The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 1 December, 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** Standing declaration to be reviewed against agenda items.		J Ord	To Note	9.30
3.	**Announcements**		J Ord	To Note	9.30
4.	**Minutes of the previous meeting**				
	4.1 Thursday 3 November 2016	Enclosure 1	J Ord	To Approve	9.30
	4.2 Action Sheet 3 November 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 Harrison	To Discuss	9.50
7.	**Patient Safety and Quality**				
	7.1 Chief Nurse Report	Enclosure 4	D Wardell	To Note & Discuss	10.00
	7.2 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 5	D Wulff	To Note & Discuss	10.10
	7.3 BCA Report	Enclosure 6	T Whalley	To Note	10.20
	7.4 Workforce Strategy	Enclosure 7	A McMenemy	To Note	10.30
	7.5 Research and Development Report	Enclosure 8	J Neilson	To Note	10.40
	7.6 Quality Accounts Report	Enclosure 9	D Wardell	To Note	10.50
	7.7 Audit Committee Exception Report	Enclosure 10	R Miner	To Note	11.00
	7.8 Workforce Committee Exception Report	Enclosure 11	A McMenemy	To Note	11.10
8.	**Finance and Performance**				
	8.1 Cost Improvement Programme and Transformation Overview Report	Enclosure 12	A Gaston	To Note	11.20
	8.2 Finance and Performance Committee Exception report	Enclosure 13	J Fellows	To Note & Discuss	11.30
	8.3 Forecast against 2015/16 Business Plan Objectives	Enclosure 14	L Peaty	To Note & Discuss	11.40
9.	**Any other Business**		J Ord		11:50

10.	**Date of Next Board of Directors Meeting** 9.30am 5 January 2017 Clinical Education Centre		J Ord		11:50
11.	**Exclusion of the Press and Other Members of the Public** To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960).		J Ord		11:50

Enclosure 1

The Dudley Group NHS
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 3rd November, 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
Doug Wulff, Non Executive Director
Ann Becke, Non Executive Director
Jonathan Fellows, Non Executive Director
Paul Harrison, Chief Executive
Dawn Wardell, Chief Nurse
Matt Banks, Medical Director
Paul Bytheway, Chief Operating Officer

In Attendance:

Helen Forrester, EA
Glen Palethorpe, Director of Governance/Board Secretary
Andrew McMenemy, Director of HR
Liz Abbiss, Head of Communications and Patient Experience
Amanda Gaston, Head of Service Improvement (Item 16/108.1)
Lisa Peaty, Deputy Director of Strategy and Performance (Item 16/107.3)
Lizzie Pudney, Shadowing Matt Banks

16/100 Note of Apologies and Welcome
9.33am

Apologies were received from Anne Baines.

16/101 Declarations of Interest
9.33am

The Chief Executive's standing declaration was noted and this did not conflict with any items on the agenda.

There were no other declarations of interest.

16/102 Announcements
9.33am

None to note.

16/103 Minutes of the previous Board meeting held on 6th October, 2016 (Enclosure 1)
9.34am

The Chairman confirmed that there were two misspellings of the word "Filipino" on page 5 of the minutes.

Dr Wulff, Non Executive Director, commented that on the same page the fourth last paragraph should read "The Chief Nurse confirmed it is difficult to be certain because of the backlog in reviewing cases but initial views show a positive trajectory."

Mr Atkins, Non Executive Director, confirmed that on page 8 the bullet point should read "The Committee noted that fund spending had improved."

With these amendments the minutes of the previous meeting were agreed by the Board as a true and correct record of the meetings discussion and could be signed by the Chairman.

16/104 Action Sheet, 6th October, 2016 (Enclosure 2)
9.35am

All items on the action sheet were either complete or for a future meeting.

16/105 Patient Story
9.37am

Liz Abbiss, Head of Communications and Patient Experience, presented the patient story. The video was of a patient being treated on Ward B3 following a fall. The patient had received a positive experience during his stay.

Mr Atkins, Non Executive Director, confirmed that it was good to hear the observations from a patient's perspective especially as the patient was talking about all aspects of his experience from ward cleanliness, food through to direct care.

Mr Banks agreed and commented that the feedback should be shared with the clinical team.

The Chief Executive agreed it was positive to hear the story.

The Chairman asked how the story could be used further for learning. The Board suggested that this would be an ideal example to show at the Trust induction sessions and share feedback with our on-site partners.

The Chairman and Board noted the story.

Feedback to be shared with the Clinical Team and also considered for use in further learning eg Trust Induction.

16/106 Chief Executive's Overview Report (Enclosure 3)
9.45am

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

- **Friends and Family:** The detailed report had been presented to the Finance and Performance Committee. The Board noted the good performance for positive recommendations. Further work is being undertaken on improving response rates.

- **Outpatient Friends and Family Test Results:** Since May there had been a 10% increase in those Friends and Family who would recommend the Outpatients Department.

- **Visits and Events:** The Board noted the meetings and events attended by the Chief Executive during the previous month.

- **Committed to Excellence:** The Awards have been launched with over 100 nominations already received. Winners will be announced at the ceremony on 16th March, 2017. The Trust continues to look for sponsors for this event.

- **Flu:** The Trust has a CQUIN attached to the number of frontline staff who receive the vaccine, which stands at 75% of eligible frontline staff to be vaccinated. As of 21st October, 2016, 28% of frontline staff had received the vaccine. Mrs Becke, Non Executive Director, asked about the methodology for collecting data from those not vaccinated on Trust premises. Mrs Wardell said that there is a process to capture these and these do count if they are front line staff to our 75% target The Board noted that only vaccinating front line staff contributed to the CQUIN measure, but that other support staff will be offered the vaccine later in the campaign.

- **National Staff Survey:** Staff will have received an email with a unique link to the survey. To make sure it can effectively influence changes based on the way staff feel about working for the Dudley Group, the Trust needs as many staff as possible to fill out a survey and tell us what they think. The Chairman asked about Community response rates. Liz confirmed that the Community response rates were relatively positive. The deadline for completion is the first week of December.

- **Chief Executive's Video Briefing:** The Chief Executive filmed his first update on 13th October, 2016. The previous 3 videos had achieved a combined reach of 12,319 hits across social media.

- **Nursing Time Awards:** The Day Surgery Team had been shortlisted but unfortunately did not win an award. An enjoyable evening was experienced by all attendees.

Dr Wulff, Non Executive Director, asked about the Friends and Family texting service. The Chief Executive confirmed that this had been discussed at Directors and the order had now been placed. Liz confirmed that there will be a plan for roll out in the next few weeks.

The Chairman and Board noted the report.

16/107 Patient Safety and Quality

16/107.1 Chief Nurse Report (Enclosure 4)
9.58am

The Chief Nurse presented the Chief Nurse Report given as Enclosure 4.

The Board noted 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 recorded 23 cases to date in 2016/17, 4 of these cases were associated with a lapse in care. There are still 15 cases without an outcome to be determined.

Norovirus: No cases to note.

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

- Amber shifts (shortfall against establishment) total figure for the month is 59 which is an increase from the last month (44).
- The RAG rating system had been rolled out across the wards. There was 1 red shift in this methodology for that period on the Neonatal Unit, no safety issues were identified.
- Shortfall shifts were reviewed and no safety issues identified that affected the quality of care, reduction in the amber RN shifts was due to new staff in post in midwifery.
- The Care Hours per Patient Day (CHPPD) is reported in a limited way in the report.

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

- There is one escalation at level 4 which is a different area to the last report and 4 escalations at level 3 now in place. The red category area is receiving more intensive support which has seen an appropriate change in results.

The Chief Nurse presented an update on Recruitment, including:

- Registered Nurse vacancies are currently at 95 WTE after new graduates commenced in September and October.
- Existing Registered Nurse recruitment streams are continuing but with limited success.
- 9 International Nurses have completed IELTS successfully. They are required to pass the CBT (Test of Clinical Expertise) then apply for a Visa.
- Band 2 recruitment had seen 46 support workers join the Trust (August to October).

The Chief Nurse presented an update on Allied Health Professionals, including:

- A Listening into Action event was held in October which was very well attended by a range of AHPs. Information is now being collated from the feedback to agree actions.

Dr Wulff, Non Executive Director, asked about the red shift on NNU. The Chief Nurse confirmed that the ward was only closed to admissions.

Mrs Becke, Non Executive Director, asked about the sickness on CCU. The Chief Nurse confirmed that the number was accurate and the absences had been managed appropriately.

The Board discussed recruitment and the Chairman asked about looking at returners and moving part time staff to full time. The Chairman asked about offering incentives and the Board noted that this is already done in some hard to fill areas. The Chairman asked the Workforce Committee to discuss what additional efforts could be taken to improve the position. The HR Director confirmed that there was a Group being established to do this.

The Chairman and Board noted the report.

The Workforce Committee to discuss what additional efforts could be taken to improve the nurse vacancy position.

16/107.2 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 5)
10.07am

Mr Atkins, Non Executive Director, presented the Clinical Quality, Safety and Patient Experience Committee Exception Report, given as Enclosure 5. The Board noted the following key areas from the previous Committee meeting:

- Operational Management assurance was provided on the performance in respect of Key Quality Indicators.

- The unvalidated Stroke Swallow Screen recorded performance showed a reduction following a period of stronger performance. More staff training is being implemented to ensure a greater number of staff are competent to undertake swallow assessments so reducing the impact of staff absences. A Stroke Coordinator had been appointed which will also assist in maintaining focus in this area.

- VTE and Stroke TIA performance remained poor as was predicted in the previous report. Both of these areas provided management assurance that they were on plan to achieve their compliance trajectory for October and November.

- Three policies failed to be presented to the October Policy Group meeting. These policies along with the scheduled final out of date policy due in September will be presented at the November meeting. There are a further seven policies due to be presented to the November meeting and Executive Director challenge meetings are scheduled to take place to ensure that the November date is achieved for all eleven policies.

- Management Assurance was provided regarding leaning from closed Serious Incident investigations in the previous quarter. The Committee asked for a report to come from the Deteriorating Patient Group on their activity including the work they do to promote learning and improvement within the Trust.

- Executive Management assurance was received via the Quality and Safety Group in respect of the last meeting's agenda items, which included the work of the Falls Prevention and Management Group, and the Resuscitation Group. The Committee asked for a report to come from the Falls Group on their activity, including the work they do to promote better falls management and prevention within the Trust.

- The Committee received the corporate aggregate learning report from quarter one and it was encouraging to see the learning and feedback.

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

16/107.3 Operational Plan 2016/17 Quarter One and Quarter Two Progress against the Annual Goals Report (Enclosure 6)
10.10am

The Deputy Director of Strategy and Performance presented the Operational Plan 2016/17 Report given as Enclosure 6.

The Board noted the following key areas:

- Feedback from the March 2016 internal audit had been incorporated into the report.

- Some progress was noted. There was a small decrease in red indicators and a slight increase in green and amber indicators .

- Mitigations were listed in the appendix.

- There were two indicators where the owner has requested a change to timescale and legitimate reasons were noted for the extension.

- The Quarter 3 report will include a projection for the Quarter 4 position.

- The Quarter 4 report will be a document that can be shared with staff and stakeholders.

Mrs Becke, Non Executive Director, suggested that the projection should be done now and not left until the end of Quarter 3. The Chairman commented that the presentation of the Quarter 3 report in February will be very close to year end. The Director of Finance and Information suggested that red and key amber areas could be taken before the Quarter 3 report was available. The Chairman asked about the consequences of not hitting our targets. The Director of Finance and Information replied that the consequence would be related to the specific indicator, some were linked to our contract which if not on block could have led to a financial penalty but others are linked to our own local goals so the penalty would be us failing to achieve what we set out to do.

Mr Miner, Non Executive Director, commented that some of the measures of achievement were not easy to quantify. The Deputy Director of Strategy and Performance agreed and confirmed that she was mindful of this going forward.

Mrs Becke, Non Executive Director, asked about the deterioration of the MUST scores. The Chief Nurse confirmed that this was down to the mix of staff on wards and actions were being taken to improve the position.

Dr Wulff, Non Executive Director, suggested that agency nurses should be able to undertake MUST scores.

The Chief Executive asked about the confidence in the reasons for the scores not being undertaken. The Chief Nurses confirmed that the Matrons and Lead nurses are now undertaking daily checks. The Chief Executive asked if there was a breakdown of why the checks did not happen. The Chief Nurse confirmed that this was not available on a ward by ward basis.

The Board noted that a report will be presented to the December Board meeting on red and hot amber areas with a prediction of the year end position.

The Chairman and Board noted the report and progress. The Board agreed the change to the timescales for 2 of the goals.

A further report on red and hot amber areas to be presented to the December Board.

16/107.4 Complaints and Claims Quarter 2 Report (Enclosure 7)
10.29am

The Director of Governance/Board Secretary presented the Complaints and Claims Quarter 2 Report, given as Enclosure 7.

The Board noted the following key issues:

- Slight decrease in the number of complaints in Quarter 2.

- A number of dissatisfied complaints had been registered in the quarter. The Trust is looking at the way it engages with complainants early on as none of those dissatisfied had taken up the offer a meeting to understand their issues ahead of the Trust response.

- A number of resolution meetings had taken place in the quarter which showed they remained useful and valued.

- 3 inquests closed in the quarter.

- No rule 28 reports issued in the quarter. One rule 28 report had been recently issued and this will be reported to the Clinical Quality Safety and Patient Experience Committee and the Board. The Trust is working with another organisation for a co-ordinated response to this.

- A number of claims had been closed. An NHSLA engagement event is being planned.

- Communication remains a secondary issue in many complaints.

The Director of Finance and Information asked about feedback from CNST around the increasing value of claims. The Director of Governance/Board Secretary confirmed that this was not related to a general increase or underlying trend.

The Chairman commented on the positive number of compliments when compared to the number of complaints.

The Chairman and Board noted the report and detailed complaints and claims activity.

Rule 28 Report to be presented to the Clinical Quality, Safety, Patient Experience Committee and Board.

16/107.5 Black Country Alliance Report (Enclosure 8)
10.35am

The Chief Executive presented the Black Country Alliance Report, given as Enclosure 8.

The Board noted the Programme Director's report and newsletter.

The Programme Director will be attending the December Board. The Chief Executive confirmed that there are ongoing discussions around the role of the BCA in the STP.

Mrs Becke, Non Executive Director, asked about IT and how strongly the Trust was represented in the BCA with regard to this. The Chief Executive confirmed that the Trust is represented and he was not aware of any concerns from BCA discussions.

Mr Miner, Non Executive Director, asked about the viability of the BCA work. The Chief Executive confirmed that the BCA has provided some tangible benefits but not necessarily financial benefits.

Dr Wulff, Non Executive Director, commented that some of the quality improvements are measureable but it is difficult to show their financial benefits.

The Board approved the BCA Mortality Review Terms of Reference.

The Chairman and Board noted the report and the need to continue to monitor financial benefits.

16/107.6 Corporate Risk Register and Assurance Report (Enclosure 9)
10.45am

The Director of Governance/Board Secretary, presented the Corporate Risk Register and Assurance Report, given as Enclosure 9.

The report will be presented to the next Audit Committee on 15th November, 2016.

There had been no new or escalated risks.

Two risks had increased during the year, five risks had decreased and there had been one de-escalated risk.

There were some assurance gaps noted recognising that in these areas assurances were flowing through the system and some had or will be discussed at this Board meeting.

The Chairman commented on the assurance gaps and what actions the Board could take. The Director of Governance/Board Secretary confirmed that the gaps in assurance recorded where at a point in time. The view of the Executives was that they should not affect the risk rating, noting none of those affected risks had reduced.

The Chief Nurse confirmed that the Trust is reassessing the Tier 4 CAHMS beds risk. The CCG had confirmed that it would spot purchase beds for Tier 4 CAHMS patients.

The Chairman and Board noted the report.

Corporate Risk Register and Assurance Report to be presented to the Audit Committee on 15th November, 2016.

16/107.7 Update from End of Life and Palliative Care Strategy Group Report (Enclosure 10)
10.49am

Dr Wulff, Non Executive Director, presented the Update from the End of Life and Palliative Care Strategy Group Report, given as Enclosure 10.

The Board noted the following key issues:

- Assurances on Workstreams: Dr Wulff confirmed that this was a mixed picture. There were a number of areas where there is no or limited assurance of progress. This is due to issues around national guidance and the difficulty around where the work of the group is being monitored across the health economy.

- The Group has taken the decision to look at changes to national guidance listed in the report.

- The Board noted the lack of clarity around reporting in the health economy. The Chairman asked about how this might be taken forward. The Chief Executive confirmed that the Partnership Board Terms of Reference will be discussed on the Private agenda and this issue could be considered then.

Mr Atkins, Non Executive Director, confirmed that initiatives around end of life had been received at the Clinical Quality, Safety, Patient Experience Committee who felt this was a really positive piece of work.

The Chairman and Board noted the report, progress made and assurances given.

16/108 Finance and Performance

16/108.1 Cost Improvement Programme and Transformation Overview Report (Enclosure 11)
11.00am

Paul Taylor, Director of Finance and Information and Amanda Gaston, Head of Service Improvement, presented the Cost Improvement Programme and Transformation Overview Report, given as Enclosure 11.

The Board noted the following key highlights:

- CIP target for year of £11.9m. The Trust has identified schemes of £11.4m. The Board noted that it will be difficult to close the gap.

- The Trust now needs to focus on the 2017/18 schemes and the team are receiving support from Deloittes.

- The shortfall is as a result of not being able to close wards and reduce nurse agency spend.

- Everyone is still focussed on schemes and there is a rigorous process of monthly review.

- The majority of schemes have now been through the QIA process.

- Deloittes have been impressed with the work of the team and have confirmed that there are no easy wins that the Trust had not already considered.

- The Board noted that the divisions are stretched with capacity demands on their time but have provided excellent engagement.

Mrs Becke, Non Executive Director, confirmed that she had taken assurance from Deloittes in confirming the rigour in our process.

Mr Fellows, Non Executive Director, asked about ED admissions and the CCG's view. The Chief Operating Officer confirmed that the AEC has had a very positive effect.

Dr Wulff, Non Executive Director, asked about the reasons for the increased ED attendances. The Chief Operating Officer confirmed that there was no specific trend.

Dr Wulff asked about the position with Delayed Transfers of Care. The Chief Operating Officer confirmed that numbers are still high.

The Chief Executive confirmed that nationally the Midlands and East region had the worst performance in delayed discharges.

The Chairman and Board noted the report, assurances received and the continued rigour applied. The Chairman confirmed that the Board will wish to see further assurance around the actions taken to close the financial gap and achieve the required control totals.

16/108.2 Finance and Performance Committee Exception Report (Enclosure 11) 10.55am

Mr Fellows, Committee Chair, presented the Finance and Performance Committee Exception Report, given as Enclosure 11.

The Board noted the following key issues:

- For the first 6 months of the year the Trust is ahead of budget and had achieved the first 2 quarters of STF funds.

- All performance targets were being met except for Diagnostic waits where the Committee noted that a recovery plan is in place and a business case is being prepared to provide additional capacity for scans in order to resolve the issues in the medium term.

- The Trust will need to continue to work hard to maintain performance and obtain the remaining STF funding.

The Board noted that a number of measures had been put in place and these will be discussed on the private agenda, including agency spend and the EPR business case.

The Chairman and Board noted the report and the in year financial challenges faced by the Trust.

16/109 Any Other Business
10.58am

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

16/110 Date of Next Meeting
10.58pm

The next Board meeting will be held on Thursday, 1st December, 2016, at 9.30am in the Clinical Education Centre.

Signed ……

Date ……

Enclosure 2

The Dudley Group NHS
NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors Public Session
Held on 3 November 2016

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
16/107.6	Corporate Risk Register and Assurance Report	To be presented to the Audit Committee on 15th November, 2016.	GP	15/11/16	In Audit Committee Report.
16/107.1	Chief Nurse Report	The Workforce Committee to discuss what additional efforts could be taken to improve the nurse vacancy position.	AM/DWa	22/11/16	Presented at F&P and Workforce and Staff Engagement Committee W/C 21.11.16
16/107.4	Complaints and Claims Report	Rule 28 Report to be presented to the Clinical Quality, Safety, Patient Experience Committee and Board.	GP	20/12/16 5/1/17	Meeting with other NHS Provider scheduled for early December. On track to present the report to CQSPE and meet the deadline for reporting to the Coroner.
16/096.5	Charitable Funds Committee	The use of Charitable Funds for educational requirements to be discussed at the next Committee meeting.	JA	30/11/16	
16/030.3 & 16/086.3	NHS Preparedness for a Major Incident	Sharon Walford to be invited to present on Emergency Preparedness at a future Board General Clinical Presentation.	PB	1/12/16	On Clinical Presentation Agenda.
16/096.7	Medical Appraisal and Revalidation Annual Report	The Medical Director and Responsible Officer to meet to look at the Trust's approach to Revalidation following the split in role.	MB/PS	1/12/16	Done. Fortnightly meetings taking place with HR.
16/096.8	People Plan/Workforce Strategy	Full People Plan/ Workforce Strategy to be presented to the December Board.	AM	1/12/16	On Agenda.

16/096.1	Organ Donation Annual Report	Chief Nurse to look at the competencies of the nursing teams with respect to being able to support the communication with families in relation to organ donation.	DWa	1/12/16	Verbal Update to Board
16/096.10	Outpatient Optimisation Programme Report	Louise McMahon to develop posters to show the public the improvements made and give them information on those that are being worked on.	LM	1/12/16	Posters are currently being developed and will be ready for display in December.
16/105	Patient Story	Feedback to be shared with the Clinical Team and also considered for use in further learning eg Trust Induction.	MB/AM	1/12/16	Done
16/107.3	Operational Plan 2016/17	A further report on red and hot amber areas to be presented to the December Board.	LP	1/12/16	On Agenda
16/086.7	Six New Requirements in NHS Standard Contracts for Hospitals in Relation to Hospital/General Practice Report	Further update on NHS Standard Contracts in relation to Hospital/General Practice to the January 2017 Board meeting.	PB	5/1/17	

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board Meeting – 1st December 2016

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

SUMMARY OF KEY ISSUES:

- Friends and Family
- Visits and Events
- Children and Adolescent Mental Health Services (CAMHS) Update
- Sustainability and Transformation Plan
- Flu Vaccination
- National Staff Survey
- HSJ Value in Healthcare Awards

IMPLICATIONS OF PAPER:

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

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

Decision	Approval	Discussion	Other

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

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

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

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

The Dudley Group NHS
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Chief Executive's Report – Public Board – December 2016

Patient Friends and Family Test:

Quality Priority - Patient Experience

Based on the latest published NHS figures (Sept 2016), all but one area continued to meet the quality priority target of monthly scores that are equal to, or better than, the national average for the percentage of patients who would recommend the service to friends and family.

The exception was outpatients which, with a score of 92.4% in September, narrowly missed the target of 93%. We are pleased that there has been significant improvement since May 2016 where the score was 82%.

% FFT Scores	Apr 16	May 16	Jun 16	Jul 16	Aug 16**	Sep 16	Oct 16
Inpatient	**97%**	**97%**	**97%**	**95%**	**96.6%**	**96.6%**	**97.9%**
National	96%	96%	96%	96%	95%	96%	n/a
A and E	**91%**	**91%**	**88%**	**92%**	**91.8%**	**91.9%**	**93.8%**
National	86%	85%	86%	85%	87%	86%	n/a
Maternity Antenatal	**95%**	**100%**	**100%**	**96%**	**98%**	**99%**	**100%**
National	96%	96%	95%	95%	95%	96%	n/a
Maternity Birth	**100%**	**96%**	**99%**	**96%**	**100%**	**99%**	**98.2%**
National	96%	97%	97%	97%	96%	96%	n/a
Maternity Postnatal Ward	**95%**	**96%**	**99%**	**94%**	**98%**	**97%**	**100%**
National	94%	94%	94%	93%	93%	94%	n/a
Maternity Postnatal Community	**100%**	**100%**	**100%**	**99%**	**99%**	**100%**	**98.2%**
National	97%	98%	98%	98%	97%	98%	n/a
Community	**97%**	**95%**	**94%**	**98%**	**96.1%**	**96.1%**	**95.1%**
National	95%	95%	95%	95%	96%	95%	n/a
Outpatients	**85%**	**82%**	**93%**	**92%**	**92.4%**	**92.4%**	**93.2%**
National	93%	93%	93%	93%	93%	93%	n/a

*** note from August, rounding for local reporting now to the nearest 0.1 decimal point as part of a local rebasing exercise. n/a National figures not available*

FFT response rates

The FFT response rate rectification plan continues to support inpatient and ED areas. We aim to achieve response rates which give us meaningful data that we can use to make patient experience improvements.

Description	Jun	Jul	Aug	Sep	Oct
ED – Response rate	1.6%	8.4%	10.7%	5%	5%
Inpatients – Response rate	13.9%	17.9%	18.6%	20.5%	19.2%

RAG rating legend

Area	Red (below national average)	Amber (national average and above but below top 20% of trusts nationally	Green (equal to top 20% of trusts)
Accident & Emergency	<=14.4%	14.5% - 21.2%	21.3% +
Acute Inpatients	<=25.9%	26% - 34.4%	35.1% +

Actions are in place to support an improvement of the response rates including:

- Dedicated volunteer on wards and Day Case to hand out FFT cards
- Advising patients they can fill out the survey in the new welcome booklet
- Provision of survey pens for patients
- Refresh of the FFT posters with a clear call to action
- All staff reminded to ensure all patients are given an opportunity to complete the FFT survey
- Implementation plan for SMS collection of FFT in the Emergency Department go live in January 2017.

Visits and Events

4th November: Chaired Anticoagulation Specialists Association Conference
8th November: Dignity Tree Launch
9th November: BCA Board Meeting
9th November: Delayed Transfers of Care Meeting with LA and CCG
10th November: Board Workshop
11th November: West Midlands Provider Chief Executives
11th November: Emergency Care Improvement Programme Visit
16th November: Chaired Local A&E Delivery Board
16th November: Visit by NHSI
18th November: STP Sponsorship Meeting
23rd November: Partnership Board
23rd November: Signed Carers Pledge
30th November: Revalidation Executive Meeting, Royal College of Physicians
1st December: Lunch with Simon Stevens and HEE Executive Team

CAMHS Update

The Chief Executive met with NHS Improvement on 16th November, 2016, and having previously written to them, discussed the position regarding access to Children and Adolescent Mental Health Services (CAMHS) Tier 4 beds. It was noted that Specialised Commissioning were going to contact the Trust within the next few weeks to discuss support. The issue had been raised at West Midlands Oversight Group and with the CAMHS Delivery Board.

Sustainability and Transformation Plan

Partners from across 18 local health and social care organisations have been invited to participate in the development of proposals to improve health and care for local people. The proposals are known as the Black Country Sustainability and Transformation Plan. STPs are a national requirement and cover all areas of NHS spending in England.

The STP is a collaboration of 18 organisations across primary care, community services, social care, mental health and acute and specialised services across the Black Country and the west of Birmingham. All organisations retain their individual responsibility and decision-making powers, but recognise the opportunity and benefits of coming together for people who use our health and care services. The STP is not a new organisation and it has no statutory powers.

The STPs offer a new way of working for health and social care services locally, focusing on delivering health and care services defined by local area boundaries, not by local organisational boundaries. The aims are to:

- Improve the health and wellbeing of local people
- Improve the quality of local health and care services
- Deliver financial stability and efficiencies throughout the local health care system

By tackling waste, improving standards and working together, we can avoid a potential increase in health costs of over £413 million per year by 2021. This will give better value to the taxpayer, equivalent to £680 a year for every household in the Black Country and West Birmingham.

Local people can expect to see a number of changes happening in their area:

Maternal and infant health

- The NHS in the Black Country and West Birmingham will reduce current high levels of infant mortality to bring it in line with the national average, avoiding the death of 34 babies a year - the equivalent of one child every eleven days.

GP and community services

- With an extra £25m invested in primary care services by 2021, an extra 25,000 appointments a year will be made available at your GP practice.

- All children under 5 and adults over 75 will be guaranteed same day access to GP appointments, meaning 200,000 people will be able to see a family doctor when they need to. This will be rolled out across the Black Country and West Birmingham by 2021.

Hospital services

- The new Midland Metropolitan hospital will bring hospital services together in one place to treat over 570,000 people in a state-of-the art building.

- Over 1,000 people a month who turn up at A&E will be able to have their problem assessed and treated by a GP, reducing waits and improving care.

- By 2021, over 100,000 people will be saved a trip to hospital for their outpatient care, with more treatment offered in local GP surgeries and health centres.

- By bringing all cancer services up to the standard of the best, cancer one year survival rates will reach over 70 percent in the Black Country and West Birmingham.

NHS 111

- From November 2016, by ringing one telephone number, the 1.4m people who live in the Black Country and West Birmingham will be able to book a doctor’s appointment, in the evening and at the weekend, get dental advice, order a repeat prescription, or get urgent health advice.

The full Black Country and West Birmingham Sustainability and Transformation Plan can be found at http://sandwellandwestbhamccg.nhs.uk/better-health-and-care

Local people will be invited to have their say on the proposals through a comprehensive programme of engagement, beginning with a public event on **6th December Bethel Convention Centre, Kelvin Way, West Bromwich, B70 7JW**. To book onto the event contact SWBCCG.engagement@nhs.net

A summary of the Plan is attached as an Appendix to this report.

Flu Vaccination

The Trust offers free flu jabs to all staff to help us ensure we protect our workforce and their families from the seasonal flu virus. Uptake so far this year for clinical staff has been improved on last year and the peer vaccinators are proving very popular as front line staff do not even need to leave their workplace to take up this offer. Non clinical staff can now also take the opportunity. Vaccination rate as at 24th November, 2016 is 35%.

National staff survey

The national staff survey collects staff views about working in their NHS organisation. Data will be used to improve local working conditions for staff, and ultimately to improve patient care. The survey is administered annually so staff views can be monitored over time. It also allows us to compare the experiences of staff in similar organisations, and to compare the experiences of our staff with the national picture.

The overall trust response rate is currently 35.1% (week commencing 21st November, 2016). There are people out and about with laptops to help staff take the chance to give us their feedback. The survey closes on Friday 2nd December.

HSJ Value in Healthcare Awards

We have put two entries forward for the HSJ Value Awards 2017 and we look forward to finding out if they have been shortlisted in the New Year:-

- Daycase Surgery Improvements in the category Improving the Value of Surgical Services
- The Black Country Alliance Interventional Radiology Nephrostomy service in the category Acute Service Redesign.

Appendix

Better Health and Care

In the Black Country and West Birmingham

Health and social care organisations in the Black Country and West Birmingham have developed proposals to improve health and care for local people. The proposals known as the Black Country Sustainability and Transformation Plan (STP) have been led by clinicians.

There is a national requirement to develop five year Sustainability and Transformation Plans covering all areas of NHS spending in England and linking with all the national strategic priorities for health.

Our local STP covers the Black Country and West Birmingham. So if you live in Dudley, Sandwell, Walsall, Wolverhampton or the west of Birmingham in Ladywood, Aston, Handsworth, Lozells or Nechells you are part of the Black Country STP.

