The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 5 January, 2017 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 1 December 2016	Enclosure 1	J Ord	To Approve	9.30
	4.2 Action Sheet 1 December 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	10.10
	7.2 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 5	D Wulff	To Note & Discuss	10.20
	7.3 Hospital Standard Contracts for Hospital/General Practice Update	Enclosure 6	P Bytheway	To Note	10.30
8.	**Finance and Performance**				
	8.1 Cost Improvement Programme and Transformation Overview Report	Enclosure 7	A Gaston	To Note	10.40
	8.2 Finance and Performance Committee Exception report	Enclosure 8	J Fellows	To Note	10.50
	8.3 Charitable Funds Committee Exception Report	Enclosure 9	J Atkins	To Note	11.00
9.	**Any other Business**		J Ord		11.10
10.	**Date of Next Board of Directors Meeting** 9.30am 2 February 2017 Clinical Education Centre		J Ord		11.10

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		11:10

Enclosure 1

The Dudley Group NHS
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 1st December, 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
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
Terry Whalley, Black Country Alliance Programme Director (Item 16/118.3)
Jeff Neilson, Research and Development Director (Item 16/118.5)
Amanda Gaston, Head of Service Improvement (Item 16/119.1)
Lisa Peaty, Deputy Director of Strategy and Performance (Item 16/119.3)

16/111 Note of Apologies and Welcome
9.33am

Apologies were received from Anne Baines and Ann Becke.

16/112 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.

16/113 Announcements
9.34am

None to note.

16/114 Minutes of the previous Board meeting held on 3rd November, 2016 (Enclosure 1)
9.34am

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

16/115 Action Sheet, 3rd November, 2016 (Enclosure 2)
9.36am

16/115.1 Charitable Funds Committee

Mr Atkins, Committee Chair, confirmed that the item will be raised at the next meeting.

16/115.2 Organ Donation

The Chief Nurse had spoken to the Matron and Lead Nurse. A number of staff in ITU already undertake training in this area and this will be extended to senior members of the nursing team. The Chair asked that the use of the specialist nurse be reflected in the training provided to staff.

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

Dr Wulff, Non Executtive Director, asked about the Friends and Family texting service. Liz Abbiss confirmed that it will be ready for 1st January, 2017, but hopefully it may be before this date given the discussions already had with the text service provider. The Chairman asked that she discusses the roll out of the service with Liz outside of the meeting.

The Chairman to discuss the roll out of the texting service with Liz Abbiss outside of the meeting.

16/116 Patient Story
9.38am

Liz Abbiss, Head of Communications and Patient Experience, presented the patient story. The video was of a patient being treated at the Trust for a fractured hip. It was a very positive story and the only negative aspects related to the time to make the patient bed on occasions and the timely answering of the call bell.

The Board noted that in relation to bed making the Lead Nurse had confirmed that the patient was being encouraged to sit out of bed and that not making of the bed for a while is a practice used to encourage patients to remain out of bed.

The Chairman and Board noted the story and asked Liz to feedback to the patient how useful her observations had been. The Chief Operating Officer suggested showing the patient story at the Senior Leadership meetings. The Board agreed that this was a good idea.

Patient stories to be shown at Senior Leadership meetings.

16/117 Chief Executive's Overview Report (Enclosure 3)
9.49am

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 that the Trust was below the national average for ED response rates.

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

- **Children and Adolescent Mental Health Services (CAMHS) Update:** The Chief Executive had met with NHS Improvement on 16th December and discussed the position in relation to CAMHS tier 4 beds. Specialised Commissioning will be contacting the Trust to discuss how they can support us with this issue. The issue had also been raised at the West Midlands Oversight Group and CAMHS Delivery Board.

- **Sustainability and Transformation Plan:** The Plan was made public on Monday, 21st November, 2016. A summary of the document was attached as an Appendix. A public engagement event is taking place on 6th December, 2016.

- **Flu:** Uptake for clinical staff had improved against last year's achievement. The Vaccination rate as at 24th November, 2016, was 35% for front line staff.

- **National Staff Survey:** The overall Trust response as at 21st November, 2016, was 35.1%. The survey closes on 2nd December, 2016.

- **HSJ Value in Healthcare Awards:** The Trust has put forward two entries for the 2017 HSJ Awards – Daycase Surgery Improvements and BCA Interventional Radiography Nephrostomy Service.

- **NHS Providers Conference:** Jim Mackey was noted to have made positive comments about the Trust in his plenary session at the Conference.

- **Consultant/GP Social Event:** The Medical Director confirmed that this had been well attended by Consultants from the Trust.

The Chairman and Board noted the report.

16/118 Patient Safety and Quality

16/118.1 Chief Nurse Report (Enclosure 4)
9.54am

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

The Chairman commented on the number of tools required to be reviewed and considered when forming a view of safe and quality care. She asked the Chief Nurse to describe her analysis process and how this enabled to key issues to be identified. The Chief Nurse drew this out in her presentation of the report.

The Board noted the points relating to infection control, including:

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

C.Diff: The Trust has recorded 25 cases to date in 2016/17, 6 of these cases were associated with a lapse in care at the Trust. The Board noted that there were only 2 cases of C.Diff in November.

Norovirus: No cases to note.

The Chief Nurse presented the key issues relating to the six month Safer Nursing Tool, including:

- A reasonable position is maintained across the Trust, although some areas for action had been noted in respect of some ward areas.

- EAU, ED and A2 are receiving separate reviews given their high patient turnover which makes this tool less useful and will be reported back once complete.

- NHS Improvement has confirmed that the awaited guidance on safe staffing for inpatients will be published for consultation next month. Guidance for emergency, maternity, community and children's services will be published for consultation in the new year.

The Chairman asked about the process when wards require intervention and what monitoring is undertaken. The Chief Nurse confirmed that she uses the daily assessment RAG rating to gain assurance and meets with the senior nursing team to monitor safety when an issue is identified from NCI audits etc.

The Chairman confirmed that she had been undertaking visits to the wards and one lead nurse had commented that she would like access to the dashboard to allow her to understand her staffing position relative to other wards and to make pertinent entries. The Chief Nurse confirmed that access is being put in place.

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

- Shortfall shifts total figure for the month was 136 which is an increase from the last month (59).

- The RAG rating system had been rolled out across the wards. There were 18 red shifts across 7 areas using this methodology for the period. For each of the red shifts there were no safety issues identified when determining if more staff would be required for that ward area.

- Shortfall shifts are all reviewed and no safety issues were identified that affected the quality of care.

- The Care Hours per Patient Day (CHPPD) is reported in a limited way in the report.

Mr Miner, Non Executive Director, raised the ward analysis and asked who makes the judgement on action. The Chief Nurse confirmed that this was done by herself in consultation with Matrons and Lead Nurses.

Mr Fellows, Non Executive Director, asked about nutritional assessments. The Chief Nurse confirmed that two pilots were being undertaken in this area. There will also be a two weekly meeting with Lead nurses to look at issues and why areas are not achieving the required standards in this domain.

Dr Wulff, Non Executive Director, suggested that it would be interesting to hear the outcome of these meetings. The Chief Nurse confirmed that nutrition documentation is also being reviewed as part of understanding the issue with nutritional compliance. The Chief Nurse confirmed that staffing assessments are shared with the CCG.

The Chairman raised the trend in greater acuity and a lack of independence and whether this could be taken forward in debates to help contract negotiations with the CCG or with the Local Authority about their role in support for this cohort of our local population. Dr Wulff agreed that the level of acuity needs to raised to support patients being cared for in the right setting.

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

- There is one escalation at level 4 which is the same area as the one in the previous month's report. There were two escalations at level 3 now in place.

The Chairman and Board noted the report.

Level of acuity and lack of independence to be raised in contract negotiations and with the Local Authority.

Results of nutritional pilots and 2 weekly meetings on nutrition to be reported to CQSPE Committee.

16/118.2 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 5)
10.17am

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

- Operational Management assurance was provided in respect of the ED Blood Taking audit action plan which was focussed 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.

- Four out of date policies 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 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 than that of other Trusts. The Committee endorsed this approach.

- 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 Chairman confirmed that it was pleasing to note the improvement on VTE.

The Chairman asked in respect of the Quality Metrics when, where and how will they be reviewed. The Director of Governance/Board Secretary confirmed that guidance from the Centre was received late and this is why they are being presented to the Board today for approval. There had been discussion with Governors, and the Trust may bring forward other metrics within its Quality Account linked to comments from the annual members meeting. The Director of Governance /Board Secretary also confirmed that these quality metrics are measured and thus reporting in the Quality Account will not be a problem.

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

16/118.3 Black Country Alliance (BCA) Report (Enclosure 6)
10.26am

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

The report included the minutes from the BCA October Public Board meeting, Programme Directors Report and CAN Update. The Board noted the following key issues:

The Chairman raised page 6 of the minutes of the BCA Board Minutes and the reference to the agreement to collaborate on a Black Country Bank. The Chairman stated that it was agreed that there was potential to set up a staff bank across the Black Country Alliance and discussion at the meeting only described the agreement for collaboration on that potential.

The Board noted the three examples of how the BCA work connects with the work of the STP, specifically around Pathology. A paper will be presented to the next BCA Board on options within the area of Pathology around a single management team.

Dave Coley had commenced as BCA Director of Procurement and was looking at opportunities for non pay savings over and above those identified by each Trust within their own CIPs. A further update will be provided to the next BCA Board meeting.

The BCA is looking to commission support for its work on a review of corporate functions and is currently looking at proposals.

The BCA is specifically looking at how the organisations tackle reliance on agency staff. A report will be presented back to the December Board.

The Director of Finance and Information asked about the Pathology and Corporate Functions Review and how, now that Wolverhampton are included in these projects, the decision making process will be undertaken. Mr Whalley confirmed that as we do more work worth RWT and indeed the STP then the governance process for those arrangements requires further definition Any recommendations will be taken to the BCA and Wolverhampton Boards. The Director of Finance and Information confirmed that there is a danger of not obtaining collective agreement and there needs to be some formal governance arrangements established to ensure this risk does not materialise and all parties can move forward together when all four parties working together.

