The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 7th May, 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**		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 2nd April 2015	Enclosure 1	D Badger	To Approve	9.30
	4.2 Action Sheet 2nd April 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 Clark	To Discuss	9.50
7.	**Patient Safety and Quality**				
	7.1 Infection Prevention and Control Exception Report	Enclosure 4	D Mcmahon	To Note & Discuss	10.00
	7.2 Nurse Staffing Report	Enclosure 5	D Mcmahon	To Note & Discuss	10.10
	7.3 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 6	D Wulff	To Note & Discuss	10.20
	7.4 Organ Donation Report	Enclosure 7	D Bland	To Note	10.30
	7.5 Nurse and Midwife Revalidation	Enclosure 8	D Mcmahon	To Note	10.40
8.	**Finance**				
	8.1 Finance and Performance Report	Enclosure 9	J Fellows	To Note & Discuss	10.50
9.	**Date of Next Board of Directors Meeting** 9.30am 4th June, 2015, Clinical Education Centre		D Badger		11.00

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		11.00

Enclosure 1

The Dudley Group NHS
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Minutes of the Public Board of Directors meeting held on Thursday 2nd April, 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
Ann Becke, Non Executive Director
Paul Harrison, Medical Director
Doug Wulff, Non Executive Director
David Bland, Non Executive Director
Paula Clark, Non Executive Director

In Attendance:

Helen Forrester, PA
Liz Abbiss, Head of Communications and Patient Experience
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
Yvonne O'Connor, Deputy Director of Nursing
Jenny Bree, Matron
Paul Bytheway, Deputy Director of Operations, Medicine and Community

15/034 Note of Apologies and Welcome

Welcome to Jenny Bree, Matron, Paul Bytheway, Deputy Director of Operations and Yvonne O'Connor, Deputy Nursing Director. No apologies were received.

15/035 Declarations of Interest

There were no declarations of interest.

15/036 Announcements

None to note.

15/037 Minutes of the previous Board meeting held on 5th March, 2015 (Enclosure 1)

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

15/038 Action Sheet, 5th March 2015 (Enclosure 2)

15/038.1 Nurse Staffing Report

The Chairman and Chief Executive to discuss whether and how to make representations to NHS England regarding nurse shortages.

The Chairman and Chief Executive to discuss whether and how to make representations to NHS England regarding nurse shortages.

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

15/039 Patient Story

Liz Abbiss, Head of Communications and Patient Experience presented the patient story. The story related to a patient using Maternity Services.

The Nursing Director stated that it was not appropriate to discuss patient details in the meeting but confirmed that there were no issues of concern relating to the patient's discharge.

The Chairman noted the patient story.

15/040 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 Inpatient results for March were 48% and the A&E response rate was 27%. The Trust had secured the CQUIN target for the year. Dr Wulff, Non Executive Director, asked that Governors are briefed on the friends and family test results.

- **CCG Unannounced Visit Report:** The Chief Executive confirmed that it was a positive report with good feedback from the visiting team. The report is available in full for Board members. The Chairman asked that the Board's thanks was communicated to all wards.

- **Workforce Reduction Programme:** Phase one nearing completion.

- **HSE Enforcement Notice for Safer Sharps:** Now signed off by the HSE as fully compliant.

- **Urgent Care Centre:** The Centre went live the previous day. Overall the first day had been noted to be successful.

Mr Miner, Non Executive Director, asked how the good performance was viewed by the CCG. The Chief Executive confirmed that this was noted and welcomed by the CCG.

The Chairman noted the report and positive developments. The Chairman asked that the positive Friends and Family test results and CCG visit report are communicated to staff and Governors.

Friends and Family test results to be communicated to staff and Governors.
Staff to be thanked on behalf of the Board for the positive CCG unannounced visit report.

15/041 Patient Safety and Quality

15/041.1 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 closed the year on 38 cases against the target of 48.

Norovirus: Continued good performance.

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

The Chairman noted the positive report.

15/041.2 Nurse Staffing Report (Enclosure 5)

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

A graph is now included in the report at page two showing the number of shifts per month. There were no red cases to note and overall numbers appear to be decreasing.

The Chairman asked about patterns of difficulty which appeared in two wards in particular. The Nursing Director confirmed that these are being closely managed.

The Chairman noted the positive report.

15/041.3 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 6)

The Medical Non Executive Director presented the Clinical Quality Safety Patient Experience Committee Exception Report, given as Enclosure 6. The Board noted the following key areas:

- **National Care of the Dying Audit:** The Board noted that the narrative did not reflect the progress made.

- **Quality Dashboard:** No significant concerns.

- **Mortality Report:** SHMI remains within the expected range. The Medical Director confirmed that the Trust has received a pulmonary mortality outlier alert from the CQC. The response will be returned ahead of the deadline and no concerns had been identified.

- **Policies:** The Committee had ratified a number of policies.

- **Reporting from Sub Group:** No issues identified.

The Chairman noted the report.

15/041.4 Workforce and Staff Engagement Committee Exception Report (Enclosure 7)

Mrs Becke, Committee Chair, presented the Workforce and Staff Engagement Committee Exception Report, given as Enclosure 7, the following key issues were noted:

- **Appointment of two additional Non Executive Directors to the Committee**: Dr Wulff and Mr Miner.

- **Diversity Management Group**: The Committee accepted the recommendation to disband the Group.

- **KPIs:** Nothing to report.

Mrs Becke confirmed that the meeting had been designated as a strategy workshop.

The Chief Operating Advisor asked about nurse revalidation. The Nursing Director confirmed that this will be picked up through the Workforce and Staff Engagement Committee and reported to Board through the exception report.

The Chairman noted the report including the work on nurse revalidation.

15/041.5 Corporate Risk Register (Enclosure 8)

The Associate Director of Governance/Board Secretary, presented the Corporate Risk Register, given as Enclosure 8.

The Board noted the 17 risks. One risk had been reviewed and reduced down to 15. The Associate Director of Governance confirmed the escalation around the Turnround Plan.

A new risk had been included on register around workforce reduction. All other risks remained the same.

The Annual Governance statement is being drafted for submission in mid April.

Mr Miner, Non Executive Director, asked whether the Corporate Risk Register and Board Assurance Framework documents could be combined. The Associate Director of Governance confirmed that the document is combined but taken apart for reporting to provide assurance to the Board. The format will be revised in the new financial year.

The Chairman noted the report and the proposed changes for reporting in the new financial year.

15/041.6 Board Assurance Framework (Enclosure 9)

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

The Board noted the extract of key risks. The Director of Governance/Board Secretary confirmed that the format of the report is being examined and will be revised in the new financial year.

Mr Miner, Non Executive Director, raised risk CR076 relating to nurse staffing levels, and asked whether this risk is reducing. The Associate Director of Governance confirmed that he expected this to change and will not be seen as a key residual risk. The Nursing Director confirmed that this risk should remain on the Risk Register.

The Chairman noted the report and approved the Board Assurance Framework.

15/041.7 Quality Accounts Targets 2015/16 (Enclosure 10)

The Nursing Director presented the Quality Accounts Targets 2015/16, given as Enclosure 10.

The Board noted the subjects agreed for 2015/16 as follows:

- Patient Experience
- Infection Control
- Pressure Ulcers
- Nutrition
- Hydration
- Mortality

The Nursing Director confirmed that the Board now needs to agree targets to be measured for these areas.

The Board debated the target suggestions detailed within the report for each area.

The Chairman asked about the pilot around the response times to call bells. The Nursing Director confirmed that this work would continue outside the Quality Accounts Targets and the Board would be kept informed of developments.

The Board approved the targets subject to the suggested amendments as discussed.

15/042 Finance

15/042.1 Finance and Performance Report (Enclosure 11)

Mr Fellows, Committee Chair, presented the Finance and Performance Committee Report, given as Enclosure 10.

The Board noted the positive report with an excellent outcome. February performance had fallen slightly below budget and the year to date deficit is ahead of the planned position. The Trust had performed strongly against all performance targets.

Diagnostic waits continue to underperform with a small improvement being seen on the previous month. The remedial action plan continues to be implemented but it is not expected that the target will be met until May 2015.

