The Dudley Group
NHS Foundation Trust

Board of Directors
Thursday 1st November, 2018 at 8.30am
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 – C. Holland, K. Kelly, N. Younes, A. McMenemy**		J Ord	To Note	8.30
2.	**Declarations of Interest** Standing declaration to be reviewed against agenda items.		J Ord	To Note	8.30
3.	**Announcements**		J Ord	To Note	8.30
4.	**Minutes of the previous meeting**				
	4.1 Thursday 4 October 2018	Enclosure 1	J Ord	To Approve	8.30
	4.2 Action Sheet 4 October 2018	Enclosure 2	J Ord	To Action	8.35
5.	**Staff Story**		L Abbiss	To Note & Discuss	8.40
6.	**Chief Executive's Overview Report**	Enclosure 3	D Wake	To Discuss	8.50
7.	7.1 ED Quality and Performance Improvement Plan	Enclosure 4	J Newens	To note & discuss	9.00
	7.2 Urgent Care Service Improvement Group Chairs report	Enclosure 5	J Ord	To note	9.10
8.	**Safe and Caring**				
	8.1 Clinical Quality, Safety and Patient Experience Committee Exception	Enclosure 6	D Wulff	To note assurances & discuss any actions	9.15
	8.2 Chief Nurse Report including safer staffing	Enclosure 7	J Wakeman	To note assurances & discuss any actions	9.25
	8.3 Learning from Deaths Report	Enclosure 8	J Hobbs	To note assurances & discuss any actions	9.35

	8.4 Patient Experience Report	Enclosure 9	J Faulkner	To note assurances & discuss any actions	9.45
9.	**Responsive and Effective**				
	9.1 Integrated Performance Dashboard	Enclosure 10	J Newens	To note assurances & discuss any actions	9.55
	9.2 Finance and Performance Committee Exception report	Enclosure 11	J Hodgkin	To note assurances & discuss any actions	10.05
10.	**Well Led**				
	10.1 Winter Plan	Enclosure 12	J Newens	To approve	10.15
	10.2 Estates Strategy	Enclosure 13	T Jackson	To approve	10.25
	10.3 Black Country Integrated Care System Roadmap	Enclosure 14	D Wake	To note	10.30
	10.4 Charitable Funds Committee Report	Enclosure 15	J Atkins	To note and discuss	10.35
11.	**Any other Business**		J Ord		10.40
12.	**Date of Next Board of Directors Meeting** 8.30am 6th December, 2018 Clinical Education Centre		J Ord		10.40
13.	**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		10.40

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 4th October, 2018 at 8.30am in the Clinical Education Centre.

Present:

Jenni Ord, Chairman
Richard Miner, Non Executive Director
Julian Atkins, Non Executive Director
Doug Wulff, Non Executive Director
Tom Jackson, Director of Finance
Ann Becke, Non Executive Director
Andrew McMenemy, Director of Human Resources
Julian Hobbs, Medical Director
Karen Kelly, Chief Operating Officer
Richard Welford, Non Executive Director
Jonathan Hodgkin, Non Executive Director

In Attendance:

Helen Forrester, EA
Mark Stanton, Chief Information Officer
Glen Palethorpe, Director of Governance/Board Secretary
Natalie Younes, Director of Strategy and Business Development
Catherine Holland, Non Executive Director
Mark Hopkin, Non Executive Director
Liz Abbiss, Head of Communications and Patient Experience
Carol Love-Mecrow, Deputy Chief Nurse

18/101 Note of Apologies and Welcome
8.32am

Apologies were received from Diane Wake and Siobhan Jordan. The Chairman welcomed Carol Love-Mecrow who was attending for the Chief Nurse.

18/102 Declarations of Interest
8.35am

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

There were no other declarations of interest.

18/103 Announcements
8.37am

The Chairman confirmed that the Board Workshop, which was scheduled to take place that afternoon, had been deferred to enable time for discussion in the Private Board meeting.

There were no other announcements to note.

18/104 Minutes of the previous Board meeting held on 6th September, 2018 (Enclosure 1)
8.38am

The minutes were amended as follows:

Page 3 to read "The MCP Transition Board continues to meet regularly and an interim Managing Director was recently appointed to help the transformation of integrated end to end patient pathways."

Page 15 to read "The Committee recognised that this report had been prepared some time ago and at the meeting the Executives did provide information on actions taken as a result of the initial draft findings."

With these amendments the minutes were agreed as a correct record of the meeting and signed by the Chairman.

18/105 Action Sheet, 6th September, 2018 (Enclosure 2)
8.42am

18/105.1 Finance and Performance Committee

The Director of Finance confirmed that the rectification plans were not available at the last meeting and will be presented at the extraordinary Committee meeting on 18th October, 2018.

Rectification plans to be presented to the extraordinary Finance and Performance Committee on 18th October, 2018.

18/105.2 Audit Committee Exception Report

A Board training session is still required for the Board Assurance Framework. There was also a requirement for the Audit Committee, because of new membership, to undertake a half day development session on the role and effectiveness of Audit. This was observed good practice.

Board training session on the Board Assurance Framework to be arranged and a development session for the Audit Committee to take place.

18/105.3 Patient Story

The Deputy Chief Nurse to provide details on Orthopaedic provision in the Community and follow up on the use of patient diaries.

Deputy Chief Nurse to provide details on Orthopaedic provision in the Community and follow up on the use of patient diaries.

18/105.4 Breast Screening

An update to be provided to the November Board.

Update on Breast Screening/recruitment of additional Radiographers to the November Board.

18/105.5 Clinical Quality Safety Patient Experience Committee

The Committee Chair to progress discussions on the breadth of the Committee agenda.

Committee Chair to continue to progress discussions on the breadth of the Committee agenda.

All other actions were noted to be complete, work in progress or not yet due.

18/106 Patient Story
8.47am

The Head of Communications and Patient Experience presented the patient story. This related to two patients with Diabetes.

The stories highlighted the positive treatment received from the Community Diabetic Service and how this had improved the patients' health and enabled them to lead normal lives.

Mr Atkins, Non Executive Director, commented that it was positive to see that we were able to tailor the service to meet individual needs. It was noted how supportive the community care had been to a vulnerable patient and carers.

The Medical Director commented on the importance of long term disease management for patients and prevention of admissions to hospital.

Mrs Becke, Non Executive Director, agreed that early intervention can prevent the need for acute care.

The Chairman asked that the first story was referred to Steph Cartwright, MCP Managing Director, as it suggested that in this particular case primary care might have been more proactive about the service.

The Chairman and Board noted the positive story and asked that the Board's thanks are passed on to the patients and to the member of staff who had received praiseworthy comments.

Patient story to be referred to Steph Cartwright to investigate how primary care could be more consistent and proactive.
The Board's thanks to be passed on to the patients and staff.

18/107 Chief Executive's Overview Report (Enclosure 3)
9.05am

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

- National Staff Survey: This had commenced and 5% of staff had completed the survey on the first day, which are the best results achieved.

- Healthcare Hero Awards: These continue to be well received across the organisation. The individual award was presented to Rachel Andrew, Head of Learning and Development for her work in developing and implementing the first Management Development Programme. The Team award went to the GI Unit for their understanding, consideration and respect when dealing with patients.

- Flu Vaccines: The Doreen Tipton video had received over 30,000 views and was available on the hub and Trust Facebook page. The peer vaccinator team will be available after the Board meeting to give Board members the flu jab. There was currently a 13% take up rate at day 3 of the campaign, which was fantastic performance. Staff that have received the flu jab elsewhere should notify the organisation as they will still be counted towards the 75% target.

- Reporting against the new Cancer Wait metrics: The Trust is on track to deliver its cancer target for the quarter for 62 day waits.

- Media attention: NHS bosses encouraged to use Private providers to bring down waiting lists: The Board noted that the Trust is not currently doing this and is still performing well for Referral to Treatment Time (RTT).

Dr Wulff, Non Executive Director, asked about the impact on services from Shrewsbury and Telford changes. The Chief Operating Officer confirmed that discussions were taking place with WMAS who maintain that they will travel to the nearest hospital. This might mean small increases in emergency cases although the plan was to use Shrewsbury, Stoke and Wolverhampton.

The Board noted that the Director of HR had raised over £1,000 for the Baby Bereavement Suite by participating in the Great Scottish Run at the weekend.

Mr Welford, Non Executive Director, highlighted the widespread nursing shortages detailed in the news articles across the NHS.

The Chairman and Board noted the report and achievements to date.

18/109 ED Performance and Quality Improvement Plan (Enclosure 4)
10.06am

The Chief Operating Officer presented the ED Performance and Quality Improvement Plan given as Enclosure 4, which had been tabled.

The ED metrics dashboard slides were presented to the Board. This information was noted to be included in the weekly data pack sent to the CQC and will now be provided to the Non Executive Directors weekly.

Mr Atkins, Non Executive Director, asked about the accuracy of the data. The Chief Operating Officer confirmed that data had been audited by ECIST who had confirmed that it was of high quality.

Mr Welford, Non Executive Director, asked the Medical Director about the quality of the data. The Medical Director confirmed that the raw data is validated by his Deputies on a weekly basis and the data shows the Trust is providing an effective and often prompt triage service.

The Chief Operating Officer presented the coloured tree poster developed by the ED team showing what is required to deliver quality safe care and this included stated aims on triage, deteriorating patients, staffing, paediatric care and safeguarding.

The Chairman asked that any comments from the Board on the QIP on its content or areas for improvement are emailed to the Chief Operating Officer by 8th October. The Medical Director commented that leadership and ownership needs to be highlighted in the paper. The Chairman asked that overall connectivity between ED and the rest of the hospital is also demonstrated.

Mr Welford asked for a summary of actions from the discussions including the need to see an ED improvement strategy linked to quality improvement and when this would be available by. The Chairman agreed that a summary of the discussion would be provided at the conclusion of the Private Board.

The Head of Communications and Patient Experience confirmed that a Stakeholder plan is in place and it is a dynamic document that can be quickly shared with the Board.

The Director of Governance/Board Secretary confirmed that the Quality Improvement Plan must be available by 11th October.

The revised document will be shared with the whole Board before submission on 11th October.

The Chairman and Board noted the reports, the ongoing improvements, the requirements to achieve consistently against all regulatory actions and the need to ensure safe services for patients attending ED.

Comments on the ED Quality and Performance Improvement Plan to be provided to the Chief Operating Officer by 8th October.

ED Quality Improvement Plan to be available and shared with the Board by 11th October, 2018.

Current Stakeholder Plan to be shared with the Board.

18/110 Urgent Care Service Improvement Group Report (Enclosure 5)
9.15am

The Chairman presented the Urgent Care Service Improvement Group Report given as Enclosure 5.

The paper was presented to provide the Board with assurance on the improvement work.

The Group continues to meet weekly and had seen signs of steady improvement in certain of the section 31 requirements.

The Trust is on course to meet its trajectory for improvement in triage services.

The 16 hour Consultant requirement is covered by a mix of our own and locum staff.

The Chairman confirmed that many of the agency staff working at the Trust do so regularly so there is a continuity of service and knowledge of local procedures.

The recruitment for more ED Consultants had produced interest and an open evening was taking place the following day.

Away days have taken place to assist with team and leadership working.

It was acknowledged there was still further work to do despite the improvements already made on sepsis screening, observations and the management of deteriorating patients.

In relation to e.obs, senior nurses wear tablets on carry straps to enable real time recording of observations. Tablets will be provided in the cubicles in the medium term.

Improvements had been seen on the 6 elements of sepsis bundle and information from the e.sepsis tool will be available from mid October.

The Chairman asked that the Board recognises the challenges faced given the level of capacity and demand within the Department.

Mr Welford asked that Board members have Board meeting actions in front of them for Committee meetings.

The Chairman confirmed that regular information needs to go to all Non Executive Directors and weekly data returns will be provided to all NEDs. NEDs are also welcome to attend the weekly SIG meeting.

Mr Welford, Non Executive Director, stated that attendance at multiple Committees is not the answer to being assured on data.

The Chairman accepted this and confirmed that it was an open invitation and not a reason for information to not be provided.

The Chairman and Board noted the report and the ongoing improvement work.

18/111 Safe and Caring

18/111.1 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 6)
11.19am

Dr Wulff, Committee Chair, presented the Clinical Quality, Safety and Patient Experience Committee Exception Report, given as Enclosure 6.

The report was taken for information.

18/111.2 Chief Nurse Report (Enclosure 7)
11.29am

The Deputy Chief Nurse presented the Chief Nurse Report given as Enclosure 7.

The main concern was the position in relation to staffing the Resus Team and the need for replacements.

The Board noted that a document had been placed on the hub demonstrating the CQCs key lines of enquiry for staff to use to demonstrate their knowledge during CQC visits.

Mrs Becke, Non Executive Director, asked if there are were nurses that work predominately on a night shift and how we reach these staff. The Deputy Chief Nurse confirmed that these were few in number and the Trust will ensure that all shifts receive the key messages.

Mrs Becke commented that she preferred the previous quality review walkrounds. It was noted that a combination of both old and new walkrounds were being developed and made available.

Mr Atkins, Non Executive Director, felt that the new style walkrounds offered more opportunities to talk to staff.

Mr Hodgkin, Non Executive Director and the Director of HR to speak outside of the meeting regarding bank fill rates against the establishment figures provided.

Mr Welford, Non Executive Director, advised that having the previous establishment and current establishment figures was confusing. The Chairman suggested that the Board may need to review where we aim to reach in terms of substantive recruitment, given the labour market conditions prevailing. Communication with staff on this would be paramount.

Dr Hopkin, Non Executive Director stated that we need to consider if increasing the number of staff would result in a decreasing number of incidents. These factors were considered as part of the emerging ward by ward quality information.

Mr Atkins, Non Executive Director, asked whether information is gathered from leavers. The Deputy Chief Nurse confirmed that this information is collected and can be included in the report.

The Chairman and Board noted the report and the challenges in recruiting substantive staff.

Mr Hodgkin and the Director of HR to meet to discuss Bank fill rates against the establishment.
Information from nurse leavers to be included in the Chief Nurse report.
Clarity about staffing establishments, fill rates and potentially a skill mix strategy was required. Director of HR and Chief Nurse to take forward.

18/111.3 Infection Control Report (Enclosure 8)
11.54am

The Deputy Chief Nurse presented the Infection Control Report given as Enclosure 8.

The Board noted that all trajectories were on target.

Dr Wulff, Non Executive Director, confirmed that the report had been considered at Clinical Quality, Safety, Patient Experience Committee.

The Director of Governance/Board Secretary confirmed that currently it is reported to Clinical Quality, Safety, Patient Experience Committee monthly and Board on a quarterly basis. For future meetings it will only be necessary to receive an annual report.

The Chairman and Board noted the report for information.

18/112 Responsive and Effective

18/112.1 Integrated Performance Report (Enclosure 9)
11.55am

The Chief Operating Officer presented the Integrated Performance Report given as Enclosure 9.

The Board noted the following key issues:

- Performance for August 2018.
- Cancer key metrics: On track
- DM01: Below performance but a plan is in place to recover the target.

- ED Emergency Access Standard: The Trust had seen a significant increase in attendances and ambulance arrivals, with around an 300 attendances daily. The organisation now has information to confirm that ambulance batching is taking place and is to discuss this further with the ambulance service.

The Medical Director confirmed that there is a shift in the reporting of mortality figures as a direct consequence of the re-coding exercise last year. Written assurance will be included in the next learning from deaths report to Board which will set out how the data set has changed and the impact on reported mortality.

Dr Wulff, Non Executive Director, asked about deaths in ED relating to "do not attempt to resuscitate" plans in place. The Medical Director confirmed that these patients do not impact the data set but are one of the reasons for requiring a separate level of assurance in ED.

The Chairman asked when the next Mortality report is due to Board. It was noted that a report would be available for the November Board meeting.

Mr Miner, Non Executive Director, asked that disaggregated data, trends and outliers are reported to the Board and confirmed that he would have a separate discussion with the Medical Director on what assurance he would like to see in the report.

The Chairman asked for a trajectory for the reduction of 2nd tier reviews to be included in the report.

The Board noted the positive workforce KPIs on appraisals, mandatory training and turnover.

The Chairman and Board noted the report and current performance.

Assurance to be given in the Learning to Deaths report to November Board around the shift in mortality reporting as a result of the re-coding exercise. The report to include information on disaggregated data, tends and outliers – Mr Miner to discuss with the Medical Director in advance of the report. 2nd Tier review trajectory to also be included in the report.

18/112.2 Finance and Performance Committee Exception Report (Enclosure 10) 12.08pm

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

The Board noted the following key issues:

- The Trust was forecasting a £10m deficit for the year due to pay and non pay costs running ahead of budget.

- A significant number of costs related to responding to the CQC regulatory action.

- Rectification Plans to be presented to the extraordinary Finance and Performance Committee on 18th October, 2018.

- Month 6 “deep dive” of the financial position will also be discussed at the extraordinary Committee meeting.

The Chairman confirmed that the Trust can only amend its outturn forecast at quarter end and this would be considered towards the end of December. Any change must be signed off by the Chairman, Chief Executive and Director of Finance. The Director of Finance confirmed that the protocol for changing the forecast had been issued the previous day and focussed on governance around the process.

The Chairman and Board noted the report and financial performance.

Finance rectification plans and Month 6 “Deep Dive” to be presented to the extraordinary Finance and Performance Committee on the 18th October, 2018.

18/113 Well Lead

18/113.1 Digital Trust Committee Report (Enclosure 11)
12.16pm

Mrs Becke, Committee Chair, presented the Digital Trust Committee Report given as Enclosure 11.

The Board noted the following key highlights:

- The Committee was lacking Executive representation at the meeting. There was a need for the dates to be re-aligned to fit in with other Executive Team meetings.

- Delivered e.obs and e.sepsis modules. The Committee had a robust conversation around deployment and effective user use.

- The Board noted that the risk rating on the Board Assurance Framework had changed taking account of the user design modifications requested.

The Chairman and Board noted the report and the increased risk and the need to change the timing of the Committee to improve representation.

Dr Wulff, Non Executive Director, commented that there was a general issue with representation on Committees. The Chairman asked that the Executive Team reflect on how attendance could be improved and sustained at Committees.

The Executive Team to reflect on how to improve representation on Committees.

18/113.2 Workforce Committee Exception Report (Enclosure 12)
12.20pm

Mr Atkins, Committee Chair presented the Workforce Committee Exception Report, given as Enclosure 12.

The Board noted the following key highlights:

- Discussions around recruitment and retention and new exit interventions had been put in place.

- The Committee had received a positive update on the aspirant Leadership programme introduced this year.

Mr Miner, Non Executive Director, asked about the re-opening of the work experience programme. The Director of HR confirmed it had re-opened following improvements to the scheme.

The Chairman and Board noted the report.

18/113.3 Recruitment and Retention Report (Enclosure 13)
12.22pm

The Director of Human Resources presented the Recruitment and Retention Report given as Enclosure 13.

The Board noted the following key issues:

Baseline information was set out in the report. The turnover rate for qualified nursing is 7% and 7.1% for CSWs.

The report highlighted recruitment events but there was a need to undertake some radical strategies to improve substantive staffing including developing Band 2s and use of the Apprenticeship levy for funding.

The Trust was improving retention initiatives for staff and these needed wide communication.

Mr Welford, Non Executive Director, asked if the staffing target was set at the right level and how the right mix of staffing is achieved. The Director of HR confirmed that a recruitment summit is being arranged that will involve all senior nurses and the Trust is having discussions with Wolverhampton University and Walsall College with a view to commencing training in March 2019 for Bank 4 provision (Nurse Associates).

The Trust was looking to expand the numbers of Nurse Associate with 9 nurses from the pilot scheme expected to commence in January and then a further 9 in March, 2019. Training to this level take 2 years. A further 2 years training to become registered nurses, would be needed.

The Chairman asked to see a summary forecast of numbers. The Director of HR confirmed that this needs to be costed and a business case produced.

Mrs Holland, Non Executive Director, asked that any business case for additional numbers included unintended consequences and mitigations for other staff groups.

Mr Miner, Non Executive Director, commented that the Trust needs to make full use of the Apprenticeship levy and stated that we should change the approach to Nursing and use a blended workforce as this is key to resolving staffing issues. The approach needs to communicated across the Trust in a positive manner. The Trust also needs a more robust approach to retention. The Director of HR asked for thoughts on what could be done better in this respect. Mr Miner confirmed that it was noted at the Finance and Performance Committee that more could be done to engage and consider opportunities and flexibility. The Director of HR commented that career development is a key opportunity.

Mr Welford, Non Executive Director, suggested that the staff survey results will offer opportunities to make change.

Mr Atkins, Non Executive Director, asked that every leaver has an exit interview or a conversation with their manager as to why they are leaving and whether there was anything that could be done to encourage the member of staff to stay. The Chairman agreed that this should be encouraged but could not be made compulsory.

The Chairman advised that medical staff are not overlooked. The Medical Director confirmed that there are over 200 vacant slots on the junior doctors rota. Work continues to ensure we are utilising the MTI scheme, recruitment and retention and effective utilisation of medical staff.

Dr Wulff, Non Executive Director, stated that the Trust should be cautious about short term re-deplopyment so causing additional problems. The Board noted that the Trust has developed the Physicians Associates role and queried if more opportunities were possible.

Mr Welford stated that the Trust needs to look at the optimum blended model approach and current establishment levels before producing the business case.

The Chairman and Board noted the report and agreed to take forward the business case approach. They noted that this would be presented to the October Workforce Committee and December Board meeting. The Chairman advised the additional pieces of work arising from the discussion be undertaken and referenced in the business case. The Medical Director and Director of Human Resources to produce a report for the December Board.

Recruitment and retention business case to be presented to the October Workforce Committee and December Board meeting, taking account of the actions outlined by the Board.

18/113.4 Board Assurance Framework and Corporate Risk Register Report (Enclosure 14)
12.58pm

The Director of Governance/Board Secretary presented the Board Assurance Framework and Corporate Risk Register Report given as Enclosure 14.

The Board noted the following key issues:

- 7 risk scores had been increased with 6 having moved into 20.

All Committees have responsibility for testing the assurance around the scores for the risks attributed.

The Chairman asked about where the biggest gaps in assurance were. The Director of Governance confirmed that these were the ones linked to the CQC actions.

The Chairman suggested that the Board needs complete clarity around how the BAF works, its purpose and effectiveness and this will be picked up at the November Board workshop.

Mr Miner, Non Executive Director, stated that there were still some risks that he was unsure were properly scored.

The Chairman and Board noted the report and the comments relating to the risk scores. This could be pursued further at the Workshop,

Board Assurance Framework to be discussed at the November Board Workshop.

18/114 Any Other Business
1:06pm

The Chairman confirmed that this was Mrs Becke's last Board meeting. She had been a Non Executive Director at the Trust for 14 years and the Chairman highlighted Anne's contribution over this time. The Chairman and Board wished Anne good luck and good wishes in her new ventures.

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

18/115 Date of Next Meeting
1.11pm

The next Board meeting will be held on Thursday, 1st November, 2018, at 8.30am 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 4 October 2018

Item No	*Subject*	*Action*	*Responsible*	*Due Date*	*Comments*
18/097.2, 18/105.1 & 18/112.2	Finance and Performance Committee	Finance rectification plans to be discussed in detail at the September Finance and Performance Committee prior to presenting to Board in October.	TJ/JH	18/10/18	To October extraordinary Finance and Performance Committee
		Rectification plans to be presented to the extraordinary Finance and Performance Committee on 18th October 2018.	TJ/JH	18/10/18	Done
		Finance rectification plans and Month 6 Deep Dive to be presented to the extraordinary Finance and Performance Committee on 18th October, 2018.	TJ/JH	18/10/18	Done
18/072.2 & 18/091.1	Audit Committee Exception Report	Mr Miner to discuss the opportunity for an Audit Committee half day workshop with the Director of Governance/Board Secretary.	RM/GP	4/10/18	There is scheduled training in respect of Fraud (which is open to ALL Board members on the 19 November, there is training on the role of Internal Audit and the role of Committee in relation to Internal Audit work scheduled for the 21st January 2019 and training on the role of External Audit and the role of the Committee in relation to their work scheduled for the 18th March 2019.
18/109	ED Performance and Quality Improvement Plan	Comments on the ED Quality and Performance Improvement Plan to be provided to the Chief Operating Officer by 8th October.	All	8/10/18	Done

		ED Quality Improvement Plan to be available and shared with the Board by 11th October, 2018. CQC Report Publication Communication Plan to be shared with the Board.	KK LA	11/10/18 1/11/18	To be emailed following UESIG on 23rd October. Done
18/068, 18/091.2 & 18/105.3	Patient Story	Chief Nurse/Deputy Chief Nurse to investigate Orthopaedic Physiotherapy provision with Gail Parsons. Deputy Chief Nurse to follow up possible use of an electronic diary for Community staff. Deputy Chief Nurse to provide details on Orthopaedic provision in the Community.	CLM	1/11/18	The introduction of patient diaries was a nursing initiative. The diaries were seen as a really positive resource to obtain feedback from patients. However, there was limited resource at ward level to complete a full evaluation, which is necessary in order to act on comments received. Gail Parsons attends the Enhanced Recovery Meeting for Hip and Knee in Orthopaedics. The next meeting is scheduled to take place on 7th November 2018 and Gail will ask that patient diaries is added to the agenda and propose that an action plan is implemented to reintroduce these.
18/082.7 & 105.4	Breast Screening Annual Report	Mr Stonelake to attend the Directors meetings to make a case around the appointment of additional Radiographers. The Clinical Quality, Safety, Patient Experience Committee to receive a progress report on the service demands and identified actions. Update on Breast Screening/recruitment of additional Radiographers to the November Board.	PS/Exec Team	30/10/18 & 6/12/18	To Exec Team on 30th October, 2018 and December Board
18/097.3 & 19/105.2	Audit Committee Exception Report	BAF to be discussed at the Board Workshop in October. Half day training session on the Board Assurance Framework to be arranged.	GP	8/11/18	On Board Workshop Agenda

18/096.5	Q1 Patient Experience Report	Complaints Report to the Clinical Quality, Safety, Patient Experience Committee to include a trajectory for improving complaints responses.	JF	23/10/18	Done
18/105.5	Clinical Quality Safety Patient Experience Committee	Committee Chair to continue to progress the breadth of the Committee agenda.	DWu	23/10/18	Done
18/113.3	Recruitment and Retention Report	Recruitment and Retention Business Case to be presented to the October Workforce Committee and December Board meeting taking account of actions outlined by the Board.	AM/JA	23/11/18	To November Workforce Committee
18/106	Patient Story	Patient story to be referred to Steph Cartwright to investigate how primary care could be more consistent and proactive. The Board's thanks to be passed on to the patients and staff.	LA LA	1/11/18 1/11/18	Done Done
18/111.2	Chief Nurse Report	Mr Hodgkin and the Director of HR to meet to discuss Bank fill rates against the establishment. Information from nurse leavers to be included in the Chief Nurse report. Clarity about staffing establishments, fill rates and potentially a skill mix strategy was required.	JH/AM CLM CLM/AM	1/11/19 1/11/19 1/11/19	On Agenda
18/096.7 & 18/112.1	Q1 Learning from Deaths Report	Q2 Learning from Deaths Report to include detail on reduction in outstanding level 2 reviews, trends from reviews and outlier conditions and an overall HSMR reduction target. Assurance to be given in the Learning from Deaths report to the November Board around the shift in mortality reporting as a result of the re-coding exercise. The report to include information on disaggregated data, trends and outliers – Mr Miner to discuss with the Medical Director in advance of the report. 2nd Tier reviews to also be included in the report.	JH JH RM/JH	1/11/18 1/11/18 1/11/18	On Agenda. The report includes an improvement trajectory which benchmarks and describes an improvement trajectory for those pathways which have reported observed greater than expected deaths.

18/113.1	Digital Trust Committee	The Executive Team to reflect on how to improve representation on Committees.	ET	1/11/18	Agreed by Executive to involve a higher level of Senior clinical and operational representation which will be supported by the Executive. Meetings for the rest of the year to be re-scheduled to ensure maximum attendance.
18/113.4	Board Assurance Framework and Corporate Risk Register Report	Board Assurance Framework to be discussed at the November Board Workshop.	GP	8/11/18	On Agenda
18/098.1	Medical Appraisal/Revalidation Report	The Medical Director and Responsible Officer to look at options for improving levels of Medical Mandatory Training through the use of the appraisal/revalidation process.	JH/PS	6/12/18	Not Due

Enclosure 3

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 1st November 2018

TITLE:	**Public Chief Executive's Report**		
AUTHOR:	**Diane Wake, Chief Executive**	**PRESENTER**	**Diane Wake, Chief Executive**

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, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Visits and Events
- MCP Update
- 2019/20 Planning Update
- Healthcare Heroes
- National Staff Survey
- Free Flu Vaccines for Staff
- Trust Research Picks Up Award
- Allied Health Professionals Strategy Launch
- Great Halloween Bake Off
- Baby Bereavement Suite Appeal
- National NHS News
- Regional NHS News

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD:

The Dudley Group
NHS Foundation Trust

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 – November 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

5th October	ED Consultant Open Evening
8th October	Dudley System Oversight and Assurance Group
	Board to Board with Dudley CCG
9th October	NHS Providers Conference
10th October	NHS Providers Conference
11th October	Henrietta Hughes, National Freedom to Speak Up Guardian Visit
12th October	Improvement Practice Event
15th October	AHP Strategy Launch
17th October	A&E Delivery Board
	Transition Board
19th October	MPs Visit
24th October	Ophthalmology Workshop
25th October	Dudley System Oversight and Assurance Group
26th October	Back to the Floor
	Make it Happen Event
29th October	NHSI Long Term Plan Event
31st October	Partnership Board

MCP Update

The MCP programme of work continues to develop and joint working with partners is becoming more formalised. The MCP Transition Board is establishing an interim leadership team with workstreams being developed to support pathway integration and enhancements. The Trust continues to support the development of services outside of hospital by supporting, for example, chemotherapy at home initiatives.

2019/20 Planning Update

On 16th October 2018 the Trust received a standard planning update letter from NHSI and NHSE that was issued to all Trust Chief Executives and CCG Accountable Officers. The letter is high level, setting out the approach to planning for 2019/20, the outline timetable, proposals for payment reform and expectations regarding system alignment and Board sign off.

The letter signals a significant overhaul of the planning architecture including a review of clinical standards, new financial architecture and a more effective approach to workforce and physical capacity planning. It is intended to publish the planning guidance in early December 2018 followed by 5 year commissioner allocations later in December 2018. Organisations are required to deliver 12 month operational plans by 4th April 2019 having received Board sign off by 29th March 2019.
Potential changes to the control total regime, CQUIN payments, Market Forces Factor and payments for urgent and emergency care will be of particular interest.

Healthcare Heroes

Congratulations to **Michelle Holmes and Ward B5,** who are this month's Healthcare Hero winners! This award is our way of saying thank you.

Michelle Holmes, received the award for immediately starting a donation page on Facebook after Michelle found out that her colleague was diagnosed with breast cancer. Knowing how proud she is of her long hair, Michelle has helped to raise over £1000 to buy her a special wig made of her own hair. Well done!

Ward B5 have received the award for the exceptional commitment by the day shift team, including the matron and two lead nurses, who agreed to work a 12 hour clinical shift to help support the ward at an extremely busy time, putting the safety of patients at the top of their priority. Well done!

Don't forget to nominate your Healthcare Heroes to be in the running for next month's awards!

National Staff Survey

The National Staff Survey is open until the end of November and responses are coming in, so far 14% of staff have completed, but we want as many staff as possible to complete the survey. It helps us understand what's going well and the things to improve.

We are again running the survey online. On the 13th Nov we are holding drop in sessions for staff to complete the survey and grab a samosa while they are there. They will also be able to have their flu jab at the same time.

Free flu vaccines for staff

Free flu vaccines for all staff are available with peer vaccinators getting out and about across the Trust as well as many drop in sessions across all sites. We are well on our way to our target of at least 75 per cent of frontline staff being vaccinated with 41% of staff taking up the vaccine up to 25.10.18.

The vaccine is available to all staff and volunteers and we are encouraging as many people as possible to get themselves, their families and patients protected by getting the vaccine.

Trust Research Picks up Award

The Trust's research work has again been recognised, this time at the Clinical Research Network West Midlands Awards. The Love Your Heart project and our research data were both honoured.

Dr Holly John picked up the Research Impact Award for Love Your Heart - an interactive online education programme to help patients with rheumatoid arthritis at increased risk of cardiovascular disease make appropriate lifestyle changes.

This joint project between our consultant rheumatologist Dr John and the National Rheumatoid Arthritis Society has already picked up a Meridian Celebration of Innovation Award 2018 from the West Midlands Academic Health Science Network earlier this year.

This study was part of a broader and longstanding programme of research projects conducted by the Rheumatology Department in Dudley (with collaborators from multiple universities) into CVD in RA, which has significantly contributed evidence underpinning national and international guidelines.

The Trust's research and development department was also highly commended in the Business Intelligence Leader category. This award honoured trusts which had provided the most up-to-date and complete data to help monitor performance, had developed innovative solutions and had shared best practice with other organisations.

It recognises the quality and accuracy of our data from the up to 257 studies we are involved in at any one time, each helping to develop improved treatments for patients.

Allied Health Professionals Strategy Launch

We launched our AHP strategy on Monday 15th October, to coincide with National AHP Day. The strategy sets out what patients and staff can expect both now and over the next three years from our AHP workforce.

Great Halloween Bake Off

We are once again hosting our Halloween bake off in aid of the Trust Charitable funds. Teams across the trust are invited to host a bake sale to raise funds and enter their 'showstoppers' into the bake off. So get baking for Wed 31st October.

Baby Bereavement Suite Appeal

We have got off to a fantastic start with our appeal and the next event to raise funds for our baby bereavement appeal is the Sparkle Party. Friday 23rd November 7pm. Tickets are almost sold out but if you want any speak to Karen Phillips, Charitable Fundraiser.

National NHS News

Contaminated blood scandal: many medical records disappeared, inquiry hears
Aidan O'Neill QC, representing nearly 250 victims and relatives in the contaminated blood scandal inquiry, said: 'This inquiry is about bringing past and ongoing injustices to light.' Evidence of medical cover-ups in the NHS's contaminated blood scandal must be investigated and those responsible encouraged to apologise, the infected blood inquiry has been told. On its second day, Aidan O'Neill QC, representing nearly 250 victims and relatives, told the inquiry that the medical treatment records of many patients had either disappeared or, in some cases, had "false information" added. Infected blood victims 'may still not know they have hepatitis C' "It's happened in so many cases and we want to know why. How has this happened?" In some cases, he said, "false information had been added", for example, suggesting that they had other conditions such as alcoholism which had caused liver damage. Stein said that in the UK, 4,500 haemophilia sufferers were given HIV and hepatitis C and half of those people have since died. The evidence discovered suggests that several state bodies, including the NHS, actively pursued observation and testing although patients were not told, Stein alleged.
The Guardian (25.09.18)

'Significant differences' in impact of CQC inspections on different NHS sectors
Greater investment in recruitment and training of staff and more flexible rating systems were amongst the key findings in a landmark review of the CQC, published today. Research carried out by think tank The King's Fund and the Alliance Manchester Business School, funded by the National Institute for Health Research, examined how the CQC was working in four sectors between 2015 and 2018 – acute hospitals, mental health, general practice, and social care — in six areas of England. The report found that despite there being major improvements in standards of inspection since Sir Robert Francis' comments over failures in quality of care, there was still "room for improvement" in the CQC. Findings included a number of areas for improvement in the CQC's approach to regulation. Results from the report indicated "significant differences" in the way that inspections impact works across the four sectors studied. A care provider's capability of improvement and the availability of external improvement support, for example, was "more often present" in the acute and mental health sectors than in general practice and adult social care; something which the report conductors found to be "key determinants of impact," the report authored by senior chair at The King's Fund Ruth Robertson said.
National Health Executive (27.09.18)

Clinicians call for an end to 'bullying culture' at NHS Highland
NHS Highland medics have highlighted "serious concerns", accusing bosses of creating a "culture of fear and intimidation". The problems have been going on "for at least a decade" the doctors claimed, adding it has had a "serious detrimental effect on staff" as well as an "adverse effect on the quality of care we are able to provide". The group raised their concerns in a letter to The National's sister paper, The Herald, saying: "It is vital this bullying culture is exposed and finally now dealt with."

The doctors who signed the letter are Eileen Anderson, chairwoman of the area medical committee, its vice chairwoman Lorien Cameron-Ross, Jonathan Ball, chairman of the GP subcommittee and Highland local medical committee chairman, and Iain Kennedy of the GP subcommittee. They said the imminent departure of NHS Highland chief executive Elaine Mead meant they felt "now is the time to speak out and ensure effective action can be taken".
The National (27.09.18)

Ambulances should treat more and transport fewer patients, NHS Improvement says
NHS ambulance trusts must do more to root out inefficiencies, improve assessment of 999 calls, and better equip crews to treat more patients at the scene of emergencies, a report from NHS Improvement has said. The report says that the 10 ambulance trusts in England could improve patient care and save £500m (€562m; $658m) a year by 2021—£300m by reducing avoidable transfers to emergency departments and £200m by improving infrastructure and staff productivity.
The BMJ (27.09.18)

Black medics in NHS paid thousands less than white medics
Black doctors in the NHS are paid on average almost £10,000 a year less and black nurses £2,700 less than their white counterparts, the biggest study of earnings by ethnicity has found. The revelations, based on analysis of 750,000 staff salaries in the NHS in England, prompted claims of racial discrimination. Black female doctors earn £9,612 a year less and black male doctors £9,492 a year less than white ones, the research exercise by NHS Digital, the service's statistical arm, found. Black female nurses and midwives earn £2,700 a year less and black male nurses and midwives £1,872 a year less. Black personnel – those who defined themselves as black/African/Caribbean/black British – are also paid much less than white colleagues across the entire range of roles performed in the health service, NHS Digital found. **The Guardian (27.09.18)**

NHS England launches next phase of national nurse recruitment drive
NHS England has today launched the next phase of its nurse recruitment campaign, with a fresh focus on mental health, learning disability and community nursing.
The £8m drive – We are the NHS – kicked off in July to coincide with the 70th birthday of the health service and involved TV and radio advertising, posters and social media. NHS England is running the campaign in partnership with the Department of Health and Social Care and Health Education England. It said more than a quarter of a million people had visited the campaign website in the last three months to learn more about a career in nursing. This next wave will specifically target students starting their final year of A-levels or those taking a year out before university, and will highlight courses and careers in mental health, learning disability and community nursing as well as allied health professions ahead of university applications for 2019. **Nursing Times (28.09.18)**

Children's lack of sleep is 'hidden health crisis', experts say
Thousands of children and teenagers face a mounting sleeplessness crisis, with the number of admissions to hospital of young people with sleep disorders rising sharply in six years, the Guardian can reveal. Experts have described the problem as a hidden public health disaster, putting the surge down to a combination of exploding obesity levels, excessive use of social media before bedtime and a mental health crisis engulfing young people. The Guardian analysed data from NHS Digital, the national information and technology partner to the health and social care system in England, revealing that admissions with a primary diagnosis of sleep disorder among those aged 16 and under has risen from 6,520 in 2012-13 to 9,429 last year. It comes despite the fact that admissions for all ages for sleep disorders has fallen slightly since 2012-13, moving from 29,511 to 29,184 in 2017-18.
The Guardian (30.09.18)

Figures show NHS is missing smear test results targets in every Bradford CCG area
THOUSANDS of women are having to wait longer than the national target across the Bradford district for smear test results, figures have revealed. The numbers, from a Freedom of Information request, showed around half of women across the district had to wait longer than the mandatory 14 days for their cervical screening results from August 2017 to July 2018. Providers are supposed to send letters to at least 98 per cent of women within 14 days. However, in Bradford Districts Clinical Commissioning Group area, only 49 per cent of women received their letter within two weeks. In Airedale, Wharfedale & Craven CCG area, the number was 50 per cent, and in Bradford City CCG the figure was 54 per cent, which was actually above the national average. Only 16 of England's 195 CCGs actually met the threshold for providing results on time.
Telegraph & Argus (03.10.18)

NHS in outsourcing talks with Mitie after body parts fiasco
The NHS is in talks with Mitie about the outsourcing company taking over the disposal of body parts and hazardous waste after the existing contractor allowed huge stockpiles to build up, triggering health concerns. NHS chiefs fear the current contractor Healthcare Environmental Services (HES) could collapse and are urgently trying to find a replacement firm to undertake some or all of the work done by the company. HES sparked a major national incident by allowing large quantities of hazardous and non-hazardous waste from hospitals to build up at three of its five disposal sites across England – in Yorkshire, Newcastle and Nottingham. That included infectious waste, dangerous medicines used in cancer treatment, needles and "anatomical waste", which includes body parts. NHS England hopes Mitie will be able to step in at short notice and help ensure waste from hospitals – which includes amputated limbs – is safely removed and disposed of, often through incineration. **The Guardian (05.10.18)**

Groundbreaking cancer treatment now available in England as NHS strikes discount deal
A cancer immunotherapy used to treat patients with aggressive non-Hodgkin lymphoma is now available in England after NHS England struck a discounted deal. The news comes just after Theresa May announced a new cancer strategy for the NHS which will see "a step change in how we diagnose cancer" and improve survival rates. The treatment, axicabtagene ciloleucel, is a type of immune-boosting treatment called CAR-T therapy, which sees a patient's immune cells modified in a lab before being reintroduced to attack cancer cells. It will be offered to patients who have already had two or more different types of treatment for two types of aggressive non-Hodgkin lymphoma. The treatment – which normally costs £300,000 per patient – was turned down in August by NICE for being too expensive and because the benefits, compared to chemotherapy, were not known. Now, however, NHS England has cut a deal with the treatment's manufacturer for a confidential discount, which will be made available via the Cancer Drugs Fund. According to NHS England, up to 200 patients a year could benefit from the treatment.
National Health Executive (05.10.18)

'Wake-up call' for NHS: a quarter of million diabetes patients suffered medication error
More than a quarter of a million diabetes patients suffered a medication error in hospital last year, putting them at risk of "lasting harm or death," a charity's research has found. Research from Diabetes UK said that more than 260,000 people with diabetes experienced errors during their hospital stay in 2017, of which 9,600 suffered a serious and potentially life-threatening hypoglycaemic attack due to poor insulin management.

The 'Making hospitals safe for people with diabetes' report, released today, revealed concerning inadequacies in care for inpatients and a lack of specialist staff which make NHS hospitals "unsafe" for diabetics. Diabetes UK gave six recommendations that hospitals need to make which make them safe for people with diabetes, which they say will lead to "significantly improved patient experiences" and shorter length of stays. Over a million people with diabetes were admitted to hospital last year – which is one in six hospital beds – and that number is expected to rise to one in four by 2030. **National Health Executive (08.10.18)**

Child mental health services will not meet demand, NAO warns
Spending watchdog says even promised £1.4bn extra would leave 'significant unmet need' The NAO report says 25% of young people who need mental health services can access NHS help. Mental health services for children and young people will fall well short of meeting a growing demand for help, despite pledges by ministers to increase funding, a report by Whitehall's spending watchdog has found. The National Audit Office said even if current plans to spend an extra £1.4bn on the sector were delivered, there would be "significant unmet need" because of staff shortages, poor data and a lack of spending controls on NHS clinical commissioning groups.The Department of Health and Social Care hopes to increase the proportion to 35% – estimated to be equivalent to treating an additional 70,000 children and young people per year between 2015-16 and 2020-21.
The Guardian (09.10.18)

Poor uptake of new scheme to give patients control of confidential records
A new national system to give NHS patients control over sharing their confidential health records has been used by less than 5,000 people, leading to accusations that it has been poorly publicised. The national data opt out went live on 25 May this year and gave every NHS patient the ability to opt out of sharing their personal health data beyond direct care. At the time, NHS England said there would be a public campaign focusing to "ensure messages are reaching the public in a clear and accessible way". However, NHS Digital figures provided to HSJ show that in the four months to 1 October, only 2,185 people used the national opt out to prevent sharing of their confidential health records. That number dropped sharply in the past two months, with only 306 people opting out in September. More people used the system to opt in instead, with 2807 saying they now wanted to share more information after previously saying they did not. The new system also remains far less popular than the old "type-2" opt out, set up in 2014 as part of Care. data and controlled directly by a patient's GP. **HSJ (12.10.18)**

NHS to launch national 'crutch amnesty' amid concern equipment is going to waste
The NHS is to launch a national "crutch amnesty" to deal with concern that perfectly good medical equipment is going to waste cluttering up homes across the country. Patients are being urged to return wheelchairs, walking frames and other aids to local hospitals, as part of a war on waste across the NHS. Ministers are concerned that hospitals do little to track down such equipment – and even refuse to use unwanted aids when patients attempt to return them. Too often items were thrown away after only being used once, Steve Barclay, the health minister, said. The minister said thousands of crutches, wheelchairs and walking aids were being binned, wasting NHS resources. He urged hospitals to follow those with schemes that ensure items are properly reused, or passed on to charities that can make good use of them. **The Telegraph (13.10.18)**

Dance lessons for the lonely - on the NHS
The strategy, announced by Prime Minister Theresa May, will also see postal delivery workers checking in on isolated people during their rounds.The government says about 200,000 older people have not had a conversation with a friend or relative in over a month. And many GPs see between one and five people a day suffering with loneliness. As part of the long-term plan, funding will be provided to connect NHS patients in England to a variety of activities, such as cookery classes, walking clubs and art groups, by 2023. Announcing an extra £1.8m for community projects, such as creating new community cafes, art spaces or gardens, Mrs May said social prescriptions would reduce demand on the NHS and improve patients' quality of life. The government will also partner with the Royal Mail on a new scheme in Liverpool, New Malden and Whitby to give postal workers a front-line role in tackling loneliness.
BBC News (15.10.18)

NHS to save £150 million by switching to new versions of most costly drug
Thousands of NHS patients who are prescribed a costly drug for conditions such as rheumatoid arthritis are to be switched to new versions of the medication which will save millions of pounds that can be reinvested in frontline care. Adalimumab is the single medicine on which hospitals spend the most, at a cost of more than £400 million a year. Switching to copycat versions of the drug is expected to save the NHS £150 million a year by 2021, depending on the prices that are agreed for them. More than 46,000 patients are prescribed adalimumab, which is only currently available under the brand name Humira, for hospital treated, serious conditions such as rheumatoid arthritis, inflammatory bowel disease and psoriasis. Doctors are now being asked to consider equally effective, safe, “biosimilar” versions of adalimumab after the exclusive patent on the drug expires on Tuesday.
Express & Star (15.10.18)

NHS trusts fear this winter could be ‘more difficult than the last’
They include pressures across all hospital activity, higher levels of staff vacancies and a more tired and pressured workforce, according to the body which represents trusts. It voiced concern over the “weaker state” of social care, even when accounting for the recent announcement of £240m extra funding, and “more fragile” primary care. Last winter, corridors were overflowing with patients and non-urgent operations were postponed as staff worked to clear the backlog. The pressure continued well into January, with A&E units diverting patients to other hospitals and thousands of patients being looked after by ambulance crews for at least half an hour before they could be handed over to nurses. The report by NHS Providers says the challenges this winter are likely to be even more severe than the last, when the problems were compounded by cold weather and the worst flu strain in seven years.
The Guardian (22.10.18)

Regional NHS News

Chief officer for West Midlands CCG to step down
Dr Simon Freeman, who has been at the CCG since April 2017, announced his intention to retire in a statement yesterday. His departure comes amid a major public outcry over reconfiguration plans for Shrewsbury and Telford Hospital Trust. As a temporary measure the trust decided last week to close the A&E in Telford overnight and divert patients to the Royal Wolverhampton Trust due to safety fears.

Mr Freeman said: ”Initially I came to the CCG on a 12-month secondment, but I have stayed on past my planned retirement to establish a new management team at the CCG and to help put in place plans for the transformation of the local health system. “It is a personal decision to take retirement and I will be working a full six-month notice period through to the end of March 2019.” The news comes following the closure last month of a long-awaited public consultation into the reconfiguration of acute services across the Shropshire sustainability and transformation footprint. Earlier this year the government announced the STP would receive £312m in capital funding for the reconfiguration.
HSJ (02.10.18)

Trust prosecuted for asbestos failings
Shrewsbury and Telford Hospital Trust will face prosecution by the health and safety regulator over its handling of asbestos at the Royal Shrewsbury Hospital in 2012. HSE began their investigation in 2015 after they were alerted to the issue by former trust employee Les Small who was dismissed within minutes of raising concerns with managers. Mr Small was employed by the trust to work on the refurbishment of old nursing accommodation at its Royal Shrewsbury Hospital in 2012 but was dismissed after raising concerns about potential asbestos exposure. The tribunal, which concluded in December 2013, found Mr Small had been dismissed by the trust for the protected disclosure he had made about the asbestos and that this dismissal amounted to detriment. HSJ understands Mr Small is currently in a legal dispute with the trust and the case is ongoing. The news of a prosecution against the trust comes following multiple concerns over the safety of its services.
HSJ (03.10.18)

Work on delayed Midland Metropolitan Hospital to start within weeks
Work on a delayed hospital will re-start later this month after the crisis-hit project was bailed out by the Government, it has been announced. The Midland Metropolitan Hospital has stood abandoned in Smethwick since the collapse of construction giant Carillion in January and the £475 million facility will open at least three years late. Balfour Beatty has been brought in to finish the job. The hospital, which is around two-thirds built on Grove Lane, was rescued after the Government agreed to put up the money to finish construction. Part of the work will have to be re-done as the site has deteriorated after being left to the elements for the best part of a year. Toby Lewis, chief executive of the Sandwell and West Birmingham NHS Trust, which will run the hospital, said it was now time to move forward.
Express & Star (04.10.18)

West Midlands Ambulance Service wants to change name

West Midlands Ambulance Service has revealed it is working with the University of Wolverhampton with a vision to rebrand as the West Midlands Ambulance Service University NHS Foundation Trust. The trust is consulting on the name change, which it says will reflect its focus on education and training. For over a decade paramedics in the West Midlands have been university-educated, and the trust works closely with four universities in the education of paramedics – Wolverhampton, Worcester, Staffordshire and Coventry – while undertaking research with a number of others.
To keep costs down, the trust will not be rebranding its fleet or buildings to reflect the name change, but new vehicles would bear the new name.
Shropshire Star (09.10.18)

Review of all serious incidents at Telford and Shrewsbury hospitals
A review is to be carried out of all serious incidents at Shropshire's two main hospitals. A series of visits, some of them unplanned, will also be carried out to ensure hospital services are operating as they should. The measures are part of steps being put forward by the governing body of Shropshire Clinical Commissioning Group. They come as Shropshire hospitals face claims over unnecessary baby deaths dating back up to 20 years as well as concern over emergency departments and the prospect of Telford's A&E closing at night because of staff shortages. Director of nursing, quality, and patient experience at Shropshire CCG, Dawn Clarke, said a recent Care Quality Commission (CQC) inspection had now finished and report writing is underway. "Urgent enforcement action has been taken where necessary," she added when presenting Shrewsbury and Telford Hospital NHS Trust'. **Shropshire Star (12.10.18)**

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Ambulances diverted from Shropshire to Stoke to help clear A&E backlog
Ambulances were diverted from both of the county's main hospitals to Stoke for two hours this afternoon. Only life-threatening emergencies and paediatric cases were being accepted at Royal Shrewsbury Hospital or Princess Royal Hospital in Telford between 1pm and 3pm to allow the hospital trust to clear a backlog of emergency cases. The news comes after staffing issues at Shrewsbury and Telford Hospital NHS Trust (SaTH) led its board to vote in favour of a temporary overnight closure of services at Princess Royal Hospital from November. Nigel Lee, chief operating officer at The Shrewsbury and Telford Hospital NHS Trust, said: "Our two A&Es have been very busy this week and, in line with protocols, some ambulances were, for two hours this afternoon, diverted to one of our neighbouring NHS trusts which had the capacity to support us. "This did not include patients who were referred to us by GPs or any paediatric patients. **Shropshire Star (16.10.18)**

£2.1 million for Shropshire to help ease NHS winter pressures
The funding aims to help get patients home quicker and free up hospital beds. Shropshire Council has been allocated £1.39m in funding and Telford & Wrekin Council has £774,291. It is part of a £240 million pot announced by Health Secretary Matt Hancock which could pay for home care packages to help patients get out of hospital quicker. The social care investment could also fund reablement packages, which support workers to help patients carry out everyday tasks and regain mobility and confidence, as well as making home adaptations, such as adapting a shower room if a patient has limited movement. The whole of the West Midlands will receive £26,781,361.

The Government says the health and care system has already been working hard to ensure patients return home from hospital once their treatment has finished. Delays attributable to adult social care have reduced by 39 per cent across England since February last year.
Shropshire Star (18.10.18)

Chairman of failing hospital steps down
Edward Libbey told the governors of the Queen Elizabeth Hospital (QEH), in King's Lynn, of his plan to leave, with immediate effect, on Monday afternoon. He said: "This is not a decision I have come to lightly and I am sad to be leaving. However, the end of my second and final term of office is approaching and I feel certain that the time is now right for me to depart. "While many of the problems highlighted in the QEH's CQC report are already being addressed, underlying the report is the requirement for significant cultural change within the organisation. Cultural change takes time and the work needed to deliver it must start immediately. David Thomason, the board's current vice chairman, will take over until a new permanent appointment is made. **Eastern Daily Press (22.10.18)**

Another 112 victims of the NHS' tainted blood scandal will DIE before a public inquiry discusses if they should get extra support money
At least 2,500 have already died as a result of being infected with HIV or hepatitis C after being given blood products or transfusions in the 1970s and 1980s. But Tainted Blood argue 112 more patients will die until officials look at financial support in 2020 and the issue is resolved. Currently, victims in England, Wales and **Northern Ireland** can receive between £5,000 and £36,000 a year, depending on their condition. Despite the scale of the scandal, none of the government officials, doctors nor drug companies responsible have faced criminal charges. In France, which used the same blood products, up to 30 people have been prosecuted for charges including negligence and deception, including two who were jailed. Up to 7,500 patients are now thought to have been infected with diseases after being given blood products or transfusions in the 1970s and 1980s.
Daily Mail (22.10.18)

New Mental Health Campaign launches in the West Midlands
The new campaign highlights that while we can all feel stressed, anxious, low or have trouble sleeping, there are simple actions we can take to manage them and prevent these issues from becoming more serious. It encourages people to visit the Every Mind Matters guide, a free NHS-approved online resource, which provides expert advice, practical tips, and experiences from real people to help manage these issues and those of others. Each year, around one in four people in England experience a mental health problem and the proportion of diagnosable common mental health conditions has increased by 20% in 20 years. A new survey1 of adults across the West and East Midlands conducted for PHE also shows nearly three quarters (70%) of people in the West Midlands report experiencing one or more of low mood, anxiety, stress and trouble sleeping frequently or occasionally. It is being promoted to adults across the Midlands with new TV, radio and online adverts; and is being supported by a range of public sector, charity and commercial partners.
Tamworth Informed (24.10.18)

Telford A&E night closure: Fears over impact on Midlands hospitals
Shrewsbury and Telford Hospital NHS Trust's board voted unanimously in favour of the night-time closure of A&E at Princess Royal Hospital during their meeting on Thursday. The overnight closure will mean the emergency department will close between 8pm and 8am and is due to be brought in during November. Fears have been voiced that it risks putting extra pressure on hospitals in Dudley, Wolverhampton, Stafford and Stoke.

David Loughton, chief executive of The Royal Wolverhampton NHS Trust, said the trust will work with SaTH, West Midlands Ambulance Service and surrounding organisations on a comprehensive plan before an ambulance divert is implemented. SaTH, which runs PRH and Royal Shrewsbury Hospital, said the recommendation to close Telford had been made considering the numbers of patients attending both sites overnight, as well as the mix and dependencies of other patient services. Health bosses say the overnight closure will last at least six months.
Express & Star (29.09.18)

Enclosure 4

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board on 1st November 2018

TITLE:	**Emergency Department Quality Improvement Plan (QIP)**		
AUTHOR:	**Bernadette Bluhm**	**PRESENTER**	**Karen Kelly**
CORPORATE OBJECTIVE: **SO1: SO2: SO3:**			

Summary
DGFT has been issued with 4 section 31 notices pertaining to the Emergency Department (ED) these were issued in December 2017, and subsequently February, June and August 2018.

The QIP responds to the requirements set out in the 4 section 31 notices and also responds to recommendations / feedback contained within the various CQC reports. This plan replaces the previous plan that was developed with the support of Deloitte's and it has been designed to engage staff from the bottom up. It reflects the weekly submissions to the CQC, NHSI and the CCG.

The QIP front cover – described as the QIP tree, provides a visual "at a glance" picture of the areas of improvement and links each work stream to a quality message.

The tree reflects the weekly submissions to the CQC:

- Triage
- The deteriorating patient – Eobs
- The deteriorating patient – sepsis
- Staffing
- Paediatric safeguarding
- Speciality support to ED

We have included 2 additional work streams

- Team engagement – this has been included to acknowledge the importance of ensuring that staff are informed, have an opportunity to contribute and engage and to create a positive culture of continuous learning.

- Patient flow – efficient and effective patient flow is essential to delivering sustained improvements in both quality and performance indicators. It is an enabler to the other work streams and will be delivered as a trust wide improvement programme as described in the attached governance structure.

The QIP document is designed to deliver rapid improvements, recognising the importance of achieving key quality indictors and providing assurance to the Trust Board, CQC and NHSI on progress against the Section 31 notices.
In the last week we have introduced a Risk summary for each of the project areas,

this will be populated week commencing Monday 29th October when the first work stream meetings convene.

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

RISK	**Y**		**Risk Description:** UC782 — Failure to deliver the CQC post inspection action plans and improve the CQC inspection rating
	Risk Register: Y		**Risk Score:10**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** ***(Please select from the list on the reverse of sheet)All domains***
	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 GROUP
The Improvement team requests support to progress with the programme deployment.

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**

Delivering safer care together

NHS
The Dudley Group
NHS Foundation Trust

Triage

Our aim is to:

- **S**ee – have the right staff member at the point of contact who is appropriately trained and experienced
- **A**ct – triage all patients into the correct triage category
- **F**ast – triage patients within 15 minutes of arrival
- **E**nvironment – allocate the patient to the right area for their care needs

Deteriorating Patient

Our aim is to:

- **S**ee – identify the patient observation intervals in accordance with their clinical presentation
- **A**ct – monitor observations in accordance with the agreed intervals
- **F**ast – escalate any deterioration in a patient's observations promptly to a senior member of the team
- **E**valuate – utilise available systems to manage the patient's care: eObs and eSepsis

Staffing

Our aim is to:

- **S**killed – ensure our staff have the necessary experience, knowledge and training
- **A**ccurate – ensure the right number of staff on duty are appropriate to the demand on the department 24 hours a day, 7 days a week
- **F**lexible – provide a workforce that is responsive to the needs of the patient and the department
- **E**ffective – provide high quality, safe, timely clinical care

Keeping Children Safe

Our aim is to:

- **S**taff – ensure all ED staff complete required ESI and safeguarding training
- **A**ct promptly and record accurately where concerns are identified
- **F**ormalise processes and support them with standard operating procedures
- **E**scalate – identify concerns, request early help via a multi-agency approach and internal specialties

Specialist Clinical Expertise

Our aim is to:

- **S**pecialist – ensure all patients are reviewed by a senior clinician
- **A**vailable – ensure specialist resource is protected and available to respond to the department
- **F**ast – review the patient promptly to inform clinical plan
- **E**nvironment – carry out assessments in designated specialty assessment areas, unless clinically indicated

Team Engagement

Our aim is to:

- **S**taff – engage all staff in the continuous improvement of the department
- **A**ll together – create a culture built on mutual respect, where medical and nursing staff work together to achieve
- **F**ulfil – allow staff to realise their full potential
- **E**mpower – encourage staff to contribute, speak up, voice concerns and challenge

Patient Flow

Our aim is to:

- **S**end – transfer stable patients to a ward area promptly after referral
- **A**lways - maintain a safe and comfortable ED environment for patients and staff
- **F**ocus - Eliminate ED crowding and care in corridors
- **E**ngage – work with partners across the urgent care system to manage demand

Emergency Department

CARE
RESPECT
RESPONSIBILITY

Report		Objectives	Metric	Base Date	Base Value	Target	TW 27 Sep-03 Oct	TW 11 Oct-17 Oct	TW v LW
Triage Perfor-mance	1	Ambulance, Adult Majors and Paediatric attendances will be triaged within 15 minutes	Ambulance	Jul-18	94.6%	95.0%	94.7%	99.1%	↑
			Adult Majors	Jul-18	60.0%	95.0%	80.0%	79.3%	↓
			Paediatric	Jul-18	70.0%	95.0%	78.7%	79.6%	↑
			All	Jul-18	70.0%	95.0%	**87.7%**	**88.9%**	↑
	2	Patients streamed to Adult See and Treat are seen within 60 minutes	See & Treat	Jul-18	86.5%	100.0%	96.0%	97.6%	↑
	3	Triage assessments are undertaken by an ESI trained nurse	ESI trained	Jul-18	96.0%	100.0%	100.0%	100.0%	→
Triage Audit	1	For all patients that are triaged, the ESI tool is appropriately appplied	ESI applied			100.0%	94.4%	100.0%	↑
	2	Triage assessments are undertaken by an ESI trained nurse	ESI trained			100.0%	100.0%	100.0%	→
	3	Assurance of internal audit demonstrated by independent audit	Assurance			100.0%	100.0%	100.0%	→
Sepsis	1	To ensure that our eligible patients are screened for sepsis	Screened	Jun-18	81.7%	90.0%	42.8%	46.0%	↑
	2	To ensure that patients screened positive for sepsis receive antibiotics within 60 minutes	60 mins	Jan-18	65.1%	90.0%	75.0%	80.0%	↑
Staffing	1	Registered nurses on duty will be Dudley Group staff	Dudley staff	Jan-18	69.6%	75.0%	71.9%	75.9%	↑
	2	Registered nurses have the correct skill set to support them working in their allocated areas	Correct skill			100.0%	82.1%	87.5%	↑
	3	Provision of cover hours per day by a Consultant across 7 days	16 hr / day			100.0%	100.0%	100.0%	→
E-Obs	1	No harm to patients resulting from failure to recognise a deteriorating patient	No harm			100.0%	100.0%	100.0%	→
	2	No harm to patients resulting from failure to escalate and act on deteriorating observations	No harm			100.0%	100.0%	100.0%	→
	3	Eligible patients have a recorded set of observations within 15 minutes of triage (maximum 30 minutes after arrival)	30 mins	w/e 23/5	69.2%	95.0%	81.4%	85.4%	↑
	4	Eligible patients will have each a set of observations recorded at a minimum by the time required by their early warning score trigger (unless a clinical decision is made to increase or decrease the frequency for individual patients)	30 mins	w/e 23/5	48.5%	95.0%	55.5%	62.0%	↑
			60 mins	w/e 23/5	47.8%	95.0%	72.4%	75.5%	↑
			4 hours	w/e 23/5	92.6%	95.0%	97.7%	98.1%	↑
Safe-guarding	1	Demostrate adherence to principals of safeguarding children and young people in relation to PLN referral on presentation	On present.	Jan-18	48.0%	95.0%	92.0%	91.0%	↓
	2	Demostrate adherence to principals of safeguarding children and young people in relation to PLN referral	Referred			100.0%	100.0%	100.0%	→

KEY: Bold GREEN figures for Adult Major and Paediatric Triage = Achieving Trajectory

Triage	Our aim is to: **S**ee - have the right staff member at the point of contact who is appropriately trained & experienced **A**ct – triage all patients into the correct triage category **F**ast – triage patients within 15 minutes of arrival **E**nvironment - allocate the patient to the right area for their care needs
KPIs	95% of all Ambulance, Adult Majors & Paediatric attendances will be triaged within 15 minutes 100% of patients streamed to Adult See & Treat are seen within 60 minutes 100% of triage assessments are undertaken by an ESI trained nurse For all patients that are triaged, the ESI tool is appropriately applied 100% of triage assessments are undertaken by an ESI trained nurse Assurance of internal audit demonstrated by independent audit

S31 requirement:
The registered provider must ensure that there is an effective system in place to robustly clinically assess all patients who present to the emergency department in line with relevant national clinical guidelines within 15 minutes of arrival. Ensuring staff are competent to undertake triage, understand the system being used, identify and escalate clinical risks appropriately and the registered provider must ensure that this clinical assessment and the rationale for level of care provided is clearly documented in patients' records.

Off track/no progress	At risk of not achieving deadline	On track	Complete

Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
ECIST	An agreed response to peaks/surges in demand to ensure sustained performance	Review current ED escalation policy & set triggers with associated responses to manage escalation	Rachel Tomkins	01/11/2018	PDSA has commenced from the 11th with the training of the trial ward clerks in order to relieve some of the Tracker role (admin duties). Full PDSA will commence with ECIST on 24th October	
		Introduce/familiarise the document (status at a glance) into the department	Rachel Tomkins	01/11/2018	PDSA has commenced from the 11th with the training of the trial ward clerks in order to relieve some of the Tracker role (admin duties). 18/10 - Full PDSA will commence with ECIST on 24th October.	
Emergency Department	Ensure all triage areas are staffed with ESI trained nurses	Develop plan to ensure nurses commence ESI training when eligible to do so	Liz Slevin	01/09/2018	18/10 - COMPLETE - Plan in place supported by PDN.	
ECIST		Explore the enhancement of triage staff at the front door through a PDSA cycle of a medic at the front door	Ash Singal	~~31/10/2018~~ 1/12/18	22/10 Dates for medical triage PDSA agreed to be 30/11 & 1/12/12	
Emergency Department	Ensure that the ambulance triage facility is provided in a physical environment that supports patient observation & patient privacy & dignity.	Ambulance triage located in cubical areas to facilitate transfer and handover	Rachel Tomkins	01/02/2018	Triage area relocated - COMPLETE	
Dudley Improvement Practice		Explore potential to relocate ambulance triage from its current facility closer to the main department	Rachel Tomkins	~~15/10/2018~~ Revised 15/11/2018	Exploring potential to utilise cubicles B F in main ED. This is being considered in conjunction with the introduction of "ambulant majors" 18/10 - Peter Lowe visiting dept. to commence departmental mapping on	
Emergency Department		Continuous reinforcement through staffing handovers & safety huddles for the need to observe/protect patient privacy & dignity	Liz Slevin	01/03/2018	COMPLETE - on going action at safety huddles and staff handovers	
ECIST / CQC under pressure document	Minimise the demand for ambulance assessment cubicles & reduce associated delays	Establish an ambulance Fit to Sit triage area	Liz Slevin	15/11/2018	PDSAs have taken place through August & September. The Fit to Sit facility is dependant on securing adequate registered nursing staff to safely open Reviewed post PDSA's. Lead band 7 allocated. 18/10 - currently located in CDU. CDU is due to reopen therefore an area for F to Sit will need to considered within the mapping exercise.	
ECIST		Develop & implement a SOP to support the safe introduction of the Fit to Sit facility	Liz Slevin	01/09/2018	Development of the SOP has been supported by ECIST and is in place COMPLETE	

Emergency Department	Ensure that there is accurate recording of all pre alert calls from WMAS & ensure that the appropriate clinical environment, in particular resus capacity, is available when it arrives	To ensure that there is an agreed process to support the receive & forward communication of alerts	Rachel Tomkins	~~12/10/2018~~ Revised - 19/10/2018	Flow chart completed in draft. 18/10 - Slight amendment being made. Will be out on the department 19th October 2018.	
		The internal escalation plan identifies how the department will create resuscitation capacity if required and not available at time of call (manage risk & prioritise)	Rachel Tomkins	~~12/10/2018~~ Revised - 19/10/2018	Will be included in the flow chart above and included in the department at a glance PDSA trial.	
Emergency Department	Provide assurance that ESI triage assessments have been appropriately completed	Daily audit of triage assessments undertaken	Liz Slevin	01/07/2018	18/10/18 Daily audits are ongoing Audits have offered assurance that ESI is undertaken appropriately. Audits to be scaled down to every other day and then twice weekly for 4 weeks and then review.	
ECIST	Provide a safe clinical environment for majors patients post triage to avoid patients returning to the waiting room	To extend the ambulance Fit to Sit area to provide a clinical environment for ambulant majors patients	Liz Slevin	~~01/07/2018~~ 15/11/2018	This will be reflected in the 'fit to sit' SOP. 18/10- delayed due to the need to reopen CDU. Will form part of department mapping exercise. SOP	
ECIST		Undertake a PDSA with the support of ECIST.	Liz Slevin	~~01/07/2018~~ 6/11/18	Commenced 24/08/2018 originally with ambulance only patients. PDSA now expanded to include main waiting room. SOP will include both sets of patients.	
		Agree & secure adequate staffing	Liz Slevin	~~05/10/2018~~ Revised - 31/3/2019	Nurse staffing review/paper completed. Waiting costings from finance then to present to board. 18/10 - paper costed. Expected to go to	
		Identify the appropriate physical space	Liz Slevin	~~15/10/2018~~ Revised - 15/11/2018	Initial area identified (old CDU) howeve review of all areas being undertaken. 18/10 - CDU now planned to reopen, will form part of department mapping exercise	
		CSW allocated to the waiting room as a point of reference patients & to provide information to patients	Liz Slevin	05/10/2018	COMPLETE - proposed nurse staffing paper includes this role as it is not included in the current establishment	
		An ENP is nominated as the lead nurse to provide senior leadership to the majors triage area on a daily basis	Liz Slevin	30/09/2018	COMPLETE with a designated daily team leader	
ECIST		With the support of ECIST, plan to undertake a PDSA to provide joint streaming(DGNHSFT & UCC staff) at	Liz Slevin	30/09/2018	Walk through process undertaken. ECIST have suggested not to adopt a joint streaming model.	
	Ensure that young people aged 16 - 18 attendances triaged in the adult departmen are subject to the necessary safeguarding checks	Additional awareness training with support provided from the paediatri unit	Lucy Rozga	01/08/2018	18/10 - COMPLETE - letter sent out to all ED staff reminding staff of their roles & responsibilities. Referral criteria displayed across the unit & in triage	
		Adolescent green card PDSA commenced	Lucy Rozga/Liz Slevin	~~15/09/2018~~ 5/11/18	PDSA in process due for review week ending Friday 5th October. 18/10 - process in place. ED paediatric SOP requires amending to include.	
		Weekly audit & individual feedback	Lucy Rozga/Liz Slevin	01/08/2018	22/10 - weekly audits continue & feed CQC weekly submissions. Individual feedback is ongoing through case discussions.	
	Learning from incidents	Undertake weekly review to triangulate associated SIs & incidents	Liz Slevin	01/08/2018	Ongoing action as part of weekly reporting metrics 22/10/18 - to be added to governance	
		Learning from any associated Sis & incidents to be shared through internal ED governance meetings	Ash Singal	01/08/2018	18/10/18 Agenda item at ED governance 22/10/18 - to be added to governance agenda & minuted	

Project Risks Summary

Risk Ref	Date Raised	Risk Description	C	L	I	RAG	Mitigating Actions	Owner	Comments

Deteriorating Patient	Our aim is to: **S**ee - identify patients observation intervals in accordance with their clinical presentation **A**ct – monitor observations in accordance with the agreed intervals **F**ast - escalate any deterioration in a patients observations promptly to a senior member of the team **E**valuate – utilise available systems to manage the patients care; e-Obs & e-Sepsis
KPIs	No harm to patients resulting from failure to recognise a deteriorating patient No harm to patients resulting from a failure to escalate and act on deteriorating patients 95% of eligible patients will have a recorded set of observations within 15 minutes of Triage (maximum 30 minutes after arrival) 95% of eligible patients will have each set of observations recorded at a minimum by the time required by their early warning score trigger (unless a clinical decision is made to increase or decrease the frequency for individual patients) To ensure that 90% of our eligible patients are screened for sepsis To ensure that 90% of patients screened positive for sepsis receive antibiotics within 60 minutes

s31 requirement
The registered provider must ensure that there is an effective system in place to identify, escalate and manage patients who may present with sepsis or a deteriorating medical condition in line with the relevant national clinical guidelines. This applies to all patients in all areas of the emergency department.
This system must also include effective monitoring of the patient's pathway through the department from arrival and enable staff to locate patients.

