The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 4th December, 2014 at 9.30am
Clinical Education Centre

Meeting in Public Session
All matters are for discussion/decision except where noted

	Item	Enc. No.	By	Action	Time
1.	**Chairmans Welcome and Note of Apologies**		J Edwards	To Note	9.30
2.	**Declarations of Interest**		J Edwards	To Note	9.30
3.	**Announcements**		J Edwards	To Note	9.30
4.	**Minutes of the previous meeting**				
	4.1 Thursday 6th November 2014	Enclosure 1	J Edwards	To Approve	9.30
	4.2 Action Sheet 6th November 2014	Enclosure 2	J Edwards	To Action	9.30
5.	**Patient Story**		L Abbiss	To Note & Discuss	9.40
6.	**Chief Executive's Overview Report**	Enclosure 3	P Clark	To Discuss	9.50
7.	**Patient Safety and Quality**				
	7.1 Infection Prevention and Control Exception Report	Enclosure 4	D Mcmahon	To Note & Discuss	10.00
	7.2 Nurse Staffing Report	Enclosure 5	D Mcmahon	To Note & Discuss	10.10
	7.3 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 6	D Bland	To Note	10.20
	7.4 Workforce Committee Exception Report	Enclosure 7	A Becke	To Note	10.30
	7.5 Draft DYcd`Y`D`Ub	Enclosure 8	R Wilson	To Note & Discuss	10.40
	7.6 Charitable Fund Report	Enclosure 9	R Miner	To Note	10.50
	7.7 Quality Accounts	Enclosure 10	D Mcmahon	To Note	11.00
8.	**Finance**				
	8.1 Finance and Performance Report	Enclosure 11	D Badger	To Note & Discuss	11.10
9.	**Date of Next Board of Directors Meeting** 9.30am 8th January, 2015, Clinical Education Centre		J Edwards		11.20

| 10. | **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 Edwards | | 11.20 |

The Dudley Group NHS
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 6th November, 2014 at 9:30am in the Clinical Education Centre.

Present:

John Edwards, Chairman
Ann Becke, Non Executive Director
David Badger, Non Executive Director
David Bland, Non Executive Director
Jonathan Fellows, Non Executive Director
Paul Harrison, Medical Director
Jon Scott, Interim Director of Operations
Denise McMahon, Nursing Director
Paul Taylor, Interim Director of Finance
Paula Clark, Chief Executive

In Attendance:

Helen Forrester, PA
Liz Abbiss, Head of Communications and Patient Experience
Julie Cotterill, Associate Director of Governance/Board Secretary
Anne Baines, Director of Strategy and Performance
Robert Graves, Deputy Director – Estates and Facilities (Item 7.9)
Rebecca Timmins, Organ Donation Nurse Specialist (Item 7.8)

14/088 Note of Apologies and Welcome

Apologies were received from Richard Miner.

14/089 Declarations of Interest

There were no declarations of interest.

14/090 Announcements

There were no announcements made.

14/091 Minutes of the previous Board meeting held on 2nd October, 2014 (Enclosure 1)

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

14/092 Action Sheet, 2ⁿᵈ October 2014 (Enclosure 2)

14/092.1 Infection Prevention and Control Exception Report

This item will be taken under the Infection Control Report on the Public agenda.

14/093 Patient Story

The Nursing Director presented the patient story. The PALS team had received a letter from a patient who was also a member of staff. The concerns in the letter directly related to how we communicate with patients within the Day Case service.

The Board noted that the organisation had taken her concerns very seriously and acted quickly to provide a better service for our Day Case patients. An information leaflet is now sent out with the patient letter which explains in detail what experience to expect and how to prepare for it. The Nursing Director confirmed that this is a very good example of "you said, we did".

Mr Bland, Non Executive Director, asked if we are still bring all patients in very early in a morning. The Nursing Director confirmed that patients still need to arrive at that time as there is important clinical activity that is not always obvious being undertaken at that time. Mr Bland confirmed that it important to make this point in the information leaflet.

The Nursing Director confirmed that pop-up banners will also be displayed in the Day Case area to explain the patient process.

The Operations Director stated that this process should also be facilitated in other clinical areas.

Mr Badger, Non Executive Director, confirmed that he has previously shared a similar experience at the Trust and it does not help to see staff arrive after patients have been sitting and waiting for some time. Patients need to understand that they are not waiting there unnecessarily.

The Chairman thanked the Nursing Director for presenting a very helpful patient story. He stated that many of the complaints we receive relate to communication and it is important to address these issues.

Mrs Becke, Non Executive Director, confirmed that she had recently tested the service and received an excellent experience.

14/094 Chief Executive's Overview Report (Enclosure 3)

The Chief Executive presented her Overview Report, including the following highlights:

Friends and Family:

The Trust has a constant battle to maintain response rates. There is a mixed picture in Maternity for October with good performance from all areas except the post natal ward and community areas and this has contributed to the combined rate dipping. Mrs Becke asked if we are still using volunteers. Liz Abbiss confirmed that we are.

NHSE Five Year Forward View:

The NHS England briefing was attached to the Chief Executive's Report to note for information.

The Chief Executive attended a tripartite meeting for the region the previous week and fed back on this.

Mr Badger, Non Executive Director, stated that the big issue is how the Health Economy will respond. There needs to be a relationship in the Health Economy that allows us to work together. The Chief Executive confirmed that there will be opportunities to build relationships.

Mr Fellows, Non Executive Director, confirmed that he agreed with joined up working but it was naive to say that if organisations deliver all targets this will result in politicians supporting the NHS. It was more likely that they would not realise the seriousness of the situation.

The Chairman stated that there are no clear solutions and there are a number of possible scenarios that could occur.

The Operations Director confirmed that a report has been published by the Academy of Royal Colleges and we need to note this.

14/095 Patient Safety and Quality

14/095.1 Infection Prevention and Control Exception Report (Enclosure 4)

The Nursing Director presented the exception report given as Enclosure 4, including the following points to note:

MRSA: No cases to report.

C.Diff: Very good position against target and the Trust is well below trajectory. In relation to the process for accessing lapses in care, the Trust is now nearly up to date with all cases.

Norovirus: There were no cases to report.

Ebola: The Trust is on plan with the National guidance and is also undertaking Ebola walkrounds as part of the operational plan.

The Chairman noted the good performance.

14/095.2 Nurse Staffing Report (Enclosure 5)

The Nursing Director presented the Nurse Staffing report given as Enclosure 5.

A representative from the National Team is meeting with the Nursing Director on Friday to discuss our process.

Red flag issues and mitigations are now detailed on one page. The Board noted that there are a range of mitigations.

The Trust is working hard on recruitment. There are currently 40 registered nurse vacancies.

The final intake of overseas nurses are now on the wards. The Trust will be going back to Ireland, Spain and Portugal in the near future. Retention of overseas nurses has been very good. The Board noted that the graduate nurses also commenced in September.

The Chief Executive stated that there is a real issue now around the availability of registered nurses and the Trust is struggling to fill agency shifts.

The Medical Director confirmed that the same problem has been experienced with the medics for some time.

The Chairman stated that it will be useful to receive a report with the overall establishment picture. The Nursing Director confirmed that this report will be presented to the December Board.

Mr Badger, Non Executive Director, raised the performance of ward C1. The Nursing Director confirmed that both wards C1 and C7 have been challenged with staffing issues. The international students have been placed on ward C1 so the position will hopefully improve. The Trust is considering whether C1 requires a second lead nurse post but this will require a business case.

The Chairman noted the report and the mitigations.

14/095.3 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 6)

Mr Bland, Non Executive Director and Committee Chair, presented the Clinical Quality, Safety and Patient Experience Committee Exception report given as Enclosure 6. The key item to note was:

- Mortality Report: Several specialities were red but this was a paperwork issue and the Committee took assurance around this. A follow up paper has been presented to the Committee.

The Chairman noted the exception report.

14/095.4 Moving Patients Out of Hours (Enclosure 7)

The Director of Operations presented the Moving Patients Out of Hours Report, given as Enclosure 7.

The paper was presented to the Board for noting.

The Director of Operations confirmed that a number of changes have been made to reduce the number of patients being moved out of hours and this includes reducing the number of medical outliers and increasing the use of the discharge lounge.

Audits will be undertaken and the Director of Operations will monitor the position on a weekly basis and then bring an update report back to Board.

The Medical Director stated that the discrepancy in numbers in the paper may relate to the recording of information being done on Oasis when the ward is quieter and not in real time.

The Chairman confirmed that it was good to see the continuing improvement. A report will be brought back to the January 2015 Board with an update.

Update report on moving patients out of hours to be brought back to the January 2015 Board.

14/095.5 Safeguarding Quarterly Report (Enclosure 8)

The Director of Nursing presented the Safeguarding Quarterly Report, given as Enclosure 8.

Key issues for the Board's attention included:

- Allegation of Unlawful Restraint: The Nursing Director confirmed that it was pleasing to see the positive outcome of the allegation of unlawful restraint. The Board noted that the investigation was now closed.

  The Chief Executive confirmed that the "whistleblower" had made other allegations about patients awaiting transfer and also around children with mental health problems being here inappropriately. These two areas have not been investigated to the Chief Executive's satisfaction and she is following this up with the Chair of the Safeguarding Board.

- Learning Disability Strategy: Pleasing to report that all actions are on track.

The Nursing Director drew the Board's attention to the agreement that patient stories would be shared with the Safeguarding Board. Two quarters of information was provided in the report for information.

The Board noted the Trust's Annual Safeguarding Report.

The Chair noted the report and stated that it would be helpful to see the learning from patient stories.

Future Safeguarding Reports to include learning from patient stories.

14/095.6 Keogh Report (Enclosure 9)

The Associate Director of Governance/Board Secretary presented the Keogh Report, given as Enclosure 9.

This was the last report to Board from the initial 39 Keogh recommendations.

Independent assurance had been received from Internal Audit and the plan had been signed off by Monitor. Mr Fellows confirmed that the auditors had reviewed all 39 recommendations.

The Board confirmed that it was content to formally close the Keogh Action Plan and remaining actions to be monitored through the Clinical Quality, Safety and Patient Experience Committee.

14/095.7 Francis Report (Enclosure 10)

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

The Trust has progressed the local actions and has received independent assurance from the auditors to close down the action plan.

Mr Fellows confirmed that the auditors were content for the Trust to close down the plan.

The Board agreed to formally close the plan.

14/095.8 Organ Donation Annual Report (Enclosure 11)

Mr Badger, Non Executive Director, presented the Organ Donation Annual Report, given as Enclosure 11.

The five year plan for Organ Donation was agreed in 2008 by the National Task Force. Dudley's response to the plan had been significant. The Organ Donation Committee was established and continues to work well.

Awareness raising has been done undertaken through Governors and various initiatives and the unveiling of the sculpture was a significant close to the first five year's work.

The Board has played a major part in its support of Organ Donation at the Trust.

Mr Badger wanted to pass on his thanks to all involved in Organ Donation but most particularly to Raj Paw, Julian Sonksen and Rebecca Timmins. A further report will be presented to Board in six month's time.

Mr Bland, Non Executive Director, confirmed that after all the excellent work undertaken it was disappointing to see that the consent rate remains low.

Mr Fellows, Non Executive Director, asked if Mr Badger was comfortable that the focus will continue during Rebecca Timmins' maternity leave. Mr Badger confirmed that plans were in place to ensure consistent cover during Rebecca's maternity leave.

The Board supported and advocated the Specialist Nurse for Organ Donation to be involved in all approaches to the family for organ donation where this is possible, in line with best practice and national guidance.

14/095.9 Food and Nutrition Report (Enclosure 12)

The Deputy Director of Operations (Estates and Facilities) presented the Food and Nutrition Report, given as Enclosure 12.

There has been a lot of work undertaken around the supply chain for food. Several adjustments have been made to menus and these continue to be trialled on wards with improving results. Lunches and dinners have been audited and breakfasts are still to be audited.

The Trust was now scoring a consistent 5.9. This is a result of the small incremental changes and not yet as a result of menu changes. Where the new menus are in place a score of 7.4 had been achieved.

A patients' panel, including Governors, was being arranged to feedback on changes to food provision.

Interserve are looking at the use of electronic tablets on wards to order meal choices. This should help ensure that patients get their first choice meal option and will also reduce wastage.

The Board noted that there are currently some minor deficiencies but the Trust is not currently applying NCIs.

Mrs Becke, Non Executive Director, confirmed that she was surprised to see that wards are provided with enough goods to make patients seven hot drinks a day. The Nursing Director confirmed that patients receive between 6 and 8 hot drinks each day.

Mrs Becke asked how the Trust will monitor how Interserve will reduce food waste. The Deputy Director of Operations confirmed that food waste is at the PFI partners risk.

Mr Fellows, Non Executive Director, stated that the improved scores were very encouraging but he was disappointed to see that the new food trolleys were still not in place. The Deputy Director of Operations confirmed that it is expected that the trolleys will be in place by January.

The Chief Executive stated that there were not enough mugs available on wards. The Deputy Director of Operations confirmed that Interserve have agreed to replace these.

The Chief Executive asked why the availability of chips had been reduced from 7 to 5 days. The Deputy Director of Operations stated that research had shown that providing chips 7 days a week was too often. Other potato options were available.

The Chief Executive raised the PLACE assessment and the provision of two hot meals per day as our patients tell us that they do not want two hot meals. The Chairman stated that the Trust should contact the PLACE assessors and lobby the preference of our patients.

Mr Badger, Non Executive Director, asked if the Trust can withdraw from the PLACE scoring system. Liz Abbiss confirmed that participation was mandatory.

Mr Fellows raised the availability of chips and the length of stay of patients. The Deputy Director of Operations confirmed that there is strong analytical data to support the change.

The Director of Operations asked about the October food score. Liz Abbiss confirmed that the results were not yet available. The Director of Operations stated that if October performance is down again the Trust is starting to see a trend in the wrong direction.

The Chairman noted the report and noted that the Deputy Director of Operations will make representation to the PLACE assessors around patients hot meal preference. The Deputy Director of Operations to investigate the October food scores and downward trend.

The Deputy Director of Operations to notify the PFI partners that the Board wishes to see the new menus and trolleys in place by no later than the end of January 2015.

Deputy Director of Operations to make representation to the PLACE assessors regarding patients preference for hot meals, investigate October scores and confirm if there is a downward trend and also notify the PFI partners that the Board wishes to see the new menus and trolleys in place by no later than the end of January 2015.

14/095.10 Audit Committee Exception Report (Enclosure 13)

Mr Fellows, Chair of the Audit Committee, presented the Audit Committee Exception Report, given as Enclosure 13.

The key points for the Board to note included:

- Green rated report for Deprivation of Liberty.

- The Board noted with concern the red rated report for Emergency Planning.

- Monitor requires the Board to review its effectiveness and governance on a regular basis. The Board needs to consider when it is appropriate to undertake its next review.

The Chairman asked about the emergency planning audit report and how we hold our PFI providers to account. He asked for a report to the Board from the Estates Team specifically around how this issue will be addressed. Mrs Becke, Non Executive Director, asked that this report includes IT Business Continuity.

Mr Fellows confirmed that Internal Audit will do a follow up review of emergency planning in the New Year.

The Board noted the report and the issue around emergency planning and business continuity.

The Board to consider when to next review its effectiveness and governance.

Report back to Board from the Estates Team on emergency planning, IT business continuity and how we hold our PFI partners to account.

14/096 Finance

14/096.1 Finance and Performance Report (Enclosure 14)

Mr Badger, Non Executive Director and Committee Chair presented the Finance and Performance Committee report, given as Enclosure 14. Key issues noted at the last Committee meeting included:

Performance continues to be strong. ED performance for quarter two is 96.1% with some strong weekly performance but also some volatility.

The Board noted that the ED year to date position is 94.1%. Quarter three started with the similar volatile position although the Trust's performance stands up well compared to others.

For RTT we continue to grow in confidence. Jennie Muraszewski had attended the Committee who had noted that the position had improved again in the previous month.

The Committee continues to monitor Diagnostic waits.

The Chairman noted the positive position around performance.

Finance continues to be a major cause for concern. There are signs that the situation is improving but this is much too slowly to enable recovery of the plan.

The projection for the end of December is heavily reliant on CIP schemes. The Committee will continue to monitor the situation.

Paragraph six at end of the report details the need to make a significant change to out approach to making savings. The Trust needs more radical workforce re-profiling to bring pay costs to a more affordable level.

The Director of Finance re-emphasised that performance is good although the ED position was volatile.

For financial performance the Trust needs to make a quantifiable change to ensure cost reduction.

The Director of Operations asked the Board to note a 13% increase in ambulance conveyances in September which equates to an extra 11 ambulances per day. The Trust had received over 100 ambulances per day on occasion.

The Director of Operations had responded to the Local Authority regarding fining for delays. The Trust was experiencing 91% higher delayed discharges than this time last year.

Mr Fellows, Non Executive Director, stated that in the past the Trust had used Bushey Fields Hopsital for step down and asked if there are any similar options that could be investigated. The Chief Executive confirmed that the Trust was in discussions with Sandwell about using Rowley Regis Hospital.

The Board noted the positive clinical performance, noted the challenges facing the ED and noted the issues with delayed transfers of care.

The Chairman confirmed that the Trust can no longer be reliant on income generation, and it must get costs under control.

There is a meeting the following Tuesday, chaired by Monitor with the CCG and LAT to look at the health economy position.

14/097 Any Other Business

Rebecca Timmins joined the meeting. The Chairman stressed the importance of the specialist nurse being involved when talking to families around organ donation and how that will be managed during Rebecca's maternity leave.

The Board noted that during Rebecca's leave the on-call specialist nurses will attend to speak to families.

The Director of Operations suggested that the Trust could do something more meaningful to encourage people to join the organ donation register.

Mr Badger, Non Executive Director, thanked Rebecca for all her assistance. Rebecca thanked the Board on behalf of all the donor families.

The Board wished Rebecca well for her maternity leave.

The Medical Director raised the DNAR issue detailed on the action sheet. The Board noted that this had now moved forward and a new policy ratified between the Trust, CCG and Mary Stevens Hospice. The item can now be removed from action sheet.

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

14/098 Date of Next Meeting

The next Board meeting will be held on Thursday, 4th December, 2014, at 9.30am in the Clinical Education Centre.

Signed …………………………………………………………………………………

Date ………………………………………………………………………..............

The Dudley Group **NHS**

NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors Public Session
Held on 6th November 2014

Item No	Subject	Action	Responsible	Due Date	Comments
14/095.4	Moving Patients Out of Hours	Update report on moving patients out of hours to be brought back to the January 2015 Board.	JS	8/1/15	
14/073.4	Complaints Report	Director of Governance to ensure that personal liability and clinical negligence claims reported year by year is included in the next complaints report.	JC	4/12/14	To January Board
14/084.6	Corporate Risk Register	Executive Team to consider risks around changes at Board level, Turnround Plan and ownership and IT implementation and bring back the updated Board Assurance Framework to the December Board meeting.	JC	4/12/14	To January Board
14/095.9	Food and Nutrition Report	Deputy Director of Operations to make representation to the PLACE assessors regarding patients preference for hot meals, investigate October scores and confirm if there is a downward trend and also notify the PFI partners that the Board wishes to see the new menus and trolleys in place by no later than the end of January 2015.	RG	31/1/15	
14/095.10	Audit Committee Exception Report	The Board to consider when to next review its effectiveness and governance.	JC	5/2/15	
		Report back to Board from the Estates Team on emergency planning, IT business continuity and how we hold our PFI partners to account.	RG	5/2/15	
14/095.5	Safeguarding Quarterly Report	Future Safeguarding Reports to include learning from patient stories.	DM	5/3/15	

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors held in Public – 4th December 2014

TITLE:	Chief Executive's Report		
AUTHOR:	**Paula Clark**	**PRESENTER**	**Paula Clark**

CORPORATE OBJECTIVE:
SG1, SG2, SG3 SG4, SG5

SUMMARY OF KEY ISSUES:
- Friends and Family Test Performance
- CQC Update
- ED Performance
- Nursing Professional Referrals
- Acute Trust Complaints Report

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
		x	

RECOMMENDATIONS FOR THE BOARD OF DIRECTORS:

To note contents of the paper and discuss issues of importance to the Board

Chief Executive Update – 4th December 2014

Friends and Family Test Performance

FFT rollout to Community, Day Case and Outpatient areas

We successfully implemented FFT in community, Outpatients and Day case areas during October as early implementers for this. During October we received 107 responses and score of 94.39%. The new FFT scores are now a percentage which counts likely in the positive section. Only two people were unlikely or extremely unlikely to recommend and these were to do with the waiting time from appointment time. The January Board report will contain the tables once we have more validated data and the work on the reporting system is complete.

