

**Board of Directors Agenda  
Thursday 9<sup>th</sup> January 2014 at 9.30am  
Clinical Education Centre**

**Meeting in Public Session**

**All matters are for discussion/decision except where noted**

	<b>Item</b>	<b>Enc. No.</b>	<b>By</b>	<b>Action</b>	<b>Time</b>
<b>1.</b>	<b>Chairmans Welcome and Note of Apologies</b>		J Edwards	To Note	9.30
<b>2.</b>	<b>Declarations of Interest</b>		J Edwards	To Note	9.30
<b>3.</b>	<b>Announcements</b>		J Edwards	To Note	9.30
<b>4.</b>	<b>Minutes of the previous meeting</b>				
	4.1 Thursday 5 <sup>th</sup> December 2013	Enclosure 1	J Edwards	To Approve	9.30
	4.2 Action Sheet 5 <sup>th</sup> December 2013	Enclosure 2	J Edwards	To Action	9.30
<b>5.</b>	<b>Patient Story</b>	Enclosure 3	D McMahon	To Note & Discuss	9.40
<b>6.</b>	<b>Chief Executive's Overview Report</b>	Enclosure 4	P Clark	To Discuss	9.50
<b>7.</b>	<b>Patient Safety and Quality</b>				
	7.1 Clinical Quality, Safety and Patient Experience Committee Exception Report including Mortality Report	Enclosure 5	D Bland	To Note & Discuss	10.00
	7.2 Infection Prevention and Control Exception Report	Enclosure 6	D McMahon	To Note & Discuss	10.10
	7.3 Keogh Review Progress Update	Enclosure 7	P Clark	To Note & Discuss	10.20
	7.4 Charitable Funds Committee Report	Enclosure 8	R Miner	To Note & Discuss	10.30
	7.5 Organ Donation Recognition Project	Enclosure 9	D Badger	To Note & Approve	10.40
<b>8.</b>	<b>Finance</b>				
	8.1 Finance and Performance Report	Enclosure 10	D Badger	To Note & Discuss	10.50
<b>9.</b>	<b>Date of Next Board of Directors Meeting</b>		J Edwards		11.00
	9.30am 6 <sup>th</sup> February, 2014, Clinical Education Centre				

10.	<b>Exclusion of the Press and Other Members of the Public</b>  To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960).		J Edwards		11.00
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**Minutes of the Public Board of Directors meeting held on Thursday 5<sup>th</sup> December,  
2013 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 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 Price, Deputy Director of Finance  
Roger Callender, Deputy Medical Director and Caldicott Guardian.

**13/076 Note of Apologies and Welcome**

Apologies were received from Paul Assinder, Director of Finance and Information and Richard Cattell, Director of Operations

**13/077 Declarations of Interest**

There were no declarations of interest received.

**13/078 Announcements**

There were no announcements to be made.

**13/079 Minutes of the previous meeting on 3rd October, 2013 (Enclosure 1)**

Annette Reeves asked for her apologies to be noted and for the following amendments to be made:

- Page 5, Pre employment checks – Pre employment checks are currently centralised, there is a debate to move this to an HR team.
- Page 10, Appraisals – The Trust has an 80.22% total appraisal rate across all areas.

Paul Harrison, Medical Director asked for the minutes to be amended at page 6, 2<sup>nd</sup> paragraph down, to read; we currently rely on staff checking this manually.

With these changes the minutes were agreed as a correct record of the meeting and were signed by the chairman.

### **13/080 Action Sheet, 7th November, 2013 (Enclosure 2)**

#### **13/80.1 Audit Committee**

This action has been completed.

#### **13/080.2 Board Assurance Framework**

This action is on the Agenda for discussion.

#### **13/081 Patient Story**

Denise McMahon, Nursing Director, explained that this gentleman stayed on ward C4, to undergo Chemotherapy, his wife had stayed with him in isolation as his carer. The video shows he was happy with his care however had concerns around car parking charges for his wife who had to make regular visits. They were told that they could not obtain a value card due to a shortage of them. The couple were both grateful for the care and compassion shown to them by staff.

Richard Beeken, Director of Performance, Strategy and Transformation explained that the Trust could obtain more value cards from Interserve but this costs additional money.

The Chief Executive asked for an exercise to be undertaken on the demand versus availability of these value cards.

The Chairman took note of the positive points raised asking for staff involved to be informed of the praise given by this patient, he pointed that that the Trust has issues in parking for long term patients and their families and we must look at what we can offer to resolve this situation.

**An exercise is to be undertaken on the demand versus availability of the value cards.**

#### **13/082 Chief Executive's Report (Enclosure 4)**

The Chief Executive presented her report including:

- **95% 4 hour ED wait target:** The Chief Executive reported that we are struggling with the quarter 3 target. The Board noted that Dudley CCG have been given £1.5 million additional monies from NHS England. We are currently working with the CCG on identifying schemes that will help to take pressure off the system.

The Trust has joined the Ambulatory Care Network in an emergency care trial that was launched In November and this has been extremely successful.

The Chief Executive informed the Board that we are working with the local authority to minimise delayed transfers of care.

The Chairman pointed out that some trusts are receiving all of the allocated money from the CCGs.

The Chief Executive informed the Board that we have an incentive scheme in Dudley so funds must be earned.

The Chief Executive pointed out that £1m was previously set aside for winter pressures however due to the incentive scheme there will a shortfall in what the Trust will earn from this.

The Chairman asked for a report to be included within the January Chief Executive's Report on how the £1.5m NHSE additional winter money given to the CCG is going to be used.

David Bland, Non Executive Director asked if it was standard procedure for an incentive scheme to be put into place.

The Chief Executive clarified that it was not, Dudley was the only Trust in the Birmingham and the Black Country to have had an incentive scheme put in place by its CCG., This is an attempt by the CCG to push performance, and she added that if we hit the weekend discharge target they will double the incentive amount. However this did not take into account the need for Health system wide approach to Emergency care.

- **Friends and Family:** results for last month were positive. The Board noted that a new maternity Friends and Family test has been implemented however there currently is no national benchmarking.

The Chief Executive informed the Board that a Listening into Action style meeting had been held with complainants. This was a positive meeting and we will be doing this again.

- **Staff Survey:** Overall 48.9% of surveys were closed which is a 12% increase on last year. The Chief Executive assured the Board that she will listen and take action on the results.
- **CQC Wave 2 inspections:** The Board noted the date for the Trusts inspection is from the 25<sup>th</sup> to the 27<sup>th</sup> March.
- **Cancer Survey progress:** The Board noted the progress points on the concerns around the environment and improvement of cancer drugs information. Improvements are being discussed with Macmillan on the information pod.

## **13/083 Quality**

### **13/083.1.1 Clinical Quality, Safety and Patient Experience Committee (Enclosure 4)**

David Bland, Committee Chair, presented the Exception report given as Enclosure 5.

- **TAL appointment booking:** the CCG have raised a performance notice with this KPI.

- **Reporting Groups:** David Bland, Committee Chair commented that the intelligent kindness initiative is building momentum. Denise McMahon, Nursing Director added that the Board should be really proud of the work Mark Stobert, Chaplain, is leading.
- **Patient Safety Groups:** David Bland highlighted the main points raised in these groups including reporting patient falls as RIDDORs.

The Chairman encouraged the Board to sit in and attend the Schwartz rounds run by Mark Stobert; he had attended the previous one and had found it very worthwhile.

### **13/083.2 Infection Prevention and Control Exception Report (Enclosure 5)**

Denise McMahon, Director of Nursing, presented the Infection Prevention and Control Exception Report given as Enclosure 5. Board members noted the following issue:

**C.Diff:** The Board noted the target for C.Diff this year is 38. At the end of November the reported number of cases we have is 34. This matter will be going to the Clinical Quality, Safety and Patient Experience Committee in detail at the next meeting. The Chief Executive mentioned that all Acute Trusts are being challenged by this target. The Board noted that Martin Biggs, Antibiotic Pharmacist has joined the Infection Control Team for 2 days per week, the Trust has changed the cleaning fluids used to disinfect areas. The use of HPV fogging has increased to every day per week; this however does cause capacity issues. Work is being done with Sandwell and Wolverhampton to increase local intelligence. Extra scrutiny is being put onto patients who have diarrhoea.

**MRSA:** No Cases to report. This has been this way for over a year now.

**Norovirus:** We have not reported any cases of Norovirus.

Paul Harrison, Medical Director suggested that we may need to consider change to the testing algorithms we use to identify cases more quickly.

David Badger, Non Executive Director pointed out that although this is a major challenge and there is still need to improve we must remind ourselves that these figures are the best we have ever had in infection control and we must keep that in perspective.

The Chairman added that the trajectory of figures is heading in the right direction.

Paul Harrison, Medical Director pointed out that the community wide C.Diff results are also higher.

Denise McMahon, Nursing Director assured the Board that we report to national guidance and report all infections, whether they were avoidable or unavoidable.

### **13/083.4 Keogh Review Progress Update (Enclosure 6)**

The Chief Executive presented the progress update given as enclosure 6.

The Board were reminded that the green highlighted parts of the table mean the action is on track and the Blue parts mean that action has been completed, the amber parts mean the action is due to be completed as quickly as possible. Actions 4, 5 and 6 of the report are difficult to complete.

- **Capacity Pressure's:** This action is unlikely to be completed until the spring given to long term nature of capacity planning.
- **Patient Experience Strategy:** A meeting with the CCG and Health Watch will be held next week.
- **Nurse Staffing:** a team is going out to recruit internationally for more nurses. They will be going to the Iberian Peninsula in January with an aim to recruit 75 nurses in the first tranche.

The Chief Executive mentioned how she had spoken to Ruth May about what we can do to locally encourage nurses back into the profession of nursing.

The Chairman noted that we must understand the value of the Patient Experience strategy to the CCG.

David Badger, Non Executive Director noted that he hoped the CCG has its own strategy for Patient Experience in Dudley in terms of primary care and this is a good opportunity for the health economy in Dudley to work together.

The Board noted progress on the Keogh plan and were assured by this.

### **13/083.4 Francis Report (Enclosure 7)**

The Board noted that the changes/updates can be seen in yellow, 4 actions have been completed and closed down. Some of the actions are outside of our control and are to remain open. This report will be reported quarterly after December with the next update coming to the Board in March.

David Badger, Non Executive Director explained that he was happy with the closure of the role of governors action on page 1 however asked if we can refer to Monitor and get clarification first.

The Chairman asked for this to be discussed with Julie Cotterill, Governance Manager and to be reported back in the January Chief Executive's report.

The Board noted the report and the progress and understood that the Keogh report will continue to come monthly and the Francis report will next return to Board in March. The update on the role of governor following Monitor's view is to be included in January's CE's report.

**The update on the role of governor following Monitor's view is to be included in January's CE's report.**

### **13/083.5 Risk and Assurance Committee exception Report (Enclosure 8)**

Ann Becke, Risk and Assurance Committee Chair presented her report explaining that the Committee last met on the 22<sup>nd</sup> October 2013.

The Board noted that the Trust has been subject to a number of external reviews and the actions and main points of these can be found in the report.

Ann Becke explained that the Trauma and Orthopaedics Directorate presented their risk register to the Committee and it was a positive meeting. Trust wide there are 26 corporate risks, 9 with a score of 20 or above.

The Committee are concerned about the response from PFI partners on their business continuity failures and the Committee are continuing to monitor this closely.

Richard Beeken pointed out that we had still not received an action plan from Interserve. The Trust's Estates team are chasing this.

Richard Miner, Non Executive Director asked if a Directorate Corporate Risk above 20 would automatically be referred into the Trust corporate risk register.

The Chief Executive clarified that this down to the judgement of the Director covering that area.

The Chairman summarised that any directorate risk that scores 20 or above is reported to the Risk and Assurance Committee but is not automatically referred to the Corporate Risk Register without a Director's approval.

### **13/083.6 Quality Accounts (Enclosure 9)**

Denise McMahon, Nursing Director presented the report given as enclosure 9, explaining that this is a very detailed paper for quarter 2 that is very positive and measures the Trust's progress against the quality priorities.

**Local Survey:** The first target is on track. The second point that is around patients who need assistance with feeding, is off track. However we are now training volunteers to assist them with this.

**Pressure Ulcers:** The Board noted that we had a pleasing response and have really reduced the numbers of level 3's and have eliminated the level 4s.

**C.Diff:** This is covered in the infection prevention and control report.

**Nutrition and Hydration:** We are doing well in this area.

Denise McMahon informed the Board that we are continuing to improve on progress to our targets and it is projected that these will be reached at the end of quarter 4.

**National Clinical Audits and confidential enquiries:** We are currently on track with this and staff are participating in all those relevant to the Trust's services.

Richard Miner, Non Executive Director asked if this was a target that has become more embedded in day to day work.



Denise McMahon confirmed that it is now more embedded however we must stay on top of this constantly.

With regard to pressure ulcer prevention there is a business case for mattresses to ensure on all beds can be made suitable for high risk patients.

Richard Beeken, Director of Performance, Strategy and Transformation assured that the lead nurses are reporting that the availability of specialist mattresses has improved.

The Chief Executive pointed out that a celebration had been held on B3 and C1 this week as these wards had reached 400 days pressure ulcer free, the Board noted that this is excellent work.

David Badger noted that it was good to celebrate this success and show staff how important it is.

The Chairman noted for the Board the improvements made with pressure ulcers and the positive comments in the Quality Accounts report.

### **13/083.7 Information Governance Report (Enclosure 10)**

The Board welcomed Roger Callender, Caldicott Guardian to the Board meeting to present the information governance report given as enclosure 10.

Roger Callender explained that there has been an updating of the principles of Information and Confidentiality and number 7 has been added which is around the duty to share being as important as protecting information. The Board noted that information governance should not be used as a reason not to share data.

Roger Calendar presented the reports recommendation including:

Recommendation 1: People should have the fullest possible access to all electronic records about them.

Recommendation 2: For the purposes of direct care, information should be shared between the registered and regulated health and social care professionals.

Recommendation 4: The sharing with staff that are not registered with a regulated authority is ok in the interests of best clinical care.

Recommendation 19: All organisations must publish in a prominent and accessible form:

- A description of the personal confidential data they disclose;
- A description of the de-identified data they disclose on a limited basis
- Who the disclosure is to; and
- The purpose of the disclosure

The Chief Executive pointed out that the flow chart included in the report is very useful and asked if we could share this for staff,

Roger Callender assured the Board that he would have this accessible to staff via the Hub.

Richard Beeken noted that these principles will be in the CCG contract, he asked if there is any current indication on how it will be monitored. Roger Callender said that we had no clarification on how this would happen currently.

Paul Harrison asked if these principles had to be formally acknowledged and signed up to by the Trust.

Roger Callender confirmed that they did.

The Chairman announced that we need to publish this report prominently and include the flow chart included in the report onto the Hub. We must also gain clarification from the CCG on how these principles will be monitored.

Ann Becke pointed out that this is all driven by safeguarding.

The Chairman noted it was helpful to see our PFI partners feedback on mandatory training and information governance go to the finance and performance committee.

The Board took note of the report and the implications.

**The report is to be published prominently and the flow chart within, is to be included on the hub.**

### **13/ 083.8 Stroke Strategic Review Process (Enclosure 11)**

Richard Beeken, Director of Performance, Strategy and Transformation presented the review process given as enclosure 11.

The Board were informed that this is another review process following doubts on quality of data in the last stroke review. The Trust is participating in relevant sub groups and it is clear that there is an intention to reduce the number of hyper acute stroke units down from 8 to 6. This will cause capacity issues with our figures potentially increasing from 830 plus to over 2000 if we are one of the stroke units to remain open.

The Chief Executive asked if there was any sign that Bruce Keogh's announcement on Emergency Departments would change this. Richard Beeken confirmed that this was not clear.

The Chief Executive reminded the Board that we should make the intentions clear to the public as they need to be able to have a view.

