The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 6th March 2014 at 9.30am
Clinical Education Centre

Meeting in Public Session

All matters are for discussion / decision except where noted

	Item	Enc. No.	By	Action	Time
1.	**Chairmans Welcome and Note of Apologies – A. Becke**		J Edwards	To Note	9.30
2.	**Declarations of Interest**		J Edwards	To Note	9.30
3.	**Announcements**		J Edwards	To Note	9.30
4.	**Minutes of the previous meeting**				
	4.1 Thursday 6th February 2014	Enclosure 1	J Edwards	To Approve	9.30
	4.2 Action Sheet 6th February 2014	Enclosure 2	J Edwards	To Action	9.30
5.	**Patient Story**	Letter	D McMahon	To Note & Discuss	9.40
6.	**Chief Executive's Overview Report**	Enclosure 3	P Clark	To Discuss	9.50
7.	**Patient Safety and Quality**				
	7.1 Infection Prevention and Control Exception Report	Enclosure 4	D McMahon	To Note & Discuss	10.00
	7.2 Clinical Quality, Safety, Patient Experience Committee Exception Report	Enclosure 5	D Bland	To Note & Discuss	10.10
	7.3 Complaints Report	Enclosure 6	D McMahon	To Note & Discuss	10.20
	7.4 Quality Accounts	Enclosure 7	D McMahon	To Note	10.30
8.	**Finance**				
	8.1 Finance and Performance Report	Enclosure 8	D Badger	To Note & Discuss	10.40
9.	**Date of Next Board of Directors Meeting** 9.30am 3rd April, 2014, Clinical Education Centre		J Edwards		10.50
10.	**Exclusion of the Press and Other Members of the Public** To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960).		J Edwards		10.50

Enclosure 1

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

Present:
John Edwards, Chairman
David Bland, Non Executive Director
Ann Becke, Non Executive Director
Richard Miner, Non Executive Director
David Badger, Non Executive Director
Jonathan Fellows, Non Executive Director,
Richard Beeken, Director of Strategy, Performance and Transformation
Paula Clark, Chief Executive
Denise McMahon, Nursing Director
Paul Assinder, Director of Finance and Information
Paul Harrison, Medical Director

In Attendance:
Helen Forrester, PA
Elena Peris - Cross, Administrative Assistant
Liz Abbiss, Head of Communications and Patient Experience
Annette Reeves, Associate Director for Human Resources
Richard Cattell, Director of Operations
Julie Cotterill, Associate Director of Governance/Board Secretary

14/012 Note of Apologies and Welcome

No apologies received.

14/013 Declarations of Interest

There were no declarations of interest.

14/014 Announcements

No announcements made.

14/015 Minutes of the previous meeting on 9th January, 2014 (Enclosure 1)

The minutes of the previous meeting were agreed as a correct record and signed by the Chairman.

14/016 Action Sheet, 9th January, 2014 (Enclosure 2)

14/016.1 Chief Executive's Report – ED

Covered on the agenda at item 14/018.

14/016.2 How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time

Covered on the agenda at item 14/019.5.

14/016.3 Francis Report

Awaiting response from Monitor on the Role of Governor Report.

14/016.4 Emergency Plans Assurance

To be presented to the Finance and Assurance Committee at the end of February.

Emergency Plans Assurance Report to be presented to the Finance and Performance Committee at the end of February.

14/017 Patient Story

A patient story video was shown to Board members. The story was from a young female diabetic patient who had suffered from a diabetic coma due to faulty home testing kit.

The Chief Executive confirmed that all patient stories will now include an item on what the Trust can improve. Board members noted that the only negative comments in the story related to food provision.

The Director of Finance and Information asked if the faulty kit had been followed up with the manufacturer. The Nursing Director confirmed that it had.

Ann Becke, Non Executive Director, commented that she thought Interserve had committed to address the issue with food portion size. The Chief Executive confirmed that patients are able to ask for more food if they are still hungry.

The Chairman confirmed that the issue is about the quality of food provided but also the interaction by the people serving the food is important.

Liz Abbiss confirmed that the Trust was looking at mealtime patient information as part of the food review.

The Chairman confirmed that the Trust will await the results of the market test process.

14/018 Chief Executive's Report (Enclosure 3)

The Chief Executive presented her report including:

- **95% 4hr ED target:** The Chief Executive confirmed that there had been real capacity problems in ED this week.

The Trust is working with the Emergency Care Intensive Support Team to investigate options. The position for meeting the quarterly target is a challenge but still achievable. Board members noted that the Trust is not an outlier for the percentage of patients admitted. David Bland, Non Executive Director, asked about the daily Executive Director rota. The Chief Executive confirmed that Directors pick up capacity management when the Director of Operations is off site. David Badger, Non Executive Director, commented that it is important to acknowledge that the pressures are not down to a greater number of patients but rather acuity of patients requiring care. David Badger confirmed that the Finance and Performance Committee have asked for the number of delayed discharges to be included in the monthly Performance Report.

- **National Midwifery Awards:** Board members noted that good news.

- **WMQRS Paediatric Review:** Board members noted the positive review as detailed in the earlier Matron's Report.

- **Friends and Family Report:** Board members noted that encouraging report and the positive article that had recently appeared in the Express and Star. The Board noted the positive Friends and Family Test results and passed their thanks to the team, the results highlighted the Trust's overall good performance. The Chief Executive confirmed that Jean Jones will be joining the team to work on the mystery patient initiative.

- **Mortality:** The expected rise in the SHMI was noted. The Medical Director confirmed that the HSMR remains within expected levels. Board members noted that the SHMI had dropped dramatically in the monthly data and was expected to dip back below the outlier level in the next quarter. An update paper will be presented to the next Clinical Quality, Safety and Patient Experience Committee and then back to the March Board in the Committee exception report.

  The Director of Operations asked how the Trust copes with the external enthusiasm to see SHMI as a target. The Medical Director confirmed that his own view is that this shows a fundamental lack of understanding and assurance needs to be taken from all other mechanisms in place to monitor mortality. The Director of Finance and Information confirmed that the Board and Governors should take assurance from our rigorous processes, including review of deaths and Mortality and Morbidity meetings, he asked if anything had developed from the SHMI tree reviews. The Medical Director confirmed that the tree is used in mortality meetings and also reported at the Clinical Quality, Safety and Patient Experience Committee. The Trust takes its data from the mortality review tracker and also by looking for trends.

Update on Mortality to be presented to the Clinical Quality, Safety and Patient Experience Committee in February and back to the March Board in the Committee Exception Report.

14/019 Patient Safety and Quality

14/019.1 Infection Prevention and Control Exception Report (Enclosure 4)

Denise McMahon, Director of Nursing, presented the Infection Prevention and Control Exception Report given as Enclosure 4.

- **C.Diff:** Board members noted that there were four cases in January which put the Trust on 41 cases in total at the end of January, and had therefore missed its target of 38 cases. The recovery plan was available on the Director shared drive and had been shared with Monitor who are content with the Trusts actions. The Nursing Director confirmed that 41 cases in the Trust's best ever performance and at this point last year the Trust stood at 50 cases. The Medical Director commented that the prevalence of C.Diff is higher in the health economy this year. The Chairman asked if cases are seen predominantly in the frail elderly. The Nursing Director confirmed that complexity of illness if a factor.

- **MRSA:** No cases. Board members noted that the last case of MRSA was back in November 2012.

  Board members noted the new post infection review process which is taking place in conjunction with GPs.

- **Norovirus:** No cases, Board members acknowledged this excellent news and David Badger, Non Executive Director, confirmed that the Board should take assurance around the Trust's infection control practice as a result of the continual good performance on norovirus. The Chairman agreed that it was good to note that the Trust continued to manage norovirus.

14/019.2 Keogh Review Progress Update (Enclosure 5)

The Chief Executive presented the progress update given as enclosure 5.

Board members noted that the Trust had agreed with Monitor to provide a report on an exception basis going forward.

Board members noted that item 4 of the report around capacity will remain a challenge for the foreseeable future.

The Chairman confirmed that the Board was assured that the plan is being managed.

14/019.3 Francis Report (Enclosure 6)

The Chief Executive presented the Francis Report given as Enclosure 6.

Board members noted that it is now 12 months since the publication of the Francis Report and it had been agreed to present the report by exception and this is reflected in the paper. Updates, completed and closed items were shown in yellow.

David Badger, Non Executive Director, commented that he was not clear why item four around clarity of values and principles remained open.

The Chief Executive confirmed that the Board could take the decision that we adhere to the principles in terms of contractual responsibilities and our values and Board members noted that every member of staff had been given a copy of the values at the CQC staff briefings.

Ann Becke, Non Executive Director, confirmed that the Board should take assurance that the message has been delivered personally to every member of staff by the Chief Executive.

The Board agreed that it was content to close the item.

The Board noted that in future it would receive the report by exception.

14/019.4 Audit Committee Exception Report (Enclosure 7)

Jonathan Fellows, Audit Committee Chair, presented the highlights of the Audit Committee Report, including:

- No matters of concern raised by Auditors.
- Progress reports received from Internal Audit, Counter Fraud, External Audit and Clinical Audit.
- Changes to accounting policies and disclosures.
- Safety Thermometer audited and actions in place.

Board members noted and accepted all recommendations in the report and also noted the cyclical review of accounting procedures.

14/019.5 Staffing Capacity and Capability Report (Enclosure 8)

The Nursing Director presented the Staffing Capacity and Capability Report given as Enclosure 8.

Board members noted that the “how to ensure the right people with the right skills are in the right place at the right time” report had last been presented to the December 2013 meeting and gave ten responsibilities for Boards. Board members noted that initiatives are now in place to support the ten responsibilities in relation to the following areas:

- AUKUH: The Trust is currently analysing the data and results should be available in April.
- RCN Mandatory Nurse Staffing Levels: The Government has not adopted a mandatory stance on this and they believe the ratio should be 60% trained to 40% un-trained.
- Nurse to Patient Ratios: The Safe Staffing Alliance recommends that it is not safe to care for patients with a ratio of more than eight patients per registered nurse.
- Trust Internal Nurse Staffing Assessments: Devised internally in 2011. The methodology has been repeated and the results are currently being analysed.

- NICE: Commissioned by the National Quality Board to define mandatory staffing levels. The report is expected in July and until that time the Trust continues to employ best practice to comply with the 1:8 ratio.

- Nursing Care Strategy – The Way We Care: Launched in May 2013. Fortnightly drop in sessions are held to share concerns.

- Overseas Recruitment: Covered in the earlier Matron's Report. The Trust continues to advertise locally and is looking to recruit nurses from nursing homes that may wish to move to an acute setting.

- Novice Programme: The Trust continues to recruit and train staff and are accredited to deliver and assess competency.

David Badger, Non Executive Director, commented on the nurse to patient ratio and the fact that 10-15% of the Trust's patients do not require acute care.

Jonathan Fellows, Non Executive Director, asked if there is clear evidence to support the ratios. The Nursing Director confirmed that it is difficult to be clear on evidence and research.

David Bland, Non Executive Director, enquired if there are any plans to increase nurses at a national level. The Nursing Director stated that it is important to retain the staff we have as the numbers of trained nurses graduating from universities has decreased.

The Director of Strategy, Performance and Transformation reflected that the Board needs to rely on the Nursing Directors professional judgement.

The Nursing Director concluded that there is a multi-faceted approach to ensuring staffing levels are appropriate.

The Chairman confirmed that the Board relies on the Executive Directors' judgement over a range of issues but it also has to listen to what the world is saying on the matter.

The Director of Finance and Information confirmed that we need to bring some rationality to the system in terms of demand management and capacity to live within our means.

14/019.6 Board Assurance Framework (Enclosure 9)

The Associate Director of Governance/Board Secretary presented the Board Assurance Framework given as Enclosure 9.

Board members noted the 21 corporate risks. The Board Assurance Framework focuses on those risks scoring between 20 and 25 and there were currently eight of these. The BAF also assesses the adequacy of controls around the risks.

Board members noted that new assurance and updates were highlighted in yellow.

The Board received and noted the Framework, noted the assurance and gaps in assurance and control.

Ann Becke, Non Executive Director, raised Diabetes and the 48% compliance with training. The Associate Director for Human Resources confirmed that as this is a new mandatory training course there is a three year phased target against which the Trust's performance was currently green.

14/020 Finance

14/020.1 Finance and Performance Report (Enclosure 10)

David Badger, Non Executive Director and Chair of the Finance and Performance Committee, presented the overview of the January meeting given as enclosure 10.

In December the Trust had a deficit of £869K with a projected £1.4M deficit at year end. Discussions are taking place with the CCG. Board members noted with concern that no monthly accounts had been settled with the CCG since April 2013.