FFT Inpatient and A&E provisional November 2014 results 01.11.14 – 16.11.14

It exciting to see November is getting off to a good start with a steady increase in response rates and inpatients achieving a week over 40% which is the CQUIN target for March. We are seeing more wards exceeding the response target of 40% and they are being rewarded with a 'gold star' displayed on their huddle board. We are monitoring the situation on a week by week basis with regular contact with all ward areas to reinforce the message to keep up the 'good work'.

	Apr-14	May-14	Jun-14	Q1	Jul-14	Aug-14	Sep-14	Q2	Oct-14	Latest FFT using (validated results) Nov WK 1	Latest FFT using (validated results) Nov WK 2
	01.04.14	01.05.14	01.06.14	01.04.14	01.07.14	01.08.14	01.09.14	01.07.14	01.10.14	01.11.14	10.11.14
Date range	30.04.14	31.05.14	30.06.14	30.06.14	31.07.14	31.08.14	30.9.14	30.09.14	31.10.14	09.11.14	16.11.14
Number of eligible inpatients	1886	2023	1951	5860	2073	2004	1912	5987	2049	538	448
Number of respondents	644	519	483	1646	577	548	447	1577	509	194	185
Ward FFT score	82	86	85	84	81	82	79	80.8	80	83.9	92.3
Ward footfall	34%	26%	25%	28%	28%	27%	23%	26%	25%	36%	41% ★
Number of eligible A&E patients	4258	4605	4679	13542	4843	4551	4552	13970	4255	1306	995
Number of respondents	686	614	1159	2459	1712	847	581	3141	1188	212	245
A&E FFT Score	64	53	57	57	70	71	56	67.7	61	65.3	57
A&E footfall	16%	13%	25%	18%	35%	19%	13%	22%	28%	16%	25%
TRUST FFT Score (A&E/Inpatient)	73	68	66	68	73	75	69.9	72	67	74	72
TRUST footfall	22%	17%	25%	21%	33%	21%	15%	24%	27%	22%	30%

Inpatient FFT Score	82+	A&E FFT Score	68+		FFT Scores key	Top 20% of Trusts (based on March 14 score	
	79-81		65-67			Top 30% of Trusts (based on March 14 score	
	<79		<65			Below top 30% of Trusts (based on March 14	
Response rate:							
Response rate A&E	<15%	15-20%	20%+				
Response rate Inpatients	<25%	25-30%	30-40% +	40%+ ★			

FFT results Maternity provisional November 2014 results 01.11.14 – 25.11.14

There has been a modest improvement in the picture across the maternity areas with response rates improving from 13% at the end of October to 29% at the mid month point. Whilst the postnatal community has greatly improved their score from 70 to 94.7 and the response rate up from 13% to 29% at the mid month point, we are continuing to work with the team involved to maintain an improving picture.

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Q2	Oct-14	Provisional (1st to 25th Nov) Nov-14
Maternity - Antenatal	Score	64	80	78	79	66	71	72	71	76.2
	Response rate	14%	18%	13%	21%	19%	26%	22%	16%	17%
Maternity - Birth	Score	62	85	83	90	94	98	93	87	90.4
	Response rate	44%	33%	34%	30%	23%	24%	25%	14%	39%
Maternity - Postnatal ward	Score	57	85	79	87	94	96	92	83	87.7
	Response rate	43%	31%	32%	29%	23%	24%	25%	14%	39%
Maternity - Postnatal community	Score	86	90	85	85	85	76	82	70	94.7
	Response rate	16%	9%	15%	13%	12%	11%	11%	8%	14%
Combined	Score	63	85	81	86	88	88	87	80	88.2
	Response rate	32%	24%	25%	24%	20%	21%	21%	13%	29%

% of footfall (response rate)	<15%	15%+	

Antenatal	80+	76-79	<76	
Birth	89+	86-88	<86	
Postnatal ward	81+	75-81	<75	
Postnatal community	90+	84-89	<84	

FFT Scores key	Top 20% of Trusts (based on March 14 scores)
	Top 30% of Trusts (based on March 14 scores)
	Below top 30% of Trusts (based on March 14 sc...

CQC Update

The Trust is awaiting the final report. A conference call with Mike Richards is scheduled for Thursday, 27th November, 2014. A verbal update on the outcome of the call will be provided to the Public Board at its meeting on 4th December, 2014.

ED Performance

Capacity pressures remain high with the Trust achieving 93.37% against the ED target of 95% in October. The Trust continues to see a sharp rise in ambulances attendances and the percentage of admissions have been higher than last year's average in each of the last three months. A reconfiguration of wards is underway to assist with patient flow at the front door.

Nursing Professional Referrals

There are two cases that have been concluded and closed since the last report top Board. There are currently fifteen active cases – eleven cases referred to the NMC (five nurses, two community nurses, one agency nurse and three midwives) and four cases were referred to the HCPC (one physiotherapist, one radiographer, one ODP and one social worker). There are five confirmed cases to answer with ten cases still being investigated.

Acute Trust Complaints Report

The Parliamentary and Health Service Ombudsman has published a report of complaints compliance statistics for Acute Trusts in England. The results for Dudley Group compare favourably to other Acute Trust's nationally. A table of results is attached as an Appendix to this report.

Summary data tables: Acute trusts

Figure: 1. Summary complaints data by acute trust 2013-14

Trusts	Complaints made to trust	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Enquiries to us per 100 complaints to trust	Investigations by us per 100 written complaints to trust	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
Aintree University Hospital NHS Foundation Trust	307	67	10	1	21.8	3.3	4.21	6.29	159052
Airedale NHS Foundation Trust	73	11	3	0	15.1	4.1	1.18	3.22	93244
Alder Hey Children's NHS Foundation Trust	166	21	2	0	12.7	1.2	2.78	2.64	75629
Ashford and St Peter's Hospitals NHS Foundation Trust	548	37	5	1	6.8	0.9	2.03	2.74	182615
Barking, Havering and Redbridge University Hospitals NHS Trust	771	119	25	7	15.4	3.2	4.62	9.70	257688
Barnet and Chase Farm Hospitals NHS Trust	336	85	12	7	25.3	3.6	4.10	5.79	207171
Barnsley Hospital NHS Foundation Trust	279	19	3	2	6.8	1.1	1.66	2.62	114526
Barts Health NHS Trust	2451	289	43	12	11.8	1.8	4.99	7.42	579271
Basildon and Thurrock University Hospitals NHS Foundation Trust	833	65	11	1	7.8	1.3	3.96	6.70	164110
Bedford Hospital NHS Trust	285	40	9	4	14.0	3.2	4.00	9.01	99926
Birmingham Children's Hospital NHS Foundation Trust	110	20	2	2	18.2	1.8	2.64	2.64	75868
Birmingham Women's NHS Foundation Trust	146	23	2	0	15.8	1.4	4.21	3.66	54596
Blackpool Teaching Hospitals NHS Foundation Trust	434	56	19	7	12.9	4	2.68	9.10	208704
Bolton NHS Foundation Trust	564	31	3	0	5.5	0.5	1.90	1.84	163447
Bradford Teaching Hospitals NHS Foundation Trust	553	41	8	5	7.4	1.4	2.02	3.95	202663
Brighton and Sussex University Hospitals NHS Trust	1126	81	20	3	7.2	1.8	3.64	9.00	222276
Buckinghamshire Healthcare NHS Trust	613	52	9	4	8.5	1.5	2.61	4.51	199365
Burton Hospitals NHS Foundation Trust	475	25	9	3	5.3	1.9	1.88	6.79	132645
Calderdale and Huddersfield NHS Foundation Trust	564	63	7	2	11.2	1.2	2.86	3.17	220513
Cambridge University Hospitals NHS Foundation Trust	465	68	19	2	14.6	4.1	2.65	7.40	256771
Central Manchester University Hospitals NHS Foundation Trust	1192	120	17	2	10.1	1.4	3.13	4.44	382999
Chelsea and Westminster Hospital NHS Foundation Trust	356	40	9	2	11.2	2.5	2.99	6.72	133910

Trusts	Complaints made to trust	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Enquiries to us per 100 complaints to trust	Investigations by us per 100 written complaints to trust	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
Chesterfield Royal Hospital NHS Foundation Trust	805	32	9	2	4.0	1.1	2.27	6.40	140706
City Hospitals Sunderland NHS Foundation Trust	721	50	10	0	6.9	1.4	2.02	4.04	247820
Colchester Hospital University NHS Foundation Trust	1257	66	18	5	5.3	1.4	3.65	9.96	180813
Countess Of Chester Hospital NHS Foundation Trust	228	18	4	0	7.9	1.8	1.20	2.66	150251
County Durham and Darlington NHS Foundation Trust	547	80	19	6	14.6	3.5	2.88	6.85	277469
Croydon Health Services NHS Trust	705	62	5	2	8.8	0.7	4.62	3.73	134184
Dartford and Gravesham NHS Trust	451	21	3	4	4.7	0.7	1.69	2.41	124276
Derby Hospitals NHS Foundation Trust	681	48	10	2	7.0	1.5	1.94	4.03	247954
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	417	31	5	5	7.4	1.2	1.24	2.01	249360
Dorset County Hospital NHS Foundation Trust	428	21	3	0	4.9	0.7	2.43	3.48	86283
Ealing Hospital NHS Trust	223	21	1	2	9.4	0.4	2.49	1.19	84381
East and North Hertfordshire NHS Trust	868	84	18	8	9.7	2.1	4.63	9.91	181593
East Cheshire NHS Trust	184	31	6	3	16.8	3.3	3.75	7.25	82719
East Kent Hospitals University NHS Foundation Trust	895	102	25	6	11.4	2.8	2.69	6.60	378869
East Lancashire Hospitals NHS Trust	700	81	15	3	11.6	2.1	3.30	6.12	245185
East Sussex Healthcare NHS Trust	521	57	17	2	10.9	3.3	2.96	8.83	192541
Epsom and St Helier University Hospitals NHS Trust	480	34	5	4	7.1	1.0	1.86	2.73	182972
Frimley Park Hospital NHS Foundation Trust	382	33	3	1	8.6	0.8	1.97	1.80	167104
Gateshead Health NHS Foundation Trust	234	13	5	3	5.6	2.1	1.28	4.91	101908
George Eliot Hospital NHS Trust	326	28	7	2	8.6	2.1	3.42	8.56	81778
Gloucestershire Hospitals NHS Foundation Trust	836	84	24	5	10.0	2.9	3.01	8.60	279163
Great Ormond Street Hospital For Children NHS Foundation Trust	123	23	6	2	18.7	5	3.30	8.61	69688
Great Western Hospitals NHS Foundation Trust	360	50	13	4	13.9	3.6	3.06	7.97	163211
Guy's and St Thomas' NHS Foundation Trust	926	93	17	4	10.0	1.8	2.74	5.01	339436
Hampshire Hospitals NHS Foundation Trust	606	45	8	1	7.4	1.3	2.15	3.82	209676
Harrogate and District NHS Foundation Trust	215	36	8	2	16.7	3.7	3.67	8.15	98122
Heart of England NHS Foundation Trust	958	113	15	4	11.8	1.6	2.79	3.71	404697
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	548	73	17	2	13.3	3.1	5.10	11.87	143223
Hinchingbrooke Health Care NHS Trust	242	17	4	0	7.0	1.7	2.33	5.48	72957
Homerton University Hospital NHS Foundation Trust	271	49	8	0	18.1	3.0	4.99	8.15	98131
Hull and East Yorkshire Hospitals NHS Trust	789	51	7	2	6.5	0.9	1.72	2.36	297217
Imperial College Healthcare NHS Trust	884	106	16	2	12.0	1.8	2.79	4.20	380584

Trusts	Complaints made to trust	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Enquiries to us per 100 complaints to trust	Investigations by us per 100 written complaints to trust	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
Ipswich Hospital NHS Trust	709	34	9	1	4.8	1.3	1.76	4.67	192788
Isle of Wight NHS Trust	194	44	12	3	22.7	6	7.39	20.17	59507
James Paget University Hospitals NHS Foundation Trust	266	30	9	2	11.3	3.4	2.42	7.27	123824
Kettering General Hospital NHS Foundation Trust	369	45	10	6	12.2	2.7	3.54	7.86	127236
King's College Hospital NHS Foundation Trust	980	178	24	5	18.2	2.4	4.80	6.47	370820
Kingston Hospital NHS Foundation Trust	401	30	4	0	7.5	1.0	2.29	3.05	131117
Lancashire Teaching Hospitals NHS Foundation Trust	582	90	25	6	15.5	4	3.58	9.94	251590
Leeds Teaching Hospitals NHS Trust	1066	118	15	3	11.1	1.4	3.10	3.94	380315
Lewisham and Greenwich NHS Trust	807	63	11	5	7.8	1.4	3.71	6.48	169821
Liverpool Heart and Chest Hospital NHS Foundation Trust	59	11	4	0	18.6	7	4.75	17.29	23141
Liverpool Women's NHS Foundation Trust	213	11	1	0	5.2	0.5	2.22	2.02	49463
Luton and Dunstable University Hospital NHS Foundation Trust	624	54	7	3	8.7	1.1	2.77	3.60	194649
Maidstone and Tunbridge Wells NHS Trust	574	47	16	9	8.2	2.8	2.05	7.00	228726
Medway NHS Foundation Trust	628	87	13	0	13.9	2.1	5.18	7.75	167850
Mid Cheshire Hospitals NHS Foundation Trust	228	27	3	2	11.8	1.3	1.87	2.08	144206
Mid Essex Hospital Services NHS Trust	839	82	12	4	9.8	1.4	4.72	6.91	173684
Mid Staffordshire NHS Foundation Trust	268	25	7	3	9.3	2.6	2.31	6.47	108207
Mid Yorkshire Hospitals NHS Trust	1405	67	15	1	4.8	1.1	2.33	5.22	287267
Milton Keynes Hospital NHS Foundation Trust	395	38	6	2	9.6	1.5	3.05	4.82	124482
Moorfields Eye Hospital NHS Foundation Trust	249	26	4	1	10.4	1.6	2.22	3.42	117044
Norfolk and Norwich University Hospitals NHS Foundation Trust	986	55	13	4	5.6	1.3	1.70	4.02	323685
North Bristol NHS Trust	755	92	15	2	12.2	2.0	4.49	7.32	205052
North Cumbria University Hospitals NHS Trust	365	43	9	2	11.8	2.5	2.81	5.89	152919
North Middlesex University Hospital NHS Trust	497	56	9	3	11.3	1.8	4.73	7.59	118518
North Tees and Hartlepool NHS Foundation Trust	319	34	15	2	10.7	5	2.65	11.68	128479
North West London Hospitals NHS Trust	784	95	10	3	12.1	1.3	4.97	5.23	191159
Northampton General Hospital NHS Trust	526	53	20	4	10.1	3.8	3.52	13.30	150413
Northern Devon Healthcare NHS Trust	324	19	7	1	5.9	2.2	2.10	7.75	90347
Northern Lincolnshire and Goole NHS Foundation Trust	537	62	4	2	11.5	0.7	2.97	1.91	209025
Northumbria Healthcare NHS Foundation Trust	510	57	14	5	11.2	2.7	2.81	6.90	202965
Nottingham University Hospitals NHS Trust	693	73	17	1	10.5	2.5	2.48	5.77	294493
Oxford University Hospitals NHS Trust	890	67	13	2	7.5	1.5	1.76	3.41	381294

Trusts	Complaints made to trust	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Enquiries to us per 100 complaints to trust	Investigations by us per 100 written complaints to trust	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
Papworth Hospital NHS Foundation Trust	48	9	2	0	18.8	4.2	2.09	4.63	43165
Pennine Acute Hospitals NHS Trust	813	112	31	11	13.8	3.8	2.96	8.20	378255
Peterborough and Stamford Hospitals NHS Foundation Trust	502	39	6	2	7.8	1.2	2.16	3.33	180165
Plymouth Hospitals NHS Trust	860	64	20	2	7.4	2.3	2.84	8.86	225693
Poole Hospital NHS Foundation Trust	467	15	1	0	3.2	0.2	1.15	0.77	130412
Portsmouth Hospitals NHS Trust	692	47	13	0	6.8	1.9	1.74	4.82	269930
Queen Victoria Hospital NHS Foundation Trust	80	3	0	0	3.8	0.0	0.49	0.00	61269
Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust	87	3	1	1	3.4	1.1	0.71	2.38	42081
Royal Berkshire NHS Foundation Trust	411	31	7	0	7.5	1.7	1.33	3.01	232909
Royal Brompton and Harefield NHS Foundation Trust	65	14	4	2	21.5	6	2.66	7.59	52686
Royal Cornwall Hospitals NHS Trust	491	47	14	3	9.6	2.9	2.07	6.17	226901
Royal Devon and Exeter NHS Foundation Trust	497	69	18	3	13.9	3.6	3.10	8.10	222263
Royal Free London NHS Foundation Trust	652	78	23	4	12.0	3.5	3.76	11.09	207363
Royal Liverpool and Broadgreen University Hospitals NHS Trust	277	72	16	6	26.0	6	3.24	7.19	222506
Royal National Hospital For Rheumatic Diseases NHS Foundation Trust	12	2	0	0	16.7	0.0	2.32	0	8607
Royal National Orthopaedic Hospital NHS Trust	91	11	2	1	12.1	2.2	3.17	5.76	34711
Royal Surrey County NHS Foundation Trust	430	27	3	0	6.3	0.7	1.59	1.77	169588
Royal United Hospital Bath NHS Trust	365	51	6	3	14.0	1.6	2.56	3.01	199381
Salford Royal NHS Foundation Trust	383	26	4	0	6.8	1.0	1.32	2.03	197375
Salisbury NHS Foundation Trust	330	29	8	1	8.8	2.4	2.59	7.14	112060
Sandwell and West Birmingham Hospitals NHS Trust	663	90	12	2	13.6	1.8	3.36	4.48	267644
Sheffield Children's NHS Foundation Trust	116	8	3	1	6.9	2.6	1.28	4.79	62613
Sheffield Teaching Hospitals NHS Foundation Trust	949	101	19	1	10.6	2.0	2.20	4.13	459675
Sherwood Forest Hospitals NHS Foundation Trust	699	75	16	5	10.7	2.3	4.43	9.44	169432
Shrewsbury and Telford Hospital NHS Trust	444	47	17	2	10.6	3.8	2.08	7.51	226374
South Devon Healthcare NHS Foundation Trust	241	32	9	1	13.3	3.7	2.13	5.99	150220
South Tees Hospitals NHS Foundation Trust	391	47	10	1	12.0	2.6	1.62	3.45	289644
South Tyneside NHS Foundation Trust	221	21	6	0	9.5	2.7	3.17	9.07	66162
South Warwickshire NHS Foundation Trust	190	15	7	0	7.9	3.7	1.39	6.49	107903
Southend University Hospital NHS Foundation Trust	883	43	17	5	4.9	1.9	2.32	9.16	185520
Southport and Ormskirk Hospital NHS Trust	330	48	4	3	14.5	1.2	3.97	3.31	120779

Complaints about acute trusts 2013-14 and Q1, Q2 2014-15   Complaints about acute trusts 2013-14 and Q1, Q2 2014-15