We believe that, through working together, we can build on our strengths, achieving great things for local people in a way that we could not do on our own as individual health and care organisations.

The Black Country and the west of Birmingham have a strong track of delivery and innovation. We have three of the highest performing clinical commissioning groups, which purchase high quality healthcare on your behalf. We have collaboration between our acute hospitals, which will improve the health of local people by working closer together. Our colleagues in primary care are leading the way in developing new ways of working across health and social care, community services, mental health, voluntary and community sector and public health. Working together for the benefit of their patients and people that use their services, taking shared responsibility to maximise the potential for individuals and communities to achieve better health and wellbeing.

We believe that through continuing to work together, with **you** - our patients, our staff and our wider stakeholders - we can build on our strengths and achieve great things together for the people of the Black Country and west of Birmingham.

What the STP is

Partners from across health and social care organisations locally have been invited to participate in the development of the Black Country Sustainability and Transformation Plan These organisations retain their individual responsibility and decision-making powers, but recognise the opportunity and benefits of coming together for people who use our health and care services. The STP is not a new organisation and it has no statutory powers.

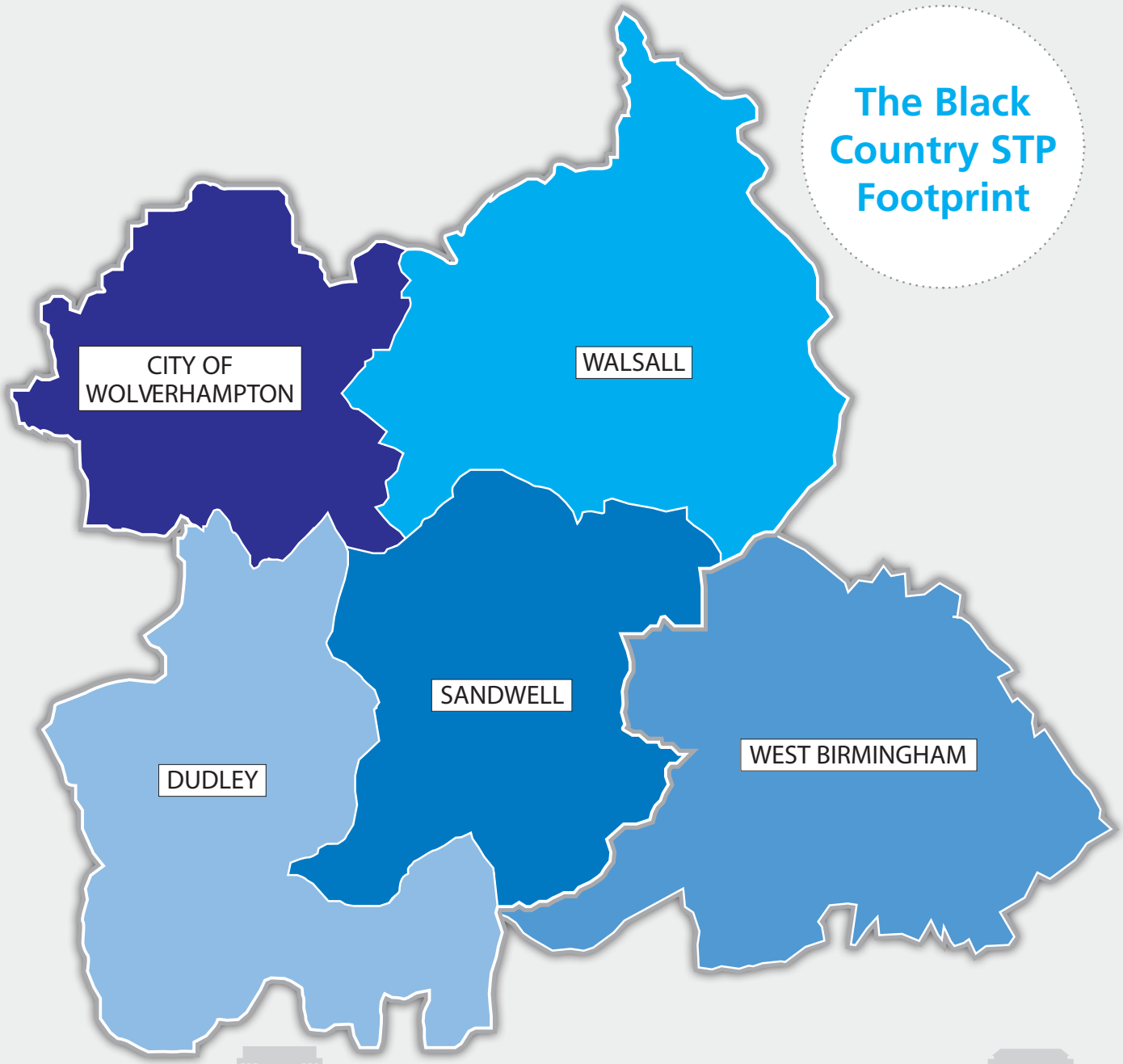
Each organisation involved will be taking the plans through their own governance process and engaging within their own organisation and with their key stakeholders to ensure the plans meet local people's needs. Our plans will evolve with the feedback from our partners and the public.

By ringing **one telephone number**, the **1.4m people** who live in the Black Country and west of Birmingham will be able to book a **doctor's appointment**, get **dental advice**, order a **repeat prescription**, or get **urgent advice.**

STPs offer a new way of working for health and social care services locally, focusing on delivering health and care services defined by local area boundaries, not by local organisational boundaries.

The aims are to:

- Improve the health and wellbeing of local people
- Improve the quality of local health and care services
- Deliver financial stability and efficiencies throughout the local health care system.



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Why we need to do things differently

As our population ages and people live longer than ever before, the number of people requiring care for life also changes. Health and care funding is not increasing in line with the demands on the services. Local authority budgets for social care are also reducing. Without change, in five years' time we are predicting that we will have a £700 million gap between the funding that health and social care has and the money it needs to spend.

We must find a different way in which to plan, organise and provide services if we are to continue meeting the health and care needs of our local population, some of which lives in the most deprived areas in England and suffers some of the worst health outcomes.

People across the Black Country and West Birmingham are telling us that they want:

"…Services there when I need them most"
"…High quality services "
"…To have a say in my care"
"…To be able to help myself to manage my health"
"…To tell my story once"
"…To know where to go when I need help or advice."

We want to:

Transform mental health and learning disability services
Improve maternity and infant health
Create a place where people want to work
Provide the highest quality buildings to deliver health and care
Improve patient outcomes
Increase patient satisfaction
Get patients and people who use the services to the right place at the right time
Support people to self-care

We will do this by:

Delivering local services that improve access for the population. We will offer the continuity of care our patients are telling us they want; care in the right place at the right time.

Continuing to work together to ensure that patients are getting the very best care through a shared network of expertise - a consistent approach to delivering care at scale

Working together to reduce infant mortality, so that fewer babies die each year

Ensuring local women have better births by delivering a sustainable approach to maternity services which meets individual needs

Reducing the number of patients with mental health needs receiving unnecessary inpatient care, ensuring more care is received closer to home

Ensuring people with mental health needs and learning disabilities receive the same high quality service as those with physical ill health.

The success of our STP also relies on our relationship with our patients, people who use our services, our staff and clinicians. We will take an engaging and co-production approach to our STP by getting patients, people who use our services, our staff and clinicians to lead change. Taking decisions together we will ensure that collective action can make a positive difference to the health and care of people across the Black Country and West Birmingham.

Developing local models of care: Place-based care

As our population ages and people live longer than ever before, the number of people requiring care for life also changes. Health and care funding is not increasing in line with the demands on the services. Local authority budgets for social care are also reducing. Without change, in five years' time we are predicting that we will have a £700 million gap between the funding that health and social care has and the money it needs to spend.

We must find a different way in which to plan, organise and provide services if we are to continue meeting the health and care needs of our local population, some of which lives in the most deprived areas in England and suffers some of the worst health outcomes.

> With an extra **£25m** invested in primary care services, by 2021 2**5,000 extra appointments** per year will be made available at **your GP** practice.

The people of the Black Country and West Birmingham are at the heart of our plans. There may be different solutions in each of the City of Wolverhampton, the three Black Country boroughs and the west of Birmingham; this is the right thing to do, working with each community to shape what those solutions are. However, our collective aim is to help people flourish: to support them when they need support; to guide them when they need guidance; and to promote independence throughout. People are individuals and citizens first, patients and service users second. Our whole approach starts with this understanding.

Most people across the Black Country and West Birmingham need enhanced access to care. They want more flexibility in the time and way that they access services.

What are we doing to achieve that?

We will:

- Support primary care to be fit for the future and enable our GPs to support people as the first port of call for health advice
- Make full use of the NHS 111 service and give people a single point of contact for access to services
- Introduce new technologies to support telehealth, for example, monitoring devices for use at home, which send updates back to your GP on weight, blood pressure and other measures
- Support the use of online services for appointment booking etc.

Many people, especially those being supported to live with a health condition, need improved continuity of care. They need to know that the person they see will understand their history and experiences and be able to help them to manage their own health as much as possible.


All **children under 5** and **adults over 75** will be **guaranteed same day** access to primary care **appointments.**

We will:

- Ensure more consistent and proactive services that support people to manage their conditions and achieve their goals
- Work to deliver services that achieve outcomes for people rather than pay for services based on the number of people seen
- Bring specialists out from the hospital to see people in the community.

People with complex care needs or multiple long term health problems, those with frailty and those nearing the end of life need **better co-ordinated care**. They need services that work closely together, integrating (rather than duplicating) care closer to home and improving the patient experience.

By working with you, we will:

- Redesign the health and care systems in each place so that all those involved in a person's care can work together in community teams. These new teams will work together to keep people well and out of hospital as much as possible and will have access to the shared information they need to better help people.
- Use the health and care estate to see teams working from fewer, but better designed, healthcare centres
- Work closely with the voluntary and community sector to link people back to their communities and reduce social isolation.

What difference will it make for people from the Black Country and West Birmingham?

- Easier access to a wider range of care closer to home
- Better outcomes based on what's important to you
- More advice and guidance to help you make the right choices and manage your own health
- Better access to local voluntary and community groups
- More involvement in the design of care services near you
- Support from community and voluntary services when you need them
- More sustainable GP and community services
- Better information about you and your care needs for staff

> Around **34,500 patients** with long term conditions, such as diabetes or heart problems, will be given **technology** to **monitor** their heart rate and blood pressure **remotely.**

What the services could look like

As our population ages and people live longer than ever before, the number of people requiring care for life also changes. Health and care funding is not increasing in line with the demands on the services. Local authority budgets for social care are also reducing. Without change, in five years' time we are predicting that we will have a £700 million gap between the funding that health and social care has and the money it needs to spend.

We must find a different way in which to plan, organise and provide services if we are to continue meeting the health and care needs of our local population, some of which lives in the most deprived areas in England and suffers some of the worst health outcomes.

All Together Better Dudley

In Dudley, health and care partners are working 'All together Better' to develop a Multi-speciality Community Provider (MCP). This is a network of GP practices working with other health and social care professionals to provide more integrated services outside hospitals. This model wraps community health and social care around the GP practices to support Dudley people with improved access, continuity and co-ordination of care

Sandwell and West Birmingham - Modality Vanguard

In Sandwell and West Birmingham, there is a Multi-speciality Community Provider (MCP) being developed. It is being led by a group of GP practices , ensuring that GPs work together to provide the best joined up care for their patients. Sandwell and West Birmingham CCG will be talking to other local providers of health and care, along with the public and staff to understand how best this model can be spread across the whole population by April 2018.

Walsall Together

Health and care partners in Walsall are working together to develop a new model of care: supporting prevention, self-care and community resilience and creating integrated teams, with the GP at the centre, to support people with long term conditions and help people receive care closer to home.

Wolverhampton

In Wolverhampton, both the CCG and the hospital are looking at ways to support primary care to be fit for the future. They will be working with social care to talk to local people about the best model to deliver the right services for the city's communities.

Hospitals working together

In the Black Country and West Birmingham we have the benefit of four hospital trusts delivering care for our population:

- Dudley Group NHS Foundation Trust
- Sandwell & West Birmingham Hospitals NHS Trust
- Walsall Healthcare NHS Trust; and
- The Royal Wolverhampton NHS Trust.

Our plans are clinically-led and are linked to a series of reviews across the Black Country and West Birmingham. By working better together we aim for every patient within the Black Country and West Birmingham to receive the same high standards of care, no matter where they are treated.

> **1,000+** people a month who turn up at **A&E** will be able to have their problem assessed and **treated by a GP, reducing waits** and improving care.

Care networks and specialist services

We already have care networks in place for the treatment of certain conditions including radiology (the use of images, such as x-rays and ultrasounds to diagnose and treat diseases); ear, nose and throat; rheumatology (the study of rheumatism, arthritis and other disorders of the joints, muscles, and ligaments); vascular surgery (surgery relating to arteries and veins) and stroke.

We will maximise the benefits of these networks and develop new joint-working arrangements for children's services and orthopaedics (the area of medicine relating to bones and muscles.).

For orthopaedics, we will investigate how we best provide certain treatments within the Black Country and West Birmingham This may mean providing some services from selected hospital sites rather than every hospital site. Although some patients may have to travel to a different hospital for treatment, it gives us the best chance of keeping specialist services within the Black Country and West Birmingham.

We can make our specialist services stronger through working together. Within each hospital's catchment area, there are not always enough patients with a certain condition to make a single service viable. Through collaborating across hospital trusts we have been able to support the continuation of services from our hospitals by sharing clinical staff and recruiting new staff to work across more than one trust.

- **Rheumatology services**

The Royal Wolverhampton NHS Trust delivers rheumatology services to parts of Staffordshire as well as Wolverhampton. Walsall Healthcare NHS Trust's rheumatology service is supported through the Black Country Alliance – a collaboration of hospital trusts.

- **Urology services**

Through mapping expertise across the trusts we can identify and better resource care for people with conditions such as those relating to kidneys and the bladder, enabling care to be sustained within the Black Country.

- **Neurology**

For the area of medicine relating to nerves and the nervous system, we are looking at joint consultant points across our hospital trusts and further developing our nurse-led services that may help to reduce the demand on consultant-led follow-ups, leading to shorter waiting times for patients.

- **Delivering seven-day services**

Through working together we are better able to provide seven-day services for patients. We already have a joint rota for out-of-hours and weekend non-vascular interventional radiology and are looking at extending this model for plastic surgery, ear nose and throat and breast reconstruction.

Cancer services

We want to improve early diagnosis rates and improve the time from referral to first treatment in order to improve survival chances. We aim to achieve cancer survival rates, which match those of the best performing countries in the world, so that those patients diagnosed with cancer are still alive one year after diagnosis. We also want to improve patient experience. We will achieve all of these things by using clinical evidence and learning from best practice and through screening programmes, information/education campaigns and greater GP access to diagnostic services and specialist advice.

Support services

We can get better value-for-money by joining up some of the clinical support services that we run such as pathology, which looks at the cause and effect of diseases and examines samples in laboratories to diagnose illnesses. One of our key programmes of work is to establish a bank of staff that works across all hospital trusts, helping to reduce our use of temporary, agency workers. We are also looking at non-clinical support functions to see how we can join up services to make them more efficient including payroll, procurement, IT, telephony, legal services, contact centres and domestic services.

The Midland Metropolitan Hospital

Our hospitals are changing. In October 2018, the new Midland Metropolitan Hospital opens in Smethwick, bringing together emergency and acute inpatient care that is currently provided from Sandwell General Hospital and City Hospital. This new state-of-the-art facility will enable teams to deliver care for patients who are seriously unwell, on a seven day per week basis, without having to run certain services on two sites.

Within the new Midland Metropolitan Hospital there will be:

- One emergency department, replacing the accident and emergency (A&E) services at Sandwell and City hospitals
- Maternity services, replacing the Serenity Unit and labour wards at City Hospital
- Surgery for people needing longer than an overnight stay
- Medical wards for children and adults
- Half of the patient beds will be in single rooms with ensuite facilities.

The City Hospital and Sandwell General Hospital sites remain but will be different. They will provide:

- Intermediate care beds for people who need help to get back home
- An urgent care centre at Sandwell General Hospital
- Day case surgery
- Outpatient consultations and procedures
- Diagnostics such as scans, tests and X-rays.

As well as providing the latest treatments for patients in first rate facilities, the Midland Metropolitan Hospital is a key driver in regenerating the local area. Over 100 local apprentices will be working on the hospital's construction, gaining valuable skills, experience and employment. Local businesses are providing supplies and services to the building, supporting the economy and housing developments are taking shape around the hospital site.

Improving quality of care in residential homes

We want to make sure that people in the Black Country and West Birmingham have access to care homes that are of consistently good quality and the local authority partners are working with clinical commissioners to improve how care homes and local GPs work together. As well as patient experience improving, we will reduce the delays for patients who are waiting in hospital for their care support needs to be in place. This will mean enhancing the community-based care services in the Black Country and West Birmingham with more rehabilitation provision.

Mental health and learning disability

Nationally, the prevalence of mental illness is on the increase. A recent survey of mental health and wellbeing shows that more than 1 in 3 adults (aged 16 – 74) accessed treatment in 2014, a rise from the previous reported figure of 1 in 4.

Although there has been some transformation in mental health and learning disability services over the past 50 years, there is still a long way to go to ensure that we give people living with all types of mental health and learning disability challenges, better care and support towards recovery.

Our challenges and ambitions

In the Black Country and West Birmingham, we have a number of challenges; for example we know there is a lot of variation in services - we want to change that, so whether you access care in Dudley, Sandwell and West Birmingham, Walsall or Wolverhampton, you can expect the same level of support.

Sometimes people are cared for out of the area because we don't provide that service or a bed is not available. We want to be able to offer people a local bed if they need it.

We believe that by working together we can provide better health and access to care for all. Specifically, we aim to:

- Improve people's experience of services
- Reduce variation by offering more consistent care across the borough
- Improve access, choice and quality of services
- Ensure best use of resources
- Help people to recover and live fulfilling lives.

How will we achieve this?

We will look at the areas of greatest need and collectively develop plans to address the challenges we face.

Improving care for people with learning disabilities

We will develop consistent services that are easy to access and navigate with a focus on strengthening community provision so we can reduce unnecessary admissions and time spent in hospital.

> Those suffering early psychosis will get **access to therapy** within **two weeks**.

Developing mental health services

We know there is a lot of variation in services across the Black Country and West Birmingham so we want to work together to ensure you get the right care, at the right time and in the right place.

We aim to:

- Develop integrated teams with social care, primary care, mental health, physical health and voluntary sector colleagues working together as one team to offer more co-ordinated care for you
- Strengthen mental health support at A&E sites by rolling out a consistent approach meaning you will get the same psychiatric liaison support whether you attend A&E in Dudley, Walsall, Sandwell and West Birmingham or Wolverhampton
- Improve the way mental and physical health work together, meaning your physical health needs will be better managed alongside your mental health
- Look at opportunities to develop new services, for example, establishing a psychiatric intensive unit for women and home treatment provision for children and young people to avoid hospital admission.

This work will be underpinned by the people who buy our services (commissioners) working together as one, so contracts are standardised and are consistent across our area.

Better use of beds

We want to ensure that, when you need access to inpatient care, there is, where possible, a local bed available for you, and when you are well enough there is appropriate community support to help with your recovery.

This will be achieved by:

- Looking at our bed usage and setting up improved systems so it's easy for providers to identify where there is an appropriate bed
- Develop consistent hospital admission criteria so that beds are available for those who need them most
- Identify the most appropriate use of beds based on demand and national guidelines
- Work across the whole health and social care system to help your transition back into community care.

Transforming Care Together partnership

The Transforming Care Together partnership is between:

- Black Country Partnership NHS Foundation Trust
- Birmingham Community Healthcare NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust.

We will build on this partnership and will look at how combining our resources could help us to create sustainable services for the future.

Some areas of focus include:

- Aligning clinical services across the Black Country and West Birmingham, offering consistency and ease of access
- Improving the quality and safety of services through improved shared records and sharing of best practice
- Identifying joint back office structures and processes that will allow us to reinvest in frontline patient care.

Maintaining mental health wellbeing

We want to give you the tools and opportunity to maintain your wellbeing, focusing on keeping people well.

We aim to:

- Make it easier for you to access early help if you are experiencing mental ill health for the first time
- Offer employment support tailored for those with a mental health condition, including support to help you stay in work
- Roll-out mental health first aid training to various organisations in the local area to ensure workplaces are equipped to support staff who might be experiencing mental illness
- Work with you to prevent, where possible, mental health crisis by ensuring you can access the same early help wherever you live
- Work with social care and voluntary and community sector providers to ensure there is support available and easy access to social care initiatives such as supported housing
- Develop a suicide prevention strategy that incorporates a wide range of factors such as domestic violence, social isolation, substance misuse, unemployment, poor housing and bullying.

Maternity and infant health

Why do things need to change?

We know that the performance of maternity services in the Black Country and West Birmingham, is not consistent and that there are various inequalities in the maternity outcomes of mortality (death), morbidity (the level of disease), access to services and experience.

The number of births in the Black Country and West Birmingham has been increasing and is likely to continue to rise, however, the capacity within maternity services has not increased at the same rate.

Obesity (being overweight), diabetes, the age at which women give birth and the use of fertility treatments are all increasing. These factors increase the risk of a safe birth for both mother and baby.

What are our collective aims?

- Be reflective of the national agenda for maternity services, specifically 'Better Births'
- Increase choice for women and families, ensuring improved access to a range of maternity services
- Develop maternity pathways co-designed with mothers and families, reflective of best practice guidance
- Ensure effective care before women become pregnant
- Use best practice arrangements to improve maternity safety outcomes
- Share the principles and outcomes of the Birmingham United Maternity Programme, reflecting the Black Country perspective of this work.

How will we achieve this?

There are three key areas of focus for the Black Country and West Birmingham STP footprint area:

1. Infant mortality

We will make improvements to the rate of infant mortality. Infant mortality refers to the death of a baby before his or her first birthday, excluding stillbirths. Many, although not all, of these deaths are potentially preventable.

2. Maternity and neonatal services

We will work closely together to engage with the people who use these services and create a more person-centred and sustainable model of care for maternity and neonatal services.

3. National guidance

We will review and implement recommendations from the national 'Better Birth' agenda to improve the quality of care, make care safe, as well as giving women greater control and more choices.

We will do this by:

- Working across boundaries to provide and commission maternity services that support personalisation, safety and choice, with access to specialist care whenever needed
- Professionals working together across the area to ensure rapid referrals and access to the right care in the right place
- Undertaking a single review of maternity and neonatal service capacity
- Learning from other areas that are already exploring new ways of working and implementing best practice.

What does this mean for patients?

- A positive impact on infant mortality rates across the Black Country and West Birmingham, avoiding the death of 34 babies a year - the equivalent of one child every 11 days
- Improved outcomes for mothers and their babies
- An improved patient experience
- Increased choice of services for mothers and their babies
- A range of health and care support tailored to the needs of mothers and families during pregnancy.

What else is needed to make this happen?

Turning our plan into reality will be a challenge faced by all 18 organisations that have been invited to be involved in developing the Black Country and West Birmingham STP. We need to consider a number of different areas to do this:

Our workforce

One of the greatest assets of health and social care is our workforce or staff. They are vital to ensuring that local people receive safe, sustainable, high quality care in the right place and at the right time.

We want the Black Country and West Birmingham to be a great place to live and work. We know that our plans are ambitious and require a level of transformation that means our staff will need new skills and new job roles. Professionals will work across traditional organisational boundaries in new ways - with a shift to preventing ill-health as well as treating it. We will need to recruit and retain the very best staff to offer safe and high quality care to local people.

New technologies

Using new digital technologies to transform health and social care is essential. We should be making the most of technology to ensure that patients can move through the health and care system smoothly.

We need to be able to share data between organisations to improve care, ensuring that patients are confident that information is accurate, up-to-date and only shared legitimately.

Digital technology is also really important in making very tangible changes to the way patients are treated and those with long term health problems manage their care. For example, telemedicine involves the diagnosis and treatment of health problems via telephone or video call.

> We can **avoid** a potential increase in **health costs** of over **£413 million per year** by 2021.

Our buildings

We will make best use of our buildings across health and social care, sharing facilities where possible and ensuring efficient use of existing estate.

Future commissioning

The Black Country and West Birmingham is currently served by ten commissioning organisations, which are responsible for buying health and social care for the local population. In future, these organisations will be looking at ways to work together and share services to ensure that commissioning is undertaken as efficiently as possible. Commissioning will take place on two levels:

- Local commissioning – to integrate health and social care to meet the needs of specific local communities, for example, in Walsall, Wolverhampton, Dudley, Sandwell, West Birmingham.
- Black Country-wide commissioning – to meet the needs of the whole of the Black Country and West Birmingham population. This will be for some more specialist services such as: heart attacks, stroke, diabetes, chronic kidney disease and cancer.

> **Cancer** one year **survival** rates will reach over **70 percent.**

Financial sustainability

The demands on health and care resources (money and people) are rising each year:

- People are living longer with ever more complex conditions;
- As new technology, treatments and drugs are developed there are new costs and expectations;
- Modern lifestyle issues such as obesity and stress are causing an increase in long term conditions.

For the future, we must transform the way that health and care services work to meet these rising demands. We must make the most of new ways of working, taking ideas from areas where things work well in order to change the way we spend money and use our vital resources.

One of the most powerful ways to achieve change is through local services working together - across entire communities and pathways of care - to find ways to close the gaps between where we are now, and where we need to be to be fit-for-the-future.

Across the Black Country and West Birmingham, if we do not change the way we work, we will face a financial gap of around £700 million (£512m for health and £188m for social care). This will be the total financial gap if we do not act now and this is not an option!

Closing the gap in finances will be achieved by everyone who has a stake in health and care adapting what they do, how they think and how they act - at both local and national levels.

The Black Country and West Birmingham STP sets out the changes required to close this financial gap over the next five years. The plans include productivity (doing more with the same resources) and efficiency (doing the same using less resources). This doesn't mean doing less for patients or reducing the quality of care provided, in fact, we will be increasing investment each year by an average of 2.8% through to 2020/21. It means more preventative care, finding new ways to meet people's needs and identifying ways to do things more efficiently.

Examples are included below:

- We will implement local place-based models of care (patient care provided by a number of different organisations in a particular area working together), bringing care closer to home and helping people with long term conditions to receive more joined-up care. This will improve the access, and co-ordination for people who need care and services will be reshaped to respond better to people's needs, use staff effectively and ultimately reduce the cost of people attending hospital. This area of work will contribute around £80m of savings.
- Health and social care providers working more closely together will contribute £190m towards the financial gap. Single systems operating across the Black Country and West Birmingham to improve quality and to deliver efficiencies, which they could not achieve alone, will be a large part of this work. This part of the plan also includes reducing the number of hospitals in the Black Country from five to four and the completion of the state-of-the-art Midland Metropolitan Hospital achieves this.
- We will work together to commission equitable services for people with mental health and learning disabilities, and we will improve outcomes for people with mental health and learning disabilities. This area will contribute around £20m of savings by making better use of mental health inpatient beds and reducing the number of people having to travel outside of the Black Country and West Birmingham.
- We will work together to create a single maternity plan to make best use of the resources available for maternal and infant health services.
- We will make the best use of our workforce to reduce costs, rationalise the buildings we use, look at the drugs we are prescribing and use technology to introduce electronic processes where possible. These areas will contribute £33m to the savings.

By listening to people about what matters to them, involving people to play an active role in their own health and providing services that are smarter and more efficient, we can avoid a potential increase in health and care costs by 2021.

> Value to the taxpayer, equivalent to **£680 a year for every household.**

Get involved

To make our plans a success, it is vital that we get the views of our local population and our partner organisations. Our plans are part of an ongoing conversation with local people. Key aspects of our plans, such as the development of the Midland Metropolitan Hospital, have already been subject to public engagement and consultation.

This engagement will continue and intensify following the publication of this plan, in a format that is accessible to our patients, the public, staff and wider stakeholders. We will be taking the plan to all of our partner organisations. We will also be holding events, including STP roadshows, in local communities to ensure our plans reflect the views of local people.

For more information on our plan, on how to get involved and have your say visit:
www.sandwellandwestbhamccg.nhs.uk/stp

Email: **swbccg.engagement@nhs.net**
Tel: **0121 612 1447**

Enclosure 4

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 1st December 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:

For the months of October/November (as at 23.11.16)

- No post 48 hr MRSA bacteraemia cases since 27th September 2015.
- No Norovirus.
- As of this date the Trust has had 25 cases in 2016/17. So far 15 cases have had their lapses in care determined; 6 of these cases were associated with a lapse in care.

Six Monthly Safer Nursing Tool

- The situation as it stands is reasonable across all areas, although some areas for action have been noted in terms of the care quality and staffing.
- EAU, ED and A2 are not suitable for inclusion into the SNCT tool, separate reviews are underway in these areas and will be reported back once complete.
- NHS Improvement has stated that forthcoming guidance on safe staffing for inpatients will be published for consultation next month. Emergency, maternity, community and children's services will be being published for consultation early in the new year.

Safer Staffing

- Shortfall shifts total figure for this month is 136 which is increased from the last month (59).
- The RAG rating system has been rolled out across the wards with 18 red shifts in total across 7 areas in this month using this methodology. No safety issues were identified.
- Shortfall shifts were reviewed and no safety issues identified that affected the quality of care.
- The Care Hours Per Patient Day (CHPPD) is reported in a limited way in this board report.

Nursing Care Indicators

- There is one escalation at level 4 which is the same area as the one in the previous report and there are two escalations at level 3 now in place.

IMPLICATIONS OF PAPER:

RISK	Yes		**Risk Description:** • Failing to meet initial target for CDiff now amended to avoidable only (Score 10) • Nurse Recruitment – unable to recruit to vacancies in nursing establishments to meet NICE guidance for nurse staffing ratios (Score 20)
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Y	**Details:** Safe and effective care
	Monitor	Y	**Details:** MRSA and C. difficile targets Agency capping targets
	Other	Y	**Details:** Compliance with Health and Safety at Work Act.

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		√	

RECOMMENDATIONS FOR THE BOARD: To receive the report and note the contents.