Richard Beeken noted that the recommendation to the Board was for the executive team to have discussions with other local providers.

Paul Harrison, Medical Director supported the paper agreeing that it is the only clinically sensible way for the Trust to proceed.

David Badger, Non Executive Director also expressed his support of the report but suggested we push back feedback on the way the service reviews are undertaken.

Richard Beeken, Non Executive Director pointed out that this Trust has made the greatest improvement in stroke services than any other local Trusts.

The Chairman endorsed the executive team engaging with colleagues on how to move this forward and asked for the Board to be kept updated via the Chief Executive's report to Board in March.

**Executive Directors are to have discussions with local providers on how to move the stroke strategic review process forward.**

### **13/083.9 Emergency Plans Assurance (Enclosure 12)**

Richard Beeken presented the assurance report given as enclosure 12 explaining that this is the new national core standards for emergency preparedness and will be used in the CQC's new hospital inspections; the following two issues were highlighted:

Business continuity planning: this requires assurance on the planning for high voltage electricity and water however we do not have complete assurance from our PFI providers in these areas.

Compliance with the National Occupation Standards for Civil Contingencies: a test is being formed to test the executive's knowledge; this will then be moved from a red rating.

The Board noted the report and the areas needed for Improvement. The Board noted that our PFI providers are co-responsible for the closure of the areas in red with the exception of the IT action.

The Chairman asked how this relates to the PFI project agreement.

Richard Beeken explained that the standards for the utilities business continuity are very clear in the agreement.

The Chairman asked for the red areas in this report to go back to the Finance and Performance committee through the quarterly estates report.

**The red areas in this report are to go back to the Finance and Performance committee through the Quarterly Estates report.**

### **13/083.10 Nurse Staffing- How to ensure the right people, with the right skills are in the right place at the right time (Enclosure 13)**

Denise McMahon presented the report given as enclosure 13 informing the Board that this was launched last week at the chief nurse conference, the front sheet describes the 10 expectations, and a team have already started on this work.

The Board noted the point that trusts Boards are to take responsibility for safe numbers of staff to deliver care.

The Board noted that expectation 7 states that trust Boards are to receive a monthly update on workforce and staffing.

Denise McMahon, Nursing Director said she welcomes the clear structure on how to measure and benchmark ourselves. The Board noted that the results of the first data from the AUKUH tool will be presented in the January Board meeting, the Board will then also be asked to look at the 10 recommendations in closer detail.

Richard Beeken, Director of Performance, Strategy and Transformation noted how this report was guidance however it reads as instruction. He asked how this would be enshrined in the commissioning contract this would be and how it would be monitored. He also questioned if NHS England understood the financial implications of this report.

The Chief Executive pointed out that page 7 alludes to some financial implications.

David Badger expressed that he welcomed the report and that he thought it was very clear. It infers that when the expectations of the report are in place, nothing will ever go wrong but of course we know it still can.

The Chief Executive explained that we are working with Wolverhampton University on options for fast tracking nurses from other degree courses.

The Board took note of the report and the Chairman asked for expectation 7 to be included in the performance report to Board.

<b>Expectation 7 is to be included in the performance report to Board.</b>
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### **13/083.11 Diabetes Mandatory Training (Enclosure 14)**

Annette Reeves presented the update given as enclosure 14.

Annette Reeves explained that the Action from the last Board meeting to investigate the option of a phased target has been completed and this suggestion has been agreed and this will be included into the documentation.

The Board noted that this action has been completed.

### **13/084 Finance**

#### **13/84.1 Finance and Performance Report (Enclosure 15)**

**David Badger, Non Executive Director presented the report given as enclosure 15 including the following points to note:**

**AMU Business Case:** The Board noted the good progresses with the length of stay initiative however were made aware that the recruitment of the substantive consultants is not as positive as we have been unable to recruit and have problems with sickness.

**Cost Improvement Programme:** To date half of the CIP savings have been actioned and the Committee has received a detailed report on how this target will be met.

**Emergency Medicine financial position:** The Committee received a report on the deterioration of the financial performance. There are concerns around Emergency Medicine and the shortfall in the CIP targets.

**Investment Panel:** The Board noted the creation of an investment panel sub group of 2 Non Executive Directors and 2 Executive Directors.

**Facilities and Estates:** The Committee now have a robust monitoring process.

**Financial Performance:** The Board noted that there has been poor financial performance in October and the budget is currently very volatile we are currently looking at a position of £200-£500k deficit. The Committee received the good news of £1.5m to be used for winter pressures. CIP is a big struggle and the Trust faces major difficulties in 2014- 2015.

**KPIs:** This has been discussed earlier in the meeting.

The Chief Executive explained that the CIP and Monitor are to be discussed in the private Board sections.

Richard Beeken, Director of Performance, Strategy and Transformation pointed out that we must scrutinise the business case approval process with more vigour.

Annette Reeves, Associate Director for Human Resources pointed out that the appraisal figures do not make complete sense and asked for them to be checked for accuracy.

David Badger, Non Executive Director explained that this is now tested on 100% of all eligible staff; we are looking at the quality issues around appraisals. He went on to explain that the business case process will now be less opaque

The Board took note of the report and the recommendation to refer C.Diff to the Clinical Quality Safety and Patient Experience Committee.

**C.Diff is to be referred to the Clinical Quality, Safety and Patient Experience Committee**

**13/085 Any Other Business**

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

**13/086 Date of Next Meeting**

The next Board meeting will be held on Thursday, 9th January, 2013, at 9.30am in the Clinical Education Centre.

Signed .....

Date .....

**Action Sheet**  
**Minutes of the Board of Directors Public Session**  
**Held on 5 December 2013**

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
13/84.1	Finance and Performance Report	C Diff to be referred to the Clinical Quality, Safety and Patient Experience Committee.	DM	10/12/13	Done
13/083.7	Information Governance Report	Report to be published prominently and flow chart to be included on the Hub.	LA	9/1/14	Done
13/083.10	How to ensure the right people, with the right skills are in the right place at the right time	Expectation Seven: Finance and Performance Committee receive monthly updates on workforce information.  Staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	AR DM	Ongoing 6/2/14	Done
13/081	Patient Story	An exercise to be undertaken on demand versus availability of value cards.	RB	6/2/14	
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	6/2/14	
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	
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	6/3/14	

Paper for submission to the Board of Directors held in Public – 9<sup>th</sup> January 2014

<b>TITLE:</b>	Chief Executive's Report		
<b>AUTHOR:</b>	Paula Clark	<b>PRESENTER</b>	Paula Clark
<b>CORPORATE OBJECTIVE:</b> SG1, SG2, SG3 SG4, SG5			
<b>SUMMARY OF KEY ISSUES:</b> <ul style="list-style-type: none"> <li>95% Hospital/Emergency Department 4 Hour Wait Target/Winter Monies</li> <li>Mutually Agreed Resignation Scheme (MARS)</li> <li>Cancer Patient Experience Survey 2012/13 – Action Update</li> <li>Friends and Family Test Performance</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	<b>N</b>		<b>Risk Description:</b>
	<b>Risk Register:</b> <b>N</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>N</b>	<b>Details:</b>
	<b>NHSLA</b>	<b>N</b>	<b>Details:</b>
	<b>Monitor</b>	<b>N</b>	<b>Details:</b>
	<b>Equality Assured</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>ACTION REQUIRED OF COMMITTEE:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>x</b>	
<b>RECOMMENDATIONS FOR THE BOARD OF DIRECTORS:</b>			
To note contents of the paper and discuss issues of importance to the Board			

## Chief Executive Update – January 2014

### **95% Hospital/Emergency Department 4 Hour Wait Target/Winter Funds:**

Unfortunately the Trust failed to meet the 4 hour target in Q3. The final outcome was 93.31%. Clearly this is extremely disappointing given the hard work of the teams in ED and EAU who have taken the brunt of the hospital ongoing capacity pressures during the autumn months. The winter monies from the CCG have finally been agreed and therefore we have now been able to put some additional investment into the front line to help secure improved performance against the target in Q4.

Capacity was extremely tight over the Christmas and New Year period and the hospital had the highest occupancy seen in recent years at Christmas Eve with a large number of delayed transfers of care still in the Hospital. The high occupancy meant that New Year's Eve and New Year's Day pressures were extremely difficult to manage resulting in high number of breaches on New Year's Day itself. This picture was the same across the whole Black Country.

A number of actions are currently underway to ensure that the Trust meets this important target in Q4 and for the year overall:-

- i) Current actions being taken are linked to actions expected via the Keogh, ECIST and Oliver external reviews and the source of funding where it is explicit and external. As we implement these we are assessing their effectiveness and working closely with the clinical teams to activate any other improvements that can improve patient flow.
- ii) Winter incentive scheme (CCG allocated maximum £1m to the Trust). The first tranche of money is a performance based incentive schemes where meeting targets leads to income. Initial funding agreed internally led to application at 50% of available allocation. Current performance will result in us achieving only 48% of potential income. The CCG did not accept our suggestions to reward higher performance in some areas of the scheme so that we could secure a greater percentage of the available funds. The Trust's precarious financial situation, coupled with the lateness of agreement on the winter funds by the CCG, has meant that we have had to balance expenditure against likelihood of winning the funding. The Board will be aware the Trust needs to effectively "guarantee" receipt of the £1m in order to continue to commit additional expenditure, i.e. we would need to cease some of the schemes immediately in the event of falling short on the targets.
- iii) 4 hours Emergency Access Target – for this element the Trust can effectively earn £4,768/day for hitting 95.5%, £2,384 for hitting 95.25% and £0 for anything below. We would propose £9,536 for exceeding 96% and £19,072 for exceeding 97%.
- iv) Weekend Discharges – at a Local Area Team meeting before Christmas the CCG has previously offered to double the incentive payment for this element as much of this is subject to external agencies and care homes accepting patients at weekends.
- v) If the above is acceptable, we would clearly need to cap the scheme to a maximum outlay of £1m for the CCG. Our aim is to ensure the Trust is incentivised to achieve the £1m income, and deliver the performance challenges so that we can continue with the schemes which are to making a difference.

We would be keen next year to consider a) an earlier agreement of any funding / incentive scheme as despite the first discussion taking place in August, late agreement meant schemes did not start until November and b) the potential for full year effect funding which, from our calculations will be little different in cash terms from the interim funding we have previously received, due to the differences in employment costs.



We are also very keen to continue to work through the Urgent Care Working Group across agencies to improve the care of patients/people across Dudley, as the solution to capacity issues require us to work together constructively.

- vi) Further Winter pressures funding (CCG allocation £1.548m)
  - a. Confirmed funding for schemes (in attached report) on 20<sup>th</sup> December 2103
  - b. All funding requests from the Trust Winter Plan (with CCG in August 2013)
  - c. All funding is only forthcoming with weekly performance updates
  - d. As at 2<sup>nd</sup> January we received a request for business cases for all funded schemes, however the CCG have accepted our Winter Plan has this information.

**Mutually Agreed Resignation Scheme (MARS):**

Once again this year we are running a MARS scheme as part of our Cost Improvement Programme and staff are being given the opportunity to apply. Each case will be considered against criteria which assess whether the post can be removed from the structure without affecting service and which offers a long term saving against the cost of the offer. Applications are open until the end of the month and if accepted the posts must be vacated by 31<sup>st</sup> March.

**Cancer Patient Experience Survey 2012/13 – Action Update:**

**Environment:** Progress on the two variations previously reported:

1. Swapping the drug store and seminar room on C4 to provide a better storage environment for the controlled drugs and to ensure staff do not have to leave the ward to access the drug store.
  - Works are progressing in this area and would hope to report completion in the next report.
2. Improvements to the Georgina pod to create a separate waiting/clinic area.
  - A meeting has taken place with Trustees of the Leukaemia Unit Appeal Fund and minor alterations to plans taking place. While the Trustees wish to support this improvement they wish to challenge the costings of nearly £100,000 from our PFI partners for the works.

**Information pod**

A full assessment relating to fire regulations is taking place to see if this project is possible, prior to an official variation being issued.

In the meantime, two stand-alone infopoints are being purchased by the Georgina Unit charity fund, one for the main reception health hub and one for the second floor near to the Unit.

## Friends and Family Test:

### Inpatients and A&E Friends and Family Test

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Preliminary Dec 13
<b>Date range</b>	01.04.13 30.04.13	01.05.13 31.05.13	01.06.13 30.06.13	01.07.13 31.07.13	01.08.13 31.08.13	01.09.13 30.09.13	01.10.13 31.10.13	01.11.13 30.11.13	01.12.13 31.12.13
Number of eligible inpatients	1930	1962	1929	1987	1968	1967	2007	1877	1987
Number of respondents	408	573	505	500	549	423	632	640	493
<b>Ward FFT score</b>	66	75	74	71	73	74	76	74	79
<b>Ward footfall (min'm 15% required)</b>	21%	29%	26%	25%	28%	22%	31%	34%	25%
Number of eligible A&E patients	4206	4380	4194	4652	4488	4238	4237	3823	3977
Number of respondents	17	62	353	265	153	477	981	811	983
<b>A&amp;E FFT Score</b>	53	71	59	55	43	59	61	62	76
<b>A&amp;E footfall (min'm 15% required)</b>	0%	1%	8%	6%	3%	11%	23%	21%	25%
<b>TRUST FFT Score</b>	65	74	68	65	66	66	67	68	77
<b>TRUST footfall</b>	7%	10%	14%	12%	11%	15%	26%	25%	25%
Inpatient FFT Score	80+ 72-79 <72	A&E FFT Score	70+ 60-69 <60		FFT Scores key	Top 20% of Trusts (based on Q1 scores) Between Trust baseline and top 20% Trust Q1 baseline			
% of footfall (response rate)	Apr-Jun 13 Jul 13-Mar 14	<15% <20%	15% + 20% +						

Preliminary data for December shows an increase in score for both wards and A&E. Overall response rate is maintained at 25 per cent.

### Maternity Friends and Family Test

		Oct-13	Nov-13	Preliminary Dec-13
Maternity - Antenatal	Score	58	65	78
	Response rate	29% (of 294)	27% (of 242)	16% (of 256)
Maternity - Birth	Score	76	86	82
	Response rate	15% (of 386)	30% (of 350)	8% (of 362)
Maternity - Postnatal ward	Score	78	81	81
	Response rate	15% (of 383)	29% (of 350)	7% (of 361)
Maternity - Postnatal community	Score	75	85	78
	Response rate	13% (of 315)	22% (of 300)	19% (of 262)
Combined	Score	65	80	79
	Response rate	21%	27%	12%

Preliminary scores for December in Maternity remain fairly consistent, however a decrease in response rate has been seen for births.

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

## **Benchmarking**

### **National/regional position (October – latest available data)**

The Trust score remained above average in October for both Inpatients and A&E scores, and for the first time achieved an above average combined response rate too – 25 per cent, against a national average of 19.6 per cent.

Among the general trusts in the region the Trust fell to third place for its A&E score following a jump from 40 to 69 for Royal Wolverhampton. We remain second to UHB for Inpatient score.