Off track/no progress	At risk of not achieving deadline	On track	Complete

Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
CQC Under Pressure document	We want to be assured that all ED staff are familiar with the sepsis screening tool & are compliant with its use	Identify lead consultant & nurse to drive forward sepsis management in the department	Ash Singal	30/09/2018	Lead Consultant & lead nurse identified - COMPLETE	
		Set up weekly meetings to review performance & identify actions to improve	Dr Wani	08/10/2018	COMPLETE - Dr Wani has met with the Trust Sepsis Leads to enhance the ED sepsis meetings that have been recommenced.	
		Ensure the ED is linked into the trust wide sepsis group	Julian Hobbs	30/09/2018	ED in attendance at deteriorating patient group to ensure sepsis is discussed. Feedback into local ED meeting.	
		Implementation of e-sepsis	Mark Stanton	Mid September 18	COMPLETE	
		Feed into the department monthly governance meeting	Dr Wani	09/10/2018	Feedback will begin at the next departmental governance on the 9th October and will be documented in the meetin minutes . 22/10 - meetings are not currently minuted. Matron &	
	Addressing culture & behaviour	Staff education in groups & targeted 1:1s supported by continuous reinforcement	Dr Wani/Martin Gallagher	01/08/2018	This is an ongoing approach and will now include the adoption of e-sepsis. Sepsis training is monitored and reported weekly. 22/10 - matron to discuss & confirm regular meeting for training performance at Operational mtg on 23/10	
CQC Under pressure document	Medical & nursing staff will use their clinical expertise & assessment skills to safely observe & recognise when patients deteriorate/become unwell & that they will take appropriate actions t respond	Implementation of e-obs system	Mark Stanton	May-18	COMPLETE - Work continues with IT regarding a process to record & report on the de-escalation of a patients observations when deemed necessary by a senior clinician	
		Training of all nursing staff on the e-obs system	Liz Slevin	May-18	Staff training ongoing. 22/10 - all staff trained & crib sheet created for agency staff to use. COMPLETE	
		Ongoing reinforcement of the need to comply with real time data entry.	Liz Slevin	May-18	On going reinforcement and feedback from weekly audits. 22/10 - performance is improving & supported by CSW tracking e-obs triggers. Deep dive into possible adjusted values w/c 23/10	
		Addition CSW provided to monitor compliance with observation recording & support with recording of	Liz Slevin	Nov-18	Currently the additional CSW is dependant on temporary staffing. A review of current nursing establishment has been completed. 18/10 - paper to go to Board in November.	
		Secure additional IT hardware t support recording of observations	Mark Stanton	31/01/2019	First phase - additional COWS and mobile devices have been made available to ED 21/09/18. The next phase is planned for December 2018. third phase planned January 2019	
ECIST		PDSA cycle - patient triggers a NEWS of 7 they are moved to Resus to support enhanced observation	Liz Slevin	01/09/2018	Following the review of the PDSA cycle, this has now become normal practice within the department. As part o embedding this successful change, the department are reviewing how ongoing performance of this is measured.	
	Oversight of all patients within the ED department at all times	Implement of the national ED patient safety checklist	Rachel Tomkins	19/10/2018	2 hourly quality rounds are embedded in e-format. ED Patient Safety Checklist completed in draft, now in testing process. 18/10/18 - An electronic version in Sunrise cannot be implemented until Dec. Paper checklist to be discussed at	
	Learning from Incidents	Undertake weekly review to triangulate associated SIs & incidents	Liz Slevin	01/08/2018	On going action that is reported weekly and feeds into department governance meeting. 22/10/18 - to be added to governance agenda & minuted	
		Learning from any associated Sis & incidents to be shared through internal ED governance	Ash Singal	01/08/2018	In place as above. 22/10/18 - to be added to governance agenda & minuted	
CQC Under Pressure document	Provide adequate nursing numbers with the necessary experience & skills to safely monitor & escalate deteriorating	Refer to staffing section				

Project Risks Summary

Risk Ref	Date Raised	Risk Description	C	L	I	RAG	Mitigating Actions	Owner	Comments

DRAFT

Staffing	Our aim is to: **S**killed - ensure our staff have the necessary experience, knowledge & training **A**ccurate - ensure the right number of staff on duty are appropriate to the demand on the department 24 hours per day, 7 days per week **F**lexible - provide a workforce that is responsive to the needs of patients and the department **E**ffective - provide high quality, safe, timely clinical care
KPIs	>75% of registered nurses on duty will be Dudley Group staff Registered nurses have the correct skill set to support them working in their allocated areas Provision of 16 cover hours per day by a Consultant across 7 days

s31 requirement:
The registered provider must ensure that there are sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff at all times to meet the needs of patients within all areas of the Emergency Department including any area where patients are waiting to be seen.

Off track/no progress	At risk of not achieving deadline	On track	Complete

Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
CQC Under pressure document	The nursing workforce needs to be sufficient in number to respond to the current patient demand profile	Uplift in nursing establishments agreed by the Board	Rachel Tomkins	01/05/2018	COMPLETE	
		Development of a Recruitment & retention plan that explores the introduction of band 4's and further supporting roles such as	Rachel Tomkins	~~20/09/2018~~ Revised 15/11/18	The development of the R&R plan is supported by HR. Plan required board sign off . 18/10 - paper costed. Expected	
		As part of the R&R plan, a revised nurse staffing paper is to be presented to Board which will recommend an increase in	Rachel Tomkins	~~05/10/2018~~ Revised 15/11/18	Paper in first draft. Requires finance section to be completed 18/10 - paper costed. Expected to go to November board.	
ECIST / CQC Under Pressure document		Trust wide escalation policy that identifies where additional nursing support to ED will be provided from in response to Trust OPEL status	Karen Kelly	31/10/2018	Deputy Director of Operations appointed and commenced 10/09/18 will lead on daily operational site management and escalation. 18/10 policy in draft, to be	
		Assess and approve the viability of paramedic support to the ED. Develop job description & advertise post	Liz Slevin	Appointments - 31/10/1	Job description developed & advert put out 19/9 for Band 6 paramedics Advert closes October 11th, applications are being received. 18/10 - Interviews scheduled for the 22nd October 2018.	
		Introduce for rag rating nurse staffing numbers on red, amber, green basis. To include acuity and volume.	Liz Slevin	31/10/2018	Draft staffing escalation plan formulated. 18/10/18 will be tested alongside the "status at a	
Royal Wolverhampton Trust (RWT)	We want to provide an environment that supports staff development & encourages our nurses to remain with us	RWT support plans & monitoring: New Starter Graduate Programme Preceptorship programme -12 months Leadership course	Liz Slevin	17/09/2018	Met with RWT to consolidate the plan. First training programme starts 17/9/18 @ RWT 18/10 - Graduate programme commenced - Leadership	
		RWT supporting the development of band 7 staff, introducing band 7 development programme	Liz Slevin	30/10/2018	Waiting further detail from RWT 22/10 - Deputy Chief Nurse to meet with RWT w/c 22/10 to discuss local delivery	
		Recruitment into the vacant Practice Development nurse post	Liz Slevin	Advert 12/10/18	Fixed term post secured. Band 6 substantive post due to go out to advert by 12/10/18. 22/10 - posts filled.	
CQC Under pressure document	The medical workforce needs to be sufficient in number to respond to the current patient demand profile	Recruit to additional 5 consultant posts	Ash Singal	Interviews 11/10/18	18/10/18 Consultant interviews held 11/10/2018. 3 successful candidates recruited. Further job advert to be published within 10 days.	

Project Risks Summary

Risk Ref	Date Raised	Risk Description	C	L	I	RAG	Mitigating Actions	Owner	Comments

Keeping Children Safe	Our aim is to ensure: **S**taff - ensure all ED staff complete required ESI & safeguarding training **A**ct - act promptly & record accurately where concerns are identified **F**ormalise processes & support them with standard operating procedures **E**scalate - identify concerns, request early help via a multi-agency approach & internal specialities
KPIs	To ensure 95% of children & young people are referred to the Paediatric Liaison Nurse at the time of attendance as per agreed criteria Consistently demonstrate appropriate adherence to principals of safeguarding children and young people in relation to PLN referral To ensure that the Internal Safeguarding Board has oversight of paediatric liaison and safeguarding compliance

s31 requirement:
There are robust and effective systems in place to ensure that any safeguarding concerns are identified and acted on appropriately.

Off track/no progress	At risk of not achieving deadline	On track	Complete

Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
	Safe transfers of paediatrics throughout the Trust	Review the SOP for internal paediatric transfers	Lucy Rozga	31/10/2018	18/10 - Currently being adapted to reflect changes identified	
		Review current transfer sheet to accompany paediatric patients to the ward	Lucy Rozga	10/08/2018	18/10 - Paediatric specific transfer sheet introduced - COMPLETE	
	Staff to obtain clinical history in the voice of the child	Communications sent to staff to promote using the voice of the child	Lucy Rozga	15/10/2018	18/10 - Developed & circulated 15/10 COMPLETE	
		Introduction of the children's charter in the department	Lucy Rozga	31/10/2018	18/10 - Currently in development - adapting war charter to ED	
CQC under pressure document	Timely review of paediatrics	Review the staffing model & introduction of ENPs into the department	Lucy Rozga	31/12/2018	18/10 - Recruitment underway for ENPs.	
	To ensure safety of patients who 'self discharge'	SOP to be developed in relation to self discharge of paediatric patients	Lucy Rozga /Ash Singal	15/11/2018	18/10 - Current process in place, requires formalising into a SOP. Current policy to contain an amended appendix.	
	To ensure appropriate safeguarding at time of attendance	Pilot for 4 weeks to deliver a PLN service 7 days per week	Lucy Rozga	14/10/2018	18/10 - Pilot ended 14/10. Outcome to be included in CQC weekly submission w/e 19/10. Conclusion of 4 week trial is no increased benefit. COMPLETE.	
	Learning from Incidents	Undertake weekly review to triangulate associated SIs & incidents	Lucy Rozga	Ongoing	18/10 - Completed weekly as part of CQC submissions	
		Learning from any associated Sis & incidents to be shared through internal ED governance meetings	Lucy Rozga /Ash Singal	Ongoing	18/10 - Agenda item at ED governance	

Project Risks Summary

Risk Ref	Date Raised	Risk Description	C	L	I	RAG	Mitigating Actions	Owner	Comments

Specialist Clinical Expertise	Our aim is to: **S**pecialist - ensure all patients are reviewed by a senior clinician **A**vailable - ensure specialist resource is protected and available to respond to the department **F**ast - review patients promptly to inform clinical plan **E**nvironment - carry out assessments in designated speciality assessment areas unless clinically indicated
KPIs	Provide specialist clinical expertise across the emergency department to ensure all patient care is overseen by a senior clinician Patients referred from ED to a clinical speciality that are identified as 'high risk' will be seen within 30mins by a senior decision maker from the speciality Patients not categorised as 'high risk' will be seen by a senior decision maker within 4 hours of referral (this may take place outside of ED in the appropriate assessment facility or ward)

s31 requirement:
The provider must ensure that specialist clinical expertise is secured to ensure expertise across the emergency department. The clinicians should provide the oversight of care provision, ensuring all patients receive care from senior clinicians that is safe, effective, timely and in line with best practice.

Off track/no progress	At risk of achieving deadline	On track	Complete

Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
RCEM / ECIST / CQC Under pressure document		Pts in sole care of ED(not requiring referral to speciality), the clinical pathway sign off will be undertaken by an ED	Ash Singal	20/08/2018	Complete	
RCEM		All patients discharged from ED with a need for a specialist assessment will be countersigned by a specialist before discharge	Ash Singal	21/08/2018	Complete	
CQC under pressure document		All specialties will have identified slots for "hot clinic" next day return to support facilitated discharge from acute medicine	Matt Banks	~~20/09/2018~~ Revised 31/10/2018	18/10 Acute Medicine & Elderly Care have hot slots available for direct referral from ED. Other specialities are in the process of building this facility into clinics	
ECIST		Internal professional standards agreed & implemented	Ash Singal	20/09/2018	18/10/18 - ED Standards have been written & are with clinical staff for review. Trustwide Professional standards are in place and available on the Hub.	
ECIST/ CQC Under pressure document	Patients referred from ED to a clinical speciality that are identified as 'high risk' will be seen within 30 mins by a senior decision maker from the speciality	Electronic reporting of timing of specialist assessment in reported	Johanne Newens	31/10/2018	18/10/18 - Weekly audits are in place for monitoring purposes.	
		Clinical teams to determine 'high risk' category (to include Sepsis, chest pain, stroke etc.)	Ash Singal	31/10/2018	22/10 - high risk categories have been proposed & await sign off by clinical leaders	
		Enhance the current referral tex on Soarian to include the clinical priority in which the patient needs to be seen.	Ash Singal	01/11/2018	18/10/18 The categories will be agreed by clinical leads, however the functionality of sunrise needs to be explored. The timescale for delivery of this report might be influenced	
		Introduce an escalation response to the 30 min standard which will involve a telephone escalation by the relevant consultant to the named	Matt Banks	22/08/2018	Complete	
RCEM	Patients not categorised as 'high risk', will be seen by a senior decision maker within 4 hours of referral (this may take place outside of ED in the appropriate assessment facility or ward)	ED Consultant SOP to be reviewed to reflect this standard	Ash Singal	31/10/2018	SOP reviewed. Awaiting ratification.	
		Development of an automated report to monitor standard	Johanne Newens	31/10/2018		

Project Risks Summary

Risk Ref	Date Raised	Risk Description	C	L	I	RAG	Mitigating Actions	Owner	Comments

Team Engagement	Our aim is to: **S**taff - engage all staff in the continuous improvement of the department **A**ll together - create a culture built on mutual respect, where medical & nursing staff work together to achieve **F**ulfilled - allow staff to realise their full potential **E**mpowered - encourage staff to contribute, speak up, voice concerns & challenge
KPIs	**Evidence of attendance at weekly multi-disciplinary team meetings that are minuted & have appropriate ToR** Improved nursing turnover rates from current 'X' to planned 'Y' Evidence of staff speaking positively about working in the ED dept. as measured by staff survey

Engaging the workforce is recognised as an enabler to delivery and is supported by the NHSI Improvement Director & ECIST

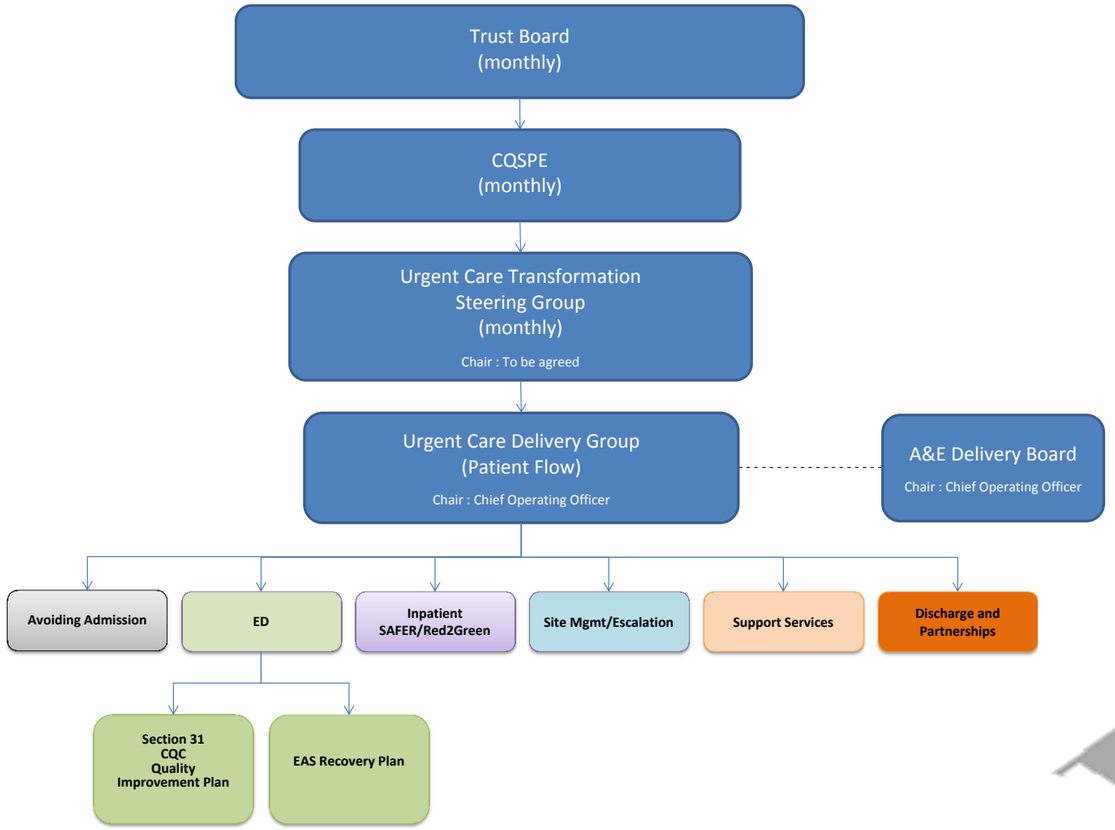
Off track/no progress	At risk of achieving deadline	On track	Complete

Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
Dudley Practice Improvement / RWT	We want our senior medical and nursing leaders to work together to achieve mutually agreed goals	Establish a weekly leaders forum where goal setting and evaluation can take place.	Ash Singal	15/10/2018	First meeting to be arranged week commencing 15/10/18. Aims and objectives for the forum to be discussed and agreed in advance of the meeting.	
ECIST / Dudley Practise Improvement	We want to communicate better with all department staff and make sure that they are better informed and involved in changes	Introduction of monthly news letters	Ash Singal	01/08/2018	In place - The newsletters will continue to develop. Seeking ideas / contributions from staff	
		Multi-disciplinary team meetings	Ash Singal / Rachel Tomkins	31/10/2018	18/10/18 - The current weekly operational meeting will extend x 1 monthly to include a wider membership that will capture all grades of staff.	
		Written communication book	SR Bibi	05/10/2018	Introduced as staff requested this to support members of the team who find it difficult to access emails. The use of the book will be monitored.	
		Multi-disciplinary team away days	Ash Singal	30/11/2018	18/10/18 - Away days to be arranged to accommodate all grades of staff. The days will focus on performance and quality improvement and promote team working	
		Breakfast club	Liz Slevin	17/09/2018	18/10/18 - In place - breakfast club provides a forum for shared learning and de-briefing from the night shift. It is also supports team building and mutual support. Positive feedback received from nursing staff	
	We want to celebrate success and encourage our staff to be involved	Unicorn of the week - staff award	Liz Slevin	17/09/2018	18/10/18 - Nominations each week by the staff recognising good practise. The unicorn becomes a positive symbol that staff engage with.	
		Success boards	Liz Slevin	01/09/2018	18/10/18 - On going action Success boards are on display to highlight Department performance. Triage performance boards are now on display in the ambulance and majors triage areas. Fit to Sit PDSA outcomes are displayed in the clinical areas for staff to see.	

Project Risks Summary

Risk Ref	Date Raised	Risk Description	C	L	I	RAG	Mitigating Actions	Owner	Comments

Patient Safety and Quality	Compliance Status (RAG)			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Environmental cleaning					96.5%	97.0%	94.8%	88.99	92.3
Saving Lives - 02a Peripheral Lines (insertion)				100%	100%	100%	100%	100%	100%
Saving Lives - 06a Urinary Catheter (insertion)				100%	100%	100%	100%	100%	100%
Total number of datix incident reported				157	198	165	199	141	169
Serious Incidents				0	0	1	5	0	0
Never Events (Trust wide)				0	0	0	0	0	0
Falls, injuries and accidents				5	1	3	3	5	3
Pain Management				100%	75.0%	100%	80.0%	76.0%	100%
Medicines Management Audit					81.0%	100%	100%	100%	92.0%
Deteriorating trolley check (Daily check) (1 month in arrears)					100%	100%	0%	100%	100%
Sepsis trolley check (Daily check) (1 month in arrears)					100%	0%	0%	0%	100%
Matron audit				ND	ND	100.0%	80.0%	62.0%	81.0%
% PLN's Completed on Arrival				64.5%	84.5%	73.7%	79.5%	87.0%	90.6%
% MARFs completed								61.0%	82.6%
Patient Observations									
% Time to First OBS <15Mins					43.6%	41.4%	43.6%	49.1%	46.8%
% 30 Mins Obs Trigger Completed					70.1%	69.3%	71.6%	79.0%	76.8%
% 60 Mins Obs Trigger Completed					52.6%	53.3%	55.4%	62.0%	64.4%
% 4hr Obs Trigger Completed					93.9%	94.6%	95.7%	96.4%	97.1%
Sepsis Compliance (Screening)				Awaiting Eobs validated data					
Antibiotics given with 60mins of time zero						60.8%	76.5%	82.1%	81.2%
Patient Experience									
Family and Friends - Footfall				14.40%	14.45%	15.20%	15.10%	13.20%	13.6%
Family and Friends - % recommended				83.40%	80.50%	78.20%	77.20%	79.50%	79.3%
Complaints				9	11	2	6	8	12
Compliments				9	4	1	6	2	5
PALs contacts				40	18	7	17	11	20
Workforce and safer staffing									
Appraisals (Nursing)				22.1%	49.5%	94.7%	95.0%	95.0%	94.7%
Appraisals (Medical)				12.5%	25.0%	87.5%	87.5%	87.5%	87.5%
Mandatory training (Nursing)				91.2%	92.3%	92.3%	90.4%	90.3%	89.3%
Safeguarding Adults training compliance				96.2%	96.1%	98.9%	97.9%	98.9%	98.9%
Safeguarding Paeds training compliance - Nursing (level 1-3)				97.8%	97.1%	96.6%	95.7%	96.9%	93.2%
Sickness rate (Nursing)				3.3%	3.9%	9.0%	11.5%	12.1%	8.5%
Medical staffing fill rate (DAY shifts)									
Medical staffing fill rate (Night shifts)									
RN average fill rate (DAY shifts)				94.8%	90.3%	77.5%	81.0%	82.4%	85.0%
RN average fill rate (NIGHT shifts)				94.9%	95.1%	94.0%	90.9%	95.5%	95.7%
ED Specific									
Percentage of patients seen within 4 hours (Type 1)				77.9%	76.5%	78.7%	76.7%	80.6%	77.2%
Triage Times - All (seen within 15 mins)				84.3%	78.3%	75.1%	78.2%	89.1%	88.3%
Triage times - Ambulance (seen within 15 mins)				95.8%	93.8%	94.0%	95.6%	97.4%	98.1%
Triage times - Adult Majors (see within 15 mins)				68.4%	53.7%	49.5%	59.5%	77.0%	78.1%
Triage times - See and Treat (seen within 60 mins)				94.4%	90.2%	85.1%	85.2%	94.1%	93.9%
Triage times - Paeds (seen within 15 mins)				73.8%	71.0%	66.6%	65.8%	85.6%	80.4%
Number of breaches - 4hrs (MINORS)				64	127	89	152	61	134
Number of breaches - 12hrs DTA to Admission				0	1	0	0	0	0
Ambulance 30 minute breeches (DGH view)				180	437	437	542	267	441
Left before being seen				1.7%	2.1%	1.8%	2.5%	1.6%	1.7%
Time Critical conditions - Stroke Thrombolysis within 60 mins				42%	60%	50%	50%	42%	66%
Time Critical conditions - NOF - Time to surgery				95.2%	97.0%	95.5%	100%	91.3%	100%
Nutrition Audit - CDU only				ND	ND	ND	ND	ND	ND
Skin Bundle Audit - CDU				100%	100%	100%	ND	ND	ND
VTE (CDU)				96.9%	85.4%	86.0%	89.9%	91.5%	100%
Skin Bundle Audit - ED (Anderson Tool)									


Trust Board
(monthly)
CQSPE
(monthly)
Urgent Care Transformation
Steering Group
(monthly)
Chair : To be agreed
Urgent Care Delivery Group
(Patient Flow)
Chair : Chief Operating Officer
A&E Delivery Board
Chair : Chief Operating Officer
Avoiding Admission
ED
Inpatient
SAFER/Red2Green
Site Mgmt/Escalation
Support Services
Discharge and
Partnerships
Section 31
CQC
Quality
Improvement Plan
EAS Recovery Plan

DRAFT

Enclosure 5

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 1 November 2018

TITLE:	**Report from the Urgent and Emergency Care Service Improvement Group**		
AUTHOR:	Jenni Ord – Chair	**PRESENTER**	Jenni Ord – Chair
CLINICAL STRATEGIC AIMS			
	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.		

CORPORATE OBJECTIVES
SO 1 – Deliver a great patient experience
SO 2 – Safe and caring services
SO 3 – Drive Service Improvement, innovation and transformation
SO 4 – Be the place people choose to work
SO 6 – Deliver a viable future

SUMMARY OF KEY ISSUES:

The attached provides a summary of the activity of the urgent and emergency care service improvement group in October 2018. The Group brings together senior staff from across the Trust who can support with service improvement.

At the last meeting on the 23 October the meeting was attended by most of the Non Executive members of the Board where the Group received the presentation to be made to the system oversight group showing the forecast improvement impact of the Quality Improvement Actions.

The Group at its last meeting agreed to review its composition and focus as it recognised the inherent risk of confusion having such a task and delivery group chaired by the Trust Chair.

IMPLICATIONS OF PAPER:			
RISK	**Y**		**Risk Description:** COR 501 – risk to the delivery of a safe and effective ED service
	Risk Register: Y		**Risk Score:** 20
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details: Primarily links to safe, but also links to well led. s31 registration requirements.**
	NHS I	**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 Group's agreement to review its composition and focus as it recognised the inherent risk of confusion having such a task and delivery group chaired by the Trust Chair.

The Dudley Group
NHS Foundation Trust

Committee Highlights Summary to Board

Group	Meeting Dates	Chair	Quorate	
Urgent and Emergency Care Service Improvement Group	2 October 2018 9 October 2018 16 October 2018 23 October 2018	J Ord	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Activity of the Group

The Group continued to meet every Tuesday from the 2 October to the 23 October 2018. The Group received the information submitted to the regulators each Friday and discussed the actions being taken to secure sustained improvement.

At the last meeting on the 23 October the meeting was attended by most of the Non Executive members of the Board where the Group received the presentation to be made to the system oversight group showing the forecast improvement impact of the Quality Improvement Actions. At the same meeting the Group agreed to review its composition and focus as it recognised the inherent risk of confusion having such a task and delivery group chaired by the Trust Chair.

Decisions Made/Items Approved

At the meeting on the 23 October 2018, the Group agreed to review its composition and focus.

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

The tracking of the improvement trajectory delivery

Items referred to the Board for decision or action

Nothing specifically required referral to the Board outside of the standing item on the Board agenda regarding ED improvement.

Enclosure 6

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 1 November 2018

TITLE:	**23 October 2018 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Glen Palethorpe –Director of Governance	**PRESENTER**	Doug Wulff – Committee Chair

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

CORPORATE OBJECTIVES

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

SUMMARY OF KEY ISSUES:

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

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description: c**overs many risks, nut key are those related to the Trust quality priorities, deteriorating patient and patient experience
	Risk Register: Y		**Risk Score:** numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** links all domains
	NHS I	**Y**	**Details:** links to good governance
	Other	**N**	**Details:**

ACTION REQUIRED

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

RECOMMENDATIONS FOR THE BOARD

The Board should not the assurances provided by the Committee and the actions they took at the last meeting. The Board should note that there are no specific matters requiring referral to the Board from the October meeting.

The Dudley Group
NHS Foundation Trust

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	23 October 2018	D Wulff	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances received

- The Committee received a report from the Risk and Assurance Group which provided information on the receipt and debate of information covering NPSA alerts, coroners cases including actions taken as a result of regulation 28 rulings, serious incidents including their progress and tracking of improvements. The Group had not referred any matters to the Committee this month. The Committee was informed that the change in process that now sees the Risk and Assurance Group receive Serious Incidents as they are initially reported and as the investigation is complete had commenced but that this was putting some pressure on the agenda of the meeting.
- The Committee received a summary report of key quality metrics along with the Trust Integrated Performance Report. The Committee discussed the delivery across the quality priorities. The Committee received a report on the delivery of the Trust quality priorities. The report showed the targets where performance was achieved together with the areas of Pressure Ulcer care, Discharge Management and Friends and Family Tests where some of the stated priorities were not being met. The Committee received the action plans to address each of the areas of underperformance and information on where each action plan was being tracked. The Committee was updated on a propose change to the VTE assessment processes recommended by the Thrombolysis Group and asked that a report be brought back to the next meeting providing an update on the impact of these proposed changes.
- The Committee received a report in respect of the histopathology service and the outcome of the planned case reviews and the actions being taken. The Committee was updated on the advice provided by the GMC in respect of action being taken in respect of the clinician involved and the Divisional Director confirmed that this had been complied with.
- The Committee received a report from the Falls Prevention and Management Group, providing information and assurance on the falls reduction measures put in place in quarter 2 of 2018/19 to maintain the Trust's current position of having a lower than the national average number of falls per 1000 occupied bed days for both falls with and without any harm. The Committee discussed the previous

exception in B3 and the actions taken to secure the performance improvement this month. The Committee discussed the community patients and asked that the next report to the Committee on falls includes information on community initiatives and actions to prevent falls.

- The Surgery, Women and Children Division provided an update on the actions being undertaken within ophthalmology to ensure sustainably in the delivery of the service. The Division updated the Committee on actions being taken to provide further clinic slots recognising that the Division is ahead of its trajectory for seeing overdue follow up patients but is behind its plan for seeing new patients. The Division provided an update on the work being undertaken in respect of paediatric outpatient waiting lists. The Division has seen an improvement in the delivery of the recovery trajectory. The Division discussed the Dermatology waits and the Committee asked that the next Surgery Divisional Update provides information on the delivery of the Dermatology waits. In Pediatrics there is a significant reduction in those waiting the longest time for an appointment. The report contained an update on the action plan resulting from a West Midlands Quality Review Service inspection in respect of the Critically Ill and Critically Injured Child. The review had identified the need for action and the immediate action was complete with the others in progress with a target completion date of the end of October.
- The Medicine Division provided an update to the Committee on their last meeting including information the trajectory to reduce the time to deal with complaints, updates on risk assessments within the Division linked to local and BAF risks.
- The Clinical Support Services Division provided an update to the Committee and discussed the challenges with respect to the level of imaging reporting backlog, breast screening and the progress with the MRI replacement programme. The Committee received assurance from the Divisional Director that a risk assessment in respect of the contract performance of one of their 3rd party suppliers is underway and that there is now a separate risk assessment for the use of the use of temporary scanners.
- The Committee received a summary report on the progress against the agreed action plans following the CQC service inspections of Critical Care, Children and Young People, Maternity and Community Services. The report provided information on those actions which had exceeded their original implementation dates. The Committee sought assurance from the respective Divisions that each of the 4 overdue actions will be completed by the next meeting. This assurance was given by the respective divisional directors. The Committee agreed that the previously increased risk in relation to the completion of the CQC actions is not reduced.
- The Committee received an update on the developing ED service quality improvement plan and the Committee endorsed the format of the plan and recognized that this item was to be the subject of a detailed discussion at the Urgent Care Service Improvement Group later today.
- The Committee received an update on the Trust's actions to improve Sepsis 6 performance. The Committee was updated on the outcome of the work looking into the data completeness of the reported performance against the CQUIN target and the weaknesses that had been identified that is leading to a lower reported performance than is actually taking place.

- The Committee received an update from the Mortality Surveillance Group as to the outcome of their last meeting and the work being pursued in respect to DNACPRs across the local health system.
- The Committee received a report on incident management and this report had been expanded to provide an aggregated summary of learning from complaints, incidents and PALs concerns as requested at the last Committee meeting. The report provided assurance on the Serious Incident process being applied and included information on the Trust position in respect of wider incidents. The Trust had seen a decrease in the level of reported serious incidents in the month of September and a decrease in the level of reported incidents overall when compared to the previous month. The Committee was updated as to the trajectory for the timely closure of incidents from each of the Divisions. Performance against the trajectory for the closure of older Serious Incidents was discussed with a recognition that the Trust was behind its trajectory for September but expected to catch up in the month of October with a number of Serious Incident Root Cause Analysis having been submitted to the CCG in the last week. The Committee was provided a verbal updated position that all Duty of Candor conversations and feedback had now been undertaken where it was possible.
- The Committee received a report in respect of Safeguarding which included an update from the last Internal Safeguarding Board meeting. The report also contained the Trust main safeguarding improvement plan and a specific action plan resulting from the initial findings from the recent Serious Incident investigation. Both these action plans actions were on track to be delivered in accordance with their agreed timeframes with the exception of the delivery of group supervision by the end of September, the electronic flagging of MARAC referrals and the delivery of the planned audits. The Committee asked that the action plan from the last CCG inspection into safeguarding be brought to the next meeting.
- The Committee received the monthly report on patient experience information for September 2018. The report provided an update on compliments, friends and family feedback, concerns and complaints activity. The report updated the Committee on the CQC's national survey programme and the 2017 national cancer patient experience survey. The report also updated the Committee on the number of open complaints and the actions being taken to improve the Trust response in respect of the target of 40 days. The report detailed information on the changes and lessons learnt as result of a sample of complaints responded to in the month.
- The Committee received a report on the qualitative aspects of the estates contract management processes in respect of estates and facilities. The report provided information on actions taken in respect of water safety, decontamination and cleaning. The report also contained conformation that 91% of medical devices were up to date on t maintenance and for the remaining 9% were actively followed up to secure maintenance. A number of these would be in use at the time of the visit so are scheduled for the next visit. The Committee discussed the issue of trolleys and cages left on the corridor and requested the Executive Team to ensure that this matter is resolved by the next meeting.
- The Committee received a report on the CIP Quality Impact Assessments. The report contained the outcome of a recent Internal Audit review of the QIA process

which provided positive assurance on the process. The Committee asked to be informed of the outcome of the review of the high risk schemes and if any schemes are at risk of escalating based on the last series of planned reviews of delivery.

- The Committee received reports from the reporting Groups including Medicines Management Group, Quality and Safety Group, Infection Prevention and Control Forum and the EPPR Group. The Committee agreed that the Medicines Management Group needed to track the potential risk regarding falsified medicines directive and the impact of Brexit on the supply train. The Committee also approved the revised EPPR strategy which was a culmination of combining two previous separate strategies cover EPPR and EPRR training.
- The Committee received an update on the Trust position with respect to Policies, Guidelines and Standard Operating Procedures under review. There are 3 Polices that have exceeded their review dates and a further 9 that will exceed the review dates of 31 October. Subject to final oversight director sign off these will go to the October policy group meeting. The Committee noted that there are a further 49 due for review in the next 6 months and that the number of guidelines and standard operating procedures that require review is placing a challenge on the divisions / clinicians to ensure these are reviewed in a timely manner. The Divisions confirmed that they do track these and are working to ensure they are reviewed timely.
- The Committee reviewed the Board Assurance Framework for those risks it has oversight of along with the Trust Corporate Risk Register. The Committee agreed that no specific changes were made but asked that each Division consider proactively any risks from their CQC self assessment.

Decisions Made/Items Approved

- The Committee approved the revised EPPR Strategy .
- The Committee endorsed the closure of 9 Serious Incident action plans based on the conformation by the patient safety team that evidence supported the delivery of each action within each of the action plans.
- The Committee endorsed the policy group recommendation to approve changes to 3 of the Trust's policies and the approval of 1 new Policy in respect of the Chest Assessment Unit.

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

The Committee asked for a report to its next meeting on the impact of the proposed changes to the VTE assessment processes recommended by the Thrombolysis Group.

The Committee discussed falls in community patients and asked that the next report to the Committee includes information on community initiatives and actions to prevent falls.

The Committee asked that the next Surgery Divisional Update provides information on the delivery of the Dermatology waits.

The Committee asked that the action plan from the last CCG inspection into safeguarding be brought to the next meeting. The Committee asked that they be informed of the outcome of the review of high risks CIP schemes and if any schemes are at risk of escalating based on the last series of planned reviews of delivery. The Committee requested an update on the outcome of the introduction of the matron drop in sessions in relation to reducing concerns / complaints from patients or their families.
Items referred to the Board for decision or action
There were no specific matters requiring referral to the Board.

Enclosure 7

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors 1 November 2018

TITLE:	**CHIEF NURSE REPORT**		
AUTHOR:	**Carol Love-Mecrow, Deputy Chief Nurse**	**PRESENTER**	**Jo Wakeman, Deputy Chief Nurse**

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:
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:
The chief nurse has professional responsibility for nurses, midwives and allied health professionals (AHPs) within the Trust however, does not operationally manage the majority of these staff. The oversight and management of staff within the Trust is within the divisional management structure, which reports to the chief operating officer (COO) via the divisional directors.
Appendix 1. Provides this month's update on safer staffing, agency controls and recruitment and retention
Appendix 2 Details the actions currently being taken to address the issues highlighted.

SAFER STAFFING
- C2 staffing has been approved by the Executive Directors on the 16th October 2018.
- AMU and ED reviews although initially completed are being further considered based on planned and actual developments within the two areas. Further iterations to the AMU staffing model are being consulted on prior to Executive approval.
- Meetings with Lead Nurses/Midwives and Matrons continue focusing on recruitment and retention of staff to deliver the reduction in bank and agency usage.
- 58 clinical staffing incidents reported in month one moderate harm incident for ED remains under investigation at time of the report.

AGENCY CONTROLS
- RN bank and agency usage has seen n plateau during September 2018 compared to August 2018. This month has seen a decrease in the bank usage of CSWs. The use of agency clinical support workers remains nil in line with current agency controls.
- All bank and agency requests continue to be assessed daily by the Divisional Chief Nurses to ensure continued patient safety and financial balance. A breakdown of the main areas using agency staff is included.
- Use of non-framework agency remains an Executive only authorisation.

RECRUITMENT AND RETENTION UPDATE
- The September 2018 predictor tool reports a total of 319 nurse vacancies across the Trust although this does not fully reflect the recent intake of 45 graduates as some of these are being employed as Band 3 staff prior to them receiving their registration number.
- Monthly recruitment events continue however work is underway to strengthen recruitment activity.
- Recruitment Summit was held on 12th October 2018 and a business case is currently being developed
- There are currently 114.8 WTE adverts live on NHS Jobs.

ISSUES AND ACHIEVEMENTS BY EXCEPTION, FROM THE CHIEF NURSE AND THE CORPORATE TEAM

ALLIED HEALTHCARE PROFESSIONALS

AHP Day

Monday 15th October 2018 marked the first ever Allied Health Professionals (AHP) Day, a national day of celebration to recognise and appreciate the work of AHPs.

The day was celebrated locally with:

- The launch of the AHP strategy, which sets out what AHPs aim to achieve and what patients and staff can expect both now and over the next three years. It outlines the AHP contribution to what patients can expect from the Trust and presents a number of underpinning aims and actions that will take place from 2018 – 2021.

- Formal launch of the AHP Strapline:

Allied Health Professionals:
Many skills, one focus

- Four presentations:
  - AHP strategy - Pam Ricketts
  - Role of the consultant radiographer - Beverley Moran
  - Focus on research - Nathan Swingewood
  - AHP leadership development - Rachel Andrew, Jessica Clough and Nicola Shaw
- AHP awards
  Awards categories were based on the 6Ps, which are outlined in the strategy – professional, personalised, promoting, proactive, progressive and passionate. A total of 46 nominations were received and the winners in each category received a framed certificate in recognition of their achievement.
- AHP challenge
  A range of challenges to test knowledge/awareness of AHP services

- Poster displays illustrating the breadth and scope of AHP services

- Back to the floor
  - Andrew McMenemy - Therapy Services, RHH
  - Karen Kelly - Community visit with Speech and Language Therapist, Dudley Rehabilitation Service
- AHP cupcakes (baked by staff) and fruit to thank staff for their hard work and commitment

PROFESSIONAL DEVELOPMENT

Student placement numbers and support

Pre-registration and support staff teams are working towards recruitment of our next Trainee Nursing Associate (TNA) cohort and beginning work with HR on the Trusts plans to expand the band 4 workforce and offer clear development pathways for staff joining the organisation even as level 2 support workers. Work is ongoing with Worcester university to expand our network of higher education providers and student cohorts

Post Registration

Senior band 5 and band 6 development programmes have been reviewed in line with identified developmental needs and feedback from candidates.

Manual Handling

Manual handling have been reviewing risk components especially around manual handling for medical staff, the process has been mapped against other local Trust and safety guidance.

Medical Devices

Medical devices recording of training remains a problem linking multiple devices against individuals currently active on ESR, IT working with devices training lead and devices group.

Resuscitation

Staffing within resuscitation officers team will reach a critical point at the end of November with 2 wte leaving for new roles. The Non-medical education lead will look at the working week to cover some of the sessions through bank, and external instructors may be required for national courses. Business case for deteriorating patient team (sepsis and resuscitation) under development in line with national

standards and guidance..

TISSUE VIABILITY
Breaches of the 60 day root cause analysis (RCA) target of submissions to CCG - Group closure of all outstanding avoidable grade 3 and 4 PU RCAs will be finalised shortly
Sickness
Long Term Sickness x 2 band 6 staff has impacted on tissue viability capacity. To address this additional administrative cover has been sought to release clinical time and workload is being prioritised on a daily basis. Robust sickness management is in place with HR support.
Pressure Ulcer (PU) Task and finish group
PU task and finish group has met and reviewed the latest guidance has and developed a plan for implementation and monitoring

QUALITY REVIEW AND IMPROVEMENT ENSURING REGULATORY COMPLIANCE
Perfect Ward App
The Perfect Ward App ™ is an app that is being purchased to aid in the collection of audit data. Work is already underway to review the existing audit questions and ensuring that they are applicable and not duplicated within any other audits carried out. A representative from Perfect Ward met with the matrons at their meeting on the 17/10/18 to give a presentation and a plan is in place to provide training on the app when it goes live at the end of November. Two days have been set at the beginning of November to show a short presentation and provide additional training to staff . It has been decided that we will visit various wards in the hospital to provide training within their area and then carry out a demonstration audit with them. A drop in session will also be provided alongside this (details will be shown on the HUB) Perfect Ward will continue to support us once we go live.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description:** As detailed within the BAF under the chief nurse
	Risk Register: Y		**Risk Score:** As detailed within the BAF
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:**
	NHSI	**Y**	**Details**
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE BOARD:
Receive this report as requested by the Board and note its content.

The Dudley Group NHS Foundation Trust

Paper for submission to Finance and Performance Committee October 2018

TITLE:	**Nursing and Midwifery Workforce Update**		
AUTHOR:	Jo Wakeman, Deputy Chief Nurse	**PRESENTER**	Jo Wakeman, 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:

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 SO6 – Plan for a viable future

SUMMARY OF KEY ISSUES:

Safer Staffing

- C2 staffing has been approved by the Executive Directors on the 16th October 2018.
- AMU and ED reviews although initially completed are being further considered based on planned and actual developments within the two areas. Further iterations to the AMU staffing model are being consulted on prior to Executive approval.
- Meetings with Lead Nurses/Midwives and Matrons continue focusing on recruitment and retention of staff to deliver the reduction in bank and agency usage.
- 58 clinical staffing incidents reported in month one moderate harm incident for ED remains under investigation at time of the report.

Agency Controls

- RN bank and agency usage has seen n plateau during September 2018 compared to August 2018. This month has seen a decrease in the bank usage of CSWs. The use of agency clinical support workers remains nil in line with current agency controls.
- All bank and agency requests continue to be assessed daily by the Divisional Chief Nurses to ensure continued patient safety and financial balance. A breakdown of the main areas using agency staff is included.
- Use of non-framework agency remains an Executive only authorisation.

Recruitment and Retention update

- The September 2018 predictor tool reports a total of 319 nurse vacancies across the Trust although this does not fully reflect the recent intake of 45 graduates as some of these are being employed as Band 3 staff prior to them receiving their registration number.
- Monthly recruitment events continue however work is underway to strengthen recruitment activity.
- Predictor tools are within the paper as requested.
- There are currently 114.8 WTE adverts live on NHS Jobs.

IMPLICATIONS OF PAPER:

RISK	Yes		**Risk Description:** • Nurse Recruitment – unable to recruit to vacancies to meet NICE guidance for nurse staffing ratios • Finance – Unable to remain within divisional Budget due to spend on Temporary Staff.
	Risk Register: Y		**Risk Score:** 20
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Y	**Details:** Safe and effective care
	Monitor	Y	**Details:** Agency capping targets
	Other	N	**Details:**

ACTION REQUIRED OF COMMITTEE:

Decision	**Approval**	**Discussion**	**Other**
		√	

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

Staffing Reviews

Table 1 outlines progress against staffing reviews. The latest review to be presented to and approved by the Executive Directors is C2, the Children's Ward. The two separate reviews of community nursing (days and nights) have been seen by Executive Directors. These have now been combined into one report with the plan that it will be considered by the Transition Board of the Multispecialty Community Provider (MCP). A draft paper on AMU/FAU was completed and updated and seen by the Executive Directors who have asked the Director of Operations to ensure it is consistent with the development plans for the ground floor reconfiguration. A review on ED was initially completed but with further developments in the department this is being reviewed. With the change in functionality of Ward A2 (AMU2), a business case has been drawn up for changes to the staffing template.

Table 1

Area	Position
General Medical/Surgical Wards	Complete. Due to change in functionality, a business case on changes to A2 (AMU 2) staffing has been drawn up.
Critical Care	Complete
Neonatal Unit	Complete.
Paediatrics (C2)	Complete and agreed by Executive Directors in October
Emergency Department	Initially completed. Further discussions occurring prior to finalisation.
Acute Medical Unit	Completed and draft updated. Under further review.
Outpatients Department	Completed, presented to Executive Directors and will be considered as part of the planned OPD review.
Medical Day Case	Complete
Renal Unit	Complete.
Frailty Assessment Unit (FAU)	Completed and draft updated.
Community Nursing (Days)	Complete, to be presented at the newly formed Transition Board of the MCP.
Community Nursing (Nights)	Complete and now combined into one paper with the day review. To be presented to Executive Directors prior to MCP Transition Board.
Specialist Nurses	In draft, to be presented to Executive Directors.

Safer Staffing

The Safer Staffing Summary (Appendix 1) shows the actual and planned hours for qualified staff and unqualified staff for both day and night shifts, for each area of the Trust based on the new establishments for September 2018 (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 rates. The totals for the Trust are also indicated. In addition, the last three columns show the actual Care Hours Per Patient Day (CHPPD). We provide this information to NHS Improvement and part of it is utilised in informing the National Model Hospital data.

This is the fourth month that the report is based on the new establishments with the data coming from Allocate, the rostering system. As expected the fill rates for qualified staff show a reduction from previous months up to May as the planned hours for the new establishments have increased relative to the staff available. The agreed plan is to achieve 80% of the qualified staff establishments initially, moving to 85% after three months and 90% after six months. This month the overall fill rates for qualified staff are 78% (Days) and 83% (Nights) (Table 2), which sees a small increase in days and small decrease in nights from the last month. A number of factors influence fill rates such as occupancy and acuity. For example if occupancy is low it would not make financial sense to book additional temporary staff and this would reflect as a low fill rate against the original plan.

Triangulation of data against staffing incidents and quality dashboard KPIs provides the oversight that safe, quality care is being delivered to our patients.
It should be noted:

- This month the occupancy of B1 was low and so temporary staff were not employed and some staff were redeployed to other areas hence the low fill rates.
- The low qualified nurse fill rate (less than 70%) in some areas e.g. B3 (Vascular) and C8 (Stroke) reflects the challenge in recruiting staff to these areas. Further work is required for our ward clinical teams to alter planned hours on Allocate to reflect occupancy when additional staff is not required for example the CHPPD within critical care for September 2018 is 27.74 hours per patient despite having a low fill rate this would suggest that there was adequate staffing based on occupancy.
- In reports up to May the fill rates for C2 (Children) and NNU (Neonatal Unit) were based on recognised dependency tools. Now that the data originates from Allocate and the new establishments, these wards figures need to be interpreted differently to previous reports. With regards to NNU, the unit has now recruited further staff and so the fill rate will improve once the new appointments commence.

Lead Nurses and Matrons continue to meet regularly with the Associate Chief Nurses to discuss staffing challenges, whilst maintaining patient safety and sustaining financial balance. Monitoring and contingency processes are in place to daily ensure that staffing does fall below an absolute minimum (which are based on the old establishments). Timely filling of bank shifts continues to be a challenge however the Associate Chief Nurses are reviewing this daily to avoid late requests for staff that cannot be filled.

Table 2. Percentage fill rates April 2018 to the present (with planned qualified percentage from June 2018 following changes in establishments)

	Planned Qualified	Qualified Day	Unqualified Day	Qualified Night	Unqualified Night
April 2018		97%	96%	98%	98%
May 2018		95%	97%	97%	97%
June 2018	80%	81%	90%	84%	96%
July 2018	80%	80%	89%	84%	94%
Aug 2018	80%	77%	89%	84%	94%
Sept 2018	85%	78%	84%	83%	90%

Care Hours per Patient Day (CHPPD)

Following the publication of the Carter Review (2016) NHS Improvement have issued new guidance which requires all Trusts to report Care Hours per Patient Day. From May 2016 CHPPD has become the principle measure of nursing and care support deployment. CHPPD provides a single consistent metric of nursing and healthcare support worker deployment on inpatient wards and units. Care hours per patient day (CHPPD) (Appendix 1) remains within the nationally agreed variation of 6.3 CHPPD and 16.8 CHPPD (Carter Review, 2016).

Summary situation of staffing and potential recruitment over the next year

A summary table (Appendix 2) has been included which allows the reader to view the new budgeted establishments compared to the staff actually in post together with all operational vacancies. The use of Bank and Agency staff is also charted as are the sickness and maternity rates. All of these measures are in WTE.

This summarised chart groups staff into specific areas rather than by individual ward/units.

The predicted recruitment numbers is considered (against a forecasted 8% leaving rate).

This overview chart provides the ability to see at a glance the following:

- Vacancies compared to new establishments
- Vacancies compared to Bank and Agency Usage
- Maternity rates which are fully funded
- Overall sickness rates (funding is up to 3% of establishment)
- Recruitment rates based on expected joiners from jobs offered minus an estimated 8% leaver rate per month

Please note: Some areas do not log sickness and maternity on Allocate and so these cannot be displayed for these areas.

Clinical Incident staffing analysis

Tables 3 and 4 below detail the number of clinical incidents during September 2018 that related to staffing. In total there were 58 incidents compared to 55 staffing incidents for August 2018. The Maternity service (Obstetrics) and Emergency Department generated more incidents than any other area, which has been a constant trend.

Out of 58 incidents reported in September 2018, 55 (95%) were of no harm or near miss. Two incidents were reported as low harm, one from ED no harm reported the other from GUM whereby a sexual health clinic was cancelled due to staff shortages. The moderate harm incident was raised by ED remains under investigation but no harm reported.

Table 3

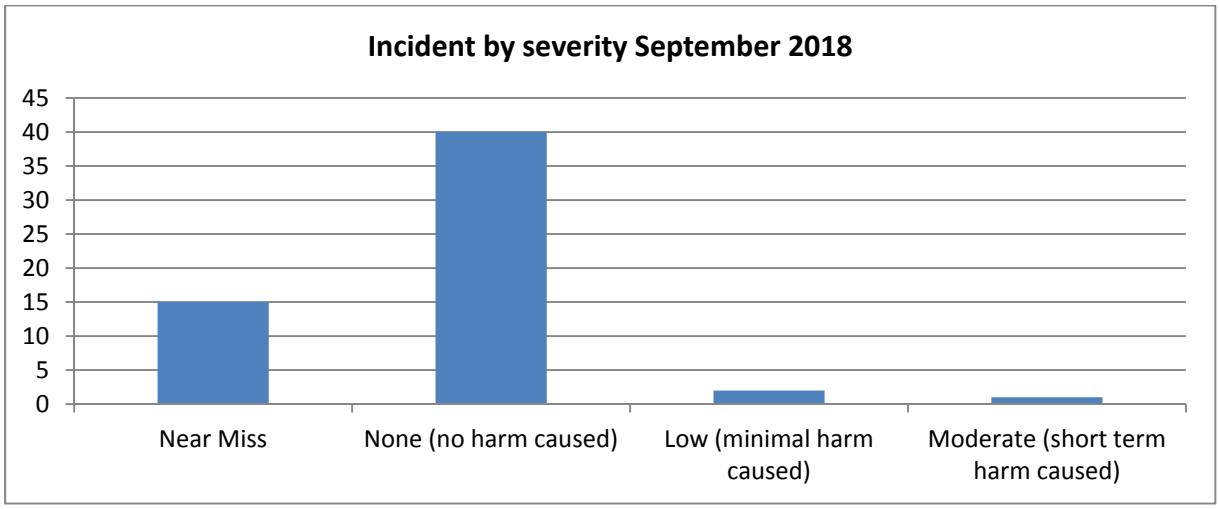


Table 4

Agency Controls

All bank and agency requests continue to be risk assessed by the Associate Chief Nurses to ensure continued patient safety and financial balance supporting the overall reduction in agency use. Requests for non-framework agency can only be made in exceptional circumstances and authorised by an Executive Director.

Table 6 shows the comparison usage of bank and agency, this month has seen a marginal increase in RN temporary staffing. CSW bank usage has seen a reduction in usage during September 2018. .. The controls against agency usage for CSW staff have been maintained with zero shifts during this period (table 6). Vacancies against RNs have reduced slightly from 323 last month to 319. This figure does

not fully reflect the recent intake of 45 graduates as some of these are being employed as Band 3 staff prior to them receiving their registration number.

Agency and Bank RN monthly usage

Top 5 areas for the last two months

Ward	Aug-18
Emergency Dept Nursing Dept	241
B3 Emergency Surgery	150
A2	125
C8 Stroke Rehab Dept	105
AMU Dept	100

Ward	Sep-18
Emergency Dept Nursing Dept	263
A2	151
B3 Emergency Surgery	150
Critical Care (ITU)	102
Coronary Care Unit Dept	94

Table 5 - CS

W monthly bank usage

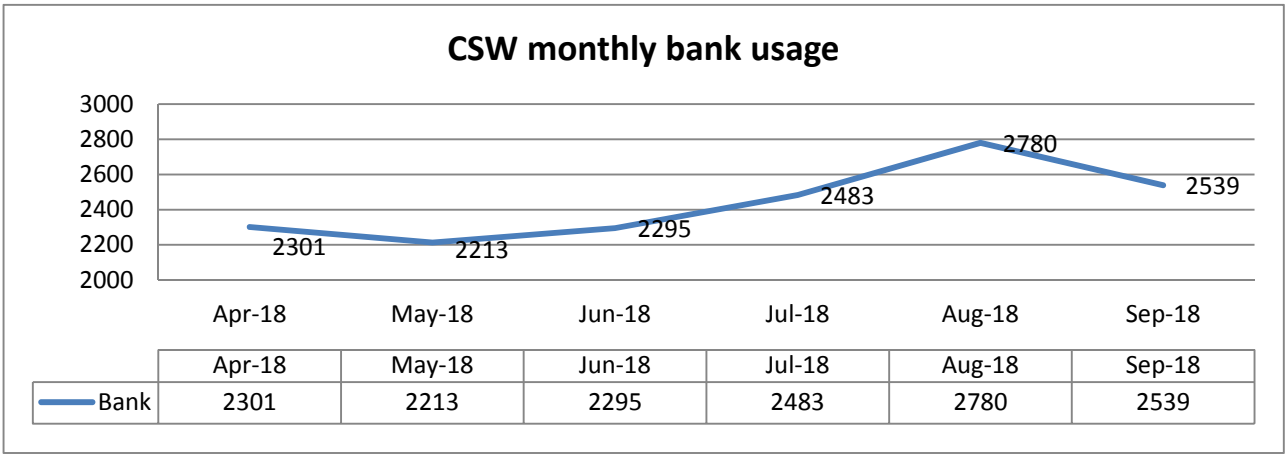
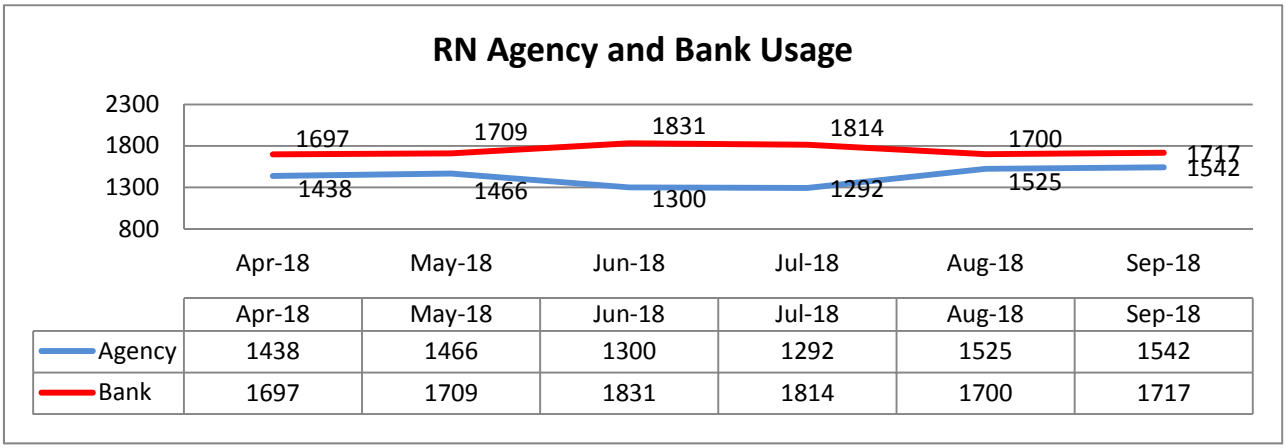


Table 6



<u>Recruitment Update</u>

Monthly corporate and local recruitment events continue and have generated the following activity:

Internal Recruitment Events

Recruitment Event	Date of Event	Number of conditional offers made
Theatres local recruitment event	6th September 2018	3
Corporate recruitment event	19th September 2018	3
C5 & CCU local recruitment event	10th October 2018	1
ED local recruitment event	15th October 2018	3 paediatric nurses 1 adult nurse

External Recruitment Events

Recruitment Event	Date of Event	Number of conditional offers made
Health Sector Jobs Fair Dublin	13th October 2018	11 Adult Nurses 3 Occupational Therapist 3 Physio Therapists

Ongoing recruitment events both internal and external have been arranged and continual recruitment activity is being conducted.

The next general event will be held on the 23rd October 2018. This event will focus on not only registered nurses working in the acute NHS setting but also any nurses wishing to return to the NHS from a non-acute setting.

The following areas have local events booked:

- C7 7th November 2018
- C8 14th November 2018
- Theatres – November 2018 date TBC
- B3 - November 2018 date TBC
- C1 – 13th December 2018
- ED – 9th January 2019
- AMU 1&2 – 24th January 2019

At the time of the report, a total of 19 experienced nurses are currently going through recruitment clearances.

Experienced Nurses completing recruitment clearances.

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	Theatres	1	October 2018
2	5	Critical Care	0.64	October 2018
1	5	CCU	1	October 2018
1	5	AMU 1	1	October 2018

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	ED	1	November 2018
1	6	Community MS Nurse	1	November 2018
1	7	ED	0.96	November 2018

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	NNU	0.96	December 2018
2	5	Theatres	1	December 2018
1	5	Day Case Theatre	1	December 2018
1	7	Care Home Practitioner	1	December 2018
1	8a	Critical Care Deputy Matron	1	December 2018
1	8a	Coronary Heart Disease Nurse	1	December 2018

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	Critical Care	1	January 2019
1	5	CCU	1	January 2019
1	6	Community	1	January 2019
1	7	ED	1	January 2019

There are currently 11 rolling Band 5 nurse adverts live on NHS Jobs totalling 114.8 WTE vacancies. This has increased our recruitment activity however the recruitment and retention lead is continually working with the areas with high vacancies as a priority by working with lead nurses, matrons, HR business partners and the staff engagement lead to devise specific recruitment and retention action plans specific for each area.

RN Predictor Tool Current and New Establishments

The summarised version of the RN predictor tool (Appendix 2) reflects all nursing vacancies across the Trust within clinical and non-clinical roles. It enables a clearer picture of the staffing situation across each group and the whole organisation. Currently there are 319 WTE vacancies against the new establishment following the staffing review. This figure does not fully reflect the recent intake of 45 graduates as some of these are being employed as Band 3 staff prior to them receiving their registration number.

The Clinical Support Worker Predictor Tool

The Clinical Support Worker Predictor Tool data (Appendix 3) is attached as requested.

Appendix 1 – Percentage Fill rates by ward and CHPPD

Safer Staffing Summary **Sep** Days in Month 30

Ward	Day RN Day RM Plan	Day RN Day RM Actual	Day CSW Day MSW Plan	Day CSW Day MSW Actual	Night RN Night RM Plan	Night RN Night RM Actual	Night CSW Night MSW Plan	Night CSW Night MSW Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Actual CHPPD Registered	Actual CHPPD Care staff	Actual CHPPD Total
Evergreen																
A2 AMU 2	251	198	228	179	184	176	207	178	79%	78%	96%	86%	1,154	3.89	3.71	7.60
A3																
A4																
B1	130	80	63	42	89	60	65	34	61%	67%	68%	52%	346	4.62	2.64	7.26
B2(H)	152	119	215	161	121	96	204	192	78%	75%	79%	94%	821	3.07	5.16	8.23
B2(T)	117	98	138	117	90	61	112	99	83%	85%	68%	88%	645	2.95	4.02	6.97
B3	263	165	194	175	210	161	153	140	63%	90%	77%	91%	965	4.05	3.82	7.87
B4	238	185	245	218	179	137	187	167	78%	89%	76%	90%	1,369	2.79	3.38	6.16
B5	230	186	153	127	182	168	105	100	81%	83%	92%	95%	626	6.65	4.35	10.99
B6																
C1	237	166	312	250	180	150	228	199	70%	80%	83%	87%	1,392	2.72	3.87	6.59
C2	256	221	73	67	185	167	35	30	86%	92%	90%	85%	551	8.24	1.93	10.17
C3	269	201	357	303	180	156	390	366	75%	85%	87%	94%	1,538	2.79	5.22	8.01
C4	158	144	60	64	120	99	60	72	91%	106%	83%	120%	646	4.40	2.53	6.93
C5	232	163	256	276	180	156	191	188	70%	108%	87%	98%	1,389	2.76	4.01	6.77
C6	121	96	83	61	62	58	91	78	79%	73%	94%	86%	509	3.53	3.28	6.81
C7	224	180	167	141	141	120	142	117	80%	84%	85%	83%	1,061	3.31	2.92	6.23
C8	341	207	273	190	270	175	261	224	61%	70%	65%	86%	1,227	3.65	4.05	7.70
CCU_PCCU	239	170	60	51	210	147	31	29	71%	85%	70%	94%	629	6.04	1.53	7.57
Critical Care	429	348	67	52	406	319			81%	78%	79%		305	25.67	2.06	27.74
EAU AMU 1	263	196	294	237	248	219	295	264	74%	81%	88%	89%	246	20.22	24.44	44.66
Maternity	901	812	231	196	509	468	150	137	90%	85%	92%	92%	421	27.80	9.03	36.83
MHDU	156	120	30	31	150	117			77%	103%	78%		221	12.61	1.68	14.29
NNU	187	128			181	158			68%		87%		393	8.56	0.00	8.56
TOTAL	**5,395**	**4,181**	**3,500**	**2,939**	**4,076**	**3,367**	**2,907**	**2,615**	**78%**	**84%**	**83%**	**90%**	**16,454**	**5.22**	**4.03**	**9.25**

Appendix 2 - Registered Nurse Predictor Tool- Detail New Establishments

Med & Surg Divisions Qualified Nursing WTE		New Establishment			For Info : Pressures / Temporary Staffing				Targeted Recrutitment + General Recruitment 4.3% - Leavers (8%)											
Div	Team	Budget (Qual Nurses)	Contracted Staff in Post (Incl New Supernumerary)	September 18 Vacancy	Sickness	Maternity	Bank	Agency	O	N	D	J	F	M	A	M	J	J	A	S
Med/Int Care	Wards - Medicine	373.92	243.61	130.31	11.17	4.65	32.46	56.90	0	5	(1)	1	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Surgery	Wards - Surgery	242.60	173.99	68.61	10.24	8.35	17.26	24.38	(1)	3	(1)	1	(1)	(1)	0	(1)	(1)	(1)	(1)	(1)
Med/Int Care	Specialist Areas Medicine	40.94	38.32	2.62	1.62	2.11	2.16	0.15	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Surgery	Specialist Areas Surgery	39.82	36.58	3.24	1.62	2.46	1.32	0.14	(0)	(0)	1	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Med/Int Care	ED	85.02	66.13	18.89	4.61	3.22	6.01	33.95	(0)	5	(0)	7	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Surgery	Theatres	120.13	87.18	32.95	1.90	3.35	15.79	0.84	0	1	3	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Surgery	Critical Care	74.56	58.69	15.87	2.05	5.24	3.68	5.57	1	1	(0)	2	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Surgery	Maternity Unit	105.12	98.84	6.28	5.92	3.30	8.15	0.00	(1)	(1)	(1)	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Med/Int Care	Community Nursing	153.34	147.66	5.68	0.00	0.00	5.86	0.00	(1)	(1)	(1)	1	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Med/Int Care	All Other Med / Int Care Teams	270.20	241.70	28.50	0.00	0.00	10.17	6.55	(2)	(1)	(1)	7	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Surgery	All Other Surgery Teams	150.70	152.14	(1.44)	0.00	0.00	4.22	0.62	(1)	(0)	(0)	7	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Corp	All Corp Teams	88.38	80.89	7.49	0.00	0.00	1.07	0.01	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Total		**1,744.73**	**1,425.73**	**319.00**	**39.13**	**32.68**	**108.15**	**129.11**	**(5)**	**12**	**(1)**	**24**	**(4)**	**(4)**	**(3)**	**(4)**	**(4)**	**(4)**	**(4)**	**(4)**

Appendix 3 - CSW Predictor tool

CSW PREDICTOR TOOL (Band 2/3)	Actual Apr-18	Actual May-18	Actual Jun-18	Actual Jul-18	Actual Aug-18	Actual Sep-18	Predicted Oct-18	Predicted Nov-18	Predicted Dec-18	Predicted Jan-19	Predicted Feb-19	Predicted Mar-19
Minimum Establishment	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86	463.86
Maximum Establishment	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55	538.55
Staff in Post at Start of Month	**504.22**	**508.92**	**508.92**	**511.22**	**511.22**	**518.00**	**527.50**	**527.21**	**520.92**	**514.63**	**528.34**	**522.05**
Starters (predicted from active recruitment	3.00	4.00	2.00	6.00	7.80	16.20	6.00	0.00	0.00	20.00	0.00	0.00
Leavers	-3	-4	-2.7	-6	-4.2	-6.7	-6.29	-6.29	-6.29	-6.29	-6.29	-6.29
Other**	4.7		3									
Staff in Post at End of Month	**508.92**	**508.92**	**511.22**	**511.22**	**514.82**	**527.50**	**527.21**	**520.92**	**514.63**	**528.34**	**522.05**	**515.76**
Predicted Vacancies Minimum Establishment	-45.06	-45.06	-47.36	-47.36	-50.96	-63.64	-63.35	-57.06	-50.77	-64.48	-58.19	-51.90
Predicted Vacancy % Rate (Minimum Estab.)	-9.7%	-9.7%	-10.2%	-10.2%	-11.0%	-13.7%	-13.7%	-12.3%	-10.9%	-13.9%	-12.5%	-11.2%
Predicted Vacancies Maximum Establishment	29.63	29.63	27.33	27.33	23.73	11.05	11.34	17.63	23.92	10.21	16.50	22.79
Predicted Vacancy % Rate (Maximum Estab.)	5.5%	5.5%	5.1%	5.1%	4.4%	2.1%	2.1%	3.3%	4.4%	1.9%	3.1%	4.2%

Appendix 2

CHIEF NURSE PORTFOLIO EXCEPTIONS ACTION PLAN

No	Issues	Actions Required	By whom	Progress to date	Agreed Completion Date	Status (RAG)
			AHPs			
1.	**Lack of opportunity and investment for career progression.**	To scope the feasibility of extended and non-traditional AHP roles e.g. Therapy Matrons, highlighting areas where this will benefit the delivery of safe, efficient and effective patient care	**AHP Lead**	Extended roles group established and meet bi-monthly. Extended roles table developed. Board level discussion required to progress this. **Update October actions continue**	March 2019	
2.	**Recruitment and retention issues.**	To work in partnership with the Recruitment and Retention Lead to explore strategies to improve recruitment potential.	**AHP Lead**	Recruitment and Retention Lead attended AHP Leads Meeting to discuss recruitment strategies. AHP representative to attend recruitment event in Ireland **Update October actions continue**	March 2019	
3.	**Concern that the banding of roles is not reflective of the knowledge required.**	To undertake AHP skill mix review.	**Chief Nurse**	Awaiting start date. Longstanding request that was raised as a concern at JNC.	January 2019	
4.	**Need for senior AHP Leadership**	To undertake gap analysis	**AHP Lead**	Report in progress. **Update October actions continue**	November 2018	
5.	**Promote and engage AHPs in Trust wide developments**	To ensure there is AHP representation at key meetings	**AHP Lead**	In progress **Update October actions continue**	December 2018	
		To raise the AHP profile and market AHP services (e.g. AHP Open Days, AHP page on website, screen savers, AHP	**AHP Lead**	AHP Hub page established Patient story and staff story presented at Trust Board.	October 2018	

		Events, AHP involvement in patient and staff stories to Trust Board, etc.)		AHP day/ AHP awards/AHP Strategy Launch planned for 15th October 2018		
		To develop an AHP Strategy in line with the Trust strategic objectives and the National AHP Strategy, which clearly outlines the aims and objectives of AHPs	**AHP Lead**	Complete and approved.	November 2018	
6.	**Limited involvement and knowledge of Trust wide service developments**	To explore options available to ensure AHPs are considered in business cases for service improvements.	**AHP Lead**	**Update October actions continue**	March 2019	
7.	**Limited access to IT to support the development of Digital Trust**	To ensure AHPs are actively involved in the EPR process To work in partnership with IT to identify equipment and resource needs	**Interim Therapy Services Manager**	EPR Lead attended AHP Leads Meeting to discuss concerns. **Update October actions continue**	December 2018 December 2018	
PROFESSIONAL DEVELOPMENT						
8.	**The professional development team has an increasing portfolio of work and need to ensure the team structure can deliver.**	A full review of staffing across the team and the current and expected work load and program plans. Increase demand in programs to up skill support staff through level 2 to 3 to 4	**Non-Medical Education and training Lead/Deputy Chief Nurse**	Team requested to review current workloads and projected works. Band 6 secondment to support TNA for six months to be interviewed for. Bank hours been used to supplement teams in pre-registration and post registration. **Update October actions continue**	December 2018	
9.	**Student placement numbers and support.**	Pre-registration team to review student numbers and discuss with Wolverhampton projections. To explore other universities	**Professional Development Leads –Pre Registration**	Discussion on going with Worcester. Potentially 40 Students highlighted across programmes. **Update October actions continue**	December 2018	

		especially with pan document development.				
10.	**Resus/Sepsis deteriorating patient team structure, availability and reporting**	High risk for training and support with vacancies in team from November. Significant consideration needed into team structure and support delivery as a deteriorating team rather than separate components. Clarification of reporting requirements and who and where this needs to go.	**Non-Medical Education and Training Lead** **Deputy Chief Nurse**	Resuscitation officer band 6 post in the process of VAR. **COMPLETE** Band 7 JD to be reviewed and VAR **COMPLETE** Meeting requested with Dr Hobbs	September 2018 October 2018	
11.	**Team accommodation and teaching environments.**	No centralised space for team, lack of office facilities and teaching environments purposed for task.	**Non-Medical Education and Training Lead**	Original review of North Wing pending **Update October actions continue**	December 2018	
			TISSUE VIABILITY			
12.	**Breaches of the 60 day root cause analysis (RCA) target of submissions to CCG**	Group closure of all outstanding avoidable grade 3 and 4 PU RCAs after submission of thematic review with overarching action plan as agreed with the CCG Deep dive on 10% of the outstanding PU RCAs to ensure appropriate learning are captured in the thematic review	**Deputy Chief Nurse &CNIO** **Tissue Viability Lead Nurse** **Patient Safety Manager**	Thematic Review of stage 3 and 4 Pressure Ulcer Incidents submitted to the CCG on the 14th September 2018. Comments on the report received from CCG on the 20th September and will resubmit on the 4th October 2018 Update October awaiting confirmation of closure from CCG	October 2018	
13.	**Recommendations from the latest NHS Improvement guidance on PU definition and**	Creation of PU task and finish group to review the latest guidance and develop plan for implementation and monitoring	**Deputy Chief Nurse &CNIO** **Tissue Viability**	First meeting scheduled on the 27th September 2018 Group TOR drafted and for approval by the Quality and Safety Group	September 2018	

	measurement	Reporting of the PU task and finish group to the Quality and Safety group	**Lead Nurse**	Update October 2018 COMPLETE		
14.	**Failure of wards and departments to make necessary improvements following reviews and nursing audit outcomes**	Deliver basic introduction to QI methodology training session to lead nurses	**Quality Review and Improvement Lead**	Sessions booked for 5th October and 24th November – rooms booked. Email invite to lead nurses and matrons – bookings received **Update October actions continue**	November 2018	
		Complete Specialist Practice Coach training for Dudley Improvement Methodology (LEAN)	**Quality Review and Improvement Lead**	Attended module 1 training session 25/09/2018 with B.G (NHSi)	March 2019	
		Set up Quality Academy to provide supportive mechanism for improvement projects and deliver Trust Wide improvements in structured and systematic way.	**Quality Review and Improvement Lead**	First meeting scheduled for; 05/11 to set TOR **Update October actions continue**	November 2018	
15.	**Lack of capacity of the Quality Review and Improvement Lead to support QI projects throughout nursing following end of current seconded post**	To explore funding options to make seconded post substantive. If no funding can be identified within current budget; business case to go to directors for approval of additional post.	**Quality Review and Improvement Lead**	Identified current funding for seconded post only available for 6 months (commencing July 2018) Business case completed January 2018, to revise prior to presenting at directors. **Update October actions continue**	November 2018	

Action not started	**Action underway**	**Action completed and full assurance received**

Enclosure 8

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 1st November 2018

TITLE:	**Learning from Deaths**		
AUTHOR:	**Dr Julian Hobbs, Medical Director**	**PRESENTER**	**Dr Julian Hobbs, Medical Director**
CLINICAL STRATEGIC AIMS			
	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.		

