The Dudley Group NHS
NHS Foundation Trust

Board of Directors Agenda
Thursday 2 March, 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 – P Bytheway**		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 2 February 2017	Enclosure 1	J Ord	To Approve	9.30
	4.2 Action Sheet 2 February 2017	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 - Changes to Midwifery Supervision	Enclosure 4 Enclosure 4A	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 Black Country Alliance Report	Enclosure 6	P Harrison	To Note	10.30
	7.4 Quality Accounts Report	Enclosure 7	D Wardell	To Note	10.40
	7.5 Workforce Strategy Update Report	Enclosure 8	A McMenemy	To Note	10.50
	7.6 Workforce Committee Exception Report	Enclosure 9	J Ord	To Note	11.00
	7.7 Freedom to Speak Up Guardians Report	Enclosure 10	C Love-Mecrow	To Note	11.10
	7.8 Guardian of Safe Working Report	Enclosure 11	B Elahi	To Note	11.20
8.	**Finance and Performance**				
	8.1 Cost Improvement Programme and Transformation Overview Report	Enclosure 12	A Gaston	To Note	11.30
	8.2 Finance and Performance Committee Exception report	Enclosure 13	J Fellows	To Note	11.40
9.	**Any other Business**		J Ord		11.50

10.	**Date of Next Board of Directors Meeting** 9.30am 6 April 2017 Clinical Education Centre		J Ord		11.50
11.	**Exclusion of the Press and Other Members of the Public** To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960).		J Ord		11.50

Enclosure 1

The Dudley Group NHS
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 2nd February, 2017 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
Ann Becke, Non Executive Director
Paul Bytheway, Chief Operating Officer
Matt Banks, Medical Director

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
Mark Stanton, Chief Information Officer
Anne Baines, Director of Strategy and Performance
Lisa Peaty, Deputy Director of Strategy and Performance (Item 17/019.4)
Amanda Gaston, Head of Service Improvement (Item 17/020.1)

17/012 Note of Apologies and Welcome
9.37am

No apologies received. The Chairman welcomed Anne Baines back to the Board meetings.

17/013 Declarations of Interest
9.37am

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.

17/014 Announcements
9.37am

None to note.

17/015 Minutes of the previous Board meeting held on 5th January, 2017 (Enclosure 1)
9.37am

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.

17/016 Action Sheet, 5th January, 2017 (Enclosure 2)
9.38am

17/016.1 Chief Nurse Report

The Chief Nurse confirmed that the results of the nutritional pilots will be reported to the February Clinical Quality, Safety, Patient Experience Committee.

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

Results of the nutritional pilots to be presented to the February Clinical Quality, Safety, Patient Experience Committee.

17/017 Patient Story
9.39am

Liz Abbiss, Head of Communications and Patient Experience, presented the patient story. The video was of a patient being treated at the Fracture Clinic for a broken leg. The patient advised that they would like to see more information provided on care management. Liz confirmed that the team are looking at how capacity issues in the clinic can be resolved, including a pager system. Liz added that as the patient's case was complex, the standard literature was not as appropriate for her care management. Mrs Becke, Non Executive Director, stated that she was concerned that the patient could not obtain a referral letter. Liz confirmed that this had now been resolved. The Chief Executive added that there was a communication problem where the medical secretary had dealt with the request incorrectly as a patient access request which it clearly wasn't. Mr Atkins, Non Executive Director, asked about the Physiotherapy request. The Chief Operating Officer confirmed that the Division are reviewing all areas of concern highlighted in the story. Mr Miner, Non Executive Director, asked if there were any rostering issues. Liz confirmed that whilst the clinic is planned it has to take emergency patients and this demand can not be predicted. Dr Wulff, Non Executive Director, also supported Mr Atkims observation that it may help to have a Physiotherapist available in the Fracture Clinic.

The Chairman and Board noted the story and responses provided. The Chief Executive asked that the Board's thanks are passed on to the patient.

17/018 Chief Executive's Overview Report (Enclosure 3)
9.58am

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

- **Friends and Family:** The detailed report had been presented at the Finance and Performance Committee. The Board noted that the Trust continues to perform well. The text messaging service had been launched in ED.

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

- **Award Shortlists:** The Board was pleased to note that the Trust had been shortlisted for two awards. The Day Case Surgery Unit for Improving the Value of Surgical Services and the 7 day Nephrostomy Service for Acute Sector Redesign. The Board wished the services well in the judging process.

- **MCP Market Engagement Event:** The CCG held a Market Engagement Event on 17th January, 2017. The event was aimed at potential suppliers of the MCP contract.

- **AAA External Assessment:** Public Health England undertook a planned Quality Assurance visit of the Abdominal Aortic Aneurysm (AAA) Screening Programme on 10th January, 2017. The visit feedback was positive with no immediate concerns or high priority risks identified.

- **Capacity Update:** Pressure since the New Year has been extreme. The Board noted that there had been a 12% increase in ambulances, 7% increase in A&E attendances and 4% increase in emergency admissions compared to the same period last year. A further report on capacity will be provided at the next Board meeting.

- **New Chief Executive:** Diane Wake had visited the Trust and has a programme of planned visits ahead of her start date in April, 2017.

- **New Mental Health Concordat:** The Trust had confirmed that it was happy to sign up to the new West Midlands Mental Health Concordat being established by the West Midlands Mental Health Commission.

The Director of Strategy and Performance commented that the Nephrostomy Service is over 7 days and not 24 hours as recorded in the enclosure.

The Chairman and Board noted the report and recognised the capacity issues experienced by the Trust and the hard work of the staff in delivering despite these pressures.

Report on capacity to presented at the February Board meeting.

17/019 Patient Safety and Quality

17/019.1 Chief Nurse Report (Enclosure 4)
10.03am

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

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 29 cases to date in 2016/17, 6 of these cases were associated with a lapse in care at the Trust. Only 5 cases were awaiting a decision.

Norovirus: There had been an outbreak on Ward B1 between 10th and 23rd January, 2017. The outbreak was identified and contained very quickly.

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

- Shortfall shifts total figure for the month was 77 which was a reduction from the last month (104).
- Shortfall shifts are all reviewed and no safety issues were identified that affected the quality of care.
- The RAG rating system had been rolled out across the wards. There were 13 red shifts across 8 areas using this methodology for the period. For each of the red shifts there were no safety issues identified.
- The Care Hours per Patient Day (CHPPD) is reported in the report. The model hospital dashboard will be providing more national benchmark data shortly.

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

- January had 3 red areas which are now under increased support and escalation.
- Nutrition Audit and focus on MUST completion is underway with 2 weekly meetings due to recommence in February 2017.

The Chief Nurse confirmed that 26 new graduate nurses had commenced on Monday of that week.

The Chairman and Board noted the report.

17/019.2 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 5)
10.09am

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:

- Policy Updates. It was encouraging that the Committee gained assurance that currently no policies had exceeded their review dates and this was a tribute to the work undertaken on the back log. It will continue to be an area of focus for the Committee.

- Incidents and complaints: There had been an increase in the number of concerns raised through PALS. The Committee gained assurance that these were being addressed.

- CAMHS Tier 4 Beds: This continued to be a concern and there was also no further progress with the implementation of the tier 3.5 service within mental health as a result of being unable to appoint to the post.

- The Committee approved the Quality Improvement Strategy and recommended it for endorsement by the Board. This was included as an appendix to the report.

The Chief Executive confirmed that he will continue to raise CAMHS Tier 4 beds with NHSI. The Chief Nurse confirmed that this had also been picked up through the Children's Board. Mrs Becke, Non Executive Director, confirmed that this was raised at Dudley Safeguarding Board the previous day.

The Chairman asked that the Board noted that where young people fall into this category, 1:1 or 2:1 nursing care is provided by the Trust.

The Chairman and Board noted the report. The Board ratified the Quality Improvement Strategy.

The Chief Executive to continue to raise CAMHS Tier 4 beds with NHS Improvement

17/019.3 Corporate Risk Register and Assurance Report (Enclosure 6)
10.16am

The Director of Governance/Board Secretary presented the Corporate Risk Register and Assurance Report, given as Enclosure 6.

The Board noted that the Trust continues to positively manage risks. Whilst there had been an increase in the overall number of risks on Risk Register, the risks scoring 20 had reduced by one and those scoring 16 had also reduced by one.

The Risk Register remains a dynamic document and includes new and escalated risks and this was evident by the movements across the year to date.

Assurance had been received across all risks except for the STP risk as this assurance was not expected this early in the year.

The Chairman and Board noted the report and agreed that there were no risks not reflected in the register that they were aware of. The Chairman commended the format of the risk dashboard.

The Chairman asked about sub-Committees reviewing specific risks and the Director of Governance/Board Secretary confirmed that he attended Committees and was assured that this was taking place and would be reflected in the year end report to the Board and within the Trust's Annual Governance Statement.

Mr Miner, Non Executive Director, asked about the risk grid and the need to be cognisant of mitigations being applied to the key risks. The Director of Governance/Board Secretary confirmed that there is a focus on the Trusts priority risks and these are being addressed by actions throughout the year.

The Chairman asked if there where any areas were Board members could expect more assurance. The Director of Goveranance/Board Secretary reminded the Board that this assurance will be provided in the Audit Committee report later on the agenda as they review the assurances logged and any gaps in assurance.

17/019.4 Quarterly Safeguarding Report (Enclosure 7)
10.24am

The Chief Nurse presented the Quarterly Safeguarding Report, given as Enclosure 7. The Board noted the following key areas:

- Training compliance: Recovery plan in place.
- CQC review of looked after children: Improvement plan underway.

The Chairman and Board noted the report.

17/019.4 Operational Plan 2016/17 Quarter Three Report (Enclosure 8)
10.43am

The Deputy Director of Strategy and Performance presented the Operational Plan 2016/17 Quarter Three Report, given as Enclosure 8. The Board noted the following key issues:

- Q3 report demonstrated an overall improvement in performance with several indicators moving into green.
- 2 measures were red for the first time, the emergency access standard and review of the Clinical Strategy.
- Q4 report demonstrated continued improvement with fewer reds and amber areas.

The Chairman and Board noted the report and confirmed that the plan was useful in terms of describing the mitigations being taken.

The Chairman asked when the Board will receive next year's plan. It was noted that the draft plan would be presented at the Board Workshop then to the April Board for final sign off.

The Director of Strategy and Performance asked if there were any concerns around CQUINS. It was noted that there is a robust mechanism in place around CQUINS to be tracked and reported within this document.

The Annual Plan for next year will be presented in draft at the Board Workshop and to the April Board for final approval.

17/019.5 Audit Committee Summary Report (Enclosure 9)
10.26am

Mr Miner, Chair of the Audit Committee, presented the Audit Committee Summary Report, given as Enclosure 9.

The Committee met on 24th January, 2017, and had a wide ranging discussion. The Chief Information Officer presented a paper on the Trust's approach to cyber crime which was linked to a risk on Risk Register. This is taken very seriously by the Trust and the Committee will continue to monitor this area.

The Committee received a number of reports from internal audit and had received partial assurance around the right to work in the UK and this was noted to be the result of a one-off issue identified by Internal Audit within their testing.

The Committee made a number of decisions including minor revisions to some accounting policies as a result of the combined regulation regime for NHS and Foundation Trusts this year.

Mr Miner confirmed that he was happy to report to the Board that the Committee received good assurance around the way the Trust was managing its risks.

The Chairman and Board noted the report.

17/019.6 Complaints and Claims Quarter 3 Report (Enclosure 10)
10.30am

The Director of Governance/Board Secretary presented the Complaints and Claims Quarter Three Report, given as Enclosure 10. The Board noted the following key issues:

- Complements 1% of patient activity.
- Complaints 0.03% of patient activity.
- Reduction on the number of complaints compared to this quarter last year.
- A small number of complaints have been referred to the Ombudsman. The Trust allows every complainant the opportunity to refer to the Ombudsman.
- The Trust continues to work well with the NHSLA and is running at a 50% rate of settlement.
- Communication and appointments remain a key factor for our patients.

The Chairman and Board noted the report and confirmed that it was good to see examples of where changes had been made as a result of a complaint.

The Chief Executive commented that we need to continue to learn from complaints and strive to reduce the number of complaints received. The Director of Governance/Board Secretary confirmed that this was a significant focus of the Clinical Quality, Safety, Patient Experience Committee work programme.

Mr Atkins, Non Executive Director, stated that it was good to see that the Trust compared favourably against other Trusts in the area in respect of level of complaints.

17/019.7 End of Life and Palliative Care Report (Enclosure 11)
10.36am

Dr Wulff, Committee Chair, presented the End of Life and Palliative Care Report, given as Enclosure 11.

The Board noted that the Group had a detailed discussion around how it assesses progress and proposed that the priority for the future workstream reporting should focus on 3 keys areas:

- Strategy delivery and implementation
- Implementation of shared record
- Implementation of the individualised care records

The Group approved the implementation plan with minor amendments and agreed that the plan and self assessment would go out to all stakeholders in the Health Economy. The Group will update the Terms of Reference to show that reporting will go to the Clinical Strategic Board and not the Partnership Board.

The Chairman and Board noted the report and the 3 workstreams and approved the new reporting arrangements to the Clinical Strategic Board. There will continue to be quarterly updates presented to Board.

17/019.8 Black Country Alliance Report (Enclosure 12)
10.40am

The Chief Executive presented the Black Country Alliance Report, given as Enclosure 12, which included the minutes of the BCA Board and Programme Directors update.

The Chairman and Board noted the report.

17/020 Finance and Performance

17/020.1 Cost Improvement Programme and Transformation Overview Report (Enclosure 13)
10.49am

The Head of Service Improvement presented the Cost Improvement Programme and Transformation Overview Report, given as Enclosure 13.

The Board noted the following key highlights:

- £1.7m forecast shortfall.
- 27% CIP being delivered.
- No additional risks identified.
- The reasons for the shortfall in 3 key schemes were highlighted in the report.

Mrs Becke, Non Executive Director, asked about plans to close the gap next year. The Board noted that schemes are identified and the Trust is now working these into robust plans.

The Chair asked about the areas that do not deliver in particular the managed service contract. The Board noted that the Trust was in negotiation with a third party. The Chairman asked if the Trust might retrieve anything in year as result of negotiations and whether there are any lessons to be learnt from the slippage. The Head of Service Improvement confirmed that it was not anticipated to retrieve anything from the managed service contract in this year's CIP but it was about protecting the 4 years service. The Director of Finance and Information confirmed that the Trust had learnt that it should have managed the process more tightly.

The Chair asked for a future report to the Board providing a summary of the programme implementation review and learning to apply to future schemes.

The Chairman and Board noted the report.

A future report to the Board providing a summary of the programme of implementation and review and learning to apply to future schemes.

17/020.2 Finance and Performance Committee Exception Report (Enclosure 14) 10.49am

Mr Fellows, Committee Chair, presented the Finance and Performance Committee Exception Report, given as Enclosure 14.

The Board noted the following key issues:

- Diagnostic waits continue to be an issue and it was noted that the target was unlikely to be met until new capacity was available at the Guest Hospital in April.

- Financial performance was on track. There were some challenges with the delivery of the full year plan position and delivery of agency and the 4 hour wait target in light of the significant increase in activity.

- Next years performance requires a £12m CIP target and there was currently around £9m identified. Detailed work continues to identify the remaining £3m.

Dr Wulff asked about the feasibility of stopping the use of registered and unregistered agency nurses by the end of March 2017. The Director of Finance and Information confirmed that we need to ensure we are up to establishment and then draw on the bank resources. The Director of HR stated that it was down to recruitment and attracting the right applicants to the Trust. The Director of Finance and Information confirmed that the Trust is keeping the position under review.

The Chair highlighted the high number of delayed transfers of care and the arrangements going forward to try and contain the position. The Chief Executive confirmed that the Trust had received further feedback from the Local Authority and there was a meeting the following week to look at a way forward. An outline plan had been produced. Further feedback should be available within the next 2 weeks. The Chair commented that it would be helpful to have an examination of expectations going forward.

The Chairman and Board noted the report

17/021 Any Other Business
11.10am

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

17/022 Date of Next Meeting
11.10am

The next Board meeting will be held on Thursday, 2nd March, 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 2 February 2017

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
17/016.1	Chief Nurse Report	Results of the nutritional pilots to be presented to the February Clinical Quality, Safety, Patient Experience Committee.	DW	21/2/17	Done
16/118.3	Black Country Alliance	Terry Whalley to further define governance arrangements where parties outside of the BCA are involved in specific projects.	TW	2/3/17	There are examples of governance where parties outside the BCA are involved in specific projects. Corporate Services review where we have established Oversight Group (4 CEOs) plus Steering Group (2 Execs from each of 4 Trusts). A similar arrangement is proposed for Pathology; Oversight Group (CEOs, MDs and 2 NEDs) plus steering group with clinical and management colleagues from all 4 Trusts. Any clinical projects with input from RWT include RWT stakeholders in the steering group.
		Terry Whalley to review style and content of the BCA Board report.	TW	2/3/17	Paper covering the implementation of a PMO system will be presented to the BCA Board in March to give a view of the way this may enable an alternate style with more dashboard style content. The BCA Board Report will be reviewed by the incoming Programme Director.

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	In Progress
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	Done
17/007 & 17/018	Chief Executive's Overview Report	De-brief report on demand and capacity to be presented to Board when further information is available. Report on capacity to be presented at the March Board.	PB PB	6/4/17 6/4/17	
17/019.4	Operational Plan	The Annual Plan for next year to be presented to the Finance and Performance Committee.	AB/PT	30/3/17	
17/019.2	Clinical Quality, Safety and Patient Experience Committee	The Chief Executive to continue to raise CAMHS Tier 4 beds with NHS Improvement.	CE	6/4/17	
17/020.1	CIP and Transformation Overview Report	A future report to the Board providing a summary of the programme implementation review and learning to apply to future schemes.	AB	6/4/17	

Enclosure 3

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Public Board Meeting – 2nd March 2017

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

SUMMARY OF KEY ISSUES:

- Friends and Family
- Visits and Events
- Committed to Excellence Awards
- Digital Trust
- Delayed Transfers of Care Update
- Operational Plan 2017-19

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

Decision	Approval	Discussion	Other
		Y	**Y**

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

The Dudley Group NHS
NHS Foundation Trust

Chief Executive's Report – Public Board – March 2017

Patient Experience Friends and Family Test (FFT): Update March 2017 Board

FFT response rates – ED

In January we launched the SMS text message service to collect FFT responses from ED patients. An SMS message was sent to 2,741 and 20% responded. We are pleased to note that the overall response rate for ED (via all feedback methods) has increased from 4.3% in December to 13.1% in January 2017.

Description	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 17
ED – Response rate	1.6%	8.4%	10.7%	5%	5%	3.7%	4.3%	13.1%

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% +

Preliminary feedback is positive with patients welcoming another way to give their view on our services. Work continues to encourage as many patients as possible to complete the Friends and Family test survey to ensure we have information to help us make improvements to our services.

Quality Priority - Patient Experience

Based on the latest published NHS figures (Dec 2016), it is pleasing to report that all areas but one 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. The December score for community was 94% compared to the national average of 95%.

Outpatient scores have continued to maintain a percentage recommended score equal to or above the national average improving by more than 10% since May 2016.