Chief Nurse Report

Infection Prevention and Control Report

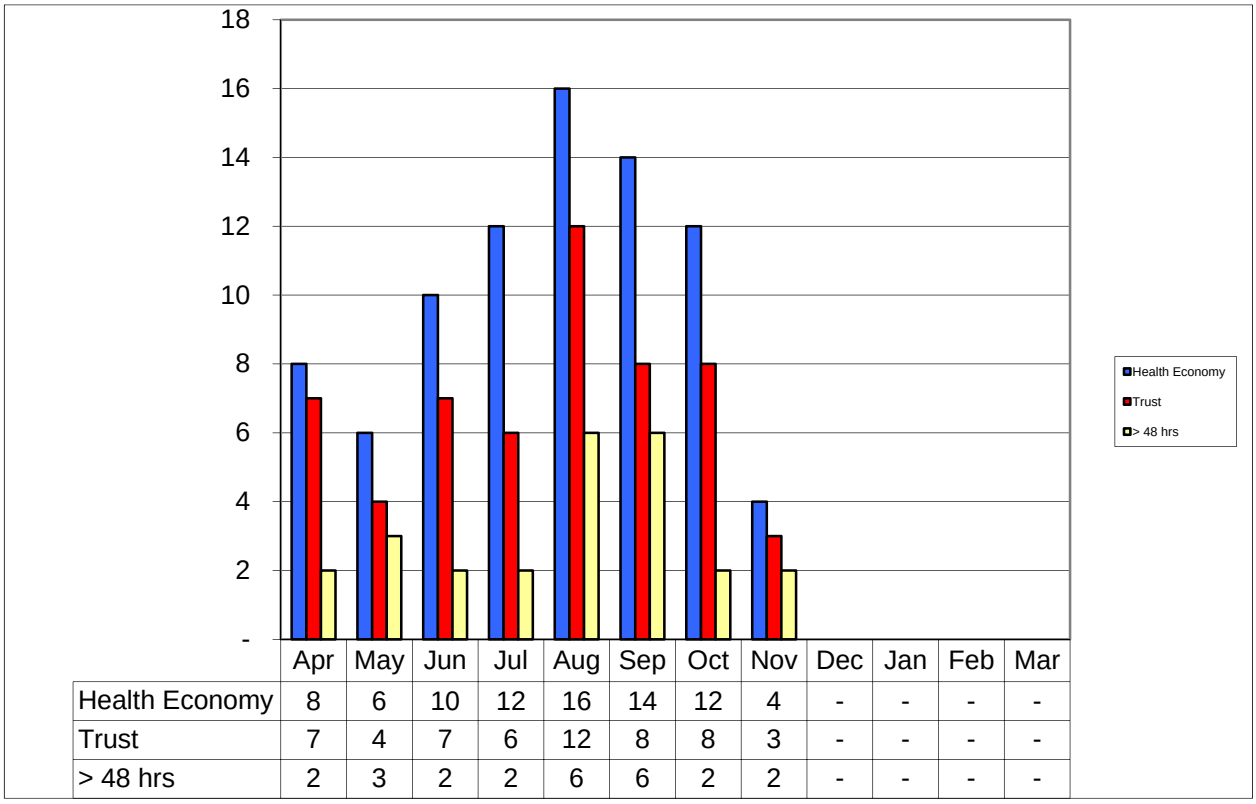
Clostridium Difficile – The target for 2016/17 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. Penalties will be associated with exceeding 29 cases associated with lapses in care. At the time of writing (23.11.16) we have 2 post 48 hour cases recorded in November 2016.

The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance[1], continues.

For the financial period 2016/17, of the 25 post 48 hour cases identified since 1st April 2016, 15 cases have been reviewed and apportionment has been agreed (6 cases associated with lapse in care with 9 cases associated with no lapse in care) and 10 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.

C. DIFFICILE CASES 2016/17



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

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 2016/17 and guidance on sanction implementation, Public Health England.

PART ONE - Six Monthly Nurse Staffing Review

A. INTRODUCTION

This paper provides an overview of the nurse staffing situation at the Trust. It is the sixth six monthly paper following the recommendations of the national publications 'How to ensure the right people, with the right skills, are in the right place at the right time' and 'Hard Truths'. It contains data from the last four exercises using the Safer Nursing Care Tool (SNCT) for all wards in the Trust for which the tool is applicable. It also contains present establishment data for comparison purposes which generally come from the internal Ward Review undertaken in early 2014, although a number of ward changes and their associated establishments have changed since that time. From the first paper in early 2014, the Board decided to adopt the figures from the Ward Review and agreed an extra £3million to increase the nurse establishment. The paper also contains a number of quality indicators for each ward (or Nurse Sensitive Indicators (NSIs) as the SNCT designates them).

In Part 2, the paper provides the now monthly information for the month of October 2016 on actual staffing levels at the Trust in relation to planned registered and unregistered staff.

B. SAFER NURSING CARE TOOL (SNCT)

1. The Trust and the Safer Nursing Care Tool

The tool is a recognised method for assessing staffing needs. The exercise requires ward staff to assess patient dependency (and place patients into 1 of 5 care groups) over a twenty day period (Monday to Friday over four weeks). As the descriptions of each category are open to interpretation, it can be seen that it contains a professional judgement of which group every patient falls into. There therefore needs to be consistency of assessment. It is worth noting that the originators of the tool indicate that this is an 'adult, generic' tool. It states that the tool is being further developed to better reflect the complexities of caring for older people in acute care wards.

2. Second Element of the Tool

As well as determining the level of acuity/dependency of all patients and calculating the nurse staffing required per ward based on the actual needs of those patients, the second element of the tool describes Nurse Sensitive Indicators (NSIs) such as care undertaken, patient feedback, complaints, pressure ulcers and falls. Monitoring NSIs is recommended to ensure that staffing levels deliver the patient outcomes that we aim to achieve. However, even with optimum staffing establishments poor patient outcomes may result due to other reasons such as high turnover, sickness, leave or unfilled vacancies. The Trust chosen NSIs are RAG rated but there has been a recent change in the RAG criteria for the FFT as indicated in the table below (these new criteria have only been applied to the October 2016 results):

RAG Rating	RED	AMBER	GREEN
Nursing Care Indicators, Nutrition Audit, Saving Lives	**≤84**	**85-94**	**≥95**
FFT	(below national average) **≤96.2**	(national average and above but below top 20% of trusts nationally) **96.3-97.3**	(equal to top 20% of trusts) **≥97.4**

3. Overview of SNCT Data

There are some fixed parameters within the SNCT e.g. the times allocated to each patient category. With regards to the parameters that are within the power of the Trust, it has been decided to use an average 23% time out/headroom for annual leave etc. (only one value for all staff can be used and the tool suppliers suggest between 22-25%) while the accompanying Ward Review data (see Section C below) uses 23.2% for permanent RN staff and 22.46% for permanent unqualified staff. In addition, within the SNCT it was decided to use the same RN to unqualified split throughout (60:40 split RN to unqualified

staff) unlike the Ward Review, which has used differing figures for each ward. The SNCT default 68:32 has not been used.

It needs to be pointed out that the SNCT does not take into consideration any RN/patient ratio like the previous national directive of at least 1:8 RN/patient ratio for day shifts whilst this formed the basis of the RN calculations in the Ward Review (although recent communication from the centre indicates that this ratio should now be seen as guidance and is not a recommendation or directive, an issue that the Board of Directors have discussed). The tool also provides 'benchmarks' of the average percentage of each category of patient from the wards that took part in research on which the tool is based.

C. WARD REVIEW

Matrons, the then Director of Nursing and her Deputy discussed and debated the nurse requirements of each area, ensuring consistency with the then national requirement of at least 1:8 registered nurse to patient ratio for day shifts. This method therefore consisted of experienced nurses considering a range of issues associated with a ward. The system looked at the staffing and grade mix needs for each of the seven days of the week both for the day and night shifts for both RN and unqualified staff. The resultant figures went through a number of iterations, ensuring that there was consistency between similar wards etc.

D. DATA

Section 4 below contains the summaries of key data from both the last four SNCT data collections and the Ward Review (or present establishment, if the ward and establishment has changed since the review) for each ward as well as the available Nurse Sensitive Indicators (NSIs), as described above.

In summary, with regards to the comparison between the ward review and SNCT figures, this needs to be interpreted with caution for the following reasons:

- For some wards there have been changes to bed numbers and specialities
- It needs to be remembered that the SNCT figures below do not take into account the workload associated with the numbers of admissions, discharges, transfers, escorts or deaths that occur on a ward and all of these activities take nursing time. Each ward will be different in this respect with some wards having a fairly stable population of patients while others, particularly assessment type areas, having possibly more than one person in a bed space during a twenty four hour period.
- In addition, the SNCT tool is based purely on the patient types and numbers in the 20 day study periods which do not include weekends.
- There are different percentages added in for relief/time-out/headroom
- No RN/patient ratio for day of night shifts is built into the SNCT.

4. SNCT and Comparative FTE Data

4.1. Ward A1

This ward is now closed

4.2. Ward A2

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med
1	80	76	75	63	32
2	3	3	1	0	2
3	17	21	24	36	66
4	0	0	0	0	0
5	0	0	0	0	0
Beds	42	42	42	42	
Av Pat	41.5	36.6	40.1	39	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	28.3	25.6	28.4	29.6	38.64^/36.89*
HCAs required	18.9	17.1	18.9	19.7	38.41^/35.67*
Total FTE required	**47.2**	**42.6**	**47.3**	**49.3**	**77.05^/72.56***

^Figures are for March and Oct 2015 as the patient speciality of the ward changed after September 2014.
*Present establishment following a review after October 2015

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	97	100	86	96	88	91
Manual Handling	100	95	100	100	100	100
Falls Assessment			-	100	70	96
Tissue Viability Assessment	89	97	100	100	90	92
Nutritional Assessment	100	100	93	90	100	86
Medication Assessment	100	98	100	100	98	95
Nutrition (Total)			99	98	99	96
SL – Hand Hygiene			97	100	100	95
SL – Commode Audits			94	100	100	100
Friends and Family Test Score			96	99	97	85
Incidents						
Minor Incidents	10	6	8	10	5	8
Moderate Incidents	1	1	0	0	2	1
Major/Tragic Incidents	0	0	0	0	1	0
Complaints	0	0	1	1	1	0

Commentary: The Acute Medical Society indicates that such an area requires 1:6 qualified nurse to patient ratio. The high turnover area means there can be more that 30 transfers of patients a day while the SNCT study only looks at the situation at one time-point in the day. The usefulness of the tool in such circumstances is therefore questionable (just like it is not suitable for the Emergency Department) and so a separate review is being undertaken of this ward. The results are expected in January 2017. The dependency of patients has increased in October. NSI results have generally improved since the previous period although the FFT has declined.

Conclusion: Monitoring of the NSIs, in particular, the FFT should continue. Await the results of the professional review of the staffing of this area and dependant on the outcome of that review consider removing this ward from this exercise due to the unsuitability of the SNCT tool.

4.3. Ward A3

This area has now been re-designated.

4.4. Ward B1

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Surgery
1	80	82	86	83	62
2	1	2	11	0	15
3	18	16	3	17	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	26	26	26	26	
Av Pat	23.2	21.7	22.2	23.9	
Required Staff	SNCT	SNCT	SNCT		Establishment (WTE)
RNs required	15.8	14.6	14.2	16.1	18.35
HCAs required	10.5	9.7	9.4	10.7	10.96
Total FTE required	**26.3**	**24.3**	**23.6**	**26.8**	**29.31**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	94	100	98	94	98	93
Manual Handling	68	86	81	100	100	88
Falls Assessment			100	100	100	90
Tissue Viability Assessment	88	98	100	100	97	100
Nutritional Assessment	26	96	100	47	53	100
Medication Assessment	100	86	89	98	100	97
Nutrition (Total)			97	97	88	98
SL – Hand Hygiene			100	100	100	96
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			99	100	92	95.3
Incidents						
Minor Incidents	0	3	2	1	0	1
Moderate Incidents	0	0	0	0	0	0
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	0	0	0	3	0

Commentary: Both the dependency and occupancy has increased since the previous period although both are similar to 2015 results. The increase in dependency can be accounted in part by more dependant outlier patients from ward B2 being placed on this ward to create capacity for T&O and general surgery. The NSI results are variable compared to previous periods. The SNCT study results and the present establishment are similar, although the establishment has a slightly higher FTE which is probably accountable by the fact, because as previously stated the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward.

Conclusion: No action required except there needs to be continued close monitoring of the NSIs.

4.5. Ward B2 Trauma

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Trauma
1	58	60	72	44	34
2	2	5	0	3	5
3	40	35	28	53	57
4	0	0	0	0	2
5	0	0	0	0	3
Beds	24	24	24	24	
Av Pat	23.2	19.8	21.6	22.6	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	18.1	15.1	15.6	19.0	14.80
HCAs required	12.1	10.1	10.4	12.6	18.68
Total FTE required	**30.2**	**25.2**	**26.0**	**31.6**	**33.48**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	95	97	96	98	100	90
Manual Handling	98	100	83	100	100	87
Falls Assessment			98	89	100	96
Tissue Viability Assessment	97	98	96	100	100	90
Nutritional Assessment	100	100	100	100	90	90
Medication Assessment	98	100	94	100	100	100
Nutrition (Total)			99	96	100	100
SL – Hand Hygiene			100	100	100	100
SL – Commode Audits			98	100	100	100
Friends and Family Test Score			97	96	100	100
Incidents						
Minor Incidents	9	6	2	3	4	3
Moderate Incidents	3	3	0	0	0	0
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	0	1	1	0	0

Commentary: Both occupancy and dependency have risen, the latter quite considerably, since the previous period. Incident numbers continue to be lower than previous. Both the SNCT study outcome and the overall present establishment are similar. NSI results have dipped since the precious period.

Conclusion: Continued monitoring of the NSIs.

4.6. Ward B2 Hip

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Ortho
1	43	63	21	12	42
2	7	1	2	2	22
3	50	36	78	86	34
4	0	0	0	0	1
5	0	0	0	0	0
Beds	30	30	30	30	
Av Pat	29.2	27.1	27.4	27.5	
Required Staff	SNCT	SNCT	SNCT		Establishment (WTE)
RNs required	24.4	20.6	25.9	27.1	18.79
HCAs required	16.2	13.7	17.3	18.1	30.14
Total FTE required	**40.6**	**34.3**	**43.2**	**45.1**	**48.93**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	98	92	99	94	98	100
Manual Handling	97	98	100	100	100	100
Falls Assessment			100	100	100	100
Tissue Viability Assessment	90	95	100	100	100	100
Nutritional Assessment	89	89	100	97	100	100
Medication Assessment	100	100	100	96	100	100
Nutrition (Total)			99	95	99	98
SL – Hand Hygiene			100	100	96	100
SL – Commode Audits			98	100	88	100
Friends and Family Test Score			97	100	100	100
Incidents						
Minor Incidents	9	6	4	3	4	4
Moderate Incidents	3	2	0	0	0	0
Major/Tragic Incidents	0	2	0	0	0	0
Complaints	0	6	0	1	2	0

Commentary: At the last review, dependency increased considerably from previous reviews and it has risen again. The changes in dependency of the patients on this ward is likely due to the increasing number of patients with dementia, that need 2-hourly skin bundles and require 1 to 1 care. This contributes to the different actual skill mix requirement provided to this ward (as opposed to the SNCT calculation). Both the SNCT study overall establishment requirement and the present establishment are similar. Recent NSIs show an excellent improvement in quality indicators, with green RAG ratings across all of the indicators. A recent review has resulted in the imminent move of six beds on this ward to ward B3. The ward in future will have 24 beds and an establishment of 15.56 RNs and 24.66 HCAs

Conclusion: No action required.

4.7. Ward B3

	Mar 15	Oct 15	Mar 16	Oct 16	
Patient Level	**% of patients**	**% of patients**	**% of patients**	**% of patients**	**Benchmark % Surgery**
1	28	71	66	73	62
2	29	6	12	2	15
3	31	23	22	25	22
4	3	0	0	0	1
5	0	0	0	0	0
Beds	38+4HDU	38+4HDU	38+4HDU	38 +4HDU	
Av Pat	38.9	34.5	33.6	36.5	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	32.9	24.6	24.3	26.2	31.66
HCAs required	21.9	16.4	16.2	17.4	19.34
Total FTE required	**54.8**	**41.0**	**40.5**	**43.6**	**51.00**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	94	96	87	99	97	100
Manual Handling	94	84	44	88	100	100
Falls Assessment			98	98	97	100
Tissue Viability Assessment	100	87	97	100	100	100
Nutritional Assessment	98	72	78	45	93	100
Medication Assessment	100	99	100	93	100	100
Nutrition (Total)			67	87	100	100
SL – Hand Hygiene			96	93	100	100
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			96	94	95	100
Incidents						
Minor Incidents	4	5	3	2	1	2
Moderate Incidents	1	0	0	1	1	0
Major/Tragic Incidents	0	0	0	0	0	2
Complaints	0	1	0	0	0	0

Commentary: Both dependency and occupancy is variable compared to previous reviews with dependency rising for the recent two studies due to an increase in HDU activity. With regards to the establishment, as noted previously, there is a large difference between the SNCT calculation and the actual establishment. B3 contains the VASCU unit which has a variable workload which contributes to this difference as does the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward. The NSIs are excellent having improved from previous periods. The imminent move of 6 beds from B2Hip will result in an establishment of 34.42 RNs and 27.56 HCAs.

Conclusion: No action required.

4.8. Ward B4

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Surgery
1	84	85	81	80	62
2	7	10	9	1	15
3	9	4	9	19	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	48	48	48	48	
Av Pat	47.3	46.8	46.9	46.8	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	31.0	30.1	31.0	32.1	31.66
HCAs required	20.7	20.0	20.7	21.4	27.40
Total FTE required	**51.7**	**50.1**	**51.7**	**53.5**	**59.06**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	97	92	97	99	93	98
Manual Handling	86	74	80	100	100	100
Falls Assessment			100	100	100	100
Tissue Viability Assessment	93	67	100	100	83	100
Nutritional Assessment	97	32	100	96	38	95
Medication Assessment	99	100	100	100	100	100
Nutrition (Total)			100	100	100	100
SL – Hand Hygiene			100	100	98	100
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			100	100	97	97.1
Incidents						
Minor Incidents	5	7	6	4	2	6
Moderate Incidents	1	2	1	0	0	0
Major/Tragic Incidents	0	0	0	1	0	0
Complaints	1	1	0	1	2	2

Commentary: Dependency is slightly up which is accounted for by some medical outlier patients and an increase in dementia patients that require 1 to 1 care. Occupancy remains constant compared to the last reviews. NSI results have improved. The SNCT study suggests a smaller FTE than the establishment, which is probably accounted for by the fact, as previously stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward.

Conclusion: No action required.

4.9. Ward B5

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Surgery
1	95	95	95	89	62
2	3	3	1	2	15
3	3	2	4	9	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	30+4GAU	30+4GAU	30+4GAU	30+4GAU	
Av Pat	33.1	33.3	33.2	37.1	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	20.4	20.5	20.6	23.8	31.27
HCAs required	13.6	13.7	13.7	15.9	16.44
Total FTE required	**34.0**	**34.2**	**34.3**	**39.7**	**47.71**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	100	100	98	91	97	97
Manual Handling	100	100	67	100	75	94
Falls Assessment			100	100	53	90
Tissue Viability Assessment	100	100	100	90	100	95
Nutritional Assessment	88	50	90	97	43	37
Medication Assessment	97	100	100	100	98	100
Nutrition (Total)			94	100	100	100
SL – Hand Hygiene			100	100	100	100
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			93	96	43	92.8
Incidents						
Minor Incidents	5	1	0	1	0	1
Moderate Incidents	2	2	0	0	0	1
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	0	2	0	1	2

Commentary: With a 70% increase in activity over the last 18 months (which has resulted in a doctor now being maintained from mid-October in SAU all of the time) both occupancy and dependency have increased. This ward as well as the in-patient numbers indicated above also has 3 triage beds and a 12 seated area which accounts in the difference between the SNCT tool and the present establishment. It can also be seen that the occupancy exceeded the number of beds which will be accounted for by the numbers of patients being seen in SAU/GAU. This situation will have to be monitored especially in the light of some of the poor NSI scores. NSIs are variable with a concern regarding nutrition in particular.

Conclusion: Monitoring of the occupancy and hence workload compared to the staffing of this area is needed. Monitoring of the NSIs is also required.

4.10. Ward B6

This ward closed initially in April 2016 and although it reopened due to its variable workload and staffing there a four week snapshot did not take part in this review.

4.11. Ward C1

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med
1	46	56	51	50	40
2	1	3	4	0	10
3	53	41	45	50	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	47.9	47.5	47.7	47.7	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	39.9	37.4	38.5	39.1	31.36
HCAs required	26.6	25.0	25.7	26.0	32.93
Total FTE required	**66.5**	**62.4**	**64.2**	**65.1**	**64.29**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	92	94	80	93	97	96
Manual Handling	100	99	30	76	100	94
Falls Assessment			61	100	100	100
Tissue Viability Assessment	100	100	98	100	100	100
Nutritional Assessment	81	90	24	93	39	83
Medication Assessment	100	100	100	100	98	100
Nutrition (Total)			94	93	97	95
SL – Hand Hygiene			100	97	97	100
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			100	96	100	100
Incidents						
Minor Incidents	8	5	4	6	3	6
Moderate Incidents	0	0	0	0	0	0
Major/Tragic Incidents	0	0	0	1	0	0
Complaints	0	0	0	0	0	0

Commentary: Occupancy remains the same with some increase in dependency compared to the previous reviews. NSIs have improved since the deterioration in March 2015 but, as with other wards, the use of the MUST score remains an issue for concern. All four SNCT studies and the ward review have had similar results.

Conclusion: No action required except to monitor the NCI nutritional and manual handling assessment elements of the NCIs.

4.12. Ward C3

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med Eld
1	34	24	24	20	32
2	1	2	1	5	2
3	65	74	75	75	66
4	0	0	0	0	0
5	0	0	0	0	0
Beds	52	52	52	52	
Av Pat	49.2	51.5	52	50.3	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	43.7	47.9	48.4	47.4	34.91
HCAs required	29.1	31.9	32.3	31.6	38.41
Total FTE required	**72.8**	**79.8**	**80.7**	**79.0**	**73.32**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	80	96	93	99	93	92
Manual Handling	86	100	100	100	100	82
Falls Assessment			100	100	100	84
Tissue Viability Assessment	92	100	100	100	100	100
Nutritional Assessment	97	94	97	100	73	62
Medication Assessment	100	100	100	100	96	100
Nutrition (Total)			98	100	98	95
SL – Hand Hygiene			100	100	100	100
SL – Commode Audits			100	100	100	80
Friends and Family Test Score			94	100	100	100
Incidents						
Minor Incidents	16	9	8	11	8	9
Moderate Incidents	0	5	4	1	1	0
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	1	1	0	1	0

Commentary: The dependency of the patients has increased slightly compared to the previous reviews and occupancy remains high. The last three SNCT studies suggest there should be higher establishments on this ward but both the well-being workers, the acute confusion team and 1 to 1 additional staff give considerable assistance to this ward, which balances out this difference. NCIs are very variable becoming worse in October and so the ward remains on escalation with an action plan to improve.

Conclusion: No action required except to monitor the NCIs.

4.13. Ward C5

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med
1	54	62	60	48	40
2	4	5	3	19	10
3	39	26	33	31	48
4	4	7	3	2	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	48	47.9	47.9	47.5	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	38.4	36.6	37	37.6	31.59
HCAs required	25.6	24.4	24.7	25.0	32.92
Total FTE required	**64.0**	**61.0**	**61.7**	**62.6**	**64.51**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	96	100	98	98	97	87
Manual Handling	86	77	100	100	83	94
Falls Assessment			100	100	100	100
Tissue Viability Assessment	78	90	98	100	80	87
Nutritional Assessment	74	96	97	100	98	83
Medication Assessment	100	99	82	100	100	94
Nutrition (Total)			86	98	99	90
SL – Hand Hygiene			100	96	100	100
SL – Commode Audits			97	93	100	100
Friends and Family Test Score			100	100	93	100
Incidents						
Minor Incidents	10	3	10	3	8	8
Moderate Incidents	2	2	1	1	1	0
Major/Tragic Incidents	0	0	0	0	0	1
Complaints	0	1	1	1	0	1

Commentary: Occupancy remains high and dependency has increased considerably compared to the last studies. The increasing number of NIV (non-invasive ventilation) and high flow oxygen patients may account for this. NCIs have dropped considerably too with the ward now on escalation level 2, having an action plan for improvement in place. All four SNCT studies and the ward review have had similar results but with the increasing dependency and the poor NCI scores close monitoring of this ward is needed.

Conclusion: Close monitoring of the staffing and the NCIs is needed.

4.14. Ward C6

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Surgery
1	88	84	76	87	62
2	0	2	2	1	15
3	12	13	22	12	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	20	20	20	20	
Av Pat	17.3	16.9	17.5	18.7	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	11.2	11.2	12.3	12.2	16.38
HCAs required	7.5	7.5	8.2	8.2	10.96
Total FTE required	**18.7**	**18.7**	**20.4**	**20.4**	**27.34**

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	92	100	98	99	81	87
Manual Handling	100	100	27	100	70	100
Falls Assessment			100	100	86	84
Tissue Viability Assessment	100	100	100	100	88	88
Nutritional Assessment	100	98	85	100	87	89
Medication Assessment	89	100	100	100	100	93
Nutrition (Total)			98	100	100	90
SL – Hand Hygiene			100	100	100	92
SL – Commode Audits			100	100	100	100
Friends and Family Test Score			98	100	100	100
Incidents						
Minor Incidents	6	4	4	1	1	0
Moderate Incidents	0	0	0	1	0	0
Major/Tragic Incidents	0	0	0	0	0	0
Complaints	0	0	0	0	0	0

Commentary: Dependency has decreased since the last study rising back to previous levels. Occupancy is at its highest since these studies began. The suggested establishment for the SNCT is the same as the last review. The establishment has a slightly higher FTE than the SNCT results which is probably accounted for by the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward plus outpatient clinic work that occurs on the ward. NCIs have taken a considerably decrease in results recently and the ward is at Escalation Level 3 with an action plan in place. A contributing factor to the latter is the ward losing very experienced staff recently to work in other areas of the Trust.

Conclusion: No action required except to monitor the NCI results.

4.15. Ward C7

Patient Level	Mar 15 % of patients	Oct 15 % of patients	Mar 16 % of patients	Oct 16 % of patients	Benchmark % Med
1	57	61	52	62	40
2	4	2	4	1	10
3	39	37	44	37	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36	36	36	36	
Av Pat	35.7	36	35.9	35.8	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	27.8	27.5	28.8	27.3	26.86/29.6*
HCAs required	18.6	18.4	19.2	18.2	21.92/21.94*
Total FTE required	**46.4**	**45.9**	**48**	**45.6**	**48.78/51.54***

*Following a review the skill mix on this ward was amended in early 2016.

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	94	97	82	78	76	89
Manual Handling	87	89	90	100	66	87
Falls Assessment			100	70	74	100
Tissue Viability Assessment	98	100	96	96	90	100
Nutritional Assessment	56	94	100	94	85	85
Medication Assessment	99	98	100	100	100	86
Nutrition (Total)			94	95	93	97
SL – Hand Hygiene			96	100	100	100
SL – Commode Audits			88	100	94	100
Friends and Family Test Score			100	92	100	100
Incidents						
Minor Incidents	10	7	5	5	6	10
Moderate Incidents	3	2	1	1	0	0
Major/Tragic Incidents	0	1	1	0	0	1
Complaints	0	0	1	0	2	2

Commentary: Occupancy remains high but dependency has decreased since the last study but similar to that in October 2015. NSIs remain variable and have deteriorated over the last two reviews and so the ward is now on the highest escalation with an action plan in place. FTEs from the SNCT and the ward review are similar.

Conclusion: No action required other than to continue closely monitoring the NCIs.

4.16. Ward C8

	Mar 15	Oct 15	Mar 16	Oct 16	
Patient Level	**% of patients**	**% of patients**	**% of patients**	**% of patients**	**Benchmark % Med**
1	34	23	13	27	40
2	4	26	22	5	10
3	62	51	64	68	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36	44	44	44	
Av Pat	36	39	42.3	40.4	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	31.8	34.6	39.7	36.8	20.32*/37.79+
HCAs required	21.2	23.1	26.5	24.8	32.92*/38.41+
Total FTE required	**52.9**	**57.7**	**66.1**	**61.6**	**53.24*/76.2+**

*Figures for March 2015.
+Figures for October 2015 onwards when stroke rehabilitation and the acute stroke unit were combined

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15	Feb 16	Oct 16
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT						
Patient Observations	98	96	96	94	66	78
Manual Handling	100	92	100	100	66	100
Falls Assessment			100	100	60	97
Tissue Viability Assessment	100	82	100	100	86	100
Nutritional Assessment	100	97	100	83	33	74
Medication Assessment	100	99	100	100	89	92
Nutrition (Total)			98	98	95	91
SL – Hand Hygiene			100	100	100	100
SL – Commode Audits			100	95	100	100
Friends and Family Test Score			100	97	100	88.8
Incidents						
Minor Incidents	8	4	5	13	8	6
Moderate Incidents	0	1	0	0	1	0
Major/Tragic Incidents	0	0	0	1	0	0
Complaints	0	0	0	2	2	0

Commentary: The ward changed just prior to October 2015 increasing the beds due to the relocation of the hyperacute stroke unit hence also the increase in the ward establishment. Occupancy has decreased slightly at this review as has dependency even though two emergency beds have to be kept empty due to the stroke pathway guidance. Although there is a big difference between the SNCT results and the establishment this is balanced out by the presence of the stroke bleep holder in the establishment (accounts for 5.45WTE). The NCIs have deteriorated in the last two reviews.

Conclusion: No action except monitoring of the NCI results.

5. Overall Conclusion

It can be seen that even with the difficulties in comparing different methods of formulating how many staff are required on a ward that not too dissimilar results occur on most wards between the SNCT studies and the present ward establishments. From the analysis that can be undertaken on both the results of the establishment calculations and on the Nursing Sensitive Indicators, it would seem that the situation as it stands is reasonable across all areas, although some areas for action have been noted in terms of the care quality and staffing. While the present establishments seem to conform with the requirements of an 'objective' measure, it is still necessary to monitor what occurs on a day to day basis with such variables as staff sickness and vacancies affecting the staff available. The latest results of this monitoring for October 2016 follows in Part 2 below.

As previously mentioned, as EAU and ED (and A2 – see section above) are not suitable for inclusion into the SNCT tool, separate reviews are underway in these areas and will be reported back once complete.

Developments in national initiatives on staffing should also be noted. NHS Improvement's Chief Nurse has stated this month that there is forthcoming guidance on safe staffing from her organisation which will be based on the latest evidence and research. NHS Improvement's first three staffing guidance documents will be published for consultation next month. They will cover inpatient, mental health and learning disability services with remaining settings – emergency, maternity, community and children's services – being published for consultation early in the New Year. It is planned that all the guidance will be finalised by early summer. It is intended that the Care Quality Commission will sign off on the guidance – to be described as "resource guides" – and will inspect providers against it. These reports are likely to be amended dependant on the contents of the guidance.

PART TWO - Monthly Nurse/Midwife Staffing Position
October 2016

Another of the requirements set out in the 2014 National Quality Board (NQB) 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. A revised NQB report 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' was published in July 2016, the contents of which have had no impact on the requirement to produce these monthly reports.

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 of the care hours per patient day (CHPPD) metric as recommended by the Carter Review.

As indicated to the Board in June, from May 2016 all Trusts have had to submit this metric. The overall Trust results for the last three months have been:

Month	RN	Unregistered	Total
August	4.65	3.76	8.41
September	4.44	3.63	8.07
October	4.39	3.56	7.95

These figures obviously vary widely across wards/areas (e.g. 24.69, 2.49 and 27.17 for critical care and 2.56, 3.51 and 6.06 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 (8.41 to 7.95) in the middle 'of the pack'. Over the last few months the overall hours per patient day is reducing. The Trust awaits any further developments and feedback on this metric. It is expected that this and comparative data will be made available in the Model Hospital which the Department of Health is producing as a result of the Carter Review. The Trust has recently become a pilot site for the ward element of the Model Hospital.

