The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 6 April, 2017 at 9.30am
Clinical Education Centre
AGENDA

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 – Matt Banks**		J Ord	To Note	9.30
2.	**Declarations of Interest** Standing declaration to be reviewed against agenda items.		J Ord	To Note	9.30
3.	**Announcements**		J Ord	To Note	9.30
4.	**Minutes of the previous meeting**				
	4.1 Thursday 2 March 2017	Enclosure 1	J Ord	To Approve	9.30
	4.2 Action Sheet 2 March 2017	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	D Wake	To Discuss	9.50
7.	**Patient Safety and Quality**				
	7.1 Chief Nurse Report	Enclosure 4	P Smith	To Note & Discuss	10.10
	7.2 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 5	D Wulff	To Note & Discuss	10.20
	7.3 Black Country Alliance Report	Enclosure 6	A Gordon	To Note	10.30
	7.4 Audit Committee Exception Report and Internal Audit Plan	Enclosure 7	R Miner	To Note & Discuss	10.40
	7.5 Charitable Funds Committee Exception Report	Enclosure 8	J Atkins	To Note & Discuss	10.50
	7.6 Capacity Report	Enclosure 9	P Bytheway	To Note	11.00
	7.7 Corporate Risk Register/Assurance Framework Report	Enclosure 10	G Palethorpe	To Note	11.10
	7.8 BCA Pathology Report	Enclosure 11	P Bytheway	To Note	11.20

8.	**Finance and Performance** 8.1 Cost Improvement Programme and Transformation Overview Report 8.2 Finance and Performance Committee Exception report	 Enclosure 12 Enclosure 13	 A Gaston J Fellows	 To Note To Note	 11.30 11.40
9.	**Any other Business**		J Ord		11.50
10.	**Date of Next Board of Directors Meeting** 9.30am 4 May 2017 Clinical Education Centre		J Ord		11.50
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		11.50

Enclosure 1

The Dudley Group NHS
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 2nd March, 2017 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
Doug Wulff, Non Executive Director
Jonathan Fellows, Non Executive Director
Paul Harrison, Acting Chief Executive
Dawn Wardell, Chief Nurse
Ann Becke, Non Executive Director
Matt Banks, Medical Director

In Attendance:

Helen Forrester, EA
Glen Palethorpe, Director of Governance/Board Secretary
Andrew McMenemy, Director of HR
Liz Abbiss, Head of Communications and Patient Experience
Mark Stanton, Chief Information Officer
Anne Baines, Director of Strategy and Performance
Amanda Gaston, Head of Service Improvement (Item 17/020.1)
Carol Love-Mecrow, Freedom to Speak Up Guardian (Item 17/030.7)
Babar Elahi, Guardian of Safe Working (Item 17/030.8)

17/023 Note of Apologies and Welcome
9.50am

Apologies were received from Paul Bytheway.

17/024 Declarations of Interest
9.51am

The Chief Executive's standing declaration was noted and it was confirmed that this did not conflict with any items on the agenda requiring any decision.

There were no other declarations of interest.

17/025 Announcements
9.52am

None to note.

The Chairman thanked the Executive Team for their hard work during the previous month in responding to continued demands on the Trust.

17/026 Minutes of the previous Board meeting held on 2nd February, 2017 (Enclosure 1)
9.52am

The minutes of the previous meeting agreed by the Board as a true and correct record of the meetings discussion and could be signed by the Chairman.

17/027 Action Sheet, 2nd February, 2017 (Enclosure 2)
9.53am

17/027.1 Research and Development

The Director of Finance and Information confirmed that the business case procedure is almost complete and will be presented to the Finance and Performance Committee in March and then to the April Board via the report from that committee chair.

17/027.2 Charitable Funds Committee

The use of Charitable Funds for educational requirements was discussed at the last meeting and a schedule of possibilities will be produced for a subsequent committee meeting review.

17/027.3 Operational Plan

The Board will give delegated authority to the Finance and Performance Committee to approve the Operational Plan at its March meeting. This item was also covered in the Chief Executive's Report.

All other items on the action sheet were either complete or for a future meeting.

Updated business case procedure to be presented to the Finance and Performance Committee in March and then to the April Board via the report from that Committee Chair.

17/028 Patient Story
9.57am

Liz Abbiss, Head of Communications and Patient Experience, presented the patient story. The video was of a patient that came into the Trust through ED, EAU then admitted onto C1

The patient had received a positive experience.

Mrs Becke, Non Executive Director, asked about staff attitude. Liz stated that leaders need to tackle any signs of poor behaviour.

The Chairman and Board noted the story.

17/029 Chief Executive's Overview Report (Enclosure 3)
10.09am

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

- **Friends and Family:** The detailed report had been presented at the Finance and Performance Committee. The Board noted that the Trust continues to perform generally well in this area. The text messaging service had been launched in ED and this has improved the response rate.

- **Visits and Events:** The Board noted the meetings and events during the previous month. NHSI/NHSE had also visited the Trust that Monday regarding ED performance.

- **Committed to Excellence Awards:** The Awards Ceremony is being held on 16th March, 2017. The Board added their thanks to the sponsors who had made it possible to host the awards.

- **Digital Trust:** A visioning session took place on 15th February, 2017, with senior clinicians and managers. There was a detailed discussion around the guiding principles for our electronic patient record.

- **Delayed Transfers of Care Update:** Delayed Transfers of Care continues to be at an unacceptable level. An action plan is in place and moving forward. The CCG had been very supportive in negotiations with the Local Authority.

- **Operational Plan 2017-19:** The Plan for next year is under development and will be presented to the Finance and Performance Committee on Thursday, 30th March, 2017. The Board gave delegated authority to the Committee to approve the plan's submission to NHS Improvement at the end of March.

The Chairman and Board noted the report and gave delegated authority to the Finance and Performance Committee to approve the 2017/18 Operational Plan. The Board noted the press enquiry and response regarding Delayed Transfers of Care.

The Board gave delegated authority to the Finance and Performance Committee to approve the Operational Plan at its March meeting.

17/030 Patient Safety and Quality

17/030.1 Chief Nurse Report (Enclosure 4)
10.14am

The Chief Nurse presented the Chief Nurse Report given as Enclosure 4.

The Board noted the points relating to infection control, including:

MRSA: There has been no post 48 hr MRSA bacteraemia cases since 27th September, 2015.

C.Diff: The Trust has recorded 33 cases to date in 2016/17, 25 of these cases have had their lapses in care determined, 9 of these cases were associated with a lapse in care at the Trust, with 16 having no attributable lapse to the Trust. There had been a period of increased incidence of C.Diff on B3 (2 cases) which as with all cases, is subject to a detailed review.

Norovirus: No cases to note.

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

- Shortfall shifts total figure for the month was 65 which was a reduction from the last month (77).

- Shortfall shifts are all reviewed and no safety issues were identified that affected the quality of care.

- The RAG rating system had been rolled out across the wards. There were 15 red shifts across 9 areas using this methodology for the period. For each of the red shifts there were no safety issues identified.

- The Care Hours per Patient Day (CHPPD) is reported in the report. The model hospital dashboard will be providing more national benchmark data shortly.

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

- February had 4 red areas which are now under increased support and escalation.

- Nutrition Audit and focus on MUST completion is underway with 2 weekly meetings recommenced in February 2017.

Dr Wulff, Non Executive Director, asked about next year's target for C.Diff. The Chief Nurse confirmed that the Trust had not yet received any indication of what the target will be.

Mrs Becke, Non Executive Director, asked about MUST assessments and whether we could have a MUST Champion in each ward area to save clinicians time by having one administrator completing the paperwork etc. The Chief Nurse confirmed that an individual clinical assessment is required and its interpretation at that time therefore there was no benefit if having them all go through a more central admin process on each ward.

The Director of Finance and Information commented on the care hours table and the number being constant despite pressures experienced, which was commendable.

The Chief Nurse confirmed that with regard to clinical supervision there is a recommendation to remove regional supervisory midwifery regulation from 1st April, 2017. The Trust will retain its Midwife Supervisors and these will continue to investigate and support staff through the Trust's own internal procedures. Dr Wulff, Non Executive Director, confirmed that he was aware that all records of previous reviews will still be available which would help with ability to offer support going forward.

The Chairman and Board noted the report and the recommendations for the Board to maintain the status quo whilst it awaits guidance with regards to the future of Midwifery Supervision from relevant national bodies.

17/030.2 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 5)
10.25am

Dr Wulff, Committee Chair, presented the Clinical Quality, Safety and Patient Experience Committee Exception Report, given as Enclosure 5. The Board noted that the incorrect date was shown on the title of the report but the rest of the document was correct.

The Board noted the following key areas from the Committee meeting:

- The Trust recorded 26 cases of mixed sex breaches on 18 separate occasions in January due to the demand for inpatient beds. The Committee had gained assurance that there had been no quality or safety of care issues and no risks to patients.

- Trust performance against the "think glucose" target had seen a reduction to just 82% in January. An action plan will come back to the Committee.

- Executive management assurance was received that there were no Trust policies that had exceeded their review dates. This was a considerable improvement.

- The Committee approved the closure of 28 RCA action plans following assurance from the Corporate Governance Team that, were appropriate, completed action plans had been evidenced.

- The Committee were pleased to see the impact of the texting service in ED and asked for more information on how the FFT processes were being applied to Community patients ahead of the text roll out.

- Two items referred to Board:

    - The Committee requested that the Board note the assurances received at the meeting and the decisions made by the Committee.

    - The Board is requested to ratify the approval of the Nursing and Midwifery Strategy (2017-2020) which was attached to the report and the approval of the

specific quality priority targets for 2017/18. These priorities had been subject to previous discussions with the Board and Governors.

Mr Atkins, Non Executive Director, asked how the Nursing and Midwifery Strategy will become embedded. The Chief Nurse confirmed that this will be communicated down through every department to each level of staff.

The Chairman and Board noted the report and assurances received. The Board ratified the approval of the Nursing and Midwifery Strategy (2017-2020) and the approval of the specific quality priority targets for 2017/18.

The Board ratified the approval of the Nursing and Midwifery Strategy (2017-2020) and the approval of the specific quality priority targets for 2017/18.

17/030.3 Black Country Alliance Report (Enclosure 6)
10.29am

The Chief Executive presented the Black Country Alliance Report, given as Enclosure 6, which included the minutes of the BCA Board and Programme Directors update.

The Chief Executive confirmed that the format of the report will change going forward.

The Chief Executive stated that Andrea Gordon, the new Programme Director, will be based at Dudley and will attend Board meetings.

The Board noted that Dave Colley, the BCA procurement lead, was working on the tendering process for bank/agency staff provision within the area of A&E.

The Chairman and Board noted the report.

17/030.4 Update on the Quality Accounts Report (Enclosure 7)
10.35am

The Chief Nurse presented the Update on the Quality Accounts Report, given as Enclosure 7. The Board noted the following key areas:

- The Trust had looked at its performance over the previous year. It had been agreed that any un-met targets would be continued.

- An additional question would be added to the patient experience domain on their involvement in their care.

- External Audit will undertake an audit of the systems underpinning the 18 week and A&E performance reporting. This is in accordance with nationally mandated guidance. It will be proposed to Governors that FFT for ED is the local indicator that should be audited through the external auditors as this area has not been subject to audit review previously.

- A report on the Trust's quality priorities was presented to the Overview and Scrutiny Committee and received a positive response.

- The Trust is on track to present the draft Quality Accounts report in time for the external audit.

The Chairman and Board noted the report, progress made and sign off by the Audit Committee with delegated authority of the quality account would continue as last year.

17/030.5 Workforce Strategy 2017-18 Report (Enclosure 8)
10.38am

The Director of Human Resources presented the Workforce Strategy 2017/18 Report, given as Enclosure 8. The Board noted the following key issues:

- The first draft of this report had previously been presented to Board in November.

- This update reflects comments received from the Board.

- There is a more detailed sense of direction under each strategic aim.

Mr Miner, Non Executive Director, asked if expectations around leadership qualities is emphasised adequately in the report. The Director of HR agreed that a more focussed approach was required. The Chairman suggested that this needed to be reflected further in some of the objectives.

Mr Atkins, Non Executive Director, commented that he prefers the term performance management rather than appraisal. In response the Board commented that appraisal was the usual term. Mr Atkins confirmed that he had heard that the Trust was using several different appraisal processes across the Trust. The Director of HR confirmed that this had been the case but there was now only one process which was out for consultation.

Mrs Becke, Non Executive Director, asked how the Trust will ensure that the correct documentation is used. The Director of HR confirmed that appraisals will have more focus at Divisional performance meetings.

The Chairman and Board noted the report and the Board approved the Strategy subject to some minor wording changes prior to its launch.

The Board approved the Strategy subject to some minor wording changes prior to its launch.

17/030.6 Workforce and Staff Engagement Committee Meeting Summary Report (Enclosure 9)
10.53am

The Chairman, who chaired the last meeting, presented the Workforce and Staff Engagement Committee Meeting Summary Report, given as Enclosure 9. The Board noted the following key issues:

- Work on Equality and Diversity required a more systematic approach and a strategy that was fit for purpose. The Director of HR confirmed that the STP is looking at a coordinated approach across the Black Country.

- The Committee received HR workforce risks for first time. The Director of HR will work with the Director of Governance/Board Secretary on format.

- There was a detailed discussion around the apprenticeship model and how this could help with avoiding reliance on bank and agency staff.

The Chairman and Board noted the report.

17/030.7 Freedom to Speak Up Guardian Report (Enclosure 10)
10.59am

The Freedom to Speak Up Guardian presented her report, given as Enclosure 10. The Board noted the following key issues:

- The National Guardians Office was working hard with Guardians to ensure they are fully trained. A West Midlands Guardian Group had been established and two meetings had taken place.

- The Board noted that Guardians from other organisations had protected time for the role and had been able to do more proactive awareness raising as a result, albeit the message about the role had been well communicated via other means.

- The Guardians Office provided guidance on the recording of issues and the Trust's data base contained this required information.

- Activity: 90 concerns had been raised, only 1 had been raised where the person wished to be anonymous and 16 had been raised confidentially and 2 had been referred from other agencies. Of all the concerns 7 concerns related to potential lapses in patient care and a large number made reference to Trust culture. 12 concerns had been closed since May and feedback had been given to 7 individuals.

- Guidance had been received from the Guardians office on how to deal with bullying and harassment concerns.

- Moving forward there were plans for a more robust evaluation and feedback process to be captured within the Trust's database of concerns raised.

- Feedback on the role had been positive.

The Board noted that the Guardian had been recently appointed as Deputy Chief Nurse and the Trust was looking for a replacement Guardian. The current Guardian will oversee the process until the new Guardian is in place.

Dr Wulff, Non Executive Director, confirmed that there is pressure on any individual that does this work on top of their normal role. The Trust needs to consider what other similar size organisations do.

The HR Director confirmed that the ability to de-escalate any allegation of bullying and harassment concerns was a helpful part of Guardian duties as such allegations and their context needed consideration.

The Chief Executive confirmed that the Trust needs to carefully consider the issues raised when appointing a replacement.

The Board noted that there will be a further update to the Board in 3 months time in line with National guidance.

Mr Atkins, Non Executive Director asked if there was a person specification for the role. The Board noted that there was a generic one and work was being undertaken to produce a Black Country wide one.

The Chairman and Board noted the report and the strategies outlined.

Further update to the Board in 3 months time.

17/030.8 Guardian of Safe Working Report (Enclosure 11)
11.17am

The Guardian of Safe Working presented his report, given as Enclosure 11. The Board noted the following key issues:

- The role of Guardian will safeguard Junior Doctors working arrangements and was established as a result of the development of the new national contract.

- The new contract was different to the previous one in terms of safety expectations, and exception reporting has been introduced into the contract. Exceptions will be reported to the Board on a quarterly basis.

- The Board noted that the Guardian attends Junior Doctors Induction sessions and forums.

- A Guardian's email account had been established.

- There had been problems with the Allocate software nationally and the Guardian will raise this issue at the National Guardian's conference.

- The Board noted that the Dudley Guardian Mr Elahi had been appointed as Chair of Guardians for the West Midlands.

- Exceptions included in the report included 3 rota gaps, one post had now been appointed to and one was about to be appointed. The Trust was advertising the third post in elderly medicine.

- The first West Midlands Guardian Conference will be held at Dudley. Mr Elahi intends to raise the issue of locum rates at the national conference.

The Chairman and Board noted the report and thanked Mr Elahi for his enthusiasm for the role. The Board also notes that an update report will be provided to Board in 3 months time.

Update report to Board in 3 months time.

17/031 Finance and Performance

17/031.1 Cost Improvement Programme and Transformation Overview Report (Enclosure 12)
11.40am

The Head of Service Improvement presented the Cost Improvement Programme and Transformation Overview Report, given as Enclosure 12.

The Board noted the following key highlights:

- £1.7m forecast shortfall within the CIP programme for the year.

- Summary of the programme for next year was detailed on slide 4.

- No additional risks had been identified since the last Board.

- The Trust had identified £7-9m CIP plans to date of the £12m programme for 2017/18.

- Individual projects were being developed for each scheme due next year.

- 34% of projects were in the scoping phase of project delivery.

- 2% of the value of the programme was still in the ideas phase.

- The Trust was looking at further ideas generation for closing the gap and was part of the regional CIP group. It had also signed up to the NHS benchmarking club which uses an internal benchmarking system and the Trust continues to work on monitoring the Carter dashboard.

The Director of Finance and Information confirmed that the Trust was working with Divisions with both a top down and bottom up approach but achieving the overall forecast £2.5M budget surplus at year end of 2017/18 will be difficult.

The Director of Strategy and Transformation confirmed that there may need to be investment made within some schemes to achieve the overall CIP.

The Chairman and Board noted the report.

17/031.2 Finance and Performance Committee Exception Report (Enclosure 13) 11.50am

Mr Fellows, Committee Chair, presented the Finance and Performance Committee Exception Report, given as Enclosure 13.

The Board noted the following key issues:

- Month 10 remained on plan.
- The Trust will need to use agency staff in March and this will require careful management.
- Targets missed in month demonstrates the pressure on the NHS generally and the Trust specifically.
- Appraisals and Mandatory Training were trending in the wrong direction.
- The Pharmacy Transformation Plan had been approved.
- The Microbiology Business Case had been approved.
- Analysis was required from the Finance Department on the increase in activity levels and staff costs.

The Director of Strategy and Performance confirmed that the Trust had achieved its required performance of 85% on cancer targets in January but performance within February was not promising. Daily cancer reporting had been put in place to put rigour in the system on case management. That Board noted that for Stroke the low figure reported in January was correct and exception reports on all breaches had been provided.

There was now enhanced weekly reporting from the Division. Dr Wulff, Non Executive Director asked about TiA and VTE assessment. The Director of Strategy and Performance confirmed that these areas had yet to demonstrate sustained improvement.

The Chairman and Board noted the report and actions to correct the performance position and noted cancer performance.

17/032 Any Other Business
11.55am

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

17/033 Date of Next Meeting
11.55am

The next Board meeting will be held on Thursday, 6th April, 2017, 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 2 February 2017

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
17/030.2	Clinical Quality, Safety and Patient Experience Committee	The Board ratified the approval of the Nursing and Midwifery Strategy (2017-2020) and the approval of the specific quality priority targets for 2017/18.	All	2/3/17	Done
17/030.5	Workforce Strategy 2017-18	The Board approved the Strategy subject to some minor wording changes prior to its launch.	All	2/3/17	Done
16/118.5 & 17/027.1	Research and Development	The Finance Director to update the business case procedure. Updated business case procedure to be presented to the Finance and Performance Committee in March and then to the April Board via the report from that Committee Chair. The Medical Director to produce a Research and Development gap analysis.	PT JF JN	6/4/17 6/4/17 1/6/17	Included in Finance and Performance Committee Report. As above.
17/007 & 17/018	Chief Executive's Overview Report	De-brief report on demand and capacity to be presented to Board when further information is available. Report on capacity to be presented at the March Board.	PB PB	6/4/17 6/4/17	On Agenda. As above.
17/019.4 & 17/029	Operational Plan Chief Executive's Report	The Annual Plan for next year to be presented to the Finance and Performance Committee. The Board gave delegated authority to the Finance and Performance Committee to approve the Operational Plan at its March meeting.	AB/PT JF/PT	30/3/17 30/3/17	Done As above.

17/019.2	Clinical Quality, Safety and Patient Experience Committee	The Chief Executive to continue to raise CAMHS Tier 4 beds with NHS Improvement.	CE	6/4/17	Done
17/020.1	CIP and Transformation Overview Report	A future report to the Board providing a summary of the programme implementation review and learning to apply to future schemes.	AB	6/4/17	Included in the CIP Report.
17/030.7	Freedom to Speak Up Guardian Report	Further update to the Board in 3 months time.	CLM	4/5/17	
17/030.8	Guardian of Safe Working Report	Further update to the Board in 3 months time.	BE	4/5/17	

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board Meeting – 6th April 2017

TITLE:	**Chief Executive Board Report**		
AUTHOR:	**Paul Harrison, Interim Chief Executive**	**PRESENTER**	**Diane Wake, Chief Executive**

CORPORATE OBJECTIVE: SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- New Chief Executive
- Friends and Family
- Visits and Events
- Chief Nurse take up new role
- Interim Chief Nurse, Siobhan Jordan
- Upcoming Consultants Conference
- ChemoCare,Go-Live

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

Decision	Approval	Discussion	Other
		Y	**Y**

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

The Dudley Group
NHS Foundation Trust

Chief Executive's Report – Public Board – March 2017

This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and a highlight a number of items of interest.

Items below are not reported in any order of priority.

New Chief Executive – Diane Wake

I am really pleased to have joined the Trust on Monday 3rd April 2017, from my role as Chief Executive at Barnsley Hospital NHS Foundation Trust. I will be out and about over the coming weeks to meet as many staff as possible. I am passionate about making local services right for local people and in Dudley there are lots of opportunities to do just that. I look forward to working with GPs and other local providers to develop the Multispecialty Community Provider services which will result in ground breaking changes to the way services are accessed and coordinated for patients and their families. At the same time, together with my Executive Team, we will ensure that hospital services continue to perform amongst the best in the country, and are sustainable longer term.

Patient Experience Friends and Family Test (FFT): Update April 2017 Board

1.1. Friends and family test recommended scores

- Based on the latest published NHS figures (January 2016), all but two areas met the Trust's quality priority target of monthly scores for the FFT that are equal to, or better than, the national average for the percentage of patients who would recommend the service to friends and family.

- The January score for community was 94.4% compared to the national average of 95%. The community recommended score for February has improved to 97.8% however national scores are unpublished.

- A&E achieved 75.3% compared to the national average of 87% however response rates have continued to increase in this area since the introduction of the SMS text messaging service in January and is at a high for the year at 15.4% for February.

1.2. Response rates for A&E and Inpatients – introduction of SMS text messaging service

- During the period 1st January to 27th March, an SMS message was sent to 7,857 patients who attended A&E with a response rate of 20% (1,582 received). We are pleased to note that the overall response rate for A&E continues to increase.

- During the period 1st to 27th March, an SMS message was sent to 1,398 patients with a response rate of 32% (468 responses).

The Dudley Group
NHS Foundation Trust

FFT Score and Response Rate April 2016 – February 2017

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Friends & Family – Community – Footfall	1%	1.4%	1.1%	1.5%	1.1%	1.3%	1.1%	0.6%	1.3%	1.3%	1.5%	1.2%
Friends & Family – Community – Recommended %	96.4%	96.8%	94.7%	94.4%	97.3%	96.1%	96.1%	95.1%	95.5%	94%	94.4%	97.8%
Friends & Family – ED – Footfall	7.5%	5%	3.8%	1.6%	8.4%	10.7%	5%	5%	3.7%	4.3%	13.1%	15.4%
Friends & Family – ED – Recommended %	92.3%	91.4%	91.3%	88.2%	91.7%	91.8%	91.9%	93.8%	93.1%	90.1%	75.3%	76%
Friends & Family – Inpatients – Footfall	25.7%	17.7%	15.8%	13.9%	17.9%	18.6%	20.5%	19.2%	19.2%	17%	17.9%	18.1%
Friends & Family – Inpatients – Recommended %	97%	96.8%	96.7%	97%	94.6%	96.6%	96.6%	97.9%	95%	97.9%	95.8%	97.3%
Friends & Family – Maternity – Footfall	21.6%	17.6%	33.2%	16.6%	33.8%	32.7%	32.3%	27.6%	36.5%	33.9%	34.5%	29.5%
Friends & Family – Maternity – Recommended %	98.2%	97.5%	97.3%	98.9%	96%	98.6%	98.8%	98.8%	99.5%	99.4%	97.6%	98.2%
Friends & Family – Outpatients – Footfall	-	1.2%	1.1%	1%	1.7%	1.5%	1.4%	1.5%	2.5%	1.5%	2.4%	1.9%
Friends & Family – Outpatients – Recommended %	87.6%	85%	82.2%	93.1%	91.7%	92.4%	92.4%	93.2%	94.9%	93.1%	95%	94.1%

RAG rating legend – percentage recommended

Area	Below national average	National average	Above national average/top 20% of trusts nationally
Accident & Emergency	<=89.8%	89.9% - 93.3%	93.4% +
Acute Inpatients	<=96.2%	96.3% - 97.3%	97.4% +
Community	<=96.3%	96.4% - 97.6%	97.7% +
Maternity – Combined (weighted)	<=95.8%	95.6%- 98.1%	98.2% +
Outpatients	<=94.5%	94.6% - 97.1%	97.2% +

RAG rating legend – Footfall

Area	Below national average	National average	Above national average/top 20% of trusts nationally
Accident & Emergency	<=14.4%	14.5% - 21.2%	21.3% +
Acute Inpatients	<=25.9%	26% - 34.4%	35.1% +
Community	<=3.4%	3.5% - 9.0%	9.1% +
Maternity – Combined	<=21.6%	21.7% - 34.3%	34.4% +
Outpatients	<=4.6%	4.7% - 14.4%	14.5% +

Visits and Events

2nd March:	Council of Governors
3rd March:	Visit from James Morris, MP
3rd March:	Clinical Forum
8th March:	Black Country Alliance Board Meeting
10th March:	West Midlands Provider Chief Executive's Meeting
11th & 12th March:	Hosted MRCP Exams
15th March:	NHSI Chief Executive's Network
16th March:	Committed to Excellence
27th March:	MCP GP Meeting
29th March:	Partnership Board
31st March:	UHNM Medical Director Interviews
3rd April:	Diane Wake, Chief Executive, commences
4th April:	Visit from Gavin Williamson, MP
5th April:	MCP GP Event
6th April:	Spring Lecture – Dr Ron Daniels, CEO of UK Sepsis Trust

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Chief Nurse takes up new role

Dawn Wardell, Chief Nurse with the Trust since June 2015, left the Trust on 31st March 2017, to take up a new role at NHS England West Midlands as Deputy Director of Nursing & Quality.

I would like to thank Dawn for all her hard work over the last two years. I wish Dawn the very best in her new role at NHSE.

Interim Chief Nurse, Siobhan Jordan

I am pleased to announce that we have appointed Siobhan Jordan as our interim Chief Nurse, while we make plans for a substantive replacement. Siobhan comes to us with a wealth of experience from several nursing and health care positions. We will advise staff and stakeholders of the details of both the interim and permanent arrangements when they are finalised.

Upcoming Consultants Conference

Consultants are invited to the next Consultants' Conference on Friday 28th April at Himley Hall.

The conference will give consultants an opportunity to meet with me face to face and discuss current issues and areas of interest.

ChemoCare,Go-Live

A new chemotherapy electronic prescribing and medicines administration IT system went live on Monday 27th March 2017.

The ChemoCare system will provide users with the following initial functionalities:

- Electronic prescribing of chemotherapy
- Chemotherapy medication record
- Clinical decision support

The software will be available for all staff supporting patient care within Cancer Services. ChemoCare will be implemented in a phased approach with separate implementation groups occurring over the next six months.

ChemoCare can be accessed by clicking on 'ChemoCare' under the 'Essential Links' on the Hub home page.

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Enclosure 4

Paper for submission to the Board of Directors on 6th April 2017 - 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:**	Pam Smith Deputy 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 Prevention and Control for the month of March (as at 27.3.17)

- No post 48 hour MRSA bacteraemia cases since 27th September 2015.
- No further Norovirus episodes.
- As of this date the Trust has had 33 cases of post 48 hour C. difficile so far in 2016/17. So far 30 cases have had their lapses in care determined; 12 of these cases were associated with a lapse in care.

Safer Staffing

- Shortfall shifts total figure for this month is 73 which is an increase from the last month (65).
- The RAG rating system has been rolled out across the wards with 16 red shifts in total across eight areas in this month using this methodology. No safety issues were identified.
- Shortfall shifts were reviewed and no safety issues identified that affected the quality of care.
- The Care Hours per Patient Day (CHPPD) is reported in this board report. The model hospital dashboard will be providing more national benchmark data shortly.

Nursing Care Indicators

- March had two areas Red which are now under increased support and escalation.
- Nutrition Audit and focus on MUST completion is underway with two weekly meetings recommenced in February 2017.

MUST – Work has been developed on C1 in January as a pilot for new work and they have now achieved 100%.

IMPLICATIONS OF PAPER:

RISK	Yes		**Risk Description:** • Failing to meet initial target for C *Diff* now amended to avoidable only (Score 10). • Nurse Recruitment – unable to recruit to vacancies in nursing establishments to meet NICE guidance for nurse staffing ratios (Score 20).
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Y	**Details:** Safe and effective care
	Monitor	Y	**Details:** MRSA and C. difficile targets Agency capping targets
	Other	Y	**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.

Infection Prevention and Control 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 (27.3.17) we have 0 post 48 hour cases recorded in March 2017.

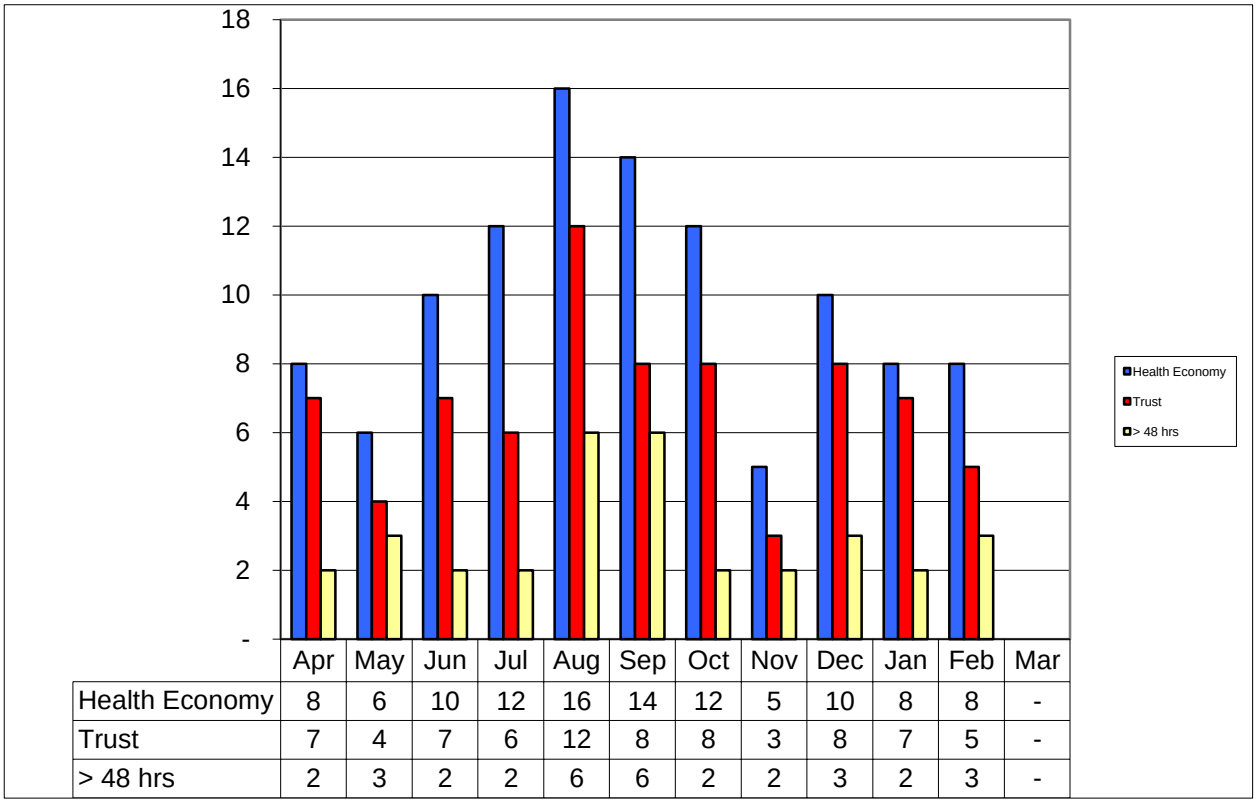
The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance[1], continues.

For the financial period 2016/17 of the 33 post 48 hour cases identified since 1st April 2016, 30 cases have been reviewed and apportionment has been agreed (12 cases associated with lapse in care) 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.

The PII of C. difficile on B3 is now resolved. There were no further cases. Ribotyping was inconclusive.

C. DIFFICILE CASES 2016/17



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	8	6	10	12	16	14	12	5	10	8	8	-
Trust	7	4	7	6	12	8	8	3	8	7	5	-
> 48 hrs	2	3	2	2	6	6	2	2	3	2	3	-

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

Norovirus - No further outbreaks.

Reference

1. *Clostridium difficile* infection objectives for NHS organisations in 2016/17 and guidance on sanction implementation, Public Health England.

Monthly Nurse/Midwife Staffing Position
February 2017

One of the requirements set out in the 2014 National Quality Board (NQB) 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. A revised NQB report 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' was published in July 2016, the contents of which have had no impact on the requirement to produce these monthly reports.

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 of the care hours per patient day (CHPPD) metric as recommended by the Carter Review.

As indicated to the Board in June, from May 2016 all Trusts have had to submit this metric. The overall Trust results for the last six months have been:

Month	RN	Unregistered	Total
September 16	4.44	3.63	8.07
October 16	4.39	3.56	7.95
November 16	4.19	3.34	7.53
December 16	4.25	3.40	7.65
January 17	4.30	3.50	7.81
February 17	4.34	3.63	7.97

These figures obviously vary widely across wards/areas (e.g. [for February] 22.18, 8.75 and 30.93 for Maternity and 2.51, 3.56 and 6.07 on Ward C1).

The only presently available comparative figures are from a short paragraph in the Carter Report which stated that of a sample of 25 Trusts the overall CHPPD varied from 6.3 to 15.48, which would put the Trust (8.07 to 7.53) in the middle 'of the pack'. Up to November the overall hours per patient day was reducing although this has increased slightly in the last three months but not up to the September levels. The Trust awaits any further developments and feedback on this metric. It is expected that this and comparative data will be made available in the Model Hospital which the Department of Health is producing as a result of the Carter Review. The Trust has recently become a pilot site for the ward element of the Model Hospital. NHSI recently held a masterclass on this indicator and informed us that more detailed figures should be available after March 2017 although there have been data quality issues with a number of Trusts submitting wildly inaccurate data.

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).

The total figure of shortfalls for this month is 73 which is more than last month (65) but lower than October to December 2016 (77, 104,136) (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 3.

As with last month, the area with the largest number of shortfalls in February was C3 which had 13 (with 7 RN shifts and 6 CSW shifts). The RN shortfalls occur on this ward with 52 patients when there is one nurse short as it tips them slightly over the 1:10 (days) and 1:12 (nights) ratios. The CSW shortfalls came about due to the high number of very dependant patients requiring 1:1 care in the month and the bank was unable to fill these places. In terms of numbers of qualified shortfalls, NNU and Maternity continue to have challenges when dependency and capacity are high. Wards

A2, B2H and C1 also continue to have CSW shortfalls due to the high number of 1:1 patients. The rest of the shortfalls are evenly spread throughout the hospital, as in previous months.

As well as the quantifiable staffing numbers discussed above from May 2016 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 (the figures for January are in brackets - 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, number of MET/resuscitation calls etc. There will be some inevitable variability with these assessments but, as previously, it can be seen that the highest proportion of assessments are 'Green' (78%) which is the similar to previous months. With regard to the Red rated shifts there were 16 this month which accounts for 1.3% of the total. They were spread across 8 areas. On all of these occasions safety was maintained. These have been described within the table 3 below.

An assessment of any impact on key quality indicators is undertaken each month. From as far as possible as it is to ascertain, these shortfalls have not affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. C3 has continued to show red rating for NCI for two months which coincides with high dependency of patients. There is no evidence that they have affected patient feedback in terms of the answers to the real time surveys, FFT results or in the number of concerns or complaints received. No safety concerns have been highlighted with any of the shortfalls noted.

Table 1

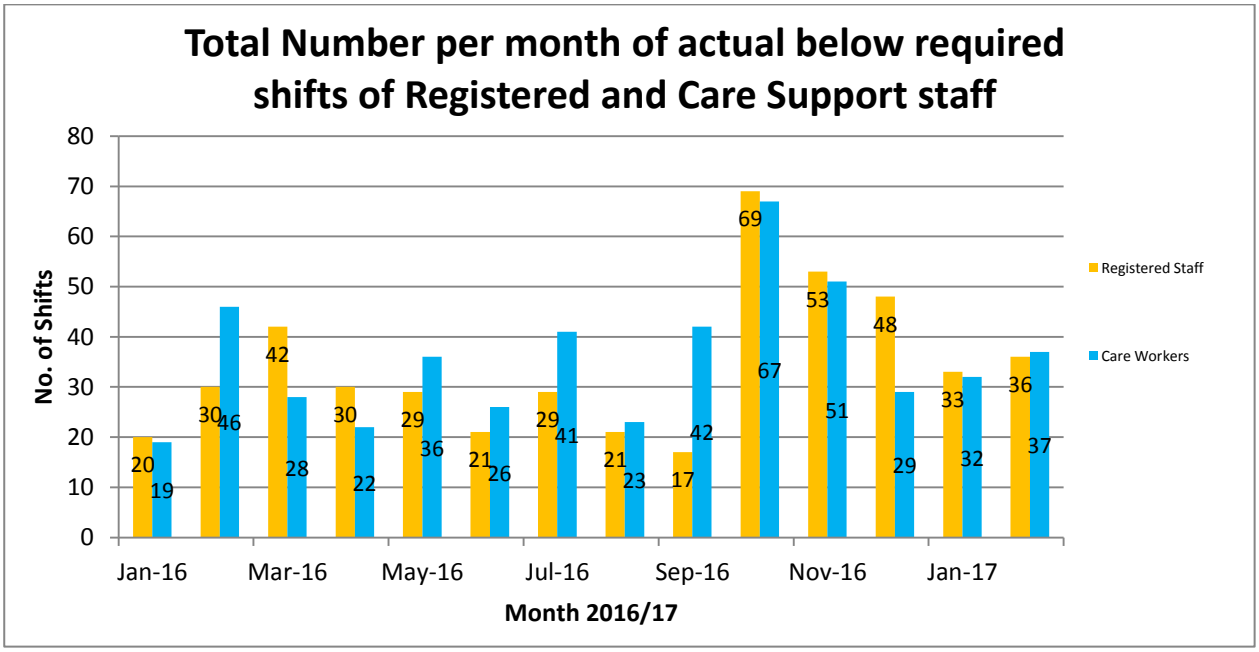


Table 2 - Self-Assessment of Workload by Senior Nurses on Each Shift for February (figures in brackets from January)

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A2	0 (0)	18 (30)	38 (32)	Ward C4	0 (0)	2 (5)	54 (57)
Ward A3	0 (1)	0 (7)	56 (54)	Ward C5	2 (0)	19 (16)	35 (46)
Ward B1	1 (1)	9 (14)	46 (47)	Ward C6	0 (1)	10 (11)	46 (50)
Ward B2H	0 (0)	19 (8)	37 (54)	Ward C7	0 (2)	12 (13)	44 (47)
Ward B2T	1 (0)	7 (23)	48 (39)	Ward C8	0 (0)	23 (11)	33 (51)
Ward B3	0 (1)	7 (6)	49 (55)	CCU/PCCU	2 (0)	26(30)	28 (32)
Ward B4	2 (2)	17 (30)	37 (30)	EAU	0 (0)	17 (11)	39 (51)
Ward B5	1 (4)	21 (30)	34 (28)	MHDU	0 (0)	1 (6)	55 (56)
Ward C1	4 (1)	15 (17)	37 (44)	Critical Care	0 (0)	0 (0)	56 (62)
Ward C2	0 (0)	0 (0)	56 (62)	NNU	3 (2)	11 (2)	42 (58)
Ward C3	0 (0)	12 (28)	44 (34)	Maternity	0 (0)	9 (4)	47 (58)

Totals	RED	AMBER	GREEN
June	4	119	1257
July	12	163	1251
August	6	147	1273
September	1	126	1253
October	18	207	1135
November	30	369	921
December	13	313	1038
January	15	302	1047
February	16	255	961

***** Shift numbers vary each month dependant on number of beds/areas open during this time.

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	Oct 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
RED	15	4	3	7	6	3	2	3	1	3	0	1	0	4	3	4	2
AMBER	5	11	14	12	13	15	14	10	7	2	11	8	12	10	11	9	10
GREEN	4	9	9	8	8	9	11	14	19	22	16	18	14	13	13	14	16
TOTAL	24	24	26	27	27	27	27	27	27	27	27	27	26	27	27	27	28

COMMENTS:
November 16 - Ward A1 Evergreen no audits
December 16 - Ward B6 open and Ward Evergreen starts audits in Jan
January 17 - Still testing Evergreen audit tool
February 17- Still testing Evergreen audit tool
March 17 - Evergreen audit tool started

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 March:

NCIs	
Level 1 Matron Level	18
Level 2 Head of Nursing Level	4
Level 3 Deputy Chief Nurse level	1
Level 4 Chief Nurse	1

Nutrition Audit	
Level 1 Matron Level	6
Level 2 Head of Nursing Level	3
Level 3 Deputy Chief Nurse level	0
Level 4 Chief Nurse	0

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS FEBRUARY 2017 TABLE 3

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	8	CSW	Vacancy x 8	On five shifts bank were unable to provide cover. On three shifts bank did not arrive and on two occasions bank staff cancelled. On one occasion each of the following occurred: Novices were present and assisted and lead nurse assisted. On all shifts staff were reallocated as necessary to ensure patient safety.
B1	1	CSW	Short Term Sickness	This night shift was assessed as a red shift. There were two CSWs short and later in the shift assistance was provided by B2. No patient adverse effects occurred on the shift.
B2H	5	CSW	Sickness x 4 Vacancy x 1	On all occasions bank unable to fill. On one occasion lead nurse worked clinically and on another the Hip Practitioner assisted. On all occasions care was prioritised accordingly and all patients remained safe.
B2T	1 1	RN CSW	Short Term Sickness Patient dependency	The RN shortfall shift was assessed as red until the Lead nurse came on duty who then worked clinically although there were some delays. An agency CSW also assisted later in the shift. On the CSW shortfall shift the lead nurse also worked clinically. Care was prioritised accordingly and no harm occurred to patients.
B3	1 1	RN CSW	Sickness Patient dependency	For the RN shortfall the bank and agency could not fill leaving a 1:12 ration. A station was covered by assistance from B2Hip RN while for the CSW shortfall a B2Hip CSW assisted. No patient adverse effects occurred.
B4	2 2	RN CSW	Short Term Sickness x2 Patient dependency x2	The two RN shortfall shifts were assessed as red shifts. On one occasion mandatory training was cancelled and on the other the lead nurse worked clinically for part of the shift. No patient adverse effect occurred on both shifts. On the CSW shortfalls patients were cohorted and care was prioritised appropriately and staff were re-distributed to take into account the patients requiring 1 to 1 care. No safety issues occurred.
B5	1	RN	Vacancy	This shift was assessed as red. Although there was only 1 RN short the agency RN working required a lot of support. No safety issues occurred.
C1	4 6	RN CSW	Compassionate Leave x1 Sickness x5 Vacancy x3 Capacity x4	On eight of the shortfall shifts the 'float' Band 5 worked on a station and the shift lead assisted on six of the shifts, four of which were rated as red. Staff were also delegated accordingly to maintain safety on all shifts.
C3	7 6	RN CSW	Vacancy x7 Dependency x6	Bank and agency unable to fill. For four of the RN shortfall shifts a Band 4 supported the qualified staff, on one new supernumerary staff nurses were on duty and on the other two CSWs supported. For the CSW shifts staff throughout the ward were rotated in order to cover the shortfall. Safety was maintained at all times.
C5	1 2	RN CSW	Vacancy Patient Dependency	On the RN shortfall shift the lead nurse worked clinically. The two CSW shortfall shifts were assessed as red as there were two CSWs short each time for 1:1 patients. The patients were cohorted to ensure that safety was maintained at all times.
C7	2	CSW	Sickness x2	Care was prioritised appropriately to ensure that safety was maintained at all times.
EAU	1 3	RN CSW	Sickness Vacancy x3	On the RN shift A2 staff helped and lead nurse worked clinically. On the three shortfall shifts the float Band 3 covered the flexi-area and on the other the lead nurse worked clinically to ensure patient safety at all times.
CCU	2	RN	Vacancy x2	These two RN shortfall shifts were assessed as red. Bank and agency unable to fill. On one occasion CAT nurse assisted when required and a CSW was employed to assist and care was prioritised accordingly. On the other the night CSC offered support when required. Care was managed and safety was maintained.
NNU	6	RSCN	Dependency of patients. Capacity	The unit experienced considerably pressures this month resulting in it having to close on five of these occasions, three of which were assessed as red. On the other staff delegated care accordingly and safety was not compromised on all of these occasions.
MHDU	1	RN	Sickness	Patient safety was maintained at all times due to number and dependency of patients on the unit at the time.
Maternity	9	RM	Short Term sickness Patient Dependency	Escalation policy enacted on all occasions. Bank unable to fill. Midwives were moved to areas of highest dependency. No patient safety issues occurred

Feb-17 — **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	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	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	31 D	31 N
WARD A2	74	Reg																																																																			
		Unreg			7/5				7/5					6/4							7/5		7/5		7/5																										6/3	7/5																						
WARD A3	95	Reg																																																																			
		Unreg																																																																			
WARD B1	95	Reg																																																																		
		Unreg																																				2/0																																		
WARD B2 HIP	100	Reg																																																																		
		Unreg			8/6		8/6																																									8/6		8/6													8/6						
WARD B2 TRAUMA	94	Reg	3/2																																																																
		Unreg																																																																		
WARD B3	87	Reg																			6/4																																																
		Unreg							6/4																																																												
WARD B4	95	Reg																									6/4								6/4																																
		Unreg	8/6				7/5																																																												
WARD B5	92	Reg																								5/4																																								
		Unreg																																																																		
WARD C1	97	Reg											6/4																																																								
		Unreg			9/7		9/6														10/8																				10/8		10/8												5/3														
WARD C2***	97	Reg																																																																		
		Unreg																																																																	
WARD C3	82	Reg															6/5												5/4	6/5	5/4			6/5				5/4		6/5																												
		Unreg	14/12		14/12								13/11				12/10																																14/12	14/12																						
WARD C4	94	Reg																																																																	
		Unreg																																																																	
WARD C5	95	Reg																	6/4																																																		
		Unreg																																							9/7																																
WARD C6	91	Reg																																																																	
		Unreg																																																																	
WARD C7	71	Reg																																																																	
		Unreg			6/4		6/4																																																															
WARD C8	85	Reg																																																																	
		Unreg																																																																	
CCU/PCCU	82	Reg									7/4																																5/4																												
		Unreg																																																																	
EAU	89	Reg											6/4																																																									
		Unreg																																																																	
MHDU	100	Reg																	4/3																																																		
		Unreg																																																																	
CRITICAL CARE*	100	Reg																																																																	
		Unreg																																																																	
NEONATAL**	98	Reg					7.5/6																																												7/5	7/5		7/5.5			6/5														
MATERNITY ****	97	Reg																		17/17	18/18					17/16								18/17	17/16	18/18	17/16															19/19	17/17												
		Unreg																																																																

Key

Serious Shortfall — Registered nurse/midwife shortfall — Care Support Worker shortfall

* Critical Care has 6 ITU beds and 8 HDU beds

** Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered 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 with two numbers the same 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 6th April 2017

TITLE:	**28 March 2017 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Glen Palethorpe – Director of Governance	**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 Committee requests the Board to note the assurances received at the meeting and the decisions made by the Committee.

The Committee requests that the Board note that there is a risk, for which a risk assessment has been done, to the delivery of the National Patient Safety Agency Alert in respect of Naso Gastric Tube placements by the deadline of the 21 April 2017.

The Board is requested to ratify that the Committee should remain with its current terms of reference for the forthcoming year based on the positive review of the Committee performance in 2016/17.

The Dudley Group NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	28 March 2017	D Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

- Executive Management assurance was provided that the actions in respect of the recent coroner's case were progressing. The Trust had yet to receive an update from UHB on their actions which is having an impact on the Trust's ability to close the action plan. A meeting with the family has yet to be arranged.
- The Committee received a further update in respect of the internal checking processes applied by the Pharmacy team in issuing "p-notes" (pharmacy advice notes). The Committee were advised that most of these whilst placed on Datix did not relate to an incident as they were of an advisory nature. This process has been reviewed within Pharmacy and the use of p-notes and analyse these but will remove the burden of incident reporting these.
- Operational Management assurance was provided on the performance in respect of key quality indicators. This month saw:
    - Stroke Swallowing Screen (performance target of 75%). Although this target was regularly achieved prior to July 2016, and was achieved for December, the provisional performance figure for February is 70.21% which is an improvement from January which was only 66.67%. The challenge in respect of this performance relates to recruitment to the Stroke Ward to provide substantively the stroke bleep cover. Reliance on other staff covering this role results in a delay in undertaking the assessment within the target timeframe, albeit an assessment is done.
    - VTE Assessment indicator (CQN01- target 95%) – The Trust narrowly missed the target in December with performance of 94.64%. Performance has dipped since then to a provisional figure for February of 92.46% which is lower than the January figure of 93.93%. A revised assessment form has been rolled out across the Trust and each division has an action plan to improve performance in this area.
    - The introduction of texting within the Emergency Department has shown a further increase in response rates from 13.1% in January to 15.4% in February, significantly above the 4.3% in December 2016. However the recommended score for the period December to February has reduced with a

number of the responding patients reflecting less favourably on the longer waits they were experiencing. The February recommended score has remained within 0.7% of the reduced level seen in January at 76%.

- Friends and Family footfall (response rates) in community, inpatients and outpatients remains below the Trust ambition to be better than the average for providers and further development of the texting is being pursued for community and outpatients.
- The Trust recorded in February a reduction to just 14 cases of mixed sex breaches within Medical High Dependency Unit and Surgical High Dependency Unit, this reduction has coincided with a reduction in capacity pressures and the Divisions have been told that with a further reduction in capacity pressure in March the Trust has moved back to a zero tolerance of mixed sex breaches.
- Performance in respect of both Maternity Breast Feeding rates and securing a reduction in smoking within pregnancy have both increased this month although still below the Trust target. Trust performance against the "Think Glucose" target has seen a further reduction to just 78% in February. This reduced level has been reviewed and found that the audit which generates the performance information is not clear in respect of where the initial assessment should be undertaken and thus some areas are judging themselves to fail when the required assessment had been done on the admission area.
- Performance against the Nursing Care Indicators saw an improvement for Emergency Assessment Unit to 85% for February, a 10% improvement on the previous month. However, for Emergency Department, Renal and the General Wards.
- Continued good performance in respect of infection prevention and control both in terms of MRSA and *C diff*. The Committee noted the continued achievement of this performance.
- February saw a return to good performance in respect of Stroke Patients spending 90% of time on the stroke unit with performance for the month recorded at 93.33%.

- There are currently 3 polices that are under review which exceed the planned review date of end of February 2017. Executive Management are aware of these instances. Progress has been made in reviewing Polices and there are now only 13 policies due for review over the next 6 months.
- Executive Management assurance was provided that the Trust has complied with the reporting requirement timescales in respect of initially reporting of Serious Incidents (SIs) within two days. However, on conducting and closing 29 Pressure Ulcer SIs the two day reporting date was found to have been failed. The Trust did not close 4 of the investigations within the 60 day timescale this month, these all related to pressure ulcers. The monthly report showed that the number of incident investigations being closed with either no questions or just one set of queries from the CCG fell this month to 88.1% from the previous month's position of 100%. The number of actions not being implemented in line with the agreed RCA action plans timescales has fallen this month with only 3 exceeding the timeline, however for

some to these actions the revised date is some two to three months later than the originally agreed date.

- Operational Management assurance was provided in respect of the Trust's compliance with the duty of candour. A management audit had been undertaken looking at a sample of incidents across the period November 2016 to the end of January 2017 and confirmed that families had been engaged in line with the requirements of duty of candour. The audit continued to identify that documentation was not fully completed in line with Trust Policy. Engagement with those that are failing to complete the required documentation is being led by the patient safety team. A further audit is planned for the end of quarter 4 which will be reported to the Committee. Executive Management assurance was provided in respect of the Trust's processes for embedding improvement from its Quality and Safety initiatives. The Committee was informed of the revised reporting processes and the outcome of the first core service self-assessments on emergency care and maternity. Divisional actions plans are being developed to address areas where the self-assessment did not provide confidence of the Trust securing either good or outstanding rating.
- Executive Management assurance was received via the Quality and Safety Group in respect of the last meeting agenda items including the Trust's participation in the national NHS Improvement falls collaborative and the re-vitalised Trust's sign up to safety campaign. The Group continues to seek assurance over the Trust's actions in respect of patient falls and compliance with the peripheral line care bundle in the Emergency Department.
- Executive Management assurance was received via the Internal Safeguarding Board in respect of the last meeting agenda items including the continued issues in accessing Tier 4 Children and Adolescent Mental Health Service (CAMHS) Beds. The Committee noted the progress with the Tier 3.5 service, the challenges regarding the delivery of safeguarding training coupled with a delay in securing complete training data. The Board is due to receive a report on the development of a Vulnerable Adult Safeguarding Team within the Emergency Department to improve patient experience within this busy area.
- Executive Management assurance was received via the Mortality Surveillance Group report to the Committee. This report provided an update Groups continued review of the Trust's performance in respect of sepsis and confirmed the decision to review all such deaths. The review of the mortality tracker and that end of life care is due to be discussed at the next meeting of the Group.
- Operational management assurance was provided via a report from the Patient Experience Group regarding the Trust's Friends and Family scores, PALS concerns and Complaints report for quarter 3 (which has been reported to the Board in January). The review and assurance that the actions arising from the 2015 Maternity survey had all been completed ahead of the next planned survey to be undertaken shortly. The VOICES survey and the PLACE 2016 survey are planned to take place in April.
- Executive Management assurance was provided in respect of the overall process applied within the Trust in respect of Central Alerts. In respect to one alert relating to Naso Gastric Tube placements the Committee were informed of the work undertaken so far and the challenges that remain with regards to the training of

staff by the required deadline of 21 April 2017. The Committee were informed that a risk assessment has been completed prompting a corporate risk being added to the register.

Decisions Made/Items Approved

- The Committee approved 5 policies.
- The Committee approved the closure of 43 Root Cause Analyses (RCA) action plans following assurance from the Corporate Governance Team that, where appropriate, completed actions plans had been evidenced.
- The Committee reviewed its performance over the last year and agreed that its Terms of Reference did not need revision albeit the cycle of business is to be reviewed to ensure the meeting remains manageable with the level of business the Committee needs to transact.

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

- Further information during the next year on the effectiveness of the ward dashboards.
- Feedback on the Friends and Family text roll out.
- The safeguarding adults policy which is currently under review taking into account NHS England guidance in the area.

Items referred to the Board for decision or action

The Committee requests the Board to note the assurances received at the meeting and the decisions made by the Committee.

The Committee requests that the Board note that there is a risk, for which a risk assessment has been done, to the delivery of the National Patient Safety Agency Alert in respect of Naso Gastric Tube placements by the deadline of the 21 April 2017.

The Board is requested to ratify that the Committee should remain with its current terms of reference for the forthcoming year based on the positive review of the Committee performance in 2016/17.

Enclosure 6

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on Thursday, 6th April, 2107

TITLE:	**Black Country Alliance Report**		
AUTHOR:	**Terry Whalley, BCA Programme Director**	**PRESENTER**	**Andrea Gordon, BCA Programme Director**
CORPORATE OBJECTIVE: S01/S02/S03/S05/S06			
SUMMARY OF KEY ISSUES: **BCA Report including Public BCA Board minutes and Programme Directors Report.**			

IMPLICATIONS OF PAPER:			
RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	Monitor	**N**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			To Note

RECOMMENDATIONS FOR THE BOARD

To note contents of report.

The Dudley Group NHS
NHS Foundation Trust

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**

ENC 1

MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING HELD AT 10:30AM ON WEDNESDAY 08TH FEBRUARY 2017 IN THE BOARDROOM, MEC, SANDWELL HOSPITAL

Present:

Dr P Harrison	Acting CEO, DGFT	(PH)
Mr R Kirby	CEO, WHC	(RK)
Mr T Lewis	CEO, SWBH	(TL)
Mrs J Ord	Chair, DGFT	(JO)
Mrs D Oum **(Chair)**	Chair, WHC	(DO)
Mr R Samuda	Chair, SWBH	(RS)

In Attendance:

Mrs K Dhami	Director of Governance, SWBH	(KD)
Mrs R Khalon	Chief Pharmacist, DGFT	(RKa)
Mrs M McManus **(minutes)**	BCA Senior Project Manager	(MM)
Mr T Whalley	BCA Programme Director	(TW)
Mrs R Wilkin	Director of Comms, SWBH	(RW)

BCA/17/15 INTRODUCTIONS/ CHECK IN

A round of introductions was undertaken and Mrs Oum welcomed new members to the meeting.

BCA/17/16 APOLOGIES

There were no apologies.

BCA/17/17 MINUTES OF THE MEETING HELD ON 11TH JANUARY 17

The minutes of the previous meeting were agreed with the following amendments:

Page 1, BCA/17/3, paragraph 2 – TL enquired whether detail relating to the agreement between DGFT and A&E Agency could be shared with colleagues at SWBH and WHC to enable their discussions to progress. PH confirmed that the arrangement with A&E Agency was not progressing as originally expected and instead that HR Directors are working collaboratively to procuring a solution across the patch.

Page 8, BCA/17/11, paragraph 3 - …Further integration of the pathway and any changes within primary care are the ambitions of the project beyond the first 12 months. The Board reiterated the importance of engaging with the CCGs, particularly in respect of any potential changes to pathways. *TL to confirm amendments*

BCA/17/18 REVIEW OF ACTIONS DUE

Action 32 – The Board agreed that KD was not best placed to draft the mandate for paediatric ophthalmology; TL agreed to discuss with CRG colleagues via Chair to consider an alternative.

BCA/17/19 CHAIR'S BUSINESS

DO confirmed that the recruitment process for the BCA Programme Director has been successfully completed and a report will be made at the next Board meeting.

BCA/17/20 DELAYED TRANSFERS OF CARE (DTOC)

TW reported that the enclosed paper reflects an initial discussion, which took place before Christmas. A further meeting has been delayed due to operational pressures but the group are due to meet again imminently. TW invited comments from the Board in respect of the identified opportunities for collaboration and the general direction of travel.

TL suggested that there are 2 options for the group. Firstly, they could identify areas of best practice in each Trust's approach to DTOC and adopt these exemplars across the patch. Secondly, and importantly, the group should focus on identifying patients in the system that should be in a different place and that are within our ability to move e.g. SWBH patients stuck at WHC. The Board agreed that this was a sensible steer.

The Board noted the constraints of getting the relevant colleagues together given the pressures everyone is under. TW confirmed the expectation that colleagues will find more time once we start to come out of winter.

A discussion took place around the knock-on effects across the health economy of changing capacity in any one Trust. TL confirmed that SWBH will shut nearly 60 (unfunded temporary) beds with a potential risk of knock-on effect on A&E waits and WMAS decision-making. RK confirmed that WHC has closed 30 similarly unfunded beds in the last week. TL suggested that some detailed analysis is undertaken that considers the consequential impact of capacity changes; TL will look at triggers.

The Board agreed that all partners in the emergency care system need to be working together and that the DTOC project represents a small yet positive step towards achieving this. TL confirmed that WMAS are keen to work with Trusts and this presents an opportunity for the BCA to put a credible demand and capacity proposal to them.

The Board acknowledged that this may need to involve RWT and the Birmingham Trusts over time; however a proposal involving the BCA Trusts would be a useful starting point in developing a principle for working with WMAS.

DO queried whether decisions about closing beds in any BCA Trust could be discussed in advance at the BCA Board. Members agreed that this could happen in the interest of transparency but cannot replace the individual decision-making of any individual Trust. All agreed to share plans regarding such plans to avoid surprises and reduce risk of unintended consequences.

ACTIONS:

- ***TW to confirm the focus of the DTOC group, ensuring that priority is given to identifying patients in the system that should be in a different place;***

- ***TL to consider triggers that result in a consequential impact in capacity across the system.***
- ***CEOs to ensure bed closure plans are shared routinely***

BCA/17/21 CHIEF PHARMACISTS' UPDATE

RKa reported that the Chief Pharmacists' Group has been meeting since the summer of 2016. There are now 2 new Chief Pharmacists in the BCA, at WHC and DGFT, and a very new Chief Pharmacist at RWT. RKa confirmed that the aim of the enclosed paper is to give the Board an overview of the areas identified for collaboration.

The Hospital Transformation Plan covers efficiencies, back room functions (within Pharmacy departments), and the Carter recommendation that 80% of pharmacist time is spent on patient-facing work. Benchmarking has been undertaken and there are a number of metrics we are achieving within the Carter 'Model Hospital'; the main focus of the group is the metric relating to patient-facing time. The group is also considering how we can achieve efficiencies that will enable the 80% metric including automation, electronic prescribing, and automation at ward level (CQC measure). The group has also identified some common themes that can be addressed collaboratively e.g. recruitment and retention. Trusts are facing particular issues with band 6 and band 7 staff that come to train and subsequently leave for higher paid jobs elsewhere. The group is working with HR colleagues to develop a 4-year plan in response. The group is also looking at specialist roles.

The group has a workstream for Aseptic Services provision, which involves reviewing the best way forward for resilience and sustainability. RKa reported that this is an area of particular expertise and experience for her and as such RKa is confident that there will be benefits to be realised.

RKa reported that Digital Systems e.g. for stock holding will be significant in respect of efficiencies and ways of working in future. This will also have significant quality benefits. RKa reported that colleagues at RWT have started a pilot of medicines administration at ward level, which will feed into the local group.

The Pharma Outcomes workstream is based on work undertaken at Lancashire and Blackpool Hospitals. The main aims are to ensure the medicines that patients go home with are right for them, that local GPs are aware of them, and that the repeat medicines process is appropriate. The evidence infers that making patients aware of their medications has led to a small decrease in readmissions.

Finally, RKa confirmed that the work of the group will form part of the NHSI submission due on 31st March.

The Board acknowledged the ambition of the programme. RS queried the electronic prescribing alignment across Trusts. RKa reported whilst the IT systems are not aligned, the benefits of EPMA can be measured and development of specifications can be shared so there is consistency in respect of what the potential gain will be irrespective of which

IT system is in use. However, one issue locally is the lack of succession planning for experienced roles and this is being considered by the group.

JO asked whether there will be an STP return or individual Trust submission to NSHI. RKa confirmed that the requirement is for individual returns but NSHI are not averse to having collaborative responses and previous Trusts that have done this have been very well received. RKa is happy to be guided by the Board but would recommend a joint approach and confirmed that colleagues across the BCA and RWT are of the same mind-set. The Board agreed this course of action. RKa agreed to report back to Chief Pharmacists following today's meeting to confirm the expectation that each individual NHSI return will have embedded a jointly compiled element agreed by the Chief Pharmacists' Group. The final NSHI returns will go through each Trusts' approval process as required.

RKa gave an overview of the project structure and governance approach. There are 2 Chief Pharmacists assigned to each workstream so ensure that no 1 individual (and therefore Trust) can take a course of action independently. RKa reported that a current concern is that the Chief Pharmacist at SWBH is retiring and there is a need to provide clarity re the succession planning. TL confirmed that interviews for Chief Pharmacist are scheduled for April.

RK confirmed that the Board is content that RWT are involved in this work but requested that the Group continues on with initiatives with the 3 BCA Trusts if necessary as a result of RWT opting out of any elements. RK asked whether there is anything practical that the Group needs from the board. RK also asked for confirmation of when the Group will be able to report back to the Board in respect of progress. RKa confirmed that they struggle most with project support and administrative support to minimise the amount of time clinical staff spend on these activities. RKa also requested specific endorsement of plans for cross-organisation visiting and learning. This was agreed.

TL suggested that the Group could apply for funding support from NHSI to cover the administration of this exemplar work. Otherwise, TL would not be averse to giving some funding support, particularly if this speeds up the realisation of benefits. JO suggested that the STP might present an opportunity to bid for support and this should be considered alongside a direct approach to NSHI for funding to support the exemplar work.

TL confirmed the intention to close the Aseptic Unit at SWBH and suggested that it presents an opportunity for BCA colleagues to consider future service provision.

The Board queried whether there is an intention to reduce medication errors. RKa confirmed that each Trust has a Medications Safety Officer, which may be a Pharmacist, a Nurse or a Medic. If the role is undertaken by a Pharmacist then they meet regularly via the Chief Pharmacist Network. TL requested evidence that we are cutting medication errors locally in the Black Country. TL requested that the Group set a clear goal to do this locally.

The Board confirmed its support for this work and confirmed that future governance and reporting will be directly into the BCA Board. The CEOs will support with any requirements at individual Trust level.

ACTIONS:

- ***RKa to report back to the Chief Pharmacists confirming the expectation for a jointly agreed local plan that will be embedded in each Trust's individual NSHI return on 31st March;***
- ***RKa to draft an application for funding to support the exemplar work being undertaken by the Group;***
- ***TW to confirm the project management support requirements and allocation of this from the BCA Team;***
- ***RKa to undertake a baselining exercise of medication errors across the BCA Trusts and to set a local goal for reducing these;***
- ***RKa to bring back each workstream once it is fully scoped to allow decision-making via this forum (expectation for a report in May).***

BCA/17/22 COMMS APPROACH

RW talked through a summary of the communications activities undertaken during the previous reporting period and building on the discussions undertaken at the previous Board meeting. RW reported that the 3 BCA Comms Teams have met together, which enabled a discussion about how they can best support the BCA collaboratively and also how they can progress on a shared service basis. RW mentioned some positive news stories: the IR service has been shortlisted for a HSJ award; and the AF plans are being promoted. From a stakeholder management perspective, the BCA CAN is now going out monthly.

RK queried the extent to which we go beyond a coordinated approach to the work of the BCA to a coordinated approach in respect of the other work in each Trust e.g. flu campaigns. RW confirmed that a number of different shared opportunities, including campaigns and shared resource e.g. graphic design and print, were identified at the joint workshop. The Comms Leads recognise that there is different capacity and capability within the teams, which could be better utilised across the 3 Trusts.

JO requested assurance that any press release about AF acknowledged the earlier discussion around CCG engagement and would not be giving detailed information that GPs may not yet be aware of. RW confirmed that Comms teams would work with the Project Team to get this balanced correctly.

JO requested that a forward look programme e.g. over a 12 month period was developed and queried whether a programme for recruitment and attractiveness of the 3 Trusts is being considered. RW confirmed that whilst this is led by HR, Comms has an important role to play and is supporting both from a generic communications perspective and also in terms of a plan for the harder to fill posts.

DO asked whether there are any plans for internal communications that focus on doing more to explicitly badge the work of the BCA. DO requested that this is given consideration and a specific update is provided to the Board.

ACTIONS:

- ***RW to ensure that any media release re AF is sensitive to the level of engagement undertaken with CCGs, focussing on the secondary care elements at this stage;***
- ***Comms Leads to consider an internal comms plan that highlights and promotes the work of the BCA in order that staff are more aware of and engaged in the work.***

BCA/17/23 PROGRAMME DIRECTOR'S UPDATE

TW presented the Programme Director's update and invited comments from the Board. TW reported specifically that there is likely to be a delay to the timing of the extension of the 7 day IR service. This is because investment is required to support the extended hours and the costs are still being worked through. TW highlighted the progress with AF and the focus on engaging CCG colleagues following the discussion at the previous Board meeting. TW reported that the Upper Limb Trauma project is looking at referring some hand and wrist patients into SWBH where appropriate.

RS noted the suggestion that there is something going on regionally in respect of TB and that we are waiting to understand more about this detail before establishing a BCA approach. TW confirmed this should not take long.

BCA/17/24 GOVERNANCE & RISK

KD confirmed that the enclosure includes a summary with the full risk registers for each Trust appended. KD noted a number of new risks:

- SWBH and WHC have new risks re unfunded beds;
- DGFT have a new risk re the use of agency staff and associated risks.

RK confirmed that WHC have been undertaking an initiative aimed at improving control within the elective part of system, tackling the 18-week RTT new patient back log alongside cancer and diagnostics targets. The focus is now on the 18-week RTT follow-up backlog, particularly in urology. RK confirmed that 1 of the SWBH Urologists is supporting this by taking on additional sessions. RK confirmed that WHC will keep working through this initiative and will raise specific issues as necessary.

TL suggested that the Board should identify potential risks to delivering the BCA vision. JO questioned whether there was a strategy to describe the vision and that this ought to be the mechanism for identifying risk. It was agreed to review the approach to this in a couple of months' time.

ACTION: add an agenda item for April to discuss the BCA Strategy and risks

BCA/17/25 REFLECTIONS ON THE MEETING

The Board reflected that it was a good meeting. There were no members of the public present.

BCA/17/26 ANY OTHER BUSINESS

None.

BCA/17/27 DATE AND TIME OF NEXT MEETING

8th March 17, 10:30-11:30am
Seminar Room, Trust HQ, South Block, Russells Hall Hospital, Dudley
Chair: Mr R Samuda

ENC 3

The Black Country Alliance

Programme Director's Update – March 2017

TITLE:	BCA Programme Director's Report	**EXEC SPONSOR:**	BCA Board
AUTHOR:	Terry Whalley	**PRESENTER**	Terry Whalley

OBJECTIVE:
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

KEY ISSUES:
None other than those covered in the paper

IMPLICATIONS OF PAPER:

RISK	**Risk Register:**		None
COMMS, COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	Not required
	Patient / Citizen Engagement	**N**	Not required
	Monitor / TDA	**N**	Not required
	Equality Assured	**N**	Not required
	Competition & Mergers	**N**	Not required
	Comms Lead OK	**Y**	
	Governance Lead OK	**Y**	

ACTION REQUIRED OF BCA BOARD:

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE BCA BOARD:

The Black Country Alliance Board is invited to receive and comment on the enclosed update

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 Project updates

2.1 Urology

At the February Steering Group, DGFT provided data regarding the number of patient referred for surgery and the waiting list times for each procedure. The group agreed that this data would inform the potential urology opportunities, so it was agreed that the other Operational Leads would submit this data for the next meeting. RWT are in the process of developing a paediatric complex stones service which the other trusts would like to refer patients to in the future, and it was therefore agreed that RWT would develop a pathway for this.

The third Urology Complex Stones MDT took place on Wednesday 15 February 2017. The Consultants shared progress regarding the patients discussed previously, so that lessons can be learnt and expertise shared. The next meeting will take place on 22 March 2017.

2.2 Complex and Multi Drug Resistant TB

There are two distinct areas requiring MDT forums.

1. Multi-drug resistant (MDR) TB
2. Complex TB

MDR TB MDT - In order to meet recent NICE guidance ensuring that best practice for infection control of patients is maintained at all times to prevent further transmission, there should be a 'regional' MDR TB network to include other hospitals in the region. SWBH are the regional centre for treating patients with MDR TB, whereas WHC and DGFT do not have this expertise and therefore refer their patients to either SWBH or RWT. The first regional MDT meeting for MDR TB is scheduled for Friday 24th March 2017.

Complex TB MDT - The second MDT involves patients with TB who have complexities to their condition but are not multi-drug resistant. For these patients, Public Health England (PHE) TB Strategy states that "centres that don't manage much TB should have access to a designated 'expert' centre to discuss complex TB cases". SWBH are a designated 'expert' centre for treating patients with Complex TB, whereas WHC and DGFT do not manage many complex TB cases. Therefore, SWBH have offered to set up a BCA virtual MDT to meet the PHE requirement. WHC are engaged with this, but to date no cases have been submitted for discussion. DGFT were asked to be involved but stated that they do not see many TB cases and refer most cases to RWT so declined interest in being involved in the MDT.

2.3 Neurology

Neurophysiology; Following approval of the two neurophysiology posts at the November 2016 BCA Board, the job description and job advert were developed and submitted to the Royal College of Physicians (RCP) for approval. The RCP has raised some queries and require additional information and the Neurology Consultants are currently working through this, with a view to resubmit the revised information to the RCP for approval before proceeding with advertisement. A business case for the two posts is progressing, and the financial case looks to be broadly cost neutral with the benefits potentially coming from improved

experience and access. A number of points still need to be confirmed following last Steering Group before submission to the BCA Board.

Multiple Sclerosis (MS) The opportunity exists to improve resilience in this nurse led service. MS Nurses across the 3 trusts met and have agreed the audit criteria; data will be collected over the next two months and this will inform the more detailed case for change. At the Steering Group meeting (27th Feb), it was agreed to involve the Operational Leads who can support the provision of data on demand and capacity and help identify potential predicted patient increase in the coming years. To ensure the right support for this, Bryan Gould from Black Country Neurological Alliance (BCNA) and Amanda Winwood from the MS Society have been invited to attend a workshop in May to help the teams define and consider merits of options.

Complex Headaches; The emerging proposal is to recruit two additional complex headache Nurse specialists who will then be trained by existing nurse specialist at SWBH and then provide clinics across the BCA. This will greatly reduce pressure on general neurology clinics. It is proving difficult to secure focus on progressing the case for change. A meeting is being arranged to agree next steps and to produce a more detailed proposal. Given the quantum of likely benefit to patients, it is proposed that this be reinforced as a priority and a specific requirement that the case for change now be prepared and presented back to the BCA Board in April or May.

Neurology Consultant Posts at WHC, following the request at January's BCA Board that a Black Country Alliance solution be considered in respect of the consultant neurology posts at WHC, a proposal was developed and colleagues at WHC have considered this alongside a revised proposal for working directly with UHB. The decision has been made to pursue the direct option with UHB.

2.4 Interventional Radiology

A draft pathway outlining the proposed extension of the IR service has been disseminated to gastroenterologists at all three BCA trusts plus RWT for review and is on the agenda for further discussion at a forthcoming regional Gastroenterology meeting taking place at Sandwell Hospital on 27th March.

Business cases, where required, for the recruitment of necessary additional staff are awaiting completion prior to individual Trust Board approval. However, recruitment is currently taking place for some existing vacant posts and this has resulted in four internal radiographer appointments being made – two at Dudley and two at Sandwell and West Birmingham. The new radiographers are undergoing necessary training to acquire the skill set needed to support the interventional radiology service. SWBH are also still out to advert for an additional Interventional Radiologist post.

The presentation to be delivered to the HSJ Award judging panel on 27th March is being developed. Ideally, the presentation would include a video of a patient story and contributions by staff from all four participating trusts. Despite a patient and staff agreeing to appear in the video, it has not been possible to secure resource for filming and editing. Winners will be notified at the HSJ Awards on 24th May.

2.5 Clinical Coding

At the time of writing, the outcome of the Expression of Interest for the national Clinical Coding trailblazer is still awaited. A further update will be presented to the BCA Board in April.

At a local level, the Black Country Clinical Coding Data Quality Network has met for the second time. The group has agreed terms of reference (ToR) and a schedule of meetings for 2017. The overall purpose of the group is to improve the quality of coding information that feeds into other qualitative and quantitative measures including mortality rates and reference costing, and also to support understanding and implementation of HRG4+, OPCS 4.8 and the Emergency Care Data Set. A copy of the full ToR is included as an appendix. There is an emerging programme of work for 2017, which will be discussed at the Clinical Reference Group to understand how best to get clinical input and to ensure there is a connection to any associated clinical forums such as the Mortality Review Network.

2.6 Pharmacy

Following on from last month's paper from the Chief Pharmacist's Forum, all Chief Pharmacists are aware of the expectation for a jointly agreed local plan that will be embedded in each Trust's individual NSHI return on 31st March. Chief Pharmacists have agreed to embed the Pharmacy BCA paper into their Hospital Pharmacy Transformation Plans to ensure consistency.

Chief Pharmacists are in the process of setting up peer review of pharmacy clinical services across the 4 Trusts – the intent is to undertake the learning from this to improve service provision locally.

Medicine safety and error reporting baseline work has been discussed in brief at previous meetings and will now be added to the project plan. Each Trust will inevitably add to their HPTP.

In respect of drafting an application for funding – each project will require detailed scoping and planning. Some projects will require funding or redeployment of staff and these will be developed as business cases on a case by case basis.

The planned forum in February was cancelled due to conflicting priorities, and so the next forum will now be in March. This may impact some progress on more detailed plans for taking forward some of the proposed initiatives.

2.7 Upper Limb Trauma

Following on from discussions in the last month, colleagues at SWBH are now working on confirming which procedures they would be able to accept from DGFT, who have an expressed an interest in referring on certain cases. This will be based on SWBH capacity, the operational and financial viability of the service, and the alternate options for patients. Options are also being considered in respect of post-operative hand rehabilitation. SWBH should be able to absorb the additional referrals within their current therapies capacity but the group want to explore the option of DGFT providing their own therapies services to ensure patients have the shortest distance to travel for potentially numerous rehabilitation sessions. Once the SWBH and DGFT teams have reached some agreement around the potential provision of services, a Pathway Proposal document and a Quality Impact Assessment will be completed with a view to bring to CRG and BCA Board around May or June time. Colleagues at Walsall are at this stage watching developments and will further consider their arrangements in due course.

2.8 Medical Training Initiative (MTI)

Medical Staffing leads across the BCA have now been confirmed and are meeting to discuss practical actions that will align the extant MTI programmes in each Trust into a BCA scheme.

Trust	Medical Staffing Representatives	Clinical Leads
SWBH	Phil Andrew Kathie Meredith	Oo Moe Thaw
WHC	Karen Jenkins Sian Edkins	Amir Khan (Executive Sponsor)
DGFT	Kulvinder Chahal	Atiq Rehman

Colleagues at DGFT have identified 15 vacancies across medical specialties (10), paediatrics (2) and obstetrics & gynaecology (3). These posts have been approved for MTI fellows by Health Education West Midlands and recruitment is underway via the relevant Royal Colleges. WHC has undertaken interviews and made offers to 7 candidates within medicine (4), trauma & orthopaedics (1), Paediatrics (1) and obstetrics & gynaecology (1) at the beginning of February. The Trust is awaiting confirmation from the Royal College in Pakistan in respect of start dates. SWBH has undertaken recruitment to MTI fellows via the Royal College of Physicians (RCP) London and, more recently, the RCP Edinburgh. The Trust is currently working with RCP Edinburgh to fill 1 vacant post in medicine and has identified a further 6 vacancies across medical specialties (5 at SHO level and 1 at SpR level).

Engagement in this work is particularly high and the group has significant experience in establishing successful MTI programmes and also in influencing the various Royal Colleges to work together. The proposed model is predicated on an assumption that each individual Trust will continue to pursue a number of placements via existing relationships. In addition, a BCA-wide initiative will be developed with colleagues at RCP London, which will focus on recruitment of MTI fellows to rotational posts using a cost recovery model, as previously proposed to the BCA Board. The group is also exploring options to incorporate an academic qualification from the University of Wolverhampton. In terms of timescales, the model with RCP London and the associated relationships with Middle Eastern countries, external charitable trusts and foundations, will take a number of months to establish. As such, the earliest that recruitment will commence via this route will be towards the end of 2017. However, in the interim, RCP London can support BCA Trusts with identifying potential candidates that are self-funded through their institutions or governments, should this type of support be useful in addition to the extant MTI schemes.

A more detailed update will be presented to the BCA Board in April by the executive sponsor Amir Khan.

2.9 Atrial Fibrillation (AF)

The AF project continues to make good progress. The group acknowledges the complex and potentially sensitive nature of the project and the requirement for careful stakeholder management, particularly in respect of the relationship with local CCGs. Following the discussion at the BCA Board in February, Communications Leads have been fully briefed to

ensure that any media release is sensitive to the level of engagement undertaken with CCGs, focussing on the secondary care elements at this stage.

The overarching ambition of the project is to develop existing pathways towards better integration of care and more streamlined movement between primary and secondary care. Specifically, we will work with those practices and GPs with whom we have existing links and those that express an interest in supporting the project. It is hoped that over time, following proof of concept, we will be able to encourage wider participation and interest from across our CCGs. In the short-term, we are building on existing relationships with GP colleagues. Specifically, the clinical lead at DGFT, Dr Joe Martins, is presenting an overview of the evidence-based model to local GPs as a means of gauging interest and to open up a dialogue between the BCA and CCG. Dr Martins has a very well established relationship with GPs in Dudley CCG and a history of working with them to develop AF-related pathways of care. In respect of the remaining CCGs, there are well established relationships between clinical colleagues in Walsall and Sandwell; connections with Birmingham Cross City are less well established and are a focus for the next reporting period.

In addition to the work with CCGs, the baselining and evaluation metrics have been agreed. These include a mix of national and local data, which is currently being collected. This work will support the evaluation requirements from both an academic perspective and in respect of the tangible qualitative and financial benefits realised within the local health economy.

For the next reporting period, the immediate priority and focus for the group is the recruitment to the AF nurse and establishment of clinics across the BCA Trusts. Through the project's Executive Sponsor, Mr Philip Thomas-Hands, links have been made to colleagues at UHNM, where a nurse-led, community-based stroke prevention pathway has been successfully implemented. It is hoped that this will accelerate the work locally, ensuring that lessons learned are incorporated.

2.10 FINCH

Progress is slowly being made in FINCH with operational and finance teams now working together to agree on a service level agreement between DGFT and SWBH. On agreement of the SLA, patients at Russells Hall Hospital can begin to be offered a full FINCH service led by SWBH nursing teams and sponsored by DGFT consultants. In the interim, DGFT are referring patients to SWBH where they are seen at a clinic at Rowley Regis Hospital. Over 50 patients have already been referred to SWBH in the past 6 months showing demand for the service locally in Dudley. Progress is slower between colleagues at WHC and SWBH due to a more granular approach to which elements of FINCH services would be of benefit to patients.

The colorectal consultants have also expressed an interest to further collaborate in more areas including MDT meetings, working on providing a BCA Emergency stenting service/Full Thickness polyp resection and Research & Development to increase access to clinical trials for patients. The teams will start to explore these new opportunities for collaboration.

2.11 Temporary Staffing

The BCA board at its February meeting endorsed a number of recommendations in respect of establishing a collaborative solution to the challenges faced within temporary staffing. Since the February meeting, SWBH has confirmed intentions for a transitioned decrease in rates to be applied from 1st March. The initial decrease will see a reduction in the rate paid to band 5 nurses from £18.00 per hour to £16.50 per hour; and a further decrease to £15.00 per hour applicable from 1st May. Additionally, details of how to register on each other's banks have now been made available via the BCA website.

The more detailed work in respect of administration considerations is underway. Specifically, the temporary staffing leads in each Trust have been tasked with agreeing the accreditation of mandatory training across sites, development of a disclaimer that outlines acceptance of recruitment checks, and standardisation of relevant policies. A further update, which outlines the timescales for completion of this work, will be provided to the BCA Board in April.

HR Directors and Procurement Leads across the BCA Trusts and RWT have agreed to work collaboratively to initiate a tendering process with agencies for A&E medical locums. Initial discussions will take place during the next reporting period with a further update in April.

Finally, NSHI is releasing a tougher set of measures to encourage Trusts to pay medical locums within the caps set. SWBH will implement this guidance in full. The WHC and DGFT responses are being considered internally within each Trust and will be confirmed as soon as possible.

3. The Ask of the Black Country Alliance Board

The Black Country Alliance Board is invited to receive and comment on the above update.

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 6 April 2017

TITLE:	**21 March 2017 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

Meeting	Meeting Date	Chair	Quorate	
Audit Committee	**21/3/2017**	**Richard Miner**	**yes**	**no**
			Y	

Declarations of Interest Made

None

Assurances Received

- That R&D research studies continue albeit there are still workforce challenges. The data management and IT issues supporting studies are also being addressed.
- That progress continues to be made against the 2016/17 Internal Audit plan. This included receiving a "Reasonable Assurance" report in respect of Quality and Safety Review outputs and reporting and Advisory Reports in respect of Divisional Governance (risk and performance management) and the Trust's Information Governance Toolkit Assessment. Outstanding management actions continue to be expedited, greater progress has been made in this area since the last Committee.
- That the Head of Internal Audit is expected to issue an opinion that the Trust has an "adequate and effective framework" however there are enhancements required. This is the same report as last year. The latter "qualification" arises due to issues identified and reported previously including VTE, Stroke TIA, Emergency Planning and Safer Staffing Reporting. It should be noted that none of the issues identified by Internal Audit were viewed by then as being significant control issues and Internal Audit were content with the actions being proposed by management to address the issues identified.
- Following a carry forward action point from the previous meeting, further and substantial assurances were received relating to major incident planning particularly over the capacity to manage and develop the plan. Jo Newens attended the Audit Committee in Sharon Walford's absence to update the Committee on this matter.
- That based on the Risk and Assurance Group's debate on 18 March, the assurances received support the risk assessments made by the executive team.
- The Caldicott and Information Governance Group's assurances, based on testing by Internal Audit, that the Trust's self-assessment is reasonable and that the Trust can submit a compliant toolkit submission for this year.
- That there are no concerns over the levels of gifts, hospitality and sponsorship being received.
- That the Annual Governance Statement will be completed for inclusion within the Trust's Financial Statements/Annual Report ahead of the External Audit sign off and that it will provide a balanced view of the Trust's governance, risk management and internal control systems.

Decisions Made / Items Approved

The Committee:

- Approved the internal audit plan for 2017/18 (including priority areas linked to the Trust's corporate risk register) and the internal audit strategy for 2016/17 to 2018/19.
- Approved the Local Counter Fraud workplan for 2017/18.
- Approved the Charitable Funds Audit Plan for 2016/17.

Audit Committee highlights report to Board

- Approved the forward clinical audit programme for 2017/18.

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

- Data quality follow-up work due to previous “red” opinions (VTE and TIA data quality).
- The continuing risks to the Trust form fraud and the outcome of current investigations as identified in the Local Counter Fraud Specialist.
- That while the Corporate Governance Team are ensuring that the Trust is compliant with the revised guidance on the levels of gifts, hospitality and sponsorship, there are still some areas of follow up in respect of voluntary disclosures.

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

- The Risk Register and Assurance Register, together forming the Board’s Assurance Framework, be recommended to the Board.

Enclosure 8

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors
On 6 April 2017

TITLE	**Charitable Funds Committee Summary**		
AUTHOR	**Julian Atkins** **Non-Executive Director**	**PRESENTER**	**Julian Atkins** **Non-Executive Director**

CORPORATE OBJECTIVE:

S01 – Deliver a great patient experience
S05 – Make the best use of what we have

SUMMARY OF KEY ISSUES:

Summary of key issues discussed and approved at the Charitable Funds Committee on 23 February 2017.

RISKS	**Risk Register N**	**Risk Score**	
COMPLIANCE	**CQC**	**N**	
	NHSLA	**N**	
	Monitor	**N**	
	Other	**Y**	**To comply with the Charity Commission**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

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

MATTERS ASISING FROM PREVIOUS MEETING

Mr Taylor reported that he had met with Mr Stobart and discussed the issue of Chaplaincy Services being funded from Charitable funds. He confirmed that Mr Stobart was in agreement with this proposal and provided assurance that it was also in accordance with Charity Commission guidance.

He also confirmed that the guidance allows for funding of training and equipment from Charitable Funds and that Finance will make retrospective recommendations for funding in respect of these areas of expenditure.

It was agreed that any ensuing recommendations would be forwarded to committee members for comment and the committee Chair for final approval.

FUND SPENDING PLANS

Mr Ali and Mrs Rees were unable to attend the meeting but had submitted details of recent expenditure/future plans. These were noted and it was agreed that both Mr Ali and Mrs Rees would be invited to the May meeting to provide further detail regarding their respective spending plans.

It was also agreed that the Fund Managers from the top three funds with no spend should also be invited to the May meeting.

FUNDRAISING UPDATE

Mrs Phillips was unable to attend the meeting due to sickness so Mr Walker presented the Fundraising Update.

He reported that the shortfall against the Income and Expenditure plan had increased from the previous report and that the shortfall as at the end of January 2017 was £34,000.

Mr Walker said that he believed the fundraising target could be achieved providing Mrs Phillips prioritised her time to grants and corporate fund raising activities. The Committee expressed concern at the shortfall and noted Mr Walker's comments.

It was agreed that Mr Atkins and Mr Taylor should meet with Mrs Phillips to discuss the shortfall and the most effective allocation of her time.

FINANCE UPDATE

Mr Walker presented the Finance update. He reported that the total fund balance stood at £2,413,553 whilst the general fund balance was £231,249.

Expenditure for the year to date was £146,706 greater than income received.

Six bids for income were approved :-

- Additional pagers for the paging system in main OPD for hearing, visually impaired and deaf blind patients - £3,800
- Installation of water fountains in the Guest Outpatients Centre and Russells Hall General Outpatients Department - £9,671
- Pager system for T & O OPD to allow patients to leave the department and return when the appointment is due - £2,200
- Sensory units for special and additional needs patients, in particular children - £3,034
- 6 reclining chairs for vascular and diabetic patients to help control pain, relieve pressure and help with the process of wound healing - £4,200
- 4 Phillips Efficia observation machines to monitor patients post-operatively and in emergency situations - £2,000

CHARITY COMMISSION GUIDANCE FOR TRUSTEES

The Committee received at noted the latest guidance for Trustees from the Charity Commission.

Meeting	**Meeting Date**	**Chair**	**Quorate**	
Charitable Funds Committee	**23 February 2017**	**Julian Atkins**	**yes**	**no**
			Yes	
Declarations of Interest Made				
None				
Assurances Received				
Assurance received from Mr Taylor that the funding of Chaplaincy Services from Charitable Funds is in accordance with Charity Commission Guidelines				
Decisions Made / Items Approved				
6 bids for fundraising were approved				
Actions to come back to Committee				
Mr Ali and Mrs Rees to attend the May meeting to present respective spending plans				
Items referred to the Board for decision or action				
None				

Enclosure 9

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Trust Board April 2017

TITLE:	**Winter Evaluation Review**		
AUTHOR:	**Paul Bytheway Chief Operating Officer**	**PRESENTER**	**Paul Bytheway Chief Operating Officer**
CORPORATE OBJECTIVE: SO1, SO2 & SO6			

SUMMARY OF KEY ISSUES:-

This paper outlines a review that was undertaken across Dudley Group NHS Foundation Trust and the Dudley health Economy in relation to winter plan. A multi-faceted review has taken place across all of the Trust's local team and this has been fed into a Dudley Group NHS Foundation Trust review and a Dudley Health Economy review this is attached as Appendix 1.

There is no doubt that the operational pressure seen between the months of November and early February were outside of all the assumptions that had previously been made, these numbers are shown in Figure 1. The Trust had an internal plan which was activated a week earlier than had been presumed, for a three week period the Trust was run in an "internal incident" mode.

This was undertaken to ensure that staff were not confused about competing priorities and that the management of the site and that the safety of patients was the biggest priority.

This paper sets out the Trust view and review from the Health Economy the economy felt that the plan had in the main worked, across all organisation's there had been a real sense of "in it together" and everybody had moved forward to reduce the pressure in the Trust.

As you would expect there were some areas that need further work both internally to the Trust and externally, will be taken forward during the forthcoming months by the A&E Delivery Board.

IMPLICATIONS OF PAPER:

RISK	**Y/N**		**Risk Description:**
	Risk Register: Y/N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y/N**	**Details:**
	Monitor	**Y/N**	**Details:**
	Other	**Y/N**	**Details:**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		X	

THE BOARD IS ASKED TO NOTE:

- the significant operational challenge across the Trust during the period November to January 2017.
- Note the success overall of the winter plan but also to ensure that the challenges are worked through and implemented as soon as possible.

The Dudley Group
NHS Foundation Trust

Introduction

This paper sets out the response to the winter pressures by Dudley Group NHS Foundation Trust and also outlines the health economy review that took place by all parties in February 2017.

Background

The pressures felt by emergency departments were not only in Dudley but nationally and is well documented. From the Boards previous discussions you will be aware that the activity that the Trust saw from November 2016 to mid-February 2017 was unprecedented with significant peaks in demand which was intensified by the significantly higher than normal delayed transfers of care. (Figure 1)

2nd Nov 2015 to 31st Jan 2016 vs 31st Oct 2016 to 29th Jan 2017
Activity Review

Item	2015/16	2016/17	# diff per week	% Change
ED Arrivals	23533	25531	1076	8%
UCC Attendances	20823	20417	-219	-2%
GP Emergency Admissions	2703	2706	2	0%
ED Ambulance Arrivals	8768	9842	578	12%
ED Ambulance Admissions	5627	5975	187	6%
0 Day LoS	3399	3071	-177	-10%
Medical Discharges	6180	6200	11	0%

Appendix 2 shows an overview of the main issue that had been encountered; this presentation was given by the Chief Executive Officer and the Chief Operating Officer, NHSE and NHSI in the middle of February 2017 as part of an assurance framework meeting.

The health economy review of the winter plan was on the 23 February, the general feeling was that most of the actions had been delivered and this allowed us to mitigate and maintain the safety of our patients through this difficult period.

There was full engagement from the health economy and also full engagement from the corporate teams within the Trust, whether that be corporate Nursing or indeed portering staff to support the front door.

The Dudley Group NHS Foundation Trust

Winter Plan

The winter plan was delivered and produced during the summer of 2016 a number of half day events were held with members of the health economy in order to understand their organisational plans and how this would form into a health economy plan. The health economy plan was presented under four headings:

- Reduce admissions
- Improving flow
- Discharge planning
- Management and oversight

These headings give a sense of direction in terms of the work that A&E Delivery Board is doing coupled with the strategy of improving flow through the Dudley economy, it follows the patient safety and flow working group that is run by the Trust.

The Trust also held a number of internal events to pull together our own winter plan and thus ensuring that all members of the team within the trust were part of the delivery. This engagement across all teams within the Trust worked very well and positive feedback was received from the 73 attendances at the winter planning event that was held.

Operationalizing the Winter Plan

December 2016 saw the highest ED attendances and highest admission on record for the organisation, the winter plan originally was due to be activated between the Christmas and New Year period however due to unprecedented levels of activity in the week leading up to Christmas therefore Executive Directors took the decision to manage the Trust for the next 3 weeks in a "Internal Incident Mode". This meant that all members of staff were aware that the single biggest priority for the organisation during that period was the maintenance of flow/patient safety and quality across the organisation.

This of course resulted in some challenges with the 18 week pathway and cancellations were incurred between mid-December and mid-January. During this period over 140 elective cancellations were noted and this is significantly more than the year to date total which averages around 92.

During this 3 week period a command and control structure was set up operating across all organisations and this helped maintain engagement across the economy. It is my belief that the economy (in most parts) engaged with the Trust recognising the seriousness of the pressure and this helps to alleviate any significant safety issues.

Winter Plan Review

During February all organisation have undertaken a review of their own organisational pressures and the actions they said they would deliver as part of the winter plan and this is fed up into a health economy review in February 2017.

Appendix 1 identifies by each of the headings a list of the specific workstreams and then whether the belief that this was achieved or not achieved during the winter period.

Appendix 3 outlines the high level round up from our divisional teams there has been some internal challenges in relation to the activation of additional capacity and this of course is being worked through with the divisional team as we begin to think about winter 217/218

Conclusion

There is no doubt that the activity that we have received between the periods of November to January were excessive with significant volumes of ambulance conveyances, high ED attendances and a significant change in acuity.

This led to significant pressures on all of the front door areas and subsequently a challenge to staff in the delivery of their roles, this then turned itself into pressures across the economy, this increased activity then turned itself into high numbers of DTOcs and a reducing level of available capacity.

[All teams pulled together to ensure that safety was maintained during that period. The health economy plan was implemented and mitigated the significant risk by the activity and overall it is felt that this plan worked well. Winter planning for 2017/18 will begin in June 2017 with a presentation of the plan in September 2017 to the Board.

Appendix 1

DUDLEY URGENT CARE OPERATIONS GROUP

Meeting Held on Thursday 23rd February 2017, T046, 3rd Floor, DCCG, BHHSCC

Attendees:

Caroline Brunt (CB) - Chair, Jason Evans (JE), Jen Fletcher (JF), Jayne Dunn (JD), Karen Hanson (KH), Wendy Malpass (WM), Rebecca Davies (RD), Emma Bogle (EB), Lucia Alsamendi (LA), Mark Kedwards (MK) Joanne Vaughan (JV).

Item Number	Discussion	
1. Apologies	Paul Bytheway (PB), Johanne Newens (JN), Jenny Cale (JC), Emma Pender (EP), Jacky O' Sullivan (JO'S) Matt Bowsher (MB)	
Agenda Items		**Action By whom and date**
2. Reflections of Winter Plan	CB opened the meeting by explaining the outcomes expected from the discussion. CB requested that the meeting was formal but frank in relation to how winter was managed as a health economy. CB said that the team was to be commended for the way in which everyone worked together during a hard winter and that everyone was incredibly involved and compassionate The discussion then moved on to discussion headline figures that were presented to NHS England, which were presented by JE. Main points from the slide pack indicated that the turning point in performance was late October. Further points raised were; • DToC remains a challenge • The 95% target for year end will not be met. • 9% increase on number of patients arriving at ED. • 13% increase in number of ambulances turning to ED. • 7% increase in Emergency Admissions • Length of stay decreased by 10% - showed a change in acuity Recovery trajectory has been proposed –marginal improvement shown. It is expected that if current performance maintains, then it is possible to recover by mid-April.	

Appendix 1

	JV asked if there were any challenges raised by NHS England that could be pushed back. JE said that the main focus was recovery, reflecting on issues is helpful but not a main focus. JV also asked what recommendations we were making to NHS England, JE answered that PB has sent a suite of initiatives that will be discussed. This has been documented in a flow diagram which the group took a copy of. The group then started discussing the plan. Tables below show each action point and comments in relation to actions agreed in the winter plan.	

Reduce Admissions			
Action	**Achieved**	**Not Achieved**	**Comments – what helped or hindered.**
Increasing resources at the front of house at Russell's Hall Hospital to turn people around and improve hospital avoidance, this is being led by Dudley Adult Health and social care team.	X		Comments from the group suggested that having a fully qualified Social Worker present 24 hours and also access to IT systems. KH said that if the above was in place then patients could be managed more efficiently Out of Hours. JD said that ED Diversion beds are key, alongside D2A pathway redesign.
Scoping Out Of Borough high delays to look at resource being present at the front of house to avoid admission into these hospitals, this is being led by Dudley Group NHS Foundation Trust.	X		Sandwell have engaged, however need more support from South Staffs and Worcester. PB is arranging further discussions with South Staffs
New clinical model within Gynaecology /Labour ward to increase senior decision making, reduce admissions and reduce LoS. To be introduced in November.	X		This has been monitored through DGHT performance meetings – some improvement in LoS noted but still very early.

Appendix 1

Urology- Review of Haematuria, Scrotal Pain and Catheter problem pathways to increase use of ambulatory pathways, avoiding overnight admissions.		X	Further work is required to embed the pathways
Development of Community DIT to maximise admission avoidance.	X		Early days however, the right people and the right discussions are taking place. Implementation was delayed and therefore it was agreed that this action had no impact on winter pressures, however this could now prevent future admissions and should be taken forward.
Clinical models within general surgery adding additional specialist registrar during the day to undertake minor procedures and provide constant senior support within the Surgical Assessment Clinic to speed up decision making and improve flow			Monitored through DGFT divisional performance – significant change in LoS through the delivery of this model.

Improving Flow			
Action	**Achieved**	**Not achieved**	**Comments**
Currently undertaking restructure of in-house services that has created more Urgent care capacity and improved flow. This is work that is currently being undertaken by the Dudley Adult Social Care Service.	X		More urgent care capacity was created which improved flow. It also provided support so patients did not have to be admitted into hospital.
Work being undertaken to mirror discharge to access pathway 1 in non-acute to create extra assessment capacity and improve flow of beds during this period, this is being led by the Intermediate Care Team.		X	C3 pilot didn't go as planned, as a result it was agreed that Trusted Assessor model would be looked at.
Implementation of the 5 'must do' as part of the national urgent care plan	X		These are happening and NHSE are updated monthly
A Senior Elderly Care decision maker will be based in ED.		X	Work in progress, however in two weeks' time, FESSU will be moved to EAU so that it is located front of house, to support the delivery problems with continuing GP cover and recruiting where major issues.
Direct admission into FESSU beds will be made, avoiding EAU and		X	As above

creating flow.			
Improved links with community teams for admission avoidance and 'pulling' out MDT patients		X	More to be done and impact currently cannot be evidenced, this is being taken through the CCG/MCP discussions
Community Geriatric weekly sessions within the MCP to support reducing admissions.	X		This is happening however with some positive feedback a review of actions to be undertaken
Day case capacity has been increased freeing ward beds to support emergency flow and protect elective admissions; this will be available from December 2016.	X		Significant change in flow through the day which has supported our elective patients.
Paediatrics- Winter pressures package of PAU staffed overnight plus Consultant/SpR presence until 21:30 on site.	X		Flexed and staffed overnight as required
7 day assessment service within the Acute Trust for Intermediate Care.	X		Fully embedded, this appears to be driving a 20% improvement – evidence of this required.
Continued flexible use of beds to maximise capacity.	X		Still some further work to undertake based on modelling and financial pressures
Care assessment team will be working towards undertaking all external re-ablement reviews again to create assessment capacity in the community and intermediate care.	X		This has had a positive impact on non-acute SITREP and this was observed during the multi-agency calls
Improved Access to AEC with opening earlier and also looking to extend further into the evening	X		Open 7/7 through to 2200
Teleconference calls			The group discussed the usefulness of the calls. The following points were made: • There was a feeling that organisations were reporting to Dudley Group and that it was more information sharing than planning. • GOLD calls became business as usual and made them ineffective. • Need to agree what triggers a GOLD call as the group felt that number of DToCs should not be a trigger for GOLD call especially when the trust is on EMS Level 2. • There was also discussion around the SILVER calls and it was agreed that these should take place before any GOLD call. • CB said that she would speak to PB and develop a standard operating procedure in relation to triggering teleconference calls.

Appendix 1

Discharge Planning			
Action	**Achieved**	**Not Achieved**	**Comments**
DGFT has opened the Evergreen Unit which is housing delayed transfers of care with an added focus on discharge planning, the unit is supported medically by primary care, the ward tam is split between nurses and rehab assistants and the unit overall is managed by a social care manager	X		Running since November, however the service was not GP led when it first started running. Malling Health now run the service. Looking to extend it from 23 beds. A full SOP has been produced
St John Ambulance supplementary non urgent ambulance transfer to assist with discharge planning. Service available 12:00 until 21:00 7 days per week. In the main supporting the Forget Me Not Unit.	X		There are still issues with WMAS PTS. JE to speak to MC in relation to how performance can be improved.
Community Support Nurses- 1 ACM will attend the 10am board round on A2 everyday including Saturday and Sunday. This will assist with discharges that would benefit from community input including OPAT.	X		Community In reach
7 day management of DToC position- there will be daily discharge meetings at 12:30 and 15:45 attended by acute and Local Authority, outcomes are shared with CSC, Lead Nurses within 30 minutes of the meeting. Identification of new patients for complex needs attended by Discharge Manager who is either LA or Acute, they will have the decision making powers in relation to discharge beds and discharge to assess pathways.	X		GOLD/SILVER calls operational and were used to plan for improving the numbers of discharges. New DISCO upgrade has allowed more time for staff to attend the nurses meeting. Still work in progress to develop the system
There will be a weekly top 20 review	X		This is happening consistently
Twice weekly ' over 7 day LoS' review will be commencing from November	X		This is happening consistently
ECIP attending DGFT to roll out the ' red to green' management system for reducing the number of ' stranded' patients	X		This happened and the work is being embedded across DGFT

Supporting MDT

Appendix 1

Action	Achieved	Not Achieved	Comments
Working with Lion Health and Wychbury medical practices and become more actively involved in their MDT's to meet the needs of the public in the community setting	X		Further info required on outcomes
Integrated working with GPs and MDT locality teams.	X		Further info required on outcomes
There is a provisional agreement between CCG and DGNHSFT for the provision of a new care home service (Summerhill). This includes alignment of care home practitioners, CRRT, OPAT with a primary care service to include OOHs/7day service.	X		This is being actively progressed further action measures are being monitored through the A&E Delivery Board.
Community Support Nurses- 1 ACM will attend the 10am board round on A2 everyday including Saturday and Sunday. This will assist with discharges that would benefit from community input including OPAT	X		Achieved with community in reach
Management and Oversight			
The Trust will be operating at Silver command every day during Winter.	X		As per teleconference discussions this process needs to add value for all parties
Senior Team to attend DIT meetings so that decisions can be made in real time.	X		Looking to evolve DIT meetings. Discussions have been had in terms of how best this is managed.
Allocated capacity manager each day, minimum of 3 directorate managers working each day over the festive period.	X		Achieved
Daily board meetings with clear agreed actions that are recorded at ward level but plans visible on the Discharge Database. Daily medical overview of medicine to be available on the hub.	X		Achieved but pressure being reviewed through red to green implementation.
Teams are required to update their contact lists for staff so that they can be contacted if they do not arrive for work in adverse weather. Staff will be asked to monitor weather predictions.	X		Delivered as part of EPRR
Specific day by day plan is being drawn up for the period 12th December 2016 to 5th January 2017	X		This was completed and was found to be useful.
Home for Christmas' initiative being run that supports the implementation of red to green	X		This happened

Appendix 1

Item Number	Discussion	
Agenda Items		**Action By whom and date**
Learning for Winter 2017	Exercise Olaf was suspended due to high demand in the system on that day. It was decided to use that day and a live incident. CB requested that Exercise Olaf report is to be circulated to all members of the group.	
Looking forward to Easter	Template for Easter plan has been circulated and requests have been made to complete and send back to JF in time for next UCOG (Friday 3rd March). This will then be discussed at Assurance Group before sign off at A&E delivery board.	**JF**
Next Steps	It was agreed that there are three main areas that need focussed work; • Discharge to Assess Pathway 3 • The work with Andrew Hindle and Care Homes • Pathway for Dementia patients.	**CB to feedback to A&E delivery board**

1. Root Causes of Impeded Patient Flow

Source(s): DGFT

The root causes of impeded patient flow through the bedded part of the system (acute or community hospital) and how this is impacting upon by backdoor flow'

- *Significant and Sustained Increase in Delayed Transfers of Care that required re-organisation of hospital resources*
- *Significant Rise in Activity particularity those attending by Ambulance*
- *Acuity Change that prevented rapid turn round at the front door and significantly increased length of stay*

2. Urgent Care – 15/16 vs 16/17 Comparisons

Source(s): DGFT

The table to the right has been produced by DGFT to show the variances between key Urgent Care metrics in 2015/16 and 2016/17.

The highest percentage changes have occurred in;

- ED Ambulance Arrivals
- ED Arrivals
- ED Ambulance Admissions

ED Attendances 23rd Nov 2015 to 14th Feb 2016 vs. 21st Nov 2016 to 12th Feb 2017

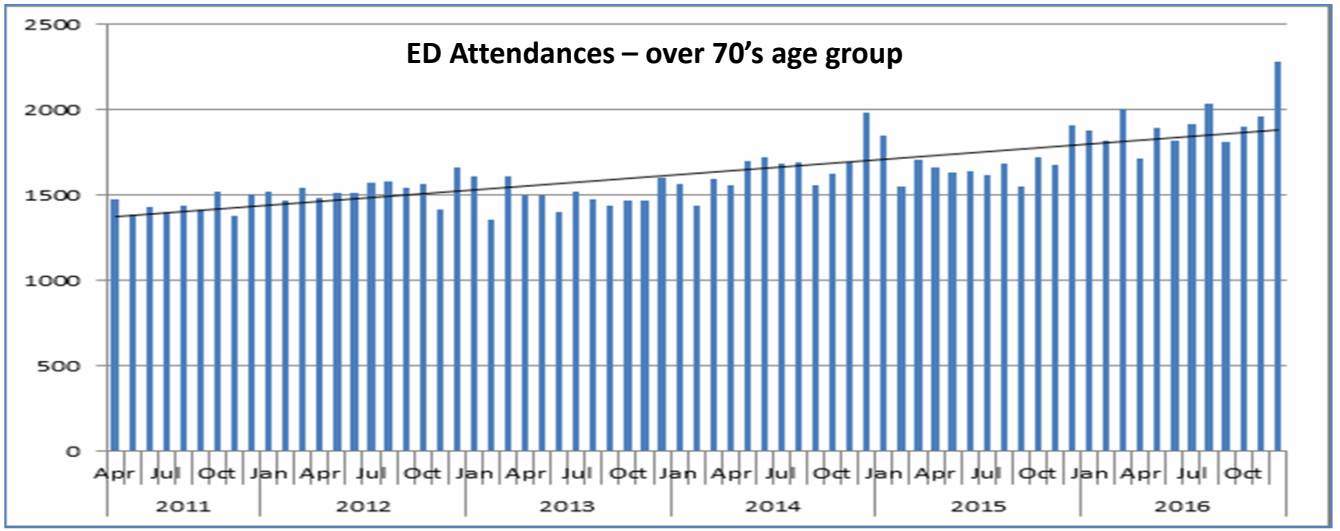
	2015/16	2016/17	Weekly Variance	% Change
ED Arrivals	21843	23574	144	8%
UCC Attendances	19380	19166	-18	-1%
ED Emergency Admissions	8583	8406	-15	-2%
GP Emergency Admissions	2472	2548	6	3%
ED Ambulance Arrivals	8237	9125	74	11%
ED Ambulance Admissions	5324	5481	13	3%
Median LoS	2.73	2.83	0	4%
0 Day LoS	3119	2858	-22	-8%
Medical Discharges	5835	5727	-9	-2%

Further analysis has been undertaken by DGFT to compare ED in more detail (for the month of December 2016 compared to the previous year);

	Attendances	Ambulances	Minors	Majors	Over 75	Over 90	Breaches
Dec-15	7782	3076	2096	5686	1292	242	217
Dec-16	8720	3446	2152	6568	1555	279	1495
Variance	11%	11%	3%	13%	17%	13%	85%

DGFT have also produced trend analysis of the various age groups.

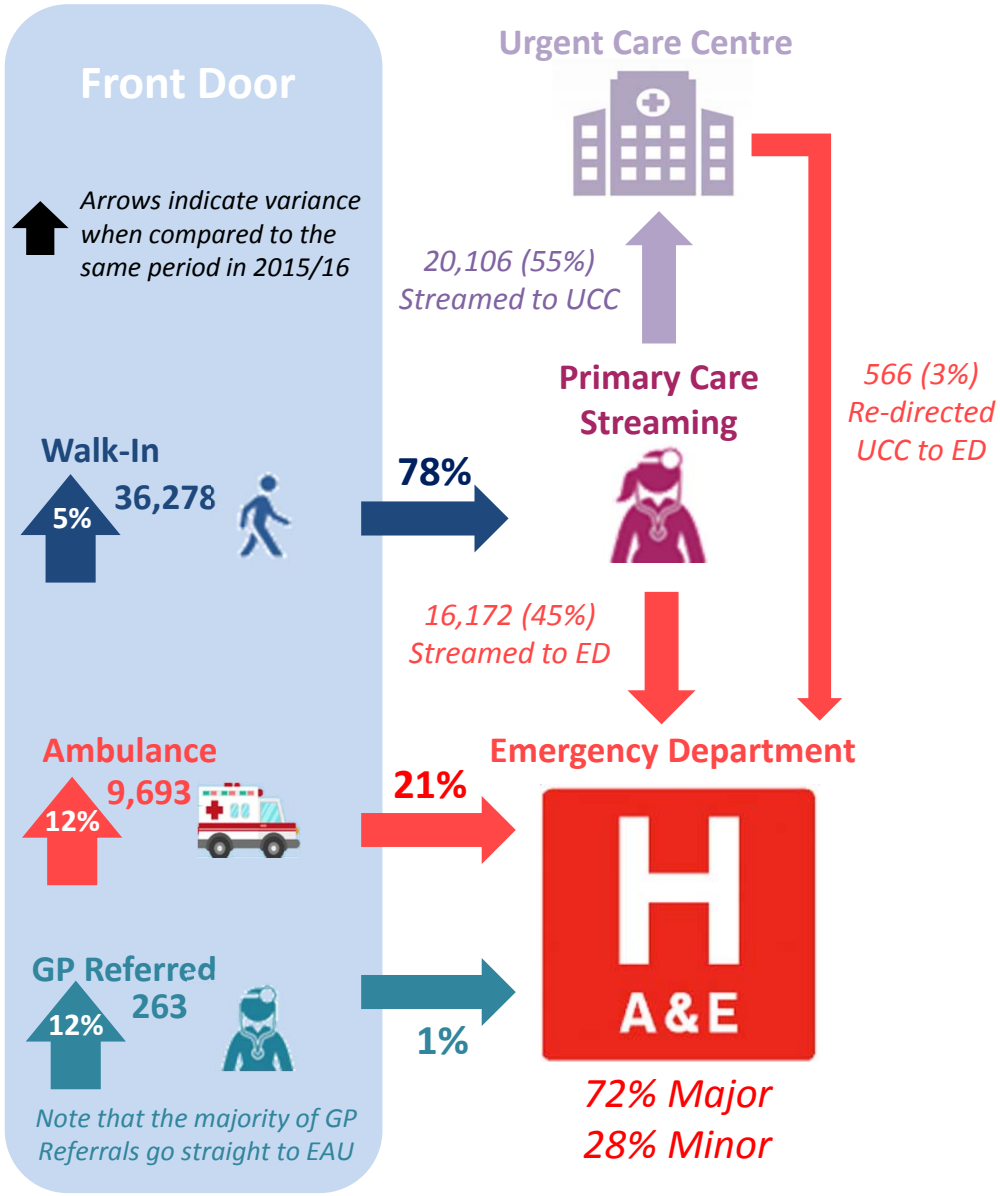
This found that all age groups had flat line growth over a 6 year period **with the exception of the over 70's**, for which a timeseries is shown to the right;



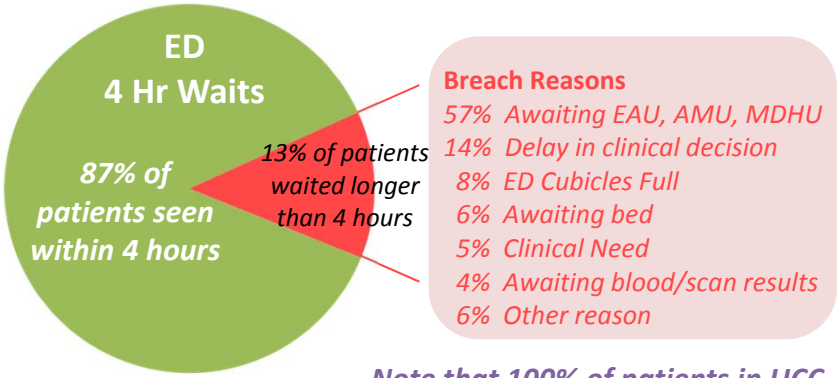
3. Urgent Care Flow, Waiting Times and Outcomes

Source(s): DGFT & MLCSU

Urgent Care Flow Q3 2016/17

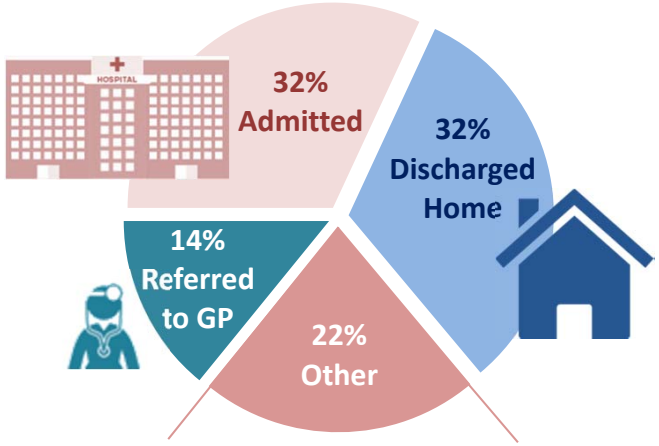


Waiting Times - Q3 2016/17



Note that 100% of patients in UCC were seen within 4 hours

Outcomes - Q3 2016/17



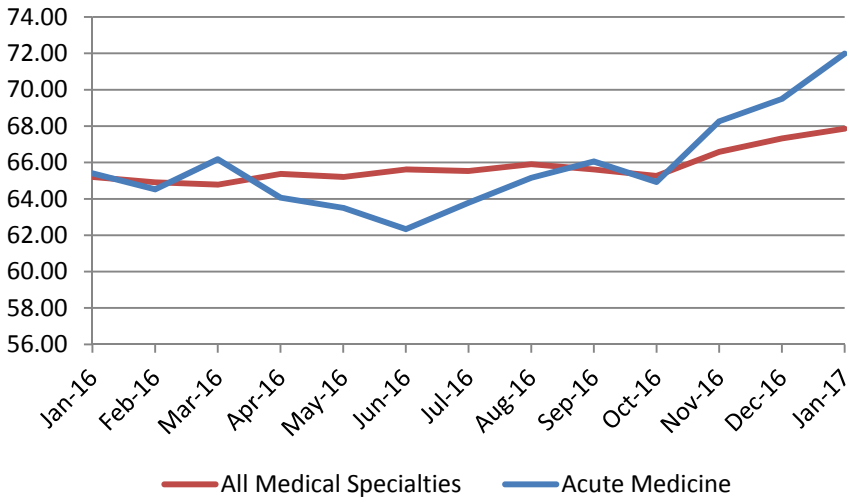
Other Outcome Reasons

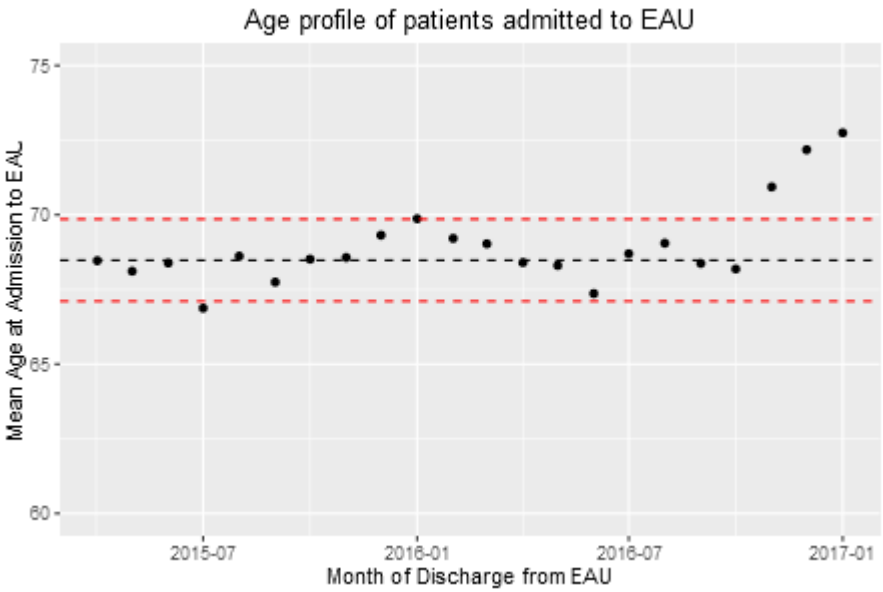
17% Referred to other service within group
3% Patient left/refused treatment
1% Transferred to another hospital
1% Died

4. Non Elective Medical Admissions + EAU

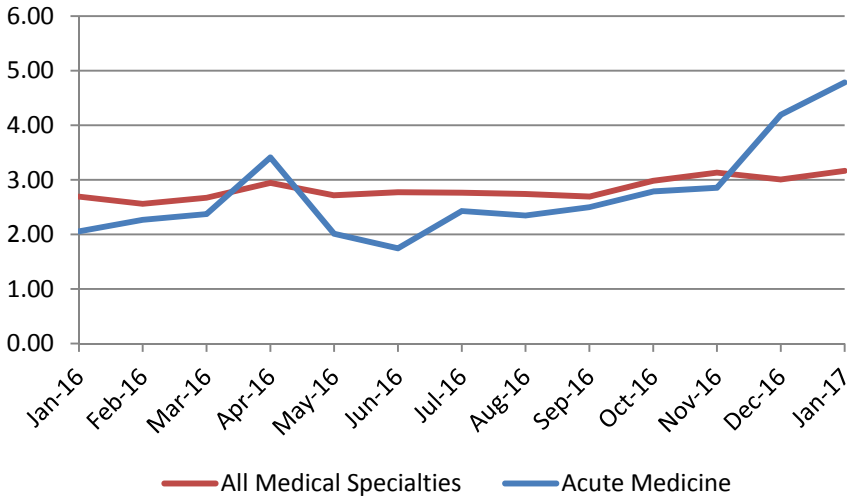
Source(s): DGFT

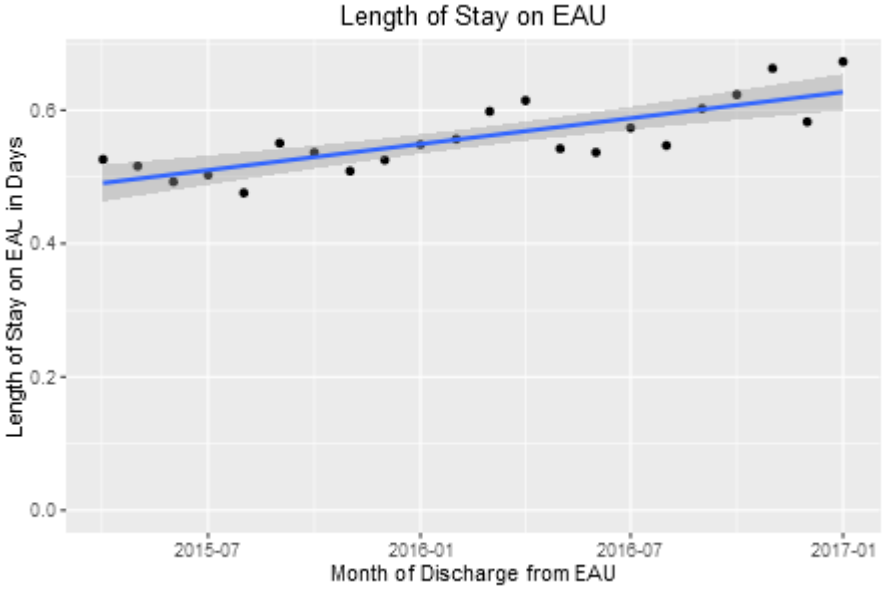
Average Age - Non Elective Admissions





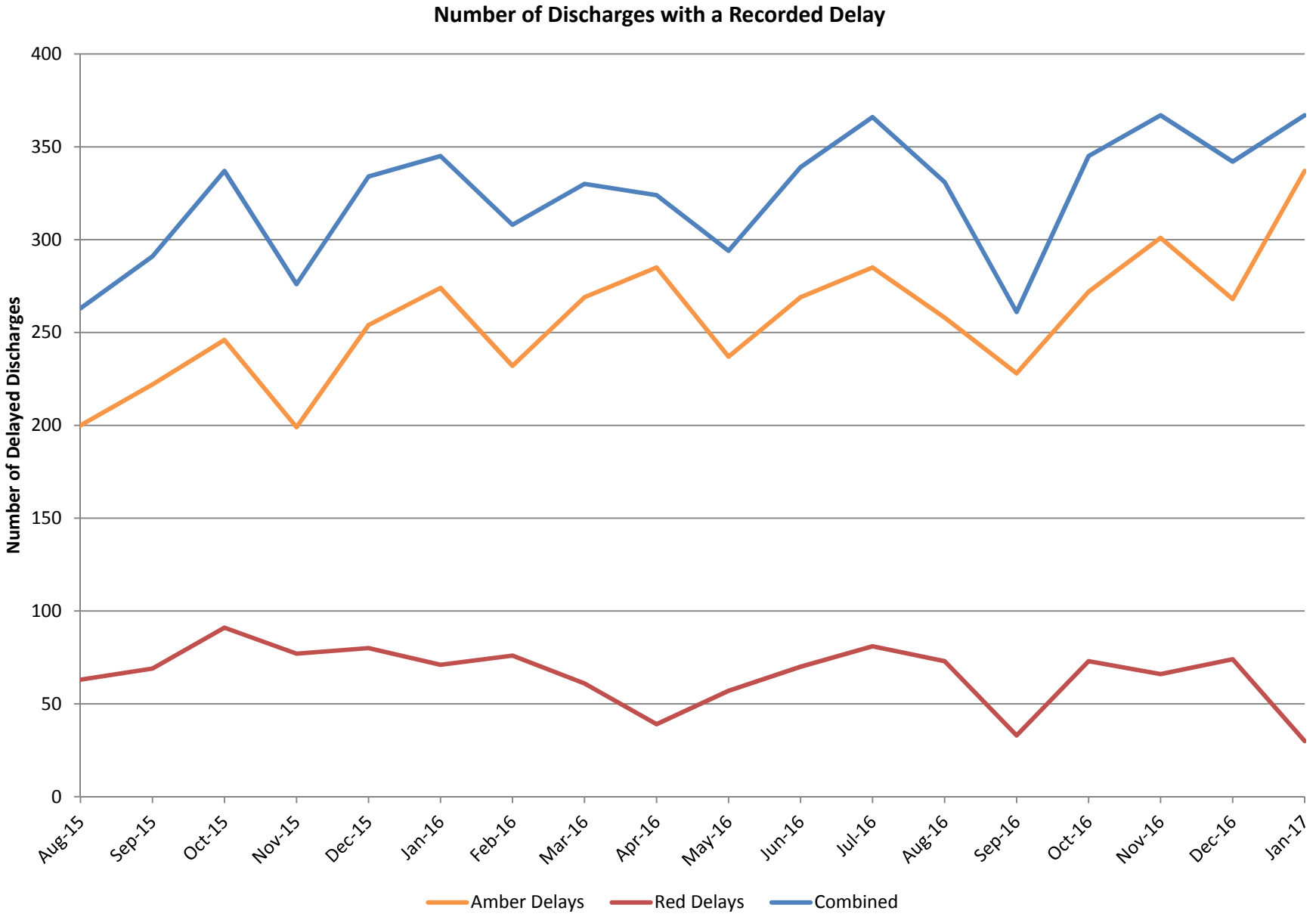
Average LOS (Days) - Non Elective Admissions





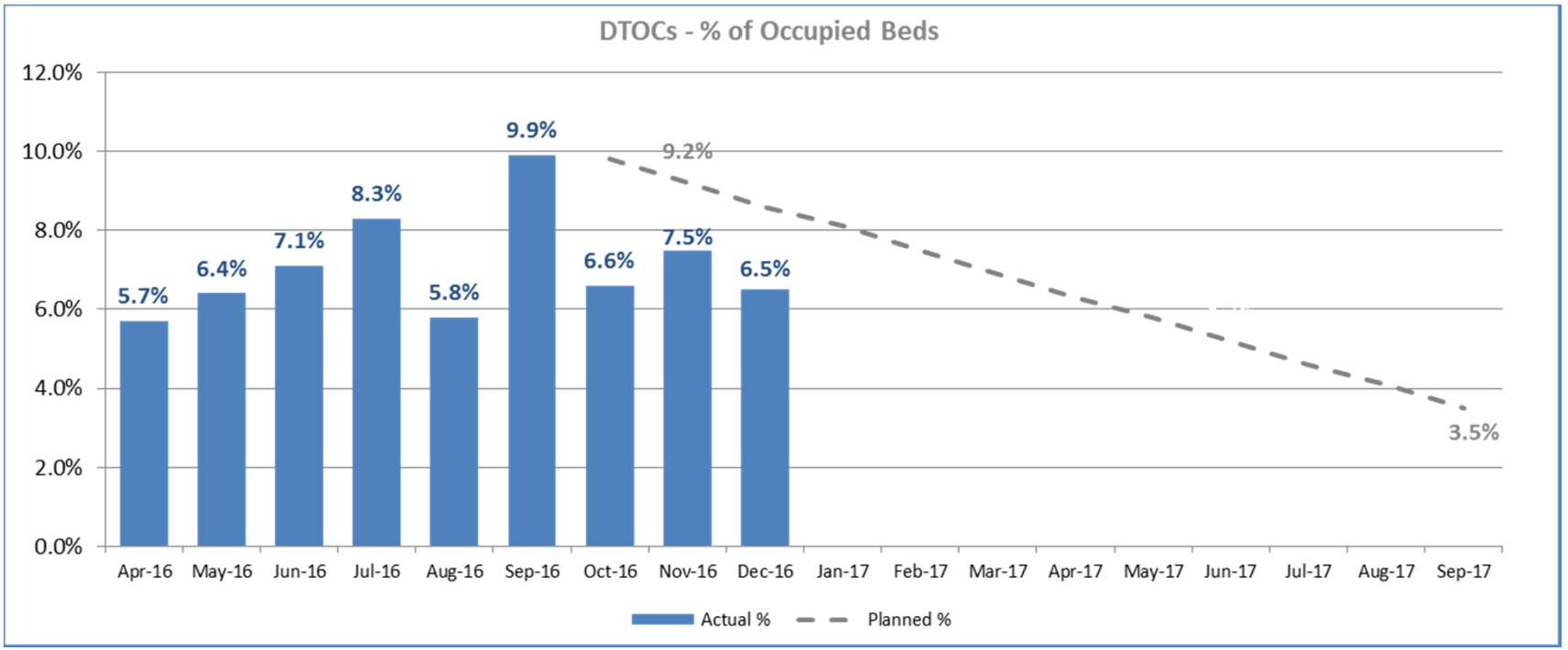
5. Delayed Transfers of Care

Source(s): DGFT



5. Delayed Transfers of Care (DTOC)

Source(s): NHSE Published & A&E Delivery Board



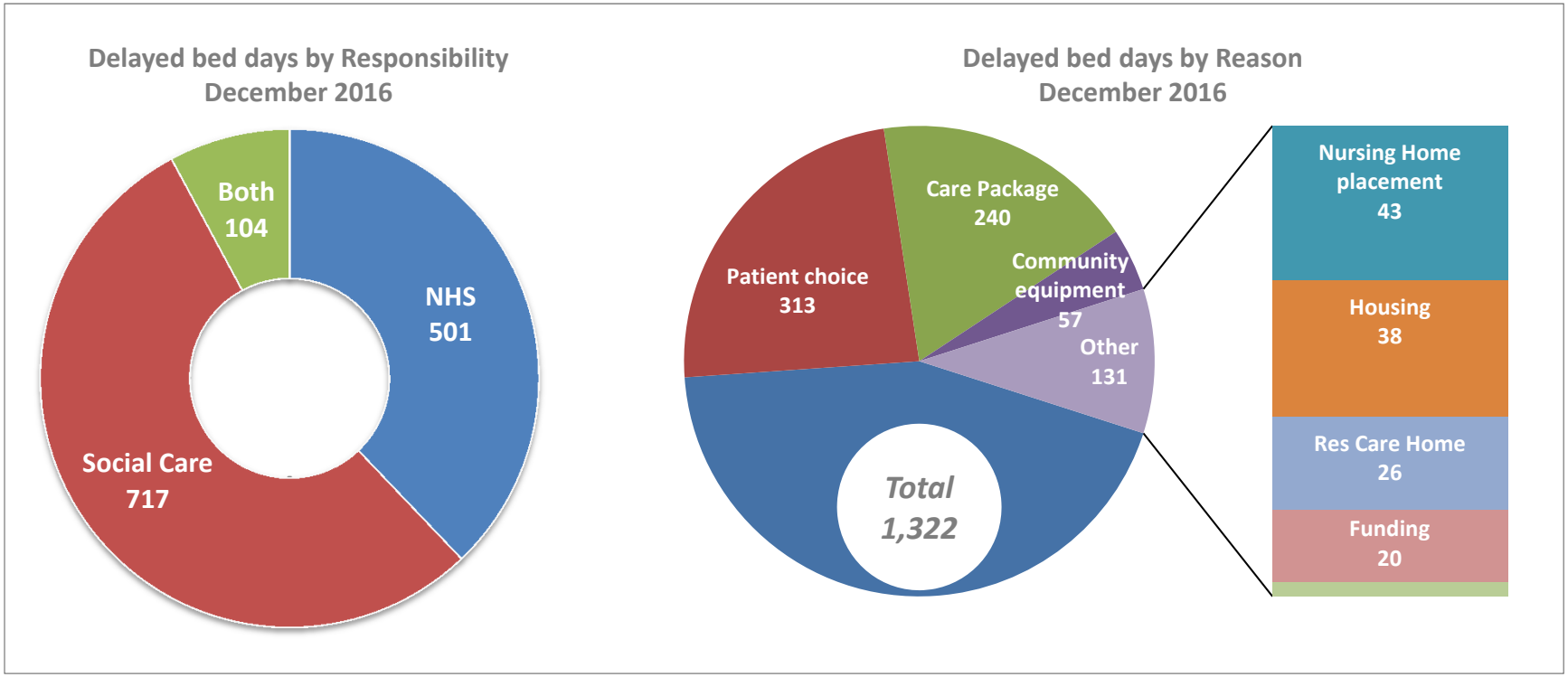
Please note that January's data is not published until 9th March 2017

The chart above shows the DTOCs calculated as a % of occupied beds. The planned rate (shown in a dotted grey line) represents the threshold to achieve the monthly recovery trajectory (shown below) submitted to NHS England, which aims to reduce the % of occupied bed days to 3.5% by September 2017 in line with the NHSE Midlands and East trajectory;

Month	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Actual %	6.6%	7.5%	6.5%									
Dudley Recovery Trajectory	9.8%	9.2%	8.6%	8.1%	7.5%	6.9%	6.3%	5.8%	5.2%	4.6%	4.1%	3.5%
NHSE M&E Trajectory	6.3%	5.8%	5.5%	5.3%	4.9%	4.6%	4.4%	4.2%	4.0%	3.7%	3.5%	3.3%

6. DTOCs - Responsibility & Reason

Source(s): NHSE Published



Please note that January's data is not published until 9th March 2017

This chart shows the proportion of delayed days at DGFT in December by **responsibility**.

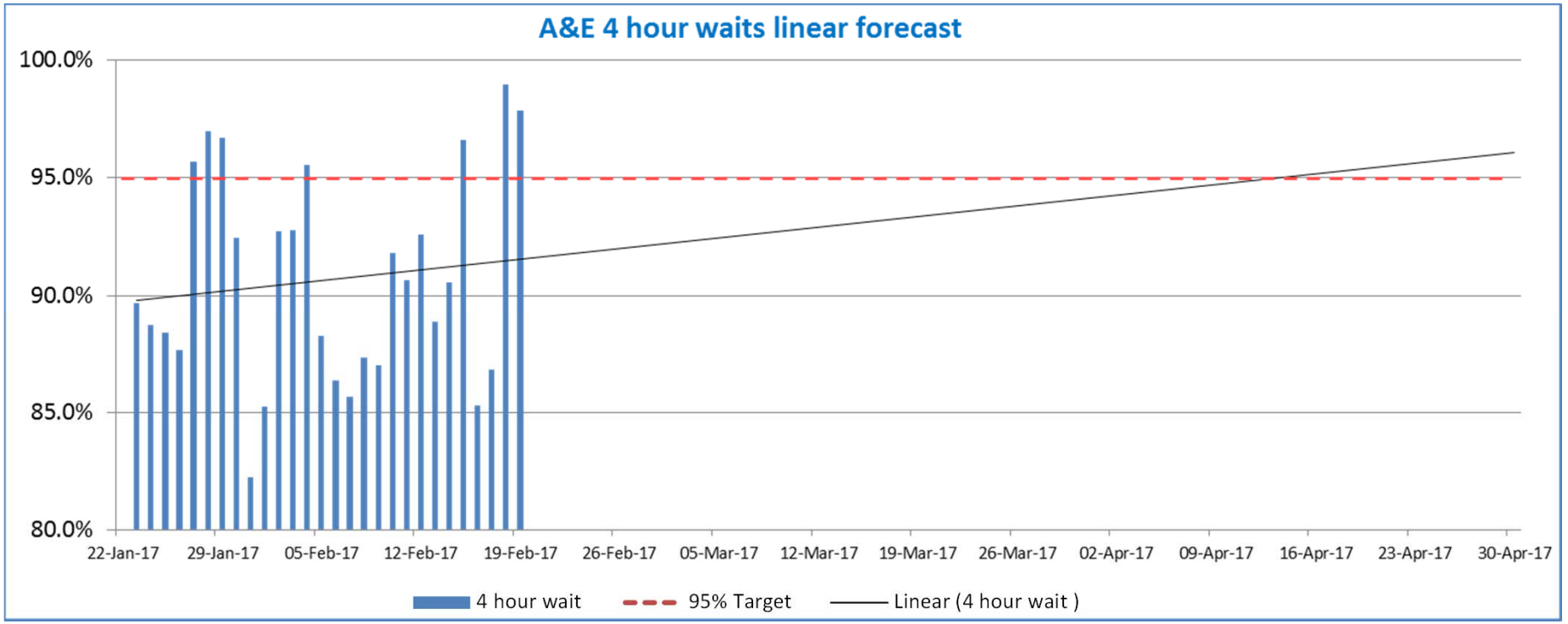
Delays attributable to NHS accounted for 38% of the total, Social Care 54% of the total, with the remaining cases sharing responsibility.

This chart shows the proportion of delayed days in December by **reason**. Approximately 40% of the delays were caused by Assessments, with 21% attributable to Patient Choice.

Please note a further breakdown of the above reasons i.e. by responsibility is not available. The nationally published DTOC data is only available by responsibility or reason, not both.

4. A&E Forecast and Recovery Trajectory

Source(s): DCCG



The above chart shows a linear forecast of the A&E 4 hour standard based on current performance trends. Please note that although it is possible for March to achieve 95%, it is statistically impossible to achieve the standard for the year 2015/16. The tables below show the current forecasts and a weekly recovery trajectory which aims to meet and sustain the 95% from w/e 16 April 2017. The provide focus to this recovery the CCG has issued a Contract Performance Notices (CPNs) on 7 February for A&E 4 hour waits, 30 and 60 minute Ambulance handover breaches and Cancelled Operations. It has been agreed that a joint Contract Management Meeting will take place to include all related Urgent and Planned Care CPNs. This is to ensure that the correct bodies are present, in order to identify corrective action and agree appropriate consequences to ensure recovery across the quality requirements, without putting elective capacity at risk.

Period	Actual				Forecast			
	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2015/16	Apr-17
% 4 hr standard	95.52%	91.97%	90.77%	87.70%	91.15%	92.70%	**93.55%**	95.18%

Weekly Recovery Trajectory									
Week Ending	5 Mar-17	12 Mar-17	19 Mar-17	26 Mar-17	2 Apr-17	9 Apr-17	16 Apr-17	23 Apr-17	30 Apr-17
% 4 hr standard	91.55%	92.13%	92.70%	93.27%	93.84%	94.42%	95.00%	95.56%	96.14%

9. Patient Flow Project

Source(s): DGFT

Avoiding admission	Improving processes	Reducing internal delays	External Waits & Discharge	Developing a Frailty service
Development of Community Impact Team - Development of IV Fluids & Iron therapy - Development of role of care co-ordinator - Admission review by GP practices - Airedale Model - Telemedicine - Consultant Led Community Clinics - Community Based Paramedics	UCC & extension of service - Establish Internal Professional Standards - Pilot rapid assessment in ED - Review roles & responsibilities /escalation in ED - Reducing LOS - commencing with 0.5 day progressing to 1 day	Implement SAFER - Implement Red 2 Green - Develop ward dashboard - Weekly 7 day LOS mtg	Community DIT - Implement protocol regarding CHOICE - Standard for response times for external agencies - DToC action plan	Development of Frailty Team - Establish Geriatrician Outreach model - Establish Hot Clinic model - WMAS & Sth Warks Frailty model

10. Work streams overview

Source(s): DGFT

Community Impact Team
Develop an d implement an immediate response team across 7 days
IV Fluids & Iron therapy
Extend remit of OPAT service to include fluids & iron therapy
Care Co-ordinators
Develop role of care co-ordinators
Admission review by GP practices
CCG is undertaking a review of outliers and then identifying actions to support
Airedale Model - Telemedicine
Implemented from Feb 2017 to reduce nursing home conveyances / admissions
Comsultant Led Community Clinics
Working with CCG as part of New Care Models supporting people locally
Community Based Paramedics
Implement MCP community paramedic (reduced admisisons / conveyances)

Urgent Care extension
Prevent attendance at specilaity assessment untit i.e near patient testing
Establish Internal Professional standards
Develop standards & wait times to support patient flow
Pilot rapid assessment in ED
Utilising a MDT to sign post patients to appropriate facility i.e UCC / AEC / Medics
Review ED roles, responsbilities & escalation
Implement clear processes to support patient management & flow
Reducing LOS
Improving readmissions through use of hot clinic assessments

Introduce Red 2 Green across the Trust based on pilot ward anayysis
Develop Red 2 Green roll out plans for all areas including Home for Easter Intensive Improvement week
Develop ward dashboards to support ward performance
Establish weekly 7 day LOS review meetings including action planning & escalation

Community DIT
Ensure appropriate input from community teams to support admission avoidance and reduce readmissions where appropriate
CHOICE Protocol
Ensure that there is a clear process for exercising CHOICE for patients/families and staff
Establish external waits standards
Ensure that there is a clear process available to all ward staff, departments showing agreed waiting standards for services
DToC action plan
Economy plan to reduce DToC through system transformation

Frailty team
Develop a service that operates across ED & short stay areas working with Community Impact team & Care co-ordinators
Geriatrician Outreach
Agree model of geriatrician outreach to support patients outside of the hospital setting
Hot Clinics
Develop access to 'hot clinic' slots to avoid admission & support care at home
WMAS & Sth Warks Frailty model
New model of care from WMAS - direct links for frail elderly to Trust frailty service

Deliver sustained improvement towards Emergency Access Standard (increase to 90% by March / 92% by April & sustaiend delivery from June 2017)

Meet national clinical standards for acute care(EDQI, SAM Standards, readmissions)

Patient care occurs within the appropriate clinical pathway, improving patient experience

Maximising same day ambulatory care & BPT (greater than 30% of the acute take)

Enabler to scoping 7 day working

The Dudley Group
NHS Foundation Trust

Appendix 3

DGFT Winter Washup – February 2017

Positives	**Negatives**
• Significant team effort • Safety maintained • Good Christmas and winter plan, well communicated. • Weekend preparation • Incident structure supportive • Response from corporate teams • Response from external colleagues • The additional Consultant, in ED from 7pm – 2pm maintained patient safety. The issue was the ongoing capacity. • Pharmacy engagement across all teams	• Some challenges across quality based on high attendance/admissions • Significant increase in DTOC's. Resulting in the need to open contingency facilities. • Reliance on agency/locum staff to maintain contingency areas for prolonged periods is both costly and inefficient. • Delays in discharging resulting in increased los for patients and a pressure on beds.
Opportunities	**Weaknesses**
• Volume of Drs/Senior Clinical roles availability out of hours, we need a review of workload and demands during the night using Nerve Centre data? • Use of CNS's during peak activity. They need to be incorporated in the ward work in order to support Dr decision making. • Further develop nurse led discharge • Embed 7/7 / ward round checklist in order to progress discharges. • Home First is a priority e.g. stop promoting nursing homes and this is being taken forward through the AHP team.	• Reliance on St John vs WMAS. • Terminal cleans created delays at certain times and particularly out of hours. There is minimal support available, particularly at night. • Drain on teams as they were spread thinly, further with therapists • Heavy reliance on mediboxes and the delays this creates. • Daily capacity management – is it effective? High expectation of input from Duty Managers for long hours has a negative effect on individuals. Do we have the right system that is shared across the Trust?

Enclosure 10

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board
6 April 2017

TITLE:	**Corporate Risk Register and Assurance Report**		
AUTHOR:	Glen Palethorpe Director of Governance / Board Secretary	**PRESENTER**	Glen Palethorpe Director of Governance / Board Secretary
CORPORATE OBJECTIVES ALL			

Attached are the Corporate Risk Register and the Corporate Risk Assurance Report.

Corporate Risk Register

The Corporate Risk Register records the Trust's key risks linked to each of the Trust's six objectives. The Register includes those key risks to the Trust's objectives as recorded with the Trust's annual plan (these are seen as the top down risks), it also includes those risks that have been escalated from the Trust's Divisions / Directorates (these are seen as bottom up risks). *Note there is again one less risk scoring 20 this quarter, meaning there remain at the year end only 6 scoring at this level.*

Within the last quarter there have been

<u>New / escalated risks</u>

There have been no new / escalated risks within quarter 4 this year

<u>Risks where the current score has increased since the last meeting</u>

There are **4 increased risks** within the 4th quarter of the year. These relate to:

COR098 *– Failure to meet the expectations of the Accessible Information Standard*

COR097 *– Fail to achieve the best practice target for falls in hospital* - The Care Quality Commission have raised concern in relation to a spike of incidents RIDDOR reported

COR89 *– EPR programme is delayed and fails to deliver expected benefits*

COR102 *– The implementation of the revised JD contract may result in reduced availability of JD leading to gaps in rotas*

<u>Risks where the current score has decreased since the last meeting</u>

There are **5 risks where their score has decreased** within the 4th quarter of the year. These relate to:-

COR87 *– An inability to reduce the incidence of hospital and community service*

acquired avoidable stage 3 and 4 pressure ulcers to an acceptable level resulting in suboptimal care for patients
COR80 *– Failure to deliver our 2016/17 CIP programme*

COR110 *– B6 Flexi ward is frequently opened to create. There is no establishment resource*- Internal forecast show STF will be achieved for Q3 and Q4 (although Q4 dependent on reduction in expenditure so remains a risk.

COR101 *- The risk to the delivery of the number of capital schemes the Board would like to commit to which require external financial support*

COR107 *– the agreed outcome of the STP is not aligned with the current Trust strategy.*

<u>De-escalated risks and Achieved risks since the last report</u>

There has been one risk that have been de-escalated in the 4th quarter of the year, this related to the consistent delivery of this target over this year and the last year:

COR082a - *Failure to achieve the target of no more than 29 C.Diff cases where a laspe in care is judged by the CCG to have occurred (de-escalated).*
The Trust is well below the target of 29 C.Diff cases.

Corporate Assurance register

The corporate assurance report shows the details of the assurances received to date, noting that this relates to assurances received in the year. The assurance register also records the origin of the assurance, operational management through to an external source. As this assurance is collated across the year, Management and the Board are able to see the relative strength of assurance against each risk underpinning each objective.

<u>Assurance gaps</u>

Assurance has been logged for all risks across the year.

<u>Negative Assurance</u>

Negative assurance has been logged in this quarter across a number of risks, this has caused

- In the four cases where risks have increased this quarter some negative assurance was logged against each of these risks increased.
- In two cases where some negative assurance was logged (**COR087** and **COR110**) the balance of positive assurance also logged has seen these two risks to reduce.
- In the other cases the negative assurance logged has seen no change to the risk score.

The Corporate Risk Register has been considered by the Risk and Assurance Group

and the Audit Committee across the year and specific risks have also been considered by the Board Committees of Clinical Quality, Safety and Patient Experience, Finance and Performance and Workforce.

Across the year, CQSPE considered the actions being taken in respect of

- *COR084 failure to learn and be ready for our next CQC inspection*
- *COR098 failure to meet the expectations of the Accessible Information Standard*
- *COR108 failure to consistently maintain confidence in the quality and delivery of maternity care*

Finance and Performance considered

- *COR079 failure to continue to deliver the key contractual / monitor (NHS I) targets*
- *COR069 the diagnostic standard is at risk if the demand level rises to a level above capacity*
- *COR104 failure of the electricity supply to the site*
- *COR097 failure to comply with Fire Safety requirements*
- *COR089 EPR programme is delayed and fails to deliver expected benefits*
- *COR080 failure to deliver our 2016/17 CIP programme*

Workforce considered

- *COR105 high dependency on agency staff. This risk has been reworded to ensure all staff groups are considered.*
- *COR102 the implementation of the revised JD contract may result in reduced availability of Junior Doctors or gaps in their rotas.*

These Committee reviews confirmed the level of risk reflected in the Corporate Risk Register was appropriate at the time of their review.

It should also be noted that the Board itself also consistently received information on actions against some of the Corporate risks directly, these included those in respect of, DTOCs, Safer Staffing, Financial Sustainability and the MCP procurement again agreeing the level of risk reflected in the corporate risk register was appropriate.

The corporate risk and assurance framework will be referred to within the Trust's Annual Governance Statement a draft of which was considered by the Audit Committee in March.

IMPLICATIONS OF PAPER:

RISK	**Yes all risks**		**Risk Description: N/A**
	Risk Register: all on CRR		**Risk Score: N/A**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: links all domains but particularly well led**
	Monitor	**Y**	**Details: links to good governance**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD			
Decision	**Approval**	**Discussion**	**Other**
	Y	**Y**	

ACTION FOR THE BOARD

To confirm based on the review undertaken by the Risk and Assurance Group that the attached Risk Register reflects the key risks facing the Trust. Noting that this document will be referred to within the Trust's Annual Governance Statement.

The Dudley Group NHS Foundation Trust

CORPORATE RISK REGISTER – March 2017

Risk Dashboard – rolling risk score trend

Strategic Objective	Oversight Committee	Risk Lead	ID	Risk *Description*	Inherent risk score	Current Score										Trend	Target Risk Score
						17/03/15	05/06/15	26/08/15	21/12/15	02/03/16	04/05/16	30/06/16	30/09/16	03/01/17	14/03/17		
SO1	F	COO	COR079	Failure to continue to deliver the key contracual / monitor deliery targets (18wks / ED / Cancer)	20	15	20	15	15	15	20	20	20	20	20	→	8
	F	COO	COR069	Diagnositc standard is at risk if the demand rises to a level above capacity	20	16	16	16	16	16	16	16	20	20	20	→	8
	C	DG	COR084	Failure to learn and be ready for our next CQC inspection*	16	new	8	12	12	12	12	12	12	16	16	→	6
	C	DG	COR098	Failure to meet the expectations of the Accessible Information Standard	16					new	16	12	12	9	12	↑	8
	F	COO	COR099	Failure to reduce the number of delayed transfer of care may result in poor patient experience and may impact on patient safety, as patients will have to be managed in outlying / contingency areas	20					new	20	20	20	20	20	→	16
	C	CN	COR108	An inability to consistently maintain confidence in the quality of delivery of maternity care, resulting in negative reputation, loss of public and national confidence, reduction to bookings and financial loss	16						new	16	16	8	8	→	8
	F	DIT	COR111	Risk of cyber threat exploiting a vulnerability to threaten confidentiality, availabiliyt or integity of data services	16								new	16	16	→	4
	C	COO	COR115	Failure to provide safe storage of medical gas cylinder practice within the Trust	20								new	12	12	→	8
	C	COO	COR114	Failure to provide secure medicines related practice within the Trust	25								new	15	15	→	8
SO2	F	COO	COR032	The Trust is required to have an up to date plan to manage major incidents and business continuity.	15	15	15	15	15	10	10	10	10	10	10	→	10
	F	DF	COR104	Failure of the electricty supply to Hospital Site	20					esc	16	16	12	12	12	→	4
	C	CN	COR085	Failure to maintain the delivery of safer staffing levels in relation to ward nurse staffing	20	20	20	20	15	20	20	20	20	20	20	→	10
	C	CN	COR081	Nurse / Midwifery revalidation fails	12	new	16	8	4	4	8	8	4	Arc			4

Strategic Objective	Oversight Committee	Risk Lead	ID	Risk *Description*	Inherent risk score	Current Score										Trend	Target Risk Score
						17/03/15	05/06/15	26/08/15	21/12/15	02/03/16	04/05/16	30/06/16	30/09/16	03/01/17	14/03/17		
	C	CN	COR082a	Failure to achieve the target of no more than 29 C.Diff cases where a laspe in care is judged by the CCG to have occured	8	Clarified that risk relates to lapses in care			10	8	8	8	8	8	De -esc		8
	C	CN	COR086	Patients' nutritional needs are not fully met during their hospital stay	16	new	16	8	4	8	8	8	8	4	4	➔	4
	C	CN	COR087	An inability to reduce the incidence of hospital and community service acquired avoidable stage 3 and 4 pressure ulcers to an acceptable level resulting in suboptimal care for patients	12	esc	12	12	8	8	8	12	9	9	8	↓	4
	C	CN	COR093	Management of young people requiring care under the mental health act (tier 4 beds are not available)	20		new	12	8	12	16	16	12	12	12	➔	8
	F	CN	COR097	Fail to achieve the best practice target for falls in hospital	12					new	9	9	9	9	12	↑	6
	C	CN	COR096	Failure to prevent avoidable deterioration of patients leading to cardiac arrests	20			new	10	10	10	10	15	15	15	➔	8
	F	DF	COR100	Failure to comply with Fire Safety requirements	20					esc	15	15	12	12	12	➔	10
	C	CN	COR112	Poor compliance to recommended training as identified in the Autism Act 2012 - potentially affecting patient experience and care and safety	16								esc	16	16	➔	8
S03	C	COO	COR083	Failure to have a workforce / infrastructure that supports the delivery of 7 day working	20	new	20	20	16	16	16	16	16	16	16	➔	15
	F	DIT	COR089	EPR programme is delayed and fails to deliver expected benefits **	16	new	16	12	12	12	16	16	16	12	16	↑	12
SO4	W	COO	COR102	The implementation of the revised JD contract may result in reduced avaiavility of JD leading to gaps in rotas	16					new	16	16	16	12	16	↑	8
SO5	F	DIT	COR091	The IT DR arrangements are not effective	20	esc	20	15	15	15	10	10	12	12	12	➔	4
	F	DSP	COR080	Failure to deliver our 2016/17 CIP programme ***	20	20	12	9	4	4	20	20	20	20	5	↓	9
	C	CN	COR110	B6 Flexi ward is frequently opened to create. There is no establishment resource	15								new	15	8	↓	9
SO6	F	DF	COR061	Failure to maintian financial sustainability	20	20	16	16	12	12	16	16	16	16	16	➔	5

Strategic Objective	Oversight Committee	Risk Lead	ID	Risk *Description*	Inherent risk score	Current Score										Trend	Target Risk Score
						17/03/15	05/06/15	26/08/15	21/12/15	02/03/16	04/05/16	30/06/16	30/09/16	03/01/17	14/03/17		
	F	DSP	COR103	Potentail for MCP procurement exercise adversly impacts on Trust sustainability	12					new	12	20	20	16	16	➔	8
	F	DF	COR101	The risk to the delivery of the number of capital schemes the Board would like to commit to which require external financial support	20					new	20	20	20	16	12	↓	15
	F	DHR	COR105 ****	High dependency on agency staff, particularly in clinical areas, is contributing to high levels of expenditure on pay and also contributing to an inconsistent workforce delivering care to patients.	16						esc	16	16	20	20	➔	12
	F	DSP	COR107	The agreed outcome of the STP is not aligned with the current Trust Business Strategy.	16						new	16	16	16	9	↓	12
	W	DHR	COR109	Inability to recruit and retain staff in key posts could impact on service quality, patient and staff experience of the Trust coupled with a need to then fill via agency use putting further pressure on the Trust's budget and its ability to secure the Sustainability and Transformation Fund in quarters 2, 3 and 4	20						new	20	20	20	20	➔	12

* reworded risk but it remains similar to risk COR084 tracked last year
** reworded risk but very similar to risk COR089 tracked last year
*** reworded risk but it remains similar to risk COR080 tracked last year
**** reworded risk to reflect does relate to all staff groups

Key for Risk Lead		Key for Strategic Objectives		Key to Oversight Committee	Key for risk	
CE	Chief Executive	**SO1:**	Deliver a great patient experience	**A = Audit**	**New**	New risk identifed
MD	Medical Director	**SO2:**	Safe and Caring Services	**B = Board**	**Esc**	Risk esculated from lower division / directorate etc
CN	Chief Nurse	**SO3:**	Drive service improvements, innovation and transformation	**C = CQSPE**	**De-esc**	Risk de-esculated to the lower division / directorate to manage
DF	Director of Finance and Information	**SO4:**	Be the place people choose to work	**F = F&P**	**Arc**	Risk no longer valid
COO	Chief Operating officer	**SO5:**	Make the best use of what we have	**W = W&SE**		
DSP	Director of Strategy and Performance	**SO6:**	Deliver a viable future			
DG	Director of Governance					
DHR	Director of HR					
DIT	Director of IT					