% FFT Scores	Apr 16	May 16	Jun 16	Jul 16	Aug 16**	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Inpatient	**97%**	**97%**	**97%**	**95%**	**96.6%**	**96.6%**	**97.9%**	**95.0%**	**97.9%**	**95.8%**
National	96%	96%	96%	96%	95%	96%	95%	96%	95%	n/a
A and E	**91%**	**91%**	**88%**	**92%**	**91.8%**	**91.9%**	**93.8%**	**93.1%**	**90.1%**	**75.3%**
National	86%	85%	86%	85%	87%	86%	86%	86%	86%	n/a
Maternity Antenatal	**95%**	**100%**	**100%**	**96%**	**98%**	**99%**	**100%**	**97.6%**	**98.6%**	**95.8%**
National	96%	96%	95%	95%	95%	96%	95%	96%	96%	n/a
Maternity Birth	**100%**	**96%**	**99%**	**96%**	**100%**	**99%**	**98.2%**	**98.8%**	**100%**	**97.7%**
National	96%	97%	97%	97%	96%	96%	96%	97%	96%	n/a
Maternity Postnatal Ward	**95%**	**96%**	**99%**	**94%**	**98%**	**97%**	**100%**	**99.2%**	**99%**	**9.65%**
National	94%	94%	94%	93%	93%	94%	94%	94%	94%	n/a
Maternity Postnatal Community	**100%**	**100%**	**100%**	**99%**	**99%**	**100%**	**98.2%**	**98.9%**	**100%**	**100%**
National	97%	98%	98%	98%	97%	98%	98%	97%	98%	n/a
Community	**97%**	**95%**	**94%**	**98%**	**96.1%**	**96.1%**	**95.1%**	**95.5%**	**94%**	**94.4%**
National	95%	95%	95%	95%	96%	95%	95%	95%	95%	n/a
Outpatients	**85%**	**82%**	**93%**	**92%**	**92.4%**	**92.4%**	**93.2%**	**94.9%**	**93.1%**	**95%**
National	93%	93%	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*

Visits and Events

3rd February: Black Country Alliance Programme Director Interviews
8th February: Black Country Alliance Board
9th February: Board Workshop & Meeting with NHS Improvement
10th February: MCP Collaborative Briefing Session
13th February: Executive Team Meeting
14th February: NHS Providers Junior Doctors Roundtable Event
15th February: Dudley GPs MCP Meeting
17th February: Accountable System Workshop
20th February: Collaborative Leadership Team
22nd February: Chief Executives Briefing Filming
24th February: Visit from Margot James MP
1st March: Partnership Board & Respiratory Consultant Interviews

Committed to Excellence Awards

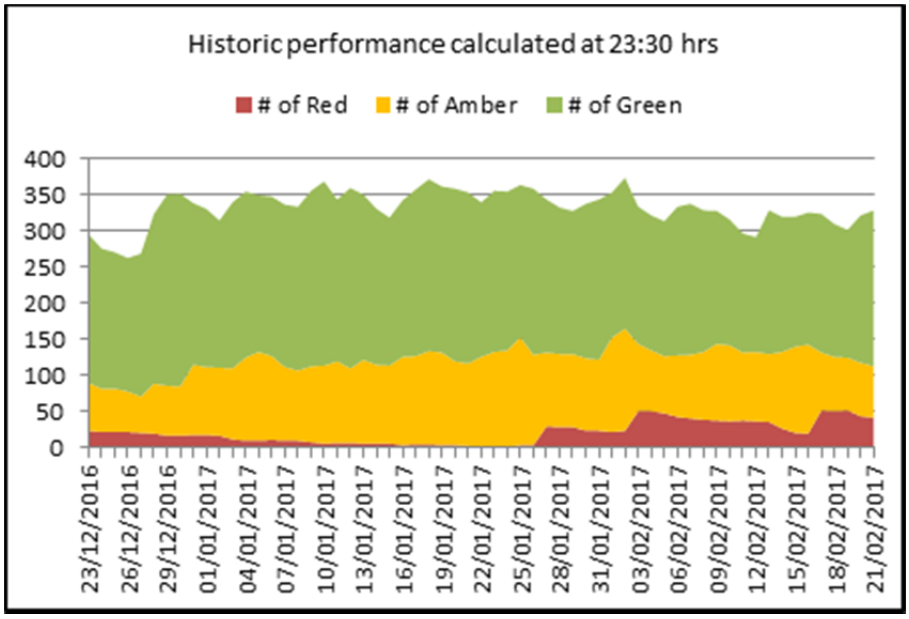
Thanks to our sponsors who have once again made it possible to host our staff awards ceremony being held on the 16th March, 2017, at the Venue. Winners will be announced on the night, good luck to all those shortlisted.

Digital Trust

The first Digital Trust visioning session took place on the 15th February, 2017, with senior clinicians and managers. It was a lively and detailed discussion about what the guiding principles need to be for the team who will be creating our electronic patient record. This is our EPR and we need to ensure we all engage in making it the best it can be for us to use.

Delayed Transfers of Care Update

Delayed Transfer of Care continues to be at an unacceptable level. Over the last few weeks we have seen the numbers continue to exceed pre-Christmas numbers and a all-time high with totals of medically fit reaching 154 (reportable sitrep numbers exceeding 51 compared to an average of around 22).



Operational Plan 2017-19

The Operational Plan for next year is still under development and will take account of recent discussions at the last Board Workshop. The draft Plan will be presented to the Finance and Performance Committee on Thursday, 30th March, 2017. The Board are asked to approve delegated authority to the Committee to accept the Plan on their behalf and approve its submission to NHS Improvement.

Enclosure 4

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 2nd March 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:

Infection Prevention and Control for the month of February (as at 20.2.17)

- No post 48 hour MRSA bacteraemia cases since 27th September 2015.
- No further Norovirus episodes.
- As of this date the Trust has had 33 post 48 hour C. Difficile cases so far in 2016/17. So far 25 cases have had their lapses in care determined; 9 of these cases were associated with a lapse in care.
- Period of increased incidence (PII) of C. difficile on B3 – 2 cases.

Safer Staffing

- Shortfall shifts total figure for this month is 65 which is a reduction from the last month (77).
- The RAG rating system has been rolled out across the wards with 15 red shifts in total across nine 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 shortly.

Nursing Care Indicators

- February had four areas Red which are now under increased support and escalation.
- Nutrition Audit and focus on MUST completion is underway with two weekly meetings recommenced in February 2017.

IMPLICATIONS OF PAPER:

RISK	Yes		**Risk Description:** • Failing to meet initial target for C *Diff* 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.

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 (20.2.17) we have 3 post 48 hour cases recorded in February 2017.

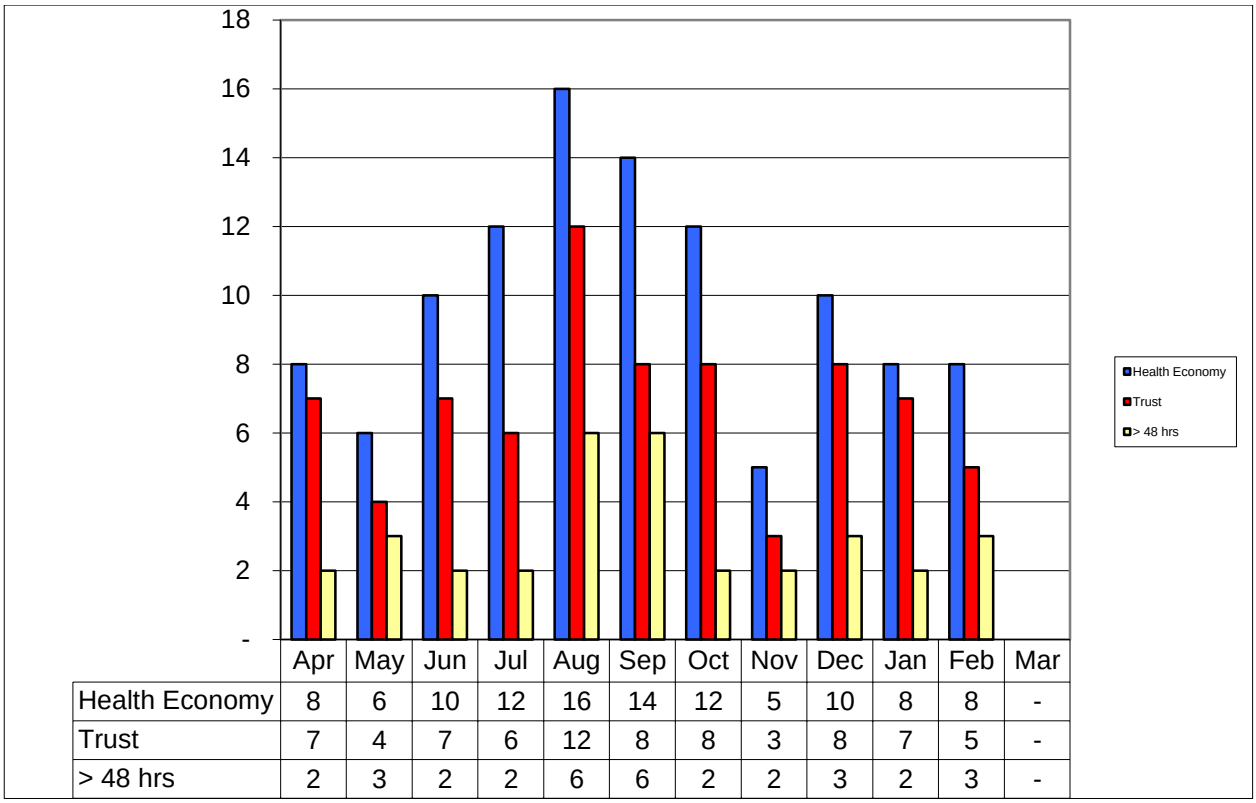
The process to undertake an assessment of individual C. difficile cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance[1], continues.

For the financial period 2016/17 of the 33 post 48 hour cases identified since 1st April 2016, 25 cases have been reviewed and apportionment has been agreed (9 cases associated with lapse in care) and 8 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.

There is currently a period of increased incidence (PII) of C. difficile on B3, involving 2 patients. The CCG has been involved in managing this situation. A 72 hour meeting was held on 3rd February and the RCA Panel Meeting to discuss these cases will take place 17th February. Ribotyping of specimens is being sought.

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	10	8	8	-
Trust	7	4	7	6	12	8	8	3	8	7	5	-
> 48 hrs	2	3	2	2	6	6	2	2	3	2	3	-

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

Norovirus - No further outbreaks.

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
January 2017

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 four months have been:

Month	RN	Unregistered	Total
September 16	4.44	3.63	8.07
October 16	4.39	3.56	7.95
November 16	4.19	3.34	7.53
December 16	4.25	3.40	7.65
January 17	4.30	3.50	7.81

These figures obviously vary widely across wards/areas (e.g. [for January] 22.99, 9.16 and 32.14 for Maternity and 3.21, 2.44 and 5.65 on Ward B1).

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'. Up to November the overall hours per patient day was reducing although this has increased slightly in December and January but not up to the September levels. 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. NHSI recently held a masterclass on this indicator and informed us that more detailed figures should be available after March 2017 although there have been data quality issues with a number of Trusts submitting wildly inaccurate data.

It can be seen from the accompanying chart (Figure A) the number of shifts identified as:

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

The total figure of shortfalls for this month is 65 which continue the fall of the last three months (77, 104,136) (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 in January was C3 which had 15 (with 5 RN shifts and 10 CSW shifts) although in terms of RN numbers this is a fall from 12 RN shortfall shifts last month. The CSW shortfalls came about due to the high number of very dependant patients requiring 1:1 care in the month and the bank was unable to fill these places. In terms of numbers of qualified shortfalls, the previous problems with NNU and Maternity are receding. 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 December 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' (77%) which is the similar to previous months. With regard to the Red rated shifts the drop last month continues with 15 this month which accounts for 0.01% of the total. They were spread across 8 areas. 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 generally affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections although C3 has dropped into the Red for its NCIs which is the first time it has been in this category since March 2016. There is no evidence that they have affected patient feedback in terms of the answers to the real time surveys, FFT results or in the number of concerns or complaints received. No safety concerns have been highlighted with any of the shortfalls noted.

Table 1

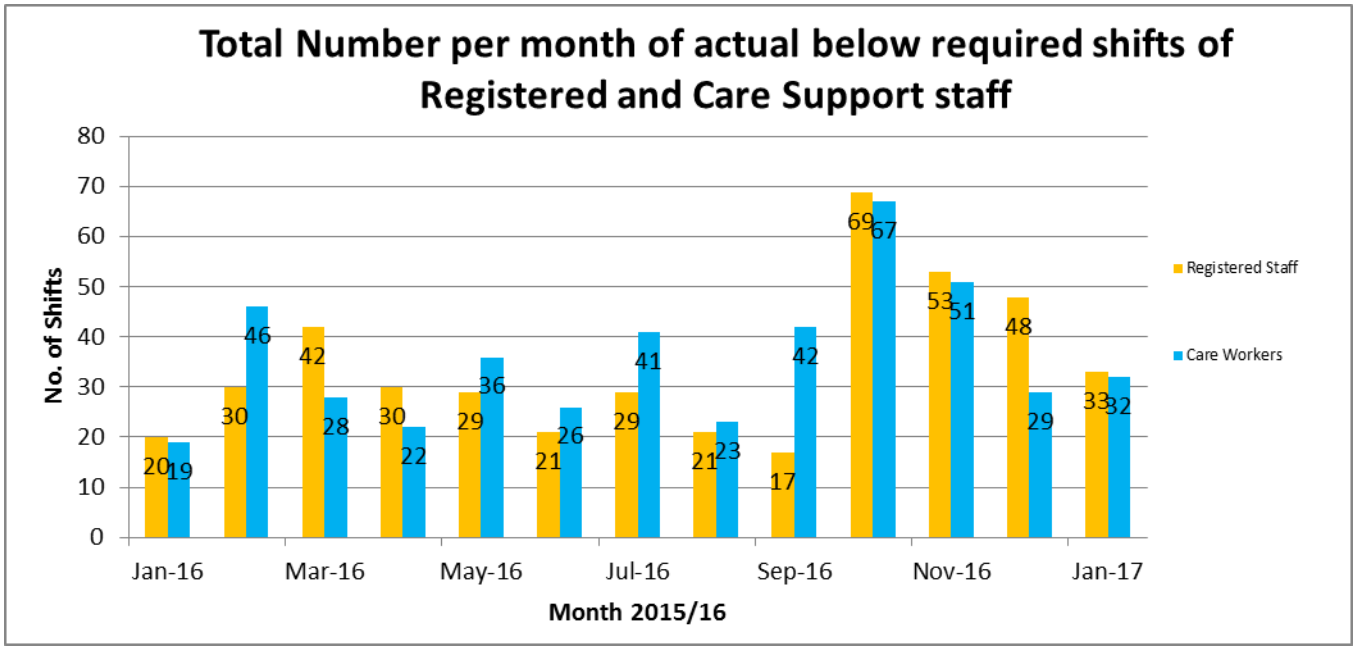


Table 2 - Self-Assessment of Workload by Senior Nurses on Each Shift for January (figures in brackets from December)

Ward/Area	RED	AMBER	GREEN	Ward/Area	RED	AMBER	GREEN
Ward A2	0 (1)	30 (27)	32 (34)	**Ward C4**	0 (0)	5 (1)	57 (61)
Ward A3	1 (2)	7 (12)	54 (48)	**Ward C5**	0 (0)	16 (14)	46 (48)
Ward B1	1 (1)	14 (25)	47 (36)	**Ward C6**	1 (1)	11 (13)	50 (48)
Ward B2H	0 (1)	8 (9)	54 (52)	**Ward C7**	2 (0)	13 (30)	47 (32)
Ward B2T	0 (1)	23 (9)	39 (52)	**Ward C8**	0 (0)	11 (30)	51 (32)
Ward B3	1 (0)	6 (11)	55 (51)	**CCU/PCCU**	0 (2)	30 (26)	32 (34)
Ward B4	2 (0)	30 (33)	30 (29)	**EAU**	0 (0)	11 (4)	51 (58)
Ward B5	4 (4)	30 (30)	28 (28)	**MHDU**	0 (0)	6 (1)	56 (61)
Ward C1	1 (0)	17 (0)	44 (62)	**Critical Care**	0 (0)	0 (0)	62 (60)
Ward C2	0 (0)	0 (5)	62 (57)	**NNU**	2 (0)	2 (2)	58 (60)
Ward C3	0 (0)	28 (38)	34 (24)	**Maternity**	0 (0)	4 (8)	58 (54)

Totals	RED	AMBER	GREEN
June 16	4	119	1257
July 16	12	163	1251
August 16	6	147	1273
September 16	1	126	1253
October 16	18	207	1135
November 16	30	369	921
December 16	13	313	1038
January 17	15	302	1047

Nurse Care Indicators (NCI's)

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

Rating	Oct 15 Areas Launch	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
RED	15	4	3	7	6	3	2	3	1	3	0	1	0	4	3	4
AMBER	5	11	14	12	13	15	14	10	7	2	11	8	12	10	11	9
GREEN	4	9	9	8	8	9	11	14	19	22	16	18	14	13	13	14
TOTAL	24	24	26	27	27	27	27	27	27	27	27	27	26	27	27	27

COMMENT:
November 16 - Ward A1 changed to Evergreen and no audits undertaken.
December 16 - Ward B6 open. Ward Evergreen starts audits in January 2017.
January 17/February 17 - Still testing Evergreen audit tool.

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.

Nutrition and MUST scoring continue to be a priority for training and engagement with staff. Two weekly meetings with lead nurses and senior team in Nursing Division have been put in place.

Escalations February:

NCIs	
Level 1 Matron Level	15
Level 2 Head of Nursing Level	5
Level 3 Deputy Chief Nurse level	2
Level 4 Chief Nurse	1

Nutrition Audit	
Level 1 Matron Level	9
Level 2 Head of Nursing Level	3
Level 3 Deputy Chief Nurse level	0
Level 4 Chief Nurse	0

Allied Health Professionals

As reported last month the Allied Health Professionals Council is now in place and meets six weekly. Its current focus is to respond to feedback from the LiA event and develop actions to support teams and quality of care.

Quality Indicators similar to the process in nursing and midwifery are under development.