Trusts	Complaints made to trust	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Enquiries to us per 100 complaints to trust	Investigations by us per 100 written complaints to trust	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
St George's Healthcare NHS Trust	1083	62	6	1	5.7	0.6	2.41	2.33	257237
St Helens and Knowsley Hospitals NHS Trust	325	25	6	2	7.7	1.8	1.38	3.31	181283
Stockport NHS Foundation Trust	708	44	6	1	6.2	0.8	2.61	3.56	168714
Surrey and Sussex Healthcare NHS Trust	482	37	5	0	7.7	1.0	2.27	3.06	163321
Tameside Hospital NHS Foundation Trust	412	34	5	2	8.3	1.2	2.91	4.27	116985
Taunton and Somerset NHS Foundation Trust	182	33	5	0	18.1	2.7	2.06	3.13	159942
The Christie NHS Foundation Trust	66	4	2	0	6.1	3.0	1.20	6.02	33201
The Clatterbridge Cancer Centre NHS Foundation Trust	19	2	2	0	10.5	10.5	1.42	14.19	14092
The Dudley Group NHS Foundation Trust	330	31	5	3	9.4	1.5	1.64	2.64	189411
The Hillingdon Hospitals NHS Foundation Trust	423	54	12	0	12.8	2.8	4.57	10.16	118077
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	702	97	29	3	13.8	4	1.95	5.83	497003
The Princess Alexandra Hospital NHS Trust	389	45	7	4	11.6	1.8	3.24	5.03	139078
The Queen Elizabeth Hospital, King's Lynn. NHS Foundation Trust	569	35	6	2	6.2	1.1	2.57	4.41	136201
The Rotherham NHS Foundation Trust	595	22	8	1	3.7	1.3	1.36	4.96	161373
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	370	42	6	1	11.4	1.6	2.02	2.88	208315
The Royal Marsden NHS Foundation Trust	175	20	6	1	11.4	3.4	4.97	14.91	40233
The Royal Orthopaedic Hospital NHS Foundation Trust	146	9	3	0	6.2	2.1	2.65	8.83	33979
The Royal Wolverhampton NHS Trust	402	69	14	2	17.2	3.5	2.85	5.79	241810
The Walton Centre NHS Foundation Trust	180	12	1	0	6.7	0.6	2.25	1.87	53430
The Whittington Hospital NHS Trust	460	58	8	3	12.6	1.7	13.33	18.38	43520
United Lincolnshire Hospitals NHS Trust	712	94	14	5	13.2	2.0	3.08	4.59	305302
University College London Hospitals NHS Foundation Trust	788	108	19	2	13.7	2.4	3.12	5.48	346409
University Hospital Of North Staffordshire NHS Trust	809	82	15	6	10.1	1.9	3.17	5.80	258597
University Hospital of South Manchester NHS Foundation Trust	622	52	11	0	8.4	1.8	3.28	6.93	158670
University Hospital Southampton NHS Foundation Trust	563	63	17	4	11.2	3.0	2.39	6.46	263336
University Hospitals Birmingham NHS Foundation Trust	664	70	14	2	10.5	2.1	3.21	6.43	217769
University Hospitals Bristol NHS Foundation Trust	775	69	16	1	8.9	2.1	2.84	6.59	242729
University Hospitals Coventry and Warwickshire NHS Trust	490	48	14	8	9.8	2.9	1.74	5.09	275261
University Hospitals Of Leicester NHS Trust	2034	101	19	2	5.0	0.9	2.51	4.73	401821
University Hospitals of Morecambe Bay NHS Foundation Trust	489	49	16	7	10.0	3.3	2.64	8.61	185814
Walsall Healthcare NHS Trust	354	33	8	3	9.3	2.3	2.45	5.95	134528

Trusts	Complaints made to trust	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Enquiries to us per 100 complaints to trust	Investigations by us per 100 written complaints to trust	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
Warrington and Halton Hospitals NHS Foundation Trust	422	66	15	2	15.6	3.6	4.77	10.85	138243
West Hertfordshire Hospitals NHS Trust	619	49	8	2	7.9	1.3	2.84	4.63	172640
West Middlesex University Hospital NHS Trust	384	42	5	1	10.9	1.3	4.24	5.05	98959
West Suffolk NHS Foundation Trust	356	34	5	1	9.6	1.4	2.63	3.87	129141
Western Sussex Hospitals NHS Foundation Trust	522	65	14	0	12.5	2.7	2.86	6.15	227564
Weston Area Health NHS Trust	225	25	6	1	11.1	2.7	3.82	9.17	65446
Wirral University Teaching Hospital NHS Foundation Trust	463	49	10	3	10.6	2.2	2.48	5.05	197900
Worcestershire Acute Hospitals NHS Trust	600	46	6	3	7.7	1.0	1.81	2.36	253900
Wrightington, Wigan and Leigh NHS Foundation Trust	391	44	4	4	11.3	1.0	2.57	2.34	171161
Wye Valley NHS Trust	242	46	14	1	19.0	6	4.73	14.39	97293
Yeovil District Hospital NHS Foundation Trust	266	15	2	1	5.6	0.8	2.10	2.81	71284
York Teaching Hospital NHS Foundation Trust	564	78	13	4	13.8	2.3	2.99	4.99	260579

Figure: 2. Summary complaints data by acute trust, Q1 & Q2 2014-15

Trusts	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Investigations we did not uphold	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
Aintree University Hospitals NHS Foundation Trust	35	8	2	5	5.16	11.80	67769
Airedale NHS Foundation Trust	6	2	1	1	1.54	5.14	38924
Alder Hey Children's NHS Foundation Trust	6	1	0	1	1.80	2.99	33419
Ashford and St Peter's Hospitals NHS Foundation Trust	21	8	1	4	2.68	10.21	78323
Barking, Havering and Redbridge University Hospitals NHS Trust	62	11	10	2	5.12	9.09	121021
Barnsley Hospital NHS Foundation Trust	9	4	1	2	1.98	8.79	45500
Barts Health NHS Trust	132	16	14	9	5.67	6.87	232935
Basildon and Thurrock University Hospitals NHS Foundation Trust	47	9	4	3	6.29	12.05	74681
Bedford Hospital NHS Trust	32	6	2	1	7.52	14.09	42574
Birmingham Children's Hospital NHS Foundation Trust	4	0	0	0	1.28	0.00	31231
Birmingham Women's NHS Foundation Trust	5	2	0	2	2.16	8.64	23152
Blackpool Teaching Hospitals NHS Foundation Trust	27	7	4	4	3.19	8.27	84641
Bolton NHS Foundation Trust	17	2	0	1	2.47	2.91	68696
Bradford Teaching Hospitals NHS Foundation Trust	25	7	1	1	3.02	8.46	82731
Brighton and Sussex University Hospitals NHS Trust	36	9	3	8	4.11	10.27	87667
Buckinghamshire Healthcare NHS Trust	30	8	3	1	3.29	8.78	91146
Burton Hospitals NHS Foundation Trust	14	6	1	5	2.54	10.88	55172
Calderdale and Huddersfield NHS Foundation Trust	20	6	1	2	2.17	6.51	92190
Cambridge University Hospitals NHS Foundation Trust	29	10	5	3	2.65	9.15	109304
Central Manchester University Hospitals NHS Foundation Trust	61	8	3	3	3.76	4.93	162181
Chelsea and Westminster Hospital NHS Foundation Trust	23	3	2	2	4.03	5.25	57098
Chesterfield Royal Hospital NHS Foundation Trust	18	4	2	5	3.14	6.98	57274

Trusts	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Investigations we did not uphold	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
City Hospitals Sunderland NHS Foundation Trust	34	4	1	3	3.29	3.87	103366
Colchester Hospital University NHS Foundation Trust	43	9	3	2	5.68	11.88	75767
Countess of Chester Hospital NHS Foundation Trust	9	1	1	1	1.38	1.53	65414
County Durham and Darlington NHS Foundation Trust	33	11	7	5	2.78	9.26	118784
Croydon Health Services NHS Trust	41	5	2	2	7.73	9.43	53024
Dartford and Gravesham NHS Trust	16	1	0	0	2.87	1.79	55798
Derby Hospitals NHS Foundation Trust	32	8	3	3	2.99	7.48	106984
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	27	4	1	0	2.55	3.77	106070
Dorset County Hospital NHS Foundation Trust	14	2	2	0	3.75	5.36	37312
East and North Hertfordshire NHS Trust	48	5	1	6	5.77	6.01	83174
East Cheshire NHS Trust	11	1	2	1	3.24	2.95	33952
East Kent Hospitals University NHS Foundation Trust	83	18	6	10	5.51	11.94	150695
East Lancashire Hospitals NHS Trust	41	13	2	5	4.10	13.00	100011
East Sussex Healthcare NHS Trust	20	7	8	3	2.41	8.42	83143
Epsom and St Helier University Hospitals NHS Trust	26	4	1	1	3.31	5.10	78439
Frimley Health NHS Foundation Trust	41	7	4	5	3.07	5.24	133537
Gateshead Health NHS Foundation Trust	10	3	1	0	2.40	7.19	41728
George Eliot Hospital NHS Trust	18	1	2	1	5.08	2.82	35426
Gloucestershire Hospitals NHS Foundation Trust	48	13	7	11	4.15	11.24	115657
Great Ormond Street Hospital for Children NHS Foundation Trust	5	1	1	0	1.54	3.08	32487
Great Western Hospitals NHS Foundation Trust	24	7	1	2	3.82	11.13	62870
Guy's and St Thomas' NHS Foundation Trust	55	9	4	3	3.67	6.00	150053
Hampshire Hospitals NHS Foundation Trust	12	4	3	2	1.36	4.55	87960
Harrogate and District NHS Foundation Trust	11	5	0	3	2.56	11.63	42984
Heart of England NHS Foundation Trust	65	20	3	6	-	-	107558
Hinchingbrooke Health Care NHS Trust	6	1	0	2	1.89	3.15	31793
Homerton University Hospital NHS Foundation Trust	27	4	0	3	5.70	8.44	47410
Hull and East Yorkshire Hospitals NHS Trust	24	5	2	1	1.89	3.94	126961
Imperial College Healthcare NHS Trust	69	9	5	3	4.43	5.78	155722
Ipswich Hospital NHS Trust	17	3	1	2	2.05	3.61	83002
Isle of Wight NHS Trust	19	6	3	2	6.80	21.47	27951
James Paget University Hospitals NHS Foundation Trust	7	3	1	3	1.38	5.92	50698

Trusts	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Investigations we did not uphold	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
Kettering General Hospital NHS Foundation Trust	14	2	1	0	2.52	3.60	55606
King's College Hospital NHS Foundation Trust	79	9	4	4	3.98	4.53	198672
Kingston Hospital NHS Foundation Trust	16	3	0	2	2.93	5.49	54654
Lancashire Teaching Hospitals NHS Foundation Trust	45	10	3	5	4.24	9.42	106179
Leeds Teaching Hospitals NHS Trust	56	8	4	6	3.44	4.92	162650
Lewisham and Greenwich NHS Trust	61	10	0	3	6.22	10.19	98092
Liverpool Heart and Chest Hospital NHS Foundation Trust	2	1	1	2	2.09	10.44	9577
Liverpool Women's NHS Foundation Trust	10	2	0	0	4.67	9.34	21408
London North West Healthcare NHS Trust	56	12	2	2	4.70	10.07	119120
Luton and Dunstable Hospital NHS Foundation Trust	23	5	2	1	2.86	6.21	80543
Maidstone and Tunbridge Wells NHS Trust	24	6	2	2	2.40	6.00	99951
Medway NHS Foundation Trust	50	11	3	7	7.19	15.81	69564
Mid Cheshire Hospitals NHS Foundation Trust	8	4	0	1	1.37	6.84	58445
Mid Essex Hospital Services NHS Trust	25	7	7	1	3.38	9.47	73898
Mid Staffordshire NHS Foundation Trust	17	7	0	1	3.96	16.32	42887
Mid Yorkshire Hospitals NHS Trust	35	5	6	0	2.82	4.03	124019
Milton Keynes Hospital NHS Foundation Trust	30	2	0	3	6.03	4.02	49768
Moorfields Eye Hospital NHS Foundation Trust	15	1	1	0	3.06	2.04	48992
Norfolk and Norwich University Hospitals NHS Foundation Trust	16	3	3	4	1.16	2.18	137887
North Bristol NHS Trust	44	11	2	5	5.63	14.08	78101
North Cumbria University Hospitals NHS Trust	18	5	3	3	2.62	7.28	68640
North Middlesex University Hospital NHS Trust	29	5	2	4	5.04	8.69	57523
North Tees and Hartlepool NHS Foundation Trust	15	3	4	2	2.77	5.55	54073
Northampton General Hospital NHS Trust	20	4	2	5	2.95	5.90	67771
Northern Devon Healthcare NHS Trust	10	0	0	2	2.63	0.00	38039
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	33	9	3	0	3.80	10.36	86882
Northumbria Healthcare NHS Foundation Trust	21	9	0	6	2.38	10.22	88071
Nottingham University Hospitals NHS Trust	35	9	5	8	2.55	6.56	137289
Oxford University Hospitals NHS Trust	44	8	4	1	2.64	4.79	166941
Papworth Hospital NHS Foundation Trust	1	1	0	0	0.54	5.42	18467
Pennine Acute Hospitals NHS Trust	29	7	4	5	1.85	4.46	156804
Peterborough and Stamford Hospitals NHS Foundation Trust	23	5	1	2	2.95	6.41	78061

Trusts	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Investigations we did not uphold	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
Plymouth Hospitals NHS Trust	47	11	7	4	4.98	11.66	94347
Poole Hospital NHS Foundation Trust	14	1	0	0	2.51	1.80	55679
Portsmouth Hospitals NHS Trust	39	7	4	4	3.34	5.99	116766
Queen Victoria Hospital NHS Foundation Trust	2	0	0	0	0.76	0.00	26253
Royal Berkshire NHS Foundation Trust	12	3	3	1	1.26	3.16	94978
Royal Brompton and Harefield NHS Foundation Trust	7	0	0	1	3.06	0.00	22887
Royal Cornwall Hospitals NHS Trust	27	4	1	5	2.84	4.21	95108
Royal Devon and Exeter NHS Foundation Trust	18	3	3	6	1.84	3.07	97569
Royal Free London NHS Foundation Trust	86	14	7	10	4.83	7.86	178113
Royal Liverpool and Broadgreen University Hospitals NHS Trust	29	10	7	8	3.02	10.42	95926
Royal National Orthopaedic Hospital NHS Trust	5	1	0	0	3.34	6.68	14967
Royal Surrey County NHS Foundation Trust	12	2	1	1	1.67	2.79	71712
Royal United Hospital Bath NHS Trust	21	4	1	2	2.49	4.74	84447
Salford Royal NHS Foundation Trust	20	4	1	2	2.29	4.57	87434
Salisbury NHS Foundation Trust	12	4	1	2	2.50	8.33	48038
Sandwell and West Birmingham Hospitals NHS Trust	37	9	2	4	3.45	8.39	107267
Sheffield Children's NHS Foundation Trust	8	1	0	1	3.38	4.22	23696
Sheffield Teaching Hospitals NHS Foundation Trust	77	11	3	10	3.86	5.52	199308
Sherwood Forest Hospitals NHS Foundation Trust	28	3	2	7	4.19	4.49	66755
Shrewsbury and Telford Hospital NHS Trust	19	2	6	1	1.97	2.07	96632
South Devon Healthcare NHS Foundation Trust	17	4	4	3	2.71	6.38	62723
South Tees Hospitals NHS Foundation Trust	18	6	3	2	1.48	4.94	121437
South Tyneside NHS Foundation Trust	6	1	1	1	2.20	3.67	27285
South Warwickshire NHS Foundation Trust	14	2	1	1	3.02	4.32	46300
Southend University Hospital NHS Foundation Trust	25	12	2	6	3.14	15.07	79608
Southport and Ormskirk Hospital NHS Trust	21	5	2	2	4.18	9.95	50256
St George's Healthcare NHS Trust	45	6	0	0	4.26	5.67	105746
St Helens and Knowsley Teaching Hospitals NHS Trust	18	4	1	3	2.28	5.07	78824
Stockport NHS Foundation Trust	21	7	1	7	2.97	9.89	70779
Surrey and Sussex Healthcare NHS Trust	13	2	0	0	1.86	2.86	69876
Tameside Hospital NHS Foundation Trust	19	5	1	2	4.17	10.98	45520
Taunton and Somerset NHS Foundation Trust	15	1	2	1	2.22	1.48	67446

Complaints about acute trusts 2013-14 and Q1, Q2 2014-15

Complaints about acute trusts 2013-14 and Q1, Q2 2014-15

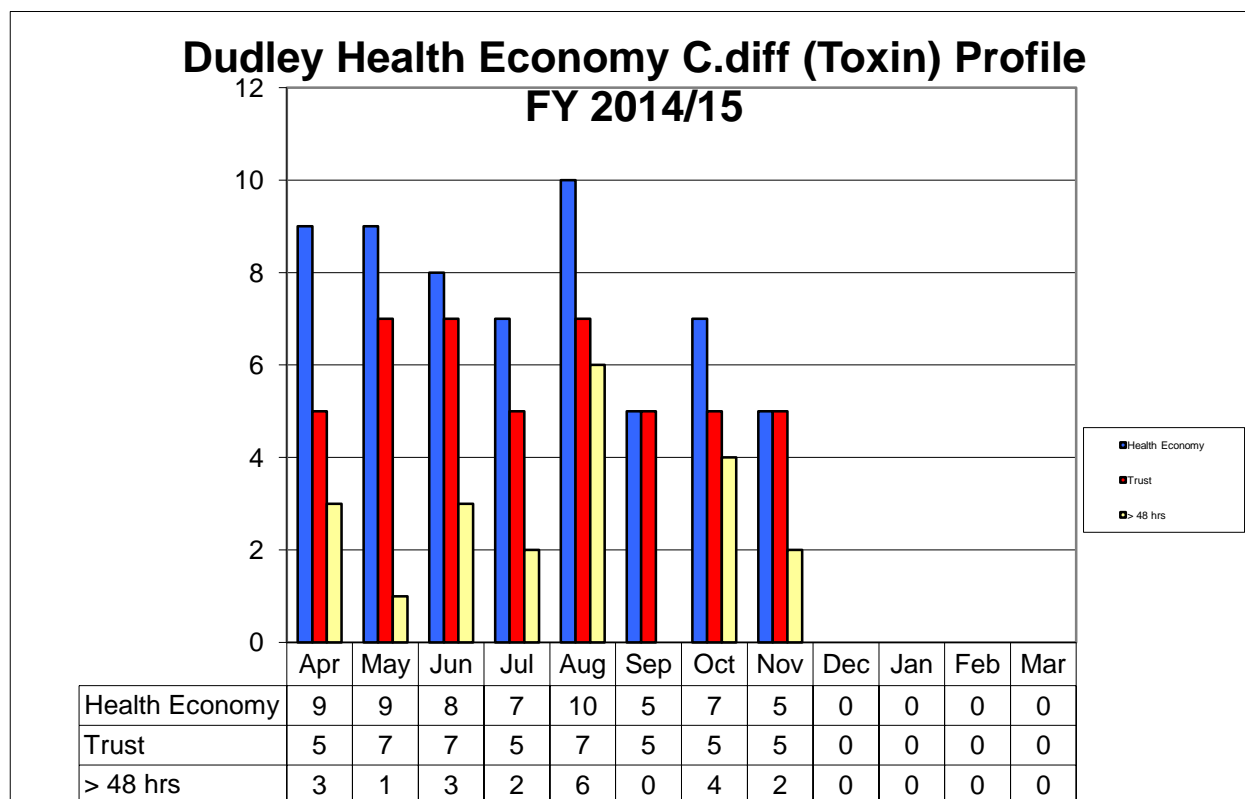| Trusts	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Investigations we did not uphold	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
The Christie NHS Foundation Trust	1	0	0	0	0.75	0.00	13372
The Clatterbridge Cancer Centre NHS Foundation Trust	5	2	1	0	8.85	35.40	5649
The Dudley Group NHS Foundation Trust	16	5	2	1	2.02	6.30	79379
The Hillingdon Hospitals NHS Foundation Trust	27	5	3	2	5.17	9.57	52228
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	47	18	7	10	2.29	8.76	205366
The Princess Alexandra Hospital NHS Trust	38	7	1	3	6.51	11.99	58393
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	13	4	2	0	2.23	6.85	58394
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	6	0	0	0	3.30	0.00	18195
The Rotherham NHS Foundation Trust	17	1	2	1	2.48	1.46	68586
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	18	2	2	2	2.04	2.26	88380
The Royal Marsden NHS Foundation Trust	6	4	2	1	3.49	23.25	17201
The Royal Orthopaedic Hospital NHS Foundation Trust	8	1	0	1	5.73	7.17	13954
The Royal Wolverhampton Hospitals NHS Trust	32	6	7	3	3.01	5.65	106190
The Walton Centre NHS Foundation Trust	12	3	1	1	5.42	13.56	22126
The Whittington Hospital NHS Trust	31	4	1	0	-	-	7586
United Lincolnshire Hospitals NHS Trust	73	8	4	1	5.67	6.22	128671
University College London Hospitals NHS Foundation Trust	56	6	2	6	3.68	3.94	152310
University Hospital Of North Staffordshire NHS Trust	38	8	4	4	3.34	7.03	113855
University Hospital of South Manchester NHS Foundation Trust	17	3	3	2	2.42	4.27	70269
University Hospital Southampton NHS Foundation Trust	35	9	5	4	3.16	8.14	110607
University Hospitals Birmingham NHS Foundation Trust	47	15	5	3	4.98	15.89	94373
University Hospitals Bristol NHS Foundation Trust	19	5	5	5	1.82	4.78	104574
University Hospitals Coventry and Warwickshire NHS Trust	31	5	2	3	2.56	4.13	121210
University Hospitals Of Leicester NHS Trust	41	10	1	9	2.18	5.31	188334
University Hospitals of Morecambe Bay NHS Foundation Trust	24	8	6	1	3.03	10.10	79223
Walsall Healthcare NHS Trust	27	4	3	2	4.00	5.93	67490
Warrington and Halton Hospitals NHS Foundation Trust	23	9	5	3	3.95	15.45	58270
West Hertfordshire Hospitals NHS Trust	40	3	2	3	5.38	4.04	74348
West Middlesex University Hospital NHS Trust	17	1	0	1	3.98	2.34	42688
West Suffolk NHS Foundation Trust	11	2	0	0	2.04	3.71	53849