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).

The total figure of shortfalls for this month is 136 which is a considerable rise from last month (59) and previously (see Table 1). When shortfalls have occurred, the reasons for the gaps and the actions being taken to address these in the future are outlined in Table 3.

The area with the largest number of shortfalls is Maternity with 42 (32 RM shifts and 10 CSW shifts). The specific rise in Maternity is due to the service struggling to cope with a high vacancy level resulting in many shifts operating at less than minimal levels. This has impacted on delays in care caused directly by reduced numbers of staff, increased numbers of births which exceeded prediction and the dependency of the women accessing the service. The two maternity red serious shortfalls were such because there were particular problems with delays in induction of labour as well as increased dependency of other patients. The unit has now recruited to vacancies although many of these appointments are very junior newly qualified staff requiring additional support and guidance. The situation is expected to improve.

With regards to the remaining 37 qualified staff shortfalls in the rest of the hospital, 60% (22) come from the specialist areas (CCU/NNU/Paediatrics) which are areas with specific skills requirements that are not easily available. The rise in unqualified shortfalls is generally spread across the whole Trust as in previous months.

As well as the quantifiable staffing numbers discussed above, as indicated at the June 2016 Board, from May onwards 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 (the figures for September are in brackets - 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, number of MET/resuscitation calls etc There will be some inevitable variability with these assessments but it can be seen that the assessments are generally 'Green' although the number of Amber shifts have nearly doubled since previous months. With regards to the latter, there is consistency with the staffing figures (e.g. A2, B4, B5, C2, CCU/PCCU, NNU and Maternity) although this is not always the case.

Besides the two Maternity red shifts discussed above, there have been a further 16 this month. Nine of these were in NNU when the unit did not meet the BAPM staffing standard due to the high dependency of the patients. On two shifts with the workload the unit was closed. On all occasions no harm resulted to patients. Each of the following three wards had one red shift: B1 was due to an agency nurse departing soon after the beginning of the shift leaving a high staff to patient ratio; ward C1 had a night shift with two qualified staff short due to vacancies and lack of bank/agency staff; on C7 a bariatric patient was admitted who required 3 staff, resulting in delays of care for other patients. The patient was later transferred to ITU. The following two areas had 2 red shifts: on CCU vacancies resulted in three qualified staff short and on C6 the two night shifts vacancies left one qualified staff member but assistance was given from other wards. On all of these occasions safety was maintained.

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

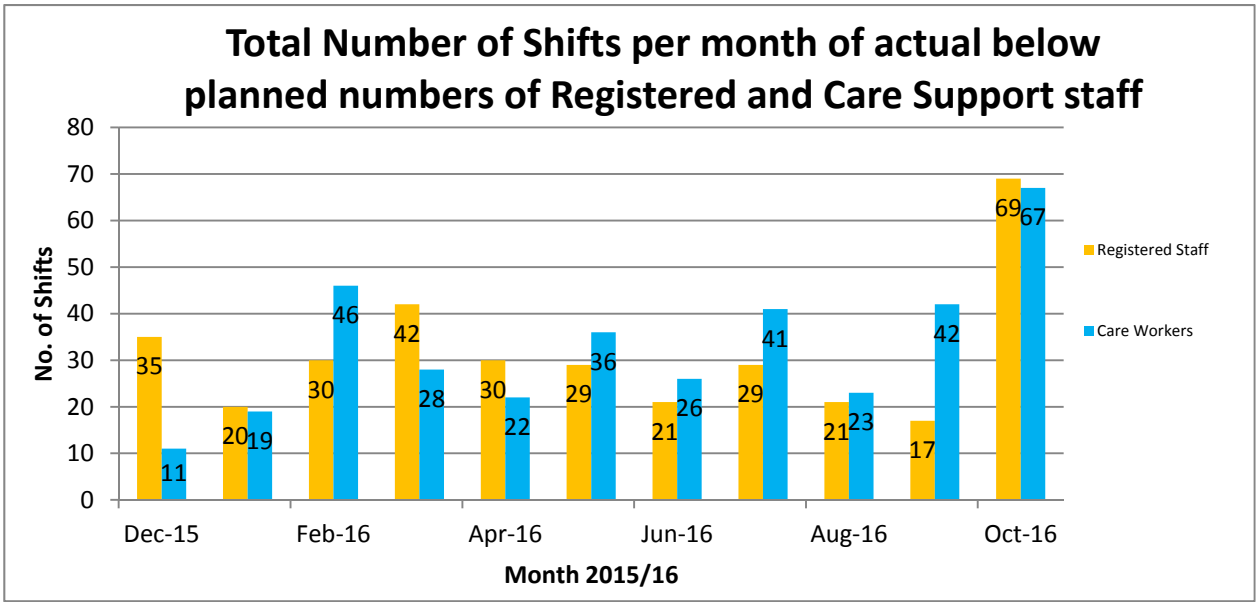


Table 2
Self-Assessment of Workload by Senior Nurses on Each Shift for October (figures in brackets from September)

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A1	0 (0)	18 (2)	44 (58)	Ward C3	0 (0)	7 (3)	55 (57)
Ward A2	0 (0)	15 (1)	47 (59)	Ward C4	0 (0)	0 (0)	62 (60)
Ward A3	0 (0)	16 (5)	46 (55)	Ward C5	0 (0)	7 (3)	55 (57)
Ward B1	1 (0)	0 (17)	61 (43)	Ward C6	2 (0)	8 (8)	52 (52)
Ward B2H	0 (0)	1 (5)	61 (55)	Ward C7	1 (0)	6 (2)	55 (58)
Ward B2T	0 (0)	8 (1)	54 (59)	Ward C8	0 (0)	6 (6)	54 (54)
Ward B3	0 (0)	6 (12)	56 (48)	CCU/PCCU	2 (0)	19 (23)	41 (37)
Ward B4	0 (0)	24 (17)	38 (43)	EAU	0 (0)	0 (0)	62 (60)
Ward B5	0 (0)	36 (9)	26 (51)	MHDU	0 (0)	1 (0)	61 (60)
Ward B6	-	-	-	Critical Care	0 (0)	0 (0)	62 (60)
Ward C1	1	1 (1)	60 (59)	NNU	9 (1)	7 (1)	46 (58)
Ward C2	0	11 (8)	51 (52)	Maternity	2 (0)	30 (2)	30 (58)

Totals	RED	AMBER	GREEN
June	4	119	1257
July	12	163	1251
August	6	147	1273
September	1	126	1299
October	18	227	1179

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 Areas (Launch)	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16
RED	15	4	3	7	6	3	2	3	1	3	0	1	0
AMBER	5	11	14	12	13	15	14	10	7	2	11	8	12
GREEN	4	9	9	8	8	9	11	14	19	22	16	18	14
TOTAL	24	24	26	27	27	27	27	27	27	27	27	27	26

NB: November 16 - Ward A1 Evergreen no audits

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 November:

NCIs	
Level 1 Matron Level	7
Level 2 Head of Nursing Level	9
Level 3 Deputy Chief Nurse level	2
Level 4 Chief Nurse	1

Nutrition Audit	
Level 1 Matron Level	7
Level 2 Head of Nursing Level	3
Level 3 Deputy Chief Nurse level	0

Table 3 (Monthly Nurse/Midwife Staffing Position)

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS OCTOBER 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	3	CSW	Vacancy x3	Bank unable to fill. Workload distributed to remaining staff. No safety issues.
A2	8	CSW	Sickness x 2 Vacancy x6	Assistance was provided such as the 'floating' Band 6 x2, lead nurse or graduate nurse and so safety was maintained.
B1	1	RN	Agency nurse left ward	Agency nurse left ward at 20.30 and so intermittent support provided by B4 and B2. No patient harm occurred.
B2H	2	CSW	Vacancy x 2	On one occasion the Hip Practitioner assisted as did a novice and on the other occasion the dependency of the patients was such that assistance was not required.
B2T	1	RN	Sickness	Patient dependency was low and so assistance was not required. No safety concerns.
B3	1 5	RN CSW	Short term sickness	For the RN shift a qualified nurse assisted from B5. For the 5 CSW shifts, on one occasion the lead nurse gave clinical support and on the others a B2 CSW took station 3. Safety was maintained.
B4	7	CSW	Vacancies	Bank unable to fill intermittent support provided by both lead nurse and other wards but with the dependency of the patients present on the ward safety was maintained.
B5	6	CSW	Vacancies	The bank was unable to fill the shifts. Existing CSWs supported by lead and other trained nurses. Safety was maintained.
C1	2 8	RN CSW	Vacancies	Bank unable to fill. Lead nurse worked on ward and delegated staff accordingly to maintain safety.
C2	5	RN	CAMHS patient x 1 Increased dependency x3 Sickness x1	Bank was unable to fill. Nurse in charge assisted on ward to maintain safety.
C3	6	RN	Vacancy x6	Bank/agency unable to fill. There was one RN per station and with the number of CSWs on duty and on three occasions the lead nurse worked clinically safety maintained on all occasions.
C4	1	RN	Sickness	An extra CSW was employed to assist and lead nurse worked clinically so safety was maintained.
C6	2	RN	Vacancies	On both occasions agency staff did not appear and so a member of staff helped from B5 on one occasion and C7 the other so safety was maintained.
C7	8	CSW	Sickness x 4 Required for 1:1 patients x 4	On the self-assessed 'Red' shift a bariatric patient was admitted who required 3 staff, resulting in delays of care for other patients. The patient was later transferred to ITU. For the other shifts, on one shift an extra qualified staff was on duty, for 5 shifts there was a supernumerary CSW, for 3 shifts students were on the ward and on a further shift there was a graduate nurse on duty. Safety was maintained.
C8	10	CSW	Sickness x4 Required for 1:1 patients x5 and Vacancy x1	A variety of mitigating actions were taken to maintain safety. These included use of a well-being worker, the 'float' CSW being used at a station, the use of a supernumerary graduate, the use of the bleep holder and the lead nurse/nurse in charge assisting with clinical work.
MHDU	1	RN	Vacancy	Agency nurse booked did not arrive. A CSW was employed and a staff member came in to help between 21.00 and 01.00. Safety was maintained.
NNU	9	RSCN	Dependency of patients	These 'red' shifts were all caused by the high dependency mix of the patients. All the babies were stable and on one occasion the lead nurse assisted, on two others NNU was closed and on three the dependency of the babies was reducing. Safety was maintained.

CCU/ PCCU	8	RN	Vacancy x 7 Sickness x1	Bank and agency unable to fill. On one occasions an extra CSW assisted. On another occasions there were 2 students on the ward and on another there were senior staff who assisted. Safety was maintained on all occasions.
Maternity	32 10	RM CSW	Vacancy Short Term sickness Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. Midwives were moved to areas of highest dependency. On 10 shifts there were delayed inductions of labour. On 4 occasions community midwives assisted on the unit. On 1 occasion the Governance Midwife assisted. On 1 occasion post natal admissions were delayed. No patient safety issues occurred

Oct-16

SHIFT

	NCI		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27	
WARD		STAFF	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
WARD A1	98	Reg																																																			
		Unreg																		4/2																								4/2										
WARD A2	93	Reg																																																			
		Unreg																					7/5						7/5														7/5						7/5					6/4
WARD A3	83	Reg																																																		
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WARD B1	95	Reg			2/1																																															
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WARD B2 HIP	100	Reg																																																		
		Unreg																																																6/4			
WARD B2 TRAUMA	92	Reg																																																	
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WARD B3	100	Reg																																																	
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WARD B4	98	Reg																																																	
		Unreg					7/4																		6/4												8/6												8/6		7/5	
WARD B5	86	Reg																																																	
		Unreg									5/3																		5/3				5/3	5/3			5/3	5/3													
WARD B6		Reg																																																	
		Unreg																																																	
WARD C1	96	Reg															6/4																																			
		Unreg																							10/8		10/8				10/7												10/8		10/7				10/8		10/8		10/7			
WARD C2***	98	Reg								10/6											10/7																												10/7			
		Unreg																																																	
WARD C3	89	Reg												6/4																						6/4								6/5				7/5		7/5				
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WARD C4	98	Reg																																										5/3									
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WARD C5	89	Reg																																																
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WARD C8	88	Reg																																																	
		Unreg									8/6			8/6																					8/6		8/6						8/6		8/6						9/7				8/6
CCU/PCCU	99	Reg															7/5														7/4		7/5						7/5				7/5										
		Unreg																																																	
EAU	100	Reg																																																	
		Unreg																																																	
MHDU	98	Reg																																														4/3					
		Unreg																																																	
CRITICAL CARE*	96	Reg																																																	
		Unreg																																																	
NEONATAL**	98	Reg																																																7/5		
MATERNITY ****	98	Reg							17/15		17/17	15/15	17/16	16/15		15/14	17/17		15/15		17/16		17/15						17/16	15/15	16/16				15/15	17/16			15/15		15/14	17/17	15/14	17/17	15/12		15/13	17/15	15/13	16/16	15/12	17/16	15/13			
		Unreg		5/3					7/5		7/5						7/5														7/5		7/5		7/5														7/3				

Key

Serious Shortfall

Registered nurse/midwife shortfall

Care Support Worker shortfall

* Critical Care has 6 ITU beds and 8 HDU beds

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

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

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

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

28		29		30		31	
D	N	D	N	D	N	D	N
				4/2			
7/5		7/5				7/5	
		7/5					
				3/2			
		5/3					
8/6		8/6					
			5/3				
10/7					10/6		
	6/4						
			5/3				
8/6		8/6					
7/4		7/5		7/5			
8/6	8/6	8/6	9/6	8/6	8/6	8/6	8/6
	17/15	15/13	15/14			17/17	
		7/4				7/5	

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 1 December 2016

TITLE:	**22 November 2016 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Glen Palethorpe Director of Governance / Board Secretary	**PRESENTER**	Doug Wulff – Committee Chair

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

SUMMARY OF KEY ISSUES:

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

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		Y

RECOMMENDATIONS FOR THE BOARD

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

The Board endorse the Committee's recommendation that the Trust's quality priorities should remain unchanged for the next two years, and that this recommendation would also be put to the Governors at their meeting on 1st December.

The Board endorse the Committee's recommendation that the Trust's quality metrics for 2016/17 (this year) remain unchanged from those measured within the Trust's quality account last year.

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	22 November 2016	D Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

- Operational Management assurance was provided in respect of the operation of the Falls Group (an action from the previous committee meeting).
- Operational Management assurance was provided in respect of the Deteriorating Patient Group (an action from the previous committee meeting). The Committee asked that the Quality and Safety Group consider how the reporting from the deteriorating patient group is reflected in the report to the Committee going forward to ensure that the Committee can be updated on progress with patient safety initiatives and changes made as a result of the work of the deteriorating patient group.
- Operational Management assurance was provided in respect of ED Blood Taking audit action plan which was focused on the key issue of patient identification. A repeat audit will be undertaken in the new year and this will be reported to the Committee.
- Operational Management assurance was provided in respect of Stroke TIA and VTE performance, these supported the improved performance recorded within the month of October for both these indicators (an action from a previous committee meeting).
- Operational Management assurance was provided on the performance in respect of key quality indicators. This month saw
    - a continued challenge in securing a good response level to the Friends and Family test especially within the community which recorded its lowest month's response rate this year, albeit those recommending the Trust remained above 95%.
    - The Trust record one incidence of a single sex breach within MHDU affecting 4 patients. The patient was medically wardable but was not able to be moved for capacity reasons and it was determined safe to leave the patient where they were albeit this led to a single sex breach for that bay of four patients.
    - The unvalidated Stroke Swallow Screen recorded performance showed an increase in performance of just over 10% to that recorded in the preceding month and whilst this remains below the target it does demonstrate the outcome of more staff being trained to undertake

swallow assessments and the very recent appointment of the stroke coordinator. It is planned that performance will continue to improve to achieve the target next month.

  - VTE performance and Stroke TIA performance have both improved this month, separate assurance over the actions taken to sustain this improvement was provided to the Committee.
  - Continued good performance in respect of infection control both in terms of MRSA and *C diff*.
  - An improvement in respect of mothers breast feeding based on the sustained effort of the Maternity Staff. The Committee requested that the maternity staff be complemented on the work that has been done to bring about the improvement in performance.

- Four out of date remain unapproved having not been presented to the November Policy Group. Partial assurance was received that these would be approved at the December meeting of the Policy Group.
- Operational Management Assurance provided that the actions arising from the national clinical audit on end of life care has been included in the Trust End of Life care action plan. The Audit provided positive assurance across a wide range of Trust processes and activity in respect of care of the dying but did highlight that access to specialist palliative care support, the number of end of life care facilitators and staff training on end of life communication skills needed improvement.
- Executive Management assurance was provided that the Trust has complied with the reporting requirement timescales in respect of initially reporting of Serious Incidents (SIs) within two days but the Trust did not close all investigations within the 60 day timescale this month due to the Director investigation lead requiring more information from the investigator prior to submission of the RCA. The monthly report shows performance against the agreed developed KPIs and shows that whilst there has been a reduction on the number of RCAs closed with no questions there has been an increase in the number closed after resolving initial questions from the CCG which has seen a reduction in the number requiring the resolution of subsequent questions from the CCG. The issue of actions not being implemented in line with the agreed RCA action plans is discussed at the relevant Division's Performance Management meeting. In the report 20 actions plans required revised dates, but at the time of the committee meeting only 11 of these had revised dates of November and December provided. The Committee asked that the outstanding 9 be followed up and be reported at the next meeting.
- Executive Management assurance was received via the Internal Safeguarding Board in respect of the last meeting's agenda items including the continued issues in accessing Tier 4 CAMHS Beds which has also picked up by the Chief Executive in his meeting with NHS Improvement. The report also provided assurance in respect of the delivery of safeguarding, mental health, learning disability and PREVENT training across the Trust along with the actions being taken to continue to improve compliance in these areas.
- Operational Management assurance was provided that the Trust's application of its DOLS policy is based on individual patients' clinical circumstances rather than a blanket approach and consequently the reported performance may be lower that that of other trusts. The Committee endorsed this approach.

Decisions Made / Items Approved

- Approval of 9 policies, 1 strategy and 14 guidelines / procedures that had all been considered by the Policy Group.
- Approval to close 10 RCA action plans following assurance from the Corporate Governance Team that, where appropriate, completed actions plans had been evidenced.
- The Committee agreed to recommend to the Board that the Trust's quality priorities should remain unchanged for the next two years (2017/18 – 2018/19), and that this recommendation would also be put to the Governors at their meeting on 1st December. These priorities would therefore remain as patient experience (FFT and pain control), pressure ulcers, infection control, nutrition / hydration and medication.
- The Committee agreed to recommend the retention of 9 quality metrics for the current year 2016/17. Three being drawn from the national patient survey for patient experience on cleanliness, experience of care and being treated with dignity and respect, the three relating to patient safety covering MRSA, VTE and Never Events and the final three relating to clinical effectiveness being medical readmissions, cardiac arrests and % of emergency admitted patients with fractured neck of femur operated on within 48 hours.

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

- The Committee asked for the deferred update on the outstanding corporate actions in respect of the Trust's internal Quality and Safety reviews to come to the next meeting of the Committee.

Items referred to the Board for decision or action

The Board endorse the Committee's recommendation that the Trust's quality priorities should remain unchanged for the next two years, and that this recommendation would also be put to the Governors at their meeting on 1st December.

The Committee asks the Board to note the assurances received at the meeting and the decisions made by the Committee.

Enclosure 6

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on Thursday, 1st December, 2106

TITLE:	**Black Country Alliance Report**		
AUTHOR:	**Terry Whalley**	**PRESENTER**	**Terry Whalley**
CORPORATE OBJECTIVE: S01/S02/S03/S05/S06			
SUMMARY OF KEY ISSUES: **BCA Report including BCA Board Minutes, Programme Directors Report and CAN Update.**			

IMPLICATIONS OF PAPER:			
RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	Monitor	**N**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			To Note

RECOMMENDATIONS FOR THE BOARD

To note contents of report.

The Dudley Group NHS
NHS Foundation Trust

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

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

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

ENC 1

MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING HELD AT 10:30AM ON WEDNESDAY 12TH OCTOBER 2016 IN MEETING ROOM 10, MLCC, WALSALL HEALTHCARE

Present:	Mr R Samuda (RS)	SWBH Chair
	Mr T Lewis (TL)	SWBH CEO
	Dr P Harrison (PH)	DGFT CEO (interim)
	Mrs J Ord (JO)	DGFT Chair
	Mr R Kirby (RK)	WHC CEO
	Mrs D Oum (DO)	WHC Chair
In Attendance:	Mr T Whalley (TW)	Black Country Alliance Programme Director
	Mrs J McManus (McM)	Black Country Alliance Project Manager
	Mrs J Ilic (JI)	Comms Lead
	Mr D Fradgley (DF)	Executive Sponsor
	Miss S Astley (SA)	Minute Taker & EA to Mr T Whalley
Apologies:	Mrs K Dhami (KD)	Governance Lead

BCA/16/89 INTRODUCTIONS / CHECK IN **ACTION**

Mrs Ord welcomed all to today's meeting, and in particular, Mr Harrison who is attending for the first time in his capacity as interim Chief Executive at Dudley Group.

Mr Lewis asked that formal thanks be recorded to Ms Clark for all the work she had put into acute care collaboration within the Black Country Alliance and members of the Board agreed to do so.

There were no members of the public attending the meeting.

BCA/16/90 APOLOGIES

Apologies were noted from Mrs K Dhami.

BCA/16/91 MINUTES OF LAST MEETING – 31ST JULY 2016

The minutes of the public meeting held on the 31st July 2016 were recorded as being a true reflection of the meeting.

BCA/16/92 REVIEW ACTIONS DUE

The Board noted the actions log as presented Mr Lewis confirmed that his colleagues would be in contact with Mr Stanton at DGFT and that this action (12) could be closed. Mr Whalley reported that action 26 was also completed and referenced within Programme Director's report elsewhere on the agenda.

BCA/16/93 CHAIR'S BUSINESS

There was no business from the Chair, other than a reminder to all those presenting papers that they could assume papers had been read and so proceed to only reiterate key points to enable maximum time for questions and debate from Board members.

BCA/16/94 BCA COMMS & ENGAGEMENT REPORT

Mrs Ilic presented the comms & engagement report. Board members were asked to note the progress and specifically consider if they wished the Stakeholder Group to go ahead as scheduled in November or postpone until a later date. The reason for considering postponement being the close proximity to a recent STP Stakeholder event.

Mr Kirby stated his view that it wouldn't make sense to double up the BCA Stakeholder Reference and STP Groups. Mr Lewis stated the STP brand and the BCA should be kept separate.

Members agreed to cancel the BCA Stakeholder Group in November and re-visit the decision in December 2016 if the proximity was likely to cause any confusion among those invited to attend.

ACTION:

- Consider Postponing Stakeholder Group. ***JI***

BCA/16/95 CLINICAL REFERENC GROUP CHAIR'S REPORT

Dr Harrison presented the Clinical Reference Group (CRG) Chair's report

Dr Harrison confirmed that due to taking up the position of Interim Chief Executive Officer at Dudley he has now stood down from his position as chair of the CRG. A formal process is being undertaken to identify a new Chair for the CRG.

There is significant enthusiasm for a single larger scale clinical conference next year rather than a series of smaller, more localised ones. Medical Directors and Director of Nurses felt they, and others, may be required to attend many of the smaller ones and therefore they felt it would be more pragmatic to have one large conference similar to the one held in 2016.

Mr Whalley commented that where there was value, smaller, modest conferences could and should still take place, for example, Urologists are planning a conference in November to progress their thinking for Black Country Urology Network.

BCA Board agreed to go ahead with one large conference, with staff having further option to carry out modest mini conferences around particular services if useful and if local budget allowed.

The BCA bid for piloting the Associate Nurse role has been successful. Chief Nurses and HR Directors have discussed other areas of substantive nurse recruitment where collaboration across the BCA would be beneficial. Mrs Overfield, Chief Nurse at Walsall is leading on the Associate Nurse pilot and will provide an update for next BCA Board on this and other thoughts for work we might do better together. Mrs Ord requested an overview of the scope of work to be considered at the November or December Board.

ACTION:

- Mrs Overfield to provide update to November or December's BCA Board regarding Associate Nurse pilot and regarding possible scope of work for substantive nurse recruitment. **MM with RO**

BCA/16/96 PROGRAMME DIRECTORS UPDATE

Mr Whalley provided an update on the Programme Directors report.

Mortality Review Network (MRN) – Mr Whalley confirmed that all Mortality leads from the 3 Trusts have met. Each Trust shared their current processes for identifying and undertaking Mortality Reviews, identifying and learning lessons and for providing assurances through to Trust Boards. The MRN identified a number of key themes where collaboration is highly desirable across the Black Country Alliance. Mr Whalley asked the Board to endorse the Terms of Reference that Members of the MRN had produced.

Resolution:

Members endorsed Terms of Reference

Procurement – Mr Whalley reported the Procurement Director (Mr Coley) has started in post and has begun to produce a set of proposals for work to be carried out. Mr Lewis requested assurance that this would enable benefits to be realised from April 2017, and that we would not just receive a plan or plan for a plan.

Mr Whalley confirmed that there are already specific projects delivering financial benefit in the current fiscal year, and an expectation that there would be further projects defined that would deliver benefit in 17/18. In parallel, Mr Coley will work on other initiatives such as eCatalog, eEnablement and Nurse Procurement model as a means to go further faster.

Mr Fradgley confirmed, as executive sponsor, that actions were being put in place to have a plan that will deliver benefits from April 2017.

ACTION:

Mr Coley to provide update to BCA Board in November. **DC**

BCA/16/97 INTERVENTIONAL RADIOLOGY

Mr Whalley presented the paper on Interventional Radiology. Mr Whalley reminded board members that the pilot of 7 day nephrostomy service had been established as a means to close the gap on national 7 day requirements more sustainably together. The report clearly showed the pilot had been successful. In terms of patient outcome with more patients than expected benefiting from clinically necessary nephrostomies, staff benefiting from clearer pathways and less onerous rotas, and the Trusts benefitting from sharing the service rather than replicating the service in each Trust. The Steering Group had considered extending access to 8-8 or to 24/7, but felt that the increase in costs, the need to recruit additional staff and the stretch on those already providing the service wasn't the best way to proceed. Better for patients and for the Trusts to pilot extending 9-5 services in other urology and gastroenterology services so that additional patients may benefit from the service. The Steering Group therefore recommended continuing to provide 9-5 access to nephrostomies and to plan extending the range of services on a 6 month pilot basis starting probably in April 2017.

Mr Lewis thanked Dudley Group for their leadership and drive on this Interventional Radiology project and for providing such a comprehensive report on the pilot

Resolution:

BCA Board members accepted the five recommendations from the Interventional Radiology Steering Group listed on page 2 of the report.

BCA/16/98 BACK OFFICE PHASE 1

Mr Whalley presented the Back Office Report. And asked the BCA Board to note the progress made to date and endorse the specific proposals coming forward from the teams leading the Temp Staffing and Clinical Coding projects.

Board members noted the mixed progress from among this first wave of back office projects. Mrs Ord commented how important it was to proceed with work that would help tackle agency spend. Mr Lewis stated that all 3 Trusts have a challenge in that respect, and that the teams need to now accelerate the work based on the recommendations within the report. Mrs Ord stated that the recommendation in respect of e-rostering systems was straightforward to endorse, but wanted more information on the other 2 recommendations. Mr Whalley stated that this work would now be done if the Board were content with the direction of travel, and more specific proposals with detailed financial modelling would be brought back.

On that basis, BCA Members endorsed all 3 recommendations from the Temp Staffing Team. The progress on Clinical Coding and the recommendations made by that team were also endorsed.

Mr Lewis said it was important for the Communications Team to highlight within the Trusts and outside publicly that the BCA Board have agreed to collaborate on the creation of a Black Country Bank as part of a wide ranging focus on developing our people and tackling the challenges we face with agency spend.

ACTION:

- Mrs Ilic to discuss with Comms lead across the 3 Trusts best way to promote BCA Bank initiative — **JI**
- Mrs McManus to ensure that the temp staffing and clinical coding back office projects are now accelerated, Plans to be included in November Board update — **MM**

Members were content with what has been identified within the report and appendices for Estates & Facilities, R&D Governance, Legal Services and Occupational Health.

BCA/16/99 REFLECTIONS ON THE MEETING

There were no reflections to note.

BCA/16/100 ANY OTHER BUSINESS

No other business was discussed.

BCA/16/101 **DATE AND TIME OF NEXT METING**

9th November @ 10:30am

Ground Floor Committee Room, Management Block, Sandwell Hospital

Chair: Mrs D Oum

The Black Country Alliance

Programme Director's Update – November 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
	Patient / Citizen Engagement	**N**	Not required
	Monitor / TDA	**N**	Not required
	Equality Assured	**N**	Not required
	Competition & Mergers	**N**	Not required
	Comms Lead OK	**Y**	
	Governance Lead OK	**Y**	

ACTION REQUIRED OF BCA BOARD:

Decision	Approval	Discussion	Other
	X	**X**	

RECOMMENDATIONS FOR THE BCA BOARD:

The Black Country Alliance Board is invited to;

1. Receive and comment on the above update.
2. Confirm endorsement of MTI initiative and confirm Trust sponsorship

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 Project updates

2.1 Urology

The Urology Steering Group met on 20th October. Among topics covered by the Group was the format and content of the first BCA Urology Network Conference scheduled for 24th November. Intended in part to be a celebration of the work done so far, the main focus will be on urology colleagues from multi disciplines coming together to determine further priorities and opportunities to improve quality and sustainability through collaboration.

The Group also discussed the UroLift System in use at Frimley Park Hospital NHS Trust among others. The system is making huge time and cost savings by using a new minimally invasive treatment for a health condition that is almost inevitable in men aged over 50: Benign Prostatic Hyperplasia (BPH). The UroLift System treatment, approved by NICE, is an outpatient procedure, typically performed in under an hour, gets men off BPH medications, allows them to avoid major surgery and get back to normal more quickly. Not currently used by any of the BCA Trusts, but being actively explored at Walsall Healthcare, this may be an example where one Trust takes the lead on behalf of the patch to prove the concept.

2.2 Medical Training Initiative

A further meeting of the 3 BCA Trusts took place in October to discuss the creation of a BCA-wide Medical Training Initiative (MTI). There was consensus to establish a formal BCA project and to include RWT going forward. There was also consensus that a further round of recruitment of MTI fellows should be progressed at pace, acknowledging that all Trusts are struggling with vacancies in emergency and acute medicine. If possible, new MTI fellows on a rotational job plan would start before the end of the financial year, although it is acknowledged that delays to GMC registration and visa applications may push this aspiration back into the spring time.

With this in mind, the project group agreed to meet on a regular basis and a schedule of meetings is currently being agreed. To support this, it is essential that appropriate representation from all Trusts is provided to the Steering Group meetings both to maintain momentum and to ensure the workload is distributed equally across all partners. As such, the Board is asked to reiterate its support for the project and to assert that all Trusts nominate both a medical and HR representative to join the project group.

