The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 3 March, 2016 at 9.30am
Clinical Education Centre

Meeting in Public Session

All matters are for discussion / decision except where noted

	Item	Enc. No.	By	Action	Time
1.	**Chairmans Welcome and Note of Apologies**		J Ord	To Note	9.30
2.	**Declarations of Interest**		J Ord	To Note	9.30
3.	**Announcements**		J Ord	To Note	9.30
4.	**Minutes of the previous meeting**				
	4.1 Thursday 4 February 2016	Enclosure 1	J Ord	To Approve	9.30
	4.2 Action Sheet 4 February 2016	Enclosure 2	J Ord	To Action	9.30
5.	**Patient Story**		L Abbiss	To Note & Discuss	9.40
6.	**Chief Executive's Overview Report**	Enclosure 3	P Clark	To Discuss	9.50
7.	**Patient Safety and Quality**				
	7.1 Chief Nurse Report	Enclosure 4	D Wardell	To Note & Discuss	10.00
	7.2 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 5	D Wulff	To Note & Discuss	10.15
	7.3 Emergency Preparedness Plan	Enclosure 6	P Bytheway	To Note	10.25
	7.4 Black Country Alliance Report	Enclosure 7	T Whalley	To Note	10.35
	7.5 Quality Accounts	Enclosure 8	D Wardell	To Note	10.45
	7.6 Workforce Committee Exception Report	Enclosure 9	A Becke	To Note	10.55
	7.7 Charitable Funds Committee Exception Report	Enclosure 10	J Atkins	To Note	11.05
8.	**Finance and Performance**				
	8.1 Finance and Performance Committee Exception report	Enclosure 11	J Fellows	To Note & Discuss	11.15
	8.2 Integrated Dashboard Report	Enclosure 12	A Baines	To Note	11.25
	8.3 Cost Improvement Programme and Transformation Overview Report	Enclosure 13	A Baines	To Note	11.35
9.	**Any other Business**				11.45
10.	**Date of Next Board of Directors Meeting** 9.30am 7 April 2016 Clinical Education Centre		J Ord		11.45

11.	**Exclusion of the Press and Other Members of the Public** To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960).		J Ord		11.45

Enclosure 1

The Dudley Group NHS
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Minutes of the Public Board of Directors meeting held on Thursday 4th February, 2016 at 9:30am in the Clinical Education Centre.

Present:

Jenni Ord, Chairman
Richard Miner, Non Executive Director
Paul Taylor, Director of Finance and Information
Julian Atkins, Non Executive Director
Paula Clark, Chief Executive
Paul Bytheway, Chief Operating Officer
Dawn Wardell, Chief Nurse
Doug Wulff, Non Executive Director
Paul Harrison, Medical Director
Ann Becke, Non Executive Director

In Attendance:

Helen Forrester, PA
Liz Abbiss, Head of Communications and Patient Experience
Glen Palethorpe, Director of Governance/Board Secretary
Anne Baines, Director of Strategy and Performance

16/012 Note of Apologies and Welcome

Apologies were received from Jonathan Fellows and Julie Bacon.

16/013 Declarations of Interest

There were no declarations of interest.

16/014 Announcements

No announcements made.

16/015 Minutes of the previous Board meeting held on 7th January, 2016 (Enclosure 1)

The minutes were amended at page 4, item 16/008.2 Clinical Quality, Safety and Patient Experience Committee to clarify the item in relation to mortality reporting.

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

16/016 Action Sheet, 7th January, 2016 (Enclosure 2)

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

16/017 Patient Story

Liz Abbiss, Head of Communications and Patient Experience, presented the patient story.

The story was very positive in relation to the care provided by Trust staff.

The Chairman and Board noted the patient story and were pleased to note the very positive feedback.

Liz asked the Board if there were any particular areas that Board members would like to see covered in future stories. The Director of Strategy and Information suggested a story from a Community setting.

The Chairman asked if feedback is provided to the patient. Liz confirmed that it was not generally provided and the Board agreed that it would be nice to do this.

16/018 Chief Executive's Overview Report (Enclosure 3)

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

- **Friends and Family:** The Board noted the improvements made to TTOs, signage in the Admissions Lounge, blood test delays and single use syringes when caring for palliative care patients. Dr Wulff asked about the position with TTOs. The Chief Operating Officer commented that Ruckie Kahlon, Interim Chief Pharmacist, is reviewing the whole TTO system and feedback will be provided once this review is complete. The Chief Executive confirmed that a discussion had taken place with Trust IT regarding a texting service and the Trust is confident that it can do this in house. The Trust continues to remind staff to give out cards and encourage patients to feedback.

- **Mums' Midwife of the Year Award:** Claire South, Midwife at the Trust, had been selected as Regional winner for England Midlands Region in The Royal College of Midwives 2016 Mums' Midwife of the Year Award. The final judging for the overall winner will take place on 8th March, 2016.

- **West Midlands Mortality Review:** The Chief Executive fed back from the regular meeting of the West Midlands Regional Mortality leads. Kiran Patel, Chair, introduced Dudley's work as an exemplar Trust. He focussed on the work of primary care and how mortality reviews feature in the CCGs own quality reviews. The Chief Nurse confirmed that the Trust's position statement in respect of the Southern Health learning will be referred to the Board through the Clinical Quality, Safety, Patient Experience Committee.

The Chairman and Board noted the report and in particular the review of the TTO process.

Outcome of the review of TTOs to be referred to the Clinical Quality, Safety and Patient Experience Committee.

16/019 Patient Safety and Quality

16/019.1 Chief Nurse Report (Enclosure 4)

The Chief Nurse presented her report given as Enclosure 4.

The Chief Nurse presented on the key issues relating to infection control, including:

MRSA: No post 48 hr MRSA bacteraemia cases since 27th September, 2015.

C.Diff: 11 of the 24 apportioned cases were deemed avoidable/lapses in care.

Norovirus: No cases to note.

The Chief Nurse presented on the key issues relating to safer staffing, including:

- Amber shifts (shortfall) had continued in a downward trend and was now at 35.
- Following the recent NHS England/Monitor letter regarding the 1:8 ratio a review had been undertaken on general ward day shifts. The Chief Nurse confirmed that the Trust will be moving to a 1:10 ratio on some wards were acuity is appropriate to do so. The Director of Strategy and Transformation confirmed that the Trust is looking to include detail on safe staffing in the Performance Report to Board. Dr Wulff, Non Executive Director, asked about how assurances are taken around acuity on wards. The Chief Nurse confirmed that the Trust uses a ready reckoner that utilises a red, amber, green system. The Chief Executive confirmed that on wards with a 1:10 ratio the Trust is looking to provide 2 Clinical Support Worker posts so agency workers are not used. Mr Miner, Non Executive Director, expressed his concern that the change needed to be seen as quality of care change and not a blunt cost cutting change. He asked that the detail around how the clinical decision for the change had been reached be fully communicated. The Medical Director confirmed that the facility to have additional support workers on the wards would be a legitimate observation the change will bring. The Chief Executive confirmed that the Trust is driving towards the optimum staffing level. The Director of Finance and Information commented that the change would provide an additional cost pressure in the short term. Mr Atkins, Non Executive Director, confirmed that the change should be presented as the most appropriate staffing outcome for the patients' needs.
- Maternity saw a rise in amber shifts in December to 14.
- No red (serious shortfall) shifts in the month or any safety issues identified for the amber shifts that affected quality of care.

- A benchmark review on fill rates provided by Unify had been carried out using local Trusts and Dudley was seen to be comparable.

The Chief Nurse presented on the key issues relating to Nursing Care Indicators, including:

- Remodelled audit process now in place with gradual improvements being experienced.

The Chairman and Board were pleased to note the encouraging report.

16/019.2 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 5)

Dr Wulff, Committee Chair, presented the Clinical Quality, Safety and Patient Experience Committee Exception Report, given as Enclosure 5. The Board noted the following key areas from the previous meeting:

- Assurances Received : The Committee noted that there had been a drop in the number of high risk TIA screenings undertaken and they asked that a review over the quality of the data is undertaken and reported back to the next meeting.

- Decisions Made: The Committee asked that a more detailed analysis of the outstanding actions and a rectification timeline be established for getting incidents closed be provided to the next meeting.

- Actions to come back to the Committee: The Committee asked the Quality and Safety Group to undertake a review of the Trust's DNA CPR processes in the light of the recent high court ruling and also asked for a review of the Trust's discharge process.

The Chairman and Board noted the report and the assurances received, decisions made and the actions to come back to the Committee.

16/019.3 Corporate Assurance and Risk Registers Summary Report (Enclosure 6)

The Director of Governance/Board Secretary, presented the Corporate Assurance and Risk Registers Summary Report, given as Enclosure 6. The Board noted the following key areas:

The Corporate Assurance Report shows the details of the assurances received to date.

The Board noted the two gaps in assurance in the quarter, these had been well debated along with the risks where some negative assurances had been received at the Risk and Assurance Group as well as at the Audit Committee.

The Board noted that there had been six further risks where positive assurance had been received that supported their reduced score.

There were no exceptional areas of note for the Board. The report confirmed that the Trust was handling its risks appropriately and these were transparently reported.

The Director of Governance/Board Secretary confirmed that the final page was provided for further assurance and there was a challenge at the Risk and Assurance Group and Audit Committee to ensure that the Divisions were adopting the same process.

The Chairman and Chief Executive confirmed that they had met with Internal Audit earlier in the week and had received positive feedback on the Trust's processes.

The Board noted the error on page 3 of the report in that there were 11 CDiff cases deemed to be lapses in care and not 10 as detailed.

The Chief Executive congratulated The Director of Governance/Board Secretary and his team for their efforts in launching the new Datix system. The Chairman asked that the Board's thanks were fed back to the team.

The Chairman and Board noted the report and summary provided and noted the pleasing position as reported.

16/019.4 Audit Committee Summary Report (Enclosure 7)

Mr Miner, Audit Committee Chair, presented his Summary Report, given as Enclosure 7.

The Board noted the following key areas:

- Positive assurances were received in respect of the data quality processes supporting the reported ED performance; these were robust.

- The Internal auditors had identified an amber/red rating on the Trust's data security procedures, and whilst expected the implementation of the recommendations will be closely monitored.

- The Audit Committee effectiveness self assessment was very positive. There had been two suggested enhancements to the operation of the Audit Committee – championing of the assurance framework and Mr Miner had asked all Committee Chairs to ensure within their committees they make time to receive and review the assurances expected, and the championing IT governance which the Audit Committee will pay close attention too.

The Chairman and Board noted the report, assurances received and decisions taken by the Committee.

16/019.5 Complaints and Claims Report (Enclosure 8)

The Director of Governance/Board Secretary presented the Complaints and Claims Report, given as Enclosure 8.

The Board noted the following key areas:

- Slightly fewer complaints noted in the quarter. The Director of Governance/Board Secretary confirmed that the number does fluctuate.

- The focus of the team had moved to establishing more resolution meetings with complainants and therefore there will be a reduction in the numbers formally written to ahead of these.
- The Board noted that the Trust is not an outlier for complaints in terms of both its overall numbers and the numbers per category of complaint.

- The Trust receives a higher number of compliments than complaints.

- All complaints are taken as an opportunity to learn and feed into the learning events.

Mrs Becke, Non Executive Director, asked why the figure for records, communication, information and appointments (delay) was showing a poor trend. The Director of Governance/Board Secretary confirmed that the reason had been investigated and was as a result of this being a broad category as much as it is to do with poor communication taking place. The issue of communication is being addressed with the work of the Communications team on the developed staff training in the area of communication.
Mr Atkins, Non Executive Director, asked about benchmarking and whether there are statistics that compare per 1000 patients. The Director of Governance/Board Secretary confirmed that the Trust is trying to obtain that information.

The Chairman and Board noted the report and key areas and that the Trust is trying to obtain better comparators. The Board noted that the Trust had been successful in three cases of litigation recently.

16/019.6 End of Life and Palliative Care Strategy Group Report (Enclosure 9)

Dr Wulff, Group Chair, presented the End of Life and Palliative Care Strategy Group Report, given as Enclosure 9.

The Board noted the following key areas:

- Assurances received from workstreams. The Board noted that AMBER stands for Assessment Management Best practice and Recovery uncertain.

- There needs to be a clearer understanding of health economy end of life care. A meeting is scheduled for March to look at producing a Health Economy End of Life Strategy.

The Chairman asked if the Trust had detail on the percentage of patients that die within a setting of their choice. The Chief Operating Officer confirmed that the Trust is looking at how this could be measured.

The Chairman and Board noted the report and key areas. A further update will provided to the Board in April.

Further End of Life Care Update Report to be presented to the Board in April.

16/020 Finance

16/020.1 Finance and Performance Committee Exception Report (Enclosure 10)

Mr Miner presented the Finance and Performance Committee report to the Board, given as Enclosure 10.
The report provided a summary of the January Finance and Performance Committee meeting.

The Board noted the key highlights as follows:

- The meeting welcomed Julian Atkins to the Committee.
- There had been an excellent presentation on capacity modelling led by Gill Parker.
- Forecasting outturn of £3.1m deficit for the end of year.
- A Higher percentage of agency nursing spend due to staffing issues over Christmas.
- KPIs all being met
- CIP achieved and next year's CIP position is well developed in terms of schemes worked up.
- Committee approved the IT business case for the migration of NCRS to Oasis.
- EPR is on track and a business case will be presented to Board in September.

The Board noted that the Monitor review of the Trust's compliance with it licence was not presented at Monitor's provider management meeting on 1st February and was now scheduled for debate on 15th February, 2016. The Chairman asked that all Board members are advised of the outcome when received. The Chief Executive confirmed that this would happen as a matter of routine.

