The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 2 June, 2016 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**		J Ord	To Note	9.30
2.	**Declarations of Interest**		J Ord	To Note	9.30
3.	**Announcements**		J Ord	To Note	9.30
4.	**Minutes of the previous meeting**				
	4.1 Thursday 5 May 2016	Enclosure 1	J Ord	To Approve	9.35
	4.2 Action Sheet 5 May 2016	Enclosure 2	J Ord	To Action	9.35
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 Chief Nurse Report	Enclosure 4	D Wardell	To Note & Discuss	10.00
	7.2 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 5	D Wulff	To Note & Discuss	10.10
	7.3 Black Country Alliance Report	Enclosure 6	T Whalley	To Note	10.20
	7.4 Workforce and Staff Engagement Committee Exception Report	Enclosure 7	J Atkins	To Note	10.30
	7.5 Audit Committee Report	Enclosure 8	R Miner	To Note/ Approve	10.40
	7.6 Quality Accounts	Enclosure 9	D Wardell	To Note	10.50
	7.7 Research and Development Report	Enclosure 10	J Neilson	To Note	11.00
8.	**Finance and Performance**				
	8.1 Finance and Performance Committee Exception report	Enclosure 11	J Fellows	To Note & Discuss	11.10
	8.2 Cost Improvement Programme and Transformation Overview Report	Enclosure 12	A Baines	To Note	11.20
9.	**Any other Business**				11.30
10.	**Date of Next Board of Directors Meeting** 9.30am 7 July 2016 Clinical Education Centre		J Ord		11.30

11.	**Exclusion of the Press and Other Members of the Public** 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).		J Ord		11.30

Enclosure 1

The Dudley Group NHS
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 5th May, 2016 at 9:30am in the Clinical Education Centre.

Present:

Jenni Ord, Chairman
Richard Miner, Non Executive Director
Paul Taylor, Director of Finance and Information
Julian Atkins, Non Executive Director
Paula Clark, Chief Executive
Paul Bytheway, Chief Operating Officer
Dawn Wardell, Chief Nurse
Doug Wulff, Non Executive Director
Ann Becke, Non Executive Director
Jonathan Fellows, Non Executive Director
Paul Harrison, Medical Director

In Attendance:

Helen Forrester, PA
Liz Abbiss, Head of Communications and Patient Experience
Glen Palethorpe, Director of Governance/Board Secretary
Anne Baines, Director of Strategy and Performance
Raj Paw, OD Clinical Lead (Item P16/052.4)

16/045 Note of Apologies and Welcome
9.43am

No apologies received.

16/046 Declarations of Interest
9.43am

There were no declarations of interest.

16/047 Announcements
9.44am

No announcements made.

16/048 Minutes of the previous Board meeting held on 7th April, 2016 (Enclosure 1)
9.44am

The Chairman highlighted a spelling error of the word "midwives" on page 4 of the minutes. With this amendment the minutes of the previous meeting were agreed by the Board as a true and correct record of the meetings discussion and signed by the Chairman.

16/049 Action Sheet, 7th April, 2016 (Enclosure 2)
9.46am

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

16/050 Patient Story
9.46am

Liz Abbiss, Head of Communications and Patient Experience, presented the patient story.

The patient had an emergency admission through ED onto ward B4. The patient also had experience of Maternity services.

The Chairman and Board noted the story and very positive comments.

16/051 Chief Executive's Overview Report (Enclosure 3)
9.51am

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

- **Friends and Family:** Mrs Becke, Non Executive Director, asked if there had been any progress with the text service. Liz Abbiss confirmed that the implementation date had been confirmed as 13th June, 2016. The Chief Executive commented that the Trust continues to perform well. The Chairman asked about response rates and how we compare with other Trusts. Liz Abbiss confirmed that the Trust is on a par with its peers. The Chief Operating Officer asked if the texting service would be used everywhere. Liz confirmed that the service is being rolled out into ED and then across other areas. The Medical Director commented that the Trust does extremely well for its recommended rates.

- **Junior Doctors Contract Update:** A full strike took place for the first time ever by junior doctors the previous week. The Junior Doctors would like to see that the Board has had an opportunity to discuss the dispute and the contract. The Chief Executive stressed that the dispute is not with the Trust. The Trust is being directed to implement the contract by its regulators from August. The Trust is currently undertaking impact assessments of the contract but these are not completed. The Medical Director reiterated that this is not a dispute between the Trust and its Junior Doctor colleagues. The Board noted the risk to the Trust and patients of any prolonged industrial action.

Mr Atkins, Non Executive Director, asked when the Trust will know the results of the equality impact assessments. The Chief Executive confirmed that the Trust had only just received the assessment proforma but they will completed at the earliest opportunity and extra staffing had been provided within Human Resources to undertake this piece of work. The Chairman asked if the results of the assessments would feed into the Workforce and Clinical Quality, Safety and Patient Experience Committees. The Chief Operating Officer confirmed that the service impact assessments will be completed by the following Wednesday. Mr Miner, Non Executive Director, asked if there had been any independent analysis on the contract. The Chairman advised that Royal Colleges had suggested an independent assessment. The Chief Executive confirmed there is likely to be a financial impact on the Trust of around £1.5m. Mrs Becke, Non Executive Director, asked about the Guardian role. The Medical Director confirmed that there had been one applicant for the role. The Guardian will have the ability to raise any concerns directly with the Board. Dr Wulff, Non Executive Director, asked about any concerns regarding training for junior doctors. The Medical Director confirmed that there is a concern about the impact on training. There is also an issue around educational commitments and the number of days that junior doctors are required to work. The Chief Executive confirmed that the Trust is working towards implementation but will continue to work closely with Junior Doctor colleagues. Mr Fellows, Non Executive Director, suggested that the Finance and Performance Committee also need to consider any cost impact on the Trust.

The Chairman and Board noted the report.

Results of the impact assessments to be reported to the Workforce, Clinical Quality, Safety and Patient Experience and Finance and Performance Committees.

16/052 Patient Safety and Quality

16/052.1 Chief Nurse Report (Enclosure 4)
10.18am

The Chief Nurse presented her report given as Enclosure 4.

The Chief Nurse presented on the key issues relating to infection control, including:

MRSA: No post 48 hr MRSA bacteraemia cases since 27th September, 2015.

C.Diff: Two cases in April 2016. These were yet to be apportioned but the Trust was well within trajectory for April as the ceiling is 3 cases associated with lapses in care.

Norovirus: No cases to note.

The Chief Nurse presented on the key issues relating to safer staffing, including:

- Amber shifts (shortfall) had shown a small decrease to 70, this level is still due to additional capacity open and fill rates from bank and agency.

- Maternity saw a rise in amber shifts in March to 20.

- The new RAG rating system had been trialled in C7 during March, three red (serious shortfall) shifts in the month but no safety issues identified with these or any of the other amber shifts that affected quality of care. Patient safety continues to be the Trust's highest priority. The Board noted the new reporting measure. Mr Miner, Non Executive Director, asked if there was any evidence around risk relating to staffing levels. The Chief Nurse commented that it is not purely number based but safe care. Mr Atkins, Non Executive Director, asked about the vacancies on C7. The Chief Nurse confirmed that the ward was short by one nurse but the dependency level number had risen.

- A benchmark review on fill rates provided by Unify had been carried out using local Trusts and Dudley was noted to be comparable.

- 108 Philippine nurses had been offered posts. IELT tests will be undertaken and the first cohort is expected in December, 2016.

- A local recruitment event is planned for 14th May, 2016.

The Chief Nurse presented on the key issues relating to Nursing Care Indicators, including:

- There had been 8 escalations to level 3. Improvement had been seen in other areas.

The Chairman and Board noted the report and the performance around infection control and noted the safer staffing actions.

16/052.2 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 5)
10.34am

Dr Wulff, Committee Chair, presented the Clinical Quality Safety Patient Experience Committee Exception Report, given as Enclosure 5. The Board noted the following key areas from the previous meeting:

- Assurances Received: Negative assurance was provided in respect of the Trust reviewing Policies in line with their planned review dates, some of the 37 policies due for review will not be completed in May. Positive assurance was received around the dissemination of learning into the organisation. Operational Management Assurance was provided in respect of the TTO review undertaken at the request of the Board. The Committee had asked for the detailed action plan to come back to the next Committee meeting.

- Actions back to the Committee: Policies that were due for review but have not been reviewed within their expected timescales, progress on the joint RCA Process Improvement Action Plan with the CCG, information on the performance against the Stroke and 62 day Cancer specific indicators, the detailed action plan resulting from the TTO audit review and the National In-Patient survey results.

- Decisions Made: The Board ratified the decision of the Committee that its Chair, Dr Wulff, be the nominated Trust Non Executive member of the Maternity Quality Improvement Board.

The Chairman and Board noted the report and the assurances received.

16/052.3 End of Life and Palliative Care Group Summary Report (Enclosure 6) 10.39am

Dr Wulff, Group Chair, presented the End of Life and Palliative Care Group Summary Report, given as Enclosure 6. The Board noted the following key areas from the meeting on 12th April, 2016:

Dr Wulff confirmed that this is a cross health economy group.

- Assurances Received: Progress on workstreams.

- Negative Assurances Received: Electronic Palliative Care Coordination Systems (EPaCCs) still awaiting decision on funding following CCG value proposition discussion. Bereavement workstream working towards a clear action plan.

- Decisions Made/Items Approved: The Committee approved the Palliative Care Strategy. The Strategy on a page was tabled to Board members.

The Chairman and Board noted the approval of the Palliative Care Strategy and recognised the risks of failure of IT systems in terms of EPaCCS and noted that the Group will look at a Strategy joint implementation plan.

The Director of Governance/Board Secretary confirmed that the Plan will be taken to the Annual Members meeting in July.

The Chairman and Board noted the report.

16/052.4 Organ Donation Committee Report (Enclosure 7) 10.44am

Dr Raj Paw, Organ Donation Clinical Lead presented the Organ Donation Committee Report, given as Enclosure 7.

The Board noted the following key areas:

Challenging year for the Committee due to the OD Clinical Nurse's maternity leave.

The Trust did not achieve the 100% specialist nurse involvement in approaching families target on the action plan. The Board noted that only two patients had been suitable, a Specialist nurse was involved with one family but not the other.

All other targets had been achieved 100%.

NHSBT planning to change the way that Specialist Nurses are involved.

Mrs Becke, Non Executive Director confirmed that the small Organ Donation sculpture was being presented to the Trust by the artist the following Monday. All Board members were welcome to attend the statue giving.

The Chairman confirmed that she was the new Non Executive Director Lead for Organ Donation.

The Chairman and Board noted the report.

16/052.5 Committee/Group Non Executive Director Allocations Report (Enclosure 8) 10.50am

The Director of Governance/Board Secretary presented the Committee/Group Non Executive Director Allocations Report, given as Enclosure 8.

The report was provided to Board members for information.

Board members noted the Non Executive Director allocations to Board sub-committees.

The Chairman and Board noted the report.

16/052.6 Health, Safety and Fire Assurance Report (Enclosure 9) 10.51am

The Chief Operating Officer presented the Health, Safety and Fire Assurance Report, given as Enclosure 9.

The Board noted the following key areas:

- Needlesticks and sharps – The Board noted the reduction in incidents. The Chief Executive confirmed that the Trust had previously received an enforcement notice so this was welcome news. The Chief Operating Officer commented that there is no concern around the number of incidents. The Chief Executive said staff have access to Occupational Health if required.

- The Health and Safety Group was being restructured to provide the organisation with more assurance.

- A Fire review had been undertaken with no major concerns. Mr Fellows, Non Executive Director, asked about the intention to revert to face to face training, and whether this was a retrograde step. The Chief Operating Officer confirmed that discussions were ongoing regarding this decision.

The Chairman and Board noted the report, key areas and the work undertaken by the Trust's Health and Safety Officer.

16/052.7 Complaints and Claims Report (Enclosure 10)
10.57am

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

The Director of Governance/Board Secretary confirmed that the format of the report will change for the new reporting year.

The Board noted the following key points:

- Complaint numbers in total have reduced marginally for the quarter and in year.
- Slight reduction in the number of complaints being referred to the Ombudsman. The Trust checks for learning from referrals.
- There remains a higher number of complaints in the records/appointments category.
- Comparative information included on page 4 of the report and the Trust has a favourable position against its peers.
- Number of complaints remains small at .03%. All complaints are taken seriously and taken into learning events.
- Information detailed within the report on claims. The Board noted that the Trust settles or defends where appropriate.
- No Rule 28 reports made by the Coroner.

Mrs Becke, Non Executive Director, asked about staff morale and that some staff feel that they are complained about excessively and the Trust needs to be conscious of staff morale. The Chief Nurse agreed that the Trust needs to positively reinforce the good work that staff are doing.

The Medical Director commented that there is now more rigour around complaints which is positive but this makes complaints more memorable for staff.

The Director of Governance/Board Secretary confirmed that the learning event will look at compliments as well as complaints.

The Director of Finance and Information asked about clinical negligence claims and the positive position in the report and where there is a sense of an improving position. The Director of Governance/Board Secretary confirmed that there is a mixed element with a lower number of settlements but a higher element to amounts paid.

Mr Fellows, Non Executive Director, stated that it is appropriate to recognise the hard work that has gone into the results in the report. The work and focus by the Trust was clearly paying dividends.

The Chairman and Board noted the report and the improvement to performance.

16/052.8 Black Country Alliance Report (Enclosure 11)
11.12am

The Chief Executive presented the Black Country Alliance Report given as Enclosure 11.

The Report was presented for information.

The Board noted that there had been one Interventional Radiology case the previous weekend.

The Chairman and Board noted the report.

16/052.9 Trust Constitution Annual Review (Enclosure 12)
11.13am

The Director of Governance/Board Secretary presented the Trust Constitution Annual Review, given as Enclosure 12.

The Board noted that the review will be presented to the Council of Governors that evening.

A comprehensive review had been undertaken the previous year. There was a suggestion now included in the Constitution to use electronic voting systems when appropriate.

The Board approved this inclusion.

The Chairman and Board noted the report.

16/053 Finance

16/053.1 Corporate Performance Report (Enclosure 13)
11.15am

Mr Fellows, Committee Chair, presented the Corporate Performance Report, given as Enclosure 13.

The report provided a summary of the April Finance and Performance Committee meeting.

The Board noted the key highlights as follows:

Finance

- The year end financial position was within the existing forecast at £2.59m deficit which was better than forecast and the original planned deficit.

- The year end had finished with £23.5m in cash.

- CIP achieved at £16.7m which is the best ever achievement in a single year.

Performance

- Cancer 62 day target missed in 4th quarter. A recovery plan is in place and early indication is that the April target will be met.

- Stroke missed its target in March for patients spending 90% of their time on the Stroke unit, which was surprising to the Trust as this was the first time the target had been missed for a considerable time. The position was noted to be due to the level of Stroke patients in alternative wards which linked to the high admission demand the Trust was generally experiencing.

- Diagnostic waits target for full year slightly missed by .03% and this also related to capacity issues between August and November. The Trust had met the target consistently since then although this continues to be a challenge due to level of demand.

The Director of Finance and Information confirmed that the Performance Dashboard was appended to the report.

The Chairman commented when looking ahead to the coming year there were clearly some areas for the Trust to prioritise to protect performance. The Director of Strategy and Performance confirmed that in terms of the Annual Plan the Trust was assessing for risk. The Director of Finance and Information commented that the Trust still does not fully understand the workings of the STP fund and that is a risk for the organisation.

The Chairman and Board noted the report and key highlights discussed.

16/053.2 Operational Plan Report (Enclosure 14)
11.24am

The Director of Strategy and Performance presented the Operational Plan Report given as Enclosure 14. The Board noted the following highlights:

- Achievement of key goals for last year. The Trust had succeeded in meeting two thirds of goals and had failed on 4 which actions to address were reported proactively to Board.

- Clinical Strategy. This had been difficult to achieve due to the amount of change but agreement had been reached with the Divisions that the Trust needs to review its current strategy and confirm the position.

- More work to do on "Be the place people choose to work" and appraisals. The Trust is looking to take more active management but this was difficult due to the level of pressure in the system.

- A number of items will roll forward into next year's Plan.

- Internal audit had undertaken a comparative audit on reporting. The Trust had received very helpful feedback and overall the auditors felt the reports to Committees and Board were good.

The Chairman and Board noted the report and key issues and progress and remedial actions taken.

16/053.3 Transformation and Cost Improvement Programme Summary Report (Enclosure 15)
11.28am

The Director of Strategy and Performance presented the Transformation and Cost Improvement Programme Summary Report, given as Enclosure 15.

The Board noted the high level position as follows:

- Delivery of target for 2015/16.

- Key challenge is the 2016/17 target. Value reduced to £11.9m, there is still a gap in schemes to deliver change.

- Revisiting the gap with Divisons and Corporate Directorates to identify additional schemes.

- Recovery plan will be reported to the next Finance and Performance Committee.

- The Trust is hopeful it will close the gap.

- Schemes are a mix of transactional and transformational and there are large pieces of work in the Transformation programme which have a longer lead in time to make savings.

- The Director of Finance and Information commented that the block contract arrangements will be a challenge and will require all Divisions to consider new ways of working.

The Chairman and Board noted the report and noted the challenge with staff capacity to address all the business change and demand the Trust was facing.

16/054 Any Other Business

11.33am

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

16/055 Date of Next Meeting

11.33am

The next Board meeting will be held on Thursday, 2nd June, 2016, at 9.30am in the Clinical Education Centre.

Signed ……

Date ……

Enclosure 2

The Dudley Group NHS
NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors Public Session
Held on 5 May 2016

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
15/124.8	Research and Development	Chief Nurse to resolve the Research Nurse identification issue.	DWa	2/6/16	
		Mr Miner and the Director of Governance/Board Secretary to meet to discuss R&D reporting format for Board and Audit Committee.	RM/GP	2/6/16	Done
16/027.2	Research and Development	The Research and Development Report to be presented to the June Board. The report will focus primarily on strategic issues.	JN	2/6/16	On Agenda
16/039	Patient Story	Chief Nurse and Liz Abbiss to investigate the production of a Carers' Strategy and to also address communication approaches.	DWa/LA	2/6/16	Meeting with Carer Coordinator, Chief Nurse and Head of Communications held on 25th May to discuss Strategy and timeline for development.
16/051	Chief Executive's Overview Report	Results of the Junior Doctors Contract Impact Assessments to be reported to the: Clinical Quality, Safety, Patient Experience Committee Finance and Performance Committee Workforce and Staff Engagement Committee	DWu JF JA	28/6/16 30/6/16 23/8/16	
16/030.3	NHS Preparedness for a Major Incident	Sharon Walford to be invited to present on Emergency Preparedness at a future Board General Clinical Presentation.	PB	1/9/16	The date is as a result of the expectation that the standards will be available in July.

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board Meeting – 2nd JUNE 2016

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:

- Friends and Family
- HSJ Awards
- Junior Doctors Contract

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: ***(Please tick or enter Y/N below)***

Decision	Approval	Discussion	Other

RECOMMENDATIONS FOR THE BOARD: The Board are asked to note and comment on the contents of the report

The Dudley Group NHS
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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**

The Dudley Group NHS
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Chief Executive's Report – Public Board – June 2016

Patient Friends and Family Test:

Community FFT (April 2016)

Based on the latest published NHS figures (March 2016) the Trust 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.

Date range	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Community FFT percentage recommended	98%	96%	96%	94%	93%	97%	95%	99%	97%	98%	95%	97%
Total number of responses	55	116	90	82	125	126	92	256	258	286	262	188
National average percentage recommended	95%	95%	95%	96%	95%	95%	95%	95%	95%	95%	95%	*n/a**

**national data not published at time of writing this report*

Inpatient FFT (April 2016)

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	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 15
Inpatient FFT percentage recommended	97%	98%	97%	99%	97%	97%	97%	99%	98%	97%	97%	97%
Inpatient response rate	16%	14%	15%	20%	20%	13%	20%	17%	17%	17%	16%	18%
National average percentage recommended	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	*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 national scores	*Below top 30% of trusts*	*Top 30% of trusts*	*Top 20% trusts*	

A&E FFT (April 2016)

The percentage of patients who would recommend the Trust's A&E to friends and family during April 2016 decreased from 92% to 91% and below the highest score achieved in year of 95%. The latest published NHS England figures (March 2016) show The Dudley Group scored 92% which is higher than the national average of 84%.

Date range	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
A&E FFT percentage recommended	90%	92%	90%	95%	90%	95%	91%	88%	95%	92%	92%	91%
A&E response rate	15%	12%	7%	6%	3%	8%	6%	6%	5%	8%	3%	5%
National average percentage recommended	88%	88%	88%	88%	88%	87%	87%	87%	86%	85%	84%	*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 national scores	*Below top 30% of trusts*	*Top 30% of trusts*	*Top 20% trusts*

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Maternity FFT (April 2016)

The Trust remains in the top 20% of trusts nationally (April 2016) for those who say they are extremely likely or likely to recommend our maternity services to friends and family with the exception of the antenatal and postnatal ward services. The scores for March 2016 across all maternity services are equal to or better than the national average for the percentage of patients who would recommend the service to friends and family member.

Maternity Area	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Antenatal, percentage recommended	96%	99%	93%	99%	97%	96%	98%	90%	98%	97%	98%	95%
National average percentage recommended	96%	96%	95%	95%	95%	96%	96%	95%	96%	95%	95%	n/a*
Response rate	39%	24%	37%	38%	36%	49%	26%	26%	23%	14%	28%	19%
Birth, percentage recommended	100%	100%	99%	99%	100%	99%	99%	100%	98%	99%	98%	100%
National average percentage recommended	97%	97%	97%	97%	97%	94%	96%	97%	97%	96%	96%	n/a*
Response rate	20%	14%	22%	25%	27%	30%	47%	18%	19%	27%	12%	19%
Postnatal ward, percentage recommended	100%	99%	99%	99%	100%	98%	98%	98%	98%	99%	98%	95%
National average percentage recommended	93%	93%	94%	94%	93%	95%	94%	94%	94%	94%	94%	n/a*
Response rate	20%	14%	21%	25%	28%	4%	47%	18%	19%	26%	12%	19%
Postnatal community, percentage recommended	100%	96%	94%	92%	100%	100%	100%	100%	91%	97%	100%	100%
National average percentage recommended	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	n/a*
Response rate	10%	12%	8%	4%	6%	30%	2%	10%	5%	11%	16%	13%

national data not published at time of writing this report

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 national scores	Below top 30% of trusts	Top 30% of trusts	Top 20% trusts

Outpatients FFT (April 2016)

The percentage of those who would recommend the service in April decreased to 85% compared to 89% for March 2016. 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 of patients who would recommend the service to friends and family members.

FFT Outpatients Services	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
Outpatients recommended percentage	82%	82%	88%	90%	89%	88%	84%	88%	90%	84%	89%	85%
Number of respondents	93	82	66	67	742	721	403	553	530	365	352	354
National average percentage recommended	92%	92%	92%	92%	92%	92%	92%	92%	93%	93%	93%	n/a*

national data not published at time of writing this report.

Recalculation of RAG ratings

At the end of March 2016, a full years data for all new FFT areas was published and we are now undertaking a review of RAG ratings for response rates and percentage recommended scores for all areas and will be recalibrated during Q1 2016/17.