CORPORATE OBJECTIVE: SO2: Safe and Caring Services

SUMMARY OF KEY ISSUES:

This paper summarises the latest Learning from Deaths (August18 –October 18).

The paper includes a narrative related to the impact of coding changes for ambulatory patients on mortality indicators and a trajectory for reducing the number of outstanding Level 2 Structured Judgement Reviews.

The paper concludes with a summarised action plan relating to condition specific alerts.

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		X	

The Dudley Group
NHS Foundation Trust

Learning from Deaths

1.0 Introduction

Following the publication of the National Guidance on Learning from Deaths (March 2017) the Trust is required to report via the Trust Board the approach and key learning from deaths occurring in the Trust. It should be noted that the reporting arrangements for this paper should include CQSPE and future reports will be reported via this group prior to board. The next paper will be presented at CQSPE on 18th December prior to the January board.

2.0 How We Measure Mortality

2.1 Data Set

The Trust uses a range of sources to monitor mortality;

	Parameter	***Period***	***Numbers (prev. in brackets)***
Mortality	Crude mortality	Oct 2017 to Sep2018	1775 – 4.10%* (1815 – 4.25%)
	SHMI	Apr 2017 to Mar 2018	1.1 (1.03)
	HSMR	Aug 2017 to Jul 2018	118.8 (117)

*Deaths as % of all inpatient admissions (excl. Well babies, Obstetrics, Midwifery)

The Trust has noted an increase in its mortality indicators during the latest reporting period related to the change in the recording of the assessment of patients admitted via the AEC (Ambulatory Emergency Care). The number of observed deaths within Dudley mirrors that seen across the whole of England. The expected numbers of deaths, however, have fallen and this seems to be accounted for by the removal of this AEC group of patients. It should also be recognised that these are a low risk group of "admissions" and thus if included would not significantly impact on the observed numbers of deaths. If the average risk of death for the period up January 2017 to July 2017 (prior to the change in coding of AEC patients) is applied to August 2017 to Dec 2017, expected number of deaths would increase by approximately 50 a month (fig 1). This would put mortality back in line with the expected deaths across England (fig 2).

Fig 1. Expected number of deaths

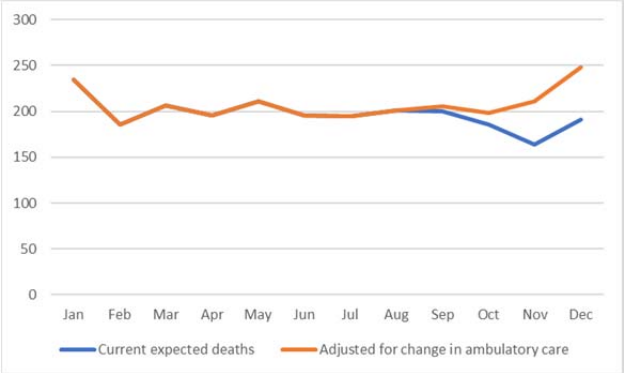
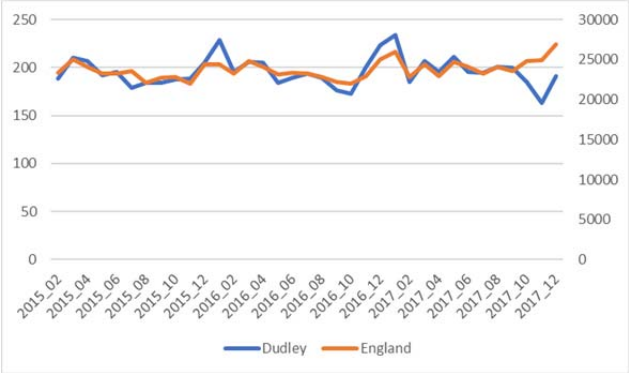


Fig 2. Expected deaths Dudley v England



NHS Improvement have further modelled the impact on SHMI. Although not an exact match to the SHMI methodology the declining trend is similar and assumed correct by all parties. (fig 3.) Further assurance has been sought from the Advancing Quality Alliance (fig 4)

Fig 3.

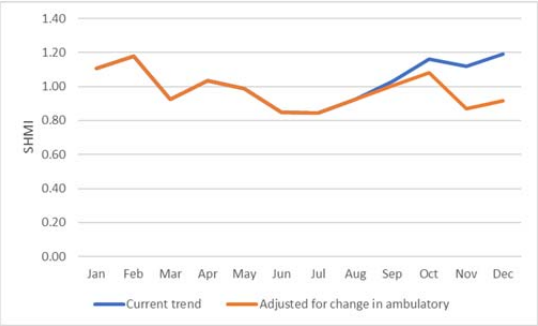
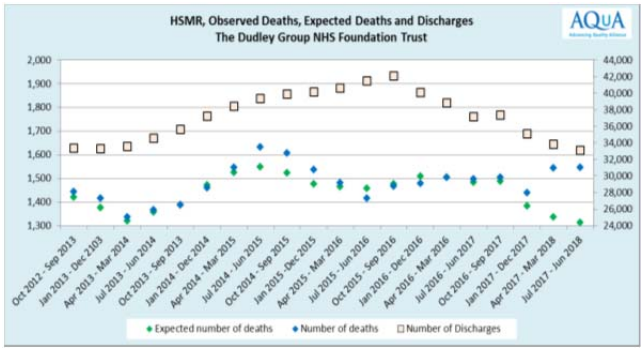


Fig 4.



The Trust is due to meet Dudley CCG to agree a way forward that ensures both the financial and performance requirements of each organisation are met.

2.2 *Condition Specific Alerts*

The Trust receives 'Condition Specific Alerts'. Acute renal failure, pneumonia, congestive cardiac failure, peripheral vascular disease and secondary malignancies are prominent in last report for CUSUM and HSMR. SHMI data reflects many of these conditions. The action plan is detailed in appendix 1 to review the highlighted areas.

2.3 *CQC Mortality Outliers*

The Trust received a recent insight report from the CQC in early October 2018 which reported no mortality outlier alerts as of September 2018.

3.0 Trust Approach to learning

3.1 Completion of Reviews

As of October 17th2018 there have been 425 Level 2 reviews requested on the Trust Mortality Tracking System (MTS). To address this backlog the following actions have been agreed;

- Additional administrative support secured via Trust bank
- Five extraordinary review panels have been scheduled for November and December it to be held at Centafile to ensure availability of notes.
- Cleanse of MTS to ensure cases are closed when reviewed

Based on an assumption that 6 cases can be reviewed per hour the above actions will reduce the backlog by the end of 2018. The introduction of electronic notes will support the review process going forward.

In addition to the overall SJR process we have completed;

- 28 SJR for ED from January until August
- 7 Learning Disability deaths reviewed by LD nurse of which 3 have been externally reviewed by LeDeR from November 2017
- 17 Sepsis reviews from January 2018

3.2 External Review

Following our recent CQC visits the Trust invited Professor Mike Bewick and colleagues to undertake an independent review of mortality in the Emergency Department. The Trust is awaiting the final report and have received some early recommendations regarding strengthening the Mortality Surveillance Group.

4.0 Trust Level Learning

4.1 Learning from Section 28 Notices

The Trust has received 1 Section 28 notice since August 2018 relating to the death of a patient in the Emergency Department. The Trust is due to respond to the recommendations of the coroner by November 14th 2018 in relation to the ongoing monitoring of patients in the waiting room following triage.

4.2 *Deteriorating Patient*

The following actions have been completed to improve the care of the deteriorating patient;

- Pathway presented to the senior consultant body and discussions with the Sunrise development to embed this in the electronic patient record which will address many of the highlighted learning from coroner's cases.
- Use of electronic observations and automatic calculation of the NEWS score to provide increased focus on patients who are at risk of deterioration and provide appropriate end of life to patients who are expected to deteriorate.
- Ongoing engagement regarding awareness and recognition of Sepsis including human factors training and a recent sepsis debate. The sepsis debate did recognise the need to focus efforts on the recognition and management of the deteriorating patient in the context of sepsis but also in the context of other medical conditions for which sepsis screening parameters might flag e.g. heart failure.
- The sepsis mortality reviews had shown that some patients deemed to have sepsis did in fact have heart failure or were deteriorating from irreversible medical problems other than sepsis. Nevertheless, as mentioned in previous reports, the Sepsis SHMI has fallen.
- Work is planned to explore the deaths occurring in community from sepsis post discharge.

4.3 *Cardiac Arrest Learning*

The National Cardiac Arrest Audit (NCAA) is the national, clinical, comparative audit for in-hospital cardiac arrest. Our number of cardiac arrest per 1000 patients is within the national average. Our survival to discharge (alive) is 9.6% compared with the national average of 14 -

21%. We have continued to identify a number of areas for improvement from the most recent data set;

- Potential issues with decision making around DNACPR status and resuscitation of patients where CPR has no realistic chance of success.
- We have a higher proportion of patients over the age of 85 who have attempted CPR compared to the national average. There is consequently a plan that all cardiac arrests in patients over the age of 85 will be sent for second mortality reviews and information disseminated. This work will link in with any work on appropriate end of life care.
- Cardiac arrest numbers out of hours during the weekends, particularly during the day are higher and this requires further analysis of the trust data. The lines of enquiry relate to multifactorial based on sicker patients being admitted at weekends, fewer DNACPR decisions being made based on difficulty contacting families or on call staff not finding time to discuss and address the issue.

These are being addressed by the mortality assurance group and by the deteriorating patient group.

4.3 *Palliative Care*

In summary work to enhance the care of the dying patient includes;

- Implementation of the Gold Standards Framework ongoing
- Work with CCG to ensure deaths within 48 hours of admission to hospital have shared learning to primary care, CCG, community teams and care homes.
- Mortality tracker information with regards to end of life care is demonstrating achievement of clinical indicators and embedding Priorities for care of the dying person communication document is being pursued with divisions
- A review the provision of bereavement services available for families and staff
- The Trust end of life working group is reviewing policies, education and governance.
- An E-Pal e-learning based around priorities for care was implemented 1st October. Nurses need to follow NMC and Doctors GMC guidance as an initial approach.

4.4 *Serious Untoward Incidents in Urgent Care 17/18*

As reported in the previous paper there have been 8 SIs since November 2017 relating to Urgent Care with regards to the death of a patient. No further cases have been raised since the last report in August. Further actions have been completed in the Emergency Care pathways to improve care including the introduction of eSepsis and the expansion of Nerve Centre to manage acutely unwell patients out of hours and the implementation of e-Handover and a hospital at night team. A Business case was approved to establish a Hospital 24/7 practitioner role

5.0 Summary

The Trust mortality which can be attributed to the recoding of ambulatory activity. The Trust uses a variety of sources of data and feedback to learn from deaths and to ensure appropriate action is taken to prevent unnecessary deaths for patients in our care. The focus for the next quarter is to reduce the backlog of 2nd stage reviews.

Appendix 1 : Condition Specific Learning

Healthcare Evaluation Data (HED) provides a useful update on the Ten Highest Condition Groups that show higher than expected numbers of deaths. The table below identifies these condition groups and details the taken and planned action to explore these findings further.

Diagnostic Group (CCS)	Number of discharges	Expected number of deaths	Observed	HSMR	Crude Mortality Rate	Obs-Exp	Known factors / actions taken	Action Planned	Planned timeframe
Pneumonia (except that caused by tuberculosis or std)	1973	262.32	304	115.89	15.41%	42	Previous arrangement for review of notes by respiratory consultant identified a number of issues with 'pneumonia' being miscoded as cause of death.	Reinstate previous review process. Monitor impact on other condition groups	Review at Mortality Surveillance Group 30/11
Acute and Unspecified renal failure	375	37.09	57	153.67	15.20%	20		AQUA to support Trust and renal team in the development and use of a structured approach to Quality Improvement to improve care delivery in AKI.	Initial discussions commenced and project scope to be agreed November 2018

Congestive heart failure; non-hypertensive	629	65.67	87	132.47	13.83%	21		New lead for CCF revising pathways and reviewing NICE guidance	
Acute cerebrovascular disease	558	80.11	93	116.09	16.67%	13	Independent review identified educational opportunities for the identification of stroke and SSNAP data highlights delay in access to CT scanning	Stroke specialty to review deaths reported in this period.	Findings to presented to Mortality Surveillance Group 30/11/2018
Secondary malignancies	835	21.54	36	167.11	4.31%	14	Random sample reviewed previously which identified no avoidable deaths. Some avoidable delays in discharge to home or hospice identified . Full report presented to Mortality Surveillance Group	Continue to monitor obs-exp deaths to identify any sharp increases.	Ongoing monitoring
Liver disease; alcohol – related	195	22.07	35	158.62	17.95%	13		Dr Fisher working with Dudley Drug and Alcohol Related Deaths Confidential Inquiry Group to review relevant deaths and guide further action.	Update at Mortality Surveillance Group 30/11/2018

Fluid and electrolyte disorders	335	15.65	30	191.64	8.96%	14		Audit of Deaths as part of thematic analysis	Update at Mortality Surveillance Group 30/11/2018
Peripheral and visceral atherosclerosis	608	27.49	39	141.88	6.41%	12		Vascular specialty to review deaths reported in this period.	Findings to presented to Mortality Surveillance Group 30/11/2018
Skin and subcutaneous tissue infections	1028	12.62	22	174.32	2.14%	9		eSepsis launched Ongoing audit of screening	Ongoing Audit
Septicaemia (except in labour)	1065	185.68	196	105.56	18.40%	10	Noted decrease from 27 to 9 (obs-exp) this period. Sepsis nurses reviewing cases using structured judgement review. Previous notes being reviewed by deteriorating patient group	eSepsis launched Ongoing audit of screening.	Ongoing Audit

Enclosure 9

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 1 November 2018

TITLE:	Patient Experience Report – Quarter 2, 2018/19		
AUTHORS:	Jill Faulkner Head of Patient Experience Helen Board, Patient & Governor Engagement Lead Lara Fullwood, Senior complaints Co-ordinator	**PRESENTER:**	Jill Faulkner Head of Patient Experience
CORPORATE OBJECTIVE: SO1: Deliver a great patient experience			

SUMMARY OF KEY ISSUES:

Patient Experience	The Trust received 17,976 pieces of feedback during Q2 in comparison to 17,610 received in the previous quarter. During Q2 more than 77% of feedback was positive and 14% was negative. The Patient Experience Improvement Group continues to meet fortnightly and maintains an oversight of the many improvement action plans linked to surveys and feedback. Improvement actions have been delivered during the quarter including the installation of new TVs in the children's ward. There has been a number of listening events held with patient groups including dementia, bereavement and stroke.
CQC National Survey programme	2017 National Cancer Patient Experience survey results were published on 28 September 2018. A summary of the Trust performance is included in this report and next steps include hosting a listening event and developing an action plan. 2018 Adult Inpatient survey fieldwork is underway with questionnaires now posted to 1,250 patients who stayed with us in July 2018. The first cut of results will be provided to the Trust in early 2019. 2018 Urgent & Emergency Care survey fieldwork will commence during November 2018 with the first cut of results available Spring 2019.
Friends and Family Test (FFT)	The Trust received 17,105 FFT returns during Q2 compared to 16,885 in Q1 18/19 representing a 1.3% increase in FFT returns. The percentage recommended score was achieved for 23 out of 39 areas where results were published by NHS England.
NHS Choices	In Q2 a total of 46 people uploaded feedback electronically to NHS Choices or Care Opinion. 65% of comments were positive and 35% were negative. Diagnostics and urgent care received the majority of

	negative feedback. Critical care and surgery received the majority of positive feedback.
Complaints	• 219 complaints open as at 30 September 2018. • 163 complaints received in Q2, 2018/19 compared to 122 in Q1, 2018/19 • As at the end of September 2018,130 complaints are in breach. During Q2, 2018/19 - Medicine and Integrated Care Division received 86 complaints, Surgery Division received 70 complaints, Clinical Support Division received 6 complaints and one other received relating to corporate nursing.
Member of Parliament	There were nine MP cases received during Q2, 2018/19. Six of these have been closed and three remain open.
Local Government Ombudsman (LGO)	The Trust received no new applications from the LGO during Q2 2018/19.
Parliamentary Health Service Ombudsman (PHSO)	The Trust received three new applications from the Parliamentary Health Service Ombudsman (PHSO) during Q2. Three cases were resolved and six remain open including one under appeal by the Trust.
Compliments	A total of 1,534 compliments were received in Q2 which represents a 3.2% decrease from Q1 (1,585), 2018/19.
Patient Advice Liaison Service (PALS)	Patient Advice Liaison Service (PALS) received 664 new concerns in Q2, which is a 9.21% increase compared to Q1, 18/19 (608).

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: Y/N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Safe, effective and caring
	NHSI		**Details:** Supports effective governance
	Other	**Y**	The Local Authority Social Services and National Health Service (England) Complaints Regulations 2009

ACTION REQUIRED OF BOARD OF DIRECTORS

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE BOARD OF DIRECTORS:

To note the content of the Q2 Patient Experience report.

1. Introduction

The Trust's number one priority is to deliver a great patient experience. This report details:

- Patient Experience
- National Survey Programme
- Friends & Family Test (FFT)
- NHS Choices
- Complaints
- Compliments
- Patient Advice & Liaison Service (PALS)

The aim of this report is to detail the multiple forms of patient feedback received and to evidence actions being taken to continually focus and improve the patient and their families' experience.

There are multiple forums in place to improve Patient Experience across the Trust as follows:

The **Patient Experience Improvement Group (PEIG)** is held on a fortnightly basis. This meeting is well attended with representation from across the Trust including non-executive director attendance.

Action plans from the all national surveys are presented and monitored at the PEIG. The Trusts National Adult Inpatient survey remains a standing item at every meeting to ensure accountability and that actions have been delivered.

There is oversight of the following action plans linked to surveys and feedback received as follows:

Survey name	Last undertaken	Next survey date
Adult Inpatients Survey (National)	July 2017	July 2018
Cancer Patient Experience Survey (National)	April – June 2017	April – June 2018
Children & Young People Survey (National)	Jan/Feb 2016	Jan/Feb 2019
Community Services	Q4, 2017/18	Q4, 2018/19
Dementia (using feedback from PLACE and National Audit 2017	PLACE/National Audit 2017	Ongoing
Emergency Department Survey (National)	October 2016	October 2018 tbc
End of Life/VOICES	Continual	Continual
Guest Outpatient Centre Review	March 2018	Tbc
Maternity Survey (National)	February 2018	February 2019 tbc
Mini PLACE assessment activity	July 2018	September 2018
PLACE (National)	April 2018	April 2019

Community Patient Experience Group chaired by the head of patient experience meets monthly to oversee improvement actions directly related to the delivery of community services and FFT response rate improvement. This group reports in to the PEIG.

The PEIG reports into the **Patient Experience Group (PEG)** which is held on a quarterly basis. This meeting has representation from across the Trust and our health partners. The PEG oversees all the work that has been undertaken during the previous quarter.

Within Q2 we successfully:

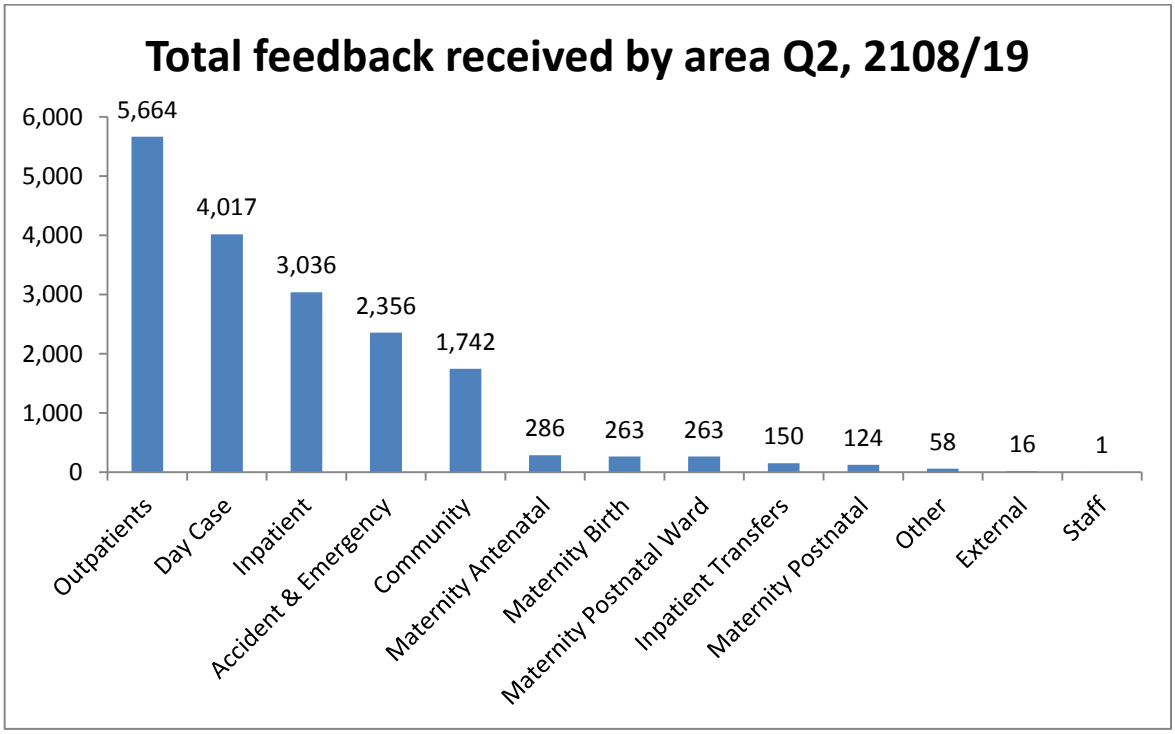
- Increased the amount of listening events held with patients, their families and carers with regular activities held with teams from maternity, stroke, dementia, bereavement and breast care services.

- Introduced a fruit trolley that visits the wards and Trust HQ at the Russells Hall Hospital site to support the promotion of healthy eating.
- Held weekly Feedback Friday events to raise awareness of ways that patients can provide feedback.
- Increased the ways that patients can provide feedback with the launch of an on-line and paper survey for patients receiving care from the specialist palliative care team to ensure their needs are being met. Access the survey here https://survey.dgft.nhs.uk
- Made improvements to the C4 oncology day case waiting area with the installation of a digital fish tank and subscriptions to a variety of magazines.
- Finalised the installation of a vending machine in the ophthalmology waiting area.
- Completed the rollout of new food service trollies for inpatient areas. Established a task and finish group to develop new inpatient menus scheduled for launch in December 2018.
- Installation of TV's underway for each bed space in the children's ward.
- Implementation of a breakfast trolley within the Emergency Department.
- Continued to support the wider Trust to deliver patient experience actions.

Patient Stories
The Board continues to receive a patient's account bi-monthly. The aim of this activity is to demonstrate where high quality care is delivered as well as areas for improvement.

Patient feedback
The Trust received 17,976 pieces of feedback during Q2 in comparison to 17,610 received in the previous quarter. *Table 1* illustrates the feedback received by area. This included responses to the Friends and Family Test (FFT) utilising a variety of mediums such as paper, SMS, App and the web. Additionally we collate feedback through real time surveys, NHS Choices, complaints, compliments and PALS.

Table 1

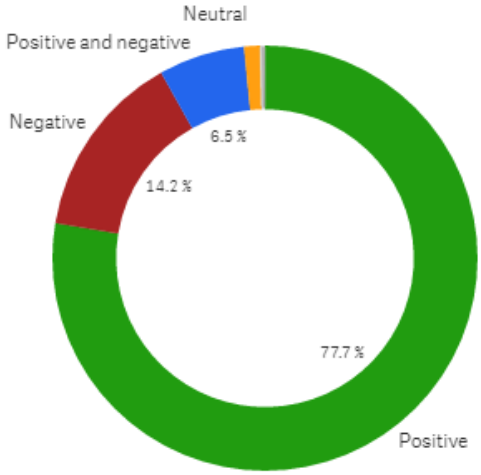


The Trust continues to receive an increasing amount of positive feedback. The Trust expects to receive more than 70,000 pieces of feedback during 2018/19 compared to 64,500 received in the previous year.

During Q2, 2018/19, more than 77% of the feedback received is positive (70.9% Q1, 2017/18, 63% Q2, 2016/17). *Table 2* below illustrates the breakdown of the four ways we tone comments received – positive, negative, positive & negative or neutral during Q2, 2018/19.

There has been a decrease in the amount of negative feedback received. During Q2, 2018/19, more than 14% of feedback was negative compared to 24% in Q2, 2017/18.

Table 2



2. National Survey Programme

2017 National Cancer Patient Experience Survey

The results of the 2017 survey were published on 28 September 2018. A summary of the results was presented to executive directors on 9 October 2018. There were six questions identified as scoring below the expected range and therefore below national average as follows:

	Question	Trust score	National average
Q6	The length of time waiting for the test to be done was about right	81%	88%
Q17	Patient given the name of the CNS who would support them through their treatment	86%	91%
Q23	Hospital staff told patient they could get free prescriptions	71%	81%
Q33	All staff asked patient what name they preferred to be called	53%	69%
Q52	GP given enough information about patient's condition and treatment	93%	95%
Q57	Length of time attending clinics and appointments was right	44%	69%
Q59	Patients average rating of care scored from very poor to very good	8.5	8.8

Next steps include:

- Results and comments to all tumour site specific CNS's for discussion at MDT and ideas to address actions where not meeting national average.

- Development of a Trust action plan to address survey results.
- Listening into Action (LiA) event for cancer patients.
- Meeting with Lead Nurse ward C4 to review waiting times and how to address this.
- DGNHSFT to work with NHS Improvement, Black Country STP Cancer Group, and West Midlands Cancer Alliance to embed new best practice pathways including earlier diagnostic testing. This is also to achieve 28 day target in National Cancer Strategy by 2020.
- DGNHSFT to work with Dudley CCG, Black Country STP Cancer Group, and West Midlands Cancer Alliance to embed elements of the Living with and Beyond Cancer agenda into all cancer pathways by 2020.

2018 Adult Inpatient survey fieldwork is underway with questionnaires posted to 1250 patients who stayed with us in July 2018. The first cut of results will be provided to the Trust in early 2019.

2018 Urgent & Emergency Care survey fieldwork will commence during November 2018 with the first cut of results provided to the Trust in Spring 2019.

3. Friends and Family Test (FFT)

FFT gives patients the opportunity to submit feedback to providers of NHS funded care or treatment, using a simple question which asks how likely (on a scale ranging from extremely likely to extremely unlikely) they are to recommend the service to their friends and family if they needed similar care or treatment.

Improving FFT response rates across all areas remains a focus with improvements seen following the expansion of the SMS FFT survey solution to all areas. The patient experience team continues to work with all areas to support initiatives to improve the response rate.

The Trust received 17,105 FFT returns during Q2 compared to 16,885 in Q1, 18/19 representing a 1.3% increase in FFT returns.

Response rates for the rolling twelve month period to June 2018 are detailed on the tables below:

RAG rating legend – response rate

Area	Below national average	Equal to or above national average	Equal to the top 20% of trusts nationally
Community	<=3.4%	>=3.5% - 9.0%	9.1% +
Emergency Department Services (ED)	<=14.4%	>=14.5-21.2%	21.3%+
Maternity - Ante Natal	<=21.6%	>=21.7% - 34.3%	34.4% +
Maternity - Births	<=21.6%	>=21.7% - 34.3%	34.4% +
Maternity - Community	<=21.6%	>=21.7% - 34.3%	34.4% +
Maternity - Wards	<=21.6%	>=21.7% - 34.3%	34.4% +
Maternity – Combined	<=21.6%	>=21.7% - 34.3%	34.4% +
Outpatients	<=4.6%	>=4.7% - 14.4%	14.5% +
Inpatients	<=25.9%	>=26% - 34.4%	35.1% +

Community services response rates

	2017			2018								
Ward	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Community Nursing Services	11.3%	10.8%	9.6%	7.4%	9.2%	6.9%	5.3%	4.9%	5.7%	6.9%	4.5%	11.2%
Rehabilitation & Therapy Services	3.4%	4.2%	2.8%	2.7%	3%	2.6%	2.1%	2.8%	4.5%	3.6%	3.1%	3.8%
Specialist Services	0.4%	1.2%	0.7%	0%	0.3%	0.6%	1.6%	0.3%	0.4%	0.3%	0.3%	0.8%
Overall	**4.9%**	**5.2%**	**4.3%**	**3.3%**	**4%**	**3.4%**	**2.9%**	**3%**	**4.2%**	**4.1%**	**3.2%**	**5.8%**

ED services response rates

	2017			2018								
Ward	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
Acute Medical Unit			75%	69.9%	100%	100%	49.6%	45%	44.2%	53.8%	40%	65.9%
Emergency Ambulatory Care												
Emergency Assessment Unit	72.9%	86.2%										
Emergency Department	24.7%	20.6%	13.5%	16.9%	16.4%	14.9%	14.4%	14.5%	15.2%	15.1%	13.2%	13.6%
Overall	**28.5%**	**24.7%**	**17%**	**21.2%**	**22.6%**	**19.5%**	**17.9%**	**18%**	**19.1%**	**18.6%**	**16.6%**	**18.2%**

Maternity services response rates

	2017			2018								
Ward	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
Antenatal	64.1%	56.6%	16.4%	47.8%	68.6%	42.7%	20.4%	91.4%	70.2%	52.4%	56.8%	28.7%
Birth	35.7%	53.9%	28.4%	39.2%	28.5%	41.2%	40%	38%	33.6%	27.4%	19.9%	27.4%
Postnatal Community	7%	7.1%	14.5%	27.8%	19.8%	9.7%	1.3%	15.3%	19.5%	24.1%	15.8%	18.8%
Postnatal Ward	35.1%	53.2%	28.5%	38.3%	29%	41.5%	39.8%	37.5%	34%	27.6%	19.7%	27.6%
Overall	**34.8%**	**45.1%**	**23.6%**	**38.4%**	**35.9%**	**36.3%**	**30.3%**	**43.2%**	**37.9%**	**31.8%**	**25.5%**	**26.4%**

Outpatient services response rates

	2017			2018								
Ward	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
Outpatients	10.9%	5.9%	3.5%	5.9%	4.4%	4.6%	4.9%	5.7%	5.1%	5.8%	5.4%	5.4%
Overall	**10.9%**	**5.9%**	**3.5%**	**5.9%**	**4.4%**	**4.6%**	**4.9%**	**5.7%**	**5.1%**	**5.8%**	**5.4%**	**5.4%**

Inpatients services response rates

	2017			2018								
Ward	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
A1												
A2	17.8%	4.2%	1.9%	2.2%	1.7%	2.4%	3.5%	18.7%	20.5%	9.3%	24.4%	19.2%
A3												
A4												
B1	73.5%	61.3%	50.3%	45.6%	58.4%	63.8%	41.3%	37.7%	53%	57.4%	54.8%	47.3%
B2 Hip	32%	19.1%	32.8%	38.4%	55.3%	40.7%	43.8%	36.6%	37.9%	34.7%	25.3%	51.8%
B2 Trauma	100%	100%	100%	100%	88.8%	78.5%	93.7%	76.9%	100%	73.8%	73.5%	73.4%
B3	29.4%	36.3%	27.8%	30.5%	29.1%	27%	48.1%	25.3%	52.2%	47.1%	40.2%	31%
B4	50.2%	39.7%	37.2%	50.7%	34.7%	35.1%	60.2%	51.2%	51.9%	58.1%	40.4%	42.3%
B5	52.7%	56.9%	54.1%	48.2%	48.2%	39.8%	38.1%	43.7%	66.3%	49.1%	38.8%	31.3%
B6	48.4%	3.2%	33.3%	5.3%	0%	0%	10.6%	5.8%	26.1%	69.2%	39.5%	29.6%
C1	61.5%	38.7%	19.8%	21.9%	34.8%	34%	55.2%	20.8%	43.6%	52.5%	61.8%	57.1%
C2	16.3%	19.1%	26.1%	14.6%	8.4%	17.4%	16.6%	23.9%	43.3%	20.8%	27.8%	37.4%
C3	53.3%	40.7%	13.8%	46%	50%	38.5%	79.5%	63%	53.4%	32.8%	63.3%	43.6%
C4	38.8%	48%	60%	49%	56.8%	62.5%	70.3%	68.8%	55.3%	44.1%	60%	72.8%
C5	50.5%	54.7%	45.1%	40.8%	22.9%	19.7%	21.3%	26.8%	22.8%	22.5%	30.4%	13.6%
C6	32.9%	33.9%	25.5%	38.8%	31%	69.2%	60.5%	46.7%	61%	51.3%	65.3%	25.4%
C7	36.2%	27.3%	29.8%	34.4%	27.3%	24.2%	45.4%	19.3%	23.1%	30.2%	21.4%	51.1%
C8	21%	29.8%	13.4%	6.1%	7.5%	28.7%	30.2%	18.6%	31.1%	20.8%	24.7%	31.2%
CCU & PCCU	30.8%	26.9%	18.9%	17%	25.5%	20.4%	29.7%	25.2%	27.6%	28.3%	25.8%	18.5%
Day Case	32%	32.3%	30.2%	30.2%	38.1%	36.6%	28.9%	32.4%	41.3%	34.2%	27.5%	34.2%
Evergreen	4.3%											
ITU	100%	100%	0%	33.3%	100%	66.6%	100%	0%	0%	100%	100%	50%
MHDU	46.1%	42.8%	72.7%	100%	30%	33.3%	100%	66.6%	90.9%	100%	100%	50%
Neonatal	6.1%	100%	65%	54.9%	42.8%	41.1%	40%	55.8%	55.2%	70.9%	45.9%	41.6%
SHDU	100%	100%	0%	33.3%		100%	100%	100%	100%	100%	100%	100%
Overall	**33.9%**	**33.9%**	**30.9%**	**30.1%**	**34.6%**	**34.9%**	**32.2%**	**33%**	**42.4%**	**35.9%**	**31.8%**	**35%**

Note: where gaps appear there is no data available as ward area currently designated to other activity or there has been no responses received. Also to note that during September A2 became AMU2.

Achieving a percentage recommended FFT score equal to or better than the national average is one of the Trusts Quality Priorities for patient experience and is relevant when a significant number of patients are asked. The FFT percentage recommended scores for the year including Q2 are as follows where red indicates where this is not achieved:

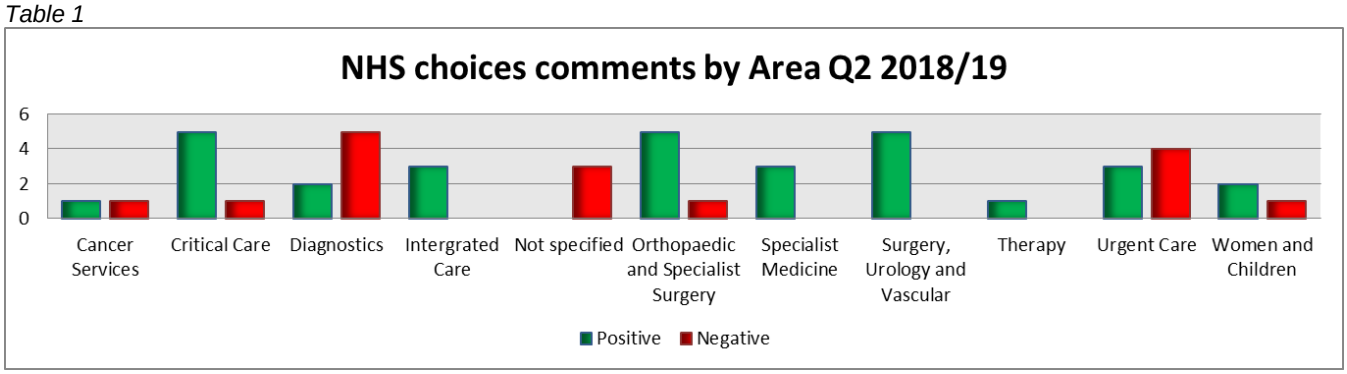
Percentage recommended FFT Scores	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18**
Inpatient	**95**	**93.7**	**94.4**	**94.1**	**93.7**	**93.0**
National	96	96	96	96	96	**
A & E	**82**	**77.8**	**77.1**	**76.2**	**77.1**	**75.7**
National	87	87	87	87	88	**
Maternity Antenatal	**98**	**97.5**	**100**	**98.3**	**99.1**	**94.5**
National	97	95	96	95	95	**
Maternity Birth	**99**	**97.8**	**96.5**	**100**	**98.6**	**96.8**
National	97	97	97	97	97	**
Maternity Postnatal Ward	**98**	**95.6**	**96.5**	**98.9**	**98.6**	**95.7**
National	95	95	95	95	95	**
Maternity Postnatal Community	**98**	**100**	**100**	**98.1**	**100**	**96.5**
National	*	98	98	98	98	**
Community	**96**	**95.3**	**96.7**	**95.6**	**96.2**	**93.3**
National	96	95	95	95	96	**
Outpatients	**90**	**89.4**	**90.5**	**87.4**	**91.3**	**88.9**
National	94	94	94	94	94	**

**no national data available. **local results. National data available mid November 2018.*

4. NHS Choices

In Q2, 46 people uploaded feedback electronically to NHS Choices or Care Opinion, (61 in Q1, 2018/19). Of those 46 comments, 65% (72% in Q1, 2018/19) were positive and 35% (28% in Q1, 2018/19) were negative. *Table 1* below details the comments received by area (where identified) for Q2.

Table 1



5. Complaints

The Trust received 163 complaints during Q2 compared to 122 in Q1, 18/19 and 122 in Q4, 17/18 (122) both resulting in a 33.61% increase in complaints received.

Two key metrics within the complaints service is that:

- All complaints will be acknowledged within 3 working days, this is a national standard.
- Complaints will receive a reply from the Trust within 40 working days.

The table below shows complaints activity and total number of complaints open as at 30 September 2018:

Complaints outstanding as of 30 September 2018	Complaints opened in September 2018	Complaints Closed in September 2018	Complaints brought forward	Complaints overdue as of 30 September 2018
219	56	43	219	130

The table below details the length of time that complaints have been open (not as yet closed) as of 30 September 2018.

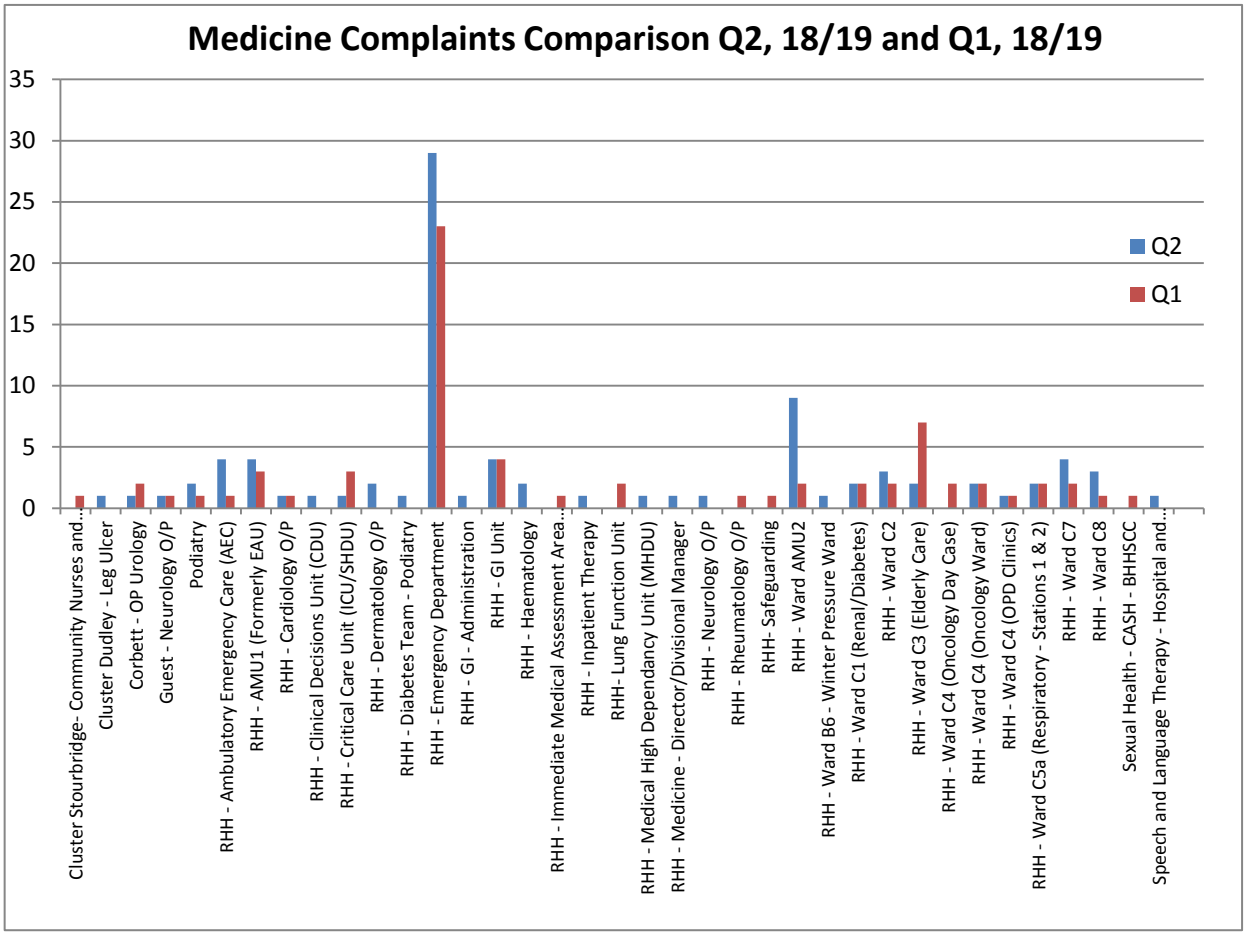
0 – 28 working days	29 – 40 working days	41 – 60 working days	61 – 100 working days	101 – 363 working days
69	20	43	33	54

The Trust undertook 240,030 clinical patient contacts in Q2 which equates to 0.067% of patients/families making a complaint. The divisional performance during Q2 is as follows:

- Surgery Division received 70 complaints
- Medicine & Integrated Care Division received 86 complaints
- Clinical Support Division received six complaints
- Other 1 complaint (Corporate Nursing Division (not wards))

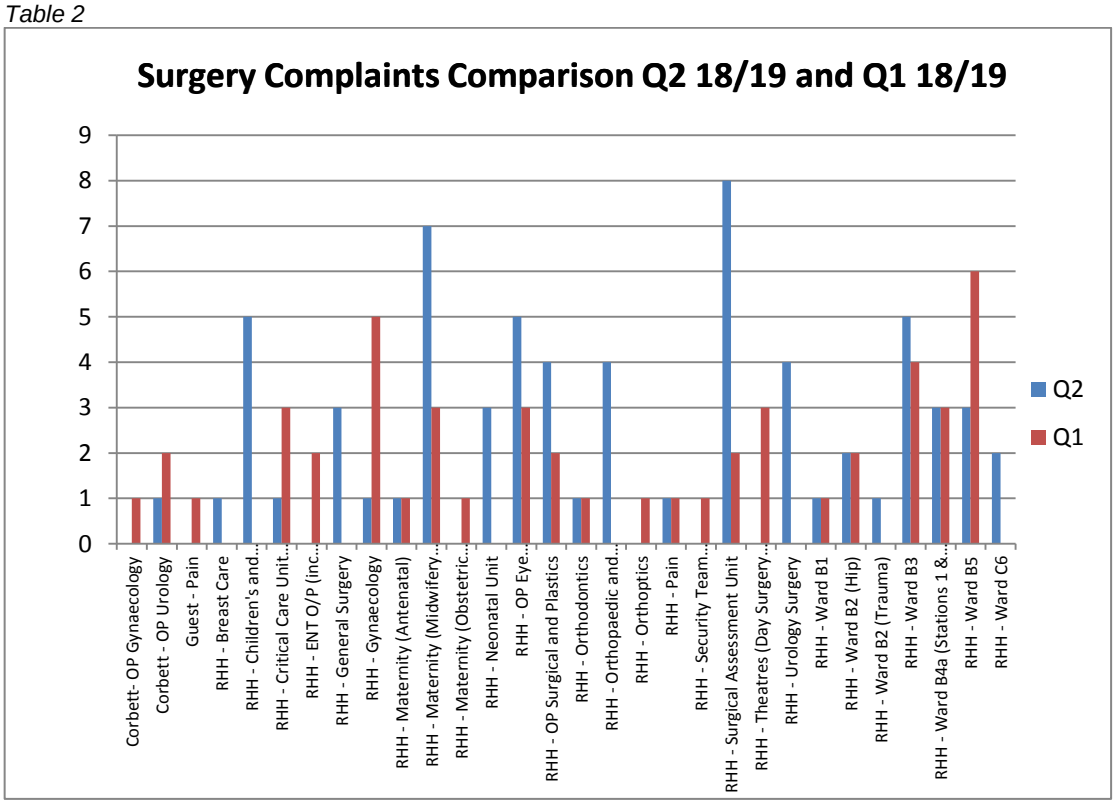
The following graphs illustrate complaints received within the division and which specific area of the Trust. They also demonstrate a comparison between Q2 and Q1, 18/19.

Table 1



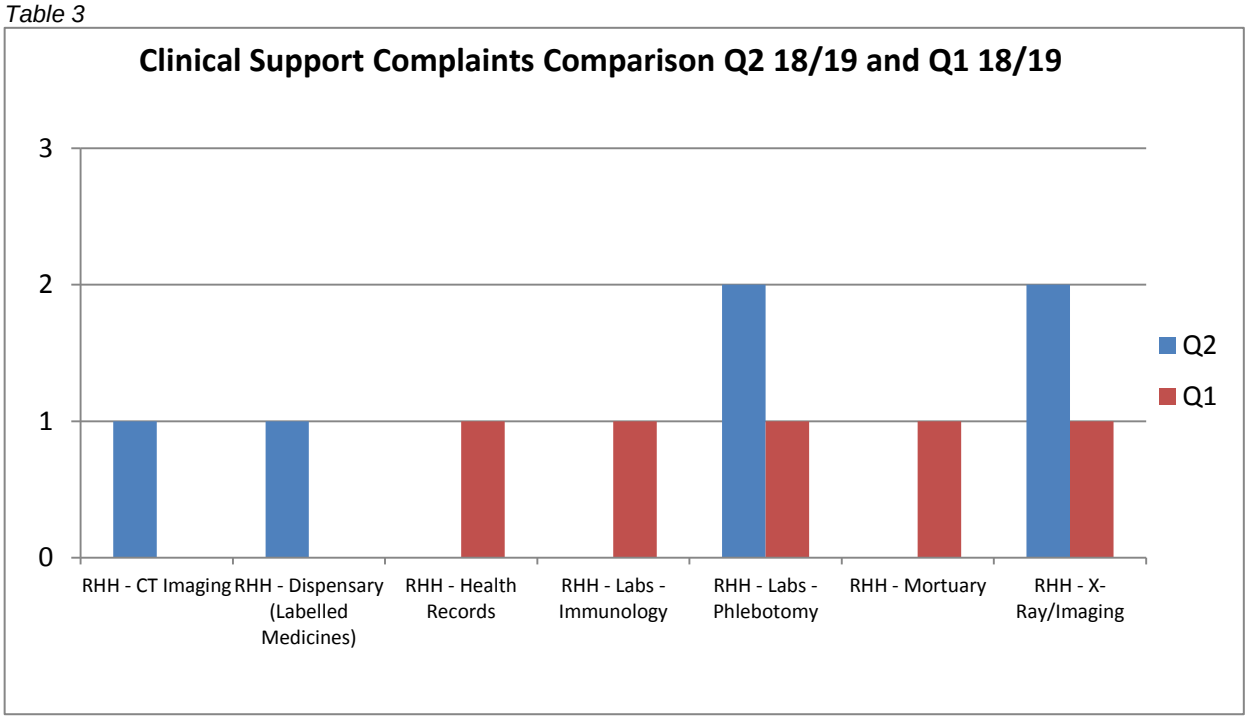
The Emergency Department has seen an increase in complaints. Ward AMU2 has also seen an increase in complaints received.

Table 2



There has been an increase in complaints received regarding the surgical assessment unit and maternity (midwifery led unit). Children's and paediatrics outpatients, general surgery and orthopaedic and fracture outpatient clinics have also seen an increase.

Table 3



There has been an increase in complaints received regarding the phlebotomy service, CT and X-ray imaging and dispensary (labelled medicines).

There has been one complaint received for Corporate Nursing Division (RHH- Complaints) relating to a delay for surgical division to respond to their complaint.

The senior complaints coordinator discusses complaints received on a weekly basis with divisions.

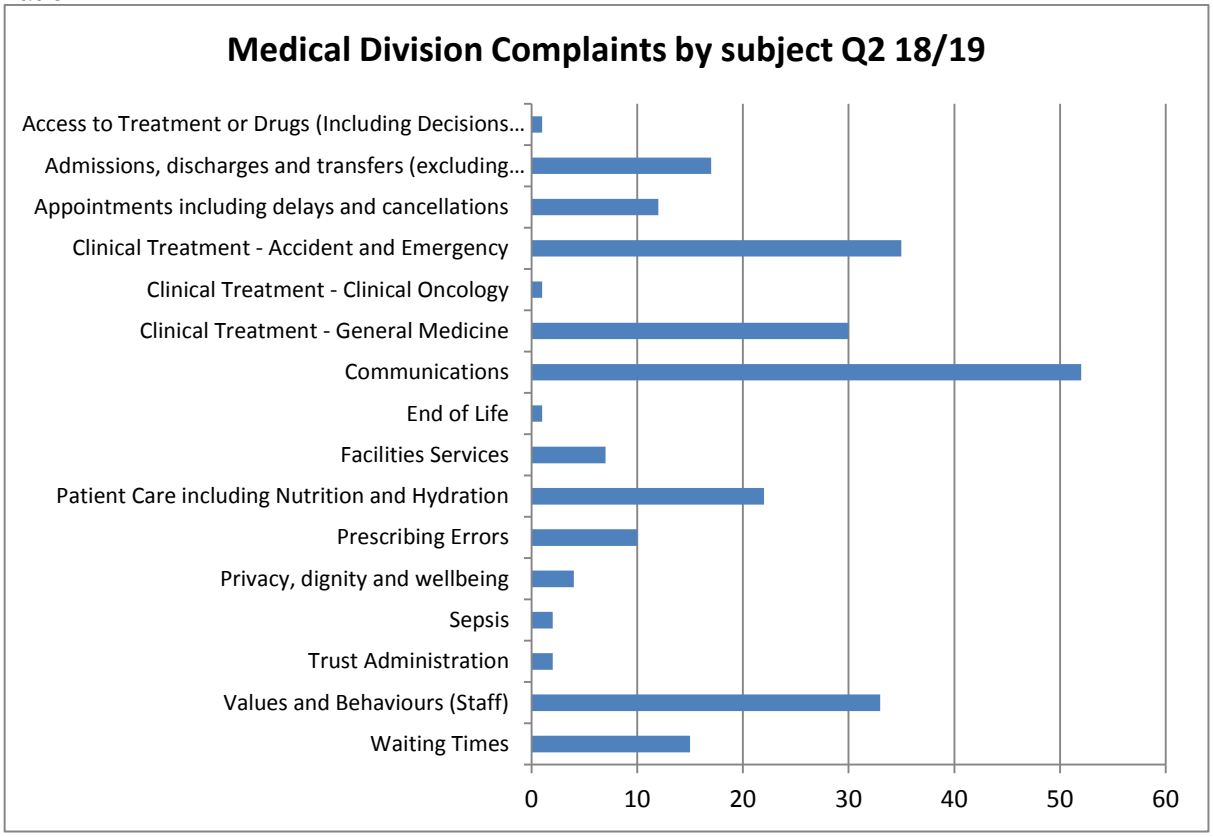
Medicine & Integrated Care Division

During Q2, a total of 86 complaints were received by the Medical & Integrated Care Division which indicates an increase of 36.5% from Q1, 2018/19 (63) and 40.98% increase (61) for the same period last year (Q2, 2017/18). The Emergency Department has seen the biggest rise in complaints during Q2, 18/19 (29) compared with Q2, 17/18 (20).

Please note that *Table 1* and *Table 5* will differ in terms of the number of complaints received as opposed to number of complaints received by team responsible as all subjects within a complaint are captured and logged separately. For example, one letter of complaint may cover a range of subjects linked to multiple divisions, areas and teams responsible.

Table 4, details complaints received by subject.

Table 4



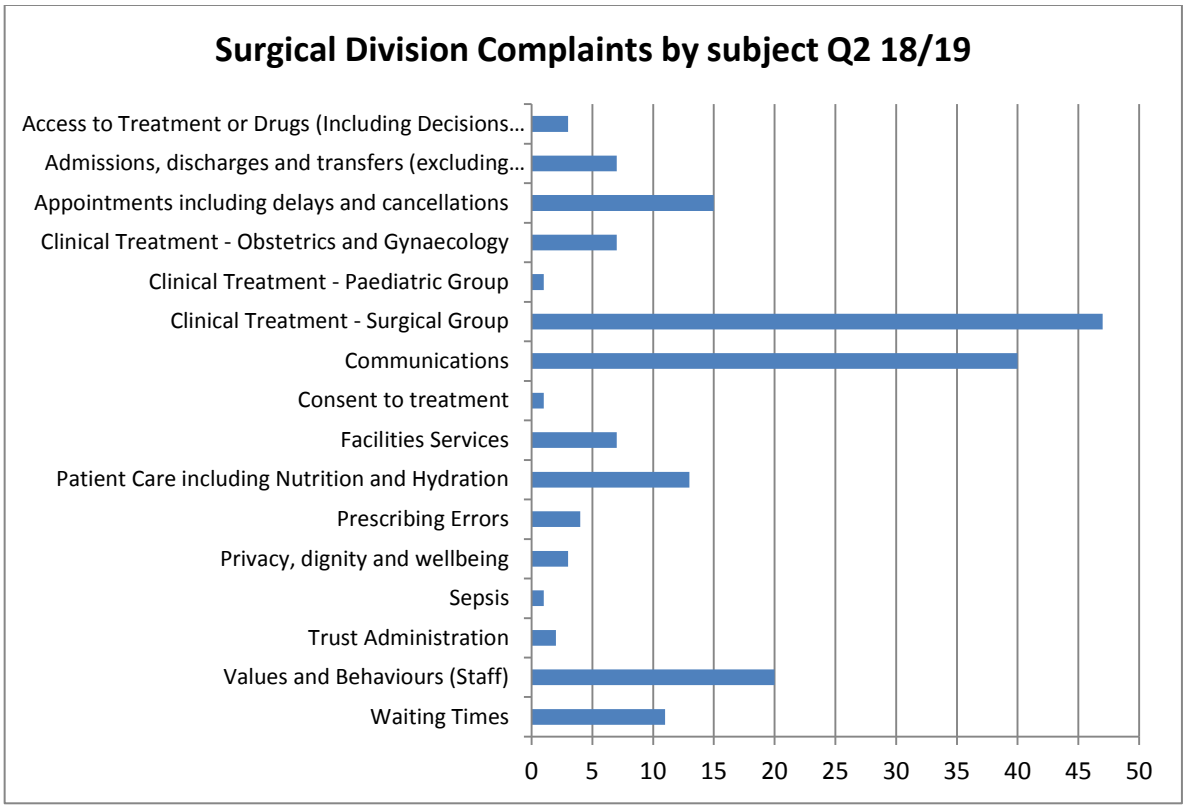
Surgery Division

During Q2, a total of 70 complaints were received by the Surgical Division which indicates an increase of 34.61% from Q1, 2018/19 (52) and 42.85% increase (49) for the same period the previous year (Q2, 2017/18). Further analysis has identified that surgical assessment unit (SAU) have seen an increase in complaints in Q2, 18/19 (8) compared to Q2, 17/18 (2).

Please note that *Table 2* and *Table 5* will differ in terms of the number of complaints received as all subjects within a complaint are captured and logged separately.

Table 5, details complaints received by subject.

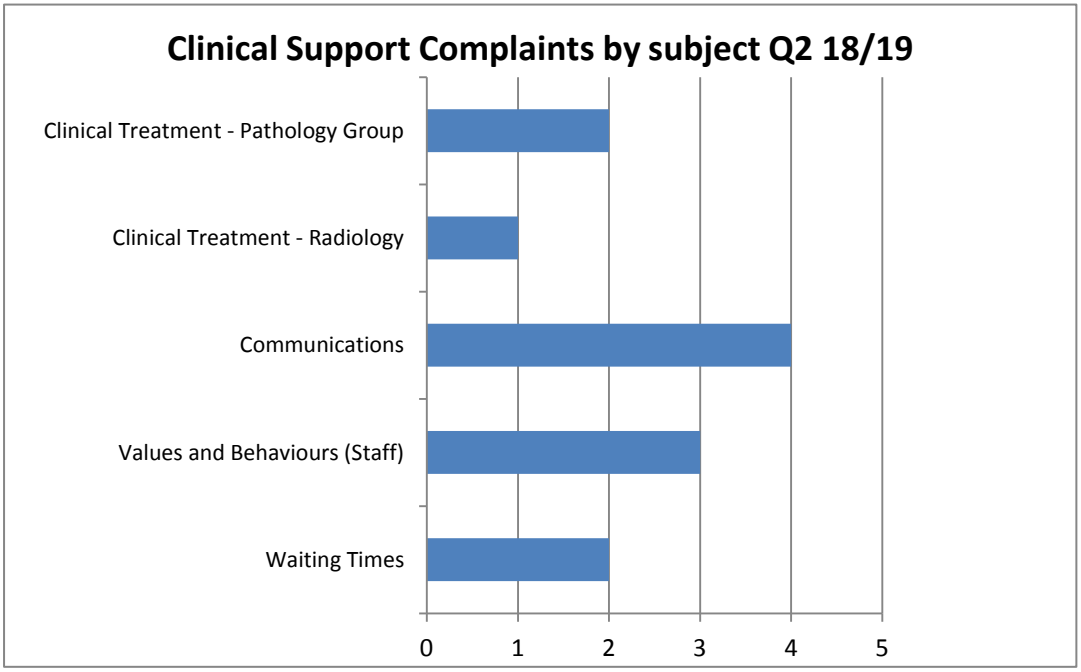
Table 5



Clinical Support Division

During Q2, a total of six complaints were received by the Clinical Support Division which indicates a 50% increase from Q1, 18/19 (4). *Table 6,* details complaints received by subject.

Table 6



Complaint Themes

The top five themes across the three divisions are as follows:

Themes Q2 18/19	Total
Communications	73
Clinical Treatment - Surgical Group	46
Values and Behaviours (Staff)	46
Clinical Treatment - Accident and Emergency	35
Clinical Treatment - General Medicine	31
Patient Care including Nutrition and Hydration	25

Reopened Complaints

During Q2, the Trust received correspondence from 14 complainants who were dissatisfied with their original complaint response from the Trust.

These included clinical discrepancies within the initial response letter and complainants stating that some of their initial concerns had not been resolved. The complaints were initially closed in Q2, 17/18 and Q1, 18/19. Out of the 14 reopened complaints, one has been responded to and is closed, three have requested local resolutions meetings which are to be arranged, one local resolution meeting has taken place and the remaining nine complainants have requested a written response.

These related to:

- Medicine & Integrated Care Division - 5
- Surgery Division - 9

Complaint responses

The Trust has been unable to achieve the locally agreed response time of 40 working days due to the high number of complaints received, capacity issues as well as some complex complaints.

NHS organisations are encouraged to set the number of working days which they believe is reasonable to reply sufficiently to users who have reason to complain. There is an expectation that the Trust will comply with locally agreed timeframe in 90% of all cases.

Within the reported quarter the Trust replied to 166 complaints in total. Of the 166 responses 35 (21.08%) were closed within 40 working days.

All complainants that were not responded to within the 40 working days received correspondence from the Trust requesting and asking for their agreement to an extended timeframe, this is in line with ‘The Local Authority Social Services and NHS Complaints (England) Regulations 2009’.

There were 22 local resolution meetings (LRM) held in Q2 which impacted on the 40 working day timescale being extended to accommodate such meetings.

Members of Parliament

The Trust received nine new complaints from Members of Parliament (MPs) during Q2. Six of these have been closed and three remain open.

Local Government Ombudsman

The Trust received no new applications from the Local Government Ombudsman (LGO) during Q2 and one remains open from Q1, 18/19.

The LGO investigates complaints relating to councils, all adult social care providers (including care homes and home care agencies) and some other organisations providing local public services.

Parliamentary Health Service Ombudsman

The Trust received three new applications from the Parliamentary Health Service Ombudsman (PHSO) during Q2. Three cases have been resolved leaving six remaining open including one under appeal by the Trust.

Complaints Satisfaction Surveys

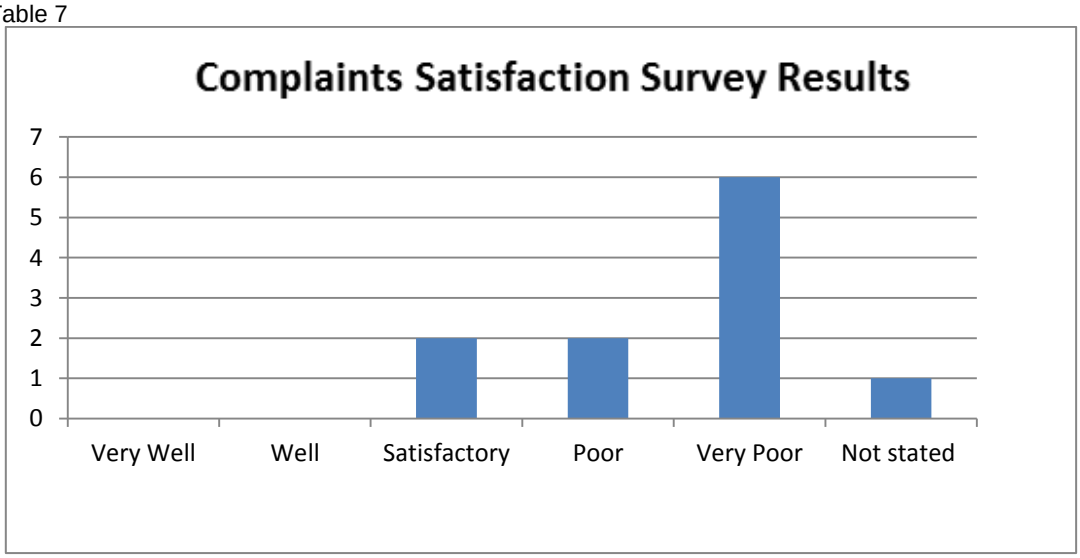
It is mandated that all trusts participate in the complaints satisfaction survey and is part of the NHS Complaints Legislation (2009). All complainants have the opportunity to complete a complaint satisfaction survey.

Of the 166 complaints closed in Q2, 69 complaint satisfaction surveys were sent out and of those sent the Trust has received 11 completed surveys back. It has been agreed locally that surveys are sent out 6 weeks after closure to allow time for the complainant to consider the response.

The survey is intended to be about the process and management of the complaint and not about the outcome. However, often complainants that are unhappy with the outcome of their complaint base their survey response on their dissatisfaction. All survey responses are anonymous.

Table 7 illustrates the feedback received from the complaints satisfaction survey received in Q2.

Table 7



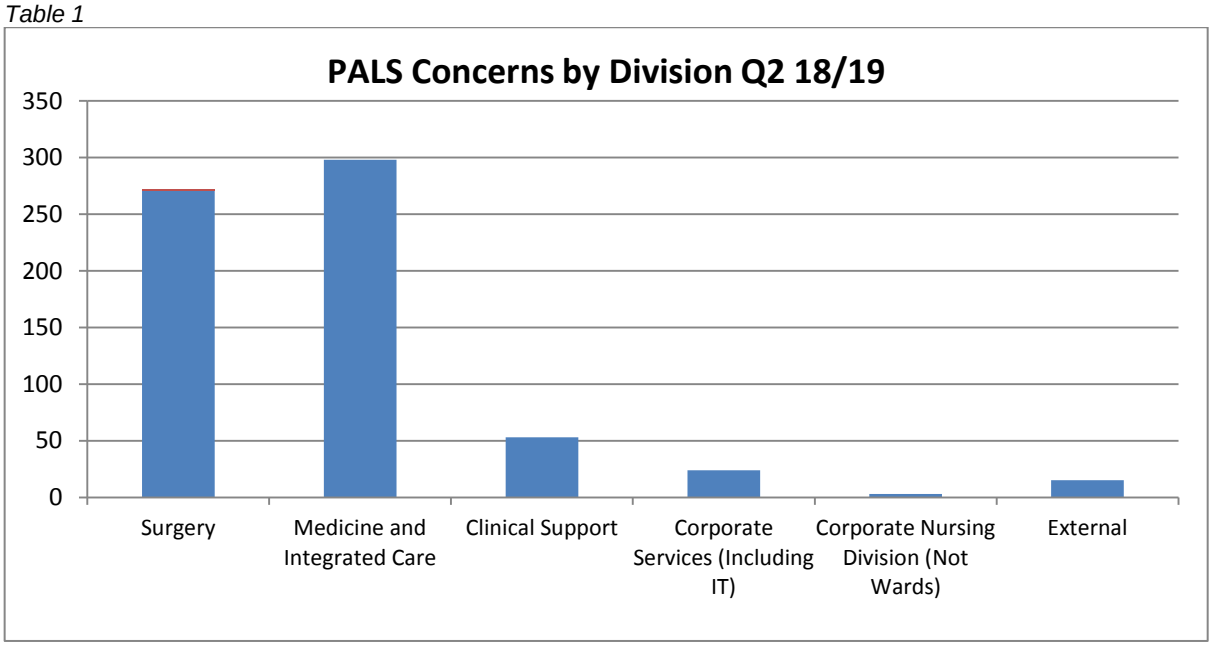
6. Compliments

The Trust continues to receive a high number of compliments equating to around 0.4% of patient activity. All compliments received by the Chief Executive and the Chief Nurse are acknowledged personally and shared with the staff involved. A total of 1,534 compliments were received in Q2 which represents a 3.2 % decrease from Q1 (1,585), 2018/19.

7. Patient Advice Liaison Service

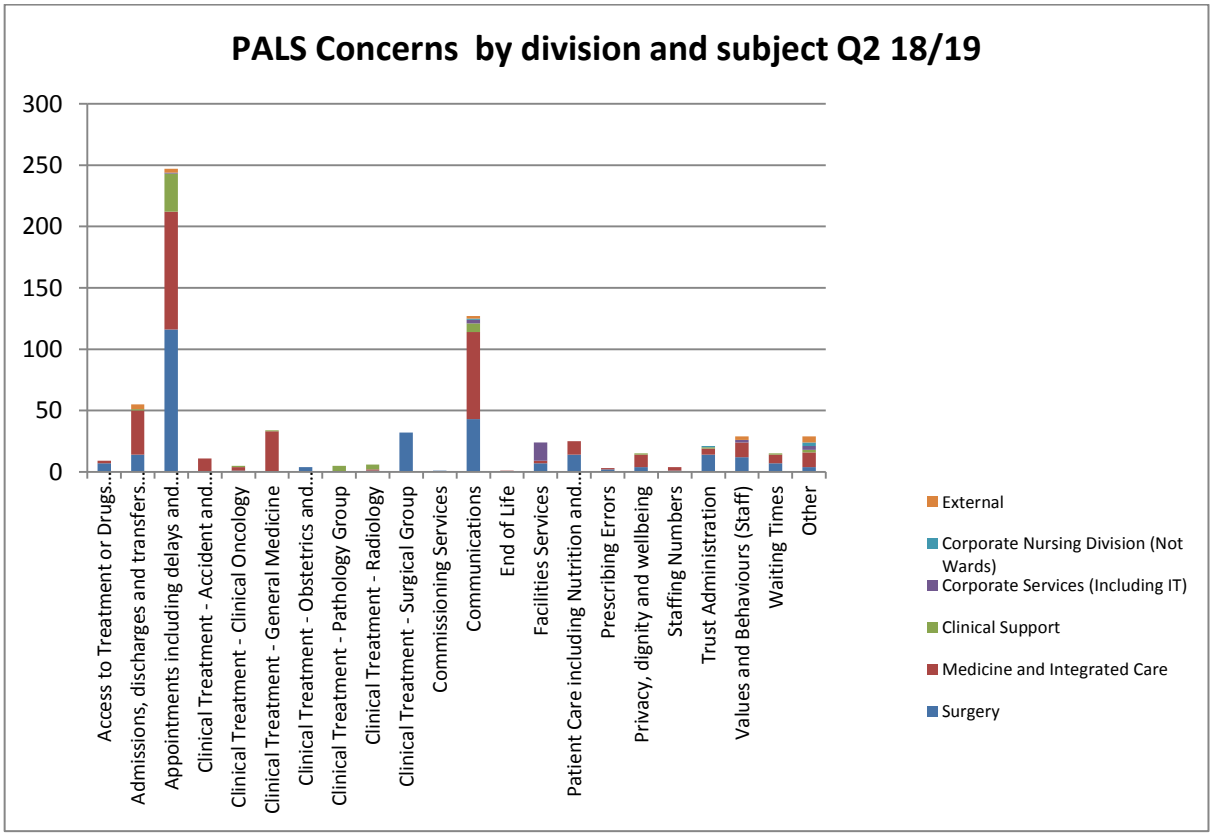
Patient Advice Liaison Service (PALS) received 664 new concerns in Q2, which is a 9.21% increase compared to Q1, 18/19 (608). *Table 1* details the breakdown by division during Q2:

Table 1



Please note that the tables below show a greater number of categories than PALS concerns received as some have multiple categories assigned to an individual concern. The most commonly raised concerns relate to delayed appointments and communication.

Table 2



The PALS team receives an average of 55 new concerns each week in addition to telephone calls received which require signposting. These concerns are escalated as appropriate (internally/externally) with the aim to seek resolution within 24 hours. However some concerns cannot be responded to within 24 hours due to annual leave, availability of information and complexity of the concerns raised (these are concerns whereby the person raising them does not wish to make a formal complaint).

Of the 664 concerns received, 622 concerns were closed and *Table 3* shows the time taken by PALS to respond these 622 concerns for Q2:

Table 3

1 working day	2 working days	3 working days	4 working days	5 working days	5 or more working days
360	92	29	26	15	100

Conclusion

This report is intended to provide an overview of activity related to Patient Experience including national CQC surveys, Friends & Family Test, NHS Choices, patient complaints, compliments and the Patient Advice & Liaison Service (PALS).

It is important to note that the Trust continues to increase its levels of engagement with patients, families and their carers and the Board is asked to support initiatives that will improve our patient experience.

Enclosure 10

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 1 November 2018

TITLE:	Integrated Performance Report for Month 5 (September) 2018		
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.

