

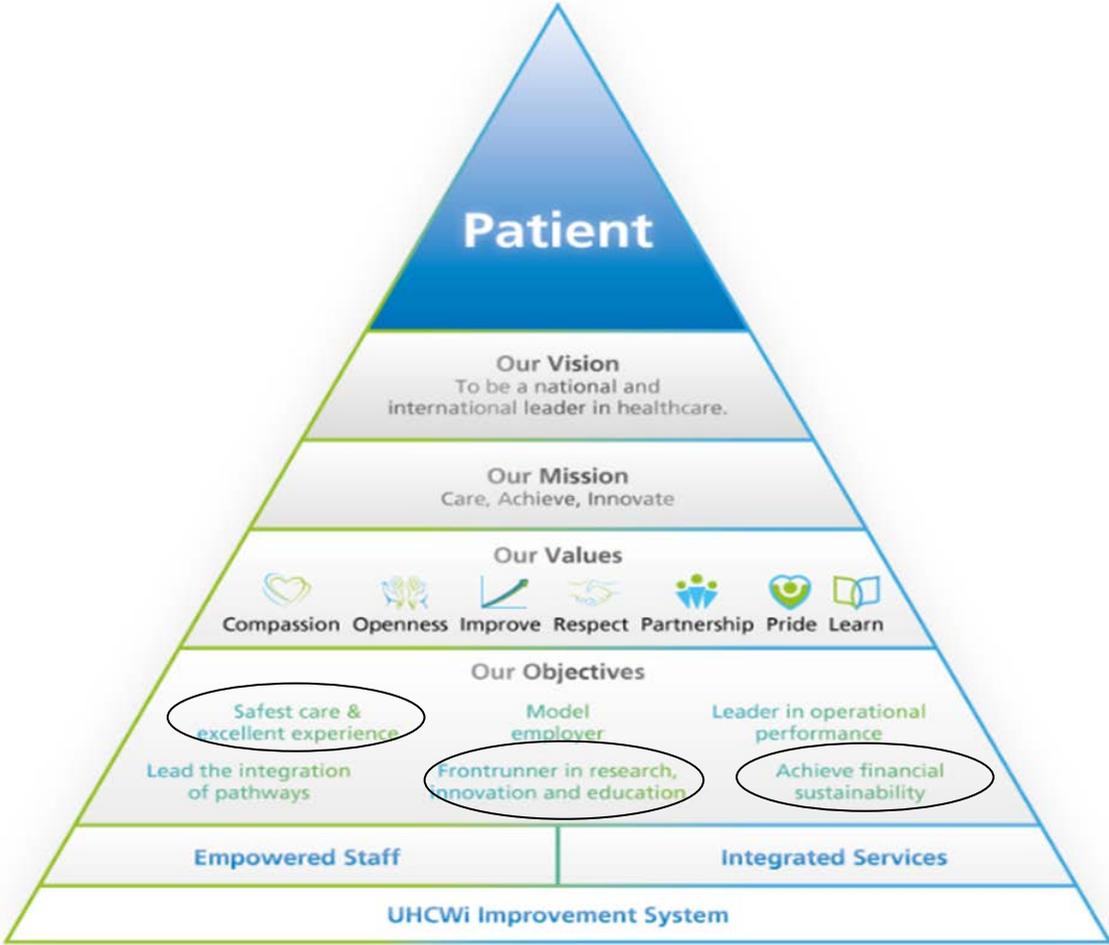
**PUBLIC TRUST BOARD
HELD AT 10:00 AM ON THURSDAY 24 SEPTEMBER 2020
IN CLINICAL SCIENCES BUILDING ROOMS 10017/19 AND VIA MS TEAMS
AND LIVE-STREAMED**

AGENDA

Ap: APPROVAL R: RATIFICATION As: ASSURANCE D: DISCUSSION I: FOR INFORMATION

Item	General Business	Lead	Format	Action
1.	World Class Colleague Awards	K Patel	Verbal	I
2.	Patient Story	M Hussain	Enclosure	As
3.	Apologies for Absence	S Manzie	Verbal	As
4.	Confirmation of Quoracy	S Manzie	Verbal	As
5.	Declarations of Interest	S Manzie	Verbal	As
6.	Minutes of last Public Board meeting held on 30 July 2020	S Manzie	Enclosure	Ap
7.	Action Matrix	S Manzie	Enclosure	As
8.	Matters Arising	S Manzie	Verbal	As
9.	Chair's Report	S Manzie	Enclosure	As
10.	Chief Executive Officer Update	K Patel	Enclosure	As
Performance				
11.	Integrated Quality, Performance and Finance Report 2020-21 (Month 5) <ul style="list-style-type: none"> • Operations • Quality • Finance • Workforce 	D Griffiths L Crowne M Hussain S Rollason D Griffiths	Enclosure	As
Assurance				
12.	Patient Experience Report	M Hussain	Enclosure	As
13.	Equality and Diversity, WRES and WDES Reports and Updates	D Griffiths	Enclosure	As
BREAK FOR LUNCH 11:55 – 12:25				
14.	Phase 3 Preparedness and Planning	L Crowne	Enclosure / Presentation	As
15.	Emergency Preparedness Resilience and Response (EPRR) Annual Report 2019-20	L Crowne	Enclosure	As
16.	Infection Prevention and Control Annual Report 2019-20	N Morgan	Enclosure	As
17.	COVID-19 Update	L Crowne	Enclosure	As
18.	Research and Development Annual Report 2019-20 and Update [Guests: Professors Harpal Randeva and Chris Imray]	K Patel	Enclosure	As

Item	General Business	Lead	Format	Action
Strategy				
19.	Integrated Care System Update	J Richards	Enclosure	D
Feedback from Key Meetings				
20.	Finance, Resources and Performance Committee: <ul style="list-style-type: none"> Approved Minutes 23 July and 20 August 2020 and Meeting Report 17 September 2020 	J Gould	Enclosure	As
21.	Quality and Safety Committee: <ul style="list-style-type: none"> Approved Minutes 23 July and 20 August 2020 and Meeting Report 17 September 2020 	S Kumar	Enclosure	As
For Information				
22.	CQC Registration Report	N Morgan	Enclosure	As
23.	Data Security and Protection Toolkit Annual Assessment 2019-20	M Hussain	Enclosure	As / Ap
24.	Veterans Covenant Healthcare Alliance Update	D Griffiths	Enclosure	I
Administrative Matters				
25.	Board and Committee Dates 2021-22	S Manzie	Enclosure	Ap
26.	Draft Agenda for next meeting	S Manzie	Enclosure	D
27.	Questions from Members of the Public which relate to matters on the Agenda Please submit questions to the Director of Corporate Affairs by no later than 10am on 23 September 2020 (Geoff.Stokes@uhcw.nhs.uk)	S Manzie	Verbal	As
28.	Meeting Reflections	S Manzie	Verbal	D
<p>Next Meeting: Thursday 26 November 2020 at 10.00am, in the Clinical Sciences Building, University Hospital, Coventry, CV2 2DX</p>				
<p>Resolution of Items to be Heard in Private (Chair)</p> <p>In accordance with the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997, it is resolved that the representatives of the press and other members of the public are excluded from the second part of the Trust Board meeting on the grounds that it is prejudicial to the public interest due to the confidential nature of the business about to be transacted. This section of the meeting will be held in private session.</p>				



**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Patient Story
Executive Sponsor	Mo Hussain, Chief Quality Officer
Author	Sarah Brennan, Patient Insight and Involvement Manager
Attachments	Patient Story – Penny (video)
Recommendation(s)	The Board is invited to NOTE the Patient Story and to raise any questions or concerns.

PENNY

Patient Story:

This patient story is presented to the Trust Board as a further example of a patient's experience during Covid-19. Previously, the Board has heard of an example of patient experience around the Cancer pathway was shared, this story relates to a patient's experience through the Emergency Medicine Pathway.

Penny was required to shield at home at the time of her accident and needed to come to University Hospital following a head injury. Penny describes some really good experiences at the Trust and throughout her experience, she felt safe and found our clinical services to be responsive to her needs. She also felt staff were compassionate and kept her informed of her care plan throughout her stay in hospital. However, there are areas of improvement notably around discharge processes and car parking. Our learning and response to these areas are included below.

Below is a verbatim transcript of the interview that Penny gave to Sarah Brennan, Patient Insight and Involvement Manager:

“My name is Penny. I live in Coventry. On the 13th June I fell down the stairs from top to bottom. I was badly shaken and had cut my head and the ambulance was called, they came very quickly and I felt very cared for and very looked after. They agreed I needed to go into hospital to sort out whether I had broken anything and they took me in and looked after me very well and efficiently. I was surprised that in spite of the fact that I wasn't able to take anyone with me which you would normally do because of Covid-19 I felt very secure and well looked after by the ambulance people they were wearing masks they gave me a mask and I felt very safe. Obviously I had been shielding for the last three months so it was something on mind going into hospital. When I got to A&E it was unusual as there weren't many people there as usual. I was seen by a doctor and felt comfortable.

“I was taken into another area further into the building into a cubicle by a nurse, not sure what her title was, but she gave me a thorough examination and went and consulted with a doctor and I was given a CT scan probably because of my age and fact that I had fallen from top to bottom of the stairs. I was in quite a bit of discomfort, they gave me some medication to help with the pain they looked after me very well. It was odd seeing all the nurses dressed up in their PPE but they were very kind, very reassuring, constantly telling me what they were doing and what was going to happen next. I had taken my mobile phone with me so I was able to contact my family.

“I went through to my CT scan – it was all fine the only thing was that the staff in the department were unhappy that the staff in A&E had forgotten to remove my bra which had wire in it and it is protocol

that anything metal on a person is removed before a CT scan.

“Besides that I had a little bit of a wait for the results but that was fine as they told me what was happening, why I was waiting and what they were waiting for. The CT came back clear and then decided to sort my head out and there was a lot of discussion as to whether they would stitch it or glue it because of the effect on my hair later on which was reassuring for me as they were looking at me in my best interest.

“They decided to glue it that I suppose with the benefit of hindsight was the worst part because I did go light headed and my blood pressure dropped dramatically and they had to stop several times until my blood pressure got back to normal. They told me that they thought it may be because it was a combination of my age as I am 72 and the fact that I had been lying down for quite a long while and that these reasons may have affected my blood pressure.

“I felt very safe and secure, I wasn’t at all worried about Covid-19 whilst I was in the hospital I felt they were doing everything they should be doing to look after me and prevent me from any infections. The only issue I suppose would be that when I got home I found that I still got the cannula in my arm. I’d forgotten it was there and they had forgotten to take it out. The other issue was car parking when my husband came to pick me up, he parked in the car park for about an hour whilst he was waiting for me which was absolutely fine he was expecting that. However, when he went to pay he put the car registration in it wouldn’t come up and he was quite agitated and stressed about that probably due to the fact that he was agitated and stressed about me as well but it was disappointing to think that if you didn’t have to pay there could have been a notice there to say.

“I was given a leaflet on head injuries but in hindsight I would have liked more information about what I was to expect in my recovery as I was in a lot of pain for quite a long time. In fact its three months next week and I’m still feeling the after effects from the fall.”

Response:

The patient story has been shared with the Emergency Medicine Team at UHCW as well as our car park providers (ISS). Jane Elwell, Consultant Nurse in Emergency Medicine and Stuart Hunter, Programme Delivery Manager from Emergency Medicine reviewed the patient story and implemented immediate actions for improvement, to address the issues experienced by the patient.

Please see below the departmental response action plan:

Concerns identified	Action Plan	Progress
Patient discharged home with cannula	There is an Emergency Department Nursing documentation booklet which includes a discharge checklist. On review of the patients care, it was identified that on this occasion it was not completed.	Modern Matron for Emergency Medicine has followed up with the staff on duty that day and incident to be shared at the daily safety huddles for re-iteration to staff. Complete.
Advice given on patient discharge	UHCW to follow up the concern in relation to advice given to patient on discharge and ensure the patient is currently receiving appropriate follow up care.	The patient has been followed up in the community, since the patient presented to Emergency Department and after this video story was filmed the patient has seen her GP at least twice for follow up. UHCW have contacted the patient subsequently to ensure she is receiving ongoing care for her symptoms. Complete.

Concerns identified	Action Plan	Progress
Car parking issue for relative	Car parking concerns to be feedback to car parking provider.	The lead for car parking for ISS has assured us that this feedback will be shared with the team and that better communications will be utilised if problems like this occur again i.e. better signage and/or communication via car parking attendants. Complete.

PREVIOUS DISCUSSIONS HELD

None.

KEY IMPLICATIONS

Financial	The cost of legal action from harm to patients alongside the need to readmit patients.
Patient Safety or Quality	The patient story links to our strategic objective to deliver excellent patient care and experience.
Human resources	The effect upon staff providing care who have not been supported despite providing excellent initial care,
Operational	The impact on patient experience given that the patients may need to be readmitted or face further issues.

MINUTES OF A PUBLIC MEETING OF THE TRUST BOARD OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST HELD ON 30 JULY 2020 AT 10:00 IN ROOMS 20063/64 CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, COVENTRY AND VIA MICROSOFT TEAMS AND LIVE STREAMED

MINUTE REFERENCE	DISCUSSION	ACTION
HTB 20/086	<p>PRESENT</p> <p>Stella Manzie (SM), CHAIR</p> <p>Laura Crowne (LC), Chief Operating Officer</p> <p>Guy Daly (GD), Non-Executive Director (via video link)</p> <p>Jerry Gould (JG), Non-Executive Director (via video link)</p> <p>Andrew Hardy (AH), Chief Executive Officer</p> <p>Anthony Hobbs (AHo), Director of Operational Finance (<i>representing Su Rollason</i>)</p> <p>Mo Hussain (MH), Chief Quality Officer</p> <p>Afzal Ismail (AI), Non-Executive Director (via video link)</p> <p>Sudhesh Kumar (SK), Non-Executive Director (via video link)</p> <p>Karen Martin (KM), Chief Workforce and Information Officer / Deputy CEO</p> <p>Carole Mills (CM), Non-Executive Director (via video link)</p> <p>Nina Morgan (NM), Chief Nursing Officer</p> <p>Justine Richards (JR), Chief Strategy Officer</p> <p>Brenda Sheils (BS), Non-Executive Director (via video link)</p> <p>Duncan Watson (DW), Deputy Chief Medical Officer (<i>representing Kiran Patel</i>)</p>	
HTB 20/087	<p>IN ATTENDANCE</p> <p>Gaynor Armstrong (GA), Group Director of Midwifery (item HTB 20/101)</p> <p>Lincoln Dawkin (LD), Director of Estates and Facilities (item HTB 20/113)</p> <p>Mark Easter (ME), Clinical Director (item HTB 20/098)</p> <p>Alex Johnson (AJ), Senior Executive Assistant (Minute Taker)</p> <p>Andreas Ruhnke (AR), Consultant Anaesthetist (item HTB 20/100)</p> <p>Lorna Shaw (LS), Freedom to Speak Up Guardian (item HTB 20/102)</p> <p>Lynda Scott (LS), Director of Communications</p> <p>Geoff Stokes (GS), Director of Corporate Affairs</p>	
HTB 20/088	<p>APOLOGIES FOR ABSENCE</p> <p>Kiran Patel (KP), Chief Medical Officer</p> <p>Susan Rollason (SR), Chief Finance Officer</p>	
HTB 20/089	<p>CONFIRMATION OF QUORACY</p> <p>The meeting was quorate.</p>	
HTB 20/090	<p>DECLARATIONS OF INTEREST</p> <ul style="list-style-type: none"> GD declared his association with Coventry University. SK declared his association with The University of Warwick. 	

MINUTE REFERENCE	DISCUSSION	ACTION
HTB 20/091	MINUTES OF LAST PUBLIC TRUST BOARD MEETINGS HELD ON 28 MAY 2020 The minutes of the meeting were APPROVED by the Trust Board.	
HTB 20/092	ACTION MATRIX Trust Board RECEIVED the updated matrix. All actions were noted as complete and the Board APPROVED the closure of all actions.	
HTB 20/093	MATTERS ARISING There were no matters arising.	
HTB 20/094	CHAIR'S REPORT SM summarised the content of the report, noting that following the recent board strategy workshop meeting, an update on Black Lives Matter is a scheduled agenda item today. AH/KM/SM will be meeting with the BAME network on 6 August. SM thanked the chief officers and non-executive directors for their continued efforts during these challenging times faced by the Trust and the NHS as a whole. Trust Board NOTED the report.	
HTB 20/095	CHIEF EXECUTIVE OFFICER REPORT AH summarised the report, noting his invitation to join the Integrated Improvement Offer Programme Advisory Board and the positive impact of this on the Trust. AH informed that system discussions regarding a move to ICS status are becoming a focus again. It was an honour for the Trust to be invited to participate in the India Healthcare Roundtable event and to host Sky News as part of the NHS birthday celebrations. AH advised that the Trust continues to attract high quality individuals to the organisation. The Board formally approved two consultant appointments. Trust Board NOTED the report and RATIFIED the consultant appointments listed within the report.	
HTB 20/096	INTEGRATED QUALITY, PERFORMANCE AND FINANCE MONTHLY REPORT KM advised that a review of the performance report and the data contained therein is being undertaken to ensure that the end product is highly optimised and provides timely, accurate reporting. All the appropriate teams will be involved in the review, including workforce, finance, performance and informatics and the Board. UHCW	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>improvement methodologies will form part of the review and will include a Kaizen event. A review will also take place on the papers that are provided to the sub-committees and Board. SM added that CM, JMG, JG and AI would be involved from a non-executive point of view. The Board AGREED to progress with the review as outlined by KM.</p> <p>Operational Performance</p> <p>LC provided the update on operational performance. The Emergency Care 4-hour wait target stands at 94.3%. Therefore, the 95% target has not been met, however the Trust is above the national and regional position in this respect and the work undertaken to maintain emergency pathways during the challenging Covid period is recognised by the Board. In particular, the implementation of direct access pathways is having a positive impact on ED and although there is an associated cost to running these pathways, the Trust will try to maintain these where possible and is looking at the most cost effective ways of doing so.</p> <p>A challenging area is diagnostics, where there has been a reduction in capacity and the Groups are looking into options to resolve this. Length of stay (LOS) remains below target and a focussed discharge team are looking into this.</p> <p>Although the 62-day cancer target has not been achieved, the overall picture for cancer is positive. The Trust is targeting the longest waiting cancer patients and the benchmark shows UHCW NHS Trust is the best in the country, with only 3 patients waiting over 104 days. This is a result of independent capacity being used effectively. The Trust is beginning to see some increase in the 2-week wait figures, and this is being closely monitored.</p> <p>LC reported that new guidance has been received regarding treatment of shielded patients and this will go through the Infection Prevention and Control Council today. Some work is also being undertaken on clinical prioritisation, access policy and management of waiting lists to ensure that routine surgery is managed as effectively as possible.</p> <p>BS referred to the potential removal of the 95% A&E target and the roll out of a process whereby patients must call 111 prior to attending A&E (as reported in the media). BS asked for LC's views on the impact of this and how quickly it might be implemented. LC stated that the Trust is fully engaged in the pilot, and it is likely to be implemented in September or October. There has already been a 20% reduction in footfall and the pilot builds on the Covid work that the ED team has already carried out in relation to managing pathways prior to patients arriving at the front door. She added that pre-Covid, an aggregated target was in place, which measured time from patient arrival to the time they received a care plan/diagnosis. LC believes that this was a more effective measure than the 95% metric, however she did acknowledge there are benefits to the 95% target too.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>In response to a query from JG, LC noted that her main concerns and priorities are related to managing the number of delayed cancer referrals coming into the Trust, the emergency pathway (physical space and where minors are managed) and clinical prioritisation of routine patients.</p> <p>In response to a query from AI on KPIs and ensuring that we achieve the desired improvements, LC noted that this has been one positive outcome of the Covid challenge; the Trust has had to narrow its focus and as a result, clear aims and prioritisation targets are set out. Trust Planning Unit is now in place and the Trust Delivery Unit is being implemented. These groups have a targeted focus. All clinical groups and corporate directors are clear on the priorities and are working collaboratively to reinforce those priorities and embed the principles across the Trust.</p> <p>SM referred to LC's previous point regarding the associated costs for the direct access pathways. LC explained that those costs relate to the implementation of those pathways in a very short timescale, due to urgency at the time. The pathways were set up as clinical/consultant led and this was appropriate at that time, however this resulted in a high cost, due to factors such as salary and infrastructure costs. Other alternative models of care are now being looked at and it is hoped that these will allow for direct access pathways to continue more cost efficiently.</p> <p>Quality MH provided the headlines, informing the Board that the Complaints team have met the 100% turn around time, there have been no never events and no 12 hour trolley waits. Harm review process and clinical prioritisation is in place and will be taken through Quality and Safety Committee, along with a report on a Board Walk-rounds process. There is continued focus on long length of stay (LLOS).</p> <p>NM provided the detail on LLOS, noting that throughout June and July, the Trust has maintained a low number of patients staying more than 21 days. For those patients that have stayed longer, the Trust is aware of the reasons for this.</p> <p>In relation to harm-free care, the Trust position remains in a positive position and figures for pressure ulcers and falls are consistently good.</p> <p>Finance AHO reported the year-to-date position as break-even and that the Trust has continued to operate under the emergency financial regime for first 4 months of the financial year. This regime ends on 31 July and the Trust is awaiting correspondence on the new regime. The reduction in agency spend continues.</p> <p>In response to a query from SM, AH provided assurance that there is continued focus on the waste reduction programme, however national efficiency requirements have been removed and there is</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>currently no requirement to formally report waste reduction. AHO reaffirmed that waste reduction is always a priority and is being considered at every stage of the UHCW restoration plan, as well as from a system-wide perspective. It was also confirmed the QIA process is continuing.</p> <p>Workforce KM advised that the first part of the NHS People Plan is to be launched today.</p> <p>KM reported positive mandatory training and sickness rates within the Trust and commended workforce and teams across the Trust for managing this. Surgical Services group remains an outlier for absence and although the figure is still high, it has reduced by 4% in the last three months due to targeted focus in this area.</p> <p>The non-medical appraisal rate is a concern, however there is an expected delay in these being carried out due to the impact of Covid.</p> <p>There is national requirement to carry out staff Covid risk assessments and UHCW is in a strong position for completion of these. KM has written to those staff who have not yet completed their risk assessment, reiterating the importance of doing so.</p> <p>CM pointed out the correlation between high Surgical Services rates for sickness absence, and low rates of mandatory training, appraisals and risk assessment completion. The figures are lower than average for this group and CM queried the reasons for this. LC and KM confirmed that there has, until recently, been a change in the senior leadership team within this group. A new Clinical Director is now in place and the concern has been raised at the quarterly reviews. It is therefore hoped that some of the issues in this group will now be addressed. CM acknowledged the leadership issue and noted that it would be useful to take any learning from this situation to ensure that groups are supported sooner if necessary.</p> <p>In response to a query from AI regarding his perception of a low rate of mandatory training completion, KM advised that the Trust target is 95% and that comparatively, this is a high target within the NHS. The target allows for a percentage of staff who are unable to complete training, perhaps due to sickness absence, maternity or other leave and practicalities of releasing staff to undertake training. AI acknowledged this, but compared the training rate to that in other industries such as construction, where staff would not be permitted on site if training has not been completed.</p> <p>A discussion followed on the definition of “mandatory” and KM provided assurance to the Board that training requirements are reviewed on a regular basis and that the process is as lean as possible whilst still providing the safe service needed. The discussion did underline the importance of explanation of what “mandatory” meant.</p> <p>The Trust Board RECEIVED ASSURANCE from the Integrated</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
HTB 20/097	<p data-bbox="363 293 1018 320">Quality, Performance and Finance monthly report.</p> <p data-bbox="363 394 692 421">BLACK LIVES MATTER</p> <p data-bbox="363 439 1278 667">MH introduced the item, informing that this topic was discussed at the recent Board Strategy Workshop meeting. The Trust Board has reflected upon this significant global, national and local issue and in terms of the context of UHCW being one of the region's largest employers and anchor organisations. The Board has discussed what more it can do to tackle inequality in the region and a series of commitments have now been made.</p> <p data-bbox="363 707 1278 936">The Trust will host a series of listening events, which will begin in August. These sessions will be an open forum, aimed at as many staff as possible and hosted by Board members. It is hoped that these sessions will lead to a greater understanding of the issues faced by staff. Communications will be disseminated to staff in due course and SM confirmed that materials would be provided to Board members to ensure consistency in approach.</p> <p data-bbox="363 976 1278 1169">In addition, unconscious bias training will be taking place for Board members and this offer will be extended to the senior leadership team also. Further work will be carried out on inclusive monitoring, to ensure that people from all backgrounds receive the same opportunities. A further meeting will take place with the BAME network next week.</p> <p data-bbox="363 1209 1278 1370">GD stated that he recently undertook unconscious bias training at Coventry University, which he felt to be helpful and illuminating. He added that he is pleased to hear great care is being taken to ensure the listening events are well orchestrated, as this is an important matter.</p> <p data-bbox="363 1411 1278 1505">It was confirmed that output targets measuring the impact of actions agreed would be set after the initial listening events have taken place.</p> <p data-bbox="363 1545 1278 1738">SK noted the importance of ensuring the actions being taken are not perceived as reactive. The intent must be believable, demonstrate commitment by the Trust and carried out in line with the Trust values. SM acknowledged that the topic is complex, however it must be navigated properly and the Board is committed to doing more on the specific issue of racism.</p> <p data-bbox="363 1778 1246 1805">SM thanked MH, JR and Donna Griffiths for their work on this topic.</p> <p data-bbox="363 1845 842 1872">The Trust Board NOTED the update.</p>	
HTB 20/098	<p data-bbox="363 1917 1193 1977">CONTROLLED DRUGS ACCOUNTABLE OFFICER ANNUAL REPORT 2019/20</p> <p data-bbox="363 1995 1278 2094">ME joined the meeting and summarised the content of the report, which provides assurance to the Board on the activities over the last year on the safe and secure management of controlled drugs.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>ME informed the Board that there is a national concern related to the diversion or stealing of medicines between wholesalers and new legislation has been put in place to ensure security of the supply.</p> <p>ME advised that there has been an increase in reporting of incidents, which is a positive development and demonstrates the open culture of reporting within the Trust. The increase in reporting is attributed to the installation of automated medicines cabinets in pharmacy and the use of Omnicell, which is in place in most areas across the Trust and its use is critical in the management of Covid. ED and theatres are the only areas that do not use Omnicell and work is going on to resolve this.</p> <p>The CQC has highlighted the use of Omnicell as outstanding practice. A Trust Medicines Assurance Lead is now fully funded and in place; this was also praised by the CQC. There were no 'must do' actions from the CQC inspection. There was one 'should do' action in relation to prescribing in Critical Care and this has now been addressed.</p> <p>Disposal of medicines has previously been an issue and became more problematic during Covid. This issue has now been resolved.</p> <p>Use of illicit substances on site has increased and the Trust is working closely with the police and security teams to address this.</p> <p>Access to palliative care medicines during out of hours has improved, partly due to Covid and there is now a process in place to access medicines out of GP hours.</p> <p>The Trust Board RECEIVED ASSURANCE from the report and SM conveyed her thanks to ME and the teams involved for their work.</p>	
HTB 20/099	<p>STAFF SURVEY</p> <p>KM advised that work continues on understanding the survey results and offered to provide more detail to the Board on the slides provided if they so wished.</p> <p>In summary, of the eleven themes, three areas have improved; appraisals, bullying and harassment, violence. Focussed work has taken place in these areas, which has had a positive impact.</p> <p>KM expressed disappointment at the 40% survey response rate and the health and wellbeing results. Lots of work has been undertaken in relation to staff health and wellbeing and KM hoped that this would be reflected in the next survey. Staff engagement score has also reduced.</p> <p>A discussion took place on the importance of triangulation of the staff survey data, workforce race equality standards (WRES), workforce disability standards (WDES) results, BAME staff experiences and outcomes of the Black Lives Matter listening events. KM confirmed that all the work and actions would be integrated.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
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In response to a query from JG regarding more favourable performance within other trusts and the learning this Trust can take, KM confirmed that UHCW is liaising with other trusts to understand and implement best practice where needed. Visits to other trusts had been set up prior to Covid, however these will either be rearranged or take place virtually. A comparison also takes place annually with the trusts involved in the VMI programme.

AI noted that survey fatigue amongst staff is a challenge and queried whether staff could be incentivised to complete it in order to improve the response rate. KM confirmed that the staff survey is a national requirement and that several incentives have been used in recent years. She added that the workforce team has suggested that the survey takes place less regularly in order to improve response and allow time for more real change.

KM summarised that key areas for focus are relationships and sharing of information with middle managers and staff, as well as raising awareness on health and wellbeing offer.

Trust Board **NOTED** the report.

HTB 20/100

GUARDIAN OF SAFE WORKING HOURS UPDATE

AR joined the meeting and summarised the report. He noted that the Trust response to Covid is in keeping with others across the West Midlands. Between 18 March and 16 June 2020, there were no exception reports submitted, which coincided with the introduction of the Covid redeployment rotas.

There has been a technical issue with the Allocate system, which means compliance with rotas cannot be assured, however this is being resolved.

JG asked whether a significant number of junior doctors in training (JDTs) were opting out of the Working Time Directive, however AR advised that there is no central system for recording this and the information is held locally in each department. AR noted that it is now less likely that individuals will opt out, as they can safely continue with locum work without breaching the number of hours. However, within his own department, some JDTs do opt out and JG noted that he was pleased to hear that they can do so without fear of reproach.

AR acknowledged that reaching full compliance is a slow process, however it is progressing in a positive direction. It is hoped that the Trust will be fully compliant by December 2020, but this does depend somewhat on numbers of JDTs coming into the Trust.

KM provided assurance that there is a rota oversight group in place which provides support.

Trust Board **RECEIVED ASSURANCE** from the report.

MINUTE REFERENCE	DISCUSSION	ACTION
HTB 20/101	<p data-bbox="351 280 1276 358">MATERNITY SAFETY IMPROVEMENT PLAN (including Midwifery Staffing Annual Report)</p> <p data-bbox="351 392 1276 504">GA joined the meeting and gave the key points from the report, advising that the previous safety improvement plan was closed in April 2020 with all actions having been completed.</p> <p data-bbox="351 526 1276 638">Maternity service provision has continued throughout Covid. Despite a high staff absence rate during March, maternity department was staffed sufficiently by utilising redeployment.</p> <p data-bbox="351 660 1276 840">JG congratulated GA on filling all vacancies in the department but queried why a risk is still held on the Corporate Risk Register relating to nursing and midwifery vacancies. GA explained that the risk remains on the register as some midwives will not fully-qualify until September and the skill-mix is therefore not yet at the required level.</p> <p data-bbox="351 862 1276 1176">BS referred to the large number (43) of midwives who started with the Trust last year and queried whether any lessons were learned from taking on a high number at any one time and what support has been given to them. GA advised that staff are very well supported and this is evidenced by the team having won an award for its preceptorship programme. There used to be a low retention rate of midwives, however only one individual left the team last year and one this year. Both of those leavers have now applied to return to the Trust and this is due to the high level of support they receive.</p> <p data-bbox="351 1198 1276 1814">SM asked how GA has engendered a culture of openness in the team and how staff at all levels are encouraged to raise concerns. GA advised that she is very proud to be working on a presentation for the HSJ awards in relation to the 'change in culture' shortlist. Lots of work has been carried out, with the support of NM to ensure there are opportunities for all staff to raise issues. These include the bi-weekly production board which is well attended by the Board and all staff levels. A daily huddle takes place where the whole department comes together to discuss acuity and any delays in medical reviews. The Birmingham Symptom-specific Obstetric Triage System (BSOTS) has been introduced for triage to ensure patients are seen in the timeliest manner. There are maternity safety champions in place at every level and GA noted the importance of every voice being heard. There are some incidents which have been investigated and because of the open culture, learning can be taken and shared. All internal and external stakeholders are of the same view, therefore GA summarised that this is good evidence that the team is doing things in the right way.</p> <p data-bbox="351 1836 1276 1915">The Trust Board RECEIVED ASSURANCE from the information provided.</p>	
HTB 20/102	<p data-bbox="351 1937 1276 1982">FREEDOM TO SPEAK UP GUARDIAN BI-ANNUAL REPORT</p> <p data-bbox="351 1982 1276 2123">LS joined the meeting. She summarised the focus of work over the last 6 months, including the continued focus on raising the profile of role of the Freedom to Speak Up Guardian. Six new confidential contacts have requested to join the team and generally the Trust is</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
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feeling more open. There is a view from staff that an anonymous route for raising concerns would be beneficial, however LS noted her concerns on the lack of openness as a result of this.

In addition, LS noted that internal networking continues and dashboard reports have been received from Occupational Health on key concerns. Speaking Up Month is scheduled for October, however this may be delayed. The Freedom to Speak Up self-review tool is still being worked on and will go to the Board for further review in due course. LS continues to support staff through Covid-related concerns.

JG confirmed that he is content with the progress made on Freedom to Speak Up and SM added that the impact of the recent staff question and answer sessions has demonstrated that there is no single mechanism, but a number of channels required to contribute to success in this area.

Trust Board **RECEIVED ASSURANCE** from the report.

HTB 20/103

ANNUAL GOALS

JR introduced the report, informing that the Covid pandemic has been the primary focus of the Trust in recent months. The focus is now on resetting and restoring activity. The learning taken from the Trust response to the pandemic have informed the goals for 2020/21 and the goals have been identified as:

- Top performing teaching Trust in the country for accessibility and infection control
- Ensure support, engagement and development of staff to deliver high quality care
- Ensure we maintain public and patient confidence in our ability to deliver quality care
- Strategy to ensure our patient administration processes are best in class

These goals will be communicated to the organisation on 31 July via the Chief Officer Forum.

In response to a query from JG, JR confirmed that the goals had been identified and developed with full engagement with the groups and staff. The outcome is in line with staff feedback and it is felt that the goals are right for the organisation.

SM gave her views on the language and sentiment of the first goal (top performing teaching Trust) and requested that in future, consideration be given to how such sentences are expressed; the way this goal is articulated suggests that UHCW is in competition with other Trusts and SM would prefer the message conveyed is one NHS as a whole and demonstrates the desire for all trusts to do well against a standard of excellence rather than in competition with each other.

In response to a query from AI, JR confirmed that a set of metrics sits under each goal and those will be used to ensure the Trust can hold itself to account. In addition, it was confirmed that LLOS is

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>fundamental to performance and is one of the metrics that will underpin performance on accessibility and infection control. LC added that LLOS will not lose focus, however a new definition of 'reasons to reside' is likely to overtake LLOS as a priority.</p> <p>The Trust Board APPROVED the annual goals.</p> <p>BREAK</p>	
HTB 20/104	<p>BOARD ASSURANCE FRAMEWORK (BAF) AND CORPORATE RISK REGISTER</p> <p>GS introduced the report, which is provided to the Board three times per year. The Audit and Risk Assurance Committee recently commissioned a piece of work in relation to improving understanding of the BAF and compliance. The recommendation is that a working group is set up which will develop proposals around ensuring risks are being managed effectively. The BAF and Corporate Risk Register items will be appropriately allocated between Finance, Resource and Performance Committee, Quality and Safety Committee and Audit and Risk Assurance Committee.</p> <p>AI added that the proposals have been discussed in detail at Audit and Risk Assurance Committee and the view is that with new non-executive directors in place and the changing operating environment, now is a good opportunity to step back to reflect on the process and ensure the Board is provided with the appropriate level of assurance on key risks.</p> <p>JG expressed his concerns on the current management of the risks and, noted the impracticality of the length of the BAF/Corporate Risk Register documentation and that it cannot be effectively covered without the appropriate amount of time being allocated to the agenda item. He also referred to one particular example of concern within the BAF where the risk narrative appears to be incorrect and JG therefore questioned if the Corporate Risk Register is being managed effectively. NM confirmed that the information included for this particular risk was incorrect, provided assurance that the risk has been mitigated and apologised for the inaccuracy.</p> <p>The management of Covid risks was discussed and it was confirmed that these would be recorded separately within the register. SM added that further assurance is provided on Covid risks by way of operational reports provided by LC.</p> <p>SM summarised that it is important for the work of the working group to commence as a priority and that future discussions will be facilitated once that review has taken place. Timelines were discussed and AI said he hoped that a report on the review would be brought to Trust Board in November.</p> <p>No other specific risks were raised and the Trust Board NOTED the content of the report.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
HTB 20/105	<p>MEDICAL REVALIDATION AND APPRAISAL ANNUAL REPORT</p> <p>DW summarised the content of the report. The appraisal process continues to be embedded and compliance continues to increase. 204 individuals were recommended for revalidation in 2019/20. Covid has caused some delay to both the appraisal and revalidation processes.</p> <p>Trust Board NOTED the content of the report. The Board reviewed the Statement of Compliance and this was APPROVED.</p>	
HTB 20/106	<p>MORTALITY (SHMI AND HSMR) PERFORMANCE UPDATE (Q4 JUNE 2020)</p> <p>DW provided a summary of the report, advising that the process of reviewing mortality performance is well embedded. He summarised the data on the mortality review, mortality indicators (HSMR) and Covid-19 deaths.</p> <p>DW also advised that the Medical Examiner role is now in place and serves to support the death certification process. This has been particularly beneficial in during the pandemic. The process for Structured Judgement Reviews was explained, as outlined in the report.</p> <p>DW reported that HSMR data is of a concern and indicates a 'higher than expected' range. Improvements in HSMR were being seen up until 18 months ago but this appears to be deteriorating and a review is being undertaken on the reasons for this. Accurate clinical coding has already been identified as a potential issue and there is work underway to ensure that clinicians have full understanding of the coding process. A head clinical coder has recently been appointed who will support in this process.</p> <p>BS noted that clinical coding has been an issue for some time and requested a paper be brought to Quality and Safety Committee to explore this fully.</p> <p>SM acknowledged the difficulties being encountered and thanked the teams involved in finding a resolution.</p> <p>The Trust Board RECEIVED ASSURANCE from the report.</p>	<p>KM</p>
HTB 20/107	<p>SAFEGUARDING ANNUAL REPORT 2019/20</p> <p>NM outlined the content of the report, summarising the key points from children's safeguarding. The main category of reported abuse remains 'emotional abuse'. Good escalation routes are in place, however challenges are experienced when volumes increase. Children's safeguarding training for levels 1 / 2 is above 95% and level 3 is at 94.15%.</p> <p>For adults, the main category of abuse is neglect/self neglect. A move to an electronic system for recording 'Do Not Attempt</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>Cardiopulmonary Resuscitation' (DNACPR) preferences has had a positive impact on compliance. Training compliance stands at 95% for level 1 and 93% for level 2.</p> <p>GD added that the Trust is well represented in Coventry and Warwickshire Safeguarding structures and requested that this be made clearer in future reports.</p> <p>In response to a query from JG on the low compliance rate for health visitors being informed where a child is under the age of 5, NM confirmed that action is being taken on this and that the figures will be reported to the QSC on a quarterly basis</p> <p>The Trust Board RECEIVED ASSURANCE from the report.</p>	
HTB 20/108	<p>SERIOUS INCIDENT AND NEVER EVENT REPORT</p> <p>MH confirmed that the report was discussed in detail at Quality and Safety Committee (QSC) last week. There has been a notable reduction in the number of falls and no never events have taken place.</p> <p>Members of QSC have discussed future reporting of serious incidents and how the data can be streamlined and enhanced.</p> <p>Trust Board RECEIVED ASSURANCE from the report.</p>	
HTB 20/109	<p>END OF LIFE CARE ANNUAL UPDATE</p> <p>NM provided the update, highlighting the areas of outstanding practice such as Compassionate Communities, the Dove Academy, cross Coventry working and Trust-wide education. NM also drew attention to the priorities for the coming year as outlined in the report.</p> <p>SM queried the impact of Covid-19 on the normal business of the palliative care team. NM advised that the requirement for the team to maintain high levels of infection prevention and control increased and therefore the donning and doffing of PPE impacted the team in terms of time. Also, in the early stages of the pandemic, the team realised the need to move to 7-day working and this service extension was implemented effectively. The team also spent more time on wards that they would not usually frequent as regularly, such as those patients situated on respiratory wards and critical care. The volume of patients had clearly increased in those two specialities.</p> <p>Trust Board RECEIVED ASSURANCE from the report.</p>	
HTB 20/110	<p>MEDICAL EDUCATION REPORT</p> <p>DW acknowledged the support students have provided to the Trust during the Covid-19 pandemic and thanked them for this. He outlined the content of the report, in particular noting the actions taken on redeployment of trainee doctors as part of the Covid response, employment of Warwick Medical School (WMS) students,</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>restoration planning and changes to training programmes. Positive feedback has been received from WMS students working with the Trust and DW added that Leicester University has approached the Trust in relation to accommodating medical student placements.</p> <p>DW also noted that new ways of working, such as remote consultation, could compromise the training opportunities available to students. BS added that the Trust has an obligation to ensure that no student is left at a disadvantage due to this unintended consequence of Covid.</p> <p>BS commended junior doctors, undergraduates, medical administrations teams, nurses and students for their response during the pandemic.</p> <p>GD highlighted that one constraining factor of the expansion of medical education is that of placement capacity. In particular, he noted concern that if placements are offered to other areas and regions, this would come at a cost to the placement opportunities for existing partnerships such as that with WMS. DW acknowledged the potential impact and confirmed this is being considered in relation to the approach from Leicester.</p> <p>Trust Board RECEIVED ASSURANCE from the report.</p>	
HTB 20/111	<p>COMPLAINTS AND PALS ANNUAL REPORT 2019/20</p> <p>MH advised that as a result of the actions undertaken last year to reinforce the complaints team and its processes, the improvements in complaint responses has been sustained and there has been a consistent reduction in the number of formal complaints received. There has however been an increase in the number of informal complaints received via the PALS team.</p> <p>Trust standards for complaint responses were met, however 18% of complaints were returned for further local resolution. Work will be undertaken to understand the reasons for this. A small number of complaints were also referred to the Parliamentary and Health Service Ombudsman</p> <p>Key themes for complaints are related to administration, communication and treatment. Administration is one of the Trust's annual goals and work will be undertaken to triangulate complaint data. This will be reported back to Quality and Safety Committee.</p> <p>JMG requested a breakdown of complaint activity versus hospital activity and details of complaints related to cancellations, in order to provide additional context.</p> <p>CM noted that it would be useful to include detail of compliments and positive comments received into the Trust. It was AGREED that these should be reported in future, acknowledging that there will need to be some work done on the mechanism for gathering these as they come via a number of different routes.</p>	<p>MH</p> <p>MH</p>

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>KM noted that focussed work has taken place on values and behaviours demonstrated by staff and that this topic has now dropped out of the top five primary topics of complaint.</p> <p>SM commended the improvement in performance and the Trust Board APPROVED the report.</p>	
HTB 20/112	<p>INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK</p> <p>NM summarised the content of the report, drawing out the key points related to new antibiotic prescribing guidance, cleaning protocols, 7-day microbiology service and the high number of side rooms within the Trust which supports the Trust's ability to keep patients safe. NM added that the CQC feedback on the report has been positive.</p> <p>BS thanked ISS for their support during the pandemic.</p> <p>Trust Board RECEIVED ASSURANCE from the report.</p>	
HTB 20/113	<p>HEALTH AND SAFETY ANNUAL REPORT 19/20</p> <p>LD joined the meeting and summarised the content of the report. In response to a query from SM regarding pedestrians cutting across ambulance areas, LD confirmed that actions have been put in place to reiterate the safety message, such as installation of improved signage and lighting.</p> <p>AI raised a query on fire stopping compartmentation and LD confirmed that the Emergency Department continues to be the main area of challenge and this is being addressed. Remedial work is being carried out in the areas where standards are not quite at the level required.</p> <p>Trust Board RECEIVED ASSURANCE from the report.</p>	
HTB 20/114	<p>PUBLIC TRUST BOARD ANNUAL WORK PROGRAMME 2020/21</p> <p>GS advised that the work programme covers the regular items and informed that he will provide a forward look agenda to each Trust Board.</p> <p>The draft Work Programme was NOTED.</p>	GS
HTB 20/115	<p>AUDIT AND RISK ASSURANCE COMMITTEE MEETING REPORT</p> <p>AI summarised the key issues discussed at the meeting were the internal audit recommendations and the review of the Board Assurance Framework, for which the working group will report back to the Board in due course. AI added that the work of the Audit and Risk Assurance Committee will evolve over time, however he is keen to ensure that it works hand in hand with the other committees to ensure that collective assurance is provided to the Trust Board, without duplication.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	The report was RECEIVED and NOTED.	
HTB 20/116	APPROVED FINANCE, RESOURCES AND PERFORMANCE COMMITTEE MINUTES 18 JUNE 2020	
	The minutes were RECEIVED and NOTED.	
HTB 20/117	FINANCE, RESOURCES AND PERFORMANCE COMMITTEE MEETING REPORT	
	The report was RECEIVED and NOTED.	
HTB 20/118	APPROVED QUALITY AND SAFETY COMMITTEE MINUTES 18 JUNE 2020	
	The minutes were RECEIVED and NOTED.	
HTB 20/119	QUALITY AND SAFETY COMMITTEE MEETING REPORT	
	The report was RECEIVED and NOTED.	
HTB 20/120	QUESTIONS FROM MEMBERS OF THE PUBLIC	
	There were no questions raised.	
HTB 20/121	DATE AND TIME OF NEXT MEETING	
	The next meeting will take place on Thursday 24 September 2020 in the Clinical Sciences Building, UHCW NHS Trust	

SIGNED
	CHAIR
DATE

PUBLIC TRUST BOARD MASTER ACTION MATRIX 2020/21



Meeting Date	Item	Minute Reference	Action	Lead Officer	Deadline	Update
30-Jul-20	Mortality (SHMI and HSMR) Performance Update (Q4 June 2020)	HTB 20/106	BS noted that clinical coding has been an issue for some time and requested a paper be brought to Quality and Safety Committee to explore this fully.	KM	Sep-20	This item has been included on the Quality and Safety Committee agenda on 22 October 2020
30-Jul-20	Complaints and PALS Annual Report 19/20	HTB 20/111	JMG requested a breakdown of complaint activity versus hospital activity and details of complaints related to cancellations, in order to provide additional context.	MH	24-Sep-20	An update will be provided within the Patient Experience Report to Trust Board on 24 September 2020.
30-Jul-20	Complaints and PALS Annual Report 19/20	HTB 20/111	CM noted that it would be useful to include detail of compliments and positive comments received into the Trust. It was AGREED that these should be reported in future.	MH	24-Sep-20	An update will be provided within the Patient Experience Report to Trust Board on 24 September 2020.
30-Jul-20	Public Trust Board Annual Work Programme 2020/21	HTB 20/114	GS advised that the work programme covers the regular items and informed that he will provide a forward look agenda to each Trust Board.	GS	24-Sep-20	Forward look agenda added to meeting planner as standing item

Deadline Key:	Not started
	In Progress
	Overdue
	Completed

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Chair's Report
Executive Sponsor	Dame Stella Manzie, Chair
Author	Dame Stella Manzie, Chair
Attachments	None
Recommendation(s)	Trust Board is asked to NOTE the report

EXECUTIVE SUMMARY

This report outlines the commitments I have undertaken since the last Trust Board meeting. We have been in a phase when on the one hand the country has been trying to return to more normal working, including the restoration of the full range health services, while at the same time the incidence of COVID 19 infection has been creeping up again. National guidance continues to mean that most meetings have been conducted virtually but I have returned both to University Hospital and Rugby St Cross in a careful and socially distanced way.

With the secondment of Chief Executive Andy Hardy to the Department of Health and Social Care to work on point of care COVID 19 testing, Kiran Patel and I have maintained the usual dialogue on a day to day basis and as Andy continues to be involved in system-wide working those conversations have continued too.

In terms of Covid-19 I have continued to participate in the roughly fortnightly Midlands Provider Chairs and CCG Chairs calls with Dale Bywater (NHSE/I Midlands Regional Director) (once substituted by Vice chair Jerry Gould – thank you Jerry), and in regard to the Coventry and Warwickshire Care Partnership (the STP) there have continued to be chairs' calls with Chris Ham (STP Chair) and I have had informal contact with other chairs outside those meetings. Some of these discussions have related to the Phase 3 plan requirements of the NHS. Other virtual meetings I have attended have included the Warwickshire Health and Well-Being Board on 15th September and the NHS Providers Chairs and Chief Executives Network event 8th September.

Following on from our promise to understand our staff's experience of working at UHCW and how racism and discrimination has affected them, we have undertaken several Listening Events to promote an open and honest dialogue with Trust Board members around the issues being experienced. I have also been involved in meeting the UHCW BAME Network with the Chief Executive, Chief Workforce and Information Officer and Deputy Chief Workforce and Information Officer. Following these discussions we will be working in collaboration with a range of staff on what actions we need to take.

Other internal meetings have included a discussion around Strategy Development and a dialogue around the health inequalities agenda. I have undertaken the appraisal of the Chief Executive Officer and agreed some objectives for the coming year. Later this month my own appraisal will be undertaken, facilitated according to NHS guidelines by fellow Board member Brenda Sheils.

Having celebrated the contribution of Karen Martin (Chief Workforce and Information Officer and

Deputy Chief Executive) to the Trust and to the NHS more widely on 13th August as she retired, myself and other Trust Board members were involved in the recruitment process for the new Chief People Officer on 10th September. Many congratulations to Donna Griffiths who was appointed to the role.

I was delighted to be able to meet with Janine Beddows (Site Manager) and senior staff from Cedar Ward and from Day Surgery at Rugby St Cross on 2nd September. It gave me the opportunity to repeat personally the sadness and condolences of the Board with respect to the passing away of Leilani Dayrit, a nurse on Cedar Ward. While walking round the hospital I also met other staff members including a member of the ISS team responsible for the cleanliness of the "green channel" into the hospital.

And finally, I participated in the regular Coventry and Warwickshire Champions meeting, the networking meeting of key players in the sub-region, which is now conducted virtually.

As a result of my local discussions and the various sub-regional and regional meetings I have participated in, I am very aware as all colleagues will be, of the complexity of the agenda facing this Trust and all NHS organisations at this time. The demands of reconciling high levels of infection control and fully restoring services, while also dealing with higher levels of absence than usual due to shielding and other precautions, are many. Thank you to all those at the Trust who are doing their utmost to meet those demands, often using new techniques and ways of delivering health care.

Dame Stella Manzie

PREVIOUS DISCUSSIONS HELD

Not applicable

KEY IMPLICATIONS

Financial	There are a range of financial issues being discussed as a result of restoration of services
Patient Safety or Quality	Personal visits to hospital premises are part of assurance about patient care and quality although increasingly some of these may need to be conducted virtually
Human resources	There are a number of human resources challenges facing the Trust and these are being addressed by the Executive Team
Operational	A number of the meetings attended by the Chair related to operational (and strategic) issues.

REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020

Subject Title	Chief Executive Officer Update
Executive Sponsor	Chief Executive Officer
Author	Kiran Patel, Chief Executive Officer
Attachment(s)	None
Recommendation(s)	Trust Board is asked to RECEIVE ASSURANCE from the report and to RATIFY the consultant appointments listed on page 2.

EXECUTIVE SUMMARY

This paper provides an update to the Board in relation to the work undertaken by the Chief Executive Officer each month and gives the opportunity to bring key issues in relation to areas within their respective portfolios and external issues to the attention of the Board.

The Chief Executive Officer has provided brief details of his key areas of focus during August and September 2020.

