

Board of Directors Agenda
Thursday 7 July, 2016 at 9.30am
Clinical Education Centre

Meeting in Public Session

All matters are for discussion/decision except where noted

| | Item | Enc. No. | By | Action | Time |
|-----|--------------------------------------------------------------------------------|--------------|------------|-------------------|-------|
| 1. | Chairmans Welcome and Note of Apologies | | J Ord | To Note | 9.30 |
| 2. | Declarations of Interest | | J Ord | To Note | 9.30 |
| 3. | Announcements | | J Ord | To Note | 9.30 |
| 4. | Minutes of the previous meeting | | | | |
| | 4.1 Thursday 2 June 2016 | Enclosure 1 | J Ord | To Approve | 9.35 |
| | 4.2 Action Sheet 2 June 2016 | Enclosure 2 | J Ord | To Action | 9.35 |
| 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 | Y O'Connor | To Note & Discuss | 10.00 |
| | 7.2 Clinical Quality, Safety and Patient Experience Committee Exception Report | Enclosure 5 | D Wulff | To Note & Discuss | 10.10 |
| | 7.3 Black Country Alliance Report | Enclosure 6 | P Clark | To Note | 10.20 |
| | 7.4 Charitable Funds Committee Exception Report | Enclosure 7 | J Atkins | To Note | 10.25 |
| | 7.5 Responsible Officer Report | Enclosure 8 | P Harrison | To Approve | 10.35 |
| | 7.6 Equality Delivery Standard Report | Enclosure 9 | P Clark | To Approve | 10.40 |
| 8. | Finance and Performance | | | | |
| | 8.1 Finance and Performance Committee Exception report | Enclosure 10 | J Fellows | To Note & Discuss | 10.45 |
| | 8.2 Cost Improvement Programme and Transformation Overview Report | Enclosure 11 | A Baines | To Note | 10.55 |
| 9. | Any other Business | | | | 11.05 |
| 10. | Date of Next Board of Directors Meeting | | J Ord | | 11.05 |
| | 9.30am 1 September 2016 Clinical Education Centre | | | | |

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|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|-------|
| 11. | <p>Exclusion of the Press and Other Members of the Public</p> <p>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).</p> | | J Ord | | 11.05 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|-------|

**Minutes of the Public Board of Directors meeting held on Thursday 2nd June, 2016 at
9:30am in the Clinical Education Centre.**

Present:

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

In Attendance:

Helen Forrester, PA
Glen Palethorpe, Director of Governance/Board Secretary
Anne Baines, Director of Strategy and Performance
Terry Whalley, BCA Programme Director (Item P16/063.3)
Jeff Neilson, Head of Research and Development (Item P16/063.7)

**16/056 Note of Apologies and Welcome
9.53am**

Apologies were received from Paul Bytheway and Liz Abbiss.

**16/057 Declarations of Interest
9.53am**

There were no declarations of interest.

**16/058 Announcements
9.53am**

The Gift of Life Model presentation took place recently and the Trust is considering where to site the model.

The Long Service Awards took place the previous week and it was pleasing to note the number of Philippino nurses with 15 years' service, particularly in light of our current recruitment campaign.

Volunteer week had commenced that day and the Board recognised the contribution of its 400 volunteers.

A National award had been received by Jackie Howells, Learning Disability Nurse, and the Trust had been identified as one of the CHKS Top 20 Hospitals in its recent awards for data quality, which was a notable achievement.

**16/059 Minutes of the previous Board meeting held on 5th May, 2016
(Enclosure 1)
9.57am**

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

**16/060 Action Sheet, 5th May, 2016 (Enclosure 2)
9.57am**

16/060.1 Research and Development

The Chief Nurse confirmed that a number of uniform changes were taking place within the Trust and feedback has been provided to the Research Nurses.

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.

**16/061 Patient Story
9.58am**

The Chief Executive presented the patient story. The patient had experienced a fall at home and had been an inpatient in the Trust on Ward B4 for 10 days.

The patient had received a positive experience but had some small concerns around food and car parking. The Board noted that breakfast is provided by nurses and fully cooked breakfasts are not provided unless specifically recommended by dieticians. The Trust is taking forward concerns around the temperature and blandness of the food provided. The Trust is also looking at the provision of hairdryers on wards and the use of Charitable Funds to ensure that these are available.

The Chairman and Board noted the story and positive comments and actions regarding food and hairdryer provision.

**16/062 Chief Executive's Overview Report (Enclosure 3)
10.10am**

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

- **Friends and Family:** The Chief Executive confirmed that she continues to highlight the importance of the Friends and Family test at her staff briefings. The ED texting service is progressing slowly.

- **HSJ Awards:** The Dudley Group had been highly commended in the category of acute services re-design for its development and implementation of a pathway (EmLap) for patients requiring high risk emergency major abdominal surgery.
- **Junior Doctors Contract:** Following ten days of intensive talks to seek to resolve the long running junior doctors' dispute, an ACAS statement setting out the terms of an agreement has been presented to the government, NHS Employers and the BMA. This has been agreed by all parties as resolving the current dispute subject to securing the support of BMA junior doctor members in a referendum, results will be published on the 6th July, 2016. The BMA is holding a roadshow at the Trust on 10th June, 2016. Dr Wulff asked about the completion of impact assessments. The Board noted that there will be a delay in presenting these to sub-Committees because of the revised timetable.
- **Health Education England:** A proposal had been put forward to close Regional Boards and replace these with four larger designated areas. It was noted that the West Midlands Deanery would remain which was positive news.

The Chairman and Board noted the report and position in respect of the junior doctors contract.

16/063 Patient Safety and Quality

16/063.1 Chief Nurse Report (Enclosure 4) 10.19am

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: The Trust has had 5 cases to date in 2016/17. These have yet to be apportioned but to date the Trust is within trajectory for April and May.

Norovirus: No cases to note.

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

- Amber shifts (shortfall) total figure for the month is 52 which is down from the last two months in March and February (70 and 76).
- The new RAG rating system had been rolled out across the wards during April, one red has been reported in this methodology for the period.
- Red (serious shortfall) shifts in the month identified no safety issues or on any of the amber shifts that affected quality of care.

- The Care Hours per Patient Day (CHPPD) had commenced collection of data in May and this will be reported to the Board in July. Unify benchmarking is now not available as this indicator has been removed.
- Six Monthly Establishment Review. The Board noted that Ward C3 was showing an under-establishment. The Chief Nurse confirmed that Wellbeing Workers spend a considerable amount of time undertaking 1:1 care on the ward. Ward A2 appeared to have an over-establishment and the Board noted that this is due to turnover of patients and therefore the Trust is looking to remove the ward from the tool as the tool does not suit this ward.
- Open Day: A successful recruitment event was held in May.

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

- There had been 11 escalations to level 3 reviews. Improvement has been seen in other areas resulting in the reduced areas in red category and increases in the green. More intensive support has been provided which has seen the appropriate change in results.

Mrs Becke, Non Executive Director, asked if the indicators for nutritional assessments had changed. The Chief Nurse confirmed that they had been reviewed and the Board noted that staff can now complete these online and the position should therefore improve.

The Chairman asked about vacancies within the Community. The Chief Nurse confirmed that there are named replacements against all Community Nursing vacancies.

The Chairman and Board noted the report and the safer staffing actions and dip in nutritional scores were linked to a change in the recording methodology.

16/063.2 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 5)

10.31am

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:

- Assurances Received: Assurance was provided from the lead Consultant in respect of the Trust's delivery and outcomes in respect of Hip and Knee replacement surgery from the presentation of the latest National Joint Registry report. This showed that the Trust data submission was high, giving confidence in the conclusions drawn. The analysis showed that the outcomes for surgery were better than the average for both Hip and Knees and that mortality in these areas was at the level of the registry average.
- Decisions Made: Following their annual review along with the Committee's self-assessment of its performance the Committee agreed to keep the Terms of Reference the same as it successfully operated within during the last year.

- Actions back to the Committee: Policies that are due for review but have not been reviewed within their expected timescales.
- Items Referred to the Board for Decision or Action: The Board is asked to note the Committee's annual review of its effectiveness and terms of reference and to ratify the decision of the Committee to remain with the same terms of reference for 2016/17 as it had successfully operated within during the last year. The Board is asked to note the risk in relation to CAMHS Tier 4 beds and the lack of assurance due to the number of policies needing to be reviewed, noting that both of these are reflected within the Corporate Risk Register.

The Chief Executive confirmed that as part of the CQC review on Dudley Children's Services, concern had been expressed around the impact on children waiting for Tier 4 beds. The Trust continues to highlight the risk.

The Chairman and Board noted the report and the assurances received, decisions made, actions back to the Committee and items referred to Board. The Board noted the Committee's annual review of effectiveness and ratified the decision of the Committee to retain its current terms of reference and also noted the continued concerns around CAMHS Tier 4 beds. The Chairman confirmed that the Chief Nurse will raise concerns with Commissioners.

Chief Nurse to raise concerns regarding CAMHS Tier 4 beds with Commissioners.

16/063.3 Black Country Alliance Report (Enclosure 6) 10.39am

Terry Whalley, BCA Programme Director, presented the Black Country Alliance Report given as Enclosure 6.

All four of the original collaborative clinical service areas were now making good progress.

Progress was also being made on further potential clinical service areas as detailed in the report. The Chief Executive had been identified as project sponsor for Neurology.

Back office service reviews were now also underway and were looking at temporary staffing and administrative staff pay rates. The Alliance is out to advert for a joint Director of Procurement and a Clinical Procurement Group is being established.

The Board noted that significant cost saving opportunities had yet to be identified.

The Medical Director confirmed that capacity is also an issue in progressing BCA work across the three organisations given other demands on staff time.

The Director of Finance and Information raised procurement and analytics and the tool of choice for the Carter review. The BCA Programme Director understood that no decision had been made between the monitoring tools at this point. The Director of Strategy and Performance confirmed that a decision would be made later that month.

The Director of Strategy and Performance voiced concern around the amount of support available for undertaking systematic change and how this may damage the Trust's focus on its CIP programme.

The Chairman confirmed that Non Executive Directors recognised competing demands on staff time.

The Chief Executive confirmed that it would be helpful if BCA colleagues could undertake a mapping exercise on priorities.

The Chairman and Board noted the report and the concern around capacity.

16/063.4 Workforce and Staff Engagement Committee Report (Enclosure 7) 10.57am

Mr Julian Atkins, Committee Chair, presented the Workforce and Staff Engagement Committee Report, given as Enclosure 7.

The Board noted the following key issues:

- Update on Apprenticeships: The Trust had exceeded the target with 80 delivered against the target of 50.
- Staff survey: Results showed an improvement from last year with 86% of staff recommending the Trust as a place to receive care and 69% would recommend the Trust as place to work.
- Workforce KPIs: Concern was noted around the number of appraisals being completed although there had been a slight improvement from March to April.

Mr Atkins confirmed that the Committee will focus on staffing at its August meeting and the implications of the new junior doctors contract.

The Director of Finance and Information confirmed that it will be interesting to see the implications of the Apprentice levy.

The Chairman and Board noted the report.

16/063.5 Audit Committee Summary Report (Enclosure 8)
11.01am

Mr Richard Miner, Committee Chair, presented the Audit Committee Summary Report, given as Enclosure 8.

The Board noted the following key issues:

The draft opinions from the auditors had been presented at the April Board meeting and these had not changed.

The External Auditors had presented their report on Governance and this had been very positive.

The “except for” opinion for value for money was a better report than the previous year and was linked to the work done by the Trust supporting the removal of the breach of the licence by Monitor last year.

Mr Miner confirmed that the Charitable Funds Accounts were attached to the report, which had been fully reviewed by the Audit Committee.

The Charitable Funds Representation Letter was also attached as an Appendix.

The Audit Committee’s Annual Report detailed the developments during the year and the views of the auditors around the Trust coming out of breach of its licence.

The Board were recommended to accept the Committee’s Annual Report, approve the Charitable Fund Accounts and Charitable Fund Representation Letter.

The production of the Committee’s Annual Report had been brought forward to provide further assurance for the Annual Governance Statement.

The Committee will continue to monitor issues around data security, NHS protect and cyber risks.

Mr Fellows asked if the approval of the Charitable Fund Accounts and letter could be delegated to the Audit Committee in future years. The Board agreed that this would be a sensible recommendation given they are consolidated into the Trust’s accounts.

The Chairman and Board noted the report, accepted the Audit Committee Annual Report, approved the Charitable Fund Accounts and approved the Charitable Funds Representation letter and thanked Richard and his Audit Committee colleagues for their hard work.

Mr Miner confirmed that the auditors were also very complimentary about the Finance Team.

16/063.6 Update on Trust Quality Accounts Report (Enclosure 9)

11.10am

The Chief Nurse presented the update on the Trust's Quality Accounts, given as Enclosure 9.

The Board noted that the Trust had received supportive comments from key stakeholders.

The Auditors had indicated that they will provide a positive opinion. The Accounts will be published on Trust website in July and the Trust will continue to monitor its quality priorities with regular updates to the Board.

The Chairman and Board noted the report and progress made and the clean audit report.

Mr Miner, Non Executive Director, confirmed that the auditors were very impressed with the quality of the Trust's data reporting.

16/063.7 Research and Development Report (Enclosure 10)

11.21am

Dr Jeff Neilson, Head of Research and Development, presented the Research and Development Report, given as Enclosure 10.

The Board noted that the Trust has struggled to recruit to clinical studies during the last year and was progressing with developing its own studies which will help recruitment figures and funding. The Trust was also trying to increase its commercial activity.

Dr Neilson confirmed that most Research activities are not easily measureable, but information on free drugs received is provided by the Pharmacists. The Board noted that the Trust benefited by £77,296 in this area between January and March 2016.

The Black Country Alliance Research and Development workstream is underway and Dr Neilson confirmed that there had been some tension around the concept of achievement and what was felt to be deliverable, as any savings may not belong to the Trust but flow to the local network. The service is hoping that engagement in the project will help with sharing knowledge across sites and will also help in terms of industry engagement.

The Chairman asked about linkages with Allied Health Sciences Networks. Dr Neilson confirmed that it was not clear on what the Network could currently directly offer the Trust.

The Trust had agreed to participate in the 100,000 Genomes Project and is hoping to identify specialties to engage in the programme.

Mr Miner, Non Executive Director, confirmed that it was helpful to see the report covering the strategy for Research and Development.

Dr Neilson confirmed that the department is currently changing shape with a new structure going forward and this will result in a more detailed paper the next time this area is reported to Board.

The Chairman and Board noted the report.

16/064 Finance

16/064.1 Corporate Performance Report (Enclosure 11)

11.13am

Mr Fellows, Committee Chair, presented the Corporate Performance Report, given as Enclosure 11.

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

The Board noted the key highlights as follows:

- Month 1 performance was close to Trust plan. The Trust had submitted a draft plan to Monitor and had since asked if it could adjust the phasing in the plan.
- All Performance metrics had been met except for diagnostic waits. Actions were in place to recover the position.
- A CIP shortfall was predicted and a rectification plan was in place which was linked to agency cost reductions.
- There was still no clarity around the operation of the STP fund and this remains a key risk for the Trust.
- The Committee had undertaken a self-assessment exercise and had agreed to continue with the current Terms of Reference.

The Chairman and Board noted the report, risks and key areas. The Director of Finance and Information was attending a meeting the following day to look at the Trust's financial profiling position.

16/064.2 Transformation and Cost Improvement Programme Summary Report (Enclosure 12)

11.33am

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

The Board noted the high level position as follows:

- The early position was slightly below target after 1 month. The Trust hoped to recover the position by use of new schemes including further reductions of agency spend as discussed in the Finance and Performance report.
- The Trust will continue to identify schemes, particularly recurrent ones.
- The Outpatient Programme will be a significant development for the organisation during the next 12 months and the Director of Strategy and Performance will produce a specific presentation for the Board to be delivered in October as the programme develops.

The Chairman and Board noted the report and assurances around how the gap will be closed and the presentation on the outpatient programme to the Board in October.

Presentation on the Outpatient Programme to be delivered to the Board in October 2016.

16/065 Any Other Business

11.38am

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

16/066 Date of Next Meeting

11.38am

The next Board meeting will be held on Thursday, 7th July, 2016, at 9.30am in the Clinical Education Centre.

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 2 June 2016

| <i>Item No</i> | <i>Subject</i> | <i>Action</i> | <i>Responsible</i> | <i>Due Date</i> | <i>Comments</i> |
|----------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16/051 | Chief Executive's Overview Report | Results of the Junior Doctors Contract Impact Assessments to be reported to the: Clinical Quality, Safety, Patient Experience Committee Finance and Performance Committee Workforce and Staff Engagement Committee | DWu JF JA | 28/6/16 30/6/16 23/8/16 | Delayed due to change in timeframes |
| 16/063.2 | Clinical Quality, Safety and Patient Experience Committee Exception Report | Chief Nurse to raise concerns regarding CAMHS Tier 4 beds with Commissioners. | DWa | 7/7/16 | Raised at May Dudley Safeguarding Board and the Chief Nurse will continue to raise. The Chief Nurse also made CCG aware and included on the Risk Register. |
| 16/030.3 | NHS Preparedness for a Major Incident | Sharon Walford to be invited to present on Emergency Preparedness at a future Board General Clinical Presentation. | PB | 1/9/16 | The date is as a result of the expectation that the standards will be available in July. |
| 16/064.2 | Transformation and Cost Improvement Programme Summary Report | Presentation on the Outpatient Programme to be delivered to the Board in October 2016. | AB | 6/10/16 | |

Paper for submission to the Public Board Meeting – 7TH JULY 2016

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|-----------------------------------------------|
| 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: <ul style="list-style-type: none"> Friends and Family Summary Hospital-Level Mortality Indicator (SHMI) Guardian of Safe Working Nursing Times Awards Delayed Transfers of Care Maternity Review EU Referendum Result: Valuing Our Overseas Staff | | | |
| 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: <i>(Please tick or enter Y/N below)</i> | | | |
| Decision | Approval | | Discussion |
| | | | |
| RECOMMENDATIONS FOR THE BOARD: The Board are asked to note and comment on the contents of the report | | | |

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 good 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 |

Chief Executive's Report – Public Board – July 2016

Patient Friends and Family Test:

Quality Priority - Patient Experience

Based on the latest published NHS figures (April 2016) the following areas of the Trust continue to meet 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:

Community
Inpatient
A&E
Maternity

The only exception to this is the Trust's outpatient department where the percentage of those who would recommend the service in April was 85% against a national average of 93%.

Recalculation of RAG ratings

A review of a full year's data for all new FFT areas has been completed and the revised RAG ratings for response rates and percentage recommended scores for all areas will become effective from Q2 2016/17.

Summary Hospital-Level Mortality Indicator (SHMI):

For the first time since the Summary Hospital-Level Mortality Indicator (SHMI) began reporting in 2012, the published report shows the Dudley Group NHS Foundation Trust at 1.00, which means that the number of deaths attributed to the Trust are as expected by the statistical model.

More detailed analysis by our partners at Healthcare Evaluation Data (HED) at University Hospitals Birmingham shows the Trust's SHMI is 0.9534; (March 2015 to February 2016 unpublished) 1.00 (January 2015 to December 2015) and HSMR 99.29 (May 2015 to April 2016 unpublished) which indicates that statistically the number of deaths attributed to the Trust is lower than expected. This is welcome news to the team, although much greater emphasis is now placed on the data available from the Mortality Tracking System so that we can learn from mortality and make improvements to the services we provide.

Guardian of Safe Working:

The Trust is pleased to confirm that Mr Babar Elahi, Consultant Ophthalmologist, has recently been appointed as Guardian of Safe Working for a 12 month tenure.

The Guardian of Safe Working has been introduced to protect patients and doctors by making sure doctors are not working unsafe hours.

The Guardian will act as the champion of safe working hours, receive doctors exception reports and record and monitor compliance against terms and conditions, escalate issues to the relevant executive director, or equivalent for decision and action, intervene to reduce any identified risks to doctors or patient safety, undertake a work schedule review where there are regular or persistent breaches in safe working hours and distribute monies received as a consequence of financial penalties, to improve doctors training and service experience.

Nursing Times Awards:

The Trust was pleased to learn that Day Surgery has been shortlisted for a Nursing Times Award. The winners of the 2016 Awards will be announced at a prestigious ceremony on 26 October, in London.

Delayed Transfer of Care:

Since the beginning of this financial year we have seen an unprecedented number of patients who are medically ready to leave the hospital but whose onward journey has been delayed. We currently have over 100 patients categorised as delayed transfers of care which is double the number that we had at this point last year. Around half of those patients are from the Dudley Borough and half from neighbouring boroughs.

The high number is having an adverse effect on the Trust in terms of getting good flow of patients through our system to get patients to the right bed at the right time. It is also creating staffing and financial pressures as we have had to employ high numbers of agency and temporary nursing staff to cope with the additional demand.

The clinical staff have also raised the adverse effect these delays are causing to our patients themselves in terms of their general health through de-compensation. There is significant research and evidence to suggest that the majority of elderly patients who experience long stays in acute hospitals are then more likely to require long term support as their ability to manage their own care and mobilise independently diminishes.

We have raised all our concerns with commissioners, NHS England and the Local Authorities concerned and also shared the clinical research.

Maternity Review:

In response to national concerns about the quality of investigations and learning from serious incidents we have joined with colleagues from the CCG, NHS England, NHS Improvement, the CQC and Healthwatch Dudley to form a Quality Improvement Board to review a number of serious incidents that occurred in our maternity services over the past two years. The purpose is to ensure that we have taken and acted upon the appropriate learning to make services better and safer for our patients going forward. We have also undertaken to fully involve patients in the review from a Duty of Candour perspective.

Letters have been sent to 25 patients whose cases are now being reviewed and we have invited them to meet with us if they would like to. The 25 cases were ones in which serious incidents/complications had occurred to either mothers or their babies and were drawn from the 9,000 births that took place with us over the past two years.

EU Referendum Result: Valuing Our Overseas Staff:

Following the vote to leave the EU I know that this is an unsettling time for some of our staff.

I would like to set out my thanks, and those of the Board, to all our staff who have come to work in Dudley from outside the UK, not only from the EU but also the rest of the world.

We would like to thank all of you for your contribution to the care of our patients and we could not run our hospital and community services without you.

We would like to take this opportunity to reiterate our policy of zero tolerance of any form of racism or abuse.

We will continue to be a voice both locally and nationally to ensure that the contribution of staff originating outside of the UK is appreciated and well recognised and that they our staff from overseas are reassured that they will continue to be needed and valued in our Trust.

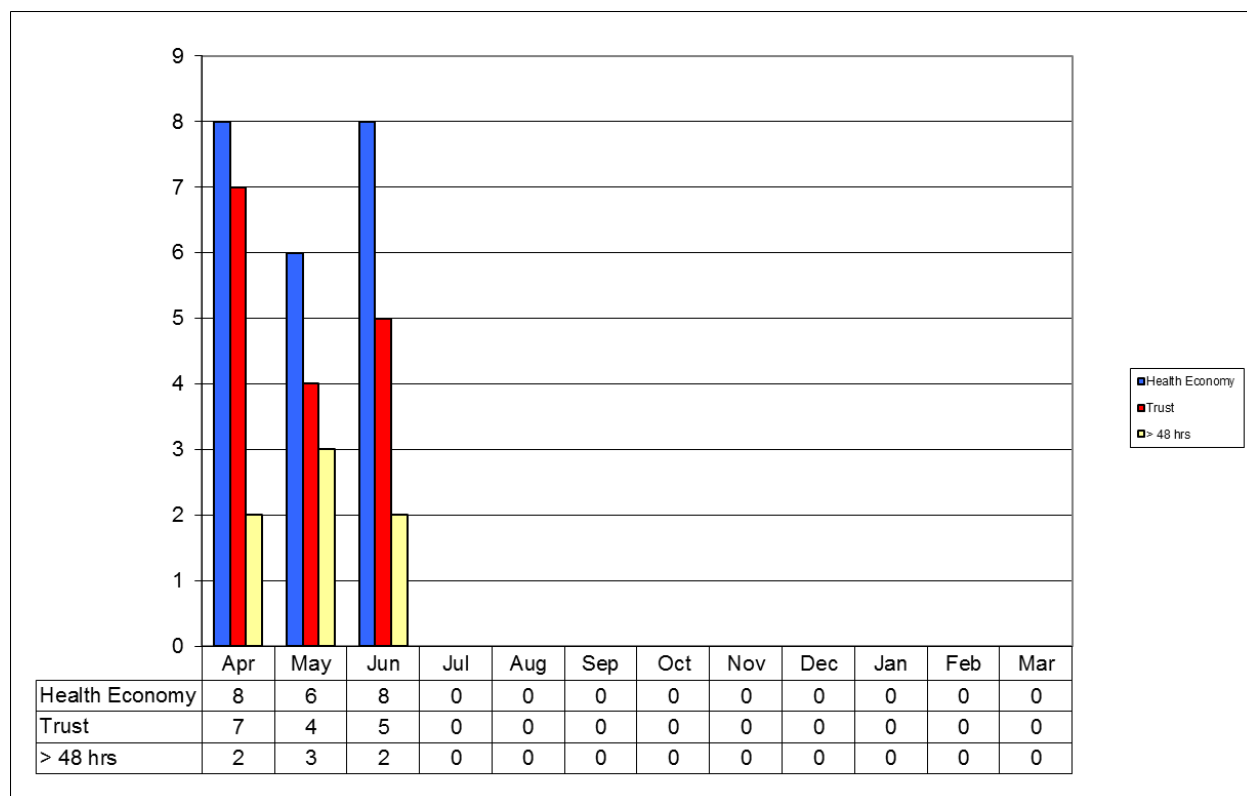
Paper for submission to the Board of Directors on 7th July 2016 - PUBLIC

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 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: May 16 <ul style="list-style-type: none"> No post 48 hr MRSA bacteraemia cases since 27th September 2015. No Norovirus. CDiff - As of this date the Trust has had 7 cases so far in 2016/17. These have yet to be apportioned but to date we are within trajectory for April and May. Safer Staffing <ul style="list-style-type: none"> Amber shifts (shortfall) total figure for this month is 65 which is up from the last month (52) but still better than February and March. The RAG rating system has been rolled out across the wards no red shifts in this methodology for that period. Red (serious shortfall) shifts none in the month no safety issues identified or on any of the amber shifts that affected the quality of care. The Care Hours Per Patient Day (CHPPD) has commenced collection of data in May and is reported in a limited way in this board report. Nursing Care Indicators <ul style="list-style-type: none"> There are 10 escalations at level 3 now in place. Improvement seen in other areas now reduced areas in red category and increases in the green. More intensive support has been provided which has seen the appropriate change in results. | | | |
| 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

Clostridium Difficile – The target for 2016/17 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. Penalties will be associated with exceeding 29 cases associated with lapses in care. At the time of writing (30/6/16) we have 2 post 48 hour case recorded in June 2016.

C. DIFFICILE CASES 2016/17



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 guidance¹, continues.

For the financial period 2016/17 of the 7 post 48 hour cases identified since 1st April 2016, 1 case has been reviewed and is awaiting the apportionment to be agreed and 6 cases are pending.

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

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

Norovirus - No further cases.

Reference

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

The Dudley Group NHS Foundation Trust

Monthly Nurse/Midwife Staffing Position

May 2016

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

Following the discussion at the Board at the end of 2015, this paper outlines the staffing situation on the general wards in relation to the agreed transitional 1:10 requirement for qualified nurses on the day shift, 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 (there is no recommended ratio for night shifts, although the 1:12 ratio is used as a benchmark). The ratios for specialist areas, such as critical care, paediatrics, maternity etc. which all have specific, more intensive requirements continue as before. It should be noted that these occurrences will not necessarily have a negative impact on patient care.