Trusts	Enquiries we received	Enquiries we accepted for investigation	Investigations we fully or partly upheld	Investigations we did not uphold	Enquiries to us per 10,000 clinical incidents	Investigations by us per 100,000 clinical incidents	Total number of clinical incidents recorded by trust
Western Sussex Hospitals NHS Foundation Trust	31	8	1	7	3.10	8.01	99897
Weston Area Health NHS Trust	14	3	2	2	5.07	10.86	27636
Wirral University Teaching Hospital NHS Foundation Trust	18	6	2	0	2.18	7.25	82748
Worcestershire Acute Hospitals NHS Trust	29	3	1	2	2.64	2.73	109876
Wrightington, Wigan and Leigh NHS Foundation Trust	14	10	1	2	1.94	13.85	72180
Wye Valley NHS Trust	12	2	2	7	2.87	4.79	41747
Yeovil District Hospital NHS Foundation Trust	4	1	0	2	1.30	3.25	30749
York Teaching Hospitals NHS Foundation Trust	26	5	4	3	2.55	4.89	102159

The Dudley Group **NHS**

NHS Foundation Trust

Paper for submission to the Board of Directors December 2014 - PUBLIC

TITLE:	Infection Prevention and Control Exception Report			
AUTHOR:	Denise McMahon – Director of Nursing Dr Elizabeth Rees - Consultant Microbiologist/Infection Control Doctor/ Director of Infection Prevention and Control	**PRESENTER:**		Denise McMahon Director of Nursing

CORPORATE OBJECTIVE:

SG01: Quality, Safety & Service Transformation Reputation – To become well known for the safety and quality of our services through a systematic approach to service transformation, research and innovation.

SUMMARY OF KEY ISSUES:

The Board of Directors are asked to note Trust Performance against C. Difficile and MRSA targets and the other notable infections.

IMPLICATIONS OF PAPER:				
RISK	Y		**Risk Description:** Infection Prevention and Control	
	Risk Register: Y		**Risk Score:** IC010 – Score: 16	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	**Details:**	Outcome 8 – Cleanliness and Infection Control
	NHSLA	N	**Details:**	
	Monitor	Y	**Details:** Compliance Framework	
	Equality Assured	Y/N	**Details:**	
	Other	Y/N	**Details:**	
ACTION REQUIRED OF BOARD:				

Decision	Approval	Discussion	Other
	✓	✓	

RECOMMENDATIONS FOR THE BOARD OF DIRECTORS:

To receive report and note the content.

Summary:

Clostridium Difficile – The target for 2014/15 is 48 cases, equivalent to 20.5 CDI cases per 100,000 bed days. At the time of writing (24/11/2014) we have 2 post 48 hour cases recorded in November 2014 against a trajectory for the month of 3 cases.

Dudley Health Economy C.diff (Toxin) Profile FY 2014/15

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	9	9	8	7	10	5	7	5	0	0	0	0
Trust	5	7	7	5	7	5	5	5	0	0	0	0
> 48 hrs	3	1	3	2	6	0	4	2	0	0	0	0

The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance[1], has commenced. To date 17 cases have been reviewed with the CCG of which 13 were determined as being associated with lapses in care. The main themes identified are: 5 cases were associated with poor documentation, 6 cases were associated with issues related to antibiotic prescribing, 3 cases were associated with delayed sample collection, 1 case was associated with delayed isolation, 1 case was associated with poor environmental scores and 1 case was associated with poor hand hygiene scores. As can be seen some cases had more than one lapse identified.

MRSA bacteraemia (Post 48 hrs) – There have been no post 48 hour MRSA bacteraemia cases identified so far this year.

Norovirus – There are no wards currently affected.

Ebola – Public Health England (PHE) have issued further advice, which the Trust is adopting, including displaying public information at entry points into the Acute Trust. A recent update of the ACDP guidance and algorithm for Viral Haemorrhagic Fevers has been released by Public Health England and this is replacing the previous guidance.

Reference

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

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 4th December 2014

TITLE:	Monthly Nurse/Midwife Staffing Position – October 2014		
AUTHOR:	Denise McMahon Director of Nursing	**PRESENTER:**	Denise McMahon Director of Nursing

CORPORATE OBJECTIVE:

SGO1: Quality, Safety & Service Transformation Reputation - To become well known for the safety and quality of our services through a systematic approach to service transformation , research and innovation

SGO2: Patient Experience - To provide the best possible patient experience

SGO5: Staff Commitment - To create a high commitment culture from our staff with positive morale and a "can do" attitude

SUMMARY OF KEY ISSUES:

Attached is the monthly information on nurse/midwife staffing.

As previously stated, there is no set template for this information and so the intention behind the format of the attached has been to make potentially complex information as clear and easily understandable as possible. As this is a recent requirement, the format will evolve as time progresses but no changes have been made to the format since August 2014.

The paper indicates for the month of October 2014 when day and night shifts on all wards were (green) and were not staffed to the planned levels for both registered (amber) and unregistered staff (blue), with the day shift registered figures also taking into consideration the 1:8 nurse to patient ratio for general wards. Unsafe staffing will also be charted (red). The planned levels for each ward vary dependent on the types of patients and their medical specialities and national ratios apply to specialist areas such as intensive care, midwifery and paediatric areas.

When shortfalls occurred the reasons for gaps and the actions being taken to address these are outlined and an assessment of any impact on key quality indicators has been undertaken.

IMPLICATIONS OF PAPER:

RISK	Y		**Risk Score and Description:**
	Risk Register: Y		Nurse staffing levels are sub-optimal (20) Loss of experienced midwives (15)
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	**Details:** 13: Staffing
	NHSLA	N	**Details:**
	Monitor	Y	**Details:** Compliance with the Risk Assessment Framework
	Equality Assured	Y	**Details:** Better Health Outcomes for all Improved patients access and experience
	Other	N	**Details:**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		✓	

RECOMMENDATIONS FOR THE BOARD:

To discuss and review the staffing situation and actions being taken and agree to the publication of the paper.

THE DUDLEY GROUP NHS FOUNDATION TRUST

Monthly Nurse/Midwife Staffing Position

October 2014

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

The paper endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the recommended ratio on general wards of 1:8 on day shifts and also the number of occurrences when staffing levels have fallen below the optimum levels for both registered and unregistered staff. It should be noted that these occurrences will not necessarily have a negative impact on patient care

The attached chart follows the same format as the updated one last month. It indicates for the month of October 2014 when day and night shifts on all wards fell below the optimum, or when the 1:8 nurse to patient ratio for general wards on day shifts was not achieved.

In line with the recently published NICE (2014) guideline on safe staffing:
1) An establishment (an allocated number of registered and care support workers) is calculated for each ward based on a combination of the results of the six monthly Safer Nursing Care Tool exercise and senior nurse professional judgement both based on the number and types of patients on that ward (with the Board receiving a six monthly paper on this). The establishment forms a planned number of registered and care support workers each shift.
2) Each six weeks the Lead Nurse draws up a duty rota aimed at achieving those planned numbers.
3) Each shift the nurse in charge assesses if the staff available meet the patients' nursing needs.

Following the shift, the nurse in charge completes a monthly form 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 day. Each month the completed form for every ward is sent to the Nursing Directorate where they are analysed and the attached chart compiled.

It can be seen from the chart (green) that although the number of shifts identified as amber or blue has increased slightly for October to 53, compared to 33 in September; the number is still very small and there have been no incidents of any shifts assessed as red and unsafe. Overall the staffing available met the patients' nursing needs in the majority of cases. In a number of instances, despite attempts through the use of deployment of staff or the use of bank/agency staff, the optimum number of staff for the patients on that shift were not reached.

When there is an unregistered staff shortfall the shift is marked in blue and when there is a registered staff shortfall this is marked in amber. If the shift is reported as unsafe, this will be marked as red. In all instances of shortfalls, the planned and actual numbers are indicated.

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

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

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

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS OCTOBER 2014

WARD	No.	RN/ Unreg	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	2	RN	Emergency leave/Vacancy	On 1 day emergency leave had to be given with short notice; no support available from other areas; patient safety maintained On 1 day bank and agency unable to fill; patient safety maintained
A2	5	RN	Vacancy	On 4 occasions bank and agency unable to fill. 1 RN moved to support another in patient area. Assessment of ward and patient dependency confirmed that safety was maintained. Staff did not identify any patient safety concerns or issues On 1 occasion bank unable to fill; assessment of ward and patient dependency confirmed that safety was maintained
B1	1	RN	Vacancy/Staff sickness	On 1 day RN number reduced, ratio reduced to 1:11. Agency nurse moved to another in-patient area. Assessment of ward and patient dependency confirmed that safety was maintained.
B2 Trauma	2	RN	Vacancy/Maternity leave/Staff sickness	On 1 day bank and agency unable to fill; assessment of ward and patient dependency confirmed that safety was maintained. On 1 day Hip fracture practitioner worked on ward; assessment of ward and patient dependency confirmed that safety was maintained.
B4	14	RN	Vacancy/Maternity leave/Staff sickness	On all occasions these were day shifts and the ward was 1 RN down; no additional support available from bank/agency/ other wards; ratio was 1:9; on all occasions assessment of ward and patient dependency confirmed that safety was maintained. The ward staff identified no patient safety concerns or issues
B5	1	RN	Maternity leave	On 1 day no additional support available from bank/other wards; shift busy; patient safety maintained
B6	2	RN	Vacancy/Staff redeployed	On 1 night duty the dependency of patients was assessed as able to be managed by 1 RN there were 6 empty beds; 1 nurse was redeployed to support another inpatient area. On 1 night duty bank and agency were unable to fill; Clinical Site Coordinator (CSC) informed; patient safety maintained
C1	2	RN	Sickness	On 1 day shift RN had to go home, too late to secure bank or agency support; patient safety maintained On 1 day shift RN sickness was unable to be filled by bank; patient safety maintained
C2	1	RN	Vacancy	On 1 day shift there was 1 RN short and the ward was on an escalation level 3. Early discharges were identified, supported by outreach team. Patient safety maintained
C3A	1	RN	Vacancy	On 1 day there was 1 RN short bank unable to fill; patient safety maintained

WARD	No.	RN/ Unreg	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
C5	4	RN	Sickness/Vacancy/Staff redeployed	On 3 days there was1 RN short; no additional support available from bank/ other wards; assessment of ward and patient dependency confirmed that safety was maintained On 1 nights a RN was redeployed to support another inpatient area; for part of the shift assessment of ward and patient dependency confirmed that safety was maintained
C7	5 1	RN Unreg	Sickness/Vacancy/ unforeseen circumstances	On 2 days there were 2 RN short; Lead Nurse worked clinically; bank unable to fill; assessment of ward and patient dependency confirmed that safety was maintained. On 3 days bank and agency unable to fill; assessment of ward and patient dependency confirmed that safety was maintained. On 1 night additional patient support was required for DoLS shift cancelled; too short notice for bank and agency to fill; patient safety maintained
C8	1	RN	Vacancy	On 1 night agency cancelled; too short notice for bank and agency to fill; patient safety maintained
EAU	1	RN	Vacancy	On 1 day there was 1 RN short; bank unable to fill; assessment of ward and patient dependency confirmed that safety was maintained.
MHDU	1	RN	Sickness	On 1 day 1 there was 1 RN short; bank and agency unable to fill; CSW booked to provide support; patient safety maintained
Neonatal Unit	9	RN	Sickness/Vacancy	On 5 day Clinical support provided by a variety of staff including Lead Nurse/Community Sister/ Transitional Nurse/Advanced Nurse Practitioner; baby safety maintained On 4 nights Transitional Nurse/Advanced Nurse Practitioner provided support; baby safety maintained On 7 occasions the unit was closed

| Oct-14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SHIFT | |
WARD	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 A1	Reg									3/2																											3/2																												
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NEONATAL**	Reg	9/7	9/6	9/6	9/6		7/5															7/5	7/5	9/5	9/5																																							
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Key

🟥	Unsafe staffing
🟧	Registered nurse 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

Paper for submission to the Board on 3rd December 2014

TITLE:	Summary of key issues from the Clinical Quality, Safety & Patient Experience Committee held on 16th October 2014		
AUTHOR:	Julie Cotterill Associate Director of Governance / Board Secretary	PRESENTER:	David Bland (NED) CQSPE Committee Chair

CORPORATE OBJECTIVES: SGO1: Quality, Safety & Service Transformation, Reputation, SGO2: Patient Experience SGO5: Staff Commitment

SUMMARY OF KEY ISSUES

Mortality Update - The Trust was below the 85% target to review all deaths by specialty within 12 weeks by March 2015. 3 areas had failed to review at least 50% of deaths in quarter 1:

- **Haematology**: All deaths were reviewed appropriately as at 6/10/14 but were not reviewed within the 12 week period.
- **Gastroenterology**: All deaths were reviewed in the regular Mortality and Morbidity meetings. Audits had not been uploaded since 1/04/14 due to staff capacity.
- **Oncology**: All deaths were reviewed in the regular Mortality and Morbidity meetings. There were delays in uploading due to cross site working.

Response to the Local Supervising Authority Midwifery Officer's (LSAMO) Report following Annual Audit Visit on 17th April 2014 - This was a positive response. Only three recommendations had been made. The Midwifery Team had drafted an action plan to address these.

Serious Incident Monitoring Report (September 2014) - 13 new incidents were reported. There were 64 open general SI's in total 15 of which were recommended for closure. There were 3 Patient Falls resulting in Fracture and 1 Patient Fall, Trip, Slip whilst mobilising alone. One never event was discussed and the Committee was advised that there was no harm to the patient. The Incident Trends confirmed the regular reporting of incidents relating to Delay in Care/Treatment with one incident in each month (August and September). Falls resulting in fractures over the last two months were slightly less than the previous two months and there were no trends in location. There was a downward trend in reporting of confidentiality breaches with none reported in September 2014.

Aggregated Incident Report/Learning from Incidents and Complaints for Quarter 1 (01/04/2014 to 30/06/2014) - This report was re-submitted to the CCG in response to the CQUIN requirements. The report made reference to the National Reporting and Learning Service (NRLS) latest national comparative figures available for the period 1st April 2013 to 30th September 2013 where DGNHSFT was identified as the fifth highest reporter of incidents in its class of medium size acute Trusts. The NRLS state that "*Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are*".
Nationally across all Trusts, 67.5% of incidents are reported as no harm (the Trust was 66.0%), 0.5% as severe harm (the Trust was 0.2%) and 0.2% as death (the Trust was 0.2%).

The Committee **noted** the key issues identified and **discussed** and **approved** the report for external submission to Commissioners.

Learning Disability Strategy Update - The Committee referred to the report and were advised that all actions identified in amber were in progress and would be reviewed again in December 2014. The biggest challenge related to the action to develop a pathway to prepare young people with disabilities for transfer to adult services.

Quality Dashboard for Month 5 (August) 2014/2015 - the Committee was advised of the following

- Six clostridium difficile cases were reported in August. A process was in place to agree which cases were avoidable and several meetings had been held with Dudley CCG.
- **TAL Appointment booking within 4 days** –the performance continued to be poor and only 36% of patients whose appointment was booked via the TAL Choose & Book system received notification of their appointment within 4 days with Ophthalmology remaining as the specialty with the most breaches.
- **Stroke: Swallowing screening undertaken within 4 hours of clock start time –** performance had dipped since the start of the year
- **Maternity KPIs –** Both maternity KPIs were below target for August.

Policy Group Recommendations - 22 guidelines had been revised and 14 documents had been returned to the Policy Group with minor amendments and had been collectively agreed. The Committee **ratified** the 36 guidelines/policies.

Quality & Safety Group - the Committee received a summary of the key issues arising from the meeting of the 19th September 2014:

- **International Recruitment** – this remained high on the agenda with planned trips to include Glasgow and Ireland within the next two months. An additional trip to Portugal was also planned.
- **Mortuary Annual Report** – there remained some issues about labelling which would be reiterated with ward staff.
- **Answering call bells within 30 seconds** – real time audits had revealed an improvement in this. A pilot on the surgical wards would be rolled out to medical wards.
- **Sign and Stamp** – this started on 6th August 2014 and required all prescriptions to be signed and stamped to improve communication.
- **Patient Well Being worker** – this was a development of the band 2 post to support dementia and confused patients. There are now five well being workers on the wards and another 30 recruited.
- **Allocate electronic rostering** – this issue had been addressed and now resolved.

Internal Safeguarding Board- The Committee **noted** the key issues arising from the Internal Safeguarding Board held on 18th September 2014

- **Training** – this had improved across the Trust.
- **Restraint** –the report confirmed this matter was now closed. The report was in the public domain.

Clinical Quality, Safety and Patient Experience Committee Terms of Reference - Minor amendments had been made to the terms of reference following a recent audit. The End of Life Steering Group had also been added as a reporting group. The Committee **approved** these.

Any Other Business - Community Rapid Response Team (CRRT) guidelines. The Director of Nursing updated the Committee on current discussions.

IMPLICATIONS OF PAPER:

RISK	Y		**Risk Description:** Committee reports ref to the risk register
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Y	**Details:** Outcome 1 - Respecting & Involving people, 4 – Care & welfare of people, 7 – Safeguarding, 16 – Assessing & monitoring quality of service
	NHSLA	Y	**Details:** Risk management arrangements e.g. safeguarding
	Monitor	Y	**Details:** Ability to meet national targets and priorities
	Equality Assured	Y	**Details:** Better health outcomes for all Improved patient access and experience
	Other	Y	**Details:** Quality Report/Accounts

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		✓	

RECOMMENDATIONS FOR THE BOARD:

To note the key issues arising from the Clinical Quality, Safety & Patient Experience Committee held on 16th October 2014 and refer to the full minutes for further details.

The Clinical Quality, Safety & Patient Experience Committee was established to provide assurance to the Board on Clinical Quality and Safety standards, (including Clinical Effectiveness, Patient Safety and Patient Experience). It sets clear quality performance expectations and ensures the development and delivery of high quality care and continuous improvements through innovation and the use of levers such as CQUINS. It identifies and advises on quality improvement priorities and the organisational learning from these and monitors compliance with Health Standards ensuring the Trust fulfils its obligations with regard to the Health Act (2009) and Monitor in the production of an Annual Quality Account and Report.