The Chairman and Board noted the report and key areas.

16/020.2 Integrated Performance Report (Enclosure 11)

The Director of Strategy and Performance presented the Integrated Performance Report given as Enclosure 11.

The report covered the Trust's performance to December 2015, and included the following highlights:

- The Board noted the error in relation to staff in post. The figure was over 4,000 and not 2,900 as detailed in the report. The report will be updated and circulated to Board members and amended on the Trust's website.

- Emergency Access Target for December achieved and also 18 weeks RTT and Q3 cancer targets.

- Cdiff: currently stands at 43 cases with 26 apportioned, 15 of which were identified as no lapse in care and 11 lapses in care.

- Stroke data issue: Some operational issues being addressed within the data as reported within the CQSPE Committee update earlier on the agenda.

The Chairman and Board noted the report and key issues.

16/020.3 Transformation and Cost Improvement Programme (CIP) Summary Report (Enclosure 12)

The Director of Strategy and Performance presented the Cost Improvement Programme and Transformation Overview Report, given as Enclosure 12.

The Board noted the high level position as follows:

- Reporting positively an overperformance for the year to date.

- The Executive's confidence in achieving the set targets, to which the Board offered its congratulations to staff throughout the organisation.

- Very significant development in the plan for 2016/17 and the Trust is developing larger scale transformation programmes.

- Gap to be filled that will not now be delivered by workforce reduction. The Trust is looking at the work of Carter in detail with the divisions and is expecting detail around the 'Model Hospital' soon.

The Chairman and Board noted the report and thanked the Director of Strategy and Transformation and her team for the excellent performance.

16/020.4 Operational Plan 2015/16 Q3 Progress Report (Enclosure 13)

The Director of Strategy and Performance presented the Operational Plan 2015/16 Q3 Progress Report, given as Enclosure 13.

The Board noted the following key areas:

- Reasonable progress made on delivery against most areas.

- MRSA target gives the Trust a red rating as the Trust had had two cases earlier in the year.

- Other areas progressing well. Amber areas are often because work is currently in progress. There is a key issue in relation to 7 day working. The Trust has only undertaken 1 audit, a 2nd audit will be undertaken later in the year.

- There had been a number of issues in relation to the delivery of workforce KPIs and the Trust was discussing different approaches with the Chief HR Advisor.

- 16/17 Operational Plan: Engagement with divisions had commenced to support them to work through their key areas for next year. National guidance has a tight focus in relation to performance issues. Strong decisions around prioritisation will be required. There is a requirement to submit a first cut Plan by 8th February, 2016. The Trust had undertaken an assessment of the national guidance and was well placed against the 9 must dos.

The Chairman and Board noted the report.

16/021 Any Other Business

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

16/022 Date of Next Meeting

The next Board meeting will be held on Thursday, 3rd March, 2016, at 9.30am in the Clinical Education Centre.

Signed ……

Date ……

Enclosure 2

The Dudley Group NHS
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Action Sheet
Minutes of the Board of Directors Public Session
Held on 4 February 2016

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
16/008.4	NHS Preparedness for a Major Incident	Full Emergency Preparedness Plan to be presented at the March Board meeting.	PB	3/3/16	On Agenda
16/018	Chief Executive's Overview Report	Outcome of the review of TTOs to be referred to the Clinical, Quality, Safety and Patient Experience Committee.	PB	29/3/16	
16/019.6	End of Life and Palliative Care Strategy Group Report	Further End of Life Care Update Report to be presented to the Board in April.	DWu	7/4/16	
15/124.8	Research and Development	Chief Nurse to resolve the Research Nurse identification issue. Mr Miner and the Director of Governance/Board Secretary to meet to discuss R&D reporting format for Board and Audit Committee.	DWa RM/GP	2/6/16 2/6/16	

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board Meeting – 3rd March 2016

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

SUMMARY OF KEY ISSUES:

- Friends and Family
- 2015 NHS Staff Survey Results
- Monitor Enforcement Action

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

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

Decision	Approval	Discussion	Other

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

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

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

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

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Chief Executive's Report – Public Board – March 2016

Patient Friends and Family Test:

Community FFT (January 2016)

Based on the latest published NHS figures (December 2015) the Trust met the quality priority target of monthly scores that are equal to or better than the national average for the percentage who would recommend the service to friends and family members. It is pleasing to note an increase in the number of patients responding.

Date range	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16
Community FFT percentage recommended	97%	98%	96%	96%	94%	93%	97%	95%	99%	97%
Total number of responses	36	55	116	90	82	125	126	92	256	258
National average percentage recommended	96%	95%	95%	95%	96%	95%	95%	95%	95%	*n/a**

**national data not published at time of writing this report*

Inpatient FFT (01.02.16 – 14.02.16 provisional)

The Trust continues to achieve the quality priority target of monthly scores that are equal to or better than the national average for the percentage who would recommend the service to friends and family members.

Date range	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016 Provisional
Inpatient FFT percentage recommended	96%	97%	98%	97%	99%	97%	97%	97%	99%	98%	95%
Inpatient response rate	16%	16%	14%	15%	20%	20%	13%	20%	17%	17%	14%
National average percentage recommended	95%	96%	96%	96%	96%	96%	96%	96%	96%	n/a*	

**national data not published at time of writing this report*

Key for inpatient RAG rating

% of footfall (response rate)	*<25%*	*25-30%*	*30-40% +*	*40%+* ★
FFT percentage recommended	*<95%*	*96%+*	*97%+*	
FFT scores based on national scores	*Below top 30% of trusts*	*Top 30% of trusts*	*Top 20% trusts*	

A&E FFT (01.02.16 – 14.02.16 provisional)

The percentage of patients who would recommend the Trust's A&E to friends and family during the period 1st – 14th February shows a decrease to 89% compared to 95% for December. The latest published NHS England figures (December 2015) show The Dudley Group scored 88% which is higher than the national average of 87%.

Date range	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016 Provisional
A&E FFT recommended percentage	90%	90%	92%	90%	95%	90%	95%	91%	88%	95%	89%
A&E response rate	8%	15%	12%	7%	6%	3%	8%	6%	6%	5%	6%
National average percentage recommended	88%	88%	88%	88%	88%	88%	87%	87%	87%	n/a*	

**national data not published at time of writing this report*

Key for A&E RAG rating

% of footfall (response rate)	*<15%*	*15-20%*	*20%+*
FFT percentage recommended	*<94%*	*94%*	*95%+*
FFT scores based on national scores	*Below top 30% of trusts*	*Top 30% of trusts*	*Top 20% trusts*

Maternity FFT (01.02.16 – 14.02.16 provisional)

The Trust continues to score well and remains in the top 30% of trusts nationally for those who say they are extremely likely or likely to recommend our maternity services to friends and family with the exception of antenatal and postnatal community services that have received scores in December and January respectively, lower than the top 30% of trusts.

Maternity Area	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016 Provisional
Antenatal , percentage recommended	95%	96%	99%	93%	99%	97%	96%	98%	90%	98%	91%
National average percentage recommended	95%	96%	96%	95%	95%	95%	96%	96%	95%	n/a*	
Response rate	30%	39%	24%	37%	38%	36%	49%	26%	26%	23%	10%
Birth, percentage recommended	100%	100%	100%	99%	99%	100%	99%	99%	100%	98%	100%
National average percentage recommended	97%	97%	97%	97%	97%	97%	94%	96%	97%	n/a*	
Response rate	26%	20%	14%	22%	25%	27%	30%	47%	18%	19%	22%
Postnatal ward, percentage recommended	100%	100%	99%	99%	99%	100%	98%	98%	98%	98%	100%
National average percentage recommended	94%	93%	93%	94%	94%	93%	95%	94%	94%	n/a*	
Response rate	26%	20%	14%	21%	25%	28%	4%	47%	18%	19%	22%
Postnatal community, percentage recommended	100%	100%	96%	94%	92%	100%	100%	100%	100%	91%	100%
National average percentage recommended	98%	98%	98%	98%	98%	98%	98%	98%	98%	n/a*	
Response rate	8%	10%	12%	8%	4%	6%	30%	2%	10%	5%	16%

**national data not published at time of writing this report*

Key for maternity RAG rating

% of footfall (response rate)	*<15%*	*15%+*	
Antenatal	*100%*	*96-99*	*<95*
Birth	*100%*	*97-99*	*<96*
Postnatal ward	*98+%*	*93-97*	*<92*
Postnatal community	*100%*	*97-99*	*<96*

FFT scores based on national scores	*Below top 30% of trusts*	*Top 30% of trusts*	*Top 20% trusts*

Outpatients FFT (January 2016)

Whilst there has been an increase in the percentage of those who would recommend the service, the Trust has not met the quality priority target of monthly scores that are equal to or better than the national average for the percentage of patients who would recommend the service to friends and family members.

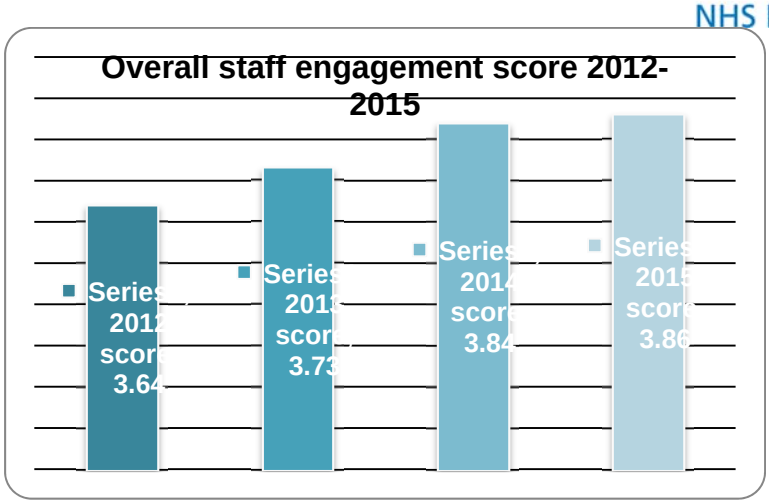
FFT Outpatients Services	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
Number of respondents	49	93	82	66	67	742	721	403	553	530
Outpatients recommended percentage	84%	82%	82%	88%	90%	89%	88%	84%	88%	90%
National average percentage recommended	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

**national data not published at time of writing this report.*

Results from 2015 NHS Staff Survey which was conducted during October and November 2015

Overall Staff Engagement

It is pleasing to see a further increase in the overall staff engagement score in the national staff survey 2015. The report is split into key findings and The Dudley Group have scored better than average in 18 key findings, about the same in nine and worse than average in five. The overall staff engagement score represents staff members' perceived ability to contribute to improvements at work, their willingness to recommend the organisation as a place to work or receive treatment, and the extent to which they feel motivated and engaged with their work. As detailed in the chart below, the overall engagement score has increased since 2012 reaching a peak score of 3.86 in 2015, compared to a national average of 3.78.



Comparison with Local Trusts

Overall staff engagement score	
The Royal Wolverhampton NHS Trust	3.91
University Hospitals Birmingham NHS Foundation Trust*	3.90
The Dudley Group NHS Foundation Trust	**3.86**
Sandwell And West Birmingham Hospitals NHS Trust	3.77
Worcestershire Acute Hospitals NHS Trust*	3.67
Walsall Healthcare NHS Trust	3.65
Heart of England NHS Foundation Trust*	3.64

**Are acute only trusts and so not directly comparable with ourselves as a combined trust*

Motivation and Engagement
Over half of Dudley Group staff (62%) report that they often or always look forward in going to work, compared with an average of 59%. The survey reported 80% of staff feeling enthusiastic about their job (average is 75%). 82% of staff also felt that time passed quickly whilst they were at work, compared with an average of 79%.

Contribution to Improvements
Seventy-four per cent of staff agreed or strongly agreed that there are frequent opportunities for them to show initiative in their role (average 73%) and 73% reported that they are able to make suggestions to improve the work of their team or department (75% average). A slightly lower proportion, 54%, said they are able to make improvements happen in their area of work (56% average).

Recommendation of the Organisation
Seventy-eight per cent of staff agreed or strongly agreed that care of patients/service users is their organisation's top priority, compared to an average of 73%, and 69% said they would recommend their organisation as a place to work, compared to an average of 59%. When asked whether, if a friend or relative needed treatment, they would be happy with the standard of care provided by their organisation, 75% of staff agreed or strongly agreed, compared with an average of 67%.

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Monitor Enforcement Action

Monitor now meeting to consider whether to remove the enforcement notice on Monday, 29th February, 2016. Verbal update to be provided at the Board meeting.

Enclosure 4

The Dudley Group NHS
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Paper for submission to the Board of Directors on 3rd March 2016 - PUBLIC

TITLE:	Chief Nurse Report		
AUTHOR:	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing Stephanie Mansell – Head of Midwifery	**PRESENTER:**	Dawn Wardell Chief Nurse

CORPORATE OBJECTIVE:
SO1 – Deliver a great patient experience
SO2 – Safe and caring services
SO3 – Drive service improvements, innovation and transformation
SO4 – Be the place people chose to work
SO6 – Plan for a viable future

SUMMARY OF KEY ISSUES:

Infection Control results for the month of February (as at 23/2/16)

- No post 48 hour MRSA bacteraemia cases since 27th September 2015.
- No Norovirus.
- 12 of 34 Apportioned cases are deemed avoidable/lapse in care.

Safer Staffing

- Amber shifts (shortfall) have continued a downward trend now at 20.
- Maternity saw a decrease in amber shifts for January.
- One red (serious shortfall) shift in month but no safety issues identified with this or any of the other shortfall shifts.

Nurse Care Indicators – Remodelled audit and process now in place with gradual improvements. Escalation process in place and included in the report.

