The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 11th January, 2018 at 9.00am
Clinical Education Centre
AGENDA

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 – A. Becke**		J Ord	To Note	9.00
2.	**Declarations of Interest** Standing declaration to be reviewed against agenda items.		J Ord	To Note	9.00
3.	**Announcements**		J Ord	To Note	9.00
4.	**Minutes of the previous meeting**				
	4.1 Thursday 7 December 2017	Enclosure 1	J Ord	To Approve	9.00
	4.2 Action Sheet 7 December 2017	Enclosure 2	J Ord	To Action	9.05
5.	**Patient Story**		L Abbiss	To Note & Discuss	9.10
6.	**Chief Executive's Overview Report**	Enclosure 3	D Wake	To Discuss	9.20
7.	**Safe and Caring**				
	7.1 Clinical Quality, Safety and Patient Experience Committee Exception Report	Enclosure 4	D Wulff	To note assurances & discuss any actions	9.30
	7.2 Chief Nurse Report – Infection Prevention and Control	Enclosure 5	E Rees	To note assurances & discuss any actions	9.40
	7.3 Nurse/Midwife Staffing Report	Enclosure 6	S Jordan	To note assurances & discuss any actions	9.50
8	**Responsive and Effective**				
	8.1 Finance and Performance Committee Exception report	Enclosure 7	J Fellows	To note assurances & discuss any actions	10.00

	8.2 Integrated Performance Dashboard	Enclosure 8	K Kelly	To note assurances & discuss any actions	10.10
	8.3 Cost Improvement Programme and Transformation Overview Report	Enclosure 9	N Younes	To note assurances & discuss any actions	10.20
	8.4 Charitable Fund Committee Exception Report	Enclosure 10	J Atkins	To note and discuss	10.30
9.	**Well Led**				
	9.1 Digital Trust Committee Exception Report	Enclosure 11	M Stanton	To note assurances & discuss any actions	10.40
	9.2 Corporate Risk Register/Assurance Framework	Enclosure 12	G Palethorpe	To note & discuss any actions	10.50
10.	**Any other Business**		J Ord		11.00
11.	**Date of Next Board of Directors Meeting** 9.00am 8th February, 2018 Clinical Education Centre		J Ord		11.00
12.	**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		11.00

Quorum: One Third of Total Board Members to include One Executive Director and One Non Executive Director

Enclosure 1

The Dudley Group NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 7th December, 2017 at 8.30am in the Clinical Education Centre.

Present:

Jenni Ord, Chairman
Richard Miner, Non Executive Director
Julian Atkins, Non Executive Director
Doug Wulff, Non Executive Director
Julian Hobbs, Interim Medical Director
Siobhan Jordan, Chief Nurse
Ann Becke, Non Executive Director
Jonathan Fellows, Non Executive Director
Diane Wake, Chief Executive
Michael Woods, Interim Chief Operating Officer

In Attendance:

Helen Forrester, EA
Andrew McMenemy, Director of HR
Mark Stanton, Chief Information Officer
Liz Abbiss, Head of Communications
Glen Palethorpe, Director of Governance/Board Secretary
Natalie Younes, Director of Strategy and Business Development
Chris Walker, Deputy Director of Finance
Tom Jackson, MCP Lead
Mark Hopkin, Associate Non Executive Director
Derek Eaves, Freedom to Speak Up Guardian (Item 17/131.5)
Jeff Neilson, Director of Research and Development (Item 17/132.4)
Babar Elahi, Guardian of Safe Working (Item 17/133.4)

17/124 Note of Apologies and Welcome
8.31am

The Chairman welcomed Tom Jackson, MCP Lead to the meeting. Apologies were noted from the Director of Finance and Information, the Chair confirmed that with just this apology the Board was quorate. The Board asked that their thanks and good wishes were passed to the Director of Finance and Information. The Deputy Director of Finance was attending in his place.

17/125 Declarations of Interest
8.31am

Dr Mark Hopkin confirmed that he was a GP and Clinical Lead at the CCG and it was confirmed that this did not conflict with any items on the agenda requiring a decision.

There were no other declarations of interest.

17/126 Announcements
8.33am

The Board noted that Ian Dalton had been appointed as the new Chief Executive of NHS Improvement.

The Chairman read out an extremely positive letter sent to whole Board regarding the exemplary care given by the Ophthalmology Department. A copy of the letter had been passed to Mr Raj who was singled out for praise.

No other announcements to note.

17/127 Minutes of the previous Board meeting held on 2nd November, 2017 (Enclosure 1)
8.35am

The minutes of the previous meeting were amended at page 1 to remove the declaration by Dr Harrison, as he was not in attendance this declaration was not required to be noted, at page 9 to read "Mr Atkins, Non Executive Director, raised the falls statistics as the target reported seemed incorrect", at page 11 to read "Trusts preferred to delay the opening but this would cause a cost and IT pressure for Dudley in the interim", "The Chairman confirmed that joint investment between the Black Country Trusts had been previously agreed to develop the full business case and asked whether the delay would mean a request for further funds" and "Mrs Becke, Committee Chair and the Chief Information Officer presented the Digital Trust Committee Exception Report".

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

17/128 Action Sheet, 2nd November, 2017 (Enclosure 2)
8.37am

17/128.1 Organ Donation Report

The Chief Nurse to confirm when the next meeting of the Organ Donation Committee is taking place. There was no update for this meeting so this action was agreed to be carried forward

17/128.2 Safeguarding Report

Evidence in relation to domestic abuse rates had been provided to the Board and they agreed the evidence was sufficient to close this action as it provided clarity as to where the quoted rates were from.

17/128.3 Integrated Performance Report

The item relating to inappropriate ultrasound scanning referrals will be carried forward to the meeting in January as the outcome of the Interim Chief Operating Officer's enquiry remained unanswered.

17/128.4 Patient Story

The patient had been contacted and confirmed that they were happy to do a follow up story and this will be planned for next year. It was agreed to close this item.

The Chief Nurse to confirm the timing of the next Organ Donation Committee. Inappropriate ultrasound scanning referrals to be addressed at the January Board.

All other items on the action sheet were either on the agenda, agreed as complete based on the information provided in the report or were for a future meeting.

17/129 Patient Story
8.40am

The Head of Communications presented the patient story.

The video showed a number of clips of patients describing what the 6 Cs meant to them. The patients' stories were mainly very positive experiences. These stories had been received at the recent Nursing Conference.

The Chief Nurse gave an update from the Nursing Conference at which this video had been extremely well received.

The Chief Executive suggested interviewing staff to see what the 6 Cs mean to them.
Mr Atkins, Non Executive Director, suggested that we should do more around learning from what we do well.

Mrs Becke, Non Executive Director, stated that we need to tailor messages to staff to enable them to understand cultural differences about the 6 Cs especially as the videos showed different reflections within the range of age groups.

The Interim Medical Director confirmed that the Trust had started to focus more on developing a learning culture.

Mr Fellows, Non Executive Director, commented that patients need to have courage to speak to nurses and know they will take action on their behalf so they are not afraid to speak up.

The Interim Chief Operating Officer confirmed that we also need to encourage relatives to have the courage to ask questions.

The Chairman and Board noted the positive stories and comments around how the application of the 6 Cs could be encouraged further around the Trust.

Staff to be interviewed to see what the 6 C's mean to them.

17/130 Chief Executive's Overview Report (Enclosure 3)
9.00am

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

- Winter Plan: This had been tested out within exercise OLAF. Work remains ongoing and the Trust continues to strengthen the resilience within the organisation. The Trust has appointed a new EPRR Manager who will commence in January to take the resilience agenda forward.

- Flu: 68% take up rate which is excellent performance.

- Staff Survey: 35% completion rate.

- Santa Dash: The event was thoroughly enjoyed by everyone that participated and has currently raised £675 for the Trust Charity.

- Pathology: Progress continues. The Board endorsed the direction of travel.

Dr Wulff, Non Executive Director, asked for assurance around the Trust's use of implants in light of the recent press coverage. This Interim Medical Director confirmed that the Trust's position will be checked.

The Chairman asked about Creshendo systems linked to one of the news stories referred to within the report. The Chief Information Officer will check if there is any impact on the Trust.

The Chairman and Board noted the report and endorsed the direction of travel for Pathology.

The Interim Medical Director to check the Trust's position in relation to the use of implants.
The Chief Information Officer to check the position in relation to Creshendo.

17/131 Safe and Caring

17/131.1 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 4)
9.11am

Dr Wulff, Committee Chair, presented the Clinical Quality, Safety and Patient Experience Committee Exception Report, given as Enclosure 4.

The Board noted the following key areas from the Committee meeting:

- The Committee had a long conversation on the review of infection prevention and control and robust discussion around the action plan and the current declared compliance standards.

- The Committee discussed the Ophthalmology appointments backlog and that due to resourcing issues the whole backlog would now be cleared by the end of November, but that all urgent and priority appointments had been undertaken. The Committee confirmed it will continue to monitor the position regarding backlogs.

- The Committee had been concerned for some time around the meetings of the Transfusion Group and had asked for progress to be monitored by the Quality and Safety Group and reported back to the Committee.

- The Committee held a positive conversation around the update of Quality Priorities for the year. These will be presented to the Board later on the agenda and Council of Governors for approval later in the day. The Committee supported the recommendation on the Trust's priorities for next year.

The Chief Nurse confirmed that there had also been a good discussion regarding Maternity and the progress against its performance dashboard.

The Chairman and Board noted the report, assurances received, and items to come back to the Committee and endorsed the recommendation around the Quality Priorities.

17/131.2 Chief Nurse Report – Infection Prevention and Control Update (Enclosure 5) 9.15am

The Chief Nurse presented her report, given as Enclosure 5.

The Board noted the improved report format that now detailed compliance with the Hygiene Code. The report declared assurance against all 10 areas.

The Infection Prevention and Control Committee had looked in detail at the Code and current practice and this was where the reported assurance was taken from. The Board noted that the meeting frequency had changed to monthly.

The Board noted that the Trust had been rated as requiring improvement by NHS Improvement team following a recent visit within a number of areas relating to Infection Prevention and Control.

The Chief Nurse stated that it is important that all Board members have a clear understanding around all of the 10 criteria describing the standards within the Code.

Mr Fellows, Non Executive Director, asked how Non Executive Directors will gain assurance over continued compliance with the hygiene code, and any impact of none delivery of agreed actions following the NHS Improvement feedback. The Chief Nurse confirmed that the 10 criteria will be included in future Board papers and any partial compliance will be reported to the Board.

The Board noted that the report detailed 17 cases of C.Diff, the Chief Nurse updated the Board on the latest position which now stands at 22 avoidable cases out of a target of 29.

There had been no MRSA cases.

Dr Wulff, Non Executive Director, asked that the assurance report is presented to the Clinical Quality, Safety, Patient Experience Committee before Board.

The Chief Executive confirmed that the Trust will undertake an assessment against all 10 criteria recognising the feedback from NHS I and ensure that the Infection Prevention and Control report is aligned before it is presented to Board again.

Mr Miner, Non Executive Director, asked what measures are being taken to develop leadership in this area. The Chief Nurse confirmed that this was in hand.

Mrs Becke, Non Executive Director, asked about the e.coli infections numbers within the report. Dr Wulff confirmed that it is impossible to confirm when a patient may have contracted the infection and thus if they are directly related to hospital practices.

The Interim Medical Director updated the Board on the work being undertaken around catheter care and sepsis.

The Chairman and Board noted the report and that the currently recorded assurances within the report in respect of the hygiene code were insufficient given the NHS I findings and agreed that the process for improving the Trust's position should be included in the next report along with a monthly update against the hygiene standards. Also noted was the information around the wider reported infections and the clinical work underway around catheter care.

Hygiene Code Assurance Report to be presented to the Clinical Quality, Safety, Patient Experience Committee.

Trust to re-assess all 10 of the Hygiene Code criteria and align the information with the feedback from NHS I before presenting to the Board in January.

17/131.3 Monthly Nurse/Midwife Staffing Report (Enclosure 6)
9.35am

The Chief Nurse, presented the monthly Nurse/Midwife Staffing Report given as Enclosure 6.

The Board noted the following key issues:

- Staffing: The Trust was achieving safe staffing levels.
- Many areas were using bank staff to assist in implementing the new staffing levels.
- The investment made into staffing is making a difference to continuity of care.

- There had been 2 adjustments to the submission of our reported staffing data. The issues had now been addressed but the Chief Nurse stated that the Trust needs to strengthen the Information Team capacity.

Mr Miner, Non Executive Director, raised the data issue and whether it alters previous reporting. It was noted that it did, but the Chief Nurse confirmed that the difference was fractional and did not make a material difference.

Mr Fellows, Non Executive Director, suggested that Internal Audit should include this on their future work plan for their data quality work.

The Chairman and Board noted the report and fill rates reported and agreed that Internal Audit should include within their data quality work a review of these indicators in their work plan.

The nurse/midwife staffing data validity to be included on the Internal Audit work plan.

17/131.4 Quality Account Update Report (Enclosure 7)
9.41am

The Chief Nurse presented the Quality Account Update Report given as Enclosure 7.

The Board noted the following key issues:

- A good discussion had been held at the Clinical Quality, Safety, Patient Experience Committee which reviewed the rationale for the continuation and addition of two more quality priorities .

- The Board also agreed that where priorities had not been delivered the Trust must continue to focus on these areas.

- The Board also agreed that discharge management should be included as a priority as should incident reporting to strengthen the reporting culture within the Trust.
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Mr Atkins, Non Executive Director, was pleased to see discharge management included and commented that this will support the development of red to green processes as business as usual.

The Chairman asked for clarification around then quality domains listed, as the report asked for confirmation of indicators against three domains but only two were listed. The Professional Lead for Quality confirmed that the clinical effectiveness domain was missing from the report. The Board with that information agreed that the quality metrics across the three domains should continue unchanged from last year.

The Chairman and Board noted the report and agreed the additional proposed priorities for 2018/19 should be placed before the Council of Governors later that day and also agreed to continue with the quality metrics for 2017/18.

17/131.5 Freedom to Speak Up Guardians Report (Enclosure 8)
9.46am

The Freedom to Speak Up Guardian presented his report given as Enclosure 8.

The Board noted the following key issues:

- As requested outline information of outcomes from concerns raised was now included in the report.
- The Board noted that numbers were increasing and stood at 11 for the quarter.
- Concerns vary considerably in their complexities and the Chief Executive was offering support as appropriate.
- Numbers compared to other Trusts were detailed on page 3 of the report.
- Results of the Speak Up Guardians National Survey were also included. The Trust did not currently have Speak Up Ambassadors or Champions throughout the Trust and will consider its position in respect to this.
- No concerns had been raised by Medical staff and the Speak Up Guardian was meeting with the Guardian of Safe Working to discuss this.
- The Speak Up Guardian is meeting with the Trust's PFI partners to ensure that all staff working within the hospital have access to the Guardian.

Mr Atkins, Non Executive Director, questioned if the report should say "pension scheme" not "person scheme". The Guardian confirmed it should.

Dr Hopkins, Associate Non Executive Director, asked whether Unions should be contacted as part of this process. The Board noted the Trust engages well with the Union but their role is different to the Guardian.

The Chairman and Board noted the report and the support from the Chief Executive provided to the two guardians and encouraged the Speak Up Guardian to consider opportunities around collaborative working with ambassadors.

The Trust to consider its position in relation to having Speak Up Ambassadors / Champions.

17/131.6 Learning from Deaths Report (Enclosure 9)
9.55am

The Interim Medical Director presented the Learning from Deaths Report given as Enclosure 9.

The Board noted the following key issues:

- The report provides assurance that the overall mortality metrics are within the normal ranges expected.

- The report now includes additional learning derived from the mortality reviews.

- The report included information on the work being undertaken in respect of the audit of COPD and DNACPRs

Mr Fellows, Non Executive Director, commented that it was difficult to pick out much learning from the report and also how this learning has been embedded. The Interim Medical Director confirmed that actions plans are in place and a further layer of assurance has been established to ensure learning is applied.

The Chairman and Board noted the report and asked for further development of the report so that the impact for patient outcomes of any identified learning be drawn out and noted the further work relating to COPD and end of life issues around DNACPRs.

Report to include more detail on impact for patient outcomes of any identified learning.

17/132 Responsive and Effective

17/132.1 Finance and Performance Committee Exception Report (Enclosure 10) 10.06am

Mr Fellows, Committee Chair, presented the Finance and Performance Committee Exception Report, given as Enclosure 10.

The Board noted the following key issues:

- The project on Back Office work is ongoing. It is essential to get the right balance between risk and control in any proposed way forward.

- Agency costs remain an issue. The Trust should see costs reducing as a result of additional nurses recruited once they have completed a 6 week supernumery period.

- It is now looking unlikely that the Trust will achieve its financial control total for the year.

- There is a £5m deficit forecast against the initially projected £2.5m surplus.

- All remaining STF funds would not be received should the control total not be met and this will have a knock on effect for next year.

- £17m cash in bank is projected to reduce to £11m at the end of the year.

- The 2018/19 control total surplus of £1.7m looks challenging.

Mrs Becke, Non Executive Director, confirmed her disappointment that we have been unable to bring the agency spend down.

The HR Director confirmed that biggest impact of additional nurse staffing will be seen in January.

Mrs Becke asked for assurance that the Trust is using the Bank to its maximum effect. The HR Director confirmed that the Bank is always considered first and agency support is only pursued should the Bank not fill the vacant shift.

The Deputy Director of Finance confirmed that there is a meeting with himself, Chief Executive and NHSI in two weeks time to discuss the Trust's financial position.

Discussions had taken place to try and bid for winter monies to recompense for costs already incurred especially in respect of staffing for extra emergency activity.

The Chairman and Board noted the report.

17/132.2 Integrated Performance Report (Enclosure 11)
10.18am

The Interim Chief Operating Officer presented the Performance Report given as Enclosure 11.

The Board noted the following key issues in respect of October performance:

- A&E performance was still challenging. October performance was up to 90% and handover delays had been reduced.

