

**Board of Directors Agenda
Thursday 1 October, 2015 at 9.30am
Clinical Education Centre**

Meeting in Public Session

All matters are for discussion/decision except where noted

	Item	Enc. No.	By	Action	Time
1.	Chairmans Welcome and Note of Apologies		D Badger	To Note	9.30
2.	Declarations of Interest		D Badger	To Note	9.30
3.	Announcements		D Badger	To Note	9.30
4.	Minutes of the previous meeting				
	4.1 Thursday 3 September 2015	Enclosure 1	D Badger	To Approve	9.30
	4.2 Action Sheet 3 September 2015	Enclosure 2	D Badger	To Action	9.30
5.	Patient Story		L Abbiss	To Note & Discuss	9.40
6.	Chief Executive's Overview Report	Enclosure 3	P Clark	To Discuss	9.50
7.	Patient Safety and Quality				
	7.1 Infection Prevention and Control Exception Report	Enclosure 4	D Wardell	To Note & Discuss	10.00
	7.2 Nursing Staffing Report	Enclosure 5	D Wardell	To Note & Discuss	10.10
	7.3 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 6	D Wulff	To Note & Discuss	10.20
	7.4 Integrated Dashboard	Enclosure 7	A Baines	To Note & Discuss	10.30
8.	Finance				
	8.1 Finance and Performance Report	Enclosure 8	J Fellows	To Note & Discuss	10.40
9.	Any other Business				10.50
10.	Date of Next Board of Directors Meeting		D Badger		10.50
	9.30am 5 November 2015, Clinical Education Centre				
11.	Exclusion of the Press and Other Members of the Public		D Badger		10.50
	To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960).				

Minutes of the Public Board of Directors meeting held on Thursday 3rd September, 2015 at 9:30am in the Clinical Education Centre.

Present:

David Badger, Chairman
Richard Miner, Non Executive Director
Jonathan Fellows, Non Executive Director
Paul Taylor, Director of Finance and Information
Ann Becke, Non Executive Director
David Bland, Non Executive Director
Paula Clark, Chief Executive
Paul Bytheway, Chief Operating Officer
Dawn Wardell, Chief Nurse
Doug Wulff, Non Executive Director

In Attendance:

Helen Forrester, PA
Liz Abbiss, Head of Communications and Patient Experience
Julie Bacon, Chief HR Advisor
Glen Palethorpe, Director of Governance/Board Secretary

15/084 Note of Apologies and Welcome

Apologies were received from Paul Harrison and Anne Baines.

15/085 Declarations of Interest

There were no declarations of interest.

15/086 Announcements

No announcements made.

**15/087 Minutes of the previous Board meeting held on 2nd July, 2015
(Enclosure 1)**

The minutes of the previous meeting were approved by the Board as a true and correct record of the meetings discussion and signed by the Chairman.

15/088 Action Sheet, 2nd July, 2015 (Enclosure 2)

15/088.1 Chief Executive's Overview Report – Friends and Family Test Performance

The Chairman confirmed that he will raise the excellent Friends and Family Test performance for Community Services with David Hegarty at their meeting on the following Tuesday.

All other items appearing on the action sheet were noted to be complete, for update at a future Board meeting or appeared on the Board agenda.

15/089 Patient Story

Liz Abbiss, Head of Communications and Patient Experience presented the patient story. The story related to a patient who had received cancer services from the Trust.

Mrs Wardell confirmed that she had visited the isolation facility that had been mentioned in the video and stated that there was positive learning from the area for the rest of the hospital.

The Chairman suggested involving the Patient Experience Group in the feedback from the story. Liz Abbiss confirmed that she will ensure that the Group are involved.

Liz commented that she was aware that the Board had seen several very positive stories recently and was endeavouring to bring a less positive story to Board, although patients are not always content to be recorded making negative comments.

Mr Wulff, Non Executive Director, confirmed that it was very positive to see the triage and admission system working so well for our cancer patients.

The Chairman and Board noted the patient story.

15/090 Chief Executive's Overview Report (Enclosure 3)

The Chief Executive presented her Overview Report, given as Enclosure 3, including the following highlights:

- **Friends and Family:** Issues remain with response rates in certain areas, particularly ED. The Trust is looking at the use of an App and text service to improve responses. There is a continued push within ward areas. Dudley is within the top 30% of Trusts nationally. The Chief Executive confirmed that Maternity Services had achieved 100% feedback and congratulations should be given to the Maternity Team. The Board noted that the Trust had not met the quality priority target for Outpatients and the Patient Experience Team are working closely with managers to address the "you said, we did" actions to improve the patient experience in this area.
- **BCA Vanguard Bid Update:** The BCA had been shortlisted into the final 29 applications. A team of members from the Alliance will be in London on Monday and Tuesday the following week to present the bid. The 8 winning applicants will be announced after 21st September, 2015.

- **Royal College of Midwives National Awards:** The Trust's service for Female Genital Mutilation (FGM) was awarded a "runner up" in the Award for Excellence in Maternity Care category at the 2015 RCM National awards ceremony.

The Chairman and Board noted the report. The Chairman confirmed that he will write to the Maternity Team on behalf of the Board to thank them for their work around the Friends and Family Test and FGM. The Board passed on their best wishes and good luck to the team attending the Vanguard event the following week.

The Chairman to write to the Maternity Team on behalf of the Board to thank them for their work around the Friends and Family Test and FGM.

15/091 Patient Safety and Quality

15/091.1 Infection Prevention and Control Exception Report (Enclosure 4)

The Chief Nurse presented the Infection Prevention and Control Exception Report given as Enclosure 4, including the following points to note:

MRSA: No post 48 hour cases to report.

C.Diff: 15 cases, 4 cases over trajectory. The Chief Nurse confirmed that a focussed piece of work around C.Diff was being undertaken throughout the Trust. The Chairman asked about the reasons for the peak in August. The Chief Nurse confirmed that there are no clear reasons at this point and full RCAs are undertaken for each case. Work is also ongoing around antibiotic prescribing. Dr Wulff, Non Executive Director, asked about some of the recurring themes detailed in the report. The Chief Nurse confirmed that many of the reasons detailed would have no impact on the outcome. The Chief Operating Officer suggested that analysis could be undertaken regarding the commencement of junior doctors and whether there is any relation to the spike in August.

Norovirus: No incidence to report.

The Chairman and Board noted the report and position and actions around C.Diff and the continued good performance for MRSA and Norovirus.

15/091.2 Nurse Staffing Report (Enclosure 5)

The Chief Nurse presented the Nurse Staffing report given as Enclosure 5.

A double report was provided for June and July staffing. Two red shifts were noted in July and one red shift in June. In July a delay in care was noted and this had been fully reviewed. There were no incidents reported as a result of the red shifts. The Chief Executive suggested that the terminology in the report for red shifts report should be revised.

The Chairman asked about any national developments around the safe staffing guidelines. The Chief Executive confirmed that there was still no change in guidance around staffing ratios, but numbers are expected to change in the future due to financial pressures.

The Chief Executive confirmed the Trust had communicated with Margot James MP relating to issues with work permits for non EU nurses. Work is in progress around international nurses and the Trust will be lobbying the Treasury regarding its concerns. Mrs Becke, Non Executive Director, suggested that the Trust also contacts Gavin Williamson MP regarding work permits.

The Chairman asked about the position with nurse recruitment. The Chief Nurse confirmed that a meeting had recently taken place with the senior nursing team and a number of actions had been agreed to maintain focus in this area.

The Chairman and Board noted the report, graph, red shifts and list of mitigations. The Board confirmed that they were assured by the mitigations for the 3 red shifts detailed in the paper. The nurse staffing situation and difficulties with recruitment were also noted.