IMPLICATIONS OF PAPER:			
RISK	Yes		**Risk Description:** Failing to meet initial target for CDiff now amended to avoidable only
	Risk Register: Yes		**Risk Score:** 10
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Yes	**Details:** Safe and effective care
	Monitor	Yes	**Details:** MRSA and C. difficile targets
	Other	Yes	**Details:** Compliance with Health and Safety at Work Act.

ACTION REQUIRED OF BOARD			
Decision	**Approval**	**Discussion**	**Other**
		√	

RECOMMENDATIONS FOR THE BOARD:

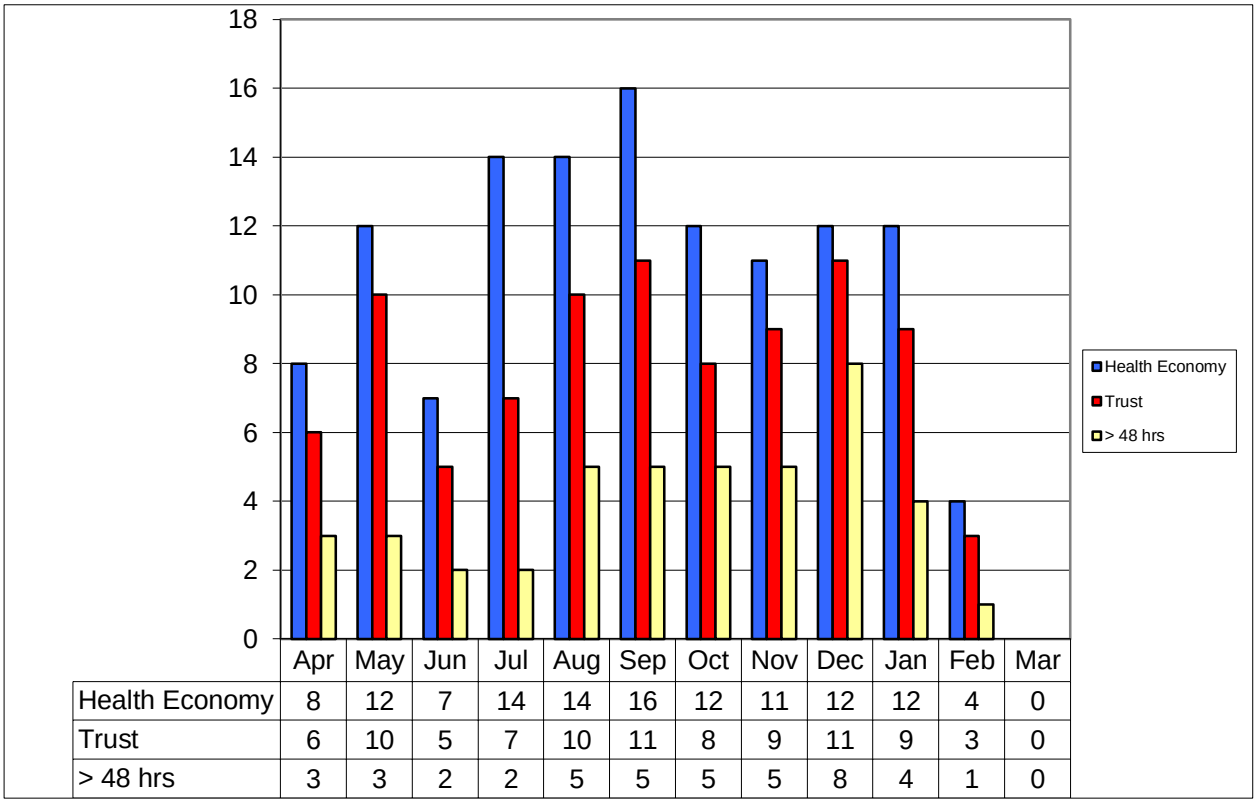
To receive the report and note the contents.

Chief Nurse Report

Infection Prevention and Control

Clostridium Difficile – The target for 2015/16 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. At the time of writing (23.2.16) we have 1 post 48 hour case recorded in February 2016.

C. DIFFICILE CASES 2015/16



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	8	12	7	14	14	16	12	11	12	12	4	0
Trust	6	10	5	7	10	11	8	9	11	9	3	0
> 48 hrs	3	3	2	2	5	5	5	5	8	4	1	0

The process to undertake an assessment of individual C.difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance[1], continues. Of the 43 post 48 hour cases identified since 1st April 2015, 34 cases have so far been reviewed by the apportionment panel, all of which have had apportionment agreed and 12 of these were deemed as avoidable. The main themes identified are: delay in sending sample, delay in isolation, poor documentation and incomplete stool charts.

There is a Trustwide C.difficile action plan in place to address issues identified by the RCA process as well as local plans for each individual case. Progress against the plan is recorded at the Infection Prevention Forum.

MRSA bacteraemia (Post 48 hrs) – There have been 0 post 48 hour MRSA bacteraemia cases since 27th September 2015.

Norovirus - no further cases.

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

Safer Staffing

Monthly Nurse/Midwife Staffing Position - January 2016

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

Following the discussion at the Board last month, this paper outlines the staffing situation on the general wards in relation to the agreed transitional 1:10 requirement, except when there is a high acuity/dependency of patients or when the actual staff on duty is two or more less than the planned staff. The ratios for specialist areas, such as critical care, paediatrics, maternity etc. which all have specific, more intensive requirements continue as before.

The accompanying chart (Appendix B) now also has the monthly results of the NCIs for each area which provides a quality of care comparator. In addition the reports from April will also include the new monitoring system of an explicit, consistent RAG (Red, Amber, Green) rating system of the safety status on the ward, which the lead clinical nurses will undertake. This is being piloted at present.

This paper therefore endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the ratio on general wards of 1:10 on day shifts (there is no recommended ratio for night shifts, although the 1:12 ratio is used as a benchmark) and also the number of occurrences when registered staffing levels have fallen below the planned levels by two or more. It should be noted that these occurrences will not necessarily have a negative impact on patient care.

In Appendix A, as the criteria have changed, exact comparisons with previous months cannot be made and so a new graph has commenced, but the old graph is retained for the time being which may prove useful when looking historically.

From June 2015 following each shift, the nurse/midwife in charge now completes a spreadsheet indicating the planned and actual numbers and, if the actual doesn't meet the planned, what actions have been taken, if any is needed, for the patients on that shift. Each month the completed spreadsheet is checked by the Matron then staff in the Nursing Division analyse the data and the attached charts are compiled. In addition, for consistency purposes the data from the spreadsheet is now used for the UNIFY return from which the fill rates are published on NHS Choices.

It can be seen from the accompanying chart the number of shifts identified as:

- Amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Blue (shortfall of unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Red (serious shortfall).

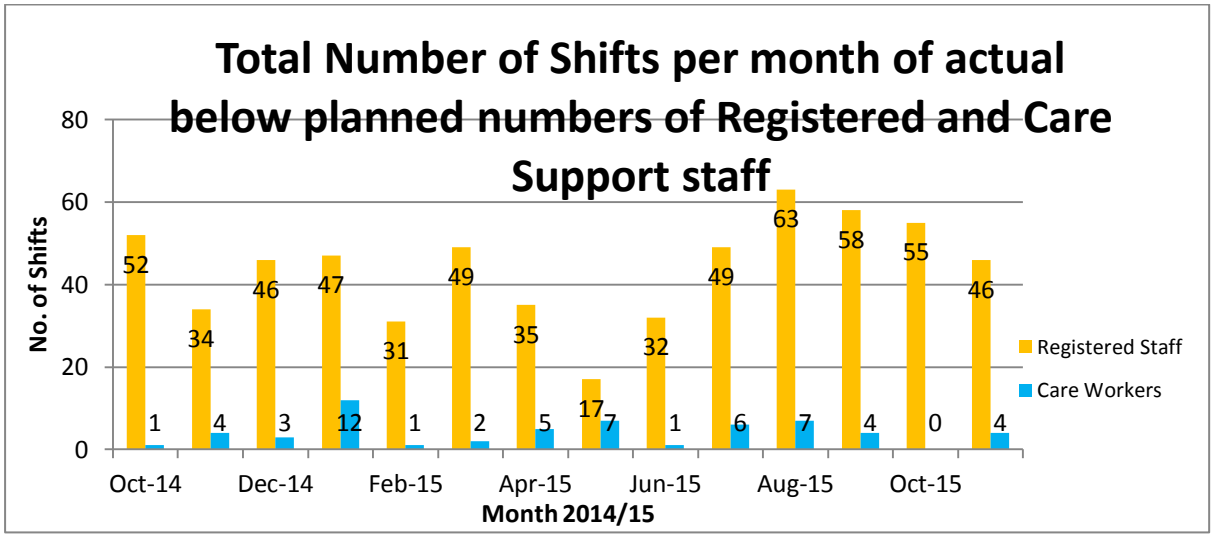
This total figure for this month is 39 (46 last month) (see Table 1).

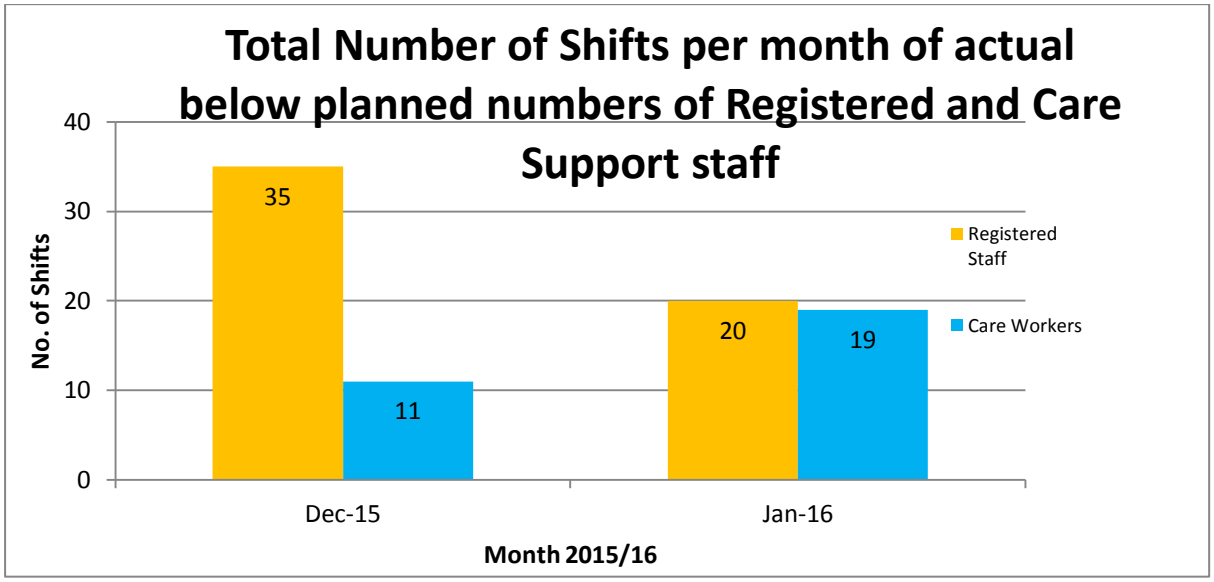
There is a downward trend from last month. The shortfalls are fairly evenly distributed across the wards but the maternity unit remains an outlier with its vacancies, high volume cases and high workload. It accounts for half of both the qualified and unqualified shortfall

shifts. Active recruitment initiatives are in progress. If the 1:8 ratio was still the benchmark, the majority of any further non-compliant shifts came from three wards all of which had 1:9.6 ratios (five qualified nurses on a 48 bed ward). This month there has been one serious shortfall (red) shift. On the specific night shift, B2 Trauma ward received help from B2 Hip which meant for the combined 54 beds there were four qualified staff and eleven unqualified staff available. No safety issues occurred on any of the shifts with shortfalls.

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

Table 1





Shift Fill Unify Data
This is collected by all hospitals and provided via unify to the public website NHS Choices. Therefore it has been possible to do some local benchmarking to provide further assurance that the Trust is not an outlier with regard to fill rates.

	Qualified Days	Un Qual Days	Qualified Nights	Un Qual Nights
Trust Jan	94	96	94	99
Trust Dec	95	94	95	98
Trust A	92	101	90	112
Trust B	90	109	87	133
Trust C1	93	96	93	98
Trust C2	95	94	91	90
Trust D	97	118	94	129

What is interesting from the comparison is that it would seem that HCSW are being utilised to offset the Qualified Ratio/ fill rate in a number of Trusts. This could however be a way of reporting differently as DGFT change the requirement if specials (1-1) are provided and so do not show as excess as it would seem occurs at Trust C also.

Nurse Care Indicators (NCI's)

The achievement of Green status has not yet been achieved for a number of areas despite improvements seen overall.

Rating	October 15 – Areas (Launch)	December 15 - Areas	January 16 - Areas	February 16 - Areas
RED	15	4	3	7
AMBER	5	11	14	12
GREEN	4	9	9	8

The escalation procedure for those areas not yet in green remains in place and has been reviewed to ensure it maximises the time and support given to areas to achieve the requirements.