The 4hr wait target in ED had been met for Quarter 4 and the Trust had been very close to achieving the target for the full year. The Chief Operating Advisor confirmed that the Trust had finished the year at 94.75% and for the final quarter had achieved 95.74%. He confirmed that the focus this year should remain on type one waits. The Chief Executive agreed that the type one waits target should remain at 95%.

The Budget for 2015/16 had been approved by the Committee under delegated authority.

The Cost Improvement Programme had been agreed totalling £17m.

The Chief Operating Advisor stated that staff should be proud of the huge improvements noted.

Mrs Becke, Non Executive Director, asked what particular changes made the key difference to performance. The Chief Operating Advisor summarised that he considered the following key elements to have the most impact:

- The removal of excuses.
- Focussing on what matters: care of patients and comparison of risks.
- Stopping the focus on ED: looking at the overall picture.

The Chief Executive stated that the nursing line change had also had a positive effect.

The Chairman felt that the positive work of the new Divisional structures had also played a major part in the Trust's progress.

The Chairman noted the positive report and that the Board had ratified the Chairman's action.

15/043 Any Other Business

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

15/044 Date of Next Meeting

The next Board meeting will be held on Thursday, 7th May, 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 2nd April 2015

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
15/027.2	Action Sheet - Nurse Staffing Report	Chairman to discuss draft letter to the Chairman of Health Education England with the Chief Executive.	C	2/4/15	Done
15/038.1		The Chairman and Chief Executive to discuss whether and how to make representations to NHS England regarding nurse shortages.	C/CE	7/5/14	Verbal update from the Chairman
15/028	Patient Story	A report to be presented to the Finance and Performance Committee relating to the costs incurred by the Trust for intermediate care beds.	JS	30/4/15	To F&P in May
15/030.2	Nurse Staffing Report	The Board to raise its concerns around nurse staffing reporting with NHS England.	DM/C	7/5/15	Verbal update from the Chairman
15/040	Chief Executive's Overview Report	Friends and Family test results to be communicated to staff and Governors. Staff to be thanked on behalf of the Board for the positive CCG unannounced visit report.	LA	7/5/15	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.	JS	16/6/15	To June Meeting
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.	PH	2/7/15	
		Dr Neilson to consider presenting an update on the Trust's Research and Development activities to Dudley CCG.	JN	2/7/15	

Enclosure 3

The Dudley Group
NHS Foundation Trust

Paper for submission to the Public Board Meeting – 7th May 2015

TITLE:	**Chief Executive Board Report**		
AUTHOR:	**Paula Clark, CEO**	**PRESENTER**	**Paula Clark, CEO**
CORPORATE OBJECTIVE: SO1, SO2, SO3, SO4, SO5, SO6			

SUMMARY OF KEY ISSUES:

- Friends and Family
- Operational performance
- National staff survey 2014

IMPLICATIONS OF PAPER:

RISK	**No**		**Risk Description:**
	Risk Register: No		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Yes**	**Details: Effective, Responsive, Caring**
	Monitor	**No**	**Details:**
	Other	**No**	**Details:**

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

Decision	Approval	Discussion	Other

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

The Dudley Group NHS
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CORPORATE OBJECTIVES : *(Please select for inclusion on front sheet)*

SO1:	**Deliver a great patient experience**
SO2:	**Safe and Caring Services**
SO3:	**Drive service improvements, innovation and transformation**
SO4:	**Be the place people choose to work**
SO5:	**Make the best use of what we have**
SO6:	**Plan for a viable future**

CARE QUALITY COMMISSION CQC) : *(Please select for inclusion on front sheet)*	
Care Domain	**Description**
SAFE	**Are patients protected from abuse and avoidable harm**
EFFECTIVE	**Peoples care, treatment and support achieves food outcomes, promotes a good quality of life and is based on the best available evidence**
CARING	**Staff involve and that people with compassion, kindness, dignity and respect**
RESPONSIVE	**Services are organised so that they meet people's needs**
WELL LED	**The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture**

The Dudley Group NHS
NHS Foundation Trust

Chief Executive's Report – Public Board – May 2015

Friends and Family:

Community

In March 2015 we received a total of 111 responses to our community FFT, with 95% 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. NHS England guidance for community FFT does not require us to publish a response rate, from May onwards we will be including this in our local reports detailing the number of eligible respondents.

We have also implemented FFT in day case, outpatient and our children's inpatient areas with the first data submission in May 2015.

Community March 2015	Total number of responses	Percentage recommended
Community Nursing Services	30	97%
Rehabilitation & Therapy Services	22	91%
Specialist Services	59	95%
Total	**111**	95%

Inpatient FFT (01.04.15 – 19.04.15 is provisional)

The percentage of friends and family who would recommend the Trust has been maintained at 98% (during the period 1st -19th April). The latest published NHS England figures are for March 2015 and show The Dudley Group scored 98% against the national average of 95%. This makes us the top performer when compared to neighbouring trusts (Sandwell and West Birmingham, Walsall, Royal Wolverhampton and Worcester Acute).

The provisional response rate for April (01.04.15 – 19.04.15) shows a decrease to 34% (compared to 48% for March 2015).

	Jan 2015	Feb 2015	March 2015	April 2015 provisional
Date range	01.01.15	01.02.15	01.03.15	01.04.15
	31.01.15	28.02.15	31.03.15	19.04.15
Number of eligible inpatients	1901	1717	1912	1368
Number of respondents	596	742	909	471
Ward FFT recommended percentage	97%	98%	98%	98%
Ward footfall	31%	43%	48%	34%

A&E FFT (01.04.15 – 19.04.15 is provisional)

The percentage of friends and family who would recommend the Trust's A&E has decreased during the period 1st -19th April to 76%. The latest published NHS England figures are for March 2015 show The Dudley Group scored 92% against the national average of 87% which put us in the top 20% of trusts. Locally, this puts us second to Worcester Acute.

The provisional response rate for April (01.04.15 – 19.04.15) shows a significant decrease to 4% (compared to 27% for March 2015).

As per the national guidance the A&E response rates and scores from the 1st April include the Urgent Care Centre and the token system is no longer in operation.

Date range	Jan 2015	Feb 2015	March 2015	April 2015 provisional
	01.01.15	01.02.15	01.03.15	01.04.15
	31.01.15	28.02.15	31.03.15	19.04.15
Number of eligible A&E patients	4023	3622	3804	5852
Number of respondents	587	1045	1011	250
A&E FFT recommended percentage	95%	98%	92%	76%
A&E footfall)	15%	29%	27%	4%

Key

Inpatient FFT Score	97+	A&E FFT Score	95+
	96		94
	<95		<94

Response rate A&E	<15 %	15-20%	20%+	
Response rate Inpatients	<25 %	25-30%	30-40% +	40%+ ✸

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

Maternity FFT results (01.04.15 – 15.04.15 provisional)

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.

Maternity Area	Jan 2015	Feb 2015	Mar 2015	1-15 April 2015 Interim
Antenatal Score, percentage recommended	98%	99%	100%	100%
Response rate	19%	33%	30%	18%
Birth, Percentage recommended	99%	97%	99%	100%
Response rate	18%	38%	31%	12%
Postnatal ward, Percentage recommended	99%	99%	99%	100%
Response rate	18%	38%	31%	11%
Postnatal community, Percentage recommended	100%	100%	100%	100%
Response rate	13%	11%	100%	6%

Key

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

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

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

Operational performance:
Performance against key standards remains strong, particularly RTT and ED with our ED performance hitting the No.1 slot nationally for one week during April. However cancer performance was not as good as in previous quarters and we have set up a new process which tracks each patient more closely each week. We will be back on track from April and into Q1on this. Diagnostics continues to prove challenging due to capacity/demand problems which have been reviewed in detail at F&P.

National Staff survey 2014:
There has been some good news regarding the National Staff Survey which was conducted in the autumn last year but for which we had only recently had the results. There were no statistically significant negative changes to any Key Findings since the 2013 survey and the Trust has performed well against others in the NHS. Below are the four areas where there has been a significant positive change to findings since 2013. I think it is testament to the commitment in these areas to improve things in response to what staff are telling us.