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS JANUARY 2017 TABLE 3

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	4	CSW	Sickness x 1 Vacancy x 3	On all four shifts bank and agency were unable to provide cover. On one shift a student nurse was on duty. On all shifts staff were reallocated as necessary to ensure patient safety.
A3	1	RN	Sickness	This one night shift when bank and agency were unable to fill was assessed as a red shift which led to some delays in care but no patient adverse effects occurred.
B1	2	RN	Sickness x 1 Staff moved to assist elsewhere	These two day shifts were assessed as red shifts. On one occasion there were only 11 patients on the ward and in fact an RN was moved to assist on another ward. On the other both the lead nurse and AHP staff assisted. No patient adverse effects occurred on either shift.
B2T	1	CSW	Patient dependency	There was the correct numbers of RN staff and so staff were reallocated as necessary to ensure patient safety.
B3	1	CSW	Patient dependency	This one night shift was assessed as a red shift and a CSW from B2 covered one station and with other staff relocated to greatest need no patient adverse effects occurred.
B4	2 5	RN CSW	Sickness x4 Patient dependency x3	The two RN shortfall shifts were assessed as red shifts. On one occasion lead nurse worked clinically and on the other nurses helped intermittently from B5 and ED. No patient adverse effect occurred on both shifts. On the CSW shortfalls patients were cohorted and care was prioritised appropriately and staff were re-distributed to take into account the patients requiring 1 to 1 care. No safety issues occurred.
B5	5 1	RN CSW	Vacancy x 3 Volume of patients through SAU x3	There were four red shifts. On one occasion, the surgical bed manager supported the ward and on the others the lead nurse assisted due to the high volume and dependency of the patients on SAU. Some delays in care were noted. On the CSW shortfall students were available on the ward. No safety issues occurred.
C1	1 2	RN CSW	Sickness x2 Vacancy x1	On the RN shortfall shift there were two supernumerary Band 5 staff on the ward. Staff were delegated accordingly to maintain safety on all shifts.
C3	5 10	RN CSW	Vacancy x5 Dependency x10	Bank and agency unable to fill. Staff throughout the ward were rotated in order to cover the shortfall. Safety was maintained at all times.
C4	1	CSW	Sickness	Bank unable to fill. Staff were reallocated as necessary to ensure patient safety.
C5	1	RN	Vacancy	Bank unable to fill. Lead nurse worked clinically ensuring that safety was maintained at all times.
C6	1	CSW	Vacancy	This was a red assessed shift. There were post operation high dependency patients on the shift. Some delays in care occurred. Care was prioritised with the emphasis on bedside care. Safety was maintained.
C7	3 1	RN CSW	Sickness x2 Dependency x2	Two of the RN shortfall shifts were assessed as red shifts. On both occasions a CSW from another ward assisted and on one shift a CSW form the ward came in for an extra shift. No patient adverse effect was noted on both shifts. On the other RN shortfall shift the lead nurses assisted while on the CSW shortfall student nurses were on the ward. Care was prioritised appropriately.
EAU	1	CSW	Vacancy	Those CSWs present were reallocated as necessary to ensure patient safety.
CCU	5	RN	Vacancy x5	Bank and agency unable to fill. On all occasions the dependency of the patients was such that all care was managed and safety was maintained.
NNU	2	RSCN	Dependency of patients. Capacity.	These two shifts were assessed as red. The NNU was closed to admissions and safety was not compromised.

MHDU	2 1	RN CSW	Sickness, Dependency, Use of flex beds	For one of the RN shortfall shifts nurses assisted from both critical care and AEC and a patient was moved to ITU and on the other two patients were de-escalated by the medical registrar and a CSW assisted. Qualified staff covered the CSW duties on the third shift. Patient safety was maintained at all times.
Maternity	4 3	RM CSW	Vacancy Short Term sickness	Escalation policy enacted on all occasions. Bank unable to fill. Midwives were moved to areas of highest dependency. No patient safety issues occurred

Jan-17

SHIFT

WARD	NCI	STAFF	1 D	1 N	2 D	2 N	3 D	3 N	4 D	4 N	5 D	5 N	6 D	6 N	7 D	7 N	8 D	8 N	9 D	9 N	10 D	10 N	11 D	11 N	12 D	12 N	13 D	13 N	14 D	14 N	15 D	15 N	16 D	16 N
WARD A2	96	Reg																																
		Unreg																				6/4												
WARD A3	85	Reg																3/2																
		Unreg																																
WARD B1	90	Reg																									4/2				3/1			
		Unreg																																
WARD B2 HIP	91	Reg																																
		Unreg																																
WARD B2 TRAUMA	98	Reg																																
		Unreg																													6/4			
WARD B3	87	Reg																																
		Unreg																																
WARD B4	93	Reg					6/4												6/4															
		Unreg					7/5		7/5				8/6		7/4																			
WARD B5	89	Reg					6/4																											
		Unreg																															3/1	
WARD C1	97	Reg																																
		Unreg					9/7																											
WARD C2***	99	Reg																																
		Unreg																																
WARD C3	82	Reg																						5/4		5/4								
		Unreg																	13/10	13/11	15/13													
WARD C4	85	Reg																																
		Unreg																												3/1				
WARD C5	74	Reg																																
		Unreg																																
WARD C6	70	Reg																																
		Unreg																																
WARD C7	95	Reg																4/3	6/4															
		Unreg																																
WARD C8	98	Reg																																
		Unreg																																
CCU/PCCU	100	Reg																							7/5									
		Unreg																																
EAU	85	Reg																																
		Unreg																																
MHDU	98	Reg																													4/3			
		Unreg																																
CRITICAL CARE*	99	Reg																																
		Unreg																																
NEONATAL**	99	Reg																																
MATERNITY ****	98	Reg												17/16																				17/16
		Unreg			7/5																7/5								7/5					

WARD	NCI	STAFF	17 D	17 N	18 D	18 N	19 D	19 N	20 D	20 N	21 D	21 N	22 D	22 N	23 D	23 N	24 D	24 N	25 D	25 N	26 D	26 N	27 D	27 N	28 D	28 N	29 D	29 N	30 D	30 N	31 D	31 N
WARD A2	96	Reg																														
		Unreg								6/4	7/4																				7/5	
WARD A3	85	Reg																														
		Unreg																														
WARD B1	90	Reg																														
		Unreg																														
WARD B2 HIP	91	Reg																														
		Unreg																														
WARD B2 TRAUMA	98	Reg																														
		Unreg																														
WARD B3	87	Reg																														
		Unreg														5/3																
WARD B4	93	Reg																														
		Unreg					8/6																									
WARD B5	89	Reg																	6/4		5/5				6/5		6/6					
		Unreg																														
WARD C1	97	Reg													6/4																	
		Unreg					9/7																									
WARD C2***	99	Reg																														
		Unreg																														
WARD C3	82	Reg																	6/5					5/4	6/5							
		Unreg	13/10											14/12		13/11	14/11						15/13		15/13					14/11		
WARD C4	85	Reg																														
		Unreg																														
WARD C5	74	Reg									6/4																					
		Unreg																														
WARD C6	70	Reg																														
		Unreg																														2/1
WARD C7	95	Reg																					6/4									
		Unreg							5/3																							
WARD C8	98	Reg																														
		Unreg																														
CCU/PCCU	100	Reg									7/5														7/5		7/5		7/5			
		Unreg																														
EAU	85	Reg																														
		Unreg																												5/3		
MHDU	98	Reg																							4/3							
		Unreg					2/0																									
CRITICAL CARE*	99	Reg																														
		Unreg																														
NEONATAL**	99	Reg																											8/5	8/6		
MATERNITY ****	98	Reg								17/17						18/17																
		Unreg																														

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

* Critical Care has 6 ITU beds and 8 HDU beds

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

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

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

Any coloured shifts with two numbers the same 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 4A

The Dudley Group NHS Foundation Trust

Paper for submission to the Trust Board 2nd March 2017

TITLE:	Changes to Midwifery Supervision		
AUTHOR:	Dawn Lewis Head of Midwifery	**PRESENTER:**	Dawn Wardell Chief Nurse
CORPORATE OBJECTIVE: SO1 SO2 SO3			

SUMMARY OF KEY ISSUES:

- The background to the review of Statutory Midwifery Supervision based on the two publications *Midwifery supervision and regulation: recommendations for change* (PHSO 2013) and *Midwifery Regulation in the United Kingdom* (Kings Fund 2015)
- The outcome of the review which was midwifery supervision and regulation should be separated and the Nursing and Midwifery Council (NMC) should be in direct control of regulatory activity
- The proposed changes for the new model AEQUIP, the piloting process and the timeline.
- The implications for the trust which include being mandated to adopt a new model of supervision recommended by NHS England once available. Maintain the status quo for midwifery supervision in the interim period

IMPLICATIONS OF PAPER:

RISK			**Risk Description: Absence of a model of midwifery supervision has the potential to leave midwives unsupported**
	Risk Register: To be completed		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Safe, Effective and Well led**
	Monitor	**Y/N**	**Details:**
	Other	**Y**	**Details: CCG**

ACTION REQUIRED OF BOARD / COMMITTEE / GROUP:

Decision	Approval	Discussion	Other
	√	√	

RECOMMENDATIONS FOR THE BOARD

To consider and approve the report and recommendations.
Make suggestion of any further required action.

Background

The investigations into the events that occurred at Morecombe Bay NHS Foundation Trust resulted in two publications. *Midwifery supervision and regulation: recommendations for change* (PHSO 2013) from the parliamentary and health service ombudsman Dame Julie Mellor who identified two important principles:

- midwifery supervision and regulation should be separated
- the Nursing and Midwifery Council (NMC) should be in direct control of regulatory activity

The second report *Midwifery Regulation in the United Kingdom* (Kings Fund 2015). This review found that there was an unclear relationship with the regulatory function of the NMC and the role of the employer or service provider in effecting systems of sound clinical governance. However the removal of statutory midwifery supervision would mean that employers of midwives and providers of maternity services will have to ensure they have process to measure and improve quality, offer choice and support to women through pregnancy, birth and the postnatal period. The recommendation from the Kings Fund report echoed those from the previous report by Dame Julie Mellor and stated:

"The NMC as the health care professional regulator should have direct responsibility and accountability solely for the core functions of regulation. The legislation pertaining to the NMC should be revised to reflect this. This means the additional layer of regulation currently in place for midwives and extended role for the NMC over statutory supervision should end."

The recommendations were accepted by both the NMC and the secretary of state.

Legislation

To implement these principles, the NMC requires legislative change.

- the Local Supervising Authorities (LSAs) will be disestablished; this function will be held separately in each of the UK countries by NHS England, Healthcare Inspectorate Wales, the Public Health Agency in Northern Ireland and the Health Boards in Scotland
- the Local Supervising Authority Midwifery Officer (LSAMO) designation will cease to exist as a statutory entity
- the statutory function of the Supervisor of Midwives (SoM) will cease
- On the 31st March 2017 Supervisors of Midwives will receive formal notice from the Local Supervisory Authority Midwifery Officer (LSAMO) that their statutory function will end. A professional employer led model for investigating midwifery clinical practice will apply post March 2017
- the statutory powers of entry afforded Supervisors of Midwives will no longer be needed
- the current Midwives Rules and Standards 2012 will be revoked and as a consequence the processes and products specified in these Rules will cease to be statutory matters
- the statutory Midwifery Committee at the NMC will cease, this is in line with the Law Commission Report which found the committee to be anomalous[1], consequently the NMC is currently considering how it secures midwifery advice to the Council

It is estimated that the new law will be enacted via a Section 60 order by spring 2017.

Trust roles and responsibilities as an employer of midwives and provider of maternity services following the changes to legislation:

- accountability for the quality and safety of their midwives including conducting audits of midwifery practice
- effective clinical governance and performance management in response to concerns
- good quality annual appraisal for midwives
- fulfillment of the responsibilities associated with employing and deploying registered professionals ensuring they can practise in accordance with the NMC Code and maintain their registration (in accordance with the NMC system of revalidation which has made the Notification of Intention to Practice forms obsolete.)
- remuneration (or not) of new supervisors
- a selection of new supervisors- there is no automatic transfer of supervisors of midwives from the current system to the new system

Trust's shared responsibility following changes to legislation

- manage the risks and pursue continuity and quality in the current midwifery framework until legislative change takes effect
- communicate effectively with the midwifery community and interested parties and manage the transition between the 2 systems
- identify and broker the implications of changes for others such as the system regulators and commissioners (for sector partners, not the NMC) to ensure that a new model of supervision focused on professional support and development demonstrably meets quality criteria of effectiveness, safety and experience.

New Model of Supervision

The NHS England Supervision Taskforce was formed in January 2016 and was responsible for developing the new model of midwifery supervision for England.

The proposed model is called A-EQUIP- **A**dvocating for **E**ducation and **Qu**ality **I**mprovement. It involves three aspects restorative clinical supervision, personal action for quality improvement and education& development.

- A continuous improvement process that builds: personal and professional resilience, enhances quality of care for women and babies and supports preparedness for appraisal and professional revalidation
- The A-EQUIP model aims to ensure that through staff development, action to improve quality of care becomes an intrinsic part of everyone's job, every day, in all parts of the system

A Professional Midwifery Advocate – PMA role will replace the Supervisor of Midwives – SOM role within the new model of supervision.

- There will be a bridging course for those Supervisors of Midwives who wish to apply to become a PMA
- Midwives who are not currently Supervisors of Midwives would be required to undertake additional training to prepare themselves to become a PMA
- Selection and appointment of PMAs will be the responsibility of the Head of Midwifery
- Each element of the A-EQUIP model can be accessed in isolation of other elements according to the needs of the supervisee. Alternatively, progression through all elements may be required.
- The A-EQUIP model can be deployed in a group or one to one
- Midwives are expected to meet with a PMA as required, but a minimum of one interaction per year is advisable
- The ratio of supervisees to a PMA is to be confirmed. The current supervisor to midwife ratio is 1:15, but there is no evidence to support this.

Pilot

All trusts in England were invited to apply to take part in a pilot of the A-EQUIP model, the Supervisors of Midwives at Dudley Group NHS Foundation Trust were one of the 49 groups who applied, but unfortunately the trust was unsuccessful.
Six pilot sites were chosen representing each of the regions across England. The Midlands and East pilot site is a joint venture between three NHS trusts and a social enterprise provider of midwifery care.

The evaluation of the pilot sites will involve:

- Establishing baseline data
- Evaluation of the preparation of the PMA
- Evaluation of the A-EQUIP model
- Assessment of the usefulness of using one or all elements of the model and the perceived impact and outcome.

Training for the pilot sites took place in November 2016.
Delivery of the new approach commenced in December 2016 and will continue for four months with on-going evaluation to facilitate rapid learning to enable national launch of the final model, subject to the change in legislation.

NHS England aimed to publish interim guidance regarding the A-EQUIP model before December 2016. This guidance would support system readiness for implementation. However this is still awaited.

Full guidance will be published once the evaluation of pilot sites is complete and will be some time after April 2017. This publication will include the findings of the evaluation and provide implementation guidance.
NHS England will also provide a universal job description and person specification for the role, with an indicative agenda for change banding.

It is expected that the mandate for the new model of midwifery supervision will be written into the national maternity contract
Indicative content of the guidance

- Guidance for providers of maternity services
- Guidance for commissioners
- Guidance for HEI's
- Generic guidance
- Case studies – how to use the model as a clinical and non-clinical midwife

- Frequently asked questions

Recommendations for Board

- Await publication of national guidance to inform future plans
- Delay redeployment of current budget for supervisor of midwives as this may be required to fund the Professional midwifery Advocate (PMA) role in the future.
- Maintain the status quo for midwifery supervision until such time that the new model can be implemented fully. This would significantly reduce the potential risks related to an absence of any model of midwifery supervision.

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 2nd March 2017

TITLE:	**24 January 2017 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Sharon Phillips – Deputy Director of Governance (Risk and Standards)	**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

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

The Board is also asked to ratify the approval of the Nursing and Midwifery Strategy (2017-2020) and the approval of the specific quality priority targets for 2017/18.

The Dudley Group NHS
NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	21 February 2017	D Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

- Operational Management provided the Committee with an update in respect of the internal checking processes applied by the Pharmacy team to prevent medication errors resulting in harm. The update covered the process for recording and thus tracking all documentation errors corrected and the processes being further strengthened in respect of learning from these incidents.
- Operational Management assurance was provided on the performance in respect of key quality indicators. This month saw
    - Whilst texting within ED had seen a significant increase in response rates from 4.3% in Dec to 13.1% in January the recommended score for this period had reduced with a number of the responding patients reflecting less favourably on the longer waits they were experiencing.
    - The Trust recorded in January 26 cases of mixed sex breaches within MHDU and SHDU, these cases related to 18 separate occasions where patients were medically wardable but were 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 those bays. There is a plan being developed to address single sex breaches.
    - Trust performance against the “think glucose” target has seen a reduction to just 82% in January. This reduced level is mainly due to the documentation of actions taken in respect of specific tasks. There is a plan to improve the processes being applied based on the audit outcomes and this will flow through the Quality and Safety Group before being reported to this Committee.
    - The Swallowing Screen (target 75%). Although this target was regularly achieved prior to July 2016, the team have struggled to achieve and maintain the target since then and whilst it was achieved for December the provisional performance figure for January is only 65.91%.
    - Performance against the Nursing Care Indicators saw an improvement for EAU to 85% for January, a 10% improvement on the previous month. However, for ED, Renal and the General Wards January saw a reduction in performance in both these areas again as a consequence

of poor documentation.

- VTE Assessment indicator (CQN01- target 95%) – The Trust has struggled to maintain its performance in this area, with the target missed narrowly in December with performance of 94.64% but the provisional figure for January shows performance at just 93.69%.
- 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.
- January saw a reduction in performance in respect of Stroke Patients spending 90% of time on the stroke unit with performance for the month being only 88.54%.

- Executive Management assurance was received that there are no policies that have exceeded their review dates, although there are 28 policies coming up for review over the next 6 months.
- The Committee received information on the 2016 national inpatient survey and received assurance that once the report is received an action plan would be developed and brought back to the Committee and to the Patient Experience Group for detailed scrutiny via a specifically established task and finish group to be led by the Chief Nurse.
- 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. However, on conducting and closing 9 Pressure Ulcer SIs the two day reporting date was found to have been failed. The Trust did not close 4 of the investigations within the 60 day timescale this month, three were due to the ongoing issue with nhs.net email system whereby the RCAs had been moved to the draft folder and were not actually sent and the final one was because the lead director required further information to be included within the RCA documents based on the presentation meeting they had had with the investigation team. The monthly report showed that the number of incident investigations being closed with no questions was 13 some 92.9% of those closed that month. There were no incident investigations that required a 3rd review by the CCG this month. The number of actions not being implemented in line with the agreed RCA action plans timescales has fallen this month again with only 10 exceeding the timeline, however for some to these actions the revised date is some two to three months later than the originally agreed date.
- Executive Management assurance was received via the Quality and Safety Group in respect of the last meeting agenda items including the further refinement of the ward round checklist and the Trust's processes for administering medications. The Group continues to seek assurance over the Trust's actions in respect of patient falls and compliance with the peripheral line care bundle in ED.
- Executive Management assurance was received via the summary of the minutes from the Internal Safeguarding Board. There has been no further progress with the implementation of a CAMHS Tier 3.5 service, however, the Board were presented with an update on the Tier 4 service provision and changes being made by the CAMHS team to review patients in the morning rather than the afternoon. The Board also reported the increase in level 3 safeguarding training uptake following the Trust's specific focus on this. The report also raised the revised

NICE guidance that will require Trust staff to be trained in respect of managing autism next year.

- Executive Management assurance was provided in respect of the Trust's performance against its quality priority of Nutrition and Hydration. The Committee were updated on the main challenge within this area relating to the consistent and effective use of the Malnutrition Universal Screening Tool (MUST) and the actions the Trust intend to take to improve this quality target.

Executive Management assurance was provided in respect of the Trust's processes for embedding improvement from its Quality and Safety initiatives. The Committee was informed of the revised reporting processes that would see the outcomes of the core service assessments being reported to future meetings of this Committee and the Quality and Safety Group.

Decisions Made / Items Approved

- The Committee approved 6 policies.
- The Committee approved the closure of 28 RCA action plans following assurance from the Corporate Governance Team that, where appropriate, completed actions plans had been evidenced.
- The Committee reviewed and agreed to recommend the Nursing and Midwifery Strategy subject to minor changes agreed at the meeting for endorsement by the Board (attached as appendix 1).
- The Committee agreed to recommend to the Board specific targets that underpin the previously agreed quality priorities. (attached as appendix 2).

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

- The Committee asked for the Think Glucose action plan delivery be reported back to a future meeting.
- The Committee asked for more information on the FFT processes being applied to Community patients ahead of the text roll out to that cohort of patients.
- The Committee asked that the Quality and Safety Group reports draw out the key actions the Trust is taking as part of the National Falls Collaborative and their successes.

Items referred to the Board for decision or action

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

The Board is requested to ratify the approval of the Nursing and Midwifery Strategy (2017-2020) and the approval of the specific quality priority targets for 2017/18..

The Dudley Group NHS
NHS Foundation Trust

Nursing and Midwifery Strategy

DOCUMENT TITLE:	Nursing and Midwifery Strategy 2016-19 'Because People Matter'
Name of Author	Head Of Non-Medical Education Mrs Carol Love-Mecrow
Director Lead:	Chief Nurse Mrs Dawn Wardell
Target Audience:	All staff, patients, public and interested regulatory organisations
Version:	1.0
Date of Final Ratification:	Nov 2016
Name of Ratifying Committee/Group:	Risk and Assurance Group
Review Date:	August 2019
Expiry Date:	Nov 2019
Registration Requirements Outcome Number(s) (CQC)	Standard 16: Assessing and monitoring the quality of service provision
Relevant Documents /Legislation/Standards	The Code: Standards of Conduct, performance and ethics for nurses and midwives. NMC: (2015) Compassion in Practice. DoH/NHS England: (2012) Patients First and Foremost. DoH: 2013 Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England. Skills for Health (2013). Five Year Forward View (2014) Leading Change Adding Value (2016)
Linked Procedural documents	Trust Forward Plan and Strategic Objectives 2015 Trust Quality Strategy 2016 Trust Clinical Strategy 2016. Recruitment and Retention Strategy 2016 Learning Disabilities Strategy 2016 Safeguarding Strategy 2016 Raising Concerns (Whistleblowing)Policy 2016 Revalidation Policy 2016
The electronic version of this document is the definitive version	

Nursing and Midwifery Strategy	**Contributors:** ***Individuals involved in developing the document*.**	**Designation:** Cross section of Nursing, Midwifery and Care Giving staff Executive Team
	Consulted: ***Individuals/ groups / specialists that have been consulted on the document***	**Designation:** Cross section of Nursing, Midwifery and Care Giving staff Executive Team

CHANGE HISTORY

Version	Date	Reason
1.0	Oct 2016	This document replaces The Nursing and Midwifery Strategy *'The Way We Care'*

A translation service is available for this document. The Interpretation/Translation Policy, Guidance for Staff is located on the intranet under Trust-wide Policies.

Contents

Section	Contents	Page Number
1	Introduction	4
2	Statement of intent	4
3	Definitions	4
4	Duties (Responsibilities)	4
5	Our Strategy	5
5.1	Overview of our Workforce and Nursing and Midwifery Staff	5
5.2	Process	5
5.3	Our Vision and Values	5
5.4	The National Nursing and Midwifery Strategy	5
5.4.1	The 6Cs: Compassion In Practice	6
5.4.2	Leading Change, Adding Value, A Framework for Nursing, Midwifery and Care Staff	6
5.5	Key actions we intend to take to deliver our strategy	6
5.5.1	Care	7
5.5.2	Compassion	10
5.5.3	Competence	11
5.5.4	Communication	13
5.5.5	Courage	14
5.5.6	Commitment	15
5.6	Resources	17
5.7	Supporting strategies	17
6	Training and support	17
7	Process for monitoring compliance	17
8	Equality	19
9	References	19
	Appendix 1 – Nurses and Midwives who contributed to the Strategy	20
	Appendix 2 - The 6Cs: Compassion In Practice	21
	Appendix 3 - Leading Change, Adding Value Framework	22

THE DUDLEY GROUP NHS FOUNDATION TRUST

NURSING AND MIDWIFERY STRATEGY 2016-19

1. INTRODUCTION

This strategy forms an integral part of the Trusts overall strategic objectives. The primary purpose of the Trust is to deliver and maintain high quality care to our patients and service users, and this strategy describes how we intend to develop our nursing, midwifery and support services to meet this.

This strategy sets out what we aim to achieve and what patients and staff can expect both now and over the next 3 years. Taking into consideration both professional and national standards, it outlines the nursing and midwifery contribution to what patients can expect from the Trust. It also describes a number of underpinning aims and actions that will take place from 2016-19.

This strategy will be used by the Trust Board of Directors and senior nurses/midwives in their annual plans. These plans will enable us to move towards the delivery of our vision and will enable us to determine organisational, team and individual priorities, develop implementation plans and monitor progress.

2. STATEMENT OF INTENT/PURPOSE

The provision of safe, high quality nursing and midwifery care is paramount in a modern NHS. In the aftermath of national high profile failures in the quality of care, it is imperative that we continue to develop our vision for the future of our nursing/midwifery services and provide a clear strategic framework for delivering the Trust's overall vision, priorities in care and priorities that meet both the public and staff expectations in line with national recommendations.

3. DEFINITIONS

None

4. DUTIES (RESPONSIBILITIES)

All nursing, midwifery and care support staff are involved in the delivery of this strategy with the Chief Nurse, Deputy Chief Nurses and the senior team, Heads of Nursing and Midwifery, Matrons, Lead Nurses and Midwives taking leading roles.

The overall delivery of the strategy is a personal objective for the Chief Nurse and this will be monitored by the Chief Executive.

As this is a key strategy for the Trust it will be overseen by the Clinical Quality, Safety and Patient Experience Committee of the Board which will monitor progress and report to the Trust Board of Directors and the Council of Governors.

5. OUR STRATEGY

5.1 OVERVIEW OF OUR WORKFORCE AND NURSING AND MIDWIFERY STAFF

The Trust is an integrated service provider offering both acute and adult community services to the local population in Dudley and the surrounding area. There are 1539 nurses and midwives and 726 nursing/midwifery care support staff employed by the Trust at the time of developing our strategy.

5.2 PROCESS

To enable the development of our strategy we held a series of Listening in Action events. These initial LIA events were attended by a number of nurses and midwives (Appendix 1). At these events our nurses and midwives were consulted on the following:

- The alignment of the six Cs (5.4.1) to the Trusts strategic objectives (5.3)
- What mattered to our nursing and midwifery staff under each objective
- What do we want to do/change when moving forward.

5.3 OUR VISION AND VALUES

Our strategy reflects the Trust's agreed vision and values:

Our Vision is to be trusted to provide safe, caring and effective services because people matter.

This vision underpins the strong memorable strapline for the staff and patients of "where people matter" and drives the pursuit of our three core values of Care, Respect and Responsibility each and every day.

It provides the nursing/midwifery contribution to achieving the Trust's overall strategic objectives of:

- Delivering a great patient experience
- Delivering safe and caring services
- Drive service improvement, innovation and transformation
- Be the place people choose to work
- Make the best of what we have
- Delivering a viable future

5.4 THE NATIONAL NURSING AND MIDWIFERY STRATEGY

With a consideration of the three core values of the Trust, Care Respect and Responsibility, this nursing and midwifery strategy has continued to adopt and develop the '*Six Cs'* of the 2013 national nursing and midwifery strategy, *Compassion in Practice*. This has been aligned with the *Five Year Forward View (*2014) and *Leading Change, Adding Value a framework for nursing, midwifery and care staff (*2016) which articulates 10 key commitments that will underpin nurse leadership today and help us to shape provision in the future in line with our overall strategic goals.

5.4.1 THE 6Cs: COMPASSION IN PRACTICE (Appendix 2)

Care
Compassion
Competence
Communication
Courage
Commitment

5.4.2 LEADING CHANGE, ADDING VALUE, A FRAMEWORK FOR NURSING, MIDWIFERY AND CARE STAFF (Appendix 3)

Building on the groundwork of the six Cs, this framework takes what nurses and midwives value most about their roles and ensures that there is a firm foundation on which to continue to build and develop our profession and our capacity to deliver high quality care.

*Leading Change, Adding Value (*2016) is the Chief Nursing Officer for England's strategy and vision for nurses and midwives. It is a framework for all nursing, midwifery and care staff, whatever our role or place of work.

It builds upon Compassion in Practice (2013) and is directly aligned with the Five Year Forward View (FYFV) (2014) in seeking to develop new ways of working that are person-focused and provide seamless care across the boundary that has traditionally separated health and social care.

5.5 KEY ACTIONS WE INTEND TO TAKE TO DELIVER OUR STRATEGY

Following the initial LiAs with our nursing and midwifery staff we have aligned the six Cs (Appendix 2) with the newer 10 commitments (Appendix 3) we have identified and agreed key actions and indicators to monitor our progress.

5.5.1

CARE	**Overall aim to - Deliver safe and caring services**	
Commitment 1 We will promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff.	**Commitment 2** We will increase the visibility of nursing and midwifery leadership and input in prevention.	**Commitment 4** We will focus on individuals experiencing high value care.
Local Priorities	**Measurable Targets**	
Nursing Care Indicators (NCIs), Maternity Care Indicators (MCIs): **Patient experience**	a) In 95% or more cases a patient's pain score is recorded at least four hourly (unless otherwise indicated in the exception box). b) In 95% or more cases there is documentary evidence of the monitoring of the efficacy of all analgesia administered.	
Nutrition and hydration	c) The overall score of the monthly nutrition and hydration audit is 95 per cent or above in each of the first three quarters for the Trust as a whole and has a 'Green' rating (95 per cent or above) in the final quarter for every ward in the hospital d) At least 95 % of acute patients will receive a nutritional assessment. Patients will have a nutritional assessment completed using the MUST tool e) At least 95 % of patients will receive a nutritional assessment on initial contact with the community health nursing team using the MUST tool.	
Infection control	f) The zero tolerance approach to Methicillin Resistant Staphylococcus Aureus (MRSA) bloodstream infections will continue for 2016-19. g) The annual target for Clostridium Difficile for 2016/17 of no more than 29 cases with lapses in care, within the year, will be maintained.	
Pressure ulcers	h) The zero tolerance to avoidable stage 4 hospital or community acquired pressure ulcers will continue. i) A reduction of hospital and community acquired avoidable stage 3 pressure ulcers from the number in 2015/16 will be achieved.	

Medications: *(Tall of the above form part of the Trust's overall quality priorities as published in the Trust's Quality Account.)* **Dementia**: Enhance the care and management of patients with dementia linking closely with the Trusts Dementia strategy. **Falls:** Continue the management of falls within the Trust, adopting a proactive approach to the identification, assessment and monitoring of falls resulting in harm in the hospital and community settings, **Care closer to home:** Continue to prioritise care closer to home for patients so reducing the need for hospital attendance and admission **Customer Care:** Develop further good customer care skills across all groups so that patients are confident in and trust nurse/midwives they encounter during their	j) The results for the following two indicators will be equal to or better than the end of year results of 2015/16: - All medications that have been administered have been signed and dated. - Omission codes are evident for all medication including Enoxaparin not administered as prescribed k) The dementia strategy will be launched l) Compliance of the FAIR (Find, Assess, Investigate and Refer) process ensuring 90% assessment of appropriate patients will be monitored. m) By the end of 2017 all nursing and midwifery staff working in priority areas will be trained in dementia care and assessment. n) Undertake a quarterly audit of carers for people with dementia to test whether they feel supported. o) Review the RCA of any fall, resulting in a reported Serious Incident/RIDDOR that occurs to a staff member or visitor. The outcomes of this review will be monitored by the Trust Health and Safety Committee. p) The Falls Root Cause Analysis Group will identify action to minimise the risk of falls re-occurrence and monitor the progress of any agreed actions. q) Monitor and review the number and trend of harms reported via the safety thermometer. r) Continue to develop new nursing and midwifery roles within community and other specialist settings.

stay/visit to the hospital. **Risk Management:** Managing risk and learning lessons when things go wrong.	s) Customer care training will be covered in all clinical support worker and graduate nurse and newly qualified midwifery programmes. t) Monitor responses in local surveys that relate to confidence and trust in nurses such as friends and family test and take action when necessary to improve on results. u) By the end of 2017 all nurses, midwives and clinical support staff will have received the appropriate level of training and be aware of their responsibilities regarding governance and risk management. This will be reported on the professional requirement report.

5.5.2

COMPASSION	**Overall aim to- Deliver a great patient experience**	
Commitment 4 We will focus on individuals experiencing high value care**.**	**Commitment 5** We will work in partnership with individuals, their families, carers and others important to them	**Commitment 6** We will actively respond to what matters most to our staff and colleagues
Local Priorities	**Measurable Targets**	
Learning Disabilities: Further improve the way we care and manage the individual needs of patients with Learning Disabilities linking closely with the Learning Disabilities strategy. **End of Life:** Strengthen our services for patients nearing their end of life in line with the End of Life Strategy. **Pain Management:** Improve patient's access to analgesia when they require it. **Safeguarding:** Ensure that the concept of Safeguarding of both children and adults continues to be embedded throughout the organisation and that all nurses and midwives know and meet their responsibilities with regard to safeguarding.	a) By 2018 a training programme will be developed and for Learning Disability Champions to raise awareness and further improve the management of patients with learning disabilities who require acute or community care. b) Continue to support and develop the End of Life Champions. By the end of 2017 all areas will have an identified End of Life Champion who priority will be to assist in the implementation of the 5 new Priorities for Care of the Dying Person. See 5.5.1, a-b c) Achieve and maintain safeguarding training compliance at 95%. d) Complete annual safeguarding audit to provide evidence of the voice of the child, young person or adult. Results to be actioned and monitored by the Internal Safeguarding Board.	

5.5.3

COMPETENCE	**Overall aim to– Drive service improvement, innovation and transformation**	
Commitment 2 We will increase the visibility of nursing and midwifery leadership and input in prevention	**Commitment 7** We will lead and drive research to evidence the impact of what we do	**Commitment 8** We will have the right education, training and development to enhance our skills, knowledge and understanding.
Local Priorities	**Measurable Targets**	
Appraisal/Developing staff: Ensure that the system for staff having time with managers, assess performance and agree development plans is further strengthened and improved. **Leadership**: Build on the success of our present leadership development programmes; ensuring access for leaders at every level. **Clinical Skills**: Continue to monitor and improve the skills of staff using agreed competency measures so that all staff can continue to deliver high standards of care.	a) Ensure that at least 95% of eligible nursing/midwifery staff have an annual appraisal. b) Ensure that the appraisal process contains an assessment of and monitors behaviour that reflects the values of the Trust. c) Ensure that there is a minimum of two Band 5, two Band 6 and one Band 7 leadership programmes are held each year, all places are filled and all attendees achieve the required level of competency. d) Ensure that senior nursing and midwifery leaders are supported in their development by having fair access to external leadership development opportunities, with at least 2 senior nurses/ midwives attending an external leadership programme per year. e) Revise existing competencies and ensure that all care support workers are trained and achieve an explicit level of competence to achieve the Care Certificate by the end of 2019 f) Ensure that all care support workers on the novice programme achieve 100% of their competencies prior to be offered a substantive post. g) Maintain current Edexcel accreditation status for the Trust. h) Develop the Assistant Practitioner development programme (Band 4) and Associate Practitioner (Band 4) to enhance the skill mix and provide support to qualified nurses/midwives with at least 15 Band 4s in place by 2019. i) Ensure that all graduate nurses receive competency based training and are deemed competent prior to being given substantive contracts. j) Ensure all newly qualified band 5 midwives achieve the required competencies before progressing to band 6.	

	k) Have an accurate clinical skills TNA (training needs analysis) by 2017 and have programmes in place to meet the needs of staff.. l) Continue to demonstrate appropriate use of learning beyond registration funds. m) Deliver mandatory training compliance at 95%. n) Ensure nursing and midwifery engagement to the sign up to safety campaign o) Ensure that all staff completing a research component of a degree pathway presents the completed work to their peers and a repository of their research will be made available for all staff to view via the HUB. p) All clinical training will be supported by current evidence based practice

5.5.4

COMMUNICATION	**Overall aim to– Make the best use of what we have**	
Commitment 3 We will work with individuals, families and communities to equip them to make informed choices and support them to manage their own health.	**Commitment 5** We will work in partnership with individuals, their families, carers and others important to them	**Commitment 10** We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes
Local Priorities	**Measurable Targets**	
Patient Experience: Further develop our systems of gaining our patients views of the care they receive and taking action when it falls below an expected standard or when improvements are suggested. **Carer Support:** Enhance the support and education of carers so that they feel fully involved in the care of their relatives and friends. **Access to the Directors**: Continue and develop the systems of the nursing/midwifery voice reaching the Board of Directors. **Use of technology:** Champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes	a) Friends and Family Test scores will be equal to or better than the national average and clear action will be taken when our patient's views of the care they have received fall below an expected standard. b) Ensure patient involvement in the development of services. c) Encourage the celebration of good practice and learning both locally and nationally d) Continue to enhance the support and education of carers so they feel fully involved in the care of their relatives and friends, by encouraging open visiting and participation in their relatives care, including care planning by 2019. e) Develop and undertake a sample questionnaire to assess the level of understanding of carers involved in patient care. f) Ensure that Matrons continue to present a report at the Board of Directors meeting that reflects the voices of all nurses and midwives and that each Matron has a system of reporting any concerns raised by staff. g) Discuss patient complaints and lessons learned that have occurred in an area during the Quality and Safety Reviews. h) By 2017 incorporate a review of lessons learnt from complaints in the Quality and Safety Reviews. i) Ensure nursing and midwifery engagement with the rollout of clinical digital systems.	

5.5.5

COURAGE	**Overall aim to – Deliver a viable future**	
Commitment 1 We will promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff.	**Commitment 2** We will increase the visibility of nursing and midwifery leadership and input in prevention.	**Commitment 6** We will actively respond to what matters most to our staff and colleagues.
Local Priorities	**Measurable Targets**	
Raising Concerns (Whistle blowing): Encouraging staff to raise any concerns over care issues. Encourage staff to use the whistle blowing process if and when other avenues of raising concerns are unproductive Develop an open learning culture. **Supervision:** Further develop the system of reflective clinical supervision so that staff have a further mechanism of support	a) Publicise the mechanisms for raising concerns via managers, The Hub and the revised Raising Concerns/Whistle Blowing Policy. b) Encourage staff to raise concerns in a timely manner without fear of reprisals. Record all reports on the concerns database providing a 6 month report to Directors. c) Support the role of the Freedom to Speak up Guardian by ensuring appropriate training and preparation by May 2017. d) Monitor the use of the Raising Concerns Policy; ensure that lessons are learned through the Matrons meetings and report cases to the Board of Directors e) Develop opportunities for staff to speak openly nursing and midwifery leaders in the organisation. f) Ensure that all new graduates continue to receive reflective clinical supervision for the first 6 months in post and all other staff have access to clinical supervision if they request it. g) Ensure that reflective clinical supervisor training is available quarterly for staff that require it. h) Ensure that midwives continue to receive support through the proposed changes to midwifery supervision. i) Develop and implement a replacement system of support and practice supervision for midwives by March 2017 to replace the statutory Supervision of Midwives process that is due to end in April 2017. j) Ensure that there is a system in place for safeguarding supervision for Trust safeguarding leads by June 2017.	

5.5.6

COMMITMENT	**Overall aim to– Be the place people choose to work**	
Commitment 6 We will actively respond to what matters most to our staff and colleagues	**Commitment 8** We will have the right education, training and development to enhance our skills, knowledge and understanding	**Commitment 9** We will have the right staff in the right places and at the right time
Local Priorities	**Measurable Targets**	
Codes of Conduct: Develop systems of ensuring that registered staff are fully aware of the revised and follow their code of conduct. Ensuring that all clinical support staff adhere to the code for healthcare support workers and all care staff complete the Care Certificate award as standard. **Revalidation:** Ensure that all registered nurses and midwives are aware of the new Revalidation process and that robust monitoring systems are in place. **Recruitment**: Develop and implement a recruitment process that ensures employment is only offered to staff who demonstrate expected values, attitudes and behaviours. **Staff Health and wellbeing**: Ensure that the health and wellbeing of our nurses and midwifes is a priority.	a) Ensure that the Nursing and Midwifery Council (NMC) Code is covered and discussed in all appraisal meetings with registered nurses and midwives. b) Produce a quarterly report, which includes lessons learned, to the Board of Directors on all referrals to the professional bodies. c) Integrate the Healthcare Support Workers Code of Conduct into all care support workers programmes and appraisals d) Ensure that all nurses and midwives are supported through and are compliant with the process of revalidation and revalidation is monitored and reported quarterly. e) Provide all registrants with the opportunity to have their portfolios reviewed prior to revalidation. f) Ensure that a robust recruitment strategy is in place, reflective of the requirements of the organisations, recruiting locally, nationally and internationally. g) Ensure nursing/midwifery turnover rates are reduced year on year and should not be above 7% by 2018. h) Publicise the health and wellbeing services to all nurses and midwives offered by the Trust to help raise awareness of the service and how to access them. i) Monitor staff sickness rate and ensure that this does not exceed the Trust target of 3.5% j) Review the staff survey and provide actions against issues raised.	

New Roles: Supporting the development of new roles that support and enhance our nursing and midwifery workforce.	k) Introduce the Nursing Associate role (band 4); offering training places to at least 8 trainee Associate Nurses by April 2017. Following the pilot evaluation, workforce analysis to be completed to forecast future numbers of Associate Nurses in the organisation and embed into the future workforce.
Diversity and Inclusion: Valuing our diverse nursing and midwifery workforce by encouraging the development of all of our staff.	l) Celebrate our diverse nursing and midwifery population with an annual diversity conference encouraging all of our staff to achieve their full potential.

5.6 RESOURCES

Delivering our strategy and achieving excellence will require investment. This may require transformation of our existing services, using resources more efficiently and effectively. However, it is recognised that investment can only be made in circumstances in which there is a strong business case or in which savings elsewhere in the business can be made to offset the additional spend. We will continue to improve our already excellent facilities and ensure we recruit and maintain the necessary highly competent staff to ensure many years of long term, acute and complex care both in the hospital and community. This investment will ensure that we keep pace with improving standards of modern healthcare.

5.7 SUPPORTING STRATEGIES

Clinical Strategy
End of Life Strategy
Health and Wellbeing Strategy
Learning Disabilities Strategy
Patient Experience Strategy
Quality Strategy
Recruitment and Retention Strategy for Non-Medical Staff
Trust Workforce strategy People Plan

6 TRAINING/SUPPORT

A variety of clinical and support training and education is in place to deliver this strategy. This will be reviewed as the strategy progresses.

7 PROCESS FOR MONITORING COMPLIANCE

See checklist below

COMPLIANCE MONITORING CHECKLIST

MONITORING THE EFFECTIVENESS OF THIS POLICY- As a minimum the following will be monitored to ensure compliance:

	Lead	**Tool**	**Frequency**	**Reporting arrangements**	**Acting on recommendations and Lead(s)**	**Change in practice and lessons to be shared**
Examples of key aspects to include are given below:						
All strategy Indicators outlined in section 5.4	Chief Nurse	Framework of indicators	Quarterly Annually	At CQSPE At Board of Directors	Identify actions required and delegate individuals to take forward	Trust HUB site Lead Nurse/Midwife Forum Matron Meeting
Quality Targets	Chief Nurse	Quality Account	Quarterly	At CQSPE At Board of Directors	Identify actions required and delegate individuals to take forward	Communications Department to publicise Quality Account /Report published

8 EQUALITY

The Dudley Group NHS Foundation Trust is committed to ensuring that, as far as is reasonably practicable the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

9 REFERENCES

Department of Health, NHS Commissioning Board (2012) Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy. [Accessed 14/10/2016]

NHS (2014) Five Year Forward Views [Accessed 14/10/2016]

NHS England (2016) Leading Change, Adding Value: A framework for nursing, midwifery and care staff [Accessed 14/10/2016]

Appendix 1

THE NURSES AND MIDWIVES WHO CONTRIBUTED TO THIS STRATEGY

NAME	TITLE
Karen Anderson	Matron
Andrea Batty	Deputy Matron- Maternity
Andrea Biesty	Respiratory Outreach
Nerys Carr	Lead Nurse – C4
Amanda Clayton	Deputy Matron- Maternity
Liz Cole	Practice Development Nurse -Medicine
Rachael Collins	Lead Nurse- MHDU
Bill Dainty	Professional Development Lead Resuscitation
Alistair Davies	Practice Development Nurse -Medicine
Jenny Davies	Matron
Sara Davis	Deputy Matron
Derek Eaves	Professional Lead for Quality
Julia Greenaway	Matron - Paediatrics
Simon Gregory	Lead Nurse
Sarah Hughes	Lead Nurse Anti Coag Outreach
Stephanie Jones	Lead Nurse GI Unit
Lesley Leddington	Matron Surgery
Barbara Mason	Clinical Support Worker
Carol Love-Mecrow	Head of Non-Medical Education
Yvonne O'Connor	Deputy Chief Nurse
Julie Pain	Head of Nursing Surgery
Alison Perry	Lead Nurse- Critical Care
Michelle Pinto	Community Nursing Matron
Claudia Pinto de Oliveira	Quality Audit and Development Nurse
Jane Pugh	Lead Nurse –Emergency Dept.
Liz Punter	Matron Maternity
Joanna Purshouse	Shift Lead
Sheree Randall	Matron Surgery
Kaye Sheppard	Head of Nursing Medicine
Pamela Smith	Deputy Chief Nurse
Jackie Tibbetts	Lead Nurse-Orthopaedics
Jayne Tranter	Community Nurse
Debra Vasey	Lead Nurse - Respiratory
Jackie Waldron	Lead Nurse C4
Kerrie Walters	Professional Development Nurse RNs
Dawn Wardell	Chief Nurse
Hayley Weekes	Paediatrics
Laura Westwood	Clinical Support Worker
Sara Whitbread	Lead Nurse –Day Surgery

Appendix 2

THE SIX Cs COMPASSION IN PRACTICE

Care is our core business; it defines what we do and who we are.
Our role includes helping people to stay healthy, recover from illness and caring and comforting people at the end of their lives. The care we provide includes clinical expertise, compassion and humanity and we are proud to deliver this to a high standard.

Compassion: It is our ability to be compassionate that defines us as decent human beings. To be compassionate requires us to show kindness, respect and dignity for the people we care for. Our ability to do this is how we are judged by the people who receive our care.

Competence: People have a right to expect competent care from us. We have a responsibility to ensure we have the expertise and clinical knowledge to deliver high standards of care.

Communication is central to a successful caring relationship. Listening is as important as what we say and do. We have a responsibility to ensure that our patients' views and wishes are heard, respected and responded to.

Courage enables us to do the right thing for the people we care for. We are in a privileged position acting to protect the people we care for. We must take responsibility and speak out and challenge when we have concerns or when we witness inappropriate or poor practice.

Commitment: A commitment to the role we have in providing care for people is an essential part of being able to deliver good care. Commitment enables us to provide good consistent care and enables us to strive to make improvements.

Appendix 3

LEADING CHANGE ADDING VALUE FRAMEWORK

Leading Change aims to target three crucial gaps identified in the FYFV. These are:

- **Health and well being**
  Without a greater focus on prevention, health inequalities will widen and our capacity to pay for new treatments will be compromised by the need to spend billions of pounds on avoidable illness.
- **Care and quality**
  Health needs will go unmet unless we reshape care, harness technology and address variations in quality and safety.
- **Funding and efficiency**
  Without efficiencies, a shortage of resources will hinder care services and progress.

By using this framework, nursing, midwifery and care staff have the opportunity to demonstrate the value they bring in a new way

Adding Value – achieves the following:

- Better outcomes
- Better experience
- Better use of resources

The Ten Commitments

The ten commitments support action of nursing midwifery and care staff and helps us to focus on narrowing the three gaps.

- **Commitment 1:** *We will promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff.*
- **Commitment 2:** *We will increase the visibility of nursing and midwifery leadership and input in prevention*.
- **Commitment 3:** *We will work with individuals, families and communities to equip them to make informed choices and support them to manage their own health.*
- **Commitment 4:** *We will focus on individuals experiencing high value care.*
- **Commitment 5:** *We will work in partnership with individuals, their families, carers and others important to them*
- **Commitment 6:** *We will actively respond to what matters most to our staff and colleagues*
- **Commitment 7:** *We will lead and drive research to evidence the impact of what we do.*
- **Commitment 8:** *We will have the right education, training and development to enhance our skills, knowledge and understanding.*
- **Commitment 9:** *We will have the right staff in the right places and at the right time*
- **Commitment 10:** *We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes*

Appendix 2

THE DUDLEY GROUP NHS FOUNDATION TRUST

QUALITY PRIORITYTARGETS 2017/18

At its November meeting the Clinical Quality, Safety and Patient Experience Committee agreed to continue with the present quality priority areas of:

- Patient Experience
- Pressure Ulcers
- Infection Control
- Nutrition and Hydration
- Medications

Below are the actual targets for each of the agreed priorities:

1. PATIENT EXPERIENCE
a) Achieve monthly scores in Friends and Family Test (FFT) for all areas (Inpatients, Outpatients, Maternity, Emergency Department and Community) that are equal to or better than the national average. b) Ensure that in 95% or more cases, a patient's pain score is recorded at least four hourly (unless otherwise indicated in the exception box) c) Ensure that for the question in the local real time survey: 'Were you involved as much as you wanted to be in decisions about your care?' the results are equal to or better than the score achieved in 2015/16.

2. PRESSURE ULCERS	
Hospital	**Community**
a) Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year. b) Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2017/18 reduces from the number in 2016/17.	a) Ensure that there are no avoidable stage 4 pressure ulcers acquired on the district nurse caseload throughout the year. b) Ensure that the number of avoidable stage 3 pressure ulcers acquired on the district nurse caseload in 2017/18 reduces from the number in 2016/17.

3. INFECTION CONTROL	
Maintain or reduce our MRSA and Clostridium difficile (C. diff) rates in line with national and local priorities. All cases will undergo a root cause analysis, the results of which will be discussed jointly by the Trust and Dudley CCG to agree on any avoidability/lapses in care.	
Clostridium difficile	**MRSA**
Have no more than *xx* post 48 hour cases of Clostridium difficile with a lapse in care identified. *(xx – Awaiting nationally set target)*	Have 0 post 48 hour cases of MRSA bacteraemia (blood stream infections).

4. NUTRITION AND HYDRATION	
Hospital	**Community**
a) Ensure that the overall score of the monthly nutrition and hydration audit (made up of 24 items): i) is 95 per cent or above in each of the first three quarters for the Trust as a whole ii) has a 'Green' rating (95 per cent or above) in the final quarter for every ward in the hospital b) At least 95% of acute patients will receive a nutritional assessment using the nationally recognised MUST (Malnutrition Universal Screening Tool).	At least 95% of patient will receive a nutritional assessment on initial contact with the community health nursing team using the nationally recognised MUST (Malnutrition Universal Screening Tool).

5. MEDICATION
The results for the following indicator will be 95% or above: All prescribed medications will either be signed and dated as administered or have an omission code recorded.

Enclosure 6

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on Thursday, 2nd March, 2107

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

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

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			To Note

RECOMMENDATIONS FOR THE BOARD

To note contents of report.

The Dudley Group NHS
NHS Foundation Trust

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

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

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

MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING HELD AT 10:30AM ON WEDNESDAY 11TH JANUARY 2017 IN MEETING ROOM 10, MLCC, WALSALL MANOR HOSPITAL

Present:	Mr R Samuda (RS)	SWBH Chair
	Mr T Lewis (TL)	SWBH CEO
	Dr P Harrison (PH)	DGFT CEO (Acting)
	Mrs J Ord (JO)	DGFT Chair
	Mr R Kirby (RK)	WHC CEO
	Mrs D Oum (DO)	WHC Chair (Chair)
In Attendance:	Mr T Whalley (TW)	BCA Programme Director
	Mrs M McManus (MM)	BCA Senior Project Manager (Minutes)
	Mrs J Illic (JI)	Comms Lead, WHC
	Mrs K Dhami (KD)	Governance Lead, SWBH
Apologies:	None	

BCA/17/1 INTRODUCTIONS / CHECK IN — **ACTION**

DO welcomed members to the meeting. Members introduced themselves to 2 members of the public who were in attendance and DO welcomed them to the meeting also.

BCA/17/2 APOLOGIES

There were no apologies.

BCA/17/3 MINUTES OF LAST MEETING – 14TH DECEMBER 2016

In respect of BCA/16/121 TL stated his recollection that there were 2 actions agreed. The one stated plus a more comprehensive update on the scale of ambition associated with Procurement. TW confirmed that had been agreed, and that Mr Coley would be providing members of the Board with this in February.

In respect of BCA/16/122, TL enquired whether detail relating to the agreement between DGFT and A&E could be shared with colleagues at SWBH and WHC to enable their discussions to progress. PH confirmed he would ask that this be done. — **PH**

The minutes of the public meeting held on the 14th December 2016 were recorded as being a true reflection of the meeting.

BCA/17/4 REVIEW ACTIONS DUE

Progress on actions was noted as described in the pack with the addition of verbal updates provided;

Action 30, TW confirmed HR Directors have briefed their teams on BCA Bank Work, and that further communications requirements would be agreed with Comms Leads once the project had progressed a little further.

Action 34, PH advised that a meeting with NHSE scheduled in December had been postponed, this action to be carried forward to February.

Action 48, RK confirmed this had been completed.

Action 51, TW confirmed this would be covered in the main agenda and could be closed.

Action 52, TW confirmed this would be covered in the main agenda.

BCA/17/5 CHAIR'S BUSINESS

There was no business from the Chair.

BCA/17/6 TEMPORARY STAFFING

MS summarised the key points from enclosure 3. MS confirmed that the HR Steering Group had met twice since the last meeting to progress the actions requested by the BCA Board in December.

MS confirmed that the staff survey is ready to go; following BCA Board approval, it will be sent out by the end of this week with a closing date of 31st January. This will allow initial results to be tabled at the next BCA Board meeting in February.

MS proposed that additional work is required to consider harmonising rates and requested support from the Board and Directors of Finance to achieve this. He raised some concern that variable rates could create an internal market and this should be avoided. MS highlighted that DGFT is currently working through the detail of how rates are applied internally and noted that people are being attracted to work on the DGFT bank. It was also noted that SWBH is reducing rates from 1st March and it would be sensible to understand the impact from this.

HR Directors have also started work on moving towards a joint virtual bank, recognising that there is detailed work to be completed to standardise policies and processes e.g. mandatory training, etc. and also to scope the resource requirements in supporting a joint system.

In parallel with the work to increase the uptake of staff onto Trust banks, HR Directors are establishing a) a Steering Group with Chief Nurses to progress the substantive nursing workstream, and b) a meeting with Medical Directors to discuss options relating to the medical workforce.

MS confirmed that the overall aim of this work is to reduce reliance on agency by increasing the uptake of bank shifts. HR Directors are also working closely with colleagues at The Royal Wolverhampton to understand the work already undertaken to limit agency use within the Trust, ensuring that this includes an understanding of the impact on quality of service provision.

JO asked whether it was possible to understand specifically the impact for people living on the borders with other Trusts. For example, in paediatrics, DGFT already use bank staff substantively employed at Birmingham Children's Hospital. JO acknowledged that this may be a specialist area but suggested that there may be some lessons learned from how that approach works and it would be useful to understand the extent to which this scenario happens across the BCA. MS confirmed that the survey is intentionally short to quickly establish whether there is any interest in joining each other's banks.

It was confirmed that the soft launch referred to in the paper had not yet taken place. JO requested that Communications Leads are involved in any soft launch going forward.

JI to ensure Comms Plan agreed

TL queried how much more analytics is required to agree the standardised rates and requested that this was completed as soon as possible. MS confirmed that support is required from Directors of Finance to ensure that the impact is fully understood and built into budgets; MS requested 2 weeks more on the basis that this support was forthcoming. It was noted that any harmonised rates would require additional funding for some Trusts and for this reason, it was important to understand the impact.

The Board requested that an initial proposed rate is agreed between HR Directors. Once this is proposed, Directors of Finance will need to work through the detail to understand the impact for each Trust. CEOs agreed to brief Directors of Finance on this request. PH requested that whilst the exercise needs to be done quickly, it must be done properly. RK confirmed that there is no provision for increased bank rates within the WHC financial plan and therefore any proposed uplift would require evidence that at least equivalent gains would come from elsewhere i.e. a reduction in agency.

MS to quickly mobilise work to agree a proposed harmonised rate and to work with DoFs to model the impact in each organisation. This should be reported to CEOs in 2 weeks.

JO noted that the outputs from the staff survey would also need to be considered.

TL reiterated the overall aim; to understand what it would take to encourage an increase in uptake of bank shifts in order to support a complete ban on agency usage in the future. It was noted that all Trusts have included significant reductions in agency spend in their 2017/18 plans.

It was agreed that, for the next meeting, MS would present the outcome of the staff survey and more detail in regard to the experience of RWT. MS will also circulate a proposed BCA rate outside of the meeting and will continue preparatory work in regard to the administration considerations.

MS to present the findings of the staff survey and details on the experience of RWT to the February Board.

BCA/17/7 CRG CHAIR'S REPORT

TW confirmed that the last CRG meeting was not quorate due to capacity challenges in all 3 Trusts at the time of the meeting. Medical Directors and Directors of Nurses prioritised urgent capacity challenges over important meetings. TW summarised the key points that were discussed by those present:

- There was a strong desire to plan the clinical conference for June, which is positive;
- There was a desire to look at what colleagues working in the Greater Manchester Health Care & Social Devolution are doing (Welldata being nomenclature for the Devo Manc work in this area);
- Mr Amir Khan agreed to act as Executive Sponsor for the MTI programme.

TL and JO were supportive of exploring what Welldata are doing but requested that CIOs are given opportunity to assess in advance, particularly in light of upcoming EPR implementations within their respective Trusts.

The Board was pleased to see that routine teleconference facilities are in use for CRG meetings.

BCA/17/8 COMMUNICATIONS & ENGAGEMENT UPDATE

JI presented a summary of the Communications & Engagement Report.

The Stakeholder Reference Group meeting took place in November, which was well attended. The recommendation for the BCA CAN to be routinely shared with this group was agreed by the Board.

JI reported that more programmes within the BCA are developing, and there is increasing support required from Communications teams. Communications leads are working through the implications of this to ensure they can take a more proactive approach, given existing workloads within each Trust. JI confirmed that they are looking at how they can identify some dedicated resource, whether that is additional resource or resource from within existing teams.

TL stated that a measure of effectiveness for Communications is the level of exposure within the trade press. The Board stated clearly that any work to support the BCA was a core element of the Communications Teams' remit and they would not expect to see any requests for additional resource. DO thought that there is more we should be doing to 'sell' the work of the BCA and referenced the communications associated with the MERIT vanguard as an example of good practice. DO suggested that a review of the prioritisation and how teams are organised might be beneficial.

JI to bring back a proposal to February's Board that outlines how the teams will organise themselves to provide proactive support

JI confirmed that 2 dates in June are currently being held for the clinical conference (14th and 15th). A more detailed proposal will be brought back to the March meeting. TW confirmed that the CRG are discussing the agenda at their next meeting.

TW reported that the BCA had held a very positive meeting with Health Watch regarding how they can support us with engagement on citizen preferences. The detail is currently being worked through and will be presented to the BCA Board in due course. The Board agreed that this work could continue with governance via the CEO forum and therefore would not need to come back to a future Board meeting.

JI/ TW to bring back a detailed proposal for the Clinical Conference to March BCA Board

BCA/17/9 PROGRAMME DIRECTORS UPDATE

TW referred the Board to enclosure 6.

TW requested support for the BCA to put forward an expression of interest to NHS Leadership Academy to recruit another Graduate Management Trainee in this year's cycle as the existing team member was doing good work; this was agreed.

JO asked whether there is a map of all work going external to BCA boundaries. TL confirmed that this would comprise 2 components: firstly, there would be a market share analysis; and secondly, a detail of expectations for changes in specialised commissioning. It was agreed that all 3 Trusts have this individually and CEOs can bring this together.

CEOs to share market share analysis and commissioning implications and bring back to the next meeting.

BCA/17/10 MEDICAL TRAINING INITIATIVE

TW confirmed that the MTI steering group continues to make progress and referred the Board to enclosure 7.

PH confirmed that the success of any MTI is in making the jobs attractive and in using established personal relationships to recruit fellows.

The Board acknowledged the work that had been undertaken and requested that it is sufficiently ambitious moving forward. There was some clarity required in respect of how the existing individual Trust initiatives would be transformed into a BCA-wide initiative and what this would mean in terms of numbers per Trust. JO asked for clarity on the numbers involved. TW confirmed that each Trust will provide a view on those numbers but that the working assumption is that each trust could intake 5 fellows twice each year.

MR Khan to be invited to March or April's BCA Board to present an update on the MTI project.

The Board agreed to endorse the recommendations made in the paper with Mr Khan as Executive Sponsor. Mr Khan is asked to present an update to the BCA Board before April, outlining the progress made at individual Trust level and how we might transform this existing work into a BCA initiative. In the meantime, work should continue at pace to maximise this opportunity given the patient, clinical and financial benefits associated with reducing reliance on use of locums.

BCA/17/11 ATRIAL FIBRILLATION

TW confirmed that the enclosed paper is being brought back to the BCA Board following Pfizer's confirmation that the award of grant funding can be announced publicly.

Acknowledging that the initial proposal was developed in a very short timeframe, TW thanked all those involved in securing this grant award, and stated that the project team now requires the right support from Trust teams to work through the detail.

TL acknowledged the positive news in respect of funding to improve patient care. He requested clarification in respect of which of the bid elements we are required to deliver in the 12 months, particularly in respect of the GP screening programme and the use of specific IT tools. MM confirmed that the GP screening programme and all technology referred to within the bid are pilot initiatives; they do not require any commitment to recurrent funding from the Trusts at this stage. The main component of the bid is funding for the integrated pathway, utilising the AF nurse in secondary care clinics. Further integration of the pathway and any changes within primary care are the ambitions of the project group for phases beyond the first 12 months. Additionally, any technology is currently subject to comparative review by the AHSN and it may be that specific brands are substituted.

The Board noted that it is a very ambitious project, which will need a much broader group of people involved. The project group will need to properly define the detail and may consider passing this over to the STP given the activity in primary as well as secondary care. It was agreed that the Project Group would report into the CEO forum going forward. Otherwise, the proposed governance and escalation recommendations were approved.

BCA/17/12 REFLECTIONS ON THE MEETING

The Board reflected that it was a good meeting with strong debate on some important topics. There were no questions from the public.

BCA/16/12 ANY OTHER BUSINESS

None

BCA/16/113 <u>DATE AND TIME OF NEXT MEETING</u>

8th February @ 10:30am

Boardroom, MEC, Sandwell Hospital

Chair: Mrs D Oum

The Black Country Alliance

Programme Director's Update – February 2017

TITLE:	BCA Programme Director's Report	**EXEC SPONSOR:**	BCA Board
AUTHOR:	Terry Whalley	**PRESENTER**	Terry Whalley

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

KEY ISSUES:
None other than those covered in the paper

IMPLICATIONS OF PAPER:

RISK	**Risk Register:**		None
COMMS, COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	Not required
	Patient / Citizen Engagement	**N**	Not required
	Monitor / TDA	**N**	Not required
	Equality Assured	**N**	Not required
	Competition & Mergers	**N**	Not required
	Comms Lead OK	**Y**	
	Governance Lead OK	**Y**	

ACTION REQUIRED OF BCA BOARD:

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE BCA BOARD:

The Black Country Alliance Board is invited to receive and comment on the enclosed update

1 Purpose

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

2 Project updates

2.1 Urology

At the January Steering Group, all of the ideas identified at the Urology Conference were discussed in greater depth. It was concluded that in order to prioritise which pathways would now be progressed data was required on patient referral numbers and waiting lists for each Trust. Areas thought to be worth exploring include Holmium Laser, Urolift system, Female Incontinence/Reconstruction and Upper Tract Oncology Services. It was agreed to put VideoUrodynamics, Urolith, Prostatic Stents and Brachytherapy for Oncology as a lower priority at present and consider them again in the future. The Operational Leads for all four Trusts will now collate the data and further discussions will progress at the next Steering Group meeting on 16 February 2017. Regarding the use of Holmium Laser, SWBH wish to start using this equipment but have a training requirement, however as there is expertise within BCA, it was concluded that sharing expertise through mentoring is preferable, to save the need for formal training. Discussion took place regarding DGFT and/or RWT starting to offer Template Prostate Biopsy, however it was concluded that as this procedure is currently being done at WHC and the number of patients requiring it is considered low that WHC would accept referrals from the four Trusts and if this becomes unmanageable, another Trust could then offer this procedure.

2.2 Complex MDR TB

The proposal to develop a MDT forum for complex/multi-drug resistant (MDR) tuberculosis meets NICE guidelines by ensuring that best practice for infection control of patients is maintained at all times to prevent further transmission. The Terms of Reference and a QIA have been developed and were submitted to CRG where they were endorsed. However, more information from NICE guidance has revealed that there should be a 'regional' MDR TB network to include other hospitals in the region. Guy Hagan, clinical lead at SWBH, has requested that we put implementation of the MDT on hold until the implications of this have been discussed with colleagues. An update will be provided in due course.

2.3 Neurology

Neurophysiology; Following approval of the two neurophysiology posts at the November 2016 BCA Board, the job description and job advert were developed and submitted to the Royal College of Physicians (RCP) for approval. The RCP has raised some queries and require additional information and the Neurology Consultants are currently working through this, with a view to resubmitting the information to the RCP for approval. In parallel, the more detailed business case evidencing the merit of this proposal is being developed and will be submitted to this Board ahead of any interviews / appointments.

Multiple Sclerosis (MS); The opportunity exists to improve resilience in this nurse led service by employing an additional MS nurse collaboratively across 3 trusts. The working group discussed this at their workshop on 11 January 2017 and it was agreed that data was required to prove the need for an additional post. A meeting has been arranged for 6 February 2017 to discuss the audit criteria and then there is another workshop booked in March 2017 to progress this further.

Complex Headaches; The emerging proposal is to recruit two additional complex headache Nurse specialists who will be trained by existing nurse specialist (SWBH) and then provide clinics across BCA. This will greatly reduce pressure on general neurology clinics. A paper will be submitted to the BCA Board in March to support this, evidencing the case for change and public value associated with this.

Neurology Consultant Posts at WHC, following the request at January's BCA Board that a Black Country Alliance solution be considered in respect of the consultant neurology posts at WHC, a proposal has been developed by the clinical lead at SWBH with input from colleagues at DGFT. Colleagues at WHC are now considering this proposal.

2.4 Interventional Radiology

A draft pathway has been developed for extension of the nephrostomy service to relevant gastroenterology procedures and is currently being reviewed by gastroenterologists at all four trusts. A training needs analysis of Interventional Radiologists is underway in relation to the procedures proposed for the extension of the service. Business cases are under development for the recruitment of the additional staff required to extend the service, which along with the regional shortage of appropriately qualified radiographers, mean that staff are unlikely to be in post within the timescale envisaged previously. Therefore, it is unlikely that the extended service will be operational until early autumn.

The 7 day nephrostomy service, which so far around 50 patients have benefitted from accessing, has been shortlisted for a HSJ Value in Healthcare Award in 'acute service redesign' category. Three representatives will deliver a presentation to the judging panel on 27th March, 2017 to demonstrate outcomes, long term impact and why the service should win the award. The presentation will be developed ensuring representation of all four trusts, and will include videos of a cross section of staff (e.g. radiologists, urologists, radiographers, nurses) and a patient story. The awards ceremony is on 24th May, 2017.

2.5 Clinical Coding

The Expression of Interest for the national Clinical Coding trailblazer has now been submitted. The trailblazer covers approx. 21 NHS Trusts (including the 3 BCA Trusts) and the 3 National NHS Digital Coding Academies (including the West Midlands academy). We are expecting an answer in approximately 6 weeks as to whether it has been given the green light to proceed.

The trailblazer group is focussed on developing nationally recognised Apprenticeship Standards for level 3 and level 4 apprentices. Once approved, these standards will enable the Coding Academies to access government levy funding, expected to be in the region of £200m for the NHS in 2017/18, thereby significantly increasing the number of training places available.

The detail of what would be included in the new standards is to be worked through by the Trailblazer Steering Group, which will comprise representatives from each member Trust. At this stage we have submitted a conservative estimate that we may recruit 1 apprentice per Trust under the new standards. This will be reviewed at a local level as the trailblazer progresses and we have more detail in respect of the financial and workforce implications for our Trusts.

The data quality network has agreed a Terms of Reference and a schedule of meetings for 2017. This will enable quality improvement through collaboration, starting with agreeing a programme of improvement work over the next 12 months.

2.6 Upper Limb Trauma

Following renewed discussions this month around Upper Limb Trauma, colleagues at DGFT have agreed to consider sending specific referrals relating to more complex hand and wrist conditions to SWBH. This will only be for patients where DGFT are unable to treat and are routinely referred to different trusts in the region. Discussions around which referrals will be affected and the pathway are still ongoing whilst the operational teams are assessing the number of patients and viability of the pathway change. Similarly, WHC are open to a discussion but would also like to consider having a visiting hand therapist for a post-operative hand rehabilitation service for their patients at Walsall. The group will reconvene to consider the possibilities and work to complete a pathway document and undertake a Quality Impact Assessment ahead of either the March or April BCA Board.

2.7 Medical Training Initiative (MTI)

The MTI project continues to progress under the Executive sponsorship of Mr Amir Khan. As discussed at the BCA Board meeting in January, work is underway to assess and align the existing initiatives in progress within the BCA Trusts. Additionally, the project group is looking to: initiate discussions with the Royal College of Surgeons, to ensure that the scheme covers both medical and surgical specialties; and incorporate an academic qualification through the Post Graduate Academic Institute of Medicine (PGAIM) at the University of Wolverhampton. A further more detailed update will be presented by the Exec Sponsor to the BCA Board in April.

2.7 Atrial Fibrillation (AF)

Following the award of grant funding from Pfizer, mobilisation of the AF project is underway including the identification of support from finance, IT and information colleagues. IT colleagues have confirmed that the clinician-facing CATCH ME app can be downloaded to Trust devices, which is a fundamental requirement of enabling non-specialist clinicians to support the treatment and management of patients within the integrated care model. The priorities for the next reporting period are to advertise the AF Nurse post and to complete the detailed baselining exercise.

At its January meeting, the Board raised concerns in respect of the ambition of the project, particularly in respect of the extent to which we can realistically engage primary care colleagues in developing the proposed integrated model of care. In response, the AF Steering Group has reviewed the bid components and agreed the following priorities for the 2017 calendar year (to be reviewed every 2-3 months).

Table – AF Project Scope for 2017

Bid Component	Agreed Scope
Integrated Care	• Develop existing pathways towards better integration of care and more streamlined movement between primary and secondary care • We will work with those practices and GPs with whom we have existing links
AF Screening	• Recognise that we cannot impose this element on GPs • Focus on laying the groundwork for this element by identifying GP champions for the whole AF project and understanding the appetite for a GP screening pilot

Education & Upskilling	• Programme of activities to commence summer 2017 • Assessment of existing guidelines in each Trust to be undertaken • Credible baseline of current performance to be undertaken

3. Other News

BCA Performance Reporting: following endorsement from the BCA Board in December, the BCA project office is now implementing a project and portfolio management solution, Aspyre. Configuration of the system is underway, which will ultimately allow increased visibility of progress, risks and benefits delivered as a result of BCA projects. The primary focus is to develop a dashboard and suite of performance reports that will allow the BCA Board to quickly understand progress made at both individual project level and across the entire portfolio. A first draft of the proposed reports is expected to be available for review by the BCA Board in March and it is expected that the system will be fully operational for BCA projects by early summer.

4. The Ask of the Black Country Alliance Board

The Black Country Alliance Board is invited to receive and comment on the above update.

The Black Country Alliance CAN – February 2017

Welcome to the latest edition of the Black Country Alliance CAN newsletter. Here is a brief update on the current projects being undertaken within the Black Country Alliance together with a roundup of other news items. This update follows the BCA Board meeting held on the 8th February 2017. The BCA Board will meet again in public on 8th March 2017 at The Dudley Group NHS Foundation Trust. You can find papers from the public BCA Board on www.blackcountryalliance.org

Working together on delayed transfers of care

The three Trusts are exploring where there may be opportunities to share best practice around patient flow through the trusts, particularly to streamline discharge processes. Each Trust is looking at how best to learn from each other on programmes including Going Red to Green, single assessment models, seven day working and virtual wards at home. The Board members agreed to share resilience plans and to look together at boundaries to identify the best place for patients transferred by ambulance.

Pharmacy services

The BCA Board discussed the work led by the three Chief Pharmacists to share good practice and develop common approaches to deliver sustainable and cost effective pharmacy services that improve patient care. The workstreams being explored include recruitment and retention of pharmacy teams, provision of aseptic services, shared specialist pharmacist roles, ward based digitised medicines storage provision, IT systems, pharmacy technician drug administration and PharmOutcomes.

The Chief Pharmacists can be contacted for more information.

Upper limb trauma

As part of the Black Country Alliance programme, clinicians at The Dudley Group NHS Foundation Trust have agreed to consider sending specific referrals relating to more complex hand and wrist conditions to Sandwell & West Birmingham Hospitals NHS Trust. This will be for referrals that would otherwise be sent to different Trusts in the region. The teams are assessing the number of patients this may affect and how the pathway would work. Walsall Healthcare NHS Trust are considering a visiting hand therapist for a post-operative rehabilitation service.

National trailblazer application for clinical coding

The BCA is part of 21 Trusts who have submitted an expression of interest for a national clinical coding trailblazer. The trailblazer group is focussed on developing nationally recognised Apprenticeship Standards for level 3 and level 4 apprentices. We expect to hear the outcome of the bid in March.

Getting best value out of procurement

The BCA procurement director is leading a programme of work to get the best value out of supplies and services that the three Trusts purchase. It is acknowledged that there are efficiencies to be gained from working more closely together, purchasing in the same way and agreeing a shared catalogue of supplies. Cost savings will begin to be realised over the next year.

David Coley, Procurement Director, can be contacted on dave.coley@nhs.net for more information.

FORTHCOMING EVENT: The BCA will be holding its second clinical conference in June 2017 at the Bescot Stadium in Walsall. Further details will follow.

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

Dr Paul Harrison
Acting Chief Executive
The Dudley Group

Toby Lewis
Chief Executive
Sandwell and West Birmingham

Richard Kirby
Chief Executive
Walsall Healthcare

Enclosure 7

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 2nd March 2017

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

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

SUMMARY OF KEY ISSUES:
This paper includes:

1. A summary of both the present situation with the quality priority targets for 2016/17 and the specific targets for 2017/18.

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

3. Situation with producing the Quality Account of 2016/17

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
✓		✓	

RECOMMENDATIONS FOR THE COMMITTEE: To note the contents of the report and to agree a) the two national indicators and b) the local indicator for external audit that will be proposed to the Governors for their final agreement.

THE DUDLEY GROUP NHS FOUNDATION TRUST

QUALITY ACCOUNT/REPORT UPDATE – MARCH 2017

1. Overview of Present Position with Quality Account Priority Targets and targets for 2017/18

The detailed third quarter report was present to the CQSPE in January. Below is an updated summary with more up-to-date information:

Patient Experience – For the FFT targets, we have both the Trust and national scores only up to the end of November (that is for eight months). The chart below indicates for each area the number of months out of the eight that the Trust has achieved the target:

Inpatient	A & E	Antenatal	Birth	Postnatal Ward	Postnatal Community	Community	Outpatients
7	8	7	6	8	8	7	3

It can be seen that although the results are generally good the overall target has only been met so far for three of the eight areas.

With regards to the two pain targets, we have April to January results which indicate that only one of the two is likely to be met.

Pressure Ulcers – The Trust has had one Grade 4 avoidable pressure ulcer both in the hospital and community and so the zero tolerance targets for these have not been met. Due to the time lag of the assessment and investigation process into whether pressure ulcers are avoidable or not, it is difficult to come to a firm conclusion on whether the avoidable Grade 3 targets are being met but at present this looks to be the case but it is premature to be definitive about this.

Infection Control – These targets are likely to be met.

Nutrition/Hydration – The first part of the Nutrition Audit target has been achieved (overall Trust scores for the first three year quarters being 95% or above). From January's individual ward scores the second part may be met with 16 of the 21 areas having scores 95% or above although it may be difficult for the 5 areas not achieving this score in January to get to 95% for the whole quarter. The MUST target has not been met for any of the months and so will not be met.

Medication – These two targets are very unlikely to be met.

On the basis of these provisional results, proposals have been put to the CQSPE for next year's targets which include in general that the unmet targets are rolled over. The proposals were agreed by the CQSPE and are detailed in the CQSPE report to the Board of Directors.