The Dudley Group *NHS*

NHS Foundation Trust

Paper for submission to the Board on 4th December 2014

TITLE:	Workforce and Staff Engagement Committee		
AUTHOR:	Julie Lamb, Head of HR	PRESENTER	Ann Becke Non Executive Director

CORPORATE OBJECTIVE:

SGO5. Staff Commitment - To create a high commitment culture from our staff with positive morale and a "can do" attitude

SUMMARY OF KEY ISSUES:

The Workforce and Staff Engagement Committee met on 28th October 2014.

HR Review
The committee received a report on the intended outline plan for HR and OD Consultancy support. The HR & OD strategy will be presented to the Board in December.

Industrial Action
The committee were advised that the Trust was well prepared with a management / staff-side protocol setting out the legal parameters and duties of staff-side colleagues and Trust management.

Industrial Action by a few members of Unison, Unite, RCM and HSCA took place on Monday 13th October 2014 and by members of the Society of Radiographers on Monday 20th October.

In the event , the first Monday saw about 4% of all staff expected on duty taking strike action and on the second Monday about 64% of Radiographers.

Monday 13th October: The Trust postponed three morning day-case lists which will affect 13 patients and some outpatient dental appointments. Patients were contacted to advise them of cancellations and to reschedule.

Monday 20th October: The Pain Clinic had 6 patients on the list, 5 patients needed imaging so were postponed but replaced with 5 patients who did not need imaging. No elective theatre sessions were lost.

Workforce KPIs
- Absence continues to achieve better than target performance with 3.24% absence in August.
- Turnover performs at 8.65% against the new 9% indicator.
- The Trusts' Mandatory Training overall compliance is 78.0% which is a 0.4% increase from the previous month.
- Appraisal performs at 76.58% against a target of 85%. All divisions have seen an increase in appraisal rates month on month.
- Pre-employment checks are 100% compliant with the relevant policies
- 100% of professional registration checks have been completed
- There are 227.16 WTE live vacancies

- There are 104 live employee relations cases with 5 active employment tribunals

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

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD

To receive the report

STRATEGIC OBJECTIVES : *(Please select for inclusion on front sheet)*		
SGO1.	Quality, Safety & Service Transformation Reputation	To become well known for the safety and quality of our services through a systematic approach to service transformation , research and innovation
SGO2.	Patient experience	To provide the best possible patient experience

SGO3.	Diversification	To drive the business forward by taking opportunities to diversify beyond our traditional range of services and strengthen our existing portfolio
SGO4.	Clinical Partnerships	To develop and strengthen strategic clinical partnerships to maintain and protect our key services
SGO5.	Staff Commitment	To create a high commitment culture from our staff with positive morale and a "can do" attitude
SGO6.	Enabling Objectives	To deliver an infrastructure that supports delivery

The Dudley Group
NHS Foundation Trust

Paper for submission to the Trust Board on 4th December 2014

TITLE:	Draft People Plan		
AUTHOR:	Roger Wilson – HR & OD Consultant	**PRESENTER**	Roger Wilson – HR & OD Consultant

CORPORATE OBJECTIVE: SG01, SG02, SG03, SG04, SG05, SG06

SUMMARY OF KEY ISSUES:

The attached paper has been consulted on with the Senior HR & OD Leadership team and is presented to the Trust Board to ensure that the Board agree the broad direction of travel, before a wider engagement and consultation process is undertaken. This engagement and consultation process was outlined in the paper presented to the November 2014 Trust Board Meeting.

IMPLICATIONS OF PAPER:

RISK	N/A		Risk Description:
	Risk Register: N/A		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: 1 to 5
	NHSLA	Y	Details:
	Monitor	Y	Details:
	Equality Assured	Y	Details:
	Other	N/A	Details:

ACTION REQUIRED OF COMMITTEE: *(Please tick or enter Y/N below)*

Decision	Approval	Discussion	Other
No	Yes	Yes	No

RECOMMENDATIONS FOR THE TRUST BOARD – To note the Draft People Plan and approve the Draft Plan for wider engagement and consultation.

The Dudley Group NHS
NHS Foundation Trust

STRATEGIC OBJECTIVES : *(Please select for inclusion on front sheet)*		
SGO1.	Quality, Safety & Service Transformation Reputation	To become well known for the safety and quality of our services through a systematic approach to service transformation , research and innovation
SGO2.	Patient experience	To provide the best possible patient experience
SGO3.	Diversification	To drive the business forward by taking opportunities to diversify beyond our traditional range of services and strengthen our existing portfolio
SGO4.	Clinical Partnerships	To develop and strengthen strategic clinical partnerships to maintain and protect our key services
SGO5.	Staff Commitment	To create a high commitment culture from our staff with positive morale and a "can do" attitude
SGO6.	Enabling Objectives	To deliver an infrastructure that supports delivery

The Dudley Group NHS

NHS Foundation Trust

DRAFT
PEOPLE PLAN
Where People Matter

1. Introduction

The Dudley Group NHS Foundation Trust has a vision to be a highly regarded healthcare provider for the Black Country and West Midlands offering a range of closely integrated acute and community based services, driven by the philosophy that people matter.

The people plan is a key plan to help the Trust to achieve the above vision. The plan is designed to draw together strategically all that the Trust does to attract, retain, support and reward its staff to meet its priorities and vision – to provide the best possible patient experience. In order to achieve this, we must create an environment that encourages our passionate workforce to get things right for every patient, every time.

In order to meet the new challenges and opportunities it is vital that the trust has the right people, in the right jobs with the rights skills, values and behaviours at the right time not just now but for the future.

Together, this document draws together our objectives for enhancing the working lives and experiences of our staff, who aim to deliver our Vision and Values through the high quality of care they provide.

2. Opening statement

All NHS organisations continue to face tough challenges during times of austerity and The Dudley Group is no different. As part of the NHS family, The Dudley Group is faced with the same financial constraints and a determination to put quality at the heart of the NHS this requires The Dudley Group Leadership team to support and inspire our people with honest optimism through the delivery of change in a safe, successful and sustained way. This is the heart of a patient led NHS and it's through our people that safe, compassionate care, with a focus on outcomes is delivered and experienced.

In recent times, many external NHS enquiry's have highlighted issues around poor staffing, a blame culture and senior leaders who were not listening, or could not or would not hear the pleas from their own frontline staff.

Our staff are vital to the delivery of the trusts strategic aims, vision and values. The Dudley Group's people plan is more than a traditional workforce

strategy, its aim is to develop an organisation where people are able and want to deliver excellence each day and feel listened to, involved, inspired, supported, appreciated, fulfilled, happier and healthy in the work place.

We recognise this is a tough task and that not many NHS organisations have got this right. We equally acknowledge that in our ambition to live the vision "Where People Matter" – this cannot and will not mean that we will not pursue organisational change. Organisational Change is a given if we are to ensure that we can deliver sustainable care today and in the future. It is how we manage the difficult situations and challenges, which will be the real test of our Vision. We believe listening to our staff is critical – we know our staff must be supported to put patient care first so they can provide and deliver excellent quality and compassionate care every day. This people plan will form a central pillar in our journey to put staff first in their pursuit of Care, Respect and Responsibility.

The Trust's leaders are critical for providing the strategy, living the values and creating energy and passion that will keep our staff engaged through various mechanisms such as 'Listening Into Action' so we are all moving in the same direction to realise the trust's vision.

3. Vision and strategy

In partnership with stakeholders, the trust developed and approved its 5 year strategy in refreshing its vision, mission and strategic aims.

3.1 Vision

The Dudley Group NHS Foundation Trust has a vision to be a highly regarded healthcare provider for the Black Country and West Midlands offering a range of closely integrated acute and community based services, driven by the philosophy that people matter.

3.2 Our Values

Will give the trust the direction needed to deliver the trusts vision.

1. Care
2. Respect
3. Responsibility

Our strategic priorities are as follows: -

- To provide the best possible patient experience
- To become well known for the safety and quality of

our services through a systematic approach to service transformation, research and Innovation

- To deliver an infrastructure that supports delivery
- To drive the business forward by taking opportunities
  to diversify beyond our traditional range of services and strengthen our existing portfolio
- To create a high commitment culture from our staff with positive morale and a "can do" attitude
- To develop and strengthen strategic clinical
  partnerships to maintain and protect our key services

The people plan will support the delivery of our strategic priorities. Some of the key elements of our approach will be to ensure we are: -

- Developing a profound sense of mission and direction
- Embedding staff owned and driven transformation and listening into action as "business as usual"
- Becoming the employer of choice for those wanting to work in healthcare in the Black Country, through excellent leadership, staff development and succession planning
- Ensuring staff are able, empowered and responsible for the delivery of effective care
- Promoting the Trust values and living them every day
- Embedding diversity and equality
- Providing a proactive learning environment

3.3 The People Plan

The People Plan builds upon the previous workforce strategy and outlines how the trust will lead and support its' staff to achieve its' vision. The final people plan will be inclusive of a centralised Health and Well Being Approach but the detailed plans will be covered in a separate The Dudley Group Health and Well being document *(yet to be developed).*

The People Plan will also be underpinned by a separate learning and development strategy that will detail how the trust will train, develop, educate, manage and lead its people. The NHS Education Outcome Framework is the driving feature for the strategy. The framework emphasizes the importance of the right investment in education and training to ensure right values, behaviours, attitudes and team working are developed to provide person centered care.

Both the People and Learning and Development strategies are enabling strategies to assist in the delivery of the Trusts organisational development priorities which will be identified through the Trust OD

priorities document, which will be developed under the umbrella of the Trust People Plan.

The People Plan sets out four overarching objectives and will be supported by a high-level action plan, which will assist the delivery of the trusts 5-year business strategy. Referenced within the people plan will be a detailed workforce plan, this is a key document that will be shaped during the service and corporate remodelling which will outline the strategic workforce risks facing the organisation over the next 5 years and will also describe the developments and mitigations against those identified risks. *(This is in development currently and can be finalised following the service and corporate model reviews).*

Section 9 *(still in development)* of this strategy details the current workforce function contribution, governance and monitoring arrangements. It also outlines how the workforce function will be measured and benchmarked to provide assurance and evidence of workforce's contribution to the delivery of the people plan and subsequently the Trusts strategy over the next 5 years.

An action plan will be developed to support the overall delivery of the people plan which will give clear goals, timescales and measures of success.

4. The Dudley Group NHS Foundation Trust

4.1 **The Dudley Group five-year strategy**

In this section, we will cross reference the over-arching Trust Strategy

4.2 **Monitor requirements**

As a Foundation Trust, it is critical that the trusts people plan is inclusive and reflective of workforce metrics and plans, which will be built into our annual submission to Monitor. We will adopt an open book approach with our staff side colleagues in this respect.

4.3 **National staff survey**

Annually the trust undertakes the national staff survey in which the trust is compared to other acute trusts. The results are analysed and reported as follows:-

- top four ranking scores
- least favourable ranking scores
- largest improvements
- deteriorations

Actions annually taken following the national annual staff survey results will include:-

- Presenting the results of the survey to Trust Board, JNC & LNC with recommendations for actions going forward

- Presenting the results by Division and Corporate Function, where the expectation will be for each area to develop their own action plans with support from their HR Business Partner.

- Action planning led by the various engagement groups, which have representatives from all services. Analysis of scores by Departments takes place and individual action plans are updated and monitored. Progress on delivering these plans is also monitored via Divisional and Corporate Service Governance committees

- A core people survey action plan with concentrated areas of action is developed where the Trust scores worse that the average for Acute Trusts – is communicated and monitored via quarterly reports to Trust Board

- The Staff Friends and Family pulse check was recently launched, this survey will provide the opportunity to address core areas of focus for the trust and allow more immediate action and discussion through monthly engagement forums.

- All of the above work will dovetail with existing staff engagement mechanisms currently in place.

5. Listening into Action

Listening into Action is an approach to further develop the way we run our organisation, putting staff, patients and carers at the centre of the change. The work is designed to engage staff and patients at every level in deciding

the changes they want to see, and in helping them to make those changes happen, with the full support of the Trust behind them. The results impact outcomes for patients, staff morale and sickness levels, and in shifting the whole culture to be more positive and cohesive. Going forward, this work stream will be aligned to the Trusts organisational development priorities.

6. The Dudley Group Charter , Values and Behaviours

Values and behaviours emerged as a strong theme at our staff from Listening into Action events. Our staff registered a desire to develop more effective ways of working together to ensure the best quality care for our patients and carers, and are keen to be involved in revitalizing our organisational values. The development of a Staff Charter will define behaviours that our staff deem to be helpful and unhelpful. Our Charter and Our values are the set of rules by which we all operate on a day to day basis with ourselves, each other and our patients. On another level, they are attributes which we can hold staff to account for in describing our journey to being able to provide perfect care for our patients. We will continue to work collaboratively with staff and patients and carers to ensure that our values are truly embedded within all of our services across the Trust.

7. Organisational Development Priorities

The focus on Organisational Development in the Trust has grown significantly and is now widely recognised as pivotal in enabling the Trust to grow, renew and revitalise itself in order to meet the Trusts challenging strategic objectives. Five OD priorities have been identified and will be supported through planned OD interventions necessary to revise our vision. These are:-

- Leadership Development - Ensuring our line managers are excellent People Managers
- Culture
- Information, innovation and improvement
- Maximising potential
- High performing teams

The organisation has to invest further time and effort in this vital area to build upon the engagement work we have commenced. We will be working with all key parties to further enhance the Trusts bespoke management and leadership programmes, which are both evaluating with strong evidence of changes in behaviour and practice resulting in improved patient care.

The Listening into Action methodology will continue to be used to identify and facilitate improvements and the activity will be combined with planned work that supports the NHS Constitution Staff pledges.

Our OD plan places listening and learning at the heart of our approach to stakeholder engagement and embraces our vision to have a Trust that truly cares about the people and communities it serves and which will not shy away from pursuing our strategic vision. At the core of this is the need to ensure that our managers and leaders have the right attitude and skill set to ensure we meet the strategic challenges head-on.

8. The People Plan 2015-2018

The objectives of the people plan are:-

Objective 1   Recruit and retain our workforce in accordance with service plans that meet our needs today and in the future

Objective 2   Develop a healthy workplace

Objective 3   Develop a high Performance Culture

Objective 4   Further enhance staff satisfaction and engagement

8.1 Objective one - Recruit And Retain Our Workforce In Accordance With Service Plans That Meet Our Needs Today And In The Future

8.1.1 National Drivers and Challenges

There are on-going changes in the national health and social landscape, with large scale change brought about by the Health and Social Care Act. Increased collaborative working is being promoted, including integration of services and patient pathways. Alongside this, is the drive from commissioners, for services to deliver a competitive service, displaying increased value for money.

The Keogh Review proposes moving NHS services to a seven day working week, having more senior staff and consultants present at weekends is fundamental to moving from a five day week to seven day week service, this will involve significant workforce implications.

8.1.2 Local Drivers and Challenges

Our Clinical Divisional structure - Medicine, Nursing and Surgery, represents a workforce challenge to shift from silo to integrated working. In addition, the divisional structure represents a unique opportunity for a more integrated and aligned workforce model

identified through engagement with the Clinical Divisions, to ensure we have a sustainable workforce model.

The Trust also faces pressing financial challenges, and it is critical that during these challenging times, that we are able to mitigate against a potential dip in morale and enhance productivity, promoting supportive measures, including staff health and wellbeing and strong management and leadership.

A further opportunity and threat is that we are challenged with an aging workforce, predominately over 40, working to ensure that organisational knowledge is not lost and we have people coming into the organisation who can be developed and be able to identify our future talent from within our existing workforce to fill future gaps. The demographic of our workforce does cause us to expect that any required reduction in staffing can be achieved through natural wastage.

As part of the Trust response to this challenge and through the implementation of the People Plan, we will deliver and further enhance our Employer "Brand", identifying the key elements of our employment offer, which sets us apart from our local healthcare providers.

8.1.3 Workforce Planning

Our workforce plans (as part of a refreshed business planning approach) will receive Board scrutiny in January 2015.

In order to ensure we are able to deliver our strategy and deliver the care to our patients now and in the future. We will develop our ability to recruit and retain our people flexibly with the right skills, values and behaviours in accordance with our service plans and needs. In the future there will be a need to be able to 'flex' our people when necessary to manage more readily peaks and troughs in service. This includes:-

- **Developed workforce plans in accordance with service models:-**

   This will ensure our workforce is modelled in accordance with our service plans to deliver high quality care in line with our long term financial model.

   The workforce plan *(in development – not yet shared but will be included as an appendix)* will pull together all the

workforce models within the divisions and corporate services to ensure collectively the trust is able to meet both current and future workforce requirements. It will set out key enablers to deliver the workforce reductions contained with the financial model. It will also set out how the trust will do this, identifying key enablers and risks that could prevent the trust achieving against its plans. It will also outline how it plans to mitigate against those risks. The intention of the workforce plan is to maximise overall productivity gains, delivering value for money without impacting quality and thereby ensuring safe levels of staffing are maintained.

Specific workforce plans for our clinical divisions and corporate support services are in development to ensure that staff priorities are picked up in a safe, transparent and timely manner by consistent reviews of the plans, undertaking benchmarking data or through assessment models, so to identify and maintain an adequate supply of suitability qualified staff for each division and to migrate against any potential risks identified in terms of workforce.

- **Recruitment**

Robust recruitment processes will ensure the service and its systems and processes are fit for purpose and are "in time" to ensure the trust has the right staff in the right place at the right time with the right skills values and behaviours

Ensure staffs on-boarding experience is "best in class" again working with the Recruitment Team prior to appointment, which is then supported once in post with corporate and local induction and a series of entry interviews.

Further developing the recruitment and selection of staff through utilisation of Health Education England's values based situational judgement assessment tool via the NHS jobs platform, which de-selects possible applicants' ability to apply for positions based on a value based assessment.

In the future, this will include a move from task to outcome job descriptions, embedding flexibility at the core of our workforce.

Further enhance our competency based behavioural and value based recruitment process to develop a corporate culture aligned to the trusts values and charter.

- **Retention**

With an aging workforce, it is essential we identify future skill gaps and respond proactively, investing in our people and therefore, the future of the Trust.

The Trust will develop robust succession planning and talent management systems to ensure that we are identifying future fit leaders and managers. We will focus particularly on how we differentiate and retain our highest performers and ensure they receive focused development and opportunities. We will achieve this through the implementation of a high quality Performance and Development Review (PDR) process. Our future PDR process will include succession planning conversations and will ensure the organisation brings out the best in our staff, teams and the organisation as a whole

8.1.4 Corporate Social Responsibility

Developing strategic partnerships to build a long term supply of local staff through:-

- Working collaboratively with our neighbours and partner organisations within the local health economy to ensure the Trust contributes to the provision of development and work experience opportunities within our local communities. This will include access to work programmes with any underrepresented groups i.e. BME communities

- Working with the Ministry of Defence through the Career Transition Partnership to assist service leavers with opportunities in the NHS. The Trust supports staff that are reservists and will conduct a review of their skills gained through their experience and in doing this will be able to maximise the potential of these staff and utilise any additional skill in the appropriate way. The Trust will seek recognition on the SaBRE website as an employee who backs employees in the Reserved Forces

- Develop partnerships with local schools to ensure internships and career mentoring is offered to support local schools and students to have work experience. Build relationships with

local schools to provide the NHS workforce of the future. Internships provide students with a taste of working life and support the schools as they see the drop in students applying to university due to increased tuition fees. An example of the good work already being undertaken in this area, is the Health UTC opening in 2015 and also the HEWM LETC apprentice hub development.

- Work with local high schools to support work experience, career coaching, HR master classes, mentoring and sitting on the Local Advisory Board as advisors to the career academies programme.

- Hold an annual Open Day/Careers Day to promote the services provided by the Trust and attract the local population to the potential range of careers in the NHS My understanding is that the HUB will support this for us

The majority of the workforce are recruited from the local population *(figure required)*. It is one of the Trust's key priorities to maintain our corporate citizenship responsibilities by employing local people. We acknowledge that the workforce needs to be representative of the demographic that we cover and further work will be done to address this.

8.1.5 Apprenticeship's and Volunteering within The Dudley Group NHS Foundation Trust

The Dudley Group as a Trust has in place an approach to Apprenticeship development. It is the intention of the Trust to ensure that any Band 1 or Band 2 post that is vacated in the Trust, is filled with an apprentice, but this will be discussed in detail with our Clinical Divisions, as part of the wider approach to workforce planning.