Top five key findings (KF) overall (those which compare most favourably with other acute trusts in England)	**Trust score 2014**	**National average** (for acute trusts)	**Ranking** (compared with all acute trusts)	**Comparison to 2013**
KF6 Percentage of staff receiving job-relevant training, learning or development in last 12 months *(the higher the score the better)*	88%	81%	**Highest (best) 20%**	No change
KF4 Effective team working *(the higher the score the better)*	3.88	3.74	**Highest (best) 20%**	**Increase**
KF19 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months *(the lower the score the better)*	18%	23%	**Lowest (best) 20%**	No change
KF15 Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice *(the higher the score the better)*	78%	67%	**Highest (best) 20%**	**Increase**
KF8 Percentage of staff having well-structured appraisals in last 12 months *(the higher the score the better)*	47%	38%	**Highest (best) 20%**	No change

Bottom three key findings (KF) overall (those which compare least favourably with other acute trusts in England)	**Trust score 2014**	**National average** (for acute trusts)	**Ranking** (compared with all acute trusts)	**Comparison to 2013**
KF10 Percentage of staff receiving health and safety training in last 12 months *(the higher the score the better)*	68%	77%	Lowest (worst) 20%	No change
KF16 Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months *(the lower the score the better but it should be noted that this includes patients who do not have mental capacity and therefore not all deliberate harm to staff)*	15%	14%	Average	No change
KF1 Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver *(the higher the score the better)*	78%	77%	**Highest (best) 20%**	No change

Where staff experience has improved most since 2013	**Trust score 2014**	**Trust score 2013**
KF4 Effective team working	3.88	3.71
KF14 Fairness and effectiveness of incident reporting procedures	3.61	3.48
KF25 Staff motivation at work	3.95	3.83
KF26 Percentage of staff having equality and diversity training in the last 12 months	69%	59%

Enclosure 4

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 7th May 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:**	

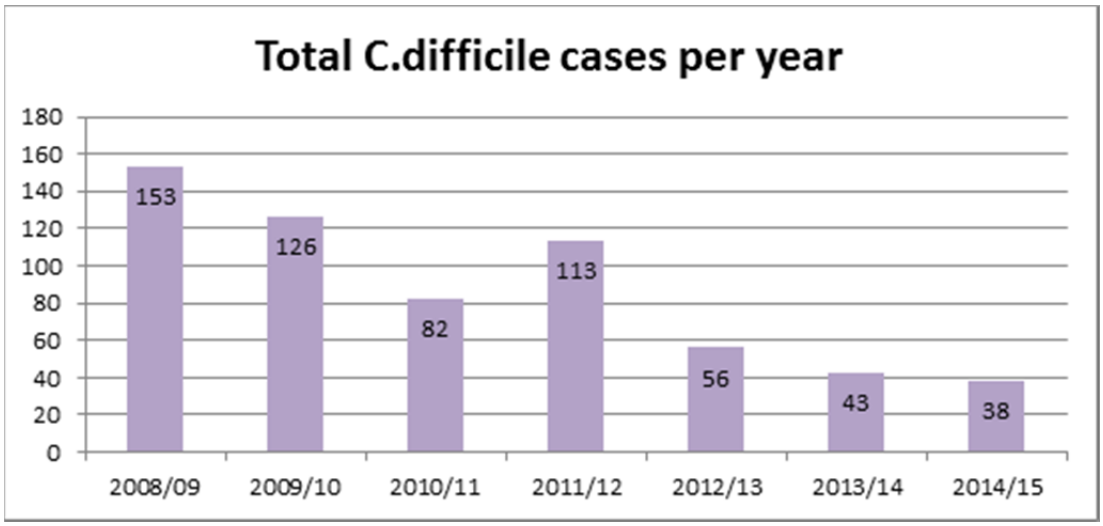
ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
	✓	✓	

RECOMMENDATIONS FOR THE BOARD OF DIRECTORS:

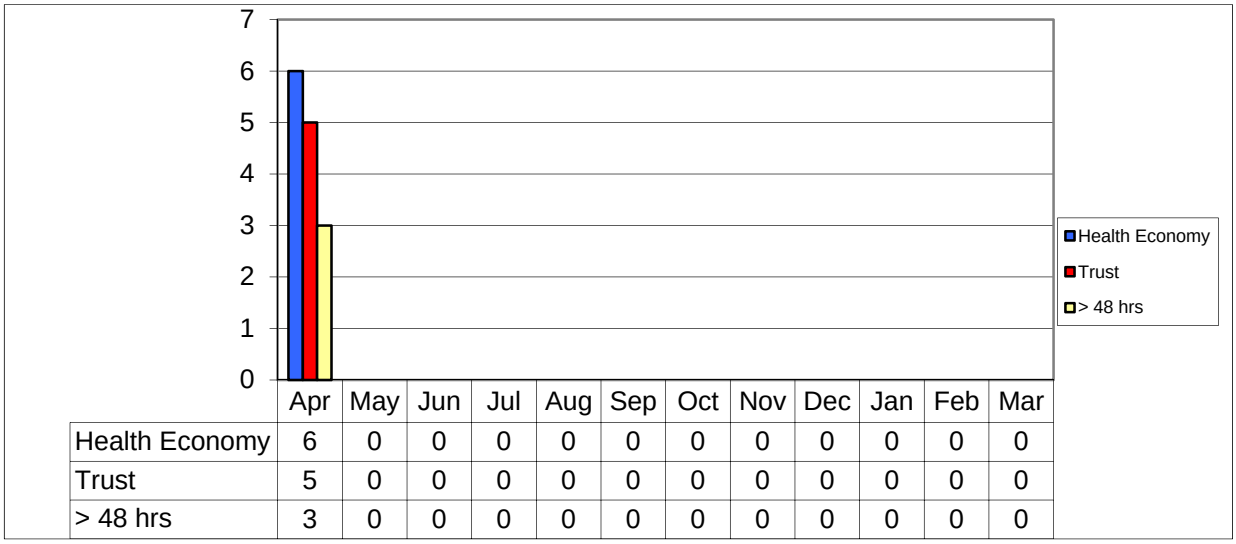
To receive report and note the content.

Clostridium Difficile – We have reported a total of 38 cases of Clostridium difficile for 2014/15. This rate is well below the threshold set of no more than 48 cases. We have achieved this through a continued focus on the clinical management of patients with identified or suspected infection.



The target for 2015/16 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. At the time of writing (29/4/15) we have 3 post 48 hour cases recorded in April 2015.

C. DIFFICILE CASES 2015/16



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	6	0	0	0	0	0	0	0	0	0	0	0
Trust	5	0	0	0	0	0	0	0	0	0	0	0
> 48 hrs	3	0	0	0	0	0	0	0	0	0	0	0

The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance[1], has commenced. Of the 38 post 48 hour cases in 2014/15 financial year 36 cases have been reviewed with the CCG of which 28 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 ribotyping results from the period of increased incidence of C. difficile on C3 did not show cross infection.

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

Norovirus - no further cases.

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 7th May 2015

TITLE:	**Monthly Nurse/Midwife Staffing Position – March 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 March 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 51 which is a rise since last month but less than In January and October last year. The planned levels for each ward vary dependent on the types of patients and their medical specialities and national ratios apply to specialist areas such as intensive care, midwifery and paediatric areas. When shortfalls occurred the reasons for gaps and the actions being taken to address these are outlined and an assessment of any impact on key quality indicators has been undertaken.

IMPLICATIONS OF PAPER:

RISK	**Y** **Risk 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.

THE DUDLEY GROUP NHS FOUNDATION TRUST

Monthly Nurse/Midwife Staffing Position

March 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) are 51. This compares to 34 in February, 59 in January, 49 in December 2014, 38 in November 2014, 53 in October 2014 and 33 in September 2014. The number has increased this month but is not as many as in January or October last year. Again, it is small in terms of the overall shifts. This month no shift was 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.