2. Attendance at the Dudley MBC Overview and Scrutiny Committee

The Chief Nurse and Professional Lead for Quality attended the above committee following the annual request to discuss the forthcoming quality account/report. A report on the position with regards to the quality priorities up to the third quarter had been provided for the agenda and immediately prior to the meeting a request was received asking for further details on the percentages of patients both locally and nationally completing the Family and Friends Test (FFT). A further paper on this was compiled and tabled at the meeting. The councillors gave a positive response to both sets of information provided and were complementary about the Trust from their own personal experience. The initial report included what had been agreed regarding the 2017/19 quality priority topics and the councillors did not voice any dissent with these or suggest any different topics.

3. Situation with producing the Quality Account of 2016/17 and the indicators that the external auditors will review.

In January NHS England published a letter indicating its requirements for the contents of the 2016/17 account and in early February NHSI published its requirements for the report. NHS England's letter essentially said that there would be no changes to the requirements except it has asked to include a number of extra information. We will include these.

Within the NHSI document , it states that:

'The Trust should select two indicators that are relevant to the Trust. These should be selected from the following list in order (i.e. if 1. and 2. below are both reportable then these should be selected):

1) percentage of incomplete pathways within 18 weeks for patients on incomplete pathway at the end of the reporting period
2) percentage of patients with a total time in A and E of four hours or less from arrival to admission, transfer or discharge
3) maximum waiting time of 62-days from urgent GP referral to first treatment for all cancers
4) emergency readmissions within 28 days of discharge from hospital

On the basis of the above the Trust will have to 'select' 1) and 2). Leads for these audits who will liaise with the external auditors will have to be agreed.

In addition, as previously, the Governors will be asked to choose a local indicator to be audited. It is proposed to ask the Governors to choose a Patient Experience indicator - FFT for the emergency department as last year C.Difficile (Infection Control) was audited and the year before one of the NCI targets (Nutrition) was looked at. The specific ED FFT is proposed due to the recent introduction of SMS messaging as a means of patients responding.

In terms of the present situation with the report, the draft is currently being compiled. The very first draft (with incomplete year data) will be sent in March to the organisations such as the CCG, Dudley Overview and Scrutiny Committee, Healthwatch etc for their comments. The external auditors will initially check the contents in April while at the same time as they undertake the quality indicator testing. During April and May the contents will be continually updated as end of year data becomes available and a further draft will be presented to CQSPE. The final document will be presented to the Audit Committee at the end of May.

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Trust Board on 2nd March 2017

TITLE:	**Workforce Strategy 2017-2018**		
AUTHOR:	Andrew McMenemy, Director of HR	**PRESENTER**	Andrew McMenemy, Director of HR

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

SUMMARY OF KEY ISSUES:

The enclosure provides an updated version of the Workforce Strategy following presentation of the first draft at the November Board and feedback from Workforce Committee colleagues.

Alongside the Strategy is the supporting Workforce Business Plan that provides greater detail as to the main objectives that will support the Strategy. This document allows the Workforce Strategy to continue to the good practice developed to this date with an opportunity to provide greater levels of focus. The Strategy is based on six Strategic Priority Areas:

- Leadership, Development & Values;
- Staff Well-Being & Engagement;
- Innovation & Change;
- Workforce Capacity;
- Recruitment & Retention;
- Performance & Productivity.

The Strategic Areas of Priority are supported by what we aim to achieve as well as enablers that provide greater detail as to the particular direction of work required. Alongside this document there is an associated business plan with detailed objectives that will support the delivery of the Workforce Strategy.

ACTION REQUIRED OF COMMITTEE:

Decision	Approval	Discussion	Other
	√	√	

RECOMMENDATIONS FOR THE COMMITTEE:

The Board is asked to consider the final version of the Workforce Strategy for approval and implementation.

Workforce Strategy for Dudley Group NHS Foundation Trust 2017-2018

Strategic priority areas	Leadership, Development & Values	Staff Well-Being and Engagement	Innovation & Change	Workforce Capacity	Recruitment & Retention	Performance & Productivity
Aims	***Our staff will have access to relevant education that meets the needs of the service within a culture of continuous development.***	***We will be a well led and engaged organisation with an inclusive culture that demonstrates our values.***	***We will be a Trust that excels in innovation through our workforce.***	***We will ensure that our workforce capacity is efficient and flexible to support patient and service needs.***	***We will have the right people in the right place within the framework of a sustainable workforce model.***	***We will support and expect the achievement of the highest level of workforce standards.***
Enablers	Develop systems that record employee skills and aspirations alongside options for developing learning and career ambitions.	To actively listen and engage with staff allowing opportunities for two way communication.	Better utilise information and information systems to support innovation with the workforce.	Plan for the skills that the Trust needs now and for the future to meet the needs of changing demands of our service.	Strengthen the brand for DG to attract people to the Trust and retain the people and skills within the Trust.	Provide a consistent reporting mechanism that aligns workforce performance with other areas of Trust performance.
	Develop a coordinated approach that supports staff development and education.	To actively support health & well-being initiatives for staff that support both physical and mental health.	Develop opportunities for new ways of working across professional boundaries in order to support a sustainable workforce.	Develop partnership arrangements with local stakeholders to support our sustainable workforce plan.	Enhance and streamline the processes for recruitment to bring the right people in at the right time in a cost effective manner.	Ensure managers fully understand how best to utilise workforce information to mitigate risk and enhance performance.
	Design, launch and manage a comprehensive employee development programme.	Work more closely with our local stakeholders in order to support engagement and well-being initiatives.	Develop an environment that supports, recognises and rewards innovation.	Ensure workforce plans are aligned to service plans and are supported by credible workforce information.	To listen to the workforce and provide tangible feedback that demonstrates listening in action.	To provide clear expectations regarding performance and behaviour within a clear accountability framework.

Workforce Business Plan to support the Workforce Strategy

Strategic Priority One – Leadership, Development and Values

Objective What do you need to do to achieve this?	How will this outcome be measured?	Timescale (by when)	Any support/action by other teams.
To develop a training needs analysis using the information from our PDR system. This will be broken down by Directorates and staff groups to provide an indication of main development needs.	Development of new appraisal paperwork. Integrated system to record PDP outcomes centrally.	Q3	Divisional Management Teams Clinical Education Teams Professional Heads
To create an appropriate employee development programme aligned to serivce priorties and linked directly to our strategy, service plans and training needs analysis.	To work with STP colleagues to develop core areas of employee development programme alongside Trust specific developments.	Q3	STP Colleagues Procurement Colleagues Divisional Management Teams Professional Heads
To implement a dedicated period for appraisals for non-medical staff, to be undertaken in order to provide consistency with corporate and local objectives and support the training needs analysis.	To implement phased approach to changing the appraisal calendar.	Q2-4	Divisional Management Teams
To develop an Organisational Development Programme that supports better integration between staff and services while aligning to Trust values.	To use the feedback from staff survey alongside priorities of Trust strategy to develop an appropriate OD programme.	Q4	Communication Team Divsional Management Teams Executive Team

Strategic Priority Two – Staff Well-Being and Engagement

Objective - What do you need to do to achieve this?	How will this outcome be measured?	Timescale (by when)	Any support/action by other teams.
To work with our partners in Action Heart to extend Gym opening hours in order to encourage physical activity within the workforce.	The opening of the Gym.	Q1	Action Heart Communications Team
To extend the remit of the well-being strategy group in order that regular staff well-being events are held at least four times a year focsing on physical and mental health.	Terms of reference and regular work programme developed.	Q1	Professional Leads Public Health CCG Action Heart Smoking Cessation
To develop a forum across the STP that develops best practice initiatives for staff well-being and supports the associated CQUINN.	Terms of reference and regular work programme developed.	Q2	STP Colleagues
To commence consultation on implementing a smoke free site with the proposal for a six month lead in time from July 2017 and formal initiation from 1st Jan 2018.	Option appraisal to be developed and determined at Board.	Q2	Executive Team Smoking Cessations Estates Dept

Strategic Priority Three – Innovation & Change

Objective What do you need to do to achieve this?	How will this outcome be measured?	Timescale (by when)	Any support/action by other teams.
To review our electronic workforce systems to understand if ESR Management and Employee Self Service is benefical going forward and will create efficiences and support managers and staff.	The development of new mandatory training and appraisal system as interim measure and option appraisal for future use.	Q1 & Q3	Information Team BCA Colleagues
Develop innovative new ways of working by developing areas of good practice from within and outside the NHS. This will be supported by effective workforce plans.	Establishment of recruitment & retention working group with an agreed R & R strategy.	Q1	Professional Leads Divisional Management Teams
To develop an effective Workforce Directorate that delivers effective support to staff and managers while supporting innovative practice.	Implementation of new Workforce Directorate structure alongside achievement of objectives and feedback using survey from stakeholders.	Q4	Divisional Management Teams Executive Team
To support effective change management and engagament alongside our partners with the introduction of the MCP.	Effective application of management of change best practice principles during MCP transition for our staff.	Q3-4	MCP Partners CCG Trade Union Colleagues

Strategic Priority Four – Workforce Capacity

How will this outcome be measured?	How will this outcome be measured?	Timescale (by when)	Any support/action by other teams.
To develop detailed workforce plans based on 1-3 years for the Trust and then have this cascaded by each Division and split between the main staff groups. For these plans to be directly linked to service/business planning process and developed within a set period each year.	To establish a template and process to support workforce plans that can be used by the Trust and management teams to plan their workforce alongside service developments.	Q3	Information Team Divisional Management Teams Professional Leads
To use the information generated from the service and workforce plans to create a link between the assumptions in the workforce plans to the recruitment strategy and the employee development programme. This will also support succession/talent management plans for particular posts or departments.	Completed recruitment plan and development plan that informs the following year's activity.	Q4	Divisional Management Teams Professional Leads
To develop formal partnership links with local education providers in Dudley to support career opportunities and sustainable workforce planning at the Trust.	To establish an agreed link to relevant educational establishments to support career development programme.	Q2	Local Schools & Colleges
To develop career pathways that support prospective employees to understand the opportunities within their local NHS Trust.	Set out established career pathways where demand is low or turnover is high.	Q3	Local Schools & Colleges Recruitment & Retention Group Professional Leads

Strategic Priority Five – Recruitment & Retention

Objective What do you need to do to achieve this?	How will this outcome be measured?	Timescale (by when)	Any support/action by other teams.
To work alongside colleagues in our Communications Team to support brand development at Dudley for the specific purpose of attracting the highest quality candidates to the Trust and retain our current workforce.	Review our marketing and communications strategy to ensure we develop the brand for Dudley.	Q2	Communications Team Executive Team
To better understand the reasons for staff turnover by holding listening events that allow positive interventions to take place to support retention.	Developing breakfast with the boss sessions and create a listening environment for staff to provide regular feedback.	Q3	Communications Team Executive Team
To create an efficient and appropriately centralised system for recruiting staff that has identifiable performance indicators for each stage of the process.	Implement the actions from the Recruitment Process Review.	Q2	Local Management Teams where recruitment has been decentralised.
To implement a Recruitment and Retention group in the Trust involving professional groups that creates opportunities for best practice initiatives for recruiting staff.	Agree terms of reference and diarise meetings for 2017 and report achievements to Workforce Committee.	Q1	Profesional Leads Divsional Management Teams

Strategic Priority Six – Performance & Productivity

Objective - What do you need to do to achieve this?	How will this outcome be measured?	Timescale (by when)	Any support/action by other teams.
To create and implement a set of workforce key performance indicators that provide one version of the truth and support managers in managing performance within an integrated performance mechanism.	A new template for workforce KPIs that is produced monthly with accurate information and integrated alongside wider performance report.	Q1	Information Team Divsional Management Teams Strategy and Performance Team
To establish a set of supportive and regular training programmes around absence management, staff capability and employee relations to support enhanced performance.	Provide a training programme published on the HUB with nominations through respective HRBPs.	Q3	Divisional Management Teams
To support the attainment of all targets agreed within our workforce key performance indicators alongside trajectories to achieve the target where there are instances of under performance.	Establish new key performance indicator template alongside integration into Divisional team meetings and performance meeting cycle.	Q2	Information Team Divsional Management Teams Strategy and Performance Team
To provide quarterly workforce performance reports to the Trust Board highlighting areas of risk and good practice alongside trend analysis.	To establish a Board Report.	Q1	Governance Team

Enclosure 9

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 2nd March 2017

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

CORPORATE OBJECTIVES

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

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

SUMMARY OF KEY ISSUES:

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

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		**Y**

RECOMMENDATIONS FOR THE BOARD

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

The Dudley Group NHS
NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Workforce & Staff Engagement Committee	21st February 2017	Jenni Ord	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

Workforce Assurance

1. The Committee received the first report indicating workforce related risks in the Trust. It was agreed that this was a reasonable first report but that it required to be more focused in order for the Committee to have assurance that workforce risks were being properly represented.
2. The Committee were provided with assurance that policies were either compliant or in the process of being reviewed in order that they would be compliant within the required timescales.

Workforce Education

3. An update of EDS2 was provided that developed into a wider discussion regarding the provisions at the Trust to support the Equality & Diversity agenda for both patient care and staff. It was concluded that there should be further review of our current support to determine if this should be clarified and/or extended.

Workforce Performance

4. The Workforce Key Performance Indicators were presented with the Committee pleased with the level of detail provided. The main concerns raised were associated to compliance regarding Mandatory Training and Appraisal. It was agreed that a plan with supporting trajectory would be prepared alongside an accountability framework to support improved performance.
5. Assurance was provided to the Committee regarding progress alongside the implementation of the junior doctor contract. It was agreed further updates would continue to be provided to the Committee during the implementation phase.

Workforce Reviews

6. An update on the reviews associated to Bank, Recruitment and Mandatory Training were provided to the Committee indicating good progress in order to support better levels of infrastructure for these areas.

Workforce Change

7. The Committee were provided assurance regarding the next stage of the MTI recruitment initiative. The Director of HR confirmed receipt of a finalized job timetables that had been outstanding. It is expected that Deanery approval will now be imminent in order that the recruitment process can commence.
8. The Director of HR provided an update on the main areas of work associated with the BCA and the STP. This included areas of joint working including Employee Development, Back Office services, Equality & Diversity, Health & Well-Being and Medical Agency efficiencies.
9. The Director of HR also provided an overview of some structural changes within the Workforce Directorate that will support the delivery of the Workforce Strategy and underpinning Workforce objectives.

Decisions Made / Items Approved

1. The Committee ratified the following policies:
   - Alcohol and Drugs Misuse Policy
   - Working Time Regulations Policy

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

1. The Committee requires further feedback regarding progress on the implementation of the following:
   - Junior Doctor Contract Implementation
   - Workforce Strategy
   - Staff Survey Action Plans
   - Trajectory and Plans to support compliance for Mandatory Training and Appraisal.
   - Equality & Diversity support in the Trust.

Items referred to the Board for decision or action

There were no items requiring Board decision or action.

Enclosure 10

Paper for submission to the Board on the 02/03/2017

TITLE:	**Freedom to Speak Up Guardian role, update.**		
AUTHOR:	**Carol Love-Mecrow Head of Non-Medical Education and Training Freedom to Speak Up Guardian**	**PRESENTER**	**Carol Love-Mecrow Head of Non-Medical Education and Training Freedom to Speak Up Guardian**

CORPORATE OBJECTIVE:
SO1: Deliver a great patient experience
SO2: Safe and Caring Services
SO4: Be the place people choose to work

SUMMARY OF KEY ISSUES:

- Role development
- Regional Guardian activity
- National Guardian Office guidance on data to be recorded
- Progress to date

IMPLICATIONS OF PAPER:

RISK	**Y**		
	Risk Register: Y Need to insert number of risk assessment		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	Details: EFFECTIVE Peoples care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence CARING Staff involve and that people with compassion, kindness, dignity and respect
	Monitor	**Y**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE BOARD
To discuss the implications highlighted by the paper and subsequent strategies to address these.

THE DUDLEY GROUP NHS FOUNDATION TRUST
Freedom to Speak up Guardian progress

Introduction

Following the appointment in May 2016 of the Trust's first Freedom to Speak up Guardian, the raising concerns agenda is beginning to grow and develop. The appointment of Dr Henrietta Hughes as the National Speak up Guardian has provided the growing number of Trust Freedom to Speak up Guardians [FSUG] with leadership and a clear vision of improving the culture around raising concerns.

Role Development

Since October 2016, when the majority of Trusts appointed their FSUG there have been a number of workshops delivered by the National Guardian office instructing guardians on the background and development of the role. These workshops have provided opportunities for guardians to network and compare practice, progress and challenges of the role.

Most Trusts in the West Midlands now have a FSUG and the West Midlands were the first to hold a regional steering group meeting in November 2016 that was attended by the National Guardian. These regional meetings will be held quarterly and are chaired by the Freedom to Speak up Guardian for Royal Wolverhampton NHS Trust.

There is some inconsistency in the approach of some Trust on the appointment of their guardians. Some Trusts have several guardians with dedicated time allotted to the role, some Trust have appointed individuals whose only role in the organisation is FSUG. Some are paid specifically some are not. This does on occasion lead to some frustrations in the amount of activity each FSUG can undertake and only time will tell which approach is most effective.

All FSUGs have a 'buddy' who is also a FSUG from another Trust whom they speak to on a regular basis to share ideas, concerns or just to provide support and counsel.

Regionally the FSUGs are working on a generic job description and a consistent way of recording data related to raising concerns.

Recording of issues

The National Guardian Office [NGO] has recently published guidance to FSUGs on how to record data relating to concerns. Some of this data may be periodically requested by the NGO. The purpose of this is to provide consistency across Trusts.

The National Guardian's Office (NGO) is likely to routinely request a number of the items so that it can properly oversee the work done by the FSUG network

When recording issues, the confidentiality of people speaking up should always be considered. Recording systems should be designed so that only the FSUG has access to the information captured. At Dudley we have a secured database accessible only by the Guardian and the Governance and only the Guardian has access to the identities of staff that have raised concerns,

Suggested recording details

- Number of issues raised
- Number of issues raised anonymously
- Other factors related to people raising concerns e.g.
  - Department
  - Profession
  - Position
  - Length of time in the Trust
  - Length of time in post
- Nature of the issue
- Has the issue been raised previously?
- Outcome the person speaking up wishes to see
- Action
- Outside referral
- Update
- Open / closed
- Feedback
- Learning

Not all of the above will be requested by the NGO unless a deep dive of the organisation is required.

Activity May 16- Feb 2017

Number of concerns raised	19
Raised anonymously	1
Raised confidentially	16
Related to possible lapses in care	7
Related to bullying or a bullying culture	8
Required investigation	7
Concerns closed	12
Feedback received	7

Themes

Nineteen concerns have been raised directly with the FSUG, the majority of which did not relate directly, to lapses in patient care. All but one of the concerns were made confidentially but not anonymously.

The issue of bullying and harassment continues to feature heavily in a number of the concerns and whilst this in itself does not directly affect patient care, staff wellbeing, if not managed, can have an impact on patients in increased absenteeism and turnover. All guardians have been advised to record these issues to pick up areas that may have a *bullying* culture as this is seen as a deterrent for staff wishing to raise concerns about other issues.

Possibly, to be expected, the last 2 months there has been a focus on poor staffing numbers and the effect this may have on patient care.