Scheme Ref	Name & Provider	Cost as per Business Case	Start Date	Monthly £ Plan					
				November	December	January	February	March	Total
<b>Dudley CCG Winter Incentive Schemes - £1 million</b>									
<b>Dudley Group of Hospitals</b>									
dg1	GP Triage (11am - 8pm Sat/Sun/Mon)	42,000	Nov	10,500	10,500	10,500	10,500	-	42,000
dg2	Consultant Ambulance Triage (11am - 8pm Mon/Tues/Wed)	74,000	Nov	18,500	18,500	18,500	18,500	-	74,000
dg3	Frail Elderly Assessment Unit	148,000	end Nov	9,250	37,000	37,000	37,000	27,750	148,000
dg4	Band 6 DISCO - Surgery/T&O at Weekends	12,000	end Nov	750	3,000	3,000	3,000	2,250	12,000
dg5	Care Home Select	48,000	end Oct	12,000	12,000	12,000	12,000	-	48,000
dg6	Troponins Trial - Hire machine and consumables	17,000	Oct	6,800	3,400	3,400	3,400	-	17,000
dg7	SHO Doctor cover x2 in ED (Focus on Outliers/AMU overnight)	113,000	Nov	28,250	28,250	28,250	28,250	-	113,000
dg8	Additional Weekend Consultant Cover (Respiratory and Gastro)	67,000	end Nov	4,187	16,750	16,750	16,750	12,563	67,000
dg9	Additional Weekend Therapy Cover	30,000	end Nov	1,875	7,500	7,500	7,500	5,625	30,000
dg10	Expansion of MHDU Beds (6 to 10)	450,000	Apr	300,000	37,500	37,500	37,500	37,500	450,000
<b>Above schemes £1,000,000 but £400,000 "at risk"</b>		<b>1,001,000</b>		<b>392,112</b>	<b>174,400</b>	<b>174,400</b>	<b>174,400</b>	<b>85,688</b>	<b>1,001,000</b>
<b>NHS England Winter Fund Schemes £1.548 million</b>									
<b>Dudley Group of Hospitals</b>									
dg11	Extension of GP Triage (7 days Tues/Wed/Thu/Fri)	49,000	mid Dec	-	7,000	14,000	14,000	14,000	49,000
dg12	Extension of Consultant Ambulance Triage (7days Thur-Sun)	86,000	mid Dec	-	12,000	24,666	24,667	24,667	86,000
dg13	Extension of DISCO Out of Hours	11,000	mid Dec	-	2,000	3,000	3,000	3,000	11,000
dg14	Additional SHO in EAU	57,000	Dec	-	14,250	14,250	14,250	14,250	57,000
dg15	Increase Transition Beds	100,000	mid Dec	-	16,428	28,786	26,000	28,786	100,000
dg16	Additional Ambulance Crews/St Johns Ambulance pilot	48,000	mid Nov	6,000	12,000	12,000	12,000	6,000	48,000
dg17	Additional Therapy, Pharmacy, Diagnostics at Weekends/OOH	90,000	mid Dec	-	12,855	25,715	25,715	25,715	90,000
dg18	Additional Weekend Consultant - (Diabetes/Renal/Paed)	59,000	end Dec	-	8,750	25,125	25,125	-	59,000
D&W1	Night RMN Cover	Included in D&WMH bid							-
dg19	Band 7 Lead Nurse on Call	10,000	October	3,333	1,666	1,667	1,667	1,667	10,000
dg20	Neurology Consultant in ED	41,000	mid Dec	-	5,855	11,715	11,715	11,715	41,000
dg21	Triage Nurse - SAU(1.0 Band 7 12h x 7days)	33,000	mid Dec	-	4,731	9,423	9,423	9,423	33,000
		<b>584,000</b>		<b>9,333</b>	<b>97,535</b>	<b>170,347</b>	<b>167,562</b>	<b>139,223</b>	<b>584,000</b>
<b>Dudley &amp; Walsall Mental Health Trust</b>									
D&W1	Night RMN Cover	206,000	mid Dec						
		<b>206,000</b>							

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## Paper for submission to the Board on 9th January 2014

<b>TITLE:</b>	Summary of key issues from the Clinical Quality, Safety & Patient Experience Committee held on 14 <sup>th</sup> November 2013		
<b>AUTHOR:</b>	Julie Cotterill Governance Manager	<b>PRESENTER:</b>	David Bland (NED) CQSPE Committee Chair
<b>CORPORATE OBJECTIVES:</b> SGO1: Quality, Safety & Service Transformation, Reputation, SGO2: Patient Experience SGO5: Staff Commitment			
<b>SUMMARY OF KEY ISSUES:</b>			
<p><b>Serious Incident Monitoring Report</b> -13 new incidents were reported. These were all under investigation and had been reported appropriately. There were 52 open general SI's in total (22 undergoing investigation, 15 awaiting assurance that all actions identified from the RCA investigation had been completed and 15 recommended for closure). Incident trends were noted in Unexpected admission to SCBU (Neo Natal) and Patient Fall resulting in fracture. There were no pressure ulcers reported in October and no breaches in the 2 days from identification of the incident and reporting. There was 1 breach to complete the investigation in agreed timescales. The Committee supported the closure of 15 Serious Incidents.</p> <p><b>Aggregated Incident Report</b> - There was an upward trend in the number of incidents reported in some categories. These were discussed as follows:</p> <ul style="list-style-type: none"> <li>• <b>Clinical Care, Assessment, Monitoring</b> - Out of the 340 incidents reported in Quarter 2, 264 were in the subcategory Clinical – Treatment Failures/Delays. This showed a quarter on quarter increase. 47 were due to Treatment Errors. The matrons for each clinical area were asked to review the incidents and identify any trends and actions required and to update the Patient Safety Group in December 2013.</li> <li>• <b>Facilities (Security, Estates, Transport, ICT, etc.)</b> - An increase in reporting within Maternity was linked to a high number of incidents reported during July 2013 when the excessively hot weather contributed to high temperatures within the antenatal ultrasound scan room despite constant use of fans. This was investigated by the Estates department and no further incidents had been reported.</li> <li>• <b>Equipment</b> - Quarter 2 2013/14 showed a 26% increase in incidents reported from the previous quarter (88 increased from 70). 255 of the 294 were in the categories of Equipment – Defect/Defective and Equipment – not available. A full review of all incidents identified 14 (33%) that had been coded incorrectly. These were not medical devices e.g. mobile phones, computers. Of the remaining incidents one trend was identified. Five incidents related to nasogastric feeding tubes and the components of these breaking. The batches were removed and this was reported to the MHRA.</li> <li>• <b>Records, communications and Information</b> - 254 incidents were reported in Quarter 2 2013/14, of these 46 were in the subcategory Missing/Lost Notes/Records/Correspondence.</li> </ul> <p><b>WHO Surgical Checklist</b> - The report included the results of the WHO checklist completion audit for Sept 2013 and included the percentage of fully completed, partially completed or not completed checklists for each theatre area. Areas of non-compliance were highlighted to the relevant manager for follow-up each month and discussion at the relevant departmental and directorate meetings. The results generally confirmed overall high compliance rates.</p> <p><b>Friends and Family Report</b> - A token system had proved successful in A&amp;E showing an increase in the overall response rate to 23% for October. The Friends and Family test had been expanded into Maternity in line with the national programme and had been well received. 116 of the new comment cards were completed during October, with the main theme for improvement being waiting times.</p> <p><b>Patient Experience Report</b> - the Trust is rated 4 stars in the NHS Choices overall rating and is the highest in the region. The Committee discussed the results of the NHS Choices and Patient Opinion comments.</p> <p><b>National Cancer Patient Experience Programme - 2012/13 National Survey Action Plan</b> - The Committee received the action plan administered by Quality Health with the qualitative feedback from patients. Comments were made by people completing the survey and contained “experiences” to inform action plans. Key areas identified for improvement included “information to patients” and the “location of the drugs cabinets outside the ward” (this had been actioned). An update will be provided in 3 months.</p> <p><b>Patient Experience Web Site Update</b> - The Committee reviewed the Patient Experience web pages and noted the number of opportunities for the public and patients to contact the Trust and provide feedback.</p>			

**Quality Account Update (July 2013 – September 2013)** - The following areas were discussed:

- **Patient Experience** - There are two hospital and two community targets. One hospital target is on track and one is not. Action is in progress to ensure that the health screening of the backlog of volunteers, who can assist with feeding, is reduced as soon as possible.
- **Nutrition/Hydration** - One of the three 90% targets was missed slightly over the first six months.
- **Pressure Ulcers** - the Trust figures were reducing considerably.
- **Infection Control** - While the MRSA target was being met with no bacteraemia reported, the Trust was over trajectory by 3 cases with the C.Difficile target at the end of September.

**Quality Priorities/Quality Account 2014/15** - It was proposed that the Trust keep the five priorities for this year; Patient Experience, Infection Control, Pressure Ulcers, Nutrition and Hydration and add Diabetes and Mortality. The Committee **considered** the proposals and supported these.

**Nursing Strategy Update (2<sup>nd</sup> Quarter)** - There were 4 red rated actions, two were due to delays by Dudley CCG and Dudley MBC and one was on hold due to changes in the End of Life Care Programme. The fourth red rated action was one of the Trust's Quality Priorities and related to the survey results of whether or not patients perceive they are receiving enough assistance to eat their meals. The Committee discussed the action plan, the RAG rating applied and action Leads.

**Complaints, PAL's and Compliments Report for the quarter ending 30<sup>th</sup> September 2013** - The total number of complaints for the quarter was comparable with previous quarters. 49% of complaints received and answered in quarter 2 were upheld or partially upheld. 34% of complainants expressed dissatisfaction with their response. A monthly meeting will be established to look at previous complaints and responses and how the Trust dealt with these. Additionally a Listening in Action event with complainants would be held at the beginning of December led by Ms Clark. The report identified the key complaints and PALs concerns which were split with regards to concerns around privacy and dignity and concerns regarding shared accommodation.

**Quality Dashboard Report for Month 6 (Sept 2013/14)** - there were a high number of c.diff cases in Sept which continued into October and November breaching Monitor's target. The Trust was now red rated for Monitor. TAL Appointment booking within 4 days was at 58% for the period with an 80% target. The Trust was amber rated for the Nutritional Assessment. Overall five wards/areas had three red rated Nursing Care Indicators, B4, B5, C6, Critical Care/SHDU and Paediatrics. The Committee discussed the Trust position against targets noting also the elevated Risk – Composite Indicator -In-hospital mortality figures report and the downgrading of the Never Event by the CCG.

**Mortality Action Log with M&M Minutes** - The action log confirmed the progress made against each of the actions and the lead for these. One action was complete, the remainder were in progress.

**Nursing Care Indicators** - Audits indicated:

- 15 ward areas had reported a reduction in previous quarter results.
- July results required escalating - 4 wards at level 2 and 1 ward at level 3.
- August results required 3 wards to be escalated at level 2.
- September results required 2 wards at level 2 escalation and 1 ward at level 3.

The Renal Unit and Paediatric ward (C2) were also escalated to level 3. Action plans are progressing.

**Safety Thermometers** - 11 new pressure ulcers were reported between July - Sept demonstrating a gradual reduction in incidents. There was an increase in new ulcers identified in September. The figures for falls with harm continued to fluctuate. July identified 2 falls with harm, August 1 and September identified 2. The Trust had implemented the Falls bundle in all ward areas.

**Patient Safety Group Meeting held on 10<sup>th</sup> October 2013** - highlighted the following:

- **Bank & Agency Staffing** - A trial of the new Allocate system on ward A4 identified 1,000 unused hours.
- **H&S - Reporting patient falls as RIDDOR's:** Currently RIDDOR reports were submitted externally to the HSE without any internal management input or monitoring.
- **Blood Transfusion** - the Trust is now required to audit consent for transfusion however the guidance does not say how this should be done or who by. Region wide discussions had taken place and it was thought to be more difficult than expected. The prescriber of blood would be required to take consent.
- **Surgery/T&O & Critical Care (11 September 2013)** – Capacity issues in Ophthalmology is now a concern, with a significant clinical risk related to some patients not receiving dates for follow up appointments. A risk assessment was requested. There were two patients with late appointments and the group had still not received the Risk Assessment from Ophthalmology.

**Internal Safeguarding Board held on 24<sup>th</sup> October 2013** - highlighted the following:

- **Department of Health: Saville Allegations Action Plan** - The completed first draft of the policy for visiting celebrities was still awaited. A copy of the draft would be requested for the next meeting.
- **Safeguarding Adults Competency Document** - Feedback had been given to the Dudley Safeguarding Adults Board regarding the Trust not implementing the competency training package as suggested by the Policy sub group of the Safeguarding Board. The board accepted that the Trust would not implement this but would discuss safeguarding with staff during the appraisal process.
- **Safeguarding Training Compliance** - Percentage levels for Safeguarding training compliance had decreased. It was felt that this was due to a number of staff being due to complete their 3 yearly Mandatory Training. An action plan would be developed.
- **Learning Disabilities CQUIN** - Learning Disabilities: 22.4%. A training plan was being implemented to meet 95% compliance by the end of December 2013.

**Drugs & Therapeutics Committee held on 11<sup>th</sup> September 2013** - the following issues were considered:

- Review and recommendation to approve the use of new drug - Diltiazem 2% cream.
- Review and recommendations to update the inpatient Drug Chart including the addition of a space for prescribers to identify their GMC Number.
- Public Health Advice Note from the local Office of Public Health on the use of Diclofenac was presented

**Children's Services Group held on 15<sup>th</sup> October 2013** - the following issues were highlighted:

- **Paediatric resuscitation training compliance in Theatres** – Non medical staff compliance with paediatric resuscitation training was only 50%; extra weekend training dates were being provided in response to poor uptake of scheduled sessions.
- **EPLS (European Paediatric Life Support)** - The Trust has been approved to host EPLS. Drs A Ibrahim, A Sharma and I Dukes had agreed to be Course Directors.
- **West Midlands Quality Review of Standards for the Critically Ill/Injured Child** - A peer review will be held in January 2014. A self assessment must be submitted by the end of December 2013.

**C Diff Exception Report** - The F&P Committee had referred this item and wished C Diff to be discussed again in detail given the current number of cases and in particular for the action plan to be scrutinised to ensure it was fit for purpose. The Director of Nursing asked the Committee to receive the C Diff exception report and to discuss this at the December Committee Meeting.

**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
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	Y	<b>Details:</b> Outcome 1 - Respecting & Involving people, 4 – Care & welfare of people, 7 – Safeguarding, 16 – Assessing & monitoring quality of service
	<b>NHSLA</b>	Y	<b>Details:</b> Risk management arrangements e.g. safeguarding
	<b>Monitor</b>	Y	<b>Details:</b> Ability to meet national targets and priorities
	<b>Equality Assured</b>	Y	<b>Details:</b> Better health outcomes for all Improved patient access and experience
	<b>Other</b>	Y	<b>Details:</b> 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 14<sup>th</sup> November 2013 and refer to the full minutes for further details.

