The Dudley Group NHS Foundation Trust

Board of Directors
Thursday 8th February, 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**		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 11 January 2018	Enclosure 1	J Ord	To Approve	9.00
	4.2 Action Sheet 11 January 2018	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	C Love-Mecrow	To note assurances & discuss any actions	9.50
	7.4 Smoke Free Update Report	Enclosure 7	A McMenemy	To note and discuss	10.00
8.	**Responsive and Effective**				
	8.1 Finance and Performance Committee Exception report	Enclosure 8	J Fellows	To note assurances & discuss any actions	10.10

	8.2 Integrated Performance Dashboard	Enclosure 9	K Kelly	To note assurances & discuss any actions	10.20
	8.3 Cost Improvement Programme and Transformation Overview Report	Enclosure 10	N Younes	To note assurances & discuss any actions	10.30
	8.4 Q3 Annual Plan Monitoring Report	Enclosure 11	N Younes	To note & discuss	10.40
9.	**Well Led**				
	9.1 S31 CQC report	Enclosure 12	G Palethorpe	To note	10.50
	9.2 Digital Trust Committee Exception Report	Enclosure 13	M Stanton/ A Becke	To note assurances & discuss any actions	11.00
	9.3 Audit Committee Exception Report	Enclosure 14	R Miner	To note & discuss	11.10
10.	**Any other Business**		J Ord		11.20
11.	**Date of Next Board of Directors Meeting** 9.00am 8th March, 2018 Clinical Education Centre		J Ord		11.20
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		11.20

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

Enclosure 1

The Dudley Group NHS
NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 11th January, 2018 at 9.00am 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
Jonathan Fellows, Non Executive Director
Diane Wake, Chief Executive
Karen Kelly, Chief Operating Officer
Chris Walker, Acting Director of Finance

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
Tom Jackson, MCP Lead/Director of Finance Designate
Mark Hopkin, Associate Non Executive Director

18/001 Note of Apologies and Welcome
9.00am

The Chairman welcomed the Trust regulators (CQC), a Trust Governor and a representative from a Pharmaceutical company as observers to the meeting. The Chairman also welcomed Chris Walker, Acting Director of Finance, Karen Kelly, new Chief Operating Officer and Tom Jackson, MCP Lead and Director of Finance Designate to the meeting.

Apologies were noted from Ann Becke, Non Executive Director.

18/002 Declarations of Interest
9.02am

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.

17/003 Announcements
9.03am

The Chairman briefed the Board on a call from a gentleman whose mother had passed away at the Trust earlier that morning. He wanted to speak to the Chair or Chief Executive to pass on the families' gratitude for the level of care and compassion his mother and family had been treated with by the Trust. He asked that this was highlighted to the Board. The Chairman had also visited the ward to pass on the families thanks to the staff.

The Chairman confirmed that the Trust encourages people to feedback online via NHS Choices and there were some good examples of care noted and she recommended that the Board took the time to look at the feedback.

There were no other announcements to note.

18/004 Minutes of the previous Board meeting held on 7th December, 2017 (Enclosure 1)
9.07am

The minutes were amended at page 5 to read "The Infection Prevention and Control Committee were asked to look in detail at the Code and current practice as this was where the reported assurance was taken from."

At page 4 to read "Dr Wulff, Non Executive Director, asked for assurance around the Trust's use of vaginal mesh implants in light of the recent press coverage."

At page 7 to read "The Chairman asked for clarification around the quality domains listed".

At page 5 to read "The Committee discussed the Ophthalmology appointments backlog and that due to resourcing issues the whole backlog would not be cleared by the end of November."

At page 16 to read "The Trust was behind its target as development of apprenticeship packages nationally were generally slow."

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.

18/005 Action Sheet, 7th December, 2018 (Enclosure 2)
9.10am

The Board agreed based on the update provided in the paper to close items 17/120.2 and 17/128.3 and these would be removed from the action sheet.

Items 17/120.2 and 17/128.3 to be removed from the action sheet.

18/005.1 Organ Donation Committee

The Board noted that the next meeting is scheduled for 30th January, 2018 and therefore this item was agreed to be closed.

18/005.2 Monthly Nurse/Midwife Staffing Report

Mr Miner, Non Executive Director, confirmed that work had already commenced on the action regarding staffing data validity and that a report would be presented to the Audit Committee. Based on the oversight by the Audit Committee this item was agreed to be closed on the board action sheet.

18/005.3 EPRR Core Standard Submission Report

The Chief Operating Officer to provide a date for the EPRR report to be presented to the Board in Quarter 4. The Director of Governance/Board Secretary confirmed that a paper was being presented to the Finance and Performance Committee. The Chief Executive also confirmed that the Trust will be reflecting on its flu planning.

The Chief Operating Officer to provide a date for the EPRR report to be presented to the Board in Quarter 4. The report will also reflect on flu planning.

18/005.4 Smoke Free Update Report

This was agreed to be deferred to the February or March Board meeting.

Smoke Free Update Report to be presented to the Board in February or March.

18/005.4 Monthly Nurse/Midwife Staffing Report

The Chief Nurse confirmed that the outcome of the Nurse Staffing Review will be presented to the Board in February.

Monthly Nurse/Midwife Staffing Report to be presented to the Board in February.

18/005.5 Patient Story

The Board noted that staff had been interviewed to see what the 6 C's meant to them and the video was being shown next on the agenda and therefore it was agreed this action could be closed.

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

18/006 Staff Story
9.15am

The Head of Communications presented the staff story which focussed on members of staff sharing what the 6 C's meant to them.

The Chairman asked how staff were chosen to participate. The Head of Communications confirmed that some staff had volunteered and some had been approached directly to ensure there was mix of areas and professions providing feedback.

The Chief Nurse confirmed that it was welcoming to see what the 6 Cs mean to staff.

Mr Fellows, Non Executive Director, asked if staff were prompted on how to respond. The Head of Communications confirmed that staff chose which of the 6 C's meant the most to them and provided their comments. The Chief Executive added that it would be good to see the patient and staff videos combined and displayed on the Hub.

Mr Atkins, Non Executive Director, suggested that it would be good if all staff could reflect on what the 6 Cs mean to them and suggested making this part of the appraisal process. The Director of HR confirmed a values based appraisal process does exist but that explicit reference to the 6C's could easily be added.

The Chairman stated that previously the Trust had produced a very powerful patient experience video. She added that she would like to see the Trust values articulated in objectives.

The Chief Nurse suggested that Board members be interviewed and asked for their views on the 6 Cs. Dr Hopkin commented that the Trust needs to actively motivate staff to pause and consider what the 6 C's mean to help embed these into their personal way of working.

The Chairman and Board noted the positive story, the suggestion to combine videos and to interview Board members, encourage a values based approach to appraisals and to show the video at Team Briefing sessions. The Chairman suggested that some elements of the video could be used for Trust induction.

Patient and staff videos to be combined and made available on the Hub.
Board members to be interviewed for their perspective on the 6 Cs.
The Appraisal values based approach make explicit reference to the 6C's when documenting the person's objectives within the appraisals.
Video to be shown at Team Brief and induction sessions.

18/007 Chief Executive's Overview Report (Enclosure 3)
9.31am

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

- CQC: There had been two unannounced CQC inspections in December. The CQC team were providing feedback on the Community services inspection after the Board meeting. The Well Led inspection takes place the following week.

- Winter Pressures: All staff were working above and beyond their normal duties. Directors were visible at the front door of the organisation in and out of hours. Directors were receiving daily updates on ED audits on NEWS scores and sepsis and IT were looking to provide an app for this information to be available on mobile phones. The new Chief Operating Officer had commenced on 2nd January and was working hard with ED and the wider organisation to improve flow.

  The Trust had received an email from the Winter Room confirming that the Dudley Group was the best performing Trust in the West Midlands during the previous weekend. There had been a significant reduction in ambulance turnaround times, although the Trust was still seeing a significant amount of ambulance activity, and were experiencing peaks in activity at certain times of the day.

- Flu: The Trust was screening patients at risk of the Flu and had identified a number of patients with the illness. The High Dependency Unit was being used to manage flu cases. The Trust was nearing 75% compliance for staff vaccinations.

- Healthcare Heroes: The team award had been presented to the Single Point of Access team based in the Community, who were working above and beyond expectations, and the individual award went to Sister Kate Crowley, who was a champion for Diabetes care, and was doing some amazing work in this area. The awards had been shared on social media.

- Cancer: A thank you letter had been received from Jeremy Hunt congratulating the Trust on its improvements in cancer performance. Performance had improved from 79.3% to 89% for the last reported period.

Mr Miner, Non Executive Director asked about EU employees as the press reports highlights some difficulties for the NHS as a whole. The Director of Human Resources confirmed that the impact for the Trust was negligible.

The Chairman confirmed that everyone is feeling the winter pressures. The Chief Executive stated that the support from the public had been wonderful and volunteers and back office staff had been helping out and this should be acknowledged and commended. Mr Fellows, Non Executive Director suggested including volunteers in the Healthcare Heroes awards. The Chief Executive confirmed that the Trust already ensures it recognises the work of its volunteers.

The Chairman and Board noted the report and the comments regarding volunteers and healthcare heroes.

The help during winter pressures of volunteers and back office staff to be recognised and commended.

18/008 Safe and Caring

18/008.1 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 4)
9.43am

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:

- Referral of the Hygiene Code to the Committee for review: The Committee had looked at the compliance statement and how assurance is secured against the criteria of the Code. The Committee will continue its oversight for the current year with an ongoing report on progress with the year end declaration.

- Ophthalmology appointments: It was disappointing that due to resource issues the Trust was not able to meet fully the trajectory for November. The Committee will continue to monitor the position and seek assurance at the next meeting.

- Paediatric Outpatients: The Trust was ahead of trajectory and had found that a number of patients had been seen through within other patient pathways.

- Blood Transfusion Monitoring: The Committee continued to ask for updates on progress around seeking an IT solution.

- The Committee approved the EPRR training and exercise strategy.

The Board noted the typographical error in the report in relation to the revision of the Terms of Reference which should have said for the Patient Experience Group.

The Chief Operating Officer confirmed that for Ophthalmology and Paediatrics she will be able to provide further assurance to future Committee meetings.

The way the Trust manages incidents and complaints was discussed at the Executive Team meeting and a number of performance measures have been put in place to get the Trust back on track.

The Chief Executive confirmed that for Ophthalmology and Paediatrics a clinical risk assessment process has been put in place for each patient. Numbers were much reduced and each person waiting had been risk assessed by a clinician. There were no outstanding red or amber patients to be seen.

Mr Miner, Non Executive Director stated that whilst assurances are received from different groups we need to look at links into the Audit Committee. This will ensure breadth of assurance from Internal Audit is fully considered.

Mr Fellows, Non Executive Director, asked how much of an outlier was the Trust on its C-Section rates. Dr Wulff confirmed that the Trust was trying to understand the position especially in relation to emergency against elective activity. The teams were undertaking audits to understand fully the Trust's performance. The Chief Nurse confirmed work is currently being undertaken to understand the Trust's position and a detailed action plan will be produced and reported to CQSPE for oversight and challenge.

The Chairman asked about the work on specialty and clinic outpatient appointments. The Board noted that FourEyes were working on outpatient clinic productivity and there was connectivity between their work and that which the Chief Operating Officer was undertaking.

The Chairman raised learning from incidents and the Board noted that this was on the Risk Register and had been added as a quality priority, she asked for a more detailed Board paper in due course on this area. The Chief Executive confirmed that the Risk and Assurance Group had previously focussed on the Divisional and Corporate Risk Registers and the remit of the group needs to be expanded to focus on issues that may lead to a risk such as SIs, incidents, complaints and performance and will meet monthly as a Risk Management Group reporting learning outcomes to the Clinical Quality, Safety, Patient Experience Committee and process issues to the Audit Committee.

The Board noted that the Board Assurance Framework appeared later on the agenda. The Chairman asked that the Executive Team look at assurance that the Trust is making progress in the area of learning and improvement from external reviews and whether this should be reflected in the Board Assurance Framework.

The Medical Director stated that the process around assessments and learning from risks is important and the Trust was undertaking benchmarking and embedding leaning within the expanded clinical audit programme. A number of additional workstreams were being established and the Trust needs to stimulate reflective curiosity in its staff. The Trust had joined Aqua to work with them on quality improvement and learning from SIs.

The Chief Executive confirmed that she sits on a national group looking at the management of never events and will make sure that this work feeds into the organisation.

The Chairman and Board noted the report, assurances received, and items to come back to the Committee at subsequent meetings and noted the work on C-Section rates and the work to improve performance in this specific area and noted that a paper will be presented to Board on the risk and assurance process and the embedding of learning.

Paper on enhancement to the Trust's risk management processes be presented to Board.

18/008.2 Chief Nurse Report – Infection Prevention and Control Update (Enclosure 5) 10.02am

The Chief Nurse presented the Infection Prevention and Control Report, given as Enclosure 5.

The report now includes detail on the Trust's compliance with the Hygiene Code.

The Board noted the change in the RAG rating against the Code. Compliance and assurance was detailed in the report and there had been an improvement since the last Board meeting.

CDiff remained within the trajectory of 29 cases and the Trust continues to work with its partners looking at avoidable or unavoidable cases. There had been a continued focus on improving training and the majority of areas were now achieving 90% compliance.

The Chief Operating Officer is supporting the ongoing work on infection control and the use of side rooms will be reviewed at bed meetings.

Mr Miner, Non Executive Director, asked about the CDiff target of 29 and stated that he could not see performance against trajectory. The Chief Nurse confirmed that there had been 23 cases to date and focus is placed on ensuring that the Trust is learning from those were improvements can be made.

The Chairman stated that the Board had previously been told that 29 cases was the avoidable target and there needs to be absolute clarity on the position. The Chief Executive confirmed that the Trust needs to aim to have the lowest number of avoidable cases and it would seek advice on how numbers are counted.

Mr Fellows, Non Executive Director, asked about the target date to achieve MRSA screening compliance. The Chief Nurse stated that the Trust should be achieving the position now and it monitors the monthly position and deals with individual breaches but that there is no external set target unlike with CDiff. The Chief Executive added that there is an issue within the pre-operative assessment area and the Trust is looking at increasing the capacity of the team to undertake improved screening. The Chief Nurse stated that there are also issues with IT and the recording of retrospective cases identified which make the reporting of true performance more difficult.

The Chairman asked that progress against the CDiff target is included in the next report along with expectations around meeting the target.

The Chairman and Board noted the report

Clarity around the recording and target for CDiff cases to be provided in the next report.

18/008.3 Monthly Nurse/Midwife Staffing Report (Enclosure 6)
10.14am

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

The Board noted the following key issues:

- The Trust was achieving safe staffing levels.
- Future papers will include the new staffing levels.

The Chief Operating Officer confirmed that the report does not show where agency staff booked do not turn up and the Director of HR confirmed that this information can be provided.

The Chief Executive commented that the detail in the report is mandated but could include additional information for the Board to provide assurance that challenges are appropriately managed.

Mr Fellows, Non Executive Director raised it was disturbing that the comparative national data cannot be provided .

The Chairman commented that wards B3 and CCU/PCCU achieved 80/85% of qualified staff. The Chief Nurse confirmed that the Trust had increased staffing levels significantly in these areas.

The Chief Operating Officer gave assurance around the operational management of staffing and confirmed that this is discussed throughout the day and the appropriate movement of staff is made on a shift by shift basis.

The Chairman stated that the comment in relation to CCU/PCCU reflects problems with recruiting to staff in this specialist area. The Chief Nurse confirmed that the Trust had done some targeted work including incentives to recruit to hard to fill areas.

The Chairman and Board noted the report and that additional assurance can be included in future reports for the Board. The Board recognised the efforts to recruit to hard to fill areas.

Additional assurances for the Board on the management of staffing challenges to be included in future reports.

18/009 Responsive and Effective

18/009.1 Finance and Performance Committee Exception Report (Enclosure 7) 10.23am

Mr Fellows, Committee Chair, presented the Finance and Performance Committee Exception Report, given as Enclosure 7.

The Board noted the following key issues:

- The Trust had made a loss of £1.3m which takes the Trust to just over £4m behind plan for the year to date.

- The Trust is delivering its income level but it is costing more than budgeted to do this. The year end forecast could be some £10m behind plan and this means the Trust would not receive any more STF funding.

- Cash could decline to £12m.

- An extraordinary Finance and Performance Committee was taking place that afternoon to look at the position and next year's trajectory.

The Chief Operating Officer confirmed that there had been a loss of income due to the impact of the recent snowfall and patients accessing services in that period and the Trust was working with teams to get back on trajectory.
The Chief Executive confirmed that she was speaking to the CCG regarding payment for lost income due to a change in process to prevent admissions by the better use of assessment areas.

The Director of Finance Designate confirmed that the report covered the position up to November and there will be a further impact when seen against the December position which will take into account the snowfall impact on activity.

The Chairman stated that there is a responsibility on the Board for the Trust to be as near as possible to its planned budget.

The Chief Executive confirmed that the Trust is looking at how it can maximise and recover its operational position as soon as possible.

Dr Wulff, Non Executive Director, asked if the performance penalties applied to the Trust's PFI partner will help. The Acting Director of Finance confirmed that it will not help in that financial year and deductions had already been built into financial projections.

The Chairman and Board noted the report, the extraordinary meeting and efforts to recover the position.

18/009.2 Integrated Performance Report (Enclosure 8)
10.33am

The Chief Operating Officer presented the Integrated Performance Report given as Enclosure 8 for the month of November.

The Board noted the following key issues:

- Cancer: Doing well as an organisation. The Trust had been successful in its bid for a project manager to keep the focus on tracking patients.

- RTT: Overall the Trust continues to achieve this target but there are three specialities that the Trust was taking a closer look at.

- VTE: This as reported at previous Board meetings is an area of focus to ensure performance is consistent.

- Diagnostics: The Trust having put in considerable effort is achieving this target.

- There had been a focus on the emergency access target. The Trust had implemented an immediate medical assessment area and this had improved flow significantly. It had also implemented a fit to sit area which had been very successful. There had been a lot of change and medical in-reach into the Emergency Department. There were still some significant challenges maintaining flow overnight. The Trust had seen an increase in acuity during the evening and was looking at rotas going forward. There had been huge support from Executive Team colleagues.

- Given the winter pressures the Trust is focused in keeping respiratory clinics running.

- The Trust was trying to staff areas to the maximum that was possible and was balancing risk across the organisation.

- There had been a focus on improving flow within Medicine and discharges to reduce outliers being placed into Surgery.

- Mr Fellows, Non Executive Director stated that the progress on ambulance turnaround times was encouraging and asked if there was a risk that because of this the ambulance service would bring more patients here. The Chief Operating Officer confirmed that this was a risk but the Trust should be able to cope with demand.

- Dr Hopkin, Associate Non Executive Director voiced concern around turning round sick people who had a chance of readmission. The Chief Operating Officer confirmed that the Trust was working with Nursing Homes and was also working on referrals pathways. The Chief Executive stated that the Trust has a good readmission rate and it had received some winter monies to set up a single point of access manager in the community for step up and step down. The Medical Director added that the Trust is setting up an audit to provide additional assurance that its low re-admission rates were valid. The specialty in-reach into A&E had been a key element in not seeing more readmissions.

Mr Miner, Non Executive Director, confirmed that there were some encouraging metrics emerging and asked if there is a sense that further improvements can be made. The Chief Operating Officer agreed that there was a very strong chance and the Trust has staff in the organisation that are embracing change and want the organisation to do well.

Mr Atkins, Non Executive Director asked why the Trust had fallen behind on the VTE target. The Chief Operating Officer stated that this may be a data input issue and the Trust was working with its clinical teams to look at the solution to timely data entry. The Chief Executive confirmed that this had previously been a recording issue and we need to ascertain there is no other underlying issue behind this performance metric.

The Chairman and Board noted the report and the positive actions and challenges. Clinical slot utilisation will appear on the report as an action from a previous Board. The Chief Operating Officer confirmed that this will be picked up and be presented to the Board in February.

Clinic slot utilisation to appear in future Board reports from February.

18/009.3 Cost Improvement Programme and Transformation Overview Report (Enclosure 9)
10.50am

The Director of Strategy and Business Development presented the Cost Improvement Programme and Transformation Overview Report, given as Enclosure 9.

The Board noted the following key issues:

Current performance is set to deliver a variance of £2.3m against the plan of £10.4m. The Trust is looking at how is can recover the position. The report also showed that issues with contract income and growth had not been realised.

The Chief Executive stated that additional areas had been opened and £10.8m had been spent on agency staffing this year. Medical agency was on a downward trend and this is very positive.

The Chairman and Board noted the report.

18/009.4 Charitable Funds Committee Exception Report (Enclosure 10)
10.54am

Mr Atkins, Committee Chair, presented the Charitable Funds Committee Report given as Enclosure 10.

The Chairman and Board noted the report which was given for information.

18/010 Well Led

18/010.1 Digital Trust Programme Committee Summary Report (Enclosure 11)
10.55am

The Chief Information Officer presented the Digital Trust Committee Exception Report, given as Enclosure 11.