Professor Kiran Patel – Acting Chief Executive Officer

Since the last Board meeting Andy Hardy has been invited by the Government to take up a national role on Point of Care testing for Covid-19, which will involve Andy undertaking a 4-month secondment to the Department of Health which started on Monday 10th August. Andy will continue to be based at UHCW and will remain as Coventry and Warwickshire's Sustainability and Transformation (STP) Lead, he will also be involved in a select number of UHCW commitments which he will need to remain involved with. In the interim, I have been appointed as Deputy CEO and, will act as, Acting Chief Executive Officer and I will be supported by Justine Richards who has been appointed as the Acting Deputy CEO following the retirement from the NHS of Karen Martin (Chief Workforce and Information Officer / Deputy CEO) on 13th August.

As the Trust continues to restore its services across both University Hospital and Rugby St Cross there a number of Covid-19 related commitments which the Chief Executive has attended, these include the NHS Midlands Leaders Update calls with Dale Bywater (NHSE/I Midlands Regional Director), an evaluation interview in conjunction with NHS and the Virginia Mason Institute (conducted through Warwick Business School) around UHCWi and Covid, and an on-line Q&A session through Coventry and Warwickshire First which looks to share experiences and thinking. The Trust also participated in an international Global Health Data at Work (GHD@W) webinar looking at preparedness for a second wave, combined also with flu season, continuing regular care and motivating personnel. Plus, August saw Andy visiting the Emergency Department, Critical Care and Theatres delivering the last of the Hero Boxes to members of staff within the areas.

Andy has continued to be involved in the regular Partnership Executive Group, an 'away day' (STP related), a Coventry and Warwickshire 'Lessons Learnt' review, Andy has also participated in the virtual Coventry and Warwickshire ICS Development meeting, sat on the Non-Clinical Stakeholder

Panel for the recruitment of the Coventry and Warwickshire Accountable Officer role, the VMI Transformation Guiding Board and VMI CEOs Vision for the future of the partnership and partnership goal planning, the NHSE/I Integrated Improvement Offer Programme Advisory Board. Other external commitments Andy has virtually attended include CIPFA Open Forum, CIPFA Commercial Board, CIPFA AFEP / CFO Retreat Webinar and the GHD@W Management Team.

NHSE/I related meetings attended have included the NHS Midlands Leadership Team meeting and a national actions meeting to tackle health inequality.

Other internal meetings have included on-going discussions around vertical integration and digitisation opportunities, meetings with Mark Pawsey (MP for Rugby) and Taiwo Owatemi (MP for Coventry North West), meeting with representatives from Neurosurgery, and a meeting with Mannie Ketley re Rugby Town Centre.

Following the retirement from the NHS by Karen Martin (Chief Workforce and Information Officer), Chief Officers have been involved in the appointment of the new Chief People Officer.

And finally Myself, Andy and other members of the Board have attended a series of Listening Events to hear first-hand the kind of racism and discrimination that our valued BAME colleagues are experiencing within the workplace. The Trust is determined to address this inequality and ensure all of our work colleagues experience the respect they rightfully deserve.

Consultant Appointments:

Through the nominated Chief Executive Representative and other Committee Members, the Trust Board is advised to note and ratify the following appointments:

Appointed Candidate

Dr Nishant Gangil - Consultant Cardiologist with an interest in Structural & Coronary Intervention
(N.B. this candidate was appointed as a locum consultant until the doctor completes the process to obtain CCT in UK as is an overseas candidate)

Dr Awolkhier Mohammedseid Nurhussien – Consultant in Stroke Medicine

Dr Valarmathy Kandavel – Consultant Obstetrician and Gynaecologist with interest in sub-fertility

KEY IMPLICATIONS

Financial	None
Patients Safety or Quality	None
Human Resources	None
Operational	None

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Integrated Quality, Performance and Finance Report (IQPFR) 2020-21 (Month 5)
Executive Sponsor	Donna Griffiths, Chief People Officer
Author	Daniel Hayes, Director of Performance & Informatics
Attachment(s)	IQPFR – reporting period August 2020
Recommendation(s)	Trust Board is asked to RECEIVE ASSURANCE from the report

EXECUTIVE SUMMARY

The attached Integrated Quality, Performance & Finance Report covers the reported performance for the period ending 31st August 2020.

The Trust has achieved 13 of the 26 ragged indicators reported within the Trust's performance scorecard. The Trust scorecard aligns Trust level indicators with the objectives outlined in the Trusts 2018-2021 Organisational Strategy.

Some national submissions have been suspended due to the pandemic. Where possible the KPI remains reported within scorecards.

Key indicators in breach are the Trusts performance against:

- 18 Weeks Referral to Treatment Time
- RTT 52 Week Waits Incomplete
- Diagnostic Waiters 6 Weeks and Over

Key indicators achieving the target include:

- Average Number of Long Length of Stay Patients
- Complaints Turnaround
- All Grant Income

The Trust delivered performance of 91.0% for August for the four hour standard below the national standard of 95%. This is a deterioration of 2.1% from last month. UHCW was above the benchmarked position for England and the Midlands.

The RTT incomplete position remains below the 92% national target and stands at 33.5% for July. The average weeks wait was 22.

The Trust continues to see an increase in RTT 52 Week wait patients as a result of service

changes required in response to Covid-19. There were 475 breaches reported for July. This compares to a national average of 409.

The cancer Two Week Wait, 31 day diagnosis to treatment, 62 day referral to treatment and 62 day screening targets were not achieved in July

HSMR is reported at 105.38 which is within Dr Foster's calculated relative risk range.

The average number of long length of stay patients was 90.

At Month 5, the Trust reported a break even position, £0.2m favourable against a plan deficit of (£0.2m).

PREVIOUS DISCUSSIONS HELD

Standard monthly report to Trust Board

KEY IMPLICATIONS

Financial	Deliver value for money and compliance with NHSI
Patients Safety or Quality	NHSI and other regulatory compliance
Human Resources	To be an employer of choice
Operational	Operational performance and regulatory compliance



**University Hospitals
Coventry and Warwickshire**
NHS Trust

Integrated Quality, Performance and Finance Reporting Framework

Reporting period: August 2020

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13 KPIs achieved the target in August

	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Safest care and excellent experience	7	0	0	7
Leader in operational performance	2	8	0	10
Model employer	1	1	2	4
Achieve financial sustainability	0	0	0	0
Frontrunner in research innovation and education	3	1	1	5
All domains	13	10	3	26

KPI Hotspot

What's Good?

Average Number of Long Length of Stay Patients
Complaints Turnaround
All Grant Income

What's Not So Good?

Diagnostic Waiters 6 weeks and over
18 Weeks Referral to Treatment Time
RTT 52 Week Waits Incomplete

The Trust has achieved 13 of the 26 rag rated indicators reported within the Trust's performance scorecard. The Trust scorecard aligns Trust level indicators with the objectives outlined in the Trusts 2018-2021 Organisational Strategy. Some national submissions have been suspended due to the pandemic. Where possible the KPI remains reported within scorecards.

The Trust delivered performance of 91.0% for August for the four hour standard below the national standard of 95%. This is a deterioration of 2.1% from last month. UHCW was above the benchmarked position for England and the Midlands.

The RTT incomplete position remains below the 92% national target and stands at 33.5% for July. The average weeks wait was 22.

The Trust continues to see an increase in RTT 52 Week wait patients as a result of service changes required in response to Covid-19. There were 475 breaches reported for July. This compares to a national average of 409.

The cancer Two Week Wait, 31 day diagnosis to treatment, 62 day referral to treatment and 62 day screening targets were not achieved in July

HSMR is reported at 105.38 which is within Dr Foster's calculated relative risk range.

The average number of long length of stay patients was 90.

At Month 5, the Trust reported a break even position, £0.2m favourable against a plan deficit of (£0.2m).

Trust Scorecard

Reporting Month August 2020

DoT
↑ Improving
→ No change
↓ Falling

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

Target Type
National Target
Regional Target
Local Target

Trust Board Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Trend	
Safest care and excellent experience									
Infection Control									
	Healthcare associated incidents of Clostridioides difficile - Cumulative	20	30	↓			CNO		
	MRSA Bacteremia - Trust Acquired - Cumulative	0	0	→	0	0	CNO		
Safe Care									
	Never Events - Cumulative	0.0	0.0	→	0	0	CMO		
	Serious Incidents - Number	11	11	→	15	15	CQO		
	HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	119.33	105.38	↑	RR	RR	CMO		
	SHMI - Quarterly (6 months in arrears)	1.08	110.21	↓	RR	RR	CMO		
	Average Number of Long Length of Stay Patients	69	90	↓	109	109	CNO		
Patient Experience									
	Friends & Family Test - Recommender Targets Achieved	N/A	N/A		7	7	CQO		
	Complaints Turnaround <= 25 Days (1 month in arrears)	100%	98%	↓	90%	90%	CQO		
Leader in operational performance									
Patient Flow									
	Emergency Care 4 Hour Wait	93.1%	91.0%	↓	95%	95%	COO		
	Bed Occupancy Rate - KH03 (3 months in arrears)	64.2%	64.2%	→	93%	93%	COO		
	Delayed Transfers as a Percentage of Admissions	N/A	N/A		3.5%	3.5%	COO		
	Breaches of the 28 Day Readmission Guarantee	1	3	↓	0	0	COO		
	Diagnostic Waiters - 6 Weeks and Over	22.99%	17.40%	↑	1%	1%	COO		
RTT									
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	41.8%	33.5%	↓	92%	92%	COO		
	RTT 52 Week Waits Incomplete (1 month in arrears)	234	475	↓	0	0	COO		
	Last Minute Non-clinical Cancelled Operations - Elective	0.3%	0.4%	↓	0.8%	0.8%	COO		
Cancer									
	Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	82.12%	75.13%	↓	85%	85%	COO		
	Cancer 104+ Day Waits (1 month in arrears)	10.0	10.0	→	0	0	COO		
	National Cancer Standards Achieved (1 month in arrears)	5	4	↓	8	8	COO		

RR = Relative Risk : The target for this indicator uses the relative risk as calculated by Dr Foster. The performance is classed as achieving target if the UHCW value is either below or within the expected range.

Trust Scorecard

Reporting Month August 2020

DoT		Target Type
↑ Improving	No Target or RAG rating	National Target
→ No change	Achieving or exceeding target	Regional Target
↓ Falling	Slightly behind target	Local Target
	Not achieving target	
	Data not currently available	
	Annual target breached	

Trust Board Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Trend	
Model employer									
	Mandatory Training Compliance	94.42%	94.50%	↑	95%	95%	CWIO		
	Appraisal - Non-Medical	75.39%	78.91%	↑	90%	90%	CWIO		
	Appraisal - Medical	96.64%	97.89%	↑	90%	90%	CWIO		
	Sickness Rate	4.26%	4.77%	↓	3.99%	3.99%	CWIO		
	Staff Survey - Recommending as a Place of Work (Quarterly)	N/A	N/A		70%	70%	CWIO		
Achieve financial sustainability									
	Income & Expenditure Margin Rating						CFO		
	Forecast Income & Expenditure - £'000						CFO		
	WRP Delivery - £'000						CFO		
Frontrunner in research innovation and education									
	Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	653	767	↑	1050	4261	CMO		
	Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	207	290	↑	300	900	CFO		
	NIHR Research Capability Funding (£000s)	266	266	→	250	1000	CMO		
	Trial Recruitment Income (£000s)	735	735	→	531.25	2125	CMO		
	All Grant Income (£000s)	1111	1111	→	500	2000	CMO		

Some national submissions have been suspended due to the pandemic. Where possible the KPI remains reported within scorecards.

Trust Heatmap

Measure	Reporting Period:							August 2020	
	Emergency Medicine	Medicine	Trauma and Neuro Services	Surgical Services	Women and Children's Services	Clinical Diagnostics Services	Clinical Support Services	Trust	Trust Target
Group Level Indicators									
Safest care and excellent experience									
Healthcare associated incidents of Clostridioides difficile - Cumulative	1	15	3	2	0		0	30	
MRSA Bacteremia - Trust Acquired - Cumulative	0	0	0	0	0		0	0	0
Never Events - Cumulative	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0
Serious Incidents - Number	0	2	5	1	0	3	0	11	15
HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	108.31	92.03	93.63	48.76	314.75			105.38	100
Average Number of Long Length of Stay Patients	1	40	35	8	0	0	6	90	109
Friends & Family Test - Recommender Targets Achieved									7
Complaints Turnaround <= 25 Days (1 month in arrears)	100%	100%	100%	100%	86%	100%	100%	98%	90%
Leader in operational performance									
Emergency Care 4 Hour Wait	90.2%			100.0%	99.8%			91.0%	95%
Breaches of the 28 Day Readmission Guarantee		0	0	3	N/A		N/A	3	0
Diagnostic Waiters - 6 Weeks and Over		36.55%	72.50%	24.76%		5.49%		17.40%	1%
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)		49.8%	24.4%	30.6%	41.7%	46.9%	6.9%	33.5%	92%
RTT 52 Week Waits Incomplete (1 month in arrears)		18.0	118.0	312.0	17.0	0.0	10.0	475.0	0
Last Minute Non-clinical Cancelled Operations - Elective	0.0%	0.0%	1.8%	0.9%	0.0%	0.0%	0.0%	0.4%	0.8%
Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)		88.57%		66.94%	N/A			75.13%	85%
Cancer 104+ Day Waits (1 month in arrears)		0.0	0.0	10.0	0.0			10.0	0
National Cancer Standards Achieved (1 month in arrears)		6	6	3	7			4	8
Model employer									
Mandatory Training Compliance	93.88%	93.89%	92.96%	92.43%	94.16%	94.85%	96.51%	94.50%	95%
Appraisal - Non-Medical	81.92%	79.89%	78.90%	79.34%	89.01%	75.67%	85.29%	78.91%	90%
Appraisal - Medical	94.74%	97.92%	99.10%	98.06%	100.00%	98.41%	96.63%	97.89%	90%
Sickness Rate	5.22%	4.61%	5.04%	4.30%	4.56%	5.43%	4.90%	4.77%	3.99%
Frontrunner in research innovation and education									
Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	604	32	1	0	130	0	0	767	1050

Performance Trends

Improving

(3 months consecutive improvement)

Measure	Target	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
Diagnostic Waiters - 6 Weeks and Over	1%	0.20%	0.12%	0.16%	0.21%	0.19%	0.18%	3.34%	46.78%	35.51%	27.12%	22.99%	17.40%
Mandatory Training Compliance	95%	95.83%	95.67%	95.30%	95.57%	95.59%	95.58%	94.78%	94.18%	93.79%	94.11%	94.42%	94.50%

- Diagnostic Waiters – 6 months and Over continues to improve as services are restored following Covid restrictions
- Mandatory Training Compliance levels are improving each month following a dip during the height of the pandemic. The restoration of face to face training sessions and the introduction of more courses available online has meant that Groups have been able to support staff to complete their mandatory training.

Deteriorating (green indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
Average Number of Long Length of Stay Patients	109	204	211	210	212	229	210	178	71	44	61	69	90

- Average Number of Long Length of Stay Patients has increased over the last three months as the number of inpatients returns to pre-Covid levels. The Trust is working closely with system partners to ensure patients with a length of stay over 14 days are discussed and tracked to help identify and overcome any challenges to progress the discharge from an acute hospital bed.

Deteriorating (red indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	92%	83.8%	83.7%	83.0%	82.3%	80.8%	79.9%	73.4%	64.2%	54.2%	41.8%	33.5%	
RTT 52 Week Waits Incomplete (1 month in arrears)	0	0	0	0	0	0	0	2	25	92	234	475	

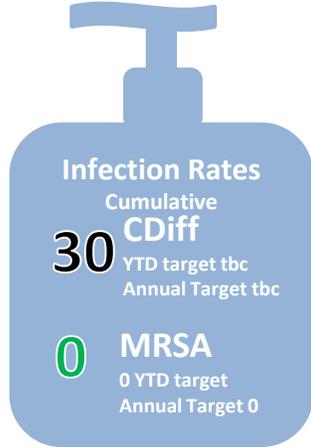
- 18 Weeks Referral to Treatment Time and the number of RTT 52 Week Waiters continues to rise as a result of the changes to services required in response to the Covid-19 pandemic.

Failed Year End Target

- No indicators have failed the year end target.

INFECTION CONTROL

This month 0 MRSA and 10 CDiff cases were reported.



Infection Rates
Cumulative
30 CDiff
YTD target tbc
Annual Target tbc

0 MRSA
0 YTD target
Annual Target 0

- **CDiff** 8 RCAs carried out and reviewed, 3 deemed avoidable. 9 further RCAs have been carried out.
- **MRSA** High Risk Elective Inpatient Screening: **97.5%**
- **MRSA** High Risk Emergency Screening: **92.9%**

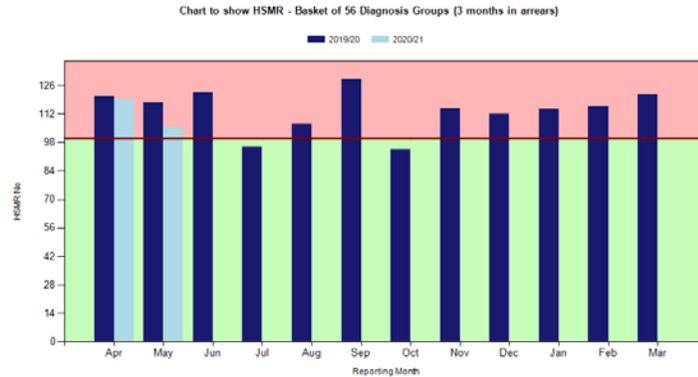
MEDICINE RELATED SERIOUS INCIDENTS



0 medicine related serious incidents have been reported

HSMR

The latest HSMR score reported from Dr Foster is 105.38 for May



Summary

RIDDOR – There were three reported incidents for August: all were for staff for sprains and strains.

HSMR is reported at 105.38 which is within Dr Foster’s calculated relative risk range.

RTT 52 Week wait numbers continue to increase as a result of service changes required in response to Covid-19.



No 12 hour trolley waits

No urgent operations have been cancelled for the second time

RIDDOR



3

Incidents reported for August

4hr Achievement Overview - as at 14/9/2020

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	74.88%	64.36%	55.03%	77.93%
Type 1 Resus	65.51%	53.73%	52.34%	68.91%
Type 1 Paediatrics	95.02%	87.32%	87.57%	95.77%
Local Health Economy	91.03%	85.78%	82.47%	91.91%

98%
Complaints turnaround in <= 25 days
Last month **100%**
Target **90%**

Never Events
0
YTD performance against target of 0

LLOS
Average number of patients with a length of stay 21 days and over:
90
Reason to Reside
Data collection compliance for eligible areas: **75%**
(14/09/2020)

Incomplete RTT pathways
475
(July)
52 Weeks
Previous month **234**
Target **0**

Trust Scorecard – Quality and Safety Committee

Reporting Month August 2020

Quality and Safety Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience									
Patient Outcomes									
	MRSA Bacteremia - Trust Acquired - Cumulative	0	0	↔	0	0	0	CNO	
	Healthcare associated incidents of Clostridioides difficile - Cumulative	20	30	↓				CNO	
	E. Coli - Trust Acquired - Cumulative	17	24	↓	22	51	51	CNO	
	MRSA High Risk Elective Inpatient Screening	95.7%	97.5%	↑	95%	95%	95%	CNO	
	MRSA High Risk Emergency Screening	95.3%	92.9%	↓	90%	90%	90%	CNO	
	Serious Incidents - Number	11	11	↔	15	15	15	CQO	
	Serious Incidents - Overdue	0	1	↓	0	0	0	CQO	
	Medicine related serious incidents	0	0	↔	0	0	0	CQO	
	Reported Harmful Patient Safety Incidents (1 month in arrears)	25.6%	21.2%	↑	24.94%	24.94%	24.94%	CQO	
	CAS Alerts - Overdue	0	0	↔	0	0	0	CQO	
	NCE POD Categorised E Deaths - Cumulative (3 months in arrears)	0	0	↔	2	10	10	CMO	
	Never Events - Cumulative	0.0	0.0	↔	0	0	0	CMO	
	Mixed Sex Accommodation Breaches	0	0	↔	0	0	0	COO	
	HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	119.33	105.38	↑	RR	RR	RR	CMO	
	SHMI - Quarterly (6 months in arrears)	1.08	110.21	↓	RR	RR	RR	CMO	
	Pressure Ulcers Category 3 - Trust Associated (1 month in arrears)	1	1	↔	1	1	1	CNO	
	Pressure Ulcers Category 4 - Trust Associated (1 month in arrears)	0	0	↔	0	0	0	CNO	
	Pressure Ulcers Unstageable Category - Trust Associated (1 month in arrears)	0	2	↓	3	2	2	CNO	
	Falls with Moderate Harm or Above per 1000 Occupied Bed Days	0.09	0.13	↓	0.08	0.08	0.08	CNO	
	Eligible Patients Having VTE Risk Assessment (1 month in arrears)	97.0%	97.0%	↔	95%	95%	95%	CNO	
	Average Number of Long Length of Stay Patients	69	90	↓	109	109	109	CNO	
	Transfer of Patients at Night (UH to Rugby)	0	0	↔	0	0	0	COO	
Patient Experience									
	Friends & Family Test Inpatient Recommenders (Inc. Day Cases)	N/A	N/A		95%	95%	95%	CQO	
	Friends & Family Test Inpatient Coverage (Inc. Day Cases)	N/A	N/A		26%	26%	26%	CQO	
	Friends & Family Test A&E Recommenders	N/A	N/A		87%	87%	87%	CQO	
	Friends & Family Test A&E Coverage	N/A	N/A		15%	15%	15%	CQO	
	Friends & Family Test Outpatient Recommenders	N/A	N/A		95%	95%	95%	CQO	
	Friends & Family Test Outpatient Coverage	N/A	N/A		8%	8%	8%	CQO	
	Maternity FFT Recommenders - 36 weeks	N/A	N/A		97%	97%	97%	CQO	
	Maternity FFT Recommenders - Labour / Birth	N/A	N/A		97%	97%	97%	CQO	
	Maternity FFT Recommenders - Postnatal Hospital	N/A	N/A		97%	97%	97%	CQO	
	Maternity FFT Recommenders - Postnatal Community	N/A	N/A		97%	97%	97%	CQO	
	Maternity FFT No of Touchpoints Achieving a 15% Response Rate	N/A	N/A		4	4	4	CQO	
	Number of Registered Complaints (1 month in arrears)	22	40	↓	33	34	34	CQO	
	Complaints per 1000 Occupied Bed Days (1 month in arrears)	1.11	1.71	↓	0.99	0.99	0.99	CQO	
	Complaints Turnaround <= 25 Days (1 month in arrears)	100%	98%	↓	90%	90%	90%	CQO	

RR = Relative Risk : The target for this indicator uses the relative risk as calculated by Dr Foster. The performance is classed as achieving target if the UHCW value is either below or within the expected range.

Target Type
National Target
Regional Target
Local Target

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

DoT
Improving
No change
Falling

Trust Scorecard – Quality and Safety Committee

Reporting Month August 2020

Quality and Safety Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience									
Theatres									
	Surgical Safety Checklist - WHO	100.00%	100.00%	→	100%	100%	100%	CMO	
National Quality Requirements									
	Valid NHS Number - Inpatients - Cumulative (2 months in arrears)	99.6%	99.0%	↓	99%	99%	99%	COO	
	Valid NHS Number - A&E - Cumulative (2 months in arrears)	99.6%	96.7%	↓	95%	95%	95%	COO	
Operational Quality Measures									
	12 Hour Trolley Waits in Emergency Care	0	0	→	0	0	0	COO	
	Ambulance Handover within 30 Minutes	93.9%	94.6%	↑	100%	100%	100%	COO	
	Ambulance Handover within 60 Minutes	99.9%	100.0%	↑	100%	100%	100%	COO	
	Urgent Operations Cancelled for the Second Time	0	0	→	0	0	0	COO	
	RTT 52 Week Waits Incomplete (1 month in arrears)	234	475	↓	0	0	0	COO	
Leading research based health care organisation									
	Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	653	767	↑	1050	4261	4261	CMO	
	Performance in Initiating Trials - Quarterly	N/A	N/A		80%	80%	80%	CMO	
	Performance in Delivery of Trials - Quarterly	N/A	N/A		80%	80%	80%	CMO	
	Research Critical Findings and Serious Incidents - Quarterly	0	0	→	0	0	0	CQO	
	Peer Reviewed Publications - Calendar Year Cumulative (2 months in arrears)	15	23	↑	93	246	246	CMO	

Some national submissions have been suspended due to the pandemic. Where possible the KPI remains reported within scorecards.

Target Type	
	National Target
	Regional Target
	Local Target

	No Target or RAG rating
	Achieving or exceeding target
	Slightly behind target
	Not achieving target
	Data not currently available
	Annual target breached

DoT	
	Improving
	No change
	Falling

Improving

(3 months consecutive improvement)

Measure	Target	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
Ambulance Handover within 60 Minutes	100%	99.4%	99.5%	98.2%	98.5%	97.7%	98.8%	97.4%	99.8%	99.8%	99.9%	99.9%	100.0%

- A focussed piece of work with ambulance handovers commenced in April. Performance was monitored daily and fed back to clinical teams through huddles. Ambulance performance is also fed back monthly at the Emergency Medicine Board Meeting, alongside weekly meetings with HALO to discuss any delays/themes, with attendance from the other assessment areas within the Trust e.g. MDU/SAU. This work has supported the improvement in these wait times.

Deteriorating

(green indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
Average Number of Long Length of Stay Patients	109	204	211	210	212	229	210	178	71	44	61	69	90
Number of Registered Complaints (1 month in arrears)	33	45	57	40	39	50	62	23	11	15	22	40	

- The Average Number of Long Length of Stay Patients – numbers have increased over the last three months.
- Number of Registered Complaints have begun to rise as services recommence following the Covid response.

Deteriorating

Measure	Target	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020
Falls with Moderate Harm or Above per 1000 Occupied Bed Days	0.08	0.22	0.12	0.06	0.03	0.00	0.03	0.03	0.03	0.00	0.06	0.09	0.13
RTT 52 Week Waits Incomplete (1 month in arrears)	0	0	0	0	0	0	0	2	25	92	234	475	

- Falls with Moderate Harm or Above per 1000 Occupied Bed Days has risen over the last three months. Although falls have slightly increased, it is noted that the inpatient falls remain under the upper centile line. Further falls alarm equipment is being purchased to alert staff in relation to patients trying to mobilise. Learning will also form part of the CMO safety message.

Failed Year End Target

- No indicators have failed the year end target.

Operational Performance | Headlines August 2020

Emergency 4 hour wait:
August 2020 - **91.0%**

Latest benchmarked month:
England – August 89.3%
Midlands – August 88.49%

4hr Achievement Overview - as at 14/9/2020

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	74.88%	64.36%	55.03%	77.93%
Type 1 Resus	65.51%	53.73%	52.34%	68.91%
Type 1 Paediatrics	95.02%	87.32%	87.57%	95.77%
Local Health Economy	91.03%	85.78%	82.47%	91.91%

Diagnostic Waiters 6
Weeks and Over



17.4% : 1713 breaches
across all areas

Summary

Emergency 4 hour wait was 91.0% for August, a deterioration of 2.1% from last month. UHCW was above the benchmarked position for England and the Midlands.

The cancer Two Week Wait, 31 day diagnosis to treatment, 62 day referral to treatment and 62 day screening targets were not achieved in July.

Diagnostic Waiters has seen a steady four month improvement as elective activity continues to increase.

Incomplete RTT pathways

Submitted Position	Inc %	Backlog (Over 18 Weeks)
July 2020	33.5%	19,374
July 2019	85.1%	5,110
YTD UHCW Change	-51.6%	14,264

Latest Benchmarked Month	UHCW	NHS England
June 2020	41.8%	51.7%
June 2019	85.2%	85.8%
Benchmark Change	-43.4%	-34.1%



52 Weeks

475 (July)

**Previous month 234
Target 0**

Ambulance Handover



LLOS

Within 30 minutes : **94.6%**
Within 60 minutes : **100%**

Average number of patients with a length of stay 21 days and over: **90**



No 12 hour trolley waits

Reason to Reside

Data collection compliance for eligible areas: **75%** (14/09/2020)

Cancer standards - July



TWW: **90.7%**
31 day: **94.12%**
62 day: **75.13%**
62 day screening: **0%** (2 shared patients)

10 breaches (14 patients) treated over 104 days

Last minute Non-Clinical Operations – Elective

0.4%
of elective admissions – 17 patients
Last month – 17 patients



Trust Scorecard – Finance, Resources and Performance Committee

Reporting Month August 2020

Finance and Workforce Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience									
Emergency care									
	Emergency Care 4 Hour Wait	93.1%	91.0%	↓	95%	95%	95%	COO	
	12 Hour Trolley Waits in Emergency Care	0	0	→	0	0	0	COO	
	Ambulance Handover within 30 Minutes	93.9%	94.6%	↑	100%	100%	100%	COO	
	Ambulance Handover within 60 Minutes	99.9%	100.0%	↑	100%	100%	100%	COO	
	Delayed Transfers as a Percentage of Admissions	N/A	N/A		3.5%	3.5%	3.5%	COO	
	30 Day Emergency Readmissions (1 month in arrears)	9.1%	8.8%	↑	7.6%	7.6%	7.6%	COO	
	Number of Medical Outliers - Average per Day	41.3	47.0	↓	50	50	50	COO	
	Length of Stay Acute - Average	5.4	5.5	↓	6.8	6.9	6.9	COO	
Non emergency care									
	Last Minute Non-clinical Cancelled Operations - Elective	0.3%	0.4%	↓	0.8%	0.8%	0.8%	COO	
	Breaches of the 28 Day Readmission Guarantee	1	3	↓	0	0	42	COO	
	Urgent Operations Cancelled for the Second Time	0	0	→	0	0	0	COO	
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	41.8%	33.5%	↓	92%	92%	92%	COO	
	RTT 52 Week Waits Incomplete (1 month in arrears)	234	475	↓	0	0	0	COO	
	Diagnostic Waiters - 6 Weeks and Over	22.99%	17.40%	↑	1%	1%	1%	COO	
	Bed Occupancy Rate - KH03 (3 months in arrears)	64.2%	64.2%	→	93%	93%	93%	COO	
Cancer									
	Cancer 2 Week Wait GP Referral to OP Appointment (1 month in arrears)	94.80%	90.70%	↓	93%	93%	93%	COO	
	Cancer 2 Week Wait Breast Symptom (1 month in arrears)	98.46%	100.00%	↑	93%	93%	93%	COO	
	Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	90.86%	94.12%	↑	96%	96%	96%	COO	
	Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	89.39%	94.00%	↑	94%	94%	94%	COO	
	Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	100.00%	100.00%	→	98%	98%	98%	COO	
	Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	98.89%	96.82%	↓	94%	94%	94%	COO	
	Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	82.12%	75.13%	↓	85%	85%	85%	COO	
	Cancer 62 Day Screening Standard (1 month in arrears)	100.00%	0.00%	↓	90%	90%	90%	COO	
	Cancer 62 Day Consultant Upgrades (1 month in arrears)	87.5%	88.5%	↑	85%	85%	85%	COO	
	Cancer 104+ Day Waits (1 month in arrears)	10.0	10.0	→	0	0	0	COO	

Target Type
National Target
Regional Target
Local Target

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

DoT
Improving
No change
Falling

Trust Scorecard – Finance, Resources and Performance Committee

Reporting Month August 2020

Finance and Workforce Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience									
Theatre Productivity									
	Theatre Efficiency - Main	56.7%	63.0%	↑	85%	85%	85%	COO	
	Theatre Efficiency - Rugby	48.5%	60.5%	↑	85%	85%	85%	COO	
	Theatre Efficiency - Day Surgery	51.3%	48.3%	↓	85%	85%	85%	COO	
	Theatre Utilisation - Main	67.9%	76.7%	↑	85%	85%	85%	COO	
	Theatre Utilisation - Rugby	54.6%	73.0%	↑	85%	85%	85%	COO	
	Theatre Utilisation - Day Surgery	63.4%	65.1%	↑	85%	85%	85%	COO	
	Surgical Safety Checklist - WHO	100.00%	100.00%	↔	100%	100%	100%	CMO	
	Theatre Lists Started within 15 mins of Start Time	21.8%	25.3%	↑	75%	75%	75%	COO	
Deliver value for money									
	Capital Service Cover Rating							CFO	
	Liquidity Rating							CFO	
	Income & Expenditure Margin Rating							CFO	
	Variance from Control Total Rating							CFO	
	Forecast Income & Expenditure - £'000							CFO	
	Agency Rating							CFO	
	Trust Financial Risk Rating							CFO	
	WRP Delivery - £'000							CFO	
	YTD Income & Expenditure Trust - £'000	0	0	↔	0			CFO	
	Agency Expenditure (£'000)	803	1337	↓	1903			CWIO	
Employer of choice									
	Appraisal - Non-Medical	75.39%	78.91%	↑	90%	90%	90%	CWIO	
	Appraisal - Medical	96.64%	97.89%	↑	90%	90%	90%	CWIO	
	Mandatory Training Compliance	94.42%	94.50%	↑	95%	95%	95%	CWIO	
	Sickness Rate	4.26%	4.77%	↓	3.99%	3.99%	3.99%	CWIO	
	Staff Turnover Rate	9.81%	9.39%	↑	10%	10%	10%	CWIO	
	Vacancy Rate Compared to Funded Establishment	12.23%	12.34%	↓	10%	10%	10%	CWIO	
	Staff Survey - Recommending as a Place of Work (Quarterly)	N/A	N/A		70%	70%	70%	CWIO	
Leading research based health care organisation									
	Submitted Research Grant Applications - Quarterly - Cumulative	40	40	↔	33.5	134	134	CMO	
	Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	207	290	↑	300	900	900	CFO	
	NIHR Research Capability Funding (£000s)	266	266	↔	250	1000	1000	CMO	
	Trial Recruitment Income (£000s)	735	735	↔	531.25	2125	2125	CMO	
	All Grant Income (£000s)	1111	1111	↔	500	2000	2000	CMO	

Some national submissions have been suspended due to the pandemic. Where possible the KPI remains reported within scorecards.

Target Type
National Target
Regional Target
Local Target

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

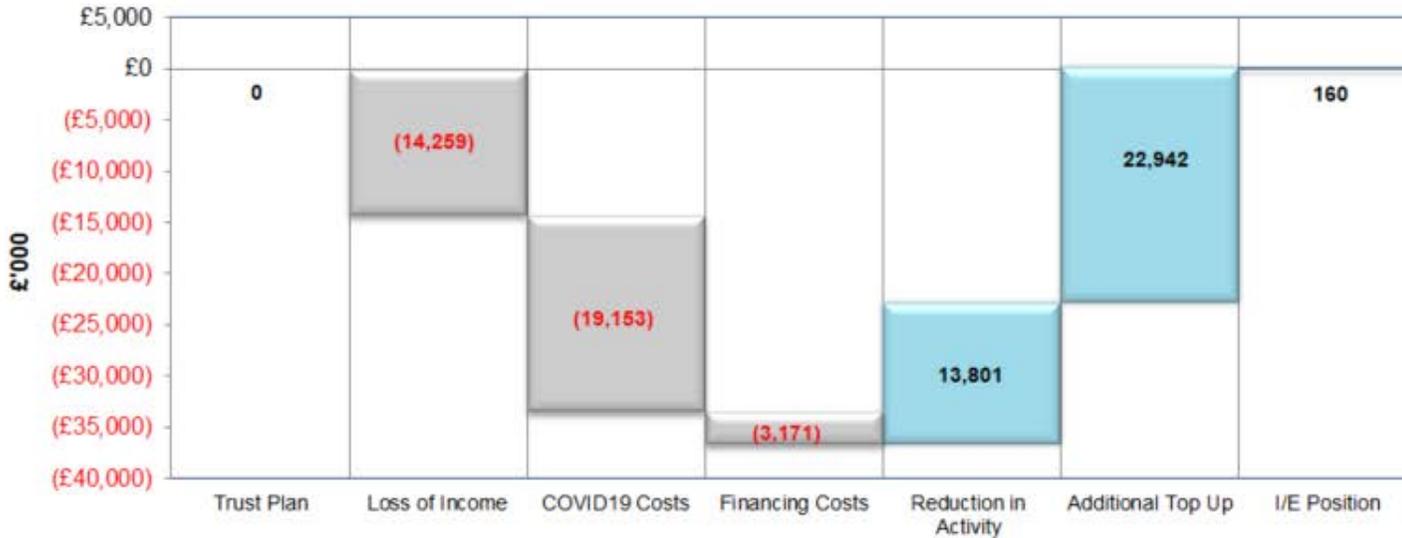
DoT
Improving
No change
Falling

Integrated Finance Report | Finance Headlines

Reporting Month: August 2020

At Month 5, the Trust reported a break even position, £0.2m favourable against a plan deficit of (£0.2m). Additional costs incurred for COVID and loss of Income due to COVID are funded by an additional top up of income.

Trust Position Post Technical Adjustment (control total)



Movements on the waterfall include a shortfall on activity and other income (£14.3m), additional COVID Costs (£19.2m), higher Finance Costs (£3.2m), offset by cost benefits of undertaking less planned care £13.8m. Adjusted top up income £22.9m gives a reported favourable position of £0.2m as at Month 05.

CONTRACT & ACTIVITY INCOME

£25.3m favourable position reported as at Month 5 including adjusted Top Up Income of £22.9m to cover additional COVID19 costs and Loss of Income due to COVID19

Adjusted Top Up

Adjusted Top Up above income plan £22.9m above the plan

Loss of Income	14,259
COVID	19,153
Benefits	(10,470)
Adjusted Top Up	22,942

Capital

Capital Plan £41.6m
Capital Expenditure of £5.3m at Month 05

YTD £6.1m

AGENCY SPEND

Agency Target £20.8m

August agency expenditure equates to £1.3m, a reduction of £0.2m compared to the average of M8-10 last financial year.

Year to date expenditure equates to £6.1m

**5 Months Ended
31 August 2020**

	Plan £'000	YTD Actual £'000	Variance to Plan £'000
Total Income From Patient Care Activities	257,699	260,046	2,347
Adjusted Top Up Income	11,255	34,197	22,942
Total Other Operating Income	34,030	17,424	(16,606)
Total Operating Income	302,984	311,667	8,683
Total Medical and Dental - Substantive	(48,074)	(48,742)	(668)
Total Agenda for Change - Substantive	(106,485)	(113,949)	(7,464)
Total Medical and Dental - Bank	(2,628)	(4,836)	(2,208)
Total Agenda for Change - Bank	(9,428)	(10,481)	(1,053)
Total Medical and Dental - Agency	(4,228)	(3,756)	472
Total Agenda for Change - Agency	(3,538)	(2,308)	1,230
Other gross staff costs	(680)	(715)	(35)
Total Employee Expenses	(175,061)	(184,787)	(9,726)
Total Operating Expenditure excluding Employee Expenditure	(107,286)	(102,912)	4,374
Total Operating Expenditure	(282,347)	(287,699)	(5,352)
Operating Surplus/Deficit	20,637	23,968	3,331
Total Finance Expense	(19,319)	(22,677)	(3,358)
PDC dividend expense	(1,503)	(1,432)	71
Net Finance Costs	(20,822)	(24,109)	(3,287)
Surplus/Deficit For The Period	(185)	(141)	44
Control Total adjustments			
Donated assets (income)	(90)	0	90
Donated assets (depn)	115	141	26
Control Total	(160)	0	160

YTD Financial Performance :

Income from Patient Care Activities: £2.3m favourable

- (£1.0m) reduction in overseas Visitors/Private Patients
- £3.3m change in categorisation of CWPS income.

Adjusted Top up Income: £22.9m favourable

- £22.9m additional income for COVID19

Other Operating Income: (£16.6m) adverse

- (£13.0m) deficit CWPS Income due to change in categorisation of stakeholder income and drop in direct access activity.
- (£2.8m) deficit Educational Income
- (£0.9m) deficit other Income.

Expenditure (£5.4m) adverse:

Pay: (£9.7m) adverse:

- (£9.9m) adverse increase costs for COVID19
- £0.2m favourable due to reduction in activity

Non Pay: £4.4m Favourable:

- (£9.3m) adverse increase costs for COVID19
- £8.9m favourable reduction in consumables and drugs costs due to the reduction in Elective care
- £2.2m favourable reduction in establishment expenses
- £2.6m favourable in other costs

Currently the Finance Expense has been set on the Annual Plan until the Capital Plan has been agreed.

The plan has been set for 6 months and under the current financial regime will be a deficit of £0.2m for each of months 5 and 6.

Integrated Finance Report | Statement of Financial Position

Reporting Month: August 2020

Statement of Financial Position 5 months ended 31 August 2020	Year To Date		
	Plan (£'000)	Actual (£'000)	Variance (£'000)
Non-current assets			
Property, plant and equipment	368,437	336,410	(32,028)
Intangible assets	11,386	4,715	(6,671)
Investment Property	9,695	10,010	315
Trade and other receivables	30,933	38,356	7,423
Total non-current assets	420,451	389,491	(30,960)
Current assets			
Inventories	15,045	12,793	(2,252)
Trade and other receivables	75,587	52,441	(23,146)
Cash and cash equivalents	2,583	84,484	81,901
	93,215	149,718	56,503
Non-current assets held for sale	0	0	0
Total current assets	93,215	149,718	56,503
Total assets	513,666	539,209	25,543
Current liabilities			
Trade and other payables	(87,213)	(127,249)	(40,036)
Borrowings	(9,645)	(8,297)	1,348
DH Interim Revenue Support loan	(37)	(92,335)	(92,298)
DH Capital loan	(4,824)	(20,960)	(16,136)
Provisions	(2,388)	(2,486)	(98)
Total current liabilities	(104,107)	(251,327)	(147,220)
Net current assets/(liabilities)	(10,892)	(101,609)	(90,717)
Total assets less current liabilities	409,559	287,882	(121,677)
Non-current liabilities:			
Trade and other payables	0	0	0
Borrowings	(245,041)	(233,653)	11,388
DH Interim Revenue Support loan/RWCSF	0	0	0
DH Capital loan	(31,732)	(3,115)	28,617
Provisions	(2,100)	(2,393)	(293)
Total assets employed	130,686	48,721	(81,965)
Financed by taxpayers' equity:			
Public dividend capital	166,027	67,612	(98,415)
Retained earnings	(90,861)	(74,094)	16,767
Revaluation reserve	55,520	55,203	(317)
Total Taxpayers' Equity	130,686	48,721	(81,965)

The Statement of Financial Position ("SoFP") shows the assets, liabilities and equity held by the Trust and is used to assess the financial soundness of an entity in terms of liquidity, financial, credit and business risks.

Year to date

It should be noted that the "Plan" figures are from the initial version of the Trust's Financial Plan for 2020/21 which was submitted prior to the full impact of the Covid-19 pandemic, funding arrangements being confirmed for 2020/21, outturn for 2019/20 being finalised and the deferral of IFRS 16 anticipated for implementation in April 2020. Therefore, there will be significant variances to the Plan figures stated in this report.

Some of the key points to note in this report are:

- Property plant and equipment balances are significantly less than Plan due to the additional slippage in 2019/20 from the submitted Plan, delays in commencing the 2020/21 capital programme and finalising capital resources available within the local STP and IFRS16 deferral to April 2021;
- Receivables are lower than Plan due to lower debt values than predicted;
- Cash balances are significantly higher than anticipated due to the temporary funding arrangements in the light of the Covid-19 pandemic, the Trust having received 6 months of Block SLA funding as at the end of month 5;
- Trade and other payables are considerably higher than Plan due to an additional month's funding being paid in advance by the Trust's key commissioners under the temporary funding arrangements;
- Borrowings are less than Plan due to the slippage of finance lease capital schemes which are currently expected to commence later in the year;
- DH loans are higher than anticipated as the timing of the receipt of PDC to pay off existing loans was not certain at the time the Plan was submitted. Existing revenue support and capital loans (with one capital loan excepted) will be repaid in September, following the receipt of PDC funding under the revised NHS provider funding regime. In the interim, these loans are now classified as current liabilities;
- The overall DH capital loans balance is lower than Plan as fewer loans were drawn in 2019/20 than expected and the use of PDC rather than loans for capital funding was not anticipated at the time the Plan was submitted;
- PDC balances are considerably lower than expected due to the receipt of PDC to repay DH loans being in September, rather than earlier in the year, as forecasted at the time the original Plan was submitted.

This report provides a summary overview of workforce data. A detailed analysis of this data is provided within the monthly workforce report presented to the Finance and Performance Committee.

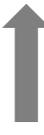


Agency Spend
£1,337,074
(534,521k)



HEADCOUNT

9136 Headcount (7613.91 WTE)
(inclusive of ISS/ROE;
exclusive of Covid-19 staff)



MANDATORY

Training 94.50%
(Substantive Employees)

(exclusive of Covid-19 staff)



Target
≥ 95%

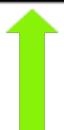
VACANCIES

Vacancy Rate
12.34% (1074.56
WTE)

(Headcount % excludes Covid-19 staff)



Target
≤ 10%



Medical
97.89%



Non-Medical
78.91%

(exclusive of Covid-19 staff)

Target
≥ 90%



Turnover
9.39%

(WTE percentage
exclusive of Covid-19 staff)



Target
≤ 10%

Sickness 4.77%
(inclusive of Covid-19)



Target
≤ 4%

Sickness 4.54%
(exclusive of Covid-19 staff)



Target
≤ 4%

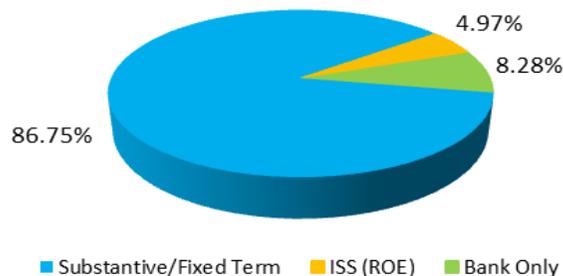


Headcount | WTE

The tables on this page show the headcount and WTE for staff exclusive of any staff employed to support the Covid-19 activity.

Staff Headcount Breakdown	Jun-20	Jul-20	Aug-20
Substantive/Fixed Term	8633	8622	8641
ISS (ROE)	503	498	495
Trust Total	9136	9120	9136
Bank Only	780	786	825

Trust Headcount (excluding Covid-19 staff)



Staff WTE Breakdown	Jun-20	Jul-20	Aug-20
Substantive/Fixed Term	7634.57	7601.54	7613.91
ISS (ROE)	380.10	379.50	377.00
Trust Total	8014.67	7981.04	7990.51

Staff Group in Post | Monthly Variation

Staff Group WTE Variances	Staff in Post Jul-20	Staff in Post Aug-20	Starters in Month	Leavers in Month
Add Professional	264.04	265.80	3.00	1.00
Add Clinical Services	1750.33	1738.11	13.94	24.26
Admin & Clerical	1335.73	1336.94	6.33	9.00
Allied Health Professional	437.82	439.80	3.48	3.00
Estates & Ancillary	2.00	2.00	0.00	0.00
Healthcare Scientists	359.53	364.96	1.65	2.00
Medical & Dental	1020.49	1057.16	160.71	158.28
Nursing & Midwifery	2428.60	2427.80	8.39	8.03
Students	3.00	3.00	0.00	0.00
Total	7601.54	7635.57	195.85	205.57

Staff in post figures exclude Covid-19 workforce

August resulted in **9.72** WTE more Leavers than Starters, but the small increase in substantive staff hours saw an increase in Staff in Post WTE of 34.03 WTE.

The high number of starters and leavers for Medical staff (137.04 WTE) is due primarily to rotational doctors joining and leaving the Trust.

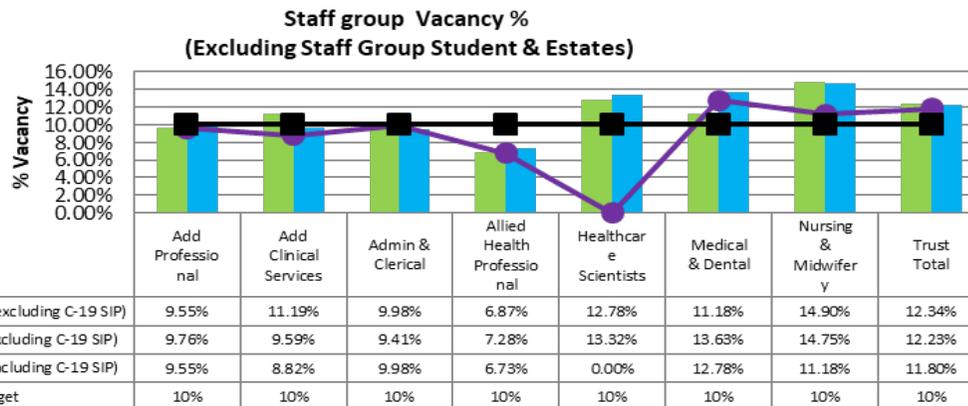
There are still 157 staff who are on a Covid-19 positions, but they are being migrated onto normal staffing positions and conditions.

Please refer to Vacancy section for an update on workforce recruitment trajectory.

Staff Employed to support Covid-19 activity	Jun-20	Jul-20	Aug-20
Headcount	543	423	157
WTE	165	68.84	6.48

NB: Staff in Post data reflects new starters, monthly amendments to the increase and decrease hours and leavers. Therefore, whilst a number of staff may have been recruited in month the overall figure may go down due to the changes in hours and leavers.

Vacancy | by Staff Group



Staff Group	Jul-20			Aug-20		
	Funded (WTE)	Staff In Post (WTE)	Funded Vacancies (WTE)	Funded (WTE)	Staff In Post (WTE)	Funded Vacancies (WTE)
Add Prof Scientific and Technic	292.61	264.04	28.57	293.86	265.80	28.06
Additional Clinical Services	1935.88	1750.33	185.55	1957.12	1738.11	219.01
Administrative and Clerical	1474.52	1335.73	138.79	1485.19	1336.94	148.25
Allied Health Professionals	472.22	437.82	34.40	472.22	439.80	32.42
Healthcare Scientists	414.80	359.53	55.27	418.44	364.96	53.48
Medical and Dental	1181.47	1020.49	160.98	1190.27	1057.16	133.11
Nursing and Midwifery Registered	2848.87	2428.60	420.27	2852.83	2427.80	425.03
Grand Total (*minus Estates & Students)	8620.37	*7596.54	1023.83	8669.93	*7630.57	1039.36

The overall Trust vacancy percentage (excluding Covid staff) is **12.34%**, this has increased from **12.23%** last month. Funded establishment has increased by 49.56 WTE and Staff in Post has increased by 34.03 WTE, which has resulted in a small increase (16 WTE) on the Trust vacancy.

Vacancy Trajectory - Strategic Workforce Committee continues to have oversight of workforce modelling, this includes focus on vacancy hotspot areas.