15/091.3 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 6)

Dr Wulff, Committee Chair, presented the Clinical Quality Safety Patient Experience Committee Exception Report, given as Enclosure 6. The Board noted the following key areas from the previous two meetings.

July 2015:

- Positive assurances: were received around Stroke Swallowing Screening, key quality indicators, delivery of quality priorities and compliance with contractual requirements for dealing with SIs.
- Decisions Made/Items Approved: Approval of 3 policies and 7 procedures/guidelines, approval to close 20 RCA action plans, approval to share the learning report at the CCG Clinical Quality Review meeting in September and shared widely within the Trust and support for the planned review of the Quality and Safety Group's terms of reference.
- A number of actions were scheduled to be presented to the Committee and these were also noted by the Board: Outcome of the Maternity SI task and finish group, feedback of the results of the National Emergency Laparotomy clinical audit, progress in respect of speech and language staffing and the updated terms of reference for the Quality and Safety Group.

August 2015:

- Positive assurances: were received around the delivery of the National Inpatient Survey action plan, work of the Maternity task and finish group, progress made against the Trust's Nursing Strategy Action Plan, attendance at the Transfusion Group and compliance with the Trust's contractual requirements for dealing with SIs.
- Decisions Made/Items Approved: Approval of 5 policies and 10 procedures/guidelines, approval to close 27 RCA action plans and approval of the Quality and Safety Group terms of reference.

- A number of actions were scheduled to be presented to the Committee and these were also noted by the Board: The Committee will keep under review the infection control report and actions for improving performance in this area, Maternity task and finish group to report formally back to the Committee and Board, future SI report to include learning from the cluster of VTE incidents and the Committee will continue to monitor the Trust's contractual registration of SIs on the system within 2 days.

The Chairman and Board noted the report and assurances received, decisions made and items approved and actions back to Committee. The Board also noted that the Chairman had agreed earlier in the meeting to write to the Maternity Team regarding their work on FGM.

15/091.4 Workforce and Staff Engagement Committee Exception Report (Enclosure 7)

Ann Becke, Committee Chair, presented the Workforce and Staff Engagement Committee Exception Report, given as Enclosure 7, the following key issues were noted:

- Staff Health and Wellbeing Service: The service had received an accreditation assessment, although feedback was positive, accreditation had been deferred due to some minor points. Reassessment will take place in 3 months time.
- Staff Friends and Family Test: A dip was noted in the first quarter and this was noted to be as a result of a decrease in responses. Actions were being put in place to increase the response rate.
- Trust Apprenticeship Programme: The Trust is on course to meet its 2015/16 target of 50 apprentices.
- Local Education and Training Group: A Medical Workforce Planning Group is being established within the Trust.

The Chairman and Board noted the report and the issues around the staff friends and family test results.

15/091.5 Audit Committee Exception Report (Enclosure 8)

Mr Miner, Chair of the Audit Committee, presented the Audit Committee Exception Report given as Enclosure 8.

The Board noted that the July Committee is generally the least active meeting of the year.

The following key highlights were noted:

- Charitable Funds Accounts: The Charitable Funds Representation letter had been approved and an unmodified audit report was proposed by Deloitte. The Accounts were approved under delegated authority.
- Research and Development Studies: The plan to address the shortfall in recruitment to R&D studies will be reported back to a future meeting.

- Corporate Risk Register: The Director of Governance/Board Secretary and Chair of the Audit Committee are working on improving the format of the Corporate Risk Register.
- Standing Financial Instructions: The Committee recommended the approval of the changes to the SFIs detailed in the Appendix to the report.
- Audit Committee Annual Report: Referred to the Board for approval and noted to appear next on the agenda.

The Chairman and Board noted the report. Dr Wulff commented on Research and Development and asked if there were any particular areas where the Trust was struggling to recruit. The Chair of the Committee confirmed that there were no specific areas, but reduced numbers will have a financial impact. Mrs Becke, Non Executive Director suggested that the Black Country Alliance could help in this area. The Director of Governance/Board Secretary confirmed that a report will be provided on how numbers convert into financials. The Board noted the assurances received and decisions approved. The Board approved the detailed changes to the SFIs as set out in the Appendix.

15/091.6 Audit Committee Annual Report (Enclosure 9)

Mr Miner, Chair of the Audit Committee, presented the Audit Committee Annual Report given as Enclosure 9.

The report covered the activities of the Committee and assurances received throughout the year.

The Committee had considered significant assurances beyond purely financial and included within the Clinical Audit and Quality Report/

The Board noted that there had been significant changes in the Committee during the year with the appointment of a new Chair and new Director of Finance.

The report covers internal and external audit and the Board noted that both functions had been out to tender. Baker Tilly had been reappointed as internal auditors and counter fraud specialists and PwC had taken over as external auditors.

The Board noted the final paragraph of the report in bold relating to the opinion of the Audit Committee that the Trust's risk management and control and governance processes are adequate and effective and may be relied upon by Trust Board, although work must continue to ensure that these are embedded through the Trust.

The Chairman and Board noted the annual report. The Chairman stated that the report was very reassuring and gave thanks to the work of the Committee and the 2 Chairs and Director of Finance and his team. The Board noted paragraph 8 and was content that there was no further action required.

15/091.7 Complaints Report (Enclosure 10)

The Director of Governance/Board Secretary presented the Complaints Report, given as Enclosure 10.

The report detailed complaints activity for the 1st quarter the Board noted that the data had been presented to the Clinical Quality, Safety, Patient Experience Committee and lessons learnt were being presented to the Council of Governors that evening.

The following key highlights were noted:

- Complaints acknowledged within 3 working days: 100%
- Complaints received and closed during the year answered within 30 days: 44%. The Board noted that many complaints were not single issue and required a comprehensive response. The Director of Governance/Board Secretary confirmed that the Complaints Manager would like to arrange initial meetings with complainants to understand the nature of their complaint.
- Analysis of Complaints received by category were detailed on page 3 of the report.
- % of Complaints received against total hospital activity: 0.03% for quarter 1. The Board noted that there were significantly more compliments received than complaints.
- Rule 28 Decisions: The Trust needs to evidence learning to the Coroner.
- Claims Closed: A small number of claims had been closed in the quarter due to the Trust being more robust in its challenge to claims. The Board noted that the Complaints Team had recruited a member of staff with a claims background.
- Claims opened in quarter: 15 new claims opened.

The Chairman and Board noted the report and the reduced number of complaints. The Board was content with the proportion of claims upheld. The Chairman asked about the Clinical care assessment and monitoring category. The Director of Governance/Board Secretary confirmed that this was the largest category and it was hoped that meetings with complainants will help draw out issues. The Board noted that the Trust is not an outlier in this area. The Director of Governance/Board Secretary confirmed that he will work with the Complaints Manager to ascertain whether a more meaningful breakdown could be undertaken. The Chairman commented that the Clinical Quality, Safety, Patient Experience Committee could review clinical care issues. Mrs Becke, Non Executive Director confirmed that the Internal Complaints Committee look at complaints in depth to understand learning and trends.

The Board noted the detailed activity undertaken in the 1st Quarter.

15/091.8 Integrated Dashboard (Enclosure 11)

The Director of Finance and Information presented the Integrated Dashboard given as Enclosure 11.

The report covered performance for April to July.

Areas for the Board's attention included:

- Friends and Family Test: Discussed earlier on the agenda under the Chief Executive's Report. The Board noted the issue relating to the Day Case Unit response rates.
- Outpatient activity marginally underperforming in follow up rather than first appointments, the Trust is seeing an increase in outpatient procedures.
- Community activity under target performance, the Board noted that the team were not up to full establishment. The actions discussed earlier in private Clinical Directorate presentation will assist in performance.
- Performance on Stroke Swallowing Assessment: Performance had dipped in July.