Escalations for February:

NCIs	
Level 1 Matron Level	11 areas
Level 2 Head of Nursing Level	11 areas

Nutrition Audit	
Level 1 Matron Level	5 areas
Level 2 Head of Nursing Level	None

Maternity

NB: (the vacancy below does not include the 4 additional posts required for activity increase)

The midwife establishment is calculated using the Birth Rate Plus acuity tool as supported by the Royal College of Midwives and this is the recognised standard expected by the CQC, however, NICE NG4 – *Safe staffing for maternity settings*, does not endorse any one calculation tool and continues to be open for submission of a calculation tool that can be tested. NICE intends to provide endorsement later in the year following analysis of submissions. However, we continue to use the BR+ tool to assess midwifery and support worker establishment. This is reported monthly via the Clinical Dashboard. Work is currently being undertaken with the Deputy Finance Director to assess a monthly staffing position which will be reported. Benchmarking against NICE NG4 is currently in progress

A midwifery staffing briefing paper, presented by the Chief Nurse at the September Directors meeting, provided the calculated the B:MW ratio using the BR+ methodology and this was approved as 1:28.21. The Dashboard reflects compliance with this approved establishment.

Maternity Unit staffing continues to be reviewed by the Matron and Deputy Matrons at the daily rapid response meeting, these meetings are held to review both immediate staffing issues and staffing for the following 2 weeks. The staffing levels and actions taken/required to be taken is then escalated via a daily email following the meeting and sent to the Lead Midwives, Head of Midwifery and Chief Nurse, urgent issues are escalated as required. The daily email is also printed for the ward folder and staff are then aware of the shortfalls and provide their availability. This action was taken following a request from staff and has found to be positive. The Huddle Board information related to staffing for the following 24 hours is updated following the daily meeting and any incident reports related to staffing are reviewed and addressed.

Recruitment

Following a successful recruitment drive from September last year, there are currently 4.64 WTE Band 5/6 midwife vacancies, a further 5 midwives have already been appointed and are expected to come into post during February and March. There is a further 1.99 vacancy at Band 7 which is out for secondment at present.

Dawn Wardell - Chief Nurse
23/02/16

Appendix A

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS JANUARY 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	1	RN	Short Term Sickness	There was one qualified nurse per station and the lead nurse came in early at 04.30 to assist
A3	1	RN	Vacancy	Bank and agency unable to fill. Assistance was given from Wards A1 and C3
B2H	2	RN	Vacancy	On one shift the agency nurse was moved to assist on another ward and on the other the agency nurse did not attend. On both occasions no safety issues were identified.
B2T	1	RN	Vacancy	Bank and agency unable to fill. Assistance was provided by ward B2 Hip. Five CSWs were also on duty.
B3	3 1	RN CSW	Vacancy x 1 Staff sickness x 3	For the RN shifts: On two occasions, unfilled by bank and agency but no safety concerns identified. On third occasion agency nurse did not attend but staff from another ward looked after one of the stations and so there were no safety issues. For the CSW shift: Unfilled by bank and agency, support came from the CNS and safety was maintained
B4	3	CSW	Staff sickness x2 Increased dependency x 1	On all three occasions there was an increased dependency of patients so more than the usual planned CSWs were requested but the bank was unable to fill but safety was always maintained.
C1	2	RN	Vacancy x2 Staff Sickness x 1	On one occasion the lead nurse worked clinically and on both occasions, the lead nurse assessed the situation and delegated staff appropriately to maintain patient safety.
C6	1	CSW	Short Term Sickness	Assistance was provided from another ward and the lead nurse worked clinically to maintain safety.
C7	3	CSW	Sickness x1 Additional support required x 2	On all occasions despite the increased dependency of the patients on the ward the shifts remained safe.
Maternity	10 11	RM CSW	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. On two occasions, midwives recalled from study days and on another occasion community midwives and deputy Matron worked clinically. On nine shifts there were delayed inductions of labour. For CSW shifts: Bank unable to fill. Qualified staff undertook the roles. Active recruitment is occurring to these posts. No patient safety issues occurred.

Jan-16

SHIFT

	NCI		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
WARD		STAFF	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
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		Unreg																																																												
WARD A2	92	Reg													5/3																																															
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		Unreg																																																												
WARD B3	86	Reg																												6/5																		6/4											6/4				
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WARD B4	84	Reg																																																											
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WARD C7	98	Reg																																																											
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WARD C8	85	Reg																																																											
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CCU/PCCU	99	Reg																																																											
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EAU	72	Reg																																																											
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CRITICAL CARE*	91	Reg																																																											
		Unreg																																																												
NEONATAL**	93	Reg																																																											
MATERNITY ****	94	Reg												18/14		17/15							18/16		18/14			17/14															18/15									17/17	18/18	17/17			18/16							
		Unreg							7/5		7/5		7/5			5/3									7/5		7/5										7/4		7/5			5/3											7/4											7/3	

Key: Serious Shortfall; Registered nurse/midwife shortfall; Care Support Worker shortfall

* Critical Care has 6 ITU beds and 8 HDU beds

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

*** Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires care.

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

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

^Ward A1 was closed in January when the NCI review occurred

Enclosure 5

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 3 March 2016

TITLE:	**26 January 2016 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Glen Palethorpe Director of Governance / Board Secretary	**PRESENTER**	Ann Becke – Committee Chair for this meeting

CORPORATE OBJECTIVES

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

SUMMARY OF KEY ISSUES:

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

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		**Y**

RECOMMENDATIONS FOR THE BOARD

To note the assurances received via the Committee, the decisions taken in accordance with the Committee's terms of reference.

The Dudley Group NHS
NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	23 February 2016	A Becke	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

- Operational Management assurance was provided on the performance in respect of key quality indicators including the strong performance in respect of preventing avoidable C-Diff cases. The Trust had two mixed sex breaches in January, the Committee were assured over the actions being taken to deal with the revised national timescales for dealing with patients who become wardable in a high dependency area;
- Following from the issue identified last month the Committee received assurance over the actions taken to address staffing in this area which led to the performance reduction however, work remains on going in respect of the data quality processes supporting the High Risk TIA Screening indicator for the reported months of November and December, this will as per the request last month be reported to the Committee once completed;
- Feedback was provided on the recent National Inpatient Survey run by Picker on behalf of the CQC. The formal report from the CQC will be released in about April but assurance was provided that the Patient Experience Group will receive a plan based on the preliminary results and that Group will report the tracking of these to the Committee over the next 12 months;
- Executive Management assurance was provided over compliance with the Trust's contractual requirements for dealing with SIs;
- Assurance was provided that 17 of 55 polices requiring review by the end of year will be reviewed by the 31/3/16. In respect of the 38 tracking is in place to secure their update as soon as is possible;
- Executive Management assurance was provided that actions had been taken in respect of the identified recent radiology incidents as requested at a previous meeting of the Committee;
- Operational Management assurance was provided that there are revised timescales which are not excessive tor the 34 RCAs where actions have exceeded their initially agreed timescales;
- Executive Management assurance was received via the Internal Safeguarding Board in respect of their agenda items, including the focus on the need for CAMHS Tier 4 beds with the commissioning of a local Tier 3.5 services for

children in Dudley, the continued focus on Safeguarding Training, Mental Health Act Training and Learning Disability Training. The Internal Safeguarding Board are awaiting the report from the Ofstead Children's Safeguarding Inspection; and

- Executive Management assurance was received via the Quality and Safety Group in respect of their agenda items including the outcome and action training of learning from internal Quality Safety Reviews, the work of the Falls Group and that the Group is receiving a report from the Sepsis Group at its next meeting. The Group sort a decision from the Committee (see below) as to the minimum level of the Doctors undertaking DNACPR orders.

Decisions Made / Items Approved

- Approval of 5 Policies and 6 guidelines / procedures that had all been considered by Policy Group;
- Approval to close 42 RCA action plans following assurance from the Corporate Governance Team that, where appropriate, actions plans completed had been evidenced; and
- At the request of the Quality and Safety Group it confirmed that the minimum level of the Doctors undertaking DNACPR orders would be set at ST3;
- The Committee endorsed the Quality and Safety Group's support for a business case to be developed for 8 AED devices to be sited in the Trust's community areas.

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

- That the progress with the review of the Trust's systems around policy review and updates be brought back to a meeting during next year;
- The closure of RCAs by the year end; and
- The outcome of the Ofstead Children's Safeguarding Inspection.

Items referred to the Board for decision or action

There were no specific items to be referred to the Board.

Enclosure 6

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Trust Board on 3/3/2016

TITLE:	**NHS Preparedness for a Major Incident**		
AUTHOR:	**S Walford**	**PRESENTER**	**P Bytheway**
CORPORATE OBJECTIVE: SO1, SO2 & SO6			

Summary of Key Issues:

- **All actions identified as part of the self-assessment carried out in August 20156 have been completed**
- **Contents of this report provide assurance for the 6 key priorities by NHSE**
- **Workstreams for emergency panning are to be noted including the improvement of the Business Continuity Plan**
- **Seek agreement to begin the replacement programme of the decontamination suits as noted in previous board report (January 2016)**
-

IMPLICATIONS OF PAPER:			
RISK	**Y**		**Risk Description: The Trust is required to be prepared for a major or internal incident. COR083, COR032**
	Risk Register: Y/N		**Risk Score: 10**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Safe, responsive & well led**
	Monitor	**N/A**	**Details:**
	Other	**Y**	**Details: NHS England, Civil Contingencies Act**

The Dudley Group NHS
NHS Foundation Trust

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
x	x		

RECOMMENDATIONS FOR THE BOARD:

- The Trust Board are assured that the Trust is compliant with the recommendations identified by Dame Barbara Hakin.

- The Trust Board has previously supported the funding associated with recertification of the decontamination suits at a cost of £3,803 plus VAT per year. The Board is asked to support a programme of replacement to replace 8 per year which will cost an additional £9,800 + VAT per year over the next 3 years following on from the previous agreement of the recertification of the decontamination suits.

- The Trust is asked to continue funding our agreed contribution towards the Health Emergency Planning Team for the coming year at a cost of £10,000.

The Dudley Group NHS
NHS Foundation Trust

Trust Board of Directors 3rd March 2016
NHS Preparedness for a Major Incident

1. Background

In January a paper was submitted to Trust Board following a request from Dame Barbara Hakin (NHS England) in December 2015. The paper outlined the areas of assurance that Trusts are expected to provide in preparation for a Major Incident. These are:-

Assurance required	2015	2016
All Trusts should be reporting internal incidents due to capacity as **Critical Incidents** using Situation, Background, Assessment and Recommendation format (SBAR)	The Trust already uses SBAR documents during an incident.	All on call managers and directors have been informed about the new terminology in preparation for this change.
All Trusts must give assurance that a communication cascade is tested in readiness for a major incident	This was tested twice in 2015 and the callout time reduced by 50%.	The process has been reviewed again and will be tested in March 2016.
Are there good infrastructure/transport links to get staff to work if there was an incident?	Yes, local arrangements are also in place for Red Cross 4X4 and taxi hire.	Yes, local arrangements are also in place for Red Cross 4X4 and taxi hire.
Is the Trust able to increase critical care capacity and sustain this level of service?	The Critical care capacity could be increased by 8 beds once staffing has been established.	The Critical care capacity could be increased by 8 beds once staffing has been established.
Is there a network for specialist advice with traumatic and ballistic injuries?	The University Hospital Birmingham provides support to the Trust, in a Major Incident we may need to speak to Major Trauma Centres that are not likely to be taking casualties. For debridement associated with ballistic or trauma blast injuries the Trust has 24/7 on-call Consultant Vascular Surgeon cover, the Black Country Vascular Hub and Consultant Plastic Surgeon.	
What is the Trusts Decontamination capability?	100% of ED and Urgent care centre staff have had training for providing dry decontamination to patients who self present with chemicals on their clothes or body. The decontamination unit became operational in 2015 and was tested twice. In 2016 there will be two more live exercises to ensure that staff are competent, this will prepare them for a real event.	

This paper provides an update on progress in emergency planning and resilience and requests acknowledgement that the current plan for 2016 will meet the requirements of Dame Barbara and NHS England.

2. Progress to Date in Emergency Planning and Resilience

Emergency planning	2015	2016
The Trust is required under the Civil Contingencies Act to do a table top exercise yearly (Business Continuity)	This was tested twice in 2015 and the SBAR introduced. The scenarios included evacuation of a ward, loss of power and IT.	This will be tested twice with different staff. The scenario will include flu pandemic and supply chain problems.
The Trust is required under the Civil Contingencies Act to do a live exercise every 3 years	Due in 2016.	This is planned for July and Dudley zoo have shown an interest in doing a joint exercise.
The Trust is required under the Civil Contingencies Act to test the callout process for a major incident every 6 months.	This was tested twice in 2015 and the process was reviewed reducing the time it takes by 50%	The process has been reviewed again and will be tested in March. The plan is to reduce the time again by 50%. Other means of communication are being considered.
Under the National Occupational Standards, Trusts are required to provide training to their on call managers and directors if they will hold key roles in a major incident.	In 2015 90% of the on call managers and directors received training which included 12 hour breach reporting, capacity awareness, major incident and setting up command and control, Critical incident reporting, using SBAR to report and decontamination awareness.	Following training, a resource folder is provided which is also available in the capacity hub (silver command) There will be a session in May for new managers and directors joining the Trust and any directors not updated in 2015.
The Trust requires business continuity plans for all areas to share with their teams.	In 2015 64 plans were submitted and are available on the hub.	In 2016 these plans are being reviewed and must be signed off by a senior manager. Many new areas are providing plans.
The major incident radio must be available to use during an incident and it is tested monthly.	In 2015 the radio was relocated and has been used during a live incident when the Queen came to Birmingham.	The radio has been used again for a live incident when there was a large march against immigration in Birmingham.
Mortuary capacity is reported daily as part of the winter situation report to NHS England.	In 2015 the Trust hired an additional external temporary storage unit of 36 fridges. This took our capacity to 172.	The mortuary manager has been asked to ascertain the turnaround time for the unit to be returned if there was a pandemic or major incident.