The Board noted the following key highlights:

- The Committee had approved the revised delivery plan.
- The Trust was retaining the go live date but re-phasing delivery and had engaged RSM to do an audit on the revised schedule including the level of clinical engagement within this rephrasing to mitigate clinical project risks.

The Trust was working with a Chief Clinical Information Officer from another Trust to look at the plan and provide further assurance.

- The revised plan will be presented to the Board in February.

Mr Miner, Non Executive Director, stated that the Trust had been prudent around the recognised benefits and for such an important strategic project the Trust needs assurance that the revised plan covers off all risks.

The Acting Director of Finance confirmed that the Trust would be bringing any deliverable benefit forward to help the Trust's overall financial position.

The Chief Executive added that the Trust needs to note benefits with associated improvements such as self check-in and real time coding and the effective tracking of case notes. The Executive Team are meeting to further explore these areas.

Dr Wulff, Non Executive Director asked when the Trust will recruit to the Chief Clinical Information Officer post. The Board noted that the Trust was out to recruitment for three Divisional Chief Clinical Information Officers and had received some interest in these roles. The external Chief Clinical Information Officer will make a recommendation around retaining a corporate Chief Clinical Information Officer within the new structure. The Chief Information Officer confirmed that the Trust was maintaining the same if not slightly enhanced clinical engagement during this period and was scoping the role of a Clinical Safety Officer. People would be in post by April 2018.

Dr Hopkin, Associated Non Executive Director, raised self check-in and confirmed that Primary Care all have the same check in system which the Trust may secure more benefit from and should look to align any kiosks they use as patients will already be familiar with their operation.

The Chairman and Board noted the report and the detail around the streamlining of processes.

Revised Delivery Plan to be presented to the February Board.

18/010.2 Corporate Risk Register/Assurance Framework (Enclosure 12)
11.02am

The Director of Governance/Board Secretary presented the Corporate Risk Register/Assurance Framework given as Enclosure 12.

The Board noted the following key highlights:

- There had been a productive debate around how the Trust uses the Risk Management Group as discussed earlier on agenda.

- Page 2 gave details on managing risks and the Executives view of the direction of travel for the next quarter.

- Assurance Framework documentation had been expanded and this provided a high level summary of controls and assurances.

- The depth of assurances being obtained should stand the Trust in a good place for delivery of its 2018 business plan.

The Chairman asked the Board if the level of assurance was acceptable. The Chief Executive suggested asking the Chairs of the Committees. Mr Fellows, Non Executive Director, confirmed that the Finance and Performance Committee look at specific risks at each meeting to see if the level of risk is appropriately reflected.

Mr Atkins, Non Executive Director, added that Paediatric workforce risks went on the register in November and there had not been a Workforce Committee since that date but the Committee does look at a broad range of workforce risks. The Chief Executive confirmed that the Trust was picking up the issue of the Paediatric workforce within the relevant divisional performance reviews.

Mr Miner, Non Executive Director, stated that the Trust had been working on the document for a long time and as Chair of the Audit Committee his overriding thought is that it is important this it is shared across the Board. The Board noted that the document is well received by the auditors.

The Chief Operating Officer stated that she would like to see interdependencies between risks. The Director of Governance/Board Secretary confirmed that this was possible now with the use of Datix.

The Chairman and Board noted the report and the Committee Chairs assurance around risks and noted the direction of travel to look at interdependencies and learning.

18/011 Any Other Business
11:13am

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

18/012 Date of Next Meeting
11.13am

The next Board meeting will be held on Thursday, 8th February, 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 11 January 2018

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
17/098.4 & 18/005.4	Smoke Free Update Report	Smoke free update report to be presented to the Board in Quarter 4.	AM	February or March 2018	On Agenda.
17/107.4 & 18/005.4	Monthly Nurse/Midwife Staffing Report	Outcome of Nurse Staffing Review to be presented to the January Board.	SJ	8/2/18	Remains work in progress.
17/128.1	Organ Donation Committee	The Chief Nurse to confirm the timing of the next Organ Donation Committee.	SJ	11/1/18	Meeting scheduled for 30th January 2018.
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. Follow up to the patient story to be presented to the Board.	DW LA	23/1/18 When care/ treatment completed	To February Committee.
17/131.3	Monthly Nurse/Midwife Staffing Report	The nurse/midwife staffing data validity to be included on the Internal Audit work plan.	RM	30/1/18	Done
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	To March Board.

17/109.2 & 18/005.3	EPRR Core Standard Submission Report	A further update on EPRR to be presented to the Board in Quarter 4. The Chief Operating Officer to provide a date for the EPRR report to be presented to the Board in Quarter 4. The report will also reflect on flu planning.	KK KK	Quarter 4 8/2/18	The Trust has substantial compliance. Any further actions will be addressed via the EPRR meeting. The newly appointed EPRR Officer has now commenced in the Trust and will be leading key areas of work.
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	On Private Agenda.
17/129	Patient Story	Staff to be interviewed to see what the 6 Cs mean to them.	LA	8/2/18	Done
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	
18/006	Staff Story	Patient and staff videos to be combined and made available on the Hub. Board members to be interviewed for their perspective on the 6 Cs. Values based approach to be built into objectives and appraisals. Video to be shown at Team Brief and induction sessions.	LA LA AM LA/AM	8/3/18 12/4/18 8/2/18 8/2/18	To be completed by March Board. To be completed by April Board. Values are included in appraisals and we are initiating values based recruitment for the next round of Consultant interviews. Done
18/007	Chief Executive's Overview Report	The help during winter pressures from volunteers and back office staff to be recognized and commended.	LA/AM	8/2/18	Recognised on several occasions through varied communications channels.
18/008.1	Clinical Quality, Safety and Patient Experience Committee Exception Report	Paper on learning from incidents to be presented to the Board.	GP	8/2/18	On Private Agenda
18/008.2	Chief Nurse Report – Infection Prevention and Control Update	Clarity around the recording and target for CDiff cases to be provided in the next report.	SJ	8/2/18	On Agenda

18/008.3	Monthly Nurse/Midwife Staffing Report	Additional assurances for the Board to be included in future reports.	SJ	8/2/18	On Agenda at Enclosure 6.
18/009.2	Integrated Performance Reports	Clinic slot utilisation to appear in future Board reports from February.	KK	8/2/18	Verbal update to February Board.
18/101.1	Digital Trust Programme Committee Summary Report	Revised Delivery Plan to be presented to the February Board.	MS/AB	8/2/18	On Private Agenda.

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Public Board Meeting – 8th February 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
- Flu Update
- Charity Update
- Ophthalmology Away Day
- Healthcare Heroes
- Emergency Treatment Centre
- MCP
- Black Country Pathology
- 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 – February 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

11th January	Board of Directors
12th January	Visit from Mike Wood MP
13th January	Chief Executive's Briefing
16th January	Chief Executive's Briefing
17th January	A&E Delivery Board
19th January	Community Chief Executive's Briefing
22nd January	Black Country Pathology Oversight Group
24th January	Ophthalmology Workshop
26th January	Healthcare Heroes Presentations
5th February	Black Country STP Urgent and Emergency Care Board

Flu Update

I am pleased to say that, to date, 73% of staff have had their flu vaccine so we have exceeded our target of 70%, in fact we have vaccinated more staff than ever before. We are still encouraging staff to take up the vaccine in the last few weeks of the campaign.

Charity Update

The Big Push Wheelchair Campaign
Our Big Push wheelchair campaign total stands at £28,000 which has allowed us to buy 47 of the new style wheelchairs. The Dudley News is promoting 'a final push' to raise funds for the three remaining wheelchairs, so that is really good news and thanks go to all of the local people and businesses who have supported this campaign.

Forget Me Not Ball – Saturday 14 April, Village Hotel, Dudley
The evening in aid of our charity's Dementia Appeal is on Saturday 14th April at the Village Hotel in Dudley. There's plenty of time to book tickets. If tickets are booked before 13th February there's a £5 early bird discount. A £10 deposit secures your ticket (£25 total early bird or £30 after the 13th Feb).

Neon 5k Colour Dash
Go Neon for Neonatal on Sunday 10th June at Himley Hall, Dudley. We are having a phenomenal interest in our Neon Dash which is open to everyone to take part. We will be publishing more information and registration forms in the next few weeks. So if you fancy a colourful walk, run, jog or dance round Himley Park then get your entry in.

Ophthalmology Visioning Away Day – Himley Hall

I had pleasure in hosting a very successful away day for our Ophthalmology Service to address issues we have around capacity and demand. Consultants, optometrists, advance nurse practitioners, directorate managers, and administrative workers came together to look at how we run the service and identify ways to improve it. Our eye clinic patients will know only too well that it is a very busy service which sometimes means they wait longer than we would like for follow up appointments The aim of the day was to look at the long-term vision for the service whilst managing capacity and delivering a good patient experience.

I was impressed by the passion and dedication of the staff, evident in the comprehensive presentations from key ophthalmology staff including an insight into the development of the service from Mr J Al-Ibrahim. The group work was particularly productive with some interesting ideas on ways to improve efficiency and flow. We all left energised with plenty of ideas to take us forward.

Healthcare Heroes

Our Healthcare Hero nominations go from strength to strength which means deciding on the winner each month becomes even more difficult. This month's worthy and very popular individual winner is Nerys Carr, lead nurse on C4 day case. The team award was picked up by the Acute Medical Unit. This team ensured a seamless transfer to a new area and kept patients and families fully informed at all times. Well done to both winners, and to all our staff who continue to do their very best for our patients.

Emergency Treatment Centre

Our brand new £2.6million Emergency Treatment Centre is set to open soon. This is the umbrella name for the Emergency Department (ED) and the newly-built Urgent Treatment Centre (the new name for the UCC). All walk-in patients now report to the new Urgent Treatment Centre nurse streaming desk. They will be directed to the Urgent Treatment Centre reception desk or to the new Emergency Department reception desk, depending on clinical need.

MCP

We continue to work with our partners, including GPs, to be able to submit a bid within the required timescale – by March 2018.

Black Country Pathology (BCP)

Board members at the four Black Country Trusts are continuing to make progress towards to the creation of a new shared Black Country Pathology Service.

National NHS News

NHS crisis could force cancer hospital to delay or reduce patients' treatment
Cancer patients may face delays in receiving their chemotherapy at a hospital which is suffering from a major shortage of specialist nurses. In addition, terminally ill patients at Churchill Hospital in Oxford, an NHS institution, may have their treatment reduced due to the lack of staff. The bleak situation was outlined in an internal memo circulated by Dr Andrew Weaver, head of chemotherapy for Oxford University Hospitals trust, and subsequently leaked to The Times. According to the newspaper, Dr Weaver wrote: 'Currently we are down approximately 40% on the establishment of nurses on DTU [day treatment unit] and as a consequence we are having to delay chemotherapy patients' starting times to four weeks.'
The Metro (10.01.18)

NHS crisis: Nine in 10 ambulance services in England under 'severe pressure'
Nine of the 10 ambulance services in England have declared the second-highest level of alert in response to the NHS winter crisis, indicating they are facing "severe pressure". A Sky News survey found only the London Ambulance Service was operating below REAP level three. It is currently on REAP level two, which indicates moderate pressure. The other nine - the East Midlands, East of England, North East, North West, South Central, South East Coast, South Western, West Midlands and Yorkshire ambulance services - have all declared REAP level three.
Sky News (11.01.18)

NHS England accused of 'misleading' data on the number of children's intensive care beds that are available
NHS England has been accused of releasing "misleading" data on the number of available children's intensive care beds in a move which underplays the extent of the winter crisis. The official statistics state that the occupancy rate of paediatric intensive beds was on 81 per cent in December, but the Royal College of Paediatrics and Child Health (RCPCH) said the figure was between 90 to 100 per cent, The Independent can reveal.
Independent (12.01.18)

14 NHS trusts affected by Carillion collapse
Fourteen NHS trusts across England have ties with the firm Carillion.
Labour and the British Medical Association have called for clarity about what happens to the services provided by the company, which ranged from the construction of major new hospitals to providing patient catering services. The company's website says it prepares over 18,500 patient meals per day.
Carillion had been the constructor for the new Midland Metropolitan Hospital in Smethwick, in the West Midlands, and the new Royal Liverpool University Hospital.
Gazette News (15.01.18)

Epsom and St Helier NHS Trust is still paying out millions of tax payers' money for medical blunders dating back two decades
Epsom and St Helier NHS Trust is still paying out millions in damages and legal fees for medical blunders dating back two decades. Analysis from the BBC Local News Partnership has found the Trust has come 12 out of 258 in the UK for the amount it has paid out for historical mistakes- more than £4 million of tax payers' money.
Nationally, the Department of Health (DoH) has paid out £152 million to victims of mistakes made before April 1995. Historical hospital failings during childbirth account for 71 per cent of this cost.
Sutton Guardian (17.01.18)

NHS 'haemorrhaging' nurses, experts say
The NHS in England is in a "dangerous downward spiral" by "haemorrhaging" nurses, experts have warned. The Royal College of Nursing (RCN) urged ministers to act after new analysis concluded more than 10% of the nursing workforce left NHS employment in each of the past three years. BBC analysis of workforce figures from NHS Digital found that more than 33,000 walked away last year – with the number of leavers surpassing the number of those joining the workforce by 3,000.
Gazette News (17.01.18)

Winter demand leaves GPs in midst of 'national crisis'
Soaring patient demand and a lack of GPs are leaving doctors unable to cope with winter pressure in what amounts to a national NHS crisis. However, GPs also face huge demand, and doctors' groups including the British Medical Association (BMA) and the Royal College of General Practitioners (RCGP) say that not enough resources have been dedicated to primary care. Estimates suggest there are thousands of unfilled vacancies for GPs, and the most recent figures compiled by NHS Digital show 600 left the service in the six months to September last year.
Sky News (18.01.18)

NHS 111 enquiries will be handled by robots within two years, leaked report suggests
NHS 111 enquiries will be handled by robots within two years, a leaked report has suggested. The evaluation by NHS England says smartphones could become "the primary method of accessing health services," with almost 16 million inquiries dealt with by algorithms, rather than over the telephone, by 2020. The draft report, dated last month, said new solutions were needed to respond to growing pressure on services. And it says that one quarter of all 111 cases will be dealt with online by next year - rising to cover one third of demand...
The Telegraph (21.01.18)

NHS approves off-shore cloud systems for medical record storage
NHS Digital has today announced that providers will be able to use public cloud services to store patient data. This is the first time that health and care organisations have been able to use offshoring facilities to store this kind of information, which was previously almost always collected in on-site centres. In comparison, other sections of the UK Government have been using cloud services since 2013, when the government began to recommend it for public sector use.
National Health Executive (23.01.18)

NHS hospitals facing serious shortages of vital equipment
Hospitals are suffering serious shortages of vital medical equipment such as ventilators, pumps to administer drugs, and oxygen cylinders during the NHS's ongoing winter crisis, the Guardian can reveal. For example, Southmead hospital in Bristol has recently faced shortages of equipment including syringe drivers – which staff use to give drugs to dying patients – drip stands, infusion pumps – which ensure patients receive correct doses of fluids and medication – oxygen cylinders, and pressure-relieving mattresses, which help to prevent bed sores.
Doctors' and nurses' leaders voiced alarm at the revelations.
The Guardian (25.01.18)

NHS to lift suspension of elective surgery as hospital pressures 'ease'
The National Emergency Pressure Panel (NEPP) has decided that planned operations, suspended because of pressure on the NHS in January, can resume next month. The move indicates that the NHS is coping better with winter pressure.
It comes after hospitals in England were advised to cancel all non-urgent operations and in-patient treatments at the start of the New Year.
Sky News (26.01.18)

Thousands of patients benefitting from new CDF, says NHS England
NHS England has revealed that thousands of patients have benefited from the new Cancer Drugs Fund (CDF) and as a result of discounts it has secured on eight treatments, savings of around £140 million should be generated over the course of the next five years. Since its opening in 2016, NHS England reports that just shy of 15,700 patients have benefited from 52 drugs treating 81 different types of cancer, with about 5,000 of these being treated more rapidly than they would have managed on the previous system.
EPM Magazine (29.01.18)

Dr Bawa-Garba case reveals 'deeply concerning issues' in NHS
The death of a six year old boy has highlighted a number of "deeply concerning issues," the Academy of Medical Royal Colleges has said. The warning comes following last week's High Court ruling, which saw Dr. Hadiza Bawa-Garba, who was found guilty of manslaughter by gross negligence in 2015, removed from the medical register. Whilst the Academy did not wish to comment on the specifics of the case, in a statement it has outlined issues which it says must be addressed as a matter of urgency. It argues that doctors in training must be given adequate supervision, even in stressful, pressured environments.
National Health Executive (29.01.18)

Stephen Hawking to take Hunt to court over NHS
A group of campaigners, including Prof Stephen Hawking, has been given permission to challenge a government health policy in the High Court. They will pursue a judicial review against Health Secretary Jeremy Hunt and NHS England over plans to create accountable care organisations (ACOs). These are to act as partnership bodies incorporating hospitals, community services and councils. Campaigners say it risks privatisation, but this is denied by ministers.
BBC News (30.01.18)

The Tories have backed a report recommending a huge sell-off of NHS property
The Tories have officially backed a controversial report which critics fear could lead to the biggest sell-off of NHS property in history. The Naylor Report recommended selling around £2billion of "surplus land" owned by the health service to build 26,000 homes. This could equal 5 million square metres of NHS estate - more than three times the size of London's Hyde Park. Ideas in the report include selling part of car parks and making the other part multi-storey.
Mirror (30.01.18)

NHS leaves one in four mothers alone during labour or childbirth
Care watchdog says NHS England maternity care improving but standards still not being met. The NCT, a parenting charity, voiced alarm at the CQC's finding that 23% of the 18,426 women surveyed were worried by being left without a midwife or doctor present during their labour or birth. That was only three percentage points fewer than the 26% who said the same when the same survey was undertaken in 2015.
The CQC rated five trusts as "worse than expected". They were London North West, Milton Keynes, Croydon, University College London Hospitals and Birmingham Women's and Children's trust.
The Guardian (30.01.18)

NHS chiefs urged to stop giving patient data to immigration officials
Dr Sarah Wollaston, the chair of the House of Commons Health Select Committee, has written to NHS Digital calling for an immediate halt to the handing over of confidential details of more than 8,000 patients a year. The MPs say the situation is unacceptable and they have serious concerns about the way the NHS has approached its duty to respect and promote confidentiality. A memorandum of understanding (MOU) between the Home Office and NHS Digital highlighted by the Guardian last year requires non-clinical details of patients, including their last known address, date of birth, details of their GP and date registered with a doctor, to be handed to immigration officials to help trace potential offenders.
The Guardian (31.01.18)

Regional NHS News

French flu could hit UK as NHS issue health warning
Parts of the West Midlands are seeing increasing levels of flu as a severe strain strikes the UK. One strain of influenza, known as H3N2, and sparked particular concern and become known as “Aussie flu” as Australia suffered a severe outbreak late last year. The Flusurvey map, created by Public Health England and others, reveals that parts of the region are suffering far greater than others. On the map, swathes of Staffordshire and Warwickshire are now declared "red," while Birmingham remains the same purple colour as last week. The graphic shows the amount of influenza like illness (ILI) reported around the UK right now. It shows a gradient from no reported ILI (blue) to very high ILI (red).
Birmingham Mail (08.01.18)

More than 100 babies born in West Midlands addicted to drugs
Exclusive figures from the NHS have revealed that a shocking 109 babies were born in the region in 2016-17 suffering from withdrawal symptoms due to their mother’s drug use. That’s up from 78 babies the year before who were born with what doctors call “neonatal withdrawal symptoms” - essentially having to go cold turkey. In Sandwell and West Birmingham alone, 26 babies born in 2016-17 were affected by their mother’s use of addictive drugs in some way .A further 18 babies across other parts of Birmingham were born last year either addicted to drugs themselves or affected by their mother’s drug use, as were 18 babies in Walsall and eight in Dudley.
Birmingham Mail (08.01.18)

Fewer patients on hospital trolleys despite record winter pressure say NHS chiefs
HOSPITAL bosses say they have cut the number of patients on trolleys while the ambulance service enters its second highest alert level during the winter crisis.
NHS leaders at Worcestershire Royal Hospital have seen a 'record' increase in the volume of seriously ill patients over Christmas with a spike at New Year. The acute trust, which manages the hospital, announced they would no longer care for emergency patients 'routinely' on trolleys in A&E from December 1 last year although an exception would be made if 10 or more ambulances arrived within an hour.
Worcester News (11.01.18)

NHS winter problems worse than ever, say experts
Some patients are receiving “unsafe” care in the NHS as the health service grapples with its worst ever winter pressures, medical colleges have warned. The Academy of Medical Royal Colleges (AMRC) said that there was “insufficient resources and capacity” in the NHS as it faces a “real crisis”. In a statement on winter pressures in the health service, the AMRC said that unless politicians take action, the “winter crises” in the NHS will continue to worsen every year.
Hereford Times (15.01.18)

Health warnings after outbreak of measles in the West Midlands
More than 120 cases of measles have now been confirmed in outbreaks affecting five areas of England, including the West Midlands. The most recent updates show that, as of January 9, there were 32 in the West Midlands. The health body previously warned that those who recently travelled or were going to travel to Romania, Italy and Germany without receiving two doses of the MMR vaccine are particularly at risk.