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Integrated Performance Report - Board

September 2018

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**

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Quality Dashboard

Quality And Risk															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Complaints	399	44	39	36	60	44	55	-	-	-	-	-	-	278	
Compliments	6,370	50900.00%	67700.00%	385	566	869	513	-	-	-	-	-	-	3,519	
Friends & Family – Community – Footfall	3.1%	2.9%	3%	4.2%	4.1%	3.2%	5.8%	-	-	-	-	-	-	3.8%	9%
Friends & Family – Community – Recommended %	96.6%	96.6%	95.3%	96.6%	95.5%	96.2%	93.2%	-	-	-	-	-	-	95%	97.6%
Friends & Family – ED – Footfall	19.1%	17.9%	18%	19.1%	18.6%	16.6%	18.2%	-	-	-	-	-	-	18.1%	21.3%
Friends & Family – ED – Recommended %	77.3%	81.8%	77.8%	77.1%	76.2%	77.1%	75.7%	-	-	-	-	-	-	77.6%	93.3%
Friends & Family – Inpatients – Footfall	32.1%	32.2%	33%	42.4%	35.9%	31.8%	35.0%	-	-	-	-	-	-	35.0%	35.1%
Friends & Family – Inpatients – Not Recommended %	1.5%	1.8%	2.1%	2%	1.8%	2.5%	3.10%	-	-	-	-	-	-	2.2%	%
Friends & Family – Inpatients – Recommended %	95.4%	94.9%	93.7%	94.4%	94.1%	93.7%	93.0%	-	-	-	-	-	-	94.0%	97.4%
Friends & Family – Maternity – Footfall	40.3%	30.3%	43.2%	37.9%	31.8%	25.5%	26.4%	-	-	-	-	-	-	33%	34.4%
Friends & Family – Maternity – Not Recommended %	0.6%	1.2%	0.9%	0.4%	0.8%	0.6%	0.70%	-	-	-	-	-	-	1%	%
Friends & Family – Maternity – Recommended %	97.8%	98.1%	97.2%	98.1%	98.8%	99%	95.9%	-	-	-	-	-	-	98%	97.9%
Friends & Family – Outpatients – Footfall	4.3%	4.9%	5.7%	5.1%	5.8%	5.4%	5.4%	-	-	-	-	-	-	5.4%	14.4%
Friends & Family – Outpatients – Recommended %	91.8%	90.1%	89.4%	90.5%	87.4%	91.3%	88.9%	-	-	-	-	-	-	89.5%	97.1%
HCAI – Post 48 hour MRSA	0	0	0	0	0	0	0	-	-	-	-	-	-	0	0
HCAI CDIFF – Due To Lapses In Care	19	3	0	1	0	0	0	-	-	-	-	-	-	4	13
HCAI CDIFF – Not Due To Lapses In Care	11	1	0	2	0	1	0	-	-	-	-	-	-	4	
HCAI CDIFF – Total Number Of Cases	30	4	0	3	0	2	3	-	-	-	-	-	-	12	
HCAI CDIFF – Under Review	0	0	0	0	0	1	3	-	-	-	-	-	-	4	
Incidents - Appointments, Discharge & Transfers	1,028	78	93	83	99	88	78	-	-	-	-	-	-	519	
Incidents - Blood Transfusions	88	9	7	5	2	4	4	-	-	-	-	-	-	31	
Incidents - Clinical Care (Assessment/Monitoring)	1,375	149	149	131	161	140	113	-	-	-	-	-	-	843	
Incidents - Diagnosis & Tests	397	42	53	51	33	49	51	-	-	-	-	-	-	279	
Incidents - Equipment	290	29	33	51	33	23	36	-	-	-	-	-	-	205	
Incidents - Facilities (Security, Estates, Transport, Fire etc.)	491	36	34	33	32	28	26	-	-	-	-	-	-	189	
Incidents - Falls, Injuries or Accidents	1,442	106	89	109	94	111	100	-	-	-	-	-	-	609	
Incidents - Health & Safety	331	33	31	24	41	35	40	-	-	-	-	-	-	204	
Incidents - Infection Control	112	12	10	7	6	5	3	-	-	-	-	-	-	43	

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Quality And Risk															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Nursing Care Indicators - General Wards	95%	97%	95%	97%	93%	97%	95%	-	-	-	-	-	-	96%	95%
Nursing Care Indicators - Maternity	96%	93%	97%	100%	100%	94%	-	-	-	-	-	-	-	96%	95%
Nursing Care Indicators - Medicines Management	91%	94%	92%	94%	94%	95%	95%	-	-	-	-	-	-	94%	94%
Nursing Care Indicators - Neonatal	99%	96%	98%	97%	99%	97%	99%	-	-	-	-	-	-	98%	94%
Nursing Care Indicators - Paediatric	95%	96%	94%	99%	86%	91%	97%	-	-	-	-	-	-	94%	94%
Nursing Care Indicators - Renal	97%	98%	87%	94%	94%	94%	93%	-	-	-	-	-	-	93%	94%
Nursing Care Indicators - Surgical Assessment Unit	94%	98%	99%	98%	95%	94%	97%	-	-	-	-	-	-	97%	95%
PALS Concerns	2,501	174	167	163	207	199	218	-	-	-	-	-	-	1,128	
Saving Lives - 1 Ventilator Associated Pneumonia (*New 18/19)	-	100%	100%	100%	100%	100%	100%	-	-	-	-	-	-	100%	95%
Saving Lives - 2a Peripheral Vascular Access Devices - Insertion (*New 18/19)	-	99%	100%	100%	99%	100%	100%	-	-	-	-	-	-	99%	95%
Saving Lives - 2b Peripheral Vascular Access Devices - Ongoing Care (*New 18/19)	-	96%	96%	98%	100%	99%	94%	-	-	-	-	-	-	97%	95%
Saving Lives - 3a Central Venous Access Devices - Insertion (*New 18/19)	-	100%	100%	100%	96%	100%	100%	-	-	-	-	-	-	99%	95%
Saving Lives - 3b Central Venous Access Devices - Ongoing Care (*New 18/19)	-	100%	98%	100%	100%	100%	100%	-	-	-	-	-	-	99%	95%
Saving Lives - 4a Surgical site infection prevention - Preoperative (*New 18/19)	-	100%	100%	100%	100%	100%	100%	-	-	-	-	-	-	100%	95%
Saving Lives - 4b Surgical site infection prevention - Intraoperative actions (*New 18/19)	-	100%	100%	100%	100%	100%	100%	-	-	-	-	-	-	100%	95%
Saving Lives - 5 Infection Prevention in Chronic Wounds (*New 18/19)	-	100%	100%	100%	100%	100%	100%	-	-	-	-	-	-	100%	95%
Saving Lives - 6a Urinary Catheter - Insertion (*New 18/19)	-	100%	100%	100%	99%	100%	100%	-	-	-	-	-	-	99%	95%
Saving Lives - 6b Urinary Catheter - Maintenance and Assessment (*New 18/19)	-	100%	98%	98%	99%	100%	96%	-	-	-	-	-	-	98%	95%
Serious Incidents - Action Plan overdue	74	3	-	-	-	-	-	-	-	-	-	-	-	3	
Serious Incidents - Appointments, Discharge & Transfers	6	-	-	-	1	-	1	-	-	-	-	-	-	2	
Serious Incidents - Clinical Care (Assessment/Monitoring)	120	1	-	2	6	5	-	-	-	-	-	-	-	14	
Serious Incidents - Diagnosis & Tests	18	-	1	-	1	1	-	-	-	-	-	-	-	3	

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Quality And Risk															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Incidents - Medication	4,160	412	285	445	312	417	197	-	-	-	-	-	-	2,068	
Incidents - Obstetrics	990	52	62	83	81	70	60	-	-	-	-	-	-	408	
Incidents - Pressure Ulcer	3,492	303	266	235	237	252	191	-	-	-	-	-	-	1,484	
Incidents - Records, Communication & Information	825	77	87	63	90	82	67	-	-	-	-	-	-	466	
Incidents - Safeguarding	866	86	120	105	154	101	120	-	-	-	-	-	-	686	
Incidents - Theatres	208	24	21	28	15	30	21	-	-	-	-	-	-	139	
Incidents - Venous Thrombo Embolism (VTE)	127	16	2	19	8	6	9	-	-	-	-	-	-	60	
Incidents - Violence, Aggression & Self Harm	734	52	66	48	67	49	45	-	-	-	-	-	-	327	
Incidents - Workforce	679	53	38	60	62	77	76	-	-	-	-	-	-	366	
Maternity : Early Booking KPI: % of women who see midwife/maternity healthcare professional	100%	100%	100%	100%	100%	100%	100%	-	-	-	-	-	-	100%	100%
Maternity : Increase in breast feeding initiation rates by 2% per year	56.85%	59.22%	60.37%	56.77%	69.45%	66.79%	60.74%	-	-	-	-	-	-	62.27%	61%
Maternity : Smoking In Pregnancy : Reduce to a prevalence of 12.1% across the year	15.61%	14.28%	13.52%	15.77%	15.65%	10.99%	12.42%	-	-	-	-	-	-	13.73%	12.1%
Mixed Sex Sleeping Accommodation Breaches	51	3	7	5	0	4	7	-	-	-	-	-	-	26	0
Never Events	3	0	0	0	0	0	0	-	-	-	-	-	-	0	0
NQA - Matrons Audit	92%	91%	95%	94%	92%	91%	-	-	-	-	-	-	-	93%	94%
NQA - Midwifery Audit	97%	98%	97%	98%	95%	97%	94%	-	-	-	-	-	-	97%	95%
NQA - Nutrition Audit	94%	94%	96%	93%	93%	94%	94%	-	-	-	-	-	-	94%	94%
NQA - Paediatric Nutrition Audit	98%	98%	93%	85%	98%	94%	100%	-	-	-	-	-	-	96%	94%
NQA - Skin Bundle	95%	95%	94%	92%	95%	97%	96%	-	-	-	-	-	-	95%	94%
NQA - Theatres and Critical Care Environment Audit	90%	96%	89%	93%	77%	91%	-	-	-	-	-	-	-	89%	94%
NQA - Think Glucose - EAU/SAU	77%	90%	100%	100%	100%	100%	100%	-	-	-	-	-	-	98%	95%
NQA - Think Glucose - General Wards	94%	96%	95%	98%	95%	93%	92%	-	-	-	-	-	-	95%	95%
Nursing Care Indicators - Community Childrens	99%	100%	100%	100%	-	100%	100%	-	-	-	-	-	-	100%	95%
Nursing Care Indicators - Community Neonatal	100%	100%	100%	100%	100%	100%	100%	-	-	-	-	-	-	100%	95%
Nursing Care Indicators - Critical Care	98%	100%	98%	100%	98%	98%	100%	-	-	-	-	-	-	99%	94%
Nursing Care Indicators - District Nurses	94%	95%	96%	97%	97%	98%	98%	-	-	-	-	-	-	97%	94%
Nursing Care Indicators - EAU	90%	96%	90%	94%	86%	-	-	-	-	-	-	-	-	91%	95%
Nursing Care Indicators - ED	88%	95%	88%	91%	92%	88%	95%	-	-	-	-	-	-	92%	95%

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Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Serious Incidents - Falls, Injuries or Accidents	105	-	1	1	2	2	-	-	-	-	-	-	-	6	
Serious Incidents - Health & Safety	-	-	-	-	-	1	-	-	-	-	-	-	-	1	
Serious Incidents - Infection Control	25	2	-	-	-	-	-	-	-	-	-	-	-	2	
Serious Incidents - Medication	10	-	-	1	-	-	-	-	-	-	-	-	-	1	
Serious Incidents - Obstetrics	15	-	-	-	1	-	-	-	-	-	-	-	-	1	
Serious Incidents - Pressure Ulcer	490	8	1	4	-	-	-	-	-	-	-	-	-	13	
Serious Incidents - Safeguarding	-	-	-	-	1	1	-	-	-	-	-	-	-	2	
Serious Incidents - Venous Thrombo Embolism (VTE)	-	-	-	-	1	-	-	-	-	-	-	-	-	1	
Stroke Admissions : Swallowing Screen	82.84%	92.10%	86.27%	94.44%	100%	97.72%	-	-	-	-	-	-	-	93.53%	75%
Stroke Admissions to Thrombolysis Time	57.69%	42.85%	60.00%	50%	50%	42.85%	-	-	-	-	-	-	-	48%	%
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)	92.56%	91.89%	87.71%	97.77%	97.36%	95%	-	-	-	-	-	-	-	93.54%	85%
Suspected High-risk TIA Assessed and Treated < 24hrs from presentation	94.15%	77.77%	100%	85.71%	100.00%	90.90%	-	-	-	-	-	-	-	92.15%	85%
Time to Procedure: Emergency Procedures (Upper GI Diagnostic endoscopic)	66.66%	65.3%	57.89%	43.33%	53%	40.74%	-	-	-	-	-	-	-	52.40%	0%
Time to Surgery - Elective admissions operated on within two days for all procedures	87%	99.77%	99.86%	99.95%	99.91%	99.94%	-	-	-	-	-	-	-	99.88%	0%
Time to Surgery : Emergency Procedures (Appendectomy)	97%	92.5%	90.62%	87.09%	83%	100%	-	-	-	-	-	-	-	89.04%	0%
Time to Surgery : Emergency Procedures (Femur Replacement #NOF)	93.23%	95.23%	96.96%	95%	100%	87.50%	-	-	-	-	-	-	-	95.49%	0%
Time to Surgery : Emergency Procedures (Reduction of fracture of bone excl. #NOF)	91.68%	88.57%	91%	88.13%	93%	84.84%	-	-	-	-	-	-	-	89.66%	0%
VTE Assessment Indicator (CQN01)	93.37%	95.10%	94.8%	95.47%	95.10%	95.44%	-	-	-	-	-	-	-	95.18%	95%

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Performance Dashboard

Performance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
A&E - 4 Hour A&E Dept Only % (Type 1)	78.38%	77.09%	76.50%	78.66%	76.73%	80.59%	77.23%	-	-	-	-	-	-	77.76%	%
A&E - 4 Hour UCC Dept Only % (Type 3)	99.38%	99.44%	99.46%	99.82%	99.43%	99.49%	100%	-	-	-	-	-	-	99.60%	%
A&E - 4 Hour UCC/A&E Combined % (Type 1+3)	86.56%	86.29%	85.38%	86.93%	85.29%	87.64%	85.21%	-	-	-	-	-	-	86.10%	95%
A&E - Patients who Left Without Being Seen %	2.6%	1.7%	2.1%	1.8%	2.5%	1.6%	1.70%	-	-	-	-	-	-	2%	5%
A&E - Time to Initial Assessment (95th Percentile)	9	4	8	9	7	4	5	-	-	-	-	-	-	5	15
A&E - Time to Treatment Median Wait (Minutes)	70	49	65	61	73	49	64	-	-	-	-	-	-	64	60
A&E - Total Time in A&E (95th Percentile)	731	593	587	504	524	463	511	-	-	-	-	-	-	511	240
A&E - Unplanned Re-Attendance Rate %	1.5%	1.3%	1.1%	1.5%	1.6%	1.3%	1.30%	-	-	-	-	-	-	1.4%	5%
Activity - A&E Attendances	103,426	8,299	9,103	8,923	9,580	8,339	8,848	-	-	-	-	-	-	53,092	52,361
Activity - Cancer MDT	5,131	492	443	520	378	511	508	-	-	-	-	-	-	2,852	2,609
Activity - Community Attendances	376,548	33,662	36,319	36,299	38,817	33,630	32,625	-	-	-	-	-	-	211,352	198,512
Activity - Critical Care Bed Days	7,612	585	710	737	791	604	677	-	-	-	-	-	-	4,104	4,040
Activity - Diagnostic Imaging whilst Out-Patient	52,692	4,222	4,505	4,451	4,434	4,431	4,081	-	-	-	-	-	-	26,124	28,965
Activity - Direct Access Pathology	1,970,646	173,406	172,671	173,017	174,399	173,882	158,617	-	-	-	-	-	-	1,025,992	1,032,187
Activity - Direct Access Radiology	75,450	6,221	6,883	6,389	6,475	6,235	5,907	-	-	-	-	-	-	38,110	40,124
Activity - Elective Day Case Spells	48,682	4,184	4,366	4,058	4,159	4,472	3,985	-	-	-	-	-	-	25,224	24,802
Activity - Elective Inpatients Spells	5,828	433	464	451	471	502	444	-	-	-	-	-	-	2,765	2,951
Activity - Emergency Inpatient Spells	50,160	3,256	3,628	3,639	3,783	3,743	3,524	-	-	-	-	-	-	21,573	24,693
Activity - Excess Bed Days	11,066	707	823	922	841	499	292	-	-	-	-	-	-	4,084	7,485
Activity - Maternity Pathway	7,636	578	668	621	642	619	567	-	-	-	-	-	-	3,695	3,799
Activity - Neo Natal Bed Days	7,111	628	661	604	611	595	600	-	-	-	-	-	-	3,699	3,664
Activity - Outpatient First Attendances	146,246	13,055	14,049	13,954	14,960	13,939	13,196	-	-	-	-	-	-	83,153	77,533
Activity - Outpatient Follow Up Attendances	295,301	26,094	27,879	26,507	28,812	27,004	26,715	-	-	-	-	-	-	163,011	153,483
Activity - Outpatient Procedure Attendances	71,502	5,294	6,165	6,122	6,065	5,609	5,986	-	-	-	-	-	-	35,241	37,313
Activity - Rehab Bed Days	20,079	1,528	1,571	1,720	1,618	1,908	1,755	-	-	-	-	-	-	10,100	9,713
Activity - Renal Dialysis	52,070	4,233	4,431	4,225	4,121	4,182	4,180	-	-	-	-	-	-	25,372	25,789
Ambulance Handover - 30 min – breaches (DGH view)	4,608	180	437	437	542	267	441	-	-	-	-	-	-	2,304	0
Ambulance Handover - 30 min – breaches (WMAS view)	5,803	240	603	563	685	395	548	-	-	-	-	-	-	3,034	0
Ambulance Handover - 60 min – breaches (DGH view)	716	8	67	53	119	43	120	-	-	-	-	-	-	410	0
Ambulance Handover - 60 min – breaches (WMAS view)	876	9	73	66	144	52	138	-	-	-	-	-	-	482	0

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Performance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Cancer - 14 day - Urgent Cancer GP Referral to date first seen	94.7%	88.2%	95.9%	94.5%	95.3%	95.0%	94.60%	-	-	-	-	-	-	93.9%	93%
Cancer - 14 day - Urgent GP Breast Symptom Referral to date first seen	97.3%	91.8%	96.0%	95.3%	96.3%	96.9%	92.50%	-	-	-	-	-	-	95.0%	93%
Cancer - 31 day - from diagnosis to treatment for all cancers	98.8%	98.7%	100.0%	99.4%	97.1%	98.7%	96.20%	-	-	-	-	-	-	98.4%	96%
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100.0%	100%	-	-	-	-	-	-	100%	98%
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	98.9%	100%	100%	100%	100%	100.0%	77.40%	-	-	-	-	-	-	96%	94%
Cancer - 31 Day For Subsequent Treatment From Decision To Treat	99.4%	100%	100%	100%	100%	100.0%	82%	-	-	-	-	-	-	98%	96%
Cancer - 62 day - From Referral for Treatment following a Consultant Upgrade	93.3%	86.6%	86.1%	91.5%	88.1%	95%	90%	-	-	-	-	-	-	89.9%	85%
Cancer - 62 day - From Referral for Treatment following national screening referral	98.4%	96.4%	96.1%	100%	100%	100.0%	96%	-	-	-	-	-	-	97.8%	90%
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	85.3%	80.8%	84%	79.8%	85.3%	79.8%	80.60%	-	-	-	-	-	-	81.9%	85%
Cancer: Patients on a 62 day pathway treated on or over 104 days (1: patients treated at DGFT)	19	3	7	2	3	2	-	-	-	-	-	-	-	17	
Cancer: Patients on a 62 day pathway treated on or over 104 days (2: patients treated at a Tertiary Centre)	29	2	2	1	4	5	-	-	-	-	-	-	-	14	
Cancer: Patients on a 62 day pathway treated on or over 104 days (3: combined)	48	5	9	3	7	7	-	-	-	-	-	-	-	31	
Maternity: Breastfeeding Data Coverage Rates	100%	100%	100%	100%	100%	100%	100%	-	-	-	-	-	-	100%	0%
Number of Births Within the Trust	4,435	351	384	363	356	385	356	-	-	-	-	-	-	2,195	
RTT - Admitted Pathways within 18 weeks %	87.9%	84.6%	87.1%	86.6%	88.2%	89.3%	85.80%	-	-	-	-	-	-	87.0%	90%
RTT - Incomplete Waits within 18 weeks %	94%	93.4%	94.7%	94.4%	94%	93.6%	93.10%	-	-	-	-	-	-	93.90%	92%
RTT - Non-Admitted Pathways within 18 weeks %	93.1%	94.4%	94.6%	95.8%	95.8%	94.9%	93.80%	-	-	-	-	-	-	95%	95%
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)	97.85%	99.31%	99.38%	99.30%	99.23%	97.7%	98.69%	-	-	-	-	-	-	98.93%	99%

NHS
The Dudley Group
NHS Foundation Trust

Staff/HR

Finance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Agency spend	£11,613k	£860k	£1,111k	£981k	£974k	£1,157k	£1,172k	-	-	-	-	-	-	£6,254k	k
Bank spend	£16,404k	£1,481k	£1,475k	£1,611k	£1,608k	£1,393k	£1,883k	-	-	-	-	-	-	£9,451k	k
Budgetary Performance	(£20,622)k	(£640)k	(£451)k	£646k	(£445)k	(£134)k	(£1,833)k	-	-	-	-	-	-	(£2,858)k	£0k
Capital v Forecast	106.6%	59.8%	51.9%	69%	67.70%	68.30%	-	-	-	-	-	-	-	68%	95%
Cash Balance	£8,617k	£13,899k	£9,420k	£9,717k	£8,752k	£7,143k	-	-	-	-	-	-	-	£7,143k	k
Cash v Forecast	54.6%	109.3%	98.8%	159.4%	85.20%	92.70%	-	-	-	-	-	-	-	92.7%	95%
Creditor Days	16.4	15.5	15.5	16.7	17	15.9	-	-	-	-	-	-	-	15.9	15
Debt Service Cover	0.79	0	0.64	0.85	1.03	1.12	-	-	-	-	-	-	-	1.12	2.5
Debtor Days	7.4	9.4	10.8	12.8	14.1	14.9	-	-	-	-	-	-	-	14.9	15
I&E (After Financing)	(£9,518)k	(£2,073)k	£179k	£116k	£733k	£554k	-	-	-	-	-	-	-	(£492)k	k
Liquidity	-7.63	-7.78	-8	-8.35	-7.98	-8.06	-	-	-	-	-	-	-	-8.06	0
SLA Performance	(£3,902)k	(£419)k	(£732)k	£59k	(£183)k	(£505)k	£224k	-	-	-	-	-	-	(£1,556)k	£0k

Staff/HR Dashboard

Staff/HR															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Appraisals	70.5%	17.4%	52.4%	95.6%	95.6%	95.6%	95.60%	-	-	-	-	-	-	95.6%	90%
Mandatory Training	85.9%	87.8%	88.3%	87.6%	88.9%	89.3%	89.30%	-	-	-	-	-	-	89.3%	90%
RN average fill rate (DAY shifts)	89.64%	83.89%	82.99%	81.22%	81.75%	78.2%	78.79%	-	-	-	-	-	-	81.2%	95%
RN average fill rate (NIGHT shifts)	92.85%	85.65%	85.81%	84.64%	85.68%	83.69%	83.65%	-	-	-	-	-	-	84.9%	95%
Sickness Rate	4.40%	3.80%	3.86%	4.19%	4.47%	4.46%	4.95%	-	-	-	-	-	-	4.29%	3.50%
Staff In Post (Contracted WTE)	4,397.71	4,396.03	4,395.30	4,408.83	4,426.94	4,437.96	4,473.78	-	-	-	-	-	-	4,473.78	
Turnover Rate (Rolling 12 Months)	9.74%	9.95%	9.70%	9.56%	9.51%	9.59%	9.48%	-	-	-	-	-	-	9.48%	%
Vacancy Rate	6.63%	10.87%	11.39%	11.30%	11.16%	10.89%	10.40%	-	-	-	-	-	-	10.40%	%

The Dudley Group NHS Foundation Trust

Executive Summary by Exception

Key Messages

CQSPE

HCAI

There was no C. Diff cases identified after 48hrs for the month.

	September	YTD
Total No. of cases due to lapses in care	NIL	4
Total No. of cases NOT due to lapses in care	3	4
No. of cases currently under review (ytd)	1	1
Total No. of cases ytd.		12

There were 0 post 48 hour MRSA cases reported in month. The last post 48 hours MRSA cases was in September 2015, 1106 days ago.

Friends and Family Scores:

Actions are in place to support an improving FFT response rate across all areas which include the launch of weekly Feedback Friday and volunteer support to wards and departments where response rates remain below national average. Going forward it is hoped that a volunteer will be linked to all wards and departments to assist with FFT.

Complaints:

The focus remains on clearing the backlog of complaints with an emphasis on those that have breached. From month to month, there is little way of knowing how many complaints may be submitted and in general there remains a small amount of difference between the number of complaints opened and closed. Capacity within the divisions remains a challenge due to the volume of complaints received into the Trust and capacity within the complaints department to support timely closure.

Falls:

We continue to work with NHSI and the National Fall Practitioner network with the aim of achieving a consistent reduction in falls, particularly falls with harm. We continue to be below the national averages of falls and falls with harm.

Pressure Ulcers

There has been zero avoidable grade 4 pressure ulcers reported since February 2018. There were 2 verified grade 3 pressure ulcers reported on STEIS in September 2018. One hospital acquired whilst the other one was declared community acquired. Both stage 3 PU incidents were declared as non-avoidable post RCA and de-escalation request was submitted to the CCG.

Never Events

There were 0 never events in month, or year to date.

Mixed Sex Sleeping Accommodation Breaches (MSA)

There were seven MSA breaches reported in September 2018. Six incidents reported on SHDU and 1 on ITU. All were related to capacity issues in the acute hospital.

VTE Assessment On Admission: Indicator

There was a decline in VTE performance in September in comparison to previous month. VTE performance (94.75%) is below the set target of 95%. Nursing staff band 6/7 trained to undertake VTE screening in SAEC/SAU has now been banned to undertake the assessment as per recommendations from Thrombosis Group.

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 85.2%. Whilst, the Trust only (Type 1) performance was 77.2%.

The split between the type 1 and 3 activity for the month was:

	Attendances	Breaches	Performance
ED **Dept Type 1**	8832	2011	77.2%
UCC Type 3	4774	0	100.0%

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 below target for the month at 81.9% (Provisional as at 16th Oct). Previous month confirmed performance was 79.9%

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

No. of Patients treated on or over 104 days (DGFT)	2
No. of Patients treated on or over 104 days (Tertiary Centre)	5
No. of Patients treated on or over 104 days (Combined)	7

2WW

The target was achieved once again in month. During this period a total of 1265 patients attended a 2ww appointment with 68 patients attending their appointments outside of the 2 week standard, achieving a performance 94.6% against the 93% target.

Referral To Treatment (RTT)

The performance of the key target RTT Incomplete Waiting Time indicator remained above target, with performance of 93.1% in month against a target of 92%, a decrease in performance from 93.6% in the previous month. Urology did not meet the target in month at 90.1% up from previous month. Ophthalmology is at 84.8% up from 83.9% in the previous month. General Surgery at 88.8% down from 91.4%. Also Plastic Surgery (88.4%) and Dermatology (88.0%) did not achieve the target. There were no 52-week Non-admitted Waiting Time breaches in month.

Diagnostic waits

The diagnostic wait was below target in month with a performance of 98.7%. The number of patients waiting over 6 weeks was 96.

The Dudley Group NHS Foundation Trust

Executive Summary by Exception cont.

Key Messages

2 Financial Performance Matters — Committee: F&P

Initial deficit of £4.674m for April-September, representing a £1.909m adverse variance in comparison to the control total. The Trust has been working on a new MEA valuation of its estate and the part year impact has been incorporated into the September position. This results in an improvement of £2.178m but remains at risk as the revised valuation has yet to be agreed by external auditors. Further consolidation of the Trust pharmacy company and other technical changes result in Trust exceeding the control total by £0.315m. This should enable the receipt of the financial component of PSF for quarter 2 totalling £1.266m. As previously described, the underlying position is significantly worse than the reported figures resulting in a deteriorating forecast of a £13.736m deficit before PSF. The deterioration links to a rescheduling of the land sale, a reduction in the CIP forecast and pressures within Nursing Surgery and Urgent Care. A recovery plan has been developed in conjunction with Divisions, resulting in a £6.677m improvement. The majority of this relates to the MEA valuation impact of £4.195m with a further £2.492m put forward by Divisions. This would result in a year end deficit of £7.059m which is £6.255mm over the control total. An extraordinary F&P meeting is to be held on 18th October to agree the target for the remainder of the year and commence the protocol to change the Trust forecast with NHSI.

The Dudley Group NHS Foundation Trust

Executive Summary by Exception cont.

Key Messages

4 Workforce — Committee: F&P

Staff Appraisals

This includes all non-medical appraisals in the Trust. The window has now closed and we are pleased to announce a compliance rate of over 96%. This is the highest performance in this area for the Trust and puts Dudley as one of the leading Trusts in the country for staff engagement by way of the appraisal process. We are now working on collating the information from the appraisals to influence or training needs analysis. This will be presented to the Workforce Committee in October 2018.

Mandatory Training

There have been significant efforts to improve our mandatory training rates with a particular emphasis on specific areas such as Safeguarding and Infection Control. The overall compliance has continued at almost the same rate at 89.3%. All efforts will continue to be made to achieve and surpass our target of 90%. There are trajectories in place for each Division with performance reviews focusing on compliance for every member of staff.

Sickness Rate

The absence rate has increased to 4.95% from 4.45% in September 2018. We have seen a rise in the number of sickness cases associated to stress and anxiety. Therefore, the strategy of managing staff has developed to provide relevant support and interventions in order that staff are supported to return to work at the earliest possible opportunity. There has also been an emphasis on hot spots regarding short term recurrent absence as well as continued support to managers regarding long term absence.

Turnover Rate

The turnover rate has seen another drop and currently sits at 9.48%. This is still above our target of 8.5% but continues to be below the average turnover rate for acute NHS Trusts in England. The appointment of the Staff Engagement lead has demonstrated a particular focus on understanding the feedback from exit interviews, listening to staff and developing strategies to support improved retention at the Trust. The initial feedback is very positive and this will be developed further as we move into the feedback for the national staff survey.

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)	Aug-18	Sep-18	Actual YTD	Trend	Month Status
Friends & Family Test - Footfall							
Friends & Family Test - ED	14.5%	21.3%	16.6%	18.3%	18.1%	↑	
Friends & Family Test - Inpatients	26.0%	35.1%	31.9%	35.1%	35.0%	↑	
Friends & Family Test - Maternity	21.7%	34.4%	25.5%	26.5%	32.7%	↑	
Friends & Family Test - Outpatients	4.7%	14.5%	5.4%	5.4%	5.4%	↓	
Friends & Family Test - Community	3.5%	9.1%	3.2%	5.8%	3.9%	↑	
Friends & Family Test - Recommended							
Friends & Family Test - ED	89.9%	93.4%	77.2%	93.4%	77.6%	↑	
Friends & Family Test - Inpatients	96.3%	97.4%	93.7%	93.0%	94.0%	↓	
Friends & Family Test - Maternity	95.6%	98.2%	99.0%	96.0%	97.9%	↓	
Friends & Family Test - Outpatients	94.6%	97.2%	91.4%	89.0%	89.6%	↓	
Friends & Family Test - Community	96.4%	97.7%	96.4%	93.2%	95.4%	↓	
Complaints							
Total no. of complaints received in month		0	43	56	------	↑	
Complaints re-opened			6	5	27	↓	
PALs Numbers			271	293	1745	↑	
Complaints open at month end			203	219	------	↑	
Compliments received			438	513	3102	↑	
Dementia (1 month in arrears)							
Find/Assess		90%	97.2%		97.8%	↑	
Investigate		90%	100.0%		100.0%	↑	
Refer		90%	100.0%		96.6%	↑	
Falls	National average 6.63 per 1000 bed days						
No. of Falls			63	76	395	↑	
Falls per 1000 bed days		6.63	3.79	4.78	3.93	↑	
No. of Multiple Falls		N/A	8	5	38	↓	
Falls resulting in moderate harm or above			1	1	6	↔	
Falls resulting in moderate harm or above per 1000 bed days		0.19	3.8	4.8	3.9	↑	
Pressure Ulcers (Grades 3 & 4)							
Hospital Avoidable		0	3	0	5	↓	
Hospital Non-avoidable		0	2	1	14	↓	
Community Avoidable		0	3	0	7	↓	
Community Non-avoidable		0	3	1	30	↓	
Handwash							
Handwashing			96.3%	99.6%	98.7%	↑	

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Aug-18	Sep-18	Actual YTD	Trend	Month Status
Mixed Sex Accommodation Breaches							
Single Sex Breaches		0	4	7	26	↑	
Mortality (Quality Strategy Goal 3)							
HSMR Rolling 12 months (**Latest data Jun 18**)	110	105	117	118	N/A		
SHMI Rolling 12 months (**Latest data Mar18**)	1.10	1.05	N/A	1.11	N/A		
HSMR Year to date (**Not available**)					N/A		
Infections							
Cumulative C-Diff due to lapses in care		28	4	4	4	↔	
MRSA Bacteraemia		0	0	0	0	↔	
MSSA Bacteraemia		0	1	1	9	↔	
E. Coli - Total hospital		0	3	2	18	↓	
Stroke Admissions - PROVISIONAL							
Stroke Admissions: Swallowing Screen		75%	97.7%	100.0%	93.8%	↑	
Stroke Patients Spending 90% of Time on Stroke Unit		85%	95.0%	83.3%	91.3%	↓	
Suspected High Risk TIAs Assessed and Treated <24hrs		85%	90.9%	88.9%	90.6%	↓	
VTE - PROVISIONAL							
VTE On Admission		95%	95.4%	94.7%	95.2%	↓	
Incidents							
Total Incidents			1368	1219	8305	↓	
Recorded Medication Incidents			417	197	1923	↓	
Never Events			0	0	0	↔	
Serious Incidents			10	4	49	↓	
of which, pressure ulcers			0	2	15	↑	
Incident Grading by Degree of Harm							
Death			2	3	9	↑	
Severe			2	3	15	↑	
Moderate			38	57	224	↑	
Low			235	154	1227	↓	
No Harm			1091	1002	6830	↓	
Percentage of incidents causing harm		28%	20.2%	17.8%	17.8%	↓	

Performance - "At a glance"

Executive Lead: Karen Kelly

The Dudley Group NHS Foundation Trust

Performance - Key Performance Indicators

	Target	Aug-18	Sep-18	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	95.0%	94.6%	95.1%	↓	
2 week wait - Breast Symptomatic	93%	97.0%	92.5%	95.5%	↓	
31 day diagnostic to 1st treatment	96%	98.8%	96.9%	98.5%	↓	
31 day subsequent treatment - Surgery	94%	100.0%	76.7%	94.9%	↓	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	100.0%	↔	
62 day urgent GP referral to treatment	85%	79.9%	81.9%	82.4%	↑	
62 day screening programme	90%	100.0%	96.0%	98.2%	↓	
62 day consultant upgrades	85%	95.3%	90.0%	90.6%	↓	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	93.6%	93.1%	94.0%	↓	
RTT Admitted - % treatment within 18 weeks	90%	89.4%	85.8%	87.5%	↓	
RTT Non Admitted - % treatment within 18 weeks	95%	94.9%	93.9%	95.1%	↓	
Wait from referral to 1st OPD	26	22	24	117	↑	
Wait from Add to Waiting List to Removal	39	43	42	219	↓	
ASI List		1944	1825	0	↓	
% Missing Outcomes RTT		0.1%	0.1%	0.1%	↑	
% Missing Outcomes Non-RTT		5.3%	4.4%	6.2%	↓	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	161	96	405	↓	
% of diagnostic tests waiting less than 6 weeks	99%	97.7%	98.7%	98.9%	↑	
ED - TRUST						
Patients treated < 4 hours Type 1 (Trust ED)	95%	80.6%	77.2%	77.9%	↓	
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	87.6%	85.2%	86.1%	↓	
Emergency Department Attendances	N/A	8360	8832	44814	↑	
12 Hours Trolley Waits		0	0	1	↔	
Ambulance to ED Handover Time - TRUST						
30-59 minute breaches		267	441	2124	↑	
60+ minute breaches		43	120	402	↑	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		16	9	87	↓	
60+ minute breaches		4	2	13	↓	

Performance - Key Performance Indicators cont.

	Target	Aug-18	Sep-18	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	2.1%	1.8%	1.8%	↓	
Cancelled operations - breaches of 28 day rule	0	3	0	7	↓	
Urgent operations - cancelled twice	0	1	0	1	↓	
GP Discharge Letters						
GP Discharge Letters	90%	78.5%	81.0%	78.7%	↑	
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		77.6%	77.9%	77.2%	↑	
Theatre Utilisation - Main		87.5%	84.6%	87.9%	↓	
Theatre Utilisation - Trauma		96.2%	94.8%	96.0%	↓	
GP Referrals						
GP Written Referrals - made		7012	6329	34544	↓	
GP Written Referrals - seen		5624	5220	28820	↓	
Other Referrals - Made		3333	3197	17131	↓	
Throughput						
Patients Discharged with a LoS >= 7 Days		6.5%	6.6%	7%	↑	
Patients Discharged with a LoS >= 14 Days		3.0%	3.2%	3%	↑	
7 Day Readmissions		4.0%	4.2%	4%	↑	
30 Day Readmissions - PbR		8%	8%	8%	↓	
Bed Occupancy - %		90%	86%	89%	↓	
Bed Occupancy - % Medicine & IC		96%	94%	95%	↓	
Bed Occupancy - % Surgery, W&C		88%	81%	85%	↓	
Bed Occupancy - Paediatric %		38%	45%	53%	↑	
Bed Occupancy - Orthopaedic Elective %		67%	69%	71%	↑	
Bed Occupancy - Trauma and Hip %		97%	91%	94%	↓	
Number of Patient Moves between 8pm and 8am		108	109	545	↑	
Discharged by Midday		14%	13%	13%	↓	
Outpatients						
New outpatient appointment DNA rate	8%	7.7%	9.5%	9.7%	↑	
Follow-up outpatient appointment DNA rate	8%	5.4%	7.8%	7.8%	↑	
Total outpatient appointment DNA rate	8%	6.2%	8.4%	42.9%	↑	
Clinic Utilisation		77.0%	77.7%	76.6%	↑	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective		2.8	2.8	3.2	↑	
Average Length of Stay - Non-Elective	3.4	5.0	5.3	5.3	↑	

Financial Performance - "At a glance"

The Dudley Group NHS Foundation Trust

Executive Lead: Tom Jackson

Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	493	444	-9.9%	-15	1,469	1,378	-6.2%	-91
Day Cases	3,956	4,143	4.7%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	3,927	3,524	-10.3%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	36,753	39,823	8.4%	1,067	115,593	114,578	-0.9%	-1,015
A&E	8,694	8,832	1.6%	305	25,595	26,316	2.8%	721
Total activity	**53,823**	**56,766**	**5.5%**	**1,485**	**167,051**	**166,859**	**-0.1%**	**-192**
CIP	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Income	425	552	30.0%	127	2,021	2,816	39.3%	795
Pay	277	266	-4.0%	-11	1,582	1,721	8.7%	138
Non-Pay	401	241	-39.8%	-159	1,844	2,916	58.1%	1,071
Total CIP	**1,102**	**1,059**	**-3.9%**	**-43**	**5,448**	**7,453**	**36.8%**	**2,005**
INCOME	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
NHS Clinical	26,640	26,474	-0.6%	-167	166,271	164,806	-0.9%	-1,465
Other Clinical	544	605	11.1%	60	3,329	4,550	36.7%	1,222
STF Funding	603	61	-89.9%	-542	3,165	2,216	-30.0%	-949
Other	2,083	1,986	-4.7%	-97	11,767	11,678	-0.8%	-89
Total income	**29,870**	**29,125**	**-2.5%**	**-745**	**184,532**	**183,250**	**-0.7%**	**-1,281**
OPERATING COSTS	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Pay	-18,823	-19,514	3.7%	-691	-112,986	-113,812	0.7%	-825
Drugs	-2,426	-2,781	14.6%	-354	-16,414	-17,218	4.9%	-804
Non-Pay	-6,692	-6,835	2.1%	-143	-42,379	-42,544	0.4%	-165
Total Costs	**-27,942**	**-29,129**	**4.3%**	**-1,188**	**-171,779**	**-173,574**	**1.0%**	**-1,795**

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	**1,919**	**3**	**-99.8%**	**-1,916**	**12,700**	**9749**	**-23.2%**	**-2,951**
Depreciation	-836	667	-179.8%	1,503	-4,950	-3430	-30.7%	1,520
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,225	-452	-63.1%	773	-7,403	-6540	-11.7%	863
SURPLUS/(DEFICIT)	**-142**	**218**	**-253.5%**	**360**	**347**	**-221**	**-163.7%**	**-568**
SOFP	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Capital Spend	-1,452	-1,529	5.3%	-77	-6,259	-4,812	-23.1%	1,447
Inventory					3,099	3,352	8.2%	253
Receivables & Prepayments					18,255	19,811	8.5%	1,556
Payables					-20,903	-23,189	10.9%	-2,286
Accruals							n/a	0
Deferred Income					-1,639	-1,784	8.8%	-145
Cash & Loan Funding	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Cash					4,493	3,929	-12.6%	-564
Loan Funding							n/a	0
KPIs								
EBITDA %	6.6%	0.0%	-6.6%		4.7%	3.7%	-1.0%	
Deficit %	-0.5%	0.8%	1.2%		0.1%	-0.1%	-0.2%	
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"

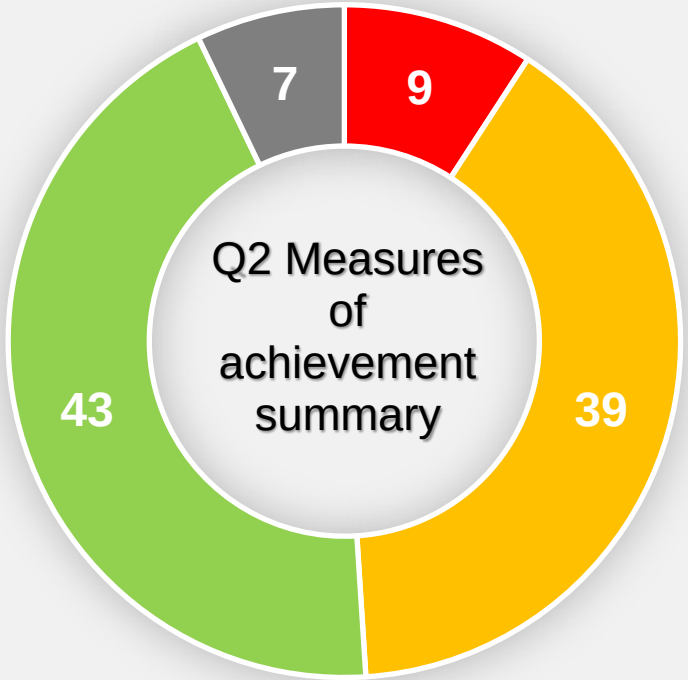
Executive Lead: Andrew McMenemy

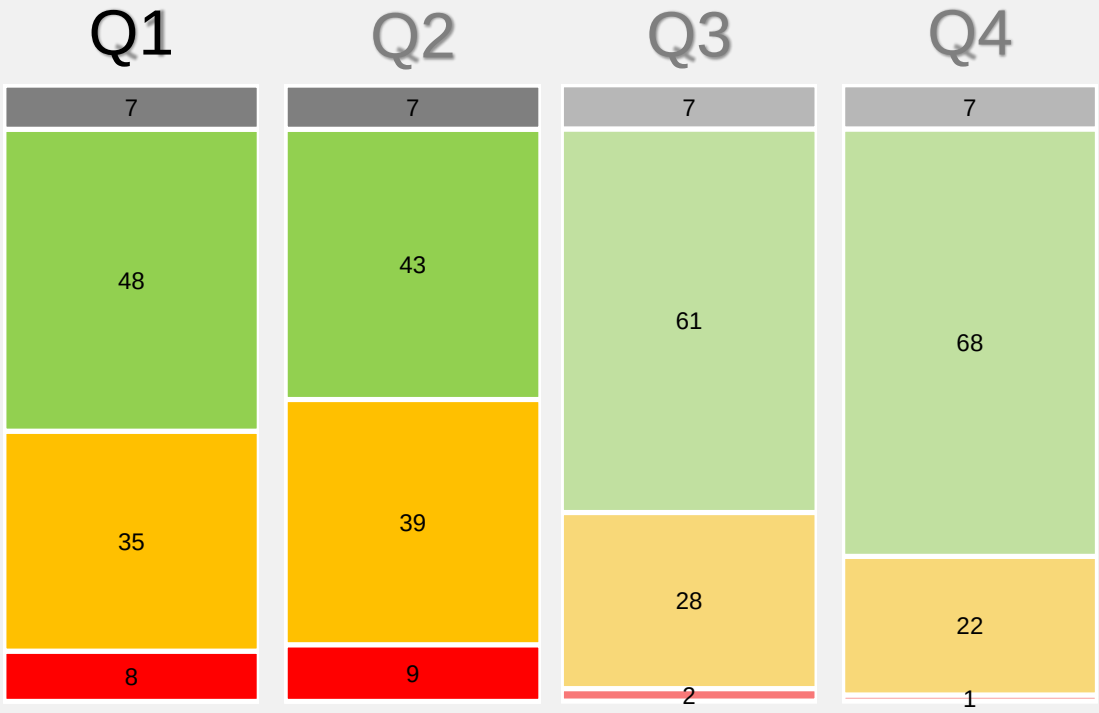
People	Target 18/19	Aug-18	Sep-18	Actual YTD	Trend	Month Status
Workforce						
Sickness Absence Rate	3.75%	4.46%	4.95%	4.39%	↑	
Staff Turnover	8.5%	9.59%	9.48%	9.57%	↓	
Mandatory Training	90.0%	89.3%	89.3%	88.7%	↔	
Appraisal Rates - Total	90.0%	95.6%	95.6%	87.0%	↔	

OPERATIONAL PLAN PERFORMANCE

The Dudley Group NHS Foundation Trust

Q2 2018/19





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

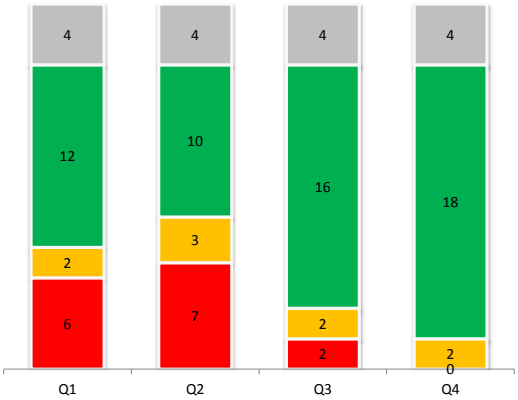
6 Deliver a viable future

The Dudley Group
NHS Foundation Trust

SO1: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Two

Summary of RAG Rating



What is going well?

1. There has been a improvement in the response rate to the Family and Friends Test (FFT)

2. The number of Delayed Transfers of Care remain below the target of 3.5% of bed days

3. Work has started to develop the clinical model for services that will be part of the MCP

What is going not so well?

1. The FFT scores for inpatients, A&E and outpatients require further improvement
2. The Trust did not meet its target for patients admitted, transferred or discharged within 4 hours of their arrival at A&E
3. Neither the targets for cancer patients treated within 62 days nor patient access targets for diagnostics were achieved this quarter

Key Risks & Mitigation

1. Feedback Fridays and FFT champions aim to increase response rates. Interactive voice messaging for community patients will be deployed in quarter 3
2. The Patient Experience Improvement Group is focused on delivering local and trust plans

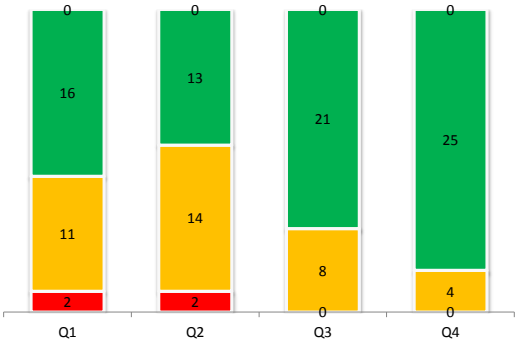
3. EAS rectification plan is to be submitted to Finance and Performance sub-committee in October
4. Twice weekly meetings are in place to improve cancer targets
5. Trust is looking to partner with another Trust to expedite MRI cases needing general anaesthetic

The Dudley Group
NHS Foundation Trust

SO2: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Two

Summary of RAG Rating



What is going well?

1. eSepsis was been introduced at the start of September.
2. NEWS, PEWS and MEOWS indicators have met their targets.
3. The implementation of the Gold Standards Framework.
4. Quality targets for community pressure ulcers, MUST, Medication and Discharge Management have been met.
5. Only 22 out 212 consultant job plans are not in progress. 15% have been signed off.

What is going not so well?

1. Quality targets for hospital pressure ulcers, pain and nutrition have not been met.

2. The reporting of serious incidents to commissioners within 60 days has not always occurred.
3. The CQC inspection rating for ED is inadequate. A new report from CQC is expected in 2nd week of October.

Key Risks & Mitigation

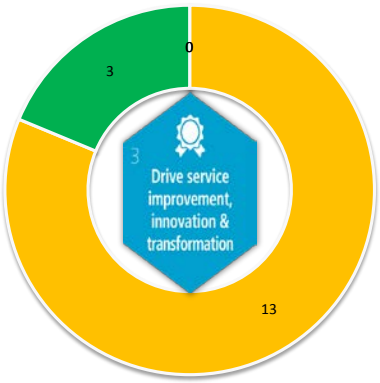
1. Patient Safety Advisors are supporting the reporting of serious incidents with the expectation that this target will be met from quarter 3.
2. Structured Judgement Review (SJR) training will be undertaken in quarter 3.
3. An improvement plan is in place for ED to address the concerns raised by CQC and there is robust internal and external overall.
4. Four Eyes Insight have been supporting the consultant job planning process.

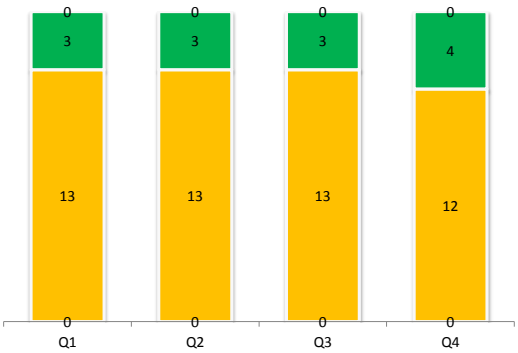
The Dudley Group
NHS Foundation Trust

SO3: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Two

Summary of RAG Rating





What is going well?

1. A trail fortnight of providing additional consultant cover at weekends by Surgery, Women and Childrens Division was positive
2. Imaging, Pathology and Pharmacy are available seven days a week
3. Referrals to the Single Point of Access (SPA) are increasing providing an alternative to hospital admission
4. Recommendations from Getting It Right First Time (GIRFT) for ED and orthopaedics are in the process of being incorporated into service changes
5. Plans for implementing a Cardiac Assessment Unit are advanced with a target date for implementation in November
6. Implementation of e-Chemo prescribing system is on target by end of quarter 4

What is going not so well?

1. Not all non-elective patients are seen by a consultant within 14 hours of admission

2. Proposals for improving the way theatre lists are scheduled still need to be implemented

3. turnover and workload pressures are impacting ability to increase pharmacy clinical time and the implementation of pharmacy prescribers (there has been no improvement since quarter 1)

Key Risks & Mitigation

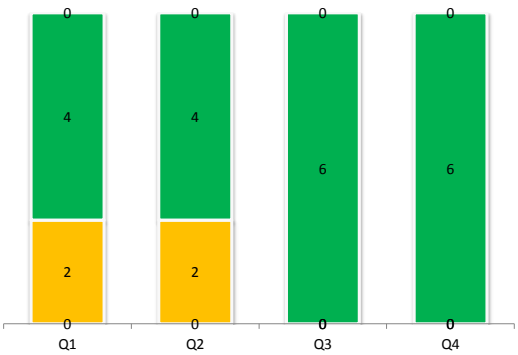
1. There remains significant room for improvement in the use of the SPA by the ambulance service. This will be taken to Urgent Care Operational Group (UCOG)
2. Plans are in place to implement GIRFT review recommendations
3. Additional staff have been appointed to Pharmacy
4. Actions arising from recommendations made by Four Eyes Insight regarding pre-assessment are to be handed over to Trust staff

The Dudley Group
NHS Foundation Trust

SO4: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Two

Summary of RAG Rating



What is going well?

1. The compliance rate for Mandatory training reached its highest ever reported figure (89%) just short of the 90% target and an improvement on quarter 1
2. Staff survey action plan has been presented to Trust Board highlighting areas of concentration
3. A new provider called 'Clever Together' has been procured to provide better staff engagement

What is going not so well?

1. The absence rate in August (4.45%) was above the target 3.5%

Key Risks & Mitigation

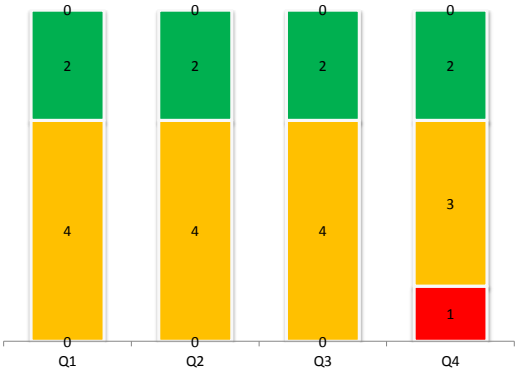
1. The new Staff Engagement Lead and the development of a dedicated working group is expected to support improved levels of feedback
2. Staff engagement and well-being are being supported at 'Make It Happen' events

The Dudley Group
NHS Foundation Trust

SO5: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Two

Summary of RAG Rating



What is going well?

1. Patient Safety Strategy has been launched
2. Medical Workforce Strategy is being developed and is on track for completion by March 2019

What is going not so well?

1. Non-Elective activity is under-performing against plan resulting in a loss of expected income
2. A number of CIP schemes have been withdrawn putting delivery of the forecasted value of £15.4 million at risk
3. There are significant risks based on the underlying position for the Trust to deliver its control total deficit of £800k

Key Risks & Mitigation

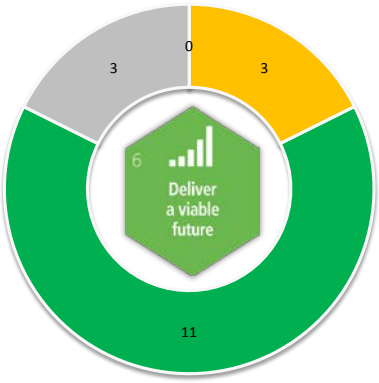
1. Mitigating projects are being developed to support the CIP forecast. The progress of delivery of CIP is being reviewed monthly by the Financial Improvement Group
2. Finance staff and budget managers are meeting to develop and implement rectification plans
3. The number of consultant anaesthetists has been increased to reduce reliance on waiting list initiatives.

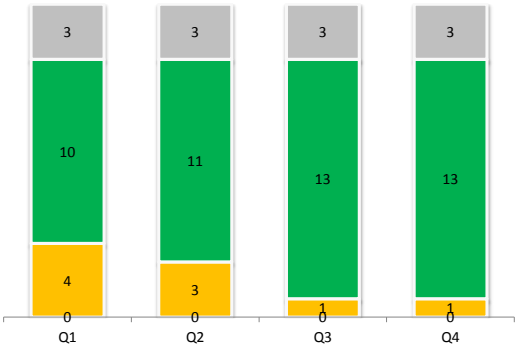
The Dudley Group
NHS Foundation Trust

SO6: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Two

Summary of RAG Rating





What is going well?

1. The Trust is playing a full part in the implementation of the Black Country Pathology and Procurement programmes
2. The Draft Estates Strategy is scheduled to be presented to Trust Board in November
3. The Black Country Pharmacy workstreams for medicine safety and optimisation has begun
4. A new Managing Director for the MCP Division has been appointed
5. eObs and eSepsis have been successfully deployed

What is going not so well?

1. The development of revised care pathways to support the implementation of the MCP is dependent on the establishment of MCP Division
2. The achievement of recruitment KPIs, particularly the target for shortlisting and interviewing, continue to be a challenge

Key Risks & Mitigation

1. A newly established Staff Experience and Engagement Group will oversee recruitment and retention initiatives
2. A more robust recruitment and retention plan is under development to increase the effectiveness of nurse recruitment events

EAS trajectory for 95% achievement

	ACTUAL	ACTUAL	ACTUAL	ACTUAL					
Type 1 Minors seen within 4 hours	**30/09/2018**	**07/10/2018**	**14/10/2018**	**21/10/2018**	**28/10/2018**	**04/11/2018**	**11/11/2018**	**18/11/2018**	**25/11/2018**
Number of A&E Attendances - Type 1 - Minors	668	556	627	608	616	616	616	616	616
4 Hour Wait Breaches - Type 1 - Minors	53	29	20	18	20	18	18	18	18
Percentage Type 1 Minors seen within 4 Hours	92.1%	94.8%	96.8%	97.0%	96.8%	97.1%	97.1%	97.1%	97.1%

Type 1 Majors seen within 4 hours	**30/09/2018**	**07/10/2018**	**14/10/2018**	**21/10/2018**	**28/10/2018**	**04/11/2018**	**11/11/2018**	**18/11/2018**	**25/11/2018**
Number of A&E Attendances - Type 1 - Minors	1405	1446	1415	1469	1453	1453	1453	1453	1453
4 Hour Wait Breaches - Type 1 - Minors	442	459	423	302	279	274	267	260	253
Percentage Type 1 Minors seen within 4 Hours	68.5%	68.3%	70.1%	79.4%	80.8%	81.1%	81.6%	82.1%	82.6%

Type 3 seen within 4 hours	**30/09/2018**	**07/10/2018**	**14/10/2018**	**21/10/2018**	**28/10/2018**	**04/11/2018**	**11/11/2018**	**18/11/2018**	**25/11/2018**
Number of A&E Attendances - Type 1 - Minors	1091	1203	1301	1294	1281	1281	1281	1281	1281
4 Hour Wait Breaches - Type 1 - Minors	0	0	0	0	14	14	14	14	14
Percentage Type 1 Minors seen within 4 Hours	100.0%	100.0%	100.0%	100.0%	98.9%	98.9%	98.9%	98.9%	98.9%

Combined seen within 4 hours	**30/09/2018**	**07/10/2018**	**14/10/2018**	**21/10/2018**	**28/10/2018**	**04/11/2018**	**11/11/2018**	**18/11/2018**	**25/11/2018**
Number of A&E Attendances - Type 1 - Minors	3164	3205	3343	3371	3350	3350	3350	3350	3350
4 Hour Wait Breaches - Type 1 - Minors	495	488	443	320	313	306	299	292	285
Percentage Type 1 Minors seen within 4 Hours	84.4%	84.8%	86.7%	90.5%	90.7%	90.9%	91.1%	91.3%	91.5%

EAS trajectory for 95% achievement

Type 1 Minors seen within 4 hours	02/12/2018	09/12/2018	16/12/2018	23/12/2018	30/12/2018	06/01/2019	13/01/2019	20/01/2019	27/01/2019
Number of A&E Attendances - Type 1 - Minors	616	616	616	616	616	616	616	616	616
4 Hour Wait Breaches - Type 1 - Minors	20	20	20	20	20	20	20	20	20
Percentage Type 1 Minors seen within 4 Hours	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%

Type 1 Majors seen within 4 hours	02/12/2018	09/12/2018	16/12/2018	23/12/2018	30/12/2018	06/01/2019	13/01/2019	20/01/2019	27/01/2019
Number of A&E Attendances - Type 1 - Minors	1453	1453	1453	1453	1453	1453	1453	1453	1453
4 Hour Wait Breaches - Type 1 - Minors	244	237	230	223	216	209	202	195	188
Percentage Type 1 Minors seen within 4 Hours	83.2%	83.7%	84.2%	84.7%	85.1%	85.6%	86.1%	86.6%	87.1%

Type 3 seen within 4 hours	02/12/2018	09/12/2018	16/12/2018	23/12/2018	30/12/2018	06/01/2019	13/01/2019	20/01/2019	27/01/2019
Number of A&E Attendances - Type 1 - Minors	1281	1281	1281	1281	1281	1281	1281	1281	1281
4 Hour Wait Breaches - Type 1 - Minors	14	14	14	14	14	14	14	14	14
Percentage Type 1 Minors seen within 4 Hours	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%

Combined seen within 4 hours	02/12/2018	09/12/2018	16/12/2018	23/12/2018	30/12/2018	06/01/2019	13/01/2019	20/01/2019	27/01/2019
Number of A&E Attendances - Type 1 - Minors	3350	3350	3350	3350	3350	3350	3350	3350	3350
4 Hour Wait Breaches - Type 1 - Minors	278	271	264	257	250	243	236	229	222
Percentage Type 1 Minors seen within 4 Hours	91.7%	91.9%	92.1%	92.3%	92.5%	92.7%	93.0%	93.2%	93.4%

EAS trajectory for 95% achievement

Type 1 Minors seen within 4 hours	03/02/2019	10/02/2019	17/02/2019	24/02/2019	03/03/2019	10/03/2019	17/03/2019	24/03/2019	31/03/2019
Number of A&E Attendances - Type 1 - Minors	616	616	616	616	616	616	616	616	616
4 Hour Wait Breaches - Type 1 - Minors	18	18	16	16	14	12	10	8	6
Percentage Type 1 Minors seen within 4 Hours	97.1%	97.1%	97.4%	97.4%	97.7%	98.1%	98.4%	98.7%	99.0%

Type 1 Majors seen within 4 hours	03/02/2019	10/02/2019	17/02/2019	24/02/2019	03/03/2019	10/03/2019	17/03/2019	24/03/2019	31/03/2019
Number of A&E Attendances - Type 1 - Minors	1453	1453	1453	1453	1453	1453	1453	1453	1453
4 Hour Wait Breaches - Type 1 - Minors	183	176	171	164	159	154	149	144	146
Percentage Type 1 Minors seen within 4 Hours	87.4%	87.9%	88.2%	88.7%	89.1%	89.4%	89.7%	90.1%	90.0%

Type 3 seen within 4 hours	03/02/2019	10/02/2019	17/02/2019	24/02/2019	03/03/2019	10/03/2019	17/03/2019	24/03/2019	31/03/2019
Number of A&E Attendances - Type 1 - Minors	1281	1281	1281	1281	1281	1281	1281	1281	1281
4 Hour Wait Breaches - Type 1 - Minors	14	14	14	14	14	14	14	14	14
Percentage Type 1 Minors seen within 4 Hours	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%

Combined seen within 4 hours	03/02/2019	10/02/2019	17/02/2019	24/02/2019	03/03/2019	10/03/2019	17/03/2019	24/03/2019	31/03/2019
Number of A&E Attendances - Type 1 - Minors	3350	3350	3350	3350	3350	3350	3350	3350	3350
4 Hour Wait Breaches - Type 1 - Minors	215	208	201	194	187	180	173	166	166
Percentage Type 1 Minors seen within 4 Hours	93.6%	93.8%	94.0%	94.2%	94.4%	94.6%	94.8%	95.0%	95.0%

Enclosure 11

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 1 November 2018

TITLE:	**Finance and Performance Committee Exception Report**		
AUTHOR:	Tom Jackson Director of Finance	**PRESENTER**	Jonathan Hodgkin Chair of Finance and Performance Committee

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 report from the Finance and Performance Committee meeting held on 25 October 2018.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description:** Achievement of Financial and Performance targets
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Well led
	NHSI	**Y**	**Details:** Achievement of all Terms of Authorisation
	Other	**N**	**Details:**

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		X	X

RECOMMENDATIONS FOR THE BOARD:

The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	**25 October 2018**	**Jonathan Hodgkin**	**yes**	**no**
			Yes	

Declarations of Interest Made

None

Assurances Received

Finance and Efficiency

- The Month 6 position and forecasts had received a significant airing the previous week at the special F and P.
- The C2 establishment was confirmed and accepted as being in line with Safer Staffing guidance and the previous CQC inspection recommendations.
- The process and governance surrounding the recent Divisional rectification plan process was asked to be taken to the Board.

Performance

- The recovery plan for the emergency care standard was reviewed by the Committee. Assurance was sought regarding the robustness of the plans and in particular the recovery trajectory. The Committee requested circulation of the trajectory to members and further discussion at the Board.
- Delivery against DM01 and 62 day cancer targets was discussed in detail. Plans were noted as coming back on track and to be reported to the Board.
- Cash balances at Month 6 are as low as can be recollected. The impact of implementing more stringent cash management protocols was discussed, in particular the pushing back of creditor payments.

Workforce

- The Nursing and Midwifery and medical Bank and Agency reports were received and discussed.

Estates and Procurement

- The PFI update was received and the removal of the 6 month review was acknowledged.

Board Assurance Framework

- Amendments to the BAF were presented and confirmed by the Committee.

Decisions Made / Items Approved

- Ward C2 establishment was approved

Actions to come back to Committee

- Further update on Four Eyes
- CQUIN Q2 Performance

Performance Issues to be referred into Executive Performance Management Process

- None

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

- DM01 to be escalated
- PFI to be de-escalated

Items referred to the Board for decision or action
• Further deterioration in the year end forecast and development of additional rectification plans following the special F and P on 18 October • Financial achievement of the Q2 Provider Sustainability Fund (PSF) • DM01/62 day cancer targets missed and/or challenged • Agency spend has reached the annual agency ceiling at Month 6 • End of the 6 month PFI review and performance has been at an acceptable level

Enclosure 12

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Executives on

TITLE:	**Winter Plan 2018/19**		
AUTHOR:	**Christopher Leach**	**PRESENTER**	**Johanne Newens**

CLINICAL STRATEGIC AIMS

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

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience
SO2: Safe and Caring Services
SO3: Drive service improvements, innovation and transformation

SUMMARY OF KEY ISSUES:

This is the trusts winter plan for 2018/19, included are an analysis of last year's activity with predictions for this year's activity. A series of recommended activity has been put forward but the various divisions for inclusion in the plan, as well as updated actions being taken by the local health economy.
There are some sections that are still being updated via external organisations that will be populated as the information is made available.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**N**	**Details:**

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
	Y		

RECOMMENDATIONS FOR THE COMMITTEE

To approve the document for usage by the trust

The Dudley Group
NHS Foundation Trust

The Dudley Group NHS Foundation Trust

WINTER PLAN

2018/19

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1.0 EXECUTIVE SUMMARY

This paper has been produced to describe how the Trust is proposing to respond to increased surges and/or continued periods of higher than usual service demands during the winter period.

An evaluation of the past four years indicates the following:

- Type 1 ED attendances are largely consistent without significant winter spikes
- Admission patterns during Q3 have shown a consistent increase year on year from 10222 in (2014/15) to 11493 (2016/17). Q4 showed a significant increase between 2014/15 (10606) to 2015/16 (11705), but dropped back slightly in 2016/17 (11383).
- Bed Occupancy remained at a higher level for longer period of time in Q4 2016/07 compared to the previous 2 financial years.
- Zero LoS activity showed a stepped change in Q3 2013/14 consistent with the opening of AEC, however they have remained level subsequently

NOTE: Following an external audit commissioned by the CCG recording of Ambulatory Emergency Medicine (AEM) and Ambulatory Surgery (AS) was changed to outpatient from admission and this has resulted in step changes seen in the data below

A number of solutions have been identified to ensure the Trust is able to respond to these predicted surges in demand.

The executive team are asked to:

1) Note and feedback where required on the supporting analysis and high level proposals.
2) Discuss and approve the proposals.

A detailed operational plan has is being developed to support this analysis. Section 4 outlines at a high level some of the initiatives within the operational plan.

2.0 PURPOSE

The purpose of the winter plan is to ensure the Trust is prepared to respond to increased needs demands during the winter period. For the benefit of this winter plan the period is defined as October 18 to March 19, this may be subject to extension if pressures emerge outside of this period. The principles of this plan are:

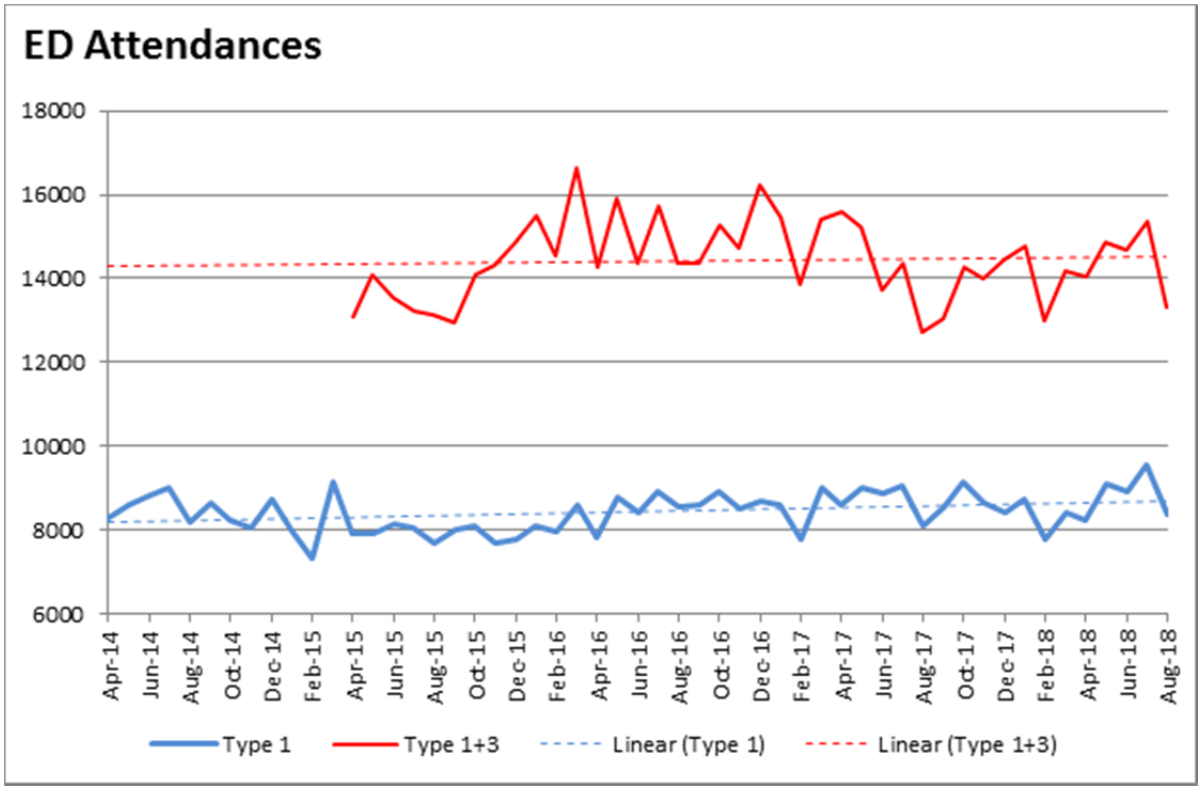
1. Minimise adverse impact on patient experience/safety, elective activity and associated, income and performance.
2. For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible minimising disruption and inconvenience for patients.

3.0 EVALUATION OF PREVIOUS WINTER PERIODS

The previous 4 winters (2014-15, 2015-16, 2016-17 and 2017-18) have been analysed to:

- Enable robust and effective modelling of winter demand and required capacity.
- Identify any further actions that will increase the resilience of the organisation to growth in demand over winter.

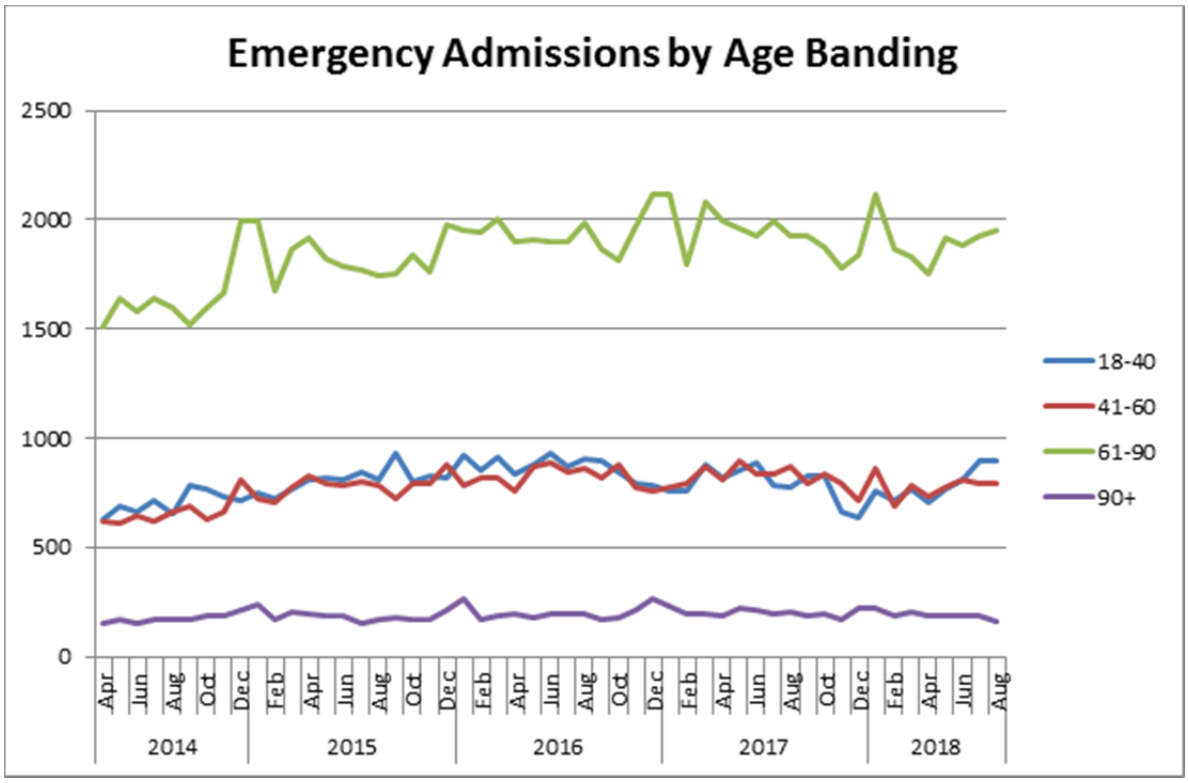
3.1 ED ATTENDANCES



Type 1 attendances have continued to rise over the period.