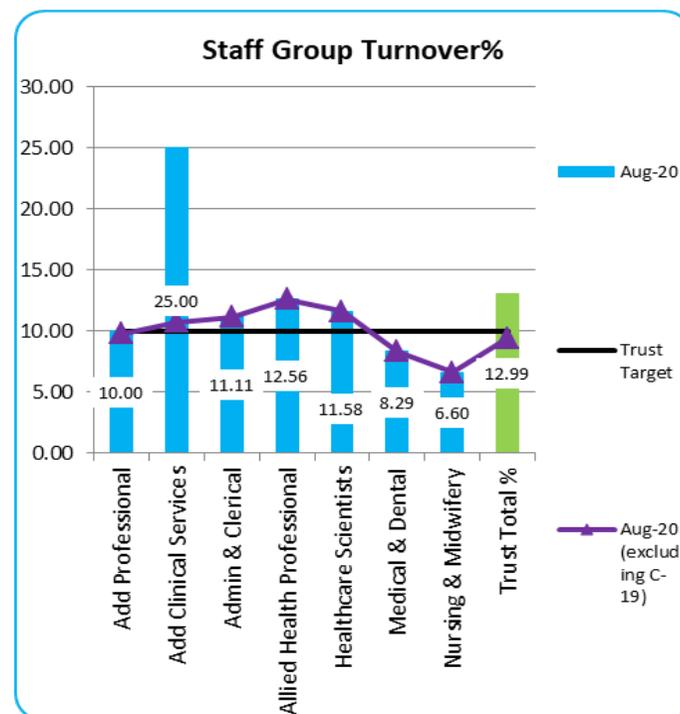
- **Nursing & Midwifery (Band 6 and above)** – There are 92.12 WTE in the recruitment pipeline with 29.41 WTE at pre-employment check stage, with 24.61 WTE commencing in August and September.
- **Nursing & Midwifery (Band 5)** – There are 106.04 WTE at pre-employment check stage with a further 45.71 WTE with confirmed start dates for September and October.
- **Healthcare Scientists** - There are 47.60 WTE in the recruitment pipeline with 12 WTE at pre-employment check stage and 15 WTE with a confirmed start date for September and October.
- **Medical & Dental** - There are 149 WTE in the recruitment pipeline with 73 WTE at pre-employment check stage. There are 16 WTE with confirmed start dates in September, October and November.

Turnover | by Staff Group

The Trust overall turnover rate (12-months rolling) has improved slightly **0.42%** from **9.81%** in July to **9.39%** this month.

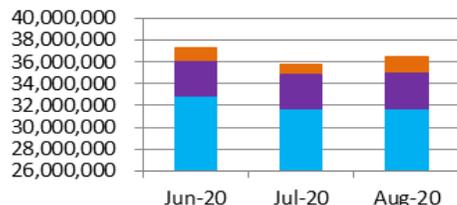
In August, there were 213 leavers (headcount), exclusive of Covid-19 staff (2% of leavers, 5 headcount) and 47% due to unknown reason for resignation. The rotational doctors were the primary staff group with 139 leavers and 154 starters.

Nursing and Midwifery turnover continues to be low at **6.58%**, a small increase on July 2020 (**6.53%**).



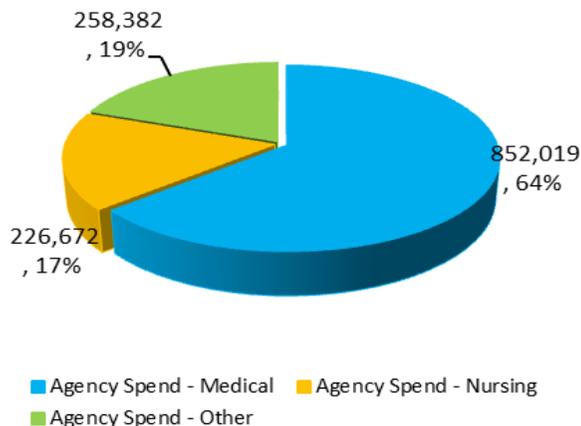
Pay Costs | Provided by Finance

Trust Pay Spend



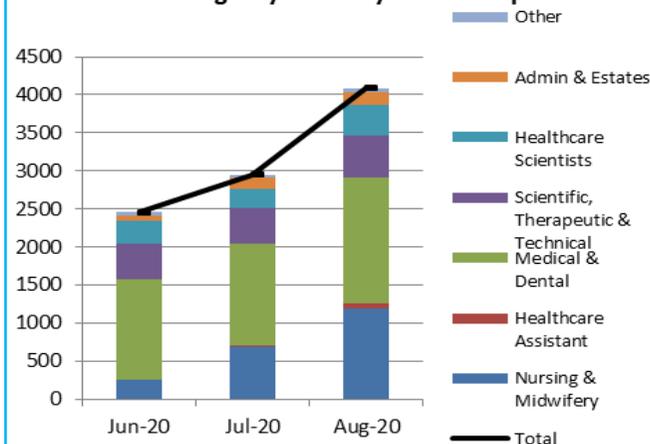
	Jun-20	Jul-20	Aug-20
Total Agency Spend	1,129,592	802,553	1,337,074
Overtime Spend	87,821	97,480	72,575
Bank Spend	3,223,301	3,163,239	3,376,984
Substantive Spend	32,825,469	31,724,636	31,668,345

Trust Agency Spend (Aug 2020)



Agency | Number of Shifts Booked

Number of Agency Shifts by Staff Group



Agency Shifts Booked | Reasons for Shifts Booked

Reasons	Jun-20	Jul-20	Aug-20
Vacancy	1675	2061	2945
Sickness	8	75	161
Additional Capacity	209	141	201
Other - COVID	521	481	415
Other	45	188	366

* Reasons categorisation drawn from E-Rostering.

Staff Group	Jun-20	Jul-20	Aug-20
Nursing & Midwifery	260	694	1187
Healthcare Assistant	0	14	76
Medical & Dental	1322	1327	1644
Scientific, Therapeutic & Technical	466	480	560
Healthcare Scientists	287	253	395
Admin & Estates	83	138	171
Other	40	40	55
Total Shifts Booked	2458	2946	4088

Overall agency spend has increased by £535k, which is driven by increases in Medical (£383k) and Nursing (£158k) expenditure. The main reason recorded for agency use continues to be vacancy (72%) a slight increase 2% on July and there has also been an increase (86) in shifts being booked due to sickness. The total number of shifts booked has increased significantly in August by 1142, with increases in all staff groups, but primarily driven by increases in Nursing & Midwifery (493 more shifts), Medical (317 more shifts) and Healthcare Scientists (142 more shifts). There has also been an increase in bank shifts (£214k) booked between July and August.

Absence | by Group

Sickness Absence in August 2020 has increased (0.51%) from July 2020, to **4.77%**. Covid-19 absence including staff shielding in August was 0.86%. 181 staff shielding returned to work in August, the redeployment hub is currently operational and is assisting the return to work of the outstanding staff.

Sickness levels, which include absence due to Covid-19 have increased in all Trust Groups and they are all above the Trust target. Groups have identified the increased demand for psychological support post Covid and the promotion of staff support such as the Employee Assistance program and the new TRIM program continue to be promoted. Long term cases continue to receive specific and targeted support in the form of: absence management case clinics, bespoke managing attendance training for managers, and check and challenge meetings with management teams.

A new approach to sickness absence management, through the utilisation of production boards, has been introduced across all groups providing strengthened and oversight of cases and hot spot areas.

The top 5 reasons for absence remains the same as July, with the main reason recorded as mental health (19.02%).

Group Rolling Sickness Absence Rate %	Jun-20	Jul-20	Aug-20
218 Clinical Diagnostics	4.72%	4.73%	5.43%
218 Clinical Support Services	4.95%	4.79%	4.90%
218 Core Services	3.03%	3.58%	4.14%
218 Emergency Medicine	3.56%	3.37%	5.22%
218 Medicine	3.98%	3.86%	4.61%
218 Surgical Services	6.30%	4.58%	4.30%
218 Trauma and Neuro Services	4.19%	3.69%	5.04%
218 Women and Children	4.26%	5.20%	4.56%
Trust Total %	4.34%	4.26%	4.77%

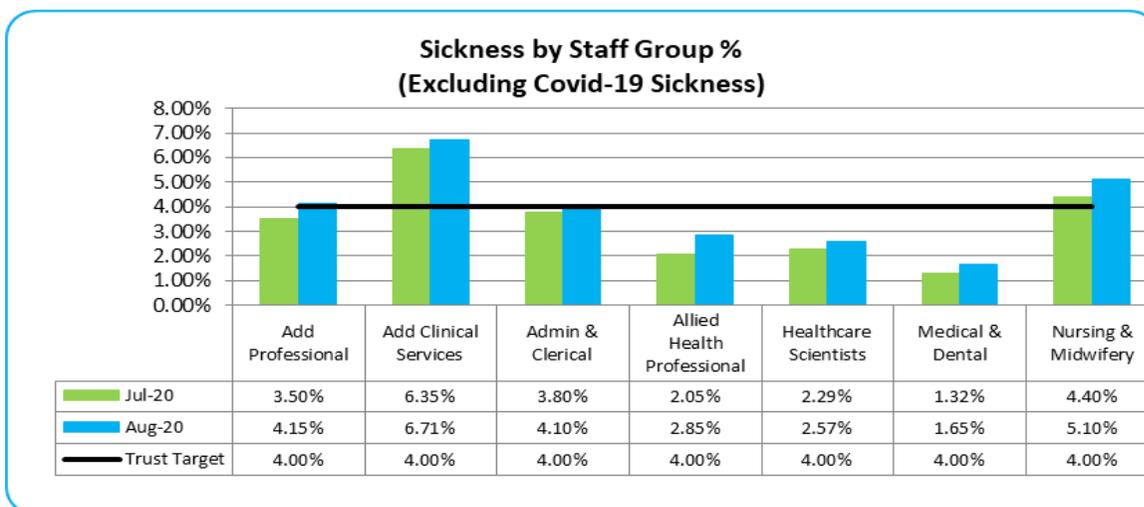
Absence | Reasons



This table below shows the top 5 absence reasons by episodes and the percentage of episodes.

Absence Reason	Total	Absence %
Mental Health	248	19.02%
Gastrointestinal	209	16.03%
Musculoskeletal	188	14.42%
Headache / Migraine	109	8.36%
Infectious diseases	95	7.29%

Absence | by Staff Group



Mandatory Training | by Group

MANDATORY!

Group Mandatory Training %	Jun-20	Jul-20	Aug-20
Clinical Diagnostics	95.35%	94.89%	94.85%
Clinical Support Services	96.49%	96.60%	96.51%
Core Services	94.22%	94.33%	94.56%
Emergency Medicine	93.23%	93.95%	93.88%
Medicine	93.18%	93.84%	93.89%
Surgical Services	92.16%	92.27%	92.43%
Trauma and Neuro Services	91.99%	92.66%	92.96%
Women & Children	93.14%	93.82%	94.16%
Temporary Staffing Services	94.94%	94.70%	94.36%
Trust Total	94.11%	94.42%	94.47%
Substantive Staff Only	94.04%	94.40%	94.50%
Bank Staff Only	94.94%	94.70%	94.75%

- Mandatory training levels have improved slightly in August 2020, with a 0.10% increase for substantive only staff and 0.5% increase for Bank only staff.
- Results have continued to improve over the last three months, alongside the restoration of face to face training delivery.

Non Medical Appraisals

- There has been a 3.52% improvement in compliance levels from July 2020, although performance remains significantly below the target of 90%.



Appraisals | by Group

Appraisal % by Group	Non-Medical Appraisals			Medical Appraisals		
	Jun-20	Jul-20	Aug-20	Jun-20	Jul-20	Aug-20
Clinical Diagnostics	73.93%	72.68%	75.67%	98.39%	95.08%	98.41%
Clinical Support Services	79.58%	83.14%	85.29%	93.98%	96.15%	96.63%
Core Services	58.82%	61.29%	60.58%	100.00%	100.00%	100.00%
Emergency Medicine	81.04%	78.90%	81.92%	94.52%	91.67%	94.74%
Honorary Contracts & ESR Admin				88.89%	100.00%	100.00%
Medicine	74.13%	77.82%	79.89%	97.99%	95.59%	97.92%
Surgical Services	75.70%	78.10%	79.34%	98.08%	96.97%	100.00%
Trauma and Neuro Services	75.70%	75.83%	78.90%	97.30%	98.48%	98.06%
Women & Children	79.81%	84.45%	89.01%	97.41%	99.07%	98.15%
Temporary Staffing				100.00%	100.00%	99.10%
Trust Total	72.71%	75.39%	78.91%	97.41%	97.13%	97.89%

- The 2020 appraisal window has been extended to 30 November 2020 (normally April – September 2020) to reflect the operational challenges during Covid-19.
- Recovery action plans are under redevelopment, supported by Workforce Business Partners.

Medical Appraisals

- Medical appraisals linked to revalidation were paused, but will need to be completed by March 2021. Appraisals formally recommence at the Trust in September 2020.

Risk Assessments Overview | by Group and Staff Group

The tables below display the current status of risk assessments completed as at 2 September 2020.

An oversight programme is in place to understand status of risk assessments on a rolling weekly basis, with adaptations made to ensure risk assessments are undertaken for new starters and those returning from absence.

Group	Risk Assessment Completed (%)
218 Clinical Diagnostics	100%
218 Clinical Support Services	100%
218 Core Services	100%
218 Emergency Medicine	100%
218 Medicine	100%
218 Surgical Services	100%
218 Trauma and Neuro Services	100%
218 Women and Children	100%
218 Women and Children	100%

Ethnic Group	Risk Assessment Completed %
BAME	100%
White	100%
Not Stated	100%
Grand Total	100%

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Patient Experience Report
Executive Sponsor	Mo Hussain, Chief Quality Officer
Author	Sam Caton, Head of Patient Relations
Attachment (s)	We Care Patient Experience and Engagement Report
Recommendation (s)	Trust Board is asked to RECEIVE ASSURANCE from the report

EXECUTIVE SUMMARY

Patient Experience and Engagement

Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high quality services and for driving real service improvements. The report provides an overview of progress on the Patient Experience and Engagement objectives for UHCW.

Objective One: Improve the way we listen, respond and use patient feedback to support improvements

Patient feedback via PALS and Complaints was reduced during quarter 1.

The report summarises actions taken during quarter 1 to meet this objective during COVID-19 pandemic and it details the methods in which virtual communication was established for our patients and their relatives, using Patient Connect and via a 'Thinking of you' roll out.

Objective Two: Improve the way we develop and manage patient information leaflets

During Quarter 1, 227 leaflets were updated and 37 new leaflets were uploaded. The Trust achieved 97.7% compliance for all Patient Information leaflets.

Objective Three: Ensure our staff place Trust values at the centre of care improvements

The report summarises the National pause on Trust survey activity during quarter 1 and the forward plan for restoration of these in 2020/21.

Objective Four: Ensure that patient voice is at the centre of care improvements

NHS England/Improvement temporarily suspended the submission of FFT data to NHS England/Improvement from all settings in April 2020. The Trust will resume submitting FFT data from December 2020.

Objective Five: Improve the patient care environment

All Board Walk Rounds were stood down in quarter 1 due to Covid-19. The Quality and Safety Committee agreed to reinstate Board Walk Rounds, but for the time being these will be

conducted virtually and will focus on specific areas, aligned with CQC findings and recommendations, high risk areas or areas where notable improvements have been made.

The report describes how the Trust, in response to Black Lives Matter, announced a series of Listening Events for staff, and how we will look to emulate something similar for patients.

PREVIOUS DISCUSSIONS HELD

Reported to Trust Board on a quarterly basis

KEY IMPLICATIONS

Financial	Delivery of value for money
Patients Safety or Quality	To create a high quality patient experience
Human Resources	None
Operational	Operational performance

REPORT TO PUBLIC TRUST BOARD HELD ON 24 SEPTEMBER 2020

WE CARE PATIENT EXPERIENCE AND ENGAGEMENT REPORT

1.0 Background

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high quality services and for driving real service improvements. This report will provide an overview of progress on the Patient Experience and Engagement objectives for UHCW.

For context, Quarter 1 2020-2021, NHS England/Improvement paused the investigation of new and existing complaints, the National Survey Programme, Friends and Family Test and work with our Patient Partners.

2.0 Objective One: Improve the way we listen, respond and use patient feedback to support improvements

PALS: To support the delivery of this objective the Trust utilises a Patient Advice and Liaison Service (PALS) and Complaints Team and Patient Insights Team. Changes in visiting due to COVID 19 resulted in many patients unable to visit with, and contact their loved ones, and vice versa. Recognising the importance of the need for patients to stay in touch with friends and family outside of the hospital they were invited to send a letter and photos to loved ones on our wards via our 'Thinking of You' by completing a simple form on the Trust's website. The Trust was grateful to receive positive feedback, examples of which include, 'The service is excellent what a great service! Thank you!', 'I couldn't believe how quickly my message and photo got to my sister. It meant the world to her and to me!', 'It was a lovely thing you did, thank you'.

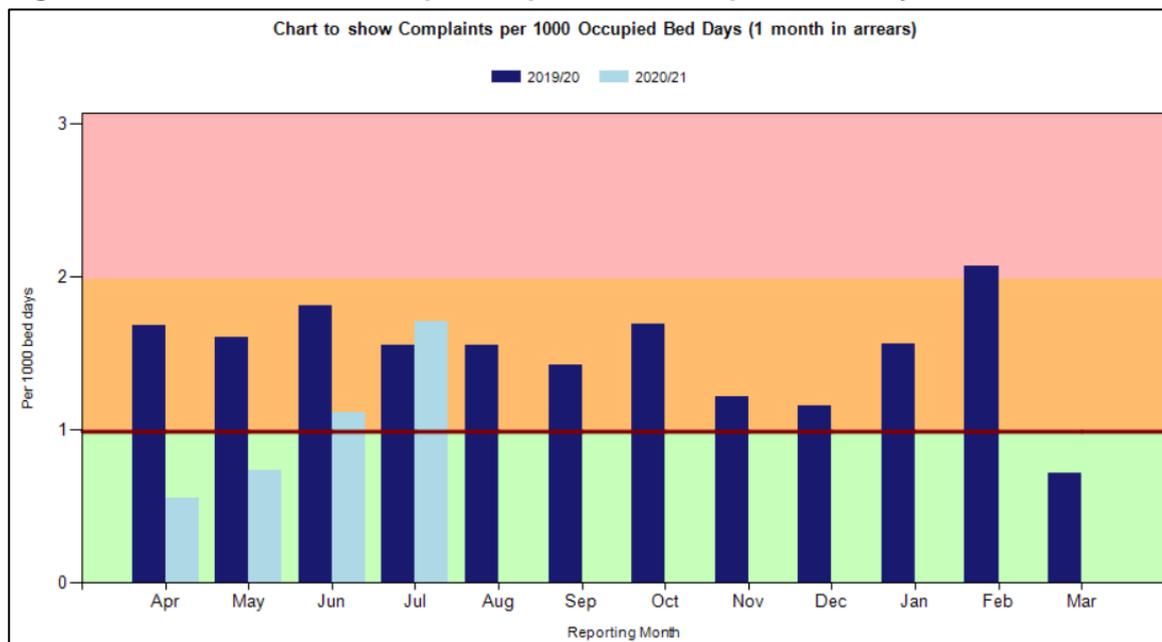
Patient Connect: The Trust Virtual Visiting was introduced during changes to visiting to further enhance the opportunity for communication, providing comfort to those whose loved ones are no longer able to come and see them.

The initiative meant that two dedicated iPads were delivered to each of our wards. FaceTime, Skype and Microsoft Teams were set up on each device.

Complaints: Reporting against the 25 day key performance indicator for Complaint responses has been paused for Quarter 1. The Trust received far fewer complaints during Quarter 1 seeing a reduction of approximately 70% (141 received in Quarter 4 2019-20 reduced to 46 in Quarter 1 2020-21). Despite the system wide pause, the Complaints Team continued to process, where possible, formal responses. This was in line with the Trust bed occupancy rate for Quarter 1 of

only 64.2%. Figure 1.0 shows that in Quarter 1 there were less complaints per 1000 occupied bed days.

Figure 1.0 Chart to show Complaints per 1000 Occupied Bed Days



Within the same period, the Trust saw a 50% drop in requests for further resolution of complaints (32 received in Quarter 4 2019-20 reduced to 15 in Quarter 1 2020-21). No Parliamentary and Health Service Ombudsman cases were received in Quarter 1 due to the system pause.

Primary themes: of complaints received in Quarter 1, communication, specifically communication with relatives and carers was the primary theme. This is attributed to changes in visiting. The Trust continues to monitor an emerging trend in relation to ‘cancellations’ and this is evident in early quarter 2 analysis.

Complaint example (Communication) Quarter 1: ‘My Mum, (87) was admitted to your hospital on 26th April after a bad fall. Due to lockdown, no-one was allowed to accompany mum or visit her during her stay. Due to the fact Mum has Dementia we could not rely on any reports from her, so were solely reliant on medical staff for information and here lay the problem. It was very difficult to get through to the ward at all and in the time she was there the phone was rarely answered by anyone who seemed to be on top of my mum’s current state. There appeared to be no system in place whereby notes were kept on what information had been passed to next-of-kin and therefore much information was not relayed at all! Following investigation, apologies were provided to the complainant and a review of integrated discharge planning was carried out by the local area.

The Trust saw both clinical treatment delays in the Emergency Department and moving and handling issues enter the top 5 themes and trends for Quarter 1.

Complaint example (Clinical delay in Emergency Department) Quarter 1: ‘it took over 3 hours for my antibiotic treatment to be started, despite the urgent nature of my condition and that the doctor had requested my antibiotics to be given at the time I was seen’. Following

investigation apologies were made and the local area communicated to staff the importance of giving antibiotics in a timely manner rather than waiting for the admitting ward to administer.

Attitude of Nursing and Midwifery staff also entered the top 5 which should be seen alongside communication issues identified above.

Complaint Officers meet group representatives weekly where themes and escalations of concerns are shared. Themes are also communicated to groups via monthly Quality Improvement Reports (QIPS) and other committees, such as the Nursing and Midwifery Committee and the Hospital of St Cross Quality meeting. Comparison with Quarter 2 data will be imperative to understand if the primary themes remain constant or were largely related to the Covid-19 response.

Patient Advice and Liaison: The Patient Advice and Liaison Service continued to operate during Quarter 1, although face to face consultations were ceased. The Trust saw a reduction of approximately 50% in enquiries (1129 received in Quarter 4 2019-20 reduced to 529 in Quarter 1 2020-21).

Primary themes: of enquiries was communication, specifically communication with patients and relatives. This mirrors primary complaint themes attributed to changes in visiting. Access to health record enquiries entered the top 5 themes which included accuracy of health records. Appointment delays, remained in the top 5 themes. The Trust has introduced the role of Director of Administration to review administrative processes and make improvement recommendations for the Trust to consider. The Trust has also committed to an annual goal for 2020/21 to ensure our patient administration processes are an area of focussed improvement.

160 Compliments and Thanks were received in respect of Trust services which is encouraging. Of particular note were positive comments received for the Bowel Cancer Screening Service based at the Hospital of St Cross, 'I write to you in order to draw attention to the immense value of the Bowel Screening Programme and compliment you and your staff with the speed in which my issue was detected and acted upon. I am so grateful'.

The Gynaecology Service, 'I wanted to say a huge thank you to the staff on the emergency gynaecological unit, who took great care of me when I was in desperate pain and at my lowest. They were all compassionate, and treated me with dignity. I felt safe in their care and honestly 24 hours later I feel a deep gratitude for their selfless actions taking care of people in their greatest need. I cannot fault the care I received.'

3.0 Objective Two: Improve the way we develop and manage patient information leaflets

To support the delivery of this objective the Trust is consistently working to improve the way we develop and manage patient information leaflets, along with plans to improve access to patient information on the Trust website. The Trust utilises a Patient Virtual Panel which consists of over 150 people within the local community who are available to comment and provide feedback on information created for patients. In Quarter 1, 20 leaflets were sent out to the panel.

During Quarter 1, 227 leaflets were updated and 37 new leaflets were uploaded. The Trust achieved 97.7% compliance for all Patient Information leaflets. All information produced within the Trust on conditions, treatments, procedures or services must meet UHCW's Patient Information Standard and go through an approval process including the virtual panel described above.

4.0 Objective Three: Ensure our staff place Trust values at the centre of care improvements

The NHS National Patient Survey Programme is part of the government's commitment to ensure hospital patient feedback informs continued development and improvement. Each patient survey, carried out by the Care Quality Commission (CQC), is used to measure and monitor hospital performance between trusts and to monitor improvements to NHS services over time.

To support the delivery of this objective patient feedback from the National Survey Programme provides an insight into how our staff are living the Trust values. It should be noted that the CQC, following consultation with NHS England/Improvement made the decision to cancel the fieldwork for the 2020 Maternity Survey due to the COVID-19 outbreak. The CQC will continue to monitor the proposed schedule for the NHS Patient Survey Programme in response to the ongoing Covid-19 pandemic.

Adult Inpatient 2019 Survey: The survey results for 2019 have been received; analysis is ongoing in order to develop appropriate action plans with the groups in response to the survey results. This will be monitored via the Patient Experience and Engagement Committee.

National Cancer Patient Experience Survey: The results of the 2019 Cancer Survey are now available. The Macmillan Lead Cancer Nurse has reviewed and analysed these findings and has shared them with the cancer Multi-Disciplinary Teams, Modern Matrons and Group Directors of Nursing. These will also be presented at the Nursing and Midwifery Committee, Patient Experience and Engagement Committee and at the Cancer Board over the coming months. The survey is now carried out by the Picker Institute however due to the pandemic there will not be a 2020 survey carried out.

The Urgent and Emergency Care Survey: the Trust will draw samples in October 2020 with proposed fieldwork commencing October 2020 – March 2021.

The Children and Young People's Patient Experience Survey: the Trust will draw samples in January 2021 with proposed fieldwork commencing February 2021 – June 2021.

5.0 Objective Four: Ensure that patient voice is at the centre of care improvements

Involvement hubs: The system wide response to Covid-19 has resulted in challenges to patient involvement activity. The involvement kiosks at University Hospital were switched off to minimise the spread of infection from touch screen use. A kiosk at the Hospital of St Cross will be installed within the Outpatients Department when the restriction on use is lifted.

Patient partners: during Quarter 1 much of the Patient Partner Activity was stood down. The first Patient Partner forum meeting for this financial year took place virtually on the 23 July 2020. In this meeting the Terms of Reference and a work plan was discussed. The Patient Partner Programme is currently in the process of restructuring with new activities and recruitment planned in the coming months.

Mystery shopper programme: External communication via the Trust Communications Team was sent out on Facebook and Twitter requesting participants to volunteer to take part in our mystery shopper programme. Posters had been placed in high traffic areas across the City - public libraries and community hubs (pre Covid) for people interested in helping to anonymously evaluate certain services at UCHW. One of these tasks was to feedback on the use of the Trust website, the Trust is grateful to the 38 people who participated in this.

Key themes from feedback received was that the search facility on the website needs refining to make it easier to find information, the website was not up to date, many of the details were not correct, the website needs to provide more signposting to information and further support and complaints and compliments are not readily found. This feedback has been shared with the Trust's Communications Team and we will be making improvements in line with the above.

Friends and Family Tests (FFT): NHS England and Improvement temporarily suspended the submission of FFT data to NHS England/Improvement from all settings in April 2020. The Trust will resume submitting FFT data from December 2020.

From 1 April 2020 the Patient Insight and Involvement Team implemented a new FFT question, "Overall, how was your experience of our service"? The responses were positive, examples include, "we were treated with complete respect and we felt totally safe given the COVID-19", "excellent care and support despite ward staff having to implement new Covid-19 procedures at the same time" and "from cleaners to kitchen staff from healthcare assistants to nurses and doctors all very supportive and understanding of fears and anxieties I had being stuck in hospital during COVID-19 pandemic".

6.0 Objective Five: Improve the patient care environment

Board Walk Rounds: All Board Walk Rounds were stood down in quarter one due to Covid-19. The Quality and Safety Committee agreed to reinstate Board Walk Rounds, but for the time being these will be conducted virtually and will focus on specific areas, aligned with CQC findings and recommendations, high risk areas or areas where notable improvements have been made. a full plan is currently being developed.

Tackling Racial Inequality: the Trust, in response to Black Lives Matter, announced a series of Listening Events for staff.

We are currently exploring how we could initiate this and ensure patient feedback of our services is listened to. This could involve engagement with faith groups, Coventry Council Resilience Team, BAME community groups and Healthwatch (this list is not exhaustive). Drop in events were being planned, however, following government latest guidance around social distancing, we are reviewing how we can progress this.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Equality and Diversity, Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) Reports and Updates
Executive Sponsor	Donna Griffiths, Chief People Officer
Author	Barbara Hay, Head of Diversity
Attachment(s)	Equality & Diversity Annual Report 2019-20 Appendix 1: Equality Delivery System 2 (EDS2) Update Appendix 2: WRES reporting template Appendix 3: WDES Annual Report 2019-20
Recommendation(s)	Trust Board is asked to : i) RECEIVE ASSURANCE from progress made against EDS2 actions and the work of the Equality and Diversity team to improve staff engagement in the Equality agenda; and ii) AGREE to delegating authority to the Finance, Resources and Performance Committee to sign off WRES and WDES plans.

EXECUTIVE SUMMARY

The attached report provides a detailed account of the work of the Equality and Diversity team in addition to updates against each of the actions identified in the EDS2 (Equality Delivery System 2) action plan for 2019/20 (Appendix1). It also contains the WRES (Appendix 2) and WDES (Appendix3) reporting templates, a year on year requirement, which enables us to identify and address any issues and or gaps in our provisions for our BME (black and minority ethnic) and disabled staff.

Key points are:

- Focus for the year was on engagement with protected characteristic groups.
- Although the COVID-19 pandemic impacted on the work of the Equality and Diversity team we were able to complete the majority of the actions in the EDS2 action plan.
- As demonstrated throughout the report an extensive amount of effort has gone into engaging staff with the equality agenda. However, the resurgence of the Black Lives Matter (BLM) movement and some of the emerging themes from the listening events indicate the need to further engage and work with specific protected characteristic groups.
- The WDES also indicates the need to look more closely at issues impacting on disabled staff at the Trust.
- As with previous years, challenges remain with data submission timeframes in light of the nationally released reporting template. This results in limited turnaround times for data integration and subsequent action plan development. Both plans need to be signed off and published no later than 31st October 2020.

PREVIOUS DISCUSSIONS HELD

Independent Advisory Group
Quality & Safety Committee

KEY IMPLICATIONS	
Financial	-
Patients Safety or Quality	Not meeting the requirements of our legal and contractual obligation will impact on results of inspections, our reputation within the NHS and our ability to provide the most appropriate service to the wider community.
Human Resources	Studies have shown that improved staff satisfaction amongst BAME staff contributes to a more sustainable workforce as well as improved patient satisfaction. Engaging and supporting our disabled staff could contribute to reduced sickness absence and improved staff survey results.
Operational	Not meeting the requirements of our legal and contractual obligation will impact on results of inspections, our reputation within the NHS and our ability to provide the most appropriate service to the wider community.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Equality and Diversity Annual Report 2019/20

1. INTRODUCTION

- 1.1 The Trust, as a public sector body, has a statutory duty under the Equality Act 2010 to have due regard to the three aims: eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act; advance equality of opportunity; and foster good relations. It also has a responsibility under the Public Sector Equality Duty (PSED) to publish information relating to the protected characteristics of its workforce and service users.
- 1.2 These legal and contractual obligations are met through the Equality Delivery System 2 (EDS2) action plan (Appendix 1), Workforce Race Equality Standard (WRES) (Appendix 2) and Workforce Disability Equality Standard (WDES) (Appendix3). As part of the agreed governance and monitoring process, the Head of Diversity provides the Trust Board with an annual report and/or updates.
- 1.3 This report provides assurance to Trust Board that work on the equality agenda is being progressed to ensure compliance. The last Equality and Diversity annual report and update was presented to the Trust Board on 25th July 2019.

2. CONTENT

The Independent Advisory Group (IAG) continues to oversee and monitor the EDS2 action plan via the bi-monthly meetings. The IAG is responsible for supporting the development of actions to address and or reduce inequalities relating to protected characteristic groups. They have been a source of expertise on how equality and diversity issues can be embedded into the policies and practices of departments, volunteering and the culture of the Trust. They are a support mechanism for the Equality and Diversity team and their activities.

Appendix 1 provides updates against each of the actions identified in the EDS2 action plan for 2019/20 including a Red, Amber and Green rating. Although good progress has been made, and no Red ratings identified, there are areas where progress has been limited due to the COVID-19 pandemic where it was necessary to pause the majority of the Equality team work. Appendices 2 and 3 contain the WRES and WDES reporting templates, a year on year requirement, which enables us to identify and address any issues and or gaps in our provisions for our BME (black and minority ethnic) and disabled staff.

Notwithstanding, this year's focus has been on engaging the workforce, particular from protected characteristic groups. The aim was to not only give a voice to staff who may feel marginalised but also to inform and educate the wider workforce on the significant contributions made by their fellow colleagues whilst facing additional challenges in both their personal and professional lives. Coffee mornings and a variety of activities were used to enable staff to engage in an informal setting whilst making sure information, advice and support was available.

The following provides a more detailed look at the work that has been carried out over the past 12-14 months to create a more inclusive and safe environment for all our staff which in turn ensures our patients receive the best and appropriate care possible.

2.1 Disability

Disability Confident Scheme



We are proud to report that we were successful in being awarded Disability Confident Employer status September 2019. To achieve this we have undertaken and completed the disability confident self-assessment, agreed to carrying out the core actions to be a disability confident employer as well as continuing to improve our recruitment and development of disabled people.

There are 3 Levels: Committed, Employer and Leader status. The table below shows the number of participating organisations involved in the scheme nationally and at each level. It also shows the breakdown of Health organisations at each level. However, it should be noted that the number of health organisations includes both NHS and private sector.

	Committed	Employer	Leader
National	14,580	3,532	325
Health (including private sector)	709	154	13

International Day of Disabled Persons

As part of our commitment to support our disabled employees we marked International Day of Disabled Persons on 3rd December 2019 with activities including distribution of purple ribbons, competitions designed to get Chief Officers and staff thinking about what messages of support they wanted to send disabled to colleagues and sessions for staff to learn about requesting and making reasonable adjustments. The day's activities were concluded with the launch of the Disability network, the first of three.

We undertook a series of interviews to enable disabled staff to tell their 'stories' about the challenges, achievements and support received throughout their careers, particularly at UHCW. These stories feature on TrustNav throughout the week, and were subsequently published as a magazine. The magazine also provided useful information for managers on topics such as making reasonable adjustments, good mental health at work and Managing Attendance Policy.

Excellent feedback was received regarding the magazine and it will now be used as a 'template' for celebrating and sharing stories from other protected characteristics throughout the year.



Celebrating Disability magazine



Ultrasound – Team competition winners



Helen Brindley - competition winner

2.2 Race/Ethnicity/Nationality

NHS Leadership Academy Stepping Up Programme

As stated by NHS Leadership Academy "The Stepping Up programme is a leadership development programme for aspiring Black, Asian and Minority Ethnic (BAME) colleagues who work within healthcare. It aims to create greater levels of sustainable inclusion within the

NHS by addressing the social, organisational and psychological barriers restricting BAME colleagues from progressing.”

In 2018 13 UHCW staff members took part in the first area-wide Stepping Up programme, in partnership with Coventry and Warwickshire Partnership NHS Trust, George Eliot Hospital and South Warwickshire NHS Foundation Trust. In 2019 a further 22 UHCW staff members took part in the second Stepping Up Leadership programme. This programme was opened then closed, with a presentation of certificates ceremony, by Chief Executive and Deputy Chief Executive Officers from each of the Trusts.

Feedback from the participants was excellent, all of whom said that they had gained an immense amount of knowledge and skills. By continuing to provide opportunities to participate in this programme we are able to demonstrate consistent commitment to developing BAME staff and a start to address issues of non-progression and under-representation of specific groups at senior levels.

It was planned to track the progression of participants, however, due to the COVID-19 pandemic this work was paused.



The Head of Diversity is leading the negotiations with the NHS Leadership Academy to identify if and how we can deliver a third area-wide programme whilst adhering to social distancing guidelines. It is anticipated we will run the 2020 programme March/April 2021 and a further cohort October/November 2021.

Black Lives Matter (BLM) and Tackling Racial Inequality

Following the untimely and tragic death of George Floyd and the ensuing Black Lives Matter (BLM) resurgence it was important for UHCW to take note and respond to the highlighting of the challenges and discrimination faced by the Black community. A statement of support for the principles of the BLM movement and commitment to zero tolerance towards racism and discrimination was issued to the Trust, 12th June 2020.

The statement was the beginning of a resolute assurance from Trust Board and Chief Officers to engage with its diverse workforce to find out how the concerns amplified by the BLM movement impact on staff at UHCW and address them head on.

To achieve this it was agreed by Trust Board to start the process by finding out about the experiences of Black staff, as well as those of wider ethnic groups, working for UHCW and how these experiences affect their work, careers and general wellbeing.

A series of Tackling Racial Inequality listening events are currently being held to hear the 'stories' of BAME staff both positive and negative. Listening events are similarly available for all staff members to share their stories where they may have witnessed racism/discrimination or to relay issues as they perceive them.

The central themes from these events will be co-developed, in partnership with BAME staff, into a plan of action for future work whilst also taking into account findings from the Workforce Race Equality Standard and Staff Survey.

2.3 Sexual Orientation and Transgender

NHS Rainbow Badge



During 2020 we distributed 1,000 NHS Rainbow badges to staff at UHCW. By wearing the badge the wearer gives a positive message of inclusion to both patients, recently recruited employees and existing staff that they are a friendly/non-judgemental ear for LGBT+ (lesbian, gay, bisexual, transgender and people with gender expressions outside traditional norms) young people and families. Staff are not expected to solve issues and concerns but to be supportive and

signpost to support available where appropriate.

LGBT+ History Month

An LGBT+ History coffee morning was hosted by the LGBT+ staff network and Staffside with support from the Equality and Diversity team on 19th February. Staff were on hand to offer advice, provide guidance, discuss any issues and distribute Rainbow badges. Articles and further reading on LGBT+ NHS employees of note were made available to raise awareness of LGBT+ people's contributions. It was also an opportunity for staff to find out more about the network and sign up to the group if desired.

2.4 Gender

International Women's Day

In recognition of International Women's Day 2020 a number of events and activities were held using the 'Each for Equal', theme promoting a gender equal world. To achieve this we:

- Created the 'I am Every Woman' video in which women from across UHCW used 'Each for Equal' cards pledging their individual commitment to promoting gender equality and made available on TrustNav.
- Held a 'Loose Women' event where informative discussions took place exploring challenges and issues as a woman/mother/carer/partner etc. working in an acute Trust. Senior women made up the panel and were able to give an insight as to how they overcame challenges and give advice in response to audience questions.



Loose Women Event

- Held a drop in session where information, guidance and advice was available including Health and Wellbeing, navigating ESR, training and development, Confidential Contacts, Library services, Staffside and representation for Workforce Business Partners.
- Presented an exhibition of interviews with women in various voluntary, clinical and non-clinical roles in the Trust as well as women of note throughout Medical/Clinical history.

An international Women's Day magazine has been delayed due to the COVID-19 pandemic and is now scheduled for November 2020.

2.5 Engagement

Inclusion Week

To mark Inclusion Week we held Coffee mornings on September 26th at University Hospital and on 10th October at Hospital of St Cross. The purpose was to:

- Gauge interest in establishing staff networks
- Survey opinions as to what staff network groups should look like and focus on
- Bring our diverse workforce together in an informal setting
- Distribute Rainbow badges.

The Equality and Diversity team attended Grand Round 30th September 2019, produced leaflets and posters, utilised TrustNav and This Week@UHCW and attended various team meetings to promote the event. On the day over 300 people attended where Rainbow badges were in great demand and approximately 200 were handed out within the first three of hours.



We were able to talk to staff about the benefits of networks and what support would be available to get the infrastructure in place. Several Chief Officers attended on the day which gave out a powerful message of support to our staff particularly those from protected characteristic groups considering joining a network. Thanks to Chief Officers, Staff Side, ISS, Health and Wellbeing, Communications team, Freedom to Speak Up Guardian, Voluntary Services, Library services, ESR and Workforce Information team and the

CSB team all of whom promoted/supported the engagement events.

Staff Networks

The Inclusion Week coffee morning yielded over 85 expressions of interest in either setting up or joining a staff network. During November and December 2019 the BAME Staff Network, Disability and Wellbeing Network (DAWN) and the University Pride – Friends of Dorothy Network (LGBT+ staff) were launched. A small budget of £1,000 has been allocated to each network for development and or activities.

The networks have developed Terms of Reference and elected a Chairperson and three enablers. They are currently finalising their five key objectives for 2020/2021 with a view to sharing them with Chief Officers and across the Trust. The process for identifying Executive sponsors for each of the networks is also in progress where they will:

- be visible in your support of the Staff Network
- act as a Board-level champion for disability/LGBTQ+/BAME issues, as well as engaging in conversations on wider equality topics

This will help in ensuring the issues impacting on staff from protected characteristics groups are considered at the highest levels and to enable the networks to aid in identifying actions for addressing inequalities.

Network Chairs are full members of and report to the IAG providing a direct governance route for escalations, consultations and negotiations. This also allows them to be an integral part of the planning, decision making and monitoring of the EDS2, WRES and WDES.

2.6 Work in Development stage

Inclusive/Reverse Mentoring

Inclusive Mentoring Programme encourages more senior staff members to reflect on their own attitudes towards equality issues, and how this can impact on behaviour/the wider organisational culture. For junior colleagues, the mentoring relationship provides a direct link

with a decision-maker and an opportunity to develop their own skills. We will invest in members of our own workforce by training and licencing them to deliver the programme in-house, ensuring the longevity of the project.

Equality Hub

The UHCW Equality Hub will be an online/offline bank of practical and educational resources available to staff on the protected characteristics and equality issues. Users will be able to click through to different topics such as disability, for example, where there will be links to charities, factsheets on certain conditions, documentaries and more. We have also partnered with the UHCW Library to diversify the physical reading materials available to staff. We continue to make recommendations, and this year we were able to point staff in the direction of reading materials on Race and Ethnicity during the resurgence of Black Lives Matter movement. Reading lists and resources are collated through knowledge within the department, call-outs to the wider workforce, the IAG, and working in consultation with our BME, LGBTQ+ and Disability Staff Networks. This will enable more access to resource through self-service.

EDS2 Action Plan 2020/21

Due to the pandemic the Independent Advisory Group was not able to convene the planned Co-development event to identify action for the next EDS2 action plan. The IAG is due to decide on a new date at its next meeting (16th September 2020), it is likely the next action plan will cover the remainder of 2020 through to 2022.

2.7 **Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)**

Providing a detailed action plan for both the WRES and WDES at this stage presents a number of challenges. We would need to involve a range of stakeholders, including our Staff Networks, to identify appropriate actions to address gaps or concerns.

As with previous years the timings for when data must be submitted and the templates are released by the national WRES and WDES teams does not allow enough time for all the afore mentioned to interrogate the data and formulate meaningful actions/solutions. Both plans need to be signed off and published no later than 31st October 2020.

Therefore we propose that Trust Board give delegated authority to the Finance, Resources and Performance Committee to sign off these plans.

Key points from WRES data

- Results from Business Intelligence (ESR) provides the details of those employees who have been enrolled either self or auto enrolled into a non - mandatory course on ESR and does not necessarily answer the question in the way we would want, as it should perhaps only be reviewing external courses and those required for Continuous Personal Development. . We are currently unable to separate or identify where staff have accessed externally learning from ESR BI reporting.
- Small reduction in percentage of BME (from 23.9% to 21.9%) experiencing bullying/harassment/abuse from staff in past 12 months. However, still notably higher than white staff (19.8%).
- Although a slight decrease in the number of BME staff stating they have experience discrimination from manager, the percentage of BME (11.7%) is still significantly higher than white staff (4.8%).

2.8 Key points from WDES data

- Slight decrease in number of staff who 'prefer not to say' their disability status.
- Disabled staff (35.8%) are more likely to experience bullying/harassment from patients, managers and other colleagues (25.8%), however, that they are also more likely to report bullying/harassment.

- The relative likelihood of disabled staff entering formal capability process compared to non-disabled staff is significantly higher. This year we reported 9 non-disabled staff, 13 unknown and 4 disabled staff entering the formal capability process – last year we reported 0 across the board.
- Presenteeism is an issue amongst our disabled staff who were more likely to feel pressure from their manager to come into work despite not feeling well enough though the percentage has decreased by over 7% from last year.
- Disabled staff continue to feel less satisfied with the extent to which their organisation values their work.

3. **NEXT STEPS**

- 3.1 Engage relevant networks to identify actions and co-develop plans for addressing gaps and issues arising from WRES and WDES. By not engaging networks in developing associated plans could impact on relationship between them and senior management and Trust Board
- 3.2 There are clear challenges with the WRES and WDES reporting dates and Trust Board calendar. Therefore, Trust Board giving delegated authority to the Finance, Resources and Performance Committee to sign off these plans would ensure we are able to meet our obligations.

4. **CONCLUSIONS**

- 4.1 Although the COVID-19 pandemic impacted on the work of the Equality and Diversity team we were able to complete the majority of the actions in the EDS2 action plan.
- 4.2 As demonstrated throughout this report an extensive amount of effort has gone into engaging staff with the equality agenda. However, the resurgence of the BLM movement and some of the emerging themes from the listening events indicate the need to further engage and work with specific protected characteristic groups.
- 4.3 The WDES also indicates the need to look more closely at issues impacting on disabled staff at the Trust.
- 4.4 There continues to be challenges with the WRES and WDES reporting timings.

5. **RECOMMENDATIONS**

- 5.1 Trust board NOTE progress made against EDS2 actions and the work of the Equality and Diversity team to improve staff engagement in the Equality agenda.
- 5.2 Trust Board AGREE to delegating authority to the Finance, Resources and Performance Committee to sign off WRES and WDES plans.