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



Paper for submission to the Board on 9th January 2014

<b>TITLE:</b>	Summary of key issues from the Clinical Quality, Safety & Patient Experience Committee held on 10 <sup>th</sup> December 2013		
<b>AUTHOR:</b>	Julie Cotterill Governance Manager	<b>PRESENTER:</b>	David Bland (NED) CQSPE Committee Chair
<b>CORPORATE OBJECTIVES:</b> SGO1: Quality, Safety & Service Transformation, Reputation, SGO2: Patient Experience SGO5: Staff Commitment			
<b>SUMMARY OF KEY ISSUES:</b>			
<p><b>Falls Update:</b> the falls bundle has been introduced trust wide and will shortly be launched in the Community and in Nursing/Residential homes. The initial results show a decrease in falls with 300 less in the 12 month rolling period. Trials of 'Low beds' where patients roll out onto crash mats have continued and new alarms are being trialled. These are programmed to a pager which is carried by a designated member of staff. They have been trialled in different areas and have no upper or lower weight limits which is a contributory risk with the current alarms. The Committee discussed the various approaches to patient safety to mitigate the risk of falls and recognised the progress made by Matron Bree in this area.</p> <p><b>National Joint Registry Annual Clinical Report 2012/2013</b> - Mr Ahmed presented the 10<sup>th</sup> National Joint Registry Annual Clinical Report 2012/2013 which provided comparative data on surgeon performance measured by revision rate. The National Joint Registry (NJR) links to patients NHS numbers and relates to the procedures submitted by the Trust since data collection began in April 2003. The indicators were generally green with 1 red relating to a specific surgeon and 1 amber. The hip replacement revision rate was very low at 1.9%. The results will be used as part of the appraisal process.</p> <p><b>Mortality Report</b> – the report confirmed that the mortality indices remained within the “expected” range. The Committee was advised that the Dr Foster Good Hospital Guide may result in the trust appearing as higher than expected as a result of the two banding systems used. The Committee was assured that more Trusts now used SHMI and that the upward trend in crude mortality had been attributed to the prolonged winter in 2012/13 when more people had died compared to the non winter period. The Committee considered the progress against the Action Log including audit results and learning opportunities and reviewed and discussed the “SHMI top 20 highest variance above expected by condition group” and the lowest performing specialties. It was agreed that a further report would provide assurance of progress.</p> <p><b>Quality Dashboard Report for Month 7 (October 2013/14)</b> - The report highlighted the following:</p> <ul style="list-style-type: none"> <li>• <b>C Diff</b> – There were 5 confirmed cases in October, which was more than the target number for the month. The trust remains above the local health economy and Monitor year to date trajectories.</li> <li>• <b>TAL Appointment booking within 4 days</b> – The TAL indicator fell to just over 41%. The Trust has provided Dudley CCG with a detailed plan to show action required to improve this.</li> <li>• <b>Maternity – Increase in breast feeding initiation rates</b> – this was slightly under the target at 59.18% against a target of 59.20%.</li> <li>• <b>Maternity – Smoking in Pregnancy</b> – This was above target for October at 17.1%, but this was lower than the previous month.</li> <li>• <b>Nursing Care KPIs</b> – The report included a ward based summary of NCIs, with wards B5 and Paediatrics having the most red rated indicators. The Trust was amber overall for all NCIs.</li> <li>• <b>NHS Choices</b> - the Trust was within the acceptable performance levels for all the clinical indicators included within the latest reporting period.</li> <li>• <b>Dr Foster Hospital Guide 2013</b> – The pre-release data showed that the HSMR for April 2012 to March 2013 was 100.7 and the Trust would not be shown as an outlier for the 1 year HSMR but would be an outlier for the 3 year HSMR with a figure of 109 and also for emergency admissions for Neoplasms for both weekend and weekday admissions.</li> </ul> <p><b>Serious and Adverse Incident Monitoring Report</b> - There were 9 new incidents reported (1 Delay in Care/Treatment, 1 Missed Abnormal result, 1 DGH Acquired Infection C Diff, 1 Cord Blood Ph &lt;7.25, 3 Patient Falls resulting in Fractures, 1 Confidentiality Breach and 1 Retained Foreign Object Post-Operation which was a never event). These were all under investigation and had been reported appropriately. There were 44 open general SI's in total (20 under investigation, 17 awaiting assurance that all actions identified from the RCA investigation had been completed, and 7 recommended for closure). Incident Trends included: Falls resulting in fractures and consistent reporting of DGH acquired infection - C Diff and Confidentiality Breaches. There were no breaches in the 2 days from identification of the incident and reporting and there were also no breaches to complete the investigation in the agreed time scales.</p>			

The Committee agreed to close the following 7 incidents:

- 2013/24969 (NEW29225) Patient Fall Resulting in a Fracture
- 2013/18881 (NEW26690) Patient Fall Resulting in a Fracture
- 2013/20456 (NEW27131) Wrong Dose of Drugs Given
- 2013/15449 (NEW25139) Wrong Test Performed
- 2013/26878 (NEW29625) Unexpected Admission to SCBU (Neonatal Unit)
- 2013/29939 (NEW30954) Unexpected Admission to SCBU (Neonatal Unit)
- 2013/29278 (NEW30637) Unexpected Admission to SCBU (Neonatal Unit)

**Update of Workforce Plan** - the Committee noted the following progress :

- **Recruitment**
  - **Introduction of a pre-screening tool for candidates to manage both large volume applications and values based assessment**
  - **Core assessment centres** had been introduced for manager roles.
  - **Consultant recruitment tools** had been redesigned to enable a focus on behaviour and values.
  - **A Recruitment Strategy** was being drafted and would be submitted to the group in the New Year.
- **Induction**- Recommendations from the annual Mandatory Training review meeting held on 3<sup>rd</sup> December would be implemented and incorporated into the programme.

**Staff Survey** - the response rate for 2013 was 52.5% for all staff and 48.6% for the NHS published sample. This represents a 12.8% increase in the published sample response rate. Every member of Trust staff (5,000) had received a survey. The Committee was invited to feedback and comment on the Draft Staff Engagement Strategy prior to the wider consultation across the Trust.

**Patient Safety Group (14<sup>th</sup> November 2013)** - highlighted the following issues:

- **Thrombosis** – 55 RCAs were completed from April to November 2013. There were 4 potentially preventable incidents. The percentage of patients who received Patient Information was noted as a concern.
- **Health and Safety/CAS Alerts** - One NPSA alert remained active (as previously reported).
- **Resuscitation Services and NCAA Report** - Reviews of the cardiac arrests occurring in October and November had shown issues around decision making and escalation of cases. The Resuscitation Group were reviewing these. Some out of stock items were identified in the audit of the Cardiac Arrest Trolleys.

**Patient Safety Leadership** - Since 1 April 2013, there had been 26 Patient Safety Leadership Walk rounds. 2 actions from the 2012/2013 Action Plan were outstanding and had breached their completion dates. 9 actions on the 2013/14 Action Plan had breached completion dates and were outstanding. There was positive feedback from the Governors who participated in the Walk rounds and a good balance of comments received from patients. A summary of positive comments included good cleanliness standards; kind, caring and patient staff.

**Trust Internal Safeguarding Board** – the following key issues were highlighted:

- **Safeguarding Children Compliance** - Intermediate training had fallen to 46.9% .Specific training had been provided within the paediatric areas to improve this.
- **Mental Health Training Compliance** - Now at 59.6% - but had exceeded the target for the current financial year. The training had received excellent feedback.

**Infection Prevention and Control Forum (18<sup>th</sup> September 2013)** highlighted the following:

- **Surgical Site Infection Report** - The Trust was a high outlier for fracture neck of femur repairs due to the percentage of inpatient/readmission SSIs for October-December 2012 (Trust rate 4.4%; national average 1.6%). The Trust was now at 2.7% which could be as little as two or three patients.

**Quality Governance Framework Exception Report** - Monitor's Compliance Framework requires all Trusts to undertake an assessment of its Quality Governance systems. This was the fifth review. At the last review in September 2013 there were 5 remaining actions. One of these was now complete. The final four items had generally progressed but remained partially complete. It was agreed that these actions would be monitored as part of the Keogh review action plan in the future. This would leave one item regarding the use of the Global Trigger Tool, which was under consideration by the Medical Director.

**Friends and Family Report** - The Committee received the Friends and Family Survey Results for November 2013 and noted that the Trust had continued to achieve all external targets with a slight drop in the in-patient score due to a lower score in the final week. Scores and response rates for the in-patient and A&E were above the national average. In the 'What could be improved?' for A&E section, 97% of the comment cards completed during November (155) included positive comments about the A&E service. 8% also included comments about waiting times, with other comments about late appointment times, parking and 2% about general care. With regard to the Inpatient and A&E exceptions section; Ward A1 scores had started to dip and comments given related to food with one comment on attitude. Previous actions taken by A1 included the implementation of additional drinks round and ensuring TVs were switched off at 11pm. All food comments were forwarded to catering.

**C Diff Exception Report** - the Finance & Performance Committee had escalated this report to the Committee and asked them to discuss the current C Diff cases again in detail to ensure that the action plans were fit for purpose. The progress against the action plan produced following the Dearden Report was updated and tabled at the meeting. Meetings are now held twice weekly with the Director of Nursing and Acting Lead – Infection Prevention and Control, to discuss issues.

**Antibiotic Audit Results** - Spot checks to investigate the adherence to antibiotic guidelines and documentation in the medical notes on areas where there had been a number of *clostridium difficile* cases and high usage of broad spectrum antibiotics had been undertaken. One station per area was sampled. The audit confirmed that documentation in the medical notes was better than expected but the time required to find the information could be improved. Only one of the 24 patients on an antibiotic had an antimicrobial sticker in the medical notes. The Committee discussed the current position and the need to ensure that the procedures were followed appropriately and consistently and that assurance demonstrated this.

**Review of Complaints** – The Committee received this report in response to concerns raised as part of the Keogh review. It confirmed that the Trust followed the statutory reporting requirements, however, further actions were recommended to generally improve the complaints handling process. The actions had already been progressed. Further recommendations listed against the ten issues raised by the Keogh review related to general improvement issues. PALS and Complaints were now working together and Complainants will in the future, have one Point of Contact at the Trust.

**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
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	Y	<b>Details:</b> Outcome 1 - Respecting & Involving people, 4 – Care & welfare of people, 7 – Safeguarding, 16 – Assessing & monitoring quality of service
	<b>NHSLA</b>	Y	<b>Details:</b> Risk management arrangements e.g. safeguarding
	<b>Monitor</b>	Y	<b>Details:</b> Ability to meet national targets and priorities
	<b>Equality Assured</b>	Y	<b>Details:</b> Better health outcomes for all Improved patient access and experience
	<b>Other</b>	Y	<b>Details:</b> 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 10<sup>th</sup> December 2013 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 on 9<sup>th</sup> January 2014 - PUBLIC

<b>TITLE:</b>	Infection Control Report		
<b>AUTHOR:</b>	Denise McMahon Director of Nursing	<b>PRESENTER:</b>	Denise McMahon Director of Nursing
<b>CORPORATE OBJECTIVE:</b> 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.			
<b>SUMMARY OF KEY ISSUES:</b> The Board of Directors are asked to note Trust Performance against C. Difficile and MRSA targets and the other notable infections.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	Y		<b>Risk Description:</b> Infection Prevention and Control
	Risk Register: Y		<b>Risk Score:</b> IC010 – Score: 16
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	Y	<b>Details:</b> Outcome 8 – Cleanliness and Infection Control
	<b>NHSLA</b>	N	<b>Details:</b>
	<b>Monitor</b>	Y	<b>Details:</b> Compliance Framework
	<b>Equality Assured</b>	Y/N	<b>Details:</b>
	<b>Other</b>	Y/N	<b>Details:</b>
<b>ACTION REQUIRED OF BOARD:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	✓	✓	
<b>RECOMMENDATIONS FOR THE BOARD OF DIRECTORS:</b>  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**

<b>Area</b>	<b>Speciality</b>
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

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**Summary:**

**Clostridium Difficile** - The target for 2013/2014 is 38 cases; at the time of writing the report 37 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	As of 27 <sup>th</sup> December '13	Totals so far 13/14
A2	0	1	0	1	1	1	1	0	1	6
A3	0	0	0	0	0	1	1	0	0	2
A4	0	0	0	0	0	1	0	0	0	1
B2	0	1	0	0	0	0	0	2	0	3
B3	0	0	0	0	0	1	0	0	0	1
B4	0	0	0	0	0	1	0	0	0	1
B6	0	0	0	0	0	0	0	0	1	1
C1	1	1	0	0	0	0	0	2	0	4
C3	0	1	1	1	0	1	1	0	1	6
C5	0	0	2	0	0	0	1	2	0	5
C7	0	0	0	0	0	0	0	1	0	1
C8	0	0	0	0	1	0	1	0	0	2
MH DU	0	0	1	1	0	0	0	0	0	2
CCU/PCCU	0	0	1	0	0	0	0	1	0	2
<b>Total</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>8</b>	<b>3</b>	<b>37</b>

See Appendix 2 – Board Report (2013/2014)

At the end of quarter three last year, we had reported 43 cases, to improve on 2012/2013 outturn we require less than six cases per month in quarter four.

The quarter two regional position of C Diff calculated by bed day's activity is detailed in Appendix 1; this shows a wide range of variation and interesting comparison.

Appendix 2 – 2013/2014 position against trajectory.

Appendix 3 – 2012/2013 for comparison

**MRSA – Annual Target 2 (Post 48 hrs)** - There have been no cases in the last month and no cases so far this financial year. The last reported case was November 2012.

**Norovirus** – There have been no confirmed cases of Norovirus in the Trust.



## Trust HCAI performance dashboard – Q2 (July to Sept), FY 2013/2014

### Clostridium difficile regional overview

Rank*	Trust Code	Trust	Rate Per 1,000 Bed Days	Total Q2 CDI	Q2 CDI Target	Target Status
1=	RQ3	Birmingham Children's Hospital NHS Foundation Trust^	0.00	0	0.25	●
1=	RLU	Birmingham Women's NHS Foundation Trust	0.00	0	0	●
1=	RL1	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	0.00	0	0.5	●
1=	RRJ	The Royal Orthopaedic Hospital NHS Foundation Trust	0.00	0	0.5	●
1=	RLQ	Wye Valley NHS Trust	0.00	0	3	↓
2	RKB	University Hospitals Coventry and Warwickshire NHS Trust	5.93	6	14.25	↓
3	RLT	George Eliot Hospital NHS Trust	7.17	2	5.25	↓
4	RWP	Worcestershire Acute Hospitals NHS Trust	9.39	7	12	↓
5	RL4	The Royal Wolverhampton NHS Trust	12.96	9	9.75	●
6	RJF	Burton Hospitals NHS Foundation Trust	13.13	5	5.5	●
7	RJC	South Warwickshire NHS Foundation Trust	13.15	6	6	●
8	RJE	University Hospital of North Staffordshire NHS Trust	13.43	13	12.5	↑
9	RR1	Heart of England NHS Foundation Trust	15.33	21	16.75	↑
10	RXW	Shrewsbury and Telford Hospital NHS Trust	16.68	11	6.75	↑
<b>11</b>	<b>RNA</b>	<b>The Dudley Group NHS Foundation Trust</b>	<b>18.53</b>	<b>11</b>	<b>9.5</b>	<b>↑</b>
12	RXK	Sandwell and West Birmingham Hospitals NHS Trust	18.91	12	11.5	●
13	RRK	University Hospitals Birmingham NHS Foundation Trust	21.12	21	14	↑
14	RJD	Mid Staffordshire NHS Foundation Trust	21.16	6	3	↑
15	RBK	Walsall Healthcare NHS Trust	24.82	11	7	↑

#### Bed days

Trust bed days are taken from KH03 data returns for the same reporting quarter. Totals include occupied beds open overnight that are consultant led.

#### Bed types

Bed totals generally relate to general & acute and maternity beds.

#### Rates

Rates per 1,000 bed days are calculated using total average bed occupancy for the reporting quarter.

*^ Bed total includes mental illness beds.*

\* Ranking criteria: rate per 1,000 bed days then alphabetically by Trust

(N13) Clostridium difficile infections									
Monthly number of C.diff cases	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%	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						
	Feb-14		3						
	Mar-14		3						
FY 2013-14		37	38	-7.9%				76	99

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									
Monthly number of MRSA cases	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%	-	
	Jan-14		0						
	Feb-14		0						
	Mar-14		0						
FY 2013-14		-	0	-				-	

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.

MSSA infections			
Monthly number of MSSA cases	Month / Year	Total	Cumulative
		Apr-13	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	-	40
	Jan-14		
	Feb-14		
	Mar-14		
	<b>FY 2013-14</b>	<b>40</b>	

E.coli infections			
Monthly number of E.coli cases	Month / Year	Total	Cumulative
		Apr-13	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	-	160
	Jan-14		
	Feb-14		
	Mar-14		
	<b>FY 2013-14</b>	<b>160</b>	

(N13) Clostridium difficile infection				Cumulative > 48 hrs	Cumulative Target	% Over/Under Target	Trust Total	Health Economy
Month / Year	> 48 hrs Activity	PCT Target	% Over/Under Target					
Monthly number of C-Diff cases	Apr-12	5	-28.6%	5	7	-28.6%	9	10
	May-12	4	-33.3%	9	13	-30.8%	11	12
	Jun-12	5	-16.7%	14	19	-26.3%	6	8
	Jul-12	4	-33.3%	18	25	-28.0%	7	9
	Aug-12	2	-66.7%	20	31	-35.5%	5	6
	Sep-12	2	-60.0%	22	36	-38.9%	8	9
	Oct-12	7	16.7%	29	42	-31.0%	16	16
	Nov-12	6	0.0%	35	48	-27.1%	8	9
	Dec-12	8	14.3%	43	55	-21.8%	14	14
	Jan-13	6	-14.3%	49	62	-21.0%	10	11
	Feb-13	-	-700.0%	49	69	-29.0%	4	4
	Mar-13	7	-12.5%	56	77	-27.3%	9	10
	FY 2012-13	56	77	-27.3%				107

The PCT target for Cdiff is 77 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.

