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NHS
The Dudley Group
NHS Foundation Trust

Values

CARE RESPECT RESPONSIBILITY

Board of Directors Meeting Public Papers

Thursday 11th November 2021, 13:10 – 17:05pm

The Dudley Group
NHS Foundation Trust

BOARD MEETINGS
PUBLIC INFORMATION SHEET

The Dudley Group's Board of Directors meet 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 the 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 the (confidential/private) meeting.

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

Helen Benbow
Executive Officer
The Dudley Group NHS Foundation Trust
Tel: 01384 321012 (direct dial) / 01384 456111 ext. 1012
Email: helen.benbow1@nhs.net

Helen Board
Deputy Trust Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1124
email: helen.board@nhs.net

2. Board Members' interests

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

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

3. Opportunity for questions

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

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 a 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 Board of Directors for approval, are added to the website at the same time as the papers for that meeting.

6. Future meeting dates

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

7. Accessibility

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

The Dudley Group
NHS Foundation Trust

THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

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

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

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

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

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

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

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

IN PUBLIC

The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 11 November 2021
Rooms 7&8 Clinical Education Centre

AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
15	**Chairmans welcome and note of apologies –**		Y Buckland	For noting	13.10
16	**Declarations of Interest** Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	13.10
17	**Minutes of the previous meeting** Thursday 11 September 2021 Action Sheet 11 September 2021	Enclosure 12 Enclosure 13	Y Buckland	For approval	13.10
18	**Chief Executive's Overview**	Enclosure 14	D Wake	For information & assurance	13.15
19	**Chair's Update**	Verbal	Y Buckland	For information	13.35
20	**Public Questions**	Enclosure 15	Y Buckland	For information	13.45
21	**Discussion – Primary Care Integration**	Presentation	Simon Hughes	Presentation	13.50
22	**Presentation - ED Digital Platform**	Presentation	A Singal	Presentation	14.20
23	**GOVERNANCE**				
23.1	Acute Collaboration	Enclosure 16	K Sheerin	For assurance	14.50
24	**QUALITY & SAFETY**				
24.1	Quality and Safety Committee Report	Enclosure 17	E Hughes	For assurance	15.05
24.2	Chief Nurse Report	Enclosure 18	M Sexton	For assurance	15.15
24.3	Board Assurance Infection Control Framework	Enclosure 19	M Sexton	For assurance	15.30
24.4	Maternity and Neonatal Safety and Quality Dashboard	Enclosure 20	M Sexton	For assurance	15.45
25	**FINANCE & PERFORMANCE**				
25.1	Finance and Performance Committee Report	Enclosure 21	J Hodgkin	For assurance	16.00
25.2	Integrated Performance Dashboard	Enclosure 22	K Kelly	For assurance	16.10

26	**WORKFORCE**				
26.1	Workforce and Staff Engagement Committee Report	Enclosure 23	J Atkins	For assurance	16.25
26.2	Workforce KPIs	Enclosure 24	J Fleet	For assurance	16.35
27	**DIGITAL TRUST TECHNOLOGY**				
27.1	Digital Trust Technology Committee Report	Enclosure 25	C Holland	For assurance	16.50
28	**Any Other Business**	Verbal	All		17.00
29	**Reflection on meeting**	Verbal	All		17.00
30	**Date of next Board of Directors meeting** 12th January 2022				17.05

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

Enclosure 12

The Dudley Group NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 16th September 2021, by Remote Attendance

Present:

Yve Buckland, **Chair** (YB)
Diane Wake, Chief Executive (DW)
Tom Jackson, Director of Finance (TJ)
James Fleet Chief People Officer (JF)
Vij Randeniya, Non-executive Director (VR)
Katherine Sheerin, Director of Strategy & Transformation (KS)
Julian Atkins, Non-executive Director (JA)
Karen Kelly, Chief Operating Officer (KK)
Liz Hughes Non- executive Director (LH)
Gary Crowe, Non-executive Director (CH)
Catherine Holland, Non-executive Director (CH)
Adam Thomas. Chief Information Officer (AT)
Gurjit Bhogal (GB) (Associate Non-Executive Director)
Thuvarahan Amuthalingham (TA) (Associate Non-Executive Director)

In Attendance:

Liam Nevin, Trust Secretary (LN)
Paul Hudson, Deputy Medical Director (PH)
Helen Bromage Deputy Chief Nurse (HB)

21/082 Note of Apologies and Welcome

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

Governors

Alan Rowbottom, public elected Tipton & Rowley Regis

Hilary Lumsden, public elected Halesowen (part of meeting)

Public

James Conway, foundation Trust member

Apologies were received from Lowell Williams, Julian Hobbs, Mary Sexton Jonathan Hodgkin (JH), Liz Abbiss

21/083 Declarations of Interest

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

21/084 Minutes of the previous meeting held on 10th June 2021

It was **RESOLVED**

- **That the minutes of the meeting of the 10th June 2021 be agreed as a true and accurate record of the meeting.**

The Action log was noted.

21/085 Public Chief Executive Overview Report

DW introduced her report. It was noted that Dudley currently had the highest COVID community infection rate in the Black Country and West Birmingham with 337 per 100k of population. There had been a significant increase with 15 admissions in the previous two days and there were currently 16 COVID patients in ITU with over 50% of these ventilated. The pressure on critical care was having an impact on theatres because of the need to safely staff the ITU.
It was noted that 57 staff were currently absent with COVID or COVID related reasons.

The Board were advised that the vaccination programme for 12-17 year olds had been nationally approved and that the Trust would be managing this for the system.

It was reported that the Acute Providers in the system were working well together and that following national guidance there would be a focus on reducing 104 week waits across the system. Clinical summits were looking at the pathways and improvements to patient care and these would be subject to public engagement and discussions with the Overview and Scrutiny Committee.

Congratulations were given to the Cardiology One Stop team who won the June Healthcare Heroes team award, and to Jane Pugh who received the individual award. Congratulations were also offered to the out of hours district nurses, and Sue Hodder who received the team and individual awards for July.

It was **RESOLVED**

- **That the report be noted**

21/086 Chair's Public Update

The Chair advised that she had attended various system meetings and it was apparent that the pressure on services experienced by the Trust over the summer was a national issue. She expressed her thanks to all staff who continued to manage severe operational pressures on a daily basis.

The Board were advised that NHSE/I had briefed Chairs on the national priorities which required maintaining an overview of COVID pressures, delivering the vaccination

programme, reducing elective waiting times, particularly 104 week waiters, and managing high demand for urgent and emergency care.

21/087 Public Questions

Dr Ruth Tapparo, PCN Clinical Director Brierley Hill and Amblecote asked:

Please can the Board advise how the funds within The Dudley Group NHS Foundation Trust's capital programme will be utilised by the 'local population patients and local health providers.' As PCN Clinical Director for Brierley Hill and Amblecote, I have contacted Diane Wake to discuss the Corbett Meadow and the potential benefits that the local population and the PCN (as part of the local health system). Unfortunately, my request to meet to discuss options has not been taken up.
The Meadow has multiple opportunities which would benefit the health and wellbeing of the local population,my PCN which is exactly the purpose of why the land was gifted originally. Along with the Action Group, I would like to make an extended invitation to the board to meet to discuss this further.

Judith Davies, Brierley Hill asked:

As a relative of the late, great John Corbett, I would like to ask a question about the Corbett hospital and its meadowland. Despite making a fortune, John never disowned his roots and sought to enhance the everyday lives of the Black Country working class amongst whom he had grown up. When John gave the Hill estate to the people of Stourbridge and vicinity, his brother, the eminent doctor, Thomas Corbett was one of the original trustees and the deed of trust makes it clear that they wished the grounds to be made available as 'a Public Park', for the benefit of all, not sold off to a privileged few, thus gaining short-term profit at the expense of long-term loss. My question is what makes the present-day trustees think they have the right to over-ride the wishes of the benefactor by seeking to make a deal with a commercial developer? And does it concern them that that the message they are sending to other families who might be considering making a bequest to the Dudley Group NHS Foundation Trust, is to think again as there is no guarantee that any of their wishes will be respected?

Paul Watson, Stourbridge asked:

Given the Trust's commitment to best practice & innovation, green social prescribing and the well-being of its staff & patients, will it commission a report, to be prepared in liaison with interested parties, which considers the potential for utilising the Meadow at Corbett Hospital for such purposes? and, in the light of that report's findings, review its position that the Meadow is surplus to its requirements?

Answer: In light of financial challenges that face the NHS we are under a duty to make the best use of our resources and public money. NHS guidance states we should dispose of any surplus assets. We are required to sell the parcel of land we own at the rear of Corbett Outpatient Centre and reinvest the money directly back into patient care for the people of Dudley and surrounding areas. The money will be spent on crucial medical equipment to support the local communities' healthcare. We are therefore in ongoing discussions with a developer regarding the surplus land.

DW explained that government policy required that surplus land be sold, and that this was linked to the affordable housing programme. As such the Trust did not have discretion. DW

acknowledged previous correspondence from Ruth Tapparo on this matter and advised that this had been responded to. It was agreed that, given the capacity in which Ms Tapparo had raised the issue, DW would contact the CCG to advise that this government policy was binding on all parts of the NHS.

The members of the public were thanked for their questions and it was agreed that written responses would be sent confirming the Trust' position.

21/088 Presentation – Safeguarding Team

The Chair welcomed Julie Mullis and Justine Morris who delivered a presentation on the achievements, challenges and opportunities for the Safeguarding service.

The Chair welcomed the presentation and stated that safeguarding was an important issue and the matters addressed in the presentation required full ownership and support by the Board.

CH stated that there had been a step change in the quality of service since she had joined the Board and she commended, in particular, the Reachable Moments programme.

LH commended the excellent team and stated that as the safeguarding lead she was very aware of the significant increase in work during the pandemic.

The Chair concluded that the developing liberty protection agenda was an important development and that this should be addressed in the mandatory training programme for staff. She requested that the Board be briefed in due course as to how staff were being informed of changes in this area.

On behalf of the Board the Chair thanked Julie and Justine for a comprehensive presentation and for the excellent work being done by the team.

21/089 GOVERNANCE

21/089 Acute Collaboration

KS summarised the report and advised that the programme was developing well. An MoU had been agreed between partners to allow staff to work across organisations and the Programme Director and the majority of clinical leads had now been appointed.

It was **RESOLVED**

- **That the report be noted**

21/090 Trust Strategy Update

KS summarised the consultation done to develop the strategy over the previous twelve months and referred the Board to the plan on the page summarising the values, strategic goals, measures of success and transformation programmes.

GC asked how the Board and committees would track progress and KS advised that the next stage was to develop a series of deliverables against the success measures that would report up to Committees. It was proposed that these be agreed through a Board workshop.

LN advised that the aim was to develop a composite performance report of strategic deliverables and strategic risks so that the committees and the Board were tracking performance against the strategy and the BAF in the same meetings.

The Chair added that the proposed strategy had also been subject to a final review at the governors briefing earlier in the week and this had been well received.

It was **RESOLVED**

- **To approve the Trust's Strategic Plan 2021-24 and to note the details regarding the formal launch.**
- **To note the next steps regarding developing a robust implementation plan and aligning the Board Assurance Framework with the Strategic Plan goals.**

21/091 QUALITY AND SAFETY

21/091.1 Quality and Safety Committee Report

LH summarised the exception report and advised that the high number of positive assurances reported from the meeting was commendable.

VR summarised the progress with the Home for Lunch project, from his perspective as the lead NED on the programme. It was expected that this would be fully rolled out by the end of October but the programme was not fully embedded into business as usual and may require a reset.

DW agreed that progress was frustrating and that it was essential that the Trust expedited timely discharges in all cases.

TA challenged what the plans were for earlier ward rounds and DW advised that ward rounds were started in ED each morning. However, there needed to be a change to job plans to ensure the same approach in Surgery.

DW advised that the national Head of Midwifery would be visiting the Trust and would examine the maternity service and how Ockenden funding was being used.

It was **RESOLVED**

- **That the report be noted**

21/091.2 Chief Nurse Report

HB presented the report and questions were invited.
Noting that eleven international nurses had been recruited in the previous month VR challenged what the net number for nursing growth or attrition was and how the Trust was ensuring that the new recruits were retained. HB assured that there was significant pastoral support being provided to the international nurses.

The Chair challenged that the number of falls were fluctuating and questioned whether there was an issue with patients attempting to mobilise independently and if so why this was.
HB advised that there were a combination of circumstances, including patients who were acting against advice and in some cases an inability to reach the patient in time.

It was **RESOLVED**

- **That the report be noted**

21/091.3 Board Assurance Infection Control Framework

HB advised that there were no significant changes to the position previously reported. 84 actions were rated green with a further 7 rated as amber but with mitigations. New guidance on staff isolation had been issued in August and this was now embedded. It was noted that mandatory training for infection control was now over 90% compliant.

The Chair asked how the Trust compared with other Trusts and whether standards of cleaning were still an issue. HB advised that the Trust was mid-range in its performance and that whilst there were still concerns about cleaning standards these had been mitigated as reflected in the action plan.

It was **RESOLVED**

- **That the report be noted**

21/091.4 Maternity and Neonatal Safety and Quality Dashboard

Dawn Lewis joined the meeting for this item and summarised the report. The Board were advised of the staffing challenges with midwifery and obstetrics with a number of providers competing for the same staff.

The Chair challenged that risks 4.1 and 4.2 had been reprofiled from June to August but were still outstanding in September. She asked that the Board be briefed separately on the progress against actions that had passed their deadline.

It was **RESOLVED**

- **That the report be noted**

21/091.5 EPRR Core Standards

The Chair advised that this issue was addressed in the report from the Finance and Performance Committee and that JH had clarified that the situation was that the Trust had failed four out of approximately fifty standards but that it would retain its designation as substantially compliant.

It was **RESOLVED**

- **That the Board approve the Trust submission in relation to the NHS Commissioning EPRR Core Standards as issued by NHS England for 2021.**

21/092 FINANCE AND PERFORMANCE

21/092.1 Finance and Performance Committee Report

TJ summarised the report and advised that there had been a strong focus in the recent committee meetings on performance, particularly in relation to the Emergency Access Standard. The financial plan was on track and the risks around H2 had been considered.

The committee had been concerned with the underling deficit which could require a very challenging cost improvement programme.

It was **RESOLVED**

- **That the report be noted.**

21/092.2 Integrated Performance Report

KK summarised the report and the Board were advised that in respect of the Emergency Access Standard there had been very high demands placed on the Emergency Department and there had been a number of 12 hour waits and ambulance delays. The latter had been improved through the use of ambulance triage cubicles but the situation remained challenging.

GC challenged on the steps that were being taken to safely manage the volumes and waiting times and in particular what efforts were being made to ensure regular welfare and safety checks on patients waiting for treatment.

KK stated that ambulance delays were managed by ensuring a clinical assessment of the patients and taking treatment out of time order when clinical symptoms required this. In addition, there was regular monitoring of dashboards on matters such as sepsis and there was no evidence of harm arising.

CH challenged what arrangements were in place to ensure that patients were properly hydrated and KK advised that there were regular catch ups with nurses and matrons.

LH questioned whether there was documentation to evidence when rounds were undertaken and HB stated that this was the case on the wards but that it was not as easy to document in A and E.

LN commended the site team and stated that as Duty Director he had involvement with the Site Managers who during the evenings and weekends were constantly working hard to increase capacity and flow often with limited options.

GS challenged that the report identified 32 patients waiting over 104 days in the August data. He asked how the Trust was communicating with these cases given the stress that such delays cause. KK advised that the majority of these patients had declined to attend hospital at some stage in the pathway. However, a clinical nurse specialist phoned all such patients, and there was a harm review undertaken in every case. This approach had now been adopted by other Trusts as best practice.

It was **RESOLVED**

- **That the report be noted**

21/093 WORKFORCE

21/093.1 Workforce and Staff Engagement Committee Report

JA summarised the exception report which was noted and accepted by the Board

It was **RESOLVED**

- **That the report be noted**

21/093.2 Workforce KPI Report

JF summarised the report and advised the Board that whilst the reported figures for staff sickness in July was 7.04% the current figure was 5.8% and this reflected the work that was being done on welfare conversations, the involvement of the SHAW service, and the use of risk assessments.

GC challenged the high number of vacancies recorded, noting the particular concentration in nursing and Allied Health Professionals. He asked what steps were being taken to address hard to recruit to workforce areas. JF advised that each division was developing capacity plans and the Workforce Committee would be reviewing these at a deep dive in its November meeting.

HB added that exploratory work was also underway to establish hybrid roles, and international recruitment was also being considered for hard to recruit to roles such as radiographers.

It was **RESOLVED**
- **That the report be noted**

21/094 DIGITAL AND TECHNOLOGY

CH summarised the committee meeting and noted that the committee effectiveness review had supported the view that the committee was now well established and had matured with good quality papers and discussions.

It was **RESOLVED**
- **That the report be noted**

21/095 Any Other Business

There was no other business

Date for the Next Meeting - 14 October 2021

Signed ……

Date …….....

Enclosure 13

The Dudley Group NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors (Public Session)
Held on 16 September 2021

Item No	Subject	Action	Responsible	Due Date	Comments
21/087	Public Questions	Letter to the CCG concerning obligation to sell the Corbett land (Ref public question from Dr Ruth Tapparo, PCN Clinical Director)	DW	October Board	LA producing response
21/087	Public Questions	Letter of reply to public questions re Corbett Land Sale	TJ (Chris Walker)	October Board	LA producing response
21/091.4	Maternity and Neonatal Safety and Quality Dashboard	Current position on actions that are beyond the deadline for completion to be circulated to the Board	MS (Dawn Lewis)	1.10.21	Included in Report

Enclosure 14

The Dudley Group NHS Foundation Trust

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

Title:	Private Chief Executive's Report
Author:	Diane Wake, Chief Executive
Presenter:	Diane Wake, Chief Executive

Action Required of Committee / Group			
Decision	**Approval**	**Discussion**	**Other**
		X	

Recommendations:

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

Summary of Key Issues:

- Coronavirus
- Winter vaccination
- Acute Medical Unit
- Greener NHS
- National award for Parkinson's work
- NHS Staff Survey
- Charity Update
- Patient Feedback
- Visits and Events

Impact on the Strategic Goals *(indicate which of the Trust's strategic goals are impacted by this report)*	
Deliver right care every time	✓
Be a brilliant place to work and thrive	✓
Drive sustainability (financial and environmental)	✓
Build innovative partnerships in Dudley and beyond	✓
Improve health and wellbeing	✓

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	N	Risk Description	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSE/I	N	Details:
	Other	N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 11th November 2021
	Other	N	Date:

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 11th November 2021

Coronavirus

Although we are seeing a slight dip in the seven-day incident rate for COVID in the Dudley borough, we are still following social distancing guidelines, using hand gel and wearing surgical masks in our hospitals and require that anyone visiting our premises do the same unless exempt. Preventing the spread of the virus remains our priority and we have a duty to protect ourselves, each other and our clinically vulnerable patients. We encourage all our staff to test regularly for COVID using the saliva sampling method called LAMP testing. LAMP stands for loop-mediated isothermal amplification and is a weekly test for staff showing no symptoms. We are still awaiting guidance on whether the flu and COVID vaccines will be compulsory in a healthcare setting.

Winter vaccination

There are two essential vaccines that are needed this winter for our staff - the flu jab and the COVID-19 booster. Vaccines are the best way to protect ourselves and those around us and getting the winter vaccines is very important. All Trust staff are encouraged to drop in to the vaccination hub, based in Action Heart at Russells Hall Hospital, where our vaccination team is ensuring we are protected this winter. We are not only protecting ourselves but also our patients, colleagues, friends and families.

Acute Medical Unit

Our brand new acute medical unit (AMU) – Rainbow Unit – is due to open on 10th November (tbc). The two-storey facility outside Russells Hall Hospital is located near to the Emergency Department and will provide an acute assessment unit on the ground floor with 22 spaces and eight monitored beds. On the first floor is a 30-bed short stay ward. Acute medical patients will be taken directly to AMU avoiding unnecessary attendance in the Emergency Department. They will receive early, single assessment by medical teams, and this will be a better experience. Patients referred to the assessment area will be seen, treated and sent home or transferred to the first floor. If needed, they will be transferred to a specialty ward in the main hospital. We have produced a video to promote the benefit of the new unit to staff and patients. The video can be seen here.

When AMU vacates its current location, the area will bring together speciality work from frailty, cardiology, respiratory, haematology and oncology and ambulatory emergency care. Teams in the new AMU and across the Trust will be working on improving same day emergency care (SDEC) pathways.

Greener NHS

Healthier Planet, Healthier People is the NHS's new eco campaign launched to coincide with the COP26 gathering of world leaders in Glasgow. The Dudley Group, which approved its own Green Plan back in December, is getting behind the campaign and, along with its PFI partners, has already taken a number of actions to reduce its carbon footprint.

This includes switching to power from renewable resources, a clear focus on moving towards more environmentally sustainable clinical products, reducing single use plastics, installing electric car charging points, renewed focus on recycling and a number of initiatives on individual wards.

The Trust has a lively and active greenteam who meets monthly. More work is planned in the coming months and years, as the climate crisis is also a health emergency. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS. There is overwhelming support for action on climate change across the NHS workforce. Even small differences to the way we all work can make a big difference to the future of our world and its climate.

National Award for Parkinson's Work

Dr Janine Barnes, neurology specialist pharmacist, and the Parkinson's Specialist Pharmacy Network UK that she set up and chairs, was a winner in the Parkinson's Excellence Network Awards. They won the Sharing Learning and Education Award for the formation and development of the Parkinson's Specialist Pharmacy Network (PDSPN), which educates and upskills pharmacists and other healthcare professionals in the management of Parkinson's.

NHS Staff Survey

The annual national NHS Staff Survey was rolled out to our staff at the end of September and runs until the end of November. Completing the survey is one way in which our staff can tell us how they feel about working for the Trust, what we do really well as an employer and areas where we can make improvements. Their feedback enables us to put measures in place to make The Dudley Group the best possible place for our staff to work and thrive. The survey is carried out for us by an external company and responses are completely anonymous. The results of the survey will be published next spring.

Charity Update

Virtual London Marathon

We are delighted that six people – five members of staff and former Dudley Mayor Steve Waltho – who ran the virtual London marathon for our charity this year raised more than £11,000 between them – smashing their target of £3,000.

Charity Pub Quiz

A local accountancy firm Godfrey Mansell & Co organised a brilliant fundraising quiz on 12th of October, the company gathered their clients, employees, and families to raise funds towards our charity's baby bereavement campaign, which continues to improve the environment within our maternity ward in which families spend time adjusting to the death of their baby, provide our staff in maternity with specialist training to enable them to sensitively support bereaved parents, and their varying needs, in the best way possible. The company have raised £1,265 towards the campaign - www.justgiving.com/campaigns/charity/dghc/babybereavement.

Beaverbrooks Donation

The Dudley Group NHS Charity received a recent donation of £1,100 towards our Russells Hall Hospital C4 Georgina Ward from The Beaverbrooks Charitable Trust on behalf of the Merry Hill Branch of Beaverbrooks the Jewellers. Chelsea Wood and Paul Walker sales associates from Beaverbrooks Merry Hill visited the ward met with lead nurses Indy Kaur and Claire Higgins from the ward.

Mary Stevens Hospice Partnership

On 27th October we joined Mary Stevens Hospice's ethnic minority community worker, Elisha Frimpong for an engagement event at the Health Hub at Russells Hall as part of Black History Month. DGNHS Charity is working alongside Mary Stevens Hospice on an NHS Charities Together funded research project which aims to improve care at the end of life for people from BAME communities and ensure that palliative care services are accessible for all, with greater awareness of the different cultures and needs within the Black Country. Nithee and Elisha spoke to several Trust staff members, patients and their families about the subject gathering interest for those who may want to be involved with the research project.

Glitter Ball

We are forging links with our local community and businesses to support our Trust charity. Businesses from across the Black Country will be joining staff for our Glitter Ball. It is taking place on Friday 5th November at the Copthorne Hotel. Hosted by Diane, key frontline staff will be speaking about their experience of the pandemic and also their innovative new ways of working. The fundraising event will hope to raise at least £8,000 towards the Better Brighter Futures Appeal.

Aviva Community Fund & Crowd Funder

Aviva pledge £1m per year to their community fund; the money is distributed through their staff who are each given £25 to donate to a charity which has been selected to take part. We are delighted to announce our charity been selected to be part of the Aviva Community Fund and Crowdfunder partnership, which will help to raise money towards improving our Trust's staff restrooms. A well supported project is more likely to attract Aviva employees to pledge their money to the project, to recommend to their family and friends to do likewise and hence we are more likely to reach our target. Wellbeing spaces for Dudley NHS Heroes - a Environment crowdfunding project in Dudley by Karen Phillips (avivacommunityfund.co.uk)

Christmas

Our Christmas calendar will soon be on sale and all proceeds go towards the charity. They cost £10 and this year's theme is animals. All photographs have been taken by members of Trust staff. The calendars can be purchased via a JustGiving page via this link Anyone wishing to purchase must include all their details to enable the charity team to get in touch once the calendars are ready for distributing. If people select anonymous, we will not know who they are and will not be able to distribute the calendar.

We are hosting a Santa Cycle challenge on 2nd December along with Christmas Market at the main reception of Russells Hall Hospital. The cycle will happen over the course of the day and the market will take place 3-6pm. There will also be the opportunity to get involved for Christmas Jumper Day on Friday 10th of December 2021.

Patient Feedback

AEC - The professionalism of every one of the staff, from top to bottom was top notch. Thank you everyone.

AMU - Genuine staff dedicated to their role and to the patient, I was looked after properly.

Antenatal – Great care from very attentive midwifery & support staff.

B1 - Very friendly staff, nothing was too much trouble and kept everyone's spirits up at difficult times, can't thank them enough.

B4 - The staff on ward B4 were an amazing team. From cleaners, domestic staff, nurses, doctors - truly an amazing team.

C5 - I could not fault my treatment from start to finish... every person treated me with respect and politeness and very quickly.

C6 - All staff very professional and understanding.

Community Heart Failure - prompt time keeping, everything explained by very nice people, which made me feel at ease even though I was nervous.

CMAPS - Very good, the service was quality, I found understanding, patience and a very good communication. It's perfect.

Day Case - I was made to feel very safe and well looked after, all nurses who looked after me were lovely and very efficient.

Dudley Rehab Service - Very informative, very caring and helpful staff who listened to all my concerns. Thank you.

Emergency Department - Excellent care, staff brilliant at what they did for me, can't thank them enough, they made me feel relaxed.

GI Unit - The staff were patient, kind, explained everything that was happening and reassured me at every step.

Podiatric Surgery - Excellent care and attention from both podiatrist and day unit nursing staff, and theatre staff. It's working well.

Visits and Events

10th September 2021	**Live Chat**
16th September 2021	**Dudley Health and Well-being Board**
17th September 2021	**Ophthalmology Away Day**
22nd September 2021	**September FIG**
22nd September 2021	**Board Development Programme – Module 1(session 1)**
23rd September 2021	**Board Development Programme – Module 1(session 2)**
23rd September 2021	**Acute Collaboration Programme Board**
24th September 2021	**Acute Collaboration Clinical Summit**
29th September 2021	**The Black Country and West Birmingham ICS Cancer Summit**
4th October 2021	**Strategy Roadshow**
4th October 2021	**Changing Rooms Facility Opening**
4th October 2021	**Council of Governors Quarterly Meeting**
5th October 2021	**Dudley Race Equality Code Assessment Session**
6th October 2021	**Reimagining mental health services across the Black Country**
7th October 2021	**Board Development Session Module 2 Part 1**
8th October 2021	**Board Development Session Module 2 Part 2**
8th October 2021	**Welcome 2 Dudley**
11th October 2021	**Annual Members Meeting**
13th October 2021	**Dudley Partnership Board Away Day**
14th October 2021	**Private Board of Directors**
14th October 2021	**Board Workshop - Trust Strategy & BAF**
22nd October 2021	**FTSU Walkaround with Rebekah Plant**
25th October 2021	**Trust Team Management**
29th October 2021	**Black History Month Event**

1st November 2021	**GIRFT Cardiology deep dive**
5th November 2021	**Live Chat**
5th November 2021	**Glitter Ball**

Enclosure 16

The Dudley Group NHS Foundation Trust

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

Title:	**Update from the Black Country and West Birmingham Acute Provider Collaboration Programme**
Author:	Katherine Sheerin, Director of Strategy and Transformation
Presenter:	Katherine Sheerin, Director of Strategy and Transformation

Action Required of Committee / Group			
Decision	**Approval**	**Discussion** X	**Other**
Recommendations: The Board is asked to note the key issues discussed and decisions taken at the Acute Provider Collaboration Programme Board held on 21st October 2021.			

Summary of Key Issues:

This paper provides an update on the progress of the programme. It highlights the key issues considered and decisions taken by the Programme Board including:-

- discussions regarding how the programme develops and fits with emerging ICS architecture
- progress with the development of priorities for clinical change through the work of the clinical summits;
- progress with the review of clinical configuration and options for the future.

It was also noted that the Programme has been selected to be a national deep dive test bed site for provider collaboratives.

