 13 days in hospital at points last year, figures suggest. The Nuffield Trust said Covid-19 patients require intense care from stretched staff and that despite positive signs, the NHS is still under "significant pressure" across England. **Express & Star (26.03.21)**

Maddy braves the shave for children's department

A nurse has braved the shave in aid of the children's emergency department at Russells Hall Hospital. Madelaine Davies, 23, staff nurse at The Dudley Group NHS Foundation Trust, has smashed her target after raising almost £2,000 to fund a bubble tube for the waiting area in the children's emergency department. **Express & Star – online and print (26.03.21)**

A hospital in Dudley is continuing to care for endometriosis sufferers, despite the decline in elective surgery due to the pandemic

Russells Hall Hospital, an accredited specialist centre for the treatment of endometriosis, has revealed 14 women with severe stage four endometriosis had surgery in 2020 amidst the pandemic. Nationwide the number of elective surgeries has fallen due to the impact of COVID, but Russells Hall has continued to provide care for all grades of endometriosis, with an emphasis on severe or stage 4. **Stourbridge News (27.03.21)**

Mayor Andy Street backs campaign to save Corbett Meadow

WEST Midlands Mayor Andy Street has given his support to campaigners fighting to save the last remaining piece of ancient meadowland in Amblecote from being ripped up for new homes. Mr Street recently visited Corbett Meadow, located behind Corbett Outpatients Centre, to hear about how a cross-party effort is being made to protect it from developers. **Stourbridge News (29.03.21)**

Nominate your healthcare hero

Patients who have received care at a Black Country hospital trust are encouraged to nominate their healthcare hero in the trust's annual staff awards. The Patient Choice Award is a category at the Dudley Group NHS Foundation Trust's Committed to Excellence 2021 Awards. The awards recognise individuals and teams for their dedication and commitment to patient care. **Express & Star – print (29.03.21)**

More than 5 million vaccinated against coronavirus in Midlands

The Midlands has vaccinated more people with their first dose than any other region in England – leading the way in vaccinating the most vulnerable in the area. The NHS administered 5,034,045 first doses in the Midlands between December 8 and March 28 – and 477,985 second doses. ***Express & Star (31.03.21)***

Major new £1 billion hospital planned for east Birmingham and Solihull

Health bosses are planning a major new £1 billion hospital to serve patients in Solihull and east Birmingham. The proposed "campus" hospital will be a centre for research, as well as treating patients. It will be built at Arden Cross, the new development with 3,000 homes near the High Speed Two interchange station in the borough of Solihull, close to the NEC and airport. ***Birmingham Live (31.03.21)***

Huge new ambulance base to be built in Black Country

Sandwell Council approved a proposal for a 7,725 square metre headquarters on disused land off Shidas Lane, which was originally submitted in December last year. The three-storey building will provide a home for many West Midlands Ambulance Service (WMAS) functions, with a call centre, training facilities, storage and car parking spaces. More than 450 people will be working from the site on a shift basis. ***Express & Star (31.03.21)***

Hospitals to let patients control appointments in new scheme

A new scheme means patients can decide if, and when, they need to be seen - rather than being called for routine follow-up appointments. Patient Initiated Follow Up (PIFU) appointments have been introduced first as a pilot in the orthopaedic department at The Dudley Group NHS Foundation Trust and they are set to be rolled out across 10 other specialties during April. ***Dudley News (31.03.21)***

Paper for submission to Trust Board

TITLE:	Improving Discharge: Home for Lunch		
AUTHOR:	S Illingworth J Richards	PRESENTER	K Kelly
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
<ul style="list-style-type: none"> Note the key messages of the Home for Lunch campaign and launch on B3 and C1 Note that this project aims to take place over the next 6-9 months with deliverables in place for as part of the Trusts winter plan 2021/22 Adopt standardised and consistent approaches using Home for Lunch concept to embed the message across all staff groups 			
CORPORATE OBJECTIVE:			
SUMMARY OF KEY ISSUES:			
<ol style="list-style-type: none"> Effective discharge is one of the most pressing operational issues effecting this Trust at this time Discharge rates before 12 noon remain stubbornly low across all areas Previous attempts to improve matters have had variable outputs that have not been widely sustained A standardised easy to communicate approach across both medicine and surgery using recognisable terminology should be adopted in order to sustain improvements. Home for Lunch is this agreed approach. This is part of the operational teams staff engagement strategy Sustained success will take time and will be as much about communication and engagement with staff in the concept of early discharge as much as mechanisms for dealing with complex discharge and DTOC issues. There is no automatic additional funding being made available for this project unless identified directly by the project group. Improvements in discharge should be made first and foremost with the resources available engaging all staff groups in the desired outcome. 			

IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y/N		Risk Description:
	Risk Register: Y/N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y/N	Details:
	NHSI	Y/N	Details:
	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:

Improving Discharge: Home for Lunch

Background

Improving discharge from hospital is one of the most important aspects of managing emergency flow and delivering a sustainable emergency pathway. This is the case both locally at Dudley and nationally too. There are many projects which aim to improve discharge practice including the “two before ten” model, Red to Green, *EndPJP* Paralysis and Home for Lunch, all of which have been adopted with degrees of success at Dudley and in different Trusts across the wider NHS.

At Dudley, over recent years, we have adopted or implemented all of these strategies at some point in time, as well as developing our own initiatives such as the *Don't Waste My Time* campaign. All of this has created pockets of good practice where processes have been improved but generally, despite these attempts, rates of patient discharge before 12 noon remain resolutely low. There also remains a dominant narrative amongst staff that some of the national initiatives have not worked “here at Dudley” when they have had clear benefits elsewhere.

Clearly much of this work has focussed to date on medical pathways, but timely discharge remains a priority area for emergency surgical patients too (patients on elective surgical pathways largely have well managed and protocol led pathways in place already).

The data below shows rates of discharge during one particular week by hour of day.

Table 1: Discharge by time of day - Trust

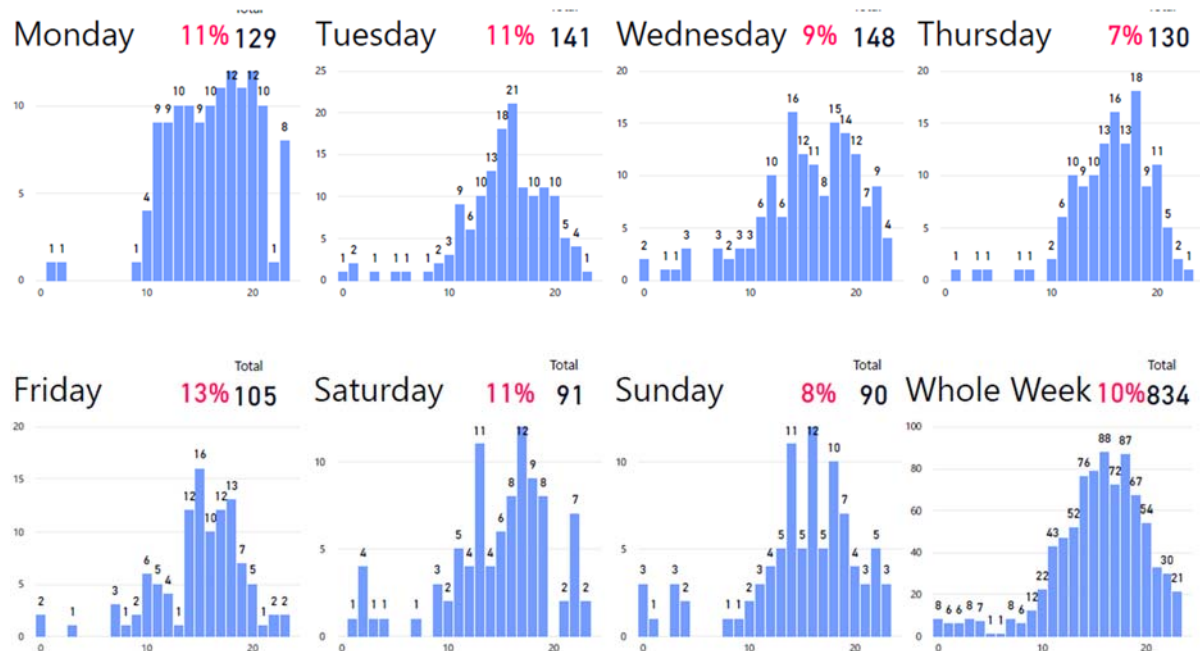


Table 2: Medicine

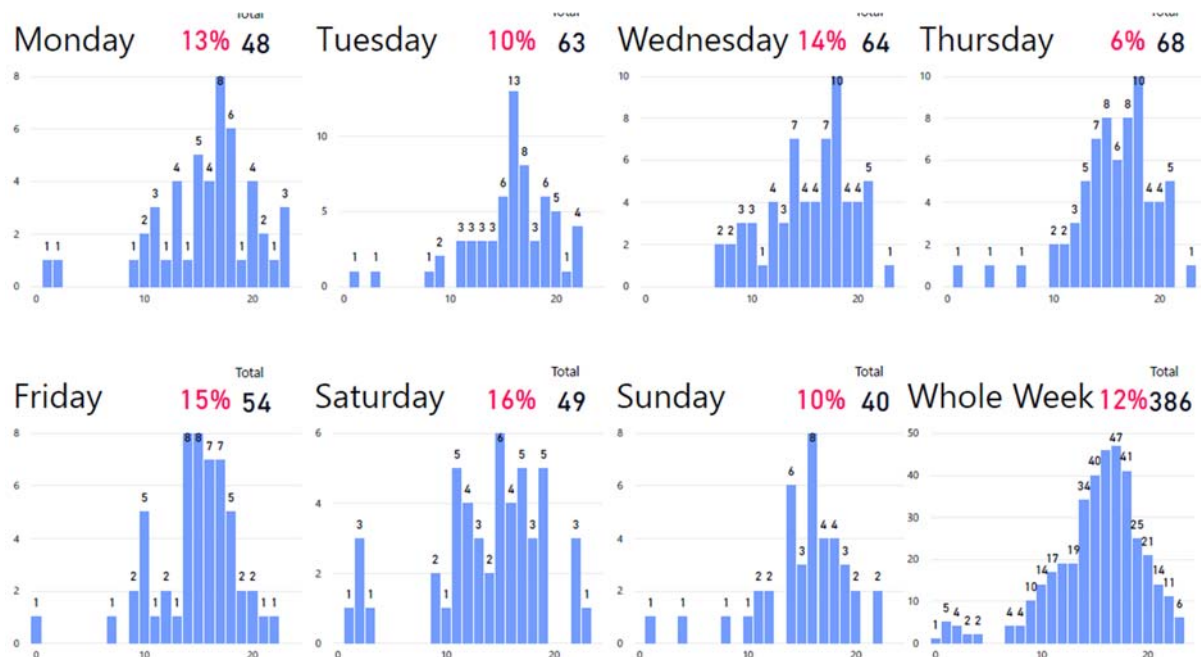
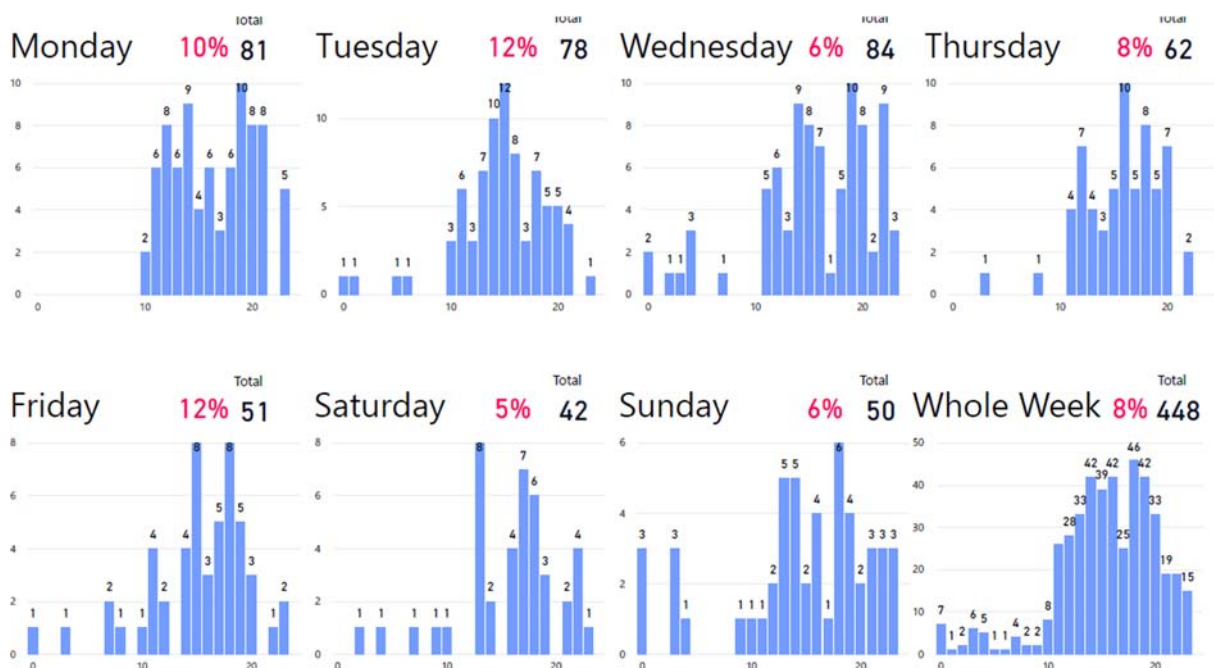


Table 3: Surgery



As this data shows, on average we only have 10% of patients across the Trust discharged before 12pm. In many cases more patients are discharged after 8pm at night than before 12 noon. This clearly has an impact on flow and is poor patient experience. For medicine the rates were slightly higher at 12% while in surgery rates were slightly lower at 8%. For Surgery this data will be skewed by the fact that some patients who had surgery during the afternoon / evening of the preceding day will not be ready to go home the next morning but

may be discharged the subsequent evening (with a short 24hr LOS). The aim of this project is not to drive all discharges before 12 noon but rather, over time (6 months), to see a gradual shift in the shape of the graphs in Tables 1-3 to the left.

Approach

When consulted on why previous attempts have stalled, staff have described that initiatives have often been supported with concerted effort and focus over a two or three week period (golden weeks or perfect fortnights for example) and while these are useful it was clear that where additional resources are put in place during these events but are subsequently taken away afterwards, wards went back to normal fairly quickly. This also created a sense that early discharge could not be delivered without additional resources or that it was something which could only be achieved by exception. Everyone consulted agreed that this was not a desirable approach and something more sustained was necessary.

As a consequence adopting the *Home for Lunch* approach was agreed. There were a number of reasons for this. Firstly it is a message that is easy to understand and has a clear time period explicit within the title. It focusses staff to develop actions to make things happen before lunch. Secondly it is a message which can apply to any ward, irrespective of the acuity or type of patient. It conveys the purpose and aim more effectively than Red to Green for example. The approach will be slower and more structured than previous attempts. It will not use perfect fortnight events but will aim to engage staff over time in the objectives, helping them to celebrate success. We have to reach a point where the majority of discharges are delivered within resources ordinarily available with additional resources focussed on smaller number of complex discharges.

Both Medicine and Surgery agreed to launch the event on B3 and C1 wards on 2nd March. During this month the main aim was to embed the concept of Home for Lunch, to get the staff talking about it and ensuring the concept was well understood by all nursing and medical staff. The first project meeting is due to take place on 7th April 2021 and review how well Home for Lunch has been communicated on the ward teams. The next steps, likely to take 4 weeks, will be agreed at the project meeting but will likely focus on EDD. Below is an example of the work done to communicate and promote Home for Lunch on B3 ward



Initial Project Objectives

The objectives over the course of April will be as follows

1. Ensure that the concept of Home for Lunch is firmly embed on C1 and B3 Wards
2. Formally launch standardised and branded communication aids (appendix1-3) including
 - a. Posters
 - b. Ward pull up banners
 - c. Tray liners
 - d. Staff Information / presentation aids
3. Fully engage Therapies, Pharmacy and Discharge Teams in this project during April
4. Focus on management of EDD during April using Outstanding Length of Stay as key metric.
5. From May begin to drive a shift in discharges earlier in the day and an improvement in total number of patients sent home before noon.

Summary Conclusion

This project is only just in its infancy and details on actions are still be developed by the project group in response to feedback. This project is not meant to deliver immediate change through rapid improvements events or with significant additional investment but instead build up a strong narrative and standardised approach that is recognised as the “*way we work around here*”. Home for Lunch is a concept that is easy to understand can be clearly articulated, while offering some flexibility in how we can describe success.

Timely discharge is a team effort that requires everyone involved to share the objective and recognise what good looks like. This takes time and is best achieved through the use of a standard messaging, using an approach which is easy to understand by a wide variety of staff and which can applied to any ward in a consistent way. Home for Lunch is a concept which delivers against these aims and over the next 6 to 9 months should ensure that this is rolled out across all ward areas as part of our winter plan for 2021/22.

Whilst there may be a requirement for additional investment over time, the general approach of this project is to use the resources we already have available and instead. attempt to strongly embed early discharge as a cultural change. Whilst it is acknowledged that changing culture takes time, it is important that for sustainability reasons we improve culture and make early discharge part and parcel of everyday life on the wards.

Simon Illingworth
Director of Operations
Surgery, Women and Children

Appendix 1: Leaflet Campaign

Checklist for discharge

- ☐ *will someone pick you up or be at home to meet you*
- ☐ *groceries*
- ☐ *house keys*
- ☐ *medication*
- ☐ *outdoor clothes*
- ☐ *personal belongings*
- ☐ *switch on heating*



The Dudley Group
NHS Foundation Trust

Getting you home for lunch



Once you are well enough, the best place for you to recover is in the comfort of your own home. We will arrange your discharge with you, so you get home sooner.

Getting you home for lunch







What we will do for you	What we need you to do	Your medication	Day of discharge and follow-up	Help at home and equipment
We will plan for your discharge as soon as you get here, if not before. We will discuss your discharge date and agree a plan together.	You will be fully involved in planning your own discharge together with your family, carer or friend.	Any medication you brought into hospital, and you still need, will be returned to you.	We aim to get you 'home for lunch' on your day of discharge. We will ask you to move to our Discharge Lounge, which is more comfortable, while you wait for your medication or transport home.	If we agree you need help at home, a discharge letter detailing support services will be sent to your GP. The support services may be arranged for you before your discharge or you may be assessed in your own home.
We will agree the help you need at home and involve your family and/or carer.	You will need to arrange your own transport home. Hospital transport is only for people who meet strict medical criteria.	If you have started new medication during your stay, you will be given a supply to take home. Your GP will then prescribe more if required.	We will send a letter to your GP explaining the reason you were in hospital, giving details of your medication.	If you need equipment at home, we will arrange this with you.
If you need to be transferred to a step down or transition bed in the community, we will send you to the first bed available. This may not be the one closest to where you live. Our priority is to get you recovering at home as soon as possible.	Please make sure you have some outdoor clothes and your house keys if you are going home. Ensure your heating is on and you have enough food in. We can arrange a packed lunch for you to take home.	We will explain your medication to you before you leave. The name, strength and instructions for taking your medicine are written on the packaging. Each new medicine, will have an information leaflet telling you about your medicine, what it is used for and possible side effects.	If you need a followup appointment, or any further investigations, we will arrange this before you leave or contact you once you have returned home.	

Useful numbers

Patient Advice and Liaison Service
0800 073 0510 01384 244404

Carers' Coordinator
01384 456111 ext 1568 07435 754386

To give feedback, please contact:

Patient Experience (including compliments)	dgft.patientexperience@nhs.net • 01384 244404
PALS (Patient Advice and Liaison Service)	dgft.pals@nhs.net • 0800 073 0510
Complaints	dgft.complaints@nhs.net • 01384 321035
FFT (Friends & Family test)	www.dgft.nhs.uk
Twitter	@DGFT_PTEX
Facebook	DudleyGroupNHS
NHS Choices	www.nhs.uk
Care Opinion	www.careopinion.org.uk
CQC National Survey Programme	www.cqc.org.uk

Appendix 2: Poster Campaign

NHS
The Dudley Group
NHS Foundation Trust

Getting you home for lunch

Once you are well enough, the best place for you to recover is in the comfort of your own home.

We will always try to get you home or transferred to our discharge lounge before lunchtime.



Checklist for discharge
☐ will someone pick you up or be at home to meet you
☐ groceries
☐ house keys
☐ medication
☐ outdoor clothes
☐ personal belongings
☐ switch on heating

Want to know more?
Ask a member of staff for more information about planning for your discharge.

Communications Department

Appendix 3: Ward Pull Up



The Dudley Group
NHS Foundation Trust

We are a Home for Lunch Ward

When you or your relative
are ready to go home, we
will do everything we can
to make that happen in
time for lunch.



To find out
how and what
you can do to help,
speak to a member of staff.

Getting you home for lunch

Once you are well enough, the best place for you to recover is in the comfort of your own home.

We will always try to get you home or transferred to our discharge lounge before lunchtime.



Checklist for discharge

- ☐ arrange transport
- ☐ groceries
- ☐ house keys
- ☐ medication
- ☐ outdoor clothes
- ☐ personal belongings
- ☐ switch on heating

Want to know more?

Ask a member of staff for more information about planning for your discharge.



The Dudley Group
NHS Foundation Trust

We are a Home for Lunch Ward

When you or your relative are ready to go home, we will do everything we can to make that happen in time for lunch.



To find out how and what you can do to help, speak to a member of staff.



The Dudley Group
NHS Foundation Trust

PLANNING FOR DISCHARGE

Let's get patients Home for Lunch



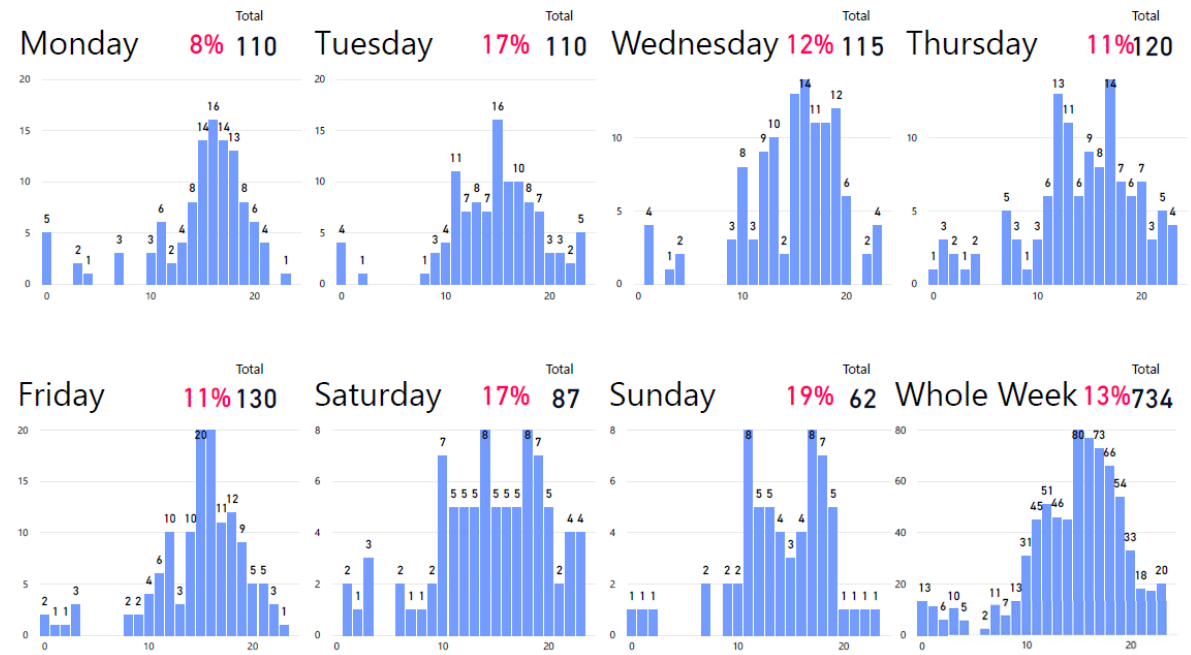
The importance of effective patient discharge

- Improving discharge processes across all areas is one of the most pressing challenges facing this Trust today
- We currently only discharge around 13% of patients before 11am
- Sometimes more patients are discharged home after 8pm than before 11am
- Discharges can often be very complex and require multi agency involvement but with the right focus we can ensure that these are the exception
- Patients not being discharged at the right time causes a build-up in ED and delays to patients being seen and treated
- If patients - particularly elderly and frail patients - are back home in time for lunch then we can ensure their discharges will be safe, secure and as well-managed as they can be



Why Home for Lunch?

- The pandemic has fundamentally changed the way we work in so many areas of healthcare
- We have window of opportunity to reset some of the priorities and focus on our future work
- Slow discharges and the pressure this causes on everyone is not time well spent. It duplicates efforts, takes people away from caring for patients and creates anxiety for patients and their families
- This is not a one off campaign, Home For Lunch will become gold standard for how we approach discharge management in every ward



Mavis: A discharge too late



The Dudley Group
NHS Foundation Trust

This is a story taken from a concern raised by a care agency:

- Mavis was a 94 year old lady who despite her old age was remarkably independent, who was being discharged following a short admission for IV antibiotics after a cat bite in early December. Due to the wound on her hand a short term care package was arranged to assist her with washing and dressing in a single morning call. The length of antibiotic treatment was known, the care package was arranged to commence on the morning following discharge.
- On the day of discharge Mavis was planning to visit the corner shop to get bread and milk as this would have gone off and gone stale during her admission, and wanted to get the heating on as early as possible before the cold night came. However, despite knowing the day of discharge, no discharge letter had been prepared, no nurse led discharge had been arranged so that Mavis could be discharged before the ward round, and no oral antibiotics had been arranged from Pharmacy. This resulted in Mavis rather than leaving the hospital for home at 10am after her last dose of IV Antibiotics, but instead leaving at 7.45pm with Driving Miss Daisy, home to a cold, dark and empty house. Mavis had no milk to make a drink, no food available for breakfast, and spent a very cold night before the carers came in the following day.
- Although no harm came to Mavis, this has had a very profound effect on her confidence, she is now very worried about coming to hospital and not having things in at home for when she returns, being left in the same situation again.