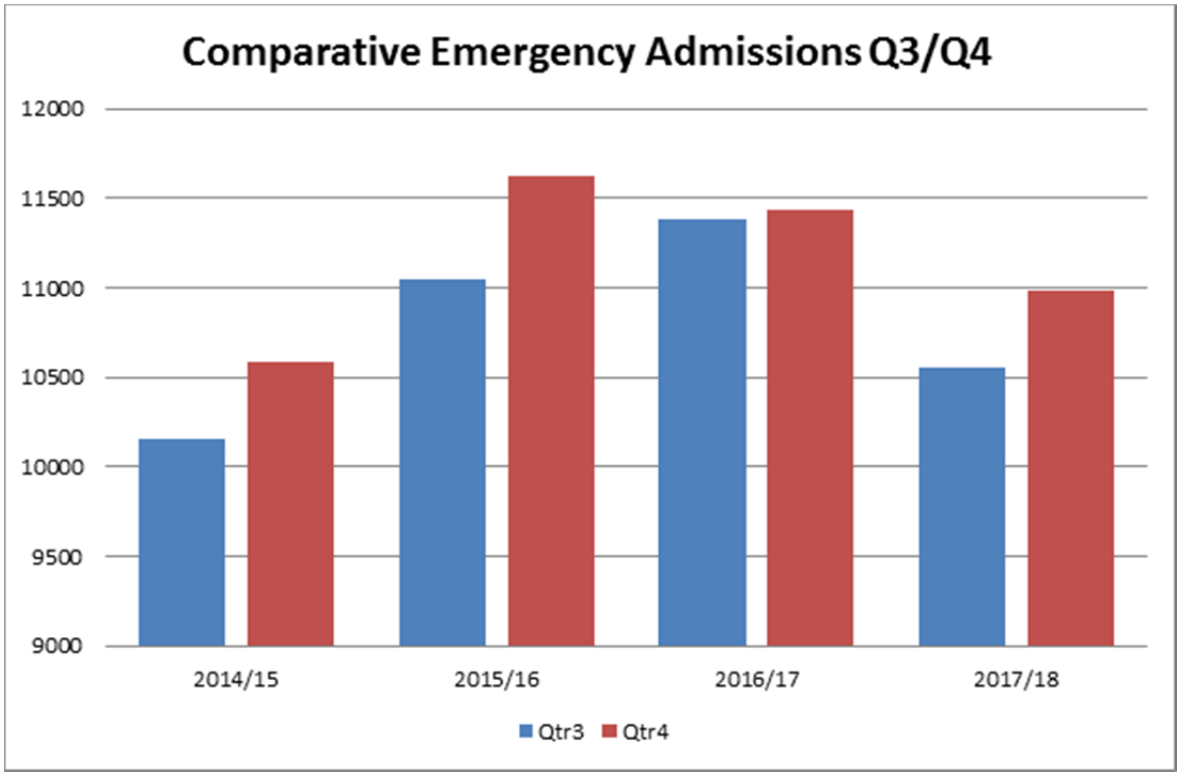
3.2 ADMISSIONS

Age patterns

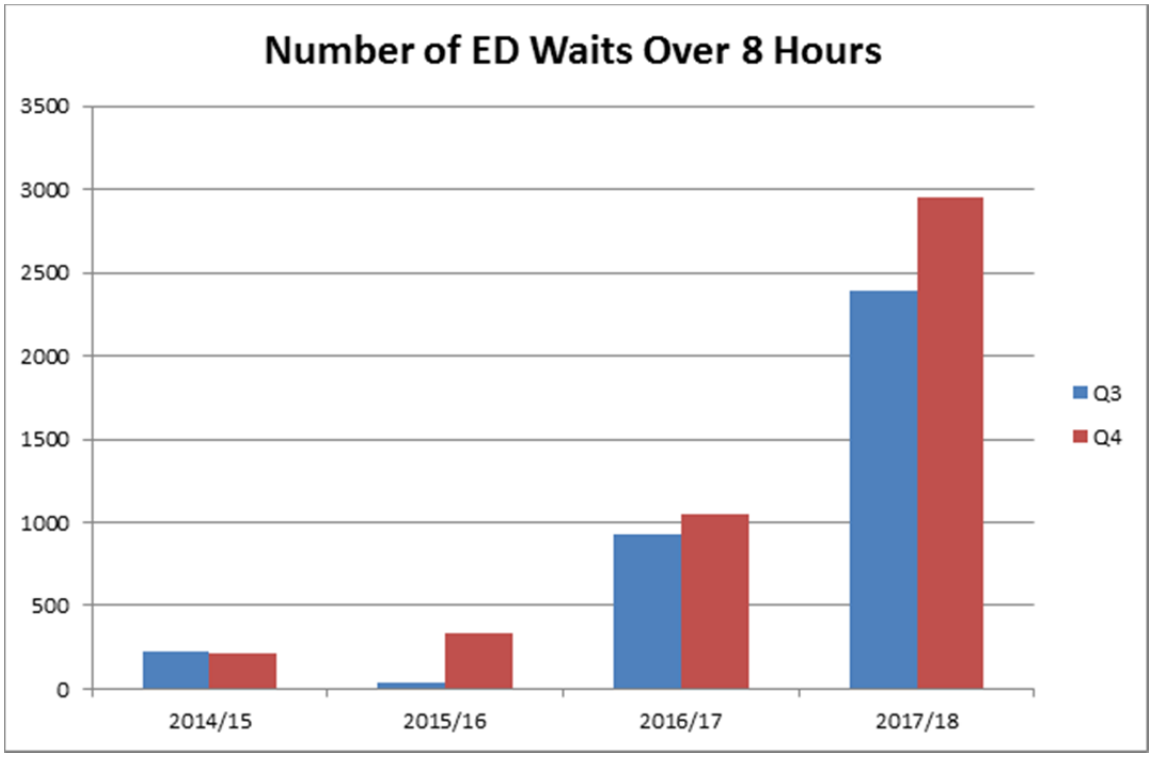


There are slight winter peaks associted with admissions in the 61-90 age group.

Q3/Q4 Admission Patterns



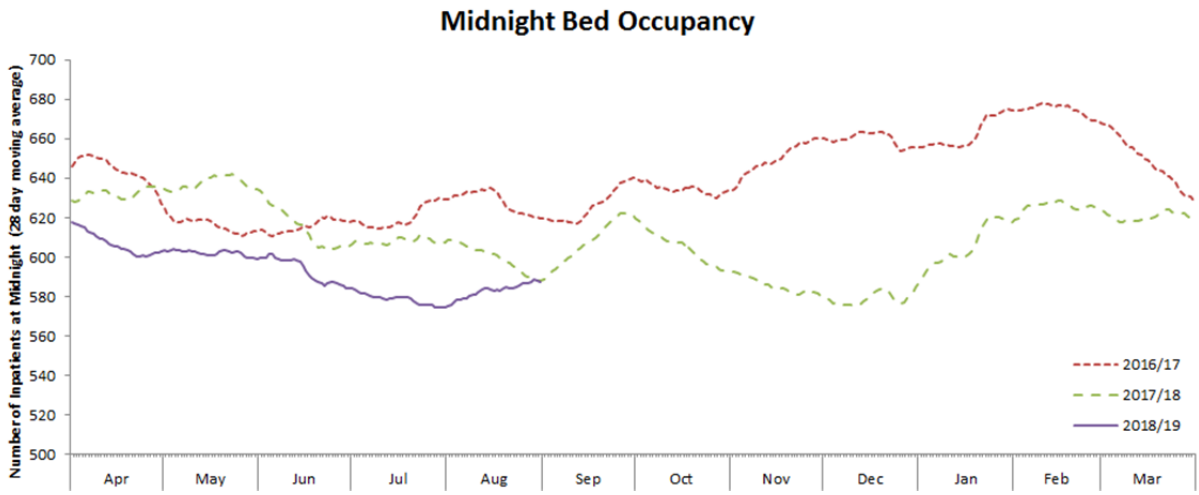
Admission patterns Q3 / Q4. Q3 has shown a consistent increase year on year from 2014/15 however this fell in Q3 2017/18 which includes AEC admissions. Q4 showed a significant increase between 2014/15 to 2016/17, but dropped back slightly in 2017/18 and again is predicted to fall in 2018/19. We were consistently holdy 10-20 patients that would have been admitted if beds had been available, patients stayed in ED longer than would have been expected as indicated by the below graph



Number of Medical Discharges from ED

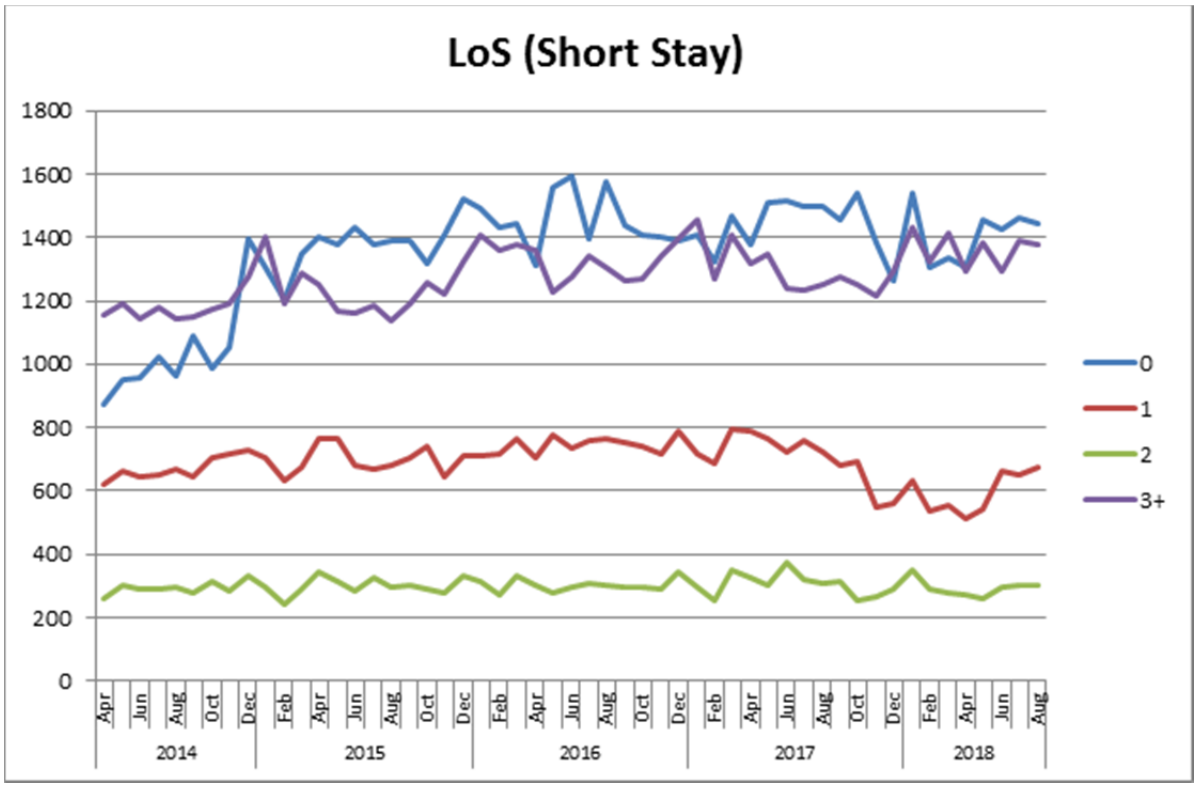
Year/Month	No of Medical Discharges from ED
2018	
Mar	26
Apr	132
May	117
Jun	49
Jul	71
Aug	32
Sep	55
Grand Total	**482**

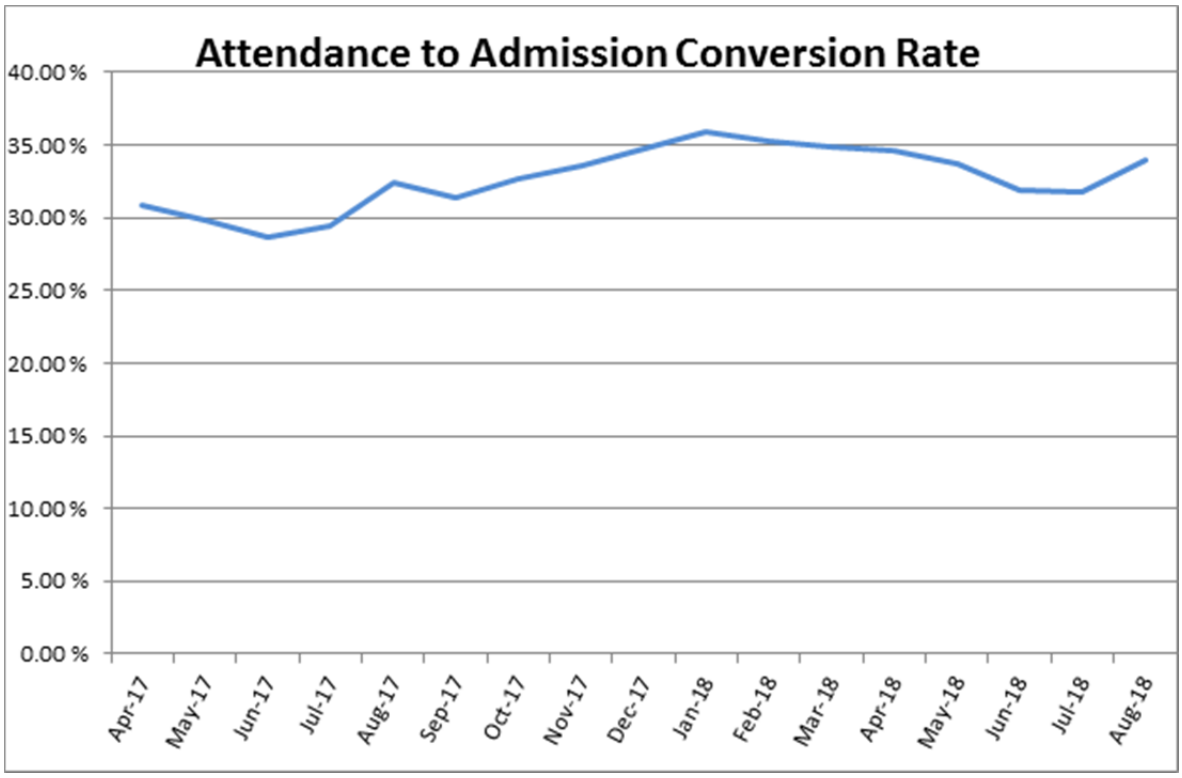
Midnight bed occupancy



Bed Occupancy is predicted to fall in 2018-19 period with an increase towards the end of the winter period. It this then predicted to climb back to 2017/18 levels in July-August 2019.

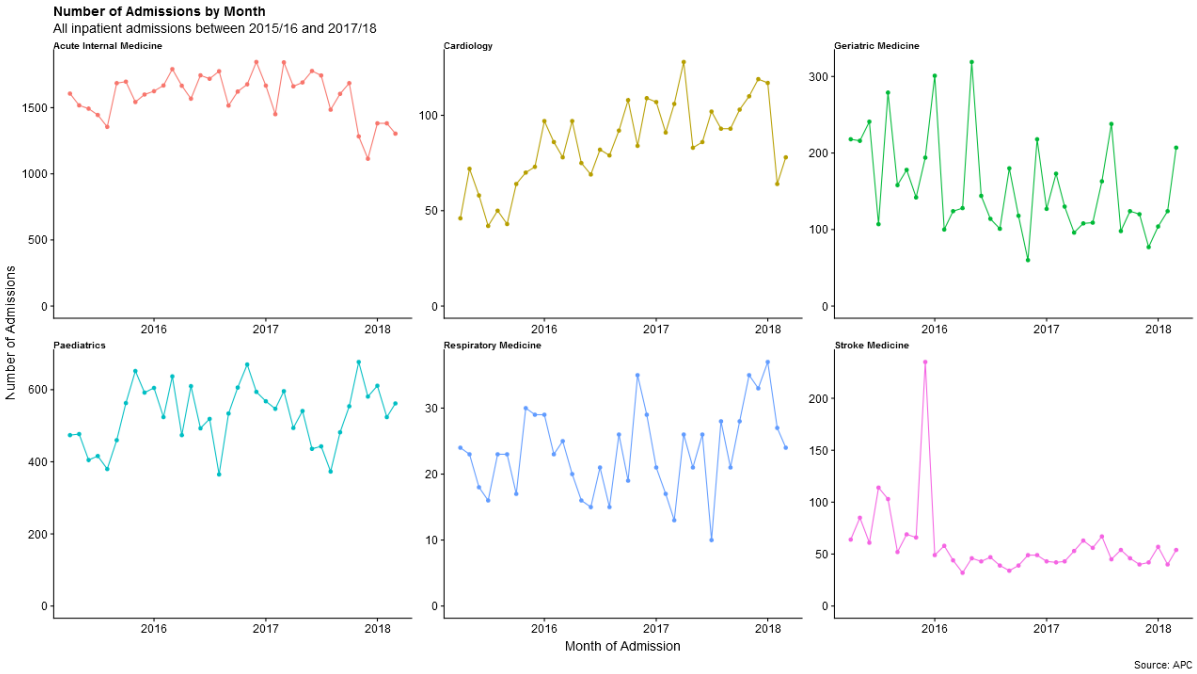
Zero length of stay





There have been winter peaks of conversion of ED attendances into admissions for the period It is noticeable that the conversion rate in June 2018 is as high as the winter peak in Decmber 15 and 17.

Specialty fluctuation

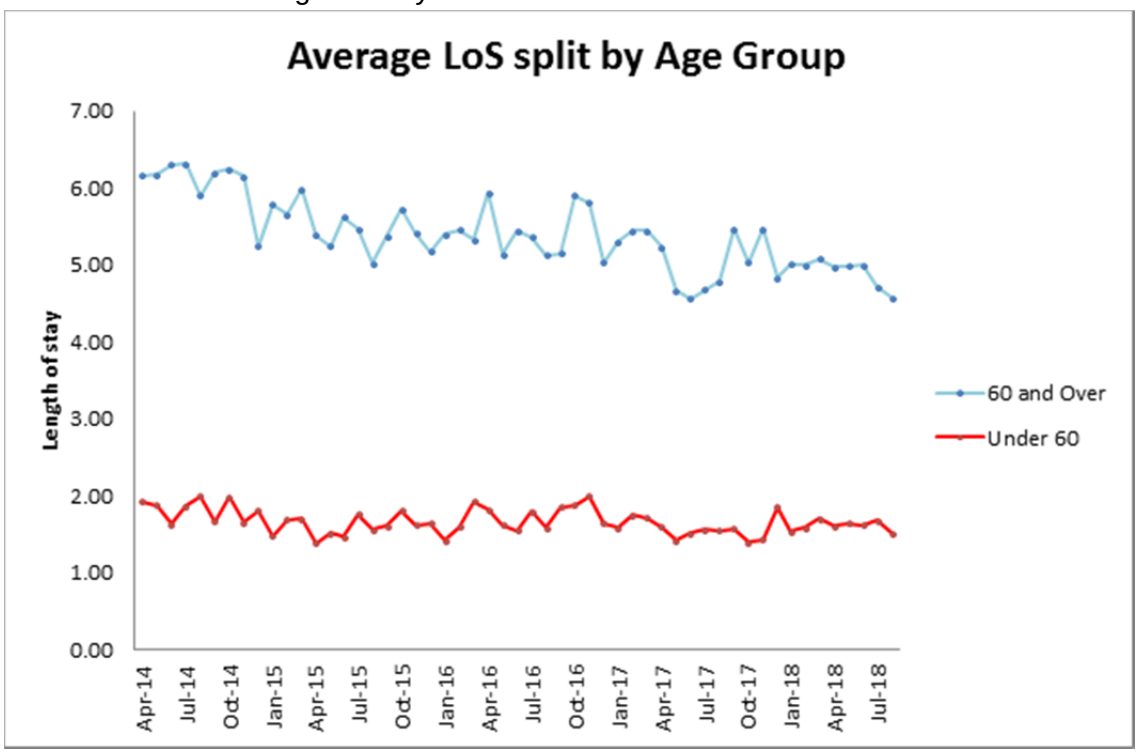


3.3 LENGTH OF STAY AND ACUITY

1. General analysis of Average Spell LoS by specialty

There is no consistent winter peak associated with any of the above specialties across the 3 years. Accident and Emergency had a large spike at the commencement of 2018, respiratory medicine is demonstrating a steady incline in LoS and Urology is showing a decrease.

2. Differential in length of stay between under 60s and over 60s.



There is a significant diferential between the two age groups as can be seen above.

Bed open/close timeline

May 2017

- 14 beds on Evergreen opened same beds on A3 Closed
- 8 beds on FESSU opened 8 beds on East A2 AMU closed

June 2017

- 17 beds on Evergreen closed

July 2017

- 6 Beds on Evergreen opened

November 2017

- 36 Beds on East A2 to be changed to AMU to accommodate EAU patients which was closed
- 8 beds on FAU opened to accommodate FESSU patients which was closed

December 2017

- 13 beds opened on EAU

January 2018

- 18 beds on IMAA opened
- 1 bed opened on CDU
- 2 beds on CCU closed

February 2018

- 20 beds on AEC opened
- 6 beds opened on IMAA

March 2018

- 6 beds on CDU opened
- IMAA Closed, B6 opened

April 2018

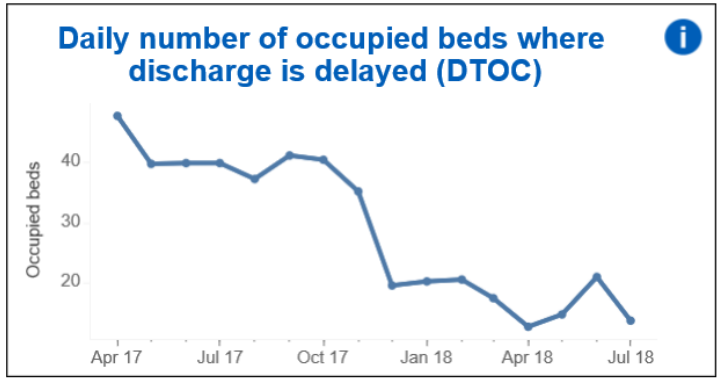
- 6 beds on FAU converted to FTS

Comments

B6 remains open on the system and has been used adhoc'ly throughout the last 12 months

3.4 DELAYED TRANSFERS OF CARE (DTOCs)

The table below shows the decrease in DTOC's of patients at Russells Hall. This has been possible with the Better Care Fund (BCF). DTOC's are now at the lowest reportable level in recent years. Discharge 2 Assess is now embedded in Dudley, Worcester & Wolverhampton. Work is ongoing with South Staffordshire to ensure the D2A programme is ready for winter. Sandwell & South Staffs



With the introduction of the Trusted Assessor, care home delays have now dropped from an average of 3 days per patient to now within 2 hours of referral, funding has now been made available to extend the role to 7 days per week, Complimenting the already 7 day working in place by the discharge team.

The launch of the Transfer of Care process, now means patients who need a POC in Dudley, can have an assessment completed by the ward team, and be discharged within 2 hours of referral (capacity permitting), now in place on C5/C8/B4/B5.

Daily meetings are now in place with: Dudley, Worcester, Sandwell & South Staffs to discuss all medically fit patients, and clear escalation channels in place.

The Patient choice policy has now been agreed and roll-out planned over the next few weeks.

3.5 PREDICTED ACTIVITY

Dudley group use a trigger prediction model to anticipate levels of demand that are over the normal levels of activity that the Trust can accommodate with relative ease. Mapped below are the levels of these triggers (1 being lowest 5 being highest) this has been done based on the previous sections analysis and the trigger days for last winter. This is a useful guide to anticipate demand / impact. Also indicated is the Regional Capacity Management Teams predictions for ED Attedances, Conversion Rates and Ambulance Conveynaces for the period of w/c 29/10/2018-18/02/2019. This will be useful for the trust to utlise and identify key peak periods in activity.

	OCT 18 - MAR 19	29.10.2018	05.11.2018	12.11.2018	19.11.2018	26.11.2018	03.12.2018	10.12.2018	17.12.2018	24.12.2018	31.12.2018	07.01.2019	14.01.2019	21.01.2019	28.01.2019	04.02.2019	11.02.2019	18.02.2019	25.02.2019	04.03.2019	11.03.2019	18.03.2019	25.03.2019
A&E Attendances	2018 - 19 Forecast	2065	2013	2082	2112	2137	2317	2297	2276	2297	2330	2209	2214	2208	2166	2080	2053	2011	2059	2187	2201	2188	2197
	2017 Actual	2255	2228	2497	2470	2382	2363	2434	2307	2369	2286	2303	2251	2322	2295	2376	2493	2342	1908	2023	1932	1879	1887
	2016 Actual	2587	2521	2487	2683	2591	2556	2549	2365	2516	2548	2331	2318	2355	2467	2442	2435	2478	2262	1967	2058	2055	2163
ALL Admissions	% Conversion Rate*	22%	22%	22%	22%	22%	23%	23%	23%	23%	27%	27%	27%	27%	26%	26%	26%	26%	29%	29%	29%	29%	29%
	2018 - 19 Forecast	454	443	458	465	470	533	528	524	528	629	596	598	596	563	541	534	523	597	634	638	635	637
Ambulance conveyances	2018 - 19 Forecast	822	839	849	863	867	872	893	911	951	928	888	866	862	863	853	848	845	742	841	841	847	868

Date	Day	Medical emergencies	Sur/T&O emergencies	All emergencies	Ambulances	ED attendances	Triggers
	Triggers	60 or above	40 or above	100 or above	90 or above	260 or above	1-5
20/12/2018	Wednesday			77	134	336	
21/12/2018	Thursday			78	131	341	
22/12/2018	Friday			75	133	325	
23/12/2018	Saturday			78	133	341	
24/12/2018	Sunday			76	122	331	
25/12/2018	Monday			69	124	300	
26/12/2018	Tuesday			75	138	328	
27/12/2018	Wednesday			89	151	388	
28/12/2018	Thursday			87	148	378	
29/12/2018	Friday			74	146	321	
30/12/2018	Saturday			76	122	331	
31/12/2018	Sunday			78	137	337	
01/01/2019	Monday			98	157	364	
02/01/2019	Tuesday			92	130	342	
03/01/2019	Wednesday			96	135	356	
04/01/2019	Thursday			95	129	351	
05/01/2019	Friday			88	121	324	
06/01/2019	Saturday			88	119	325	
07/01/2019	Sunday			92	137	339	
08/01/2019	Monday			90	130	332	

This table will be completed as the data is received closer to December 2018

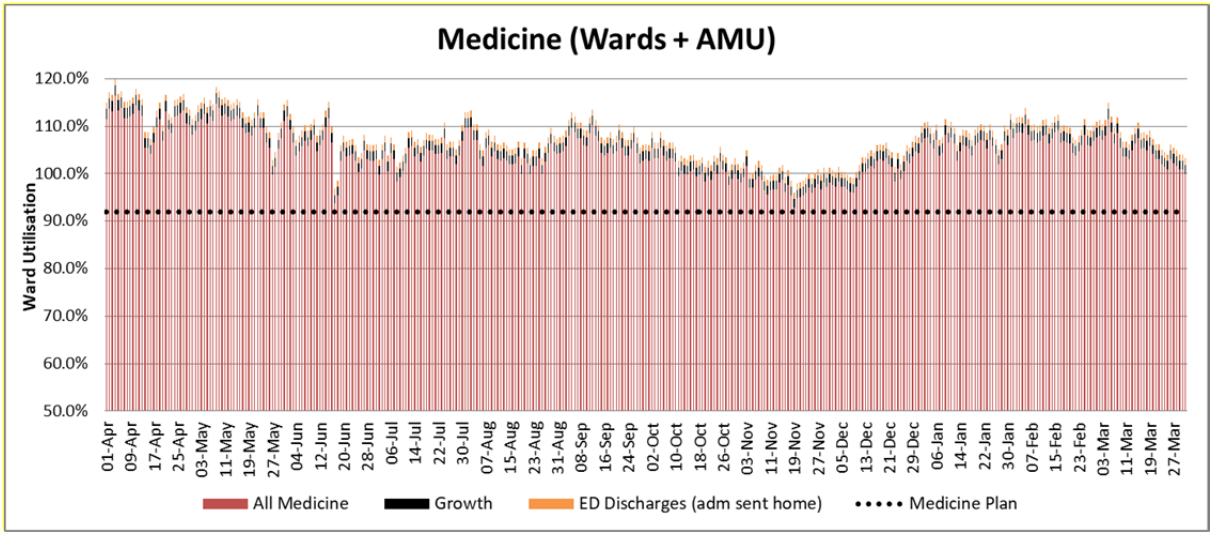
3.6 BED REQUIREMENTS TO MANAGE WINTER DEMAND

Wards	Funded Beds	Escalation, Contingency, Flex Beds
A2	42	
C1	48	
C3	52	
C4	22	
C5	48	
C7	36	
C8	44	
CCU/PCCU	26	
MHDU	6	4
B1	26	
B2T	24	
B2H	30	
B3	42	
B4A	24	
B4B	24	
SAU	12	
B5	12	
C6	20	
ITU	6	1
SHDU	8	
B6		17
C2	30	
AMU	28	8
FAU	9	
Total	**619**	**29**

17/18 Bed occupancy

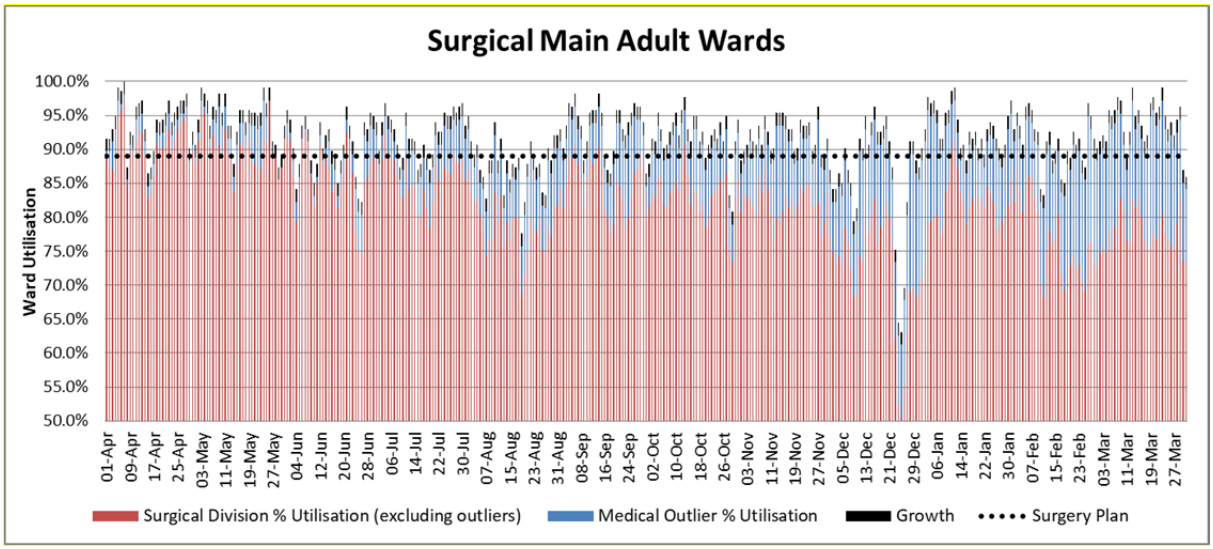
The chart below shows the funded medical ward occupancy with medical patients (red bar), the occupancy incorporating patients in ED referred to Medicine that would have been admitted if capacity was available (orange bar) and is overlaid with 1.89% growth built into the 18/19 contract (black bar). This shows an average of (CMc) 102.5% bed occupancy, before 18/19 growth, before incorporating patients in ED referred to medicine, and before medical outliers are accounted for. In practice this represents the use of unfunded beds on A2, IMAA and B6 at various points over the last year. The average emergency LoS was 4.3 days.

Medical outliers are not shown in the chart above, and represent additional demand for medical bed capacity, shown in the Surgery, Women & Children chart below



The chart below shows the surgical ward occupancy with surgical patients (red bars), the occupancy with medical outliers (blue bar) and is overlaid with 1.89% growth built into the 18/19 contract (black bar).

CMc…In adult surgery, there was an average bed utilisation of 88.5% over the last 18 months, which rises to 90.1% average bed utilisation with growth built in. The average elective LoS is currently 2.7 days, emergency LoS 4.1 days and elective daycase rate was 82.4%.



In order to reduce the number of times that the 3 coping mechanisms are used then the aim is to reduce both the number of patients being admitted into hospital and for those that are admitted to reduce their length of stay.

4.0 2017-18 Wider System Preperation

In preparations for the coming winter pressures it is acknowledged that the preparations from all health economy partners need to be considered and assured. Below are key highlights from the most significant providers within Dudley health economy. Further detail can be provided if required on these current and planned services.

Primary Care

The Primary Care Commissioner has indicated that they intend to put in place an extra 30 minutes GP cover per 1000 population per week, CCG have also put a proposal forward to NHS England to see if this can be further increased to 40 minutes per 1000 population per week. This outcome will be communicated in November 2018.

GP Bank Holiday cover will be across 2 sites for the Dudley area:

- Central Clinic in Dudley
- Netherton Health Centre

In relation to the key bank holidays,

Christmas Day: 4 hours GP cover split across both sites

Boxing day: 28 hours GP cover split across both sites

New Year's Day:28 hours GP cover split across both sites

Support to Care Homes

The Committee agreed to explore:-

- Extending the hours of operation of the existing Single Point of Access to community nursing services;
- Utilising NHS 111 out of hours;
- Developing existing services to focus on those homes experiencing the most admissions.

It is proposed to improve the support available to homes through four distinct elements designed to be both proactive and responsive:-

1. Extend the C R T to provide proactive support for care homes;
2. A local bespoke telemedicine solution (test proof of concept within 10 care homes)
3. The EMIS facility to be extended in order for the staff to write on EMIS (in addition to the current function of read only) within the S Pof A and CR T.
4. Increase the capacity of the Community S P of A to triage calls from care homes and prevent admissions to secondary care.

Service and system escalation processes

As pressures are identified and alerts cascaded out across the system, organisations should refer to the agreed escalation action cards and undertake the appropriate actions to facilitate

de-escalation at the earliest opportunity. The shared ethos is not only to manage current pressures but to also prevent any further escalation. As part of declaring an escalation level, providers are required to estimate time to de-escalation and this is based upon all partners fulfilling their agreed responsibilities. At higher levels of escalation multi agency teleconferences can be convened where actions are agreed collectively and constructive challenge is employed. We understand that NHS England is likely to deploy the OPEL framework again this winter and we will review reporting requirements once they are released. The CCG executive team also participates in an on-call rota to ensure senior managerial input is available around the clock to respond to incidents and pressures in the system. This rota is in effect year round and covers holiday periods. Dudley Health economy also has its own escalation plan. The plan outlines specific trigger points for escalation.

During the winter period, in summary the following escalation process will be followed, supported by a day-to-day winter escalation and key contacts document:

Senior Team from all agencies will attend Discharge Impact Team meetings so that decisions can be made in real time.

The trust will operate a command and control operation as follows:

Gold (strategic) command – Trust headquarters, seminar room from 08:00hrs – 18:30hrs or until stand-down is agreed. The strategic Coordinating Group (SCG) will manage the Trust at a strategic level & will be regularly updated from the tactical lead throughout the day.

Silver (tactical) command – capacity hub from 08:00hrs – 18:30hrs or until stand-down is agreed.

- 08:30 – silver (tactical) meeting
- 08:45 – capacity meeting
- 10:30 – silver (tactical) meeting
- 11:00 – lead nurse update
- 12:00 – capacity meeting
- 12:15 – silver (tactical) meeting
- 14:30 – silver (tactical) meeting
- 15:00 – lead nurse update
- 16:30 – capacity meeting
- 16:45 – silver meeting - discuss stand down – with strategic team
- 18:00 – capacity meeting
- 18:15 – silver meeting – decision re: stand down if not stood down already

Bronze (operational) commands will be managed 08:00hrs until 18:30hrs

Admission Avoidance

In preparation for the Winter and utilising existing provider funding and iBCF money (£7.5 million 2017-18) a number of initiatives have been commissioned to strengthen admissions avoidance for the winter of 2017-18, these include:

- Increasing front-of-house social care at Russell's Hall Hospital to turn people around and improve hospital avoidance, this is being led by Dudley Adult Health and social care team. The scoping out-of-borough high delays to look at resource being present at the front of house to avoid admission into these hospitals, this is being led by Dudley Group NHS Foundation Trust.
- New clinical modelling within Gynaecology Labour ward to increase senior decision making on Gynae patients, reduce admissions and reduce LoS. To be introduced on commencement of 9th Consultant (circa Nov 2016) through the Acute Trust.
- Urology- Review of Haematuria, Scrotal Pain and Catheter problem pathways to increase use of ambulatory pathways, avoiding overnight admissions.
- New clinical models within general surgery adding additional specialist registrar during the day to undertake minor procedures and provide constant senior support within the Surgical Assessment Clinic.
- Increase training for low level clinical tasks for Social carers.
- Proposal to Commission hospital avoidance beds for community patients with social Care needs.
- Revised criteria for community GP hospital avoidance beds to ensure appropriate patients are admitted and discharged within the 2 week timeframe.

The local Authority Intermediate Care team also plan to assess referred patients from ED/CDU and if considered appropriate these patients will be transferred to a Hospital Avoidance/Rehabilitation bed within the community setting. Intermediate Care assessors now provide a 7-day service in Dudley.

Psychiatric Liaison Service

This is a service that offers assessment and advice to people that are experiencing mental illness or have issues such as: depression, anxiety, psychosis, self harm and/or suicide attempts. The service is provided by Dudley and Walsall Mental Health Partnership NHS Trust. It is based within Russell's Hall ED and is available 24/7. The team also provide education and training to acute staff to increase their skills and knowledge in relation to mental health issues.

5.0 PROPOSED INITIATIVES

Following internal and external meetings with partners and key staff within the trust a number of actions and initiatives have been identified and discussed that can be implemented prior to and during the winter period to ease pressure across the site and to allow patient flow aspects that were identifed are:

Hospital Operations Centre

- New Director of Operations/Nursing to lead Silver Command in hours, the trust must ensure it follows all command and control principles, ensuring the Manager on Call/Director of Operations/Nursing represents the trust at Tactical level and the Executive on call represents at a Strategic level
- There is a plan for a weekday duty matron 16:30-21:00

- A review of the Manager on-call structure will be completed to optimise senior operational experience over Winter

Trust wide inpatient areas

- Ensure joined up working across all departments including exernal partners, ensure communication is clear and that actions are undertaken rapidly to ensure flow
- Ensure the patient is put into the right bed first time, therefore reducing bed blocking by treatment being commenced swiftly leading to timely discharge
- Ensure that specialist beds are not utilised overnight to avoid breaches i.e. thrombolysis beds
- Full hospital protocol to be further developed and linked to surge and escalation plan
- Ensure that Surge and Escalation plan and SOPs i.e. Outlier polcy is followed fully in ramp up and response
- X12 surgical beds to be transferred to medicine from 17/12/18, the area identified is to be B4, staffing is also to be provided from Surgery, Medics to be provided by medicine.

Medicine

- Cardiac Assessment unit will be open 7 days
- 7 day DRAS working over peak activity weeks
- Increased weekend and bank holiday ward rounds
- Reduced clinics in first 2 weeks of January
- Respiratory direct acess clinics for primary care
- Re-location and extended working of Frailty Unit

Surgery, Womens and Childrens

- Restriction on routine overnight elective surgery – clinically urgent inpatients and daycases only w/c 31/12 and w/c 07/01
- Elective orthopaedic activity to continue
- Replicating 'perfect fortnight' model (trialled 10/09-23/09) w/c 31/12 and 07/01 in General Surgery, Trauma, Urology and Paediatrics
- Additional fracture clinics over festive period

Staffing, New year and first two weeks of January

- Ensure relevant staff i.e. support staff, management and non-patient facing areas have diaries clear for key critical periods i.e. Christmas bank holidays into New year and first week of January, they will then be requested to assist in key critical areas
- Develop a 7 day working plan allowing all staff to be deployed to critical areas as required and ensuring staff do not need to work extended hours during winter periods, this must include Matron rostering and where necessary corporate services
- Ensure pay rates are defined in advance encompassing any bonus, bank rates and enhanced pay schemes
- Matrons to look at 4 day working week

Diagnostics

- Ensure a clear escalation process / plan is in place for diagnostics linked to the trust surge and escalation plan, to include modaility Superintedents, Imaging Manager, Deputy Director of Operations and Director of Operations.
- Expand the use of the Guest Outpatient Centre for elective CT and MRI diagnostics and consolidate the booking of electives onto one CT scanner at Russells Hall Hospital to provide additional daily CT capacity for ED patients and patients from both acute assessment and inpatient wards. Out of normal hours this will effectively mean a dedicated CT scanner for ED patients.
- Given the above reconfiguration, seek to provide on the day of request diagnostics wherever possible and appropriate.
- Additional acute inpatient Imaging slots w/c 31/12 and 07/01, and extend scanning through to midnight, as well as accelerated diagnostics process
- Seek to preovdoe increased radiographer / radiologist on site at weekends and bank holidays and out of hours. (up to midnight).

Finance

- Ensure finance requests are made as soon as possible before winter to ensure funding is gained where appropriate and requested correctly.
- Tranche 2 funding to be defined in advance of winter
- Ensure that updates are provided to the finance team as to what schemes are working and how well so that updates can be provided to the centre.

Pharmacy

- Extended hours of opening have been employed 7 days a week. Ward cover at the weekends is restricted to 2 senior pharmacists, resource would be required to provide an additional ward based Band 7 pharmacist over the winter period.
- Pharmacy will increase the availabaility of pre-packs across the Trust.
- Extended hours for MediBox service have been employed. Discussions are underway to increase the number of deliveries. The process requires additional internal resource of a Band 4 Patient Flow Technician to support timely communication of prescriptions on behalf of the wards.
- Volunteers are being recruited to support the delivery of medicines to wards. A dedicated Pharmacy porter, however, is required over the winter period.
- Additional pharmacist prescribers at weekends are being recruited (C1, SAU and A2).
- Pharmacy will implement an internal capacity plan including cancellation of non-essential duties and use of FP10 (green) out-patient prescriptions at times of greatest demand, this will be supported by guidance from the capacity team
- It would be possible to support medication counselling with a Band 5 technician in the discharge lounge should the lounge reopen over the winter and appropriate resource was made available.

Discharge

- Each ward has a dedicated Discharge Facilitator & Senior Facilitator to support with complex discharges; the team are available 7 days per week from 8am until 6pm.

- Social Services are now in place until 20:00 7 days a week, ICT work 7 days per week from 9am – 5pm, outside of these hours the DISCOs can support with assessments.
- Criteria Led Discharge working group in place with a plan to run a pilot on C3.
- Ensure enforcement of the choice policy to mitigate against bed blocking by family members
- CNS in place for IMPACT to support with admission avoidance from ED/ AMU.
- Transfer of care process in place, to reduce delays from social care
- Trusted Assessor in place and aim to start 7 day working by November, to minimise care home delays and assessments.

ED

- Acute physician based in ED to support early decision making
- Rapid Assessment and Treatment in times of high demand
- Urgent Care team support additional streaming of ambulances
- A Consultant Paediatrician to be present in ED ensuring flow to paediatrics is correctly maintained and where appropriate ensure admission avoidance
- ED to develop a robust escalation plan in preparation for Winter.
- Increase nurse cover within ambulance triage during peak times (when triggers indicate ambulance peaks)
- Increase ANP cover within minors out of hours to release Dr time to majors
- Increased consultant cover at weekends and evenings

Interserve and support services

- Ensure supplies and deliveries are maintained during winter period (Business Continuity)
- All key roles including Portering staffing to be looked at ensuring resilience that enough staff are present to facilitate moves as required
- Peaks of times for terminal cleans/Portering ensure appropriate staffing during first two weeks of January
- Soft Services Manager or Logistic Manager will be the point of contact for Interserve they will be able to assist with additional resources as appropriate
- 0845 and midday representation at bed meetings to escalate issues by the Trust Estates manager and Soft Services Manager or Combined Domestic Lead.

Flu Preparedness

- Flu campaign is currently taking place
- Clinical areas to contact Health and Safety to ensure FFP3 fit testing is taking place
- Critical Care and MHDU to have conversation on how to progress flu planning within there area to support any potential spikes in activity related to flu

Adverse weather

- Adverse Weather plan to be followed as required, this includes aspects for the identification of staff and the deployment to staff of 4x4 responders as required.

Community

- In Reach – In addition to below, assertive case managers will attend ED, AMU, and huddle board meetings on the wards along with a list of daily admissions to facilitate discharge.
- CRT – are open to calls from WMAS, 111 and Community Nursing services. A dedicated phone line is available to WMAS and will ring WMAS periodically though day to inform them of capacity
- Assertive Case Managers nominate a nurse on a daily basis to support CRT with capacity and avoid shutting the service
- Capacity meetings now held in Community at 9.15am and 1pm to determine capacity across community services. 9 am conference call held with DN team leads. All escalations have plans in place following this.
- Graduate nurses undergoing IV training and competencies to support the Community IV team with capacity.
- IV Service have increased their profile with GP Practices to accept direct referrals and avoid hospital admission
- Dudley Rehabilitation Service to hold a vacant slot each day for next day discharges. Weekly liaison with Acute therapists to determine plans for discharge.
- In addition a winter bid is to be put forward for winter pressure monies to include the following:
    - Band 7 Nurse to sit in Ambulance control and signpost 999 calls to SPA
    - 2 HCA's for venepuncture, blood/specimen collection
    - 1 ANP to work 6 hours 12-6pm to meet increase in demand during that time period
    - I Band 6 Physio, 1 Band 6 OT and 2 Band 3 Therapy assistants to support CRT with admission avoidance and facilitating discharges.

6.0 RECOMMENDATIONS

The executive team are asked to:

- Note and feedback on the supporting analysis and high level proposals.

Enclosure 13

The Dudley Group
NHS Foundation Trust

Paper for submission to the Trust Board on 1st November 2018

TITLE:	Estates Strategy		
AUTHOR:	Chris Walker, Deputy Director of Finance – Financial Reporting	**PRESENTER**	Tom Jackson, Director of Finance
CLINICAL STRATEGIC AIMS – N/A			
CORPORATE OBJECTIVE: SO5: Make the best use of what we have			

SUMMARY OF KEY ISSUES:

The draft Estates Strategy presented has been written with input from a number of stakeholder groups including:

- Chief Operating Officer
- All three Trust clinical divisions
- Trust estates team
- Summit Healthcare
- Interserve
- Dudley CCG
- Richard Miner and Jonathan Hodgkin who have acted as champions for the strategy

The Trust is part of the Dudley Health Economy Estates Group. It was agreed that in order to get an estates strategy for the Dudley Health Economy (and ultimately assist in pulling together an estates strategy for the MCP) all providers and the CCG's estates strategy would be written in a common format. A third party has authored the strategy for the Trust along with the CCG's estates strategy and D&WMH. The CCG provided funding for this work.

The strategy aims to cover the next two years and will be subject to review once the MCP has been established. This is therefore a short term strategy which follows a standard NHS Estates Strategy format and covers the following:

- Where are we now?
    - What is our current estate and how is it managed.
    - What are the costs of our current estate
    - What is the value of the estate
    - What has been the historical capital investment
    - What are the latest external review results from an estates perspective (e.g. PLACE/CQC)
    - Current surplus assets

- Where do we want to be?
    - Takes into account the following to highlight that the current Trust and Clinical Strategy has no medium to long term service changes that would require an estates strategy to enable change. Short term priorities are A&E and Vascular Services:
        - The current Trust strategy

        - The current Trust clinical strategy
        - The current Health Economy strategy and STP position
        - Our current financial position
        - Operational priorities in the short term
    - Better use of the current facilities and utilisation of space

- How do we get there?
    - States the limitations we have as a result of the PFI estate and our financial position.
    - Describes the short term strategy to reconfigure and expand A&E and the need for a Hybrid Theatre.
    - Describes how the Trust cannot self-fund these schemes and therefore STP capital financing is required and the process.
    - Describes the current use of space and how we are moving this forward with our space utilisation group.
    - Describes the opportunities available with the PFI provider to be more efficient and how efficiencies are being made
    - Describes the opportunities available to rationalise community buildings but how this will be linked to the MCP strategy going forward.
    - Describes the disposal of our surplus land

The strategy has been reviewed by the STP Strategic Estates Review Group (SERG) and is considered to be the most developed and robust estates strategy in the STP as this current time.

In Summary
The Trust's Estates Strategy provides the requirements of the current estate to meet the limited Trust/Clinical Strategy that is currently in place. It also describes the limitations we have as a result of the PFI estates and our current financial position. This is a strategy as of today and will clearly need to be refreshed in light of the MCP and any future STP service reconfigurations.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description: See report**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**Y**	**Details:** Finance and Use of Resources Metric
	Other	**Y**	**Details:** Value for money/financial objective

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
	☑		

RECOMMENDATIONS FOR THE TRUST BOARD:

To review and approve the strategy.

The Dudley Group NHS Foundation Trust - Estate Strategy

2 Year Strategy to March 2020

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Version History

Version no	Date issued	Brief summary of changes	Owner
01	14/06/18	DRAFT Document for Review	Archus
02	27/06/18	DRAFT Document post Estates/Finance Comments	Archus
03			

Document control

Document Title	The Dudley Group NHS Foundation Trust - Estate Strategy – **DRAFT POST ESTATES/FINANCE COMMENTS**
File ref	G:\Midlands\Clients\Dudley Group NHS FT\01 Estate Strategy\05 Estate Strategy Doc
Prepared by	Cila Car, Assistant Consultant Dawn Chambers, Associate Director Chris Turner, Director
Date	June 2018
Checked by	Dawn Chambers, Associate Director
Date	June 2018
Authorised by	Chris Turner, Director
Date	June 2018

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1 Executive Summary

1.1 Introduction

This Estates Strategy has been developed to provide an integrated approach to The Dudley Group NHS Foundation Trust's (hereafter referred to as 'DGNHSFT' or 'the Trust') estate, relative to proposed service models, aligned to both national and local plans including the Birmingham & Black Country Sustainability & Transformation Plan. It supports the Trust's ambition to provide a range of high-quality, ever-improving services in a dynamic and stimulating environment which attracts the best staff.

DGNHSFT was the first hospital trust in the area to be awarded coveted Foundation Trust status in 2008 and provides a wide range of medical, surgical and rehabilitation services. It serves a population of around 450,000 people from three hospital sites at Russells Hall Hospital, Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge. The Trust also provides the full range of secondary care services and some specialist services for the wider populations of the Black Country and West Midlands region.

The Trust currently faces significant financial challenges and recognises the need to proactively manage the effectiveness of the Trust in delivering sustainable and safe services.

DGNHSFT recognises that although the PFI investment provides first class accommodation for the delivery of high quality care, there are few opportunities for redevelopment or disposal. The PFI investment also comes at a significant cost to the Trust so it is crucial that the estate is fully utilised and assets are maximised to achieve a productive estate. To this end, this Estates Strategy proposes a *'no new build'* approach where current services and any future expansion will be delivered within the existing footprint.

1.2 Strategic Context

Trust Context

In recent years, due to the pace of change within the NHS nationally and the Trust continuing to face financial challenges, the organisation has felt it prudent to update the Operating Plan on an annual basis. As such the most recent Operating Plan details the Trust's plans for 2018-2019.

DGNHSFT has identified within the 2018/19 Operating Plan that there is currently sufficient capacity to deliver the level of activity which has been agreed with commissioners and has indicated plans for utilising the independent sector to deliver activity. Contract discussions have taken place with Dudley CCG where the baseline activity model has been broadly agreed. However the CCG has a number of QIPP proposals which are currently being discussed which will have a likely impact on 2018/19 activity.

The CCG proposed QIPP schemes include:

- Right Care inspired proposals for MSK and Respiratory services where national indicators show Dudley CCG has a relatively high spending level
- Non-payment for procedures of limited clinical priority and aesthetic treatments
- Switching minor ophthalmology treatments to local optometrists
- Pulling rehab patients out of the Trust and into community facilities or supporting patients at home

- Peer to peer GP review of non-urgent referrals
- Incentivisation scheme to minimise inappropriate non-obstetric ultrasound referrals
- Extension of paediatric triage
- Reduction of delayed transfers of care resulting in reduced excess bed days
- Avoidance of nursing home admissions via increased community support
- A&E outreach to specialty wards

Capacity modelling tools developed by NHSI and NHSE are being used to maximise the use of existing facilities. In addition the Trust is working closely with Four Eyes to improve theatre efficiency, maximise outpatient slots and reviewing endoscopy, cath lab and radiology activity.

The Trust also wishes to achieve a '*good*' or '*outstanding*' CQC rating (the latest inspection gave the Trust an overall rank of '*requires improvement*') through an organisation-wide approach to service improvement.

The Quality Improvement Plan will look at:

- National Clinical Audits
- The 4 priority standards for 7 day hospital services
- Safe staffing
- Care hours per patient day
- Mental Health Standards (early intervention)
- Actions from the '*Better Births*' review Improving the quality of mortality review, Serious Incident Investigation and subsequent learning and action
- Anti-microbial resistance
- Infection prevention & control
- Falls
- Sepsis
- Pressure Ulcers
- End of Life Care
- Patient Experience
- National CQUIN
- Consistency with the STP

The Trust was originally offered an underlying control total of £5.8m in 2017/18 and 2018/19 in order to access the Sustainability & Transformation Fund of £8.5m in both years. In November 2016 the Trust agreed a revised Control figure of £2.5m for 2017/18 with NHS Improvement and in April 2018 the Trust was notified of its revised control total for 2018/19 of -£0.8m to access the PSF of £9.0m.

National Context

The key national drivers, policies and guidance underpinning the Trust's Operating Plan in service delivery and supporting safe practice include:

- Health & Social Care Act 2012
- Care Quality Commission
- NHS Operating Framework
- Quality, Innovation, Productivity & Prevention (QIPP)
- The NHS Five Year Forward View
- Next Steps on the NHS Five Year Forward View Anti-microbial resistance
- Future Hospital: Caring for Medical Patients, Royal College of Physicians (Sept 2013)

Regional Context

The Black Country & West Birmingham health and care system faces significant challenges. Some of these challenges are through changes in population need; others are a through the way services are organised and provided; others grow from the way patients and the public are engaged with. As a result gaps in care quality, health outcomes and financial sustainability have emerged. As a collaborative force, the STP recognises the need to confront the current issues facing the region's health and care system by implementing a number of work streams to be developed and implemented in the future. These have been defined as the following:

Table 1 - Birmingham & Black Country STP Work streams

Local Place-Based Models of Care:	Develop standardised place-based Integrated Care Models commissioned on the basis of outcomes. Promote prevention agenda & build resilient communities.
Extended Collaboration between Service Providers:	Build network of secondary care excellence. Deliver efficiencies in support services. Complete acute reconfiguration through the new Midland Metropolitan Hospital. Commission for quality in care homes. Deliver Cost Improvement Programmes.
Mental Health & Learning Disabilities:	Become one commissioner for NHS services. Build the right support for Learning Disabilities in association with Council commissioning functions. Improve bed utilisation and stop '*out of area*' treatments. Deliver the West Midland Combined Authority Mental Health challenges. Deliver extended efficiencies through TCT partnership.
Maternity & Infant Health:	Develop standardised pathways of care for maternal/child health. Review maternity capacity.
Enablers:	Systematically evaluate and learn from process of implementation and evidence based practice. Undertake workforce transformation and reduce agency use. Implement Black Country Digital Strategy. Rationalise public sector estate. Consolidate back office functions. Develop future commissioning functions.
Wider Determinants:	Link to West Midlands Combined Authority to address wider determinants and maximise health contribution to economic impact.

Dudley CCG, as a NHS Vanguard, is a member of the Five Year Forward View New Models of Care Programme. Their commissioning intentions set out for the financial years 2017/18 and 2018/19 have been built on the following key strategic objectives:

- Efficient and effective care
- Healthy life expectancy
- Mutual approach to achieving the best possible outcomes
- High quality care for all

Central to their plans is a new model of care – the Multi-Specialty Provider (MCP), which is designed to deliver population health and wellbeing based on the principles of shared ownership, shared responsibility and shared benefits.

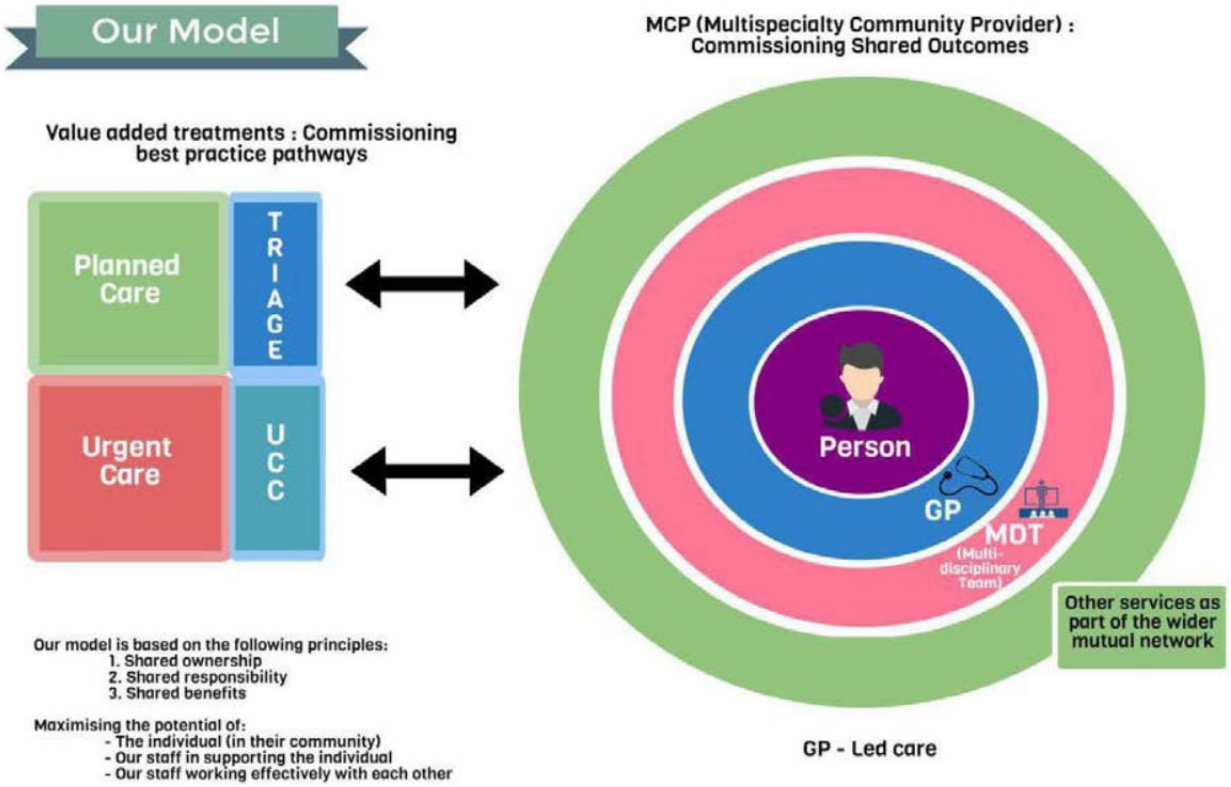

Figure 1 - MCP Model of Care

The focus on the proposed new model of care builds on a joined up network of GP-led, community-based Multi-Disciplinary Teams (MDTs) which enable staff from health, social care and the voluntary sector to work together in the MCP. This is also underpinned by a complementary process of developing standardised best practice pathways of care.

Key to delivering the MCP model is the development of Health & Social Care Hubs with primary care operating at scale, co-located with other community and out-patient services, replacing the current model of dispersed primary care and centralised acute care. The proposed hub schemes will provide space to allow

services provided by the Dudley MCP contract to operate from such premises. The full range of services to be offered is subject to a final procurement decision which the CCG intend to make this financial year, but an interim assumption has been made that 30% of outpatients from Russell's Hall Hospital, is thought to be achievable, equating to approximately 700 appointments per week.

Once the Dudley MCP procurement process has been finalised then decisions regards which services could transfer into the community can be made, which would then feed the next iteration of this Estate Strategy document by informing options on any potential reconfiguration and/or use of vacated space.

This shift of care transferring from the acute setting into the community is in line with DGNHSFT's clinical and strategic objectives as well as those of the wider STP, enabling an increase of delivery at a scale that doesn't impact the current estate footprint, and assists in the potential to free up space in higher utilised areas of the Trust's estate.

1.3 Where Are We Now?

The majority of the estate, the three main hospital sites, form part of a Private Finance Initiative (PFI) contract with Summit Healthcare and its appointed service providers, Interserve Facilities Management and Siemens Healthcare. The remaining estate is leasehold delivering adult community services including community nurse bases, podiatry, physiotherapy and sexual health and support services. The following diagram indicates the services delivered from each location:

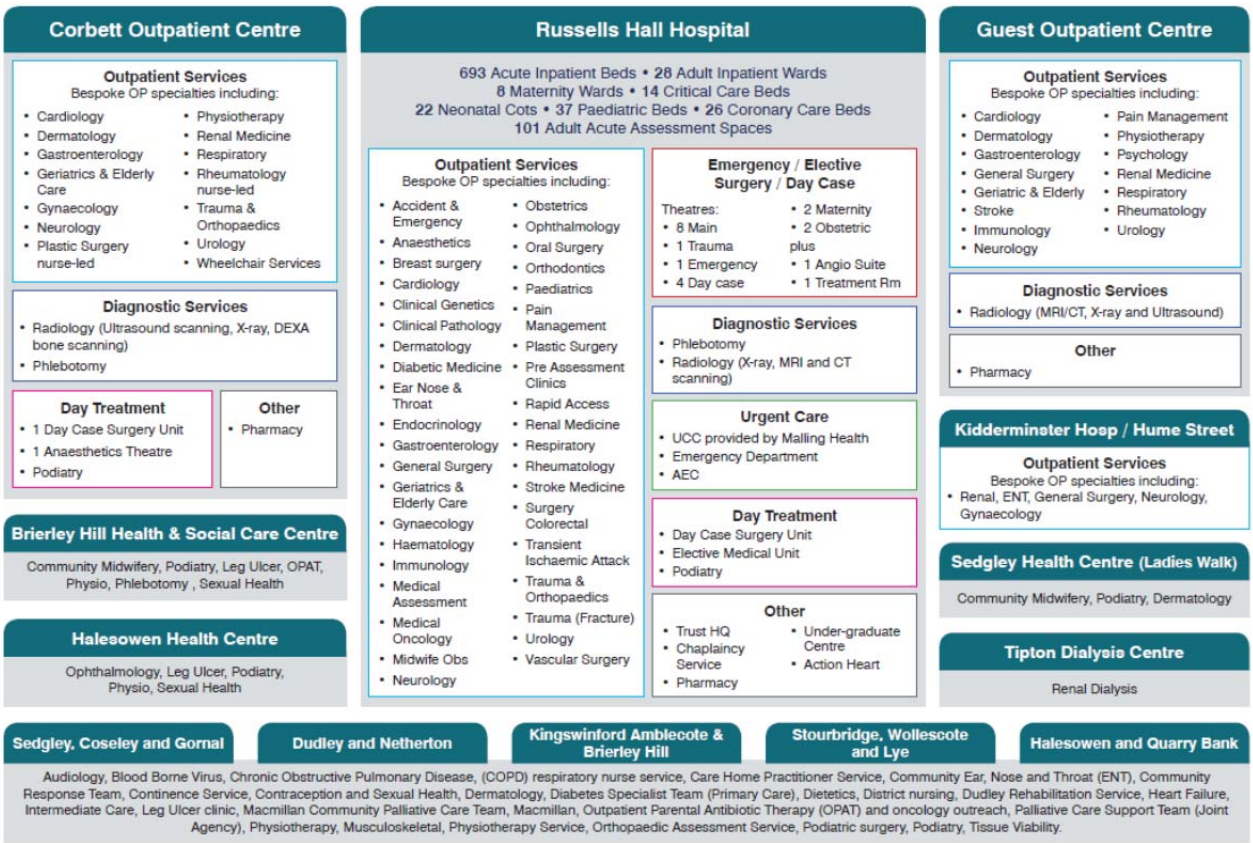

Figure 2 - Services by Location

The exact area each service utilises within each property, however, is not fully understood. Whilst the Trust works with the PFI Provider to collate data on the condition and statutory compliance of the estate through the PFI contract, the reports do not go into the level of detail required to fully analyse the functional suitability, environmental, equality/access and, in particular space utilisation aspects of the estate. The gathering of this information would enable the Trust to review whether it was making the most efficient use of space across the estate.

Even a high level understanding of space utilisation and occupancy across the estate would be particularly valuable when aiming to maximise the efficiency of the estate. Where the Trust is unable to reduce the footprint as a whole notably that of the PFI estate, any under-utilised or empty space could be reconfigured and maximised creating new functionally suitable clinical space which will allow an increased throughput or expansion of a service generating much needed additional income for the Trust.

During the development of this Estates Strategy an Estates Terrier was developed which can be found in Appendix B. This Estates Terrier highlights useful information about the estate but more importantly acts as a gap analysis identifying crucial information which is currently unavailable. This includes:

- Facet Survey data (for the PFI Estate):
  - Functional Suitability
  - Space Utilisation
  - Quality
  - Compliance under the Equality Act 2010
  - Environmental
- Services delivered from each leasehold property and the percentage of floor area occupied by each service
- Operating times for those properties which are not open 24/7

The Trust pays an annual unitary payment of £44,423,691 for its PFI sites. In addition the Trust leases a number of outpatient sites for community led services at an annual cost of £2,631,445. Together this totals annual expenditure of £47,055,436 to operate a safe and fit for purpose estate. The total asset value of the PFI estate, reviewed in March 2018, was £200,488,935, the remaining Trust owned estate was valued at £20,068,098.

Benchmarked against peer Trusts, DGNHSFT is in the upper third percentile with regard both hard and soft facilities management (FM) costs and is also in the upper percentile for energy costs.

Whilst the Trust is in the middle percentile with regard the total percentage of GIA being non-clinical space, at 28.85% it is still well within Lord Carter's recommended guidance. However, the lowest percentage of floor area in use as non-clinical space was 16.30% so there could still be an opportunity to reduce this space further. In addition only 0.12% of the total GIA is unoccupied which is again currently within acceptable parameters.

Due to current financial constraints the Trust has a limited capital programme for 2018/19 with only £1,401,000 invested in the estate over and above the £968,000 lifecycle costs to maintain the assets at Estate code Condition B which is included within the unitary payment. Under these circumstances any

significant schemes deemed necessary by the Trust would have to be funded by alternative means. As a result, DGNHSFT is currently seeking funding for capital investment from the STP in line with current national trends, such as Accident & Emergency and Urgent Care premises and increased theatre capacity.

The CQC report, published in April 2018 ranked the Trust overall as *'requires improvement',* which was the same as the previous inspection report published in December 2014. The ratings per outcome and their rank in comparison to the previous inspection are shown in the diagram below:

Figure 3 - Whole Trust CQC Rating

The Trust has had a challenging financial environment in 2017/18. Risks to the delivery of the control total materialised from the second quarter of the year with income growth below plan and expenditure growth exceeding budget. This was driven mainly by quality issues and the significant impact of winter. The impact is a challenging CIP target for 2018/19 and the control total has been accepted.

1.4 Where Do We Want to Be?

To deliver the vision and become a highly regarded healthcare provider for the Black Country and West Midlands the Trust has established their own strategic goals in six key areas as shown in the adjacent diagram.

The Trust is committed to maintaining their current range of clinical services but this is in the context of ensuring that the services continue to be financially and clinically viable and therefore some reshaping is likely over the coming 12 to 18 months.

The financially constrained environment within which the Trust operates means that in the future it will be expected to deliver better outcomes more efficiently, with better patient experience and all at a lower cost. The estate will be a vital enabler in achieving this goal; increasing the Trust's market share without expanding the estates footprint.

Figure 4 - Trust Strategic Goals

DGNHSFT refreshed their Clinical Strategy in 2016 with the understanding that this would need to be further developed in line with the Black Country STP. The Clinical Strategy identifies three main aims:

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

Under each aim a number of initiatives are being developed to either relocate, expand or deliver new services over the next two to three years. This will include the redesign of a number of clinical pathways. Due to the financial constraints of the Trust, these initiatives must be delivered within the current estates footprint or from other provider accommodation such as the new Health and Social Care Hubs currently being developed by Dudley CCG as part of the proposed MCP model of care.

A number of projects to address current issues and demands have already been progressed including the development of business cases to seek STP funding for an improved Emergency Care service and a new Hybrid Theatre to support vascular activity. The Trust is also cognisant of the fact that these applications for funding need to prove an STP wide benefit and are therefore working closely with neighbouring Trusts and the NHSI to implement a whole system approach to these issues. Other schemes identified which need to be developed as part of the MCP procurement to deliver certain services away from the hospital setting and into the community include the creation of a fourth endoscopy room, MRI replacement programme (and associated infrastructure enabling works) and a review of clinical and non-clinical space use.

Efficiency savings schemes include local efficiency plans as well as ideas developed alongside partners within the Black Country Alliance and the wider STP. The plans seek to embrace the Carter benchmarks and include:

- Pathology redesign (Managed Service Contract)
- Back office review
- Estates/PFI rationalisation
- Medicines Management optimisation
- Key areas of procurement

Other savings plans focus on reducing agency staff, skill mix reviews, reviewing service provision which includes outpatient optimisation which deliver an improved patient experience. The impact of delivering the anticipated growth in a more efficient manner has been incorporated into the plans. A formal Financial Improvement Programme has been initiated from March 2018 to regain grip and control within the organisation.

Due to the current financial position of the Trust and the progress to date with regard the STP, the Trust needs to focus on the productivity and efficiency of the estate on multiple levels. This would include:

- Improving utilisation of clinical space to reduce inefficiency and maximise the use of the highest quality assets for optimal income generation
- Reducing the amount of estate used for non-clinical activities and incentivise efficient use
- Improving the efficiency of long-term assets through reconfiguration
- Supporting the provision of a technology led and enabled environment to enhance productivity and utilisation of resources (including space)

- Adopting a set of metrics which show both the cost and performance of built assets to support Service Line Management principles
- Reducing operating costs through effective use of resources, robust management and environmental performance improvements

1.5 How Do We Get There?

DGNHSFT is not in the position of other NHS organisations where they have a number of options available to them to either reconfigure the estate (should they wish to do so), and/or have ease of access to capital monies to progress capital schemes to reflect any strategic change in clinical operational delivery. The Trust are almost a wholly PFI based estate and any reconfiguration required across their current estate will come with increased charges as a result of having to progress any design and associated alterations through their PFI partner. As a consequence the Trust's estate is currently acting as a barrier to change rather than a wholly enabling entity.

Although any output as a result of further review will be limited, there are a number of areas which could be interrogated further to fully understand what could help deliver future strategic plans. These are as follows:

- The PFI Estate
- The Trust Retained Estate
- The Leased Estate
- Residencies & Car Parking
- Opportunities for Site Rationalisation
- Off Site Options/Solutions

It is essential to understand how the estate is currently being used, and once validated will inform any future strategic thinking and option appraisal regards potential clinical and non-clinical service moves to maximise the productivity of the estate without fundamentally changing the internal fabric of the PFI owned buildings and associated infrastructure. Without such information to hand it is impossible that any informed decisions can be made regards the possible future reconfiguration of space.

The Trust's Clinical Strategy details several services where there is a requirement to redesign pathways in order to continue to deliver best practice. Under the initiative to improve Urgent and Emergency Care the Clinical Strategy states that Medical and Surgical Ambulatory Emergency Care services have outgrown their space and require additional room. By redesigning care pathways there will be an opportunity to develop a schedule of accommodation for that pathway/new model of care which may actually indicate that the service could be better delivered within the same, or possibly a smaller footprint. In fact Aim Two in the Clinical Strategy is to base as much of the pathway as possible outside of the hospital environment and its initiative to improve stroke services is to support the development of rehabilitation beds in the community to free up capacity in hospital. It is therefore imperative that the Trust fully understands utilisation in terms of occupancy while also understanding the actual estate requirement for existing services which are expanding or where pathways are being redesigned.

At present there are no lease arrangements agreed between CHP and DGNHSFT. However, while the occupancy costs are in excess of the Naylor Report recommendation, there would be no financial benefit for the Trust in renegotiating a lower cost due to the structure of the charging mechanism in place. It is believed that a whole system approach with regard rental agreements and occupancy costs would have a more successful and financially advantageous outcome.

The Trust has also investigated the possibility of a land sale on the Corbett Hospital site. If the Trust has no strategic plans to develop the site themselves, they may wish to consider putting a condition on the sale that they have a nomination right on any key worker accommodation and that part of the site has a covenant for the development of health related schemes such as a step-down facility or nursing home.

In line with the '*Model Hospital'* the Trust could undertake an initial exercise to fully understand the current level of energy consumption and expenditure and to monitor this over time in order to identify areas which could be focused on with regard energy efficiency. Whilst Summit Healthcare bears the risk of energy costs and the Trust pays for its energy through an agreed tariff, there is an opportunity for DGNHSFT to collaborate with the PFI Provider to reduce energy consumption through cultural changes in energy usage enabling a possible gain/share on any savings made. It should be noted, however, that a conservative estimate on the level of income saved through this exercise should be made at this time.

There is a broad range of back office service delivery across organisations within the Black Country & West Birmingham. By working at scale across the STP, there is significant potential to integrate the non-clinical support services across both provider and commissioner organisations. It is believed (supported by the Carter Review and the experience of CIP schemes in individual local organisations) that the areas of greatest potential for achieving efficiencies are:

- Payroll services
- Support Staff employment models
- Procurement, Human Resources (HR), telephony and legal services
- Common call centres
- Licensing of telephones, IT applications etc.
- Hotel services

As a broader STP-wide programme to explore options is mobilised, merits of various delivery models will be considered. Options for consideration are as follows:

- Use of Commissioning Support Units to deliver across both CCGs and Providers
- Creation of an entity owned by the NHS bodies to deliver services to all partners
- Use of multiple providers to deliver services to NHS bodies

There is also an argument that current Trust back office functions occupy expensive PFI estate that if vacated into off site private and cheaper accommodation, could be better utilised by clinical services.

