The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 4 February, 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 Fellows**		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 7 January 2016	Enclosure 1	J Ord	To Approve	9.30
	4.2 Action Sheet 7 January 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 Board Assurance Framework and Assurance Report	Enclosure 6	G Palethorpe	To Note	10.25
	7.4 Audit Committee Exception Report	Enclosure 7	R Miner	To Note	10.35
	7.5 Complaints Report	Enclosure 8	G Palethorpe	To Note	10.45
	7.6 End of Life and Palliative Care Strategy Group Highlight Report	Enclosure 9	D Wulff	To Note	10.55
8.	**Finance and Performance**				
	8.1 Finance and Performance Committee Exception report	Enclosure 10	R Miner	To Note & Discuss	11.05
	8.2 Integrated Dashboard Report	Enclosure 11	A Baines	To Note	11.15
	8.3 Cost Improvement Programme and Transformation Overview Report	Enclosure 12	A Baines	To Note	11.25
	8.4 Annual Plan 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 3 March 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
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 7th January, 2016 at 9:30am in the Clinical Education Centre.

Present:

Jenni Ord, Chairman
Richard Miner, Non Executive Director
Jonathan Fellows, 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

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
Julie Bacon, Chief HR Advisor

16/001 Note of Apologies and Welcome

Apologies were received from Ann Becke.

The Board welcomed Jenni Ord to her first Board meeting as Chair.

The Chairman welcomed Julian Atkins, newly appointed Non Executive Director, to his first Board meeting.

16/002 Declarations of Interest

The Chairman confirmed that she would be continuing as Chair of the HEWM Board until the end of January 2016.

There were no further declarations of interest.

16/003 Announcements

No announcements made.

16/004 Minutes of the previous Board meeting held on 3rd December, 2016 (Enclosure 1)

The minutes of the previous meeting were amended at item 15/124.3 to read "Executive management assurance" and with this amendment the minutes were agreed by the Board as a true and correct record of the meetings discussion and signed by the Chairman.

16/005 Action Sheet, 3rd December, 2016 (Enclosure 2)

Dr Wulff, Non Executive Director, confirmed that the item under Charitable Funds referred to himself and not Dawn Wardell, Chief Nurse. The initials would clarify the difference on future action sheets.

The Director of Finance and Information confirmed that the item on Research and Development regarding research devices is now resolved with the Trust's PFI partner and can be removed from the action sheet.

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

16/006 Patient Story

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

The Chief Nurse confirmed that any concerns regarding agency nurses are thoroughly investigated and the worker is stopped from working at the Trust with immediate effect.

The Medical Director stated that the comments about missing antibiotics was a perception issue around timings of dosage and Liz Abbiss confirmed that the patient had not missed any doses of antibiotics.

The Medical Director commented that the number of Junior Doctors on call during the night has increased over recent years but confirmed that junior doctors are very busy during the night.

The Chairman and Board noted the patient story and the key items of learning.

16/007 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 that the position for antenatal had now improved. Dr Wulff, Non Executive Director, commented that there was a number error in the first table. Mr Fellows, Non Executive Director, asked about the A&E percentages. The Chief Executive confirmed that these were as a result of the low response rate. The Trust is looking at a text messaging service for A&E. Mr Atkins, Non Executive Director, commented that the Trust performance was above national average but still red. Liz Abbiss confirmed that the Trust is aiming to be in the top 30%.

- **Junior Doctors' Industrial Action:** Strike action was taking place the following week and the Trust was currently preparing for this. David Dalton had been appointed to work with the NHS Employer team on the strike and had written to all Chief Executives and Medical Directors. All out strike action was planned for February. The Medical Director confirmed that the Trust continues to meet and work closely with junior doctors regarding the strike. The Medical Director confirmed that he welcomed David Dalton's involvement.

- **Review of 2015:** The Board noted the outstanding performance from the teams. The Trust faces a challenge with staff shortages in a number of areas and is currently seeing extraordinary demand in ED. The Chairman recorded the Board's appreciation to all staff in all areas of the hospital for their efforts. Mr Miner, Non Executive Director, asked about the effects of the strike in ED. The Chief Executive confirmed that the strike in February will be a total walk out involving all junior doctors in ED and this will have a greater impact. The Chief Operating Officer confirmed that each individual ward has its own plan to maintain flow.

- **JAG Accreditation:** The Board noted the Endoscopy accreditation for bowel cancer screening and congratulated the team.

The Chairman and Board noted the report.

16/008 Patient Safety and Quality

16/008.1 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: 38 cases in total noted. Of the 29 case tolerance level for avoidable cases for the year, 11 of the 24 apportioned cases were deemed avoidable.

Norovirus: PCCU closed for 3 days. This had been managed effectively and the area is now open again.

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

- Amber shifts (shortfall) had continued in a downward trend and were now at 50.

- Maternity saw a rise in amber shifts in November to 11.

- No red (serious shortfall) shifts in the month or any safety issues identified for the amber shifts that affected quality of care.

The Chief Nurse presented on the key issues relating to the new Nursing and Midwifery Strategy, including:

- Listening events held in December and planned for January.

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

- The remodelled audit process is now in place with gradual improvements at ward level being recorded.

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

16/008.2 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 5)

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

- Actions to come back to the Committee: The Board noted that there are changes nationally to the mortality case note review process. The changes will come back to the Committee with a recommendation around the impact on the Trust process.

- Items referred to the Board for Decision or Action: Quality priorities and metrics for the coming year. The Committee recommends to the Board that the Quality Priorities should be infection control, pressure ulcers, nutrition, medication and pain. Quality metrics should include patient experience, patient safety, clinical effectiveness – retain the metric regarding cardiac arrest and change emergency admissions made to Surgery to emergency readmissions to medicine. Mr Miner, Non Executive Director asked if Dr Wulff was satisfied that the areas remain significantly challenging. Dr Wulff confirmed that that they had been debated by the Committee and also agreed by the Council of Governors so he believed they were. The Chief Nurse confirmed that whilst patient experience is not explicitly mentioned within the priorities it is a quality priority of the Trust and is underpinned by the priorities selected. The Chairman asked about mortality and whether the Trust should retain this element. The Medical Director confirmed that there had been an extensive debate about this and as the process changes the Trust will be recording information more publically so he believed it was more appropriate to keep the priorities for the other areas where wider assurance may be benficial rather than duplicate the planned assurance from the reporting to CQSPE. The Director of Strategy and Performance stated that the Trust will need to clarify how it measures these metrics to allow them to be put into the new reporting system and Performance Management Framework and ensures actions are closed, specifically relating to Serious Incidents. The Chairman raised medication and whether antibiotic prescribing had been discussed by the Committee. The Chief Nurse confirmed that it is in the Infection Control action plan. Dr Wulff confirmed that the Committee wanted to ensure that the Trust is focussing on all medications and had agreed that this was a measurable way of ensuring this.

The Chairman and Board noted the report and the actions to come back to the Committee and items referred to the Board and confirmed that they were content to approve the quality priorities and metrics recognising that further work was required to demonstrate how they will be reported and recorded. The Board noted that further work will also be undertaken on actions outstanding around SIs and how this will be evidenced in a more timely manner.

16/008.3 Charitable Funds Committee Summary Report (Enclosure 6)

Dr Wulff, Committee Chair, presented the Charitable Funds Committee Summary Report, given as Enclosure 6. The Board noted the following key areas from the previous meeting:

- The Trust continues to try and encourage people to spend charitable funds. Mr Atkins, Non Executive Director asked how much money is available to spend. The Director of Finance and Information confirmed that the total available is £2.5m. the Chairman commented that it was fantastic that people raise funds or provide donations and asked how we keep the communication loop open. Liz Abbis confirmed that the Trust has a Charities Fund Raiser who is very proactive and ensures that people are acknowledged for their efforts. The Director of Governance/Board Secretary confirmed that the Trust contacts each individual that has donated with feedback. The Chairman suggested that the Trust may need a creative group to share ideas on how funds could be spent. The Director of Finance and Information confirmed that the Arts and Environment Group is a good example of this. The Chairman suggested that the Patient Experience Group may also generate some good ideas. Mr Atkins asked if there was a programme of events for fundraising. Liz Abbiss confirmed that there was and this was available on the Trust's website. The Board noted that Mr Atkins will take on the role of Chair of the Charitable Funds Committee.

The Chairman and Board noted the report and information provided and looked forward to seeing ideas generated through the new Committee Chair.

16/008.4 NHS Preparedness for a Major Incident (Enclosure 7)

The Chief Operating Officer, presented the NHS Preparedness for a Major Incident Report, given as Enclosure 7. The Board noted the following key areas:

- Trusts had been requested by Dame Barbara Harkin to present a report to Boards that demonstrates the Trusts resilience.

The report detailed the work undertaken by Sharon Walford the new Emergency Planning lead. The Board noted that the Trust was developing a work plan for 2016/17.

Dr Wulff, Non Executive Director , asked if the Trust is using the SBAR tool. The Medical Director confirmed that he was rolling out a standardised system within his own Directorate and this will probably be SBAR. The Chief Operating Officer confirmed that the Trust uses SBAR for its incident response.

Dr Wulff enquired about Loggists. The Chief Operating Officer confirmed that there were 16 currently trained. Dr Wulff asked what was the maximum number of loggists that the Trust would like to have trained. The Chief Operating Officer stated that there was not an defined number it would just continue recruiting.

The Chairman asked about decisions logged and the review process for lessons learned and whether this feeds back into the resilience process. The Chief Operating Officer confirmed that it did. The Chairman asked about connectivity with the Trust's PFI partners and whether they have a sympathetic approach in respect of the same systems. The Chief Operating Officer confirmed that they are engaged with the Trust and its systems in the case of an incident.

The Chairman asked when full assurance will be available. The Chief Operating Officer confirmed that only minor actions are outstanding. A full assurance plan will be presented to the March Board.

The Chairman and Board noted the report and supported the funding regarding recertification of the decontamination suits.

Full Emergency Preparedness Plan to be presented at the March Board meeting.

16/009 Finance

16/009.1 Corporate Performance Report (Enclosure 8)

Mr Fellows, Committee Chair, presented the Corporate Performance Report, given as Enclosure 8.

The report provided a summary of the December Finance and Performance Committee meeting.

The Board noted the key highlights as follows:

- EPR System: Soarian reaching the end of its life in two years' time. The replacement process is ongoing.

- Financial Performance against key performance targets and CIP all remain very strong and CIP plans for next year are largely complete.

- The Trust has started to evaluate the business case for the hybrid theatre. Further discussions will take place at the January Committee.

- The Director of Finance and Information confirmed that the Trust had received the updated planning guidance for 2016/17. The Tariff deflator had been set at 2% this year. As part of the settlement for 2016/17 £1.8m had been allocated to a sustainability fund and this presented an opportunity for the Trust. The Trust is putting together the outline financial position and this will be presented to the Committee at the end of January. The first submission date is 8th February, 2016.

The Chief Executive commented that in relation to the planning guidance there is a lot expected of Trusts and much to improve on and some areas will need additional resource to achieve. The Director of Strategy and Performance confirmed that there are 9 'must do's' and there are 5 applicable to the Trust in the planning guidance. The Trust is undertaking a full review. The Board noted that the 7 day target is the most challenging for the Trust.

The Chairman and Board noted the report and the current position. The Board noted the excellent result on CIP and forecast for the end of year and that the CIP Plan for next year looks positive. The Trust will watch with interest for further information around the share of the £1.8m. The Board noted that the first cut of plans will be presented to the Finance and Performance Committee in January and Board in February and also acknowledged the tensions and 'must do's' in the system.

16/009.2 Integrated Performance Report (Enclosure 9)

The Director of Strategy and Performance presented the Integrated Performance Report given as Enclosure 9.

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

The Board noted that it was recommended in the CQC and Keogh Reports that the Board should see an integrated performance report which looks at performance reporting throughout the organisation.

The Board noted the strong performance generally and particularly in relation to the ED access target and it was confirmed that the team had a very strong plan for the winter.

The Trust had achieved all RTT targets with the exception of Urology where there was a plan to deliver.

Diagnostic Waiting Times had not previously been included in the report but this will be introduced. The Trust was not quite hitting the target of 99% due to capacity but was working through a diagnostic capacity business case.

In relation to Cancer the Trust was very hopeful that performance will be above target for Quarter 3. The Board noted the lag period in reporting.

For CDiff the Board noted the changes in reporting and that only lapses in care were included.

The Chairman commented on the forecast year end position and asked where the greatest risk would be in the next quarter. The Director of Strategy and Performance stated that this would be around community activity as there are issues with recruitment and vacancies. Outpatients remained a concern but the Trust had seen a recent upturn.

Mr Atkins, Non Executive Director, asked about staff in post and whether this includes bank and agency staff. The Chief HR Advisor confirmed that this only relates to substantive posts. Mr Atkins confirmed that it would be useful to note number of agency and bank staff. The Board noted that this information is provided to the Finance and Performance Committee. Mr Atkins asked if plans are in place to improve the appraisal statistics. The Board noted that plans were in place and these are monitored through the Workforce Committee. The Director of Strategy and Performance confirmed that this was a key focus of the divisions.

The Chairman and Board noted the report and key issues and noted the recommended changes in respect of reporting the CDiff figures.

16/009.3 Cost Improvement Programme and Transformation Summary Report (Enclosure 10)

The Director of Strategy and Performance presented the Cost Improvement Programme and Transformation Overview Report, given as Enclosure 10.

The Board noted the high level position as follows:

The Director of Strategy and Performance confirmed that the Board had asked for a monthly report and the Finance and Performance Committee also receive a detailed report.