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

Deliver right care every time	✓
Be a brilliant place to work and thrive	✓
Drive sustainability (financial and environmental)	✓
Build innovative partnerships in Dudley and beyond	✓
	✓

Improve health and wellbeing	

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk		Risk Description **BAF 6a: Deliver a viable future**	
	On Risk Register:	Risk Score: 16	
Compliance and/or Lead Requirements	CQC	Y	**Details: Safe, Effective, Caring, Responsive, Well Led**
	NHSE/I	Y	**Details:** Correspondence from NHSEI; direction of travel set out in NHSEI guidance 'Integrating Care in England' (Dec 2020); White Paper 'Working Together to Improve Health and Social Care for All'; Health and Care Bill 2021
	Other	N	

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	
	Committee	N	Date:
	Board of Directors	Y	Date: 11th November 2021
	Other	Y	Acute Providers Collaboration Programme Board 21.10.21

The Dudley Group
NHS Foundation Trust

ACUTE PROVIDER COLLABORATION PROGRAMME

UPDATE TO THE BOARD

NOVEMBER 2021

1. PURPOSE

The purpose of this paper is to provide an update to the Board on the Acute Provider Collaboration Programme.

2. KEY ISSUES AND DECISIONS TAKEN AT THE PROGRAMME BOARD MEETING ON 21st OCTOBER 2021

a) Programme Review

The Board reviewed the original programme objectives, scope, structure and governance arrangements and then considered how this should fit within the new architecture for ICSs. It was clear that good progress had been made, not least in terms of clinical engagement, and this gives a strong platform to move forward to develop a provider collaborative.

It was agreed that the existing programme should become a workstream within the overarching provider collaborative, with work undertaken over the coming months to describe how that will operate, including scope and governance arrangements. This will be brought back to the Programme Board (and onwards to Boards) for development and discussion each month, with the new arrangements agreed by March 2022.

b) Test Bed Site

Following submitting an expression of interest, it was confirmed that the programme has been accepted to be part of the national 'deep dive test site' into how acute provider collaboratives are working. This will inform best practice and guidance for other systems and give us access to NHSE/I expertise. More information on what is required should follow shortly.

c) Clinical Workstream

The third clinical summit was held on 24th September, attended by over 100 people from across the four organisations, largely clinicians. One of the presentations was on robotic surgery which has generated significant interest. It was agreed that a robotics strategy

should be developed as part of the programme in order that outcomes are optimised. It was noted that Royal Wolverhampton are in the process of commissioning a second robot and agreed that other Trusts would pause on any further investment at this stage until the strategy has been agreed. It was also noted that the ICS Directors of Finance group had started to consider how a system bid should be supported.

It was also noted that recruitment to cancer leads is progressing well, with appointments likely to be finalised in the next week.

d) 'Back Office' / support services Workstream

It was noted that this workstream has been more difficult to progress, however, leads have now been confirmed and work can accelerate.

e) Workforce and OD Workstream

- **Waiting List Initiatives**

Work is progressing to align payments for waiting list initiatives across the Trusts. It was agreed that once more detail has been developed and subject to appropriate engagement, the new arrangements should be implemented from April 2022.

- **Staff 'passporting' across organisations.**

The Memorandum of Understanding to enable staff to work across the four organisations was agreed in June 2021 and has been signed off. Several issues which need to be addressed to facilitate this have been identified, including use of NHS mail; shared IT helpdesk; transfers on ESR; estates issues; mandatory training. These are being taken forward by the HR and Digital workstream leads, with a lead to be identified by the CEOs for the estates issues.

f) Communications and Engagement Workstream

It was noted that the inaugural newsletter for the programme would be launched in the next few days. This would focus on the vision and objectives, and include content from the clinical leads to highlight their vision for their services.

g) Governance and Implementation Workstream

A revised programme budget was shared and agreed.

It was also noted that the tender to select a provider to review options for clinical configuration across the hospital sites has been selected and following the stand-still period should commence during the first week of November.

h) Digital, Data and Technology

It was agreed by the Programme Board that the tender for support to develop automatic analytics tools should be focused on elective recovery and cancer pathways.

3. KEY NEXT STEPS

The next Programme Board meeting will be held on 18th November 2021. This will include further consideration of how the programme should develop in light of the advent of provider collaboratives, with the CEO of the Mental Health Trust invited.

A key piece of work over the next two months will be the review of clinical configuration across the sites, which is expected to be completed by Christmas.

Alongside this, the programme board will agree speciality priorities for change.

4. RISKS AND MITIGATIONS

In relation to DGFT's strategic risks, this programme is a key part of addressing the Trust's strategic risk 6A – 'Failure of the Trust to influence the local and wider evolving health economy due to a lack of engagement and poor performance undermining our credibility means our clinical and financial viability is undermined as we lose key high value services and opportunities for profitable growth.' As such, significant executive and clinical leadership time continues to be committed to ensure its success in accordance with the refreshed Trust strategic plan.

5. RECOMMENDATIONS

To note the key issues discussed and decisions taken at the Acute Provider Collaboration Programme Board held on 21st October 2021.

KATHERINE SHEERIN
DIRECTOR OF STRATEGY AND TRANSFORMATION

Enclosure 17

The Dudley Group NHS Foundation Trust

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

Title:	Quality and Safety Committee 26th October 2021
Author:	Sharon Phillips – Deputy Director of Governance
Presenter:	Liz Hughes – Non Executive Director

Action Required of Committee / Group							
Decision	N	**Approval**	Y	**Discussion**	Y	**Other**	N

Recommendations:

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

Summary of Key Issues:

The key issues are identified in the attached report.

Impact on the Strategic Goals
(indicate which of the Trust's strategic goals are impacted by this report)

Deliver right care every time	**YES**
Be a brilliant place to work and thrive	**YES**
Drive sustainability (financial and environmental)	
Build innovative partnerships in Dudley and beyond	**YES**
Improve health and wellbeing	**YES**

Implications of the Paper:
(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)

Risk	Y	Risk Description: *Inc risk ref number*	
	On Risk Register: Y	Risk Score: Numerous across the BAF, CRR and divisional risk registers	
Compliance and/or Lead Requirements	CQC	Y	Details: All Domains
	NHSE/I	Y	Details: Governance Framework
	Other	N	Details:

Report Journey/	Working / Exec Group	N	Date:

Destination *(if applicable)*	Committee	Y	Date: 26/10/21 Quality and Safety Committee
	Board of Directors	N	Date:
	Other	N	Date:

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

The Dudley Group NHS Foundation Trust

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- There had been a decline in the SSNAP Target Standards for stroke indicators. A review has highlighted the main contributory factor was not having and or delay in direct access to the stroke unit during periods of high operational demand. A summary of actions for rectification were presented to drive improvement and the committee will continue robust oversight.
- Challenges in respect of variable engagement with the 'Home for Lunch' initiative. This was being addressed with relevant teams, a multidisciplinary team approach explored, and the initiative will continue.
- Challenges in Maternity in respect of the medical and midwifery workforce. Assurance was provided of the actions being taken to address.
- The committee received the perinatal mortality outcome data relating to ethnicity for quarter 2 which showed comparable results to national data available. The committee discussed and noted the number was disproportionate with Dudley having a lower ethnic population, it was clear that deprivation in the community was a major factor contributing to poorer outcomes for women from our black ethnic minority communities.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Commissioned a full-service review to be presented to the next Committee detailing the improvement plan for stoke indicators
- Collaborative working between the Dudley Group maternity team, the Maternity Voices Partnership and other members of the Black Country and West Birmingham LMNS to drive improvement in relation to perinatal mortality outcomes based on ethnicity.

POSITIVE ASSURANCES TO PROVIDE

- Positive assurance received of the reduced number of patient falls in August and September following a period of significant increase during the pandemic. In comparison to other Trusts the Trust was below the national average for the number of falls per occupied bed days. The Falls team would be continuing their focused improvement work

- Positive assurance reported on infection prevention and control performance in relation to; Clostridium difficile, E.coli bacteraemia, pseudomonas aeruginosa bacteraemia, Klebsiella bacteraemia, MSSA bacteraemia and CPE

DECISIONS MADE

- Ratification of the Dementia Strategy
- Ratification of the Freedom to Speak Up Strategy

Enclosure 18

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Trust Board on *Thursday 11th November* 2021

Title:	Chief Nurse Report
Author:	Helen Bromage – Deputy Chief Nurse
Presenter:	Mary Sexton – Chief Nurse

Action Required of Committee / Group							
Decision	N	**Approval**	N	**Discussion**	Y	**Other** Y/N	
Recommendations: For the board to note and discuss the excellent work of the Chief Nurses' Office with a particular focus on the vaccination programme work currently underway.							

Summary of Key Issues:

Excellent work surrounding the national vaccination programme. Uptake on both the covid booster programme and the flu programme is low in comparison to previous years.

Workforce challenges remain with mitigations and incentives in place to support. The international recruitment programme is developing, and fruition is starting to be seen.

AHP job planning work is coming to a close. Many successes' to be celebrated through this significant piece of work.

Impact on the Strategic Goals

(indicate which of the Trust's strategic goals are impacted by this report)

Deliver right care every time	✓
Be a brilliant place to work and thrive	✓
Drive sustainability (financial and environmental)	✓
Build innovative partnerships in Dudley and beyond	✓

Improve health and wellbeing	✓

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	Y/N	Risk Description: *Inc risk ref number*	
	On Risk Register: Y/N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y/N	Details:
	NHSE/I	Y/N	Details:
	Other	Y/N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y/N	Date:
	Other	Y/N	Date:

Chief Nurse Public Trust Board Report

Thursday 11th November 2021

Mary Sexton – Chief Nurse

The Dudley Group NHS Foundation Trust

CARE RESPECT RESPONSIBILITY

Care
Deliver safe and caring services

The Dudley Group NHS Foundation Trust

The vaccination programme provided by Dudley Group has two main streams:

Vaccination Hub within Russells Hall Hospital – Action Heart

This centre delivers the COVID booster jab and Flu jab to all staff employed within the Trust (Our denominator is 6103 staff). We are commissioned to deliver the 3rd dose COVID vaccine to immunocompromised patients that attend the Dudley Group approximate (The denominator 4000 patients).

Roaming Flu team – The Trust has a roaming flu vaccination team that attends clinical/nonclinical teams each day 7 days per week, to ensure staff are able to access their flu vaccination.

12-15 year old COVID vaccine

The Dudley Group are the lead providers in the delivery of the COVID vaccine to healthy 12-15 year olds across all schools within Dudley (28 schools in total). For those children who do not attend school we have provided a single site model and at school during October half term to accommodate this cohort.

There is a strong leadership team for the programmes, led by Jo Wakeman (Deputy Chief Nurse) and Karen Anderson (Head of Children's Services) ensuring the safety of the children and governance of the programme.

CARE RESPECT RESPONSIBILITY

Care
Deliver safe and caring services

The Dudley Group NHS Foundation Trust

Vaccination Hub within Russell's Hall Hospital – Action Heart opened on the 4th October 2021

The letter inviting patients for the 3rd dose COVID vaccine was sent out on the 14th October 2021 . Data for this cohort will be available in the next Chief Nurse report.

Vaccines Administered

1,469
Combined Vaccines

637
COVID ONLY

797
FLU ONLY

2,903
Total Vaccines

% Staff Vaccines Administered

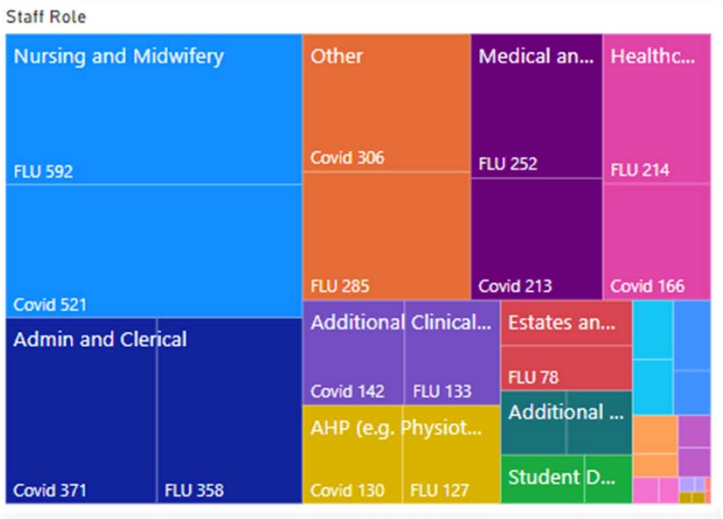
10.44%
COVID ONLY %

13.06%
FLU ONLY %

24.07%
COMBINED %

47.57%
Total Vaccinated %

Overall flu vaccine compliance is 37.1%
Overall COVID vaccine compliance is 34.5%
Data as at 15th October 2021



CARE RESPECT RESPONSIBILITY

Care
Deliver safe and caring services

The Dudley Group NHS Foundation Trust

12-15 year old COVID vaccine

To date we have completed five schools since the 6th October 2021 with an opportunity of vaccinating 4359 children within this cohort. Uptake varies between schools from 20-50%, consent is generated by Vaccination UK subcontracted by the Trust. There is an additional cohort of approximately 450 children that do not attend schools, we have planned a single site model through an identified school to offer the vaccine to these children.

Governance

The Trust is the provider for these services and subcontracts the e consent element to Vaccination UK. There is a detailed programme to complete all schools by the end of November 2021. The e consent is opened seven days prior to the due vaccination day given each parent up to four days to consent for their child. A spreadsheet for consent is sent 72 hours prior to the vaccine session to the Trust from vaccination UK to allow NHS numbers to be inputted prior to the session.

The school site has a clinical band 7 trained paediatric nurse supported by Karen Anderson -Lead Paediatric nurse. The consent for each child is re checked and entered onto the NIVs system (national database for recording vaccines). The process for checking each vaccine is the same methodology as the Vaccine Hub at RHH. With a trained pharmacist checking each dose prior to administration.

Each school requires an assurance visit prior to the vaccination sessions to ensure the environment meets the required standards relating to infection prevention and safety are met.

The monitoring of the program and completed documents are through the Quality and Safety Group up to Quality and Safety Committee. The first set of assurance documents will be received by the Quality and Safety Group in November 2021.

Twice daily meeting are held by the STP to ensure there is a standard approach by each of the Places whilst monitoring the progress and facilitating contractual discussion between the Places and Vaccination UK.

CARE RESPECT RESPONSIBILITY

Care
Deliver safe and caring services

The Dudley Group NHS Foundation Trust

Deprivation of Liberty Safeguards (DoLS)

The Trust has submitted applications for DoLS authorisations as tabled.

September 2021 DoLS applications are lower than usual. This is attributed to sick leave within the Mental Health Team (MHT) and the use of agency staff to cover absence. Lead Nurses were asked to notify the central MHT generic email of any patient requiring DoLS, however these were not added to the database. The MHT is now functioning as expected and will review wards to identify any patients that were omitted from the database.

The new national Liberty Protection Safeguards (LPS), which will replace DoLS, are due to be launched nationally in April 2022. The Trust has appointed an Interim Lead for this project, with a steering group being set up to map and process the LPS within the Trust.

Mental Health Act

One patient was subject to a section 2 of the Mental Health Act during August and September 2021, being transferred to Bushey Fields Hospital five days later.

	No Applications
Q1	27
Q2	23
July	14
August	7
September	2

CARE RESPECT RESPONSIBILITY

Care
Deliver safe and caring services

The Dudley Group NHS Foundation Trust

Safeguarding

Think family audit was undertaken by the Associate Nurse for Safeguarding. This identified good levels of understanding across the Trust regarding parental risk factors and their impact on children with excellent knowledge demonstrated by staff in ED, Radiology and outpatients. A number of actions have been identified for the safeguarding team in order to build on the “Think Family” agenda over the next quarter.

Service Improvement/patient experience

Recruitment has commenced into a number of new posts within the safeguarding team and the newly established Complex Vulnerabilities Team. These additional posts will support the work of the integrated team to provide an effective and consistent service to patients across the Trust with complex vulnerabilities and those at risk of abuse and neglect.

	No Referrals
Adult	49
Child & Young Person	144
Section 42	0

CARE RESPECT RESPONSIBILITY

Care
Deliver safe and caring services

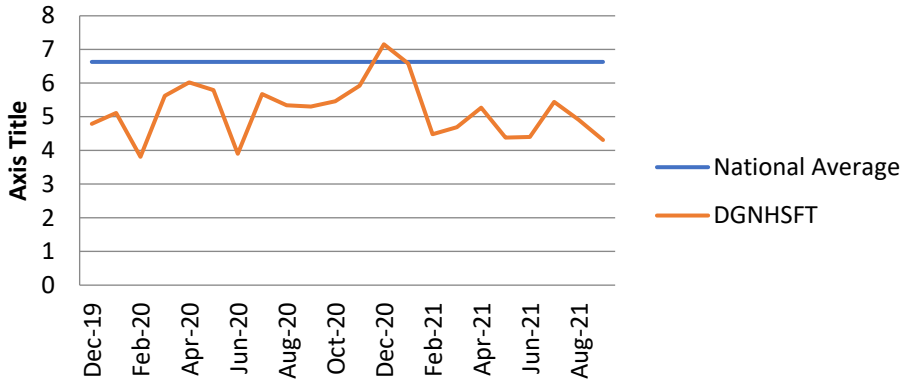
The Dudley Group NHS Foundation Trust

The previous increase in falls we have seen has started to reduce over the past couple of months, however we have seen a significant increase in falls with harm.

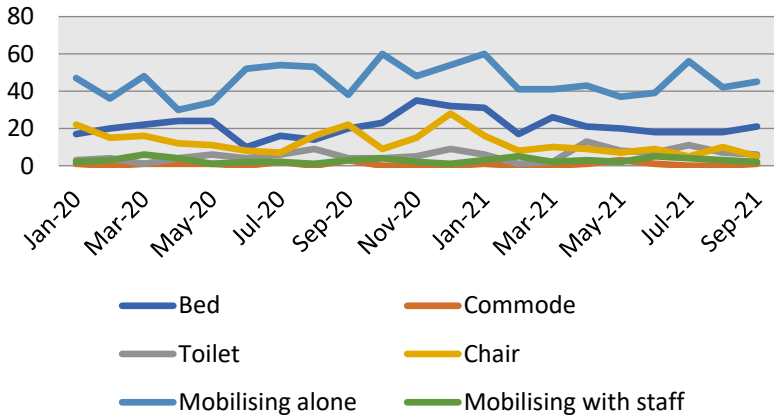
August and September combined we have had 160 inpatient falls, with all but 3 of them being categorised as no or low harm.

Prevention strategies continue to be an area of focus across the trust, we have reviewed our use of bed and chair sensors. Collaborative working with the therapy service is underway reviewing other strategies which could be used preventatively.

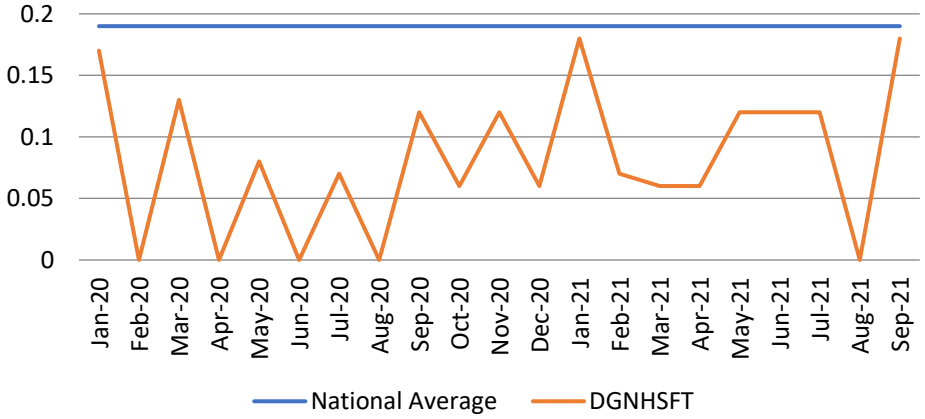
Falls per 1000 bed days



Falls Categories



Falls with harm (per 1000 bed days)



CARE RESPECT RESPONSIBILITY

Compassion
Deliver a great patient experience

The Dudley Group NHS Foundation Trust

Patient experience

During September 2021, the Trust received 100 new complaints, compared to 88 new complaints received for September 2020. In comparison, 82 complaints were opened for August 2021 and 71 opened for July 2021.

All complainants are given a 30-working day timeframe. Of the 80, 24 (30%) were closed within 30 working days. The remaining responses were sent within the extension time agreed with the complainant. The divisions continue to action outstanding complaints.

Friends and Family Test

A total of 3550 responses were received in September 2021 in comparison to 3327 in August 2021. Overall, 80% of respondents have rated their experience of Trust services as 'very good/good', an improvement since July 2021 (79%). A total of 8% of patients rated their experience of Trust services as 'very poor'. Feedback has been shared with the relevant teams

Compliments

The number of compliments received has increased significantly in September 2021. The Trust received 487 compliments in September 2021, an increase of 25% compared to previous months.

NHS Choices

There has been a decrease in the number of comments posted on NHS Choices/Patient Opinion during September 2021 compared to August 2021. Five comments were posted on NHS Choices/Patient Opinion during September 2021 compared to seven in August 2021.

· Positive comments received: 5

· Negative comments received: 0

CARE RESPECT RESPONSIBILITY

Competence
Drive service improvement, innovation and transformation

The Dudley Group NHS Foundation Trust

AHP e-job planning project is now drawing to a close after successfully job planning over 500 individual AHP job plans. This incredible achievement has been delivered in an extremely challenging time scale and context and is testament to the significant level of engagement and commitment of the Allied health professionals themselves and the collaborative Trust project group. The project required job plan templates to be created from scratch along with appropriate clinical and non-clinical language across DCC, SPA and ANR activities. User guides, a dedicated hub page, videos and a Job-planning policy have all been developed to support the process. The Trust is being heralded as a trailblazer nationally and presented at the International Allocate conference on 21st October. The project has seen the Trust move from level 1 to level 2 NHSI/E levels of attainment with plans in place to drive forward the expected benefits to patient care and staff experience. This project has been completed alongside AHP e-rostering which is expected to deliver by the close of next month.

September saw the first AHP support worker day attended by support workers of all professions and delivered by Lorraine Allchurch Lead AHP Support worker. The day featured speakers from within the Trust and externally including Claire Fordham professional Advisor for workforce and education at the Chartered society of Physiotherapy and Gemma Hawkin, AHA award winner 2020.

Word cloud with the extremely positive feedback received form the AHP support worker day

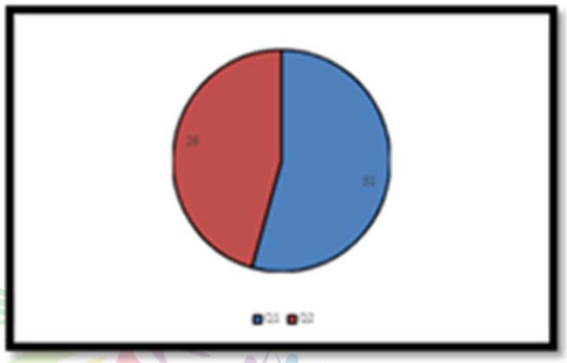
CARE RESPECT RESPONSIBILITY

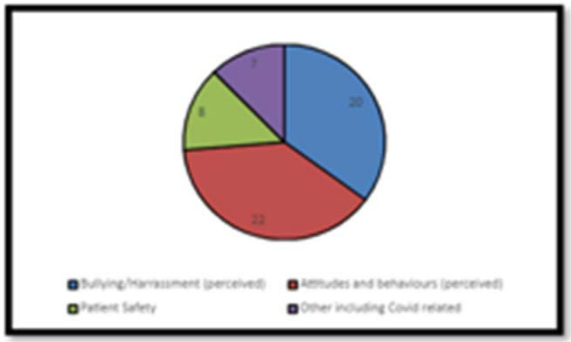
Communication
Make the best of what we have

The Dudley Group NHS Foundation Trust

- Freedom to Speak Up

Number of concerns and themes





October was Freedom to Speak Up months.

Our champions were profiled throughout the month (thanks to our colleagues in the communication team) and the hospital was lit up in green! Further details in main report

CARE RESPECT RESPONSIBILITY

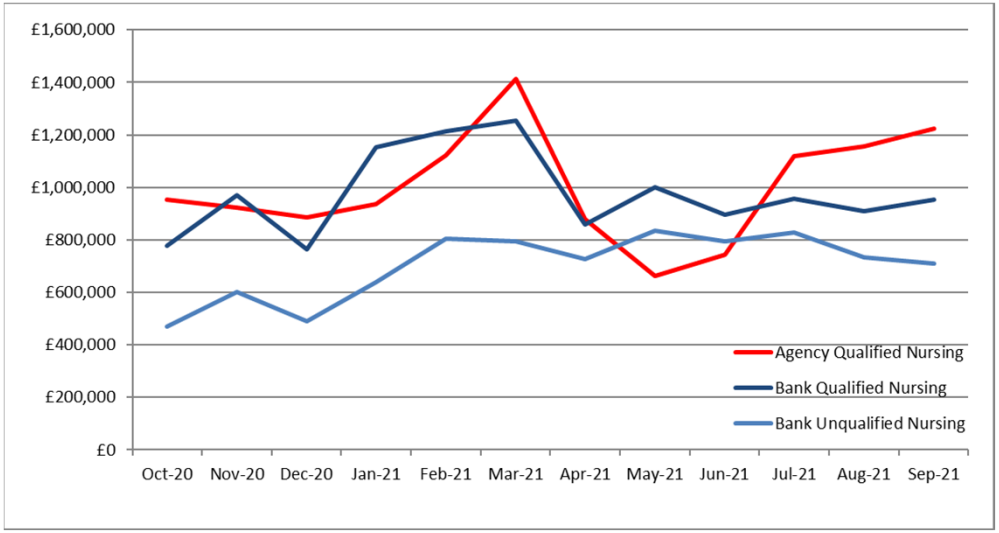
Commitment
Be the place that people choose to work

The Dudley Group NHS Foundation Trust

We continue to face challenges with the registered nurse workforce vacancies. The current vacancy rates have a direct impact on the use of temporary staffing across the trust.

Due to the challenges faced it has been agreed for financial incentives to be given to our nursing bank workers. The effect of this is not visible in this data set due to timing, however the unverified data suggests it is having a small positive impact.

There continues to be a significant amount of unfilled shifts. This deficit is routinely being reviewed by the senior nursing leadership for the area and mitigations enacted upon where possible.



Area	Vacancy %	Agency Qualified Nursing	Bank Qualified Nursing	Bank Unqualified Nursing	Grand Total
I.T.U.	10%	£396,167	£30,888	£14,027	£441,082
Emergency Department N	8%	£141,249	£36,986	£32,384	£210,619
Acute Med Unit (EAU)	21%	£52,975	£47,469	£39,305	£139,749
Emergency Dept Paeds Nu	25%	£92,905	£6,473	£6,577	£105,955
Ward C7	20%	£37,822	£20,390	£29,991	£88,202
Ward B3	30%	£54,751	£16,146	£13,816	£84,712
Ward C8	4%	£41,127	£22,887	£15,463	£79,477
Ward B5	3%	£34,200	£22,110	£10,876	£67,185
Ward MHDU	21%	£43,936	£4,722	£4,958	£53,616
Ward C6	1%	£8,267	£16,527	£25,713	£50,507

CARE RESPECT RESPONSIBILITY

Commitment
Be the place that people choose to work

The Dudley Group NHS Foundation Trust

Throughout September we have reported a less favourable then ideal position with regards to our safter staffing return. On average we have had 76% of our registered nurse/midwife requirements covered during the day with 84% overnight.

It is recognised that dynamic risk assessments are undertaken by the ward leadership team and mitigations are put in place however some of those mitigations are not evident in the data.

Safer Staffing Summary Sep — Days in Month 30

	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW					Actual CHPPD				
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Average Occupancy	Registered	Care staff	Total
B1	131	100	99	70	91	70	90	47	77%	71%	77%	52%	441	57%	4.40	3.03	7.44
B2(H)	119	104	193	166	90	90	167	147	87%	86%	100%	88%	709	79%	3.28	5.18	8.46
B2(T)	116	98	120	102	90	82	90	80	84%	85%	91%	89%	681	95%	3.16	3.20	6.36
B3	219	172	182	110	151	146	153	111	79%	60%	97%	73%	928	74%	4.02	2.86	6.88
B4	250	205	251	230	158	146	207	174	82%	91%	92%	84%	1,302	90%	3.15	3.72	6.87
B5	210	167	157	133	236	192	129	109	80%	85%	81%	85%	520	72%	8.47	5.47	13.94
C1	245	203	246	236	180	169	180	167	83%	96%	94%	93%	1,398	97%	3.12	3.46	6.59
C2	285	232	63	53	254	194	60	55	81%	85%	76%	92%	565	63%	8.83	2.26	11.09
C3	211	206	416	382	180	170	379	359	98%	92%	95%	95%	1,533	98%	2.94	5.68	8.62
C4	202	159	65	63	120	87	60	78	79%	97%	73%	130%	557	84%	5.16	2.93	8.09
C5	319	191	246	240	272	205	189	177	60%	98%	75%	94%	1,329	92%	3.62	3.76	7.38
C6	102	97	104	87	91	78	85	68	95%	84%	86%	80%	520	87%	3.95	3.58	7.53
C7	193	158	213	133	152	138	185	146	82%	62%	91%	79%	1,052	97%	3.30	3.19	6.48
C8	281	229	210	184	240	227	180	137	81%	88%	95%	76%	1,269	96%	4.22	3.03	7.25
CCU_PCCU	243	202	62	46	213	179	35	26	83%	74%	84%	74%	664	85%	6.74	1.30	8.04
Critical Care	602	445	159	81	615	508			74%	51%	83%		413	86%	27.70	2.35	30.05
EAU AMU 1	686	430	563	435	452	386	422	347	63%	77%	85%	82%	2,360	96%	4.06	3.97	8.04
Maternity	902	639	318	239	515	383	158	137	71%	75%	74%	87%	834	63%	11.63	5.25	16.89
MHDU	150	121	79	32	152	118	30	19	81%	41%	78%	63%	146	49%	19.65	4.00	23.64
NNU	164	119			144	116			73%		81%		276	51%	10.24	0.00	10.24
TOTAL	**5,630**	**4,279**	**3,745**	**3,023**	**4,396**	**3,684**	**2,798**	**2,383**	**76%**	**81%**	**84%**	**85%**	**17,497**	**85%**	**5.26**	**3.67**	**8.93**

CARE RESPECT RESPONSIBILITY

Commitment
Be the place that people choose to work

The Dudley Group NHS Foundation Trust

14Th October saw the Trust celebrate the 3rd annual AHP day. The allied health professionals engaged in a day of virtual activities with sessions delivered on topics such as student education, professional development, health and wellbeing and our chief AHP delivered reflections on the AHP year. NHSHorizons joined the team to deliver a fantastic session focusing on the power of change agents and staff were treated to personalised video messages from Diane Wake, Mary Sexton, Dr Julian Hobbs and Karen Lewis thanking them for their invaluable contribution to patient care. The day culminated with AHP awards with winners across 5 categories

- AHP support worker of the year
- AHP innovation of the year
- AHP student educator of the year
- AHP team of the year
- AHP of the year

Throughout August and September we have continued with our recruitment programmes and using the career development pathway to create opportunities.