Author Name: Barbara Hay
Author Role: Head of Diversity
Date report written: September 2020

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST
EDS2 Action Plan (2019 – 2020)



EQUALITY CHAMPIONS	ACTIONS	EXPECTED OUTCOME(S)	MEASURE	PROGRESS TO DATE
<p>Lack of clarity about what are equality issues and how they can be addressed. Also resources developed and provided by the Equality team not effectively utilised.</p> <p>Equality issues not fully embedded in key meetings and huddles etc..... or monitored.</p>	<p>Identify and recruit Equality & Diversity Champions for wards and areas. Design relevant training and guidance for Champions. Ensure Champions are aware of and responsible for available resources.</p> <p>Identify routes for Champions to appropriately report and escalate equality issues as they arise.</p>	<p>Equality & Diversity to be promoted widely and embedded across the Trust. Champions are equipped with correct knowledge information to recognise Equality issues. Champions are able to signpost or advise and support colleagues in promoting respect and compassion in relation to diversity.</p> <p>Equality issues are appropriately recorded recognised so that they addressed.</p>	<p>15 Equality Champions in place across the Trust. Minutes of IAG reflect attendance of Equality Champions where they will have a platform to share their issues and concerns.</p> <p>Minutes of key meetings/huddles reflect attendance of Equality Champions and includes issues identified and addressed.</p>	<p>Conversations have taken place with the Organisational Developmental Manager as to how we can utilise Change Champions to include Equality and Diversity into their role.</p> <p>We are also exploring how the new Network members can champion Equality and Diversity.</p> <p>The networks came into being late last year/early 2020.</p> <p>Due the COVID-19 pandemic only essential Equality and Diversity has been progressed and this work has been paused</p>
<p>Partner: Associate Director - Engagement</p> <p>By When: March 2020</p>		<p>EDS2 Outcome: A representative and supported workforce</p> <p>Strategic Objective: Be a model employer</p>		

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST
EDS2 Action Plan (2019 – 2020)

KNOWLEDGE UPDATE	ACTIONS	EXPECTED OUTCOME(S)	MEASURE	PROGRESS TO DATE
<p>Request from staff to refresh and update on Equality legislation and requirements of CQC, NHS England etc...</p> <p>Specific issues and concerns have been raised relating to gender. The rapid changes to legislation and practice are impacting on how clinical and medical staff are able to best support patients whose identity may not correlate to that assigned at birth.</p>	<p>Use TrustNav and This Week@UHCW to provide regular information to promote:-</p> <ul style="list-style-type: none"> • Facts – Equality Act 2010, Protected Characteristics • Changes to legislation • Direct and Indirect discrimination • Unconscious Bias • Bullying and Harassment • Interpreting and translation • Celebrate recognised Equality days/week/month • Utilised staff/ward notice boards <p>Produce guidance and or training for staff relating to gender (i.e. gender fluid, gender neutral, transgender)</p>	<p>Staff to gain an understanding of Equality and how this can impact on staff, patients and visitors.</p> <p>Staff are more confident in their understanding and have reduced concerns about using the correct terminology, not offending patients confidentiality, appropriate accommodation etc...</p>	<p>Monitor number of views on TrustNav, request for further advice, support and guidance relating information provided.</p> <p>Number of staff engaged in training, advice or guidance relating to gender.</p> <p>Monitor number of views of online guidance.</p>	<ul style="list-style-type: none"> • Unconscious bias training delivered monthly as part of the Leading Together programme • Celebrated International Day of Disabled Persons • Published magazine featuring disabled staff 'stories' and information • Held Staff networks coffee morning, distributed NHS Rainbow badges (1,000). • Celebrated International Women's day with 'Loose Women' session and a video • Utilised TrustNav and this week to promote Equality and Diversity events and information. • Comms promoting resources available for patients i.e. Faith Handbook, Accessibility Box, Interpreting Services etc. developed by Equality team • Promoted the Trans Patient guidance available on Equality TrustNav page.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST
EDS2 Action Plan (2019 – 2020)

Partner: Communications Manager	EDS2 Outcome: Improved patient access and experience
By When: Ongoing	Strategic Objective: Deliver the safest care and excellence in patient care

INTERPRETING	ACTIONS	EXPECTED OUTCOME(S)	MEASURE	PROGRESS TO DATE
There continues to be issues in the efficient and effective use of the interpreting services.	Explore potential for video interpreting trials for specialties who use face to face (F2F) interpreters for extensive periods of time e.g. women and children, ophthalmology and ED.	Eliminate wastage i.e. women in early stages of labour where interpreter could be present for 8 hours but only provide one hour of actual interpreting.	Reduction in lengthy interpreter bookings and costs.	Consistently encouraged staff to use telephone interpreting for short appointments and handed out over 60 free dual handsets
	Distribute information on Trust's funds wasted on non-cancellation of interpreters when bookings are cancelled /amended.	Staff to take responsibility for cancelling interpreters when bookings are amended/ cancelled.	Reduction in charges for late cancellations.	We have also provided iPads to trial video interpreting in Emergency Dept. These were not utilised and were returned.
	Explore the use of apps for basic communication.	Patients have more ability to participate in the personal care and needs whilst as inpatient.	n/a - exploration	Communications have been sent highlighting waste due to late cancelations.
Partner: Diversity Officer	EDS2 Outcome: Improved patient access and experience			

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST
EDS2 Action Plan (2019 – 2020)

By When: January 2020	Strategic Objective: Achieve financial sustainability
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UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST
EDS2 Action Plan (2019 – 2020)

PATIENT EXPERIENCE	ACTIONS	EXPECTED OUTCOME(S)	MEASURE	PROGRESS TO DATE
<p>Combat isolation amongst patients with specific needs such as those whose first language is not English, have specific cultural needs, are deaf etc...</p>	<p>Recruit befriending volunteers to support patients and staff with communication or other specific needs.</p> <p>Provide appropriate training for Befrienders to ensure they understand the boundaries of their role and able to operate within existing policies such as confidentiality.</p> <p>Ensure service is widely promoted. Staff to contact Volunteers Office when a patient is identified.</p>	<p>Reduce isolation for these specific groups of patients.</p> <p>Befrienders are clear about their responsibilities and, if necessary, how issues can be escalated.</p> <p>Regular messages are communicated. Staff know when and how to access befriending services.</p>	<p>5 Befrienders recruited relating to various protected characteristics</p> <p>No breaches in confidentiality/ GDPR, no complaints regarding befrienders and appropriate signposting takes place.</p> <p>Number of wards/patients requesting Befrienders.</p>	<p>9 Deaf Befrienders recruited and in place working with the local Deaf Club.</p> <p>Training delivered to all befrienders</p> <p>Extensive publicity, including visiting all wards, leaflets, posters, TrustNav comms to promote this service.</p>
<p>Partner: Head of Voluntary Services</p>		<p>EDS2 Outcome: Improved patient access and experience</p>		

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST
EDS2 Action Plan (2019 – 2020)

By When: March 2020		Strategic Objective: Deliver the safest care and excellence in patient experience		
COMPLIANCE	ACTIONS	EXPECTED OUTCOME(S)	MEASURE	PROGRESS TO DATE
<p>Gaps in equality data have been identified regarding new and existing staff.</p> <p>Ensure compliance with Equality Legislation, inspection requirements and NHS England directives including:</p> <ul style="list-style-type: none"> Workforce Race Equality Standard (WRES) Workforce Disability Standard (WDES) Annual Equality Data report EDS2 action plan and annual RAG rating 	<p>Campaigns (TrustNav, attendance at events such as Health and Wellbeing) to promote the benefits of updating their personal data.</p> <ul style="list-style-type: none"> Gather data to analyse data and produce a WRES report. Gather data to analyse data and produce a WDES report. Agree date in 2020 for staff, community groups and patient partners to facilitate a Red, Amber, Green (RAG) rating for the E&D Action Plan. 	<p>Accurate data analysis which may highlight areas which need to be investigated.</p> <p>WRES template to be completed with data/narrative.</p> <p>WDES template to be completed with data/narrative.</p> <p>Compliance of requirements for EDS2. Evaluations and actions that reflect the views and needs of patients and wider community.</p>	<p>Increase in number of staff who have updated personal details.</p> <p>WRES ratified by Trust Board and submitted formally by 31st August</p> <p>WRES ratified by Trust Board and submitted formally by 31st August</p> <p>EDS2 for 2020 -2021</p>	<p>Staff are being encouraged to update personal data on ESR. Campaign was due to start but paused due to COVID-19 pandemic.</p> <p>Both WRES &WDES submitted, submitted to Trust Board and published.</p> <p>Due the COVID-19 pandemic only essential Equality and Diversity has been progressed and this work has been paused</p>

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST
EDS2 Action Plan (2019 – 2020)

Partner: Deputy ESR & Workforce Information Manager		EDS2 Outcome: Improved patient access and experience		
By When: August 2019 (WDES) September 2019 (WRES) March 2020 (EDS2)		Strategic Objective: Lead the integration of care pathways for the populations we serve		
STAFF NETWORKS	ACTIONS	EXPECTED OUTCOME(S)	MEASURE	PROGRESS TO DATE
Specific staff networks relating to Protected Characteristics have been identified as beneficial in achieving a representative workforce at all levels. This is supported by NHS England's WRES and WDES initiative.	Provide support and communications for staff from protected characteristic groups able to set up networks. Use TrustNav and This Week@UHCW raise awareness and invite staff to participate.	Staff from Protected Characteristic groups support each other and have ability to escalate issues through the IAG.	Staff network(s) set up and run independently that are able to contribute to policy and procedure development. Attendance at IAG meetings.	We now have three staff networks; Disabled staff, BAME staff and LGBTQ+ staff all have TOR. These networks are in their infancy and due to the COVID-19 pandemic have been unable to meet regularly during the past 3 months
Partner: Equality and Diversity team		EDS Outcome: A representative and supported workforce		
By When: October 2019		Strategic Objective: Be a model employer		

BME STAFF PROGRESSION	ACTIONS	EXPECTED OUTCOME(S)	MEASURE	PROGEEE TO DATE
National recognition that BME staff are not proportionately progressing within the NHS into senior and leadership roles. Requirement of the WRES to support progression of BME staff	Deliver BME Stepping Up programme in partnership with other local NHS organisations. Ensure the programme is aligned to the Trust Leading Together Leadership Programme.	BME staff to have the opportunity to develop their leadership abilities and be involved in creating a transformational change in equality and diversity across the healthcare sector.	Evaluation of added value for participants and organisation Monitor progression of participants.	22 BME staff members took part in the second Stepping Up Leadership programme with excellent feedback. Progression of participants will be looked at as part of the next WRES submission.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST
EDS2 Action Plan (2019 – 2020)

Partner: Associate Director for Workforce	EDS2 Outcome: A representative and supported workforce
By When: December 2019	Strategic Objective: Be a model employer

SUPPORTING DISABLED STAFF	ACTIONS	EXPECTED OUTCOME(S)	MEASURE	PROGRESS TO DATE
The Trust has already signed up to Disability Confident scheme (replaces the two ticks scheme). Achieve Disability Confident Employer (level 2) status	Implement actions identified for level 2 of Disability Confident	The Trust is able demonstrate the support in place for staff with disabilities. Increased awareness and support for our disable staff members	The Trust will achieve Disability Confident Employer (level 2) status	Disability Confident Employer Level 2 achieved
Partner: Associate Director for Workforce		EDS2 Outcome: A representative and supported workforce		
By When: October 2019		Strategic Objective: Be a model employer		

APPENDIX 2



Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Name of organisation

University Hospitals Coventry & Warwickshire NHS Trust

Date if report: month/year

September

2020

Name and title of Board lead for the Workforce Race Equality Standard

Donna Griffiths, Acting Chief Workforce and Information Officer

Name and contact details of lead manager compiling this report

Barbara Hay, Head of Diversity (barbara.hay@uhcw.nhs.uk)

Names of commissioners this report has been sent to (complete as applicable)

NHS Warwickshire North and NHS Coventry and Rugby Clinical Commissioning Groups

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Anita Wilson

Associate Director of Governance and Corporate Affairs

NHS Warwickshire North and NHS Coventry and Rugby Clinical Commissioning Groups

Tel: 02476 324377 | Internal: 44377

Mobile: 07747 191967

Postal Address: Heron House, Newdegate Street, Nuneaton, CV11 4EL

Email (CCG): Anita.Wilson@warwickshirenorthccg.nhs.uk

Email (Secure) : Anita.Wilson5@nhs.net

Unique URL link on which this Report and associated Action Plan will be found

<https://www.uhcw.nhs.uk/our-organisation/equality-diversity/>

This report has been signed off by on behalf of the Board on (insert name and date)

Donna Griffiths, Acting Chief People Officer (24/09/2020)

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

No

b. Any matters relating to reliability of comparisons with previous years

As with many other Trusts to assist staff with enrolling for training both mandatory and non-mandatory all staff have been auto-enrolled on to our courses. We are unable to separate or identify where staff have accessed externally learning from ESR BI reporting. Results from Business Intelligence provides the details of those employees who have been enrolled either self or auto enrolled into a non-mandatory course on ESR and does not necessarily answer the question in the way we would want, as it should perhaps only be reviewing external courses and those required for Continuous Personal Development.

2. Total numbers of staff

a. Employed within this organisation at the date of the report

10,697 as of 31st March 2020

b. Proportion of BME staff employed within this organisation at the date of the report.

24.81%

3. Self-reporting

a. The proportion of total staff who have self-reported their ethnicity

84.14%

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

ESR internal communication drives to self-report/update personal info

ESR representative stationed at Equality events with laptop encouraging people to update details

Introduction of Staff Networks

One Stop Show Roadshows including encouraging staff to update personal details on ESR

ESR weekly support sessions to help staff navigate ESR

ESR guides

Access to ESR at home

ESR app

Managers' Training

c. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity

Utilising Staff Changemakers

Asking Managers to encourage staff to self-report during PDR

*Actions reflected in our EDS2

4. Workforce data

a. What period does the organisation's workforce data refer to?

1st April 2019 – 31st March 2020

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of the these four workforce indicators, <u>compare the data for White and BME staff</u>				
1	Percentage of staff in each of the Afc Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Non-Clinical: BME: 19.6% White: 80.4% Clinical: BME: 27.9% White: 72.1%	Non-Clinical: BME: 17.8% White: 82.2% Clinical: BME: 27.1% White: 72.9%	Small increase in non-medical BME percentage, however this is still 7% lower than the percentage of BME in the Trust BME staff are well represented with the clinical category. With both categories more work need to be done breaking down the Bandings to identify where there clear under or over representation	
2	Relative likelihood of staff being appointed from shortlisting across all posts.	BME: 15.41% White: 14.02% (0.91)	BME: 17.60% White: 15.01% (0.85)	No real concerns regarding recruitment but again we will need to drill down into these figures to see where and at what Bandings BME staff are being recruited to.	
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	BME: 0.19% White: 0.19% (1.00)	BME: 0.20% White: 0.41% (0.48)	Although the likelihood has increased by 0.52 we are still well within the target range set – 0.8% – 1.25%	
4	Relative likelihood of staff accessing non-mandatory training and CPD	N/A	N/A	As with many other Trusts to assist staff with enrolling for training both mandatory and non-mandatory all staff have been auto-enrolled on to our courses. We are unable to separate or identify where staff have accessed externally learning from ESR BI reporting. Results from Business Intelligence provides the details of those employees	

					who have been enrolled either self or auto enrolled into a non - mandatory course on ESR and does not necessarily answer the question in the way we would want, as it should perhaps only be reviewing external courses and those required for Continuous Personal Development.	
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff</u>					
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White 28.5%	White 28..2%	BME 24.5%	BME 22.1%	Percentage of BME staff continues to report less harassment abuse etc. from patients than white staff however there is a small increase.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	White 19.8%	White 19.7%	BME 21.9%	BME 23.9%	Small reduction in percentage of BME experiencing bullying/harassment/abuse form staff in past 12 months.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 87.6%	White 86.5%	BME 73.3%	BME 76.3%	Percentage of BME believing Trust provides Equal Opportunities for career progression is significantly lower than white staff. Even though there has been a slight reduction from last year the gap between BME and white staff has widened.
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 4.8%	White 5.7%	BME 11.7%	BME 12.0%	Although a slight decrease in the number of BME staff, the percentage of BME stating they have experience discrimination from manager is still significantly higher than white staff.
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff</u>					

9	Percentage difference between the organisations' Board voting membership and its overall workforce.	BME: -18.5% White: 3.2%	BME: -17.8% White: 2.0%	Small increase in the percentage of BME voting Board membership.	
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Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.



**University Hospitals
Coventry and Warwickshire**
NHS Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2020

University Hospitals Coventry & Warwickshire NHS
Trust

CONTENTS

1	Introduction
2	WDES progress in 2019/20
3	Conclusion and next steps
Appendix 1	WDES metrics report – 2019/20
Appendix 2	WDES action plan 2020/21

1 Introduction

2020 marks the second year of the Workforce Disability Equality Standard (WDES), and the first year in which we are able to compare data year on year to measure progress and identify continued areas for concern.

This year's data shows us that non-disclosure of disability status amongst staff continues to be a barrier to us having accurate knowledge of the experience of disabled staff within our organisation. Though the percentage of staff who 'prefer not to say' or whose disability status is unknown has fallen slightly (from 38% in 2019 to 36.38% in 2020), it is clear that our work to encourage more colleagues to self-report their personal data on ESR must continue. We know from the Staff Survey that 558 of 3206 respondents self-identified as disabled, whereas our ESR data states 372. Given that over 1/3 of our workforce are not considered in this WDES report due to non-disclosure, we should be mindful that the statistics which follow are an indication, and not the full picture.

In the report which follows, you will find an overview of the progress we've made as a Trust to improve the experience of our disabled staff, areas which remain a concern, the data itself, and our action plan for 2020-21 which has been co-developed with our new Disability and Wellbeing Staff Network.

If you have any questions regarding this report, you can contact UHCW's Equality & Diversity Team on GMBEQDIV@uhcw.nhs.uk.

2 WDES progress in 2019/20

Over the course of the past year, we have taken steps to improve the experience of disabled employees at UHCW. These include:

- The creation of a Disability and Wellbeing Network, which provides a space for staff to raise concerns and influence action together
- A magazine special and communications campaign on the International Day of Persons with Disabilities (IDPD), including informational articles and interviews with staff with a range of disabilities, visible and otherwise
- UHCW Hospital Radio dedicating the entire day of IDPD to discussing issues pertaining to disability. A wide range of staff from different specialties were invited to be interviewed, with the station being broadcast to patients and those in the local community
- Trust Board created a pledge on IDPD; showing their commitment to supporting disabled staff at the organisation, and this was communicated to the wider workforce
- We progressed from Disability Confident accreditation Level 1 (Committed) to Level 2 (Employer)

We have also run campaigns encouraging staff to self-report their personal data on ESR, leading to an increase of 1.62 percentage points of staff disclosing (around 175 people), but more work needs to be done in this area.

In terms of the WDES data, the following progress has been noted from last year in relation to disabled employees:

- Some increase of disabled staff in higher bandings (non-clinical bands 8a-8b, clinical bands 8c-9 & VSMS and non-consultant career grade medical and dental staff)
- Slight drops across all 3 questions in relation to the number of staff experiencing bullying, harassment and abuse
- An increase in disabled staff saying they or a colleague had reported any harassment, bullying or abuse against them
- An increase in the number of disabled staff believing the Trust provides equal opportunities
- A drop in the number of disabled staff stating they have felt pressured to come to work by their manager when unwell

4 Conclusion and next steps

The Staff Survey results indicate that our disabled workforce has a less positive experience of working at UHCW compared to their non-disabled colleagues when it comes to the specific metrics explored in this report. The more glaring discrepancies are around experience of harassment, bullying and abuse from members of the public, managers and other colleagues, and regarding feeling valued for their work by the organisation. These figures are not too dissimilar to last year's results, indicating that more work must be done to improve the experience of disabled staff.

Some positives arising from the Staff Survey include disabled employees reporting any incidents of harassment, bullying or abuse at a higher rate than last year, and the proportion of disabled staff feeling pressured to come into work by their manager when unwell falling by 7.6 percentage points. Presenteeism, however, continues to disproportionately affect disabled employees.

Over the course of the next year, we will be focusing on improving the experience of our disabled workforce by:

- Working alongside our Disability and Wellbeing Network to support them in delivering their key aims
- Identifying an Executive Sponsor for the Staff Network who will champion disability-related issues at Board level
- Working towards Disability Confident accreditation Level 3 (Leader)
- Continuing to communicate the importance of self-reporting personal data on ESR in order to get a more informed idea of issues and improvements
- The creation of an Equality Hub, both online and in partnership with our on-site Library, to include a range of educational and accessible materials (including books, guides, podcasts, documentaries and more) across all of the protected characteristics
- Working alongside the Workforce function to look at the issues of presenteeism and the Performance and Capability Procedure, which this report shows both disproportionately affect disabled employees.

Appendix 1 WDES metrics report

Detailed below is the organisation's WDES data which was submitted in August 2020 covering the period 1st April 2019 – 31st March 2020

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.

(Data source: ESR).

1a. Non-clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4%	3.5%	-0.5	57%	61.9%	+4.9	43%	34.6%	-8.6	1127	1107
Cluster 2 (Band 5 - 7)	3%	2.8%	-0.2	58%	63.1%	+5.1	39%	34.2%	-4.8	349	363
Cluster 3 (Bands 8a - 8b)	1%	1.6%	+0.6	55%	60.5%	+5.5	47%	37.9%	-9.1	112	124
Cluster 4 (Bands 8c - 9 & VSM)	3%	1.7%	-1.3	45%	49.3%	+4.2	51%	49.2%	-1.8	57	59

1b. Clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4%	3.75%	-0.25	64%	58.82%	-5.18	32%	37.43%	+5.43	2733	2907
Cluster 2 (Band 5 - 7)	5%	4.47%	-0.53	68%	68.03%	+0.03	28%	27.50%	-0.50	4172	4273
Cluster 3 (Bands 8a - 8b)	4%	3.02%	-0.98	54%	60.74%	+6.74	42%	36.24%	-5.76	259	298
Cluster 4 (Bands 8c - 9 & VSM)	0%	4.76%	+4.76	43%	61.90%	+18.90	57%	33.33%	-23.67	43	42
Cluster 5 (Medical and Dental staff, Consultants)	1%	0.77%	-0.23	52%	50.29%	-1.71	47%	48.49%	+1.49	502	521
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	1%	1.72%	+0.72	54%	58.19%	+4.19	45%	40.09%	-4.91	225	232
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	1%	0.15%	-0.85	17%	22.32%	+5.32	82%	77.52%	-4.48	720	654

Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

(Data source: Trust’s recruitment data)

	Relative likelihood in 2019	Relative likelihood in 2020	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.29	1.09	-0.20

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

(Data source: Trust’s HR data)

	Relative likelihood in 2018/19	Relative likelihood in 2019/20	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0*	7.65	+7.65*

**Though disabled colleagues are more likely to enter the Formal Capability Process than their non-disabled counterparts, the relative likelihood difference from 2018/19 should be discounted as an unreliable figure. Our Workforce function has confirmed that this procedure was not used at all in 2018/19, which is why the relative likelihood sits at 0. This year, 26 members of staff entered the procedure; 13 of unknown disability status, 9 non-disabled and 4 disabled.*

Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

(Data source: Question 13, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	37.3%	24.9%	-12.4	35.8%	25.8%	-10.0
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	22.2%	11.4%	-10.8	21.7%	11.0%	-10.7
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	30.0%	19.1%	-10.9	29.5%	18.4%	-11.1
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	46.2%	41.2%	-5.0	52.8%	43.0%	-9.8

Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	76.7%	85.6%	+8.9	78.7%	84.9%	+6.2
Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	40.6%	26.3%	-14.3	33.0%	24.5%	-8.5
Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	38.4%	51.7%	+13.3	37.1%	51.7%	+14.6
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	73.1%	N/A	N/A	72.5%	N/A	N/A

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2018 NHS Staff Survey	Non-disabled staff engagement score for 2018 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2018	Disabled staff engagement score for 2019 NHS Staff Survey	Non-disabled staff engagement score for 2019 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2019
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	6.7	7.3	+0.3	6.5	7.3	+0.5

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? Yes

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

Example 1: UHCW Disability and Wellbeing Network

- The staff network was created as an opportunity for disabled employees to work together to share experiences and influence action. Our Chief Workforce and Information Officer was in attendance at the first meeting to offer support, and the network are now in the process of electing an Executive Sponsor

Example 2: The celebration of the International Day of Persons with Disabilities

- Interviews with members of staff on their experiences of living with disabilities: publicised all week on the intranet and a magazine special being created and distributed to wards and departments. This was intended to improve understanding amongst the wider workforce, create windows for open conversation, and dispel misconceptions
- Sessions held by Equality & Diversity in partnership with Occupational Health, to assist disabled employees with requesting reasonable adjustments from their Managers
- UHCW Hospital Radio dedicating the whole day to talking about disability. This was broadcast to patients and members of the local community, and was aimed at furthering understanding and compassion, and reducing harassment, bullying and abuse faced by our disabled colleagues

Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce

(Data source: NHS ESR and/or trust’s local data)

	Disabled Board members in 2019	Non-disabled Board members in 2019	Board members with disability status unknown in 2019	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Disabled Board members in 2020	Non-disabled Board members in 2020	Board members with disability status unknown in 2020	% points difference (+/-) Between Disabled and non-disabled Board members in 2020
	Percentage (%)	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)		
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Exec = 0% Non-exec = 0% Voting = 0% Non-voting = 0%	Exec = 0% Non-exec = Voting = 0% Non-voting = 0%	Exec = 100% Non-exec = 100% Voting = 100% Non-voting = 0%	Total Board = 0% Overall workforce = 4% Difference = -4.0	Exec = 0% Non-exec = 0% Voting = 0% Non-voting = 0%	Exec = 33% Non-exec = 8% Voting = 0% Non-voting = 50%	Exec = 67% Non-exec = 92% Voting = 100% Non-voting = 50%	Total Board = 0% Overall workforce = 3% Difference = -3.0

APPENDIX 2 - WDES action plan 2020/21

Metric	Objective	Action/s	Timescales	Lead/s	Why
	To create a space on the intranet for members/disabled colleagues to find advice, make meaningful contacts			DAWN Network	
4	To hold a series of public events for all colleagues to attend and gain insight/learn			DAWN Network	
	To hold a public event with the Trust's networks to celebrate achievements of colleagues			DAWN Network	Disabled staff remain less satisfied than their non-disabled colleagues that the Trust values their work
4,5,6 & 8	Develop a Guardian group to advocate for disabled colleagues			DAWN Network	Disabled staff remain slightly less likely to believe the Trust offers equal opportunities than their non-disabled counterparts
	Review Trust-wide policies, signage, facilities and patient information to work towards making these more accessible and enabling			DAWN Network	
5, 7 & 8	To reach Disability Confident accreditation level 3	<ul style="list-style-type: none"> Identify validators Involve the DAWN Network in the validation process 	June 2021	Equality & Diversity Team	To show our staff that we are committed to removing barriers to disabled employees and those with long-term health conditions
	The creation of an Equality Hub both on the intranet and as a sub-section of our on-site Library	<ul style="list-style-type: none"> Work with DAWN Network and other disabled employees to identify key resources Work with the Library to order titles Work with the Communications Team to advertise this to our workforce 	November 2020 Launch	Equality & Diversity Team	To create a place where all staff can seek advice and learn more about a range of disabilities, aimed at improving the experience of both disabled staff and patients

1, 2 & 3	Improve the rate of self-reporting of disability status on ESR	<ul style="list-style-type: none"> Continued communication campaigns 	Ongoing	Workforce Information & ESR Team DAWN Network	The WDES data can never provide a full picture when over 1/3 of our workforce are not included in the data. More self-reporting will lead to a clearer idea of the issues and allow for more effective action
3 & 6	Work with the HR department to reduce rate of presenteeism amongst disabled staff, and review the Formal Capability Procedure to explore why disabled employees have been disproportionately affected this year	<ul style="list-style-type: none"> Assess the 4 cases of disabled staff taken through the Performance and Capability Procedure 		Workforce Business Partners Equality & Diversity Team	This report has identified that disabled employees are more likely than their non-disabled counterparts to enter the Formal Capability Procedure and to feel pressure to attend work when not well enough

Note: Explain how Disabled staff have been involved in developing and delivering the actions.

The first 5 objectives listed above have been identified by UHCW's Disability and Wellbeing Network from discussions they've had at meetings. Any additional objectives have been discussed with the Network prior to the publishing of this report.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Phase 3 Preparedness and Planning
Executive Sponsor	Kiran Patel, Acting Chief Executive Officer/Chief Medical Officer Laura Crowne, Chief Operating Officer
Author	Kiran Patel, Acting Chief Executive Officer/Chief Medical Officer Laura Crowne, Chief Operating Officer Nina Morgan, Chief Nursing Officer Susan Rollason, Chief Finance Officer Justine Richard, Chief Strategy Officer/Deputy Chief Executive Officer Mo Hussain, Chief Quality Officer Donna Griffiths, Chief People Officer
Attachment(s)	Presentation: UHCW Phase 3 and Second Wave Preparation
Recommendation(s)	Trust Board is asked to RECEIVE ASSURANCE from the report

EXECUTIVE SUMMARY

The purpose of this report is to confirm UHCW's alignment to the third phase of the response to COVID-19 and to provide additional information regarding position, and actions and governance.

Phase 3 focuses on a number of sections; Key Expectations A – Elective, Key Expectations B – Winter Planning, Key Expectations C – Workforce, Key Expectations D – Finance and System Working.

This presentation goes further than Phase 3 planning and starts to provide assurance to the Board on the key principles of COVID Surge 2. These cover; Operational. Nursing, Finance, Strategy, Quality, Workforce and Medical aspects.

PREVIOUS DISCUSSIONS HELD

COG 18 August 2020
SCOG 04 August 2020

KEY IMPLICATIONS

Financial	Managing CV19 costs alongside management of BAU linked to Phase 3. (Targeted reductions linked to delivery of Phase 3 whilst planning for surge 2).
------------------	---

Patients Safety or Quality	To align the Trust to the third phase of the response to COVID-19 ensuring patient safety guidelines are adhered to and enabling patients to access services safely.
Human Resources	Ensuring the delivery of practical actions for employers and systems together with reducing health inequalities across our system.
Operational	Accelerating the return of non-Covid health services utilising available capacity between now and winter. Sustaining current NHS staffing, beds and capacity utilising IS and nightingale where appropriate. Preparing for localised COVID-19 outbreaks or a wider national wave.



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NHS Trust

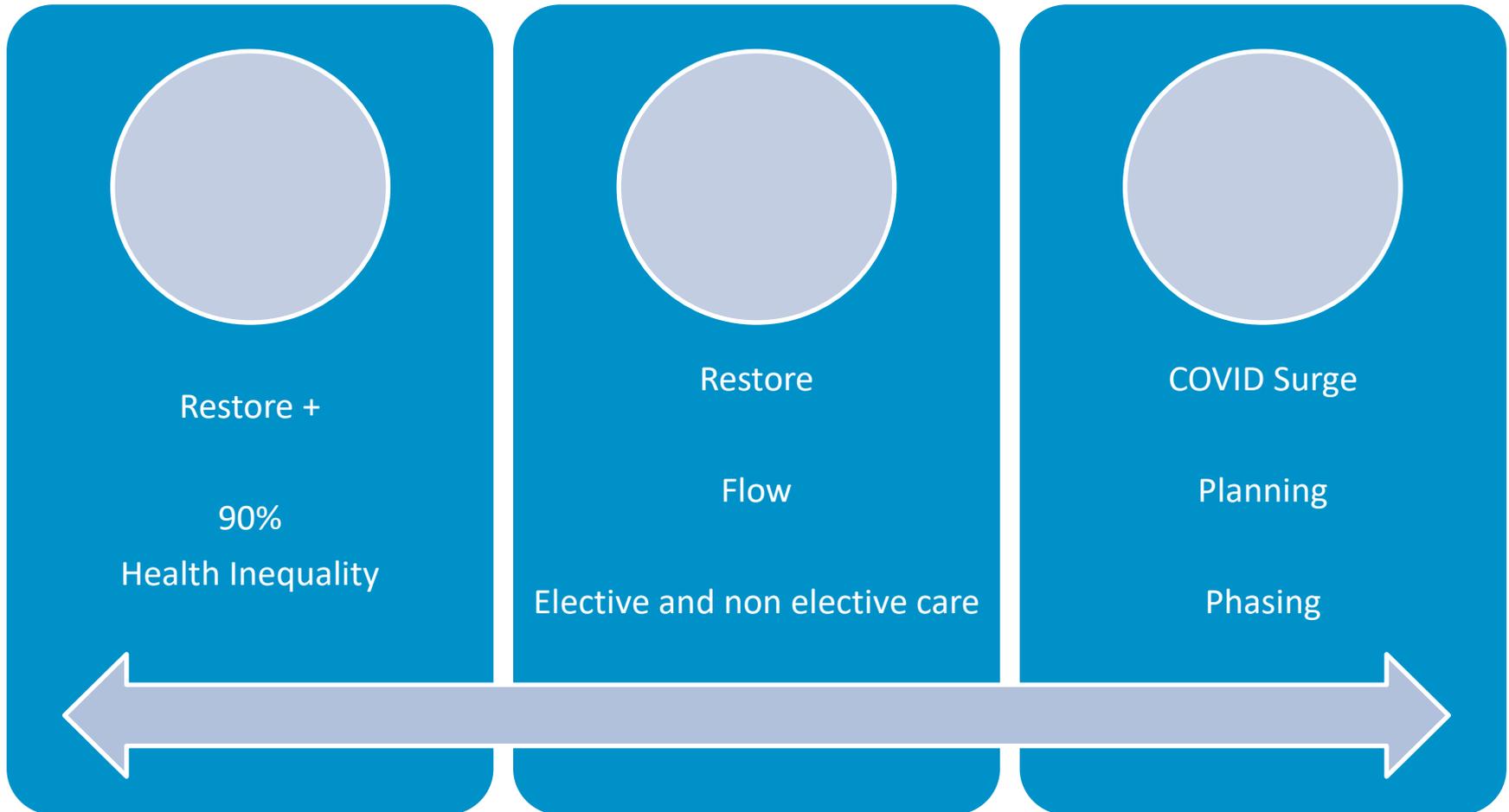


UHCW Phase 3 and Second Wave Preparation

Trust Board

24th September 2020

Winter 2020



Preparation

- Planning for a peak in November of the magnitude seen in Wave 1
- Multi-focused
 - Non elective care
 - COVID surge
 - Non COVID
 - Elective care
 - New
 - Backlog
 - Mutual aid
 - Restoration
- What will be different in wave 2?



Ambition

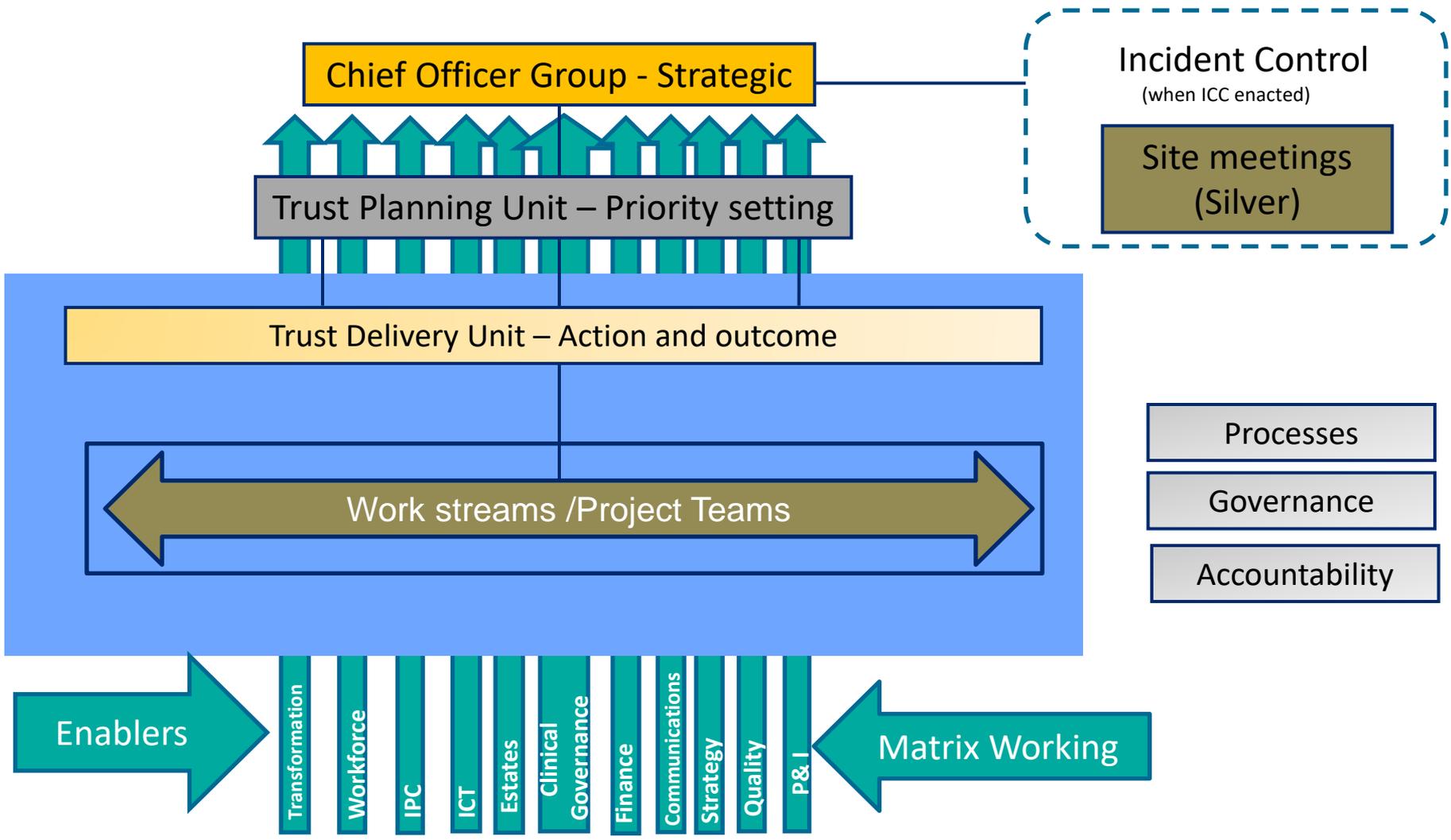
Metric
No of urgent OPA GP referrals seen within 14 days
No of pts receiving definitive cancer Rx within a month of diagnosis
62 day cancer PTL
MRI
CT
Endoscopy
Total elective spells: 80% in Sept 90% in Oct
Daycase spell
52 week waiters
Type 1&2 A&E attendances
Type 3&4 A&E attendances
Bed occupancy

Chief Operating Officer

- When will we step up to Command structure?
 - Bronze, Silver and Gold command to run on Monday the 28th September to discuss;
 - Frequency
 - Triggers for full implementation
 - Ownership and accountability of bronze and silver
 - Work streams and proposed owners
- What will stop?
 - How can we support delivery of the multiple challenges during Phase 3?
 - What might we stop or scale back during the period of increased focus?



Restoration – Governance Structure (Mid- Long-term)



Daily Operational Management – COVID 19

Planning

Gold Strategic Management:

Purpose – Authorisation and approval of strategic board level decisions that directly impact service delivery and have higher rated associated risk levels.

Owner – Gold Command – COVID -19 (CEO, CMO, CNO and COO supported OOH by on-call Executives).

Silver Management: Tactical

Purpose – Authorisation and approval of tactical level decisions requiring action and implementation.

Owner – Silver Command COVID -19 team (Supported OOH by on-call managers).

Work-streams: Operational

Purpose – To support delivery of Incident strategy through effective management of key work-streams. To escalate key items/decisions through silver tactical daily meeting where required.

Owner – Site/Operational team.

GOLD

Silver

Bronze

Operational

Gold Management: Strategic

Purpose – Final escalation for critical level decisions that directly impact service delivery and have higher rated associated risk levels.

Owner – CMO, CNO and COO supported OOH by on-call Executives.

Silver Management: Tactical

Purpose – 1st line of escalation to senior managers to support delivery of the operational strategic plans in order to mitigate associated incident Risks.

Owner – Silver Command management team supported OOH by on-call managers.

Incident Control Room: Operational

Purpose – To support, co-ordinate and direct the operational response with a clear and concise central log of key decisions and actions.

Include daily Clinical staffing and (re)deployment.

Owner – Site/Operational team.

Dashboards and metrics

- Phase 3 monitoring
- Metrics detailed above
- Incident control measures/bed reports and triggers
- Triggers and escalation – clear hospital response, clarity on mutual aid and system wide working and triggering support

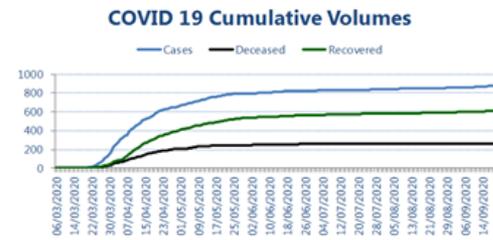
Outpatient Activity

Procedures at BMI for COVID Volumes

Week commencing	Week Reference	Urology		No of lists	No of patients treated	No of lists
		No of lists	No of patients treated			
30/03/2020	1	2	19			
04/06/2020	2	3	22			
13/04/2020	3	2	12			
20/04/2020	4	4	17			
27/04/2020	5	6	26			
04/05/2020	6	8	23			
11/05/2020	7	12	30			
18/05/2020	8	15	45			
25/05/2020	9	10	29			
01/06/2020	10	14	36			
08/06/2020	11	12	36			
15/06/2020	12	16	40			
22/06/2020	13	10	35			
29/06/2020	14	15	42			
06/07/2020	15	11	33			
13/07/2020	16	12	40			
20/07/2020	17	15	40			
27/07/2020	18	14	43			
03/08/2020	19	12	34			
10/08/2020	20	12	30			
17/08/2020	21	12	34			
24/08/2020	22	8	31			
31/08/2020	23	6	6			
07/09/2020	24	10	17			
14/09/2020	25	3	3			
21/09/2020	26	7	8			
Total		247	731	103	105	41

A&E

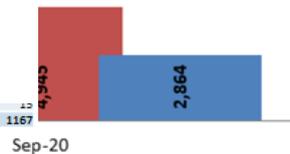
Cumulative COVID-19 Patients Admitted	881
Current Inpatients: Critical Care	2
Current Inpatients: Rest of Hospital	7
Discharged: Recovered	611
Discharged: Deceased Submitted	255
Discharged: Deceased +ve Swab Awaiting Confirmation	6



Site	Aug-20	Sep-20	2019/20	2020/21	Rolling 28 Days
University Hospital	83.55%	77.09%	75.37%	85.44%	78.36%
Rugby	99.19%	99.83%	99.39%	98.40%	99.74%
City of Coventry Health Centre	99.86%	99.18%	98.60%	99.68%	99.26%
Local Health Economy	91.03%	84.97%	82.47%	91.45%	86.47%

Sep-20
80.0%
6,454
5,163
2,864
44.4%
2,299
7,647
6,118
4,945
64.7%
1,173

Admissions



Sep-20

Sep-20

Sep-20

Chief Operating Officer

- Elective care plans
 - Theatres 'perfect weeks'
 - Outpatients
 - Admin work programme
 - Targeted 52 week planning
- Restoration
 - Elective planning
 - Winter planning
 - COVID-19 second wave surge
 - EU exit

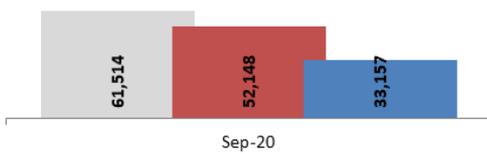


Elective Care Phase 3 Progress Report - Data as at 20/09/20

Outpatient Activity

Outpatients		Sep-20
Target %		100.0%
2019 <u>Attendances</u>		61,514
Target Attendances (2019 x target)		61,514
Actual Attendances		33,157
As % of 2019		53.9%
Additional Needed		28,357
2019 <u>Appts</u> (Attend + DNA + Future Booked)		67,133
Target Appts (2019 x target)		67,133
Actual Appts		52,148
As % of 2019		77.7%
Additional Needed		14,985
New Appts - Virtual % (25% Target)		21.5%
FU Appts - Virtual % (60% Target)		40.9%

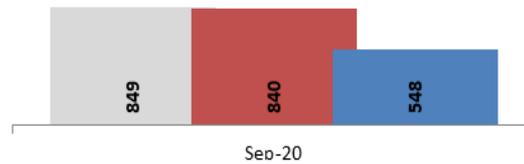
Target Appointments Attendances



Overnight Elective

Overnight Elective Inpatients		Sep-20
Target %		80.0%
2019 <u>Admissions</u>		1,061
Target Admissions (2019 x target)		849
Actual Admissions		548
As % of 2019		51.6%
Additional Needed		301
2019 <u>Booked</u> (Admit + DNA + Canx + Future TCI)		1,216
Target Booked (2019 x target)		973
Actual Booked		840
As % of 2019		69.1%
Additional Needed		133

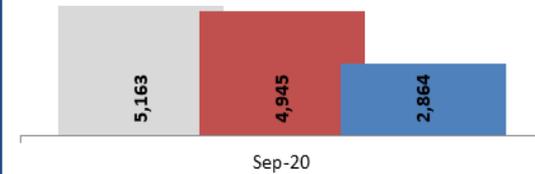
Target Booked Admissions



Daycase

Daycase		Sep-20
Target %		80.0%
2019 <u>Admissions</u>		6,454
Target Admissions (2019 x target)		5,163
Actual Admissions		2,864
As % of 2019		44.4%
Additional Needed		2,299
2019 <u>Booked</u> (Admit + DNA + Canx + Future TCI)		7,647
Target Booked (2019 x target)		6,118
Actual Booked		4,945
As % of 2019		64.7%
Additional Needed		1,173

Target Booked Admissions



52 Week Wait Position

52 Week Waits

Current Total 1020

	New Breaches and TCI's in Week			
	20 - 27-Sep	27 - 04-Oct	04 - 11-Oct	11 - 18-Oct
Expected New 52 Weeks Tip Overs	192	202	275	239
Total 52 Weeks Dated	54	59	30	42
Total Expected 52 Weeks	1158	1301	1546	1743
Bookings Needed to Stop Increase	84	143	245	197



COVID surge plans

- University Hospitals Coventry and Warwickshire
- Coventry and Warwickshire System



SRO AREAS- Chief Nursing Officer

Testing

Infection
Prevention
and Control

Discharge
Planning



SRO AREAS- Chief Finance Officer

PPE

Independent
Sector



SRO AREAS- Chief Strategy Officer

Mutual Aid

Communications



SRO AREAS- Chief Quality Officer

Quality Assurance

Quality and Equality impact assessments

Governance



SRO AREAS- Chief People Officer

Workforce
Deployment &
Redeployment

Staff Wellbeing
& Support



SRO AREAS- Chief Operating Officer

Clinical
Pathways

*Rob Simpson to lead



SRO AREAS- Chief Medical Officer

Research &
Development

Teaching &
University

Medical
Rostering



REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020

Subject Title	Emergency Preparedness Annual Report 2019-20
Executive Sponsor	Laura Crowne, Chief Operating Officer
Author	Luke Peachey, Emergency Planning Manager
Attachment(s)	2020 Emergency Preparedness Annual Report 2019-20
Recommendation(s)	<p>The Board is invited to RECEIVE ASSURANCE that the Trust is compliant with the requirements of the Civil Contingencies Act 2004 and the NHS Emergency Preparedness Response & Resilience (EPRR) Framework.</p> <p>See enclosed Emergency Preparedness Annual Report 2019 for full details.</p>

EXECUTIVE SUMMARY

This report outlines the activity and work of Emergency Planning undertaken during the year 2019/2020. This builds upon the foundations already established in previous years to ensure the Trust meets the requirements of the Civil Contingencies Act 2004 and the NHS EPRR framework.

UHCW continues to deliver against the requirements of the CCA (2004) and the NHS EPRR Framework, and is reflected in the work achieved and celebrating as being substantially compliant with EPRR Core Standards. The work undertaken by the Trust and learning created through internal and external exercising, and real incidents, such as our response to COVID-19 ensures that UHCW meets regional and national plans, guidance and best practice.

Comprehensive plans are in place to ensure the Trust is able to respond to a range of incidents and emergencies. Working both internally and externally with partner organisations, the Trust has tested these plans in our response to the COVID-19 pandemic, and continues to date, and will embed learning into future plan revisions/developments along with disseminating training to staff involved in the management of incidents.

PREVIOUS DISCUSSIONS HELD

Presented to Trust Board annually

KEY IMPLICATIONS

Financial	Nil
Patients Safety or Quality	Nil
Human Resources	Nil
Operational	Appropriate preparedness and ability to respond to NHS England Emergency Preparedness, Resilience and Response Framework, 2015



**University Hospitals
Coventry and Warwickshire**
NHS Trust

Emergency Preparedness Annual Report 2020

Report by:

Luke Peachey, Emergency Planning Manager

On behalf of

Laura Crowne, Chief Operating Officer



We **Care.** We **Achieve.** We **Innovate.**

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1.0 Introduction

This report outlines the activity and work of the Emergency Planning Team undertaken during the year 2019/2020. This builds upon the foundations already established in previous years to ensure the Trust meets the requirements of the Civil Contingencies Act (CCA) (2004) and the NHS Emergency Preparedness Response & Resilience (EPRR) Core Standards Framework. The Department of Health guidelines set out a requirement that all NHS Boards receive regular reports, at least annually on emergency planning.

1.1 Civil Contingencies Act 2004

The CCA (2004) provides a framework for all emergency preparedness activities undertaken across the public sector. As part of this legislation, the Trust is classed as a Category 1 Responder along with the emergency services, local authority and other frontline NHS organisations.

As a Category 1 Response, the Trust is responsible for a number of civil protection duties. These include:

- Assess the risk of emergencies occurring and use this to inform contingency planning;
- Put in place emergency plans;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination; and
- Co-operate with other local responders to enhance co-ordination and efficiency.

The work that is undertaken by the Emergency Planning Manager ensures that we, as a Trust, are compliant with those duties placed upon by the (CCA) (2004), along with the associated guidelines; Emergency Preparedness, Emergency Response and Recovery and the NHS Emergency Planning Guidance.



1.2 NHS Emergency Preparedness Framework

This is a strategic national framework containing principles for health emergency planning for all NHS funded organisations including; Clinical Commissioning Groups (CCGs), GPs, Acute Trusts, primary and community funded organisations.

All NHS-funded organisations must meet the requirements of the CCA (2004), the Health and Social Care Act (2012), the NHS standard contracts, the NHS England Core Standards for EPRR, the NHS England Command and Control Framework, and the NHS England Business Continuity Management Framework.

1.3 NHS Emergency Preparedness, Resilience and Response Core Standards.

The NHS England Core Standards for EPRR set out clearly the minimum EPRR standards which NHS organisations and providers of NHS-funded care must meet.

The Core Standards enable agencies across the country to share a common purpose and to co-ordinate EPRR activities in proportion to the organisations size and scope; and provide a consistent cohesive framework for self-assessment, peer review and assurance processes. The events of 2020 have tested all NHS organisation plans to a degree above and beyond that routinely achievable through exercise or assurance processes. Therefore the EPRR Core Standards Self-Assessment is different compared to previous years, and assurances are required to focus on three areas;

1. Progress made by the organisation that were reported partially or non-compliant in the 2019/20 process
2. The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic
3. Inclusion of progress and learning in winter planning preparations

1. Last year UHCW was 'Substantially Compliant' with 65 fully compliant and 2 partially compliant of the core standards with rectification plan in place for the standards to be



completed by the end of the financial year. The areas that the Trust was not fully compliant sat within Business Continuity and attendance at the local LHRP. UHCW have actioned, completed, and meet all the rectifications therefore making UHCW Fully Compliant for the first time which is an exceptional achievement for UHCW. Clinical groups Business Continuity Plans have been an outstanding action for some years, and the response to COVID-19 managed to close this outstanding action. Having these plans and impact assessments in place not only protects us for loss of staff for a potential second surge of COVID-19 but ensures our groups and on call colleagues have wider understanding of our services, the dependencies and critical functions with actions to take if impact is expected/experienced.

2. Every single member of staff at UHCW has been involved to some degree in the preparedness and or response to COVID-19, therefore it is essential we gave every staff member the opportunity to feedback their views on what they felt went well, what didn't go so well, and any associated lessons that can be identified. To reach the >9,000 staff employed at UHCW an online debrief survey was developed and launched by the EPM in June to give the opportunity to all trust staff, including our PFI partners to have their say. Following the online debrief survey a number of targeted focus debrief sessions were also held to obtain further detailed information. These included the following forums;

- Strategic (Gold) Command Incident group
- Tactical (Silver) Command Incident group
- Clinical COVID-19 Committee
- & a number of Trust staff groups as requested

Results, and learning have been evaluated and shared with senior leaders of the organisation to review against our winter and COVID-19 surge plans. A full debrief report will be available in due course by the EPM.

3. UHCW Winter Plan has been dovetailed to the learning of COVID-19 first wave and aims to demonstrate that UHCW is building upon the learning from previous winter plans factoring in complexities we are likely to face this year by identifying the demand on all areas and their dependency on one another, ensuring that seasonal demand will not compromise patient care, safety, and experience, and identifies potential risks with clear actions in place to mitigate impact.



2.0 Emergency Planning Overview

2.1 Accountabilities

The Chief Executive has overall responsibility and accountability for ensuring the organisation has tried and tested processes to manage the response to any major incident.

Laura Crowne, Chief Operating Officer is the Executive Director Lead [*Accountable Emergency Officer*] for Emergency Planning within the Trust with responsibility for setting the strategic direction.

The Non-Executive Director position endorses assurance to the Board that the organisation is meeting its obligations, and until recently was undertaken by Ed Macalister-Smith until his term has come to an end. This position remains to be appointed to date.

Luke Peachey, Emergency Planning Manager (EPM), is the Trust Lead for Emergency Planning providing the day to day operational input in to emergency planning.

Arun George, Consultant – Emergency Medicine, is the Trust Clinical Lead for Emergency Planning. This role provides a clinical perspective on all emergency planning activities, with specific regard to the reception of casualties during Major Incidents.

2.2 Resources

2.2.1 Staffing

The staffing resource for the Emergency Planning Unit is currently 1 WTE Band 8a in the form of the Trust EPM, and 1 Part time (0.8) Personal Assistant of which responsibilities are split with the Director of Operations.



2.2.2 Equipment

The EPM manages, on behalf of the Trust, a range of equipment which includes decontamination equipment for patients who are contaminated by chemical, biological, radiological or nuclear material, the Mass Casualty Stock, and the Trust Radio equipment.

The EPM ensures that the Major Incident Control Room is prepared for use and is able to function appropriately as a control centre.

2.2.3 MTPAS – Mobile Telephone Privileged Access Scheme

To ensure that there are resilient communications within the Trust we have access to a number of mobile telephones that are registered with the Mobile Telephone Privileged Access Scheme. These details can be obtained from the EPM upon request.

2.2.4 Decontamination Equipment

The Trust has twenty four operational decontamination suits (Powered Respirator Protective Suits – PRPS) stored within the Emergency Department that were procured by NHS England and Improvement (NHSEI), but are maintained by UHCW under an annual service programme.

The Trust also has a two lane articulating frame decontamination tent which is light weight and easy to erect. This tent is also equipped with a conveyor to deal with non-ambulatory patients. The tent is inspected on an annual preventative maintenance contract to ensure it is in good working order by an external company.

2.3 Emergency Planning Steering Committee

The Emergency Planning Steering Committee is a multi-disciplinary group established to monitor and guide the work of the Emergency Planning work stream. This group reviews the work of the EPM and provides opportunity to influence ongoing planning within the Trust.

During 2019/20 the committee met on:

- 25th September 2019
- 8th January 2020

- 22nd April 2020 – cancelled due to response to COVID-19 Pandemic
- 8th July 2020

The committee reports directly to the Risk Committee via the EPM on a quarterly basis which feeds the Quality Standards Committee and Trust Board.

2.4 Multi-Agency Forums

The Trust is represented on various multi-agency forums, working with partners across the health economy and the region to ensure plans and responses to incidents are integrated. These include;

- Local Health Resilience Partnerships in both West Midlands and Warwickshire
- Coventry & Warwickshire Emergency Planning Action Group
- Birmingham, Solihull and Black Country Emergency Planning Group
- Pandemic Influenza Planning Meetings
- Town and County Council Emergency Planning and Safety Advisory Groups
- Coventry Resilience Forum

2.5 Risk Register

The Emergency Planning Risk Register is maintained by the EPM and updates via the Risk Committee on a quarterly basis being dovetailed to the National and Regional/Local Risk Registers.

3.0 Major Incident and Business Continuity Planning

The Trust must be able to respond to Critical and Major Incidents, as one of its core capabilities and responsibilities. These incidents may be from either an external or internal stimuli, the end result being the same, essential services must continue. This can be achieved through an effective Major Incident Plan, and Business Continuity Plan which are in place.

3.1 Business Continuity Plan



The review of the Business Continuity Management System has been one of the main priorities of the EPM to ensure continuity in the delivery of core services through an incident or business interruption at each group level. It involved identifying core services, understanding the requirements of delivery for those services and developing a plan on how to maintain or re-start that service.