There were still high levels of spend against pay and there is an issue of sustainability against cash levels. Achievement of CIP is still a concern and external advice is being taken to address this.

A business case for the Simulation Project will increase the capital overspend by 50% and therefore a revised business case has been requested and this was approved at the Committee the previous week.

Board members noted that for performance the vast majority of targets had been met or exceeded with the exception of ED and C.Diff and the Board noted that these issues will contribute to a Monitor red rating.

A marginal deterioration in the SHMI was noted and as discussed earlier on the agenda the matter had been referred to the Clinical Quality, Safety and Patient Experience Committee.

The Director of Finance and Information voiced his concern in relation to the rate that the Trust was burning cash. The Trust has a financial risk rating of three but this relates to a strong balance sheet achieved, largely with capital income from the sale of buildings several years ago. The Trust has a capital spend that is amongst the highest in the country. Cash had been earmarked to invest in IT and the Trust is still some years behind competitors in its IT infrastructure.

There was concern about the lack of understanding by some of the CCG members who still see the Trust as generating a surplus with no purpose and that this needs to be discussed at the Board to Board meeting on 20th February, 2014.

The Chairman confirmed that the focus has to be on where the Trust goes over the next couple of years.

David Badger confirmed that if we look at competitor analysis it is clear that a number of Trusts are generating income that is not based around their tariff and we need to discuss this with the CCG. The Operations Director confirmed that this issue was raised at the contract negotiation meeting with the CCG the previous day.

The Board approved the capital spend on the Simulation Project, noted the discussions regarding the increased SHMI and also noted the concerning overspend position.

14/021 Any Other Business

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

13/022 Date of Next Meeting

The next Board meeting will be held on Thursday, 6th March, 2014, 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 6 February 2014

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
14/018	Chief Executive's Report – Mortality	Update on Mortality to be presented to the Clinical Quality, Safety and Patient Experience Committee in February and then back to the March Board in the Committee Exception Report.	DM	13/2/14 6/3/14	Done On Agenda
13/083.9	Emergency Plans Assurance	Update on red areas in the report to be included in the Quarterly Estates Report to the Finance and Performance Committee.	RB	27/2/14	
14/016.4	Emergency Plans Assurance	To be presented to the Finance and Performance Committee at the end of February 2014.	RB	27/2/14	As 13/083.9 above
13/083.4	Francis Report	Update on the response from Monitor on the Role of the Governor Report to be included in the Chief Executives Report.	JC	6/3/14	Awaiting response from Monitor
13/083.8	Stroke Service Review Strategy	Executive Team to enter into discussions with other local providers regarding the Stroke Strategic Review and feedback to the Board in March.	RB	3/4/14	Conference call taking place on the afternoon of 6/3/14 Update to the April Board.
14/008.1	Clinical Quality, Safety, Patient Experience Committee – WHO Checklist	Benchmarking information for WHO checklist to be reported at the March.	DB	3/4/14	To March CQSPE and back to April Board
14/008.3	Keogh Action Plan	Update on AUKUH Tool to future Board.	DM	6/3/14	To be presented at the May Board.

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors held in Public – 6th March 2014

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

CORPORATE OBJECTIVE:
SG1, SG2, SG3 SG4, SG5

SUMMARY OF KEY ISSUES:

- 95% Hospital/Emergency Department 4 Hour Wait Target
- Friends and Family Test Performance
- Keogh Action Plan Update

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
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Chief Executive Update – March 2014

95% Hospital/Emergency Department 4 Hour Wait Target:

February has been another very difficult month in terms of the 4 hour target with the worst performance this quarter than in Quarter 3. We have continued working with the Emergency Care Intensive Support team and Monitor to find solutions. On 25th February the ECIST team came on site to look at our over 7 day length of stay patients and discharge processes. As a result of the visit and initial feedback, we have discussed the management of patients with delayed transfers of care with our partners in the CCG and Social Care. The provision of more transition beds and services in the community was one solution and this is being actively pursued. A trajectory to return to compliance by April 1st will be presented to Finance and Performance Committee at the March meeting.

Friends and Family Test:

Inpatients and A&E Friends and Family Test:

Preliminary data for February shows an increase in A&E score and a maintenance score from January inpatients. Collection rates remain above the required 20 per cent.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Preliminary Feb 14
	01.04.13	01.05.13	01.06.13	01.07.13	01.08.13	01.09.13	01.10.13	01.11.13	01.12.13	01.01.14	01.02.14
Date range	30.04.13	31.05.13	30.06.13	31.07.13	31.08.13	30.09.13	31.10.13	30.11.13	31.12.13	31.01.14	23.02.14
Number of eligible inpatients	*1930*	*1962*	*1929*	*1987*	*1968*	*1967*	*2007*	*1877*	*1988*	*2025*	*1587*
Number of respondents	*408*	*573*	*505*	*500*	*549*	*423*	*632*	*640*	*512*	*477*	*472*
Ward FFT score	66	75	74	71	73	74	76	74	79	73	73
Ward footfall (min'm 15% required)	21%	29%	26%	25%	28%	22%	31%	34%	26%	24%	30%
Number of eligible A&E patients	*4206*	*4380*	*4194*	*4652*	*4488*	*4238*	*4237*	*3823*	*3978*	*4152*	*3140*
Number of respondents	*17*	*62*	*353*	*265*	*153*	*477*	*981*	*811*	*1071*	*980*	*722*
A&E FFT Score	53	71	59	55	43	59	61	62	73	67	76
A&E footfall (min'm 15% required)	0%	1%	8%	6%	3%	11%	23%	21%	27%	24%	23%
TRUST FFT Score	65	74	68	65	66	66	67	68	75	69	75
TRUST footfall	7%	10%	14%	12%	11%	15%	26%	25%	27%	24%	25%

Inpatient FFT Score	80+	A&E FFT Score	70+
	72-79		60-69
	<72		<60
% of footfall (response rate)	Apr-Jun 13	<15%	15% +
	Jul 13-Mar 14	<20%	20% +

FFT Scores key	Top 20% of Trusts (based on Q1 scores)
	Between Trust baseline and top 20%
	Trust Q1 baseline

Maternity Friends and Family Test:

Preliminary February data is almost a full house of green, except for the birth indicator which saw the score drop to 80.

Following first publication of maternity FFT data for December, RAG ratings for scores were approved at CQSPE committee in February based on the same challenging targets as inpatients/A&E where green is based on the top 20% of trusts.

		Oct-13	Nov-13	Dec-13	Jan-14	Preliminary Feb 14
Maternity - Antenatal	Score	58	65	76	58	78
	Response rate	29% (of 294)	27% (of 242)	20% (of 258)	21% (of 252)	23%
Maternity - Birth	Score	76	86	85	88	80
	Response rate	15% (of 386)	30% (of 350)	9% (of 362)	26% (of 354)	22%
Maternity - Postnatal ward	Score	78	81	83	84	78
	Response rate	15% (of 383)	29% (of 350)	9% (of 361)	25% (of 353)	21%
Maternity - Postnatal community	Score	75	85	79	88	98
	Response rate	13% (of 315)	22% (of 300)	19% (of 262)	16% (of 299)	31%
Combined	Score	65	80	80	81	84
	Response rate	21%	27%	13%	22%	24%

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

Antenatal	80+	76-79	<76	FFT Scores key	Top 20% of Trusts (based on Dec 13 scores)
Birth	89+	85-88	<85		Between Trust Dec 13 score and top 20%
Postnatal ward	78+		<78		Below Trust Dec 13 score
Postnatal community	84+	79-83	<79		

NB: February data is preliminary only and will change as additional entries and validation are still to take place.

Keogh Action Plan:
The Action Plan was discussed with Monitor at our most recent update meeting and it was agreed that they would no longer require updates from us as the vast majority of the actions were now closed. Only two areas were outstanding; ward nurse establishment and capacity *(which was noted above under the 4 hour wait target)*. Monitor sought assurance that the quality measures associated with the Action Plan were monitored through the appropriate Board Committee and we were able to provide this to them. The Quality Measures Dashboard is included for information below.

Nurse Establishment Progress:
The overseas recruitment initiative has had some success with the recruitment of over 20 nurses from Portugal and Spain and 15 from Romania. The first tranche of nurses will arrive in early March and the second tranche in April. We will be undertaking further overseas recruitment in the late spring. This still leaves us with a gap and therefore we are also actively pursuing the recruitment of nurses via return to practice, graduate and routine local recruitment.

We are working with the Black Country Local Education and Training Board and Health Education West Midlands to seek support for all our eligible CSWs to go forward into nurse degree training this year. Although this is a long term strategy it will help to “grow our own” nurses with a strong likelihood that they will stay working in the Black Country long term.

From a strategic perspective, the Board paper in February brought the nurse to bed ratios debate to the fore and we are working through the investment and recruitment implications of this.

The Dudley Group NHS
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Quality Measures Dashboard – January:

The dashboard below highlights the Trust's performance against key quality measures referenced where possible, to the Keogh recommendation action plan. The dashboard has been compiled from existing data sources pending a review of the Quality Dashboard (currently presented to

CQSPE) and development of an Integrated Performance Report. Further and more detailed analysis is also available from the reports presented to CQSPE and F& P Committee.

Measure	Keogh Recommendation Number	Target/ Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
MRSA – number of cases reported on HPA system	14	0	0	0	0	0	0	0	0	0	0	0
C.Diff – number of cases reported on HPA System	14	38	1	4	5	3	2	6	5	8	3	4
Incident Reporting - SIs	8/33/35 /RS8		10	10	8	4	7	13	13	8	7	7
Never Events	8	0	0	0	0	0	0	0	0	1	0	0
SHMI Over-dispersion range	4/9/10/ 11 12/25/ RS2/RS3	1.0	1.04	-	-	1.08	-	-	1.11	-	-	1.13
HSMR Dr Foster Hospital Guide 2013	4/9/10/ 11 12/25/ RS2/RS3	100	-	-	-	-	-	-	-	100.7	-	-
HSMR Emergency Admissions Weekend	4/9/10/ 11 12/25/ RS2/RS3	100	-	-	-	-	-	-	-	99.4	-	-
HSMR Emergency Admissions Weekday	4/9/10/ 11 12/25/ RS2/RS3	100	-	-	-	-	-	-	-	112.2	-	-
F&F Inpatient score - NHS England Figures	18 /21/23/ RS5	70	66	75	74	71	73	74	76	74	79	n/a
A&E – 4 hour wait	15	95%	90.9	96.6	96.1	96.8	96.3	96.7	91.6	94.1	94.3	90.8
RTT Admitted Pathways	RS4/ RS5	90%	94.5	95.9	94.4	96.4	95.3	96.4	95.8	93.2	93.6	90.7
RTT Non-Admitted Pathways	22/RS4	95%	99.5	99.4	99.4	99.4	99.3	99.0	99.1	99.2	99.0	99.0
Hospital Cancellations	15/ RS4		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Sickness & Absence	R56	3.5%	4.1	3.7	3.7	3.3	3.3	3.3	3.6	3.6	3.7	n/a
Mandatory Training	26	80%	72.5	70.8	71.1	70.6	70.2	70.7	72.3	73.9	75.7	76.4
Appraisals	24/25	80%	76.4	82.3	82.6	83.4	85.6	84.2	84.7	84.5	82.5	79.4
Agency – Qualified Nurses Spend £000	29/30		65.5	104.0	132.2	220.5	178.3	143.2	159.9	155.2	196.0	253.0
Complaints % acknowledged in 3 days	19/ RS2	100%	100	100	100	100	100	100	100	100	100	100
NCI – Fluid Balance Management	16	92%	91	94	91	96	91	91	90	95	92	92

NCI – Infection Control Assmnt	14	92%	95	93	97	95	91	94	97	98	94	97
NCI – Manual Handling/Falls Assmnt	16	92%	87	90	91	90	88	91	93	92	92	93
NCI – Patient Observations	32/RS7	92%	88	93	91	90	93	93	94	94	95	96
NCI – Tissue Viability Assessment	16/39/43/ 44/ 46/49/ /RS18	92%	97	98	98	96	99	95	94	94	95	93
Safety Thermometer – Falls with harm	16		0.08	0.16	0.32	0.16	0.08	0.16	0.23	0.08	0.35	n/a
Safety Therm – New Pressure Ulcers Incidence	16/35/39/ 43/44/46/ RS8		0.82	0.66	0.32	0.25	0.24	0.41	0.54	0.24	0.17	n/a
Monitor Risk Rating for Governance		Green	-	-	Amber/ Green	-	-	Green	-	-	Red	--

Enclosure 4

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 6th March 2014 - PUBLIC

TITLE:	Infection Control Report		
AUTHOR:	Denise McMahon – Director of Nursing Dr Liz 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.