From June 2015 following each shift, the nurse/midwife in charge 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 (Figure A) the number of shifts identified as:

- Amber (shortfall of RN/RM 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 CSW 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 65 which is up from last month (52) but down from the previous two months in March and February (70, 76) (see Table 1). There are no red shifts this month. When shortfalls have occurred, the reasons for the gaps and the actions being taken to address these in the future are outlined in Table 4.

While the qualified has fallen slightly, the unqualified shortfalls have risen considerably this month. The latter is mainly due to Ward B4 (14 occasions) which often has the most dependent patients across surgery and also the most 1:1 patients. When CSWs are unavailable, patients are cohorted wherever possible and on all occasions safety is maintained. The Trust is in the process of appointing more well-being workers and two of these will be based on B4 as currently none are allocated to surgery. Other than B4 and maternity, the shortfalls are fairly evenly distributed across the wards although CCU/PCCU has a specific skills requirement, which is not easily sourced. As previously, the maternity unit has vacancies (number of new starters awaited), high volume cases and high workload. It accounts for just over a half of the total qualified shortfall shifts and a similar number as B4 (15) unqualified shortfall shifts. Active recruitment initiatives are in progress and further shortlisting has occurred for the care worker posts.

As well as the quantifiable staffing numbers discussed above, as commenced last month the senior clinical staff on each shift are undertaking a professional judgement RAG (Red, Amber, Green) rating system of the overall workload status on the ward. The results of this are tabulated below (see Table 2). This assessment is based not just on staffing numbers but also on the dependency of the patients on that shift and other relevant factors such as any unusual circumstances that occurred that affected the workload e.g. presence of a highly disturbed patient, a number of MET/resuscitation calls etc. There will be some inevitable variability with these

assessments at this early stage but it can be seen that the assessments are generally 'Green' with a small minority of wards having 10 and above 'Amber' shifts. With regards to the latter, there is some consistency with the staffing figures (e.g. B4, Maternity and CCU/PCCU) although this is not always the case as some Amber shifts will be related to high dependency and specific circumstances on the day. No 'Red' shifts were recorded across the Trust.

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. No safety concerns have been highlighted with any of the shortfalls noted.

Table 1

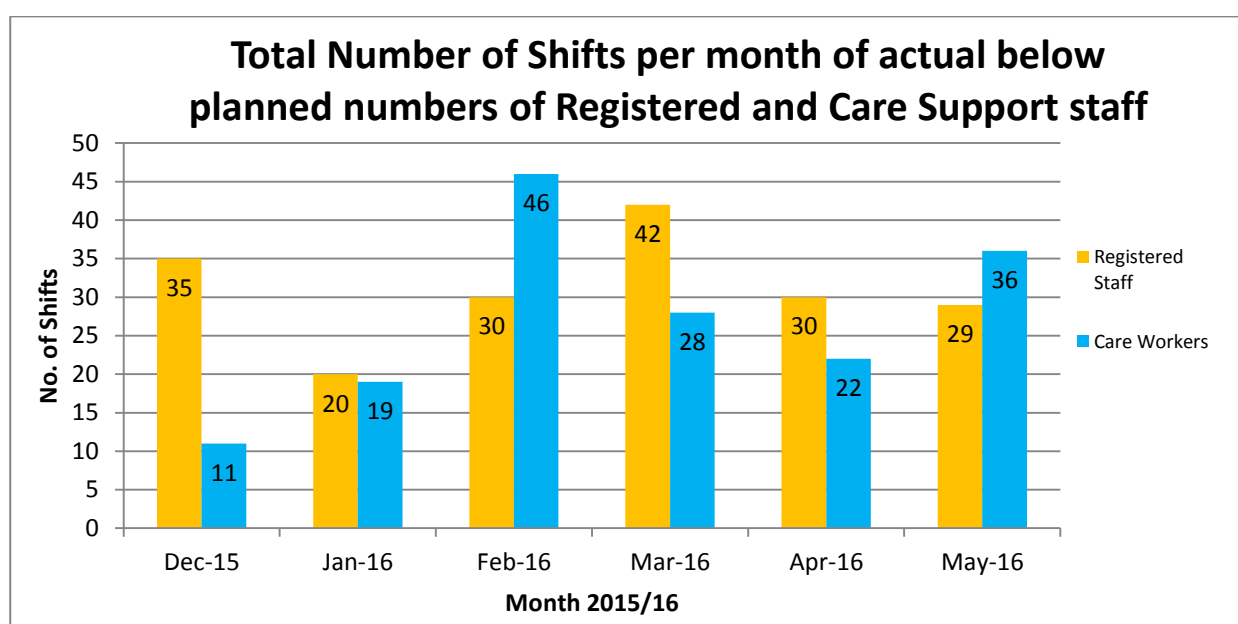


Table 2. Self-Assessment of Workload by Senior Nurses on Each Shift

| Ward/Area | RED | AMBER | GREEN | Ward/Area | RED | AMBER | GREEN |
|-----------|-----|-------|-------|---------------|-----|-------|-------|
| Ward A1 | 0 | 11 | 51 | Ward C3 | 0 | 5 | 57 |
| Ward A2 | 0 | 0 | 62 | Ward C4 | 0 | 0 | 62 |
| Ward A3 | 0 | 3 | 59 | Ward C5 | 0 | 8 | 54 |
| Ward B1 | 0 | 1 | 61 | Ward C6 | 0 | 2 | 60 |
| Ward B2H | 0 | 2 | 60 | Ward C7 | 0 | 3 | 59 |
| Ward B2T | 0 | 3 | 59 | Ward C8 | 0 | 0 | 62 |
| Ward B3 | 0 | 0 | 62 | CCU/PCCU | 0 | 8 | 54 |
| Ward B4 | 0 | 21 | 41 | EAU | 0 | 0 | 62 |
| Ward B5 | 0 | 4 | 58 | MHCU | 0 | 0 | 62 |
| Ward B6* | 0 | 5 | 6 | Critical Care | 0 | 0 | 62 |
| Ward C1 | 0 | 0 | 62 | NNU | 0 | 3 | 59 |
| Ward C2 | 0 | 9 | 53 | Maternity | 0 | 19 | 43 |

*Ward closed on 6th May

Care Hours Per Patient Day (CHPPD)

As indicated last month, following the Carter Review from May all Trusts now have to submit the care hours per patient day (CHPPD) metric. At present, there is no indication of how this data will be used. The overall Trust results for May have been: 4.61 for registered staff, 3.83 for unregistered staff with an 8.45 figure overall.

These figures obviously vary widely across wards/areas (e.g. 23.80, 2.31 and 26.11 for critical care and 2.35, 3.53 and 5.88 on Ward C5). The only presently available comparative figures are from a short paragraph in the Carter Report which stated that of a sample of 25 Trusts the overall CHPPD varied from 6.3 to 15.48, which would put the Trust (8.45) in the middle 'of the pack'. The Trust awaits any further developments on this issue.

Nurse Care Indicators (NCI's)

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

| Rating | Oct 15 | Dec 15 | Jan 16 | Feb 16 | March 16 | April 16 | May 16 | June 16 |
|--------|--------|--------|--------|--------|----------|----------|--------|---------|
| RED | 15 | 4 | 3 | 7 | 6 | 3 | 2 | 3 |
| AMBER | 5 | 11 | 14 | 12 | 13 | 15 | 14 | 8 |
| GREEN | 4 | 9 | 9 | 8 | 8 | 9 | 11 | 15 |

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

Escalations for June (compared to May)

| NCIs | May | June |
|----------------------------------|-----|------|
| Level 1 Matron Level | 6 | 8 |
| Level 2 Head of Nursing Level | 6 | 7 |
| Level 3 Deputy Chief Nurse level | 11 | 10 |

| Nutrition Audit | May | June |
|----------------------------------|-----|------|
| Level 1 Matron Level | 11 | 5 |
| Level 2 Head of Nursing Level | 0 | 2 |
| Level 3 Deputy Chief Nurse level | 2 | 1 |

Dawn Wardell - Chief Nurse - 29/06/16

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS MAY 2016

| WARD | No. | RN/RM CSW | REASONS FOR SHORTFALLS | MITIGATING ACTIONS |
|--------------|----------|--------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A2 | 4 | CSW | Vacancy x2 Sickness x3 | Workload was distributed to ensure safety was maintained at all times. |
| B2H | 2 | CSW | Sickness/Vacancy x1 Required for 1 to 1 patients x1 | Care was prioritised and re-distributed. Safety maintained. |
| B2T | 1 | RN | Short term sickness | Agency nurse booked but did not arrive. A supernumerary nurses was on duty who assisted to ensure safety was maintained. |
| B4 | 14 | CSW | Maternity Leave x1 Required for 1 to 1 patients x13 | Bank unable to fill but with the dependency of the patients present on the ward safety was maintained. Support was provided from other areas on a 2 hourly basis. |
| B5 | 1 | CSW | Sickness/Vacancy | The bank was unable to fill the shift and so all staff provided the required care to ensure safety. |
| C3 | 3 | RN | Vacancy x3 | Bank/agency unable to fill. On each occasion the lead nurse/NIC assisted clinically. Safety was maintained on all occasions. |
| CCU/ PCCU | 6 | RN | Sickness/Vacancy/ Compassionate Leave | Bank and agency unable to fill. On one occasion there were three empty beds and on another a student nurse was present and a CAT nurse assisted. On two occasions an extra CSW assisted. On all occasions safety was maintained for the acuity of the patients present. |
| Maternity | 19 15 | RM CSW | Vacancy Maternity leave | Escalation policy enacted on all occasions. Bank unable to fill. No patient safety issues occurred. On 7 shifts there was a delayed induction of labour. On 3 occasions the unit was closed to admissions. On 3 occasions a community midwife assisted on the unit. On 1 occasion there was a delay in triage. |

Paper for submission to the Board on 7 July 2016

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------|
| TITLE: | 24th May 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. | | | |

Committee Highlights Summary to Board

| Committee | Meeting Date | Chair | Quorate | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|---------|----|
| Clinical Quality, Safety and Patient Experience Committee | 28 June 2016 | D Wulff | yes | no |
| | | | Yes | |
| Declarations of Interest Made | | | | |
| None | | | | |
| Assurances received | | | | |
| <ul style="list-style-type: none">Operational Management assurance was provided on the Discharge and Medicine To Take Out processes action plan and the actions being undertaken in accord with a request by the Board. The Committee asked that the action plan come back as it progresses over the summer (see items the Committee is keeping an eye on). The Committee requested that the timescales for those areas where multiple parties are involved and that link to work already taking place in the respective Divisions, be reviewed to ensure that these are realistic.Operational Management assurance was provided on the performance in respect of key quality indicators including the improved performance in respect of Stroke: Time on the Stroke Unit (the improvement having been driven by actions taken to reduce the possibility of Stroke Patients being out-lid in the evening and a reduction in the general pressure on capacity); VTE (the improvement having been driven by the actions reported at a previous meeting in relation to staff resources available) and Smoking in Pregnancy rates (in this case the improvement is being attributed to the cohort of patients in this month). In respect of Maternity Breast Feeding Initiation rates, Ward and ED FFT footfall responses and recommended, the Trust performance is still a challenge. The Committee will continue to keep an eye on these indicators particularly the implementation of texting within ED which should be implemented shortly and make a difference;There continues to be a lag in reviewing Trust Policies within their planned review timescales. A total of 12 of the 22 under review at the last meeting have now been updated and approved. With Policies becoming due for review each month the pressure on staff to undertake this task remains constant. The noted that the number under review has not increased and following focus on this area there is a significantly reduced number, namely 3, where confirmation of progress has not been provided to the Governance Team;Assurance was provided through the established Mortality Surveillance Group in respect of the Trust's mortality surveillance processes. Both major mortality indicators remain within the expected range, with the SHMI having now reduced to the national average. The Trust continues to deliver case reviews with 12 weeks and is exceeding its target of 85% of all cases having been reviewed within 12 | | | | |

weeks. There have been two external alerts and both are being considered against the work done in the Trust and detailed actions plans will be monitored by the Mortality Surveillance Group with exemptions reported back to the Committee;

- Executive Management assurance was provided in respect of progress being made against the Trust recommendations in the joint Serious Incident RCA Process Improvement plan with the CCG;
- Executive Management assurance was provided in respect of progress being made against the Trust recommendations made within the Quality Improvement Plan;
- Executive Management assurance was provided that the Trust has complied with the reporting requirement timescales in respect of initially reporting of Serious Incidents (SIs) and 72 hour questions from the CCG. Two SIs were not closed in the required 60 day timescale both related to pressure ulcers (this has been reported to the CCG). There had been an increase in the number of RCA actions that have exceeded their agreed dates and are awaiting assurance to be provided to the Governance Team;
- Assurance was provided in respect of the outcome of the Quality and Safety reviews undertaken since the March 2016 report. The reviews continue to show patient feedback remains positive and identify good practice within the organisation. The key corporate action of supporting the clinical areas to understand Trust governance and risk management systems will be delivered through the production of governance boards on each area, including those within community, in the next two weeks. At the Quality and Safety Group it was agreed that any outstanding actions from a Quality and Safety review will become part of that Divisions formal executive performance management meeting; and
- Executive Management assurance was received via the Quality and Safety Group in respect of the agenda items. The continued reduction in falls within the hospital means that the Trust is now below the national average for falls within hospital. The Quality and Safety Group reviewed its Terms of Reference and agreed that these remain unchanged for the forthcoming year and acknowledged that a review would be undertaken on the membership of this Group to ensure it is appropriate for it to deliver its Terms of Reference.

Decisions Made / Items Approved

- Approval of 12 policies and 20 guidelines / procedures that had all been considered by the Policy Group;
- Approval to close 2 RCA action plans following assurance from the Corporate Governance Team that, where appropriate, actions plans completed had been evidenced;
- Asked that the Risk and Assurance Group in its next meeting consider the level of risk recorded in the Divisional Risk Register in respect of the Ophthalmology Service;
- Approval of the Mortality Surveillance Group's Terms of Reference accepting that in agreeing this as a formal reporting group to this Committee will require a minor change to that element of the Committee's own terms of reference;
- Asked that an clear action be placed within the Quality and Safety Corporate

Action Plan to improve the quality consistency of information available and displayed in clinical areas; and

- Following the Quality and Safety Group's annual review and self-assessment of performance, the Committee ratified the Quality & Safety Group's decision to keep the Terms of Reference the same as it successfully operated within during last year.

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

- Policies that are due for review but have not been reviewed within their expected timescales;
- Progress being made by the Trust to deliver the agreed RCA actions in line with the agreed timescales given the dip in performance in the last month;
- Continued progress against the joint RCA Process Improvement Action plan with the CCG;
- Continued progress against the Quality Improvement Plan;
- The Discharge and Medicine To Take Out processes improvement plan as it progresses over the Summer;
- The ophthalmology waiting list risk; and
- The progress made with respect to the plan to introduce a text service for ED FFT.

Items referred to the Board for decision or action

There are no items to be referred to the Board for decision or action, over and above the assurances received at the meeting and the decisions made by the Committee.

Paper for submission to the Board on 7th July 2016

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------|------------------------------|
| TITLE: | Black Country Alliance Report | | |
| AUTHOR: | Terry Whalley, BCA Programme Director | PRESENTER | Paula Clark, Chief Executive |
| CORPORATE OBJECTIVE: SO3: Drive service improvements, innovation and transformation SO5: Make the best use of what we have SO6: Deliver a viable future | | | |
| SUMMARY OF KEY ISSUES: Further to last month's Board discussion of BCA, we can confirm that Adviselnc has been selected by DH as Procurement Analytics tool of choice, and so the BCA is well placed now on the back of previous decision to purchase to get ahead of the field on implementing and using this tool. Work to prioritise the BCA portfolio of work is ongoing and linked to concurrent activity on STP. | | | |
| IMPLICATIONS OF PAPER: | | | |
| RISK | N | | Risk Description: |
| | Risk Register: N | | Risk Score: |
| COMPLIANCE and/or LEGAL REQUIREMENTS | CQC | N | Details: None |
| | Monitor | N | Details: None |
| | Other | N | Details: None |
| ACTION REQUIRED OF BOARD: | | | |
| Decision | Approval | | Discussion |
| | | | Y |
| RECOMMENDATIONS FOR THE BOARD The Board is asked to note this report from BCA Programme Director and ask any questions that may arise | | | |

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: Deliver 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 good outcomes, promotes a good quality of life and is based on the best available evidence |
| CARING | Staff involve and treat 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 Black Country Alliance

Programme Director's Update – June 2016

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|----------------------------|
| TITLE: | BCA Programme Director's Report | EXEC SPONSOR: | BCA Board |
| AUTHOR: | Terry Whalley | PRESENTER | Terry Whalley |
| OBJECTIVE: The purpose of this paper is to provide a brief update from the Programme Director on the projects within the scope of the Black Country Alliance, together with other matters of interest to the Black Country Alliance Board | | | |
| KEY ISSUES: None other than those covered in the paper | | | |
| IMPLICATIONS OF PAPER: | | | |
| RISK | Risk Register: | None | |
| COMMS, COMPLIANCE and/or LEGAL REQUIREMENTS | CQC | N | Not required at this stage |
| | Patient / Citizen Engagement | N | Not required at this stage |
| | Monitor / TDA | N | Not required at this stage |
| | Equality Assured | N | Not required at this stage |
| | Competition & Mergers | N | Not required at this stage |
| | Comms Lead OK | Y | Approved |
| | Governance Lead OK | Y | Approved |
| ACTION REQUIRED OF BCA BOARD: | | | |
| Decision | Approval | Discussion | Other |
| | X | X | |
| RECOMMENDATIONS FOR THE BCA BOARD: The Black Country Alliance Board is invited to receive and comment on the programme director's report, and then endorse the Community Services – Adults Project Mandate and early plans for Black Country Day. | | | |

1 Purpose

The purpose of this paper is to provide a brief update from the Programme Director on the projects within the scope of the Black Country Alliance, together with other matters of interest to the Black Country Alliance Board.

2 Phase 1 Project updates

2.1 Urology

The Urology Steering Group met again and considered a draft pathway proposal that that would enable the strength of Dudley's Urethroplasty, Peyronies genito-urethral reconstruction services to be made available to patients at SWBH and WHC that meet agreed criteria. As well as progressing a specific opportunity to improve outcomes and experience for those patients that might benefit directly, this will serve as a design pattern for other SWBH and WHC led pathway proposals, and will enable an effective route through respective Trusts' clinical governance and other requisite decision making forums.

SWBH will take the lead on Videourodynamics and also Prostate pathways, to include all modalities and with specific attention on maximising use of Green Light laser at SWBH. WHC will take the lead on embryology/infertility and also on complex stones treatment.

2.2 Rheumatology

There has been a positive response to the advert to appoint 4 rheumatologists – with a minimum of 4 applicants applying for the posts. Interviews are planned for early June and there is an expectation that all the posts will be filled. DGFT have also been authorised to go ahead and recruit 2 rheumatologist and the posts have been advertised. WHC continue to stabilise the service with 1.6 WTE locum doctors.

The Walsall nurse service is currently being supported by a clinical nurse specialist from SWBH for 1 day a week and this will increase exponentially to 3 days a week from July 2016.

The SWBH team will continue to provide operational support within the current structure

The induction of staff to WHC will include establishing access to WHC clinical systems and email. The team will scope any further need for clinical interoperability which would be required from October 2016.

An interim service level agreement is currently being developed to cover the period from 1st April 2016 until the 30th September 2016 by WHC; this was requested at the steering board meeting held in April 2016. The development of the SLA from October 2016 for the remainder of the financial year lies with SWBH and is currently in draft format.

3. Phase 2 Project Updates

3.1 Complex TB

Patients attending Walsall with suspected or confirmed multi-drug resistant tuberculosis (MDRTB) are referred outside of the Black Country for their treatment. Sandwell And West Birmingham have expertise and could act via a larger clinical network allowing patients to be seen and treated more locally with care closer to home. SWBH have been successful in their bid to become a recognised multi-drug resistant tuberculosis treatment centre under the evolving commissioning arrangements. Dr Hagan is currently setting up virtual MDT meetings to facilitate moving this forward, and the practical aspects around money and governance will be further defined in a subsequent proposal for revised protocol/SLA. There remains a risk regarding management capacity to take this forward within the time available to respond to the MDRTB contract.

3.2 Haemoglobinopathy

An agreed protocol and established partnership is already in place between SWBH & DGFT, where all complex cases are referred to SWBH. Walsall currently has strong partnership arrangements with New Cross, and their current preference is that complex Haemoglobinopathy patients are reviewed at New Cross in line with the other level 2 patients. The team are scheduling a meeting for early June between SWBH & Walsall leads and with support from Dr Sophie Lee at New Cross, to review the following information:

- The number of patients with sickle cell disease (SCD) and thalassaemia
- The current pathway for managing acute complications
- The number of patients with haemoglobinopathy in referral systems and the advantages / disadvantages of working with SWBH vs. New Cross

Following this, a view will be reached about the merit of disrupting current service, and a decision will be required as to whether there is a case for change or whether we should close the project.

3.3 Endoscopic Colon Tumour Resection

This project aims to explore the opportunity for increased use of the novel procedure for endoscopic Full Thickness Resection of colonic tumour, currently in use at Russells Hall and at five other centres nationwide. Accelerating the adoption of DGFT procedure could it is believed lead to better healthcare outcomes and far better experience of the healthcare to an estimated 48 patients each year. It would also link to our aim of more translation of research into medical practice and reducing unwarranted variation in outcomes. The scale this provides is an opportunity for the Black Country to lead on this nationally. The impediment to progress, in addition to bandwidth as always, is the fact that the procedure is as yet not NICE approved which leads to some concern at WHC and SWBH, These concerns about early adoption need to be addressed before moving onto defining SLAs and other practical aspects of referral pathway changes.

3.4 Neurology

We have scheduled workshops to explore both Complex Headaches and also MS in mid-June. Further updates on the proposals emerging, together with a draft sub specialty map will come back to BCA Board over the summer.

3.5 Audiology

The Steering Group met again on 31st May and discussed a first draft sub specialty model which will be worked on further during June/July. The group have also started to plan for a joint learning forum to be established, with an intended 3 way Trust event later in the year to enable colleagues to spend time together on quality improvement, variation reduction and other to be determined topics. A small number of immediate priorities was agreed with owners who have committed to taking forward the work over next couple of months;

- Audiology Clinic Utilisation – as much as 30%-40% of clinic capacity is not currently utilised. SWBH will lead a piece of work to focus on improving utilisation.
- Bone Anchored Hearing Aids, SWBH currently have no effective local BAHA service. Walsall and Dudley (with Wolverhampton) do. SWBH will lead a piece of work to define how patients at SWBH could access those existing services at DGFT and WHC if of benefit to patients.
- Any Qualified Provider, DGFT undertake a lot of AQP activity whereas SWBH and WHC don't. All 3 trusts have now responded to AQP tender process with new contracts expected to be in place 1st July. There is an opportunity to become more competitive on straightforward services by considering upskilling Assistant and Associate Technical Officers to provide more of those services, and to develop further awareness of some of the more specialised services we offer so that together we can grow the public value associated with AQP. DGFT will lead on this piece of work.
- Wax Service, It is thought there is much unmet demand for locally accessible wax removal services, and that this could be a valuable source of revenue for the trusts. WHC will lead on this piece of work.
- Children's Balance Service, a fairly niche service that both WHC and DGFT lack and that SWBH offer. SWBH will lead on defining referral pathways that would enable those children meeting certain criteria to access this service more locally.

3.6 Community Services (Adults)

The Steering Group for Community Services (Adults) has formed and met for the first time on 19th May.

| | | | |
|--------------------------|-----------------------------|-----------------------------------------------|--------------------------------------------------|
| Executive Sponsor | Daren Fradgley | | |
| Trust Sponsor | DGFT | SWBH | WHT |
| | Karen Hanson | Fiona Shorney | Linda Bromwich |
| Community Leads | Kevin Brett Louise Coley | Ruth Williams Kulwinder Sohal Anne Hill | Julia Lawton Graeme Johnstone Sue Crabtree |

| | | | |
|--|--|--|----------------|
| | | | Donna Chaloner |
|--|--|--|----------------|

The group briefly described current services provided in each Trust, and highlighted some areas where there was a view that collaboration may fix a problem or help realise an ambition to improve quality of care provided across the patch.

A Mandate has been drafted, see appendix A, and focus through summer will be the creation of a Black Country Community Services map, with detail of sub specialties where helpful. Alongside this, identification of some immediate changes that might be made to improve quality of services through shared learning, or access to services more locally through simple clinician to clinician referral pathways changes. It is expected that a further update, containing service map, immediate agreed priorities and intentions / proposals through 16/17 will be brought back to BCA Board before the summer holidays.

3.7 FINCH

The aim is to replicate Sandwell and West Birmingham's award winning nationally recognised specialist Faecal Incontinence and Constipation Healthcare (FINCH) service across the Black Country Alliance. Patients referred with bowel dysfunction are treated using a four step pathway with the aim to improve quality of life by at least 50%.

A meeting took place on May 11th between Sandwell and West Birmingham and Walsall leads. It was agreed that the first step would be for Walsall to define fully current and desired states given that some FINCH services are already provided at Walsall (e.g. pelvic floor clinic), that SWBH would help identify objective measures and indicators of public value, including qualitative and quantitative performance measures and indicators, and that WHC would quantify number of referrals (to Good Hope) for treatment not available at Walsall.

SWBH FINCH leads met with Russells Hall leads on May 18th to discuss how FINCH would fit into their current model. While DGFT have used some aspects of FINCH service for some time, there are other services the teams will now look to pilot use of over a 6 – 12 month period. Nursing staff from both teams and operational leads will meet regarding defining pathways, agreeing SLAs and financials for this pilot.

3.8 Back Office Support Services - Phase 1

Contract Management in Estates & Facilities

All three Trusts operate PFIs. There is an extensive team at Sandwell and West Birmingham and changes in the team at Walsall. There is considerable knowledge of contract management and the leads will examine both KPIs, processing for monitoring and identify opportunities to operate similar review structure.

The Trust met on the 20th May and reviewed the information collected to date on hard and soft Facilities management. It is clear that the contract management approach with each Trusts PFI are not consistent, nor are they captured in a standardised way via ERIC return submissions.

The group agreed to collate information locally on EBME services, Trust PFI Management & Administration costs and Trust advisors costs and plan to meet at end of June to review this. The group highlighted that there are potential savings to be made within certain Trusts through the introduction of effective contract management and as a result the leads are now sharing JDs and looking at how assistance can be provided to take this piece of work forward.

Research Management & Governance

The Steering Group, chaired by executive sponsor Toby Lewis agreed to explore the merits of a single process with common standards, to approve commercial and other studies seamlessly at pace to support the growth of research studies under the BCA umbrella as part of a core business approach. The aim being to help all three Trusts deliver their current R&D ambitions, and to help attract studies which benefit from scale, and researchers attracted by that wider ambition. An approach to progressing this through June / July was agreed;

- Trust Sponsors to consider the trials currently open across all 3 Trusts and agree some examples that the BCA plans will be worked around to support identification of the medical, nursing and other allied health professional groups that would need to be engaged. Initial view is that cardiology, rheumatology, hematology and dermatology may be suitable areas to focus initially.
- Relevant R&D research nurse, clinical trials practitioners and data coordinator teams to outline and have input into nursing issues, agree skill mix and training requirements.
- The group to consider how to make open studies easily accessible to clinical teams.
- The group to define and agree a BCA research triangle model to help us respond as one to funding bodies, commercial companies or PIs, completed seamlessly and at pace.
- The group to define and agree enrolment of patients for clinical trials using technology, consent process and patient information. The benefit of this would be to increase initial interaction hit rate (aka time wasted interviewing candidates for studies who do not go forward).
- Finance Directors/CEOs to articulate and define how money flows as part of a shared RM&G model with the aim of creating a transparent model of the 3 approaches, which might then be considered for standardisation.
- The group to articulate what the issues are regarding commercial studies process, and to work through them via trouble shooting exercise to unblock any impediments to progress.

The Group will report back by the end of July on progress made on the above.

Legal Services

The Trusts continue to seek to pull together a fact base on this to inform thinking on opportunity to reduce spend, and this data gathering and analysis will continue through the summer. Any opportunity is likely to come from 1 of 3 main themes;

- Replicating SWBH model of in-house legal advice to reduce demand for external legal support.
- Reducing need for legal advice by sharing legal opinions / avoiding triplicating requests for advice
- Buying better together than external advice which is needed.

Information Governance

The IG Leads have agreed a model which will ensure improved resilience and maximise peer support and knowledge sharing across the 3 Trusts. A paper covering this will come back to July's BCA Board following which this project will be closed.

Temp Staffing Admin / Rates

The Temporary Workforce Group met on 25th May to explore the value of a single bank system with common rates and terms. Further information is required before moving forward. Walsall confirmed their procurement of TempRE, scheduled for implementation by June 20th. The group agreed to review the SWBH Temporary Workforce policy for use across all three Trusts and discussed the use of KPIs, for example overrides of the system and adherence to Agency caps.

The leads have been encouraged to complete a fact base objective assessment on the options identified at the meeting.

- Option 1 Hub and spoke model - one master vendor across three Trusts,
- Option 2 Leaders from each Trust cover one of the following areas for bank for all three Trusts (Medical, Nursing, Admin, AHP),
- Option 3 Do nothing and stay as is.

Next Steps:

1. Confirmation Project's Executive Sponsor – Suggested Rachel Overfield.
2. Schedule a workshop meeting to take place mid-June to facilitate and complete fact based objective assessments on options for harmonising rates/terms.

Coding

The Clinical Coding Trust leads held a meeting on the 27th May to review and discuss the proposed the options, peer to peer audit benchmark, training structures and current industry standards.

The group reviewed and discussed the information collated to date and agreed that more information was required around peer to peer audits in understanding the variations i.e. finish consultant episode (FCE) so that best practices are identified and shared. In relation to training and industry standard, the leads agreed that they conform consistently across all three Trusts.

A workshop is being planned for week commencing 13th June to facilitate a fact assessment of the merits of the below options to inform a roadmap of works.

- Option 1 BCA Clinical Coding Consortium – hub based
- Option 2 BCA Clinical Coding Consortium – Home coding based

- Option 3 Individual Trusts – Home coding based

There is a 3 year waiting list for clinical coding auditors to enrol onto HSCIC approved auditors training programme.

Walsall currently has 6 vacant posts, Dudley has 1 and SWBH have 2. Both DGFT and SWBH have been out to advert recently and failed to appoint. This is because of a national and local shortage of coders. Given 6 vacancies there is pressure at Walsall to examine rates to help recruit which may pose a risk to broader retention. It is not clear whether a move toward harmonised, consistent rates and / or shared risk more generally is supported by all at this stage. The suggestion is that a fact base be prepared and merits of different options objectively considered before any final decision is made on this, and that final decision be based on the best option for attracting and retaining clinical coders.

Procurement

The Joint Director of Procurement - Black Country Alliance post is now live on NHS Jobs with a closing date of 14th June 2016. Formal interviews are scheduled to take place 21st June 2016. Informal meetings have taken place with a couple of candidates who were recommended to us by NHSBA, and one of those candidates is believed to be both credible and intending to put a formal application in.

A BCA Clinical Procurement Group (CPG) is being formed and will meet in June to begin to define an operating model and terms of reference. It is intended that this CPG will both clinical leadership in terms of balancing quality & value through procurement and an effective route to action that will enable change required to deliver on the opportunities identified. The intention is that this capability will be ready and available when the director takes up post in the late summer / early autumn.

Steps are now being taken to complete purchase of the Adviselnc analytics tool, and to train users. We have also connected with another Trust willing to offer some advice and guidance on how to get the most from this capability.

4. Other News

Black Country Alliance 1 Year Anniversary: On 14th July, Black Country Day, the BCA reaches its first anniversary since its public launch in 2015. The day provides an opportunity to demonstrate the achievements of the BCA during its first year among staff, stakeholders, patients and the public, as well as underline the key aims and purpose. Plans are now being shaped for that day, see appendix B.

Leadership Conferences: The Black Country Alliance featured in both SWBH and WHC leadership conferences very recently. At SWBH conference there was a morning workshop available for delegates to join which proved to be among the most popular, alongside a New Models of Care workshop hosted by NHS-I, suggesting acute care collaboration is very much in colleagues' thinking. The workshop produced some specific ideas for collaboration which will be taken forward by some of those involved.

- Helping smaller departments to share TSP efficiency / savings plans while developing sub speciality services
- Establish knowledge sharing forums at a granular level, possibly linked to Quality Improvement Half Days (QIHDs)
- Population health management
- Transformation Hub to share ideas for innovation

Managers Event: On 20th June we will host for the first time a networking event for senior and middle managers across the 3 Trusts. Of the 100 or so managers identified across the 3 trusts, more than half have indicated their intention to attend and only a few have sent their apologies. There will be a fairly formal presentation underlying and confirming the context and case for change requiring acute care collaboration in the form of the BCA, a celebration of the successes over the first year and a look ahead to the rest of 2016. We will then facilitate an exercise with the managers to help them articulate what's important to them before spending the rest of the evening in informal networking time.

5. **The Ask of the Black Country Alliance Board**

The Black Country Alliance Board is invited to;

1. Receive and comment on the above update.
2. Endorse the mandate presented (Community Services – Adults)
3. Endorse initial plans for Black Country Day

The Black Country Alliance CAN – June 2016

Welcome to the latest edition of the Black Country Alliance CAN newsletter. Here is a brief update on the current projects being undertaken within the Black Country Alliance together with a roundup of other news items. This update follows the BCA Board meeting held on the 8th June 2016.

The BCA Board meeting in public will meet again on 13th July 2016 at 10.30am in Room 10, Third Floor, MLCC at Walsall Manor Hospital, WS2 9PS. You can find papers from the public BCA Board on www.blackcountryalliance.org

BCA 1 year anniversary

The 14th July, Black Country day is the first anniversary of the Black Country Alliance and provides an opportunity to promote the work the alliance has achieved during its first year. Plans are underway including the launch of the Stakeholder Reference Group to be held at 6pm on that day at Russells Hall Hospital. More information will follow about how you can get involved in the celebrations and if you have a BCA case study you would like us to use then please contact the communications lead at your respective organisation.

Manager's event

On 20th June there will be a networking event for senior and middle managers across the three trusts. The event will provide the opportunity for managers to find out more about the progress in the first 12 months of the BCA and the plans for the next 12 months, ask any questions and to network with colleagues across the three trusts. For more information contact Terry Whalley, BCA Programme Director (terry.whalley@nhs.net).

Interventional Radiology (IR)

The IR pilot continues with five patients successfully benefiting from weekend access to a clinically required nephrostomy. There have been requests for other IR services to be made available at the weekend. Evaluation of the pilot will be undertaken in July with the potential for other pathways to be added.

Anne Baines, Director of Strategy and Performance for Dudley is the executive sponsor and can be contacted via email (anne.baines@dgh.nhs.uk)

Urology

Building on the work mapping specialties & sub-specialties across the patch, the Urology Steering group has considered a draft pathway proposal that would allow the Dudley Urethroplasty, peyronies and genito-urethral reconstruction services to be made available to patients at SWBH and WHC that meet agreed criteria. SWBH will lead on videourodynamics and prostate pathways with specific attention on maximising the use of the Green Light laser at SWBH. Walsall will lead on embryology/infertility and complex stone treatment.

Dawn Wardell, Chief Nurse for Dudley, is the executive sponsor for Urology and can be contacted via email (dawn.wardell@dgh.nhs.uk).

Rheumatology

Work continues to recruit additional rheumatologists with interviews underway, indeed, SWBH have made 3 appointments with an expectation that these posts will be filled in September / October. SWBH continue to provide operational support to Walsall and work continues to provide a safe and sustainable service locally. Technology enablement is underway to ensure clinicians can access clinical systems and emails when working in neighbouring Trust locations.

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

Stroke

The Stroke clinicians from the three trusts have now met and, subject to some refinements, the view is that there is enough activity to support three Hyper Acute Stroke Units (HASU) across the three trusts. Plans continue to be developed around the medical support to the model and how we can work together to provide out of hours cover. Richard Kirby, CEO at Walsall Healthcare, is the executive sponsor for this piece of work and can be contacted via email on Richard.kirby@walsallhealthcare.nhs.uk

Audiology

The steering group for this area have met and discussed priorities for the coming months. The areas identified for immediate action are:

- Responding to local demand for wax removal service
- Improving access to the children's balance services
- Improving accessibility of Bone Anchored Hearing Aids
- Increasing audiology clinic utilisation
- Increasing Any Qualified Provider activity

Neurology

The steering group for this area have met and discussed priorities for the coming months. In addition to defining sub specialities across the patch, the areas identified for immediate action are Complex Headache services with SWBH taking the lead based on their nurse led service; MS Services with Dudley taking the lead and Epilepsy with Walsall taking the lead based on their nurse led epilepsy service.

Paula Clark, CEO at Dudley Group, is the executive sponsor for this piece of work.

Adult Community Services

The steering group have now met and have highlighted key areas where they feel collaboration may fix an existing problem or help us realise an ambition to improve care. A mandate has been drafted, and the initial focus will be on the creation of a Black Country Community Services Map which will also detail sub-specialities. Some immediate and simple changes to clinician to clinician referral pathways that may improve service quality have also been identified and will be considered by the group.

Details of each trust's sponsor for this work can be found in the full board papers available on the BCA website. Daren Fradgley will act as the Executive Sponsor for this piece of work and can be contacted via email at Daren.Fradgley@walsallhealthcare.nhs.uk

Faecal Incontinence and Constipation Healthcare (FINCH)

Work is underway to reach the main aim of this area of work which is to replicate or scale SWBH's award-winning FINCH service for patients with bowel dysfunction across the BCA area. Leads from SWBH have met with teams both in Walsall and Dudley to identify the next steps for both trusts. In Dudley, where many of the services are not currently available, the discussion is focussed on rapid referral changes to enable patients to benefit from the service quickly. In Walsall, where many of the services are provided in some way shape or form, the discussion is focussed on those areas where there is no service at Walsall and on assessing the merit for any change to those current services if that improves patient outcomes, experience of the service or makes better use of our resources to deliver that service.

Research

The merits of a single process with common standards to approve studies quickly and seamlessly are being explored with the aim that this will support research growth under the BCA umbrella and form part of our core business approach. We hope that the potential scale of research enabled by this work will attract more researchers and more studies for continued research expansion.

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

Paula Clark
Chief Executive
The Dudley Group

Toby Lewis
Chief Executive
Sandwell and West Birmingham

Richard Kirby
Chief Executive
Walsall Healthcare

Paper for submission to the Board of Directors
On 7 July 2016

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|------------------------------------------------|
| TITLE | Charitable Funds Committee Summary | | |
| AUTHOR | Chris Walker Deputy Director of Finance | PRESENTER | Julian Atkins Non-Executive Director |
| CORPORATE OBJECTIVE: S01 – Deliver a great patient experience S05 – Make the best use of what we have | | | |
| SUMMARY OF KEY ISSUES: Summary of key issues discussed and approved at the Charitable Funds Committee on 26 th May 2016 | | | |
| | | | |
| RISKS | Risk Register N | Risk Score | |
| COMPLIANCE | CQC | N | |
| | NHSLA | N | |
| | Monitor | N | |
| | Other | Y | To comply with the Charity Commission |
| ACTION REQUIRED OF BOARD: | | | |
| Decision | Approval | Discussion | Other |
| | | | X |
| RECOMMENDATIONS FOR THE BOARD: The Board is asked to note the contents of the report. | | | |

| Meeting | Meeting Date | Chair | Quorate | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|---------|----|
| Charitable Funds Committee | 26 th May 2016 | Julian Atkins | yes | no |
| | | | Yes | |
| Declarations of Interest Made | | | | |
| None | | | | |
| Assurances Received | | | | |
| <p>The Committee received a presentation from Anne Flavell around the use of fall alarms within the Trust (which the Charity had previously agreed to fund). The Committee requested that Anne Flavell reviews the need for further fall alarms and the need for low rise beds and brings an application to the next meeting.</p> <p>The Committee received an update on the financial position of the Dudley Group Charity as at 30th April 2016, which covered:</p> <ul style="list-style-type: none">• Statement of Financial Activities• Balance sheet• Details of Fund activities• Details of Fund balances in balance order• Quarterly expenditure over 3 years• Investment update• Legacy update• Funds where no expenditure had occurred in the current financial year <p>Total fund balances stood at £2.414m.</p> <p>The total income received in the year to date was £34k compared to expenditure of £40k.</p> <p>Investments totalled £1.136m.</p> <p>Current assets totalled £1.284m.</p> <p>General fund balances stood at £296k.</p> <p>A report was presented which highlighted 7 funds where no expenditure had taken place over the past 12 months. Each fund had put forward their spending plans for the coming year. The Committee felt the plans were not ambitious enough and lacked detail. The Committee requested that the Fund Managers attend future meetings to present their plans and that the fund managers for the GI Teaching and Education and Breast Reconstruction Service are asked to the next meeting.</p> <p>The Committee received the financial statements and annual report 2015-16 for review.</p> | | | | |

The Committee also received an update from the Charitable Fundraiser:

- The final 2015-16 fundraising achieved was £17k below the plan. The Committee noted the long term sickness of the fundraiser and acknowledged the excellent performance to get to the final position.
- The 2016-17 fundraising plan was agreed at a total of £99k.
- The 'Million steps challenge' had attracted 42 teams to take part over the coming month.
- The charity football match planning work had commenced with the match once again taking place at Stourbridge FC.
- The Committee approved the upgrade of the Charity Hub. Further work was requested around the use of the hub including ensuring the hub is used to the maximum for Trust fundraising activities whilst also protecting the current use by Action Heart.

The Committee reviewed the Terms of Reference and noted the self-assessment that had taken place. No changes were recommended.

Decisions Made / Items Approved

The Committee approved an investment of £5k for the expansion of the charity hub and vital repairs.

The Committee approved the 2016-17 fundraisers plan with a total contribution of £99k.

Actions to come back to Committee

There were no actions to come back to the Committee.

Items referred to the Board for decision or action

There were no items to be referred to the Board

Paper for submission to the Board on 7th July 2016

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE: | Appointment of Responsible Officer for Medical Appraisal | | |
| AUTHOR: | Teekai Beach Directorate Manager to the Medical Director | PRESENTER | Dr Paul Harrison, Medical Director |
| CORPORATE OBJECTIVE: SO2: Safe and Caring Services SO4: Be the place people choose to work | | | |
| SUMMARY OF KEY ISSUES: The board is asked to confirm the agreement made in April 2016 to appoint a new Responsible Officer for Medical Revalidation. | | | |
| IMPLICATIONS OF PAPER: | | | |
| RISK | Y | | Risk Description: Without separation of the roles of Responsible Officer for Medical Revalidation and that of the Medical Director may, due to increasing workload, result in a failure to appropriately discharge the duties of the Responsible Officer and therefore the Trusts' function as a Designated Body. |
| | Risk Register: Y | | Risk Score: 8 |
| COMPLIANCE and/or LEGAL REQUIREMENTS | CQC | Y | Details: SAFE; WELL LED |
| | Monitor | Y | Details: |
| | Other | Y | Details: GMC Good Medical Practice NHS Framework for Quality Assurance for Responsible Officers |
| ACTION REQUIRED OF BOARD: | | | |
| Decision | Approval | | Discussion |
| | ✓ | | |
| RECOMMENDATIONS FOR THE BOARD: To approve the appointment of the Deputy Medical Director (Mr Paul Stonelake) as Responsible Officer for Medical Revalidation from 1 st September 2016 | | | |

**Report of the Medical Director to the Board of Directors
Appointment of a Responsible Officer for Medical Revalidation
July 2016**

Background

Medical revalidation is a legislative requirement governing the competence of doctors outlined in the Good Medical Practice Framework for Appraisal and Revalidation (GMC March 2011). Revalidation arrangements have been in place in the Trust since the requirement to revalidate doctors every five years commenced in December 2012. A more detailed history and background to Revalidation has been outlined in previous papers to the board.

Medical Director, Dr Paul Harrison assumed the role of Responsible Officer in 2012. The board has previously agreed to the proposal to separate the roles of Responsible Officer and Medical Director subject to certain conditions being in place. As those conditions have been met the board is asked to formally appoint Deputy Medical Director, Mr Paul Stonelake as Responsible Officer.

Conditions for the Appointment of a Responsible Officer

Appointment of a Responsible Officer for the Purpose of Medical Revalidation is governed by The Medical Profession (Responsible Officers) Regulations 2010. r 7

- The person must be a medical practitioner; and
- The person must, at the time of appointment, have been a medical practitioner throughout the previous 5 years and for this purpose “medical practitioner” means a person who was fully registered under the Act.
- A responsible officer must continue to be a medical practitioner in order to remain as a responsible officer.

In addition the Medical Director agreed with the board to ensure that:

- The new Responsible Officer had completed the required NHS England Training
- Appropriate resources and plans were in place to ensure that the designated Responsible Officer’s clinical role was backfilled.
- That the designated Responsible Officer undertook a period of shadowing including attending the required Responsible Officer Regional meetings.

Mr Stonelake meets the above conditions and the board is now asked to formally appoint him as Responsible Officer for Medical Revalidation. Mr Stonelake will commence his role on 1st September 2016.

**Paper for submission to the Board
on 7 July 2016**

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------|-------------------------------------------------------------|
| TITLE: | NHS Equality Delivery System 2 | | |
| AUTHOR: | Rachel Andrew Head of Organisational Development | PRESENTER | Paula Clark Chief Executive |
| CORPORATE OBJECTIVES ALL | | | |
| <p>NHS Equality Delivery System 2</p> <p>The Equality Delivery System (EDS) is a national system designed to help NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those that work in the NHS. In 2013, a reviewed EDS (EDS2) was designed to streamline the process. All NHS Trusts are now expected to be making progress towards the measures outlined in the system.</p> <p>EDS2 provides a guide, tools and review process to enable NHS organisations to review and improve their performance for people with those characteristics protected under the Equality Act 2010.</p> <p>Performance against EDS2 is monitored by the CCG and the Trust is expected to meet key milestones in implementation. Steps include: reaffirming commitment to promoting equality, gathering evidence on current performance and setting objectives for future activity.</p> <p>The first step is to confirm the Trust's commitment to, and the vision for, services with fair access and equivalent outcomes for people who use services, and workplaces where people can thrive based on their talent. In addition, that promoting equality is everyone's business. These are implicit in the work that we undertake so the purpose of this paper is to provide explicit commitment to promoting equality.</p> <p>A number of key activities will be undertaken including engagement with stakeholders and gathering evidence to demonstrate the efforts of the Trust in promoting equality. Those activities include both access to patient care and activities to support our workforce and will be reporting through the Workforce and Staff Engagement Committee.</p> | | | |
| 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 | Y | Details: Equality Act 2010 |
| ACTION REQUIRED OF BOARD | | | |

| Decision | Approval | Discussion | Other |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-------|
| Y | | | |
| ACTION FOR THE BOARD The Board is asked to confirm commitment to, and the vision for, services with fair access and equivalent outcomes for people who use services, and workplaces where people can thrive based on their talent. In addition, to agree that promoting equality is everyone's business. | | | |

Appendix 1: EDS2 Outcomes and Implementation Steps

EDS2 provides a guide, tools and review process to enable NHS organisations to review and improve their performance for people with those characteristics protected under the Equality Act 2010.

There are two key parts. The first part is a set of measurable outcomes to enable Trusts to measure their performance in 4 key areas:

- Better health outcomes
- improved patient access and experience
- a representative and supported workforce
- inclusive leadership

The second part are the nine implementation steps suggested by the scheme to enable Trusts to develop and embed a structured approach to promoting equality.

The nine steps are:

1. Confirm governance arrangements and leadership commitment.
2. Identify local stakeholders to support implementation.
3. Assemble evidence on outcomes to enable a review of performance and development areas.
4. Agree roles within the local authority to support progress.
5. Review and analyse performance and identify development areas and those of success.
6. Using the EDS2 tool, agree where the organisation is currently graded.
7. Prepare equality objectives and plans for improvement.
8. Integrate equality work into mainstream business planning.
9. Publish grades, equality objectives and plans.

The expectation is the Trust will reach Step 9 by the end of February 2017. Activity will be undertaken across the organisation and is led by the Human Resources Directorate. Updates on progress will be provided through the Workforce and Staff Engagement Committee.

Recommendation:

The Board is asked to confirm commitment to, and the vision for, services with fair access and equivalent outcomes for people who use services, and workplaces where people can thrive based on their talent. In addition, that promoting equality is everyone's business.

**Paper for submission to the Board of Directors
On 7 July 2016**

| | | | |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------|
| TITLE | Corporate Performance Report – May 2016 (Month 2) | | |
| AUTHOR | Paul Taylor Director of Finance and Information | PRESENTER | Jonathan Fellows Non-Executive Director |
| CORPORATE OBJECTIVE: S06 Plan for a viable future | | | |
| SUMMARY OF KEY ISSUES: Summary reports from the Finance and Performance Committee meeting held on 26 May 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: Achievement of all Terms of Authorisation |
| | Other | Y | Details: |
| 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 Foundation Trust







| Meeting | Meeting Date | Chair | Quorate | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------|---------|----|
| Finance & Performance Committee | 30 June 2016 | Jonathan Fellows | yes | no |
| | | | yes | |
| Declarations of Interest Made | | | | |
| None | | | | |
| Assurances Received | | | | |
| <ul style="list-style-type: none">That the forecast out-turn for 2016-17 remains at £9.7m surplus in accordance with the approved budget, but the forecast is coming under significant pressure from agency costs and a shortfall on the cost improvement programmeThat the cash position of the Trust is £20m at the end of May 2016 which was £2m lower than forecast because of the non-receipt of non-patient related income – which was mostly a timing issueThat more work would be undertaken on the apparent increase in referrals from Dudley GPs in the first 2 months of 2016-17 compared to the first 2 months of 2015-16That management action would be taken to ensure pass through drugs and devices were managed according to the nature of the contract agreed with the relevant commissionerThat although the Cancer 62 day target was likely to be breached in May 2016, that it is anticipated that the Q1 position will achieve the targetThat proposals being worked up to improve the percentage of ED patients completing Friends & Family forms be brought quickly back to the committee to improve this position which is unacceptably lowThat a corporate approach to appraisal is to be debated to ensure it is applied consistently across the Trust to improve the positionThat the VTE indicator has returned to being “above target” in May 2016 | | | | |
| Decisions Made / Items Approved | | | | |
| <ul style="list-style-type: none">To approve the Digital Roadmap Strategy | | | | |
| Actions to come back to Committee | | | | |
| <ul style="list-style-type: none">The EPR business case to be submitted to Finance and Performance Committee on 25th August 2016 before submission to the Board for approval on 1st September 2016. Business case to include economic benefitsThat proposals to develop 2 wards to manage the increasing number of “delayed transfers of care” patients would be drawn up and costedRevised arrangements for the Transformation Programme 2016-17 to include new work-streams for Agency Staff and Carter Schemes to be developed and progress reported back | | | | |
| Items referred to the Board for decision or action | | | | |
| <ul style="list-style-type: none">To approve the letting of the contract for the Pathology Managed Services Contract in accordance with the approved business case (item 16.3 of the private agenda item for commercial reasons) | | | | |

- To agree the business cases for IT Infrastructure Refresh, Sorian Lifecycle, and VNA Business Case (item 16.4 of the private agenda for commercial reasons)
- The 30th June 2016 submission of the Black Country & West Birmingham Sustainability and Transformation Plan 2016-17 to 2020-21 to be reported back to Board

Finance & Performance Report - May 2016

| Quality & Risk | | | 2015 | | | | | | | 2016 | | | | | | |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|--------|--------|--------|--------|-----|--------|--------|--------|--------|--------|--------|--------|-------|--------|---------------------------------------------------------------------------------------|
| Description | | LYO | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | YTD | YEF |
| Friends & Family – Community – Footfall |  | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 2% | 2% | 2% | 2% | 1% | 1% | 1% |  |
| Friends & Family – Community – Recommended % |  | 96% | 96% | 96% | 94% | 93% | 97% | 95% | 99% | 97% | 98% | 95% | 97% | 95% | 96% |  |
| Friends & Family – ED – Footfall |  | 8% | 12% | 7% | 6% | 3% | 7% | 6% | 6% | 5% | 7% | 6% | 5% | 4% | 4% |  |
| Friends & Family – ED – Recommended % |  | 92% | 92% | 90% | 95% | 91% | 96% | 93% | 88% | 96% | 93% | 98% | 91% | 91% | 91% |  |
| Friends & Family – Maternity – Footfall |  | 22% | 21% | 20% | 22% | 23% | 25% | 32% | 18% | 17% | 20% | 16% | 18% | 33% | 26% |  |
| Friends & Family – Maternity – Recommended % |  | 98% | 99% | 97% | 99% | 99% | 98% | 98% | 97% | 98% | 98% | 98% | 98% | 97% | 97% |  |
| Friends & Family – Outpatients – Recommended % |  | 88% | 82% | 88% | 90% | 89% | 88% | 84% | 88% | 90% | 84% | 89% | 85% | 82% | 84% |  |
| Friends & Family – Ward – Footfall |  | 26% | 33% | 31% | 31% | 30% | 23% | 23% | 17% | 17% | 18% | 18% | 19% | 17% | 18% |  |
| Friends & Family – Ward – Recommended % |  | 97% | 98% | 97% | 98% | 96% | 97% | 97% | 99% | 96% | 96% | 94% | 94% | 95% | 94% |  |
| HCAI – Post 48 hour MRSA |  | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
| HCAI CDIFF - Total Number of Cases |  | 43 | 2 | 2 | 5 | 5 | 5 | 5 | 8 | 4 | 1 | 0 | 2 | 3 | 5 |  |
| Incidents - Patient Falls, Injuries or Accidents |  | | 116 | 103 | 97 | 119 | 111 | 118 | 114 | 129 | | | | | |  |
| Incidents - Pressure Ulcer |  | 2,047 | 182 | 150 | 120 | 132 | 125 | 141 | 172 | 187 | 242 | 246 | 253 | 240 | 493 |  |
| Mixed Sex Sleeping Accommodation Breaches |  | 4 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |  |
| Never Events |  | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Serious Incidents – Not Pressure Ulcer |  | 104 | 9 | 10 | 7 | 11 | 11 | 11 | 10 | 9 | 4 | 7 | 7 | 6 | 13 |  |
| Serious Incidents - Pressure Ulcer |  | 228 | 21 | 17 | 17 | 10 | 18 | 17 | 30 | 26 | 12 | 19 | 13 | 9 | 22 |  |
| Stroke - Suspected TIA Scanned < 24hrs of Presentation |  | 85.35% | 91.3% | 88.89% | 92.31% | 85% | 92.31% | 50% | 52.63% | 85.71% | 66.67% | 94.12% | 84.62% | 100% | 86.67% |  |
| Stroke Admissions : Swallowing Screen |  | 80.58% | 72.09% | 80% | 74.07% | 75% | 78.38% | 88.89% | 87.88% | 83.78% | 76.32% | 86.67% | 89.13% | 92.5% | 90.7% |  |

Finance & Performance Report - May 2016

| Quality & Risk | | | 2015 | | | | | | | 2016 | | | | | | |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------------------------------------------------------------------------|
| Description | | LYO | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | YTD | YEF |
| Stroke Admissions to Thrombolysis Time |  | 50% | 42.86% | 75% | 61.54% | 75% | 37.5% | 71.43% | 33.33% | 45.45% | 37.5% | 50% | 60% | 50% | 50% |  |
| Stroke Patients Spending 90% of Time On Stroke Unit (VSA14) |  | 89.16% | 92.86% | 94.34% | 88.24% | 92.68% | 88.68% | 88.68% | 90.91% | 92.68% | 84.09% | 70.83% | 82.76% | 92.86% | 87% |  |
| VTE Assessment Indicator (CQN01) |  | 95.96% | 96.74% | 96.78% | 96.42% | 96.19% | 96.1% | 96.67% | 96.47% | 95.4% | 94.43% | 94.46% | 94.63% | 95.15% | 94.89% |  |

* LYO - last year out-turn, YTD - year to date, YEF - year end forecast

Finance & Performance Report - May 2016

| Finance | | | 2016 | | | |
|-----------------------|--|-----------|---------|---------|---------|-----|
| Description | | LYO | Apr | May | YTD | YEF |
| Budgetary Performance | | £773k | (£71)k | £266k | £195k | |
| Capital v Forecast | | 69.5% | 61.8% | 66.5% | 66.5% | |
| Cash v Forecast | | 122.3% | 94.8% | 93.2% | 93.2% | |
| Debt Service Cover | | 1.18 | 1.4 | 1.58 | 1.58 | |
| EBITDA | | £20,460k | £2,228k | £2,820k | £5,048k | |
| I&E (After Financing) | | (£2,945)k | £280k | £859k | £1,140k | |
| Liquidity | | 7.07 | 7.1 | 8 | 8 | |
| SLA Performance | | £1,031k | (£15)k | £76k | £60k | |












* LYO - last year out-turn, YTD - year to date, YEF - year end forecast

Finance & Performance Report - May 2016

| Performance | | | 2015 | | | | | | | 2016 | | | | | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------------------------------------------------------------------------------|
| Description | | LYO | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | YTD | YEF |
| A&E - 4 Hour A&E Dept Only % (Type 1) |  | 96.79% | 99.13% | 99.32% | 98.53% | 97.57% | 98.93% | 97.5% | 97.13% | 91.76% | 92.74% | 91.53% | 93.24% | 92.88% | 93.05% |  |
| A&E - 4 Hour UCC Dept Only % (Type 3) |  | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |  |
| A&E - 4 Hour UCC/A&E Combined % (Type 1+3) |  | 98.18% | 99.48% | 99.58% | 99.11% | 98.53% | 99.38% | 98.63% | 98.47% | 95.73% | 96.06% | 95.62% | 96.3% | 96.06% | 96.17% |  |
| Activity - A&E Attendances |  | 96,141 | 8,138 | 8,052 | 7,700 | 8,003 | 8,099 | 7,900 | 7,754 | 8,088 | 7,946 | 8,626 | 7,807 | 8,800 | 16,607 |  |
| Activity - Community Attendances |  | 407,248 | 35,066 | 36,362 | 32,417 | 35,088 | 36,008 | 34,642 | 33,385 | 33,694 | 32,322 | 30,817 | 32,681 | 28,434 | 61,115 |  |
| Activity - Elective Day Case Spells |  | 45,020 | 4,013 | 3,951 | 3,413 | 3,675 | 3,952 | 3,757 | 3,719 | 3,677 | 3,938 | 3,820 | 3,833 | 3,753 | 7,586 |  |
| Activity - Elective Inpatients Spells |  | 6,394 | 580 | 580 | 508 | 537 | 572 | 580 | 481 | 500 | 515 | 534 | 512 | 526 | 1,038 |  |
| Activity - Emergency Inpatient Spells |  | 52,037 | 4,183 | 4,205 | 4,077 | 4,105 | 4,296 | 4,265 | 4,552 | 4,573 | 4,359 | 4,714 | 4,825 | 5,274 | 10,099 |  |
| Activity - Outpatient First Attendances |  | 130,956 | 11,359 | 11,488 | 9,298 | 10,758 | 10,712 | 11,159 | 10,604 | 11,304 | 11,569 | 12,255 | 11,015 | 12,085 | 23,100 |  |
| Activity - Outpatient Follow Up Attendances |  | 313,888 | 28,055 | 27,442 | 23,254 | 26,290 | 25,988 | 27,022 | 25,643 | 26,438 | 26,699 | 26,435 | 26,339 | 27,923 | 54,262 |  |
| Activity - Outpatient Procedure Attendances |  | 52,451 | 4,833 | 4,527 | 4,042 | 4,553 | 4,864 | 4,968 | 4,268 | 4,117 | 4,691 | 3,324 | 4,972 | 2,644 | 7,616 |  |
| RTT - Admitted Pathways within 18 weeks % |  | 94.2% | 96.1% | 95.6% | 96.1% | 94.3% | 92.5% | 93.3% | 93.4% | 94.4% | 92.8% | 91.5% | 92.5% | 93.5% | 93% |  |
| RTT - Incomplete Waits within 18 weeks % |  | 95.1% | 95.2% | 95.6% | 94.9% | 95.1% | 94.6% | 94.4% | 94.9% | 95% | 95.6% | 95.4% | 97.1% | 96.8% | 97% |  |
| RTT - Non-Admitted Pathways within 18 weeks % |  | 97.7% | 98% | 98.3% | 98.1% | 98.3% | 97.5% | 97.8% | 97.8% | 97.3% | 97.4% | 96.7% | 96.7% | 97.7% | 97.2% |  |
| Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05) |  | 98.97% | 99.47% | 99.34% | 98.35% | 98.41% | 97.87% | 98.85% | 99.29% | 99.52% | 99.53% | 99.03% | 98.04% | 99.39% | 98.73% |  |

* LYO - last year out-turn, YTD - year to date, YEF - year end forecast

Finance & Performance Report - May 2016

| Staff/HR | | | 2015 | | | | | | | 2016 | | | | | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------------------------------------------------------------------------------|
| Description | | LYO | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | YTD | YEF |
| Appraisals |  | 77.6% | 81.5% | 80.8% | 80.3% | 80.1% | 78.4% | 75.6% | 80.4% | 80% | 79.2% | 77.6% | 80.9% | 80.5% | 80.5% |  |
| Mandatory Training (Professional Requirements) | | | | | | | | | | | | | | 71.34% | 71.34% |  |
| Mandatory Training (Substantive) |  | 83.39% | 82.8% | 82.35% | 83.51% | 83.16% | 84.11% | 84.8% | 85.16% | 83.97% | 83.31% | 83.39% | 83.82% | 75.41% | 75.41% |  |
| Sickness Rate (Performance Dashboard) |  | 3.80% | 3.65% | 3.51% | 3.22% | 3.28% | 3.83% | 3.79% | 4.06% | 4.57% | 4.37% | 4.11% | 3.94% | 4.38% | 4.17% |  |
| Staff In Post (Contracted WTE) |  | 4,116.31 | 4,045.78 | 4,019.79 | 4,018.55 | 4,039.04 | 4,075.01 | 4,069.24 | 4,064.03 | 4,087.57 | 4,125.26 | 4,116.31 | 4,093.54 | 4,091.47 | 4,091.47 |  |
| Vacancy Rate |  | 9.41% | 9.51% | 10.11% | 10.33% | 9.92% | 9.93% | 10.31% | 10.59% | 10.05% | 9.24% | 9.41% | 10.24% | 10.53% | 10.53% |  |

* LYO - last year out-turn, YTD - year to date, YEF - year end forecast

Finance & Performance Report - May 2016

| Description | Target | All Tumour Sites | Brain | Breast | Colorectal | Gynaecology | Haematology | Head and Neck | Lung | Paediatric | Skin | Upper GI | Urology | Total |
|-------------------------------------------------------------------------------------|--------|------------------|-------|--------|------------|-------------|-------------|---------------|-------|------------|-------|----------|---------|-------|
| Cancer - 14 day - Urgent Cancer GP Referral to date first seen | 93% | - | 100% | 97.2% | 93.3% | 92.1% | 100% | 94.4% | 100% | 100% | 93.9% | 92.2% | 96.7% | 94.6% |
| Cancer - 14 day - Urgent GP Breast Symptom Referral to date first seen | 93% | - | - | 97.9% | - | - | - | - | - | - | - | - | - | 97.9% |
| Cancer - 31 day - from diagnosis to treatment for all cancers | 96% | - | - | 100% | 93.3% | 100% | 100% | 66.7% | 100% | - | 100% | 100% | 100% | 98.3% |
| Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments | 98% | 100% | - | - | - | - | - | - | - | - | - | - | - | 100% |
| Cancer - 31 Day For Second Or Subsequent Treatment - Surgery | 94% | 100% | - | - | - | - | - | - | - | - | - | - | - | 100% |
| Cancer - 31 Day For Subsequent Treatment From Decision To Treat | 96% | 100% | - | - | - | - | - | - | - | - | - | - | - | 100% |
| Cancer - 62 day - From Referral for Treatment following a Consultant Upgrade | 85% | - | - | - | 100% | 100% | 100% | 100% | 100% | - | 100% | 100% | 100% | 100% |
| Cancer - 62 day - From Referral for Treatment following national screening referral | 90% | - | - | 100% | - | - | - | - | - | - | - | - | - | 100% |
| Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers | 85% | - | - | 100% | 78.6% | 63.6% | 0% | 40% | 62.5% | - | 100% | 45.5% | 87.5% | 79.6% |

Cancer 104 days – Breaches beyond 104 days ytd.

2015-16

| | Month | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Number of patients who are untreated | Number of patients who have breached beyond 104 days | | | | | | | 8 | 15 | 19 | 15 | 8 | 2 |
| Number of patients who are untreated and either do not have a TCI date, or do not have a TCI date within target time. | Number of patients who have breached beyond 104 days | | | | | | | 4 | 1 | 5 | 3 | 1 | 2 |

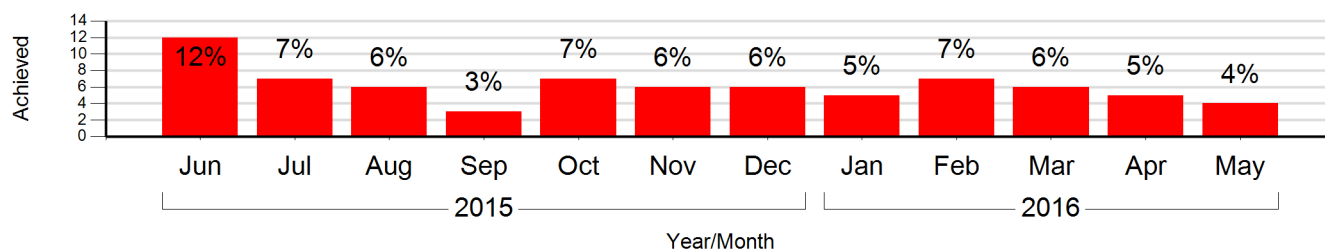
2016-17

[illegible]

Quality & Risk Fails

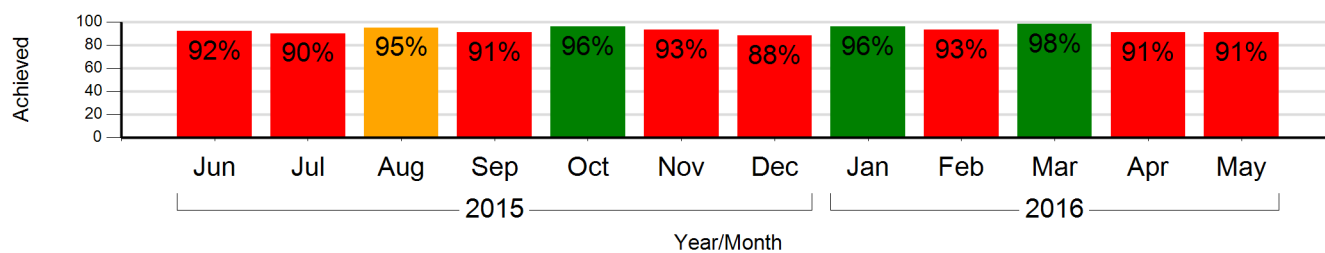
Friends & Family – ED – Footfall

Friends & Family – ED – Footfall



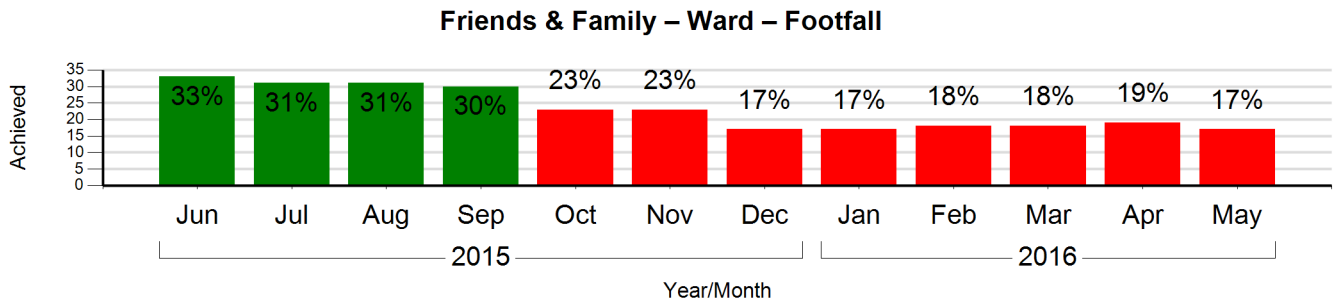
Friends & Family – ED – Recommended %

Friends & Family – ED – Recommended %



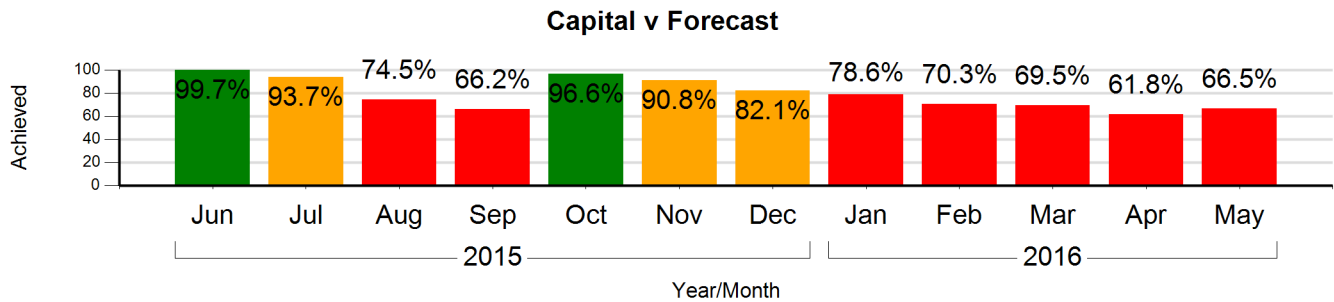
Quality & Risk Fails

Friends & Family – Ward – Footfall



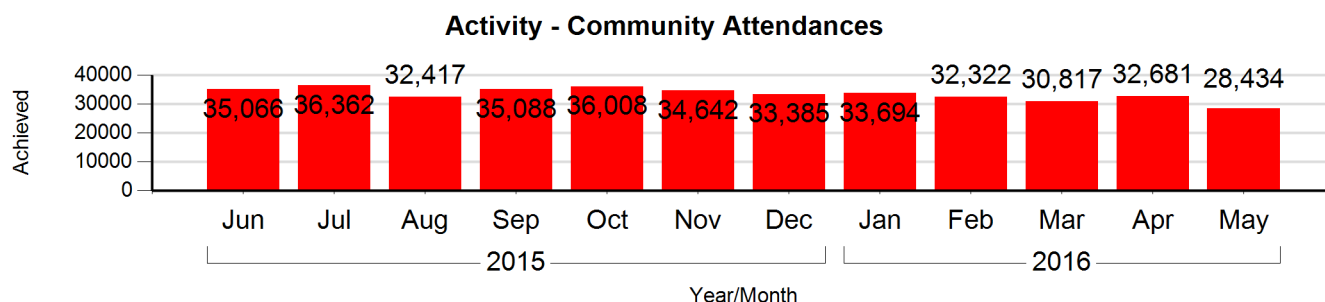
Finance Fails

Capital v Forecast

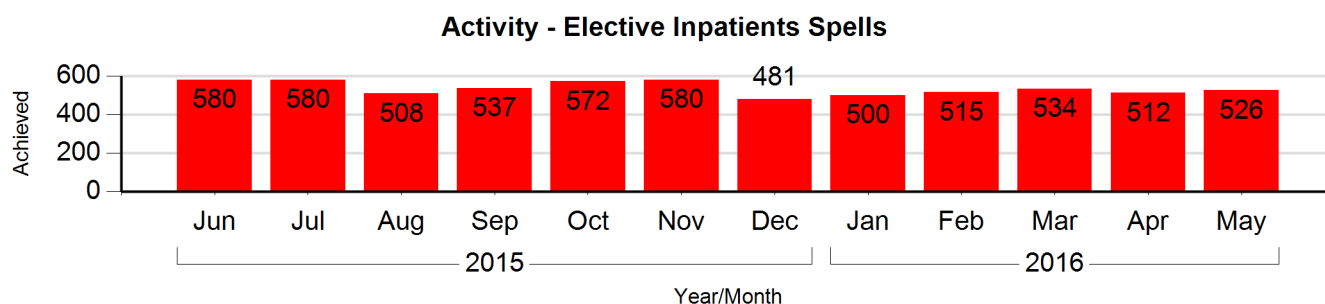


Performance Fails

Activity - Community Attendances

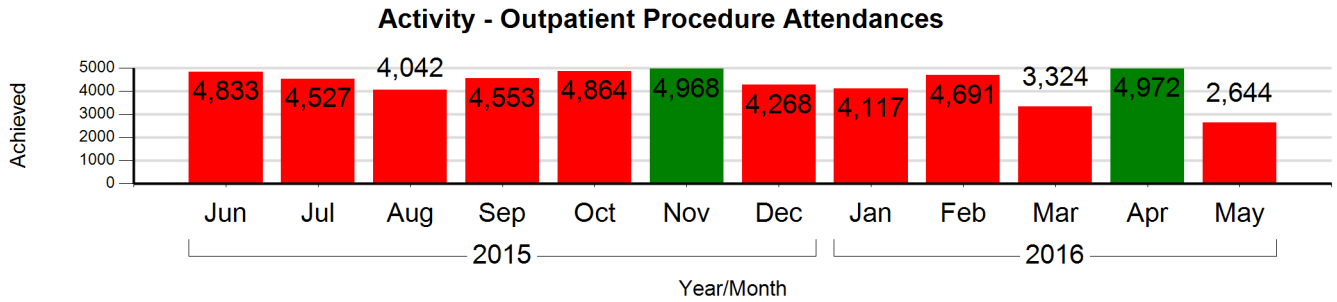


Activity - Elective Inpatients Spells



Performance Fails

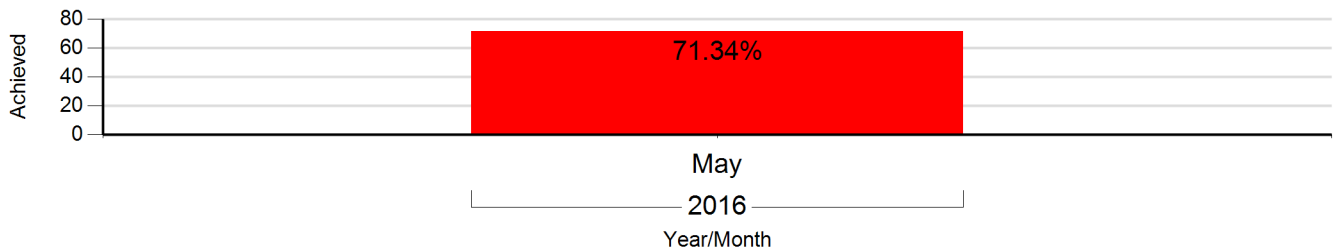
Activity - Outpatient Procedure Attendances



Staff/HR Fails

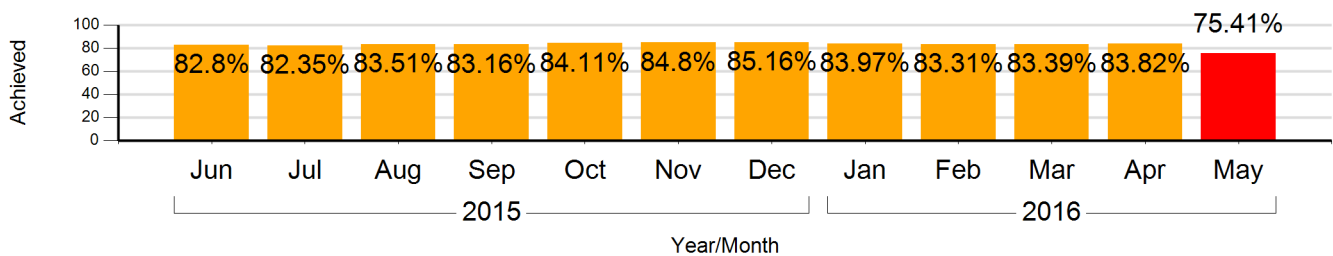
Mandatory Training (Professional Requirements)

Mandatory Training (Professional Requirements)



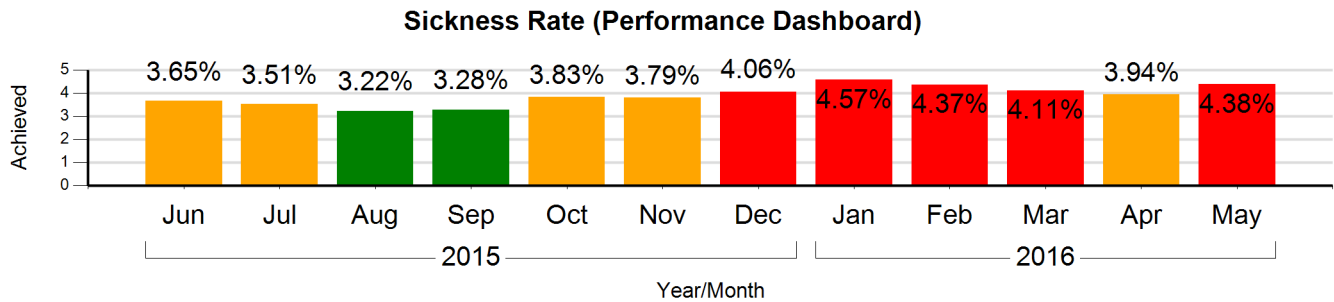
Mandatory Training (Substantive)

Mandatory Training (Substantive)



Staff/HR Fails

Sickness Rate (Performance Dashboard)



Paper for submission to the Board on 7th July 2016

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| TITLE: | TITLE: Transformation and Cost Improvement Programme (CIP) Summary Report – June 2016 | | |
| AUTHOR: | Amanda Gaston 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: Deliver a viable future | | | |
| SUMMARY OF KEY ISSUES: Transformation Executive Committee (TEC) met on 23 rd June 2016 to review the 2016/17 CIP status. The Trust has identified 45 projects for delivery in 2016/17 totalling £11,365K (95% of the planned target). Based on the Month Two position, the Trust has identified schemes totalling £11,365K against a Full Year (FY) target of £11,908K, leaving a shortfall against the target of £543K. The Trust is forecasting to deliver £10,653K against a full year plan of £11.908m. To address the shortfall, TEC agreed to undertake a detailed assessment of the following areas to identify opportunities to close the forecasted shortfall: <ul style="list-style-type: none"> • Current capacity and agency plans and budgets • Corporate Department budgets | | | |
| IMPLICATIONS OF PAPER: | | | |
| RISK | Y | Risk Description: ST001 – Capability to deliver the Programme of work ST002 – Delivery of the Programme negatively impacting on Quality of Care or Patient Experience Capacity to deliver Programme of work Change in Executive Lead COR080 – Failure to Deliver 2016/17 Cost Improvement Programme | |

| | | |
|------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
| | Risk Register: Y | Risk Score: 4, 4, 16 (respectively) |
| COMPLIANCE and/or LEGAL REQUIREMENTS | CQC | N |
| | Monitor | Y |
| | Other | N |
| ACTION REQUIRED OF BOARD | | |
| Decision | Approval | Discussion |
| | Y | Y |
| RECOMMENDATIONS FOR THE BOARD | | |
| Note progress during April, delivery of CIP to date and the current forecast outturn proposal. | | |

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: Deliver 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 good outcomes, promotes a good quality of life and is based on the best available evidence |
| CARING | Staff involve and treat 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 |

Trust Board of Directors

Service Improvement and PMO Update

7th July 2016

Executive Summary

The Trust has an overall Cost Improvement Programme (CIP) target of £11,908K in 2016/17. To support this, the Trust has identified 45 projects to deliver savings in 2016/17.

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
- Workforce
- Outpatients

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

| | Full Year (FY) | | | YTD Performance against identified Plans | | | Y/E Forecast of identified Plans | |
|-------------------|-----------------|-----------------|-----------------------------|------------------------------------------|----------------|-------------------------------------------|----------------------------------|----------------------------------------|
| CIP Project Plans | FY Target | FY Identified | Shortfall against FY Target | YTD Plan (from identified schemes) | YTD Actual | YTD Variance (against identified schemes) | Y/E FOT of identified schemes | Y/E FOT Variance of identified schemes |
| TOTAL | £11,908k | £11,365k | £543k | £1,759k | £1,410k | -£349k | £10,653k | -£712k |

Based on the Month Two position, the Trust has identified schemes totalling **£11,365K** against a Full Year (FY) target of **£11,908K**, leaving a shortfall against the target of **£543K**. Further, the Trust is forecasting to deliver £10,653K of the £11,365K it has identified to date. This creates an additional shortfall of **£712K** against identified schemes. As a result, the Trust's is forecasting an overall shortfall of **£1,255K** for 2016/17.

Of the 45 projects due to deliver savings in 2016/17, 32 Project Initiation Documents (PIDs) have been approved by the Transformation Executive Committee (TEC). TEC approved a further four projects this month.

Executive Summary

| | | YTD | FYE | | Submitted Plan | Overall Shortfall | |
|----------------------------------------|-------------------|-------------|--------------|------------|----------------|-------------------|----------------------------------------|
| Planned | | £1,758,912 | £11,364,823 | Identified | £11,364,823 | | |
| Actual | | £1,410,179 | £1,410,179 | Target | £11,907,990 | | |
| Forecast | | £1,410,179 | £10,653,041 | Variance | -£543,167 | -£1,254,949 | |
| Variance | | -£348,733 | -£711,783 | | | | |
| Programme (Click for details) | Executive Lead | FYE Plan | FYE Forecast | YTD Plan | YTD Actual | Shortfall | Planned Lord Carter Contribution |
| Delivering Efficiency and Productivity | Paul Bytheway | £4,665,059 | £4,420,784 | £646,199 | £516,522 | -£244,275 | £2,993,347 |
| Value for Money Infrastructure | Paul Taylor | £4,895,783 | £4,725,278 | £824,550 | £763,160 | -£170,505 | £1,343,000 |
| Workforce | Dawn Wardell | £1,500,181 | £1,199,381 | £237,530 | £113,832 | -£300,800 | £849,864 |
| Outpatients | Anne Baines | £303,800 | £307,598 | £50,633 | £16,666 | £3,798 | £200,000 |
| View all Projects | Total | £11,364,823 | £10,653,041 | £1,758,912 | £1,410,179 | -£711,783 | £5,386,211 |



2016/17 Forecast Non Recurrent

£1,820k

% of Total CIP Forecast as Non Recurrent

17.09%