- Only 15 Trusts had delivered the 95% target.

- The Trust's focus on the 5 key priorities discussed at the previous Board continues. There has been an increase in the size of the ambulance triage area to 12 spaces which is staffed with a mix of qualified and CSW staff. The Trust has seen the highest number of ambulance attendances for some time. A 2nd Hospital and Ambulance Liaison Officer was being put in place which indicates that the current levels of conveyance will not subside.

- With regard to dealing with ED flow, the Trust is working with its Acute Physicians on how patients are managed safely.

- Red to Green is being progressed. The Trust needs grip, control and a change of culture to fully realise the benefits of this process.

- There had been a teleconference with NHS Improvement and the Trust was asked to put in a revenue bid to support an improvement in performance. The Trust had put in a bid for £0.5m for schemes already committed to and a further £1m for new schemes. The bids to be delivered will be reliant on staff recruitment and the Trust should soon be advised if the bids were successful.

- There was an immediate opportunity to submit a capital bid. This had been submitted for £3.6m which may get the work in Resus supported.

Dr Hopkins confirmed that Dudley GPs were offering significant out of hours appointments to their patients. The Chairman asked if this would continue over Christmas week. Dr Hopkins confirmed that it would.

The Board noted that November performance will take a sharp downward slide. Mrs Becke, Non Executive Director, asked about the reason for this. The Interim Chief Operating Officer confirmed that this was due to the increase in ambulance conveyances and acuity of patients.

Mr Atkins, Non Executive Director, asked about Red to Green. The Interim Chief Operating Officer confirmed that senior ward sisters bring delays to him early in the morning and meetings take place twice a day, every day. Mr Atkins added that he had read some case studies on this and the Trust needs to examine delays occurring every day a patient is in hospital and not just delayed discharges. The Interim Chief Operating Officer confirmed that it is about every single day of in patient stay to ensure all required tasks to progress the patient are undertaken. This should ensure the Trust can improve length of stay delays.

The Chairman and Board noted the report and assurances provided and the need to liaise with finance in relation to the possible additional resources should the bids be successful.

17/132.3 Cost Improvement Programme and Transformation Overview Report (Enclosure 12)
10.33am

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

The Board noted the following key issues:

- The Trust has identified 58 schemes currently on the work programme which contribute to the £12.5m CIP identified. 3% of the CIP has currently been identified as non recurrent savings. Based on the Month 7 position the Trust has achieved £6m against the year to date plan of £5.8m, however, the full year effect variance is forecast to under-deliver by £2.3m.

- The Business Development Team are reviewing all projects to see if any additional efficiencies can be made.

Mr Atkins, Non Executive Director, asked if they were only looking at efficiencies or also looking for additional income schemes. The Director of Strategy and Business Development confirmed that the Trust is looking at both with a view to expedite the delivery of savings much earlier in the next financial year.

The Chairman and Board noted the report, the positive performance and the year to date position and where a clawback could be made. The Chairman stressed the need for the early examination of the plan for next year.

17/132.4 Research and Development Report (Enclosure 13)
10.37am

The Director of Research and Development presented the Research and Development Report given as Enclosure 13.

The Board noted the following key issues:

- Performance is better than last year.
- The Department has exceeded the recommended targets for patients signed up for studies.
- The recruitment of patients on more complex trials is behind track, but the Trust has undertaken an increased number of simpler studies to compensate.
- The Trust has had some accolades that it can be proud of and it is the only accredited research laboratory in the region.
- The team has an excellent administrator who is an expert in the “edge” system which captures research data.
- The Department has produced a Research Strategy document which centres on a vision for research across the Trust.
- The Trust needs to see research included in all of its strategies.
- Research relies too heavily on research development staff and needs more engagement across the organisation for the Strategy to be delivered.
- The Chairman asked if the Trust is gathering all information about research being undertaken within the organisation. The Director of Research and Development confirmed that he was confident that it was. The Head of Communications stated that the Trust is undertaking communications around Research to support the promotion of this key activity across the Trust.

Mr Miner, Non Executive Director, asked for timings around some of the actions and also that these map or align to the Trust’s Strategic objectives.

The Interim Medical Director was pleased to see the Strategy document and stated that it was important for the organisation. The Board noted the need to deliver some smart objectives within supporting plans and the need to link to EPR. The Director of Research and Development commented that it would be helpful to have an alert when a patient is suitable for a research project. The Chief Information Officer confirmed that the function in the new system is available to do this.

The Director of Research and Development confirmed that a Research Plan will be developed in support of this Strategy.

The Chief Nurse congratulated the work of Gail Parsons and fed back to the Board on the latest winners of the HSJ award for research. The winners had a self funded team much bigger than the team at this Trust. .

Dr Hopkins, Associated Non Executive Director, asked if Research links in with Primary Care. The Director of Research and Development confirmed that there were opportunities through community services.

The Chairman raised goal 5 within the Strategy and asked which piece of research had had the most benefit to patients. The Director of Research and Development stated that this would be the research looking at increased survival rates and also the research around cardiovascular disease had had a big impact on life expectancy.

The Chairman and Board noted the report and recognised the work done to date and expertise developed, the need to link in to other strategies and include links to the Trust strategy as well as looking outwards to learn from opportunities.

17/132.5 Audit Committee Exception Report (Enclosure 14)
10.50am

Mr Miner, Committee Chair, presented the Audit Committee Exception Report given as Enclosure 14.

The Board noted the following key issues:

- The Committee had previously examined the numbers of and compliance with workforce appraisals and mandatory training requirement. They had been very assured about work subsequently done through the Workforce Committee.

- Internal Audit reported on DNAR for Cardiopulmonary resuscitation. A policy was in place but there had been issues around the policy being followed. This had been referred to the Clinical Quality, Safety, Patient Experience Committee. The Director of Governance/Board Secretary confirmed that the Committee had considered this, and in turn had referred this to the Deteriorating Patient Group.

- A significant number of management actions from previous audit reports were outstanding and Executive leads needed to ensure clearance. The Board noted that this had been discussed at Directors and action ownership had been amended and this should now resolve the situation.

- Historically there had been issues following previous IT projects and the Committee had engaged internal audit to look at the governance of the current project and its progress as requested via the Digital Trust Committee. The Audit Committee had asked RSM to do some scoping work.

The Board noted that the Risk Management Strategy had been updated and had been endorsed by the Audit Committee.

The Chairman and Board noted the report and agreed the amended Terms of Reference for the Committee and agreed the inclusion of the trend level in respect of the risks within the Board Assurance Framework. This will be an enhancement to the next report the Board receives. The Board also noted the action taken by the Committee in respect of oversight of outstanding management actions from Internal Audit reports.

17/132.6 Complaints Report (Enclosure 15)
10.57am

The Chief Nurse presented the Complaints Report given as Enclosure 15.

The Board noted the following key issues:

- The detail within the report had been discussed in depth at the Clinical Quality, Safety, Patient Experience Committee.

The Chief Nurse reminded the Board that when the CQC undertake the Well-Led Review in January, members would need to display knowledge in this area.

Mr Atkins, Non Executive Director, confirmed that he had recently examined some complaints files and having read these he could now understand why resolution took so long. This was often because of the complex interdependencies.

Mrs Becke, Non Executive Director, asked about the Trust being below the response performance target. The Board noted that the Trust had set its our own target but was not meeting this. Timeframe for responses agreed with individual complainants were being met.

Mr Fellows, Non Executive Director, stated that it would be helpful to see an action plan of how the Trust was going to achieve a response rate of 28 days.

The Board noted that a business case had been submitted to resource the Complaints Team.

The Chief Nurse stated that the Trust needs to encourage complaints recording within the Community.

The Chairman and Board noted the position and amount of work in respect of complaints, the small team and the backlog in the divisions which was improving and the Trust's ambition to get complaints dealt with within 28 days. The Board noted the complaint themes.

Action plan of how the Trust was going to achieve a 28 day response rate to be incorporated in the next quarterly Complaints Report.

17/133 Well Led

17/133.1 Digital Trust Programme Committee Summary Report (Enclosure 16) 11.05am

Mrs Becke, Committee Chair and Mark Stanton the Chief Information Officer presented the Digital Trust Committee Exception Report, given as Enclosure 16.

The Board noted the following key highlights:

- The Chief Clinical Information Officer had stepped down and the Board thanked her for the contribution made during her time in the role.

- The Trust was behind schedule on the project due to the lack of availability of subject matter experts to advise on some content. A recovery plan had been produced and this should result in no impact on overall timescales. The 'go live' in April 2018, which will be a reduction in scope will be subject to an external review. It was expected that Inpatient documents modules will now 'go live' in June 2018.

- Four elements were now planned to go live in April and the Trust was looking to spread the remaining areas over a period between April and October. There was no commercial impacts to be considered.

- An internal recruitment for 3 Divisional Chief Clinical Information Officers was in progress.

- The Board also wished to commend Dr Dale's work on the Nerve Centre application.

The Chairman and Board noted the report and the review underway.

17/133.2 Workforce Committee Exception Report (Enclosure 17) 11.10am

Mr Atkins, Committee Chair presented the Workforce Committee Exception Report given as Enclosure 17.

The Board noted the following key highlights:

- The Committee received a presentation from a representative from Leonard Cheshire which supports work placements for disabled students. The Committee was supportive of the Trust working with the charity.

- The Committee was updated on new arrangements for completion of appraisals. This was changing to a 3 month window from April to June next year.

- The Committee received an update on the apprenticeship levy. The Trust was behind its target as development of Apprenticeship packages were generally slow.

- Mandatory training performance is still a cause for concern, particularly in Clinical Support Services.

- The Board noted that there was still concern around the length of time management were taking to shortlist and interview prospective candidates for advertised roles. The Director of HR confirmed that the position has worsened recently

Mr Miner, Non Executive Director, advised that he had raised the issue of obesity at a previous Board and commented on the recently published research on obesity levels amongst nursing staff. He suggested that this may be something for the Workforce Committee to look at in a sensitive way. The Director of HR confirmed that part of the new HR Manager's portfolio is to look at health and wellbeing of staff.

Mr Fellows, Non Executive Director, asked about spans of control and its impact on appraisals and if that was still under review. Mr Atkins, Non Executive Director confirmed that the Committee were still looking at this but had been resolved in Phlebotomy where this had been a particular issue.

The Director of HR confirmed that Change 100 project presented to the Committee was well received and the Trust would like to commit to 2 places which would potentially be cost neutral.

The Chairman and Board noted the report, assurances given and supported the Trust's involvement with Change 100.

17/133.3 Review of the Trust Constitution (Enclosure 18)
11.17am

The Chair presented the Review of the Trust Constitution Report, given as Enclosure 18.

The Board noted the following key highlights:

- The Trust was looking to increase its Non Executive Director capacity and in doing so would seek to keep the balance around the Board by also having an additional voting Executive member.

- The other changes were more minor context changes.

The Chair informed the Board of the intention for the report to also be put to the Council of Governors that evening.

- The Board noted the increased demands on Non Executive Directors and there was a heavy reliance on them to commit more time than originally expected. The Chair also advised the Board that the Trust has less Non Executive Directors than other local Trusts.

The Chairman and Board noted the report and agreed the constitutional changes and that the same recommendations be put to the Council of Governors that evening. If these were endorsed the Trust will proceed to recruitment in the New Year.

17/133.4 Guardian of Safe Working Report (Enclosure 19)
11.21am

The Guardian of Safe Working presented his report, given as Enclosure 19.

The Board noted the following key highlights:

- This was the Guardian's 4th Board report.
- The report highlights developments during the last 3 months.
- All junior doctors are now on the new contract.
- Good engagement with junior doctors was noted.
- The Guardian attends all induction sessions.
- The Junior Doctors Forum was held on 23rd November and was well attended. The Chief Executive and Interim Medical Officer also attended.
- Doctors confirm that they feel valued by the Trust.
- There were 11 exception reports and the only 1 outstanding had actually closed in time. 3 more exception reports had been received. Most reports were dealt with within 48 hours.
- The Guardian had been invited to attend the National Guardian's Council.
- The Guardian now has administration access to the Allocate system which facilitates the ability to clean the data.

- Rota gaps were being looked at by the Medical Workforce team.

Mr Atkins, Non Executive Director, commented that this was a very positive report.

The Director of HR confirmed that Allocate training was being arranged. The Director of HR and Interim Medical Director receive weekly updates on rota gaps and will share this information with the Guardian.

The Board noted that the timely issue of rotas should be undertaken as a professional courtesy to medical staff.

The Chairman and Board noted the report and thanked the Guardian for his work at the Trust and as Regional Guardian.

17/134 Any Other Business
11.32am

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

17/135 Date of Next Meeting
11.32am

The next Board meeting will be held on Thursday, 11th January, 2018, at 9.00am in the Clinical Education Centre.

Signed ……

Date ……

Enclosure 2

The Dudley Group NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors Public Session
Held on 7 December 2017

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
17/131.2	Chief Nurse Report – Infection Prevention and Control	Hygiene Code Assurance Report to be presented to the Clinical Quality, Safety, Patient Experience Committee. Trust to re-assess all 10 of the Hygiene Code criteria and align the information with the feedback from NHSI before presenting to the Board in January.	SJ SJ	19/12/17 11/1/18	Done On Agenda
17/120.2 & 17/128.3	Integrated Performance Report	The Interim Chief Operating Officer to check for evidence of inappropriate ultrasound scanning referrals.	MW	11/1/18	Meetings held to look at appropriateness of referrals. Some inappropriate referrals identified. Trust to provide communication/education to GPs around referrals and undertake an audit and feedback results to the CCG for reflection/learning.
17/098.4	Smoke Free Update Report	Smoke free update report to be presented to the Board in Quarter 4.	AM	11/1/18	On Agenda
17/107.4	Monthly Nurse/Midwife Staffing Report	Outcome of Nurse Staffing Review to be presented to the January Board.	SJ	11/1/18	Nurse Staffing Report on Agenda. Final stages of work to be completed.
17/128.1	Organ Donation Committee	The Chief Nurse to confirm the timing of the next Organ Donation Committee.	SJ	11/1/18	Early in the New Year.
17/117	Patient Story	Update on the work around theatre scheduling and pre-operative process to the January Clinical Quality, Safety and Patient Experience Committee.	DW	23/1/18	

		Follow up to the patient story to be presented to the Board.	LA	When care/ treatment completed	
17/130	Chief Executive's Overview Report	The Interim Medical Director to check the Trust's position in relation to the use of implants. The Chief Information Officer to check the position in relation to Creshendo.	JH MS	11/1/18 11/1/18	This surgery is not undertaken at The Dudley Group. HSCN is the replacement NHS Data Network for N3, DGFT is currently talking to suppliers around migration to negotiate the best possible deal, regardless of which network we are on communication with WMAS will not be impacted. Creshendo is a digital dictation system and not directly related to the article and has no impact on DGFT.
17/131.3	Monthly Nurse/Midwife Staffing Report	The nurse/midwife staffing data validity to be included on the Internal Audit work plan.	RM	11/1/18	To be raised at the next Audit Committee on 30/1/18
17/131.5	Freedom to Speak Up Guardians Report	The Trust to consider its position in relation to having Speak Up Ambassadors/Champions.	DW	March 18	
17/131.6	Learning from Deaths Report	Report to include more detail on impact of patient outcomes of any identified learning.	JH	8/2/18	
17/109.2	EPRR Core Standard Submission Report	A further update on EPRR to be presented to the Board in Quarter 4.	KK	Quarter 4	
17/119.4	Safeguarding Report	Safeguarding to be reported to Board on a quarterly basis and to be factored into doctor and nurse validation.	SJ	8/2/18	
17/129	Patient Story	Staff to be interviewed to see what the 6 Cs mean to them.	LA	8/2/18	

17/132.5	Complaints Report	Action plan of how the Trust would achieve a 28 day response rate to be incorporated into the next quarterly Complaints Report.	SJ	8/3/18	

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board Meeting – 11th January 2018

TITLE:	**Chief Executive Board Report**		
AUTHOR:	**Diane Wake, Chief Executive**	**PRESENTER**	**Diane Wake, Chief Executive**
CORPORATE OBJECTIVE: SO1, SO2, SO3, SO4, SO5, SO6			

SUMMARY OF KEY ISSUES:

- Visits and Events
- CQC Inspection Update
- Emergency Capacity
- EU Citizens Update
- Flu Cases
- Healthcare Heroes
- Dudley is Going Digital
- Black Country STP Update
- Charity Update
- Thank You Letter from Jeremy Hunt
- Charity Update
- National NHS News
- Regional NHS News

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 Foundation Trust

Chief Executive's Report – Public Board – January 2018

This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and a highlight a number of items of interest.

Items below are not reported in any order of priority.

Visits and Events

7th December	Council of Governors
12th December	Director of Finance Interviews
20th December	A&E Delivery Board
20th December	Meeting with NHS Improvement
21st December	Chief Executive's Briefing
21st December	Trust/Summit Board to Board
3rd January	Healthcare Heroes Presentations
9th January	CQC Never Event Advisory Group

CQC Inspection Update

During December the Trust has had the CQC visit us for the first two parts of our inspection (unannounced). The first focused on ED and Critical Care and the second week the team visited Maternity, Medicine and Children and Young People areas.

The inspectors wanted to thank all the staff across the Trust who they found to be very helpful. The CQC team gave us some initial feedback and that has been shared with the services directly.

During week commencing 8th January they will visit Community Services and then mid-January they will re-visit to talk to Trust Board members, divisional teams and staff as part of the Well Led Review.

Emergency Capacity

You will have seen in the media just how busy the whole of the NHS has been over the festive period and Dudley is no different. We have experienced huge demand for our emergency services in particular the acutely unwell arriving by ambulance. The type of activity has caused challenges for us with patient flow and we continue to work with colleagues across the health and social care economy to provide the best care for our patients.

