The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 5th March, 2015 at 9.30am
Clinical Education Centre

Meeting in Public Session

All matters are for discussion / decision except where noted

	Item	Enc. No.	By	Action	Time
1.	**Chairmans Welcome and Note of Apologies – P Clark**		D Badger	To Note	9.30
2.	**Declarations of Interest**		D Badger	To Note	9.30
3.	**Announcements**		D Badger	To Note	9.30
4.	**Minutes of the previous meeting**				
	4.1 Thursday 5th February 2015	Enclosure 1	D Badger	To Approve	9.30
	4.2 Action Sheet 5th February 2015	Enclosure 2	D Badger	To Action	9.30
5.	**Patient Story**		L Abbiss	To Note & Discuss	9.40
6.	**Chief Executive's Overview Report**	Enclosure 3	P Taylor	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 & Discuss	10.20
	7.4 Audit Committee Exception Report	Enclosure 7	R Miner	To Note & Discuss	10.30
	7.5 Complaints Report	Enclosure 8	J Cotterill	To Note	10.40
	7.6 Quality Accounts Report	Enclosure 9	D McMahon	To Note	10.50
8.	**Finance**				
	8.1 Finance and Performance Report	Enclosure 10	J Fellows	To Note & Discuss	11.00
9.	**Date of Next Board of Directors Meeting** 9.30am 2nd April, 2015, Clinical Education Centre		D Badger		11.10

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).		D Badger		11.10

Enclosure 1

The Dudley Group NHS
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Minutes of the Public Board of Directors meeting held on Thursday 5th February, 2015 at 9:30am in the Clinical Education Centre.

Present:

David Badger, Chairman
Richard Miner, Non Executive Director
Jonathan Fellows, Non Executive Director
Denise McMahon, Nursing Director
Paul Taylor, Director of Finance and Information
Paula Clark, Chief Executive
Ann Becke, Non Executive Director
David Bland, Non Executive Director
Doug Wulff, Medical Non Executive Director
Paul Harrison, Medical Director

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
Jon Scott, Chief Operating Advisor
Julie Bacon, Chief HR Advisor
Glen Palethorpe, Associate Director of Governance/Board Secretary Designate

15/012 Note of Apologies and Welcome

No apologies received.

The Chairman welcomed Julie Bacon, Chief HR Advisor, Doug Wulff, Medical Non Executive Director, and Glen Palethorpe, Associate Director of Governance/Board Secretary Designate to their first Board meeting.

15/013 Declarations of Interest

There were no declarations of interest.

15/014 Announcements

None to note.

15/015 Minutes of the previous Board meeting held on 8th January, 2015 (Enclosure 1)

The Chief Operating Advisor asked that the paragraph at the bottom of page three regarding the achievement of the Q3 target is given more emphasis by the addition of a title or highlighting.

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

15/016 Action Sheet, 8th January 2015 (Enclosure 2)

15/016.1 Draft People Plan

The Board noted that the Chief HR Advisor is currently updating the paper.

All other items appearing on the action sheet were complete or for update at a future Board meeting.

15/017 Patient Story

Liz Abbiss confirmed that it had been felt that the Board had seen a number of very positive stories recently and it was noted that this story was a little less positive and featured issues around patient catering.

The Chairman asked if the Trust responds to patients who raise issues in their patient stories. Liz Abbiss confirmed that we do respond and feedback on actions taken.

The Chairman confirmed that he would like to see some advice from the Trust dieticians regarding what would be a realistic expectation to offer patients.

Liz confirmed that the new menus offer much more choice around dietary needs.

Dr Wulff, Medical Non Executive Director, stated that there is a real issue in relation to a patients care if they are not offered the appropriate dietary requirements.

The Chairman asked for an update at a future meeting. Liz agreed that she would raise the issues at the Patient Catering Group.

Mrs Becke, Non Executive Director, suggested that we should write to the patient regarding her input. The Chairman agreed that the Trust should respond to the patient on behalf of the Board.

The Chairman noted the patient story.

The Chairman asked for an update on the issues raised in the patient story at a future meeting. A letter should be send to the patient in response to issues raised in the patient story on behalf of the Board.

15/018 Chief Executive's Overview Report (Enclosure 3)

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

- **Friends and Family Test Performance:** The Board noted the drop in performance as discussed earlier in the meeting.

- **Delayed Transfers of Care Update:** This continues to be a problem for the Trust. The Discharge to Access programme had been suspended due to the blockage of beds. The Trust continues to put pressure on its Social Care colleagues. The Chief Operating Advisor stated that these delays have a tremendous impact on patient care. He confirmed that the Trust's performance is being compromised because of its reliance on the provision of social care. The Chief Executive confirmed that the Emergency Care Intensive Support Team (ECIST) had offered to come and work with the Trust and Social Care around this issue. The Chairman asked if the Chief Executive could raise this with Social Care at Director level. The Chief Executive confirmed that Paul Maubach was meeting with the new Chief Executive of the Council and she will ask for feedback with regard to this. Mrs Becke, Non Executive Director, asked about Tier 4 beds and whether the Safeguarding Board should address this issue. The Chief Executive confirmed that she is meeting the new Director at the Local Area Team to raise CAMHS beds. For elderly vulnerable patients and CAMHS, Pam Smith is raising both issues through the Safeguarding Boards. The Chief Executive confirmed that there are in excess of 80 patients experiencing a delayed discharge at the Trust.

- **Urgent Care Centre Interim Solution – Update:** The Trust is continuing with the interim solution and is speaking to the CCG to ensure that contingency arrangements are in place when the service commences at Easter.

- **Monitor – Breach of Licence and Undertakings:** The Trust must deliver its draft Plan to Monitor by 10th April, 2015. The Plan must lead the Trust to a long term breakeven position, financial stability and organisational stability.

- **SIRO (Senior Information Risk Owner):** The Board noted the change of arrangements regarding this role following the publication of the Board papers. The role of SIRO will continue to be held by Julie Cotterill as Associate Director of Governance/Board Secretary until her retirement. The role will then be assumed by Glen Palethorpe when he commences in the role in April 2015. The Board approved the arrangements as outlined.

- **Talent for Care:** A strategic framework for the development of the healthcare support workforce and was approved by the Health Education England Board in October 2014. The Trust will sign up to a Partnership Pledge to deliver against ten strategic objectives. The Trust will receive a one off £30,000 funding allocation from Health Education England to support this piece of work.

The Chairman noted the report, noted that the Monitor Plan required by 10th April will be highly challenging. Noted that the provision of the SIRO role will remain with the Associate Director of Governance/Board Secretary and noted the issues around delayed discharges and that ECIST have offered to look at this issue with the Trust and Social Care partners.

15/019 Patient Safety and Quality

15/019.1 Infection Prevention and Control Exception Report (Enclosure 4)

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

MRSA: No cases to report.

C.Diff: The Trust continues to perform well with the previous two months seeing just five cases per month. The position stands at a total of 31 cases against the target of 48.

Norovirus: Being experienced in several other local organisations and schools but no cases to note at the Trust to date.

Ebola: The Trust is up to date with national requirements.

The Nursing Director confirmed that the new targets for C.Diff had been released the previous day. The target for the Trust has decreased to 29 which will be extremely challenging.

The Chairman asked about lapses in care as detailed on page two of the report and how the Trust implements learning from these. The Nursing Director confirmed that the Trust has a very rigorous process for reviewing cases.

The Chairman noted the report and reaffirmed the excellent performance and placed the Board's appreciation on record. The Chairman also asked to place on record the Board's concern around the new target.

15/019.2 Nurse Staffing Report (Enclosure 5)

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

The Board noted that the Trust had experienced a very challenging month in December and 49 amber shifts were noted for the month.

The Chairman noted that there were no red areas in the report despite the Nursing Director's warning of this the previous month.

The Chairman asked for the Nursing Director's thoughts on National nurse recruitment going forward. The Nursing Director confirmed that she thought that nurse recruitment will be an ongoing issue for a number of years to come.

The Nursing Director confirmed that she would expect to see red areas in the January report as a result of capacity pressures.

The Director of Finance and Information confirmed that the Finance and Performance Committee had been presented with a very impressive report on the Allocate System.

The Chairman noted the staffing report for December 2014. He confirmed that the report is a very helpful way of monitoring the staffing position on a month by month basis. The Chairman confirmed that he would write to the Chairman of Health Education England (HEE) regarding the national agency staff position in the NHS and what steps HEE are taking to address nurse shortages.

Chairman to write to the Chairman of HEE regarding the national agency nursing staff position resulting from nurse shortages.

15/019.3 Estates Report on Emergency Planning and Business Continuity (Enclosure 6)

The Chief Operating Advisor presented the Estates Report on Emergency Planning and Business Continuity, given as Enclosure 6.

The Board noted that the Trust Estates Team are no longer responsible for Emergency Planning as this had been passed to the Medical Division.

The report detailed the contractual position with the Trust's PFI partners around Major Incidents.

The Chief Operating Advisor confirmed that he will be Chairing the Emergency Planning and Business Continuity Group going forward.

The Board noted the power outage that had been experienced at the Trust the previous evening.

Mr Miner, Non Executive Director, stated his disappointment with the report and confirmed that he had wished to see clear assurance around emergency planning and business continuity.

The Director of Governance/Board Secretary confirmed that the Governance Team had not been sighted on risks in this area as this had not been raised formally as a risk.

The Chairman suggested that the Risk Committee investigates the issue around assurance in more detail.

The Chairman noted the report.

Risk Committee to investigate assurance around Emergency Planning and Business Continuity in more detail.

15/019.4 Food and Nutrition Report (Enclosure 7)

The Chief Operating Advisor presented the Food and Nutrition Report, given as Enclosure 7.

The Board noted that the number of audits undertaken had reduced and this had resulted in a deterioration in the figures. Audits are being reinstated at the necessary level and it is anticipated that the roll out of the new menus will have a positive impact.

The Chief Operating Advisor confirmed that it is still not clear when the anticipated heated trolleys will be delivered.

The Chief Operating Advisor stated that the Trust needs to further investigate the impact of moving to one hot meal a day before this decision is taken.

The Chairman confirmed that the Trust had written to PLACE regarding the provision of one hot meal per day and they had confirmed that it would result in a reduction of scores. The Chairman asked for the Board's opinion on whether to pursue this option. The Chief Executive confirmed that if there were no savings associated with this option it should not currently be pursued further.

Mr Bland asked if the issue around access to wifi had been resolved. The Chief Executive confirmed that Mark Stanton had developed a proposal to resolve the issue and this had now been approved and was being progressed.

Liz Abbiss asked the Board to be mindful that volunteers who carry out many of the audits were not readily available to undertake them and this will affect the sample size. The Chairman confirmed that it had been suggested that Governors could be asked to help undertake this work.

The Chairman noted the report, agreed the recommendations and confirmed that no further action should be taken at this stage in relation to any change to the provision of one hot meal per day.

15/019.5 Clinical Quality, Safety and Patient Experience (CQSPE) Committee Exception Report (Enclosure 8)

Mr Bland, Committee Chair, presented the CQSPE Committee Exception Report, given as Enclosure 8. The Board noted the following key areas:

- **National Cancer Survey Results**: The Committee noted that huge improvements had been made during the last year and the Trust was noted to be in the top ten most improved Trusts.

- **National Survey Results:** The Board noted that the survey related to the Emergency Department.

The Chairman noted the report and the positive cancer survey results and commended the team on their work.

15/019.6 Revalidation Report (Enclosure 9)

The Medical Director presented the Revalidation Report, given as Enclosure 9.

The Board noted with regard to Section 2 Governance Arrangements, Dr Doug Wulff was now sitting on the Board and would provide additional clinical reassurance. The Medical Director confirmed that it was still not clear where Governance arrangements will sit nationally going forward.

The Medical Director confirmed that the Trust performs well for its compliance against core standards.

A higher number of deferrals were now being seen for a variety of reasons. Overall the Trust is performing well.

The Medical Director confirmed that he would like to involve Dr Wulff, Medical Non Executive Director in the revalidation process.