Mrs Becke, Non Executive Director asked about the follow up ratio and whether the fall is in general or just in specific areas. The Director of Finance and Information confirmed that some areas have a relatively high first to follow up ratio. The work on Vanguard and elective care pathways will the Trust look in detail at the data.

- Cancer Performance: The Trust is struggling on cancer pathways particularly in Urology. It had maintained the standard in the 1st quarter but there were a number of long wait patients awaiting treatment at the tertiary centre, therefore the Trust is anticipating potential breaches for Q2 and Q3. Work is dependent on the activity undertaken at New Cross Hospital. The Trust is hoping to return back to a positive position in Q4. The Board noted that this was a National issue. Mrs Becke, Non Executive Director, asked how the Board can take assurance that patients referred to New Cross are seen and treated within appropriate timeframes. The Board noted that the Trust had developed a Patient Level Tracker which enables the Trust to track the treatment of patients and this is used at the fortnightly meetings held with Royal Wolverhampton NHS Trust to understand when patients will be treated by them. This gives the Trust confidence that those waiting a long time will be treated and as a result the Trust is hoping to see a return back to a positive position by Q4. Mr Fellows, Non Executive Director confirmed that the Finance and Performance Committee had looked at the action plan in detail.

The Chairman and Board noted the report and key issues. Dr Wulff confirmed that there was a typing error in relation to C.Diff performance and this should state numbers. The Board noted the current position relating to cancer performance.

15/091.9 Review and Approval of Trust Constitution (Enclosure 12)

The Director of Governance/Board Secretary presented the Review and Approval of Trust Constitution Report given as Enclosure 12.

The Board noted that this was an annual review review of the Constitution and would be presented to the Council of Governors that evening. The Board noted the proposed minor changes which reflect the existence of the Fit and Proper Person requirement. It was also noted that statements submitted by candidates would have the wording limit increased to 200 and the removal of references to LINKs as they had ceased to exist as an organisation.

The Chairman and Board approved the recommendation to the Council of Governors to approve the amendments to the Constitution.

15/091.10 Annual Plan Quarter 1 Updates (Enclosure 13)

The Director of Finance and Information presented the Annual Plan Quarter 1 Update given as Enclosure 13.

The report detailed Q1 progress against the Operational Plan for the current financial year. Objectives were RAG rated and the Board noted that red and amber ratings had mitigation plans in place.

The Board received the report for information and noted that the Clinical Strategy work would be progressed in line with the Vanguard process. The Chairman asked for a review of the work to be presented at the November Board Workshop.

The Chairman and Board noted the clear and well set out report.

Review of the work around the Clinical Strategy to be presented at the Board Workshop in November.

15/092 Finance

15/092.1 Finance and Performance Report (Enclosure 14)

Mr Fellows, Committee Chair, presented the Finance and Performance Committee Report, given as Enclosure 14.

The report provided a summary of the July and August Committee meetings.

The Board noted that key highlights as follows:

- IT: Good progress made in IT and in particular around electronic letters to GPs and the work with external consultants.
- Performance: All targets achieved.
- Income and Expenditure: Ahead of budget.
- Full Year Forecast: Just over £3m deficit against the original £4.2m deficit plan submitted to Monitor.
- CIP: Plan for 2016/17 being worked up with £12.4m target. Projects are being developed to deliver savings. The Trust will achieve the current years CIP target.

The Board noted the typing error in the paper for ED target which should read 95% for July and not 90%.

The Chairman and Board noted the report and position and improvement in income and expenditure and the financial recovery plan submitted to Monitor.

15/093 Any Other Business

There were no other items of business to report and the meeting was closed.

15/094 Date of Next Meeting

The next Board meeting will be held on Thursday, 1st October, 2015, at 9.30am in the Clinical Education Centre.

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 3 September 2015

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
15/079	Chief Executive's Overview Report	The Chairman to notify the CCG of the excellent Community Services Friends and Family test performance.	C	3/9/15	Done
15/080.9	Research and Development Report	The Board to receive an update on the availability of case notes at its September meeting.	PH	3/9/15	To November Board
15/090	Chief Executive's Overview Report	Chairman to write to the Maternity Team on behalf of the Board to thank them for their work around the Friends and Family Test and FGM.	C	1/10/15	Done
15/091.10	Annual Plan Quarter 1 Updates	Review of the work around the Clinical Strategy to be presented at the Board Workshop in November.	AB	19/11/15	

The Dudley Group

NHS Foundation Trust

Paper for submission to the Public Board Meeting – 1st October 2015

TITLE:	Chief Executive Board Report		
AUTHOR:	Paula Clark, CEO	PRESENTER	Paula Clark, CEO
CORPORATE OBJECTIVE: SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> Friends and Family Update on Monitor Health and Social Care Economy Summit Black Country Alliance update 			
IMPLICATIONS OF PAPER:			
RISK	No		Risk Description:
	Risk Register: No		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Yes	Details: Effective, Responsive, Caring
	Monitor	No	Details:
	Other	No	Details:
ACTION REQUIRED OF BOARD / COMMITTEE / GROUP: <i>(Please tick or enter Y/N below)</i>			
Decision	Approval	Discussion	Other
RECOMMENDATIONS FOR THE BOARD: The Board are asked to note and comment on the contents of the report			

CORPORATE OBJECTIVES : *(Please select for inclusion on front sheet)*

SO1: Deliver a great patient experience

SO2: Safe and Caring Services

SO3: Drive service improvements, innovation and transformation

SO4: Be the place people choose to work

SO5: Make the best use of what we have

SO6: Plan for a viable future

CARE QUALITY COMMISSION CQC) : *(Please select for inclusion on front sheet)*

Care Domain	Description
SAFE	Are patients protected from abuse and avoidable harm
EFFECTIVE	Peoples care, treatment and support achieves food outcomes, promotes a good quality of life and is based on the best available evidence
CARING	Staff involve and that people with compassion, kindness, dignity and respect
RESPONSIVE	Services are organised so that they meet people's needs
WELL LED	The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture

Chief Executive's Report – Public Board – October 2015

Patient Friends and Family Test - Update:

Community (August 2015)

The number of responses has continued to fall compared to the previous month along with a decrease in the percentage of those who would recommend the service to friends or family. Work is on-going with both senior and local managers to address the low level of response rates. The Trust continues to achieve the quality priority target of monthly scores that are equal to or better than the national average for the percentage who would recommend the service to friends and family members.

Community Services	Apr 15	May 15	Jun 15	Jul 15	Aug 15
Community Nursing Services – percentage recommended	100%	100%	95%	83%	94%
No of responses	5	24	58	24	33
Rehab and Therapy services – percentage recommended	100%	100%	100%	100%	96%
No of responses	9	11	20	47	45
Specialist Services – percentage recommended	95%	95%	95%	100%	75%
No of responses	22	20	38	19	4
Combined score – percentage recommended	97%	98%	96%	96%	94%
Total responses	36	55	116	90	82
National average percentage recommended	96%	95%	95%	95%	n/a*

*national data not published at time of writing this report

Inpatient FFT (01.09.15 – 20.09.15 provisional)

The Trust continues to achieve the quality priority target of monthly scores that are equal to or better than the national average for the percentage who would recommend the service to friends and family members.

Date range	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015 Provisional
Number of eligible inpatients**	6053	5926	6469	6482	5747	3879
Number of respondents	984	928	936	987	1152	480
Ward FFT percentage recommended	96%	97%	98%	97%	99%	97%
Ward response rate	16%	16%	14%	15%	20%	12%
National average percentage recommended	95%	96%	96%	97%	n/a*	n/a*

*national data not published at time of writing this report

Key for inpatient RAG rating

% of footfall (response rate)	<25%	25-30%	30-40% +	40%+ ★
FFT percentage recommended	<95%	96%+	97%+	
FFT scores based on Nov 14 national scores	Below top 30% of trusts	Top 30% of trusts	Top 20% trusts	

A&E FFT (01.09.15 – 20.09.15 provisional)

The percentage of friends and family who would recommend the Trust's A&E during the period 1st – 20th September increased to 96% compared to 95% for August. The latest published NHS England figures for July show The Dudley Group scored 90% compared to the national average of 88% (July) which puts us below the top 30% of trusts nationally. Locally, this puts us third behind Walsall with 97% and Worcester Acute with 92% (as at July 2015).