The Business Continuity review project was launched to promote the business continuity by empowering groups to review and develop Business Impact Assessments (BIA) & Business Continuity Plans (BCP). This project has been running for nearly three years and back in February with the emerging Corona Virus pandemic having such plans in place was imperative with the emerging risk of loss of staff due to the virus. One of the first working groups established as part of the Trust wide response was ensuring BCP are in place for all services, and thanks to everyone's efforts plans were produced to ensure critical services can continue to run and function. Following the first phase of the pandemic groups have been re-reviewing plans to ensure they remain current following the adjustments made to services as part of the COVID-19 response, and the implementation of restoration and recovery and supporting wider winter surge plans. This ensures the Trust is aligned to best practice and the requirements of the NHS EPRR Core Standards where business continuity planning meets the requirements under the internal standard for business continuity planning – ISO22301.

The Trust corporate Business Continuity Plan remains in place and current, which is dovetailed to the individual groups/services plans.

3.2 Major Incident Plan

The Trust Major Incident Plan remains in place and current, with plans for a general review scheduled for next year in line with good practice.



3.3 Incident Declarations

During the last twelve month period, there have been no activations of the Major Incident Plan however the EPM, and Operational Team have supported in a number of high profile national events to minimise the impact to the organisation as listed below.

3.3.1 Corona Virus Pandemic (COVID-19)

On Monday 20th January the EPM along with Infection Prevention & Control colleagues began preparations with the emerging and rapidly evolving situation now known as Corona Virus (COVID-19).

Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. For example, some coronaviruses cause the common cold; others cause diseases which are much more severe such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), both of which often lead to pneumonia. COVID-19 is the illness seen in people infected with a new strain of coronavirus not previously seen in humans. On 31st December 2019, Chinese authorities notified the World Health Organisation (WHO) of an outbreak of pneumonia in Wuhan City, which was later classified as a new disease: COVID-19, which on 30th January 2020, WHO declared the outbreak of COVID-19 a “Public Health Emergency of International Concern”.

Working groups were established on Monday 20th January initially being led by Emergency Planning to ensure UHCW was as prepared as we could be for this emerging disease aligning to national guidance, and quickly evolved in to larger groups at all incident management levels with some continuing to date.

EPRR was enhanced in the peak of the COVID-19 1st wave by redeploying staff to support the EPM with existing EPRR qualifications, and previous experience of the role. Administrative support was also rostered to support the operational running of the Incident Control room, and to ensure actions and decisions were logged.



As summarised above learning identified following the COVID-19 Debrief have been evaluated and shared with senior leaders of the organisation to review and align against our winter and COVID-19 surge plans. A full debrief report will be available in due course by the EPM.

3.3.2 European Union Exit

UHCW, along with all other NHS organisations, supported the preparations and response to EU Exit with the Department of Health and Social Care and NHS England and NHS Improvement (NHSE/I). This was a co-ordinated effort across the health and care sector to potential avoid problems in the event of a 'no deal' exit and to ensure there would be a planned response. Specific area of focus included; workforce and securing the supply chains of pharmaceuticals, medical devices and consumables.

The Trust has supported these preparations since December 2018 when the Government announced it would prepare for a no deal EU Exit, focusing on preparing our operational response, aligned to DHSC structures.

The European Union (Withdrawal Agreement) Act 2020 was passed in January, and the Trust continues to prepare, albeit much of this has been affected by the COVID-19 pandemic.

3.3.3 Critical Incidents

Nil

3.3.4 Business Continuity Incidents

The EPM and other Operational Team colleagues have responded to various Business Continuity incidents around the Trust requiring implementation of local Business Continuity Plans (BCP) at corporate and localised group levels. Elements of BCP's are invoked frequently to ensure critical services operate with minimal impact.



3.3.5 On Call Manager & Executive Training

The EPM continues to deliver the Coventry & Warwickshire Incident Management Training in conjunction with local Arden area Emergency Planning counterparts which are linked to the National Occupation Standards for on call commanders. Despite the pause during the COVID-19 pandemic the training is being relaunched to offer to all On-Call Executives and Managers across the three Acute Trusts in the Arden cluster, along with Coventry and Warwickshire Partnership Trust, and CCG. This continues to enable regular and frequent training being available to all parties across all sites, multi-partner training and engagement, sharing associated costs, and sharing delivery responsibility. Local training also continues to be delivered in house to ensure the incident team has the knowledge, and confidence to deal with the specific response required at UHCW.

On Call Executives and Managers continue to be invited to one of the many training dates available in order to achieve 100% compliance.

3.3.6 Internal – Emergency Department Major Incident Training

The training for the Emergency Department Nursing staff continues being delivered successfully by the Emergency Department link nurse. This specific training focuses on the Major Incident Plan and the associated Standard Operating Procedures to cover specific threats the Emergency Department is likely to encounter. Training compliance with nursing staff in the ED has dipped within the past year from 85% to 80% due to a high turn of staff and dealing with the response to the COVID-19 pandemic, but strategies have been implemented to address this short fall and mitigate the risk.

Training for Emergency Medicine Consultants, Registrars and Receptionists continues to be delivered by the EPM, and the Clinical Lead for EPRR.



3.3.7 PHE Loggist Training

The Loggist role is essential in the response to any Critical or Major Incident to capture decisions and actions made by the Incident Management Team. The EPM continues to deliver Loggist training within the Trust which is accredited with Public Health England. Due to the success and benefits as listed above with the Incident Management Training, the EPM delivers this training in conjunction with local Arden area Emergency Planning counterparts. Previously, trained loggists have been given the opportunity to refresh their knowledge in online refresher training. Administrative staff from around the Trust continue to be invited to attend one of the many loggist course dates scheduled throughout the year.

3.4 Exercises

The CCA requires Category 1 responders to include provision for carrying out exercises and for the training of staff in emergency plans. As a minimum requirement, NHS organisations are required to undertake a minimum of a 'live' exercise every three years, a 'tabletop' exercise every year, and a communication cascade every six months. As UHCW was involved in the response to the COVID-19 pandemic requiring the Incident Command Centre to be opened UHCW is exempt from a live play and command post exercise which should take place every three years based on regulations as outlined in the CCA (2004). Little activity has taken place with offsite multiagency exercises compared in previous years due to once again of the COVID-19 pandemic, however despite this a number of other internal exercises/drills continued to run as summarised below.

3.4.1 Internal - Communications

Three communication exercises for the Trust throughout 2019/20 have tested various groups through the use of the automated telephone call out system – Rapid Reach with success.

3.4.2 Internal Exercise Switchboard switchover 'monthly occurrence'

The purpose of this regular exercise is to ensure if the main switchboard in the FM Building failed or required evacuation, and or the main bleep system failed the staff were able to deliver a service from the Fall-back Switchboard based in the Clinical Science Building. This exercise continues to



be delivered on a monthly basis testing all equipment and keeping staff familiar with their role, responsibilities, and processes should this be required.

3.4.3 Internal Exercise Lockdown ‘monthly occurrence’

The purpose of this regular exercise is to ensure ISS Security can quickly respond safely, and effectively locking down the hospital site whatever the need may be. A full lockdown is the process of preventing entry to and exit from the entire site and or building. This exercise continues to be delivered on a regular basis testing all security teams keeping staff familiar with their role and responsibilities. It is demonstrated through the regular exercises the hospital can be locked down on average within nine – twelve minutes during working hours. Exercises out of hours continue to be tested.

3.4.4 Baby Abduction Exercise – 4th December 2019 & 21st January 2020

The purpose of this exercise is to ensure that the Trust is able to locate and/or return the abducted or missing baby/child as quickly as possible, ensuring staff are deployed effectively to conduct a search and cooperate with the security and police if necessary. This exercise will be delivered more frequent as per the exercises listed above to keep staff familiar with their role, responsibilities, and processes should this be required.

4.0 Summary

UHCW continues to deliver against the requirements of the CCA (2004) and the NHS EPRR Framework, and is reflected in the work achieved and declaring as being substantially compliant. The work generated from Core Standards Self-Assessment along with learning created through internal and external exercising, and real incidents ensures that UHCW meets regional and national plans, guidance and best practice.

Comprehensive plans are in place to ensure the Trust is able to respond to a range of incidents and emergencies. Working both internally and externally with partner organisations, the Trust has tested these plans in our response to the COVID-19 pandemic and will embed learning into future



plan revisions/developments along with disseminating training to staff involved in the management of incidents.

As a Major Trauma Centre the Trust is heavily involved in local and regional planning and exercising aimed at testing the resilience and preparedness of not only UHCW NHS Trust, but partner organisations.

The work undertaken and response in 2019-20 has ensured the Trust has robust, tested plans and has trained and able staff to respond to incidents.



**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Infection Prevention and Control Annual Report 2019-20
Executive Sponsor	Professor Nina Morgan, Chief Nursing Officer
Author	Kate Prevc, IPC, Sepsis and Decontamination Lead Nurse. Dr Chris Hastie, IPC Data Analyst
Attachment(s)	Infection Prevention and Control (IPC) Annual Report 2019-20
Recommendation(s)	Trust Board is asked to RECEIVE ASSURANCE from the IPC Annual Report 2019-20

EXECUTIVE SUMMARY

UHCW continues to perform well against Department of Health and Social Care (DHSC) targets. Compared to a basket of 35 large teaching NHS trusts, the combined unweighted rank of UHCW for outbreaks of MRSA, MSSA, *E. coli* and *C. diff* is third, reflecting the Trust's excellent performance in infection prevention and control. Trust Board is requested to receive, and note the Annual Report.

PREVIOUS DISCUSSIONS HELD

Annual Report to Public Trust Board.

KEY IMPLICATIONS

Financial	Breach of Cdiff ceiling target has financial implications if cases are deemed avoidable.
Patients Safety or Quality	Reducing infection rates improves the safety and quality of care to our patients and ensures a high quality of care
Human Resources	Excellent infection prevention and control practices are dependent on our entire workforce.
Operational	Increased infection rates are costly and increase length of stay. Increased requirement for isolation affects patient flow.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Infection Prevention and Control Annual Report 2019-20

1. INTRODUCTION

- 1.1 The purpose of this report is to provide assurance to the Board that the Trust has a robust and effective infection prevention and control framework. The annual report monitors progress against the annual plan 2019-20.

2. CONTENT

2.1 COVID-19

- 2.2 In January 2020, government advice was issued to all acute trusts regarding an outbreak of SARS COV-2 in Wuhan, China.

- 2.3 The first positive cases in the United Kingdom were confirmed 31st January, with UHCW having its first positive case on 6th March.

- 2.4 IPC were involved in the planning and execution of guidance from the first communication in January, with the extent of changes across trust services being extraordinary, with rapid changes in what is done and the way it is done.

- 2.5 Huge challenges included FIT testing, a safety check for a type of mask worn by staff during aerosol-generating procedures, the provision and safe use of Personal Protective Equipment (PPE) and the safe care and management of patients tested positive for COVID-19.

- 2.6 To meet the demand and provide support, the IPC team moved from a Monday-Friday service with an on-call telephone facility at weekends, to a seven day service.

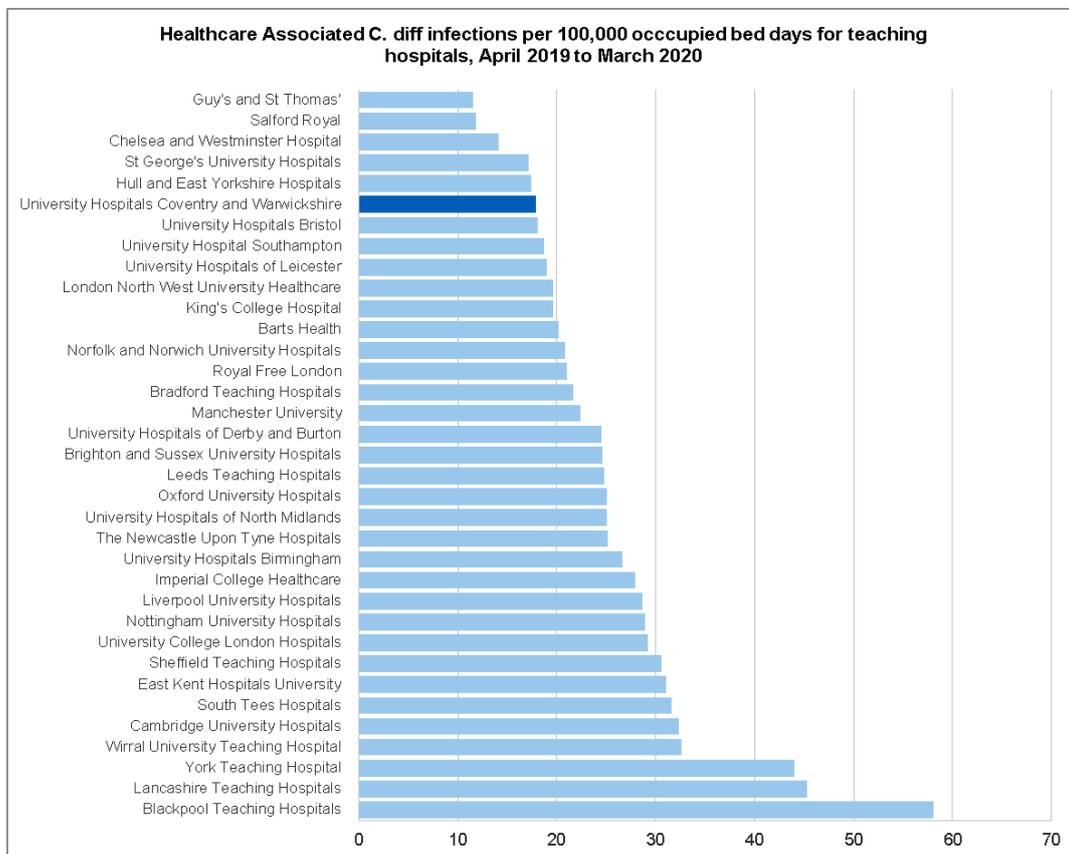
2.7 Clostridioides difficile (C. diff)

- 2.8 In April 2019 the way in which cases of *Chlostridioides difficile* infection (CDI) are counted changed significantly. The Trust is now held accountable not only for case of CDI occurring in inpatients, but also for those cases which commence in the community in patients who have been inpatients in the previous 28 days. These cases are known as Community Onset Healthcare Associated (COHA), whilst cases occurring in inpatients are known as Hospital Onset Healthcare Associated (HOHA)

- 2.9 UHCW reported 70 cases of Healthcare Associated (both HOHA and COHA) *C. diff* against a Public Health England (PHE) set aim of having 60 or fewer. The table below summarises the number of *C. diff* episodes using the four categories now used by PHE:

Healthcare associated cases				Community Onset Indeterminate Association (COIA)	Community Onset Community Associated (COCA)	Total
Hospital onset (HOHA)	Community Onset (COHA)	Total	PHE Threshold			
48	22	70	60	16	37	123

2.10 In terms of the rate of infection per 100,000 bed days the Trust's performance for *C. diff* infections remains good, ranking 6th out of 35 similar trusts see (Graph 1 below). However, this does represent a slight drop in performance compared to previous years — in 2018/19 UHCW ranked 4th.



Graph 1: Rate of *C. diff* infection per 100,000 bed days for 35 English teaching hospital trusts

2.11 The Trust saw a significant increase in the number of *C. diff* infections throughout much of the first half of 2019/20. Considerable work was done, in partnership with NHS Improvement and Public Health England, to try to understand the increase in rates of *C. diff*. No clear cause was identified, but the second half of the year saw the rate dropping again. The increase in the number of cases seen in the first half of the year was not confined to healthcare associated cases, but was also seen in community associated cases.

2.12 Each healthcare associated case is subject to a prompt Patient Safety Review, involving the IPC team, Patient Safety team and clinicians from the wards involved. This multi-disciplinary process facilitates shared learning and improved care. The outcomes of these reviews are later discussed and agreed with the CCG. The number of lapses of care identified through this process in 2019/20 was low, at just 8. This indicates that the management of *C. diff* at UHCW provides a high standard of care to our patients.

2.13 In addition to monitoring the rate of *C. diff* the IPC team conduct an ongoing audit of the management of each case of *C diff* against Trust policy. The results of this audit inform our ongoing education package around *C. diff* management. The results are available at ward level in the Infection Prevention and Control scorecard and are discussed by the Matron group at monthly Infection Prevention and Control performance and quality meetings.

3. METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

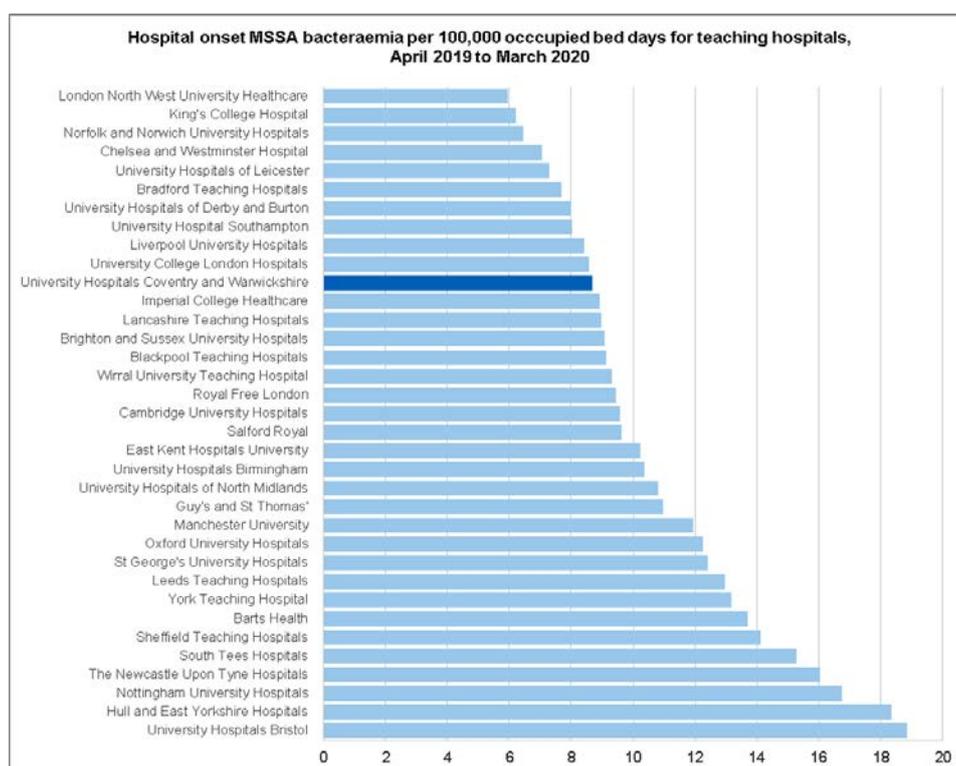
3.1 UHCW declared one case of hospital acquired MRSA bacteraemia for 2019-20. Across our comparator group of 35 similar trusts the average rate per 100,000 bed days was 0.80. The rate at UHCW was 0.26.

3.2 The single case seen at UHCW during 2019-20 is likely to have been acquired in the community, but has to be recorded as hospital onset because of a delay in testing.

3.3 The Trust's compliance with its targets for screening for MRSA colonisation in patients admitted to high risk areas increased considerably during 2019/2020. For emergency admissions in particular the overall trust figure fell below the target of 90% only in April (88.5%) and September (89.9%). In the previous year emergency admissions fell below target for eight of the twelve months.

4. METHICILLIN SENSITIVE STAPHYLOCOCCUS AUREUS (MSSA)

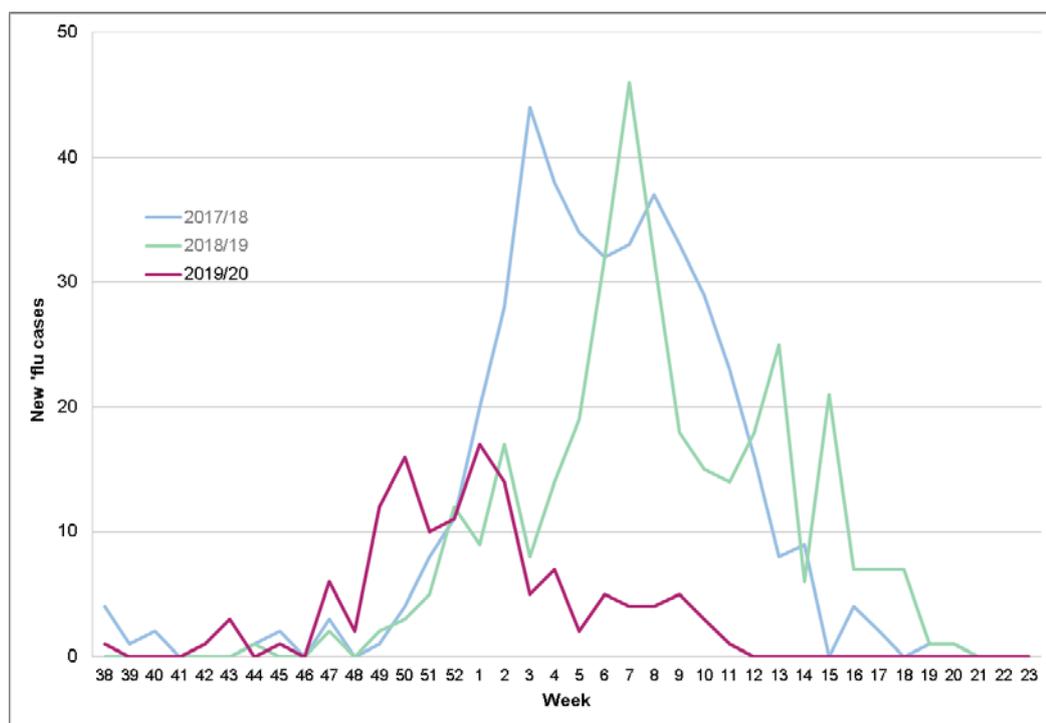
4.1 The Trust continues to perform well when compared to other Trusts. Across our comparator group of 35 similar trusts the average rate of trust-apportioned MSSA bacteraemia per 100 000 bed days is 10.8. The UHCW rate is 8.69, ranking 11th out of 35 (See Graph 2 below).



Graph 2: Rate of MSSA compared to 35 English teaching trusts

5. INFLUENZA AND NOROVIRUS

- 5.1 The 2019-20 influenza season began unusually early, with a sharp rise in cases being seen in late November 2019. However, cases did not continue to rise, and the season was both short and quiet (See Graph 3 below). There was very little disruption to operational work due to influenza.
- 5.2 UHCW ran a highly successful influenza vaccination campaign last year successfully vaccinating 5837 frontline staff which equated to 84.5%.
- 5.3 The prevalence of norovirus was not high across the Trust during 2019/2020. A total of 4 wards were affected by confirmed cases, in all four instances it was managed by bay closure as opposed to the whole ward. The spread of infection was identified in one instance in medicine; this led to 2 bays being closed, with a total of 5 patients affected. Both bays were open after 11 days. Root cause analysis in 3 of the 4 closures indicated visitors had introduced the virus into the area.



Graph 3 Comparison of 'flu seasons

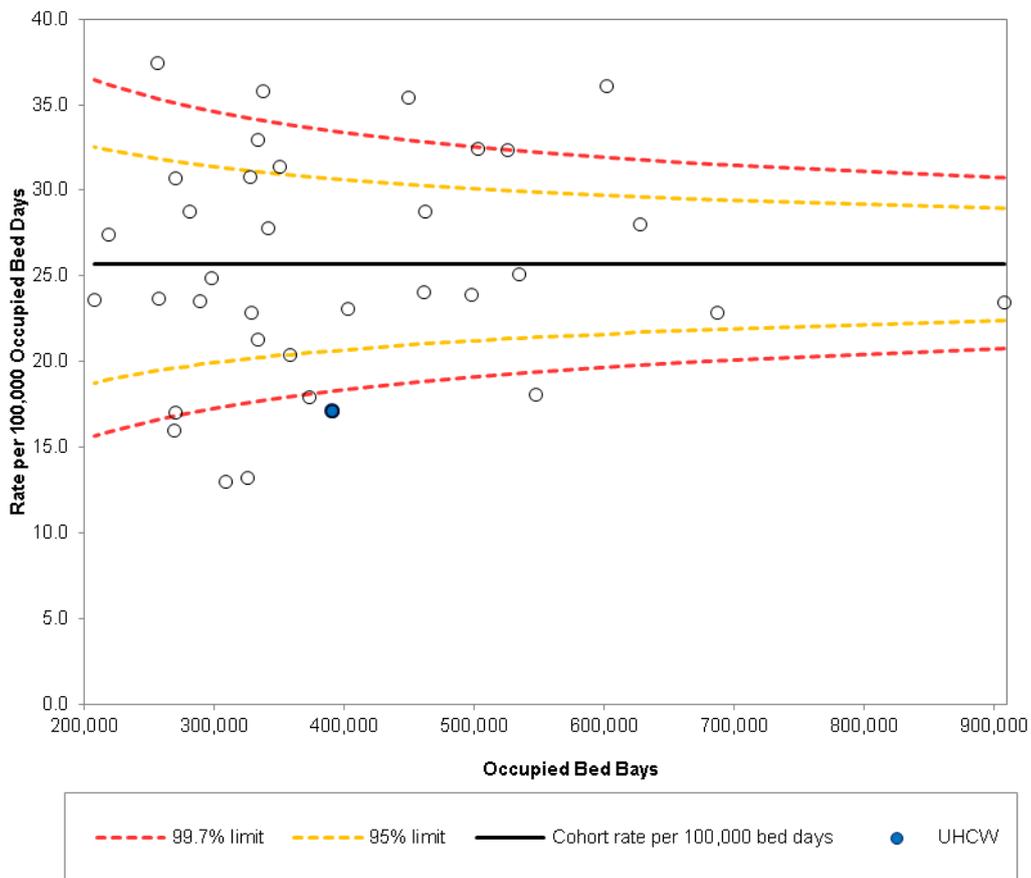
6. ESCHERICHIA COLI

- 6.1 During the 2019/20 financial year UHCW had 67 incidences of trust apportioned *E. coli* bacteraemia, equating to a rate of 17.2 per 100,000 bed days. The cohort rate across our comparator group of 35 trusts was 25.7, with UHCW ranking 5th out of 35. UHCW was a low outlier (See Graph 4).

6.2 This represents a significant improvement for UHCW over the last three years. The table below demonstrates that UHCW has succeeded in reducing its *E. coli* rate considerably faster than similar trusts in our comparator group.

Year	UHCW Cases	UHCW Rate	Cohort rate	UHCW Rank
2017/18	107	27.6	26.3	21
2018/19	76	19.5	24.9	7
2019/20	67	17.2	25.7	5

Hospital onset *E. coli* bacteraemia per 100,000 occupied bed days for teaching hospitals, funnel plot for April 2019 to March 2020



Graph 4 *E. coli* rate comparison with other trusts

6.3 There has been a large amount of work undertaken to understand the impact of this organism. Surveillance work for *E. coli* is challenging because a high proportion of cases originate in the community. Understanding and addressing issues related to *E. coli* thus requires close collaboration with community based healthcare providers.

- 6.4 UHCW are part of the national collaborative on Urinary Tract Infections (UTI) led by NHSI. We also continue to work with the regional group of CCG and acute teams from UHCW, George Eliot and South Warwick Hospital and the Partnership Trusts to work collaboratively to achieve the department of health ambition to reduce gram negative blood stream infections by 50% by the year 2021. The initial focus is on *E. coli* as this organism accounts for 55% of all gram negative blood stream infections. At the end of March 2020 UHCW had achieved a reduction of 63 %.
- 6.5 A urinary catheter audit, based on the DH Saving Lives criteria, is undertaken monthly. The results are shared via the infection prevention and control scorecard and discussed routinely with the Matron group. Following the collection of this data the continence lead directs education to areas that require further intervention.
- 6.6 The infection prevention and control team conduct an annual period prevalence audit of urinary catheters. This has been in place since 2010 and provides a range of valuable information about urinary catheter use within the Trust. The audit is usually carried out in February and March, but unfortunately it was necessary to postpone it in 2020 in order to focus resources on the response to COVID-19.

7. SEPSIS

- 7.1 The table above shows the percentage of red flag sepsis patients treated within 1 hour of first red flag observation (suspicion of sepsis), and within 1 hour of arrival in ED. It also includes the inpatient screening for red flag sepsis and the time treated within 1 hour of first red flag observation (suspicion of sepsis). For noting, the data collected is a randomised selected sample and a snap shot of data for that time period.

UHCW sepsis screening and treatment

Showing percentage of red flag sepsis patients treated within 1 hour of first red flag observation (suspicion of sepsis), and within 1 hour of arrival in ED

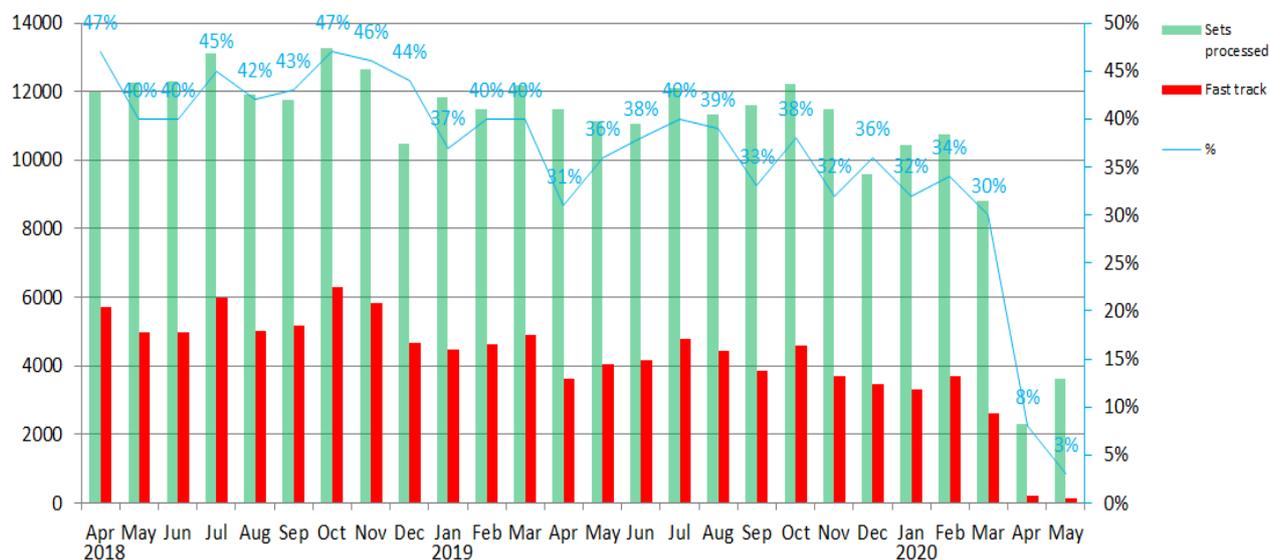
Month	All ED			All Inpatients	
	Screened	Treated within 1 hour of SOS	Treated within 1 hour of arrival	Screened	Treated within 1 hour of SOS
2019/20 Q1	93.6%	83.2%	63.0%	82.7%	73.1%
2019/20 Q2	94.9%	84.3%	64.7%	73.5%	68.1%
2019/20 Q3	95.9%	83.7%	57.5%	73.5%	71.8%
2019/20 Q4	96.5%	80.5%	60.2%	80.7%	77.8%
2020/21 Q1	82.4%	63.6%	40.9%	68.1%	76.2%

- 7.2 The screening compliance for ED has shown a decrease in Q4 in comparison to previous quarters. The data for antibiotics administration within the hour is showing similar trends. Staff redeployment, shielding and Covid-19 was a significant factor during this time period.
- 7.3 Looking at the inpatient data there are similarities for screening and antibiotic administration compliance suggesting a potential negative consequence of the extraordinary pressure the Trust has been under.
- 7.4 The Sepsis Team has delivered sepsis awareness and sepsis cascade teaching sessions to staff within the Trust throughout the year. The sepsis team continues to support the UK Sepsis Trust to facilitate a sepsis support group for sepsis survivors and bereaved family members who have been affected by sepsis.

8. **DECONTAMINATION**

- 8.1 Personnel changes within Decontamination at UHCW this year included the appointment of Neil Harper as SSD Production & Development Manager and Jim Tinsdeall as Authorised Engineer (Decontamination). Trust Decontamination Lead, Simon Lambert, has also been appointed as Authorised User for the Trust.
- 8.2 Audere Medical Services are now our preferred engineering service provider for validation testing and maintenance in CSSD while iM-Med continue to support Endoscopy.
- 8.3 Following our successful completion of ISO 13485:2016 accreditation audits in December 2019, LRQA withdrew from their role as notified body for the Medical Devices Directive (soon to be the Medical Devices Regulation) leaving UHCW CSSD with a large potential risk as all other LRQA clients began looking for a new notified body at the same time.
- 8.4 Under the Leadership of the Trust Decontamination Lead, Simon Lambert, UHCW CSSD has been accepted for new certification to both ISO 13485:2016 and MDR with SGS UK Ltd in June 2020.
- 8.5 Challenges in Decontamination centre around machinery life span. Both the Endoscopy washers and the CSSD washer-disinfectors are at the end of their useful life span and plans have already been submitted for replacements, with the age of the endoscopy washers in particular being highlighted in the recent CQC report.
- 8.6 While volumes into CSSD in general have shown a slight decline over the last 12 months, Fast Tracking requests through CSSD continue to fall from their 2017 peak of 62%, thanks to ongoing close collaboration with theatre staff and Instrument Co-ordinators (the majority of Fast Track requests now come from Rugby and Orthopaedics).

8.7 The reduction in Fast Tracking allows better planning of workloads in CSSD and less disruption to turnaround of all trays.



8.8 Since mid-March, CSSD staff have been supporting other areas of the Trust as volumes through the facility drop in line with elective surgery.

8.9 Several staff shortages in Medical Equipment Library have been back-filled and storage floor space in CSSD provided to allow Medical Equipment Library staff to work more safely and efficiently.

8.10 Working closely with the newly-formed COVID-19 PPE team, CSSD staff helped to set up and run a completely new receipt and distribution process for the huge volumes of PPE arriving in the Trust. As a result of their hard work and determination, and the robust processes put in place, UHCW has never been short of the PPE it has needed at the point of care. Hundreds of roll cages and many millions of pieces of PPE have been sent out to keep clinical colleagues safe.

8.11 To complement existing FFP3 masks, CSSD staff introduced a brand new Powered Air Purifying Respirator process to:

- source and manage the issue & return of PAPR units to clinicians (using our T-DOC track & trace software)
- perform functional checks, carry out maintenance, decontaminate PAPR units and recharge for the next user
- train clinicians on safe use of the equipment (currently 130 clinicians trained)

8.12 PAPR units are now used when performing Aerosol Generating Procedures by a wide variety of clinicians at UHCW and Rugby St Cross who are unable to pass fit testing with standard FFP3 masks.

8.13 Decontamination staff have also worked closely with the COVID-19 PPE team and ISS to support a new initiative to supply fluid-resistant, reusable gowns to clinical colleagues, working with suppliers such as Aston Martin and Nikwax to create a supply chain and a new proofing & laundry process from scratch.

9. **IMPLICATIONS**

9.1 Infection Prevention and Control governance framework is mandated within the DH Health Act (2008 revised 2014) UHCW is compliant with these requirements.

10. **OPTIONS**

10.1 Report is for noting only.

11. **CONCLUSIONS**

11.1 When compared to a group of 35 similar large acute trusts, UHCW's performance in infection prevention and control is very good. The Trust's combined rank for infection rate for *C. diff*, MRSA, MSSA and *E. coli* in 2019/20 was 3rd out 35, as shown in appendix 1.

11.2 The IPC Q3 & Q4 2020/21 Work Plan will be presented to Quality & Safety Committee for discussion in October 2020.

11.3 The Infection Prevention and Control Team seek to be leaders in national and international healthcare and to provide safe care and an excellent experience to our patients in line with Trust values.

12. **RECOMMENDATIONS**

12.1 For the Board to note.

Author Name and Role:

Kate Prevc, Lead Nurse Infection Prevention and Control, Sepsis and Decontamination

Dr Chris Hastie, Data Analyst Infection Prevention and Control

Date report written: June 2020

Appendix 1

NHS Trust	Trust Code	MRSA Rate per 100,000 Bed Days	MSSA Rate per 100,000 Bed Days	C. diff Rate per 100,000 Bed Days	E. coli Rate per 100,000 Bed Days	MRSA Ranked	MSSA Ranked	C. diff Ranked	E. coli Ranked	Summed Rank
Norfolk and Norwich University Hospitals	RM1	0.00	6.44	20.87	13.20	1	3	13	2	19
Chelsea and Westminster Hospital	RQM	0.37	7.06	14.13	15.99	9	4	3	3	19
University Hospitals Coventry and Warwickshire	RKB	0.26	8.69	17.90	17.13	4	11	6	5	26
King's College Hospital	RJZ	0.00	6.23	19.68	23.90	1	2	11	17	31
Salford Royal	RM3	0.37	9.63	11.86	17.04	8	19	2	4	33
London North West University Healthcare	R1K	0.50	5.96	19.63	23.11	13	1	10	12	36
University Hospital Southampton	RHM	0.54	8.03	18.74	17.94	15	8	8	6	37
University Hospitals of Leicester	RWE	0.91	7.30	18.99	18.07	23	5	9	7	44
University Hospitals of Derby and Burton	RTG	0.43	8.01	24.47	24.04	12	7	17	18	54
Bradford Teaching Hospitals	RAE	0.96	7.70	21.65	23.58	25	6	15	15	61
Imperial College Healthcare	RYJ	0.84	8.93	27.91	20.38	20	12	24	8	64
Brighton and Sussex University Hospitals	RXH	1.94	9.07	24.61	12.95	34	14	18	1	67
Lancashire Teaching Hospitals	RXN	0.35	8.99	45.28	23.50	6	13	34	14	67
Royal Free London	RAL	1.22	9.45	21.03	22.86	29	17	14	11	71
Liverpool University Hospitals	REM	0.75	8.42	28.63	25.08	19	9	25	20	73
St George's University Hospitals	RJ7	1.01	12.43	17.13	24.85	26	26	4	19	75
Wirral University Teaching Hospital	RBL	0.39	9.32	32.61	23.68	11	16	32	16	75
East Kent Hospitals University	RVV	0.29	10.25	31.04	27.81	5	20	29	22	76
Manchester University	R0A	1.16	11.93	22.41	22.84	28	24	16	10	78
University Hospitals of North Midlands	RJE	0.65	10.82	25.11	28.79	18	22	21	25	86
Guy's and St Thomas'	RJ1	2.44	10.98	11.59	30.80	35	23	1	27	86
University Hospitals Birmingham	RRK	1.43	10.36	26.67	23.48	30	21	23	13	87
York Teaching Hospital	RCB	0.60	13.18	44.04	21.27	17	28	33	9	87
The Newcastle Upon Tyne Hospitals	RTD	0.22	16.03	25.16	35.40	3	32	22	32	89
South Tees Hospitals	RTR	0.36	15.28	31.62	28.78	7	31	30	24	92
Hull and East Yorkshire Hospitals	RWA	0.89	18.35	17.46	35.81	21	34	5	33	93
Leeds Teaching Hospitals	RR8	0.50	12.96	24.76	36.06	14	27	19	34	94
Barts Health	R1H	1.43	13.70	20.24	28.04	31	29	12	23	95
Blackpool Teaching Hospitals	RXL	0.91	9.14	58.03	27.42	24	15	35	21	95
Nottingham University Hospitals	RX1	0.38	16.74	28.91	32.33	10	33	26	29	98
Oxford University Hospitals	RTH	1.14	12.26	25.09	31.36	27	25	20	28	100
University Hospitals Bristol	RA7	1.48	18.85	18.11	30.68	32	35	7	26	100
Cambridge University Hospitals	RGT	0.90	9.58	32.34	32.94	22	18	31	31	102
Sheffield Teaching Hospitals	RHQ	0.60	14.11	30.62	32.40	16	30	28	30	104
University College London Hospitals	RRV	1.56	8.58	29.24	37.43	33	10	27	35	105

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	COVID-19 Update
Executive Sponsor	Laura Crowne, Chief Operating Officer
Author	Gaby Harris, Deputy Chief Operating Officer
Attachment(s)	COVID-19 Update
Recommendation(s)	Trust Board is asked to RECEIVE ASSURANCE from the update on the Trust's response to COVID-19

EXECUTIVE SUMMARY

The NHS declared a Level 4 National Incident on 30 January 2020 in response to the Public Health emergency created by COVID-19. The NHS is now in Phase 3 of its restoration phase where Trusts are working to return elective activity to pre COVID levels to take advantage of the window of opportunity before the beginning of Winter 20/21.

In line with the national picture, whilst numbers of COVID cases have increased in the local population, numbers of people requiring inpatient care remains low. As of 10 September 2020 there were 2 patients with COVID at UHCW. The cumulative figure of confirmed cases at UHCW is 862 with 599 patients discharged following recovery from COVID.

The Trust remains in a state of preparedness for a potential second wave or local surge in people requiring hospital care with COVID. There is prepared inpatient and Critical Care capacity available with clear escalation plans to increase capacity if required.

The Trust is currently developing the plans for Winter 20/21 through the development of scenario planning to ensure that there is sufficient capacity for the seasonal pressures and a second wave of COVID. Whilst the Trust is committed to continuing to provide Cancer and Urgent elective care throughout the Winter period, there are clear triggers and escalations to allow the Trust to manage the emergency demand, ensuring strict compliance with Infection Prevention guidelines to protect patients and staff.

PREVIOUS DISCUSSIONS HELD

Trust Board – May 2020

KEY IMPLICATIONS

Financial	Nil
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Patients Safety or Quality	The Trust has robust plans in place to protect patient care in the event of a second wave of COVID
Human Resources	Nil
Operational	The Trust has robust triggers and escalations to support the management of elective care whilst ensuring emergency demand management through Winter 20/21

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

COVID-19 UPDATE

Introduction

The NHS declared a Level 4 National Incident on 30 January 2020 in response to the Public Health emergency created by COVID-19. In line with the national picture, whilst numbers of COVID cases have increased in the local population, numbers of people requiring inpatient care remains low.

The NHS is now in Phase 3 of its restoration phase where acute trusts are working to return elective activity to pre COVID levels to take advantage of the window of opportunity before the beginning of Winter 20/21.

In response to this and to reflect the move away from incident management, the Trust has created a Trust Delivery Unit to feed into the Trust Planning Unit as part of the governance structure. The aim of this is to ensure that restoration continues at pace but the lessons learnt from COVID regarding matrix working across the organisation are embedded.

Current Position

As of 10 September 2020 UHCW NHS Trust has cared for 862 patients who have tested positive for COVID-19. 599 of these patients have recovered and discharged whilst unfortunately 261 are now deceased.

Cumulative COVID positive patients admitted	862
Discharged: Recovered	599
Discharged: Deceased	255
Discharged: Deceased +ve - awaiting confirmation	6

There are currently 2 inpatients confirmed as positive for COVID, both of these patients are being cared for on the dedicated inpatient ward. There are 0 patients in Critical Care with COVID. In addition to the 2 inpatients, there are a further 9 patients with suspicious symptoms who are currently inpatients at UHCW waiting the results of COVID testing. Operationally these patients are cared for in an environment to protect patients and staff from risk of nosocomial infections whilst these results are confirmed.

Information from Public Health England shows that in line with the national picture, numbers of patients in the community with COVID are increasing, but these have not translated into increased admissions.

Current Capacity and Surge Planning

The Trust has ring fenced dedicated capacity to ensure that patients with COVID can be cared for in a safe environment away from patients without COVID to prevent the risk of nosocomial infections. There are currently 8 dedicated inpatient beds and 5 dedicated Critical Care beds for COVID.

Surge planning in place, ensures that the Trust has the ability to flex COVID capacity to support an increase in patients to an initial 28 inpatient beds and 30 Critical Care beds. In total the Trust has 59 equipped Critical Care beds at the UH site. In addition to the COVID capacity, there are specific ring fenced Critical Care beds for the 'Green Pathway' to protect vulnerable patients.

There are clear infection prevention practices and PPE available in all areas to ensure the safety of patients and staff.

Winter Planning 20/21

The Trust has a specific focus on planning for a potential second wave of COVID in addition to the usual challenges of seasonal flu and winter pressures. Using the methodology utilised nationally, the Trust is using scenario planning to create a model for best, likely and worst case scenarios. This is being utilised to ensure that there are plans in place to prevent overcrowding in the Emergency Department and Assessment Units to ensure flow through the emergency pathways.

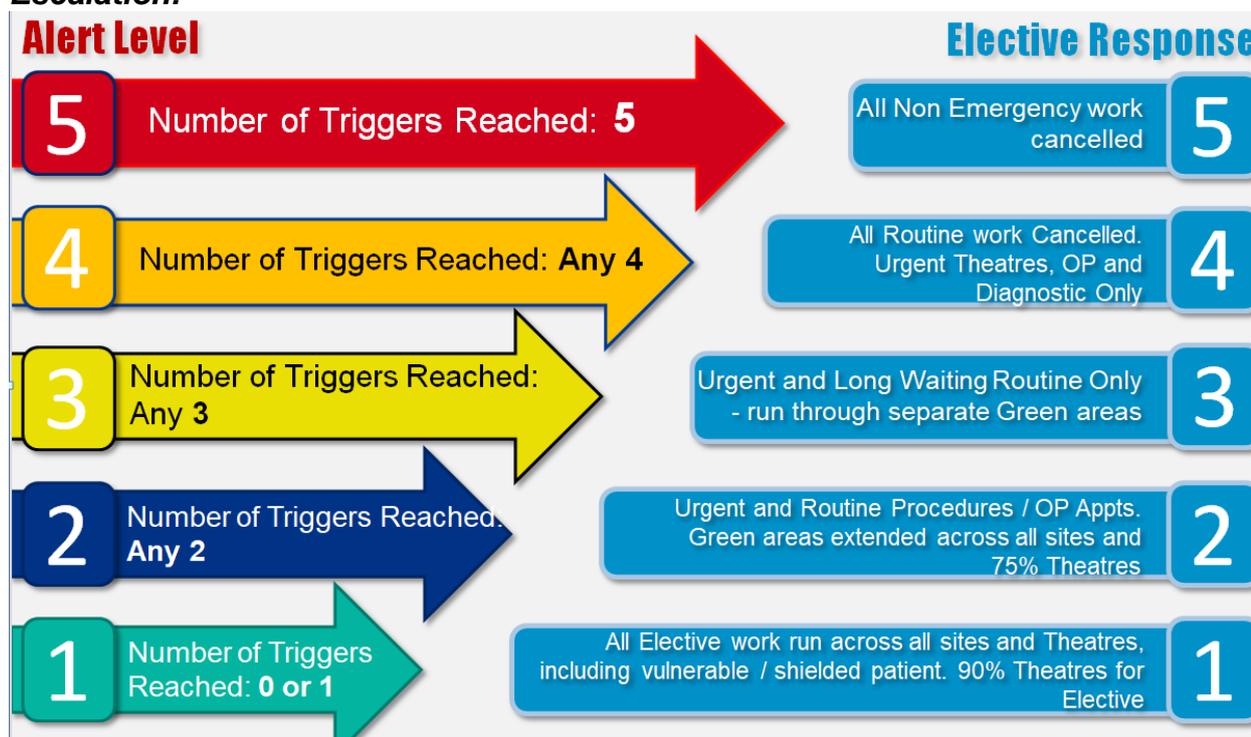
The Trust is committed to continuing to deliver Cancer and Urgent elective care throughout the peaks of seasonal demand. The levels of elective care required to deliver performance in these areas will be incorporated into the scenario planning.

To support the operational delivery of services in the event of a second wave of COVID or a local outbreak translating into hospital admissions, the Trust has clear triggers which link to escalation levels, to ensure transparency and safety within the site. The scenario planning and associated delivery of the Winter plan by the Trust will be linked to the core actions described below.

Triggers:

Trigger	Threshold	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Experiencing Increased volumes through ED	>10% Rolling Growth	Zero or one of the triggers	Any two of the triggers	Any three of the triggers	Any four of the triggers	All five of the triggers
Experiencing Limited COVID Critical Care Capacity	>80% Occupancy					
Experiencing Limited General Critical Care Capacity	>80% Occupancy					
Experiencing Limited COVID Cohort Bed Capacity	>80% Occupancy					
Experiencing Limited General and Acute Bed Capacity	>95% Occupancy					

Escalation:



Conclusion:

The Trust remains in a state of preparedness for a potential national second wave or local outbreak in people requiring hospital care with COVID. There is prepared inpatient and Critical Care capacity available with clear escalation plans to increase capacity if required.

The Trust is currently developing the plans for Winter 20/21 through the development of scenario planning to ensure that there is sufficient capacity for the seasonal pressures and a second wave of COVID. Whilst the Trust is committed to continuing to provide Cancer and Urgent elective care throughout the Winter period, there are clear triggers and escalations to allow the Trust to manage the emergency demand, ensuring strict compliance with Infection Prevention guidelines to protect patients and staff.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Research & Development (R&D) Annual Report 2019-20 and Update
Executive Sponsor	Kiran Patel, Chief Medical Officer, acting CEO
Author	Professors Chris Imray & Harpal Randeva Ceri Jones, Head of R&D The Research & Development Team
Attachment(s)	<ul style="list-style-type: none"> • R&D Annual Report 2019-20 • Research COVID response • COVID Pandemic 2020 Publications: UHCW Authors / Contributors
Recommendation(s)	Trust Board is asked to RECEIVE ASSURANCE from the Research & Development Annual Report 2019-20 and continue to support the R&D strategy.

EXECUTIVE SUMMARY

The Research & Development Annual Report (2019-20), summarises activities during this period. Information is also provided as to the R&D response to the COVID pandemic.

R&D Annual Report

Strategy: We continue to deliver against our strategy.

Key achievements:

Over the period we have secured significant external income, seen significant progress with our iCAhRE™ (Interdisciplinary Clinical Academic Research Health Excellence) programme and supported the launch of the Centre for Care Excellence.

Research featured highly in the CQC report, with the research within Women's and Children's (Biomedical Research Unit and Tommy's Miscarriage Centre) being rated 'Outstanding'.

Quality: We have ongoing processes to ensure adherence to process. Progress continues in developing systems to enable us to safely deliver our diversifying portfolio.

Partnership: We are collaborating with the best partners to position ourselves and our research to maximise the opportunities for our staff and patients and make strong applications to external schemes.

COVID Response:

- By maintaining a core COVID Research service, we were able to provide our patients with the

opportunity to take part in a range of COVID research studies.

- We exceeded national recruitment rates (per head of population) for COVID trials.
- Many UHCW staff developed COVID research projects, the results of which continue to be published.
- Research restoration rate is faster than national average.

PREVIOUS DISCUSSIONS HELD

Our 3 year strategy (2018-21).

KEY IMPLICATIONS

Financial	We continue to focus on securing external commercial and grant income. We are forecasting a drop in commercial income (c.£1million predicted this year) as activities stopped due to COVID.
Patients Safety or Quality	We have had no serious breaches or critical findings this year.
Human Resources	We are developing research leadership and formal clinical academic pathways for Nurses, Midwives and Allied Health Professionals.
Operational	Success / COVID is impacting on infrastructure and space.

RESEARCH & DEVELOPMENT ANNUAL REPORT 2019-20

INTRODUCTION

- ⇒ We are committed to establishing our Trust as an internationally recognised centre of excellence through supporting our staff, working in world class facilities and conducting leading edge, multi-professional, collaborative research focused on the needs of our patients.
- ⇒ To be a Frontrunner in Research, Innovation and Education is a Trust strategic objective.
- ⇒ This report provides the Trust Board with a review of progress made during 2019-20 and assurance on delivery against the Research & Development (R&D) Strategy during this period.
- ⇒ Research activity at UHCW NHS Trust is supported by the dedicated R&D team who work tirelessly to make research happen. However, all of this work is driven or supported by our colleagues throughout the Trust, without whom this success would not be possible.