ITV News (17.01.18)

Co-op chief Ben Reid named as new Shrewsbury and Telford Hospital NHS Trust chairman

Ben Reid OBE, group chief executive of the Mid-Counties Co-operative, will take up the role from February 1, until January 31, 2021. He will be paid £32,158 per year, for which he is expected to devote two to three days per week for his duties as chairman. He takes over from Professor Peter Latchford OBE, who was chair from October 2013 until December 2017.

Shropshire Star (20.01.18)

Ambulances STILL queuing and beds STILL full - the state of West Midlands NHS hospitals

A third of ambulances waiting more than 30 minutes to hand over patients and every bed full for a second week running - how West Midlands' hospitals are still under pressure. Other hospitals with a high average occupancy rate during the week were University Hospitals Birmingham, 98.7%, Sandwell and West Birmingham, 95.3%, and the Royal Wolverhampton, 94.5%. In the week to January 14, 310 ambulances waited more than 30 minutes to handover patients at A&Es run by the Royal Wolverhampton NHS trust, 32.5% of all arrivals. This was up from 16.8% the week before and 24.9% in the week to December 31. A total of 51 ambulances, 5.3%, had to wait more than an hour to hand over patients in the first week of January. This was down from 53 (5.2%) the week before. At the Dudley Group, a fifth, 20.8%, of ambulances waited more than half an hour to handover, a total of 174 in the second week of January, with seven waiting more than an hour.

Birmingham Mail (20.01.18)

Medical negligence has cost Worcestershire Acute Hospitals NHS Trust £46 million in the last five years

MEDICAL blunders in Worcestershire have cost the NHS more than £46 million in the past five years. Data provided by the BBC Shared Data Unit shows that Worcestershire Acute Hospitals NHS Trust has paid out more than £28.5 million in damages alone since 2012. Defence fees cost the trust £4.4 million whilst nearly £12 million was paid out in claimant costs. The total amount of money paid out increased significantly in 2015/16, when the trust paid out £13.6 million in damages and costs.

The trust went on to pay nearly £10.5 million in 2016/17. The money paid out also includes £829,343 to pre-1995 maternity related cases.

Bromsgrove Advertiser (21.01.18)

Parts of NHS England only able to fill one in 400 nursing vacancies

The NHS's deepening shortage of nurses is worst in the part of England that contains Theresa May's Maidenhead constituency, with hospitals there only able to recruit one nurse for every 400 vacancies they have, new NHS figures reveal.

Between April and June, NHS bodies managed to recruit just 303 of the 3,225 nurses and midwives they needed – a success rate of 9.4%. The West Midlands had the highest success rate (42.4%) with such staff, closely followed by the north-east (39.4%) and Yorkshire and the Humber (27.4%).

The Guardian (23.01.18)

Enclosure 4

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 8 February 2018

TITLE:	**23 January 2018 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Glen Palethorpe – Director of Governance	**PRESENTER**	Ann Becke – Committee Chair for this meeting

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.

The Committee felt based on the themes running through many of the items discussed at the meeting that the Board should consider how it can support the Trust in developing a culture where staff are empowered to deliver improvements within the areas they are accountable for.

The Dudley Group NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	23 January 2018	A Becke for this meeting	yes	no
			Yes	

Declarations of Interest Made

None

Assurances received

- The Committee reviewed the Trust's quality aspects of the Trust's integrated performance report. The Committee noted that in the month of December Friends and Family Footfall (response) rates had fallen in most areas, there had been a reduction in VTE performance and within Stroke Swallowing Screen Assessments. The Committee received assurance that the Executive along with the Divisions were looking into these areas and that further information would be reported within the Trust's Integrated Performance Report.
- The Committee received a report on Infection Prevention and Control which included the current position against hygiene code and indicated areas of potential risk along with brief information on action being taken in each case. The report also provided an update against the NHS Improvement visit action plan which due to the cancellation of the Infection Prevention & Control forum meeting in December showed a higher level of "in progress" actions than desired but these should be able to be closed once the actions have been ratified at the next forum meeting on the 24 January 2018. The Committee sought from the Director of Infection Prevention and Control a more detailed plan to address the staff training requirements that need to be delivered in full by the end of March 2018.
- The Committee received a report on action taken as a result of identified Stage 4 Pressure Ulcers. The report included an action plan devised to improve Pressure Area care and prevent future stage 4 pressure ulcers occurring. The Committee asked that the action plan be reviewed to provide greater confidence that the actions plan an then taken will prevent grade 4 pressure ulcers from developing both in the community and within the hospital in order for the Trust to meet its quality priority of no grade 4 pressure ulcers.
- The Surgery, Women and Children Division provided assurance on actions taken 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 whilst many patients were waiting that a number of these patients had actually been seen within other pathways. The Division also provided an update in respect of ophthalmology, the Division had eradicated any

overdue follow up appointments for urgent or "red" categories of patient and the longest waiting times had reduced to 6 months but not yet achieved the planned trajectory. The Division confirmed that they were developing plans supported by a larger team to provide sustained performance for this service across 2018/19.

- 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. The Committee discussed the significant increase in Caesarean section rates within the month of December and was informed that a detailed review of all cases that month was being undertaken by the consultant obstetrician. The Committee asked that this analysis be presented back to the Committee with an action plan once completed. The Committee also discussed the performance of the service in respect of screening activities and that it had failed to achieve the target performance, recognising that in some cases this was by small numbers, all year. The head of midwifery agreed to review the performance in this area in more detail to understand if the data presented was a accurate record of the service's performance.
- 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.
- The Committee received reports from the divisions of Medicine & Integrated Care and Clinical Support Services. The Committee reflected back to the Chief Operating Officer the lack of detail provided within the Medicine & Integrated Care report and that they expected for the next report the division provide assurance on how it was dealing with the key issues within the emergency department as confirmed by the CQC within their service inspection. The Committee were updated on the risks and issues being dealt with by the Clinical Support Services division and supported the Medical Director's challenge to the division that a more detailed understanding of the imaging risks be undertaken.
- The Committee received a report on the delivery against the Trust stated quality priorities for 2017/18. The report reflected that the Trust will fail to meet the majority of these quality priorities this year.
- The Committee received a report on the progress against the agreed action plans following the CQC service inspections of Urgent and Emergency Care and Critical Care. The report confirmed that the Trust had responded as required to the CQC's s31 notice and had placed a specific risk within the Trust's corporate risk register and Board Assurance Framework.
- 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 report reflected that in the month of December there had been a lower number of reported incidents and there had also been a lower number of incidents progressed to closure. The Committee was updated on the actions being taken to close investigations in a timely manner and was informed that this month there were no cases where assurance had failed to be provided that the actions had been taken in line with

the agreed timescales. This was an improvement on the previous months. The Director of Governance confirmed that he had taken back the request of the Committee to the Executives that there are sufficient resources being built into the corporate and division business plans for 2018/19 to address timely investigation performance and that an option of having a strengthen corporate team to provide governance business partner to each of the divisions had been shared with the divisions for comment this week.

- The Committee was updated on the complaints activity over the 3rd quarter of the year. 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 on the delays within the three divisions and the need for greater medical engagement especially in respect of undertaking meetings with the complainants and or their families.
- 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 endorsed the action suggested by the Medical Director that a safety huddle be undertaken to consider the most recent incidents relating to oxygen to be sure that the actions taken as result of past patient safety alerts remained in place and were operating as intended.
- The Committee received reports from the Medicines Management Group, Quality and Safety Group and the Internal Safeguarding Board. These reports confirmed that the groups were quorate when meeting and were working in accordance with their terms of reference. The Committee particularly noted the work of the Medicines Management Group in strengthening their oversight of the audits cover safer medicine management process across the Trust.

Decisions Made/Items Approved

- The Committee supported the closure of 6 SI Root Cause Analyses (RCA) action plans following assurance from the Corporate Governance Team that, where appropriate, completed actions plans had been evidenced.
- The Committee ratified the Policy Group's approval of 3 policies, one have been subject to a minor amendment but the other two being new documents (one on NEWs and one on SEPSIS).

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

A detailed plan to address the staff training requirements in respect of Infection Prevention and Control by the end of March 2018 to be brought by the Director of Infection Prevention and Control to the next meeting.

The Committee asked that the pressure ulcer care action plan be reviewed to provide greater confidence that the actions plan an then taken will prevent grade 4 pressure ulcers from developing both in the community and within the hospital in order for the Trust to meet its quality priority of no grade 4 pressure ulcers.

The Dudley Group NHS Foundation Trust

The Committee asked that the analysis of the Trust increase in Caesarean section rates within the month of December be presented back to the Committee with an action plan once completed. The new Chief Operating Officers paper on the revised processes being applied to deliver the operational behavior changes expected within the application of the Red 2 Green national initiative.
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 Committee felt based on the themes running through many of the items discussed at the meeting that the Board should consider how it can support the Trust in developing a culture where staff are empowered to deliver improvements within the areas they are accountable for.

Enclosure 5

The Dudley Group
NHS Foundation Trust

Paper for submission to the Public Board on February 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:

- Update of progress with compliance against the Hygiene Code for 2017/18.
- For 2017/18 the Trust has had 23 cases of post 48 hr C. difficile of which 1 case was identified in December.
- No post 48 hr MRSA bacteraemia cases since September 2015
- For 2017/18 there have been 8 post 48 hr MSSA bacteraemias identified in the Trust of which 0 cases were identified in December.
- For 2017/18 there have been 27 post 48 hr E. coli bacteraemias identified in the Trust of which 3 cases was identified in December.
- During December there has been 1 post 48 hr Klebsiella bacteraemia case.
- During December there were 0 post 48 hr Pseudomonas bacteraemia cases.
- Update on Flu Data.
- 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. A recent business case has been introduced to ensure a more robust HPV fogging programme.		
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 – this is being challenged.
Assurance: There is an Antimicrobial Policy in place with appropriate stewardship recommendations. Audits demonstrate compliance with policy. The new lead antimicrobial pharmacist has now taken up post.		
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 for clinical staff with the intention of achieving compliance with the new policy by end of March 2018.
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. Work is ongoing to scope the opportunity for introducing temporary isolation facilities within the areas.
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.		

The Dudley Group
NHS Foundation Trust

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 23 post 48 hr cases to the end of December, of these 14 were associated with a lapse in care, 4 are 'no lapses in care' and 5 are under review. For December 2017 1 post 48 hr case has 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.

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 0 cases were identified in December 2017.

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 December is 87.2%. 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 December is 88.1%. 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. Due to the cancellation of the meeting in December 2017, the first opportunity of this to be discussed in the Forum will be on 24th January 2018.

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 27 cases of post 48 hr E. coli bacteraemias. There are 3 post 48 hr cases for December.

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 December 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 31.12.17 (target 90%):

Area	Total
Corporate/Management	90%
Medicine and Integrated Care	89%
Surgery	90%
Clinical Support	88%

The ward areas falling below 90% are CCU (87%), A2 (86%), C1 (89%), C3 (89%), C7 (89%), B3 (89%) and C2 (85%). This data has been assessed against the 3 yearly requirement at the time the data was gathered. We anticipate these figures dropping in the next report as the frequency of training becomes annual. To deliver the new target by the end of March 2018 the information regarding the annual training requirement has been shared widely. The training is available both through face to face sessions in the CEC (times and dates on the Hub), via on line training and the Infection Control Team will deliver training in the clinical areas by request. The two associated Chief Nurses have been asked to provide at the Forum in January a programme to describe how this will be achieved in the clinical areas.

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 last meeting took place on 24th January 2018.

Flu Update:

From 14th December 2017 to 17th January 2018:

Total number of flu tests performed: **205**
- Of those **54 patients** tested positive (Flu A or Flu B)
  - Of those **10** are in patients (as at 17.1.18)
    - Of those **0** are on ITU/MHDU.

Of the 54, **7** patients were nursed in ITU/MHDU

Of the 54, there have been **4** hospital deaths (not necessarily due to flu).

NHSI Report – An update of the NHSI action plan was presented to the Clinical Quality, Safety and Patient Experience committee on 23rd January 2018. 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).

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 eg, 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 8th February 2018

TITLE:	**Monthly Nurse/Midwife Staffing Position – February 2018 report containing December 2017 data**		
AUTHOR:	Derek Eaves Professional Lead for Quality	**PRESENTER**	Carol Love-Mecrow Deputy 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 historic establishments as agreed by the previous Chief Nurse and the continuing 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 some improvement as the year progresses although a reduction in December has occurred, particularly in the unqualified figures.

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 December.

Monthly Nurse/Midwife Staffing Position

February 2018 Report containing December 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 December 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 in general the fill rates are close to but less that 100 percent of the current establishment and there has been some improvement as the year progresses although a reduction in December, particularly in the unqualified figures. The reduction reflects the need to move staff to support additional capacity and the fewer temporary staff available over the holiday period. 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. C7 and CCU). 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 and EAU reflects the winter pressures and opening the new larger EAU and the four ‘flexi’ bed area in MHDU 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%
December	95%	93%	95%	96%

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
December	4.8	N/A	N/A	4.1	N/A	N/A	8.9	N/A	N/A

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

This report contains the latest 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 has generally remained below the regional and national medians. The unqualified CHPPD remains above the comparators which may be explained by the number of patients that require specialling (1:1 patients) and we are confirming whether other Trusts include the extra care assistants required for these patients as it may be that other Trusts do not include these in their returns to the centre.

Conclusion

This report demonstrates that we are achieving nearly 100% fill rate using the historic establishments and a significant reliance on temporary staff (bank and agency) although there has been a reduction in December reflecting the need to move staff to support additional capacity and the fewer temporary staff available over the holiday period.. Benchmarking the Trust workforce data using the CHPPD can be informative and will continue.

The staffing review which commenced in May 2017 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.

Both the main medical and surgical ward area, NNU and Critical Care reviews have been completed and decisions made following discussion and approval at Director level and the Finance and Performance Committee. The NNU staffing review took place in August 2017 and it was noted at the time that that the Trust's overall staffing compliance with the British Association of Perinatal Medicine (BAPM) Service Standards was 28.9% compared to the national average of 57.37%. The review detailed what action would be required to be compliant. The executives agreed to increase staffing incrementally to reach 66% compliance with a further review. The NNU Peer Review took place in January of this year and both nurse and medical staffing was raised as a concern and work is underway within the Division to review the staffing.

Reports have been produced on a number of specialist areas which include Main Out Patients Department (OPD), Renal Unit, Emergency Department, Emergency Assessment Unit and Medical Day Case and will be available for consideration shortly. The review of the Community services continues.

Safer Staffing Summary	Dec			Days in Month	31										
	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	249	233	222	205	155	140	194	192	94%	92%	90%	99%	1,230	3.64	3.87	7.51
A3																
A4																
B1	96	90	49	48	66	64	43	42	94%	99%	96%	98%	439	4.00	2.47	6.47
B2(H)	124	117	249	226	93	86	224	213	94%	91%	92%	95%	851	2.79	6.19	8.98
B2(T)	93	92	146	141	62	63	116	112	99%	97%	102%	96%	669	2.71	4.53	7.24
B3	260	197	186	150	192	168	152	139	76%	81%	88%	91%	939	4.55	3.61	8.17
B4	186	170	250	219	155	137	192	190	91%	88%	88%	99%	1,290	2.79	3.80	6.59
B5	186	178	125	121	156	151	97	96	96%	97%	97%	99%	935	4.13	2.79	6.91
B6																
C1	187	172	296	283	155	137	181	173	92%	95%	88%	96%	1,410	2.57	3.88	6.45
C2	200	228	62	55	198	183	34	33	114%	89%	93%	97%	705	6.83	1.30	8.14
C3	182	176	395	389	159	155	389	379	96%	98%	97%	97%	1,549	2.56	5.95	8.50
C4	155	146	65	64	93	93	93	88	94%	98%	100%	95%	675	4.03	2.70	6.73
C5	186	171	299	288	155	141	230	219	92%	96%	91%	95%	1,440	2.54	4.12	6.66
C6	90	83	71	63	62	62	72	71	92%	89%	100%	99%	465	3.65	3.46	7.11
C7	186	160	124	150	124	112	124	147	86%	121%	90%	119%	1,084	2.86	3.22	6.08
C8	203	188	225	223	186	178	225	225	93%	99%	96%	100%	701	6.00	7.67	13.67
CCU_PCCU	212	188	31	44	155	153	-	-	89%	142%	99%		682	5.86	0.77	6.64
Critical Care	344	345	67	63	343	343	-	-	100%	94%	100%		241	33.52	2.85	36.37
EAU	256	233	319	247	258	230	321	277	91%	77%	89%	86%	1,036	5.25	6.07	11.32
Maternity	546	541	217	200	527	504	155	148	99%	92%	96%	95%	512	20.27	7.96	28.23
MHDU	124	114	45	39	122	109	17	14	92%	87%	89%	82%	240	10.91	2.49	13.40
NNU	141	175	-	-	149	175	-	-	123%		118%		380	10.58	0.00	10.58
TOTAL	**4,206**	**3,995**	**3,442**	**3,216**	**3,565**	**3,383**	**2,859**	**2,758**	**95%**	**93%**	**95%**	**96%**	**17,473**	**4.8**	**4.1**	**8.9**

Enclosure 7

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Private Board on 8th February 2018

TITLE:	**Smoke Free Site Proposal**		
AUTHOR:	**Andrew McMenemy, Director of Human Resources**	**PRESENTER**	**Andrew McMenemy, Director of Human Resources**

CORPORATE OBJECTIVE:

SO3: **Drive service improvements, innovation and transformation**
SO4: **Be the place people choose to work**

KEY ISSUES:

National NHS Perspective

There is a growing expectation that NHS organisations will work towards implementing smoke free sites. This is supported in the 5 year forward view where there is an expectation of acute Trusts being completely smoke free from 2019.

However, the definition of what is considered "smoke free" remains unclear following discussion with Public Health England. For the purposes of this paper we define smoke free as the removal of smoking shelters from the Trust sites.

In addition to working towards smoke free being supported by Public Health England, NICE are also supporting a smoking ban on NHS premises by suggesting that Trusts should ensure "there are no designated smoking areas…"

There is now a ban on smoking in NHS organisations in Northern Ireland and in Scotland where legislation has been passed making it an offence to smoke on hospital grounds. Legislation is being prepared by the Welsh Assembly for possible introduction later this year.

The Local Context

The Trust currently provides facilities for smoking shelters across the three main sites and therefore has not fully implemented being smoke free. However, the Trust is currently compliant with the requirements as they stand regarding smoking on site in the NHS.

In the region, the acute Trusts at Coventry & Warwickshire and Derby Hospitals have successfully implemented smoke free including the removal of smoking facilities.

We are aware that the Trust receives regular complaints associated to patients, visitors and staff smoking at the entrances to the hospital. This has been further emphasised in the last few weeks with additional media attention regarding patients and visitors smoking outside the entrances to the Trust. The media concerns were not isolated to Dudley Group NHS Trust and reflect concerns across the NHS.

However, our high level of complaints should encourage the Board to focus on this matter seriously when considering how we can best serve our local population and react constructively to this feedback.

Consultation with Public and Staff

The Trust entered a period of consultation in 2017 with the public and staff to receive views on a proposal to go completely smoke free. This period of consultation took place using an electronic survey for all stakeholders alongside an event day where staff, patients and visitors were provided the opportunity to provide their feedback in a face to face forum at the Trust.

When asked would you like to see our hospital sites go smoke free, including the removal of smoking shelters, 62.52% said yes immediately or yes, in the next 6-12 months and 37.48% said no not at all. Of the smokers responses 13% said yes and over 86% said no not at all.

Therefore it is concluded that our staff, patients and visitors support the Trust in their plan to have the sites completely smoke free. In addition, the feedback also provides an indication that the Trust should also provide some support to assist in smokers quitting their habit as a way of demonstrating support during a period of significant change for some.

Trust Board Consideration in September 2017

The Trust Board received a proposal to go smoke free in September 2017. The Board considered the feedback from the consultation. The Board also insisted on a communications plan to support implementation where this is agreed, as well as further details regarding implementation.

However, the Board has not yet made a final determination on whether the Trust proceeds with a smoke free environment that includes the removal of smoking shelters.

Option Appraisal

The Board are therefore asked to consider the following options:

- To continue in the current smoke free environment that allows for smoking shelters. However, it is likely that there will be a requirement for these to be removed at a time to be determined in 2019. It is expected that with this option the process to challenge patients, visitors and staff smoking in prohibited areas should be enhanced.

- To implement a smoke free environment across the Trust that also removes smoking shelters. This would also include the enhancement of challenge as well as providing support for staff alongside patients for smoking cessation services.