The Dudley Group NHS Foundation Trust

CORPORATE RISK ASSURANCE SUMMARY – March 2017

Assurance Dashboard – rolling assurance trend

Strat Obj	Risk Lead	ID	Risk Description	Inherent risk score	Q1 Asssurance				Q2 Asssurance				Q3 Assurance				Q4 Assurance				Target Risk Score
					Risk June 16	Level 1	Level 2	Level 3	Risk Sept 16	Level 1	Level 2	Level 3	Risk Dec 16	Level 1	Level 2	Level 3	Risk Mar 16	Level 1	Level 2	Level 3	
SO1	COO	COR079	Failure to continue to deliver the key contracual / monitor deliery targets (18wks / ED / Cancer)	20	10	A	A		20		G		20		G		20		G		8
	COO	COR069	Diagnositc standard is at risk if the demand rises to a level above capacity	20	16	G	G		20		G		20		G		20		G		8
	DG	COR084	Failure to learn and be ready for our next CQC inspection*	16	12	A	A		12	G	R		16	R	R		16	R	R		6
	DG	COR098	Failure to comply with Accessible Information Standard	16	12	G			12	G			9	G					R		8
	COO	COR099	Failure to reduce the number of delayed transfer of care may result in poor patient experience and may impact on patient safety, as patients will have to be managed in outlying / contingency areas	20	20	R	R		20	R	R		20	R			20	R			16
	CN	COR108	An inability to consistently maintain confidence in the quality of delivery of maternity care,	16	16	New - no assurance logged			16	G	G	A	8	G		G	8		G		8
	DIT	COR111	Risk of cyber threat exploiting a vulnerability to threaten confidentiality, availabiliyt or integity of data services	16									16	New - no assurance logged			16	G			4
	COO	COR115	Failure to provide safe storage of medical gas cylinder practice within the Trust	20									12	New - no assurance logged			12	G			8
	COO	COR114	Failure to provide secure medicines related practice within the Trust	25									15	New - no assurance logged			15	G			8
SO2	COO	COR032	The Trust is required to have an up to date plan to manage major incidents and business continuity.	15	10	G	G		10	G	G	G	10	G	G	G	10			G	10
	DF	COR104	Failure of the electricty supply to Hospital Site	20	16	No assurance logged			12			G	12			G	12			G	4
	CN	COR085	Failure to maintain the delivery of safer staffing levels in relation to ward nurse staffing	20	20	G	G		20	A	G		20	A			20	A			10

Strat Obj	Risk Lead	ID	Risk Description	Inherent risk score	Q1 Asssurance				Q2 Asssurance				Q3 Assurance				Q4 Assurance				Target Risk Score
					Risk June 16	Level 1	Level 2	Level 3	Risk Sept 16	Level 1	Level 2	Level 3	Risk Dec 16	Level 1	Level 2	Level 3	Risk Mar 16	Level 1	Level 2	Level 3	
	CN	COR086	Patients' nutritional needs are not fully met during their hospital stay	16	8	A	A		8	A	G		4	G			4	A			4
	CN	COR087	An inability to reduce the incidence of hospital and community service acquired avoidable stage 3 and 4 pressure ulcers to an acceptable level resulting in suboptimal care for patients	12	12	A			9	A			9	N			8	A			4
	CN	COR093	Management of young people requiring care under the mental health act (tier 4 beds are not available)	20	16	R	R		12	R		G	12	A			12	A			8
	CN	COR097	Fail to achieve the best practice target for falls in hospital	12	9		G		9	G			9	G			12	A			6
	CN	COR096	Failure to prevent avoidable deterioration of patients leading to cardiac arrests	20	10		G		15		A		15	R	A		15	A	A		8
	DF	COR100	Failure to comply with Fire Safety requirements	20	15	No assurance logged			12	G		G	12	G		G	12	G		G	10
	CN	COR112	Poor compliance to recommended training as identified in the Autism Act 2012 - potentially affecting patient experience and care and safety	16									16	New – no assurance logged			16	A			8
S03	COO	COR083	Failure to have a workforce / infrastructure that supports the delivery of 7 day working	20	16		G		16	A			16		A		16		A		16
	DIT	COR089	EPR programme is delayed and fails to deliver expected benefits **	16	16	No assurance logged			16		G		12		G		16		A		12
SO4	COO	COR102	The implementation of the revised JD contract may result in reduced avaiavility of JD leading to gaps in rotas	16	16	G			16	A			12	A			16	A			8
SO5	DIT	COR091	The IT DR arrangements are not effective	20	10	No assurance logged			12		G		12		G		16		G		4
	DSP	COR080	Failure to deliver our CIP programme **	20	20	A	A		20		G		20		G		5		G		9
	CN	COR110	B6 Flexi ward is frequently opened to create. there is no establishment resource	15								New	15	G			8	A	G		9
SO6	DF	COR061	Failure to maintian financial sustainability	20	16	A	A		16	No assurance logged			16		G		16		G		5

Strat Obj	Risk Lead	ID	Risk Description	Inherent risk score	Q1 Asssurance				Q2 Asssurance				Q3 Assurance				Q4 Assurance				Target Risk Score
					Risk June 16	Level 1	Level 2	Level 3	Risk Sept 16	Level 1	Level 2	Level 3	Risk Dec 16	Level 1	Level 2	Level 3	Risk Mar 16	Level 1	Level 2	Level 3	
	DSP	COR103	Potentail for MCP procurement exercise adversly impacts on Trust sustainability	12	20	A	A		20		A		16		A		16		A		8
	DF	COR101	The risk to the delivery of the number of capital schemes the Board would like to commit to which require external financial support	20	20		R		20	No assurance logged			16	G		G	12	G		G	15
	DHR	COR105 ****	High dependency on agency staff, particularly in clinical areas, is contributing to high levls of expenditure on pay and also contributing to an inconsistent workforce delivering care to patients.	16	16	New - no assurance logged			16	A	R		20	G	A		20	A	R		12
	DSP	COR107	The agreed outcome of the STP is not aligned with the current Trust Business Strategy	16	16	New - no assurance logged			16	No assurance logged			16	No assurance logged			9		G		12
	CN	COR109	Inability to recruit and retain staff in key posts could impact on service quality, patient and staff experience. agency use putting further pressure on the Trust's budget and its ability to secure the Sustainability and Transformation Fund in quarters 2, 3 and 4	20	20	New - no assurance logged			20	A			20	A			20	A			12

* reworded risk but it remains similar to risk COR084 tracked last year
** reworded risk but very similar to risk COR089 tracked last year
*** reworded risk but it remains similar to risk COR080 tracked last year
**** reworded risk to reflect does relate to all staff groups

Key for Risk Lead		Key for Strategic Objectives		Key for source of assurance	Key for assurance grading
CE	Chief Executive	**SO1:**	Deliver a great patient experience	**Level 1 – assurance provided by Operational Management**	**G reen** **ALL** Positive assurance
MD	Medical Director	**SO2:**	Safe and Caring Services	**Level 2 – assurance provided by Executive Manangement / Board Committee**	**A mber** **A MIX** of positive and negative assurance
CN	Chief Nurse	**SO3:**	Drive service improvements, innovation and transformation	**Level 3 – assurance provided by an external source**	**R ed** **ALL** Negative assurance
DF	Director of Finance and Information	**SO4:**	Be the place people choose to work		**A blank indicates no asurance was noted for that quarter**
COO	Chief Operating officer	**SO5:**	Make the best use of what we have		
DSP	Director of Strategy and Performance	**SO6:**	Plan for a viable future		
DG	Director of Governance				
DHR	Director of HR				
DIT	Director of IT				

Analysis of Risk

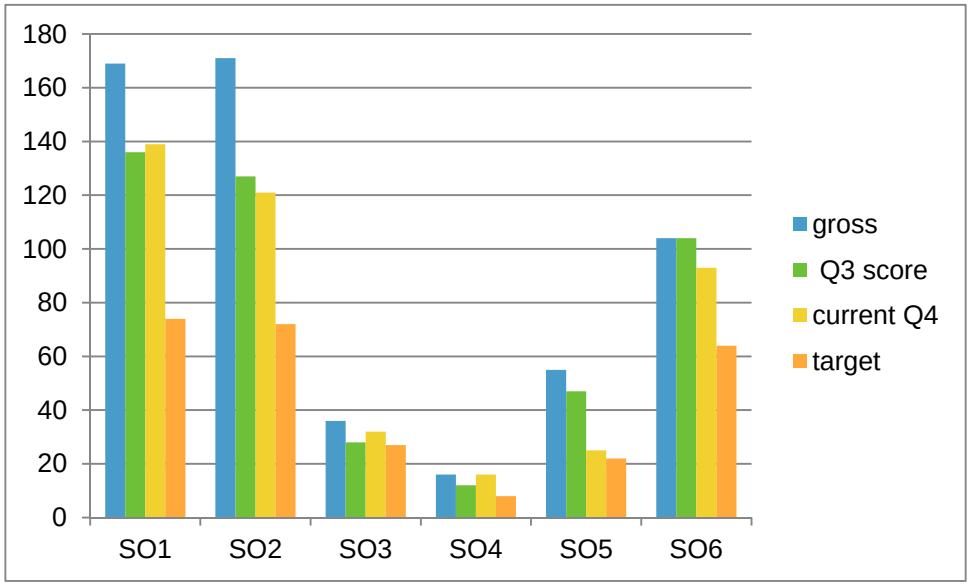
Overview of current positon

Number of risks at start of the year	Total number CURRENT risks	Prior Quarter total risk score	CURRENT total risk score	Target risk score
25	31`	402	423	279

Therer were no new risks or escalated risks added during quarter 4.

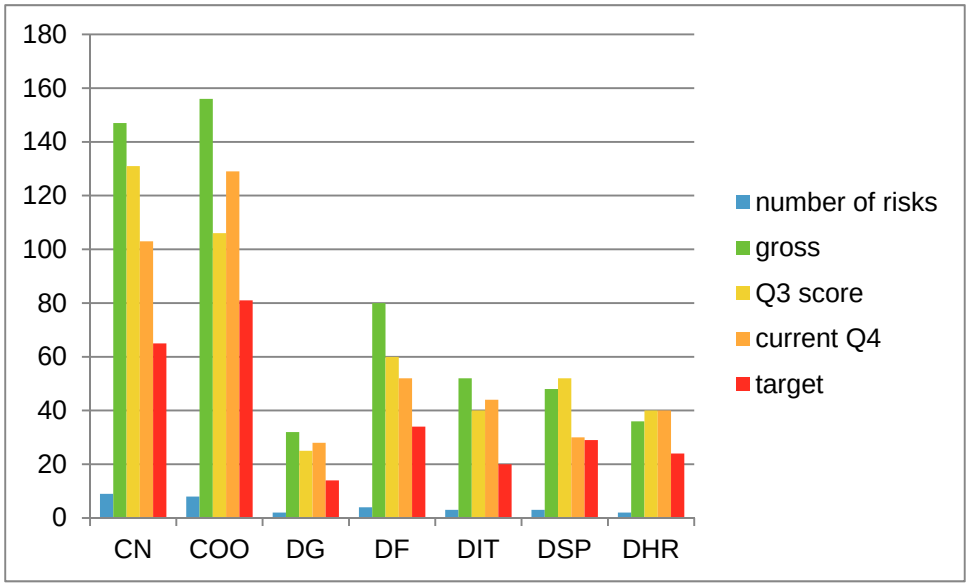
Risk Analysis by Trust Objective

	gross	Q3 score	current Q4	target
SO1	169	136	139	74
SO2	171	127	121	72
SO3	36	28	32	27
SO4	16	12	16	8
SO5	55	47	25	22
SO6	104	104	93	64
Totals	**551**	**454**	**426**	**267**



Risk Analysis by Director

	number of risks	gross	Q3 score	current Q4	target
CN	9	147	131	103	65
COO	8	156	106	129	81
DG	2	32	25	28	14
DF	4	80	60	52	34
DIT	3	52	40	44	20
DSP	3	48	52	30	29
DHR	2	36	40	40	24
Totals	**31**	**551**	**454**	**426**	**267**



Risk Assessment Matrix

Contingency Group
Where risk management will ensure that contingency plans are in place

Primary Group (issues for Board)
Where risk management should focus most of its time

Risks that fall in to the group highlighted as primary will require immediate attention. Both the status of the risk will require to be monitored with regard to effect on the organisations activities and the progress of action taken to ensure its effective completion.

Risks that fall in to the group highlighted as contingency may require immediate action but will require to be monitored for any changes in the risk or control environment which may result in the risk attracting a higher score. This will be a key area for assurance work to be undertaken in.

Impact					
5. Catastrophic	C5	C10	C15	P20	P25
4. Major	C4	C8	C12	P16	P20
3. Moderate	L3	L6	L9	HK12	HK15
2. Minor	L2	L4	L6	HK8	HK10
1. Slight	L1	L2	L4	HK4	HK5
	1. Rare	**2. Unlikely**	**3. Possible**	**4. Likely**	**5. Almost Certain**

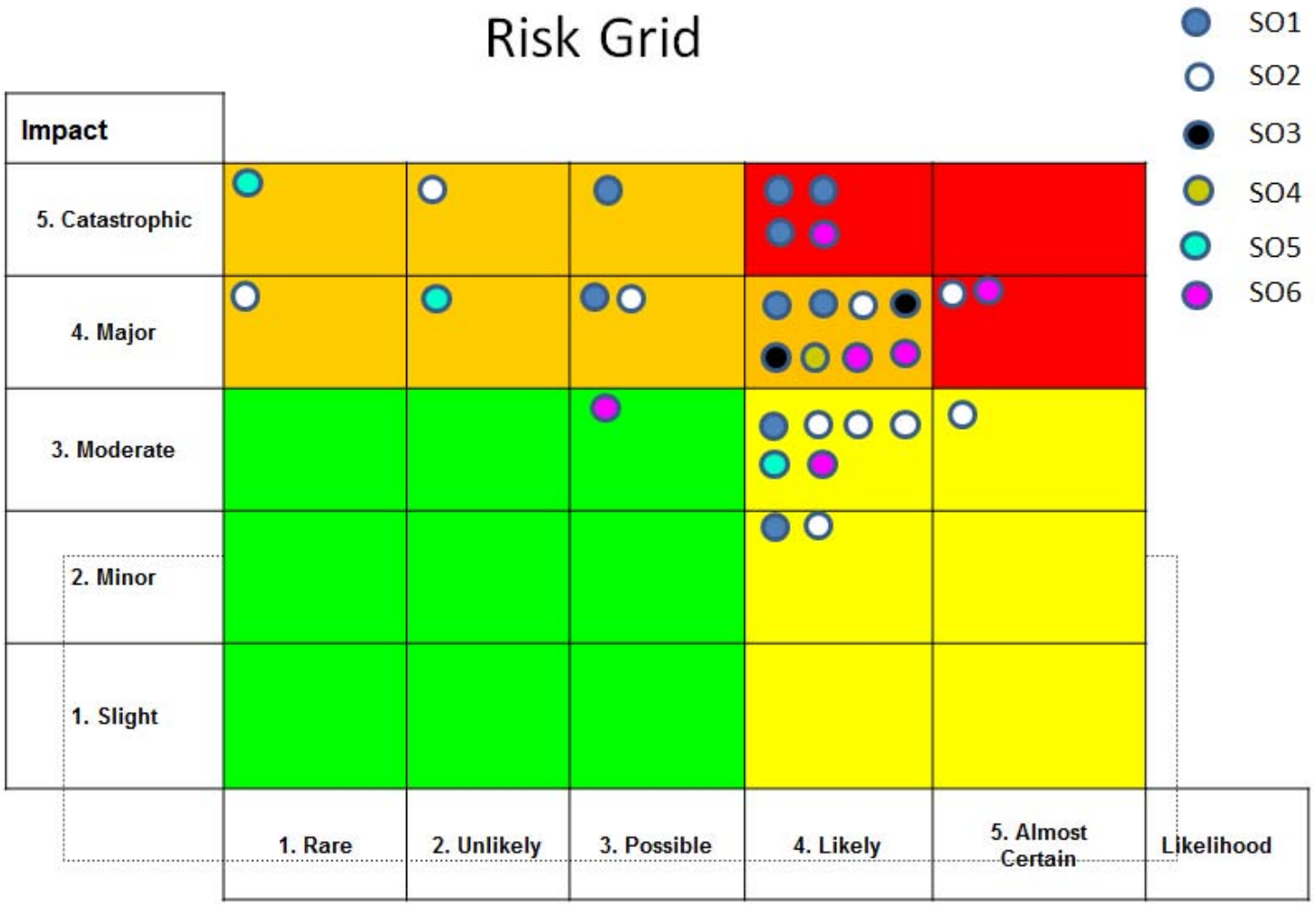
Likelihood

House Keeping Group
Basic mechanisms should be in place - Risk Management will confirm

Risks that fall in to the group highlighted as house keeping will require to be monitored by management and assurance provided.

Low Group
Where risk is so minimal it does not demand specific attention

Risks that fall in to the group highlighted as negligible will require review only, but no further action.


Risk Grid
SO1
SO2
SO3
SO4
SO5
SO6
Impact
5. Catastrophic
4. Major
3. Moderate
2. Minor
1. Slight
1. Rare
2. Unlikely
3. Possible
4. Likely
5. Almost Certain
Likelihood

Enclosure 11

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on Thursday, 6th March, 2017

TITLE:	**Black Country Pathology**		
AUTHOR:	**Terry Whalley / Mark Newbold**	**PRESENTER**	**Paul Bytheway**

CORPORATE OBJECTIVE: **S01/S02/S03/S05/S06**

SUMMARY OF KEY ISSUES:

Previous attempts to plan services across the Black Country experienced difficulties in finding solutions that overcame established local interests and accountabilities. It was therefore agreed that the first step in the current process would be the establishment of a single management team across the four Trusts, which would be required to act collectively, and ensure that all Trusts receive appropriate diagnostic support. At an early stage, this would ensure full commitment from all participating Trusts, and would place the management and future development of laboratory services in the hands of a properly appointed management team that was neutral in terms of hospital site, and which possessed the necessary expertise. It would also allow the future pathology service to be shaped and developed by existing pathology staff, working collaboratively. This paper sets out that proposal in more detail and asks the Board to endorse this and the specific proposals 1-5 contained within.

'Board level oversight group with delegated authority' – varies from Trust to Trust and means the level of delegated authority the CEO brings with him/her. Board members are not being asked to delegate further authority to members of the oversight group.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	Monitor	**N**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
	X	X	

RECOMMENDATIONS FOR THE BOARD

The Board is asked to discuss and approve the recommendations contained within the report

The Dudley Group NHS
NHS Foundation Trust

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**

Proposal for establishing a Black Country Pathology Service

Authors: Mark Newbold, Terry Whalley

Objective: To update Trust Boards on progress with the Black Country Pathology Service Steering Group and propose the formal establishment of a single transitional management team and board level oversight group as set out in this paper

Introduction:

The Black Country Pathology (BCP) Steering Group, comprising nominated stakeholders from all 4 Trusts has now met each month since October 2016. The initial remit was provided via the Black Country Alliance Programme Board and the Royal Wolverhampton NHS Trust Board.

Previous attempts to plan services across the Black Country experienced difficulties in finding solutions that overcame established local interests and accountabilities. It was therefore agreed that the first step in the current process would be the establishment of a single management team across the four Trusts, which would be required to act collectively, and ensure that all Trusts receive appropriate diagnostic support. At an early stage, this would ensure full commitment from all participating Trusts, and would place the management and future development of laboratory services in the hands of a properly appointed management team that was neutral in terms of hospital site, and which possessed the necessary expertise. It would also allow the future pathology service to be shaped and developed by existing pathology staff, working collaboratively.

NHS Improvement are conducting national benchmarking of pathology services in conjunction with LTS Consulting. Initial high level view of their data suggests that significant efficiencies can be achieved where groups of laboratories work together in a 'hub and spoke' arrangement. Initial information provided by LTS Consulting (see appendix 2) indicates that across the 4 Trusts there is a current spend of c£37.2m per annum, with an opportunity to reduce this by between £2m - £7m per annum based on a single hub. A 2 Hub model is less attractive financially but may have other benefits.

While we primarily seek to consider options for long term clinical and service sustainability reasons, making best use of our resources is a key question we would like to now define with more certainty. It is proposed to commission LTS Consulting to conduct a 4 week analysis using local data to inform a Strategic Outline Case. This will begin with developing and agreeing hypotheses, considering merits, and then modelling in more detail those that appear credible.

Finally, the Steering Group members have agreed on a number of actions that can be taken collaboratively, and immediately, that will deliver sustainability and efficiency benefits to all. These include:

1. Amalgamation of procurement functions and non-pay spend on consumables where possible in the short – medium term.
2. Agree cross cover, and create joint rotas, where there are skills or capacity gaps and where collaboration early makes mutual sense.
3. Consolidation of referred tests across the Black Country, including bringing back testing that each laboratory currently refers out of the area, where this will improve services levels or make better use of resources.
4. Consider creation of a single (perhaps virtual) Histopathology service in the first instance so we can establish equality of terms and conditions across the Black Country and avoid further unhelpful movements of colleagues between Black Country services.

Next steps:

The Steering Group has now reached a point whereby members will need to start committing significant time and resource to working up the proposals for change. In order to move forward, it is critical that Trust Boards commit to the process at this stage, so that an approach whereby the interests of the whole service are given primacy can be pursued.

Proposal:

Trust Boards are asked to ratify the following:

1. Boards to confirm to Steering Group stakeholders that they are committed to progressing with the formation of a single Black Country Pathology Service Management Team, accountable to a Board level oversight group with delegated authority, comprising of all four CEOs, Medical Directors, and a Non-Executive Director from Dudley who will Chair the Oversight Group.
2. The Steering Group will become the BCPS Transitional Management Team, and members will be required to act as unitary group considering the route to maximum public value (improved outcomes, improved experience of service and better use of resources). The Transitional Management Team, working to the oversight Board, will aim to establish the ongoing single management team by October 2017. They will start to progress the actions already identified as potential quick wins.
3. The Transitional Management Team, making use of the agreed open book policy, will develop a strategic outline case (SOC) and will commission LTS directly to further analyse the locally available options for service configuration. This (SOC) work will be completed by end of April 2017 and a paper based on this will go to the first meeting of the Board Oversight Group for consideration. Assuming a preferred option can be agreed at this stage, a comprehensive business case for the preferred option(s) will then be produced with the intent to reach a final decision point before the end of the summer.
4. Boards are asked to confirm their intent to establish a single Black Country Pathology management team in late 2017 on the assumption that long term clinical and financial sustainability is believed to better served through a Black Country Pathology Service in some shape or form. This is subject to further formal approval at that time and provided that the strategic outline case (expected April/May) and further detailed Business Case (expected August) provides sufficient evidence to proceed with confidence.
5. Pathology services remain with current Trusts with no immediate change to clinical, financial or workforce arrangements, pending the formal approval and establishment of a single Black Country Pathology management team in October 2017, and subject to formal approval by all Boards at that time.

Recommendations:

Trust Boards consider this paper and directs accordingly, with specific request to endorse the proposals 1 to 5 above.

Table 1: Steering Group (proposed transitional management team)

Name	Role	Trust
Helen Jones	Clinical Director	RWT
Graham Danks	Pathology Services Manager	RWT
Jonathan Berg	Pathology Director	SWBH
Jonathan Walters	Director of Operations for Pathology & Imaging	SWBH
Louise Holland	Divisional Director WCCSS	WHC
Ye lin Hock	Consultant Histopathologist	WHC
Sharon Dicken	Pathology Services Manager	WHC
Elizabeth Rees	Consultant Microbiologist and Clinical Service Lead for Pathology	DGFT
Alex Wolinski	Consultant Radiologist and Clinical Director for Diagnostics	DGFT
Johanne Newens	Director of Operations for Medicine and Integrated Care	DGFT

Table 2: Proposed Oversight Group

Name	Role	Trust
Toby Lewis	CEO	SWBH
Richard Kirby	CEO	WHC
Paul Harrison	CEO (Acting)	DGFT
David Loughton	CEO	RWT
Roger Stedman	Medical Director	SWBH
Matt Banks	Medical Director (Acting)	DGFT
Amir Khan	Medical Director	WHC
Jonathan Odum	Medical Director	RWT
Jonathan Fellows	Non Executive Director and Chair of Oversight Group	DGFT

Table 3: Proposed high level timetable

Date	Item	Who	Notes

Feb 24th	Draft BCPS Paper submitted for further CEO comment	MN	This BCPS Proposal document.
Feb 27th	LTS Engagement begins	MN	As agreed by 4 CEOs and described in appendix 1
Mar 10th	BCP Proposal agreed	CEOs	This BCPS Proposal document baselined
March	Options appraisal	Steering Group and LTS	Jonathan Walters, Graham Danks, Sharon Dicken & Sean Jones nominated by Steering Group
Mar 31st	LTS Engagement ends, draft SOC available	Steering Group and LTS	
Mar 30th	RWT Board consider BCPS Paper and are requested to endorse	RWT Board	This BCPS Proposal document
April 6th	SWBH, WHC, DGFT Boards consider BCPS Paper and are requested to endorse	SWBH, WHC, DGFT Boards	This BCPS Proposal document
April	Steering Group finalise SOC and present to Oversight Group	Steering Group	For endorsement and to confirm preferred option(s) for further full business case
May	Trust Boards receive Oversight Group's update & SOC for information and consideration	Oversight Group	
June-Aug	Full Business Case and detailed Governance arrangements prepared	Steering Group	
Aug	Present full business case to Oversight Group	Steering Group	
Sep	Present proposal to Trust Boards	Oversight Group	
October	Go / No Go for entry into formal transition delivery phase	Trust Boards	
Note, throughout this period, the Steering Group will progress 'quick wins' which are not dependent upon final go/no go decision, and will keep Oversight Group sighted to these.			

Enclosure 12

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 6th April 2017

TITLE:	**Transformation and Cost Improvement Programme (CIP) Summary Report**		
AUTHOR:	Amanda Gaston, Head of Service Improvement and Programme Management	**PRESENTER**	Amanda Gaston Head of Service Improvement and Programme Management (on behalf of 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:

The Trust has identified schemes totalling **£11,431k** against a Full Year (FY) target of **£11,908k**, leaving a shortfall against the target of **£476k**.

The Trust is forecasting to deliver £10,080k of the £11,431k it has identified to date.

This creates a shortfall of **£1,485k** against identified schemes. As a result, the Trust is forecasting an overall shortfall of **£1,828K** for 2016/17.

Transformation Executive Committee (TEC) met on 23rd March to discuss:

- Review overall CIP delivery status and progress for 2016/17.
- Review 2017/19 CIP planning progress

2017/18 CIP planning has identified schemes to deliver a full year effect of between £10m - £12m with a part year effect of these schemes £9m - £11m. This is against a CIP target of £12.5m – anticipated to result from budget setting and the Financial Annual Plan. A number of schemes will required further consideration and validation including the £2m Surgery Division figure, following a demand and capacity review.

The schemes included in the Baseline Budget 2017-18 are shown within the Financial Budget Package 2017-18. Whilst some of these schemes have agreed PIDs, a number still need to be reviewed by the Executive Lead.

Transformation Executive Committee will continue to oversee these schemes in 2017-18 and report back to Finance and Performance Committee and to Board

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 COR080 – Failure to deliver 2016/17 CIP
	Risk Register: **Y**		**Risk Score:** 4, 4, 16 (respectively)
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	Monitor	**Y**	**Details:** Non delivery of CIP
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y	Y	

RECOMMENDATIONS FOR THE BOARD

Note progress during September, 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**
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The Dudley Group NHS
NHS Foundation Trust

The Dudley Group NHS
NHS Foundation Trust

Trust Board of Directors

Service Improvement and PMO Update

6th April 2017

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 46 projects to deliver savings in 2016/17.

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

- Value for Money
- Delivering Efficiency & Productivity
- Lord Carter Efficiency & Productivity
- Workforce
- Outpatients
- Workforce Bank and Agency

A summary of CIP performance as at Month 11 is provided below (with supporting detail overleaf):

	Full Year (FY)			YTD Performance against identified Plans			Y/E Forecast of identified Plans	
CIP Project Plans	FY Target	FY Identified	Shortfall against FY Target	YTD Plan (from identified schemes)	YTD Actual	YTD Variance (against identified schemes)	Y/E FYE of identified schemes	Y/E FYE Variance of identified schemes
TOTAL	£11,908k	£11,431k	-£476k	£10,440K	£8,964k	-£1,485k	£10,080k	-£1,352k

Based on the Month 11 position, the Trust has identified schemes totalling **£11,431k** against a Full Year (FY) target of **£11,908k,** leaving a shortfall against the target of **£476k**. Further, the Trust is forecasting to deliver £10,080k of the £11,431k it has identified to date, creating a shortfall of **£1,485k** against identified schemes. As a result, the Trust is forecasting an overall shortfall of **£1,828k** for 2016/17.

Of the 46 projects due to deliver savings in 2016/17, 43 Project Initiation Documents (PIDs) have been approved by the Transformation Executive Committee (TEC).

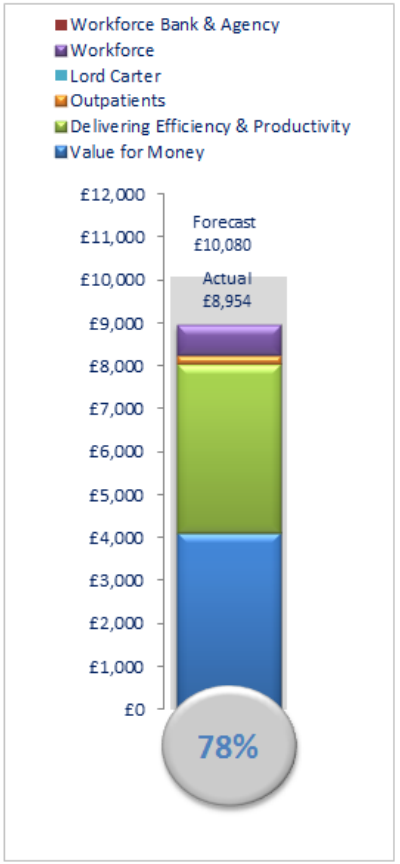
All Quality Impact Assessments (QIAs) have now been fully approved, with 38 QIA approved by the panel.

Executive Summary

	YTD	FYE
Planned	£10,440,015	£11,431,963
Actual	£8,954,213	£8,954,213
Forecast		£10,079,888
Variance	-£1,485,802	-£1,352,075

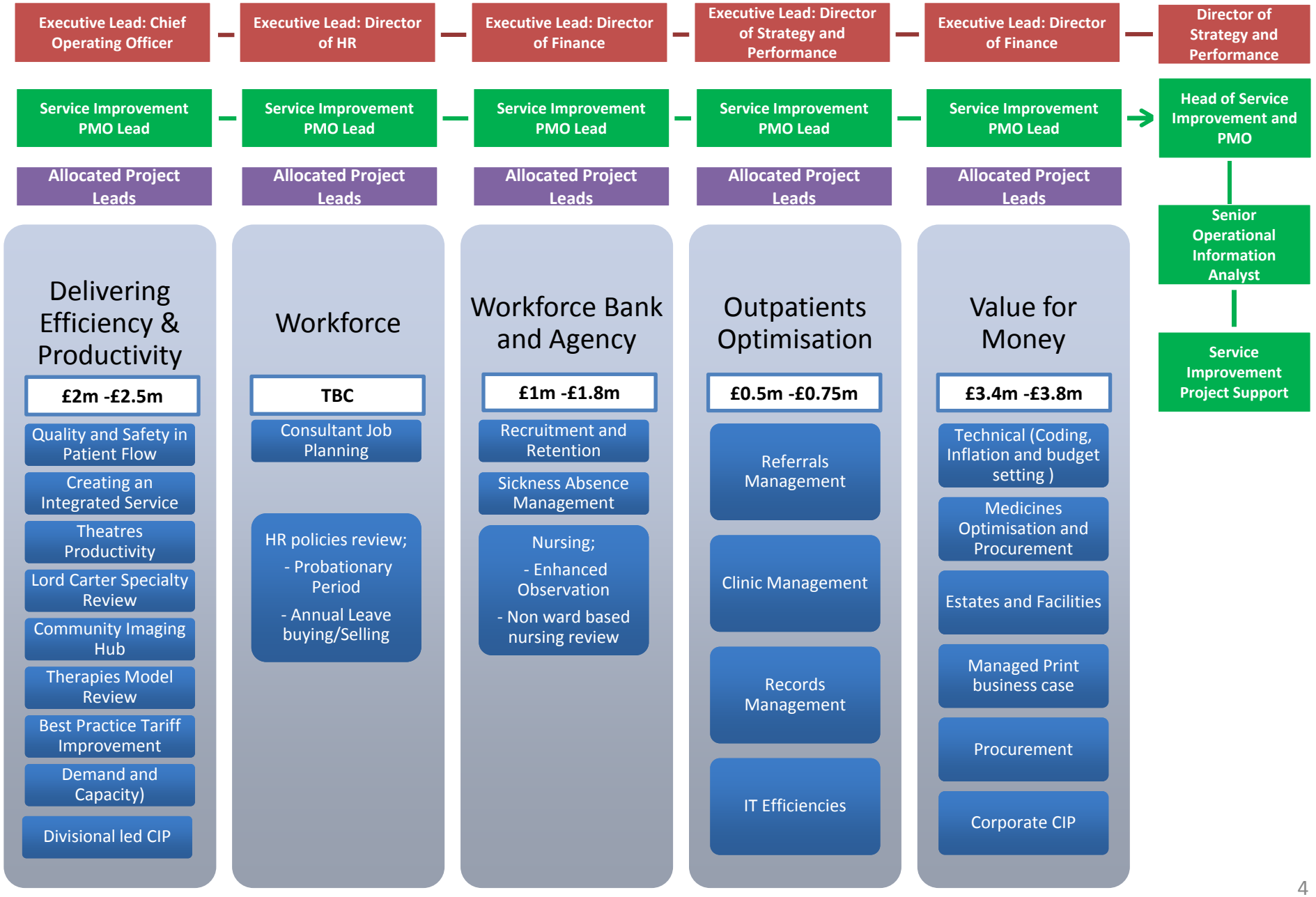
	Submitted Plan	Overall Shortfall
Identified	£11,431,963	
Target	£11,907,990	
Variance	-£476,027	-£1,828,102

Programme (Click for details)	Executive Lead	FYE Plan	FYE Forecast	YTD Plan	YTD Actual	Forecast Shortfall	Planned Lord Carter Contribution
Delivering Efficiency and Productivity	Paul Bytheway	£4,690,059	£4,282,262	£4,271,609	£3,930,300	-£407,797	£2,993,347
Value for Money Infrastructure	Paul Taylor	£4,895,783	£4,509,177	£4,482,376	£4,124,763	-£386,606	£1,343,000
Workforce	Andrew McMenemy	£950,321	£775,825	£871,128	£700,899	-£174,496	£300,004
Outpatients	Anne Baines	£303,800	£212,625	£278,484	£198,251	-£91,175	£303,800
Lord Carter	Anne Baines	£0	£0	£0	£0	£0	£0
Workforce Bank & Agency	Paul Taylor	£592,000	£300,000	£536,417	£0	-£292,000	£592,000
View all Projects	Total	£11,431,963	£10,079,888	£10,440,015	£8,954,213	-£1,352,075	£5,532,151



2016/17 Forecast Non Recurrent	£2,647k	% of Total CIP Forecast as Non Recurrent	26.27%

2017/18 Summary



Lessons Learnt from 2016/17 slippage against original CIP

A lessons learnt review has been undertaken on the Managed Service Contract Pathology Project, the project initially expected to deliver £300,000 and delivered £0 during the year. A summary of the review is;

- **Project Manager-** Appoint a project manager at the start of the project who operationally manages the contract and ensure that they have enough capacity to manage the project effectively throughout its life cycle.
- **Business Case** - Ensure the business case is robust and includes all elements of the project.
- **Robust Project Management –** use of appropriate project documentation and governance structure implemented. Ensuring that a project timeline encompasses all elements of the project and has clear milestones.
- **Communication** - across all relevant parts of the, including support and clinical Divisions. This includes engagement with Trust Stakeholders at the inception of and during the project and acknowledgment of interdependencies.
- **Contract Management** - Ensure the Trust manages the project/contract, not the supplier
- **Embed -** Ensure the project is embedded within the appropriate Trust Governance and strategy structure

Enclosure 13

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors
On 6 April 2017

TITLE	Finance and Performance Committee Exception Report		
AUTHOR	Paul Taylor Director of Finance and Information	**PRESENTER**	J 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 30 March 2017.			

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**	
	NHSI	**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.

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	30th March 2017	Jonathan Fellows	yes	no
			Yes	

Declarations of Interest Made

None

Assurances Received

- An implementation plan has been agreed in accordance with the original contract timetable with Allscripts to commence the mobilisation of the Digital Health Project, and recruitment to key Trust staff has been positive, following a difficult start
- Good progress in many performance areas had been achieved by the Surgical division despite pressure from excess activity in both medicine and surgery during the year. Particularly pleasing was the recent improvements in mandatory training and appraisals where the locally agreed 85% target by the end of the year appears to be achievable
- The current position regarding nurse staffing vacancies and the steps being taken to manage agency costs on both registered and unregistered nurses was noted
- The performance position on the diagnostic waits position (DM01) was discussed and the improved position for February 17 and March 17 was noted. It was anticipated that the standard would be met again in April 2017, but that it would only be sustainability maintained once the new community imaging hub is opened.
- The latest financial position for 2016-17 was discussed and the changes to income and expenditure anticipated by the end of the year. It was anticipated that the control total overspending (net of Sustainability and Transformation Funding STF) of £681,000 deficit would be achieved, and if it was improved upon then additional STF funding may be available
- The position with the rising amount of NHS debt was discussed and the reasons and risks
- The current performance position of the Trust and the impact on STF was noted

Decisions Made / Items Approved

- The Budget for 2017-18 and the Capital programme 2017-18 was discussed and the risks to the in-year financial position of additional income; significant reduction in agency costs; additional cost improvement schemes; and capacity reduction following the recent improvement in social care funding. The Budget and Capital Programme were approved by the Committee under delegated authority from the Board of Directors
- To approve Option 3a in the business case for the Urgent Care Centre
- 3 policies which had been recommended by the Policy Group were ratified

Actions to come back to Committee

- None

Performance Issues to be referred into Executive Performance Management Process

- None

Areas of Risk to be escalated onto the Corporate or Divisional Risk Register
• No new risks noted
Items referred to the Board for decision or action
• To note the approved budget and Capital Programme 2017-18 • To note that, subject to Board approval, the Digital Trust Programme Committee would report directly to Board from the next meeting rather than through Finance and Performance Committee

THE DUDLEY GROUP NHS FOUNDATION TRUST

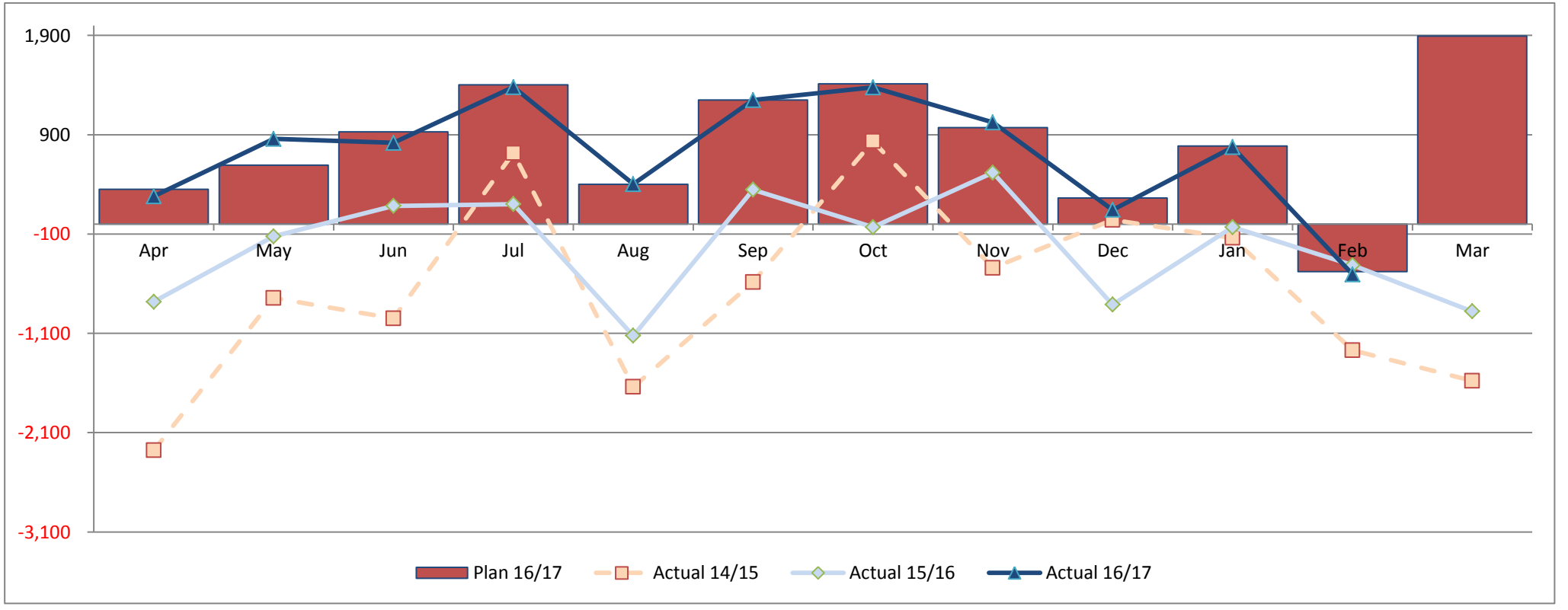
FINANCIAL SUMMARY **FEBRUARY 2017**

	CURRENT MONTH		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£27,616	£28,275	£660
PAY	-£16,653	-£17,427	-£774
NON PAY	-£9,470	-£9,518	-£47
EBITDA	**£1,492**	**£1,330**	**-£162**
OTHER	-£1,971	-£1,837	£134
NET	**-£479**	**-£507**	**-£28**

	CUMULATIVE TO DATE		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£315,992	£318,629	£2,637
PAY	-£182,582	-£186,114	-£3,532
NON PAY	-£103,849	-£104,140	-£291
EBITDA	**£29,561**	**£28,375**	**-£1,186**
OTHER	-£21,681	-£20,571	£1,110
NET	**£7,880**	**£7,804**	**-£76**

	YEAR END FORECAST		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£345,969	£349,247	£3,279
PAY	-£199,207	-£202,850	-£3,643
NON PAY	-£113,336	-£114,095	-£758
EBITDA	**£33,426**	**£32,303**	**-£1,123**
OTHER	-£23,652	-£22,478	£1,174
NET	**£9,774**	**£9,825**	**£51**

NET SURPLUS/(DEFICIT) 16/17 PLAN & ACTUAL **FEBRUARY 2017**



The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - February 2017

Quality & Risk			2016										2017			
Description		LYO	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	YEF
Friends & Family – Community – Footfall		1%	1.8%	1.4%	1.1%	1.5%	1.1%	1.3%	1.1%	0.6%	1.3%	1.3%	1.5%	1.2%	1.2%	
Friends & Family – Community – Recommended %		96.4%	95.4%	96.8%	94.7%	94.4%	97.3%	96.1%	96.1%	95.1%	95.5%	94%	94.4%	97.8%	95.7%	
Friends & Family – ED – Footfall		7.5%	6.1%	5%	3.8%	1.6%	8.4%	10.7%	5%	5%	3.7%	4.3%	13.1%	15.4%	6.9%	
Friends & Family – ED – Recommended %		92.3%	97.9%	91.4%	91.3%	88.2%	91.7%	91.8%	91.9%	93.8%	93.1%	90.1%	75.3%	76%	86.1%	
Friends & Family – Inpatients – Footfall		25.7%	18.4%	17.7%	15.8%	13.9%	17.9%	18.6%	20.5%	19.2%	19.2%	17%	17.9%	18.1%	17.7%	
Friends & Family – Inpatients – Recommended %		97%	94.1%	96.8%	96.7%	97%	94.6%	96.6%	96.6%	97.9%	95%	97.9%	95.8%	97.3%	96.5%	
Friends & Family – Maternity – Footfall		21.6%	15.9%	17.6%	33.2%	16.6%	33.8%	32.7%	32.3%	27.6%	36.5%	33.9%	34.5%	29.5%	29.8%	
Friends & Family – Maternity – Recommended %		98.2%	98.4%	97.5%	97.3%	98.9%	96%	98.6%	98.8%	98.8%	99.5%	99.4%	97.6%	98.2%	98.2%	
Friends & Family – Outpatients – Footfall		-	-	1.2%	1.1%	1%	1.7%	1.5%	1.4%	1.5%	2.5%	1.5%	2.4%	1.9%	1.6%	
Friends & Family – Outpatients – Recommended %		87.6%	88.9%	85%	82.2%	93.1%	91.7%	92.4%	92.4%	93.2%	94.9%	93.1%	95%	94.1%	92.2%	
HCAI – Post 48 hour MRSA		2	0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI CDIFF - Total Number of Cases		-	0	2	3	2	2	-	-	-	-	-	-	-	-	
Incidents - Pressure Ulcer		2,047	246	253	240	194	193	196	188	192	202	212	233	216	2,319	
Mixed Sex Sleeping Accommodation Breaches		4	0	0	0	0	0	0	0	4	4	7	26	14	55	
Never Events		1	0	0	0	0	0	1	0	0	0	0	0	0	1	
Serious Incidents – Not Pressure Ulcer		104	7	7	6	4	12	11	6	7	9	8	12	8	90	
Serious Incidents - Pressure Ulcer		228	19	13	9	8	10	17	16	14	8	9	19	10	133	
Stroke Admissions : Swallowing Screen		80.58%	86.67%	89.36%	88.37%	85.11%	78.72%	73.91%	62.5%	75.68%	73.33%	77.55%	66.67%	70.21%	76.84%	
Stroke Admissions to Thrombolysis Time		56.31%	50%	60%	50%	83.33%	36.36%	54.55%	50%	66.67%	37.5%	30%	83.33%	33.33%	51.32%	

The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - February 2017

Quality & Risk			2016										2017			
Description		LYO	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	YEF
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)		89.16%	70.83%	82.76%	91.11%	91.53%	90.2%	88.64%	89.36%	97.5%	86.54%	89.8%	79.03%	90.2%	88.35%	
Suspected High-risk TIA Assessed and Treated < 24hrs from presentation		85.35%	94.12%	84.62%	78.57%	36.36%	63.64%	66.67%	83.33%	93.33%	80%	100%	66.67%	93.33%	78.03%	
VTE Assessment Indicator (CQN01)		95.96%	94.46%	94.65%	95.5%	95.09%	93.91%	94.5%	93.91%	95.65%	95.64%	94.64%	93.92%	92.46%	94.55%	

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

The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - February 2017

Finance			2016												
Description		LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	YEF
Budgetary Performance		£773k	(£71)k	£266k	(£110)k	(£23)k	£3k	(£1)k	(£35)k	£52k	(£118)k	(£11)k	(£28)k	(£76)k	
Capital v Forecast		69.5%	61.8%	66.5%	76.2%	76.4%	73.9%	72.1%	69.6%	57.4%	88.4%	75.5%	64.1%	64.1%	
Cash v Forecast		122.3%	94.8%	93.2%	96.2%	74.9%	89%	93.7%	80.4%	93%	92.7%	68.4%	84.2%	84.2%	
Debt Service Cover		1.18	1.4	1.58	1.63	1.74	1.69	1.72	1.77	1.77	1.71	1.71	1.63	1.63	
EBITDA		£20,460k	£2,228k	£2,820k	£2,755k	£3,321k	£2,358k	£2,550k	£3,221k	£2,835k	£2,299k	£2,657k	£1,330k	£28,375k	
I&E (After Financing)		(£2,945)k	£280k	£859k	£818k	£1,380k	£403k	£1,249k	£1,378k	£1,023k	£144k	£775k	(£507)k	£7,804k	
Liquidity		7.07	7.1	8	8.84	10.39	10.93	11.94	13.23	14.14	12.51	13.38	12.57	12.57	
SLA Performance		£1,031k	(£122)k	£316k	£138k	£0k	£221k	(£220)k	(£28)k	£290k	£62k	£248k	£332k	£1,236k	
SLR Performance		(£2,945)k	£281k	£859k	£819k	£1,381k	£403k	£1,249k	£1,378k	£1,024k	£144k	£775k	(£507)k	£7,806k	

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

The Dudley Group NHS
NHS Foundation Trust

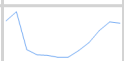
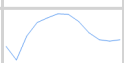
Finance & Performance Report - February 2017

Performance			2016										2017			
Description		LYO	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	YEF
A&E - 4 Hour A&E Dept Only % (Type 1)		96.79%	91.53%	93.24%	92.88%	94.48%	93.34%	92.97%	92.14%	92.3%	86.08%	82.86%	77.85%	86.3%	89.51%	
A&E - 4 Hour UCC Dept Only % (Type 3)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
A&E - 4 Hour UCC/A&E Combined % (Type 1+3)		98.18%	95.62%	96.3%	96.06%	96.76%	96.21%	95.81%	95.29%	95.51%	91.97%	90.78%	87.7%	92.31%	94.03%	
Activity - A&E Attendances		96,141	8,626	7,807	8,801	8,433	8,973	8,579	8,594	8,929	8,479	8,725	8,607	7,758	93,685	
Activity - Community Attendances		407,248	30,817	32,681	32,631	32,846	31,673	33,863	33,078	32,365	34,044	33,676	33,404	29,911	360,172	
Activity - Elective Day Case Spells		45,020	3,820	3,801	3,720	3,998	3,798	3,895	3,911	3,721	3,890	3,428	3,785	3,757	41,704	
Activity - Elective Inpatients Spells		6,394	534	514	523	549	561	482	506	540	518	454	417	447	5,511	
Activity - Emergency Inpatient Spells		52,037	4,714	4,824	5,246	5,077	5,054	5,002	4,933	5,038	5,121	5,171	5,109	4,794	55,369	
Activity - Outpatient First Attendances		130,956	12,255	10,245	10,527	10,560	9,890	10,006	10,799	10,445	11,256	9,317	11,548	10,835	115,428	
Activity - Outpatient Follow Up Attendances		313,888	26,435	26,366	26,733	26,893	25,084	25,384	26,492	25,427	27,882	23,758	26,747	25,827	286,593	
Activity - Outpatient Procedure Attendances		52,451	3,324	4,976	4,951	5,210	5,090	4,898	4,992	4,845	5,203	4,247	4,667	3,838	52,917	
RTT - Admitted Pathways within 18 weeks %		94.2%	91.5%	92.5%	93.5%	94.2%	94.2%	95%	93.2%	93.9%	92.6%	92.9%	91.4%	88%	92.8%	
RTT - Incomplete Waits within 18 weeks %		95.1%	95.4%	97.1%	96.8%	97.1%	97.1%	96.6%	96.1%	95.6%	95%	94.5%	94.2%	93.3%	95.7%	
RTT - Non-Admitted Pathways within 18 weeks %		97.7%	96.7%	96.7%	97.7%	98.1%	98%	98.4%	97.1%	95.9%	96.3%	96.3%	94.2%	94.3%	96.7%	
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)		98.97%	99.03%	98.04%	99.39%	99.16%	98.96%	97.69%	98.12%	98.59%	97.38%	93.5%	92.25%	97.09%	97.22%	

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

The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - February 2017

Staff/HR			2016										2017			
Description		LYO	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	YEF
Appraisals		77.5%	77.5%	80.9%	80.5%	81%	78.1%	78.3%	77.4%	77%	77.1%	73.9%	71.7%	75.9%	75.9%	
Mandatory Training (Professional Requirements)		-	-	-	71.3%	72.8%	72.5%	72.4%	70.1%	69.7%	70.7%	69.9%	68.8%	69.9%	69.9%	
Mandatory Training (Substantive)		83.3%	83.3%	83.8%	75.4%	76.3%	77.4%	78.6%	77%	78.5%	79.6%	79.4%	78.6%	80.2%	80.2%	
Sickness Rate (Performance Dashboard)		3.80%	4.01%	3.86%	4.17%	4.03%	4.05%	3.72%	4.02%	4.34%	4.24%	4.28%	4.54%	4.34%	4.15%	
Staff In Post (Contracted WTE)		4,116.31	4,116.31	4,093.54	4,091.47	4,083.01	4,083.49	4,112.05	4,146.74	4,199.22	4,236.4	4,230.95	4,240.77	4,280.54	4,280.54	
Vacancy Rate		9.41%	9.41%	10.24%	10.53%	10.78%	10.75%	10.31%	9.61%	9.18%	9.09%	9.18%	8.77%	7.93%	7.93%	

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