Digital enablement – both for services and for patients – is a key enabler of service transformation leading to sustainability. The Black Country Digital Strategy proposes to:

- Accelerate production and convergence of Local Digital Roadmaps, aligning existing plans
- Form Black Country and West Birmingham Digital Transformation Board to lead, drive and own delivery
- Develop Digital Delivery Plans originally commenced in 2016/17, to digitally enabled state (17/18) to connected state (18/19), to integrated state (19/20)
- Accelerate and support extant plans within organisation & LDR footprints, ensure one direction, avoid duplication, minimise '*risk of regret'* & maximise triple aim benefits, and

- Rapidly identify & deliver *'quick wins'* such as ePrescribing, ToC (electronic correspondence), network rationalisation, and procurement efficiencies. ePrescribing alone is expected to generate annual savings of approximately £24m, supported by an initial capital investment of £5m

There is extremely limited opportunity for the Trust to access capital funding internally, and the only opportunity to raise capital funds externally are as follows:

- STP
- Emergency Capital Loan

The Trust has already submitted applications to draw down from the Black Country funding allocation to progress two schemes; the expansion and refurbishment of their Emergency Department and for a new Hybrid Theatre to support vascular activity – see section 6.4 of this document. The Trust is hoping that the schemes will be accepted as part of the Wave 4 of the funding cycle which is due to be declared in the Autumn of 2018.

With schemes under rapid development by the STP this Estate Strategy should be further iterated in 12-18 months' time. This will take into account progress made by the STP plus a more detailed clinical, IMT and workforce strategy which should all be taken into account when developing an Estates Strategy which details key schemes, benefits, risk and a programme for implementation.

1.6 Summary & Next Steps

The demands on health and care resources are rising year on year – people are living longer with ever more complex conditions; continuing progress in treatments and medical techniques comes with new costs and expectations; and modern lifestyle issues such as obesity are causing an increase in long term conditions. For the future, services must be transformed to adapt to these rising demands. DGNHSFT must make the most of modern healthcare through innovation and best practice in order to change the way they spend money and use limited resources. The Trust must also focus on shifting demand away from hospitals and to a more community-centred approach. When patients need hospital care, however, it should be of the highest quality, providing specialist interventions in the right place and at the right time with less variation in the care that patients receive.

Through the implementation of this Estates Strategy, a number of tangible benefits for patients, staff, visitors, commissioners and the wider health and social care economy should be derived including:

- Alignment with Trust, Regional and National objectives including place led care, strengthening of hospital services and development of specialist services in preparation for further development of the STP and new models of care
- Demonstrable improvements in quality and patient experience
- A reduction in the frequency and severity of adverse incidents
- Alignment with the expectation of regulators e.g., Monitor, CQC, HSE
- Improved environmental performance (including carbon reduction)
- An estate that better meets the current and future needs of the population served

- Improved flexibility to respond to new service developments or minimise the impact of service or activity retractions

More particularly:

- A full understanding of the current space utilisation of the estate which would enable:
    - Additional income from services which are able to expand within the existing footprint, plus income generation from new services which are not currently delivered by the Trust
    - Savings from maximising the use of currently unused space or optimising the use of clinical and non-clinical space
- The capital release from the ongoing sale of land adjacent to Corbett Hospital which has already been factored into the Trust's Cost Improvement Programme
- Reduction in footprint and associated costs with regard relinquishing properties which no longer serve the Trusts e.g., storage of patient records
- Longer term savings through more efficient energy use

2 Introduction

This Estate Strategy sets out how The Dudley Group NHS Foundation Trust (hereafter referred to as 'DGNHSFT' or 'the Trust') intends to position its estate and infrastructure as a key enabler in the delivery of clinical services that are safe, secure and appropriately located. This strategy document is one of a number of enabling strategies that work in partnership to support the Trust's Integrated Business Plan, the Strategic Plan Document and Clinical Services Strategy.

The suite of documents as a whole reflect the Trust's vision, values and strategic objectives to provide a range of high-quality, ever-improving services in a dynamic and stimulating environment which attracts the best staff.

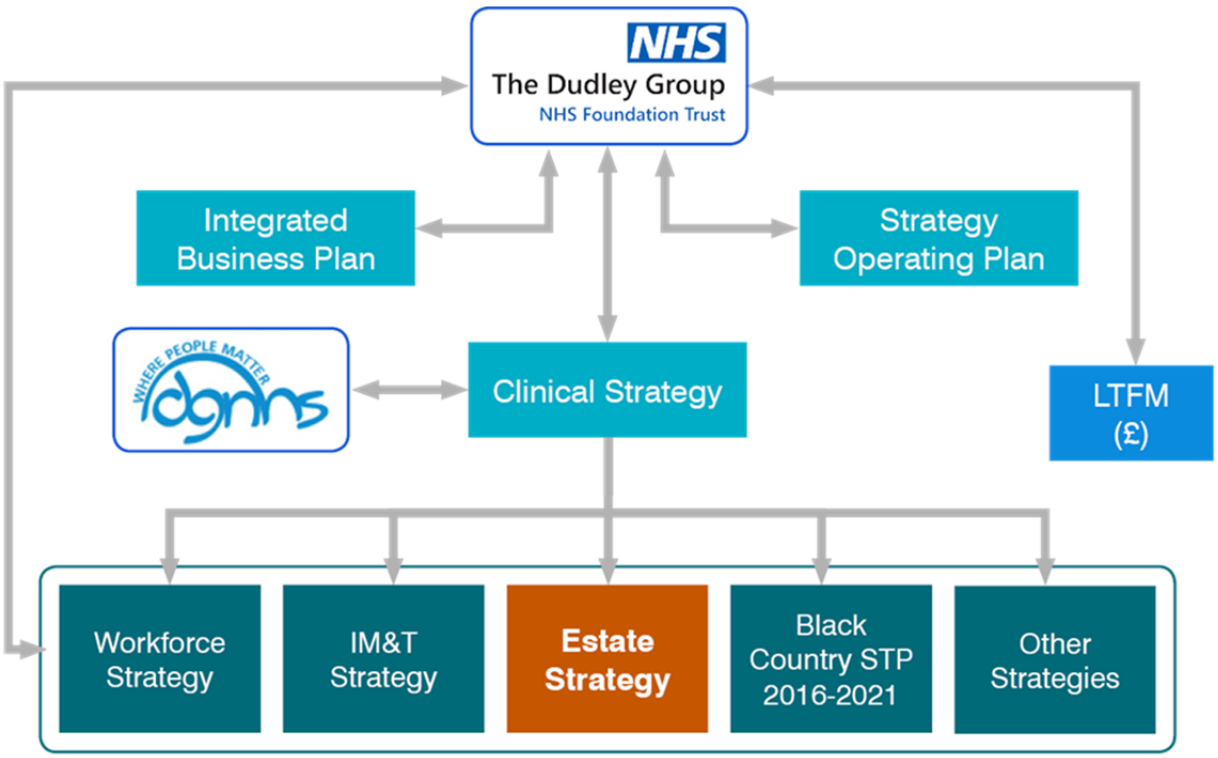

Figure 5 - Estate Strategy Process & Structure

This Estate Strategy has been developed in accordance with the Department of Health (DH) guidance document '*Developing an Estate Strategy*', and is structured to reflect the following three key questions:

- Where are we now?
- Where do we want to be?
- How do we get there?

Its aim will be to describe the current condition of the estate, (identifying its suitability, occupancy, tenure, physical, service and organisational constraints, capital investment decisions and occupancy costs), highlighting how the existing supply of capital assets meets current services and the needs of the community. This is in line with the Black Country Sustainability & Transformation Plan (STP) showing how assets will change through investment, acquisition or disposal to meet future needs. The Estate Strategy will also identify the steps which can be taken by the Trust to maximise the use of those assets in order to provide a productive, efficient, safe and fit for purpose estate which will both support existing and future clinical requirements and demonstrate how value for money can be achieved.

Drawing on a number of examples of estates strategy development and best practice guidance, a recent Kings Fund review of strategic estate development has identified the following as important core components to a robust estate strategy document:

- A strategic overview – estates strategies should align with and reflect the aims of any wider organisational or strategic planning.
- Alignment with clinical strategy – as part of the above, estates strategies should align with the clinical strategy (at all levels), rather than being developed in isolation, driven by cost concerns, or based on existing buildings.
- Customer focus – a clear understanding of what '*customers*' require and value. This includes those who currently use estates and those who may use estates in the future.
- Clear case for change – linked to the above, and key to implementation.
- Understanding of the estates value – an understanding of the role and value of estates within the context of other strategies, e.g. funding and sustainability, social value, value to the taxpayer.
- Flexibility – any estates strategy needs to be able to respond to potential changes in demand or requirements over time. Where this does not happen, the estate becomes a constraint.
- Understanding risk – understanding the risk appetite of the stakeholders involved.
- Governance – a strategy should include clear systems of governance and responsibilities. This includes relevant government, and organisational bodies.
- Clarity on outcomes – estates strategies should include desired outcomes (specific and wider benefits) and set out the approach that will be used to measure performance.

The traditional approach to producing an estate strategy has been taken and developed further to incorporate the aforementioned core components which will result in a strategic document that not only reflects national guidance but is fit for purpose in the modern era.

3 The Estates Strategy Development Process

3.1 How is an Estates Strategy Developed?

The emphasis may be on buildings and land, but in practice having a clear strategic vision, and considering '*how*' estates use can be optimised to achieve this, benefits from considering a variety of approaches. There should also be some room for '*creativity*' (if possible) when developing an estates strategy, for example, being prepared to consider options for delivering NHS services from non-NHS assets, and ensuring that as far as possible there are no aspects of the estate considered as '*ring fenced*' when it comes to disinvestment or disposal.

Employing the most appropriate strategy will ensure the best outcome longer-term. Potential approaches include:

- Strategic management of estate, e.g., public asset management, framework agreements, public-private partnerships
- Disposal
- 'Spend to save'
- Efficiency, e.g., use of space, optimisation of income, carbon reduction, benchmarking
- Running of the estate – maintenance, operations, procurement
- Workplace productivity – improved workplace, mobile working

In terms of process, developing an estates strategy should comprise the following broad stages.

- **Developing** an understanding and categorising the current estate, including its performance, using robust data.
- **Assessment** of future needs/where we want to be? – this can require input from a wide range of stakeholders. As above, this should begin with the strategic vision and be driven by the clinical strategy. It should also involve developing performance criteria.
- An **analysis** of the gap between current and required provision – this will help identify key priorities for change, and determine a plan for investment/ disinvestment.
- **Identification** of options for delivering on key priority areas. These should be assessed to determine their viability, fit with overarching objectives, as well as the financial implications.

3.3 The Three Key Questions

Where are we now?

This initial stage is aimed at developing a comprehensive understanding of how well the current estate supports the delivery of current services, using Estates Appraisal methods. For example:

- What are the key metrics of the current Estate?
- How well (or otherwise) is the Estate performing or managed?
- What has been achieved by recent investments?
- What are the known risks and issues with the Estate?
- What are the Quality Indicators saying?
- Describe the context of the current Estate
- How does the current estate limit or enhance the delivery of clinical services?

Where do we want to be?

This stage includes a detailed review of the known and anticipated service plans changes, with the aim of developing a clear understanding of current operational issues; factors likely to drive change; and required estate investment. It should also assess the potential for service expansion or contraction in terms of the supporting estate. This section also takes into account the Trust's overall Service Delivery Strategy, Financial position and commissioner intentions. Reference is taken from relevant strategies, to ensure strong alignment and inter-operability and to avoid duplication; and is based upon the same key trajectories for organisational performance. It assumes an awareness of supporting documents such as:

- Strategic Operating Plan
- Clinical Strategy
- Financial Strategy
- Workforce Strategy
- IM&T Plan
- Annual Plan
- The Black Country STP 2016 - 2021
- Travel Plan

Through dialogue and engagement with key stakeholders, it has been possible to better understand the limitations posed by the current estate configuration and condition with the aim of developing potential solutions for improvement. Some of the underpinning strategies, aimed at setting the future direction of clinical services, are in the early stages of development and as part of an iterative process these will be re-visited and checked for alignment.

The output from this stage is a schedule of key strategic aims and developments focused on meeting the aims and objectives of the Trust. There should also be strong correlation to the Trust's vision and values, its priorities and a direct correlation to addressing the areas identified as requiring improvement in the initial assessment of the current estate.

How do we get there?

This final stage in the strategy development process takes the information, data and output from the previous stages to develop key strategic themes and deliverables, which include the capital investment requirements for a rolling five year period plus a phased implementation plan.

3.4 Triangulation & Iteration: Keeping It Aligned

At each stage, reference is made to the supporting strategies and plans of the Trust, to ensure the strategy aligns to the outcomes for maximum benefit. The Estates Strategy is designed to fit as part of as suite of documents, with strong reference across each whilst avoiding duplication. An example of this would be ensuring the identified accommodation needs for a particular clinical team align with the workforce plan; are affordable within the financial plan; and are underpinned by appropriate service lines that support the identified priorities of the Trust. Where full alignment is not achieved, iterations of the plan need to be undertaken to achieve the optimum *'fit'*.

3.5 Review Process

Throughout the development of the Estates Strategy, the position of reference data and the targets developed are reviewed alongside a *'sense check'* regarding the emerging options for reconfiguration to ensure they are prudent, operationally sound and based upon firm foundations. It is essential that such key proposals are also discussed with senior colleagues and stakeholders, ensuring a shared understanding of the drivers, priorities and rationale behind them.

Where provisional data or information is used as the basis of the plans for the estate, this is noted and will be revisited as required when new data becomes available.

3.6 Risk

The NHS has been traditionally seen as risk adverse with policy initiatives and financial pressures encouraging the rationalisation of estates with increasing pressure to identify surplus land for sale. Although relatively low risk this may offer poor value both in terms of capital release and long-term value. Where the sale of the estate is not deemed to be financially beneficial, Trusts may opt for a period of inertia whilst waiting for a change in circumstances. Conversely, strategies aimed at developing estates and surplus land for long term gain has the potential to deliver greater value and in some cases capital gains or long term income streams. However, the risk is often greater, particularly in the early stages where returns are likely to be realised over a longer period of time. Inherent in these schemes also is the risk that not all will deliver. Indications are that financial pressures may place limitations on those seeking to be proactive.

However, the 'do nothing' approach and delaying reconfiguration of the estate will most likely worsen the current financial situation of the Trust and DGNHSFT has to have an appetite to take on this risk in order to be able to continually provide, safe, effective and sustainable services.

3.7 Governance

At the most basic level, governance should support the promotion of a strategic approach to asset management. The Estate Strategy should be developed and held accountable at the highest level ensuring that estate needs actively reflect local or organisational needs.

The Trust identifies in the 2018/19 Operating Plan the establishment of a clear quality assurance framework. It is anticipated that powers will be delegated to appropriate boards for both estates, clinical and financial issues. Implementation of the Estate Strategy should have its own governance structure ensuring that a phased programme of works is developed to deliver the identified benefits and successful outcomes.

4 Strategic & Operational Context

4.1 The Trust

Based in the heart of the Black Country, DGNHSFT is the main provider of hospital and adult community services to the populations of Dudley, significant parts of the Sandwell borough and smaller, but growing, communities in South Staffordshire and Wyre Forest.

DGNHSFT was the first hospital Trust in the area to be awarded coveted Foundation Trust status in 2008 and provides a wide range of medical, surgical and rehabilitation services. It serves a population of around 450,000 people from three hospital sites at Russell's Hall Hospital, Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge.

The Trust provides the full range of secondary care services and some specialist services for the wider populations of the Black Country and West Midlands region. DGNHSFT also provides specialist adult community based care in patients' homes and in more than 40 centres in the Dudley Metropolitan Borough Council community.

Operational Plan

In recent years, due to the pace of change within the NHS and the Trust continuing to face financial challenges, the organisation has felt it prudent to update the Operational Plan on an annual basis. As such the most recent Operational Plan covers up 2018-2019 and sections on activity planning, quality and financial planning are summarised below.

Activity Planning

Table 2 - Operating Plan 2018/19 = Summary of Activity

Returns are underpinned by agreed planning assumptions with explanation about how these assumptions compare with expected growth rates in 2016/17	The model has been validated by the Medicine and Surgery Divisions and adjustments have been factored in to address any anomalies. In addition, high cost drug costs reflect a degree of horizon scanning by the Pharmacy Department. The following items within the model need further work/discussion with the CCG: • A review of Rehab coding has demonstrated that the Trust's recording needs a degree of improvement (both in terms of over and under-charging) • The development of a new frailty assessment

	area which will require a new negotiated local assessment price • Potential for CCG QIPP schemes which need to be robustly assessed and the implications jointly agreed before inclusion into the contract
There is sufficient capacity to deliver the level of activity that has been agreed with commissioners, indicating plans for using the independent sector to deliver activity, highlighting volumes and type of activity.	Contract discussion with Dudley CCG have been undertaken with the intention of signing a contract variation for 2018/19 in March 2018. The baseline activity model has been broadly agreed. However, the CCG has a number of QIPP proposals which are currently being discussed regarding their likely impact on 2018/19 activity. The CCG proposed QIPP schemes include: • Right Care inspired proposals for MSK and Respiratory services where national indicators show Dudley CCG has a relatively high spending level • Non-payment for procedure of limited clinical priority and aesthetic treatments • Switching minor ophthalmology treatments to local optometrists • Pulling rehab patients out of the Trust and into community facilities or supporting patients at home • Peer to peer GP review of non-urgent referrals • Incentivisation scheme to minimise inappropriate non-obstetric ultrasound referrals • Extension of paediatric triage • Reduction of delayed transfers of care resulting in reduced excess bed days • Avoidance of nursing home admissions via increased community support • A&E outreach to specialty wards
Plans are sufficient to deliver, or achieve, recovery milestones for all key operational standards, in particular A&E, RTT, incomplete cancer, diagnostics and mental health waiting times.	These should refer to any explicit plans agreed with commissioners around: • Extra capacity as part of winter resilience plans • Arrangements for managing unplanned changes in demand Capacity modelling tools developed by NHSI and NHSE are being used to maximise the use of existing facilities. In addition the Trust is working closely with Four Eyes to improve theatre efficiency, maximise outpatient slots and reviewing endoscopy, cath lab and radiology activity. The plans assume the continuation of Dudley CCG winter pressure funds which cover additional patient transport, increased staffing support within the frail elderly unit and

	the use of Care Home Select to facilitate speedier discharge. Business Cases are expected to determine the future of the new Immediate Medical Assessment Area (IMAA) funded via non-recurrent winter monies in 2017/18 and there is a reserve budget to enable the opening of a Winter Ward to address any increased emergency demand (17 flex beds).

Quality Planning

Approach to quality governance

Table 3 - Operating Plan 2018/19 - Summary of Approach to Quality Governance

Description of organisation-wide improvement approach to achieving a good or outstanding CQC rating including underpinning governance processes.	Senior clinical staff, Governors and Directors visit each area for half a day to check the performance of the area and to gain staff views on patient safety using the CQC fundamental standards as a framework. In addition, as themes arise across different areas, targeted assessments are undertaken up to twice a month across a group of wards, after which local and corporate action plans are drawn up, implemented as required and monitored.
Details of the quality improvement governance system, from ward to board, with details of how assurance and progress against the plan are monitored.	Governance system to include: • Clear reporting lines (leadership and supervision) • Clear accountabilities for teams and individuals • Decision-making as near to front line service delivery as possible • Avoidance of duplication • Clear lines of communication Each Division (Medicine, Surgery and Clinical Support) is responsible for the delivery of the Quality Improvement Strategy and works in partnership with the corporate Governance Directorate to ensure that the Trust achieves its goals. The reporting system for quality issues is via the divisional governance groups, through to the trust-wide Quality and Safety Group, then onto the Board Quality Committee.
How quality improvement capacity and capability will be built in the organisation to implement and sustain change.	Using methods including: • The regular review of quality audits following analysis of themes and trends of incidents and complaints • Exploration of the use of IT applications to support undertaking quality audits • The introduction of quality review meetings held within each division to discuss trends and share

	learning from other divisions • Liaising with external agencies PSC AQuA • Internal risk assessments • Learning Events and Transformation projects
Measures being used to demonstrate and evidence the impact of the investment in quality improvement.	The Trust has introduced Quality dashboards in all patient areas across the organisation. A variety of Trust wide KPIs e.g., number of Serious Incidents and Never Events, specific to the ward area, are published monthly on these dashboards and displayed in prominent areas on the ward/department.

Summary of quality improvement plan

Table 4 - Operating Plan 2018/19 - Summary of Approach to Quality Improvement

National Clinical Audits	The Trust has a wide-ranging clinical audit programme which focuses on '*must do*' activity including NCEPOD, national clinical audits and those audits providing assurance of compliance with NICE guidance.
The four priority standards for seven-day hospital services	Delivering services 24/7 is a key part of the plan in line with the strategic goal to drive service improvement, innovation and transformation and key standards have been incorporated into current service delivery and wider strategic plans.
Safe Staffing	The Board monitors the Trust's staffing position monthly and carries out and reports on the results of the Safer Nursing Tool exercise every six months to ensure they continually have oversight and awareness of the nurse staffing situation.
Care hours per patient day	This metric is calculated and the Trust assesses its relative situation reporting the position monthly and the Carter Model Hospital data quarterly.
Mental Health Standards (early intervention in Psychosis and Improving Access to Psychological Therapies)	The clinical lead for Mental Health who is part of the Trust Safeguarding framework works with the local Mental Health Trust to ensure that effective systems are in place to implement these standards.
Actions from the '*Better Births*' review	Outstanding actions are being monitored against a gap analysis completed in line with the national standards. The Black Country STP has established a '*better birth*' sub-group to look at comparing and sharing best practice in relation to the priorities set out in '*better births*'.

Improving the quality of mortality review and Serious Incident investigation and subsequent learning and action	All deaths in the hospital are reviewed using the unique Mortality Tracking System and the aim is to have 85% of deaths reviewed by the team responsible for that patient's care within 12 weeks.
Anti-microbial resistance	The Trust is working to achieve the relevant national CQUIN in reducing overall antibiotic and specific broad spectrum agent usage and is emphasising the need for effective prescribing and documenting of clinical indications.
Infection prevention & control	The Trust continues to work towards achieving the national MRSA and *C. difficile* targets and is moving to adopt the *C. difficile* assessment tool to understand better avoidable/unavoidable cases so that learning is improved and cases are reduced. This topic is a key element of the Trust's '*Sign up to Safety*' Action Plan (which also includes deteriorating patient, mortality, medications, falls and pressure ulcers).
Falls	The Trust aims to encourage engagement around: • moving falls from a mainly nursing issue towards a multi-professional focus • re-energise falls prevention and management with the Trust • ensure that staff have the information and tools to reduce injurious inpatient falls and improve reporting and care The Trust falls rate is consistently below the national average for falls, with and without harm.
Sepsis	As outlined in the national CQUIN, the Trust is working to increase timely identification and treatment of sepsis both in emergency and inpatient areas.
Pressure Ulcers	The effective reduction and management of avoidable pressure ulcers both in the hospital and within community services. Measurable reduction targets have been set which are monitored quarterly by the Board.
End of life care	The Trust is committed to transforming end of life care, not only in acute settings but in the wider community, working together with colleagues in primary care, hospices and social care to meet the following goals across all settings:

	• improve the quality of care and patient family and carer experience • improve decision making • improving planning and communication • improve education and training of the workforce An End of Life Action Plan is being developed based on Priorities of Care and the Gold Standards Framework plus recommendations taking from the National Care of the Dying Audit (2016), Trust End of Life Mandatory training audit, NICE Guidance, care of dying adults in the last days of life and the VOICES survey of bereaved relatives.
Patient experience	The Trust is expecting to receive more than 55,000 pieces of feedback in 2018/19. Reviewed and improved reporting mechanisms are now included within the Trust Performance Dashboard, Integrated Governance report and the Integrated Performance report.
National CQUIN	Robust systems are in place to monitor and improve performance to achieve national CQUIN targets.
Confirmation that the provider's quality priorities are consistent with the STP	The Trust monitors its Quality Plan and its priorities are consistent with the aspirations of the STP.

Summary of the quality impact assessment process

All new projects require Quality Impact Assessment (QIA) approval and agreed standard processes and procedures are in place as described below:

- Identification of key performance metrics aligned to specific schemes to facilitate early sight of potential impact on quality of care
- How baseline data has been recorded before implementation of the change, including the duration of this data
- How the board receives oversight of any potential cumulative impact of several schemes on a particular pathway, service, team or professional group

The Trust has an explicit governance framework for this and a Standard Operating Procedure sets out the agreed processes and procedures. All Quality Risks are reviewed and updated each month by the Project Leads who use current KPI data to inform Quality Risk scores in the Project Pack which are returned to the PMO.

Summary of triangulation of quality with workforce and finance

Capacity plans for all divisions have been agreed as part of the detailed budget setting. All CIP schemes are reviewed by the Medical Director and Chief Nurse following a well-established QIA process.

Financial Planning

Financial forecasts and modelling

The Trust was originally offered an underlying control total of £5.8m in 2017/18 and 2018/19 in order to access the Sustainability & Transformation Fund of £8.5m in both years. In November 2016 the Trust agreed a revised Control figure of £2.5m for 2017/18 with NHS Improvement and in April 2018 the Trust was notified of its revised control total for 2018/19 of -£0.8m to access the PSF of £9.0m.

More detail on the Trust's 2018/19 Operating Plan can be found in Section 5, Where are we now?

4.2 The National Context

Policies & Guidance

The key national drivers, policies and guidance underpinning the Trust's Operating Plan in service delivery and supporting safe practice are set out as follows:

Table 5 - National Context, Key Policies & Guidance

Health and Social Care Act 2012	The Government's Health and Social Care Act outlines NHS commissioning arrangements.
Care Quality Commission	The Care Quality Commission (CQC) implements five domains of quality care, against which to assess provision of care: • Safety • Effectiveness • Caring • Responsive to people's needs • A well-led organisation In addition, the CQC has also implemented an intelligent monitoring approach to give inspectors a clear picture of the areas of care that need to be followed up within an NHS acute trust.
NHS Operating Framework	Everyone Counts: Planning for Patients 2014/15 to 2018/19 sets out the business and planning arrangements for the NHS. The NHS should be aiming to improve five high-level outcome domains (see below). This project will deliver improvements against each domain: Domain 1 Preventing people from dying prematurely Domain 2 Enhancing quality of life for people with long-term conditions Domain 3 Helping people to recover from episodes of ill health or following injury Domain 4 Ensuring that people have a positive experience of care Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm
Quality, Innovation, Productivity and Prevention (QIPP)	QIPP is the umbrella term used to describe the approach the NHS is taking at local, regional and national levels to reform its operations and redesign services in light of the economic climate. By assessing reforms against the four components – Quality, Innovation, Productivity and Prevention – the NHS intends to provide better-quality services in the most productive and cost-effective way possible (while making the best use of the potential of innovation and targeted investment in prevention). The four QIPP components are both

	distinct and inter-related. Initiatives focus on particular elements or bring some/all of the components together.
The NHS Five Year Forward View (2014) and Next Steps on the NHS Five Year Forward View (2017)	The purpose of the NHS Five Year Forward View (FYFV) is to articulate: • Why change is needed • What that change might look like • How it can be achieved The NHS FYFV describes new models of care, defining actions required at local and national level to support their delivery. These are likely to include: • More integrated hospital care • Extended primary care • Concentration of elective care • Urgent/emergency care networks • Greater use of technologies A mid-term review of the national NHS FYFV outlines progress against the vision of closing healthcare and financial gaps and moving to new care models. In relation to the development of Sustainability & Transformation Plans (STPs), the 2017 FYFV review recognises a flexible approach to developing them alongside opportunities for shared decision-making at STP level. It signals a move to focus on Sustainability & Transformation Partnerships: • Allowing different STPs to move at different speeds • Enabling the fastest to progress without delay • Not forcing others to adopt a single uniform approach
Future Hospital: Caring for Medical Patients, Royal College of Physicians (Sept 2013)	The Future Hospital Commission was established by the Royal College of Physicians: it is an independent group tasked with identifying how hospital services can adapt to meet the needs of patients, now and in the future. Its report, Future Hospital: Caring for Medical Patients sets out the commission's vision and recommendations.

4.3 The Regional Context

The Black Country Sustainability & Transformation Plan

The Black Country Sustainability & Transformation Plan (BCSTP) sets out draft plans for transforming health and care services across the Black Country and West Birmingham. Like many other parts of the country, it is a '*work in progress*' that looks to engage and communicate effectively with patients, public, partners, staff and stakeholders across the Black Country & West Birmingham in order to develop plans further, and to agree how to implement them in the best possible way.

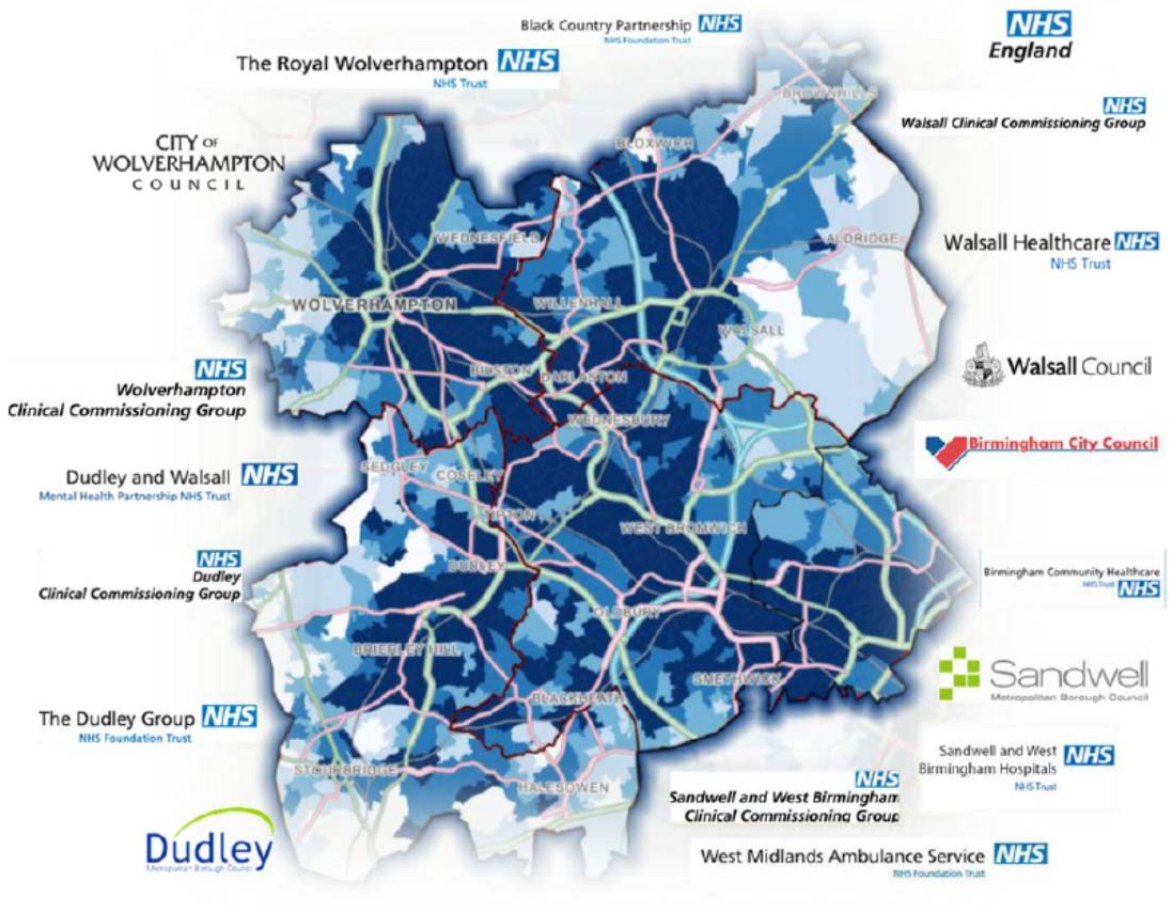

Figure 6 - Black Country & West Birmingham Footprint (extract from Black Country STP Full Plan v0.8)

The BCSTP document was published in autumn 2016 with the aim of:

- Improving the health and wellbeing of the population - the population in some areas suffer significant deprivation, resulting in poor health and wellbeing
- Improving the quality of local health and care services - the quality of the care offered varies unnecessarily from place to place, so not everyone has the best experience of care or the best possible outcome
- Delivering financial stability and efficiencies throughout the local health care system – there is a risk of not being able to afford all the services the population needs unless we take early action to avoid future costs, creating a sustainable health and care system that helps Black Country and West Birmingham lives to thrive

The plan involves collaboration from 18 partner organisations in the development of the STP, they are:

- Dudley Metropolitan Borough Council
- Dudley Clinical Commissioning Group
- Dudley & Walsall Mental Partnership NHS Trust
- The Dudley Group NHS Foundation Trust
- Black Country Partnership NHS Foundation Trust
- Birmingham Community Healthcare NHS Trust
- Sandwell and West Birmingham Hospitals

- City of Wolverhampton Council
- Wolverhampton Clinical Commissioning Group
- The Royal Wolverhampton NHS Trust
- West Midlands Ambulance Service
- NHS England
- Birmingham City Council
- NHS Trust
- Sandwell and West Birmingham Clinical Commissioning Group
- Sandwell Metropolitan Borough Council
- Walsall Metropolitan Borough Council
- Walsall Clinical Commissioning Group
- Walsall Healthcare NHS Trust

The Black Country & West Birmingham health and care system faces significant challenges. Some of these challenges are a function of changes in population need; others are a function of the way services are organised and provided; others grow from the way patients and the public are engaged with. As a result gaps in care quality, health outcomes and financial sustainability have emerged. As a collaborative force, the BCSTP recognises the need to confront the current issues facing the regions health and care system by implementing a number of work streams to be developed and implemented in the future. These have been defined as the following:

- **Local Place-Based Models of Care:** Develop standardised place-based Integrated Care Models commissioned on basis of outcomes. Promote prevention agenda & build resilient communities.
- **Extended Collaboration between Service Providers:** Build network of secondary care excellence. Deliver efficiencies in support services. Complete acute reconfiguration through the new Midland Metropolitan Hospital. Commission for quality in care homes. Deliver Cost Improvement Programmes.
- **Mental Health & Learning Disabilities:** Become one commissioner for NHS services. Build the right support for Learning Disabilities in association with Council commissioning functions. Improve bed utilisation and stop '*out of area*' treatments. Deliver the West Midland Combined Authority Mental Health challenges. Deliver extended efficiencies through TCT partnership.
- **Maternity & Infant Health:** Develop standardised pathways of care for maternal/child health. Review maternity capacity
- **Enablers:** Systematically evaluate and learn from process of implementation and evidence based practice. Undertake workforce transformation and reduce agency use. Implement Black Country Digital Strategy. Rationalise public sector estate. Consolidate back office functions. Develop future commissioning functions.
- **Wider Determinants:** Link to West Midlands Combined Authority to address wider determinants and maximise health contribution to economic impact.

There are a number of points across the majority of the above work streams that link back to DGNHSFT, and as a result have been reflected in this strategy document as well as other key Trust strategic documents.

Dudley Clinical Commissioning Group – Multi-Specialty Provider Model of Care

Dudley CCG, as a NHS Vanguard, is a member of the Five Year Forward View New Models of Care Programme. Their commissioning intentions set out for financial years 2017/18 and 2018/19 have been built on the following key strategic objectives:

- Efficient and effective care

- Healthy life expectancy
- Mutual approach to achieving the best possible outcomes
- High quality care for all

Central to their plans is a new model of care – the Multi-Specialty Provider (MCP), which is designed to deliver population health and wellbeing based on the principles of shared ownership, shared responsibility and shared benefits.

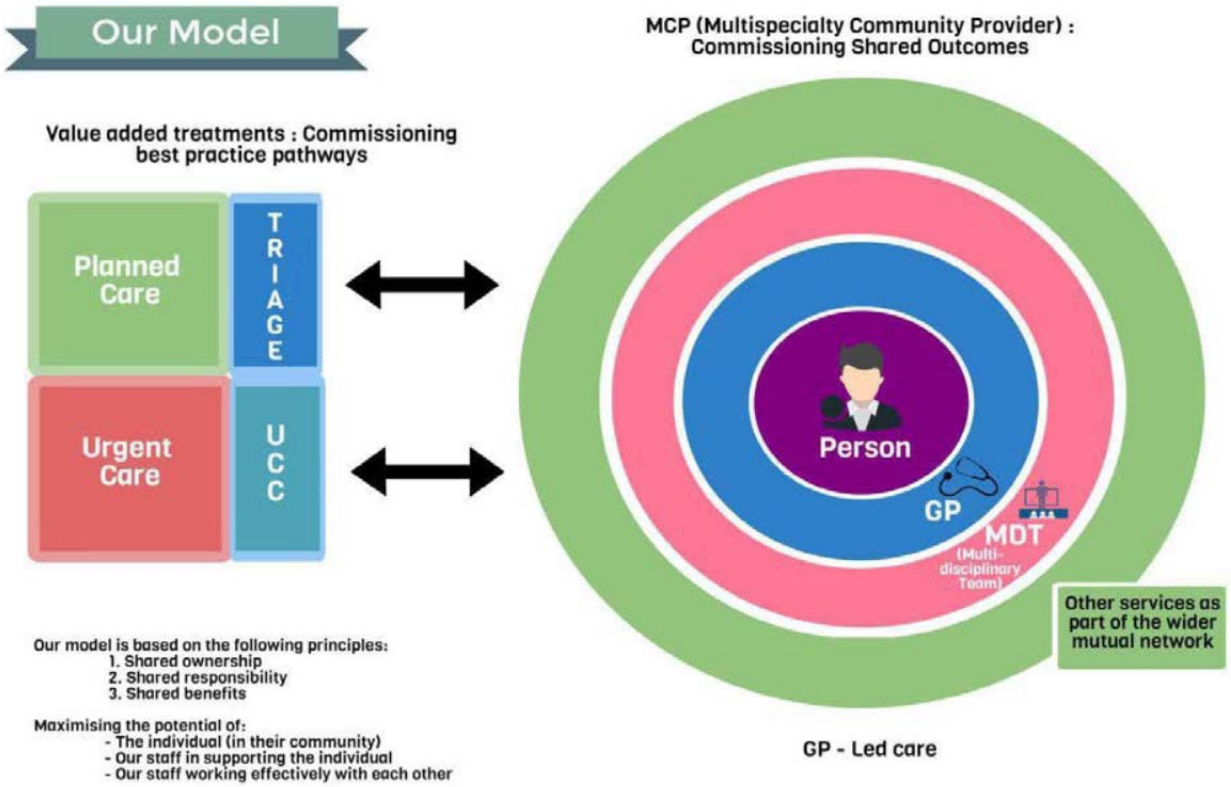

Figure 7 - MCP Model of Care

The focus on the proposed new model of care builds on a joined up network of GP-led, community-based Multi-Disciplinary Teams (MDTs) which enable staff from health, social care and the voluntary sector to work better together in the MCP. This is also underpinned by a complementary process of developing standardised best practice pathways of care. Through this it is hoped all services provided outside of the MCP are commissioned in a way which incentivises optimum outcomes for the patient, maximises efficiency and enables effective communication with the GP.

Key to delivering the MCP model is the development of Health & Social Care Hubs with primary care operating at scale, co-located with other community and out-patient services, replacing the current model of dispersed primary care and centralised acute care. The core GP practices central to the hubs will be

complimented by a range of community and outpatient services in line with the MCP model; enabling the CCG to wrap additional community and outpatient services around the practices, which will enable specialist consultant input to be provided, in a cost-effective way.

The proposed hub schemes will provide space to allow services provided by the Dudley MCP contract to operate from such premises. These include the full range of community clinics as well as outpatient clinics in a wide range of medical specialties, such as imaging, diabetic medicine, geriatric medicine, and respiratory medicine. The full range of services to be offered is subject to a final procurement decision which the CCG intend to make this financial year, but an interim assumption has been made that 30% of the outpatients from those practices that currently take place at Russell's Hall, is thought to be achievable, equating to approximately 700 appointments per week.

This shift of care transferring from the acute setting into the community is in line with DGNHSFT's clinical and strategic objectives as well as those of the wider STP, enabling an increase of delivery at a scale that doesn't impact the current estate footprint, and assists in the potential to free up space in higher utilised areas of the Trusts estate. There will also be the opportunity to transfer certain imaging services into the Health & Social Care hubs that are currently in the design phase, enabling another cohort of patients to avoid the secondary care system and remain in the community care setting and closer to home to receive the services and treatment they need.

There is a need for the Dudley MCP procurement process to be finalised and preferred bidder named so that suggested services for delivery from the aforementioned hubs can be confirmed, which as a result will determine the services potentially moving away from Russell's Hall and other parts of the Dudley Group estate. Currently the Dudley MCP procurement process is expected to be determined this financial year, and the approval case and associated design of the Health & Social Care hubs will be progressed in parallel.

The Trust's 2018/19 Operating Plan requires that there is sufficient capacity to deliver the level of activity that has been agreed with commissioners, indicating plans for using the independent sector to deliver activity, highlighting volumes and type of activity.

5 Where are we now?

Summary

- There are three main sites, Russell's Hall Hospital, Corbett Hospital and Guest Hospital. All three properties form part of a PFI contract with Summit Healthcare and its appointed service providers
- The asset value of the PFI site, as at March 2018, is £200,488,935
- Trust owned estate value as at the 31st March 2018 is £20,068,098
- The Trust leases a further 13 properties in the region
- A land sale opportunity is being progressed at Corbett Hospital
- The Trust pays total occupancy cost of £47,055,436 per annum (£44,423,691 of which is the unitary payment for the three main PFI sites)
- Compared with peer Trusts with PFI estate DGNHSFT is in the upper percentile with regard both hard and soft FM costs, energy consumption and the cost of laundry
- The Trust has a good mix of clinical and non-clinical use accommodation
- In the 2018 PLACE Assessments it was noted that Russell's Hall Hospital exceeds the national average with regard privacy, dignity and wellbeing, dementia and access
- The Trust has a limited capital programme for investment in 2018/19. However, the funding requirements are in line with national trends e.g., development of A&E and Urgent Care, Vascular hybrid theatre

5.1 Introduction

The Trust serves a large population from three hospital sites at Russell's Hall Hospital, Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge. This provides inpatient facilities covering a total area of 125,197m^2 (Russell's Hall – 99,799m^2, Corbett Hospital – 5,481m^2 and Guest Hospital – 1,170m^2).

The majority of the estate, the three main hospital sites, form part of a Private Finance Initiative (PFI) contract with Summit Healthcare and its appointed service providers, Interserve Facilities Management and Siemens Healthcare. The remaining estate is leasehold delivering adult community services including community nurse bases, podiatry, physiotherapy and sexual health and support services at the following locations:

Table 6 - Leasehold Properties

CHP	NHS PS	
• Brierley Hill Health & Social Care Centre • Stourbridge Health & Social Care Centre	• Central Clinic • Cross Street Clinic • Greens Health Centre • Halesowen Health Centre • Kingswinford Medical	• Netherton Health Centre • Sedgeley Health Library & Social Care Centre • St James Medical Practice • Wordsley Green Health

CHP	NHS PS
	Practice Centre • Lower Gornal Health Centre

The Trust also leases the Facilities Management Centre which is the Trust's IT data centre and IT staff base and Centafile, a warehouse which holds patient records and is the location for the booking offices.

There are currently no signed lease agreements in place for any of these properties due to ongoing negotiations with CHP and NHS PS which is a situation which is recognised nationally. The Trust does have a signed lease directly with Centafile and also leases accommodation at Cannock Chase Hospital for a breast screening service (the lease is with Royal Wolverhampton NHS Trust).

The map below indicates the location of properties and their tenure. The full map can be found in Appendix A.

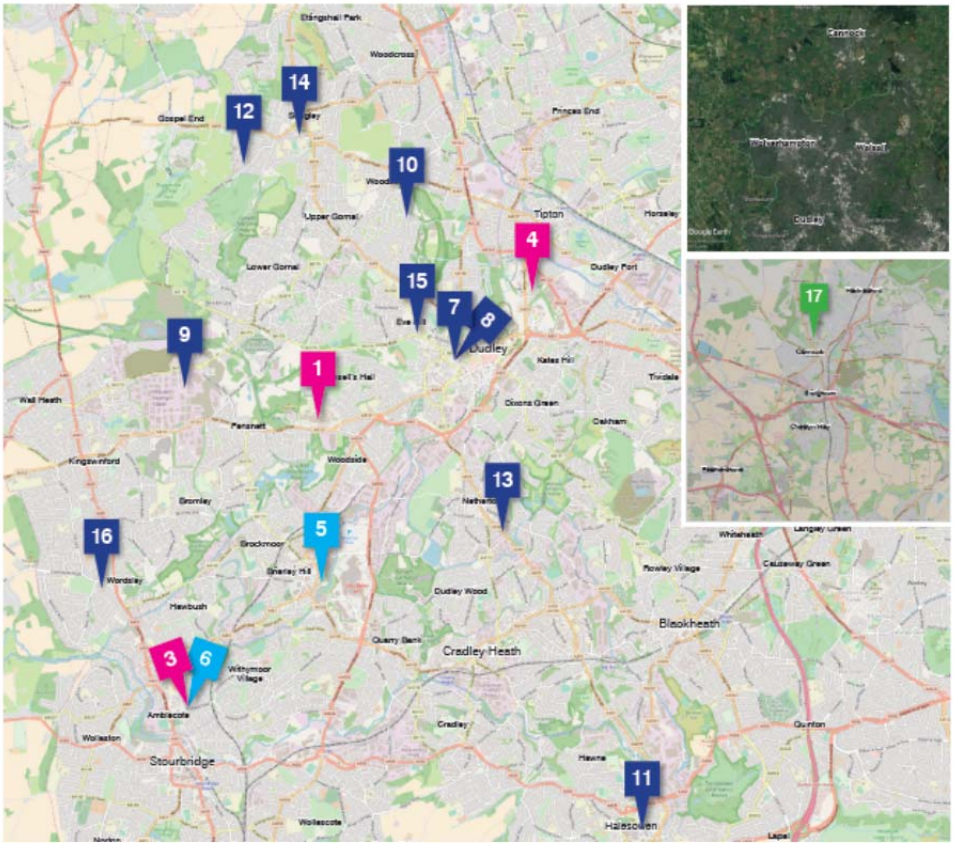

Figure 8 - Estate Map by Tenure

An Estates Terrier collated during the development of this estates strategy (which can be found in Appendix B) lists all known details about each property across the region. The terrier also acts as a gap analysis and can be used to inform the Trust with regard decisions around the most effective use of the estate. The Estates Terrier identifies data which is currently outstanding or which is out of date and needs to be refreshed. The Estates Terrier currently highlights the following information which was not available at the time of submission this estate strategy:

- Facet Survey data (for the PFI Estate):
  - Functional Suitability
  - Space Utilisation
  - Quality
  - Compliance under the Equality Act 2010
  - Environmental
- Services delivered from each leasehold property and the percentage of floor area occupied by each service. The Trust is, however, able to provide information on the percentage of the total footprint occupied
- Operating times for those properties which are not open 24/7

It must be noted that Summit Healthcare does provide a condition report which details the physical condition and statutory compliance of the PFI estate and the Trust also has condition reports on the retained estate and that which is leased from CHP and NHS PS.

Backlog costs including Risk Adjusted Backlog Maintenance (e.g., those safety critical items which need to be addressed immediately) are included within the unitary payment to the PFI provider and the Trust understands the condition and RABM costs applicable to the retained estate.

DGNHSFT works with the PFI provider to ensure data is collected in the appropriate format and to agreed standards and definitions in order to ensure that data is accurate and kept up to date. However the Trust acknowledges that facet survey information should be collated to enhance the condition and lifecycle reports issued by the PFI provider. These PFI reports, do not go into the level of detail required to fully analyse the functional suitability, environmental, equality/access and, in particular space utilisation aspects of the estate. The gathering of this information would enable the Trust to review whether it was making the most efficient use of space across the estate.

Even a high level understanding of space utilisation and occupancy across the estate would be particularly valuable when aiming to maximise the efficiency of the estate. This information would support the relocation of services to improve both clinical adjacencies and patient pathways simultaneously improving clinical efficiencies whilst reducing the overall footprint.

Where the Trust is unable to reduce the footprint as a whole notably that of the PFI estate, any under-utilised or empty space could be maximised and new clinical spaces could be created to allow an increased throughput or expansion of a service which would generate additional income for the Trust. The Trust has identified a number of services which they wish to expand which is further detailed in Section 6, Where do we want to be?

The following diagram indicates the services provided at each location. The Trust would benefit from a more detailed understanding of the area occupied by these services which would inform strategic decision making around the potential relocation of certain services in the community e.g., within the Health & Social Care Hubs currently being developed by Dudley CCG/GPs. The area vacated by these services would then enable the expansion, or creation of, new acute services, as so desired within the Trust's clinical strategy, within DGNHSFT's current estate footprint.

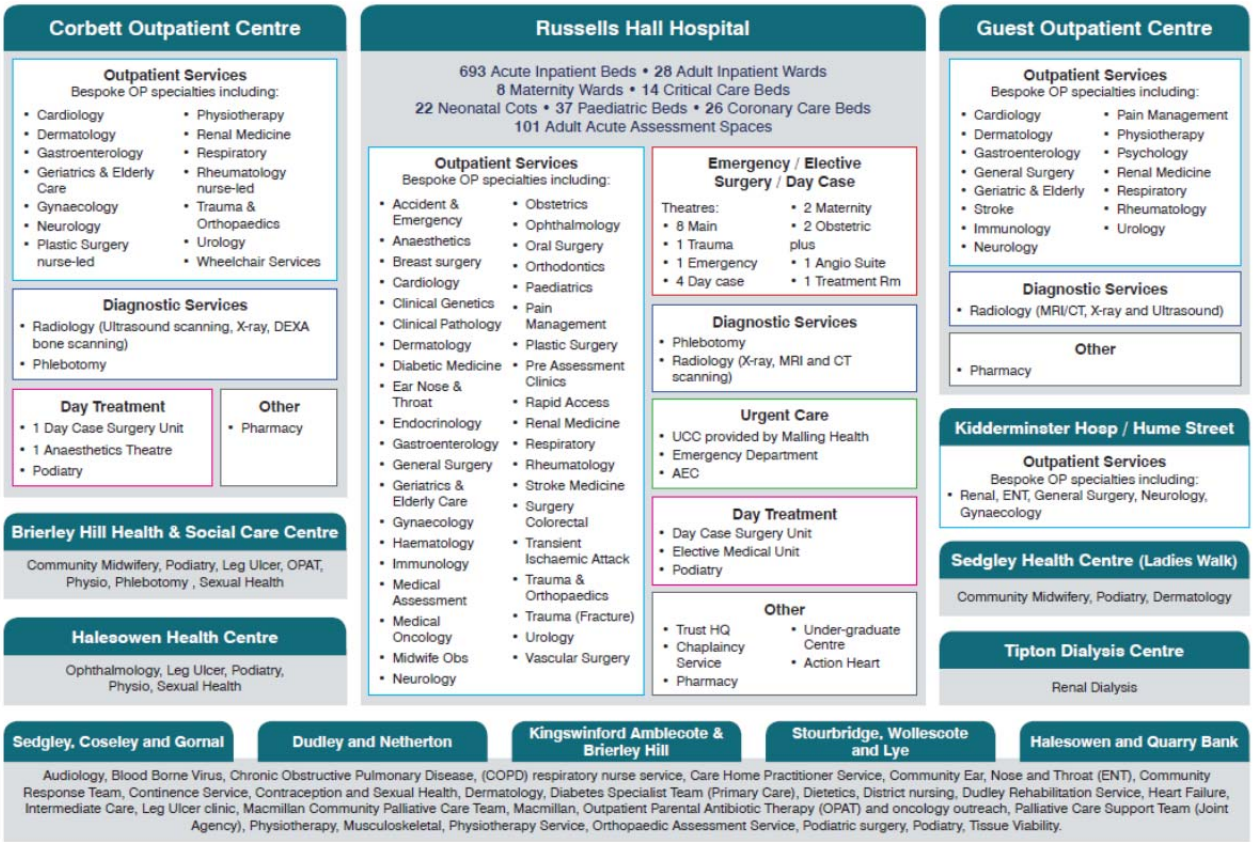

Figure 9 - Services by Location

It is also worth understanding the ratio between clinical and non-clinical space use. The Trust is currently within the Carter Review recommendation of less than 35% non-clinical space (at 28.85%). However, in comparison with other peer PFI Hospitals Russell's Hall Hospital ranks in the medium percentile and was just below the average of 30.61% with the highest percentage of non-clinical space being 45.11% and the lowest being 16.30%. It can therefore be assumed that the Trust should be able to improve on this ratio.

5.2 Management of the Estate

In April 2000, Summit Healthcare (a consortium of Interserve plc, Halifax, Bank of Scotland and Sir Robert McAlpine) was appointed as the preferred bidder for the Trust's Private Finance Initiative (PFI). The Trust's estate was reduced from four sites to three with the demolition of much of the aged estate centralising services at Russell's Hall Hospital. It also saw the creation of two new ambulatory care centres at the Corbett and Guest Hospital sites.

The contract is performance managed by the Trust's Head of Facilities and Property Management and a record of each meeting is held and monitored. This enables the Trust to determine what actions have been carried out as discussed and how well the consortium is managed in order to meet the Key Performance Indicators (KPIs) detailed in the contract.

The contract is due to expire in 2041 therefore the Trust is contractually obliged to the use of this building, and its occupancy costs for the next 23 years. The PFI contract includes the provision of both hard and soft FM services.

5.3 Russell's Hall Hospital

Russell's Hall Hospital is the largest of the three hospitals (total GIA of 99,799m^2) and is the Trust's centre for inpatient care. Bushey Fields Hospital, a mental health inpatient facility managed by Dudley & Walsall Mental Health Partnership NHS Trust, is situated directly behind the hospital.

Nearly 50% of the Russell's Hall Hospital site formed part of the PFI and is therefore just over 15 years old. A further 38% of the site was built between 1995 and 2004 leaving only 15% of Russell's Hall Hospital being over 40 years old.

Figure 10 - Aerial View of Russell's Hall Hospital

The main hospital is split into the following five blocks or wings:

- Block A – East Wing
- Block B – West Wing
- Block C – South Wing
- Block D
- North Block

Blocks A, B and C and the North Block are indicated on the Hospital's site map shown below:

Figure 11 - Russell's Hall Hospital Site Map (Ground Floor)

Block D is not shown on the above '*visitors*' map as it houses support services. This is indicated in the following table which shows both the clinical and support services which are delivered from each part of the hospital.

Table 7 - Services Delivered from Russell's Hall Hospital

Block A – East Wing	• Action Heart • Anaesthetics • Chapel • Gynaecology • High Dependency Unit • Hydrotherapy • Intensive Care • Nursing Unit A – B3	• Nursing Unit B – B2 • Nursing Unit F – C3 • Nursing Unit G – C1 • Obstetric Inpatient • Obstetric Theatres • Occupational Therapy • Operating Theatres • Paediatric Inpatient	• Physiotherapy • Rehabilitation • Renal Unit • Social Workers • Special Care Baby • Speech Therapy • Women's & Children's OPD
Block B - West Wing	• Accident & Emergency • Acute Stroke Unit • Chemotherapy • Clinical Management • Clinical Measurement • Coronary Care • Day Theatres • Dietetics • EBME Library • Endoscopy	• Magnetic Resonance Imaging • Nursing Unit H – C7 • Nursing Unit – C – B4 • Nursing Unit D – B6 • Nursing Unit E – B5 • Nursing Unit J – C8 • Nursing Unit K – C5 • Nursing Unit L – C4 • Nursing Unit M – C6	• Medical Photography • Medical Assessment • Medical HDI • Mortuary • Outpatient Department • Pathology • Pharmacy • Radiology & X-Ray • Reception & Gen Office

			• Surgical Assessment
Block C – South Wing	• Action Heart • Education Department	• Staff Facilities • Trust Offices	
Block D	• Computer Suite • FM Estates Offices	• Main Kitchen • Stores	
North Block	• Biometry • Chiropody	• Microbiology • Nursing	• Orthoptics • Vascular

North Block is the only retained estate on the Russell's Hall Hospital site.

In addition there are 11 accommodation blocks behind Russell's Hall Hospital which provide residential accommodation with four supporting garage blocks and a residences laundry:

- Avon House
- Brent House
- Cam House
- Dee House
- Frome House
- Glen House
- Humber House
- Isis House
- John House
- Kennett House
- Lee House

Summit Healthcare own the blocks and Interserve manage the accommodation which is occupied by doctors, nurses and, at times, other members of the public. The Trust has no direct involvement in these residential flats. A twelfth block, Esk House, is being used as office/training facility for the Trust as part of the PFI contract.

There is parking on site which includes a mix of land parking and a multi-storey car park. All car parking is managed and maintained by Summit Healthcare who also manage and receive the income from all patient and visitor car parking, the Trust, however, manages and receives income from staff car parking.

5.4 Corbett Hospital Outpatient Centre (Stourbridge)

Corbett Hospital Outpatient Centre is located in Stourbridge and has a GIA of 5,481m^2. The following clinical services are delivered from this facility:

- Day Surgery
- Facilities Management
- Imaging
- New Day Hospital
- Outpatient Department
- Pharmacy
- Rehabilitation & Physiotherapy
- Wheelchair Storage
- Women's and Children's OPD

Figure 12 - Aerial View of Corbett Hospital

Surplus land on the estate, owned by both the Trust and NHS Property Services, has been identified as providing a residential development opportunity which has been considered, at a high level, by Dudley Metropolitan Borough Council (DMBC). The various options regarding this and the financial benefit the Trust may derive from this possibility is discussed further in Section 7, How do we get there?

5.5 Guest Hospital (Dudley)

The smallest of the three PFI hospital sites, Guest Hospital was built in 2003. It has a GIA of 1,170m^2 and provides the following services to the local community:

- Facilities Management
- Imaging
- Outpatient Department
- Rehabilitation and Physiotherapy.

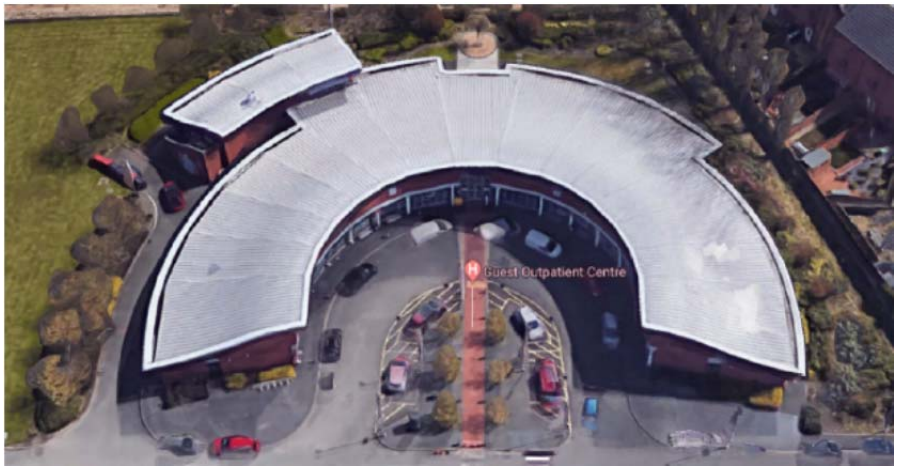

Figure 13 - Aerial View of Guest Outpatient Centre

Guest Hospital is 3.4 miles distance from Russell's Hall Hospital and 6.1 miles from Corbett Hospital. Guest Hospital has recently been upgraded through capital investment and whilst no space utilisation data is currently available it is deemed fully utilised and fit for purpose.

5.6 Occupancy Costs

The Trust pays an annual unitary payment of £44,423,691 for its PFI sites. In addition the Trust leases a number of outpatient sites for community led services at an annual cost of £2,631,445. Together this totals annual expenditure of £47,055,436 to operate a safe and fit for purpose estate.

In comparison with peer Trusts, DGNHSFT is in the medium percentile with regard overall occupancy cost for the PFI estate per m^2, paying £485.64/m^2. The lowest cost being £328.43/m^2 and the highest being £1,210.14/m^2. However, not all Trusts pay for the same services within the unitary payment e.g., energy, waste, sewage, EBME or soft FM costs. Nevertheless, when Hard FM costs are compared '*like for like*', the Trust remains in the medium percentile with a cost of £263.43/m^2 against the lowest cost of £149.54/m^2 and the highest cost of £649.59/m^2.

It must be noted that of the leased properties, 72% of the occupancy costs (£1,864,177) relate to two CHP properties, Brierley Hill Health and Social Care Centre (£1,157,452) and Stourbridge Health and Social Care Centre (£706,725). Whilst these properties should also be maintained at Estatecode B with regard physical condition all of the other properties where facet surveys have been undertaken this year are also deemed Estatecode B or B/C and yet the occupancy costs for this properties are significantly lower. All properties, PFI or leased are located within a ten mile radius of each other.

5.8 Asset Value

In March 2018 the Trust had the estate valued as summarised in the table below:

Table 8 - Asset Values as at March 2018

Asset	Asset Value (£)	Remaining Life (yrs)
Russell's Hall Hospital (RHH) – Main Site (PFI)	136,732,638	34 years
RHH – North Block (retained Estate)	10,485,256	38 years
RHH – Residences	9,262,177	30 years
RHH – Supporting Accommodation – Residences Garages	65,205	9.5 years
RHH – Supporting Accommodation – Residences Laundry	39,681	22 years
RHH – Supporting Accommodation – Smoking Shelters	27,226	29 years
RHH – Multi-Storey Car Park	9,582,842	75 years
RHH – Land	£22,500,000	n/a
RHH – External Works	15,209,248	n/a
Corbett Hospital (CH) – Main Site	10,442,137	44 years
CH – Supporting Accommodation – Smoking Shelter	9,495	29.5 years
CH – Land	1,375,000	n/a
CH – Agricultural Land	150,000	
CH – External Works	1,045,163	n/a
Guest Hospital (GH) – Main Site	2,268,661	44 years
GH – Supporting Accommodation – Smoking Shelter	9,495	29.5 years
GH – Land	1,125,000	n/a
GH – External Works	227,816	n/a
TOTAL	**220,557,033**	

5.9 Capital Investment

The Trust's capital expenditure over the last five years is illustrated in the table below:

Table 9 - Capital Investment over the last 5 Years

Scheme	2013/14 £000's	2014/15 £000's	2015/16 £000's	2016/17 £000's	2017/18 £000s
Replacement Medical Equipment	2,613	1,345	1,281	1,348	2,052
Imaging Enabling Work	151	73	77	0	0
North Wing (retained estate) Lifecycle	0	43	0	21	0
SS/Minor Works	156	403	37	132	232
Replacement Beds	0	0	0	0	0

Scheme	2013/14 £000's	2014/15 £000's	2015/16 £000's	2016/17 £000's	2017/18 £000s
Simulation Laboratory	346	0	0	0	0
GI Unit Enhancements	377	0	0	0	0
Pathology Development	0	0	0	348	0
Hybrid Theatre (feasibility)	0	0	0	38	1
Community Imaging	0	0	0	0	2,381
Urgent Care Centre	0	142	119	0	3218
ED Reconfiguration	0	0	0	0	58
Ophthalmology Development	0	0	0	0	208
Arjo Bathroom Conversions	0	0	0	0	8
IT E.H.R Replacement	0	0	0	2,202	5,424
IT Programme	887	4,527	754	879	1,759
SUB-TOTAL	**4,530**	**6,533**	**2,268**	**4,968**	**15,341**
Non-Cash PFI Investment					
PFI Buildings Lifecycle	566	1,689	861	754	710
Imaging Equipment Replacement					
MRI	0	0	0	0	751
CT	0	0	0	0	350
X-Ray Machines	560	350	496	0	0
Fluoroscopy	0	0	363	0	0
SUB-TOTAL	**1,126**	**2,039**	**1,720**	**754**	**1,811**
TOTAL	**5,656**	**8,572**	**3,988**	**5,722**	**17,152**

The Trust has a limited capital programme for the 2018/19 financial year as shown below:

Table 10 - Approved Capital Investment for 2018/19

Scheme	2018/19 £000's
Replacement Medical Equipment	1,500
Imaging Enabling Work	925
North Wing (retained estate) Lifecycle	58
SS/Minor Works	250
Replacement Beds	50
Arjo Bathroom Conversions	118
Undergraduate Equipment	92
IT E.H.R Replacement	4,095

Scheme	2018/19 £000's
IT Programme	819
SUB-TOTAL	7,907
Non-Cash PFI Investment	
PFI Buildings Lifecycle	968
Imaging Equipment Replacement	
X-Ray Machines	322
MRI Scanners	1,677
CT Scanner	516
Fluoroscopy	239
Angiography	470
Cardiac Cath Lab	470
SUB-TOTAL	4,662
TOTAL	12,569

Only £1,351,000 of the total capital sum for 2018/19 will be invested in the estate on top of the £968,000 lifecycle costs to maintain the assets at Estatecode Condition B. The Trust has advised that due to the current financial position of the Trust there is very limited capital available and any significant schemes would have to be funded by alternative means e.g., STP Funding.

The Trust is, however, seeking funding for capital investment in line with current national trends, such as Accident & Emergency premises and increased theatre capacity.

5.10 PFI Life Cycle Costs

The following shows the Trust's PFI Provider's planned life cycle investment which will address routine backlog maintenance for the next six years:

Table 11 - Planned PFI Life Cycle Costs for the period 2018 - 2023

Scheme	2018 £	2019 £	2020 £	2021 £	2022 £	2023 £
9 Block Total Residential	343,433	252,846	258,695	101,980	173,556	192,734
6 Block Total Residential	50,879	37,473	38,325	15,108	25,712	28,553
Block A M&E & Fabric	314,427	596,127	497,381	613,410	672,375	674,591
Block B M&E & Fabric	357,186	603,285	640,778	637,072	794,330	601,085
Block C M&E & Fabric	122,262	152,015	157,127	146,830	197,212	194,669
Block D M&E & Fabric	124,907	187,354	211,435	167,433	171,713	445,212

Scheme	2018 £	2019 £	2020 £	2021 £	2022 £	2023 £
Corbett M&E & Fabric	310,412	312,665	231,438	185,844	116,292	175,678
Guest M&E & Fabric	40,024	81,234	81,517	25,638	67,321	71,130
External	14,607	285,940	372,662	272,438	205,673	278,553
Telecoms	0	0	124,684	0	0	0
EBME Service Agreement	15,000	15,000	15,000	15,000	15,000	15,000
Residential Redecoration	11,625	11,625	11,625	11,625	11,625	11,625
TOTAL	1,704,762	2,535,664	2,640666	2,192,378	2,4500,808	2,688,831

This investment is included within the Trust's annual unitary payment to the PFI Provider.

5.11 Estate Returns Information Collection (ERIC) Data

The ERIC (Estates Return Information Collection) is collected and published by the Health and Social Care Information Centre (HSCIC) on behalf of the Department of Health. It is the main central data collection for estates and facilities services of the NHS. The data provided enables the analysis of Estates and Facilities information from NHS Trusts in England however it must be noted that the accuracy and completeness of the information is the responsibility of the reporting organisation.

The following data sets were benchmarked against the 2016/18 ERIC Data Return for medium size acute PFI Hospitals in the Midlands and East of England Commissioning Region.

Table 12 - DGNHSFT Position against 2016/17 National Position

Description	Trust Position	Lower Third	Middle	Upper Third
Hard FM Cost/m^2	£258.78	£39.72 - £149.67	£149.68 - £255.72	£255.73 - £374.68
Soft FM Cost/m^2	£50.97	£13.67 – £29.60	£29.61 - £43.91	£43.92 - £59.30
Income from Retail/m^2	£736.91	£53.20 - £156.14	£156.15 - £321.93	£321.94 – 1,714.29
% of Total GIA as Clinical Space	71.03%	44.02% - 63.34%	63.35% - 70.73%	70.74% - 78.60%
% of Total GIA as Non-Clinical Space	28.85%	16.30% - 28.32%	28.33% - 33.03%	33.04% – 45.11%
Total Energy Cost per m^3	£11.47	£4.42 - £8.72	£8.73 - £10.16	£10.17 - £14.19
Electrical Consumption (kWh/m^3 per annum)	58.96	4.89 - 54.85	54.86 – 68.51	68.52 - 84.97
Gas Consumption (kWh/m^3 per annum)	220.51	36.72 - 89.16	89.17 - 131.09	131.10 – 220.51
Oil Consumption (kWh/m^3 per annum)	9.19	0.02 – 0.35	0.36 – 1.74	1.75 – 32.94
Water Cost per m^2	£2.22	£0.79 – £1.30	£1.31 - £1.88	£1.89 - £2.36
Cleaning Cost per m^2	£34.75	£16.81 - £35.34	£35.35 - £39.99	£40.00 - £61.73
Cost of feeding one inpatient meal per day	£9.50	£4.85 – 9.18	£9.19 – 13.63	£13.64 - £16.06
Laundry & Linen (cost per piece)	£0.49	0.27 – 0.31	£0.32 – 0.43	£0.44 - £0.51

The Trust is in the upper third percentile with regard both hard and soft facilities management (FM) costs. However, the 2016/17 ERIC return for DGNHSFT does not identify any backlog maintenance costs which the majority of the other peer Trusts do. It can therefore be assumed that other Trusts have a larger element of retained estate which requires ongoing capital investment to maintain the estate at Estatecode B.

The Carter Review, '*Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted Variations*', published in February 2016, recommended that,

'Trusts should operate at or above the benchmarks agreed by NHS Improvement for the operational management of their estates and facilities functions by April 2017, with all trusts (where appropriate) having a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space so that estates and facilities resources are used in a cost effective manner'.

Whilst the Trust is in the middle percentile with regard the total percentage of GIA being non-clinical space, at 28.85% it is still well within the recommended guidance. However, the lowest percentage of floor area in use as non-clinical space was 16.30% so there could still be an opportunity to reduce this space further. In addition only 0.12% of the total GIA is unoccupied which is again within acceptable parameters.

The Trust is in the upper percentile for energy costs which may be explained by the high levels of consumption of electricity, gas and oil which are again in the upper percentile with the exception of electrical consumption although at 58.96 kWh/m^3 consumption is still at the higher end of the medium percentile. In addition the Trust is also using the most water in comparison to peer Trusts. The PFI Provider takes the risk on energy usage.

Soft FM costs such as cleaning and the cost of feeding one inpatient meal a day are at the lower end of the comparison. However, the cost per piece of laundry and linen is the second highest of those Trusts analysed.

5.12 CQC Inspection

Clinical Services

The Care Quality Commission (CQC) visited the Trust between 5th December 2017 and 8th January 2018. The results of this inspection (published in April 2018) are based on a combination of what was found during inspection, information available provided by the Trust and any other information provided by the service users thus including the public and other organisations. The Trust was ranked overall as *'Requires Improvement'* as per the previous inspection.

The report identified the following regarding clinical outcomes, making recommendations as appropriate:

Acute Health Services

All acute services expected by the CQC are provided at Russell's Hall Hospital.

Urgent & Emergency Services

These services have been rated *'inadequate'* on an overall basis as it failed to comply with the required standards. At the time of the inspection the hospital was building a new front entrance to the emergency department and building works were underway with a planned completion date in 2018. The works being carried out did not affect the rating score.

The emergency department was found to be not providing safe, effective and responsive care and the treatment and care provided at times exposed patients to the risk of avoidable harm.

Areas of service improvement noted included:

- Ensure that appropriate levels of clinical observation to identify any deterioration in the condition of patients are made and a follow up is in process.
- Ensure that all required patients presenting to the emergency department receive a robust clinical assessment in line with national guidelines and standards and within 15 minutes of arrival.
- Ensure patients' dignity and privacy is maintained at all times.

Medical Care (including older people's care)

These services have been rated *'good'*. Expected standards were kept at a good level for patients, visitors and staff providing a safe, effective, caring, responsive and well led service. Medical care wards were designed to ensure access, and flow and discharge was effective while keeping good patient outcomes and safety in mind.

Areas of service improvement identified included:

- Ensure appropriate staffing levels are maintained in line with local and national standards and keep bank and agency staff cover to a minimum
- Ensure staff are compliant with Venous Thromboembolism (VTE) risk assessment, and other safety checks to keep patients safe from harm, for example, safe medicines management and checking systems to keep patients safe from harm

Critical Care

These services were rated '*requires improvement.* The service had not embedded shared governance across all areas which impacted the deliverance of a safe and effective service. The report identified areas in need of service improvement including:

- Ensure the service has a robust, transparent and inclusive approach to governance, which includes and supports all critical care areas
- Ensure there are sufficient numbers of staff, who are suitably trained and competent, to care for the number and acuity of patients
- Ensure that all serious incidents are recorded and investigated accordingly. The provider must ensure that lessons learnt are shared across all critical care areas

Maternity

These services were rated '*good.*' Expected standards were kept at a '*good*' level for patients, visitors and staff providing a safe, caring, responsive and well-led service. Even though the effectiveness of the service provided needs some improvement there were areas found to be *'outstanding'* in the service provided. The report identified areas which were in need of service improvement including:

- Ensure mandatory training compliance is improved in particular for children's safeguarding, mental health act and mental capacity training, neonatal resuscitation and adult resuscitation training
- Ensure guidelines are reviewed and updated in a timely manner

Services for Children & Young People

These services were rated '*requires improvement*' and the service ratings have worsened since the last inspection. Concerns about the robustness of service was identified as, in conjunction, both medical and nursing staff levels did not meet the necessary requirements. The report identified areas which were in need of service improvement including:

- Ensure that children aged 16 to 18 are provided with a responsive approach to accessing paediatric services
- Ensure toys within the paediatric outpatients department are cleaned, and this is appropriately monitored
- Ensure that children and young people are represented at board level

Community Health Services for Adults

These services were rated *'good'.* During the inspection it was noted that excellent innovative multidisciplinary team working was present. Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other health care professionals supported each other to provide good

care. The report deemed two areas of the service *'outstanding'* with other areas needing improvement, these included:

- Ensure that all staff complete mandatory and additional training for their role as per the Trust's policy
- Ensure the community podiatry department completes infection control and prevention audits
- Ensure community patients care plans are person centred and not generic

The overall rating given by the CQC, '*requires improvement',* was the same as the previous inspection report published in December 2014. The ratings per outcome and their rank in comparison to the previous inspection are shown in the diagram below:

Figure 14 - Whole Trust CQC Rating

Estates Outcome – Safety & Suitability of Premises

The report makes the following references to the environment under Outcome 10 – Safety and Suitability of Premises.

'The environment on the surgical high dependency unit was not fit for purpose, with limited space within bed areas. We found storage was limited across medical and surgical high dependency units, and on intensive care. Intensive care stored equipment in empty bed spaces due to a lack of storage'.

'The environment on surgical high dependency did not promote the dignity of patients during personal care or examinations. We observed staff knocking into each other when multiple bed spaces had curtains pulled round. We observed staff knocking into curtains and allowing others to see into the bed space due to the lack of manoeuvrability within the unit'.

5.14 PLACE Assessment

The introduction of PLACE (Patient Led Assessment of the Care Environment) in 2013 whereby the environment is assessed with regard to privacy and dignity, food, cleanliness, general building maintenance and more recently the extent to which the environment is able to support the care of patients with dementia and also in relation to access for those with disabilities provides a clear message, directly from patients, about how the environment or services might be enhanced.

The 2017 PLACE Scores for Russell's Hall Hospital are shown below:

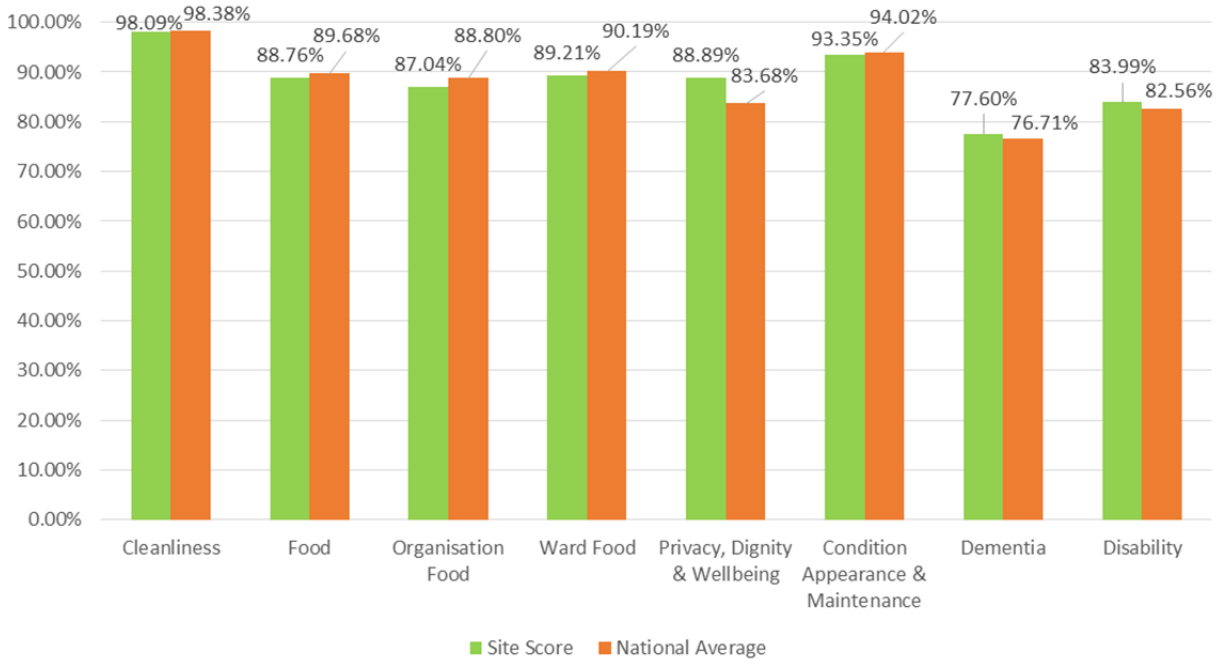

Figure 15 - 2017 PLACE Scores for Russell's Hall Hospital against the National Average

The hospital shows a high standard is being achieved across the range of indicators with the Trust exceeding the national average with regard privacy, dignity and wellbeing, an environment which supports patients with dementia needs and access for patients with disabilities.

5.15 Financial Standing

The Trust's three hospitals form part of a Private Finance Initiative (PFI) with Summit Healthcare and its appointed service providers: Interserve Facilities Management and Siemens Healthcare. This means that the Trust has three new hospitals, and a project agreement that should maintain the buildings and infrastructure in good condition until 2041 (for the next 23 years), via a fixed unitary payment. The Adult Community services are in a 3 year contract with half of the contract period expired. In November 2016 the Trust agreed a revised Control figure of £2.5m for 2017/18 with NHS Improvement and in April 2018 the Trust was notified of its revised control total for 2018/19 of -£0.8m to access the PSF of £9.0m

The Trust has had a challenging financial environment in 2017/18. Risks to the delivery of the control total materialised from the second quarter of the year with income growth below plan and expenditure growth

exceeding budget. This was driven mainly by quality issues and the significant impact of winter. The impact is a challenging CIP target for 2018/19 and the control total has been accepted.

A summary of the key financial plan figures completed in the financial templates are set out in the table below:

Table 13 - Key Financial Plan Figures

	Out-turn 17/18 £000's	Plan 18/19 £000's
Patient Care Income	323,187	332,176
Other Operating Income	29,276	30,649
Employee Expenses	(214,622)	(218,521)
Other Operating Expenses	(130,881)	(123,388)
Operating Surplus/(Deficit)	6,960	20,916
Finance Costs	(14,081)	(12,768)
Overall Surplus/(Deficit)	(7,121)*	8,148**

**Includes receipt of £4.728m STF and an impairment of £1.428m*
***Includes STF funding of £9.043m*

The key features of these budgets are:

- The higher income base reflects growth assumptions and the impact of various Trust approved business cases to address current pressure areas with regard to capacity and demand
- The additional pay costs include the anticipated pay awards of 1% plus the cost of incremental drift, together with an estimate of the cost of the apprentice levy
- Non-pay costs rise in line with inflation and include a contingency of £2.273m
- The budgets include the impact of removing the income and costs for ICD pass through devices which are now procured centrally via NHSE

6 Where do we want to be?

6.1 Trust Organisational Objectives

Passionate about what the Trust does and the services provided to patients and visitors, the Trust's ambition is to provide a range of high-quality, ever-improving services in a dynamic and stimulating environment that attracts the best staff.

At the heart of everything DGNHSFT does are its patients – and one of the Trust's most important aims is to provide the best possible patient experience. To do that DGNHSFT wants to create an environment that encourages a passionate workforce to get things right for every patient, every time.

To deliver the vision and become a highly regarded healthcare provider for the Black Country and West Midlands the Trust has established their own strategic goals in six key areas as follows:

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

Figure 16 - Trust Strategic Objectives

The Trust is committed to maintaining their current range of clinical services but this is in the context of ensuring that the services continue to be financially and clinically viable and therefore some reshaping is likely over the coming 12 to 18 months.

The financially constrained environment within which the Trust operates means that in the future it will be expected to deliver better outcomes more efficiently, with better patient experience and all at a lower cost. The estate will be a vital enabler in achieving this goal; increasing the Trust's market share without expanding the estates footprint.

6.2 Trust Clinical Objectives

The Trust's vision is to be a highly regarded healthcare provider for the Black Country and West Midlands offering a range of closely integrated acute and community based services, driven by the philosophy that people matter. The Clinical Strategy refreshed in 2016 set out three main aims:

- Providing the highest quality local hospital care in the most effective and efficient way
- Providing excellent integrated services enabling people to stay at home and be treated as close to home as possible
- Providing a series of specialist services across the Black Country

Since the refresh of the Clinical Strategy in 2016, a number of factors have led to the need to review the strategy so that it continues to set out how the Trust plans to develop its clinical services and the key priorities over the next three years. The most significant challenge for all NHS providers is to meet the needs of more people living longer and an increasing number of people living with more complex and chronic conditions.

The revised strategy has been developed with significant input from clinicians and sets out a framework for the development of clinical services for 2017/18 to 2020/2021. It does not give prescriptive details of exactly what developments are required and how they will be achieved but instead explains why change is needed, what direction that change will take and how the Trust proposes to organise and develop its clinical services over the next three years.

DGNHSFT is committed to maintaining its current range of clinical services provided that these services continue to be clinically and financially viable. The Clinical Strategy sets out the clinical transformation that is required to provide services in a different way to meet local challenges. This will be achieved whilst retaining a focus on safety, quality and patient experience through three clinical aims which are in line with those in the Strategic Plan

Clinical support services (pharmacy, imaging, pathology and therapies) underpin the delivery of the priorities listed under the above three aims whilst recognising that these services also need to develop so that they can fully support the new models of care and regional developments as detailed earlier in this strategy.

The three main aims of the Clinical Strategy are described below:

Aim One

Develop integrated care provided locally to enable people to stay at home, or be treated as close to home as possible

Treating patients as close to home as possible is both desirable to the patients themselves while also frequently more financially viable. As a current provider of both hospital and community services, DGNHSFT is well placed to work with commissioners, primary and social care providers to increase the community resources needed to look after more people at or near to home instead of in hospital. DGNHSFT has a unique opportunity to transform care in line with the aspirations of the Dudley MCP. DGNHSFT will:

- Work closely with partners to develop models of care, redesign relevant pathways and transform services to provide accessible and coordinated integrated care in the community so that people can be treated at home or as close to home as possible

- Lead on the development of multi-disciplinary teams to ensure that patients receive proactive, coordinated care in line with their care plan
- Deliver the majority of care for long term conditions and older people at or near home, keeping visits to hospital and hospital stays to a minimum
- Continue to have hospital and community services integrated with social care and primary care services with people's needs at the centre whilst improving coordination of care between care settings
- Be amongst the best for the safety, quality, patient experiences and outcomes for the services the Trust provides

Table 14 - Priorities for Delivery of Aim One over the next Three Years

Initiative	Rationale	Time (years)
Reconfigure services in line with the MCP model	The MCP will require development of accessible integrated community services provided by multi-disciplinary teams, including Respiratory, Rheumatology, palliative care, diabetes, elderly care and Neurology. For some specialities e.g., end of life services, frail and elderly care, this will build on work already underway to develop and implement community models. This will require reconfiguration of services provided at Russell's Hall Hospital, Guest Outpatient Centre and Corbett Hospital. The Trust will develop a bid for the Dudley MCP in conjunction with Birmingham Community Health and Care Trust and Dudley GPs. DGNHSFT will also continue to develop community clinics outside of the auspices of the Dudley MCP where contracted to do so by other organisations e.g. Wyre Forest, South Staffordshire.	1
Develop a more integrated clinical model for therapy services by enhancing community provision.	Therapies are already provided in both community and acute settings but increases in demand and waiting times mean that therapy pathways and delivery across acute and community settings need to be redesigned. Community therapy services will be aligned with the Dudley MCP delivery model.	1
Development of the Qutenza Pain Service	This service provides management of neuropathic pain associated with post-herpetic neuralgia through application of a specialist pain relief path. Nurse-led clinics in the community will be developed in line with the principles of the Dudley MCP. DGNHSFT are the only provider of this service in the Black Country and plan to extend their reach within and beyond the Dudley area.	2
Expansion of community ENT clinics (including Audiology) Stourbridge Health Centre	Demand for this service is increasing due to an aging population. This requires an increase in audiology support to improve patient flow through one stop clinics to enable more	1-2

	patients to be seen in the community and prevent an increase in Referral to Treatment Time.	
Address Ophthalmology demand and capacity	The Trust will continue to develop Ophthalmology services in line with its existing Ophthalmology Plan.	2
Develop domiciliary invasive ventilation service and difficult asthma clinics	This is a new service which DGNHSFT is developing in discussion with Dudley CCG. It is currently provided by regional centres. Non-invasive ventilation could be provided as part of community respiratory services. The Trust provides a difficult asthma service as part of a regional network. Plans are in place to develop the model of delivery and increase the number of patients seen.	1-2
Improve access to Neurology (including Neurophysiology)	Capacity issues mean that plans are in place to expand the capacity of this service, repatriate activity and improve quality. Appointment of nurse specialists is already in progress. There is a STP workstream developing a regional model for delivery of Neurology services with specialisms based at some Trusts. DGNHSFT will develop its services in line with the implementation of the preferred STP option.	2-3
Improve care coordination	Improved care coordination will decrease the number of hospital attendances/readmissions through the appointment of Care Coordinators and development of integrated and coordinated services, including multi-disciplinary teams in line with the Dudley MCP.	1

Business cases will be developed for each of the initiatives above and will be monitored through the Trust's annual plan. This will need to be flexible enough to respond and adapt to the changes associated with the ongoing procurement and implementation of the Dudley MCP contract and the Black Country and West Birmingham STP.

Aim Two

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

DGNHSFT will continue to provide and strengthen hospital based services for the population of Dudley and beyond with as much of the pathway as possible based out of hospital in line with the following principles:

- Maintain a range of hospital based services and expand those in which the Trust excels and has a competitive advantage. This will include seeking commercial opportunities
- Ensure an appropriate balance between urgent, inpatient and day case services
- Ensure timely access to meet '*referral to treatment*' standards to clearly defined pathways

- Take a lead in developing 24/7 high quality and sustainable local hospital services in the Black Country and beyond
- Be amongst the best providers for safety, quality, patient experience and outcomes of hospital care

Table 15 - Priorities for Delivery of Aim Two over the next Three Years

Initiative	Rationale	Time (years)
Improve access to Emergency/Urgent Care	Demand for urgent and emergency care is continuing to rise and pathways require redesign to continue to deliver best practice. The current staffing and skill mix will be reconfigured as part of the redesign. There is also a need to develop and implement sustainable ambulatory care services in line with partners. Medical and Surgical Ambulatory Emergency Care services have outgrown their space and require additional room.	1-2
Redesign of paediatric services to improve patient flow	Redesign is needed to deliver required standards and deliver clinical sustainability across the Paediatric Assessment Unit, inpatient and community paediatric services. Community paediatrics may be impacted by the MCP, although some consultant led community clinics are planned. Specialist paediatric services will also be developed e.g., paediatric endoscopy. Access to outpatient services will also be improved through the appointment of additional Consultant Paediatricians and the development of Clinical Nurse Specialists.	1-2
Expansion of orthodontics service	This is a *'high demand and high volume'* service which requires recruitment of consultant staff to shape and lead its development and growth.	1
Review provision of plastics/skin cancer services	There is a pressure on capacity to achieve cancer standards in this service at a time where there is also increasing demand for general plastic surgery. A review of provision and the workforce requirements to meet this rising demand will be undertaken to support expansion of this service.	1
Review SHDU/ICU provision	A review of Surgical High Dependency Unit and Intensive Care Unit provision will take place with the view of potentially reconfiguring the current estate and workforce to deliver improved efficiency and quality.	2-3
Deliver a model to support acute oncology service	The Acute Oncology service is currently provided in collaboration with the Royal Wolverhampton NHS Trust. A review of the existing service will determine future need and service configuration.	1
Redesign & redevelopment of Cardiology services	New NICE guidelines and increasing demand mean that the Cardiology service requires redesign. This includes the development and growth of the current service for cardiac imaging and device therapy. Clinical workforce and equipment requirements and developments across the Black Country will be addressed as part of this work.	1-2

Develop MSK services	The musculoskeletal pathway will be redesigned with partners, implementing a process for triage and pathways based on best practice guidelines.	1-2
Further develop access to seven day services	DGNHSFT will work with appropriate clinical networks to deliver seven day services for emergency vascular surgery, stroke, major trauma, heart attacks and paediatric intensive care. The Trust will work with other local providers to support the expansion of an on-call Interventional Radiology Service.	1

Aim Three

Provide specialist services to patients from the Black Country and further afield

DGNHSFT provides a range of specialist services including vascular surgery, endoscopic procedures, stem cell transplants and specialist GU reconstruction. Although the Trust is always seeking to innovate and develop best practice it does not plan to become a predominantly tertiary hospital. However, the Trust will work to build on its strengths and become a leading hospital in the Black Country and beyond providing a range of specialist services in line with the following principles. DGNHSFT will:

- Deliver specialised services in line with national best practice standards and expand those in which the Trust excels and has a competitive advantage. This will include seeking commercial opportunities
- Consider specialist commissioning opportunities on a case by case basis
- Consider opportunities presented through the appointment of new clinicians who come with special skills or expertise
- Be amongst the best for safety, quality, patient experience and outcomes for specialist care

Table 16 - Priorities for Delivery of Aim Three over the next Three Years

Initiative	Rationale	Time (years)
Expand paediatric hypospadias surgery	Paediatric hypospadias surgery is a specialist procedure provided by the Trust to patients from across the UK. Salvage procedures are also undertaken. There is potential to expand activity as the number of surgeons performing this procedure elsewhere is reducing.	1-2
Expand Genito-Urinary reconstruction surgery	DGNHSFT provides a specialist penile reconstruction service with a national reputation for which there is high demand and long waiting times. Further growth through the increased provision of service from a second consultant with some potential to expand into penile cancer work.	2-5
Provide temporomandibular joint	This service is not currently provided by DGNHSFT. The introduction of a new service using existing consultant	1-2

(TMJ) arthroscopy	expertise to serve patients from Dudley and beyond is planned. This could reduce the number of MRI scans undertaken.	
Redesign and expand the Vascular Hub	DGNHSFT currently provides the Vascular Hub for the Black Country and there has been a growth in demand over the last three years with consultants now operating in Walsall to address shortages of consultants in outpatient settings. The service standard specification requires delivery of 24/7 Interventional Radiology and the hybrid theatre to be built which would expand capacity for additional surgical activity generally and support retention of Vascular Hub status.	2-3
Expand specialist endoscopic procedures for Zenker Diverticulum and full thickness endoscopic resection	The Trust currently provides specialist endoscopic procedures for patients from across the UK which are performed in only a few other Trusts nationally. DGNHSFT will continue to develop and expand this service.	1-2
Improve Stroke services	DGNHSFT plans to retain its Hyper Acute Stroke Unit status and will redesign pathways to improve services further including supporting the development of rehabilitation beds in the community to free up capacity in hospital through earlier discharge. A model for the Black Country is being considered as part of the STP.	1-2
Expand the Level 3 Bariatric Service	This specialist commissioned service with a MDT is in place but increasing demand means that the Trust needs to increase capacity and grow this service further.	1-2
Develop the pathway for Level 3 Haematology	DGNHSFT provides the Level 3 Haematology service for the Black Country, although some Trusts are still utilising historical referral pathways. The incidence of myeloma and lymphoma is rising due to age related conditions lead to an increase in demand for the service. Expansion of the service will require additional staffing.	1-2

In summary the Trust has high levels plans, which need to be worked up in conjunction with the wider health economy to:

- Redesign pathways to expand the following services:
  - Emergency and Urgent Care (including Medical and Surgical Ambulatory Emergency Care services)
  - Paediatrics (both inpatient and community setting)
  - Orthodontics
  - Plastics/Skin Cancer
  - Surgical High Dependency and Intensive Care Units

- Cardiology
- Musculoskeletal (MSK)
- Specialist Services
    - Paediatric Hypospadias Surgery
    - Genito-Urinary Reconstruction Surgery
    - Vascular (a hybrid theatre business case has already been developed)
    - Specialist Endoscopic procedures for Zenker Diverticulum and full thickness endoscopic resection
    - Level 3 Bariatric services
    - Level 3 Haematology services

- To introduce Temporomandibular Joint (TMJ) Arthroscopy services not currently provided by the Trust
- Develop rehabilitation beds in the community to free up capacity in hospital for stroke services
- Move services from a hospital setting location to the community including:
    - Respiratory
    - Rheumatology
    - Palliative Care
    - Diabetes
    - Elderly Care
    - Neurology (including Neurophysiology
    - End of Life
    - Frail Care services.
- Expand the following community services:
    - ENT clinics including Audiology
    - Ophthalmology
- Develop new domiciliary non-invasive services and difficult asthma clinics to be delivered in the community setting

6.3 Dudley Clinical Commissioning Group and the Black Country Sustainability & Transformation Plan

Regional Clinical Objectives

The Dudley health and wellbeing system is rapidly progressing towards a model of care that will see a new Multi-specialty Community Provider (MCP) take over responsibility for a wide range of community health and care services. The MCP Development Programme is helping system partners to align current provision to the MCP model in anticipation of service transition to the new provider in 2018/19.

Dudley's new care model proposes GP-led, integrated care in the community through the development of a MCP. A new approach to continuity of care and standardising access to services will provide a positive return on investment as it will increase self-determination and self-management by the public; improve the efficiency and effectiveness of primary and community-based care, including better access to re-ablement, intermediate care and step-down services; contain the rising demand for emergency & planned secondary care and for long-term residential and nursing care; and thus improve efficiency of the overall system.

Key and agreed actions planned to smooth the transition to a MCP model of care include the following:

- Develop new ways of working to support the future MCP through:
    - Enhanced '*at scale'* primary care services underpinned by a new Dudley '*Outcomes for Health Long Term Conditions Framework*', collaborative primary care leadership and a development programme aimed at embedding the values and practices needed for primary care at scale
    - Integrated and enhanced clinical pathways for those with ongoing health and care needs, including for the frail elderly, those at the end of life and for people with the most complex needs
    - Further development of the multi-disciplinary team model, embedded across all 46 General Practices, to include a wide range of clinical, pharmacy and social care services and better local access to consultant specialisms
    - Expansion of the voluntary sector Locality Link Workers, providing access to community-based support through social prescribing, health coaching and health champions networks
    - Increased use of digital technologies, both to support inter-operability between system partners and to enable access to preventative and self-care solutions (e.g. self-care and condition monitoring apps for mobile devices, telehealth services in care homes, and remote monitoring devices for frail elderly patients, etc.)
    - More responsive and preventative emergency and rapid response services, through enhanced partnership arrangements with NHS111 service and the Clinical Hub

- Award a contract for the Dudley MCP in 2018/19 which includes:
    - A meaningful outcomes framework to measure improvements in population health supported by a clear and robust evidence base, transferable to other STPs
    - Standardised access to services utilising the full benefits of the new 111 service, integrated OOH, new digital technologies and single points of access in each community
    - Improved long-term conditions care pathways with emphasis on prevention and self-care supported by Integrated Care Teams working to the same outcome objectives

- Integrated place-based teams to achieve effective care coordination for a population (patient, registered with a practice, part of a community)
- Accelerate the learning from Dudley CCG's vanguard site to implement new incentive and risk management models – long-term Whole Population Based contracts commissioning for outcomes across the STP footprint

All of the above will be underpinned by on-going involvement and public consultation (where necessary) with local people, and with full engagement with all staff involved in the transition to the MCP model of care.

Regional Commercial/ Back Office Opportunities

There is a broad range of back office service delivery across organisations within the Black Country & West Birmingham. The CCGs across the area have differing levels of outsourcing already in place through Commissioning Support Units (CSUs) and other providers (particularly for payroll), alongside in-house provision; and Providers and Local Authorities largely have their services delivered by in-house teams and, in some cases, deliver services to other organisations themselves.

It is recognised that this will primarily focus upon the health partners of the STP, although Local Authority partners are active in the discussions and may contribute to some of the solutions which may be considered.

Discussions already taking place across organisations have identified enthusiasm for delivering transactional excellence, driving efficiencies and sharing best practice to enable improved resilience and reduce reliance on temporary staffing. Trusts across the region have been transparent in indicating that the delivery model for those services is open to determination, and are similarly clear that the journey of improvement and any new collaborative delivery model – in-source, joint-venture or out-source - has to start with resolving and aligning extant processes, procedures and their underpinning systems. Out-sourcing a problem will simply add to costs. Rushing to consolidate may simply incur transactional costs and raise concerns among those impacted without having a clear route to value.

By working at scale across the STP, there is significant potential to integrate the non-clinical support services across both provider and commissioner organisations. Building on the early work of the Black Country Alliance (BCA), there is intent to review key back office functions to verify the level of efficiency that is achievable. It is believed (supported by the Carter Review and the experience of CIP schemes in individual local organisations) that there is greatest potential in the following areas:

- Payroll services
- Support Staff employment models
- Procurement, Human Resources (HR), telephony and legal services
- Common call centres
- Licensing of telephones, IT applications etc.
- Hotel services

The ambition is to move swiftly to identify which services may benefit from further collaboration, including an assessment of which services were consolidated in 2016/17. In April 2016 the BCA Board established a comprehensive programme of work covering all back office functions across the three Trusts, which is now planned for rollout across the wider STP region. To inform the review, the following principles have been agreed:

- The efficiency needed by 2019 goes beyond what any part of the STP currently delivers, simply being among the current best is not good enough
- Aggregation is not guaranteed to drive value - to get '*value*' there needs to be an understanding of what is required and the organisations will use a variant of their triple aim to guide the process
- Local employment matters and pay rates matter, the BCA is not simply seeking the lowest possible cost model or they would, typically, outsource abroad
- The BCA recognise the potential to work towards a single '*virtual organisation*' should the evidence support that, but first, they aim to build more securely on existing partnerships whilst keeping under review the opportunity for further consolidation
- This will be approached with a view to exploring closely the benefit of having strategic leadership across some of the functions, and in terms of opportunity to share transactional services. However, the BCA are also mindful of the transactional costs associated with transitioning to shared service models, and the risks of impacting outcomes & experience of the service through disruption
- Local business partnering and presence will continue to be a feature of most services, and
- The BCA will seek where possible to ensure all organisations have an opportunity in this area, which enables broader engagement, capacity and will to take the work forward

The first wave of projects is reviewing potential for collaboration on a range of HR enabling processes including the use of Electronic Staff Records (ESR). The plan is to reduce agency spend by working together on temporary staffing and administration, moving toward consistent admin, systems, processes and rates to establish a Black Country and West Birmingham Bank which aims to significantly reduce Agency spend. Phase 2 will cover energy procurement, complaints handling, medical illustration/communication, emergency planning, and mandatory training, disciplinary and conduct investigations, debtors and claims, safeguarding and recruitment.

As a broader STP-wide programme to explore options is mobilised, merits of various delivery models will be considered. Options for consideration are as follows:

- Use of CSUs to deliver across both CCGs and Providers
- Creation of an entity owned by the NHS bodies to deliver services to all partners
- Use of multiple providers to deliver services to NHS bodies

The quality and operational benefits will be assessed over the coming period but the following benefits are hoped to be realised:

- Consistently high quality levels of service and improved resilience, reducing the demand for temporary staff
- Standardisation of service leading to fewer errors and improved efficiencies associated with fewer systems and economies of scale
- Opportunities for more specialised level of service to be financially viable across a wider range of bodies
- Standardised ledger will lead to efficiencies in organisations, e.g., annual accounts process
- Potential for improved career opportunities for staff working in larger functions

In advancing these plans, the following issues and risks have been identified:

- Existing contract arrangements may be an impediment or delaying factor. CCGs in particular have recently entered into contracts with CSU providers. Consolidation may require termination payments, degrading the value for money case
- In order to minimise risk of service disruption, a phased approach will need to be developed. Potential for consolidation may have adverse impact on morale that may lead to deterioration in service levels
- Transactional costs associated with moving to consolidated models, dual running costs associated with changing service delivery models and the opportunity cost associated with distracting resources from other priorities will make the value case for change harder to make, and resulting in long period of pay back or inability to fund the change

Black Country and West Birmingham Digital Strategy

Digital enablement – both for services and for patients – is a key enabler of service transformation leading to sustainability. There is an evidence base which supports the triple aim benefits of digital initiatives.

- Person-Centred Digital Health - Digital solutions must be '*person-centred*'; based on the needs of the end user and must be able to demonstrate measurable health and/or economic benefits
- Inter-operability - '*If you're known to one of us, you're known to all of us*'. Solutions must be capable of '*sharing by default*' through the use of inter-operability standards while at the same time respecting trust and confidentiality. Citizens and Users need to be confident that information is accurate, up to date and only shared legitimately
- Big Data - Used properly, Big Data leads to meaningful information and so to insight, action and results and further data
- Prevention through digital enablement - Risk stratification to target proactive interventions; remote monitoring and tele-medicine to improve adherence to treatment, manage LTC closer to home and prevent crisis; move knowledge from specialists to those responsible for care (including patients)

The proposed plan is to:

- Accelerate production and convergence of Local Digital Roadmaps, aligning existing plans
- Form Black Country and West Birmingham Digital Transformation Board to lead, drive and own delivery
- Develop Digital Delivery Plans originally commenced in 2016/17, to digitally enabled state (17/18) to connected state (18/19), to integrated state (19/20)
- Accelerate and support extant plans within organisation & LDR footprints, ensure one direction, avoid duplication, minimise '*risk of regret*' & maximise triple aim benefits, and
- Rapidly identify & deliver '*quick wins*' such as ePrescribing, ToC (electronic correspondence), network rationalisation, and procurement efficiencies. ePrescribing alone is expected to generate annual savings of approximately £24m, supported by an initial capital investment of £5m

One Public Estate

The Black Country and West Birmingham has invested heavily in new capital assets over the past decade and has a variety of capital asset funding models in place, included several Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) facilities, which have comparatively high occupation costs. There are two streams of opportunity in this cost area. Firstly, there may be opportunity to leverage the £3.8bn '*Sustainability & Transformation Fund*' on a non-recurrent basis, to buy-out elements of PFI or LIFT.

Secondly, there are opportunities in the better utilisation of the estate that currently exists. As noted in relation to hospital collaboration plans, a one-off capital investment of £3m has been allocated to this scheme in order to realise efficiencies of £10m each year going forward. A further £3m annual savings are expected in relation to voids in the primary care estate.

The evidence base for this project includes the Carter Review, Private Finance Unit (PFU) Forum survey and studies and Dudley CCG place-based assessments. The aim is to ensure that the estates infrastructure required for service delivery and supporting functions is configured, financed and utilised in the most efficient way, contributing to a 10% reduction in STP estates costs through:

- Survey of the current estate – LIFT & PFI – VOIDS
- Health & Local Authority opportunities
- Refinancing opportunities including Local Authority or Independent Trust Financing Facility (ITFF) borrowing
- Unitary payment reduction opportunities (lifecycle, Risk buy back, etc.)
- Elimination of void space
- Challenging planned developments 2017/18 to 2020/21
- Best use of most expensive estate (PFI/LIFT etc.)

6.4 Current Demand Issues & Risks

Emergency Care

Due to an ongoing increase in activity the current emergency service is not fit for purpose. There has been a 30% increase in ambulance arrivals over the last five years and the acuity of the attendances has also increased.

The current Emergency Care footprint will not sustain performance and the Trust is hoping to reduce the emergency bed base putting through more elective activity rather than non-elective activity.

The Trust is currently seeking both approval and funding for this scheme from the STP. The Trust will also need to take into considerations plans by neighbouring Walsall Healthcare NHS Trust which are also being developed with regard this service and work together with the NHSI to implement a whole system approach to this issue in the area.

Hybrid Theatre

In 2016 DGNHSFT approved a business case for a new Hybrid Theatre to support vascular activity. It is proposed that non-elective activity could also be delivered through this facility. Again the Trust is currently seeking approval and funding for this scheme from the STP and are hoping that the scheme will be accepted in Wave 4 of the funding cycle which is due to be declared in July 2018.

MCP Schemes

There are also opportunities for schemes to be developed to reflect and complement the MCP procurement and to deliver certain services away from the hospital setting and in the community. Currently there are two Health & Social Care Hubs being developed by a consortium of GPs with support and assistance from Dudley

CCG which would enable this to happen. In addition DGNHSFT has also identified the following schemes for further development:

- Creation of a fourth Endoscopy Room
- MRI Replacement Programme and associated infrastructure enabling works
- Understanding of clinical and non-clinical space use

6.5 Trust Financial Plans

The Trust has detailed the following in its 2018/19 Operating Plan:

Efficiency Savings

The Trust's internal efficiency requirements for 2018/19 to deliver its revised control total are 3.7%. This compares to 2.6% in the original planning assumptions.

Efficiency savings schemes include local efficiency plans as well as ideas developed alongside partners within the Black Country Alliance and the wider STP. The plans seek to embrace the Carter benchmarks and include:

- Pathology redesign (Managed Service Contract)
- Back office review
- Estates/PFI rationalisation
- Medicines Management optimisation
- Key areas of procurement

Other savings plans focus on reducing agency staff, skill mix reviews, reviewing service provision which includes outpatient optimisation that deliver an improved patient experience. The impact of delivering the anticipated growth in a more efficient manner has been incorporated into the plans. A formal Financial Improvement Programme has been initiated from March 2018 to regain grip and control within the organisation.

Capital Programme

The Trust has capital plans to spend £12.569m in 2018/19. £7.907m of this is funded from surplus cash and depreciation with the remaining £4.662m funded by the PFI provider.

As the Trust operates out of PFI buildings there is no requirement to fund backlog maintenance from capital resources and this is the responsibility of the PFI Company. The capital schemes are summarised below:

Table 17 - Capital Development Requirements

IT Programme	The biggest investment over the planned period is within IT. The Trust approved a £14m capital investment over a five year period to provide the Trust with a state of the art EPR system to drive the Trust's CIP programme over the next five years. This commenced in 2017-18 with expenditure of £5.4m. The Trust plans to spend £4.095m in 2018/19. The Trust also plans to spend £0.819m on IT infrastructure replacement during 2018/19

Replacement of Medical Equipment	Total investment of £1.5m in replacement medical equipment is planned during 2018/19.
PFI Lifecycle & MTS Replacements	The Total lifecycle plan is £0.968m in 2018/19. Under IFRS, the Trust has to account for the lifecycle applied to the hospital by the PFI Company which is a technical accounting transaction and the plan is based on information provided by the PFI Company.
Other Capital Expenditure	The Trust is investing £0.568m during 2018/19 on other small capital schemes. This spend relates to the lifecycle of the remaining owned estate, imaging equipment enabling works and minor capital works in the PFI buildings.

6.6 Meeting Regulatory Obligations

NHS Improvement's Model Hospital - Efficiency

The second interim recommendation in Lord Carter's recent review of hospital efficiency is to 'develop a model NHS Hospital' to help providers aspire to best practice across all areas of productivity. A digital information service designed by NHSI has been developed to help NHS providers improve their productivity and efficiency. It allows the understanding and comparison of data on productivity, quality and responsiveness in order to identify opportunities to improve.

Included within the Model Hospital is an Estates & Facilities Management dashboard which has been developed to provide each Trust with a clear understanding of their costs whilst identifying efficiency opportunities, including an indication of what they could potentially save by improving their performance in line with their peers. This dashboard covers all aspects of the operational management of the estates and facilities function, including energy consumption, patient food, cleaning and linen and laundry services.

Lord Carter's review suggests that up to £1bn could be saved if all Trusts were able to move to the median benchmark of their peers. This variation is at its highest when the use of space in Trusts is compared. Non-clinical space use ranges from 12% to as much as 69% of total area.

Whilst the Trust is in the median percentile with regard the total percentage of GIA being non-clinical space, at 28.85% it is still well within the recommended guidance. However, the lowest percentage of floor area in use as non-clinical space was 16.30% so there could still be an opportunity to reduce this space further. In addition only 0.12% of the total GIA is unoccupied which is again within acceptable parameters. The Trust should seek to understand the utilisation of space in more detail in order to identify pockets of space which are not being effectively utilised which could be reconfigured to expand services, or increase throughput providing the Trust with an opportunity to generate additional income.

The review also highlighted that if all Acute Trusts could reach the median benchmark on energy efficiency the NHS could save approximately £36m annually. With investment in energy saving schemes such as LED lighting, combined heat and power units and smart energy management systems this could increase to an annual saving of as much as £125m.

DGNHSFT is in the upper percentile in all areas of energy efficiency/consumption other than electrical consumption which was in the median percentile. Working in collaboration with the PFI Provider to reduce

the amount of energy used through the implementation of cultural changes the Trust could benefit from recurring savings in this area.

Table 18 - DGNHSFT Energy Efficiency against 2016/17 National Position

Description	Trust Position	Lower Third	Middle	Upper Third
Total Energy Cost per m^3	£11.47	£4.42 - £8.72	£8.73 - £10.16	£10.17 - £14.19
Electrical Consumption (kWh/m^3 per annum)	58.96	4.89 - 54.85	54.86 – 68.51	68.52 - 84.97
Gas Consumption (kWh/m^3 per annum)	220.51	36.72 - 89.16	89.17 - 131.09	131.10 – 220.51
Oil Consumption (kWh/m^3 per annum)	9.19	0.02 – 0.35	0.36 – 1.74	1.75 – 32.94
Water Cost per m^2	£2.22	£0.79 – £1.30	£1.31 - £1.88	£1.89 - £2.36

The review recommended that Trusts should have a strategy in place to achieve these benchmarks by April 2017 ensuring estates and facilities management costs are embedded into their patient costing and service line reporting. It is worth ensuring that this information is collated and reported as such in order that the Trust can clearly see where efficiencies can be made.

6.7 A More Productive/Efficient Estate

Due to the current financial position of the Trust and the progress to date with regard the STP, it is important that the Trust improves the productivity of the estate on multiple levels. This would include:

- Improving utilisation of clinical space to reduce inefficiency and maximise the use of the highest quality assets for optimal income generation
- Reducing the amount of estate used for non-clinical activities and incentivise efficient use
- Improving the efficiency of long-term assets through reconfiguration
- Supporting the provision of a technology led and enabled environment to enhance productivity and utilisation of resources (including space)
- Adopting a set of metrics which show both the cost and performance of built assets to support Service Line Management principles
- Reducing operating costs through effective use of resources, robust management and environmental performance improvements

7 How do we get there?

7.1 Delivering the Estates Strategy Aim

DGNHSFT is not in the position of other NHS organisations where they have a number of options available to them to either reconfigure the estate (should they wish to do so), and/or have ease of access to capital monies to progress capital schemes to reflect any strategic change in clinical operational delivery. The Trust are almost a wholly PFI based estate and any reconfiguration required across their current estate will come with increased charges as a result of having to progress any design and associated alterations through their PFI partner. As a consequence the Trust's estate is currently acting as a part barrier to change rather than a wholly enabling entity.

Although any output as a result of further review will be limited, there are a number of areas which could be interrogated further to fully understand what could help deliver future strategic plans. These are as follows:

- The PFI Estate
- The Trust Retained Estate
- The Leased Estate
- Residencies & Car Parking
- Opportunities for Site Rationalisation
- Off Site Options/Solutions

The above areas are discussed in more detail below with regard how each could potentially inform any future estate reconfiguration and/or strategic thinking to enable future clinical operational service change.

7.2 The Estate

The PFI Estate

With the aforementioned in mind the Trust need to be able to flex their estate to its maximum without incurring unnecessary charges, and to do this they need to understand exactly how they are currently using their estate. The Trust particularly wishes to maintain a range of hospital based services and expand those in which the Trust excels and has a competitive advantage. Through their PFI partner the Trust are clear regards the condition of the estate as such information underpins the monthly unitary charge, however, information detailing the utilisation of the estate is not currently available.

This information is essential to understand how the estate is currently being used, and once validated will inform any future strategic thinking and option appraisal regards potential clinical and non-clinical service moves to maximise the productivity of the estate without fundamentally changing the internal fabric of the PFI owned buildings and associated infrastructure. Without such information to hand it is impossible that any informed decisions can be made regards the possible future reconfiguration of space.

Space is an expensive resource to own and operate and it is important the Trust provides clear guidance on how space should be used and remain flexible. The Trust's Clinical Strategy details several services where there is a requirement to redesign pathways in order to continue to deliver best practice. Under the initiative to improve Urgent and Emergency Care the Clinical Strategy states that Medical and Surgical Ambulatory Emergency Care services have outgrown their space and require additional room. By

redesigning care pathways there will be an opportunity to develop a schedule of accommodation for that pathway/new model of care which may actually indicate that the service could be better delivered within the same, or possibly a smaller footprint. In fact Aim Two in the Clinical Strategy is to base as much of the pathway as possible outside of the hospital environment and its initiative to improve stroke services is to support the development of rehabilitation beds in the community to free up capacity in hospital. It is therefore imperative that the Trust fully understands utilisation in terms of occupancy while also understanding the actual estate requirement for existing services which are expanding or where pathways are being redesigned.

The 2018/19 Operating Plan also indicates that capacity modelling tools developed by NHSI and NHSE are currently being used to maximise the use of the existing estate whilst also working closely with Four Eyes to improve theatre efficiency, maximise outpatient slots and review endoscopy, cath lab and radiology activity.

Whilst the actual space utilisation is not fully understood it is estimated that around 30% of the outpatients from services which are currently delivered from Russell's Hall Hospital could be relocated in the community equating to approximately 700 appointments per week.

In line with Lord Carter's most recent report and latest NHS Improvement guidance on the '*Model Hospital*', all NHS organisations should be looking to achieve an estate that has no more than 35% non-clinical floor area and 2.5% unoccupied or underutilised floor area. NHS Improvement recommend all trusts should have a strategy in place by April 2017, with a view in achieving these benchmarks by April 2020. By doing so would reduce the demand on space, and as a result free up valuable PFI estate for high utilisation and core clinical services.

By undertaking an utilisation study and finding the Trust already adheres to the aforementioned guidance, then there could be alternative options available to free up space in the highly utilised and clinical areas of the estate by moving non-clinical and less utilised services either elsewhere or off site in line with both Trust and regional objectives. The estate can also be worked harder to become more efficient and productive; this can include creating more standardised desk space, creating open plan work areas with hot desk facilities and making better use of meeting rooms across the estate.

Key to unlocking the Trust's mainly PFI estate to better service the organisation's clinical requirements is to fully understand how the estate is being used, by who and at what times. A detailed utilisation study will provide this information and is key to being able to strategically reconfigure any current areas that constrain clinical services from changing their operational requirements.

Space utilisation is a complex and sensitive subject as it touches on territorial issues. This particular facet is part of the six facet survey process and explores how well available space is being used, largely by asking the occupiers to make judgements about the intensity of use: that is, the number of people using it and the frequency with which they use it. In order to reach a balanced assessment visual inspections should be made alongside speaking with users, consultation with technical guidance and visiting the area at different times of the working day.

Questions to ask when conducting an appraisal of the estate in terms of space utilisation are:

Table 19 - Space Utilisation Survey Questions/Ranking

Current Use	How intensively is the space being used?	Is it? E – Empty? U - Under-used? F - Fully used? O - Overcrowded?
Use over time	How does usage vary over time? (that is, a working day or a working week)	Is it? E – Empty for the majority of the time? U – Under-used for long periods? F – Fully used most of the time? O – Overcrowded most of the time?
Guidance	How does the available space compare with national guidance where comparable?	Is it? • In excess of the recommended area? • In line with the guidance? • Less than the guidance advises?

Following assessment of each of these elements an overall judgement about the space under consideration should be made and categorised as follows:

Table 20 - Space Categorisation

E	Empty
U	Under-Used
F	Fully Used
O	Overcrowded

The Trust Retained Estate

The Trust's estate is almost wholly PFI with the exception of North Block and the multi-storey care park and a parcel of potentially developable land at the back of Corbett Hospital. Occupants of North Block include Biometry, Microbiology, Chiropody, Nursing, Vascular and Orthoptics. The Trust has a desire to expand the Vascular service and has submitted a business case to the STP for funding in the current Wave 4 funding allocation to be announced in the Autumn of 2018. Similarly with the PFI estate the Trust needs to explore the current level of Space Utilisation within this block in order to determine room for expansion or reconfiguration. In order to do this the Trust has already established a Space Utilisation Group chaired by the Chief Operating Officer to pull together this information.

The Leased Estate

The MCP Model of Care

Both Trust and Regional objectives include the relocation of services out into the community with closer to home, place-led care. This could be relocating some services within the Health and Social Care Hubs which are currently being developed by Dudley CCG/GPs. Services currently located within Russell's Hall Hospital which are identified within the Clinical Strategy as being better placed in the community include:

- Ear, Nose & Throat (Audiology)
- Diabetic Medicine
- Geriatrics & Elderly Care Rheumatology
- Neurology
- Ophthalmology
- Respiratory
- Rheumatology
- Majority of care for Long Term Conditions

Once the Dudley MCP procurement process has been finalised then decisions regards which services could transfer into the community can be made, which would then feed the next iteration of this Estate Strategy document by informing options on any potential reconfiguration and/or use of vacated space.

Community Health Partnerships

72% of the Trust's leasehold budget is spent on two CHP properties, Brierley Hill and Stourbridge Health and Social Care Centres. This equates to annual occupancy costs of £1,864,178 for just two properties out of a total annual occupancy cost budget of £2,631,745.

The Naylor report recommends that Trusts should pay no more than £350/m^2 on leasehold space and DGNHSFT is paying the following on these two CHP properties:

Table 21 - CHP Occupancy Costs

Site	Total Annual Occupancy Costs	Cost per m^2	Annual Cost paid over & above Naylor Recommendation
Brierley Hill Health & Social Care Centre	£1,157,452	£388.06	£113,508
Stourbridge Health & Social Care Centre	£706,725	£447.26	£188,446

At present there are no lease arrangements agreed between CHP and DGNHSFT. However, while the occupancy costs are in excess of the Naylor Report recommendation, there would be no financial benefit for the Trust in renegotiating a lower cost due to the structure of the charging mechanism in place. It is believed that a whole system approach with regard rental agreements and occupancy costs would have a more successful and financially advantageous outcome.

Residences & Car Parking

Under the PFI agreement Summit Healthcare own the buildings and lease the land from the Trust over the term of the contract, with the exception of the retained estate which is highlighted within the red boundary on the following site plan. At the end of the PFI Contract the ownership of the buildings will revert to the Trust. The largest plot of land available at the back of the residential blocks forms part of a nature reserve and would be difficult to develop due to environmental issues. It should also be noted that the only real requirement the Trust currently has for redevelopment in this area would be to create additional staff car parking. The Trust currently manages and receives an income from the existing staff car parking. Should the Trust build additional car parking due to the current parking issues no additional income would be forthcoming.

All other visitor and patient car parking is owned and managed by Summit Healthcare who receives an income from these facilities.

Summit Healthcare also own the twelve residential blocks (including Esk House which is being leased by the Trust for office accommodation) at the rear of Russell's Hall Hospital. The residential blocks, and their supporting accommodation e.g., laundry, garages, are managed by Interserve.

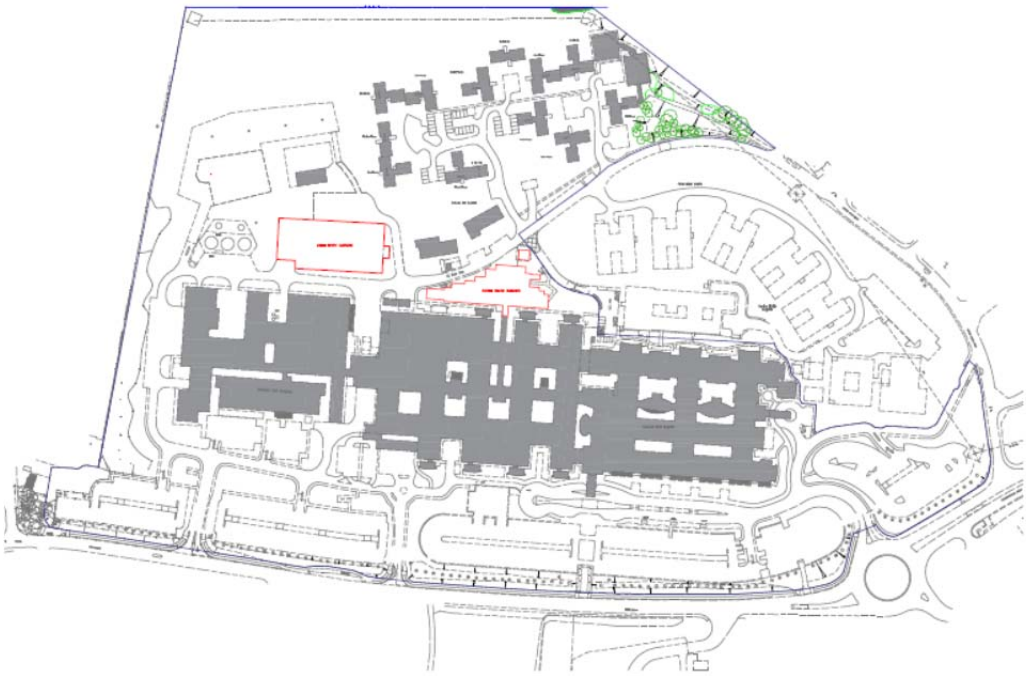

Figure 17 - PFI Boundary Plan of Russell's Hall Hospital

7.3 Opportunities for Site Rationalisation

DGNHSFT has recently identified an area of agricultural land adjacent to Corbett Hospital which has been the subject of a residential development feasibility study. The plan below shows a proposed new boundary around the hospital (by a red dotted line), and an area of surplus land to the north and west (bound by a red

line), showing the potential for the development of approximately 90 homes. The area to the south, (bound by a blue line), is owned by NHS Property Services and was also included within the feasibility study. This shows that a further 30 houses could be developed along with a residential care home (step-down facility) offering approximately 80 elderly care accommodation units. In between the two potential development sites (shown in grey) is an area of housing that was built in the early 2000s and the inverted 'h' shaped building is Stourbridge Health and Social Care Centre, a LIFT property offering a range of primary care facilities.

Figure 18 - Corbett Hospital Masterplan (December 2017)

This combined masterplan was submitted to Dudley Metropolitan Borough Council (DMBC) as a pre-application submission, to obtain a formal opinion from planning officers as to whether a scheme of residential development would gain their support. The response was generally positive, and whilst there will be some planning policy issues to resolve, the officers felt that there were benefits of the proposal that might outweigh any negative impact of a scheme being brought forward. DMBC has a requirement to deliver new homes to meet its housing target.

On the basis of this encouragement from the local planning authority, the Trust commissioned an independent RICS Red Book valuation of the site to try and ascertain what value might be generated by disposing of this land for residential development. On the basis of the pre-application, but not formal planning permission, the site (bound by the red line, excluding Corbett Hospital) was valued at around £2,000,000. The adjacent land owned by NHS Property Services has also been valued by the VOA and is anticipated to be worth around £1,000,000.

The Trust is now considering the following options:

1. Prepare the site for sale on the open market

In order to prepare the site for sale to realise the maximum value the Trust should prepare and submit an outline planning application to formalise the opinion given by the planning officers through the pre-application process. The Trust estimate this to incur a cost of £80,000 to £100,000 within a six to nine month timescale to achieve outline planning consent.

2. Consider a statutory transfer of the site to Homes England for them to manage the disposal.

Homes England is the Government's land disposal agency, charged with maximising land disposal receipts and accelerating the construction of new houses on surplus public sector land. An NHS Trust can engage with Homes England and agree to transfer surplus land to them for preparation and disposal. The statutory transfer process generally involves the joint commission of a RICS Red Book Valuation on acceptance of which the land can be transferred from the NHS Trust to Homes England for an immediate payment to the Trust of the current market value.

Homes England will then seek to obtain planning, they will carry out any land remediation or demolition and then ultimately sell the site to a residential developer. If Home England's activity increases the value of the land as anticipated, then 70% of the increase in value, less their holding and project costs are subsequently paid to the NHS Trust by way over overage. For example:

Table 22 - Statutory Transfer of Site to Homes England Payment

Initial transfer value		£2,000,000
Valuation after grant of planning permission (say)		£2,750,000
Planning/Remediation/Project Costs (say)		£250,000
Net increase in value		£500,000
Overage payment to the Trust	£500,000 x 70%	£350,000
Total capital receipt by the Trust		**£2,350,000**

Homes England is a government department and, as such, the transaction would not attract Stamp Duty Land Tax and furthermore the Statutory Transfer Model is approved by HM Treasury. The legal transfer of ownership can be done in as little as two weeks using standard pre-prepared legal documents.

3. Enter into a land promotion agreement

Under a typical planning promotion agreement a developer agrees to promote the landowner's property for development – to apply for and use reasonable endeavours to obtain planning permission and, having secured planning permission, to market the property for sale in the open market. In return for providing these services, the developer will receive a fee or a proportion of the net sale proceeds after various costs, such as planning costs and land costs, have been deducted and reimbursed to the developer.

Promotion agreements can be less risky than option agreements and they do have the following advantages for a landowner:

- After planning permission has been obtained, the promotion land must be marketed for sale and sold in the open market for the best price reasonably obtainable. This ensures that the purchase price for the land will have been market tested which does not happen in the case of an option agreement
- The developer is less likely to agree to unreasonable planning gain costs with a local planning authority since this will impact on its share of the proceeds of the sale

4. Enter into an option agreement with a Housing developer

There are two sub-options under this opportunity:

- Grant an 'option' for a developer to buy the land at a specified point in the future, for example, when planning permission is granted. The price payable for the land is based on the value of the land once planning consent has been obtained.
- Alternatively, enter into a conditional sale contract. The contract may contain any number of conditions but the most commonly used is that when planning permission acceptable to the developer is granted, the sale goes ahead.

The above opportunity to dispose of surplus land at Corbett Hospital may realise a significant capital receipt, the proceeds of which could be ring-fenced so that the Trust can allocate the capital at a time when it is ready to reinvest in its capital programme. By undertaking the disposal, the Trust will satisfy STP obligations that may present an opportunity to apply for future STP Capital allocations and it will make a significant contribution to the Department of Health's parliamentary obligation to dispose of £3.3 billion worth of NHS Estate land to be used to develop 26,000 homes.

7.4 Off-site/Commercial

Current schemes to work at scale across the STP have shown considerable potential for the integration of non-clinical support services across both provider and commissioner organisations. The areas which would require further exploration in order to achieve the greatest benefit are:

- Payroll services
- Support Staff employment models
- Procurement, Human Resources (HR), telephony and legal services
- Common call centres
- Licensing of telephones, IT applications etc.
- Hotel services

Two phases of this review have already taken place by the Black Country Alliance,

Phase 1 – to review the potential for collaboration on a range of HR enabling processes including the use of Electronic Staff Records (ESR). The plan is to reduce agency spend by working together on temporary staffing and administration, moving toward consistent admin, systems, processes and rates to establish a Black Country and West Birmingham Bank which aims to significantly reduce Agency spend. The Trust has

appointed a corporate lead for recruitment and retention in order to specifically support the enhancement of nurse recruitment and capital spending is in line with regional thinking/objectives around the need to reduce the reliance on agency staff.

Phase 2 - covering energy procurement, complaints handling, medical illustration/communication, emergency planning, mandatory training, disciplinary and conduct investigations, debtors and claims, safeguarding and recruitment.

As the STP wide programme continues to progress other options should be considered such as:

- Use of CSUs to deliver across both CCGs and Providers
- Creation of an entity owned by the NHS bodies to deliver services to all partners
- Use of multiple providers to deliver services to NHS bodies

The quality and operational benefits will need to be assessed but the following benefits are hoped to be realised:

- Consistently high quality levels of service and improved resilience, reducing the demand for temporary staff
- Standardisation of service leading to fewer errors and improved efficiencies associated with fewer systems and economies of scale
- Opportunities for more specialised level of service to be financially viable across a wider range of bodies
- Standardised ledger will lead to efficiencies in organisations, e.g., annual accounts process
- Potential for improved career opportunities for staff working in larger functions

These schemes do come with an element of risk such as existing contract arrangements impeding or delaying scheme progress, service disruption (mitigated through a phased approach) and the dual running costs associated with changing service delivery models as well as the use of resources.

7.5 Supporting Strategies

Throughout the development of this estates strategy, we have sought to take reference from other key strategies and plans of the Trust, to ensure this document supports the delivery of overarching objectives, but also to ensure the optimal estate is developed to meet the future needs of the local population.

This document should be continually reviewed and updated in consultation with others as Trust and wider health economy plans are further developed. It should always be mindful of the inter-dependencies and projections upon which the plans are based. At this stage, the document largely focuses on high level recommendations or quick wins which are achievable in the short term recognising the impending changes that will be delivered under the STP. With the understanding that the wider health economy plans are not fully known, this document anticipates a requirement for continued cost efficiency, and the ability to respond to new service developments in an agile manner. Until further long-term service plans are identified, the Trust should continue to consolidate operational estate where possible, seek commercial opportunities to reduce costs and continue to improve the quality of the estate through ongoing maintenance and modern investments in refurbishment where required.

IMT Strategy

Other areas for consideration that could improve productivity in clinical delivery is how staff can discharge their duties, with particular emphasis toward administrative tasks and functions. The use of hand held devices and similar equipment can improve such functions but require the infrastructure to do so. Other enabling organisational policies and strategies need to reflect such opportunities in their strategic thinking, which can then be developed as part of a future capital programme of works to ensure supporting functions are delivering to the best of their ability.

The Clinical Strategy sets out the clinical transformation that is required to provide services in a different way to meet local challenges which can be supported by the IMT Strategy. The regional view toward the use of technology under the STP has been well thought through with plans in place to progress and develop the use of technology across the region; it is essential the Trust's IM&T strategy reflects the regional strategy and associated plans for development.

Workforce Strategy

Once the latest Clinical Strategy is approved by the Trust and the direction of travel has been identified, this, in addition to the progress of the STP, will have an impact on the Trust's workforce strategy. It is therefore expected that the Workforce Strategy will be developed fully at a later stage. However, as previously noted within this document the workforce strategy will need to align with the Trust's Clinical Strategy, IMT Strategy, Travel Plan and Long Term Financial Model as well as with this Estates Strategy which will also be refreshed on approval of the Clinical Strategy.

A summary of the actions regarding the Workforce as detailed in the Trust's 2018/19 Operating Plan is as follows:

Table 23 - Operating Plan 2018/19 - Workforce Planning Summary

Articulation of workforce planning methodology linked to strategic aims of the provider	Divisional Management Teams consider their future service plans alongside assumed activity to assess the resource required. These plans are considered by the finance and workforce teams, with confirm and challenge to ensure governance arrangements are in place. The workforce planning process is aligned with annual plans and associated business cases and take into consideration the future demands of both recruitment and development of staff in order to fulfil the proposed workforce requirements.
Workforce Strategy developed with staff guidance	A corporate Workforce Strategy alongside the Workforce Business Plan underpins the principles of workforce planning and the recruitment/retention required to support '*hard to recruit*' areas
Robust governance process to offer assurance and approval and act as a means of assessing performance against plan	The Workforce and Staff Engagement Committee provides an accountability framework based on the detail of the plan and assesses progress within the remit of a Trust Board committee.

Well-modelled alignment with financial and service activity plans to ensure the proposed workforce levels are affordable, sufficient and able to deliver efficient and safe care to patients	An established mechanism is in place for supporting annual service planning and there are also opportunities for Divisional Management teams to submit business cases for new developments for consideration at the Trust Executive Committee.
Achievement of workforce efficiency, capitalising on collaboration opportunities to increase workforce productivity within STPs and inform subsequent CIP development	The Trust supports cooperative working across the region and is actively involved in STP initiatives, enabling sharing of best practice and collaboration. The Dudley Group leads the consortium on temporary appointments for medical staff. This is facilitated by Health Trust Europe and involves all acute providers in the Black Country alongside some other acute Trusts in the West Midlands. Collaborative working will reduce depending on agency and temporary staff costs.
Detail the required workforce transformation and support to the current workforce, underpinned by new care models and redesigned pathways, detailing specific staff group issues	The Trust has seen success in the development of new areas of workforce sustainability in order to support capacity and enhance quality. There has been continued dependency on agency and bank nursing, much of which has been based on high levels of nursing vacancies. The Trust has appointed a corporate lead for recruitment and retention in order to specifically support the enhancement of nurse recruitment in the first instance. This has proven successful with each recruitment event appointing between 12 and 17 new nurses. In addition there have been initiatives supporting recruitment of middle grade medical staff in areas with high vacancies with 100 apprenticeship places within the Trust with 42 already in post and 17 more to start, taking the Trust quota to 59 at the end of quarter three.
Activity to support delivery of workforce plans in conjunction with local workforce advisory boards	Links are established within the locality to support workforce boards and to ensure they work together to develop plans and initiatives to support the future workforce for the whole health economy.
Engagement with commissioners to ensure alignment with the future workforce strategy of their local health system	Excellent working relationship are in place to share workforce risks while at the same time providing assurance that workforce recruitment, retention and development meet the needs of the service and provide high standards of care. The MCP consultation is still ongoing but the Trust and local stakeholders initiated staff engagement meetings to prepare for future changes and to ensure the right skills are in place to manage what is likely to be a complex process.
Affordable plans for implementing the four priority standards for seven day hospital services by March	The Black Country Acute Trusts have piloted and have expanded the provision of seven day interventional and

2018/March 2020	non-interventional vascular radiology services locally resourced through a rota system between the Trusts. This will be further developed to include other seven day hospital services.

Travel Plan

Similarly, with the Workforce Strategy the Trust's Travel Plan will need to be updated with a full understanding of the Trust's clinical and strategic direction which will also take into account the direction of the Black Country STP.

7.6 Response to the CQC Findings

The CQC Inspection Report published on 18th April 2018 gave an overall rating for the Trust of *'Requires Improvement*' which was based on the following five categories:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

All categories were ranked as '*Requires Improvement'* with the exception of '*Are Services Caring*?' which was rated as '*Good'*. However, the inspectors did note that there had been improvements in the incident reporting process since their last inspection and that staff could demonstrate learning.

DGNHSFT recognises that there is work to do to ensure services are the best they can be for patients and the Trust is supporting staff to make the improvements needed to ensure safe, effective, responsive and well-led services.

The Trust has established and implemented an improvement plan in the Emergency Department which will support the staff to deliver the safe quality care they all aspire to. One of the key areas for improvement highlighted was the need to ensure patients in the department are triaged in a timely manner, and that staff do this consistently and in line with guidance.

Immediate actions have taken place within the Emergency Department to ensure patients are safe, including additional training in triage processes for all staff, extra support for the resus team and daily audits of the care of deteriorating patients to ensure standards are maintained.

The CQC also had concerns about the use of temporary staffing to fill gaps and the Trust is working hard to address this issue, having had success in a recent recruitment and retention drive over the last twelve months in order to establish a core team of substantive staff.

DGNHSFT's approach to achieving a '*good'* or '*outstanding'* CQC rating is for senior clinical staff, Governors and Directors to visit each area for half a day to check performance and to gain staff views on patient safety

using the CQC fundamental standards as a framework. In addition, as themes arise across different areas, targeted assessments are undertaken up to twice a month across a group of wards, after which local and corporate action plans will be drawn up, implemented as required and monitored.

Two Quality and Safety reviews are scheduled each week covering all wards and departments on a rotational basis. Each area will be reviewed against the five CQC domains, with a CQC style rating being awarded for each domain, allowing an overall CQC style rating for the ward/department to be determined. The review team consists of the Quality and Improvement Lead, a senior nurse (Matron, Lead Nurse, Midwife or Nurse Specialist), Infection Control, Pharmacy, PALS and two Consultant Medics (one from surgery, the other from medicine). Representation from the Dudley CCG Quality Assurance team take part in the reviews twice a month and a Trust Governor attends one review per month. The areas reviewed are provided with verbal feedback, provided by the Quality and Improvement Lead, immediately following the review, followed by a detailed report within one week. The ward/department reviewed is then expected to compile an action plan, addressing any areas for improvement within one month of receiving the full report. This action plan is managed within the governance structure of the division the ward or department sits in. Any wards/departments which 'require improvement' or any domain will be revisited within one month for reassessment of that domain and any ward that has an 'inadequate' rating for any domain will be revisited within a week for reassessment. Regular analysis is undertaken to understand the Trust wide themes for improvement and relevant actions are put in place.

The Trust will continue to strive to improve services in order to seek an 'outstanding' overall rating at the next inspection.

7.7 Funding

There is extremely limited opportunity for the Trust to access capital funding internally, and the only opportunity to raise capital funds externally are as follows:

- STP
- Emergency Capital Loan

The Trust has already submitted applications to draw down from the Black Country funding allocation to progress two schemes; the expansion and refurbishment of their Emergency Department and for a new Hybrid Theatre to support vascular activity – see section 6.4 of this document. The Trust is hoping that the schemes will be accepted as part of the Wave 4 of the funding cycle which is due to be declared in July 2018.

7.8 Recommendations

Utilisation Survey & Strategy

Key to unlocking the Trust's mainly PFI estate to better service the organisation's clinical needs is to fully understand how the estate is being used, by who and when. A detailed utilisation study will provide this information and is key to being able to strategically reconfigure any current areas that constrain clinical services from changing their operational requirements. Alternative options available to free up space in the

highly utilised and clinical areas of the estate by moving non clinical and less utilised services either elsewhere or off site could be highlighted. The estate can also be worked harder to become more efficient and productive; this can include creating more standardised desk space, creating open plan work areas with hot desk facilities and making better use of meeting rooms across the estate. The Space Utilisation Group, chaired by the COO will look at these areas in more detail.

Continued Development of Clinical Strategy

The current thinking behind the clinical strategy is for existing services to remain, to become more efficient and to increase market share, without expanding the estates footprint. A final and approved clinical strategy will clearly identify how the estate and supporting infrastructure needs to be reconfigured in order to deliver safe, productive and efficient services in a fit for purpose and cost effective environment.

Development of IMT Strategy

A coherent and achievable IMT Strategy enables staff to discharge their duties in different ways in order to improve productivity. The use of hand held devices and similar equipment can improve such functions but require the infrastructure to do so. Once these technologies are adopted and implemented there is a lesser demand on the physical estate which can allow for a reduction in non-clinical space use. The Trust's IMT Strategy will also reflect the Black Country Digital Strategy ensuring alignment across the whole health economy.

Refresh of Estates Strategy in 2020/21

On receipt of a final and approved clinical strategy, outstanding data and any other supporting strategies, e.g., IMT, Workforce strategies etc., this Estate Strategy should be refreshed. With more detailed information the updated Estates Strategy will be able to clearly identify the steps the Trust should make in order to develop a highly productive and supportive estate. With this information it will be possible to develop and appraise a number of options to pursue complete with a phased and costed implementation programme. During the timeframe there may also be developments and further detail on the Trust's role within the Black Country and West Birmingham STP.

Investment in Energy Efficiency Schemes

The Trust is in the highest percentile with regard energy efficiency cost and consumption and Lord Carter's review states that investment in schemes such as LED lighting and smart energy management systems could significantly contribute to a reduction in costs. Funding for these schemes can be sought through '*invest to save energy efficiency funds*' provided through the Department of Health.

Through the PFI agreement DGNHSFT pay a standard tariff to Summit Healthcare which does not fluctuate meaning that Summit Healthcare carries the risk should energy costs increase over time. However, this also means that Summit Healthcare also benefits from any savings made with regard energy expenditure.

Summit Healthcare are members of the Trust's Energy Group and it is believed that there is an opportunity for Summit Healthcare and the Trust to work together to try to reduce energy consumption through engaging with staff, visitors and patients with regard changing behaviours and culture and also through planned investment e.g., procuring more energy efficient products when replacement is necessary.

An initial exercise is worthwhile to fully understand the current level of consumption and expenditure and to monitor this over time in order to identify areas which could be focused on with regard energy efficiency.

Although the Trust may have to invest a small amount of capital on top of their annual unitary payment for lifecycle maintenance payback is becoming increasingly reduced with new products on the market.

Through this collaboration the Trust can negotiate with the PFI provider as to a possible gain/share on any savings made. It should be noted, however, that a conservative estimate on the level of income saved through this exercise should be made at this time.

Reconfiguration of Back Office Functions

The Trust should continue to work with the Black Country Alliance and STP to review how back office functions such as payroll, support staff, procurement, HR, telephony and legal services etc., can be reconfigured to provide a streamlined and efficient yet cost effective coordinated service between all regional providers. The Trust would benefit from the economies of scale this would realise in recurrent savings. There is also an argument that current Trust back office functions occupy expensive PFI estate that if vacated into off site private and cheaper accommodation, could be better utilised by clinical services.

Digitise Patient Records

DGNHSFT is currently leasing 'CentaFile' to store patient records. The 2016-17 business case for the Trust's new Electronic Patient Record (E.P.R.) system identified a savings benefit of £194k in relation to the current health records storage which was the lease of Centafile. The CentaFile lease expires on the 5th July 2019 and the case assumed that this facility would no longer be required with the lease costs being saved by the Trust. The Health Records service have reviewed the current records being stored and the storage requirements going forward taking into consideration the timescales to rationalise archived records, have identified a need for Centafile for at least two years from 5th July 2019. The Trust is currently looking at solutions that will allow the current space that is available at the Facilities Management Centre to be used for the remaining file storage so that the lease for Centafile can be terminated.

7.9 Benefits

Through the implementation of this Estates Strategy, a number of tangible benefits for patients, staff, visitors, commissioners and the wider health and social care economy should be derived including:

- Alignment with Trust, Regional and National objectives including place led care, strengthening of hospital services and development of specialist services in preparation for further development of the STP and new models of care
- Demonstrable improvements in quality and patient experience
- A reduction in the frequency and severity of adverse incidents
- Alignment with the expectation of regulators e.g., Monitor, CQC, HSE
- Improved environmental performance (including carbon reduction)
- An estate that better meets the current and future needs of the population served
- Improved flexibility to respond to new service developments or minimise the impact of service or activity retractions

More particularly:

- A full understanding of the current space utilisation of the estate which would enable:

  - Additional income from services which are able to expand within the existing footprint, plus income generation from new services which are not currently delivered by the Trust
  - Savings from maximising the use of currently unused space or optimising the use of clinical and non-clinical space
- Potential capital release from the sale of land adjacent to Corbett Hospital, however, it is believed that this receipt has already been factored into the Trusts Cost Improvement Programme
- Reduction in footprint and associated costs with regard relinquishing properties which no longer serve the Trusts e.g., storage of patient records
- Longer term savings through more efficient energy use through consumption and agreement of tariffs in partnership with Summit Healthcare.