Implementation Plan

Option 1:

- Revisit the Trust Smoke Free Policy immediately – February 2018
- Clarify, enhance and communicate arrangements for Interserve colleagues and our own staff to provide reasonable challenge to patients, visitors and staff smoking outside designated areas – February 2018
- Provide training for Interserve staff and relevant own staff to support reasonable intervention – March 2018.
- Work closely with patients, visitors and staff as well as their representatives to develop a strategy to remove smoking shelters in 2019 – Commence in April 2018.
- Continue to take advice from Public Health England as well as visiting sites that have already implemented smoke free site to learn from their experience – May 2018.

Option 2:

- Revisit the Trust Smoke Free Policy immediately – February 2018
- To announce a date for the removal of smoking shelters and provide a 6 month notification period – February 2018
- Enhance smoking cessation for staff support based on temporary funding provided by the Trust – March 2018
- Establish working group to include all relevant stakeholders in order to make plans to initiate going smoke free. This will include the implementation of enhanced smoking cessation services alongside a communication plan with focus on patients, visitors and staff – March 2018
- Clarify, enhance and communicate arrangements for Interserve colleagues and our own staff to provide reasonable challenge to patients, visitors and staff smoking outside designated areas – February 2018
- Provide training for Interserve staff and relevant own staff to support reasonable intervention – March 2018.

A full project plan will be developed where the Trust Board determine that Option 2 is the preferred way forward.

Recommendation

Taking consideration of the feedback from staff, patients and visitors it is recommended that the Trust Board concludes that Trust will become completely smoke free, including the removal of smoking shelters. It is also recommended that a project plan and relevant resources will be agreed to support the smoke free changes.

Taking consideration of the advice from Public Health England and Trusts that have successfully implemented smoke free, this resource would be focused on support for those wishing to give up their smoking habit.

Conclusion

It is expected that NHS organisations will be required to be smoke free in the future and follow the example of Scotland, Northern Ireland and Wales. This is an opportunity for Dudley to determine its own future on this important issue and manage it appropriately and sensitively.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Well Led**
	Monitor	**Y/N**	**Details:**
	Other	**Y/N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
Y	**N**	**Y**	**N**

RECOMMENDATIONS FOR THE BOARD:

To make a determination based on the options provided.

Enclosure 8

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors
On 8 February 2018

TITLE	Finance and Performance Committee Exception Report		
AUTHOR	Chris Walker Interim Director of Finance	**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 25 January 2018.

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	**25 January 2018**	**Jonathan Fellows**	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances Received

- The financial position as at 31st December 2017 was discussed in detail. This followed on from the special Finance & Performance Meeting that was held on 11th January 2018. The December financial performance had deteriorated in relation to the forecast position reported to the Committee in November. This was due to a reduction in both elective and non-elective activity, continued agency expenditure and non-pay linked to additional capacity opened during December within the hospital. The forecast financial position of the Trust has been reported to NHSI with the Trust making the required governance declarations due to the forecast non-achievement of the control total.
- The balance sheet, cash and capital position at 31st December 2017 was discussed in detail. This included the risks around liquidity given the current forecast I&E position.
- The transformation and CIP position was debated. The full year programme delivery is now forecast to be £9.2m which is below plan.
- Expenditure against plan for both capital and revenue relating to the E.P.R. project was reviewed. Assurance was provided that the current slippage would have no impact on the delivery of the project and that the overall budget for both cost elements would be delivered within plan.
- Current performance on ED was discussed including the requirements for the remainder of the financial year. All other key targets were reviewed and assurance provided on achievement.
- Medical agency expenditure and the reduction in expenditure over the past two months was discussed.
- Performance of the PFI contract in December was reviewed with a further report to be presented to the February Trust Board Meeting.

Decisions Made / Items Approved

- None

Actions to come back to Committee

- Detailed 2018-19 financial plans to be presented to the February Committee which will include NHS planning guidance and progress on CIP's.

Performance Issues to be referred into Executive Performance Management Process

- Consultant job planning to be progressed and deep dive reviews of current practice within divisions.

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

- None

Items referred to the Board for decision or action

- Update position to February Trust Board on PFI contract.

Enclosure 9

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 8th February 2018

TITLE:	Integrated Performance Report for Month 9 (December) 2017		
AUTHOR:	Andy Troth Head of Informatics	**PRESENTER:**	Karen Kelly 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

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.

Integrated Performance Report - Board




December 2017

Created by: Informatics.
Title of report: Integrated Performance Report

Executive Lead:	**CQSPE**	**Chief Nurse, Siobhan Jordan**
	Performance	**Chief Operating Officer, Karen Kelly**
	Finance	**Director of Finance, Tom Jackson**
	Workforce	**Director of HR, Andrew McMenemy**

The Dudley Group NHS Foundation Trust

Quality Dashboard

Quality And Risk														
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Complaints	-	60	75	84	87	129	99	108	70	29	-	-	-	741
Compliments	-	659	399	315	324	384	492	579	525	862	-	-	-	4,539
Friends & Family – Community – Footfall	1.20%	1.10%	0.90%	2.10%	3.30%	3.20%	1.90%	4.90%	5.20%	4.30%	-	-	-	3%
Friends & Family – Community – Recommended %	95.80%	94%	96%	97.40%	98%	98.20%	97.10%	95.10%	95.90%	95.70%	-	-	-	96.40%
Friends & Family – ED – Footfall	7.90%	15.40%	13.70%	17.10%	15.30%	16%	19.60%	28.50%	24.70%	17%	-	-	-	18.60%
Friends & Family – ED – Recommended %	85.10%	75%	76.10%	78.70%	77.40%	72.50%	75.90%	83.60%	80.30%	77.40%	-	-	-	78.10%
Friends & Family – Inpatients – Footfall	17.80%	28.70%	30.80%	32.80%	34.20%	32.30%	27.80%	33.90%	33.90%	30.90%	-	-	-	31.80%
Friends & Family – Inpatients – Not Recommended %	-	0.60%	1.10%	0.70%	0.90%	1.40%	1.50%	2%	1.50%	2.60%	-	-	-	1.40%
Friends & Family – Inpatients – Recommended %	96.60%	96.40%	95.60%	96.50%	96.40%	96.30%	95.90%	95.10%	95.30%	95.10%	-	-	-	95.80%
Friends & Family – Maternity – Footfall	30.10%	30.90%	48.90%	40.40%	48.60%	56.30%	39.60%	34.80%	45.10%	23.60%	-	-	-	41.30%
Friends & Family – Maternity – Not Recommended %	-	0.50%	0.70%	0.50%	0.80%	1%	0.80%	0.60%	0.70%	0%	-	-	-	0.70%
Friends & Family – Maternity – Recommended %	98.30%	98.80%	97.80%	98.20%	98.60%	97.60%	97.80%	98.60%	95%	98.40%	-	-	-	97.80%
Friends & Family – Outpatients – Footfall	1.60%	1.50%	1.90%	2.30%	2.60%	4.80%	2.90%	10.90%	5.90%	3.50%	-	-	-	4%
Friends & Family – Outpatients – Recommended %	92.60%	95.30%	95.20%	91.60%	95.30%	93.40%	92.30%	90.80%	89.80%	92.80%	-	-	-	92.10%
HCAI – Post 48 hour MRSA	0	0	0	0	0	0	0	0	0	0	-	-	-	0
HCAI CDIFF – Due To Lapses In Care	13	2	1	1	4	1	5	0	0	0	-	-	-	14
HCAI CDIFF – Not Due To Lapses In Care	20	0	0	1	0	0	1	1	1	0	-	-	-	4
HCAI CDIFF – Total Number Of Cases	33	2	1	2	4	1	6	1	5	1	-	-	-	23
HCAI CDIFF – Under Review	0	0	0	0	0	0	0	0	4	1	-	-	-	5
Incidents - Appointments, Discharge & Transfers	724	58	71	65	90	93	90	95	78	82	-	-	-	722
Incidents - Blood Transfusions	128	4	13	6	8	4	5	10	11	5	-	-	-	66
Incidents - Clinical Care (Assessment/Monitoring)	898	80	98	86	99	108	114	112	160	129	-	-	-	986
Incidents - Diagnosis & Tests	350	33	31	24	35	39	37	32	31	30	-	-	-	292
Incidents - Equipment	228	32	23	29	23	33	15	21	15	23	-	-	-	214
Incidents - Facilities (Security, Estates, Transport, Fire etc.)	401	38	45	65	52	61	37	42	29	39	-	-	-	408
Incidents - Falls, Injuries or Accidents	1,629	133	132	109	130	101	98	130	139	103	-	-	-	1,075
Incidents - Health & Safety	301	17	24	38	27	34	28	26	27	17	-	-	-	238

The Dudley Group NHS Foundation Trust

Quality And Risk														
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Incidents - Infection Control	63	6	5	6	8	9	3	14	12	11	-	-	-	74
Incidents - Medication	4,441	293	334	324	312	226	287	499	608	341	-	-	-	3,224
Incidents - Obstetrics	935	89	73	87	127	102	85	80	78	68	-	-	-	789
Incidents - Pressure Ulcer	2,573	239	253	225	241	315	280	316	302	277	-	-	-	2,448
Incidents - Records, Communication & Information	562	47	52	40	123	64	68	79	68	65	-	-	-	606
Incidents - Safeguarding	638	51	60	63	63	49	78	80	79	76	-	-	-	599
Incidents - Theatres	195	13	11	15	27	18	12	17	10	22	-	-	-	145
Incidents - Venous Thrombo Embolism (VTE)	137	14	17	4	21	11	5	6	11	5	-	-	-	94
Incidents - Violence, Aggression & Self Harm	660	51	91	81	76	62	49	68	73	34	-	-	-	585
Incidents - Workforce	401	30	22	41	58	69	63	54	84	66	-	-	-	487
Maternity : Early Booking KPI: % of women who see midwife/maternity healthcare professional	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	100%
Maternity : Increase in breast feeding initiation rates by 2% per year	55.89%	57.45%	60.42%	60.99%	56.98%	53.47%	47.82%	58.39%	61.31%	55.08%	-	-	-	56.81%
Maternity : Smoking In Pregnancy : Reduce to a prevalence of 12.1% across the year	14.75%	17.75%	14.57%	13.66%	12.91%	17.44%	13.69%	14.75%	19.78%	15.80%	-	-	-	15.59%
Mixed Sex Sleeping Accommodation Breaches	62	5	3	0	0	2	6	4	0	10	-	-	-	30
Never Events	1	0	0	1	0	0	0	0	1	0	-	-	-	2
NQA - Matrons Audit	89%	89%	92%	92%	92%	92%	92%	93%	95%	-	-	-	-	92%
NQA - Nutrition Audit	96%	96%	95%	93%	95%	96%	95%	95%	93%	95%	-	-	-	95%
NQA - Paediatric Nutrition Audit	98%	98%	100%	100%	91%	92%	97%	98%	98%	98%	-	-	-	97%
NQA - Safety Thermometer	90	2	11	-	3	-	-	-	-	-	-	-	-	16
NQA - Skin Bundle	96%	93%	97%	94%	96%	95%	96%	93%	95%	96%	-	-	-	95%
NQA - Think Glucose - EAU/SAU	-	83%	47%	82%	89%	65%	66%	80%	93%	100%	-	-	-	74%
NQA - Think Glucose - General Wards	88%	92%	91%	89%	93%	94%	98%	97%	96%	98%	-	-	-	93%
Nursing Care Indicators - Community Childrens	99%	100%	100%	99%	100%	100%	100%	100%	100%	100%	-	-	-	99%
Nursing Care Indicators - Community Neonatal	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	100%
Nursing Care Indicators - Critical Care	98%	98%	100%	98%	100%	100%	98%	98%	100%	99%	-	-	-	99%
Nursing Care Indicators - District Nurses	94%	91%	98%	94%	96%	97%	94%	91%	93%	92%	-	-	-	94%
Nursing Care Indicators - EAU	93%	88%	86%	98%	92%	94%	88%	97%	97%	97%	-	-	-	93%
Nursing Care Indicators - ED	88%	91%	86%	93%	72%	92%	92%	92%	91%	86%	-	-	-	88%
Nursing Care Indicators - Evergreen	90%	98%	91%	83%	97%	89%	85%	82%	-	-	-	-	-	89%

NHS
The Dudley Group
NHS Foundation Trust

Quality And Risk														
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Nursing Care Indicators - General Wards	93%	93%	95%	96%	95%	94%	95%	95%	96%	97%	-	-	-	95%
Nursing Care Indicators - Maternity	92%	100%	94%	97%	95%	95%	95%	95%	97%	94%	-	-	-	96%
Nursing Care Indicators - Neo Natal	98%	98%	99%	99%	99%	99%	99%	99%	98%	99%	-	-	-	99%
Nursing Care Indicators - Paediatric	98%	94%	100%	97%	84%	95%	95%	97%	96%	97%	-	-	-	95%
Nursing Care Indicators - Renal	95%	98%	99%	97%	98%	99%	92%	96%	93%	96%	-	-	-	97%
PALS Concerns	-	177	235	234	232	-	189	218	209	197	-	-	-	1,691
Saving Lives - 01a CVC Insertion	98%	100%	100%	100%	100%	100%	100%	98%	100%	100%	-	-	-	99%
Saving Lives - 01b CVC Ongoing Care	99%	98%	98%	98%	93%	100%	94%	100%	100%	100%	-	-	-	98%
Saving Lives - 02a Peripheral Lines Insertion	97%	97%	96%	99%	99%	99%	99%	97%	98%	98%	-	-	-	98%
Saving Lives - 02b Peripheral Lines Ongoing Care	96%	98%	99%	97%	99%	98%	98%	98%	99%	98%	-	-	-	98%
Saving Lives - 03a Renal Dialysis Insertion	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	100%
Saving Lives - 03b Renal Dialysis Ongoing Care	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	100%
Saving Lives - 04a Surgical Site Pre Op	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	100%
Saving Lives - 04b Surgical Site Intraoperative	100%	100%	100%	100%	100%	100%	100%	100%	90%	53%	-	-	-	94%
Saving Lives - 04c Surgical Site Post Op	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	100%
Saving Lives - 05 Reducing Ventilation associated pneumonia	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	100%
Saving Lives - 06a Urinary Catheter Insertion	99%	100%	100%	100%	100%	98%	100%	98%	100%	100%	-	-	-	99%
Saving Lives - 06b Urinary Catheter Ongoing Care	99%	99%	100%	98%	99%	98%	100%	100%	100%	99%	-	-	-	99%
Saving Lives - 07 C.difficile	87%	100%	100%	-	75%	100%	88%	75%	75%	75%	-	-	-	85%
Saving Lives - 08a Clinical equipment Decontamination Infected	99%	100%	100%	100%	99%	99%	99%	98%	100%	99%	-	-	-	99%
Saving Lives - 08b Clinical equipment Decontamination Non Infected	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%	-	-	-	99%
Saving Lives - 11 Enteral Feeding (New)	98%	100%	100%	100%	100%	100%	100%	97%	100%	100%	-	-	-	99%
Serious Incidents - Action Plan overdue	206	4	5	5	9	4	11	10	8	-	-	-	-	56
Serious Incidents - Clinical Care (Assessment/Monitoring)	20	1	2	-	1	-	1	2	3	1	-	-	-	11
Serious Incidents - Diagnosis & Tests	10	1	1	-	-	-	-	-	-	-	-	-	-	2
Serious Incidents - Facilities (Security, Estates, Transport, ICT, etc.)	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Serious Incidents - Falls, Injuries or Accidents	32	3	-	2	3	-	2	2	3	2	-	-	-	17

The Dudley Group NHS Foundation Trust

Quality And Risk														
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Serious Incidents - Infection Control	6	1	-	-	-	-	-	2	2	-	-	-	-	5
Serious Incidents - Medication	1	-	-	-	-	-	-	-	1	-	-	-	-	1
Serious Incidents - Obstetrics	5	-	1	-	-	1	-	-	-	-	-	-	-	2
Serious Incidents - Pressure Ulcer	150	6	13	9	10	13	7	-	5	6	-	-	-	69
Serious Incidents - Theatres	3	-	-	-	1	-	-	-	-	-	-	-	-	1
Stroke Admissions : Swallowing Screen	77.02%	72.72%	76.27%	82.22%	82.69%	88.09%	90.24%	89.18%	71.79%	56%	-	-	-	79.68%
Stroke Admissions to Thrombolysis Time	51.24%	100%	55.55%	0%	63.63%	77.77%	71.42%	71.42%	75%	50%	-	-	-	66.07%
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)	87.56%	94.23%	96.49%	93.33%	96.22%	92.72%	90.69%	100%	80%	89.28%	-	-	-	92.94%
Suspected High-risk TIA Assessed and Treated < 24hrs from presentation	79.31%	100%	85.71%	100%	81.81%	100%	100%	100%	90%	83.33%	-	-	-	93.80%
Time to Surgery - Elective admissions operated on within two days for all procedures	92.81%	91.36%	82.83%	87.81%	92.65%	89.70%	70.68%	93.44%	94.65%	57.44%	-	-	-	85.24%
Time to Surgery : Emergency Procedures (Appendectomy)	94.29%	100%	96.96%	95.45%	97.43%	97.05%	100%	96%	93.33%	90.90%	-	-	-	96.84%
Time to Surgery : Emergency Procedures (Femur Replacement)	94.92%	94.44%	84.61%	80%	100%	95.23%	94.11%	89.47%	100%	100%	-	-	-	93.42%
Time to Surgery : Emergency Procedures (Reduction of fracture of bone)	92.80%	94.23%	95.65%	88.09%	95.34%	86%	86.48%	95.34%	94.11%	89.28%	-	-	-	91.83%
Time to Surgery : Emergency Procedures (Upper GI Diagnostic endoscopic)	64.98%	58.33%	70.58%	73.68%	70.37%	63.15%	92.85%	62.50%	57.14%	46.15%	-	-	-	64.82%
VTE Assessment Indicator (CQN01)	94.75%	92.24%	91.97%	93.50%	94.08%	94.74%	94.37%	95.09%	94%	92.51%	-	-	-	93.63%

The Dudley Group NHS Foundation Trust

Executive Summary by Exception

Key Messages

1 Performance Matters — Committee: F&P

A&E 4 hour wait

The combined Trust and UCC performance was below target in month at 78.93%. Whilst, the Trust only (Type 1) performance was 64.79%. Both an a significant drop in performance from the previous month.
The split between the type 1 and 3 activity for the month was:

	Attendances	Breaches	Performance
A&E Dept. Type 1	8410	2961	64.79%
UCC Type 3	6051	86	98.58%

Cancer Waits

The Committee is reminded that due to the time required to validate individual pathways, the cancer waiting times in this report are provisional only. In addition, the reporting of patients breaching 104 days is provided 1 month retrospectively.
Cancer – 62 Day from Urgent GP Referral to Treatment performed on target for the month at 85% (Provisional)

Cancer - 104 days - Number of people who have breached beyond 104 days (November)

No. of Patients treated on or over 104 days (DGFT)	11
No. of Patients treated on or over 104 days (Tertiary Centre)	19
No. of Patients treated on or over 104 days (Combined)	30

2WW

The target was achieved once again in month. During this period a total of 959 patients attended a 2ww appointment with 43 patients attending their appointments outside of the 2 week standard, achieving a performance 95.5% against the 93% target.

Referral To Treatment (RTT)

The performance of the key target RTT Incomplete Waiting Time indicator remained strong, with performance of 93.34% in month against a target of 92%, a slight decrease in performance from 93.85% in the previous month. Urology did not meet the target in month at 91.81%, down slightly from 91.86% in previous month. Ophthalmology is at 81.78%, down from 82.71% in the previous month. Plastic Surgery has remained below target at 90.09%. There were no 52-week Non-admitted Waiting Time breaches in month.

Diagnostic waits

The diagnostic wait target was achieved in month with a performance of 99.36%. This was an Improvement from the previous month's position of 99.15%. The number of patients waiting over 6 weeks has fallen again from the previous month, 49 to 34.

Of the 49, MRI accounted for 24 (10 other).

The Dudley Group NHS Foundation Trust

Executive Summary by Exception cont.

Key Messages

2 Financial Performance Matters — Committee: F&P

The month 09 financial position was below the original plan by £2.947m (before STF) due to shortfalls on income (snow, elective cancellations and increased discharges direct from A&E), pay (increased agency particularly qualified nursing but reduced WLI) and non-pay. Agency costs have now exceeded the annual cap of £5.772m. The cumulative adverse variance equates to £5.133m (before STF). Consolidation of Dudley Clinical Services Ltd and technical changes relating to donated assets amend the adverse variance to £5.092m. The December performance was nearly £2m worse than forecast. The initial forecast showed a £9.6m deficit which assumes full receipt of the new winter pressure funding. However, following an extraordinary F&P on 11th January, it was agreed to set a more challenging forecast of a £8.6m deficit. The likely loss of STF linked to this financial forecast and the quarter two A&E performance shortfall equates to £6.088m.

Executive Summary by Exception cont.

Key Messages

CQSPE

HCAI

Total No. of C. Diff cases identified after 48hrs for the month was 1. (17ytd.)

	December	YTD
Total No. of cases due to lapses in care	N/A	14
Total No. of cases NOT due to lapses in care	N/A	4
No. of cases currently under review (ytd)	5	N/A
Total No. of cases ytd.	N/A	23

There were 0 post 48 hour MRSA cases reported in month.