HSJ Awards:

The HSJ Value in Healthcare Awards seeks to recognise and reward outstanding efficiency and improvement within the NHS. At the Awards ceremony in Manchester on 24th May 2016, The Dudley Group was highly commended in the category of acute services re-design for its development and implementation of a pathway (EmLap) for patients requiring high risk emergency Major Abdominal Surgery. The EmLap pathway was born from a collaboration between General Surgery, Anaesthetics, Radiology and the Emergency Department, involving senior clinicians, trainees, nurses and general management with senior executive support. The pathway helps clinicians escalate key steps in the management of these complex patients 24 hours a day, 365 days a year, especially with respect to enhanced access to senior review, CT scanning and theatres. The pathway highlights the 'Time Critical' nature of acute severe abdominal emergencies, shortening treatment times saves lives: Indeed for the 7 month period from May to November 2015 (when the pathway was most used) in-hospital mortality reduced from the historical mean of 14.9% to just under 9%. Finally the Trust has been successful in securing a research grant to perform a study to investigate Patient Reported Outcomes after Emergency Laparotomy including the impact of this surgery on patients quality of life: the first such detailed study of its kind.

Junior Doctors Contract:

Following ten days of intensive talks to seek to resolve the long running junior doctors' dispute, an ACAS statement setting out the terms of an agreement has been presented to the government and NHS Employers and the BMA. This has now been agreed by all parties as resolving the current dispute subject to securing the support of BMA junior doctor members in a referendum.

Work will be done together by both sides over the next two weeks to finalise the communications with BMA members on all the details of the agreement and their new contract. Some elements of the new contract, if approved in the referendum, will be implemented in August this year and all junior doctors will move on to the agreed new terms between October 2016 and August 2017. No further industrial action will be called while the referendum is underway and further work on the contract in the Trust is on hold until the final referendum result.

The BMA have asked to hold a Roadshow at the Trust on 10th June, 2016, and the Trust is trying to facilitate this.

Enclosure 4

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 2nd June 2016 - PUBLIC

TITLE:	Chief Nurse Report		
AUTHOR:	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing	**PRESENTER:**	Dawn Wardell Chief Nurse

CORPORATE OBJECTIVE:
SO1 – Deliver a great patient experience
SO2 – Safe and caring services
SO3 – Drive service improvements, innovation and transformation
SO4 – Be the place people chose to work
SO6 – Plan for a viable future

SUMMARY OF KEY ISSUES:

Infection Control March (as at 24.5.16)

- No post 48 hr MRSA bacteraemia cases since 27th September 2015
- No Norovirus
- As of this date the Trust has had 4 cases so far in 2016/17. These have yet to be apportioned but to date we are within trajectory for April and May.

Safer Staffing

- Amber shifts (shortfall) total figure for this month is 52 which is down from the last two months in March and February (70, 76)
- The new RAG rating system has been rolled out across the wards during April, one red in this methodology for that period.
- Red (serious shortfall) shifts in the month no safety issues identified or on any of the amber shifts that affected the quality of care.
- The Care Hours Per Patient Day (CHPPD) has commenced collection of data in May and will be reported in July board report. Unify benchmarking is now not available as this indicator has been removed.

Nursing Care Indicators

- There are 11 escalations in level 3 now in place. Improvement seen in other areas now reduced areas in red category and increases in the green. More intensive support has been provided which has seen the appropriate change in results.

IMPLICATIONS OF PAPER:

RISK	Yes		**Risk Description:** Failing to meet initial target for CDiff now amended to avoidable only
	Risk Register: Yes		**Risk Score:** 10
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

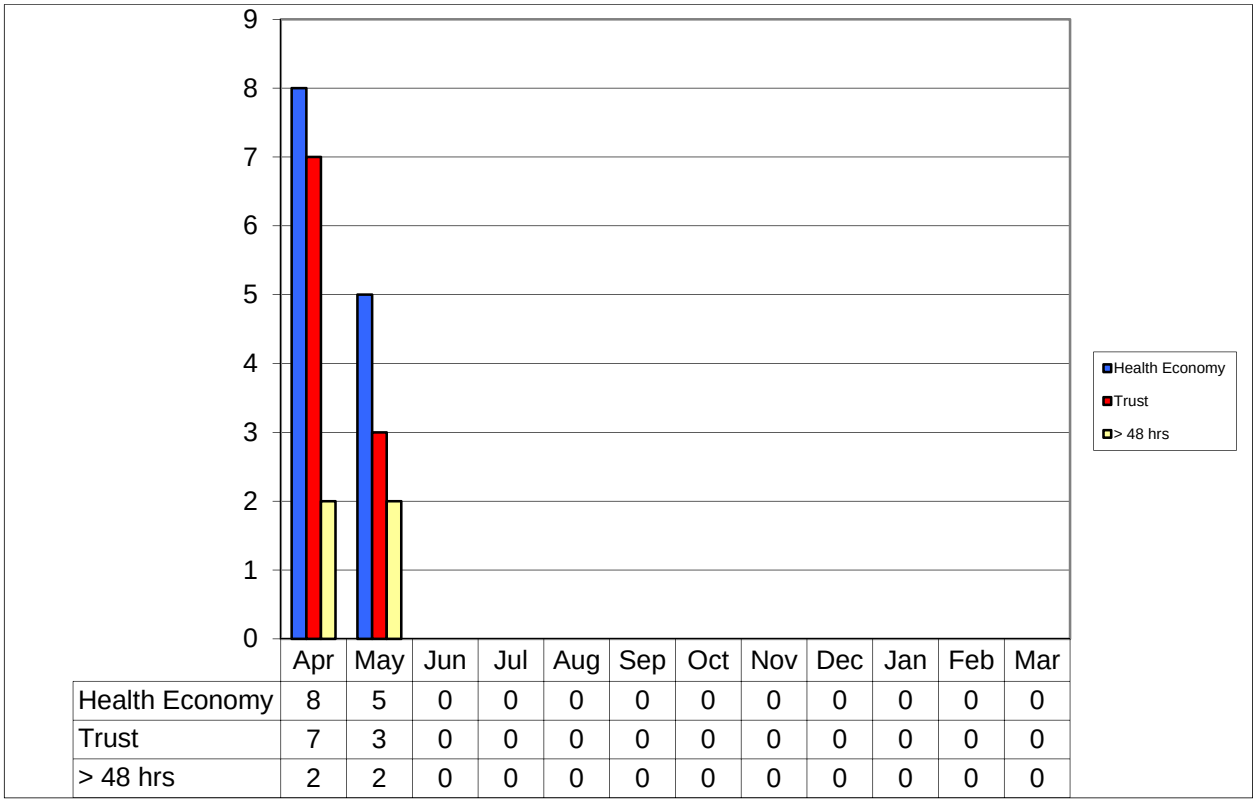
Decision	Approval	Discussion	Other
		√	

RECOMMENDATIONS FOR THE BOARD:
To receive the report and note the contents.

Chief Nurse Report

Clostridium Difficile – The target for 2016/17 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. Penalties will be associated with exceeding 29 cases associated with lapses in care. At the time of writing (24.5.16) we have 2 post 48 hour case recorded in May 2016.

C. DIFFICILE CASES 2016/17



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	8	5	0	0	0	0	0	0	0	0	0	0
Trust	7	3	0	0	0	0	0	0	0	0	0	0
> 48 hrs	2	2	0	0	0	0	0	0	0	0	0	0

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 guidance[1], continues. During the financial period 2015/16 all of the 43 post 48 hour cases identified since 1st April 2015, have now been reviewed and apportionment agreed, of these 20 were deemed avoidable and 23 as unavoidable.

For the financial period 2016/17 of the 4 post 48 hour cases identified since 1st April 2016, 1 case has been reviewed and is awaiting the apportionment to be agreed and 3 cases are pending.

There is a Trustwide C. difficile action plan in place to address issues identified by the RCA process as well as local plans for each individual case. Progress against the plan is recorded at the Infection Prevention Forum.

MRSA bacteraemia (Post 48 hrs) – There have been 0 post 48 hour MRSA bacteraemia cases since 27th September 2015.

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

PART 1 Six Monthly Nurse Staffing Review

A. INTRODUCTION

This paper provides an overview of the nurse staffing situation at the Trust. It is the fifth six monthly paper following the recommendations of the national publications 'How to ensure the right people, with the right skills, are in the right place at the right time' and 'Hard Truths'. It contains data from the last four exercises using the Safer Nursing Care Tool (SNCT) for all wards in the Trust for which the tool is applicable. It also contains present establishment data for comparison purposes which generally came from the internal Ward Review undertaken in early 2014 although a number of ward changes, and their associated establishments have changed since that time. From the first paper in early 2014, the Board decided to adopt the figures from the Ward Review and agreed an extra £3million to increase the nurse establishment. The paper also contains a number of quality indicators for each ward (or Nurse Sensitive Indicators (NSIs) as the SNCT designates them).

In Part 2, the paper provides the now monthly information for the month of April 2016 on actual staffing levels at the Trust in relation to planned registered and unregistered staff.

B. SAFER NURSING CARE TOOL (SNCT)

1. The Trust and the Safer Nursing Care Tool

The tool is a recognised method for assessing staffing needs. The exercise requires ward staff to assess patient dependency (and place patients into 1 of 5 care groups) over a twenty day period (Monday to Friday over four weeks). As the descriptions of each category are open to interpretation, it can be seen that it contains a professional judgement of which group every patient falls into. There therefore needs to be consistency of assessment. It is worth noting that the originators of the tool indicate that this is an 'adult, generic' tool. It states that the tool is being further developed to better reflect the complexities of caring for older people in acute care wards.

2. Second Element of the Tool

As well as determining the level of acuity/dependency of all patients and calculating the nurse staffing required per ward based on the actual needs of those patients, the second element of the tool describes Nurse Sensitive Indicators (NSIs) such as care undertaken, patient feedback, complaints, pressure ulcers and falls. It is recommended that these should be monitored to ensure that the staffing levels determined in Element 1 are enabling the delivery of expected patient outcomes.

Monitoring Nurse Sensitive Indicators is recommended to ensure that staffing levels, deliver the patient outcomes that we aim to achieve. However, even with optimum staffing establishments poor patient outcomes may result due to other reasons such as high turnover, sickness, leave or unfilled vacancies.

3. Overview of SNCT Data

There are some fixed parameters with the SNCT e.g. the times allocated to each patient category. With regards to the parameters that are within the power of the Trust, it has been decided to use an average 23% time out/headroom for annual leave etc (only one value for all staff can be used and the tool suppliers suggest between 22-25%) while the accompanying Ward Review (see Section C below) data used 23.2% for permanent RN staff and 22.46% for permanent unqualified staff. In addition, within the SNCT it was decided to use the same RN to unqualified split throughout (60:40 split RN to unqualified staff) unlike the Ward Review, which has used differing figures for each ward. The SNCT default 68:32 has not been used.

It needs to be pointed out that the SNCT does not take into consideration any RN/patient ratio like the previous national directive of at least 1:8 RN/patient ratio for day shifts while this formed the basis of the RN calculations in the Ward Review
(although recent communication from the centre indicates that this ratio should now be seen as guidance and is not a recommendation or directive, an issue that the Board of Directors have discussed). The tool also provides 'benchmarks' of the average percentage of each category of patient from the wards that took part in research on which the tool is based.

C. WARD REVIEW

Matrons, the then Director of Nursing and her Deputy discussed and debated the nurse requirements of each area, ensuring consistency with the then national requirement of at least 1:8 registered nurse to patient ratio for day shifts. This method therefore consisted of experienced nurses considering a range of issues associated with a ward. The system looked at the staffing and grade mix needs for each of the seven days of the week both for the day and night shifts for both RN and unqualified staff. The resultant figures went through a number of iterations, ensuring that there was consistency between similar wards etc.

D. DATA

Section 4 below contains the summaries of key data from both the last four SNCT data collections and the Ward Review (or present establishment, if the ward and establishment has changed since the review) for each ward as well as the available Nurse Sensitive Indicators (NSIs), as described above.

In summary, with regards to the comparison between the ward review and SNCT figures, this needs to be interpreted with caution for the following reasons:

- For some wards there have been changes to bed numbers and specialities
- It needs to be remembered that the SNCT figures below do not take into account the workload associated with the numbers of admissions, discharges, transfers, escorts or deaths that occur on a ward and all of these activities take nursing time. Each ward will be different in this respect with some wards having a stable population of patients while others having possibly more than one person in a bed space during a twenty four hour period.
- In addition, the SNCT tool is based purely on the patient types and numbers in the 20 day study periods which do not include weekends.
- There are different percentages added in for relief/time-out/headroom
- No RN/patient ratio for day of night shifts is built into the SNCT.

4. SNCT and Comparative FTE Data

4.1. Ward A1

	Feb 14	Sep 14	Mar 15	Mar 16	
Patient Level	**% of patients**	**% of patients**	**% of patients**	**% of patients**	**Benchmark % Med**
1	60	76	32	40	40
2	5	0	0	1	10
3	34	24	68	59	48
4	1	0	0	0	1
5	0	0	0	0	2
Beds	14 +4flex	14+4 flex	23	23	
Av Pat	18	17	21.9	22.4	
Required Staff	**SNCT**	**SNCT**	**SNCT**	**SNCT**	**Establishment (WTE)**
RNs required	13.7	11.9	19.6	19.2	12.27/16.56^/12.04*
HCAs required	9.2	8.0	13.1	12.8	8.22/21.95^/21.95*
Total FTE required	**22.9**	**19.9**	**32.6**	**32.1**	**20.49/38.51^/33.99***

*Figures are for March 2016 as in Sept 15 the ward changed to medically fit care of the elderly
^Figures are for March 2015 as the patient numbers and speciality of the ward changed after September 2014 (rheumatology to care of the elderly).
Unlike other wards no assessment was undertaken in October 2015 (this ward was closed at that time)

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14	Mar 15	Feb 16
Nursing Care Indicators					
Patient Observations	100	100	98	99	59
Manual Handling	100	98	93	100	89
Falls Assessment			100	96	100
Tissue Viability Assessment	100	100	100	100	100
Nutritional Assessment	95	93	94	100	71
Medication Assessment	99	100	100	100	98
Nutrition (Total)				97	99
SL – Hand Hygiene				100	100
SL – Commode Audits				93	Null
Friends and Family Test Score				100	100
Incidents					
Minor Incidents	8	7	-	0	4
Moderate Incidents	0	0	-	1	1
Major/Tragic Incidents	0	0	-	0	0
Complaints	0	0	1	0	0

Commentary: This ward has had a number of changes over the past two years and so looking at any time trends is difficult. Compared to March 2015 the dependency of patients has decreased whilst the occupancy has risen. NSI results have declined, like a number of wards, which is probably due in part to the changes in the system made in June/August 2015, although the decline is more marked than in other areas. This more marked decline may be due to this ward having a higher number of bank and agency staff than a substantive ward. There is a core team of 3WTE qualified and 3.6WTE unqualified on this ward. The present overall establishment of the ward is similar to the SNCT results.

Conclusion: No action required except monitoring of the NSIs

4.2. Ward A2

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	20	80	76	75	32
2	0	3	3	1	2
3	80	17	21	24	66
4	0	0	0	0	0
5	0	0	0	0	0
Beds	42	42	42	42	
Av Pat	41.3	41.5	36.6	40.1	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	39.3	28.3	25.6	28.4	34.35/38.64^/39.04*
HCAs required	26.2	18.9	17.1	18.9	32.88/38.41^/35.67*
Total FTE required	**65.6**	**47.2**	**42.6**	**47.3**	**67.23/77.05^/74.71***

^Figures are for March and Oct 2015 as the patient speciality of the ward changed after September 2014.
*Present establishment following a review after October 2015

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	97	100	86	96	88
Manual Handling	100	95	100	100	100
Falls Assessment			-	100	70
Tissue Viability Assessment	89	97	100	100	90
Nutritional Assessment	100	100	93	90	100
Medication Assessment	100	98	100	100	98
Nutrition (Total)			99	98	99
SL – Hand Hygiene			97	100	100
SL – Commode Audits			94	100	100
Friends and Family Test Score			96	99	97
Incidents					
Minor Incidents	10	6	8	10	5
Moderate Incidents	1	1	0	0	2
Major/Tragic Incidents	0	0	0	0	1
Complaints	0	0	1	1	1

Commentary: After the September 2014 study the ward was changed to a short stay area, hence the establishment change. The Acute Medical Society indicates that such areas require 1:6 qualified nurse to patient ratio hence the increase in establishment. The high turnover area means there can be more that 30 transfers of patients a day while the SNCT study only looks at the situation at one time-point in the day. The usefulness of the tool in such circumstances is therefore questionable (just like it is not suitable for the Emergency Department). Dependency remains stable with some increase in occupancy. NSI results have declined in a number of topics although they have improved recently in March and April of this year.

Conclusion: No action required except monitoring of the NSIs. Undertake a professional review of the staffing of this area and dependant on the outcome of that review consider removing this ward from this exercise due to the unsuitability of the SNCT tool.

4.3. Ward A3

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Rehab
1	29	25	25	28	38
2	0	0	1	0	7
3	71	75	74	72	52
4	0	0	0	0	4
5	0	0	0	0	0
Beds	28	28	28	28	
Av Pat	28	25.3	28	27.8	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	25.5	23.6	25.9	25.5	18.58/25.84*
HCAs required	17	15.7	17.3	17.0	21.92/19.20*
Total FTE required	**42.6**	**39.3**	**43.2**	**42.6**	**40.50/45.04***

*Latter figures are for March 2015 onwards as the patient speciality of the ward changed after September 2014.

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	98	96	100	93	95
Manual Handling	100	100	100	100	95
Falls Assessment			94	100	100
Tissue Viability Assessment			100	100	100
Nutritional Assessment	98	98	100	91	100
Medication Assessment	100	100	100	100	86
Nutrition (Total)			99	100	100
SL – Hand Hygiene			93	95	100
SL – Commode Audits			90	100	100
Friends and Family Test Score			90	100	100
Incidents					
Minor Incidents	12	5	6	3	9
Moderate Incidents	0	0	1	1	0
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	2	1	0	0

Commentary: Occupancy remains high and dependency constant. After September 2014, the ward changed from Stroke Rehabilitation to care of the elderly, although the dependency of patients remains similar. The ward and establishment also includes FESU (Frail Elderly Short Stay Unit). NSIs remain good.

Conclusion: No action required.

4.4. Ward B1

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	79	80	82	86	62
2	3	1	2	11	15
3	18	18	16	3	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	26	26	26	26	
Av Pat	17	23.2	21.7	22.2	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	16.6	15.8	14.6	14.2	18.35
HCAs required	11.1	10.5	9.7	9.4	10.96
Total FTE required	**27.7**	**26.3**	**24.3**	**23.6**	**29.31**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	94	100	98	94	98
Manual Handling	68	86	81	100	100
Falls Assessment			100	100	100
Tissue Viability Assessment	88	98	100	100	97
Nutritional Assessment	26	96	100	47	53
Medication Assessment	100	86	89	98	100
Nutrition (Total)			97	97	88
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			99	100	92
Incidents					
Minor Incidents	0	3	2	1	0
Moderate Incidents	0	0	0	0	0
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	0	0	0	3

Commentary: Dependency has decreased while the occupancy has increased. Although NSIs have improved from January 2014 the use of the MUST score (nutritional assessment) remains a concern. The SNCT study results and the present establishment are similar, although the establishment has a slightly higher FTE which is probably accountable by the fact, because as previously stated the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward.

Conclusion: No action required except there needs to be continued close monitoring of the NSIs, in particular nutrition.

4.5. Ward B2 Trauma

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Trauma
1	68	58	60	72	34
2	13	2	5	0	5
3	19	40	35	28	57
4	0	0	0	0	2
5	0	0	0	0	3
Beds	24	24	24	24	
Av Pat	23	23.2	19.8	21.6	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	16.4	18.1	15.1	15.6	14.80
HCAs required	11	12.1	10.1	10.4	17.81
Total FTE required	**27.4**	**30.2**	**25.2**	**26.0**	**32.61**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	95	97	96	98	100
Manual Handling	98	100	83	100	100
Falls Assessment			98	89	100
Tissue Viability Assessment	97	98	96	100	100
Nutritional Assessment	100	100	100	100	90
Medication Assessment	98	100	94	100	100
Nutrition (Total)			99	96	100
SL – Hand Hygiene			100	100	100
SL – Commode Audits			98	100	100
Friends and Family Test Score			97	96	100
Incidents					
Minor Incidents	9	6	2	3	4
Moderate Incidents	3	3	0	0	0
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	0	1	1	0

Commentary: Whilst occupancy dipped in October 2015 it has increased again and dependency has reduced slightly. Incident numbers continue to be lower than previous. Both the SNCT study outcomes and the present establishment are similar, although the latter has a slightly higher FTE which is probably accountable by the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward. NSI results are good.

Conclusion: No action required.

4.6. Ward B2 Hip

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Ortho
1	68	43	63	21	42
2	3	7	1	2	22
3	29	50	36	78	34
4	0	0	0	0	1
5	0	0	0	0	0
Beds	30	30	30	30	
Av Pat	28.7	29.2	27.1	27.4	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	21.1	24.4	20.6	25.9	18.79
HCAs required	14	16.2	13.7	17.3	30.14
Total FTE required	**35.1**	**40.6**	**34.3**	**43.2**	**48.93**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	98	92	99	94	98
Manual Handling	97	98	100	100	100
Falls Assessment			100	100	100
Tissue Viability Assessment	90	95	100	100	100
Nutritional Assessment	89	89	100	97	100
Medication Assessment	100	100	100	96	100
Nutrition (Total)			99	95	99
SL – Hand Hygiene			100	100	96
SL – Commode Audits			98	100	88
Friends and Family Test Score			97	100	100
Incidents					
Minor Incidents	9	6	4	3	4
Moderate Incidents	3	2	0	0	0
Major/Tragic Incidents	0	2	0	0	0
Complaints	0	6	0	1	2

Commentary: Dependency has increased considerably from previous reviews while occupancy remains high. The changes in dependency of the patients on this ward is due to the increasing number of patients with dementia, that need 2-hourly skin bundles and require 1 to 1 care. This contributes to the different actual skill mix requirement provided to this ward (as opposed to the SNCT calculation). Both the SNCT study overall establishment requirement the present establishment are similar, although the latter has a slightly higher FTE which is probably accountable by the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward. Recent NSIs show an excellent improvement in quality indicators, with green RAG ratings across nearly all of the indicators.

Conclusion: No action required.

4.7. Ward B3

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	43	28	71	66	62
2	11	29	6	12	15
3	46	31	23	22	22
4	0	3	0	0	1
5	0	0	0	0	0
Beds	38+4HDU	38+4HDU	38+4HDU	38+4HDU	
Av Pat	29.2	38.9	34.5	33.6	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	24.2	32.9	24.6	24.3	31.66
HCAs required	16.2	21.9	16.4	16.2	19.18
Total FTE required	**40.4**	**54.8**	**41.0**	**40.5**	**50.84**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	94	96	87	99	97
Manual Handling	94	84	44	88	100
Falls Assessment			98	98	97
Tissue Viability Assessment	100	87	97	100	100
Nutritional Assessment	98	72	78	45	93
Medication Assessment	100	99	100	93	100
Nutrition (Total)			67	87	100
SL – Hand Hygiene			96	93	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			96	94	95
Incidents					
Minor Incidents	4	5	3	2	1
Moderate Incidents	1	0	0	1	1
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	1	0	0	0

Commentary: Dependency has risen slightly and occupancy remains similar to the last review. With regards to the establishment, as noted previously, there is a large difference between the SNCT calculation and the actual establishment. B3 contains the VASCU unit which has a variable workload which contributes to this difference as does the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward. The NSIs are good having improved from previously.