A detailed update, including a proposed timeline for recruitment, will be provided to the December BCA Board.

2.3 Rheumatology

The BCA rheumatology project is now approaching operational implementation stage. After the BCA steering meeting on the 21st November 2016 the delivery group will move from project stage to operational and clinical delivery model.

Medical - All of the 4 consultant rheumatologists have been appointed by SWBH and we also have a 'retire and return' rheumatologist in place. DGFT have advised they intend to now go for a DGFT only post in light of their own capacity problems and the failure to recruit. The group have also reviewed the current balance of demand for Walsall versus growth in

capacity following full SWBH recruitment with incremental deployment of sessions. It was concluded that for the medium term no further action should be taken but that work on broader collaboration between SWBH and DGFT within the BCA envelope should continue.

Nursing - The nursing model mirrors the team based approach of the consultant model and is meeting the demand.

Service Level Agreements – SLA now drafted but not signed off as yet due on-going discussions regarding finance elements within the SLA and provision of 'management' support for Walsall for the duration of the SLA. This does not prevent the service changes moving forward, but does require conclusion.

Governance / Operational Model - The model is in process of being defined by SWBH and WHC to be presented to Steering Group on 21st November. The clinical and operational teams are meeting to actively manage and resolve any issues on a weekly basis.

IT – laptops are in the process of being provided for the team to access Patient information from both SWBH and WHC locations.

2.4 Pharmacy

The Chief Pharmacists across all 3 Trusts have formed a BCA Pharmacy Network with the intention of looking for opportunities to collaborate in matters of mutual interest that will improve outcomes, experience and/or make better use of our resources. Having now met a couple of time over the course of the summer and early autumn, an emerging portfolio of work is emerging that the Chief Pharmacists propose to take forward.

1. Procurement – responding better together to Lord Carter of Coles' recommendations to procurement as relates to medicines & drugs. Linking with our Director of Procurement, this will identify and deliver benefits better together as well as responding in a joined up way to Carter timetable. This required a submission from all on 31/10 by way of draft plan and more detailed responses by 31st March 2017. There are also specific opportunities to be explored around Biologics, O/P dispensing and larger equipment purchasing.
2. Collaborating on work to achieve Directory of Medicines & Devices compliance by June 2017, this will enable the work to be shared and the knowledge we have leveraged to the benefit of all 3 Trusts in their efforts to achieve compliance.
3. Collaborating on Falsified Medicines Directive to ensure we have a consistent interpretation of the directive, that we work together on understanding the gap that my exist between our current processes and required processes, and then building a business case to close those gaps better together.
4. Digital Wards and improved medicines management, building on work at SWBH automated stock cupboards, exploring how innovations like this may improve quality & safety and also enable a more effective way to manage stock. It is believed this offers a significant opportunity for one off cost reduction which may enable some of the other opportunities which in turn will enable additional benefits.
5. Aseptic Services, based on slow progress of East / West Midlands collaborative and the early need for action at SWBH, a review of possibility for collaboration.

The Chief Pharmacists also intend to spend time at their next forum diving deeper into clinical and work force development opportunities to compliment the procurement and IT focus of initial discussions. They also intend to invite Chief Pharmacist at Royal

Wolverhampton to join discussions and determine where BCA plus RWT may enable us go further faster. Further detail of all of this will be brought back to BCA Board in due course.

2.5 Neurology

The Neurology Steering Group have established 3 small working groups to explore MS, Neurophsyiology and Complex Headaches as initial priorities to explore opportunity for collaboration to improve health outcomes, experience of health care and/or make better use of our resources.

The MS working group met and agreed a small number of areas where it was felt work could be done together.

1. Audit – Agree together a set of criteria against which to audit current MS service performance at each Trust. This will allow variation to be more clearly understood, explained and tackled If unwarranted.
2. Disease Modifying Treatments (DMT) – there is a need for common shared protocols in respect of DMTs, to cover change to circumstance and especially in the event that consultant / nurse support is not available.
3. Resilience – each trust carries a significant risk associated with having a single MS Nurse specialist on which their service is heavily dependant. With growing demand for MS services, the impact of even short term planned absence is becoing significant and the potential impact of unplanned / lengthy absence is great. Together, we may be able to address this risk more sustainably than we can individually.
4. Telephone / Email support service – Dudley provide a telephone/email service and may be able to offer advise & guidance as colleagues at SWBH and WHC look to establish one.
5. Primary Care Education – to continue to ensure Primary Care is as well placed as possible to provide continuing care and/or initial diagnosis and/or avoidance of steroid use, a consistent and shared primary care education approach building on NICE and MS Society guidelines would be helpful.

Work will continue on these initial areas over next few weeks with the group coming back together early December to agree next steps. A further update will be provided early in the new year.

2.6 Pathology

The Pathology Steering Group met for the first time on 18 October and was attended by representatives from all four participating Trusts. The Chair explained the role of the Group and each laboratory team gave a brief description of their service portfolio and key issues. The meeting focused on how a single shared management structure might help determine priorities and develop services across the locality in the future. This approach was met with broad support in principle. The existence of previous pathology service reviews was highlighted and it was agreed that we would seek to use these where appropriate, rather than repeating work already carried out.

Prior to the November meeting members of the group intend to survey four different models of collaborative governance that are working around the NHS, and these will be discussed in detail. We will aim to learn the lessons and start to put together a first draft of a potential governance structure for the Black Country services.

Also at the November meeting we expect to hear from LTS Consulting, who are compiling a combined dataset for the four services to underpin the discussions and planning at the group.

A short communications statement has been issued to support the pathology teams with keeping their staff updated on the work of the group.

It was a constructive start to the work, and the Chair would like to thank the pathology teams from the four Trusts for taking the time to attend and contribute.

2.7 Interventional Radiology

Nephrostomy - Following BCA Board ratification of the recommendation to make the 9:00 – 17:00 weekend/bank holiday Interventional Radiology (IR) Nephrostomy pilot an on-going arrangement between participating trusts, formal pathway definition and QIA documents for the service have been drafted for the BCA Clinical Reference Group to review on 21st November, 2016. An application for 'HSJ Value in Healthcare Award' is being drafted on behalf of the IR Steering Group. The award will focus on the clinical collaboration and benefits that have been achieved through the Nephrostomy pilot.

Extension of IR on-call service - Following the IR Steering Group Meeting on 25th October, 2016, work is underway to develop the pathway for an on-call weekend/bank holiday IR service for urology and gastroenterology procedures. The pathway will incorporate the potential need for emergency transfer of patients with GI bleeds as well as the need for IR consultants at the host Trust to review images before agreeing to accept the patient. The draft pathway will be developed in conjunction with Urology, Gastroenterology, anaesthetics, HDU and ITU teams at all four Trusts for the IR Steering Group Meeting to consider further on 29th November, 2016. Operational leads from each trust will then review the pathway and undertake an operational gap analysis, defining proposals to address any gaps or issues. This will be completed by the end of December 2016 so that the full business case can be developed during January 2017.

The potential for a BCA/Wolverhampton joint recruitment campaign for Radiologists, Radiographers and other clinical staff that might be required to support the Gastroenterology pilot has been discussed. This recruitment campaign will start prior to the business case being approved and so before resources are secured by individual trusts for the additional staff they require. The expectation though is that the business case will be within the boundaries of expectations set at previous BCA Board and so will be approved. This will maximise the likelihood of any new staff being in place for the start of a Gastroenterology IR pilot around April as planned.

The need to assure the competency of all staff involved in the GI pilot and any new staff members involved in extended service has been discussed. A training needs analysis will be scoped following the development of the Gastroenterology pathway and in conjunction with the recruitment campaign.

2.8 Endoscopic Colonic Tumour Resection

There has been little progress agreeing pathways so that patients at WHC and SBWH meeting certain clinical criteria can benefit from the ECTR procedure offered by colleagues at DGFT, one of only 3 places in the country able to offer this less invasive procedure. A pathway has been defined, appendix A, but not agreed. Volumes are small with only a handful of patients likely to benefit from this technique.

This procedure, together with the extension of the 7 day Interventional Radiology service to cover gastro interventions, has though stimulated a desire among gastroenterology teams to explore whether there is merit in collaborating on other matters. There has been some talk of providing a radio-frequency ablation service that would apply to a much larger number of BCA patients with Barrett's oesophagus and discussing other issues in gastroenterology such

as cross-cover for ERCP. There will be patients who need urgent out of hours ERCP or colonic stenting that we could provide a BCA service for.

A meeting will be arranged to follow up on informal consultant conversations to explore case for collaboration.

2.9 Clinical Coding

The Clinical Coding project is progressing well with good engagement from all 3 BCA Trusts. The 3 workstreams in progress are each being led by one individual Trust to ensure there is a reasonable distribution of effort. Additionally, RWT have expressed an interest in collaborating on this project and we are currently working through the detail of how best to engage the Trusts in our work going forward.

Home Coding - Initially, Home Coding is being explored by the project group with a view to offering this as an alternative to agency employment. The development of a local BCA Home Coding Policy is in progress, based on the experience and policy implementation already in place at University Hospitals North Midlands. It is hoped that a draft version will be available for comment as part of the December BCA Board Update. As reported at the October BCA Board, Home Coding is reliant on implementation of an EPR.

Data Quality Network - Establishment of a Black Country Data Quality Network for Coding has been agreed with representation from all 3 BCA Trusts and RWT. Draft Terms of Reference have been produced with a view to ratifying these at the inaugural meeting in late November. The group will meet monthly initially and once established will meet bi-monthly. Coding Leads will determine a schedule of work for review and will be supported by the Information Leads in each Trust. The benefits expected from the group include an improvement in the quality of coding information, which in turn supports an improvement in other qualitative and quantitative measures such as mortality rates and reference costing. The group will also ensure that there is shared learning and support throughout the implementation of HRG4+ and OPCS 4.8 (expected in March/ April 17).

Apprenticeship Programme - We are currently seeking expert advice in respect of how best to ensure we both procure and obtain funding to support a local Apprentice Programme. Through Health Education England (HEE), there may be an opportunity to join a consortium of up to 18 hospital Trusts that are forming a national trailblazer group for Clinical Coding Apprentices. The detail is currently being worked through; in their current form, the proposals include level 3 and level 4 apprenticeships, which is beyond the level 2 programme that we were initially interested in offering. Additionally, there are some minor concerns in respect of the timescales proposed and content for the level 4 scheme, which would be open to existing, qualified coders. However, the trailblazer group offers a good opportunity to collaborate on wider scale in respect of finding a solution to what is acknowledged as being a national issue. There is consensus amongst the BCA group that we should, at least, connect with the trailblazer group to ensure we are aware of any learning, even if we ultimately decide to continue with a more local programme. A more detailed update and options appraisal will be available for the December BCA Board. In the interim, the group continue to progress local documentation in respect of developing a job description and person specification for level 2 Apprentices.

2.10 Temporary Staffing

HR Directors and Chief Operating Officers from the 3 BCA Trusts and RWT met in October to discuss actions that would support a consistent approach to reducing agency spend across the patch. A number of actions and associated timescales were agreed and a draft proposal

has been circulated for comment by the Director of HR at DGFT. This proposal includes an action to immediately agree consistent bank rates across the 4 Trusts, specifically for nursing staff in the first instance but this could extend to other staff groups. It was acknowledged that SWBH has higher bank rates than the other Trusts and that the implications of their rates reducing while other rates increased would have to be assessed both financially and from a clinical quality and risk perspective.

In response, the Temporary Staffing project group has re-focussed activities to ensure it is supporting the proposals and timescales outlined firstly by the BCA Board in October and also by the HR Directors. Financial modelling is in progress and a further meeting of the Temporary Staffing Finance Leads is scheduled for early November. This exercise will inform the board of the options in terms of moving to harmonised rates including the potential risks to individual Trusts. This will be complete and presented to the BCA Board in December along with the full proposal from HR Directors.

3. Other News

Nursing Associate Pilot; BCA Trusts along with other health care providers in the West Midlands have been selected as one of only 11 national sites to pilot the training of care staff in a brand new nursing support role. In December 2015, the Government announced a plan to create a new healthcare support role – the nursing associate – that will sit alongside existing nursing care support workers and fully-qualified registered nurses to deliver hands-on care for patients. It has the potential to transform the future of the nursing and care workforce. At the end of June 2016, Health Education England announced its call for applications for test site partnerships to introduce the new role of nursing associate with the goal of having 1,000 nursing associate trainees recruited and ready to start in December. In England eleven sites have been chosen to deliver the first wave of training, so it's a tremendous boost to be one of those selected. On qualification, these trainees will become the first nursing associates in the country. The course is full time and will run for two years and is a practice based course with academic input from Wolverhampton University.

4. 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. Confirm endorsement of MTI initiative and confirm Trust sponsorship

The Black Country Alliance CAN – November 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 9th November 2016. The BCA Board will meet again in public on 14th December 2016 at 10.30am in Seminar Room, Trust HQ, South Block, Russells Hall Hospital, Dudley. You can find papers from the public BCA Board on www.blackcountryalliance.org

Working together on shared bank arrangements

The three organisations are exploring the potential to work collaboratively on Trust bank services. This may mean that staff who are signed up to work on a bank with one Trust are able to be offered shifts at the other two Trusts should they choose to work there. The BCA Board will review the options early in the New Year.

HR Directors can be contacted for more information about the scope of the project.

Urology network conference

The first BCA Urology Network Conference takes place on 25th November and is an opportunity for the staff within the specialty to meet together and agree future shared programmes of work. The Network has already mapped out the subspecialties provided at each Trust.

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

BCA Medical Training Initiative makes progress

We continue to make good progress developing a Black Country Alliance Medical Training Initiative (MTI), with all three trusts having taken steps already to secure MTI Fellows to work with us. We expect to be able to recruit additional fellows before April 2017. The Group are looking at how the application process can be completed as quickly as possible, considering the visa and GMC processes that need to be included.

BCA pilots new Nurse Associate role

The Black Country Alliance was part of a successful West Midlands bid to pilot a new nursing associate role. The three BCA Trusts, along with others in the region, will be supporting the training of people in this new role who will be qualified after two years.

For more information contact Rachel Overfield, at Walsall Healthcare NHS Trust on rachel.overfield@walsallhealthcare.nhs.uk

Collaborating on pathology provision

The BCA Trusts are working with the Royal Wolverhampton NHS Trust to explore how working together on pathology provision might help to improve quality, efficiency and sustainability.

Dr Mark Newbold has been asked to chair the Black Country Pathology Steering Group. He is independent of the Trusts involved, and has been both a histopathologist and a hospital Chief Executive during his career. The group comprises equal clinical and management representation from all four Trust pathology teams.

The first stage of work is to examine how collaboration is working elsewhere in the country, to learn the lessons, and to see how a partnership approach could be set up in the Black Country. Once the Steering Group forms a view, it will report back to the Black Country Alliance Board and the Board of Royal Wolverhampton Trust.

The Trusts are aware that several pieces of work have been carried out in the past to look at pathology services across the Black Country. This work will not repeat these, and the strong focus this time is on the establishment of a joint management structure that ensures pathology services can develop in the future.

Your Trust's pathology management teams will keep you updated after each of the monthly meetings.

BCA pharmacy network established

Chief Pharmacists at the three BCA Trusts are working together with Royal Wolverhampton NHS Trust to consider areas for collaboration, including procurement, workforce, technology and implementation of directives. They will report back to the BCA Board in early 2017.

Joint recruitment for neurophysiology clinicians across the BCA

The BCA Board agreed to progress with recruitment to vacant consultant posts as BCA roles. The Neurophysiology teams are also looking at how they can work together so that more neurophysiology can be done within the Black Country Alliance rather than at other Trusts. There is great opportunity to treat patients closer to home by collaborating on joining up services.

Paul Bytheway is the Exec Sponsor who can be contacted on Paul.Bytheway@dgh.nhs.uk

Joint work on Atrial Fibrillation to reduce the risk of stroke

Cardiologists at the three BCA Trusts are implementing an integrated Atrial Fibrillation service across the Black Country that joins up primary and secondary care, to reduce the risk of stroke. This will build on existing best practice and learn from use of new technology in the UK and internationally. More news on this exciting development will be published soon.

Philip Thomas-Hands, Chief Operating Officer at WHC, is Exec Sponsor for this work and can be contacted on philip.thomas-hands@walsallhealthcare.nhs.uk

Procurement director identifies potential savings

David Coley has now started work as the BCA's Director of Procurement and updated the BCA Board in November on his work plan. David is establishing systems that will help to improve control over what we buy, as well as enable us to benchmark against other Trusts. This month there are detailed plans to look at where the BCA can reduce non-pay costs.

David Coley, Director of Procurement, can be contacted on davidcoley@nhs.net

Find out more about the Black Country Alliance at www.blackcountryalliance.org or follow us on twitter @TheBCAlliance or, contact our programme director on terry.whalley@nhs.net

Paul Harrison
Chief Executive
The Dudley Group

Toby Lewis
Chief Executive
Sandwell and West Birmingham

Richard Kirby
Chief Executive
Walsall Healthcare

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to the Trust Board on 1st December 2016

TITLE:	**Revised People Plan**		
AUTHOR:	Andrew McMenemy, Director of HR	**PRESENTER**	Andrew McMenemy, Director of HR

CORPORATE OBJECTIVE: **SO4: Be the place people choose to work**

SUMMARY OF KEY ISSUES:

The enclosure provides a first draft of the revised People Plan that allows the Workforce Strategy to continue to the good practice developed to this date with an opportunity to provide greater levels of focus. The Plan is based on six Strategic Priority Areas:

- Leadership, Culture & Values;
- Education & Development;
- Innovation & Change;
- Workforce Capacity;
- Recruitment & Retention;
- Performance & Productivity.

The Strategic Areas of Priority are supported by what we aim to achieve as well as enablers that provide greater detail as to the particular direction of work required. Alongside this document it is expected there will be an action plan with detailed objectives that will support the delivery of the People Plan.

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
	√	√	

RECOMMENDATIONS FOR THE COMMITTEE:

The Board is asked to consider the draft revised People Plan and offer changes that allow further consultation to take place with relevant stakeholders that will support feedback and development of objectives that allow the delivery of the Plan.

Strategic priority areas	Leadership, Culture & Values	Education and Development	Innovation & Change	Workforce Capacity	Recruitment & Retention	Performance & Productivity
Aims	***We aim to be a well led organisation with an inclusive culture that demonstrates our values.***	***We aim to ensure our staff have access to relevant education that meets the needs of the service within a culture of continuous development.***	***We aim to be a Trust that excels in innovation through our workforce.***	***We aim to have an affordable organisational structure that meets patient needs***	***We aim to have the right people in the right place within the framework of a sustainable workforce model.***	***We aim to support the achievement of the highest level of workforce standards.***
Enablers	Develop and reflect on the 'role-model' set of values and behaviours for all leadership roles and equip leaders, managers and peers to support each other.	Develop a coordinated approach between clinical and non-clinical education.	Better utilise information and information systems to support innovation with the workforce.	Plan for the skills and individuals that the Trust needs now and for the future to meet the needs changing demands of our service.	Strengthen the brand for DG to attract people to the Trust and retain the people and skills within the Trust.	Provide a consistent reporting mechanism that aligns workforce performance with other areas of Trust performance.
	Support team building opportunities for cross functional development with a flattened hierarchy.	Develop systems that record employee skills and aspirations alongside options for developing learning and career ambitions.	Develop opportunities for new ways of working across professional boundaries in order to support a sustainable workforce.	Develop partnership arrangements with local stakeholders to support our sustainable workforce plan.	Enhance and streamline the processes for recruitment to bring the right people in at the right time in a cost effective manner.	Ensure managers fully understand how best to utilise workforce information to mitigate risk and enhance performance.
	Create an environment that allows an inclusive culture to be developed within the workforce.	Design, launch and manage a comprehensive employee development programme.	Develop an environment that supports, recognises and rewards innovation.	Ensure workforce plans are aligned to service plans and are supported by credible workforce information.	To listen to the workforce and provide tangible feedback that demonstrates listening in action.	To provide clear expectations regarding performance and behaviour within a clear accountability framework.

Enclosure 8

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Trust Board on 1 December 2016

TITLE:	**Research & Development 6-monthly Report**		
AUTHOR:	**Margaret Marriott, R&D Facilitator**	**PRESENTER**	**Jeff Neilson, Director of R&D**

CORPORATE OBJECTIVE: SO1 through to SO6 (research seeks to improve all aspects of patient care)

SUMMARY OF KEY ISSUES:

- NIHR study portfolio balance
- Support Department Capacity Issues
- Electronic Patient Record and Research Archiving

IMPLICATIONS OF PAPER:

RISKS	**Y**		• **Risk Descriptions**: • As recruitment target for NIHR portfolio studies are not met, CRN research income has reduced. • Lack of clinical support department capacity is affecting our ability to take on new research. • Lack of an appropriate EPR will, in future, render us unable to conduct research.
	Risk Register:		To register as departmental risks
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Safe, effective, caring, responsive, well led
	Monitor	**Y**	**Details:** R&D activity included in the Annual Report
	Other	**Y**	**Details:** Recruitment activity is monitored by CRN:WM, NIHR, DH

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
		√	

RECOMMENDATIONS FOR THE COMMITTEE:
The Committee is requested to note the key issues arising and identify any further actions required.

Research & Development Report

Strategic Direction
Study Portfolio Mix: Our plan is to increase the proportion of activity that is from simpler studies (band 1 and band 2); this will enable us to meet recruitment targets easier. We are still facing delays with the portfolio adoption (i.e. recognition by NIHR, so the activity can be counted) of three potential home grown Band 2 studies. Our research laboratory biomedical scientists continue to recruit strongly and new Band 2 studies have been or will soon be opened in critical care, gastroenterology, cancer and cardiology. As our income from the CRN declines year on year, we look to our commercial portfolio to balance our budgets. We are in the process of increasing commercial activity in Haematology, and need to ensure continued delivery of commercial research in other specialties to at least current levels. (Rheumatology, Cardiology, Dermatology and Diabetes)

Benefits of research
Thanks to an observational blood test study (Pathfinder), Dudley Group is the first Trust in the country to have found a patient who can be referred for a new treatment for Pompe disease, a rare (1 in 50,000 live births) multisystem genetic disorder. The individual was very relieved to receive a diagnosis that explained his troubling symptoms and has been referred to our local adult metabolic centre.
Our trials pharmacist has continued to monitor the provision of free drugs in clinical trials between January and October 2016. These figures have been adjusted following clarification of trial inclusion criteria and include drugs dealt with by the dispensary (i.e. mainly oral medicines). During this period the Trust/CCG benefited overall by £18,602 and the NHSE by £180,161 (via pass-through costs). We are exploring how we can monitor parenteral drug cost saving, which is likely to be significantly higher than this.
Patients enrolled in studies often have the opportunity to receive new drugs under closer supervision than would otherwise be possible and it is one of the few ways for them to receive tomorrow's treatments today.

Black Country Alliance
The Black Country Alliance R&D governance project is underway. Sandwell staff visited Russells Hall Hospital on 21.11.2016 to benefit from Dudley staff's experience in the use of EDGE, the CRN: West Midlands' chosen recruitment database.

100,000 genomes project
The first Dudley patients have been recruited and donated to the national tissue bank. R&D biomedical scientists are assisting with blood collection and will monitor the time spent seeing these patients; it is crucial that recruitment to research studies continues unimpeded. The 100,000 genomes project is not a research project, it the implementation of genomic medicine into the NHS.

National developments and performance management

High level objectives
Trusts are expected to recruit to commercial and academic clinical trials within 70 days of receiving an initial Health Research Authority assessment letter and full set of documents from the Sponsor. Metrics indicate that Dudley's performance in initiation is deteriorating of late, both due to the time taken to mutually agree site initiation dates and then to iron out prescription queries which can occur after contracts have been exchanged. Strict participant eligibility criteria also lead to screen failures, which do not count. Studies can close earlier than predicted as recruitment is competitive, resulting in missed recruitment targets.

The **Health Research Authority** (HRA) approval process continues to challenge us. R&D admin staff have completed an HRA Master class in order to better oversee site feasibility discussions and understand study metrics.

EDGE is the database of choice for the Clinical Research Network: West Midlands (CRN: WM). R&D admin staff have been inputting data since November 2015 and the system is now in use to record screened and recruited patients and all new studies. Research Support Officer, John Walters, has worked very hard to tailor management reports that provide useful information for study teams and research managers. His work has been commended by the CRN.

Capacity for research support departments
The volume of clinical work in the radiology, histopathology and cardiac imaging departments is now affecting the Trust's ability to initiate new research. This is particularly the case for research studies – both academic and commercial – which require additional CT or MRI imaging. R&D has now reached the point where we are seeking permission from commercial sponsors to outsource CT scans to private healthcare. We have also had to suspend involvement in the West Midlands Ambulance FT stroke study (RIGHT-2) as it requires CT scans additional to local practice, though work is on-going to try to resolve this.

Finance
R&D has worked closely with the Income Department to develop a standard operating procedure to invoice for commercial clinical trials. Due to the number of support departments involved, accurate billing involves liaison between R&D admin staff, research nurses and pharmacists, service departments and General Office.
Commercial income is ever more important to R&D as recruitment to portfolio studies has slowed down, as it has in neighbouring Trusts, and CRN income declines. Based on the Activity Based Funding model, Dudley's funding from CRN: WM will be reduced by approximately £40k for 2017/18.

Electronic Patient Record (EPR)/Archiving
CRN: WM recently surveyed all Trusts regarding their readiness to use EPR. MHRA, the UK's regulatory body for clinical trials, published a paper in September 2015 outlining the responsibilities of Trusts regarding the quality of electronic information for medical records and clinical trials. By using an EPR system that is not compliant with MHRA record keeping standards the Trust risks being unable to conduct income-generating research.
Record storage space is at a premium in R&D, particularly with regard to optimum conditions for the storage of trial paperwork which must be kept for up to 25 years to satisfy legal requirements. Completed studies are currently in storage at Centafile; we can no longer add to these. Therefore documentation storage poses a risk for the continuing operation of R&D.

Education/Professional Development
R&D continues to offer Dudley-based half-day refresher courses in Good Clinical Practice for research purposes, led by Margaret Marriott. The new course format, designed to highlight the importance of realistic interdepartmental study feasibility checks, has received excellent feedback.

Publications produced by Trust employees during 2016 calendar year to date: 135.

Enclosure 9

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 1st December 2016

TITLE:	1. Quality Report – Update second Quarter 2016/17 2. Quality Priorities - 2017/19 3. Quality Metrics – 2016/17 4. Actions from Quality Report External Review 2015/16		
AUTHOR:	Derek Eaves Professional Lead for Quality	**PRESENTER:**	Dawn Wardell Chief Nurse

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

SUMMARY OF KEY ISSUES:

1 - The attached paper indicates the Trust's position at the end of the second quarter (with more up-to-date figures when available) for the Quality Priority target areas. With regards to the five specific quality priority areas:-

Patient Experience – The priority this year contains targets for all of the FFT areas. Of the 24 scores in Q2, 19 of them have achieved the target. One of the newly introduced NCI pain targets has been met this quarter, while the other remains the same as Q1. For this and the other NCI based targets, areas not achieving the targets have to draw up local actions which complement the Trustwide actions outlined in the report.

Pressure Ulcers – The hospital numbers at present suggest that the target for Stage 3 ulcers will be met, however, with regards to Stage 4 ulcers there is one case in Q2 that, although the Trust is awaiting feedback from the CCG, is likely to be designated as avoidable. The community numbers at present suggest that both targets for Stages 3 and 4 will be met, however, there are 8 ulcers awaiting feedback from the CCG.

Infection Control – Both the MRSA and C. Difficile targets are being met so far with no bacteraemia and 25 C. Difficile cases apportioned to the Trust of which 6 have so been deemed as lapses in care.

Nutrition/Hydration – This target has three elements this year and one was met in Q2: The overall nutrition audit score. With regards to MUST scores, in the hospital there has been an improvement from Q1 but a fall in the community.

Medication – There remains slippage in the results for this quarter compared to the overall results last year, however, there is an improvement since Q1.

2/3 - The Trust has to agree the future Quality Priority topics and the Quality Metrics for the present year. The paper indicates the discussion and agreement on these at the last CQSPE meeting.

4 - The paper gives an update of the Trust's position with the recommendations from the External Assurance Review of the Quality Report 2015/16.

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
✓		✓	

RECOMMENDATIONS FOR THE BOARD: The Board is asked to:

1) Note the latest position with the quality priority targets
2) Ratify the decision of the CQSPE with regards to the quality priority topics for 2017/19 and quality metrics for 2016/17.
3) Note that the actions from the external review of the 2015/16 quality report have been completed.

THE DUDLEY GROUP NHS FOUNDATION TRUST
QUALITY ACCOUNT UPDATE - NOVEMBER 2016

1. POSITION AT THE END OF QUARTER 2 (or later if data is available)

QUALITY PRIORITY 1 - PATIENT EXPERIENCE TARGETS:

a) Achieve monthly scores in Friends and Family Test (FFT) for all areas (Inpatients, Outpatients, Maternity, Emergency Department and Community) that are equal to or better than the national average.

April-September 2016 data and commentary

% FFT Scores 2016	Apr	May	Jun	Jul	Aug*	Sep
Inpatient	97%	97%	97%	95%	96.6%	96.6%
National	96%	96%	96%	96%	95%	96%
A and E	91%	91%	88%	92%	91.8%	91.9%
National	86%	85%	86%	85%	87%	86%
Maternity Antenatal	95%	100%	100%	96%	98%	99%
National	96%	96%	95%	95%	95%	96%
Maternity Birth	100%	96%	99%	96%	100%	99%
National	96%	97%	97%	97%	96%	96%
Maternity Postnatal Ward	95%	96%	99%	94%	98%	97%
National	94%	94%	94%	93%	93%	94%
Maternity Postnatal Community	100%	100%	100%	99%	99%	100%
National	97%	98%	98%	98%	97%	98%
Community	97%	95%	94%	98%	96.1%	96.1%
National	95%	95%	95%	95%	96%	95%
Outpatients	85%	82%	93%	92%	92.4%	92.4%
National	93%	93%	93%	93%	93%	93%

** note from August, rounding for local reporting now to the nearest 0.1 decimal point as part of a local rebasing exercise*

The table above shows that for Q2 all areas are achieving the target with the Trust results being equal to or above the published national average with the exception of outpatients for three months, inpatients for one month and maternity birth for one month each. Out of 24 results 19 are achieving the target. Whilst outpatients have not achieved the target for five months out of six, it is good to note that the percentage recommended has improved significantly since the start of the year from 85% in April compared to 92.4% in September 2016.

b) Ensure that in 95% or more cases, a patient's pain score is recorded at least four hourly (unless otherwise indicated in the exception box)
c) Ensure that in 95% or more cases, there is documentary evidence of the monitoring of the efficacy of all analgesia (pain relief) administered

April-September 2016 Data and Commentary

	Q4 15/16	Q1 16/17	Q2 16/17		Q4 15/16	Q1 16/17	Q2 16/17
Pain score	**86%**	**92%**	**92%**	**Efficacy of analgesia**	**97%**	**92%**	**95%**

For these pain control questions, comparing quarter 1 2016/2017 to quarter 2, we have maintained our results for recording Pain Scores at 92% and improved on the recording of the efficacy of Analgesia (92% to 95%). Posters combined with extra training to the medication link workers will hopefully dispel the confusion about where the efficacy of the pain relief should be documented. The teaching package being developed and change in documentation should also improve compliance with this.