Date range	April 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015 Provisional
Number of eligible A&E patients	3858	3851	3994	4057	3977	2517
Number of respondents	326	589	469	289	245	70
A&E FFT recommended percentage	90%	90%	92%	90%	95%	96%
A&E response rate	8%	15%	12%	7%	6%	3%
National average percentage recommended	88%	88%	88%	88%	n/a*	

*national data not published at time of writing this report

Key for A&E RAG rating

% of footfall (response rate)	<15%	15-20%	20%+
FFT percentage recommended	<94%	94%	95%+
FFT scores based on Nov 14 national scores	Below top 30% of trusts	Top 30% of trusts	Top 20% trusts

Maternity FFT (01.09.15 – 20.09.15 provisional)

The Trust continues to score well and remains in the top 20% of Trusts with those who say they are extremely likely or likely to recommend our maternity services to friends and family.

Maternity Area	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015
Antenatal, percentage recommended	95%	96%	98%	99%	99%	100%
Response rate	30%	39%	24%	37%	38%	27%
Birth, percentage recommended	100%	100%	100%	100%	99%	100%
Response rate	26%	20%	14%	21%	25%	28%
Postnatal ward, percentage recommended	100%	100%	98%	99%	99%	100%
Response rate	26%	20%	14%	21%	25%	28%
Postnatal community, percentage recommended	100%	100%	93%	96%	92%	100%
Response rate	8%	10%	12%	8%	4%	7%

Key for maternity RAG rating

% of footfall (response rate)	<15%	15%+	
Antenatal	100%	96-99	<95
Birth	100%	97-99	<96
Postnatal ward	98%+	93-97	<92
Postnatal community	100%	97-99	<96

FFT scores based on Jan 15 national scores Below top 30% of trusts Top 30% of trusts Top 20% trusts

Outpatients FFT

The Trust has not met the quality priority target of monthly scores that are equal to or better than the national average for the percentage who would recommend the service to friends and family members. The Patient Experience Team is working closely with managers to address the 'You said, we did' actions to improve the patient experience in response to feedback received. Recent actions include:

- Provision of new patient gowns to be phased in for patients attending outpatient appointments i.e. radiology
- Installation of new clearer signage in the main outpatients areas at Russells Hall Hospital
- Report developed to enable all positive comments received from patients to be shared with staff in individual outpatient areas and clinics. 'You, said we have' boards to be displayed in all patient waiting areas across the Trusts' outpatient departments to update patients about the actions we have taken in response to their feedback.

FFT Outpatients Services	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015
Number of respondents	49	93	82	66	67
Outpatients recommended percentage	84%	82%	82%	88%	90%
National average percentage recommended	92%	92%	92%	92%	n/a*

**national data not published at time of writing this report. NHS England does not require the submission to include eligible population figures.*

Improving the FFT response rates

To support response rate growth, several initiatives that will be rolled out during the next two quarters include;

- Friends and Family App launched early September 2015
- Trust FFT webpage refreshed September 2015
- Proposed introduction of FFT SMS response option for A&E in Q3 and then phased roll out to other areas across the Trust by end of 2015/16.

Update – Monitor:

As part of our Performance Review process with Monitor we visited them for the latest meeting on 21st September. The Monitor relationship team were assured about the work to date and in particular the performance of the Trust in terms of managing the run rate successfully and containing costs at their current levels when other NHS providers are struggling with this. The concern for Monitor remains the long term prospects for the Trust into 16/17 and beyond and therefore they plan to spend two days with us in November going through our cost improvement plans and Performance Management Office processes for further assurance. Until they have carried out this work it is disappointing to inform the Board that we will remain in breach of our licence.

Health and Social Care Economy Summit:

In January we took part in a health and social care summit which has shaped the current vanguard programme. However it is acknowledged by the Vanguard Partnership Board that there has been considerable change since that time with the General Election and continued downward pressure on both health and social care budgets. As a result we plan to hold another Summit in December, once both the comprehensive spending review has taken place and the tariff settlement is clearer, to examine how each organisation is doing so far this year, their plans for the coming year and then how these fit together to re-visit our strategic plan across the local economy into 2016/17 and beyond.

Black Country Alliance Update:

The first Board meeting of BCA is taking place on 30th September and the Board will receive a verbal update from that meeting. At the time of writing we have not yet heard whether the Vanguard application for the BCA has been successful or not and will update the Board once we have heard.

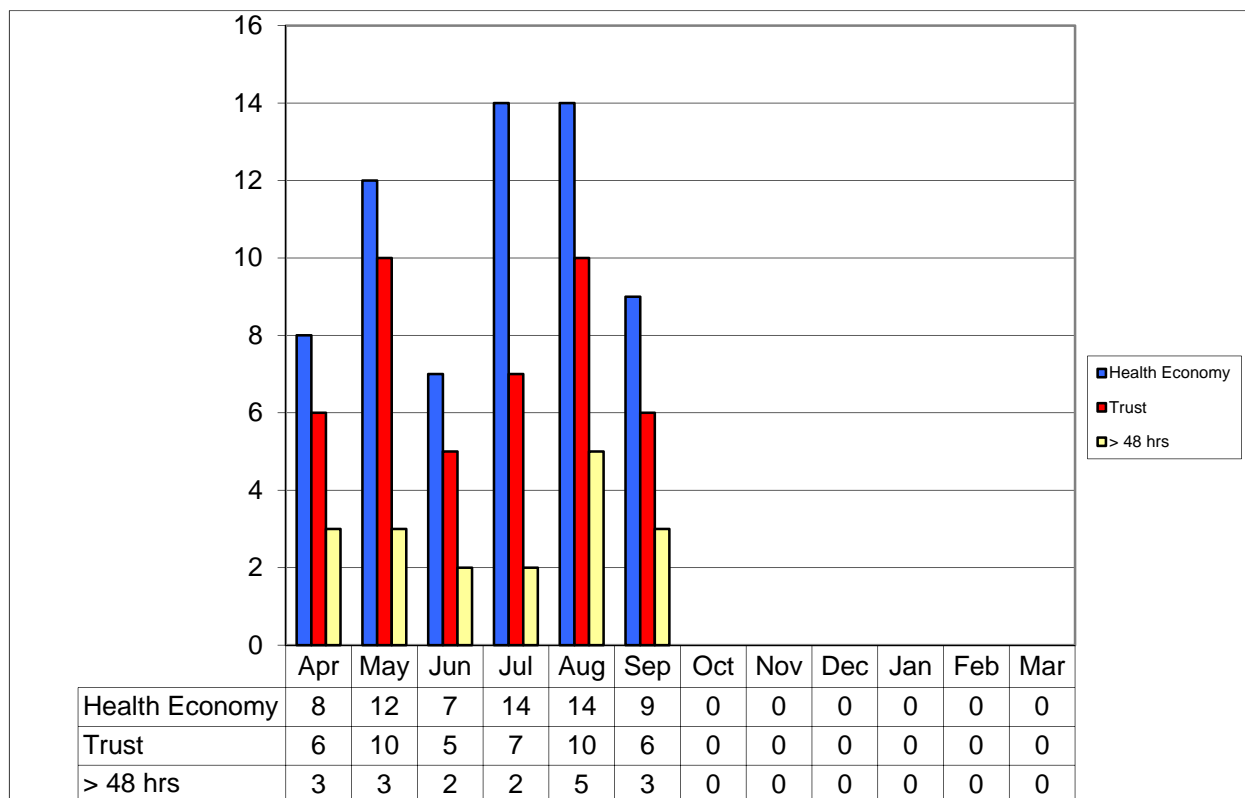
Paper for submission to the Board of Directors on 1st October 2015 - PUBLIC

