

Trust Board (Public)	Item: Items Discussed in Private
Date: September 2021	Enclosure: 0
Purpose of the Report: To note in public an outline of the matters covered by the Board in private since the last meeting of the Board.	
For: Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Risks from disclosure of sensitive information
Legal / Regulatory / Reputation Implications:	Well-led and Code of Governance requirements
Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Strategic Theme:	All
Document Previously Considered By:	N/A
Recommendations: The Board is asked to note the report.	

ITEMS FOR DISCUSSION AND NOTING	
1.	Serious incidents and Never Event Report – a report on progress with regards to open SI investigations and SI reports closed in May and June 2021 was noted. The Board discussed lessons from SIs.
2.	Infection Prevention and Control (IPC) Board Assurance Framework (BAF) – the Board received an updated IPC BAF, which they were assured by. The Board discussed related issues and risks.
3.	Overview of National Covid-19 Dataset – the Board received a report on the national covid-19 database, which is appended to this report.
4.	Covid-19 Outbreak Update – the Board received a verbal update from the Director of Nursing and Quality. They noted that currently the Trust was treating 17 patients with Covid-19.
5.	Intensive Care National Audit and Research Centre – the Board received a presentation from Dr Anna Joseph, Trust Consultant Intensivist. She provided background on the national audit programme and the quarterly reports received by the Trust. The Trust's current position was within the norm. Dr Joseph also presented Covid-19 statistics, which demonstrated that the Trust had achieved a lower mortality rate related to Covid-19 than the average.
6.	Strategy Update – The Board updates on the following: <ul style="list-style-type: none"> - NHS Oversight Framework 2021/22 - SWL ICS Transition - SWL Acute Provider Collaborative - Place - Collaborative Working with HRCH
7.	Charitable Funds Committee Report – The Board received the report for noting.
8.	Annual Report and Account (including the Quality Accounts) – The Board were informed that the Annual Report and Account (including the Quality Accounts) had been approved under delegated authority by the Audit Committee and submitted to NHSE/I.
ITEMS FOR DECISION	
9.	PACS Joint Procurement Full Business Case – the Board considered, and approved, the business case for a shared picture archive and information system across SW London. Benefits included the reduced need to reproduce images on multiple sites and the reduction in radiation exposure to patients, improved patient experience and convenience, and helping hospitals more easily share images; images could also be accessed offsite.
10.	Extension of the Royal Eye Unit – the Board considered, and approved, a charitable expenditure to support the second phase of work on the Royal Eye Unit.

Overview of National Covid-19 Dataset

Introduction

At the start of the Covid-19 pandemic a number of data collections were implemented to support incident management. The collections were activated at short notice and the content of the collections has evolved as the incident has developed. The data has been collected on a daily basis with a tight turn round time. No revisions have been made to the dataset. Any analysis of the data should be undertaken with this in mind.

What's available and where to find it

The daily and cumulative numbers of patients in Kingston Hospital who tested positive since 19th March 2020 are published online and [are available here](#). There is also information about vaccination on this site. NHS England and NHS Improvement have reported the number of deaths in hospitals for people who had tested positive for COVID-19 since 1st March 2020. This includes deaths nationally, by region, by age and by Trust and you can [see the data here](#). [This data is not broken down by ethnicity at the current time.](#) [Estimates of differences in Covid-19 mortality risk by ethnic group for deaths occurring from 24th January 2020 to 31st March 2021, using linked data from the 2011 Census, death registrations and primary care and hospital records is available at Updating ethnic contrasts in deaths involving the coronavirus \(COVID-19\), England - Office for National Statistics \(ons.gov.uk\). This data is compared between the first and second wave.](#)

What should be considered when reviewing the national data

From Tuesday 28 April 2020, NHS England and NHS Improvement started to report the number of patient deaths where there has been no COVID-19 positive test result, but where COVID-19 is documented as a direct or underlying cause of death on part 1 or part 2 of the death certification process. This change has been introduced for deaths that occurred on 24th April and subsequently and is shown separately in the region data table only. When making comparisons over time these figures should not be included.

Interpretation of the figures should take into account the fact that totals by date of death are likely to be updated in future releases for more recent dates. For example, a positive result for COVID-19 may occur days after confirmation of death. Cases are only included in the data when the positive COVID-19 test result is received or death certificate confirmed with COVID-19 mentioned. This results in a lag between a given date of death and exhaustive daily death figures for that day.

These figures will be updated each weekday and include confirmed death cases reported at 4pm the previous day. Confirmation of COVID-19 diagnosis, death notification, death certificates and reporting in central figures can take up to several days and the hospitals providing the data are under significant operational pressure. This means that the totals reported at 4pm on each day may not include all deaths that occurred on that day or on recent prior days.

These figures do not include deaths outside hospital, such as those in care homes. This approach makes it possible to compile deaths data on a daily basis using up to date figures.

Conclusion

The national data with regard to Covid-19 is useful when considering service developments and what capacity likely to be required across SWL and at regional level to provide safe care for our people and patients. Within the Trust data collection has evolved through the pandemic and can provide a more detailed report for the Board, this Trust level data will be presented for the Boards review on a regular basis.