QUALITY PRIORITY 2 - PRESSURE ULCERS TARGETS:

Hospital: a) Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year. b) Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2016/17 reduces from the number in 2015/16.
Community: a) Ensure that there are no avoidable stage 4 pressure ulcers acquired on the district nurse caseload throughout the year. b) Ensure that the number of avoidable stage 3 pressure ulcers acquired on the district nurse caseload in 2016/17 reduces from the number in 2015/16.

April-September 2016 Data
Hospital
The quarterly figures are shown below for incidents of pressure ulcers:

Period	2015/16	Apr- June 16+	Jul-Sep 16+
No. of Stage 3	36	3	3
No. of Stage 4	0	0	**
Total	36	3	3

+Please note than these figures will change dependent on the outcomes of the remaining 3 RCA investigations as to whether reported pressure ulcers are avoidable or unavoidable the results of which may only be available up to three months after the incident is reported.
** see commentary

Community
The quarterly figures are shown below for incidents of pressure ulcers:

Period	2015/16	Apr- June 16+	Jul-Sep 16+
No. of Stage 3	15	4	1
No. of Stage 4	0	0	0
Total	15	4	1

+Please note than these figures will change dependent on the outcomes of the remaining 8 RCA investigations as to whether reported pressure ulcers are avoidable or unavoidable the results of which may only be available up to three months after the incident is reported.

July-September 2016 Commentary

Hospital: The numbers at present suggest that the target for Stage 3 ulcers will be met, however, with regards to Stage 4 ulcers there is one probable case in Q2 that, although the Trust is awaiting feedback from the CCG, is likely to be designated as avoidable.

In general, following the initial audit of moisture lesions a repeat audit has been completed. This showed that on the day of audit there was an 85% reduction in moisture lesion development and that due to the standardisation of products the Trust had saved approximately £18,000.

Following a review of pressure ulcer verification process it was agreed that the Tissue Viability Team would take over verification of pressure ulcers. This process began in August and has been very successful.

'Wound Wednesday' continues with a new set of topics (these include: nutrition, pressure ulcer staging, Skins Change at life's end, basic leg ulcer care).

Community: The numbers at present suggest that both targets for Stages 3 and 4 will be met, however, there are 8 ulcers awaiting feedback from the CCG. In general, audit of all pressure relieving equipment has been completed in nursing/residential homes. A seating pathway is in progress to assist with selection and procurement of specialist seating for pressure ulcer prevention. A wound care audit has been conducted with the assistance of a dressing company and we are awaiting results. Skin bundle training continues to be provided to residential homes and care agencies.

QUALITY PRIORITY 3 - INFECTION CONTROL TARGETS:

Maintain or reduce our MRSA and Clostridium difficile (C. diff) rates in line with national and local priorities. All cases will undergo a root cause analysis, the results of which will be discussed jointly by the Trust and Dudley CCG to agree on any avoidability/lapses in care.

a) Have 0 post 48 hour cases of MRSA bacteraemia (blood stream infections). b) Have no more than 29 post 48 hour cases of Clostridium difficile with a lapse in care identified.

July- to date 2016 Data and Commentary

MRSA: There have been no Trust assigned MRSA bacteraemia in this period (in fact, there have not been any Trust assigned cases since September 2015). The target is therefore being achieved so far this year. One case was identified in August in Dudley from outside the Trust. As the patient had been admitted afterwards all of the team involved in the patient's care were screened for MRSA with no positive cases found. There is a wider Health economy plan to address issues around urine sampling, diagnosis and treatment.

C. difficile: From April-September there have been 25 cases of Clostridium difficile that have been identified as Trust apportioned in accordance with the Public Health England definition. At the time of writing, 6 cases had been identified as having lapses in care and 9 cases identified with no lapses in care. The remaining 10 cases remain under review. The target is therefore being achieved so far this year.

QUALITY PRIORITY 4 - NUTRITION/HYDRATION TARGETS:

Ensure that the overall score of the monthly nutrition and hydration audit (made up of 24 items):
a) is 95 per cent or above in each of the first three quarters for the Trust as a whole
b) has a 'Green' rating (95 per cent or above) in the final quarter for every ward in the hospital

Hospital: At least 95% of acute patients will receive a nutritional assessment using the nationally recognised MUST (Malnutrition Universal Screening Tool). Community: At least 95% of patient will receive a nutritional assessment on initial contact with the community health nursing team using the nationally recognised MUST (Malnutrition Universal Screening Tool).

April-September 2016 Commentary and Data
The target for the overall Nutrition Audit is being achieved. There is a very slight improvement in the MUST assessment for the hospital. Ongoing education sessions which include using the electronic MUST calculator continue. Availability of accurate weighing scales was cited as an issue therefore wards are in the process of purchasing scales and training staff in their use. Nutrition nurses to attend next link worker meeting to do further work and raise the expectation of the link worker role in the improvement of this quality priority. The dip in the MUST score of the community is part of an overall picture which has occurred since a new system of assessors has been put in place.

Nutrition audit Hospital			MUST assessment Hospital			MUST assessment Community		
Qtr 4 15/16	Qtr 1 16/17	Qtr 2 16/17	Qtr 4 15/16	Qtr 1 16/17	Qtr 2 16/17	Qtr 4 15/16	Qtr 1 16/17	Qtr 2 16/17
98%	97%	95%	84%	88%	89%	100%	100%	94%

QUALITY PRIORITY 5 - MEDICATION TARGETS:

The results for the following two indicators will be equal to or better than the end of year results of 2015/16: a) All medications that have been administered have been signed and dated. b) Omission codes are evident for all medication including Enoxaparin not administered as prescribed

April-September 2016 Data and Commentary

Medications signed and dated			Medication omission codes are evident		
2015/2016	Qtr 1 2016/2017	Qtr 2 2016/2017	2015/2016	Qtr 1 2016/2017	Qtr 2 2016/2017
98%	94%	95%	95%	92%	93%

Attendance at Link worker meetings have been sporadic but Matrons now are ensuring attendance is compulsory as part of the link worker role as it is imperative to disseminate the education required to all ward staff. Priorities reviewed following each quarter's results to move forward with improvement in compliance. Further work to be undertaken with missing omission codes.

2. PRIORITIES FOR 2017/19

On the 22nd November the Clinical Quality, Safety and Patient Experience Committee (CQSPE) discussed the possible priority topics for the next two years. The reason why a two year period was discussed is due to NHSI requiring the Trust to submit an operational plan for 2017/19 by the end of the November. The committee looked at the present topics and the different suggested topics that were made at a survey undertaken at the recent Annual Members meeting. The continuing use of Patient Experience (including FFT and Pain), Pressure Ulcers, Infection Control, Nutrition/Hydration and Medications was generally agreed.

This was agreed because having the FFT in the priorities is useful as it is one of the few quality indicators that allow comparison with other Trusts. This also applies to Infection Control which remains a key national and commissioner priority. Pressure Ulcers and Nutrition/Hydration also remain important local and national topics. Two of the other topics (Pain Control/Medication) were new this year and so should be retained for longer than a single year.

3. QUALITY METRICS FOR QUALITY ACCOUNT 2016/17

As well as the requirement to have at least three quality priorities in the Quality Account, Monitor/NHSI mandates that Trusts should include three quality metrics for each of the three domains of quality. The Trust Board needs to ratify these each year. Again, the CQSPE discussed the possible metrics to include in the 2016/17 report and agreed to continue with last year's metrics which were:

<u>Patient Experience Domain</u>
These metrics are the results from three questions posed in the national patient survey as these allow comparison with other Trusts.
1 Patients who agreed that the hospital room or ward was clean
2 Rating of overall experience of care
3 Patients who felt they were treated with dignity and respect
<u>Patient Safety Domain</u>
1 Patients with MRSA infection/1,000 bed days
2 No. of venous thromboembolism (VTE) cases presenting within 3 months of admission
3 Never Events – events that should not happen whilst in hospital
<u>Clinical Effectiveness Domain</u>
1 Readmission rate for Medicine compared to national peer group
2 Number of cardiac arrests
3 % of elective admitted as emergency for fractured neck of femur operated on within 48 hours compared to national average.

4. ACTIONS TAKEN FOLLOWING RECOMMENDATIONS FROM EXTERNAL AUDIT OF 2015/16 QUALITY REPORT

Each year, following the external audit of the quality report, the auditors may suggest some recommendations for the Trust. For the 2015/16 report, there were just some minor recommendations related to the contents of the report and these were all implemented. There was just one recommendation related to the review of the performance indicators. The recommendation was about retaining historical data in order to maintain a clear audit trail and in fact OASIS has the functionality to record all changes and keep a historic record of patient data. This can be viewed in the 'Patient Event' screen. It allows a view of the time, date, the user who changed the record and the type of change that occurred and so there is a full audit trail.

The action plan is therefore complete.

5. SUMMARY/CONCLUSION

The Board is asked to:

1) Note the latest position with the quality priority targets
2) Ratify the decision of the CQSPE with regards to the quality priority topics for 2017/19 and quality metrics for 2016/17.
3) Note that the actions from the external review of the 2015/16 quality report have been completed.

Enclosure 10

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 1 December 2016

TITLE:	**15 November 2016 Audit Committee Summary Report to the Board**		
AUTHOR:	Richard Miner – Committee Chair	**PRESENTER**	Richard Miner – Committee Chair

CORPORATE OBJECTIVES

ALL

SUMMARY OF KEY ISSUES:

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

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		**Y**

RECOMMENDATIONS FOR THE BOARD

To note the assurances received via the Committee, the decisions taken in accordance with the Committee's terms of reference and action any items referred to the Board.

Committee / Group highlights report to Board / Committee

Meeting	Meeting Date	Chair	Quorate	
Audit Committee	**15/11/2016**	**Richard Miner**	**yes**	**no**
			x	

Declarations of Interest Made

None

Assurances Received

- That R&D research studies continue albeit that attaining recruitment levels is still a challenge.
- That progress continues to be made against the 2016/17 Internal Audit plan. This included receiving an Advisory report on IT Projects (EPR); "substantial assurance" reports on CIP monitoring and General Ledger and a "partial assurance" report on Safer Staffing Reporting.
- That counter fraud (mainly pro-active) initiatives continue with a view to prevention.
- That based on the Risk and Assurance Group's debate on 11 October, the assurances received support the risk assessments made by the executive team.
- The continuing work of the Caldicott and Information Governance Group and the areas they are keeping under review particularly that there were no specific actions requiring referral to the Audit Committee.

Decisions Made / Items Approved

The Committee:

- Approved the addition of 3 clinical audits to the 2016/17 Annual Clinical Audit Plan.
- Approved the 2016/17 external audit plan and the Quality ("limited assurance") plan (subject to the finalisation of NHSI guidance on the latter) and the fees associated with the work.
- Agreed to formally notify PwC, as it did last year, of its attitude to fraud risk and the measures it takes for prevention.
- Approved changes to the Internal Audit Plan.
- Approved and noted the write off of losses which continued to reduce in Q2, particularly in respect of overseas visitors, as the Trust implements stronger controls.

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

- Follow up to ensure completion of agreed recommendations from Internal Audit including previous "red" opinions (VTE and TIA data quality) management action tracking. These are due Q4.
- An increase in the fraud risks associated with consultant job plans, noting that this is not a DGFT specific risk but potentially a more widespread NHS theme.
- The NHS Protect Quality Assurance process likely to start impacting in 2017/18 with additional responsibilities for Audit Chairs.
- Midwifery support for R&D to be confirmed.

- Mr Palethorpe's review of the EPR Terms of Reference.

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

- The Risk Register and Assurance Register, together forming the Board's Assurance Framework, be recommended to the Board (albeit this came directly to the Board in November).
- The Audit Committee (updated – amended reference to NHS Improvement) Terms of Reference recommended for ratification by the Board.

Enclosure 11

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board on 1st December 2016

TITLE:	**Workforce & Staff Engagement Committee Meeting Summary**		
AUTHOR:	Andrew McMenemy, Director of Human Resources	**PRESENTER**	Julian Atkins– Committee Chair

CORPORATE OBJECTIVES

The assurance and actions from the Workforce & Staff Engagement Committee were consistent with the following Corporate Objectives:

- Be the place people choose to work;
- Drive service improvement, innovation and transformation; and
- Plan and deliver a viable future.

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	**Y**		**Risk Description: COR85, NO32 and COR109.**
	Risk Register: Y		**Risk Score: 20, 16 and 20.**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: links all domains**
	Monitor	**Y**	**Details: links to good governance**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		**Y**

RECOMMENDATIONS FOR THE BOARD

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

The Dudley Group NHS
NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Workforce & Staff Engagement Committee	22nd November 2016	Julian Atkins	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

1. The Committee was presented with a revised agenda format that provided standard headings that are expected to align as much as possible to the Workforce Strategy. The headings are: Workforce Governance, Workforce Education, Workforce Strategy, Workforce Performance, Workforce Reviews and Workforce Change.
2. The Committee agreed to receive a report at each meeting highlighting Workforce related risks according the Trust Risk Register. This would allow the committee to have assurance over mitigations and management of workforce related risks at regular intervals.
3. An update of EDS2 was provided that developed into a wider discussion regarding the provisions at the Trust to support the Equality & Diversity agenda for both patient care and staff. It was concluded that there should be further review of our current support to determine if this should be clarified and/or extended.
4. The Committee was presented with a revised first draft of what was known as the Trust 'People Plan' – Workforce Strategy. The brief was to make the Strategy more accessible and focused. The revised Strategy was well received in terms of structure and content. It is therefore being discussed at Trust Board and the intention is to develop objectives alongside that will support the delivery of the Strategy.
5. The Workforce Key Performance Indicators were presented with the Committee pleased with the level of detail provided. There are some changes to be incorporated to future reports but this gave a good indication against performance with the main KPIs. The discussion was predominantly around absence rates.
6. The Staff Friends and Family Report presented a very positive set of results based on feedback and also comparing ourselves alongside other Trusts in the area. However, it was disappointing that the feedback rate for Staff Survey was not as positive with a return rate at the time of the meeting at 35%.

7. Assurance was provided to the Committee regarding progress alongside the implementation of the junior doctor contract. It was agreed further updates would continue to be provided to the Committee during the implementation phase.
8. The Nursing Directorate provided an update report of specific workforce nursing related matters. This provided assurance regarding the implementation of the new RAG rating system for nurse staffing. There was also confirmation of further improvements regarding the nursing vacancy rate.
9. A review of the Bank, Mandatory Training Process and also Recruitment Procedure were presented indicating what is being proposed, where changes have already been implemented and the timeline for implementing further efficiencies. The reviews and outcomes were well received and further discussion regarding implementation will continue at future meetings.
10. The Committee were provided assurance regarding the next stage of the MTI recruitment initiative. The Director of HR confirmed receipt of a finalized job description with the next stage to receive Deanery approval before proceeding with the formal recruitment stage.
11. The Health & Safety report provided an update on the recommendations for changes with the Fire Training at the Trust. There were concerns that the implementation may create difficulties for attendance and therefore a reduction in compliance. It was therefore agreed that the revised training method should proceed but in a planned way in order to minimize disruption for staff and ensure compliance rates are maintained.

Decisions Made / Items Approved

1. The Committee ratified the following policies:
    - Appraisal Policy
    - Capability and Performance Policy
    - Remediation and Support Policy
    - Removal and Associated Expenses Policy
    - Bomb Threat Policy
    - Display Screen Equipment Policy
    - First Aid at Work Policy
    - Latex Policy
    - Lockdown Policy.

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

1. The Committee requires further feedback regarding progress on the implementation of the following:
   - Junior Doctor Contract Implementation
   - Bank Review
   - Recruitment Review
   - Mandatory Training Review.
2. The Committee also required further development of the Workforce Strategy as part of the ratification process.

Items referred to the Board for decision or action

There were no items requiring Board decision or action.

Enclosure 12

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board on 1st December 2016

TITLE:	**Transformation and Cost Improvement Programme (CIP) Summary Report**		
AUTHOR:	Amanda Gaston, Head of Service Improvement and Programme Management	**PRESENTER**	Amanda Gaston Head of Service Improvement and Programme Management (on behalf of 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 21st November 2016 to:

- Review overall CIP delivery status and progress.
- Scrutinise Exception Reports for projects off plan and agreed mitigations for the shortfall that will be reported next month.

Based on the Month 7 position, the Trust has identified schemes totalling **£11,431k** against a Full Year (FY) target of **£11,908k**, leaving a shortfall against the target of **£476k**. Further, the Trust is forecasting to deliver **£10,393k** of the **£11,431k** it has identified to date. As a result, the Trust is forecasting an overall shortfall of **£1,514K** for 2016/17.

Of the 46 projects due to deliver savings in 2016/17, 42 Project Initiation Documents (PIDs) have been approved by the Transformation Executive Committee (TEC).

Of the 42 PIDs approved by TEC, 39 have been approved by the Quality Impact Assessment (QIA) panel with the remaining PIDs not requiring QIAs.

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 COR080 – Failure to deliver 2016/17 CIP
	Risk Register: **Y**	**Risk Score:** 4, 4, 16 (respectively)

COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	Monitor	**Y**	**Details:** Non delivery of CIP
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y	Y	

RECOMMENDATIONS FOR THE BOARD

Note progress during September, 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**

The Dudley Group NHS
NHS Foundation Trust

Trust Board of Directors

Service Improvement and PMO Update

1st December 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 46 projects to deliver savings in 2016/17.

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

- Value for Money
- Delivering Efficiency & Productivity
- Lord Carter Efficiency & Productivity
- Workforce
- Outpatients
- Workforce Bank and Agency

A summary of CIP performance as at Month 7 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	£11,431k	-£476k	£5,545k	£5,168k	-£377k	£10,393k	-£1,038k

Based on the Month 7 position, the Trust has identified schemes totalling **£11,431k** against a Full Year (FY) target of **£11,908k,** leaving a shortfall against the target of **£476k**. Further, the Trust is forecasting to deliver £10,393k of the £11,431k it has identified to date. As a result, the Trust is forecasting an overall shortfall of **£1,514K** for 2016/17.

Of the 46 projects due to deliver savings in 2016/17, 42 Project Initiation Documents (PIDs) have been approved by the Transformation Executive Committee (TEC). One project is being submitted for approval this month.

Of the 42 PIDs approved by TEC, all 39 have been approved by the Quality Impact Assessment (QIA) panel. The remaining 3 PIDs do not require QIAs.

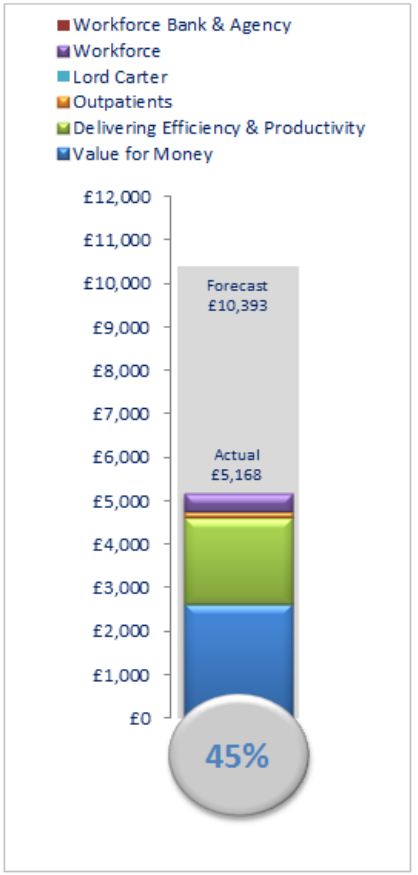
2017/19 CIP planning has moved at pace with c.£5.7m identified of the c.£11m plan (50%).

Executive Summary

	YTD	FYE
Planned	£5,545,209	£11,431,963
Actual	£5,168,112	£5,168,112
Forecast		£10,393,164
Variance	-£377,097	-£1,038,800

	Submitted Plan	Overall Shortfall
Identified	£11,431,963	
Target	£11,907,990	
Variance	-£476,027	-£1,514,826

Programme (Click for details)	Executive Lead	FYE Plan	FYE Forecast	YTD Plan	YTD Actual	Forecast Shortfall	Planned Lord Carter Contribution
Delivering Efficiency and Productivity	Paul Bytheway	£4,690,059	£4,366,023	£2,203,301	£1,988,542	-£324,036	£2,993,347
Value for Money Infrastructure	Paul Taylor	£4,895,783	£4,715,354	£2,456,347	£2,634,964	-£180,429	£1,343,000
Workforce	Dawn Wardell	£950,321	£775,825	£475,163	£408,464	-£174,496	£300,004
Outpatients	Anne Baines	£303,800	£258,045	£151,899	£136,142	-£45,755	£303,800
Lord Carter	Anne Baines	£0	£0	£0	£0	£0	£0
Workforce Bank & Agency	Paul Taylor	£592,000	£277,917	£258,500	£0	-£314,083	£592,000
View all Projects	Total	£11,431,963	£10,393,164	£5,545,209	£5,168,112	-£1,038,800	£5,532,151

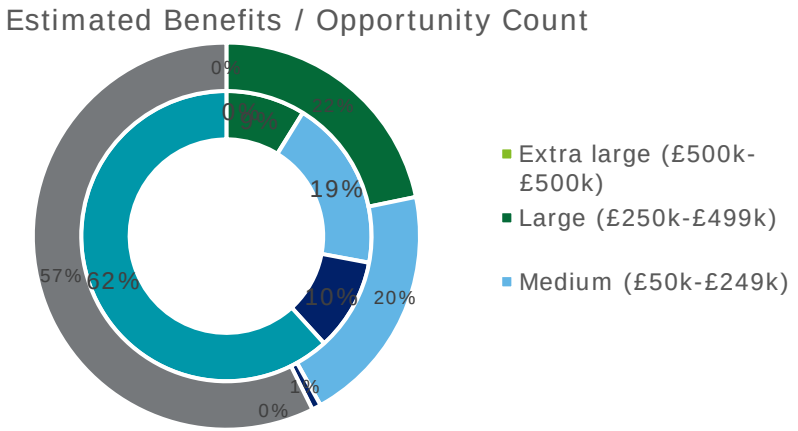


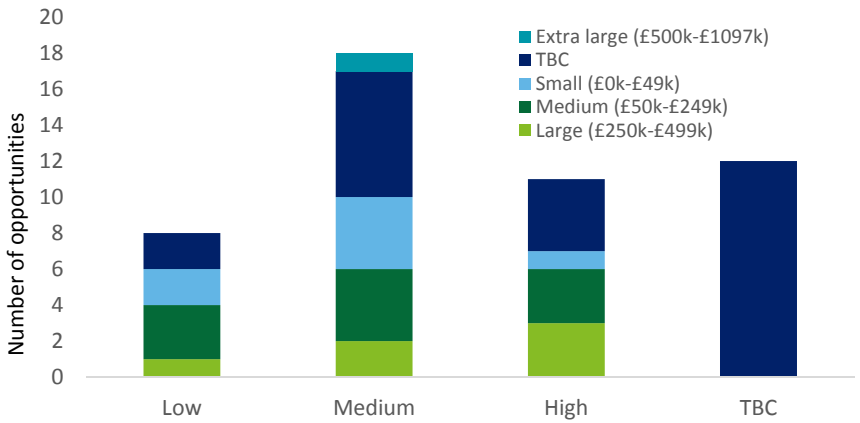
2016/17 Forecast Non Recurrent	£2,751k	% of Total CIP Forecast as Non Recurrent	26.47%

2017/19 Planning

2017/19 CIP planning has identified c.£5.7m to date with the largest schemes identified below.
In total 77 schemes have been identified and the PMO Team are working closely with Deloitte to develop areas of opportunity into robust schemes with PIDs and project documentation.

CIP
2016/17 scheme carry over (MSC Pathology, Integrated Care and Bank & Agency)
Medicines Management and optimisation
Procurement (including Theatres)
Best Practice Tariff performance improvement and other coding opportunities
Estates and PFI
Efficiency and Productivity improvements across clinical services
Bank and Agency reduction





Enclosure 13

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors
On 1 December 2016

TITLE	Finance and Performance Committee Exception Report		
AUTHOR	Paul Taylor Director of Finance and Information	**PRESENTER**	R Miner Non-Executive Director
CORPORATE OBJECTIVE: S06 Plan for a viable future			
SUMMARY OF KEY ISSUES: Summary reports from the Finance and Performance Committee meeting held on 24 November 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
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Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	**24 November 2016**	**Richard Miner (Acting)**	**yes**	**no**
				No

Declarations of Interest Made

None

Assurances Received

- That performance targets were largely being met apart from the A&E 4 hour target, where recent emergency activity surges have prejudiced the Trust's performance position – even though the Trust continues to perform in the upper quartile nationally
- That the financial position in Month 7 had stabilised and was showing some sign of recovery compared to previous months
- That the balance sheet was broadly in line with plans apart from the late receipt of STF monies
- Capital spending was behind plan, particularly in the non-EPR IT Programme
- That performance in the Medical Directorate was improving in most areas including the Cancer 62 day standard, VTE and TIA
- The Nursing Division gave an update report about safer staffing, agency controls and a recruitment update
- The facilities and estates report was debated and the position regarding catering and cleaning was discussed and will be followed up
- The procurement report was debated and the scale of savings anticipated for future years noted

Decisions Made / Items Approved

- The Operating Plan 2017-19 was reviewed under delegated powers from the Board meeting on 3rd November 2016. It was approved under Chairman's powers to be ratified by the Board (see below)
- The Business Case for increasing imaging capacity for MRI and CT was debated and it was agreed to recommend the preferred option to Board
- The Agency Checklist was debated and approved subject to Directors further reviewing the "no" column and including actions being taken that have yet to have an impact

Actions to come back to Committee

- A report back is required on the performance standards for catering and cleaning following the dip in performance in October 2016

Performance Issues to be referred into Executive Performance Management Process

- The issue of the worsening ED performance was formally noted for the first time by Committee, and whilst it is recognised that significant management action is being taken to manage emergency activity and flow, that the Committee

Areas of Risk to be escalated onto the Corporate or Divisional Risk Register
• The issue of cyber security was raised and Mark Stanton will report back further to Board • Information Governance Mandatory Training • The performance in ED
Items referred to the Board for decision or action
• The current discussions with NHS Improvement had been favourable regarding the new EHR and control totals, and Finance and Performance Committee recommends the signing of the contract to Board • Chairman's actions regarding: ▪ The minutes of Finance and Performance Committee on 27th October 2016 ▪ the approval of the Operating Plan 2017-19 are ratified ▪ The Agency checklist subject to further amendment as directed by the Directors ▪ The approval of the Community Imaging Business case

Note: Finance and Performance Committee on 24 November 2016 was inquorate so any decisions made have been undertaken on Chairman's delegated powers to be ratified by the Trust Board and are listed above

The Dudley Group NHS
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Finance & Performance Report - October 2016

Quality & Risk			2015		2016											
Description		LYO	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	YEF
Friends & Family – Community – Footfall		1%	0.6%	1.8%	1.7%	1.9%	1.8%	1.4%	1.1%	1.5%	1.1%	1.3%	1.1%	0.6%	1.1%	
Friends & Family – Community – Recommended %		96.4%	94.7%	98.8%	96.5%	97.9%	95.4%	96.8%	94.7%	94.4%	97.3%	96.1%	96.1%	95.1%	95.9%	
Friends & Family – ED – Footfall		7.5%	5.9%	6.2%	5.2%	7.4%	6.1%	5%	3.8%	1.6%	8.4%	10.7%	5%	5%	5.8%	
Friends & Family – ED – Recommended %		92.3%	92.5%	88.4%	95.8%	92.9%	97.9%	91.4%	91.3%	88.2%	91.7%	91.8%	91.9%	93.8%	91.8%	
Friends & Family – Inpatients – Footfall		25.7%	23%	17.2%	16.5%	17.6%	18.4%	17.7%	15.8%	13.9%	17.9%	18.6%	20.5%	19.2%	17.5%	
Friends & Family – Inpatients – Recommended %		97%	96.6%	99%	95.9%	95.5%	94.1%	96.8%	96.7%	97%	94.6%	96.6%	96.6%	97.9%	96.6%	
Friends & Family – Maternity – Footfall		21.6%	32.1%	18%	17%	20.4%	15.9%	17.6%	33.2%	16.6%	33.8%	32.7%	32.3%	27.6%	27.9%	
Friends & Family – Maternity – Recommended %		98.2%	98.2%	96.6%	97.8%	98.2%	98.4%	97.5%	97.3%	98.9%	96%	98.6%	98.8%	98.8%	97.9%	
Friends & Family – Outpatients – Footfall		-	-	-	-	-	-	1.2%	1.1%	1%	1.7%	1.5%	1.4%	1.5%	1.4%	
Friends & Family – Outpatients – Recommended %		87.6%	83.6%	88.4%	90%	84.1%	88.9%	85%	82.2%	93.1%	91.7%	92.4%	92.4%	93.2%	90.4%	
HCAI – Post 48 hour MRSA		2	0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI CDIFF - Total Number of Cases		-	5	8	4	1	0	2	3	2	2	-	-	-	-	
Incidents - Patient Falls, Injuries or Accidents		-	118	114	129	-	-	-	-	-	-	-	-	-	-	
Incidents - Pressure Ulcer		2,047	141	172	187	242	246	253	240	194	193	196	188	192	1,456	
Mixed Sex Sleeping Accommodation Breaches		4	2	0	2	0	0	0	0	0	0	0	0	4	4	
Never Events		1	0	0	0	0	0	0	0	0	0	1	0	0	1	
Serious Incidents – Not Pressure Ulcer		104	11	10	9	4	7	7	6	4	12	11	6	7	53	
Serious Incidents - Pressure Ulcer		228	17	30	26	12	19	13	9	8	10	17	16	14	87	
Stroke - Suspected TIA Scanned < 24hrs of Presentation		85.35%	50%	52.63%	85.71%	66.67%	94.12%	84.62%	78.57%	36.36%	63.64%	66.67%	83.33%	87.5%	73.03%	

The Dudley Group NHS
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Finance & Performance Report - October 2016

Quality & Risk			2015		2016											
Description		LYO	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	YEF
Stroke Admissions : Swallowing Screen		80.58%	88.89%	87.88%	83.78%	76.32%	86.67%	89.36%	88.37%	85.11%	78.72%	73.91%	62.5%	72.73%	79.66%	
Stroke Admissions to Thrombolysis Time		56.31%	71.43%	33.33%	45.45%	37.5%	50%	60%	50%	83.33%	36.36%	54.55%	50%	80%	56.25%	
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)		89.16%	88.68%	90.91%	92.68%	84.09%	70.83%	82.76%	91.11%	91.53%	90.2%	88.64%	89.36%	97.37%	89.77%	
VTE Assessment Indicator (CQN01)		95.96%	96.67%	96.47%	95.4%	94.43%	94.46%	94.65%	95.5%	95.09%	93.91%	94.5%	93.91%	95.18%	94.68%	

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

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Finance & Performance Report - October 2016