What can you do to help

MEDICAL TEAM	NURSING TEAM
<ul style="list-style-type: none"> Keep outstanding length of stay information on the white board up to date Use the Ward Round Checklist Complete the TTO and Discharge Letter at the earliest opportunity for the patient Set criteria for nurse led discharge in appropriate patients Ensure no unnecessary investigations are completed, especially on the day of discharge 	<ul style="list-style-type: none"> Inform patients on admission that on their day of discharge they will be going home before lunch Contact family and arrange the discharge with them, inform them that the patient will be home before lunch Use the nurse led discharge criteria wherever possible Order TTO's at the latest the day before discharge Book transport the day before if family are unable to collect Send the patient to the discharge lounge Arrange for a food parcel to accompany the patient if possible
THERAPY TEAM	PHARMACY TEAM
<ul style="list-style-type: none"> Complete all therapy intervention the day before discharge Ensure any equipment has been arranged and delivered prior to the day of discharge 	<ul style="list-style-type: none"> Prioritise TTO's for the home for lunch patients that come on the day of discharge

What will we do to help make this real

- Focus on C1 and B3 - and develop these as exemplar wards from March 2nd
- Provide you with accurate data to show improvements
- Ensure an effective communication strategy is in place – we will make **Home For Lunch** really visible and exciting; it is something we need everyone's help and engagement in achieving
- Work with you to improve Outstanding Days to Discharge (or EDD) communication
- Redesign Events – Pharmacy, DISCO Team, Social Care etc. starting in April.
- Senior Management input will be visible EVERY DAY to see how things are going

Paper for Submission to the Board of Directors 15th April 2021

TITLE:	Quality and Safety Committee		
AUTHOR:	Sharon Phillips – Deputy Director of Governance	PRESENTER:	Liz Hughes – Non Executive Director
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
	Y	Y	
RECOMMENDATIONS FOR THE GROUP			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> As detailed in the paper As the Trust was on level 4 due to the Covid pandemic the agenda was reduced to facilitate and enable service leads to focus time on clinical matters. High risk reports were presented 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:

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

Date Committee last met: 23rd March 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Compliance to mandatory training. This had been negatively impacted by the increased capacity and workload as a consequence of the Covid Pandemic. The Divisions will be developing action plans and presenting a trajectory of improvement. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Task and Finish Group led by the Chief Nurse to review reporting and the management framework of tissue viability incidents.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Positive assurance in relation to the development, initiation and delivery of two vaccination delivery models (hospital HUB and Vaccination Centre at the Black Country Living Museum) Assurance received of a continued reduction in the number of outstanding complaints and an increase in the number responded to within the 30 days Positive assurance received that the Dementia Care Metrics had achieved the required standard of compliance in all 3 measures. This will be monitored for continued assurance Positive assurance following CQC responsive visit on 2nd February 2021 to the Emergency Department. The Trust was given an improved rating score in the safe domain from 'Inadequate' to 'Requires Improvement' Positive triage performance in the Emergency Department has led to a successful application by the Trust to the CQC to remove the CQC improvement notice (Section 31) from the Trust registration. A successful CQC Engagement meeting – Part of the health economy wide review by the CQC of vaccination hubs 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> The Committees reviewed terms of reference were agreed and will be submitted to the Board (refer appendix 1).

APPENDIX 1

QUALITY AND SAFETY COMMITTEE

TERMS OF REFERENCE

1. Constitution

- 1.1 The Board of Directors resolves to establish a Committee of the Board to be known as the Quality and Safety Committee. The Quality and Safety Committee in its workings will be required to adhere to the Constitution of The Dudley Group NHS Foundation Trust, the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

2. Membership

- 2.1 The Committee shall comprise of four Non-executive Directors, one of whom shall be the Chair.

The membership of the Quality and Safety Committee shall also include:

- Chief Nurse
- Medical Director
- Executive Chief Operating Officer
- Executive Chief People Officer
- Chiefs of Staff for Divisions

The Board of Directors will review membership of the Committee annually to ensure that it meets the evolving needs of the Trust.

The members set out above shall be expected to attend all meetings and such attendance shall be reported in the Committee's Annual Report to the Trust Board.

The Quality and Safety Committee reserves the right to hold discussions in private (Part B).

- 2.2 The Chair of the Committee shall be a Non-executive Director appointed by the Trust Board.
- 2.3 In the absence of the Chair, members of the Quality and Safety Committee present shall elect a Non-executive Director to chair the meeting.
- 2.4 A member of the Quality and Safety Committee may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting.
- 2.5 On each occasion, the member should approach the Chair; cc the Committee Secretary, to ask agreement for the named deputy to attend in their stead, to count towards the quorum and to have full voting rights.

- 2.6 If it appears that the meeting will have a minority of full members, the Chairman will confer with the Board Secretary as to whether the meeting should be re-arranged.

3. Attendance

- 3.1 The Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Committee Chair. The Chairman, Chief Executive or other executive Director may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trust's operation that are the responsibility of that director.

In addition to members of the Committee, the following shall normally attend all meetings and may contribute, but have no voting rights nor contribute to the quorum:

- Board Secretary
- Deputy Director of Governance

- 3.2 The Board Secretary will be responsible for providing secretarial support to the Committee. Agendas for forthcoming meetings will be agreed with the Committee Chair and papers distributed to members in advance of the meeting as agreed. Meeting papers will also be available to other members of the Board for information.
- 3.3 The Committee will establish an Annual Work Programme, summarising those items that it expects to consider at forthcoming meetings.

4. Quorum

- 4.1 Any three members including at least one Non-executive Director. Attendance at the meeting may be teleconference or video conferencing at the discretion of the Committee Chair.
- 4.2 Any Non-executive Director may attend a meeting of the Quality and Safety Committee and will count towards the quorum.

5. Voting

In accordance with Standing Orders, if it is necessary to resolve an issue at a meeting of the Committee by way of a vote, this shall be determined by a majority of the votes of the Members present and voting and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

Only the Executive and Non- Executive Directors shall be permitted to vote.

6. Frequency of Meetings

- 6.1 Meetings of the Committee shall take place at a frequency and timing necessary to enable discharge of its responsibilities and the Committee will routinely meet at least six times in each financial year.

7. Authority

- 7.1 The Quality and Safety Committee has no delegated powers other than those specified in these Terms of Reference. The Quality and Safety Committee is authorised to investigate any activity within its Terms of Reference and all Trust employees are directed to co-operate with any request made by the Committee.
- 7.2 The Quality and Safety Committee is authorised to obtain independent professional advice as it considers necessary in accordance with these Terms of Reference.
- 7.3 The Quality and Safety Committee is established to provide scrutiny and challenge with regard to all aspects of quality and clinical safety, including strategy, delivery, clinical governance and audit, in order to provide assurance and make appropriate reports or recommendations to the Board in relation to patient safety, clinical effectiveness and patient experience.

8. Duties and Key Responsibilities

8.1 Quality and Clinical Governance Assurance

The Quality and Safety Committee will:

- Oversee the development and implementation of the Trust's Quality Strategy and Priorities.
- Oversee the operation of the Trust's clinical governance systems and processes at a corporate and Divisional level to:
 - (a) Promote safety and excellence in patient care;
 - (b) Identify, prioritise and manage risk arising from clinical care on a continuing basis;
 - (c) Ensure the effective and efficient use of resources through evidence-based clinical practice;
- Oversee the processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that learning is disseminated within the Trust and beyond if appropriate.
- In respect of Patient Experience:
 - agree the Annual Patient Experience Plan and monitor progress;
 - assure that the Trust is reliable, real time, up-to-date information about what it is like being a patient experiencing care administered by the Trust, so as to identify areas for improvement and ensure that these improvements are effective;
 - identify areas for improvement in respect of incident themes and complaint themes from the results of National Patient Survey/PALS and ensure appropriate action is taken;
 - monitor trends in complaints received by the Trust and commission actions in response to adverse trends where appropriate;
 - consider ethnicity data in relation to service user groups and their experience of care.
- Receive and approve the annual Clinical Audit Programme.
- Make recommendations to the Audit Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within these Terms of Reference.
- Approve the Trust's annual Quality Account before submission to the Board.

- Oversee data and trends in patient safety, experience and outcomes to provide assurance to the Board on performance and undertake 'deep dives' as appropriate at the discretion of the Committee.

8.2 Regulatory Compliance

The Quality and Safety Committee will assure itself that all regulatory requirements are complied with, with proven and demonstrable assurance, and that immediate and effective action is taken where there is variation.

The Quality and Safety Committee will promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care and compliance with the requirements of the Duty of Candour.

8.3 Clinical Risk Management

The Quality and Safety Committee will:

- Monitor progress against actions to mitigate quality and safety risks on the Corporate Risk Register in line with the Board's risk appetite.
- Ensure that risks to patients are minimized through the application of a comprehensive risk management system including, without limitation:
 - To ensure the Trust incorporates the recommendations from external bodies e.g. the National Confidential Enquiry into Patient Outcomes and Learning from Deaths or Care Quality Commission, as well as those made internally e.g. in connection with serious incident reports and adverse incident reports in practice and has mechanisms to monitor their delivery;
 - To ensure those areas of risk within the Trust are regularly monitored and that effective disaster recovery plans are in place;
 - To assure that there are processes in place that safeguard children and adults within the Trust.
- Approve additions, deletions and changes in risk rating to items on the Corporate Risk Register that fall within the Committee's Terms of Reference.

9. Key Responsibilities

The Quality and Safety Committee will receive reports on the following issues:

9.1 Routine Business

- Reports concerning regulatory compliance
- Updates on the Trust-wide Learning Events
- Integrated Performance and Quality Dashboard Report
- Corporate Risk Register and BAF risks assigned to the Committee
- Serious Incidents Data
- Safeguarding
- Reports of the Reporting Groups

9.2 Strategies and Policies

Strategies:

- Learning from Deaths Strategy
- Engagement and Involvement Strategy
- Patient Safety Strategy
- Quality Account
- Medicines Optimisation Strategy
- Pharmacy Strategy
- Safeguarding Strategy

Policies:

- Health, Safety and Welfare Policy
- Major Incidents and Emergency Preparedness Plan
- Management of Incidents Policy
- Serious Incidents Policy
- Smoke-free Policy

9.3 Annual Reports

The Quality and Safety Committee will consider the following Annual Reports before being submitted to the Trust Board for ratification:

- Annual Report of the Health and Safety Committee (Statutory)
- Infection Control Annual Report (Statutory)
- Patient Experience and Complaints Annual Report (Mandatory)
- Pharmacy Annual Report (Mandatory)
- Safeguarding Annual Report (Statutory)
- Neonatal Unit Annual Report
- Paediatric Annual Report
- Medicines Management Annual Report
- Breast Screening Annual Report
- End of Life Annual Report

The Quality and Safety Committee can request a report on any subject or issue relevant to its terms of reference.

10. Reporting

- 10.1 The Quality and Safety Committee will approve the Terms of Reference and membership of its reporting groups (as may be varied from time-to-time at the discretion of the Quality and Safety Committee) and oversee the work of those groups, receiving reports from them in accordance with their Terms of Reference.
- 10.2 The Committee will approve policies on subjects related to the Committee Terms of Reference on recommendations from the Policy Group.
- 10.3 The Quality and Safety Committee will consider matters referred to it by the Trust Board and the Audit Committee.
- 10.4 The Quality and Safety Committee will conduct an annual review of the Committee effectiveness.

11. Review

- 11.1 The Committee will carry out an annual review of its performance and function is satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.

Paper for submission to the Board of Directors April 2021

TITLE:	Chief Nurse Report		
AUTHOR:	Jo Wakeman Deputy Chief Nurse	PRESENTER	Mary Sexton Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		x	
RECOMMENDATIONS			
For the Board to review and note the exceptions presented.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO3: Drive service improvements, innovation and transformation SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Appointment of a Transition Nurse in our children's services to support 16-18 year olds transitioning to adult services. • STORK project – Teaching parents how to apply safe sleeping techniques to prevent Sudden Infant Death Syndrome. • Our Quality KPI monitoring has moved from Perfect Ward to AMaT Audit system • 14 Care homes in Dudley are being supported by our Specialist Palliative Care team to be trained in the Gold Standards Framework (GSF). • We have appointed 123 Clinical Support Workers (CSW) to our wards since December 2020. • Secondment of Allied healthcare Professionals (AHP) practitioner into the professional development team to strengthen our support to AHP students. • Bank and agency usage continues to be high and appears to follow Care Hours Per Patient Day (CHPPD) reflecting the dependency of the patient care needs. 			
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	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
		Y/N	DATE:

Chief Nurse Report

Trust Board 15th April 2021

Mary Sexton, Chief Nurse

Care	Pages 2 – 3
Compassion	Page 4
Competence	Page 5
Communication	Page 6
Commitment	Pages 7 - 8
Courage	Page 9

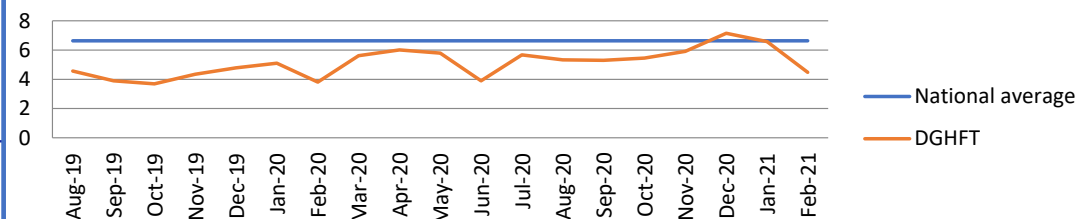
Appendix 1 – Long Covid Pathway



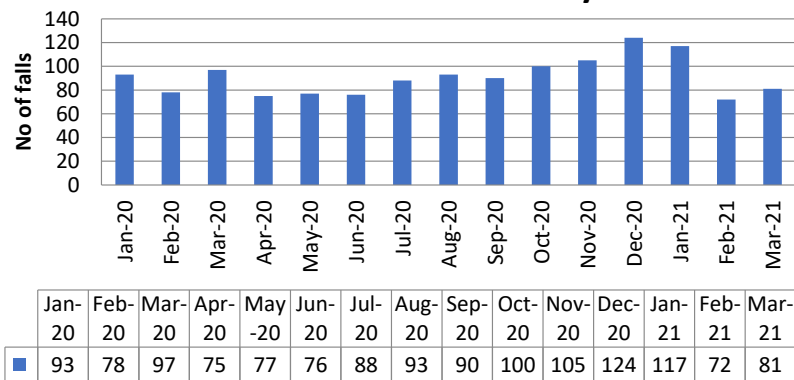
Care - Deliver safe and caring services - Falls

Falls - There were 81 falls during March 2021- of those 80 patients who fell did not come to harm. The remaining fall resulted in harm as the patient sustained a fracture to their femur, this has been reported as a serious incident. In this month's report we have included a comparator of DGHFT compared to national average. The Trust is not showing as an outlier but follows trends of generally an increase in falls. February data as March data not available at time of report.

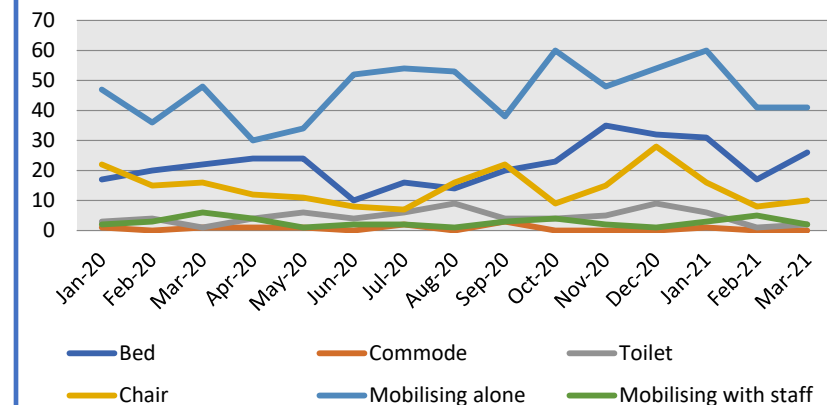
Falls per 1000 bed days



No of falls by month



Falls Categories



Care - Deliver safe and caring services

Paediatric Services – CN update ★

Paediatric Diabetes - Pop In Health Checks - In line with Best Practice Tariff, all children and young people with diabetes should be offered 3 monthly MDT OPA's. As a result of the COVID-19 pandemic many of these have been offered as virtual/telephone clinics. Some necessary health surveillance checks can be only captured with face-to-face contact. Therefore in discussion with patients and their families, the "Paediatric Diabetes Pop-In Health Checks" were launched as a complement to our virtual/telephone clinics. Free parking is offered for these appointments and, to date there has been 100% attendance. Patient feedback has been overwhelmingly positive.

Involving service users - The recent recruitment of Lead Nurse Paediatric Diabetes included a young person on the interview panel. The ability to include the opinions and views of children and young people in the appointment of the person managing their care is fundamental in the development of children centric services.

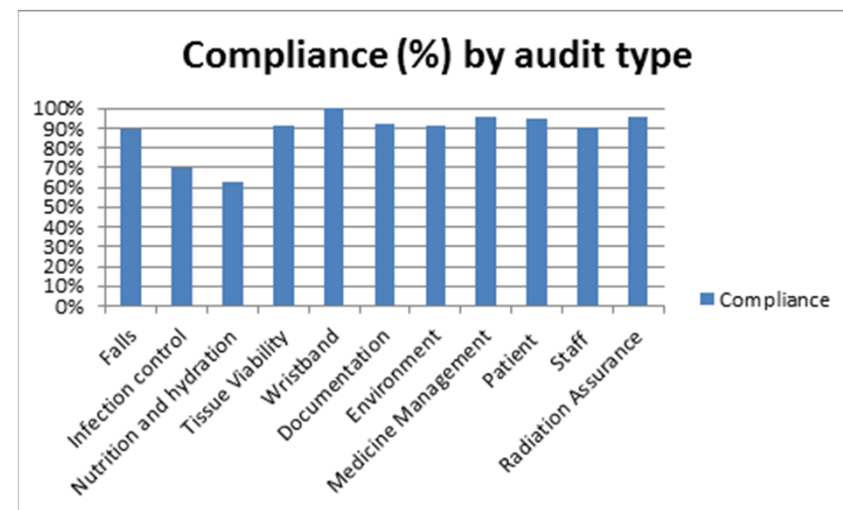
Transition from children to adult services - The appointment of a transition co-ordinator in 2020 has allowed children's services to focus on developing pathways for transition to adult services for young people with life long, chronic and life limiting conditions. An essential part of this process is the involvement of young people to ensure that their needs and views are influencing the pathway design. In collaboration with Health Watch and Dudley Young Health Champions a forum has been developed. It is anticipated that this group of young people will be involved in development and review of services.

STORK - With funding support from Public Health and working in collaboration with Wolverhampton University the STORK (Supportive, Training, Offering, Reassurance and Knowledge) programme has been introduced to the Neonatal Unit to provide education and training for parents prior to discharge. Parents learn about and apply Safe Sleep practices to reduce Sudden Infant Death Syndrome, and learn skills for basics of life support and choking, and are provided within information that helps them to understand why and how they can help themselves and their family to become smoke free.

There is also support throughout baby feeding journey including breast feeding. Initial funding from Public Health was for one year however due to the success of the programme funding has now been confirmed for a second year.

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

There was a decline in compliance for falls and nutrition and hydration. Individual areas (Lead Nurses and relevant Matrons) were notified and action plans have been submitted and updated. The Quality Review and Improvement Lead notified the relevant specialist nurses to discuss the audit outcomes and potential Trust Wide improvement actions. All inpatient wards will begin auditing through AMaT on the 1st April 2021, with infection prevention and control audits moving to AMaT for the 1st May 2021



Compassion - Deliver a great patient experience

Complaints

In March 2021, 62 complaints were received. And 86 complaints were closed within 30 days. There remains 144 open complaints of which 36 are either PHSO or LRM. There were 16 reopened complaints in March.

PALS

There has been an increase in PALS concerns during March (339).

Friends and Family Test

- A total of **3731** responses across all areas have been received during March 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'.

Mental Health

Deprivation of Liberty Safeguards (DoLS)

In March 2021, 10 patients were subject to DoLS restrictions; 9 patients from Dudley; 1 patient from Worcestershire; 1 patient from Birmingham.

Of these 10 patients:

1 patient died; 3 were removed from DoLS restrictions as they no longer met the criteria; 2 patients were discharged to a care home; 1 patient returned home. 3 patients remain in hospital (1 Worcester patient has a standard authorisation granted that expires 19th May 2021; 1 Dudley and 1 Birmingham patient are subject to urgent authorisation, awaiting approval of standard authorisation.

It should be noted that when the new DOLs procedure is launched in 2022, the Trust will be expected to approve and manage its own DOLs authorisations and this should reduce delays in official approval being authorised.

Gold Standards Framework (GSF)

- C4 is the next ward to go for GSF accreditation
- We are awaiting the GSF national team's decision regarding whether C1a and B6 have met the requirements for accreditation
- 14 care homes in Dudley are currently undertaking the training for GSF with support from the Specialist Palliative Care Team and the Enhanced Care Home Team
- We attended the Palliative Care Congress on the 25th of March with our poster presentation on the Trust's work with GSF
- We will be submitting applications for the HSJ and Nursing Times award

'Freedom to Speak Up

No exceptions for March 2021

- FTSU have filmed a training video, for their service, following editing it will form part of the mandatory Equality and Diversity training.
- The FTSU strategy is due to be launch in April 2021.

Competence - Drive service improvement, innovation and transformation

Professional Development



Recruitment

Since December 2020 until March 2021 we have recruited 123 new CSW's placed in our clinical areas. This has made a significant impact on CSW vacancies and there are three more intakes on 29th March and 12th and 26th April to join the Trust this will fill all our CSW Vacancies and the additional staff will be deployed to support enhanced care within clinical areas.

Pre-registration Team

The opt in third years students are providing really positive feedback in their support sessions about their clinical placements about the support they are receiving, especially from CCU/Critical care.

Christopher Bowman has joined the team this week on a secondment to review and support students AHP's within the trust alongside the pre-registration nursing team. This new role will hopefully make a difference in supporting our students AHP's and will potentially allow us to increase

Graduates team

Following the success of the student nurse recruitment event where several nurses were recruited. The team are planning to run similar events to a wider group of HEI's.

Feedback from the graduate programme reflects that students are progressing well and feel supported in their new clinical areas as evidenced within their competency documents.

Two areas are supporting their Nurse Associates to undertake a top up degree by undertaking an apprenticeship 18 month programme course which commences in May 20 21 to become a Registered Nurse.

Communication - Make the best of what we have

Infection Prevention and Control

There have been 50 COVID outbreaks in total, 42 occurred within the second wave.

We are pleased to inform the board that we have no outbreak at the time of writing this report.

Flu Campaign

83% of staff vaccinated, as of the February 2021. Flu planning for 21/22 will recommence in June 2021.

Allied Health Professionals (AHP)

Quarter 4's AHP engagement event was held on 24th March with a great line up of presenters feeding back work undertaken as a direct consequence of staff feedback. 40+ staff attended to hear updates on the work streams with universally positive contributions.

March saw the Trust host two virtual open days one for therapy services and a second for imaging. Both saw presentations from clinical staff and service leads, staff networks and HR alongside virtual tours and recruitment videos. The therapies event in particular was well attended with very positive feedback and resulted in 90 applications. Further events are planned aimed at graduates with HEI's nationally being contacted with promotional flyers and joining instructions.

Lorraine Allchurch our Lead AHP support worker has been successful in securing a national role as part of the Royal College of Speech and Language Therapy. Lorraine will contribute to the development of a new competency framework for SLT Assistants and will provide feedback on the national HEE framework for all AHP Support workers. She is keen to bring any learning and networks back to the Trust to ensure we continue to invest focused development and growth for this vital component of our workforce.

MSK – Patient Feedback

Patient wrote "It was hard work but you were very encouraging throughout. The course gave me confidence that my condition could be managed which was the most important outcome. I realise I'm only at the beginning of my journey to improved mobility but you have given me the determination to continue. I'm very glad I persisted with the course and feel much better for it. The psychological boost was the most important, the older you get the easier it is to let things slide particularly with lockdown and all it involves. Many thanks for your help and if there is a refresher course put my name on the list please!"

As part of our trust commitment to developing our people, our MSK First contact Physiotherapists have started to work on their accreditation through the HEE First Contact Practitioner (FCP) roadmap and are developing links with FCP's within DIHC to ensure all Dudley patients receive the same high quality experience. CMAPS and Therapy Services are recruiting to an Advanced Physiotherapy Practitioner Lead post Band 8b to support the development of advanced practice and extended scope across the breadth of services.

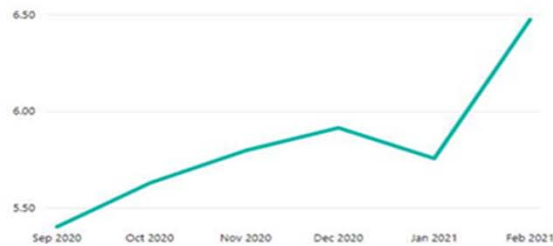
Voice Specialist SLT

The specialist SLT recently treated a patient who had been admitted to RHH numerous times with the diagnosis of possible vocal cord dysfunction/dysphonia. She was seen by her whilst an inpatient and provided emergency rescue breathing exercises and other therapy techniques. On a follow up review as an out –patient this lady reported the change had been significant. She reported feeling more in control and that she doesn't let the feeling of blockage in her throat escalate and feels the rescue breathing with the tube/straw are her "comfort blanket" / a safety net to help her control her panic/anxiety symptoms. She feels if she hadn't have had these exercises she would have been admitted to hospital again.