The Chairman confirmed that our own Trust Board would need to debate these pieces of work before any decision is made. .

The Chief Operating Officer confirmed that he had a discussion booked with Terry Whalley to look at the work on Pathology. The Chairman commented that there needs to be clarity around what is being signed up to so that an informed decision can be made by the respective Boards.

Mr Miner, Non Executive Director, commented on the form of reporting, and in terms of initiatives it would be helpful to see more graphic detail within future reports to draw out delivery, risks and savings. The Board agreed that this would be beneficial.

The Chairman and Board noted the report and the comments around governance and decision making.

Terry Whalley to further define governance arrangements where parties outside of the BCA are involved in specific projects.

Terry Whalley to review style and content of the BCA Board report.

16/118.4 Revised People Plan (Enclosure 7)
10.42am

The HR Director, presented the Revised People Plan Report, given as Enclosure 7.

The Board noted the first draft of the Workforce Strategy (people plan), and following key issues:

The report highlights 6 priority areas. These will be developed into specific objectives and actions and there will be aims and enablers under the priorities.

The document had been well received by the Workforce Committee.

The document will be shared wider across the Trust if approved by the Board.

Mr Miner, Non Executive Director, asked if we were being sufficiently ambitious in the Strategy, specifically around its aims. The Director of HR confirmed that this was one of the points made at the Workforce Committee and would be addressed through staff consultation.

Mr Fellows, Non Executive Director, asked about Appraisals and Mandatory Training performance and how the current poor performance levels may impact on future Trust ambitions . The Director of HR confirmed that there had been a review of Mandatory Training; it was recognised that performance managing staff on mandatory training did not work and staff instead need to be supported to enable mandatory training to take place. Recommendations from the review will take several months to implement. It was noted that there are also issues around some of the data quality. Appraisals will be reviewed next and will take some months for actions to be implemented.

The Chairman confirmed that the Trust needs to ensure that headlines in the Strategy are inspiring and also needs to look at measures of success and how staff will find the document meaningful. The Director of HR confirmed that staff focus groups will be established and part of their remit will be to address these points.

The Chairman and Board noted the report.

16/118.5 Research and Development 6-Monthly Report (Enclosure 8)
10.52am

The Director of Research and Development, presented the Research and Development 6 Monthly Report, given as Enclosure 8.

The Board noted the following key issues:

Dr Neilson asked that the Board challenge Departments that are not undertaking research.

The Board noted that the Trust is paid for how much research it undertakes and is receiving less money as its research performance is decreasing.

Dr Neilson confirmed that commercial research also provides half of the Trust's research income.

Dr Neilson stated that research reflects excellence in clinical care and he was concerned that Departments did not have the same capacity to undertake research as they had some years ago.

Mr Fellows, Non Executive Director, asked about the reference to the new EPR system. Dr Neilson confirmed that the new system must enable research in order for it to been viewed as a success.

The Medical Director agreed with Dr Neilson's comments about ensuring that all Departments undertake research.

The Chairman asked how the Board could best help. The Chief Executive suggested that certain business cases should include the impact the case will make on undertaking of research and also when staff are appointed this is included in job descriptions. The Medical Director suggested that a gap analysis could be undertaken across the Trust.

Dr Wulff, Non Executive Director, raised a conversation that had occurred at the Charitable Funds Committee and research being undertaken by medical students. Dr Neilson confirmed that not all research is recognised and attracts funds but is known about and that he would look to ensure such activity is captured in his reports.

The Chairman and Board noted the report.

The Finance Director to update the business case procedure.

The Medical Director to produce a Research and Development gap analysis.

16/118.6 Quality Report (Enclosure 9)
11.06am

The Chief Nurse presented the Quality Report, given as Enclosure 9.

The Board noted the following key issues:

Work was ongoing in respect to the two newly introduced quality priorities on pain and medicine management.

The Chief Nurse confirmed that the Trust may have had a grade four pressure ulcer in quarter two and whilst this was with the CCG for confirmation of the outcome of the RCA the Trust had taken action as a result .

The Chairman and Board noted the report and recommendations and review of completed actions.

16/118.7 Audit Committee Summary Report (Enclosure 10)
11.08am

Mr Miner, Audit Committee Chair, presented the Audit Committee Summary Report, given as Enclosure 10.

The Board noted the key issues from the Audit Committee meeting held on 15th November, 2016, as follows:

The Trust had received positive assurances from Internal Audit and the Local Counter Fraud Specialist.

The write-off of losses continued to reduce in quarter two as the Trust is taking a harder line to recover monies owed.

The re-audit of areas which attracted "Red" opinions will be presented to the next meeting.

Nationally there had been an increased fraud risk associated with Consultant job planning and the Trust had been made aware of this trend from the Local Counter Fraud Specialist in their report.

Items referred to Board included the Risk and Assurance Register and the slight amendment to the Terms of Reference relating to references to NHSI.

The Chairman referred to Lord Carter's presentation at the NHS Providers Conference and confirmed that we need to ensure that we manage job planning so that we have the necessary time from Consultants from robust balanced job plans. The Director of HR confirmed that the Trust is looking at how job planning is being supported across the Trust.

The Chairman asked about the partial assurance on the safer staffing report. The Chief Nurse confirmed that this is because part of the process was manual and this will be resolved with the electronic system but until then internal audit felt they could only give partial assurance.

The Chairman and Board noted the report.

16/118.8 Workforce and Staff Engagement Committee Summary Report (Enclosure 11)
11.12am

Mr Atkins, Committee Chair, presented the Workforce and Staff Engagement Committee Summary Report, given as Enclosure 11.

The Board noted the key issues from the Committee meeting held on 22nd November, 2016, as follows:

- The revised agenda format had improved the structure of the meeting.
- Workforce performance risks will be presented to future meetings.
- The Committee reviewed the People Plan and comments showed that the Plan could be a drafted with a little more positive narrative.

- Discussion had taken place around leadership development and a framework will be produced to support this area of staff development.

- Workforce KPIs were presented and the Trust performance was discussed.

- A more detailed discussion took place at the Committee around absence of nursing staff and the Committee received assurance over the actions being taken.

- There were concerns that the staff survey only had a 35% completion rate – Liz Abbiss confirmed that this had increased to 38% in the week of the meeting. It was noted that Non Executive Directors were eligible to complete the survey and were encouraged to complete the survey before the deadline of the 2nd December.

- The Junior Doctors contract was discussed and the Committee was assured that this was on track for implementation.

- The Committee discussed the RAG system for Nursing shift management and this was having a positive impact on agency staffing.

- The Committee received a report on the way that the Bank is managed and noted improvements in that area all contributing to a reduction in Agency staff.

- The Trust is putting in a submission to the Deanery for MTI posts and can apply for 10 Doctors to support Trust rotas.

The Chairman and Board noted the report and assurances provided.

16/119 Finance and Performance

16/119.1 Cost Improvement Programme and Transformation Overview Report (Enclosure 12)
11.17am

Amanda Gaston, Head of Service Improvement, presented the Cost Improvement Programme and Transformation Overview Report, given as Enclosure 12.

The Board noted the following key highlights:

- The CIP forecast had improved in the month by £0.5m.

- All other schemes were expected to deliver with no further slippage.

- Work is underway on next year's planning and the identification of the required CIP.

- £6.6m of the CIP for 2017/18 had been identified to date.

- Themes for significant transformation programmes are expected to be similar to this year.

- Further work will be undertaken on Theatre productivity and the Outpatient Optimisation workstream.

- The Trust will focus on bank and agency spend, procurement, medicines management and coding.

- Large schemes around productivity and efficiency savings in clinical services are still being worked up into specific delivery plans.

- Deloitte have identified that 62% of projects do not have any financial value indicating a significant un-tapped pool of ideas.

- The Transformation Team are utilising networks to look for any missed CIP opportunities to ensure the Trust has a robust programme of schemes for the next two years.

The Chairman and Board noted the report, assurances received and asked for the Boards thanks to be passed to the team for their work.

16/119.2 Finance and Performance Committee Exception Report (Enclosure 13) 11.25am

Mr Miner, Non Executive Director, presented the Finance and Performance Committee Exception Report, given as Enclosure 13. Mr Miner informed the Board that the Committee had not been quorate therefore the Committee Chair's actions taken needed to be ratified at the end of his report.

The Board noted the following key issues:

- The A&E 4 hour target needs to be carefully monitored given recent performance.

- The Trust is maintaining its performance of its other targets.

- For the financial position there appears to be improvement in terms of agency spend.

- Follow discussions with NHSI, approval had been received to recast the Trust's control total, this allowed the Finance and Performance Committee to recommend to the Board that it enters into a contract for the new EPR system.

- Chairs actions to be ratified include the approval of the minutes of the last meeting on 27th October, 2016, approval of the Operating Plan 2017-19, approval of the agency checklist subject to further amendment and approval of the imaging business case.

The Chief Operating Officer confirmed that the Trust had failed the ED target as it had only achieved 88% for November. The target stood at 93.8% for the quarter currently. The Trust had achieved the target for the previous week. The target was now at risk for the quarter. There is also a bigger risk that the Trust may fail two consecutive quarters. The Chief Executive Officer confirmed that this was the most difficult period he had experienced since he had commenced in post. A number of actions were being taken to manage the Christmas period.

The Chairman asked the Chief Operating Officer to pass on the Boards thanks to the teams and confirmed that the Board acknowledged that this had been a challenging period.

The Chairman and Board noted the report and ratified the Chairman's actions.

16/119.3 Operational Plan 2016/17 Quarter Three and Quarter Four Forward Look Report (Enclosure 14)
11.29am

The Deputy Director of Strategy and Performance presented the Operational Plan 2016/17 Report given as Enclosure 14.

The Board noted the following key areas:

- Updated Q2 performance .

- The forward look forecast showed an improved position with slightly less at risk of being missed at Q4 than the report last month may have indicated now each goal had been assessed by the Executive Team.

- Many of the goals forecast to be likely to be missed were already reflected in the Trust's Risk Register.