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 MARCH 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A3	3	RN	Vacancy	As stated last month, due to the number of vacancies, the staff on A1 have been working closely alongside the staff on ward A3 to ensure the safe delivery of care on both wards. For these three shifts the bank and agency were unable to fill but safety was maintained.
B1	1	RN	Vacancy	The bank was unable to fill but with a ratio of 1:9 on this shift discharges occurred later in the shift and staffing levels remained safe.
B2T	4	RN	Sickness	The bank and agency were unable to fill and safe staffing levels were maintained for the patients on the ward on these four shifts. On the one night shift, a day shift nurse worked till 22.00 when nurses from the hip suite assisted.
B3	8	RN	Sickness and vacancy	When requested, the bank and agency were unable to fill; on one occasion a booked agency nurse did not arrive and on another shift a nurse had to be sent home due to sudden sickness, on two occasions a nurse from the next ward assisted, on four occasions the lead nurse worked clinically.
B4	4	RN	Long term sickness and maternity leave	On all occasions requested the bank was unable to fill. With the patients present and ratios of 1:9-9.6 the ward remained safe.
B5	1	CSW	Sickness	On this one night shift the remaining CSW had two RNs also working. While some delays in care occurred, no harm came to any patients.
B6	1	RN	Sudden family bereavement	This occurred as the nurse came on shift. Nurses from two other wards each assisted for part of the night.
C1	10	RN	Sickness and vacancy	When requested, the bank and agency were unable to fill; on one occasion an agency nurse did not arrive. On all occasions, safety was maintained
C5	1	RN	Vacancy	The shift was at the weekend when dependency was low. The 1:9 ratio was safe.
C6	2 1	RN CSW	Sickness	On the three shifts, for the patients present there was no adverse effect
C7	1	RN	Sickness	The bank and agency were unable to fill and so an extra CSW assisted
C8	5	RN CSW	Vacancy/short term sickness	Patients dependency assessed and acuity such that safety maintained
CCU	1	RN	Sickness/Unauthorised absence	Safety maintained by CAT team assisting, an extra CSW employed, staff interchanged with those on PCCU to ensure improved skill mix.
Maternity	8	RM	High maternity leave and sickness absence	On all eight shortfall occasions bank unable to fill. No patient safety issues occurred. On one occasion a community midwife assisted.

Mar-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 assessme

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

Enclosure 6

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 7 May 2015

TITLE:	**28 April 2015 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Glen Palethorpe Director of Governance / Board Secretary	**PRESENTER**	Doug Wulff Committee Chair

CORPORATE OBJECTIVES

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

SUMMARY OF KEY ISSUES:

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

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
Y			

RECOMMENDATIONS FOR THE BOARD

To seek Board support and approval to ask the Vanguard Partnership Board members and in particular their Clinical Strategy Group, to work on developing cross local economy strategies for End of Life and Palliative Care, Learning Disabilities, Dementia, Falls and DNACPR.

The Dudley Group NHS
NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
			yes	no
Clinical Quality, Safety and Patient Experience Committee	28 April 2015	D Wulff	Yes	

Declarations of Interest Made

None

Assurances received

Positive assurances

- That a review of the Saving Lives audit tool for preventing respirator acquired pneumonia is being undertaken to ensure that non applicable results do not provide false negative results (see below - item to be reported back to this Committee);
- Quality Performance Dashboard provided independent reporting on achievement of *C difficile* target for the year;
- Verbal Executive Management assurance that the feedback from external audit of work so far has not identified any significant issues with the submitted Trust's Quality Account;
- Executive Management assurances on the delivery of the 2014/15 Nursing Strategy and on the delivery of the 2014/15 Learning Disability Strategy;
- Management assurances on the complaints process provided through the KPIs in respect of lower % of dissatisfaction of complainants in 2014/14 and a lower number where the compliant investigation found grounds for the compliant; and
- Reporting Group assurances on the Trust delivery of its action plan to address the Lampard (Saville) recommendations.

Negative assurance

- The performance report identified areas of poor performance. One area being in respect of the TAL target which did not give assurance on the controls operating to delivery of this target which was significantly under achieved for most of the year (10 of 12 months in 2014/15). (See below - item to be reported back to this Committee).

Decisions Made / Items Approved

- Approval of the Infection Prevention and Control Forum Terms of Reference;
- Approval of Policies considered by Policy Group in April 2015;
- Approval to close 72 SIs following assurance from the Corporate Governance Team that where appropriate, actions plans completed had been evidenced;
- Agreed that the format utilised to update this Committee in respect of the Trust Quality Account and Priorities for 2015/15 should be the format for the reporting to the Council of Governors in May 2015; and
- Approved the sharing of the Learning Lessons report with the CCG in line with the 2014/15 CQUIN.

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

- Update on the Care of the Dying work to the August Committee meeting (action from prior meeting);
- Outcome from the peer review of the Saving Lives audit of ventilator acquired pneumonia within critical care to ensure that the tool provides meaningful outcomes in respect of actual patient safety issued identified in the audits to come to next meeting;
- RCA in respect of the poor performance in relation to the TAL target to the next meeting focusing on actions needed to achieve the target and what impact this under achievement has on patient experience and safety;
- The revised 2015/16 Nursing Strategy to come back to this Committee as it is developed to take into account the changes brought about by Nursing Revalidation, timing dependent upon the development of the actual Strategy; and
- Report on the Kirkup report to be provided to the next meeting to provide information on learning for this Trust.

Items referred to the Board for decision or action

To seek Board support and approval to ask the Vanguard Partnership Board members and in particular their Clinical Strategy Group, to work on developing cross local economy strategies for End of Life and Palliative Care, Learning Disabilities, Dementia, Falls and DNACPR.

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 7th May 2015

TITLE:	**Organ Donation Committee Report**		
AUTHOR:	**Julian Sonksen/ Raj Paw/Liz Armstrong**	**PRESENTER**	**David Bland/Raj Paw**

CORPORATE OBJECTIVE: Quality Strategy

SUMMARY OF KEY ISSUES:

This report from the Organ Donation Committee to the Trust Board will outline the Trust's Organ Donation Data, and progress with Dudley Group NHS Foundation Trust Annual Organ Donation Plan 2014-2017

Section 1 – Introduction
Section 2 - Organ Donation Data (including CQUIN data)
Section 3 - Issues arising from PDA data and actions planned
Section 4 - Donor Recognition Project
Appendix 1- DGHFT Executive Summary April 2014- September 2014.

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

RISK	**Y/N**		**Risk Description:**
	Risk Register: Y/N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y/N**	**Details: Outcomes 1, 4, 6**
	Monitor	**Y/N**	**Details:**
	Other	**Y/N**	**Details:**

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

Decision	Approval	Discussion	Other
			For information

RECOMMENDATIONS FOR THE BOARD:

For information

The Dudley Group NHS
NHS Foundation Trust

PAPER FOR SUBMISSION TO TRUST BOARD

Title:	**Organ Donation Committee Report**
Summary:	This report from the Organ Donation Committee to the Trust Board will outline the Trust's Organ Donation Data, and progress with Dudley Group NHS Foundation Trust Annual Organ Donation Plan 2014-2017 Section 1 – Introduction Section 2 - Organ Donation Data (including CQUIN data) Section 3 - Issues arising from PDA data and actions planned Section 4 - Donor Recognition Project Appendix 1- DGHFT Executive Summary April 2014-September 2014.
Action required of Trust Board	The Trust Board is asked to:
Corporate objective ref:	Quality strategy
CQC Essential Standards	Outcome 1, 4, 6.
Author:	Dr Julian Sonksen: Clinical Lead Organ Donation Dr Rajan Paw: Clinical Lead Organ Donation Liz Armstrong: Team Manager Specialist Nurse Organ Donation
Lead Director:	Mr David Bland
Date of Paper:	April 2015
For Trust Board meeting on:	7th May 2015

Introduction

Based in the heart of the Black Country, The Dudley Group NHS Foundation Trust is the main provider of hospital and adult community services to the populations of Dudley, significant parts of the Sandwell borough and smaller, but growing, communities in South Staffordshire and Wyre Forest.

Currently the Trust serves a population of around 450,000 people from three hospital sites at Russell's Hall Hospital, Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge.

The Dudley Group NHS Foundation Trust (DGHFT) is committed to ensuring that Organ and Tissue Donation continues to become a more usual part of end of life care. Taking Organ Transplantation to 2020, a UK strategy (2014) acknowledges the support and commitment the NHS and the professional organizations for rising to the Taskforce's challenge. Resulting in the achievement of a 50% increase in the number of deceased donors and a 30.5% increase in transplants. This achievement has also been made possible due to the generosity of our donor families.

However there are currently over 7,000 people on the UK national transplant waiting list and over 1.300 people either died whilst on the waiting list or became too sick to receive a transplant. It is therefore vital that we continue to build on progress achieved to date.