Issues / Reflections

The last 6 months as the Guardian have been eventful and a little stressful at times; managing a full time role and the Guardian work can be challenging. Whilst staff seem responsive to the role I am sometimes met with a degree of suspicion when I attempt to clarify facts about the concerns raised.

I am now in touch with a number of other guardians and this provides a support forum that I can access when needed

Future plans

In the next few months there will be development of an evaluation tool to measure the effectiveness of the role; also there will some partnership working with the Guardian for safer staffing. This has been delayed due to other work commitments.

The database is currently being reviewed to ensure that it captures all the data they may be required by the NGO.

The National Guardian, Henrietta Hughes, is currently visiting guardians in Trusts to look at the work they are doing and I am aiming to invite her to Dudley later in the year.

Enclosure 11

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on the 2 March 2017

TITLE:	**Guardian of safe working report**		
AUTHOR:	**Mr Babar Elahi – Guardian of safe Working Hours**	**PRESENTER**	**Mr Babar Elahi – guardian of safe Working Hours**

CORPORATE OBJECTIVES:

SO2: Safe and Caring Services
SO4: Be the place people choose to work
SO5: Make the best use of what we have

The report covers the following elements:

- Introduction an context in respect of the role of Guardian of Safe Working
- New Junior Doctor Contract and its implications
- Guardians quarterly report with initial challenges
- Progress to date

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description: Implementation of revised JD contact may adversely impact on rotas**
	Risk Register: Y COR102		**Risk Score: 16**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: links to safe, caring and well led domains**
	Monitor	**N**	**Details:**
	Other	**Y**	**Details: national requirement for effective guardian role**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
			Y

RECOMMENDATIONS FOR THE BOARD

The Board is asked to note the actions taken by the Trust and its appointed guardian of safe working.

The Dudley Group NHS
NHS Foundation Trust

Board of Directors

Guardian of Safe Working Report
January 2017

1. Introduction and background

This paper sets outs the background and context around the introduction of the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors and implementation of that role in the Trust.

The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours, during negotiations on the junior doctor contract agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours.

The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The work of the guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.

The Guardian will:

- Champion safe working hours.
- Oversee safety related exception reports and monitor compliance.
- Escalate issues for action where not addressed locally.
- Require work schedule reviews to be undertaken where necessary
- Intervene to mitigate safety risks.
- Intervene where issues are not being resolved satisfactorily.
- Distribute monies received as a result of fines for safety breaches.
- Give assurance to the board that doctors are rostered and working safe hours.
- Identify to the board any areas where there are current difficulties maintaining safe working hours.
- Outline to the board any plans already in place to address these
- Highlight to the board any areas of persistent concern which may require a wider, system solution.

The Board will receive a quarterly report from the Guardian, which will include:

- Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade.
- Details of fines levied against departments with safety issues.
- Data on rota gaps / staff vacancies/locum usage
- A qualitative narrative highlighting areas of good practice and / or persistent concern.

Other new features of the 2016 contract include:

Work scheduling – junior doctors and employers will be required to complete work schedules for the doctors in training. This will begin as a generic schedule setting out the hours of work, the working pattern, the service commitments and the training opportunities available during the post or placement.

Exception reporting – enabling doctors to raise exception reports where their work schedules do not reflect their work, and to ensure that a work schedule remains fit for purpose, This is beneficial to employers as it will give real-time information and be able to identify key issues as they arise. It also benefits doctors, as issues over safe working or missed educational opportunities can be raised and addressed early on in a placement, resulting in safer working and a better educational experience.

Requirement for junior doctor forums to be set up - principally these forums will advise the Guardian of safe working who will oversee the processes in the new contract designed to protect junior doctors from being overworked. The Guardian and Director of Medical Education in each Trust and relevant organisation shall jointly enable a nomination/election process to establish a Junior Doctors Forum (or fora) to advise them and make appropriate arrangements to enable the elected representatives time off for their activities & duties in connection with their role. Election onto the forum will be for the period of rotation and replacements must be sought for any vacancies.

2. Guardian of Safe Working Report

Appointment

In July 2016 the Dudley Group NHS Foundation Trust appointed Mr Babar Elahi, Consultant Ophthalmologist to the role of Guardian OF Safe Working. Mr Babar is one of the new consultants in the Trust and joined the Trust in February 2015. Since he has been a trainee just two years ago this has been well received by the junior doctors who believe this gives the required independence and understanding of the current issues. The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources, finance and the freedom to speak up guardian to establish the role in the Trust and build relationships.

In December 2016 27 junior doctors in the Trust transferred onto the contract. By the end of 2017 all junior doctors will be on the new contract. The table below shows the number of junior doctors posts which converted to the new contract . The picture will change over the coming year until all the junior doctors have transitioned onto the new contract.

Site	No of posts which converted in December 2016	No of posts which converted in February 2017
RHH	27	4

Challenges

Engagement

Engagement with the junior doctor workforce has been difficult initially due to the fact that the majority of them associate the guardian role with the new contract, to which many are still opposed. Since his appointment, The Guardian has adopted the following strategy to engage junior doctors.

- Introduction to Guardian and his role by attending Junior Doctor Induction Day.
- Attending junior doctor forum arranged by Postgraduate Clinical Tutor
- Attending junior doctors operational forum
- Creating a dedicated Guardian email in the trust
- Regular communication to junior doctors through emails
- Using Trust HUB to advertise important information to junior doctors

Engagement with the Educational Supervisors (ES) and Clinical Supervisors (CS) has also been challenging as the national team were unable to provide any training or standard information for ES until late December. Director of Medical Education (DME) and Guardian are working in collaboration with each other to provide all the relevant information to supervisors across the trust, explaining changes to their roles and responsibilities.

Software System

The Trust uses a nationally procured system for medical staff rotas called the Allocate, which is the system now used for exception reporting. There have been significant problems and delays in getting the system live and we were unable to test this out until the day before the first doctors transferred onto the new contract. Each junior doctor on the new contract has been given log in details and been registered on the system in order to submit an exception report as necessary. The Educational Supervisors as well as Clinical Supervisors have also been registered and set up on the system. This process has to happen with each rotation.

The Allocate does not ‘speak’ to payroll and as a result all requests for additional payment for hours worked have to be administered manually.

Workload

The implementation of the new junior doctor contract represents a substantial programme of work. In order to manage the workload effectively and efficiently, close working arrangements between Payroll, the Medical Directors’ Office and the HR Director will continue in order to support the following key activities:

- Providing expert and timely advice to all junior doctors affected by the implementation;
- Providing training to rota co-ordinators, educational supervisors and Divisional management;
- Reviewing rotas and testing against the 2016 contractual limits on working hours and rest;
- Preparing work schedules to issue to junior doctors prior to transition;
- Ensuring basic pay and other allowances are amended by Payroll;
- Issuing new contracts of employment that reflect the 2016 terms and conditions of service;
- Providing support to the Guardian of Safe Working Hours;
- Managing exception reports received from doctors once they have transitioned to the contract.

Junior Doctors Forum

The Guardian has established the Junior Doctor Forum. The inaugural meeting was held on 12th Jan 2017. It was attended by DME, JLNC Member, JLNC Junior Rep, Medical Workforce Manager, Deputy Clinical Tutor and Medical Education Manager.

Since Communication Team used the Trust HUB to advertise this forum, it was very well received by junior doctors. The meeting was attended by 26 junior doctors. Issues related to Allocate software, exception reporting, rota gaps, terms of reference and membership were discussed at this meeting and an agreement to meet every 6 weeks and keep it under review. Every effort has been made to widen the junior doctor membership of the Forum to encourage a more diverse representation across the trust.

Exception Reports and Fines.

The whole point of the exception reporting system is to allow employers to address issues and concerns as they arise, in real time, and to keep doctors' working hours, both rostered and actual, within safe working limits. If the system of work scheduling and exception reporting is working correctly, in anything other than truly exceptional circumstances, the levying of a fine indicates that the system has failed or that someone – the supervisor, Guardian or the individual doctor concerned – has failed to discharge his or her responsibilities appropriately.

Any levying of a fine should therefore be followed by an investigation in to why it was necessary and remedial action to ensure that it does not happen again. The most important thing to remember is that fines should rarely, if ever be applied at all.

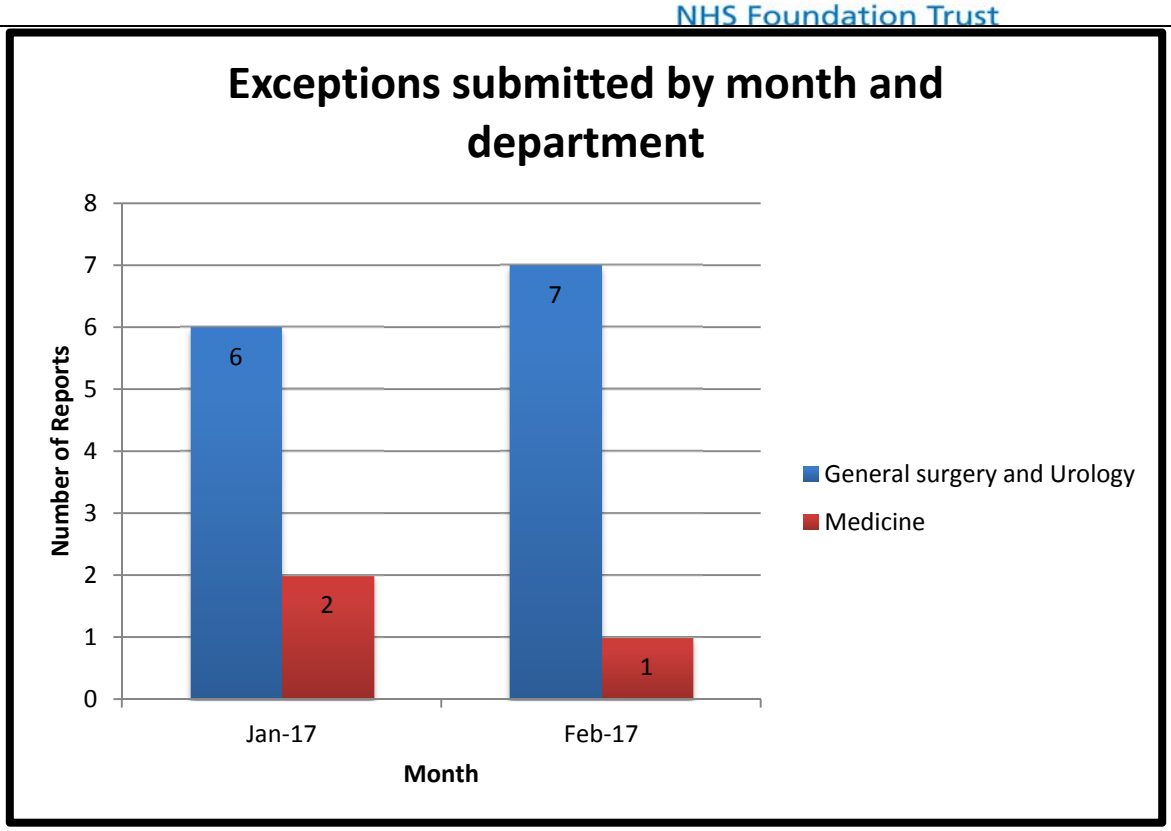
From 7th December to 12th Feb we have received 16 exception reports. The 16 reports came from 7 doctors, 8 in the whole of January and 8 within the first 12 days of February :

- None resulted in guardian fines
- 9 were filled in error, as the doctors could not locate their respective supervisors on the Allocate Software. All of them were dealt with direct contact Guardian and DME through their respective supervisors.
- 1 was raised as immediate safety concern. It was investigated and dealt with in time.

The main challenge has been in getting the software for reporting functional. Junior doctors and supervisors, both were struggling with this software. Some of the exception reports were misdirected and took longer then usual for sorting. The problems have now be rectified. There have been some early outcomes associated with these reports including; identifying some individuals who need to be better supported and others which have resulted in quite practical solutions.

The new contract contains safeguards to protect the safety of our junior doctors and patients and ensures doctors are accessing the required education. In the event of a junior doctor submitting an exception report, this must be reviewed by the appropriate supervisor and the actions agreed to prevent it re-occurring. The priority must always be to give the doctor time back in lieu to ensure safety is not breached, therefore payment for additional hours worked should always be discussed and agreed with the appropriate budget holder and should be the exception rather than the rule.

The Medical Director and Chief Operating Officer are supporting the Guardian to raise the awareness of clinical directors, directorate managers and educational supervisors of their responsibilities within the new contract, in particular that payment for additional hours worked should be the exception rather than the rule.



Month	Reports	Exception type	Department	Grade	Outcome	Fine
Jan 17	3	Hours	Surgery/Urology	FY1	No Further Action	Nil
Jan 24	2	Hours	Surgery/Urology	FY1	No Further Action	Nil
Jan 29	2	Hours	Surgery/Urology	FY1	No Further Action	Nil
Jan 29	1	Hours	General Medicine	FY1	No Further Action	Nil
Feb 1	2	Hours	Surgery/Urology	FY1	No Further Action	Nil
Feb 3	1	Hours	General Medicine	FY1	No Further Action	Nil
Feb 5	5	Hours	Surgery/Urology	FY1	No Further Action	Nil
TOTAL	**16**					

Rota Gaps for Doctors Currently on New Contract

There are 3 vacant FY1 posts. 2 in Haematology and 1 in Elderly Medicine.

Haematology Post 1

A Trust Grade Doctor has been appointed to fill this post.

Haematology Post 2

There has been a Trust Grade Doctor appointed to this post but still awaiting his final paperwork clearance.

Elderly Medicine Post 1

The Trust is still struggling to appoint a suitable candidate for this post. It has been advertised in the past but failed to attract any suitable candidate. It is currently being re-advertised.

Locum Rates for FY1 Doctors on the new contract

Since the contract was implemented for the FY1 Doctors in December 2016, the Trust has not been able to source and secure a single internal FY1 Doctor to work a Locum Duty. We currently have 3 FY1 HEWM vacancies and these have all had to back filled with SHO locums which are costing the Organisation £50 per hour because no FY1 will work at the new rate of £15.42 per hour. The previous internal locum rate for FY1 Doctors used to be £30 per hour but we are in breach of the new contract if we offer anything more than the agreed rate.

Networking

The Guardian has attended National as well as Regional Guardian Conferences. He has created a network of guardians in the region and nationally. Guardian has established a fine working relationship with his DME.

Appointment of Guardian as West Midlands Chair

In its inaugural meeting, Regional Guardian Conference at Walsall, the Trust Guardian has been appointed Chair of Guardians for West Midlands. This opportunity allows direct communication with NHS Employers on issues related to safe working of junior doctors. Guardian communicates regularly with Guardians in the region and nationally. Health Education England West Midlands has extended their full support to the Guardian in his role as Chair of Guardians.

Next Steps

1. To encourage wider junior doctor engagement by the Guardian.
2. To use the Trust HUB to promote the role of Guardian in the Trust.
3. Establish drop in training session educational and clinical supervisors for exception reporting.

3. Conclusion

Overall, the Guardian role represents an opportunity for a cultural move towards a value based approach to trainees as opposed to the blame culture often encountered in the NHS in the past, however the challenge remains in engaging with a workforce that are skeptical about the benefits of the new contract.

4. Recommendation

The Board are asked to read and note this first report from the Guardian of Safe Working

Author	**Babar Elahi** **Guardian of Safe Working**
Executive Lead	**Chief Executive**
Date	**17th February 2017**

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board on 2nd March 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 27th February 2017 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 10 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**.

The Trust is forecasting to deliver **£10,127k** of the **£11,431k** it has identified to date.

This creates a shortfall of **£1,304k** against identified schemes. As a result, the Trust is forecasting an overall shortfall of **£1,780k** for 2016/17.

2017/18 CIP planning has identified a full year effect of between £7.3m - £9.4m with a part year effect of these schemes £7m - £8.9m, against a CIP target of £12.5m (c.70%).

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

2nd March 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 10 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 FYE of identified schemes	Y/E FYE Variance of identified schemes
TOTAL	£11,908k	£11,431k	-£476k	£8,479K	£8,187k	-£291k	£10,127k	-£1,304k

Based on the Month 10 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 £10,127k of the £11,431k it has identified to date, creating a shortfall of **£1,304k** against identified schemes. As a result, the Trust is forecasting an overall shortfall of **£1,780k** 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 from the Workstreams.

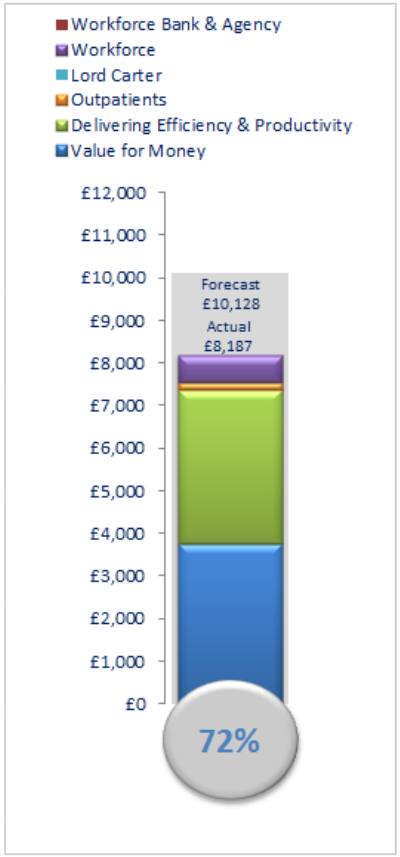
2017/18 CIP planning has identified a full year effect of between £7.3m - £9.4m with a part year effect of these schemes £7m - £8.9m, against a CIP target of £12.5m (c.70%).

Executive Summary

	YTD	FYE
Planned	£8,479,316	£11,431,963
Actual	£8,187,320	£8,187,320
Forecast		£10,127,914
Variance	-£291,996	-£1,304,050

	Submitted Plan	Overall Shortfall
Identified	£11,431,963	
Target	£11,907,990	
Variance	-£476,027	-£1,780,076

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	£4,324,911	£3,437,750	£3,612,624	-£365,148	£2,993,347
Value for Money Infrastructure	Paul Taylor	£4,895,783	£4,520,505	£3,675,723	£3,751,679	-£375,278	£1,343,000
Workforce	Andrew McMenemy	£950,321	£775,825	£712,742	£636,580	-£174,496	£300,004
Outpatients	Anne Baines	£303,800	£206,672	£227,850	£186,438	-£97,128	£303,800
Lord Carter	Anne Baines	£0	£0	£0	£0	£0	£0
Workforce Bank & Agency	Paul Taylor	£592,000	£300,000	£425,250	£0	-£292,000	£592,000
View all Projects	Total	£11,431,963	£10,127,914	£8,479,316	£8,187,320	-£1,304,050	£5,532,151



2016/17 Forecast Non Recurrent	£2,629k	% of Total CIP Forecast as Non Recurrent	25.96%

2017/18 CIP Planning

2017/18 CIP planning has identified a full year effect of between £10.5m - £14m with a part year effect of these schemes £7m - £9m, against a CIP target of £12.5m (c.70%) . In total 62 schemes have been identified with schemes at varying levels of development as shown in the below charts.

Summary 2017/18 CIP plan