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				Cumulative > 48 hrs	Cumulative Target	% Over/Under Target	Trust Total	
Month / Year	> 48 hrs Activity	> 48 hrs Target	% Over/Under Target					
Monthly number of MRSA cases	Apr-12	-	-100.0%	0	1	-100.0%	-	
	May-12	-	0.0%	0	1	-100.0%	1	
	Jun-12	-	0.0%	0	1	-100.0%	-	
	Jul-12	-	0.0%	0	1	-100.0%	-	
	Aug-12	-	0.0%	0	1	-100.0%	-	
	Sep-12	-	0.0%	0	1	-100.0%	-	
	Oct-12	-	1	-100.0%	0	2	-100.0%	-
	Nov-12	1	0	100.0%	1	2	-50.0%	1
	Dec-12	-	0	0.0%	1	2	-50.0%	-
	Jan-13	-	0	0.0%	1	2	-50.0%	1
	Feb-13	-	0	0.0%	1	2	-50.0%	-
	Mar-13	-	0	0.0%	1	2	-50.0%	-
	FY 2012-13	1	2	-50.0%				3

As a Foundation Trust the regulator Monitor measures compliance against the contract with our commissioners Dudley PCT. The target in this contract is 2 bacteraemia.

MSSA infections			
	Month / Year	Total	Cumulative
Monthly number of MSSA cases	Apr-12	4	4
	May-12	4	8
	Jun-12	4	12
	Jul-12	1	13
	Aug-12	2	15
	Sep-12	5	20
	Oct-12	4	24
	Nov-12	7	31
	Dec-12	5	36
	Jan-13	6	42
	Feb-13	5	47
	Mar-13	4	51
	FY 2012-13		51

E Coli infections			
	Month / Year	Total	Cumulative
Monthly number of E coli cases	Apr-12	15	15
	May-12	13	28
	Jun-12	17	45
	Jul-12	14	59
	Aug-12	23	82
	Sep-12	22	104
	Oct-12	30	134
	Nov-12	20	154
	Dec-12	14	168
	Jan-13	19	187
	Feb-13	19	206
	Mar-13	23	229
	FY 2012-13		229

Paper for submission to the Board on 9<sup>th</sup> January 2014

<b>TITLE:</b>	<b>Keogh Improvement Plan and Progress Update – December 2013</b>		
<b>AUTHOR:</b>	<b>Julie Cotterill Governance Manager</b>	<b>PRESENTER</b>	<b>Paula Clark Chief Executive</b>
<b>CORPORATE OBJECTIVE:</b> SGO1: Quality, safety & service transformation, reputation, SGO2: Patient Experience, SGO5: Staff commitment			
<b>SUMMARY OF KEY ISSUES:</b>			
<p>The Board met with Monitor representatives on 15<sup>th</sup> August to discuss the Keogh Review and Action Plan and to agree how the Trust would track progress against this. It was agreed that the Monitor template would be used to confirm the Trust position monthly.</p> <p>The attached report focuses on the urgent actions discussed at the Risk Summit. The “Improvement Plan &amp; our Progress” describes the issues identified by Keogh, the actions we are taking and how we will keep the public updated on progress. Progress is monitored in accordance with a colour coded key on the front cover where “blue” denotes “delivered”.</p> <p>“How we are checking that the Improvement Plan is working” summarises how the Trust is checking that the actions we are taking are being delivered and how the Board is assured that actions have been implemented and quality of service has improved.</p> <p>Whilst the Trust has continued to progress the identified actions, some residual work remains to ensure actions are implemented in full and fully embedded.</p>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	<b>R</b>		<b>Risk Description:</b>
	<b>Risk Register: Y</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Outcome 1 - Respecting & Involving people Outcome 4 – Care & welfare of people Outcome 7 - Safeguarding Outcome 12 – Requirements relating to workers Outcome 16 – Assessing & monitoring quality of service provision
	<b>NHSLA</b>	<b>N</b>	<b>Details:</b>
	<b>Monitor</b>	<b>Y</b>	<b>Details:</b> Compliance requirements
	<b>Equality Assured</b>	<b>Y</b>	<b>Details:</b> Better health outcomes for all Improved patient access and experience
	<b>Other</b>	<b>Y</b>	<b>Details:</b> Confirmation of action to DoH
<b>ACTION REQUIRED OF BOARD:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	<b>Y</b>		
<b>RECOMMENDATIONS FOR THE BOARD</b>			
The Board is requested to receive the report, note the progress against urgent actions and identify any further actions required.			

# The Dudley Group NHS Foundation Trust

## Keogh Action Plan and Progress as at December 2013

KEY
Delivered
On Track to deliver
Some issues
Narrative - Disclose delays/risks/plan to recover
Not on track to deliver

# The Dudley Group NHS Foundation Trust - Our Improvement Plan & our Progress

## What are we doing?

- The Keogh review made 39 recommendations, of which 9 were urgent. A Risk Summit, chaired by Paul Watson (Regional Director – Midlands and East, NHS England) was held on 6<sup>th</sup> June 2013 and focussed on supporting the Trust in addressing the urgent actions identified to improve the quality of care and treatment. The Trust recognised all of the recommendations and has ensured that related actions are being addressed by the Trust to improve the quality of services provided to patients.
- Specifically, the Keogh review said that the Trust needed to:
  - Review current nursing and staffing levels using a nationally recognised tool and action any changes required for improving both the quality and safety of care.
  - Review the staffing levels on two large (72 bedded) wards and take action to split these into separate wards
  - Further embed a culture of learning from incidents, complaints and mortality reviews, including reviewing data more systematically to target improvements.
  - Review the complaints process and the way we respond to patients needs.
  - Fully embed patient safety and quality processes at ward level.
  - Review and simplify the Quality Governance processes and arrangements and communicate these to staff
  - Review the performance information required to obtain complete assurance on quality improvement

The Trust has responded positively to the review process with some urgent issues already addressed and many other actions in progress. The Trust accepted the findings and welcomed the support of risk summit members to increase the pace and focus of improvement. Further support was offered to develop clinical leadership with input from NHS England and the NHS Leadership Academy to embed accountability and ownership for quality improvement in the organisation.

- This “Plan and Progress” document shows our plan for making these improvements and demonstrates how we are progressing. It builds on the “key findings and action plan following risk summit” document which we agreed immediately after the review was published <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>.

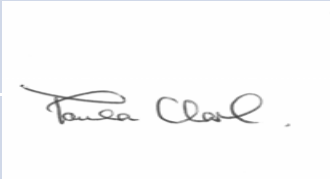
## Who is responsible?

- Our actions to address the Keogh recommendations have been agreed by the Trust Board.
- Our Chief Executive, Paula Clark, is ultimately responsible for implementing actions in this document together with the Executive Directors who provide the executive leadership for quality, patient safety and patient experience.
- Ultimately, our success in implementing the recommendations of the Keogh plan will be assessed by the Chief Inspector of Hospitals who will re-inspect our Trust during 2014.
- If you have any questions about how we’re doing, please contact Paula Clark (01384 321012 or at [communications@dgh.nhs.uk](mailto:communications@dgh.nhs.uk))

## How we will communicate our progress to you

- We will update this progress report monthly and will continue to hold a monthly Board meeting in public where we will update our local community on the progress we are making.
- We will share our progress with our Governors and stakeholders by providing regular updates and briefings
- We will update our staff by providing regular briefings, through our Trust magazine and via our intranet.

Signed by the Chief Executive of The Trust (on behalf of the Board)



Paula Clark



## The Dudley Group NHS Foundation Trust - Our Improvement Plan – October 2013

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Comments/Update	Progress
<p>1. The Trust's quality governance arrangements are complex and were not embedded consistently below Board level</p>	<ul style="list-style-type: none"> <li>The Trust should review its quality governance arrangements to develop and consider how it can embed these further at directorate and ward level</li> </ul>	<p>November 2013</p>	<p>Deloittes</p>	<p>The Trust commissioned Deloittes to undertake an independent review of the Quality Governance arrangements and advise on best practice.</p> <p>The review found areas of good practice and noted some areas where improvements could be made in relation to the effective governance of quality, many of which the Board are already addressing. The Board has considered the report and is progressing the actions.</p>	
<p>2. Systematic learning from incidents, reviews and complaints was not clearly evidenced by the Trust.</p>	<ul style="list-style-type: none"> <li>The Trust should review how it can embed a culture of learning from incidents, RCAs, complaints and mortality reviews, including reviewing data more systematically to target improvements.</li> <li>The Trust should also review its complaints process to ensure that it is fully addressing the Ombudsman's requirements and there is adequate resource to support this.</li> </ul>	<p>September 2013</p> <p>October 2013</p>	<p>West Midlands Quality Network Clinical Commissioning Group Central Support Unit</p>	<p>A review has been undertaken and actions have been agreed. Revised procedures have been introduced.</p> <p>A review has been undertaken. The Trust complies with statutory requirements. An action plan is in place.</p>	
<p>3. The Trust's mortality review process is currently not identifying opportunities for systematic improvement</p>	<ul style="list-style-type: none"> <li>The Trust needs to consider how it will review mortality data more systematically and use this alongside its learning from directorate reviews to target improvement actions more effectively.</li> </ul>	<p>October 2013</p>		<p>The Trust has revised the mortality review process and board report. Reporting is now comprised of mortality data, feedback from Directorate performance reviews and speciality mortality meetings. Local Speciality and Directorate level actions reflect a trust level log of ongoing actions in response to the data, which is reviewed monthly.</p>	

## The Dudley Group NHS Foundation Trust - Our Improvement Plan – October 2013

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Comments/Update	Progress
<p>4. The Trust has capacity challenges which its operational management procedures are not addressing fully</p>	<ul style="list-style-type: none"> <li>The Trust's system for bed management, patient flows and discharge need to be urgently reviewed and improved to address operational effectiveness issues and improve patient experience</li> </ul>	<p>October 2013</p> <p><b>Ongoing monitoring</b></p>	<p>Emergency Care Intensive Support Team (ECIST) to review processes NHS England</p>	<ul style="list-style-type: none"> <li>ECIST follow up review team response agreed. Action plan being delivered</li> <li>AEC unit saw 451 patients in first month</li> <li>Weekly planning meeting identifies upcoming high risk (capacity) days</li> <li>Directorate management teams operating manager and nurse of the day for capacity management</li> <li>Improved weekend medical (GP and hospital doctor cover</li> <li>Transfer nurses routinely booked for high trigger days</li> </ul>	
<p>5. The Board's patient experience strategy needs further development and embedding at ward level.</p>	<p>The Trust Board has more work to do to agree a Patient Experience Strategy with clear performance metrics, embed this and demonstrate that it is effectively monitoring performance.</p>	<ul style="list-style-type: none"> <li>Mid July 2013</li> </ul> <p><b>Revised Timescale Dec 2013</b></p>	<p>Healthwatch Clinical Commissioning Group Stakeholder Event</p>	<p>Information gathered at event fed back to participants. Meeting arranged with CCG and Healthwatch to discuss strategy development and metrics Patient Experience Strategy received at Board</p>	
<p>6. The Trust's nurse staffing levels/skill mix need urgent review along with some other staffing issues identified.</p>	<ul style="list-style-type: none"> <li>The Trust should review its current staffing levels for nursing and medical staff using a nationally recognised tool; it should then action any changes required for improving both the quality and safety of care.</li> <li>There is an urgent action identified to make sure that nurse staffing levels are assessed using an evidence based methodology. This should be reviewed in conjunction with the clinical teams to ensure each ward has appropriate nurse staffing levels and the appropriate ratio of registered to unregistered nurses on all wards.</li> <li>The Trust should review how it can improve engagement in the national staff survey.</li> <li>It should further review staff engagement in theatres, following up the external review undertaken in 2012.</li> </ul>	<ul style="list-style-type: none"> <li>Sept 2013</li> </ul> <p><b>Revised Timescale TBA</b></p>	<p>No additional support was required.</p>	<ul style="list-style-type: none"> <li>AUKUH (Tool to measure staffing levels) Data collected.</li> <li>National Database not yet available.</li> <li>Use of bank and agency staff continues to cover absence and sickness.</li> <li>Daily Nurse to Patient Ratio published on wards as per RCN Best practice.</li> <li>The Trust runs staff focus groups relating to the national survey and has implemented changes over the past two years as a result. Staff are also given time to complete the survey.</li> <li>A full review of theatres has been undertaken. (refer also to item 9)</li> </ul>	

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Comments/Update	Progress
7. A number of the Trust's processes relating to patient safety and quality were not being consistently applied at ward level.	The Trust should review its processes to ensure all equipment and safety checks are undertaken appropriately.	<ul style="list-style-type: none"> <li>• July 2013</li> </ul>	No additional support was required.	<ul style="list-style-type: none"> <li>• Delivered.</li> <li>• In Place.</li> <li>• Audit now embedded.</li> </ul>	
8. Consistency of pressure ulcer care including prioritisation of patients and access to equipment	<p>The Trust should review its processes to provide appropriate care and equipment for patients that are high priority for pressure ulcer prevention.</p> <p>The Trust should also audit compliance with its pressure ulcer care bundles</p>	<ul style="list-style-type: none"> <li>• July 2013</li> <li>• July 2013</li> </ul>	No additional support was required.	<p>The Trust has reviewed pressure ulcer care bundles and implemented bundle usage and compliance as part of a monthly audit review.</p> <p>Audits are now part of the Forward Audit programme.</p>	
9. Theatre Staff engagement.	The Trust has agreed to undertake a follow up review of theatres, specifically around staffing levels and response to an earlier whistle-blowing issue.	Sept 2013	No additional support was required.	<ul style="list-style-type: none"> <li>•The Theatre investigation is complete.</li> <li>• External advisor contacted for a scoping exercise.</li> <li>• Initial safety checks implemented.</li> </ul>	

## The Dudley Group NHS Foundation Trust - How we are checking that our improvement plan is working

Oversight and improvement action	Timescale	Action owner	Progress
Independent External Review of Quality Governance arrangements by External Auditors.	Delivery November 2013	Director of Finance	
Monthly progress update report on Keogh actions by Lead Directors to Board.	Monthly	Executive Directors	
Mortality & Morbidity Reports to Clinical Quality Safety and Patient Experience Committee	Monthly	Medical	
Governors holding Board to account on all aspects of quality	November 2013	Governors	
Working with a range of partners, who are providing support on a variety of areas, including mortality levels and service quality. These partners include the Emergency Care Intensive Support Team, AQuA (Advancing Quality Alliance).	From July 2013 onwards	Executive Directors	
Monthly scrutiny by the Clinical Commissioning Group through Clinical Quality Review meetings.	Monthly	Director of Nursing / Medical Director	
Local economy level consideration of whether the trust is delivering its action plan and improvements in quality of services by a Quality Surveillance Group (QSG)	Monthly	Chief Executive	
Update reports to the Dudley Health Scrutiny Committee confirming progress against the Action Plan.	When requested	Director of Nursing	
Trust Reports to the public about how our trust is improving via briefings to local media and monthly public board meetings.	Monthly	Chief Executive	

# The Dudley Group

NHS Foundation Trust

Paper for submission to the Board of Directors

On the activities of the Charitable Funds Committee

<b>TITLE</b>	Charitable Funds Committee meetings held on 28 <sup>th</sup> November 2013		
<b>AUTHOR</b>	Chris Walker	<b>PRESENTER</b>	Richard Miner
<b>CORPORATE OBJECTIVE:</b>			
SG 06 Enabling Objective			
<b>SUMMARY OF KEY ISSUES:</b>			
The report provides a summary of the key reports and discussion held at the Charitable Funds Committee meeting held on 28 <sup>th</sup> November 2013.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISKS</b>	<b>Risk Register</b>	<b>Risk Score</b>	<b>Details:</b>
		N	
<b>COMPLIANCE</b>	<b>CQC</b>	N	<b>Details:</b>
	<b>NHSLA</b>	N	<b>Details:</b>
	<b>Monitor</b>	N	<b>Details:</b>
	<b>Other</b>	N	<b>Details:</b> Compliance with Charity Commission rules and regulations
<b>ACTION REQUIRED OF BOARD:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
			X

**RECOMMENDATIONS FOR THE BOARD:**

**The Board is asked to note the summary of the meeting held on 28<sup>th</sup> November 2013.**

**Report of the Chair to the Board of Directors**

**Charitable Funds Committee Meeting held on 28<sup>th</sup> November 2013**

**1. Background**

The Charitable Funds Committee of the Board met on 28<sup>th</sup> November 2013. The Committee considered the financial performance of the charitable funds and the latest fundraising updates. The Committee noted in particular the following matters:

**2. Finance Update**

The Statement of Financial Activities and Balance Sheet were presented to the Committee. For the period ending 31<sup>st</sup> October 2013 the headlines were:

- The Trust's charity had £412,692 of total voluntary income of which £189,845 is Legacy's and £222,847 worth of donations.
- Total expenditure reached £500,120 which has been used for purchasing equipment and the cost of raising funds.
- The total fund balances carried forward are £2,774,657.
- Fixed assets totalled £1,102,329.
- Short term investments totalled £1,456,350
- Total cash at the bank and in hand equalled £211,532

Analysis of the current investments was presented and discussed. It was noted that the Charity had removed its investments with The Co-operative Bank and invested in Santander at the same rate as the other deposit funds with this institution.