The Dudley Group NHS Foundation Trust is one of 18 Acute Trusts that are supported by the Midlands Organ Donation Services Team (ODST) to facilitate Organ and Tissue Donation from the Emergency Department and Critical Care Unit at Russell's Hall Hospital.

Dr Julian Sonksen and Dr Rajan Paw continue to provide clinical leadership in their roles of Clinical Leads for Organ Donation since their appointment in 2009. Steve Waltho is the non Clinical Donation Committee Chair.

During 2014/15 there were 0 DBD Donors (Donation after Brain Death) and 3 DCD Donors (Donation after Circulatory Death) from DGHFT resulting in 6 Organs being retrieved for transplant.

DGHFT achievements over the past year have included:

- DCD Policy ratified summer 2014 following Quality Review Service of Pediatrics in January 2014, including national guidelines and NICE CG 135 compliant (available on Hub).
- DBD Policy ratified November 2014 (Available on Hub).
- Agreement via the Organ donation Committee that a Datix Form is submitted if agreed elements of the Donation Pathway in relation to best practice are not adhered to.
- Annual Plan devised for 2014 – 2017.
- Donor Recognition Project complete October 2014.
- Continued engagement with Trust Board. New lead NED (David Bland) nominated by Board following appointment of David Badger as Chairman.
- Successful training of 1 Corneal Retriever for the Trust.

o Section 2 – Organ Donation Data

Organ donation activity for ICU and ED combined from 1st April 2014 to 31st March 2015.

The national Potential Donor Audit (PDA) commenced in 2003 as part of a series of measures to improve organ donation. The principal aim of this audit was to determine the potential number of solid organ donors in the UK.

The data collection was revised in October 2009, which changed some of the wording of the questions being asked, to aid clarity, and the definitions of terms used. More reasons for why particular patients did not become solid organ donors were also collected.

On 1 April 2013, the upper age limit increased from 75 to 80 years. At the same time, changes were made to certain definitions, terminology and questions.

DGHFT receives an Executive Summary and Detailed Report twice yearly from NHS Blood and Transplant providing a summary of the number of donors, patient's transplanted, average number of organs donated per donor and organs donated, obtained from the UK Transplant Registry. Stages at which potential donors lost the opportunity to become actual donors are also detailed in these reports. Appendix 1 DGHFT Executive Summary.

DBD Donation 2014 – 2015

	DGHFT	Targets
Neurological Death Testing Rate	80% (4/5)	81%
DBD Referral Rate	80% (4/5)	95%
DBD Approach Rate	100% (1/1)	93.5%
DBD Consent Rate	0% (0/1)	72.5%
Approaches made with SNOD present	0% (0/1)	85%
Consent rate with SNOD present	N/A	
Actual Donors	N/A	

1 patient was not ND Tested as was not referred to the SNODs, hence Neurological Death Testing Rate and DBD Referral 80%. This patient was recorded as haemodynamically unstable and therefore not ND tested. Clinician did not refer for consideration for DCD as felt too unstable for DCD process to be arranged.

Dr Sonksen wrote to regional and national leads explaining the potential negative aspects of 'failing to achieve a target rate for referral' when referral was clinically inappropriate or not possible. This was taken on board by NHSBT leads and such patients will be excluded from targets in future. In effect our 'correct' referral rate was 100%

4 patients were referred to the Midlands Organ Donation Services Team as potential DBD and all 4 patients were confirmed ND. Of the 4 patients 3 were deemed not eligible for DBD as Absolute medical contraindications identified on referral (HIV, Cancer with evidence of spread and Active Haem Malignancy).

1 eligible DBD, approached however family decline to donation as patient has stated in the past that they did not wish to be a donor.

DCD Donation 2014 – 2015

	DGHFT	Targets
DCD Referral Rate	78% (32/41)	75%
DCD Approach Rate	31% (11/40)	46.4%
DCD Consent Rate	46% (5/11)	55%
Approaches made with SNOD present	55% (6/11)	73%
Consent rate with SNOD present	50% (3/6)	
Actual Donors	3	

DCD Referral Rate

According the PDA definitions the DCD referral definition is 'A patient in whom imminent death is anticipated.

According to the PDA 32 patients were referred out of 41 whom fitted the above definition.

It should be noted that the The Dudley Group NHS Foundation Trust DCD Policy requires referral of patients in whom imminent death is anticipated and the following in addition to the PDA definition.

a) *A decision has been made to withdraw life –sustaining therapies in the patient's best interests.*

b) *Withdrawal of treatment is planned*

c) *It has become clear that imminent death will follow the withdrawal of such therapies*

d) *There are no absolute or relative contraindications to organ donation after cardiac death*

e) *Physiological stability is possible for up to 12 hours or more, for the donation to be organized.*

Therefore if the local definition above is applied the DCD referral rate for The Dudley Group NHS Foundation Trust is likely to be higher than the reported 78% referral rate.

DCD Approach Rate

According to the PDA there were 35 eligible DCD donors. 11 eligible DCD donors were approached.

The definition for an eligible donor is 'A patient who had treatment withdrawn and death was anticipated within four hours, with no absolute medical contraindications to solid organ donation'

- Age 85 years or above
    - Primary intra-cerebral lymphoma
    - All secondary intra cerebral tumors
- Any active (that is, not in remission) cancer with evidence of spread outside affected organ (including lymph nodes) within 3 years of donation (however, localised prostate, thyroid, *in situ* cervical cancer and non-melanotic skin cancers are acceptable)
- Melanoma (except completely excised Stage 1 cancers)
- Active (not in remission) haematological malignancy (myeloma, lymphoma, leukaemia)
- Definite, probable or possible case of human transmissible spongiform encephalopathy (TSE), including CJD and vCJD, individuals whose blood relatives have had familial CJD, other
- Neurodegenerative diseases associated with infectious agents
- TB: active and untreated
- West Nile Virus (WNV) infection
- HIV disease (but not HIV infection*)

On review of the 24 patients not referred to the SNOD reasons why the family were not formally approached for consent were recorded as

6 Not identified as a potential donor/ organ donation not considered

1 Other

14 Other medical reason

3 Patients general medical condition

DCD Consent Rate

Of the 11 families approached re DCD donation 5 families gave consent for DCD. Of the 6 family declines reason for decline were

Family felt the length of time for donation process was too long	2
Family did not believe in donation	1
Family were not sure whether the patient would have agreed to donation	1
Family felt that the patient has suffered enough	1
Other	1

Approaches made with the SNOD

6/11 approaches were made with a SNOD present re DCD.
Consent rate for DCD with SNOD involved 3/6 cases and hence 50%.
Consent rate for DCD without a SNOD involved 2/5 and hence 40%

Actual DCD Donors

There were 3 proceeding DCD 2015 – 2015, A total of 6 patients received a transplant following DCD.

Patient 1	Left Kidney and Pancreas Right Kidney Liver
Patient 2	Liver
Patient 3	Right Kidney

An additional 2 families gave consent for DCD however did not proceed to donation due to General Instability and Other (open abdomen).

The below CQC data (previous CQUINS 2011-12) demonstrates the performance of both the ED and ICU departments combined. The data shown demonstrates the Trust's performance from the 1st April 2014 to 31st March 2015

N1; No of deaths where the diagnosis of ND was suspected and patient met criteria for ND Testing and had ND tests performed	Target set 80%	Achieving 80%
N2; Number of cases where ND testing was planned and the SNOD was informed	Target set 90%	Under target 80%
N3; Number of cases where there was a decision to WOT in a patient with a catastrophic Neuro Injury and the SNOD was informed before WOT	Target set 50%	Achieving 78%

N4; Number of cases where ND was confirmed or a decision to WOT as per N3, and an approach was made to the family for organ donation	Target set 65%	Achieving 66%
N5; Number of times that donation activity is formally considered by committee and progress with Annual Organ Donation Plan	At least quarterly	Achieving

Section 3: Issues arising from PDA audit data

Actions planned to maintain and improve organ donation data

1) To maintain PDA data collection at DGNHSFT and to review performance quarterly via the Organ Donation Committee including

    - Neurological Death Testing Rate
    - DBD & DCD Referral Rate
    - DBD & DCD Approach Rate
    - DBD & DCD Approaches made with a SNOD present

2) To meet or exceed Organ Donation and Transplantation Strategic Targets in relation to consent
    - Increase % Consent Rate (Overall) – 63%
    - Increase % Consent Rate (patient known to have expressed a wish to donate on the ODR) – 91%
    - Increase % Consent Rate (patient had not expressed a wish to donate or the patient's ODR status was not known at the time of potential donation – 50%

3) To devise and develop an Annual E Learning package for DGNHSFT staff

Actions planned to meet CQC target

Continue to monitor and report to Organ Donation Committee and Trust Board.