The trust is committed to delivering Apprenticeship opportunities for staff as part of their people plan which supports delivery of the Trust's vision, strategy, Divisional development plans and new ways of working.

The Trust will develop a structured approach to utilising volunteers across our sites; all of the work we have undertaken on Vision and Values will apply to Volunteers. Volunteers will be seen as a key element of our peripheral workforce.

8.2 Objective two - Develop A Healthy Workplace

8.2.1 The Health and Wellbeing Plan: "Where People Matter – Caring for our Staff"

The Trust's Health and Wellbeing approach: "Where People Matter – Caring for our Staff" is modelled on our ambition to deliver high quality patient care. The plan intends to ensure the high quality levels of care and support provided to patients are reflected in the way the Trust treats and supports its staff. This plan sets out a vision to pursue best in class sickness absence and minimal work related stress, minimal work related injuries, and minimal assaults on staff.

The aim of the plan is to support staff to be happy, healthy and remain in work, which has been evidenced through research to have a positive impact on patients and the care they receive. The Trust must demonstrate that our people matter.

Research and evidence shows that sickness absence negatively impacts on patient care. Research also indicates that investment in health and wellbeing programmes reduces sickness absence, and thus the costs associated with sickness absence, they also reduce staff turnover and increase employee satisfaction which leads to increased productivity.

Building on the culture shift achieved by Listening into Action; Where People Matter - Caring for our Staff' puts staff at the centre of the Health and Wellbeing plan by focusing on fostering a work environment that supports, nurtures and listens to staff. This approach supports and embeds the shift in the way we run our organisation as the culture moves towards one that is more positive and considers health and wellbeing from a staff perspective.

The Health and Wellbeing plan supports staff in managing their stress levels through health and wellbeing clinics, the mindfulness programme and other support initiatives.

Mental health problems including stress account for nearly a third of sickness' absence in the workplace and from research this trend is increasing. As an NHS organisation. We have an opportunity to draw on the expertise of local mental health organisations to provide high quality support for staff with mental health issues. The health and wellbeing plan sets out the vision

that we aim to be a leading organisation in providing support to staff with mental health issues. One of the primary ways this is to be achieved is through enabling line managers to support staff with mental health issues.

The Trust will link with the national award scheme Work Place Wellbeing Charter in regards to the Trust endorsing the assessment criteria "Stress and Mental Health" domain of the charter.

1. **8.2.2   Staff Support and Occupational Health Services**

The trust has a well established Staff Support Service which offers staff free, independent and confidential access to a range of services, offering support for day to day life events and difficulties either work or home related with access to a 24/7 telephone helpline. Additionally during periods of organisational change staff and managers may wish to access further additional support services offered by the team including:

- Staff Counselling and Support
- 121 Sessions Specific Workplace Concerns
- GP Style drop in sessions
- Fitech Stress Testing
- Cognitive Behavioural Therapy based workbooks covering a variety of everyday issues free to staff to either download or be sent out by post. Mediation

Training will also be provided by the team including: -

- Managing you own personal stress
- Mental Health Awareness (full day and half day)
- Resilience Training
- Listening Skills
- Assertiveness Training

We are aiming to be a centre of excellence in how we support our staff with mental health issues. Research shows that one in four staff will be affected by mental health issues in their life time, so it is essential that we can support our staff through these times of need focusing on their recovery journey.

8.2.3 Next steps

As part of our future plans we need to audit our current activity against the recommendations of the Boorman Health and Wellbeing report (2009) and demonstrate how this has been applied and implemented in the Trust, to ensure we improve the health and wellbeing of staff across the whole of the organisation. There will be a focus on the sharing of good practice across all divisions to ensure the Health and Wellbeing plan is delivered strategically and consistently and fairly across the Trust.

Going forward the Trust will be externally assessed by the Workplace Wellbeing Charter, apply for the NHS Sport and Physical Activity Challenge awards for work currently being undertaken by the trust.   This will be supported by an enhanced approach with local partners to provide gym access and other well-being support initiatives.

8.2.4 Measuring success

The success of this objective can be in part measured through improvements in the following HR key performance indicators:

- A reduction in sickness absence levels
- A reduction in the costs associated with sickness absence
- A reduction in agency spend
- Increase in staff satisfaction
- Increase in employee engagement
- Increase in the number of staff assisted to return to work or remain in work where they suffer with a long term condition, where possible.

Additionally success will be measured through a successful evaluation of the impact of the Health and Wellbeing plan on outcomes for staff, patients, teams and the organisation.

8.3 Objective three – Develop a High Performance Culture

As a Trust, we need to continue to develop our approach to reward and recognition for all staff efforts, whilst also ensuring that we support all of our employees to work at an optimal level of performance

To increase staff satisfaction the trust will enhance current recognition schemes, to ensure that we reinforce our values and culture and which are communicated through, intranet and our in-house magazine.

The Trust will develop an Employee of the Month Award. All staff who are nominated for this award are named in Trust communications along with the winner.

The Trust has an annual Achievement Awards where staff and teams are nominated. All staff who have won an Employee of the Month Award have their names put forward and one of them is recognized as Employee of the Year. Other local award schemes have been developed across the divisions in recognising the efforts and performance of staff.

A number of technological innovations should be created to support staff reward and recognition that may include: E-Thank You Cards,

Staff Appreciation Week – This will be run annually and include a range of activities from health and wellbeing initiatives to obtaining staff discounts, alternative therapy days, an education and learning day in each of the divisions.

2015 will see the review of a number of policies including the development of a Retirement Policy and the trusts long service awards, alongside a review of the existing Capability Procedure, to enhance the focus on Performance improvement.

As the Trust enhances it's performance monitoring arrangements, it will also need to be clear about expectations, roles and responsibilities for all our managers in respect of People management and will hold to account all key parties in delivering the core people management activity we require, this will include a more robust approach to non-compliance around the people management essentials, namely appraisal/PDR, Mandatory Training and the management of absence as per the agreed policy. A more structured approach will be adopted to rewarding staff through incremental progression, using existing policies to drive up performance and manage performance in any area that may not be meeting our quality, finance or people management standards.

8.4 Objective four – Further Enhance Staff Satisfaction And Engagement

This section recognises how challenging it is to sustain and increase staffs satisfaction in challenging times and through large scale change and transition of our services. More than ever it is critical that we improve and enhance staff engagement as any change and improvement will be delivered by our people for our people. It is recognised that all other people plan objectives are fundamental in delivering and improving staff satisfaction. The trust will continue to

develop the Listening into Action methodologies to ensure effective staff engagement.

8.4.1 Listening Into Action

The Listening Into Action approach has historically worked well in the Trust. The quality of staff engagement will have a direct impact on quality, service provision, will enable better partnerships and will help us become highly effective with fully engaged staff.

The organisation is committed to involving our workforce to ensure change and continuous improvement is cultural and systemic. The approach taken through Listening Into Action is incorporated within our overall model for change at the Dudley Group. This will be a core component of our organisational development plan and is a platform to enable overall organisational and sustainable change.

There is a need to host scheduled Listening into Action sessions with a cross section of staff from across the Trust to share their views and ideas. The conversations should focus on 'what matters', 'what gets in the way' and there should be the ability to share practical ideas to overcome obstacles and barriers to delivering high quality service within their areas of work. Emerging themes will be identified and prioritised for further action for targeted for specific improvement.

8.4.2 Staff Satisfaction Future Projections

(Table to be developed further following board discussions and decision re which baseline to use)

8.4.3 Work streams

Three work streams should be established to take action on our staff ideas:

Quick Wins: A series of high impact, highly visible actions which can be implemented quickly as a means of initiating rapid improvement and demonstrating to staff that they have been listened to.

Enabling Our People: Five focused projects to improve how things work and remove obstacles so frontline staff feel they are able to do their jobs more easily.

First Adopter Teams: Teams of staff who will pioneer the adoption of Listening Into Action ways of working with support and full backing from the Trust to help them achieve amazing results through staff-led change. The teams will be identified through our existing Staff Survey results, using areas where staff have responded positively to the staff survey indicators.

8.4.5 Devolved Listening Into Action

The teams set up within the Enabling Our People and First Adopter Teams will replicate the Listening Into Action process by holding Listening Into Action events at a local level. These conversations ensure frontline staff are involved in leading and influencing improvement that is most effective and meaningful for our staff.

8.4.6 Translating our values into behaviours –

Our staff – led by staff governors, will lead on the production of our Staff Charter and clear definitions of behaviours that are conducive to effective team working and the delivery of quality care.

Developing approaches to change, working practices and management approaches that engender trust and ownership.

- Further development of values led, authentic leadership
- Equipping leaders with the skills to lead and deliver change effectively in accordance with the principles of the Trust
- Ensuring there is regular, open and honest two way communication, through a genuine commitment to engage and involve our staff
- Commitment to treat all staff fairly in accordance with policy and best practice
- Commitment to providing appropriate support and development for our staff to demonstrate employability
- Offering full support package to staff going through organisational change including staff support, union learning, CV writing support, CAB support, working family's advisory service, mindfulness, Life Coaching etc.

8.4.7 Appraisals and PDR's

It is expected that every employee will have an annual Performance and Development Review. The review is to ensure

that our staff are supported and developed to perform their role to the best of their ability and will be attributable to deliver quality services. In keeping with our Trust principles, our Trust is committed to providing the development and support to enable staff to maximise their potential.

8.4.8 Internal communications

There will be on-going work with the Trust Communications team to ensure that the right messages get to our staff, in a timely fashion, to ensure on-going meaningful engagement and involvement.

9. Workforce Team

As a key part of corporate services: the Workforce & OD Team has a critical role to play as business partner. The departments focus will be on ensuring we have sufficient capacity and effective sustainability.

9.1 Transactional HR

The Trust will monitor the delivery of its HR transactional services. We will now provide this service to Divisions via an internal SLA agreement. This service includes:

- Recruitment
- Workforce Information

The Key performance Indicators regime is intended to ensure compliance with the key customer requirements for delivering the contract.

9.2 Strategic Workforce

There are rising expectation so Workforce in terms of contributing to strategy, enabling the execution of business plans, supporting the delivery of CIPs and delivering tangible benefits. The HR team needs to develop its HR professionals to work closely with the business leaders and line mangers of the divisions, influencing and steering strategy and strategy implementation

The Dudley Group NHS

NHS Foundation Trust

Paper for submission to the Board on 4th December 2014

TITLE:	Charitable Funds Committee Report		
AUTHOR:	Chris Walker – Deputy Director of Finance-Financial Reporting	PRESENTER	Richard Miner – Chair Charitable Funds Committee

CORPORATE OBJECTIVE: S03 Productivity

SUMMARY OF KEY ISSUES:

To update the Board on the activities of the Charitable Funds Committee over the past six months.

IMPLICATIONS OF PAPER: *(Please complete risk and compliance details below)*

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

ACTION REQUIRED OF COMMITTEE: .

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE BOARD

 To note the report.

Charitable Funds Committee

Report to Board of Directors – 4ᵗʰ December 2014

The Charitable Funds Committee has met twice since the last report to the Board of Directors. The main activities of the Committee over the reporting period are summarised below.

Charity Fundraising

The Fundraising Co-ordinator has continued to make good progress over the reporting period. The biggest event of the year was the charity football match. This was held at Stourbridge Football Club on 28ᵗʰ September and saw a Dudley All Stars team take on ED Staff. A number of ex-footballers took part in the match or were present at the event including Steve Bull and Jody Craddock. As well as the match there were a number of stalls and games and also a presentation dinner and dance. Donations from the event are still coming in but a contribution well in excess of the planned £7k is expected. Other events included a Cricket Match between Dudley Group and Dudley CCG, individual sky diving sponsorship and 'Will Week'. In addition fund raising in the community continued to increase year on year with the charity becoming 'Charity of the Year' for a number of companies.

The planned level of funds being raised by the Fundraiser for the 2014-15 financial year has been agreed by the Committee. A target of £151k (£96k contribution once expenditure has been accounted for) has been set backed up by a clear plan of various fundraising initiatives of differing scales. This would deliver a return on salary of 3.56 which is the level expected of a dedicated fundraiser.

The Committee continues to monitor the work of the fundraiser at each meeting.

Charity Finances and Investments

For the reporting period ending 31ˢᵗ October 2014 the Charity had fund balances totalling £2.49m. This was a decrease of £186k from the previous financial year end. The headlines for the year to date are total income of £230k, made up of £163k in donations, £33k in investment income and £34k in other income. There was £415k of expenditure. This was made up of £382k on charitable activities, £31k costs of generating funds and £2k on governance costs. There was a loss of £1k on the revaluation of fixed assets contributing to the overall movement. The Charity had £1.13m held in investments and £1.35m in short term deposits and cash. Small levels of debtors and creditors made up the remaining balances.

The Committee also receives reports showing the performance of Charity investments and an update on the position of legacies. The Committee is kept informed where the Charity has been made aware of a legacy due up until the actual payment is received.

The Committee continues to promote a strategy of ensuring that donations are spent in a timely manner. This has been reflected in the levels of expenditure over the last financial year in particular and is also demonstrated in the first seven months of this financial year. Funds that have not incurred any expenditure over a six month period are reported to the Committee on a regular basis. The Committee then invites the

fund manager to present their fund spending plans to the Committee or a Committee member. Meetings have taken place with fund managers over the past six months and plans are now in place to ensure that the donor's wishes are being exercised.

Bids against the General Fund

In the past the Committee have received bids from all wards and departments. While the Committee is happy to receive bids from anyone in the Trust we have made it clear that going forward the ward or departments own fund should be fully utilised before any bid is made to the general fund. During the reporting period the Committee have approved a number of bids from the general fund. The highlights are as detailed below.

1. E-Learning pack - Organ Donation Critical Care (£4,000)
2. Pressure relieving chair – Ward B6 (£2,310)
3. Anatomical equipment & educational material – Community Physio (£904)
4. Simulation mannequin - Neonatal (£10,070)
5. Wellbeing resources for vulnerable patients (£400)

The Committee have established a clear bid process going forward with staff now presenting the bids to the Committee members when required.

Other items to note

Charity hub in main reception – the Committee carried out a review on the feasibility of opening a charity shop. While this proved unviable it was clear that the charity could increase the revenue it receives from the operations of the charity hub if this was made a Trust Charity only outlet. The Committee asked that additional branding was applied to the hub and a review of the external charities using the hub was carried out. The review highlighted that up to £12k additional revenue could be generated if the hub was used exclusively for the Trust Charity. The Charity Fundraiser is implementing a plan to phase out external charity use of the hub over the next twelve months whilst ensuring it is utilised by the Trust at all times.

Organ donation sculpture – the sculpture was officially unveiled by His Royal Highness the Duke of Gloucester in October. The Charity Committee were please to support the Organ Donation Sculpture and contributed £23k towards the costs.

Richard Miner
November 2014

Dudley Group Charity
Statement Of Financial Activities

For the period ended 31st October 2014

	Unrestricted Funds £	Restricted Funds £	Endowment Funds £	Total £
INCOMING RESOURCES				
Incoming Resources From Generated Funds				
Voluntary Income				
Donations	3,962	159,057	0	163,019
Legacies	0	1,105	0	1,105
Grants Receivable From Other NHS Charities	0	0	0	0
Other Grants Receivable	0	0	0	0
Sub Total Voluntary Income	3,962	160,162	0	164,124
Activities for generating funds	1,605	10,399	0	12,004
Investment Income	5,412	27,212	0	32,624
Incoming Resources From Charitable Activities	0	0	0	0
Other Incoming Resources	0	21,402	0	21,402
Sub Total Other Income	7,017	59,013	0	66,030
TOTAL INCOMING RESOURCES	10,979	219,175	0	230,154
RESOURCES EXPENDED				
Costs of Generating Funds				
Costs of Generating Voluntary Income	6,629	18,550	0	25,179
Fundraising Trading Costs	101	5,523	0	5,624
Investment Management Costs	0	0	0	0
Charitable Activities	74,595	307,228	0	381,823
Governance Costs	314	1,594	0	1,908
Other Resources Expended	0	0	0	0
TOTAL RESOURCES EXPENDED	81,639	332,895	0	414,534
Net Incoming/(Outgoing) Resources Before Transfers	(70,660)	(113,720)	0	(184,380)
Gross Transfer Between Funds	(210,353)	210,353	0	0
NET INCOMING/(OUTGOING) RESOURCES	(281,013)	96,633	0	(184,380)
Other Recognised Gains/(Losses)				
Gains/(Losses) on revaluation of own fixed assets	(1,680)	0	0	(1,680)
Gains/(Losses) on reval & disposal of Inv'st Asset	0	0	0	0
NET MOVEMENT IN FUNDS	(282,693)	96,633	0	(186,060)
Fund Balances Brought Forward	518,116	2,160,546	0	2,678,662
FUND BALANCES CARRIED FORWARD	235,423	2,257,179	0	2,492,602

Dudley Group Charity

Balance Sheet

As At 31st Oct 2014

	As at 31 March 2014 £	Unrestricted Funds £	Restricted Funds £	Endowment Funds £	As at 31 Oct 2014 £	Movement £
Fixed Assets						
Intangible Assets	1,680	0	0	0	0	(1,680)
Tangible Assets	0	0	0	0	0	0
Inalienable and Historic Assets	0	0	0	0	0	0
Investments	1,127,453	87,408	1,040,045	0	1,127,453	0
Total Fixed Assets	1,129,133	87,408	1,040,045	0	1,127,453	(1,680)
Current Assets						
Stocks	0	0	0	0	0	0
Debtors	16,854	1,020	12,641	0	13,661	(3,193)
Short Term Investments And Deposits	206,547	100,000	1,187,069	0	1,287,069	1,080,522
Cash At Bank And In Hand	1,411,436	46,995	18,237	0	65,232	(1,346,204)
Total Current Assets	1,634,837	148,015	1,217,947	0	1,365,962	(268,875)
Creditors: Amounts Falling Due Within One Year	85,308	0	813	0	813	(84,495)
Net Current Assets	1,549,529	148,015	1,217,134	0	1,365,149	(184,380)
Total Assets Less Current Liabilities	**2,678,662**	**235,423**	**2,257,179**	**0**	**2,492,602**	**(186,060)**
Creditors: Amounts Falling Due After More Than One year	0	0	0	0	0	0
Provisions For Liabilities And Charges	0	0	0	0	0	0
Net Assets	**2,678,662**	**235,423**	**2,257,179**	**0**	**2,492,602**	**(186,060)**
Funds of the Charity						
Endowment Funds	0	0	0	0	0	0
Restricted	2,160,546	0	2,257,179	0	2,257,179	96,633
Unrestricted	518,116	235,423	0	0	235,423	(282,693)
Total Funds	2,678,662	235,423	2,257,179	0	2,492,602	(186,060)

The Dudley Group **NHS**
NHS Foundation Trust

Paper for submission to the Board of Directors on 4th December 2014

TITLE:	Quarterly Quality Account Report (2014-15) (Second quarter up to the end of September 2014)

AUTHOR:	Derek Eaves Quality Manager	**PRESENTER:**	Denise McMahon Director of Nursing

CORPORATE OBJECTIVE:

SGO1: Quality, Safety & Service Transformation Reputation - To become well known for the safety and quality of our services through a systematic approach to service transformation, research and innovation.

SGO2: Patient experience - To provide the best possible patient experience.

SUMMARY OF KEY ISSUES:

A. The attached paper indicates the Trust's position at the end of the second quarter with the five Quality Priority target areas and the National Clinical Audits/Confidential Enquiries for 2014-15. The paper shows the actions being taken to achieve the targets. With regards to the five specific quality priority areas:-

Patient Experience - There are two hospital and two community targets for this topic, however, the latter two are based on an annual survey and so these cannot be reported on at this stage. Both of the hospital targets are on track to be met and greater emphasis is being placed by the Matrons on the call bell answering.

Pressure Ulcers – Unfortunately, after the good performance in the initial quarter, two of the four target topics have taken a downturn in the last quarter. There has been one avoidable Grade 4 ulcer in the hospital which means this target has now been missed for the year and there have been three Grade 3 avoidable pressure ulcers in the community which means that the yearly target of no more than four has a high risk of being missed.