Details of legacies received in the reporting period were presented and discussed.

An update was provided on the actual general funds and the total commitments and restrictions for the period ending October 2013. There was £590,493 in general funds in the charity and there was £131,008 worth of commitments which means that there is £459,485 left which could be committed. There is the potential for a lot of the general funds to be spent on new equipment for the Trust. Examples were discussed including Emergency Department environment improvements and GUM Clinic patient waiting area.

A report was discussed which highlighted the funds where no expenditure had taken place in the current financial year. Although there had been a lot of purchases of medical equipment so far this year there remains some funds that haven't had any spend year to date. It was agreed that a sample of fund managers be invited to the next meeting for funds that continue to not spend so that they can present their spending plans to the Trustees. Ultimately the Trustees have the power to remove the fund manager and discharge the funds accordingly.

### **3. Fundraising Update**

The Fundraising Manager attended the meeting and presented an update to the Committee. The key points raised were:

- Increased use of social media and networking had led to community fundraising and corporate support.
- The Charity has announced its first 'Corporate 100' Charity of the Year as Chartway (Pensnett Trading Estate). Chartway has agreed to back our Cancer Charity Campaign as a £1,000 sponsor and they have also pledged to organise various fundraising initiatives throughout the year.
- The Charity had been nominated as Charity of the Year by the following businesses and they have all pledged to raise £1000+ each. Specsavers Dudley for Georgina, Specsavers Stourbridge for Neonatal B&M Stores Brierley Hill for Georgina and Pedmore Fish Bar for Cancer Services.
- Fundraising within the hospital had gone well and included Olympic Village Furniture Silent Auction, Education Centre Charity hosting a Cake Sale and Raffle in December.
- Future Plans included, wear a Santa suit for the day on the 6<sup>th</sup> December, Christmas Carol singing at Russells Hall hospital 6<sup>th</sup> December, making a donation in lieu of Christmas cards, Christmas appeal: Cancer – Caring for the patient and their family and Tree of Light and Book of Dedications.

The Fund Raising Manager had been set a fundraising target of £97k for the year. At the end of October fundraising was £13k above target with a balance of £37k against a target of £24k.

### **4. Charity Shop Feasibility**

The Fundraising Manager presented a feasibility report into the Charity having a Charity Shop. The report stated that the charity shop sector as a whole is still on the increase with shops showing record profits as charity shops are attracting a wider demographic. Information had been requested from members of the Institute of Fundraising and the overall response was very positive.

The report reviewed the current locations of Charity Shops in the Dudley Borough and highlighted where a Charity Shop would be best situated. The Committee were informed that the main resources needed to set up the shop would be £15,000 for a professional shop fitting, £600-£1,000 p.c.m. for the rental of the premises and £16,000 as the salary for a full time manager for the shop. The shop would have a substantial amount of donations because of the amount of staff in the Trust who could donate items. A successful shop would provide the charity with a £30k contribution per annum.

The Committee were concerned around the level of sales required per week to generate the contribution. Sales of £2,000 a week would be needed. The Committee were also concerned that a lot of the Fundraisers time would be used up dealing with issues when the shop manager wouldn't be there. From a financial perspective there was a risk to go ahead with setting up the Charity Shop but the exposure it would give for the charity would be very good.



The Committee asked for further work to be carried out on how a local Charity Shop would perform. Further details of the amount of sales they take, how many customers come in, and how many NHS Charities have Charity Shops already. The Committee noted the relatively small contribution a shop would make and asked the Fundraiser to consider this in relation to the amount of time and effort that would need to be put into running a shop that may distract from the day to day fundraising activities.

**5. Matters for the attention of the Board of Directors or other Committees**

The Board is asked to note the summary report above of the meeting of the Charitable Funds Committee held on 28<sup>th</sup> November 2013.

**Richard Miner**

**Chair – Charitable Funds Committee**

Paper for submission to the Board on Thursday, 9<sup>th</sup> January, 2014

<b>TITLE:</b>	<b>Organ Donation Celebratory Sculpture Report</b>		
<b>AUTHOR:</b>	<b>David Badger, Non Executive Director</b>	<b>PRESENTER</b>	<b>David Badger, Non Executive Director and Rebecca Timmins, Organ Donation Specialist Nurse</b>
<b>CORPORATE OBJECTIVE: Quality Strategy</b>			
<p><b>SUMMARY OF KEY ISSUES:</b></p> <p>The Trust Board will be aware that the Trust's Organ Donation Committee has been working to create a celebratory sculpture as part of our local response and contribution to the objectives of the Organ Donation Task Force report and the five year programme 2008-2013. This report is intended to provide the Trust Board with an update on progress made and will recommend to the Board, the panels preferred artwork, which the panel believe captures the projects aims and artist brief.</p> <p>Section 1: Background and Process  Section 2: Selection Panel  Section 3: Responses received  Section 4: Costs and Funding budget  Section 5: Additional Works  Section 6: Unveiling  Section 7: Recommendations</p>			
<b>IMPLICATIONS OF PAPER: <i>(Please complete risk and compliance details below)</i></b>			
<b>RISK</b>			<b>Risk Description: N/A</b>
	<b>Risk Register:</b>		<b>Risk Score: N/A</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>1</b>	<b>Details:</b>
	<b>NHSLA</b>		<b>Details:</b>
	<b>Monitor</b>		<b>Details:</b>
	<b>Equality Assured</b>		<b>Details:</b>
	<b>Other</b>	<b>12</b>	<b>Details: Organ Donation Taskforce Recommendation</b>

**ACTION REQUIRED OF COMMITTEE: .**

Decision	Approval	Discussion	Other
	X		

**RECOMMENDATIONS FOR THE BOARD**

The Board is asked to consider the attached report and the recommendation of the Organ Donation Celebratory Sculpture Selection Panel which will be presented at, or just prior to the meeting

**STRATEGIC OBJECTIVES : (Please select for inclusion on front sheet)**

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

PAPER FOR SUBMISSION TO TRUST BOARD

<b>Title:</b>	Organ Donation Celebratory Sculpture
<b>Summary:</b>	<p>The Trust Board will be aware that the Trust's Organ Donation Committee has been working to create a celebratory sculpture as part of our local response and contribution to the objectives of the Organ Donation Task Force report and the five year programme 2008-2013.</p> <p>This report is intended to provide the Trust Board with an update on progress made and will recommend to the board, the panels preferred artwork, which the panel believe captures the projects aims and artist brief.</p> <p>Section 1: Background and Process</p> <p>Section 2: Selection Panel</p> <p>Section 3: Responses received</p> <p>Section 4: Costs and Funding budget</p> <p>Section 5: Additional Works</p> <p>Section 6: Unveiling</p> <p>Section 7: Recommendations</p>
<b>Action required of Trust Board</b>	The Board is asked to consider the attached report and the recommendation of the Organ Donation Celebratory Sculpture Selection Panel which will be presented at, or just prior to the meeting.
<b>Corporate objective ref:</b>	Quality strategy
<b>CQC Essential Standards</b>	CQC Outcome 1 Organ Donation Taskforce Recommendation 12
<b>Author:</b>	Mr David Badger & Miss Rebecca Timmins
<b>Lead Director:</b>	Mr David Badger
<b>Date of Paper:</b>	20 <sup>th</sup> December 2013
<b>For Trust Board meeting on:</b>	9 <sup>th</sup> January 2014

## SECTION 1: BACKGROUND AND PROCESS

The Organ Donation Committee presented to the Trust Board and Trust Charities Committee in the spring of 2013 a proposal for an Organ Donation Recognition Project, celebrating the gift of life that donors and their families give to others.

This project was supported by the Trust Board and Charities Committee and an artist brief (see attached document) was formulated by the Organ Donation Committee, which described what was required of the artists, and the aims and intentions of the project.

## SECTION 2: SELECTION PANEL

The Organ Donation Committee set up a panel to consider submissions received and make a final selection. The Panel consisted of:-

- Consultant Lead for Organ Donation
- Specialist Nurse for Organ Donation
- Organ Donor Family Representative
- Trust Chaplain
- Chair of Organ Donation Committee(Governor)
- Trust Board Representative(Deputy Chair)
- Governor (Volunteer representative)
- Facilities and Estates representatives

The panel commissioned and has been supported and advised throughout by Dudley Council's Artist in Residence. In the light of the tremendous response received this support has proved invaluable.

## SECTION 3: RESPONSE RECEIVED

29 Submissions were received in response to the original brief from artists across the country. Many had Black Country connections and in most cases the materials proposed for the sculpture were also synonymous with the area. A number of artists had already completed work in the area and, in one case, in Russells Hall Hospital itself.

Members of the selection panel gave detailed consideration to each proposal received and agreed a shortlist of 6 pieces of artwork from 5 artists.

The panel also asked a number of supplementary questions of each short listed artist in relation to various detail of their submission.

The selection panel met most recently on 19<sup>th</sup> November 2013 to further consider the short listed projects along with the further information requested from each artist.

There was unanimous agreement that the short list of 6 could be reduced to 3.

The Panel recognised the need for a further and final review and decided that it would be appropriate to invite members of Trust Board and the Council of Governors to view and comment upon the final three proposals before meeting to make their final recommendation.

A viewing opportunity was therefore provided for Directors and Governors in early December and a number of written comments have been received as a result of this. These will be considered by the panel as part of their final deliberations.

*The selection panel will meet on Monday 6<sup>th</sup> January 2013 to make a final decision and recommendation to the Trust Board meeting on Thursday 9<sup>th</sup> January 2014. A verbal report or, if timing permits, a late supplementary paper will be provided at or just before the January Board meeting.*



**SECTION 4: COSTS AND FUNDING**

**BUDGET**

The budget currently available is made up as follows:-

- Grant from NHSBT - £ 5000
- Charitable Funds allocation - £15000
- TOTAL - £20000

**COSTS**

- Artist commissions including support -£4500
- Celebratory Sculpture -£15500

In addition Summit have agreed to complete basic groundwork's and a base for the chosen sculpture without charge.

## SECTION 5: ADDITIONAL WORKS

The chosen artwork when complete will stand alone as originally planned. However it has become clear to the selection panel that considerable enhancement of the project would be possible with minor landscaping around the sculpture.

A number of ideas have emerged from discussion and the Panel will give further consideration to this with the successful artist. A further report will be submitted in due course.

## SECTION 6: UNVEILING

It is anticipated that the project will be completed in the spring/summer of 2014 and it is felt that a special unveiling of the sculpture will be appropriate. This will also be the subject of a further proposal to Trust Board.

## SECTION 7: RECOMMENDATION

The Trust Board is recommended to:-

- i) Approve the recommendation of the Organ Donation Celebratory Sculpture Selection Panel to commission the chosen artist and artwork.
- ii) Note that further reports will be received in relation to possible further landscaping and arrangements for unveiling of the completed work.

## **Brief for Organ Donation Celebration and Memorial, Dudley Group NHS Foundation Trust, new Russells Hall Hospital extension**

### **Background / Introduction**

The Organ Donation Taskforce (Department of Health) identified obstacles to organ donation and suggested in 2008 solutions to deliver the increase in transplants that is so desperately needed. The Taskforce made 14 recommendations in order for Organ Donation to be seen as a usual, and not an unusual, event as part of end of life care.

Recommendation 12 said:

“Appropriate ways should be identified of personally and publicly recognising individual organ donors, where desired. These approaches may include national memorials, local initiatives and personal follow-up to donor families.”

The goal of this project would be to recognise the contribution of organ donors and particularly local donors, and the gift of life given, and to also raise awareness of the value of organ donation. Families of organ donors often find great comfort in knowing that their loved one help change or save another persons life, which also impacts on that persons family and friends.

DGNHS Foundation Trust has had for some years a successful Hospital Arts Programme, which has included the integration of Public Art installations, such as those by the acclaimed Land Artist Chris Drury, into the newly built courtyards, and a variety of works in and around the Faith Centre, and also an ongoing programme of changing exhibitions. We would now like to continue this initiative with the commissioning of an exterior Entrance Sculpture to celebrate, and memorialise, *'The Gift of Organ Donation'*.

### **Theme of the Sculpture**

The Sculpture would have a two fold role: it is intended firstly to thank former patients/organ donors, and their families who have helped save another person after their death. Secondly the artwork/sculpture will promote the concept of Organ Donation and inspire and encourage others to discuss donation with family and friends, as well signing up on to the Organ Donor Register. Thus the Memorial needs to be relevant to a number of groups of people:

1. Honour the patients and relatives who gave life and hope to others in their final hours of life.
2. The General Public to be inspired by the gift of life given and encourage the public to give this high standing and encourage them to support donation/also want to become a donor.
3. The Hospital Staff including those involved in the Organ Donation process to recognise the special gift given by the donor and their family.

This wide relevance is the reason why the artwork needs to be both Celebration *and* Memorial at the same time.

It is intended for an inscription to be incorporated into the memorial that captures key elements of the message; 'through giving health and life to a stranger at a time of great sadness we gain immense strength and know that more than the memory of our loved one lives on'.

Examples might include 'the gift of life', 'the circle of life', 'the greatest gift at the hardest time'.

Artists would be encouraged to come up with an original, elegant and powerful message based on these themes. The panel will reserve the right to choose the final inscription.

### **Parallel Examples**

There are many examples of Organ Donation Sculptures from around the world both abstract and figurative, and also sometimes incorporating text, such as the names of donors.

Note that in some cases elsewhere the Memorial is used for a celebratory *Annual Event* to thank donors and promote donation, we would like our memorial to have at least the potential to be used in this positive way.

The Hospital has for some time had a successful temporary installation, a *Prayer Tree* outside the Faith Centre to which visitors can add prayers written on leaves or flowers, thus at one preliminary meeting about the project the idea of an illuminated "*Tree of Lights*" was discussed as a way of creating a sculpture to which inexpensive small *led* lights could be gradually added representing more and more donors or recipients, but there is as yet no set form for the artwork, this is just one possibility...