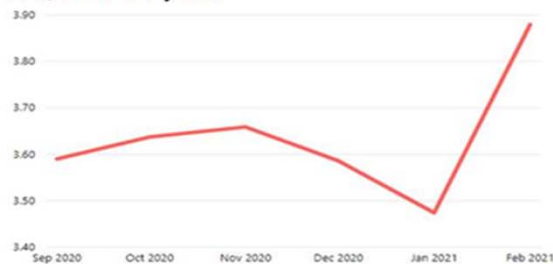
Commitment - Be the place that people choose to work

Last 6 Months - Care Hours per Patient Per Day & Fill Rate

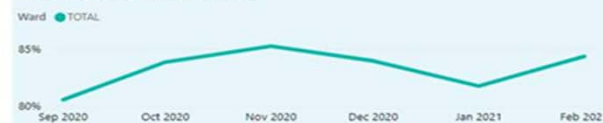
Qual CHPPD by Mth



UnQual CHPPD by Mth



Qual Day % by Mth and Ward



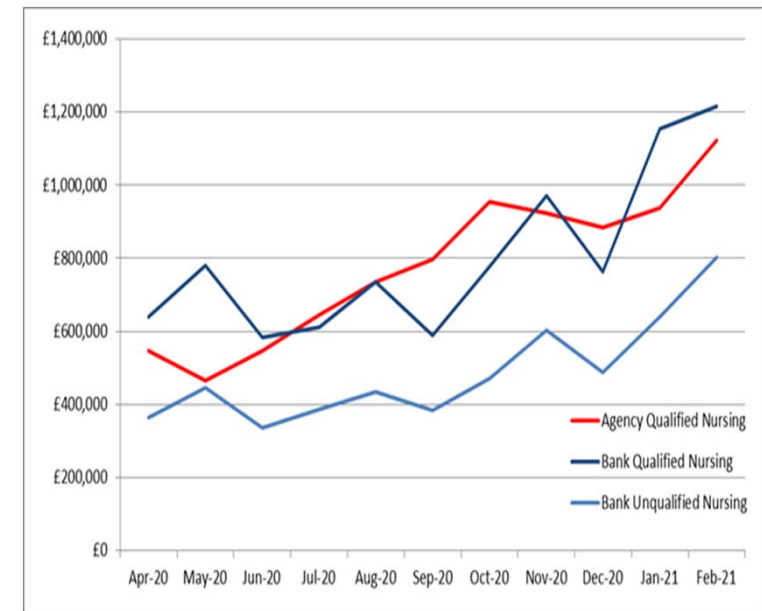
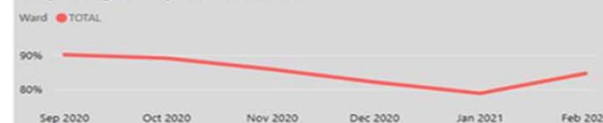
Qual Night % by Mth and Ward



UnQual Day % by Mth and Ward



UnQual Night % by Mth and Ward



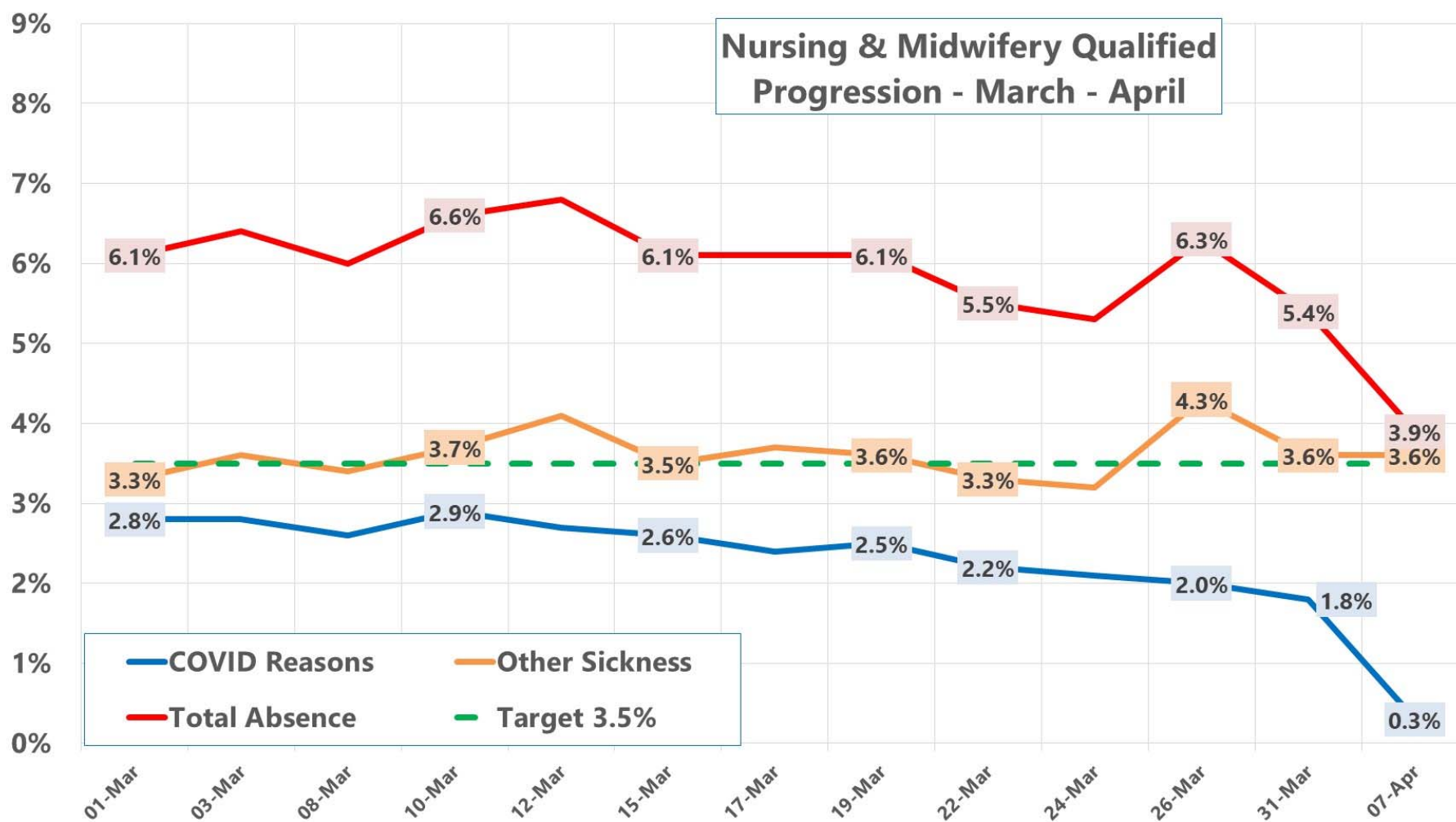
Bank and agency usage continues to be high during February 2021 driven by sickness and vacancies within the workforce. This data mirrors the increase in CHPPD required during the same period. CHPPD have significantly increased during February 2021, this is a reflection of the dependency of our patients and associated care needs.

Fill rates for trained and untrained staff increased during February 2021. However, fill rates for trained staff during the day sits at 84%.

Commitment – COVID Reason Absence Profile – Nursing and Midwifery Qualified on Wednesday 7th April

Daily tracking of sickness absence showed a peak of 6.8% on the 12th March, followed by a downwards trend towards the end of the month to 5.4% on the 31st March including 18 staff who were shielding.

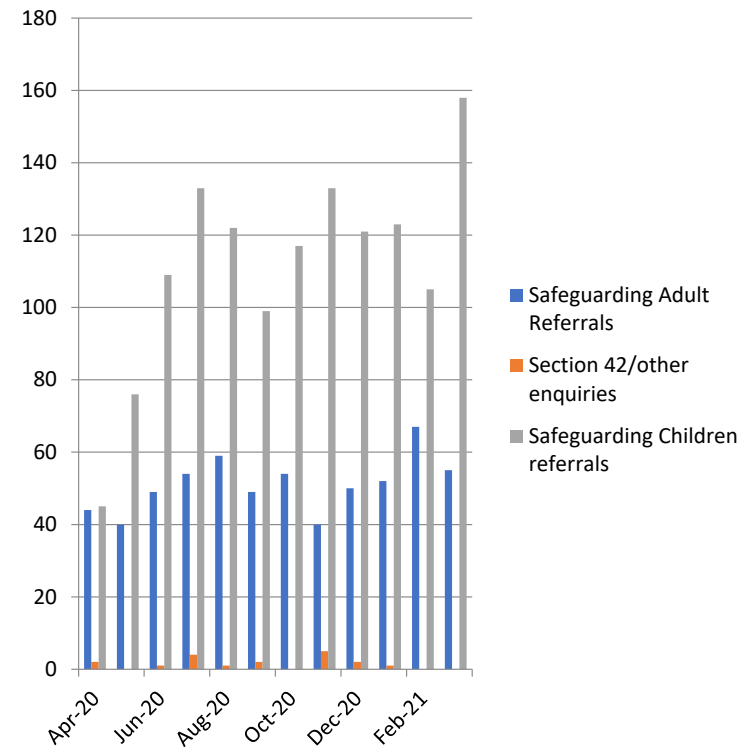
Notably, COVID shielding ended at midnight on the 31st March, and the absence position on Wednesday 7th April shows 0.3% (5 people) of staff absent with COVID out of a total absence of 3.9%.



Courage - Deliver a viable future

Safeguarding

- We have appointed a new Child Protection/Child Death Administrator.
- Safeguarding concerns for children attending ED with mental health issues continues to be the highest reasons for referrals to children's social. Preliminary discussions with partner agencies re ED/Youth Worker project "Reachable Moments" to address continued increase in CYP attendance with mental health, substance misuse issues and peer on peer assault
- Safeguarding supervision has been provided in ED and C2
- The end of year data enclosed.



Paper for submission to the Trust Board April 2021

TITLE:	Infection Prevention and Control Board Assurance Frame Work April 2021		
AUTHOR:	Jo Wakeman – Deputy Chief Nurse	PRESENTER	Mary Sexton – Chief Nurse and Director of Infection Prevention and Control
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
CORPORATE OBJECTIVE: SO2: Safe and Caring Services			
SUMMARY OF KEY ISSUES: <p>This report demonstrates the 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 (IPCBAF) template is completed and shared with Trust board. One of the key areas to combating the COVID-19 crisis relates to robust infection control standards and practices across the Trust. The framework adopts the same headings as the Health and Social Care Act 2008 listing the 10 criterion.</p> <p>The colour coded matrix over the page (before the detailed IPC BAF) demonstrates the many areas which the trust is able to give assurance as evidence of compliance can be confirmed.</p> <p>Updates since last report:</p> <ul style="list-style-type: none"> • IPC training at the time of this report is below target at 84.3% for April 2021. • The Trust has had an external review of IPC standards by NHSI/E on the 6th April 2021. High level feedback provided at time of review and the detailed report will be received within 20 working days. • At the time of this report the Trust has no COVID-19 outbreaks. • This month the Trust has introduced the 5 Moments hand hygiene tool. • There are no red non-compliant areas without mitigation. • DDIPC post remains vacant this has been added to risk register. 			
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	CQC	Y	Details: Safe, Effective, Well Lead

and/or LEGAL REQUIREMENTS	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: <i>The IPC Group and Quality and safety Group are to oversee the continued actions within the IPCBAF to endure compliance with the health and social care act</i>				

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
1.1	<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none">• Infection risk is assessed at the front door and this is documented in patient notes• There are pathways in place which support minimal or avoid patient bed/ward transfers for duration of admission unless clinically imperative• 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.• monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice	<p>The Trust has policies and procedures in place to identify alert organisms in patients admitted to the Trust.</p>	N/A	POCT Feb 2021	
1.2		<p>Patients with symptoms are assessed by ED and are placed into the RED Cohort area of ED; all admissions via ED are screened.</p>	N/A		
1.3		<p>Outpatient flow chart in use. Documentation audits are ongoing monthly.</p>	<p>Frequency of moves not routinely monitored. Re-zoning of clinical areas to meet patient demand often compounds frequent movement of patients.</p>	<p>IPC team monitor movement of any patient positive from COVID and monitor the contacts. Report to be presented at IPC with recommendations for improvement.</p>	
1.4		<p>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.</p>	<p>Information not readily available. Monthly audits reliant on clinical staff assessing their</p>	<p>Consideration for a trust wide system.</p>	

1.5	<ul style="list-style-type: none"> Staff adherence to hand hygiene? 	<p>Zoning SOP in place. Lead nurse sign off for terminal cleaning. Cleaning audits. Senior nurse environmental monthly audits.</p> <p>Outbreak meetings three times a week. IPC inspections un announced.</p> <p>Mandatory training, monthly hand hygiene audits. IPC inspections un announced.</p>	<p>own area. Self-auditing.</p> <p>N/A</p>	<p>Trust wide audit of terminal cleaning of side rooms. IPC team to do trust wide review, to be included work plan.</p> <p>Compliant.</p>	
1.6	<ul style="list-style-type: none"> Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission 	<p>The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place (this is in line with national pathways of low/medium/high)</p> <p>The capacity of the Zones is reviewed 3 times daily at the capacity meetings. IPC attend as required.</p> <p>The infection prevention team have</p>	<p>N/A</p> <p>IPC ward list not a live document due to current workload pressures not</p>	<p>Infection control attend the capacity meetings as required</p>	

1.7	<ul style="list-style-type: none"> 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 	<p>the daily ward list which documents the location of COVID 19 patients and their contacts. BI Power Server introduced by Informatics to monitor COVID changes.</p>	<p>currently updated daily.</p>		
1.8	<ul style="list-style-type: none"> 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. 	<p>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. Staff members encouraged to challenge non-compliance of PPE. Available on all entrances to the trust.</p>	<p>LF is currently voluntary Not all front facing staff are recording results. Lack of data. Local data compliance is not readily available.</p>	<p>LAMP testing in the process of being introduced.</p>	
1.9	<ul style="list-style-type: none"> Training in IPC standard infection control and transmission-based precautions are provided to all staff 	<p>Staff lateral flow system set up. Staff encouraged to record lateral flow results.</p>	<p>N/A</p>	<p>Compliant.</p>	
1.10	<ul style="list-style-type: none"> 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 	<p>Whenever outbreaks are identified, the testing evidence is available. Recorded in outbreak meetings.</p>	<p>N/A</p>	<p>Compliant</p>	
1.11	<ul style="list-style-type: none"> This Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board 	<p>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.</p>		<p>Complaint</p>	

1.12	<ul style="list-style-type: none"> Ensure Trust Board have oversight of ongoing outbreaks and action plans 	<p>SIITREP data submitted to DIPC daily by 11am for sign off before Incident room submit data by 13.00.</p> <p>IPC collect data mon – fri and covered by incident room at the weekends</p>	N/A		
1.13	<ul style="list-style-type: none"> There are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas. 	<p>BAF submitted in timely manner for board review. Updated monthly by IPC, Consultant microbiologist and deputy chief nurse.</p> <p>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.</p> <p>Via board and Quality and safety committee.</p>	N/A	Complaint	
			N/A	Complaint	
				Complaint	
	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G

1.14	<ul style="list-style-type: none"> Compliance with the national guidance around discharge or transfer of COVID-19 positive patients 	<p>Patients who are to be discharged to another care facility (Nursing/Care/LD Home) are screened for COVID 19 as per national guidance. Policy completed to be added to the hub.</p> <p>COVID results are provided to other care providers on transfer with discharge information.</p> <p>COVID status will be added as a separate item on the discharge and transfer information.</p> <p>Where tests are processed in house DMBC PH are informed of any COVID cases in care/nursing homes to enable follow up of patients. Completed.</p> <p>01/12/20 –meeting held for Sunrise prompt care/nursing home patients to be tested for COVID before discharge. Prompt now available on sunrise to trigger screening prior to discharge.</p>	<p>This process is awaiting audit, as some gaps have been identified by stakeholders, where by patients have been discharged to a home without being tested.</p>	<p>Where a patient has been missed the ward is contacted to make them aware. Discharge check lists to be updated.</p>	
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1.15	<ul style="list-style-type: none"> Patients and staff are protected with PPE, as per the PHE national guidance 	<p>PHE guidance in relation to PPE has changed during the COVID pandemic. Staff are updated promptly when new guidance is released via the daily communications. Staff have access to PPE as per PHE guidance. PPE Marshalls are in place, there are posters stating PPE requirements in each of the zones. Executive oversight of PPE stocks.</p> <p>Patients are offered surgical mask upon entry to the hospital. In-Patients are to be offered face masks if they are placed in waiting area, or bay with other patients.</p> <p>All patients are encouraged to wear surgical masks at all times except overnight.</p>	N/A		
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	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
1.16	<ul style="list-style-type: none"> National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way 	<p>The Incident Room, established in response to the pandemic receives all internal and external information in relation to COVID and then forward this, on a daily basis, to all relevant departments. The IPCT review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefing.</p> <p>Daily situation report to PHE/NHSI/E.</p> <p>Latest updated PHE/NHS IPC guidance is included in Trust SOP's (Test & Trace and Zoning SOP's).</p>	N/A		
1.17	<ul style="list-style-type: none"> Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted 	<p>COVID 19 taskforce meeting that reports directly to the Executive Board.</p> <p>Updated national guidance for</p>	N/A	Latest updated PHE/NHS IPC guidance is going through Trust processes currently.	

		isolation of staff contacts reduced from 14 day to 10.			
	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
1.18	<ul style="list-style-type: none"> Risks are reflected in risk registers and the Board Assurance Framework where appropriate 	<p>COVID Operational risks are contained within the corporate and divisional risk registers. The infection prevention framework document will be presented to Board for suggestion of inclusion on the corporate risk register.</p> <p>Risk registers reviewed to ensure all COVID related risks are documented and reported.</p>			
1.19	<ul style="list-style-type: none"> Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens 	<p>Admission assessments include an infection control section which asks if patients have an infection. There are policies and procedures in place to identify alert organisms in admitted patients. These are audited and presented to the Infection Prevention and Control Group for reporting up through the organisation.</p>	<p>The infection control risk assessment in the admission documentation is limited.</p> <p>ICNet system issues –COVID results not always transferred</p>	<p>Live link to sunrise system in place, for COVID-19 results</p> <p>Risk Assessment has been completed, discussed at IPC Committee</p>	

		<p>Surveillance of alert organisms is completed by the IPCT utilising ICNet surveillance system and the national MESS database.</p> <p>Any positive results are reported via sunrise system to inform clinical teams.</p> <p>The PAS is updated with significant infection risks as per policy. Sepsis screens are completed via sunrise.</p> <p>IPC admission risk assessment discussed at November IPC Committee. Feedback requested.</p>		<p>agreed to delay the launch until the new year.</p> <p>IPCT representation on EPR meetings to move forward with implementation of IPC Risk assessment check list</p>	
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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	<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas 	<p>Staff caring for COVID patients, are supported by Matrons, Consultants and IPCT. The medical rotas were adjusted to ensure that those with respiratory experience were assigned to the high COVID areas.</p>	<p>Lack of accurate data to demonstrate compliance</p> <p>Robust process required for managing yearly face fit testing requirements.</p>	<p>Now donning and doffing training completed by the IPCT is documented, going forward this will be included in mandatory</p>	

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

2.4	<p>Increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance</p> <p>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</p> <p>manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance:</p> <p>'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</p> <p>electronic equipment, e.g. mobile phones, desk phones, tablets,</p>	<p>COVID additional cleaning documents and cleaning policy remain in place.</p> <p>The Trust facilities team and infection prevention team have reviewed cleaning requirements through the pandemic, assessing cleaning standards through the audit programme and by gaining feedback from clinical teams.</p> <p>Cleaning audits were recommenced end of April.</p> <p>Audits against cleaning standards reviewed at the IPC Committee.</p> <p>The trust utilises Clinell wipes for decontamination of medical devices and surfaces-Gamma state the wipe are against enveloped viruses and that 60 seconds contact time is required.</p>	N/A		
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	<p>desktops and keyboards should be cleaned at least twice daily</p> <p>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.)</p>	<p>Touch point cleaning continues; this is reviewed 2 weekly by IPC and facilities team. Dedicated staff have been resourced</p> <p>As the COVID cases within the hospital have continued to rise the trusts facilities manager has ensured cleaning resources are increased in high risk areas.</p>			
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	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
2.5	<ul style="list-style-type: none"> Linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken 	<p>COVID positive linen is managed in line with Elis policy (placed into alginate bag and the white bag) which is compliant with PHE guidance-which is available on the Trust.</p> <p>Standard precaution policy has been updated to include the colour code</p>	<p>Noted that the Trust does not have a linen policy, a section on linen is included in the standard precaution policy this is currently being updated to include the contractors colour coding which is currently in place across the clinical areas</p>	<p>Information regarding the correct bagging is held on the Hub and the practice is monitored via annual audit process and Quality Rounds</p>	
2.6	<ul style="list-style-type: none"> Single use items are used where possible and according to Single Use Policy 	<p>As far as possible single use items have been used, as documented in the Decontamination and decontamination of medical devices policy available on the HUB. 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</p>	<p>Due to COVID crisis frequency of audits has been reduced.</p>	<p>IPC Annual audits have now commenced and Quality Rounds</p>	
2.7	<ul style="list-style-type: none"> Reusable equipment is appropriately decontaminated in line with local and 	<p>Reusable non-invasive medical devices are decontaminated using</p>	<p>Evidence of application of policy required</p>	<p>Ensure audits continue as</p>	

	PHE and other national policy	<p>disinfectant 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.</p> <p>Pseudomonas serious incident ongoing. Reported to risk and assurance.</p> <p>Reports from Medical engineering team that wards are not using correct processes, escalation in place to report noncompliance to improve current practice</p>	<p>Nominated Decontamination Lead required-include on risk log.</p>	<p>planned via the annual audit programme.</p> <p>Use of Datix system to report non-compliance in place.</p> <p>Quality Rounds commenced</p>	
2.8	<ul style="list-style-type: none"> Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission 	<p>The Estates department as part of the hot weather plans have been installing where possible portable air conditioning units and have reviewed ventilation at the Trust.</p> <p>The estates team hold details regarding air changes according to site plans.</p> <p>Communications held with matrons regarding the benefits of periodically opening windows to aid air exchanges within clinical areas.</p>	N/A	<p>Installation of air conditioning units.</p> <p>Periodic opening of windows to dilute air.</p>	
2.9	<ul style="list-style-type: none"> Monitor adherence environmental decontamination with actions in place to mitigate any identified risk 				
2.10	<ul style="list-style-type: none"> monitor adherence to the 				

	decontamination of shared equipment with actions in place to mitigate any identified risk	Cleaning Audits submitted monthly 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	<p>Systems and process are in place to ensure:</p> <ul style="list-style-type: none"> • Arrangements around antimicrobial stewardship are maintained • Mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<ul style="list-style-type: none"> • Antimicrobial Pharmacy referrals in place. • AMS ward rounds (Antimicrobial Pharmacist led) • AMS annual report provided. • AMS update is regularly provided to Medicines management Group and Drugs and therapeutics Group. • Consultant Microbiologists available via switch board 24/7 for consultation. • Antimicrobial prescribing Snap 	<ul style="list-style-type: none"> • Antimicrobial stewardship group meetings. • Micro/Antimicrobial Pharmacist ward rounds not happening as often as before Pandemic due to isolations and remote working. • Rigorous monitoring not possible currently. 	<p>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 prescribing audits.</p>	

		<p>shot audits.</p> <ul style="list-style-type: none"> Procalcitonin testing introduced as part of covid screening to reduce inappropriate prescribing of antimicrobials. 		<p>Infection control Nurses to support AMS activity.</p> <p>EPMA now in place to allow ongoing monitoring of prescriptions</p>	
4 Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion					
	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
4.1	<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> Implementation of national guidance on visiting patients in a care setting 	<p>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.</p> <p>Visiting Policy to be updated to reflect current visiting advice. Information regarding visiting during the COVID crisis is provided via automated message on calling direct to Trust switchboard.</p>	N/A		
4.2	<ul style="list-style-type: none"> Areas in which suspected or 	Signage is placed on entrances to	N/A		

	confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	wards and other clinical settings stating restricted access. In addition have zoning SOP, zoning notices and poster with PPE requirements for the area.			
4.3	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Infection status is communicated to 	There is a patient transfer checklist	Assurance required regarding	To be reviewed as	

	the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	<p>which asks-infection type if the patient requires barrier nursing or side room and requests current observations.</p> <p>As previously documented there is a discharge and transfer checklist (which will be updated to specifically include COVID) and COVID status is included in all discharge documentation to all other healthcare providers.</p> <p>COVID test results for intra trust transfers are documented on Sunrise.</p> <p>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.</p>	evidence of completion	<p>part of the monthly documentation audit.</p> <p>Clinical teams informed, audit to be repeated to monitor progress.</p>	
	5 Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people				
	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
	Systems and processes are in place to ensure:	Please refer to section 1.	N/A		

5.1	<ul style="list-style-type: none"> Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection 	<p>There is the zoning document for in-patient admissions which covers patient placement.</p> <p>ED have a flow chart describing the designated 'red area' which is separate to the rest of ED with dedicated staff for suspected COVID patients.</p> <p>Lateral Flow tests for ED patients to be introduced.</p>			
5.2	<ul style="list-style-type: none"> Patients with suspected COVID-19 are tested promptly 	<p>As per national guidelines testing for acute admissions is completed on admission to ED (detail included in both zoning SOP and patient flow policies). A process for screening of elective cases is in place and delivered via a drive through system.</p> <p>Testing is completed on admission via ED, elective cases before admission via drive through system.</p> <p>Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required.</p>	N/A		

		<p>Patients' observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system; the results are reported via this system also.</p>			
5.3	<ul style="list-style-type: none"> 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 	<p>As described in the zoning SOP and draft COVID policy. Symptomatic patients are treated in side rooms where possible. Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required. Patients observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system, the results are reported via this system also. New cases which occur within the hospital setting 2> days after admission are contact traced by the ICT. A list of contacts is kept by IPCT to monitor the for their location and symptoms, contacts are then tested on day 5 after contact.</p> <p>Test and trace flow chart in place, which describes the contact tracing risk assessments.</p>	N/A		

5.4	<ul style="list-style-type: none"> Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately 	<p>Where possible out patients appointments are conducted virtually or by telephone. Some clinics are appointments, before patients attend they are asked if they have symptoms, if patients has symptoms and they have to attend they are asked to wear a surgical mask and decontaminate hands and would be placed last on the list.</p> <p>Phlebotomy clinics have commenced at the main hospital patients have to book appointments and social distancing is in place.</p> <p>Currently all patients attending the OPD are screened via symptom enquiry and temperature check if necessary, asked to decontaminate hands and wear a face mask. The majority of OPD appointments are being conducted virtually or by telephone.</p>	N/A		
5.5	<ul style="list-style-type: none"> Face masks are available for all patients and they are always advised to wear them 		Not monitored.	Patient information, staff encouraging patients to wear face masks within the day. Public notices, posters.	
5.6	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> There is evidence of compliance with routine patient testing protocols 	Information provided in policies.		Dashboard required to monitor compliance.	
			Data not gathered and		