GLOSSARY OF INFECTIONS

MSSA

What is Meticillin Sensitive Staphylococcus aureus (MSSA)?

Staphylococcus aureus is a bacterium that is commonly found on human skin and mucosa (lining of mouth, nose etc). The bacterium lives completely harmlessly on the skin and in the nose of about one third of normal healthy people. This is called colonisation or carriage. *Staphylococcus aureus* can cause actual infection and disease, particularly if there is an opportunity for the bacteria to enter the body e.g. via a cut or an abrasion.

What illnesses are caused by Staphylococcus aureus?

Staphylococcus aureus causes abscesses, boils, and it can infect wounds - both accidental wounds such as grazes and deliberate wounds such as those made when inserting an intravenous drip or during surgery. These are called local infections. It may then spread further into the body and cause serious infections such as bacteraemia (blood poisoning). *Staphylococcus aureus* can also cause food poisoning.

MRSA

What is Meticillin Resistant Staphylococcus Aureus (MRSA)?

MRSA stands for meticillin-resistant *Staphylococcus aureus*. They are varieties of *Staphylococcus aureus* that are resistant to meticillin (a type of penicillin) and usually to some of the other antibiotics that are normally used to treat Staphylococcus aureus infections.

Who is at risk of MRSA infection?

MRSA infections usually occur in hospitals and in particular to vulnerable or debilitated patients, such as patients in intensive care units, and on surgical wards. Some nursing homes have experienced problems with MRSA. MRSA does not normally affect hospital staff or family members (unless they are suffering from a severe skin condition or debilitating disease). In general, healthy people are at a low risk of infection with MRSA.

E Coli

What is *Escherichia coli*?

Escherichia coli (commonly referred to as *E. coli*) is a species of bacteria commonly found in the intestines of humans and animals. There are many different types of *E. coli*, and while some live in the intestine quite harmlessly, others may cause a variety of diseases. The bacterium is found in faeces and can survive in the environment.

What types of disease does *E. coli* cause?

The commonest infection caused by *E. coli* is infection of the urinary tract, the organism normally spreading from the gut to the urinary tract. *E. coli* is also the commonest cause of cystitis (infection of the bladder), and in a minority of patients the infection may spread up the urinary tract to the kidneys, causing pyelonephritis.

Otherwise healthy patients in the community may develop cystitis, and patients in hospital who have catheters, or tubes, placed in the urethra and bladder are also at risk. *E. coli* is also present in the bacteria that cause intra-abdominal infections following leakage from the gut into the abdomen, as for example with a ruptured appendix or following traumatic injury to the abdomen.

E. coli bacteria may also cause infections in the intestine. Diarrhoeal infections (intestinal) are caused by a group of *E. coli* known as 'enterovirulent' (harmful to the intestines).

Overspill from the primary infection sites to the bloodstream may cause blood poisoning (*E. coli* bacteraemia). In rare instances, *E. coli* may cause meningitis in very young children.

C difficile

What is *Clostridium difficile*?
*Clostridium difficile (*also known as *"C. difficile" or "C. diff")* is a bacterium that can be found in people's intestines (their "digestive tract" or "gut"). However, it does not cause disease by its presence alone; it can be found in healthy people, about 3% of adults and two thirds of babies with no symptoms. It causes disease when the normal bacteria in the gut, with which *C. difficile* competes, are disadvantaged, usually by someone taking antibiotics, allowing the *C. difficile* to grow to unusually high levels. This allows the toxin they produce to reach levels where it attacks the intestine and causes symptoms of disease.

What are the symptoms of *C. difficile* infection?
Clostridium difficile causes diarrhoea (mild to severe) and, unusually, life threatening inflammation of the intestines. Other symptoms can include fever, loss of appetite, nausea and abdominal pain or tenderness.

How do you catch it?
Another person may acquire C.difficile disease by ingesting the bacteria through contact with the contaminated environment or patient. In most healthy people the C.difficile will not be able to multiply in the gut and they will not develop disease. In some more vulnerable people, particularly those whose normal gut bacteria have been disrupted by antibiotic treatment, the C.difficile may be able to multiply in the gut and go on to cause disease.

SUMMARY OF WARDS AND SPECIALTIES

Area	Speciality
A1	Rheumatology & Pain
A2	
A3	Stroke Rehabilitation
A4	Acute Stroke
B1	Orthopaedics
B2	Hip & Trauma Orthopaedics
B3	General Surgery
B4	Mixed Colorectal & General Surgery
B5	Female Surgery
B6	Ear, Nose and Throat, Maxillo-Facial & Urology
C1	Renal
C3	Elderly Care
C4	Georgina Unit/Oncology
C5	Respiratory
C6	Respiratory/ Gastro Intestinal Medicine (GI Medicine) Overflow
C7	Gastro Intestinal Medicine (GI Medicine)
C8	Acute Medical Unit/Short Stay Unit
CCU/PCCU	Coronary Care Unit/Post Coronary Care Unit
Critical Care Unit	Critical Care
EAU	Emergency Assessment Unit
ED	Emergency Department
GI Unit	Gastro Intestinal Unit
MHDU	Medical High Dependency Unit
OPD	Out Patients Department
SHDU	Surgical High Dependency Unit

Report to: Board of Directors

Subject: Infection Prevention & Control Report

Summary:

Clostridium Difficile - The target for 2013/2014 is 38 cases; at the time of writing the report 41 cases have been recorded.

C. Difficile Cases Post 48 hours – Ward breakdown:

Ward	April '13	May '13	June '13	July '13	August '13	September '13	October '13	November '13	December '13	January '14	As of 25th February '14	Totals so far 13/14
A2	0	1	0	1	1	1	1	0	1	0	0	6
A3	0	0	0	0	0	1	1	0	0	0	0	2
A4	0	0	0	0	0	1	0	0	0	1	0	2
B2	0	1	0	0	0	0	0	2	0	0	0	3
B3	0	0	0	0	0	1	0	0	0	0	0	1
B4	0	0	0	0	0	1	0	0	0	0	0	1
B5	0	0	0	0	0	0	0	0	0	1	0	1
B6	0	0	0	0	0	0	0	0	1	1	0	2
C1	1	1	0	0	0	0	0	2	0	0	0	4
C3	0	1	1	1	0	1	1	0	1	0	0	6
C4	0	0	0	0	0	0	0	0	0	1	0	1
C5	0	0	2	0	0	0	1	2	0	0	0	5
C7	0	0	0	0	0	0	0	1	0	0	0	1
C8	0	0	0	0	1	0	1	0	0	0	0	2
MHDU	0	0	1	1	0	0	0	0	0	0	0	2
CCU/PCCU	0	0	1	0	0	0	0	1	0	0	0	2
Total	**1**	**4**	**5**	**3**	**2**	**6**	**5**	**8**	**3**	**4**	**0**	**41**

See Appendix 1 – Board Report (2013/2014)

MRSA – Annual Target 2 (Post 48 hrs) – There have been no cases of post 48 hr MRSA bacteraemia within the Trust in this financial year.

C. Difficile – In the last report we reported 41 cases against an annual target of 38. We have had no further post 48 hr toxin positive cases to date. The ongoing Infection Control and C. Difficile Recovery Plan is being followed and actions completed in a timely manner. The C. Difficile post 48 hr objective for next year is 48 cases.

Norovirus – We have a confirmed case of Norovirus on Coronary Care Unit. This led to a closure on Coronary Care Unit and a part closure of Post Coronary Care Unit commencing Friday 21st February 2014. Coronary Care Unit reopened on Tuesday 25th February and we are hoping the bay on Post Coronary Care Unit will reopen Thursday 27th February. We have had unconfirmed reports of a diarrhoea and vomiting illness on another medical ward and a bay remains closed on A1. A series of meetings are being held to manage this situation proactively.

(N13) Clostridium difficile infections

Month / Year	> 48 hrs Activity	> 48 hrs Target	% Over/Under Target	Cumulative > 48 hrs	Cumulative Target	Cumulative % Over/Under Target	Trust Total	Health Economy
Apr-13	1	3	-66.7%	1	3	-66.7%	4	6
May-13	4	3	33.3%	5	6	-16.7%	10	11
Jun-13	5	3	66.7%	10	9	11.1%	6	6
Jul-13	3	3	0.0%	13	12	8.3%	9	11
Aug-13	2	3	-33.3%	15	15	0.0%	8	11
Sep-13	6	3	100.0%	21	18	16.7%	12	17
Oct-13	5	4	25.0%	26	22	18.2%	9	17
Nov-13	8	3	166.7%	34	25	36.0%	15	16
Dec-13	3	4	-25.0%	37	29	27.6%	5	6
Jan-14	4	3	33.3%	41	32	28.1%	5	7
Feb-14	-	3			35			
Mar-14		3			38			
FY 2013-14	41	38	7.9%				83	108

Monthly number of C.diff cases

The CCG target for Cdiff is 38 cases for the financial year. The vital signs reporting framework has indicated that samples taken during the first 48 hours of admission to hospital should not be considered as hospital acquired.
The Trust Total applies to the number of samples taken from Inpatients, including pre 48 hours.
The Health Economy figures apply to all samples processed by the Russells Hall pathology service, including GP samples.

(N1) MRSA infections

Month / Year	> 48 hrs Activity	> 48 hrs Target	% Over/Under Target	Cumulative > 48 hrs	Cumulative Target	% Over/Under Target	Trust Total
Apr-13	-	0	0.0%	-	0	0.0%	-
May-13	-	0	0.0%	-	0	0.0%	-
Jun-13	-	0	0.0%	-	0	0.0%	-
Jul-13	-	0	0.0%	-	0	0.0%	-
Aug-13	-	0	0.0%	-	0	0.0%	-
Sep-13	-	0	0.0%	-	0	0.0%	-
Oct-13	-	0	0.0%	-	0	0.0%	-
Nov-13	-	0	0.0%	-	0	0.0%	-
Dec-13	-	0	0.0%	-	0	0.0%	1
Jan-14	-	0	0.0%	-	0	0.0%	-
Feb-14		0			0		
Mar-14		0			0		
FY 2013-14	-	0	-				1

Monthly number of MRSA cases

As a Foundation Trust the regulator, Monitor, measures compliance against the contract with our commissioners Dudley CCG. NHS England (previously the NHS Commissioning Board) has established a national zero tolerance approach regarding MRSA bacteraemia for 2013/14 onwards.

Monthly number of MSSA cases	MSSA infections		
	Month / Year	**Total**	**Cumulative**
	Apr-13	6	6
	May-13	6	12
	Jun-13	-	12
	Jul-13	6	18
	Aug-13	7	25
	Sep-13	4	29
	Oct-13	9	38
	Nov-13	2	40
	Dec-13	6	46
	Jan-14	4	50
	Feb-14		
	Mar-14		
	FY 2013-14	50	

Monthly number of E.coli cases	E.coli infections		
	Month / Year	**Total**	**Cumulative**
	Apr-13	25	25
	May-13	13	38
	Jun-13	14	52
	Jul-13	22	74
	Aug-13	32	106
	Sep-13	17	123
	Oct-13	22	145
	Nov-13	15	160
	Dec-13	17	177
	Jan-14	13	190
	Feb-14		
	Mar-14		
	FY 2013-14	190	

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 6th March 2014

TITLE:	Summary of key issues from the Clinical Quality, Safety & Patient Experience Committee held on 16th January 2014		
AUTHOR:	Julie Cotterill Governance Manager	**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:

Annual Mandatory Training Review - A review of the 21 mandatory training subjects was completed. Compliance rates had increased for 16 of the 21 subjects since the 2012 Annual Mandatory Training Review. The overall compliance figure for the Trust was 73.9% which was noted as the highest recorded. At the end of December the figure was 75.5%. The Committee was advised of changes to the appraisal system and the process for monitoring those that were overdue. The Committee discussed the requirement to further review both the Restraint and DoLS training.

Reporting Groups - The committee received reports from the following reporting groups**:**

- **LET Group (28th November 2013)** - the CEO had expressed an interest with Professor Liz Hughes at the Deanery, to support 2 Physicians Associates in Emergency Medicine. Education and Training tariffs had been reviewed by Health Education West Midlands, which had resulted in an increase in the Trusts tariff of £350,000 per annum. In order for the tariff to be maintained in future years the Trust would need to complete a data collection exercise about the level of training activity taking place during Q4 2013/14 and Q2 2014/15.

- **Consultant Mentoring Programme -** an annual review of the new Consultant mentoring programme had been undertaken. The feedback received from Mentors was positive.

- **Mortality Report -** The Committee received an Interim Report showing the Trusts position against the mortality action plan with supporting minutes and presentations. This showed an improvement in coding in ED. The SHMI results showed the Trust as an outlier at 1.126 (an outlier was anything over 1.12) and the current HSMR put the Trust at 102. The Committee **received** the Mortality Report and **approved** the action plan, noting the progress on the agreed actions.

- **Patient Safety Group (10th December 2013)** – The following issues were highlighted:
  - **Pressure Ulcer Report** – CQUIN targets were being met and the number of Hospital and Community caseload acquired avoidable pressure ulcers was reducing. Increased education and awareness of Waterlow Assessments were continuing. A new hybrid mattress had been trialled and would replace the current mattress and provide pressure relief.

  - **Medical Devices** –There were 33 approved Medical Equipment Purchase Applications: 13 for new equipment; 20 to replace ageing equipment. Technical issue delays relating to the Telemetry system and clarification on the Trust's new Wi-Fi System had been resolved and funding had been agreed. It was expected that the new system would be installed and working within the next three months. An additional 30 wheelchairs had been ordered, 15 had arrived; the remainder would be delivered shortly. An equipment asset inventory audit would commence shortly and every ward and department would be visited to establish equipment details, confirming make, model and servicing history. The audit would be completed by the end of the year.

  - **Blood Transfusion** - Competency assessments for medical staff were currently being rolled-out to Anaesthetists; 90% had now completed this.

- **Internal Safeguarding Board (19th December 2013) -** The following issues were highlighted:

  - **Safeguarding Training Compliance -** Percentage levels for Safeguarding training compliance had slightly increased from November.

  - **Learning Disabilities CQUIN -** percentage levels had increased from 66% to 71% in November 2013.

Serious and Adverse Incident Monitoring Report (December 2013) - 7 new incidents were reported (1 Pre 48 hour MRSA Bacteraemia, 2 Missed Abnormal results, 1 Patient Fall resulting in fracture, 1 Confidentiality Breach, 1 Unexpected Death and 1 Stillbirth at 38 weeks). The incidents were all under investigation and had been reported appropriately. There were 38 open general SI's in total (15 under investigation, 17 awaiting assurance that all actions identified from the RCA investigation had been completed and 5 recommended for closure and 1 that had already been closed). There was a continuing trend in reporting of Confidentiality Breaches, one occurred in December 2013, which was due to staff error. No incidents had been reported in December 2013 relating to Falls Resulting in Fractures and DGH Acquired Infection - C Diff. There had been an increase in incidents reported for unexpected deaths. This has been attributed to a greater awareness of staff in positive incident reporting. There were no breaches in the 2 days from identification of the incident and reporting and no breaches to complete the investigation in the agreed time scales. The Committee supported the closure of 5 Serious Incidents.

NICE Guidance Update - since the last report there had been a 17% decrease in the 'not yet assessed overdue' NICE Guidance from 23 to 19. Guidance relating to the CT scanner for cardiac imaging remained red and could not be implemented. The NICE Interventional Procedure IPG466 – Photochemical corneal collagen cross linkage using riboflavin and ultraviolet A for keratoconus and keratectasis had also been tagged as red. The guidance in the amber status – "practice is partially compliant with guidance" had increased. Fully implemented and compliant guidance had increased from 74 – 77 in the last quarter. The Committee **received** information on the current NICE guidance position and **noted** the level of compliance and the actions taken to further improve the process of escalation and obtaining timely feedback.

Quality Dashboard for Month 8 (November) 2013/2014 – The Committee received an update on the following indicators:

- **CDiff** - there were 8 confirmed C.Diff cases in November, which was significantly more than the target number for the month. The year to date total stood at 39 cases.
- **TAL indicator** – this remained just above 40%, which was half the required performance. The Trust was progressing the action plan with Dudley CCG to improve the performance of this measure.
- **Never Event: Retained Instrument Post Operatively –** The Committee received an update on this incident and was assured that the patient was stable and sustained no harm as a consequence of the incident.
- **Maternity – Increase in breast feeding initiation rates –** the Trust achieved 53.4% which was below target.
- **Maternity – Smoking in Pregnancy –** The Trust achieved 16.6% which was below target.
- **Nursing Care KPIs -** now included a ward based summary.
- **NHS Choices** – The Trust was within the acceptable range for NHS Choices, with the exception of the day case rate for patients who had surgery for Dupuytren's contracture.

The Committee **noted** the quality dashboard looking at the performance trends and variances against target for NCIs.

Update on Recommendations from Deloitte 2012/2013 - NHS Quality Report External Review - two recommendations had been addressed and were now closed: 62 Day Cancer Waits and Patient Experience. The Committee **noted** the recommendations of the external review and the actions taken based on those recommendations and **approved** the completion of the action plan.

Drugs and Therapeutics (13th November 2013) - The report highlighted the approval of new drugs discussed at the Committee and the work of non-medical prescribers (NMPs) working with Dudley Group. The Committee **received** and **reviewed** the minutes of the Drug and Therapeutics Committee Meeting held on 13th November 2013.

Friends and Family Report - staff had been advised that they would be required to attend the Committee if action plans were outstanding. ***Post meeting note:*** *Since the meeting it had been confirmed that all wards had completed and submitted their action plans.*

Please Note*: The full Committee minutes are available for Board members on the Directors drive.*

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

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		✓	

RECOMMENDATIONS FOR THE BOARD:

To note the key issues arising from the Clinical Quality, Safety & Patient Experience Committee held on 16th January 2014 and refers 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.

Paper for submission to the Board of Directors
March 2014

TITLE:	Quarterly Complaints and PALS Report Q3, October to December 2013		
AUTHOR:	Maria Smith & Karen Jaunzems (Customer Service & Claims Department)	**PRESENTER:**	Denise McMahon Director of Nursing

CORPORATE OBJECTIVE: SG02 to provide the best possible patient experience

SUMMARY OF KEY ISSUES:

- Customer Service and Claims report for quarter ending 31 December 2013.
- Total number of complaints for the quarter is comparable with previous quarters
- 46% of complaints are answered within 30 working days
- 54% of complaints received and answered in quarter were upheld or partially upheld.
- A total of 15 complainants expressed dissatisfaction with their response and in the majority of cases, a meeting has been proposed to try to resolve the issues raised.
- No rule 43 letters received from the Coroner and there were no adverse Inquest verdicts.

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	**Y**	**The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 No. 309**
	Ombudsman		**0 complaints accepted for investigation by Ombudsman in quarter.**

ACTION REQUIRED OF COUNCIL:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS:

To receive the customer care managers' quarterly report and note the position relating to the number of complaints received; these are comparable to the previous quarter, although the number of dissatisfied complaints is much lower (15 this quarter compared to 28 previous quarter). Complainants are offered a meeting to discuss their concerns prior to the commencement of an investigation.

Key facts during quarter ending 31 December 2013	
Total number of complaints received - categorised (2 – high; 51 – moderate; 31 – low)	84
Complaints acknowledged within 3 working days	83 (99%)
% Complaints answered within 30 working days	46%
Complaints upheld/partially upheld – 60 complaints closed in quarter	45 (54%) of closed complaints either upheld or partially upheld
Complaints referred to Ombudsman for investigation	1
Complaints/PALS concerns including privacy & dignity	0 (complaints) 3 (PALS concerns)
Complaints/PALS including concerns regarding shared accommodation	0 (complaints) 0 (PALS)
Number of meetings held with complainants	19
Total number of dissatisfied complaints received	15
Total number of PCT/CQC/CSU led complaints received	1
PALS Concerns	126
New Claims (CNST & Personal injury) opened in quarter	20
Personal injury/Public liability claims closed/settled in quarter (damages £NIL)	3
Clinical negligence claims closed/settled in quarter (damages £325,750)	8
New Coroner's cases opened	8
Coroner's Inquests held and closed	3
Coroner's Rule 43 letter/report received	0
PALS/Complaints relating to adult safeguarding issue received or safeguarding referral re another provider	0 (Complaints) 1 (PALS)
Compliments and thanks received	429

As advised in the previous quarter's report the subject categories have been reviewed and Q3 figures are shown below:-

Category	Qtr 3 ending 31/12/13
Clinical Care (Assessment/Monitoring)	*24 (29%)*
Diagnosis & Tests	*18 (21%)*
Records, Communication & Information	*15 (18%)*
Appointments, Discharge & Transfers	*8 (10%)*
Obstetrics	*7 (8%)*
Medication	*5 (6%)*
Patient Falls, Injuries or Accidents	*5 (6%)*
Equipment	*2 (2%)*
Total:	*84 (100%)*

Previous quarter's figures below for information:-

Category	Qtr 2 ending 30/9/12	Qtr 3 ending 31/12/12	Qtr 4 ending 31/03/13	Year ending 31/03/13	Qtr 1 Ending 30/6/13	Qtr 2 Ending 30/9/13
All aspects of clinical treatment	86 (84%)	88 (81%)	74 (83%)	295 (79%)	65 (69%)	40 (48%)
Attitude of staff	2 (2%)	2 (2%)	4 (4%)	14 (4%)	2 (2%)	16 (19%)
Communication/information to patient	4 (4%)	8 (7%)	4 (4%)	19 (5%)	10 (11%)	13 (16%)
Admission, Discharge & Transfer	1 (1%)	4 (4%)	2 (2%)	8 * (2%)	4 (4%)	7 (8%)
Outpatient Department appointment/cancellation	5 (5%)	3 (3%)	3 (3%)	17 (5%)	11 (12%)	-
Nursing care	-	-	-	8 * (2%)	-	-
Delay providing service	-	-	-	-	-	16 (19%)
Other	-	-	-	-	2 (2%)	-

Percentage of complaints against activity

ACTIVITY	Total year ending 31/3/12	Total year ending 31/3/13	Total Qtr 1 ending 30/6/13	Total Qtr 2 ending 30/9/13	Total Qtr 3 ending 31/12/13
Total patient activity	753469	735247	185113	181539	186084
% Complaints against activity	0.05%	0.05%	0.05%	0.04%	0.04%

Listening into Action Events for Complainants

The Chief Executive invited previous complainants to a Listening into Action meeting, held in December 2013 to listen to their experiences. Following feedback received during the meeting some immediate changes were made.

- Complainants felt it would be helpful to have the opportunity to discuss their concerns in person early in the complaints process. New complainants are therefore now offered a meeting to discuss their concerns prior to the commencement of an investigation. A full investigation into concerns raised is still undertaken and a formal letter of response is still provided, unless the complainants confirm they do not require this. It was agreed that early intervention may be beneficial for complainants and can help resolve issues of concern much earlier.

- Complainants said they would like a named individual who they can contact about their complaint. The department then began offering the name and contact number for a member of the team who will oversee the complaint. If this person is unavailable there will be another member of staff who can help, but this change makes the department more approachable for the complainant.

- Complainants also wished to be informed of changes that may have been made as a result of their complaint. Although actions taken had been included within response letters, in the future this will be restated as a separate paragraph to ensure this is clear.

This listening event was found to be very productive for the trust as well as helpful for complainants to express their views. It was therefore agreed to make this a regular event and a further meeting will be going ahead on 20th March 2014.

Complaint themes for quarter ending 31 December 2013

Whilst the top category for complaints remains as 'Clinical Care', partly due to a review of coding, this now stands at 24 (28%) of a total of 84 complaints received during this quarter.

This compares favourably to the same quarter 2012/2013 when 88 (81%) of 108 complaints were recorded as being in respect of clinical care.

Risk categories

A senior member of the complaints team now assesses each complaint on receipt and allocates a provisional risk category. On completion of the complaint investigation senior staff involved in responding to issues raised are asked to review the risk category and amend as necessary.

A senior member of the complaints team will assess each complaint on receipt and allocate a provisional risk category. Once the complaint investigation is completed senior staff involved in responding to issues raised are asked to review the risk category and amend as necessary.

There were 2 complaints received in quarter 3 which, upon receipt, were categorised as 'high risk'. These complaints were in respect of:-

- A cyst that was later diagnosed as cancer
- Failure to diagnose fractured hip

Action taken as a result of claims

Surgery & Anaesthetics

- In cases where a standard Shiley tracheostomy tube may only just be long enough to sit well in the trachea, an adjustable flanged tube will be used.

Action taken as a result of complaints or concerns

Ambulatory Medicine

- Complainant was dissatisfied with 'insensitive' correspondence.
  Department will formally invite patients to research projects at the time they attend clinic; furthermore letters have been amended to take on board comments regarding 'insensitivity'

Community Pharmacy

- Patient was concerned that her own supply of drugs for her allergy was used in Emergency Department (ED)
  Patient was supplied with adequate replacement on discharge. However, following discussion between consultants and pharmacy it was agreed to increase current 'fixed order' level to ensure more than double previous level is held in stock. Also added to ED stock list to ensure always in cupboard ready for use.

Diagnostics

- Whilst patient was being X-rayed following a hip operation, patient got out of wheelchair and fell sustaining bruising.
  Staff now emphasise the need for patients to remain seated until asked or given assistance to move or mobilise to reduce a reoccurrence of this incident.

Emergency Medicine

- Patient unhappy with attitude of member of staff and felt that doctor should have referred her to EPAC (Early Pregnancy Assessment Clinic).
  Doctor has been instructed to familiarise himself with Trust guidelines and ensure they are adhered to.

- Patient attended Emergency Department (ED) with mobility issues and then fell from wheelchair injuring himself.
- *Although patient had declined staff assistance and had not reported any concerns about wheelchair, this was immediately taken out of use and checked*

- Patient reported that national asthma guidelines were not followed when she attended department
  Although treatment was considered appropriate to patient's presenting condition, the doctor in Emergency Department (ED) has been instructed to familiarise himself with the guidelines and follow them strictly in future.

- Patient discharged from Emergency Department (ED) with a cannula still in situ. *The individual caring for the patient was an agency nurse. This incident was taken into account when a decision was made not to use this individual again and staff agency was informed.*

- Patient attended Emergency Department (ED) with symptoms of DVT but not all appropriate tests completed.
  Doctor will educate colleagues of importance of considering the possibility of DVT even in younger patients with minimum risk factors.

- Patient told by a nurse that she shouldn't be taking morphine when she was pregnant. However, the patient has sickle cell anaemia and consultant had prescribed this form of pain relief.
  Discussed with individual staff member who will complete a reflective account and provide evidence of research on sickle cell disease. The issue also to be discussed at a ward meeting.

- Relative of patient unhappy with nurse's attitude
  Nurse is to review competencies and customer care with support from Development Nurse. All staff being reminded regarding customer care.

- Poor nursing and medical care from nurse.
  Agency nurses were found to be at fault and will not be permitted to work in the Trust. The agency have now taken over the case.

Specialty Medicine

- Delay in receiving medication and poor attitude of staff when patient tried to inform them. *Staff reminded to check medication before administration. This will also be addressed with all staff during ward meetings.*

- Relatives concerned about care and communication in ward.
  Apology offered for the lack of empathy from staff. Palliative care team will work with ward staff to provide further training on end of life care. Communication between staff and relatives discussed during a ward meeting.

- Claimed ineffective communication and delay in investigative treatment delayed treatment for prostate cancer.
  Explanation offered regarding care pathway once prostate cancer has been detected. The patient was appropriately referred. Apology offered as results were incorrectly filed before the consultant had sight of them. Secretarial teams reminded of the importance of ensuring that results are signed off by the consultant before filing them away. Conduct will be reviewed by manager.

- Patient missed colonoscopy due to not being admitted to hospital as advised by consultant. *Staff member been spoken to at ward level, has confirmed that she will escalate such matters in future before making decisions by herself.*

- Due to religious beliefs patient unhappy to be seen by male technician. This led to a wait of two hours to be seen by a female technician.
  Information leaflets will be revised and a new 'alert' placed on local booking system so that when department informed that a patient always requires staff of a specific gender it is recorded on the system.

- Patient's son given inaccurate information regarding ward transfer.

Lead Nurse will reiterate to staff the importance of checking that all information given to relatives is correct or escalate concerns/queries to senior staff.

- Relative unhappy with attitude of some nurses and also delay in providing TTO's. *Clinical Nurse Specialist contacted relative and ensured support services in place. Matron unable to identify specific nurse but gained permission to use story for all the team for learning.*

Surgery & Anaesthetics

- Patient felt that registrar performed an invasive procedure without patient's consent. *The registrar was spoken to regarding the importance of clear communication with a patient before a procedure is carried out.*

- Patient concerned about delay as clinics (ophthalmology) were running two hours late. *Advertisements placed for new members of the ophthalmology team.*

- Patient should be monitored every six months but had waited longer (eye clinic). *New clinics have been set up to help alleviate the situation. (Patient sent 'soon' appointment)*

- Feels did not have appropriate aftercare when discharged. *Member of staff who should have referred to GP Practice Nurse spoken to and practice monitored.*

- Relative concerned about long wait for patient in admissions area when attended as day case. Also unhappy with general pre-op arrangements. *Family met by Deputy Matron on the day and she offered her apologies. Advised new 'team brief' introduced that will be taking place in theatres to discuss lists and keep patients better informed of any delays.*

- Concerned about waiting time for orthodontic treatment for daughter. *New patient referrals suspended to enable the Trust to work through waiting list.*

- Patient concerned he was on Surgical Admission Unit for too long and not kept informed or offered food *Laminated signs to be erected in the bays and side rooms to explain why patients are kept 'nil by mouth' but to ask the nursing staff if they are unsure. Theatre 'team brief' will also enable staff to offer appropriate refreshments if long delays expected.*

Trauma, Orthopaedics & Plastics

- Patient raised a number of issues regarding her care on ward, including attitude of a member of staff. *Lead nurse to discuss concerns raised with staff at next team meeting although has been unable to identify specific nurse.*

- Daughter concerned about poor communication on ward. Patient was due appointment at another Trust but this was cancelled as ambulance was not booked. *Lead Nurse advised ward staff that they must inform the ward clerk at all times when they need to arrange transport.*

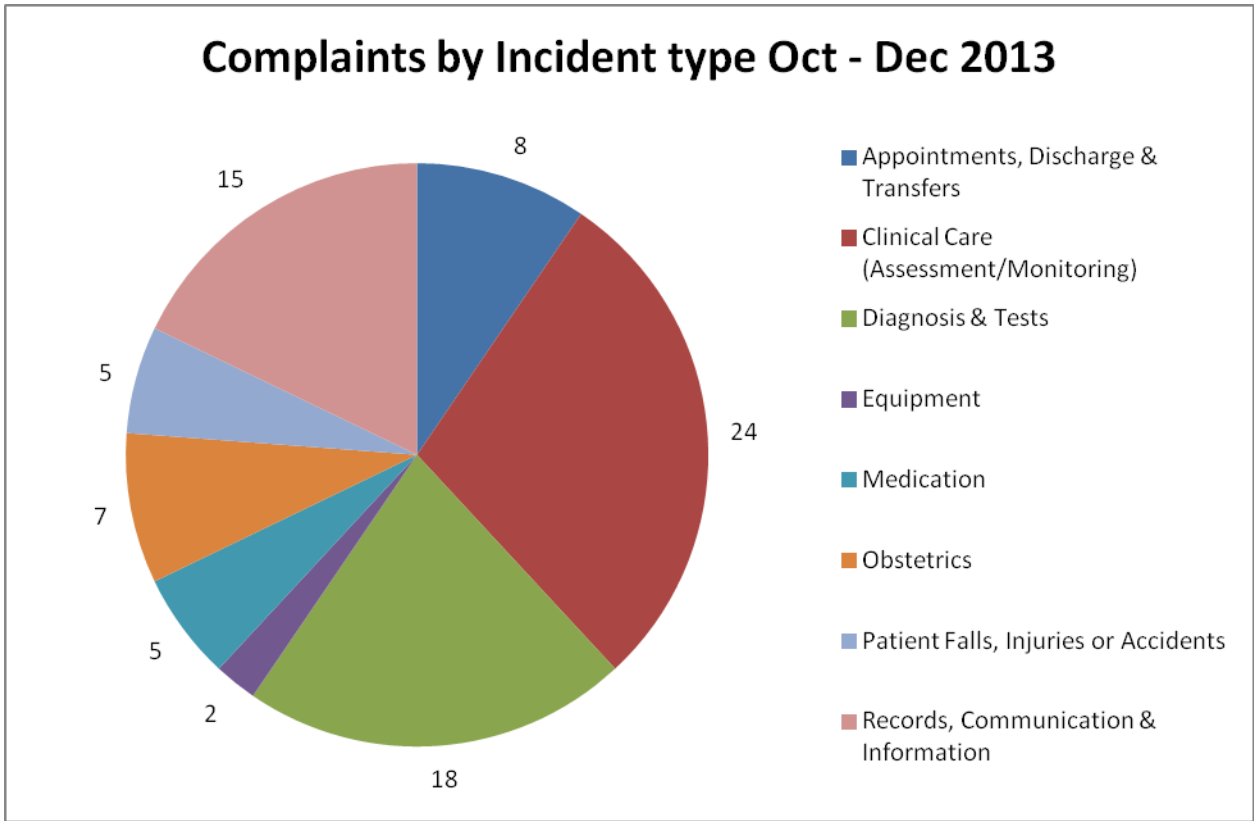
Women & Children (Maternity & Gynaecology)

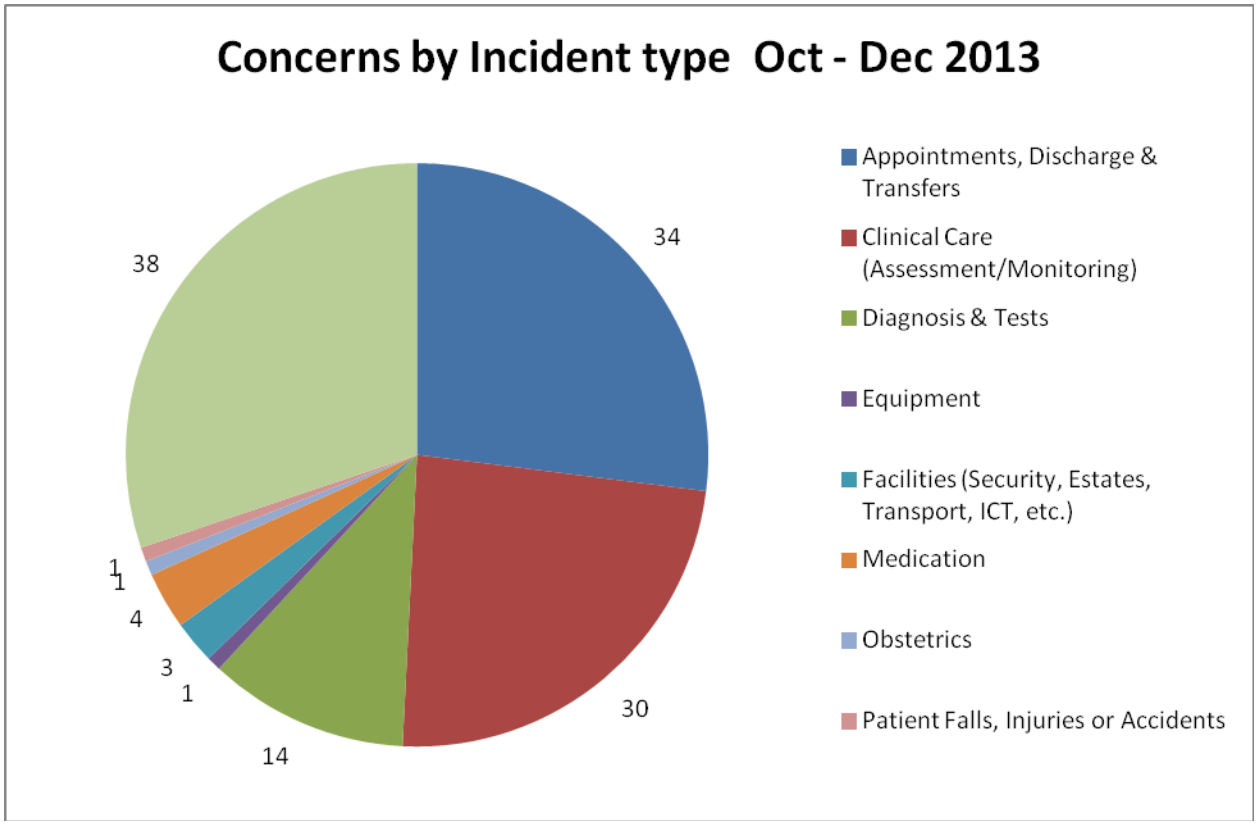
- Complainant advised that breech baby had turned when he had not. Baby was still in a breech position and were delays in birthing experienced.
  Effective communication addressed with all staff at ward meetings

- Delay in treatment in maternity resulted in baby being born in hospital toilet. Also communication issues raised.
  Explanation provided regarding urgency of treatment, staff did as much as they could to assist afterwards. Staff will be reminded of the importance of effective communication and appropriate behaviour in stressful situations.

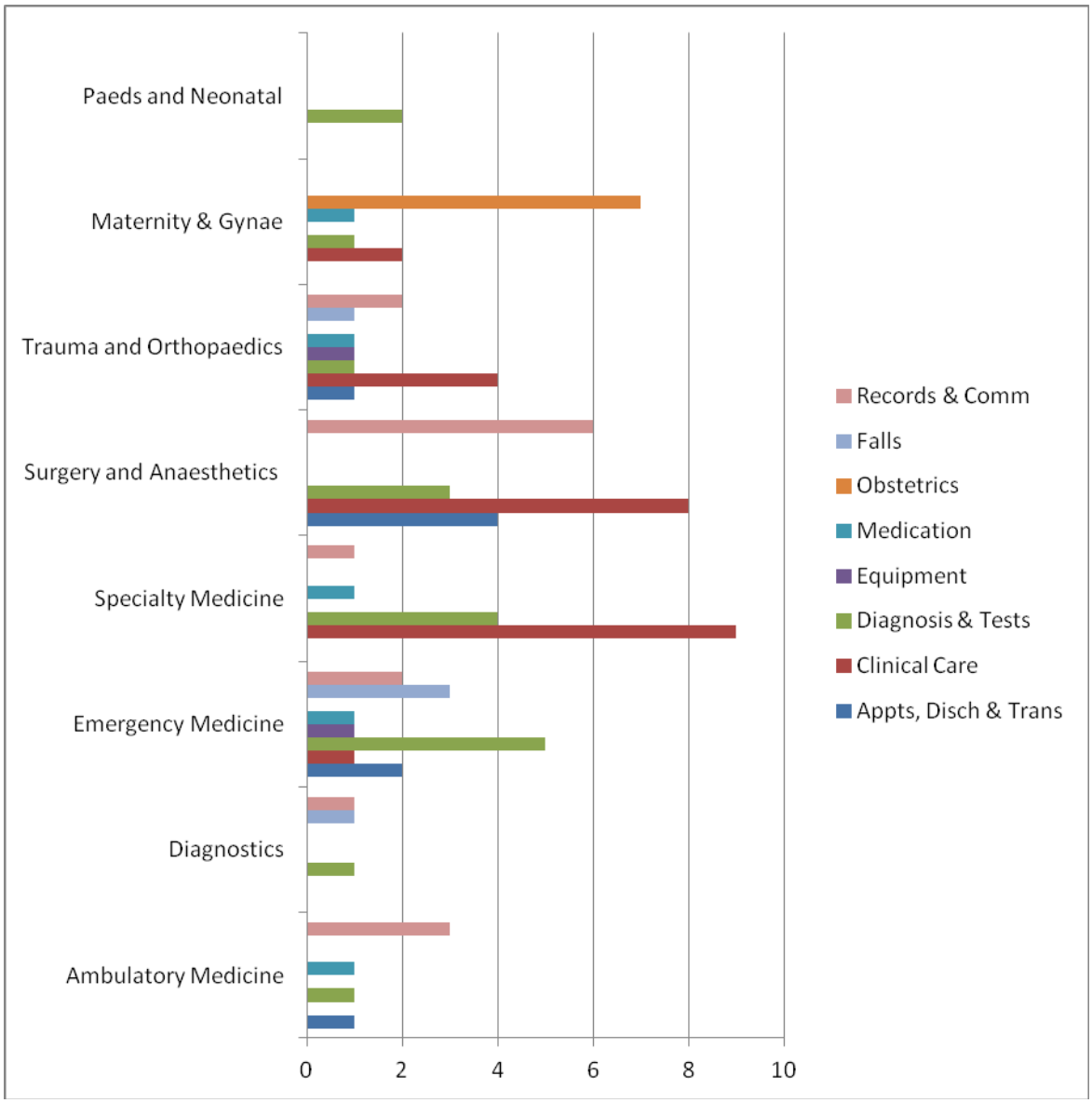
In addition, a number of individual staff members were counselled or asked to reflect on care/treatment provided.

Pie Charts illustrating incident types for complaints and concerns received for October to December 2013

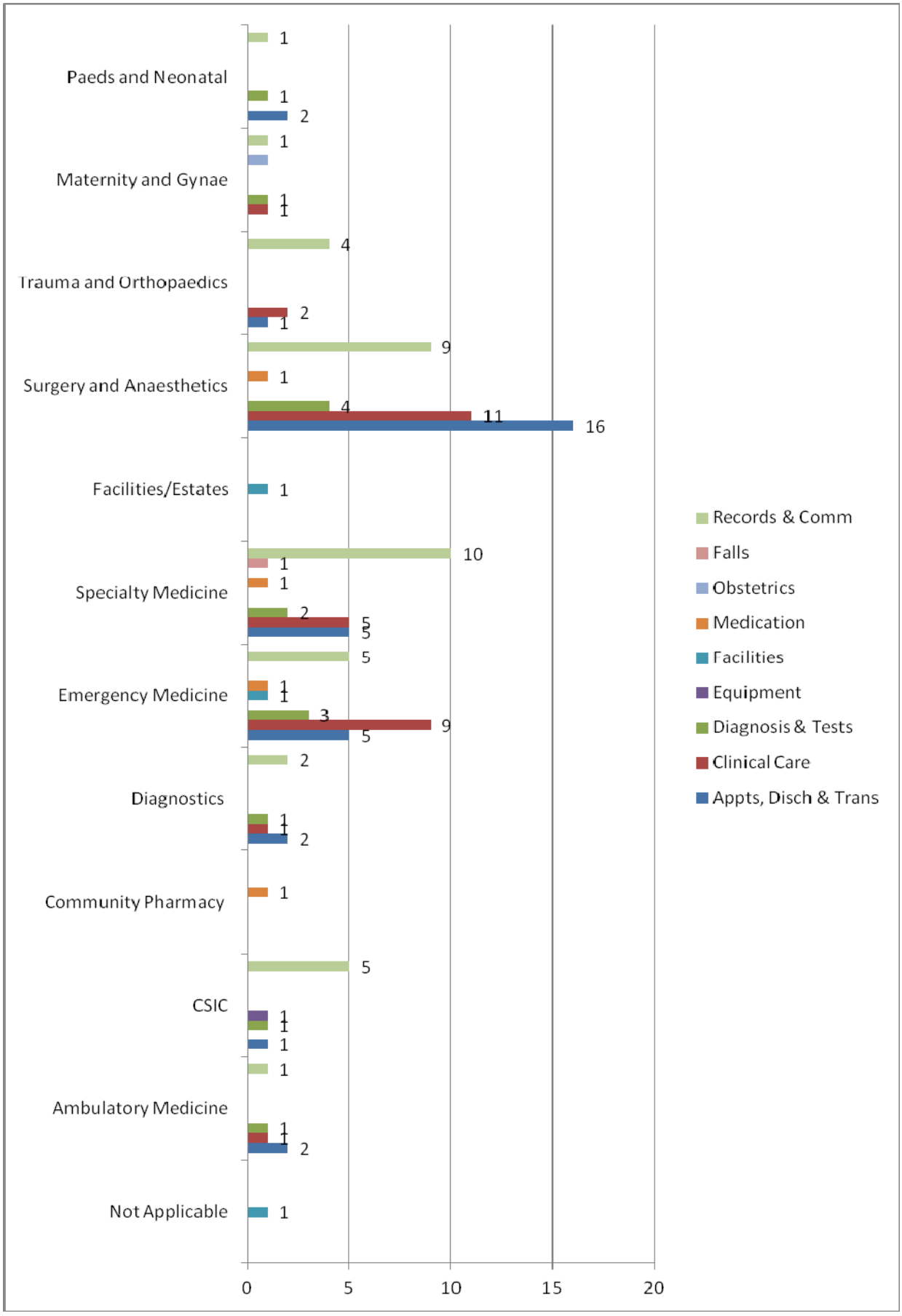




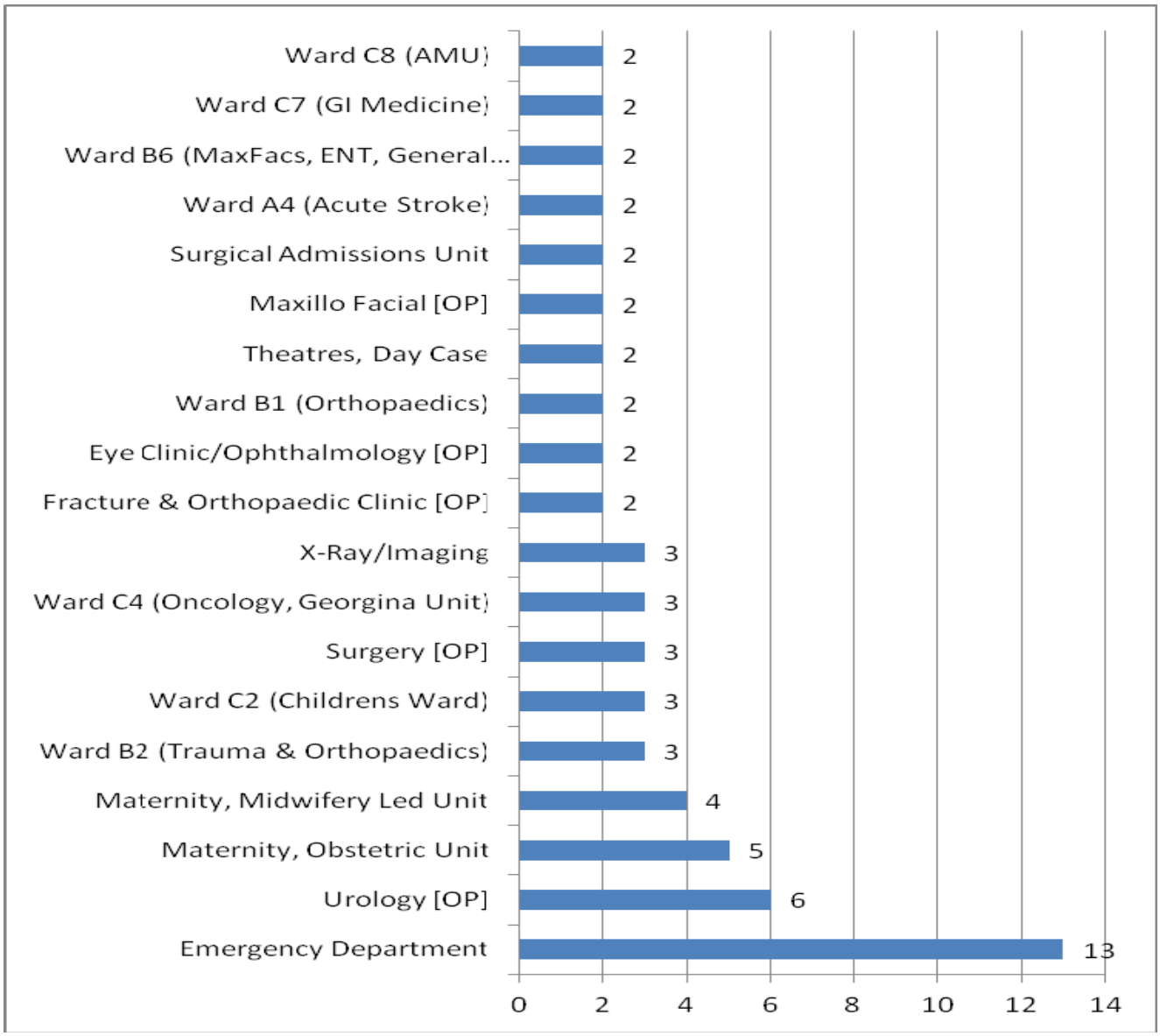
Bar chart illustrating complaints by directorate and type Oct – Dec 2013



Bar chart illustrating concerns by directorate and type Oct – Dec 2013



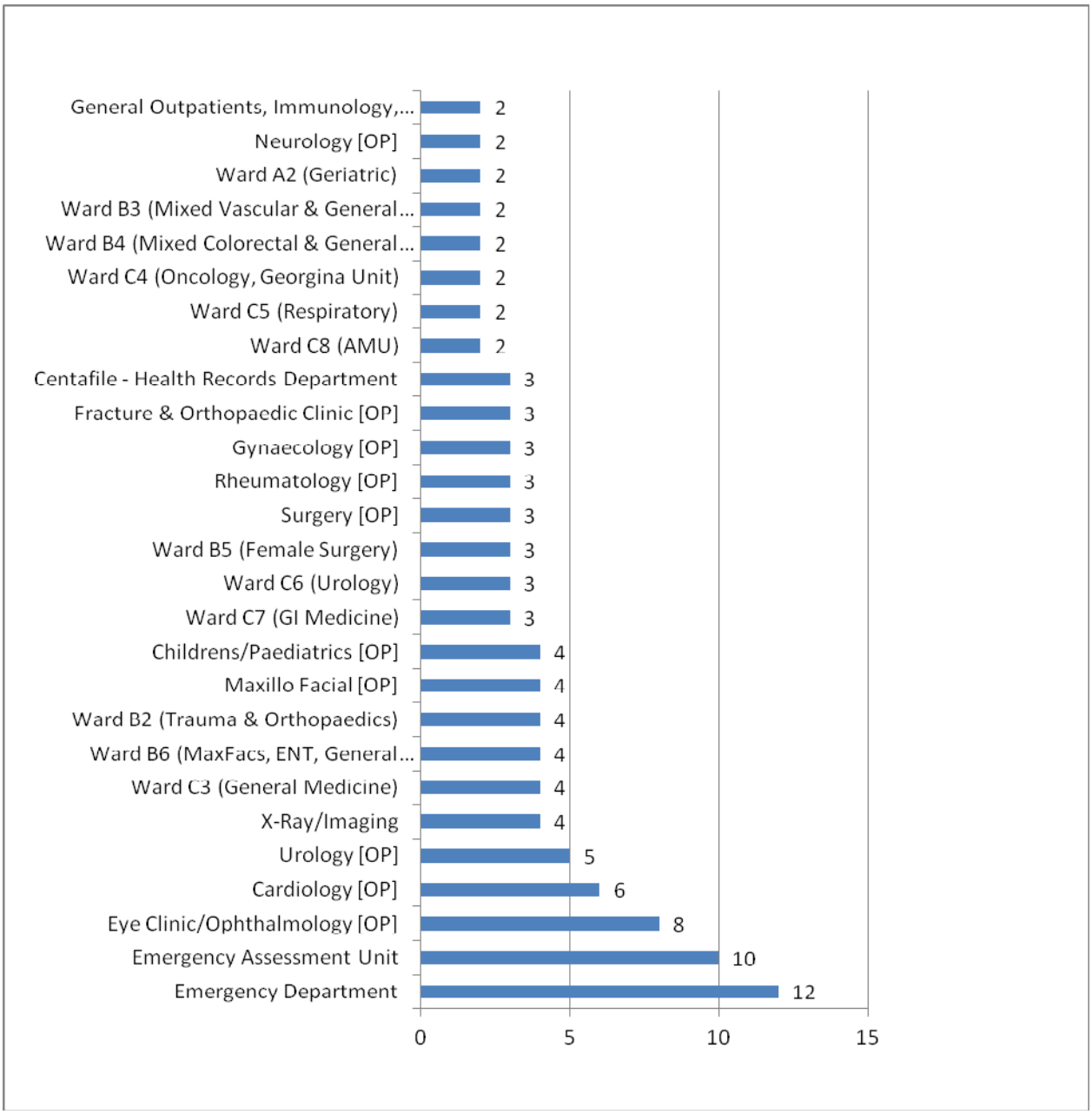
Bar chart illustrating primary (main) location of complaints where more than one complaint was received for Oct – Dec 2013



The following areas received one complaint during Oct – Dec 2013

Corbett - Day Case Theatre	Surgical and Orthopaedic Clinical Centre
Diabetes Resource Centre	DVT Unit (Anticoagulation)
Critical Care Unit (ICU/SHDU)	Endoscopy
Maternity, Obstetrics Theatres	Medical High Dependancy Unit
Childrens/Paediatrics [OP]	Stomacare Team
Renal Unit (Haemodialysis)	Ward B4 (Mixed Colorectal & General Surgery)
Rheumatology [OP]	Ward B5 (Female Surgery)
Ward A2 (Geriatric)	Ward C5 (Respiratory)
Ward A3 (Stroke)	Ward C6 (Urology)
Ward C1 (Renal)	
General Outpatients, Immunology, Chemical Pathology, Respiratory [OP]	

Bar chart illustrating primary (main) location of concerns where more than one complaint was received for Oct – Dec 2013



The following areas received one concern during Oct – Dec 2013

Ward C2 (Childrens Ward)	Maternity, Midwifery Led Unit
Ward C1 (Renal)	Labs, Immunology
Ward B4 (Pre Op Assessment)	DVT Unit (Anticoagulation)
Ward A3 (Stroke)	Critical Care Unit (ICU/SHDU)
Ward A1 (Rheumatology/Pain)	Coronary Care Unit/Cath Lab
Therapy Services	Interserve
Theatres, Day Case	Ext - West Midlands Ambulance Service
Pharmacy	Corbett - Urology [OP]
Orthodontics	Community - Stourbridge H&SCC
Maternity, Obstetric Unit	Maternity, Midwifery Led Unit
Community - Corbett Hospital	Community - Brierley Hill H&SCC

Enclosure 7

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 6th March 2014

TITLE:	**Quality Account** 1. Third Quarter (Oct 13- Dec 13) Report 2. Choice of Indicator for Data Testing 2013/14 3. Quality Priority Proposals for 2014/15		
AUTHOR:	Derek Eaves Quality Manager	**PRESENTER:**	Denise McMahon Nursing Director

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 for 2013-14. 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. One hospital target is on track but one isn't and so action is being taken from both the nursing and human resources perspectives to improve the score.

Pressure Ulcers - Both the two hospital and the one community end of year targets are on track to be achieved with large reductions in grade 3 and 4 ulcers in both sectors.

Infection Control - While the MRSA target is being met so far with no bacteraemia being reported, we are over trajectory by 9 cases with the C.Difficile target at the end of December.

Nutrition/Hydration - One of the three 90% targets on these topics is being missed slightly over the first nine months. The aim is to improve the score over the following months to get the score back on track and to achieve the end of year target of 93%.

The paper also contains a second section on the decision that the Board has to make regarding the data testing of one of the mandatory indicators by the Trust's external auditors. The third section includes a further decision the Board needs to make on the Quality Priorities for 2014/15. The proposed priorities have been discussed by the Executive Directors, the CQSPE and the Governors.

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 COMMITTEE:

Decision	Approval	Discussion	Other
✓		✓	✓– Comment

RECOMMENDATIONS FOR THE COUNCIL: To note the position with regards to this year's quality priority targets and make decisions on the two mandatory indicators for testing and the quality priority topics for next year.

THE DUDLEY GROUP NHS FOUNDATION TRUST

1. QUALITY ACCOUNT 2013/14 - UPDATE DECEMBER 2013

QUALITY PRIORITY 1: PATIENT EXPERIENCE. TARGETS: Hospital: a) Maintain an average score of 85 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 80per cent of patients will report that their call bells are always answered in a reasonable time. **Community**: a) Increase the number of patients who use their Single Assessment Process folder/Health and Social Care Passport to monitor their care from 49.4 per cent to 80 per cent by the end of the year. b) Increase the number of patients who would know how to raise a concern about their care and treatment if they so wished from 86.8 per cent to 90 per cent by the end of the year

October-December 2013 data and commentary

Hospital

Quality Priority hospital (a)	Apr-Jun	Jul-Sep	Oct-Dec	Apr-Dec
Maintain an average score of 85 or above throughout the year for patients who report receiving enough assistance to eat their meals	77.3	77.6	81.2	78.6
Number of patients who felt that they sometimes or never got the help that they needed	3 (out of 326 surveyed)	9 (out of 429 surveyed)	3 (out of 359 surveyed)	15 (out of 1114 surveyed)

Of 359 patients interviewed in quarter three 295 reported that they did not need any help to eat their meals and 48 didn't answer the question. Three patients said that they didn't get the help they needed on wards C7 and C8 (two people). Thirteen patients reported that they always got the help they needed. Although the figures are small, they are disappointing and it can be seen that the target is not being met. The following action has been taken in that every time the interviewer has a patient reporting s/he has not received enough assistance to eat their meals, the interviewer will immediately report this to the nurse in charge who will discuss this with the patient and complete a report on the outcome of that discussion.

Quality Priority hospital (b)	Apr-Jun	Jul-Sep	Oct-Dec	Apr-Dec
By the end of the year at least 80 per cent of patients will report that their call bells are always answered in a reasonable time	89.2	89.1	89.4	89.2

It can be seen from the quarterly figures that this target is presently being met and the end of year target is likely to be met.

Community

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

Operational lead: Mandy Green, Communications Manager

QUALITY PRIORITY 2: PRESSURE ULCERS: Hospital: a) Reduce avoidable grade 4 hospital acquired pressure ulcers so that the number for 2012/13 has been reduced by 50 per cent in 2013/14. b) Reduce avoidable grade 3 hospital acquired pressure ulcers so that the number for 2012/13 has been reduced by 25 per cent in 2013/14. **Community:** Reduce avoidable grade 3 and 4 acquired pressure ulcers that occur on the district nurse caseload so that the number for 2012/13 has been reduced by 25 per cent in 2013/14.

October – December 2013 Data
Hospital
The quarterly figures are shown below for incidents of pressure ulcers:

Period	2012/13	Apr- June 13	Jul-Sep 13	Oct-Dec 13+	Jan-Mar 14
No. of stage 3	23	3	8	4	
No. of Stage 4	28	0	0	0	
Total	51	3	8	4	

+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 pressure ulcers:

Period	2012/13	Apr- June 13	Jul-Sep 13	Oct-Dec 13+	Jan-Mar 14
No. of stage 3	7	0	1	2	
No. of Stage 4	11	0	0	0	
Total	18	0	1	2	

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

October - December 2013 Commentary
The number of avoidable pressure ulcers is continuing to be low with zero stage 4 and four stage 3 pressure ulcers reported in the hospital and two stage 3 and zero stage 4 in the community. It can be seen that so far this year the three targets are on track to be achieved.

Operational Lead: Lisa Turley, Tissue Viability Lead Nurse

QUALITY PRIORITY 3: INFECTION CONTROL TARGETS: Reduce our MRSA and *Clostridium difficile* (C*. diff*) rates in line with national and local priorities. a) MRSA Bacteraemia (blood stream infections) target is to have no post 48hr cases. b) *C.diff* is no more than 38 post 48hr cases in 2013/14.

October - December 2013 Commentary

MRSA is within trajectory for the quarter with no cases reported. With regards to C. diff, we are unfortunately over trajectory for the first three quarters and the end of year target will not be achieved. An action plan is in place to reduce further numbers with the aim that at the end of the year the Trust has fewer cases than last year.

October - December 2013 Data

	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-13	1	3	-66.7%	1	3	-66.7%	5	7
	May-13	4	3	33.3%	5	6	-16.7%	10	11
	Jun-13	5	3	66.7%	10	9	11.1%	6	6
	Jul-13	3	3	0.0%	13	12	8.3%	9	11
	Aug-13	2	3	-33.3%	15	15	0.0%	8	11
	Sep-13	6	3	100.0%	21	18	16.7%	12	17
	Oct-13	5	4	25.0%	26	22	18.2%	9	17
	Nov-13	8	3	166.7%	34	25	36.0%	15	16
	Dec-13	3	4	-25.0%	37	29	20.7%	2	3
	Jan-14		3			32			
	Feb-14		3			35			
	Mar-14		3			38			
	FY 2013-14	37	38	-7.9%				76	99

Operational Lead: Dr E Rees, Consultant Microbiologist

QUALITY PRIORITIES 4 AND 5: NUTRITION/HYDRATION: **Nutrition** a) 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 2014). b) Increase the number of patients having a food recording chart and a fluid balance chart in place if the MUST score is 1 or above. 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 2014). **Hydration** Increase the number of patients who have their fluid balance charts fully completed. Through the year on average at least 90% of patients will have their charts fully completed and this will rise to at least 93% by the end of the year (March 2014).

October - December 2013 Commentary

During the third quarter, results for the weekly reassessments of the MUST scores are: October 96%, November 91%, and December 80% giving an average score throughout the year so far of 89%, which is slightly under the 90% target.

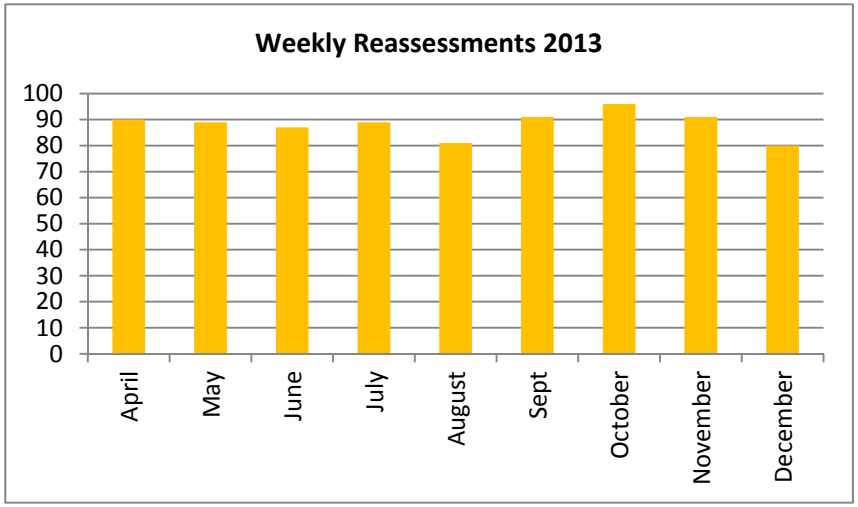
Food and fluid balance charts have to be instigated for all patients with a MUST score of 1 and the monthly results have been: October 92%, November 95% and December 94%. This means for the first nine months of 2013-14 the average Trust figure is 90% which meets the target for the year so far.