I have been so impressed by the outstanding care, dedication and resilience I have seen and I hope it goes without saying how proud and grateful I am of each and every member of staff. I know some staff even gave up your spare time during this busy period despite not being due on shift to come and lend a hand, so thank you to everyone.

Performance to deliver the Emergency Access Standard (4 hours) has been challenging. Both the Nursing and Medical Director have been present on site to oversee patient safety and quality standards are maintained. The Executive team have all supported the operational teams continuously over a very busy period and continue to do so.

The A&E team provide data to the Executive team including myself to give assurance around patient safety, flow and ambulance turnround times. This is being developed so the information can be accessed from mobile devices.

We are rearranging some planned operations, however patients are advised that we will contact you if we need to rearrange, so if you have not been contacted please attend your appointment as planned. We also continue to encourage patients to use other health services where appropriate and contact NHS111 for advice.

EU Citizens Update

I am delighted to announce the Home Office has confirmed that staff who are EU citizens living lawfully in the UK before our exit from the EU will be able to carry on living and working here.

It is fantastic that we have been given the assurance and peace of mind that has been needed for some time and I am so glad that we will continue to see the positive impact and the very best care that staff from the EU provide to our patients.

Flu Cases

We are seeing a spike in the number of patients diagnosed with flu in their 20s, 40s and 50s with half requiring critical care. You are strongly advised to get vaccinated. The Trust has a process in place for isolating and testing patients with signs of flu and further information and guidance can be found on the infection control hub pages.

I am pleased that we have achieved our target of 70% of staff receiving the flu vaccination to ensure we protect our staff and they in turn protect their patients and families from flu. The latest breakdown of flu vaccine uptake figures by division is available on the Hub.
Vaccines are available at regular drop in clinics based at all three hospital sites and various locations in the community, as well as from more than 75 peer vaccinators across the Trust.

Healthcare Heroes

Congratulations to Diabetes Sister Kate Crowley and the Single Point of Access Team who are this month's Healthcare Heroes winners. The award is our way of saying thank you!

Diabetes Sister Kate Crowley received the individual award for being so passionate about the way we care for patients and for maintaining a robust database to support a consultant as part of a national award win.

The team award went to the Single Point of Access Team who were chosen for going above and beyond to handle all the referrals coming into the district nursing teams as well as other community services.

Dudley is going Digital – let's get ready

The digital trust team will be out and about raising awareness of Sunrise training sessions and the IT skills assessment. It is important that all staff complete the assessment so we can ensure the right training is in place ahead of the first phase in April this year. The team will be at the health hub in main reception, RHH and outside the lecture theatre throughout January for staff to drop in and find out how the changes will affect them.

Black Country STP Update

Over the past few months Black Country STP lead, Andy Williams, has had the opportunity, to present STP plans for health and care in the Black Country to local authority overview and scrutiny committees. He has had some really positive discussions – most recently with councillors in Dudley. Discussions focused on place based working and collaboration across systems.

Charity Update

We had a very busy December fundraising with cycling santas raising over £800 and bake offs to name but a few! We have been overwhelmed by the generosity of our supporters with the Big Push Campaign raising over £22,000 and the campaign is still going strong.

Our energies are now focused on an exciting year ahead with several big events planned including a Forget me Knot Ball on 14th April and our very first Colour Run at Himley Hall on the 10th June, plus supporting those who are undertaking some huge challenges, such as the London to Paris cycle ride. If you can help support our events in any way then please contact Karen Phillips on 01384 244349.

Thank You Letter from Jeremy Hunt

The Trust has received a personal letter of congratulations from Jeremy Hunt for its improvements in Cancer performance.

Performance has improved from 79.3% to 89% for the period August to October 2017.

The letter acknowledges the work undertaken to achieve the improvement and states that the Trust is a real example to others, demonstrating how to improve performance in a short space of time and ensure that patients get the care that they deserve.

National NHS News

Medical chief's solution for NHS 'safety problems'
The way the National Health Service is organised is putting patients' lives at risk, according to the national medical director of NHS England.
Professor Sir Bruce Keogh said a central system is needed to oversee patient safety across the NHS. Inspectors have said the NHS is struggling to cope with staffing shortages, rising demand and increasing numbers of patients with preventable illnesses.
A Care Quality Commission (CQC) report warned that services are at full stretch and the quality of future care is precarious.
29.10.17 (Sky News)

IVF patients 'facing postcode lottery' after NHS budgets slashed
Just 12 per cent of NHS clinical commissioning groups (CCGs) in England offer three full cycles of IVF, in line with national best practice guidance, down from 24 per cent in 2013. In its 2017 audit of NHS-funded fertility treatment, Fertility Fairness found the majority of CCGs (88 per cent) did not offer the recommended three full cycles of NHS-funded IVF to eligible couples. A total of 61 per cent of the NHS's 208 CCGs now offer just one round of funded IVF to eligible couples – up from 49 per cent in 2013.
30.10.17 (Independent)

Scotland facing NHS crisis as Brexit sees nurses fleeing UK
EUROPEAN nurses working in the NHS are leaving the UK in droves after Brexit, the Nursing and Midwifery Council has claimed. Their latest statistics show 4067 nurses from the EU left their job last year, a rise of around 67 per cent from 2435 in the previous year. The figures also detail an 89 per cent fall in the number of nurses coming from the EU to work in the UK. Alarmingly, the data also shows a huge hike in the number of UK-trained nurses and midwives leaving, up by 11 per cent, from 26,653 in 2015-16 to 29,019 last year.
03.11.17 (The National)

Scarlet fever cases in England highest in 50 years
"Scarlet fever cases hit 50-year high in England," BBC News reports, as the childhood disease makes a puzzling return.
Up until 2013, cases were at a low of around 3 to 8 cases for every 100,000 people. However, in 2014 this suddenly shot up to 27 per 100,000, reaching 33 per 100,000 in 2016.
28.11.17 (NHS Choices / BBC News)

NHS radiology to be reviewed after hospital causes 'significant harm' to cancer patients
Inspectors have launched a national review into radiology services in the NHS after it emerged patients came to "significant harm" at a hospital where junior doctors were left to interpret chest x-rays, including those for suspected cancer.
The Care Quality Commission (CQC) said it is reviewing radiology reporting across the NHS in England after it found that more than 20,000 x-rays had not been reviewed by a radiologist or an appropriately trained clinician at the hospital.
30.11.17 (Independent)

Patients hit by shortage of drugs as prices soar
Ministers are facing mounting demands to ensure the NHS is not “taken for a ride” over drugs shortages which have cost £180 million in six months.
At least 100 drugs have been affected by supply problems, forcing health officials to approve temporary price rises of up to 4,000 per cent to boost stocks.
07.12.17 (The Times)

Major NHS trust put in special measures
NHS Improvement announced the sanction against King's College Hospital NHS Foundation Trust the day after chairman Lord Kerslake resigned criticising the "unrealistic" approach to NHS finances. The regulator said a deficit of £92m was now forecast this year - more than twice the original £38m planned for.
11.12.17 (BBC News)

Draft workforce strategy for NHS in England reveals increase in nurse turnover rates
Today’s new plan, drawn up in draft form by Health Education England alongside other national bodies, shows that 8.7% of NHS nurses left the health service in 2016-17 for reasons other than retirement. Meanwhile, the turnover rate of nurses leaving NHS trusts to move to other parts of the health service has increased from 12.3% in 2012-13 to 15% in 2016-17.
13.12.17 (Nursing Times)

NHS in England told to reveal avoidable deaths data
The NHS in England is to become the first healthcare system in the world to publish figures on avoidable patient deaths, the health secretary has said. By the end of 2017, some 170 out of 223 trusts will publish data on deaths they believe could have been prevented.
It is estimated there are up to 9,000 deaths in hospitals each year caused by failings in NHS care. The Department for Health said it wanted to ensure the NHS learned lessons from every case.
14.12.17 (BBC News)

Better cancer survival rates mean care has never been better, says NHS England
Improved NHS cancer care has led to survival rates that have never been higher, with over 2,000 more people surviving cancer every year, according to NHS England.
In addition, there has been a major investment in radiotherapy so all patients had access to the latest treatment via a £130m investment – the most extensive programme of its kind for 15 years. As a result, 23 trusts had received new and upgraded radiotherapy machines.
24.12.17 (Nursing Times)

NHS 111 calls reach record high in run up to Christmas
NHS England's weekly operational update showed a spike in the number of calls to its 111 service – some 396,262 in the seven days ending Christmas Eve, compared with 325,042 the previous week. It was the biggest volume since the last week of 2016, which saw 457,084 calls. Bed occupancy rates on Christmas Eve dropped to 84.2 per cent, compared with 95.3 per cent the previous week.
29.12.17 (iNews)

Drunk tanks may become norm, NHS boss warns 'selfish' revellers
There are around 16 mobile units - also known as booze buses - across the UK, according to a recent survey, and a number of cities operate them all year round, including Newcastle, Cardiff, Manchester and Bristol. Mr Stevens said he may start recommending others follow suit, given an estimated 15% of attendances at A&E are due to alcohol consumption.
This rises to about 70% on Friday and Saturday nights.
29.12.17 (BBC News)

CCGs failed to declare hundreds of payments from drug companies, BMJ investigation reveals
A freedom of information request from The British Medical Journal has revealed that just £1.3m of the £5m worth of payments to clinical commissioning groups in England were declared between 2015 and 2017**.** The total monetary value of payments declared publicly by CCGs during this time was £1,283,767, whereas at least £5,027,818 worth of payments were identified in the responses to The BMJ's FOI request.
04.01.18 (The Pharmaceutical Journal)

Ambulance A&E delays hit one in eight
More than one in eight patients rushed to hospital in an ambulance this winter has faced a delay of more than 30 minutes on arrival, BBC analysis shows.
Patients are meant to be handed over to staff within 15 minutes, but more than 75,000 have waited at least twice as long as that in England.
Some of the worst waits had lasted up to five hours, ambulance crews said.
04.01.18 (BBC News)

May finally apologises as nearly 17,000 patients were stuck in ambulances waiting for beds to become free in overstretched A&E departments as the NHS announces delays to 55,000 operations
Some 16,900 people were forced to wait for more than 30 minutes in ambulances to be seen by staff at A&E over the Christmas week - the highest total this winter.
An extra 4,734 ambulances had a wait of at least an hour - despite guidelines saying this should take no longer than 15 minutes - during the week ending New Year's Eve. Mrs May apologised during a visit today to Frimley Park Hospital in Surrey, one of many trusts affected by the NHS move to cancel procedures, this morning.
04.01.18 (Mail Online)

Regional NHS News

This is how unhappy West Midlands A&E patients are with waiting times
Patients at some West Midlands A&Es are among the least happy in England with waiting times. Those visiting A&Es at the Dudley Group NHS Trust gave access and waiting at the trust's A&Es a score of 59 in the 2016/17 Overall Patient Experience Scores: Emergency Department Survey, one of the lowest scores in the country. Other trusts in Birmingham with low scores suggesting longer waits were University Hospitals Birmingham with a score of 55, Sandwell and West Birmingham, 57.4, the Royal Wolverhampton, 58.7, and Heart of England, 59.4. ***26.10.17 (Birmingham Mail)***

This is how much alcohol abuse cost the NHS in Birmingham and Sandwell
Alcohol abuse in Sandwell and Birmingham costs the NHS a staggering £72.1 million a year, new figures have revealed. And around 300 patients are being seen every month at Sandwell and West Birmingham Hospitals NHS Trust (SWBH) suffering from some form of alcohol abuse. The shocking statistics were released by the Trust during Alcohol Awareness Week earlier this month. ***27.11.17 (Birmingham Mail)***

Surgeon admits marking his initials on patients' livers during transplant ops
A surgeon has admitted burning his initials into the livers of two transplant patients with a laser beam. Consultant Simon Bramhall, 53, branded "SB" on the organs of a man and a woman undergoing transplant operations. Bramhall was a liver, spleen and pancreatic surgeon who worked at the liver unit within the Queen Elizabeth Hospital in Birmingham, West Midlands, for 12 years. ***13.12.17 (The Telegraph)***

Hero 4×4 owners queued up to help get NHS home after gruelling shifts
As the UK continued to be deluged with snow last night, an NHS trust in the West Midlands made a desperate plea for 4x4s. Heart of England trust, which represents hospitals in Birmingham and Solihull, put an appeal out on Twitter asking: 'Do you have a 4×4 and can volunteer to help our nurses get into our hospitals at good hope 424 7564 or heartlands 424 0483 pls give us a call. Thanks.' Dudley Group NHS – covering hospitals to the north of Birmingham – also put out a similar appeal saying: 'It looks very pretty but the snow is causing transport problems for our staff. 'If you have a 4×4 and can help get staff in please call 01384 456111.' ***11.12.17 (Metro)***

Progress made on race equality in NHS workforce, but slowly
NHS England's latest report on race equality in the health service, which assesses how well trusts are performing against the new Workforce Race Equality Standard (WRES), shows signs of progress when it comes to BME nurses achieving higher pay bands. In the West Midlands, where the programme was first implemented, there has been a reduction in the level of sanctions and investigations involving BME staff. ***13.12.17 (Nursing Times)***

Major NHS trust turns away A&E patients 13 times in a week
Worcestershire Acute Hospitals NHS Trust was forced to divert emergency patients away from the A&Es at two of the hospitals it runs, the Worcestershire Royal in Worcester and Alexandra in Redditch. The increased number of patients seeking care as the first cold snap of winter hit meant it had to declare an "A&E divert" four times on both 4 and 5 December, and a further five times last week. ***14.12.17 (The Guardian)***

NHS workforce 'at crunch point'
The General Medical Council says the supply of medics has failed to keep up with demand and warns against the over-reliance on overseas staff post-Brexit. In addition, the number of licensed doctors who are non-UK graduates has reached 43% in areas such as the east of England, 41% in the West Midlands and 38% in the East Midlands. In 2017, there were 6,000 fewer non-UK graduates on the register than in 2011. ***19.12.17 (BBC News)***

CQC finds 'number of improvements' at special measures West Midlands trust
A CQC report set to be released today has found "a number of improvements" at Walsall Healthcare NHS Trust, but inspectors insist more work is still needed. Following inspections in May and June this year, the trust has moved from 'inadequate' to 'requires improvement,' although it has been recommended to stay in special measures. ***20.12.17 (National Health Executive)***

Hospital Trust rakes in almost £5 MILLION from car parking fees
A West Midlands hospitals trust has raked in almost £5 million from car parking fees over the past 12 months. The Heart of England NHS Foundation Trust topped a list of 111 NHS trusts across England making £4,865,000 in 2016-17. Hospitals across England took £174,526,970 in parking charges in 2016/17, up six per cent on the year before, according to data collected by the Press Association. In 2015/16, £164,162,458 was raised. ***28.12.17 (Birmingham Mail)***

The NHS turns 70 this year, and it's Britain's greatest medical innovation
Bruce Keogh
The NHS will celebrate its 70th birthday in 2018, after a difficult decade since the global financial crisis culminating in one of the most testing years in our history. The terrorist attacks in London and Manchester, along with the Grenfell Tower tragedy, saw all emergency services, including NHS staff, respond with skill and bravery. ***01.01.18 (The Guardian)***

Deadly French flu could hit UK as NHS issue health warning
Health workers are being urged to have the jab as the epidemic from across the Channel threatens to hit the UK. The paper reports: "It comes amid a deepening NHS winter crisis, with 24 hospital trusts declaring 'black alerts' last week, as pressures threatened to overwhelm them, and thousands of patients stuck in ambulances outside hospitals as flu rates soar." Parts of the West Midlands are seeing increasing levels of flu as a severe strain strikes the UK. ***08.01.17 (Birmingham Mail)***

Enclosure 4

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 11 January 2018

TITLE:	**19 December 2017 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Glen Palethorpe – Director of Governance	**PRESENTER**	Doug Wulff – Committee Chair

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

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

RECOMMENDATIONS FOR THE BOARD

The Committee requests the Board note the assurances received at the meeting and the decisions made by the Committee. In particular the Board is asked to note the approval by the Committee of a revision to the terms of reference to one of its reporting groups the Patient Safety group and that the Committee approved the Trust's revised EPRR Strategy and its complimentary EPRR Training and Exercising Strategy.

The Dudley Group NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	19 December 2017	D Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

- The Committee reviewed the quality aspects of the Trust's integrated performance report. The Committee recognised that due to the timing of this meeting some of the information within the report was only provisional. The Committee discussed the actions being pursued to improve the Trust's infection control performance (this discussion was taken forward later in the meeting with the TrustDirector of Infection Prevention and Control) and the recent increase in falls.
- The Committee received a report on Infection Prevention and Control which included the Trust hygiene code compliance statement from March 2017. The oversight of the continuing compliance and risks to compliance had been referred by the Board at its last meeting at the beginning of December. The Committee asked that future reports include information on compliance risks and associated actions to ensure the 2017/18 statement of compliance can be made.
- The Surgery, Women and Children Division provided assurance on actions taken in respect of ophthalmology. The Division had now been able to eradicate any overdue follow up appointments for urgent or "red" categories of patient and with a focus on resources in the new year provided a trajectory for sustained performance of reduced overdue follow ups and first appointments going into 2018/19. The Division also provided an update on the work being undertaken in respect of paediatric outpatient waiting lists and whist the Division continues to be ahead of its trajectory to clear these it continues to address those patients with a booked appointment that are waiting beyond their ideal appointment time. The Committee was reminded that that whilst many patients were waiting that a number of these patients had actually been seen within other pathways.
- The Committee was presented with the Maternity Dashboard report which provided information on a wide spread of quality indicators for this service. The Committee was updated on the improved performance across a range of areas since last month's report.
- An update was provided in respect of the Maternity Service Improvement Plan. The report provided assurance of progress and the continued executive oversight of the action tracking process which has and will continue to take place within the Division and the Directorate. A separate plan was appended to the main

improvement plan in respect of identified actions as a result of the latest caesarian section rate audit. The Committee was updated on the progress made and the discussions the unit had had with others where the actions being pursued were similar to those in other units.