		<p>Patients are requested to wear a face mask at all time other than when asleep.</p> <p>Manual process as part of the outbreak meetings that take place three times a week.</p>	reported on.		
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	<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> All staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe 	<p>IPC mandatory training via e learning has continued, face to face training was suspended during March 2020 but now back in place with social distancing, this has reduced face to face capacity.</p> <p>COVID briefing sessions in Lecture theatre were held, now virtually.</p> <p>Face Fit testing</p> <p>Training PPE donning and doffing</p> <p>HUB information with inks to PHE</p>	<p>General face to face IPC training was suspended; therefore training compliance has reduced. Prompts sent by divisional leads to remind staff to complete training.</p>	<p>IPC Mandatory training is now in place.</p> <p>Face fit testing database now in place</p>	

		<p>guidance and videos</p> <p>The core IPC mandatory training has been updated to include specific COVID training.</p> <p>Trust reviewing the updated PHE/NHS IPC Guidance for implementation at the Trust.</p> <p>Trust compliance for IPC training effective from 13.11.2020 is 86.7%</p>			
6.2	<ul style="list-style-type: none"> All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it 	<p>At the height of the pandemic PPE marshals were trained by IPCL Nurse to enable them to complete checks and assist staff.</p> <p>IPCT, Matrons have provided training to clinical areas posters are displayed at ward entrances stating what PPE is required and within the donning and doffing areas posters are displayed with pictures of how to don and doff. PHE videos are also available.</p> <p>Half face respirators have been purchased and distributed by the trust.</p> <p>Two staff fully trained as super fit testers. Ability to train the trainers.</p>	N/A	Communications via huddles and email to all to remind staff of PPE requirements	

6.3	<ul style="list-style-type: none"> A record of staff training is maintained 	IPC Mandatory training records are held centrally in ESR. Fit test records are held by staff and divisional managers.	The central database for face fit testing does not hold all details of staff face fit tested	Live data base in place for face fit testing. Face fit testing, Donning and Doffing included in priority 1 training requirement	
6.4	<ul style="list-style-type: none"> Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed 	<p>Stocks are monitored by the procurement team and perceived deficits are reported to the executives so mitigation actions can be instigated promptly.</p> <p>If required in acute shortages the PHE guidance for reuse off PPE could be implemented.</p>	N/A		
6.5	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Adherence to PHE national guidance on the use of PPE is regularly audited 	<p>There is no formal COVID PPE audit.</p> <p>PPE Marshalls in place, matron, lead nurse and IPCT checks completed Clinical team complete stock checks. Developing a specific audit for PPE use.</p> <p>PPE use is included as part of the routine ward audit.</p> <p>Datix reports of failure to follow PPE advice are reviewed.</p>		COVID PPE audit, audit tool in draft Quality Rounds Commenced	
6.7	<ul style="list-style-type: none"> Staff regularly undertake hand hygiene and observe standard infection control precautions 	<p>The hand hygiene saving lives audits have continued and 100% compliance has been reported across services (that returned an audit) in Q4 and Q1. This level of compliance requires an independent review the IPCT are planning to launch IPC quality rounds to support clinical staff with auditing.</p> <p>Hand Hygiene training is covered within mandatory training.</p> <p>Hand dryers are not located within clinical areas, paper towels in dispenser are provided in line with national guidance along with instructions of how to perform hand hygiene- including drying.</p>	Independent review of hand hygiene required	Introduction of the 5 moments hand hygiene.	
6.8	<ul style="list-style-type: none"> 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 			IPCT visited all wards to introduce tool.	
6.9	<ul style="list-style-type: none"> Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas 			Tool evidence collated on AMat	

6.10	<ul style="list-style-type: none"> Staff understand the requirements for uniform laundering where this is not provided for on site 	<p>Uniform policy in place, reminders sent out in communications via COVID update email</p> <p>Limited changing room facilities availability across the trust.</p>	N/A		
6.11	<ul style="list-style-type: none"> All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms 	<p>Staff Huddles completed, information shared via intranet, email and posters.</p> <p>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.</p>	N/A		
6.12	<ul style="list-style-type: none"> 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 	<p>Staff Temperature Checking in progress</p> <p>Test and trace flow chart in place and communications distributed regarding self-isolation</p>	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: <ul style="list-style-type: none"> Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate 	<p>The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place (updated January 2021).</p> <p>The capacity of the Zones is reviewed 3 times daily at the capacity meetings</p>	N/A		

		<p>The infection prevention team have the daily ward list which documents the location of COVID patients and patients with resistant/alert organisms.</p> <p>Zoning SOP available on the HUB.</p>			
7.2	<ul style="list-style-type: none"> Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance 	<p>Cohorting of (positive/negative and patients awaiting results) patients into bays, patients have to be spaced with curtains drawn in between patients, no fans and doors closed. Zoning SOP is in place. The hospital has limited space to have separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems.</p>	Gap identified, mitigated for this trust	<p>Hospital environment limited</p> <p>Areas segregated and social distancing in place</p> <p>Zoning SOP in place</p> <p>Policy is in draft</p>	
7.3	<ul style="list-style-type: none"> Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 	<p>IPCT complete surveillance of alert organisms using ICNet, IPCT document on ICNet actions taken and advice given and if necessary document in patients notes regarding precautions required isolation. IPCT policies in place: isolation, MRSA, CPE, C.diff</p>	N/A		
8 Secure adequate access to laboratory support as appropriate					
	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating	R.A.G

				Actions	
8.1	There are systems and processes in place to ensure:	Staff that are obtaining swab samples are trained to do so. A training package has been devised; staff have the opportunity to shadow and then complete a screen under supervision. Testing of the COVID swabs is undertaken in accredited laboratories.	N/A	Matrons informed during Huddles regarding testing required.	
8.2	<ul style="list-style-type: none"> Testing is undertaken by competent and trained individuals Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance 	Community staff weekly testing requirement: collaborative approach with CCG and DMBC PH have weekly testing for health care workers who attend care/nursing homes.		Information also available on the hub and communications update.	
8.3	<ul style="list-style-type: none"> Screening for other potential infections takes place 	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			
8.4	<ul style="list-style-type: none"> That all emergency patients are tested for COVID-19 on admission 	Lateral flow testing commenced W/C 23/11/2020. All clinical and non-clinical staff.			
8.5	<ul style="list-style-type: none"> That those inpatients who go on to develop symptoms of COVID-19 after admission are retested at the 	MRSA screening has continued along with clostridium difficile tests for patients who have diarrhoea.		Compliant.	
		All other screening has continued as pre COVID crisis.			

	point symptoms arise				
8.6	<ul style="list-style-type: none"> That those emergency admissions who test negative on admission are retested on day 3 of admission, and again between 5-7 days post admission 			Compliant.	
8.7	<ul style="list-style-type: none"> That sites with high nosocomial rates should consider testing COVID negative patients daily 	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). 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	<ul style="list-style-type: none"> 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 known 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	<ul style="list-style-type: none"> 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. 			Compliant.	

8.10	<ul style="list-style-type: none"> 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. 	<p>Prompts on SUNRISE system. Reviewed as part of the outbreak meetings.</p> <p>Trust have reviewed and are unable. Therefore do not have the resources to carry out daily testing of negative patients. Insufficient capacity.</p> <p>On discharge checklist.</p> <p>Commissioned care home for COVID-19 positive patients.</p> <p>All elective patients are tested. SOP in place.</p>	<p>Not reported anywhere within the trust.</p>	<p>Compliant.</p> <p>Partial compliance. Divisional chief nurse to report compliance within IPC report.</p>	
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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	<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> Staff are supported in adhering to all IPC policies, including those for other alert organisms 	<p>IPC policy adherence is completed by IPCT visits, training and via Saving Lives audits.</p>	N/A		
9.2	<ul style="list-style-type: none"> Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff 	<p>The IPCT receive email alerts from PHE which describe any changes in guidance, the IPCT also review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefings.</p> <p>(See previous information regarding Incident Room cascading all relevant COVID information throughout the Trust)</p> <p>Zoning SOP being reviewed in light of new guidance</p>	N/A		
9.3	<ul style="list-style-type: none"> All clinical waste related to confirmed or suspected COVID-19 cases is 	<p>Waste streams on yellow and blue zones are clinical waste: orange bag.</p>	N/A		

	<p>handled, stored and managed in accordance with current national guidance</p>	<p>Some reports received of improper disposal Interserve have communicated issues to areas concerned.</p> <p>The national guidance for the disposal of face masks has been updated to stated that face masks which have not been used for clinical tasks can be disposed of in to the domestic waste stream.</p> <p>Tiger stripe clinical waste stream has be implemented across the wards-when a case has been identified then orange waste stream is used</p>			
9.4	<ul style="list-style-type: none"> PPE stock is appropriately stored and accessible to staff who require it 	<p>A central store is maintained by procurement, who distribute PPE according to need to ensure adequate stocks, there is out of hours access.</p> <p>On entrance to clinical areas there is available stock of PPE. Staff obtain replacement stock directly from procurement.</p> <p>IPCT sit on PPE Cell meetings with Health and Safety, Procurement and clinical skills.</p> <p>Half face respirators have been purchased and distributed by the trust</p>	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	<p>Appropriate systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported 	<p>Staff in the following groups have been identified:</p> <ul style="list-style-type: none"> Over 70's Pregnant Staff BAME Staff Staff with underlying conditions <p>Line managers of 'at-risk' groups have been tasked with completing risk assessments to identify risks and consider adjustments where appropriate with the support of Staff Health & Wellbeing and HR.</p> <p>Staff members identified as vulnerable are being supported appropriately to ensure both their physical and psychological wellbeing is supported.</p> <p>There has been an active programme of undertaking risk assessments for all staff, this is an on-going process which line managers will review appropriately.</p> <p>The risk assessment process is ongoing and returns continue to be monitored.</p>	N/A	Vulnerable staff may not disclose to employer, therefore all staff to have risk assessment completed	

		The Trust commenced COVID vaccination programme on 29/12/20 priority is to be given to patients over 80 years and staff with increased risk.			
10.2	<ul style="list-style-type: none"> Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained 	<p>Health & Safety are keeping and maintaining records of all staff members that have undertaken FFP3 Face Fit Testing.</p> <p>The trust has ordered replacement reusable respirators (half face and hood systems) Medium and large respirators have arrived into the trust and have been distributed. Small half respirators awaiting distribution.</p>	N/A		

10.3	<ul style="list-style-type: none"> Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance 	<p>Zoning SOP sets out that staff should not work across areas where possible, although due to patient safety issues movement of staff may occur.</p> <p>During the height of the pandemic the Trust Interserve partner worked with IPCT to organise 'runners' for clinical areas where COVID patients were cohorted, this was required to reduce footfall. In response to the current fall in cases the resource has been utilised for touch point cleaning within out-patients and main hospital corridors.</p> <p>The hospital has limited space to have totally separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems.</p> <p>As we come out of the pandemic and have fewer cases, nursing staff will be allocated to care for COVID patient per shift.</p> <p>As cases have increased, blue zone capacity within the hospital has been increased, with dedicated nursing teams as far as practicable.</p>	Appropriate workforce numbers to maintain segregation of zones.	Zoning SOP and areas are segregated with one way systems	
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10.4	<ul style="list-style-type: none"> All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas 	<p>The Trust has provide staff with detailed guidance with regards of social distancing a standard operating procedure is in place, posters and markings on floors, including one way systems in some areas and floor markings within lifts including maximum capacity.</p>	N/A		
10.5	<ul style="list-style-type: none"> Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas 	<p>Staff are provided with face masks when they enter the building and can obtain face masks from their manager.</p> <p>Precautions are in place with regards of staff completing touch point cleaning as described within the social distancing SOPs</p> <p>The Trust has reviewed staff rest area space as they are currently limited within ward areas-breaks are being staggered and the trust is now providing tables with 1 or 2 chairs within the main canteen areas.</p> <p>CCG Quality visit completed 20/08/2020 no issues identified and embedded processes found.</p>			
10.6	<ul style="list-style-type: none"> Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing 	<p>All COVID related absence is reported centrally through a COVID Workforce inbox to ensure that all absence is monitored and reviewed on a daily basis.</p>	N/A		

		<p>This information feeds directly in Staff Health and Wellbeing on a daily basis, who then contact the staff member or associated member to provide access to staff testing. Line managers are expected to maintain contact and ensure support is in place for all staff self-isolating and the Trust maintains a returner profile, identifying when staff are predicted to return.</p>			
10.7	<ul style="list-style-type: none"> Staff that test positive have adequate information and support to aid their recovery and return to work. 	<p>If the staff member has been swab tested by the Trust, negative results are sent via text and positive results are contacted by SHAW.</p> <p>If the staff member has received a test for antibodies by the Trust, test results are given via text message- this service has now ceased.</p> <p>Regarding a positive result staff are advised to stay off work for a minimum of 10 days and can return to work after 10 days if they are symptom free for 48 hours, in line with PHE guidance.</p> <p>The Trust have increased the Staff Health and Wellbeing provision, including access to an Occupational Health Physician and 24/7 access to personalised, on-demand advice and support from our team of mental health, financial, and legal experts.</p>	N/A		

Paper for submission to the Board of Directors on 15 April 2021

TITLE:	Maternity and Neonatal Safety and Quality Dashboard		
AUTHOR:	Dawn Lewis Head of Midwifery	PRESENTER	Mary Sexton Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
<ul style="list-style-type: none"> 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 the receipt of the Neonatal Nursing and Medical staffing review To record in the minutes the engagement of all Non Executive Directors with the Head of Midwifery at their recent development session. 			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> Progress against the CNST Maternity Incentive Scheme 10 safety actions and all are on track to be achieved Perinatal mortality information The maternity transformation achievements particularly improved outcomes for women cared for by a continuity of carer team. The launch of a further continuity of carer team Staff engagement Midwifery Workforce and the plans for achieving both BirthRate Plus recommendations and the workforce recommendation following the Ockenden report. 			
IMPLICATIONS OF PAPER:			

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	Y	Details:
	Other	N	Details:
REPORT DESTINATION	Board of directors	Y	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

REPORTS FOR ASSURANCE

Maternity Monthly Report

Report to Trust Board on 15 April 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 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
- Perinatal mortality
- Maternity Improvement Plan
- Service User Feedback
- Maternity staffing for March
- Maternity staffing requirements

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 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 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 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. A third and final update was published in March 2021

2.2.4 The maternity service has undertaken a self assessment against the current incentive scheme and considers that there are 4 areas for focus in order to deliver full achievement.

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. In April we will also relaunched the governance newsletter which includes learning	June 2021
2	Are you submitting data to the Maternity Services Data Set to the required standard?		The required standard has been achieved for the January data however a significant additional workaround had to be done to ensure data is complete. The introduction of the maternity EPR will negate the need for this workaround once the EPR has been implemented.	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.	June 2021
4	Can you demonstrate an effective system of medical workforce planning to the required standard?		The obstetric staffing audit has been completed to requirements. There were no 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	June 2021

			<p>workforce – 100% of ACSA standards are met.</p> <p>The specific requirements for the neonatal workforce as indicated by BAPM and an action plan to address the gaps</p> <p>The workforce plan as <i>Appendix 1</i> incorporates all the gaps highlighted in the Neonatal Critical Care Transformation review and incorporates both nursing and medical workforce</p>	
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		<p>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.</p> <p>A full report of maternity staffing for the past 12 months will be included in the next Board paper</p>	June 2021
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle?		<p>The Trust is fully compliant with the five elements of the care bundle, a further improvement since last month. We are in the process of recruiting to a dedicated fetal wellbeing midwife.</p>	March 2021
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?		<p>The Maternity Voices Partnership has continued to meet virtually during 2020 and into 2021.</p> <p>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.</p> <p>Collaborative working across the Black Country and West Birmingham LMNS offers support and sharing of best practice amongst the four Trusts and other Stakeholders.</p>	
8	Can you evidence that 90% of		This is on target for compliance	June

	each maternity unit staff group have attended an 'inhouse' multi-professional maternity emergencies training session within the last training year?		despite the challenges posed by COVID 19 and the demands on all staff but especially theatre and anaesthetic teams	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 in person for the Non Executive Board Maternity champion to accompany the Chief Nurse as Executive Board maternity and neonatal board safety champion on the walkaround in maternity and neonatal areas. A further walkabout is planned for 8 th April 2021. 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 pathway. A further continuity of care team has been established and went live on 1 st April 2021.	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.

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

2.3.8 Neonatal Deaths – There has been 1 neonatal death during the month of March and this has been reported as a serious incident via the STEIS process and referred to HSIB for investigation.

2.3.9 HSIB Referrals The neonatal death above has been referred to HSIB with permission from the parents as per HSIB criteria. A further referral was made again with parents permission again as the event was part of HSIB criteria however HSIB are awaiting test results before deciding if they are required to review. 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 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 Black Country and West Birmingham.

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. Of particular note is the reduction of induction of labour, increased breastfeeding initiation rates and the satisfaction of the women for whom they have provided care.

2.4.4 The second continuity team Daisy team went live on 1st April 2021 they are focusing on providing care to women who live in areas of the borough that have higher deprivation

2.5 Service User Voice Feedback

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

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

2.5.3 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

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 Funding has been secured via the BCWB LMNS to provide some mentorship for the MVP chair in order to develop their leadership and sharing skills.

2.5.6 Members of BCWB LMNS engagement workstream are planning a business case for funds to engage Gateway family services across the whole LMNS

2.5.7 The maternity service also utilises social media as another means to gauge feedback in both open and closed groups. A number of very positive messages have been received over

the past month from women who have experienced care within our services. Many of these mention feeling safe and well cared for by the maternity team.

2.6 Staff Feedback from frontline champions and walk-about

2.6.1 The Executive and Non Executive Board level safety champions plan to carry out a further walkabout of the maternity and neonatal units in April .

2.6.2 The head of midwifery was invited to attend the Non Executive Directors development session to discuss the Ockenden report, the recommendations and subsequent action plan and their implications for the Trust and for the Trust Board.

2.6.3 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.

2.6.4 The Chief Executive and Chief People Officer have undertaken engagement sessions with the maternity team at the end of March.

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 wte clinical 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 local 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. A proposal is being written for presentation to the Executive Directors and the Trust will participate in the bids for national funding for maternity staffing both midwifery and obstetric via the LMNS in the next month in order to achieve these recommendations.

2.7.4 The crude birth to midwife ratio is calculated monthly using Birth Rate Plus methodology and the rolling annual delivery rate, it is included on the maternity dashboard. The most recent calculation was a ratio of 1:31 although this was calculated against establishment in post and did not take into account maternity leave and Covid absence. The recommended ratio based on the previous Birthrate Plus assessment should be 1:27

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

2.7.6 the following table outlines percentage fill rates for the in patient areas for March

	Day qualified %	Night qualified%
March 2021	92	89

3 RISKS AND MITIGATIONS

3.1 As predicted in last months report the release of the updated guidance for CNST maternity incentive scheme has helped to mitigate the risk of failure to achieve all ten safety actions. All actions are on track to be achieved within the time scales set.

3.2 The Trust has not achieved the ambition of 35% of women on a continuity of carer pathway by the end of March 2021. It is recognised that the challenges faced over the past year by all maternity services have impacted on the ability to achieve this indicator. However we are progressing with the actions to extend the number of teams providing continuity of care in April 2021 and beyond. This demonstrates 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 6.4. 2021

Action Plan – Neonatal Critical Care Transformation Review Workforce Plan

Manager/Lead	Karen Anderson		
Associated Staff	Julie Marks / Jackie Waldron / Dr Yeshwant / Sarah Waddams / Michelle Haddock / Ann Marsh		
Actions Identified	Yes		
Date Action Plan agreed	22.03.21	Deadline for all actions	25.03.22

Action not started	Action underway	Action completed and full assurance received
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No	Date Action Agreed	Recommendation	Actions Required	By whom	How will you know action taken (assurance)	Progress to date	Date action to be completed	Status (rag)
1.	22.10.20	Undertake a nursing workforce calculation using the CRG work force staffing (Dinning) tool	Calculation to be completed annually	Head of Children's Service	Completed tool is available for review	Review undertaken 20.10.2020	Complete	
2.	22.10.20	Workforce for registered nurses needs to be increased by 7.31 WTE to achieve workforce standard	Risk of non-compliance to national standard to be added to risk register	Head of Children's Services	Risk on the Register	25.03.21 Risk awaiting review at Divisional Governance Meeting	30 th April 2021	
			Liaison with ODN to identify any funding made available for staffing shortfalls through the Neonatal Critical Care Review (NCCR)	Head of Children's Services	Engagement with ODN	25.03.21 Submission to ODN made utilising Dinning Tool (17.03.21). Awaiting feedback from NHSE/I	Ongoing	

Appendix 1

No	Date Action Agreed	Recommendation	Actions Required	By whom	How will you know action taken (assurance)	Progress to date	Date action to be completed	Status (rag)
			Business case to address shortfall in budget establishment	Head of Children's Services	Business case completed	25.03.21 Awaiting feedback from ODN to identify any funding available via NHSE/I.	30.09.21	
3.	22.10.20	Assessment of medical workforce to ensure compliance with recommended standards – ensuring independent rota for NNU for Tier 4 medics	Assessment of compliance to be undertaken	Clinical Service Lead	Compliance to be reported through governance framework			
4.	22.10.20	Succession plan for Advanced Neonatal Nurse Practitioners to support tier 2 rota for Neonatal Unit	Identify funding stream for trainee ANNP	Head of Children's Services	Availability of budget	25.03.21 Current post holder is retiring so budget available to backfill training post	30.06.21	
			Review job description and person specification	Head of Children's Services	JD and person spec reviewed	25.03.21 Completed	25.03.21	
			Identify funding for the MSc in Advanced Practice	Head of Children's Services	Availability of funding	25.03.21 reviewing the possibility of training to be completed via apprenticeship levy	30.04.21	

Appendix 1

No	Date Action Agreed	Recommendation	Actions Required	By whom	How will you know action taken (assurance)	Progress to date	Date action to be completed	Status (rag)
5.	22.10.20	Increased dietetics support for the NNU and associated outpatient activity (0.8 WTE)	Review of current provision and business case needed to support increase	Lead for Dietetics	Increased dietetics support		30.09.21	
6.	22.10.20	Introduction of neonatal chest physiotherapist support for the NNU (0.5 WTE)	Review of current provision and business case needed to support increase	Service Manager for Paediatrics	Increased physio support		30.09.21	
7.	22.10.20	Increased pharmacy support (0.4 WTE)	Review of current provision and business case needed to support increase in resource	Divisional Lead Pharmacist	Increased pharmacist		30.09.21	
8.	22.10.20	Introduction of Occupational Therapist (0.5 WTE)	Complete business case to identify funding	Service Manager for Paediatrics	Implementation of Occupational Therapist		25.03.22	
9.	22.10.20	Introduction of Family Integrated Care Practitioner (0.6 WTE)	Review of current provision and business case needed to support increase	Lead Nurse NNU	Implementation of Family Integrated Care Practitioner		25.03.22	
10.	22.10.20	Introduction of Psychology support for staff, parents and carers (0.4 WTE)	Complete business case to identify funding	Clinical Service Lead	Implementation of Psychologist		25.03.22	
11.	22.10.20	Introduction of Care Co-Ordinator role (0.4 WTE)	Complete business case to identify funding	Lead Nurse NNU	Implementation of Care Co-Ordinator		25.03.22	

Paper for submission to Board of Directors April 2021

TITLE:	7DS Update		
AUTHOR:	Dr Paul Hudson	PRESENTER	Dr Julian Hobbs
CLINICAL STRATEGIC AIMS			
		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other (Assurance)
			Y
RECOMMENDATIONS			
The board is asked to note the updated 7DS position			
CORPORATE OBJECTIVE:			
SO2 Safe and caring services			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> National reporting of the standards remains suspended due to COVID-19 The previous paper reported compliance against 4 priority standards Further audit of diagnostic standards undertaken and reported in November 2020 showing significant progress since the 7DS standards were introduced. Internal audit (RSM) undertaken for additional assurance and has provided a series of recommendations to strengthen the reporting process and review the 7DS strategy which will be completed as part of the wider Clinical Services Strategy that is being drafted. A full re-audit of the standards is scheduled on the Audit plan for Q2. 			
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, Well Led
	NHSI	N	Details:

	Other	Y	Details: GMC Good Medical Practice NHS Framework for Quality Assurance for Responsible Officers
REPORT DESTINATION	Board of directors Execs	Y	DATE: April 2021
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

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

The Dudley Group NHS Foundation Trust – April 2021

1.0 Introduction

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

This paper will outline progress made to date and a summary of the internal audit recommendations received in January 2021 to strengthen performance. It should be noted that national reporting has been suspended due to COVID 19 pressures.

2.0 Objective

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

The Four Priority Clinical Standards

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

3.0 Summary of results

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

3.1 Standard 2 and Standard 8

We have achieved **92%** for standard 2 and for standard 8 94% for once daily review and 87% for twice daily reviews. These results reflect data prior to Covid-19 during the surges of which compliance improved due to the change in the ED pathway ensuring all patients were seen by a Medical Consultant prior to admission and enhanced support of MHDU by Critical Care Consultants.

Outstanding issues:

Endocrinology

Remains the only non-compliant medical speciality. Currently 6 Consultants, 5 of whom undertake on call as part of the General Internal Medicine (GIM) rota, supporting the Acute Medical Team, which currently has a number of vacancies, to provide more in reach into the Emergency Department. Moving to a fully compliant 7DS would threaten their involvement with the GIM rota. Action: Currently plans in place to deliver one Consultant ward round per weekend of the endocrinology ward moving to full compliance if able to recruit one additional Consultant. This will be formalised in the current round of job planning that is underway.

3.2 Standard 5 and 6

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

4.0 Assurance

The Trust sought further assurance on compliance through internal audit the report provided assurance against the standards with the exception of Priority Standard 5 (Diagnostics). After benchmarking against regional practice and in line with other local trusts this had been reported as reflecting the availability of services and not the delivery of reporting within the set timescales. Work is underway to address this. The report highlighted an opportunity to review the 7DS Strategy and this is being completed as part of the wider Clinical Strategy review being undertaken.

The compliance with 7 day services will be assessed as part of Job Planning Consistency Committees due to commence in April 2021. A full audit of the standards is scheduled to commence in Q2 and conclude in Q3.

5.0 Future developments

ITU, MHDU & MECU

Following the estates work completed during COVID-19 plans at advanced stage to combine ITU, SHDU and MHDU into one mixed level 2 & 3 unit further enhancing compliance with the twice daily review of critically ill patient for standard 8. A level 1+ Medical Enhanced Care Unit will remain in the MHDU footprint (the Surgical equivalent Postoperative Care Unit (POCU) is fully functional).

Real time monitoring

Radiology department now monitor compliance on a daily basis with the CD reporting to the twice weekly medical huddle. Monthly trend data is included as Appendix 2.