### **Site of project**

The site of the sculpture is proposed to be the Entrance Boulevard at the front of the hospital however we will have confirmation of site in 6 weeks time. The preferred site is adjacent to the Main Entrance of the Hospital where there is a linear area of grass and large planting bed running parallel to the main façade (see Site Plan and photos). We require a sculpture that would have an immediate visual impact, but where donor families, and people visiting the hospital could sit and reflect upon the gift of life that is given by organ donors.

Nearby is one of a series of modern artist designed benches in stainless steel by Peter Whitehouse, in addition there are decorative low blue dotted mesh

screens running down the centre of the adjacent traffic boulevard somewhat in the manner of Lichtenstein.

The building by Percy Thomas Partnership itself is also modern in appearance clad in a grid of white coated panels rather in the manner of the American architect Richard Meier, with a curved entrance canopy. However it is not essential that proposals echo these modernistic references, a contrast may also be appropriate.

It is hoped that the artwork could be of a reasonable *scale* to have impact from a distance as the entrance is approached from the car parks, as well as being of interest at close quarters.

### **Materials/ durability/ maintenance**

Any durable sculptural material can be proposed, to last for at least 40 years, although it is noted that to create an object or objects of reasonable size materials such as steel may be appropriate. The existing Memorial in Nottingham appears to utilise bronze, but as a number of small bronze components brazed together to make one large piece economically, a similar process to that originally used to construct the flock of *Arctic Terns* which was donated to the Russells Hall Hospital from a local shopping centre. The Artwork should be designed to require little or no maintenance, with the chosen artist also providing notes on maintenance and cleaning.

### **Foundation / installation**

Whilst chosen artists will need to provide details of what foundation is required and how the sculpture will be affixed to it, the actual cost of the foundation will be borne by Summit Healthcare, who maintain the Hospital on behalf of the Trust, and they will build the foundation.

The site has good access for installation adjacent to the bus boulevard, artists should include for the costs of delivery and installation, by Hi-ab lorry or as appropriate. They will be expected to provide a Method Statement etc

### **Budget**

£15,000 (including VAT) for the material is expected. The artists would be required to attend a celebratory opening (no separate travel expenses) in the Spring 2014. To be paid in 3 equal instalments, on commission, half way through\*, and after installation (\*by visual evidence obtained (photographically or by visit).

Design Fees 3 x £500 separate to main budget (no separate travel expenses)

### **Selection Process**

Selection process will be in 3 Stages and will be drawn from the *Organ*

*Donation Committee*

Including: Consultant Dr Julian Sonksen

Specialist Nurse Rebecca Timmins

Hospital Chaplain Mark Stobert

Member of Trust Board ; also:  
Dudley Borough Artist/ art adviser Steve Field RBSA, and  
A representative of Summit Healthcare with ref to H and S, foundation, installation etc  
A member from the Hospital Board of Governors

Invitation to participate is particularly aimed at artists with Black Country connections, for example by birth, education or residence. Process is:

1. Invitation for Artists to send in letters expressing interest /cv's/ 6 selected printed images of work , to Public Art Studio, Himley Hall, Dudley, DY3 4DF, by 31<sup>st</sup> July (Images are non returnable and should be annotated colour copies).

2. Selection of three Artists to visit the Hospital and produce sketch ideas. Artists will be given £500 each to produce designs. The sketch designs may be used in the hospital in an exhibition.

3. Selection of chosen Artist by Panel, *subject to any Planning issues.*

Timescales (provisional)

Advertisement during June-July 2013

Selection of 3 Artists July-August 2013

Designs inc outline costing's/ technical details, by August 2013

Final Artist chosen by end September 2013; if Planning Permission agreed,

Completion by April 2014 (6 month period allowed) 05/13

### **Words for inspiration**

- Freedom -from ill health
  - Passing on the gift of life
  - Heart felt thanks
  - New beginning Central to life
  - New life and health
  - Joy
  - Gratitude
  - Gift
  - Sadness – at others death
  - Relief (when the recipient is told there is a suitable donor)
  - Excitement (at the thought of a new life following transplant)
  - Playing with the children (transplant allowing them to do this)
  - Going to work
  - Altruistic (the wonderful gift of donation given selflessly)
  - Charity
  - Honour (the gift given and the donor and their family)
  - Thankful
  - Eternally grateful
  - Life changing
  - Life saving
  - Selfless
- Legacy  
Elegance  
Humane  
Celebrate  
Mercy and compassion



- Giving
- Respect
- Big hearted
- Considerate
- Humble
- Devoted
- Bequeath (Bequest)
- Comforting (Donor families knowing they have helped another person/family)
- Courage (to think of others and donate)
- Positive
- Precious
- Caring
- Generous
- Beauty
- Life

**Paper for submission to the Board of Directors**  
**On the activities of the Finance & Performance Committee**

<b>TITLE</b>	<b>Finance &amp; Performance Committee meetings held on 19<sup>th</sup> December 2013</b>		
<b>AUTHOR</b>	<b>Paul Assinder</b>	<b>PRESENTER</b>	<b>Paul Assinder</b>
<b>CORPORATE OBJECTIVE:</b>  SO 10 Enabling Objective			
<b>SUMMARY OF KEY ISSUES:</b> <ul style="list-style-type: none"> <li>• The Trust has traded in significant deficit for the 4<sup>th</sup> month in the last 5 and posted a deficit of £323,000 in November.</li> <li>• We are now £1.3m behind our year to date plan. The main causes of these difficulties are pay which is now exceeding budget by £300,000 per month; income which is behind plan and a £1,8m underachievement of CIP savings.</li> <li>• The Trust has generally continued to perform well against the long list of access and waiting target set by the NHS nationally and locally but the 4 hours ED target remains a significant risk for Q3 and C Diff rates are significantly over trajectory.</li> <li>• The Trust has been rated by Monitor:             <ul style="list-style-type: none"> <li>○ Financial Risk                      3</li> <li>○ Governance Risk                    Green</li> <li>○ New continuity of Service        3</li> </ul> </li> </ul>			

**IMPLICATIONS OF PAPER:**

<b>RISKS</b>	<b>Risk Register</b>	<b>Risk Score</b> Y	<b>Details:</b> Risk to achievement of the overall financial target for the year Failure to achieve the 4 hours A&E target in Q3 Financial deficit now forecast
<b>COMPLIANCE</b>	<b>CQC</b>	<b>N</b>	<b>Details:</b>
	<b>NHSLA</b>	<b>N</b>	<b>Details:</b>
	<b>Monitor</b>	<b>Y</b>	<b>Details:</b> Monitor has rated Trust at 'Green' for Governance & '3' (good) for Finance at Q2. The Trust remains on quarterly monitoring by Monitor.
	<b>Other</b>	<b>N</b>	<b>Details:</b> Some exposure to performance fines by commissioners

**ACTION REQUIRED OF BOARD:**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
			<b>X</b>

**NB: Board members have been provided with a complete copy of agenda and papers for this meeting.**

**RECOMMENDATIONS FOR THE BOARD:**

**The Board is asked to note the significant deterioration in the Trust's financial performance**

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

### Finance and Performance Committee Meeting held on 19<sup>th</sup> December 2013

#### 1. Background

The Finance & Performance Committee of the Board met on **19th** December 2013. 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. The Committee noted in particular the following matters:

#### 2. Cost Improvement Programme

The Committee considered a report on the Trust's £12.4m Cost Improvements Programme (CIP). To date savings of £8.7m (£7.1m previously) have been actioned. However this is already behind plan and a full year under delivery of CIP of £2.6m is forecast. Particular problem areas are the Directorates of Emergency & Specialist Medicine, Women & Children, where savings have not yet been identified; and Trust wide schemes, There has also been delay in approving schemes due to the Directorates' delay in providing supporting information to the medical and nursing directors, who have to personally 'sign off' schemes as part of the quality assurance process.

The Committee received a presentation from the Clinical Director and General Manager of the Directorate of Ambulatory Care. The Committee were presented with a revised set of proposals which would deliver the annual CIP target of £613,000, if fully achieved.

### **3. Progress with the Junior and Middle Grade Doctor Trust Recruitment Programme**

The Committee received a report from the Dr Whallett and Dean Summlar HR Business Partner, on the scheme to reduce spending on medical agency through the direct recruitment to trust training jobs for mid-grade medical staff.

This has [proven only partially successful with a £70,000 year to date benefit for non ED staff but a failure to recruit to any such posts in ED (where the most acute overspending on locum staff is experienced).

Dr Whallett's Team was invited to offer proposals for the reduction in the current £2m spend on agency and locum medical staff.

### **4. Plan to increase the compliance rate of mandatory training**

The Director of HR presented a report which considered proposals to improve rates of mandatory training in Directorates. It was noted that overall rates now exceed 72%. However more creative proposals will have to be developed to achieve further improvement in the absence of scope for further financial investment.

### **5. Workforce KPIs**

The Committee received a report from the Director of Human Resources, noting the following:

- a. Absence  
The Trust absence rate for the month of October is 3.74 % (3.77% previously) and was 4.02% in 2012. The 2013-14 target is 3.50% and YTD performance is 3.74%
- b. Turnover  
Turnover continues to remain consistent and within target at 7.91% (7.77% previously)
- c. Pre-employment Checks  
Pre-employment checks managed through the Centralised Recruitment Department perform at 100%, together with 100% for Medical Workforce recruitment.  
Staff bank also performed at 100%.
- d. Mandatory Training and Appraisals  
The compliance rates for Mandatory Training have shown a small improvement on previous months to 73.7%.  
Appraisals have increased again this month to 84.47% (84.22% previously).
- e. Professional Registration  
100% of Professional registrations checks have been performed.

- f. Vacancies  
The current live vacancy rate has reduced slightly to 227 FTE.
- g. Employment Tribunal Summary  
The Committee noted that the Trust had 5 live ET cases.

## **6. Financial Performance for Month 8 – November 2013**

The Trust made a trading loss of £0.3m in November. A surplus of £0.1m was forecast, and this performance is of concern due to the current trends in spending on pay, particularly on temporary staff. In the first 6 months of this year, the Trust spent more on agency nursing staff than in the whole of 2012-13, whilst the overall Trust headcount is at its highest ever level.

For the 8 months period in total the trust is now recording a cumulative deficit of £515,000.

However, due to a number of factors the forecast for the year in total has deteriorated and an annual deficit of £1m is now forecast. Principle factors are:

- Continued confusion in the NHS commissioning leading to uncertainty of income and a significant loss of income in respect of maternity services.
- Slippage on the Trust's CIP programmes delivery.
- A continued deterioration in the 'run rate' of Trust spending, particularly on bank and agency nurses.

The Trust's balance sheet and liquidity position remains solid. However working capital is being eroded through continued trading deficits.

Capital spending is now below phased plans due to slippage on IT and medical equipment programmes.

## **7. Performance Targets and Standards**

The Committee noted the following matters:

### **a) A&E 4 Hour Waits**

The percentage of patients who waited under 4 hours within A&E for November was 94.1%. The Trust has made an extremely poor start to Q3 and now very likely to miss this important target.

**b) Diagnostic 6 week waits**

The Trust had no waiting breaches in November.

**c) Never Events**

The Trust had one 'never event' in November, relating to a retained throat swab in a theatre patient. The Committee was assured that no harm had been caused to the patient concerned as a result of this error.

**d) C Difficile Infections**

The Committee has expressed concern about the ambitious nature of this target in 2013-14. We have now exceeded Monitor's de minimus target of 12 for a full year and are considerably over trajectory for year to date (34 against a target of 26). The Committee previously referred the increase in C Difficile numbers in Q2 for investigation by the Clinical Quality Safety and Patients Experience Committee.

**8. Monitor Risk Assessment Framework Q2 Feedback**

The Committee noted Monitor's rating of the Trust at Q2 as:

Financial Risk Rating	3
Governance Rating	Green
New Continuity of Service (COS) rating	3 (1 <i>high risk</i> – 4 <i>lowest risk</i> ).

**9. Matters for the attention of the Board of Directors or other Committees**

The Committee has requested that the Board notes in particular the significant and sustained deterioration in the financial performance of the Trust.

**PA Assinder**  
**Director of Finance & Information**

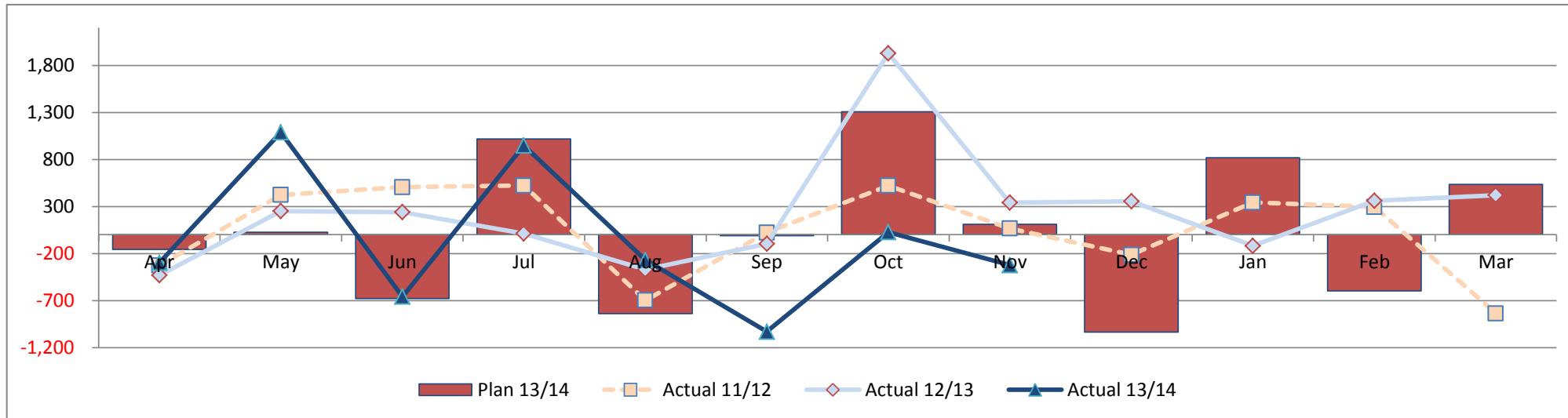
FINANCIAL SUMMARY

NOV 2013

	CURRENT MONTH				CUMULATIVE TO DATE				YEAR END FORECAST					
	BUDGET £000	ACTUAL £000	VARIANCE £000		BUDGET £000	ACTUAL £000	VARIANCE £000		BUDGET £000	ACTUAL £000	VARIANCE £000			
INCOME	£26,254	£26,293	£39	●	INCOME	£207,100	£206,813	-£287	●	INCOME	£308,641	£309,243	£602	●
PAY	-£15,418	-£15,733	-£315	●	PAY	-£122,828	-£122,462	£366	●	PAY	-£184,916	-£182,797	£2,119	●
CIP	-£118	£0	£118	●	CIP	£1,817	£0	-£1,817	●	CIP	£3,753	£0	-£3,753	●
NON PAY	-£8,711	-£9,004	-£293	●	NON PAY	-£70,107	-£69,842	£266	●	NON PAY	-£104,130	-£104,632	-£502	●
<b>EBITDA</b>	<b>£2,006</b>	<b>£1,556</b>	<b>-£450</b>	●	<b>EBITDA</b>	<b>£15,981</b>	<b>£14,510</b>	<b>-£1,471</b>	●	<b>EBITDA</b>	<b>£23,348</b>	<b>£21,815</b>	<b>-£1,534</b>	●
OTHER	-£1,895	-£1,879	£17	●	OTHER	-£15,202	-£15,025	£177	●	OTHER	-£22,848	-£22,638	£210	●
<b>NET</b>	<b>£111</b>	<b>-£323</b>	<b>-£433</b>	●	<b>NET</b>	<b>£780</b>	<b>-£515</b>	<b>-£1,294</b>	●	<b>NET</b>	<b>£500</b>	<b>-£824</b>	<b>-£1,324</b>	●

NET SURPLUS/(DEFICIT) 12/13 PLAN & ACTUAL

NOV 2013



**Key Comments**







£323k deficit in November (planned for £111k surplus so £433k behind plan). Cumulatively deficit of £515k (£1.294m behind plan). The cumulative income position is now £287k behind plan. This includes £2m transitional support (pro rata of £3m), £200k Winter Pressure monies (1/5 of £1m), additional anticipated education funds of £200k, partially abated by a risk reserve of £909k (increased penalties and CQUIN). The November spend run rate represents the highest monthly sum incurred (driven largely by growing pay costs from increasing numbers of employed staff without any reduction in bank/agency. Non-pay spend also continues to exceed budget (November second highest monthly spend). Increased costs resulting in failure of Directorates to deliver control totals. As such, the year end forecast has now deteriorated to an estimated deficit of £824k. The repeat of spend patterns from previous years would also indicate a year end deficit of between £0.7m to £1.8m.