- The Committee received a report on incident management. The report provided assurance on the Serious Incident process being applied and included information on the Trust position in respect of wider incidents. The report documented the continued focus on learning and improvement. The Committee was updated on the actions being taken to close investigations in a timely manner and was informed that in 3 cases no assurance had been provided that the actions had been taken in line with the agreed timescales, one of these the action was overdue since October 2017 and had been reported to the Committee previously. The Committee asked that the Director of Governance take back to the Executive Team that sufficient resources need to be built into the corporate and division business plans for 2018/19 to address timely investigation performance and the drive for learning from incident in line with the recently approved quality priority.
- The Committee was updated on the complaints activity over the month of October 2017. The report provided information on the themes of the complaints and the progress being made on responding to them in a timely manner. Whilst the complaints were being responded to within the timescales agreed with the complainant the Committee was updated by the Surgery Division on the actions they had put in place to provide quicker responses. .
- The Committee received a report on the qualitative aspects of the estates contract management processes in respect of both estates and facilities. The report provided information on actions taken in respect of its remit for water safety, decontamination and cleaning.
- The Committee received reports from the Quality and Safety Group; the Mortality Surveillance Group and the Patients Experience Group. These reports confirmed that the groups were quorate when meeting and were working in accordance with their terms of reference. The Committee referred to the Executive Team the Quality and Safety Group request for support in relation to blood transfusion IT solution.

Decisions Made/Items Approved

- The Committee supported the closure of 8 Significant Incident Root Cause Analyses (RCA) action plans following assurance from the Corporate Governance Team that, where appropriate, completed actions plans had been evidenced.
- The Committee approved the Trust revised Emergency Preparedness Resilience and Response Strategy, the revised EPRR Training and Exercising Strategy and the approval of the revised terms of reference for the Patient Experience reporting group.
- The Committee referred to the Executive Team that the Quality and Safety Group was asking for support in relation to the progression of the blood transfusion IT solution.
- The Committee asked that the Director of Governance take back to the Executive

Team that sufficient resources need to be built into the corporate and division business plans for 2018/19 to address timely investigation performance and the drive for learning from incident in line with the recently approved quality priority.
Actions to come back to Committee (items the Committee is keeping an eye on)
That future reports in relation to infection control include information on compliance risks and associated actions to ensure the 2017/18 statement of compliance can be made. The outcome of the action undertaken by the Executive Team to support the Quality and Safety group with the progression of the blood transfusion IT solution.
Items referred to the Board for decision or action
The Committee requests the Board note the assurances received at the meeting and the decisions made by the Committee. In particular the Board is asked to note the approval by the Committee of a revision to the terms of reference to one of its reporting groups the Patient Safety group and that the Committee approved the Trust's revised EPRR Strategy and its complimentary EPRR Training and Exercising Strategy.

Enclosure 5

The Dudley Group
NHS Foundation Trust

Paper for submission to the Public Board on 11th January 2018

TITLE:	Infection Prevention and Control Forum Report		
AUTHOR:	Dr Elizabeth Rees Director of Infection Prevention and Control	**PRESENTER:**	Dr Elizabeth Rees Director of Infection Prevention and Control

CLINICAL STRATEGIC AIMS

Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

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 choose to work
SO5: Make the best use of what we have
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

- Statement of compliance with the Hygiene Code.
- For 2017/18 the Trust has had 22 cases of post 48 hr C. difficile of which 5 cases were identified in November 2017.
- No post 48 hr MRSA bacteraemia cases since September 2015.
- For 2017/18 there have been 8 post 48 hr MSSA bacteraemia identified in the Trust of which 1 case was identified in November 2017.
- For 2017/18 there have been 25 post 48 hr E. coli bacteraemia identified in the Trust of which 3 cases was identified in November 2017.
- During November 2017 there has been 1 post 48 hr Klebsiella bacteraemia case.
- During November 2017 there were 0 post 48 hr Pseudomonas bacteraemia cases.
- Updated NHSI Action Plan.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description:** Failing to meet minimum standards
	Risk Register: Y		**Risk Score:** No red risks
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Safe and effective care
	NHSI	**Y**	**Details:** MRSA and C. difficile 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 acknowledge the assurances.

The Dudley Group
NHS Foundation Trust

Introduction:

The summary information below demonstrates the data set required to provide assurance of compliance with the Code of Practice (The Health and Social Care Act 2008): Code of Practice on the Control of Infections and Related Guidance, July 2015). Each element has been RAG rated and will be updated monthly to ensure we can show compliance by the end of the financial year 2017/18.

Compliance Criterion	What the registered provider will need to demonstrate	RAG rating
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may post to them.	
Assurance: A risk log of all infection prevention risks identified across the Trust is maintained and updated regularly.		
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Implementation of the revised Cleaning Policy in progress.
Assurance: A Cleaning Policy and associated environmental audits provide assurance that a clean and appropriate environment is maintained.		
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse event and antimicrobial resistance.	Antimicrobial CQUIN has slipped from trajectory although this is due to PHE changing the denominator data – an appeal is place.
Assurance: There is an Antimicrobial Policy in place with appropriate stewardship recommendations. Audits demonstrate compliance with policy.		
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing / medical care in a timely fashion.	
Assurance: Patient and visitor information is available for a variety of healthcare associated infection issues on the website. Patients identified with infections in hospital are visited and provided with information leaflets including contact information for further support.		
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.	Issue highlighted in relation to screening of patients for flu when clinically indicated.
Assurance: Patient records are flagged with information about previous healthcare associated infections. Patient admission documentation includes screening questions to identify patients at risk.		

6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.	Mandatory training to move to an annual programme.
Assurance: Staff are provided with mandatory infection control training to ensure they are aware of their responsibilities for the prevention and control of infection.		
7	Provide or secure adequate isolation facilities.	Issues highlighted in critical care areas in relation to limited isolation facilities.
Assurance: There is a policy in place to ensure that patients are isolated appropriately. 25% of the inpatient beds take the form of single ensuite rooms.		
8	Secure adequate access to laboratory support as appropriate.	
Assurance: The Trust has access to a CPA/UKAS accredited Microbiology and Virology laboratory.		
9	Have adherence to policies, designed for the individuals' care and provider organisations that will help to prevent and control infections.	Occasional lapses in Saving Lives' scores.
Assurance: All policies, as recommended in the Hygiene Code, are in place. Audit data confirms compliance with policies and identifies areas for improvement.		
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	
Assurance: There is in house provision of Staff Health and Wellbeing. There are regular reports to the Infection Prevention and Control Forum detailing any issues raised within this system.		

Summary of alert organism surveillance:

Clostridium Difficile – The target for 2017/18 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. The cases that count within this dataset are patients identified after 48 hrs admission with C. difficile in whom a lapse in care has been recognised using the national apportionment tool [1]. For 2017/18 there have been 22 post 48 hr cases to the end of November, of these 14 were associated with a lapse in care, 3 are 'no lapses in care' and 5 are under review. For November 2017 5 post 48 hr cases have been reported.

The process to determine lapses in care is as follows: an RCA is completed for every post 48 hr case, there is a review undertaken internally using the national apportionment form to determine lapses in care. This information is then shared with the CCG who confirm the outcome decision. This results in the ability to describe individual C. difficile cases as 'avoidable/unavoidable'.

Themes identified for the lapses in care include: failure by areas to meet their mandatory IC training targets, environmental scores, cleaning score below the required standard and failure to complete a stool chart on admission of the patient.

Following this process themes identified are included in local and Trustwide action plans to address the above issues. The progress of these actions are reported in the Infection Prevention and Control Forum meeting.

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

MSSA bacteraemia (Post 48 hrs) - For 2017/18 there have been 8 post 48 hr cases identified of MSSA bacteraemia. Of which 1 case was identified in November 2017. This case was associated with a temporary femoral line in a patient requiring dialysis.

MRSA screening – There is no external compliance target for MRSA screening. The internal target is to achieve 95% compliance with the policy. The Trust screens emergency admissions as well as appropriate elective day cases. The percentage of emergency admissions screened for November is 90.4%. Data is returned locally to the units to enable them to identify patients missing from the dataset to ascertain gaps in the system to ensure full compliance going forward.

The percentage of elective admissions screened for November is 89.3%. To ensure all day case patients are screened appropriately further work to identify these patients is ongoing. Each division feeds back progress at the Infection Prevention and Control Forum meeting.

E. coli bacteraemia – For the post 48 hr cases an enhanced surveillance module has been commenced in April 2017 in order to ascertain themes and trends within the acute Trust to see where lessons may be learnt. For 2017/18 there have been 25 cases of post 48 hr E. coli bacteraemia. There are 3 post 48 hr cases for November. Two cases were associated with urosepsis and one in a patient with a haematological malignancy.

Work with the CCG, for whom a reduction of 10% cases is part of the quality premium, is commencing in the New Year with the recruitment of a member of staff by the CCG to facilitate this to optimise management of urinary catheter care.

Klebsiella* and Pseudomonas* bacteraemias – For November there was 1 post 48 hr Trust identified Klebsiella bacteraemia case and 0 post 48 hr Pseudomonas bacteraemia case. Work is ongoing to ensure a complete dataset is available from April 2017 onwards to identify areas for improved care.

Infection Control Mandatory Training – The current mandatory requirement is to update Infection Control training every 3 years. The percentage compliance as at 30.11.17 (target 90%)

Area	Total
Corporate/Management	92%
Medicine and Integrated Care	92%
Surgery	93%
Clinical Support	88%

The ward areas falling below 90% are A2 (86%) and C2 (86%).

Following receipt of the NHSI report it has been agreed to roll out annual infection control training in January 2018 with the intention of achieving 90% compliance by the end of March 2018. Assessment of the current situation indicates that 50% of staff were trained within the last year which leaves approximately 2,000 staff to train by the end of March 2018 in order to meet the compliance target. There will be an implementation plan with clear milestones for each area to achieve by the beginning of January 2018.

Environment and Hand Hygiene – The revised Cleaning Policy has been approved by all groups. An implementation plan has been received by the Trust Facilities Department. The implementation of the hand hygiene system is almost complete with the first snagging round due to complete end of 3rd week in December. A second round of snagging will take place at the end of January after the new treatment centre has opened.

Infection Prevention and Control Forum – It has previously been agreed to increase the frequency of the meetings to 10 per annum and to introduce a cycle of reporting to ensure adequate time for discussion of agenda items. The membership was also reviewed and approved to reflect the revised divisional structures whilst maintaining membership of external agencies including the CCG, Office of Public Health and Public Health England. A number of sub-groups report into the meeting including the Water Safety Group and Antimicrobial Steering Group. The last meeting was held on 25th October; key issues identified were around increasing compliance with the MRSA screening policy, a dip in cleaning scores during October due to dust (initial investigations suggest this is related to decorating being performed in clinical areas), the antimicrobial stewardship agenda was progressing well and an update was received around the implementation of the new hand hygiene products. The meeting timetabled for the end of November was moved to the beginning of December as it clashed with a senior nursing study day which was held off site and was then cancelled as a result of the CQC visit. The next meeting is timetabled for 24th January 2018.

NHSI Report – An update of the NHSI action plan was presented to the Clinical Quality, Safety and Patient Experience Committee on 19th December 2017. Actions are being completed according to the timetable except for those which require acknowledgement from the Infection Prevention and Control Forum and the date has been moved to January 2018 (see above).

The Dudley Group
NHS Foundation Trust

GLOSSARY OF TERMS

MSSA

What is Meticillin Sensitive Staphylococcus aureus (MSSA)?

Staphylococcus aureus is a bacterium that is commonly found on human skin and mucosa (lining of mouth, nose etc.). The bacterium lives completely harmlessly on the skin and in the nose of about one third of normal healthy people. This is called colonisation or carriage. *Staphylococcus aureus* can cause actual infection and disease, particularly if there is an opportunity for the bacteria to enter the body e.g. via a cut or an abrasion.

What illnesses are caused by Staphylococcus aureus?

Staphylococcus aureus causes abscesses, boils, and it can infect wounds - both accidental wounds such as grazes and deliberate wounds such as those made when inserting an intravenous drip or during surgery. These are called local infections. It may then spread further into the body and cause serious infections such as bacteraemia (blood poisoning). *Staphylococcus aureus* can also cause food poisoning.

MRSA

What is Meticillin Resistant Staphylococcus Aureus (MRSA)?

MRSA stands for meticillin-resistant *Staphylococcus aureus*. They are varieties of *Staphylococcus aureus* that are resistant to meticillin (a type of penicillin) and usually to some of the other antibiotics that are normally used to treat Staphylococcus aureus infections.

Who is at risk of MRSA infection?

MRSA infections usually occur in hospitals and in particular to vulnerable or debilitated patients, such as patients in intensive care units, and on surgical wards. Some nursing homes have experienced problems with MRSA. MRSA does not normally affect hospital staff or family members (unless they are suffering from a severe skin condition or debilitating disease). In general, healthy people are at a low risk of infection with MRSA.

E Coli

What is *Escherichia coli*?

Escherichia coli (commonly referred to as *E. coli*) is a species of bacteria commonly found in the intestines of humans and animals. There are many different types of *E. coli*, and while some live in the intestine quite harmlessly, others may cause a variety of diseases. The bacterium is found in faeces and can survive in the environment.

What types of disease does *E. coli* cause?

The commonest infection caused by *E. coli* is infection of the urinary tract, the organism normally spreading from the gut to the urinary tract. *E. coli* is also the commonest cause of cystitis (infection of the bladder), and in a minority of patients the infection may spread up the urinary tract to the kidneys, causing pyelonephritis.

Otherwise healthy patients in the community may develop cystitis, and patients in hospital who have catheters, or tubes, placed in the urethra and bladder are also at risk. *E. coli* is also present in the bacteria that cause intra-abdominal infections following leakage from the gut into the abdomen, as for example with a ruptured appendix or following traumatic injury to the abdomen.

E. coli bacteria may also cause infections in the intestine. Diarrhoeal infections (intestinal) are caused by a group of *E. coli* known as 'enterovirulent' (harmful to the intestines).

Overspill from the primary infection sites to the bloodstream may cause blood poisoning (*E. coli* bacteraemia). In rare instances, *E. coli* may cause meningitis in very young children.

Klebsiella species

What is Klebsiella?

Klebsiella species includes a number of genre including *Klebsiella oxytoca and Klebsiella pneumoniae*. These organisms are colonisers of the human gastrointestinal tract and are capable of causing a wide variety of clinical syndromes including urinary tract infection, pneumonia and bacteraemia.

What types of disease does *Klebsiella species* cause?

These organisms are rarely associated with diseases in the normal host. They are a cause however of nosocomial and opportunistic infection.

Pseudomonas aeruginosa

What is *Pseudomonas aeruginosa?*

Pseudomonas aeruginosa is sometimes present as part of the normal microbial flora of humans. Hospitalisation may lead to increased rates of carriage, particularly on the skin in patients with serious burns, in the lower respiratory tract of patients undergoing mechanical ventilation, in the gastrointestinal tract of patients undergoing chemotherapy or in any site in persons treated with broad spectrum antimicrobial agents.

What types of disease does *Pseudomonas aeruginosa* cause?

Pseudomonas aeruginosa is an opportunist pathogen causing disease as a result of some alteration or circumvention of normal host defences e.g. disruption or circumvention of skin or mucous membrane integrity in the case of intravenous lines, urinary catheters or endotracheal tubes.

C difficile

What is *Clostridium difficile*?

*Clostridium difficile (*also known as *"C. difficile" or "C. diff")* is a bacterium that can be found in people's intestines (their "digestive tract" or "gut"). However, it does not cause disease by its presence alone; it can be found in healthy people, about 3% of adults and two thirds of babies with no symptoms. It causes disease when the normal bacteria in the gut, with which *C. difficile* competes, are disadvantaged, usually by someone taking antibiotics, allowing the *C. difficile* to grow to unusually high levels. This allows the toxin they produce to reach levels where it attacks the intestine and causes symptoms of disease.

What are the symptoms of *C. difficile* infection?

Clostridium difficile causes diarrhoea (mild to severe) and, unusually, life threatening inflammation of the intestines. Other symptoms can include fever, loss of appetite, nausea and abdominal pain or tenderness.

How do you catch it?

Another person may acquire C.difficile disease by ingesting the bacteria through contact with the contaminated environment or patient. In most healthy people the C.difficile will not be able to multiply in the gut and they will not develop disease. In some more vulnerable people, particularly those whose normal gut bacteria have been disrupted by antibiotic treatment, the C.difficile may be able to multiply in the gut and go on to cause disease.

CPA/UKAS

What is CPA/UKAS?
CPA is Clinical Pathology Accreditation and UKAS is United Kingdom Accreditation Service. These are both organisations responsible for the inspection and accreditation of laboratories providing diagnostic pathology services.

RCA

What is RCA?
RCA is a root cause analysis which is an analytical method by which an investigation into a particular event seeks to identify the underlying cause.

PFI

What is PFI?
PFI is the abbreviation used for Private Finance Initiative and in this context is used to describe Summit Healthcare and Interserve Facilities Management.

CCG

What is CCG?
CCG is the Clinical Commissioning Group and in this context refers to Dudley Clinical Commissioning Group.

RAG

What is RAG?
RAG is Red, Amber, Green which is a term used to describe the risk rating associated with risks described within the report.

Reference

1. *Clostridium difficile* infection objectives for NHS organisations in 2016/17 and guidance on sanction implementation, Public Health England.

*Klebsiella includes *Klebsiella oxytoca* and *Klebsiella pneumoniae* species and Pseudomonas includes only *Pseudomonas aeruginosa* species.

Enclosure 6

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 11th January 2018

TITLE:	**Monthly Nurse/Midwife Staffing Position – January 2018 report containing November 2017 data**		
AUTHOR:	Derek Eaves Professional Lead for Quality	**PRESENTER**	Siobhan Jordan Chief Nurse

CLINICAL STRATEGIC AIMS

Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.

CORPORATE OBJECTIVE: Deliver a great patient experience, Safe and Caring Services, Be the place people choose to work, Make the best use of what we have

SUMMARY OF KEY ISSUES:

The attached paper contains the actual and planned hours for qualified and unqualified staff for both day and night shifts for each area of the hospital based on the present establishments and having a significant reliance on temporary staff (bank and agency). The fill rates and the Care Hours Per Patient Day (CHPPD) are also tabled. It can be seen that in general the fill rates are close to but less that 100 percent of the current establishment and there has been improvement in these figures from early in the year (January/February).

Under the guidance of the new Chief Nurse, the Trust has been undertaking a detailed, extensive staffing review of each of the wards and departments. To date all of the medical and surgical wards have been reviewed and the community and other specialist areas of the Trust e.g. out-patients are in the process of being reviewed.

Following the query on data accuracy that was raised and discussed last month, this has all been rectified for this month and the future.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description:** Safe Staffing
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Safe, Effective, Caring, Responsive, Well Led
	NHSI	**Y**	**Details: Safe Staffing**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		✓	

RECOMMENDATIONS FOR THE BOARD: To note and consider the safe staffing data for November.

a) Monthly Nurse/Midwife Staffing Position

January 2018 Report containing November 2017 data

The attached Safer Staffing Summary (Appendix1) shows the actual and planned hours for four categories of staff, qualified and unqualified staff for both day and night shifts, for each area of the Trust for November 2017 (wards that have been fully or partially closed in the month are omitted). As well as showing the actual and planned hours the report shows the fill rate for each of the four categories. The totals for the Trust are also indicated. In addition, the last four columns show the actual Care Hours Per Patient Day (CHPPD). We provide this information to NHS Improvement and part of it is utilised in the National Model Hospital dataset.

The report shows that the overall fill rates for the Trust are nearly 100% but this has been achieved by using the present establishments and a significant reliance on temporary staff (bank and agency). A number of factors make it unlikely that a full fill rate will always be achieved although this is the aim. These factors include long term issues such as vacancies, short term issues such as sickness and maternity leave, the unavailability of temporary staff and unexpected numbers of patients requiring enhanced care.

It can be seen that for individual wards the fill rates vary although in the main they are close to 100%. On occasion, the fill rate is over 100%. This tends to occur with C2, the paediatric ward, and NNU (neonatal unit) as the planned hours are derived from the dependency tools used for each shift. Each shift the planned hours are determined by the acuity of the children actually on the ward. Also, sometimes there are occasions when the fill rate of unqualified staff goes above 100%. This occurs when it is recognised that there will be a reduction in qualified staff (e.g. C5/C7/C8 at night). The low fill rate during the days in a) CCU/PCCU reflects the problems in recruiting staff to this particular area and b) in MHDU reflects when the four 'flexi' bed area is open for capacity reasons. The low fill rates for B3 are due to that ward now starting to use the new planned levels following the recent staffing review.

The chart below shows that the percentage fill rates have generally been improving over the year.

Table 1. Percentage fill rates January 2017 to the present

	Qualified Day	Unqualified Day	Qualified Night	Unqualified Night
Jan	94%	96%	94%	99%
Feb	93%	95%	96%	99%
Mar	95%	97%	97%	100%
Apr	97%	96%	98%	98%
May	97%	97%	99%	98%
June	96%	96%	98%	99%
July	96%	97%	98%	100%
August	96%	97%	97%	101%
September	96%	97%	98%	100%
October	96%	97%	97%	99%
November	95%	97%	96%	101%

With regards to the CHPPD, as has been explained in previous monthly reports this is the national indicator that can be used to benchmark the Trust. This is outlined in Table 2.

Table 2. Care Hours Per Patient Day (CHPPD) – Overall Trust and Regional/National Comparators

2017 Month	TRUST Nurse & Midwife	Midlands & East Median	National Median	TRUST Care Support Workers	Midlands & East Median	National Median	TRUST Total number	Midlands & East Median	National Median
January	4.30	4.7	4.7	3.50	2.9	2.9	7.8	7.7	7.6
February	4.34	N/A	N/A	3.63	N/A	N/A	7.97	N/A	N/A
March	4.44	N/A	N/A	3.74	N/A	N/A	8.18	N/A	N/A
April	4.55	4.8	4.8	3.73	3.1	3.1	8.28	7.8	7.9
May	4.4	4.9	4.8	3.8	3.1	3.1	8.2	7.9	7.9
June*	4.7	N/A	N/A	3.8	N/A	N/A	8.5	N/A	N/A
July*	4.5	N/A	N/A	3.9	N/A	N/A	8.4	N/A	N/A
August*	4.6	4.7	4.7	3.9	3.1	3.1	8.4	7.9	7.9
Sept.*	4.5	N/A	N/A	3.7	N/A	N/A	8.2	N/A	N/A
October	4.6	N/A	N/A	3.8	N/A	N/A	8.4	N/A	N/A
November	4.5	N/A	N/A	4.0	N/A	N/A	8.5	N/A	N/A

N/A = Data not available. * Adjusted figures from previous reports (as explained last month)

This report contains the latest newly published regional and national average figures which are for August. Over time, it can be seen that the Trust's CHPPD for qualified staff has been increasing but still below the regional and national medians. The unqualified CHPPD remains above the comparators so that the overall CHPPD remains above the regional and national medians.

Conclusion

This report demonstrates that we are achieving nearly 100% fill rate using the present establishments and a significant reliance on temporary staff (bank and agency). Benchmarking the Trust workforce data using the CHPPD can be informative and will continue.

The staffing review which commenced in May is using data from a wide variety of sources to inform and ensure the required outcome. As well as considering the above data, the review is structured discussions with Matrons and senior nurses from each area together with their managers using information on establishments, staffing ratios and vacancy, sickness and temporary staffing rates. It has considered the outcome of the most recent six monthly Safer Nursing Tool exercise and patient acuity.

As previously reported, both the main medical and surgical ward areas, NNU and Critical Care reviews have been completed and decisions made following discussion and approval at Director level and the Finance and Performance Committee. Progress this month includes draft reports produced on a number of specialist areas which include Main Out Patients Department (OPD), Renal Unit, Emergency Department and Medical Day Case. Due to the number of smaller, specialist OPD areas, an initial questionnaire has been sent to these areas and the completed returns are being analysed. A further meeting is to be arranged for the emergency assessment unit due to the recent changes in configuration. All of the community localities and specialist teams (except one specialist team due to unavailability) have been seen and the report commenced with a final outcome in January 2018. Work on assessing non ward based nurses across the organisation will commence in the New Year.

Safer Staffing Summary	Nov			Days in Month	30										
	Day RN Day RM	Day RN Day RM	Day CSW Day MSW	Day CSW Day MSW	Night RN Night RM	Night RN Night RM	Night CSW Night MSW	Night CSW Night MSW					Actual CHPPD			
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Registered	Care staff	Total
Evergreen																
A2	240	223	226	230	150	147	203	210	93%	102%	98%	103%	1,181	3.76	4.47	8.23
A3																
A4																
B1	114	110	61	59	67	68	59	57	97%	96%	101%	96%	536	3.77	2.59	6.36
B2(H)	120	112	252	234	90	90	230	226	93%	93%	100%	98%	846	2.80	6.52	9.32
B2(T)	91	91	135	129	60	60	104	103	100%	96%	100%	99%	660	2.68	4.22	6.90
B3	247	198	176	155	188	177	151	147	80%	88%	94%	97%	973	4.52	3.64	8.16
B4	180	169	240	213	150	140	183	181	94%	89%	93%	99%	1,305	2.78	3.62	6.40
B5	182	176	145	129	151	150	109	106	97%	89%	99%	97%	948	4.03	2.97	7.01
B6																
C1	180	169	318	288	148	138	204	210	94%	91%	93%	103%	1,366	2.64	4.37	7.01
C2	189	217	60	56	175	169	32	32	115%	93%	97%	100%	687	6.59	1.33	7.92
C3	182	178	372	364	152	148	372	369	98%	98%	97%	99%	1,545	2.53	5.69	8.22
C4	150	143	65	64	90	90	91	89	95%	98%	100%	98%	644	4.12	2.85	6.97
C5	184	177	257	260	150	130	197	206	96%	101%	87%	105%	1,406	2.55	3.88	6.43
C6	90	88	68	67	61	61	67	64	98%	99%	100%	96%	494	3.53	3.18	6.71
C7	180	167	143	156	120	108	142	162	93%	109%	90%	114%	1,048	2.99	3.57	6.56
C8	198	183	210	250	180	170	214	239	92%	119%	94%	112%	1,273	3.18	4.61	7.79
CCU_PCCU	210	179	30	45	150	150	-	-	85%	150%	100%		681	5.67	0.79	6.46
Critical Care	300	300	62	59	304	304	-	-	100%	95%	100%		260	27.30	2.50	29.80
EAU	206	202	243	225	198	194	244	232	98%	93%	98%	95%	896	5.19	6.12	11.31
Maternity	532	499	210	190	510	465	150	137	94%	90%	91%	91%	541	17.69	7.08	24.77
MHDU	122	108	39	36	123	114	7	7	89%	92%	93%	100%	222	11.76	2.14	13.90
NNU	172	171	-	-	172	167	-	-	100%		97%		446	8.70	0.00	8.70
TOTAL	**4,068**	**3,859**	**3,311**	**3,207**	**3,388**	**3,239**	**2,759**	**2,776**	**95%**	**97%**	**96%**	**101%**	**17,958**	**4.5**	**4.0**	**8.5**

Enclosure 7

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors
On 11 January 2018

TITLE	Finance and Performance Committee Exception Report		
AUTHOR	Paul Taylor Director of Finance and Information	**PRESENTER**	J Fellows Non-Executive Director
CLINICAL STRATEGIC AIMS: Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way			
CORPORATE OBJECTIVE: S06 Plan for a viable future			
SUMMARY OF KEY ISSUES: Summary reports from the Finance and Performance Committee meeting held on 21 December 2017.			

RISKS	**Risk Register**	**Risk Score Y**	**Details:** Risk to achievement of the overall financial target for the year
COMPLIANCE	**CQC**	**Y**	**Details:** CQC report 2014 now received, and Trust assessed as "Requires Improvement" in a small number of areas.
	NHSLA	**N**	
	NHSI	**Y**	**Details:** Achievement of all Terms of Authorisation
	Other	**Y**	**Details:**

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

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

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	**21 December 2017**	**Jonathan Fellows**	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances Received

- The financial position for 2017/18 was discussed in some detail and the steps being taken to reduce the projected overspending. The reasons for the overspending were debated, and the prospects of restoring the position in 2018/19. It was agreed to hold a special meeting of Finance and Performance Committee after the Board meeting in January 2018.
- The current cash and balance sheet position, together with capital spending was also discussed
- The current forecast position on CIP programme of £10.4m was reported including progress on the additional savings schemes
- Current performance on ED and other key targets was discussed and the steps being taken to improve performance to target levels
- A paper was tabled on the action being taken to control agency spending on medical staff
- Further details of establishments, numbers of substantive staff, and levels of bank of agency for nursing staff was debated at length
- The current performance of the PFI partner in fulfilling the estates and soft-service contract for November 2017 was discussed in advance of a Board to Board meeting that afternoon

Decisions Made / Items Approved

- To hold an extraordinary Finance and Performance Committee in January 2018

Actions to come back to Committee

- None

Performance Issues to be referred into Executive Performance Management Process

- None

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

- None

Items referred to the Board for decision or action

- The worsening financial position in 2017/18 is to be debated in a special Finance and Performance Committee following the Board meeting on 11th January 2018. This is to agree the position to be reported to NHS Improvement; the actions to be taken to improve the position for the rest of 2017/18; and the planned financial position for 2018/19.

Enclosure 8

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 11th January 2018

TITLE:	Integrated Performance Report for Month 8 (November) 2017		
AUTHOR:	Andy Troth Head of Informatics	**PRESENTER:**	Michael Woods Interim Chief Operating Officer

CLINICAL STRATEGIC AIMS

Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience
SO2: Safe and Caring Services
SO4: Be the place people choose to work
SO5: Make the best use of what we have
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

A&E target

November performance was 83.9% which has deteriorated from that in October (90.06%). Attendances for November increased by 143 compared to last November however 512 were less than October. Ambulance conveyances increased by 198 compared to last November and were up by 137 compared to October.
Ambulance handover delays over 60 minutes Increased to 122 (15 in October)
For context: 17 out of 137 Trusts exceeded 95%. Our performance was 99th out of 137 Trusts.

The key priorities continue, and 1.1m of NHS winter monies have been granted to support the recovery plan.

The Trust has also received additional support from NHSI operational leads.

Cancer (provisional)

The Trust has published Octobers performance figures as:

- Cancer 62 day 93.1% (this may change for Q3 position to 92% pending a tertiary centre upload)
- 2WW is 94.8%

The Weekly Cancer Performance meeting continues to meet and a Cancer Sustainability Plan has been formulated that reviews our processes and delivery systems against the best practice guidance.

Following an IST review there are 3 tumour pathways proposed for review (Colorectal, Gynaecology & Skin)

Referral to Treatment (18 week)

The incomplete pathways were achieved in month with a performance of 93.8% against a target of 92%, although performance in two specialities fell below the expected.

Urology(91.86%) – up from last month
Ophthalmology (82.71%) – up from last month
Plastic Surgery(90.35%) – down from last month

The admitted and non-admitted measures were not available at the time of the report.

DM01 Diagnostic Performance
Was achieved for the month with a performance of 99.15% against a national target of 99%.

Clostridium Difficile & MRSA
Total No. of C. Diff cases identified after 48hrs for the month was 1. (17ytd.)
There were 0 post 48 hour MRSA cases reported in month.

Mixed sex accommodation
There were 0 MSA breaches in month.

Never Events
There were 0 never events recorded in month.

VTE Assessment On Admission: Indicator
The indicator did not achieve the target in month with provisional performance at 94.21% against a target of 95%. This is a decrease on the previous month's performance of 95.35%.

Finance
The month 08 financial position was below the original plan by £2.012m due to shortfalls on income (largely resulting from impact of month 1-6 re-phasing and a reduced level of emergency activity) and pay (highest WTE to date). Agency costs have reduced in November but the Trust has now exceeded the annual cap of £5.772m. The cumulative adverse variance equates to £4.258m. Consolidation of Dudley Clinical Services Ltd and technical changes relating to donated assets amend the adverse variance to £4.242m. The October performance was £1.111m worse than forecast. As a result of this deterioration, the year-end estimates have now been revised to a deficit of £7.6m (£10.1m outside the control total). This must be viewed as a worst case scenario and every effort should be made to reduce the forecast deficit over the remaining months of the year. Given the financial position, the Trust is likely to lose STF of £6.088m.

Workforce
Appraisals:
he month has seen the position improve in the percentage of appraisals undertaken, from 87.27% to 88.12%. No Divisions are red. Clinical Support, Corporate/Management, Surgery and Medicine and Integrated Care are all amber at 84.63%, 87.97%, 89.11% and 88.55% respectively (>80% <90%).

Mandatory Training:
Mandatory Training has risen slightly from 85.93% to 86.93% in month.

Sickness:
Sickness rate overall has worsened again from 4.40% in the previous month to 4.88% in month. Medicine & Integrated Care are red with 5.35%, Surgery Division red at 4.91%, and corporate Management red with 4.26%. Clinical Support amber at 3.91%.

IMPLICATIONS OF PAPER:			
RISK	**Y**		**Risk Description:** High levels of activity could impact on the delivery of KPIs – particularly the emergency access target and RTT. The latter would be impacted by increased levels of outliers resulting in cancelled operations**.**
	Risk Register: Y		**Risk Score:** 20 (COR079)
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**Y**	**Details:** A sustained reduction in performance could result in the Trust being found in breach of licence.
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD:			
Decision	**Approval**	**Discussion**	**Other**
		X	

RECOMMENDATIONS FOR THE BOARD:
To note the performance against the national mandated performance targets and where there has been non achievement to seek assurance on the plans to recover the expected position.

Performance - Key Performance Indicators

	Target	Nov-17	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)					
All Cancer 2 week waits	93%	95.3%	94.6%	↑	
2 week wait - Breast Symptomatic	93%	96.4%	98.0%	↑	
31 day diagnostic to 1st treatment	96%	98.8%	98.6%	↓	
31 day subsequent treatment - Surgery	94%	100.0%	99.0%	↔	
31 day subsequent treatment - Drugs	94%	96.7%	99.6%	↔	
62 day urgent GP referral to treatment	85%	87.2%	84.5%	↓	
62 day screening programme	90%	100.0%	97.7%	↔	
62 day consultant upgrades	85%	90.2%	93.3%	↑	
Referral to Treatment					
RTT Incomplete Pathways - % still waiting	92%	93.9%	94.3%	↓	
RTT Admitted - % treatment within 18 weeks	90%	86.2%	88.5%	↓	
RTT Non Admitted - % treatment within 18 weeks	95%	90.7%	92.9%	↑	
Wait from referral to 1st OPD	26	28	231	↓	
Wait from Add to Waiting List to Removal	39	39	332	↑	
# ASI List		2102	0	↑	
% Missing Outcomes RTT		0.1%	0.2%	↓	
% Missing Outcomes Non-RTT		6.4%	4.0%	↓	
DM01					
No. of diagnostic tests waiting over 6 weeks	0	49	1504	↓	
% of diagnostic tests waiting less than 6 weeks	99%	99.2%	97.2%	↑	
ED - TRUST					
Patients treated < 4 hours Type 1 (Trust ED)	95%	74.0%	83.2%	↑	
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	83.9%	89.5%	↑	
Emergency Department Attendances	N/A	8647	70063	↑	
12 Hours Trolley Waits	0	0	0	↔	
Ambulance to ED Handover Time - TRUST					
30-59 minute breaches		560	2313	↓	
60+ minute breaches		122	358	↓	
Cancelled Operations - TRUST					
% Cancelled Operations	1.0%	1.5%	1.3%	↑	
Cancelled operations - breaches of 28 day rule	0	0	7	↔	
Urgent operations - cancelled twice	0	0	0	↔	

Performance - Key Performance Indicators cont.

	Target	Nov-17	Actual YTD	Trend	Month Status
GP Discharge Letters					
GP Discharge Letters	90%	80.4%	78.3%	↑	
Theatre Utilisation - TRUST					
Theatre Utilisation - Day Case (RHH & Corbett)		77.0%	76.8%	↓	
Theatre Utilisation - Main		84.5%	86.1%	↑	
Theatre Utilisation - Trauma		95.3%	91.3%	↓	
GP Referrals (1 month in arrears)					
GP Written Referrals - made		6462	54032	↓	
GP Written Referrals - seen		5175	45104	↓	
Other Referrals - Made		3032	21751	↓	
Throughput					
Patients Discharged with a LoS >= 7 Days		7%	6%		
Patients Discharged with a LoS >= 14 Days		3%	3%		
7 Day Readmissions		3%	3%		
30 Day Readmissions - PbR		7%	7%		
Bed Occupancy - %		92%	91%		
Bed Occupancy - % Medicine & IC		95%	94%		
Bed Occupancy - % Surgery, W&C		88%	88%		
Bed Occupancy - Paediatric %		77%	58%		
Bed Occupancy - Orthopaedic Elective %		79%	80%		
Bed Occupancy - Trauma and Hip # %		96%	94%		
Number of Patient Moves between 8pm and 8am		93	741		
Discharged by Midday		16%	16%		
DNA Rates					
New outpatient appointment DNA rate	8%	11.8%	11.2%	↑	
Follow-up outpatient appointment DNA rate	8%	11.6%	8.6%	↑	
Total outpatient appointment DNA rate	8%	11.7%	10.4%	↑	
Average Length of stay (Quality Strategy Goal 3)					
Average Length of Stay - Elective	0.0	3.2	3.2	↓	
Average Length of Stay - Non-Elective	3.4	5.7	5.1	↓	

Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	581	522	-10.2%	-59	3,883	3,468	-10.7%	-415
Day Cases	4,186	4,535	8.3%	349	27,971	29,160	4.3%	1,189
Non-elective inpatients	5,238	5,087	-2.9%	-151	36,153	35,180	-2.7%	-973
Outpatients	39,903	41,474	3.9%	1,571	266,623	257,361	-3.5%	-9,262
A&E	8,610	9,156	6.3%	546	59,683	61,416	2.9%	1,733
Total activity	**58,518**	**60,774**	**3.9%**	**2,256**	**394,313**	**386,585**	**-2.0%**	**-7,728**
CIP	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Income	131	96	-26.9%	-35	700	632	-9.7%	-68
Pay	770	-34	-104.4%	-804	3,201	2,870	-10.3%	-331
Non-Pay	294	280	-4.7%	-14	1,913	2,472	29.2%	559
Total CIP	**1,195**	**342**	**-71.4%**	**-853**	**5,815**	**5,975**	**2.8%**	**160**
INCOME	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
NHS Clinical	28,152	27,791	-1.3%	-361	191,447	189,415	-1.1%	-2,033
Other Clinical	130	92	-29.4%	-38	909	712	-21.7%	-197
STF Funding	857	857	0.0%	0	3,858	3,858	0.0%	0
Other	1,857	1,281	-31.0%	-576	12,949	15,813	22.1%	2,864
Total income	**30,997**	**30,021**	**-3.1%**	**-976**	**209,164**	**209,798**	**0.3%**	**635**
OPERATING COSTS	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Pay	-17,178	-18,080	5.3%	-903	-120,410	-123,221	2.3%	-2,811
Drugs	-633	-713	12.6%	-80	-4,195	-4,597	9.6%	-402
Non-Pay	-6,257	-7,102	13.5%	-845	-47,077	-47,799	1.5%	-722
Pass-through	**-2,640**	**-2,667**	**1.0%**	**-27**	**-17,646**	**-17,455**	**-1.1%**	**191**
Total Costs	**-26,708**	**-28,562**	**6.9%**	**-1,854**	**-189,328**	**-193,072**	**2.0%**	**-3,744**

Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
	£'000	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
EBITDA	**3,882**	**959**	**-75.3%**	**-2,923**	**19,385**	**16333**	**-15.7%**	**-3,052**
Depreciation	-784	-743	-5.2%	41	-5,445	-5208	-4.4%	237
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,123	-1,014	-9.7%	109	-7,856	-7762	-1.2%	94
SURPLUS/(DEFICIT)	**1,975**	**-798**	**-140.4%**	**-2,773**	**6,084**	**3363**	**-44.7%**	**-2,721**
SOFP	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Capital Spend	1,491	800	-46.3%	0	10,671	7703	-27.8%	-2,968
Inventory					2,840	2984	5.1%	144
Receivables & Prepayments					20,870	24934	19.5%	4,064
Payables					-16,193	-19672	21.5%	-3,479
Accruals							n/a	0
Deferred Income					-4,656	-3467	-25.5%	1,189
Cash & Loan Funding	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Cash					15,343	18,192	18.6%	0
Loan Funding							n/a	0
KPIs								
EBITDA %	12.50%	3.10%	-9.4%		9.30%	7.80%	-1.5%	
Deficit %	6.40%	-2.60%	-9%		2.90%	1.60%	-1.3%	
Receivable Days					0.0	0.0	n/a	
Payable (excluding accruals) Days					0.0	0.0	n/a	
Payable (including accruals) Days					0.0	0.0	n/a	
Use of Resource metric					1	3		

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Nov-17	Actual YTD	Trend	Month Status
Friends & Family Test - Footfall						
Friends & Family Test - ED	14.5%	21.3%	24.8%	18.8%	↑	
Friends & Family Test - Inpatients	26.0%	35.1%	33.9%	31.9%	↑	
Friends & Family Test - Maternity	21.7%	34.4%	45.2%	43.3%	↓	
Friends & Family Test - Outpatients	4.7%	14.5%	6.0%	4.1%	↑	
Friends & Family Test - Community	3.5%	9.1%	5.3%	2.9%	↑	
Friends & Family Test - Recommended						
Friends & Family Test - ED	89.9%	93.4%	80.4%	78.2%	↑	
Friends & Family Test - Inpatients	96.3%	97.4%	95.3%	96.0%	↓	
Friends & Family Test - Maternity	96.0%	98.1%	95.1%	97.4%	↑	
Friends & Family Test - Outpatients	94.6%	97.2%	89.8%	92.0%	↓	
Friends & Family Test - Community	96.4%	97.7%	96.0%	96.6%	↓	
Complaints						
Total no. of complaints		N/A	0	218	↑	
# Complaints closed within target	90%	90%		94.5%	↔	
Complaints re-opened				2	↔	
PALs Numbers			258	0	↑	
Ombudsman						
Dementia (1 month in arrears)						
Find/Assess		90%	98.4%	97.6%	↑	
Investigate		90%	100.0%	100.0%	↔	
Refer		90%	97.2%	97.0%	↓	
Falls						
No. of Falls		0	80	660	↑	
No. of Multiple Falls		N/A	9	74	↓	
Falls resulting in moderate harm or above	0	0.19	3	12	↔	
Falls per 1000 bed days	3	6.63	5.09	0.00	↑	
Pressure Ulcers (Grades 3 & 4)						
Hospital Avoidable		0	1	13	↓	
Hospital Non-avoidable		0	0	7	↓	
Community Avoidable		0	4	36	↓	
Community Non-avoidable		0	5	48	↓	
Mixed Sex Accommodation Breaches						
Single Sex Breaches		0	0	20	↓	

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Nov-17	Actual YTD	Trend	Month Status
Mortality (Quality Strategy Goal 3)						
HSMR Rolling 12 months (**Latest data August 17**)	110	105		N/A		
SHMI Rolling 12 months (**Latest data June 17**)	1.10	1.05		N/A		
HSMR Year to date (**Latest data August 17**)				N/A		
Infections						
Cumulative C-Diff due to lapses in care		15	14	N/A		
MRSA Bacteraemia		0	0	0	↔	
MSSA Bacteraemia		0	0	5	↔	
E. Coli - Total hospital		0	0	24	↔	
Stroke Admissions - PROVISIONAL						
Stroke Admissions: Swallowing Screen		75%	69.2%	80.2%	↓	
Stroke Patients Spending 90% of Time on Stroke Unit		85%	82.5%	94.7%	↑	
Suspected High Risk TIAs Assessed and Treated <24hrs		85%	100.0%	93.5%	↔	
VTE - PROVISIONAL						
VTE On Admission		95%	94.2%	93.9%	↑	
Incidents						
Total Incidents			1279	4486	↓	
Recorded Medication Incidents			0	2275	↑	
Never Events			1	2	↔	
Serious Incidents			13	107	↓	
of which, pressure ulcers			5	70	↓	
Incident Grading by Degree of Harm						
Death			2	5	↔	
Severe			4	13	↓	
Moderate			8	67	↑	
Low			229	1610	↑	
No Harm			1357	9571	↓	
Percentage of incidents causing harm		28%	15.2%	15.0%	↑	
NQA Think Glucose						
NQA Think Glucose - AMU/SAU	85%	95%	93%	72%	↑	
NQA Think Glucose - General Wards	85%	95%	96%	93%	↓	

People

	Target 17/18	Target YTD	Nov-17	Actual YTD	Trend	Month Status
Workforce						
Sickness Absence Rate	3.75%	3.75%	4.87%	4.08%	↑	
Staff Turnover (1 month in arrears)	0%	0%	9.3%	9.1%	↑	
Mandatory Training	90.0%	90.0%	86.9%	85.4%	↑	
Appraisal Rates - Total	90.0%	90.0%	88.1%	84.4%	↑	

#

Enclosure 9

The Dudley Group
NHS Foundation Trust

Paper for submission to Trust Board
on 11th January 2018

TITLE:	Transformation and Cost Improvement Programme (CIP) Summary Report		
AUTHOR:	Lisa Peaty, Deputy Director: Strategy & Business Development	**PRESENTER**	Lisa Peaty, Deputy Director: Strategy & Business Development

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:

The Trust has an overall Cost Improvement Programme (CIP) target of £12.5m in 2017/18.

To support this, the Trust has identified 58 schemes which contribute to the £12.5m identified. 3% of the CIP has currently been identified as non recurrent savings.

Based on the Month 8 position, the Trust has achieved *c.* £6.95m against the year to date (YTD) plan of £7.06m. However, the full year effect variance is forecast by to under-deliver by £2.3m (i.e. delivery of £10.4m).

Exception reports have been developed for underperforming CIP schemes which outline the mitigating actions in place to address underperformance.

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 COMMITTEE:

Decision	Approval	Discussion	Other
		Y	

RECOMMENDATIONS FOR THE COMMITTEE:
Note delivery of CIP to date and the end of year forecast.

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

Summary Report: Month Eight (November 2017)

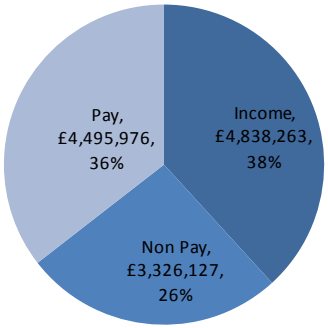
Date of Trust Board: 11th January 2018

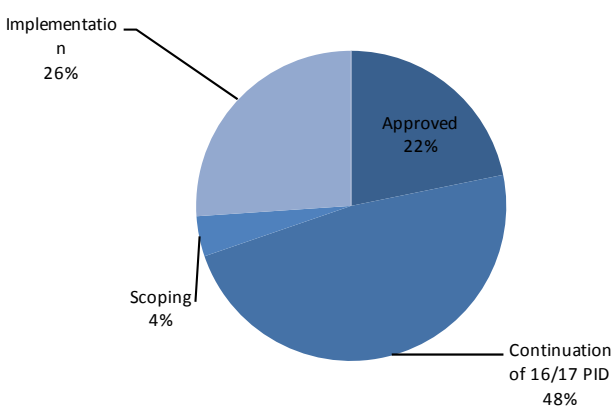
Executive Summary – 2017/18

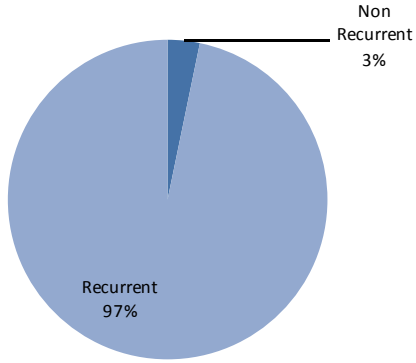
The Trust has an overall Cost Improvement Programme (CIP) target of £12.5m in 2017/18. To support this, there are 58 schemes on the work programme which contribute to the £12.5m identified, and 3% of of the CIP has currently been identified as non recurrent savings.

A summary of CIP performance as at Month 8 is provided below (with supporting detail overleaf):

CIP Project Plans	Full Year (FY)			YTD Performance Against Identified Plans			Y/E Forecast of Identified Plans	
	FY Target	FY Identified	Variance Against FY Target	YTD Pan	YTD Actual	YTD Variance	FYE Forecast	FYE Variance
Total	£12,500,000	£12,630,351	£ 130,351	£ 7,062,150	£ 6,947,080	-£ 115,070	£10,368,743	-£ 2,261,608







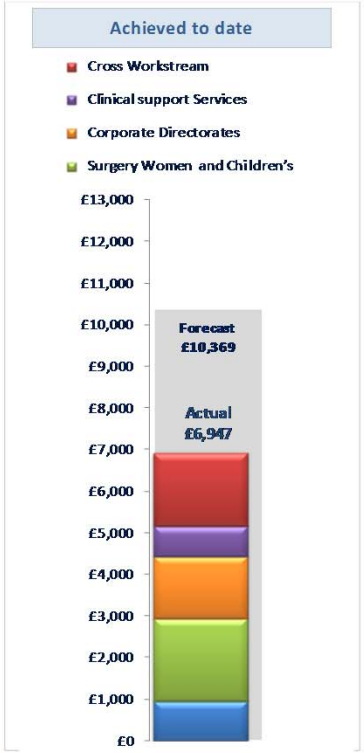
Based on the Month 8 position, the Trust has identified schemes totalling £12.6m against a Full Year (FY) target of £12.5m. As at Month 8 the Trust is forecasting to deliver £10.4m.

For the 17/18 programme of work, 33 Quality Impact Assessments (QIAs) have now been approved by the panel, and 38 QIAs have been deemed not applicable. QIAs for pipeline schemes continue to be worked up.

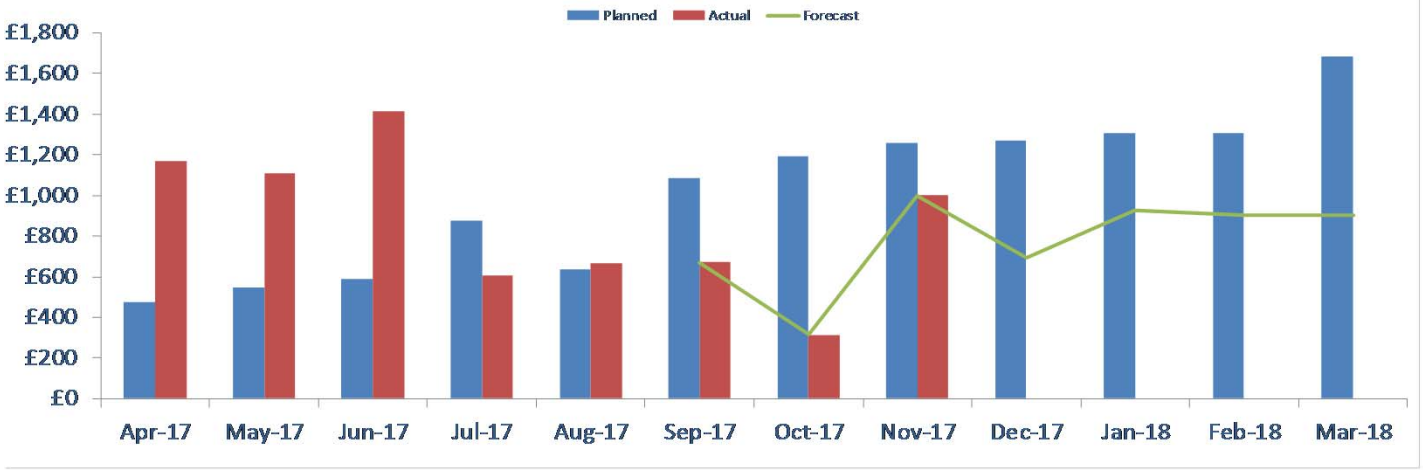
Executive Summary – 2017/18

	YTD	FYE			Submitted Plan
Planned	£7,062,150			Identified	£12,630,351
Actual	£6,947,080			Target	£12,500,000
Forecast		£10,368,743			
Variance	-£115,070	-£2,261,608			£130,351

Programme (Click for details)	YTD Plan	YTD Actual	YTD Variance	FYE Plan	FYE Forecast	FYE Variance
Surgery Women and Children's	£2,155,083	£2,000,155	-£154,927	£3,232,624	£2,850,558	-£382,066
Medicine and Integrated Care	£893,120	£968,032	£74,912	£1,457,627	£1,477,064	£19,437
Clinical support Services	£639,577	£729,245	£89,668	£998,746	£1,196,671	£197,925
Corporate Directorates	£1,284,643	£1,500,903	£216,260	£2,020,149	£2,185,732	£165,583
Cross Workstream	£2,089,728	£1,748,745	-£340,983	£4,921,205	£2,658,718	-£2,262,487
View all Projects	£7,062,150	£6,947,080	-£115,070	£12,630,351	£10,368,743	-£2,261,608



2017/18 Forecast Non Recurrent	£410,039
% of Total CIP Forecast as Non Recurrent	3%



Enclosure 10

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors
On 11 January 2018

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

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

Summary of key issues discussed and approved at the Charitable Funds Committee on 30 November 2017.

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

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

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

MATTERS ARISING FROM PREVIOUS MEETING

There were no matters arising from the previous meeting.

FUNDRAISING UPDATE

Mrs Phillips reported on the success of the “Big Push” wheelchair campaign which had received £19,000 in donations and a further £5,000 in pledges to be received. She also reported that Charity Hub bookings were ahead of plan and should achieve a figure of circa £9,000 for the full year, which would be double the planned income. The Halloween “Bake Off” raised nearly £1,000 and grants of £4,000 had been received from both Tesco and the Co-op.

She informed the Committee that the Income and Expenditure Report showed a positive variance at the end of October of £19,319.

She reported that the charity had been chosen as the charity partner of the Penn Golf Club ladies team next year and that she was pursuing two further charity partnerships. The Committee requested that the time spent building corporate relationships be significantly increased, particularly with larger employers in the area.

FINANCE UPDATE

Mrs Taylor presented the Finance update. She reported that the total fund balance stood at £2,100,000 whilst the general funds balance was £46,000, prior to the approval of funding requests below.

Income for the year to date was reported as £240,000 whilst expenditure was £493,000 (mainly for equipment).

FUNDRAISING REQUESTS

Five bids for income totalling £17,180 were approved:

- Bladder scanner for Community Nursing to reduce patient waiting time £4,200
- Syringe pump to benefit patients at home at end of life stages £1,400
- Two ‘clean linen trolleys’ for Ward B3 to improve ward environment and reduce infection control issues £1,580
- Welcome booklets for patients, carers and relatives £7,000
- Top up for ward balances in order to purchase patient Christmas presents and to provide a staff Christmas Day meal £3,000

A request for pagers for use in the eye clinic was received, but this was deferred pending a review of the Paediatric OPD pager system and the Ophthalmology budget. In respect of the Paediatric OPD pager system, the Committee felt this should be reviewed to ascertain whether or not it could be extended to also cover eye clinics.

Meeting	Meeting Date	Chair	Quorate	
Charitable Funds Committee	**30 November 2017**	**Julian Atkins**	**yes**	**no**
			Yes	
Declarations of Interest Made				
None				
Assurances Received				
None				
Decisions Made / Items Approved				
Five bids for income were approved				
Actions to come back to Committee				
One bid for income was deferred pending further analysis				
Items referred to the Board for decision or action				
None				

Enclosure 11

The Dudley Gro
NHS Foundation Trust

Paper for submission to the Trust Board
January 2017

TITLE:	**Digital Trust Programme Committee update**		
AUTHOR:	**Mark Stanton CIO**	**PRESENTER**	**Ann Becke**

CORPORATE OBJECTIVE:

SO3: **Drive service improvements, innovation and transformation**
SO5: **Make the best use of what we have**

SUMMARY OF KEY ISSUES: ***(please identify key issues arising from report or minutes)***

A summary of the Digital Trust Programme Committee (DTPC) November 2017

- The DTPC has approved the revised delivery plan which will be submiteed to Trust Board February for final approval, the new plan still delivers within the 6 month window from 23/4/18 as outlined in the original FBC
- A series of Audits will take place to give assurance on the new project plan and clinical safety elements. One audit will be carried out by the internal auditors and another from an external NHS organisation CCIO.
- A significant number of new projects requests were submitted in December through the exec and these are currently being scoped.

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

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y/N**	**Details:** (***Please select from the list on the reverse of sheet)***
	Monitor	**Y/N**	**Details:**
	Other	**Y/N**	**Details:**

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

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE COMMITTEE

Demonstrate to the Board that the DTPC is providing governance for this project.

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

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

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

The Dudley Group NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Digital Trust Programme Committee	20th December 2017	Ann Becke	yes	no
			X	

Declarations of Interest Made

None

Assurances received

Project status – Digital Trust

Significant progress has been made on the all delivery streams of the project over the last month enabling the proposed revised plan to be ratified.

The DTPC approved a revised plan that will still retain a go-live of 23/4/18 as per the original plan but will see a second phase for clinical documents and ePMA in June 2018. Splitting the go-lives will impact the cost of delivery and the phasing of capital but the project is still deliverable within the FBC budget.

A full cost profile of the project will be produced along with any impact on the benefits case and presented to the January 2018 F&P, the full revised plan will be presented to the February Trust board for final approval.

Pharmacy have agreed to support the Digital Trust team in ensuring the validation of the Drug files through overtime activity funded under the project capital, Pharmacy and IT are in discussions over closer links between the teams to help fully support a digital environment.

The project in the absence of a CCIO is being supported by a number of Clinical staff and keeping a high level of clinical engagement. An advert has gone out for 3 Divisional CCIO's posts covering 3PA's each. The Trust also needs to appoint a Clinical safety officer (CSO) in the next quarter which is a regulatory requirement for Digital systems.

The Clinical Approvals group (CAG) approved the Radiology processes using the new documentation standard. All processes and test scripts were signed off by both Operational and Clinical stakeholders before submission to the CAG.

A number of project assurance audits will take place in Q4 17/18. The scope of the RSM scheduled internal audit will be increased to give assurance on the revised project plan, the audit team will also include clinical capability to engage with key clinical stakeholders across the Trust. In addition to this an external NHS CCIO recommended by Julian Hobbs will be undertaking a clinical review of the project.

A number of Strategic gaps exist which are being worked on as project streams, the most

significant currently is the requirement for real time ADT working. A number of options have been previously discussed but no plans are agreed, the team have committed to look at how other Trusts have resolved this issue and report back to the next DTPC.

The Trusts Development team have had success in integrating our Population Health platform (dBMotion) into EMIS practice management system directly, this is a significant advancement and could be shared with out Trusts as we believe this has not been achieved elsewhere. We are in a position to commit this system as the MCP solution subject to approval from partners.

Portfolio project activity

- New Generation Malicious code (Anti-virus) software is being installed across the Trust and almost complete.
- NHSmail2 – migration is complete for TFIT clients, 50% of the Trust is complete and we believe that most frequent use mail users are migrated however attendance at workshops and floor walking exercises are not yielding further migrations. The project team needs to be wound down and a plan to work with Divisional leads is being developed as a final push to complete the project.
- There are 18 projects currently in delivery sitting outside the Digital Trust programme.
- Development resource is supporting integration of four eyes initiates

The executive team have requested IT to scope a number of additional projects: -

- Kiosk check-ins for Outpatients
- RFID file tracking (note that GS1 scan for safety is a national requirement to cover medicines and equipment due for 2020 and part of the Digital roadmap. Additionally, it should also be noted that the Trust Wifi (6 years old) has excellent coverage across the Trust and is fit for purpose for Staff and patient access however it may not be able to support the additional load created by RFID and will need significant investment)
- 24x7 Task Management – Expand the use of Nervecentre from out of hours to 24x7 use across the clinical community.
- Re-procurement of the Allocate system (this could be a Black country project)

Decisions Made / Items Approved

- The Proposed delivery plan was approved by the DTPC and following a review of the Benefits case will be submitted to the February Trust Board.

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

• Review of the benefits case.
Items referred to the Board for decision or action
None
Comments relating to the DTPC from the CCIO
N/A
Comments relating to the DTPC from the CNIO
N/A

Enclosure 12

The Dudley Group
NHS Foundation Trust

Paper for submission to Board of Directors 11th January 2018

TITLE:	**Board Assurance Framework – Quarter 3**		
AUTHOR:	Sharon Phillips – Deputy Director of Governance (Risk and Standards	**PRESENTER**	Glen Palethorpe – Director of Governance

CLINICAL STRATEGIC AIMS		
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*	*Provide specialist services to patients from the Black Country and further afield.*

CORPORATE OBJECTIVE: All Objectives

The attached report includes a forward projection as to the direction of risk over the next quarter. The quarter three framework showed a prediction that within two objectives the current risk would reduce within quarter 3, this was achieved. The current framework shows the executive team's prediction that there will be a further reduction in risk across two objectives by the end of the year. This will be subject to further review at the Risk and Assurance Group meeting on the 10 January 2018.

Trust management have continued to review the assurances received and their impact on the Assurance Framework.

Internal Audit are undertaking their annual review of the Trust's risk management processes and they plan to report back their findings to the Audit Committee on the 30 January 2018.

IMPLICATIONS OF PAPER:

RISK			**Risk Description:** Full Risk Register
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** All Domains
	NHSI	**Y**	**Details:** Well led framework
	Other	**Y**	**Details:**

ACTION REQUIRED:

Decision	Approval	Discussion	Other
X		X	

ACTION FOR BOARD:
To confirm based on the review undertaken by the Executives, the Risk and Assurance Group and Audit Committee that the attached Risk Register reflects the key risks facing the Trust.

To note the projected direction of travel for the next quarter.

BOARD ASSURANCE FRAMEWORK

1. Introduction

The Board Assurance Framework (BAF) is both a process and a document which supports the Board's oversight of the key risks to the delivery of its objectives.

The process is made up of the systematic assessment and review of the key risks that impact on the Trust's objectives, the recording of assurances logged against these risks and their impact along with determined mitigating actions on these risks over the year. The application of these processes along with the oversight at the respective Committees, Groups and within the Executive risk, performance and governance structures culminates in the BAF document.

The Board has been used to seeing the components of the BAF in the Corporate Risk and Corporate Assurance Registers. The BAF at **Appendix 1** brings those components together focusing on those KEY risks.

2. Summary of the Trust's risk profile against each of the Trust's objectives

	Total number of risks	Total inherent risk score	Total value of risks at Q2	Predicted movement in these risks by end of next quarter (Q3)	Current value of risks at Q3	Expected movement in these risks by end of next quarter (Q4)	Total target risk score
Objective 1 – deliver a great patient experience	9	180	162	🡻	133	🡻	89
Objective 2 – safe and caring services	7	145	94	🡻	105*	🡻	65
Objective 3 – drive service improvement, innovation and transformation	1	20	16	➲	16	➲	15
Objective 4 – be the place people choose to work	Key risks relating to "people" are in effect recorded across many of the other Trust objectives, to prevent duplication they are not repeated within this objective.				20 (new risk)	➲	10
Objective 5 – make the best of what we have	3	65	48	➲	48	➲	31
Objective 6 – deliver a viable future	3	65	40	➲	60**	➲	29

*****_The predicted downward movment was achieved with a score of 85 but the addition of a new risk with a current risk score of 20 increased the current value to 105._

******_The predicted movement was achieved with a score of 40 but the additon of a new risk with a current score of 20 increased the value to 60._

The 2017/18 BAF reflects the level of increased risks facing the Trust's delivery of this year's annual plan. These risks cover all aspects

- Quality, with for example risks to new processes such as the publication of learning from deaths information, delays in ophthalmology outpatients clinic appointments;
- Performance, with for example the Trust's ability to meet the cancer and emergency access standards;
- Finance, with for example the increased risk at the start of this year in respect the Trust's ability to achieve its cost improvement plan and the risk in respect of our of main commissioner' ability to fund the activity that flows through the Trust; and
- Workforce whilst not increasing from last year, the risks remain a challenge, for example over the Trust's ability to reduce the reliance on agency staff.

3. Review of the BAF

The Trust's Executive Risk and Assurance Group met 11th October with its output being presented to the Audit Committee on the 28th November 2017. The Group discuss the movement in risk through recorded assurances or completed actions from the second quarter to the third and then consider the projected movement in risk for the next quarter. The reformatted BAF document allows the Audit Committee and Board to gauge the planned actions of the Executive to actively manage the Trust's risks. The Risk and Assurance Group is scheduled to meet again on the 10th January 2018 to further consider the forecast for the last quarter of the year based on actions taken within the 3rd quarter of the tear. At its meeting the Group will continue to consider the Trust's corporate risk register, divisional and directorate risk registers.

The Audit Committee considers the Corporate Assurance Register a key component of the BAF at each of its meetings. In support of the work of the Audit Committee the various committees of the Board are undertaking a series of reviews into risks they have committee oversight for, where they do not get routine reports within their cycle of business. For Finance and Performance these specific deep dive reviews will cover for 2017/18 the risks in relation to Major Incident Planning and Delayed Transfer of Care, for Clinical Quality, Safety and Patient Experience they are considering the risks in relation to the new Learning from Deaths process, ophthalmology waiting times and the Trust's accessible information processes. The outcome of these risk reviews will be reported to the Board and to the Audit Committee supporting the Audit's year end assessment of the Trust's risk management processes alongside the outcome to the work of Internal Audit reviewing the underpinning BAF systems as well as the content of the document itself.

4. Movements within quarter 3

Executive management forecast to see movement in a number of risks over the third quarter of the year, these included

Strategic Objective 1 – deliver a great patient experience

- COR069 in relation to the Diagnostic Standard. The Trust has improved the Trust performance activity of the 99%, the DMO1 target was achieved in November and Internal Audit confirmed controls to manage risks were suitably designed,

consistently applied and operated effectively. Although there was negative assurance around the capacity for Paediatric GA and musculoskeletal ultrasound. In response the risk score was reduced as predicted (now 16).

- COR377 in relation to the Trust's cancer targets. The Trust is making progress in the delivery of this improvement plan and has seen the target achieved for the month of September, October, November and December. In response the risk score was reduced as predicted (now 12).
- COR244 in relation to the Trust being prepared for the increased requirements in respect to the national learning from deaths programme. The Trust has presented reports to both the October, November and December 2017 Board meetings and has demonstrated learning through audit. In response the risk score has reduced as predicted (now 15).
- COR259 in relation to Friend and Family (Patient Survey) outcome scores being extremely low. The patient experience inpatient survey action plan is now completed. In response the risk has been reduced to 12.
- COR121 in relation to ophthalmology outpatient capacity. Positive assurance of the repatriation of 2 consultants, the increased orthoptic combined clinics and Macular Nurse led clinics have resulted in the reduction of the risk score as predicted. It is anticipated the risk will further reduce in 4th quarter in its delivery.

Strategic Objective 2 – safe and caring services

- COR436 in relation to reduced capacity within safeguarding adults/children's team due to infrastructure vulnerabilities. This is a new risk added to the corporate risk register. The Trust identified the potential risk of compliance to mandatory and legislative best practice for safeguarding adults and children. An internal review identified the lack of a subject matter expert lead, capacity, infrastructure vulnerabilities, reduced collaboration as an MDT and misinterpretation of intercollegic documents.
- COR096 in relation to the prevention of avoidable patient deterioration. The Trust through audit has confirmed the embedding of Track and Trigger is complete, with a review of MET calls confirming no significant changes to activity, thus showing better management of the patient. In response the risk was reduced (now 10)
- COR100 in relation to failure to comply with fire safety requirements. A positive independent review was completed of North block pm on the 4th November 2017. In response the risk was reduced as predicted (now8).

Strategic Objective 4 – be the place people to choose to work

- COR461 risk in relation to competing demands on clinicians time lead to lack of quality clinical input across key Trust projects. This was a newly identified risk flowing from discussions at various Committees and the Executive team.

5. Forecast movements for quarter 4

Executive view of the movement of risk from Quarter 3 to Quarter 4.

- COR069 in relation to the Diagnostic Standard. The score is anticipated to reduce in Q4 with the new date of delivery for sustained improved performance from December 2017.
- COR244 in relation to the Trust being prepared for the increased requirements in respect to the national learning from deaths programme. It is anticipated further embedding of learning and reporting will result in the further reduction of the risk score in Q4.
- COR121 in relation to ophthalmology outpatient capacity. It is anticipated that the successful delivery of the externally contracted work plus the successful sustained management of the outpatient capacity will further reduce the risk score in Q4.
- COR100 in relation to failure to comply with fire safety requirements. A positive independent review was completed of North block on the 4th November 2017. It is anticipated the completion of those identified actions will result in the further reduction of the risk score.

6. Wider risks

The Divisional/Directorate Risks are risks that impact on the delivery of the trust objectives at a local level. These are managed through local governance and risk management arrangements. These have been reported though the Audit Committee as part of the routine reporting to this Committee from the Risk and Assurance Group.

7. Conclusion

The Trust has revised its BAF document to clearly show the predicted direction of travel regarding the respective risks. The BAF and its component processes continue to be reviewed by the Risk and Assurance Group which support the onward reporting to the Audit Committee ahead of its reporting to the Board. The other Committees of the Board continue to undertake reviews into specific risks and these have been scheduled for 2017/18 to support the Audit Committee's annual report. Internal Audit are undertaking their annual review of the Trust's risk management processes and they plan to report back their findings to the Audit Committee on the 30 January 2018.