TITLE:	Infection Prevention and Control Exception Report		
AUTHOR:	Dr E Rees Director of Infection Prevention and Control	PRESENTER:	Mrs D Wardell Chief Nurse
CORPORATE OBJECTIVE:			
<p>SO1 – Deliver a great patient experience SO2 – Safe and caring services SO3 – Drive service improvements, innovation and transformation SO4 – Be the place people chose to work SO6 – Plan for a viable future</p>			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • 1 post 48 hr MRSA bacteraemia cases • No Norovirus cases • No outbreaks or incidents • At end of month 6 the Trust is 5 cases over trajectory for this point in the year of 13 cases of post 48 hr C. difficile 			
IMPLICATIONS OF PAPER:			
RISK	Yes		Risk Description: Failing to meet minimum standards
	Risk Register: Yes		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Yes	Details: Safe and effective care
	Monitor	Yes	Details: MRSA and C. Difficile targets
	Other	Yes	Details: Compliance with Health and Safety at Work Act.
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		√	
RECOMMENDATIONS FOR THE BOARD:			
To receive the report and note the contents.			

Summary:

Clostridium Difficile – The target for 2015/16 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. At the time of writing (23.9.15) we have 3 post 48 hour cases recorded in September 2015.

C. DIFFICILE CASES 2015/16



The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a ‘lapse in care’ (resulting in a case being described as ‘avoidable/unavoidable’) as described in the revised national guidance¹, continues. Of the 18 post 48 hour cases identified since 1st April 2015, 11 cases have so far been reviewed by the apportionment panel and 6 of these were deemed as avoidable. The main themes identified are: delay in sending sample, delay in isolation, poor documentation and incomplete stool charts.

There has been a period of increased incidence (PII) of post 48 hr C. difficile on C1 with 3 cases being identified – ribotyping results received on the first two cases so far do not indicate cross infection.

MRSA bacteraemia (Post 48 hrs) – There has been 1 post 48 hour MRSA bacteraemia case identified. This will be subject to the national PIR process, which has commenced.

Norovirus - no further cases.

Reference

1. *Clostridium difficile* infection objectives for NHS organisations in 2014/15 and guidance on sanction implementation, Public Health England.

The Dudley Group 
NHS Foundation Trust

Paper for submission to the Board of Directors on 1st October 2015

TITLE:	Monthly Nurse/Midwife Staffing Position – August 2015		
AUTHOR:	Derek Eaves, Professional Lead for Quality Yvonne O'Connor, Deputy Chief Nurse	PRESENTER:	Dawn Wardell Chief Nurse
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience			
SO2: Safe and Caring Services			
SO4: Be the place people choose to work			
SUMMARY OF KEY ISSUES:			
<p>Attached is the latest monthly information on nurse/midwife staffing. As previously stated, there is no set template for this information and so the intention behind the format of the attached has been to make potentially complex information as clear and easily understandable as possible. It is worth noting that a new electronic system of collecting this data was commenced in June and to ensure consistency the same data is now used to source the monthly UNIFY return which results in the information on fill rates that is published on NHS Choices.</p> <p>The paper indicates for the month of August 2015 when day and night shifts on all wards were staffed to planned levels (green) and were not staffed to the planned levels for both registered (amber) and unregistered staff (blue), with the day shift registered figures also taking into consideration the nationally recommended 1:8 nurse to patient ratio for general wards. It also indicates if planned levels were not reached for registered and unregistered staff but the dependency or number of patients was such that the extra staff needed was not available and when levels were below agreed numbers. The total number of shortfall shifts was 70 in August. The increased number of shortfall shifts in August, compared to previous months, was mainly due to the situation in four areas and this is discussed in the accompanying paper.</p> <p>The planned levels for each ward vary dependent on the types of patients and their medical specialities and national ratios apply to specialist areas such as intensive care, midwifery and paediatric areas. When shortfalls occurred the reasons for gaps and the actions being taken to address these are outlined and an assessment of any impact on key quality indicators has been undertaken.</p>			
IMPLICATIONS OF PAPER:			
RISK	Y		Risk Score and Description: Nurse staffing levels are sub-optimal (20) Loss of experienced midwives (15)
	Risk Register: Y		
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: 13: Staffing
	Monitor	Y	Details: Compliance with the Risk Assessment Framework
	Other	N	Details:
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		✓	
RECOMMENDATIONS FOR THE BOARD:			
To discuss and review the staffing situation and actions being taken and agree to the publication of the paper.			

THE DUDLEY GROUP NHS FOUNDATION TRUST

Monthly Nurse/Midwife Staffing Position

August 2015

One of the requirements set out in the National Quality Board Report 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitments set out in 'Hard Truths', is the need for the Board to receive monthly updates on staffing information.

The paper endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the recommended ratio on general wards of 1:8 on day shifts (there is no recommended ratio for night shifts) and also the number of occurrences when staffing levels have fallen below the planned levels for both registered and unregistered staff. It should be noted that these occurrences will not necessarily have a negative impact on patient care

The attached charts follow the same format as previously. They indicate for this month when day and night shifts on all wards fell below the optimum, or when the 1:8 nurse to patient ratio for general wards on day shifts was not achieved.

In line with the recently published NICE (2014) guideline on safe staffing:

- 1) An establishment (an allocated number of registered and care support workers) is calculated for general wards based on a combination of the results of the six monthly Safer Nursing Care Tool exercise and senior nurse professional judgement both based on the number and types of patients on that ward (with the Board receiving a six monthly paper on this). For areas such as midwifery, critical care and paediatrics other specialist tools are used. The establishment forms a planned number of registered and care support workers each shift.
- 2) Each six weeks the Lead Nurse/Midwife draws up a duty rota aimed at achieving those planned numbers.
- 3) Each shift the nurse/midwife in charge assesses if the staff available meet the patients' nursing/midwifery needs.

If, at anytime, there is a shortfall between the planned for that shift and the staff available a clear escalation process is in place.

Starting in June 2015, following each shift, the nurse/midwife in charge now completes a spreadsheet indicating the planned and actual numbers and, if the actual doesn't meet the planned, what actions have been taken, if any is needed, for the patients on that shift. Each month the completed spreadsheet is checked by the Matron then staff in the Nursing Division analyse the data and the attached charts are compiled. In addition, for consistency purposes the data from the spreadsheet is now used for the UNIFY return from which the fill rates are published on NHS Choices.

It can be seen from the accompanying chart that the number of shifts identified as amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available), blue (shortfall of unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available) or red (serious shortfall) is 70. This figure can be compared with previous months (see Table 1). The higher numbers this month come mainly from four areas. Staff on ward A3 (13 shifts) have had to assist with the opening of the eight beds on A1 which has occurred due to capacity issues although there have been no safety issues. With regards to Ward B3 (10 shifts) there have been 14 beds closed throughout the month resulting in the number of remaining beds/patients tipping the 1:8 ratio to 1:9:6 but with no resultant associated safety issues.