Emergency planning	2015	2016
During a major incident the Trust must provide a log of decisions made. This log will be kept for 25yrs.	In 2015 16 staff were trained or updated as loggists.	There has been 1 more training session which was attended by 5 staff, the Trust now has 21 trained loggists.
In December 2015 NHS England stated that 100% of frontline staff must have basic training for dry decontamination	In December 31st this number was approx. 70%	In January 2016 ED and urgent care centre are 100% compliant for staff of all grades.
The area identified for carrying out dry decontamination does not currently provide any privacy for the patient.	An area was identified and a variation request has been made for screening.	This should be in place by Spring 2016.
The decontamination unit became operational in 2015	There were 2 live exercises in 2015, the Board agreed to the funding of re-certifying the suits used for decontamination at a cost of **£3,803 plus VAT** for the 24 suits. The decontamination unit was audited by West Midlands ambulance service (WMAS) and our processes were compliant with the National guidelines.	There will be 2 more live exercises in 2016. The suits are now at an age where they will require annual recertification and in 3 years all suits will need to be replaced at a cost of **£29,400 plus VAT**. In 2016 WMAS will assess our decontamination process again.
Emergency Preparedness, Resilience and Response meetings are chaired by the Accountable Emergency officer Paul Bytheway	These meetings were re-introduced in January 2015 and occur every 8 weeks.	This are timetabled throughout the year.
The Core Standards document is a self-assessment tool provided by NHS England to every Trust. After the Trust has submitted this yearly document it will be reviewed by the NHS England local team then the NHS England regional team.	In August 2015 the Trust self-assessment was "substantial compliance".	The 2015 document is being reviewed by the Regional Assurance team this month. The Local Health Resilience Partnership (LHRP) will review the self-assessment and may request evidence of work plans. The Core standards document for 2016 will be required in August (TBC)
Peer reviews are required to share good practice and support those Trusts not meeting the requirements in emergency planning.	In 2015 we did a peer review of The Royal Orthopaedic hospital and the Birmingham Children's hospital reviewed us.	In 2016 the plan is to review 2 sites and to have 2 sites review us.

3. The 2016 priorities for the Emergency Planning are:

- To provide the Trust with a Strategy for Emergency preparedness.
- To provide an Emergency Preparedness Resilience & Response policy which will have links to the Major Incident plan, Business Continuity plan, Adverse weather, fuel shortage & pandemic flu.
- To plan a Business Continuity week for the Spring 2016 which involves face to face training in the clinical areas to help with embedding Business Continuity. All areas who have provided a plan must show evidence that the team are aware of the document and where to locate it.
- To plan a programme of replacement for the 24 decontamination suits so they do not all expire and require replacement at the same time at a cost of £29,400 + VAT. Once the suits reach 10 years old they must be replaced, current suits are 7yrs old.

4. Conclusion

Organisationally we are in a stronger position to deliver and maintain the core standards and the 6 priorities identified by NHS England.

This support and input from the Regional Health Emergency Planning Team (which is partly funded by the Trust at a cost of £10,000 per year) cannot be under estimated and the Board is requested to confirm this financial support.

The Trust is able to give assurance for the 6 points raised by NHS England (page 1) and the Trust is prepared for any significant incident.

The Core standards submitted in August 2015 are currently under review by NHS England and will require a new submission in August this year and the formal assessment will be presented to the Board towards the end of summer.

The Trust Board are assured that the Trust is compliant with the recommendations identified by NHS England.

The Trust Board has previously supported the funding associated with recertification of the decontamination suits at a cost of £3,803 plus VAT per year.

The Board is asked to support a programme of replacement to replace 8 per year which will cost an additional £9,800 + VAT per year over the next 3 years
The Trust is asked to continue funding our agreed contribution towards the Health Emergency Planning Team for the coming year.

The Board is asked to note the enclosed risk review form that supports corporate risk COR032 and the on-going work of the Emergency Planning Support Team.

The Board is asked:

1. To note the contents of the report
2. Support the financial requirement as part of the rolling programme to change the decontamination suits within the Emergency department.

The Dudley Group NHS
NHS Foundation Trust

CORPORATE RISK REVIEW FORM

ID	COR032	Risk description	The Trust is required to have an up-to-date plan to manage major incidents and business continuity so that the Trust can deliver care to patients when a major incident is declared and continue to deliver patient care in the event of a serious outage or disruption to key services	Date of review	February 2016

Assurances Received (what and when)	Category 1, 2, 3 – see key below	(P)ositive or (N)egative
There is a Major Incident plan and Business Continuity Plan which were both updated in 2014, with sections of the plan updated during 2015 to support actions learnt from tests and reviews during 2015	1 & 2	P
Actions from the annual assurance submission have been completed in relation to decontamination & communication in the event of a incident	3	P

Actions completed since last review (closed controls / improved assurances available)
To embed Business continuity awareness in the Trust the Emergency planning manager will meet with lead nurses and a variety of staff in each area during Business Continuity week in March 2016. The BC example used last year was flushing of tuffee wipes and the sewerage leaks that happen as a result. The Infection prevention team also added a slide to their presentation for mandatory training in 2015.
We are required under the Civil Contingency Act to test our Business Continuity plan, there will be two table top exercises in 2016.
We are required under the Civil Contingency Act to test our communications process following the first test in 2015 Changes were made and retested in October 2015, 2 staff took 30 minutes (previously over an hour) Further changes have been made and will be retested in Feb 2016, the aim is to reduce the process to 15 minutes.
We are required under the Civil Contingency Act to do a Major Incident exercise This is due in July 2016 and plans have started to carry out the Trust exercise in conjunction with Dudley zoo who will also be testing their plan.
On call staff were invited to attend training in support of major incident and business continuity . This training involves a walkthrough ED, decontamination awareness, outpatients for walking wounded and silver command/silver commander role. 90% of on call managers & directors attended in 2015.
The Major Incident radio has now been relocated to the capacity Hub for Silver command which was highlighted as a concern from the Core standards annual return that was submitted in August 2015. The Trust will be able to communicate directly with the Birmingham Incident Control Centre during an incident. This is tested monthly.
The use of SBAR documents during an incident was introduced in 2015 following a table top exercise. NHS England have now asked for this format for reporting Critical Incidents (Sustained pressure due to lack of whole hospital capacity)

The yearly self assessment for decontamination was completed in January 2015 , this was followed by an assessment from WMAS whose audit found the processes at Dudley group were compliant with National guidelines.
NHS England requested that all ED and UCC staff were 100% compliant in basic awareness training for dry decontamination (IOR-Initial Operational Response) This was achieved in February 2016.
The 24 PRPS suits used for wet decontamination are currently being re-certified. Within 3 years all suits will require replacement.

NEW - Current Risk Score.

Score following assessment of the above – this may be the same as the last score if no improvement in control and assurances received confirm initial controlled score

Likelihood (Score 1-5)	5	**Consequence** (Score 1-5)	**2**	**Total 10** Likelihood X consequence	10

New Actions to address an increased current risk score or additional sources of assurance

Action	Due by	Responsible person
1/ Business continuity plans will be reviewed in January 2016, all plans must have senior sign off and must Include staffing as a resource.	March 2016	Divisional Leads
2/ A strategy for Emergency Preparedness is required.	March 2016	Sharon Walford
3/ A policy for emergency preparedness is required. This policy will contain links to the Major Incident , Business Continuity, Flu, fuel shortage and adverse weather plans.	March 2016	Sharon Walford
4/ The Major Incident, Business Continuity, Flu, fuel shortage and adverse weather plans will all be updated in 2016.	July 2016	Sharon Walford
5, work streams will be identified to support the improved delivery of EP across the Trust as apart of the annual planning round. This will include the purchase of new decontamination suits or yearly re-certification.	April 2016	Sharon Walford / Paul Bytheway

Risk Manager	**Paul Bytheway**	**Director Lead**	**Paul Bytheway**

Category of assurance – 1 (provided by operational management) / 2 (provided by executive management / committee or board) / 3 (provided by external review body eg IA, EA, Accreditation Body etc)

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 3 March 2016

TITLE:	**Black Country Alliance Update**		
AUTHOR:	Terry Whalley, BCA Programme Director	**PRESENTER**	Terry Whalley, BCA Programme Director

CORPORATE OBJECTIVES

ALL

SUMMARY OF KEY ISSUES:

Following the last meeting of the Black Country Partnership Board the attached communication document was produced providing an update on the progress with specific projects.

From April of this year, the BCA Board meetings will be open to the public and you would be most welcome to attend. Information on these meeting dates and the papers will be found on the BCA website (www.blackcountryalliance.org) shortly.

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
			Y

RECOMMENDATIONS FOR THE BOARD

To note the progress being made by the BCA on the main projects.

The Black Country Alliance CAN – February 2016

Welcome to the latest edition of the Black Country Alliance CAN newsletter. Here is a brief update on the current projects being undertaken within the Black Country Alliance together with a roundup of other news items.

The Black Country Alliance (BCA) Board met for the second time in 2016 on Thursday February 18th at The Dudley Group NHS Foundation Trust.

The BCA Board will meet again on 9th March 2016 at 10.30am in the Seminar Room, 2nd Floor, South Block at Russells Hall Hospital DY1 2HQ. From April, the BCA Board meetings will be open to the public and you would be most welcome to attend.

Urology

The Board received an update on the Urology workstream. Urology clinicians met on 4th March 2016.They are keen to explore sub-specialisms and the potential for seven day services. They are mapping out the sub-specialist expertise available across the Black Country so that we fully understand the range of specialties we have across the Black Country so that this might better inform how they can work together to improve health outcomes and the experience of receiving healthcare. Progress has been made to define a sub-specialism map and more work is needed from both clinicians and operation leads to fully define this.

Regarding the seven day service, we will be looking at the possibility of running a hot outpatient urology clinic one day over the weekend, rotating between the three sites, with direct booking from each Trust into the clinic. We will also consider the possibility of running elective procedures on a Saturday. The Dudley Group is already planning to run elective procedures every Saturday to help increase utilisation of theatres. The Board heard there is a possibility of WHC and SWBH adopting the Saturday model or referring their elective patients to Dudley. Dawn Wardell, Chief Nurse for Dudley, is the new executive sponsor for Urology and can be contacted via email (dawn.wardell@dgh.nhs.uk). Terry Whalley, BCA Programme Director, is best placed to provide details on the work undertaken to date.

Rheumatology

The Board heard that work is progressing for a shared BCA Rheumatology Service to deliver a safe and sustainable service locally. Recruitment to joint consultant posts is still in progress but proving challenging. Short-term job planning, rota and clinic rules will be defined at a workshop scheduled to take place on 17th February which aims to define the requirements to support service redesign for ‘go live’ at Walsall on 1st April.

Dr Roger Stedman, Medical Director at SWBH can provide further details (roger.stedman@nhs.net).

Histopathology and Stroke

Workshops are going ahead as planned for the Histopathology and Stroke workstreams to develop proposals for sustainable services across the patch. A joint workshop with histopathology colleagues and service users from all three trusts is being arranged for 31st March 2016 to help shape services for the Black Country Alliance.

For further information on this workstream please contact Terry Whalley, Black Country Alliance Programme Director (terry.whalley@nhs.net).

Interventional Radiology (IR)

Work is on track for the proposed pilot to enable a seven day non-vascular Interventional Radiology service for patients across the Black Country Alliance. It is planned that this service will launch on the weekend 2nd/3rd April. The IR project is moving into the implementation phase and a pathway walkthrough was completed at a meeting on 16th February. This will now be followed up with Urologists to ensure all eventualities are known and can be planned for. Dudley will lead on the overall planning of 7 days rotas, with each Trust then being responsible for fulfilling the on call service when they are hosting the service.

Anne Baines, Director of Strategy, Performance and Transformation at DGFT, can provide further details of the proposed pilot (anne.baines@dgh.nhs.uk).

Procurement

The Board received an update on the work that has begun to look at Procurement and opportunities for joint buying of good and services, with each trust taking the lead on at least one opportunity. The steering group will meet for the first time on Monday 22nd January 2016 to see how BCA can help each trust deliver non pay reduction targets. The heads of procurement have identified three projects to work on, and the Steering Group will now review these to determine if these are the right ones to progress. Additionally, the Steering Group will consider how best to progress some of the more strategic outcomes that the BCA Board have agreed are important, including how best we respond together to Lord Carter's review of Hospital Procurement.

The Black Country Alliance Conference

The first BCA Conference, chaired by Dr Paul Harrison from DGFT, took place on Friday 5th February at the Bescot Football Stadium in Walsall. More than 100 senior clinical and nurse leaders attended from across the three trusts to discuss the purpose and forward priorities for the BCA. The delegates listened to talks from NHS Providers' Chief Executive Chris Hopson, and from Sir Bruce Keogh's former Deputy Medical Director Professor Mike Bewick. Both spoke about the challenges facing the NHS and why initiatives like the Black Country Alliance were so important to the long-term clinical and financial sustainability of the NHS.

Feedback from delegates suggests the event was well received, with most delegates thinking that the presentations were relevant and interesting. .

The delegates said they felt the conference helped them realise that the BCA can really enable effective collaboration with colleagues in the other BCA trusts, and that this collaboration is paramount to achieving the BCA vision for long term clinical sustainability of high quality services. . In Listening into Action (LIA) table top exercises, delegates identified some interesting threads of work which we might choose to take forward. Clinical Leaders certainly welcomed the opportunity to meet with colleagues from other Trusts and exchange ideas for ways we might improve health outcomes together.

For further information on any of this, please contact Terry Whalley, Black Country Alliance Programme Director (terry.whalley@nhs.net).