The Board had previously discussed the separation the roles of Responsible Officer and Medical Director and the Chairman agreed that the Board should revisit this.

The Chairman noted the report, the good performance and noted the need to look again at the separation of roles.

15/019.7 Safeguarding Report (Enclosure 10)

The Director of Nursing presented the quarterly Safeguarding Report, given as Enclosure 10. The Chairman confirmed that after reflection it had been decided to refer the appendices of the report to private session for discussion.

The Nursing Director confirmed that a Safeguarding Learning Event is being held on 6th March, 2015, and all Board members are invited to attend.

The Board noted the Safeguarding CQUIN target to present one adult and one child safeguarding case to Board in each quarter.

The Nursing Director confirmed that Bakertilly had undertaken an audit on compliance of the Trust's Safeguarding Children Policy and the Trust had been given an overall rating of amber.

The Chairman noted the report and the need to consider how to present future case studies at Board.

15/020 Finance

15/020.1 Finance and Performance Report (Enclosure 11)

Mr Fellows, Committee Chair, presented the Finance and Performance Committee Report, given as Enclosure 11.

The Board noted that this is the third month in a row where performance is ahead of plan. The Trust has a deficit of £5m for the year to date which is £1m better than plan with a forecast deficit of £7.5m.

The Board noted that one in four Foundation Trusts are subject to some form of special measures. Mr Fellows confirmed that it is an immensely challenging environment for all trusts.

The ED 4 hour target continues to be met and the Trust is amongst the top five in the country for its performance.

Some RTT waiting time pressures were noted but major RTT and Cancer targets are being met.

The Diagnostic waits target had been missed by a marginal amount.

The Chairman noted the report and noted the challenging financial environment faced by Trusts. The Chairman also noted the exceptional performance given these challenges.

15/021 Any Other Business

None to report.

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

15/022 Date of Next Meeting

The next Board meeting will be held on Thursday, 5th March, 2015, at 9.30am in the Clinical Education Centre.

Signed ……

Date ……

Enclosure 2

The Dudley Group NHS
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Action Sheet
Minutes of the Board of Directors Public Session
Held on 5th February 2015

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
15/008.4	Complaints Report	The December end of quarter Complaints Report to be presented at the next Board meeting. The number of unresolved complaints to be included in the summary table in the next Complaints Report to Board.	JC JC	5/3/15 5/3/15	On Agenda On Agenda
14/103	Action Sheet	New menus to come online at the end of February 2015. The new heated trolleys will not be available at the end of January as requested at the November Board meeting due to limitations in the PFI contract.	RG	5/3/15	Date still to be confirmed
14/095.5	Safeguarding Quarterly Report	Future Safeguarding Reports to include learning from patient stories.	DM	5/3/15	Done
15/017	Patient Story	The Chairman asked for an update on the issues raised in the patient story at a future meeting. A letter should be sent to the patient in response to issues raised in the patient story on behalf of the Board.	LA LA	2/4/15 5/3/15	 Done
15/019.2	Nurse Staffing Report	Chairman to write to the Chairman of Health Education England regarding the national agency nursing staff position resulting from nurse shortages.	C	5/3/15	Done
15/019.3	Estates Report on Emergency Planning and Business Continuity	Risk Committee to investigate assurance around Emergency Planning and Business Continuity in more detail.	PC	10/3/15	
15/008.9	Research and Development Report	The hidden benefits of Research and Development, particularly around drug costs, to be included in future Research and Development Reports to Board. Dr Neilson to consider presenting an update on the Trust's Research and Development activities to Dudley CCG.	PH JN	7/5/15 7/5/15	

Enclosure 3

The Dudley [illegible]
NHS Foundation Trust

Paper for submission to the Board of Directors held in Public – 5th March 2015

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

CORPORATE OBJECTIVE:
SG1, SG2, SG3 SG4, SG5

SUMMARY OF KEY ISSUES:

- Friends and Family Test Performance
- ED Performance and Four Hour Wait Target
- Nursing Professional Referrals
- Caldicott Guardian

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

The Dudley Group NHS
NHS Foundation Trust

Chief Executive Update – 5th March 2015

Friends and Family Test (FFT) Performance:

FFT rollout to Community, Day Case and Outpatient areas – provisional update Feb 2015
Data submission to NHS England commenced in February 2015 with the first return being for community patients January 2015 FFT responses.
We received a total of 53 responses with 89% of respondents indicating they would be extremely likely or likely to recommend the service they had used to friends and family. National benchmarking data is not available at this time.
Data submission to NHS England for outpatients and day case will commence in May 2015 for patients responding in April 2015. We are awaiting final reporting guidance.

FFT Inpatient and A&E provisional February 2015 results 01.02.15 – 15.02.15
Inpatient FFT
The Trust continues to benchmark well both nationally and regionally. The latest published NHS England figures are for December 2014 and show The Dudley Group scored 97% (maintained from November 2014) against the national average of 95%.
The provisional response rate for February (01.02.15 – 15.02.15) shows a significant increase to 47% (compared to 31% for January 2015) across our inpatient areas. The Patient Experience Team continues to support wards to maintain this position.

A&E FFT
The Trust continues to score well and is in the top 20% of Trusts with those who say they are extremely likely or likely to recommend A&E to friends and family. The latest published NHS England figures for December 2014 show The Dudley Group scored 93% (increased from 88% for November 2014) against the national average of 86%.

The provisional response rate for February shows a significant increase to 31% compared to 15% for January 2015.

	Q1	Q2	Q3	Feb 1st - 15th Feb
Date range	01.04.14	01.07.14	01.10.14	01.02.15
	30.06.14	30.09.14	31.12.14	15.02.15
Number of eligible inpatients	5860	5987	5669	842
Number of respondents	1646	1577	1756	396
Ward FFT score – used up until December 2014	84	80.8	84	
Ward FFT score in percentage		97%	97%	100%
Ward footfall	28%	26%	31%	47%
Number of eligible A&E patients	13542	13970	12545	1916
Number of respondents	2459	3141	2709	600
A&E FFT Score – used up until December 2014	57	67.7	56	
A&E FFT score in percentage		90%	83%	92%
A&E footfall	18%	22%	22%	31%
TRUST FFT Score (A&E/Inpatient) – percentage from Jan 15	68	72	67	95%
TRUST footfall	21%	24%	25%	39%

FFT results Maternity provisional February 2015 results 01.02.15 – 15.02.15
The combined response rate has seen a significant improvement for the month to date from 17% in January to 27% in February.

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

2014/15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb 1-15th
Maternity - Antenatal Score	64	80	78	79	66	71	71	69	89		
Score in percentage							98%	97%	100%	98%	98%
Response rate	14%	18%	13%	21%	19%	26%	16%	15%	11%	19%	40%
Maternity - Birth Score	62	85	83	90	94	98	87	91	89		
Score in percentage							98%	100%	99%	99%	96%
Response rate	44%	33%	34%	30%	23%	24%	14%	30%	27%	18%	27%
Maternity - Postnatal ward Score	57	85	79	87	94	96	83	87	87		
Score in percentage							98%	100%	98%	99%	98%
Response rate	43%	31%	32%	29%	23%	24%	14%	31%	27%	18%	27%
Maternity - Postnatal community Score	86	90	85	85	85	76	70	82	100		
Score in percentage							100%	100%	100%	100%	100%
Response rate	16%	9%	15%	13%	12%	11%	8%	10%	6%	13%	16%
Combined Score/percentage from Jan 15	63	85	81	86	88	88	80	86	89	99%	97%
Response rate	32%	24%	25%	24%	20%	21%	13%	23%	19%	17%	27%

ED Performance

January 2015 ED performance was 94.5% due to Delayed Transfers of Care rising rapidly after Christmas. Performance has improved and has been sustained with February performance as of 22nd at 97.9% and Quarter 4 at 95.5%. The year to date performance figure is 94.6%

Nursing Professional Referrals

There are three cases that have been concluded and closed since the last report. There are currently 14 active cases – 10 cases referred to the NMC (5 nurses, 2 community nurses, 1 agency nurse and 2 midwives) and 4 cases were referred to the HCPC (1 radiographer, 1 Operating Department Practitioner, 1 Social Worker and 1 Speech and Language Therapist).

Of the 14 active cases there are:
5 cases awaiting a decision on whether there is a case to answer.
2 cases where a case to answer has been confirmed.
4 interim suspensions in place of these there is 1 case being reviewed by the Health Committee.
3 cases where the outcome of a hearing is pending.

The Dudley Group NHS
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Caldicott Guardian

I am pleased to confirm the appointment of Dr Jeff Neilson as Caldicott Guardian from 1st March. The Caldicott Guardian is a senior person responsible for protecting the confidentiality of a patient and service-user information and enabling appropriate information-sharing. Dr Neilson, who has recently successfully completed Caldicott Guardian training, takes over from Mr Roger Callender who has fulfilled the role for the last 15 years. Mr Callender has kindly agreed to offer his vast experience to provide assistance to Dr Neilson as he takes up the Caldicott role. I am sure that the Board would like to thank Dr Neilson for agreeing to undertake this important role and Mr Callender for his enormous contribution to improving patient confidentiality during his time as Guardian.

Enclosure 4

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors March 2015 - 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:

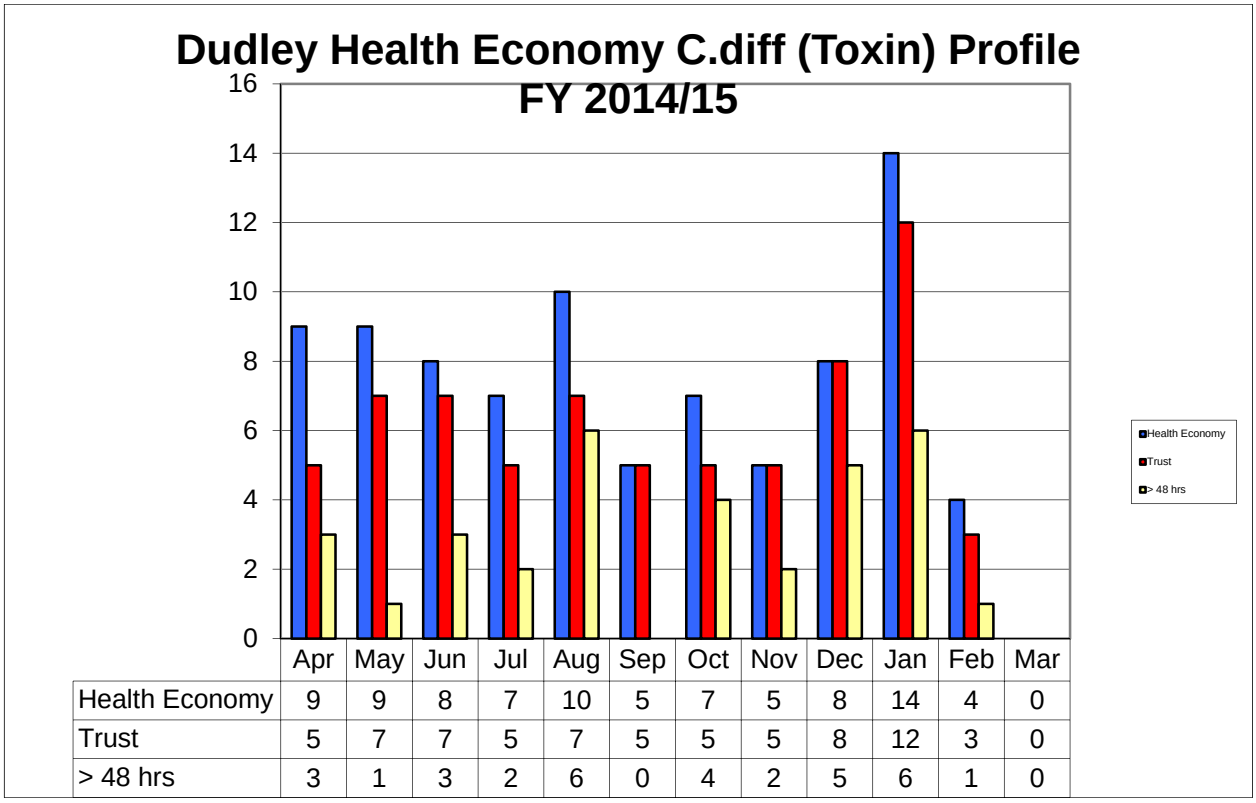
Decision	Approval	Discussion	Other
	✓	✓	

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 (24/2/15) we have 1 post 48 hour cases recorded in February 2015 against a trajectory for the month of 4 cases.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	9	9	8	7	10	5	7	5	8	14	4	0
Trust	5	7	7	5	7	5	5	5	8	12	3	0
> 48 hrs	3	1	3	2	6	0	4	2	5	6	1	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 25 cases have been reviewed with the CCG of which 19 were determined as being associated with lapses in care. The main themes identified are: poor documentation, issues related to antibiotic prescribing, delayed sample collection and poor environmental scores.