Electronic ward round documentation was introduced in January 2021 which allows daily reporting per clinical area of patients who have had a Consultant review.

<http://reporting.information.dudleygoh-tr.wmids.nhs.uk/reports/powerbi/Inpatients/Inpatient%20Ward%20Round%20Documents>

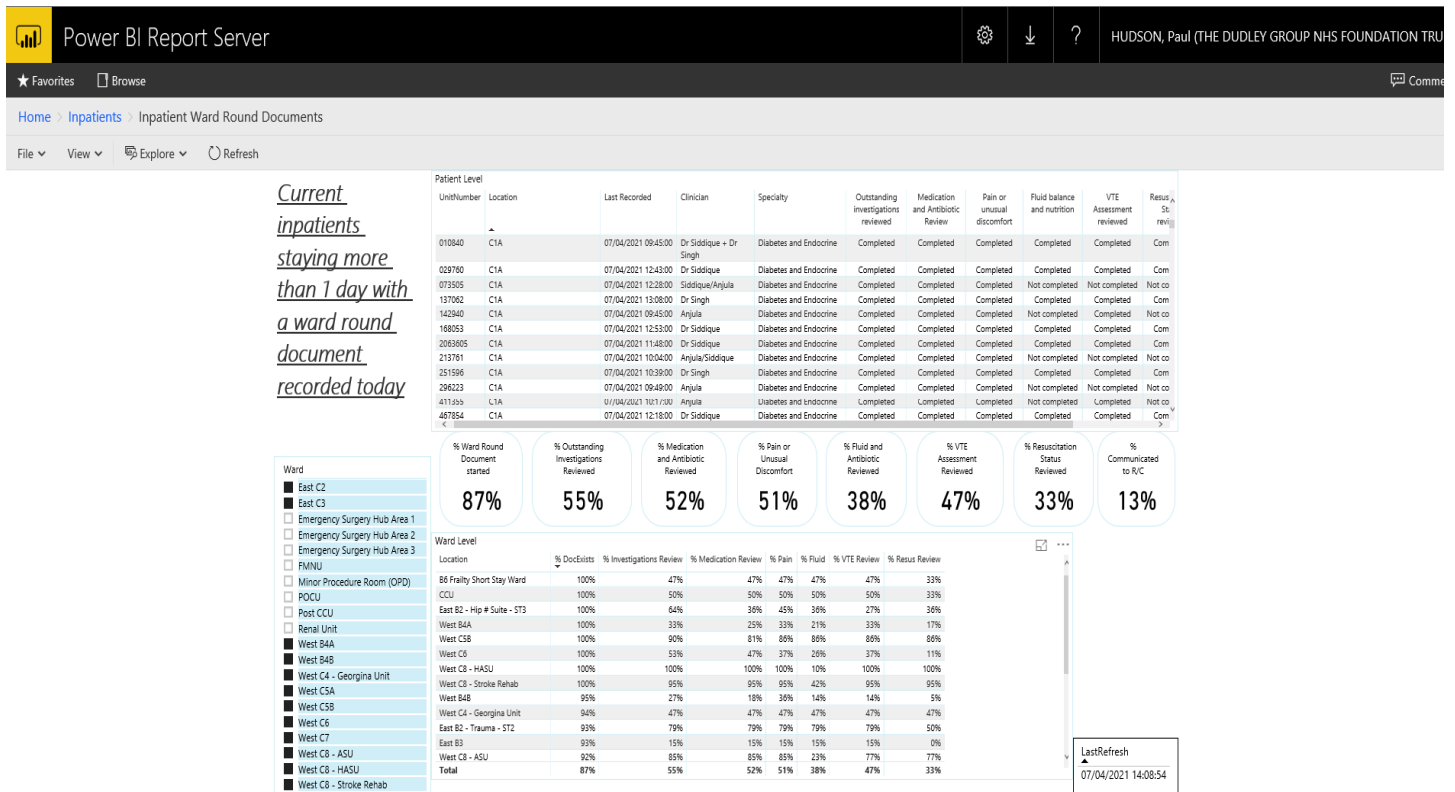
More work is needed on further iterations to make these into workable dashboards e.g. the ward round document report currently does not filter out MFFD patients who do not require daily review or areas such as AMU who currently use paper documentation.

6.0 Summary and recommendation.

The board is asked to note the ongoing work to embed 7DS standards and the plans to monitor performance in 2021. RSM recommendations will be actioned and reported via Audit Committee throughout the coming year.

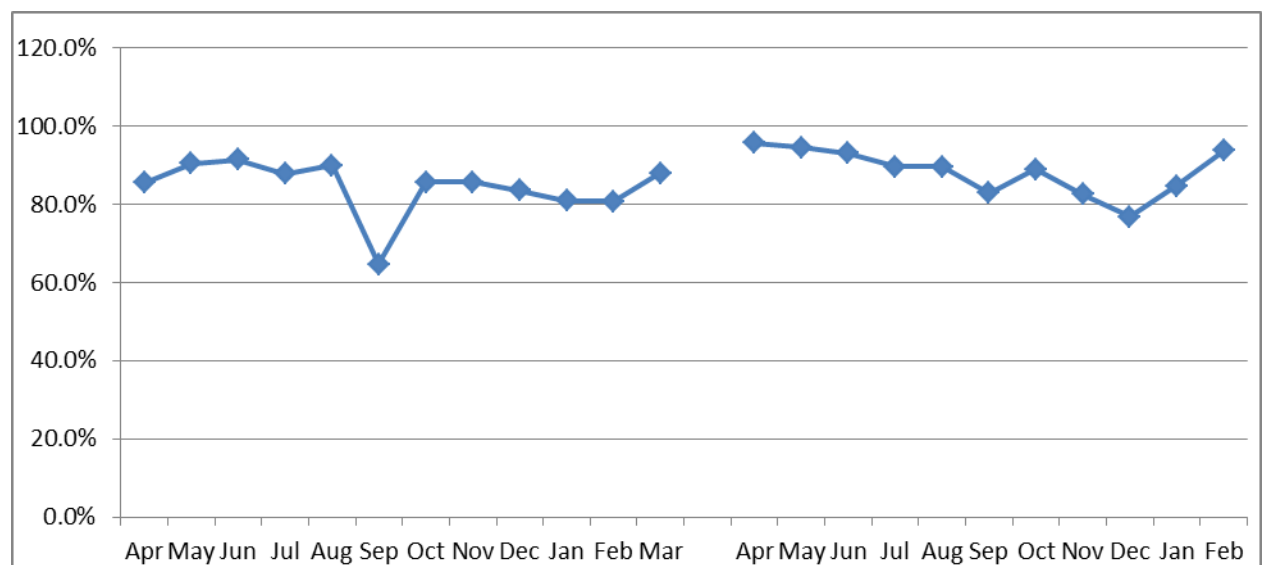
Dr Paul Hudson

Appendix 1. Ward round e-documentation report 07/04/2021.

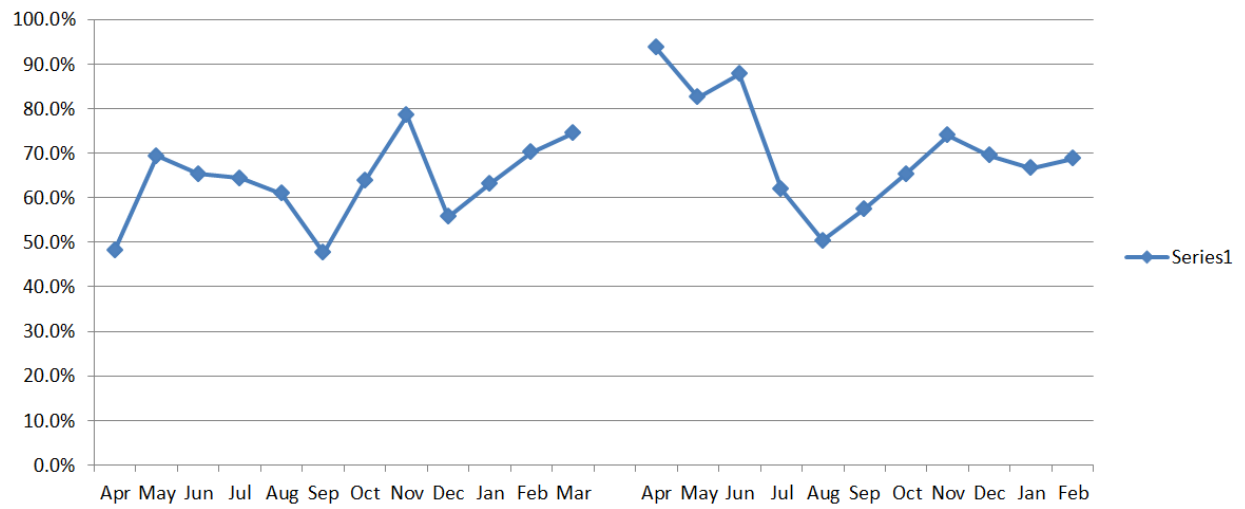


Appendix 2 .

Inpatient CT Scans within 24 hours (April 2019 - February 2021)



Inpatient MRI Scans within 24 hours (April 2019 - February 2021)



Paper for submission to the Board of Directors on 15 April 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			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
CORPORATE OBJECTIVE:			
S05 Make the best use of what we have S06 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Summary from the Finance and Performance Committee held on 25 March 2021.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description: BAF 5a
	Risk Register: Y		Risk Score: 12
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:

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 25th March 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Pay costs at highest level to date, in part due to continued high bank and agency spend, including for CSWs, although medical agency spend down year-on-year • Uncertainty about the financial regime for second half of 2021/22 means budgets can be set initially for the first half of the year only. Income returning to pre-COVID levels in the second half would present a cost reduction challenge 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • 2021/22 half year budget pack, including separate budgets for bank and agency, to next F&P
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Cancer recovery ahead of trajectory for 2WW and breast. DM01 remains upper quartile, 5th out of 15 comparable trusts for ED waiting times and RTT continues to compare favourably • Will achieve financial breakeven in 2020/21 with a good starting position for next year • Year-end cash forecast increased by £7m to £14m • Existing financial regime to be rolled forward into the first half of 2021/22 with financial envelope based on spend incurred in second half of 2020/21. Expect this to provide sufficient resources within the STP overall • Following good collaborative work expect to start 2021/22 with a balanced capital expenditure position across the STP • Have received further external assurance around costs of the workforce bureau and payment received so far very close to actual costs incurred 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Recommend to Board of Directors approval of the Terms of Reference (Appendix)
<ul style="list-style-type: none"> • Chair's comments on the effectiveness of the meeting: Relatively quick meeting focused on reduced agenda. Expect to return to more substantial agendas in April 	

FINANCE AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

1. Constitution

- 1.1. The Board of Directors has established a Committee of the Board known as the Finance and Performance Committee. The Finance and Performance Committee is required to adhere to the Constitution of The Dudley Group NHS Foundation Trust and the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Board of Directors, the Standing Orders of the Trust, Standing Financial Instructions and Scheme of Delegation shall apply to the conduct of the working of the Committee.

2. Membership

3 Non-Executive Directors
Chief Executive Officer
Chief Operating Officer
Director of Finance

The Committee will be chaired by a Non-Executive Director who shall have a casting vote.

3. Attendance

- 3.1. The following are required to attend every meeting of the Committee. Deputies are permitted where absence is unavoidable.

Director of Strategy and Business Planning
Director of Operations Medicine and Integrated Care
Director of Operations Surgery and Women & Children
Director of Operations Support Services
Deputy Director of Finance – Financial Reporting
Deputy Director of Finance – Strategy/Performance

- 3.2. Other members of the Board shall be entitled to attend and receive papers to be considered by the Committee.
- 3.3. In addition, other directors/managers/staff will be required to attend meetings depending upon issues under discussion (see paragraph 7.2).
- 3.4. The Board Secretary will ensure that an efficient secretariat service is provided to the Committee.

4. Quorum

- 4.1. A quorum will consist of at least two Non-Executive Director members and at least one Executive Director member.

5. Frequency of meetings

- 5.1. The Committee will meet monthly. It is expected that there will be at least 10 meetings a year and members will attend at least 75% of the meetings. The Agenda will be circulated with papers 7 days before the meeting. Late papers will only be accepted following discussion between the Chair of the Committee and the Director of Finance
- 5.2. Additional meetings may be held at the discretion of the Chairman of the Committee following discussion with the Director of Finance.

6. Authority

- 6.1. The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference and is expected to make recommendations to the full Board. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 6.2. The Committee is authorised by the Board to obtain outside financial, legal or other independent professional advice and to secure the attendance of others from outside the Trust with relevant experience and expertise, if it considers it necessary. This authority will only be used in exceptional circumstances and prior approval of the Board is required.
- 6.3. The Committee is authorised by the Board of Directors to approve the monthly or quarterly monitoring returns and annual return to NHSI.
- 6.4. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

7. Purpose of the Committee

- 7.1. The purpose of the Finance and Performance Committee is to seek assurances on behalf of the Board on finance and performance matters.
- 7.2. The Committee will have a rotating agenda as agreed from time to time by the Chair of the Committee and the Director of Finance and attached as an annex to these terms of reference. Specifically the Committee will:

Strategic and Business Planning

- 7.3. Scrutinise the Trust Annual Plan, Cost Improvement Plan and Budgets before they are submitted to the Board of Directors to assure itself that they are realistic, financially sound and appropriately stretching.
- 7.4. Consider and provide advice to the Board on regular financial performance reports and forecasts, focusing particularly on risks and assumptions.
- 7.5. Monitor performance compared to the Annual Plan, Cost Improvement Plan and Budgets; investigate variances and seek assurance that appropriate actions are in place to remediate any shortfalls.
- 7.6. Monitor the underlying financial position and oversee multi-year financial plans.
- 7.7. Oversee the development, management and delivery of the Trust's capital programme.

- 7.8. Consider financial aspects of Business Cases for significant revenue or capital expenditure, ensuring benefits realisation is detailed and appropriate.
- 7.9. Receive benefits realisation reviews for all Business Cases for return on investment/benefits realisation.
- 7.10. Review opportunities for increasing activity/income from market intelligence analyses.

Performance Management

- 7.11. Scrutinise the performance dashboard; review and challenge performance and ensure that any necessary action to mitigate poor performance is appropriate.
- 7.12. Consider performance against external performance targets set by the Care Quality Commission, NHSI and as agreed in legally binding contracts, ensuring appropriate actions are in place to remediate any shortfalls.
- 7.13. Review benchmarking information and procurement performance to challenge whether the Trust is achieving best value for money.
- 7.14. Receive and undertake detailed scrutiny of the PFI contract performance with Summit, specifically receiving updates on performance evaluation of catering, cleaning services, estates, sterile services, security and medical device maintenance.
- 7.15. Maintain ongoing scrutiny of those risks detailed in the Trust's Board Assurance Framework for which the Committee is designated responsible and seek assurance that the risks are being managed appropriately.
- 7.16. To monitor performance against the Trust's Green Plan and the sustainable development agenda

Legally Binding Contracts with Third Parties

- 7.17. Consider regular reports of Trust and Directorate performance in respect of contracts agreed with third party organisations and require appropriate action to be taken.

Trust Subsidiary Companies

- 7.18. The Committee shall monitor the financial and operational performance of any subsidiary companies wholly or partly owned by the Trust.
- 7.19. The Committee shall receive an annual report on the activities and profitability of such companies, which will provide assurance on business effectiveness and profitability to the Board of Directors.

8. Policies

- 8.1. The Committee will seek assurance from the Governance Team that policies pertaining to finance and performance are in place and up to date.

9. **Reporting**

- 9.1. The Finance and Performance Committee reports to the Board of Directors. The Committee Chair shall report formally to the Board on its proceedings after each meeting on all matters within its duties and responsibilities. The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed or where it has significant concerns.
- 9.2. The committee will receive the following reports:
Green Plan Working Group
Finance Improvement Group
ED Redesign Programme Board
- 9.3. The minutes of the meetings of the Committee shall be received by Board members.

10. **Review of Effectiveness**

- 10.1. The Committee shall carry out a self-assessment in relation to its own performance annually and consider any training relevant for the Committee to improve its overall effectiveness. Results of the self-assessment will be reported to the Board of Directors.
- 10.2. The Terms of reference of the Committee shall be reviewed by the Board of Directors at least annually.

Paper for submission to the Board of Directors, 15 April 2021

TITLE:	Integrated Performance Report for Month 11 (February 2021)		
AUTHOR:	Diane Povey Interim General Manager	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
N	N	Y	N
RECOMMENDATIONS:			
To note and discuss the current performance against KPIs.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
Performance Key Areas of Success <ul style="list-style-type: none"> Cancer recovery is ahead of expectations despite COVID – Breast and Breast symptomatic services continue to 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 and the numbers waiting over 6 weeks has reduced to 1556. Despite stopping routine elective service the Trusts 18 Week RTT position continues to compare well with Peers both nationally and regionally. Key Areas of Concern <ul style="list-style-type: none"> The second surge of COVID has grossly exceeded planning parameters for all services. Staff from outpatients, elective areas and administration roles have been redeployed to assist in critical clinical areas. This continues to impact on 18 week performance currently. There is a significant increase in 52 week breaches due to cessation of elective activity during January and February from 181 to 454. 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. 			

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 has improved during February and is 97.6%.
- b. 31 day also improved is 96.8%.
- c. 62 day is 63.1%

The number of patients waiting over 104 days has increased from 33 in January to 44 at the end of February 21. This may in some part be due to the necessary amendments to the counting methodology for the 104 day measure which have been put in place to prepare for 62 Day standards change from April 2021.

There remains 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 the aim of full recovery by Mar-22. Current 62 day performance is in line with this plan.

RTT

The RTT position has been adversely affected by Covid-19 and the need to prioritise urgent, long waits and cancer treatment with February performance at 77.8%. DGFT continues to compare well with peers for both RTT performance and 52 week breaches.

Covid-19 has required the cessation of routine appointments for outpatients and elective activity. Some elective activity has recommenced from the beginning of March with additional restoration planned. Independent sector work is continuing with exploration of models of care beyond March 21 in partnership with the STP. Medical consultants continue to be required to support additional rotas in particular respiratory rotas.

As anticipated 52 week breaches have continued to increase due to cessation of elective care as a result of Covid-19 to 454 at the end of February.

DM01

In February the Trust achieved 78.4% of diagnostic tests carried out within 6 weeks against the national operational standard of 99%. Based on DM01 national benchmarking for January the Trust continues to be positioned in the third upper quartile.

There has been a reduction in the number waiting over 6 weeks during February to 1556 reduced from 2050. Overall DM01 recovery is likely to be delayed due to the recent surge in COVID demand.

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	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	Y	DATE: Board of Directors, 15 April 2021

Performance KPIs















21 April 2021 Report (February 2021 Data)

Karen Kelly, Chief Operating Officer

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Cancer Performance	Pages 4 - 7
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DM01 Performance	Page 9
VTE	Page 10
Restoration & Recovery	Pages 11- 13



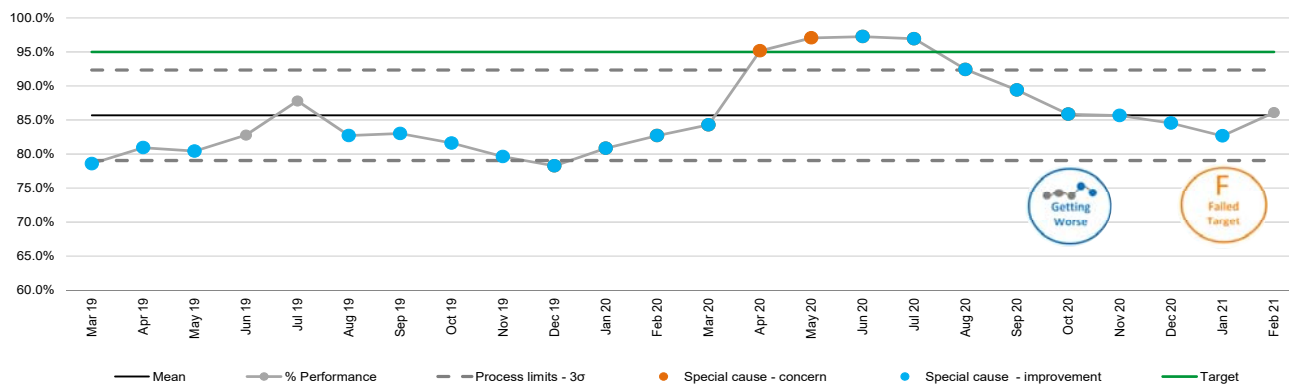
Constitutional Performance

Constitutional Standard and KPI		Target							Status	
			Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21		
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	89.4%	85.8%	85.7%	84.5%	82.7%	86.1%		
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	61.9%	63.6%	70.9%	60.0%	70.6%	63.1%		
	Cancer 31 Day -	96.0%	93.8%	96.2%	92.2%	95.2%	93.3%	96.8%		
	All Cancer 2 Week Waits	93.0%	52.5%	68.0%	79.5%	94.1%	85.9%	97.6%		
Referral to Treatment (RTT)	RTT Incomplete	92%	78.9%	82.8%	83.9%	83.1%	80.5%	77.8%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	71.1%	77.6%	84.3%	77.5%	73.5%	78.4%		
VTE	% Assessed on Admission	95%	93.8%	93.2%	93.8%	93.6%	92.1%	95.5%		



ED Performance

ED seen with 4 hours Combined Performance- starting Feb19



86.1%

8

16th

As at 07/03/21

EAS 4 hour target 95% for Type 1 & 3 attendances (inc of booked appointments)

DTA 12 hour breaches - target zero

DGFT ranking out of 32 Midlands area Trusts

Performance

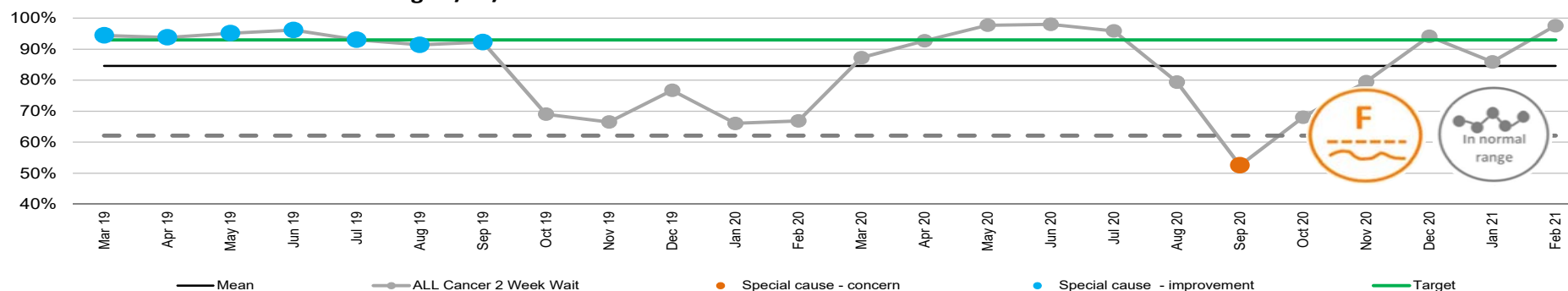
- The Trust achieved 86.1% of ED attendances being seen in 4 hrs below the target of 95% during February. The target has not been met since July 20.
- RHH is ranked 5th out of 15 Trusts with similar size and activity levels nationally for performance against 4-hour target for all types.
- Breach analysis for strongly suggests that capacity and diagnostics has consistently been the highest reason for emergency Access (EAS) Breaches. However, due to emergency department overcrowding, lack of space to treat patients and challenging flow there was an increase in EAS breaches during February due to delayed Senior Clinical Decision by an ED Doctor or Advanced/Extended Nurse Practitioner (ACP/ENP).
- February saw the lowest number of breaches following a decision to be admitted (DTA) over 12 hours in February'21, 8, compared to January'21, 86 and December'21, 20 however there was a reduction in patients attendances to 5972 patients.
- There was an improvement in Ambulance delays of over 60 minutes at 53, with the total number of ambulances conveyed 3089, compared to 519 delays in January'21. There was also improvement in ambulance handovers over 30 min handover at 1241 in February'21, compared to 1406 in January'21.

Action

- The ED Consultants rota has been changed to reflect the that ED Consultants are working up to 12 o'clock midnight in order to provide cover for the busiest time of the day.
- Community in reach into ED and Acute Medicine 5 days out of 7 has commenced.
- We have commenced renewing of the ED Tracker Job Role and Responsibility
- ED has been stopped using Discharge Lounge as ED Patients are Amber, formal concern has been placed with Divisional Nurse, COO and Director of IMT regarding this decision. This has contributed to a decline in ED 4 hr EAS Performance, poor patient experience and delays in Ambulance Handovers.
- COVID19 point of care testing (POCT) has been implemented at night in ED POCT facility with an excellent effect on performance and utilisation of capacity. Formal concern has been raised with pathology as we are unable to extend the service during day light hours.

Cancer Performance – 2 Week Wait

All Cancer 2 Week Waits- starting 01/03/19



97.6%

All cancer 2 week waits – target 93%

Performance

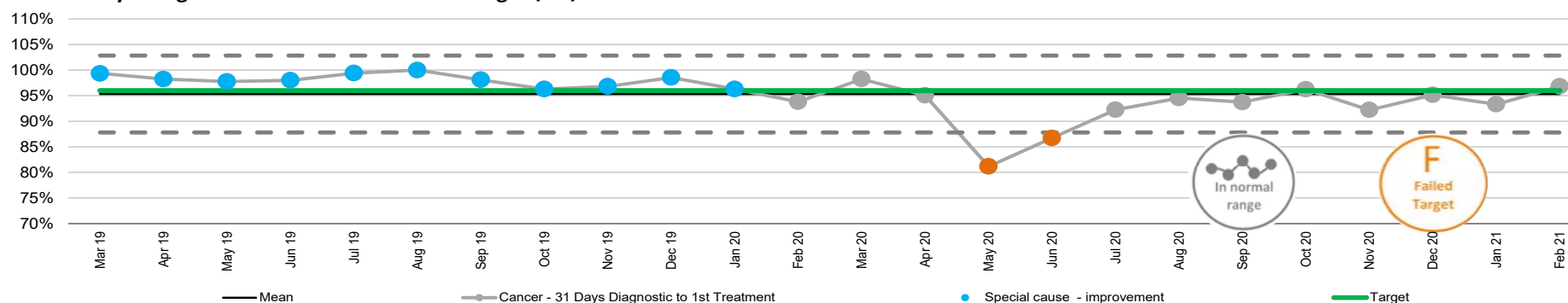
- Validation of Cancer performance figures run at a 2 month lead time. Therefore the latest month position is un-validated.
- Achievement against the 2ww target of 93% remains within normal limits and was achieved during February.
- There is a continuing capacity shortfall with Face-to-Face first outpatient appointments primarily in Breast & Breast Symptomatic. Breast capacity is reduced by 33% due to social distancing and this continues to impact on both suspected and symptomatic pathways – however this is being mitigated by additional clinics and Super weekends.