Never Events

There was a never event in month.

Mixed Sex Sleeping Accommodation Breaches (MSA)

There were 0 breaches reported in month.

VTE Assessment On Admission: Indicator

The indicator did not achieve the target in month with provisional performance at 92.28% against a target of 95%. This is a decrease on the previous month's performance of 94.21%.

The Dudley Group NHS Foundation Trust

Executive Summary by Exception cont.

Key Messages

4 Workforce — Committee: F&P

Appraisals:

The month has seen the position worsen slightly in the percentage of appraisals undertaken, from 88.12% to 86.9%. No Divisions are red. Clinical Support, Corporate/Management, Surgery and Medicine and Integrated Care are all amber at 85.47%, 86.81%, 87.76% and 86.5% respectively (>80% <90%). Clinical Support improved slightly whilst there was a slight drop for the other Divisions

Mandatory Training:

Mandatory Training has dropped slightly from 86.93% to 86.64% in month. The Director of HR is working with respective Divisions based on the feedback from a series of forums that were held to identify issues within the mandatory training system. No divisions are red and Corporate Management are green with 91.07%. Within the Clinical Support Division, Division Management and Imaging are red at 66.67% and 76.57% respectively, both down from last month. Within Medicine and Integrated Care, Urgent Care is red at 66.67% down from last month; and within Surgery no directorates are red and the Surgery Division Management achieved 100%
The Chief Executive has signalled that for the year of 2017/18 that the Trust's targets need to be met.

Sickness:

Sickness rate overall has improved slightly from 4.98% in the previous month to 4.94% in month. Medicine & Integrated Care are red with 5.75%, Surgery Division red at 4.47%, and Corporate Management red with 4.69%. Clinical Support amber at 3.65%. Within the Medicine & Integrated Care Division, Integrated Care and Nursing Medicine Directorates are red with 4.74% and 8.09% respectively. Within the Surgery Division; Nursing Surgery, OPD and Health Records, Surgery Division Management, Surgery Urology & Vascular, and Theatres & Critical Care Directorates are red with 5.12%, 5.62%, 13.94%, 4.55% and 5.07% respectively.

The Dudley Group NHS Foundation Trust

Patients will experience safe care - "At a glance"

Executive Lead: Siobhan Jordan

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Dec-17	Actual YTD	Trend	Month Status
Friends & Family Test - Footfall						
Friends & Family Test - ED	14.5%	21.3%	17.0%	18.6%	↓	
Friends & Family Test - Inpatients	26.0%	35.1%	30.9%	31.8%	↓	
Friends & Family Test - Maternity	21.7%	34.4%	23.6%	41.4%	↓	
Friends & Family Test - Outpatients	4.7%	14.5%	3.5%	4.1%	↓	
Friends & Family Test - Community	3.5%	9.1%	4.4%	3.0%	↓	
Friends & Family Test - Recommended						
Friends & Family Test - ED	89.9%	93.4%	77.4%	78.1%	↓	
Friends & Family Test - Inpatients	96.3%	97.4%	95.1%	95.9%	↓	
Friends & Family Test - Maternity	96.0%	98.1%	98.4%	97.4%	↑	
Friends & Family Test - Outpatients	94.6%	97.2%	92.9%	92.1%	↑	
Friends & Family Test - Community	96.4%	97.7%	95.8%	96.5%	↓	
Complaints						
Total no. of complaints		N/A	30	282	↓	
Complaints closed within target	90%	90%	100.0%	95.7%	↔	
Complaints re-opened			0	2	↔	
PALs Numbers			209	2200	↓	
Ombudsman						
Dementia (1 month in arrears)						
Find/Assess		90%	98.5%	97.7%	↑	
Investigate		90%	100.0%	100.0%	↔	
Refer		90%	84.6%	95.8%	↓	
Falls						
No. of Falls		0	61	721	↓	
Falls per 1000 bed days		6.63	3.61	0.09	↓	
No. of Multiple Falls		N/A	2	76	↓	
Falls resulting in moderate harm or above			1	13		
Falls resulting in moderate harm or above per 1000 bed days		0.19	0.06	0.09	↓	
Pressure Ulcers (Grades 3 & 4)						
Hospital Avoidable		0	0	13	↓	
Hospital Non-avoidable		0	1	8	↑	
Community Avoidable		0	2	38	↓	
Community Non-avoidable		0	12	60	↑	
Mixed Sex Accommodation Breaches						
Single Sex Breaches		0	10	30	↑	

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Dec-17	Actual YTD	Trend	Month Status
Mortality (Quality Strategy Goal 3)						
HSMR Rolling 12 months (**Latest data Oct 17**)	110	105	103	N/A		
SHMI Rolling 12 months (**Latest data Sept 17**)	1.10	1.05	0.98	N/A		
HSMR Year to date (**Latest data Oct 17**)			107	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%	56.0%	80.2%	↓	
Stroke Patients Spending 90% of Time on Stroke Unit		85%	89.3%	94.7%	↑	
Suspected High Risk TIAs Assessed and Treated <24hrs		85%	83.3%	93.5%	↓	
VTE - PROVISIONAL						
VTE On Admission		95%	92.5%	93.7%	↓	
Incidents						
Total Incidents			1600	4486	↑	
Recorded Medication Incidents			341	3224	↓	
Never Events			0	2	↓	
Serious Incidents			9	116	↓	
of which, pressure ulcers			6	76	↑	
Incident Grading by Degree of Harm						
Death			1	6	↓	
Severe			2	15	↓	
Moderate			8	75	↔	
Low			222	1832	↓	
No Harm			1041	10612	↓	
Percentage of incidents causing harm		28%	18.3%	15.4%	↑	
NQA Think Glucose						
NQA Think Glucose - AMU/SAU	85%	95%	0%	72%	↓	
NQA Think Glucose - General Wards	85%	95%	0%	93%	↓	

Performance - "At a glance"

Executive Lead: Karen Kelly

The Dudley Group NHS Foundation Trust

Performance - Key Performance Indicators

	Target	Dec-17	QTD	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	95.5%	96.6%	94.7%	↑	
2 week wait - Breast Symptomatic	93%	94.4%	98.2%	97.7%	↑	
31 day diagnostic to 1st treatment	96%	99.2%	98.6%	98.7%	↑	
31 day subsequent treatment - Surgery	94%	100.0%	100.0%	99.1%	↑	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	100.0%	↑	
62 day urgent GP referral to treatment	85%	84.8%	80.1%	85.8%	↑	
62 day screening programme	90%	100.0%	98.6%	98.0%	↑	
62 day consultant upgrades	85%	92.9%	93.2%	93.3%	↑	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	93.3%	94.2%	94.7%	↓	
RTT Admitted - % treatment within 18 weeks	90%	88.7%	89.8%	88.5%	↑	
RTT Non Admitted - % treatment within 18 weeks	95%	91.3%	92.9%	92.7%	↑	
Wait from referral to 1st OPD	26	27	89	258	↓	
Wait from Add to Waiting List to Removal	39	39	125	371	↔	
ASI List		2032	0	0	↓	
% Missing Outcomes RTT		0.1%	0.4%	0.2%	↓	
% Missing Outcomes Non-RTT		7.8%	4.2%	4.3%	↑	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	34		1538	↓	
% of diagnostic tests waiting less than 6 weeks	99%	99.4%	97.9%	97.4%	↑	
ED - TRUST						
Patients treated < 4 hours Type 1 (Trust ED)	95%	64.8%	81.5%	81.2%	↓	
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	78.9%	88.0%	88.3%	↓	
Emergency Department Attendances	N/A	8410	25748	78473	↓	
12 Hours Trolley Waits	0	3	0	0	↑	
Ambulance to ED Handover Time - TRUST						
30-59 minute breaches		868	869	3181	↑	
60+ minute breaches		155	137	513	↑	
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	1.7%	1.1%	1.3%	↑	
Cancelled operations - breaches of 28 day rule	0	1	2	8	↑	
Urgent operations - cancelled twice	0	0	0	0	↔	

Performance - Key Performance Indicators cont.

	Target	Dec-17	Actual YTD	Trend	Month Status
GP Discharge Letters					
GP Discharge Letters	90%	79.5%	78.5%	↓	
Theatre Utilisation - TRUST					
Theatre Utilisation - Day Case (RHH & Corbett)		74.5%	76.5%	↓	
Theatre Utilisation - Main		84.3%	85.9%	↓	
Theatre Utilisation - Trauma		96.6%	91.9%	↑	
GP Referrals (1 month in arrears)					
GP Written Referrals - made		8418	54032	↑	
GP Written Referrals - seen		7625	45104	↑	
Other Referrals - Made		2637	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 - %		88%	90%		
Bed Occupancy - % Medicine & IC		95%	95%		
Bed Occupancy - % Surgery, W&C		80%	87%		
Bed Occupancy - Paediatric %		58%	58%		
Bed Occupancy - Orthopaedic Elective %		57%	77%		
Bed Occupancy - Trauma and Hip # %		92%	94%		
Number of Patient Moves between 8pm and 8am		113	854		
Discharged by Midday		14%	16%		
DNA Rates					
New outpatient appointment DNA rate	8%	13.6%	11.4%	↑	
Follow-up outpatient appointment DNA rate	8%	12.2%	8.5%	↑	
Total outpatient appointment DNA rate	8%	12.8%	10.4%	↑	
Average Length of stay (Quality Strategy Goal 3)					
Average Length of Stay - Elective	0.0	3.0	3.2	↓	
Average Length of Stay - Non-Elective	3.4	5.7	5.2	↓	

Financial Performance - "At a glance"

Executive Lead: Tom Jackson

The Dudley Group NHS Foundation Trust

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	4,966	4,436	-10.7%	-530
Day Cases	4,186	4,535	8.3%	349	35,773	36,871	3.1%	1,098
Non-elective inpatients	5,238	5,087	-2.9%	-151	46,460	43,429	-6.5%	-3,031
Outpatients	39,903	41,474	3.9%	1,571	334,987	326,009	-2.7%	-8,978
A&E	8,610	9,156	6.3%	546	76,625	78,473	2.4%	1,848
Total activity	**58,518**	**60,774**	**3.9%**	**2,256**	**498,811**	**489,218**	**-1.9%**	**-9,593**
CIP	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Income	131	125	-4.3%	-6	963	809	-15.9%	-153
Pay	812	-656	-180.9%	-1,468	4,815	2,863	-40.5%	-1,951
Non-Pay	331	215	-35.2%	-117	2,576	2,958	14.9%	383
Total CIP	**1,274**	**-316**	**-124.8%**	**-1,590**	**8,353**	**6,631**	**-20.6%**	**-1,722**
INCOME	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
NHS Clinical	26,175	24,715	-5.6%	-1,460	245,399	240,845	-1.9%	-4,554
Other Clinical	130	117	-9.6%	-12	1,169	954	-18.4%	-215
STF Funding	857	1	-99.9%	-857	5,573	2,487	-55.4%	-3,086
Other	1,784	1,338	-25.0%	-446	16,604	18,662	12.4%	2,058
Total income	**28,946**	**26,171**	**-9.6%**	**-2,775**	**268,745**	**262,948**	**-2.2%**	**-5,797**
OPERATING COSTS	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Pay	-17,180	-17,666	2.8%	-486	-154,803	-158,651	2.5%	-3,847
Drugs	-564	-709	25.8%	-145	-5,388	-5,974	10.9%	-586
Non-Pay	-7,090	-7,427	4.7%	-337	-61,246	-61,920	1.1%	-674
Pass-through	-2,283	-2,226	**-2.5%**	**57**	**-22,568**	**-22,334**	**-1.0%**	**234**
Total Costs	**-27,117**	**-28,028**	**3.4%**	**-911**	**-244,006**	**-248,879**	**2.0%**	**-4,873**

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	**1,821**	**-1,838**	**-200.9%**	**-3,659**	**24,673**	**14230**	**-42.3%**	**-10,443**
Depreciation	-784	-911.32	16.2%	-127	-7,013	-6871	-2.0%	142
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,120	-1,114	-0.5%	6	-10,081	-9876	-2.0%	205
SURPLUS/(DEFICIT)	**-83**	**-3,863**	**4564.3%**	**-3,781**	**7,579**	**-2516**	**-133.2%**	**-10,096**
SOFP	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Capital Spend	1,026	2,002	95.1%	0	12,109	10765	-11.1%	-1,344
Inventory					2,857	3080	7.8%	223
Receivables & Prepayments					20,245	20357	0.6%	112
Payables					-16,817	-15334	-8.8%	1,483
Accruals							n/a	0
Deferred Income					-2,821	-3467	22.9%	-646
Cash & Loan Funding	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Cash					15,484	14,305	-7.6%	0
Loan Funding							n/a	0
KPIs								
EBITDA %	6.29%	-6.35%	-12.6%		9.18%	5.41%	-3.8%	
Deficit %	-0.29%	-13.35%	-13%		2.82%	-0.96%	-3.8%	
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		

The Dudley Group NHS Foundation Trust

Workforce - "At a glance"

Executive Lead: Andrew McMenemy

People	Target 17/18	Target YTD	Dec-17	Actual YTD	Trend	Month Status
Workforce						
Sickness Absence Rate	3.75%	3.75%	4.94%	4.17%	↓	
Staff Turnover (1 month in arrears)	0%	0%	9.2%	9.2%	↑	
Mandatory Training	90.0%	90.0%	86.6%	85.5%	↑	
Appraisal Rates - Total	90.0%	90.0%	86.9%	84.7%	↑	

Enclosure 10

The Dudley Group
NHS Foundation Trust

Paper for submission to Trust Board
on 8th February 2018

TITLE:	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 currently on the work programme which contribute to the £12.5m identified. 3% of the CIP has currently been identified as non recurrent savings.

Based on the Month 9 position (December 2017), the Trust has achieved *c.* £6.6m against the year to date (YTD) plan of £8.3m. However, the full year effect variance is forecast by to under-deliver by £3.4m (i.e. delivery of £9.2m). .

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: (*Please select from the list on the reverse of sheet)***
	Monitor	**N**	**Details:**
	Other	**N**	**Details:**

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

Decision	Approval	Discussion	Other
		Y	

RECOMMENDATIONS FOR TRUST BOARD:
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 Nine (December 2017)

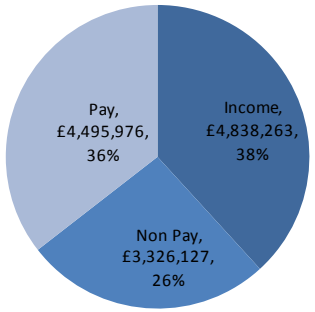
Date of Trust Board: 8th February 2018

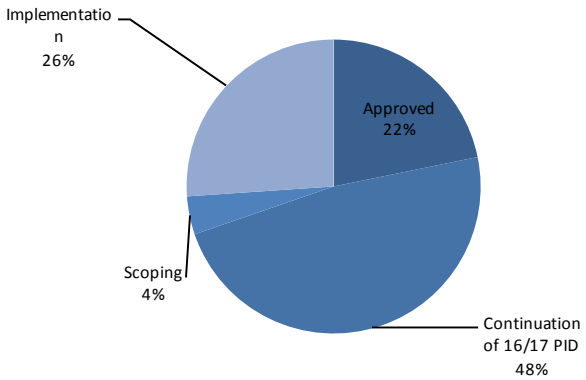
Executive Summary – 2017/18

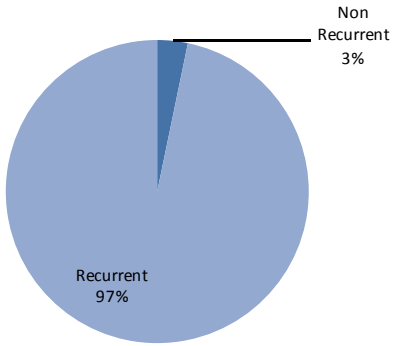
The Trust has an overall Cost Improvement Programme (CIP) target of £12.5m in 2017/18. To support this, there are 58 schemes on the work programme which contribute to the £12.5m identified, and 3% of of the CIP has currently been identified as non recurrent savings.

A summary of CIP performance as at Month 9 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	£ 8,332,891	£ 6,630,901	-£ 1,701,990	£ 9,202,668	-£ 3,427,683







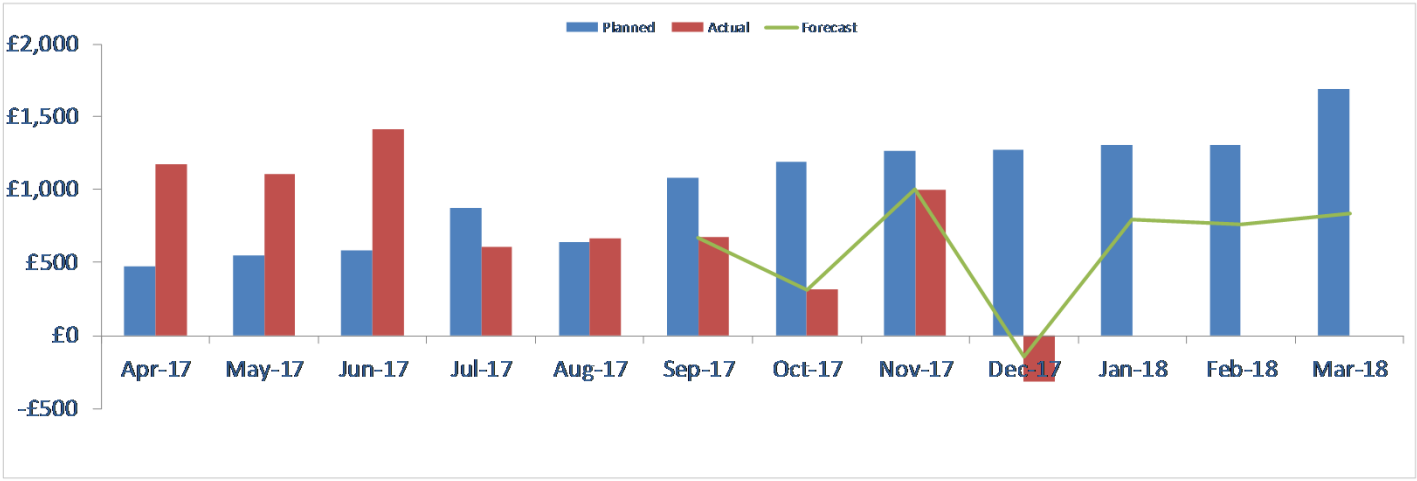
Based on the Month 9 position, the Trust has identified schemes totalling £12.6m against a Full Year (FY) target of £12.5m.

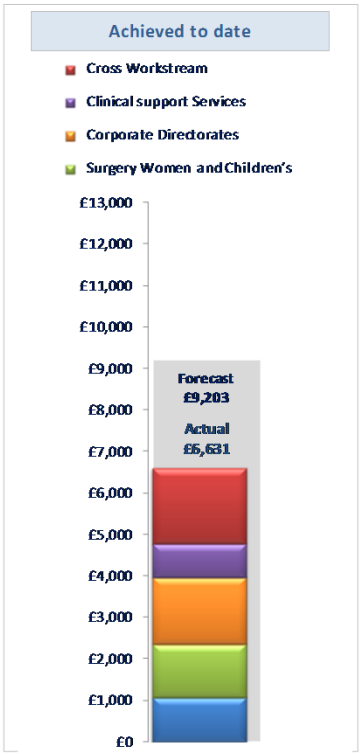
As at Month 9 the Trust is forecasting to deliver £9.2m.

Executive Summary – 2017/18

	YTD	FYE			Submitted Plan
Planned	£8,332,891			Identified	£12,630,351
Actual	£6,630,901			Target	£12,500,000
Forecast		£9,202,668			
Variance	-£1,701,990	-£3,427,683			£130,351

Programme (Click for details)	YTD Plan	YTD Actual	YTD Variance	FYE Plan	FYE Forecast	FYE Variance
Surgery Women and Children's	£2,424,468	£1,280,004	-£1,144,464	£3,232,624	£1,680,731	-£1,551,893
Medicine and Integrated Care	£1,028,943	£1,093,339	£64,396	£1,457,627	£1,476,851	£19,224
Clinical support Services	£729,371	£803,254	£73,883	£998,746	£1,172,573	£173,827
Corporate Directorates	£1,467,309	£1,619,098	£151,789	£2,020,149	£2,158,424	£138,275
Cross Workstream	£2,682,800	£1,835,206	-£847,594	£4,921,205	£2,714,090	-£2,207,116
View all Projects	£8,332,891	£6,630,901	-£1,701,990	£12,630,351	£9,202,668	-£3,427,683





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

Enclosure 11

The Dudley Group
NHS Foundation Trust

Paper for submission to Trust Board on 8th February, 2018

TITLE:	**Trust Annual Plan 2017/18: Quarter Three Report**		
AUTHOR:	**Lisa Peaty Deputy Director: Strategy & Business Development**	**PRESENTER**	**Lisa Peaty Deputy Director: Strategy & Business Development**
CORPORATE OBJECTIVE: **All Objectives**			

SUMMARY OF KEY ISSUES:

The performance report for the Trust's Annual Plan can be found in Appendix One. Measures of achievement relating to the Clinical Strategy are included in this quarter's monitoring report.