The period of increased incidence reported on the last occasion was not shown, by ribotyping, to be as a result of cross infection.

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

Norovirus – We identified one case of Norovirus on one of our medical wards which resulted in one bay being closed for 72 hours. There has been no evidence of further spread.

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.

Enclosure 5

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 5th March 2015

TITLE:	**Monthly Nurse/Midwife Staffing Position – January 2015**		
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. The format may evolve as time progresses but no changes have been made to the format since last month.

The paper indicates for the month of January 2015 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. It also indicates when planned levels were reached of registered (amber) and unregistered (blue) staff but the dependency or number of patients was such that the extra staff needed were not available and when levels were unsafe (red). The total number of these shifts is 59. 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.

In addition, this paper includes a summary of recent communication from NHS England regarding staffing which includes further work that needs to be undertaken six monthly and the imminent national publication of further comparative staffing indicators.

IMPLICATIONS OF PAPER:

RISK	**Y** **Risk Register: Y**		**Risk Score and Description:** 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. To take note of recent NHS England communications on staffing.

THE DUDLEY GROUP NHS FOUNDATION TRUST

Monthly Nurse/Midwife Staffing Position

January 2015

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

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

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

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

1) An establishment (an allocated number of registered and care support workers) is calculated for 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 a 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 accompanying spreadsheet that the number of shifts identified as amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available), blue (shortfall of unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available) or red (unsafe) are 59. This compares to 49 in December, 38 in November, 53 in October and 33 in September. The number is still small in terms of the overall shifts but this month the numbers include one shift assessed as red/unsafe. Overall the staffing available met the patients' nursing needs in the majority of cases but, in a number of instances, despite attempts through the use of deployment of staff or the use of bank/agency staff, the optimum number of staff for the patients on that shift were not reached. In all instances of shortfalls, the planned and actual numbers are indicated.

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

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

Recent communication from NHS England (17th Feb 2015: Letter Gateway Reference 02796) indicates that further work on nurse staffing now needs to be undertaken. It is proposed that contact time compliance should be captured twice yearly by Trusts and reported and discussed at Board level. Contact time is about measuring how much time nurses spend directly with patients as opposed to administrative work for instance. It goes beyond simply ensuring the numbers of staff being available. No one method of undertaking this work is recommended and so the Trust is considering the best way of doing this.

In addition, the same letter explains that the centre will soon start publishing nursing safer staffing indicators, which will also provide an overall RAG rating of Trusts. This will be comparable information for Trusts and be used by regulation bodies as part of their assurance process. The indicators are:

- Staff sickness rate, taken from the ESR (published by HSCIC);
- The proportion of mandatory training completed, taken from the National staff survey measure;
- Completion of a Performance Development Review (PDR) in the last 12 months, taken from the National staff survey measure;
- Staff views on staffing, taken from the National staff survey measure; and
- Patient views on staffing, taken from the National patient survey measure.

A further communication has included the Trust's provisional data which indicates that we are in the expected range for all of the above indicators and the overall measure. The data will be further 'refined' before it is published 'in the spring'.

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 JANUARY 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	3 8	RN CSW	Vacancy	Due to the number of vacancies, this month the staff on A1 have been working closely alongside the staff on ward A3 to ensure the safe delivery of care. For both wards, on all of the shifts with shortfalls, the bank/agency were unable to fill them and with FESSU (Frail Elderly Short Stay Unit) not yet running and with the nurse in charge taking a caseload of patients the combined workforce maintained safety and care delivery.
A2	1	RN	Vacancy and sickness	On this night shift, two booked agency nurses did not arrive initially with one arriving later, but she refused to have twelve patients to look after (this is being addressed). The high dependency of the patients was such that staffing was unsafe although no incidents did occur. All skin bundles were completed as were routine observations and care plans. All night duty staff stayed over onto the following day to ensure this happened and staff from the previous day shift stayed over to support the night shift. Coordinators were made aware and the Lead nurse was rung at home.
A3	5	RN	Vacancy	See A1 ward above.
B1	4	RN	Vacancy/Staff sickness and staff member had to leave 1 shift due to family issue	On one of the day shifts there were no elective lists and on the night shift there were no major surgery patients. On the two remaining day shifts the bank/agency was unable to supply staff leaving a ratio of 1:9. The dependency of the patients was such that the ward was safe and no action was required.
B2T	2	RN	Short notice sickness and nurse on phased return	On one occasion part of the shift did not meet the 1:8 ratio due to a phased return staff member and bank/agency were unable to fill the part shift. With the short notice sickness the sister on duty deemed with the patients present the ward was safe.
B3	3	RN	Sickness, vacancy and compassionate leave	The bank was unable to fill the three shifts. On two occasions the patients were managed safely and on the other shift a staff nurse from another ward took a station.
B4	8	RN	Short staff sickness (7) Staff member moved to another ward	On one occasion an agency nurse did not turn up, on another staff phoned in sick too late to request bank staff, on another a staff member had to assist another ward and on one shift a staff member had to be sent home for a personal reason. At all times, work was prioritised and the patients present were cared for safely.
B5	1 1	RN CSW	Sickness	For the both shortfalls, the bank/agency were unable to help with lead nurse/Matron aware of the situation. There was no patient adverse effect.
C1	4	RN	Vacancy	On one night the agency nurse cancelled and for the other three the bank/agency were unable to fill. There were no patient safety concerns.

WARD	No.	RN/M CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
C5	1	RN	Sickness	No substantive or bank staff were available and so an extra CSW was employed to assist with the workload.
C7	1			On one day shift, all the planned staff were present but the dependency of the patients on the ward was such that CSWs were unable to provide the expected level of care. The situation wasn't escalated immediately but clarification has been made to ensure this does not happen in future. Staff ratios were later increased to have an extra CSW following assessment by Matron.
C8	7	RN	Vacancy/sickness	On all occasions patient dependency was such that safety was maintained and on one occasion both the lead nurse and stoke nurse specialist assisted.
Maternity	8 2	RM CSW	High maternity leave, sickness absence.	On all seven shortfall occasions bank unable to fill. Escalation process enacted. Staff redeployed to area of need. On three occasions community midwife assistance called. On three further occasions although the planned number of staff were present, the workload was such that antenatal room and triage staffing was compromised.

Jan-15

SHIFT

		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
WARD	**STAFF**	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
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Key

Unsafe staffing

Registered nurse/midwife shortfall

Care Support Worker shortfall

* Critical Care has 6 ITU beds and 8 HDU beds

** Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered sta

*** 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 ca

**** Midwifery registered staffing levels are assessed as the midwife: birth ratio and is compliant with the 'Birthrate +' staffing assessmen

Coloured shifts without numbers indicate that the planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available

Enclosure 6

Paper for submission to the Board on 5th March 2015

TITLE:	Summary of key issues from the Clinical Quality, Safety & Patient Experience Committee held on 15 January 2015		
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

Learning Disability Strategy Update (Q3) - An action plan was developed to embed the Learning Disability Strategy within the Trust following its launch in March 2014. This update confirmed that good progress had been made and at the end of December 2014, 14 actions were green; 6 actions were amber; no actions were red; no actions were blue. All of the actions identified in amber had progressed since September 2014. The Trust continues to liaise with the key stakeholders to develop the pathway for transition of young people with disabilities to adult services but more work is required around pathways.

Quality Dashboard for Month 8 (November) 2014/2015 - the Committee considered the quality indicators and noted that two indicators were red for November: Maternity: Smoking in Pregnancy and TAL appointment bookings within 4 days. C Diff and MRSA were within the set targets. The 'Increase in Breast feeding initiation rates' was green for the last quarter (September to November) and the 'Stroke - Swallowing Screen within 4 hours of clock start' was above target in November. Performance continued to be poor for TAL Appointment booking within 4 days when only 36% of patients booked via the TAL Choose & Book system received notification of their appointment within 4 days.

Mortality Quarterly Report - The Committee received the mortality quarterly report and discussed the progress against existing action plans and the SHMI position and received assurance on the plans in place to manage these. The Trust has chosen an additional quality priority to ensure that 85% of in-hospital deaths undergo review within 12 weeks by March 2015 (overall performance is currently at 81.14%). The reasons for this and actions in progress were discussed. The Committee was advised that the Mortality Review Panel had presented to the Quality and Safety Group in November 2014.The panel meetings also check the completion of closure of the 12 week target. The Committee **received** the Mortality Report and **noted** the current position.

National Joint Registry Annual Clinical Report - Mr Waite presented the National Joint Registry Annual Clinical Report and outlined the circulation process for this. He advised that this was the largest Joint Registry in the world showing all surgeons. Mr Waite made specific reference to the Hospital Episode Statistics (HES) data and National Joint Registry data for Hip and Knee surgery. The Committee **received** and **noted** the National Joint Registry Annual Clinical Report.

Quality Improvement Strategy - The Committee received the Strategy and were advised that this had been updated with some minor changes, mainly through changes in internal management structures and National developments in the NHS. The Committee **approved** the updated strategy.

Policy Group Recommendations - 15 guidelines had been revised and 6 documents returned to the Policy Group with minor amendments and had been collectively agreed. The Committee **ratified** the 21 guidelines/policies.

External Visit Reports – WMQRS Update - the report covered two visits; one in Maternity in February 2014 and the other was a formative review of Dudley Health Economy's Care of Frail Older People Services in August 2014. Following the maternity visit in April an action plan was drafted and is due to be completed on target. The actions arising from the Dudley Health Economy's Care of Frail Older People Services report were not for the Trust. Further reviews would be undertaken in Theatres on the 13th February 2015 and Transfers from Acute/Intermediate Care on 3rd/4th March 2015.

Serious Incident Monitoring Report (December 2014) - 21 new incidents were reported of which 7 were new general incidents and 14 pressure ulcer incidents (3 Patient Falls resulting in Fracture, 1 Birth injury (trauma), 1 Deterioration of Health/Collapse/Faint, 1 Delay in Care/Treatment and 1 Early Neonatal Death). Both the Deterioration of Health/Collapse/Faint and Delay in Care/Treatment and were investigated via an RCA. There were 191 open serious incidents of which; 47 RCA investigations were in progress, 81 were awaiting assurance that all actions had been completed and 63 were awaiting closure.

There were 133 pressure ulcer incidents in total for the rolling year, where patients that had developed pressure ulcers that had deteriorated to stage 3 and 4 whilst in hospital or on a community case load. There were no breaches in the 2 days from identification of the incident and reporting on STEIS and there were no breaches in completion of an RCA investigation report within the 45 day timescale. A 72 hour meeting was arranged to discuss these incidents that did not meet external serious incident reporting requirements but were of major and catastrophic severity grading (4 and 5) and trends in lower severity grades.
The Committee **noted** the current position and **supported** the recommended closure of 63 Serious Incidents.

Internal Safeguarding Board- held on 20th November 2014 and 18th December 2014. The following issues were highlighted and discussed:

- **Restraint Action Plan –** there were two actions in amber. These were progressing.
- An extra ordinary safeguarding Children's Board meeting had taken place to review Child Sexual Exploitation within Dudley. It was agreed that the Trust board would be made aware of potential concerns and that these would be monitored via feedback to the Internal Safeguarding Board from the Deputy Director of Nursing and Designated Doctor for safeguarding following the Safeguarding Children Board meetings.
- **Safeguarding CQUIN –** two cases had been selected for the quarter 3 Safeguarding Patient user stories presentation to the Trust Board.