Expressions of Interest

Thank you to everyone who has submitted ideas for work the Black Country Alliance might undertake in 2016/17. Colleagues from all three trusts have submitted more than 30 bids during December and January. The ideas are being reviewed and senior colleagues within the trusts' leadership teams have been invited to assess the expressions of interest and provide thoughts on those they believe have most merit and should be considered by the BCA Board. We are expecting to agree which ideas will be progressed by the end of March.

It's never too late though to put forward an idea for how the Black Country Alliance might help fix a problem, realise an opportunity or maximise a strength we have. If you think you've got a great idea that should be

considered, or have any other feedback about the Black Country Alliance, please contact Terry Whalley, BCA Programme Director – terry.whalley@nhs.net.

Find out more about the Black Country Alliance at www.blackcountryalliance.org or follow us on twitter @TheBCAlliance

Paula Clark
Chief Executive
The Dudley Group

Toby Lewis
Chief Executive
Sandwell and West Birmingham

Richard Kirby
Chief Executive
Walsall Healthcare

Enclosure 8

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 3rd March 2016

TITLE:	Update on Quality Account/Report		
AUTHOR:	Derek Eaves Professional Lead for Quality	**PRESENTER:**	Dawn Wardell Chief Nurse

CORPORATE OBJECTIVE:
SO1: Deliver a great patient experience
SO2: Safe and Caring Services

SUMMARY OF KEY ISSUES:
This paper includes:

1. A summary of the present situation with the quality account/report targets for 2015/16. The outline is:
   Patient Experience: Hospital: Partially achieved. Community: Not achieved
   Pressure Ulcers: Hospital and Community: Achieved
   Infection Control: C. Difficile: Achieved. MRSA: Not achieved
   Nutrition/Hydration: Partially achieved
   Mortality: Achieved

2. Attendance at the Dudley MBC Overview and Scrutiny Committee - A summary of the discussion is provided.

3. Situation with producing the Quality Account of 2015/16 and deciding on the quality priorities for 2016/17 - An outline of where the Trust is at with producing the quality account/report for 2015/16 and deciding on the priorities for 2016/17 is provided.

IMPLICATIONS OF PAPER:

RISK			**Risk Description:**
	Risk Register		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	N	**Details**:
	Monitor	Y	**Details:** Quality Report requirements
	Other	Y	**Details**: DoH Quality Account requirements

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
✓		✓	

RECOMMENDATIONS FOR THE COMMITTEE: To note the contents of the report and to agree the two national indicators and local indicator for external audit, the latter of which will be proposed to the Governors for their agreement.

THE DUDLEY GROUP NHS FOUNDATION TRUST

QUALITY ACCOUNT/REPORT UPDATE

1. Overview of Present Position with Quality Account Priority Targets

The detailed third quarter report was present to the CQSPE in January. Below is an updated summary:

Patient Experience – The results show that up to December the inpatient area is achieving the target with the Trust results each month being equal to or above the national average. For community, the Trust FFT score has been equal to or above the national average for 6 of the 8 months for which comparable scores are available. Unfortunately, for outpatients the Trust score has been consistently below the national average although these are improving as the year progresses. Actions are being taken to improve the situation.

Pressure Ulcers – Due to the time lag of the assessment and investigation process into whether pressure ulcers are avoidable or not, it is difficult to come to a firm conclusion on whether the targets are being met but at present this looks to be the case but it is premature to be definitive about this. There have been no avoidable stage 4 ulcers in either the hospital or community. With regards to avoidable stage 3 ulcers in the hospital with three quarters of the year completed there are only about half of the ulcers of last year. The picture of the avoidable stage 3 ulcers in the community is even better at the end of December compared to last year.

Infection Control – With regards to Clostridium Difficile, the target this year is to have no more than 29 cases caused by a lapse in care. The decision on whether there has been a lapse of care is made in conjunction with Dudley Clinical Commissioning Group and experts from Dudley Public Health. Of the 43 cases this year 34 have undergone the apportionment and from these the number of lapses in care cases agreed is 12 so the Trust is on track to achieve the target.

With regards to MRSA bacteraemia there have been two cases so far this year which means that that target has not been met.

Nutrition/Hydration - The overall Trust score is 97% for the quarter (the same for Q1 and Q2) which means the target up to the end of Q3 was being met. Looking ahead to Q4 when all individual wards have to be 93% or above, there are some areas that aren't consistent with this target and so the Q4 target will not be met.

Mortality – At this time we can only provide the results that are available so far for Q3 which show a Trust average of 95.9%, which shows a significant improvement since the introduction of the target in April 2014. A more conservative estimate of the final position would indicate that we will meet the target of 90%.

2. Attendance at the Dudley MBC Overview and Scrutiny Committee

The Chief Nurse and Professional Lead for Quality attended the above committee following the annual request to discuss the forthcoming quality account/report. With a new influx of councillors, there was more detailed questioning than usual. The Committee were particularly interested in the FFT scores and the underlying response rates and have

requested further information. Also, members asked about mortality generally and the outcome of the reviews being undertaken. The committee were asked about their views on the proposed topics for next year and they were pleased to see that infection control and pressure ulcers remain as priorities.

3. Situation with producing the Quality Account of 2015/16 and deciding on the quality priorities for 2016/17

Up to end of January neither NHS England nor Monitor had published any information on the requirements for the report for 2015/16. On the 3rd February NHS England issued a letter essentially saying that there would be no changes to the requirements except that 'we would be grateful' if Trusts would consider including the following:

- How we are implementing the Duty of Candour
- Our patient safety improvement plan as part of the Sign Up to Safety Campaign
- Certain elements of the most recent NHS staff survey
- Our CQC ratings grid and any associated action plan.

We will include all of the above. With regards to Monitor, just prior to the publication of the above letter it published a 'Consultation on requirements for content and assurance for quality reports 2015/16'. This consultation finishes at the end of February. In fact, the proposed changes in the consultation are minor. One key item to be reported is that the indicators that are being proposed for external audit are:

a) Referral to treatment within 18 weeks for patients on an incomplete pathway

b) A&E four hour wait

c) 62-day cancer treatment wait

d) 28 day readmissions

The consultation document states: 'Two indicators would be tested in this order of preference where relevant for the Trust'

On the basis that the consultation does not result in any changes to this the Board is asked to agree to a) and b) above. Leads for these audits who will liaise with the external auditors will have to be agreed.

In addition, as previously, the Governors will be asked to choose a local indicator. It is proposed to ask the Governors to choose the most appropriate indicator from the QA targets which is C. Diff. as it is reasonably straightforward and involves the CCG in deciding lapses in care. The Board is asked to endorse this so the local indicator can be suggested to the Governors on 10th March for agreement.

In terms of the present situation with the report, the draft is being compiled and a meeting with the new external auditors occurred on 24th February. An outline timetable was agreed

Finally, following two debates the CQSPE has decided on the priority topics for 2016/17. These are:

PRIORITY 1: PATIENT EXPERIENCE
This priority to be retained - although the detailed targets of this have not been decided one definite element will cover the issue of ensuring effective patient Pain Control.

PRIORITY 2: PRESSURE ULCERS
This topic to be retained - discussions are occurring with the commissioners to agree the exact targets; this is likely to involve a requirement to reduce further the incidence of Stage 3 avoidable pressure ulcers in the hospital and a zero tolerance to Stage 4 avoidable ulcers in both hospital and community.

PRIORITY 3: INFECTION CONTROL
This topic to be retained and the Trust will be set targets by the Department of Health. For MRSA Bacteraemia a zero tolerance is likely to continue.

PRIORITY 4: NUTRITION AND HYDRATION
This topic to be retained and the targets set will depend on the outturn figures for 2015/16.

PRIORITY 5: MEDICATION
This is a new topic for 2016/17 with the specific targets yet to be decided.

Proposed specific targets will be presented to the CQSPE meeting on 29th March for agreement.

Enclosure 9

Committee highlights report to Board

Meeting	Meeting Date	Chair	Quorate	
Workforce & Staff Engagement Committee	23rd February 2016	Ann Becke	yes	no
			yes	

Declarations of Interest Made

None

Assurances Received

1. An update on the staff friends and family test was received. Q3 of 2015/16 had 46 respondents, mainly because it had not been promoted due to the national staff survey running at the same time. The number of staff who recommend the Trust as a place to a) receive care increased from 84% to 93% and b) work increased from 66% to 83%

2. The Trust People Plan RAG report was received, providing assurance that the plan is being implemented. Amber areas of slippage will still be able to be delivered in year.

3. A report on progress with improvements to mandatory training and its link to the NHS Core Skills Training Framework was received.

4. A detailed report on nurse agency spend was received. It was verbally added that January 2016 spend was 9.1% against a Monitor target for nurses of 4%. This was mainly due to nurse vacancies, flexible beds being opened and nursing sickness rates.

5. Workforce KPI's were received for January 2015. Appraisal compliance is a significant concern, with corporate areas at 77.14%. Overall its 80%, which means that 1/5th of all staff are not getting an appraisal. Only 50% of performance ratings have been notified. The Committee believe that managers who are not carrying out appraisal need to be taken to task.

6. An update on the implementation of the Race equality Standard was received.

7. A report on medical appraisals and revalidation was received which detailed the Trusts compliance with the regulations.

8. The minutes and actions from the LETG meeting on 21 January 2016 were received.

9. A verbal update was given on the junior doctors new contract

Decisions Made / Items Approved

1. A presentation on leadership talent management was received, with the proposed arrangements accepted in principle.

2. A paper setting out key principles for the review of appraisals and individual performance ratings across the Trust was approved. This will form the basis of a revised policy and documentation. In particular, it was felt strongly that managers should not be able to delegate appraisals and that all staff needed to use the same documentation.

3. The Committee received two Trust policies for ratification.

Actions to come back to Committee / Group (Items Committee / Group keeping an eye on)

None specifically

Items referred to the Board / Parent Committee for decision or action

None

Enclosure 11

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors
On 3 March 2016

TITLE	Corporate Performance Report – January 2016 (Month 10)		
AUTHOR	Paul Taylor Director of Finance and Information	**PRESENTER**	Jonathan Fellows Non-Executive Director
CORPORATE OBJECTIVE: S06 Plan for a viable future			
SUMMARY OF KEY ISSUES: Summary reports from the Finance and Performance Committee meeting held on 25 February 2016.			

RISKS	**Risk Register**	**Risk Score Y**	**Details:** Risk to achievement of the overall financial target for the year
COMPLIANCE	**CQC**	**Y**	**Details:** CQC report 2014 now received, and Trust assessed as "Requires Improvement" in a small number of areas.
	NHSLA	**N**	
	Monitor	**Y**	**Details:** The Trust remains on monthly monitoring by Monitor. Monitor has confirmed that the Trust is in breach of its authorisation conditions regarding future financial sustainability. Undertakings have been signed by Trust to resolve this position
	Other	**Y**	**Details:** Significant potential exposure to performance fines by commissioners

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

The Board is asked to note the contents of the report

The Dudley Group NHS
NHS Foundation Trust

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	**25 February 2016**	**Jonathan Fellows**	**yes**	**no**
			yes	

Declarations of Interest Made

None

Assurances Received

- The forecast overspending for 2015-16 remains at £3.1m – in line with our plan
- The Chief Nursing Officer and her staff have a number of plans in place to minimise the number of registered nurse vacancies, and will be actively managing both recruitment and retention during 2016.
- The current performance position for the final quarter of 2015-16 and the year-to-date position were discussed for A&E, RTT and Cancer standards
- The CIP for 2015-16 remains on course to meet its target and the plans for 2016-17 have been largely developed, although there remains a shortfall £2m which is being targeted for savings identified by the Carter report.
- The worsening position against the agency rules and price cap compliance and the actions being taken to alleviate these
- A range of actions regarding estates and facilities had improved the position in this area
- The draft Operational Plan for 2016-17 has brought the Trust a step closer to financial balance

Decisions Made / Items Approved

- The IT Procurement post can be filled on an agency basis, and that a report on the likely agency implications of the EHR programme be made available to the Director of Finance, for discussion with Monitor, and then report back to Finance & Performance Committee on 31st March 2016 and reported onto Board
- Confirmation that the alternative method of valuation of land and buildings (optimised MEA valuation) would not be adopted by the Trust

Actions to come back to Committee

- The trend analysis report to be repeated every 6 months and reported to Committee

Items referred to the Board for decision or action

- To ask the Board of Directors to give delegated authority on its behalf to the Finance and Performance Committee to approve the final 2016/17 budgets at its meeting on 31 March 2016
- To ask the Executive Directors to recommend to the Board of Directors the appropriate structure for the 2016-17 contract with Dudley CCG

Enclosure 12

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 3rd March 2016

TITLE:	**Integrated Performance Report**		
AUTHOR:	**Anne Baines, Director of Strategy and Performance**	**PRESENTER**	**Anne Baines, Director of Strategy and Performance**

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience
SO2: Safe and Caring Services
SO4: Be the place people choose to work
SO5: Make the best use of what we have

SUMMARY OF KEY ISSUES:

Attached is the Integrated Performance Report for the period to January 2016.

However, there has been deterioration in performance against the Emergency Access target and cancer waiting times.

C. Diff is currently achieving target with 11 cases due to lapses in care against the target of 29, however there are 16 under review. There was a fall in overall cases in January down to 4 giving a year to date total of 42.

Performance continues to be good in regard to the national 18 week standard for Referral to Treatment Times

The 6 week diagnostic performance was above target for January with a performance of 99.5%.

Stroke – Suspected High Risk TIA Scanned and Treated within 24hrs achieved the target of 60% in January with 66.7% (provisional figure).