Finance			2016								
Description		LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	YEF
Budgetary Performance		£773k	(£71)k	£266k	(£110)k	(£23)k	£3k	(£1)k	(£35)k	£30k	
Capital v Forecast		69.5%	61.8%	66.5%	76.2%	76.4%	73.9%	72.1%	69.6%	69.6%	
Cash v Forecast		122.3%	94.8%	93.2%	96.2%	74.9%	89%	93.7%	80.4%	80.4%	
Debt Service Cover		1.18	1.4	1.58	1.63	1.74	1.69	1.72	1.77	1.77	
EBITDA		£20,460k	£2,228k	£2,820k	£2,755k	£3,321k	£2,358k	£2,550k	£3,221k	£19,252k	
I&E (After Financing)		(£2,945)k	£280k	£859k	£818k	£1,380k	£403k	£1,249k	£1,378k	£6,369k	
Liquidity		7.07	7.1	8	8.84	10.39	10.93	11.94	13.23	13.23	
SLA Performance		£1,031k	(£122)k	£327k	£145k	£12k	£231k	(£279)k	(£194)k	£120k	
SLR Performance		(£2,945)k	£281k	£859k	£819k	£1,381k	£403k	£1,249k	£1,378k	£6,370k	

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

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Finance & Performance Report - October 2016

Performance			2015		2016											
Description		LYO	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	YEF
A&E - 4 Hour A&E Dept Only % (Type 1)		96.79%	97.5%	97.13%	91.76%	92.74%	91.53%	93.24%	92.88%	94.48%	93.34%	92.97%	92.14%	92.3%	93.04%	
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%	98.63%	98.47%	95.73%	96.06%	95.62%	96.3%	96.06%	96.76%	96.21%	95.81%	95.29%	95.51%	95.99%	
Activity - A&E Attendances		96,141	7,900	7,754	8,088	7,946	8,626	7,807	8,801	8,430	8,973	8,580	8,598	8,934	60,123	
Activity - Community Attendances		407,248	34,642	33,385	33,694	32,322	30,817	32,681	32,631	32,846	31,673	33,863	33,224	32,749	229,667	
Activity - Elective Day Case Spells		45,020	3,757	3,719	3,677	3,938	3,820	3,801	3,720	3,998	3,798	3,895	3,611	3,636	26,459	
Activity - Elective Inpatients Spells		6,394	580	481	500	515	534	514	523	549	561	482	507	541	3,677	
Activity - Emergency Inpatient Spells		52,037	4,265	4,552	4,573	4,359	4,714	4,823	5,246	5,076	5,056	5,002	4,938	5,045	35,186	
Activity - Outpatient First Attendances		130,956	11,159	10,604	11,304	11,569	12,255	10,329	10,632	10,618	9,943	10,073	11,467	11,952	75,014	
Activity - Outpatient Follow Up Attendances		313,888	27,022	25,643	26,438	26,699	26,435	26,540	26,976	27,061	25,260	25,543	26,574	26,796	184,750	
Activity - Outpatient Procedure Attendances		52,451	4,968	4,268	4,117	4,691	3,324	4,989	4,960	5,219	5,099	4,906	4,997	4,163	34,333	
RTT - Admitted Pathways within 18 weeks %		94.2%	93.3%	93.4%	94.4%	92.8%	91.5%	92.5%	93.5%	94.2%	94.2%	95%	93.2%	93.9%	93.8%	
RTT - Incomplete Waits within 18 weeks %		95.1%	94.4%	94.9%	95%	95.6%	95.4%	97.1%	96.8%	97.1%	97.1%	96.6%	96.1%	95.6%	96.6%	
RTT - Non-Admitted Pathways within 18 weeks %		97.7%	97.8%	97.8%	97.3%	97.4%	96.7%	96.7%	97.7%	98.1%	98%	98.4%	97.1%	95.9%	97.4%	
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)		98.97%	98.85%	99.29%	99.52%	99.53%	99.03%	98.04%	99.39%	99.16%	98.96%	97.69%	98.12%	98.59%	98.58%	

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

The Dudley Group NHS
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Finance & Performance Report - October 2016

Staff/HR		2015			2016											
Description		LYO	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	YEF
Appraisals		77.5%	75.5%	80.3%	79.9%	79.2%	77.5%	80.9%	80.5%	81%	78.1%	78.3%	77.4%	77%	77%	
Mandatory Training (Professional Requirements)		-	-	-	-	-	-	-	71.3%	72.8%	72.5%	72.4%	70.1%	69.7%	69.7%	
Mandatory Training (Substantive)		83.3%	84.7%	85.1%	83.9%	83.3%	83.3%	83.8%	75.4%	76.3%	77.4%	78.6%	77%	78.5%	78.5%	
Sickness Rate (Performance Dashboard)		3.80%	3.80%	4.10%	4.54%	4.38%	4.01%	3.82%	4.15%	3.99%	4.02%	3.66%	3.96%	4.25%	3.98%	
Staff In Post (Contracted WTE)		4,116.31	4,069.24	4,064.03	4,087.57	4,125.26	4,116.31	4,093.54	4,091.47	4,083.01	4,083.49	4,112.05	4,146.74	4,199.22	4,199.22	
Vacancy Rate		9.41%	10.31%	10.59%	10.05%	9.24%	9.41%	10.24%	10.53%	10.78%	10.75%	10.31%	9.61%	9.18%	9.18%	

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

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Finance & Performance Report - October 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%	93.1%	89.9%	97.8%	100%	100%	85.7%	100%	95.1%	94.5%	95.9%	**94.4%**
Cancer - 14 day - Urgent GP Breast Symptom Referral to date first seen	93%	-	-	97.5%	-	-	-	-	-	-	-	-	-	**97.5%**
Cancer - 31 day - from diagnosis to treatment for all cancers	96%	-	-	100%	100%	83.3%	100%	-	100%	-	100%	100%	100%	**99.2%**
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%	80%	100%	-	87.5%	-	97%	100%	100%	**96.3%**
Cancer - 62 day - From Referral for Treatment following national screening referral	90%	-	-	100%	100%	-	-	-	-	-	-	-	-	**100%**
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	85%	-	-	100%	71.4%	50%	66.7%	50%	-	-	100%	66.7%	90.9%	**85%**

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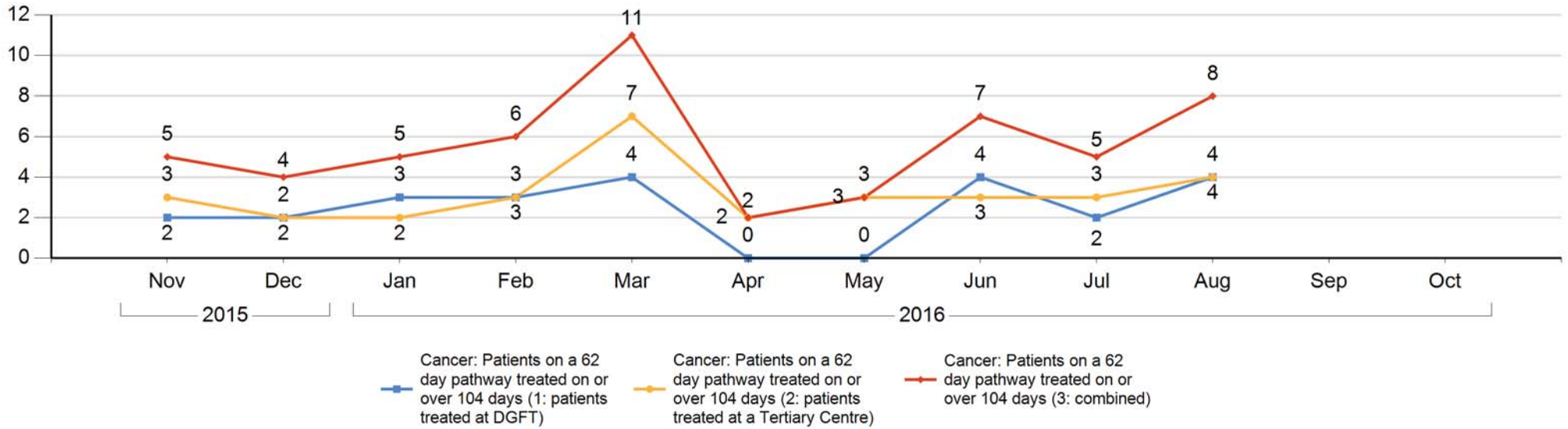
	2015		2016									
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Cancer: Patients on a 62 day pathway treated on or over 104 days (1: patients treated at DGFT)	2	2	3	3	4	0	0	4	2	4		
Cancer: Patients on a 62 day pathway treated on or over 104 days (2: patients treated at a Tertiary Centre)	3	2	2	3	7	2	3	3	3	4		
Cancer: Patients on a 62 day pathway treated on or over 104 days (3: combined)	5	4	5	6	11	2	3	7	5	8		



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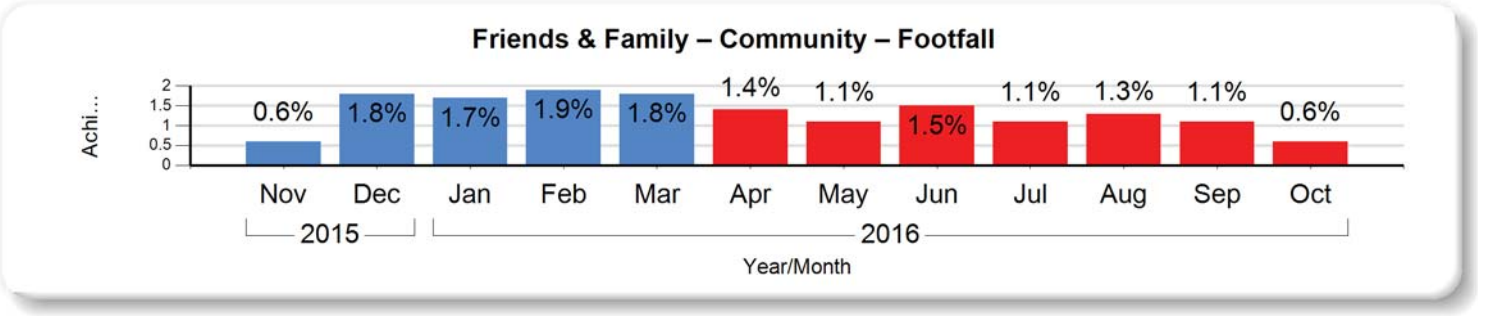
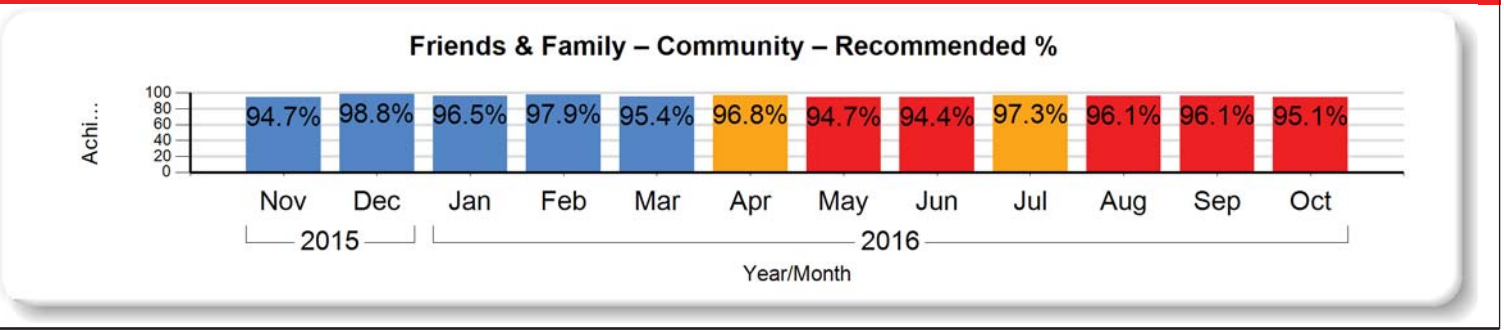
Quality & Risk Fails

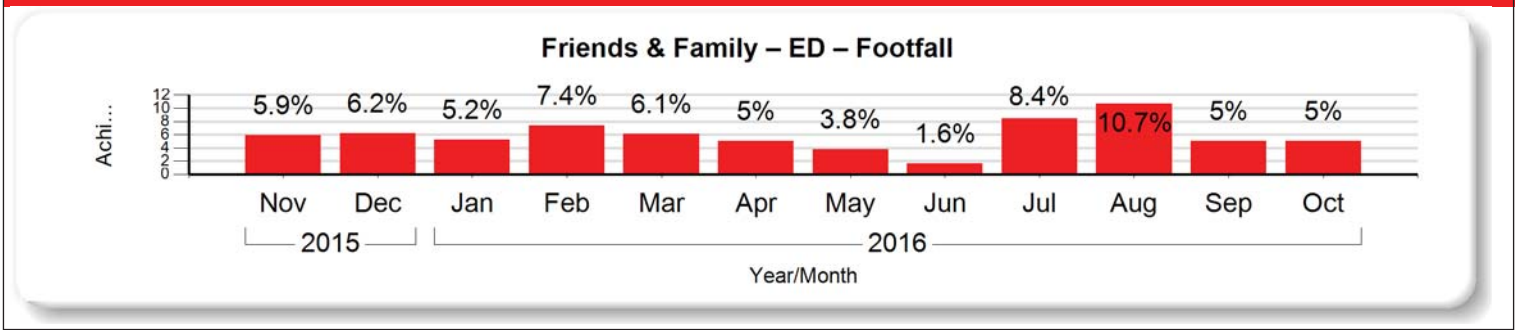
Friends & Family – Community – Footfall



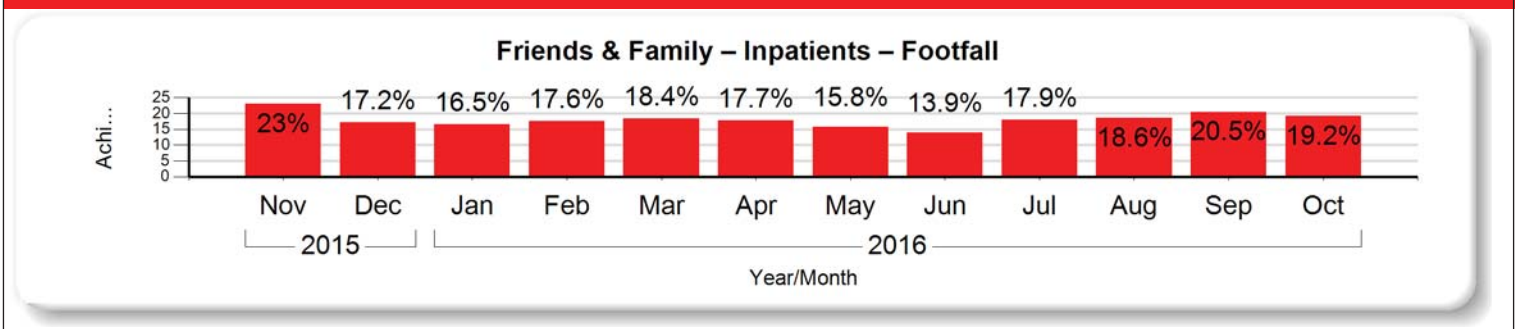
Friends & Family – Community – Recommended %



Friends & Family – ED – Footfall



Friends & Family – Inpatients – Footfall



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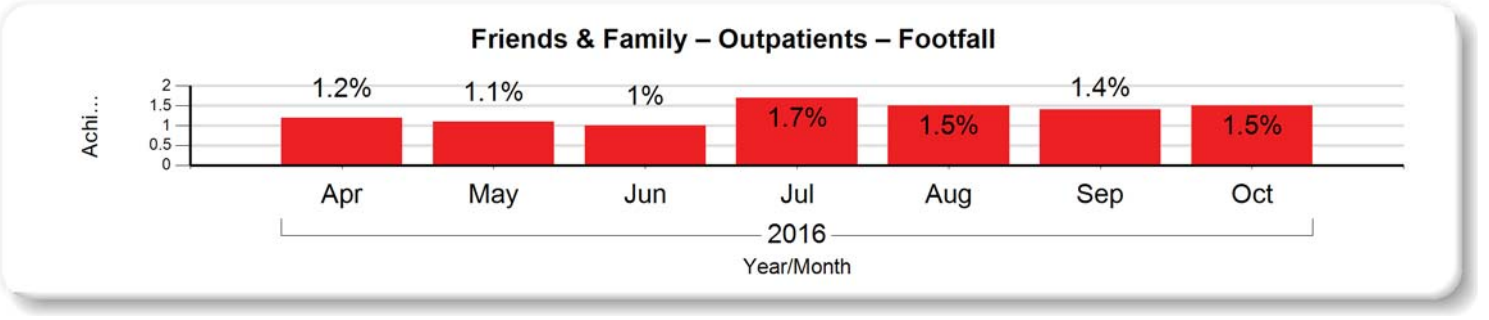
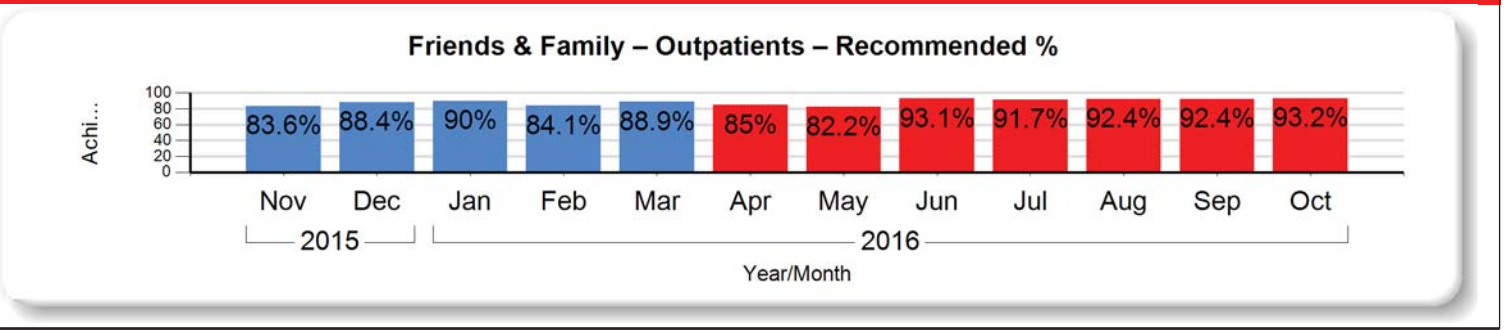
Quality & Risk Fails

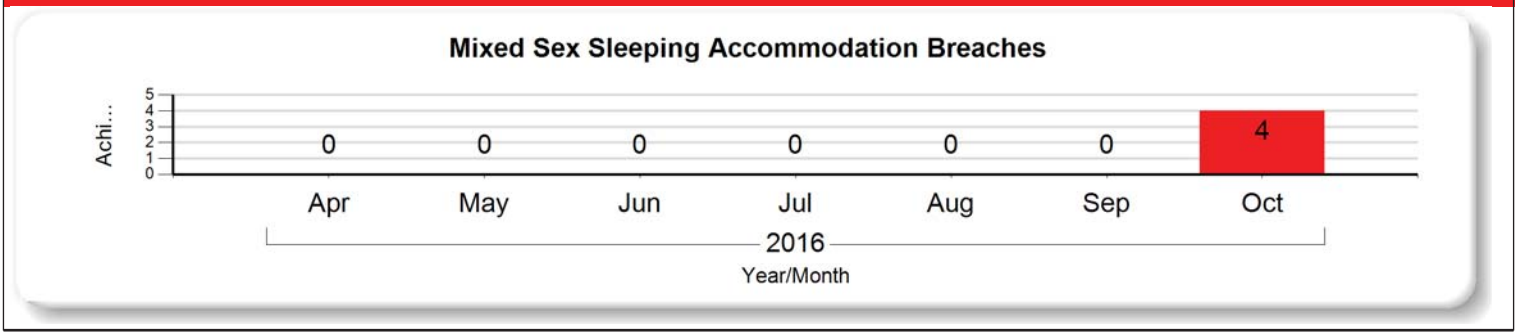
Friends & Family – Outpatients – Footfall



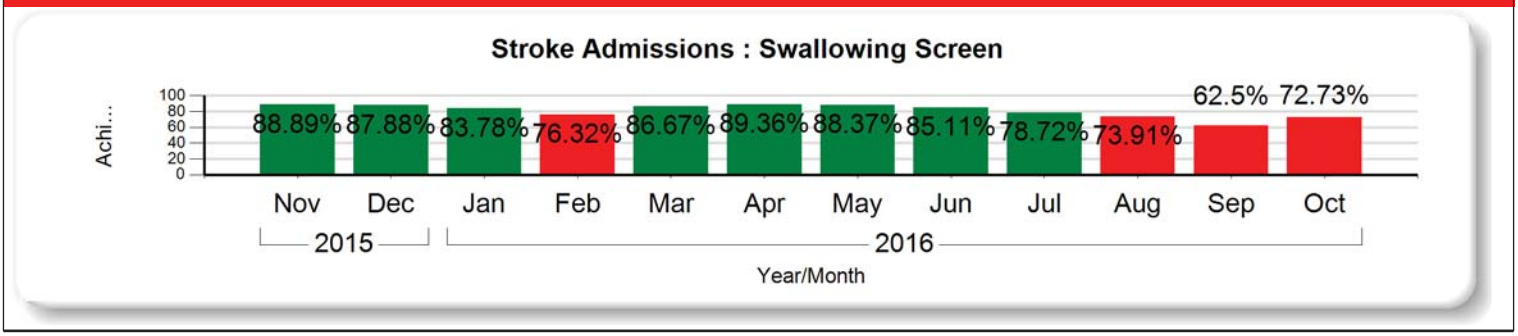
Friends & Family – Outpatients – Recommended %



Mixed Sex Sleeping Accommodation Breaches



Stroke Admissions : Swallowing Screen



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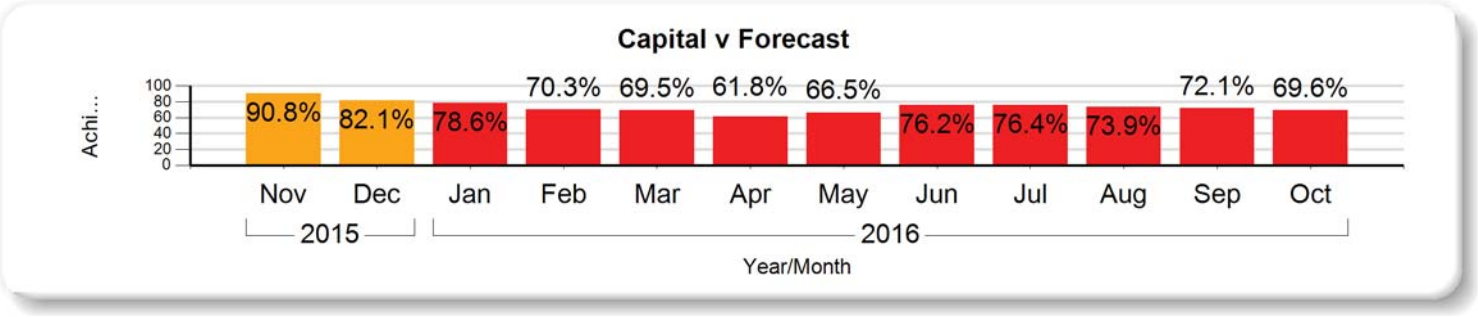
Finance Fails

Capital v Forecast



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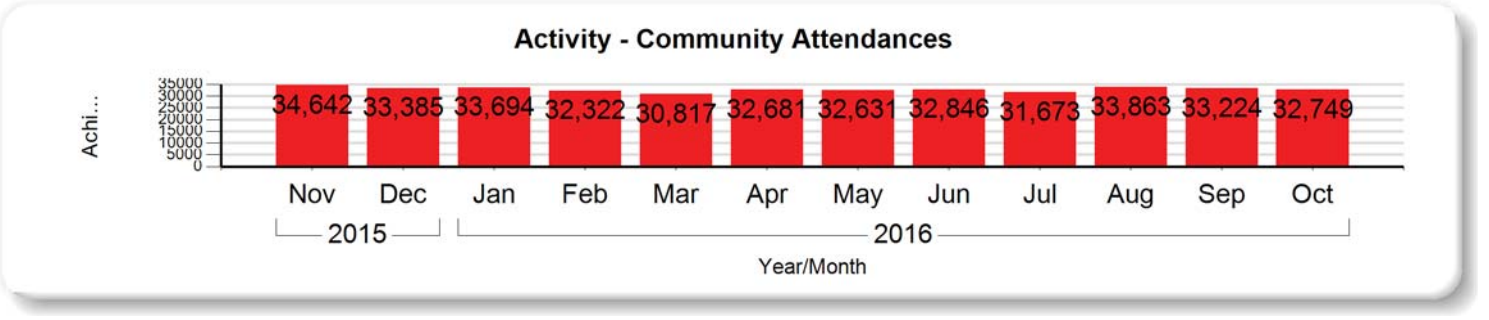
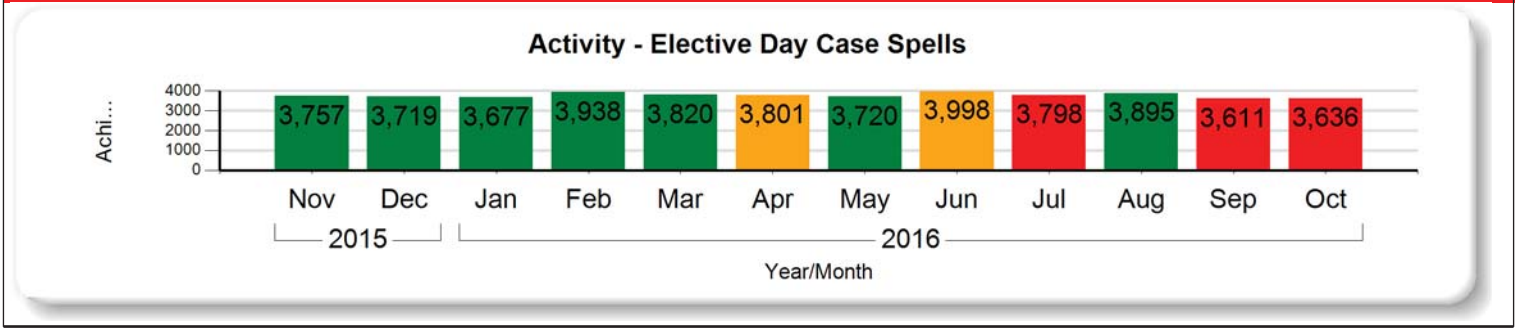
Performance Fails

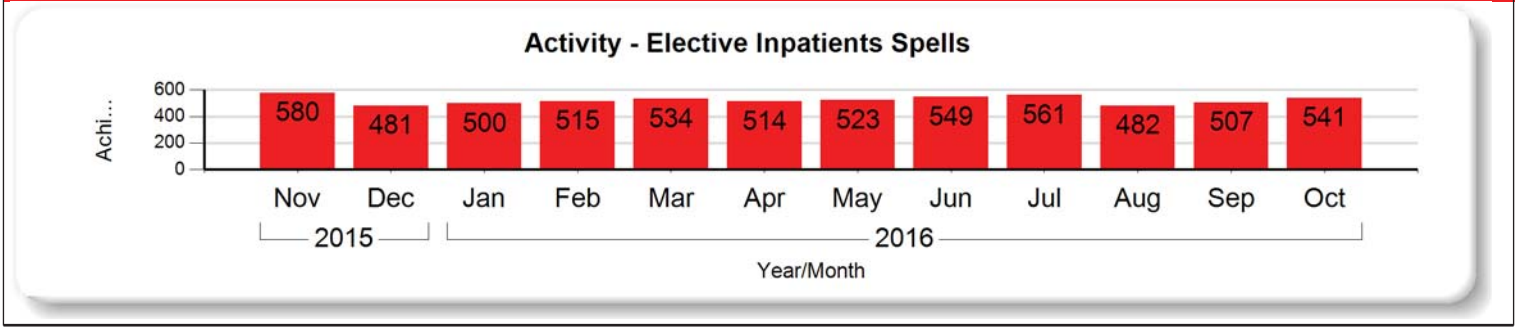
Activity - Community Attendances



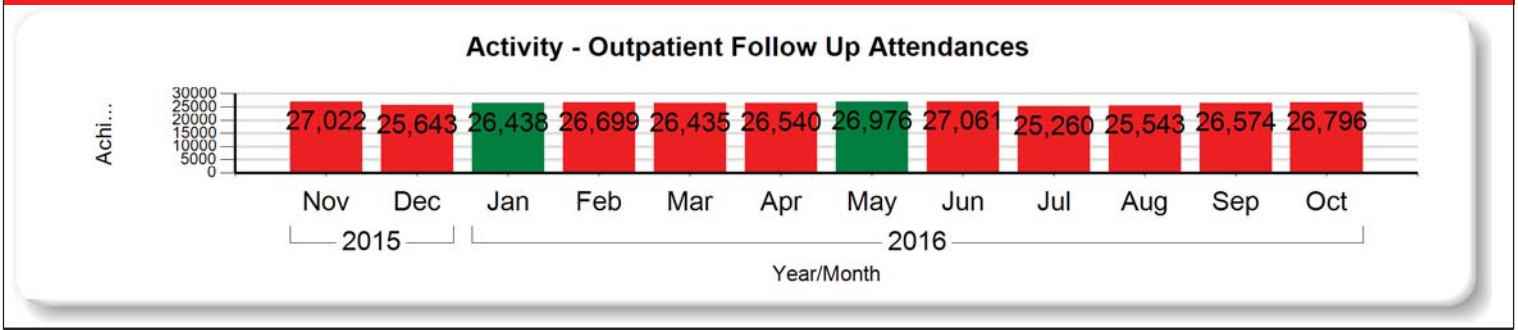
Activity - Elective Day Case Spells



Activity - Elective Inpatients Spells



Activity - Outpatient Follow Up Attendances



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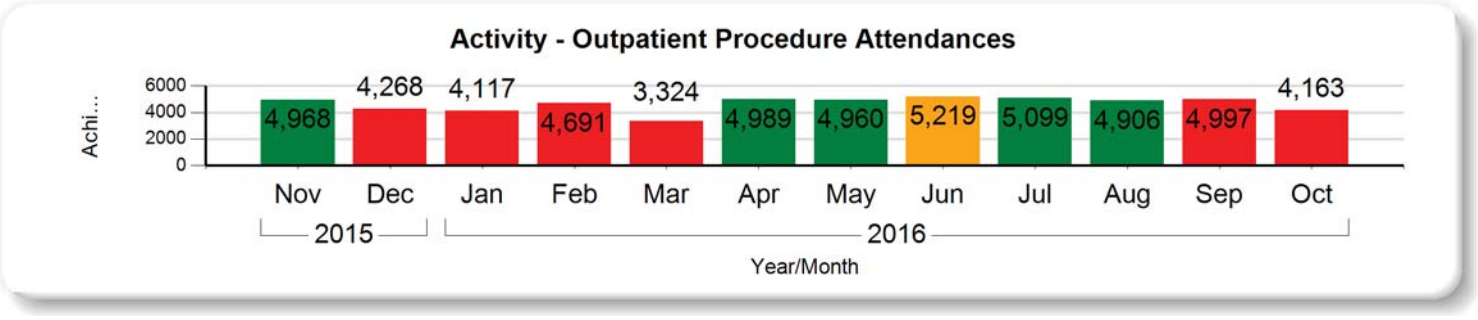
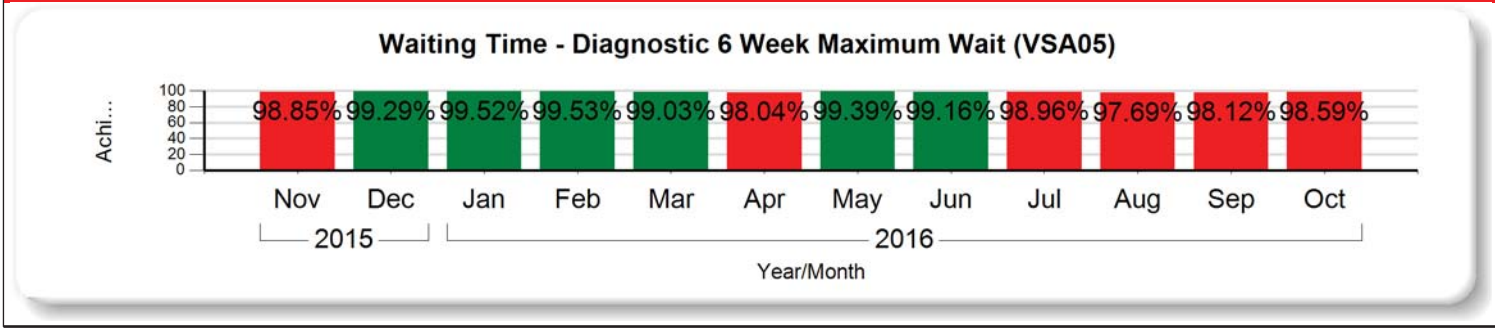
Performance Fails