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 clinic performance .

Cancer Performance – 31 Day

31 Day - Diagnostic to 1st Treatment- starting 01/03/19



96.8%

31 day waits – target 96%

Performance

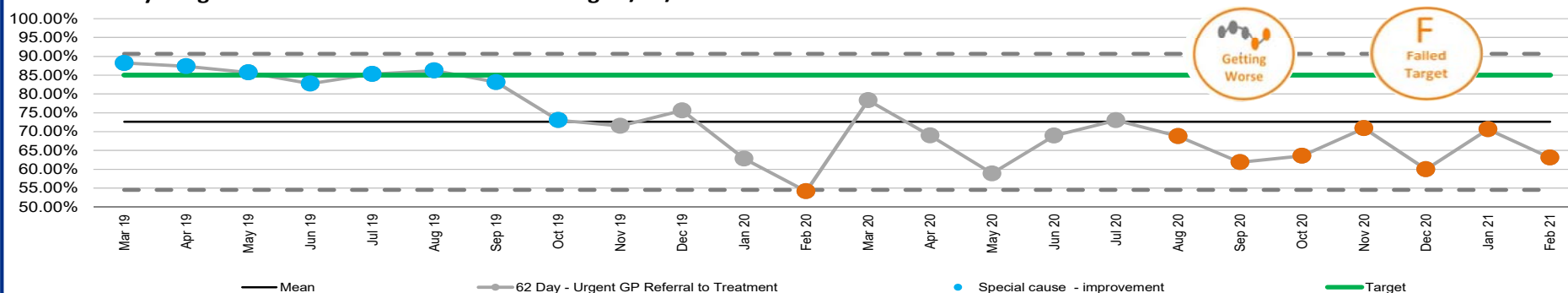
- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- The 31 day target has been achieved during February, 96.8% for the first time since October 20. Please note, due to the smaller numbers of treatments, this is subject to validation and may decrease.

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 continues to be monitored and progressed daily, with every single breach risk identified being escalated.

Cancer Performance – 62 Day

62 Day - Urgent GP Referral to Treatment- starting 01/03/19



63.1%

All cancer 62 day waits – target 85%

Performance

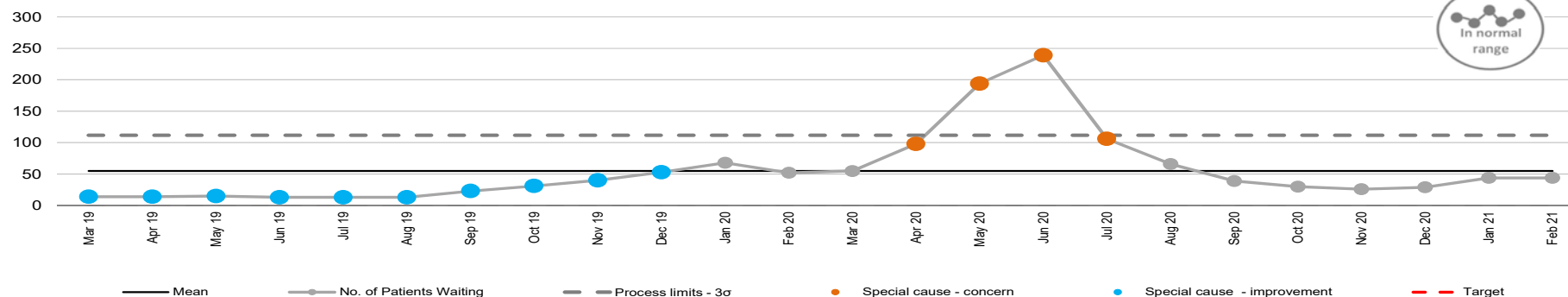
- The target of 85% for the cancer 62 day target has not been achieved since August 19 with 63.1% being achieved during February.
- Covid-related delays have adversely impacted all stages of the pathway due to reduction in capacity for social distancing and patients reluctance to attend for treatment 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.

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-22. Current 62 day performance is in line with this plan.
- ✓ A revised assurance process with weekly escalations to Medicine, Surgery and CSS, has been re-introduced with positive feedback received, targeting potential breaches and mitigating performance risk.
- ✓ The use of training which will support improved pathway management including "How Do I Guides" and "Scripts" for all Multi Disciplinary teams (MDT's) and Trackers which were introduced during November 2020 continues.
- Patients who have waited the longest continue to be prioritised.

Cancer Performance – 104 Day

104 day Cancer numbers- starting 01/03/19



44
As at 15/3/2021

All 104 week waits,
target zero

Performance

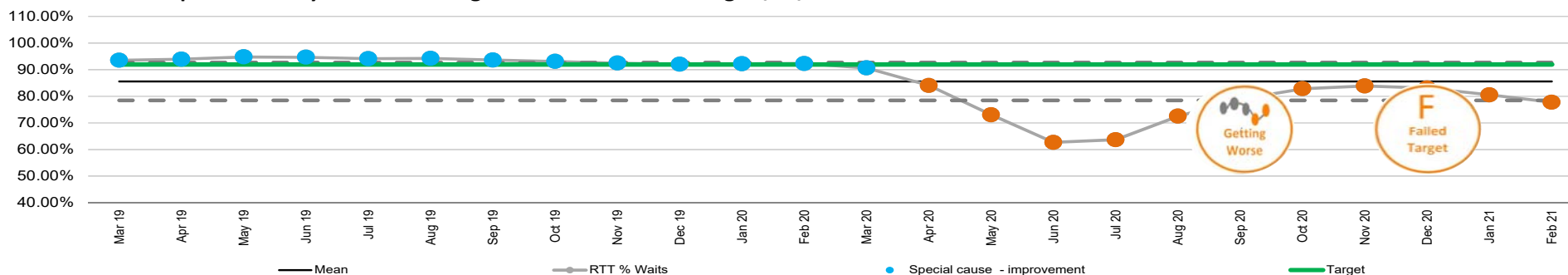
- As of 15/03/2021, the number of patients on the 62 Day Traditional pathway waiting over 104 days stood at 26, and the number of 62 Day Upgraded/Screening Pathway patients over 104 days stood at 18. This totals 44 patients on the Cancer Pathway waiting over 104 days.
- At the end of June 2020 the Trust had >200 patients waiting over 104 days, this number has consistently reduced and remains stable despite the Covid -19 surge.

Action

- ✓ The remodelling of the 'Cancer 62 Day Patient Tracking List' (CANPTL) to include waiting list breakdown by suspected tumour groups 62-day screening, consultant upgrades and further granularity about the start of treatment has been implemented. 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.
- ✓ A daily process of validating and escalating all patients waiting over 62 days has now been implemented across all cancer pathways.

RTT Performance

RTT Incomplete Pathways - % still waiting within 18 Weeks- starting 01/03/19



77.8%

RTT Incomplete pathways target 92%

Performance

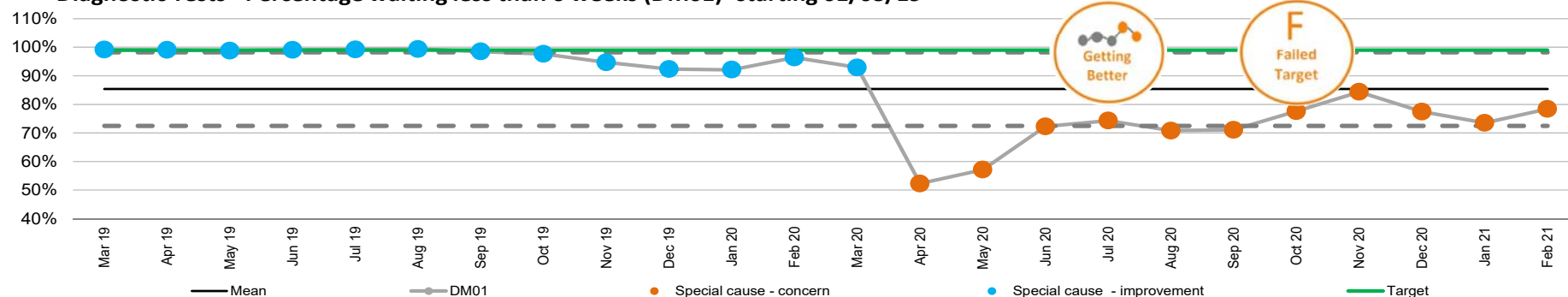
- RTT performance has failed to meet the target of 92% since Feb 20, improvement had been consistent since June 20 but has been affected by Covid 19.
- There has been deterioration in RTT performance since December due to the cessation of elective surgery as a result of Covid-19 wave 2.
- Incomplete 52 week breaches have increased during February to 454. This was due to no routine elective surgery during February 2021.
- The Trust continues to compare well for RTT performance with Peers but has seen an increase in waiting times and those waiting over 52 weeks during January and February.

Action

- Clinically urgent/Cancer (P2) work has continued during this time
- Elective activity in 1 theatre is to be restored from 01.03.21.
- Further theatres are to be brought online from mid April.
- The use of an insourcing company is being explored to support additional capacity.
- Independent sector (ISP) activity is continuing together with the exploration of models beyond 31st March 2021 in partnership with the STP.

DM01 Performance

Diagnostic Tests - Percentage waiting less than 6 weeks (DM01)- starting 01/03/19



78.4%

DM01 combining 15 modalities - target 99%

Performance

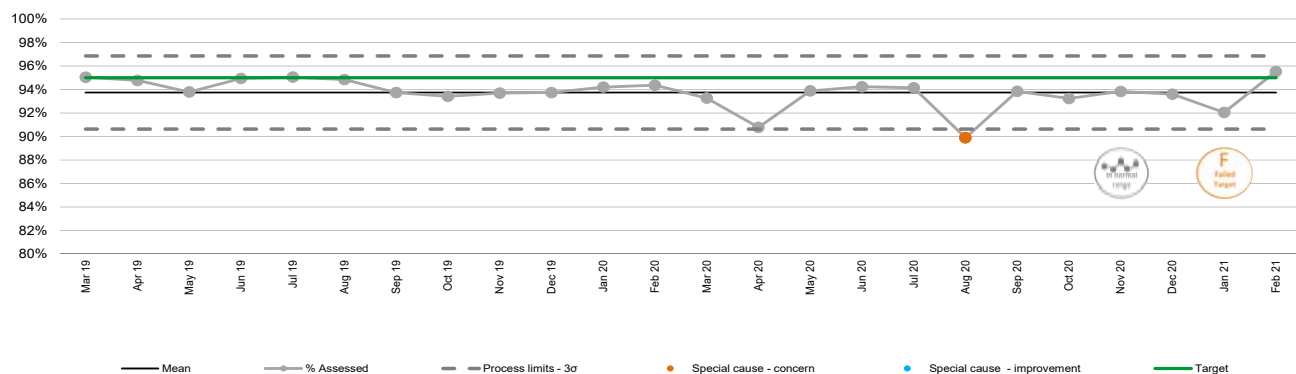
- In February the Trust achieved 78.41% of diagnostic tests carried out within 6 weeks against the national operational standard of 99%.
- Based on DM01 national benchmarking for January the Trust remains positioned in the third upper quartile.
- The number of patients waiting over 6 weeks has reduced in February to 1556 from 2050 in January.
- Non-obstetric ultrasound (NOU), CT (Computed Tomography), Cardiac CT (CTCA) and Colonoscopy contributed to low performance in February.
- Overall DM01 recovery is likely to be delayed due to the recent surge in COVID demand.

Action

- ✓ **CT:** Mobile CT scanner at RHH site from 10th to 28th March. It is anticipated that the scanner will provide approx. 350 additional slots to support and maintain cancer treatment and reduce the number of patients on the overall CT waiting list. Routine Cardiac CT scans were re-introduced mid-February. Scoping potential to outsource to Nuffield to provide additional CTCA capacity.
- ✓ **Non-obstetric ultrasound:** Activity continues to be outsourced on weekends and additional WLI's are being undertaken. Bank sonographer recruitment in progress. Scoping potential to utilise room at Guest Hospital.
- ✓ **Endoscopy:** The GI Booking Team continue to date escalations as they appear on the PTL and review how patients are booked to reduce length of pathway. The team are allocating specific and additional capacity to reduce length of wait to 10 days for colorectal procedures.

VTE Performance

VTE Screening Compliance - starting 01/03/19



95.5%

**Trust overall
Position**

96.4%

**Medicine
& IC**

94.5%

**Surgery,
W & C**

Performance

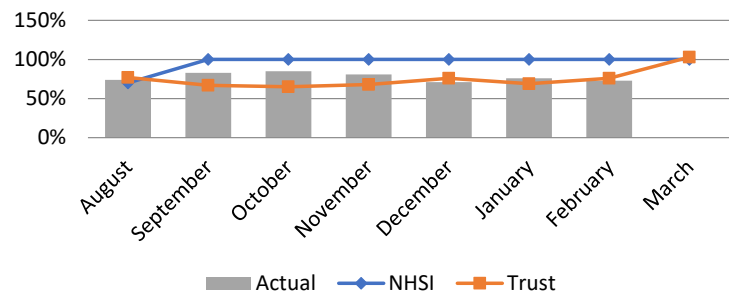
- VTE performance for February is un-validated and subject to change.
- The surgical Division has failed to achieve the VTE target of 95%, however both Medicine & integrated care and the Trust overall have achieved the target for February at 95.5% for the first time since August 19.

Action

- Initial VTE assessment remains well completed, however performance for 24 hour review needs continued improvement.
- A 'Town Hall' meeting with all Consultants in the Surgical Division is planned for 16th March 2021 in order to reiterate the importance of this standard.
- Individual compliance continues to be monitored by the Chief of Surgery.

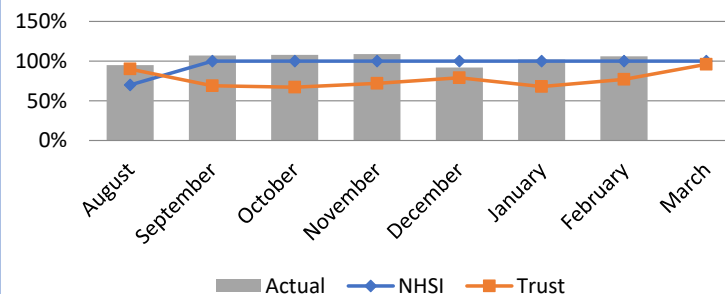
Recovery and Restoration - Outpatients

Outpatients NEW



February
73%

Outpatients Follow-up



February
106%

Performance

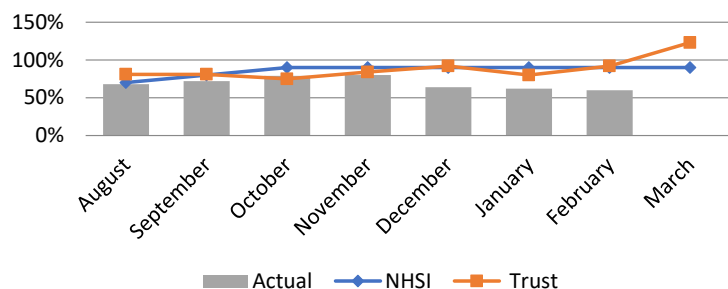
- DGFT did not commit to the full NHSI ask with regard to the recovery trajectory.
- Trust agreed targets for new and follow up outpatient contacts have been achieved during January despite Covid demand. The national target has also been achieved for follow up activity.
- The number of 52 week incomplete breaches has increased to 454 during February 2021. This was due to no routine elective surgery during January & February 2021.

Action

- ✓ Routine OPD has moved to virtual appointments where these are possible or they have been deferred to release staff to support critical care, theatres for urgent care and ED Red area rotas. Respiratory Consultants continue to cover AM & PM evening shifts on C5 including additional Outlier rotas and Ambulatory Clinical rotas for C6 ward cover.
- ✓ 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

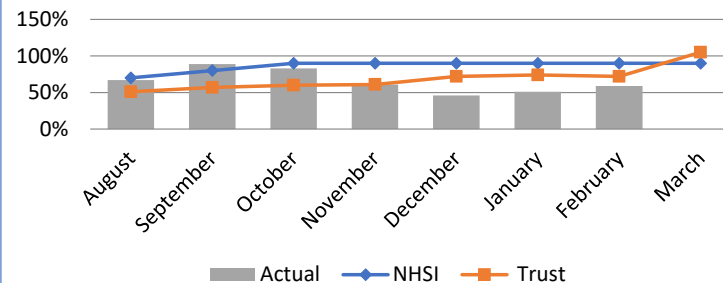
Recovery and Restoration - Electives

Elective Daycase



February
60%

Elective Inpatient



October
59%

Performance

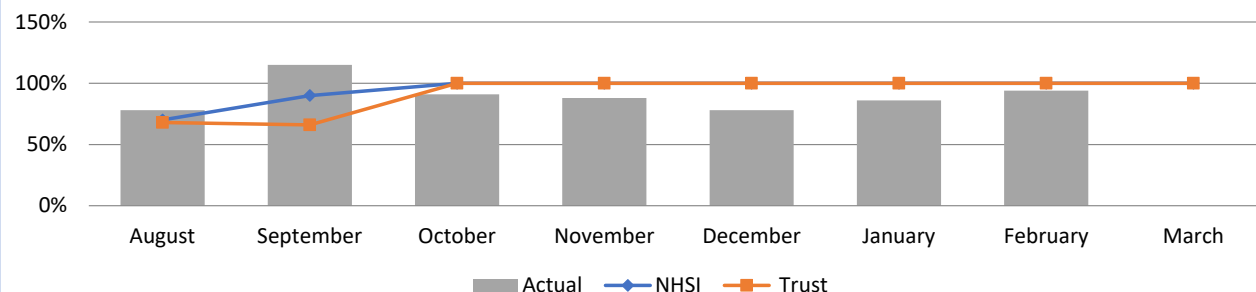
- Performance against the national Elective pre-Covid activity target of 90% is 60% for day case activity and 59% for inpatients due to Covid-19.
- All routine elective activity has been stood down since w.c 28th December due to Covid-19 demand.
- All cancer/clinically urgent (P2) electives have been undertaken either at RHH or Ramsey/Stourside
- Staff have been relocated to support critical care which is staffed to 200% of normal staffing levels as per CCN guidance.

Action

- Critical care staffing to be stood down to 150% w.c 15 February 2021.
- Use of ISP contract has been 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 is starting from 15.02.21 providing appropriate critical care capacity available.
- Further two theatres will 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

Diagnostics



February

94%

Performance

- Diagnostics achievement of pre covid activity increased to 94% during February below the local & national target of 100% for the 4th Month running.
- Pressure on inpatient services caused reduced outpatient capacity and longer waits. Turnaround times for Rapid Access(RA) and urgent imaging were maintained as far as possible.
- Extra CT capacity had to be made available to support acute services. Cardiac CT wait times increased as Cardiac CT can only be done at RHH. Demand for inpatient non-obstetric ultrasound tests increased and independent sector capacity was reduced.
- Endoscopy was impacted due to Covid demand. Inpatient capacity during afternoon sessions extended to a whole day session to accommodate a dedicated 'blue' room.
- Diagnostic recovery plans are currently in development in conjunction with Medicine and Surgery and Informatics.

Action

- ✓ CT additional capacity for outpatient work continued at Guest Hospital on weekends during February.
- ✓ Mobile CT scanner at RHH site from 10th to 28th March. It is anticipated this will provide approx. 350 additional slots and will support and maintain cancer treatment and reduce overall number of patients waiting for a CT scan. Cardiac CT scans re-introduced mid February. Scoping potential to outsource to Nuffield for additional capacity.
- ✓ Recruitment of bank sonographers is in progress. Scoping potential to utilise room at Guest to provide additional capacity.
- ✓ Endoscopy will start to convert morning sessions back to elective lists commencing March 2021.
- ✓ Diagnostic recovery plans include utilising independent sector, additional capacity through internal WLI (extended evenings and weekends) and in sourcing activity.

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

TITLE:	Audit Committee Meeting – 22 March 2022		
AUTHOR:	Richard Miner Previous Audit Committee Chair	PRESENTER	Gary Crowe Audit Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
x		x	
RECOMMENDATIONS:			
To note the issues discussed at the Audit Committee on 22 March 2021.			
CORPORATE OBJECTIVE:			
SO3: Drive service improvements, innovation and transformation SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
Largely positive reporting of all assurance processes as reported at the meeting.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	N	Details:
	Other	Y	Details: Good Governance
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 14 December 2020

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Clinical audits have been behind plan but an (ambitious) improvement plan agreed by the Clinical Audits team including work with AQUA, using an electronic recording system and with support from the CEO will be reported at the May meeting of the Audit Committee ("AC"). 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> The AC reiterated that the refresh of strategy provides opportunity for full Board participation in a further review of the BAF and its style and a renewed focus on risks and Board appetite. GC to assist in working this up for Board review.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Substantial assurances provided by Internal Audit (IA) in key financial reviews, reasonable progress on management actions and other advisory work; position statement on radiology Draft Head of Internal Audit Opinion is positive subject to "further enhancements" Significant improvement and progress shown by the Annual Update of Declarations of Gifts Only minimal losses and special payments reported Received good AC effectiveness review noting small number of areas for development Positive update on implementation of IA recommendations and coordination with RSM. Progress continues against LCFS work plan and the Fraud Impact Assessment was submitted on time. Losses and special payments are small and insignificant 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> Approved changes to 2020/21 IA plan as well as 2021/22 IA plan and LCFS work plan Reviewed and approved external audit plan and fees for 2020/21 Reviewed and approved Charitable Funds audit plan and fees Approved changes to accounting policies Approved the approach to segmental analysis reporting Agreed changes to Terms of Reference for approval by Board



The Dudley Group
NHS Foundation Trust

Chair's comments on the effectiveness of the meeting: Felt an efficient committee with Diane Wake (CEO) in attendance and able to provide additional assurances over follow up actions.

AUDIT COMMITTEE

TERMS OF REFERENCE

1. Constitution

- 1.1 The Board of Directors resolves to establish a Committee of the Board to be known as the Audit Committee. The Audit Committee in its workings will be required to adhere to the Constitution of The Dudley Group NHS Foundation Trust, the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Audit Committee. The Committee is a Non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. Membership

The Committee shall be appointed by the Board from amongst the Non-executive directors of the Trust and shall consist of not less than three members. One of the members will be appointed Chair of the Committee by the Board (the chair of this committee will have relevant financial experience). The Chair of the Trust shall not be a member of the Committee.

3. Attendance

- 3.1 The following members of staff and partners would usually be in attendance at every meeting:

Director of Finance
Trust Secretary
Internal Auditors
External Auditors

Representatives of Internal and External Audit shall have the right of direct access to the Committee Chair

Attendance at the Committee will be monitored and reported in the Annual Report.

- 3.2 The Chief Executive should be invited to attend and should discuss at least annually with the Audit Committee, the process for assurance that supports the Annual Governance Statement. He/she should also attend when the Committee considers the draft Internal Audit Plan and the Annual Accounts. All other Executive Directors should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.
- 3.3 Other managers/staff may be invited to attend meetings depending upon issues under discussion. The Committee has the power to co-opt, or to require to attend, any member of Trust staff, as felt necessary.
- 3.4 The Committee will exclude the Director of Finance and Information and any other Trust employee from its meeting with Internal and External Auditors for a minimum of one meeting per year.

Paper for submission to the Board of Directors on Thursday 15th April 2021

TITLE:	Summary of Workforce and Staff Engagement Committee meeting on Tuesday 30th March 2021		
AUTHOR:	Julian Atkins	PRESENTER:	Julian Atkins
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	X	X	
RECOMMENDATIONS			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
SO3: Drive service improvement, innovation and transformation SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: deliver a viable future			
SUMMARY OF KEY ISSUES:			
As detailed in the paper.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description:
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Annual Business Planning Process
	Other	N	Details:
REPORT DESTINATION	BOARD OF	Y	DATE: 15/04/2021

	DIRECTORS		
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 30th March 2021

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> No matters of concern to escalate. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> A Culture Dashboard is being developed which will give a real-time view of the Trust's position against protected characteristics and Workforce KPIs. The dashboard will also provide insight on staff engagement and morale. The Divisional Directors presented their high-level action plans for improving staff engagement and experience, informed by the Staff Survey Results. These actions will be implemented over the coming months, with regular (monthly) progress updates to WSEC. The Dudley Improvement Practice methodology is being used to develop robust detailed plans, which will target clear, specific, and measurable improvement trajectories for each Division. The Committee agreed that the Divisions and Corporate teams should focus on driving dramatic improvement in the areas with outlier scores, recognising that this will most likely have a ripple-effect on the overall survey results. At the same time, the Trust will continue to accelerate the pace and scale of key corporate initiatives, including rolling-out Managers Essentials to the wider people manager population, embedding inclusive mentoring, and supporting the Inclusion Networks to become increasingly prominent in influencing decision making.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Some significant improvements were noted in the Workforce KPI report, specifically; sickness absence has improved since the last WSEC. As of 26th March, sickness had dropped to 5.6%. Vacancies have also reduced to 565 WTE. A large number of actions on the corporate risk register have been completed since the last report to the Committee, including actions to improve the wellbeing offer to staff which will most likely reduce the risk score for this area in the next report, subject to temporary investment in Staff Health and Wellbeing (SHAW) being substantiated, which is being considered by the Trust Executive. The Committee evaluated the Committee Effectiveness report and 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> It was agreed that the staff uptake of the COVID-19 vaccination will be added to the Corporate Risk Register, on the basis that there are still significant numbers of staff who have not accessed the vaccine. The Board Secretary made amendments to the Terms of Reference for the WSEC, mostly relating to general housekeeping. The Committee agreed the changes and recommended them to the Board.