Appendix 1 Board Assurance Framework to 02/01/18

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score 31/07/17	Q2 Risk Score 30/09/17	Current Risk Score 27/12/17	Movement in risk	Expected movement by next quarter	Target Risk Score
Objectives: SO1 Deliver a great patient experience										
F	COO	COR069	**Risk Title** The Diagnostic Standard is at risk due to continuing demand for Imaging to support multiple pathways	**20**	**20**	**20**	16	⬇		8
			Key Controls • *Weekly PTL review* • *Regular maintenance of scanners* • *Use of external provider for review of scans over night*		+Pos level 1 New Capacity at Guest -Neg level 1 DMO1 report to F&P 1	+Pos level 1 New Capacity at Guest -Neg level 1 DMO1 report to F&P 1	+Pos level 1 - Breach list reviewed and managed weekly +Pos level 2 - F&P -Improved performance standard delivery of the 99%. - DMO1 target achieved Nov 2017 - F & P Internal Audit = controls to manage risks are suitably designed, consistently applied and operate effectively -Neg level 2 - F&P Paed GA and Musculoskeletal USS - lack of capacity Not expected delivering before end of Dec 2017			
			Strength of assurance logged (L1 / L2 / L3)		**A**	**A**	G **A**		⬇	
F	COO	COR376	**Risk Title** Failure to meet the key ED performance target	**20**	**20**	**20**	20	➔		8
			Key Controls • *Capacity monitoring 4 times a day* • *Daily reviews of discharges* • *Weekly EAS assurance meeting*		-Neg level 2 failure to meet the ED Performance target discussed at F&P	-Neg level 3 nationally produced data confirms consitent failure to meet the ED Performance target discussed at F&P	+Pos level 1 Identification of 5 priority actions to support improvement in emergency care PIDs developed for core Key Priorities +Pos level 2 Appointment of project lead for Ed layout – External support from NHSI -Neg Level 2 Failure to meet the ED Performance target discussed at F&P			
			Strength of assurance logged (L1 / L2 / L3)		**A**	**A** **R**	G **A**		➔	
F	COO	COR377	**Risk Title** Failure to meet the key cancer performance targets	**20**	**20**	**20**	12	➔		8
			Key Controls • *Weekly PTL reviews*		+Pos level 1 Weekly PLT meetings -Neg level 2 Cancer performance targets not met, discuused at F&P	+Pos level 1 Weekly PLT meetings +Pos level 2 cancer targets now being met -Neg level 2 2 weekly waits not being achieved	+Pos level 2 Report to F & P - Reported delivery for Sept, Oct, Nov and Dec			
			Strength of assurance logged (L1 / L2 / L3)		**G** **A**	**G** **A**	**G**		➔	

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score 31/07/17	Q2 Risk Score 30/09/17	Current Risk Score 27/12/17	Movement in risk	Expected movement by next quarter	Target Risk Score
F	COO	COR378	**Risk Title** Failure to meet the 18wk performance target	20	10	10	10	➔		10
			Key Controls • *Review of theatre productivity* • *Review of performance*		+Pos level 2 Report to F&P	+Pos level 2 Report to F&P	+Pos level 2 Report to F&P			
			Strength of assurance logged (L1 / L2 / L3)		G	G	G		➔	
F	COO	COR099	**Risk Title** Failure to reduce the number of delayed transfer of care may result in poor patient experience	20	20	20	20	➔		16
			Key Controls • *Dudley economy MoU* • *Daily review of discharges* • *Application of Red 2 Green initiative*		+ Pos level 1 A&E delivery plan	+ Pos level 1 A&E delivery plan	- Neg level 1 Local reporting/coding is not consistent with other organisations + Pos level 2 Apt three month secondment for managerial lead Agreed escalation of non-achievement of the MOU (inc out of area) and Action Plan for Integration of actions between Dudley Group/ CCG / Local Authority. CQSPE Dec 2017 unable to demonstrate improvement/embedding across organisation of red to green			
			Strength of assurance logged (L1 / L2 / L3)		G	G	R A		➔	
CQSPE	MD	COR244	**Risk Title** Failure to Monitor and to Learn From Deaths	20	20	20	15	➘		8
			Key Controls • *Mortality review process* • *Mortality Surveillance Group* • *Learning from deaths policy*		+Pos level 2 Policy approved and presented to CQSPE	+Pos level 2 New report in line with national guidance. Policy approved and presented to CQSPE	+Pos Level 2 Reports presented to CQSPE Oct 2017/Nov 2017. Learning demonstrated through audit Reports presented to Board Dec 2017. focus on learning to be picked up within audits			
			Strength of assurance logged (L1 / L2 / L3)		G	G	G		➘	
CQSPE	CN	COR259	**Risk Title** Friend and Family (Patient Survey) outcome scores extremely low	20	20	20	12	➘		9
			Key Controls • *Review of real time surveys* • *Oversight of action plans through Patient Experience Improvement Group*		+Pos level 1 Patient Experience Improvement group overseeing improvement plan.	Pos level 1 Patient Experience Improvement group overseeing improvement plan. Positive engagement across Trust. +Pos level 2 FFT response rates improving.	Pos level 1 Pt Experience inpatient survey action plan completed (exc 5 actions which are ongoing)			
			Strength of assurance logged (L1 / L2 / L3)		G	G G	G		➔	

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score 31/07/17	Q2 Risk Score 30/09/17	Current Risk Score 27/12/17	Movement in risk	Expected movement by next quarter	Target Risk Score
CQSPE	COO	COR121 (OOS004)	**Risk Title** Ophthalmology Outpatient Appointment Capacity	20	20	20	16	➔		16
			Key Controls • *Review of RAG rating for each appointment* • *Application of formal escalation for delayed appointments* • *Project management of procured extra resource to deal with backlog*		+Pos level 2 External resources approved -Neg level 2 increase in delays reported to F&P	+Pos level 2 Reduction in delayed FU appt. ASI extract confirms reduction -Neg level 2 May-Aug - increase in delayed FU appt.	+Pos Level 2 Repatriation of 2 consultants/ Increased orthoptic combined clinics / Macular Nurse led clinics CQSPE – new ophthalmologist starting Jan 2018 -Neg Level 2 CQSPE Nov 2017 behind trajectory due workforce			
			Strength of assurance logged (L1 / L2 / L3)		A	A	A		🡻	
F	DF	COR101	**Risk Title** Capital Schemes fail to be delivered impacting on patient experience of the Trust	20	12	12	12	➔		8
			Key Controls • *Capital programme project management process*		+Pos level 1 Project Boards for Capital Programme for UCC and Guest imaging +Pos level 2 Capitol report to F&P	+Pos level 1 Project Boards for Capital Programme for UCC and Guest imaging +Pos level 2 Regular reports to F&P -Neg level 2 Report to F&P detailing UCC programme 5 weeks behind plan; review of plan due to be reported Oct 17	+Pos Level 2 Report F&P imaging HUB at Guest on track to complete 20 Nov 2017 -Neg Level 2 UCC scheme not complete until late Jan 2018			
			Strength of assurance logged (L1 / L2 / L3)		G G	G A	A		➔	
			SUMMARY	180	162	162	133	🡻	🡻	91
Objectives: SO2 Safe and Caring services										
F	DF	COR241	**Risk Title** Failure of the PFI provider to maintain the building in line with statutory requirements and to ensure a resilient estate	25	20	20	20	➔		8
			Key Controls • *Board to Board meetings* • *Contract management processes*		+Pos level 2 Regular senior management meetings with provider, incorporating rigorous review of contract improvements	+Pos level 2 Quarterly Board to Board meetings; performance of estates discussed. Monthly reports to CQSPE and F&P Performance of estates improved but still requires improvement. Rigorus monitoring and reporting to continue until at least Dec	-Neg Level 2 Performance to F& P continues show issues with estates service and PFI contract. Large nubmer deductin and def points being applied +Pos level 2 F&P Dec 2017 – impoved performance Nov – needs to now be sustained			
			Strength of assurance logged (L1 / L2 / L3)		G	G	A		➔	

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score 31/07/17	Q2 Risk Score 30/09/17	Current Risk Score 27/12/17	Movement in risk	Expected movement by next quarter	Target Risk Score
CQSPE	CN	COR436	**Risk Title** Reduced capacity within safeguarding adults/children team due to infrastructure vulnerabilities	**20**			20	➔		15
			Key Controls • *Matron has oversight and two weekly operational meeting* • *Mand/stat Training programme in line with ICD* • *Framework/KPIs for safeguarding investigation process* • *Framework for reporting and learning from incidents* • *Framework for internal and external investigations* • *Network meetings/working*			**New 06/11/17**	+Pos level 2 Interview scheduled safeguarding lead CQSPE Nov 2017 – New Safeguarding Lead appointed (commence March 2018) - Maternity now reporting all safeguarding incidents			
			Strength of assurance logged (L1 / L2 / L3)				G		➔	
CQSPE	CN	COR085	**Risk Title** An inability to maintain the delivery of the safer staffing levels in relation to ward nurse staffing	**20**	**20**	**20**	20	➔		10
			Key Controls • *Established staff banks* • *Review of staffing dashboards* • *Recruitment plan*		+Pos level 2 Approved recruitment for substantive staff Report to Board -Neg level 2 Attrition of staff higher than recruitment	+Pos level 2 Report to F&P; recruited 35 RNs. Approved recruitment for substantive staff -Neg level 2 Attrition of staff higher than recruitment	+Pos level 2 Completed staffing review for med/surgery 9 additional nurses recruited			
			Strength of assurance logged (L1 / L2 / L3)		A	A	G		➔	
CQSPE	CN	COR096	**Risk Title** Failure to prevent avoidable deterioration of patients leading to cardiac arrests	**20**	**15**	**15**	10	➘		10
			Key Controls • *Use of track and trigger tool* • *Mandatory training* • *Post MET call review of processes followed*		+Pos level 1 Launch of NEWS track & trigger	+Pos level 1 Launch of NEWS track & trigger	+Pos level 2 Audit comfimred embedding Tradk trigger complete. Review completed of MET calls shows no significant changes to activity			
			Strength of assurance logged (L1 / L2 / L3)		G	G	G		➔	
CQSPE	CN	COR093	**Risk Title** Delays in the management of young people requiring section under the Mental Health Act (Tier 4)	**20**	**12**	**12**	**12**	➔		8
			Key Controls • *CAMHS tier 3.5 service commissioned* • *Conflict resolution and safeguarding staff training programmes*		+Pos level 2 Report to Children's services group - improvement for children not requiring Tier 4 care. -Neg level 2 Report to Children's services group-no improvement for children requiring Tier 4 care	+Pos level 2 Report to Children's services group - improvement for children not requiring Tier 4 care. -Neg level 2 Report to Children's services group - no improvement for children requiring Tier 4 care	+Pos level 2 Report presented to CCG by Dudley and Walsall Mental Health identified positive impact of commissioned 3.5 tier service -Neg level 2 Report to Children's services group - no improvement for children requiring Tier 4 care			
			Strength of assurance logged (L1 / L2 / L3)		A	A	A		➔	

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score 31/07/17	Q2 Risk Score 30/09/17	Current Risk Score 27/12/17	Movement in risk	Expected movement by next quarter	Target Risk Score
F	DF	COR100	**Risk Title** Failure to comply with fire safety requirements	20	**12**	**12**	**8**	↓		4
			Key Controls • *Fire Safety risk assessments* • *Electric fire detection system designed to provide early warnings of fire* • *Regular maintenance of the system*		+Pos level 1 Reviews of building cladding, verbal positive feedback – awaiting report	+Pos level 1 Reports received and reviewed, confirm cladding adheres to NHSI requirements. +Pos level 3 Independent report confirms cladding on PFI buidlings meets NHSI requirements - P	+Pos level 1 Independent review of North Block 4th November 2017.			
			Strength of assurance logged (L1 / L2 / L3)		**G**	**G** **G**	**G**		↓	
F	COO	COR032	**Risk Title** Trust Major Incident Plan does not deliver intended business continuity	20	**10**	**15**	15	→		10
			Key Controls • *Trust has developed a major incident plan and processes* • *Periodic test of the plan*		+Pos level 1 Action plan being monitored and reported	+ Pos level 1 Awareness sessions for emergency preparedness and workshops for portering and security staff -Neg level 1 Several partners were unable to attend the sessions	+Pos Level 2 Pandemic flu, mass casualty and evacuation workshops held - action plans developed Development of EPRR exercise training and exerciseing strate2 Development of EPRR exercise training and exerciseing strategyDevelopment of pandemic flu			
			Strength of assurance logged (L1 / L2 / L3)		**G**	**A**	G		→	
			SUMMARY	**145**	**89**	**94**	105	↑	↓	**65**
Objectives: SO3 Drive Service improvements, innovation and transformation										
CQSPE	MD	COR083	**Risk Title** Failure to have a workforce/infrastructure that supports the delivery of 7-day working	20	**16**	**16**	16	→		15
			Key Controls • *Use of nerve centre to direct tasks out of hours* • *Delivery of 7/7 audit action plan*		+Pos level 1 Clinical audit shows positive delivery against standards in Medicine -Neg level 1 Clinical audit shows negative delivery against standards for surgery, T&O & O&G - N	+Pos level 1 Clinical audit shows positive delivery against standards in Medicine -Neg level 1 Clinical audit shows negative delivery against standards for surgery, T&O & O&G - N	-Neg Level 2 Business cases to be developed by each of divisions Audit results presented CQSPE confirming poor delivery			
			Strength of assurance logged (L1 / L2 / L3)		**A**	**A**	R		→	
			SUMMARY	**20**	**16**	**16**	16	→	→	**15**

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score 31/07/17	Q2 Risk Score 30/09/17	Current Risk Score 27/12/17	Movement in risk	Expected movement by next quarter	Target Risk Score
Objectives: SO4 Be the place people choose to work										
CQSPE	MD	COR461	**Title Risk** Competing demands on clinicians time lead to lack of quality clinical input across key Trust projects	**20**		**New 17/11/17**	20		➔	10
			Key Controls • Job planning				Level 1 assurance work on job planning commenced – have as amber as not all done yet			
			Strength of assurance logged (L1 / L2 / L3)				**A**			
			SUMMARY	**20**			20		➔	**10**
Objectives: SO5 Make the best use of what we have										
F	DF	COR080	**Risk Title** Failure to deliver 2017/18 Cost Improvement Programme	**25**	**16**	**20**	20	➔		12
			Key Controls • *Programme governance structure monitored by TEC* • *Programme PID and QIP process*		+Pos level 2 Report to F&P - achieving plan	+Pos level 2 Transformation and CIP report to F&P. Month 4 on track, forcast to deliver by year end -Neg level 2 F&P increased risk score to 20. September report identifies £2.5m shortfall due to agency spend	-Neg Level 2 F&P Dec 2017 - highlighted £2.3m shortfall forecase on delivery for 2017/18			
			Strength of assurance logged (L1 / L2 / L3)		**G**	**A**	R		➔	
F	DF	COR234	**Risk Title** Trust plans assume a significant level of income at risk from commissioners	**20**	**20**	**20**	20	➔		15
			Key Controls • *Monthly reconciliations of activity and coding* • *Regular dialogue through formal meeting with CCGs*		+Pos level 2 Monthly report to CCG contract review meetings; agreed process with CCG	+Pos level 2 Monthly report to CCG contract review meetings; agreed process with CCG -Neg level 2 Month 5 income fell; reduced forecast outurn. Additional F&P meeting in Oct to review position	-Neg Level 2 F&P Dec 2017 - Current gap between DGFTs income over acvitiy with CCG is circa £2 million.			
			Strength of assurance logged (L1 / L2 / L3)		**G**	**A**	R		➔	
F	DIT	COR091 (FI003)	**Risk Title** The IT DR arrangements are not effective	**20**	**8**	**8**	**8**	➔		4
			Key Controls • *Established BC Plans* • *System backups taken and tested* • *Patient Information back up system in operation*		+Pos level 1 Recovery time for top 5 systems would be 2-24 hrs +Pos level 2 Datacentre refresh programme approved by Board	+Pos level 1 Recovery time for top 5 systems would be 2-24 hrs +Pos level 2 Datacentre refresh programme approved by Board	-Neg level 2 Trust does not have assurance of tested disaster recovery for all key systems			
			Strength of assurance logged (L1 / L2 / L3)		**G** **G**	**G** **G**	**R**		➔	
			SUMMARY	**65**	**44**	**48**	48	➔	➔	**31**

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score 31/07/17	Q2 Risk Score 30/09/17	Current Risk Score 27/12/17	Movement in risk	Expected movement by next quarter	Target Risk Score
Objectives: SO6 Deliver a viable future										
F	MD	COR116	**Risk Title** High dependency on agency staff particularly in clinical areas	**25**	**20**	**20**	20	➔		4
			Key Controls • *Review of agency use by Executives* • *Nursing and Medic STAR chamber review and approval* • *VAR panel review and approval*		+Pos level 1 Recruitment of staff to ED +Pos level 2 Approved resources for substantive nurse recruitment -Neg level 2 Report to Workforce committee shows higher attrition to recruitment.	+Pos level 2 Approved resources for nurse recruitment -Neg level 2 Report to F&P – trajectory suggests full year target will not be met . -Neg level 2 Report to Workforce committee shows higher attrition to recruitment.	+Pos Level 2 - Nurse staff reviews completed for medicine / Surgery / Paeds - Report to F&P medical agency reduction trajectory and actions presented to the Committee -Neg level 2 Report to F&P Medical Staff Agency Spend in ED			
			Strength of assurance logged (L1 / L2 / L3)		**G** **A**	**A**	A		➔	
F	DF	COR061	**Risk Title** Failure to remain financially sustainable in 2017-18 and beyond	**20**	**20**	**20**	20	➔		16
			Key Controls • *Trust's business planning and budget setting process* • *Regular up to date financial reporting reviewed* • *Developed CIP Programme* *Agency controls*		+Pos level 2 Report to F&P include schemes to achieve control. Total surplus at month 4 above forecast. Report to F&P on achievemnet of Q1 STF money. -Neg level 2 Month 5 financial position below plan. Directorates asked to find addition CIP. Additional F&P meeting Oct to discuss remedial plan.	+Pos level 2 Report to F&P include schemes to achieve control. Total surplus at month 4 above forecast. Report to F&P on achievemnet of Q1 STF money. -Neg level 2 Month 5 financial position below plan. Directorates asked to find addition CIP. Additional F&P meeting Oct to discuss remedial plan.	-Neg Level 2 - F&P reported a £7.5m deficit whti is £10M away from control total			
			Strength of assurance logged (L1 / L2 / L3)		**A**	**A**	R		➔	
W	COO	COR421	**Risk Title** Lack of paediatric medical workforce capacity to meet service demands, standards and recommendations resulting in overdue follow up appointments	**20**			20			9
			Key Controls • **Job plans** • **Validation of children whose appointment over target** • **Notes review post validation by a consultant**			**New 01/11/17**	+Pos Level 1 3 new consultants in post +Pos Level 2 Nov 2017 (CQSPE) ahead of trajectory			
			Strength of assurance logged (L1 / L2 / L3)		G	G	**G** **G**		➔	
			SUMMARY	**65**	**40**	**40**	40	➔	➔	*20*

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

DSP	Director of Strategy and Business Planning		**SO6:** Plan for a viable future			
DG	Director of Governance					
DHR	Director of HR					
DIT	Director of IT					