The Quarter Three position is:

Strategic Objective	RAG rating			
	Red	Amber	Green	No Status
Deliver a great patient experience	1	4	7	3
Deliver safe and caring services	4	7	7	2
Drive service improvement, innovation and transformation	0	17	9	2
Be the place people choose to work	0	5	7	4
Make the best use of what we have	1	1	4	0
Plan for a viable future	0	1	3	8
Total	6	35	37	19

Six measures of achievement are rated as red as outlined below, two fewer than in Quarter Two. Mitigating actions are in place for these measures of achievement, seven of which are also on either the Corporate or Divisional Risk Registers.

In Quarter Two Delayed transfers of care; increased clinical pharmacy time and job plans for consultants were rated as red but are now rated as amber. Pain and medication management was rated as amber but is now red.

- Deliver a great patient experience
  - 95% emergency access standard met (Corporate Risk 376)

- Safe and caring services
  - Serious incidents managed in line with national standards (CE379)
  - Monthly trajectory towards £3.73m cap on agency spend (Corporate Risk 116)
  - Pressure ulcers (hospital & community) (Corporate Risk 087)
  - Pain and medication management

- Make the best use of what we have
  - £12.5m CIP and a £2.45m surplus control total achieved (COR061, COR080)

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

Strategic Objective	RAG rating			
	Red	Amber	Green	No Status
Deliver a great patient experience	1	4	8	2
Deliver safe and caring services	3	5	11	1
Drive service improvement, innovation and transformation	1	8	19	0
Be the place people choose to work	0	0	16	0
Make the best use of what we have	1	1	4	0
Plan for a viable future	0	3	3	6
Total	6	21	61	9

The following statement will be completed when the final five measures of achievement have been RAG rated:

The forecast Quarter Four position is an improvement/deterioration when compared to Quarter Two.

- *24 more greens compared to Quarter Three*
- *The same number of reds compared to Quarter Three*
- *14 fewer ambers compared to Quarter Three*
- *10 fewer indicators are grey compared to Quarter Three*

This trajectory is outlined in Appendix Two.

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF TRUST BOARD

Decision	Approval	Discussion	Other
		Y	

RECOMMENDATIONS FOR EXECUTIVE DIRECTORS:

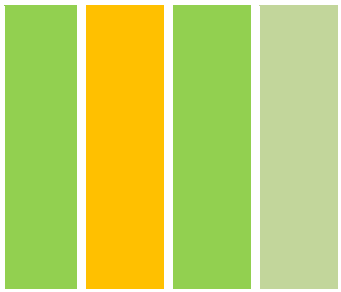
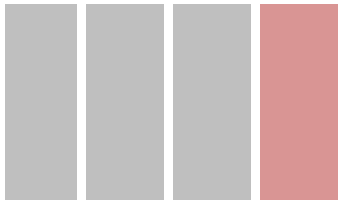
- The outcome of Quarter Three and forecast outcome for Quarter Four for each of the goals is noted.
- Confirm whether the proposed mitigating actions are rigorous enough to improve performance in Quarter Four.
- Confirm whether the measure of achievement rated as red in Quarter Two which are not currently listed on a risk register are to be added to the relevant risk register.

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

The Dudley Group NHS
NHS Foundation Trust

Operational Plan 2017/18: Quarter Three Monitoring Report

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
Strategic aim one: deliver a great patient experience					
✓ **Improve engagement and involve patients, carers and the public in their care and the work of the Trust** ✓ Implement approaches that engage and involve patients, carers and the public in their care / service developments and provide opportunities for feedback ✓ Improve the FFT response rate trust-wide ✓ Further develop mechanisms to implement learning from feedback.	✓ *Percentage positive monthly FFT/patient survey scores equal to or better than the national average for all areas (Inpatients, Outpatients, Maternity, Emergency Department and Community).*	March 2018	Chief Nurse		**Progress update and risks to delivery**: In October and December this was achieved in Maternity. It has not been achieved in the other areas with December figures as follows: ED 77.4%, Inpatients 95.1%, Outpatients 92.8% and Community 95.7%. **Mitigating actions**: Dedicated work is being undertaken with local and trust wide actions plans developed to deliver improvement actions which are monitored by the Patient Experience Improvement Group. Community Patient Experience Group established with nominated FFT champions.
	✓ *An agreed 6 month trajectory of improvement until the monthly FFT response rate is equal to national average.*				**Progress update and risks to delivery**: Improved FFT response rate achieved in December in all areas where it was equal to or better than the national average – community 4.3% , ED 17%, maternity 23.6% (except Postnatal community 7.1%), outpatients 5.9% (Nov data given as Dec figure n/a) and inpatients 30.9%. **Mitigating actions**: These include the: • Expansion of FFT SMS survey method across the trust in Q3 • Introduction of Feedback Friday and FFT champions nominated in community • Introduction of dedicated Patient Experience volunteers
	✓ *Annual National Patient Survey results equal to or better than the national average.*				**Progress update and risks to delivery**: This indicator is grey as the results of the survey are not due until quarter 4. Results for the last few years are poor and there is a risk that 2017/18 patients who are surveyed will not have experience positive changes yet. **Mitigating actions**: All areas have action plans in place to improve the results for next year. Local surveys will be introduced to demonstrate improvements.
	✓ *Undertake LIA with patients groups for example dementia, learning disability and end of life*				**Progress update and risks to delivery**: LIA events have occurred in the quarter and continue to be planned with information on user/support groups being collated and engagement monitored by the Patient Experience Improvement Group. Patient stories are shared at Board, with one patient attending in person. Head of Patient

Appendix One

†† - denotes initiatives contained in the Clinical Strategy

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast				Risks to Delivery & Mitigating Actions
✓ Increase the use of Listening into Action (LIA) with Patient Groups								Experience was appointed in July 2017. **Mitigating actions**: Other listening activities are scheduled as a regular activity. Recent events include bereavement user group and dementia carers listening event. Patient stories brought to each Board meeting and shared at Full council for Quarter 4 (e.g. Shout up Parents Group, EOL focus Group, Mums with pregnancy loss).
✓ **Maintain high performance in national operational performance standards:** • **Urgent care** • **Patient flow** • **Delayed transfers of care** • **Imaging** • **Cancer** • **Referral to treatment time**	✓ *95% emergency access standard met.*	March 2018	Chief Operating Officer	92.3 %	88.0 %	84.2 %		**Progress update and risks to delivery**: Expectations from NHS England are that the Health Economy achieve a minimum of 90% EAS for the month of March. Improved substantive medical cover is in place in ED, Board rounds are consistently happening medical wards with the aim of delivering plans for patients earlier in the day. Consistently high number of DTOCs (100 plus daily during Q3) has seen bed days lost however significant reduction during last 2 weeks in December. **Mitigating actions:** increased consultant cover within ED from the acute medicine team with the introduction of IMAP (Immediate Medical Assessment Process), this should enable patients to be moved out of ED quicker. The CQC recommendations will be implemented. (Other actions below contribute to this target too).
	✓ *Best practice models for discharge delivered*							**Progress update and risks to delivery**: A DTOC Action Plan for the health economy is in place which included an agreement at A&E Delivery Board of planned spend for Better Care Fund monies. **Mitigating actions**. Increased capacity within Dudley social care. Increased investment in discharge coordinators to cover ward delays.
✓ Rebuild and reconfigure the UCC to provide more effective front door streaming	✓ *Additional Mental Health Crisis team support available*							**Progress update and risks to delivery**: Mental Health Crisis Team support is already available through A&E and plans are in place to develop this further through the A&E Delivery Plan. **Mitigating actions**: Work is ongoing with the Mental Health Team to expand service provision and to share breach data with them on a weekly basis.
✓ Deliver best practice models for	✓ *Reduce Delayed Transfers of Care from March 2017 baseline*							**Progress update and risks to delivery**: A DTOC Action Plan for the health economy is in place which included an agreement at A&E delivery board of planned spend for Better Care Fund monies. Increased number of community beds via the local authority including the introduction of 5beds for patients with dementia via Dudley Walsall mental health. For the month of December Dudley social care have met the 3.5% target that was requested by NHS England

Appendix One

†† - denotes initiatives contained in the Clinical Strategy

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast				Risks to Delivery & Mitigating Actions
discharge ✓ Work in partnership with Dudley and Walsall Mental Health (MCP) to improve 24 hour access to mental health services in A&E ✓ Deliver the Dudley Health Economy Delayed Transfers of Care Improvement Plan (High Impact Change Model) ✓ Develop and implement a demand and capacity plan to deliver definitive cancer diagnosis within 28 days ✓ Assess the potential impact of Rapid Diagnostic Centres on the Trust's activity								**Mitigating actions** include an internal daily review to check ward-based assessments; review format of daily site meeting to inform decisions to progress on discharge; top 20 meeting re-initiated; iBCF funding to support community assessments rather than hospital based. Discharge to Assess is being discussed at the A&E Delivery Board. The Chief Executive is meeting with out of area Local Authority accountable officers to progress DTOCs. Issues have been escalated to NHSI and NHSE and an urgent health economy meeting is being convened.
	✓ *Maximum 62day wait for first treatment from: i) urgent GP referral for suspected cancer ii) NHS cancer screening service referral*							**Progress update and risks to delivery**: The Cancer Action Plan continues to be worked through and progress monitored via the now fortnightly Cancer Performance meetings. 62 day treatment target has been achieved since September 2017 with further support monies of £35K from NHSI secured to fund a Project Manager for a brief period to deliver action plan and further reduce cancer PTL backlog. **Mitigating actions** include an internal cancer action plan based on good practice tools; external review of processes undertaken by NHSI's Intensive Support Team with ongoing support, looking to recruit short-term interim Project Manager to deliver cancer action plan.
	✓ *National Cancer Dashboard in place*							**Progress update and risks to delivery**: The Trust already contributes to the current national cancer dashboard and will ensure that it continues to comply with the implementation of the national dashboard as it is developed further nationally. **Mitigating actions**
	✓ *Six week wait for diagnostic procedures (99%)*			95.7 %	97.9 %	99.3 % Dec		**Progress update and risks to delivery**: DM01 target achieved for the first time since March 2017 (and prior to that June 2016) in November and December 2017 as per performance improvement trajectory (performance currently being validated). Risks include breakdown of CT and MRI scanners, potential increase in the number of emergency and inpatient activity due to winter pressures and key areas outside of Imaging failing the standard, in particular Echocardiogram, Colonoscopy and Gastroscopy (raised with relevant Directors of Ops). **Mitigating actions** include ongoing implementation of actions associated with improvement trajectory; increased mobile working for some modalities; weekly performance meetings against target; implementation of Guest CT and MRI suite to provide additional elective capacity.
	✓ *RTT – 92% of incomplete pathways*			94.2 %	93.1 %	93.6 %		**Progress update and risks to delivery**: On-going monitoring via RTT team. Target is 92%.

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
in conjunction with neighbouring trusts. ✓ Implement community imaging hub at The Guest Outpatients Centre to increase capacity ✓ Meet the 18 weeks referral to treatment standard across all specialties					**Mitigating actions**:
✓ **Redesign a number of integrated pathways and services as a partner in the MCP** †† ✓ Further develop the redesign of community nursing services to deliver MCP aims ✓ Implement community based consultant	✓ *To be determined on the outcome of procurement*	March 2018	Medical Director/ Chief Operating Officer		**Progress update and risks to delivery** **Mitigating actions**:
	✓ *Clinics in place*				**Progress update and risks to delivery**: **Mitigating actions**:
	✓ *Regular discussion in place with practices and localities*				**Progress update and risks to delivery**: **Mitigating actions**:

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
services in elderly care, respiratory, diabetes and paediatrics ✓ Work closely with primary care to optimise the outcomes of the MCP					
Strategic aim two: deliver safe and caring services					
➢ **Deliver the Trust's Quality Strategy Priorities** ✓ Implement the priorities within the Trust's Quality Strategy • Pressure ulcers • Infection control • Nutrition and hydration • Medication management ✓ Improve delivery in incident	✓ *Targets outlined in the Trust's Quality Strategy achieved: zero Pressure ulcers: hospital and community* • *Ensure that there are no avoidable stage 4 hospital and community acquired pressure ulcers throughout the year.* • *Ensure that the number of avoidable stage 3 hospital and community acquired pressure ulcers in 2017/18 reduces from the number in 2016/17.*	March 2018	Chief Nurse		**Progress update and risks to delivery**: Recruitment to the Tissue Viability Team continues. The current Tissue Viability Lead has now stepped down and an interim Tissue Viability manager, with tissue viability experience, is now in place for 6 months in the first instance. **Mitigating actions**: Bespoke training sessions continue. The Trust has now joined NHSI "National Stop the Pressure" Pressure Ulcer Collaborative which was launched on the 12th October 2017. This will lead to improved pre-damage reporting, decrease in number and severity of pressure ulcers, and encourage a multi-professional focus in relation to pressure ulcers which will move away from a purely a nursing focus.
	✓ *Targets outlined in the Trust's Quality Strategy achieved.* *i) Infection control* • *Maintain or reduce our MRSA and Clostridium difficile (C. diff) rates in line with national and local priorities. All cases*				**Progress update and risks to delivery**: Targets have been achieved. A risk surrounds the new national definition of 'lapse in care' which now includes staff being not compliant with mandatory training. **Mitigating actions**: Training methods are being diversified and availability of training increased to annual updates. Continual monitoring of infection control processes are in place. Oversight has been strengthened as have reports to Board. External support is in place to assist performance.

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
management ✓ Review the use of National Early Warning Scores to identify deteriorating patients and minimising impact ✓ Deliver the action plan on the reduction in patient falls within the Trust	*will undergo a root cause analysis, the results of which will be discussed jointly by the Trust and Dudley CCG to agree on any avoidability/lapses in care.*				
	✓ *Targets outlined in the Trust's Quality Strategy achieved.* *Nutrition and hydration (CLM) - Ensure that the overall score of the monthly nutrition and hydration audit (made up of 24 items):* • *is 95% or above in each of the first three quarters for the Trust as a whole* • *has a 'Green' rating (95% or above) in the final quarter for every ward in the hospital*				**Progress update and risks to delivery**: While none of the three targets were met this quarter, two of the targets are on plan to be achieved at the end of the year. In addition, the MUST in the hospital has risen to 93% this quarter (85% in 2016/17). A known risk is the use of temporary staff and capacity issues. **Mitigating actions** include increased staffing on the wards, increased focus in this area, close monitoring and action. The Deputy Chief Nurse has been asked to ascertain what further actions can be undertaken to improve performance.
	✓ *Targets outlined in the Trust's Quality Strategy achieved.* *Pain and Medication management (CLM)* • *Ensure that in 95% or more cases, all prescribed medications will either be: a) signed and dated as administered or b) have an omission code recorded.*				**Progress update and risks to delivery**: The two targets were both missed this quarter (Pain 94% and Medications 93%) with year to date figures of Pain (92%) and Medications (93%). A known risk is the use of temporary staff and capacity issues. **Mitigating actions** include increased staffing, increased focus in this area, close monitoring and action planning as well as strengthening the use of nurse bank and agency check list and an audit of compliance with the check list.
	✓ *Reduce the number of omitted medication errors by 50%*				**Progress update and risks to delivery**: There has been a reduction in the number of omitted medication incidents from 2016/17 when the average

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast				Risks to Delivery & Mitigating Actions
								number per quarter was 31. In 2017/18: Q1= 28, Q2 = 26, Q3 = 21. The reduction has not been 50% however. **Mitigating actions** include increased staffing on wards, increased focus in this area, close monitoring and action. Monthly audits were introduced in Quarter 2. Link nurses were introduced in August 2017.
	✓ *Incident reporting rate increase by 10% each Quarter*							**Progress update and risks to delivery**: As reported last quarter, latest comparative figures for October 2016 to March 2017 were published on 27th September 2017. The Trust reporting rate was 79th of 136 organisations which is an improvement of the previous six months when we were 97th. The next date for publication is 21st March 2018 and so no data is available this quarter. Risks include the time taken to achieve cultural change required to improve reporting. **Mitigating actions**: Publicity on ensuring that incidents are closed in a timely fashion. Monitoring of closure dates continues and these are improving but some still remain open
	✓ *Best practice (aligned with partner specialist provider) National Early Warning Systems (NEWS) in place including Paediatric Early Warning Systems (PEWS), Modified Obstetric Early Warning System (MOEWS)(CLM)*							**Progress update and risks to delivery**: Full implementation of NEWS was completed August 2017. An audit was completed in quarter 3 and monthly audits are now incorporated in monthly quality indicators (NCIs). This audit shows there needs to be improvement in the use of the system. **Mitigating actions**: Training for staff on the use of NEWS continues for all new staff and forms part of the annual resuscitation update for staff. A re-evaluation of the current PEWS is occurring so that our scoring system matches our tertiary referral centre BCH.
	✓ *Reduce the number of avoidable falls that result in harm in our inpatient services by a third (PS/JP)*			1	0	1		**Progress update and risks to delivery**: **Mitigating actions**: .
	✓ *All serious incidents to be managed in line with national Standards: All Serious incidents, including Never Events, sent to commissioners within 60 days*	Director of Governance						**Progress update and risks to delivery**: In Q3 all RCAs were in breach of the 60 day deadline. **Mitigating actions**: An escalation process from Governance team to Chief Nurse has been established. Serious Incidents are now discussed as part of regular divisional performance review meetings.
➢ **Deliver agreed**	✓ *CQUIN schemes are delivered*	March	Chief					**Progress update and risks to delivery**: 7 of the 11 CQUINs are expected

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
CQUIN requirements ✓ Develop and deliver all CQUIN schemes	*to expected levels*	2018	Operating Officer		to fully achieve. Risks are associated with the following schemes: reducing infections; e-referrals, mental health, safe and proactive discharge; and medicines optimisation (SACT). **Mitigating actions**: recovery plans are in place with regular monitoring and monthly confirm and challenge meetings.
➢ **Maintain good mortality performance** ✓ Continue to develop arrangements for learning from the death of patients in our care, including publication of data	✓ *SHMI/HSMR within expected range*	March 2018	Medical Director		**Progress update and risks to delivery**: This indicator remains within normal limits. **Mitigating actions**:
	✓ *100% of hospital deaths have a multidisciplinary review*				**Progress update and risks to delivery**: 100% of notes have been reviewed **Mitigating actions**:
Deliver Safe staffing levels ✓ Ensure all clinical areas are staffed to Best Practice Standards, including all ward and community teams ✓ Review of Allocate Rostering System ✓ Review all of	✓ *50% Reduction in use of agency staff*	March 2018	Chief Nurse/ Medical Director/ Director of HR		**Progress update and risks to delivery**: A small reduction in agency usage was noted in Q2 since the implementation of the new control measures. Agency usage has increased slightly however in the last quarter mainly due to increased activity and capacity issues and the opening of additional beds to accommodate increased activity. Non recruitment of substantive staff remains the main risk. The recruitment and retention lead now in post is currently developing a formal recruitment strategy in conjunction with HR. **Mitigating actions**: Monitoring of agency use continues balancing safe patient care with sustained financial stability.
	✓ *Monthly trajectory toward the full year target of £3.73m cap on maternity and nursing agency spend is met*				**Progress update and risks to delivery:** The spend for Q3 was £2.5m and total spend to end of Quarter 3 is £7.994m.The main risks are ongoing vacancies and non- recruitment of substantive staff. **Mitigating actions**: A staffing review is in progress and a recruitment plan in place. In addition to successful and ongoing substantive recruitment the Trust is also committed to getting greater and immediate efficiencies by enhancing the bank rate for the winter period and while additional clinical

Appendix One

†† - denotes initiatives contained in the Clinical Strategy

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
Trust's Clinical Nurse Specialists (CNS) ✓ Implementation of Job Planning for all Consultant posts					capacity is open. This will increase the bank fill rate and also support the reduction of agency bookings for this short term period.
	✓ *Substantive staffing in place to cover agreed establishment requirements in both the community and hospital areas. Ensure that there is a reduction in vacancy rates.*				**Progress update and risks to delivery**: The staffing review continues with the main inpatient areas completed. The other hospital areas such as OPD, renal unit have nearly finished and the community review has started. The main risk is non recruitment of substantive staff. **Mitigating actions**: Monthly recruitment events are occurring with additional recruitment activity for specific areas.
	✓ *Job Plans in place for consultants and specialist doctors*				**Progress update and risks to delivery**: Surgical and Clinical Support Services divisions have completed job planning electronically but have not done so using the Allocate System. The Job Planning Policy has been updates in line with external audit and a meeting arranged outside of JLNC to have this agreed. **Mitigating actions**: Training for all three clinical divisions is arranged for 5th February 2018 to give six weeks' notice. Additional external support has been made available for Cardiology and Ophthalmology.
➢ **Deliver improvements in maternity care** ✓ Develop and implement the Maternity Transformation Programme (Better Births) ✓ Deliver improved maternity dashboard	✓ *Reduce neonatal deaths*	March 2018	Chief Nurse		**Progress update and risks to delivery**: The draft 5 year plan for Maternity Transformation was written by the Black Country LMS and submitted to the National Maternity board in October 2017. Recorded in the Datix system: For 2016/17 = 8. For the three quarters so far this year = 4 **Mitigating actions**: There are three work streams currently in progress particularly the Infant Mortality work stream building on existing good practice across the Black Country. Re-evaluation of previous work streams in December 2017 plan to ensure improved strategic oversight and operational work streams moving forward.
	✓ *Reduce babies with brain injuries that occur at or soon after birth*				**Progress update and risks to delivery:** The draft 5 year plan for Maternity Transformation was written by the Black Country LMS and submitted to the National Maternity board in October 2017. Awaiting neonatal mortality review tool launch by HNS England/MBRRACE. The natures of these cases are such that immediate figures are not readily available. **Mitigating Actions:** There are three work streams currently in progress particularly the Infant Mortality work stream building on existing good practice across the Black Country. Re-evaluation of previous work streams in December 2017 plan to ensure improved strategic oversight and operational work streams moving forward.
	✓ *Zero avoidable maternal deaths*				**Progress update and risks to delivery**: The draft 5 year plan for Maternity Transformation was written by the Black Country LMS and submitted to the