The projected performance trajectories required as part of the Sustainability and Transformation Agreement have been submitted and are attached for information.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: Y/N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:** ***(Please select from the list on the reverse of sheet)***
	Monitor	**Y**	**Details:** Poor performance would result in the Trust being in breach of licence
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
	x	x	

RECOMMENDATIONS FOR THE BOARD

a.	Note the contents of the report

Trust Board of Directors 3rd March 2016

Integrated Performance Report – January 2016

1 Introduction

This paper aims to present to the Board of Directors performance against the key areas, highlighting areas of good performance and identifying areas of exception together with the actions in place to address them.

2 Integrated Performance Report

2.1 The report for the period April 2015 to January 2016; is enclosed for consideration at Appendix 1.

Overall the Trust continues to perform against some of key indicators. Areas to highlight include

- Achievement of all three Referral to Treatment (RTT) 18 week targets.
- Diagnostic waits met the target of 99% for the second consecutive month at 99.5% in January. The Division continue to implement action plans to maintain this position.
- Clostridium Difficile (C. Diff) The total number of cases has dropped in January compared to the high level of 8 in December, to 4 in January, bringing the total reported year to date to 42. However those confirmed as due lapses of care remains at 11

However, performance has deteriorated in two key areas – the emergency access target and cancer waiting times.

2.2. Emergency Access Target

The combined hospital and UCC performance continued to deliver above target in January 2016 at 95.73%. However, the Trust only performance has failed the target at 91.8%.

The split between the type 1 and 3 activity for January was:

	Attendances	Breaches	Performance
A&E Dept. Type 1	7122	587	91.76%
UCC Type 3	6610	0	100.00%

The year to date figures remains above target. However there is some risk for achievement of the fourth quarter.

Analysis of the position has identified that the Trust has seen increases in prolonged surge activity with significant peaks in both Emergency Department attendances and ambulances, both well above predictions. Escalation to command and control procedures have been initiated whenever necessary, as well as additional oversight by the COO, Chief Nurse and Medical Director.

2.3 Cancer Waits

Due to the time required to validate individual pathways the cancer waiting times in this report for the last 2 months i.e. December and January are provisional only. The target was met for Quarter 3 at 87.2% with all 3 months in the quarter above target.

However, Cancer waits 62 Day – From Urgent GP Referral to Treatment performed below target for January at 81.3%. Continual validation is underway. Weekly performance monitoring continues with the Director of Strategy and Performance and the Chief Operating Officer, with the Divisions providing forecasts based on planned activity and patients tracking lists analysis for the rest of the year.

The performance by tumour site is shown at Appendix 2.

In addition, in line with cancer reporting guidance two additional figures are provided in relation to 62-Day waits, that have breached 104 days:

a) Patients without a decision to treat – who are untreated
b) Patients with a decision to treat – who are untreated and either do not have a TCI date, or do not have a TCI date within target time

See Appendix 3

3 Other areas requiring attention

In addition, those areas requiring further attention include

- The Friends & Family measure of how many responses are collected (the footfall) remains below that required in some areas. The performance in ED remains well below the 15% target, and fell again to 5% in January. The introduction of a two way texting system to improve response rates continues.
- Delivery of Clostridium Difficile (C. Diff) target - see below
- Outpatient activity –outpatient procedures continue to under-perform overall, and is significantly lower in January. Divisions will be asked to produce a rectification plan to address the activity in year.
- Community activity continues to be below target due to vacant community nursing posts & lower than expected referrals to some community teams, and has decreased still further in January. Recruitment into these posts continues although is not expected that this will recover the under-performance by the year end.
- The number of staff who had an appraisal within the required time frame has improved with and for the last 2 months has been at 80%. Discussions have been held with Divisions regarding the revision of performance monitoring to reflect the differences between the 12 month standard for all staff other than consultants, whose standard is for 15 months in line with medical validation.

4 Stroke Reporting – Suspected High Risk TIA Scanned and Treated within 24hrs

The 60% target was not achieved in November (50%) or December (52.6%) but provisionally the position has recovered in January to 66.7%. However, the figures for presenting High Risk TIAs are significantly lower than previously recorded. The Division is continuing to review the system and process, and long-term sickness/absence has affected the current process.

5 Sustainability and Transformation Fund trajectories 2016/17.

As part of the requirement for taking up the Sustainability and Transformation fund monies the Trust has been required to provide trajectories in a number of key areas Diagnostics, Cancer, Emergency Access and Referral to Treatment.

For the detail of the trajectories submitted can be seen in Appendix 4

Recommendation

Trust Board of Directors is asked to:

a) Note the contents of the report

Anne Baines
Director of Strategy and Performance

The Dudley Group NHS
NHS Foundation Trust

Appendix 1
Integrated Performance Dashboard 2015/16

Quality And Risk

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	YEF
Friends & Family - Community - Footfall	-	0%	0%	1%	1%	1%	1%	1%	1%	2%	2%	-	-	1%	%	
Friends & Family - Community - Recommended %	-	97%	98%	96%	96%	94%	93%	97%	95%	99%	97%	-	-	96%	%	
Friends & Family - ED - Footfall	20%	8%	15%	12%	7%	6%	3%	7%	6%	6%	5%	-	-	8%	15%	
Friends & Family - ED - Recommended %	89%	90%	90%	92%	90%	95%	91%	96%	93%	88%	96%	-	-	92%	95%	
Friends & Family - Maternity - Footfall	23%	23%	22%	21%	20%	22%	23%	25%	32%	18%	17%	-	-	22%	15%	
Friends & Family - Maternity - Recommended %	99%	99%	99%	99%	97%	99%	99%	98%	98%	97%	98%	-	-	98%	84%	
Friends & Family - Outpatients - Recommended %	-	84%	82%	82%	88%	90%	89%	88%	84%	88%	90%	-	-	88%	%	
Friends & Family - Ward - Footfall	32%	16%	16%	14%	15%	20%	20%	23%	23%	17%	17%	-	-	17%	25%	
Friends & Family - Ward - Recommended %	98%	96%	97%	98%	97%	99%	97%	97%	97%	99%	96%	-	-	97%	95%	
HCAI - Post 48 hour Clostridium Difficile	38	3	3	2	2	5	5	5	5	8	4	-	-	42	24	
HCAI - Post 48 hour MRSA	0	0	0	0	0	0	2	0	0	0	0	-	-	2	0	
Incidents - Patient Falls, Injuries or Accidents	1,399	127	116	116	103	97	119	111	118	114	129	-	-	1,150		
Incidents - Pressure Ulcer	2,091	187	163	182	150	120	132	125	141	172	187	-	-	1,559		
Never Events	1	0	0	0	0	0	1	0	0	0	0	-	-	1	0	
Serious Incidents - Action Plan overdue	-	46	31	37	24	32	42	40	46	49	38	-	-	385		
Serious Incidents - Not Pressure Ulcer	108	6	9	9	10	7	11	11	11	10	9	-	-	93		
Serious Incidents - Pressure Ulcer	197	21	20	21	17	17	10	18	17	30	26	-	-	197		
Stroke - Suspected TIA Scanned < 24hrs of Presentation	85.47%	95%	100%	91.3%	88.89%	92.31%	85%	92.31%	50%	52.63%	66.67%	-	-	84.8%	60%	
Stroke Admissions : Swallowing Screen	78.46%	81.25%	81.11%	72.09%	80%	74.07%	75%	78.38%	88.89%	87.88%	80.56%	-	-	79.81%	80%	
Stroke Admissions to Thrombolysis Time	80%	69.23%	61.54%	42.86%	75%	61.54%	75%	37.5%	71.43%	33.33%	45.45%	-	-	45.45%	%	
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)	88.84%	94.23%	92%	92.86%	94.34%	88.24%	92.68%	88.68%	88.68%	90.91%	90.24%	-	-	91.25%	80%	

Finance

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	YEF
Budgetary Performance	(£2,722)k	£276k	£535k	£111k	£148k	£93k	£448k	£54k	£504k	(£16)k	(£12)k	-	-	£2,871k	£0k	
Capital v Forecast	87.8%	100%	98.6%	99.7%	91.7%	74.5%	66.2%	96.6%	90.8%	82.1%	78.6%	-	-	78.6%	95%	
Cash Balance	-	£23,464k	£23,723k	£21,912k	£17,879k	£18,723k	£15,730k	£17,332k	£15,255k	£12,700k	£17,797k	-	-	£17,797k	k	
Cash v Forecast	109%	97.9%	104.9%	108.1%	87%	91.5%	94.8%	97.2%	89.2%	88.4%	88.4%	-	-	88.4%	95%	
CIP - Actual Performance	(£2,129)k	£1,773k	£1,218k	£1,298k	£1,516k	£1,743k	£1,002k	£1,370k	£1,452k	£1,329k	£1,289k	-	-	£13,989k	£13,787k	
Debt Service Cover	0.85	0.72	0.93	1.05	1.13	1.01	1.08	1.09	1.15	1.1	1.11	-	-	1.11	2.5	
EBITDA	£15,817k	£1,138k	£1,814k	£2,079k	£2,145k	£829k	£2,283k	£1,909k	£2,449k	£1,141k	£2,012k	-	-	£17,799k	£15,909k	
I&E (After Financing)	(£8,033)k	(£783)k	(£123)k	£183k	£201k	(£1,124)k	£346k	(£31)k	£518k	(£811)k	(£30)k	-	-	(£1,653)k	(£3,495)k	
Liquidity	7.22	6.1	5.76	5.41	6.28	5.16	6.03	5.78	6.27	5.25	5.45	-	-	5.45	0	
SLA Performance	£6,271k	£1,021k	£507k	£506k	(£721)k	(£380)k	(£432)k	(£46)k	(£23)k	£37k	£250k	-	-	£718k	£0k	
SLR Performance	(£8,032)k	(£782)k	(£123)k	£184k	£201k	(£1,124)k	£344k	(£31)k	£518k	(£810)k	(£30)k	-	-	(£1,654)k	£0k	

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Appendix1. (Contd.)
Integrated Performance Dashboard 2015/16

Performance

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	YEF
A&E - A&E Attendances Seen Within 4 Hours (%)	94.7%	98.6%	98.8%	99.1%	99.1%	98.5%	97.6%	98.9%	97.5%	97.1%	91.8%	-	-	97.8%	95%	
Activity - A&E Attendances	99,928	7,895	7,940	8,138	8,052	7,700	8,001	8,100	7,900	7,741	8,089	-	-	79,560	66,672	
Activity - Community Attendances	415,662	34,397	33,050	35,066	36,362	32,417	35,088	36,008	34,642	33,201	32,202	-	-	342,433	361,869	
Activity - Elective Day Case Spells	44,639	3,660	3,445	4,013	3,951	3,413	3,675	3,952	3,757	3,759	3,691	-	-	37,316	36,664	
Activity - Elective Inpatients Spells	6,953	482	525	580	580	508	537	572	580	481	500	-	-	5,345	5,994	
Activity - Emergency Inpatient Spells	50,876	4,426	4,282	4,183	4,205	4,077	4,105	4,296	4,265	4,556	4,596	-	-	42,991	40,840	
Activity - Outpatient First Attendances	125,382	10,391	10,059	11,359	11,488	9,298	10,758	11,540	11,159	10,969	11,596	-	-	108,617	101,361	
Activity - Outpatient Follow Up Attendances	320,876	26,142	24,480	28,055	27,442	23,254	26,290	26,477	27,030	25,305	26,775	-	-	261,250	271,010	
Activity - Outpatient Procedure Attendances	57,196	4,308	3,956	4,833	4,527	4,042	4,553	4,883	4,968	4,217	3,257	-	-	43,544	48,373	
Cancer - 14 day - Urgent Cancer GP Referral to date first seen	96.7%	97.7%	96.4%	95.5%	95.4%	93.8%	94.1%	94.2%	95.1%	95.1%	97.1%	-	-	95.4%	93%	
Cancer - 14 day - Urgent GP Breast Symptom Referral to date first seen	96%	100%	98.7%	100%	97%	96.8%	95.9%	98.5%	99.3%	98.2%	98%	-	-	98.3%	93%	
Cancer - 31 day - From diagnosis to treatment for all cancers	99.7%	100%	100%	100%	100%	100%	99.3%	98.7%	100%	100%	99.3%	-	-	99.7%	96%	
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	100%	98%	
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	99.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.8%	-	-	99.4%	94%	
Cancer - 62 day - From Referral for Treatment following national screening referral	97.3%	82.4%	91.3%	95.2%	100%	93.3%	96.3%	100%	100%	100%	100%	-	-	95.7%	90%	
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	87%	83.6%	81.9%	88.5%	83.8%	85.1%	83.5%	88.9%	86.4%	87.7%	81.3%	-	-	85.3%	85%	
RTT - Admitted Pathways within 18 weeks %	91.6%	95.2%	95.3%	96.1%	95.6%	96.1%	94.3%	92.5%	93.3%	93.4%	94.4%	-	-	94.6%	90%	
RTT - Incomplete Waits within 18 weeks %	95.4%	95%	95.2%	95.2%	95.6%	94.9%	95.1%	94.6%	94.4%	94.9%	95%	-	-	95%	92%	
RTT - Non-Admitted Pathways within 18 weeks %	98.7%	97.7%	97%	98%	98.3%	98.1%	98.3%	97.5%	97.8%	97.8%	97.3%	-	-	97.8%	95%	
Waiting Time - Diagnostic 6 Week Maximum Wait (VSADS)	97.75%	98.69%	99.27%	99.47%	99.34%	98.35%	98.41%	97.87%	98.85%	99.29%	99.52%	-	-	98.91%	99%	