- There were a few indicators not on the Risk Register and these will be discussed at Directors to provide assurance for the next report to the Board.

The Chairman and Board noted the report and that Directors will look at gaps in assurance for the small number of goals where no risk was evident on the risk register.

Directors to look at gaps in assurance and provide an update in the next report to the Board .

16/120 Any Other Business
10.58am

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

16/121 Date of Next Meeting
10.58pm

The next Board meeting will be held on Thursday, 5th January, 2017, 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 1 December 2016

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
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 Providers scheduled for early December. On track to present the report to CQSPE and meet the deadline for reporting to the Coroner. Draft report presented to CQSPE on 20th December 2016.
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	On Agenda
16/115.2	Action Sheet – 3rd November 2016	The Chairman to discuss the roll out of the texting service with Liz Abbiss outside of the meeting.	JO/LA	5/1/17	Meeting arranged for 10th January, 2016.
16/116	Patient Story	Patient stories to be shown at Senior Leadership meetings.	PH/PB/LA	5/1/17	
16/118	Chief Nurse Report	Level of acuity and independence to be raised in contract negotiations and with the Local Authority. Results of nutritional pilots and 2 weekly meetings on nutrition to be reported to CQSPE Committee.	DW/PB/PT DW	5/1/17 24/1/17	Raised with CQRM, Chief Nurse and Strategic Clinical Group.

16/119.3	Operational Plan	Directors to look at gaps in assurance and provide an update at the next Board meeting.	LP/EDs	5/1/17	On Agenda
16/118.3	Black Country Alliance	Terry Whalley to further define governance arrangements where parties outside of the BCA are involved in specific projects. Terry Whalley to review style and content of the BCA Board report.	TW TW	2/3/17 2/2/17	
16/118.5	Research and Development	The Finance Director to update the business case procedure. The Medical Director to produce a Research and Development gap analysis.	PT JN	2/2/17 1/6/17	
16/096.5	Charitable Funds Committee	The use of Charitable Funds for educational requirements to be discussed at the next Committee meeting.	JA	23/2/17	

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board Meeting – 5th January 2017

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
- Breast Feeding Initiative (BFI) Assessment
- National Staff Survey
- New Chief Executive Announced
- Thank you from NHS Improvement

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 – January 2017

Patient Friends and Family Test:

Quality Priority - Patient Experience

Based on the latest published NHS figures (Oct 2016), It is pleasing to report that all areas of the Trust met the quality priority target of monthly scores that are equal to, or better than, the national average for the percentage of patients who would recommend the service to friends and family. Outpatient scores continue to improve and are above the national average.

% FFT Scores	Apr 16	May 16	Jun 16	Jul 16	Aug 16**	Sep 16	Oct 16	Nov 16
Inpatient	**97%**	**97%**	**97%**	**95%**	**96.6%**	**96.6%**	**97.9%**	**97.0%**
National	96%	96%	96%	96%	95%	96%	95%	n/a
A and E	**91%**	**91%**	**88%**	**92%**	**91.8%**	**91.9%**	**93.8%**	**93.1%**
National	86%	85%	86%	85%	87%	86%	86%	n/a
Maternity Antenatal	**95%**	**100%**	**100%**	**96%**	**98%**	**99%**	**100%**	**97.6%**
National	96%	96%	95%	95%	95%	96%	95%	n/a
Maternity Birth	**100%**	**96%**	**99%**	**96%**	**100%**	**99%**	**98.2%**	**98.8%**
National	96%	97%	97%	97%	96%	96%	96%	n/a
Maternity Postnatal Ward	**95%**	**96%**	**99%**	**94%**	**98%**	**97%**	**100%**	**99.2%**
National	94%	94%	94%	93%	93%	94%	94%	n/a
Maternity Postnatal Community	**100%**	**100%**	**100%**	**99%**	**99%**	**100%**	**98.2%**	**98.9%**
National	97%	98%	98%	98%	97%	98%	98%	n/a
Community	**97%**	**95%**	**94%**	**98%**	**96.1%**	**96.1%**	**95.1%**	**97.7%**
National	95%	95%	95%	95%	96%	95%	95%	n/a
Outpatients	**85%**	**82%**	**93%**	**92%**	**92.4%**	**92.4%**	**93.2%**	**94.9%**
National	93%	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 to achieve response rates which give us meaningful data that we can use to make patient experience improvements. However response rates for ED and inpatients have reduced in November probably indicative of the extreme pressure services have been under.

Description	Jun	Jul	Aug	Sep	Oct	Nov
ED – Response rate	1.6%	8.4%	10.7%	5%	5%	3.7%
Inpatients – Response rate	13.9%	17.9%	18.6%	20.5%	19.2%	18.6%

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 continue 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

5th December: Chief Executive Recruitment Events
6th December: Chief Executive Interviews
7th December: Meeting with Wyre Forest
8th December: Senior Medical Staff Committee
9th December: West Midlands Provider Chief Executive's Meeting
12th December: Meeting with NHSI
14th December: BCA Board
15th December: Transformation Executive Committee
16th December: NHSI Clinical Forum
19th December: Collaborative Leadership Team
21st December: Partnership Board
21st December: Signing of EPR Contract

Breast Feeding Initiative (BFI)

The Trust has received feedback on its Breast Feeding Initiative assessment and I am pleased to confirm that this is really positive with the Trust passing much of the criteria. The Trust is confident that it will retain full accreditation over the coming months. Both the assessors and mothers interviewed said how kind and caring staff were which is a great testament to the care we provide.

National Staff Survey

The final response rate for the Trust is 45.2% which is exactly the same as last year. Achieving this response rate is very creditable, especially given the capacity issues the Trust has been under during much of the survey period.

New Chief Executive, Diane Wake announced

The Trust is delighted to announce the appointment of our new Chief Executive, Diane Wake, who will join the organisation in April 2017.

A nurse by background, Diane has been Chief Executive of Barnsley Hospital since 2013. Diane has extensive experience in both clinical and leadership roles. Previously, she was interim CEO at Royal Liverpool and Broadgreen University Hospital NHS Trust, where she also worked as Chief Operating Officer and Executive Nurse

Thank you from NHS Improvement

NHS Improvement recently wrote to all CEOs and Chairs expressing their thanks and sincere gratitude for the hug efforts all NHS staff make every day to treat patients.

Jim Mackey, CEO and Ed Smith Chairman said "This is a time of year when the pressures on our health and care system are at their greatest and the demands on local services, and on your own working lives, can seem relentless. We know that this is very much the case at the moment and that you and your teams are under great strain.

“It is important at times like this to reflect on and celebrate everything that is good about our NHS and the things which make us all so proud – that is the million or so people who dedicate their lives to others and who contribute round the clock, 365 days a year, to keeping people safe and providing the very highest quality of care.”

The letter of thanks has been shared with all staff across the Trust.

The Dudley Group NHS
NHS Foundation Trust Enclosure 4

Paper for submission to the Board of Directors on 5th January 2017 - 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 month of September (as at 20.12.16)

- No post 48 hr MRSA bacteraemia cases since 27th September 2015
- No Norovirus outbreaks but 5 confirmed cases.
- As of this date the Trust has had 28 cases so far 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.

Safer Staffing

- Shortfall shifts total figure for this month is 104 which is a reduction from the last month (136).
- The RAG rating system has been rolled out across the wards with 30 red shifts in total across 10 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 this board report. The model hospital dashboard will be providing more national benchmark data in the new year.

Nursing Care Indicators

- There is one escalation at level 4 which is the same area as the one in the previous report.
- Nutrition Audit and focus on MUST completion is underway with 2 weekly meetings 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

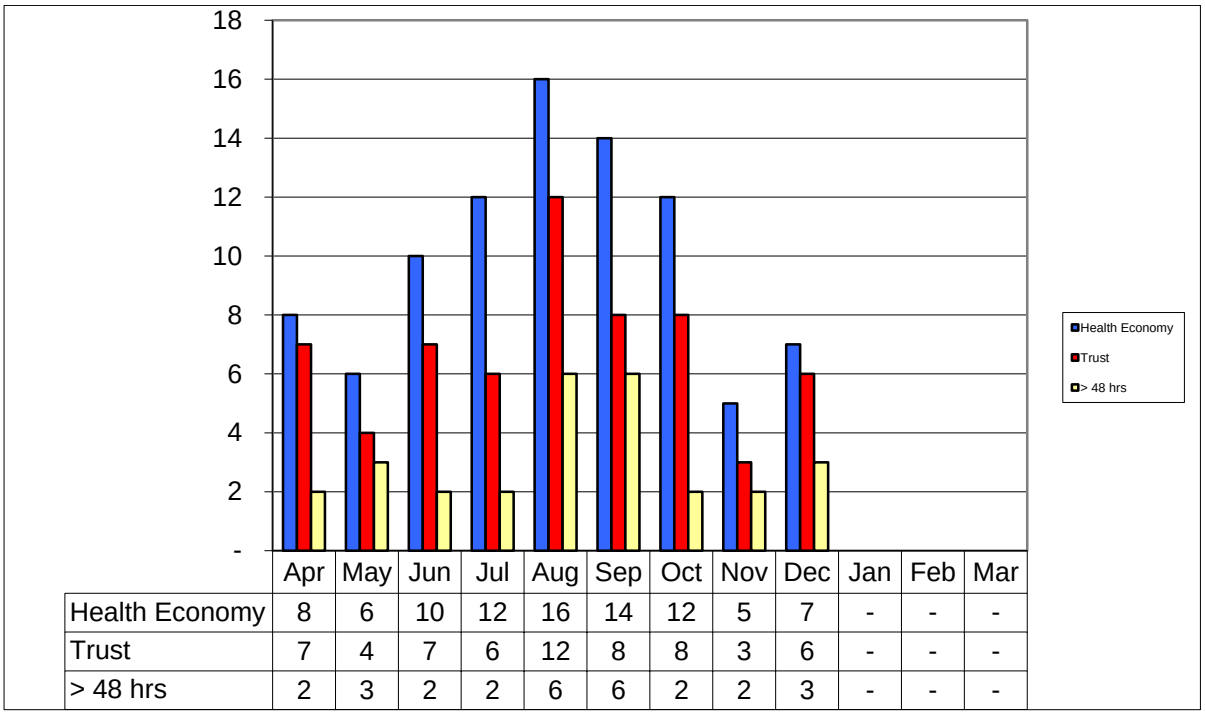
Clostridium Difficile – The target for 2016/17 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. Penalties will be associated with exceeding 29 cases associated with lapses in care. At the time of writing (20.12.16) we have 3 post 48 hour cases recorded in December 2016.

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 28 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) and 13 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	5	7	-	-	-
Trust	7	4	7	6	12	8	8	3	6	-	-	-
> 48 hrs	2	3	2	2	6	6	2	2	3	-	-	-

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.

Monthly Nurse/Midwife Staffing Position
November 2016

One 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
September	4.44	3.63	8.07
October	4.39	3.56	7.95
November	4.19	3.34	7.53

These figures obviously vary widely across wards/areas (e.g. 20.64, 2.14 and 22.70 for critical care and 2.47, 3.25 and 5.72 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 (8.07 to 7.53) 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 (Appendix 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 104 which is a large fall from last month (136) although still higher than months before October (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 last month, Maternity with 42 (32 RM shifts and 10 CSW shifts) has, as anticipated, fallen dramatically with the recent recruitment of staff (11 shortfall shifts in total this month). Paediatrics and NNU have similar qualified shortfall shifts as last month but due to the fall in Maternity now account for a third of the total of shortfall shifts. The dependency of the patients in both these areas continues to be

high resulting in 17 red shifts. For NNU, occupancy consistently runs at greater than the recommended 80% and this month the acuity of the patients exceeded the commissioned cot numbers for either HDU or ITU on the days when a shift was assessed as Red (9 in total). The issues around staffing are being considered within the west midlands regional service development improvement plan, resulting in a risk assessment and business case being undertaken. A similar internal exercise is being undertaken for paediatrics. The rest of the shortfalls are evenly spread throughout the hospital, 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 October 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, as previously, it can be seen that the highest proportion of assessments are 'Green' (70%) although this is a drop from last month (83%) which with the increasing pressures as winter approaches is expected. With regards to the latter, there is consistency with the staffing figures (e.g. A2, B3, B4, C2, C3, CCU/PCCU, NNU)

Besides the seventeen NNU and paediatrics red shifts discussed above, there have been a further 13 across other areas this month. On all of these occasions safety was maintained. These have been described within the table 3 below.

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

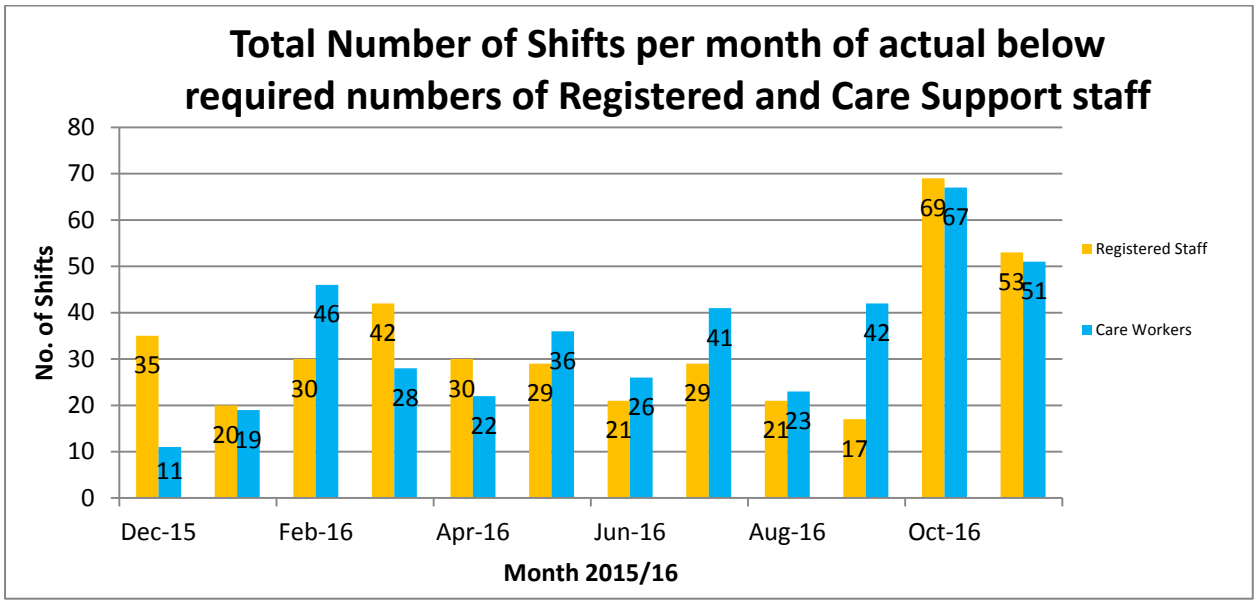


Table 2
Self-Assessment of Workload by Senior Nurses on Each Shift for November (figures in brackets from October)

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A2	1 (0)	42 (15)	17 (47)	**Ward C4**	0 (0)	1 (0)	59 (62)
Ward A3	2 (0)	4 (16)	54 (46)	**Ward C5**	2 (0)	23 (7)	35 (55)
Ward B1	0 (1)	12 (0)	48 (61)	**Ward C6**	1 (2)	20 (8)	39 (52)
Ward B2H	0 (0)	19 (1)	41 (61)	**Ward C7**	3 (1)	17 (6)	40 (55)
Ward B2T	0 (0)	9 (8)	51 (54)	**Ward C8**	0 (0)	28 (6)	32 (54)
Ward B3	0 (0)	24 (6)	36 (56)	**CCU/PCCU**	1 (2)	18 (17)	41 (41)
Ward B4	1 (0)	32 (24)	27 (38)	**EAU**	0 (0)	4 (0)	56 (62)
Ward B5	2 (0)	20 (36)	38 (26)	**MHDU**	0 (0)	3 (1)	57 (61)
Ward C1	0 (1)	1 (1)	59 (60)	**Critical Care**	0 (0)	0 (0)	60 (62)
Ward C2	8 (0)	35 (11)	17 (51)	**NNU**	9 (9)	15 (7)	36 (46)
Ward C3	0 (0)	34 (7)	26 (55)	**Maternity**	0 (2)	8 (30)	52 (30)

Totals	RED	AMBER	GREEN
June	4	119	1257
July	12	163	1251
August	6	147	1273
September	1	126	1253
October	18	207	1135
November	30	369	921

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

COMMENT: November - Ward A1 Evergreen no audits
December - Ward B6 open and Ward Evergreen starts audits in January

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 December:

NCIs	
Level 1 Matron Level	11
Level 2 Head of Nursing Level	9
Level 3 Deputy Chief Nurse level	0
Level 4 Chief Nurse	1

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

Table 3

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS NOVEMBER 2016

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	1 5	RN CSW	Sickness x 6	The one qualified shortfall was a 'Red' shift both the clinical and capacity lead worked on the stations. For the CSW shortfalls, new graduates assisted and students were present. Safety was maintained at all times.
A3	2	RN	Vacancy x 2	These two night shifts were assessed as 'Red' with on one occasion a booked agency nurse did not turn up. No patient adverse effects occurred.
B2H	1	CSW	Vacancy	There were two CSWs short as one was unfilled via the bank & there was one late cancellation so the Lead nurse and Hip Practitioner worked clinical shifts. Care prioritised and patients were safe.
B3	7	CSW	Sickness x7	On all these occasions the shortfall was two CSWs. On four occasions assistance was provided by B2Hip and students were present on the ward. There were no safety issues.
B4	1 11	RN CSW	Vacancy x5 High dependency x 7	The RN shortfall was assessed as a 'Red' shift and so the Lead nurse worked clinically. No safety issues occurred For the CSW shortfalls, the workload of staff was re-distributed to take into account the patients requiring 1 to 1 care. On occasion, the Lead nurse and supernumary staff were able to assist. No patient safety issues occurred.
B5	2	RN	Vacancy x 2	These were both assessed as 'Red' shifts, both due to high dependency on the ward and SAU. The lead nurse worked clinically to ensure no safety issues occurred.
C1	1 8	RN CSW	Vacancies	Bank unable to fill. Lead nurse worked on ward and delegated staff accordingly to maintain safety.
C2	8	RSCN	Increased dependency	The increased dependency resulted in these being assessed as 'Red' shifts. Bank was unable to fill and on two occasions booked agency staff did not turn up. On all occasions the Nurse in Charge assisted with on occasion supernumary staff. Safety was maintained at all times.
C3	9 13	RN CSW	Vacancy x9 Additional patient support x 13	For the RN shortfalls, the ratio just slipped over the 1:10 ratio but the lead nurse worked clinically on eight occasions and on one occasion a graduate nurse was on the ward. For the CSW shortfalls, the presence of a Band 4 assistant practitioner on six occasions helped. On two occasions there were supernumerary novices on the ward. Safety was maintained at all times.
C5	2 2	RN CSW	Sickness x 4	The two RN shortfall shifts were assessed as 'Red'. On all four occasions, workload was redistributed ensuring that safety was maintained at all times.
C6	1 1	RN CSW	Vacancy x 1 Sickness x1	These two shortfalls occurred on the same shift which was assessed as 'Red'. The bank was unable to fill and agency staff did not appear and so a member of staff helped from B5. Safety was maintained.
C7	3	RN	Vacancy x 1 Dependency x 2	These were all assessed as 'Red' shifts. On all occasions, the shift lead worked clinically. There were some delays in completing documentation but no reported harm to patients.
CCU	6	RN	Vacancy x6 Sickness x1	Bank unable to fill. On two occasions the lead nurse worked clinically while on another the CAT team assisted. A CSW was employed to assist on one occasion. Safety was maintained.
NNU	9	RSCN	Dependency of patients	These 'red' shifts were all caused by the high dependency mix of the patients. NNU was closed to new admissions on seven occasions. On four occasions the dependency of the babies was reducing. Safety was maintained.
Maternity	8 3	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 2 shifts there were delayed inductions of labour. No patient safety issues occurred