Appendix One

†† - denotes initiatives contained in the Clinical Strategy

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
					National Maternity board in October 2017.
					Mitigating actions: There are three work streams currently in progress particularly the Infant Mortality work stream building on existing good practice across the Black Country.
	✓ *Progress towards key maternity dashboard*				**Progress update and risks to delivery**: Updated locally agreed dashboard in use
					Mitigating actions: Locally agreed dashboard completed. However there are plans for a nationally agreed dashboard to be implemented, awaiting further information from the national team.
Strategic aim three: drive service improvement, innovation and transformation					
➢ **Deliver effective medical research activities** ✓ West Midlands CRN Higher Level Objectives (HLO 1-3) achieved.	✓ *West Midlands CRN Higher Level Objectives (HLO 1-3) achieved*	March 2018	Medical Director		**Progress update and risks to delivery**: performance targets relating to patient recruitment (currently 99% pro rata target) and activity based funding (currently 76% pro rata target) have been steadily increasing from May/June 2017. We are currently around 65-70% performance for HLO 'recruitment to time and target' and 'time taken to confirm site' (70 days of receiving an initial Health Research Authority assessment letter and full set of documents from the Sponsor). Capacity issues and financial constraints affecting study initiation and ability to recruit to time and target.
					Mitigating actions: New processes are being implemented to try and improve on this figure
✓ **Increase access to 7 day services** ††	✓ *Improve the position from the audit completed in April 2016 for:* • *first consultant review in 14 hours*	March 2018	Chief Operating Officer		**Progress update and risks to delivery**: Directorates have implemented a number of initiatives to secure review by a consultant in 14 hours though compliance cannot be confirmed until a further audit is undertaken.
✓ Implement plans to deliver key standards					**Mitigating actions**: Directorates have submitted plans to improve 14 hour access and these are being reviewed by Medical Director and Chief Operating Officer. A new rota to provide extended Consultant Obstetrician evening and weekend cover, and dedicated Gynaecology Consultant of the Week is being implemented in January to increase Consultant review <14 hours of admission.
✓ Actively	✓ *Improve the position from the audit completed in April 2016 for:*				**Progress update and risks to delivery**: Many services are available already on site or through SLAs. 24/7 Interventional Radiology has been in place since 1st December 2017.

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
contribute to appropriate clinical networks to deliver seven day services for emergency vascular surgery, stroke, major trauma, heart attacks and paediatric intensive care	• *Consultant directed intervention*				**Mitigating actions:** A plan is in place to extend MRI provision through the community imaging hub and a plan for interventional endoscopy is being developed.
	✓ *On-going review of high-dependency patients by consultants twice daily*				**Progress update and risks to delivery**: Delivered in most of high dependency areas, but more work is required in some with plans to support. **Mitigating actions**: Meetings are in place to support plans in these areas for Vascular/Surgical/Medical HDU.
	✓ *Improve the position from the audit completed in April 2016 for:* • *Timely access to diagnostics*				**Progress update and risks to delivery**: with community imaging suite, the timescale for delivery should be March 2018 **Mitigating actions** include a current review of capacity and workforce to support delay of timescales to March 2018.
	✓ *Trauma network peer review recommendations implemented*				**Progress update and risks to delivery**: All recommendations are being reviewed for implementation by the directorate. Some actions have been completed (e.g. governance structure). **Mitigating actions**: Work is taking place between Directorate Manager and clinical teams to implement the recommendations, including working towards an ED Level 2 trained Trauma nurse being on shift 24/7 and appointing a Trauma Coordinator.
✓ **Transform and re-organise services to drive efficiency and improve key services** ✓ Deliver phase two of Outpatients Transformation ✓ Implement theatres	✓ *Referral and clinical management processes reviewed and new processes implemented*	March 2018	Chief Operating Officer		**Progress update and risks to delivery**: Progress has been made on letter review and a plan is in place to progress advice and guidance and delivery of e-referrals/paper switch off. Work is in progress to reduce cancellations and improve ASI and slot utilisation. Two way text messaging is being implemented. **Mitigating actions**:
	✓ *Records management processes reviewed and new processes implemented*				**Progress update and risks to delivery**: Processes internally have been reviewed and changed to support operational delivery. **Mitigating** actions: Further work is required on notes' delivery for theatres and OPD. A draft of the proposal for destruction of health is being reviewed mid-January by the Director of Finance, with a view to the proposal being considered by Directors at the end of January/early February 2018.
	✓ *Recruitment and retention strategy for theatre staff in place*				**Progress update and risks to delivery**: April/May- high level of Band 5 leavers for external opportunities at band 6 and above. External review has identified areas for focused improvement. **Mitigating actions** Analysis has concluded that the Recruitment and

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
transformation plans ✓ Develop and implement plans for the hybrid theatre ✓ Address performance challenges in ophthalmology ✓ Implement the GIRFT recommendations for relevant specialities ✓ Develop and deliver improved pathways for MSK, Respiratory and Neurology in line with the RightCare initiative to reduce unwarranted variation †† ✓ Improvements in service performance delivered for Renal ✓ Implement the					Retention strategy has had a positive effect, but has not yet addressed the vacancy issue. Further actions include increasing the geographical area for university graduates (which has resulted in recruitment from Stoke area) and a rolling advert on NHS Jobs for Band 5 Anaesthetics & Recovery Practitioners.
	✓ *Theatre scheduling undertaken using EPR*				**Progress update and risks to delivery**: EPR project is on-going. Vacancies now recruited. Improved delivery from August 2017. **Mitigating actions**: Action plan is now about to be delivered.
	✓ *Phase two of theatre reconfiguration complete*				**Progress update and risks to delivery**: Further work being undertaken with an external company. **Mitigating actions**: Action plan to improve as per external review.
	✓ *Hybrid Theatre business case written and approved* ✓ *Hybrid theatre implementation*				**Progress update and risks to delivery**: The business case has been written and approved, plans in place to build within 2018/19. **Mitigating actions**: Progressing with architectural planning.
	✓ *Reduced waiting time for ophthalmology*				**Progress update and risks to delivery**: Use of ODS and additional DGFT capacity have reduced overdue follow ups to <800. **Mitigating actions**: Nurse Injector in post, completion of building work, ODS capacity. Ophthalmology away day planned for 23rd January 2018
	✓ *Hip prosthesis rationalised*				**Progress update and risks to delivery**: Savings have been realised **Mitigating actions**:
	✓ *ENT day case rates improved*				**Progress update and risks to delivery**: Day case rates have been optimised within ENT and all clinically appropriate patients are admitted as day cases. **Mitigating actions**:
	✓ *Consultant physician input to vascular surgery in place*				**Progress update and risks to delivery**: A business case was approved in October 2017. The first attempt to recruit a consultant was unsuccessful. **Mitigating actions**: Employment of consultant locum for winter period being reviewed. The post will be readvertised at a time to attract final year SpRs securing CCT.
	✓ *Implement actions from Ophthalmology GIRFT Review*				**Progress update and risks to delivery**: Ophthalmology action plan developed and presented at CQSPE. Private company engaged to clear backlog of new and follow up patients. **Mitigating actions**:.
	✓ *Improved pathways developed, agreed and*				**Progress update and risks to delivery**: In Ophthalmology a number of pathway improvements are already in place and the service is working to

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
Hospital Pharmacy Transformation Plan (HPTP) ✓ Implement improvements to hospital discharge process ✓ Develop MSK Services†† ✓ Expansion of community ENT clinics (incl Audiology) †† ✓ Develop a model to support Acute Oncology Service†† ✓ Review of provision of plastics/skin cancer services†† ✓ Develop a more integrated clinical model for therapy services†† ✓ Expansion of orthodontics service††	*implemented Ophthalmology*				improve capacity further as below: • Nurse injector to start interdependent theatre sessions • Minor Eye Conditions to go out in the community • Virtual Glaucoma Pathway with Oct Cirrus **Mitigating actions**: Consultants are doing extra clinics to mitigate risks and engaging with the private company.
	✓ *Improvement in efficiency (metrics to be approved once plan approved)*				**Progress update and risks to delivery**: The plan is in place to improve theatre efficiency and is linked with CIP
	✓ *Increase clinical pharmacy time by 80%*				**Progress update and risks to delivery:** Performance against this metric steadily improved in Q3 (50 to 70%) as pharmacist vacancies improved. This metric may deteriorate through Q4 due to further number of pharmacist vacancies late Dec 2017 – Jan 2018. Eleven pharmacist vacancies in Q4 will add pressure on the department to provide patient facing clinical pharmacy service. **Mitigating actions**: Each vacant post reviewed prior to post holder departure, recruitment fast–tracked and post holders will join the Trust in April 2018. Maximising the use of bank staff is underway with agency staff deployment until end of April 2018 as a last resort.
	✓ *Increase pharmacy prescribers to 70%*				**Progress update and risks to delivery**: Currently limited with prescribing pharmacists and above mentioned vacancies adding pressure to the department. **Mitigating actions**: Two pharmacists nearing completion of their course Feb 2018. Approval of additional prescribing pharmacist business case should allow metric to be green by the end of Q1 2018.
	✓ *Implement e-chemo prescribing system (October 2017)*				**Progress update and risks to delivery**: Staff vacancies and recruitment challenges throughout Summer/Autumn 2017 hindered further tumour group validation and release. Technology issues have been an issue however these are mostly resolved. Clinician validation time availability remains a challenge and under negotiation via SLA. **Mitigating actions**: Project Team and Board meetings continue to provide direction and leadership to the new post holders. Revised plan agreed with NHS England Specialised Commissioning.
	✓ *Reduce number of patients with length of stay of 2 weeks or longer*				**Progress update and risks to delivery**: Work on the systematic management of 14 day length of stay continues. **Mitigating** actions include the implementation of red to green, introduction of an elderly care physician to support pre-operative optimisation and post-

†† - denotes initiatives contained in the Clinical Strategy

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
					operative review.
	✓ *Improved pathways developed, agreed and implemented: MSK* ††				**Progress update and risks to delivery**: Options for a MSK triage service are being developed as part of the Right Care initiative and the MCP. **Mitigating actions**:
	✓ *Improved model in place for Oncology Service* ††				**Progress update and risks to delivery:** Changes to the cancer pathway at a neighbouring Trust may lead to a decrease in resource available to DGFT. **Mitigating actions**: discussion is taking place with New Cross in relation to a revised SLA for the provision of acute oncology services at DGH. There is no imminent resource impact as a direct result of the changes at Sandwell but we are aiming to improve the overall provision of acute oncology and DGH as art of a new SLA.
	✓ *Revision of plastics/skin cancer services undertaken and implemented* ††				**Progress update and risks to delivery**: The business case was approved in August 2017. Implementation is underway. **Mitigating actions**:
	✓ *Improved pathways developed, agreed and implemented: Therapies Services* ††				**Progress update and risks to delivery:** work on an integrated Single point of access as part of the MCP model will include rapid access to therapy services. **Mitigating actions**: a business case will be developed for the development of a rapid access service that will be presentenced to Dudley CCG for their support during Q4 of 2018.
	✓ *Increased capacity of orthodontics service* ††				**Progress update and risks to delivery**: Two consultants have been appointed and commenced in October 2017, but one consultant has resigned. The Orthodontics service will be operational. Limited orthodontics capacity across the Black Country may mean that there is an increase in referrals to DGFT. **Mitigating actions**:
Strategic aim four: be the place people choose to work					
➢ **Enhance colleague engagement** ✓ Develop a programme to	✓ *Staff Survey embedded*	March 2018	Director of HR/ Chief Nurse		**Progress update and risks to delivery**: The survey went live in quarter two and closed 1st December 2017. The profile of the survey was raised to improve engagement across the Trust. Results will be available in March 2018.
	✓ *Improvement in the national*				**Progress update and risks to delivery**: The survey took place in

Appendix One

†† - denotes initiatives contained in the Clinical Strategy

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast				Risks to Delivery & Mitigating Actions
enhance colleague engagement ✓ Embed the Staff Survey as a tool to help managers share best practice and make improvements to staff engagement	*Staff Survey engagement score to 3.8%*							October/November. The profile of the survey was raised to improve engagement across the Trust.
	✓ *Increase the response rate to 48%*							**Progress update and risks to delivery**: The survey went live in quarter two and closed 1st December 2017. The profile of the survey was raised to improve engagement across the Trust. Results will be available in March 2018.
	✓ *Extend staff Friend and Family Test update*							**Progress update and risks to delivery**: The survey took place in October/November.
	✓ *Staff story presented at Board*							
➢ **Maximise workforce capacity and capability, undertaking workforce redesign where appropriate** ✓ Create an employee development programme underpinned by an employee training needs analysis ✓ Create an Organisational Development	✓ *Mandatory training target of 90% met be end of year*	March 2018		85%	85%	Oct 86% Nov 87% Dec 87%		**Progress update and risks to delivery**: A new policy has been developed, agreed and is in place. **Mitigating actions:** HR is supporting managers to understand and implement the policy on level one and two mandatory training
	✓ *New roles in place i.e. Nursing Associate, clinical apprentice and nursing volunteers*							**Progress update and risks to delivery**: The second cohort of Trainee Nursing Associates in conjunction with the University of Wolverhampton commenced in January 2018. Clinical apprenticeships are underway. **Mitigating actions:** The revised CSW apprenticeship programme continues in line with demand for substantive CSW posts..
	✓ *Information Governance training target of 95% met by end of the year*			98%	83%	85%		**Progress update and risks to delivery**: **Mitigating actions:**
	✓ *Employee development programme in place*							**Progress update and risks to delivery:**. The Executive Programme commenced in October 2017. Divisional programmes are due to start in January 2018. Clinical Director, Matron and Band 6 programmes are in development and due by end March 2018 to commence April 2018.. **Mitigation actions:**
	✓ *Leadership Forum commenced*							**Progress update and risks to delivery**: The Leadership Forum Took place in November 2017. Invites have been issued for February 2018. Further dares are scheduled for May, August and November 2018.

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast				Risks to Delivery & Mitigating Actions
Programme ✓ Enhance mechanisms to identify potential to support succession planning opportunities ✓ Improve performance against recruitment key performance indicators (KPIs) ✓ Boost staff retention through structured support ✓ Introduce new nursing roles								**Mitigation actions:**
	✓ *Appraisal target of 90% met by end of year*			85%	84%	Oct 87% Nov 88% Dec 87%		**Progress update and risks to delivery**: **Mitigation actions:**
	✓ *Recruitment and retention KPIs delivered*							**Progress update and risks to delivery**: **Mitigation actions:**
➢ **Maximise employee-well being** ✓ Improve workforce performance in sickness, mandatory training, appraisal ✓ Implement a smoke free site	✓ *Sickness absence target 3.5% met by end of year.*			3.9 %	4.2%	Oct 4.2% Nov 5% Dec 5%		**Mitigating actions:** Managers are being supported to manage sickness absence and to apply the sickness absence policy
	✓ *Achieve 5% improvement in two of the 3 health & well-being staff survey questions*							**Progress update and risks to delivery**: The results of the survey will be available in March 2018
	✓ *staff well-being events are held at least four times a year focusing on physical and mental health*							**Progress update and risks to delivery**: Two have been delivered and two are planned.
	✓ *Site smoke free in 2018/19*							**Progress update and risks to delivery**: Awaiting meetings with smoking

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
					cessation service.
Strategic aim five: make the best use of what we have					
➢ **Implement the Digital Trust Programme** ✓ Implement the core foundation systems for the Digital Trust ✓ Deliver a Proof of Concept Shared Record between GP's and DGFT	✓ *Each phase of the Digital Trust plan delivered in line with project plan*	March 2018	Chief Information Officer		**Progress update and risks to delivery**: Timescale for EPR go live was moved to 23rd April to fit in with Divisions plans. **Mitigating actions:**
	✓ *Proof of Concept Shared Record developed*	Nov 2017			**Progress update and risks to delivery**: The shared record is now positioned as an MCP IT population Health solution so any proof of concept will be carried out with the GP partnership directly, rather than through the CCG **Mitigating actions:**
➢ **Match capacity to demand** ✓ Implement an operational demand/capacity management tool	✓ *Operational demand/capacity management tool implemented*	March 2018	Chief Operating Officer		**Progress update and risks to delivery**: Demand and capacity modelling has been completed but not embedded within services. **Mitigating actions**: Further work is being undertaken until demand managed and appropriate capacity in place.
➢ **Deliver the agreed financial plan** ✓ Set budgets	✓ *Budgets set that achieve a £2.5m surplus*	March 2018	Director of Finance/ Director of Strategy & Business		**Progress update and risks to delivery**: **Mitigating actions**:
	✓ *£12.5m CIP and a £2.45m surplus control total achieved*				**Progress update and risks to delivery**: The full year target is £12.5m of which £6.63m has been achieved at the end of Quarter 3. Year to date performance of CIP schemes is behind plan and a shortfall of £3.43 forecast

Appendix One

†† - **denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
that will achieve a £2.45 m surplus and monitor progress. ✓ Deliver CIP of £12.5m and a financial control target of £2.45m surplus ✓ Identify and target specific areas of efficiency as identified through the Model Hospital Portal			Planning		for the end of the year. Risks to delivery include schemes linked to bank and agency spend, surgery contract income growth and theatre productivity (T&O and Ophthalmology day case). **Mitigating actions** include agency spend reduction plans, further capacity reductions, (linked to social care funding) and robust monitoring of existing plans. Pipeline schemes are being progressed to ensure that there are contingency CIP schemes in place.
➢ **Develop a Clinical Strategy which ensures a sustainable clinical organisation** ✓ Engage clinical workforce in the development of the strategy ✓ Reflect the impact of external initiatives	✓ *Refreshed Clinical Strategy in place*	June 2017	Medical Director / Chief Nurse		**Progress update and risks to delivery**. The Clinical Strategy has been approved by Trust Board (August 2017) and published

Appendix One

†† - denotes initiatives contained in the Clinical Strategy

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
within the strategy (i.e. STP, BCA, MCP).					
Strategic aim six: deliver a viable future					
➢ **Play an active part in the STP arrangements in the Black Country and West Birmingham** ✓ Implement the Sustainability and Transformation Plan	✓ *STP implemented*	March 2018	Chief Executive		**Progress update and risks to delivery**: STP being implemented in conjunction with partners. The Trust is driving the Urgent Care workstream and leading the Acute Collaborative on behalf of the STP partners. The Trust attends monthly meetings. The Trust will engage in the LMS Strategic Committee which is developing the maternity workstream from January 2018.
➢ **Play a part in the implement-ation of the Black Country Provider partnership initiatives.** ✓ Deliver the aspirations of the BCPP procurement work stream including the Nationally Contracted Products	✓ *Savings identified achieved*	March 2018	Chief Executive		This action is dependent on implementation and delivery of BCPP schemes below.
	✓ *BCPP procurement work stream implemented*				**Progress update and risks to delivery**: A new procurement manager for the Trust and the BCPP has been appointed and will commence in post in early 2018. A work programme of savings will be presented to each Trust by February 2018 which will help inform our CIP. The collaborative agreement was signed by Walsall Healthcare NHS Trust, Sandwell & West Birmingham Hospitals NHS Trust and ourselves in November 2017. The operating model has now been in place for nearly three months and work plans for 2018-19 are being produced and signed off by the Management Board. Recruitment to the remaining shared roles within the collaboration has commenced with a fully operational structure planned to be in place by March 2018. **Mitigating actions**
	✓ *Implement the Black Country Pathology Review*				**Progress update and risks to delivery**: Twenty work streams have been identified and are developing clinical models. DGFT is analysing impact on staff and services provided.