APPENDIX 2

Page	Area	Breach Consequence	Measure	Month Actual	Month Target	Monthly Trend	Year End Forecast	
4	A&E	2% of revenue derived from the provision of the locally defined service line in the month of the under-achievement	A&E 4 hour wait	94.1%	95%	↑	●	
5	Cancer		14 Day – Urgent GP Referral to Date First Seen	98.7%	93%	↑	●	
5	Cancer		14 Day – Urgent GP Breast Symptom Referral	100%	93%	↑	●	
5	Cancer		31 Day – Diagnosis to Treatment for All Cancers	100%	96%	→	●	
5	Cancer		31 Day – 2 <sup>nd</sup> /Subsequent Treatment – Anti Cancer Drugs	100%	98%	→	●	
5	Cancer		31 Day – 2 <sup>nd</sup> /Subsequent Treatment – Radiotherapy	-	-	-	-	
6	Cancer		31 Day – 2 <sup>nd</sup> /Subsequent Treatment – Surgery	100%	94%	→	●	
6	Cancer		62 Day – Referral to Treatment after a Consultant upgrade	98.3%	85%	↓	●	
6	Cancer		62 Day – Referral to Treatment following National Screening	100%	90%	→	●	
6	Cancer		62 Day – Urgent GP Referral to Treatment for All Cancers	91.1%	85%	↑	●	
9-10	Diagnostics			Percentage of diagnostic waits less than 6 weeks	100%	99%	↑	●
-	MSA		Retention of £250 per day the patient affected	Mixed Sex Sleeping Accommodation Breaches	0	0	→	●
7	RTT	Deduction of 0.5% for each 1% under-achievement, to a max of 5%*	Admitted % Treated within 18 Weeks	*	90%	↓	●	
8	RTT		Non-Admitted % Treated within 18 Weeks	*	95%	↑	●	
7	RTT		Incomplete % waiting less than 18 Weeks	*	92%	↑	●	
	RTT	£5,000 per patient	Zero tolerance RTT waits over 52 weeks	0	0	↑	●	
	A&E	£1,000 per breach	Trolley Waits in A&E >12 hours	0	0	→	●	
-	Compliance	Retention of up to 1% of all monthly sums payable under clause 7 (Prices and Payments)	Failure to publish a Declaration of Compliance of Non-Compliance pursuant to clause 4.24. <i>Retention of monthly sums will continue for each month or part month until either a Declaration of Compliance or Declaration of Non-Compliance is published.</i>	Annual – Trust Compliant			●	
-	Compliance		Publishing a Declaration of Non-Compliance pursuant to clause 4.26.				●	
4	HCAI	Lesser of 1.5% of inpatient revenue or £50,000 per case above 38 threshold.	C Diff – Post 72 hours	8	3	↓	●	
4	HCAI	Non-Payment of inpatient episode	Zero Tolerance for MRSA	0	0	→	●	
11	Never Events - Recovery of costs of procedure and no charge to the commissioner for any corrective procedure.			0				
12-13	Monitor Summary Report			Governance Risk Rating		2		
14-15	Mortality Reports			2012/13 Qtr 4 SHMI		1.11	↓	
16	CQC Surveillance Model – Intelligent Monitoring October 2013:			Risk Rating Score & (Banding)		7 & (4)		
17	Dr Foster – Hospital Guide 2013			HSMR		100.7		

One month behind

 Position Deteriorating    
  Position Improving    
  Position Unchanged  
 Within Target    
  Outside Target    
 Position Unconfirmed

# NEVER EVENTS

Description	Q1	Q2	Q3	Q4	YTD
<u>Never Events : In hospital maternal death from elective caesarean section</u>	0	0	0	-	0
<u>Never Events : Inpatient suicide by use if no collapsible rails</u>	0	0	0	-	0
<u>Never Events : Intravenous administration of mis-selected concentrated potassium chloride</u>	0	0	0	-	0
<u>Never Events : Misplaced naso- or oro-gastric tube not detected prior to use</u>	0	0	0	-	0
<u>Never Events : Retained Instruments Post Operatively</u>	0	0	1	-	1
<u>Never Events: Air embolism</u>	0	0	0	-	0
<u>Never Events: Entrapment in bedrails</u>	0	0	0	-	0
<u>Never Events: Escape of a transferred Prisoner</u>	0	0	0	-	0
<u>Never Events: Failure to monitor and respond to oxygen saturation</u>	0	0	0	-	0
<u>Never Events: Falls from unrestricted windows</u>	0	0	0	-	0
<u>Never Events: Inappropriate administration of daily oral methotrexate</u>	0	0	0	-	0
<u>Never Events: Intravenous administration of epidural medication</u>	0	0	0	-	0
<u>Never Events: Maladministration of Insulin</u>	0	0	0	-	0
<u>Never Events: Misidentification of Patients</u>	0	0	0	-	0
<u>Never Events: Opioid overdose of an opioid-naïve Patient</u>	0	0	0	-	0
<u>Never Events: Overdose of Midazolam during conscious sedation</u>	0	0	0	-	0
<u>Never Events: Severe scalding of Patients</u>	0	0	0	-	0
<u>Never Events: Transfusion of ABO-incompatible blood components</u>	0	0	0	-	0
<u>Never Events: Transplantation of ABO or HLA-incompatible organs</u>	0	0	0	-	0
<u>Never Events: Wrong gas administered</u>	0	0	0	-	0
<u>Never Events: Wrong Implant/Prosthesis</u>	0	0	0	-	0
<u>Never Events: Wrong route of Administration of Chemotherapy</u>	0	0	0	-	0
<u>Never Events: Wrong route of administration of oral/enteral treatment</u>	0	0	0	-	0
<u>Never Events: Wrong Site Surgery</u>	0	0	0	-	0
<u>Never Events: Wrongly prepared high-risk injectable medication</u>	0	0	0	-	0

## Never Event consequence (per occurrence)

In accordance with applicable guidance, recovery of the cost of the procedure and no charge to Commissioner for any corrective procedure or care.

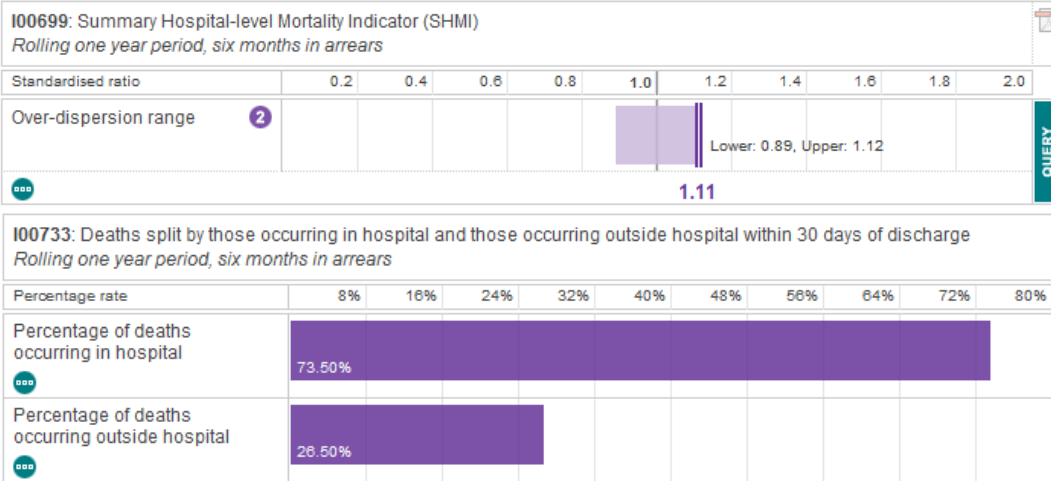
## Method of Measurement

Review of reports submitted to National Patient Safety Agency (or successor body)/Serious Incidents reports and monthly Service Quality Performance Report.

# Dudley Group FT MORTALITY - SHMI Quarterly KPI Report

## SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR - Next update January 2014

Main SHMI value • April 2012 - March 2013

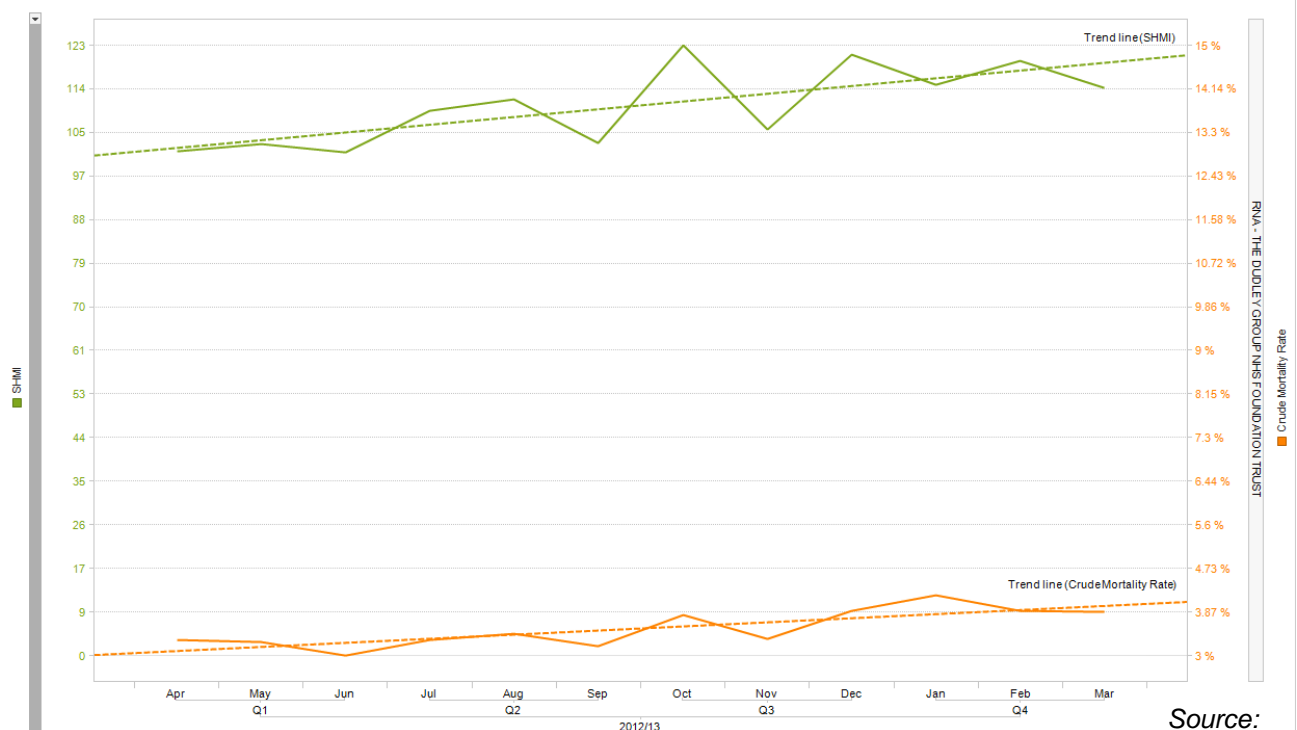


Source:  
NHS Choices

SHMI	Source	2012/13 Q2	2012/13 Q3	2012/13 Q4
	NHS Choices	1.04	1.08	1.11

- Within over dispersion range
- Within both Poisson and over dispersion range

SHMI and Crude mortality rate



Source:  
HED

**THE DUDLEY GROUP NHS FOUNDATION TRUST**

**CONTRACTUAL FINES NOTIFIED as at NOV 2013**

	Q1	Q2	Oct	Nov	Dec	Q3	Q4	Cumulative	
<b>National Quality</b>									
MRSA >0	£0	£0				£0		£0	●
C Diff >38	£0	£0				£0		£0	●
RTT wait > 52 weeks	£5,000	£5,000				£0		£10,000	●
Ambulance Handover >30 Mins	£0	£0	£60,150			£60,150		£60,150	●
Ambulance Handover >1 hour	£77,000	£44,000	£55,000			£55,000		£176,000	●
Trolley Waits in A&E >12 hours	£0	£0				£0		£0	●
Urgent operation cancelled >1	£0	£0				£0		£0	●
Failure to publish Formulary	£0	£0				£0		£0	●
Duty of Candour	£0	£0				£0		£0	●
<b>Operational Standards</b>									
RTT Admitted > 18 weeks (90%)	£10,439	£9,977				£0		£20,416	●
RTT Non Admitted > 18 weeks (95%)	£5	£44				£0		£49	●
RTT Incomplete > 18 weeks (92%)	£867	£914				£0		£1,782	●
Diagnostic Waits > 6 weeks (99%)	£0	£4,148				£0		£4,148	●
A&E Waits > 4 hours (95%)	£50,563	£0				£0		£50,563	●
Cancer outpatient >2 weeks (93%)	£0	£0				£0		£0	●
Breast Symptoms >2 weeks (93%)	£0	£0				£0		£0	●
Cancer first treat >31 days (96%)	£0	£0				£0		£0	●
Cancer subseq surgery >31 days (94%)	£0	£0				£0		£0	●
Cancer subseq drugs >31 days (98%)	£0	£0				£0		£0	●
Cancer subseq radio >31 days (94%)	£0	£0				£0		£0	●
Cancer GP to treat >62 days (85%)	£0	£0				£0		£0	●
Cancer screen to treat >62 days (90%)	£0	£0				£0		£0	●
Cancer Cons. to treat >62 days (85%)	£0	£0				£0		£0	●
Mixed Sex Accommodation >0	£0	£0				£0		£0	●
Cancelled Ops re-book >28 days	£0	£0				£0		£0	●
<b>TOTAL FINES</b>	<b>£143,875</b>	<b>£64,083</b>				<b>£115,150</b>	<b>£0</b>	<b>£323,107</b>	

**Key Comments**

The table includes an update for the latest invoices received from the CCG.

Only 1 invoice has been received from the last update relating to ambulance turnaround fines. This confirms that the CCG have waived fines from April to September for the >30 minutes target. The October fine has been based on 75% as a proxy to allow for inaccuracies within the Ambulance service data. However, the Trust has not yet agreed the fine as this is subject to local validation and the mitigation of the number of ambulances arriving within an hour.

A&E waits > 4 hours - current performance indicates an increased likelihood of missing the Q3 target which would result in a further fine of approx £50k.

C-Diff > 38 - as above, current performance indicates a likely breach of the year end target resulting in a minimum fine of £50k per patient per breach.

RTT > 52 weeks relates to Neurology (second case this year). However, it is expected that this will be credited following validation.

RTT > 18 weeks fines relate mainly to Urology, ENT, Gynaecology. The CCG have issued a contract query for these. Generally, the CCG are keen to work with the Trust to resolve any issues that are leading to fines being invoked.

Due to an increased level of risk of greater fines, the income position now assumes a year end financial pressure of £750k. However, from a forecast perspective it is currently assumed that this will be returned via a year end settlement.

## **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 Resources 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 Committee**

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