The Board were pleased to note the continued delivery of the CIP programme. A small gap remained at year end.

The Trust was close to its target for 2016/17 of £12.4m. A set of schemes had been developed and over 150 ideas had been identified from the transformation workshops.

Schemes for next year were more transformational and the Board noted that some schemes may require resourcing.

A detailed report will be presented to the Board in February or March. 2016/17 schemes will go through the normal QiA process.

The Chairman and Board noted the report. The Chairman asked when the Trust will hear from Monitor. The Board noted that the Trust had received initial feedback and they are relatively comfortable with the CIP process.

The Director of Finance and Information confirmed that the team are producing the upside and downside scenarios on the assumptions in the planning guidance.

16/010 Any Other Business

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

16/011 Date of Next Meeting

The next Board meeting will be held on Thursday, 4th February, 2016, at 9.30am in the Clinical Education Centre.

Signed ……

Date ……

Enclosure 2

The Dudley Group NHS
NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors Public Session
Held on 7 January 2016

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
15/122	Patient Story	The Trust to invite the Parkinson's Disease Society to present at the learning event.	DWa	4/2/16	Pam Smith arranging for the next learning event on 20th April, 2016. Posters are being printed for all areas around medication.
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	
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 – 4th February 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
- Mums' Midwife of the Year Award

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

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

Decision	Approval	Discussion	Other

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

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

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

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

The Dudley Group NHS
NHS Foundation Trust

Chief Executive's Report – Public Board – February 2016

Patient Friends and Family Test: Update February 2016 Board

Community FFT (December 2015)

Based on the latest published NHS figures (November 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.

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

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

Inpatient FFT (01.01.16 – 15.01.16 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 Provisional
Inpatient FFT percentage recommended	96 %	97 %	98 %	97 %	99 %	97 %	97 %	97 %	99 %	98%
Inpatient response rate	16 %	16 %	14 %	15 %	20 %	20 %	13 %	20 %	17 %	14%
National average percentage recommended	95 %	96 %	96 %	97 %	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 (01.01.16 – 15.01.16 provisional)

The percentage of patients who would recommend the Trust's A&E to friends and family during the period 1st – 15th January shows an increase to 92% compared to 88% for October. The latest published NHS England figures (November '15) show The Dudley Group scored 91% which is higher than the national average of 87%. This ranks us below the top 30% of trusts.

Date range	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016 Provisional
A&E FFT recommended percentage	90 %	90 %	92 %	90 %	95 %	90 %	95 %	91 %	88 %	92%
A&E response rate	8%	15 %	12 %	7%	6%	3%	8%	6%	6%	3%
National average percentage recommended	88 %	88 %	88 %	88 %	95 %	88 %	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 (01.01.16 – 15.01.16 provisional)

The Trust continues to score well and remains in the top 30% of trusts nationally with those who say they are extremely likely or likely to recommend our maternity services to friends and family with the exception of antenatal services and postnatal community service that have received scores in December 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 Provisional
Antenatal , percentage recommended	95%	96%	98%	99%	99%	97%	94%	98%	90%	96%
National average percentage recommended	95%	96%	96%	95%	96%	95%	96%	96%	n/a*	
Response rate	30%	39%	24%	37%	38%	36%	49%	26%	26%	24%
Birth, percentage recommended	100%	100%	100%	100%	99%	100%	98%	99%	100%	89%
National average percentage recommended	97%	97%	97%	97%	97%	97%	94%	96%	n/a*	
Response rate	26%	20%	14%	21%	25%	27%	30%	47%	18%	6%
Postnatal ward, percentage recommended	100%	100%	98%	99%	99%	100%	100%	98%	98	89%
National average percentage recommended	94%	93%	93%	94%	94%	93%	95%	94%	n/a*	
Response rate	26%	20%	14%	21%	25%	28%	4%	47%	18%	6%
Postnatal community, percentage recommended	100%	100%	93%	96%	92%	100%	100%	100%	100%	67%
National average percentage recommended	98%	98%	98%	98%	98%	98%	98%	98%	n/a*	
Response rate	8%	10%	12%	8%	4%	6%	30%	2%	10%	4%

**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

Whilst there has been an increase in response rates and 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
Number of respondents	49	93	82	66	67	742	721	403	553
Outpatients recommended percentage	84%	82%	82%	88%	90%	89%	88%	84%	88%
National average percentage recommended	92%	92%	92%	92%	92%	92%	92%	92%	

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

Mums' Midwife of the Year Award

Claire South, Midwife at the Trust, has 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 takes place on 8th March, 2016. The award is all the more meaningful as nominations are put forward by women who feel the care that they received from their midwife made a real difference for them. We wish Claire well for the 8th March, 2016.

Enclosure 4

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 4th February 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	**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 January (as at 26/1/16)

- No post 48 hour MRSA bacteraemia cases since 27th September 2015.
- No Norovirus.
- 11 of 24 Apportioned cases are deemed avoidable/lapse in care.

Safer Staffing

- A review of the recent NHS England/Monitor letter regarding the 1:8 ratio on general ward day shifts has taken place.
- Amber shifts (shortfall) have continued a downward trend now at 35.
- Maternity saw a rise in amber shifts in December to 14.
- No red (serious shortfall) shifts in month or any safety issues identified on the amber shifts that affected the quality of care.
- A benchmark review on fill rates provided by Unify has been carried out using local trusts, the trust is comparable.

Nurse Care Indicators – Remodelled audit and process now in place with gradual improvements.

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:

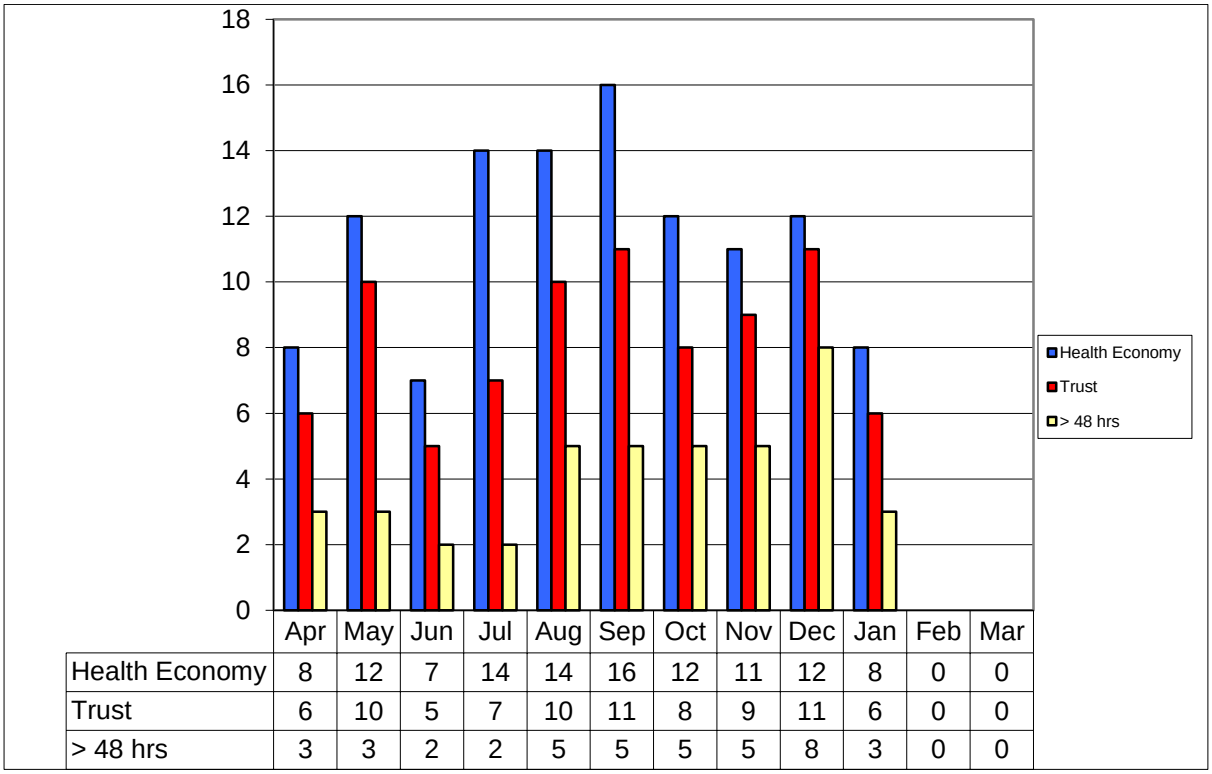
To receive the report and note the contents.

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 (26.1.16) we have 3 post 48 hour cases recorded in January 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	8	0	0
Trust	6	10	5	7	10	11	8	9	11	6	0	0
> 48 hrs	3	3	2	2	5	5	5	5	8	3	0	0

The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance[1], continues. Of the 41 post 48 hour cases identified since 1st April 2015, 24 cases have so far been reviewed by the apportionment panel, all of which have had apportionment agreed and 11 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 hours) – There have been 0 post 48 hour MRSA bacteraemia cases since 27th September 2015.

Norovirus - no further cases.

Weekly meetings with Lead Nurses or their representative are held with the Chief Nurse "back to basics" sharing of good practice and learning from RCA of infection cases as well as reviewing audit scores.

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 - December 2015

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

As indicated last month, the Trust was reviewing its position with regards to the recent letter sent to all Trusts in October from NHS England and other bodies (e.g. Monitor), regarding the 1:8 ratio for day shifts being a guide rather than a recommendation and that local professional judgement and risk assessment should inform levels of staff. This review has now been undertaken and a risk assessment is to be added to the Trust risk register. The review has taken into consideration a number of factors. These include:

- The present national and local position of qualified staff shortages.
- The ongoing recruitment strategy, in particular, the expected rise in new recruits from abroad in November/December 2016.
- A review of a number of certain wards (e.g. B4 and C1) that have consistently been just above the 1:8 ratio but have remained safe and have had no quality concerns.
- The present use of temporary agency staff to achieve the blanket 1:8 ratio. These are staff who do not necessarily have the requisite skills, knowledge and attitude required.

In considering all of the above factors, it has been proposed that the best course of action to take on a temporary basis is for the present general wards that the 1:8 ratio target applied to day shifts should move to a 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 will continue as before.

It has also been proposed this situation should be constantly monitored by Matrons and by the introduction of an explicit, consistent RAG (Red, Amber and Green) rating system of the safety status on the ward, which the lead clinical nurses will undertake. This is being piloted at present with very positive results feedback from staff. Once the introduction of this system is in place across all wards this report will change to include the results of those assessments.

As stated, this is being recommended on a temporary basis and, although it will be constantly monitored, unless circumstances change it will be formally reviewed once the large influx of staff occurs later in the year.

In preparation for this change this paper therefore now 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.

The attached charts (Appendix A & B) follow the same format as previously. For 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).

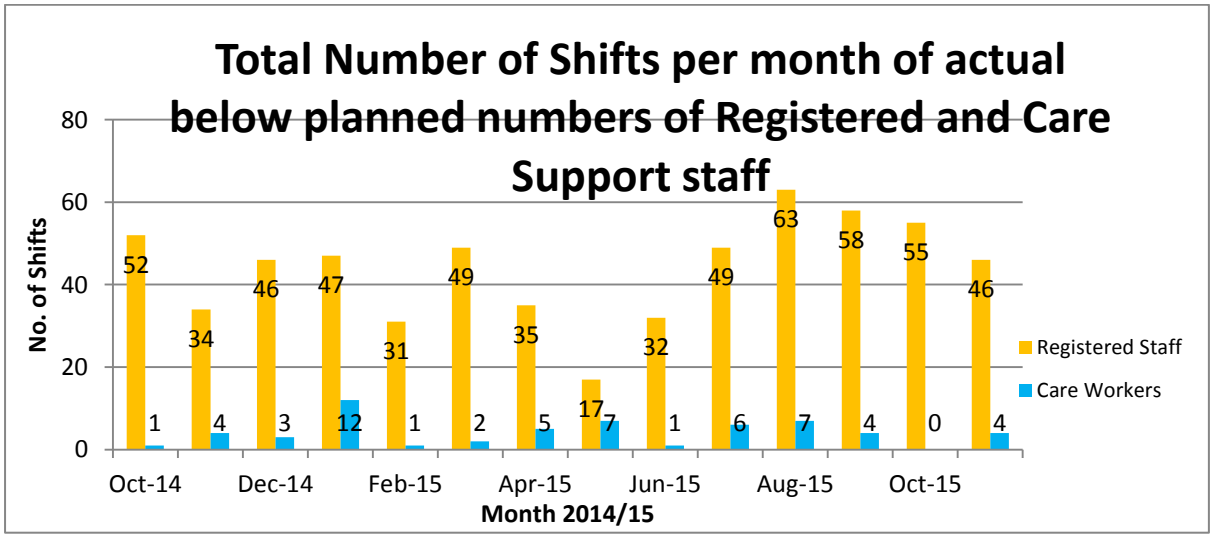
This total figure for this month is 46 and can be compared favourably with previous months (see Table 1).