Appendix A

Nov-16

SHIFT

	NCI		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
WARD		STAFF	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
WARD A2	93	Reg																																		5/3																										
		Unreg			7/5										7/5				7/5				7/3																										7/5													
WARD A3	87	Reg								3/2																																								3/2												
		Unreg																																																														
WARD B1	94	Reg																																																														
		Unreg																																																															
WARD B2 HIP	99	Reg																																																														
		Unreg																																							6/4																					
WARD B2 TRAUMA	92	Reg																																																														
		Unreg																																																														
WARD B3	85	Reg																																																														
		Unreg		6/4																			6/4	6/4						6/4		6/4		6/4			6/4																											
WARD B4	96	Reg																													6/4																																	
		Unreg	7/5		7/5						7/5				7/5				8/5		8/6		8/6		8/5						8/5						7/5																				7/5							
WARD B5	92	Reg																					6/5					5/4																																				
		Unreg																																																														
WARD C1	88	Reg																																															6/4														
		Unreg																	9/7				9/7		9/7						10/8				10/8				10/8						10/8						9/7													
WARD C2***	98	Reg			11/8																10/7	9/5		10/6																			12/7								9/7			10/5		8/5								
		Unreg																																																													
WARD C3	91	Reg												5/4					6/4									5/4		5/4	6/5						6/4			5/4		5/4										5/4												
		Unreg							12/10		12/10														13/11			13/11	13/11	13/11			13/11			13/10	13/11								13/10								13/11				13/10				13/10			
WARD C4	96	Reg																																																														
		Unreg																																																														
WARD C5	95	Reg																																													6/5				6/5											
		Unreg																																													8/5.5				8/6											
WARD C6	99	Reg																																						3/2																							
		Unreg																																						2/0																							
WARD C7	89	Reg								4/3												4/3																									4/3																
		Unreg																																																														
WARD C8	87	Reg																																																														
		Unreg																																																														
CCU/PCCU	97	Reg																							7/5														7/5				7/5								7/5		7/4		7/5									
		Unreg																																																														
EAU	95	Reg																																																														
		Unreg																																																														
MHDU	99	Reg																																																														
		Unreg																																																														
CRITICAL CARE*	98	Reg																																																														
		Unreg																																																														
NEONATAL**	98	Reg					8/6				9/6	8/6	8/6	8/6	8/6	8/6			8/5						8/6																																							
MATERNITY ****	97	Reg						15/15		15/13		15/12										15/14															18/18			15/13		17/17										16/16												
		Unreg											7/5			5/3																									7/5																						

Key

Serious Shortfall (red)

Registered nurse/midwife shortfall (amber)

Care Support Worker shortfall (blue)

* 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

Enclosure 5

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board on 5 January 2017

TITLE:	**20 December 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 and the requests made by this Committee of the Executive Team and the Mortality Surveillance Group.

The Dudley Group NHS
NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	20 December 2016	D Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

- Executive Management assurance was provided that the Trust is engaging with UHB NHS FT in providing the required response to the coroner by the 22nd December (an action from the previous committee meeting). Committee members asked that the tracking of the delivery of these actions be reported back to the Committee (see actions the committee is keeping an eye on later in this report).
- Operational Management and Clinical (Consultant) assurance was provided on progress as a result of the Ophthalmology never event (an action from the previous committee meeting).
- 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 with a reduction in responses received in ED and inpatients and whilst community and outpatients saw an increase the numbers still remained low.
    - The Trust recorded one incidence of one 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 an improved position in November and for the second consecutive month the target should be met.
    - VTE performance and Stroke TIA performance have both maintained delivery against the Trust targets in these areas.
    - Continued good performance in respect of infection control both in terms of MRSA and *C diff*. The Committee noted that the continued

achievement of this performance will remain a challenge especially over the winter months.

- Unfortunately the improvement in respect of mothers breast feeding was not sustained in this month with performance slipping back to previous levels. It was acknowledged that performance in this area is dependent upon the cohort of patients seen during the period under review.

- All but one of the previously outstanding Polices were presented to the Policy Group. One was not be presented as there remained queries from staff group, which are being resolved prior to the Policy coming back to the Policy Group. An extension to the review of this policy has been given until March 2017.

- For the period July 2015 to June 2016, the Trust's SHMI is 0.96 and the HSMR 97. Operational Management assurance was provided over the achievement of the operational target to review 85% of deaths within 12 weeks, with the second quarter of 2016/2017 achieving 87%. There do remain challenges in low volume specialties to meet the 85% target. The Mortality Surveillance Group continue to review the area of sepsis related mortality as Trust performance in this area is above the expected range. The Committee asked that the Mortality Surveillance Group investigate further the coding of Septicaemia against the specific outcomes of the case reviews and report back to a subsequent meeting of this Committee (see actions the committee is keeping an eye on later in this report).
- 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. 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 for the month the number being closed after considering and responding to initial questions from the CCG has reduced requiring more face to face meeting with the CCG to explain the investigation undertaken, its outcomes and the derived action plans. The level of actions not being implemented in line with the agreed RCA action plans timescales has remained at a similar level to that in the previous month at 19 which require revised dates. At the time of the committee meeting only 8 of these had revised dates of December and January provided. The Trust has raised with the CCG the number of RCAs with the CCG for review and closure and that this is impacting on the Trust's ability to engage with some families in respect of the Duty of Candour process.
- Operational Management assurance was provided in respect of the Trust's compliance with the duty of candour. A management audit had been undertaken looking as a sample of incidents across August, September and October and identified that families had been engaged with in line with the requirements of duty of candour but that documentation was not fully completed in line with Trust Policy. A further audit is planned for the end of quarter 4 which will be reported to the Committee (see actions the committee is keeping an eye on later in this report).
- Assurance was provided in respect of the outcome of the Quality and Safety reviews undertaken in quarter 3. The reviews continue to show patient feedback remains positive and identify good practice within the organisation. The Trust continues to support areas to improve their knowledge and understanding of the

Trust governance and risk management systems through the deployment of governance boards within each area, including those within community. Three repeat reviews of areas looked at earlier in the year demonstrated that in two of these areas improvement had not been found on the second review. This lack of improvement has been fed back to the Chief Nurse for inclusion within the ward escalation challenge process. Short targeted reviews have been undertaken considering key "hot spot areas" of drug policy compliance, medical equipment checks and insulin pen labeling and the second round of these spot checks has seen improvement in all but 1 ward. The report also provided assurance that corporate (Trust wide) actions were being taken to support clinical areas to improve (an action from the previous committee meeting).

- Executive Management assurance was received via the Children's Services Group in respect of last meeting's agenda items including the safeguarding audit, the West Midlands Quality Review action plan delivery and the undertaking of safeguarding training. There continue to be issues in accessing Tier 4 CAMHS beds and whilst a Tier 3.5 service has been commissioned by the CCG the provider is having difficulty in recruiting staff to enable this service to become operational. The Committee was updated of the challenges nationally and locally in recruiting a play specialist for the emergency department.
- Executive Management assurance was received via the Quality and Safety Group in respect of the last meeting agenda items including nutrition, falls and infection control. The Committee asked about the performance reported against the Trust "Stamp and Sign" campaign and asked that, as improvement is needed, a further report is brought back to this Committee (see actions the committee is keeping an eye on later in this report).

Decisions Made / Items Approved

- Approval of 7 policies, with the agreement that a further 3 would have their review dates extended. Following a revised Trust policy on polices, changes to Trust guidelines and standing operating procedures do not require Committee ratification but were reported to the Committee for information. 15 guidelines / procedures that had all been considered and changes ratified by the Policy Group.
- Approval to close 15 RCA action plans following assurance from the Corporate Governance Team that, where appropriate, completed actions plans had been evidenced.
- The Committee endorsed the Trust's change to the reimbursement of patient travel from just offering this by cheque to an offer reimbursement by day saver tickets. The patient experience group had considered this change and agreed it offered the opportunity to improve the process for this group of patients.
- The Committee referred back to the Executive both the level of progress recorded within the corporate action plan in respect of the Quality and Safety Reviews and that of the poor response times for some of the previous Quality and Safety Reviews.
- The Committee requested that the next Mortality Surveillance Group meeting investigate those areas not achieving the case review performance target.

Actions to come back to Committee (items the Committee is keeping an eye on)
• That the tracking of the delivery of the Coroner Section 28 ruling actions be brought back to the Committee. • The Committee asked that the Trust bed occupancy levels be added into the performance report to this Committee allowing commentary to be provided on their changes to subsequent meetings. • The outcome of the request to the Mortality Surveillance Group to further investigate the coding of Septicemia against the specific outcomes of the case reviews. • The next duty of candour management audit findings be reported in April. • The results of the next Stamp and Sign audit be brought back to the Committee along with details of sanctions taken for non-compliance with Trust Policy in this area.
Items referred to the Board for decision or action
The Committee asks the Board to note the assurances received at the meeting and the decisions made by the Committee.

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors January 2017

TITLE:	**New Requirements in NHS Standard Contracts for Hospitals in Relation to Hospital/General Practice**		
AUTHOR:	**Louise McMahon Divisional Manager Patient Access**	**PRESENTER**	**Paul Bytheway Chief Operating Officer**

CORPORATE OBJECTIVE:

SGO4 - To develop and strengthen strategic clinical partnerships to maintain and protect our key services

SGO6 - To deliver an infrastructure that supports delivery

SUMMARY OF KEY ISSUES:

- There is a requirement for acute provider organisations to meet 6 new requirements set out in the NHS Standard Contract
- DGNHSFT has also agreed to work collaboratively with DCCG to develop a number of local Transfer of Care Pathways which will improve the secondary/primary care interface when patients move from one organisation to another.
- This paper seeks to offer assurance of the Trusts compliance or progress towards meeting the national requirements as well as initial actions planned to jointly develop the local transfer of care pathways with DCCG.