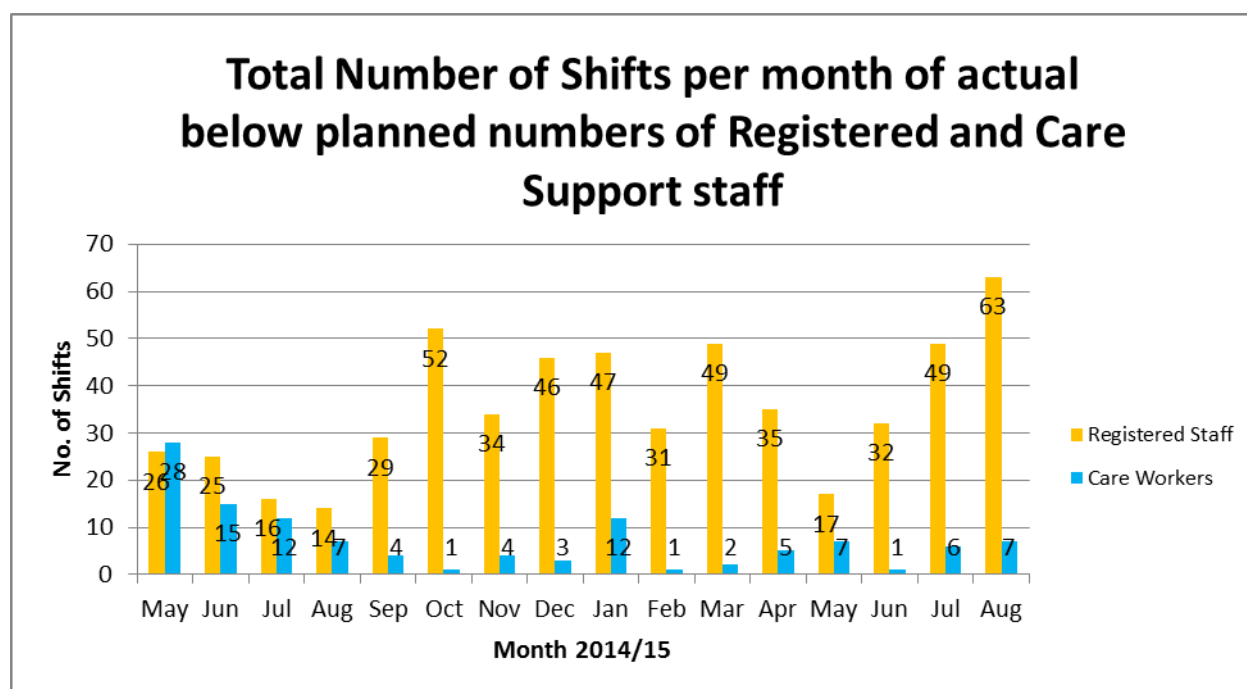
The third area is C1 (10 shifts) which has 10 vacancies although there some staff commencing in October. Finally, is the Maternity (10 shifts) area, which is in fact an improved picture from last month when there were 21 shifts. The maternity shortfalls are reducing with the recent successful recruitment drive starting to bear fruit.

Returning to the complete Trust picture, overall there were no serious shortfalls (red) and the staffing available met the patients' nursing needs in the majority of cases but, in a number of instances, despite attempts through the use of redeployment of staff or the use of bank/agency staff, the optimum number of staff for the patients on that shift were not reached. In all instances of shortfalls, the planned and actual numbers are indicated.

When shortfalls in the 1:8 RN to patient ratio for day shifts on general wards or when shifts have been identified as below optimum; the reasons for the gaps and the actions being taken to address these in the future are outlined below.

An assessment of any impact on key quality indicators is undertaken each month. From as far as possible as it is to ascertain, these shortfalls have not affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. In addition, there is no evidence that they have affected patient feedback in terms of the answers to the real time surveys or in the number of concerns or complaints received.

Table 1



Nice (2014) Safe Staffing for nursing in adult in-patient wards in acute hospitals (London: July 2014)

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS AUGUST 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	2	CSW	Vacancy x2	On one occasion the two bank staff cancelled their shifts and so the work was distributed equally among the four remaining CSWs with close supervision from the RNs. On the other occasion, three expected bank staff did not attend. A CSW from the discharge lounge then assisted. On both occasions safety was maintained.
A3	13	RN	Vacancy, Staff shortage in other area, Sickness	Bank and agency did not fill. Risk assessment of patient caseload undertaken and nurse in charge took a caseload of patients. No patient safety issues.
B1	2	RN	Booked bank staff sickness, Vacancy	On both occasions there were only 7 patients on the ward and so with the assistance of the CSW on duty safety was maintained.
B2T	1	RN	Vacancy and booked bank staff cancelled shift x1	With the number and dependency of patients on the ward no safety issues occurred although some care requirements were delayed.
B3	10	RN	Vacancy, Maternity Leave, Sickness	The ward had 14 beds closed through this period. On occasions, nurses from other wards assisted but the staff to patient ratio was 1:9.6. Patient safety was maintained.
B4	7 2	RN CSW	Vacancy, Maternity Leave, Sickness	Bank unable to fill all of these shifts but with the dependency of the patients present on the ward safety was maintained with an RN ratio of 1:9.6 on five occasions and 1:12 on two occasions
C1	10	RN	Vacancy, Sickness	On one occasion lead nurse worked clinically. Staff allocated appropriately. Bank unable to fill. No patient safety issues.
C3	4	RN	Vacancy x4	Bank and agency were unable to fill. On one occasion extra CSWs employed and on one occasion lead nurse worked clinically. Patient safety maintained.
C5	3	RN	Vacancy, Sickness	Bank unable to fill. On two occasions extra CSWs employed. Safety maintained.
C6	3 2	RN CSW	Vacancy x1, Staff moved x4	The shortages for the 3 RN shifts were due to a vacancy and two staff being moved to assist elsewhere with the remaining staff being able to provide the necessary care to patients. With the CSW shortages there were some delay in care being given but no safety issues.
C7	1	CSW	Sickness and Vacancy	Bank unable to fill. Staff redeployed appropriately. Some care was delayed but no patient safety issues.
Maternity	10	RM	Vacancy Maternity leave	Escalation policy enacted on all occasions, community midwives and RNs helped on 3 shifts and on one occasion 2 midwives came in from home. No patient safety issues occurred. On two occasions there were delayed inductions of labour.

Aug-15

SHIFT

WARD	STAFF	SHIFT																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
WARD A2	Reg																																	
	Unreg	6/4																																
WARD A3	Reg					3/2																												
	Unreg							3/2					3/2	3/2																				3/2
WARD A4	Reg																																	
	Unreg																																	
WARD B1	Reg																																	
	Unreg																																	
WARD B2 HIP	Reg																																	
	Unreg																																	
WARD B2 TRAUMA	Reg																																	
	Unreg																																	
WARD B3	Reg																																	
	Unreg																																	
WARD B4	Reg																																	
	Unreg																																	
WARD B5	Reg																																	
	Unreg																																	
WARD B6	Reg																																	
	Unreg																																	
WARD C1	Reg																																	
	Unreg																																	
WARD C2***	Reg																																	
	Unreg																																	
WARD C3	Reg																																	
	Unreg																																	
WARD C4	Reg																																	
	Unreg																																	
WARD C5	Reg																																	
	Unreg																																	
WARD C6	Reg																																	
	Unreg																																	
WARD C7	Reg																																	
	Unreg																																	
WARD C8	Reg																																	
	Unreg																																	
CCU/PCCU	Reg																																	
	Unreg																																	
EAU	Reg																																	
	Unreg																																	
MHDU	Reg																																	
	Unreg																																	
CRITICAL CARE*	Reg																																	
	Unreg																																	
NEONATAL**	Reg																																	
	Unreg																																	
MATERNITY****	Reg	18/16	18/16		19/18	18/14																												
	Unreg																																	

Key ■ Serious Shortfall ■ Registered nurse/midwife shortfall ■ Care Support Worker shortfall

* Critical Care has 6 ITU beds and 8 HDU beds
 ** Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered staf
 *** Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires can
 **** Midwifery registered staffing levels are assessed as the midwife: birth ratio and is compliant with the 'Birthrate +' staffing assessment
 Any coloured shifts without numbers indicate that the planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available