The Committee **noted** the key issues arising from the Internal Safeguarding Board held on 20th November 2014 and the 18th December 2014.

Quality & Safety Group - held on 14th November 2014 and 19th December 2014. The following issues were highlighted and discussed:

- **International Recruitment -** there were no further plans to visit Europe for additional recruitment sessions, however there were plans to visit both India and the Philippines.
- **Root Cause Analysis Investigations -** The Community Lead had developed a structure for Community Root Cause Analysis investigations to be reviewed and there would now be a Joint Community and Acute meeting to share learning between each group.
- **Safer Sharps -** the HSE had visited the Trust. An action plan had been drafted and a working group set up to address areas of concern. Actions related mainly to the use of equipment.

The Committee also **received** the following reports

- Infection Prevention and Control Team Annual Report 2013/2014.
- AHRQ Patient Safety Culture Survey Results and Actions
- The key issues arising from the Patient Experience Group meeting held on 18th November 2014.

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 15th January 2015 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 5th March 2015

TITLE:	Summary of key issues from the Clinical Quality, Safety & Patient Experience Committee held on 12th February 2015		
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

External Visit Report – Breast Screening QA Visit Update - The Committee received the six month review of responses to the QA report from the Breast Screening Quality Assurance Team visit to Dudley and Wolverhampton Breast Screening Service which took place on the 3rd April 2014 and received assurance that this was progressing well.

External Visit Report – NCEPOD Lower Limb Amputation Study - This study looked at the quality of care the Trust provided to vascular or diabetic patients with lower limb amputations. NCEPOD has made 20 recommendations which all organisations are required to comply with. The Consultant Vascular Surgeon /Medical Services Lead confirmed that the Trust was fully compliant with all but one of the recommendations (Recommendation 7), where he believed the trust achieved partial compliance. The Committee discussed the self-assessment of compliance with the recommendations and noted examples of good practice and areas for further improvement.

Quality Dashboard for Month 9 (December) 2014/2015 – The Committee received a breakdown of the quality KPIs and specifically noted:

- **Maternity KPIs -** The 'Increase in Breast feeding initiation rates' had been green for the last three quarters. The performance of the smoking in pregnancy KPI was outside of the target for December and also for the quarter.
- **Stroke -** the 'Stroke - Swallowing Screen within 4 hours of clock start' target was achieved.
- **TAL Appointment booking within 4 days -** 41.1% of patients booked via the TAL Choose & Book system received notification of their appointment within 4 days.
- **Saving Lives: 7 C.Difficile -** the Trust was in the red at 57%.
- **VTE Assessment -** this was above target but since August had failed quarter 3.
- **NHS Choices -** Dupuytrens Contracture had been removed from the list of Clinical Indicators, however, two had been added: Gallbladder Surgery and Osteoporosis.
- **Gallbladder surgery - The standardised percentage rate of emergency readmissions to hospital within 28 days of being discharged following gallbladder surgery** – The Trust is an outlier for this target and is reviewing this.
- **Osteoporosis - Standardised ratio of emergency readmissions to hospital within 28 days of being discharged following emergency admission for fractured neck of femur –** the Trust is an outlier when compared with other local Trusts.

The Committee **noted** the quality dashboard for the month of December 2014.

Policy Group Recommendations - 5 guidelines had been revised and 7 documents had been returned to the Policy Group with minor amendments and had been collectively agreed. The Committee **ratified** the 12 guidelines/policies.

Serious Incident Monitoring Report - 11 new incidents were reported and 28 pressure ulcer incidents (1 DGH Ward Outbreak – C Diff, 5 Patient Falls resulting in fracture (B6, B4, C3, C6 and C7 no trend), 1 Shoulder dystocia, 3 unexpected admissions to Special Care Baby Unit (Neo Natal), 1 Failure/Delay in Prescribing Process, 15 Pressure sore, Stage 3 Unclassified (Hospital Acquired) and 13 Pressure Sores, Stage 3 Unclassified (Community Acquired)).

- **Breakdown of Open Serious Incident -** there were 183 open serious incidents of which 70 RCA investigations were in progress, 27 were awaiting closure and 86 awaiting assurance that all actions had been completed. Actions which had breached completion dates would be discussed at Divisional meetings.
- **Incident Trends -** there was an upward trend in patient falls resulting in a fracture but overall there had been a decrease of 105 falls from the previous year. The Trust was also below the national average.

- **Compliance with CCG Contractual Arrangements -** there were no breaches in the 2 days from identification of the incident and reporting on STEIS and no breaches in completion of an RCA investigation report within the 45 day timescale.
- **Trust Red Incident Matrix -** these incidents did not meet external serious incident reporting requirements but were of major and catastrophic severity grading (4 and 5) and trends in lower severity grades. A 72 hour meeting was convened to discuss these incidents.

The Committee **noted** the current position and **supported** the recommended closure of 27 Serious Incidents.

Quality & Safety Group (22nd January2015) - the following issues were highlighted:

- **Resuscitation Group -** An order for the replacement of defibrillators has been placed. IT will configure them and hope in the future, to obtain better data about the Cardiac Arrests that occur in the Trust.
- **Falls Prevention and Management Group -** there has been a decrease in the number of falls by 105. The Trust is consistently lower than the national average and having the bed and chair alarms in use has increased patient observation.
- **Matron and Senior Nurse Group – Nutrition -** there is a National Nutrition day in March and the Trust is planning activities to raise awareness.
- **Education update -** 16 CSWs started the Novice course in January, with a further 25 applicants commencing in April 2015. 24 graduate nurses were due to commence in February and 9 internationals were due to commence February. 8 additional internationals will be interviewed by Skype.

The Committee **noted** the summary of the Quality and Safety Group meeting held on 22nd January 2015.

Internal Safeguarding Board (15th January 2015) - the following issues were highlighted:

- **Safeguarding Training -** the overall compliance rate had increased.17 Mental Health Assessment workshops had been arranged. Safeguarding Children (Intermediate) compliance was 71.7%.
- **Dudley Safeguarding Children's Board meeting -** concerns about access to CAMHS tier 4 beds was raised. The Independent Chair, the Deputy Director of Nursing and the Deputy Director of Nursing for Dudley and Walsall Mental Health Foundation Trust were due to meet in February 2015 to discuss.
- **Safeguarding CQUIN-** a Learning Event had been arranged for 6th March 2015 to present the cases identified in the CQUIN target for 2014/15 to staff and appropriate members of the CCG.
- **Independent Management Review - Maternity Case -** the final Serious Case Review will be published following the criminal case in February 2015.
- **Child Protection-Information Sharing -** a new system to enable professionals to identify whether a child is on a child protection list is planned. A response on how the system will be launched in the Trust is awaited from the Associate Director for IT.
- **Restrictive Intervention Group** - a 'Restrictive Intervention Group' has been established to review the Minimisation and Restrictive Intervention policy (Restraint Policy).

Infection Prevention and Control Forum - the Committee **received** the minutes from the meeting held on 16th December 2014 and **noted** the key issues.

Patient Experience Group - the Committee **received** and **noted** the key issues arising from the Patient Experience Group meeting held on 20th January 2015.

Nursing Strategy Update (Q3) - an action plan was drafted to embed the Nursing Strategy following its launch in May 2013. Good progress has been made with 40 actions being green; 4 actions amber; 1 action red (not taken forward by Dudley Commissioning Group).3 actions were blue as no progress update was available following a change in leadership for Community Services. The Committee **noted** the key issues arising from the Nursing Strategy Update**.**

Quality Account Update - The Committee **noted** the position with regard to the quality priority targets and the national clinical/audit confidential enquiry participation at the end of the quarter.

Culture of Learning CQUIN quarterly update - The Committee received a very comprehensive report and discussed the breakdown of all grades of incidents and complaints .Upward trends and the action taken or planned to address the learning from these was discussed. Two incident types, Appointment, Discharge and Transfer and Medication were showing an upward trend for both Incidents and Complaints, with five incident types showing both an upward trend and consistent high reporting:

- Appointment, Discharge and Transfer
- Clinical Care, Assessment and Monitoring
- Medication
- Records, Communication and Information
- Patient Falls, Injuries or Accidents

The Committee considered the detailed analysis supporting these areas in terms of the overall themes and actions and associated learning from incidents and complaints

- **Clinical Care (Assessment/Monitoring) Trends -** The number of incidents reported in the Clinical Care, Assessment/Monitoring category had shown a downward trend from 308 to 294 from Q2 to Q3 2014/15. Although the overall number of incidents and complaints had shown a downward trend this was not reflected in the numbers reported as Serious Incidents or placed on the Red Incident Matrix in this category which have remained consistent.
- **Health and Safety** there was an increased trend in the number of incidents and Serious Incidents reported.
- **Health and Safety Exposure to Hazardous Substances and Slips, Trips and Falls -** there was no increased prevalence in any areas.
- **Needlesticks and Sharps -** this showed consistent reporting with two of the three serious incidents reported in Quarter 3 due to needlestick injuries. The Trust had also seen an increase in RIDDOR incidents.

The Committee **noted** the key issues identified and **discussed** and **approved** the report for external submission to Commissioners to inform the CQUIN Indicator 3a Demonstrating Improvement through Organisational Learning.

AHRQ Patient Safety Culture Survey 2014 - the Committee received and agreed the action plan for the AHRQ Patient Safety Culture Survey in March 2014 and an update on progress against those actions plus further actions in January 2015. Areas for improvement will be discussed at a recently re- formed group.

Complaints Report (Q3) – the Committee received the report which highlighted the following:

- 30% fewer complaints received during Q3 –this equated to 64 where the previous quarter was 92.
- 100% of complaints received in Q3 were acknowledged within 3 working days.
- 68% of complaints received and closed during Q3 were answered within 30 working days
- 19 meetings were held with complainants during Q3
- four inquests were held and concluded during the quarter, with no adverse conclusions.
- two complaints received were assessed as 'high risk' and are being investigated.

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
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	Monitor	Y	**Details:** Ability to meet national targets and priorities
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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 12th February 2015 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.

Enclosure 7

The Dudley Grou
NHS Foundation Trust

Paper for submission to the Board on 5th March 2015

TITLE:	**Audit Committee Report**		
AUTHOR:	**Richard Miner – Non-Executive Director**	**PRESENTER**	**Richard Miner – Non-Executive Director**

CORPORATE OBJECTIVE: Quality

SUMMARY OF KEY ISSUES:

The Audit Committee met on 20th January 2015. The main activities covered by the Committee in the meeting are summarised in the attached report.

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	**Y**	**Details: Governance/License Compliance**
	Equality Assured	**Y**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF COMMITTEE: .

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE BOARD

To receive the report and note the items that the Audit Committee have raised concerns around.

Audit Committee

Report to Board of Directors – 5th March 2015

The Audit Committee met on 20th January 2015. The main activities covered by the Committee in the meeting are summarised below.

Research & Development Directorate Quarterly Report

The Committee were advised of the number of research studies that had been reviewed since October 2014. Recruitment to studies had been stable over the reporting period and recruitment targets are set to be achieved. Three serious adverse events that may be attributed to side effects of the study drug were presented and discussed. The Committee received and noted the report.

Caldicott & Information Governance

The Information Governance Manager presented an update to the Committee. The key items discussed were Mandatory IG Training Report, data protection breach STEIS update, IG Toolkit Assessment report, Internal Audit IG audit update, Caldicott Group and IG Meeting overview and F.O.I. requests.

The Committee raised concerns around:

- The emergency planning and IT business continuity scores within the Internal Audit IG audit. Further assurance was requested from Internal Audit which would be reported following the finalisation of the follow up work.
- The poor uptake of IG mandatory training.
- The prioritisation of IG audits

Deloitte External Audit Update

The external auditors confirmed that all planning work is as per plan. The interim audit work will take place in February.