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Appendices

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Appendix A – Map of Estate

Appendix B – Estates Terrier

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UK Company Registration No. 6937095

1. Russell's Hall Hospital
2. Corbett Hospital
3. Guest Hospital
4. Brierley Hill Health & Social Care Centre
5. Stourbridge Health & Social Care Centre
6. Central Clinic
7. Cross Street Clinic
8. Facilities Management Centre
9. Greens Health Centre
10. Halesowen Health Centre
11. Lower Gornal Health Centre
12. Netherton Health Centre
13. Sedgley Health Library & Social Centre
14. St James Medical Practice
15. Wordsley Green Health Centre
16. Centafile
17. Cannock Chase Hospital

Leasehold - CHP

Leasehold - other landlord

Leasehold - NHSPS

PFI

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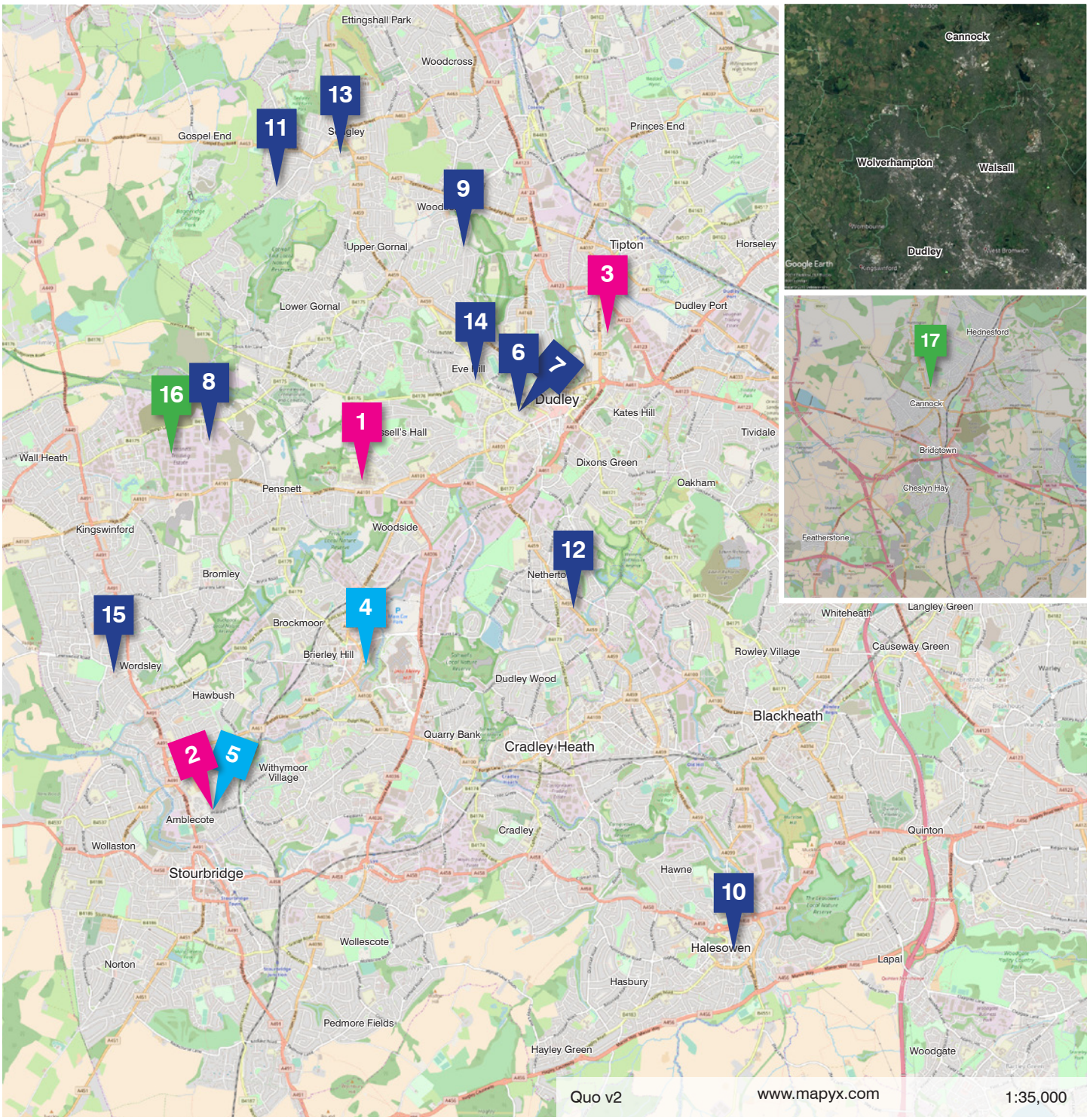
NHS
The Dudley Group
NHS Foundation Trust

Estate Strategy 2018

Site locations and ownership

11-Jul-2018



THE DUDLEY GROUP NHS FOUNDATION TRUST
ESTATES TERRIER

Version 001
Date Apr-18

Premises	Block Name	Address line 1	Town/City	Post Code	Type	GIA (m2)	Tenure	Owner	Lease Expiry Date	Occupancy (as at March 2017)
Russells Hall Hospital	Avon House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	Brent House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	Cam House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	Dee House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	Esk House	Pensnett Road	Dudley	DY1 2HQ	Offices/Training Facility	1,451	PFI	DGNHSFT	2041	
Russells Hall Hospital	Frome House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	Glen House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	Humber House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	Isis House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	John House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	Kennett House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	740	PFI	DGNHSFT	2041	
Russells Hall Hospital	Lee House	Pensnett Road	Dudley	DY1 2HQ	Resdential Accommodation	517	PFI	DGNHSFT	2041	
Russells Hall Hospital	Main Hospital	Pensnett Road	Dudley	DY1 2HQ	Acute Hospital	64,623	PFI	DGNHSFT	2041	See below
Russells Hall Hospital	Main Hospital - Block A (East Wing)	Pensnett Road	Dudley	DY1 2HQ	Acute Hospital		PFI	DGNHSFT	2041	Anaesthetics Chapel Gynaecology High Dependency Unit Hydrotherapy Intensive Care Nursing Unit A - B3 Nursing Unit B - B2 Nursing Unit F - C3 Nursing Unit G - C1 Obstetric Inpatient Obstetric Theatres Occupational Therapy Operating Theatres Paediatric Inpatient Physiotherapy Rehabilitation Renal Unit Social Workers Special Care Baby Speech Therapy Womens & Childrens OPD
Russells Hall Hospital	Main Hospital - Block B (West Wing)	Pensnett Road	Dudley	DY1 2HQ	Acute Hospital		PFI	DGNHSFT	2041	Acute Stroke Unit Chemotherapy Clinical Management Clinical Measurement Coronary Care Day Theatres Dietetics EBME Library Endoscopy Magnetic Resonance Imaging Nursing Unit H - C7 Nursing Unit C - B4 Nursing Unit D - B6 Nursing Unit E - B5 Nursing Unit J - C8 Nursing Unit K - C5 Nursing Unit L - C4 Nursing Unit M - C6 Medical Photography Medical Assessment Medical Day Assessment Medical HDU Mortuary Outpatient Department Pathology Pharmacy Radiology & X-Ray
Russells Hall Hospital	Main Hospital - C Block (South Wing)	Pensnett Road	Dudley	DY1 2HQ	Acute Hospital		PFI	DGNHSFT	2041	Action Heart Education Department Staff Facilities Trust Offices
Russells Hall Hospital	Main Hospital - D Block	Pensnett Road	Dudley	DY1 2HQ	Acute Hospital		PFI	DGNHSFT	2041	Computer Suite FM Estate Offices Main Kitchen Stores
Russells Hall Hospital	Main Hospital - North Block	Pensnett Road	Dudley	DY1 2HQ	Acute Hospital		PFI	DGNHSFT	2041	Biometry Chiropody Microbiology Nursing Orthoptics Vascular
Russells Hall Hospital	Res Garage Block 5	Pensnett Road	Dudley	DY1 2HQ	Support Services	70	PFI	DGNHSFT	2041	N/A
Russells Hall Hospital	Res Garage Block 6a	Pensnett Road	Dudley	DY1 2HQ	Support Services	85	PFI	DGNHSFT	2041	N/A
Russells Hall Hospital	Res Garage Block 6b	Pensnett Road	Dudley	DY1 2HQ	Support Services	85	PFI	DGNHSFT	2041	N/A
Russells Hall Hospital	Res Garage Block 4	Pensnett Road	Dudley	DY1 2HQ	Support Services	55	PFI	DGNHSFT	2041	N/A
Russells Hall Hospital	Residences Laundry	Pensnett Road	Dudley	DY1 2HQ	Support Services	115	PFI	DGNHSFT	2041	N/A
Russells Hall Hospital	Smoking Shelter 1	Pensnett Road	Dudley	DY1 2HQ	Support Services	8	PFI	DGNHSFT	2041	N/A
Russells Hall Hospital	Smoking Shelter 2	Pensnett Road	Dudley	DY1 2HQ	Support Services	8	PFI	DGNHSFT	2041	N/A
Russells Hall Hospital	Smoking Shelter 3	Pensnett Road	Dudley	DY1 2HQ	Support Services	8	PFI	*DGNHSFT*	2041	N/A
Multi-Storey Car Park	MSCP	Pensnett Road	Dudley	DY1 2HQ	Support Services	18,707	PFI	DGNHSFT	2041	N/A
Corbett Hospital	Ambulatory Care Centre	Vicarage Road	Stourbridge	DY8 4JB	Ambulatory Care Centre	5,481	PFI	DGNHSFT	2041	Day Surgery Facilities Management Imaging New Day Hospital Outpatient Department Pharmacy Rehabilitation & Physiotherapy Wheelchair Storage Womens & Childrens OPD
Corbett Hospital	Smoking Shelter	Vicarage Road	Stourbridge	DY8 4JB	Support Services	8	PFI	DGNHSFT	2041	
Guest Hospital	Ambulatory Care Centre	Tipton Road	Dudley	DY1 4SE	Ambulatory Care Centre	1,170	PFI	DGNHSFT	2041	Facilities Management Imaging Outpatient Department Rehabilitation & Physiotherapy
Guest Hospital	Smoking Shelter	Tipton Road	Dudley	DY1 4SE	Support Services	8	PFI	DGNHSFT	2041	N/A
Brierley Hill Health & Social Care Centre	N/A	Venture Way	Brierley Hill	DY5 1RU	Health Centre		Leasehold	CHP	No agreement in place	Physiotherapy Sexual Health
Stourbridge Health & Social Care Ce	N/A	John Corbett Drive	Stourbridge	DY8 4JB	Health Centre		Leasehold	CHP	No agreement in place	Childrens & Adolescent Services Ear, Nose & Throat
Central Clinic	N/A	Hall Street	Dudley	DY1 1RN	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
Cross Street Clinic	N/A	Cross Street	Dudley	DY1 1RN	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
Facilities Management Centre	N/A	Bldg 5, 1st Ave, Pensnett Trading Estate	Kingswinford	DY6 7TE	Health Centre		Leasehold	NHS PS	No agreement in place	IT/Storage
Greens Health Centre	N/A	100 Maple Green	Dudley	DY1 3QZ	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
Halesowen Health Centre	N/A	14 Birmingham Street	Halesowen	B63 3HN	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
Lower Gornal Health Centre	N/A	Bull Street	Dudley	DY3 3NQ	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
Netherton Health Centre	N/A	Halesowen Road	Dudley	DY2 9PU	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
Sedgley Health Library & Social	N/A	Ladies Walk	Dudley	DY3 3UA	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
St James Medical Practice	N/A	Malthouse Drive	Dudley	DY1 2BY	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
Wordsley Green Health Centre	N/A	Wordsley Green	Stourbridge	DY8 5PD	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
Wychbury Medical Practice	N/A	121 Oakfield Road	Stourbridge	DY9 9DS	Health Centre		Leasehold	NHS PS	No agreement in place	Community Adult Services
Centafile	N/A	Building 57, Third Avenue, Pensnett Trad	Kingswinford	DY6 7XW	Support Services		Leasehold	Private Landlord		

Premises	Block Name	% Occupied	Date of Survey	Year of Construction	Remaining Life (years) as at DV Valuation March 2018	Condition	Functional	Utilisation	Quality	Statutory Compliance	Environmental	Equality Act	TOTAL BACKLOG COSTS (WORKS COST ONLY)	TOTAL BACKLOG COSTS (INCL VAT FEES ETC) 40% UPLIFT	Non-Critical Backlog (Low/Moderate)	Safety Critical Backlog (High/Significant)	RABM	Asset Value (as at March 2018)	Rent	Service Charge	Facilities Management	Total Annual Occupancy Costs	Comments
Russells Hall Hospital	Avon House	100.00%	2018	1987	30													£ 727,335	incl	incl	incl	*incl below*	
Russells Hall Hospital	Brent House	100.00%	2018	1987	30	B												£ 727,335	incl	incl	incl	*incl below*	
Russells Hall Hospital	Cam House	100.00%	2018	1987	30													£ 727,335	incl	incl	incl	*incl below*	
Russells Hall Hospital	Dee House	100.00%	2018	1988	30.58													£ 741,518	incl	incl	incl	*incl below*	
Russells Hall Hospital	Esk House	100.00%	2018	1988	20.3	B												£ 1,493,834	incl	incl	incl	*incl below*	
Russells Hall Hospital	Frome House	100.00%	2018	1987	30													£ 727,335	incl	incl	incl	*incl below*	
Russells Hall Hospital	Glen House	100.00%	2018	1986	30.68	B												£ 721,516	incl	incl	incl	*incl below*	
Russells Hall Hospital	Humber House	100.00%	2018	1986	30.68													£ 721,516	incl	incl	incl	*incl below*	
Russells Hall Hospital	Isis House	100.00%	2018	1986	30.68													£ 721,516	incl	incl	incl	*incl below*	
Russells Hall Hospital	John House	100.00%	2018	1986	30.68													£ 721,516	incl	incl	incl	*incl below*	
Russells Hall Hospital	Kennett House	100.00%	2018	1987	30													£ 727,335	incl	incl	incl	*incl below*	
Russells Hall Hospital	Lee House	100.00%	2018	1986	30.68													£ 504,086	incl	incl	incl	*incl below*	
Russells Hall Hospital	Main Hospital	100.00%	2018	2004	33.85													£ 136,732,638	incl	incl	incl	***£ 44,220,453***	
Russells Hall Hospital	Main Hospital - Block A (East Wing)	100.00%	2018			B							£3,368,311.00						incl	incl	incl	***incl above***	
Russells Hall Hospital	Main Hospital - Block B (West Wing)	100.00%	2018			B							£2,993,451.00						incl	incl	incl	***incl above***	
Russells Hall Hospital	Main Hospital - C Block (South Wing)	100.00%	2018			B							£ 970,115.00						incl	incl	incl	***incl above***	
Russells Hall Hospital	Main Hospital - D Block	100.00%	2018			B							£1,308,054.00						incl	incl	incl	***incl above***	
Russells Hall Hospital	Main Hospital - North Block	100.00%	2018																incl	incl	incl	***incl above***	
Russells Hall Hospital	Res Garage Block 5	100.00%	2018	1984	9.6													£ 16,875	incl	incl	incl	***incl above***	
Russells Hall Hospital	Res Garage Block 6a	100.00%	2018	1985	9.12													£ 14,580	incl	incl	incl	***incl above***	
Russells Hall Hospital	Res Garage Block 6b	100.00%	2018	1984	9.6													£ 20,491	incl	incl	incl	***incl above***	
Russells Hall Hospital	Res Garage Block 4	100.00%	2018	1984	9.6													£ 13,259	incl	incl	incl	***incl above***	
Russells Hall Hospital	Residences Laundry	100.00%	2018	1987	21.77													£ 39,681	incl	incl	incl	***incl above***	
Russells Hall Hospital	Smoking Shelter 1	100.00%	2018	2007	29													£ 9,059	incl	incl	incl	***incl above***	
Russells Hall Hospital	Smoking Shelter 2	100.00%	2018	2007	29.66													£ 9,108	incl	incl	incl	***incl above***	
Russells Hall Hospital	Smoking Shelter 3	100.00%	2018	2007	29													£ 9,059	incl	incl	incl	***incl above***	
Multi-Storey Car Park	MSCP	100.00%	2018	2010	74.8													£ 9,582,842	incl	incl	incl	***incl above***	
Corbett Hospital	Ambulatory Care Centre	100.00%	2018	2005	44.38	B							£1,332,329.00					£ 10,442,137	incl	incl	incl	***incl above***	
Corbett Hospital	Smoking Shelter	100.00%	2018	2007	29.67													£ 9,495	incl	incl	incl	***incl above***	
Guest Hospital	Ambulatory Care Centre	100.00%	2018	2006	44.04								£1,796,737.00					£ 2,268,661	incl	incl	incl	***incl above***	
Guest Hospital	Smoking Shelter	100.00%	2018	2007	29.67													£ 9,495	incl	incl	incl	***incl above***	
Brierley Hill Health & Social Care Centre	N/A	33.02%																	incl	incl	incl	***£ 1,081,560***	
Stourbridge Health & Social Care Ce	N/A	35.60%																	incl	incl	incl	***£ 663,908***	
Central Clinic	N/A	28.93	2018			B/C	B	F	B	C	B/C	C	£ 25,239.00	£ 35,334.60	£29,314.60	£ 6,020.00	£ 7,485.80		£ 25,116	£ 18,905	£ 18,079	***£ 62,100***	
Cross Street Clinic	N/A	9.04%	2018			B/C	B	F	B	B	B/C	B	£ 10,890.00	£ 15,246.00	£11,046.00	£ 4,200.00	£ -		£ 16,787	£ 8,143	£ 5,889	***£ 30,818***	
Facilities Management Centre	N/A	58.16%	2018			B	B	U	B	B	B/C	B	£ 7,100.00	£ 9,940.00	£ 5,740.00	£ 4,200.00	£ -		£ 79,415	£ 83,814	£ 10,790	***£ 174,019***	
Greens Health Centre	N/A	27.78%	2018			B	B	F	B	B	B/C	B	£ 4,000.00	£ 5,600.00	£ 2,800.00	£ 2,800.00	£ -		£ 15,016	£ 1,563	£ 9,574	***£ 26,153***	
Halesowen Health Centre	N/A	27.37%	2018			B	B	F	B	C	B/C	B	£ 32,692.00	£ 45,768.80	£40,868.80	£ 4,900.00	£ -		£ 33,901	£ 25,731	£ 15,367	***£ 74,998***	
Lower Gornal Health Centre	N/A	17.11%	2018																£ 9,700	£ 11,091	£ 7,721	***£ 28,511***	
Netherton Health Centre	N/A	19.99%	2018																£ 6,468	£ 8,751	£ 7,810	***£ 23,028***	
Sedgley Health Library & Social	N/A	26.42%	2018																£ 28,695	£ 17,739	£ 16,424	***£ 62,858***	
St James Medical Practice	N/A	14.84	2018			B	B	F	B	B	B/C	B	£ 22,790.00	£ 31,906.00	£28,406.00	£ 3,500.00	£ -		£ 159,088	£ 19,253	£ 5,101	***£ 183,442***	
Wordsley Green Health Centre	N/A	51.48%	2018																£ 2,138	£ 9,495	£ 2,385	***£ 14,017***	
Wychbury Medical Practice	N/A	3.34%	2018			B	C	O	B	B	C	C	£ 8,500.00	£ 11,900.00	£11,900.00	£ -	£ -			£ 2,563	£ 1,130	***£ 3,693***	
Centafile	N/A																						

Enclosure 14

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 1st November 2018

TITLE:	**Black Country and West Birmingham Integrated Care System Roadmap**		
AUTHOR:	**Helen Hibbs, Black Country STP**	**PRESENTER**	**Diane Wake, Chief Executive**

CLINICAL STRATEGIC AIMS

Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.

CORPORATE OBJECTIVE: SO1, SO3, SO6

SUMMARY OF KEY ISSUES:

In the Black County and West Birmingham we have high performing organisations and are increasingly collaborating between organisations in our local place and across our STP footprint. Our colleagues in primary care are leading the way in developing new ways of working across health and social care, community services, mental health, voluntary and community sector and public health. However, our local health and care system faces significant challenges. They include: changes in population need; changes in how we organise and provide services; usage of estates and recruitment and retention of our workforce. In addition, we face gaps in care quality, health outcomes and financial sustainability. Our communities are highly diverse and many people face complex issues that affect their health and wellbeing such as: social deprivation; unemployment; substance misuse and poor lifestyle choices. These issues strongly influence our health population challenges:

- Higher numbers of people experiencing mental health problems
- Adult and child obesity
- Gaps in life expectancy and infant mortality
- Dementia, respiratory disease and diabetes diagnosis
- Substance misuse admissions

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**N**	**Details:**

The Dudley Group
NHS Foundation Trust

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

RECOMMENDATIONS FOR THE BOARD:

Comments required for the next Health Partnership meeting on 19th November, 2018.

NHS

Black Country and West Birmingham

Integrated Care System Roadmap

Our vision

Working together to improve the health,
wellbeing and prosperity of our local population

Transforming health and care

Over the last two years, the STP has provided us with a framework to transform our local health and care system in the Black Country and West Birmingham. It has enabled us to act systematically and together - to agree and address common challenges in a way that we could not as individual organisations.

Building on our strong track record of delivery and innovation, the STP will work collaboratively with its health and care partners to move towards an Integrated Care System (ICS).

Local context

In the Black County and West Birmingham we have high performing organisations and are increasingly collaborating between organisations in our local place and across our STP footprint. Our colleagues in primary care are leading the way in developing new ways of working across health and social care, community services, mental health, voluntary and community sector and public health.

However, our local health and care system faces significant challenges. They include: changes in population need; changes in how we organise and provide services; usage of estates and recruitment and retention of our workforce. In addition, we face gaps in care quality, health outcomes and financial sustainability.

Our communities are highly diverse and many people face complex issues that affect their health and wellbeing such as: social deprivation; unemployment; substance misuse and poor lifestyle choices. These issues strongly influence our health population challenges:

- Higher numbers of people experiencing mental health problems
- Adult and child obesity
- Gaps in life expectancy and infant mortality
- Dementia, respiratory disease and diabetes diagnosis
- Substance misuse admissions

Current issues

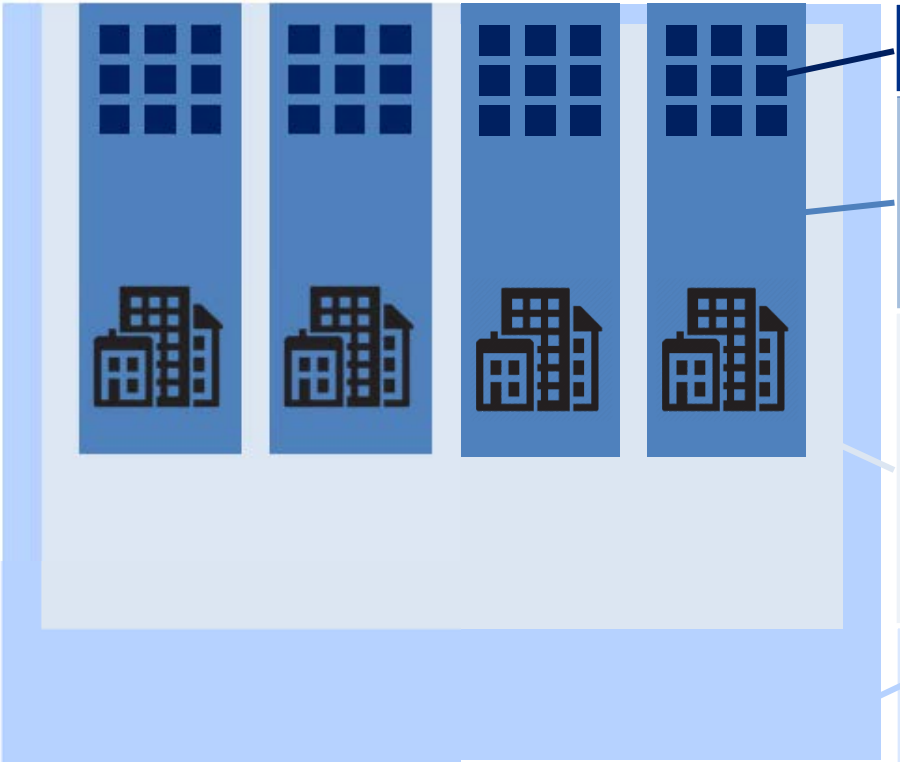
- Midland Metropolitan Hospital (MMH) development
- Dudley ED CQC concerns
- Walsall clinical workforce sustainability
- Wolverhampton delivery of cancer targets
- Transforming Care agenda
- Unwarranted variation in some mental health services

Drivers for integrated care

Future model for integrated care

Bringing health, social care and voluntary sector organisations together, to achieve improved health and wellbeing.

Future model for delivering integrated care



Neighbourhood	Services wrapped around 30-50,000 GP neighbourhoods
Place	Our four places support the integration of health and care services focussed around the patient. This includes: acute, community mental health, local authority and voluntary sector services.
System	BCWB STP Partnership sets the vision, strategy and pace of system wide development. It will oversea the delivery of the Partnership and ensures effective collaborative working. This is supported by: • STP Health Partnership Board • Black Country Joint Commissioning Collaborative • STP Clinical Leadership Group
Region	NHS England will continue to directly commission some services at a national and regional level, including most specialised services.

Integrated Care in the Black Country and West Birmingham

Integrated Care Alliance Wolverhampton

What is the vision?
The development of a health and care alliance across Wolverhampton with a focus on a place based model.

Who's involved?
City of Wolverhampton Council, Black Country Partnership Foundation Trust , Wolverhampton CCG, The Royal Wolverhampton NHS Trust and local GP practices. Also Healthwatch and Local Medical Committee representatives.

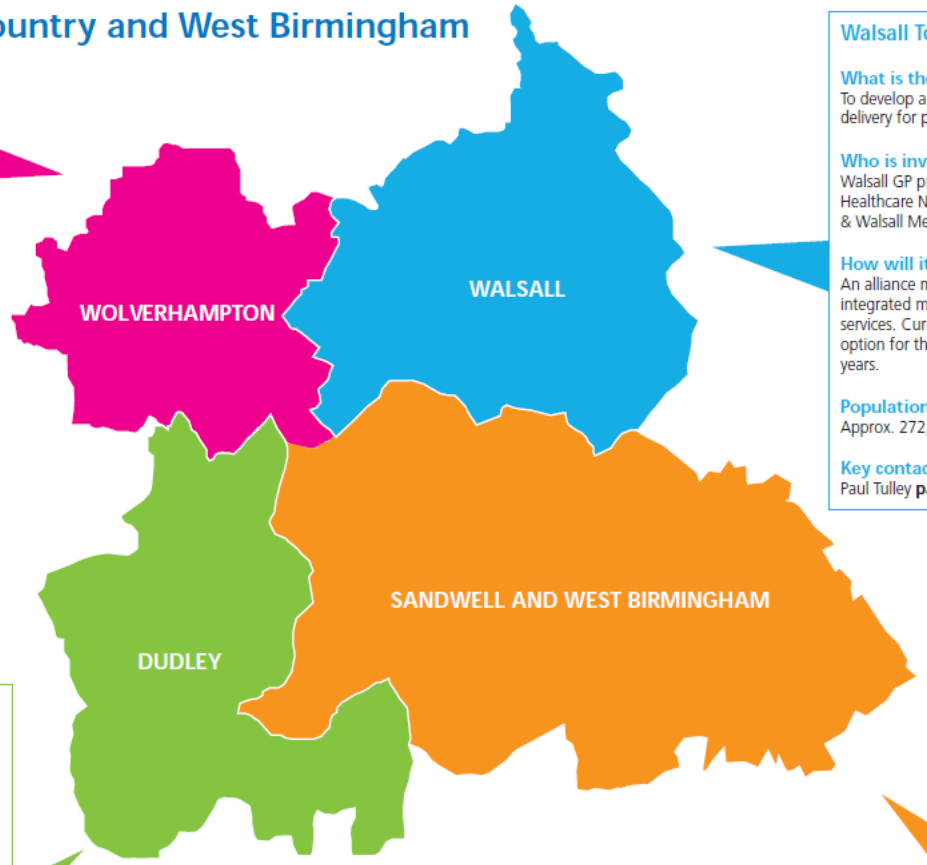
How will it work?
The system-wide alliance will be clinically led and will focus on:

- Shifting resource out of hospital to support more patients at home and in their communities
- Health promotion and disease prevention

It will use financial systems to incentivise changes in care and ensure sustainability.

Population size
Approx. 256,000 people.

Key contacts
Andrea Smith **andrea.smith21@nhs.net**



Walsall Together

What is the vision?
To develop an integrated health and care alliance for the delivery for place-based services

Who is involved?
Walsall GP practices, Walsall Borough Council, Walsall Healthcare NHS Trust, One Walsall, Healthwatch, Dudley & Walsall Mental Health NHS Trust and Walsall CCG.

How will it work?
An alliance model with shared governance and integrated management will provide place-based services. Currently, a host provider model is the preferred option for the alliance which will be phased in over three years.

Population size
Approx. 272,000

Key contacts
Paul Tulley **paul.tulley@walsall.nhs.uk**

Dudley Multispecialty Community Provider (MCP)

What is the vision?
To integrate primary and community care within a single organisation and so improve access, continuity and coordination of care.

Who's involved?
Dudley CCG and Dudley Metropolitan Borough Council are leading the procurement of Dudley MCP. In dialogue with partnership of four local NHS Trusts and local GPs.

How will it work?
The model is based on an ethos of "community where possible, hospital where necessary" by creating a network of GP-led health and care teams. Network will focus on co-ordination of care across the system.

Population size
Approx. 316,000 people.

Key contacts
Neill Bucktin **neill.bucktin@nhs.net**
Stephanie Cartwright **Stephanie.cartwright1@nhs.net**
For more information on the model,
visit **www.ATBDudley.org**

Sandwell and Western Birmingham Healthy Lives Partnership

What is the vision?
Providing greater integration between all providers (including: primary, community, mental health and independent providers) to shift care closer to home, improve patient experience to provide seamless and timely services and take lessons learned from the vanguard.

Who will be involved?
Sandwell and West Birmingham CCG, Sandwell and West Birmingham Hospital Trust, Birmingham Community Trust, BSMHFT, BCPFT, Sandwell Council, Birmingham City Council, emerging (new) Primary Care Networks and early conversations with the third sector to allow progressive integration over time.

How will it work?
Focus on keeping local people well and tackling underlying causes of ill health, inequality and vulnerability.

Population size Approx. 572,000

Key contacts Claire Parker **claire.parker2@nhs.net** Sharon Liggins **sliggins@nhs.net** Jenna Phillips **jenna.phillips@nhs.net**

Progress to date across the STP

Meeting targets for extended **GP access**

Black Country and West Birmingham named **GP retention intensive** support site

Individual Placement Support (IPS) service in all localities

Black Country and West Birmingham pilot site for **personalised care**

New Black Country Pathology Service due Autumn 2018

Action plan to **transform maternity** services in place

New Perinatal Mental Health Community Service launching Autumn 2018

Providers working in collaboration

Delivery and commissioning of some mental health services **'as one'** by April 2019

Maternity Voice Partnerships in each locality

STP Independent Chair and Portfolio Director **appointed**

Walsall and Wolverhampton **Stroke Service Reconfiguration**

Strategic objectives for delivering integrated care

Delivering integrated care – Clinical Strategy

Building on our strong place-based integration and financial performance, we are developing an STP clinical strategy which is clinically led. This will:

- Inform service delivery across the Black Country and West Birmingham
- Reduce unwarranted variation and duplication across the system and help address the triple aim.

The strategy highlights 12 priority areas: Cancer; Mental Health; Learning Disability Services; Maternity and Neonates; Children and Young People; Urgent and Emergency Care, Cardiovascular Disease, Clinical Support Services, Pathology, Musculoskeletal conditions; Respiratory Disorders and Frailty. Our current areas of focus are:

- Cancer
- Mental Health
- Learning Disability Services
- Maternity and neonates
- Primary Care

We recognise that effective clinical engagement is fundamental to the delivery of our clinical strategy and integrated care. This will be supported through the STP Clinical Leadership Group.

- Establishing clear, robust and manageable processes to provide clinical leadership and assurance across our programmes of work
- Developing an outcomes-based approach to healthcare and reducing unwarranted clinical variation.

Delivering integrated care - Primary Care

Primary care is at the heart of place based plans and integral to integrated care delivery.

- Clinical champions in our four place based areas
- GPs shaping and forming primary care networks
- GPs working together with secondary care to improve clinical pathways
- LMC engagement in each place and at STP level
- Primary care involved and shaping workforce development in place and at STP level
- Funding for GP clinical fellowship in the STP

Delivering integrated care – Strategic Commissioning

We will move towards strategic commissioning by:

- Working together across the STP/managing the system
- Developing a common outcomes framework
- Developing a model to enable both place and STP-wide commissioning and service delivery
- Commissioners and providers will work together to make services more clinically effective, keeping the patient at the centre of everything we do

Delivering integrated care - Enablers

We will

- develop an STP workforce strategy to support the STP clinical strategy
- develop common IT enablers (e.g. shared information governance) and estates enablers
- develop a shared view of system finances and performance
- deliver care through place based alliances
- collaborate on shared challenges across the STP and share best practice and infrastructure to address these, for example: Performance challenges, cancer and specialist services and urgent and emergency care/delayed transfer of care

In order to support the delivery of our system and place-based plans, we will strengthen and formalise STP governance arrangements and review the STP MoU. This will be signed off by respective organisational Boards to strengthen collective delivery.

Our strategic objectives (1/4)

Strategic Objective	Action	By Whom	By When	Existing STP programmes
Develop a system-wide, sustainable financial strategy	• Discuss financial plan monthly with reference to closing the financial gap in line with clinical strategy • Include patient pathways in financial discussions with partners • Financial reporting to happen at place-base rather than organisational level • Formalise risk share protocols – STP level • Draw on learning from other areas around risks and incentives	Finance Directors	April 2020	• Finance
Increase the proportion of system resources allocated to mental health/primary and community care	• Review system resource allocation • Differentially invest additional resource	Each CCG, with Finance Group to monitor progress	Plans in place by April 2019	
Develop a common outcomes framework for strategic commissioning	• Population health • Service intervention • Patient experience • Work with local authorities	Initially by place (CCG leads), then across STP	By Commissioning Intentions, early October 2018 (place) and October 2019 (STP)	• Wider determinants of health / prevention • Strategic commissioning / system management
Work with regional STP partners to review the opportunities around specialised and direct commissioning	• Define ask of NHSE/I for BCWB joint working • Collaboration with BSol/BCWB • Develop proposition for NHSE	Helen Hibbs Mike Sharon Mark Axcell Lesley Writtle	By Commissioning Intentions, early October 2018	

Our strategic objectives (2/4)

Strategic Objective	Action	By Whom	By When	Existing STP programmes
Commission defined specialist mental health and learning disability services and provide once across BCWB	• Bring mental health services back into the BCWB (to be done at STP level) • Shared view on clinical model • Develop commissioning strategy	Mark Axcell Lesley Writtle Steven Marshall	Plans developed by October 2018	Wider determinants of health / prevention Strategic commissioning / system management
Improve resilience, quality and performance of care home sector	• Review local and national best practice • Consider how we commission and contract	Local authorities Sally Roberts	Due with commissioning strategy October 2018	
Working towards cross-organisation collaboration across primary care, mental health and acute providers	• Agree required resource, leadership and governance model for STP • Establish what support and resource NHSE/I can provide to the STP	Helen Hibbs Alastair McIntyre	October 2018	Cancer CHC Planned Care Maternity Mental Health Primary Care 7 Day Services TCP UEC Clinical Strategy Personalisation PHBs Children
Develop and implement place-based models • Improve outcomes and reduce variation across BCWB • Share and implement best practice	• Establish governance for development and delivery • Agree clinical priorities at both place and STP level	Diane Wake/ Paul Maubach David Loughton/ Helen Hibbs Richard Beeken/Paul Maubach Toby Lewis/Andy Williams	April 2019	

Our strategic objectives (3/4)

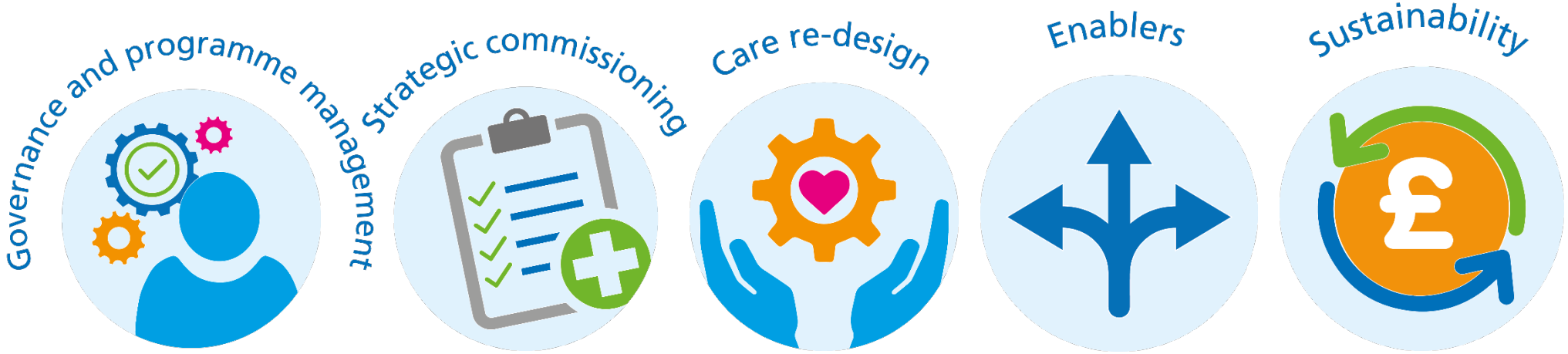
Strategic Objective	Action	By Whom	By When	Existing STP programmes
Develop an aligned urgent and emergency care pathway, jointly with the Ambulance Service	• Ensure embedded in the working practices of ambulance services and other organisations	Andy Williams	April 2019	Cancer CHC Planned Care Maternity Mental Health Primary Care 7 Day Services TCP UEC Clinical Strategy Personalisation PHBs Children
Make BCWB the best place to work in health and social care	• Develop health and social care workforce plan and strategy • Develop a shared workforce training approach • Develop a BCWB professional passport • Establish a shared bank of staff across BCWB	Mark Axcell (HR / LWAB / STP representation)	April 2022	RightCare/GIRFT Aspirant ICS Estates Performance & Assurance Comms &Engagement Information Sharing & Governance IM&T PMO/PSO
Review place-based operating models to develop a common IT/digital strategy and data-sharing approach	• Create a BCWB clinical portal • Use the tech and infrastructure group to address the BCWB single record issue • Develop shared information governance • Black Country LDR to drive change	Tony Gallagher Mike Hastings	April 2020	

Our strategic objectives (4/4)

Strategic Objective	Action	By Whom	By When	Existing STP programmes
Improve understanding of the STP for both staff and the population of BCWB	Develop STP level communications and engagement strategy	Alastair McIntyre	November 2018	
Achieve better value from our estate to release resource to care for our patients	Develop estates strategy	James Green	April 2019	
Achieve a single source of truth and system-wide data sharing approach	Develop shared BI service	Mike Hastings	April 2020	
Continue to progress a shared back office approach	Discuss collaboration between Trusts and CCGs	AOs/CEOs	April 2019	

Our ICS roadmap

Our ICS roadmap is structured around five key workstreams. The roadmap outlines the activities, milestones, delivery and resources to ensure we are on track to reach shadow status within 18 months.



Governance and Programme Management

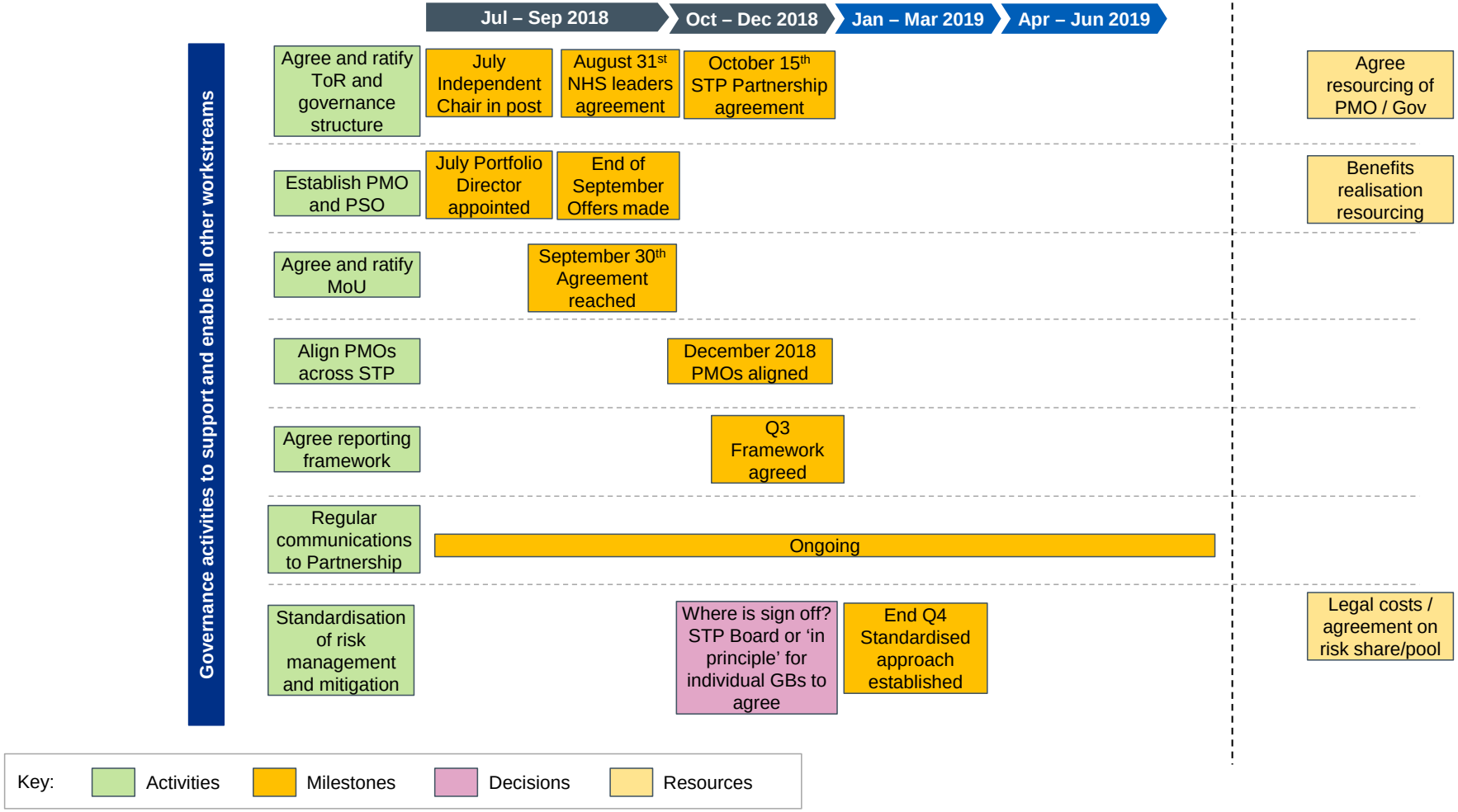
Workstream purpose

- To align leadership and transformation initiatives across the STP and four places
- To enable the STP to effectively implement and deliver new models of care, both at a place and system level
- To support the delivery of current and future transformation plans to enable benefits realisation

Setting the context

- We need to strengthen and clarify our governance arrangements as we progress the STP.
- We need to strengthen our shared resources (funds and people) to enable us to progress the agendas developed at STP level.
- Our PMO needs to work with existing PMO's across the system.
- The STP PMO initially recruiting to x3 roles
- The central PMO will liaise with individual organisations' PMO's as well as aligning to the STP transformation programme workstreams.
- The central PMO will report in to governing bodies and Boards – the regular reporting rhythm needs to be established.

Governance and Programme Management



Actions – Governance and Programme Management

Maturity matrix component	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome / benefit
1. Effective leadership & relationships	Structure STP governance to support and enable ICS plan	Agree and ratify terms of reference and governance structure	Alastair McIntyre	July 2018	October 2018	Clear decision making framework which will enable us to track milestones and delivery of the programme
3. Track record of delivery		Establish PMO and PSO	Alastair McIntyre	July 2018	October 2018	
4. Care redesign		Agree and ratify MoU	Alastair McIntyre	July 2018	September 2018	
3. Track record of delivery		Align PMOs across STP	Alastair McIntyre	July 2018	December 2018	
3. Track record of delivery		Agree reporting framework	Alastair McIntyre	July 2018	December 2018	
3. Track record of delivery		Establish regular communications to Partnership	Alastair McIntyre	Ongoing	Ongoing	
2. Strong financial management		Standardise risk management and mitigation	Alastair McIntyre	July 2019	March 2019	

Strategic Commissioning

Workstream purpose

- To support the integration of services at both a place and system level
- To support the priorities outlined in the clinical strategy
- To effectively align and share resources across the STP
- To establish, through an STP level common outcomes framework, a minimum set of core outcomes across the system, tailored for each place
- To support providers to develop their tactical commissioning capabilities
- To hold providers to account for the delivery of agreed common outcomes

Setting the context

- We need to be clear on our objectives for STP strategic commissioning – alignment and sharing of resources/best practice and/or commissioning once across the STP.
- When developing the STP level common outcomes framework, we will look for commonalities between existing place-based work, building bottom up and aligning. This will support us to establish a minimum set of core outcomes across BCWB.
- The STP common outcomes framework requires clinical input as well as public and patient engagement during its development.
- Existing mental health work programmes must be built into the STP plan.

Workstream – Strategic commissioning

	Jul – Sep 2018	Oct – Dec 2018	Jan – Mar 2019	Apr – Jun 2019	Jul – Sep 2019	Oct – Dec 2019
Develop a common outcomes framework for strategic commissioning	Complete place-based version	Align STP JSNA with place-based outcomes framework. Agree STP version structure/context Stakeholder engagement		Agreed criteria /principle of what is done once or x5 or at scale Coordinated stakeholder message Organisation board / governance sign off	Working version for providers to respond	
Commission defined specialist mental health & learning disability services and provide once across BC	Decide on areas of focus - quick wins/hotspots Define one provider one commissioner approach to MH&LD services	Define MH&LD clinical and delivery model at BC level in conjunction with care redesign group	Engage clinicians in scoping clinical models	Current nine schemes delivery plan from providers	Review scope beyond "nine services agreed" for MH for BC commissioning collaboration	Address variations at place Define clinical expectations and standards at service and individual level
Work with regional STP partners to review the opportunities around specialised and direct commissioning	Scope Take a view What is the BCWB STP role Bsol	Assessment. Benefits. Options: 1. List of current services commissioned by NHSE 2. Issues and opportunities 3. Priorities and plan		Decision on future commissioning approach to spec services		
Improve resilience, quality and performance of care home sector			Management of the care home sector to be developed with LA partners			

Key: Activities | Milestones | Decisions | Resources

Actions – Strategic Commissioning

Maturity matrix component	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome/benefit
5. Coherent and defined population	Develop a common outcomes framework for strategic commissioning	Align STP JSNA with place-based outcomes framework. Agree STP version → structure/context.	Paul Maubach	October 2018	December 2018	• Improved life expectancy • Reducing the number of people living with poor health • Reducing infant mortality • Reduce unwarranted variation
		Stakeholder engagement	Paul Maubach	October 2018	December 2018	
4. Care redesign	Commission defined specialist mental health and learning disability services and provide once across BC	Define one provider one commissioner approach to mental health and learning disability services.	Helen Hibbs	July 2018	September 2018	• Better access to services • Streamlined urgent and emergency care • Improved patient experience measures
		Define mental health and learning disability clinical and delivery model at BC level in conjunction with care redesign group.	Helen Hibbs	October 2018	December 2018	
		Engage clinicians in scoping clinical models.	Helen Hibbs	January 2019	March 2019	
		Review scope beyond “nine services agreed” for mental health for BC commissioning collaboration.	Helen Hibbs	July 2019	September 2019	
		Define clinical expectations and standards at service and individual level.	Helen Hibbs	October 2019	December 2019	
		Address variations at place level.	Helen Hibbs	October 2018	December 2018	
2. Strong financial management	Work with regional STP partners to review the opportunities around specialised and direct commissioning	Assess specialised commissioning opportunities and benefits. Options: 1) List of current services commissioned by NHS 2) Activity/cost/providers/org. of commissioning 3) Issues and opportunities 4) Priorities and plan	Andy Williams	October 2018	December 2018	• Delivering financial sustainability and living within our financial envelope • Meeting our control total • Increasing investment in mental health services
4. Care redesign	Improve resilience, quality and performance of care home sector	Management of the care home sector to be developed with local authority partners	Sally Roberts	November 2018	March 2019	• Better access to services • Improved patient experience measures

Care redesign

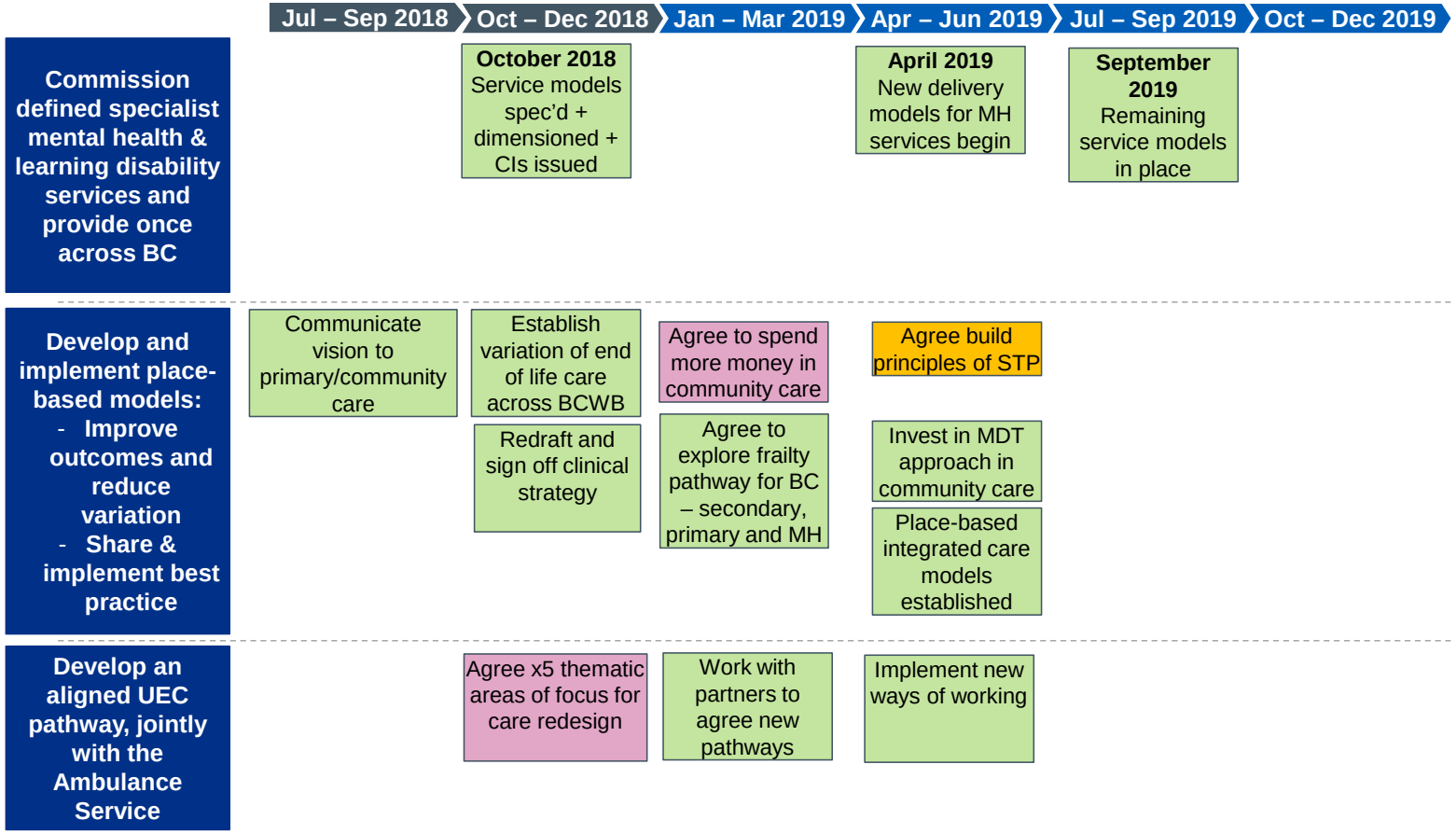
Workstream purpose

- To improve health outcomes across the Black Country and West Birmingham
- To align service delivery through place-based alliances
- To develop a common outcomes framework in close collaboration with the strategic commissioning work stream
- To ensure the sustainability of services across the Black Country and West Birmingham
- To reduce duplication and fragmentation across the system
- To deliver care in a financially sustainable way that supports a skilled and sustainable workforce
- To ensure that the population of the Black Country and West Birmingham have ready access to the right care in the right place at the right time

Setting the context

- Care redesign work will happen at a place-based level, with the STP enabling the four places to share and implement best practice.
- There is an opportunity to address the sustainability of services as an STP:
- What should be the breadth of scope for our clinical strategy?
- How do we define vulnerable services?
- How do we solve the problems?
- Key assumptions:
- Care will be primarily place-based.
- The care redesign work stream will work closely with the strategic commissioning work stream to develop the outcomes framework.
- There needs to be close alignment with our financial strategy (what we can afford) and workforce strategy (what we can deliver).

Workstream – Care redesign



Actions – Care redesign

Maturity matrix component	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome/benefit
4. Care redesign	Commission defined specialist mental health and learning disability services and provide once across BC	Spec and dimension service models and issue commissioning intentions.	Steven Marshall	July 2018	October 2018	• Improving the health and wellbeing of the population • Improved life expectancy • Reducing the number of people living with poor health • Reducing infant mortality • Reduce unwarrented variation • Improving the patients experience of health and care services • Better access to services • Streamlined urgent and emergency care • Improved patient experience measures
		Begin new delivery models for mental health services.	Steven Marshall	April 2019	Ongoing	
		Begin delivery of remaining service models.	Steven Marshall	September 2019	Ongoing	
4. Care redesign	Develop and implement place-based models: - Improve outcomes and reduce variation - Share and implement best practice	Communicate vision to primary and community care.	Leaders in place	July 2018	September 2018	
		Establish variation of end of life care across BCWB.	Leaders in place	October 2018	December 2018	
		Explore frailty pathway for BC across secondary, primary and mental health services.	Leaders in place	November 2018	January 2019	
		Invest in MDT approach in community care.	Leaders in place	April 2019	June 2019	
		Place-based integrated care models established	Leaders in place	July 2018	April 2019	
		Redraft and sign off clinical strategy	Leaders in place	July 2018	October 2018	
4. Care redesign	Develop an aligned Urgent and Emergency Care pathway, jointly with the Ambulance Service	Work with partners to agree new pathways and implement	Andy Williams	July 2018	April 2019	
		Agree five thematic areas of focus for care redesign.	Andy Williams	July 2018	October 2018	

Enablers

Workstream purpose

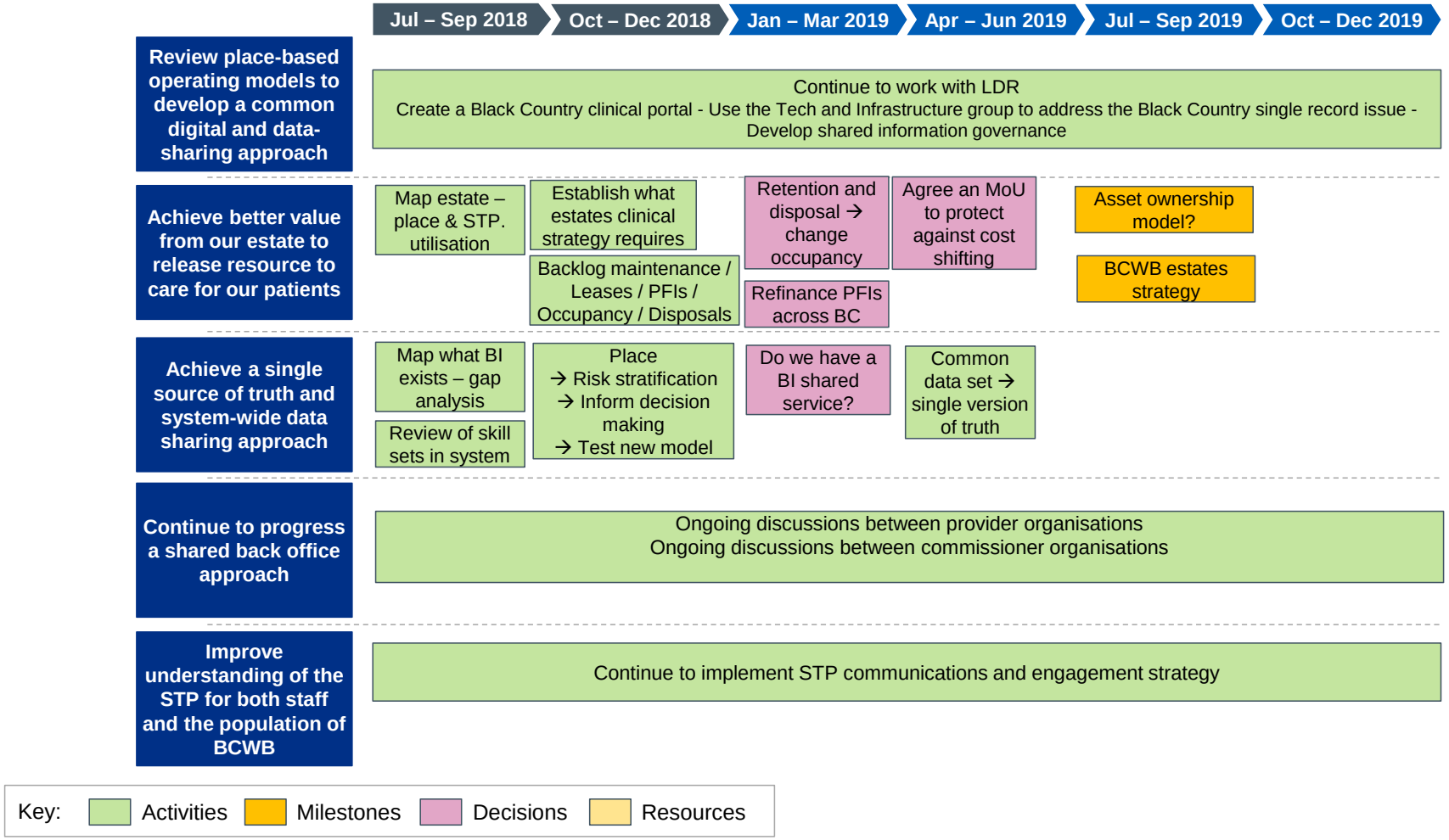
- To ensure that the relevant enabling functions are established to support the delivery of place and STP plans
- To ensure that non-clinical functions run as efficiently as possible in order to free up resource to invest in care
- To achieve better value from our estate to release resource for patient care
- To support the effective gathering, sharing and use of data across the STP

Setting the context

- Business intelligence: data sharing groups need to be established, as well as the governance around communication and data sharing across the STP.

  - What will the vehicle for delivery be – MoU? Alliance?
- Current programmes of work around estates and the digital roadmap need to be built into the STP plan.
- We need to look at synergies between existing place-based strategies to support the development of system-level enablers.
- Key assumptions:
  - The enablers work stream is particularly dependent on the care redesign work stream (timelines, resources).
  - Our view on the system operating model should inform requirements.

Work stream – Enablers



Actions - Enablers

Maturity matrix component-	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome/benefit
4. Care redesign	Review place-based operating models to develop a common digital and data-sharing approach	Continue to work with LDR Create a Black Country clinical portal - Use the Tech and Infrastructure group to address the Black Country single record issue - Develop shared information governance	Mike Hastings	July 2018	April 2020	• Delivering financial sustainability and living within our financial envelope • Meeting our control total • Increasing investment in mental health services • Increasing investment in primary and community care
2. Strong financial management	Achieve better value from our estate to release resource to care for our patients	Map estate at place and STP level and establish utilisation levels.	James Green	July 2018	September 2018	
		Establish the estates need driven by the clinical strategy.	James Green	October 2018	December 2018	
		Backlog maintenance / Leases / PFIs / Occupancy / Disposals	James Green	October 2018	December 2018	
4. Care redesign	Achieve a single source of truth and system-wide data sharing approach	Map what BI already exists and conduct gap analysis.	Mike Hastings	July 2018	September 2018	
		Conduct review of existing BI skillsets across the system.	Mike Hastings	July 2018	September 2018	
		Establish a common data set – a single source of truth.	Mike Hastings	July 2018	June 2019	
		At place level: - Risk stratification -Inform decision making - Test new model	Mike Hastings	July 2018	December 2018	
		Consider shared BI service	Mike Hastings	July 2018	December 2018	
2. Strong financial management	Continue to progress a shared back office approach	Ongoing discussions between provider organisations Ongoing discussions between commissioner organisations	James Green	July 2018	Ongoing	
3. Track record of delivery	Improve understanding of the STP for both staff and the population of The Black Country	Continue to implement STP level communications and engagement strategy	Alastair McIntyre	July 2018 Ongoing	Ongoing Ongoing	

Sustainability

Workstream purpose

- To establish a skilled and sustainable workforce, in order to reduce the reliance on agency staff and to ensure the best possible quality of care for the population
- To ensure the most effective allocation of resources across the system, enabling the right care to be delivered in the right place at the right time
- To support the financial sustainability of the system as a whole for the next 5-10 years and beyond

Setting the context

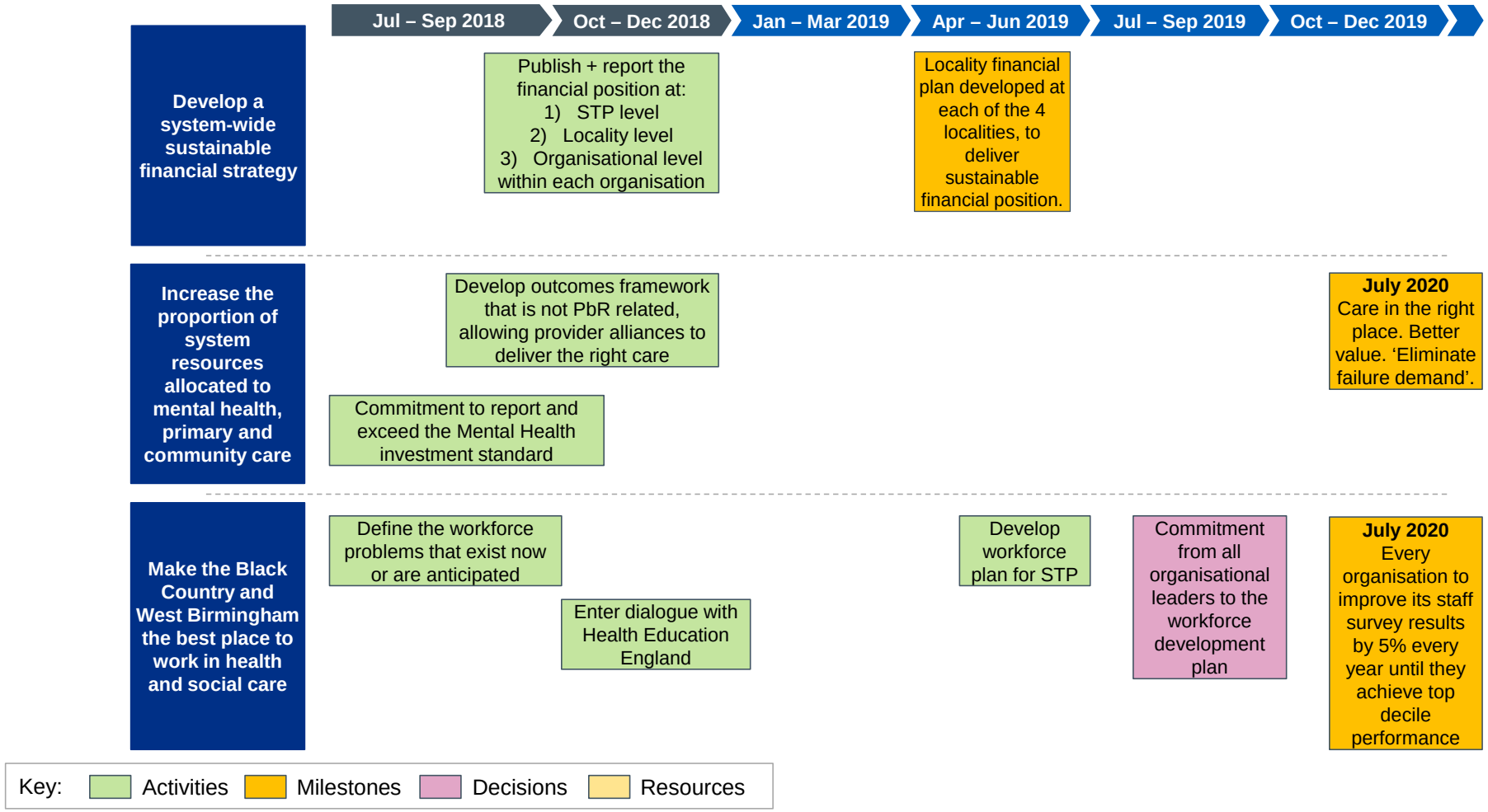
Workforce:

- We need to identify which staff groups / specialties will be a challenge in the next 5-10 years and consider how to pre-emptively address them now e.g. through training programmes.
- Do clinicians have the bandwidth to drive change within their organisations?
  - What can we do to help create the bandwidth and share ownership?
- We should consider the art of the possible – we need to be truly innovative with our education and training approach to establish a sustainable workforce.

Finance:

- We need to develop a system-wide view of our current position as a starting point, moving from an organisational view to a place-based view, consolidated at STP level.

Work stream – Sustainability



Actions - Sustainability

Maturity matrix component	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome/benefit
2. Strong financial management	Develop a system-wide sustainable financial strategy	Publish and report the financial position at: 1) STP level 2) Place level 3) Organisational level	James Green	October 2018	December 2018	• Delivering financial sustainability and living within our financial envelope • Meeting our control total • Increasing investment in mental health services • Increasing investment in primary and community care
2. Strong financial management	Increase the proportion of system resources allocated to mental health, primary and community care	Develop outcomes framework that is not PbR related, allowing provider alliances to deliver the right care.	James Green	October 2018	December 2018	
		Commit to report and exceed the mental health investment standard.	James Green	Ongoing	Ongoing	
3. Track record of delivery	Make the Black Country and West Birmingham the best place to work in health and social care	Define the workforce problems that exist now or are anticipated.	Mark Axcell	August 2018	October 2018	• Improving the patients experience of health and care services • Better access to services • Streamlined urgent and emergency care • Improved patient experience measures
		Develop workforce plan for STP.	Mark Axcell	April 2019	June 2019	
		Enter dialogue with Health Education England	Mark Axcell	October 2018	December 2018	

Milestones, Governance and Benefits Realisation

Key milestones and activities for the system - December 2018

Governance and Programme Management

- Governance, terms of reference, memorandum of understanding for STP signed off
- Portfolio director and PMO in place
- PMOs aligned across the STP
- Reporting framework agreed

Strategic Commissioning

- Commissioning and delivery of nine mental health services across the STP

Care redesign

- Clinical strategy signed off
- Commissioning intentions issued and service specifications agreed for new MH services
- Agreement on resources for MH providers for 18/19 to match or exceed MH investment standard

Enablers

- Continue to implement the STP communications and engagement strategy
- Continue to work on the Local Digital Roadmap (LDR)

Sustainability

- Digital strategy progressed across the STP
- Publish and report on financial position at STP, locality and organisational level
- Define current workforce problems and enter dialogue with HEE

Key milestones and activities for place - December 2018

Governance and Programme Management

- Governance agreed for place-based integrated care models x4

Strategic Commissioning

- x4 place-based outcomes framework complete

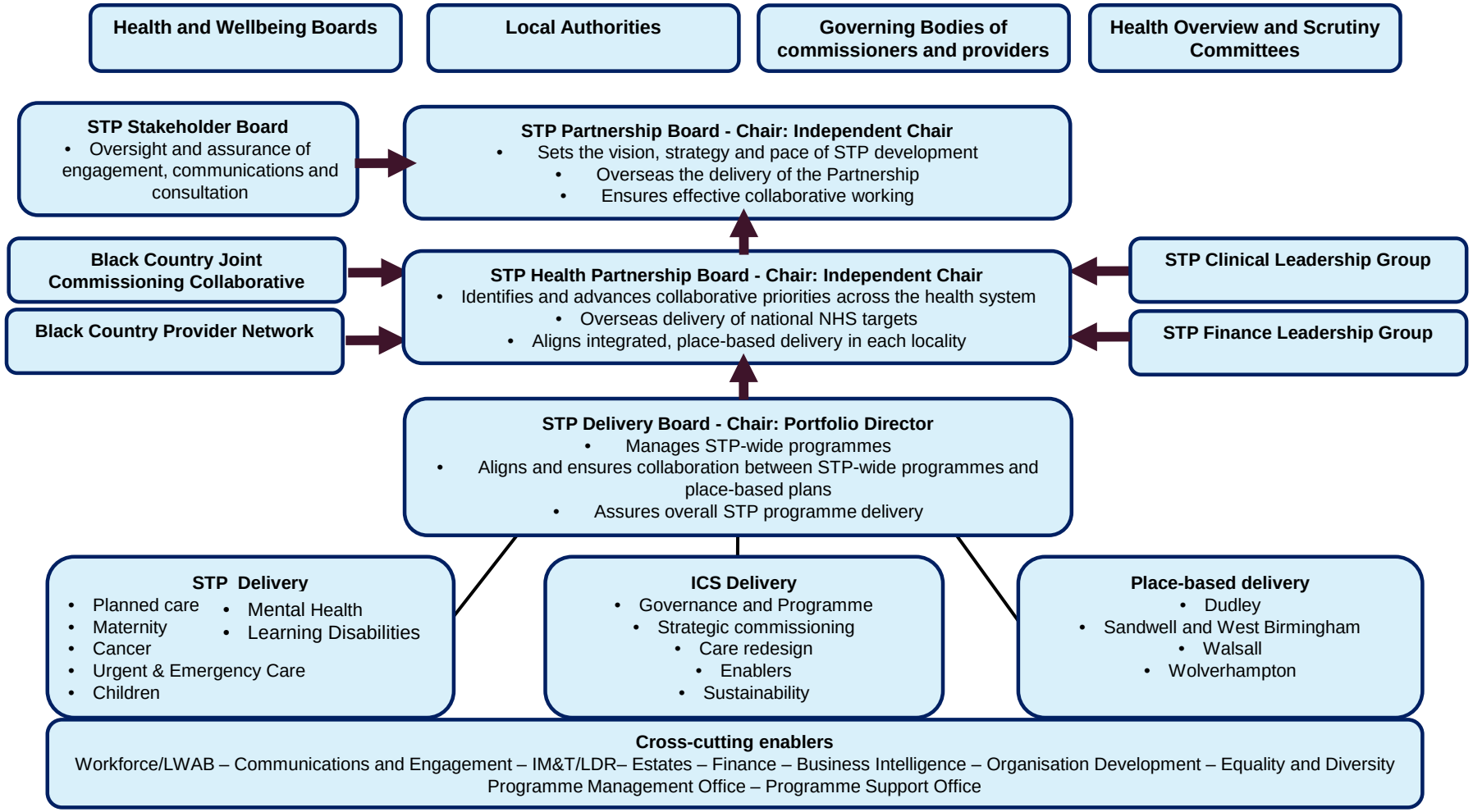
Care redesign

- Continue to develop x4 place-based integrated care models

Enablers

- OBC for Midland Met approved

Proposed Governance



2023 benefits realisation

Delivering financial sustainability and living within our financial envelope

- Meeting our control total
- Increasing investment in mental health services
- Increasing investment in primary and community care

Improving the health and wellbeing of the population

- Improved life expectancy
- Reducing the number of people living with poor health
- Reducing infant mortality
- Reduce unwarranted variation

Improving the patients experience of health and care services

- Better access to services
- Streamlined urgent and emergency care
- Improved patient experience measures

Integrated, collaborative and patient-centred

What support do we need to deliver integrated care?

Priority areas support request:

System development

- Access to some continued external consultancy support to assist with programme delivery
- Single regulatory framework
- Half day service review for BC to review and understand assurance processes and timelines
- NHSE/I to support STP regarding specialised commissioning

Provider development

- Workshops for development learning from early wave ICS sites
- Forum to share best Practice
- What other development support is available for provider organisations?

Thank you.

Enclosure 15

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors
On 1 November 2018

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

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:

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

SUMMARY OF KEY ISSUES:

Summary of key issues discussed and approved at the Charitable Funds Committee on 27 September 2018.

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHSI	**N**	**Details:**
	Other	**Y**	**Details:** Charity Commission

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE BOARD:

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

Meeting	Meeting Date	Chair	Quorate	
Charitable Funds Committee	27 September 2018	Julian Atkins	yes	no
			Yes	

Declarations of Interest Made

None

Assurances Received

SURGERY, WOMEN AND CHILDREN DIVISIONAL STAFF WELLBEING FUND

Mr Hobbs attended with two staff from the division to present a proposal for the establishment of a Surgery, Women and Children Divisional Staff Wellbeing Charitable Fund. This follows the setting up within the Division of a multi-disciplinary 'Staff Experience Task Force' to promote the health, wellbeing and engagement of staff.

The proposal was discussed at length by the Committee particularly in respect of the potential impact on staff in other divisions and the possible use of money from the fund for staff development when other funds for this purpose, such as the apprenticeship levy, already exist.

The Committee supported the proposal on the basis that it could be used as a model that could be rolled out across other divisions and that Mr McMenemy was consulted with regard to the proposed spending on staff development.

Mr Hobbs will attend the next Charitable Funds Committee Meeting to provide an update on progress.

MATTERS ARISING FROM THE PREVIOUS MEETING

Mrs Abbiss informed the meeting that the Fundraising Manager had contacted fifteen local companies, but had not managed to secure any appointments to date.

FUNDRAISING BENCHMARKING

Mr Walker reported that he had conducted a benchmarking exercise with neighbouring Trusts. The exercise showed that DGFT is not out of line in terms of resources, that corporate donations are a significant source of funds and that no neighbouring Trusts have charity shops.

STRATEGY TO IMPROVE GENERAL FUND BALANCES

Mrs Abbiss informed the Committee that she had asked Mrs Phillips to set up a fundraising task force within the Trust to harness the efforts of those staff wishing to fundraise.

Mrs Abbiss will work with Mrs Phillips to develop a strategy to increase the general fund balances. It was again emphasised that corporate sponsorship would be an effective way of doing this.

FUNDRAISING UPDATE

Mrs Abbiss reported that income was showing a positive variance of £80,000 against target. This was largely due to a grant of £37,000 from Goodyear and a donation of £28,000 for the Baby Bereavement Fund.

She also informed the Committee that the Neon dash had been a great success with over 250 people participating and generating income of £21,150, that £36,000 had already been raised for the Baby Bereavement Fund and that the final amount raised for the Wheelchair Campaign was £30,768.

Forthcoming events were :

- Will Fortnight
- Dudley Park Run
- Sparkle Party
- Christmas Jumper Day
- Santa Cycle Dash

FINANCE UPDATE

Mrs Taylor presented the Finance update. She reported that the total fund balance stood at £2,145,524 whilst the general funds balance was £67,200. Income for the period ending 31 August 2018 was £335,699 whilst expenditure was £195,516.

FUNDING REQUESTS

Three bids were approved :-

Two collapsible IV drip stands and carry bags for use in patients' homes by the Community team. £338

Falls prevention bed and chair alarms for wards B1 and B4. £594

Gel ice packs and freestanding freezer cabinet. The ice packs will be used to reduce inflammation and pain for patients that have had a total knee replacement. £865

A bid for an AF80 self-contained ice flaker ice machine for palliative and acutely unwell patients across the Surgical division was deferred pending clarification of the costs and a bid for vinyl lift wraps to communicate a Sepsis message was deferred pending clarification of the number of lifts they were required for.

One bid, for a storage trolley for the plaster room, was declined.

Decisions Made / Items Approved
FUNDING REQUESTS Three bids were approved :- Two collapsible IV drip stands and carry bags for the Community team Falls prevention bed and chair alarms for B1 and B4 Gel ice packs and freestanding freezer cabinet One bid, for a storage trolley for the plaster room, was declined
Actions to come back to Committee
Bid for a Scotsman AF80 ice machine and bid for vinyl lift wraps
Items referred to the Board for decision or action
None