Using nationally available funding we have been able to support more CSW's to progress in Nursing Associate Apprenticeship training. We have secured placement expansion funding for a variety of professions with Dudley Group playing a leading role for the system.

International Recruitment continues with our second cohort of recruits undergoing their OSCE preparation. We have joined a Black Country Collaboration for international Midwifery recruitment with the support of the national teams. We hope to see this come to fruition in the new year.

CARE RESPECT RESPONSIBILITY

Courage
Deliver a viable future

The Dudley Group NHS Foundation Trust

This month saw the first ever Leadership placements commence for student Physiotherapists from Wolverhampton University. This is in a move to expand the student offer across all professional groups by developing new placements to allow learners to develop skills and experiences across a broad range of Trust business. The student will experience working with colleagues in senior leadership roles, Dudley improvement practice and the Trusts research team whilst designing, leading and evaluating a project linked to improving patient care or experience. The feedback so far has been hugely positive and the placement lead Chris Bowman -AHP pre-reg lead is already planning the next cohort due to commence in November.

Huge congratulation to Janine Barnes and the Parkinson's Disease Specialist Pharmacy Network (PDSPN) UK, that she chairs and set up , which has been selected for the Parkinson's Excellence Network Awards final. Janine is the Neurology Specialist Pharmacist in Dudley Rehabilitation Service , neuro pathway.

CARE RESPECT RESPONSIBILITY

Enclosure 19

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

Title:	Infection Prevention and Control Board Assurance Framework
Author:	Liz Watkins – Deputy Director for IPC
Presenter:	Mary Sexton – Chief Nurse and DIPC

Action Required of Committee / Group			
Decision	**Approval**	**Discussion** Y	**Other**

Recommendations:

The IPC Group and Quality and Safety Committee are to oversee the continued actions within the IPC Board Assurance Framework to ensure compliance with the Health and Social Care Act 2008 (updated 2015)

Summary of Key Issues:

This paper is to demonstrate Trust compliance with the Health and Social Care Act 2008 (updated 2015) and highlight gaps in assurance for action.

In May 2020 NHSE/I requested that the Infection Prevention and control Board Assurance Framework template be completed and shared with Trust board.
One of the key areas to combating the COVID crisis relates to robust infection prevention and control standards and practices across the trust. The framework adopts the same headings as the Health and Social Care Act 2008 listing the 10 criterion.

The colour coded matrix over the page (before the detailed IPC BAF) demonstrates the many areas which the trust is able to give assurance as evidence of compliance can be confirmed.

Updates since last report:
- Deputy DIPC commenced in post 13th September 2021
- Decontamination Lead appointed and in post
- New guidance regarding staff isolation as of 16th August 2021
- IPC mandatory training scores above 90%

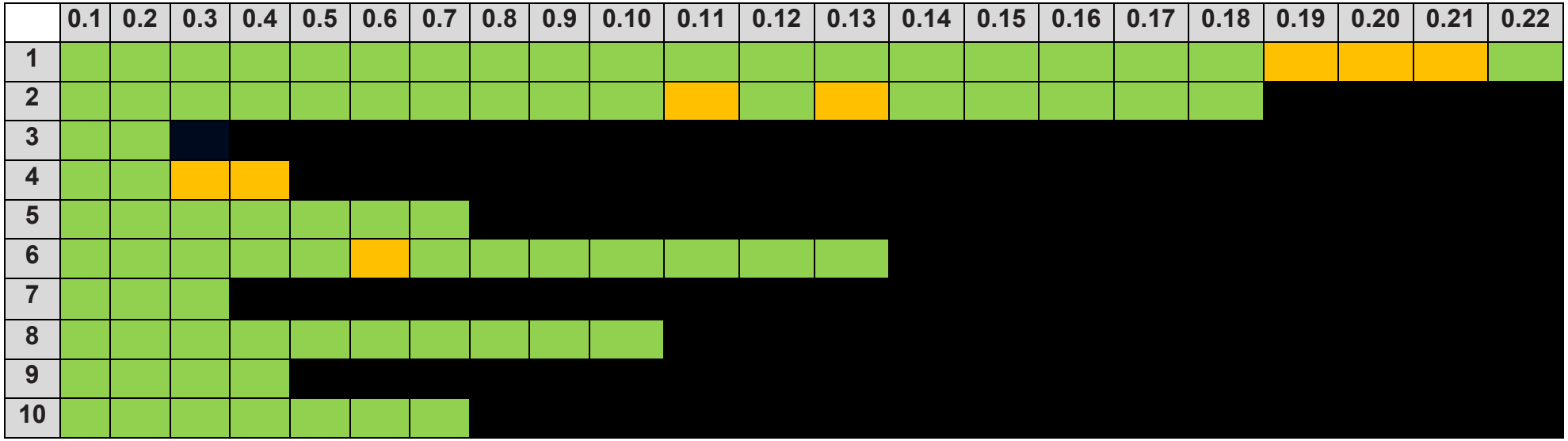
There are no red non-compliant areas
There are 8 amber areas with mitigations in place, the IPC Group and wider Trust team continue to progress this work stream.

Impact on the Strategic Goals *(indicate which of the Trust's strategic goals are impacted by this report)*	
Deliver right care every time	**Y**
Be a brilliant place to work and thrive	
Drive sustainability (financial and environmental)	
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	**Y**

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	Y	Risk Description: Risk regarding decontamination of reusable medical devices and lack of clarity regarding Trust Decontamination Lead-Risk on IPC Risk Log	
	On Risk Register: Y	Risk Score:12	
Compliance and/or Lead Requirements	CQC	Y	Details: Safe, Effective, Well Led
	NHSE/I	Y	Details: The IPC Board Assurance Framework was requested by NHSE/I
	Other	Y	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y	Date: IPCG 30/09/2021
	Committee	Y	Date: Quality and Safety Committee 26/10/2021
	Board of Directors	Y/N	Date:
	Other	Y/N	Date:

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	0.20	0.21	0.22
1																						
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1	The infection control risk assessment in the admission documentation is limited – IPC tool devised and shared at September's IPC meeting. Estates work remains outstanding
2	The review of the cleaning contract and quality measures should be undertaken as planned in line with the new cleaning standards
3	No GAPs identified
4	Easy read COVID versions are not available on external website. Multilingual versions also not readily available.
5	No GAPs identified
6	No GAPs identified
7	No GAPs identified
8	No GAPs identified
9	No GAPs identified
10	No GAPs identified

Infection Prevention and Control Board Assurance Framework: September 2021

	1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
	Systems and processes are in place to ensure:				
1.1	• Infection risk is assessed at the front door and this is documented in patient notes	The Trust has policies and procedures in place to identify alert organisms in patients admitted to the Trust.	N/A	POCT Feb 2021	
1.2	• There are pathways in place which support minimal or avoid patient bed/ward transfers for duration of admission unless clinically imperative	Patients with symptoms are assessed by ED and are placed into the RED Cohort area of ED; all admissions via ED are screened.	N/A	IPC team monitor movement of any patient positive from COVID and monitor the contacts. Report to be presented at IPC with recommendations for improvement.	
1.3	• That on occasions when it is necessary to cohort COVID or non-COVID patients, reliable application of IPC measures are implemented and that any vacated areas are cleaned as per guidance.	Outpatient flow chart in use. Documentation audits are ongoing monthly. Point of care testing in place within Emergency Department that enables streaming of patients thus preventing crowding of patients as a direct	Frequency of moves not routinely monitored. Re-zoning of clinical areas to meet patient demand often compounds frequent movement of patients.		

1.4	• monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice	result of waiting for COVID-19 swabs. Movement of patients restricted to clinical need. Zoning SOP in place - Updated June 2021 Lead nurse sign off for terminal cleaning. Cleaning audits. Senior nurse environmental monthly audits. Outbreak meetings three times a week when an outbreak is open. IPC inspections un announced.	Information not readily available. Monthly audits reliant on clinical staff assessing their own area. Self-auditing.	Consideration for a trust wide system. Trust wide audit of terminal cleaning of side rooms. IPC team to do trust wide review, to be included work plan. Compliant.	
1.5	• Staff adherence to hand hygiene?	Mandatory training, monthly hand hygiene audits. IPC inspections un announced. 5 moments of Hand Hygiene audit implemented March 2021. Frequency of audit dependant on previous result. <95%Monthly <90%Weekly >90%Daily	N/A		
1.6	• Patients with possible or confirmed COVID-19 are not moved unless this	The Trust has implemented a Zoning system, Green, Yellow and Blue with SOP in place (this is in line with	N/A		

	is essential to their care or reduces the risk of transmission	national pathways of low/medium/high) The capacity of the Zones is reviewed 3 times daily at the capacity meetings. IPC attend as required. Due to Low numbers of COVID Positive patients any positive patients currently nursed on home ward in side rooms. Zones will be reintroduced as necessary.	IPC ward list not a live document.	Infection control attend the capacity meetings as required	
1.7	• Implementation of twice weekly lateral flow antigen testing for NHS patient facing staff, which include organisational systems in place to monitor results and staff test and trace	The infection prevention team have 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.	LF is currently voluntary Not all front facing staff are recording results. Lack of data. Local data compliance is not readily available.	LAMP testing introduced.	
1.8	• Additional targeted testing of all NHS staff, if your trust has a high nosocomial rate, as recommended by your local and regional infection prevention and control/Public Health team.	Any staff member that becomes positive for COVID-19, are followed up for any breaches in PPE and social distancing. PPE marshals located around the trust. Staff members encouraged to challenge non-compliance of PPE. Available on all entrances to the trust. Staff lateral flow system set up. Staff encouraged to record lateral flow results. Whenever outbreaks are identified, the testing evidence is available.	N/A N/A N/A	Compliant. Compliant Complaint	

		Recorded in outbreak meetings.			
1.9	• Training in IPC standard infection control and transmission-based precautions are provided to all staff	Included in all mandatory training which all staff must complete yearly. Mandatory training is monitored by the learning and development team and reminders sent out when training is due to lapse.	N/A	Complaint	
1.10	• Trust Chief Executive, the Medical Director or the Chief Nurse approves and personally signs off, all daily data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner	SIITREP data submitted by informatics.	N/A	Complaint	
1.11	• This Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board	BAF submitted in timely manner for board review. Updated monthly by IPC, Consultant microbiologist and deputy chief nurse.	N/A	Complaint	
1.12	• Ensure Trust Board have oversight of ongoing outbreaks and action plans	Board updated by DIPC. DIPC chairs outbreak meetings and have updates sent via email by IPC. Minutes of outbreak meeting available as required. Discussed at Quality and safety committee.			

1.13	• There are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas.	Via board and Quality and safety committee.			
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
1.14	• Compliance with the national guidance around discharge or transfer of COVID-19 positive patients	Patients who are to be discharged to another care facility (Nursing/Care/LD Home) are screened for COVID 19 as per national guidance. Policy completed to be added to the hub. COVID results are provided to other care providers on transfer with discharge information. COVID status will be added as a separate item on the discharge and transfer information. Where tests are processed in house DMBC PH are informed of any COVID cases in care/nursing homes to enable follow up of patients. Completed. 01/12/20 –meeting held for Sunrise prompt care/nursing home patients to be tested for COVID before	This process is awaiting audit, as some gaps have been identified by stakeholders, where by patients have been discharged to a home without being tested.	Where a patient has been missed the ward is contacted to make them aware. Discharge check lists to be updated.	

		discharge. Prompt now available on sunrise to trigger screening prior to discharge.			
1.15	• Patients and staff are protected with PPE, as per the PHE national guidance	PHE guidance in relation to PPE has changed during the COVID pandemic. Staff are updated promptly when new guidance is released via the daily communications. Staff have access to PPE as per PHE guidance. PPE Marshalls are in place, there are posters stating PPE requirements in each of the zones. Executive oversite of PPE stocks. Patients are offered surgical mask upon entry to the hospital. In-Patients are to be offered face masks if they are placed in waiting area, or bay with other patients. All patients are encouraged to wear surgical masks at all times except overnight.	If a patient refuses to wear a Fluid resistant surgical mask then it is documented in the patient notes.		
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating**	**R.A.G**

				Actions	
1.16	• National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	The Incident Room, established in response to the pandemic receives all internal and external information in relation to COVID and then forward this, on a daily basis, to all relevant departments. The IPCT review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefing. Daily situation report to PHE/NHSI/E. Latest updated PHE/NHS IPC guidance is included in Trust SOP's (Test & Trace and Zoning SOP's).	N/A		
1.17	• Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	COVID 19 taskforce meeting that reports directly to the Executive Board. – No longer meet July 2021 – Due to COVID-19 surge taskforce meetings recommenced weekly.	N/A	Latest updated PHE/NHS IPC guidance is going through Trust processes currently.	
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating**	**R.A.G**

				Actions	
1.18	• Risks are reflected in risk registers and the Board Assurance Framework where appropriate	COVID Operational risks are contained within the corporate and divisional risk registers. The infection prevention framework document will be presented to Board for suggestion of inclusion on the corporate risk register. Risk registers reviewed to ensure all COVID related risks are documented and reported.			
1.19	• Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	Admission assessments include an infection control section which asks if patients have an infection. There are policies and procedures in place to identify alert organisms in admitted patients. These are audited and presented to the Infection Prevention and Control Group for reporting up through the organisation. Surveillance of alert organisms is completed by the IPCT utilising IC Net surveillance system and the national MESS database. Any positive results are reported via sunrise system to inform clinical teams.	The infection control risk assessment in the admission documentation is limited due to its simplicity and does not risk assess against all infections.	Live link to sunrise system in place, for COVID-19 and other infectious results Meeting due August 2021 for IPC to discuss with IT the possibility of having an IPC tab on sunrise to document all infectious organisms October 2021	

		The PAS is updated with significant infection risks as per policy. Sepsis screens are completed via sunrise. IPC admission risk assessment document to be revisited.		Discussions took place in Aug and IT are developing an IPC section to be included in the documentation section Risk Assessment has been completed	
1.20	NHSE/I visit Noted several areas required estates work completing.	Additional Estates focused reactive audits being introduced as of 17th May 2021 to review wards and departments across the sites on a targeted basis. Minor issues that can be dealt with within 24 hours will be followed through to completion and performance monitored through the PFI contract mechanisms as required. All ward and department staff to be reminded of the requirement to report all estates reactive works to the MITIE help desk and to escalate any that are not completed in the required response times to the Trust PFI contract management team.		All other works identified will be prioritised/RAG rated on a formal action plan with risks mitigated as required and progress reported through to Corporate level via the IPCG and Quality and Safety Committee Matrons and DIPC emailed on 29/04/2021 requesting clinical representation at Trust Audits	

				Additional estates reactive auditing to be introduced from 17th May 2021 to review wards and departments across the sites on a targeted basis and to follow through to completion of all issues identified.	
		Full review of Critical Care Unit undertaken in conjunction with Lead Nurse, Summit Healthcare Ltd and Mitie. Action plan agreed covering three categories: **Maintenance** – Work has commenced on site, orders raised with suppliers. Estimated Date for Completion 30/05/2021 based upon access being available to all required areas. **Life Cycle** – Plans being developed to refurbish identified areas which will be treated as priority. Estimated Date for Completion 30/05/2021 based upon access being available to all required areas.	October 2021 Still in progress – patient kitchen area in main corridor. Outstanding: • Staff rest room – requires blinds and kitchen area requires sink unit – has been wrapped temporarily. • Curtains to be installed in Area A (unable to progress as Covid area) and require capacity. • Conversion of bathroom in Area C	October 2021 Majority of work has been undertaken in Critical Care.	

		Variations - Variations raised which will be treated as priority. Some items will have a lead time including the new patient kitchen etc. Estimated Date for Completion 30/06/2021 based upon access being available to all required areas.	Concerns raised re: new flooring – difficult to maintain appearance of a clean floor as it marks easily		
1.21	NHSE/I review Risks outlined, a full review and escalation of risks on the risk register should be carried out as well as a full review of the current IPC risk register.	Risk register reviewed at IPC group agreed risks appropriately reflect the risks. <u>Critical Care</u> Risks and actions reviewed on 7.4.21 & 28.4.21 TAC1412 – Lack of storage affecting MHDU - 24.7.20 7.4.21 – Risks added: TAC 1616 – Lack of Storage in Critical Care TAC 1626 – Suboptimal compliance with management of cleanliness of environment & equipment TAC 1615 Medication storage compliance	October 2021 TAC1412 – Lack of storage affecting MHDU – remains a risk – Moderate. TAC1616 – Lack of storage in Critical Care – remains a risk – Major. TAC1626 – Suboptimal compliance with cleanliness of environment and equipment in Critical Care – remains a risk but recently down-graded to Moderate. Cleanliness CSW seconded post in place & Environmental audits.	Risk register reviewed at bi-monthly IPCG meetings	

			TAC1615 Medication storage compliance – remains a risk – Moderate. Require review of stock levels.		
1.22	NHSI visit Requirement to strengthen staff awareness in terms of roles and responsibilities in relation to decontamination of equipment and infection prevention and control.	Divisional Chief Nurse held 2 discussion forums 7th and 8th April with lead nurse, senior nurses and matrons which included roles and responsibilities related to IP&C. This was followed up in an email listing expectations, copy of communication placed in personal file and discussed as an objective during appraisal. Summary of findings discussed at Divisional Risk and Governance meeting with a request to Chief of medicine for medical representation to take the lead for IP&C and attend IP&C Group.		Formal notification to all Lead nurses, Divisional Leads accountable for maintaining IPC standards.	

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

		IPCT have provided training for Donning and Doffing of PPE, the team commenced in March 2020-but did not capture training attendance until April. IPCT happy to provide any training on Ad hoc basis if required Face fit testing undertaken locally and by the clinical skills team.		mandatory training Database for fit testing now in use and compliance is being monitored by learning and development.	
2.2	• Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	Cleaning contractor has ensured that all facilities staff were/are face fit tested and trained regarding PPE requirements. Additional training has been offered to cleaning contract staff to ensure they are aware of appropriate cleaning techniques for working in COVID cohort areas. An external cleaning training provider has completed a programme of education. Facilities team report yearly training in line with the trust.	N/A	IPCT hold regular meetings to ensure facilities resources are focused in risk areas	
2.3	• Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	Terminal cleans completed when a COVID patient vacates a bed space or area in none COVID areas. The Trust HPV team where possible have completed room disinfections	N/A Current HPV service/contract expired June 2021 – extended		

		following the standard terminal cleans within isolation rooms, ward bays.	for a 3 month period whilst options reviewed.		
2.4	Increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance: 'frequently touched' surfaces, e.g. door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated	COVID additional cleaning documents and cleaning policy remain in place. The Trust facilities team and infection prevention team have reviewed cleaning requirements through the pandemic, assessing cleaning standards through the audit programme and by gaining feedback from clinical teams**.** . Audits against cleaning standards reviewed at the IPC Committee. July 2021 – Meetings currently being held to discuss implantation of new cleaning standards released May 2021. The trust utilises Clinell wipes for decontamination of medical devices and surfaces-Gamma state the wipe	N/A		

	with secretions, excretions or body fluids electronic equipment, e.g. mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily.)	are against enveloped viruses and that 60 seconds contact time is required. Sporicidal Wipes were rolled out throughout trust week commencing 9th August to clean commodes and bed pans. These are to be used in the dirty utility only. GAMA healthcare provided training and continue to support. These have been introduced as an additional measure to assist with the prevention of Healthcare associated infections. Touch point cleaning continues; this is reviewed as required by IPC and facilities team. Dedicated staff have been resourced			

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

		releasing agent in line with Trust policy and/or manufactures instructions. Decontamination and decontamination of medical devices policy available on the HUB. Reports from Medical engineering team that wards are not using correct processes, escalation in place to report noncompliance to improve current practice	Decontamination Lead commenced in post September 2021. Business plan being put forward to review IPC staffing	environmental audits. Use of Datix system to report non-compliance in place.	
2.8 2.9 2.10	• Review and ensure good ventilation in admission and waiting areas to minimize opportunistic airborne transmission • Monitor adherence environmental decontamination with actions in place to mitigate any identified risk • monitor adherence to the	The Estates department as part of the hot weather plans have been installing where possible portable air conditioning units and have reviewed ventilation at the Trust. The estates team hold details regarding air changes according to site plans. Communications held with matrons regarding the benefits of periodically opening windows to aid air exchanges within clinical areas.	N/A Decontamination Lead commenced in post September 2021. Business plan being put forward to review IPC staffing	Installation of air conditioning units of which all have a health and safety assessment. Periodic opening of windows to dilute air – monitored by lead nurses and reported on NHSI audit tool	

	decontamination of shared equipment with actions in place to mitigate any identified risk	Cleaning Audits submitted monthly Audits, spot auditing. De-contamination certificates.			
2.11	NHSE/I visit Identified environmental cleaning was poor in some areas, with high level dust identified in almost all areas visited.	Cleaning review agreed with Summit and Mite. Multidisciplinary team to be engaged with within Trust including DIPC, Matrons, IPCT etc. Review to included: • PFI Project Agreement • PFI Output Specification • PFI Method Statements • PFI Performance Standards and Performance Management Schedule • The National Standards of Healthcare Cleanliness 2021 • Hydrogen Peroxide Vapour Decontamination • Discharge Cleaning • Terminal Cleaning • New Technology • Cleaning Materials and Products		The review of the cleaning contract and quality measures should be undertaken as planned in line with the new cleaning standards, these were released in May 2021 Consideration should be given to recording cleanliness as a risk on the risk register. October 2021 – Meetings currently being held to discuss implantation of new cleaning standards	

				released May 2021 Trials of new cleaning products to be commenced	
2.12	NHSI visit Identified high levels of dust noted during the review.	Issue raised with Summit Healthcare. Reinforce with Trust Audit team to ensure close monitoring of high level dusting within site is undertaken and any issues are performance managed. Ad hoq inspection by Trusts Soft Services Manager undertaken in ED. No issues identified Matrons and DIPC emailed on29/04/2021 requesting clinical representation at Trust Audits All ward and department staff to be reminded of the requirement to report all estates reactive works to the MITIE help desk and to escalate any that are not completed in the required response times to the Trust PFI contract management		To address immediate actions prior to cleaning standards contract review	
2.13	NHSI visit There is limited storage on all ward areas.	A walk around with the Deputy Director of Finance was completed on 20th April, and an action from this was for additional storage solutions for electrical equipment to be identified.	Temporary store has been built by ICU and is in use	Estates review to identify areas for appropriate storage.	

2.13	NHSE/I visit An action plan is required as to how cleaning standards can be maintained with areas of limited storage space.	Schedule of areas to be developed with Mitie to identify specific times for difficult to access areas to be cleaned in liaison with Trust. This will form part of the cleaning review A walk around with the Deputy Director of Finance was completed on 20th April, and an action from this was for additional storage solutions for electrical equipment to be identified.	Additional storage accessed – storage container, castles storage and additional storage facility on Floor 1. Storage however still remains an issue due to the additional equipment (predominately respiratory and associated consumables) secured from NHSE to support the pandemic surges. Also complicated by working in zoned areas. It is not anticipated that the additional equipment will be returned over the next 2-3 years.	Feasibility study for additional storage is being tendered with a view to raising order to undertake the feasibility study by 21/05/2021 Temporary storage is being constructed adjacent to critical care unit to improve and declutter the clinical area in the immediate term. July 2021 Feasibility Study has been completed and options considered. Business case being developed to construct external bed store and to release current bed stores for clinical storage	

2.14	NHSI Visit Requirement to ensure how we declutter our clinical areas.	A significant declutter in ITU has already taken place and this will be continued. The idea of declutter days are to be adopted and a meeting with Estates to assist with removal of waste is to be planned. Reminder included in Medicine Achieving Excellence newsletter this was circulated to divisional colleagues and will be monitored during monthly environment audits.		Implementation of declutter days and focused work on decluttering to improve storage.	
2.15	NHSI visit It was noted throughout critical care and the emergency department there were consumable items which had been taken out of their packaging and set up.	.4.21 Consumables removed from all equipment 8.4.21 Equipment covered in plastic to prevent contamination 21.4.21 2 x emergency ventilators set up – 1 for Area A & 1 x Area B – risk assessment in place		All consumable items should be stored in their sealed, sterile, original packaging with the equipment, so they are ready to set up but maintaining sterility	
2.16	NHSI visit Positive pressure in ITU**:** The air pressures in “ITU A”, which is the designated COVID-19 area, have been changed from negative pressure to positive pressure.	Following guidance received from NHSE/I in June 2020, indicating that positive areas should not be converted to negative, following clinical approval, the modified systems were converted back to their positive pressures as per design and HTM, providing greater dilution of any airborne virus particles with fresh air changes.		Check governance arrangements around decision making	

		Where ventilation systems were modified, performance verification was carried out by skilled and experienced Technicians. When converted back to their design parameters, the systems were verified by third party specialists. The decision to remain positive pressure has been subject to a risk assessment agreed and approved by Trust Clinical and Estates Managers. Reviewed following NHSI/E visit.			
2.17	NHSI visit Requested Materials Management – stock control	• Meeting between Jack Richards, Steph Thompson, Tracey Price, Paul Mellor, Kirstin Taylor and Clare Nash occurred 20/04/21 with key actions identified below • Historically ITU have ordered many items directly from suppliers rather than through NHS Supply Chain, meaning they don't fall within the Materials Management service. Despite this MM still manage 374 product lines weekly for ITU, which is above average A review of direct items has taken place and to date circa 20 additional products have been added to the MM service. This will continue to be reviewed and updated, with the benefit of reducing ITU involvement in		Meeting to discuss the Materials Management service in ITU and how this can be optimised. The Materials Management service is continually under review by staff with item range and quantities changing frequently based on engagement between Procurement & departments	

		stock-management for each item transferred. Procurement are also working with NHS Supply Chain to undertake a full review across the trust		Review items that can be moved to NHS Supply Chain from direct supply – bringing them into the Materials Management service. Continue to monitor national stock position for changes to current disrupted stock lines	
2.18	NHSI visit Request for review of documentation – Review of all IPC policies	All out of date policies to be reviewed and circulated prior to May 2021 IPC meeting ready for comments/approval		IPC policies to be reviewed to ensure they reflect the new IPC structure and current national guidance. All out of date policies up dated and reviewed by IPC Group. Currently with governance awaiting upload to the HUB.	

	3 Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
3.1 3.2	Systems and process are in place to ensure: • Arrangements around antimicrobial stewardship are maintained • Mandatory reporting requirements are adhered to and boards continue to maintain oversight	• Antimicrobial Pharmacy referrals in place. • AMS ward rounds (Antimicrobial Pharmacist led) • AMS annual report provided. • AMS update is regularly provided to Medicines management Group and Drugs and therapeutics Group. • Consultant Microbiologists available via switch board 24/7 for consultation. • Antimicrobial prescribing Snap shot audits. • Procalcitonin testing introduced as part of covid screening to reduce inappropriate prescribing of antimicrobials.	• Antimicrobial stewardship group meetings. • Micro/Antimicrobial Pharmacist ward rounds not happening as often as before Pandemic due to isolations and remote working. • Rigorous monitoring not possible currently.	Virtual Antimicrobial stewardship group meetings during pandemic (via email/ teams). All clinical Pharmacists actively referring patients to antimicrobial Pharmacist for stewardship queries. Snap shot antimicrobial prescribing audits. Infection control Nurses to support AMS activity. EPMA now in place to allow ongoing monitoring of prescriptions	

	4 Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
4.1	Systems and processes are in place to ensure: • Implementation of national guidance on visiting patients in a care setting	The trust currently has restricted visiting in place due to social distancing and government essential travel restrictions. Visitors are to wear PPE when visiting. This has been communicated by, nursing staff to patients and visitors, via social media, switch board and posters as pictured around the hospital. Visiting Policy to be updated to reflect current visiting advice. Information regarding visiting during the COVID crisis is provided via automated message on calling direct to Trust switchboard. July 2021 – Visiting has recommenced – patients are allowed one visitor for 45 minutes per day and this must be booked via the on line booking system. The visiting of COVID positive patients remains restricted and must be risk assessed. .	N/A		
4.2	• Areas in which suspected or confirmed COVID-19 patients are	Signage is placed on entrances to wards and other clinical settings stating restricted access. In addition	N/A		

	where possible being treated in areas clearly marked with appropriate signage and have restricted access	have zoning SOP, zoning notices and poster with PPE requirements for the area.			
4.3	• Information and guidance on COVID-19 is available on all Trust websites with easy read versions	COVID information is available on the Trust Intranet and External website in line with national communications materials available	Easy read versions are not available on external website. Multilingual versions also not readily available.	COVID information is currently produced by DH and has been directed through this route. The Trusts website does have a clear information button which reads information to users and enlarges font and gives an explanation of words used amongst other accessibility tools October 2021	

				Currently working with Communication team to produce information in different formats.	
4.4	• Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	There is a patient transfer checklist which asks-infection type if the patient requires barrier nursing or side room and requests current observations. As previously documented there is a discharge and transfer checklist (which will be updated to specifically include COVID) and COVID status is included in all discharge documentation to all other healthcare providers. COVID test results for intra trust transfers are documented on Sunrise.	Assurance required regarding evidence of completion	October 2021 Covid status on transfer is covered in the monthly documentation audit completed by all inpatient nursing areas	
	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.			

5.1	• Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection	There is the zoning document for in-patient admissions which covers patient placement. 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. Point of care testing in place in ED.	N/A		
5.2	• Patients with suspected COVID-19 are tested promptly	As per national guidelines testing for acute admissions is completed on admission to ED (detail included in both zoning SOP and patient flow policies). A process for screening of elective cases is in place. Testing is completed on admission via ED, elective cases before admission. 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	N/A		

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

5.4	• Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	Where possible out patients appointments are conducted virtually or by telephone. Some clinics are appointments, before patients attend they are asked if they have symptoms, if patients has symptoms and they have to attend they are asked to wear a surgical mask and decontaminate hands and would be placed last on the list. Phlebotomy clinics have commenced at the main hospital patients have to book appointments and social distancing is in place. Currently all patients attending the OPD are screened via symptom enquiry and temperature check if necessary, asked to decontaminate hands and wear a face mask. The majority of OPD appointments are being conducted virtually or by telephone. OPD flow chart for COVID screening in place. Information provided in policies.	N/A Not monitored. Not monitored.		

5.5 5.6 5.7	• Face masks are available for all patients and they are always advised to wear them • Monitoring of Inpatients compliance with wearing face masks particularly when moving around the ward (if clinically ok to do so) • There is evidence of compliance with routine patient testing protocols	Patients are requested to wear a face mask at all time other than when asleep.	Data not gathered and reported on.	Patient information, staff encouraging patients to wear face masks within the day. Public notices, posters. Dashboard required to monitor compliance.	
	6 Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
6.1	Systems and processes are in place to ensure: • All staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	IPC mandatory training via e learning has continued, face to face training was suspended during March 2020 but now back in place with social distancing, this has reduced face to face capacity. COVID briefing sessions in Lecture theatre were held, now virtually. Face Fit testing Training PPE donning and doffing HUB information with inks to PHE guidance and videos	General face to face IPC training was suspended; therefore training compliance has reduced. Prompts sent by divisional leads to remind staff to complete training.	IPC Mandatory training is now in place. Face fit testing database now in place – held by clinical skills	

		The core IPC mandatory training has been updated to include specific COVID training. Trust reviewing the updated PHE/NHS IPC Guidance for implementation at the Trust. Trust compliance for IPC training is monitored via the IPC Group bi monthly. Mandatory training scores for the Trust as of 26.08.21 are 90.3% with an objective of 90%.			
6.2	• All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	At the height of the pandemic PPE marshals were trained by IPC Lead Nurse to enable them to complete checks and assist staff. IPCT, Matrons have provided training to clinical areas posters are displayed at ward entrances stating what PPE is required and within the donning and doffing areas posters are displayed with pictures of how to don and doff. PHE videos are also available. Half face respirators have been purchased and distributed by the trust. Designated staff fully trained as super fit testers. Ability to train the trainers.	N/A	Communications via huddles and email to all to remind staff of PPE requirements	

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

				Procurement team monitor stock levels	
6.6	• Adherence to PHE national guidance on the use of PPE is regularly audited	There is no formal COVID PPE audit. PPE Marshalls in place, matron, lead nurse and IPCT checks completed Clinical team complete stock checks. Developing a specific audit for PPE use. PPE use is included as part of the routine ward audit. Datix reports of failure to follow PPE advice are reviewed.	IPC are in the process of devising a PPE audit.	October 2021 PPE is audited Quality Rounds.	
6.7	• Staff regularly undertake hand hygiene and observe standard infection control precautions	The hand hygiene saving lives audits are completed monthly and compliance continues to be monitored. This level of compliance requires an independent review the IPCT carry out unannounced spot checks as required.	Independent review of hand hygiene required	IPC quarterly audit programme has now commenced	
6.8	• 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	Hand Hygiene training is covered within mandatory training. Hand dryers are not located within clinical areas, paper towels in dispenser are provided in line with national guidance along with instructions of how to perform hand hygiene- including drying.			

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

6.13	NHSI visit Staff were observed to be wearing their FFP3 facemasks when they had facial hair, this is not in line with the HSE guidance around fit testing which advises that “facial hair – stubble and beards – makes it impossible to get a good seal of the mask to the face •	Key trainers have received document HSG53 from HSE. They have also been trained Face to Face which covers both theoretical and practical elements that includes this issue relating to FFP3 facemasks not to be worn with facial hair Any new information from H&S is forwarded on to the face fit testers. • Statement for ‘In The Know’ bulletin to cover action agreed for all staff. • Email to be sent to fit test trainers and Leads, to ensure key message is understood and disseminated. All key trainers are requested to attend an update training session every two years, to maintain and update knowledge, this is recorded on ESR.		Communications to all staff and staffing groups to ensure clear messaging around FFP3 use. Check with the fit test trainers in relation to key messaging. This is monitored through the PPE audit that is in place.	

		This is monitored through the completion of the PPE audit in the Divisions This is monitored through the completion of the PPE audit in the Division Chief of medicine sent email communication to teams Item included in Medicine Achieving Excellence newsletter this was circulated to divisional colleagues. Any staff observed not to be compliant will be immediately challenged. Summary of findings discussed at Divisional Risk and Governance meeting with a request to Chief of medicine for medical representation to take the lead for IP&C and attend IP&C forum			
	7 Provide or secure adequate isolation facilities				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
7.1	Systems and processes are in place to ensure: • Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place (updated January 2021).	N/A		

		The capacity of the Zones is reviewed 3 times daily at the capacity meetings The infection prevention team have the daily ward list which documents the location of COVID patients and patients with resistant/alert organisms. Zoning SOP available on the HUB.			
7.2	• Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	Cohorting of (positive/negative and patients awaiting results) patients into bays, patients have to be spaced with curtains drawn in between patients, no fans and doors closed. Zoning SOP is in place. The hospital has limited space to have separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems.	Gap identified, mitigated for this trust	Hospital environment limited Areas segregated and social distancing in place Zoning SOP in place Policy is in draft	
7.3	• Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	IPCT complete surveillance of alert organisms using IC Net, IPCT document on IC Net actions taken and advice given and if necessary document in patients notes regarding precautions required isolation. IPCT policies in place: isolation, MRSA, CPE, CDI	N/A		

	8 Secure adequate access to laboratory support as appropriate				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
	There are systems and processes in place to ensure:				
8.1	• Testing is undertaken by competent and trained individuals	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. Information also available on the hub and communications update.	
8.2	• 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.			
8.3	• 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 Lateral flow testing commenced W/C 23/11/2020. All clinical and non-clinical staff. MRSA screening has continued along with *Clostridioides difficile* tests for patients who have diarrhoea.		Compliant.	

		All other screening has continued as pre COVID crisis.		Compliant.	
8.4	That all emergency patients are tested for COVID-19 on admission	All Patients tested on admission, routine swabbing for asymptomatic patients, admitted to amber bed whilst awaiting swab result which is back normally within 24 hours (not tested on site). Symptomatic patients are swabbed as an emergency and test on site and results available within 4 hours. Isolated until result available.		Dashboard mitigation.	
8.5	• That those inpatients who go on to develop symptoms of COVID-19 after admission are retested at the point symptoms arise	Any patients who develop symptoms are swabbed and moved into side rooms. Bed in bay to remain blocked until result know as other patients in bay treated as contacts. These patients would have an onsite test and results back within 4 hours		. Compliant.	

8.6 8.7 8.8 8.9	• That those emergency admissions who test negative on admission are retested on day 3 of admission, and again between 5-7 days post admission • That sites with high nosocomial rates should consider testing COVID negative patients daily • 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 • That those being discharged to a care facility within their 14 day isolation period should be discharged to a designated care setting, where they should complete their remaining isolation.	Prompts on SUNRISE system. Reviewed as part of the outbreak meetings. Trust have reviewed and are unable. Therefore do not have the resources to carry out daily testing of negative patients. Insufficient capacity. On discharge checklist. Commissioned care home for COVID-19 positive patients.	Not reported anywhere within the trust.	Compliant. Partial compliance. Divisional chief nurse to report compliance within IPC report.	

8.10	• That all elective patients are tested 3 days prior to admission and are asked to self-isolate from the day of their test until the day of admission	All elective patients are tested. SOP in place.			
	9 Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
9.1	Systems and processes are in place to ensure that: • Staff are supported in adhering to all IPC policies, including those for other alert organisms	IPC policy adherence is completed by IPCT visits, training and via Saving Lives audits.	N/A		
9.2	• Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	The IPCT receive email alerts from PHE which describe any changes in guidance, the IPCT also review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB	N/A		

		page, COVID emails and CEO briefings. (See previous information regarding Incident Room cascading all relevant COVID information throughout the Trust)			
9.3	• All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	Waste streams on yellow and blue zones are clinical waste: orange bag. Some reports received of improper disposal Interserve have communicated issues to areas concerned. The national guidance for the disposal of face masks has been updated to stated that face masks which have not been used for clinical tasks can be disposed of in to the domestic waste stream. Tiger stripe clinical waste stream has be implemented across the wards- when a case has been identified then orange waste stream is used	N/A		
9.4	• PPE stock is appropriately stored and accessible to staff who require it	A central store is maintained by procurement, who distribute PPE according to need to ensure adequate stocks, there is out of hours access.	N/A		

		On entrance to clinical areas there is available stock of PPE. Staff obtain replacement stock directly from procurement. IPCT sit on PPE Cell meetings with Health and Safety, Procurement and clinical skills. Half face respirators have been purchased and distributed by the trust			
	10 Have a system in place to manage the occupational health needs and obligations of staff in relation to infection				
	Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**	**R.A.G**
10.1	Appropriate systems and processes are in place to ensure: • Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Staff in the following groups have been identified: • Over 70's • Pregnant Staff • BAME Staff • Staff with underlying conditions Line managers of 'at-risk' groups have been tasked with completing risk assessments to identify risks and consider adjustments where appropriate with the support of Staff Health & Wellbeing and HR. Staff members identified as vulnerable are being supported	N/A	Vulnerable staff may not disclose to employer, therefore all staff to have risk assessment completed	

		appropriately to ensure both their physical and psychological wellbeing is supported. There has been an active programme of undertaking risk assessments for all staff; this is an on-going process which line managers will review appropriately. The risk assessment process is ongoing and returns continue to be monitored. The Trust commenced COVID vaccination programme on 29/12/20 priority is to be given to patients over 80 years and staff with increased risk.			
10.2	• Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	Health & Safety are keeping and maintaining records of all staff members that have undertaken FFP3 Face Fit Testing. The trust ordered replacement reusable respirators (half face and hood systems) Small, Medium and large respirators have arrived into the trust and have been distributed.	N/A		

10.3	• Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance	Zoning SOP sets out that staff should not work across areas where possible, although due to patient safety issues movement of staff may occur. During the height of the pandemic the Trust Interserve partner worked with IPCT to organise 'runners' for clinical areas where COVID patients were cohorted, this was required to reduce footfall. In response to the current fall in cases the resource has been utilised for touch point cleaning within out-patients and main hospital corridors. The hospital has limited space to have totally separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems. As we come out of the pandemic and have fewer cases, nursing staff will be allocated to care for COVID patient per shift. .	Appropriate workforce numbers to maintain segregation of zones.	Zoning SOP and areas are segregated with one way systems	
10.4	• All staff adhere to national guidance on social distancing (2 metres) wherever possible,	The Trust has provide staff with detailed guidance with regards of social distancing a standard	N/A		

10.5	particularly if not wearing a facemask and in non-clinical areas • Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	operating procedure is in place, posters and markings on floors, including one way systems in some areas and floor markings within lifts including maximum capacity. Staff are provided with face masks when they enter the building and can obtain face masks from their manager. Precautions are in place with regards of staff completing touch point cleaning as described within the social distancing SOPs The Trust has reviewed staff rest area space as they are currently limited within ward areas-breaks are being staggered and the trust is now providing tables with 1 or 2 chairs within the main canteen areas. CCG Quality visit completed 20/08/2020 no issues identified and embedded processes found.			
10.6	• Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	All COVID related absence are reported centrally through a COVID Workforce inbox to ensure that all absence is monitored and reviewed on a daily basis. This information feeds directly in Staff Health and Wellbeing on a daily basis, who then contact the staff	Many staff are choosing to be tested via Pillar 2 due to ease of access and convenience.		

		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.			
10.7	• Staff that test positive have adequate information and support to aid their recovery and return to work.	If the staff member has been swab tested by the Trust, negative results are sent via text and positive results are contacted by IPC contact Tracer If the staff member has received a test for antibodies by the Trust, test results are given via text message- this service has now ceased. Regarding a positive result staff are advised to stay off work for a minimum of 10 days and can return to work after 10 days if they are apyrexial for 48 hours, in line with PHE guidance. The Trust have increased the Staff Health and Wellbeing provision, including access to an Occupational Health Physician and 24/7 access to personalised, on-demand advice and support from our team of mental health, financial, and legal experts. As of 16th August new guidance was released advising that is you are a	N/A Staff isolation SOP available.		

		household contact regardless of vaccination status you are to continue to refrain from work for 10 days. If the staff member has received a notification via the NHS app or via track and trace a risk assessment must be completed prior to attending to work.			
10.8	• IPC to help in the COVID19 booster and Flu vaccination programme 2021	IPC team members to complete up to date vaccination training and to be part of the vaccination rota.	IPC Team not required to be part of the vaccination programme COVID-19 Booster and Influenza vaccination hub now running and accessible for all staff. Walk in appointments available		

Enclosure 20

The Dudley Group NHS Foundation Trust

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

Title:	Maternal and Neonatal Quality Dashboard
Author:	Dawn Lewis Head of Midwifery
Presenter:	Mary Sexton Chief Nurse

Action Required of Committee / Group							
Decision	N	**Approval**	Y	**Discussion**	Y	**Other**	N

Recommendations:

The Trust Board is asked to receive and discuss this report.

Summary of Key Issues:

The purpose of this paper is to present an overview update of maternity services to the Trust Board. Included are the key areas described in the minimum dashboard advised for overview as per Implementing a revised perinatal quality surveillance model.

- A slight increase in the number of still births in quarter 2. This is being monitored to identify if this is a trend or an expected variation.
- A piece of work to review outcomes based on ethnicity has identified that the outcomes in the Trust follow national trends. The maternity team will work with the Maternity Voices Partnership (MVP) to address the recommendations from the review.
- No themes or trends have been identified in either the perinatal mortality reviews or the HSIB reviews over past months. However, learning has been identified and shared with the wider multidisciplinary team.
- Work is underway to achieve the 10 safety actions identified in the Year 4 of the Maternity Incentive Scheme from NHS Resolution
- Factual Accuracy Challenges will be made to several areas into the results of the NHSE/I regional Ockenden assurance framework review.
- Midwifery staffing remains a concern, this is being monitored daily with a number of interventions taken to remedy in the short and long term.

Impact on the Strategic Goals *(Indicate which of the Trust's strategic goals are impacted by this report)*	
Deliver right care every time	**X**
Be a brilliant place to work and thrive	**X**
Drive sustainability (financial and environmental)	**X**
Build innovative partnerships in Dudley and beyond	**X**
Improve health and wellbeing	**X**

Implications of the Paper: *(Complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	N	Risk Description: *Inc risk ref number*	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Ockenden requirements
	NHSE/I	Y	Details: Ockenden requirements
	Other	Y	Details: Maternity Incentive Scheme

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y	Date: 11th November 2021
	Other	Y/N	Date:

The Dudley Group NHS Foundation Trust September 2021

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good

Maternity Safety Support Programme	Select Y / N:	No

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Findings of review of all perinatal deaths using the real time data monitoring tool	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below
Findings of review all cases eligible for referral to HSIB.	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below
Report on: • The number of incidents logged graded as moderate or above and what actions are being taken • Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training • Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below
Service User Voice feedback	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below
Staff feedback from frontline champions and walk-abouts	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓ See below
Coroner Reg 28 made directly to Trust	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Progress in achievement of CNST 10	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below	✓ See below

Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)	Reported Annually
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (Reported annually)	Reported Annually

REPORTS FOR ASSURANCE

Maternity and Neonatal Quality Dashboard

Report to Trust Board on 11th November 2021

1 EXECUTIVE SUMMARY

1.1 This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety as outlined in the NHSEI document "Implementing a revised perinatal quality surveillance model" (December 2020). The purpose of the report is to inform the Trust board and the LMNS board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of ward to board insight across the multidisciplinary multi professional maternity and neonatal service teams. The information within the report will reflect actions in line with the Ockendon recommendations in respect of immediate and progress made in response to any identified concerns at provider level.

1.2 In line with the perinatal surveillance model we are required to report the information outlined in the data measures proforma monthly to the trust board. Data is primarily for September 2021 in this report

In addition, the report will provide evidence for NHS resolutions maternity incentive scheme year four.

2 BACKGROUND INFORMATION

2.1 Perinatal Mortality.

Stillbirths - There have been 3 stillbirths during the month of September 2021.

Early Neonatal Deaths – There have been 0 neonatal deaths during the month of September 2021.
All stillbirths and neonatal deaths are reviewed using the National Perinatal Mortality Review Tool (NPMRT) which includes the parent's perspectives and questions as part of the review. The system allows for a report to be produced covering all aspects required as part of the CNST Safety Action 1.

In addition to the NPMRT database we are required as a Trust to report the following to MBRRACE

- **Late fetal losses** – the baby is delivered between 22 weeks+0 days and 23 weeks+6 days of gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- **Stillbirths** – the baby is delivered from 24 weeks+0 days gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- **Early neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring before 7 completed days after birth
- **Late neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring between 7 and 28 completed days after birth.

A national report is produced by MBRRACE annually highlighting themes of good practice and recommendations for changes in practice. Additionally, MBRRACE carry out confidential enquiries based on identified themes from their main reports.

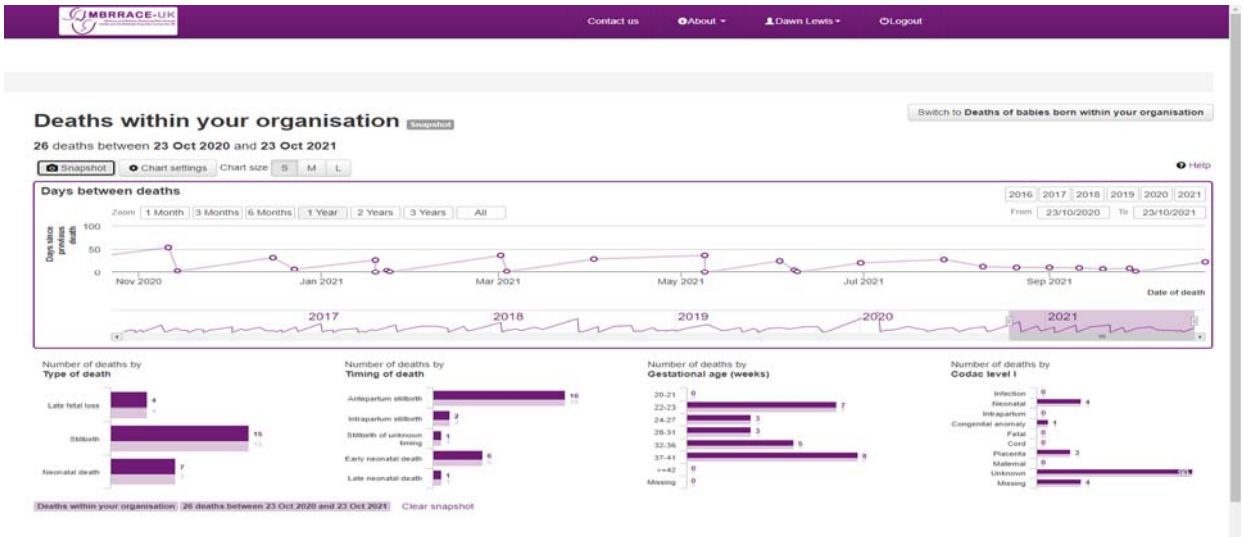
Following the last report to Trust Board the maternity team have carried out an additional review of perinatal mortality outcomes based on ethnicity

In summary:

- There are a disproportionate number of stillbirths, neonatal deaths and previable losses within the Black Asian and Minority Ethnicity community.
- A significant increase during Q2 with 5 out of the 8 women being from the Black, Asian and Minority Ethnicity community.
- Locally results are very similar to national figures, but within Dudley we have a low percentage of Black, Asian Minority Ethnicity population at 9.6%, across the Black Country this figure is 25%
- Deprivation is a significant issue with 23 women from Dudley and other parts of the Black Country living in a postcode which is in the top decile of deprivation.

The team will be working closely with both our Maternity Voices Partnership and other members of the Black Country and West Birmingham LMNS to work through the recommendations and devise SMART actions to address the inequalities identified

2.1.2 PMRT real time data monitoring tool



2.1.3 Learning from PMRT reviews

Issues

- Mother had poor/no English and an interpreter was not used on every occasion when she was seen for her antenatal care. Not relevant to outcome but action required.
- Presented with reduced fetal movements and her scans and/or other investigations were not interpreted appropriately.
- Presented with reduced fetal movements a management plan was put in place but not followed.
- Mother had pre-eclampsia/eclampsia during her pregnancy and there was a delay in the diagnosis.

Actions

- All staff reminded of need to use appropriate interpreter and not to rely on relatives.
- The case was presented at the weekly meeting of harm and a yellow investigation is in progress. Appropriate actions will be developed based on findings once the investigation is complete.

2.2 Healthcare Safety Investigation Branch (HSIB) and Maternity Serious Incidents SIs

Since April 2018 the Healthcare Safety Investigation Branch (HSIB) has been responsible for the investigations into specific maternity incidents. These include

- Intrapartum stillbirth
- Early neonatal deaths
- Potential severe brain injury
- Maternal deaths

2.2.2 Investigation progress update

DGFT executive summary from HSIB

Cases to date	
Total referrals	17
Referrals / cases rejected	3 (duplicate entries)
Total investigations to date	14
Total investigations completed	12
Current active cases	2
Exception reporting	Nil

Each of these are treated as an RCA investigation in respect of the Trust reporting and following receipt of the HSIB report and production of our local action plan the reporting through appropriate governance processes is carried out.

A quarterly review meeting with HSIB took place at the end of September at which the HSIB team advised that there were no concerns. No particular themes had been identified in the cases reviewed. From the responses of families and staff it is felt that the team operate in an honest and open manner, and we were commended on our collaborative working with the HSIB team

2.3 Coroner Ref 28 made directly to the Trust

There were no Coroner reg 28 made directly to the Trust in respect of perinatal or maternal deaths in September 2021.

2.4 Maternity Serious Incidents

There have been 0 serious incidents in maternity in September 2021.

	Maternity	Incident number
RCA in progress	0	
RCA submitted to CCG and awaiting closure	0	

RCA breached submission to CCG	0	
RCA CCG queries received by Trust	0	
RCA closed by the CCG/NHSE outstanding actions in action plans	4	INC85471 INC82171 INC86371 INC89708
Serious incident closures	1	INC74968

2.5 Continuity of Care

In order to provide safe care for all women using the maternity services a decision was made to step down one of the continuity of care teams. Several members of the team had already expressed a desire to return to traditional working patterns.

NHSE/I have recently distributed updated guidance on implementation of continuity of carer pathways. A response and plan related to this guidance is being prepared and will be included in future reports.

2.6 Training related to core competency framework

2.6.1 A suite of role specific mandatory training is planned for the next year to address the requirements of Maternity Incentive scheme CNST and the requirements of the Ockenden recommendations.

These include:

- Multidisciplinary skills drills training to include obstetric, midwifery, theatre, and anaesthetic staff along with the neonatal team.
- Growth Assessment Programme (GAP) and Gestation Related Optimal Weight (GROW) training online to address the fetal growth restriction domain of Saving Babies Lives.
- A new session delivered by the specialist midwife that addresses all the domains of the Saving Babies' Lives care bundle
- Addressing all aspects of the fetal monitoring competency is the remit of the recently appointed fetal wellbeing midwife. This includes regular workshops to review and discuss interesting examples of fetal monitoring.
  One of the locum consultants has agreed to be interim lead consultant for fetal wellbeing, addressing an action that was outstanding from the Ockenden recommendations.
- Progress against compliance for each area of core competency will be shared in future reports.

2.7 Saving babies lives V2

2.7.1 The saving babies lives care bundle version 2 (SBLCBv2) continues to make excellent progress towards full implementation. Safety action six of the clinical negligence scheme for trusts is focused on full compliance with each of the five domains of the care bundle.

There will be a focus on the domain related to detection if fetal growth restriction as this has reduced in the past quarter. The priority for the newly appointed specialist midwife is to improve compliance with GROW training

We are working with the information team to ensure that all data entered into the new maternity EPR can be accessed and reported robustly.

2.8 NHS Resolution Maternity Incentive Scheme CNST

2.8.1 NHS Resolution released the year 4 standards for the CNST Maternity Incentive scheme on 9th August 2021. The subject of each the standards remains the same as previous years, however the technical guidance is extensive and requires production of extensive assurance. There do appear to be some inconsistencies with guidance received following the Ockenden report. Following concerns raised across England from a number of Heads and Directors of Midwifery and the Regional Chief Midwives NHS Resolution have considered and amended a number of the safety actions, this was notified to the Trust at the beginning of October.

2.8.2 Each of the safety actions have been allocated a lead and monthly meetings have been arranged to discuss progress and any issues encountered.

2.8.3 The Trust awaits the response from NHS Resolution to our Year 3 Board declaration made in July this year; this is expected in November 2021.

2.9 Safe Maternity Staffing

Organisational requirements for safe midwifery staffing for maternity settings NICE (2017) states that Trusts develop procedures to ensure that a systematic process is used to set the midwifery staffing establishment to maintain continuity of maternity services and to provide safe care at all times to women and babies in all settings. Midwifery staffing is reported biannually to the Trust board as part of the CNST requirements and is due in January 2022 or before if the Birth-rate Plus report is received.

2.9.1 Midwifery Staffing

NICE (2017) recommend that a Birth-rate plus assessment is carried out every three years. An assessment has been commissioned and is in progress. The results of the assessment will be included in future reports.

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 Birth Rate Plus assessment should be 1:27 this is unlikely to alter significantly during reassessment

Midwifery shift fill-rates for September 2021 planned versus actual staffing.

	Day qualified %	Night qualified%
September 2021	75%	75%

Throughout September there have been significant challenges to midwifery staffing and capacity within maternity. This has been due to a combination of factors including sickness isolation requirements and maternity leave, together with the vacancy. Maternity escalation standard operating procedure has been implemented and Datix reporting as appropriate. The daily staffing report has been amended to also reflect the daily activity requiring 1:1 midwifery care and elective work such as inductions of labour and elective caesarean sections. The team are working with colleagues across the midlands region to have a standardised escalation standard operating procedure. Despite requesting midwives from local agencies to cover gaps in shifts this has proved unsuccessful.

There are vacancies in both community midwifery and in patient areas within the current funded work force of 10.7WTE and recruitment to this is ongoing. The new graduate band 5 midwives have all commenced in post over the past few weeks and most have completed

their supernumerary induction period. The Trust has submitted a collaborative bid with the other three trusts across the LMNS to the international recruitment fund. We have requested 5 international recruits for our Trust.

Additional money for midwives and obstetricians to allow for staffing to birth-rate plus and achievement of some of the Ockenden recommendations was successfully applied for from the national team. We are currently recruiting to these posts including to the leadership posts of an additional deputy matron and a consultant midwife

Funding was secured to enable a number of secondments and fixed term contracts for more specialist roles. The LMNS funding has enabled a six-month secondment extension for a lead for continuity of care, to provide a midwife to support the embedding of the saving babies lives care bundle version 2. Further funding has been received from the national team to support recruitment to birth rate plus requirements based on the recommendations of Ockendon and a further successful bid of £50,000 pounds has been achieved which will support midwifery posts to provide additional preceptorship for newly qualified midwives. It is hoped that will build resilience and improve retention.

Capacity during September as amplified the issues with staffing. Increased levels of interventions such as induction of labour and elective caesarean section increase length of stay for women both antenatally and postnatally. A piece of work is planned to look at capacity and demand in all areas of maternity both in and outpatient.

2.9.2 Obstetric staffing

Similarly, there are gaps within medical rotas and recruitment is ongoing to address gaps both at consultant and middle grade doctor levels. There are 2 consultant obstetricians on sickness absence and 1 on a phased return with two other vacancies. Locum consultants are covering these gaps in the interim. Recruitment to the substantive posts is in progress with interviews planned at the beginning of November.

Recruitment into middle grade doctor posts is ongoing with 2 vacancies out to advert at the time of the report.

2.10 Maternity Service Improvement Plans

2.10.1 The initial feedback from the Ockenden assurance process was received from NHSE/I by the Trust and the LMNS at the end of October However we are reviewing the scores as directed and intend to submit challenge to some areas where evidence of assurance was submitted but appears to have been overlooked.

The areas that still require assurance will form the basis for an updated improvement plan and progress against this will be included in future reports.

2.11 Staff feedback from frontline champions and walk about.

Concerns	Actions
Staff raised concerns about staffing levels both midwifery and medical	Recruitment plans shared with staff via newsletter. Approval to request block booking of agency midwives
Concerns about teething problems with new maternity EPR	All issues escalated to IT team. Improvement of Wi-Fi connectivity addressed

Letter sent to CQC by staff member highlighting midwifery staffing issues and request for response from the Trust. Several emails received and responded to related to escalation standard operating procedure, actions being taken to address vacancy and information sharing processes with staff. Meeting arranged for mid-November to talk through processes and offer additional assurances as required

2.12 Service user feedback

Maternity (Birth) - *Felt fully supported & felt my baby was in the best care*.

Antenatal - *Midwives always re-assuring + don't make you feel an inconvenience for being worried*

Maternity (community postnatal) - *My care during the pregnancy and after care was excellent, no problems at all.*

Antenatal - *Fast, calm, good communication and reassurance. Friendly and welcoming. Made me feel very relaxed*.

Maternity - community postnatal - *Caring and kind. Always there if I needed any questions answering.*

Antenatal - *Was seen immediately, midwife was very caring & attentive*.

3 RISKS AND MITIGATIONS

3.1 Midwifery staffing requires investment in both time and finances to achieve the required levels. Achieving birth-rate plus levels of staffing is the main steppingstone towards continuity of carer.

3.2 The requirements for evidence of assurance are very specific, and significant in its amount. The Trust Board is required to receive and minute detailed information particularly in relation to serious incidents, perinatal mortality, and safety champion engagement

4. RECOMMENDATION(S)

4.1 The Board is invited to accept the assurance provided in this report as progress towards compliance with both CNST requirements and Ockenden recommendations

4.2 The Board is invited to review the minimum evidence requirements for the Ockenden actions, particularly the level of detail stated for inclusion in maternity Board reports.

Name of Author: Dawn Lewis
Title of Author: Head of Midwifery
Date report prepared: 31st October 2021

Enclosure 21

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 11 November 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

Action Required of Committee / Group			
Decision	**Approval**	**Discussion**	**Other**
N	Y	Y	N

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.

Summary of Key Issues:

Summary from the Finance and Performance Committee held on 28 October 2021.

Impact on the Strategic Goals *(indicate which of the Trust's strategic goals are impacted by this report)*	
Deliver right care every time	
Be a brilliant place to work and thrive	
Drive sustainability (financial and environmental)	**Y**
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	

The Dudley Group
NHS Foundation Trust

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	N	Risk Description:	
	On Risk Register: N	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: Well Led
	NHSE/I	Y	Details: Achievement of financial and performance targets
	Other	Y	Details: Value for money

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 11/11/21
	Other	N	Date:

The Dudley Group
NHS Foundation Trust

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

Meeting held on: 28 October 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Continued high temporary staff spend; in Q2 on average £700k a month higher than in Q1 and agency spend running at roughly double the NHSI cap • Allocation of increased H2 system funding to individual organisations not finalised. We are unlikely to secure the additional £8m we require • Operational performance below target, although compares favourably with national and regional peers. However, significant deterioration in cancer two week wait and non-ambulance triage performance, long delays in moving people through the hospital and five 12 hour breaches in ED	
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Trust achieved breakeven in H1 with £4m of flexibility to carry forward into H2. System also achieved breakeven with £25m of flexibility • Better than expected net increase in system allocation of £27m between H1 and H2 • Continue to exceed the Better Payment Practice Code target of paying 95% of invoices within 30 days	• Recommended to Board for approval: o Hybrid Theatre Business Case o IT Infrastructure Replacement Phase 1 procurement

Chair's comments on the effectiveness of the meeting: Good discussion around H2 position ahead of extra-ordinary F&P on 2 November to approve H2 budgets. Good input from participants throughout the meeting. Unfortunately one paper withdrawn at short notice due to problems with the data

Enclosure 22

Paper for submission to the Board of Directors on *day month* 2021

Title:	IPR Report
Author:	Simon Illingworth, Deputy Chief Operating Officer
Presenter:	Karen Kelly, Chief Operating Officer

Action Required of Committee / Group				
Decision	**Approval**	**Discussion**	Y	**Other**

Recommendations:

This report summarises the Trusts performance against national standards and local recovery plans for the month of September. The Board are asked to note performance and next steps

The Trust IPR report will have some amendments made from November onwards to better reflect the performance improvement trajectories agreed with the ICS

Summary of Key Issues:

Key Areas of Success

Performance and operational delivery has been under considerable pressure across a number of key performance areas over recent months. Despite this the Trust continues to perform well in a number of areas.

Of particular note has been the continued delivery of zero 104 week waiters for elective patients. The Trust is only one of a handful in England who has maintained this strong position. In addition the Trust has largely maintained is current RTT position, being in the top 15 Trusts in England.

Performance around DM01 standards also continues to be strong both in terms of performance and recovery against the H1 activity targets.

Key Areas of Concern

Without doubt EAS standards remain the biggest cause for concern, in particular the number of twelve hour breaches and ambulance handover delays. The clinical teams are working extremely hard to avoid and mitigate as much as possible the number of ambulance handovers and long waits across the ED footprint.

The modular ward has been delayed again but is now scheduled to open on Wednesday 10th November and this will provide additional capacity for ED which will in turn allow the team to implement more robustly SDEC pathways which aim to reduce crowding and ED delays.

EAS

EAS standards have been under considerable pressure across nearly all metrics over recent months. Performance against the ED standard fell slightly in September as did Triage performance. The Trust continues to focus improvement strategies in two main areas.

Firstly efforts at the front door including robustly implementing the SDEC pathways to divert as many patients away from ED as possible, Acute Medic input into ED to support early discharge and prevent admission.

Secondly efforts continue to be focussed on discharge improvement with the Trust Home for Lunch project underway. The next steps for this will be focus efforts on two specific wards to drive specific improvements that can be deployed on other wards. Key to this success is planning discharges ahead of time, with identification the day before

Despite these efforts during September our four hour performance was 75.9% and there were nine (9) breaches of the 12 hour standard, with the majority of these patients having long waits following admission overnight. The Trust's four position was however 5th out of 14 Trusts in the West Midlands.

Cancer

Cancer performance remained relatively stable and in line with trajectories for improvement, especially for the 62 day treatment standard. However the 2ww position deteriorated n month and this was due to long waits in Skin and Urology (which have recovered during late October and early November) and in, Breast. System support continues to be provided for Skin pathways and has been requested for Breast which has seen significant rise in demand over recent weeks.

RTT, 52 Weeks Elective Recovery

The Trust is now rated 19th out of all Trusts within England for RTT, achieving 76% in September. The 52 week position for the Trust is now approximately 395 patients. This is disappointingly high but is still an extremely favourable position to other local Trusts. The elective programme, after a slow start, is now well under way and there are both increased in week and weekend lists arranged with much high volumes of treatments. This will improve both the 52 week position and improve RTT. The national operating guidance for H2 is to stabilise, rather that eradicate, the number of long waiters and the Trust will work hard to reduce the number of 52 week waiters over the next five months.

DM01

Performance against DM01 standard continues to be main area of positive delivery for th Trust both in terms of recovery but also performance. Dudley continues to have one of the strongest levels of performance in this domain across the West Midlands. There was a small improvement in performance in September compared to August and the extra capacity as part of the CDH bid will support the Trust in improving this measure further.

Impact on the Strategic Goals *(indicate which of the Trust's strategic goals are impacted by this report)*	
Deliver right care every time	**x**
Be a brilliant place to work and thrive	**x**
Drive sustainability (financial and environmental)	**x**
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	

Implications of the Paper: *(complete all sections including the Corporate Risk Register and/or the Board Assurance Framework)*			
Risk	Y/N	Risk Description: *Inc risk ref number*	
	On Risk Register: Y/N	Risk Score:	
	CQC	Y/N	Details:

Compliance and/or Lead Requirements	NHSE/I	Y/N	Details:
	Other	Y/N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y/N	Date:
	Other	Y/N	Date:

Performance KPIs

October 2021 Report (September 2021 Data)

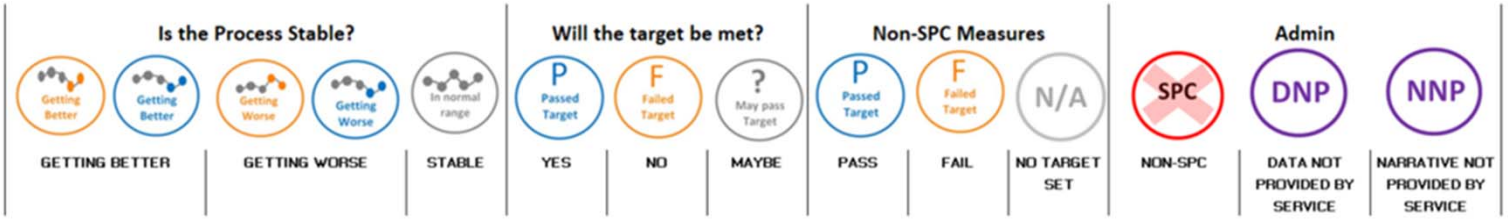
NHS
The Dudley Group
NHS Foundation Trust

Karen Kelly, Chief Operating Officer

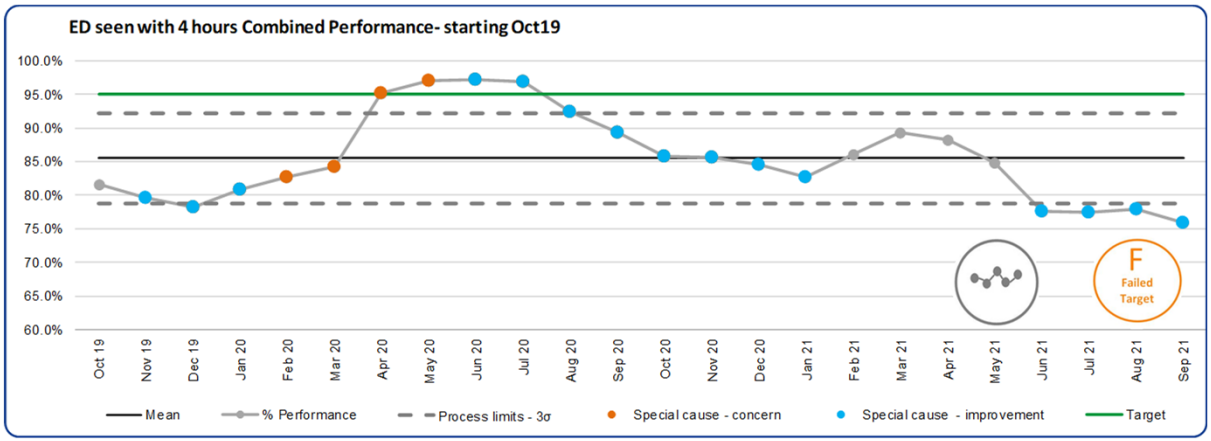



Constitutional Performance

Constitutional Standard and KPI		Target	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Status	
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	86.1%	89.3%	88.2%	84.9%	77.6%	77.4%	77.9%	75.9%	In normal range	Failed Target
Triage	Triage - All	95.0%	95.0%	93.4%	94.3%	92.3%	89.1%	87.4%	87.7%	82.9%	In normal range	Failed Target
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	68.5%	55.9%	74.1%	64.9%	79.5%	67.9%	80.8%	64.4%	In normal range	Failed Target
	Cancer 31 Day -	96.0%	96.3%	96.8%	95.2%	94.3%	95.6%	92.9%	86.6%	87.8%	In normal range	Failed Target
	All Cancer 2 Week Waits	93.0%	98.0%	96.6%	86.8%	93.9%	92.7%	93.0%	78.9%	52.3%	Higher than normal range	Failed Target
Referral to Treatment (RTT)	RTT Incomplete	92%	77.8%	77.4%	77.0%	78.4%	79.4%	78.8%	77.3%	76.1%	Getting Worse	Failed Target
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	78.4%	82.7%	80.4%	83.8%	84.9%	83.7%	77.0%	80.2%	In normal range	Failed Target
VTE	% Assessed on Admission	95%	95.5%	96.4%	96.1%	96.3%	96.3%	95.7%	92.1%	90.9%	Higher than normal range	Passed Target



ED Performance



Latest Month	Latest Month	5th
75.9%	5	As at 16/08/21
EAS 4 hour target 95% for Type 1 & 3 attendances (inc of booked appointments)	DTA 12 hour breaches - target zero	DGFT ranking out of 14 West Midlands area Trusts

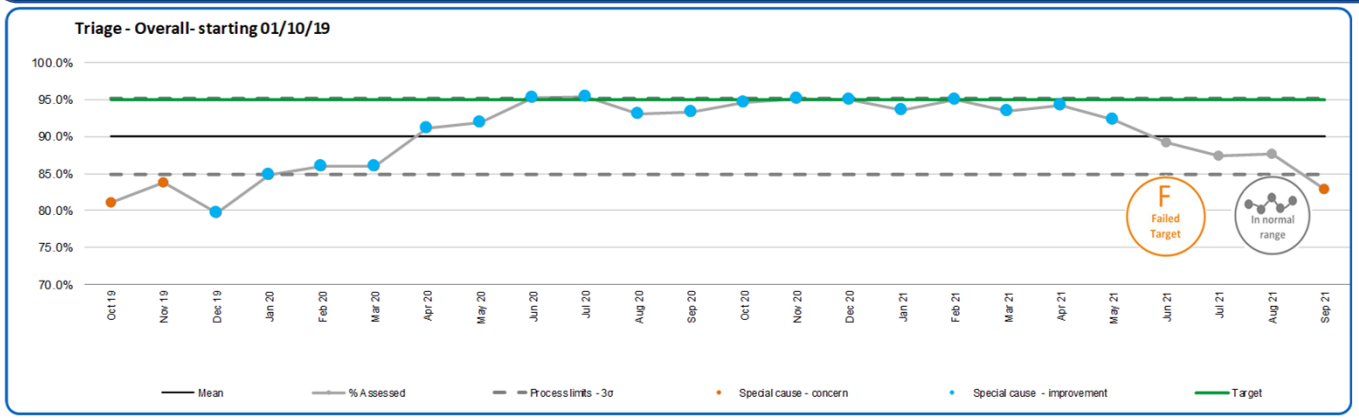
Performance

- ED performance remains a challenge. Following a slight improvement during summer performance has dipped in September.
- Overall numbers of attenders are not significantly higher than planned and ambulance arrivals are not excessive compared to the plan.
- In September there were 3189 ambulance arrivals in September
- In September there were 9074 attendance overall, against a plan of 9469 (96% of expected demand)
- Crowding and flow issues in ED are largely being driven by high numbers of specialty referrals (largely to medicine) and bed availability on the base wards and in particular AMU

Action

- Home for Lunch programme underway during October to promote discharges
- Acute Medic input into ED to support decision making and discharge
- SDEC continues to actively pull patients from ED
- New Modular ward to open in early November to help deliver additional SDEC pathway

ED Triage



Latest Month

82.9%

Triage – target 95%

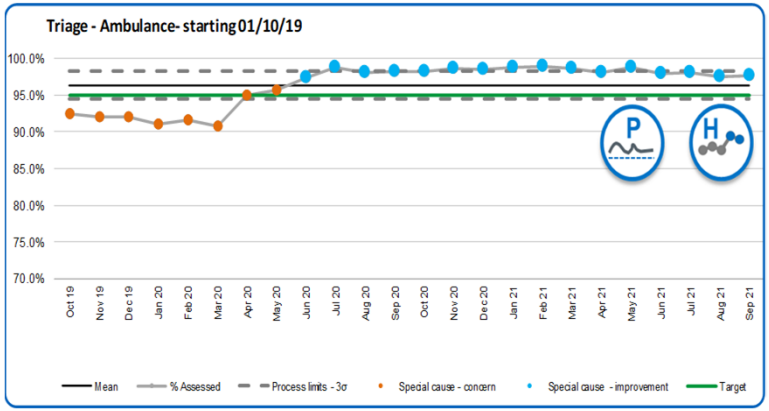
Performance

- Overall performance has dipped due to an increased Walk-in Patients for "SEE&Treat" and Paediatric activities. Example: on one day between 10.30hrs and 14.00 = 111 booking in ED which is significantly above average
- Lowest ED Triage performance is reported against ED Majors – 68.7%: due to all UCC streamed Patients above 65 years of age are being routinely booked for ED Majors including Minor Stream Patients

Action

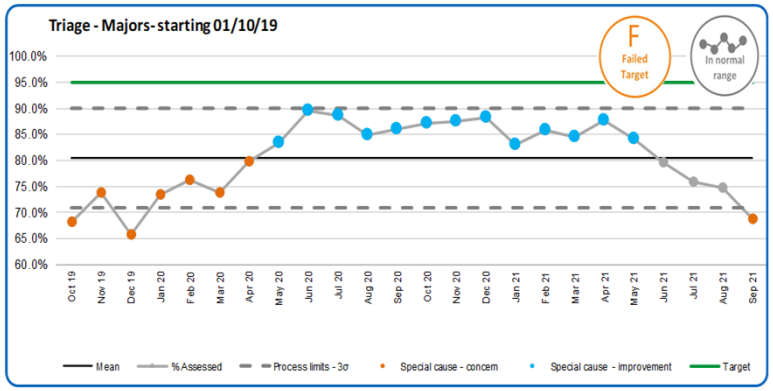
- Planned work with Informatics to test BI algorithm,
- Daily validation of triage data by ED Snr Nursing Leads, Supported by ED Director of Ops
- Meeting held with UCC Management and Nursing Clinical Lead to educate and monitor streamers performance towards assigning correct ED Destination for all booked patients
- ED Admin – all Minor Patients with Injuries are to be booked in The "See and Treat " stream plus any patients above 65 yrs of age presenting with injuries are to be advised of their treatment area by ED Nurse in charge, so performance and safety are addressed timely and accurately
- 2 ESI Nurses are being allocated routinely at ED Front Triage

ED Triage



Latest Month

97.6%



Latest Month

68.7%

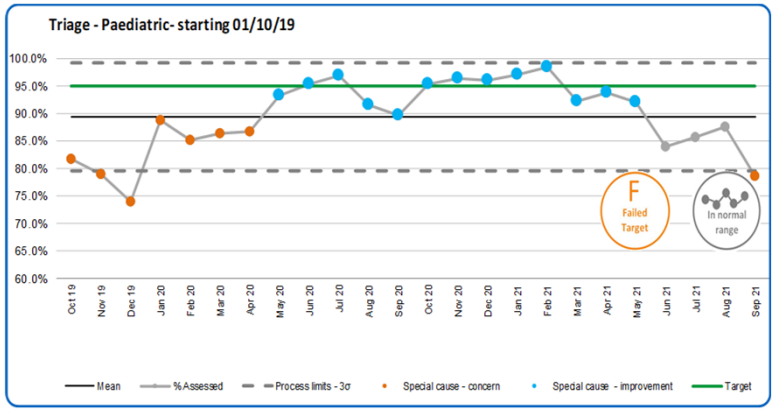
Performance

- Large proportion of Minor Stream Patients streamed by UCC have been booked under ED Majors and clinically being triaged and treated by ED Minors "SEE&Treat"
- Good performance continues within Ambulance triage
- Significant dip in performance for Major triage over the last 4 months

Action

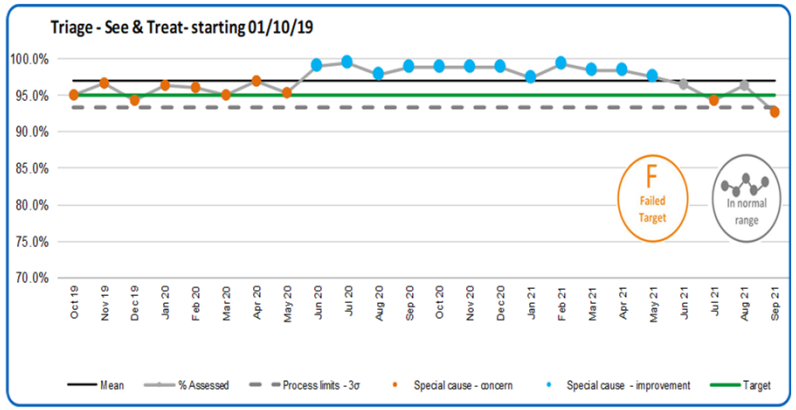
- Education and support for ED Admin to assign patients care presenting with Chief Complaint Minor Injury under "SEE&Treat"
- Daily validation of triage data by ED Snr Nursing Leads and supported by ED Director of Ops
- Meeting held with UCC Management and Nursing Clinical Lead to educate and monitor streamers performance towards assigning correct ED Destination for all booked patients
- ED Admin – all Minor Patients with Injuries are to be booked in The "See and Treat " stream plus any patients above 65 yrs of age presenting with injuries are to be advised of their treatment area by ED Nurse in charge, so performance and safety are addressed timely and accurately

ED Triage



Latest Month

78.7%



Latest Month

92.7%

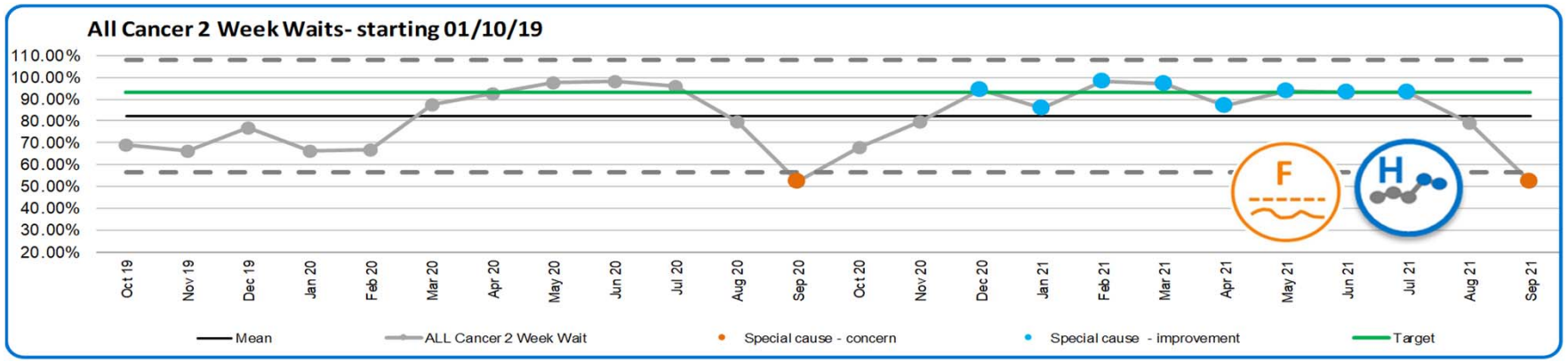
Performance

- Significant increase in Paeds attendance in recent months
- In line with increase in RSV
- Equal split between physiological conditions and MSK injuries
- Increased sickness has caused some staffing issues

Action

- Additional ENP In Paeds ED to support MSK assessments
- Improved booking processes

Cancer Performance – 2 Week Wait



Latest Month

52.3%

All cancer 2 week waits – target 93%

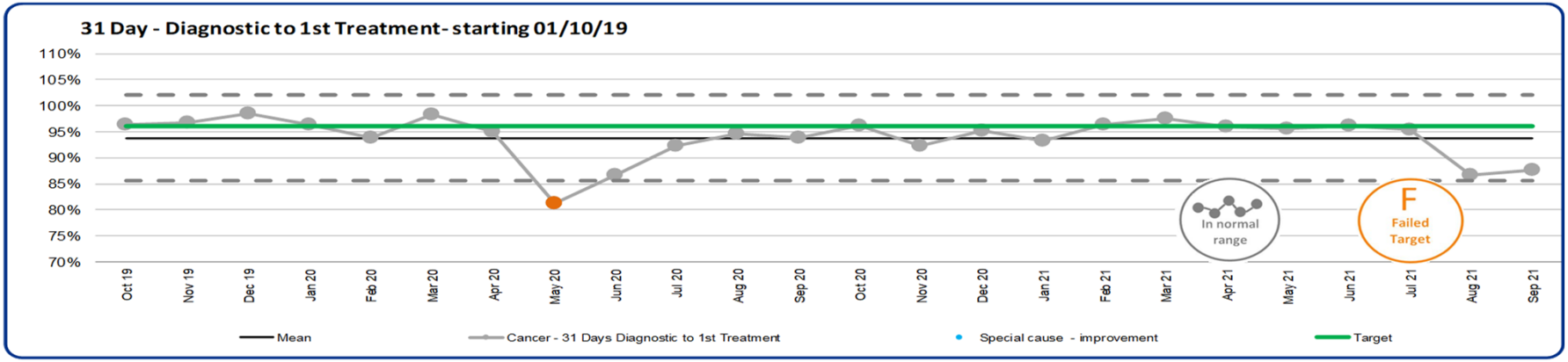
Performance

- The September 2 week wait (2WW) has seen a significant reduction in performance during September.
- Key areas of concern include tumour sites Skin, Breast and Urology
- Skin and Breast demand across the entire STP area has been high during summer and Trusts have been supporting each other with capacity (Walsall and Royal Wolverhampton have been providing five slots each per week to Dudley) with Wolverhampton receiving reciprocal support for Breast from Dudley and Walsall.
- Demand for skin capacity has been higher than at any previous time since April.
- Across other tumour sites, lost capacity during summer combined slight rise in demand has meant waiting times have increased.

Action

- Additional 2ww capacity being shared across the STP footprint
- Recovery expected from October as additional capacity is being put on
- Extra ordinary performance recovery meetings scheduled in key tumour sites of concerns
- Weekend and super Saturday clinics continue to be put on to meet demand
- Capacity planning has opened an additional 44 slots per week for Skin with potential to reach 60 if additional / extended clinics can be arranged.
- Capacity and demand modelling due to start in October has been delayed due to operational pressures but is due to commence from late October
- Additional capacity for skin means that there are now around 20 slots per week more than maximum demand so overall long waits will now reduce.

Cancer Performance – 31 Day



Latest Month

87.7%

Target 96%

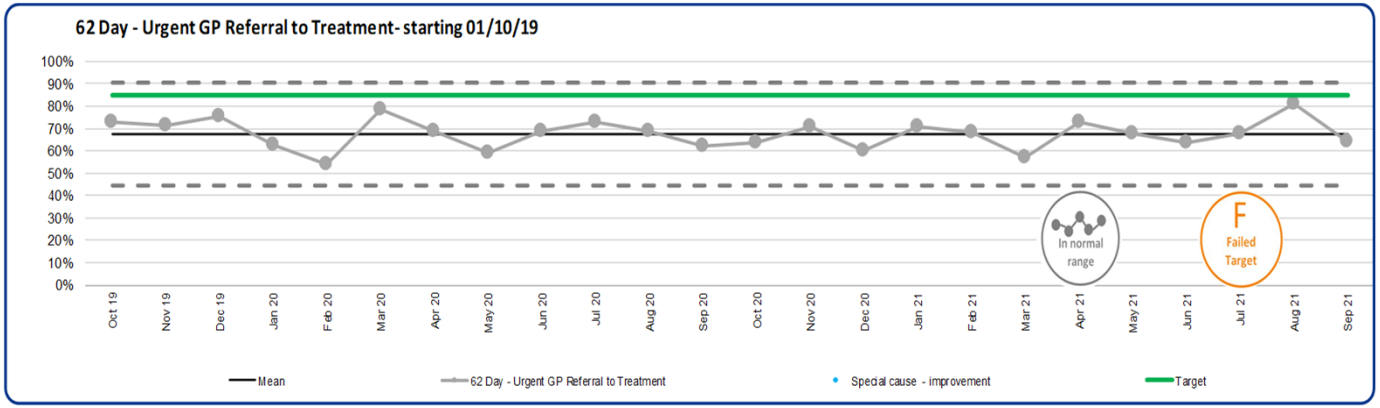
Performance

- This report refers to 31 day performance for August as September position is not yet validated
- There was a drop in performance for 31 day target in August. This was being driven in Gynaecology and Breast which saw significant challenges during August
- Areas of good performance include Head and Neck, Lung, Haematology, Skin and Urology
- Waits for diagnostics continue to be challenge, especially via the Pathology service.

Action

- Continue to ensure effective MDTs take place with regular occurrence
- Continue working with BCPS and Radiology to improve turnaround times

Cancer Performance – 62 Day



Latest Month

64.4%

Target 85%

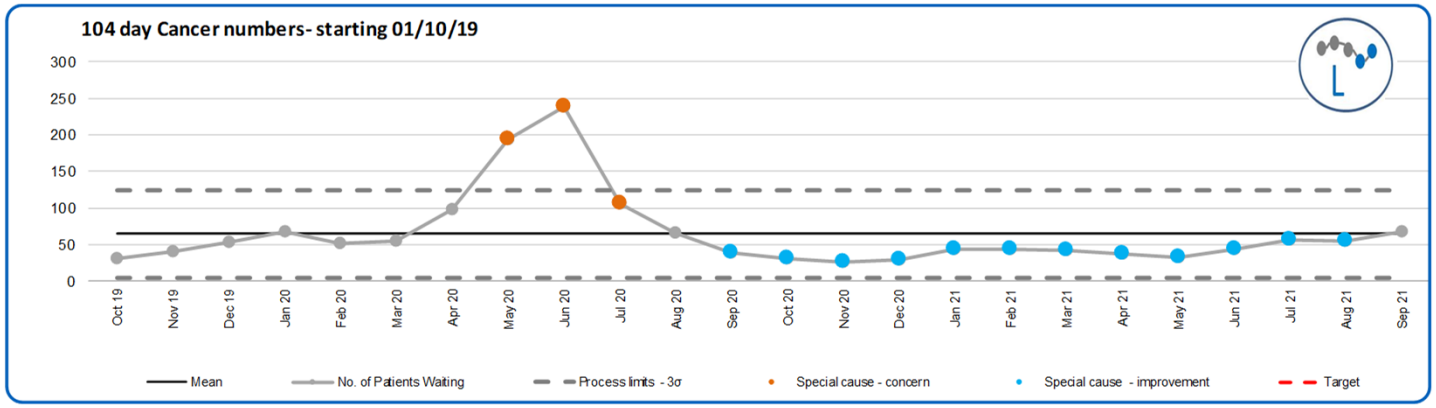
Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- This report refers to performance in August
- Breast, Haematology, Lung, Upper GI and Urology all achieved the 62 day standard in August
- Colorectal, Gynaecology and Skin missed the 62 day standard.
- This was related to delays in the 2ww pathway for Skin and reduced capacity during August within Gynaecology and Colorectal as well as access to diagnostic capacity (such as Endoscopy)

Action

- Work with tumour sites to implement national best practice / timed pathways in all areas
- Continue to work with BCPS and Radiology to improve turnaround times
- Increase reporting scrutiny via the weekly PTL meeting including establishment of extraordinary meetings with challenges tumour sites

Cancer Performance – 104 Day



Latest Month

68

As at 31/08/2021

All 104 week waits, target zero

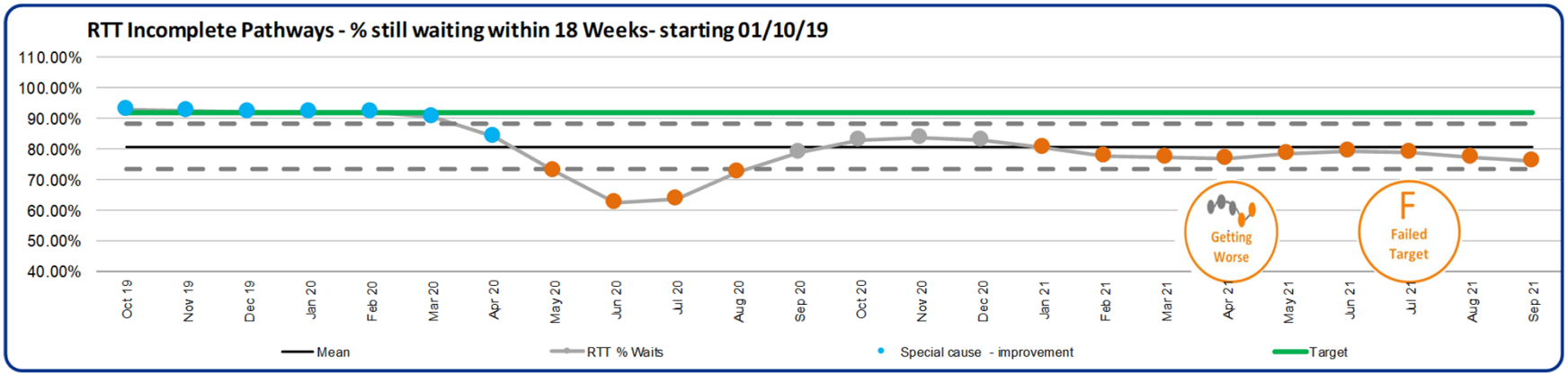
Performance

- 104 day position is only ever a "snap shot" in time
- The number of patients waiting at any one time changes day to day, as patients move on and off the list following treatment or diagnosis following a negative result
- The Trust continues to maintain a reduced number of 104 day compared to the overall trend, however numbers have increase in Colorectal.
- Areas of challenge include in Colorectal, Skin and Urology which has all seen increases in the numbers waiting over 104 days
- Access to Endoscopy demand remains a challenge for colorectal patients although the implementation of the additional endoscopy capacity in late September is easing some of this pressure
- Areas with low numbers of patients waiting now include Gynae (which has improved over the last month) and Lung, Breast and H&N

Action

- Continue to use additional agency support for endoscopy capacity (18 Weeks)
- Focussed additional support within Colorectal to deliver their recovery plan
- Additional endoscopy capacity on line to help clear diagnostic backlog
- Theatres opening in November will provide additional surgical capacity

RTT Performance



Latest Month

76.1%

RTT Incomplete pathways target 92%

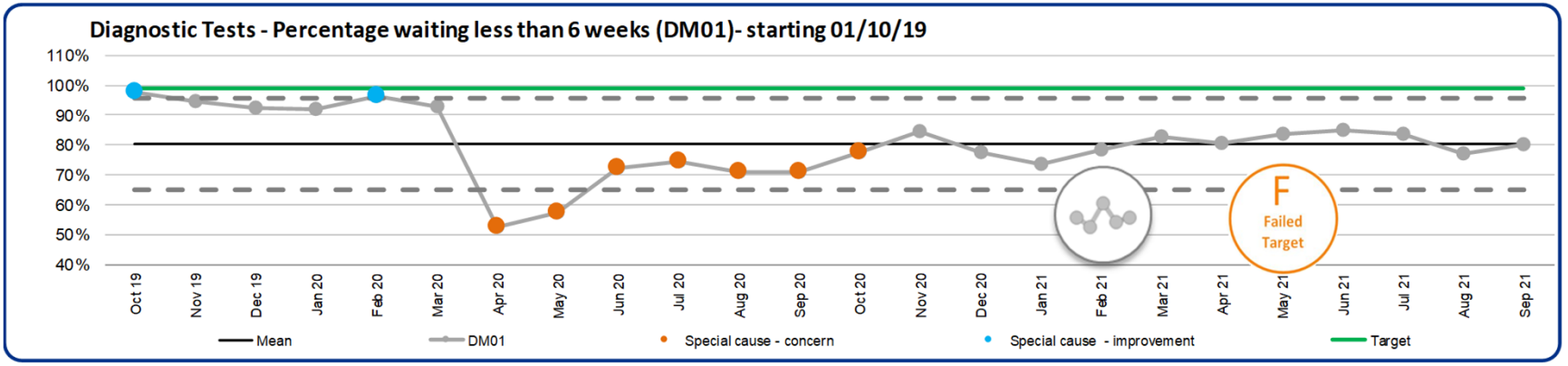
Performance

- RTT has declined slightly in Month, key specialties to see a decline include Orthopaedics, Urology and Gynaecology
- There have been improvements in Ophthalmology and ENT and performance has stabilised in General Surgery.
- The Trusts overall RTT ranking in August was 19 (out all acute Trusts in England). This is a similar position to July.
- Priority continues to be given to P2 and P3 patients which is hampering some efforts around RTT performance, especially around the focus on high volume lists
- Local actions plans have been agreed with specialties in line with theatre restoration plans to see improvements
- 52 week waits remain priority focus

Action

- Ensure expected theatre capacity plans come on in November.
- Continue with weekly RTT monitoring
- Additional weekend sessions are now coming on line following introduction of the incentive payments for nursing and CSW staff
- Avoid cancelling elective work due to medicine pressures / outliers

DM01 Performance



Latest Month

80.2%

DM01 combining 15 modalities - target 99%

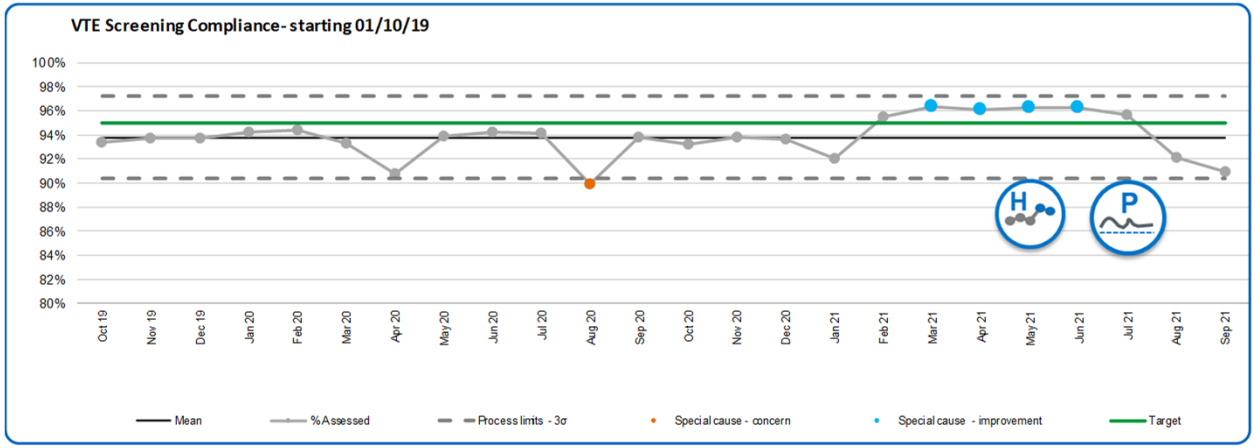
Performance

- DM01 performance remains stable , with a slight improvement in August compared to July
- Additional resources are in place via the CDH bid, with a mobile scanner in situ at RHH site
- MRI and CT continue to performing strongly as result of additional capacity via the CDH bid which has involved mobile capacity

Action

- Continue with existing activity plans
- Continue to use outsourcing
- Continue to realise benefits from CDH investment

VTE Performance



Latest Month	Latest Month	Latest Month
90.9%	95.2%	86.3%
Trust overall Position	**Medicine & IC**	**Surgery, W & C**

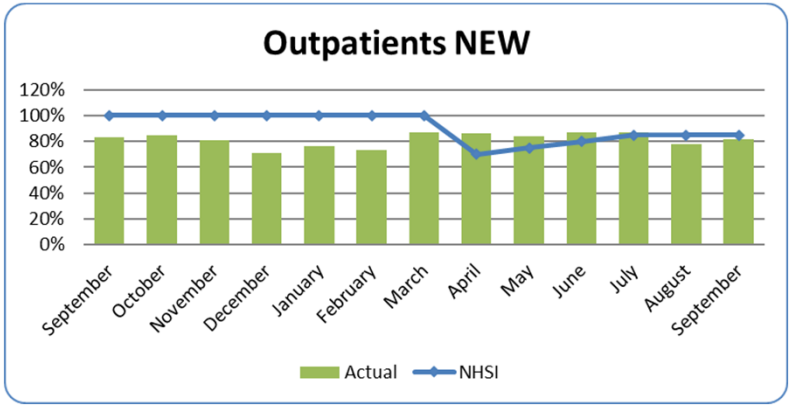
Performance

- VTE performance for August is un-validated and subject to change.
- Medicine continues to performance well against the VTE standard but performance in surgery has fallen substantially in August.
- Performance continues to be challenging especially for the 24 hour performance standard
- Performance remains strong for the 12 hour assessment

Action

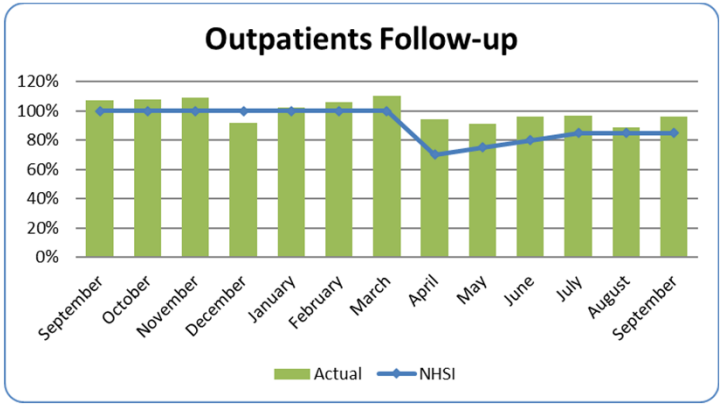
- A fortnightly VTE Meeting has been arranged with senior divisional management to review actions and refresh any actions plans
- Further oversight via divisional and Trust governance structures will be set up

Recovery and Restoration - Outpatients



Latest Month

82%



Latest Month

96%

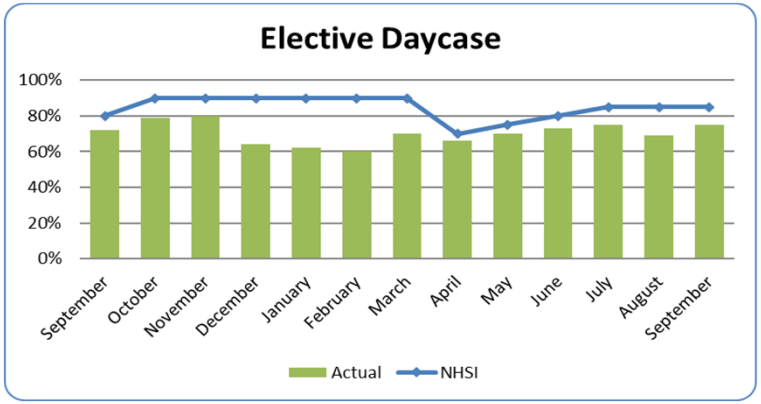
Performance

- Outpatients activity continues to perform largely against R&R plan
- Vascular, Urology, Paeds, Oral Surgery, Diabetes and Gastro are currently under performing against their R&R plan for first attendances
- Oncology, Nephrology, Upper GI and Max Fax are all over performing against their plan for first attendances
- For follow up Vascular, Audiology and some sub specialties with ophthalmology are all under performing against their R&R plan for follow ups, while Max Fax, Main ophthalmology, Plastics are all over performing
- Virtual clinics continue to be offered for appointments where appropriate but the majority are now delivered face to face with around 25% being delivered virtually.

Action

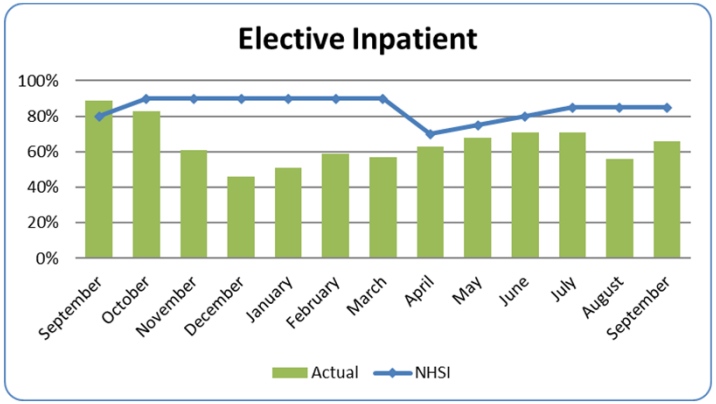
- Continue with virtual delivery methods
- Continue with WLI lists especially within the challenged specialties
- Patient Initiated Follow Up
- Virtual Reviews
- Referral triage via advice and guidance is leading some demand management impacts on overall levels of work compared to pre-covid activity

Recovery and Restoration - Electives



Latest Month

75%



Latest Month

66%

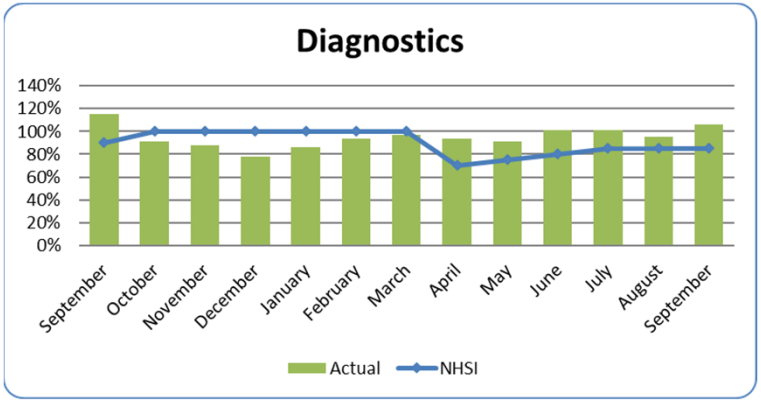
Performance

- Electives remains below plan and this is related to the lack of operating theatres and a focus on treating those large, more clinically urgent cases such as those categorised as P2 and P3
- Elective inpatient activity is significantly below plan while day cases are only marginally below plan
- Day cases offer greater opportunity for higher levels of activity (higher volume lists)
- Private sector continues to be used for Breast

Action

- Additional theatres are due to be operational from start of November
- Local incentive payments have been agreed to encourage weekend working, these have been successful
- Continue with treating patients in clinical priority order
- Increased list productivity to be improved within private sector

Recovery and Restoration - Diagnostics



Latest Month

106%

Performance

- Diagnostics continues to perform well against the R&R plans
- All areas are delivering or exceeding expected levels of activity

Action

- Continue to utilise benefits of CDH investment
- Continue with agency usage

Enclosure 23

The Dudley Group NHS Foundation Trust

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

Title:	Summary of Workforce and Staff Engagement Committee (WSEC) Meeting on Tuesday 26th October 2021
Author:	Julian Atkins – Non-executive Director
Presenter:	Julian Atkins – Non-executive Director

Action Required of Committee / Group							
Decision	Y/N	**Approval**	Y	**Discussion**	Y	**Other** Y/N	
Recommendations: The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.							

Summary of Key Issues:

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- KPI reporting - workforce capacity challenges, recruitment, vacancy levels.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- Update given on progress of work being done by James Fleet and Paige Massey to establish a comprehensive and robust Health & Wellbeing (H&WB) Strategy and offer for the Trust's staff, for launch in early 2022.
- Update given on the work to develop/implement an Integrated Care System (ICS) Equality, Diversion & Inclusion (EDI) Strategy.

POSITIVE ASSURANCES TO PROVIDE

- Statutory Training compliance increased.
- Healthcare Support Worker (HCSW) recruitment continues.
- International Nurse recruitment – 37 have commenced since August 2021, with a further 38 to commence in role by the end of December 2021.
- Early impact of the bank bonus scheme has contributed to an uplift in bank shift fill during October.
- The new Inclusion Network Chairs attended (for many) their first WSEC meeting, for an introduction and to brief WSEC on their immediate priorities for the coming months.
- Update given on the work in progress to develop/implement an ICS EDI Strategy.
- Update given by each Divisional leader on Staff Engagement activities.

DECISIONS MADE

- The multiple EDI Action Plans to be combined into an over-arching EDI Strategy.
- The Organisational Development (OD) work programme outlined in an updated paper was well received by the Committee and approved.
- The Trust's Staff Engagement Model to be re-launched across the Trust.

Impact on the Strategic Goals	
Deliver right care every time	
Be a brilliant place to work and thrive	**Yes**
Drive sustainability (financial and environmental)	
Build innovative partnerships in Dudley and beyond	**Yes**
Improve health and wellbeing	**Yes**

Implications of the Paper:			
Risk	Y	Risk Description: As described in Board Assurance Framework 4a, 4b, 4c.	
	On Risk Register: Y	Risk Score: Seven, scored moderate and major.	
Compliance and/or Lead Requirements	CQC	Y	Details:
	NHSE/I	Y	Details:
	Other	N	Details:

Report Journey/ Destination *(if applicable)*	Working / Exec Group	N	Date:
	Committee	N	Date:
	Board of Directors	Y	Date: 11/11/2021
	Other	N	Date:

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

The Dudley Group NHS Foundation Trust

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- KPI reporting - the Committee discussed the workforce capacity challenges that exist across the Trust. There are a range of actions that are being taken to mitigate the impact and risks of the clinical workforce shortages, including International Nurse recruitment, HCSW recruitment, improvements to bank processes and system workforce initiatives. Whilst there have been recent improvements in total shift fill, the Trust's vacancy levels remain an ongoing concern and corporate risk.
- It was agreed that the KPI report going forward will contain additional narrative highlighting the most significant risks and concerns.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- The Committee received an update on the work that is being led by James Fleet (Chief People Officer) and Paige Massey (Trust Health & Wellbeing Lead) to establish a comprehensive and robust H&WB Strategy and offer for the Trust's staff, for launch in early 2022. Furthermore, the Committee confirmed its support for the Trust to be a Trailblazer for the new national H&WB offer, and for DGFT to take the lead for H&WB for the ICS, having been approached by NHSI/E. Whilst some funding is being made available James Fleet has secured further additional funding from the system People Board to secure additional resources to deliver this key programme of work.
- The Committee received an update on the work to develop/implement an ICS EDI Strategy.

POSITIVE ASSURANCES TO PROVIDE

- Statutory Training compliance increased for second week running from KPI reports included at Committee, to 87.85% overall, and Clinical Services (CSS) Division now above target into green R.A.G. range at 90.3%, as of weekly reports of Thursday 21st October 2021. Corporate Division at 86.8%, Medicine & Integrated Care (MIC) at 87.9%, and Surgery, Women & Children (SWC) at 86.4% also as of 21st October 2021. Statutory subjects below compliance remain as per prior Committees, namely Resuscitation Adult, Paediatric, Neonatal; Patient Moving and Handling; Adult and Child Safeguarding Levels 2 and 3. Training delivery out-of-hours including daytime and night-time hours continued throughout October, gaining over 600 completions in one month, primarily from Clinicians preferring to attend remotely during evening hours.

- The Committee received an update on the positive work by the professional development and HR team to recruit/over-recruit additional HCSW's, specifically; 149 HCSW's have been recruited since November 2020, there are also 78 HCA/Novices in the current recruitment pipeline due to commence in role by end January 2022. The full impact of this recruitment

DECISIONS MADE

- The Committee supported the proposal to combine the different EDI Action Plans that exist (inc. WRES, WDES, TIDE, Race Code, Stonewall, Inclusion network Plans) into an over-arching EDI Strategy. A structured and facilitated workshop will be convened in January by the EDI Steering Group to develop this important piece of work.
- The Committee confirmed its support and approval for the OD work programme that was outlined by Rachel Andrews (Head of Learning/OD), which included:
    - An update on progress against the action agreed in the OD deep-dive session.
    - Proposed KPIs for future reporting/assurance.
    - Proposed OD/training dashboard for monthly reporting which will be effective from November.
    - Proposed 2021/22 work programme, including: embedding a systematic approach to Talent Management for all staff and implementing a framework for regular formal and informal performance conversations between managers and employees

activity is likely to deliver full establishment of 915.19 HCSW's (i.e. zero vacancies).

- The Committee were also updated on the status of International Nurse recruitment, specifically; 37 international nurses have commenced in post since August 2021, with a further 38 due to commence in role by the end of December 2021.
- The Committee were updated on the early impact of the bank bonus scheme, which has contributed to an uplift in bank shift fill during October of circa 5.5% for registered nurses (approximately 115 shifts per week) and 16.4% for HCSW's (approximately 129 shifts per week).
- The newly appointed Inclusion Network Chairs/Vice-Chairs attended their first WSEC meeting, to introduce themselves and brief WSEC on their immediate priorities for the Networks. WSEC has recommended that the Inclusion Committee Chairs/Vice-Chairs attend a Board meeting early in 2022 to meet the Board and provide an update to Board members on the work and priorities for the Inclusion Networks. The new Inclusion Network Chairs will receive a range of support, including external mentorship, protected time, support from a Non-exec Director (NED) and Exec Champion, as well as a budget for network activities.
- The Committee received an update on the work to develop/implement an ICS EDI Strategy.
- Each of the Divisional leaders provided an update on Staff Engagement activities; the Committee noted that there is a significant amount of positive work being undertaken to promote and embed staff engagement and participation, including active steps to increase response rates for the 2021 annual staff survey.

(covering performance feedback, wellbeing, growth, and development).

- The Trust's Staff Engagement Model will be re-launched, along with the Behavioural Framework, in January 2022 with an accompanying comms campaign to underpin:
  - The EDI agenda and the Inclusion Networks.
  - Recent changes and developments in the HR policies and practice (disciplinary, MHPS).
  - The work across the Divisions to drive better staff engagement.
  - Focus on H&WB.

Chair's comments on the effectiveness of the meeting:

The Committee was pleased to receive positive updates and assurance from both the EDI and H&WB Steering Groups, via formal upward reporting, following their second meeting. It was great to meet the new EDI Network Chairs and hear their early ambitions for the networks, which are now in their second year and demonstrating strong growth, development, and maturity. The Network Chairs will be invited to join a meeting of the Trust Board in the new year. The Divisions provided robust updates on staff engagement activity, which were well received and encouraged. Attendance was good, despite the meeting falling within the half-term break, which positively reflects the level of priority given to the workforce, EDI, and staff engagement agenda within the Trust. The Committee supported several key pieces of work (including H&WB Trailblazer pilot, EDI strategy work and the proposed OD work programme), which will report into WSEC in the coming months.

Enclosure 24

The Dudley Group NHS Foundation Trust

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

Title:	Workforce KPI Report
Author:	Greg Ferris- Senior Information Analyst Karen Brogan – Acting Deputy Chief People Officer
Presenter:	James Fleet Chief People Officer

Action Required of Committee / Group			
Decision	**Approval**	**Discussion**	**Other** **Y**

Recommendations:

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

Summary of Key Issues:

- Overall Sickness/Absence was 6.95% in September, an increase of 0.19% compared against August, which was 6.76%

- C19 absence tracking continues to be reported daily. The number of people off for a Covid related reason has remained consistent at an average of 49, accounting for 0.90% of sickness absence (to 010/11/21).

- Total vacancies stand at 697.15 WTE (calculated as the difference between Budgeted WTE and Contracted WTE) This equates to a high vacancy rate of 12%. See summary below:

    - Nursing 17% (326.86)
      Registered Nursing vacancies are at 326.86, a reduction from 332.11 WTE, Unregistered Nursing at 49.72, which is an increase from 44.83
    - Senior Medics 17% (62.39)
    - Junior Medics 13% (55.70)
    - AHP's 12% (92.07)

- Bank usage has decreased to 405.19 from 445.40 WTE in September, a decrease of 40.21WTE. In addition, Agency usage has decreased to 171.62 from 194.27 WTE a decrease of 22.65 WTE. Whilst bank fill rates have increased during October (because of the bank team making direct contact with bank staff to prompt shift up-take and the introduction of the £1,000 bonus), a high level of shifts remain unfilled (as captured within the attached Workforce KPI Report).

    - Up to 24th October the average shift fill rate for registered nurses is 81% and 70% for unregistered nursing vacancies.
    - 6,450 registered shifts were requested, 1135 remained unfilled.

- 3318 unregistered shifts were requested, with 1012 unfilled

- Overall staff turnover is at 10.2%, (rolling average 12 months), this represents an increase of 2%, which is a direct result of medical rotation.

- Mandatory Training: overall compliance is 87.53% as of 21st October, this is an increase from 86.94%.

- The current HR caseload is 41, an increase of 4 cases, with 'Disciplinary' at 45.9% (18 cases) the highest category, followed by 'Grievance' at 21.6% (9 cases).

- There are currently 3 live suspensions.

Impact on the Strategic Goals *(indicate which of the Trust's strategic goals are impacted by this report)*	
Deliver right care every time	**Y**
Be a brilliant place to work and thrive	**Y**
Drive sustainability (financial and environmental)	
Build innovative partnerships in Dudley and beyond	
Improve health and wellbeing	**Y**

Implications of the Paper:			
Risk	Y	Risk Description: Relates to all workforce risks captured within the Board Assurance Framework (BAF)	
	On Risk Register: Y	Risk Score:	
Compliance and/or Lead Requirements	CQC	Y	Details: All domains
	NHSE/I	N	Details:
	Other	Y	Details: Relevant national guidance as indicated in report

Report Journey/ Destination	Working / Exec Group	Y/N	Date:
	Committee	Y	Date: 26/10/2021
	Board of Directors	Y	Date: 11/11/2021
	Other	Y/N	Date:

Workforce KPI Report

October 2021

James Fleet,

Executive Chief People Officer

NHS
The Dudley Group
NHS Foundation Trust

CARE
RESPECT
RESPONSIBILITY

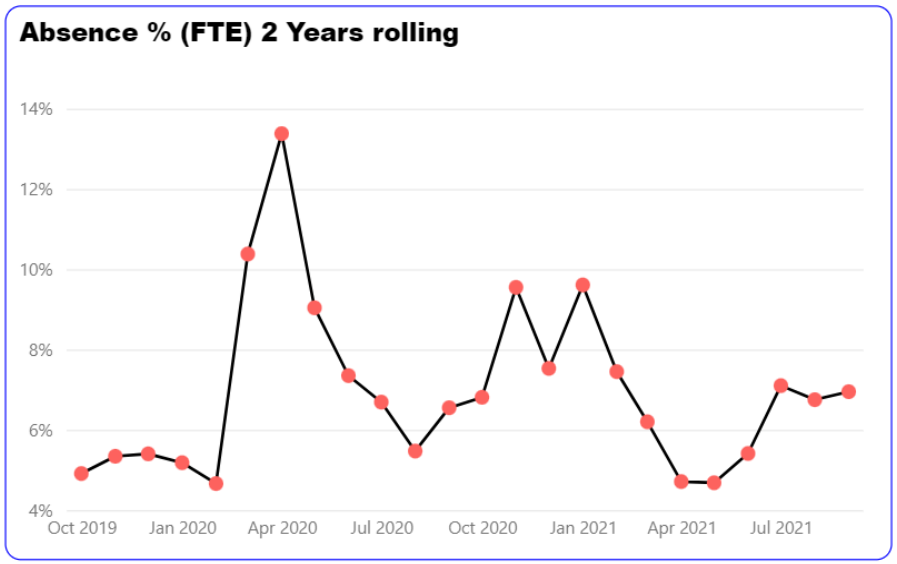
Summary 1/2	*Performance*	*Action*
Sickness & Absence	o Overall Sickness/Absence was 6.95% in September, a increase of 0.19% compared against August, which was 6.76% o Surgery is the division with the highest sickness absence rate at 7.56% in September, an increase of 0.51% on August. ▪ C19 absence tracking continues to be reported on a daily basis. The number of people off for a Covid related reason remains consistent at an average of 49 and accounts for 0.90% of sickness absence (to 010/11/21). o Discounting Covid-absences, 'Anxiety/stress/depression' remains the most common reason for absence (62 people) followed by musculoskeletal (28)	✓ 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	o The COVID vaccination Bank and Agency usage is now excluded from the Trust KPI report (DGFT is the lead employer for BCWB). o Bank usage has decreased to 405.19 from 445.40 WTE in September, decrease of 40.21WTE. In addition Agency usage has decreased to 171.62 from 194.27 WTE an decrease of 22.65 WTE. o Total temporary staffing usage in September is 577 WTE, which is a significant reduction from 640 WTE in August. This remains lower than the total vacancies for September which is 697.15 WTE o Whilst bank fill rates have increased during October (as a result of the bank team making direct contact with bank staff to prompt shift up-take and also the introduction of the £1,000 bonus), a high level of shifts remain unfilled. Up to 24th October the average shift fill rate for registered nurses is 82% and 70% for unregistered nursing vacancies. 6,450 registered shifts were requested, 1135 remained unfilled. 3318 unregistered shifts were requested, with 1012 unfilled	✓ 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. ✓ Embedding the Business Partner model to include monthly operational business meetings to support advise and challenge action that is being in relation to vacancies, retention and bank and agency usage. ✓ A task and finish group has been established to reduce agency usage. ✓ Introduction of NHSP national bank service (planning to mobilise Nov) to support shift fill.
Turnover & Recruitment	o Contracted WTE staff has increased slightly to 4969.80 WTE in September, increasing by 11.90 wte from August. o The total vacancies stands at 697.15 WTE (calculated as the difference between Budgeted WTE and Contracted WTE) This equates to 12%. o Registered Nursing vacancies are at 326.86, a reduction from 332.11 WTE, Unregistered Nursing at 49.72, which is an increase from 44.83. o Overall staff turnover is at 10.2%, this is an increase of 2% and is a direct result of medical rotation. This year we have seen the implementation of the electronic change form which has amended how this information has been captured. The reason for the increase in a single month is August is the month where we have the largest number of people at any one time moving between organisations.	✓ The HR Business Partners will be supporting the Divisional Directors to ensure the development and implementation of workforce planning, that understands staffing capacity, establishments, and skill & experience requirements and incorporates into service design to ensure roles are fit for purpose and add value. ✓ A methodology is being developed that will 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, including international nurse recruitment.