Baker Tilley Internal Audit Progress Report

The Internal Auditors confirmed that the audit plan is being achieved. Eight reports had been finalised since the last meeting. Six reports related to financial control work and all reports had been rated 'Green'. The Compliance with the Safeguarding Children Policy review had received an Amber/Red opinion due to two issues. Both of these recommendations have been accepted and are being taken forward immediately. The remaining report on IT Business Continuity Planning and Emergency Planning follow up review concluded that Good Progress was being made against the recommendations. The Committee approved two changes to the audit plan and noted the receipt at the end of January of the Project Fusion Lessons Learnt report.

The Committee raised concerns around:

- The amber/red rating given to the Compliance against Children Safeguarding Policy audit due to the use of fax machines and also because some DNA letter have not been sent out. The Committee sought assurance from Internal Audit that the recommendations had been implemented.

Local Counter Fraud Specialist Progress Report

The LCFS confirmed that the agreed plan was on track to be achieved. Awareness training and a proactive review of Pharmacy prescription charges are the remaining tasks. Two fraud referrals had been made since the last meeting, both have been closed.

The LCFS reported that following the publication of the NHS Protect document on LCFS activity within the Provider environment, he has benchmarked the Trust and it shows that we are in line with other Providers and not an outlier.

Clinical Audit Quarterly Report

46 additional clinical audits were approved by the Committee to be included on the 2014-15 clinical audit plan. Good progress was reported against the clinical audit plan and all are either in progress or completed. Some audits will roll over into 2015/16 before they are completed.

Risk and Assurance Committee

A report was presented highlighting the key items discussed at the Risk and Assurance Committee held on 9th December 2014. Updates was provided on each divisional risk register, procedural documents and an update on out of date documents was presented, an update on the compliance with NPSA/CAS alerts was presented and an update on adherence to NICE guidance.

The Committee raised concerns around:

- The process of Divisional risks being picked up by all Board members.

Accounting Policies

The Committee received the draft 2014-15 accounting policies and details of changes made to the previous year's policies. The Committee approved the policies and accepted all changes.

Segmental Reporting

The Committee received the Trusts reporting proposal for 3 operating segments with no changes from the 2013-14 position. The Committee accepted the proposal. External Audit stated they were happy with the proposal and would review this as part of their audit work.

Losses & Special Payments

The Committee received the 2014-15 Q3 losses and special payments report. This was the first time this report had come to Audit Committee and the format was approved. The Committee noted the various payments and losses made in relation to

bad debt write offs, NHSLA excesses, Ex-Gratia payments, asset write offs and stock losses.

The Committee raised concerns around:

- The asset write-off in relation to the GUM IT system. The Committee will look for assurance from the Internal Audit Report on Project Fusion Lessons Learnt.

Going Concern

The Director of Finance reported on Monitors decision to put the Trust in formal breach of its license as a result of concerns around the lack of long term strategy to address the financial decline of the Trust. The Trust will be required to submit a financial recovery plan alongside its 2015-16 operational plan to Monitor in April. By this time the Trust will be able to demonstrate it has plans in place to address the current financial position and have sustainable plans in place for the coming 5 years. The External Auditor stated his concern around the issue of Going Concern of the Trust. The Audit Committee and the Board will need to be assured that the Trust is a Going Concern. The Trust is at risk of getting a qualified audit opinion on its accounts if it is put into breach particularly around the value for money element of the audit opinion.

The Committee raised concerns around:

- The need for the Board and Audit Committee to receive assurance around the Trust's Going Concern position

Richard Miner
February 2015

Enclosure 8

The Dudley
NHS Foundation Trust

Paper for submission to Trust Board to be held on 5th March 2015

TITLE:	Quarterly Complaints report – Quarter 3, October to December 2014		
AUTHOR:	Maria Smith (Complaints & Litigation Manager)	**PRESENTER:**	Julie Cotterill Associate Director of Governance/Board Secretary

CORPORATE OBJECTIVE: SG02 - To provide the best possible patient experience

SUMMARY OF KEY ISSUES:

Complaints report for quarter ending 31 December 2014:

- **30%** less complaints received during Q3 when compared with Q2
- **100%** of complaints received in Q3 were acknowledged within 3 working days
- **68%** of complaints received and closed during Q3 were answered within 30 working days
- **68% o**f complaints received and closed during Q3 were upheld/partially upheld.
- **3 (14%)** of complainants expressed dissatisfaction with their response (received and investigated during Q3)
- **19** meetings were held with complainants during Q3
- **0** rule 28 (formerly rule 43) - reports on 'Action to Prevent Future Deaths' received from Senior/Assistant Coroner received during Q3

IMPLICATIONS OF PAPER:			
RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Outcome 01: Respecting and involving people who use our services Outcome 17: Complaints**
	NHSLA	**Y**	**Details: Standard 2 – concerns and complaints and claims management**
	Monitor	**N**	**Details:**
	Equality Assured	**Y**	**Details: Better health outcomes Improved patient access and experience**
	Other **Ombudsman**	**Y**	**The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 No. 309** **3 complaints accepted for investigation by Ombudsman during the quarter**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			x

RECOMMENDATIONS:
To receive the complaint manager's report for Q3

Key Facts – complaints & inquests

Key facts	Year ending 31 Mar 2014	Qtr 1 ending 30 June 2014	Qtr 2 ending 30 Sept 2014	Qtr 3 ending 31 Dec 2014
Total number of complaints received -	**330** 17 - high 190 - mod 123 - low	**63** 2 - high 34 - mod 27 - low	**92** 4 - high 58 - mod 30 - low	**64** 2 – high 39 – mod 23 – low
% Complaints acknowledged within 3 working days	99%	100%	100%	100%
% Complaints received during Q3 and answered within 30 working days	46% (data coll comm'd in 4th qtr)	80%	50%	68%
Number of upheld/partially upheld complaints received & closed during Q3	**252 (66%)**	**20 (50%)**	**33 (36%)**	**15 68%)**
Complaints accepted for investigation by Ombudsman	5 (2 upheld and compensation paid)	3	3	1
Privacy/dignity included as a concern in complaint	2	1	1	0
Complaints referring to shared accommodation	0	0	0	0
Number of meetings held with complainants	87 (26% of complaints rec'd)	14	23	19
Total number of dissatisfied complaints received	51 (15% of complaints rec'd)	5	6	3
Total CCG/CSU led complaints received in qtr	6	2	2	1
New Coroner's cases opened during quarter	25	2	3	1
Coroner's Inquests held/closed during quarter	13	5	7	4
Coroner's Rule 28 (was rule 43) received in quarter	0	1	0	0
Complaints received where safeguarding concern raised	0	0	1	0

Complaints by category

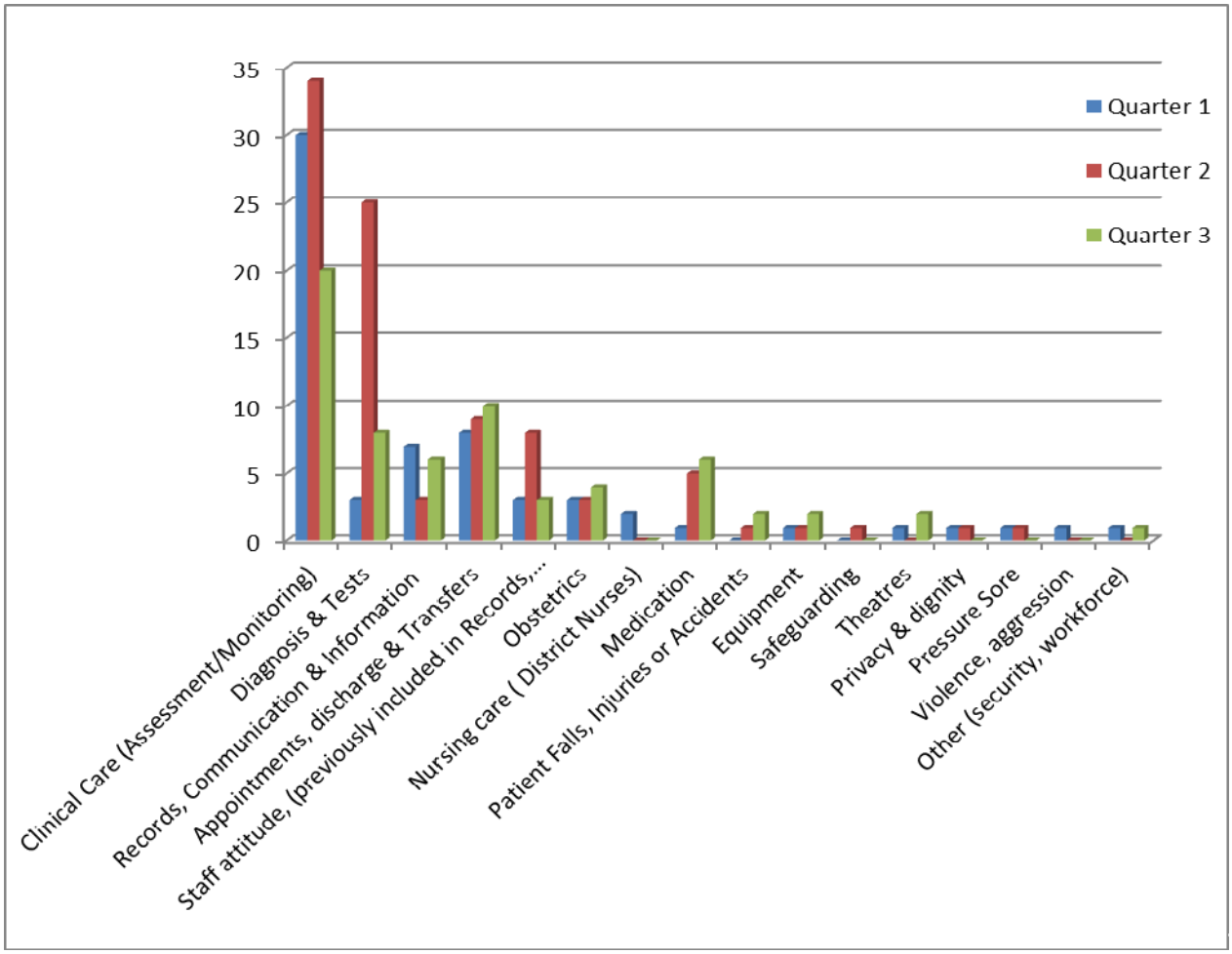
Category	Year ending 31/03/14	Qtr 1 Ending 30/06/14	Qtr 2 Ending 30/09/14	Qtr3 Ending 31/12/14
Clinical Care (Assessment/Monitoring)	*93 (28%)*	*30 (47%)*	*34 (37%)*	*20 (31%)*
Diagnosis & Tests	*76 (23%)*	*3 (4%)*	*25 (27%)*	*8 (13%)*
Records, Communication & Information	*53 (16%)*	*7 (11%)*	*3 (3%)*	*6 (9%)*
Appointments, discharge & Transfers	*53 (16%)*	*8 (13%)*	*9 (10%)*	*10 (16%)*
Staff attitude, (previously included in Records, communication & information)	-	*3 (4%)*	*8 (9%)*	*3 (5%)*
Obstetrics	*17 (5%)*	*3 (4%)*	*3 (3%)*	*4 (6%)*
Nursing care (District Nurses)	*0*	*2 (3%)*	*0*	*0*
Medication	*15 (4%)*	*1 (2%)*	*5 (6%)*	*6 (10%)*
Patient Falls, Injuries or Accidents	*15 (4%)*	*0*	*1 (1%)*	*2 (3%)*
Equipment	*5 (1%)*	*1 (2%)*	*1 (1%)*	*2 (3%)*
Safeguarding	*1 (1%)*	*0*	*1 (1%)*	*0*
Theatres	*1 (1%)*	*1 (2%)*	*0*	*2 3%)*
Privacy & dignity		*1 (2%)*	*1 (1%)*	*0*
Pressure Sore	*1 (1%)*	*1 (2%)*	*1 (1%)*	*0*
Violence, aggression		*1 (2%)*	*0*	*0*
Other (security, workforce)		*1 (2%)*	*0*	*1 (1%)*
Total:	***330*** *(100%)*	***63*** *(100%)*	***92*** ***(100%)***	***64*** ***(100%***