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

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**		**Details:**
	NHSLA		**Details:**
	Monitor		**Details:**
	Equality Assured		**Details:**
	Other		**Details:**

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
		√	

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

Six new requirements in NHS Standard Contract for hospitals in relation to hospital/general practice interface

Requirement	Updated position 22/12/16	Actions	Governance
1. Hospitals cannot adopt blanket policies under which patients who do not attend an outpatient clinic appointment are automatically discharged back to their GP for re-referral. Hospitals must publish local access policies and demonstrate evidence of having taken account of GP feedback when considering service development and redesign.	Access Policy updated to reflect new contract requirements and national RTT guidelines. Includes patient opportunity to 'Opt in' for 2nd OPA following 1st DNA	Policy Group review, comms and hub launch Jan 17. **LM**	**CQRM?** **PA Divisional Meetings** **RTT Meetings**
2. Hospitals are required to send discharge summaries by direct electronic or email transmission for inpatient, day case or A&E care within 24 hours, with local standards being set for discharge summaries from other settings. Discharge summaries from inpatient or day case care must also use the Academy of Medical Colleges endorsed clinical headings, so GPs can find key information in the summary more easily. Commissioners are also required to provide all reasonable assistance to providers in implementing electronic submission. **Related Locally Agreed Pathway Development:** How GPs are informed about patients that are not discharged back to their normal residence but to step down, nursing home etc. – this needs to be included in discharge letter	Ward discharges completed. NB – Centafile staff have to manage rejections from practices not recognising NHS no's. A&E discharge letters commencing for all practices 9th Jan17. Electronic clinic letters commencing early January 2017.	Protocol being developed to show DG processes until all avenues exhausted. **LM** CCG to identify contact for non-registered patient letters to be sent to. **M Curran/J Young** Discussions re letter content commenced at Electronic Discharges Project Group on 7/11/16 including: Presenting complaint, diagnosis, f/up plan, safeguarding, medication prescribed in ED, results and demographic data – full list to be agreed. Commence log of practices routinely rejecting discharge letters. **LM**	**Clinical Senate** **Electronic Discharges Project Meeting**.
3. Hospitals to communicate clearly and promptly with GPs following outpatient clinic attendance, where there is information which the GP needs quickly in order to manage a patient's care (certainly no later than 14 days after the appointment). For 2017/18, the intention is to strengthen this by requiring electronic transmission of clinic letters within 24 hours.	All above plans will contribute to this standard. BigHand system would provide this	Identify which services are counted	**DG Clinical Senate?** **IT Steering Group**

LIR32 - Provide a list of 'letters waiting' - as a % of the total number of letters sent.	information. Snapshot of those on BH indicate 83% turnaround under15 days. **BUT** not all specialities use BH system to dictate letters.	in this indicator – consultant only, CNS, AHP letters? **MC/J Y** Scope current use of BH system. **LM**  BH Users.docx Seek clarity of DG intention to mandate BH use only. **LM** Clarify IT restrictions to mandating use of BH only. **LM**	**DG Clinical Senate?**
4. Unless a CCG requests otherwise, for a non-urgent condition directly related to the complaint or condition which caused the original referral, onward referral to and treatment by another professional within the same provider is permitted, and there is no need to refer back to the GP. Re-referral for GP approval is only required for onward referral of non-urgent, unrelated conditions.	No performance indicators or written protocol relating to this activity.	Develop local protocol. **MC/JY** Gain agreement and sign off of protocol**. All** Communication strategy to share protocol. **All**	**Joint Clinical Strategy Board?**
5. Providers to supply patients with medication following discharge from inpatient or day case care. Medication must be supplied for the period established in local practice or protocols, but must be for a minimum of seven days (unless a shorter period is clinically necessary).	Compliant for all ward discharges. Proposed contract changes for next year do refer to supply of meds for OPA's.	RK is already discussing this with professional, CCG & internal bodies. ? DG will be funded to provide FP10's?	**Area clinical Effectiveness Committee** **Trust Drugs & Therapeutics Group**
6. Hospitals to organise the different steps in a care pathway promptly and to communicate clearly with patients and GPs. This specifically includes a requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner, for example, telephoning the patient. **Related Locally Agreed Pathway**: On-going management of warfarin and how this is	Anecdotal reports that many departments already ring patients with negative results. Would not be appropriate to ring with positive results??	Clarify suggested improvements and performance measures. **MC/JY** Discuss with Anti-coag lead/ J Newens current processes and any planned developments. **LM**	**DG Clinical Senate?** **Clinical Strategy Board?**

communicated to GPs for information but not for their management.		Develop and gain agreement for revised local pathway. **LM/MC/JY**	
Locally Agreed Pathway Improvements	**Updated position 22/12/16**	**Actions**	**Governance**
7. How many patients that attend ED but need follow up are managed in primary care? How many patients who attend AEC but discharged from AEC are managed in primary care for follow up that does not require attendance at DGFT. Long term care of a patient under DGFT but using GPs to order routine tests.	All relate to proposed national CQUIN No.8 – Supporting Safe Discharge.	Discuss with J Newens: - Who will be DG lead for CQIN? - Current pathways & planned developments. **LM** Establish baseline and proposed improvement indicators**. MC/JY**	**LM to confirm with J Newens**

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 5th January 2017

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 15th December 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 8 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 **£10,227k** of the **£11,431k** it has identified to date. As a result, the Trust is forecasting an overall shortfall of **£1,680K** for 2016/17.

Of the 46 projects due to deliver savings in 2016/17, 43 Project Initiation Documents (PIDs) have been approved by the Transformation Executive Committee (TEC).

Of the 43 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	**CQC**	**N**	**Details:**
	Monitor	**Y**	**Details:** Non delivery of CIP
	Other	**N**	**Details:**

and/or LEGAL REQUIREMENTS			

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

5th January 2017

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 8 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	£7,499K	£6,613k	-£886k	£10,227k	-£1,204k

Based on the Month 8 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 £10,227k of the £11,431k it has identified to date, creating a shortfall of **£1,204k** against identified schemes. As a result, the Trust is forecasting an overall shortfall of **£1,680k** for 2016/17.

Of the 46 projects due to deliver savings in 2016/17, 43 Project Initiation Documents (PIDs) have been approved by the Transformation Executive Committee (TEC).

All Quality Impact Assessments (QIAs) have now been fully approved, with 38 QIA approved by the panel.

No additional risks have been escalated this month.

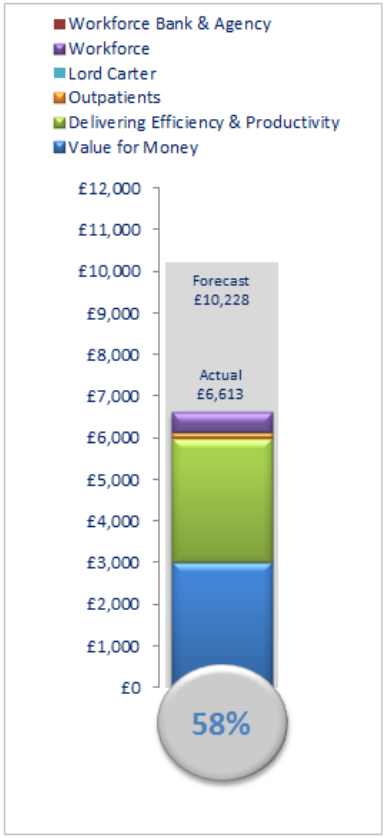
2017/19 CIP planning has moved at pace with c.£7m identified of the c.£11m plan (50%).

Executive Summary

	YTD	FYE
Planned	£7,499,802	£11,431,963
Actual	£6,613,202	£6,613,202
Forecast		£10,227,648
Variance	-£886,601	-£1,204,316

	Submitted Plan	Overall Shortfall
Identified	£11,431,963	
Target	£11,907,990	
Variance	-£476,027	-£1,680,342

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	£4,294,325	£3,024,789	£2,982,362	-£395,735	£2,993,347
Value for Money Infrastructure	Paul Taylor	£4,895,783	£4,662,087	£3,269,264	£3,012,233	-£233,696	£1,343,000
Workforce	Dawn Wardell	£950,321	£775,825	£633,549	£474,131	-£174,496	£300,004
Outpatients	Anne Baines	£303,800	£195,411	£202,533	£144,476	-£108,389	£303,800
Lord Carter	Anne Baines	£0	£0	£0	£0	£0	£0
Workforce Bank & Agency	Paul Taylor	£592,000	£300,000	£369,667	£0	-£292,000	£592,000
View all Projects	Total	£11,431,963	£10,227,648	£7,499,802	£6,613,202	-£1,204,316	£5,532,151



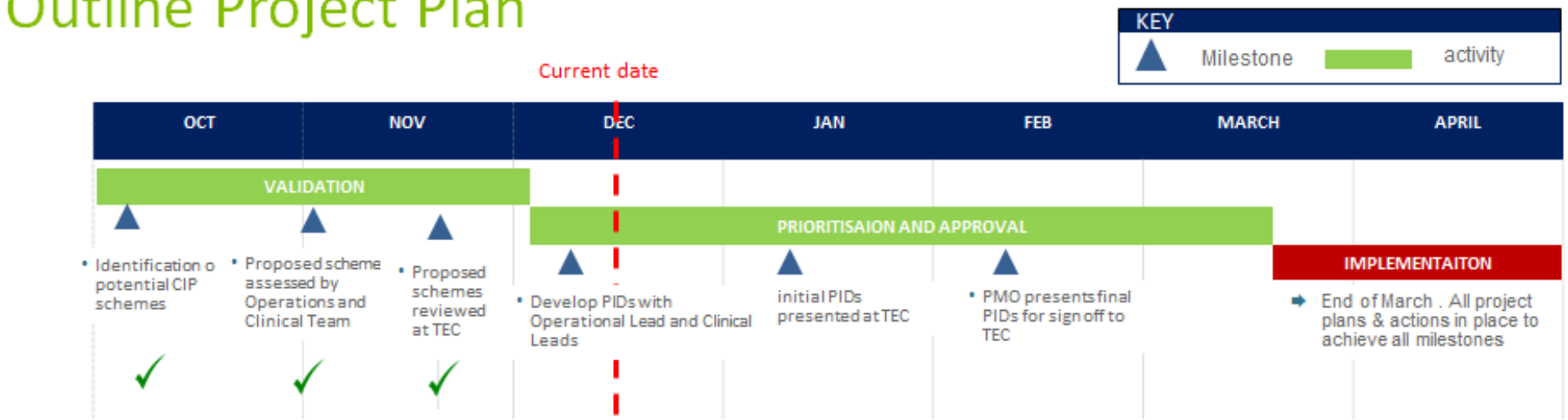
2016/17 Forecast Non Recurrent	£2,806k	% of Total CIP Forecast as Non Recurrent	27.45%