Datix forms to be completed on each occasion that the Trust failed to meet clinical indicators in N1,N2,N3,N4.

Section 4: Donor recognition project

On 8th October 2014, DGHNHSFT held the 'Gift of Life' – a celebration, this afternoon consisted of the official unveiling of the 'Gift of Life' installation and dedication service.

In recognition of those whose wish is the gift of life…
To remember those who, through organ donation
after death, have not only given new life to others, but
brought comfort to the family and friends
who had to say goodbye.
To celebrate those who express this wish in life
through living donation, join the organ donor register
or talk to others about their wish.

Duke praises organ donors

The gift of life – The duke, centre, with Steve Waltho and foundation trust chairman John Edwards

The Duke of Gloucester paid homage to organ donors as he unveiled a statue in their honour in Dudley.

The Queen's cousin visited Russells Hall Hospital to unveil the statue. The sculpture, called the Gift of Life, shows a figure celebrating being given a second chance after being handed an organ. In a speech at the hospital, the duke said: "This sculpture is in a way thanking those

● More pictures – Page 5

who have made that decision for themselves and their family that they wish for their organs to be donated. I am delighted to unveil it to congratulate all those individuals who have donated."

The artwork was jointly designed and created by artists Malcolm Sier, of Wolverhampton, and Paul Margetts, from Bellbroughton. Mr Margetts said: "If you look at the sculpture, the gap in between the two sections creates a heart, which most people associate with organ donation.

"The figure is celebrating being given a new lease of life and the other section is reaching out at the figure, symbolising the person who has passed away."

The duke was shown round by deputy mayor and chair of the organ donation committee Councillor Steve Waltho.

Executive Summary
Actual and Potential Organ Donors
1 April 2014 - 30 September 2014

NHS Blood and Transplant

The Dudley Group Of Hospitals NHS Foundation Trust

Donor outcomes

Between 1 April 2014 and 30 September 2014, your Trust had 2 deceased solid organ donors, resulting in 2 patients receiving a transplant. 3 organs were donated but one was not transplanted. Further details are provided in the tables below. If you would like further information, please contact your local Specialist Nurse - Organ Donation (SN-OD).

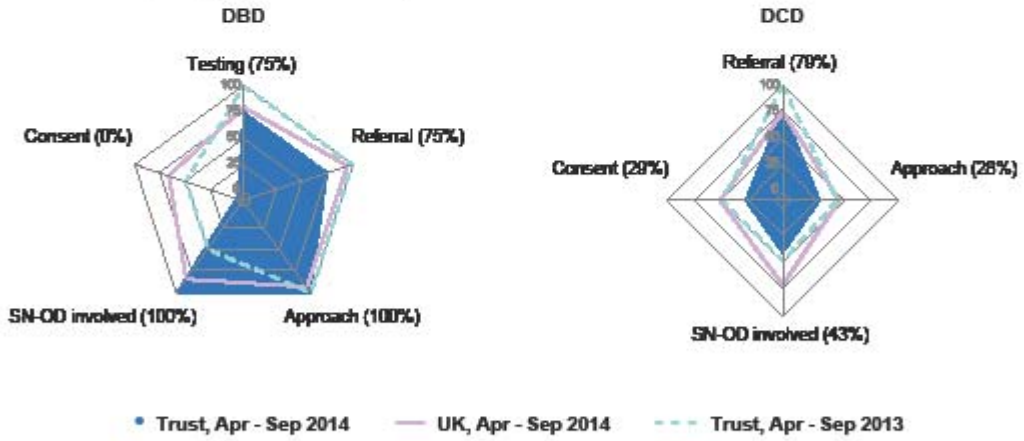
Donors, patients transplanted and organs per donor, 1 April 2014 - 30 September 2014 (1 April 2013 - 30 September 2013 for comparison)

Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor: Trust		UK	
DBD	0	(1)	0	(3)	-	(4.0)	3.8	(4.0)
DCD	2	(1)	2	(2)	1.5	(2.0)	2.8	(2.5)
DBD and DCD	2	(2)	2	(5)	1.5	(3.0)	3.4	(3.4)

Organs transplanted by type, 1 April 2014 - 30 September 2014 (1 April 2013 - 30 September 2013 for comparison)

Donor type	Number of organs transplanted by type: Kidney		Pancreas		Liver		Heart		Lung		Small bowel	
DBD	0	(2)	0	(0)	0	(0)	0	(1)	0	(0)	0	(0)
DCD	1	(2)	0	(0)	1	(0)			0	(0)	0	(0)
DBD and DCD	1	(4)	0	(0)	1	(0)	0	(1)	0	(0)	0	(0)

Radar charts of key rates, 1 April 2014 to 30 September 2014



The blue shaded area represents your Trust's rates for the first six months of 2014/15. The latest UK rates and your Trust's rates for the equivalent period in the previous year are superimposed for comparison. The fuller the blue shaded area the better. Additionally, the funnel plots in the detailed report can be used to identify the maximum rates currently being achieved by Trusts with similar donor potential.

Enclosure 8

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors 7th May 2015

TITLE:	**Nurse and Midwife Revalidation**		
AUTHOR:	D Eaves, Quality Manager	**PRESENTER:**	D 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
SGO5: Staff Commitment - To create a high commitment culture from our staff with positive morale and a "can do" attitude
SGO6: Enabling Objectives - To deliver an infrastructure that supports delivery

SUMMARY OF KEY ISSUES:

The Nursing and Midwifery Council (NMC) has decided that all nurses and midwives have to revalidate from 2016. This is a process by which nurses and midwives will need to demonstrate that they practise safely and effectively throughout their career. All nurses and midwives are currently required to renew their registration every three years. Revalidation will strengthen that renewal process by introducing new requirements that focus on:

•up-to-date practice and professional development
•reflection on the professional standards of practice and behaviour as set out in the Code, and
•feedback from others on a persons practice
•engagement in professional discussions with other registered nurses or midwives.

Revalidation is a continuous process that nurses and midwives will engage with throughout their career.

The NMC is currently piloting revalidation with a range of organisations and practice settings across the UK so all presently available information is subject to change. The system will be fully clarified in October 2015 and its introduction will occur in early 2016.

The attached paper outlines the currently published proposals and how the Trust is preparing for its introduction.

IMPLICATIONS OF PAPER:

RISK			**Risk Description: Nurse/Midwife Revalidation**
	Risk Register		**Risk Score: 20**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details**:
	NHSLA	**N**	**Details:**
	Monitor	**Y**	**Details:**
	Equality Assured:	**Y**	**Details:**
	Other	**Y**	**Details**: NMC Statutory Requirement

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
		√	

RECOMMENDATIONS FOR THE BOARD:

The Board is asked to consider the work being undertaken and to make any suggestions that are thought appropriate.

THE DUDLEY GROUP NHS FOUNDATION TRUST

NURSE/MIDWIFE REVALIDATION

Introduction

Up to April 1st 2015, the NMC (Nursing and Midwifery Council) indicated that revalidation for nursing and midwifery staff will commence in January 2016 but recent communication suggests that it is now likely to start in April 2016 for those nurses/midwives who are due that month to declare their regular three yearly compliance with PREP (post registration education and practice) requirements. At present, although the final details of the revalidation system have not been decided and various consultations have been occurring, as a number of hospitals are now piloting an official NMC provisional system, available information indicates that the system will be based on nurses and midwives being able to evidence through a portfolio that they have undertaken a certain amount of practice, have reflected on and received feedback on that practice, have had a set amount of further education and continual professional development (CPD) and have an endorsement from the Trust.

The key aspects of the evidence required are outlined in Appendix 1 but these may change dependant on the outcome of the pilots which run to the summer of 2015.