Complaints by Category / Themes

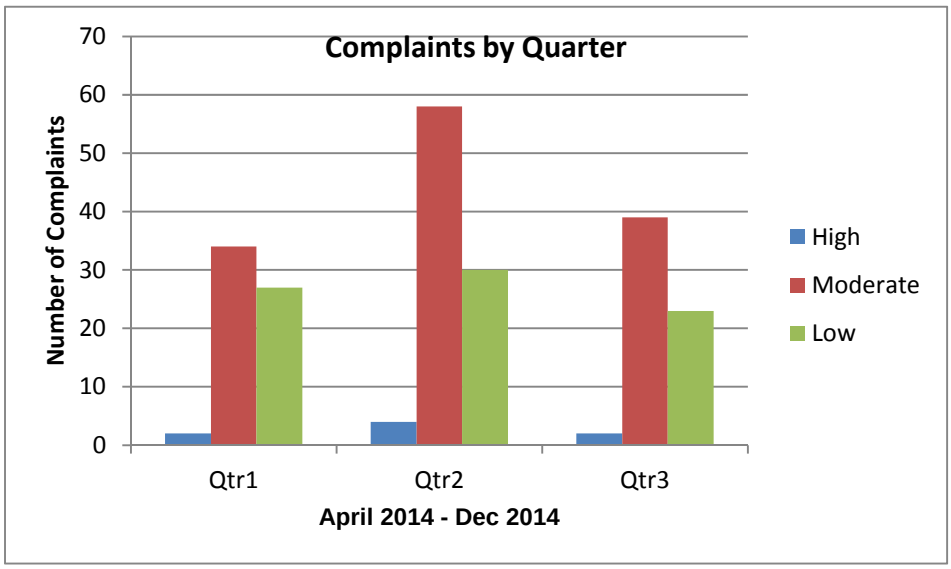
Complaint numbers did not increase significantly until August and September when there was a sudden spike and whilst quarter 3 has seen usual numbers expected they are extremely complex and involved several specialties and wards/departments. This can cause some delay in investigating and responding to complainants, as every member of staff requires access to the health records before providing comments.

Complainants are offered a meeting in the acknowledgement letter, sent within three working days of the receipt of the complaint and 19 meetings were held with complainants during the quarter.

Pleasingly, staff attitude has shown a significant reduction during the quarter, as have complaints relating to clinical care and diagnosis/tests.



High Risk Complaints



Two complaints received during Q3 were assessed as 'high risk' and are still being investigated.

- One complaint related to medication being prescribed which led to an emergency admission to another hospital.
- The second complaint related to the failure to diagnose a tumour.

Percentage of complaints against activity

ACTIVITY	Total Qtr 3 ending 31/12/13	Total Qtr 4 ending 31/03/14	Total Year ending 31/3/2014	Total Qtr 1 ending 30/06/14	Total Qtr 2 ending 30/09/14	Total Qtr 3 Ending 31/12/14
Total patient activity	186,084	181,503	734,239	181,132	187,117	184,687
% Complaints against activity	0.04%	0.04%	0.04%	0.03%	0.05%	0.03%

Senior Coroner – Inquest conclusions during Q3

4 Inquests were held and concluded during the quarter, with no adverse conclusions.

Ombudsman reports

The Parliamentary and Health Service Ombudsman accepted one new complaint for further investigation. A decision is awaited.

Included below is an update on previously reported complaints accepted for investigation by the PHSO.

In one case, the PHSO confirmed satisfaction that the Trust has complied with their recommendations. Case closed and no further action required.

Five complaints are currently being investigated by the PHSO and a decision is awaited.

Examples of the Action taken as a result of complaints

The following paragraphs summarise some of the concerns raised and action taken:

a) ***Appointments, Discharges & Transfers***

- Cancellation of surgery
- Concerns expressed about 'failed' discharge and discharge arrangements
- Concerns regarding lack of cover for consultant during leave
- Concerns regarding delay in referral to another hospital
- Delay of one week before dieticians could see patient
- Issues raised regarding appointment with cardiologist
- Issues raised regarding appropriateness of admitting ward

Action taken:

- Explanations and apologies offered
- Re-referral made to another hospital, as first referral had not been received
- Explanation about the management of clinic lists
- Explained that patient admitted to the first available bed when specialty bed was not immediately available.
- Apologies that discharge was cancelled when infection was diagnosed

b) ***Clinical care***

- Concerns raised about nursing/medical care
- Concern re perceived implication of changes to consultant
- Concern that a tumour was missed
- Delay before being seen whilst experiencing a MI
- Complaint that care did not improve until discharge to a hospice.
- Concerns raised regarding care provided by community ulcer team
- Patient complained of damage to bladder during surgery
- Complaint of care received during admission to hospital for abdominal surgery

Action taken:

- Nominated senior nurse and staff allocated to review issues of basic care in ED
- Staff made aware of need for patients to be sent for CT scan when patient attends with suspected stroke

- Supply of pressure relieving mattresses, pillow and heel pads increased
- Electronic handovers introduced to ensure information is available for both day and night staff
- Senior nurses now available during visiting hours to meet with relatives.
- Staff reminded to inform parents when tests are sent to specialist hospitals, which might delay results being received
- Two CSWs released from night duties to act as 'floating' staff to ensure buzzers are answered within 30-second target
- MRI package development in progress – i.e. new guidelines, patient information leaflets for NNU and paediatric patients; pathways and admission package also being developed.
- Higher CSWs allocated to work with a RN at front triage and in ambulance triage area
- Patient flow co-ordinator introduced to aid RN in monitoring patient waiting times.
- Community midwifes to ensure all non-Dudley residents have correct details for their area of residence and contact details in case of emergency.

c) ***Diagnosis and tests***

- Patient underwent several procedures but feels these may have been unnecessary and that his diagnosis was wrong
- Patient claims disabilities not taken into account when performing examination
- Relative believes there was a delay in diagnosing a fracture, which later required surgery
- Delay in diagnosing condition
- Patient given medication for condition that she was later told she did not have.
- Complaint regarding misdiagnosis of condition in ED
- Concerns raised regarding late diagnosis of cancer

d) ***Records, communication and information***

- Family unhappy with communication from community service
- Complaint about poor communication during recent hospital admission
- Patient unhappy about breakdown in communication when attending for diagnostic procedure
- Patient feels he was 'overlooked' during ED attendance for suspected MI
- Woman complained ED staff lacked compassion and appropriate equipment for women who attend the department during a miscarriage.

Action taken:

- Communication folder introduced to enable patients and families to raise questions and request meetings if staff are not immediately available.
- Information leaflet developed for patients
- Leaflet provided by reception staff when patients present following GP referral
- 'Chatter' used to convey information to staff regarding purpose of community midwifery service
- Comms staff to include information for GPs in Trust's newsletter, particularly relating to ED attendances.

e) ***Maternity and obstetrics***

- Complaint that social services made early morning call to home address as a result of a report made by maternity staff
- Issues raised regarding two births in the unit, cleanliness and staff attitude
- Patient complained that staff lacked compassion and said 24-week rule was not explained
- Patient's ectopic pregnancy not diagnosed until she attended another hospital

Action taken:

- Reviewed information leaflet and statistics, post advice leaflet, service guideline (which is based on best national recommendations and practice
- Staff reminded of the need to emphasise all risks associated with procedure and continue to give written information
- Developed a letter that parents can give to doctors when attending ED departments
- Parents given information on SANDS (a stillbirth and neonatal death charity) who offer emotional support for parents who have suffered the loss of a baby.

f) Medication

- Patient not supplied with life enhancing cancer drugs due to changes in guidelines
- Patient concerned that medication had reduced his life expectancy
- Patient given medication which resulted in emergency admission to another hospital
- Patient unhappy because CNS could not prescribe medication
- Medication not supplied in 'medi box'
- Despite patient explaining allergy, medication still prescribed

Action taken:

- Staff reminded of the importance of good internal communication
- Staff reminded to follow procedures
- Acknowledged service needed to be reviewed to avoid unnecessary or prolonged hospital admissions - currently being discussed with out-sourced pharmacy partner to assess feasibility of providing a Sunday service.
- Member of staff has used the complaint as a personal learning experience to avoid any similar incidents in the future.
- Explained that doctor was needed to write up prescription, as nurse could not do so.

g) Attitude of staff

- Patient considered way diagnosis was given was blunt and uncaring
- Patient complained about attitude of staff when Crisis team were asked to attend
- Patient considered consultant showed no compassion or care

Action taken:

- Staff reminded Trust's values – care, respect and responsibility, particularly when treating patients who are already distressed or anxious
- A number of staff were reminded of the importance of good communication and were asked to reflect on their contact with the complainants.

Enclosure 9

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 5th March 2015

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

The attached paper indicates the Trust's position at the end of the third quarter with the five Quality Priority target areas and the National Clinical Audits/Confidential Enquiries for 2014-15. It also contains the information for the third quarter that will be placed in the public domain. 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 call bell answering.

Pressure Ulcers – With more accurate figures now available for quarter two, it is disappointing to have to report a rise in avoidable stage 3 pressure ulcers in the hospital in that quarter. However despite this, when including the preliminary figures for quarter three, it means we are still achieving the target we set ourselves for these ulcers in the hospital. There have been no further hospital avoidable stage 4 pressure ulcers since the one in quarter one. With regards to the community services, there continues to be no avoidable Grade 4 pressure ulcers. There have been now at least two Grade 3 avoidable ulcers in the community with another two when the Dudley council equipment service delayed provision of equipment.

Infection Control – Both the MRSA and C. Difficile targets are being met so far with no bacteraemia and 26 C. Difficile cases (against a target of 36 for the end of 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 is occurring.

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.

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 BOARD:

Decision	Approval	Discussion	Other
	✓	✓	

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 and b) 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 December 2014
Hospital			
Continue to recruit volunteer mealtime assistants	Jackie Dietrich	Mar 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	Mar 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	Jun 2014	**COMPLETE** New process started in May. When patient experience assistant is undertaking surveys, if he sees someone 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	Jun 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	Oct 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	Rob Game	Mar 2015	The deadline for this had been extended to enable a review following the roll-out of the Friends & Family Test for Community. Proposals to provide postcards have been made to establish costs and optimum distribution method and to encourage patients to leave online feedback via the Trust website.
Utilise the single point of access (SPA) telephone number for patients to contact	Rob Game	Dec 2014	Commissioners are reviewing the SPA facility. Consequently this is not available to patients at this time. CCG have established a working group to review SPA for all community services including local authority unlikely that this will be completed in year to give patients access due to staffing levels and Comms required.
Refresh posters in clinic settings advising patients how to raise concerns	Rob Game	Mar 15	Deadline reviewed following the roll-out of the Friends and Family Test. See above note about postcards for the update.

Hospital

April-December 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	9.2		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)	3 (out of 300 surveyed)		10 (out of 1140 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%	89%		86.75%

The hospital quality priority is on track with target (a): target score achieved in quarters one, two and three (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 96 who reported that they perceived they needed help (86 stated that they were receiving the help they needed). A more effective system of monitoring these patients is in 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-December 2014 data and commentary

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

Board Sponsor: Paula Clark, Chief Executive
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 December 2014
Continue to support hospital staff in the effective use of new mattresses	C Carter Direct Health Care	July 14	**COMPLETE** 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 Dec 2014	Equipment coordinator is now performing skin bundle checks on wards and checking that patients have all the appropriate equipment as required. The equipment coordinator has taken on other roles such as negative pressure and monitoring mattresses. The TV team have not has capacity to continue to support the equipment coordinator in SKIN bundle checks so this is now not an action. **CLOSED NOT COMPLETE**
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 Dec 2014	First newsletter completed. TV is working with company to develop next edition The team has not had capacity to develop newsletters due to increased impact of reviewing all pressure ulcers in accordance with the CQUIN target. **CLOSED NOT COMPLETE** 6 monthly nursing home meeting organized to update staff
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 Dec 2014	Draft copy of poster developed. The final poster is agreed, the group now need to finalise guidelines/training that needs to accompany the poster

April-December 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	10	3	
No. of stage 4	0	1	0	0	
Total	41	5	10	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.