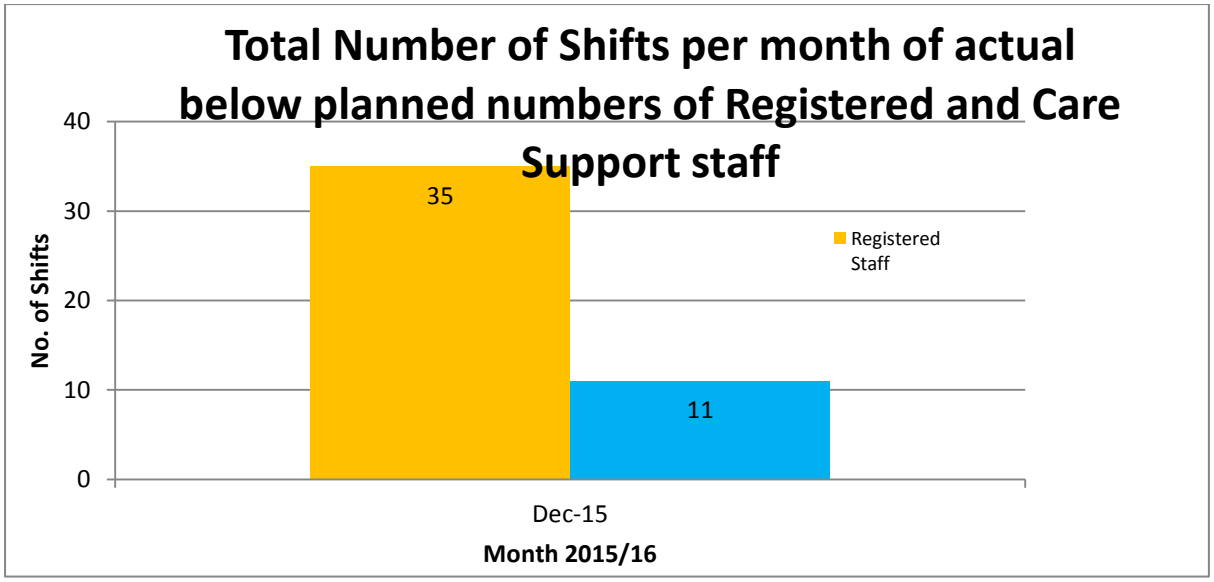
There is a downward trend. The shortfalls are fairly evenly distributed across many wards but the maternity unit remains an outlier with its, high volume cases and high workload. It accounts for just under half of the shortfall shifts. As well as the qualified midwifery position, this month the unit is showing shortages of care support workers. Two new staff have been taken on recently and a further active recruitment initiative is in progress.

Overall, there have been no serious shortfall (red) shifts this month. 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 areas 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 Dec	95	94	95	98
Trust Nov	95	96	95	99
Trust A	91	112	88	134
Trust B	93	104	90	114
Trust C	93	95	92	95
Trust C 2	92	102	93	103

What is interesting from the comparison is that HCSW are being utilised to offset the Qualified Ratio/ fill rate in the local 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.

Nurse Care Indicators (NCI's)

The previous system was revised during September and has now been re-launched for quarter 3. Due to the new audit tool, scoring for RAG rating and process there were initially a number in red but there has been progress in a number of areas. Two new areas are included in the NCI's, they are Renal Unit and Day Surgery Unit (Theatres). Three red areas are Day Surgery Unit (Theatres), B4 and EAU.

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

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.

Dawn Wardell - Chief Nurse
27/01/16

Appendix A

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS DECEMBER 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	3 2	RN CSW	Vacancy x5	On the three RN night shifts there were only 12 patient son the ward and assistance was provided by the rest of the elderly care unit. On the two CSW shifts there was a full complement of qualified staff and again help was provided when necessary for the elderly care unit.
A2	1	RN	Vacancy	Staffing allowed one nurse per station as assistance was given by the nurse in charge of capacity
A3	7	RN	Vacancy x7	On four occasions, extra CSW staff were employed. On the other three occasions and the patient caseload and dependency of the patients was such that extra CSWs were not needed.
B1	1	RN	Nurse moved to another ward	With the dependency of the patients on this ward, one nurse assisted elsewhere. Assistance was provided by another ward when required. No safety issues were identified.
B3	4 1	RN CSW	Staff sickness x3 Nurse moved to another ward x2	For the RN shifts: On two occasions the dependency of the patients were such that nurses from this ward helped elsewhere. On two occasions an agency nurse did not attend but assistance provided from another ward on one occasion. For the CSW shift: Two CSWs phoned in sick. Safety was maintained on all shifts.
B4	1	RN	Maternity Leave	Bank/agency unable to the shift. Intense ward activity but safety maintained.
C1	1	RN	Vacancy and Sickness	The lead nurse assessed the situation and delegated staff appropriately to maintain patient safety.
C3	2	RN	Vacancy x2	Bank and agency were unable to fill. With the workload of the patients on the ward and with one nurse per station safety was maintained.
C8	1	RN	Vacancy and sickness x1	Bank was unable to fill one shift and the other bank CSW cancelled due to personal issues. Ward closed to any further patients. There were no safety issues on the shift.
Maternity	14 8	RM CSW	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. On two occasions Deputy Matron or specialist midwife worked clinically. On one occasion study leave cancelled. No patient safety issues occurred. On each shift there were delayed inductions of labour. Active recruitment is occurring to the CSW posts

Dec-15

SHIFT

		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16	
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
WARD A1	Reg														2/1								2/1										
	Unreg					3/1																											
WARD A2	Reg																																
	Unreg																																
WARD A3	Reg								4/2		4/2										4/2												
	Unreg																																
WARD B1	Reg																												2/1				
	Unreg																																
WARD B2 HIP	Reg																																
	Unreg																																
WARD B2 TRAUMA	Reg																																
	Unreg																																
WARD B3	Reg					5/4												6/5						6/5									
	Unreg																											5/3					
WARD B4	Reg																											6/5					
	Unreg																																
WARD B5	Reg																																
	Unreg																																
WARD B6	Reg																																
	Unreg																																
WARD C1	Reg																									6/4							
	Unreg																																
WARD C2***	Reg																																
	Unreg																																
WARD C3	Reg										6/4										6/4												
	Unreg																																
WARD C4	Reg																																
	Unreg																																
WARD C5	Reg																																
	Unreg																																
WARD C6	Reg																																
	Unreg																																
WARD C7	Reg																																
	Unreg																																
WARD C8	Reg																																
	Unreg																																
CCU/PCCU	Reg																																
	Unreg																																
EAU	Reg																																
	Unreg																																
MHDU	Reg																																
	Unreg																																
CRITICAL CARE*	Reg																																
	Unreg																																
NEONATAL**	Reg																																
MATERNITY ****	Reg						17/16			18/17						17/13				18/14		18/17		18/17	17/16					18/14			
	Unreg					7/4								7/4																			

		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
WARD A1	Reg														2/1																
	Unreg																								3/1						
WARD A2	Reg				5/3																										
	Unreg																														
WARD A3	Reg								3/2								3/2		3/2		3/2										
	Unreg																														
WARD B1	Reg																														
	Unreg																														
WARD B2 HIP	Reg																														
	Unreg																														
WARD B2 TRAUMA	Reg																														
	Unreg																														
WARD B3	Reg	6/4																													
	Unreg																														
WARD B4	Reg																														
	Unreg																														
WARD B5	Reg																														
	Unreg																														
WARD B6	Reg																														
	Unreg																														
WARD C1	Reg																														
	Unreg																														
WARD C2***	Reg																														
	Unreg																														
WARD C3	Reg																														
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WARD C4	Reg																														
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WARD C5	Reg																														
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WARD C6	Reg																														
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WARD C7	Reg																														
	Unreg																														
WARD C8	Reg																										7/5				
	Unreg																														
CCU/PCCU	Reg																														
	Unreg																														
EAU	Reg																														
	Unreg																														
MHDU	Reg																														
	Unreg																														
CRITICAL CARE*	Reg																														
	Unreg																														
NEONATAL**	Reg																														
MATERNITY ****	Reg	18/16		18/16						18/17	17/16																				
	Unreg	7/5								7/4				7/4		7/4							7/4							7/4	

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 staf

*** 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 car

**** 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

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 4 February 2016

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

CORPORATE OBJECTIVES

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

SUMMARY OF KEY ISSUES:

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

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		**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	26 January 2016	D Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

- Executive Management assurance was provided that appropriate action had been taken to close the agreed actions from the previous WMQRS Maternity Review. In respect of the action about the maternity numbers for the unit assurance was provided that this continues to be progressed through the establishment of the 2016/17 annual plan;
- Operational Management assurance was provided on the performance in respect of key quality indicators. The Committee noted that there had been a drop in the number of High Risk TIA Screening undertaken and they asked that a review over the quality of this data be undertaken and reported back to the next meeting given the staff changes involved in the area producing this data (see below for items that will come back to the Committee);
- Executive Management assurance was provided over compliance with the Trust's contractual requirements for dealing with SIs, albeit one SI had been reported just outside the 48hr deadline;
- Executive Management assurance was received via the Internal Safeguarding Board in respect of their agenda items, including the continued focus on Safeguarding Training, Mental Health Act Training and FGM training. The report also provided assurance in respect to a focused review undertaken in respect to discharges of patients with safeguarding concerns;
- Executive Management assurance was received via the Quality and Safety Group in respect of their agenda items including the work of the Falls Group, DNACPR and Nutrition;
- Executive Management assurance was provided that appropriate action was being taken in respect of the Trust's learning disability strategy;
- Executive Management assurance was provided that appropriate action was being taken in respect of the Trust's quality account priorities;
- Executive Management assurance was received in respect of controlled drugs through the report of the relevant Accountable Officer's report; and
- The third quarter learning report provided assurance to the Committee that the Trust continues to disseminate learning out into the organisation.

Decisions Made / Items Approved
• Approval of 5 Policies and 10 guidelines / procedures that had all been considered by Policy Group; • Approval to close 26 RCA action plans following assurance from the Corporate Governance Team that, where appropriate, actions plans completed had been evidenced; and • The Committee whilst recognising that the Divisions through their performance management framework are reminded of the need to provide assurance that actions are closed timely, asked that a more detailed analysis of the outstanding actions and a rectification timeline be established for getting these closed be provided to the next meeting (see below for items that will come back to the Committee).
Actions to come back to Committee (items the Committee is keeping an eye on)
• The Committee asked that within the next SI report a more detailed analysis of the outstanding actions and a rectification timeline be established for getting these closed be provided; • A report on the data quality processes being applied to the High Risk TIA Screening undertaken; • The Committee asked the Quality and Safety Group to undertake a review of the Trust's DNACPR processes; and • The Committee asked the Quality and Safety Group to undertake a review of the Trust's Discharge processes.
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 Foundation Trust

Paper for submission to the Board
on 4 February 2016

TITLE:	**Corporate Assurance and Risk Registers Summary report**		
AUTHOR:	Glen Palethorpe Director of Governance / Board Secretary	**PRESENTER**	Glen Palethorpe Director of Governance / Board Secretary
CORPORATE OBJECTIVES ALL			

Background

The Risk and Assurance Group met on the 11 January 2016 where it debated the assurances received and their potential impact on the risk ranking and agreed the Risk Register and Assurance Register was a correct reflection of the Trust's corporate risks for quarter 3. The output from this meeting was then presented to the Audit Committee on the 19th January who focused on the Assurances logged any gaps in assurance and their impact on the individual risk rating. To assist the Audit Committee the report included alongside the graphical presentation of the assurances the headline title of each assurance registered in the quarter October to December 2015.

The Audit Committee confirmed that based on the information and explanations given at the Committee the Corporate Risk and Assurance Registers forming the Trust's Board Assurance Framework should be presented to the Board for their information.

Corporate Risk Assurance Register

The corporate assurance report shows the details of the assurances received to date, noting that this relates to assurances received in the first four or five months of the year. The assurance register also records the origin of the assurance, operational management through to an external source. As this assurance is collated across the year, Management and the Board will be able to see the relative strength of assurance against each risk underpinning each objective.

Assurance gaps

There have been no assurances logged against two risks. One COR090 relating to the separation of the RO and MD roles, whilst work is ongoing in respect of a business case being considered by the Executives until this approved an enacted then actions and thus assurance of process improvement will not be available. The second relates to COR094 has reduced from 16 to 8 based on the assessment of the likelihood of this having a significant corporate impact based on the delivery of the business continuity plan for this are when the three analyzers failed previously and that the Trust continued to deliver key services. *The Risk and Assurance Group and Audit Committee confirmed that whilst no assurance had been logged the risk score was appropriate for these two risks.*

Negative Assurance

There are five risks for which some negative assurance has been received, however for all of these risks positive assurance has also been received.

For three of these risks, COR085 (regarding safer staffing), COR086 (regarding nutrition) and COR093 (regarding tier 4 beds being available), where some negative assurance had been received the score has been reduced. *These were debated at the Risk and Assurance Group and the Audit Committee agreed these reduced scores do reflect the current risk level to the Trust.*

COR085 Failure to maintain the delivery of safer staffing levels in relation to ward nurse staffing.
This has reduced although some negative assurance has been received, but this is outweighed by the level of positive assurance also received and the regular reporting to the Board shows no unsafe shifts.

COR086 Patients' nutritional needs are not fully met during their hospital stay
This has reduced based on the assurance obtained over the work undertaken in this area. Debate at the Risk and Assurance Group confirmed this reduction based on that whilst overall NCI audits show some areas requiring attention the number of areas requiring attention in respect of Nutrition has reduced and the Chief Nurse confirmed this improvement had been sustained since the introduction of the new NCIs along with that the overall delivery of the overall quality account priority is positive.

COR093 Management of young people requiring care under the mental health act (tier 4 beds are not available)
Debate at the Risk and Assurance Group confirmed this reduction based on the performance information used supporting the positive impact of Tier 3 plus beds. It was agreed that for the next quarter this assurance would be recorded in the Assurance framework to offer greater transparency for the reduction in the current risk score.