Paper for submission to the Board of Directors on 1st October 2015

TITLE:	Integrated Performance Report		
AUTHOR:	Anne Baines, Director of Strategy and Performance	PRESENTER	Anne Baines, Director of Strategy and Performance
CORPORATE OBJECTIVE: SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have			
SUMMARY OF KEY ISSUES: Attached is the Integrated Performance Report for the period to August 2015. Overall performance continues to be good, particularly with regard to the Emergency Access target (4 hours) where we remain amongst the best organisations in the country. We are also performing well against the national 18 week standard for Referral to Treatment Times although changes to this indicator will impact on future levels of performance Performance for the cancer 62 day target has fallen below target and will breach the Quarter 2 standards. This is predominantly as a result of the activity at Royal Wolverhampton Trust where the backlog activity is being undertaken and we share the breach for the overall pathway performance. Continued escalation of performance management has been instigated with weekly meetings for the Division with the Director of Strategy and Performance and Chief Operating Officer. The other emerging risk area is for Healthcare Acquired Infections where the Clostridium Difficile cases increase above the target level in August to 5. The Chief Nurse has developed an action plan, to address the issues. It is however unknown whether recovery of the year end position will be possible given the target number.			
IMPLICATIONS OF PAPER:			
RISK	N		Risk Description:
	Risk Register: Y/N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details: (Please select from the list on the reverse of sheet)
	Monitor	Y	Details: Poor performance would result in the Trust being in breach of licence
	Other	N	Details:
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
x		x	
RECOMMENDATIONS FOR THE BOARD Board of Director is asked to note the contents of the Integrated Performance Report for August 2015			

Trust Board of Directors 1st October 2015

Integrated Performance Report - August 2015

1. Introduction

This paper aims to present to the Board of Directors performance against the key areas, highlighting areas of good performance and identifying areas of exception together with the actions in place to address them.

2. Integrated Performance Report

The report for the period April 2015 to August 2015 is enclosed for consideration at Appendix 1. This month we have included an assessment of potential year end performance. The request to include a comparison with the previous years forecast out turn position will be included in the next report.

Overall the Trust continues to perform well against the majority of key indicators. Areas to highlight include

- The target percentage of people recommending services using the Friends and Family Test on ward areas and in maternity services has improved
- Delivery of the emergency access target (4hrs) where the Trust is consistently performing amongst the top organisations in the country
- Achievement of all three Referral to Treatment (RTT) 18 week targets
- Fluctuating performance against mandatory training rates and appraisal rates
- Levels of sickness continue to reduce in and is below target for the first time in 2015/16

Those areas requiring further attention include

- Delivery of Clostridium Difficile (C-Diff) target (15 cases against expected 11 cases)
- The Friends & Family measure of how many responses are collected (the footfall) remains below that required in some areas. Further work is underway to ensure that the data included is relevant to the key area. The proposed solution to increasing the response rate is the introduction of a two way texting system which is being scoped
- Outpatient activity – continues to underperform in total for the year to date. The plan has been set on working days however the actual activity will be affected by annual leave of key staff. Within outpatient activity for procedures is below plan particularly in Ophthalmology and Orthodontics, the latter due to having a substantive medical vacancy. Interviews originally planned will now take place in October 2015.

- Community activity continues to be below target due to vacant community nursing posts. Recruitment into these posts continues although it is not expected that this will recover the under-performance by the year end.

3. Cancer

The Board have previously been updated on concerns about achieving the following 2 cancer targets

- 62 day treatment following national screening referral
- 62 day urgent GP referral to treatment

Data for these indicators is provisional for 2 months given the level of validation required for each patient pathway. It is possible to report an interim forecast for August based on the internal assessment.

Performance has fallen below target and will breach the Quarter 2 standards. Breach to target times is based on the pathway of patients which include treatment begun in Russells Hall Hospital and completed in New Cross Hospital. Many of these are complex pathways. Our fall in performance is exacerbated by the activity at New Cross where the backlog activity is being undertaken and we share the breach for the overall pathway performance.

The performance of this target continues to be raised with the Division through direct management lines, weekly escalation meeting with the Directors and the Divisional Performance Review meetings. In addition the Finance and Performance Committee have received separate updates.

4. Clostridium Difficile (CDiff)

Historical performance of the Trust against this target is good. This resulted in a target being set nationally of no more than 29 cases in 15/16 (compared with performance of 38 in 14/15).

August saw an increase in the number of cases within the Trust (5 against a target of 2 in month). The Chief Nurse has produced an action plan and work to date has not identified a systematic failure in the system. The issue has been discussed at Clinical Quality, Safety and Patient Experience Committee and Performance and Finance Committee, where it was agreed a detailed report be presented, if necessary, in December 2015 based on performance at that time.

5. Recommendation

Trust Board of Directors is asked to:

- a. Note the contents of the report

Anne Baines
Director of Strategy and Performance

Dudley Group NHS Foundation Trust
Integrated Performance Dashboard 2015/16

2015/16 | All Divisions | All Directorates | Indicators - Key Only

Quality And Risk															
Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	EOF
Friends & Family – Community – Footfall	0%	0%	1%	1%	1%	-	-	-	-	-	-	-	1%	%	●
Friends & Family – Community – Recommended %	97%	98%	96%	96%	94%	-	-	-	-	-	-	-	96%	%	●
Friends & Family – ED – Footfall	8%	15%	12%	7%	6%	-	-	-	-	-	-	-	10%	15%	●
Friends & Family – ED – Recommended %	90%	90%	92%	90%	95%	-	-	-	-	-	-	-	91%	95%	●
Friends & Family – Maternity – Footfall	23%	22%	21%	20%	22%	-	-	-	-	-	-	-	22%	15%	●
Friends & Family – Maternity – Recommended %	99%	99%	99%	97%	99%	-	-	-	-	-	-	-	98%	84%	●
Friends & Family – Outpatients – Recommended %	84%	82%	82%	88%	90%	-	-	-	-	-	-	-	85%	%	●
Friends & Family – Ward – Footfall	16%	16%	14%	15%	20%	-	-	-	-	-	-	-	16%	25%	●
Friends & Family – Ward – Recommended %	96%	97%	98%	97%	99%	-	-	-	-	-	-	-	98%	95%	●
Incidents - Patient Falls, Injuries or Accidents	127	116	116	103	97	-	-	-	-	-	-	-	559		●
Incidents - Pressure Ulcer	187	163	182	150	120	-	-	-	-	-	-	-	802		●
Never Events	0	0	0	0	0	-	-	-	-	-	-	-	0	0	●
Rates of Clostridium Difficile	3	3	2	2	5	-	-	-	-	-	-	-	15	11	●
Serious Incidents - Action Plan overdue	46	31	37	24	32	-	-	-	-	-	-	-	170		●
Serious Incidents – Not Pressure Ulcer	6	9	9	10	7	-	-	-	-	-	-	-	41		●
Serious Incidents - Pressure Ulcer	21	20	21	17	17	-	-	-	-	-	-	-	96		●
Stroke - Suspected TIA Scanned < 24hrs of Presentation	95%	100%	91.3%	88.89%	-	-	-	-	-	-	-	-	94.32%	60%	●
Stroke Admissions : Swallowing Assessment	81.25%	83.33%	72.09%	80%	69.81%	-	-	-	-	-	-	-	76.89%	80%	●
Stroke Admissions to Thrombolysis Time	69.23%	61.54%	42.86%	75%	61.54%	-	-	-	-	-	-	-	61.54%	%	●
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)	94.23%	92%	92.86%	94.34%	86.79%	-	-	-	-	-	-	-	92%	80%	●
Zero Tolerance MRSA	0	0	0	0	0	-	-	-	-	-	-	-	0	0	●
Finance															
Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	EOF
Budgetary Performance	£279k	£535k	£70k	£135k	£906k	-	-	-	-	-	-	-	£1,925k	£0k	●
Capital v Forecast	100%	98.6%	99.7%	93.7%	74.5%	-	-	-	-	-	-	-	74.5%	95%	●
Cash v Forecast	97.9%	104.9%	108.1%	87%	93.5%	-	-	-	-	-	-	-	93.5%	95%	●
Debt Service Cover	0.72	0.93	1.05	1.13	1.01	-	-	-	-	-	-	-	1.01	2.5	●
EBITDA	£1,076k	£1,885k	£2,079k	£2,137k	£829k	-	-	-	-	-	-	-	£8,005k	£6,406k	●
I&E (After Financing)	(£783)k	(£123)k	£183k	£201k	(£1,124)k	-	-	-	-	-	-	-	(£1,646)k	(£3,274)k	●
Liquidity	6.1	5.76	5.41	6.28	5.16	-	-	-	-	-	-	-	5.16	0	●
SLA Performance	£1,052k	£575k	£556k	(£611)k	(£499)k	-	-	-	-	-	-	-	£1,073k	£0k	●
SLR Performance	(£782)k	(£123)k	£184k	£201k	(£1,122)k	-	-	-	-	-	-	-	(£1,644)k	£0k	●