Infection Control – Both the MRSA and C. Difficile targets are being met so far with no bacteraemias and fifteen C.Difficile cases (against a target of 22 for the quarter) being reported.

Nutrition/Hydration – Both targets are on track to be achieved at the end of the year, with the topic of hydration topic requiring continual and further emphasis and this continues.

Mortality – Improvements in the timings of reviews is occurring which indicate that the end of year target will be met.

With regards to the **National Clinical Audits and Confidential Enquiries -** It can be seen that staff are participating in all of those relevant to the Trust's services.

B. The paper also shows the results of a survey of 38 people who attended the recent Annual General Meeting. The survey indicates a general agreement with the present priority topics and has ideas for future topics.

C. With the demise of the quarterly Trust newsletter in which the quarterly QA results were published, the results are now being provide don the Trust website in the format attached. Any comments on this format are welcome.

IMPLICATIONS OF PAPER:

RISK			Risk Description:	
	Risk Register		**Risk Score:**	
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	N	**Details**:	
	NHSLA	N	**Details:**	
	Monitor	Y	**Details:** Quality Report requirements	
	Equality Assured:	Y	**Details:** Better Health Outcomes Improved Patient Access and Experience	
	Other	Y	**Details**: DoH Quality Account requirements	

ACTION REQUIRED OF THE BOARD:

Decision	Approval	Discussion	Other
		✓	✓– Comment

RECOMMENDATIONS FOR THE BOARD: To note: a) the position with regards to the quality priority targets and with regards to the national clinical audit/confidential enquiry participation at the end of the quarter b) the results of the survey undertaken at the AGM and c) the information being placed on the Trust website.

THE DUDLEY GROUP NHS FOUNDATION TRUST

QUALITY PRIORITY 1: PATIENT EXPERIENCE. TARGETS: Hospital: a) Maintain an average score of 8.5 or above throughout the year for the patients who report receiving enough assistance to eat their meals. b) By the end of the year, at least 90 per cent of patients will report that their call bells are always answered in a reasonable time. **Community:** a) Equal or improve the score of patients who state they were informed who to contact if they were worried about their condition after treatment. (2013/14: 8.8 out of 10). b) Equal or improve the score of patients who state they know how to raise a concern about their care and treatment if they so wished. (2013/14: 8.3 out of 10)

Planned Actions	Who	By When	Progress at end of September 2014
Hospital			
Continue to recruit volunteer mealtime assistants	Jackie Dietrich	March 2015	**COMPLETE** 35 volunteer mealtime assistants recruited at first dedicated recruitment event in March 2014. In April to June 38 more volunteer mealtime assistants recruited. Ongoing recruitment activity in place.
Newly recruited mealtime assistant volunteers to be trained and in place on the wards where needed	Jackie Dietrich	March 2015	**COMPLETE** First training session 26th June 2014. Ongoing training session scheduled for new recruits..
Targeted patient experience surveys to be undertaken with patients requiring mealtime assistance to ensure that patients are getting the help they need	Liz Abbiss	June 2014	**COMPLETE** New process commenced in May. When patient experience assistant is undertaking surveys, if he sees someone else in the bay is on a red tray he asks the individual survey question.
Call bell data included on the new ward huddle board (prominent boards on each ward that include important safety and patient experience information for patients, relatives and staff) to maintain the focus on this important issue and to let staff and patients know how their ward is performing	Liz Abbiss	June 2014	**COMPLETE**. Call bell scores now included on the huddle boards and updated each month.
Review and further develop the pilot carried out on surgical wards in 2013/14 and roll out to all wards	Lesley Leddington	October 2014	In progress
Develop postcard style information to give to patients finishing their treatment advising who to contact if they are worried and how to raise a concern	Carrie Spafford	December 2014	The deadline for this will be reviewed late November following the roll-out of the Friends and Family Test for Community
Utilise the single point of access telephone number for patients to contact	Carrie Spafford	December 2014	Single point of access telephone number in place – will be communicated to all patients via the mechanisms outlined. Commissioners are reviewing the SPA facility consequently not available to patients at this time
Refresh posters in clinic settings advising patients how to raise concerns	Carrie Spafford	December 2014	The deadline for this will be reviewed following the roll-out of the Friends and Family Test for Community as per above note
Review appointment and discharge letters to ensure patients receive information on who to contact if they are worried after treatment and how to raise a concern	Carrie Spafford	December 2014	In progress with action plan to complete by December 2014

Hospital

April-September 2014 data and commentary

Quality priority hospital (a)	Q1	Q2	Q3	Q4	2014/15 YTD
Maintain an average score of 8.5 or above throughout the year for patients who report receiving enough assistance to eat their meals.	8.5	9.6			8.95
Number of patients who felt that they sometimes or never get the help that they needed	5 (out of 400 surveyed)	2 (out of 440 surveyed)			7 (out of 840 surveyed)
Quality priority hospital (b)	Q1	Q2	Q3	Q4	2014/15 YTD
By the end of the year, at least 90 per cent of patients will report that their call bells are always answered in a reasonable time.	85.5%	86%			86%

The hospital quality priority is on track with target (a): average target score achieved in quarters one and two target (b): having a good score to build on to reach 90% by the end of the year. With regards to the patients perceiving they did not have enough assistance to eat, these were out of a total of 62 who reported that they perceived they needed help (55 stated that they were receiving the help they needed). A more effective system of monitoring these patients has been put into place, in that the surveyor will tell the nurse in charge that the patient has a concern and the nurse in charge will discuss this with the patient and report back the outcome of that conversation. This has seen an improvement in the score. The relevant Matron is informed of the concern and outcome.

Community

April-September 2014 data and commentary

No data to report for quarter one as this is an annual survey.

Board Sponsor: Denise McMahon, Director of Nursing
Operational lead: Liz Abbiss, Head of Communications and Patient Experience

QUALITY PRIORITY 2: PRESSURE ULCERS: Hospital: a) Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year b) Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2014/15 does not increase from the number in 2013/14 **Community:** a) Ensure that there are no avoidable stage 4 pressure ulcers acquired on the district nurse caseload throughout the year. b) Ensure that the number of avoidable stage 3 pressure ulcers acquired on the district nurse caseload in 2014/15 does not increase from the number in 2013/14

Planned Actions	Who	By When	Progress at end of September 2014
Continue to support hospital staff in the effective use of new mattresses	C Carter Direct Health Care	July 14	Ward walks have now discontinued as usage is mostly appropriate, Link Nurses performing Ad-hoc checks on ward.
Utilise the equipment co-ordinator to monitor current practice in all wards. This will include checking that SKIN bundles are completed effectively and ensuring patients are all nursed on the appropriate equipment	C Carter	July 14	Equipment coordinator is now performing skin bundle checks on wards and checking that patients have all the appropriate equipment as required.
Develop and embed the use of a new equipment selection flow chart for the community service supported by education sessions	L Turley D Hartill D Flavell	End June 2014	**COMPLETE**. Chart launched and in use. Community Equipment team are monitoring compliance and this is improving.
Continue weekly meetings with the pressure ulcer group to review any stage 3 or 4 ulcers that may develop while the patient is under the care of the Trust	L Turley C Carter	Apr 2015	Weekly meetings continue – common themes identified and actions put in place to improve standards.
The Tissue Viability team will continue to work with private care agencies and organise education sessions and updates as required	L Turley	Aug 2014	**COMPLETE** Regular sessions ongoing
The team will support nursing homes with regular link nurse meetings	L Turley	Aug 2014	**COMPLETE** Link nurses are identified and regular 3 monthly meetings in place
Following the success of a first newsletter sent out to nursing homes, the team intend to send a regular newsletter to update nursing home staff and practice nurses	L Turley K McBride	July 2014	First newsletter completed. TV is working with company to develop next edition The team have not had capacity to develop newsletters due to increased impact of reviewing all pressure ulcers in accordance with the CQUIN target.
Education sessions to continue for all staff with practical sessions	C Carter	Apr 2015	Several sessions booked – one session cancelled due to lack of interest, more advertising and awareness of future dates has been pushed.
Play a role in working with national groups to agree standard definitions for wounds that are diabetic foot ulcers or related to circulation problems compared to pressure ulcers	L Turley	Oct 2014	Draft copy of poster developed.

April-September 2014 Data

Hospital
The quarterly figures are shown below for incidents of avoidable pressure ulcers:

Period	2013/14	Apr- June 14+	Jul-Sep 14+	Oct-Dec 14	Jan-Mar 15
No. of stage 3	41	4	8		
No. of stage 4	0	1	0		
Total	41	5	8		

+Please note than these figures may change dependant on the outcomes of RCA investigations as to whether reported pressure ulcers are avoidable or unavoidable.

Community
The quarterly figures are shown below for incidents of avoidable pressure ulcers:

Period	2013/14	Apr- June 14+	Jul-Sep 14+	Oct-Dec 14	Jan-Mar 15
No. of stage 3	4	0	3		
No. of stage 4	0	0	0		
Total	4	0	3		

+Please note than these figures may change dependant on the outcomes of RCA investigations as to whether reported pressure ulcers are avoidable or unavoidable.

April-September 2014 Commentary

It has been disappointing to see a rise in avoidable stage 3 pressure ulcers this quarter. It also needs noting that following review of quarter 1s data we now have a hospital acquired avoidable stage 4 pressure ulcer. All pressure ulcers stage 3 or 4 that are acquired under our care are now reviewed and confirmed by a member of the tissue viability team. The process for investigating pressure ulcer development has been improved so that they are reviewed in a timelier manner; this includes a review by Matron/Head Nurse prior to discussion at the meeting.

Board Sponsor: Denise McMahon, Director of Nursing
Operational Lead: Lisa Turley, Tissue Viability Lead Nurse

QUALITY PRIORITY 3: INFECTION CONTROL TARGETS: Reduce our MRSA and Clostridium difficile rates in line with the national and local priorities. MRSA Bacteraemia (blood stream infections) target is to have no post 48hr cases; C. difficile is no more than 48 post 48hr cases in 2014/15.

Planned Actions	Who	By When	Progress at end of September 2014
Working with our hydrogen peroxide vapour (HPV) 'fogging' contractor to agree a rolling programme of decontamination services to assist in the prevention of cross infection	Lead Nurse, IC	Oct 2014	Meetings with company in July and discussion planned with new Matron (Infection Control) on commencement in August. A rolling programme has now been developed following a review of the floor plan of the hospital.
Providing further training around specimen collection and utilising the specimen checklist relating to C. difficile	Lead Nurse, IC	June 2014	**COMPLETE**
Develop further education programmes and competencies that can be utilised across the Trust for Infection Control	Lead Nurse, IC	Oct 2014	Infection control competencies have been rolled out across the link practitioners once they are completed they will be rolled out to the rest of the nursing teams. To assist with this work we have enrolled the assistance of the practice development nurses for medicine, surgery and Trauma & orthopedics and the graduate nurse programme as well as the programme organizer for Novices and CSW`s. All training session power points are continually being reviewed and updated as required.
Working with community nursing teams to enhance their knowledge around specimen retrieval, infection prevention and control and data collection	Lead Nurse, IC	Oct 2014	Initial meetings held to identify scope of work. All community nurses have now been trained on the IPAS audit system enabling them to submit saving lives audit results. The infection prevention team is undertaking site visits to community teams to enhance the support given. Link Practitioner meetings for community services have commenced and the inaugural meeting was well attended.
Developing an agreement with the principal commissioner (Dudley CCG) on local actions, including an algorithm to differentaite between avoidable and unavoidable cases, based on NHS England's publication: C. difficile infection objectives for NHS organisations in 2014/15 and guidance on sanction implementation	Director of Infection Prevention and Control	June 2014	**COMPLETE**
Publish the numbers of avoidable and unavoidable C. difficile cases on the Trust website	Nursing Director	Quarterly	This process has now been agreed with the CCG for rollout in Summer/Autumn 2014. The process for determining avoidability of Clostridium difficile cases commenced September 2014.

April-September 2014 Data and Commentary

(N13) Clostridium difficile infections

Month / Year	> 48 hrs Activity	> 48 hrs Target	% Over/Under Target	Cumulative > 48 hrs	Cumulative Target	Cumulative % Over/Under Target	Trust Total	Health Economy
Apr-14	3	4	-25.0%	3	4	-25.0%	5	9
May-14	1	4	-75.0%	4	8	-50.0%	7	9
Jun-14	3	3	0.0%	7	11	-36.4%	7	8
Jul-14	2	4	-50.0%	9	15	-40.0%	5	7
Aug-14	6	3	100.0%	15	18	-16.7%	7	10
Sep-14	-	4	-400.0%	15	22	-31.8%	5	5
Oct-14		4			26			
Nov-14		5			31			
Dec-14		5			36			
Jan-15		5			41			
Feb-15		4			45			
Mar-15		3			48			
FY 2014-15	15	48	-68.8%				36	48

Monthly number of C.diff cases

The CCG target for Cdiff is 48 cases for the financial year. The vital signs reporting framework has indicated that samples taken during the first 48 hours of admission to hospital should not be considered as hospital acquired.

The Trust Total applies to the number of samples taken from Inpatients, including pre 48 hours.

The Health Economy figures apply to all samples processed by the Russells Hall pathology service, including GP samples.

It can be seen above that for the second quarter the Trust is achieving its C. difficile target with 15 cases against a target of 22. There have been no post 48 hour MRSA bacteraemia cases and so that target is also being met. There has been 1 pre 48 hour MRSA bacteraemia in September. In line with national guidance Dudley CCG are leading a post infection review of this case.
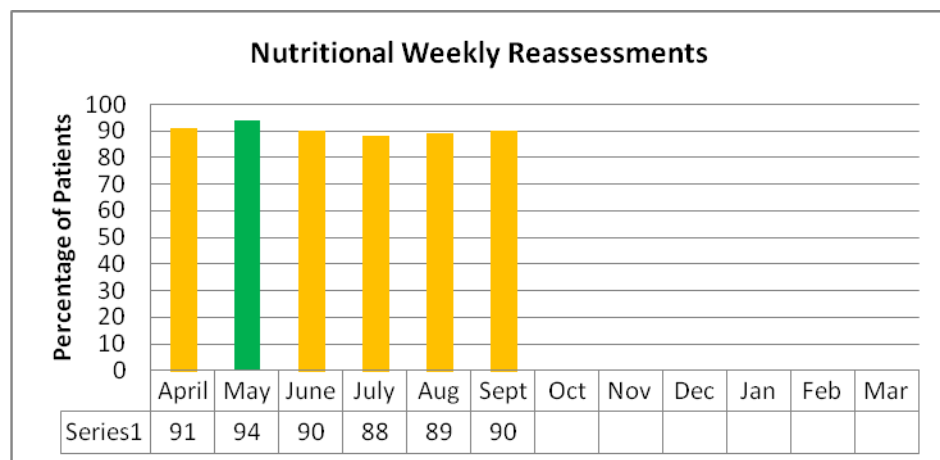
Board sponsor: Denise McMahon, Nursing Director
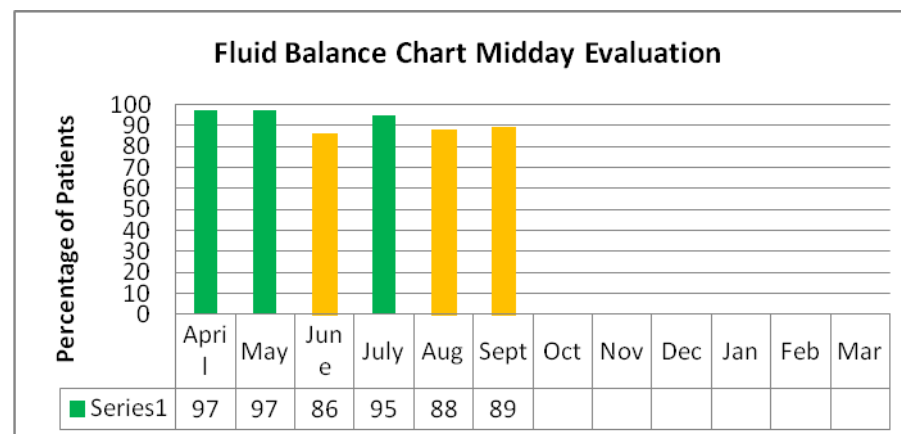**Operational lead:** Dr. E Rees, Director of Infection Prevention and Control

QUALITY PRIORITIES 4 AND 5: NUTRITION/HYDRATION: **Nutrition;** Increase the number of patients who have a weekly risk re-assessment regarding their nutritional status. Through the year on average at least 90% of patients will have the weekly risk assessment completed and this will rise to at least 93% by the end of the year (March 2015). **Hydration:** Ensure that on average throughout the year 93% of patients' fluid balance charts are fully completed and accumulated at lunchtime.

Planned Actions	Who	By When	Progress at end of September 2014
The present process of monthly mealtime audits will be reviewed to develop a more robust system of ensuring appropriate action is taken dependant on the audit results	S Phillips Karen Broadhouse	August 2014	Strategy meeting with S Philips and K Broadhouse has taken place. Initial processes explored, 1st September new process introduced. **COMPLETE**.
A more automated system of ensuring that patients and staff are forewarned about mealtimes rather than relying on the use of the hand bells will be introduced	S Randall D Aston	March 2015	A meeting with the call bell supplier has occurred and the Trust has obtained the relevant information to change the system. R Tomkins Matron has taken over as Trust lead for Nutrition she will liaise with D Aston to drive this element forward.
An electronic learning package will be implemented	A Marsh	Sept 2014	Awaiting assurance that Trust IT system will support program.
A formalised strategy will be developed to ensure that Nutrition/Hydration is a priority issue	A Marsh P Deel - Smith	Sept 2014	In progress
All current menus will be reviewed to ensure greater choice for patients	A Marsh H Standish Bevan	April 2014	**COMPLETE**. Menus have been developed; trials have commenced awaiting final sign off of new meal choices.
All nutrition based policies will be reviewed and amended to ensure that they reflect up-to-date practice at the Trust	A Marsh P Deel – Smith A Fairhurst	March 2015	There are currently numerous guidelines available, which are under review. New screening Guidelines have been developed and presented to Policy group for ratification.

April-September 2014 Data - Nutrition

Nutritional Weekly Reassessments

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Series1	91	94	90	88	89	90						

April-September 2014 Data - Hydration

Fluid Balance Chart Midday Evaluation

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Series1	97	97	86	95	88	89						

Key: Green – 93% and above
Amber – 92-75%
Red – 74% and less

April-September 2014 Commentary

Initial start to this financial year proved promising however scores for second quarter have dropped slightly. Both Nutrition weekly screening and Fluid Balance midday evaluations have remained on target for the average through the first 2 quarters with Nutrition maintaining a 90% average and Hydration 92% average. Continuous monthly monitoring by Matrons continues.

Board Sponsor: Denise McMahon, Director of Nursing
Operational Leads: Dr S. Cooper, Consultant Gastroenterologist, Sheree Randall, Matron, Karen Broadhouse, Quality Project Lead

8

QUALITY PRIORITY 6: MORTALITY Ensure that 85% of in hospital deaths undergo specialist multidisciplinary review within 12 weeks by March 2015.

Planned Actions	Who	By When	Progress at end of September 2014
Directorate mortality and action plans will be reviewed quarterly	Roger Callender	Quarterly	Delayed due to trust reorganisation. A report would be provided to each new division for quarter 2
Monthly mortality meeting will be held by the Medical Director, Information staff and Dudley CCG staff to review: o Mortality Indices, o Mortality Tracking System Performance o Review action plans o Provide exception reports where necessary to board.	Teekai Beach	Monthly	Monthly meetings have been held. No exceptions to be reported to board. Q2 exception: Reduction in SHMI
Provide support to Haematology, Oncology and Gastroenterology teams to ensure timely review of deaths and/or input into the tracking system.	Roger Callender	Quarter 3	

Commentary

Our Mortality Tracking Process includes clinical coding, validation, multidisciplinary specialist audit and where necessary senior medical and nursing review led by our Deputy Medical Director. This process takes up to 16 weeks in total to ensure that each and every death occurring in hospital is understood and that we are responsive to the information we gather from the process.