Conclusion: No action required.

4.8. Ward B4

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	71	84	85	81	62
2	5	7	10	9	15
3	25	9	4	9	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	48	48	48	48	
Av Pat	43.1	47.3	46.8	46.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	30.9	31.0	30.1	31.0	31.66
HCAs required	20.6	20.7	20.0	20.7	27.40
Total FTE required	**51.6**	**51.7**	**50.1**	**51.7**	**59.06**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	97	92	97	99	93
Manual Handling	86	74	80	100	100
Falls Assessment			100	100	100
Tissue Viability Assessment	93	67	100	100	83
Nutritional Assessment	97	32	100	96	38
Medication Assessment	99	100	100	100	100
Nutrition (Total)			100	100	100
SL – Hand Hygiene			100	100	98
SL – Commode Audits			100	100	100
Friends and Family Test Score			100	100	97
Incidents					
Minor Incidents	5	7	6	4	2
Moderate Incidents	1	2	1	0	0
Major/Tragic Incidents	0	0	0	1	0
Complaints	1	1	0	1	2

Commentary: Dependency is slightly up which may be accounted for by the medical outlier patients and occupancy remains constant compared to the last review. NSI results are variable with concerns over tissue viability and nutrition assessments. The SNCT study suggests a smaller FTE than the establishment, which is probably accounted for by the fact, as previously stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward.

Conclusion: No action required except to monitor the NCI elements of the NSIs.

4.9. Ward B5

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	97	95	95	95	62
2	2	3	3	1	15
3	1	3	2	4	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	30+4GAU	30+4GAU	30+4GAU	30+4GAU	
Av Pat	33.3	33.1	33.3	33.2	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	20.2	20.4	20.5	20.6	18.93
HCAs required	13.4	13.6	13.7	13.7	16.44
Total FTE required	**33.6**	**34.0**	**34.2**	**34.3**	**35.37**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	100	100	98	91	97
Manual Handling	100	100	67	100	75
Falls Assessment			100	100	53
Tissue Viability Assessment	100	100	100	90	100
Nutritional Assessment	88	50	90	97	43
Medication Assessment	97	100	100	100	98
Nutrition (Total)			94	100	100
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			93	96	43
Incidents					
Minor Incidents	5	1	0	1	0
Moderate Incidents	2	2	0	0	0
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	0	2	0	1

Commentary: Occupancy remains constant as does dependency. NSIs are variable with a number of concerns within the NCI part and the FFT score. The SNCT studies suggest a smaller FTE than the ward review, which is probably accounted for by the fact, as previously stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges, which is a significant issue for this ward with the two assessment units.

Conclusion: No action required other than continue closely monitoring the NCIs and FFT results.

4.10. Ward B6

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % ENT
1	87	92	93	69	73
2	2	3	2	2	12
3	11	5	5	29	7
4	0	0	0	0	3
5	0	0	0	0	6
Beds	17	17	17	17	
Av Pat	16.4	16.5	16.1	16.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	10.7	10.3	10.0	12.4	13.06
HCAs required	7.1	6.9	6.7	8.2	11.07
Total FTE required	**17.8**	**17.2**	**16.7**	**20.6**	**24.13**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	94	100	100	91	97
Manual Handling	89	100	38	100	75
Falls Assessment			100	100	53
Tissue Viability Assessment	98	100	100	90	100
Nutritional Assessment	98	90	86	97	43
Medication Assessment	100	100	100	100	98
Nutrition (Total)			99	100	100
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			98	100	100
Incidents					
Minor Incidents	9	1	2	0	0
Moderate Incidents	1	1	0	0	0
Major/Tragic Incidents	0	0	1	0	0
Complaints	1	1	2	0	0

Commentary: This ward closed in April 2016.

4.11. Ward C1

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	24	46	56	51	40
2	29	1	3	4	10
3	47	53	41	45	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	47.9	47.9	47.5	47.7	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	42.0	39.9	37.4	38.5	31.59
HCAs required	28.0	26.6	25.0	25.7	32.88
Total FTE required	**70.0**	**66.5**	**62.4**	**64.2**	**64.47**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	92	94	80	93	97
Manual Handling	100	99	30	76	100
Falls Assessment			61	100	100
Tissue Viability Assessment	100	100	98	100	100
Nutritional Assessment	81	90	24	93	39
Medication Assessment	100	100	100	100	98
Nutrition (Total)			94	93	97
SL – Hand Hygiene			100	97	97
SL – Commode Audits			100	100	100
Friends and Family Test Score			100	96	100
Incidents					
Minor Incidents	8	5	4	6	3
Moderate Incidents	0	0	0	0	0
Major/Tragic Incidents	0	0	0	1	0
Complaints	0	0	0	0	0

Commentary: Occupancy remains high with dependency similar to the last two reviews. NSIs have improved since the deterioration in March but, as with other wards, the use of the MUST score remains an issue for concern. All four SNCT studies and the ward review have had similar results.

Conclusion: No action required except to monitor the nutritional assessment scores.

4.12. Ward C3

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med Eld
1	23/30	34	24	24	32
2	0/0	1	2	1	2
3	77/70	65	74	75	66
4	0/0	0	0	0	0
5	0/0	0	0	0	0
Beds	24/28	52	52	52	
Av Pat	24/27.8	49.2	51.5	52	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)*
RNs required	22.5/25.2	43.7	47.9	48.4	34.86
HCAs required	15/16.8	29.1	31.9	32.3	38.41
Total FTE required	**37.5/42.0**	**72.8**	**79.8**	**80.7**	**73.27**

*In September 2014 this ward was divided into two but them merged again afterwards.

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	80	96	93	99	93
Manual Handling	86	100	100	100	100
Falls Assessment			100	100	100
Tissue Viability Assessment	92	100	100	100	100
Nutritional Assessment	97	94	97	100	73
Medication Assessment	100	100	100	100	96
Nutrition (Total)			98	100	98
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			94	100	100
Incidents					
Minor Incidents	16	9	8	11	8
Moderate Incidents	0	5	4	1	1
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	1	1	0	1

Commentary: In September 2014 the ward was split into two (C3A[24 beds]/C3B[28beds]) but after that was unified under one lead nurse. The dependency of the patients is similar to the last review and occupancy remains very high. The latest two SNCT studies suggest there should be a higher establishment on this ward but both the well-being workers, the acute confusion team and 1 to 1 additional staff give considerable assistance to this ward, which balances out this difference. NCIs are very variable becoming worse in March but recovering in April. The ward remains on Escalation Level 3.

Conclusion: No action required except to monitor the NCIs.

4.13. Ward C5

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	53	54	62	60	40
2	3	4	5	3	10
3	36	39	26	33	48
4	8	4	7	3	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	47.4	48	47.9	47.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	38.5	38.4	36.6	37	31.59
HCAs required	25.7	25.6	24.4	24.7	32.88
Total FTE required	**64.2**	**64.0**	**61.0**	**61.7**	**64.47**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	96	100	98	98	97
Manual Handling	86	77	100	100	83
Falls Assessment			100	100	100
Tissue Viability Assessment	78	90	98	100	80
Nutritional Assessment	74	96	97	100	98
Medication Assessment	100	99	82	100	100
Nutrition (Total)			86	98	99
SL – Hand Hygiene			100	96	100
SL – Commode Audits			97	93	100
Friends and Family Test Score			100	100	93
Incidents					
Minor Incidents	10	3	10	3	8
Moderate Incidents	2	2	1	1	1
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	1	1	1	0

Commentary: Occupancy remains high and dependency has increased slightly from the last study. NCIs have improved over time but there have been two poor scores lately. All four SNCT studies and the ward review have had similar results.

Conclusion: No action required except to monitor the NCIs.

4.14. Ward C6

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	88	88	84	76	62
2	2	0	2	2	15
3	10	12	13	22	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	20	20	20	20	
Av Pat	17.2	17.3	16.9	17.5	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	11.1	11.2	11.2	12.3	16.38
HCAs required	7.4	7.5	7.5	8.2	10.96
Total FTE required	**18.5**	**18.7**	**18.7**	**20.4**	**27.34**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	92	100	98	99	81
Manual Handling	100	100	27	100	70
Falls Assessment			100	100	86
Tissue Viability Assessment	100	100	100	100	88
Nutritional Assessment	100	98	85	100	87
Medication Assessment	89	100	100	100	100
Nutrition (Total)			98	100	100
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	100	100
Friends and Family Test Score			98	100	100
Incidents					
Minor Incidents	6	4	4	1	1
Moderate Incidents	0	0	0	1	0
Major/Tragic Incidents	0	0	0	0	0
Complaints	0	0	0	0	0

Commentary: Dependency has increased with the number of medical outliers this ward has with a levelling of the occupancy back to previous studies following the slight drop in October 2015. NCIs have taken a considerably decrease in results recently and the ward is at Escalation Level 3. The establishment has a slightly higher FTE that the SNCT results which is probably accounted for by the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward plus some outpatient clinic work that occurs on the ward.

Conclusion: No action required except to monitor the NCI results.

4.15. Ward C7

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	64	57	61	52	40
2	1	4	2	4	10
3	35	39	37	44	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36	36	36	36	
Av Pat	35	35.7	36	35.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	26.5	27.8	27.5	28.8	26.86/29.6*
HCAs required	17.7	18.6	18.4	19.2	21.92/19.2*
Total FTE required	**44.1**	**46.4**	**45.9**	**48**	**48.78/48.8***

*Following a review the skill mix on this ward was amended in the last six months

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	94	97	82	78	76
Manual Handling	87	89	90	100	66
Falls Assessment			100	70	74
Tissue Viability Assessment	98	100	96	96	90
Nutritional Assessment	56	94	100	94	85
Medication Assessment	99	98	100	100	100
Nutrition (Total)			94	95	93
SL – Hand Hygiene			96	100	100
SL – Commode Audits			88	100	94
Friends and Family Test Score			100	92	100
Incidents					
Minor Incidents	10	7	5	5	6
Moderate Incidents	3	2	1	1	0
Major/Tragic Incidents	0	1	1	0	0
Complaints	0	0	1	0	2

Commentary: Occupancy remains high and dependency has increased since the last study in October 2015. NSIs remain variable and have deteriorated recently and so the ward remains on escalation with an action plan in place, although an improvement occurred in March. FTEs from the SNCT and the ward review are similar.

Conclusion: No action required other than to continue closely monitoring the NCIs.

4.16. Ward C8

	Sep 14	Mar 15	Oct 15	Mar 16	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	83	34	23	13	40
2	2	4	26	22	10
3	15	62	51	64	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36+4flex	36	44	44	
Av Pat	39.4	36	39	42.3	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	33.4	31.8	34.6	39.7	39.87/20.32*/38.11+
HCAs required	22.2	21.2	23.1	26.5	27.4/32.92*/38.41+
Total FTE required	**55.6**	**52.9**	**57.7**	**66.1**	**67.27/53.24*/76.52+**

*Figures for March 2015 as the patient numbers and speciality of the ward changed after September 2014.
+Figures for October 2015 onwards when stroke rehabilitation and the acute stroke unit were combined

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT					
Patient Observations	98	96	96	94	66
Manual Handling	100	92	100	100	66
Falls Assessment			100	100	60
Tissue Viability Assessment	100	82	100	100	86
Nutritional Assessment	100	97	100	83	33
Medication Assessment	100	99	100	100	89
Nutrition (Total)			98	98	95
SL – Hand Hygiene			100	100	100
SL – Commode Audits			100	95	100
Friends and Family Test Score			100	97	100
Incidents					
Minor Incidents	8	4	5	13	8
Moderate Incidents	0	1	0	0	1
Major/Tragic Incidents	0	0	0	1	0
Complaints	0	0	0	2	2

Commentary: The ward changed just prior to October 2015 increasing the beds due to the relocation of the hyperacute stroke unit hence also the increase in the ward establishment. Occupancy has increased at this review as has dependency even though two emergency beds have to be kept empty due to the stroke pathway guidance. Although there is a big difference between the SNCT results and the establishment this is balanced out by a) the presence of the stroke bleep holder in the establishment (accounts for 5.45WTE) and b) the well-being workers give considerable assistance to this ward. While the NCIs have deteriorated considerably since the last review, in April the results are Green.

Conclusion: No action except monitoring of the NCI results.

5. Overall Conclusion

It can be seen that even with the difficulties in comparing different methods of formulating how many staff are required on a ward that not too dissimilar results occur on most wards between the SNCT studies and the present ward establishments. From the analysis that can be undertaken on both the results of the establishment calculations and on the Nursing Sensitive Indicators, it would seem that the situation as it stands is reasonable across all areas, although some areas for action have been noted in terms of the care quality rather than staffing. While the present establishments seem to conform with the requirements of an 'objective' measure, it is still necessary to monitor what occurs on a day to day basis with such variables as staff sickness and vacancies affecting the staff available. The latest results of this monitoring for April 2016 follows in Part 2 below.

As EAU and ED are not suitable for inclusion into the SNCT tool, a separate review will be undertaken of these areas ready for the next update in six months' time.

With regards to the quality indicators, as already stated, due to changes in some of the criteria of the NCIs in September 2014 it has not been possible to make full historical comparisons on all criteria after this date. In addition, further changes to these indicators were made in the previous report. Plans are underway in the Nursing Division, with help from the Finance Department, to have a comprehensive 'dashboard' of quality indicators for each ward which will help in providing a more straightforward and systematic picture of the quality of care on a ward which will be useful both operationally but also when reviewing the staffing and its interrelationship with quality in each area.

PART 2

Monthly Nurse/Midwife Staffing Position

April 2016

Another 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. This document is currently undergoing a review.

Following the discussion at the Board at the end of 2015, this paper outlines the staffing situation on the general wards in relation to the agreed transitional 1:10 requirement for qualified nurses on the day shift, except when there is a high acuity/dependency of patients or when the actual staff on duty is two or more less than the planned staff (there is no recommended ratio for night shifts, although the 1:12 ratio is used as a benchmark). The ratios for specialist areas, such as critical care, paediatrics, maternity etc. which all have specific, more intensive requirements continue as before. It should be noted that these occurrences will not necessarily have a negative impact on patient care.

From June 2015 following each shift, the nurse/midwife in charge 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 (Figure A) the number of shifts identified as:

- Amber (shortfall of RN/RM 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 CSW staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Red (serious shortfall).

This total figure for this month is 52 which is down from the last two months in March and February (70, 76) but higher than January and December (46,39) (see Table 1). When shortfalls have occurred, the reasons for the gaps and the actions being taken to address these in the future are outlined in Table 4.

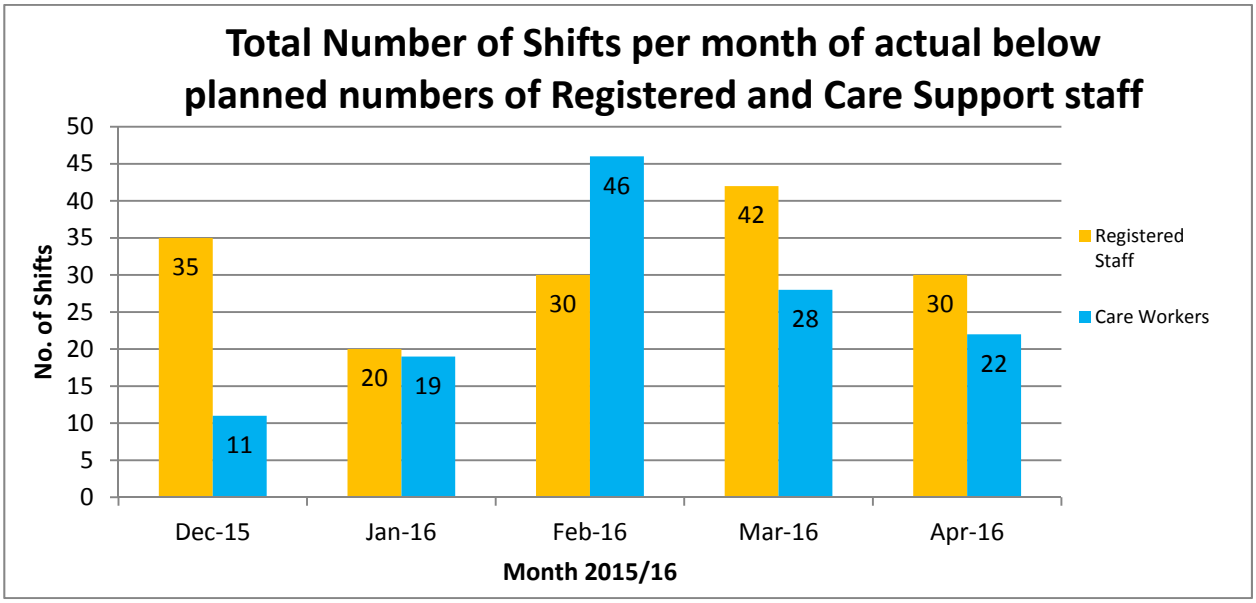
Both the qualified and unqualified shortfalls have fallen this month. Other than maternity, the shortfalls are fairly evenly distributed across the wards although CCU/PCCU has a specific skills requirement, which are not easily sourced. The maternity unit has vacancies (number of new starters awaited), high volume cases and high workload. It accounts for just under a half (14, compared to 20 last month) of the total qualified and just over 60 per cent (13, compared to 17 last month) of the unqualified shortfall shifts. Active recruitment initiatives are in progress and further shortlisting has occurred for the care worker posts.

As well as the quantifiable staffing numbers discussed above, as indicated last month, from this month onwards the senior clinical staff on each shift are undertaking a professional judgement RAG (Red, Amber, Green) rating system of the overall workload status on the ward. The results of this are tabulated below (see Table 2). This assessment is based not just on staffing numbers but also on the dependency of the patients on that shift and other relevant factors such as any unusual circumstances that occurred that affected the workload e.g. presence of a highly disturbed patient, a number of MET/resuscitation calls etc. There will be some inevitable variability with these assessments at this early stage but it can be seen that the assessments are generally 'Green' with a number of wards having 10 and above 'Amber' shifts. With regards to the latter, there is some consistency with the staffing figures (e.g. Maternity and CCU/PCCU) although this is not always

the case as some Amber shifts will be related to high dependency and specific circumstances on the day. Only one ward recorded a single 'Red' shift. On that occasion the dependency of the patients was particularly high, having three patients with complex medication regimens through central/PICC lines and the lead nurse worked clinically to support all staff.

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. No safety concerns have been highlighted with any of the shortfalls noted.

Table 1



Self-Assessment of Workload by Senior Nurses on Each Shift (new RAG rating method)

Table 2

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A1	0	20	40	**Ward C3**	0	5	55
Ward A2	0	1	59	**Ward C4**	0	0	60
Ward A3	0	10	50	**Ward C5**	0	5	55
Ward B1	0	3	57	**Ward C6**	0	6	54
Ward B2H	0	3	57	**Ward C7**	1	3	56
Ward B2T	0	1	59	**Ward C8**	0	3	57
Ward B3	0	1	59	**CCU/PCCU**	0	15	45
Ward B4	0	22	38	**EAU**	0	0	60
Ward B5	0	10	50	**MHDU**	0	0	60
Ward B6	0	17	43	**Critical Care**	0	0	60
Ward C1	0	0	60	**NNU**	0	0	60
Ward C2	0	8	52	**Maternity**	0	14	46

As notified last month, from May 1st all Trusts need to be collecting the care hours per patient day (CHPPD) metric. The Trust has put a system in place for this and will be providing this data through UNIFY each month from the end of May onwards. It awaits any further developments on this issue.

Nurse Care Indicators (NCI's)

The achievement of Green status has not yet been achieved for a number of areas despite improvements seen overall.

Rating	October 15 – Areas (Launch)	December 15 - Areas	January 16 - Areas	February 16 - Areas	March 16 - Areas	April 16- Areas	May 16- Areas
RED	15	4	3	7	6	3	2
AMBER	5	11	14	12	13	15	14
GREEN	4	9	9	8	8	9	11

The escalation procedure for those areas not yet in green remains in place and has been reviewed to ensure it maximises the time and support given to areas to achieve the requirements.

Escalations for May:

NCIs	
Level 1 Matron Level	6
Level 2 Head of Nursing Level	6
Level 3 Deputy Chief Nurse level	11

Nutrition Audit	
Level 1 Matron Level	11
Level 2 Head of Nursing Level	0
Level 3 Deputy Chief Nurse level	2

Dawn Wardell - Chief Nurse - 25/05/16

Appendix A

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS APRIL 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	1	CSW	Sickness	There was 1 CSW for each station and a 'floating' CSW who assisted all areas as did one of the RNs and so safety was maintained.
B2H	3	CSW	Required for 1 to 1 patients	Although there was a shortfall there were 2 CSWs in each bay where there was a 1 to 1 patient. Safety maintained.
B3	1	RN	Short term sickness	The professional development nurse worked clinically to support the ward. There was a normal dependency of patients and so safety was maintained.
B4	3	CSW	Maternity Leave x3	Bank unable to fill but with the dependency of the patients present on the ward safety was maintained.
B5	1	RN	Vacancy	The bank was unable to fill the shift and so GAU patients were diverted through SAU to maintain safety.
C1	1	RN	Vacancy/Sickness	Bank was unable to fill. Lead nurse worked on ward and delegated staff accordingly to maintain safety.
C2	4	RN	Increased ward dependency	Bank and agency were unable to fill. Nurse in charge assisted on ward to maintain safety.
C3	3	RN	Vacancy x3	Bank/agency unable to fill. On two of the occasions the lead nurse worked clinically and safety maintained on all occasions.
C5	1	RN	Vacancy	Bank was unable to fill. International nurse on duty assisted and an extra CSW employed. There were no safety issues.
C7	2	CSW	Sickness x 1 Required for 1 to 1 patient x 1	On the self-assessed 'Red' shift the lead nurse worked clinically to support all staff. On the other shift there were two supernumerary graduates who assisted.
CCU/ PCCU	5	RN	Sickness/Vacancy x 5	Bank and agency unable to fill. On two occasions an extra CSW assisted. On one occasions there were 7 empty beds. Safety was maintained.
Maternity	14 13	RM CSW	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. No patient safety issues occurred. On 7 shifts there was a delayed induction of labour. On 3 occasions the unit was closed to admissions. On 3 occasions a community midwife assisted on the unit. On 1 occasion there was a delay in triage.