2017/19 Planning

2017/19 CIP planning has identified c.£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)
Estates and PFI
Efficiency and Productivity improvements across clinical services (Theatres, Physiotherapy, Endoscopy and Cath Lab)
Agency Spend reduction

Outline Project Plan



The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors
On 5 January 2017

TITLE	Finance and Performance Committee Exception Report		
AUTHOR	Paul Taylor Director of Finance and Information	**PRESENTER**	J Fellows Non-Executive Director
CORPORATE OBJECTIVE: S06 Plan for a viable future			
SUMMARY OF KEY ISSUES: Summary reports from the Finance and Performance Committee meeting held on 22 December 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**	
	NHSI	**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
NHS Foundation Trust

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	**22 December 2016**	**Jonathan Fellows**	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances Received

- All outstanding issues will Allscripts had been concluded and that the EPR contract had been signed by the Acting Chief Executive on behalf of the Board, following their approval on 1st December 2016
- Progress with the CCG and NHS Improvement regarding plans for 2017-19 were "on track" for agreement of contracts and control totals respectively for 2017-19 on 23rd December 2016
- Steps being taken by the Nursing Division to curb agency spending and improve recruitment and retention
- Actions taken by the Surgical Division to reduce agency spending and improve performance in a number of areas.
- The current financial forecast is in line with plans, although still likely to receive some support from the CCG if the year-end position is to be achieved
- Operational performance was being challenged by very high levels of emergency admissions. The A&E combined performance was below target in November 2017 and was unlikely to recover for Q3.
- There was a small in-months slippage on the CIP programme of £200,000

Decisions Made / Items Approved

- None

Actions to come back to Committee

- To review the Hybrid Theatre business case in February or March once the design work is complete, taking into account the latest intelligence from specialised services and Wyre Forest
- A workforce plan for 2017 for nurses to be produced in the next few months

Performance Issues to be referred into Executive Performance Management Process

- **None**

Areas of Risk to be escalated onto the Corporate or Divisional Risk Register

- Risks relating to the EPR project to be added to the risk register

Items referred to the Board for decision or action

- None

THE DUDLEY GROUP NHS FOUNDATION TRUST

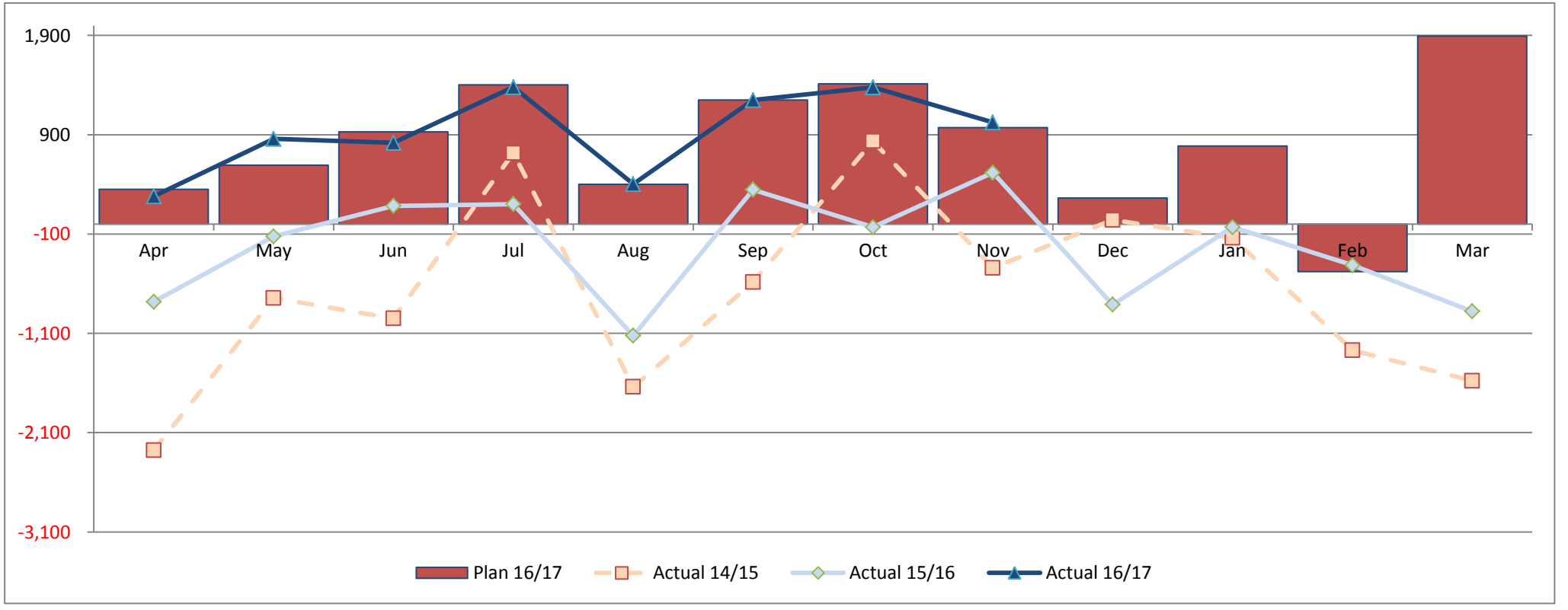
FINANCIAL SUMMARY **NOVEMBER 2016**

	CURRENT MONTH		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£29,035	£29,669	£635
PAY	-£16,610	-£16,801	-£191
NON PAY	-£9,482	-£10,033	-£551
EBITDA	**£2,943**	**£2,835**	**-£107**
OTHER	-£1,971	-£1,812	£159
NET	**£972**	**£1,023**	**£52**

	CUMULATIVE TO DATE		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£231,327	£232,417	£1,090
PAY	-£132,651	-£134,746	-£2,095
NON PAY	-£75,597	-£75,583	£14
EBITDA	**£23,079**	**£22,088**	**-£991**
OTHER	-£15,768	-£14,696	£1,072
NET	**£7,311**	**£7,392**	**£81**

	YEAR END FORECAST		
	BUDGET £000	ACTUAL £000	VARIANCE £000
INCOME	£346,042	£348,771	£2,728
PAY	-£199,249	-£202,653	-£3,404
NON PAY	-£113,367	-£113,597	-£230
EBITDA	**£33,426**	**£32,520**	**-£906**
OTHER	-£23,652	-£22,695	£957
NET	**£9,774**	**£9,825**	**£51**

NET SURPLUS/(DEFICIT) 16/17 PLAN & ACTUAL **NOVEMBER 2016**



The Dudley Group NHS
NHS Foundation Trust

Finance & Performance Report - November 2016

Quality & Risk		2015	2016												
Description		LYO	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD	YEF
Friends & Family – Community – Footfall		1%	1.8%	1.7%	1.9%	1.8%	1.4%	1.1%	1.5%	1.1%	1.3%	1.1%	0.6%	1.3%	1.2%	
Friends & Family – Community – Recommended %		96.4%	98.8%	96.5%	97.9%	95.4%	96.8%	94.7%	94.4%	97.3%	96.1%	96.1%	95.1%	95.5%	95.8%	
Friends & Family – ED – Footfall		7.5%	6.2%	5.2%	7.4%	6.1%	5%	3.8%	1.6%	8.4%	10.7%	5%	5%	3.7%	5.5%	
Friends & Family – ED – Recommended %		92.3%	88.4%	95.8%	92.9%	97.9%	91.4%	91.3%	88.2%	91.7%	91.8%	91.9%	93.8%	93.1%	91.9%	
Friends & Family – Inpatients – Footfall		25.7%	17.2%	16.5%	17.6%	18.4%	17.7%	15.8%	13.9%	17.9%	18.6%	20.5%	19.2%	19.2%	17.7%	
Friends & Family – Inpatients – Recommended %		97%	99%	95.9%	95.5%	94.1%	96.8%	96.7%	97%	94.6%	96.6%	96.6%	97.9%	95%	96.4%	
Friends & Family – Maternity – Footfall		21.6%	18%	17%	20.4%	15.9%	17.6%	33.2%	16.6%	33.8%	32.7%	32.3%	27.6%	36.5%	28.9%	
Friends & Family – Maternity – Recommended %		98.2%	96.6%	97.8%	98.2%	98.4%	97.5%	97.3%	98.9%	96%	98.6%	98.8%	98.8%	99.5%	98.1%	
Friends & Family – Outpatients – Footfall		-	-	-	-	-	1.2%	1.1%	1%	1.7%	1.5%	1.4%	1.5%	2.5%	1.5%	
Friends & Family – Outpatients – Recommended %		87.6%	88.4%	90%	84.1%	88.9%	85%	82.2%	93.1%	91.7%	92.4%	92.4%	93.2%	94.9%	91.3%	
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		-	8	4	1	0	2	3	2	2	-	-	-	-	-	
Incidents - Patient Falls, Injuries or Accidents		-	114	129	-	-	-	-	-	-	-	-	-	-	-	
Incidents - Pressure Ulcer		2,047	172	187	242	246	253	240	194	193	196	188	192	202	1,658	
Mixed Sex Sleeping Accommodation Breaches		4	0	2	0	0	0	0	0	0	0	0	4	4	8	
Never Events		1	0	0	0	0	0	0	0	0	1	0	0	0	1	
Serious Incidents – Not Pressure Ulcer		104	10	9	4	7	7	6	4	12	11	6	7	9	62	
Serious Incidents - Pressure Ulcer		228	30	26	12	19	13	9	8	10	17	16	14	8	95	
Stroke Admissions : Swallowing Screen		80.58%	87.88%	83.78%	76.32%	86.67%	89.36%	88.37%	85.11%	78.72%	73.91%	62.5%	75.68%	75%	79.35%	