Given the process described above, results are available for the previous quarter, Q1 of 2014-2015. For that period 83% of in-hospital deaths across the trust have had specialist multidisciplinary reviews within 12 weeks, an improvement from an average of 78.1% for Q 4 2013/2014. The details by specialty are below.

Over half of the specialties have exceeded the 85% target and have improved their performance from 2013/2014. There are actions in place with those specialties currently averaging below 50%, for example the Oncology team work across multiple sites and organisations and although they undertake regular multidisciplinary review of deaths, there are inevitable delays in obtaining validation and feedback from a inter-organisational team. Similarly, very small numbers of deaths are recorded in haematology. These deaths require multi-specialty input into audits and the team have undertaken very thorough reviews of every death but narrowly missed the 12 week target. Gastroenterology undertakes regular reviews but

was unable to upload information onto the tracker due to administrative capacity. Specific support will be provided to each of the underperforming specialties to ensure that they meet the end of year target.

Latest Available Data: April –June 2014 Q1

Meeting or Exceeding 85% Target   **Above 50%-Below 85%**   **Below 50%**   **N/A – No deaths**

	% audited within 12 weeks	Specialty	% audited within 12 weeks
Cardiology	88.9	Renal	69.2
Gastroenterology	0	Haematology	0
General Medicine	80.6	Oncology	33.3
Medical Assessment	91.7	Care of the Elderly	98.6
Orthogeriatrics	100	ENT	50
Rehabilitation	100	General Surgery	90.3
Respiratory	98.2	Urology	100
Stroke Medicine/Stroke Rehab	91.3	Vascular Surgery	58.3
Diabetes	100	T&O Rehabilitation	100
Endocrinology	100	Trauma and Orthopaedics	83.3
Neonate	50	Urology	N/A

Trust Overall	83%

Board sponsor: Paul Harrison, Medical Director   **Operational lead:** Teekai Beach, Directorate Manager to Medical Director

NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES

An announcement from HQIP advised that data would not be collected for the **National Audit of Seizures in Hospitals (NASH)** and therefore this is no longer listed in the 2014/15 Quality Accounts (QA). As a result there are now 34 National Clinical Audits currently listed on the DH Quality Account (QA) in which the Trust is eligible to participate and accordingly the Trust is registered to participate in all of these. The number of audits is not static in that the Healthcare Quality Improvement Partnership (HQIP) which co-ordinates the national audit programme continues to revise the list throughout the year and audits may be added to and deleted from the list as necessary. Also included on the QA is the National Confidential Enquiries (NCEPOD) programme which currently consists of 3 studies for which the Trust has submitted data and is awaiting publication of the national reports. A further 2 NCEPOD studies are planned for December 2014 and May 2015.

QUESTIONNAIRE GIVEN OUT AT TRUST AGM

The Trust is always interested in the public's view of what should be its Quality Priorities. In the past, Listening in Action (LiA) events have been held on the issue and Governors have also been asked and the results have fed into the past and present priorities. On the Trust web site there is a facility for anyone to send in their views.

On September 11th at this year's Annual General Meeting, a questionnaire was distributed to the attendees and 38 were returned. When asked if each priority topic was suitable the following answers were given:

	YES	NO	UNSURE	NO ANSWER
Patient Experience	38			
Pressure Ulcer	33		5	
Infection Control	37		1	
Nutrition	37		1	
Hydration	37		1	
Mortality	31		6	1

It can be seen there is a general agreement with the topics. If anyone had answered 'No/Unsure' they were asked any reason why they had that view. There were three answers to this:

1) Pressure Ulcer – 'this should be a basic skill that nurses have and should be monitored regularly therefore shouldn't be a priority. Nurses should know this from their training.'
2) Hydration – 'Own experience nurses haven't checked fluid chart so what's the point in filling it out?' and
3) Mortality -'Automatically reported (from own understanding)'.

With regards to the pressure ulcer comment regarding it being a basic skill, it could be argued that this does not negate the fact about it being a priority. One could argue that the 'basics' are the priorities. The second comment on Hydration is somewhat confusing and with regards to mortality while all deaths are reported there is still a need to audit the numbers and details of all deaths.

The participants were finally asked about ideas for quality priority topics in the future. They were asked to bear in mind the topics need to be measurable and the data easily collectable. These were the answers:

End of Life Care	*Mental Health Care*	*Palliative Care*	*Dementia Care*
Family Experience	*Elderly Care*	*Waiting times for appointments*	*Spiritual care availability*
Family Support During and After Life		*Patient Relative Experience/ relative communication*	
Fluid checks to be more often	*Nutrition/Hydration*	*Communication on discharge*	*Physical Exercise (weight control)*

How often patients get taken to the toilet and if they get taken at the required time and not left to wait

Waiting times for beds on ward after being admitted for EAU/ED

Waiting time from when patients are discharged to when they are given their prescribed medication by pharmacy

Nursing of elderly patients (how many nurses per ward to one patient to ensure they are getting enough help with feeding and taking to the toilet

Type 1 diabetes management on childrens ward   *Communication in ED and with relatives*

The provision to care for patients with hip problems on a gynae ward, Ability to provide OT equipment, an audit could be provided

Routine screening for EDS/Hypermobility by physio's

Time between consultant appointments for children

This is quite a varied list with some of the topics being more measurable than others (e.g. waiting times v. spiritual care). Some of the topics are quite specific suggesting they come from individual patient experience. The Trust will consider these suggestions when deciding on topics for next year.

Contributions from: K. Obrenovic, H. Board, C. Carter, E. Rees, A. Murray, K. Broadhouse, T. Beach. Compiled by D. Eaves.   October 2014

THE DUDLEY GROUP NHS FOUNDATION TRUST
QUARTERLY QUALITY ACCOUNT UPDATE - APRIL-SEPTEMBER 2014
Each quarter we indicate the progress we are making towards the end of year targets

FOR THIS PERIOD APRIL – SEPTEMBER 2014

PRIORITY 1: PATIENT EXPERIENCE. Hospital.

Maintain an average score of 8.5 or above throughout the year for the patients who report receiving enough assistance to eat their meals.

Score is 8.95

By the end of the year, at least 90 per cent of patients will report that their call bells are always answered in a reasonable time.

Score is 86%

PRIORITY 1: PATIENT EXPERIENCE. Community.

Equal or improve the score of patients who state they were informed who to contact if they were worried about their condition after treatment. (2013/14: 8.8 out of 10).

No data to report until completion of annual survey

Equal or improve the score of patients who state they know how to raise a concern about their care and treatment if they so wished. (2013/14: 8.3 out of 10)

No data to report until completion of annual survey

PRIORITY 2: PRESSURE ULCERS. Hospital.

Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year

One stage 4 ulcer

Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2014/15 does not increase from the number in 2013/14 which was 41 ulcers

Twelve stage 3 ulcers

PRIORITY 2: PRESSURE ULCERS. Community.

Ensure that there are no avoidable stage 4 pressure ulcers acquired on the district nurse caseload throughout the year.

Nil stage 4 ulcers

Ensure that the number of avoidable stage 3 pressure ulcers acquired on the district nurse caseload in 2014/15 does not increase from the number in 2013/14 which was 4 ulcers

Three stage 3 ulcers

PRIORITY 3: INFECTION CONTROL.

Reduce MRSA bacteraemia rate in line with national/local priorities so target is to have no post 48hr cases

Nil MRSA cases

Reduce C. difficile rate in line with national/local priorities so target is no more than 48 post 48hr cases

15 C. difficile cases

PRIORITY 4: NUTRITION.

Increase the number of patients who have a weekly risk re-assessment regarding their nutritional status. Through the year on average at least 90% of patients will have the weekly risk assessment completed and this will rise to at least 93% by the end of the year (March 2015).

91%

PRIORITY 5: HYDRATION.

Ensure that on average throughout the year 93% of patients' fluid balance charts are fully completed and accumulated at lunchtime.

92%

PRIORITY 6: MORTALITY.

Ensure that 85% of in hospital deaths undergo specialist multidisciplinary review within 12 weeks by March 2015. (70.6% for 2013/14)

83% (Apr-Jun)

Key = On track to meet or exceed target   = Still work to do to achieve target

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors

On 4 December 2014

TITLE	Performance Report April – October 2014		
AUTHOR	Paul Taylor Director of Finance and Information	PRESENTER	David Badger F & P Committee Chairman

CORPORATE OBJECTIVE: SG06 Enabling Objective

SUMMARY OF KEY ISSUES:

- **Surplus of £0.8m in September (£0.7m better than plan)**
- **Deficit of £4.6m for year to date, (£0.5m worse than plan)**
- **Deficit budget for 2014-15 of £6.7m likely to be exceeded, with a forecast of £8.6m deficit now declared – which is an improvement of £1.2m on the previous month's projection**
- **A&E 4 Hours waiting time target not met in October 2014 (93.4%)**
- **Some RTT waiting time pressures, but major RTT and Cancer targets being met**

	Risk Register	Risk Score	Details:
RISKS		**Y**	**Risk to achievement of the overall financial target for the year** **Financial deficit above Monitor plan now forecast**
COMPLIANCE	CQC	Y	Details: **The Trust is awaiting a report from the Chief Inspector of Hospitals following an inspection in the Spring. This is subject to appeal.**
	NHSLA	N	

| | Monitor | Y | Details:

The Trust has rated itself 'Amber' for Governance & '3' (good) for Finance (CoS) at Q2, but 2 for Finance for the forthcoming 12 months.   The Trust remains on monthly monitoring by Monitor.

Monitor has notified the Trust that it is investigating A&E performance in the Trust and its long term business viability. |
| | Other | Y | Details:

Significant exposure to performance fines by commissioners |

ACTION REQUIRED OF COUNCIL

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

The Board is asked to note the report

The Dudley Group NHS

NHS Foundation Trust

Report of the Director of Finance and Information to the Board of Directors

Report on Finance and Performance for April to October 2014

1. Background

The Finance & Performance Committee of the Board met on 27th November 2014. The Committee considered in some detail the performance of the Trust against its financial, access, waiting and other clinical and operational targets and standards for the period and considered forecast year end performance reports.

Highlights of the discussion at the meeting are as follows:

2. Financial Performance for the 7 months period April to October 2014 (Appendix 1)

The Trust has had a difficult start to the year following the Board of Directors agreement to a 24 months balanced budget, with a planned deficit of £6.7m in 2014-15. After 7 months the Trust showed a trading deficit of £4.6m which was £0.5m worse than plan. Whilst the position has improved since the first quarter, and even though October 2014 was a better month than originally planned, it has not improved sufficiently to bring forecasts back in line with the original planned position.

For October 2014 the Trust posted a monthly surplus of £0.8m, £0.7m better than plan.

For the 7 months period to October 2014 a cumulative deficit of £4.6m is recorded. Key variances include income at +£3.6m (+2.0%); Non Pay -£2.6m (-3.9%); CIP not achieved -£2.0m.

These adverse trading trends are largely the result of the following factors:

- **Significant increases in emergency activity levels above plan**
- **Continued spending above budget on agency & locum front line medical & nursing staff**

- **Higher than anticipated spending on drugs and devices, which are recharged to commissioners under the terms of our healthcare contracts with them**

o **A slower than anticipated start to turnaround savings.**

The Trust is now forecasting a deficit of £8.6m for 2014-15.

At 31st October 2014 the Trust had cash reserves of £18.9m (£19.5m in September) and 10.8 days liquidity (11.0 previously).

Capital spending for the period was £5.3m (£0.8m Medical Equipment, £3.0m IT, £1.3m PFI Lifecycle), some £0.1m below plan.

3. Performance Targets and Standards   (Appendix 2)

The Trust's non financial performance for the period remains relatively strong. Performance against the Monitor Governance KPI set is given at Appendix 2.

Highlights include:

a)   A&E 4 Hour Waits

The October 2014 performance was 93.4% compared to the constitution target of 95%. This is a deterioration from the Q2 position where the target was met. Despite unprecedented levels of emergency and A&E activity levels in October 2014, significant effort is being put into the achievement of the target in the reminder of the year

b)   Never Events

The Trust had no 'never events' in October 2014 or for the period to date.

c)   Referral to Treatment Waiting Times

The RTT admitted waiting time standard of 90% of patients was just met again in October 2014 with 92.1% of patients being seen in time. There is confidence that this will continue to be achieved for the rest of the year. RTT non-admitted and incomplete pathways KPIs are both well within their thresholds, with performances of 98.9% and 95.8% respectively

d)   Diagnostic Waits

The committee considered rectification plans for diagnostic waits (mostly for ultrasound) and endoscopy 6 week waits.

4. **Divisional performance Review**

The Committee considered the first performance presentation from the Division of Nursing. Discussion of Turnaround activities, I&E performance, activity and target performance, workforce were discussed, as well as their forward plans.

5. **Turnaround Progress Report**

The Committee considered the extent of the progress being made to date on the Turnaround Programme, and in particular on the large scale cross-organisational schemes.

6. **Overview of Financial Position and Next Steps.**

The Committee were pleased with the improvement in the financial position of the Trust in October 2014, but recognised that more improvement was required to achieve the original deficit budget of £6.7m in 2014-15.

Progress on the new cost reduction schemes was noted and that the target savings of 200 staff would be issued to budget holders before Christmas 2014. This would be discussed as part of the Operational Plan 2015-16 development process and a revised budget for 2015-16 would then be developed based on the latest view of income and expenditure.

P Taylor
Director of Finance & Information

THE DUDLEY GROUP NHS FOUNDATION TRUST

INCOME & EXPENDITURE SUMMARY 2014/15 as at OCTOBER 2014

Current Month Plan £000	Current Month Actual £000		Annual Plan £000	Plan to Date £000	Actual to Date £000	Variance to Date £000
		Income				
25,020	26,006	NHS Clinical Revenue	289,227	169,648	171,341	1,693
5	6	Private Patient	57	33	33	(0)
581	1,032	Other Non Mandatory	7,427	4,512	5,616	1,104
51	65	Research & Development	704	448	786	338
747	747	Education & Training	8,948	5,213	5,254	41
41	47	Car Parking	489	285	335	49
4	15	Accommodation	96	74	77	3
345	352	Non Patient Services to Other Bodies	3,646	2,136	2,199	63
309	351	Miscellaneous Other	3,384	1,941	2,286	345
27,103	**28,620**	**Total Income**	**313,979**	**184,290**	**187,927**	**3,637**
		Expenditure				
(2,133)	(2,865)	Drug Costs	(26,725)	(15,805)	(18,163)	(2,359)
(2,316)	(2,491)	Clinical Supplies	(27,798)	(16,209)	(16,870)	(661)
(335)	(422)	Non-Clinical Supplies	(4,188)	(2,458)	(2,823)	(366)
0	0	Secondary Commissioning	0	0	0	0
(15,922)	(15,202)	Employee Benefits (Permanent)	(190,341)	(109,964)	(106,148)	3,815
(141)	(595)	Employee Benefits (Agency/Locum)	(1,537)	(888)	(4,293)	(3,405)
(76)	(96)	Research & Development	(961)	(579)	(667)	(88)
(57)	(67)	Education & Training	(636)	(349)	(265)	84
(117)	(80)	Consultancy Expense	(747)	(602)	(795)	(193)
(1,950)	(1,965)	Miscellaneous Other	(22,035)	(13,453)	(13,149)	303
(2,930)	(2,930)	PFI Unitary Payment	(39,267)	(22,906)	(22,906)	0
1,311	1,311	IFRIC12 PFI Adjustment	17,571	10,250	10,250	0
(780)	(478)	Other PFI Expenses	(7,110)	(4,149)	(3,524)	626
350	0	CIP Requirement	5,932	1,981	0	(1,981)
(25,097)	**(25,880)**	**Total Expenditure**	**(297,841)**	**(175,130)**	**(179,354)**	**(4,224)**
2,005	**2,740**	**Surplus/(Deficit) EBITDA**	**16,137**	**9,160**	**8,573**	**(587)**
		Other				
0	0	Profit/(Loss) on Disposal	20	20	20	0
0	0	Impairment	0	0	0	0
(762)	(749)	Depreciation	(9,137)	(5,266)	(5,302)	(36)
0	0	Donated Assets	0	0	131	131
12	10	Interest Receivable	140	82	75	(7)
(1,167)	(1,166)	Interest Payable	(13,888)	(8,144)	(8,142)	2
(1,917)	**(1,905)**	**Total Other**	**(22,865)**	**(13,308)**	**(13,218)**	**90**
88	**835**	**Net Surplus/(Deficit)**	**(6,728)**	**(4,148)**	**(4,645)**	**(497)**

Note 1: Adverse variances are shown in brackets and red; Income/Surplus = positive; Expenditure/Deficit = negative;

Note 2: R&D Expenditure includes both pay and non-pay

Dudley Group FT

Governance Targets and Indicators

Monitor
Independent Regulator
of NHS Foundation Trusts

	Threshold & Weighting		Q1	Q2	Q3	Q4	Year To Date
Trust's Governance Risk Rating – All Elements			🟥	🟥	🟥		N/A
INFECTION CONTROL (SAFETY)							
HCAI - Clostridium Difficile - meeting the C Diff objective	48	1.0	7	8	4		**19**
HCAI - Clostridium Difficile - Avoidable Cases			5	6			**11**
CANCER WAIT TARGETS (QUALITY)							
Max waiting time of 2 weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	93%	1.0	96.9	96.5	95.4*		**96.8**
Max waiting time of 2 weeks from urgent GP referral to date first seen for symptomatic breast patients.	93%		97.3	934.2	96.2*		**96.3**
Maximum waiting time of 31 days from diagnosis to treatment for all cancers	96%	1.0	99.7	99.6	99.2*		**99.7**
Maximum waiting time of 31 days for second of subsequent treatments – Anti Cancer Drug Treatments	98%		100	100	100*		**100**
Maximum waiting time of 31 days for second of subsequent treatments – Surgery	94%	1.0	98.2	100	100*		**99.2**
Maximum waiting time of 31 days for second of subsequent treatments – Radiotherapy	94%		N/A	N/A	N/A	N/A	N/A
Maximum two month (62 days) wait from referral to treatment for all cancers – Urgent GP Referral to Treatment	85%	1.0	88.1	87.0	86.3*		**88**
Maximum two month (62 days) wait from referral to treatment for all cancers – From National Screening Service Referral	90%		100	100	95.2*		**100**

* Provisional waiting times for October

	Threshold & Weighting		Q1	Q2	Q3	Q4	Year To Date
A&E (QUALITY)							
% Patients Waiting Less than 4 hours in A&E	95%	1.0	92.1	96.1	93.4		**93.9**
REFERRAL TO TREATMENT – RTT (PATIENT EXPERIENCE)							
RTT – Admitted % Treated within 18 weeks	90%	1.0	90.1	90.6	92.1		N/A
RTT – Non-Admitted % Treated within 18 weeks	95%	1.0	99.2	99.1	98.8		N/A
RTT – Incomplete pathways % waiting within 18 weeks	92%	1.0	94.7	95.9	95.8		N/A

	Threshold & Weighting		Q1	Q2	Q3	Q4	Year To Date
Community Services (Effectiveness)							
Referral to treatment information	50%		98.0	99.0	99.5		N/A
Referral information	50%	1.0	64.9	65.4	66.7		N/A
Treatment activity information	50%		99.5	100	100		N/A

Dudley Group FT

Governance Targets and Indicators

Monitor
Independent Regulator
of NHS Foundation Trusts

	Threshold & Weighting	Q1	Q2	Q3	Q4	Year To Date
Trust's Governance Risk Rating – All Elements						N/A
PATIENT EXPERIENCE						
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Yes/No 0.5	Yes	Yes	Yes		N/A
Risk of, or actual, failure to deliver mandatory services	Yes/No 4.0	No	No	No		N/A
CQC Compliance action outstanding	Yes/No 2.0	No	No	No		N/A
CQC enforcement notice currently in effect	Yes/No 4.0	No	No	No		N/A
Moderate CQC concerns regarding the safety of healthcare provision	Yes/No 1.0	No	No	No		N/A
Major CQC concerns regarding the safety of healthcare provision	Yes/No 2.0	No	No	No		N/A
Unable to maintain a minimum published CNST level 1.0 or have in place appropriate alternative arrangements	Yes/No 2.0	No	No	No		N/A