Summary 2/2	*Performance*	*Action*
Mandatory Training	Mandatory Training: overall compliance is 87.53% as at 21st October, this is an increase from 86.94%. o The priority areas continue to be safeguarding (child and adult), Resus and manual handling. o The most challenged staff group is medical and dental staff.	✓ An action plan has been devised along with a trajectory for the Divisions to achieve mandatory training compliance. ✓ Restrictions to the amount of attendees and exploration of adjusted delivery continues, staff absence continued to be a factor. ✓ Meetings held with SMT Lead and Gen Managers for MIC, Surgery, and CSS, with out-of-hours additional sessions run throughout September up to December to capture Clinicians and increase overall compliance.
Equality, Diversity & Inclusion	o BAME staff Trust representation is at 19.2%, an increase of 0.3% since August. o Disabled staff Trust representation is at 3.7%. o LGBTQ+ staff representation is at 1.9%.	✓ The Trust has established 4 Inclusion Networks: BAME, LGBTQ+, Disability and Women's Network. These Networks are growing in membership, with regular meetings and events. Each of these networks has both an Executive Director and Non-Executive Director sponsor. In addition, the Chairs of the networks are attending Board meetings. ✓ A task group has been established, chaired by Catherine Holland (NED) to address the immediate actions arising form a deep-dive into gender equality. ✓ A formal EDI Steering Group is being established, to be chaired by Dr Gurjit Bhogal, to oversee and support the Trust's ambitious EDI strategy for all protected characteristics. ✓ 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.
HR Caseload	o The current caseload is 41, an increase of 4 cases, with 'Disciplinary' at 45.9% (18 cases) the highest category, followed by 'Grievance' at 21.6% (9 cases). o This is an increase in 2 disciplinary cases an a reduction of 4 grievances. This month has seen a sharp increase in capability, with an underlying health condition. o The division with the highest number of open cases is Corporate at 16 cases. o BAME representation is at 35.%, with 13 open cases. o There are currently 3 live suspensions.	✓ 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. ✓ 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 are being published w/c 21st June 2021.

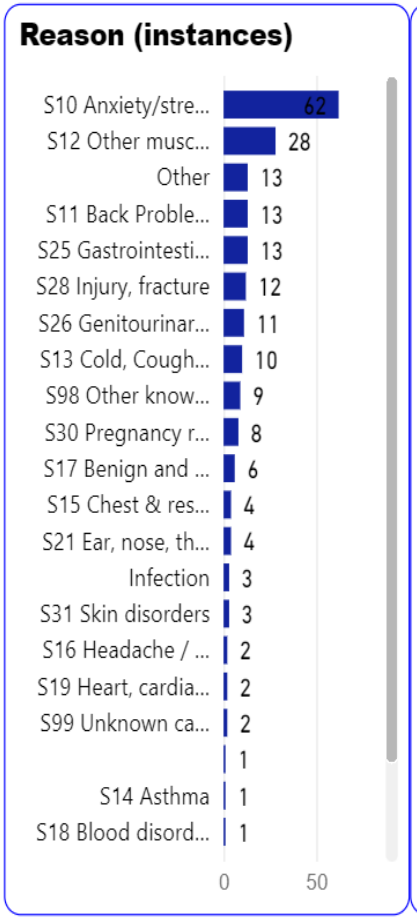
Summary 3/3	*Performance*	*Action*
Staff Health & Wellbeing	o 75 management referrals into SHAW, 59% have focused on the staff members ability to perform their duties, 24% in managing long term sickness and 16% in managing short term absence. o The average days from referral to appointment was 23.9 days in September, compared to the target of 15 days. o In addition, this month has seen the development of wellbeing metrics, which are displayed for information and will be developed further for next month, these include BSHF and Via Vita activities	✓ A review of Staff Health & Wellbeing service has been undertaken and we are currently recruiting to the new structure. ✓ A Wellbeing Business Partner has been appointed and is in post and a Wellbeing Steering Group has been established which will report upwards to WSEC.

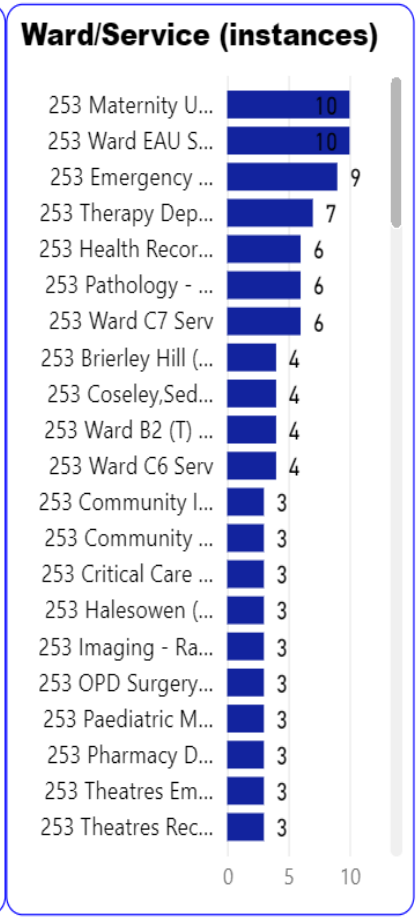
Sickness Absence

- Overall Sickness/Absence was 6.95% in September, a increase of 0.19% compared against August, which was 6.76%
- Surgery is the division with the highest sickness absence rate at 7.56% in September, an increase of 0.51% on August.
- C19 absence tracking continues to be reported on a daily basis. The number of people off for a Covid related reason remains consistent at an average of 57 and accounts for 1.05% of sickness absence (to 18/10/21).
- Discounting Covid-absences, 'Anxiety/stress/depression' remains the most common reason for absence (62 people) followed by musculoskeletal (28)



Trust	CS	Corporate	MIC	Surgery
6.95%	6.85%	3.68%	7.44%	7.56%

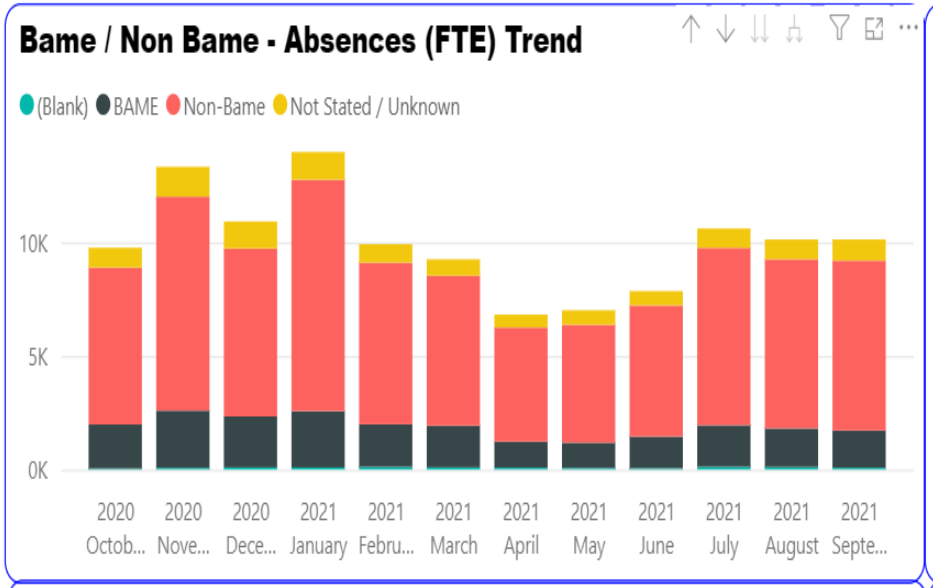


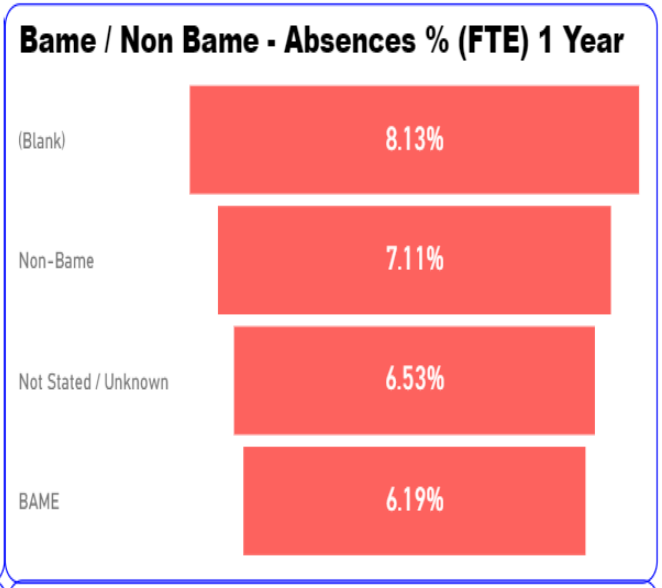


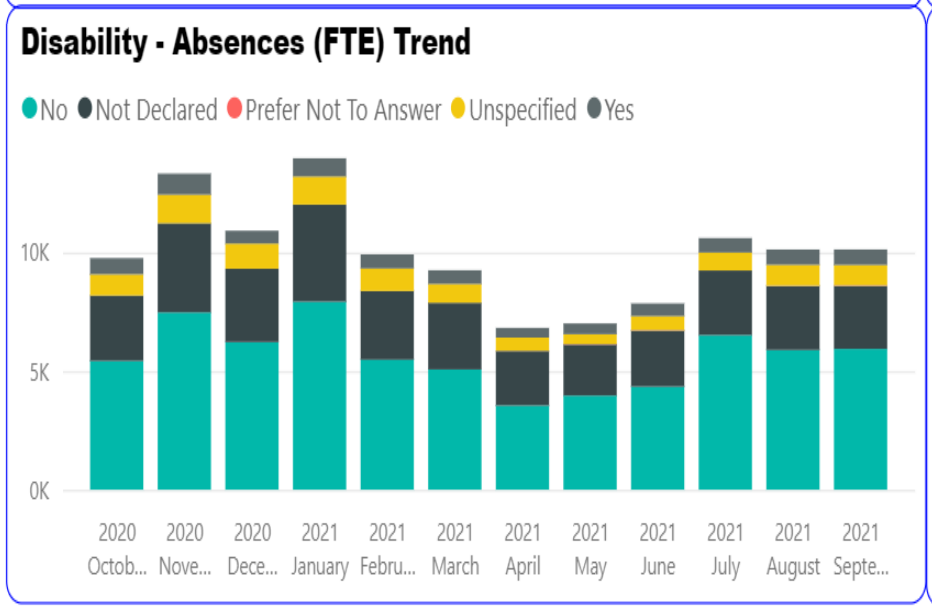
Sickness Absence - Detail

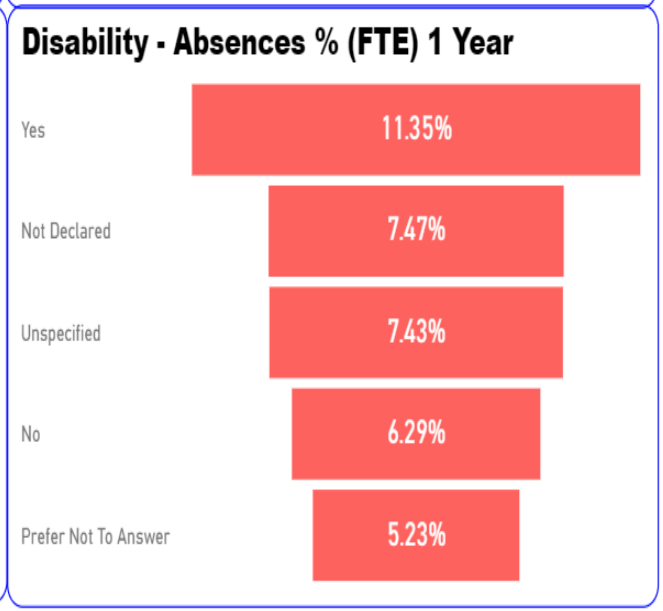
BAME colleagues show absence levels 0.92% lower that non-BAME colleagues.

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









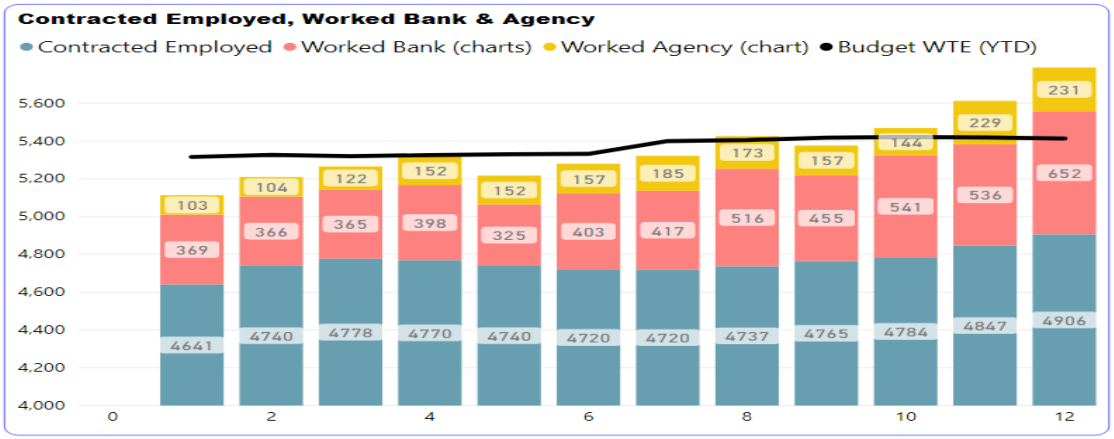
Bank & Agency – Total Trust

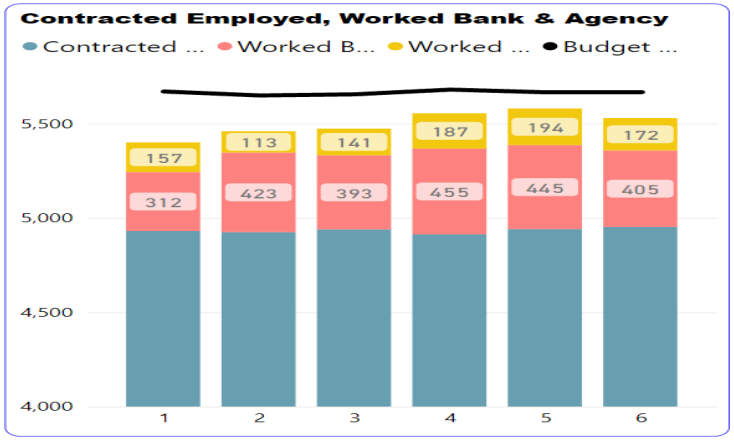
Bank usage has decreased to 405.19 from 445.40 WTE in September, decrease of 40.21WTE. In addition Agency usage has decreased to 171.62 from 194.27 WTE an decrease of 22.65 WTE.

Up to 24th October the average shift fill rate for registered nurses is 82% and 70% for unregistered nursing vacancies. 6,450 registered shifts were requested, 1135 remained unfilled. 3318 unregistered shifts were requested, with 1012 unfilled

Trust	CS	Corporate	MIC	Surgery
12%	17%	4%	13%	13%

The COVID vaccination Bank and Agency usage is now excluded from the Trust KPI report (DGFT is the lead employer for BCWB).





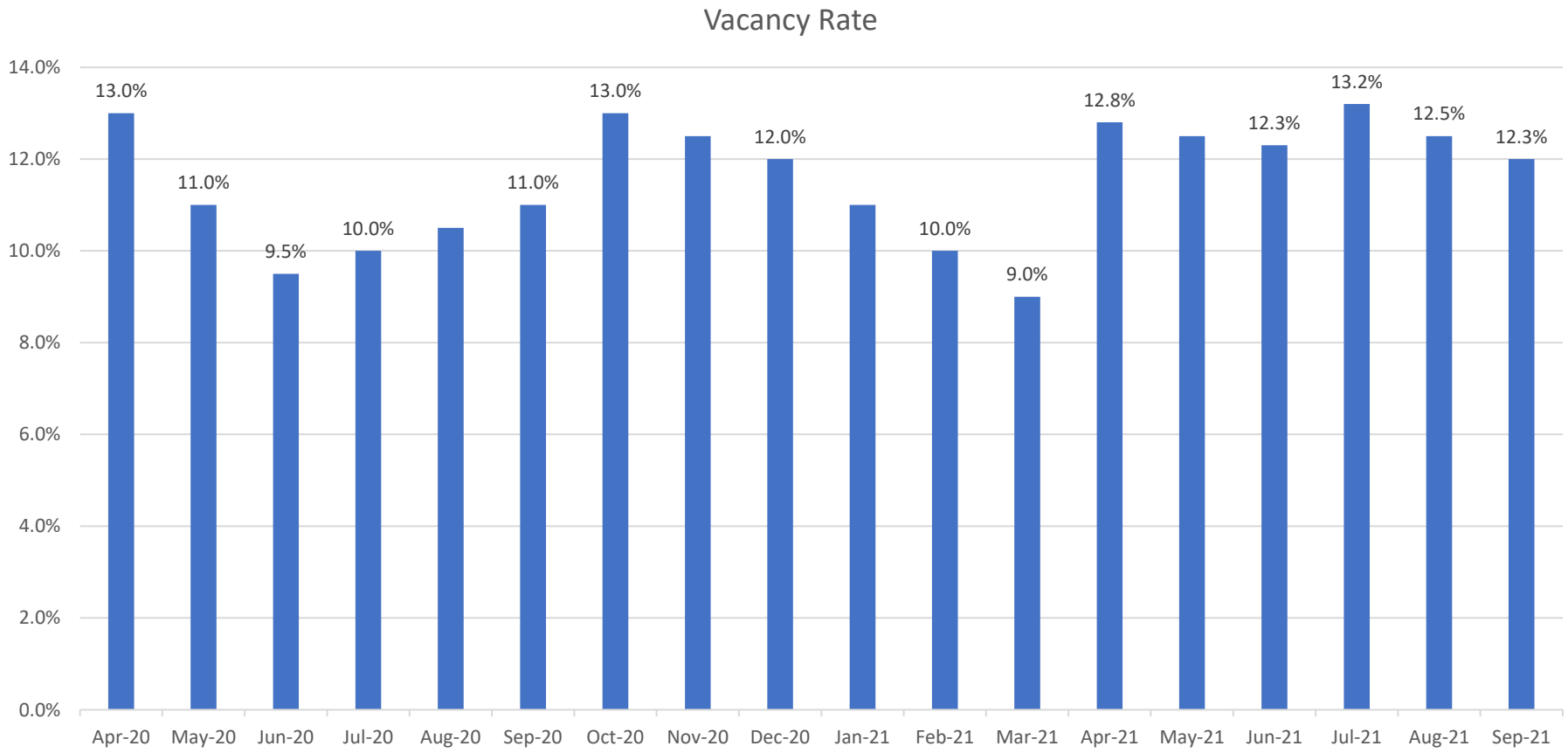
			Bank Filled		Agency Filled		Non-Framework			Unfilled Duties	
Date	Staff Group	Duties Requested	Duties	%	Duties	%	Duties	%	Overall Fill Rate	Duties	%
26th Sept - 2nd Oct	Registered	1558	607	38.96%	576	36.97%	89	5.71%	81.64%	286	18.36%
	Unregistered	838	481	57.40%	3	0.36%	0	0.00%	57.76%	354	42.24%
3rd Oct - 10th Oct	Registered	1635	693	42.39%	559	34.19%	74	4.53%	81.10%	309	18.90%
	Unregistered	821	622	75.76%	5	0.61%	0	0.00%	76.37%	194	23.63%
11th Oct - 17th Oct	Registered	1591	754	47.39%	530	33.31%	77	4.84%	85.54%	230	14.46%
	Unregistered	792	577	72.85%	2	0.25%	0	0.00%	73.11%	213	26.89%
18th Oct - 24th Oct	Registered	1666	727	43.64%	550	33.01%	79	4.74%	81.39%	310	18.61%
	Unregistered	867	631	72.78%	2	0.23%	0	0.00%	73.01%	234	26.99%

Vacancies – Staff in Post

Contracted WTE staff has increased slightly to 4969.80 WTE in September, increasing by 11.90 wte from August.

Trust	CS	Corporate	MIC	Surgery
12%	16%	6%	13%	13%

September 2021/22



Vacancies – Total Trust + Bank & Agency Spend – detail by division and Monitor pay group

CC1 Desc	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
Clinical Support	551.40	464.11	87.29	16%	30.00	£105,793	6.30	£43,597	£149,390
Corporate / Mgt	676.56	634.90	41.66	6%	26.11	£254,512	-4.09	-£4,145	£250,367
Medicine & Integrated Care	2,476.20	2,163.27	312.93	13%	206.34	£1,268,686	77.61	£609,867	£1,878,553
Surgery	1,962.79	1,707.52	255.27	13%	142.74	£787,072	91.80	£943,155	£1,730,227
Total	**5,666.95**	**4,969.80**	**697.15**	**12%**	**405.19**	**£2,416,062**	**171.62**	**£1,592,474**	**£4,008,537**

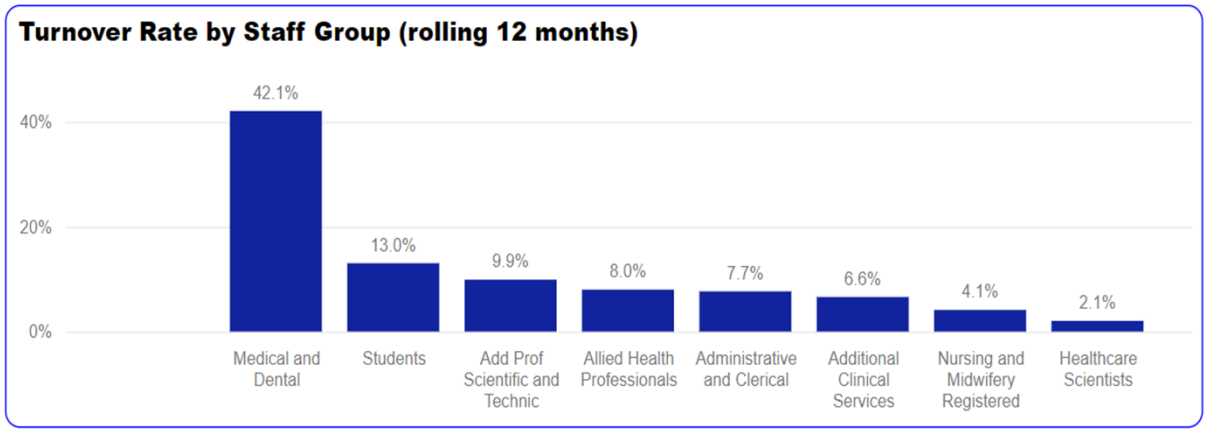
StaffGroup	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %	Worked Bank	Bank (£)	Worked Agency	Agency (£)	Bank & Agency
Nursing	1,889.73	1,562.87	326.86	17%	122.33	£741,207	147.85	£1,239,033	£1,980,240
Admin	1,072.47	972.18	100.29	9%	57.18	£168,004	-2.61	£2,594	£170,598
CSW	915.19	865.47	49.72	5%	136.15	£469,788	-0.04	-£364	£469,424
Allied Healthcare Professional	777.69	685.89	91.80	12%	24.54	£108,256	8.94	£65,048	£173,304
Junior Medic	437.03	381.33	55.70	13%	40.63	£462,172	10.97	£172,896	£635,068
Senior Medic	374.91	309.52	65.39	17%	19.89	£451,659	6.17	£111,873	£563,532
Prof Tech Scientist	133.24	114.75	18.49	14%	4.19	£15,472	0.31	£1,283	£16,754
Other	33.96	42.59	-8.63	-25%	0.02	£92	0.03	£112	£204
Senior Manager	22.00	24.10	-1.20	-6%			0.00	£0	£0
Total	**5,666.95**	**4,969.80**	**697.15**	**12%**	**405.19**	**£2,416,062**	**171.62**	**£1,592,474**	**£4,008,537**

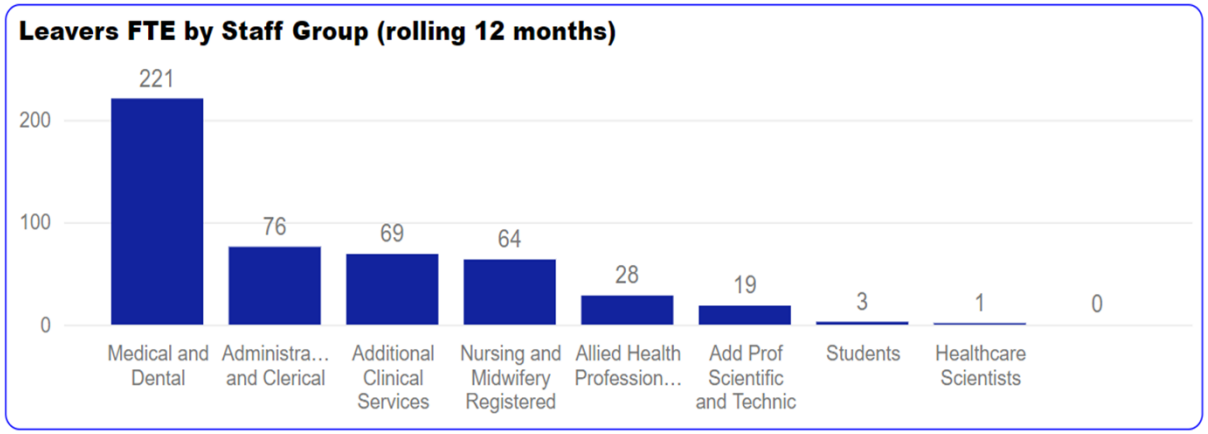
Staff Turnover

Overall staff turnover is at 10.2% - an increase of 2% (rolling average 12 months).

Excluding Students and Medics, Scientific & Technical, are highest at 9.9%. AHP's at 8.0%, Admin at 7.7% , Additional Clinical Services at 6.6% and Nursing & Midwifery Registered at 4.1%.

Latest Month	Trust	CS	Corporate	MIC	Surgery
	10.2%	11.6%	10.5%	10.2%	9.8%



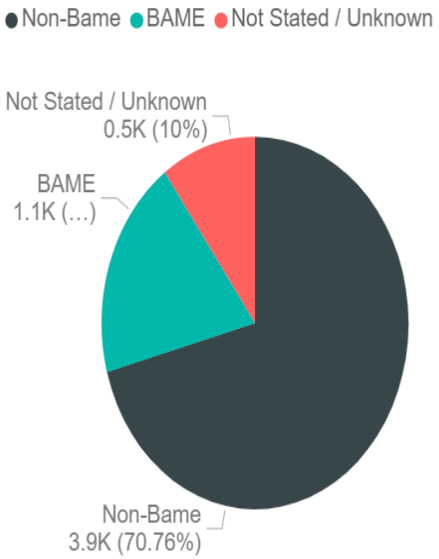


Workforce Profile - Ethnicity – Representation by Division and Grade

BAME staff Trust representation is at 19.2%, an increase of 0.3% since August.