Plan of Action at the Trust

The following actions have already been taken:

1. Set up a co-ordinating group to look at the implications (see Appendix 2 for terms of reference) and a representative attends the West Midlands Revalidation Group.
2. Commenced a page on the Hub on revalidation and published this in the news section of the Hub and started arranging a Communication Strategy with the Communications Department
3. Risk assessment undertaken and added to risk register
4. Arranged the launch of 'Revalidation' awareness on May 5th International Midwives day and on May 12th International Nurses Day when representatives of the RCN (Royal College of Nursing) will be present. A series of hourly open invite awareness sessions every week following the launch have also been arranged
5. Amended the nursing appraisal documents to cover the provisional revalidation requirements
6. Developed a template portfolio outline that all nurses can use
7. Contacted senior managers of all areas outside the Nursing Division about the need for confirmers of evidence to be arranged and that senior nurses within the Nursing Division can act as confirmers for any staff who need that facility
8. Made preparations to contact all bank staff regarding their need to confirm their evidence

The following actions are planned and are in the process of being undertaken:

1. Increase the number of appraisals being undertaken to ensure full compliance
2. Undertake the awareness sessions and arrange separate training for the confirmers of the evidence

3. Agree on dates when appraisals will commence with the new documentation and when staff will have to show their growing evidence at appraisal
4. Identify those staff who will need to revalidate in the first six months
5. Consider data monitoring solutions that may assist with this process e.g. liaise with Human Resources re. the use of ESR
6. Link with any regional initiatives
7. Co-ordinating group to meet monthly and keep uptodate with any national and regional developments and take action when necessary
8. Agree a system of escalation if there is a dispute between the confirmer and nurse
9. Write and agree policies as the final system becomes clear

Appendix 1

Outline of Revalidation Requirements

(from provisional guidance for pilot sites)

That evidence will have to consist of for the three years leading up to renewal:

PRACTICE HOURS: 450 hours (900 if nurse and midwife) This will have to stipulate: Dates, no. of hours, name, address or organisations, scope of practice, work setting evidence of these.

CPD: 40 hours, 20 of which must include participatory learning. This will need to stipulate: CPD method, topic, how related to practice, dates, hours, part of code relevant to activity (it should not include mandatory training not directly related to professional practice e.g. fire, H&S etc)

PRACTICE RELATED FEEDBACK: 5 pieces of practice related feedback – from patients, carers, students, colleagues, annual appraisal, team performance reports, review of complaints etc. It can be formal/informal, written/verbal and a note of how it was used to improve practice

REFLECTION AND DISCUSSION: 1. 5 written reflections on the code, your CPD and practice related feedback. 2. A professional development discussion with another NMC registrant, covering reflections on the Code, your CPD and practice related feedback (The NMC registrant needs to signs a form recording their name, NMC PIN, email, professional address and postcode and date of discussion

HEALTH AND CHARACTER: Must provide a health and character declaration. Declaration of any criminal offence etc

PROFESSIONAL INDEMNITY ARRANGEMENT: Declaration of having appropriate cover under an indemnity arrangement. Evidence of employer cover, member ship of professional body or private insurance

CONFIRMATION FROM A THIRD PARTY: This would normally be the line manager during appraisal

Appendix 2

THE DUDLEY GROUP NHS FOUNDATION TRUST

NURSE/MIDWIFE APPRAISAL AND REVALIDATION GROUP

Terms of Reference

1. Constitution

1.1 This group is formed to oversee implementation and ongoing monitoring of nurse/midwife appraisal including systems and processes to support revalidation for NMC registered nurses and midwives within Dudley Group NHS Foundation Trust

2. Membership

Quality Manager (Chair)
Clinical Education Lead (Vice Chair)
Matron Representative
Practice Development Nurses (Hospital)
Practice Development Midwife
Practice Teacher (Community)
Peripatetic Assessor

3. Attendance

3.1 The following shall be entitled to attend and receive papers to be considered by the Group.

3.2 Nurse Director, Deputy Nursing Director, Head of Nursing

3.3 Other managers/staff may be invited to attend meetings depending upon issues under discussion or request of the chair.

4. Quorum

4.1 A quorum shall be 3 members which shall include the chair or vice chair.

5. Frequency of meetings

At least monthly initially

6. Authority

6.1 The group is authorised by the Board to undertake any activity within its terms of reference only.

7. Duties

The duties of the Group can be categorised as follows:

To be aware of the emerging NMC requirements and ensure that the Trust is fully prepared for the introduction of revalidation

To update the appraisal processes so that it complies with NMC requirements.

To put into place systems to assist staff to be prepared for revalidation

To put into place systems to assist and monitor both the appraisal and revalidation processes so that the Trust can be assured that appropriate appraisal and confirmation of revalidation occurs

To put into place communication systems to ensure staff are aware of their own responsibilities and the Trust systems being put into place

To consider and put into place training sessions for staff who undergo revalidation and for confirmers of revalidation

To monitor appraisals to ensure they are being undertaken appropriately. This will be achieved by review of samples of appraisals and by sitting in on each appraisals.

To link with the West Midlands Regional Revalidation Group

To keep the Trust Board updated on nurse/midwife revalidation and its implications for the Trust and to provide assurance that the Trust is fulfilling its responsibilities with regards to revalidation.

8. Reporting

8.1 The group reports to the monthly Matrons/Senior Nurses Meeting and is required to comply with any reporting requirements set by the Board or NHS England.

9. Review

9.1 The Terms of Reference of the Group shall be reviewed at least annually.

Enclosure 9

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors

On 7 May 2015

TITLE	**Performance Report April 2014 – March 2015**		
AUTHOR	**Paul Taylor Director of Finance and Information**	**PRESENTER**	**Jonathan Fellows F & P Committee Chairman**
CORPORATE OBJECTIVE: S06 Plan for a viable future			
SUMMARY OF KEY ISSUES: • **Deficit of £1.8m in March 2015 (£2.2m worse than plan – mostly due to provisions made in respect of legal liabilities)** • **Draft Operating deficit for 2014-15 of £6.4m, (£0.3m better than plan)** • **Provision for redundancy of £1.5m brings "bottom line" deficit to £8m** • **A&E 4 Hours waiting time target met for Q4 (95.9%)** • **Major RTT waiting time targets met** • **Two Cancer and the diagnostic wait targets not 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.**
	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 BOARD

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 February 2015

1. Background

The Finance & Performance Committee of the Board met on 30th April 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 12 months period April 2014 to March 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.

March 2015 continued the recent trend of the Trust's in-month underlying spending position improving although because of a number of provisions being made for potential IT costs, together with a bad-debt provision, the actual in-month performance was a deficit

The annual accounts are currently being audited and will be reviewed by Audit Committee on 12th May 2015.

For the 12 months period to March 2015 a cumulative deficit of £6.5m was recorded. Key variances include income at +£8.5m (+2.7%); Non Pay -£8.3m (-7.4%); CIP not achieved -£3.1m.

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.
-

At 31st March 2015 the Trust had cash reserves of £26.2m (£22.2m in February) and 7.2 days liquidity (8.8 previously).

Capital spending for the period was £8.5m (£1.3m Medical Equipment, £4.5m IT, £1.7m PFI Lifecycle), some £1.2m below plan.

3. Performance Targets and Standards (Appendix 2)

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

Highlights include:

a) A&E 4 Hour Waits

The March 2015 performance was 96.8% compared to the constitution target of 95%. The Q4 performance was 95.6% - continuing the trend of good performance of recent months. The Trust is one of the best performing Trusts in the country for this standard

b) Never Events

The Trust had no 'never events' in March 2015 and had one one for the whole year 2014-15

c) Referral to Treatment Waiting Times

The RTT admitted waiting time standard of 90% of patients was just met again in March 2015 with 94.0% of patients being seen in time. 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

A number of the cancer waiting time targets have not been achieved again in month. The 62 day referral to treatment following national screening was 89.5% (90% target); the 62 day urgent GP referral to Treatment for all cancers was 78.75% (85% target). The nature of these statistics is that they are not finalised until 6 weeks after the month end – but it is not expected that they will meet the targets when they are finalised

In addition 98.1% of patients waited less than 6 weeks for a diagnostic test – the target is 99%

4. Divisional performance Review

The Committee considered the performance presentation from the Division of Medicine and Community, and reviewed performance and issues over a range of areas. The improvement in the emergency performance and reduced length of stay were particularly welcomed.