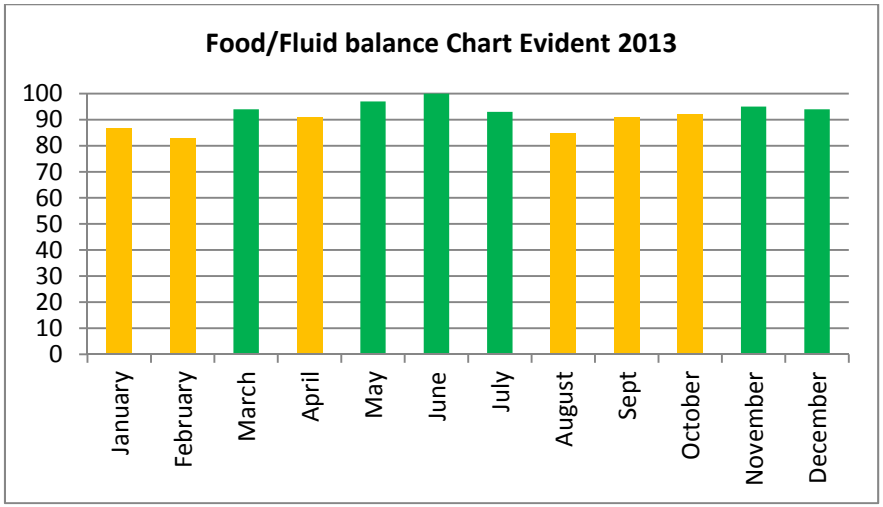
Fluid balance results for the second quarter are July 95%, August 95% and September 90%, giving an average of 93%. This means that for the first nine months of 2013-14 the average Trust figure is 90% which meets the target for the year so far.

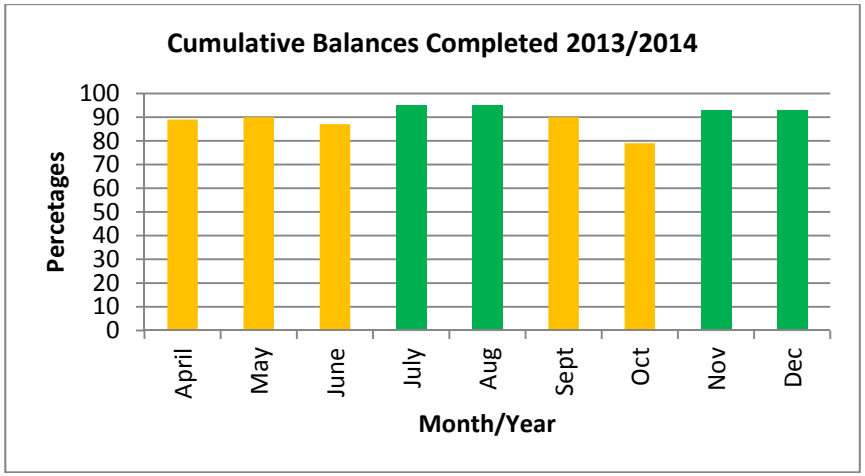
As well as the on-going targets of 90%, we have a target of achieving 93% by the end of the year for all of these measures above. It can be seen we have achieved only one of these so far.

A special meeting has been arranged with Lead nurses to improve these results over the final three months and weekly audits have been instigated, especially in light of the end of year target of 93%.

October - December 2013 Data- Nutrition and Hydration







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

Operational Leads: Dr S. Cooper, Consultant Gastroenterologist, Sheree Randall, Matron, Karen Broadhouse, Quality Project Lead

Contributions from: M.Green, S. Randall, C. Carter, E. Rees, K. Broadhouse. Compiled by D. Eaves. Jan 2014

2. QUALITY ACCOUNT 2014/15 - INDICATORS FOR EXTERNAL AUDIT BY DELOITTE

The Board of Directors will recollect that the Trust has a statutory responsibility to have the Quality Account externally assured. This assurance exercise looks at three aspects of the account: Content, Consistency and Data Testing. With regards to the latter, the external auditors have to test two of three nationally mandated data items (the three options are: 62 day cancer waits, C Difficile and 28 day readmissions) together with a local indicator decided by the Council of Governors.

Last year the Board agreed to the data testing of 62 day cancer waits and C Difficile. The Executive Directors are proposing that these are chosen again this year. Following a ranking exercise, the Council of Governors last year chose a Patient Experience indicator for testing. This year it has been proposed to them to choose a Nutrition indicator, the topic that came second in the exercise conducted last year. They will be making a decision on this at their meeting on the 27th February.

The Board will recollect that last year the actual testing of the indicators by Deloitte found they met the six data standards of accuracy, validity, reliability, timeliness, relevance and completeness.

3. QUALITY ACCOUNT 2014/15 – PROPOSED QUALITY PRIORITIES

In November 2013 both the Clinical Quality, Safety and Patient Experience Committee (CQSPE) and the Council of Governors discussed the possible quality priority topics for 2013/14. At that time the proposals were to continue next year with the existing five topics (Patient Experience, Pressure Ulcers, Infection Control, Nutrition and Hydration) as they are still key care issues of importance to patients and the public. Both the two groups were positive about this proposal as they also were at their recent February 2014 meetings.

In November there was also an initial proposal to include a further priority related to Diabetes, however following the recent review of the Trust by Sir Bruce Keogh the usefulness of mortality as a quality indicator has now been accepted by the Executive Directors, the CQSPE and the Council of Governors.

The Board is asked to note that the Trust has been consulting with the public and various interested bodies on these proposals. A questionnaire was designed for this purpose and placed on the Trust website. It's existence has been made known to a variety of statutory and voluntary organizations and it has been distributed at an open day (28 replies were collected). The response has been positive with regards to the proposals.

The Board of Directors is asked to formally agree the six topics.

Proposals for the actual targets within each of the topics will be brought to the Board once it is more clear on what the end of year data is, what the commissioners are proposing for such topics as Pressure Ulcers and what national targets are set for the Trust on Infection Control.

Board of Directors Members Profile.

Paula Clark – Chief Executive

As the Chief Executive, Paula leads the Executive Team to ensure that effective management systems are in place and that Directors and Senior Managers have clear objectives and are assigned well-defined responsibilities in line with the Trust's strategy and organisational objectives.

As a leader Paula provides visible examples of a positive culture for the Trust and drives the Trust Management executive to reflect a positive culture in their behaviour and decision making to continuously improve the Patient Experience within the Trust.

John Edwards – Chairman

Johns ensures that the Board and its committees function effectively and in the most efficient way: discharging their role of collective responsibility for the work of the Trust. John decides: on committee membership; ensures they have the correct Terms of Reference, assigns the appropriate committee's to deal with the key roles in running the Trust and ensures the Committee chairs report accurately to the Board in line with the relevant committees meeting cycle. John is also Chair of the Council of Governors and Chairs the Transformation Committee and the IT Project Board.

Paul Assinder – Director of Finance and Information

Paul provides strategic financial and business advice to the Board of Directors. He has lead responsibility for statutory accounts and audit as well as informatics, information technology, contracting, procurement and supplies. Paul is also Secretary to the Board of Directors and key liaison director for the FT regulator, Monitor.

Richard Beeken – Director Strategy, Performance and Transformation

Richard is responsible for developing the Trusts Long Term Strategy and for driving transformational change programmes within the organisation and local health economy. He provides leadership of the facilities and estates function via the PFI contract, in addition to security and health and safety management. In his role he also leads Emergency Planning and Business Continuity Planning for the Trust.

Denise McMahon – Director of Nursing

Denise provides professional leadership, management and direction for: Nursing and Midwifery Strategy, Education and Professional Conduct; Infection Prevention and Control and Integrated Governance. Denise also has collective corporate responsibility for strategic and operational performance as an Executive Director and member of the Trust Board.

Paul Harrison – Medical Director

Paul provides professional medical leadership for the organisation, including the role of Responsible Officer for revalidation. He contributes to the Boards strategic discussions by bringing perspective on clinical issues as a practising clinician. He is responsible for medical education, research and development and medical workforce issues. Paul and is also lead on Mortality and Morbidity issues.

Richard Cattell – Director of Operations

Richard is Executive Lead for operational management and delivery in clinical services on a day to day basis. He is responsible for the successful delivery of all national and local performance targets and quality standards, via each of the organisation's clinical directorates. Negotiation of and adherence to the contract the Trust has with our CCG commissioners is a vital part of his role.

Annette Reeves – Associate Director of Human Resources

Annette provides leadership and strategic management for the Human Rescources Directorate and gives advice to the Board on issues relating to functions under her control and their impact on the wider service issues to the Trust. She is responsible for developing strategies which meet NHS/legislative/best practise requirements and the needs of the Trust. She participates in the corporate management of the Trust, ensuring the Trust's strategic and operational objectives are met to facilitate the highest quality of services for patients.

David Badger – Non Executive Director, Deputy Chairman and Chair of the Finance and Performance Committee

As a Non Executive Director it is David's responsibility to challenge and support the Board to develop its strategy to address the challenges set out in the Health and Social Care Act. David is Deputy Chair of the Trust and also Chair's the Finance and Performance Committee.

David is also responsible for the following:
Member - Clinical Quality Safety and Patient Experience Committee
Member - Risk and Assurance Committee
Member - Remuneration Committee
Member - Nominations Committee
Member - Transformation Programme Board
Member and link to Trust Board - Organ Donation Committee
NED liaison - Council of Governors
Assigned - Governor Development Group
Assigned - Governor Membership Engagement Committee
Attendee - Governor Appointments Committee
Board representative - Contract Efficiency Group

David Bland – Non Executive Director and Chair of the Clinical Quality, Safety and Patient Experience Committee

As a Non Executive Director it is David's responsibility to challenge and support the Board to develop its strategy to address the challenges set out in the Health and Social Care Act.

David is also responsible for the following:
Chair of the Clinical Quality, Safety and Patient Experience Committee
Non Executive Director Lead for Patient Experience
Non Executive Director Lead for Patient Safety
Member of Risk and Assurance Committee
Member of the Remuneration Committee
Member of the Nominations Committee
Member of Charitable Funds Committee
Member of Council of Governors Committee
Member of the Dudley Clinical Services Limited (subsidiary of the Trust

Jonathan Fellows - Non Executive Director and Chair of the Audit Committee

As a Non Executive Director it is Jonathans responsibility to challenge and support the Board to develop its strategy to address the challenges set out in the Health and Social Care Act.

Jonathan is also responsible for the following:
Chair of Audit Committee
Member of Finance and Performance Committee
Member of Charitable Funds Committee
Member of the Remuneration Committee
Member of the Nominations Committee
Assigned to the Governors Governance Committee
Board representative - Contract Efficiency Group

Richard Miner – Non Executive Director and Chair of the Charitable Funds Comittee

As a Non Executive Director it is Richard's responsibility to challenge and support the Board to develop its strategy to address the challenges set out in the Health and Social Care Act.

Richard is also responsible for the following:
Chair of the Charitable Funds Committee
Non Executive Director Lead for Security Management
Member of Finance and Performance
Member of Audit Committee
Assigned to the Governors Governance Committee
Member of the Remuneration Committee
Member of the Nominations Committee
Chair of the Dudley Clinical Services Limited (subsidiary of the Trust)

Ann Becke – Non Executive Director and Chair of the Risk and Assurance Committee

As a Non Executive Director it is Ann's responsibility to challenge and support the Board to develop its strategy to address the challenges set out in the Health and Social Care Act.

Ann is also responsible for the following:
Chair - Risk and Assurance Committee
Member – Audit Committee
Member – Clinical Quality, Safety and Patient Experience Committee
NED Lead for Safeguarding
Board Representative – Dudley Children's Partnership
Non Executive Director Liaison for West Midlands Ambulance Service
Member – Remuneration Committee
Member – Nominations Committee
Member – Arts and the Environment Panel

Assigned – Governor Sub Committee Membership Engagement
Assigned – Governor Sub Committee Strategy
Member – Dudley Clinical Education Centre Charity