Reduced risks based on positive assurance

There have been six further risks where positive assurance has been received that supports their reduced score. These relate to

COR081 Nurse / Midwifery revalidation fails
This has reduced based on the assurance obtained over the work undertaken in this area

COR083 Failure to have a workforce / infrastructure that supports 7 day working
This has reduced based on the assurance obtained from the audit undertaken

COR088 Failure of Datix to support the business
Regular updates are provided to the Director of Governance on the delivery of the new system launch. This includes positive feedback from users on the design of the new system.

COR080 Failure to deliver our CIP programme
This continues to reduce based on the assurance over delivery and as the impact of the residual element of the undelivered CIP reduces

COR061 Failure to maintain financial sustainability
This has reduced due to the feedback from Monitor following their scrutiny of our plan and transformation (CIP scheme) processes. This feedback correlates with the reports from the Executive to F&P and the Board

Corporate Risk Register

The Corporate Risk Register records the Trust's key risks linked to each of the Trust's six objectives. The Register includes those key risks to the Trust's objectives as recorded with the Trust's annual plan (these are seen as the top down risks), it also includes those risks that have been escalated from the Trust's Divisions / Directorates (these are seen as bottom up risks).

As an appendix to the Corporate Risk Register is a list of the key Division / Directorate risks which have not been escalated.

New risks / Escalated risks
There has been **one new risk** since the last report, these being:-

COR096 - Deterioration of patients leading to cardiac arrests
This risk has been escalated by the Chief Nurse. At the Risk and Assurance Group the group discussed the rationale for this new risk and were in agreement for it to be recorded on the Corporate Risk Register.

Revised risk description
There has been a revision to the description of one risk (**COR082**) relating to C-Diff now that monitor and the CCG have clarified that the risk is in relation to lapses in care not the total number of cases. In making this revision the revised risk has been scored at 10 based on the Trust's current position against this target (10 deemed to be lapses of care from 24 assessed)

Increased risks
There are **NO increased risk** since the last report

De-escalated risks
Risk COR092 has been considered by the Chief Operating Officer and it has been de-escalated to a Divisional Risk.

Archived risks
There have been **no archived risk**s since the last report but as noted above risk COR082 has been redefined to reflect lapses in care rather than the blunt number of C.Diff cases in the year.

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 but particularly well led**
	Monitor	**Y**	**Details: links to good governance**
	Other	**N**	**Details:**

ACTION REQUIRED OF GROUP

Decision	Approval	Discussion	Other
			Y

ACTION FOR THE BOARD

To note the challenge and review undertaken by the Risk and Assurance Group and the Audit Committee.

To note the Trust's corporate risks as at the end of December 2015

The Dudley Group NHS
NHS Foundation Trust

CORPORATE RISK ASSURANCE SUMMARY – DECEMBER 2015

Assurance Dashboard – rolling risk score trend

Strat Obj	Risk Lead	ID	Risk Description	Inherent risk score	Q1 Asssurance				Q2 Asssurance				Q3 Assurance				Target Risk Score
					Risk 05/06/15	Level 1	Level 2	Level 3	Risk 26/08/15	Level 1	Level 2	Level 3	Risk 21/12/15	Level 1	Level 2	Level 3	
SO1	COO	COR079	Failure to continue to deliver the key contracual / monitor deliery targets (18wks / ED / Cancer) *	20	20	G	A		15	G	A		15	G	G		8
	COO	COR069	Diagnositc standard is at risk if the demand rises to a level above capacity	25	16				16	G	G		16	G			8
	DG	COR084	Failure to embed the improvements from our last CQC inspection	12	8		G	R	12	R	R		12	R	G		6
	COO	COR092	Failure to deliver successful best practice cEPMA	25					15	new			De-esc				8
S02	MD	COR072	The Trust does not consistently send discharge information to the GP	20	20	R			8	G	G		4	G		G	4
	COO	COR032	The Trust is required to have an up to date plan to manage major incidents and business continuity.	15	15				15	G	G	G	15		G		10
	CN	COR085	Failure to maintain the delivery of safer staffing levels in relation to ward nurse staffing	20	20	G	G		20	G	G	R	15	A	G		15
	CN	COR081	Nurse / Midwifery revalidation fails	12	16	G	G		8	G	G		4	G	G		8
	CN	COR082	Failure to deliver the significantly reduced C.Diff target of just 29 cases within 2015/16	20	20	G	G		20	G	G		Revised risk see below				10
	CN	COR082a	Failure to achieve the target of no more than 29 C.Diff cases where a laspe in care is judged by the CCG to have occured	10	Revised risk see above								10	G	G	G	5
	CN	COR086	Patients' nutritional needs are not fully met during their hospital stay	16	16	G			8	G	A		4		A		8
	CN	COR087	The number of grade 3 and 4 pressure ulcers potentially increase	12	12	G	G		12	G	G		8	G	G		12
	CN	COR093	Management of young people requiring care under the mental health act (tier 4 beds are not available)	20					12	new			8	R	A		8
	COO	COR094	The Biochemistry analyzers are prone to failure which has a detrimental impact across the Trust	20					16	new			8				10
	CN	COR096	Deterioration of patients leading to cardiac arrests	new									10	A	R		new

The Dudley Group NHS
NHS Foundation Trust

Strat Obj	Risk Lead	ID	Risk Description	Inherent risk score	Q1 Asssurance				Q2 Asssurance				Q3 Assurance				Target Risk Score
					Risk 05/06/15	Level 1	Level 2	Level 3	Risk 26/08/15	Level 1	Level 2	Level 3	Risk 21/12/15	Level 1	Level 2	Level 3	
S03	COO	COR083	Failure to have a workforce / infrastructure that supports the delivery of 7 day working	20	20				20	G			15	G	G		15
	DIT	COR089	IT Strategy does not deliver	16	16				12		G		12		G		16
S04	CHR	COR077	Workforce reduction programme will adverselty affect patient care and trust performance	20	16		A		6				6		G	G	9
	MD	COR090	Failure to separate the role of Responsible Officer for Medical Revalidation from that of the Medical Director	8	8				8				8				4
S05	DG	COR088	Failure of DATIX system to support the business	16	16				16	G			16	G			6
	DIT	COR091	The IT DR arrangements are not effective	20	20				15		G		15	G			12
	DSP	COR080	Failure to deliver our CIP programme **	20	12				9	G	G		4	G	G		9
SO6	DF	COR061	Failure to maintian financial sustainability	20	16				16	G	G	G	12	G		G	5

* merged from three previous risks – prior period is highest risk score from each of the three indicators
** a similar risk was in the prior year (COR065) so this has been used for the past trend

Key for Risk Lead		Key for Strategic Objectives		Key for source of assurance	Key for assurance grading
CE	Chief Executive	**SO1:**	Deliver a great patient experience	**Level 1 – assurance provided by Operational Management**	**G reen** **ALL** Positive assurance
MD	Medical Director	**SO2:**	Safe and Caring Services	**Level 2 – assurance provided by Executive Manangement / Board Committee**	**A mber** **A MIX** of positive and negative assurance
CN	Chief Nurse	**SO3:**	Drive service improvements, innovation and transformation	**Level 3 – assurance provided by an external source**	**R ed** **ALL** Negative assurance
DF	Director of Finance and Information	**SO4:**	Be the place people choose to work		**A blank indicates no asurance was noted for that quarter**
COO	Chief Operating officer	**SO5:**	Make the best use of what we have		
DSP	Director of Strategy and Performance	**SO6:**	Plan for a viable future		
DG	Director of Governance				
CHR	Chief HR Advisor				
DIT	Director of IT				

The Dudley Group NHS
NHS Foundation Trust

CORPORATE RISK REGISTER – DECEMBER 2015

Risk Dashboard – rolling risk score trend

Strat Obj	Risk Lead	ID	Risk Description	Inherent risk score	Current Score								Trend	Target Risk Score
					09/09/14	09/12/14	17/03/15	05/06/15	26/08/15	21/12/15				
SO1	COO	COR079	Failure to continue to deliver the key contracual / monitor deliery targets (18wks / ED / Cancer) *	20	20	20	15	20	15	15			➔	8
	COO	COR069	Diagnositc standard is at risk if the demand rises to a level above capacity	25	25	16	16	16	16	16			➔	8
	DG	COR084	Failure to embed the improvements from our last CQC inspection	12			new	8	12	12			➔	6
	COO	COR092	Failure to deliver successful best practice cEPMA	25				new	15	De-esc				8
S02	MD	COR072	The Trust does not consistently send discharge information to the GP	20	20	20	20	20	8	4			↓	4
	COO	COR032	The Trust is required to have an up to date plan to manage major incidents and business continuity.	15	8	15	15	15	15	15			➔	10
	CN	COR085	Failure to maintain the delivery of safer staffing levels in relation to ward nurse staffing	20	esc	20	20	20	20	15			↓	15
	CN	COR081	Nurse / Midwifery revalidation fails	12			new	16	8	4			↓	8
	CN	COR082	Failure to deliver the significantly reduced C.Diff target of just 29 cases within 2015/16	20			new	20	20	Revised risk see below				10
	CN	COR082a	Failure to achieve the target of no more than 29 C.Diff cases where a laspe in care is judged by the CCG to have occured	10			Revised risk from above			10			revised	5
	CN	COR086	Patients' nutritional needs are not fully met during their hospital stay	16			new	16	8	4			↓	8
	CN	COR087	The number of grade 3 and 4 pressure ulcers potentially increase	12			esc	12	12	8			➔	12
	CN	COR093	Management of young people requiring care under the mental health act (tier 4 beds are not available)	20				new	12	8			↓	8
	COO	COR094	The Biochemistry analyzers are prone to failure which has a detrimental impact across the Trust	20				new	16	8			↓	10
	CN	COR096	Deterioration of patients leading to cardiac arrests	new					new	10			New	New

Strat Obj	Risk Lead	ID	Risk Description	Inherent risk score	Current Score								Trend	Target Risk Score
					09/09/14	09/12/14	17/03/15	05/06/15	26/08/15	21/12/15				
S03	COO	COR083	Failure to have a workforce / infrastructure that supports the delivery of 7 day working	20			new	20	20	15			↓	15
	DIT	COR089	IT Strategy does not deliver	16			new	16	12	12			→	16
	MD	COR044	The need for a medical workforce plan that is fit for purpose	12	new	12	12	arc						4
S04	CHR	COR077	Workforce reduction programme will adverselty affect patient care and trust performance	20		esc	9	16	6	6			→	9
	MD	COR090	Failure to separate the role of Responsible Officer for Medical Revalidation from that of the Medical Director	8			new	8	8	8			→	4
S05	DG	COR088	Failure of DATIX system to support the business	16			esc	16	16	8			↓	6
	DIT	COR091	The IT DR arrangements are not effective	20			esc	20	15	15			→	12
	DSP	COR080	Failure to deliver our CIP programme **	20	20	20	20	12	9	4			↓	9
SO6	DF	COR061	Failure to maintian financial sustainability	20	20	20	20	16	16	12			↓	5

* merged from three previous risks – prior period is highest risk score from each of the three indicators
** a similar risk was in the prior year (COR065) so this has been used for the past trend

Key for Risk Lead	
CE	Chief Executive
MD	Medical Director
CN	Chief Nurse
DF	Director of Finance and Information
COO	Chief Operating officer
DSP	Director of Strategy and Performance
DG	Director of Governance
CHR	Chief HR Advisor
DIT	Director of IT

Key for Strategic Objectives	
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

Key for risk	
New	New risk identifed
Esc	Risk esculated from lower division / directorate etc
De-esc	Risk de-esculated to the lower division / directorate to manage
Arc	Risk no longer valid

The Dudley Group NHS
NHS Foundation Trust

DIVISIONAL / DIRECTORATE KEY RISKS – DECEMBER 2015

Division	ID	Risk Description	Current Score							Trend	Target Risk Score
			30/04/15	31/05/15	26/08/15	30/10/15	21/12/16				
Medicine and Integrated Care	DMC002	Failure to control Directorate overspend	20	20	20	20	16			↓	4
	DMC006	Dudley Group NHS Foundation Trust is not meeting the needs of patients at the end of their life and is therefore providing a poor quality service (as shown with the failure of 6 out of 7 KPIs associated with The National Care of the Dying Audit for Hospitals)	20	16	16	16	16			→	4
	DMC009	Diagnostic capacity is insufficient to provide a safe, robust, fit for purpose service that meets the needs of the Trust	16	16	16	16	16			→	
Surgery	TAC105	Utlisation of the emergency obstetirc threate team		new	20	20	20			→	5
	TAC104	Inadequate number of staff undertaking training in Theatre and Critical Care		new	15	15	12			↓	8
	OSS004	Inappropriate delay in patients having their follow up appointments (opthalmology)		esc	20	20	20			→	16
	NP035	Lack of peadiatric medical workforce capacity to meet service demainds, service standards and recommendations	16	16	16	16	16			→	9
	SUV005	Limited outpaitent elective theatre in Urology.	15	15	15	15	15			→	9
	SUV006	The Trust is unable to guarentee the availaibity of BCG supplies for treatment of high risk non muscle invasive bladder cancer	15	15	15	15	15			→	15
	OSS006	The demand for the Paediatric Orthopeadic Service currently exceeds the capacity we are able to provide	15	15	16	16	8			↓	4
Nursing	N013	Catering trolleys are taken into the 4 bedded bays on peediatric ward	16	16	arc						4
	N009	Staffing estbalishment level on B2 does not support full care requirments for demientia / acutely confused patients	15	15	arc						6
	N020	Paediatric Speech and Language Therapy Dysphasia Service	15	15	15	Moved to Surgical Division Risk Register					
	N030	Risk of staff and/or patients being injured during a period of restraint due to an act of physical aggression or challenging behaviour		new		20	12			↓	12

Division	ID	Risk Description	Current Score							Trend	Target Risk Score
			30/04/15	31/05/15	26/08/15	30/10/15	21/12/16				
	new (N021)	Multi-disciplinary notes are not immediately filed whilst waiting for case notes to be delivered from medical records resulting in potential for a breach of confidentiality		new	6	arc					4
	N029	Paediatric Capacity			new	15	15			→	12
	N032	Reduced ability to control temporary staffing resulting in Division financial overspend			new	16	12			↓	12
Corp Depts	CE002	Insufficient resources in the Governance Team does not support the organisation	new	16	12	12	12			→	4
	ST001	Lack of progress on major service and cost improvement change leadign to delays in qulaity and efficency gains. Skill levels of Lean Practicioners not up to the level required to lead major change projects	16	16	16	16	12			↓	12
	FE004	Failure to establish accountability for the prevention of legionella within PFI buildings	15	15	15	arc					10
	PA009	Poor Clinic Utilisation and Management		new	15	15	15			→	6
	PO12	An error could occur in prescribing, prepartion or administration of an injectable medicine		new	15	15	10			↓	10
	P002	Incorrect prescribing of Oral Chemotherapy Drugs	15	15	15	15	15			→	10
	To be registered	Current IT project resources are not sufficient to deliver current pipleing projects			new	16	16			→	9
	To be registered	NHS England may requires return of £2million Techfund if SAP not implemented.			new	16	16			→	12
	To be registered	Loss of major DITS client in 16/17 will reduce revenue sufficiently to create a deficit with limited options to reduce costs without impacting the Trust			new	16	16			→	9

Enclosure 7

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board on 4 February 2016

TITLE:	**19 January Audit Committee Summary Report to the Board**		
AUTHOR:	Richard Miner – Committee Chair	**PRESENTER**	Richard Miner – Committee Chair

CORPORATE OBJECTIVES

ALL

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 SUMMARY TO THE BOARD

Meeting	Meeting Date	Chair	Quorate	
Audit Committee	19/1/2016	Richard Miner	yes	no
			x	

Declarations of Interest Made

None

Assurances Received

- That the planned recovery in the number of R&D participants is still on track.
- That the ED performance reporting is robust.
- That the Internal Audit Progress Report confirms that the 2015/16 audit plan is on track with green ratings in Asset Management, Payroll, CIP Monitoring and Reporting, General Ledger and Creditor Payments. There was an Amber/Red assurance opinion given in the area of IT data security, see below the Audit Committee asked for follow up to be undertaken.
- That the 2015/16 LCFS work plan is on track.
- Satisfactory progress is being made in respect of the 2015/16 Clinical Audit Plan noting also that no follow up actions are more than 6 months overdue.
- That the work of the Risk and Assurance Group supports the risk assessments made by the Executive Team.
- That the Caldicott and Information Governance Group continues to fulfil its role and keep the required areas under review, noting that there had been no Information Commissioners Office reportable IG incidents this year.
- That the outcome of the Audit Committee Effectiveness Self-Assessment was positive.

Decisions Made / Items Approved

The Committee approved:

- Minor changes to the Internal Audit plan
- The Charitable Funds External Audit plan for 2015/16
- The inclusion of 8 additional clinical audits and the removal of 1 national clinical audit from the 2015/16 Clinical Audit Plan.
- Minor changes to the 2015/16 Accounting Policies and confirmation of (the consistent) approach to the Trust's segmental reporting.
- To ratify the Policy Group Recommendations on 2 policies (Information Governance and Freedom of Information) which are that proper procedures are being followed in the implementation of new policies and guidelines.
- Noted the write off made under delegated authority by the Director of Finance, noting that these were covered by the bad debt provisions made.

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

Follow up to the amber/red opinion on IT Data Security Review by RSM as well as monitoring by IT Steering Group.

Ongoing actions arising from the NHS Protect response, a matter previously reported.

Ongoing discussions with the external auditors regarding the Trust's breach of licence and its effect on their VFM Conclusion.

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

The positive outcome of the self-assessment on the Audit Committee effectiveness.

The Audit Committee's continued endorsement of the Risk Register and Assurance Register (together representing the Board Assurance Framework).

That the Audit Committee approved two suggested enhancements to the operation of the Audit Committee for 2016/17, these being the championing of the revised assurance framework (particularly to all committee chairs) and also IT governance in the light of the key role being played by IT in the future success of the Trust.

That losses and special payments continue to be monitored through the Audit Committee which is satisfied that the last quarter they relate to accounting provisions previously made.

Enclosure 8

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors held in Public – 4th February 2016

TITLE:	**Complaints and claims report for Q3 – 1 October to 31 December 2015**		
AUTHOR:	Maria Smith (Complaints & litigation manager)	**PRESENTER:**	Glen Palethorpe - Director of Governance / Board Secretary

CORPORATE OBJECTIVE: SO1 – Deliver a great patient experience

SUMMARY OF KEY ISSUES:

A detailed report was presented and discussed at the Internal Complaints Review Group chaired by the Chief Executive on the 12 January 2016. The key aspects from this report are:-

Complaints for Q3

There has been a 20% decrease in activity during Q3, as 72 [86] complaints were registered

100% [100%] of complaints received during Q3 were acknowledged within 3 working days

25% [44%] of complaints received and closed during Q3 were answered within 40 working days (*in response to the Trust's initiative to offer more local resolution meetings before responses are drafted, complaints have responded favourably but this does mean the responses are then not worked on until clarity of the complaint is obtained during these meeting, which does impact on the achievement of an overall response within 40 days – NOTE this time is indicative only, as the 2009 regulations state that timescales should be agreed with complainants. A local resolution meeting actually brings clarity and realism to these timescales.*

51% [65%] of complaints received during earlier quarters and closed during Q3 were upheld/partially upheld

2 [1] complainants expressed dissatisfaction with their response (received and investigated)

28 [17] meetings held with complainants during Q3, plus several meetings still being arranged

0 [5] Inquests held and closed during Q3

0 [0] rule 28 - reports on 'Action to Prevent Future Deaths' received from Senior Coroner in Q3

On reviewing the cases referred to the Ombudsman we have reviewed these to see if there was any common themes or issues within these cases. Our analysis did not identify any areas for us to learn / modify our current processes.

Claims for Q3

5 [12] CNST claims closed, of which 80% [80%] had no settlements made

6 [2] Employer's liability claim closed, of which 83% [0%] had no settlement costs attributed to Trust

2 [3] new Employer/Public liability claim received

15 [18] new CNST claims received

Note figures in brackets [ ] in the complaints claims analysis relate to Q2 comparisons.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Domains Safe, effective and caring**
	Monitor	**Y**	**Details: supports effective governance**
	Other	**Y**	**The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 No. 309**

	Ombudsman		**0 complaints accepted for investigation by Ombudsman during the quarter**

ACTION REQUIRED OF GROUP:

Decision	Approval	Discussion	Other
			x

RECOMMENDATIONS:

To note details of complaints and claims activity during quarter ending 31 December 2015.

Key Facts – Complaints, Inquests & Ombudsman

Key facts	Qtr 3 ending 31/12/14	Qtr 4 ending 31/03/15	Year ending 31 March 2015	Qtr 1 ending 30/06/15	Qtr 2 Ending 30/09/15	Qtr 3 Ending 31/12/15
Total number of complaints rec'd during Q3	**64** 2 – high 39 – med 23 - low	**94** 4 - high 48 - med 42 - low	**313** 12 – high 179 – med 122 - low	**70** 5– high 32 – med 33 - low	**86** 3 – High 42 – Med 41 - Low	**72** 2 – high 35 – mod 35 - low
% Complaints ack'd within 3 working days	100%	100%	100%	100%	100%	100%
% Complaints rec'd and answered within 40 working days	68%	45%	61% "	44%	44%	**25**% ** [see note below]
Number of upheld/partially upheld complaints rec'd & answered during Q3	**15**	**20**	**143* (46%)** **[see note below]**	**34**	**60**	**7**
Complaints accepted for investigation by PHSO during Q3 3	1	2	9	0	2	0
Privacy/dignity included as a concern in complaint	0	4	6	0	0	1
Complaints referring to shared accommodation	0	0	0	0	0	0
Complaints including safeguarding concern	0	0	1	0	0	1
Number of meetings held with complainants during Q3	19	15	71 (23% of complaints rec'd in Q3)	19 (27% of complaints rec'd in Q3)	17 (20% of complaints rec'd in Q3)	28 (38% of complaints rec'd in Q3)
Total number of dissatisfied complaints received during Q3	3	6	20 (6% of complaints rec'd)	6	1	2
Total CCG/CSU led complaints received in Q3	1	3	8	3	0	1
New Coroner's cases opened during Qtr 3	1	1	7	7	1	1
Coroner's Inquests held/closed during Q3	4	2	18	4	5	0
Coroner's Rule 28 (was rule 43) received during Q3	0	0	1	1	0	0

Note

* Includes c/fwd from year ending 31/3/14

** Impacted due to an increase in complainants opting to attend a local resolution meeting before receiving a response

Category * [see note below]	Q3 Ending 31/12/14	Qtr 4 Ending 31/3/15	Trust yr ending 31/03/15	National yr ending 31/03/15	Qtr 1 Ending 30/06/15	Qtr 2 Ending 30/09/15	Qtr 3 Ending 31/12/15
Clinical Care (Assessment/Monitoring)	20 (31%)	50 (53%)	**134 (43%)**	**45%**	38 (54%)	43 (50%)	23 (32%)
Diagnosis & Tests	8 (13%)	20 (22%)	**56 (18%)**	NA	12 (17%)	7 (8%)	8 (11%)
Records, Communication, Information & appts (delay)	6 (9%)	1 (1%)	**17 (5%)**	**22%**	4 (6%)	17 (20%)	18 (25%)
Admission, discharge & transfers	10 (16%)	6 (6%)	**33 (11%)**	**5%**	6 (9%)	7 (8%)	8 (11%)
Values & behaviour of staff (prev 'staff attitude')	3 (5%)	6 (6%)	**20 (6%)**	**11%**	6 (9%)	2 (2%)	3 (4%)
Obstetrics	4 (6%)	2 (2%)	**12 (4%)**	**3%**	3 (4%)	3 (4%)	3 (4%)
Nursing care (District Nurses)	0	0	**2 1%)**	NA	0	0	1 (1%)
Medication	6 (10%)	1 (1%)	**13 (4%)**	NA	0	3 (4%)	0 (1%)
Patient Falls, Injuries or Accidents	2 (3%)	2 (2%)	**5 (1%)**	NA	1 (1%)	2 (2%)	2 (3%)
Aids, appliances, equipment,	2 (3%)	0	**4 (1%)**	**1%**	0	0	3 (4%)
Safeguarding	0	0	**1 (1%)**	NA	0	0	1 (1%)
Theatres	2 (3%)	1 (1%)	**4 (1%)**	NA	0	0	0
Privacy & dignity	0	4 (5%)	**6 (1%)**	1%	0	0	1 (1%)
Pressure ulcer	0	0	**2 (1%)**	NA	0	0	0
Violence, aggression	0	1 (1%)	**2 (1%)**	NA	0	0	0
Other (security, workforce)	1 (1%)	0	**2 (1%)**	**4%**	0	2 (2%)	1 (1%)
Total:	**64 (100%**	**94 (100%)**	**313 (100%)**		**70 (100%)**	**86 (100%)**	**72 (100%)**

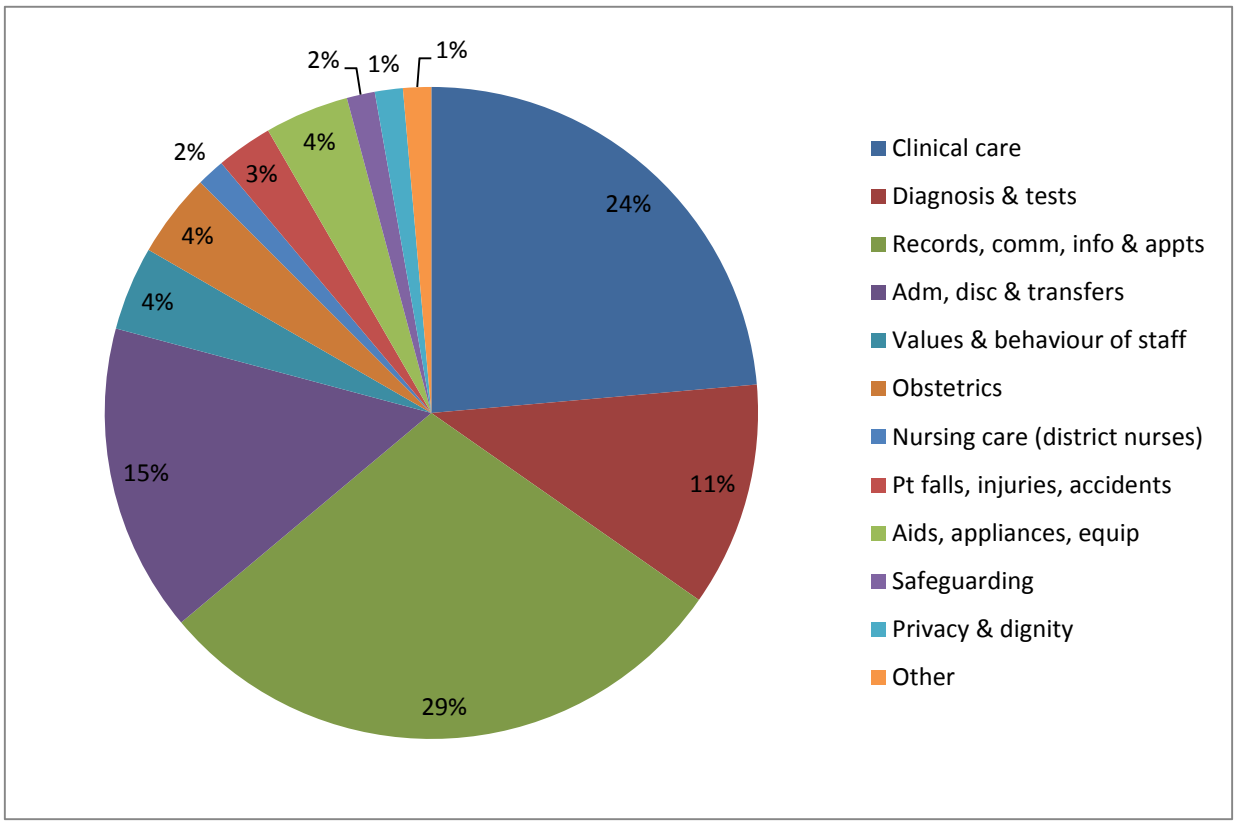
The message about 'Care, Respect and Responsibility' is included in the Chief Executive's briefings, which all staff are required to attend.

Quarter 3 report continues to reflect the downward trend in 'values and behaviour of staff' (including staff attitude), which compares favourably with national data.

Note

***** Complaints are allocated to a main category

Analysis of complaints received by category - Q3



Benchmarking
– Birmingham & Black Country – Year ending 31/3/2015

	Total yr ending 31/3/15
Dudley and Walsall Mental Health Partnership NHS Trust	94
The Royal Orthopaedic Hospital NHS Foundation Trust	105
Birmingham Children's Hospital NHS Foundation Trust	121
Black Country Partnership NHS Foundation Trust	137
Birmingham Women's NHS Foundation Trust	140
Birmingham and Solihull Mental Health NHS Foundation Trust	163
Birmingham Community Healthcare NHS Trust	225
The Dudley Group NHS Foundation Trust	313
The Royal Wolverhampton NHS Trust	365
Walsall Healthcare NHS Trust	379
West Midlands Ambulance Service NHS Foundation Trust	522
University Hospitals Birmingham NHS Foundation Trust	792
Sandwell and West Birmingham Hospitals NHS Trust	837
Heart of England NHS Foundation Trust	1,035

% of complaints received against total hospital activity – Q3

ACTIVITY	Total Qtr 3 ending 31/12/14	Total Qtr 4 Ending 31/03/15	TOTAL Year ending 31/03/15	Total Qtr 1 Ending 30/06/15	Total Qtr 2 Ending 30/09/2015	Total Qtr 3 Ending 31/12/15
Total patient activity	184,687	183574	736,510	189260	181895	185460
% Complaints against activity	0.03%	0.05%	0.04%	0.03%	0.04%	0.03%

Compliments received during Q3

Compliments in the same quarter 3 period were 1.27% of our patient activity

Senior Coroner – Inquests during Q3

No Inquests were held during Q3

Parliamentary & Health Service Ombudsman (PHSO) –Q3

0 new cases were requested for investigation by the PHSO during Q3.

As the PHSO has issued their annual report we have taken this opportunity to review the Trust's complaints handled by the PHSO to determine if there were any common issues or any areas were we could learn to improve our internal processes. The summary analysis below confirms that there were no significant common themes.

Comp ref	Date complaint rec'd	Category	Upheld	Partly upheld	Not upheld	Report awaited
798	13/05/2012	All aspects of clinical care	✓			
1398	02/05/2013	All aspects of clinical care	✓			
1492	17/06/2013	Medical/nursing care	✓			
1587	19/07/2013	Poor pain control		✓		
1828	08/10/2013	Communication/information		✓		
1946	11/12/2013	Delay commencing treatment		✓		
1987	20/12/2013	Values and behaviour of staff			✓	
2183	13/02/2014	Nursing care		✓		

Comp ref	Date complaint rec'd	Category	Upheld	Partly upheld	Not upheld	Report awaited
2136	26/02/2014	Diagnosis			✓	
2314	27/03/2014	All aspects of clinical care	✓			
2360	07/04/2014	Unhappy with diagnosis				✓
2480	12/05/2014	Appointment delay		✓		
2577	04/06/2014	Communication/information			✓	
2871	08/08/2014	Communication/information	✓			
		TOTAL:	**5**	**5**	**3**	**1**

CLAIMS – Q3

11 claims were closed during Q3

Incident date	Details of claim	Damages £
2014	Slipped from chair to floor and sustained fractured wrist	Nil
2014	Failure to recognise & treat ischiorectal abscess	20,000
2015	Pt with history of alcohol abuse and epilepsy sustained fracture during a seizure	Nil
2014	Failed sterilisation	Nil
2015	Upper GI bleed complicated by acute renal failure	Nil
		20,000

+ 6 Employer's liability claims – total settlement = £16,500 (five with no cost)

It is again pleasing to report that in 9/11 (82%) of claims closed during Q3, no settlement was made

17 new claims were opened during Q3

Specialty	No of claims
Medicine	1
Trauma and orthopaedics	3
Surgery	4
Obstetrics	2
ED	2
Urology	1
Paediatrics	2
TOTAL	**15**
Employer's liability	1
Public liability	1
TOTAL	**2**

Enclosure 9

Committee Highlights to report to Board

Committee	Meeting Date	Chair	Quorate	
			yes	no
End of Life and Palliative Care Strategy Group	12 January 2016	Dr Doug Wulff	√	

Declarations of Interest Made

The Mary Stevens Hospice was likely to be involved in the Care Homes Training for which they would receive payment. The issue of Care Home Training was referred to within the Education Work Stream update but no decision was required of this Group in this area so there was no conflict.

Assurances received

Health Economy EoL and Palliative Care Strategy – limited assurance received on progress with the development of this Strategy.

Work stream reports:

1. **Macmillan Specialist Care at Home** – assurance received that work programme progressing according to plan in respect of recruitment of volunteers and production of newsletter. Awaiting final agreement on extension of funding for the programme
2. **Advance Care Planning (ACP)** – assurance received regarding the progress on the use of documentation and an education programme aimed at increasing the use of the document is being planned.
3. **Rapid Discharge** – assurance received on progress, in particular work to define terminologies and language to ensure understanding of difference between Rapid Discharge and Fast Track Discharge
4. **5 Priorities for Care** – assurance received on progress with the development of further documentation following discussion with CQC. Further work to be undertaken to review leaflets with view to creating as single leaflet for use across the Health Economy, use of better bags for returning patient's belongings and memory boxes.
5. **Education/Champions** – assurance received that this work stream is to be revived to focus on Champion role and palliative care education programme in care homes.
6. **AMBER** – assurance received on planned launch across 2 wards in Russell's Hall in February and thereafter across all departments starting with medicine
7. **Bereavement** – assurance received that work stream will be updating

bereavement booklet at next meeting planned for 18 January 2016

8 **EPaCCS** – limited assurance received on progress with the work stream. CCG has referenced EPaCCS in Commissioning Intensions and IT lead collecting data on organisational needs from the system.

VOICES Annual Analysis – assurance received on the year on year improved outcomes of the VOICES survey.

Decisions Made / Items Approved

Health Economy EoL and Palliative Care Strategy – agreed to a meeting in February to draft a strategy based on the Six Ambitions and incorporating measurable outcomes

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

Health Economy EoL and Palliative Care Strategy to come back to next meeting for approval

End of Life and Palliative Care LIS report to come to come to meeting in August 2016

Items referred to the Board for decision or action

Board to note progress and assurances

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors
On 4 February 2016

TITLE	Corporate Performance Report - November (Month 9)		
AUTHOR	Paul Taylor Director of Finance and Information	**PRESENTER**	Richard Miner 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 28 January 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	
			yes	no
Finance & Performance Committee	**28 January 2016**	**Jonathan Fellows**	**yes**	

Declarations of Interest Made

None

Assurances Received

- The EPR Programme remains "on track" to produce a business case in September 2016 for decision by the Board
- Performance to Q3 in the Medicine & Integrated Care Division was good, and remains on target in all main domains
- New models of capacity modelling in this Division should be extended across the Trust (Surgery to be reviewed the next time they present)
- The financial position for Month 9 (ending 31st December 2015) was discussed and the forecast out-turn of £3.1m agreed
- The cash and balance sheet position of the Trust continues to be healthy
- Sickness absence has risen slightly to 4% in December 2016, which was an amber level of performance. Mandatory training compliance had risen to 85.16% in month, but was still below the standard of 90%
- The percentage of agency qualified nursing staff was 6.8% in month compared to a target of 4%
- Key performance targets in A&E; Cancer 62 day waits; Referral to Treatment Times; and Diagnostic waits were all met in month
- The Cost Improvement Plan 2015-16 is forecasted to be achieved in full and the 2016-17 Plan is 84% complete

Decisions Made / Items Approved

- Option 3 in the Community IT business case was approved including a capital allocation of £105,000 (to be included in the draft capital programme) and revenue running costs of £138,342 in 2016-17; and £60,000 thereafter (to be included in the revenue budgets 2016-17 as a cost pressure). The reason which the Oasis solution was chosen rather than EMIS (or another solution) was extensively debated
- The Monitor Compliance Statement for Q3 was approved for submission to Monitor. It self-certified that the Trust was Red for Governance (because of the financial sustainability breach) and was 2 on the Financial Sustainability Risk Rating

Actions to come back to Committee

- EPR Business case in September 2016
- The monthly run rate for 2015-16 for the key elements of pay and non-pay to be presented to Board to understand where the underlying increases were occurring

Items referred to the Board for decision or action
• The position on the Draft Operational Plan 2016-17 was not available for discussion at this Committee in advance of the deadline of 8th February 2016, and would be presented verbally to the Board on 4th February 2016

Enclosure 11

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 4th February 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 December 2015.

Overall performance continues to be good, particularly with regard to the Emergency Access target (4 hours) where we remain amongst the best organisations in the country. We are also performing well against the national 18 week standard for Referral to Treatment Times

Provisional performance for Cancer 62 day target for GP referral is above target for Quarter 3 (87.3%) with all 3 months above target (October 88.9%; November 86.4%; December 86.3%)

We have reviewed the performance reporting for C. Diff cases to ensure that it is in line with that used by Monitor, who specify that it is those cases which occurred due to "lapses in care". Finance and Performance Committee discussed the options for reporting in December 2015, recommending reporting of the total number of cases as currently done and a new KPI of the number of lapsed cases. This latter indicator is only available retrospectively at 2 months because of the time to investigate incidents. There are currently 11 cases due to lapses in care against the target of 29. There was a rise in overall cases in December rose to 8 from 5 in November giving a total of 38.

The 6 week diagnostic performance was above target for December, with a performance of 99.3%.

Stroke – Suspected High Risk TIA Scanned and Treated within 24hrs failed to meet the target of 60% in November with only 50% achievement. December's figure is provisional but the target was achieved at 80%.

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
b. Approve the recommendation from finance and Performance Committee regarding C. Diff reporting changes

Trust Board of Directors 4th February 2016

Integrated Performance Report - December 2015

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

The report for the period April 2015 to December 2015 is enclosed for consideration at Appendix 1.

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

- Delivery of the emergency access target (4hrs) where the Trust is consistently performing amongst the top organisations in the country
- Achievement of all three Referral to Treatment (RTT) 18 week targets

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. The introduction of a two way texting system to improve response rates continues.
- Delivery of Clostridium Difficile (C. Diff) target - see below
- Outpatient activity – follow-up outpatients and outpatient procedures continue to under-perform overall. 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. Recruitment into these posts continues although is not expected that this will recover the under-performance by the year end.
- The KPI for diagnostic waits (6 weeks) has exceeded the target of 99% for the first time since July. The Division continue to implement action plans to maintain this position.

- The number of staff who had an appraisal within the required time frame has improved from last month (75.6%) to 80.4%. This is the first increase of performance following 6 months of continued reductions. Discussions have been with Divisions regarding
    - The revision of the target to reflect the differences between the 12 month standard for all staff with the exception of consultants whose standard is for 15 months in line with validation. This change will be included in the January data (February report)

    - The Medicine and Integrated Care Division presented their performance rectification plan to Finance and Performance Committee in December and aim to deliver the target in

      February 2016 (report in March 2016). Their performance improved by 6 percentage points from 72 to 78% in December.

3. Cancer

Provisional performance for Cancer 62 day target for GP referral is above target for Quarter 3 (87.4%) with all 3 months above target (October 89.2%; November 86.4%; December 86.3%)

The performance by tumour site is shown at Appendix 2.

4. Clostridium Difficile (C. Diff)

Following review and clarification of the NHS England guidance it has been identified that the target set of 29 cases relates to only those cases identified following review as due to lapses in care. A range of options for reporting were discussed at Finance and Performance Committee and it was proposed to redesign the dashboard reporting to better reflect the performance.

In future we propose to report the total number of cases as we do currently. In addition we will report, as a separate KPI, the lapses in care against the target of 29. This change does, however, result in a two month delay given the time required for investigations of incidents to be undertaken and lapses to be confirmed.

Historical performance of the Trust against this target is good. This resulted in a target being set nationally of no more than 29 cases in 15/16. Currently, there have been 11 lapses of care as at October 2015. There have been a further 8 cases in December making 38 in the year.

This new reporting of the target is also in line with discussions with Commissioners.

5. Stroke – Suspected High Risk TIA Scanned and Treated within 24hrs

The 60% target was not achieved in November (50%) but provisional figures for December show the target achieved at 80%. However, the figures for presenting High Risk TIAs for these 2 months are significantly lower (6 & 5

respectively) than the previous long term average of 15-20 per month. The Division is working on reviewing the system and process around this issue as long term sickness/absence has affected the current process.

Recommendation

Trust Board of Directors is asked to:

a) Note the contents of the report
b) Approve the recommendation from finance and Performance Committee regarding C.Diff reporting changes

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%	-	-	-	1%	%	
Friends & Family – Community – Recommended %	-	97%	98%	96%	96%	94%	93%	97%	95%	99%	-	-	-	96%	%	
Friends & Family – ED – Footfall	20%	8%	15%	12%	7%	6%	3%	7%	6%	6%	-	-	-	8%	15%	
Friends & Family – ED – Recommended %	89%	90%	90%	92%	90%	95%	91%	96%	93%	88%	-	-	-	92%	95%	
Friends & Family – Maternity – Footfall	23%	23%	22%	21%	20%	22%	23%	25%	32%	18%	-	-	-	23%	15%	
Friends & Family – Maternity – Recommended %	99%	99%	99%	99%	97%	99%	99%	98%	98%	97%	-	-	-	98%	84%	
Friends & Family – Outpatients – Recommended %	-	84%	82%	82%	88%	90%	89%	88%	84%	88%	-	-	-	88%	%	
Friends & Family – Ward – Footfall	32%	16%	16%	14%	15%	20%	20%	23%	23%	17%	-	-	-	18%	25%	
Friends & Family – Ward – Recommended %	98%	96%	97%	98%	97%	99%	97%	97%	97%	99%	-	-	-	97%	95%	
HCAI – Post 48 hour Clostridium Difficile	38	3	3	2	2	5	5	5	5	8	-	-	-	38	21	
HCAI – Post 48 hour MRSA	0	0	0	0	0	0	2	0	0	0	-	-	-	2	0	
Incidents - Patient Falls, Injuries or Accidents	1,399	127	116	116	103	97	119	111	118	114	-	-	-	1,021		
Incidents - Pressure Ulcer	2,091	187	163	182	150	120	132	125	141	172	-	-	-	1,372		
Never Events	1	0	0	0	0	0	1	0	0	0	-	-	-	1	0	
Serious Incidents - Action Plan overdue	-	46	31	37	24	32	42	40	46	49	-	-	-	347		
Serious Incidents – Not Pressure Ulcer	108	6	9	9	10	7	11	11	11	10	-	-	-	84		
Serious Incidents - Pressure Ulcer	197	21	20	21	17	17	10	18	17	30	-	-	-	171		
Stroke - Suspected TIA Scanned < 24hrs of Presentation	85.47%	95%	100%	91.3%	88.89%	92.31%	85%	92.31%	50%	80%	-	-	-	90.34%	60%	
Stroke Admissions : Swallowing Screen	78.46%	81.25%	83.33%	72.09%	80%	74.07%	75%	78.38%	88.64%	82.35%	-	-	-	79.22%	80%	
Stroke Admissions to Thrombolysis Time	80%	69.23%	61.54%	42.86%	75%	61.54%	75%	37.5%	71.43%	33.33%	-	-	-	33.33%	%	
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%	88.46%	91.11%	-	-	-	91.34%	80%	

Finance

Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	YEF
Budgetary Performance	(£2,722)k	£107k	£124k	£162k	(£157)k	£498k	£55k	(£264)k	£256k	(£22)k	-	-	-	£758k	£0k	
Capital v Forecast	87.8%	100%	98.6%	99.7%	93.7%	74.5%	66.2%	96.6%	90.8%	82.1%	-	-	-	82.1%	95%	
Cash Balance	-	£23,464k	£23,723k	£21,912k	£17,879k	£18,723k	£15,730k	£17,332k	£15,255k	£12,700k	-	-	-	£12,700k	k	
Cash v Forecast	109%	97.9%	104.9%	108.1%	87%	93.5%	94.8%	97.2%	89.2%	68.4%	-	-	-	68.4%	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	-	-	-	£12,701k	£12,365k	
Debt Service Cover	0.85	0.72	0.93	1.05	1.13	1.01	1.08	1.09	1.15	1.1	-	-	-	1.1	2.5	
EBITDA	£15,817k	£1,138k	£1,814k	£2,079k	£2,145k	£829k	£2,283k	£1,909k	£2,449k	£1,141k	-	-	-	£15,787k	£14,409k	
I&E (After Financing)	(£8,033)k	(£783)k	(£123)k	£183k	£201k	(£1,124)k	£346k	(£31)k	£518k	(£811)k	-	-	-	(£1,623)k	(£3,061)k	
Liquidity	7.22	6.1	5.76	5.41	6.28	5.16	6.03	5.78	6.27	5.25	-	-	-	5.25	0	
SLA Performance	£6,271k	£1,021k	£507k	£506k	(£721)k	(£380)k	(£432)k	(£46)k	(£143)k	(£213)k	-	-	-	£98k	£0k	
SLR Performance	(£8,032)k	(£782)k	(£123)k	£184k	£201k	(£1,124)k	£344k	(£31)k	£518k	-	-	-	-	(£813)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%	99.3%	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	8,003	8,100	7,916	7,744	-	-	-	71,488	59,782	
Activity - Community Attendances	415,662	34,397	33,050	35,066	36,362	32,417	35,088	36,008	34,551	31,343	-	-	-	308,282	327,050	
Activity - Elective Day Case Spells	44,639	3,660	3,445	4,013	3,951	3,413	3,675	3,952	3,781	3,771	-	-	-	33,661	33,130	
Activity - Elective Inpatients Spells	6,953	482	525	580	580	508	537	572	580	483	-	-	-	4,847	5,418	
Activity - Emergency Inpatient Spells	50,876	4,426	4,282	4,183	4,205	4,078	4,106	4,298	4,262	4,604	-	-	-	38,444	36,619	
Activity - Outpatient First Attendances	125,382	10,391	10,059	11,359	11,488	9,298	10,758	11,539	11,211	11,650	-	-	-	97,753	91,569	
Activity - Outpatient Follow Up Attendances	320,876	26,142	24,480	28,055	27,442	23,254	26,290	26,477	25,990	25,921	-	-	-	234,051	244,905	
Activity - Outpatient Procedure Attendances	57,196	4,308	3,956	4,833	4,527	4,042	4,553	4,883	4,868	2,472	-	-	-	38,442	43,722	
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%	-	-	-	95.2%	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%	-	-	-	98.3%	93%	
Cancer - 31 day - from diagnosis to treatment for all cancers	99.7%	100%	100%	100%	100%	100%	99.3%	98.7%	100%	97.7%	-	-	-	99.5%	96%	
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	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%	-	-	-	100%	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%	-	-	-	95.3%	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%	86.3%	-	-	-	85.5%	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%	-	-	-	94.6%	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%	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%	-	-	-	97.9%	95%	
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)	97.75%	98.69%	99.27%	99.47%	99.34%	98.35%	98.41%	97.87%	98.85%	99.29%	-	-	-	98.84%	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%	-	-	-	80.4%	90%	
Mandatory Training (Substantive)	80.68%	81.53%	82.13%	82.8%	82.35%	83.51%	83.16%	84.11%	84.8%	85.16%	-	-	-	85.16%	90%	
Sickness Rate (Performance Dashboard)	3.81%	3.49%	3.70%	3.65%	3.51%	3.21%	3.27%	3.81%	3.78%	4.00%	-	-	-	3.61%	3.50%	
Staff In Post (Contracted WTE)	4,181.19	4,095.77	4,077.64	4,050.2	4,024.21	4,022.95	4,043.44	4,079.41	4,074.26	4,069.07	-	-	-	4,069.07		
Vacancy Rate	9.42%	8.49%	8.87%	9.58%	10.17%	10.40%	9.98%	9.99%	10.36%	10.64%	-	-	-	10.64%	%	

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

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Appendix 2

Cancer Tumour Site – October, November, December 2015 – ****PROVISIONAL****

Month	Target	Target	Brain	Breast	Colorectal	Gynaecology	Haematology	Head and Neck	Lung	Other	Sarcoma	Skin	UpperGI	Urology	Total
Oct-15	2WW	93%	100.0%	97.5%	87.2%	94.7%	100.0%	95.5%	95.7%			93.8%	96.2%	94.7%	94.1%
	2WW - Breast Symptomatic	93%		98.4%										100.0%	98.5%
	First Treatment	96%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		94.4%	100.0%	100.0%	98.8%
	Subs Anti-Cancer Drug	98%		100.0%	100.0%		100.0%		100.0%					100.0%	100.0%
	Subs Radiotherapy	94%			100.0%										100.0%
	Subs Surgery	94%		100.0%	100.0%			100.0%				100.0%		100.0%	100.0%
	62 Day Traditional	85%		100.0%	71.4%	50.0%	100.0%	80.0%	76.9%			100.0%	40.0%	92.3%	89.2%
	62 Day - Breast Symptomatic	85%		100.0%											100.0%
	Screening	90%		100.0%	100.0%										100.0%
	Upgrades	85%			100.0%	100.0%	100.0%		100.0%	100.0%		100.0%	100.0%	95.2%	99.1%
Nov-15	2WW	93%	100.0%	100.0%	91.2%	98.7%	100.0%	96.3%	100.0%			94.3%	93.9%	93.1%	95.1%
	2WW - Breast Symptomatic	93%		99.3%											99.3%
	First Treatment	96%		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	98%		100.0%	100.0%		100.0%							100.0%	100.0%
	Subs Radiotherapy	94%												100.0%	100.0%
	Subs Surgery	94%		100.0%	100.0%							100.0%		100.0%	100.0%
	62 Day Traditional	85%		100.0%	62.5%	84.6%	88.9%	0.0%	66.7%			100.0%	66.7%	86.8%	86.4%
	62 Day - Breast Symptomatic	85%		100.0%											100.0%
	Screening	90%		100.0%	100.0%										100.0%
	Upgrades	85%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	80.0%	99.1%
Dec-15	2WW	93%	100.0%	98.6%	93.1%	97.8%	93.3%	98.9%	100.0%			91.5%	90.9%	97.9%	95.0%
	2WW - Breast Symptomatic	93%		98.2%											98.2%
	First Treatment	96%		88.2%	93.8%	100.0%	100.0%		100.0%			100.0%	100.0%	100.0%	97.6%
	Subs Anti-Cancer Drug	98%		100.0%	100.0%		100.0%		100.0%						100.0%
	Subs Radiotherapy	94%					100.0%								100.0%
	Subs Surgery	94%		100.0%	100.0%							100.0%			100.0%
	62 Day Traditional	85%		100.0%	100.0%	100.0%	100.0%	0.0%	72.7%			95.5%	66.7%	73.3%	86.3%
	62 Day - Breast Symptomatic	85%		100.0%											100.0%
	Screening	90%		100.0%	100.0%										100.0%
	Upgrades	85%			100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%
Quarter	2WW	93%	100.0%	98.6%	90.4%	97.2%	96.7%	96.9%	98.5%			93.2%	93.6%	95.3%	94.8%
	2WW - Breast Symptomatic	93%		98.6%										100.0%	98.6%
	First Treatment	96%		97.1%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%		98.0%	100.0%	100.0%	98.9%
	Subs Anti-Cancer Drug	98%		100.0%	100.0%		100.0%		100.0%					100.0%	100.0%
	Subs Radiotherapy	94%			100.0%		100.0%							100.0%	100.0%
	Subs Surgery	94%		100.0%	100.0%			100.0%				100.0%		100.0%	100.0%
	62 Day Traditional	85%		100.0%	81.1%	82.6%	96.7%	44.4%	71.8%			98.2%	52.6%	83.9%	87.4%
	62 Day - Breast Symptomatic	85%		100.0%											100.0%
	Screening	90%		100.0%	100.0%										100.0%
	Upgrades	85%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	93.8%	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.

Enclosure 12

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 4th February 2016

TITLE:	Transformation and Cost Improvement Programme (CIP) Summary Report – January 2016		
AUTHOR:	Alex Claybrook Interim Head of Service Improvement and Programme Management	**PRESENTER**	Anne Baines Director of Strategy and Performance

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 £12.701m CIP against a year to date plan of £12.400m. The Trust is forecasting to achieve £16.703m against a full plan of £16.701m.

Transformation Executive Committee (TEC) met on 21st January 2015 to review the 2015/16 CIP status and CIP planning for 2016/17.

The 2015/16 CIP plan consists of 31 projects of which all have been approved by TEC.

The 2016/17 CIP plan consists of 39 projects. 15 projects have been approved by TEC to date. Of these, 8 PIDs were approved by TEC at the meeting on 21st January 2016 to be submitted to the QIA panel on 4th 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
	Risk Register: **Y**		**Risk Score:** 12, 12, 16 (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 December, 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

4th February 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 31 projects to deliver savings in 2015/16. The Trust has identified provisional plans for 2016/17, made up of 39 projects which have identified £10,361k against 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 9 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	£12,400k	£12,701k	£301k	£16,703k	£2k

Of the 31 projects due to deliver savings in 2015/16, all 31 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 totalling **£10,361k** (84%) against its **£12,400k** target (subject to financial assumptions being evidenced). The PMO has aligned the PIDs against the following Workstreams:

Workstream	Executive Lead	2016/17 Target	Identified to date
Value for Money	Paul Taylor	£5,850k	£4,991k (85%)
Delivering Efficiency & Productivity	Paul Bytheway	£2,100k	£2,304k (110%)
Keeping People Closer to Home	Anne Baines	£1,400k	£1,470k (105%)
Workforce	Julie Bacon	£3,050k	£1,596k (52%)
		£12,400k	**£10,361k (84%)**

The Programme Risk Log is attached on page 28. No additional risks have been escalated from the Workstreams.

Executive Summary

Figures reported in £000's

	Planned	Actual	Forecast	Variance
FYE	£16,701	£12,701	£16,703	£2
YTD	£12,400	£12,701	£12,701	£301

Exec Lead : Paul Taylor — Click for Details

Planned Recurrent	£3,357	Planned Non Recurrent	£645
Forecast Recurrent	£4,474	Forecast Non Recurrent	£645

Value for money Infrastructure

	Planned	Actual	Forecast	Variance against Plan
FYE	£4,002	£3,889	£5,119	£1,117
YTD	£3,001	£3,889	£3,889	£887

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	£18	£28	£28
YTD	£0	£18	£18	£18

Exec Lead : Paul Bytheway — Click for Details

Planned Recurrent	£2,873	Planned Non Recurrent	£300
Forecast Recurrent	£3,565	Forecast Non Recurrent	£300

Delivering Efficiency and Productivity

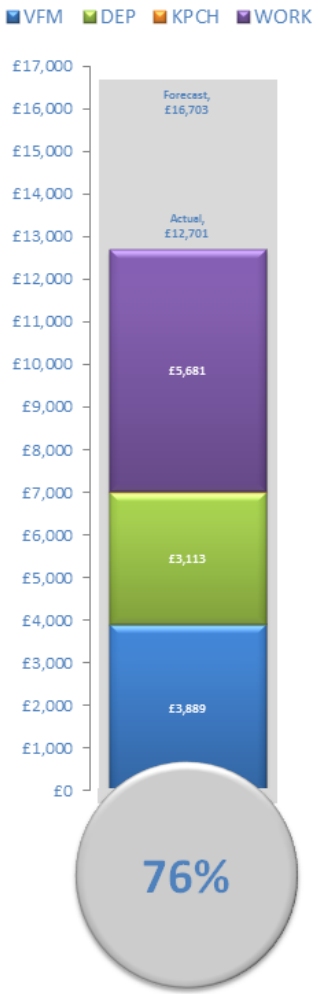
	Planned	Actual	Forecast	Variance against Plan
FYE	£3,173	£3,113	£3,935	£762
YTD	£2,341	£3,113	£3,113	£773

Exec Lead : Julie Bacon — Click for Details

Planned Recurrent	£9,331	Planned Non Recurrent	£125
Forecast Recurrent	£7,558	Forecast Non Recurrent	£63

Workforce

	Planned	Actual	Forecast	Variance against Plan
FYE	£9,526	£5,681	£7,621	-£1,906
YTD	£7,058	£5,681	£5,681	-£1,377



2015/16 Forecast Non Recurrent	£1,007k
% of Total CIP Forecast as Non Recurrent	6.03%

The Trust has delivered to date **£12,701k** against the full year plan of **£16,701k**.
At M9, delivery is on track at **76.0%** of the overall plan, of which Workforce has contributed **34.0%** of the savings to date.

Enclosure 13

The Dudley Group NHS Foundation Trust

Paper for submission to Trust Board 4th February 2016

TITLE:	**Operational Plan 2015/16** **Q3 progress against the annual goals**		
AUTHOR:	Karen Morrey	**PRESENTER**	Anne Baines Director of Strategy & Performance

CORPORATE OBJECTIVE: All

SUMMARY OF KEY ISSUES:

The attached table identifies the progress against the annual goals identified in this year's Operational Plan.

Strategic Objective	RAG rating		
	Red	Amber	Green
Deliver a Great patient experience			6
Deliver safe and caring services	1	3	9
Drive service improvement, innovation and transformation		2	5
Be the place people choose to work	1	2	3
Make the best use of what we have			5
Plan for a viable future		3	2
Total			

Where there is slippage identified the lead Executive has outlined the mitigating actions being undertaken.

There are red rated actions:

- One relates to delivery of quality improvements, MRSA. We will not achieve the MRSA target. The Chief Nurse has requested increased focus from the clinical teams so that the position does not deteriorate further.
- One relates to appraisals, which has significantly fallen in Q3. The requirement for improvement has been escalated through the clinical divisions by the Chief Executive

A further review will be carried out at the end of Q4.

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

RISK	**N**		**Risk Description:**
	Risk Register:		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** All
	Monitor	**Y**	**Details:** Operational Plan is submitted to & approved by Monitor

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	x	x	

RECOMMENDATIONS FOR THE BOARD:

- The progress against each of the goals is noted
- Assurance that remedial actions are being taken where appropriate

The Dudley Group NHS
NHS Foundation Trust

Operational Plan 2015/16 Q3 Progress against the Annual Goals

Annual Goal	Measures of Achievement	Timescale	Lead	Q2 Performance	RAG	Remedial Action
Deliver a great patient experience						
➢ Achieve good FFT results/patients survey	✓ Monthly scores equal or better than national average	Monthly	Chief Executive	Improvement on Q2 performance with all areas except outpatients achieving equal or better than national average scores.	G	Continue to work with local managers to support performance
➢ Ensure patients, carers and public fully engaged and involved	✓ Improved National Patient Survey results ✓ Demonstrate engagement through feedback	Annual On-going	Chief Executive	The Picker results of the 2015 national inpatient survey will be available in January/Feb 2016 with a task and finish group to be established to review the results and develop actions to address areas identified for improvement. The Trust employs a range of communication and engagement mechanisms to inform staff and patients of improvements made as a result of the feedback received.	G G	
➢ Achieve key performance standards	✓ 95% emergency access standard ✓ 18 weeks RTT ✓ Cancer treatment standards	Monthly Monthly Monthly	Chief Operating Officer	Q3 position of 97.8% Target achieved for Q3 Target achieved for Q3	G G G	
Deliver safe and caring services						
➢ Deliver quality improvements	✓ Achievement of nursing care indicators ✓ Zero avoidable stage 4 pressure ulcers ✓ Reduction in stage 3 pressure	Quarterly Monthly March 2016 March 2016	Chief Nurse	Q3 position improved from Oct to Dec due to changes in process from September. Remain on track 0 avoidable Awaiting apportionment of 26 Hospital	A G G	

	ulcers from 14/15 ✓ Zero post 48 hour MRSA cases ✓ No more than 29 post 48 hour clostridium difficile Lapses in care ✓ Achievement of improvement trajectory in nutritional audit ending year in all wards green (93%)	March2016 Monthly/March 2016		Acquired before can confirm but appear on track 2 cases in Q2 but none during Q3 Change in criteria as only lapses in care counted against target. Current 11 lapses with 14 to be apportioned Not all wards achieving 93% in Quarter 3 and some wards reduced in January. Increased focus put in place.	R A A	
➢ Deliver agreed CQUIN requirements	✓ Deliver CQUINs schemes	On-going	Director of Strategy & Performance	Predominantly on track, AKI and sepsis antibiotics are being queried, this equates to £310k for Q3 at risk.	G	
➢ Maintain good mortality performance	✓ SHMI/HSMR within expected range ✓ 85% of in hospital deaths have multidisciplinary review within 12 weeks	On-going On-going	Medical Director	The latest SHMI published for the period April 2014- March 2015 is 1.03 and is within the expected range. The 15/16 target is 90% of deaths to be reviewed, where applicable, within 12 weeks by March 2016 The Trust is on target to achieve this with the latest results (Q3 provisional) at 95%.	G G	
➢ Improved risk management	✓ Reconfiguration of DATIX system	March 2016	Director of Governance	Since the last update we have commenced with the Datix version 14 launch. We have run training sessions for staff across Dec and January (mop up sessions will be run in February). Feedback from these sessions has also been taken into the build and design of the operation of the new system which will go live from the 1st February 2016. Data will not be migrated to the new system but we have established a process that will allow access to this data to be provided to those requiring it. Therefore from the 1st February this action	G	

				on Datix will be complete. We have already made improvements to the risk management reporting to the Audit Committee and Board.		
➢ Deliver requirements from key quality inspections	✓ Deliver CQC action plan ✓ Deliver WMQRS action plans	See action plan See action plans	Chief Executive	Complete, further report to Board was made in the Board meeting on 7th Jan 2016.	G G	Closed/Monitored through CQSPE Closed/Monitored through CQSPE
➢ Safe staffing levels	✓ Deliver safe staffing levels	Monthly	Chief Nurse	Red shifts reduced and none reported in Q3 Significant vacancies and temporary staffing use in place Maternity Staffing improved Q3	G	
Drive service improvement, innovation & transformation						
➢ Develop integrated services and redesigned community provision	✓ Integrated services across acute and community in place ✓ Redesigned community services in line with Vanguard proposals	Dec 2015 March 2016	Director of Strategy and Performance/ Chief Operating Officer	Progressing to plan Contribution to the Value Proposition submitted	G G	
➢ Increase access to 7 day services	✓ 7 day services in place in diagnostics	TBA	Chief Operating Officer	Meeting scheduled for end of January to review our position against the 4 key standards.	A	
➢ Continued improvement in key services	✓ Improvements in service performance delivered Stroke Renal Care of the Elderly	Review quarterly	Chief Operating Officer	**Stroke** continues to meet SNAP standards. Current discussion are taking place with commissioners on the appropriateness of local standards **Renal** continues to make improvement in the delivery of financial efficiencies. Work continues with the external clinical service lead to increase operational service working **Care of the Elderly** launched the Forget me not unit. Frailty nurse in post	A A G	

➢ Expand Research & Development / Academic Health Sciences Network role	✓ Demonstrate greater involvement and engagement	On-going	Medical Director	Expanded Engagement with universities within the West Midlands and nationally. Expanded portfolio of studies across new specialties including Ophthalmology and Paediatrics Developing 2016/2017 Goal to increase Third Sector engagement through bids for third sector commissioned studies. Bids being submitted in Q4.	A	
Be the place people choose to work						
➢ Continued implementation of Listening into action	✓ Regular events in place	June 2015	Chief Executive	Children's OPD LiA held with parents of children with learning disabilities. Nursing strategy listening events held to inform new strategy.	G	
➢ Enhance colleague engagement	✓ Improved scores in National staff Survey ✓ Wider engagement developed	Annually On-going	Chief Executive Chief Executive	Staff survey results due March 16 CE briefings continue with further dates in diary to deliver 2016/17 plan in new financial year.	G	
➢ Improve workforce performance in sickness, mandatory training, appraisal	✓ Sickness a target 3.5% ✓ Mandatory training and appraisal target of 90%	Monthly	Chief Executive	Sickness absence was 3.78**%** in November 2015, although it had been below the 3.5% for 4 months this before. Corporate Division has achieved the 90% mandatory training target. However, overall (as at November 2015), the Trust figure is 83.16%. The November figure for appraisals across the board is 75.57%, which is a significant fall this quarter.	A A R	
➢ Leadership development/OD	✓ To develop the measure in year	Quarterly	Chief Executive	The new leadership programme is continuing and is well subscribed. A bespoke programme and learning set was made available for the new Directorate Manager appointees. Job planning training has been completed for clinical directors.	G	
Make the best use of what we have						
➢ Develop IT Strategy /EPR	✓ Strategy and plan in place	December 2015	Chief Executive	Workshops have been completed with Operations, Clinical and Nursing staff on IT	G	

				process effectiveness and requirements of a new EPR system . The output has been turned into an OBS ready for an OJEU procurement due to start in Q4.		
➢ Match capacity to demand	✓ Initial improvement achieved	Quarterly	Chief Operating Officer	Plan for Surgery to close beds in Q4	G	
➢ Deliver financial (recovery) plan	✓ Effective plans in place and monitored ✓ Financial plans delivered in line with plans	Monthly	Director Finance and IT	Forecast outturn of £3.1m continues	G	
➢ Delivery Monitor financial requirements	✓ Deliver plan i.e. Deficit of £4.2m, rating of 2	Monthly	Director of Finance and IT	.Submission to Monitor of small surplus in 2016/17. We have a revised financial sustainability Risk Rating of 3 for 2016/27	G	
➢ Deliver the CIP	✓ Deliver CIP and financial target	Monthly	Director Strategy and Performance	Remains on plan for Q3	G	
Plan for a viable future						
➢ Revise the current 5 year plan	✓ Revised plans in place	June 2015	Director of Strategy and Performance	Completed & submitted to Monitor.	G	Discussion with Monitor on FRP may result in further amendment
➢ Review the Clinical Strategy	✓ Revised plans in place	June 2015 Revised January 2016	Director of Strategy and Performance	Work underway with Medical Director and Chiefs of Surgery & Medicine. The proposed strategy will go to MDTs in March for review	A	Discussion at December Board Development event. Developing links with Integrated Care Strategy and future proposals of BCA to be incorporated before review by MDTs
➢ Develop an economy wide plan with CCG and other providers in Dudley	✓ Play a full part in this work	July 2015	CEO/ Director of Strategy and Performance	New planning guidance provides the framework for the plan to be developed by July 2016. Work to date has focused on the new models of care	A	
➢ Play a part in the development of the Black Country Alliance	✓ Plan and Programme in place across alliance	July 2015	CEO		G	

➢ Dudley Partnership	✓ Vanguard	TBA	CEO/DSP	Vanguard proposal developed. Partnership meeting in place. Process in place. Trust deliverables not yet identified	A	Discussion on the way forward took place at the Board workshop