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Quality & Risk		2015	2016												
Description		LYO	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD	YEF
Stroke Admissions to Thrombolysis Time		56.31%	33.33%	45.45%	37.5%	50%	60%	50%	83.33%	36.36%	54.55%	50%	66.67%	33.33%	51.72%	
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)		89.16%	90.91%	92.68%	84.09%	70.83%	82.76%	91.11%	91.53%	90.2%	88.64%	89.36%	97.5%	84.91%	89.17%	
Suspected High-risk TIA Assessed and Treated < 24hrs from presentation		85.35%	52.63%	85.71%	66.67%	94.12%	84.62%	78.57%	36.36%	63.64%	66.67%	83.33%	93.33%	92.86%	76.47%	
VTE Assessment Indicator (CQN01)		95.96%	96.47%	95.4%	94.43%	94.46%	94.65%	95.5%	95.09%	93.91%	94.5%	93.91%	95.63%	95.51%	94.84%	

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

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Finance			2016									
Description		LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD	YEF
Budgetary Performance		£773k	(£71)k	£266k	(£110)k	(£23)k	£3k	(£1)k	(£35)k	£52k	£81k	
Capital v Forecast		-	61.8%	66.5%	76.2%	76.4%	73.9%	72.1%	69.6%	-	-	
Cash v Forecast		-	94.8%	93.2%	96.2%	74.9%	89%	93.7%	80.4%	-	-	
Debt Service Cover		-	1.4	1.58	1.63	1.74	1.69	1.72	1.77	-	-	
EBITDA		-	£2,228k	£2,820k	£2,755k	£3,321k	£2,358k	£2,550k	£3,221k	-	-	
I&E (After Financing)		-	£280k	£859k	£818k	£1,380k	£403k	£1,249k	£1,378k	-	-	
Liquidity		-	7.1	8	8.84	10.39	10.93	11.94	13.23	-	-	
SLA Performance		£1,031k	(£122)k	£327k	£145k	£12k	£231k	(£201)k	(£72)k	(£10)k	£310k	
SLR Performance		(£2,945)k	£281k	£859k	£819k	£1,381k	£403k	£1,249k	£1,378k	£1,024k	£7,393k	

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Performance		2015	2016												
Description		LYO	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD	YEF
A&E - 4 Hour A&E Dept Only % (Type 1)		96.79%	97.13%	91.76%	92.74%	91.53%	93.24%	92.88%	94.48%	93.34%	92.97%	92.14%	92.3%	86.08%	92.18%	
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%	98.47%	95.73%	96.06%	95.62%	96.3%	96.06%	96.76%	96.21%	95.81%	95.29%	95.51%	91.97%	95.49%	
Activity - A&E Attendances		96,141	7,754	8,088	7,946	8,626	7,807	8,801	8,430	8,973	8,580	8,597	8,934	8,479	68,601	
Activity - Community Attendances		407,248	33,385	33,694	32,322	30,817	32,681	32,631	32,846	31,673	33,863	33,078	32,365	33,467	262,604	
Activity - Elective Day Case Spells		45,020	3,719	3,677	3,938	3,820	3,801	3,720	3,998	3,798	3,895	3,912	3,744	3,923	30,791	
Activity - Elective Inpatients Spells		6,394	481	500	515	534	514	523	549	561	482	506	540	520	4,195	
Activity - Emergency Inpatient Spells		52,037	4,552	4,573	4,359	4,714	4,823	5,246	5,076	5,056	5,002	4,937	5,037	5,141	40,318	
Activity - Outpatient First Attendances		130,956	10,604	11,304	11,569	12,255	10,329	10,632	10,618	9,943	10,073	10,904	11,266	12,151	85,916	
Activity - Outpatient Follow Up Attendances		313,888	25,643	26,438	26,699	26,435	26,540	26,976	27,061	25,260	25,543	26,762	26,045	27,987	212,174	
Activity - Outpatient Procedure Attendances		52,451	4,268	4,117	4,691	3,324	4,989	4,960	5,219	5,099	4,906	5,016	4,773	4,347	39,309	
RTT - Admitted Pathways within 18 weeks %		94.2%	93.4%	94.4%	92.8%	91.5%	92.5%	93.5%	94.2%	94.2%	95%	93.2%	93.9%	92.6%	93.6%	
RTT - Incomplete Waits within 18 weeks %		95.1%	94.9%	95%	95.6%	95.4%	97.1%	96.8%	97.1%	97.1%	96.6%	96.1%	95.6%	95%	96.4%	
RTT - Non-Admitted Pathways within 18 weeks %		97.7%	97.8%	97.3%	97.4%	96.7%	96.7%	97.7%	98.1%	98%	98.4%	97.1%	95.9%	96.3%	97.3%	
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)		98.97%	99.29%	99.52%	99.53%	99.03%	98.04%	99.39%	99.16%	98.96%	97.69%	98.12%	98.59%	97.38%	98.41%	

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Staff/HR		2015	2016												
Description		LYO	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD	YEF
Appraisals		77.5%	80.3%	79.9%	79.2%	77.5%	80.9%	80.5%	81%	78.1%	78.3%	77.4%	77%	77.1%	77.1%	
Mandatory Training (Professional Requirements)		-	-	-	-	-	-	71.3%	72.8%	72.5%	72.4%	70.1%	69.7%	70.7%	70.7%	
Mandatory Training (Substantive)		83.3%	85.1%	83.9%	83.3%	83.3%	83.8%	75.4%	76.3%	77.4%	78.6%	77%	78.5%	79.6%	79.6%	
Sickness Rate (Performance Dashboard)		3.80%	4.10%	4.54%	4.38%	4.01%	3.86%	4.15%	4.01%	4.05%	3.71%	4.02%	4.31%	4.13%	4.03%	
Staff In Post (Contracted WTE)		4,116.31	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	4,236.4	4,236.4	
Vacancy Rate		9.41%	10.59%	10.05%	9.24%	9.41%	10.24%	10.53%	10.78%	10.75%	10.31%	9.61%	9.18%	9.09%	9.09%	

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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%	96.1%	93.4%	98.1%	100%	97.4%	100%	100%	96.4%	95.8%	95.7%	**96%**
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%	94.7%	100%	100%	100%	100%	-	100%	100%	97.4%	**98.6%**
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	98%	100%	-	-	-	-	-	-	-	-	-	-	-	**100%**
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	94%	100%	-	-	-	-	-	-	-	-	-	-	-	**100%**
Cancer - 31 Day For Subsequent Treatment From Decision To Treat	96%	100%	-	-	-	-	-	-	-	-	-	-	-	**100%**
Cancer - 62 day - From Referral for Treatment following a Consultant Upgrade	85%	-	-	-	100%	-	100%	100%	100%	-	100%	100%	100%	**100%**
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%	92.9%	69.2%	50%	0%	50%	-	100%	100%	75.6%	**84.4%**

Enclosure 9

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors
On 5 January 2017

TITLE	**Charitable Funds Committee Summary**		
AUTHOR	**Julian Atkins** **Non-Executive Director**	**PRESENTER**	**Julian Atkins** **Non-Executive Director**

CORPORATE OBJECTIVE:

S01 – Deliver a great patient experience
S05 – Make the best use of what we have

SUMMARY OF KEY ISSUES:

Summary of key issues discussed and approved at the Charitable Funds Committee on 24 November 2016.

RISKS	**Risk Register N**	**Risk Score**	
COMPLIANCE	**CQC**	**N**	
	NHSLA	**N**	
	Monitor	**N**	
	Other	**Y**	**To comply with the Charity Commission**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

The Board is asked to note the contents of the report.

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Meeting	Meeting Date	Chair	Quorate	
Charitable Funds Committee	24 November 16	Julian Atkins	yes	no
			Yes	

Declarations of Interest Made

None

Assurances Received

Fund spending presentation – Professor Ishaq

Professor Ishaq reported on the history of his area's fund and discussed future spending plans. The fund is largely used to encourage junior doctors and trainees to write and present research papers at major conferences and for publication at conferences.

The Committee recognised that this activity is prestigious for the Trust and raises the profile of the service. The Committee were pleased to note that spending against the fund is taking place and that there are plans in place for continued spending in 2017.

Fundraising update

Mrs Phillips presented her fundraising update. She explained that there is currently a shortfall against the Income and Expenditure plan of circa £9000. She is focussing her activity more on grant applications and corporate partnerships but progress in slow to date.

She reported that initial feedback from Waldrons solicitors indicates that the will fortnight has again been successful.

The annual football match and dinner dance was again successful but the amount raised was less than in 2015. It is proposed that the 2017 event will support Children Services.

Other fund raising activities discussed included 'Giving Tuesday' and 'Wear your Christmas jumper to work day'.

Mrs Phillips reported that the Charity Hub upgrade had been completed and that feedback had been positive.

Finance update

Mrs Taylor presented the finance update.

She reported that the total fund balance stood at £2,301,786 whilst the general fund balance was £397,075.

Expenditure for the year to date was £36,000 greater than income received.

Four bids for funding were approved :-

- Paging system to assist hearing and visually impaired patients in the Emergency Department and OPD - £3,800
- 34 bed and chair fall alarm sensors - £16,000
- Two patient monitors for ward B2 - £4,800
- Christmas money for wards with no funds - £725

Chaplaincy service support

Mr Taylor suggested the fund might be able to provide some support to the Trust's Chaplaincy Service. This will be discussed further at the next meeting.

Decisions Made / Items Approved
Four bids for funding were approved
Actions to come back to Committee
The Chaplaincy Service to be discussed at the next meeting.
Items referred to the Board for decision or action
It was agreed that the Board would be informed that the fundraising performance would be kept under close review. It was also agreed that the Board should be informed of the good work being undertaken by Professor Ishaq.