REPORT STRUCTURE

This report provides a summary of delivery by each of our 4 strategic research areas as follows:

1. Increase high quality research activity that impacts across the organisation

- ⇒ Research Performance and National Indicators - recruitment, set-up and delivery
- ⇒ Research Portfolio Development – grants development and submitted

2. Provide quality management and support for research

- ⇒ Clinical Academic Developments
- ⇒ Research Governance – quality
- ⇒ Intellectual Property Management

3. Provide high quality facilities for clinical research and healthcare innovations capable of responding to change on demand and evolving the collaborative environment

- ⇒ Trial Management Unit
- ⇒ Arden Tissue Bank
- ⇒ Human Metabolic Research Unit
- ⇒ NIHR Clinical Research Facility

4. Raise the profile of Research

- ⇒ Patient and Public Involvement and Engagement
- ⇒ R&D Digital: Information Portal
- ⇒ Communications / Awards / Events / Esteem measures

STRATEGIC AREA: INCREASE HIGH QUALITY RESEARCH

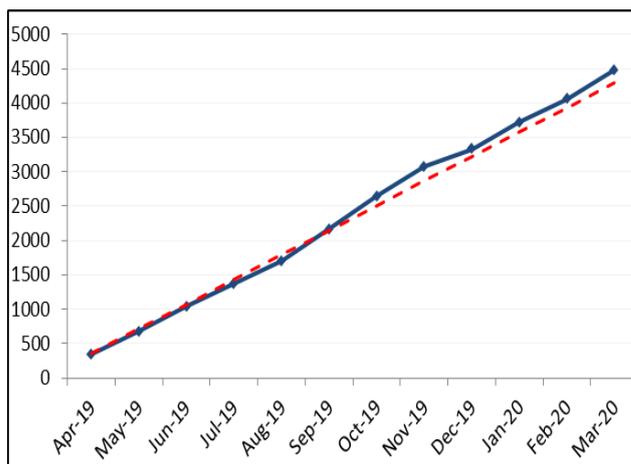
RESEARCH PERFORMANCE

Trial recruitment for 2019/2020 was at 104% of target 4478 (recruits) at the end of the year. We are extremely pleased to have reached our target especially due to the fact that recruitment for March was suspended on studies due to COVID 19. The R&D Department have opened COVID-19 studies within a number of days and this has meant as a team we have continued to recruit during this time with no interruption or pause in activity.

Performance on set-up and delivery are improving, although remain below the 80% target set. Our Initiation and Delivery targets are both improving and ahead of the national averages. We continue to review and implement changes to ensure we are working towards meeting this target.

	UHCW (Q3)	Target	National (only Q2 available)
Performance in Initiation	54%	80%	50%
Performance in Delivery	73%	80%	60%

Recruitment 2019/2020



Month	Recruits	Target	Total
Apr-19	341	358	341
May-19	335	716	676
Jun-19	363	1074	1039
Jul-19	327	1432	1366
Aug-19	334	1790	1700
Sep-19	460	2148	2160
Oct-19	483	2505	2643
Nov-19	434	2863	3077
Dec-19	256	3221	3333
Jan-20	388	3579	3721
Feb-20	339	3937	4060
Mar-20	418	4295	4478

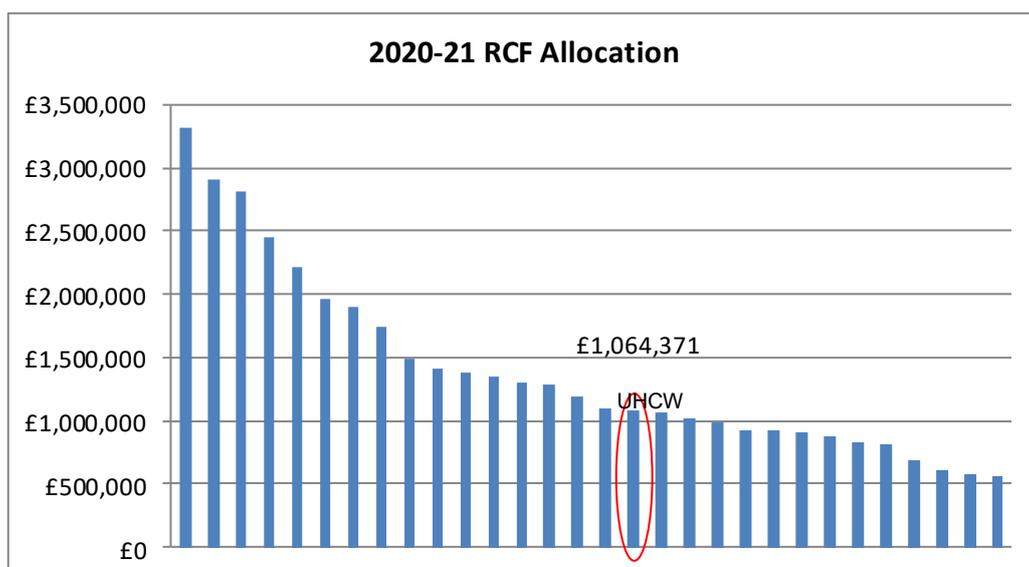
STRATEGIC AREA: INCREASE HIGH QUALITY RESEARCH

RESEARCH DEVELOPMENT

The Research Development team supports and facilitates grant applications and promotes and active research culture. Priority is given to National Institute of Health Research (NIHR) proposals which attracts additional Research Capability Funding (RCF). Our goal is to maintain RCF at £1 million per annum.

Key Points for 2019-20:

- ⇒ 152 grants were submitted against a target of 132 (15% over target).
- ⇒ 19 grants have been funded to date (19% of those with an outcome received).
- ⇒ We are still awaiting the outcome for 45 grant applications.
- ⇒ We have been awarded 2 successful NIHR grants (£2.7m) this year to date plus an extension to an existing NIHR grant (£250,000).
- ⇒ Of grants submitted, 21 were to NIHR programmes, 16 to UKRI (UK Research & Innovation), 16 to large medical charities and 12 to industry funders.
- ⇒ Covid19 is resulting in a slowing down of grants submitted in Quarter 1 of 2020-2021 and the impact on Quarter 2 is still uncertain. This is mainly due to UHCW researchers focusing more on clinical duties.
- ⇒ UHCW's 2020-21 Research Capability Funding will be over £1m for only the second time and is predicted to be approx. £1m in 2021-22. In terms of the value of the RCF received, UHCW was 17th of NHS Trusts in England, up from 22nd last year.



STRATEGIC AREA: QUALITY MANAGEMENT & SUPPORT

CLINICAL ACADEMIC DEVELOPMENTS

In line with R&D and Nursing and Midwifery Strategies, we are supporting the development of research within our Nursing, Midwifery, Allied Health Professional (NMAHP) and scientist staff groups through our iCAhRE (Interdisciplinary Clinical Academic Research Health Excellence) programme, to:

- ⇒ Increase capacity and capability through developing/ embedding clinical academic research careers through a structured support programme tailored to Bronze (novice researcher), Silver and Gold (post-doctoral) Fellows .
- ⇒ Develop opportunities for research training and education for clinical academic researchers from pre masters to post-doctoral level;
- ⇒ Develop a supportive and empowering infrastructure and embedding an innovative interdisciplinary clinical academic research culture across the Trust.



Helen Eftekhari, Arrhythmia Nurse and iCAhRE Silver Fellow

Notable achievements this year include:

- ⇒ 10 iCAhRE Bronze fellows undertaking a pre-masters training programme
- ⇒ 4 NMAHPs will be completing their HEE/NIHR pre and post-doctoral clinical academic programmes by summer 2020.
- ⇒ 3 silver iCAhRE fellows applying for masters to doctorate bridging programmes
- ⇒ A nurse obtaining a 4 year British Heart Foundation PhD Fellowship.
- ⇒ Developing a Silver Fellows Group providing support for iCAhRE Silver Fellows to progress onto PhD programmes
- ⇒ Being an integral part of the Centre for Care excellence launch in January 2020.

RESEARCH GOVERNANCE

Research Governance is essential to safeguard our patients taking part in research, protect our researchers by providing a clear framework within which to work, enhance the ethical and scientific quality of what we do, mitigate risk, monitor practice and promote good practice by ensuring lessons are learned.

- ⇒ We have maintained our target of zero serious breaches and critical findings in since 1st January 2018.
- ⇒ The Research Study Set Up and Governance Team continues to adapt its processes in line with research developments to ensure that we are meeting the required standards. Currently, this requires the development and monitoring of standards for both Trust Sponsored studies (i.e. developed by our own researchers) and Trust hosted trials (i.e. externally developed, typically commercially funded).
- ⇒ Risk based monitoring is ongoing in order to maintain continuous improvement in the quality of data and research practice.

STRATEGIC AREA: QUALITY MANAGEMENT & SUPPORT

INTELLECTUAL PROPERTY MANAGEMENT

All NHS Trusts in the West Midlands region benchmark their IP management activity against a range of 43 Key Performance Indicators including new disclosures, collaboration agreements, licence agreements and research applications supported.

In 2019-2020, UHCW was the most active Trust in the region, recording the highest KPI total:

Top 5

UHCW	338
UHB	327
UHNM	181
BSMHFT	50
NSCHT	26

This activity stems from the vibrant research and innovation culture within the Trust and the Research and Development and Innovation teams work closely to support the identification, protection and exploitation of intellectual property.

We also provide dedicated commercial and contractual support to the PathLAKE and PathLAKE Plus computational pathology research projects, led by UHCW and together totalling £29m.

STRATEGIC AREA: HIGH QUALITY FACILITIES

TRIAL MANAGEMENT UNIT

The Trial Management Unit (TMU) provides in-house trial management and support to aspiring local clinicians to develop and deliver high quality research projects.

In line with the TMU strategy, the team continues to support the delivery of a growing, increasingly complex portfolio of Trust-sponsored studies, with a demonstrated track record of delivering against targets. The TMU is now self-sustaining, generating significant research income. Key achievements in 2019-20 include:

1. Increasing activity

- Supporting a rapidly expanding and complex research portfolio, including clinical trials, medical devices and non-interventional studies* (18 current trials: 5 studies in active set-up, 6 open to recruitment, 2 in follow-up and 5 in data analysis and close-out).
- Recruitment of 301 patients to TMU managed studies across the portfolio (272 at UHCW and 29 in other Trusts)
- Supporting a successful application to the NIHR Health Services and Delivery Research (HS&DR) Programme. The multi-centre study RECEDE (Reducing Colonoscopies in those without bowEl DiseasE) will be managed by the TMU.
- Securing charitable funding for numerous studies (AIM-HIP, GPAMS, PULSE and SINATRA trials) and commercial funding for the IONIC trial—see below.
- Supporting collaborative bid development and costings to ensure an integrated and seamless service from initial concept through to study conduct and delivery

2. Improve quality in research delivery:

- Implementation of a new data management system (CASTOR Remote Data Capture) to increase data quality and improve efficiency of trial delivery.
- Continued the development of TMU quality management systems to improve consistency in quality across Trust-sponsored research.

3. Provide support for early phase, experimental and pilot trials

- Ongoing management support of the Trust's first sponsored phase I drug trial.
- In rapid response to the COVID-19 pandemic the TMU have supported the work-up a new Investigator-led, UHCW Sponsored COVID-19 treatment trial. The IONIC trial, led by Professor Ramesh Arasaradnam in collaboration with industry partner Immunic, is an open label, prospective, parallel group, randomised controlled trial to evaluate the efficacy and safety of IMU-838 in combination with Oseltamivir in patients with moderate-to-severe COVID-19. The study is due to open in May 2020.



*Prior to temporary suspension of all recruitment activity due to COVID-19 on 17th March 2020.

STRATEGIC AREA: HIGH QUALITY FACILITIES

ARDEN TISSUE BANK

The Tissue Bank provides ethically approved human tissues to researchers carrying out high quality research.

In January 2020 Arden Tissue Bank became the first English biobank to adopt the UK Clinical Research Collaboration Biodirectory Transparency principles– these newly launched voluntary standards align with UHCW Trust values.

Activities this financial year include:

- ⇒ Diversification of and attracting a further additional lay member on to the Arden Tissue Bank Management Committee
- ⇒ Increased the capacity of the biobank by development of a freezer room at St Cross & relocation of 25% of freezers.
- ⇒ Collection, storage and collation of Covid 19 positive samples for research.
- ⇒ Representation on the UKAS steering committee for the new biobanking ISO.
- ⇒ Replacement of temperature monitoring system– now being adopted by CWPS



HUMAN METABOLISM RESEARCH UNIT

Over the past 12 months the HMRU has been focusing on the strategic initiatives of:

- ⇒ Increasing internal UHCW projects
- ⇒ Diversify the HRMUs research portfolio
- ⇒ Production and dissemination of high-quality research output
- ⇒ Provide a high-quality research facility

Whilst there are a plethora of noteworthy outcomes over this financial year, particular high-lights are:

- ⇒ Development of relationships with other NIHR CRF partners (e.g. Cancer and Nutrition, Aging and Sarcopenia, Midlands Health Alliance)
- ⇒ Initiation of key commercial studies (Domino, Creavo and Dapa)
- ⇒ Re-establishment of WISDEM interaction culminating in several new multidisciplinary projects focusing on gestational diabetes and obesity.
- ⇒ Overseas partnership development (particularly China)

The HMRU continues to build on our strengthening relationship with Coventry University, and our established strategic partner, Warwick University, whilst continue to work with a growing number of HE research groups (e.g. Imperial, Dublin and Kings). Steps have been made towards succession planning and a long-term equipment replacements strategy.

STRATEGIC AREA: HIGH QUALITY FACILITIES

NIHR COVENTRY & WARWICKSHIRE CLINICAL RESEARCH FACILITY

- ⇒ Retaining our National Institute for Health Research (NIHR) Clinical Research Facility (CRF) status will provide an additional £352K over the next 2 years.
- ⇒ It is our intention to apply for further funding during the next round of NIHR CRF funding applications in order to continue to develop the CRF, further increasing early phase studies and opportunities for our local community to participate in these studies.
- ⇒ The Coventry and Warwickshire CRF supported the conduct of 75 studies in 2019/20, recruiting a total of 1061 participants. Industry-funded studies supported by the CRF continue to increase, demonstrating that the CRF is being recognised by industry as an ideal location to conduct studies and also promising an increased income for the CRF from industry.
- ⇒ There has been an increase in the number of early phase studies being supported by the CRF, including the first Phase I first-in-human commercial study which is due to open in 2020/21.
- ⇒ To further develop our early phase capacity we plan to create a dedicated 2-bedded overnight research facility, utilising existing research space.
- ⇒ In line with the CRF strategy, we have continued to collaborate with other NIHR infrastructure, including regionally, as a member of the Midlands Health Alliance, and nationally, with the NIHR-British Heart Foundation Collaboration

STRATEGIC AREA: RAISE THE PROFILE OF RESEARCH

PATIENT AND PUBLIC INVOLVEMENT & ENGAGEMENT

Involving patients in research, either as participants, as experts in their condition or as ambassadors and advocates of research ensures that our research meets the needs of our patients. As such, Patient and Public Involvement and Engagement (PPIE) continues to be priority for R&D.

UHCW Patient and Public Research Advisory Group (PPRAG) comprises 50 patients, carers and members of the public who use their experiences and opinions to guide researchers. In 2019/20, PPRAG members contributed to 25 research projects, which is a substantial increase from last year. Four PPRAG meetings were held in 2019/20, giving 8 researchers the opportunity to present their research to the group and obtain feedback from the attending members.

We continue to work towards expanding the diversity of the people who get involved in PPIE activities at UHCW this year, including attending the Coventry Diversity Forum.

In line with the NIHR, Patient Research Ambassadors (PRAs) have been renamed as UHCW Research Champions. With the support of our 7 Research Champions we have continued to engage with patients, members of the public and healthcare staff to raise awareness of research. This has included:

- ⇒ planning and supporting the UHCW R&D Open Day for staff and patients;
- ⇒ hosting a research stand at the Rugby Rotary Club Spring Fayre;
- ⇒ presenting at Junior Doctor meetings;
- ⇒ producing material for the UHCW Research Portal;
- ⇒ a Christmas R&D social media campaign.

The Patient and Public Involvement in Research Steering Group (PPIRSG) meet each quarter to ensure that PPIE in research is implemented and delivered in line with national standards and in conjunction with the Trust Patient Experience and Engagement Delivery Plan. In addition to UHCW R&D staff, the PPIRSG now also has three lay members, including two UHCW Patient Partners, who provide a vital public perspective on PPIE in research.

We continue our commitment to expanding research activity at Rugby St Cross. As well as raising awareness through staff and patient-facing noticeboards, our Head of R&D was guest speaker at the Friends of St Cross AGM in June and our Senior Research nurse leading on Rugby St Cross presented at UHCW Stand-up in November.



STRATEGIC AREA: RAISE THE PROFILE OF RESEARCH

R&D DIGITAL: INFORMATION PORTAL

To continue to develop research opportunities for patients, public and staff at UHCW, R&D are increasingly using digital solutions. Within our UHCWi workstreams, we are implementing technology solutions to better manage workflow, reduce errors and improve efficiency and also to help identify suitable patients for trials.

We have also redeveloped and updated our website and intranet presence this year to provide clearer signposting and information for staff and patients.

We are currently developing an R&D e-Portal. This will enable patients, public and staff to interact with the R&D department online and provide opportunities to:

- ⇒ explore research and clinical trials opportunities at UHCW;
- ⇒ register interest and obtain more detailed information on clinical trials;
- ⇒ allow staff to pull up information about potential research projects for their patients

Supporting this online presence is the development of a physical Research Portal within main Outpatients, utilising space previously occupied by the ambulance triage service, to create a central hub to raise awareness of Research activity. The portal will host iPad terminals in which patients can click on the specialty clinic they are attending and be informed of research available. This information can then be sent directly to patient via a QR code or they can inform the research team via the portal that they want information. Staff can also do the same with regards to research career opportunities.

This idea has been developed with our Public and Patient Research ambassadors who are keen to work within the Research Portal and support the launch and implementation of this service.



STRATEGIC AREA: RAISE THE PROFILE OF RESEARCH

COMMUNICATION / AWARDS / EVENTS / ESTEEM MEASURES

- ⇒ In April our oncology research teams were acknowledged for 'leading the world' in recruitment to 'Add Aspirin', a study to determine whether aspirin can stop recurrence of cancer.
- ⇒ The R&D Team were awarded 'Bronze' in the 2019 Pharmatimes / NIHR NHS Research Site of the Year in May.
- ⇒ Albert Mislang, Oncology Research Nurse, received a West Midlands Clinical Research Network recognition award in May.
- ⇒ We launched our 'Research Café' for peer to peer support for research clinical delivery teams in June.
- ⇒ In July, this year's R&D Summit was our biggest ever with over 190 people registered to attend, it featured national and international speakers.
- ⇒ In August, the Trust implemented the adoption of PIGF-based Testing for Suspected Pre-eclampsia, using a new diagnostic that had been trialled at UHCW (In an international study, we were the highest recruiting Trust, with over 1,000 women agreeing to help validate the test).
- ⇒ Gordon McGregor received the West Midlands Clinical Research Network (CRN) Emerging Investigator of the Year Award in October
- ⇒ Jay Allen received a Digital Innovation Award at the CRN West Midlands Awards
- ⇒ Our joint centre with Coventry University to develop excellence in education, practice and research for Nurses, Midwives and Allied Health Professionals - the Centre for Care Excellence — was launched in January by Ruth May, Chief Nursing Officer for England.
- ⇒ In February, Research featured highly in the CQC report, with the research within Women's and Children's (Biomedical Research Unit and Tommy's Miscarriage Centre) being rated 'Outstanding'.
- ⇒ In March, the NICE rapid guideline published which drew heavily on research conducted at UHCW (co-chief investigators Chris Bassford) and Warwick on decision making around admission to intensive care, the framework and resources we developed to support clinicians are suggested as useful tools. <https://www.nice.org.uk/guidance/ng159/chapter/2-Admission-to-critical-care>
- ⇒ With 238 new followers in 2019/20, @UHCW_RandD now has over 1600 followers on Twitter. We actively use our Twitter account to engage with patients, the public and other research active organisations, amongst others, and have



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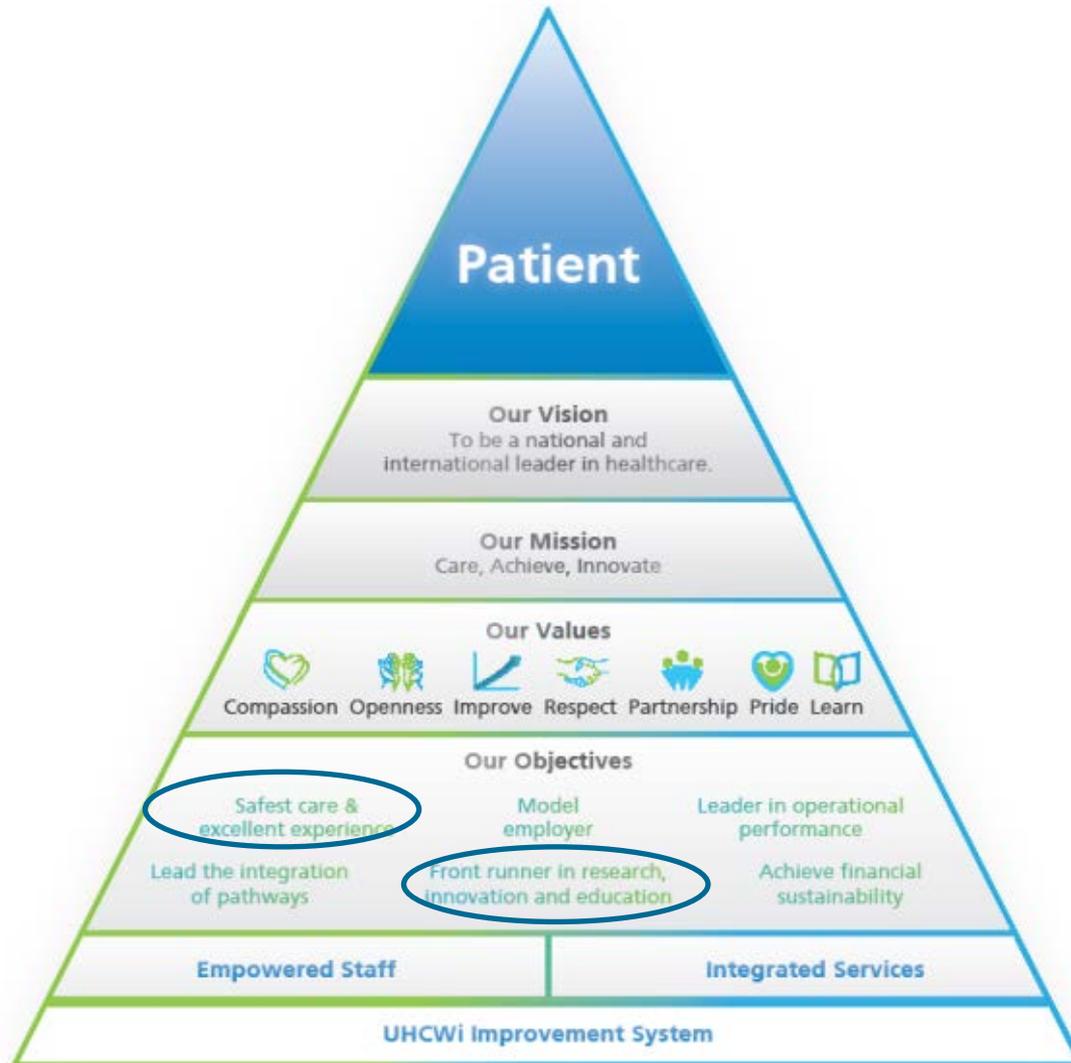


COVID RESPONSE: Research & Development

Harpal Randeva / Ceri Jones

24th September 2020

Putting the Patient First



Research & Development COVID Response

- COVID Research Committee established to oversee, support and govern COVID research and provide one access point for new trials
- PPMO set-up an online system to enable staff to apply for access to UHCW data for COVID research
- Safety monitoring of patients in research set-up as a remote service where possible
- 'Delivery to Doorstep' protocol to ensure the continuity of supply of medication to research patients, with R&D administrative staff delivering medication directly to the homes of over 200 patients.
- Remote Patient Involvement and Engagement (input to COVID research designs, Tissue Bank Committee)



Research & Development COVID Response

Staffing:

- Maintained a core team to develop and deliver research
- Redeployed nursing staff fulltime to support key areas - Critical Care, Neurology, Stroke and Maternity.
- Redeployed all clinical research fellows to clinical areas
- Redeployed all Arden Tissue Bank staff to support testing and sample collection
- Redeployed other staff as required: MEBS, pharmacy.
- Upskilled clinical staff to support front-line clinical care duties, and provide additional clinical shifts
- Trained non-clinical R&D staff to undertake data entry for national priority studies
- All staff adopted 7 day working



Results...



1041 Participants

Recruited into NIHR 'Urgent Public Health'
COVID portfolio trials



**28% - Percentage of
COVID patients
recruited**

Into 'Recovery' intervention
trial in April (nationally c.14%)



**6 Days average study
set-up time**

75 projects set-up in 4
months (usually 96 / year)



**12 Peer Reviewed
Publications**

Working towards capturing all
publications. Send to:
publications@uhcw.nhs.uk



**0 - Serious Breaches
or critical findings**

Research Governance
managed via weekly COVID
Research Committee



**£1.2million in COVID
Grant Income awards**

(3 COVID grants applications
funded to date)



**67 Grant Applications
submitted (18; 27%
COVID related)**

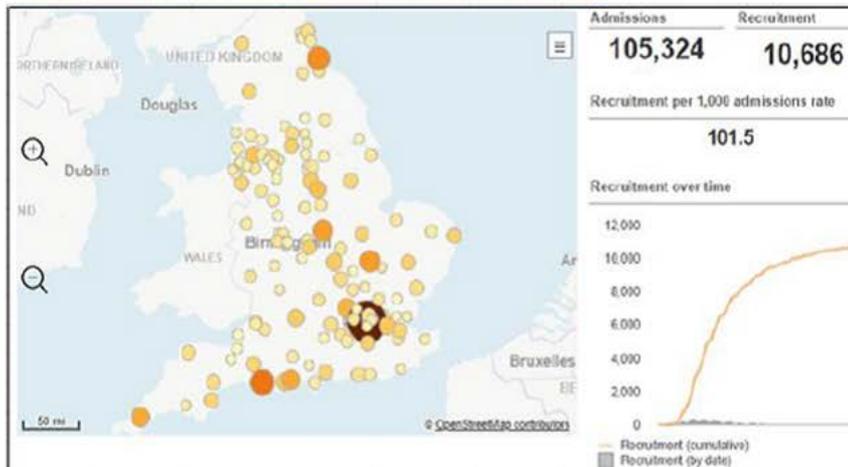
Comparative recruitment data:

Per 1000 patients admitted with COVID, UHCW recruited more patients than other Trusts in the West Midlands and more than the national average.

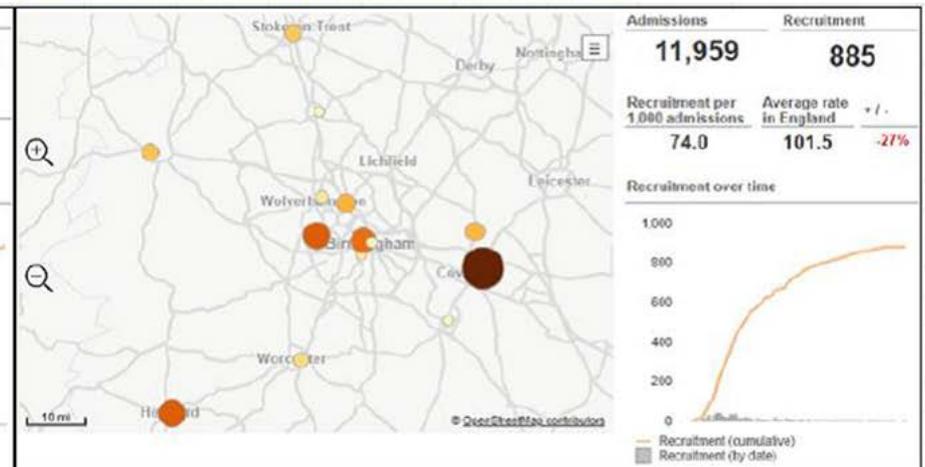
Covid-19 Recruitment per 1,000 Admissions

The maps below show the rate of recruitment into COVID-19 studies by trust (per 1,000 admissions) with the larger circles and bolder colour representing a greater rate of recruitment.

National Admissions & Recruitment to Recovery Trial



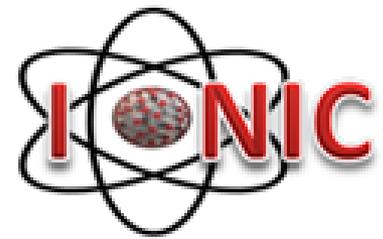
CRNWM Admissions & Recruitment to Recovery Trial



* Estimated admission numbers are based on combined figures of number of patients admitted with COVID-19 in previous 24 hours and number of inpatients with confirmed COVID-19 in previous 24 hours and are obtained from trusts two days previous to the date of the data cut. Data provided by NHS England & NHS Improvement on a daily basis



WORLD LEADING RESEARCH I



Professor Ramesh Arasaradnam and our Trial Management Unit devised, secured external funding of £309,000, set-up and launched an early phase COVID-19 treatment trial in under 12 weeks.

The IONiC trial, in collaboration with industry partner Immunic and funding from LifeArc, is a randomised controlled trial to evaluate the efficacy and safety of IMU-838 in combination with Oseltamivir in patients with moderate-to-severe COVID-19.

The study is looking to recruit 120 patients with COVID-19 and will assess a number of important clinical outcomes including time to improvement.





WORLD LEADING RESEARCH II

The COVER (**CO**vid-19 **V**ascular **sER**vice study is an international study to determine the impact of COVID-19 on the provision, practice and outcomes of vascular surgery over the course of the pandemic.

Developed by Professor Chris Imray and Ruth Benson, Clinical Lecturer, this study launched within 2 weeks of the pandemic hitting the UK.

It is now active across 6 continents, with data collected on over 1100 patients to date.

This study is the first international cohort of cardiovascular patients undergoing major surgery during the pandemic. The results will help doctors and healthcare providers understand the immediate and short-term impact of COVID-19 on vascular patients and therefore plan the provision of care accordingly in the post-pandemic era and during potential future waves. The data has been used by PHE and impacted on national guidelines. <http://www.isrctn.com/ISRCTN80453162>

UNIQUE RESOURCE

Many Tissue banks closed during the pandemic. Arden Tissue bank capacity was expanded to enable us to store an additional 28,000 samples.

The 15,264 samples collected so far include all COVID samples leftover following diagnosis*, faecal samples, post mortem tissue and samples from staff COVID and antibody testing for future research.

This series of patient samples over time, provides a unique collection tracking the course of the disease.

We are linking this to pathology, radiology and other data to provide a research resource.

*Nasopharyngeal Swab Elutions, Serum, Plasma, DNA



REGIONAL REACH



Adapted our Research PatientTracker™ (developed by R&D) and rolled it out for use across all Trusts in the West Midlands, to support the Recovery trial to ensure that patients were tracked and research carried out seamlessly across organisations

This would have had additional benefit had patients moved between hospitals / from hospitals to the Nightingale.

Jay Allen, R&D Data Manager, was a Finalist in the National Health Tech Leaders 'Healthcare Heroes' Awards 2020 for this work.



Research & Development COVID Restoration Challenges

- Reliant on Trust restoration / capacity: surgery, scanning, space ...
- Need to redesign many of UHCW-led research projects to meet COVID requirements, e.g. home interventions rather than within a Trust setting
- Potential for staff to be pulled to support vaccine trials / winter pressures
- 50% of R&D clinical delivery team are funded from commercial income (£1million) – this activity stopped during COVID
- Early phase / healthy volunteer studies more complex to re-start – **opportunity to reconfigure space to provide 2-bed overnight facility, we can source revenue, we need capital!**



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Research & Development COVID Restoration Progress

- Continuation of 7 day research service to deliver ongoing COVID patient treatment studies, plus:
 - COPCOV: hydroxychloroquine prophylaxis in healthcare workers.
 - SIREN: staff screening study to look at antibody rates and immunity.
 - K9: can dogs be trained to identify COVID by smell?
- Nationally, c.39% of NIHR portfolio studies are open;
- At UHCW 169 studies, 98 are open (58%)
- Direction is broadly positive: Grant applications are up, increasing numbers of COVID publications, increasing number and diversity of staff interested in research, results coming through from sample analysis...



COVID PANDEMIC 2020 PUBLICATIONS: UHCW AUTHORS / CONTRIBUTORS

Source: PUBMED search, plus those registered on Trust publications database. Sept 07/09/20.

Author (s)	Staff Group	Article Type	Title	Co-Authors	Reference	Journal	Year
David Snead	Medical and Dental	Peer reviewed journal article	Digital pathology and artificial intelligence will be key to supporting clinical and academic cellular pathology through COVID-19 and future crises: the PathLAKE consortium perspective	Browning,Colling,Rakha,Rajpoot,Rittscher,James,Salto-Tellez,Snead,Verrill Department of Pathology, University Hospitals Coventry and Warwickshire NHS Trust, Coventry, West Midlands, UK.	32620678 06/07/2020	Journal of clinical pathology	2020
George Moussa, Manjunatha Nonavinakere, Paul Mathews	Medical and Dental	Peer reviewed journal article	Work based concerns and personal implications of COVID-19	Mathews, Moussa, Manjunatha University Hospitals Coventry and Warwickshire NHS Trust, Clifford Bridge Rd, Coventry, CV2 2DX, UK. nonavinakere.manjunatha@uhcw.nhs.uk.	32632295 08/07/2020	Eye (London, England)	2020
Harpal Randeva, Ioannis Kyrou	Medical and Dental	Peer reviewed journal article	Pancreatic cancer analysis of transmembrane protease serine 2 and cathepsin L that mediate cellular SARS infection leading to COVID-19	Katopodis, Anikin, Randeva, Spandidos, Chatha, Kyrou, Karteris Warwickshire Institute for the Study of Diabetes, Endocrinology and Metabolism (WISDEM), University Hospitals Coventry and Warwickshire NHS Trust, Coventry CV2 2DX, UK.	32468052 30/05/2020	International journal of oncology	2020
Harpal Randeva, Ioannis Kyrou	Medical and Dental	Peer reviewed journal article	COVID-19 and diabetes: No time to drag our feet during an untimely pandemic	Kyrou, Robbins Warwickshire Institute for the Study of Diabetes, Endocrinology and Metabolism UHCW NHS Trust	32425465 20/05/2020	Journal of diabetes and its complications	2020

Author (s)	Staff Group	Article Type	Title	Co-Authors	Reference	Journal	Year
Harpal Randeve, Sailesh Sankar	Medical and Dental	Peer reviewed journal article	COVID-19: A new digital dawn?	Robbins, Hudson, Ray, Sankar, Patel, Randeve, Arvanitis. University Hospitals Coventry & Warwickshire NHS Trust, UK. Warwick Medical School, University of Warwick, UK.	32061333 22/04/2020	Digital health	2020
Tim Spalding	Medical and Dental	Peer reviewed journal article	COVID-19 crisis: an extraordinary time for collaboration and science—a call for leadership, now and beyond	Tim Spalding, Jon Karlsson, Michael, T. Hirschmann, Roland Becker & Volker Musahl Knee Surgery, Sports Traumatology, Arthroscopy ISSN 0942-2056 Knee Surg Sports Traumatol Arthrosc.	DOI 10.1007/s00167-020-06034-0	Springer	2020
Tom Barber	Medical and Dental	Peer reviewed journal article	COVID-19 and diabetes mellitus: implications for prognosis and clinical management.	09/06/2020, Barber, Division of Biomedical Sciences, Warwick Medical School, University of Warwick , Coventry, UK. Warwickshire Institute for the Study of Diabetes, Endocrinology and Metabolism, University Hospitals Coventry and Warwickshire , Coventry, UK.		Expert review of endocrinology & metabolism	2020
Vicky Williams	Nursing and Midwifery	Blog	All hands on deck? Clinical Educators supporting the front line during the COVID-19 pandemic	Posted on July 26, 2020 by EBailey Vicky Williams is an Associate Director of Nursing for Education and Research at University Hospitals Coventry & Warwickshire NHS Trust.	https://blogs.bmj.com/ebn/2020/07/26/all-hands-on-deck-clinical-educators-supporting-the-front-line-during-the-covid-19-pandemic/	BMJ Blog	2020
Vinod Menon	Medical and Dental	Peer reviewed journal article	COVID-19 and People with Intellectual Disability: Guidance on Advances Planning for Treatment Escalation,	Ravi, A., Barclay, H., Mukherji, K., Chester, V. & Alexander, R.T. (2020). Norwich: RADiANT. (Part of Consultative Group)		Norwich: RADiANT. (Part of Consultative Group)	2020

Author (s)	Staff Group	Article Type	Title	Co-Authors	Reference	Journal	Year
			Ceiling of Care, Palliative				
Elizabeth Bailey, Samantha Nightingale		Peer reviewed journal article	Navigating maternity services redesign in global pa care and end of life pandemic: A report from the field	Elizabeth Bailey, Samantha Nightingale – Elsevier 2020		Elsevier	2020
Lim C, De Silva I, Moussa G, Islam T, Osman L, Malick H, Deol S, Youssef M, Farrag A, Ashraf R, Burgula S, Thompson J.	Medical and Dental	Peer reviewed journal article	Redeployment of ophthalmologists in the United Kingdom during the Coronavirus Disease Pandemic.	Epub ahead of print. PMID: 32854520; PMCID: PMC7457008.	doi: 10.1177/1120672120953339.	Eur J Ophthalmol	2020
Price SJ, Joannides A, Plaha P et al	Medical and Dental	Peer reviewed journal article	COVID-CNSMDT study group. Impact of COVID-19 pandemic on surgical neuro-oncology multi-disciplinary team decision making: a national survey (COVID-CNSMDT Study).	Price SJ, Joannides A, Plaha P, Afshari FT, Albanese E, Barua NU, Chan HW, Critchley G, Flannery T, Fountain DM, Mathew RK, Piper RJ, Poon MT, Rajaraman C, Rominiyi O, Smith S, Solomou G, Solth A, Surash S, Wykes V, Watts C, Bulbeck H, Hutchinson P, Jenkinson MD;	doi: 10.1136/bmjopen-2020-040898. PMID: 32801210; PMCID: PMC7430412	BMJ Open	2020

Author (s)	Staff Group	Article Type	Title	Co-Authors	Reference	Journal	Year
Banerjee S, Sarkar S, Bandyopadhyay SN.	Medical and Dental	Peer reviewed journal article	Survey and analysis of knowledge, attitude and practice among otolaryngologists in a state in eastern India in relation to the coronavirus disease	Banerjee S, Sarkar S, Bandyopadhyay SN. 2019 pandemic. J Laryngol Otol. 2020 Jul 29:1-7. Epub ahead of print. PMID: 32723403; PMCID: PMC7419743.	doi: 10.1017/S0022215120001644.	Epub	2020
Kyrou I, Karteris E, Robbins T, Chatha K, Drenos F, Randeve HS.	Medical and Dental	Peer reviewed journal article	Polycystic ovary syndrome (PCOS) and COVID-19: an overlooked female patient population at potentially higher risk during the COVID-19 pandemic.	Kyrou I, Karteris E, Robbins T, Chatha K, Drenos F, Randeve HS. BMC Med. 2020 Jul 15;18(1):220. PMID: 32664957; PMCID: PMC7360476.	doi: 10.1186/s12916-020-01697-5.	BMC Med	2020
Payne D, Newton D, Evans P, Osman H, Baretto R.	Medical and Dental	Peer reviewed journal article	Preanalytical issues affecting the diagnosis of COVID-19.	Payne D, Newton D, Evans P, Osman H, Baretto R. J Clin Pathol. 2020 Jul 6;jclinpath-2020-206751. Epub ahead of print. PMID: 32631944.	doi: 10.1136/jclinpath-2020-206751.	J Clin Pathol	2020

Author (s)	Staff Group	Article Type	Title	Co-Authors	Reference	Journal	Year
Chattopadhyay A, Chaudhuri K.	Medical and Dental	Peer reviewed journal article	COVID-19, hydroxychloroquine and the eighth alternative.	Chattopadhyay A, Chaudhuri K. Clin Med (Lond). 2020 Jul;20(4):e132-e133. PMID: 32675166; PMCID: PMC7385788.	doi: 10.7861/clinmed.Let.20.4.4.	Clin Med (Lond).	2020
Kerslake R, Hall M, Randeve HS, Spandidos DA, Chatha K, Kyrou I, Karteris E.	Medical and Dental	Peer reviewed journal article	Covid-expression of peripheral olfactory receptors with SARS-CoV-2 infection mediators: Potential implications beyond loss of smell as a COVID-19 symptom.	C Kerslake R, Hall M, Randeve HS, Spandidos DA, Chatha K, Kyrou I, Karteris E. Int J Mol Med. 2020 Sep;46(3):949-956. Epub 2020 Jun 17. PMID: 32705281; PMCID: PMC7388840.	doi: 10.3892/ijmm.2020.4646.	Int J Mol Med	2020
Beshir KB, Grignard L, Hajissa K, Mohammed A, Nurhussein AM, Ishengoma DS, Lubis IND, Drakeley CJ, Sutherland CJ.	Medical and Dental	Peer reviewed journal article	Emergence of Undetectable Malaria Parasites: A Threat under the Radar amid the COVID-19 Pandemic?	Beshir KB, Grignard L, Hajissa K, Mohammed A, Nurhussein AM, Ishengoma DS, Lubis IND, Drakeley CJ, Sutherland CJ. Am J Trop Med Hyg. 2020 Aug;103(2):558-560. Epub 2020 Jun 16. PMID: 32553046; PMCID: PMC7410463.	doi: 10.4269/ajtmh.20-0467.	Am J Trop Med Hyg.	2020

Author (s)	Staff Group	Article Type	Title	Co-Authors	Reference	Journal	Year
Caroline Leech	Medical and Dental	Peer reviewed journal article	Global crisis: EM and EMJ respond.	Body, Carlton, Carley, Dawood, Leech, Smith, Weber		Emergency medicine journal : EMJ	2020
Harpal Randeva	Medical and Dental	Peer reviewed journal article	COVID 19 cancer analysis of transmembrane protease serine 2 and cathepsin L that mediate cellular SARS infection leading to COVID	Periklis Katopodis, Vladimir Anikin, Harpal S Randeva, Demetrios A Spandidos, Kamaljit Chatha, Ioannis Kyrou, Emmanouil Karteris		International journal of oncology	2020
David Snead	Medical and Dental	Peer reviewed journal article	Guidance for Remote Reporting of Digital Pathology Slides During Periods of Exceptional Service Pressure: An Emergency Response from the UK Royal College of Pathologists.	Williams, Brettle, Aslam, Barrett, Bryson, Cross, Snead, Verrill, Clarke, Wright, Treanor		Journal of pathology informatics	2020
Andrew Stein	Medical and Dental	Peer reviewed journal article	Mortality statistics in England and Wales: SARS-CoV-2 paradox	Harrison, Newport, Robbins, Arvanitis, Stein		The Journal of international medical research	2020

Author (s)	Staff Group	Article Type	Title	Co-Authors	Reference	Journal	Year
Hannah Tween	Medical and Dental	Peer reviewed journal article	Coronavirus Disease 2019: the Pivotal Role of UK Clinical Oncology and the UK Coronavirus Cancer Monitoring Project.	Best, Starkey, Chatterjee, Fackrell, Pettit, Srihari, Tween, Olsson-Brown, Cheng, Hughes, Lee, Purshouse, Arnold, UK Coronavirus Cancer Monitoring Project Team, Sivakumar, Cazier Lee		Clinical oncology (Royal College of Radiologists (Great Britain))	2020
Franco Cappuccio	Medical and Dental	Peer reviewed journal article	Confusion over CPR in patients with covid-19.	Franco Cappuccio -2020		BMJ (Clinical research ed.)	2020
Franco Cappuccio	Medical and Dental	Peer reviewed journal article	Covid-19 and cardiovascular risk: Susceptibility to infection to SARS-CoV-2, severity and prognosis of Covid-19 and blockade of the renin-angiotensin-aldosterone system. An evidence-based viewpoint.	Cappuccio, Siani		Nutrition, metabolism, and cardiovascular diseases : NMCD	2020
Gabrielle Harrison	Medical and Dental	Peer reviewed journal article	Mortality statistics in England and Wales: the SARS-CoV-2 paradox	Harrison, Newport, Robbins, Arvanitis, Stein		The Journal of international medical research	2020

Author (s)	Staff Group	Article Type	Title	Co-Authors	Reference	Journal	Year
Nitisha Khunti	Medical and Dental	Peer reviewed journal article	Therapeutic uncertainties in people with cardio metabolic diseases and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 or COVID-19).	Khunti, Khunti, Seidu, Khunti		Diabetes, obesity & metabolism	2020
Nicolas Aldridge	Nursing and Midwifery	Blog	Clinical Research Delivery Teams and the COVID response: defining a new specialty	Posted on 17 August, 2020 by EBailey Nic Aldridge is Lead Nurse for Research and Development University Hospitals Coventry & Warwickshire NHS Trust.	https://blogs.bmj.com/ebn/2020/08/17/clinical-research-delivery-teams-and-the-covid-response-defining-a-new-specialty/	BMJ Blog	2020

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Integrated Care System Update
Executive Sponsor	Justine Richards, Chief Strategy Officer
Author	Jamie Deas, Director of Strategy and Integration
Attachments	Integrated Care System Update
Recommendations	Trust Board is invited to DISCUSS the role UHCW will play in the development of the Integrated Care System at all levels

EXECUTIVE SUMMARY

<ul style="list-style-type: none"> • The NHS Long-Term Plan set the ambition that every part of the country should be an Integrated Care System (ICS) by April 2021. • NHS England and NHS Improvement (NHSE/I) have set out a consistent approach to how systems are designed highlighting three levels at which decisions are made, these being neighbourhoods with populations of 30-50,000, places with populations between 250-500,00 and systems with populations of between 1-2 million. • In the Coventry and Warwickshire system there are: <ul style="list-style-type: none"> • 21 primary care networks (PCNs) servicing neighbourhoods; • Four 'Places' (Coventry, Rugby, North Warwickshire and South Warwickshire); • A single NHS commissioner that takes responsibility for 'strategic commissioning' – the Strategic Commissioner; • A strong provider Alliance able to facilitate the sharing of expertise, knowledge and skills between Providers and to draw on the strength of its members to redesign service delivery and develop new models of care in response to the Strategic Commissioner's requirements; • It is the ambition of the Coventry and Warwickshire Health and Care Partnership (CWHCP) to become an Integrated Care System (ICS) by April 2021 • A certain level of system maturity is required to achieve the status of an ICS and there is an ICS "maturity matrix" that helps systems to determine their current status • Work is in train to address any gaps in readiness for submission to NHSE/I by the end of 2020/21.
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PREVIOUS DISCUSSIONS HELD

<ul style="list-style-type: none"> • A discussion was held at the Board Strategic Workshop on 27 August 2020.
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KEY IMPLICATIONS

Financial	Alignment of financial planning across the Health and Care Partnership
Patients Safety or Quality	Improve health and wellbeing of the wider C&W population served by the ICS.
Human Resources	Opportunity to recruit, develop and retain staff to sustain care across wider footprint
Operational	Equity of access and outcome across the ICS footprint

1. INTRODUCTION

- 1.1 The introduction of sustainability and transformation partnerships was announced in December 2015. This was followed by the introduction of integrated care systems (ICSs) in 2018, which embraced much closer working between organisations to meet the health and care needs of their local population.
- 1.2 The NHS Long-Term Plan in 2019 announced the intention that ICSs would cover all of England by April 2021. More recently, NHS England and Improvement (NHSE/I) has been seeking to strengthen system working through the development of its 'system by default' policy.
- 1.3 Integrated care happens when NHS organisations, local authorities and other key partners work together to meet the needs of their local population. The most ambitious forms of integrated care aim to improve population health by tackling the causes of illness and the wider determinants of health.
- 1.4 An ICS is not a legal entity; it is a "partnership" of the key statutory agencies bound through a Memorandum of Understanding that work with other key partners in a collaborative manner. Each sovereign organisation maintains their own statutory accountabilities. Governance and any devolved decision-making powers are developed through the partnership.
- 1.5 Locally we have an established Coventry and Warwickshire Health and Care Partnership which includes all NHS Providers, both local authorities and Clinical Commissioning Groups. This partnership has an independent Chair, Professor Sir Chris Ham and an Executive Lead, Professor Andy Hardy.

2. FRAMEWORK

- 2.1 NHS England and NHS Improvement (NHSE/I) set out a consistent approach to how systems are designed highlighting three levels at which decisions are made and described the broad functions to be undertaken at each level:
 - Neighbourhoods (populations circa 30,000 to 50,000 people) - served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services through primary care networks (PCNs).
 - Places (populations circa 250,000 to 500,000 people) - served by a set of health and care providers in a town or district, connecting PCNs to broader services including those provided by local councils, community hospitals or voluntary organisations.
 - Systems (populations circa 1 million to 2 million people) - in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale - an ICS.

	Level	Population size	Purpose
	Neighbourhood	c. 30,000 to 50,000 people	<ul style="list-style-type: none"> • Integrated multi-disciplinary teams • Strengthen primary care through primary care networks • Proactive role in population health and prevention
	Place	c.250,000 to 500,000 people	<ul style="list-style-type: none"> • Typically borough/council level • Integrate primary, community, local govt & hospital services • Develop new provider models for 'anticipatory' care
	System	c. 1 million to 2 million people	<ul style="list-style-type: none"> • System strategy and planning • Develop governance and accountability arrangements across system • Implement strategic change • Manage performance and collective financial resources • Identify and share best practice across the system, to reduce unwarranted variations in care and outcomes
	Region		<ul style="list-style-type: none"> • Agree system objectives • Hold systems to account for delivery of agreed outcome measures • Support system development • Support improvement and, where required, provide intervention

2.2 In the Coventry and Warwickshire system there are:

- 21 primary care networks servicing neighbourhoods;
- Four 'Places' (Coventry, Rugby, North Warwickshire and South Warwickshire);
- A single NHS commissioner that takes responsibility for 'strategic commissioning' – the Strategic Commissioner;
- A strong Provider Alliance able to facilitate the sharing of expertise, knowledge and skills between providers and to draw on the strength of its members to redesign service delivery and develop new models of care in response to the Strategic Commissioner's requirements;

2.3 At place and neighbourhood, the providers lead the work with other provider organisations to design and deliver more integrated services. This includes NHS providers, primary care and local authorities.

2.4 The CCGs work across the whole system to articulate the outcomes to be achieved for its population, including the delivery of national standards and commitments; enhancing population health analytical capabilities; and, replacing duplicative decision-making and activities by implementing mergers or collaborative arrangements. CCGs are also working with local government at place to undertake activities together, where it makes sense and is agreed by both parties.

2.5 UHCW will be engaged at all levels of place as the local provider for Coventry and Rugby but also the specialist provider for the whole of Coventry and Warwickshire.

3. SYSTEM READINESS

3.1 For our local system to achieve ICS status there must be an arrangement for each place to operate as an integrated care partnership (ICP) which will enable providers to:

- Take on various more transactional commissioning functions (so called 'delivery commissioning' functions) which have previously sat with CCGs;
- Take responsibility for an allocated budget for the health of their population at place;

- Facilitate partners within each ICP to come together to share accountability for improving healthcare and the health outcomes of the population of the place, while living within available resources; and
 - Develop strong relationships beyond the ICP with other organisations and services and with local people and communities, all of whom have a potential contribution to make in improving the health and wellbeing outcomes of the place population.
- 3.2 UHCW is actively engaged in the development of place delivery for both Rugby and Coventry and is planning to work in partnership with other providers, developing capacity and capability required to take a lead role in the ICP.
- 3.3 A certain level of system maturity is required to achieve the above and there is an ICS “maturity matrix” that helps systems to determine their current status. The matrix outlines the core capabilities expected of emerging ICSs, developing ICSs, maturing ICSs and thriving ICSs. For a system to be formally designated an ICS, they will need to meet the attributes of a maturing ICS, assessed by the regional office of NHSE/I, that will include delivering performance and financial outcomes that meet plans agreed with NHSE/I.
- 3.4 The integrated care system maturity matrix has been developed to outline the core characteristics of systems as they develop. These were developed from observing and talking to the earliest ICSs, and from the objectives set out in the NHS Long-Term Plan.
- 3.5 The specific actions and development plans that are needed to secure further progress across the maturity matrix have been produced and work is underway to enact these in the coming months. Progress against this will be governed through the C&W HCP Board and to the UHCW Board at regular intervals. Members of UHCW Board are actively engaged in the work of developing the ICS and the system architecture and capability to enact the improvements set out in the NHS Long Term Plan.

4. **RECOMMENDATION**

- 4.1 The Trust Board is asked to **RECEIVE** the report and **ENDORSE** the development of the ICS and the role UHCW will play in its development at all levels.

Author Name: Jamie Deas

Author Role: Director of Strategy and Integration

Date report written: 4 September 2020

**MINUTES OF THE MEETING OF THE
FINANCE, RESOURCES AND PERFORMANCE COMMITTEE
HELD AT 1.30PM ON THURSDAY 23 JULY 2020 VIA MICROSOFT TEAMS**

MINUTE REFERENCE	DISCUSSION	ACTION
FRPC/20/084	PRESENT Jerry Gould, Non-Executive Director (JG) - Chair Laura Crowne, Chief Operating Officer (LC) Jenny Mawby-Groom, Associate Non-Executive Director (JMG) Carole Mills, Non-Executive Director (CM) Brenda Sheils, Non-Executive Director (BS)	
FRPC/20/085	IN ATTENDANCE Antony Hobbs, Director of Operational Finance (AHo) Kuldip Manota, Executive Assistant (KM) – minute taker Geoff Stokes, Director of Corporate Affairs (GS) Donna Griffiths, Director of Workforce (DG) Clive Robinson (CR) Item FRPC/020/95 Lincoln Dawkin (LD) Item FRPC/020/96 Justine Richards, Chief Strategy Officer (JR) Item FRPC/020/97	
FRPC/20/086	APOLOGIES FOR ABSENCE Karen Martin, Chief Workforce and Information Officer (KM) Susan Rollason, Chief Finance Officer (SR)	
FRPC/20/087	CONFIRMATION OF QUORACY The meeting was confirmed as quorate.	
FRPC/20/088	DECLARATIONS OF INTEREST There were no declarations of interest.	
FRPC/20/089	REVIEW OF MINUTES OF THE PREVIOUS MEETING HELD ON 18 JUNE 2020 The minutes were APPROVED as an accurate record of the discussions held. GS stated that the minutes of the Finance, Resources and Performance Committee (FRPC) will be available to the public via the public board agenda next week, agreed nothing needs to be redacted.	

MINUTE REFERENCE	DISCUSSION	ACTION
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FRPC/20/090

ACTION MATRIX

The Action Matrix was updated with items marked for closure being removed. Updates were noted as follows;

- Item 20/079 (i) CM and JMG will be happy to join the kaizen event relating to improving the production of IQPR and IFR reports. Action can now be closed
- Item 20/079 (ii) DG will speak to CM outside of the meeting
- Item 20/079 (iii) LC will address this under the relevant item, Data has been corrected under the IQPR. Action can now be closed

FRPC/20/091 INTEGRATED FINANCE REPORT (Month 3)

AHo summarised the content of the report, advising that the month 3 financial position is at breakeven.

AHo highlighted that the Trust continues to operate under an emergency financial regime.

Additional COVID19 cost for June was £3.9m (Year to date £13.6m) and offset by assumed additional income.

£9.7m has been received to date from NHSE/I and a further claim £3.9m has yet to be received as part of the Top Up.

Agency spend was £1.1m expenditure during month 3, which compared to the Month 8-10 baseline is a reduction of £0.4m.

Contract income continues to be paid under a block arrangements. However if assessed under normal Payment by Results (PBR) arrangements for month 3 has shown a continuation in the recovery trend seen in May (June 72% of normal levels compared to 64% in May). Year to date contract income performance shows a 34% reduction on normal levels.

Aged debtors at the end of the reporting period was £24.2m, of which £21.7m was overdue, this is a decrease of £2.1m compared to the previous month, AHo reported that the value of age debtors has reduced further since the end of June and value now stands at £14.9m.

AHo reported that Capital continues to be very challenging for the Trust. The Chief Finance Officer (CFO) has previously reported that as a non – (Foundation Trust) FT the Trust does not have automatic approval to spend capital.

Since writing the report there has been two developments to share.

Firstly, the Trust has received confirmation of £1.3m of COVID capital approvals. This represents items submitted prior to the 19 May 2020. For bids submitted after this date will be considered in August 2020.

MINUTE REFERENCE	DISCUSSION	ACTION
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Secondly, the System Transformation Programme (STP) capital allocation has been increased by £9m, which brings the overall system gap down to circa £28m. Across the STP a re-prioritisation exercise is underway to meet the revised total of £56.3m.

BS asked what happens after the current financial regime finishes after Month 4. AHo explained that further guidance is expected by the end of the month, but the current arrangements are likely to be extended to August or September 2020 using the same model, after which it is expected to be a 'cash based system' for the remaining 6 months of the year.

CM commented on how much reduction there had been in the Aged Debtors, however she wanted to understand what the underlying causes were for the delay in payment. AHo acknowledged this and reported that finance restoration is looking at an escalation process and the service level agreements are to be more robust.

CM asked what the Trust is doing about the overseas debtors as this is real income opportunity for the Trust. AHo stated that this was a very complex issue. A paper detailing the process was presented at Audit & Risk Committee and AHo will circulate a copy to CM.

AHo

The Committee **NOTED** the month 3 financial position.

FRPC/20/092	INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT
	Workforce

DG explained that the format of the report has been amended so it separates COVID staff.

Staff in post increased by 19.79 WTE from last month, all student placements will be ceasing by 5 August 2020. The vacancy figure is 11.99% for June, a slight increase of 0.23% from May 2020. 65 WTE newly qualified nurses due to start in September 2020. Sickness absence has decreased by 0.99% primarily driven by the reduction in COVID sickness.

Mandatory training levels have improved slightly in June. The 2020 appraisal window has been extended to 30 November 2020 to reflect the operational challenges during COVID-19.

BS was pleased that the sickness levels are reducing. She queried whether the modelling had been completed in regards to the workforce profile for nursing and midwifery workforce given the majority of leavers in June were connected to retirements. Clarity was given that workforce modelling is undertaken and overview through Strategic Workforce Committee.

BS stated that the level of compliance was going up and enquired about the next stage of the process. DG gave assurance that

MINUTE REFERENCE	DISCUSSION	ACTION
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adjustments were being made and a support package of care is being provided for all staff who have been shielding as the expectation for shielding comes to an end 1 August 2020.

CM enquired at what stage were the appraisal objectives set; if this was between April – September then 6 months would not enable staff to have achieved their objectives by the end of the financial year. DG explained that staff would have a 12 month period to meet their objectives.

Performance

LC reported that the Trust delivered performance of 94.3% for the four hour national standard for accident and emergency below the national standard of 95%, but an improvement of 0.09% from last month. UHCW was above the benchmarked position in England and the Midlands.

There have been 7 breaches against the cancer standards.

BS commented as waiting times for mental health patients are increasing this is not sustainable and needs to be raised at the Trust Board.

The Committee **NOTED** the Integrated Quality, Performance and Finance Report.

FRPC/20/093	ELECTIVE RESTORATION	
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LC summarised the content of the report. The Independent sector continues to be utilised effectively for cancer work and has been extended until the end August 2020. Rugby St Cross will be relocating the trauma theatre to University Hospital (UH) and the rest of the site will become a green area from 27 July 2020 and the pre-op green pathways are due to go live from 16 July 2020.

Outpatients – a blueprint workshop has been arranged to scope out expectations. Virtual appointments have dropped slightly as restoration continues, however video appointments are also available alongside the telephone appointments for the first time.

JMG commented that the report was easy to understand. However she asked what happened to patients who are on the green pathway whose treatment is cancelled as they failed to turn up for their swabbing appointment. DG explained that they will be put back on the waiting list.

JMG sought clarity if patients were swabbed at 14 days prior to admission as well as 72 hour prior. **DG** to check

BS asked if the Trust Planning Unit (TPU) was settling down and how effective it was. LC stated that it was in the early stages and required further work.

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>CM queried if the shielding period for elective patients could be shortened and would this not help with the restoration period. LC explained that the national requirement for a 14 day period still remains, but could be reduced.</p> <p>The Committee NOTED the current position of the Framework Agreement</p>	
FRPC/20/094	<p>EMERGENCY CARE UPDATE</p> <p>LC reported that the Trust delivered performance of 94.32% against the 4 hour target. Although continuing to be below the 95% standard this is the third consecutive month of improvement against a backdrop of COVID-19. There has been a 50% reduction in volume due to patients going through a direct access pathways such as Surgical Assessment Unit (SAU) and Medical Decision Unit (MDU).</p> <p>JMG asked why the long length of stay (LLOS) patients were increasing; LC explained this was due to increased presentations at the Trust. Work on discharge planning is progressing and Chief Nursing Officer is leading on this.</p> <p>The Committee NOTED the report</p>	
FRPC/20/095	<p>SUSTAINABLE DEVELOPMENT UPDATE</p> <p>CR talked through the report. Following Government directives the Sustainable Development Management Plan (SDMP) is being rationalised in line with the Green Plan. The Green Plan sets out the strategy for sustainability for the next 5 years, and progress is reported year on year.</p> <p>The Committee NOTED the progress in relation to sustainable development</p>	
FRPC/20/096	<p>PFI SOFT SERVICES BENCHMARK REPORT AND RECOMMENDATION</p> <p>LD talked through the report. ISS are a reasonable contractor and have a long working relationship with the Trust, they stepped up during COVID-19 and the Project Company worked very closely with the Trust.</p> <p>The Committee AGREED the report and SUPPORTED the recommendation to allow ISS to continue to provide soft services under PFI contract until the next benchmarking date in 2025.</p>	
FRPC/20/097	<p>INTEGRATED MSK SERVICE FOR COVENTRY PLACE</p> <p>JR updated the Committee that there is strategic, clinical and economic case for changing the current delivery model for musculoskeletal (MSK) in Coventry, as currently MSK place a high demand on primary, community and acute care providers due to the</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>ageing population.</p> <p>Report will be discussed at the Health & Well-Being Board next week as this is working collaboratively with Partnership for Coventry.</p> <p>JG asked how the vacancies will be filled. JR stated that they require good Physiotherapists, and the Trust will look to developing existing staff and working in joint partnership with Coventry and Warwickshire Partnership Trust (CWPT).</p> <p>BS stated that this was a good symbol of collaborative partnership working.</p> <p>The Committee NOTED the Case for Change for an Integrated MSK model for Coventry Place.</p>	
FRPC/20/098	<p>ANNUAL WORK PROGRAMME 2020/21</p> <p>GS shared the work programme which has been prepared to seek a balance of the agenda items going forward.</p> <p>JMG stated that it needs a more thematic approach. DG said that the workforce data is a quarterly report and will propose a more suitable cycle for this.</p> <p>CM commented that most of the time is taken up on routine reports which then do not leave sufficient time for other items.</p> <p>JG would like to see an executive summary which integrates the performance, quality and finance data.</p> <p>GS stated that the annual work programme will be incorporated into the work planner.</p> <p>The Committee APPROVED the work programme.</p>	
FRPC/20/099	<p>ANY OTHER BUSINESS</p> <p>There was no further business.</p>	
FRPC/20/100	<p>CHAIR'S REPORT TO TRUST BOARD</p> <p>GS advised that a Chairs Report to Trust Board will be required alongside the approved minutes from the last meeting. The areas to be highlighted are:</p> <ul style="list-style-type: none">• The current financial regime and potential changes for the remainder of the year• Work on going to review how the month end reporting process can be streamlined• The recommendation relating to soft service provision• Plans for an integrated musculoskeletal service• The annual work programme	
FRPC/20/101	<p>MEETING REFLECTIONS</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	None	
FRPC/20/102	DATE OF NEXT MEETING An alternative chair is needed for the next meeting as JG is on leave. The next meeting will take place on Thursday 20 August 2020 at 1:30pm. POST MEETING NOTE it has been agreed that Brenda Shiels will chair the meeting.	

**MINUTES OF THE MEETING OF THE
FINANCE, RESOURCES AND PERFORMANCE COMMITTEE
HELD AT 1.30PM ON THURSDAY 20 AUGUST 2020 VIA MICROSOFT TEAMS**

MINUTE REFERENCE	DISCUSSION	ACTION
FRPC/20/103	PRESENT Jerry Gould, Non-Executive Director (JG) - Chair Laura Crowne, Chief Operating Officer (LC) Carole Mills, Non-Executive Director (CM) Brenda Sheils, Non-Executive Director (BS) Susan Rollason, Chief Finance Officer (SR)	
FRPC/20/104	IN ATTENDANCE Lincoln Dawkin, Director of Estates and Facilities – (LD) Item FRPC/020/117 Donna Griffiths, Director of Workforce – (DG) Kuldip Manota, Executive Assistant (KM) – minute taker James Matthews, Director of ICT and Digital Services – (JM) Item FRPC/20/118 Shakeel Sabir, EPR Programme Director – (SS) Item FRPC/020/113 Geoff Stokes, Director of Corporate Affairs – (GS)	
FRPC/20/105	APOLOGIES FOR ABSENCE Jenny Mawby-Groom, Associate Non-Executive Director – (JMG) Karen Martin, Chief Workforce and Information Officer and Deputy CEO – (KM)	
FRPC/20/106	CONFIRMATION OF QUORACY The meeting was confirmed as quorate.	
FRPC/20/107	DECLARATIONS OF INTEREST There were no declarations of interest.	
FRPC/20/108	REVIEW OF MINUTES OF THE PREVIOUS MEETING HELD ON 23 July 2020 Amendments were made as follows: <ul style="list-style-type: none"> • page 4, Performance it was LC and not DG reporting on the performance. • Page 4, BS asked the paragraph to be reworded; BS commented that the return of issues related to patients with mental health conditions was disappointing and needs to be raised at the Trust Board, as patients are waiting a significant 	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>time and not getting a response, which is not acceptable. To change to “as waiting times for mental health patients are increasing, this is not sustainable”</p> <p>With the above amendment the minutes were APPROVED as an accurate record of the discussions held.</p>	
FRPC/20/109	ACTION MATRIX Action matrix was updated.	
FRPC/20/110	INTEGRATED FINANCE REPORT (Month 04) SR summarised the content of the Integrated Finance Report, advising that the month 04 financial position is at breakeven. Additional COVID19 costs for July were £3.2m, offset by assumed additional income of £4.6m to cover the costs and loss of income due to COVID. Top up payments for the year to date total £18.7m. Agency spend has increased to £0.8m compared to last year which is due to restoring some services. SR reported that we are now in an extended period of the current financial regime until the end of Month 06. We are in the position of submitting our performance/activity restoration plans, but not our planned financial position as we do not receive the financial envelope until the end of August 2020. Aged Debtors at the end of the reporting period was £19.8m, of which £15.9m (80%) was overdue, a decrease of £4.3m in total debt as compared to the previous month. SR reported that Coventry and Warwickshire Partnership NHS Trust (CWPT) have agreed to make the majority of their overdue payments by the end of August 2020. West Midlands and East Midlands Commissioning Boards have raised no further objection to payment of their outstanding invoices. Work is in progress but overall very positive. JG asked if there is the potential for any challenges to the allocation of the system envelope and SR responded saying that if planned spending is maintained then the allocation should be equitable. The key issues are around surge capacity and the impact that might have on UHCW elective activity. SR added that there has been no expectation of waste reduction schemes for the first half of the year but will apply from October. The Committee NOTED the month 04 financial position.	
FRPC/20/111	2019/20 NATIONAL COST COLLECTION PRE-SUBMISSION SR presented the 2019/20 National Cost Collection Pre-Submission	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>report, stating that this is the first of three reports presented to the Committee on the process for producing the national cost collection required under the NHS Provider License. The Trust will submit the return to NHSI on 22 October 2020.</p> <p>The Committee ENDORSED the Trust's approach to the completion of the 2019/20 reference cost return and also NOTED that a second report will be presented following the publication of trusts' reference costs indices.</p>	
FRPC/20/112	<p>EPR UPDATE</p> <p>SS presented the EPR UPDATE which is a quarterly update due to be submitted to the Trust Board on 24 September 2020.</p> <p>There are two areas to note:</p> <ul style="list-style-type: none">• Procurement Framework – This comes to an end 15 October 2020, but there has been a 6 month extension to 10 April 2021, which allows flexibility and will enable us to work on some of the risks.• NHSI – A decision is pending on approval for the business case on capital expenditure model. <p>The Committee NOTED update.</p>	
FRPC/20/113	<p>INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT</p> <p>DG introduced the Integrated Quality, Performance and Finance Report.</p> <p>Workforce</p> <p>DG reported that staff in post decreased by 5.26 WTE from last month. All Medical and Dental student placements will cease by 5 August 2020.</p> <p>Sickness absence has improved from 0.08% from last month to 4.26%. The 181 staff who have been shielding have now returned to work.</p> <p>BS queried if the main reason of absence - mental health, was increasing or was it the norm. DG responded that mental health was the main reason for absence, but she said she was not overly concerned by the overall picture. Clinical Support Services is increasing which is due to COVID challenges; psychological support has been offered and the situation is being monitored closely.</p> <p>DG reported there will be a Kaizen event next week; in relation to pre-employment checks, which will make a significant improvement, and she will keep the committee updated.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>Performance</p> <p>LC reported that the Trust delivered performance of 93.1% for the four hour national standard of 95%. This is a deterioration of 1.2% from last month. However, the Trust was above the benchmarked position for England and the Midlands.</p> <p>CM enquired whether attendance levels had returned to pre-COVID levels. LC stated that overall attendance was close to pre-COVID levels but attendance through ED was approximately 60% due to direct access pathways that had been implemented during the pandemic. Performance has been affected by delays with access to the side rooms, however work is being undertaken to look at discharge pathways.</p> <p>The Committee NOTED the Integrated Quality, Performance and Finance Report.</p>	
FRPC/20/114	<p>ELECTIVE RESTORATION UPDATE</p> <p>LC summarised the content of the Elective Restoration Update. Referral to treatment (RTT) continues to be a challenge; however there has been a 4% improvement in the last month.</p> <p>New guidance was recently issued which will now allow the groups to be able to treat patients over 52 weeks irrespective of priority.</p> <p>The outpatients blueprint workshop which took place recently will lead to a clear strategic vision for recovery.</p> <p>The Committee NOTED the current position on elective restoration.</p>	
FRPC/20/115	<p>EMERGENCY CARE UPDATE</p> <p>LC presented the Emergency Care Update. It was reported that there is an aim to divert 20% of attendances away from acute settings.</p> <p>Mental Health volumes have increased due to the temporary suspension of the observation unit and more mental health patients are waiting longer in ED. Escalation processes and internal triggers aligned to the core 24 standards are to be developed and monitored.</p> <p>The Committee NOTED the report</p>	
FRPC/20/116	<p>ESTATES AND FACILITIES UPDATE</p> <p>LD presented the Estates and Facilities Update. It was reported that the fire stopping work has now recommenced and is back on track. A revised programme of work has been submitted which will cause minimal disruption.</p> <p>CM asked how extensive the issue was and LD explained it affected the whole of the University Hospital site.</p> <p>LD added further detail including the upper deck car park which is due</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>to be finished and some delays in agreeing additional work with our PFI partners which were being resolved. The PFI partners have made financial claims related to the impact of COVID and whilst these are being scrutinised and challenged, the final claim will be passed through to NHSI as part of the Trust's recovery of COVID related expenses.</p> <p>JG requested that target dates be included in future reports.</p> <p>The Committee NOTED and APPROVED the progress in relation to Estates & Facilities issues.</p>	
FRPC/20/117	<p>BOARD ASSURANCE FRAMEWORK AND CORPORATE RISKS</p> <p>GS presented the Board Assurance Framework (BAF) and highlighted that there were two high risks identified for review by the Committee; Capital Financing 2020/21 and Operational performance.</p> <p>The Committee queried Risk 3198: Lack of Mental Health Capacity Assessments for key decisions towards End of Life as they were unsure if this sits within this Committee, GS to seek clarity.</p> <p>In relation to the cyber security risk, JG asked if training for staff should also be a control. JM agreed but recognised that at the moment it only forms a small part of mandatory training and therefore should be a gap in control. JM explained that resource to manage the cyber risk was limited and he is reviewing if he can redistribute existing staff before assessing if more resource is required.</p> <p>JG stated that this item to be brought back in 3 months.</p> <p>The Committee received RECIEVED ASSURANCE</p>	GS
FRPC/20/118	<p>EMERGENCY DEPARTMENT EXPANSION – STRATEGIC OUTLINE BUSINESS CASE</p> <p>LC presented the Emergency Department Expansion – Strategic Outline Business Case report.</p> <p>LC reported that the current Emergency Department does not have the capacity to meet the growth in attendees. The Emergency Department strategic outline case is due to go to Private Board on 27 August 2020 for approval. There is a short timeframe to develop the case and deliver the plans.</p> <p>The Committee SUPPORTED the Strategic Outline Business Case and capital expenditure outlined in the case FOR A APPROVAL BY TRUST BOARD.</p>	
FRPC/20/119	<p>ANY OTHER BUSINESS</p> <p>There was no further business.</p>	
FRPC/20/120	<p>DRAFT FRPC AGENDA 17 SEPTEMBER 2020</p> <p>Committee agreed the draft agenda for the FRPC due to take place on</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	17 September 2020.	
FRPC/20/121	CHAIR'S REPORT TO TRUST BOARD No report required as there is no Trust Board until next month.	
FRPC/20/122	MEETING REFLECTIONS None	
FRPC/20/123	DATE OF NEXT MEETING 17 September 2020, 1.30 pm	

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Finance, Resources and Performance Committee Report following the meeting held on 17 September 2020
Chair of the Committee: Jerry Gould
Was this meeting quorate: Yes
Purpose: This report is to provide assurance that Finance, Resources and Performance Committee has formally constituted its duties in accordance with the terms of reference and to advise of the business transacted.
Recommendation: The Board is asked to RECEIVE ASSURANCE from the business discussed at the meeting and to raise any questions in relation to the same.

KEY HIGHLIGHTS OF DISCUSSION HELD DURING MEETING	
<u>Key Issue discussed</u>	<u>Resolution or outcome of discussion</u>
Item 14 – Elective Restoration Update	The Committee heard about the progress the Trust is making to restore elective activity and recognised the challenges in providing sufficient capacity to meet the objectives of the
Item 15 – Emergency Care Update	The implications of restoring elective services is impacting on the Trust’s ability to manage the emergency pathway. The Committee heard of the operational and financial pressures that exist in maintaining direct access pathways to ease pressure on the emergency department.
Item 07 – Financial Governance	The financial regime for the second half of the year has just been released and the Committee heard that the implications of this are being worked through, especially as it applies at a system level.
Item 08 – Capital Programme Update 2020/21	The Committee reviewed the paper due to be discussed by the Board in private session on delivery of the Trust’s capital programme and recommend approval of that paper.
Item 09 - Finance restoration	The Chief Financial Officer informed the Committee of the work underway in the finance team to restore pre-COVID activity whilst transforming the services.
Item 11 - Waste reduction Programme Update	A revised waste reduction target will be set for the second half of the financial year as part of the revised financial regime, and the Committee were told of the changed governance arrangements to more closely align waste reduction schemes and the UHCWi improvement methodology.
Item 10 – Service Level Agreements Restoration Update	The Committee was pleased to hear about the extensive work done to tighten the governance of service level agreements and to ensure they align to operational and financial objectives.
Item 13 – Workforce Information Report	As part of the workforce update, the Committee reviewed the Healthcare Worker Flu Vaccination Checklist which requires a commitment by the Board to achieve the ambition of 100% of front line healthcare workers being vaccinated

ITEMS FOR ESCALATION, WHY AND TO WHERE		
<u>Item or issue</u>	<u>Purpose for escalation</u>	<u>Escalated to</u>
Healthcare Worker Flu Vaccination Checklist	To note the commitment to achieve the ambition of 100% of front line healthcare workers being vaccinated	Trust Board

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
<u>Item from terms of reference</u>	<u>State which agenda item achieved this</u>
Advise the Trust Board on the strategic aims and	Item 07 – Financial Governance

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
objectives of the Trust	
Review risks to the delivery of the Trust's strategy as delegated by the Trust Board	
Review the financial strategy	
Review outline and final business cases for capital investment the value is above that delegated to the Chief Officers	
Receive assurance on the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and recommend modifications	
Receive reports from the Chief Officers relating to organisational performance within the remit of the Committee	Item 10 – Service Level Agreements Restoration Update
Receive assurance on the delivery of strategic objective and annual goals within the remit of the Committee	Item 09 – Financial Restoration Programme
Review performance against financial and operational indicators and seek assurance about the effectiveness of remedial actions and identify good practice	Item 06 – Integrated Finance Report Item 12 – Integrated Quality, Performance and Finance Report
Review the capital programme	Item 08 – Capital Programme Update 2020/21
Receive assurance about the effectiveness of arrangements for; <ul style="list-style-type: none"> • Financial management • Operational performance • Recruitment, employment, training and workforce management • PFI arrangements • Organisational development • Emergency preparedness • Insurance and risk pooling schemes (LPST/CNST/RPST) • Cash management • Waste reduction and environmental sustainability 	Item 14 – Elective Restoration Update Item 15 – Emergency Care Update Item 13 – Workforce Information Report Item 11 – Waste Reduction Programme Update
Receive reports from the Chief Finance Officer on actual and forecast financial performance against budget and operational plan	
Review proposals for the acquisition, disposal or change of use of land and/or buildings.	
Review the terms of reference for the Committee and recommend approval to the Trust Board	
Other	Item 16 – Board Assurance Framework and Corporate Risks

MEETING CYCLE: Achieved for this month: Yes
Reference any items that were not taken at this meeting, explaining why and when it has been rescheduled.
None

ATTENDANCE LOG													
		Apr ¹	May ¹	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Was the meeting quorate?		Yes	Yes	Yes	Yes	Yes	Yes						
Non-Executive Director (Jerry Gould)	Chair	✓	✓	✓	✓	✓	✓						
Associate Non-Executive Director (Jenny Mawby-Groom)	Member	✓	✓	✓	✓	x	✓						
Chief Finance Officer	Member	✓	✓	✓	x	✓	✓						
Chief Operating Officer	Member	✓	✓	✓	✓	✓	✓						
Chief People Officer	Member	✓ ²	✓ ²	✓ ²	x ²	x ²	✓						
Non-Executive Director (Carole Mills)	Attendee	✓	✓	✓	x	✓	✓						
Non-Executive Director (Brenda Sheils)	Member	✓	✓	✓	✓	✓	✓						

1 Finance and Performance Committee

2 Chief Workforce and Information Officer

**MINUTES OF THE QUALITY AND SAFETY COMMITTEE MEETING
 HELD ON THURSDAY 23 JULY 2020 AT 09:30 – 11:30
 VIA MICROSOFT TEAMS**

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/20/49	<p>PRESENT</p> <p>Prof. Sudhesh Kumar, Non-Executive Director – (SK) (Chair) Prof Guy Daly, Non-Executive Director – (GD) Mo Hussain, Chief Quality Officer – (MH) Prof. Kiran Patel, Chief Medical Officer – (KP) Prof. Nina Morgan, Chief Nursing Officer – (NM) Brenda Sheils, Non-Executive Director – (BS)</p>	
QSC/20/50	<p>IN ATTENDANCE</p> <p>Esperance Makiese, Executive Assistant – Note Taker – (EM) Geoff Stokes, Director of Corporate Affairs – (GS)</p>	
QSC/20/51	<p>APOLOGIES FOR ABSENCE</p> <p>Carole Mills, Non-Executive Director – (CM)</p>	
QSC/20/52	<p>CONFIRMATION OF QUORACY</p> <p>The meeting was confirmed as quorate.</p>	
QSC/20/53	<p>DECLARATIONS OF INTEREST</p> <p>SK reported that he is also vice chair of NHS Digital.</p>	
QSC/20/54	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>The minutes of the meeting of 18 June 2020 were approved as an accurate record of the meeting and for submission to the Trust Board subject to the following amendment:</p> <p>Page 6, paragraph 5 - change 'have met with the team' to 'are due to meet with the team'.</p>	
QSC/20/55	<p>STAFF RISK ASSESSMENT COMPLIANCE UPDATE</p> <p>BS enquired whether there was an update on progress being made on staff risk assessment compliance. MH responded that there is now a central recording process in place for staff risk assessments. During the Quarterly Performance Reviews (QPR) there was a review of all groups' compliance and discussions around projection for 100% compliance.</p> <p>SK requested a staff risk assessment update.</p> <p>KP pointed out that there is no standard format for recording and monitoring staff risk assessments across the NHS. The NHS response to shielding was carried out first and risk assessments followed.</p> <p>BS stated that she is happy with the pace and the risk assessments which have been carried out.</p>	<p>MH</p>

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>GS recalled that at the last Chief Officers Group meeting it was reported that over 90% of staff risk assessments have been done. NM added that the two areas which have achieved a lower performance are medicine and surgery. A process is in place and the groups are receiving support to achieve the 100% target.</p>	
QSC/20/56	<p>ACTION MATRIX</p> <p>The Committee NOTED the actions and APPROVED those suggested for closure.</p> <p>MH provided an update with regard to the number of overseas nurses recruited and embedded into the Trust. He reported that 35 overseas nurses were recruited in 2019/20, 11 of whom work in neurosurgery. They are currently in post and are making good progress. Overseas recruitment is currently paused. There remain a number of vacancies for nursing staff. NM added that there is a possible 60,000 overseas nurses available to be recruited nationally and the Trust hopes to be able to attract some of them to its vacant nursing posts.</p>	
QSC/20/57	<p>WE CARE PATIENT EXPERIENCE REPORT QUARTER 4</p> <p>MH presented the We Care Report with the following highlights:</p> <ul style="list-style-type: none">• The Trust had achieved 100% compliance on complaints at the end of the year.• The Patient Information Leaflets were well received.• The Board Walkrounds had continued from February to March but were then were paused due to COVID. The ones which took place were listed in the report.• There has been improvement on some KPIs such as with the Friends and Family Test. There will be continued focus on patient experience. <p>SK observed that there could be more creative ways to have the Board Walkrounds in order to make these more effective. SK reported that he was due to explore options with MH and GS and will circulate a proposal to the Committee.</p> <p>GD welcomed this and stated that a review to frame the purpose and structure of Board Walkrounds will be useful. A virtual version would still enable interaction. BS agreed that the Board Walkrounds need refreshing regularly and supported a virtual format to discuss with small groups.</p> <p>BS asked for an update with regard to the utilisation of complaints data. MH confirmed that more needs to be done to triangulate the information received through complaints, serious incidents (SI), the friends and family test (FFT) and new patient feedback mechanism. The Quality Team has been asked to bring this together as part of a learning group and take to the next QPR. Historically this has not been done and it could be useful as a way to forecast future issues.</p> <p>NM reported that key meetings receive quality reports that include</p>	<p>MH</p>

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>complaints. Work is underway to learn from discharge complaints.</p> <p>BS asked when the next complaint report is due. MH responded that a complaints deep dive could be scheduled. A report is due to go to the Trust Board in July. Many of the complaints received have been about communication. At the QPR, the Surgical Services group reported that complaints had been received about the cancellation of appointments. As a result of this work will be done to review the administration processes.</p> <p>KP asked whether a complaints analysis has been sent to Quality Improvement and Patient Safety (QIPS) and whether complaints data is broken down by demographics and ethnicity. MH responded that this has not been done however it is possible. As part of its discussions around Black Lives Matter (BLM) the Trust Board has discussed breaking down complaints data in such a way. He clarified that not all complaints come from patients; some come via Healthwatch Coventry, MPs, and family members. SK considered that some thoughts around a QIPS meeting to delve into complaints could be useful. It can allow focus on big issues that come up.</p> <p>KP suggested that taking some complaints into consideration as part of appraisals process for medics could be useful. SK agreed with this suggestion, adding that this could be one of the things that Q&SC champions as part of quality improvement. MH and KP will discuss how complaints can be fed back into medics appraisals.</p> <p>SK asked how complaints can be fed back to allied health professionals (AHPs) and nursing staff. NM responded that they are taken into account as part of nursing revalidation. For healthcare assistants, some work needs to be done to have a reliable process that links into their learning.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
QSC/20/58	<p>INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT (IQPFR)</p> <p>MH introduced the Integrated Quality, Performance And Finance Report. The report was taken as read.</p> <p>MH highlighted that the complaints turnaround remains at 100%. This was also the case last month but there was an error in the way the information was recorded which affected the compliance outcome.</p> <p>NM emphasised the consistency of the infection control KPI in terms of the infection prevention and control board assurance framework (IPCBAF). This is particularly in terms of processes that are imbedded. In terms of the length of stay the report shows how the long length of stay has been reduced and remained down.</p> <p>BS observed that some of the KPIs have become meaningless and questioned whether these need to be changed or removed as it is no longer providing an informed picture. SK considered that some of the data provided needs to be measured bi-monthly which applies to</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>data around research and RTT.</p> <p>The Committee NOTED the report.</p>	
QSC/20/59	<p>QUALITY ACCOUNT 2019/20</p> <p>MH presented the Quality Account 2019-20.</p> <p>It was reported that the Trust is required to provide a quality account in line with the annual accounts. Due to COVID, this is due to be published by December 2020 but the Trust is in a position to publish earlier. The Quality Account has been drafted to align with CQC requirements.</p> <p>It has been shared with committee members and comments are due back from commissioners and Healthwatch Coventry. The language has been updated based on feedback received. The objective is to ensure that the Quality Account is easy for the general public to read and understand. It has been timetabled to go to the Trust Board in July. The Committee is asked to endorse for forward approval.</p> <p>SK expressed concern that the non-executive directors (NEDs) who are not members of the Q&SC will not have seen the Quality Account before the Trust Board meeting. He asked whether it could be shared with them in advance. MH confirmed that it can be circulated to the NEDs and provided assurance that the information contained in the Quality Account is an amalgamation of information that they have seen before. The only change has been around the Quality Account Priorities which did not reflect COVID. These have been updated accordingly.</p> <p>GS reported that the Trust Board papers are due to be circulated tomorrow and the submission date is not until December, so there is time to make changes. He suggested that it may be worth considering publishing a separate Quality Account and Annual Report and Accounts going forward as a model.</p> <p>GD pointed out that the Centre for Care Excellence has been referenced but not the Daisy Awards or Pathway to Excellence. MH confirmed that the Daisy Awards have been referenced on page 65 but this can be broadened out. NM stated that Centre for Care Excellence and Pathway to Excellence should be put in the Quality Account for next year as there will have been significant progress made by then.</p> <p>BS agreed with the idea for a wider scope in terms of the Quality Account and suggested a summary document which could be put together for the Trust's partners be drafted. MH responded that he will liaise with the Communications Team to see what can be highlighted.</p> <p>The Committee RECEIVED ASSURANCE for the report.</p>	
QSC/20/60	<p>SERIOUS INCIDENT AND NEVER EVENT REPORT</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>MH presented the Serious Incident (SI) and Never Event Report. The report was taken as read.</p> <p>MH reported that this report usually goes straight to the Trust Board. This was reviewed and determined to come to Q&SC first.</p> <p>Questions were invited.</p> <p>SK asked where the Trust stands with regard to the overall benchmarking of SI and Never Events. He asked whether our standards are checked against other organisations. MH responded that this has been paused due to the change in SI reporting. This change will lead to more standardising across the NHS. The Serious Incident Group (SIG) looks at SIs weekly and reports them to the CCG. In terms of benchmarking it will be difficult to do so for Never Events due to the low occurrence rates. NM added that the dashboard and KPI looks at falls per 1,000 days and this can be compared to other trusts. The country has stopped using the safety thermometer tool due to a points prevalence, as a result the only benchmark we have is the one on falls. The last time the Model Hospital was looked at the Trust was doing well.</p> <p>NM stated that the data shows 39% of SIs are 'moderate' or 'no harm' and normally these wouldn't feature as SIs. She questioned whether 'moderate', 'low' or 'no harm' should be reported as part of SI. GD continued by stating that reading the report it looks like there were a few SI causing death but the cause of death was not set out. He asked whether this detail could be shared with the Committee.</p> <p>MH responded that he would review the report and take into account the observations made for future reporting.</p> <p>The Committee NOTED the report.</p>	
QSC/20/61	<p>SAFEGUARDING ADULTS AND CHILDREN</p> <p>NM presented the Safeguarding Adults and Children report.</p> <p>Safeguarding Children:</p> <ul style="list-style-type: none">• The report shows the highest category of abuse is emotional abuse.• Referrals received from social services show that emotional abuse is also the highest number.• The hidden harm includes the number of parents who self-harm or suffer from substance abuse.• The number of children who don't attend outpatient appointments has gone up. Action is being taken in this regard by paediatrics' secretaries as part of their work.• There are good training levels with regard to safeguarding children. <p>Serious Case Review</p> <ul style="list-style-type: none">• A serious case review is due to be published in relation to a case of self-neglect for an adult male. There is significant	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>learning from this case. A briefing e-mail will be circulated with more information.</p> <p>Safeguarding Adults:</p> <ul style="list-style-type: none">• Self-neglect is the predominant reason for referrals from Social Services.• There was an issue with mental capacity assessments in neurosurgery. The process is now embedded and some staff needed further training in this area.• Compliance on training is at 100% on the annual report but this will be reviewed regularly.• The training for safeguarding adults is very good.• PREVENT training is also very good. <p>Questions and comments were invited.</p> <p>GD enquired whether there is a requirement to liaise with Safeguarding Boards. NM responded that the safeguarding team structure is steered by the committee internally but does not show reporting Coventry wide or in Warwickshire. BS stated that it would be good to have sight of external reporting as it may show what is on the radar in terms of COVID due to hidden abuse, neglect, or other causes within the next six months.</p> <p>NM stated that the biggest issue is domestic violence due to the pandemic and people staying at home for long periods of time. A lot of work has been done with Coventry and Warwickshire Partnership NHS Trust (CWPT) in this regard. For adults, it is about having consistency in the assessment of mental health capacity.</p> <p>BS stressed that it would be useful to have an update on the impact of COVID in the next report.</p> <p>NM confirmed to SK that data sharing agreements are in place with the police and local councils.</p> <p>SK confirmed that the report has provided assurance.</p> <p>The Committee RECEIVED ASSURANCE for the report.</p>	
QSC/20/62	<p>INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK</p> <p>NM presented the Infection Prevention and Control Board Assurance Framework (IPCBAF).</p> <p>This relates to standards that NHS England and NHS Improvement gland (NHSE/I) put together during COVID. The CQC have sight of it to receive assurance that the Trust is managing infection control during the COVID pandemic.</p> <p>Page one of the report shows how infection control was managed during COVID and how during restoration the Trust has oversight of this work. This was standard operating procedure during COVID, which included prioritisation tools for side rooms. The Trust is</p>	

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fortunate to have over 300 side rooms across the organisation which enable us to manage infection control.

A risk assessment of COVID was carried out which the Trust Board has sight of. This report shows how the guidance changed and how the Trust responded.

BS noted that the Trust uses a third party contractor, ISS, to provide cleaning services. She asked whether given issues with ISS in the past the Trust is satisfied with ISS. NM confirmed that there is assurance, although there were some issues years ago but there has been consistency with ISS. The relationship with them and the reporting structure is good. When COVID happened, a weekly meeting with the ISS team was instigated and they have been part of the IPC Council and restoration planning. They are considered part of the UHCW team and the data is in place to provide assurance.

The Committee **RECEIVED ASSURANCE** from the report.

QSC/20/63	MORTALITY REPORT	
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KP presented the Mortality Report. The report was taken as read but the following highlights were received:

- KP pointed out to the Committee that a deep dive of HSMR is currently underway. Work is being done on the depth of coding. The objective is to ensure clinicians put work into coding and allocate time to do so.
- The Committee can receive assurance with regard to the mortality rate as it is the same as last year.
- There is a push to move away from National Confidential Enquiry into Patient Outcome and Death (NCEPOD) in grading deaths towards a structured judgement review approach.

SK expressed that he was pleased to see that the issue of complexity of cases the Trust deals with has been picked up. GD agreed and added that the categorisation of the Trust needs to take this into account.

KP reported that a deep dive into maternity is due to be carried out to seek assurance. Data received during COVID showed the number of maternal and intrauterine deaths had increased and the Trust wants to assure itself with regard such cases.

The Committee **RECEIVED ASSURANCE** for the report.

QSC/20/64	ANNUAL WORK PROGRAMME 2020/21	
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SK presented the Annual Work Programme and observed that it seems satisfactory.

GS explained that the programme of papers is spread out to enable time for ad hoc reports and deep dives which is important from an assurance perspective. From next month there will be corporate and

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>BAF risks allocated to the Committee. Work will be done to align the assurance report for when the reports are due on the work programme. Ensuring the two are aligned will enable in-depth conversations.</p> <p>NM stated that there will only be one Maternity Report this year. It may require a deep dive at Q&SC and a report to the Trust Board. QUESTT is being phased out to be replaced by the Ward Accreditation Framework. GS confirmed that the work programme would be amended accordingly.</p> <p>SK observed that there is no education, research and digital reports. BS clarified that the Education and Research reports go directly to the Trust Board. This decision was made because historically these reports were not presented to the Trust Board. These reports and their reporting path may need to be reviewed.</p> <p>SK stated that he was contacted about placement of medical students. The Committee needs to know if the Trust has the quality of education and training in place. NM noted that from an educational point of view a clinical education and research report may need to be considered. It may be sensible to discuss it at Q&SC first before taking it to the Trust Board. BS agreed and commented that it will be good to have scrutiny and the challenge of roles.</p> <p>GS stated that a research report is due to be presented to the Trust Board in September and it may be possible to receive it at Q&SC first. A medical education paper is going to the Trust Board next week.</p> <p>The Committee NOTED the update</p>	
QSC/20/65	<p>CHAIR'S REPORT TO BOARD</p> <p>SK confirmed that the following would be reported to the Trust Board in July 2020:</p> <ul style="list-style-type: none">• The Quality Account update was received and the discussions around it being made accessible.• The Serious Incident and Never Event Report was discussed which may trigger a more detailed report.• Mortality Report issues.• The Infection Control Board Assurance Framework was received.• The We Care Report and the discussions around Board Walkrounds and ways to make the latter more useful.	
QSC/20/66	<p>MEETING REFLECTION</p> <p>The Committee reflected on the meeting and made the following observations:</p> <ul style="list-style-type: none">• The meeting was good and enabled balanced discussions.• The meeting focussed on issues that matter.• The virtual format is becoming more familiar. It has become easier to have discussions and ask questions.• The level of discussions with Execs is very positive and	

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	<p>healthy.</p> <ul style="list-style-type: none">• The quality of the papers should be commended as these are well written and transparent.	
QSC/20/67	<p>ANY OTHER BUSINESS</p> <p>GS reported that guidance received from NHSE/I confirmed that meetings have to be held virtually so the Q&SC meetings will continue to be held virtually until further notice.</p> <p>The Committee NOTED the update</p>	
QSC/20/68	<p>DATE OF NEXT MEETING</p> <p>The next meeting will take place at 09:30 – 12:00 on 20th August 2020 via MS Teams.</p>	

MINUTES OF THE QUALITY AND SAFETY COMMITTEE MEETING
HELD ON THURSDAY 20 AUGUST 2020 AT 09:30 – 11:30
VIA MICROSOFT TEAMS

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/20/69	<p>PRESENT</p> <p>Prof. Sudhesh Kumar, Non-Executive Director (SK) Chair</p> <p>Prof. Guy Daly, Non-Executive Director (GD)</p> <p>Mo Hussain, Chief Quality Officer (MH)</p> <p>Carole Mills, Non-Executive Director (CM)</p> <p>Prof. Nina Morgan, Chief Nursing Officer (NM)</p> <p>Brenda Sheils, Non-Executive Director (BS)</p>	
QSC/20/70	<p>IN ATTENDANCE</p> <p>Richard de Boer, Deputy Chief Medical Officer (RdB) <i>deputising for Prof. Kiran Patel</i></p> <p>Sarah Hartley, Group Director of Nursing and Allied Health Professionals (SH) Item QSC/20/81</p> <p>Esperance Makiese, Executive Assistant – minute taker</p> <p>Sharron Oulds, Associate Director of Quality - Effectiveness and Assurance (SO)</p> <p>Geoff Stokes, Director of Corporate Affairs (GS)</p>	
QSC/20/71	<p>APOLOGIES FOR ABSENCE</p> <p>Prof. Kiran Patel, Chief Medical Officer and Acting CEO (KP)</p>	
QSC/20/72	<p>CONFIRMATION OF QUORACY</p> <p>The meeting was confirmed as quorate.</p>	
QSC/20/73	<p>DECLARATIONS OF INTEREST</p> <p>None.</p>	
QSC/20/74	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>The minutes of the meeting of 23 July 2020 were approved as an accurate record of the meeting and for submission to the Trust Board.</p>	
QSC/20/75	<p>ACTION MATRIX</p> <p>The Committee NOTED the actions and APPROVED those suggested for closure.</p> <p>NM provided an update regarding the staff risk assessments compliance. It was reported that the Trust compliance on staff risk assessments is comparatively higher than peer Trusts. MH confirmed that the latest position is at 98.4%. The breakdown is sent to the Finance, Resources and Performance Committee which will receive a regular update on staff risk assessment compliance as part of the workforce update going forward.</p> <p>BS enquired whether the quality of the risk assessments is checked. NM confirmed that when the pro forma was set up there were clear guidelines put in place which have to be followed. The HR Business Partners are sighted on this.</p> <p>The Committee RECEIVED ASSURANCE from the update.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/20/76	<p>INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT (IQPFR)</p> <p>MH presented the IQPFR.</p> <p>MH highlighted that HSMR tracking is within expected range. A deepdive around this was sent to the Trust Board in July 2020. There is ongoing work around RTT. A Phase 3 letter from Sir Simon Stevens, Chief Executive of NHS England and NHS Improvement, was received which provided updated expectations on national restoration. There is ongoing work around long length of stay. There have been no Never Events and complaints remain at 100% compliance.</p> <p>NM further highlighted that long length of stay is currently at 69%. Falls are at 0.09% relating to three patients with falls which caused serious to moderate harm. Through the Patients Safety Review Team another fall was reported but this will be reflected in the August IQPFR. There is assurance around process.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
QSC/20/77	<p>BOARD ASSURANCE FRAMEWORK AND CORPORATE RISKS</p> <p>MH presented the Board Assurance Framework (BAF) and Corporate Risks report.</p> <p>MH noted that at the last Trust Board there was discussion about separating risks to align with Committees. The Quality and Safety Committee (Q&SC) work programme will therefore be aligned to relevant risks.</p> <p>Questions were invited.</p> <p>SK agreed that risk is the remit of the Audit and Risk Assurance Committee, however, from a quality perspective, Q&SC must be assured that these are prioritised. MH responded that following feedback received from the Trust Board around this, a review is being carried out. Work is underway to determine how risk is reported and how it can be linked to the Board Assurance Framework (BAF). A BAF Working Group is being established to deal with this and feedback on progress will be brought to Q&SC in future.</p> <p>CM asked whether a summary dashboard around risks will come to Q&SC. GS responded that there is some summary data available but the work being done is to identify how that data is used and what other summaries are deemed appropriate. CM continued by stating that a one page report showing the risk, summary and a spider diagram would be welcome and offered to share an example from elsewhere.</p> <p>SK observed that the report is a good start. The next stage is to show how assurance is provided and managed. Within six months there needs to be clarity on how Q&SC will manage risks. GS agreed, stating that there needs to be consistency in the process of managing</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>risks. The process and format will be determined over the next few cycles and once refined, reporting will be automated.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
QSC/20/78	<p>CQC EMERGENCY SUPPORT FRAMEWORK IPC REPORT</p> <p>NM presented the CQC Emergency Support Framework IPC Report for information.</p> <p>For information NM explained that at the last Q&SC and Trust Board meetings the IPC issues that NHS Improvement had asked each organisation to address were reviewed. A meeting with the CQC Relationship Manager followed which resulted in the CQC Emergency Support Framework IPC Report. The report provides assurance to the CQC.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
QSC/20/79	<p>HOSPITAL TRANSFUSION COMMITTEE ANNUAL REPORT</p> <p>RdB presented the Hospital Transfusion Committee Annual Report.</p> <p>Questions were invited.</p> <p>CM queried how the issue of wrong blood in tube incidents could be such an issue that it required to be reported on. She asked whether this was not an issue that could be resolved with bar coding. RdB responded that bar coding is a process which reads the patient's blood band label at the bedside but the process is still subject to human error.</p> <p>GD asked what the consequences would be if the wrong blood was put in the wrong tube. He further asked when the issue would be discovered. RdB confirmed that checking is done by three different doctors. These incidents are rare at the Trust and there has been none in Coventry in three years.</p> <p>The Committee RECEIVED ASSURANCE for the report.</p>	
QSC/20/80	<p>PATHWAY TO EXCELLENCE</p> <p>NM presented the Pathway To Excellence report, confirming that it is an update from earlier in the year about the Pathway to Excellence programme.</p> <p>It was reported that the key standard which links with UHCW is shared decision making. There is a structure in place which needs to be used. The Trust is in the process of reviewing the existing process. A frontline care giver chairs the forum mentored by the Associate Director of Nursing. There will be a number of shared decision meeting councils which the CNO is sighted on. A further update on this will be provided later this year.</p> <p>NM reported that the focus of the programme is safety of staff rather than patients as that aspect comes under quality. About 2-3 years</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
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ago the Trust had issues of violence and aggression against staff, particularly in the Emergency Department (ED). The work on this programme is led by the Group Director of Nursing and Allied Professionals for Trauma and Neuro. The Trust will be benchmarking quality using the NHS's Model Hospital service.

Work is underway to support nurses and AHP staff with regard to staff wellbeing. In terms of professional development there is a standard on how new nurses are brought into the organisation and how they progress. Progress will be monitored through the Programme Board, which was paused during COVID but meetings have now been reinstated and the next one is due to take place within the next two weeks. There are 19 elements of performance where the Pathway to Excellence is not in place. NM thanked GD for being the Non-Executive Director sponsoring this work.

Q&SC members are invited to attend a Nursing and Midwifery Excellence celebration event on November 3rd (13:30-16:30) in order to experience some of the excellent work that has been undertaken in order to support UHCW's journey towards Pathway to Excellence.