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

Ethnicity Profile



Values between 1-5 (inclusive) have been masked.
Data shows head count, primary assignment only

BAME/Non-BAME by Division

Mapping Org L2	BAME		Non-Bame		Not Stated / Unknown	
	No.	%	No.	%	No.	%
253 Surgery	384	20.5%	1313	70.1%	175	9.3%
253 Medicine & Integrated Care	443	18.5%	1700	70.9%	256	10.7%
253 Corporate / Mgt	80	12.1%	504	76.5%	75	11.4%
253 Clinical Support	143	27.1%	345	65.3%	40	7.6%

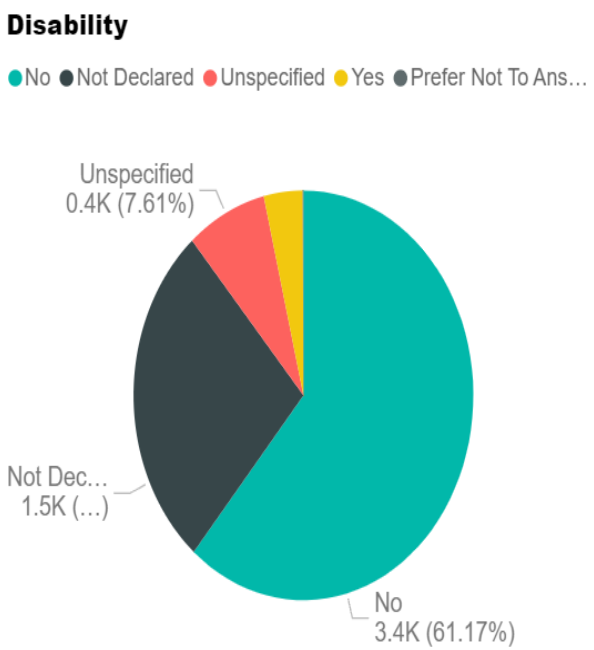
BAME/Non-BAME by Pay Grade (grouped)

Mapping Mapping	BAME		Non-Bame		Not Stated / Unknown	
	No.	%	No.	%	No.	%
	36	75.0%	10	20.8%		
Apprentice	8	14.5%	43	78.2%		
Band 2	118	9.5%	1000	80.5%	125	10.1%
Band 3	40	10.6%	302	80.1%	35	9.3%
Band 4	51	12.1%	332	78.5%	40	9.5%
Band 5	246	24.7%	645	64.7%	106	10.6%
Band 6	176	17.5%	752	74.6%	80	7.9%
Band 7	57	11.3%	418	82.9%	29	5.8%
Band 8a	40	25.2%	106	66.7%	13	8.2%
Band 8b			42	79.2%	6	11.3%
Band 8c			13	76.5%		
Band 8d			12	100.0%		
Band 9			8	80.0%		
Consultant	119	48.6%	95	38.8%	31	12.7%
Non-Consultant	147	54.9%	58	21.6%	63	23.5%
Trust contract			21	72.4%	7	24.1%
VSM						

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.



Values between 1-5 (inclusive) have been masked.
Data shows head count, primary assignment only

Disability by Division

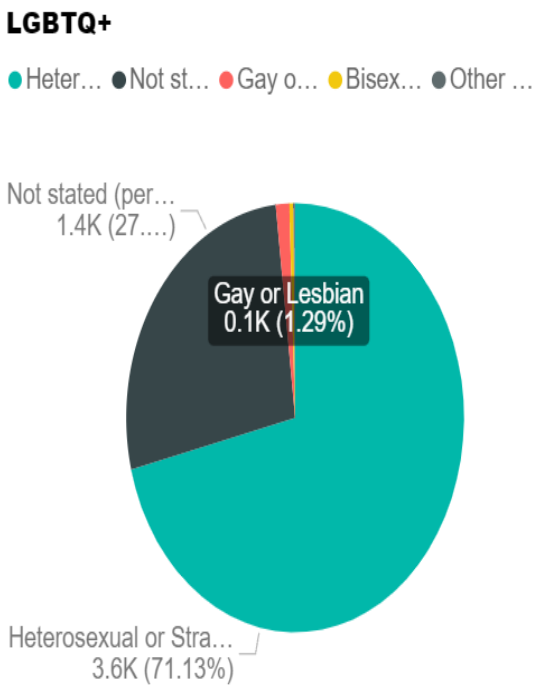
Org L2	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
253 Clinical Support	68.7%	22.2%		5.5%	3.6%
253 Corporate / Mgt	68.0%	20.9%		4.5%	6.3%
253 Medicine & Integrated Care	61.4%	26.7%		7.9%	3.9%
253 Surgery	56.3%	32.2%		8.9%	2.5%
Total	**61.2%**	**27.5%**	**0.1%**	**7.6%**	**3.7%**

Disability by Pay Grade (grouping)

Mapping	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
	46.9%	36.7%		12.2%	
Apprentice	78.2%				14.5%
Band 2	59.8%	26.7%		10.5%	2.9%
Band 3	61.6%	25.6%		7.0%	5.7%
Band 4	69.2%	20.9%		7.0%	2.8%
Band 5	60.2%	25.8%		9.1%	4.8%
Band 6	64.4%	25.7%		6.3%	3.6%
Band 7	62.5%	29.4%		2.8%	5.1%
Band 8a	69.4%	20.6%		6.3%	3.8%
Band 8b	67.9%	24.5%			
Band 8c	76.5%				
Band 8d	75.0%				
Band 9	90.0%				
Consultant	44.3%	46.7%		8.5%	
Non-Consultant	50.2%	43.2%		5.5%	
Trust contract	58.6%	31.0%			
VSM					
Total	**61.2%**	**27.5%**	**0.1%**	**7.6%**	**3.7%**

Workforce Profile – LGBTQ+ – Representation by Division and Grade

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



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Data shows head count, primary assignment only

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			73.6%	25.0%		
253 Corporate / Mgt	1.1%		78.4%	19.7%		
253 Medicine & Integrated Care	0.3%	1.8%	72.2%	25.6%		
253 Surgery		1.0%	66.4%	32.1%		
Total	**0.4%**	**1.3%**	**71.1%**	**27.0%**	**0.1%**	**0.0%**

LGBTQ+ by Pay Grade (grouped)

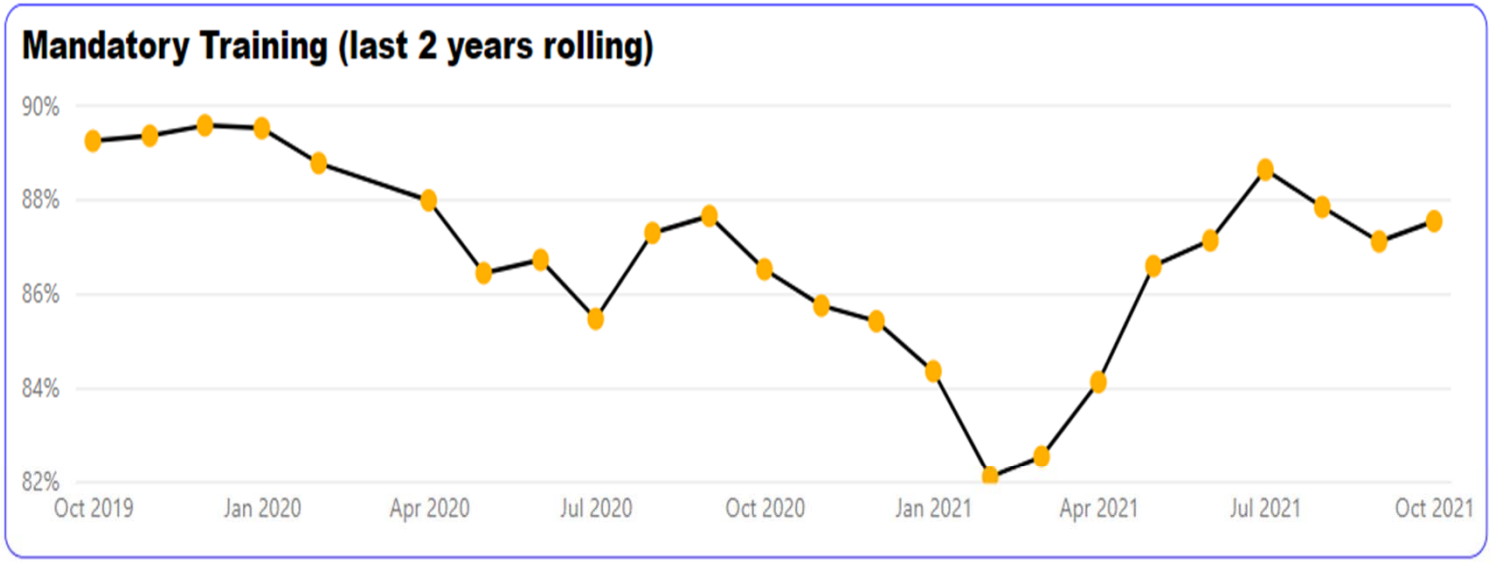
Mapping	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to provide a response)	Other sexual orientation not listed	Undecided
			63.6%	34.1%		
Apprentice			79.6%	13.0%		
Band 2	0.5%	2.0%	70.7%	26.5%		
Band 3			73.7%	25.2%		
Band 4			74.7%	23.7%		
Band 5		1.0%	71.4%	27.3%		
Band 6		1.1%	72.8%	25.8%		
Band 7			71.3%	27.1%		
Band 8a			76.3%	23.0%		
Band 8b			70.6%	23.5%		
Band 8c			80.0%			
Band 8d			75.0%			
Band 9			100.0%			
Consultant			48.0%	50.7%		
Non-Consultant			71.9%	25.3%		
Trust contract			61.5%	38.5%		
VSM			80.0%			
Total	**0.4%**	**1.3%**	**71.1%**	**27.0%**	**0.1%**	**0.0%**

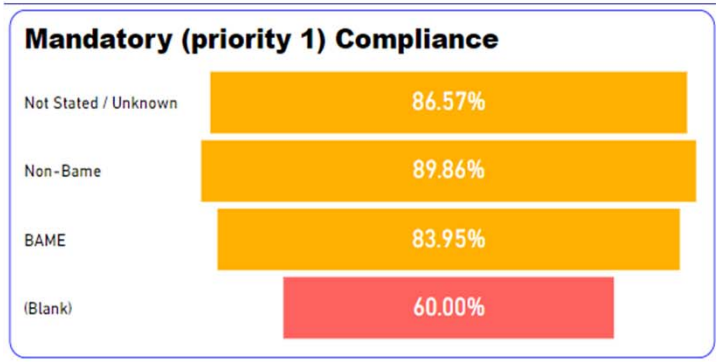
Mandatory Training – Performance Trend

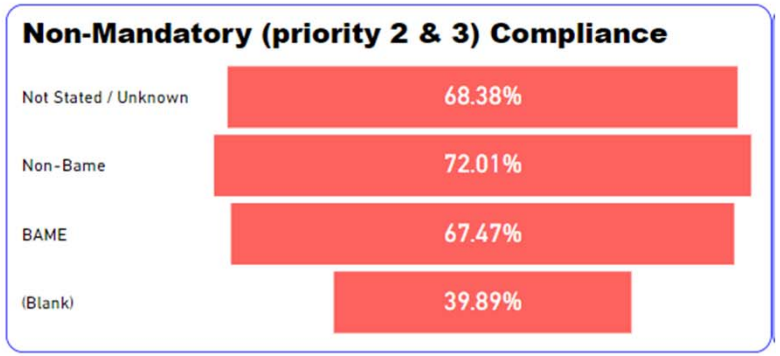
Mandatory Training: overall compliance is 87.53% as at 21st October, this is an increase from 86.94%.

21st October 2021

Trust	CS	Corporate	MIC	Surgery
87.53%	90.34%	86.87%	87.91%	86.47%







Mandatory Training – Areas of Focus

The priority areas continue to be:

SAFEGUARDING ADULTS – Level 3

SAFEGUARDING CHILDREN Level 3

RESUS PAEDS –

MANUAL HANDLING

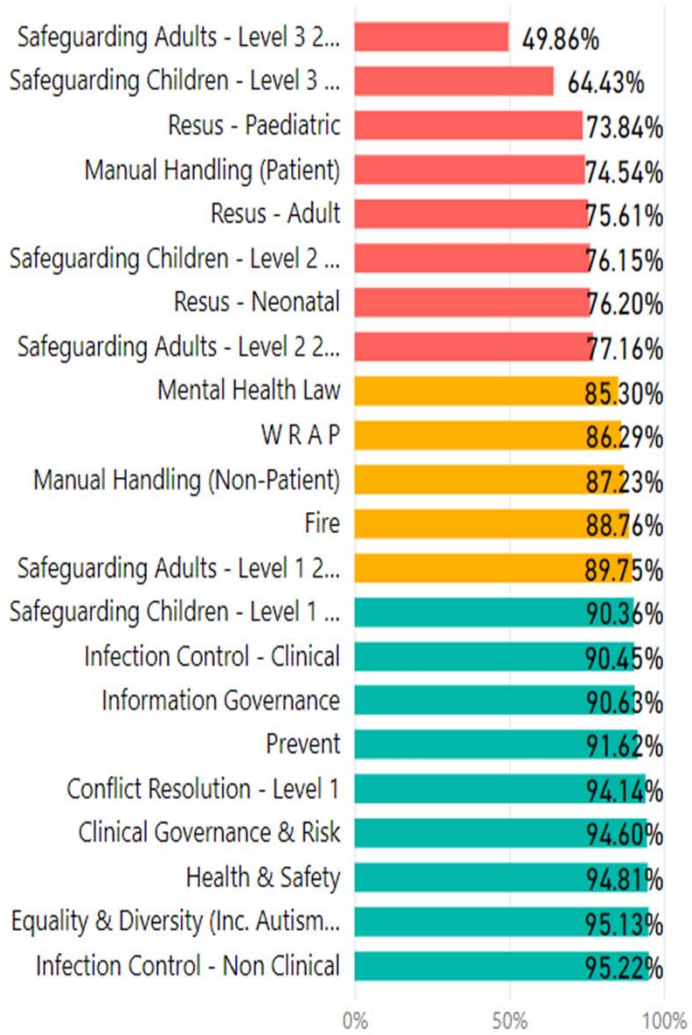
RESUS ADULTS

SAFEGUARDING CHILDREN Level 2

SAFEGUARDING ADULTS – Level 2

RESUS Neonatal

Course Compliance (based on selections)



Ward/Service (based selections)

Group5Description	Actual	No. >90%	%' tage
253 General Surgery Medical Staff Serv	293	172	56.78%
253 Theatres Recovery & Anaesth Serv	449	120	71.04%
253 Medical Staff Cardiology Serv	114	101	47.89%
253 MOC Medical Staff Serv	392	99	71.92%
253 Maternity Unit Serv	2,270	98	86.27%
253 Anaesthetics Medical Staff Serv	920	95	81.63%
253 Ward B5 Serv	835	89	81.38%
253 Medical Staff - GI Serv	127	86	53.81%
253 Obs.and Gynae. Medical Staff Serv	352	77	73.94%
253 Medical Director Serv	78	69	47.85%
253 Pathology - Phlebotomy Serv	432	62	78.83%
253 Theatres Emergency & Other Serv	593	62	81.56%
253 Medical Staff - Respiratory Serv	191	61	68.45%
253 Paediatric Medical Staff Serv	278	60	74.13%
253 Emergency Dept Nursing Serv	1,620	59	86.86%
253 Medical Staff Endocrin/Diab Serv	98	54	58.33%
253 Trust Capacity Management Serv	132	54	64.07%
253 Critical Care Serv	1,039	50	85.86%
253 Medical Discharge Ward Serv	249	50	75.00%
253 Medical Staff (Older People) Serv	131	46	66.83%
253 Theatres T&O Serv	203	45	73.81%
253 Urology Medical Staff Serv	134	42	68.71%
Total	**59,221**	**1671**	**87.53%**

HR Caseload

The current caseload is 41, an increase of 4 cases, with 'Disciplinary' at 45.9% (18 cases) the highest category, followed by 'Grievance' at 21.6% (9 cases).

This is an increase in 2 disciplinary cases an a reduction of 4 grievances. This month has seen a sharp increase in capability, with an underlying health condition.

The division with the highest number of open cases is Corporate at 16 cases.

BAME representation is at 35.13%, with 13 open cases.

There are currently 3 live suspensions.

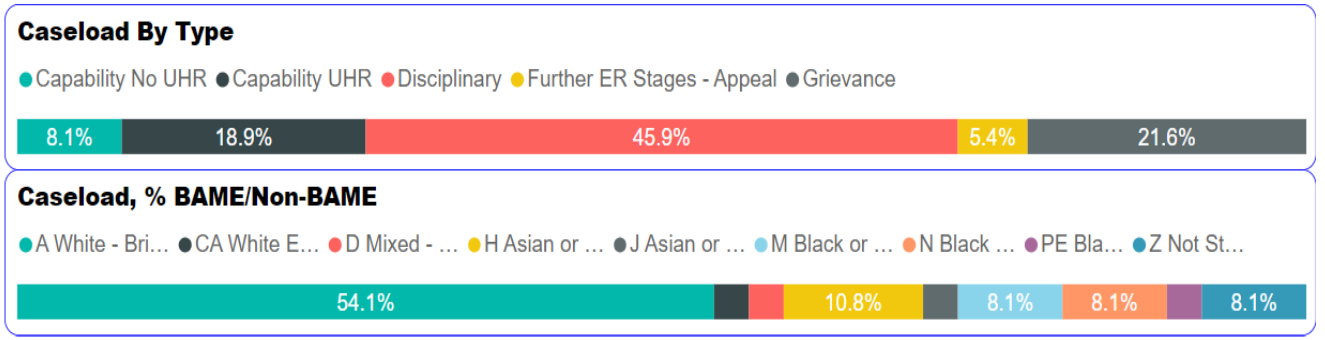
In the chart (bottom right) the blue bars show the average days from open to completed for closed cases. The orange bars show the running total average days the 'live' cases have been open.

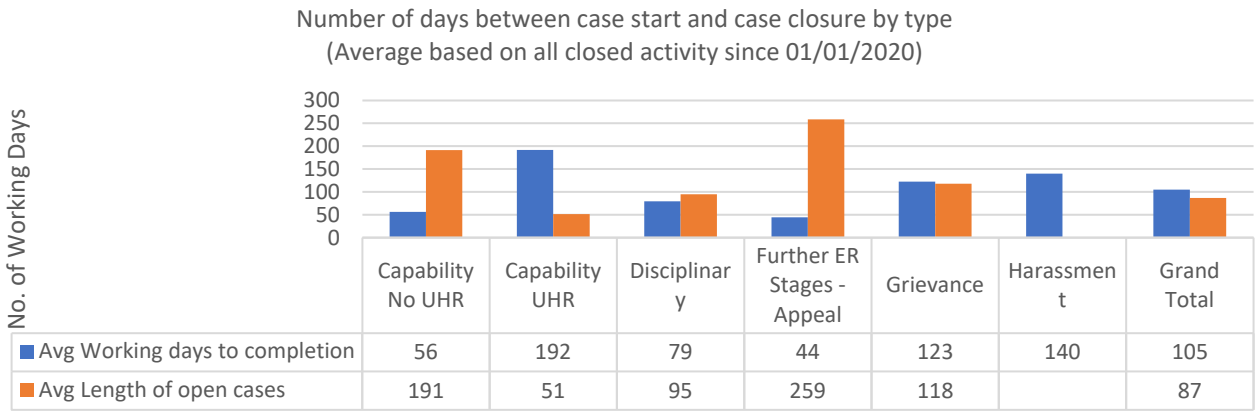
We have seen a reduction in the average days from open to close across both disciplinary (from 96 to 79 days) and grievance (from 151 days to 123 days), however there are some historical data issues still being reported in the data.

There were also two separate periods were Employee Relations activity was paused due to COVID.

Employee Relations Type	
Capability No UHR	3
Capability UHR	9
Disciplinary	18
Further ER Stages - Appeal	2
Grievance	9
Grand Total	41

Employee Relations Type	253 Clinical Support	253 Corporate / Mgt	253 Medicine & Integrated Care	253 Surgery	Grand Total
Capability No UHR	1	1		1	3
Capability UHR		4	5		9
Disciplinary	1	7	6	4	18
Further ER Stages - Appeal		1	1		2
Grievance		3	2	4	9
Grand Total	2	16	14	9	41



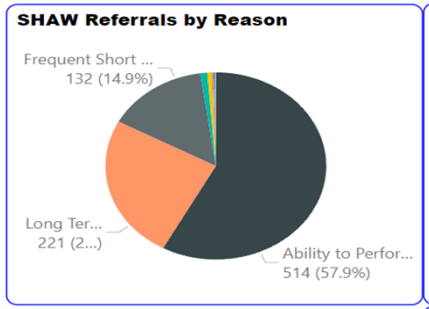


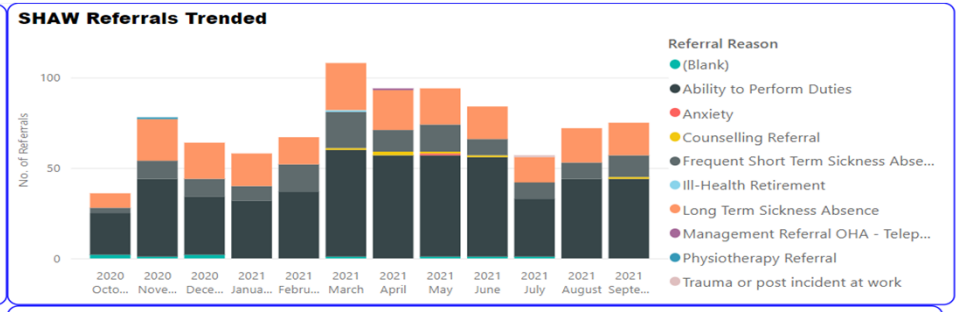
	Capability No UHR	Capability UHR	Disciplinary	Further ER Stages - Appeal	Grievance	Harassment	Grand Total
Avg Working days to completion	56	192	79	44	123	140	105
Avg Length of open cases	191	51	95	259	118		87

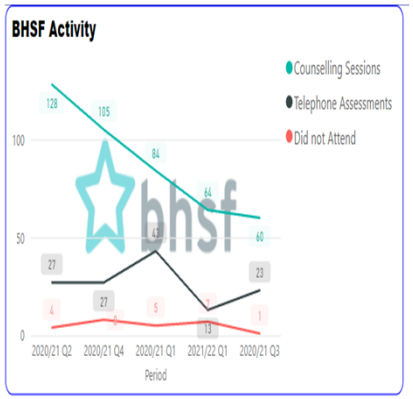
SHAW

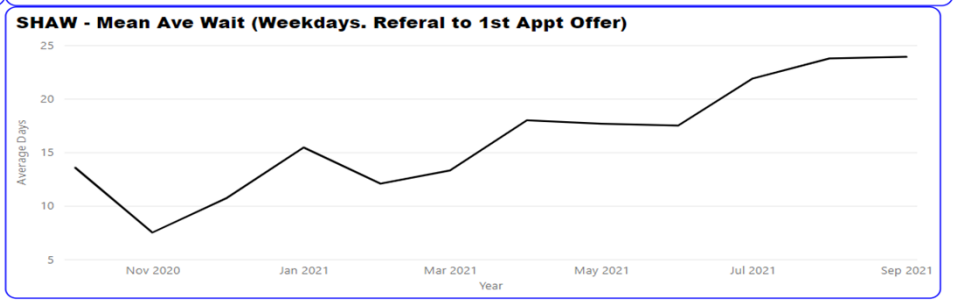
Within September there have been 75 management referrals into SHAW, 59% have focused on the staff members ability to perform their duties, 24% in managing long term sickness and 16% in managing short term absence.

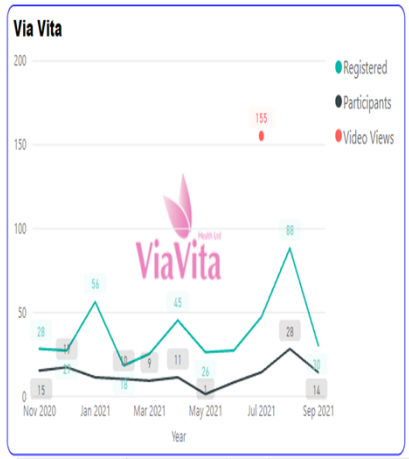
In addition, this month has seen the development of wellbeing metrics, which are displayed for information and will be developed further for next month.

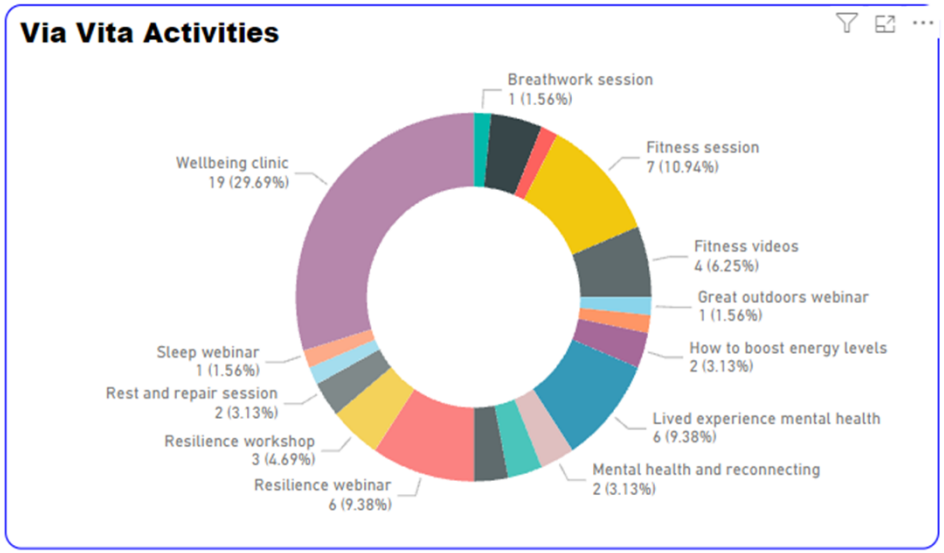












Enclosure 25

The Dudley Group NHS Foundation Trust

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

Title:	**Digital Committee Report – Public Board**
Author:	**Catherine Holland** (Digital Committee Chair)
Presenter:	**Catherine Holland** (Digital Committee Chair)

Action Required of Committee / Group			
Decision	**Approval**	**Discussion**	**Other**
N	N	N	**Y**
Recommendations: Note the report.			

Summary of Key Issues:

- The committee discussed new National funding for digital, data and technology and the bid processes to join up work between organisations. ICS Digital Board overseeing this process. The committee highlighted the need to join up approaches between organisations to achieve the best outcomes for the population. Divisions and Trust Managers made aware of these funding routes to ensure they are utilised in Trust annual planning. Acute Provider Collaboration programme joining up key workstreams.
- The committed discussed the BC/WB ICS Shared Care Record (ShCR) programme, highlighting the need for clinical, staff and public engagement on this work. ICS project team aware of these risks and managing.
- Positive assurance on continuing acute provider collaboration work
- Positive assurance provided on Digital Strategy Objective “Brilliant Basics” delivery evidenced through key performance indicators. The committee requesting that this work is celebrated more in the organisation.
- Positive assurance Maternity EPR go-live and clinical adoption.
- Positive assurance IT service collaboration for combined CCGs between four providers. This work sets the scene for shared and combined services across the ICS with a single point of access for all to improve experience and simplify workforce mobility.

Impact on the Strategic Goals	
Deliver right care every time	**Y**
Be a brilliant place to work and thrive	**Y**
Drive sustainability (financial and environmental)	**Y**
Build innovative partnerships in Dudley and beyond	**Y**
Improve health and wellbeing	**Y**

Implications of the Paper:			
Risk	Y	Risk Description: Failure to successfully adopt digital workflows, due to competing organisation / clinical pressures, availability of resources and change fatigue; results in clinical risk, reputational risk and inefficiency.	
	On Risk Register: BAF Y	Risk Score: Moderate (8)	
Compliance and/or Lead Requirements	CQC	N	Details:
	NHSE/I	N	Details:
	Other	Y	Details: DCB0160 and DCB0129 clinical risk management standards (HSCA statue 250)

Report Journey/ Destination	Working / Exec Group	N	Date:
	Committee	Y	Date: 21st October 2021
	Board of Directors	Y	Date: 11th November 2021
	Other	N	Date:

UPWARD REPORT FROM DIGITAL COMMITEE

Date Committee last met: 21st October 2021

The Dudley Group NHS Foundation Trust

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The need to develop further meaningful clinical, staff & public engagement on the BC/WB ICS Shared Care Record (ShCR)	• Planned upgrade programme of the existing Patient Administration System (PAS) proceed on target • Infrastructure projects continue on plan • National Funding (UTF and TIF) bids • Microsoft Office N365 roll out ongoing – large project • Microsoft Windows upgrades meet National requirements • Acute Provider Collaboration analytics work continues to support sustainable joined up clinical service design • Medical Devices Group – refresh replacement programme • Medical Devices Group Field Safety Notice actions • Combined Medical Devices Group and Digital Steering Group workplan from Chair
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Positive assurance on "brilliant basics" of IT service performance, digital delivery and data quality • Positive assurance Maternity EPR go-live and clinical adoption • Positive assurance on leadership of IT service collaboration between DGFT and other providers to support the combined CCGs with a single shared-service offering • Positive assurance on medical devices report and collaborative approach of Medical Devices Group and Digital Steering Group chairs to create joined up delivery plans.	• Review Clinical Safety Officer (CSO) role in 6 months, close action.

Chair's comments on the effectiveness of the meeting:
The committee discussed the continued use virtual meetings, identifying them as an effective approach that the digital committee should support and advocate. The standard of papers and content was praised.
The committee resolved to continue to meet routinely in the virtual format, with planned face to face meetings once or twice a year.

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