<p>considered the amber results. No major concerns were raised.</p> <ul style="list-style-type: none"> • The Committee agreed that the Freedom to Speak Up Steering Group will report into the WSEC moving forwards. FTSU Guardian, Becky Plant, presented a detailed update and action plan following the service's review by NHSI in October 2020. The review highlighted that the Trust's service has improved in nine areas, which was well received. It was agreed that a formal update of progress against the FTSU action plan will be included when the FTSU Group presents an upward report to the WSEC. • Graeme Ratten, Workforce Analyst, presented a highlight report of the 2020 Staff Survey Results, covering the three key themes: advocacy, involvement, and motivation. These themes were RAG rated against departments and staff groups, providing the Committee with a clear picture of areas requiring focus for improvement. Reference to improvement planning and action are captured, above, under 'Major actions commissioned/work underway'. 	
<p>Chair's comments on the effectiveness of the meeting:</p> <p>The Committee received a number of positive assurances and updates, including improvements in workforce KPIs and strong feedback on the work that has been undertaken by Becky Plant and the FTSU team, which was discussed in detail. I was also pleased to hear such a robust response from the Divisions, working with Peter Lowe and the DIP team, on their improvement plans following the release of the 2020 Staff Survey Results. We are pleased to be returning to usual business meetings from April, with a deep dive into OD scheduled for May.</p>	

Paper for submission to Board 15th April 2021

TITLE:	Workforce KPI Report		
AUTHOR:	Karen Brogan – Head of Operational HR Graeme Ratten - Analyst	PRESENTER:	James Fleet – Chief People Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	x	x	
RECOMMENDATIONS			
For the Board to receive the report and note the contents.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services. SO4: Be the place people choose to work, SO5: Make the best use of what we have. SO6: Deliver a viable future.			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> Overall Sickness/Absence was 7.75% in February, with Surgery the highest at 8.7%. The 3rd wave of COVID absences reduced through the month and impacted the overall figure by 4.8% points. Daily absence tracking shows overall downwards trend to 3.9% at Tuesday 6th April, with C19 absences at 0.4%. Shielding ended on 31st March 2021, which significantly reduced the number of 'COVID Reason' absences. 'COVID reason' absence was the highest category during February, followed by 'Anxiety / stress / depression'. In terms of instances of sickness/absence, ED and Pathology were highest, followed by Ward B1 and Critical Care. Bank usage increased from 634 WTE in January to 742 WTE in February, driven in part by DGHFT's role as Lead Employer for the Black Country and West Birmingham vaccination programme. Agency has remained constant at 226 WTE in February. The total vacancies stand at 565 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 11) and equates to 10%. Qualified Nursing vacancies are at 296 WTE, Unqualified Nursing at 58 WTE, Radiographers at 49 WTE. Mandatory Training: overall compliance reduced in February to 82.09%, down from 84.3% in January. The priority areas continue to be RESUS and SAFEGUARDING. The most challenged services are Psychiatry Medics, Medical Staff (Oncology), and General Surgery Medical Staff. BAME staff Trust representation is at 19.6%. Disabled staff Trust representation is at 3.7%. SHAW referrals received in February increased to 67 up from 58 in January. The largest category is 'Ability to perform duties' at 59%. The average days from referral to appointment was 12 days in February, compared to the target of 15 days. 			

- The HR caseload (not including suspensions) has 28 live cases, the majority being disciplinary (13) at 46.4%. This equates to 0.58% of our staff members involved in a formal case. BAME staff represent 36% of active cases, in context this is 0.95% of our BAME workforce involved in a formal case. Last month (February) by ethnicity there were 10 BAME cases (30%) and 23 Non-BAME cases. This month (March) there 10 BAME cases and 18 non-BAME cases, totalling 28, and whilst the BAME participation has risen to 36%, the absolute number has not increased.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

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

Workforce KPI Report

15th April 2021

James Fleet, Executive Chief People Officer

Summary

Sickness Absence

Vacancies, Bank + Agency

Workforce Profile

Mandatory Training

Staff Health & Wellbeing

HR Caseload

Pages 2 - 4

Pages 5 - 6

Pages 7 - 8

Pages 9 - 11

Pages 12 - 13

Page 14

Page 15



Summary

1/3

Performance

Action

Sickness & Absence

- Overall Sickness/Absence was 7.75% in February, with Surgery the highest at 8.7%. The 3rd wave of COVID absences reduced through the month, and impacted the overall figure by 4.8% points.
- Daily absence tracking shows overall 3.9% at Tuesday 6th April, with C19 absences at 0.4%. Shielding ended on 31st March 2021, which significantly reduced the number of 'COVID Reason' absences. (NB 6th April is the day after the Easter break, and absences may be slightly under-reported until managers update ESR during the day).
- 'COVID reason' absence was the highest category during February, followed by 'Anxiety/stress/depression'. In terms of instances of sickness/absence, ED and Pathology were highest, followed by Ward B1 and Critical Care.

- ✓ Centralised Sickness Absence Reporting has continued for Covid-related absence, this feeds directly into the Staff Testing process to enable staff to return to work as quickly as possible.
- ✓ All Covid-related absence is screened and challenged to ensure staff are self-isolating appropriately and scheduled returners are managed daily to facilitate a return to work.
- ✓ Monthly sickness absence reports are being sent to Managers, Divisional Directors and Heads of Service detailing both short and long term absence, with the operational HR teams supporting the development of management action plans.
- ✓ 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

- Bank usage increased from 634 WTE in January to 742 WTE in February, driven in part by DGHFT's role as Lead Employer for the Black Country and West Birmingham vaccination programme.
- Agency has remained constant at 226 WTE in February.

- ✓ An action plan has been developed to prioritise recruitment and retention, concentrating specifically on HCSW's and Registered Nurses initially, to reduce reliance on agency and bank usage.
- ✓ Authorisation levels have been reviewed and revised within Health Roster to ensure there is senior nursing oversight for agency usage.
- ✓ International nurse recruitment programme approved for 21/22.
- ✓ Action being taken to convert vaccination workforce to Trust Bank.
- ✓ HR Business Partners supporting, advising and challenging line managers on rapid recruitment to vacancies, staff retention and bank/agency usage.

Turnover & Recruitment

- The total vacancies stands at 565 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 11) and equates to 10%.
- Qualified Nursing vacancies are at 296 WTE, Unqualified Nursing at 58 WTE, Radiographers at 49 WTE.
- Staff turnover numbers are not available this month.

- ✓ The HR Business Partners supporting Divisional Directors to put in place robust workforce plans, aligning capacity requirements, establishments, and skill & experience requirements and incorporates into service design to ensure roles are fit for purpose and add value.
- ✓ Work is being undertaken to examine trends on planned versus actual staffing levels, triangulated with key quality and outcome measures, including exit interviews and stay interviews.
- ✓ An action plan has been developed to prioritise recruitment and retention, concentrating specifically on HCSW's and Registered Nurses, this a priority in the Dudley people Plan.

Summary

2/3

Performance

Action

Mandatory Training

- Mandatory Training: overall compliance reduced in February to 82.09%, down from 84.3% in January.
- The priority areas continue to be RESUS and SAFEGUARDING.
- The most challenged services are Psychiatry Medics, Medical Staff (Oncology), and General Surgery Medical Staff.

- ✓ A revised realistic trajectory is being presented to WSEC to achieve mandatory training compliance during 2021.

Equality, Diversity & Inclusion

- BAME staff Trust representation is at 19.6%.
- Disabled staff Trust representation is at 3.7%.
- At the 2011 Census, 90.4% of Dudley's population identified as White, with 88.7% identifying as White British, 0.5% as White Irish, and 1.2% as Other White. The second largest ethnic group was Asian and British Asian, making up 5.6% of the population. Black and Black British people comprised 1.7% of the population of the borough.

- ✓ The BAME, LGBTQ+, and Disability Inclusion networks are now embedded with clear work programmes in place. The Network priorities for 2020 are being presented to WSEC in April for sign-off. Network membership is growing across all 3 of the established Networks.
- ✓ A new Women's Inclusion Network is being established to champion a programme of work to accelerate gender equality.
- ✓ Each of these networks has both an Executive Director and Non-Executive Director sponsor. In addition, the Chairs of the networks are attending Board meetings in a quarterly basis.
- ✓ A delivery plan for the key elements of the Dudley People Plan and for WDES, WRES, and WSES actions has been developed to ensure there is a key focus on Equality.
- ✓ A 2021/22 WRES Delivery Plan is being presented to the April WSEC for sign-off.

Summary

3/3

Performance

Action

Staff Health & Wellbeing

- Referrals received in February increased to 67 over 58 in January.
- The largest category is 'Ability to perform duties' at 59%.
- The average days from referral to appointment was 12 days in February, compared to the target of 15 days.

- ✓ Review of Staff Health & Wellbeing service in progress to identify the service model and additional support required. A plan and resource options for SHAW is being considered by the Trust Executive in April.
- ✓ Interim support provided to support the service and review processes and practices in the short term.

HR Caseload

- The HR caseload (not including suspensions) has 28 live cases, the majority being disciplinary (13) at 46.4%. This equates to 0.58% of our staff members involved in a formal case.
- BAME staff represent 36% of active cases, in context this is 0.95% of our BAME workforce involved in a formal case.
- Last month (February) by ethnicity there were 10 BAME cases (30%) and 23 Non-BAME cases. This month (March) there 10 BAME cases and 18 non-BAME cases, totalling 28, and whilst the BAME participation has risen to 36%, the absolute number has not increased.

- ✓ 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.
- ✓ A new Disciplinary Policy is being ratified currently, which implements the recommendations from *A fair experience for all: closing the ethnicity gap in rates of disciplinary action across the NHS workforce*, including implementing the use of a decision tree and post case reviews.
- ✓ The development of innovative and supportive Employee Relations policies continue to be a focus, with both the 'Helping Resolve Problems Policy (Grievance Policy) and Disciplinary Policy having been reviewed in line with best practice and now in the Trust's consultation ratification process

Sickness Absence

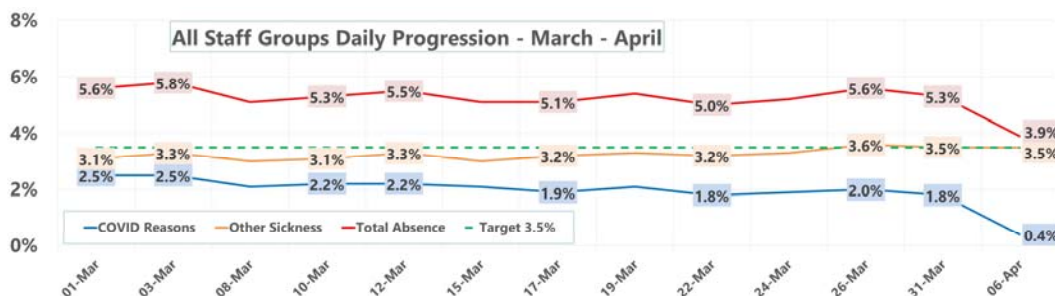
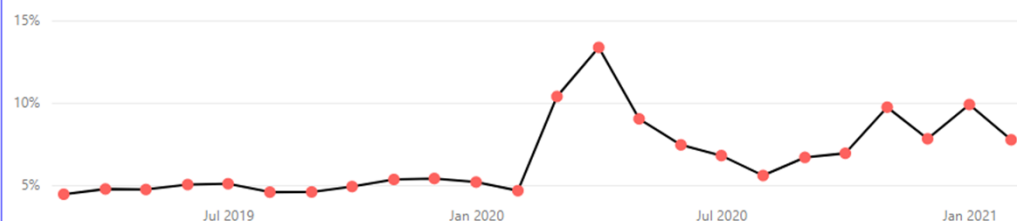
Overall Sickness/Absence was 7.75% in February, with Surgery the highest at 8.7%. The 3rd wave of COVID absences reduced through the month, and impacted the overall figure by 4.8%.

Daily absence tracking shows overall 3.9% at Tuesday 6th April, with C19 absences at 0.4%. Shielding ended on 31st March 2021, which significantly reduced the number of 'COVID Reason' absences. (NB 6th April is the day after the Easter break, and absences may be slightly under-reported until managers update ESR during the day).

COVID reason absences ('other' in the table to the right below) was the highest category, followed by 'Anxiety/stress/depression'. In terms of instances of sickness/absence, ED and Pathology were highest, followed by Ward B1 and Critical Care.



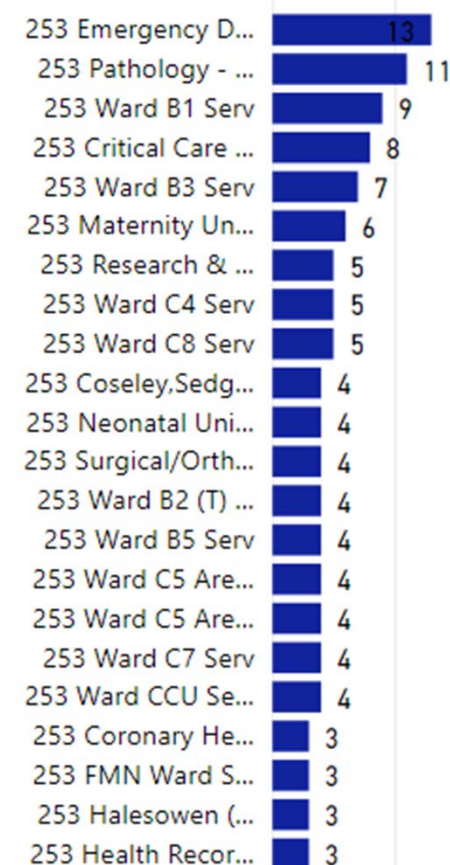
Absence % (FTE) 2 Years rolling



Reason (instances)



Ward/Service (instances)



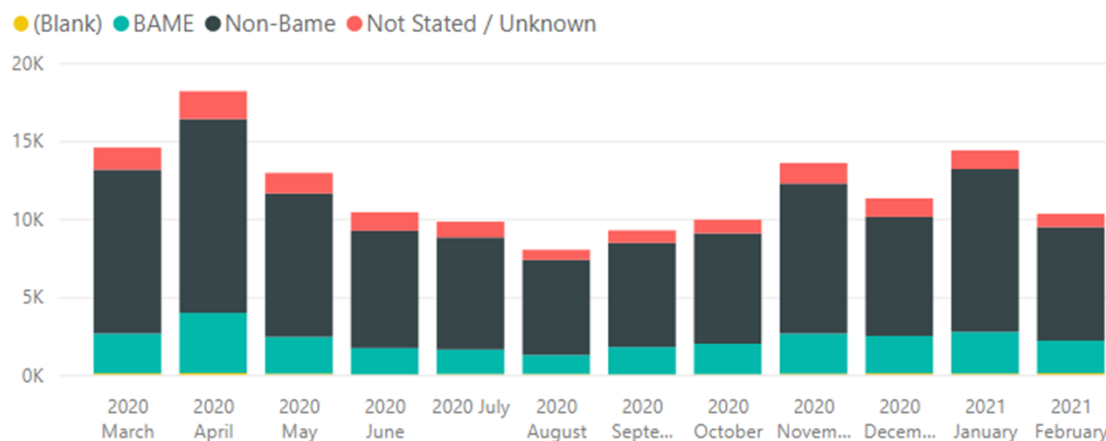
Sickness Absence - Detail

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

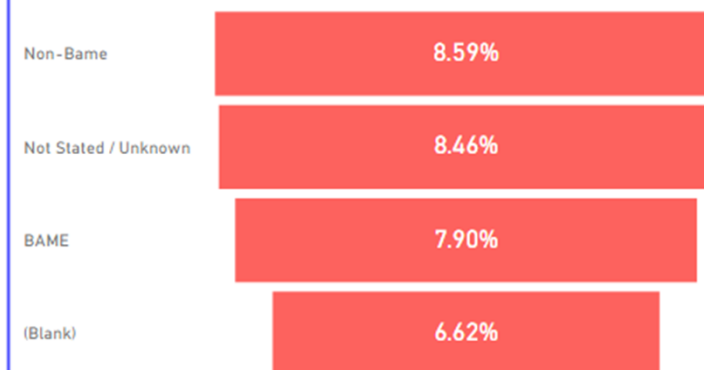
BAME colleagues show absence levels 0.6% lower than white colleagues.

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

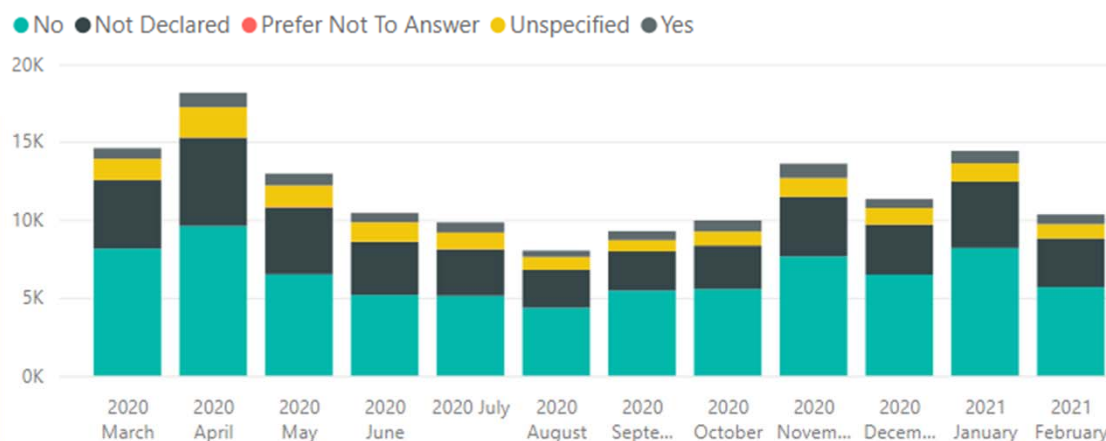
Bame / Non Bame - Absences (FTE) Trend



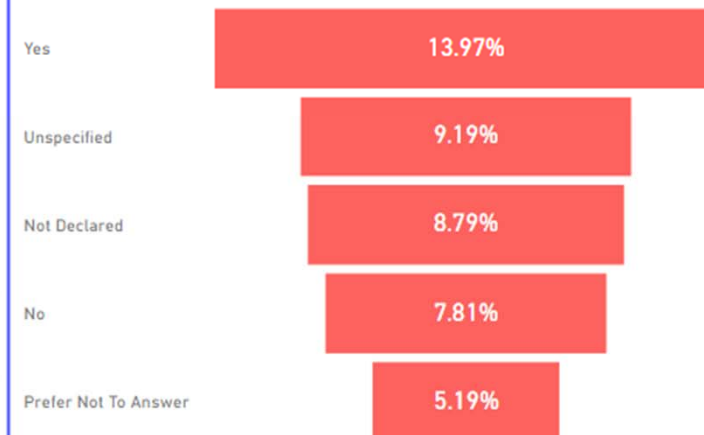
Bame / Non Bame - Absences % (FTE) 1 Year



Disability - Absences (FTE) Trend



Disability - Absences % (FTE) 1 Year



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

Contracted WTE staff has increased to 4,853 WTE in February, up 65 from January. The overall number of vacancies has dropped to 10%.

Bank usage increased from 634 WTE in January to 742 WTE in February, driven in part by DGHFT's role as Lead Employer for the Black Country and West Birmingham vaccination programme.

Trust
10%

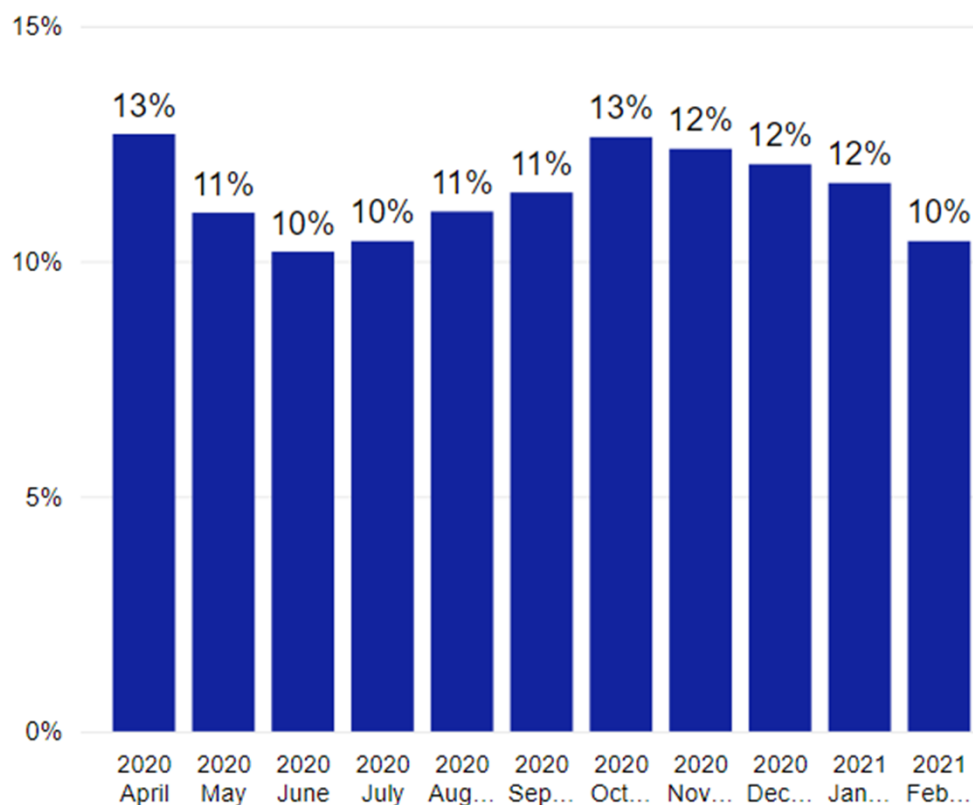
CS
16%

Corporate
-0%

MIC
9%

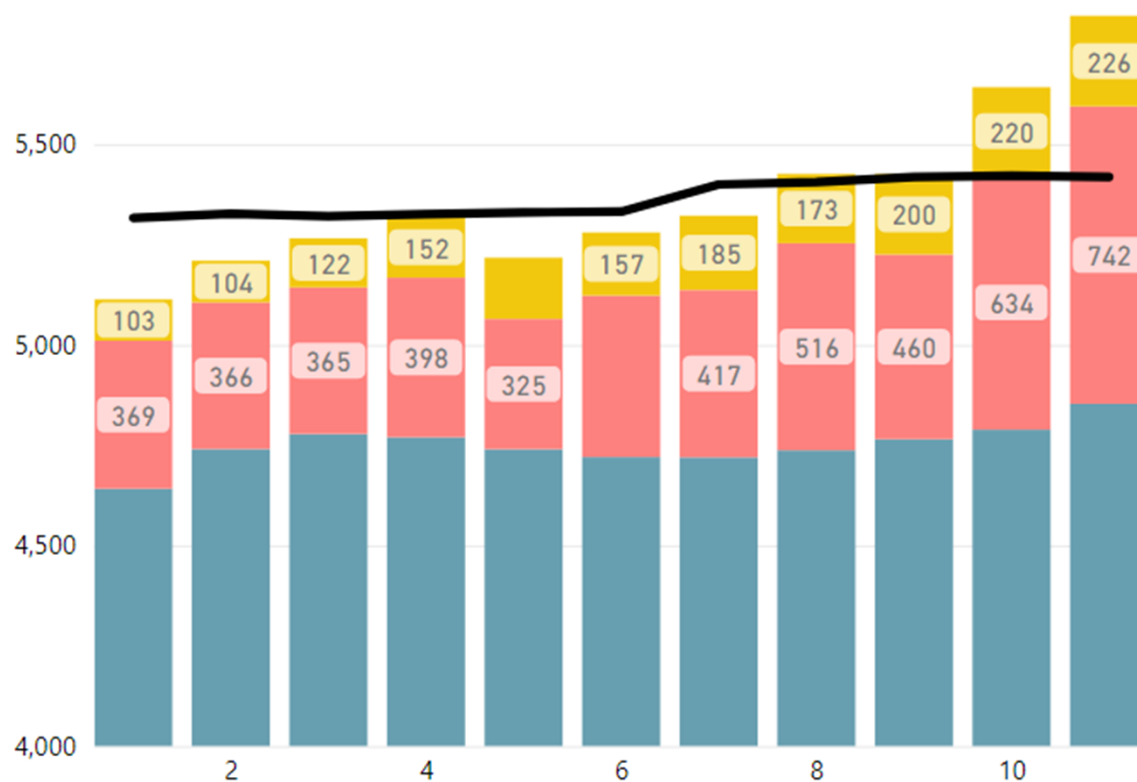
Surgery
13%

Vacancy %



Contracted Employed, Worked Bank & Agency

● Contracted Employed ● Worked Bank (charts) ● Worked Agency (chart) ● Budget WTE (YTD)



Vacancies – Total Trust + Bank & Agency Spend

The total vacancies stands at 565 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 11) and equates to 10%.

Worked BANK WTE numbers are inflated by DGFT's role as Lead Employer for the BCWB vaccination roll-out programme.

Qualified Nursing vacancies are at 296 WTE, Unqualified Nursing at 58 WTE, Radiographers at 49 WTE.

CC1 Desc	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
Clinical Support	532	445	87	16%	35	£121,811	21	£80,005	£201,816
Surgery	1,941	1,687	253	13%	209	£1,291,615	81	£619,288	£1,910,903
Medicine & Integrated Care	2,378	2,153	225	9%	254	£1,569,448	126	£811,902	£2,381,350
Corporate / Mgt	568	568	0	-0%	244	£882,856	-3	£266,278	£1,149,134
Total	5,419	4,854	565	10%	742	£3,865,730	226	£1,777,473	£5,643,203

EH4 Description	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
Qualified Nursing	1,862	1,566	296	16%	216	£1,215,168	160	£1,122,052	£2,337,219
Administration Staff	988	920	68	7%	175	£440,582	-20	-£71,942	£368,640
Unqualified Nursing	884	826	58	7%	232	£803,531	32	£118,469	£922,000
Senior Medical Staff	370	314	55	15%	27	£552,532	3	£64,816	£617,348
Radiographer	213	165	49	23%	8	£34,343	20	£67,981	£102,324
Technical Staff	243	211	32	13%	17	£79,100	0	£7,044	£86,145
Laboratory Staff	51	42	8	17%	4	£10,361	0	£417	£10,778
Paramedics	5	0	5	100%	0	£0			£0
Pharmacists	63	58	5	8%	8	£151,381	1	£5,603	£156,984
Dieticians	23	22	1	6%	1	£7,137			£7,137

Workforce Profile - Ethnicity – Representation by Division and Grade

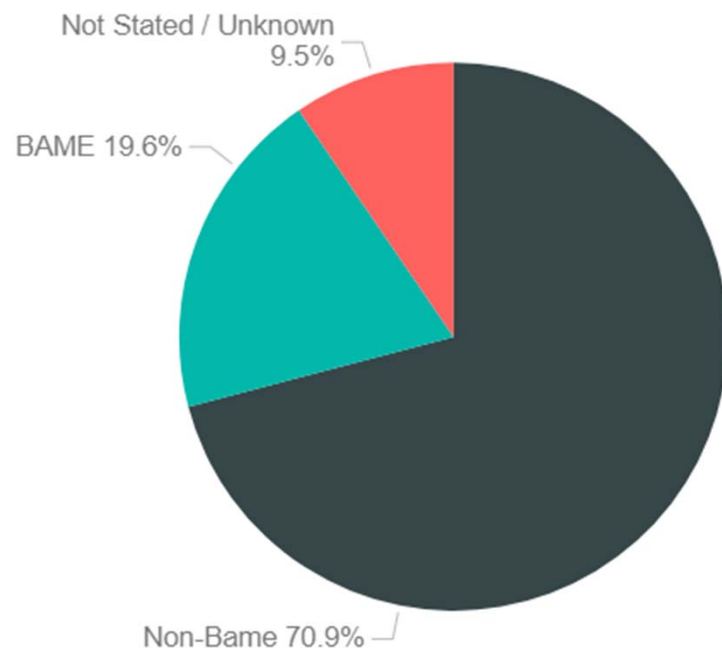
BAME staff Trust representation is at 19.6%.