GD expressed gratitude to NM and SK for being included in this work and commented that he would like to do more. He pointed out that he had been asked whether there is any conflict of interest with his current role at Coventry University. NM confirmed that there is no conflict of interest. The work involved is about direct practicing nurses being made a part of the process. It is not an issue with the university.

The Committee **RECEIVED ASSURANCE** from the report.

[SH joined the meeting]

QSC/20/81	CQC ACTION PLAN UPDATE	
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MH introduced the CQC Action Plan Update, noting that the last update was on the governance process around the CQC Action Plan.

MH reported that there are currently weekly CQC Neurosurgery Oversight meetings taking place to monitor progress against the action plan. In addition to this, the Clinical Directors (CDs) have agreed to meet monthly around CQC readiness. SH was invited to provide a deepdive on neurosurgery. The Group Clinical Director for Neurosurgery and the Clinical Lead for Neurosurgery will provide a further deepdive next month on Must Do 2 and Must Do 3.

SH reported that in partnership with the Safeguarding Team and the Quality Team a bespoke package of training was developed and implemented. It was mandated that all nursing, AHP and medical staff complete this training. All staff with the exception of those on long term sick leave and those on maternity leave completed the training. It was emphasised to all staff that it was not enough to attend the training but it needed to be understood and embedded in practice. The Ward Managers and Clinical Education Lead initially wrote two patient scenarios to use as a sense check of

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>understanding and asked staff when they thought Mental Capacity Act assessments (MCA) was appropriate. This included situations such as cannula insertion and CT scans. More scenarios have now been developed. The feedback from these will be captured as evidence on the staff daily quality assurance checks which are reported back to SH. In terms of future planning, a drop in morning is being arranged in September 2020 where audit results can be fed back, as well as a case study around a difficult case.</p> <p>SH continued her update by reporting that a weekly audit tool was devised and implemented from elements found within the deep dive including respect forms, consent for surgery, invasive tests, therapy and indwelling devices. The audit proforma has been revised on several occasions as it has gone through the PDSA process. Key finding from this were around therapy documentation and indwelling devices. Therapy reviewed their documentation and process for gaining consent and piloted new paperwork. Results have shown a significant improvement with 100% compliance where the new documentation has been utilised. The hope is that it will be rolled out trustwide. All indwelling devices that were included are awaiting approval from the Safeguarding Team. If approved it will be reported back at the next QIPS and weekly CQC Oversight meeting.</p> <p>SH reported that with regard to Must Do Action 1 a deepdive was done regarding Mental Capacity Act assessments (MCA) with the Safeguarding and Quality teams. Training was developed and all staff, with the exception of those shielding or off sick, have now completed the training. SH emphasised that it is not just about the training but also about embedding. Ward managers have developed scenarios to test staff knowledge of MCAs. Further scenarios have now been developed to get staff thinking about capacity from the beginning.</p> <p>A focus morning is being organised in September where a case study will be reviewed around a difficult patient. Further to this an audit was carried out with the Quality and Safeguarding teams. The results show improvement and compliance is now at 100%. New documentation used will be rolled out across the Trust.</p> <p>Every morning patients are assessed to determine whether they have mental capacity. Scenarios have been developed around this. This was approved by the Safeguarding team and is due to go to QIPS and CQC meetings. It also went to a multidisciplinary team meeting yesterday. Therapy is also linked to some of the Should Dos around capacity. Consenting patients have their pictures taken.</p> <p>Questions were invited.</p> <p>SK congratulated SH on work well done and the good progress being made. He asked for an update around the cultural issues in neurosurgery. SH responded that with regard to nursing, the Director of Transformation & Engagement has been attending the CQC Neurosurgery Oversight meetings to support and lead on work around the culture issues. In terms of work being done, nurses are</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>working collaboratively with consultants, they have one to ones scheduled with the Associate Director of Nursing's development team to address issues raised. The next step is for the consultants to complete their Insights profiles and attend one to ones. There needs to be broadened cross-working across theatres.</p> <p>BS asked whether if the CQC Inspectors showed up today they would be happy with the progress made. MH responded that they would be happy with the good progress that has been made around MCAs. There is governance around the training and an audit has been carried out. There remain areas for improvement for example the vacancy rate. These posts are currently filled by agency and bank staff. A plan is required and is being developed to tackle recruitment. Culture was discussed at the CQC Oversight meetings. A cultural improvement plan is also being developed and will be discussed at the next Q&SC meeting.</p> <p>MH concluded by stating it is also about having a consistent and trusted trustwide approach around the Must Do action plan. NM agreed with MH and stated that for the nurse staffing Must Do, a business case was developed to deal with the long-term recruitment issues. It is about quality and cultural development, which is linked to Pathway to Excellence. A number of associate nurse specialists have been recruited in ED. SH added that the two remaining overseas nurses have been recruited.</p> <p>CM highlighted that on page 14 of the report about hand hygiene in theatres, it states that no actions are in place. CM asked for clarification regarding what this means. SO stated that she will speak to IPC and update the planner. Further investigations are being done and work is being carried out. SH stated that hand hygiene audits on Ward 43 have been done and reported.</p> <p>GD asked how the culture clash is being dealt with. MH responded that a cultural improvement plan is being developed and will be shared. When the Group Clinical Director for Neurosurgery and the Neurosurgery Clinical Lead attend the next meeting they will provide a deepdive on what changes have been made around culture. GD stated that an update on culture will be helpful and he is happy to wait till the next meeting.</p> <p>RdB confirmed that there is support for this cultural change from the senior medical team and they putting support around the Group Clinical Director and the other members of the triumvirate management team.</p> <p>The Committee RECEIVED ASSURANCE for the report.</p>	<p>SO</p>

QSC/20/82

APPROACH TO RESTARTING BOARDWALKS

MH presented the Approach To Restarting Boardwalks report. He stressed that he wanted to have a discussion around this item.

MH reported that the Boardwalks have had to be paused due to COVID. The purpose of Boardwalks varies from organisation to

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>organisation. Some organisations carry them out for visibility of the Trust Board. Others do it as part of a mini inspection process around the quality framework. It is tricky to do the Boardwalks in the COVID era due to limited access to teams and hospital sites. The question then becomes what the purpose of the Boardwalks is for the Trust.</p> <p>SK proposed that the Boardwalks are a way for Non-Executive Directors (NEDs) to engage with staff. The structure could be changed to enable access to and update from a specific area. It is possible to connect with different people digitally. However, some things are difficult to translate digitally.</p> <p>GD stated that the purpose includes exposure for the Trust Board, engagement with staff, and an opportunity to gain an insight into different areas. The objective should be to become critical friends to staff rather than critics. He suggested that the Boardwalks could be done via MS Teams rather than in clinical areas.</p> <p>NM echoed the comment that the paper was helpful, however she urged caution with visits to the Green Pathways. In the Green Pathways the objective is to provide as much reassurance as possible that it is COVID free. Patients who attend appointments in these areas need to self-isolate for two weeks before they come into the hospital. The NEDs would be welcome in these areas but these concerns should be noted.</p> <p>SK confirmed that NEDs don't need to visit Green Zones. Virtual visits could instead be made as an alternative within the next six months.</p> <p>CM suggested that the purpose of the Boardwalks is for visibility of the Trust Board. However, this needs to be balanced with really understanding what is happening on the ground and adding value. The Boardwalks should not be too formal and the idea of a themed visit would be good. It will be good to meet people in their work space but agreed to a virtual format for now. Physical visits also need to be done in the future but as individuals the NEDs would be introducing a risk at the moment.</p> <p>MH stated that it needs to be shown what value the Trust Board can bring. Initially it can be done as a type of Gemba rounding which can be tied back to improvement.</p> <p>SK suggested that in the next six months there is an opportunity to develop new innovations. Work can be done to try and bridge some of the high risk areas on BAF and the CQC Action Plan.</p> <p>[GD took over as chair from SK to chair the remainder of the meeting due to technical issues.]</p> <p>GS reported that UHCW introduced a useful model for CQC relationships meetings introduced a useful model for their relationship visits and a version of this could be created for the Boardwalks. The visits could be celebratory and insightful and would be an opportunity</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>to meet staff. After the CQC Relationship visits staff were said to have felt involved. SO agreed and added that staff took the visit as a chance to show off what they can do. The information gathered from these visits can be shared for use as the base for Boardwalks.</p> <p>BS stated that the visits can be linked to a priority area and over time the NEDs can get to know the staff. SO agreed and stated that staff felt they built a relationship with the CQC Relationship manager.</p> <p>GD summarised the points agreed as follows:</p> <ul style="list-style-type: none">• The new format will be virtual• More clarity is needed over the purpose of Board Walkrounds.• It will not be a formal visit.• The focus will be on particular areas• It will help to develop understanding of priority areas discussed at meetings. <p>The Committee RECEIVED ASSURANCE from the report.</p>	
QSC/20/83	<p>ANY OTHER BUSINESS</p> <p>Quality of Reports</p> <p>GS asked for specific feedback on reports so that work can begin to develop and improve standards. Feedback can be made by e-mail outside the meeting. The information received will be fed back to the report authors.</p> <p>GD stated that the Risk Report summary was good. If a report is too detailed it may need a summary of the summary. CM added that one page summaries are easier to digest. The IQPFR is a good example.</p> <p>The Committee RECEIVED ASSURANCE from the Report.</p>	
QSC/20/84	<p>DRAFT QSC AGENDA 17 SEPTEMBER 2020</p> <p>The draft agenda for 17 September was approved.</p> <p>GS noted that there are currently routine reports on the Committee's forward agenda that need to be received throughout the year but there is a need to allow scope for other areas that need to be focussed on. He invited the Committee to consider what else could be included to make the forward agenda more agile.</p> <p>BS stated that it would be good to receive an update on the RTT Waiting List and its impact on patients.</p> <p>The Committee NOTED the update</p>	
QSC/20/85	<p>CHAIR'S REPORT TO BOARD</p> <p>GS reported that there is no formal Trust Board meeting in August 2020 and the approved minutes from this meeting will be sent to the Trust Board in September 2020 so there is no need for a Chair's report from this meeting.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/20/86	<p>MEETING REFLECTION</p> <p>The Committee reflected on the meeting and made the following observations:</p> <ul style="list-style-type: none">• Despite interruptions it was a good meeting with quality discussions.• There was a good balance of reports received.• There was good conversation around the CQC Deepdive and Boardwalks paper. With regard to the IQFPR a deepdive around the 52 week waiting list can be included.• The conversations were useful and would be even better in person.• The good meeting was a reflection of the committee as a team.• It was good to have a manageable agenda.• The ICT issues encountered during the meeting need to be resolved as virtual meetings are the way forward.• A specific deepdive as part of the integrated report would be good. It will become a more meaningful conversation to have a deepdive on a specific area. <p>The meeting closed at 11.27am.</p>	
QSC/20/87	<p>DATE OF NEXT MEETING</p> <p>The next meeting will take place at 09:30 – 12:00 on 17 September 2020 via MS Teams.</p>	

REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020

Quality and Safety Committee Report following the meeting held on 17 September 2020
Chair of the Committee: Sudhesh Kumar
Quorate: Yes
Purpose: This report is to provide assurance that Quality and Safety Committee has formally constituted its duties in accordance with the terms of reference and to advise of the business transacted.
Recommendation: The Board is asked to RECEIVE ASSURANCE from the business discussed at the meeting and to raise any questions in relation to the same.

<u>Meeting Key Issues</u>	<u>Resolution or outcome of discussion</u>
Item 07 - Integrated Quality, Performance and Finance Report	The Committee requested further information about HSMR and SHMI at the next meeting to understand the current trends and ensure t
Item 08 – Clinical Harm and Prioritisation	The Committee heard about the processes being put in place to manage the backlog in terms of clinical prioritisation and from the next meeting will receive a report showing the numbers of patients waiting and their clinical priority status. Concern was noted about the increasing number of patients waiting for more than 52 weeks for treatment and the communication with the public about the growing problem.
Item 09 – Research and Development Annual Report 2019/20	The report was reviewed by the Committee and it was acknowledged that improvement that has taken place over a number of years. The diversity of research was noted as was the low number of incidents indicating a high level of safety. The level of ambition of the Trust was challenged and it would be useful to see a breakdown of research activity by clinical groups.
Item 10 – Board Assurance Framework and Corporate Risks	The risk relating to CT scanning capacity in the emergency department was discussed and it was noted that a business case is imminent.
Item 15 – CQC Action Plan Report	The Committee received an update on the focussed work taking place to address issues raised by the CQC in neurosurgery, specifically around staffing levels, specialist service gaps and cultural transformation. A mock CQC inspection is planned to test progress which was welcomed.

<u>Item or issue for escalation</u>	<u>Purpose for escalation</u>	<u>Escalated to</u>

<u>Terms of reference</u>	<u>Agenda item</u>
Advise the Trust Board on the strategic aims and objectives of the Trust	
Review risks to the delivery of the Trust's strategy as delegated by the Trust Board	Item 10 – Board Assurance Framework and Corporate Risks
Approval of the quality strategy	
Review the Quality Account	
Receive assurance on the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and recommend modifications	
Receive reports from the Chief Officers relating to organisational performance and quality within the remit of	

<u>Terms of reference</u>	<u>Agenda item</u>
the Committee	
Receive assurance on the delivery of strategic objective and annual goals within the remit of the Committee	
Review performance against quality indicators and seek assurance about the effectiveness of remedial actions and identify good practice.	Item 07 - Integrated Quality, Performance and Finance Report Item 15 – CQC Action Plan Report
Receive assurance about the effectiveness of arrangements for; <ul style="list-style-type: none"> • infection prevention and control • patient safety • patient experience • clinical effectiveness • managing patients with mental health issues • health and safety 	Item 08 – Clinical Harm and Prioritisation Item 09 – Research and Development Annual Report 2019/20
Review the terms of reference for the Committee and recommend approval to the Trust Board	
Other	

Meeting cycle achieved for this month: Yes
Reference any items that were not taken at this meeting, explaining why and when it has been rescheduled.
None

Attendance		Apr¹	May¹	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Was the meeting quorate?		Yes	Yes	Yes	Yes	Yes	Yes						
Non-Executive Director (Sudhesh Kumar)	Chair	✓	✓	✓	✓	✓	✓						
Chief Medical Officer	Member	✓	✓	✓	✓	x ²	x ²						
Chief Nursing Officer	Member	✓	✓	x	✓	✓	x						
Chef Quality Officer	Member	✓	✓	✓	✓	✓	✓						
Non-Executive Director (Guy Daly)	Member	✓	✓	✓	✓	✓	✓						
Non-Executive Director (Carole Mills)	Member	✓	✓	✓	x	✓	✓						
Non-Executive Director (Brenda Sheils)	Member	✓	✓	✓	✓	✓	✓						

1 Quality Governance Committee

2 Chief Medical Officer was Acting CEO during this period and therefore was represented by a Deputy Chief Medical Officer

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Care Quality Commission (CQC) Registration Report
Executive Sponsor	Nina Morgan, Chief Nursing Officer (nominated Individual) Mo Hussain, Chief Quality Officer
Author	Tanuja Patel, Assurance Manager
Attachment(s)	Care Quality Commission Registration Report
Recommendation(s)	The Board is asked to RECEIVE ASSURANCE from the CQC Registration Report

EXECUTIVE SUMMARY

The Trust is required to regularly review its CQC regulated activities in terms of regulated activities delivered at organisational locations and CQC defined service types.

The Board is requested to note the updates and amendments made to UHCW CQC Registration with reference to Covid-19.

PREVIOUS DISCUSSIONS HELD

Annual updates on CQC registration presented to Trust Board.

KEY IMPLICATIONS

Financial	NA
Patients Safety or Quality	The Trust is required to maintain fundamental standards to deliver safe and effective care. There are regulatory implications if the Trust does not meet the required standard in line with its stated registration details.
Human Resources	NA
Operational	NA

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

CARE QUALITY COMMISSION REGISTRATION REPORT

1. INTRODUCTION

- 1.1 As part of the Care Quality Commission (CQC) registration, University Hospital Coventry and Warwickshire NHS Trust (UHCW) is required to comply with the fundamental standards and regulations set by law.
- 1.2 Each year NHS Trusts should take the opportunity to review their regulated activity detailed in their Statement of Purpose and Registration documentation that is held by the CQC. This report provides the outcome of that annual review for UHCW.

2. CONTENT

- 2.1 A review of the CQC registration has been undertaken to ensure that the Trust is still compliant with regulations 7 (Registered Manager) and 12 (Statement of Purpose).
- 2.2 The Trust is registered with the CQC for two sites, University Hospital (Coventry) and the Hospital of St Cross (Rugby). This report comprises of the current status of locations where regulated activity and service types are carried out.

3. IMPLICATIONS

3.1 Regulated Activity

On review of CQC regulated activities for the University Hospital site and Hospital of St Cross site, no required changes have been identified

Table 1: Summary of regulated activity undertaken, by location

Regulated Activity	University Hospital	Hospital of St Cross
Maternity and Midwifery Services	Yes	Yes
Termination of Pregnancies	Yes	N/A
Service in Slimming Clinics	Yes	N/A
Family Planning Services	Yes	Yes
Treatment of disease, disorder or injury	Yes	Yes
Assessment or medical treatment for persons detained under the 1983 Act	Yes	Yes
Surgical Procedures	Yes	Yes
Diagnostic and Screening Procedures	Yes	Yes
Management of Supply of Blood and Blood derived Products	Yes	Yes

Service Types

On review of CQC service types for the University Hospital site and Hospital of St Cross site, no required changes have been identified.

Table 2: Summary of service types, as per CQC definitions, by location

Service Types	University Hospital	Hospital of St Cross
Acute Services Provide service such as: <ul style="list-style-type: none"> • Surgical Operations • Specialist medical treatments • Accident and emergency • Consultations • Diagnostics • Maternity and neonatal • Pathology • Termination of pregnancy • Complex dental procedures • Liaison psychiatry 	Yes	Yes
Community Healthcare Services	Yes	No
Doctors Consultation Services	No	Yes
Doctors Treatment Services	No	Yes
Diagnostic and/or Screening Services	No	Yes
Urgent Care Services	No	Yes
Hyperbaric Chamber Services	No	No
Hospice Services	No	No
Long-Term Conditions Services	No	No
Hospital Services for people with Mental Health needs, and/or Learning Disabilities, and/or problems with substance misuse	No	No
Prison Healthcare Services	No	No
Rehabilitation Services	No	No
Residential Substance misuse treatment/ Rehabilitation services	No	No
Dental Services	No	No
Community-based services for people with a learning disability	No	No
Mobile doctors services	No	No
Community-based Services for people with Mental Health needs	No	No
Community-based Services for people who misuse substances	No	No
Care Home Services with nursing	No	No
Care Home Services without nursing	No	No
Specialist College Services	No	No
Domiciliary Care Services including those provided for children	No	No
Extra Care Housing Services	No	No
Shared lives (formerly known as Adult Placement)	No	No
Supported Living Services	No	No
Ambulance Services	No	No
Blood and Transplant Services	No	No
Remote Clinical Advice Services	No	No

3.2 **COVID-19**

During the Covid-19 pandemic, UHCW worked with the independent sector providers to deliver urgent treatment for cancer patients elective surgery (except lung). This was hosted by BMI hospital; with predominately BMI staff and a small group of UHCW specialist staff. In addition urgent elective treatment including some outpatient clinics was delivered at Warwickshire Nuffield hospital. The independent sector updated their respective CQC Registrations to reflect new activity being undertaken. An updated Statement of Purpose was submitted to the CQC from UHCW to reflect this temporary change.

3.3 Within the Statement of Purpose that is submitted to the CQC, the Trust is required to include any changes in 'Registered Manager' details. There have been no changes in 'Registered Manager' details since the responsibility was assigned to Nina Morgan, Chief Nursing Officer. This is reflected on the CQC's UHCW website page.

4. **CONCLUSIONS**

4.1 **Link to Trust Objectives and Corporate/Board Assurance Framework Risks**

In order to be able to deliver healthcare services to the population of Coventry and beyond, the Trust must be registered with the CQC and have in place a current Statement of Purpose

4.2 **Governance**

The Trust is required by law to be registered with the CQC, without this registration it cannot fulfil its statutory duties.

A CQC Core Service inspection was performed at University Hospitals Coventry and Warwickshire NHS Trust and Hospital of Rugby St Cross between 8 October to 6 November 2019. This included the NHS Improvement (NHSI) Use of Resources assessment framework. The Trust received an overall rating of 'Good'.

Regular contact with the CQC Relationship Manager is in place via provider engagement sessions to share progress within the Trust, monitor risks identified in outcome data and discuss concerns or feedback from the public.

The Trust regularly receives the CQC Acute Insights Report which contains Trust level data on a number of key indicators such as Mortality rates, Outcome measures and National Audit activity. The report is shared across the Trust and used to support the assessment of data quality and the identification of areas of improvement through the Trust governance processes. This report also forms part of the CQC provider engagement sessions.

4.3 **Responsibility**

The responsibility for ensuring the regular review of the Trust's CQC Statement of Purpose lies with the nominated Registered Manager and Quality Department.

5. **RECOMMENDATIONS**

The Board is asked to RECEIVE ASSURANCE from the annual CQC Registration Report.

Author Name: Tanuja Patel

Author Role: Assurance Manager

Date report written: 9 September 2020

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Data Security and Protection Toolkit (DSPT) Annual Assessment 2019-20
Executive Sponsor	Mo Hussain, Chief Quality Officer / Senior Information Risk Owner (SIRO)
Author	Harjit Matharu, Head of Information Governance
Attachment(s)	Data Security and Protection Toolkit Annual Assessment 2019-20
Recommendation(s)	The Trust Board is asked to RECEIVE ASSURANCE from the DSPT Annual Assessment 2019-20 and APPROVE the submission

EXECUTIVE SUMMARY

The Data Security and Protection Toolkit (DSPT) is a performance tool mandated by the Department of Health and Social Care and is hosted by NHS Digital. UHCW has met and provided evidence for all 44 mandatory assertions in the DSPT and will publish a 'Standards Met' rating when the online assessment is completed.

PREVIOUS DISCUSSIONS HELD

Information Governance Committee 3rd August 2020.

KEY IMPLICATIONS

Financial	There may be financial implications on the Trust if a successful DSPT assessment is not achieved, as this is a requirement in the NHS Standard Contract. Maximum fines are 4% of turnover up to a maximum of £20m
Patients Safety or Quality	The Trust must have the appropriate controls in place to ensure the lawful uses of personal information, and to protect patient information.
Human Resources	At least 95% of all staff must annually complete and pass the Data Security and Awareness training, which is one of the standards in the DSPT.
Operational	Compliance with Information Governance legislation – General Data Protection Regulation, Data Protection Act 2018 etc.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD

Data Security and Protection Toolkit Annual Assessment 2019-20

1. INTRODUCTION

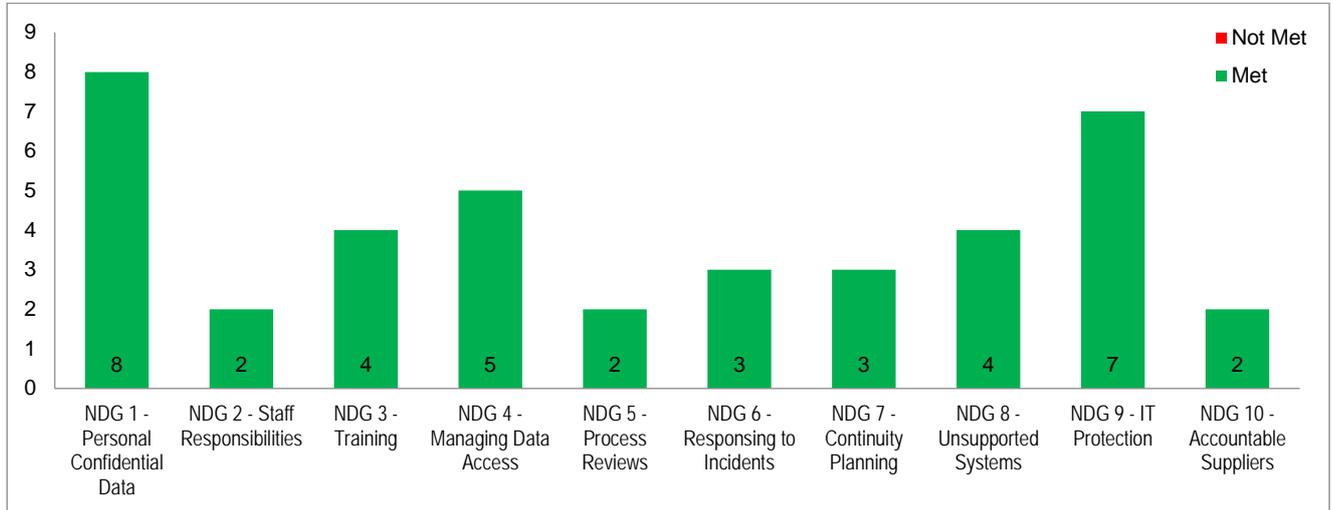
- 1.1 The Data Security and Protection Toolkit (DSPT) is an online assessment tool that enables organisations to measure their compliance against the law and central guidance and to assess whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. It also provides a key performance measure against data security and Information Governance requirements which reflect current legislation and national health and social care policies. The DSPT is managed and administered by NHS Digital.
- 1.2 The DSPT annual assessment is a requirement for all provider organisations in the NHS England Standard Contract. The Trust must be able to demonstrate that it can meet the requirements of the National Data Guardian's (NDG) 10 Data Security Standards. The DSPT is the de facto standard for all NHS, social care, local authority, and private sector health and social care organisations; it is the single measure of assurance for Information Governance.
- 1.3 This is the second year of the DSPT; it was developed in response to the National Data Guardian's Review of Data Security, Consent and Opt-Outs published in July 2016 and the government response published in July 2017. The second version has included the following changes:
- an increase in the number of assertions and evidence items required (from 100 last year to 116 mandatory items this year);
 - the rationalisation of some of the General Data Protection Regulations (GDPR) evidence items which are now considered as 'business as usual';
 - it has incorporated the requirements of Cyber Essentials and the Minimum Cyber Security Standard (MCSS) for relevant larger organisations such as UHCW; and
 - it has incorporated key elements of the Network and Information Systems (NIS) Regulations 2018 Cyber Assessment Framework (CAF) for relevant larger NHS organisations by the National Cyber Security Centre.
- 1.4 The final published assessment must be completed by 30th September 2020; the original deadline was 31st March 2020, but was extended due to the Covid-19 pandemic. The final assessment scores are used by the Care Quality Commission as part of the Well Led inspection regime. The results of the assessment are in the public domain and are shared with NHS England and NHS Improvement.

2. DATA SECURITY AND PROTECTION TOOLKIT PERFORMANCE

- 2.1 The DSPT is split into 10 sections against the NDG 10 Data Security Standards. It comprises of 44 assertions; 40 of the assertions and 116 items of evidence are mandatory and are the focus of the assessment for 2019-20.

2.2 The DSPT functionality only allows organisations to publish a ‘Standards Met’ or ‘Standards Not Met’ ‘performance measure where they have provided the relevant evidence for all the mandatory assertions and confirmed them complete.

2.3 The table below shows the headline titles of the NDG’s 10 Data Security Standards, and depicts UHCW’s assessment against each standard. UHCW has met all 40 of the mandatory assertions and provided 116 items of mandatory evidence.



3. GOVERNANCE

3.1 The Trust’s performance on the DSPT is validated by the internal auditors CWAS (Coventry and Warwickshire Audit Services). CWAS have audited the evidence for all the mandatory assertions. An interim review was undertaken in November 2019, and the corresponding CWAS report was approved by the Information Governance Committee in January 2020. CWAS completed the final review of outstanding evidence items at the beginning of March 2020, and issued their final report during April 2020. This report was issued to the Chief Quality Officer and Director of Corporate Affairs for approval, and was presented to the Audit Committee.

4. RECOMMENDATIONS

4.1 The Board is asked to RECEIVE ASSURANCE from the report and APPROVE the submission of the Data Security and Protection Toolkit assessment for 2019-20.

Author Name: Harjit Matharu
 Author Role: Head of Information Governance
 Date report written: 08 September 2020

**REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020**

Subject Title	Veterans Covenant Healthcare Alliance (VCHA) Update
Executive Sponsor	Donna Griffiths, Chief People Officer
Author	Alan Cranfield, VCHA Champion
Attachment(s)	VCHA Report
Recommendation(s)	The Trust Board is invited to: <ol style="list-style-type: none"> 1. NOTE the content of the report; and 2. SUPPORT the direction of travel and activities identified.

EXECUTIVE SUMMARY

Armed Forces Covenant - The Armed Forces Covenant (AFC) is an enduring Promise between the People of the United Kingdom, Her Majesty's Government. It is the expression of the moral obligation that the Government and the Nation owe to those in our Regular or Reserve Armed Forces.

Veterans Covenant Hospital Alliance - The (VCHA) is a group of NHS trusts (30+), which have volunteered to develop, share and drive the implementation of best practice that will improve armed forces veterans' care, in line with the commitments set out in the Armed Forces Covenant.

VCHA Manifesto Standards - Member trusts of the VCHA will achieve full accreditation through the pursuance of 8 manifesto standards which are listed below along with the Trust's level of compliance::

- **Standard 1 – Partial Compliance – Understands and is Compliant with the AFC**
- **Standard 2 – Compliant – Clearly Designated Veterans Dyad**
- **Standard 3 – Compliant – Supports the UK Armed Forces as an Employer**
- **Standard 4 – Not Compliant – Trained and Educated in the Needs of Veterans**
- **Standard 5 – Compliant – Established Links to Veterans Services**
- **Standard 6 – Not Compliant – Identifies Veterans**
- **Standard 7 – Not Compliant – Refer Veterans to Other Services**
- **Standard 8 – Partial Compliance – Raises Awareness of Veterans**

Ambition – The Trusts ambitions for 2020 with regard to the AFC and working with and through the VCHA are:

1. To attain both the Bronze and Silver awards associated with the Defence Employment Recognition Scheme (Para 2.2, Section 3, Bullet 4).
2. To have in progress all aspects of the VCHA Manifesto Standards to allow full accreditation within 12 months (Mid 2021).
3. To have been instrumental in the establishment of an integrated veterans network within the local health and care system.

PREVIOUS DISCUSSIONS HELD

The Trust:

1. Is a signatory to the Armed Forces Covenant
2. Is a member of the Veterans Covenant Healthcare Alliance and aspires to be fully accredited by mid 2021.
3. The Trust has an established VCHA Working Group reporting to an executive director.

KEY IMPLICATIONS

Financial	The only identifiable financial resources are those associated with additional paid leave (10 days) for those members of staff who are members of HM Reserve Services.
Patients Safety or Quality	Membership of the VCHA will see improvement in the quality of patient care for some patients in the veterans category, largely through the ability to refer to military charities.
Human Resources	There are no additional HR required beyond the time and efforts of those within the VCHA WG.
Operational	Nil

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

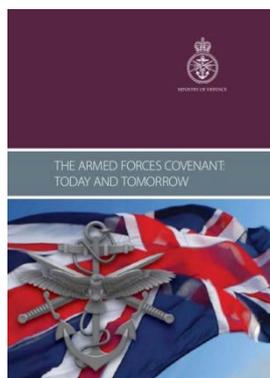
REPORT TO TRUST BOARD

Veterans Covenant Healthcare Alliance



1. INTRODUCTION

- 1.1 The Trust was invited to join the Veterans Covenant Healthcare Alliance (VCHA) in March 2019, an invitation that was formally accepted by the CEO on 25th July. Becoming a member of the VCHA requires that the Trust commits to improve armed forces veterans' care and it makes this commitment by formally signing the Armed Forces Covenant (AFC) in the presence of witnesses: the CEO signed the Covenant at a ceremony on 11th November 2019.



2. CONTENT

Armed Forces Covenant - The Armed Forces Covenant (AFC) is an enduring Promise between the People of the United Kingdom, Her Majesty's Government, and all those who serve or have served in the Armed Forces of the Crown, including their Families. It is the expression of the moral obligation that the Government and the Nation owe to those in our Regular or Reserve Armed Forces. Explicitly, the Armed Forces Covenant states:

- Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services and,
- In some cases, special consideration is appropriate, especially for those who have given most, such as the injured and the bereaved.
- This obligation involves the whole of society: it includes public, voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding the Covenant.

In recognising these principles, as a Trust we have determined that we will uphold them, but in addition we pledged that:

- We will embrace them through adherence to our own stated Vision of being a leader in healthcare, our Mission of providing and improving the quality of that care and services, and our Values which enshrine the establishment of a culture which operates compassionately, efficiently and effectively, and which begins with valuing our staff.
- We will seek to identify military veterans who require our care and where necessary introduce them to appropriate support organizations.
- We will actively work with partner organizations to ensure that as a local healthcare economy we pursue the development of support to and for Armed Forces personnel and their families in line with the work of the VCHA.
- We will promote the fact that we are an armed forces-friendly organisation.
- We will recognise the value serving personnel, reservists, veterans and military families bring to our business and culture.
- We will support the employment of veterans young and old, and, working with the Career Transition Partnership (CTP), establish a tailored pathway that will support Service personnel transitioning from military to civilian life.

2.1 **Veterans Covenant Hospital Alliance** - The (VCHA) is a group of NHS trusts (30+), which have volunteered to develop, share and drive the implementation of best practice that will improve armed forces veterans' care, in line with the commitments set out in the Armed Forces Covenant. These organizations have the drive, enthusiasm and skills to deliver the highest quality of care to our veterans. Each member organization is required to nominate a 'Champion Dyad', to include a management champion drawn from senior leadership team and a clinical champion, who will lead on the membership of the VCHA and for UHCW these individuals are Alan Cranfield (management) and Abigail Tomlins (clinical)¹ both of whom have served (further detail on this expanded Champion group is captured in the Standard 2 section below). The VCHA is embraced by the National Getting it Right First Time (GIRFT) programme led by Professor Tim Briggs CBE, VCHA Co-Chair and Chair of the GIRFT Programme and National Director of Clinical Quality and Efficiency.

2.2 **VCHA Manifesto Standards** - Member trusts of the VCHA will achieve full accreditation through the pursuance of 8 manifesto standards which are listed as:



¹ Abigail Tomlins, Clinical Director for Surgery has now left the Trust and we will now be seeking to replace her with an appropriate senior clinician.

The Trust's progress towards these standards is:

- **Standard 1 – Partial Compliance – Understands and is Compliant with the AFC**
The Trust does embrace the Armed Forces Covenant and the signing of the Armed Forces Covenant is the first step, but there is still much to do in terms of 'spreading the word' and meaning and this will be captured in a Communications Plan.
- **Standard 2 – Compliant – Clearly Designated Veterans Dyad** – Executive oversight is provided through CWIO, Karen Martin. The Trust's VCHA WG Management Champion is Alan Cranfield and the Clinical Champion is Abigail Tomlins. A wider Working Group has now been established and has representation from HR (Wendy Bowes) and Communications and Marketing (Lynda Scott), it also has a Military Representative (Heather Tysall) who is a Consultant Nurse for Acute Medicine and holds the rank of lieutenant colonel within the Army Reserve. This group meets on a monthly basis.
- **Standard 3 – Compliant – Supports the UK Armed Forces as an Employer – The Trust:**
 - Employs 8 reservists, 1 regular and 15 veteran personnel. It is the employment of reservists that is important. Eight is quite a low number for a trust of UHCW's size, although there is no specified number required.
 - Is making arrangements to meet with 202 Field Hospital, Royal Army Medical Corps (Volunteers) following their approach to the Trust to facilitate some recruitment opportunities. The Unit is commanded by Colonel Damian Griffin, a professor in Trauma and Orthopaedics at UHCW.
 - Has written a specific Military Reserves policy. The policy recognises the benefits that employing military personnel brings to the Trust and has increased the paid time off an individual can have to undertake military specific activity/training.
 - Has joined the Defence Employer Recognition Scheme (DERS). The scheme, introduced by the Prime Minister in 2014, recognises organisations that pledge, demonstrate and advocate their support for the Defence community. There are three tiers of award – Bronze, Silver and Gold – **Bronze Award** holders are self-nominated and seek to promote an Armed Forces friendly position; are open to employing Reservists and supporting their training and mobilisation commitments. **Silver Award** holders demonstrate support for Defence, by employing Reservists, actively communicating and upholding a positive stance to these employees via established HR policies and procedures and by showing flexibility to plan for and allow them to fulfil their annual training and mobilisation commitments. **Gold Award** holders proactively advocate and support Defence, communicating their commitment both internally to employees and externally to the wider community through established policies and examples of support, and demonstrate significant support for Reservists, enabling them to fulfil their annual training and mobilisation commitments. The VCHAWG will pursue the attainment of Bronze and Silver awards within 6 – 12 months.
 - Is a member of "Step into Health" (SiTH), a programme designed to support employers in recruiting from this community and promoting the NHS as an employer of choice. The Armed Forces community includes those at various stages of their career, veterans who may have served for any length of time and their spouses and dependants looking to establish themselves within the sector.
 - Is reviewing how it appropriately captures members of the Reserve forces on ESR, which is a mandatory requirement, and is also looking at how it might

- capture those employees who are themselves Armed Forces Veterans, which is not a mandatory requirement but would provide a richer picture.
- Is considering how it might assist the spouses of serving military personnel in gaining meaningful employment skills that are transferable to other NHS organizations; an important factor when the spouse moves on posting with the serving individual.
 - **Standard 4 – Not Compliant – Trained and Educated in the Needs of Veterans** – This is a significant challenge. It is necessary to identify first who will be trained and then by what method(s) and using what resource. It is considered that in taking the points of entry to the hospital (ED, Acute Medicine, Outpatients and the Booking Centre) then this should provide the focus on where and therefore on whom to focus the training, leaving only the method(s) of delivery to be determined.
 - **Standard 5 – Compliant – Established Links to Veterans Services** – The Trust has established closer links with:
 - East Midlands Reserve Forces and Cadet Association (RFCA). The RFCA are responsible for providing advice on behalf of Reserve and cadet forces, establishing links within the community and delivering employer engagement on behalf of defence.
 - Veteran’s Contact Point (VCP), Nuneaton. Is a local military charity which supports local veterans and their families. It is run by volunteers, including those that have served and provides information, advice and referrals to a wide range of specialist organizations. It also helps veterans who have been in ‘contact’ with the law. The VCP will stay in contact with clients from referral to resolution.
 - Coventry, Solihull and Warwickshire, Armed Forces Coordination Group (CSW AFCG). A group of local organisations including NHS, Social Care, Third Sector, Military, and Military charities convened to consider, develop and act upon the requirements of military veterans and their families. This group meets every 2 months, but is responsive to individual needs which are addressed through the Veterans Contact Point in Nuneaton. The Trust is a member of this group.
 - CCG and CWPT. The VCHAWG has instigated meetings with the CCG and CWPT who are signatories to and proponents of the Armed Forces Covenant. It has been agreed to bring together a group comprising only local health and care organizations to undertake a stocktake of commitments to and progress in support of veterans.
 - **Standard 6 – Not Compliant – Identifies Veterans** – The Trust is presently unable to automatically capture patients with a military connection as a matter of routine on IPM and under present contractual arrangements it would not make economic sense to pursue the mandatory completion of a field given the intention to introduce an EPR which could be configured in such a manner. This then necessitates an interim solution through a manual intervention at the points of entry, where through routine questioning the receptionists are able to clarify a patients association and then enter the detail on to IPM. The solution will allow for audit to be undertaken from that point forward. It is the ambition of the VCHAWG to have this solution in place by April 2020.
 - **Standard 7 – Not Compliant – Refer Veterans to Other Services** – Until the data capture and training needs that have already been outlined above have been addressed, onward referral cannot be undertaken.

- **Standard 8 – Partial Compliance – Raises Awareness of Veterans** – This is linked to Standards 4 (Training) and 5 (Establishing Links).

2.4 **Communications** – It is important that we communicate both our commitment and intentions across the Trust and more widely where appropriate. To do this we are developing:

- A communication plan that will be based around annual activities that are associated with military events (e.g. VE Day, Armed Forces Day, Remembrance) and attainment of milestones (e.g. VCHA Accreditation, DERS Bronze Award).
- A webpage that will sit on the Trust’s website and be accessible both internally and externally.
- A presentation for delivery at appropriate forums (e.g. COF, Grand Round), and
- Having signed the AFC we are now permitted to use its Logo (1) and Banner (2) (shown below) in our routine business documentation, including on our website; on printed publications including posters and advertisements; on our communications including notepaper and e-mails and; on signage. The colour of the Banner changes on attainment of the Bronze, Silver and Gold awards described under the DERS section above. On accreditation to the VCHA we will also be able to utilise the ‘Veterans Aware’ kite mark (3) and associated poster (4) as well as the template staff and patient information leaflets.

These will be introduced in due course through our communications lead.



(1)



(2)



(3)



(4)

2.3 **Dates of Interest** – The following reflect dates within the 2020 calendar that have military significance and the VCHAWG are working to provide some way of marking the occasion although these have to be socialised more widely:

- Friday 8th May – VE Day (Suggestion is for an Armed Forces Breakfast)

- Tuesday 24th June – Reserves Day (Suggestion is for a static display of a field hospital on the CSB mezzanine floor).
- Saturday 27th June – Armed Forces Day (No event)
- Wednesday 11th November – Remembrance Day (Service in the Faith Centre)

2.6 **Ambition** – The Trusts ambitions for 2020 with regard to the AFC and working with and through the VCHA are:

1. To attain both the Bronze and Silver awards associated with the Defence Employment Recognition Scheme.
2. To have in progress all aspects of the VCHA Manifesto Standards to allow full accreditation within 12 months.
3. To have been instrumental in the establishment of an integrated veterans network within the local health and care system.

3. **RECOMMENDATIONS**

The Trust Board is invited to:

1. **NOTE** the contents of this briefing paper;
2. **SUPPORT** the direction of travel and activities identified within it.



Author Name: Alan Cranfield
Author Role: VCHA Champion
Date report written: 31st March 2020

REPORT TO PUBLIC TRUST BOARD
HELD ON 24 SEPTEMBER 2020

Subject Title	Board and Committee Dates for 2021/22
Executive Sponsor	Geoff Stokes, Director of Corporate Affairs
Author	Geoff Stokes, Director of Corporate Affairs
Attachment(s)	Draft dates for Trust Board and Committees for 2021/22
Recommendation(s)	Trust Board is asked to APPROVE the attached draft Board and committee dates 2021/22

EXECUTIVE SUMMARY

Attached is a draft programme of dates for Trust Board and its committees. This is based on the current timing schedule, using the following rules;

- Trust board held every other month - May, July, September, November, January and March
- Board Strategy Workshops held every other month - April, June, August, October, December (depending on when Christmas falls) and February
- Finance, Resources and Performance Committee (FRPC) and Quality and Safety Committee (QSC) will meet every month
- Audit and Risk Assurance Committee (ARAC) will meet quarterly – April, July, October and January
- Trust Board and Board Strategy Workshop meetings to be held on the last Thursday of the month
- FRPC and QSC meetings to be held on the penultimate Thursday of each month
- ARAC meetings to be held on the Thursday before committee meetings
- Remuneration Committee meetings to be held at least twice per year, in May and November. These meetings to take place when Trust Board meetings finish

Work continues on streamlining Trust Board agendas and on ensuring that monthly finance and performance data is available as soon as possible before Committee dates.

PREVIOUS DISCUSSIONS HELD

Trust Board approved current terms of reference (including frequency of meetings) at the May 2020 meeting.

KEY IMPLICATIONS	
Financial	None relating to this report
Patients Safety or Quality	None relating to this report
Human Resources	None relating to this report
Operational	None relating to this report

Draft
Board and Committee Meeting Dates
2021/22

	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Audit and Risk Assurance Committee	15 Apr 2021 9:30 - 12:00			15 Jul 2021 9:30 - 12:00			14 Oct 2021 9:30 - 12:00			13 Jan 2022 9:30 - 12:00		
Quality and Safety Committee	22 Apr 2021 9:30 - 12:00	20 May 2021 9:30 - 12:00	17 Jun 2021 9:30 - 12:00	22 Jul 2021 9:30 - 12:00	19 Aug 2021 9:30 - 12:00	23 Sep 2021 9:30 - 12:00	21 Oct 2021 9:30 - 12:00	18 Nov 2021 9:30 - 12:00	16 Dec 2021 9:30 - 12:00	20 Jan 2022 9:30 - 12:00	17 Feb 2022 9:30 - 12:00	24 Mar 2022 9:30 - 12:00
Finance, Resources and Performance Committee	22 Apr 2021 13:30 - 16:00	20 May 2021 13:30 - 16:00	17 Jun 2021 13:30 - 16:00	22 Jul 2021 13:30 - 16:00	19 Aug 2021 13:30 - 16:00	23 Sep 2021 13:30 - 16:00	21 Oct 2021 13:30 - 16:00	18 Nov 2021 13:30 - 16:00	16 Dec 2021 13:30 - 16:00	20 Jan 2022 13:30 - 16:00	17 Feb 2022 13:30 - 16:00	24 Mar 2022 13:30 - 16:00
Trust Board		27 May 2021 10:00-15:00		29 Jul 2021 10:00-15:00		30 Sep 2021 10:00-15:00		25 Nov 2021 10:00-15:00		27 Jan 2022 10:00-15:00		31 Mar 2022 10:00-15:00
Board Strategy Workshop	29 Apr 2021 10:00-15:00		24 Jun 2021 10:00-15:00		26 Aug 2021 10:00-15:00		28 Oct 2021 10:00-15:00		23 Dec 2021 10:00-15:00		24 Feb 2022 10:00-15:00	
Remuneration Committee		27 May 2021 15:00 - 16:00						25 Nov 2021 15:00 - 16:00				

Meeting	Date	Start	Finish
Audit and Risk Assurance Committee	15 April 2021	09:30	12:00
Quality and Safety Committee	22 April 2021	09:30	12:00
Finance, Resources and Performance Committee	22 April 2021	13:30	16:00
Board Strategy Workshop	29 April 2021	10:00	15:00
Quality and Safety Committee	20 May 2021	09:30	12:00
Finance, Resources and Performance Committee	20 May 2021	13:30	16:00
Trust Board	27 May 2021	10:00	15:00
Remuneration Committee	27 May 2021	15:00	16:00
Quality and Safety Committee	17 June 2021	09:30	12:00
Finance, Resources and Performance Committee	17 June 2021	13:30	16:00
Board Strategy Workshop	24 June 2021	10:00	15:00
Audit and Risk Assurance Committee	15 July 2021	09:30	12:00
Quality and Safety Committee	22 July 2021	09:30	12:00
Finance, Resources and Performance Committee	22 July 2021	13:30	16:00
Trust Board	29 July 2021	10:00	15:00
Quality and Safety Committee	19 August 2021	09:30	12:00
Finance, Resources and Performance Committee	19 August 2021	13:30	16:00
Board Strategy Workshop	26 August 2021	10:00	15:00
Audit and Risk Assurance Committee	14 October 2021	09:30	12:00
Finance, Resources and Performance Committee	21 October 2021	13:30	16:00
Board Strategy Workshop	28 October 2021	10:00	15:00
Quality and Safety Committee	18 November 2021	09:30	12:00
Finance, Resources and Performance Committee	18 November 2021	13:30	16:00
Trust Board	25 November 2021	10:00	15:00
Remuneration Committee	25 November 2021	15:00	16:00
Quality and Safety Committee	16 December 2021	09:30	12:00
Finance, Resources and Performance Committee	16 December 2021	13:30	16:00
Board Strategy Workshop	23 December 2021	10:00	15:00
Audit and Risk Assurance Committee	13 January 2022	09:30	12:00
Quality and Safety Committee	20 January 2022	09:30	12:00
Finance, Resources and Performance Committee	20 January 2022	13:30	16:00
Trust Board	27 January 2022	10:00	15:00
Quality and Safety Committee	17 February 2022	09:30	12:00
Finance, Resources and Performance Committee	17 February 2022	13:30	16:00
Board Strategy Workshop	24 February 2022	10:00	15:00
Quality and Safety Committee	17 March 2022	09:30	12:00
Finance, Resources and Performance Committee	17 March 2022	13:30	16:00
Trust Board	31 March 2022	10:00	15:00

**PUBLIC TRUST BOARD
HELD AT 10:00 AM ON THURSDAY 26 NOVEMBER 2020
IN CLINICAL SCIENCES BUILDING AND VIA MS TEAMS**

DRAFT AGENDA

Ap: APPROVAL R: RATIFICATION As: ASSURANCE D: DISCUSSION I: FOR INFORMATION N: NOTE

Item	General Business	Lead	Format	Action	Time
1.	World Class Colleague Awards	A Hardy	Verbal	I	10:00
2.	Patient Story	M Hussain	Enclosure	As	10:10
3.	Apologies for Absence:	S Manzie	Verbal	As	10:20
4.	Confirmation of Quoracy	S Manzie	Verbal	As	
5.	Declarations of Interest	S Manzie	Verbal	As	
6.	Minutes of last Public Board meeting held on 24 September 2020	S Manzie	Enclosure	Ap	
7.	Action Matrix	S Manzie	Enclosure	As	10:25
8.	Matters arising	S Manzie	Verbal	As	10:30
9.	Chair's Report	S Manzie	Enclosure	As	10:35
10.	Chief Executive Officer Update	A Hardy	Enclosure	As	10:45
Performance					
11.	Integrated Quality, Performance and Finance Report <ul style="list-style-type: none"> Operations Quality Finance Workforce 	D Griffiths L Crowne M Hussain S Rollason D Griffiths	Enclosure	As	11:00
12.	World Class Transformation Report	D Griffiths	Enclosure	N	11:15
Assurance Reports					
13.	Board Assurance Framework and Corporate Risk Register	M Hussain	Enclosure	As	11:25
14.	Employee Relations	D Griffiths	Enclosure	N	11:35
15.	Mortality (SHMI and HSMR) Update	K Patel	Enclosure	As	11:45
16.	Medical Education Report	K Patel	Enclosure	As	11:55
17.	Serious Incident Report	M Hussain	Enclosure	As	12:05
18.	Safer Staffing	N Morgan	Enclosure	As	12:15
19.	Cancer Services Report	L Crowne	Enclosure	As	12:25
20.	Quality Impact Assessments	M Hussain	Enclosure	As	12:35
21.	Patient Led Assessments of the Care Environment (PLACE) Annual Report	N Morgan	Enclosure	As	12:45
22.	Maternity Improvement Plan (including midwife staffing report)	N Morgan	Enclosure	As	12:55
Feedback from Key Meetings					
23.	Audit and Risk Assurance Committee Approved Minutes and Report	A Ismail	Enclosure	As	13:05
24.	Finance, Resources and Performance Committee Approved Minutes and Meeting Report	J Gould	Enclosure	As	13:10

25.	Quality and Safety Committee Approved Minutes and Report	S Kumar	Enclosure	As	13:15
Administrative Matters					
26.	Draft Agenda for next meeting	S Manzie	Enclosure	D	13:20
27.	Meeting Reflections	S Manzie	Verbal	D	13:25
28.	Questions from Members of the Public which relate to matters on the Agenda	S Manzie	Verbal	As	13:30

Next Meeting:

Thursday 28 January 2021 at 10.00am, in the Clinical Sciences Building, University Hospital, Coventry, CV2 2DX

Resolution of Items to be Heard in Private (Chair)

In accordance with the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997, it is resolved that the representatives of the press and other members of the public are excluded from the second part of the Trust Board meeting on the grounds that it is prejudicial to the public interest due to the confidential nature of the business about to be transacted. This section of the meeting will be held in private session.