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	4*	0	
No. of stage 4	0	0	0	0	
Total	4	0	4*	0	

+Please note than these figures may change dependant on the outcomes of RCA investigations as to whether reported pressure ulcers are avoidable or unavoidable.
* Discussions are occurring with the commissioners about which organization should be assigned two of these as the causation was a delay in the provision of equipment from the Community Equipment Service (part of Dudley MBC) to patients

April-December 2014 Commentary

Since the September 2014 report there have been more conclusions following investigations of the reported ulcers in the first two quarters. It is disappointing to now have to report a rise in avoidable stage 3 pressure ulcers in the hospital in the second quarter. However despite this, when including the preliminary figures for quarter three, it means we are still achieving the target we set ourselves for avoidable Grade 3 ulcers in the hospital. There have been no further avoidable stage 4 pressure ulcers since the one in quarter one. With regards to the community services, there continues to be no avoidable Grade 4 pressure ulcers. There have been now at least two Grade 3 avoidable ulcers in the community with another two, as indicated above, when the Dudley council equipment service delayed provision of equipment. While both of these patients were on the district nurse caseload, the lack of equipment was beyond the remit of Trust staff, hence discussions with the commissioners. Finally, the process for investigating pressure ulcer development has been improved with all reported stage 3 or 4 ulcers acquired under our care are now reviewed and confirmed in a timely manner by a member of the tissue viability team or the Lead nurse. In addition, a review of the investigation report is undertaken by the Matron/Head Nurse prior to discussion at the weekly pressure ulcer 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 December 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. Rolling programme for proactive cleaning commenced on 18th December with an updated RAG rating system to determine what type of cleaning is required. **COMPLETE**
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. Competencies are completed. Educational programme still requires linking into practice development and new graduate nurse programme.
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. **COMPLETE**
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	**COMPLETE**. This process was agreed with the CCG for rollout in Summer/Autumn 2014. The process for determining avoidability of Clostridium difficile cases commenced September 2014 and is ongoing. The figures are reported to the Board (public papers) which are placed on Trust website.

April-December 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
Monthly number of C.diff cases	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	4	0.0%	19	26	-26.9%	5	7
	Nov-14	2	5	-60.0%	21	31	-32.3%	5	5
	Dec-14	5	5	0.0%	26	36	-27.8%	8	8
	Jan-15		5			41			
	Feb-15		4			45			
	Mar-15		3			48			
	FY 2014-15	26	48	-45.8%				54	68

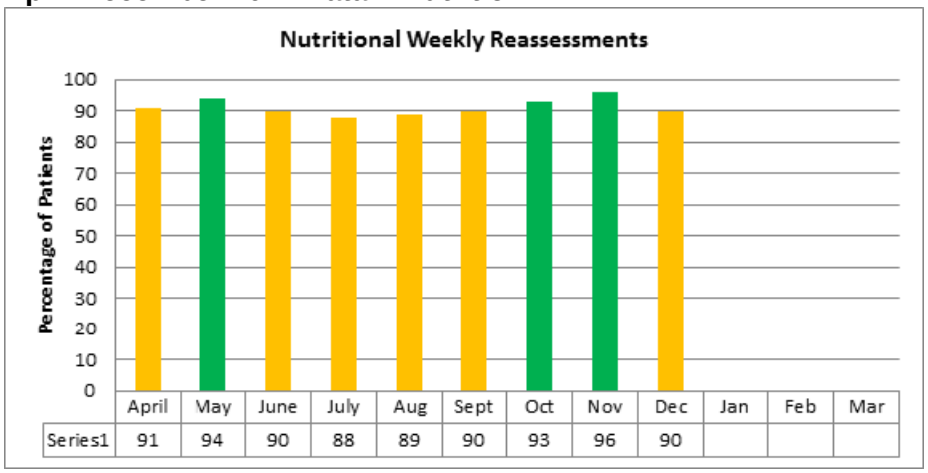
It can be seen above that for the third quarter the Trust is achieving its C. difficile target with 26 cases against a target of 36. There have been no post 48 hour MRSA bacteraemia cases and so that target is also being met.

Board sponsor: Denise McMahon, Nursing Director
Operational lead: Dr. E Rees, Director of Infection Prevention and Control

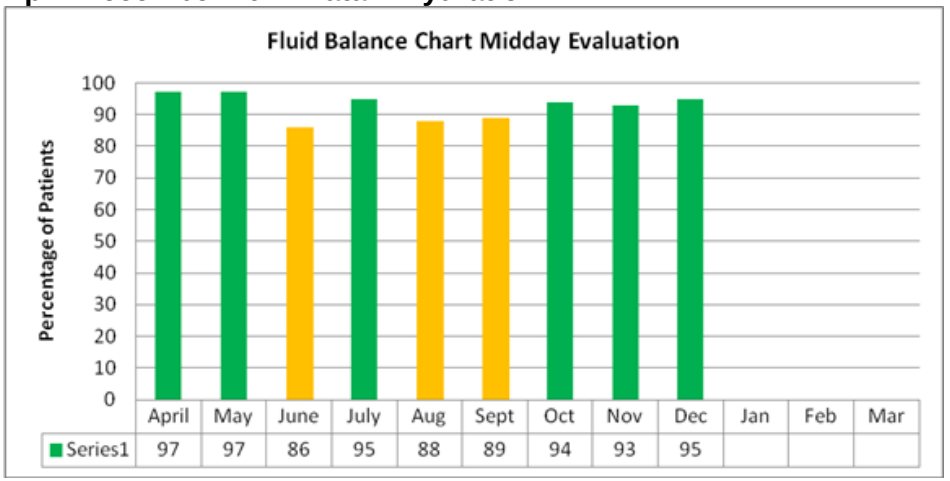
QUALITY PRIORITIES 4 AND 5: NUTRITION/HYDRATION: **Nutrition;** Increase the number of patients who have a weekly risk re-assessment regarding their nutritional status. Through the year on average at least 90% of patients will have the weekly risk assessment completed and this will rise to at least 93% 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 December 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	**COMPLETE**. Strategy meeting with S Philips and K Broadhouse has taken place. Initial processes explored, 1st September new process introduced.
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	R Tomkins 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 this action over as one of the Matrons supporting Nutrition in the Trust; she will liaise with D Aston to drive this element forward.
An electronic learning package will be implemented	A Marsh	Sept 2014	We are still awaiting assurance that Trust IT system will support program. This action has been delayed but will get a decision by the end of March 2015 or change action accordingly.
A formalised strategy will be developed to ensure that Nutrition/Hydration is a priority issue	A Marsh P Deel–Smith K Sheppard	Sept 2014	In progress. This will be completed by end of March 2015.
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-December 2014 Data - Nutrition



April-December 2014 Data - Hydration



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

April-December 2014 Commentary

The third quarter has shown improvement after the slight drop in performance over quarter 2. Both Nutrition weekly screening and Fluid Balance midday evaluations have remained on target through the first 3 quarters with Nutrition maintaining a 91% average and Hydration 93% average for the year to date. Monthly audits with escalation of poor compliance by Matrons continue.

Board Sponsor: Denise McMahon, Director of Nursing
Operational Leads: Kaye Sheppard, Head of Nursing-Medicine, Jenny Davies, Matron for GI and Renal Services, Rachel Tomkins, Matron for Elderly Care

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 December 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. Q3 exception: Reduction in SHMI to 1.02
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	Haematology recovery plan has improved percentage of reviews undertaken within 12 weeks from 0 to 80%. Gastroenterology has returned to their usual good performance.

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, Q2 of 2014-2015. For that period 78.1% of in-hospital deaths across the trust have had specialist multidisciplinary reviews within 12 weeks. The details by specialty are: Half of the specialties have exceeded the 85% target and have improved their performance from the previous quarter. Noted improvements are in Vascular Surgery and Gastroenterology both just below the target. 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 an inter-organisational team. Unusually General Surgery and Stroke have fallen below target for the first time from their usual average of over 90%. Both specialties have undertaken the reviews as usual but failed to upload information onto the tracker due to administrative capacity. Although the deaths have been reviewed within the target period, failing to upload information onto the tracker prevents the Medical Director's team from undertaking a comprehensive analysis of all in hospital deaths, which is the aim of the MTS system. Specific support will be provided to each of the underperforming specialties to ensure that they meet the end of year target.

Latest Available Data: July –September 2014 Q2

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	93.3	Renal	88.2
Gastroenterology	68.4 ↑	Haematology	80
General Medicine	79.5	Oncology	0
Medical Assessment	96.7	Care of the Elderly	93.7
Orthogeriatrics	N/A ↓	ENT	N/A
Rehabilitation	80	General Surgery	43.7 ↓
Respiratory	91.9	Urology	0 ↓
Stroke Medicine/Stroke Rehab	40 ↓	Vascular Surgery	81.8 ↑
Diabetes	100	T&O Rehabilitation	83.3
Endocrinology	100	Trauma and Orthopaedics	100
Neonate	100	Gynaecology	100
Plastic Surgery	100		

Trust Overall	**78.1**

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

NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES

There are now 33 National Clinical Audits 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 Healthcare Quality Improvement Partnership (HQIP), which co-ordinates the national audit programme continues to update the list throughout the year and audits are added to or deleted from the list as necessary. The National Audit of Dementia has subsequently been removed from the 2014/15 QA as initially a pilot will be conducted with data collection expected to begin in July/August 2015. Data collection for all hospitals will take place from April 2016.

Also included on the QA is the National Confidential Enquiries (NCEPOD) programme which currently consists of 2 studies for which the Trust has submitted data and is awaiting publication of national reports. A new study [Acute Pancreatitis] commenced in December 2014 with a further study to commence in May 2015.

Contributions from: K. Obrenovic, H. Board, C. Carter, E. Rees, A. Murray, K. Broadhouse, T. Beach. Compiled by D. Eaves. January 2015

THE DUDLEY GROUP NHS FOUNDATION TRUST

QUARTERLY QUALITY ACCOUNT UPDATE - APRIL-DECEMBER 2014

Each quarter we indicate the progress we are making towards the end of year targets

FOR THIS PERIOD APR – DEC 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 87% 
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	Seventeen 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	Four 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	26 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.	93% 
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)	78% (Jul-Sep) 

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

* = Discussions are occurring with the commissioners about which organization should be assigned two of these as the causation was a delay in the provision of equipment from the Community Equipment Service (part of Dudley MBC) to patients

Enclosure 10

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors

On 5 Mar 2015

TITLE	**Performance Report April 2014 – January 2015**		
AUTHOR	**Paul Taylor Director of Finance and Information**	**PRESENTER**	**Jonathan Fellows F & P Committee Chairman**
CORPORATE OBJECTIVE: SG06 Enabling Objective			
SUMMARY OF KEY ISSUES: • **Deficit of £0.14m in January (£0.3m better than plan)** • **Deficit of £5.2m for year to date, (£1.3m better than plan)** • **Deficit budget for 2014-15 of £6.7m which is now expected to be met** • **Provision for redundancy of £2m now included for the first time** • **Some risks to the year-end position remain which are principally CCG income and some potential outstanding IT payments.** • **A&E 4 Hours waiting time target met for Q4 up to 15th February 2015 (95.0%)** • **Some RTT waiting time pressures, but major RTT and Cancer targets being met**			

RISKS	**Risk Register**	**Risk Score Y**	**Details: Risk to achievement of the overall financial target for the year Financial deficit above Monitor plan now forecast**
COMPLIANCE	**CQC**	**Y**	**Details: CQC report 2014 now received, and Trust assessed as "Requires Improvement" in a small number of areas.**
	NHSLA	**N**	

	Monitor	**Y**	**Details:** **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 no longer investigating A&E performance in the Trust** **Monitor has confirmed that the Trust is in breach of its authorisation conditions regarding future financial sustainability. Undertakings have been signed by Trust to resolve this position**
	Other	**Y**	**Details:** **Significant exposure to performance fines by commissioners**

ACTION REQUIRED OF 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 26th February 2015. 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 10 months period April 2014 to January 2015 (Appendix 1)

The Trust set itself the financial strategy from April 1st 2014 to get back to financial balance over a 2 year period, and as part of that strategy agreed a £6.7m deficit plan in 2014-15. Early months in 2014-15 were not as favourable as anticipated and the forecast year-end deficit exceeded £10m in August 2014. Since then spending has broadly stabilised and activity, and therefore income has exceeded expectations.

January 2015 continued the recent trend of the Trust's in-month and forecast year-end position improving

In January 2015 the Trust posted an in-month deficit of £0.1m, which was £0.3m better than plan.

For the 10 months period to January 2015 a cumulative deficit of £5.2m was recorded. Key variances include income at +£6.2m (+2.3%); Non Pay -£4.6m (-4.9%); CIP not achieved -£2.3m.

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

- Significant increases in emergency and other types of 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
- A slower than anticipated achievement of savings.

The Trust is now forecasting a deficit of £6.5m for 2014-15 on its operating position (which is an improvement of £1.0m on the previous month) and a deficit of £8.48 in its bottom line position when the additional redundancy costs are accounted for

At 31st January 2015 the Trust had cash reserves of £21.2m (£18.8m in November) and 9.85 days liquidity (9.6 previously).

Capital spending for the period was £7.8m (£1.1m Medical Equipment, £4.5m IT, £153m PFI Lifecycle), some £0.7m 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 January 2015 performance was 94.46% compared to the constitution target of 95%. The Q4 performance to 14th February 2015 was exactly 95% - continuing the trend of good performance of recent months

b) Never Events

The Trust had no 'never events' in January 2015 or since Q2.

c) Referral to Treatment Waiting Times

The RTT admitted waiting time standard of 90% of patients was met again in January 2015 with 92.4% 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, although the performance on the incomplete pathways reduced in month.

d) Diagnostic Waits

Diagnostic waits continue to underperform compared to targets with only 98.2% of patients being seen in 6 weeks compared to a target of 99%.The remedial action plan continues to be implemented by the Division but it is not expected that the standard will be met until May 2015.

4. Divisional performance Review

The Committee considered the performance presentation from the Division of Nursing, particularly focussing on the financial and operational aspects following the presentation to the Board of Directors on their strategic plans. A number of areas were discussed including recruitment of nurses, spending on agency nurses in specialist areas and plans to improve pefromance

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. The forecast year-end position of £8m was discussed together with the prospects for further schemes in 2015-16.

The Committee reviewed the progress to date on Quality Impact Assessments(QIA) for the Voluntary Redundancy element of the current Workforce Reduction scheme and noted that 37 QIAs had been approved (21 in Admin and Clerical and 16 in Clinical/ Allied Health Professionals/ Technicians)

6. Report from the IT Steering Group Meeting 25 February 2015

Jane Dale and Mark Stanton reported back verbally from the previous day's meeting. The widened membership of the Group was welcomed, together with the need to engage with a wider number of people in the Trust in developing and implementing the IT strategy

It was noted that the group received a presentation from a company who could be commissioned to help with an initial piece of work

Paul Taylor highlighted the importance of the current decision on the Trusts future strategy. He thought that the Trust were faced with 2 alternative approaches as follows:

- The first, and preferred option, is to undertake a piece of analysis work (with the help of some consultants) which would describe all the clinical and administrative processes in the Trust that are currently untaken to

treat patients. Where these processes could be improved through the improved use of information technology then these would also be noted, and any operational and financial benefits noted. This work would then be used to produce an Outline Business Specification, and the Trust could prepare a business case on which to base any IT investment decisions and to make relative priory judgements.

- The alternative approach would be to look at which systems are available to the Trust which could be implemented to improve the operational and financial efficiency of the Trust, and implement those which could be shown to be valuable.

The first approach appears to be the more rigorous but has a number of risks which include the complexity of the output; the time required by Trust staff to define our processes to a third party; and the danger that we may describe solutions that couldn't be afforded or weren't commercially available.

Following an active debate it was agreed that a recommendation would be made by the IT Steering Group to the next Finance and Performance Committee.

7. Facilities and Estates Assurance Report

Robert Graves gave an update on the current key issues in the facilities and estates area. Naturally many of them revolved around the working relationships with our PFI partners. It was agreed that good working relationships in the spirit which would benefit all parties was required. Directors agreed to review the position on the new menu and ward based ordering at their next meeting.

8. 2015/16 Monitor Plan

Paul Taylor outlined the changed timetable for submission of the 2015-16 plan following the alternative tariff proposals issued recently by Monitor and NHS England. He outlined the current position on budget setting, contract income discussions and cost improvement programmes. The revised timetable would be discussed with Monitor early in March 2015 to assess the implication on the Trusts undertakings with Monitor.

A detailed report would be circulated to Finance and Performance Committee in March showing details of the 5 year financial plan.

9. Tariff Arrangements 2015-16

The Committee debated the relative advantages of the Enhanced Tariff Option (ETO) with the alternative Default Tariff Roll-over (DTR). It was agreed

that Paul Taylor would reply to Monitor by the deadline of 4th march 2015, subject to any further announcements from NHS England and Monitor in the meantime.

P Taylor
Director of Finance & Information

THE DUDLEY GROUP NHS FOUNDATION TRUST

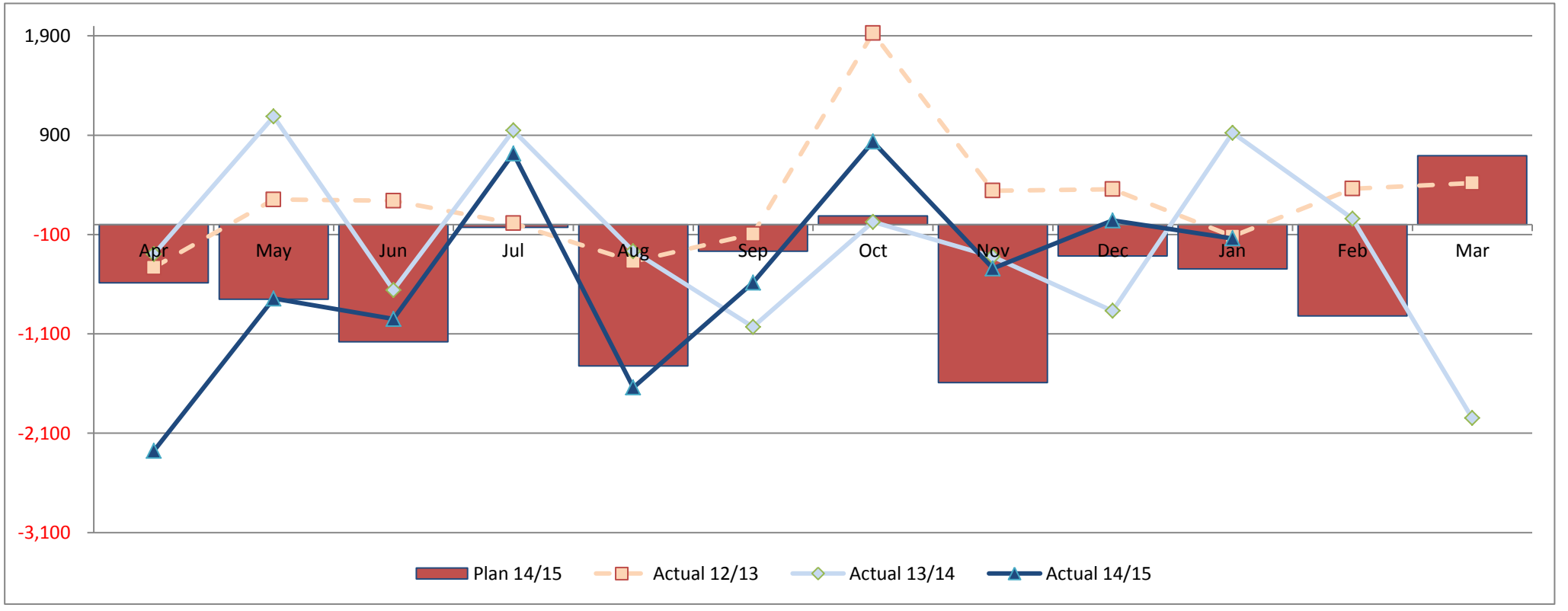
FINANCIAL SUMMARY **JANUARY 2015**

	CURRENT MONTH		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£27,460	£28,381	£921
PAY	-£16,451	-£15,941	£510
CIP	£488	£0	-£488
NON PAY	-£10,011	-£10,890	-£879
EBITDA	**£1,485**	**£1,550**	**£64**
OTHER	-£1,932	-£1,689	£244
NET	**-£447**	**-£139**	**£308**

	CUMULATIVE TO DATE		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£264,619	£270,832	£6,213
PAY	-£160,356	-£158,725	£1,631
CIP	£2,344	£0	-£2,344
NON PAY	-£94,057	-£98,683	-£4,626
EBITDA	**£12,550**	**£13,424**	**£874**
OTHER	-£19,053	-£18,608	£444
NET	**-£6,502**	**-£5,184**	**£1,318**

	YEAR END FORECAST		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£317,244	£324,963	£7,719
PAY	-£193,278	-£191,391	£1,887
CIP	£3,398	£0	-£3,398
NON PAY	-£111,227	-£117,664	-£6,437
EBITDA	**£16,137**	**£15,909**	**-£228**
OTHER	-£22,865	-£24,390	-£1,525
NET	**-£6,728**	**-£8,481**	**-£1,753**

NET SURPLUS/(DEFICIT) 14/15 PLAN & ACTUAL **JANUARY 2015**



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	11	6	**32**
HCAI - Clostridium Difficile - Avoidable Cases			5	6	Not Yet Available	Not Yet Available	**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	97.0	96.1	96.2	N/A	**96.4**
Max waiting time of 2 weeks from urgent GP referral to date first seen for symptomatic breast patients.	93%		97.3	94.7	97.5	N/A	**96.5**
Maximum waiting time of 31 days from diagnosis to treatment for all cancers	96%	1.0	99.7	99.8	99.8	N/A	**99.8**
Maximum waiting time of 31 days for second of subsequent treatments – Anti Cancer Drug Treatments	98%	1.0	100	100	100	N/A	**100**
Maximum waiting time of 31 days for second of subsequent treatments – Surgery	94%		98.2	100	100	N/A	**99.5**
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	88.7	87.4	88.1	N/A	**88.0**
Maximum two month (62 days) wait from referral to treatment for all cancers – From National Screening Service Referral	90%		100	100	95.6	N/A	**98.6**
A&E (QUALITY)							
% Patients Waiting Less than 4 hours in A&E	95%	1.0	92.1	96.1	95.0	94.1	**94.3**
REFERRAL TO TREATMENT – RTT (PATIENT EXPERIENCE)							
RTT – Admitted % Treated within 18 weeks	90%	1.0	90.1	90.6	92.1	92.4	N/A
RTT – Non-Admitted % Treated within 18 weeks	95%	1.0	99.2	99.1	98.7	97.4	N/A
RTT – Incomplete pathways % waiting within 18 weeks	92%	1.0	94.7	95.9	95.6	95.8	N/A
Community Services (Effectiveness)							
Referral to treatment information	50%	1.0	98.0	99.0	99.5	99.5	N/A
Referral information	50%		64.9	65.4	66.7	66.7	N/A
Treatment activity information	50%		99.5	100	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	Yes	N/A
Risk of, or actual, failure to deliver mandatory services	Yes/No 4.0	No	No	No	No	N/A
CQC Compliance action outstanding	Yes/No 2.0	No	No	No	No	N/A
CQC enforcement notice currently in effect	Yes/No 4.0	No	No	No	No	N/A
Moderate CQC concerns regarding the safety of healthcare provision	Yes/No 1.0	No	No	No	No	N/A
Major CQC concerns regarding the safety of healthcare provision	Yes/No 2.0	No	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	No	N/A