Staff/HR

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	YEF
Appraisals	87.2%	88%	80.6%	81.5%	80.8%	80.3%	80.1%	78.4%	75.6%	80.4%	80%	-	-	80%	90%	
Mandatory Training (Substantive)	80.68%	81.53%	82.13%	82.8%	82.35%	81.51%	81.16%	84.11%	84.8%	85.16%	81.97%	-	-	81.97%	90%	
Sickness Rate (Performance Dashboard)	3.81%	3.49%	3.70%	3.65%	3.51%	3.21%	3.28%	3.83%	3.80%	4.05%	4.58%	-	-	3.72%	3.50%	
Staff In Post (Contracted WTE)	4,181.19	4,090.77	4,071.22	4,045.78	4,019.79	4,018.55	4,039.04	4,075.01	4,069.24	4,064.03	4,087.57	-	-	4,087.57		
Vacancy Rate	9.42%	8.42%	8.81%	9.51%	10.11%	10.33%	9.92%	9.93%	10.31%	10.59%	10.05%	-	-	10.05%	%	

Glossary: - LYO – Last Year Out-turn; YEF – Year End Forecast

Appendix 2

Cancer Tumour Site –November, December 2015, January 2016 and Q3 2015/16 – ****PROVISIONAL****

Month	Target	Brain	Breast	Colorectal	Gynaecology	Haematology	Head and Neck	Lung	Other	Sarcoma	Skin	Upper GI	Urology	Total
Nov-15	2WW	100.0%	100.0%	91.2%	98.7%	100.0%	96.3%	100.0%			93.8%	93.9%	92.9%	**95.0%**
	2WW - Breast Symptomatic		99.3%											**99.3%**
	First Treatment		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	**100.0%**
	Subs Anti-Cancer Drug		100.0%	100.0%	100.0%	100.0%							100.0%	**100.0%**
	Subs Radiotherapy												100.0%	**100.0%**
	Subs Surgery		100.0%	100.0%							100.0%		100.0%	**100.0%**
	62 Day Traditional		100.0%	62.5%	84.6%	88.9%	0.0%	66.7%			100.0%	75.0%	86.8%	**86.6%**
	62 Day - Breast Symptomatic		100.0%											**100.0%**
	Screening		100.0%	100.0%										**100.0%**
	Upgrades			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	83.3%	**99.1%**
Dec-15	2WW	100.0%	98.6%	93.1%	97.8%	93.3%	98.9%	100.0%			92.0%	90.8%	97.9%	**95.1%**
	2WW - Breast Symptomatic		98.2%											**98.2%**
	First Treatment		100.0%	100.0%	100.0%	100.0%		100.0%			100.0%	100.0%	100.0%	**100.0%**
	Subs Anti-Cancer Drug		100.0%	100.0%	100.0%	100.0%		100.0%						**100.0%**
	Subs Radiotherapy					100.0%								**100.0%**
	Subs Surgery		100.0%	100.0%							100.0%		100.0%	**100.0%**
	62 Day Traditional		100.0%	100.0%	100.0%	100.0%	0.0%	72.7%			95.7%	66.7%	78.3%	**86.7%**
	62 Day - Breast Symptomatic		100.0%											**100.0%**
	Screening		100.0%	100.0%										**100.0%**
	Upgrades			100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	**100.0%**

Appendix 2. (Contd.)

Month	Target	Brain	Breast	Colorectal	Gynaecology	Haematology	Head and Neck	Lung	Other	Sarcoma	Skin	Upper GI	Urology	Total
Jan-16	2WW	100.0%	96.8%	100.0%	94.6%	100.0%	100.0%	100.0%			95.0%	95.8%	96.4%	**97.1%**
	2WW - Breast Symptomatic		97.9%											**98.0%**
	First Treatment		100.0%	100.0%	100.0%	100.0%		100.0%			100.0%	100.0%	97.1%	**99.3%**
	Subs Anti-Cancer Drug		100.0%	100.0%		100.0%		100.0%					100.0%	**100.0%**
	Subs Radiotherapy													
	Subs Surgery		100.0%	100.0%							93.3%			**96.0%**
	62 Day Traditional		92.9%	84.6%	44.4%	100.0%	20.0%	80.0%			100.0%	90.9%	69.8%	**81.3%**
	62 Day - Breast Symptomatic		100.0%											**100.0%**
	Screening		100.0%	100.0%										**100.0%**
	Upgrades			66.7%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%	94.1%	**95.9%**
Q3 Oct-15 to Dec-15	2WW	100.0%	98.6%	90.4%	97.2%	96.7%	96.9%	98.5%			93.2%	93.6%	95.2%	**94.7%**
	2WW - Breast Symptomatic		98.6%										100.0%	**98.6%**
	First Treatment		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		98.1%	100.0%	100.0%	**99.6%**
	Subs Anti-Cancer Drug		100.0%	100.0%	100.0%	100.0%		100.0%					100.0%	**100.0%**
	Subs Radiotherapy			100.0%		100.0%							100.0%	**100.0%**
	Subs Surgery		100.0%	100.0%			100.0%				100.0%		100.0%	**100.0%**
	62 Day Traditional		100.0%	82.1%	82.6%	96.7%	40.0%	71.8%			98.3%	57.1%	83.8%	**87.2%**
	62 Day - Breast Symptomatic		100.0%											**100.0%**
	Screening		100.0%	100.0%										**100.0%**
	Upgrades			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	95.0%	**99.4%**

Note that the above is a snap shot of the provisional performance which continues to change as more patient data is loaded and validated. As a result of the snap shot approach the figures may vary slightly from the figures in the main dashboard.

Appendix 3:
62 DAY PTL 104 DAY Breaches:

		Month	Oct	Nov	Dec	Jan
SECTION 1: 62 DAY PTL - PATIENTS WITHOUT A DECISION TO TREAT	Number of patients who are untreated	Number of patients who have breached beyond 104 days	8	15	19	15
SECTION 2: 62 DAY PTL - PATIENTS WITH A DECISION TO TREAT	Number of patients who are untreated and either do not have a TCI date, or do not have a TCI date within target time.	Number of patients who have breached beyond 104 days	4	1	5	3

NOTE: Reporting requirement only commenced 18th October. Therefore, October figures are part month only.

Appendix 4:
Sustainability and Transformation Fund Trajectories 2016/17.

Diagnostics

	Baseline	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Patients Waiting	5,627	5,676	5,725	5,774	5,824	5,873	5,922	5,971	6,020	6,069	6,118	6,168	6,217
Patients Waiting < 6 weeks	5,566	5,620	5,668	5,717	5,766	5,815	5,863	5,912	5,960	6,009	6,057	6,107	6,155
Patients Waiting > 6 weeks	61	56	57	57	58	58	59	59	60	60	61	61	62
Performance	98.92%	99.01%	99.00%	99.01%	99.00%	99.01%	99.00%	99.01%	99.00%	99.01%	99.00%	99.01%	99.00%

Assumptions
Baseline = average of April 15 to January 16 performance
Growth of 5.7% factored in

Cancer

	Baseline	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Patients Waiting	83.7	77.0	78.0	79.0	84.0	86.0	88.0	88.0	86.0	84.0	78.0	78.0	78.0
Treated within 62 days	71.2	65.5	66.5	67.5	72.0	74.0	76.0	76.0	74.0	72.0	66.5	66.5	66.5
Breaches	12.5	11.5	11.5	11.5	12.0	12.0	12.0	12.0	12.0	12.0	11.5	11.5	11.5
Performance	85.07%	85.06%	85.26%	85.44%	85.71%	86.05%	86.36%	86.36%	86.05%	85.71%	85.26%	85.26%	85.26%

Baseline = average of April 15 to January 16 performance
Growth/Phasing based on historic performance

Appendix 4: (Contd.)
Sustainability and Transformation Fund Trajectories 2016/17.

A&E

	Baseline	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Patients Waiting	7,968	8,144	8,144	8,404	8,286	7,945	8,269	8,351	8,148	8,014	8,364	7,649	8,287
Treated within 62 days	7,783	8,027	8,044	8,331	8,230	7,759	8,111	8,259	7,917	7,790	7,696	7,471	8,095
Breaches	185	117	100	73	56	186	158	92	231	224	668	178	192
Performance	97.68%	98.56%	98.77%	99.13%	99.32%	97.66%	98.09%	98.90%	97.16%	97.20%	92.01%	97.67%	97.68%

Baseline = average of April 15 to January 16 performance
Growth of 3% factored in

RTT

	Baseline	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Patients Waiting	13,776	14,094	14,062	14,050	14,087	14,135	14,109	13,922	13,829	14,082	14,154	14,113	13,972
Treated within 62 days	13,005	13,306	13,276	13,265	13,299	13,343	13,319	13,143	13,055	13,294	13,362	13,323	13,190
Breaches	771	788	786	785	788	792	790	779	774	788	792	790	782
Performance	94.40%	94.41%	94.41%	94.41%	94.41%	94.40%	94.40%	94.40%	94.40%	94.40%	94.40%	94.40%	94.40%

Baseline = average of October 15 to January 16 performance
Growth of 1.6% factored in

Enclosure 13

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 3rd March 2016

TITLE:	Transformation and Cost Improvement Programme (CIP) Summary Report – February 2016		
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CORPORATE OBJECTIVE:

SO3: Drive service improvements, innovation and transformation
SO5: Make the best use of what we have
SO6: Plan for a viable future

SUMMARY OF KEY ISSUES:

The Trust has achieved £13.989m CIP against a year to date plan of £13.834m. The Trust is forecasting to achieve £16.654m against a full plan of £16.701m.

Transformation Executive Committee (TEC) met on 18th February 2016 to review the 2015/16 CIP status and CIP planning for 2016/17.

The 2015/16 CIP plan consists of 30 projects of which all have been approved by TEC.

The 2016/17 CIP plan consists of 39 projects. 18 projects have been approved by TEC to date. Of these, 5 PIDs were approved by TEC at the meeting on 18th February 2016 to be submitted to the QIA panel on 29th February 2016.

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

RISK	**Y**		**Risk Description:** ST001 – Capability to deliver the Programme of work ST002 – Delivery of the Programme negatively impacting on Quality of Care or Patient Experience Capacity to deliver Programme of work Change in Executive Lead
	Risk Register: **Y**		**Risk Score:** 12, 6, 12, 10 (respectively)
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details: (*Please select from the list on the reverse of sheet)***
	Monitor	**N**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF COMMITTEE

Note progress during February, delivery of CIP to date and the current forecast outturn proposal.			
Decision	**Approval**	**Discussion**	**Other**
		Y	
RECOMMENDATIONS FOR THE COMMITTEE			

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

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

The Dudley Group NHS
NHS Foundation Trust

Trust Board of Directors

Service Transformation and PMO Update

3rd March 2016

Executive Summary

The Trust has an overall Cost Improvement Programme (CIP) target of £16,701k in 2015/16. To support this, the Trust has developed 30 projects to deliver savings in 2015/16. The Trust has identified provisional plans for 2016/17, made up of 39 projects to achieve its £12.4m CIP savings.

The projects have been split into four ambitious programmes to deliver the changes and benefits required. These programmes are:

- Value for Money
- Delivering Efficiency & Productivity
- Keeping People Closer to Home
- Workforce

A summary of CIP performance as at Month 10 is provided below (with supporting detail overleaf):

CIP Project Plans	Full Year Plan	YTD Plan	YTD Actual	YTD Variance	Y/E FOT	Y/E FOT Variance
TOTAL	£16,701k	£13,834k	£13,989k	£157k	£16,654k	-£47k

Based on the Month 10 position, the Trust has delivered 83.8% of the full year plan and is **£157k** ahead of year to date plan. However, to date the Trust is forecasting under performance of **£47**k against the **£16,701k** CIP plan. TEC reviewed all projects for performance against planned delivery and agreed mitigations for the shortfall that will be reported next month.

Of the 30 projects due to deliver savings in 2015/16, all 30 Project Initiation Documents (PIDs) have been approved by the Transformation Executive Committee (TEC) and Quality Impact Assessment (QIA) panel.

The Trust has identified 39 projects for delivery in 2016/17. Of these, 18 have been approved by TEC and 11 have been approved by a QIA panel.

Executive Summary

Figures reported in £000's

	Planned	Actual	Forecast	Variance
FYE	£16,701	£13,989	£16,654	-£47
YTD	£13,834	£13,989	£13,991	£157

Exec Lead : Paul Taylor — Click for Details

Planned Recurrent	£3,357	Planned Non Recurrent	£645
Forecast Recurrent	£4,494	Forecast Non Recurrent	£645

Value for money Infrastructure

	Planned	Actual	Forecast	Variance against Plan
FYE	£4,002	£4,305	£5,139	£1,137
YTD	£3,335	£4,305	£4,305	£970

Exec Lead : Anne Baines — Click for Details

Planned Recurrent	£0	Planned Non Recurrent	£0
Forecast Recurrent	£0	Forecast Non Recurrent	£0

Keeping People Closer to Home

	Planned	Actual	Forecast	Variance against Plan
FYE	£0	£21	£28	£28
YTD	£0	£21	£21	£21

Exec Lead : Paul Bytheway — Click for Details

Planned Recurrent	£2,873	Planned Non Recurrent	£300
Forecast Recurrent	£3,570	Forecast Non Recurrent	£300

Delivering Efficiency and Productivity

	Planned	Actual	Forecast	Variance against Plan
FYE	£3,173	£3,391	£3,936	£764
YTD	£2,618	£3,391	£3,392	£774

Exec Lead : Julie Bacon — Click for Details

Planned Recurrent	£9,331	Planned Non Recurrent	£125
Forecast Recurrent	£7,508	Forecast Non Recurrent	£42

Workforce

	Planned	Actual	Forecast	Variance against Plan
FYE	£9,526	£6,272	£7,550	-£1,976
YTD	£7,881	£6,272	£6,272	-£1,609

2015/16 Forecast Non Recurrent	£986k	% of Total CIP Forecast as Non Recurrent	5.92%