Apr-16

SHIFT

WARD	NCI	STAFF	1 D	1 N	2 D	2 N	3 D	3 N	4 D	4 N	5 D	5 N	6 D	6 N	7 D	7 N	8 D	8 N	9 D	9 N	10 D	10 N
WARD A1	80	Reg																				
		Unreg																				
WARD A2	90	Reg																				
		Unreg				6/4																
WARD A3	90	Reg																				
		Unreg																				
WARD B1	97	Reg																				
		Unreg																				
WARD B2 HIP	99	Reg																				
		Unreg																		7/5		
WARD B2 TRAUMA	98	Reg																				
		Unreg																				
WARD B3	87	Reg	6/4																			
		Unreg																				
WARD B4	91	Reg																				
		Unreg													6/4							
WARD B5	89	Reg						5/3														
		Unreg																				
WARD B6		Reg																				
		Unreg																				
WARD C1	91	Reg	6/4																			
		Unreg																				
WARD C2***	93	Reg	8/6					8/6		8/5												
		Unreg																				
WARD C3	93	Reg		6/4	7/5																	
		Unreg																				
WARD C4	93	Reg																				
		Unreg																				
WARD C5	88	Reg																				
		Unreg																				
WARD C6	93	Reg																				
		Unreg																				
WARD C7	94	Reg																				
		Unreg	5/3										5/3									
WARD C8	96	Reg																				
		Unreg																				
CCU/PCCU	94	Reg											7/5				7/5				7/4	
		Unreg																				
EAU	98	Reg																				
		Unreg																				
MHDU	100	Reg																				
		Unreg																				
CRITICAL CARE*	97	Reg																				
		Unreg																				
NEONATAL**	95	Reg																				
MATERNITY ****	99	Reg		17/15	17/12	17/13								17/15	18/16	17/16		17/13				
		Unreg	8/6						8/5		8/5						8/6					

WARD	NCI	STAFF	11 D	11 N	12 D	12 N	13 D	13 N	14 D	14 N	15 D	15 N	16 D	16 N	17 D	17 N	18 D	18 N	19 D	19 N	20 D	20 N
WARD A1	80	Reg																				
		Unreg																				
WARD A2	90	Reg																				
		Unreg																				
WARD A3	90	Reg																				
		Unreg																				
WARD B1	97	Reg																				
		Unreg																				
WARD B2 HIP	99	Reg																				
		Unreg																	8/6			
WARD B2 TRAUMA	98	Reg																				
		Unreg																				
WARD B3	87	Reg																				
		Unreg																				
WARD B4	91	Reg																				
		Unreg																			7/5	
WARD B5	89	Reg																				
		Unreg																				
WARD B6		Reg																				
		Unreg																				
WARD C1	91	Reg																				
		Unreg																				
WARD C2***	93	Reg																				
		Unreg																				
WARD C3	93	Reg																				
		Unreg																				
WARD C4	93	Reg																				
		Unreg																				
WARD C5	88	Reg													5/4							
		Unreg																				
WARD C6	93	Reg																				
		Unreg																				
WARD C7	94	Reg																				
		Unreg																				
WARD C8	96	Reg																				
		Unreg																				
CCU/PCCU	94	Reg																				
		Unreg																				
EAU	98	Reg																				
		Unreg																				
MHDU	100	Reg																				
		Unreg																				
CRITICAL CARE*	97	Reg																				
		Unreg																				
NEONATAL**	95	Reg																				
MATERNITY ****	99	Reg																				
		Unreg					8/6		8/6		8/6						8/6					

WARD	NCI	STAFF	21 D	21 N	22 D	22 N	23 D	23 N	24 D	24 N	25 D	25 N	26 D	26 N	27 D	27 N	28 D	28 N	29 D	29 N	30 D	30 N		
WARD A1	80	Reg																						
		Unreg																						
WARD A2	90	Reg																						
		Unreg																						
WARD A3	90	Reg																						
		Unreg																						
WARD B1	97	Reg																						
		Unreg																						
WARD B2 HIP	99	Reg																						
		Unreg																			8/6			
WARD B2 TRAUMA	98	Reg																						
		Unreg																						
WARD B3	87	Reg																						
		Unreg																						
WARD B4	91	Reg																						
		Unreg			7/5																			
WARD B5	89	Reg																						
		Unreg																						
WARD B6		Reg																						
		Unreg																						
WARD C1	91	Reg																						
		Unreg																						
WARD C2***	93	Reg				7/5																		
		Unreg																						
WARD C3	93	Reg																			7/5			
		Unreg																						
WARD C4	93	Reg																						
		Unreg																						
WARD C5	88	Reg																						
		Unreg																						
WARD C6	93	Reg																						
		Unreg																						
WARD C7	94	Reg																						
		Unreg																						
WARD C8	96	Reg																						
		Unreg																						
CCU/PCCU	94	Reg																	7/5		7/5			
		Unreg																						
EAU	98	Reg																						
		Unreg																						
MHDU	100	Reg																						
		Unreg																						
CRITICAL CARE*	97	Reg																						
		Unreg																						
NEONATAL**	95	Reg																						
MATERNITY ****	99	Reg		17/13								17/14	18/15	17/15		17/14								
		Unreg	8/6		8/6								8/5				8/6		8/6					

Key — Serious Shortfall (red); Registered nurse/midwife shortfall (amber); Care Support Worker shortfall (blue)

* 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 staff

*** 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 care.

**** 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

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 2 June 2016

TITLE:	**24th May 2016 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Glen Palethorpe Director of Governance / Board Secretary	**PRESENTER**	Doug Wulff – Committee Chair

CORPORATE OBJECTIVES

SO 1 – Deliver a great patient experience
SO 2 – Safe and caring services

SUMMARY OF KEY ISSUES:

The attached provides a summary of the assurances received at this meeting, the decisions taken, the tracking of actions for subsequent meetings of this Committee and the action the Committee is seeking the Board to take.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description: N/A**
	Risk Register: N		**Risk Score: N/A**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: links all domains**
	Monitor	**Y**	**Details: links to good governance**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		**Y**

RECOMMENDATIONS FOR THE BOARD

The Board to note the Committee's annual review of its effectiveness and terms of reference and to ratify the decision of the Committee to remain with the same terms of reference for 2016/17 as it has successfully operated within last year.
To note the assurances received via the Committee, the decisions taken in accordance with the Committee's terms of reference.

The Dudley Group NHS
NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	24 May 2016	D Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

- Operational Management assurance was provided on the performance in respect of key quality indicators including the strong performance in respect of preventing avoidable *C diff* cases. Whilst the Trust has had good performance in the area of apportioned *C diff* cases over the last year, the two weekly meetings remain in place to keep the focus on the compliance with Trust processes in respect of infection prevention and control. In respect of the areas of poorer performance relating to specific Stroke Time on the Stroke Unit, VTE and Maternity Breast Feeding Initiation rates and maternity Smoking in Pregnancy rates, the Trust has an improvement plan and the progress of these will be brought back within future performance reports to this Committee;
- There continues to be a lag in reviewing Trust Policies within their planned review timescales. With Policies becoming due for review each month the pressure on staff to undertake this task remains constant. The Committee asked for a further update at its next meeting;
- Operational Management assurance was provided that the Trust has complied with the reporting requirement timescales in respect of SIs and 72 hour questions from the CCG;
- Executive Management assurance was provided in respect of progress being made against the Trust recommendations made within the joint Serious Incident RCA Process Improvement plan with the CCG;
- Assurance was provided from the lead consultant in respect of the Trust's delivery and outcomes in respect of Hip and Knee replacement surgery from the presentation of the latest National Joint Registry report. This showed that the Trust data submission was high, giving confidence in the conclusions drawn. The analysis showed that the outcomes for surgery where better than the average for both Hips and Knees and that mortality in these areas was at the level of the registry average;
- Executive Management assurance was received via the Quality and Safety Group in respect of the agenda items including an improving position in respect of the

outcome of the past month's Nursing Care Indicator audits and the reduction in falls within the hospital which sees the Trust below the national average for falls within hospital. However negative assurance was received in respect of the Blood Sampling Audit undertaken within ED;

- Executive Management assurance was received via the Internal Safeguarding Board in respect of the agenda items. There continues to be insufficient access to CAMHS Tier 4 beds which is reflected within the Trust's Corporate Risk Register. Some positive assurance was received via the Board in respect of the continued focus on Safeguarding Training, Mental Health Act Training and Learning Disability Training however within the area of Maternity the numbers of staff to be trained is higher than planned; and
- The Internal Safeguarding Board reported on the planned development of the Multi Agency Safeguarding Hub (MASH)

Decisions Made / Items Approved

- Approval of 4 policies, 1 strategy and 12 guidelines / procedures that had all been considered by the Policy Group;
- Approval to close 31 RCA action plans following assurance from the Corporate Governance Team that, where appropriate, actions plans completed had been evidenced; and
- Following their annual review along with the committee's self-assessment of its performance the Committee agreed to keep the Terms of Reference the same as it successfully operated within during last year.

Actions to come back to Committee (items the Committee is keeping an eye on)

- Policies that are due for review but have not been reviewed within their expected timescales;
- Continued progress against the joint RCA Process Improvement Action plan with the CCG;
- Blood Sample Audit improvement plan progress report from the Quality and Safety Committee, also assurance was sought in respect of how blood sampling was being undertaken across other areas of the Trust; and
- Maternity Safeguarding Training levels.

Items referred to the Board for decision or action

The Board to note the Committee's annual review of its effectiveness and terms of reference and to ratify the decision of the Committee to remain with the same terms of reference for 2016/17 as it has successfully operated within during last year.

The Board should note the risk in relation to CAMS tier 4 beds and the lack of assurance due to the number of Polices needing to be reviewed. Noting that both of these are reflected within the Corporate Risk Register.

Enclosure 6

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board on 2nd June 2016

TITLE:	**Black Country Alliance Report**		
AUTHOR:	**Terry Whalley, BCA Programme Director**	**PRESENTER**	**Terry Whalley, BCA Programme Director**

CORPORATE OBJECTIVE:

SO3: Drive service improvements, innovation and transformation
SO5: Make the best use of what we have
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

No issues arising.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details: None**
	Monitor	**N**	**Details: None**
	Other	**N**	**Details: None**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		Y	

RECOMMENDATIONS FOR THE BOARD

The Board is asked to note this report from BCA Programme Director and ask any questions that may arise

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:	**Deliver 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 good outcomes, promotes a good quality of life and is based on the best available evidence**
CARING	**Staff involve and treat 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**

ENC 3

The Black Country Alliance

Programme Director's Update – April 2016

1 Purpose

The purpose of this paper is to provide a brief update from the Programme Director on the projects within the scope of the Black Country Alliance, together with other matters of interest to the Black Country Alliance Board.

2 Phase 1 Project updates

2.1 Urology

Urology is covered as an item on the main agenda.

2.2 Interventional Radiology

The pilot of 7 day non vascular interventional radiology service has now been running for 5 weekends, with all aspects in place as planned whilst Dudley, Wolverhampton and SWBH have hosted.

Over the bank holiday weekend we had our first real use of the service. A patient at Dudley, under the care of one of the physicians outside urology / surgery, was found to have a pyonephrosis. Her transfer was therefore from a medical ward (she had been taken over by urology a matter of hours before when a CT scan clearly showed the source of her sepsis to be urological) which tested the protocols. However, a nephrostomy was inserted at SWBH and the patient transferred back to DGFT. The patient is doing well.

The service has been reliant upon Tom Johnson, Governance Lead Radiographer at WHC, to provide the detailed operational management of the pilot. However, Tom has appointed into a new role at WHC which will require his full focus. While arrangements have been discussed to keep some of Tom's time to enable a hand-over, we are without options at the moment, and the team would really appreciate some support from BCA Board identifying a suitable alternative to ensure the focus is retained on the pilot, and so that an enduring model can be established in the even that a successful pilot becomes an established service.

There have been a few examples now where there have been enquiries about other procedures, which suggest there is a demand from other specialities for extending the service to include other procedures. This, along with reviewing the pilot

performance to date, will be the main focus when the Steering Group meets on 17th May.

2.3 Histopathology

Report from Rachel required

2.4 Rheumatology

In order to continue to support and stabilise the WHC rheumatology service there are a number of steps that SWBH will implement from July 2016 pending the appointment of substantive rheumatologists. An interim service level agreement is currently being developed to cover the period from 1st April 2016 until the 30th September 2016 by WHC; this was requested at the steering board meeting held in April 2016. The development of the SLA from October 2016 for the remainder of the financial year lies with SWBH and is currently in draft format.

Dr Situnayake will take the lead in collaboration with Dr Nicola Erb to appoint locums where necessary, they will also agree with WHC teams the necessary change in locum job plans to allow the incumbent to attend the governance afternoons with SWBH. SWBH has gained RCP approval to appoint 4 rheumatologists and the advert for posts with a plan to recruit by October is on track. DGFT have authorised the appointment of 2 consultants which will allow for a seamless and collaborative team of consultants to deliver high quality services at WHC. The Walsall nurse service is currently being supported by SWBH senior nurse for 1 day a week and this will increase to 3 days a week from July 2016.

SWBH are progressing the appointment of an operational manager to oversee the rheumatology service at SWBH and WHC which will allow for the alignment and standardisation of processes in readiness for the provider led model planned for October 2016. The aim is to appoint an operational manager by July – August 2016.

The induction of SWBH and DGFT staff to WHC will include establishing access to WHC clinical systems and email. The teams will be scoping any further need for clinical interoperability which may be required, both in the short term to enable practical working and in the longer term as we move toward a transformed service, and will report back further in due course.

3. Phase 2 Project Updates

3.1 Children's Services

Project Team			
	DGFT	**SWBH**	**WHC**
Trust Sponsor	Steve Phipps	Petrina Marsh	Linda Bromwich
Clinical Lead	Subra Mahadevan Karen Anderson	Heather Bennett Niten Makwana	Caroline Whyte Sally Ann
Management Lead	TBD	TBD	TBD

The

Steering Group for Acute and Community Children's services has formed and met for the first time on 20th April. The group briefly described current services provided in each Trust, and highlighted some areas where there was a view that collaboration may fix a problem or help realise an ambition to improve quality of care provided across the patch.

A Mandate was agreed by the group, see attachment A, and focus through spring and into summer will be the creation of a Black Country children's services map, with detail of sub specialties where helpful. Alongside this, identification of some immediate changes that might be made to improve quality of services through shared learning, or access to services more locally through simple clinician to clinician referral pathways changes. It is expected that a further update, containing service map, immediate agreed priorities and intentions / proposals through 16/17 will be brought back to BCA Board before the summer holidays.

3.2 Complex TB

This piece of work currently progresses as piece of work between SWBH and WHC. DGFT project leads have indicated that they have existing partnership arrangements for complex and multi-drug resistant tuberculosis patients with Wolverhampton and see no immediate case for change.

SWBH and WHC TB leads met on 15th April and agreed there is scope and potential for collaborative working on the following;

- To repatriate WHC Complex MDR TB cases to SWBH,
- To define and agree Complex MDR TB pathways operationally with Infection Prevention and Control,
- To establish a 'Virtual Multi-Disciplinary Team Forum' for educational/second opinions for complex MDR TB cases.

3.3 Haemoglobinopathy

This piece of work currently progresses as piece of work between SWBH and DGFT. WHC project leads have indicated that they have existing partnership arrangements for complex patients with Wolverhampton and see no immediate case for change.

The team have been asked to undertake an objective assessment of the measures of health outcomes, healthcare experience and best use of resources to form an objective view of whether there is a case for disrupting the existing arrangement of not.

DGFT manage straightforward patients locally while complex patients are referred to the SWBH team.

3.4 Endoscopic Colon Tumour Resection

This project is exploring the opportunity for scaling up and replicating the novel procedure Endoscopic Full Thickness Resection (EFTR) at WHC and SWBH. DGFT is one of the three centres in England to offer the EFTR procedures and aspires through partnership working to create a national centre of excellence.

Initially, it was felt that this might be an opportunity that could be quickly progressed, enabling patients at SWBH and WHC to access a new procedure with improved health outcomes and experience through minimally invasive procedure. However, initial feedback from clinicians at all 3 Trusts suggests that this is not something to be rushed, with appropriate diligence required.

Clinical Lead at SWBH attended a presentation at DGFT on 25th April and concluded there appeared to be merit in the proposal. They now intend presenting this information to the Gastro team at the next available Quality Improvement Half Day (June / July 16). Clinical Leads at WHC have yet to confirm a date and time to have an initial meeting to discuss this.

3.5 Neurology

Executive Sponsor Paula Clark			
	DGFT	**SWBH**	**WHC**
Trust Sponsor	TBA	TBA	TBA
Clinical Lead	Roland Et	David Nicholl	TBA
Management Lead	Keisha Dell	Jill Barnes	Jo Adams

The Neurology Steering Group have drafted and agreed a mandate which describes the approach and the initial priorities for the project, see attachment B, and focus through spring and into summer will be the creation of a Black Country Neurology sub speciality map. Relatively stand-alone and something could be progressed quite quickly, building on SWBH nurse-led complex headache service might enable better access to the right support within Black Country for Dudley and Walsall patients rather than current option 6-8 week wait time for an appointment outside the area. It would also take pressure off some other Neurology services and allow resilience to be built into SWBH service. It is expected that a further update, containing service map, immediate agreed priorities and intentions / proposals through 16/17 will be brought back to BCA Board before the summer holidays. In the meantime, the group are establishing Task & Finish Groups to take forward these initial priorities.

3.6 Black Country Upper Limb Trauma Centre

Colleagues are now forming the Steering Group for this piece of work. Roger Stedman, Medical Director at SWBH, will act as Executive Sponsor for this project. A mandate has been drafted and will be reviewed by colleagues at DGFT and WHC once they are confirmed before being brought back to BCA Board in June or July.

Executive Sponsor Roger Stedman			
	DGFT	**SWBH**	**WHC**
Trust Sponsor	TBA	Bhuvan Machani	TBA
Clinical Lead	TBA	Kanthan Theivendran (supported by Subodh Deshmukh Jenny Durston Nicola Malloy)	TBA
Management Lead	TBA	Hilary Lemboye	TBA

3.7 Audiology

Following last month's BCA Board decision to ask the Audiology teams to take forward their expression of interest and come back with further proposals in due course, a group of clinical and operational stakeholders met for the first time on 25th April. The group shared at a high level respective Trusts' services, strengths and weaknesses and opportunities for collaboration. It became very clear very quickly that there is a shared desire to use the opportunity the Black Country Alliance offers to take forward a number of pieces of work across community & acute services, and in respect of Children's and Adults services.

The group have drafted a mandate to frame further work (appendix C), and will progress a number of quick wins over the summer. These 'quick wins' include defining a black country sub speciality map showing range of services and who provides; and importantly – where those services are provided, effective utilisation of out-patient clinics, working with ENT and Contact Centre colleagues to ensure improved utilisation of outpatient clinics, and working together to maximise the value from Any Qualified Provider tender for services from 1st July. Additionally, the group will consider further the merit and public value case for initiatives such as Bone Anchored Hearing Aids, Paediatric Balance Services, Wax Services and New Born Hearing Screening Programme. All of these will be the subject of more detailed proposals which will come back to the BCA Board later in the summer

Back Office Support Services - Phase 1

3.5.1 Contract Management in Estates & Facilities

A conference call took place on 21st April to discuss KPIs, monitoring processes and opportunities to recreate similar review structures across all three Trusts. Stakeholders at all 3 Trusts support the BCA board's request for a review of contract management arrangement associated with PFIs to enable;

- Economies of scale, and synergies to be explored and secured to improve the efficiency and effectiveness of services provided.

- Previous measures taken which have successfully enabled CIP plans and other improvements to be delivered to be shared across Trusts.
- Opportunities to make structural changes to be designed with a collaborative approach involving all 3 Trusts.

SWBH lead Alan Kenny has offered to take the lead on this piece of work with the agreement of his counterparts at other Trusts. A draft mandate is available and is included on the agenda.

3.5.2 Research Management & Governance

Stakeholders from all 3 Trusts have met and agreed a mandate for this piece of work, which is included in the agenda.

3.5.3 Legal Services

Trust leads have indicated that there is a need to review the nature of legal spending at WHC and DGFT to enable comparison with the benefit SWBH obtained when they appointed their own solicitor. Some data has been requested to understand the level of spend in WHC and DGFT on external legal advice, but initial view is that the opportunity to reduce spend may not be as great as SWBH experienced when appointing their solicitor. The case may therefore not be as straightforward to make as might have first appeared. A project mandate has been agreed and is contained within the pack on today's agenda.

3.5.4 Information Governance

The IG Leads continue to collaborate on matters of mutual interest – as exampled by the BCA Information Sharing Protocol – and will continue to explore opportunities for improving resilience, sharing expertise and offering peer support. A project mandate has been agreed and is contained within the pack on today's agenda.

3.5.5 Temp Staffing Admin / Rates

The Temporary Workforce Group have met and have commenced work to review the processes, rates, software and roster systems used in the three respective organisations and identify opportunities to streamline processes and share good practice. A mandate has been written and is included on the agenda.

3.5.6 ESR Admin

A meeting took place on 28th April and an ESR working group have agreed to work collaboratively on four key stages

- To define list of ESR functions, and define where in each Trust those functions go across by Trust (e.g. the role of Finance, Informatics). This will inform who else needs to be connected into more detailed work.
- To prioritise this list of ESR functions based on initial view on opportunity for improvement through collaboration.
- To map in detail those functions in priority order by Trust, identifying any immediate opportunities for quick wins.
- To fully evaluate and identify possible opportunities for improved outcome or efficiency, to 'lean' processes, to share best practice and remove

unwarranted variation, standardise on systems and possibly move toward a shared service model.

A mandate has been written and is included on the agenda.

3.5.7 Coding

The teams have met on a couple of occasions and have begun to identify opportunities to explore banding structures, best practice, leadership and training structures. A further meeting is scheduled for 4th May at which it is expected a mandate and next steps will be agreed.

3.5.8 Procurement

Good progress has been made on actions that will enable all 3 Trusts to respond better together to Lord Carter's review of hospital efficiency. This includes agreement to recruit a senior procurement leader who can direct efforts across the 3 trusts as we drive forward in year opportunities for buying better together, while at the same time, consider more strategic / transformational actions that will realise the quantum of benefit needed by each Trust on non-pay spend. A job description has been agreed for this role, and we are about to go to advert. Additionally, the Steering Group have received a demonstration on an analytics capability which appears to offer a low risk, low cost route to better informing procurement decision making. Such analytics, together with the creation of a clinically led procurement group across the 3 Trusts will lead to a step change in capability and capacity to drive value.

4. Other News

Senior Project Manager. Following recent advertisement for the role of BCA Senior Project Manager, and subsequent interviews held earlier in April, Michelle McManus has now accepted our offer of employment as Senior Project Manager in the Black Country Alliance. Michelle is currently Head of PMO at University Hospitals North Midlands, and has previously held project management roles in Provider, CCG and PCT organisations, as well as having worked in Change Management within the Private Sector. Michelle is currently completing a Master's degree in Healthcare Leadership with the NHS Leadership Academy. Joining us on 4th July, Michele will be employed through Dudley and based in Walsall, but will naturally spend time in all locations.

HEE WM Graduate Trainee Scheme. The NHS Leadership Academy working with Health Education England across the West Midlands have just completed a comprehensive process as part of establishing the 2016 Graduate Management Trainee Scheme. For the 2016 intake there will be 100 trainees in total, of which, 10-20 placements are allocated within the West Midlands. The Black Country Alliance submitted an expression of interest on behalf the 3 Trusts, followed by a Statement of Commitment. There were some 32 organisations offering over 100 placements, and following final selection panel meeting on 14th April, our offer of placement was accredited and offered to graduate trainees as an option for their consideration. Subsequently, the BCA placement has been selected by Sophia Emanuel who is currently on a first year placement with SWBH. We are expecting Sophia to join the

BCA Team in November 2016. This is a great result for BCA, demonstrating the attraction of New Models of Care like the BCA as an environment within which to expose tomorrow's leaders to fresh and forward thinking ideas and ways of working as part of their development.

CIP Plans. Stakeholders across the 3 trusts have met to share and discuss respective CIP plans, and a number of areas were identified where we might enable effective identification of examples of schemes that have delivered value or that are being planned, which may enable Trusts to benefit and go further / faster than might otherwise have been the case.

5. The Ask of the Black Country Alliance Board

The Black Country Alliance Board is invited to;

1. Receive and comment on the above update.
2. Endorse the 3 mandates presented (Children's Services, Audiology, Neurology)

Appendix

A: Children's (Acute & Community) Services Mandate
B: Neurology Mandate
C: Audiology Mandate

The Black Country Alliance CAN – May 2016

Welcome to the latest edition of the Black Country Alliance CAN newsletter. Here you will find a brief update on the current projects being undertaken within the Black Country Alliance together with a roundup of other news items. This follows the BCA Board meeting, held in public on 11th May 2016.

The next Board meeting will take place on 8th June 2016, 10.30am - 11.30am The Seminar Room, Trust HQ, Second floor, South Block, Russell's Hall Hospital, Dudley. These meetings are held in public and staff, patients or any member of the public are very welcome to attend. You can find papers from the public BCA Board on www.blackcountryalliance.org .

Interventional Radiology (IR)

The new non-vascular 7-day Interventional Radiology service is now in place and patients are now able to benefit from being treated at the weekend or on bank holidays . The Steering Group are reviewing the pilot and considering whether the service can be extended to include other procedures.

Anne Baines, Director of Strategy, Performance and Transformation at DGFT, can provide further details of the pilot **(anne.baines@dgh.nhs.uk).**

Urology

The Urology Steering Group has produced a specialty and sub specialty map that shows a list of surgical and diagnostic procedures by consultant and Trust. Use of this map will enable us to treat some patients within the Trusts that make up the Black Country Alliance, rather than referring them elsewhere. It is also helping to identify where there is a gap that we could consider filling together and where we can collaborate to improve quality. The group are developing proposals for complex stones, embryology and infertility treatment, penile cancer and implants, holmium laser treatment, treatment of large prostate cases, videourodynamics and other services.

Dawn Wardell, Chief Nurse for Dudley, is the executive sponsor for Urology and can be contacted via email (**dawn.wardell@dgh.nhs.uk**).

Children's Services

The Board approved the scope of work for the children's acute and community services group to take forward. Clinical and operational leads at the three Trusts will map out the services included within the Black Country Alliance and explore whether we can together overcome some of our current challenges such as outpatient clinic capacity, referral to treatment waiting times, recruitment and staffing, paediatric assessment beds and HDU capacity and utilisation. They will also look at opportunities for shared learning, seven day and out of hours services and development of some new specialties.

The leads at each Trust are: DGFT: Steve Phipps, SWBH: Petrina Marsh, and WHT: Linda Bromwich, who can be contacted for more information.

Neurology

The neurology group are creating a specialty and sub specialty map for the Black Country. They are looking at whether the SWBH nurse-led model for complex headaches could be offered to Walsall and Dudley patients providing faster access to care than the current waiting time for an appointment elsewhere. They are also exploring MS and complex rehab patients. The group will report back to the BCA Board before the summer.

Paula Clark, Chief Executive at DGFT can provide further details (paula.clark@dgh.nhs.uk).

Rheumatology

Work continues on the provision of a shared BCA Rheumatology Service to deliver a safe and sustainable service locally. The appointment of a service manager and substantive rheumatologists is on track.

Dr Roger Stedman, Medical Director at SWBH can provide further details (roger.stedman@nhs.net).

Audiology

A group of clinical and operational leaders for audiology met on 25th April and are keen to look at Black Country Alliance opportunities to develop existing services. As well as mapping out our current services, the group will review how effectively the Trusts are able to use their outpatient clinics working closely with ENT and the contact centres. They are also ensuring that we maximise the value of the Any Qualified Provider tender process. The group will report back to the BCA Board in the summer.

The leads at each Trust are: DGFT: Anjali Dave, SWBH: Julia Mitchell, and WHT: Malcolm Holt, who can be contacted for more information.

Procurement

The BCA Board agreed to appoint a Black Country Alliance joint director of procurement to establish the BCA as a centre of procurement and commercial excellence in the region. The successful candidate will be hosted by SWBH and work closely with the Director leads for procurement in each Trust. They will make the most of the benefits of working across our three Trusts to become more efficient and effective and get best value for money out of procured goods and services.

For further information on this work stream, please contact Daren Fradgley, Director of Strategy & Planning at daren.fradgley@walsallhealthcare.nhs.uk

Support Services

A number of back office services are being reviewed to identify any collaboration opportunities across the BCA. The May Board meeting received the scope of work for:

- Electronic Staff Record: The Board wanted the group to make consistent use of ESR a priority
- Contract management for estates and facilities
- Research management and governance: The main ambition is to establish a mechanism by which studies initiated by one Trust can be made open for enrolment by patients from other Trusts.
- Legal services: The team are looking at whether a shared in-house legal service is desirable.
- Information governance: The IG leads have identified the route in order to enable the three Trusts to share information. Each project that needs it will have a data exchange agreement in place and the IG leads will facilitate the sharing of information to ensure that unnecessary obstacles are removed.

- Coding: The three Trusts are looking at how best to appoint new qualified coders and see how working across the BCA can help.

Find out more about the Black Country Alliance at www.blackcountryalliance.org or follow us on twitter @TheBCAlliance

Paula Clark
Chief Executive
The Dudley Group

Toby Lewis
Chief Executive
Sandwell and West Birmingham

Richard Kirby
Chief Executive
Walsall Healthcare

Enclosure 7

Committee highlights report to Board

Meeting	Meeting Date	Chair	Quorate	
Workforce & Staff Engagement Committee	17th May 2016	Julian Atkins	yes	no
			Yes	

Declarations of Interest Made

None

Assurances Received

1. An update was provided on current plans to achieve the apprentice recruitment target of 100 apprentice starts for 2016/17 following over-achievement in 2015/16 (target 50, delivered 80). Further detail will be presented to provide assurance on the impact of the Apprentice Levy at the next meeting.

2. An update on the staff friends and family test and national Staff Survey was received. Friends and family test results were lower for quarter 4 but still showed an improvement from last year. For the end of year summary, the number of staff who recommend the Trust as a place to a) receive care was 88% (compared to 72% 2014/15) and b) work increased from 68% (2014/15) to 69%. The overall engagement score in the Staff Survey has increased to 3.86 (out of 5).

3. The Trust People Plan actions for 2016/17 and an end of year update for 2015/16 was provided on key actions providing assurance that the plan is being implemented. Additional and new activity has been added to reflect key priorities for action in 2016/17 which includes: Junior Doctors contracts, Pharmacy Skill mix, Development of band 4 Assistant Nurses, Support for Team Building, Implementation of the Carter principles, Black Country Alliance reviews, Values based recruitment and CQUINS relating to the Flu Vaccine and Health and Wellbeing of Staff.

4. Mandatory training reporting changes agreed previously have been delayed due to the addition of Prevent training and changes to Safeguarding requirements. This will be implemented from 1st May 2016.

5. Workforce KPI's were received for March 2016. Turnover and establishment figures were reviewed and in relation to increases in establishment figures in February and March more detail was to be provided to understand whether this was expected and ensure appropriate controls are in place. Appraisal compliance continues to be a concern with compliance at 77.57% (March 2016). Updated figures following the meeting show that for April 2016 there is an increase to 80.91%

6. A more detailed report on Absence was received. Absence rates had improved and work is continuing to support reductions in specific areas such as mental health/stress and musculoskeletal absences. The committee proposed work to recognise those staff who consistently achieve 100% attendance.

7. An update on recruitment and retention across the organisation was received. Further detailed assurance will be provided at the next meeting to focus on staffing requirements across the trust. This will include receiving the Trust's Workforce Plan, an assessment of impact of the new Doctors' Contracts and information on recruitment and retention based on audits and reviews undertaken to date.

Decisions Made / Items Approved

1. The Trust People Plan actions for 2016/17 were approved.

2. A paper setting out key principles reporting on Health and Safety was presented and a new Health, Safety and Fire Assurance Group was approved.

Committee highlights report to Board

3. The Committee received two Trust policies for ratification.
Actions to come back to Committee / Group (Items Committee / Group keeping an eye on)
Apprenticeships and the Impact of the Levy; Workforce Plans and Recruitment and Retention
Items referred to the Board / Parent Committee for decision or action
None

Enclosure 8

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 2 June 2016

TITLE:	**24 May Audit Committee Summary Report to the Board**		
AUTHOR:	Richard Miner – Committee Chair	**PRESENTER**	Richard Miner – Committee Chair

CORPORATE OBJECTIVES

ALL

SUMMARY OF KEY ISSUES:

The attached provides a summary of the assurances received at this meeting, the decisions taken, the tracking of actions for subsequent meetings of this Committee and the action the Committee is seeking the Board to take.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description: N/A**
	Risk Register: N		**Risk Score: N/A**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: links all domains**
	Monitor	**Y**	**Details: links to good governance**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		**Y**

RECOMMENDATIONS FOR THE BOARD

To note the assurances received via the Committee, the decisions taken in accordance with the Committee's terms of reference and action any items referred to the Board.

Audit Committee highlights report to Board of Directors 2 June 2016

Meeting	Meeting Date	Chair	Quorate	
Audit Committee	**24/5/2016**	**Richard Miner**	**yes**	**no**
			x	

Declarations of Interest Made

None

Assurances Received

- The ISA260 report (the report to those charged with governance) on the financial statements from PwC. It noted the overall positive comments from PwC; that there are no uncorrected misstatements above the de-minimis reporting level of £250,000; the unqualified (unmodified) audit opinion on the financial statements and the "except for" conclusion on arrangements for securing economy, efficiency and effectiveness in the use of resources.
- Noted the Internal Audit Annual Report for 2015/16 and the assurance it provides for the Trust's Annual Governance Statement.
- Noted the completion of the Internal Audit Plan for 2015/16 and confirmation of the draft opinion as reported to the Committee in March.
- Noted the contents of the Local Counter Fraud Service annual report for 2015/16 setting out the work carried out in the 2015/16 counter fraud work plan and that no significant fraud risks were identified within their work for the year.
- The formal receipt of the Trust Annual Clinical Audit Report for 2015/16.

Decisions Made / Items Approved

The Committee:

- In accepting the ISA 260 report (the report to those charged with governance) from PwC, reaffirmed its attitude to fraud as previously set in a letter to PwC from the chairman of the Committee and as demonstrated by the Internal Audit Annual Report 2015/16 and the report from the Local Counter Fraud Specialist for 2015/16. The Committee also considered all matters in the ISA 260 report and confirmed that they agreed with PwC's conclusion on their independence and objectivity.
- Approved the letter of representation to the external auditors (PwC) noting that, in particular, the letter made reference to the basis of the revaluation and the PFI lifecycle prepayment.
- Reviewed and approved the Trust Annual Accounts for 2015/16.
- Reviewed and approved the Trust Annual Report for 2015/16, including the Annual Governance Statement, subject to some very minor amendments.
- Considered and accepted the findings of the External Audit work performed on the Quality Report subject to some minor updates (final c.diff and pressure ulcer performance information) in that report.
- Reviewed and approved the 2015/16 Quality Report, noting the minor updates.
- Considered and accepted the ISA 260 report (the report to those charged with governance) on the Charitable Funds Financial Statements for 2015/16 noting that there were no uncorrected misstatements (above the de-minimis level) and the unqualified (unmodified) audit report.

Audit Committee highlights report to Board of Directors 2 June 2016

- Reviewed the Charitable Funds Accounts for 2015/16 and, subject to a minor amendment to an accounting policy, recommended that the Board approves the accounts at its meeting on 2 June 2016.
- Agreed to give continued due consideration to management actions recommended in the Internal Annual Audit Report and that they be completed in a timely manner.
- Approved the submission of the Audit Committee Annual Report (subject to a minor amendment) to the Board at its meeting on 2 June, noting the assurance it provides for the Trust's Annual Governance Statement.
- Noted the losses and special payments made up to 31 March 2016.
- Approved three changes to the clinical audit plan for 2016/17 (the 2016/17 plan having been approved at the previous meeting of the Committee).

Actions to come back to Committee / Group (Items Committee / Group keeping an eye on)

As brought forward

- Follow up to the amber/red opinion on IT Data Security Review and Disaster Recovery by RSM as well as the monitoring of these areas by IT Steering Group. Follow up of Safeguarding Policy (DNA letters) and Data Quality (Safer Staffing). To receive at the Committee's next meeting a report on the progress against the "project fusion" recommendations.
- The conclusion to the NHS Protect response, a matter previously reported.
- Work being undertaken in respect of cyber risks.

Items referred to the Board / Parent Committee for decision or action

- The Audit Committee Annual Report (subject to a minor amendment) noting the assurance it provides for the Trust's Annual Governance Statement. (Appendix 1)
- The Charitable Funds Accounts for 2015/16 for consideration and approval by the Board (Appendix 2)
- The Representation Letter relating to the 2015/16 Charitable Fund Accounts for consideration and approval by the Board (Appendix 3)

The Dudley Group NHS
NHS Foundation Trust

ANNUAL REPORT OF THE AUDIT COMMITTEE FOR THE YEAR 2015/16

1. Introduction

The Audit Committee is established to provide assurance to the Board that there is an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives and that this system is established and maintained.

The purpose of this report is for the Audit Committee to account to the Trust Board of Directors on its activities relating to the financial year 2015/16. In practice this covers the period up to the approval and sign off of the Trust's Annual Report and Accounts, which is due to take place on 24 May 2016. The Board gave delegated powers to the Audit Committee to approve these documents.

After each of its meetings during the year, the Audit Committee provides a written report to the Trust Board that details the matters discussed, key issues identified and any items requiring referral to Trust Board. This annual report draws from the information contained in these regular reports.

The Committee's responsibilities are set out in detail below.

Although financial scrutiny remains vitally important, Audit Committees have increasingly recognised that there is a widening range of activities which require comprehensive and effective controls and which should therefore fall within the remit of the Audit Committee. For NHS organisations, this typically includes clinical governance issues, such as the collection and reporting of performance and quality data, the preparation of annual clinical audit plans and processes and the measures taken to combat fraud.

In order to discharge its key functions, the Audit Committee prepares an Annual Report for the Trust Board and the Chief Executive as Accounting Officer of the Trust and expresses its considered opinion based upon the evidence placed before it.

2. Audit Committee's Responsibilities

During the year, the Audit Committee operated in accordance with its responsibilities as set out in its Terms of Reference, which are:

a) To review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical, that supports the achievement of the organisation's objectives;

b) To ensure that there is an effective Internal Audit function that meets Government Internal Audit Standards and that provides appropriate independent assurance to the Audit Committee, Chief Executive and Trust Board;

c) To review the work and findings of the External Auditors and consider the implications of and management's responses to their work;

d) To review the findings of other significant assurance functions, both internal and external to the Trust and including in particular local and national clinical audit activity and outcomes and consider the implications for the governance of the organisation;

e) To satisfy itself that the organisation has adequate arrangements in place for countering fraud and to review the outcomes of counter fraud work;

f) To receive and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. The Committee also requests specific reports from individual functions within the organisation (for example, clinical audit) where these are appropriate to the overall arrangements;

g) To monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance;

h) To ensure that the systems for financial reporting to the Trust Board, including those of budgetary control, are subject to review in order to establish the completeness and accuracy of the information provided to the Trust Board;

i) To review the Annual Report, Quality Report and financial statements before submission to the Trust Board focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee
- Changes in and compliance with accounting policies, practices and estimation techniques
- Unadjusted mis-statements in the financial statements and significant judgments used in the preparation of the financial statements
- Significant adjustments resulting from the audit
- The letter of management representations
- Qualitative aspects of financial reporting
- Contents of the Quality Report

3. Audit Committee Membership

The Audit Committee is constituted as a sub-committee of the Trust Board with approved terms of reference that are aligned with the *Audit Committee Handbook 2014* published by the HFMA and Department of Health. The required quorum for meetings is two Non-Executive Directors.

It is recommended that the Chair of the committee is a suitably (CCAB) qualified accountant. Richard is an Associate of the Institute of Chartered Accountants in England and Wales and a Fellow of the Association of Chartered Certified Accountants.

Certain individuals were required to attend Audit Committee meetings. These included the Trust Director of Finance & Information, senior representatives of the External Auditors of the Trust, senior representatives of the Internal Auditors of the Trust and the Local Counter Fraud Specialist (LCFS).

The table below records attendance at each meeting during a revised 2015/16 cycle of 5 meetings which is due to complete at the forthcoming meeting on 24 May 2016:

Date of Meeting	Audit Chair	Other NEDs	Finance Director	External Auditors	Internal Auditors	LCFS
21 July 2015	Yes	2	Yes	Yes	Yes	Yes
20 October 2015	Yes	2	Yes	Yes	Yes	Yes
19 January 2016	Yes	2	Yes	Yes	Yes	Yes
22 March 2016	Yes	2	Yes	Yes	Yes	Yes

Other individuals from the Trust are invited to attend meetings including the Chief Executive, Chief Nurse and the Director for Governance.

The Committee is able to draw on the independent advice of the Trust's auditors and any other officers or outside agencies it considers necessary. The Committee also met with both the External and Internal auditors in private during the year in order to ensure that they had the freedom to raise any issues of concern. These meetings centered primarily on the auditors' assessment of business risks and the management of these; transparency and openness of working relationships with management; and confirmation that management had not attempted to place any restrictions on the scope of their audit work. There were no matters to report as a result of these meetings.

The Terms of Reference for the Audit Committee are reviewed annually and the most recent update was approved at the October meeting. Whilst all Non-Executive Directors can attend meetings of the Audit Committee should they wish to do so, two specific Non- Executive Directors have been appointed to serve on the Audit Committee, in addition to the Chair of the Committee in order to provide the Committee with sufficient balance and experience.

4. Internal Audit

Internal Audit services for the 2015/16 year were provided by RSM (which previously practised as Baker Tilly). Internal Audit supports the work of the Audit Committee in two key areas:

a) by providing an independent and objective opinion on the degree to which risk management, control and governance support the achievement of the Trust's strategic objectives; and

b) by providing an independent and objective service to help improve risk management, control and governance.

As is normal, a risk- based approach was taken to establish the internal audit plan for 2015/16. This took account of the strategic and operational risks relating to quality and safety issues; service delivery standards and targets; workforce; finance and business, as identified by both management and the Committee, as well as the need to review key financial systems to ensure that External Audit could continue to place reliance on the work of Internal Audit.

The risk from cyber crime is continuing to have a growing impact on the shape of the assurance the Committee is seeking.

Internal Audit has undertaken a number of advisory assignments as well as risk assurance assignments for which it issues a range of opinions between green (substantial assurance) and red (no assurance). No red reports were issued although there were 3 red/amber (partial assurance) opinions:

- Data quality – Safe Staff Reporting
- IT Data Security Review
- IT Disaster Recovery

All issued reports have their agreed action tracked and followed up, with Internal Audit providing a report on the progress made by management in implementing the agreed actions.

Other areas reviewed were in most cases rated as providing substantial assurance or reviewed in an advisory capacity:

- Friends and Family Test
- Data Quality – Diagnostic Waits less than 6 weeks
- Asset Management
- Payroll
- Cost Improvement Programme (CIP) Quality Impact Assessment (advisory)
- CIP Project Management
- General Ledger
- Creditor Payments
- Information Governance Toolkit (advisory)
- Management Action Tracking (advisory)
- Quality and Safety Review Visits Progress (advisory)
- IT Financial Controls
- Reporting of performance against operational plan
- Electronic Patient Record System – Governance Arrangements (advisory)
- Private Finance Initiative – Contract Variations (advisory)

As a result of this work, the proposed opinion from the Head of Internal Audit is that:

"The organisation has an adequate and effective framework for risk management, governance and internal control.

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."

Internal Audit also concluded based on their work that there were no significant internal control weaknesses that required reporting within the Trust's Annual Governance Statement.

The further enhancements relate to those framework areas (above) which provided only partial assurance but given Internal Audit is directed towards those more challenging or "uncomfortable" areas, this should not come as a complete surprise.

5. Clinical Governance

The core business of every NHS organisation is healthcare and consequently it is appropriate and necessary for the Audit Committee to consider the clinical objectives and risks in the Assurance Framework and report to the Trust Board on the controls and assurances relating to these. The Director of Governance reports to the Audit Committee on the progress of the Clinical Audit Plan and the Chief Nurse is also available to attend the Audit Committee as necessary.

A total of 100 clinical audits have been commenced in respect of 2015/16 with all audits either complete or in progress. 20 clinical audits were carried forward from 2014/15 with all but one now fully reported in the year..

The Trust participated in 34 National Clinical Audits linked to the Department of Health Quality Account list.

The Audit Committee also received quarterly reports from the Research and Development Directorate.

6. Counter Fraud Services

The Local Counter Fraud Services (LCFS) have continued to provide a combination of fraud awareness newsletters and training, hold meetings with key managers and engage in active investigations. Risk areas requiring focus have included:

- Overseas visitors
- Patient property
- Consultant job plans
- Sickness absence/working while off sick
- Cyber crime

The LCFS concluded based on their work that there were no significant fraud risks that required reporting within the Trust's Annual Governance Statement.

7. External Audit

Price Waterhouse Coopers (PwC) took over from Deloitte following an external audit tender process and this has been their first year.

The following audit risks were identified:

- Risk of management override controls
- Risk of fraud in revenue and expenditure recognition
- Valuation of land and buildings

Other areas that have been considered include:

- Enforcement action
- Going concern
- Quality report

The audit of the Financial Statements requires the setting of a materiality level in order to assess the impact of any adjustments that might be necessary.

The audit is planned on the basis that the Trust has an effective financial control environment and this is subsequently tested along with application of various substantive analytical procedures. They also take into account the work of the internal auditors. PwC has reviewed the previous working papers produced by Deloitte.

The Monitor enforcement action has now been lifted, although it was in place for most of the year, and this has therefore had a positive impact on the opinion expressed on the Trust's ability to demonstrate its Economy, Efficiency and Effectiveness when compared to the position last year. Last year the auditors (Deloitte) stated that they had been "unable to satisfy ourselves that the Dudley Group….has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources." This year PwC will report in the affirmative "except for the breach…."

PwC have been able to satisfy themselves as to the going concern of the Trust as well as to the truth and fairness of the financial statements or an "unmodified opinion" in this regard.

There is to be a "clean" audit opinion with regards to the Quality Accounts.

8. Review of Audit Committee Effectiveness

During the year the Committee carried out a (self) review of its effectiveness and reported positively.

9. Conclusion and Audit Committee Opinion 2014/15

The Committee once again wishes to express its sincere gratitude and appreciation to everyone who has supported the work of the Audit Committee during the year and contributed to the effective functioning of the Audit Committee.

The Audit Committee considers it has obtained adequate assurance that the key controls and processes within the Trust to ensure corporate and financial governance continue to operate effectively and that this conclusion is supported by the reports of the Internal and External Auditors received by the Committee during the year.

As a result, the Audit Committee is able to provide reasonable assurance to the Trust Board that there are no major weaknesses in the Trust's risk management, control and governance processes. The Trust Board should however recognise that assurance given can never be absolute.

The Audit Committee reviewed the Trust's Annual Governance Statement and confirmed based on the information it has received the statement was a balanced view of the Trust's systems of risk management, governance and internal control.

Richard Miner ACA FCCA
Chair of Audit Committee May 2016

CHARITABLE TRUST ACCOUNT - DUDLEY GROUP NHS CHARITY - 2015/16

NATIONAL HEALTH SERVICE

DUDLEY GROUP NHS CHARITY

FINANCIAL STATEMENTS
2015-16

FOREWORD

The Dudley Group NHS Charity funds are registered with the Charity Commission, reference number 1056979 and include funds in respect of The Dudley Group NHS Foundation Trust.

The financial statements for the year ended 31 March 2016 have been prepared in accordance with the requirements in the Charities Act 2011 and the Charities Statement of Recommended Practice 2015.

MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of charitable funds held on trust is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by The Dudley Group NHS Foundation Trust.

Signed:

Date: 2 June 2016

Statement of trustee's responsibilities

The trustee are responsible for preparing the Trustee's Report and the financial statements in accordance with applicable law and regulations.

The law applicable to charities in England and Wales requires the trustee to prepare financial statements for each financial year. Under that law the trustee have prepared the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under that law the trustee must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustee are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustee are responsible for keeping accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provision of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustee are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Signed on behalf of the trustees:

Chairman ..... Date: 2 June 2016

Trustee ..... Date: 2 June 2016

Independent auditors' report to the trustee of The Dudley Group NHS Foundation Trust Charity

Report on the financial statements

In our opinion, The Dudley Group NHS Foundation Trust Charity's financial statements ("the financial statements"):

- give a true and fair view of the state of the charity's affairs as at 31 March 2016 and of its incoming resources and application of re for the year then ended;
- have been prepared in accordance with the requirements of section 144 of the Charities Act 2011 and Regulation 8 of The Charitie Reports) Regulations 2008.

The financial statements, which are prepared by The Dudley Group NHS Foundation Trust Charity, comprise:

- the balance sheet as at 31 March 2016;
- the statement of financial activities for the year then ended;
- **the cash flow statement for the year then ended; and**
- the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

The financial reporting framework that has been applied in the preparation of the financial statements is United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

In applying the financial reporting framework, the trustee has made a number of subjective judgements, for example in respect of significant accounting estimates. In making such estimates, they have made assumptions and considered future events.

Other matters on which we are required to report by exception

Sufficiency of accounting records and information and explanations received

Under the Charities Act 2011 we are required to report to you if, in our opinion:

- we have not received all the information and explanations we require for our audit; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns.

We have no exceptions to report arising from this responsibility.

Other information in the Annual Report

Under the Charities Act 2011 we are required to report to you if, in our opinion the information given in the Trustee's Annual Report is inconsistent in any material respect with the financial statements. We have no exceptions to report arising from this responsibility.

Responsibilities for the financial statements and the audit

As explained more fully in the Trustee's Responsibilities Statement set out on page 1, the trustee is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.
Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)"). Those standards require us to comply with the Auditing Practices

This report, including the opinions, has been prepared for and only for the Charity's trustee as a body in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act (Regulation 27 of The Charities (Accounts and Reports) Regulations 2008) and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

What an audit of financial statements involves

We conducted our audit in accordance with ISAs (UK & Ireland). An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the trustee; and
- the overall presentation of the financial statements.

We primarily focus our work in these areas by assessing the trustee's judgements against available evidence, forming our own judgements, and evaluating the disclosures in the financial statements.

Independent auditors' report to the trustee of The Dudley Group NHS Foundation Trust Charity (continued)

What an audit of financial statements involves (continued)
We test and examine information, using sampling and other auditing techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain audit evidence through testing the effectiveness of controls, substantive

In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT

Date:

PricewaterhouseCoopers LLP is eligible to act, and has been appointed, as auditor under section 144(2) of the Charities Act 2011.

(a) The maintenance and integrity of The Dudley Group NHS Foundation Trust Charity website is the responsibility of the trustee; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

(b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

CHARITABLE TRUST ACCOUNT - DUDLEY GROUP NHS CHARITY - 2015/16

Statement of Financial Activities for the year ended 31 March 2016

	Note	Unrestricted Funds £000	Restricted Funds £000	2015/16 Total Funds £000	Restated* 2014/15 Total Funds £000
Income from:					
Donations and legacies	3	297	0	297	385
Investments	14	50	0	50	52
Charitable activities	4	23	2	25	31
Other	5	28	0	28	29
Total income		398	2	400	497
Expenditure on					
Raising funds	10	61	1	62	57
Charitable activities:	7				
Purchase of new equipment		132	0	132	294
Staff education and welfare		117	0	117	134
Patient education and welfare		81	0	81	151
Research		83	0	83	7
Building and refurbishment		22	0	22	22
Depreciation on intangible asset		0	0	0	2
Total expenditure	20	496	1	497	667
Net Gains/(losses) on investments	13	(64)	0	(64)	73
Net income/(expenditure)		(162)	1	(161)	(97)
Transfers between funds		0	0	0	0
Net Movement in funds		(162)	1	(161)	(97)
Reconciliation of Funds					
Total Funds brought forward		2,581	0	2,581	2,678
Total Funds carried forward		**2,419**	**1**	**2,420**	**2,581**

The notes on pages 7 to 17 form part of these accounts.

All activities arise from continuing activities. There were no recognised gains or losses after those shown above. The statement is equivalent to the income and expenditure account.

* Expenditure in 2014/15 has been restated to comply with SORP 2015, with staff education and welfare now including Clinical Education Centre expenditure.

CHARITABLE TRUST ACCOUNT - DUDLEY GROUP NHS CHARITY - 2015/16

Balance Sheet as at 31 March 2016

	Note	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2016 £000	Restated * Total at 31 March 2015 £000
Fixed Assets					
Intangible Assets	12	0	0	0	0
Investments	13	1,136	0	1,136	1,200
Total Fixed Assets		1,136	0	1,136	1,200
Current Assets	15				
Debtors		31	0	31	25
Cash and cash equivalents		1,279	1	1,280	1,405
Total Current Assets		1,310	1	1,311	1,430
Creditors falling due within one year	16	27	0	27	49
Net Current Assets		1,283	1	1,284	1,381
Total Assets Less Current Liabilities		**2,419**	**1**	**2,420**	**2,581**
Creditors falling due after more than one year		0	0	0	0
Provisions for liabilities and charges		0	0	0	0
Total Net Assets		**2,419**	**1**	**2,420**	**2,581**
Funds of the Charity					
Restricted income funds	17	0	1	1	0
Unrestricted income funds	18	2,419	0	2,419	2,581
Total Funds		**2,419**	**1**	**2,420**	**2,581**

The financial statements were approved by the Board of Directors and authorised for issue on their behalf by:

Signed: Date: 2 June 2016

* The funds of the charity as at 31 March 2015 have been restated.
Funds of the Charity comprise Unrestricted Funds £2,419,000 (2014/15 £2,581,000) of which £2,124,000 (2014/15 £2,284,000) have been designated for specific purposes and Restricted Funds £1,000 (2014/15 £nil). Unrestricted Funds comprise those funds that the trustee is free to use for any purpose in futherance of the Charity objectives, Restricted Funds are specifc appeals for funds or donations where legal restrictions have been imposed by the Donor.

CHARITABLE TRUST ACCOUNT - DUDLEY GROUP NHS CHARITY - 2015/16

Cash Flow Statement for the year ended 31 March 2016

	2015/16 Total Funds £000	2014/15 Total Funds £000
Reconciliation of net income/(expenditure) to net cash flow from operating activities		
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	(97)	(170)
Adjustments for:		
Depreciation charge	0	2
Dividends and interest from investments	(50)	(52)
(Increase)/decrease in debtors	(6)	(9)
Increase/(decrease) in creditors	(22)	(36)
Net cash provided by (used in) operating activities	(175)	(265)
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	(175)	(265)
Cash flows from investing activities:		
Dividends and interest from investments	50	52
Net cash provided by (used in) investing activities	50	52
Change in cash and cash equivalents in the reporting period	(125)	(213)
Cash and cash equivalents at 1 April	1,405	1,618
Cash and cash equivalents at 31 March	1,280	1,405

Analysis of cash and cash equivalents

Cash in hand	53	118
Notice deposits	1,227	1,287
Total cash and cash equivalents	1,280	1,405

Notes to the Accounts

1. Accounting Policies

(a) Basis of preparation

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has evolved following Accounting and Reporting by Charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from a April 2005 which has since been withdrawn.

The major funds held in each of these categories are disclosed in notes 17 and 18.
The trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's financial statements.

There are no changes in accounting policy which affect the total retained funds at April 2015 or 2016 or net income for 2015/16.

In preparing these financial statements, the trustees have considered whether any restatement of comparatives was required to comply with FRS 102 and the Charities SORP FRS102. No restatements were required although there has been a change in the analysis of governance costs and cash and cash equivalents.

Governance costs are classified as a support costs.

Cash and cash equivalent investments held in a 95 day access savings account were shown separately on the balance sheet. As these are liquid funds they are classified as cash equivalents and are now shown as part of cash and cash equivalents on the balance sheet. There is no impact on the total funds of the charity. An analysis of cash and cash equivalents is provided in note 15.

(b) Structure of funds

Restricted Funds are those where the donor has provided for the donation to be spent in futherance of a specific charitable purpose or an appeal for funds where legal restrictions have been imposed by the donor.

Unrestricted funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. The Trustees have set aside part of the unrestricted funds as designated funds to be used for a particular ward or specialty where the donor has specified.

The major funds held in each of these categories are disclosed in notes 17 and 18.

(c) Incoming resources

All incoming resources are recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.
Individual donations are reviewed for Gift Aid application and duly claimed from H.M.R.C. Gift Aid income is accrued at the year-end if not claimed from H.M.R.C in the financial year.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable; this will be once confirmation has been received from the representatives of the estate(s) that probate has been granted, the executors have established that there are sufficient assets in the estate to pay the legacy and all conditions attached to the legacy have been fulfilled or are within the charity's control.

1. Accounting Policies (continued)

(e) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following Criteria are met:

There is a present legal or constructive obligation resulting from a past event.
It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement.
The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

Grants are only made to related or third party NHS bodies and non NHS bodies in furtherance of the charitable objectives of the funds held on trust. Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

The trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees then a liability is recognised.

(f) Allocation of support costs

Support costs are those costs which do not relate to a single activity. These include staff costs, cost of administration, internal and external audit costs and IT support. Support costs have been apportioned between fundraising costs and charitable activities as a percentage of expenditure. The analysis of support costs and the bases of apportionment applied are shown in note 6.

(g) Charitable Activities

Costs of charitable activities include all costs incurred in the pursuit of the charitable objects of the charity. These costs include an apportionment of support costs costs, as shown in note 6, and are apportioned by average fund balance charged to the specific funds.

(h) Fixed asset investments

Investments are stated at market value at the balance sheet date. The Common Investment Fund Units are included in the balance sheet at the closing dealing price at 31 March 2016.

(i) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and the opening market value or purchase date if later. Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value or purchase date if later.

1. Accounting Policies (continued)

(j) Intangible assets

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Charity's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Charity and where the cost of the asset can be measured reliably.

Software
Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset. Purchased computer software licences are capitalised as intangible non-current assets where expenditure of at least £5,000 is incurred and amortised over the shorter of the term of the license and their useful lives.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at fair value.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Asset Category	Useful Life (years)
Software Licences	5

(k) Pooling Scheme

An official pooling scheme is operated for investments relating to all Umbrella and Special Charity Funds.

The scheme was registered with the Charity Commission on 7 April 1998.

(l) Cash Flow Statement

The Charity has prepared the financial statements under FRS 102 and provided a statement of cash flow.

2 Related party transactions

As part of the normal course of business, the Charitable Funds undertake a number of transactions with The Dudley Group NHS Foundation Trust. These transactions amount to expenditure of £436,000 (2014/15 £608,000 restated); and a creditor of £3,000 (2014/15 £21,000).
The Charity has also undertaken transactions with HMRC, who as a Government Department are deemed a related party. These transactions amount to income of £5,000 (2014/15 £6,000); and a debtor of £13,000 (2014/15 £12,000).

Members of the Charitable Funds Board of Trustees are also members of The Dudley Group NHS Foundation Trust Board. There are appropriate controls in existence to ensure that individual transactions are undertaken independently of these members.

	2015/16		2014/15	
	Turnover of Connected Organisation	Surplus (Deficit) for the Connected Organisation	Turnover of Connected Organisation	Surplus (Deficit) for the Connected Organisation
	£000	£000	£000	£000
The Dudley Group NHS Foundation Trust	302,754	(2,874)	302,784	(2,294)

3 Donations and legacies

	Unrestricted Funds	Restricted Funds	2015/16 Total Funds	2014/15 Total Funds
	£000	£000	£000	£000
Donations from individuals	177	0	177	162
Donations from consultants	0	0	0	14
Donations in memoriam	105	0	105	103
Legacies	12	0	12	106
Donations via Just Giving	3	0	3	0
Total	297	0	297	385

4 Charitable activities - income

	Unrestricted Funds	Restricted Funds	2015/16 Total Funds	2014/15 Total Funds
	£000	£000	£000	£000
Training seminar income	1	0	1	9
Fundraiser income	5	0	5	3
Staff Lottery Income	19	0	19	19
Total	25	0	25	31

5 Other income

	Unrestricted Funds	Restricted Funds	2015/16 Total Funds	2014/15 Total Funds
	£000	£000	£000	£000
Maternity & Obstetric Fund (previously Parentcraft Fund)	17	0	17	13
Urology income	0	0	0	1
Palliative care	5	0	5	0
Cardiology	1	0	1	0
Clinical Education Centre - income	5	0	5	15
	28	0	28	29

6 Allocation of support costs

	Raising funds	Charitable activities	2015/16 Total Funds	2014/15 Total Funds
	£000	£000	£000	£000
External audit fee	0	6	6	6
Statutory compliance	2	1	3	2
Financial Services	0	3	3	3
Governance	2	10	12	11
Financial Administration	2	22	24	24
Salaries and related costs	0	0	0	0
Miscellaneous costs	0	0	0	2
Bank charges	0	1	1	0
Charity system	1	5	6	6
Total	5	38	43	43

	Unrestricted Funds	Restricted Funds	Total 2015/16 Funds	Total 2014/15 Funds
	£000	£000	£000	£000
Raising funds	5	0	5	4
Charitable activities	38	0	38	39
	43	0	43	43

The allocation of support costs are apportioned using the average balance of each fund and are charged to each fund. Support costs have been apportioned between fundraising costs and charitable activities as a percentage of expenditure as above.

7 Charitable activities - expenditure

	Unrestricted Funds	Restricted Funds	Total 2015/16 Funds	Restated * Total 2014/15 Funds
	£000	£000	£000	£000
Patient education and welfare	81	0	81	141
Staff education and welfare	117	0	117	113
Research	83	0	83	7
Building and refurbishment	22	0	22	21
Purchase of new equipment	132	0	132	274
Depreciation on intangible asset	0	0	0	2
	435	0	435	558

* Expenditure in 2014/15 has been restated to comply with SORP 2015, with staff education and welfare now including Clinical Education Centre expenditure.

8 Auditors' remuneration

The auditors' remuneration of £6,000 (2014/15 £6,000) relates solely to the statutory audit.

9 Trustees' remuneration and benefits

The Trustees' were not paid any remuneration and benefits or reimbursed for any expenditure in 2015/16 (2014/15 nil)

10 Staff costs and emoluments

	2015/16 Total £000	2014/15 Total £000
Salaries and Wages	34	32
Tax & NI	2	2
Pension costs	5	5
	41	39

Included in the total costs for raising funds £62,000 (2014/15 £57,000 restated) are staff costs and emoluments of £41,000 (2014/15 £39,000). These costs relate to the appointment of the fundraiser who commenced in January 2010.
There were no other staff costs as the Charity uses the services provided by the NHS Foundation Trust staff, for the administration of the charity (Note 6 Financial services).

11 Analysis of net movement in funds

	Unrestricted Funds £000	Restricted Funds £000	2015/16 Total Funds £000	2014/15 Total Funds £000
Net movement in funds for the year	(162)	1	(161)	(172)
Net movement in intangible fixed assets	0	0	0	2
Net movement in funds available for future activities	(162)	1	(161)	(170)

12 Intangible fixed assets

	Software	2015/16	2014/15
Cost or Valuation	£000	£000	£000
Balance at start of year	0	0	9
Additions	0	0	0
Revaluations	0	0	0
Impairments	0	0	0
Disposals	0	0	0
Closing Balance	0	0	9
Accumulated Depreciation			
Balance at start of year	0	0	7
Disposals	0	0	0
Revaluations	0	0	0
Impairments	0	0	0
Charge for year		0	2
	0	0	9
Closing Net Book Value	0	0	0

13 Investments

Movement in fixed asset investments:	2015/16	2014/15
	£000	£000
Market value at 1 April 2015	1,200	1,127
Less: Disposals at carrying value	0	0
Add: Acquisitions at cost	0	0
Net gain (losses) on revaluation	(64)	73
Market value at 31 March 2016	1,136	1,200

Fixed asset investments:	Units held as at 31 March 2016	2015/16 Total £000	2014/15 Total £000
Investments in Charinco Common Investment Fund	138,890	270	277
Investments in Charishare Tobacco Restricted Common Investment Fund	549,235	866	923
		1,136	1,200

14 Gross investment income

	2015/16 Total £000	2014/15 Total £000
Investments income - Common Investment Fund	37	38
Cash held as part of the investment portfolio	13	13
Interest from Bank Account	0	1
	50	52

	Unrestricted Funds £000	Restricted Funds £000	2015/16 Total Funds £000	2014/15 Total Funds £000
Fixed asset investment	38	0	38	38
Short term investments and cash on deposit	12	0	12	14
	50	0	50	52

Movement in COIF Deposit Fund

	2015/16 Total £000	2014/15 Total £000
Value of Deposit Fund at 31 March 2015	37	207
Additions	120	0
Disposals	(30)	(170)
Value of Deposit Fund at 31 March 2016	127	37

Movement in Santander Deposit Account

	2015/16 Total £000	2014/15 Total £000
Value of Deposit Fund at 31 March 2015	1,250	0
Additions	13	1,250
Disposals	(163)	0
Value of Deposit Fund at 31 March 2016	1,100	1,250

15 Current assets

Debtors under 1 year	2015/16 Total £000	2014/15 Total £000
Accrued income	16	11
Prepayments	9	8
Total	25	19
Debtors over 1 year		
Accrued income	6	6
Total Debtors	**31**	**25**

Accrued income of £16,000 (2014/15 £11,000) represents sums owed to the charity by related parties, this includes HMRC £7,000 and accrued investment interest of £4,000.
Prepayments of £9,000 relates to ECG recorder 5 year maintenance, a 2 year educational membership and courses for 2015/16.
Debtors over 1 year - Accrued income of £6,000 relates to Gift Aid due from HMRC for 2014/15.

Analysis of cash and cash equivalents	2015/16 Total £000	2014/15 Total £000
COIF Charities Deposit Fund	127	37
Government Banking Services	53	118
Santander Fixed Term Deposit	1,100	1,250
	1,280	1,405

16 Creditors: falling due within one year

	2015/16 Total £000	2014/15 Total £000
Trade creditors	19	20
Accruals	8	29
Total	27	49

Creditor accruals represent sums owed each year end by the Charity to a related party, The Dudley Group NHS Foundation Trust for costs incurred by the NHS Foundation Trust on behalf of the Charity in the furtherance of the Charity's objects.

17 Analysis of charitable funds - restricted

	Balance 1 April 0 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2016 £000
Dementia Appeal	0	2	(1)	0	0	**1**
	0	2	-1	0	0	**1**

Restricted Funds are specifc appeals for funds or donations where legal restrictions have been imposed by the donor.
The charity has a Dementia Appeal that has received income of £2,100 and expenditure of £900 leaving a net income of £1,200.

18 Analysis of charitable funds - unrestricted

Material funds	Balance 1 April 2015 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2016 £000
A General Fund - Trust wide	281	45	(30)	0	(6)	**290**
B Nursing Directorate	16	2	(12)	0	0	**6**
C General Fund - Corbett Outpatient Centre	(1)	0	0	1	0	**0**
D General Fund - Guest Outpatient Centre	1	0	0	(1)	0	**0**
Sub total	**297**	**47**	**(42)**	**0**	**(6)**	**296**

Material funds designated	Balance 1 April 2015 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2016 £000
A Special Care Baby Unit	30	16	(9)	0	(1)	**36**
B Maternity & Obstetric Unit	82	1	(12)	0	(1)	**70**
C Coronary Care Unit	152	9	(32)	0	(3)	**126**
D Gastro Intestinal Unit	53	3	(8)	0	(1)	**47**
E Renal Unit	79	7	(3)	0	(2)	**81**
F Pathology Directorate	103	1	(13)	0	(2)	**89**
G Medical Directorate	493	210	(155)	32	(21)	**559**
H Medical Equipment Charity	308	8	(35)	0	(9)	**272**
I Cardiology	21	1	(1)	0	(1)	**20**
J Rheumatology	266	7	(72)	0	0	**201**
K Surgical Directorate	408	40	(67)	(43)	(8)	**330**
L Clinical Education Centre	93	14	(19)	0	0	**88**
M Adult Community Services	68	25	(15)	11	0	**89**
Others	128	9	(13)	0	(9)	**115**
Sub total	**2,284**	**351**	**(454)**	**0**	**(58)**	**2,123**
Total Unrestricted Funds	**2,581**	**398**	(496)	**0**	(64)	**2,419**

19 Commitments

The Charity has the following commitments:

	Unrestricted Funds	Restricted Funds	Total Funds 2015/16	Total Funds 2014/15
	£000	£000	£000	£000
Charitable Projects	0	0	0	0
Capital	0	0	0	0
Other	232	0	232	136
	232	**0**	**232**	**136**

Other commitments relate to minor medical equipment, patients furniture and education for staff.

20 Analysis of total resources expended

Description	2015/16 £000	2014/15 £000
Christmas Expenditure - Patients	4	3
Patients Furniture	42	53
Patient Information/Education	3	13
Patients Miscellaneous	22	65
Medical & Surgical Equipment	121	275
Patients Audio Visual	3	6
Staff Christmas Expenditure	2	2
Staff Expenses	7	9
Staff Books/Journals/Education	4	9
Staff Course Fees	56	64
Staff Retirement/Long Service	2	4
Staff Other	23	25
Staff Educational Rewards	0	0
Study Days provided by Consultants	2	0
Research	76	6
Contribution to Capital	21	21
Support Costs	31	32
Fundraiser Costs	47	44
Staff Lottery Prizes	10	10
Clinical Education Centre Costs	9	13
Governance Costs	12	11
Depreciation on intangible asset	0	2
Total	**497**	**667**

The Dudley Group NHS
NHS Foundation Trust

PT/AJF

2 June 2016

Richard Bacon (Partner)
PricewaterhouseCoopers LLP
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT

Dear Richard

This representation letter is provided in connection with your audit of the financial statements of The Dudley Group NHS Foundation Trust Charity (the "Charity") for the year ended 31 March 2016 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view, have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (UK GAAP), and have been prepared in accordance with the Charities Act 2011 and Regulation 8 of The Charities (Accounts and Reports) Regulations 2008.

We confirm that the following representations are made on the basis of enquiries of management and staff of the Charity with relevant knowledge and experience and, where appropriate, of inspection of supporting documentation sufficient to satisfy ourselves that we can properly make each of the following representations to you.

We confirm, for the Corporate Trustee at the time the Trustee's report is approved, to the best of our knowledge and belief, and having made the appropriate enquiries, the following representations:

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 12 January 2016, for the preparation of the financial statements in accordance with UK GAAP and the Charities Act 2011 and The Charities (Accounts and Reports) Regulations 2008; in particular the financial statements give a true and fair view in accordance therewith.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.
- All grants, donations and other income have been notified to you and where the receipt is subject to specific terms or conditions, we confirm that they have been recorded in restricted funds. There have been no breaches of terms or conditions during the period in the application of such income.
- We confirm that to the best of our knowledge all income receivable by the Charity during the accounting period has been included in the financial statements. Where material, gifts in kind and intangible income have been included at a reasonable estimate of their value to the Charity or at the amount actually realised.
- Significant assumptions used by us in making accounting estimates, including those surrounding measurement at fair value, are reasonable.
- All events subsequent to the date of the financial statements for which UK GAAP requires adjustment or disclosure have been adjusted or disclosed.

Information Provided

The Corporate Trustee has taken all the steps that it ought to have taken as a Trustee in order to make itself aware of any relevant audit information and to establish that you (the Charity's auditors) are aware of that information.

We have provided you with:

- Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
- Additional information that you have requested from us for the purpose of the audit; and
- Unrestricted access to persons within the Charity from whom you determined it necessary to obtain audit evidence.

So far as the Trustee is aware, there is no relevant audit information of which you are unaware.

Fraud and non-compliance with laws and regulations

We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the Charity and involves:

- Management;
- Employees who have significant roles in internal control; or
- Others where the fraud could have a material effect on the financial statements.

We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the Charity's financial statements communicated by employees, former employees, analysts, regulators or others.

We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related party transactions

We have disclosed to you the identity of the Charity's related parties and all the related party relationships and transactions of which we are aware.

Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of FRS 102, "Accounting and Reporting by Charities: Statement of Recommended Practice" or other requirements, for example, the Charities Act 2011 and The Charities (Accounts and Reports) Regulations 2008.

We confirm that we have identified to you all employees with emoluments over £60,000, as defined by "Accounting and Reporting by Charities: Statement of Recommended Practice (FRS102)", and included their emoluments in the financial statement disclosures.

Employee Benefits

We confirm that we have made you aware of all employee benefit schemes in which employees of the Charity participate.

Contractual arrangements/agreements

All contractual arrangements (including side-letters to agreements) entered into by the Charity have been properly reflected in the accounting records or, where material (or potentially material) to the financial statements, have been disclosed to you.

Litigation and claims

We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements and such matters have been appropriately accounted for and disclosed in accordance with UK GAAP.

Taxation

We have complied with the taxation requirements of all countries within which we operate and have brought to account all liabilities for taxation due to the relevant tax authorities whether in respect of any corporation or other direct tax or any indirect taxes. We are not aware of any non-compliance that would give rise to additional liabilities by way of penalty or interest and we have made full disclosure regarding any Revenue Authority queries or investigations that we are aware of or that are ongoing.

In managing the tax affairs of the Charity, we have taken into account any special provisions such as transfer pricing, debt cap, tax avoidance disclosure and controlled foreign companies legislation as applied in different tax jurisdictions.

As minuted by the Board of Directors at its meeting on 2 June 2016.

.....

(Trustee)

For and on behalf of The Dudley Group NHS Foundation Trust Charity

Date …….

Enclosure 9

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 2nd June 2016 - PUBLIC

TITLE:	Update on Trust Quality Account		
AUTHOR:	Dawn Wardell - Chief Nurse Derek Eaves - Quality Manager Nursing	**PRESENTER:**	Dawn Wardell Chief Nurse

CORPORATE OBJECTIVE:
SO1 – Deliver a great patient experience
SO2 – Safe and caring services
SO3 – Drive service improvements, innovation and transformation
SO4 – Be the place people chose to work
SO6 – Plan for a viable future

SUMMARY OF KEY ISSUES:
The Trust is required to produce a Quality Account annually. Below provides an update on the progress made to date:

- It has received approval and supporting comments by Overview and Scrutiny Committee (OSC), Trust Governors and Dudley Clinical Commissioning Group (CCG) which have been included in full as required within the Quality Account.
- The external auditors reported their intention to provide a positive opinion on the Quality Account at the Audit Committee meeting on the 24 May 2016.
- The audit committee at the meeting on 24 May 2016 approved the Quality Account having reference to the positive opinion and comments made by external audit.
- The Quality Account is now completed awaiting the final formal opinion being to be given by the external auditors.
- Once the final sign off by the auditors has been received it will be laid before parliament. At this point it will then be made available to the public on the trust website (this is expected to be available from July 2016).
- The Quality Account including the audit opinion will be presented to the Annual Members Meeting on the 21 July 2016.

IMPLICATIONS OF PAPER:

RISK	No		**Risk Description:** N/A
	Risk Register: No		**Risk Score:** N/A
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Y	**Details:** A requirement for all Trusts
	Monitor	Y	**Details:** A requirement for all Trusts
	Other		**Details:**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			√

RECOMMENDATIONS FOR THE BOARD: Note the progress made in respect of the completion, audit and publication of the Trust's Quality Account.

Enclosure 10

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Trust Board on June 2016

TITLE:	**Research & Development 6-monthly Report**		
AUTHOR:	**Margaret Marriott, Rebecca Storey, R&D Facilitators**	**PRESENTER**	**Jeff Neilson, Head of R&D**

CORPORATE OBJECTIVE: SO1 through to SO6 (research seeks to improve all aspects of patient care)

SUMMARY OF KEY ISSUES:

- NIHR study portfolio balance
- BCA
- 100,000 genomes

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description**: If the recruitment target for NIHR portfolio studies is not met, research income reduces
	Risk Register: N		**N/A**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Safe, effective, caring, responsive, well led
	Monitor	**Y**	**Details:** R&D activity included in the Annual Report
	Other	**Y**	**Details:** Recruitment activity is monitored by CRN:WM, NIHR, DH

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
		√	

RECOMMENDATIONS FOR THE COMMITTEE:
The Committee is requested to note the key issues arising and identify any further actions required.

Research & Development Report

Strategic Direction
Study Portfolio Mix: it is the aim of R&D to encourage local researchers to author home grown portfolio studies. Two observational Band 2 projects are now underway: one in anaesthetics/critical care; one in cancer. In terms of activity based recruitment (ABF) observational studies now carry slightly more weighting than before (from 3 to 3.5 recruitment units). The research lab biomedical scientists are playing a major role in Band 2 study recruitment.

Benefits of research
The benefits of research are easily described but not so easy to measure. For example, performing research is a sign of an enthusiastic and engaged clinical team, and it is a way of patients benefiting sooner from new technologies and highly standardised care (unwarranted variation being the enemy in modern healthcare). Clinical trials of new drugs generally mean that these are provided to patients involved in research at no cost to the Trust. In some clinical arenas such as cancer and musculoskeletal disease, newer drugs can be very expensive. Our trials pharmacist has audited the provision of free drugs in clinical trials between January and March 2016; during this period the Trust benefited by £77,296.59 and the CCG/NHSE by £71,859.26 (via pass-through costs).

Black Country Alliance
The Black Country Alliance R&D governance project is underway. Dudley will be able to offer support to Sandwell to set up the clinical research network's recruitment database.

100,000 genomes project
The Trust has agreed to be involved in this project which is not so much research-based as developmental in nature. It will involve patients with rare diseases and those with cancer. Whole genome sequencing and clinical information will be correlated to provide benefit for the patients involved. The ultimate aim of the project is the implementation of genomic medicine in the NHS through the pathways the project will help to create. R&D will facilitate, but success will depend on the engagement of a small number of specialties integrating the project into their normal work.

National developments and performance management

High level objectives
Trusts are expected to recruit to commercial and academic clinical trials within 70 days of receiving an initial Health Research Authority assessment letter and full set of documents from the Sponsor. Due to changes in processes, all Trusts are currently experiencing delays receiving the information they require to complete study set up. There is no longer a central portal from which to obtain this information; we are reliant on the sponsoring organisation.

The **Health Research Authority** (HRA) new approval process is now operative for all research study types. The R&D office has noticed a reduction in the number of study amendments to be processed as study sponsors familiarise themselves with the new processes. This is due to a large backlog at the HRA . Interventional studies are now entering the local study set-up phase of the research cycle. It will be a few months before we know if the new "assessing, arranging and confirming capacity and capability" (AAC) process is beneficial to us in terms of shortening study set up time.

EDGE is the database of choice for the Clinical Research Network: West Midlands (CRN: WM). R&D admin staff have been inputting data since November 2015 and the system is now in use to record screened and recruited patients and all new studies. R&D office staff

are impressed with the functionality of EDGE and are now experimenting with its reporting capabilities.

Finance
Whilst Band 3 interventional randomised controlled trials continue to be important and use more resources - eg pharmacy, imaging and pathology, their ABF rating has dropped from 14 to 11. This will be offset by efforts to recruit to more Band 2 studies.

DGH unfortunately sustained a reduction of £1k in Research Capability Funding for 2016/17, as did Sandwell. This was as a result of several studies not recruiting a participant within 30 days of completion of study set up.

Best use of all grades of research staff
Bands 4 & 5 Data Managers are now recruiting participants to non-interventional studies, particularly studies that only require informed consent for collection of data. This frees up Bands 6 & 7 Research Nurses to concentrate on recruiting and caring for patients participating in clinical trials.

Education/Professional Development
R&D continues to offer Dudley-based half-day refresher courses in Good Clinical Practice for research purposes. Research staff of all grades attend local and national training events, the national R&D forum conference and specialty update events. From May to November 2016 we are hosting a graduate Clinical Trial Research Assistant who will assist with a variety of research specialties.

Publications produced by Trust employees during 2015 calendar year: **151**

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors
On 2 June 2016

TITLE	Corporate Performance Report – April 2016 (Month 1)		
AUTHOR	Paul Taylor Director of Finance and Information	**PRESENTER**	Jonathan Fellows Non-Executive Director
CORPORATE OBJECTIVE: S06 Plan for a viable future			
SUMMARY OF KEY ISSUES: Summary reports from the Finance and Performance Committee meeting held on 26 May 2016.			

RISKS	**Risk Register**	**Risk Score Y**	**Details:** 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**	**Details:** Achievement of all Terms of Authorisation
	Other	**Y**	**Details:**

ACTION REQUIRED OF BOARD:

Decision	**Approval**	**Discussion**	**Other**
			X

RECOMMENDATIONS FOR THE BOARD:

The Board is asked to note the contents of the report

The Dudley Group NHS
NHS Foundation Trust

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Finance & Performance Committee	26 May 2016	Jonathan Fellows	yes	

Declarations of Interest Made

None

Assurances Received

- The EPR procurement was proceeding according to plan and that there are now 3 potential suppliers developing their submissions
- The Local Digital Roadmap is being complied and the Trust is taking a leading road in its development. MCP Partnership Board to approve the final Roadmap
- Up to date position from NHS Improvement regarding the mechanics of the Sustainability and Transformation Fund were discussed
- Month 1 was close the plan for the Trust (a surplus of £280k rather than a budgeted surplus of £352,000. However the NHS Improvement submitted plan (which was sent in early April 2015 before budget setting and contracts were agreed) assumed there would be a surplus of £1.105m, highlighting an adverse variance of £735,000
- The Trust held cash of £22.1m at the end of April 2016, which was lower than planned, principally because of the delayed receipt of training income from Health Education England
- All key performance metrics were achieved in month apart from Diagnostic waits, where the majority of the breaches were in musculoskeletal ultrasound requests, where the Division have provided a rectification plan. The quality aspects of the report have been picked up by CQPSE
- The Transformation Report identified that the Trust is forecasting to achieve £10.711m against a plan of £11.908m. Transformation Executive Committee have agreed to increase the agency transformation scheme by £572,000 and attribute to the work being led by the Agency Working Group
- A number of issues in the Facilities and Estates report were considered and assurance was given on the remedial plan for the electrical infrastructure; fire safety; catering changes; and the current position being negotiated regarding the multi-storey car park

Decisions Made / Items Approved

- To discuss with NHS Improvement and elsewhere, potential access to capital finance for the EPR and UCC schemes. To seek additional funding such as charitable sources for the MRI or CT machines. To look at the EPR savings in 2019-20 and factor them into the modelling
- Request NHS Improvement that the monthly profiling of the plan be changed to be consistent with the Trust plan

Actions to come back to Committee

- The revised nurse tracking tool to be updated in conjunction with Paul Taylor to show the predicted and actual position in the past and more details of the forward position – plus correction of the April numbers

- Proposals regarding premium payments of bank staff to be considered by Dawn Wardell and proposal back to Committee
- Sickness absence indictor to be recalculated on the basis of “average number of days sick per WTE”
- “Scenario Analysis – potential Capital Schemes” to be updated in the light of new information about the STF
- Finance team to review the possibility of adjusting the profiling of income reported to the Board if NHSI will not accept a re-profiled plan.

Items referred to the Board for decision or action

- To note that the Terms of Reference for the Committee were reviewed and it was agreed that no changes were needed

The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - April 2016

Quality & Risk			2015								2016					
Description		LYO	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD	YEF
Friends & Family – Community – Footfall		1%	0%	1%	1%	1%	1%	1%	1%	2%	2%	2%	2%	1%	1%	
Friends & Family – Community – Recommended %		96%	98%	96%	96%	94%	93%	97%	95%	99%	97%	98%	95%	97%	97%	
Friends & Family – ED – Footfall		8%	15%	12%	7%	6%	3%	7%	6%	6%	5%	7%	6%	5%	5%	
Friends & Family – ED – Recommended %		92%	90%	92%	90%	95%	91%	96%	93%	88%	96%	93%	98%	92%	92%	
Friends & Family – Maternity – Footfall		22%	22%	21%	20%	22%	23%	25%	32%	18%	17%	20%	16%	18%	18%	
Friends & Family – Maternity – Recommended %		98%	99%	99%	97%	99%	99%	98%	98%	97%	98%	98%	98%	98%	98%	
Friends & Family – Outpatients – Recommended %		88%	82%	82%	88%	90%	89%	88%	84%	88%	90%	84%	89%	85%	85%	
Friends & Family – Ward – Footfall		26%	33%	33%	31%	31%	30%	23%	23%	17%	17%	18%	18%	19%	19%	
Friends & Family – Ward – Recommended %		97%	97%	98%	97%	98%	96%	97%	97%	99%	96%	96%	94%	94%	94%	
HCAI – Post 48 hour Clostridium Difficile		43	3	2	2	5	5	5	5	8	4	1	0	2	2	
HCAI – Post 48 hour MRSA		2	0	0	0	0	2	0	0	0	0	0	0	0	0	
Incidents - Patient Falls, Injuries or Accidents			116	116	103	97	119	111	118	114	129					
Incidents - Pressure Ulcer		2,047	163	182	150	120	132	125	141	172	187	242	246	253	253	
Mixed Sex Sleeping Accommodation Breaches		4	0	0	0	0	0	0	2	0	2	0	0	0	0	
Never Events		1	0	0	0	0	1	0	0	0	0	0	0	0	0	
Serious Incidents – Not Pressure Ulcer		104	9	9	10	7	11	11	11	10	9	4	7	7	7	
Serious Incidents - Pressure Ulcer		228	20	21	17	17	10	18	17	30	26	12	19	13	13	
Stroke - Suspected TIA Scanned < 24hrs of Presentation		85.35%	100%	91.3%	88.89%	92.31%	85%	92.31%	50%	52.63%	85.71%	66.67%	94.12%	80%	80%	
Stroke Admissions : Swallowing Screen		80.58%	83.33%	72.09%	80%	74.07%	75%	78.38%	88.89%	87.88%	83.78%	76.32%	86.67%	89.19%	89.19%	

The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - April 2016

Quality & Risk			2015									2016					
Description		LYO	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD	YEF
Stroke Admissions to Thrombolysis Time		50%	61.54%	42.86%	75%	61.54%	75%	37.5%	71.43%	33.33%	45.45%	37.5%	50%	40%	40%	
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)		89.16%	92%	92.86%	94.34%	88.24%	92.68%	88.68%	88.68%	90.91%	92.68%	84.09%	70.83%	76.79%	76.79%	
VTE Assessment Indicator (CQN01)		95.96%	95.61%	96.74%	96.78%	96.42%	96.19%	96.1%	96.67%	96.47%	95.4%	94.43%	94.46%	94.63%	94.63%	

** LYO - last year out-turn, YTD - year to date, YEF - year end forecast*

The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - April 2016

Finance			2016		
Description		LYO	Apr	YTD	YEF
Budgetary Performance		£773k	(£71)k	(£71)k	
Capital v Forecast		69.5%	61.8%	61.8%	
Cash v Forecast		122.3%	94.8%	94.8%	
Debt Service Cover		1.18	1.4	1.4	
Liquidity		7.07	7.1	7.1	
SLA Performance		£1,031k	(£136)k	(£136)k	

** LYO - last year out-turn, YTD - year to date, YEF - year end forecast*

The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - April 2016

Performance			2015								2016					
Description		LYO	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD	YEF
A&E - A&E Attendances Seen Within 4 Hours (%)		96.9%	98.8%	99.1%	99.3%	98.5%	97.6%	98.9%	97.5%	97.1%	91.8%	92.7%	92.4%	93.2%	93.2%	
Activity - A&E Attendances		96,141	7,940	8,138	8,052	7,700	8,003	8,099	7,900	7,754	8,088	7,946	8,626	7,807	7,807	
Activity - Community Attendances		407,248	33,050	35,066	36,362	32,417	35,088	36,008	34,642	33,385	33,694	32,322	30,817	30,934	30,934	
Activity - Elective Day Case Spells		45,020	3,445	4,013	3,951	3,413	3,675	3,952	3,757	3,719	3,677	3,938	3,820	3,843	3,843	
Activity - Elective Inpatients Spells		6,394	525	580	580	508	537	572	580	481	500	515	534	512	512	
Activity - Emergency Inpatient Spells		52,037	4,282	4,183	4,205	4,077	4,105	4,296	4,265	4,552	4,573	4,359	4,714	4,907	4,907	
Activity - Outpatient First Attendances		130,956	10,059	11,359	11,488	9,298	10,758	10,712	11,159	10,604	11,304	11,569	12,255	11,701	11,701	
Activity - Outpatient Follow Up Attendances		313,888	24,480	28,055	27,442	23,254	26,290	25,988	27,022	25,643	26,438	26,699	26,435	26,714	26,714	
Activity - Outpatient Procedure Attendances		52,451	3,956	4,833	4,527	4,042	4,553	4,864	4,968	4,268	4,117	4,691	3,324	3,173	3,173	
RTT - Admitted Pathways within 18 weeks %		94.2%	95.3%	96.1%	95.6%	96.1%	94.3%	92.5%	93.3%	93.4%	94.4%	92.8%	91.5%	92.5%	92.5%	
RTT - Incomplete Waits within 18 weeks %		95.1%	95.2%	95.2%	95.6%	94.9%	95.1%	94.6%	94.4%	94.9%	95%	95.6%	95.4%	97.1%	97.1%	
RTT - Non-Admitted Pathways within 18 weeks %		97.7%	97%	98%	98.3%	98.1%	98.3%	97.5%	97.8%	97.8%	97.3%	97.4%	96.7%	96.7%	96.7%	
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)		98.97%	99.27%	99.47%	99.34%	98.35%	98.41%	97.87%	98.85%	99.29%	99.52%	99.53%	99.03%	98.04%	98.04%	

** LYO - last year out-turn, YTD - year to date, YEF - year end forecast*

The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - April 2016

Staff/HR			2015								2016					
Description		LYO	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD	YEF
Appraisals		77.6%	80.6%	81.5%	80.8%	80.3%	80.1%	78.4%	75.6%	80.4%	80%	79.2%	77.6%	80.9%	80.9%	
Mandatory Training (Substantive)		83.39%	82.13%	82.8%	82.35%	83.51%	83.16%	84.11%	84.8%	85.16%	83.97%	83.31%	83.39%	83.82%	83.82%	
Sickness Rate (Performance Dashboard)			3.70%	3.65%	3.51%	3.22%	3.28%	3.83%	3.79%	4.06%	4.57%	4.37%	4.11%			
Staff In Post (Contracted WTE)		4,116.31	4,073.22	4,045.78	4,019.79	4,018.55	4,039.04	4,075.01	4,069.24	4,064.03	4,087.57	4,125.26	4,116.31	4,093.54	4,093.54	
Vacancy Rate		9.41%	8.81%	9.51%	10.11%	10.33%	9.92%	9.93%	10.31%	10.59%	10.05%	9.24%	9.41%	10.24%	10.24%	

** LYO - last year out-turn, YTD - year to date, YEF - year end forecast*

The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - April 2016

Description	Target	All Tumour Sites	Breast	Colorectal	Gynaecology	Haematology	Head and Neck	Lung	Paediatric	Skin	Upper GI	Urology	Total
Cancer - 14 day - Urgent Cancer GP Referral to date first seen	93%	-	97.2%	95.7%	95.5%	100%	94%	97.2%	100%	94.6%	91.5%	96.8%	**95.3%**
Cancer - 14 day - Urgent GP Breast Symptom Referral to date first seen	93%	-	95.6%	-	-	-	-	-	-	-	-	-	**95.6%**
Cancer - 31 day - from diagnosis to treatment for all cancers	96%	-	100%	100%	90.9%	100%	75%	100%	-	100%	100%	96.4%	**97.9%**
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	98%	100%	-	-	-	-	-	-	-	-	-	-	**100%**
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	94%	93.8%	-	-	-	-	-	-	-	-	-	-	**93.8%**
Cancer - 31 Day For Subsequent Treatment From Decision To Treat	96%	96.6%	-	-	-	-	-	-	-	-	-	-	**96.6%**
Cancer - 62 day - From Referral for Treatment following a Consultant Upgrade	85%	-	-	100%	100%	100%	80%	100%	-	100%	100%	100%	**98.2%**
Cancer - 62 day - From Referral for Treatment following national screening referral	90%	-	91.7%	-	-	-	-	-	-	-	-	-	**91.7%**
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	85%	-	100%	96.3%	81%	66.7%	57.1%	76.5%	-	100%	70%	87.5%	**88.3%**

Cancer 104 days – Breaches beyond 104 days ytd.

2015-16

	Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of patients who are untreated	Number of patients who have breached beyond 104 days							8	15	19	15	8	2
Number of patients who are untreated and either do not have a TCI date, or do not have a TCI date within target time.	Number of patients who have breached beyond 104 days							4	1	5	3	1	2

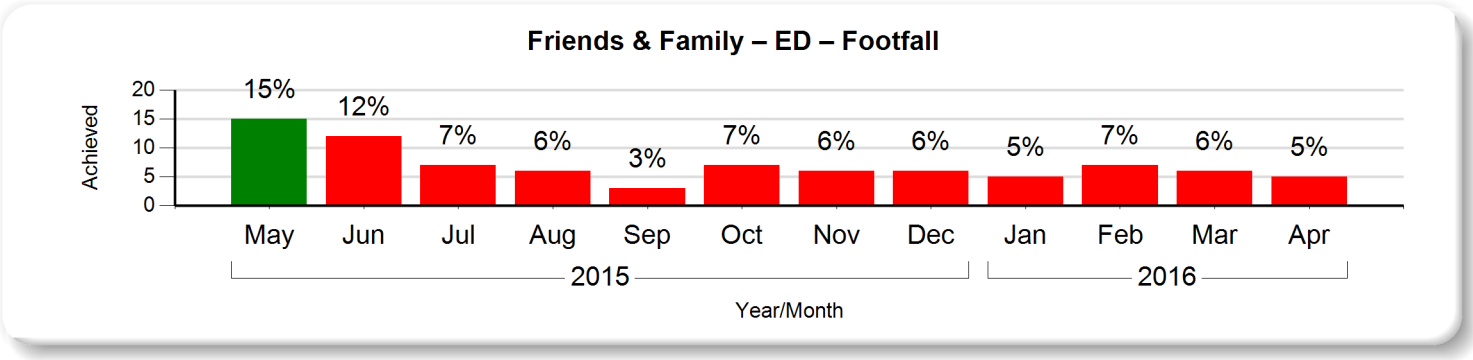
2016-17

	Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of patients who are untreated	Number of patients who have breached beyond 104 days	4											
Number of patients who are untreated and either do not have a TCI date, or do not have a TCI date within target time.	Number of patients who have breached beyond 104 days	0											

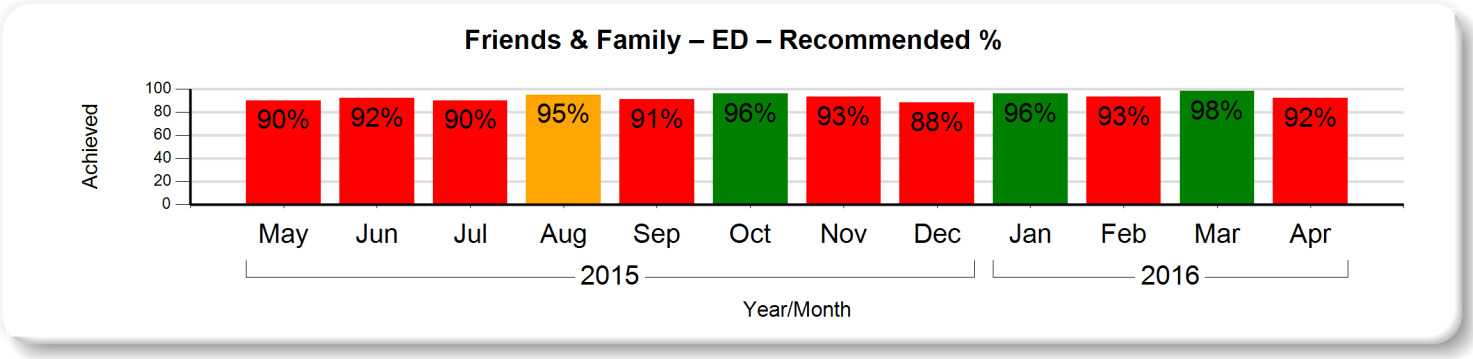
The Dudley Group NHS
NHS Foundation Trust

Quality & Risk Fails

Friends & Family – ED – Footfall



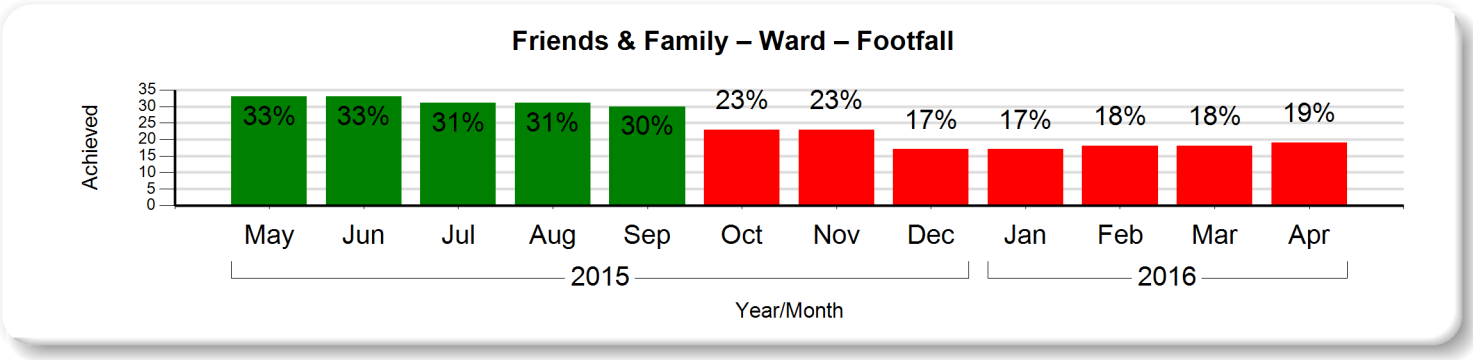
Friends & Family – ED – Recommended %



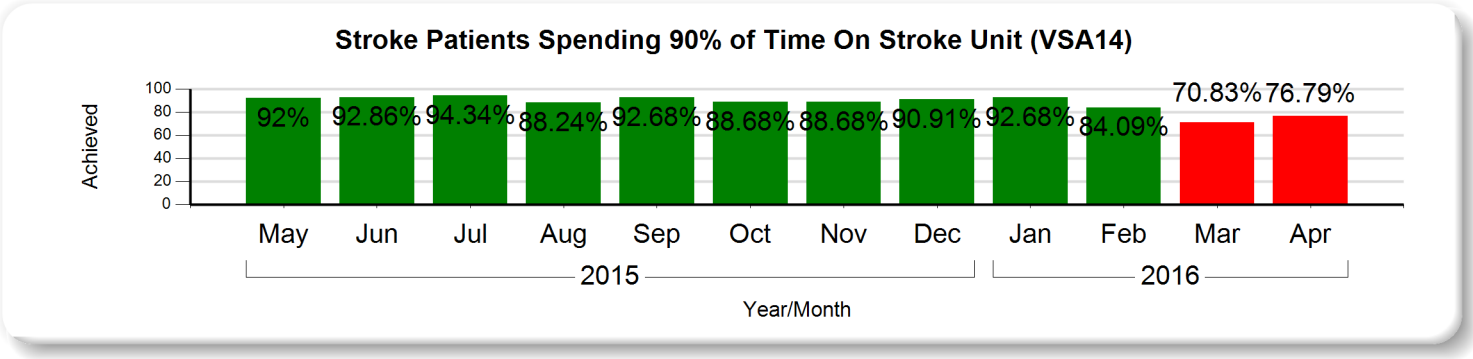
The Dudley Group NHS
NHS Foundation Trust

Quality & Risk Fails

Friends & Family – Ward – Footfall



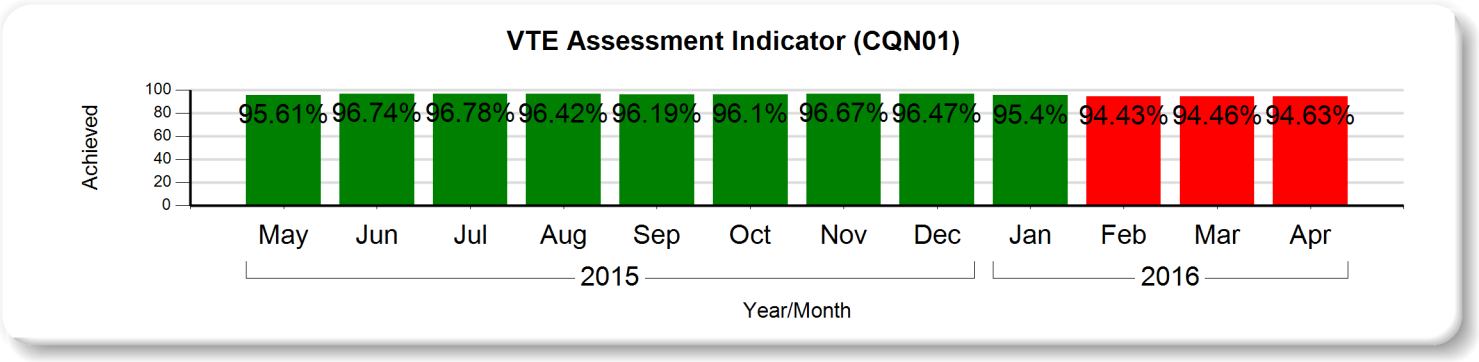
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)



The Dudley Group NHS
NHS Foundation Trust

Quality & Risk Fails

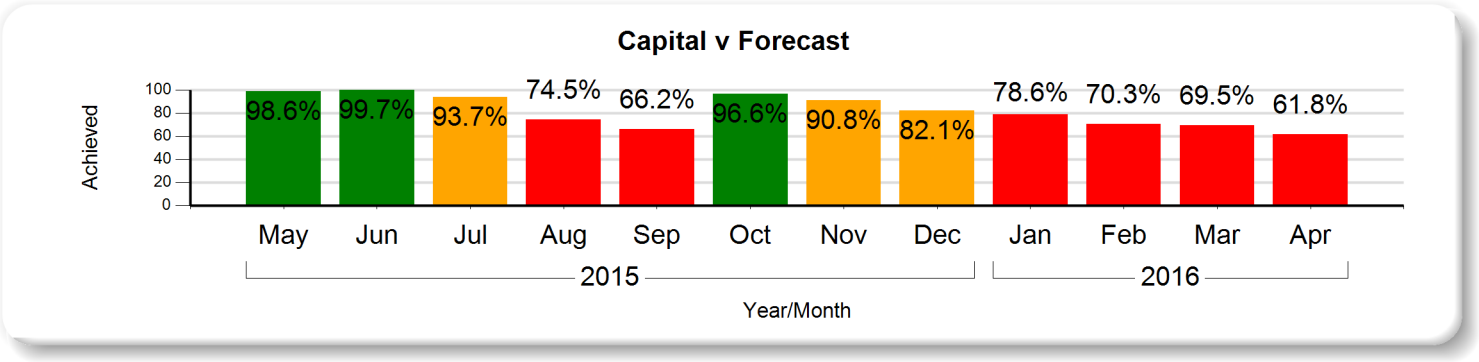
VTE Assessment Indicator (CQN01)



The Dudley Group NHS
NHS Foundation Trust

Finance Fails

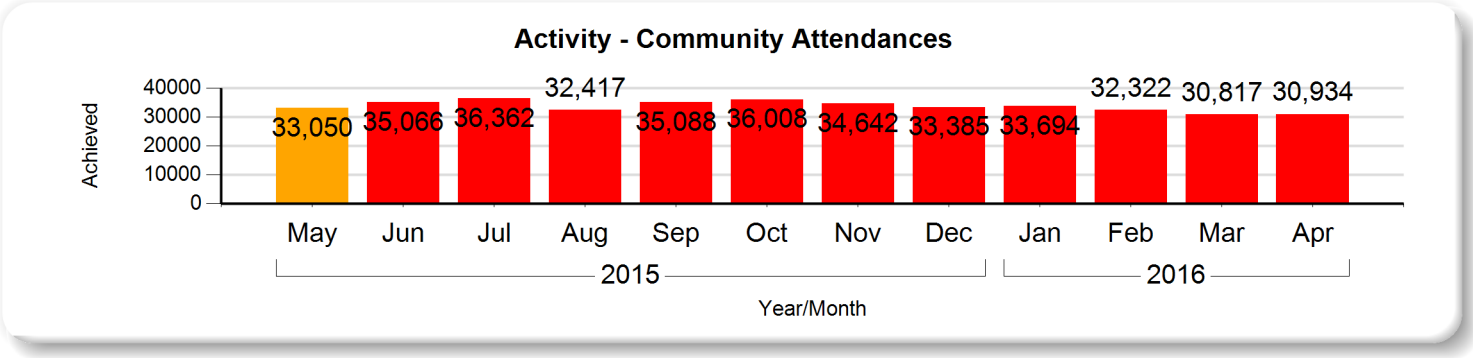
Capital v Forecast



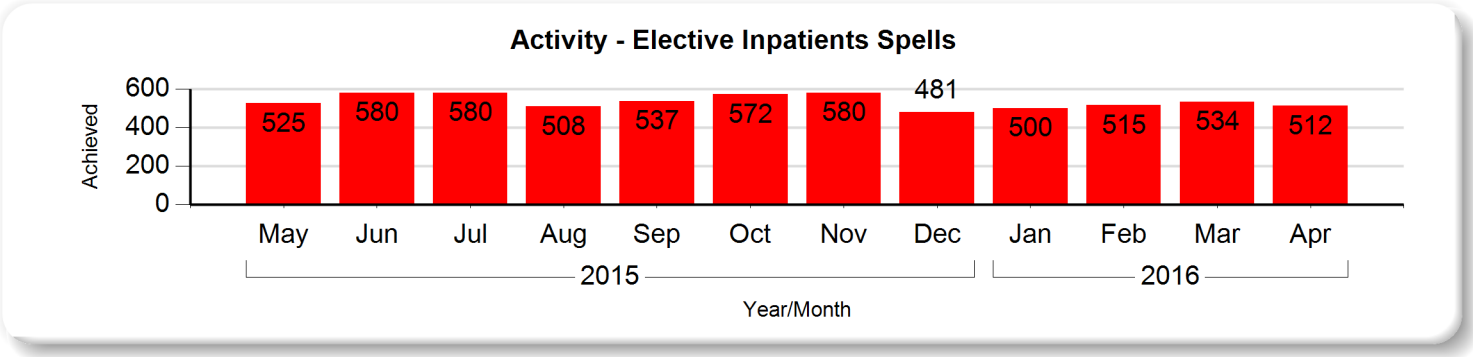
The Dudley Group NHS
NHS Foundation Trust

Performance Fails

Activity - Community Attendances



Activity - Elective Inpatients Spells



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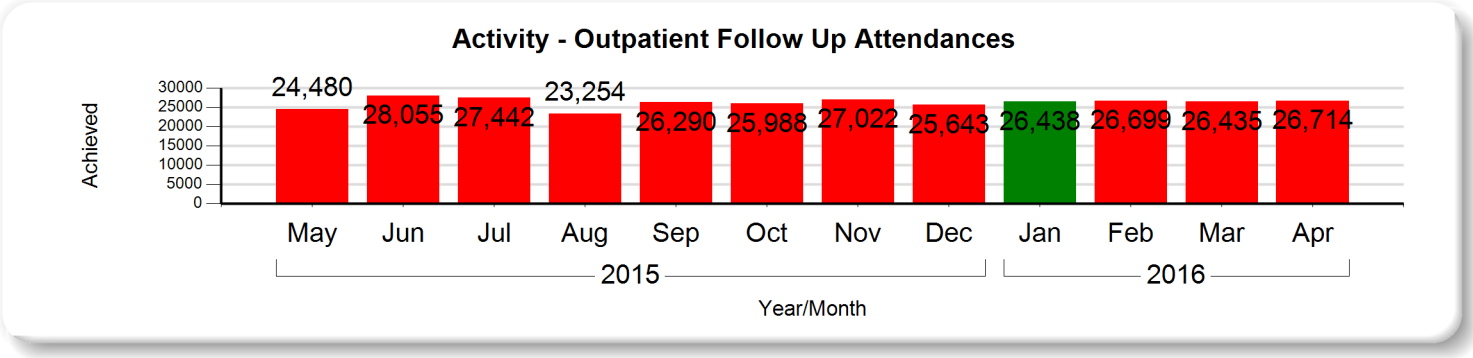
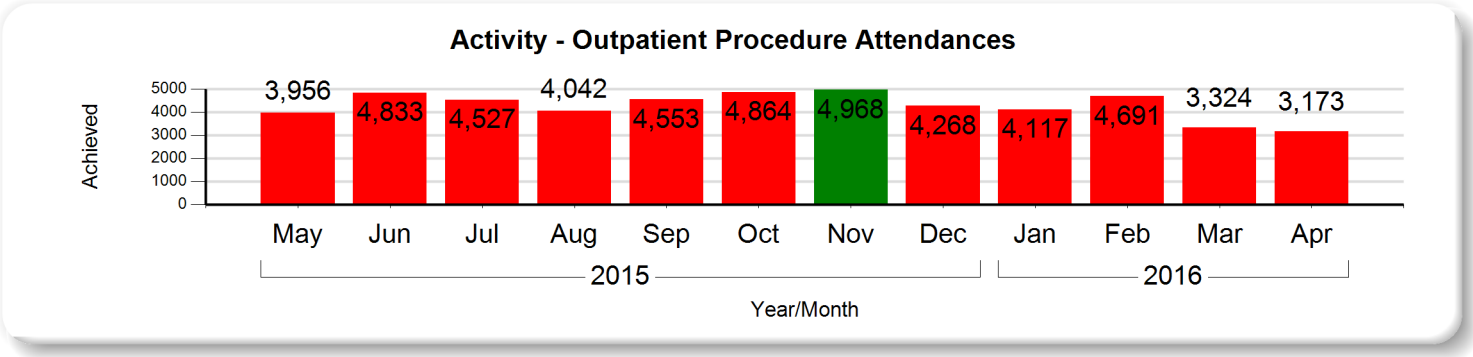
Performance Fails

Activity - Outpatient Follow Up Attendances



Activity - Outpatient Procedure Attendances



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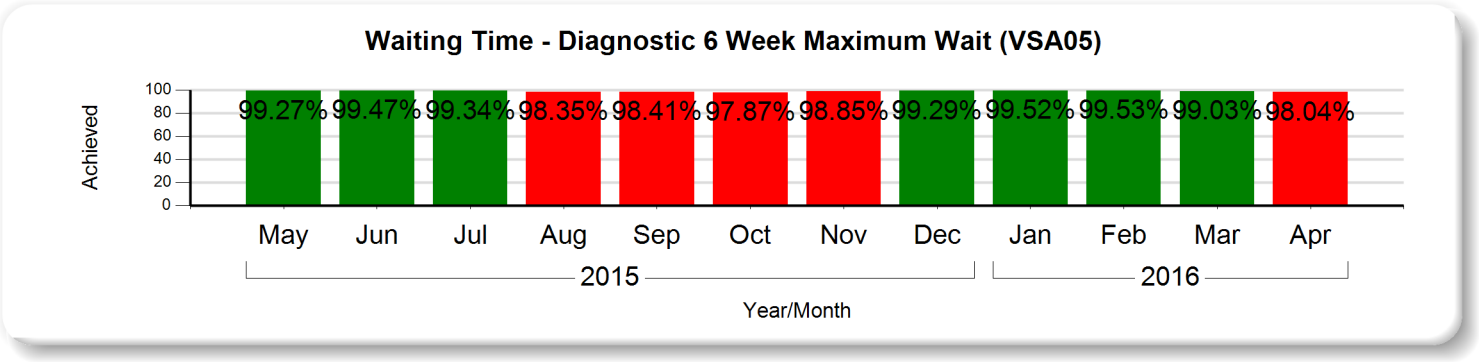
Performance Fails

Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)



Enclosure 12

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 2nd June 2016

TITLE:	**TITLE:** **Transformation and Cost Improvement Programme (CIP) Summary Report – May 2016**		
AUTHOR:	Amanda Gaston Head of Service Improvement and Programme Management	**PRESENTER**	**Anne Baines** **Director of Strategy and Performance**

CORPORATE OBJECTIVE:

SO3: Drive service improvements, innovation and transformation
SO5: Make the best use of what we have
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

Transformation Executive Committee (TEC) met on 19th May 2016 to review the 2016/17 CIP status.

The Trust has identified 45 projects for delivery in 2016/17 totalling £11,335k (95% of the planned target).

Based on month one position, the Trust has achieved £0.603m CIP against a year to date plan of £0.821m and is forecasting to achieve £10.711m against a full year plan of £11.908m.

To address the shortfall, TEC agreed to focus on further reducing Agency spend across the Trust and assessing other opportunities within the Nursing and Corporate Divisions.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description:** ST001 – Capability to deliver the Programme of work ST002 – Delivery of the Programme negatively impacting on Quality of Care or Patient Experience Capacity to deliver Programme of work Change in Executive Lead
	Risk Register: **Y**		**Risk Score:** 12, 6, 12, 10 (respectively)
COMPLIANCE and/or	**CQC**	**N**	**Details:**
	Monitor	**Y**	**Details:** Non delivery of CIP

LEGAL REQUIREMENTS	**Other**	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y	Y	

RECOMMENDATIONS FOR THE BOARD

Note progress during April, delivery of CIP to date and the current forecast outturn proposal.

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:	**Deliver 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 good outcomes, promotes a good quality of life and is based on the best available evidence**
CARING	**Staff involve and treat 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**

The Dudley Group NHS
NHS Foundation Trust

Trust Board of Directors

Service Improvement and PMO Update

2nd June 2016

Executive Summary

The Trust has an overall Cost Improvement Programme (CIP) target of **£11,908k** in 2016/17. To support this, the Trust has identified 45 projects to deliver savings in 2016/17.

The projects have been split into four ambitious programmes to deliver the changes and benefits required. These programmes are:

- Value for Money
- Delivering Efficiency & Productivity
- Workforce
- Outpatients

A summary of CIP performance as at month one is provided below (with supporting detail overleaf):

CIP Project Plans	Full Year Plan	YTD Plan	YTD Actual	YTD Variance	Y/E FOT	Y/E FOT Variance
TOTAL	£11,908k	£821k	£603k	-£217k	£10,711k	-£624k

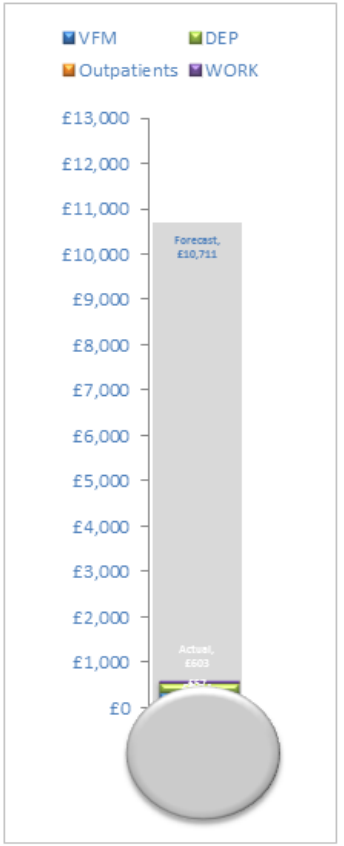
Based on the month one position, the Trust is **£217k** behind its year-to-date plan and is forecasting underperformance of **£624k** at year-end against the **£11,908k** CIP plan.

Of the 45 projects due to deliver savings in 2016/17, 32 Project Initiation Documents (PIDs) have been approved by the Transformation Executive Committee (TEC). Of these, 15 have been approved by the Quality Impact Assessment (QIA) panel. The outstanding PIDs will be submitted to the QIA panel on 27th May 2016 and future panels which are being scheduled.

Executive Summary

	YTD	FYE
Planned	£820,506	£11,335,647
Actual	£603,302	£603,302
Forecast	£603,302	£10,711,224
Variance	-£217,205	-£624,423

	Submitted Plan
Identified	£11,335,647
Target	£11,907,990
Variance	-£572,343



Programme (Click for details)	Executive Lead	FYE Plan	FYE Forecast	YTD Plan	YTD Actual	Shortfall	Planned Lord Carter Contribution
Delivering Efficiency and Productivity	Paul Bytheway	£4,635,883	£4,409,516	£264,149	£204,359	-£226,367	£2,894,171
Value for Money Infrastructure	Paul Taylor	£4,895,783	£4,747,779	£412,275	£333,700	-£148,004	£675,000
Workforce	Dawn Wardell	£1,500,181	£1,246,331	£118,765	£56,909	-£253,850	£849,864
Outpatients	Anne Baines	£303,800	£307,598	£25,317	£8,333	£3,798	£200,000
View all Projects	**Total**	**£11,335,647**	**£10,711,224**	**£820,506**	**£603,302**	**-£624,423**	**£4,619,035**

2016/17 Forecast Non Recurrent	**£3,153k**
% of Total CIP Forecast as Non Recurrent	**32.9%**