Dudley Group NHS Foundation Trust
Integrated Performance Dashboard 2015/16

Performance																
Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	EOF	
A&E - A&E Attendances Seen Within 4 Hours (%)	98.6%	98.8%	99.1%	99.3%	98.5%	-	-	-	-	-	-	-	98.9%	95%	●	
Activity - A&E Attendances	7,895	7,940	8,137	8,052	7,711	-	-	-	-	-	-	-	39,735	32,962	●	
Activity - Community Attendances	34,406	33,080	35,059	36,352	30,924	-	-	-	-	-	-	-	169,821	179,224	●	
Activity - Elective Day Case Spells	3,671	3,461	4,032	4,001	3,442	-	-	-	-	-	-	-	18,607	18,126	●	
Activity - Elective Inpatients Spells	482	525	580	579	509	-	-	-	-	-	-	-	2,675	2,935	●	
Activity - Emergency Inpatient Spells	4,424	4,280	4,180	4,205	4,118	-	-	-	-	-	-	-	21,207	20,191	●	
Activity - Outpatient First Attendances	10,660	10,095	11,464	12,331	10,337	-	-	-	-	-	-	-	54,887	50,073	●	
Activity - Outpatient Follow Up Attendances	26,231	24,458	28,016	27,545	23,921	-	-	-	-	-	-	-	130,171	134,106	●	
Activity - Outpatient Procedure Attendances	4,308	3,957	4,833	4,538	3,470	-	-	-	-	-	-	-	21,106	23,954	●	
Cancer - 14 day - Urgent Cancer GP Referral to date first seen	97.7%	96.4%	95.5%	95.4%	93.7%	-	-	-	-	-	-	-	95.8%	93%	●	
Cancer - 14 day - Urgent GP Breast Symptom Referral to date first seen	100%	98.7%	100%	97%	96.7%	-	-	-	-	-	-	-	98.6%	93%	●	
Cancer - 31 day - from diagnosis to treatment for all cancers	100%	100%	100%	100%	99.2%	-	-	-	-	-	-	-	99.9%	96%	●	
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	-	-	-	-	-	-	-	100%	98%	●	
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	100%	100%	100%	100%	100%	-	-	-	-	-	-	-	100%	94%	●	
Cancer - 62 day - From Referral for Treatment following national screening referral	82.4%	91.3%	95.2%	100%	93.8%	-	-	-	-	-	-	-	92.1%	90%	●	
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	83.6%	81.9%	88.5%	83.8%	82.9%	-	-	-	-	-	-	-	84.5%	85%	●	
RTT - Admitted Pathways within 18 weeks %	95.2%	95.3%	96.1%	95.6%	96.1%	-	-	-	-	-	-	-	95.7%	90%	●	
RTT - Incomplete Waits within 18 weeks %	95%	95.2%	95.2%	95.6%	94.9%	-	-	-	-	-	-	-	95.2%	92%	●	
RTT - Non-Admitted Pathways within 18 weeks %	97.7%	97%	98%	98.3%	98.1%	-	-	-	-	-	-	-	97.9%	95%	●	
Staff/HR																
Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	EOF	
Appraisals	88%	80.6%	81.5%	80.8%	80.3%	-	-	-	-	-	-	-	80.3%	90%	●	
Mandatory Training (Substantive)	81.53%	82.13%	82.8%	82.35%	83.51%	-	-	-	-	-	-	-	83.51%	90%	●	
Sickness Rate (Performance Dashboard)	3.52%	3.73%	3.70%	3.51%	3.20%	-	-	-	-	-	-	-	3.53%	3.50%	●	
Staff In Post (Contracted WTE)	4,095.77	4,077.64	4,050.2	4,024.21	4,022.95	-	-	-	-	-	-	-	4,022.95		●	
Vacancy Rate	8.49%	8.87%	9.58%	10.17%	10.40%	-	-	-	-	-	-	-	10.40%	%	●	

Paper for submission to the Board of Directors
On 1 October 2015

TITLE	Performance Report August (Month 5)		
AUTHOR	Paul Taylor Director of Finance and Information	PRESENTER	Jonathan Fellows F & P Committee Chairman
CORPORATE OBJECTIVE: S06 Plan for a viable future			
SUMMARY OF KEY ISSUES: Summary reports from the Finance and Performance Committee meeting held on 24 September 2015			
RISKS	Risk Register	Risk Score	Details:
		Y	Risk to achievement of the overall financial target for the year
COMPLIANCE	CQC	Y	Details: CQC report 2014 now received, and Trust assessed as “Requires Improvement” in a small number of areas.
	NHSLA	N	
	Monitor	Y	The Trust remains on monthly monitoring by Monitor. Monitor has confirmed that the Trust is in breach of its authorisation conditions regarding future financial sustainability. Undertakings have been signed by Trust to resolve this position
	Other	Y	Details: Significant exposure to performance fines by commissioners

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

The Board is asked to note the contents of the report.

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	24 September 2015	Jonathan Fellows	yes	no
yes				
Declarations of Interest Made				
None				
Assurances Received				
<ul style="list-style-type: none"> • Good progress being made in the first week of workshops established to scope the hospital and community processes – which will be used to establish the functional content for any new clinical information systems • The Surgical division gave assurances about their current financial position; the activity and performance; manpower indicators and some future aspirations • The Month 5 financial position was discussed in great detail, together with the risks to the out-turn position • The changes to the cash and balance sheet position were noted • The position on a range of Key Performance Indicators was discussed – particular emphasis on the cancer targets and CDiff • The Transformation Plan 2015-16 progress to date was noted as being “on target” to achieve £16m savings. The position for the 2016-17 savings scheme was discussed with the need to produce PIDs for each scheme by November 2015. 				
Decisions Made / Items Approved				
<ul style="list-style-type: none"> • Agreed to the purchase of Soarian 3.4 rather than the upgrade to Soarian 4.0 – which would extend the supported life of the EPR until January 2018. • Agreement not to extend the working capital facility • Agreed that the additional winter plan spending in 2015-16 would be the winter ward (A1) which is already accounted for in year-end forecasts, together with a budget for Spot Purchasing care home beds of £200,000 which is not currently budgeted for • Confirm that the Trust Board supporting the NHS Providers position on the 2016-17 Tariff regarding the change to the objection process. 				

Actions to come back to Committee
<ul style="list-style-type: none">• Agreed to review progress on the plan to manage C Diff incidents in 2015-16 given the low target and the potential significant fines in 2-3 months.
Items referred to the Board for decision or action
None