5. Report from the IT Steering Group

Jane Dale and Mark Stanton reported back from the IT Steering Group.

It was agreed that a procurement exercise be undertaken to produce a schedule of requirements for Trust IT, together with a benefits realisation plan. It was agreed that this is a crucial work area for the Trust and that staff time would be prioritised to support it.

6. Transformation Performance Report

Anne Baines outlined the Turnaround Programme final figures for 2014/15 and the Financial recovery Plan 2015-16 to 2016-17, together with the revised governance structure that is supporting it. The Committee were content with the changes made and discussed the lessons learned from previous approaches

7. CQUIN Reports 2014/15 and 2015/16

Anne Baines reported on the performance on CQUINs in 2014-15 where £261,006 of potential contract income wasn’t gained from CCGs under the terms of this element of the contract – mostly on Grade 3 and 4 pressure ulcers

The 2015/16 CQUIN schemes for CCGs and specialised services were presented following detailed negotiation with commissioners and were discussed and noted.

8. Draft Operational Plan 2015-16

The draft operational plan 2015-16 was presented by Anne Baines. It was noted that small changes would be made following the completion of the full financial model and that the final version would be circulated to Board members before submission on 14th May 2015.

The Committee approved all the recommendations and the document would be recommended for approval to the Board of Governors meeting on 7th May 2015

9. Draft Annual Accounts 2014-15

Chris Walker presented the draft financial accounts for 2014-15. These would be discussed with the External Auditors in the following week and presented to Audit Committee for approval on 12 May 2015.

10. Monitor Q4 return

The committee debated the declarations to monitor and confirmed their agreement that the declaration was unchanged from Q3

P Taylor
Director of Finance & Information

APPENDIX 1

THE DUDLEY GROUP NHS FOUNDATION TRUST

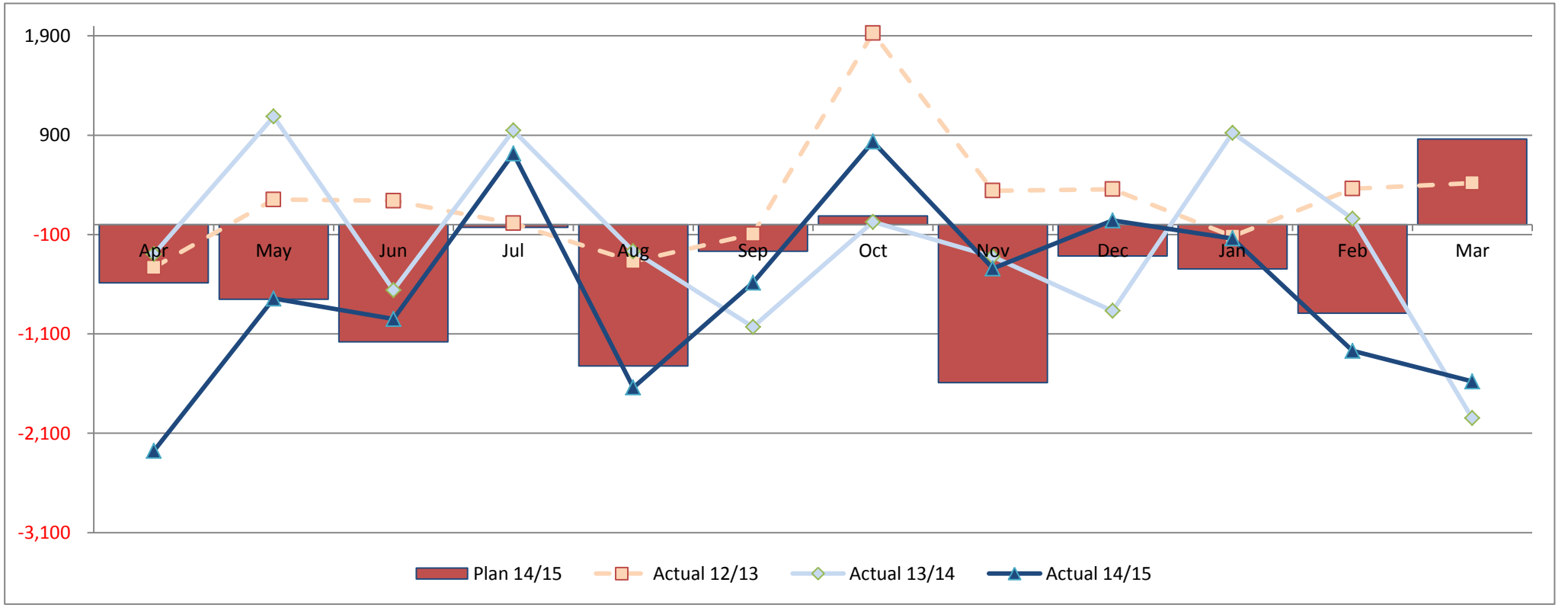
FINANCIAL SUMMARY **MARCH 2015**

	CURRENT MONTH		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£27,057	£29,325	£2,268
PAY	-£16,109	-£15,591	£519
CIP	£521	£0	-£521
NON PAY	-£8,679	-£11,999	-£3,320
EBITDA	**£2,790**	**£1,735**	**-£1,055**
OTHER	-£2,125	-£3,314	-£1,189
NET	**£665**	**-£1,579**	**-£2,244**

	CUMULATIVE TO DATE		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£317,414	£325,914	£8,500
PAY	-£192,414	-£190,068	£2,346
CIP	£3,119	£0	-£3,119
NON PAY	-£111,787	-£120,030	-£8,243
EBITDA	**£16,333**	**£15,817**	**-£516**
OTHER	-£23,061	-£23,849	-£789
NET	**-£6,728**	**-£8,033**	**-£1,305**

	YEAR END FORECAST		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£317,414	£325,914	£8,500
PAY	-£192,414	-£190,068	£2,346
CIP	£3,119	£0	-£3,119
NON PAY	-£111,787	-£120,087	-£8,300
EBITDA	**£16,333**	**£15,759**	**-£573**
OTHER	-£23,061	-£23,792	-£731
NET	**-£6,728**	**-£8,033**	**-£1,305**

NET SURPLUS/(DEFICIT) 14/15 PLAN & ACTUAL **MARCH 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			**1**	**0**	**0**	**1**	N/A
INFECTION CONTROL (SAFETY)							
HCAI - Clostridium Difficile - meeting the C Diff objective	48	1.0	7	8	11	12	**38**
HCAI - Clostridium Difficile - Avoidable Cases			5	6	9	Not Yet Available	**20**
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	97.8*	**96.5**
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	94.5*	**95.7**
Maximum waiting time of 31 days from diagnosis to treatment for all cancers	96%	1.0	99.7	99.8	99.8	99.2*	**99.6**
Maximum waiting time of 31 days for second of subsequent treatments – Anti Cancer Drug Treatments	98%	1.0	100	100	100	100*	**100**
Maximum waiting time of 31 days for second of subsequent treatments – Surgery	94%		98.2	100	100	100*	**99.6**
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	83.3*	**87.8**
Maximum two month (62 days) wait from referral to treatment for all cancers – From National Screening Service Referral	90%		100	100	95.6	88.9*	**98.2**
						** Contains provisional data for March 2015*	
A&E (QUALITY)							
% Patients Waiting Less than 4 hours in A&E	95%	1.0	92.1	96.1	95.0	95.9	**94.7**
REFERRAL TO TREATMENT – RTT (PATIENT EXPERIENCE)							
RTT – Admitted % Treated within 18 weeks	90%	1.0	90.1	90.6	92.1	93.3	N/A
RTT – Non-Admitted % Treated within 18 weeks	95%	1.0	99.2	99.1	98.7	97.7	N/A
RTT – Incomplete pathways % waiting within 18 weeks	92%	1.0	94.7	95.9	95.6	95.5	N/A

Community Services (Effectiveness)							
Referral to treatment information	50%	1.0	98.0	99.0	99.5	99.0	N/A
Referral information	50%		64.9	65.4	66.7	87.7	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