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

● Non-Bame ● BAME ● Not Stated / Unknown



BAME/Non-BAME by Division

Mapping Org L2	BAME		Non-Bame		Not Stated / Unknown		Total	
	No.	%	No.	%	No.	%	No.	%
253 Clinical Support	136	26.3%	347	67.0%	35	6.8%	518	100.0%
253 Corporate / Mgt	77	12.6%	464	75.9%	70	11.5%	611	100.0%
253 Medicine & Integrated Care	456	19.3%	1671	70.6%	241	10.2%	2368	100.0%
253 Surgery	380	20.4%	1314	70.7%	165	8.9%	1859	100.0%
Total	1049	19.6%	3796	70.9%	511	9.5%	5356	100.0%

BAME/Non-BAME by Pay Grade (grouped)

Mapping Mapping	BAME		Non-Bame		Not Stated / Unknown		Total	
	No.	%	No.	%	No.	%	No.	%
Ad Hoc			1	100.0%			1	100.0%
Apprentice	8	12.5%	52	81.3%	4	6.3%	64	100.0%
Band 2	123	10.4%	954	80.6%	107	9.0%	1184	100.0%
Band 3	28	7.9%	288	81.1%	39	11.0%	355	100.0%
Band 4	51	12.1%	326	77.4%	44	10.5%	421	100.0%
Band 5	259	25.0%	664	64.1%	113	10.9%	1036	100.0%
Band 6	156	15.9%	735	74.7%	93	9.5%	984	100.0%
Band 7	57	11.8%	399	82.3%	29	6.0%	485	100.0%
Band 8a	32	21.3%	104	69.3%	14	9.3%	150	100.0%
Band 8b	5	11.6%	35	81.4%	3	7.0%	43	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	48.1%	97	40.2%	28	11.6%	241	100.0%
Non-Consultant	206	66.0%	83	26.6%	23	7.4%	312	100.0%
Trust contract	2	5.1%	27	69.2%	10	25.6%	39	100.0%
VSM	1	12.5%	5	62.5%	2	25.0%	8	100.0%
Total	1049	19.6%	3796	70.9%	511	9.5%	5356	100.0%

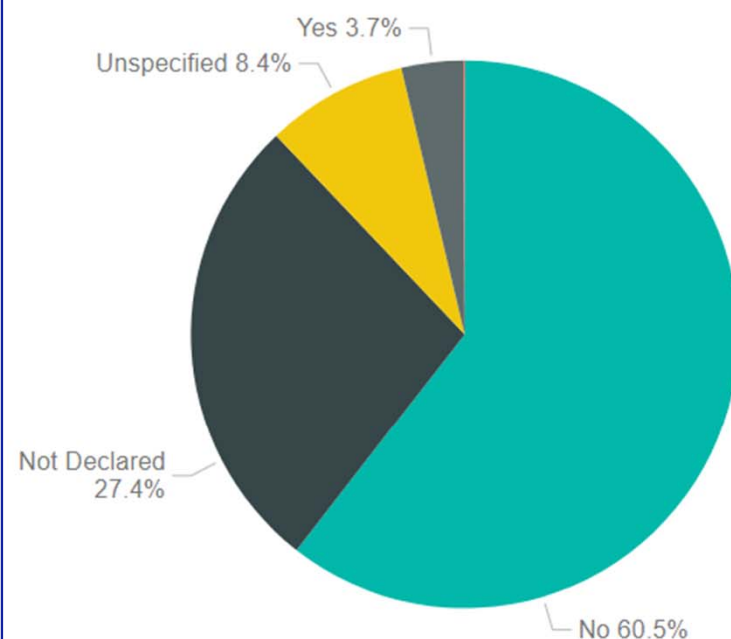
Workforce Profile - Disability – Representation by Division and Grade

Disabled staff Trust representation is at 3.7%.

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

Disability

● No ● Not Declared ● Unspecified ● Yes ● Prefer Not To Answer



Disability by Division

Org L2	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
253 Clinical Support	65.5%	24.4%		6.3%	3.8%
253 Corporate / Mgt	67.8%	20.8%	0.3%	5.0%	6.0%
253 Medicine & Integrated Care	60.4%	26.7%	0.0%	8.8%	4.1%
253 Surgery	57.0%	31.2%	0.1%	9.5%	2.3%
Total	60.5%	27.4%	0.1%	8.4%	3.7%

Disability by Pay Grade (grouping)

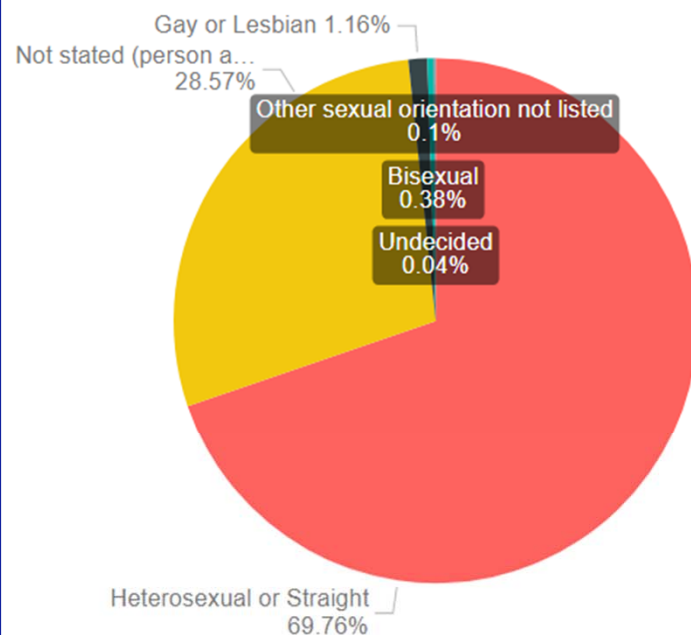
Mapping	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
Ad Hoc		100.0%			
Apprentice	75.0%	7.8%		1.6%	15.6%
Band 2	58.1%	27.2%	0.1%	11.9%	2.8%
Band 3	59.6%	26.7%		8.1%	5.6%
Band 4	67.8%	22.0%		7.3%	2.8%
Band 5	59.3%	26.5%		9.8%	4.4%
Band 6	58.9%	30.0%		7.5%	3.6%
Band 7	60.6%	31.6%	0.2%	3.1%	4.5%
Band 8a	66.7%	22.0%		6.7%	4.7%
Band 8b	60.5%	34.9%		4.7%	
Band 8c	84.6%	15.4%			
Band 8d	66.7%	33.3%			
Band 9	87.5%				12.5%
Consultant	41.6%	49.4%	0.4%	8.6%	
Non-Consultant	77.9%	13.6%		6.0%	2.5%
Trust contract	61.5%	25.6%		12.8%	
VSM	25.0%	50.0%	12.5%		12.5%
Total	60.5%	27.4%	0.1%	8.4%	3.7%

Workforce Profile – LGBTQ+ – Representation by Division and Grade

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

LGBTQ+

● Heterosexu... ● Not stated (... ● Gay or Les... ● Bisexual ● Other sexu...



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%	71.6%	26.9%	0.4%	
253 Corporate / Mgt	0.7%	0.9%	78.3%	20.0%		0.2%
253 Medicine & Integrated Care	0.3%	1.8%	70.4%	27.5%	0.0%	
253 Surgery	0.3%	0.7%	65.5%	33.3%	0.1%	0.1%
Total	0.4%	1.2%	69.8%	28.6%	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
Ad Hoc			100.0%			
Apprentice		3.2%	82.5%	14.3%		
Band 2	0.8%	1.8%	68.1%	29.0%	0.3%	
Band 3		0.9%	73.9%	25.2%		
Band 4		1.0%	73.5%	25.0%	0.3%	0.3%
Band 5	0.3%	0.8%	69.6%	29.3%		
Band 6	0.2%	1.0%	69.4%	29.4%		
Band 7	0.2%	1.1%	68.7%	29.8%	0.2%	
Band 8a		1.4%	75.2%	23.4%		
Band 8b		2.4%	61.9%	35.7%		
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%	82.2%	15.8%		
Trust contract		2.9%	64.7%	32.4%		
VSM			87.5%	12.5%		
Total	0.4%	1.2%	69.8%	28.6%	0.1%	0.0%

Mandatory Training – Performance Trend

Mandatory Training: overall compliance reduced in February to 82.09%, down from 84.3% in January.

Mandatory training compliance amongst BAME staff was lower than the DGFT average. BAME staff compliance is lower across all staff groups.

Non-mandatory training is also lower within the BAME staff group (59%) compared to the Non-BAME group (65%).

Latest
Month

Trust
82.09%

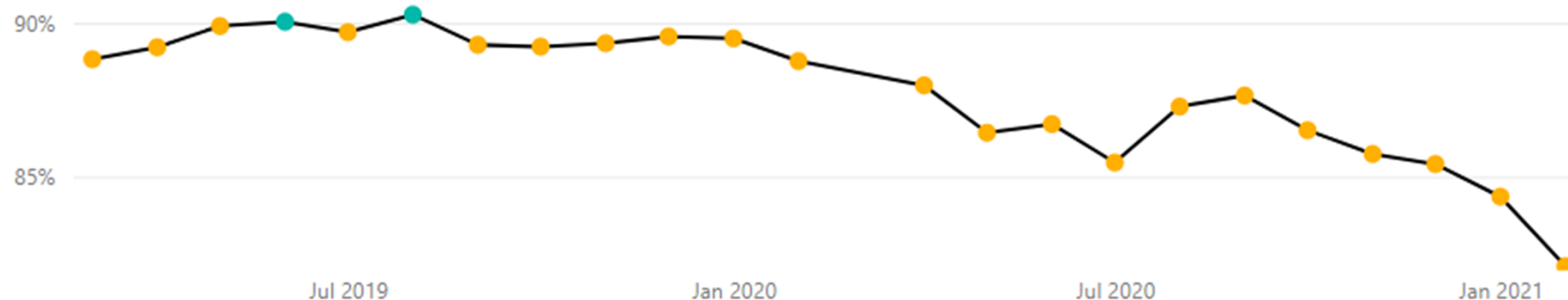
CS
84.32%

Corporate
84.65%

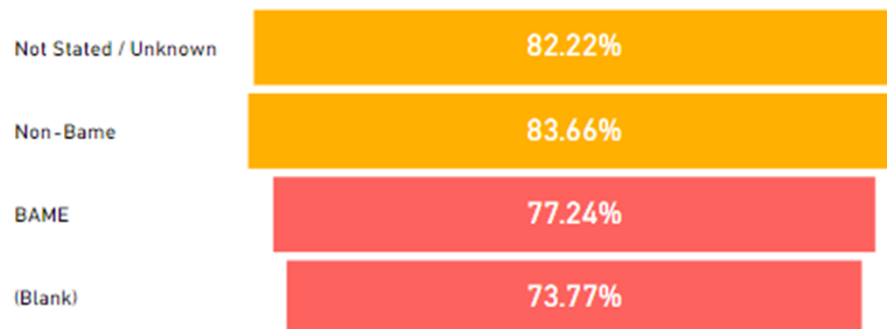
MIC
82.88%

Surgery
79.81%

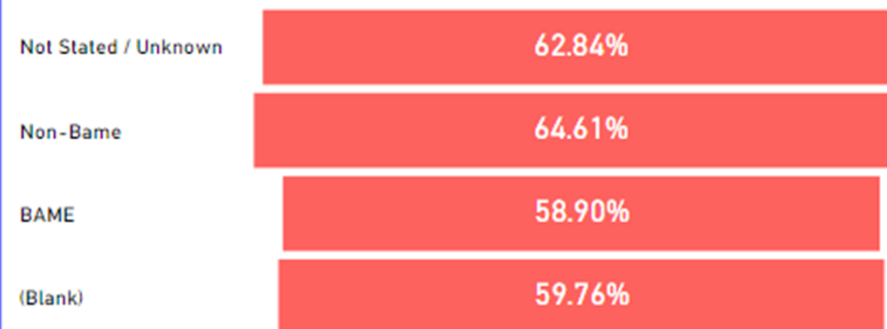
Mandatory Training (last 2 years rolling)



Mandatory (priority 1) Compliance



Non-Mandatory (priority 2 & 3) Compliance

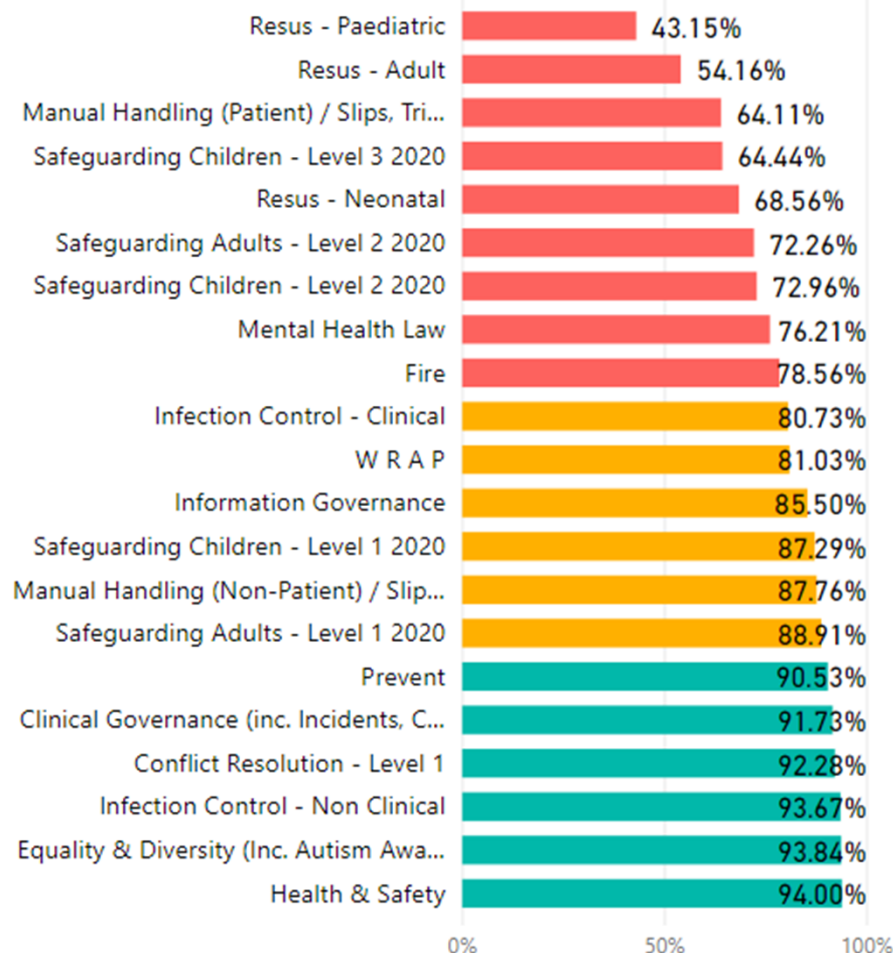


Mandatory Training – Areas of Focus

The priority areas continue to be RESUS and SAFEGUARDING.

The most challenged services are Psychiatry Medics, Medical Staff (Oncology), and General Surgery Medical Staff.

Course Compliance (based on selections)



Ward/Service (based selections)

Group5Description	Actual	No. >90%	%' tage
253 Psychiatry Medics Rechg PCT Serv	5	12	27.8%
253 Medical Staff (Medical Oncology) Serv	13	13	46.4%
253 General Surgery Medical Staff Serv	278	240	48.3%
253 HR Director Serv	21	15	52.5%
253 Medical Staff Renal Serv	82	53	54.7%
253 Med Secs Emergency Medicine Serv	17	10	56.7%
253 Trust Capacity Management Serv	103	49	61.3%
253 Operations Management Serv	147	62	63.4%
253 Medical Staff (Vascular) Serv	104	42	64.2%
253 Medical Director Serv	50	20	64.9%
253 Theatre Plastics Serv	19	8	65.5%
253 Plastic Surgery Medical Staff Serv	88	33	65.7%
253 Infection Control Serv	81	30	65.9%
253 Medics - Biochemistry 2 Serv	37	14	66.1%
253 Ward C4 Onc Day OP Serv	205	74	66.3%
253 Urology Medical Staff Serv	109	37	67.3%
253 Medical Staff GP Medicine Serv	66	23	67.3%
253 Theatres Recovery & Anaesth Serv	359	120	67.5%
253 Paediatric Medical Staff Serv	247	81	67.9%
253 Mgt Team Clinical Support Div Serv	55	18	67.9%
253 Ward C8 Serv	705	229	68.0%
253 Ward C1 Area B Serv	283	92	68.0%
253 Discharge Co-ordinator Serv	187	59	68.5%
253 Renal CAPD Uni Serv	143	42	69.8%
Total	54,276	5157	82.2%

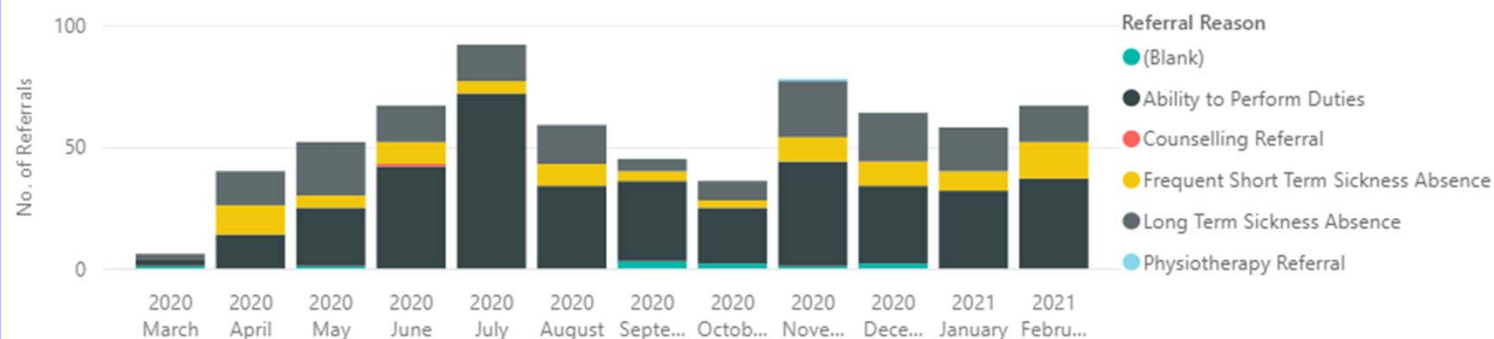
Staff Health & Wellbeing – SHAW Service – Manager Referrals

Referrals received in February increased to 67 over 58 in January.

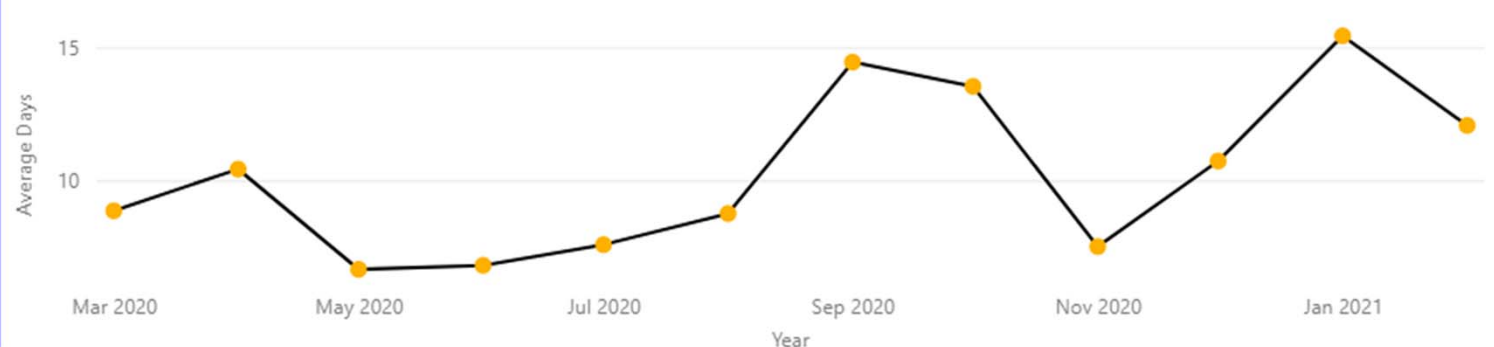
The largest category is 'Ability to perform duties' at 59%.

The average days from referral to appointment was 12 days in February, compared to the target of 15 days.

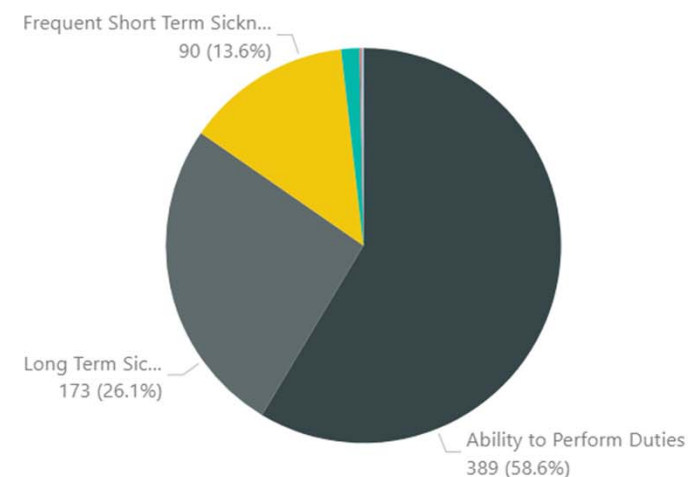
SHAW Referrals Trended



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



SHAW Referrals by Reason



HR Caseload

The HR caseload (not including suspensions) has 28 live cases, the majority being disciplinary (13) at 46.4%.

BAME staff represent 36% of active cases.

Last month (February) by ethnicity there were 10 BAME cases (30%) and 23 Non-BAME cases. This month (March) there 10 BAME cases and 18 non-BAME cases, totalling 28, and whilst the BAME participation has risen to 36%, the absolute number has not increased.

Caseload By Type

● Capability No UHR ● Capability UHR ● Disciplinary ● Grievance



Caseload by Staff Group

Employee Relations Type Staff Group	Capability No UHR		Capability UHR		Disciplinary		Grievance	
	Count	%	Count	%	Count	%	Count	%
Add Prof Scientific and Technic							1	100.0%
Additional Clinical Services			1	25.0%	3	75.0%		
Administrative and Clerical	1	12.5%	1	12.5%	4	50.0%	2	25.0%
Allied Health Professionals					2	66.7%	1	33.3%
Medical and Dental					1	20.0%	4	80.0%
Nursing and Midwifery Registered	1	14.3%	1	14.3%	3	42.9%	2	28.6%
Total	2	7.1%	3	10.7%	13	46.4%	10	35.7%

Caseload by Ethnicity

Employee Relations Type Ethnicity	Capability No UHR		Capability UHR		Disciplinary		Grievance	
	Count	%	Count	%	Count	%	Count	%
A White - British	2	15.4%	2	15.4%	8	61.5%	1	7.7%
C White - Any other White background							1	100.0%
CA White English					1	100.0%		
H Asian or Asian British - Indian					1	20.0%	4	80.0%
J Asian or Asian British - Pakistani							1	100.0%
M Black or Black British - Caribbean			1	100.0%				
PD Black British					1	50.0%	1	50.0%
PE Black Unspecified					1	100.0%		
Z Not Stated					1	33.3%	2	66.7%
Total	2	7.1%	3	10.7%	13	46.4%	10	35.7%

Paper for submission to the Public Board of Directors on 15 April 2021

TITLE:	Charitable Funds Committee Summary Report		
AUTHOR:	Julian Atkins Committee Chair	PRESENTER:	Julian Atkins Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
			X
RECOMMENDATIONS			
The Board is asked to note the contents of the report.			
CORPORATE OBJECTIVE:			
S01 – Deliver a great patient experience S05 – Make the best use of what we have			
SUMMARY OF KEY ISSUES:			
Summary of key issues discussed and approved by the Charitable Funds Committee on 22 March 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	Y	Details: Charity Commission
REPORT DESTINATION	Board of Directors	Y	DATE: 15 April 2021
	Working Group	N	DATE:
	Committee	N	DATE:

UPWARD REPORT FROM CHARITABLE FUNDS COMMITTEE

Date Committee met: 22 March 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> There were no matters of concern or key risks to escalate. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> An annual fundraising plan for 2021/2022 is being developed together with a calendar of events. A newsletter is being produced to communicate the fundraising achievements over the last year and to show what funds have been spent on.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Mrs Abbiss reported that notification had been received that the Charity will receive £121,000 from stage 3 NHS Charities Together. Mr Walker informed the Committee that total fund balances stood at just over £2.4m. Income for the year to date was £980k whilst expenditure was £688k. The balance available to spend across the general funds totalled £26,777. The Committee effectiveness review was positive. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> One bid was approved. A sensory pod for both child and adult patients with learning difficulties, attending Trauma and Orthopaedic outpatient appointments. The pod will provide a calming space and will improve patient experience - £6,541.
<p>Chair's comments on the effectiveness of the meeting: The meeting was well attended and effective.</p>	