Appendix One

†† **- denotes initiatives contained in the Clinical Strategy**

Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
Programme. ✓ Work in partnership to develop a model for delivery of Black Country Pathology Services ✓ Develop opportunities for pharmacy benefits across Black Country Trusts ✓ Maximise back office opportunities					**Mitigating actions**: DGFT is represented on each work stream. The Clinical Director is the lead for DGFT. A Non-Executive Director attends the BCPP Pathology Board.
	✓ *Deliver identified pharmacy benefits*				**Progress update and risks to delivery: Three projects are under way:** • Pharmacy Aseptic Unit review and rationalisation –paper presented to former BCA Board and approval 3 of 4 sites to fund a specialist project manager to scope each aseptic unit ability to become licenced. Recruitment process agreed and to be hosted at RWT. • Medicines Safety – initial projects scoped by Chief Pharmacists to improve prescribing, dispensing and administration of high risk drugs. Missed dose audit completed and benchmark of findings in final stages to share with BCPP. • Medicines administration Pharmacy Technician Project – Pilot project completed at Walsall Hospital and learning shared with other sites. Each BCPP Chief Pharmacist to develop local pilots and pool the learning to develop the posts. **Mitigating actions**: Meetings are in process to monitor delivery of each project.
	✓ *Back office opportunities identified and delivered*				**Progress update and risks to delivery**: The Trust is committed to progress shared back office function at an STP level. The Trust is working with Sandwell & West Birmingham Hospitals NHS Trust, Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust to review how the finance, procurement payroll and Human Resources function could be delivered in a collaborative model. An outline business case has been prepared which provided a number of options of how the services could be provided on a collaborative basis going forward. This was reviewed by Finance and Performance Committee in November 2017 and a revised business case is being prepared following comments from all trust involved. A timescale has not been set for this. **Mitigating actions:**
✓ **Work proactively with BCHCare FT to become the provider of MCP services** ††	✓ *Bid developed and submitted*	March 2018	Chief Executive		**Progress update and risks to delivery**: DGFT and Birmingham Community Healthcare being are the preferred provider. A decision has been made on organisational form with DGFT as the lead partner. The MCP enables DGFT to play a significant part in the Dudley system. Detailed planning will continue into quarter four, including clinical and financial modelling. Key risks include i) the impact of all work streams on the trust ii) agreement of gain share and iii) utilisation of capacity created to the Trust's benefit. **Mitigating actions** include i) ensuring timescales and capacity to respond to

Appendix One

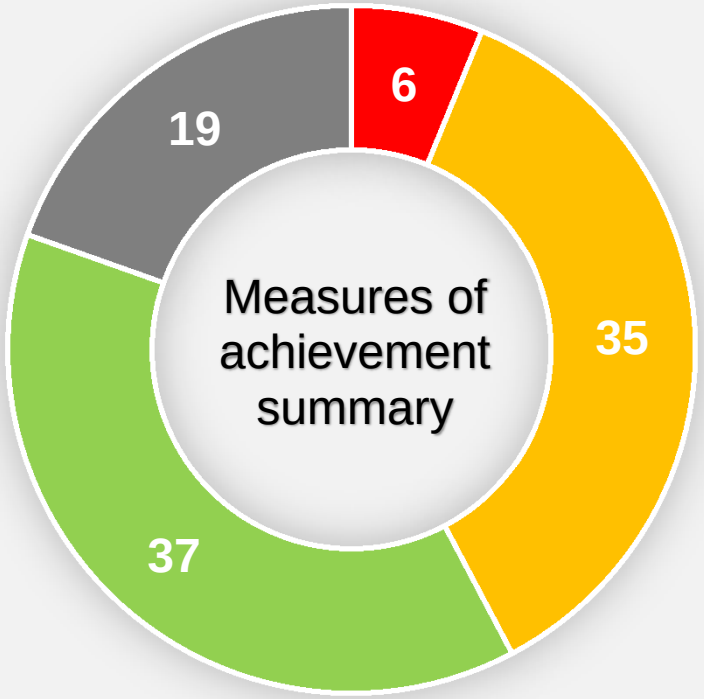
†† **- denotes initiatives contained in the Clinical Strategy**

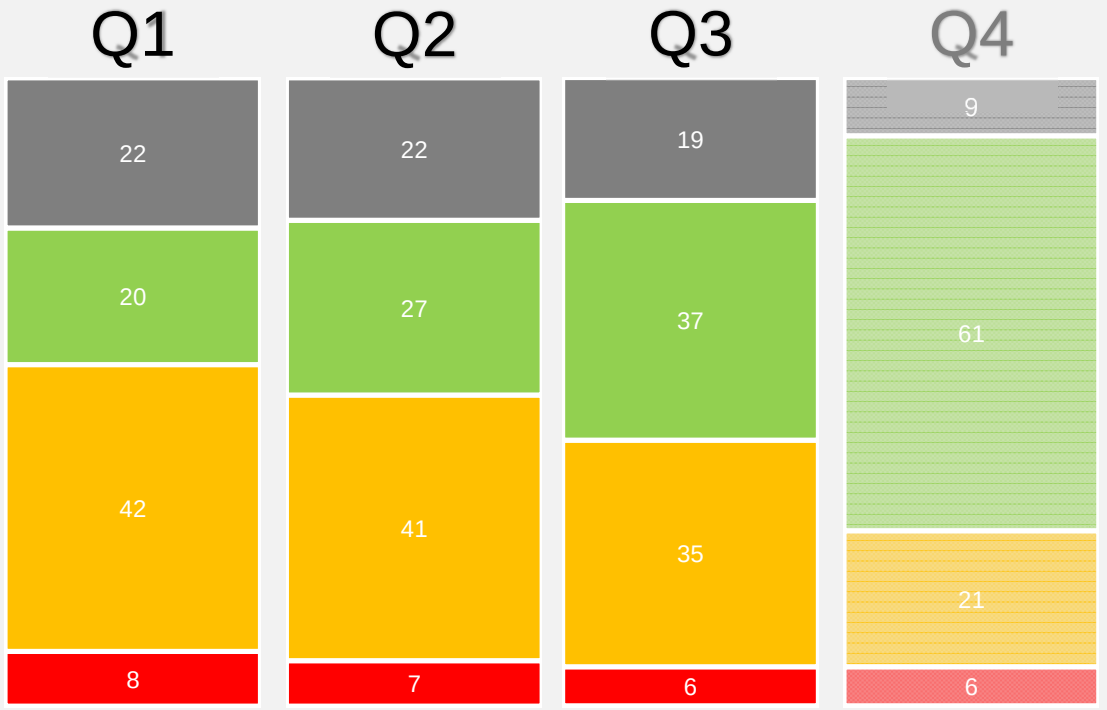
Goal & Actions	Measures of Achievement	Time-scale	Lead	Q1, Q2 & Q3 RAG Q4 RAG Forecast	Risks to Delivery & Mitigating Actions
✓ Develop and submit a joint bid in conjunction with BCHCare Foundation Trust ✓ Support and engage staff in the change process ✓ Develop and implement revised care pathways					milestones in a timely way with a project manager in place to coordinate and ensure pace ii) understanding the detail of the impact on the business of the Trust iii) development of a set of business cases by partners which are due to be completed by the end of Quarter 4.
	✓ *Revised care pathways scoped*				**Progress update and risks to delivery**: **Mitigating actions:**
	✓ *Bid successful*				**Progress update and risks to delivery**: Regular discussions weekly with GP collaborative have taken place throughout the PQQ and will continue through bidding process,
	✓ *Communications plan in place for staff*				**Progress update and risks to delivery**: **Mitigating actions**:
➢ **Develop the Trust's market share in the Wyre Forest** ✓ Identify and exploit opportunities for increasing the Trust's market share in the Wyre Forest.	✓ *Establish clinics at Bewdley Medical Centre*	March 2018	Director of Strategy & Business Planning		**Progress update and risks to delivery**: Wyre Forest CCG do not wish to expand the number of clinics and will review this as part of contract negotiations for 2018/19. **Mitigating actions**: DGFT will participate fully in contract negotiations.
	✓ *Expand clinics located at Hume Street*				**Progress update and risks to delivery**: Wyre Forest CCG do not wish to expand the number of clinics and will review this as part of contract negotiations for 2018/19. **Mitigating actions**: DGFT will participate fully in contract negotiations.

OPERATIONAL PLAN PERFORMANCE

The Dudley Group NHS Foundation Trust

Q3 2016/17





1 Deliver a great patient experience

2 Deliver safe and caring services

3 Drive service improvement, innovation & transformation

4 Be the place people choose to work

5 Make the best use of what we have

6 Deliver a viable future

Enclosure 12

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 8 February 2018

TITLE:	**CQC Section 31 Notice**		
AUTHOR:	Glen Palethorpe – Director of Governance / Board Secretary	**PRESENTER**	Glen Palethorpe – Director of Governance / Board Secretary
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 **ALL**			

SUMMARY OF KEY ISSUES:

The CQC has conducted a number if service inspections across both hospital and community services. The visits were undertaken during December and early January.

On the 12 January the CQC wrote to the Trust informing them that were serving the Trust with a notice with effect from the 12 January under Section 31 of the Health and Social care Act 2008.

The notice requires the Trust to provide enhanced assurance through weekly reporting on three issues it identified within Urgent and Emergency Care;

- That the Trust has an effective system for managing the deteriorating patient and the use of the SEPSIS pathway.
- The results of the regular audits of the above
- That the Trust has sufficient numbers of suitably qualified, skilled and experienced staff at all times.

The Executive Team met to discuss the enhanced processes established since the CQC visit on the 11 January that led to their notice and the processes by which assurance will be provided on a daily basis ahead of the weekly reporting to the CQC. Following receipt of the CQC notice a specific risk was placed on the Trust's Corporate Risk Register and Board Assurance Framework with this risk to be supported by specific risks within the Medicine and Integrated Care divisional risk register.

IMPLICATIONS OF PAPER:		
RISK	**Y**	**Risk Description:** 501 - The Trust's ability to provide a safe, caring and effective service within ED and all associated areas at all times.

	Risk Register: Y COR501		**Risk Score: 20**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: compliance with issued s31 notice**
	Monitor	**Y**	**Details: links to good governance**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
			Y

RECOMMENDATIONS FOR THE BOARD

To note

The Trust has responded to the conditions as set out by the CQC.

That the executives have taken action in respect of the s31 notice.

That a specific Corporate and given its significance a Board Assurance Framework risk has been identified.

That the Board through routine reporting from the Executives and the Division to CQSPE will receive assurance on the specific s31 requirements along with progress on the wider service inspection action plans.

CQC Section 31 Notice

Introduction

The CQC wrote to the Trust on the 12 January informing them that were serving the Trust with a notice with effect from the 12 January under Section 31 of the Health and Social care Act 2008.

The notice did not put any restrictions on the Trust's registration but does require the Trust to provide enhanced assurance through weekly reporting on three issues it identified within its newly created Immediate Medical Assessment Area,

- That the Trust has an effective system for managing the deteriorating patient and the use of the SEPSIS pathway.
- The results of the regular audits of the above
- That the Trust has sufficient numbers of suitably qualified, skilled and experienced registered nurses at all times.

Service Visits

The CQC undertook an unannounced core service inspection of Urgent and Emergency Care Services on 5 and 6 December 2017. During this inspection they noted a number of concerns and the CQC confirmed the high level findings in a letter to the Trust on the 11 December. Subsequent to this initial feedback the CQC in completing its normal processes following service inspections wrote to the Trust on the 22 December indicating it may take possible urgent enforcement action by way of use of Section 31 of the Health and Social Care Act 2008: Imposition of Conditions on Registration.

The Trust responded to this letter on the 2nd January indicating immediate and longer term actions being undertaken within ED picking up the concerns raised by the CQC during and after their visit on the 5th and 6 December. The CQC also sought information on how the Executive Team were assuring themselves daily on the safety of the emergency department. The process of daily audits was described to the CQC in the Trust's response.

On 11 January 2018 a team undertook a further unannounced inspection of the Emergency Department. The inspection also looked at the newly created Immediate Medical Assessment Area and identified significant issues similar to those identified in ED on the visit in December specifically in respect of the management of the deteriorating patient and the use of the SEPSIS pathway. They also raised concerns over the lack of a clear Standard Operating Procedure for the IMA area and the reliance on agency staff within that area.

The Section 31 Notice

The CQC issued a Section 31 notice on the 12 January after providing feedback to the Executive Team. The notice imposed the following conditions with immediate effect from 12 January 2018.

From 19 January 2018 and on the Friday of each week thereafter, the registered provider shall report to the Care Quality Commission describing:

- *The actions taken to ensure that an effective deteriorating patient and sepsis management systems are in place and how these are being audited, monitored and acted upon.*

- *This should include results of any audits undertaken that provide assurance to the board that an effective sepsis management and deteriorating patient system is in place.*

From 19 January 2018 and on the Friday of each week thereafter, the registered provider shall report to the Care Quality Commission describing:

- *The staffing levels and leadership cover for this area. This information should include grades of staff and numbers covering the 24 hour period.*

The Executive Team met to discuss the enhanced processes established since the CQC visit on the 11 January that led to their notice and the processes by which assurance will be provided on a daily basis ahead of the weekly reporting to the CQC.

Following receipt of the CQC notice a specific risk was placed on the Trust's Corporate Risk Register and Board Assurance Framework supported by specific risks within the Medicine and Integrated Care divisional risk register.

Risk Title	initial	Cause/Effect of the Risk	Impact of the Risk	Controls in place	Gaps in Control	Current	Action Description	Due date	Action completed	Target
COR501 Ability to provide a safe, caring and effective service within ED at all times	20	Concerns flagged by CQC during inspection review Concerns verified by increased scrutiny by MD, COO and CN.	Patient experience and safety in relation to deteriorating patient and sepsis pathway	Daily quality audits and assurance provided to Chief Exec. Policies and guidelines to support deteriorating patient and Sepsis management Duty rosters singed off	Compliance to deteriorating patient pathway Compliance to sepsis pathway Reliance on agency staff	20	Introduction of Huddle with staff - review of checklist	12/01/2018		8
							Review of leadership in the department (IMAA)	31/01/2018	15/01/2018	
							Review skill mix and introduction of assurance sign off process for skill mix	15/01/2018	15/01/2018	
							Production of CQC action plan	15/01/2018		
							Development Quality dashboard assurance tool for Board Assurance	02/01/2018	02/01/2018	

The outcome of the daily reporting will also be shared along with the wider ED action plan from the initial service visit on the 5 and 6 December 2017 to the Clinical Quality, Safety and Patient Experience Committee on a monthly basis until the actions have been embedded.

Conclusions

The Trust has responded to the conditions as set out by the CQC.

The Board should note that the executives have taken further actions in respect of the s31 notice.

The Board should note that a specific Corporate and given its significance a Board Assurance Framework risk has been identified.

The Board through routine reporting from the Executives and the Division to CQSPE will receive assurance on the specific s31 requirements along with progress on the wider service inspection action plans, which includes Urgent and Emergency Care Services.

Enclosure 13

The Dudley Group
NHS Foundation Trust

Paper for submission to the Trust Board
February 2018

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) Janurary 2018

The Delivery plan has been agreed as

- January – NEWS reinstated in Soarian for use in ED
- February – Soarian to be configured for recording eObs and calculating EWS in ED, MAU, SAU, IMA
- April –Sunrise nursing eObs and NEWS replacing the use of Soarian.
- June – Sunrise deployed for ED and inpatient clinical documentation, Trust-wide Order Comms, Trust-wide ePMA
- October – Sunrise Outpatient and Community clinical documentation, Maternity, Critical Care, Theatres

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	24th January 2017	Ann Becke	yes	no
			X	

Declarations of Interest Made

None

Assurances received

Project status – Digital Trust

A review of the Digital Trust project took place and additional factors were taken in place to revise the timescales: -

- CQC inspection – it is essential that we are focused on responding quickly to the clinical safety best practice recommendations made. This is the highest priority for the Trust in the immediate timeframe.
- Nursing observations are required to be recorded electronically across the Trust to allow six early warning score (EWS) assessments to be made (NEWS, PEWSx4, MEOWS). These have been stated as essential in Emergency Department (ED), Medical Assessment Unit (MAU), Surgical Assessment Unit (SAU) and Intermediate Assessment Unit (IMA) in a very short timeframe (target two weeks) and on all wards by end of April.
- Current Prescribing and Medicines Administration process used in ED will not be replicated in Sunrise from April, meaning that use of a paper prescribing and recording process would be necessary until June when ePMA will be available.

There is significant work required to configure Soarian in the immediate timeframe and Sunrise by April. To be able to record nursing observations and apply the appropriate NEWS calculation, both Trust and Supplier resources will need to be diverted from their current work on Sunrise. There is insufficient capacity accessible within such short timescale to be able to accommodate the additional scope without compromising the chance of success in April. Therefore the impact is as follows

- Allscripts have been asked to source experienced additional resource to deliver the eObs and NEWS scope ahead of schedule
- The scope of the April and June rollout has to be changed to compensate for the

- resource diversion

The Board is requested to note the revised deployment scope below

- January – NEWS reinstated in Soarian for use in ED
- February – Soarian to be configured for recording eObs and calculating EWS in ED, MAU, SAU, IMA
- April –Sunrise nursing eObs and NEWS replacing the use of Soarian.
- June – Sunrise deployed for ED and inpatient clinical documentation, Trust-wide Order Comms, Trust-wide ePMA
- October – Sunrise Outpatient and Community clinical documentation, Maternity, Critical Care, Theatres

This will not change the project go-live date of 23/4/18 or the elapsed delivery time of the project

Two audits of the EPR plan are in progress:

Dr Mike Fisher, Consultant Cardiologist and CCIO at The Royal Liverpool and Broadgreen University Hospital Trust has interviewed senior members of the project team and an initial report is expected by the end of January. Recommendations mentioned verbally included the importance of adherence to the strategy and acceptance that short delays of a few months in order to achieve a successful deployment were preferable to rigidly sticking to deployment on time and on budget and then having to abort.

RSMUK have also completed interviews and are currently reviewing extensive project documentation before presenting their recommendations ahead of the formal report. During interviews attention was focused on engaging band 5 and 6 nurses, a concern about undertaking ED staff training within the department as well as the importance of go/no-go criteria.

A number of Strategic gaps were reported, the highest risk being the current lack of real-time Admission, Discharge and Transfer (ADT). The Sunrise EPR clinical wrapper strategy requires accurate location, consultant and demographic data for all patients to function. A number of mitigation plans are being pursed and has been escalated to the Executive team for support.

Decisions Made / Items Approved

- The Proposed delivery plan was approved by the DTPC.

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

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 14

The Dudley Group NHS Foundation Trust

Paper for submission to the Board of Directors on 8 February 2018

TITLE:	**30 January 2018 Audit Committee Summary Report to the Board**		
AUTHOR:	Richard Miner – Committee Chair	**PRESENTER**	Richard Miner – Committee Chair

CORPORATE OBJECTIVES

ALL

SUMMARY OF KEY ISSUES:

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

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
	Y		**Y**

RECOMMENDATIONS FOR THE BOARD

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

Committee highlights report to Board

Meeting	Meeting Date	Chair	Quorate	
Audit Committee	**30/1/2018**	**Richard Miner**	**yes**	**no**
			x	

Declarations of Interest Made

None

Assurances Received

- That R&D research studies continue and there were no serious adverse events on drug trials to report.
- That the governance team continues to chase in the Declarations of Interests and Gifts, Hospitality and Sponsorship Registers and expects to pick up the pace on this prior to the year end.
- That progress is being made against the 2017/18 Internal Audit plan with a number being brought to conclusion. These are:
  - IT Key Control Framework – substantial assurance
  - General ledger and financial reporting – substantial assurance
  - Payments to staff – substantial assurance
  - Data quality (RTT) – substantial assurance
  - Transformation programme – substantial assurance
  - Creditor payments – substantial assurance
  - Income and debtors – substantial assurance
  - Risk management – reasonable assurance
  - Information governance toolkit – 6/8 requirements attainments levels agreed with 2 unsubstantiated
  - CQC Provider Information Return (Trust self-assessment) - advisory
- That counter-fraud (mainly pro-active fraud awareness sessions) initiatives continue with a view to prevention and that “lessons learned” continues to be an important part of this.
- That the clinical audit programme is on track to complete by the end of the year.
- The continuing work of the Caldicott and Information Governance Group.
- The declining and relatively low level of losses and special payments made up to 31 December 2017.
- That 47 of the 60 IA recommendations that had been uploaded onto the portal have now been satisfactorily closed down. This was highlighted as a problem in the last report.

Actions taken by the Committee

The Committee:

- Confirmed that the assurances received from the Risk and Assurance Group and that met on 10 January, supported the risk assessments made by the Executive Team and that include a number of new risks.
- Approved the 2017/18 accounting policies and approach to segmental analysis.
- Reviewed and approved the addition of 11 clinical audits for 2017/18.
- Approved the change of the frequency of the Risk and Assurance Group meetings to monthly with some modifications to its activity.
- Approved the audit committee business cycle for 2018

Committee highlights report to Board

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

- Receipt of management responses in respect of data quality follow up (VTE), oxygen prescribing and CQC's review of health services for children so that these reports can be completed.
- A self-assessment by members of the Committee using the HFMA checklist.
- The remaining 10 outstanding and 3 pending management actions. Of these 5 are overdue.
- The scoping of work in respect of nursing and midwifery staffing ratios so that the Board can be assured around investment decisions in this area as well as the acceleration of some further work in respect of the control of bank and agency costs

Items referred to the Board for decision or action

- None other than those noted above.