Activity - Outpatient Procedure Attendances



Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)



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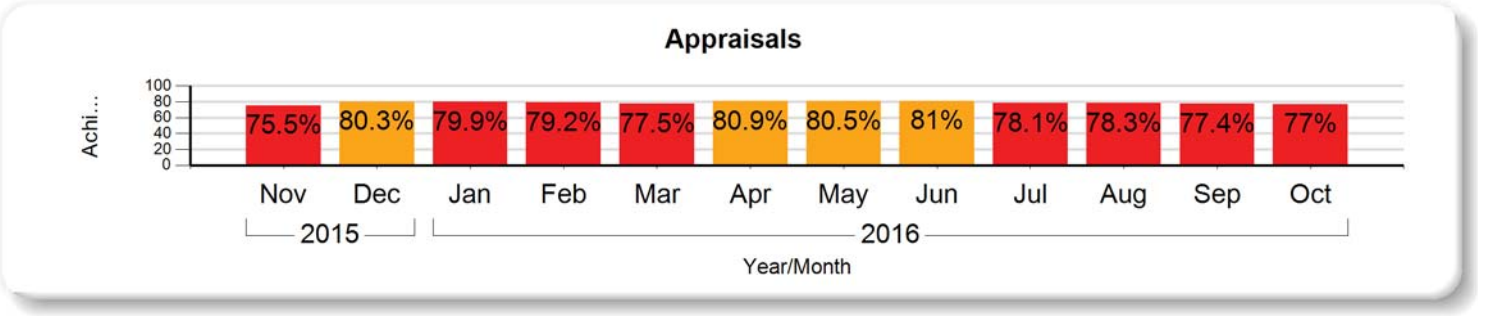
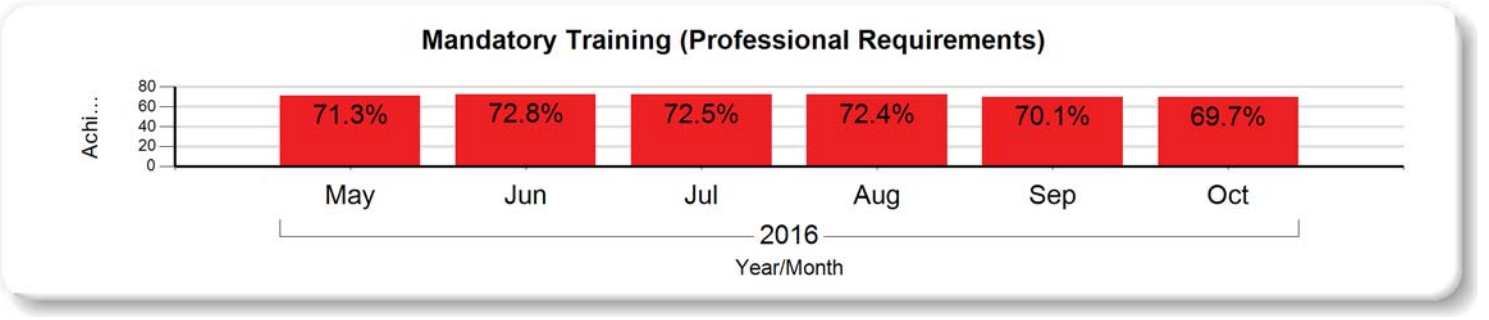
Staff/HR Fails

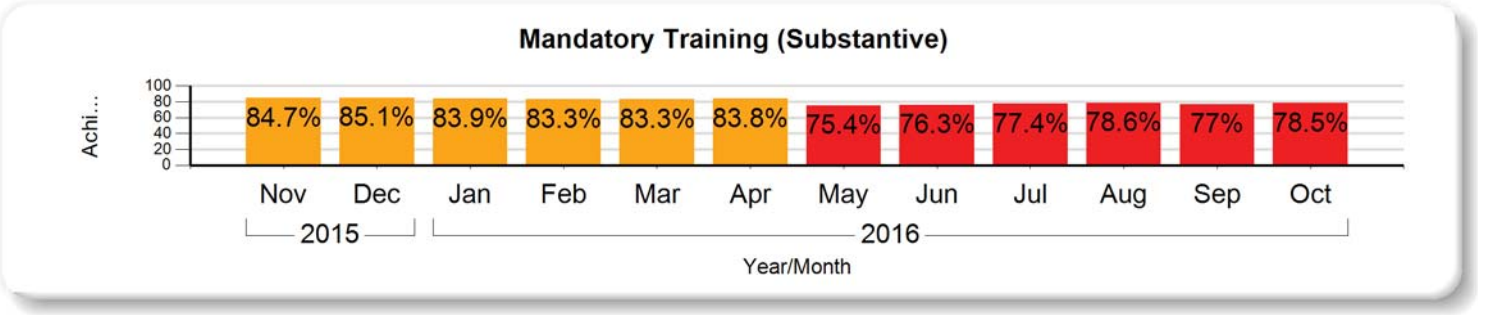
Appraisals



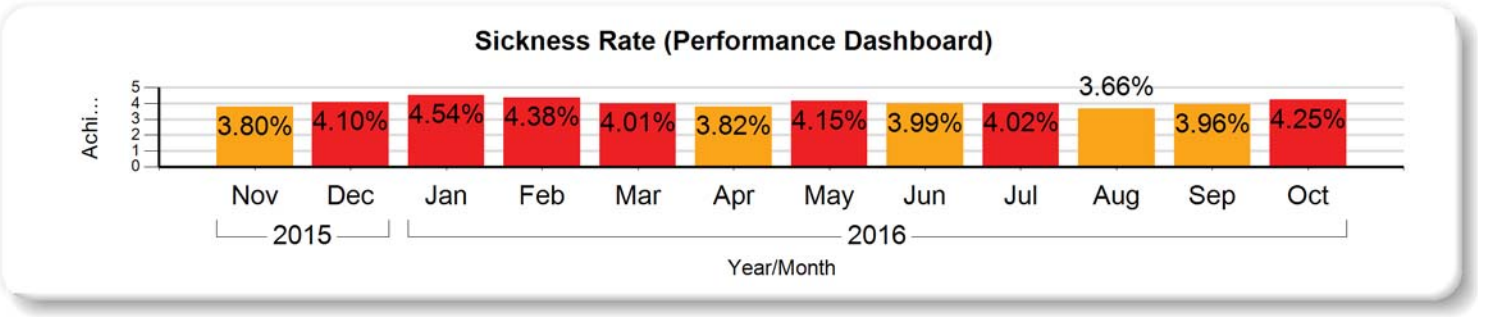
Mandatory Training (Professional Requirements)



Mandatory Training (Substantive)



Sickness Rate (Performance Dashboard)



Enclosure 14

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 1st December, 2016

TITLE:	**Operational Plan 2016/17: Quarter Three and Quarter Four Forward Look**		
AUTHOR:	**Lisa Peaty Deputy Director: Strategy & Performance**	**PRESENTER**	**Lisa Peaty Deputy Director: Strategy & Performance**
CORPORATE OBJECTIVE: **All Objectives**			

SUMMARY OF KEY ISSUES:

Further the report to Board on 3rd November, 2016, revised data has become available for five measures of achievement following data validation exercises. The **revised summary of the Quarter Two** position is:

Strategic Objective	RAG rating			
	Red	Amber	Green	No Status
Deliver a great patient experience	1	1	3	1
Deliver safe and caring services	3	5	6	3
Drive service improvement, innovation and transformation	2	3	3	0
Be the place people choose to work	1	4	2	1
Make the best use of what we have	2	4	1	1
Plan for a viable future	0	0	2	2
Total	9	17	17	8

These changes are attributable to:

- Deliver a great patient experience:
  - ‘Monthly scores equal or better than national average for FFT results/patients survey’ has changed from grey to red.
  - ‘Cancer treatment standards met’ has changed from grey to green.
- Deliver safe and caring services:
  - ‘Stage four pressure ulcers’ has changed from green to red. This is because the investigation as to whether a stage four pressure ulcer that was reported in Quarter 2 was avoidable or unavoidable did not conclude until after the end of the quarter.
- Drive service improvement, innovation and transformation:
  - ‘Introduce SPA’ has changed from grey to green.
- Deliver a viable future:
  - ‘An agreed position in place regarding the shadow contract’ has changed from green to grey.

The tables below provide a **forward look** at performance for Quarters Three and Four.

The summary of the **forecast Quarter Three** position is an improvement from Quarter Two:

Strategic Objective	RAG rating			
	Red	Amber	Green	No Status
Deliver a great patient experience	0	2	3	1
Deliver safe and caring services	3	5	9	0
Drive service improvement, innovation and transformation	2	3	3	0
Be the place people choose to work	1	4	3	0
Make the best use of what we have	2	3	2	1
Plan for a viable future	0	1	2	1
Total	8	18	22	3

The summary of the **forecast Quarter Four** position is:

Strategic Objective	RAG rating			
	Red	Amber	Green	No Status
Deliver a great patient experience	0	2	3	1
Deliver safe and caring services	1	4	12	0
Drive service improvement, innovation and transformation	1	2	5	0
Be the place people choose to work	1	1	5	1
Make the best use of what we have	3	1	4	0
Plan for a viable future	0	2	2	0
Total	6	12	31	2

The forecast Quarter Four position is a further improvement when compared to Quarter Two.

- 14 more greens compared to Quarter Two
- 3 fewer reds compared to Quarter Two
- 5 fewer ambers compared to Quarter Two
- 2 indicators remain grey

Nevertheless, the following measures of achievement are **forecast to be red at the end of Quarter Four**:

- Deliver safe and caring services:
  - Deliver CQUIN schemes to expected levels
- Drive service improvement, innovation and transformation
  - Expand research & development Academic Health Sciences Network role: greater involvement and engagement
- Be the place people choose to work
  - Leadership development/OD/talent management
- Make the best use of what we have:
  - Procurement of the EPR completed
  - Deliver the agency threshold targets
  - Deliver the CIP & financial target

Risks and mitigating actions have been identified for those measures of achievement that are forecast as being red at the end of Quarter Four. The measures of achievement for 'Deliver safe and caring services' and 'Make the best use of what we have' relate to risks on the Corporate Risk Register which are currently have a risk score higher than their target risk score. These are being managed as part of the Trust's risk management process.

Of the 12 measures of achievement that are **forecast to be amber** at the end of Quarter

Four, the following seven are considered **most at risk of being red**:

- Deliver a great patient experience:
  - Monthly scores equal or better than national average for FFT results/patients survey (not on risk register)
  - 95% emergency access standard (relates to risk COR079)
- Drive service improvement, innovation and transformation
  - Improvements in service performance delivered for imaging (relates to risk COR069)
- Deliver safe and caring services:
  - Achievement of nursing care indicators: MUST (Hospital) score (relates to risk on service quality COR109)
  - Achievement of improvement trajectory in nutritional audit ending year in all wards as green score (relates to risk on service quality COR109)
- Be the place people choose to work
  - Sickness absence target of 3.5% met by end of the year (not on risk register)
- Make the best use of what we have:
  - Match capacity to demand (relates to risk COR079, COR069, COR099, COR083)

Of the 12 measures of achievement that are **forecast to be amber** at the end of Quarter Four, the following five could **possibly achieve a RAG status of green**:

- Deliver safe and caring services:
  - Achievement of nursing care indicators: pain score (relates to risk on service quality COR109)
  - Deliver safe staffing (relates to risk COR085)
- Make the best use of what we have:
  - Increase access to 7 day services the key standards (relates to risk COR083)
- Deliver a viable future:
  - Agreed position in place regarding the shadow contract (relates to risk COR103)
  - Play a clear role in the delivery of the MCP to ensure the financial impact is minimised (relates to risk COR103)

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD OF DIRECTORS

Decision	Approval	Discussion	Other
Y		Y	

RECOMMENDATIONS FOR THE BOARD OF DIRECTORS

- The predicted outcome for each of the goals is noted.
- Confirm whether the proposed mitigating actions are sufficient to improve performance.
- Confirm whether any new risks should be added to the Corporate Risk register to reflect measures of achievement that are forecast to be red or red/amber at the end of Quarter Four.

The Dudley Group NHS
NHS Foundation Trust

Operational Plan 2016/17 Corporate Annual Goals: Forward Look for Quarters Three and Four

Key to RAG rating:

	Achieved within timescale
	Not yet achieved fully, but there are no major risks which would prevent achievement within timescale (e.g. delivery of an on-going scheme or action plan).
	Not achieved within timescale or unlikely to be achieved within timescale.
	RAG rating cannot yet be given (e.g. an annual one-off survey which has not yet taken place, up to date data not yet available).

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
Strategic objective: deliver a great patient experience								
➢ Achieve good FFT results/patients survey	✓ Monthly scores equal or better than national average	Monthly	Chief Executive	Q1	Q2	Q3	Q4	Risks to delivery: Dependent on achieving all 24 components of this metric where for quarter one and two, five out of the 24 indicators did not achieve scores equal to or better than national average Mitigating actions: Continue to support wards/areas and departments to deliver improvements based on feedback received from patients
➢ Ensure patients, carers & public fully engaged &	✓ Improved National Patient Survey results	On-going	Chief Executive	Q1	Q2	Q3	Q4	Risks to delivery: Annual data which we have no marker to indicate whether there will be an improvement or not

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
involved								Mitigating actions: Inpatient survey improvement group established to implement and monitor actions
	✓ Demonstrate engagement through feedback	Annual	Chief Executive	Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:
➢ Achieve key performance standards	✓ 95% emergency access standard met	Monthly	Chief Operating Officer	Q1	Q2	Q3	Q4	Risks to delivery: continues high levels of DTOCs continued increase in WMAS conveyance and ED attendances. Mitigating actions: Quality and Patient Flow Improvement Plan in place covering all NHSE winter requirements • Winter Plan in place to support • Work with social care to improve DToC position.
	✓ 18 weeks RTT met	Monthly		Q1	Q2	Q3	Q4	Risks to delivery: • Elective Cancellations due to insufficient Trust bed capacity. • Cost reductions on Weekend activity • Impact of ASI clock start change. Mitigating actions:
	✓ Cancer treatment standards met	Monthly		Q1	Q2	Q3	Q4	Risks to delivery: surges in demand for particular pathways. Mitigating actions: Weekly performance monitoring on-going.
Strategic objective: deliver safe and caring services								
✓ Deliver quality improvements	✓ Achievement of nursing care indicators: Pain Score (Target ≥95%)	Quarterly measurement for year-end achieve-ment	Chief Nurse	Q1 92%	Q2 92%	Q3	Q4	Risks to delivery: Unfilled vacancies. Staffing to Amber. Mitigating actions: NCI escalation process for individual wards includes these specific items. Two-weekly meeting re Quality Priorities from 23/11/16.

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
	✓ Achievement of nursing care indicators: Efficacy of Analgesia (Target ≥95%)			Q1 92%	Q2 95%	Q3	Q4	Risks to delivery: Unfilled vacancies. Staffing to Amber. Mitigating actions: NCI escalation process for individual wards includes these specific items. Two-weekly meeting re Quality Priorities from 23/11/16
	✓ Achievement of nursing care indicators: MUST (Hospital) (Target ≥95%)			Q1 88%	Q2 89%	Q3	Q4	Risks to delivery: Unfilled vacancies. Staffing to Amber. Mitigating actions: NCI escalation process for individual wards includes these specific items. Specific MUST score improvement plan. Two-weekly meeting re. Quality Priorities from 23/11/16.
	✓ Achievement of nursing care indicators: MUST (Community) (Target ≥95%)			Q1 100%	Q2 94%	Q3	Q4	Risks to delivery: Unfilled vacancies in Community. Mitigating actions: New escalation process in place. Monthly meetings with Clinical Locality Manager.
	✓ Achievement of nursing care indicators: Medications Signed and Dated (Target ≥98%)			Q1 94%	Q2 95%	Q3	Q4	Risks to delivery: Unfilled vacancies. Staffing to Amber. Mitigating actions: NCI escalation process for individual wards includes these specific items. Two weekly meeting re Quality Priorities from 23/11/16.
	✓ Achievement of nursing care indicators: Omission codes (Target ≥95%)			Q1 92%	Q2 93%	Q3	Q4	Risks to delivery: Unfilled vacancies. Staffing to Amber. Mitigating actions: NCI escalation process for individual wards includes these specific items. Two weekly meeting re Quality Priorities from 23/11/16.
	✓ Zero avoidable stage 4 pressure ulcers	Monthly		Q1	Q2	Q3	Q4	There were no cases in Quarter One and the plan is to have zero in Quarters Three and Four which is why these quarters are rated as 'green'. However, the year-end position will be red as there was one case in Quarter Two which means that we have also missed the

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
								annual target of none. Risks to delivery: Unfilled vacancies. Staffing to Amber. Mitigating actions: Weekly Confirm and Challenge Meetings with Tissue Viability.
	✓ Reduction in stage 3 pressure ulcers from 15/16	Monthly		Q1	Q2	Q3	Q4	Risks to delivery: Unfilled vacancies. Staffing to Amber. Mitigating actions: Confirm and Challenge Meetings with Tissue Viability weekly.
	✓ Zero post 48 hour MRSA cases	Monthly		Q1	Q2	Q3	Q4	Risks to delivery: Unfilled vacancies. Staffing to Amber. Mitigating actions: Two- weekly HCAI meeting with lead nurses and Chief/deputy nurse.
	✓ No more than 29 post 48 hour *Clostridium difficile* lapses in care	Monthly		Q1	Q2	Q3	Q4	Risks to delivery: Unfilled vacancies. Staffing to Amber. Mitigating actions: 2 weekly HCAI meeting with lead nurses and Chief/deputy nurse.
	✓ Achievement of improvement trajectory in nutritional audit ending year in all wards as green (93%).	Monthly		Q1	Q2	Q3	Q4	Risks to delivery: Overall score is green but for Q4 every ward has to be 95% or above. Mitigating actions: NCI escalation process for individual wards includes these specific items. 2 weekly meeting re Quality Priorities from 23/11/16.
✓ Deliver agreed CQUIN requirements	✓ Deliver CQUIN schemes to expected levels	On-going	Director of Strategy & Performance	Q1	Q2	Q3	Q4	Risks to delivery: Negotiations with commissioners to alter milestones as appropriate are yet to be finalised. Agreement from commissioners to accept Local Incentive Payment Schemes. Negotiations currently underway. Targets for full achievement of CQUIN in the following schemes at risk; • Health and Wellbeing Staff Survey

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
								• Health and Wellbeing Flu vaccinations • Sepsis ED • Consultant in Community: Paediatric Management • Consultant in Community: Respiratory Management • Maternal smoking
								Mitigating actions: Local Incentive payment schemes triggered where appropriate, plans shared with Commissioners and waiting sign off for the following schemes: • Health and Wellbeing Staff Survey • Health and Wellbeing Flu vaccinations Sepsis working group working on mitigating actions against an agreed action plan Negotiations with commissioners to alter milestones as appropriate for delays in recruitment of consultants to support Community clinics.
✓ Maintain good mortality performance	✓ SHMI/HSMR within expected range	On-going	Medical Director	Q1	Q2	Q3	Q4	Risks to delivery:
								Mitigating actions:
	✓ 85% of in hospital deaths have a multidisciplinary review within 12 weeks	On-going	Medical Director	Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:
✓ Develop operational risk management process	✓ Implement a standardised agreement process and	November 2016	Director of Governance	Q1	Q2	Q3	Q4	Risks to delivery: a standardised report template has been issued and is in use to assist in the reporting of risks at divisional management level for Surgery / Medicine and Nursing. The same template has also been

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
	reporting framework to replicate the Corporate report							shared with key directorates including Finance, PAS, Pharmacy, MD, IT and CEO. We expect an Internal Audit report in Quarter 3 to confirm the local delivery of these processes. Mitigating actions:
✓ Deliver requirements from key quality inspections eg WMQRS, CQC, Deanery	✓ Deliver inspection action plans as required and develop a monitoring tool with baselines (e.g. deliver x% within x timescale – to be agreed following baseline audit)	December 2016	Director of Governance	Q1	Q2	Q3	Q4	Risks to delivery: whilst there is a policy on the reporting and tracking of external visits there appears from discussions with governance leads within the key divisions that they have no process for tracking such visits and therefore are not in a position to report such activity. Mitigating actions: a revised process for reporting at TME is being established whereby divisions and key directorates will be asked to report positively on such visits allowing a report to be produced tracking the implementation of agreed actions.
✓ Safe staffing levels	✓ Deliver safe staffing	Monthly	Chief Nurse	Q1	Q2	Q3	Q4	Risks to delivery: Unfilled vacancies. Managing to Amber. Mitigating actions: Recruitment and retention plan. Reviewing staffing dashboard weekly work with nurse bank. Review daily by matrons.
Strategic objective: drive service improvement, innovation and transformation								
➢ Develop integrated services & redesigned community provision	✓ Introduce case load management systems	June 2016	Chief Operating Officer	Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:
	✓ Introduce SPA	June 2016		Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
➢ Increase access to 7 day services In the key standards: • Inpatients seen by a consultant within 14 hours • Diagnostic services available 7 days a week • Interventional services available 7 days a week • On-going review of patients by consultants	✓ Maintain the position from the audit completed in April 2016	March 2017		Q1	Q2	Q3	Q4	Risks to delivery: • Evidence (e.g. documentation) of standards. • Financial constraints to job plan sufficient Consultant time to deliver the <14hr review standard. Mitigating actions: Trust plan required to drive implementation
➢ Continued improvement in key services	✓ Improvements in service performance delivered for: Theatres	Review quarterly	Chief Operating Officer	Q1	Q2	Q3	Q4	Risks to delivery: Utilisation performance detrimentally affected by elective cancellations Mitigating actions: Theatre Utilisation programme initially commencing with Deloitte's support in T&O and Ophthalmology. Pre-Assessment improved pathway Day Case Unit Phase 2 changes
	✓ Improvements in service performance delivered for: Out Patients			Q1	Q2	Q3	Q4	Risks to delivery: Proceed to implement Outpatients Optimisation Plan. Mitigating actions: OPD Change Management Consultant remains to support implementation

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
	✓ Improvements in service performance delivered for: Renal			Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:
	✓ Improvements in service performance delivered for: Imaging			Q1	Q2	Q3	Q4	Risks to delivery: continued increase demand Mitigating actions: phase one investment to recruit to additional staff underway, business case to be submitted in December. Demand management exercise to be undertaken with primary care. Q4 Amber subject to business case approval
➢ Expand Research & Development / Academic Health Sciences Network role	✓ Demonstrate greater involvement & engagement	On-going	Medical Director	Q1	Q2	Q3	Q4	Risks to delivery: AHSN membership not considered cost effective (£30K annual membership fee) Mitigating actions: BCA work stream for R&D regional engagement takes priority; 2017/2018 goals redrafted to focus on improving research performance (based on national measures) and maximising commercial income
Strategic objective: be the place people choose to work								
➢ Develop a programme to enhance colleague engagement eg , Board to Ward, Listening into action	✓ Regular events in place	On-going	Chief Executive	Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:
	✓ Improved scores in National Staff Survey	Annually	Chief Executive	Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:
➢ Improve workforce	✓ Sickness absence	Data collected	Director of HR	Q1	Q2	Q3	Q4	Risks to delivery: The winter period will bring an increase in absence levels.

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
performance in sickness, mandatory training, appraisal	target 3.5% met by end of year.	monthly						Mitigating actions: Sickness absence policy applied. Flu vaccines promoted amongst all staff.
	✓ Mandatory training target of 90% met be end of year	Data collected monthly		Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions: A review of mandatory training will be implemented from January which will have a positive impact on performance.
	✓ Appraisal target of 90% met by end of year	Data collected monthly		Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions: A review of appraisals will be implemented from January which will have a positive impact on performance.
	✓ Information Governance training target of 95% met by end of the year	Data collected monthly		Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:
➢ Achievement of staff health & well-being CQUIN	✓ Achieve 5% improvement in each of the 3 health & well-being staff survey questions	Annual		Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions: Results will not be known until the outcome of the staff survey in March/April 2017.
➢ Leadership development/OD/ Talent management	✓ Achieve a 50% target of potential successors in the Ready Now or Ready with Development category for all leadership posts at 8a & above on the talent map	Quarterly		Q1	Q2	Q3	Q4	Risks to delivery: The business case for Leadership Development has been postponed. Mitigating actions: The Leadership Strategy will be reviewed by the Director of HR.

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
Strategic objective: make the best use of what we have								
➢ Develop the Digital Roadmap	✓ Procurement of EPR completed	November 2016	Chief Information Officer	Q1	Q2	Q3	Q4	Risks to delivery: i) Business case not approved by board on the grounds of affordability; ii) Bidders withdraw offers due to delay in approval (both vendors are US based and may have post- Brexit costs pressures). Mitigating actions: i) No mitigation; ii) Approval at December Board.
	✓ Leverage from clinical systems & increasing orders from order comms. 5% each quarter	March 2017		Q1	Q2	Q3	Q4	Risks to delivery: i) Adoption within Radiology; ii) Adoption within laboratories due to weakness within LIMS system. Mitigating actions: i) Maintain positive level of engagement with Senior Radiologists, lessons learnt from Nervecentre to provide early as well as implementation support; ii) Continue to identify other specialties where Order Comms would add value but would generally be at lower volumes.
➢ Match capacity to demand	✓ Optimise capacity to match demand	Quarterly	Chief Operating Officer	Q1	Q2	Q3	Q4	Risks to delivery: • National workforce challenges in certain specialties (e.g. Ophthalmology, Paediatrics, and Acute medicine) • Ability to recruit to the extended DCU opening hours plan • Physical space (theatre space, and outpatient room availability) • - dependency on business case approval for respiratory Mitigating actions: • Hybrid Theatre • Outpatient room planner, and use of community locations • Increased use of Out Patient performance metrics • Bed model to be developed in Q3

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
➢ Deliver agreed financial plan	✓ Effective plans in place & monitored	Monthly	Director of Finance	Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:
➢ Deliver the agency threshold targets	✓ Meet the trajectory	Monthly	Chief Nurse	Q1	Q2	Q3	Q4	Risks to delivery: Unfilled vacancies. Mitigating actions: Work streams in place with improvement plan that is monitored, Confirm and Challenge for rostering, weekly monitoring with trajectories for achievement as set out. Due to position in-year we will have breached the agency threshold for the trust.
➢ Deliver the CIP	✓ Deliver CIP & financial target	Monthly	Director Strategy & Performance	Q1	Q2	Q3	Q4	Risks to delivery: Inability to deliver DEP Integrated Care Scheme (benefit released through bed closures) as a result of increased emergency activity and delayed transferred of care. Capacity of the workforce to deliver existing CIP plans and mitigation plans following the workforce reduction savings. Mitigating actions: Governance process enacted with mitigation plans required for CIP off track. Refocus of DEP Integrated Care Scheme to deliver savings through opening of Evergreen unit to manage Delayed Transfer of Care patients. Business Improvement Training course offered to all staff across the organisation to develop LEAN tools and techniques skills across the wider organisation. Commencement of CIP planning for future years earlier than previously. Deloitte commissioned to support this.

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
➢ Deliver the Lord Carter targets	✓ Deliver against the agreed targets	Annual	Director of Strategy & Performance	Q1	Q2	Q3	Q4	Risks to delivery: Capacity of the workforce to deliver action plans and support workshop events. Lack of co-ordinated responses from NHS Improvement with requests sporadic and *ad hoc.* Mitigating actions: Alignment of Lord Carter recommendations to current work streams. Attendance at quarterly NHS Improvement Networking events by Head of Service Improvement.
➢ Review the Clinical Strategy	✓ Revised plans in place	December 2016	Director of Strategy & Performance	Q1	Q2	Q3	Q4	Risks to delivery: Review on hold pending the outcome of the MCP contract. Review will be underway by Quarter Four, but may not be complete due to awaiting the outcome of the MCP contract. Mitigating actions: Discussion due at Directors meeting during Q3. Risk assessment of MCP completed. The Partnership Board have met with the regulators as part of the MCP gateway process and provided regulators with information on the risks associated with the MCP
Strategic objective: deliver a viable future								
➢ Develop an economy-wide Sustainability &	✓ Play a full part in this work	July 2016	Chief Executive/ Director of	Q1	Q2	Q3	Q4	Risks to delivery:

Annual Goal	Measures of Achievement	Timescale	Lead	Q1 & Q2 RAG Q3 & Q4 Prediction				Risks to Delivery and Remedial Actions
Transformation Plan, (STP), with CCG & other providers in the Black Country footprint			Strategy & Performance					Mitigating actions:
➢ Play a part in the continued development of the Black Country Alliance	✓ Plan & Programme in place across alliance	Throughout 2016/17	Chief Executive	Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions:
➢ Dudley Partnership – ensure that the new care model works in the best interest of the Trust	✓ An agreed position in place regarding the shadow contract.	June 2016	Chief Executive	Q1	Q2	Q3	Q4	Risks to delivery: Shape and form of shadow contract unclear. Mitigating actions: Active engagement with potential MCP partners including CCG. Integrated support and assurance process now published.
	✓ Play a clear role in the delivery of the MCP to ensure the financial impact is minimised.	March 2017	Chief Executive	Q1	Q2	Q3	Q4	Risks to delivery: Mitigating actions: