

Public Board of Directors Meeting

Thursday 10th January 2019

10.45am – 12.35pm

Meeting room 7 & 8,
Clinical Education Centre,
1st Floor, South Block

Our vision: Trusted to provide safe, caring and effective services because people matter



BOARD MEETINGS PUBLIC INFORMATION SHEET

The Dudley Group meets in public every month and welcomes the attendance of members of the public and staff at its Board meetings to observe the Board's decision-making process.

1. Introduction

This sheet provides some information about how Board meetings work.

Name signs for each board member are displayed on the table in front of the member to enable you to identify who is speaking at the meeting.

Some items are confidential (for example if they concern an individual or a commercial contract) – these are dealt with in part II (confidential) of the meeting.

Copies of the agenda and papers are available at the meetings, and on our website <http://dudleygroup.nhs.uk/> or may be obtained in advance from:

Helen Forrester
EA to Chief Executive & Chairman
The Dudley Group NHS Foundation Trust
DDI: 01384 321012 (Ext. 1012)
Email: helen.forrester@nhs.net

Gilbert George
Inteim Director of Governance/ Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
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2. Board Members' interests

All members of the Board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the trust and these are recorded in a register. If you would like to see the register, please contact the Company Secretary or visit our website.

Members are also required to state at the start of the meeting if they have an interest in any of the items under discussion. Special rules govern whether a member who has declared an interest may take part in the subsequent discussion.

3. Opportunity for questions

Members the public, should raise any questions directly to the Chair at the conclusion of the meeting.

4. Debate

The board considers each item on the agenda in turn. Each report includes a recommendation of the action the board should take. For some items there may be presentation; for others this may not be necessary. The board may not actively discuss every item – this does not mean that they have not received careful consideration; it means that nobody at the meeting considers it necessary to debate the subject. A formal vote need not be taken if there is a general consensus on a suggested course of action.

5. Minutes

A record of the items discussed and decisions taken is set out in the minutes, which the board will be asked to approve as a correct record at its next meeting.

The minutes as presented to the next meeting of the Trust Board for approval are added to the website at the same time as the papers for that meeting.

6. Key Contacts

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Interim Director of Governance/ Board Secretary
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Tel: 01384 321114 ext 1114
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THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example. This document should be read in association with the NHS Code of Conduct.

Board of Directors
Thursday 10th January, 2019 at 10.45am
Clinical Education Centre
AGENDA

Meeting in Public Session

All matters are for discussion/decision except where noted

	Item	Enc. No.	By	Item Related to Strategic Objective	Action	Time
11.	Chairmans Welcome and Note of Apologies – D Wulff, J Hodgkin		J Ord		To Note	10.45
12.	Declarations of Interest Standing declaration to be reviewed against agenda items.		J Ord		To Note	10.45
13.	Announcements		J Ord		To Note	10.45
14.	Minutes of the previous meeting					
	14.1 Thursday 6 December 2018	Enclosure 10	J Ord		To Approve	10.45
	14.2 Action Sheet 6 December 2018	Enclosure 11	J Ord		To Action	10.50
15.	Staff Story	Video	L Abbiss		To Note & Discuss	10.55
16.	Corporate Risk Register/Board Assurance Framework	Enclosure 12	G George		To note assurances	11.05
17.	Chief Executive's Overview Report: Well Led	Enclosure 13	D Wake	All	To Discuss	11.15
18.	Safe and Caring					
	18.1 Clinical Quality, Safety and Patient Experience Committee Exception	Enclosure 14	J Atkins	SO1&2	To note assurances & discuss any actions	11.25
	18.2 Chief Nurse Report including Safer Staffing and Safeguarding	Enclosure 15	C Love-Mecrow	All	To note assurances & discuss any actions	11.35
	18.3 Infection Control Report	Enclosure 16	E Rees	All	To note assurances and discuss	11.45

19.	Responsive and Effective					
	19.1 Integrated Performance Dashboard	Enclosure 17	K Kelly	SO1,2,4,5,6	To note assurances & discuss any actions	11.55
	19.2 Finance and Performance Committee Exception report	Enclosure 18	T Jackson	SO6	To note assurances & discuss any actions	12.05
20.	Well Led					
	19.1 Brexit Contingency Plan	Enclosure 19	K Kelly	SO1,2,3	To note assurances & discuss actions	12.15
	19.2 Charitable Funds Committee Report	Enclosure 20	J Atkins	SO1&5	To note and discuss	12.25
21.	Any other Business		J Ord			12.35
22.	Date of Next Board of Directors Meeting 8.30am 10 th January, 2018 Clinical Education Centre		J Ord			12.35
23.	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			12.25

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

**Minutes of the Public Board of Directors meeting held on Thursday 6th December,
2018 at 10.2am 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
Julian Hobbs, Medical Director
Richard Welford, Non Executive Director
Jonathan Hodgkin, Non Executive Director
Diane Wake, Chief Executive
Karen Kelly, Chief Operating Officer
Andrew McMenemy, Director of HR

In Attendance:

Helen Forrester, EA
Mark Stanton, Chief Information Officer
Carol Love-Mecrow, Deputy Chief Nurse
Gilbert George, Interim Director of Governance
Natalie Younes, Director of Strategy and Business Development
Liz Abbiss, Head of Communications
Babar Elahi, Guardian of Safe Working (Item 18/139.3)
Derek Eaves, Freedom to Speak Up Guardian (Item 18/139.4)
Philippa Brazier, Freedom to Speak Up Guardian (Item 18/139.4)
Jeff Neilson, Director of Research and Development (Item 18/139.5)

**18/130 Note of Apologies and Welcome
10.40am**

Apologies were received from Mark Hopkin. The Chairman welcomed Carol Love-Mecrow, who was attending for the Chief Nurse.

**18/131 Declarations of Interest
10.40am**

There were no declarations of interest.

**18/132 Announcements
10.40am**

The Board noted the contribution made by Glen Palethorpe the former Director of Governance for all his work supporting the Board, Committees and Governors.

**18/133 Minutes of the previous Board meeting held on 1st November, 2018
(Enclosure 9)
10.40am**

The minutes were agreed as a correct record of the meeting and signed by the Chairman.

**18/134 Action Sheet, 1st November, 2018 (Enclosure 10)
10.41am**

18/134.1 Breast Screening Annual Report

The Chief Operating Officer to contact Mr Stonelake for an update.

18/134.2 Service Improvement Group

The first meeting has been arranged for the 14th December, 2018. The Chairman to be sent invitations and will attend as an observer.

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

The Chief Operating Officer to contact Mr Stonelake for an update on the appointment of additional Radiographers.

The Chairman to be sent invitations to the Urgent Care Service Improvement Group.

**18/135 Patient Story
10.45am**

The Head of Communications presented the patient story. The story was from two patients who had undertaken the Zenkers Diverticulum procedure.

Both patients had previously had failed operations. The procedure performed at the Trust by Prof. Ishaq has an 80% success rate. The surgery had completely changed the health of the patients and now allowed them a normal life.

The Chairman stated that the Gastroenterologists at the Trust should be extremely proud of the work that they are doing.

The Chief Executive confirmed that the Trust is receiving numerous referrals from outside of the area for the procedure and it is looking at how it can make the service more robust.

The Chairman and Board noted the positive story and asked that the Board's thanks are passed on to the patients.

18/136 Chief Executive's Overview Report (Enclosure 11)
10.50am

The Chief Executive presented her report Enclosure 1 included the following highlights:

- Healthcare Heroes Awards: The individual award had been presented to Melvin Wilson for his work on the Forget-me-not Unit. The Team
- National Staff Survey: 36.5% response rate, which is below the national average.
- 58% of staff have been vaccinated to date.
- Cancer Screening Programme: A national review is being undertaken.
- Shrewsbury and Telford A&E Closure: The planned closure will not happen in the short term due to increased staffing.
- Performance Report: Positive call with NHSI the previous day on winter preparedness. NHSI congratulated Dudley on its performance.

Dr Wulff, Non Executive Director, raised the issue of violence against staff and was informed that DGFT has a zero tolerance approach..

The Chairman and Board noted the report.

18/137 Safe and Caring

18/137.1 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 12)
10.57am

Mr Atkins, Non Executive Director, presented the Clinical Quality, Safety and Patient Experience Committee Exception Report, given as Enclosure 12.

The Board noted the following key highlights:

The Risk and Assurance Group confirmed that SIs are being reported sooner which was positive. The Committee also received a positive Safeguarding Report.

Falls performance is better than average and the Trust is also performing well for pressure ulcers.

The Committee had discussed Mike Bewick's report and noted the recommendations and action plan, the Board also noted DGFT Duty of Candour obligations..

Mr Miner, Non Executive Director, asked about Brexit and drug supplies. It was noted that this was a procurement issue and was being addressed at a national level.

The Chairman suggested that the Board looks at its contingency plans around Brexit at its January meeting.

The Chairman asked about the live Safeguarding system. This related to the local council and was not an issue attributable to the Trust.

The Chairman and Board noted the report and assurances provided.

Contingency Plans for Brexit to be presented to the January Board.

18/137.2 Chief Nurse Report (Enclosure 13)
11.05am

The Deputy Chief Nurse presented the Chief Nurse Report given as Enclosure 13.

The Board noted the following key issues:

- Safer Staffing: 25 experienced nurses and 50 graduates due to commence at the Trust.
- Resus Team: Training has not been reduced as a result of the staffing issues within the team. A new Resus officer has commenced this week. The surgical division is providing support from the Anaesthetists for mandatory training.
- Safeguarding Board: The Trust is taking steps to ensure there is improved attendance.
- Professional Development: There is a new national education training survey. The Trust has received some negative feedback. The Board should be assured that all issues have been addressed in relation to this.

The Chairman stated that at the last meeting the Board raised the issue of the staffing against the new establishment. The Deputy Chief Nurse confirmed that the Trust ensures that all ward areas are assessed to ensure they are safely staffed on a daily basis.

Mr Miner, Non Executive Director, raised the care per patient rate and asked given the acuity of the patient staffing falls within the required range. The Chief Nurse confirmed that all wards are reviewed on an individual basis. The Director of Human Resources confirmed that NHSI have offered support around staffing levels. Mr Miner asked to see more detail in the next report.

The Chief Executive stated that staffing levels and fill rates should be included in the Chief Nurse report and not just the Performance Report.

Mr Hodgkin, Non Executive Director, confirmed that the Finance and Performance Committee had also asked to see further detail on staffing and how we deliver nursing in a more cost effective way.

Ms Holland, Non Executive Director, asked about MRSA. The Chief Executive confirmed that she led the RCA meeting and it was noted that it was from a likely contaminant.

There were actions agreed around skin decontamination and de-colonising by the infection control team. The Chairman confirmed that this was the first case in 3 years. Dr Wulff, Non Executive Director stated that this shows that even when organisations are performing well they have to remain vigilant.

Mr Welford, Non Executive Director, asked about Registered Nurse fill rates. Shifts released to agency are for the old establishment, new establishment shifts can only go out to bank and these are hard to fill.

The Chairman and Board noted the report and that the next report will include further detail on staffing levels.

The next Chief Nurse report to include further information around staffing levels and the feedback from NHSI.

18/138 Responsive and Effective

18/138.1 Integrated Performance Report (Enclosure 14) 11.50am

The Chief Operating Officer presented the Integrated Performance Report given as Enclosure 14.

The Board noted the following key issues:

- Performance for October 2018.
- Cancer key metrics: Good performance noted and the Trust continues to monitor this closely.
- RTT: The Trust is in the top 5 nationally for its RTT performance.
- DM01: Good performance noted.
- ED Emergency Access Standard: The Trust continues to see unprecedented demand.
- Delayed Transfers of Care: 88 medically fit patients within the organisation.
- Paediatric ED: Seeing unprecedented demand and this has provided some capacity challenges. The ED and Paediatric Doctors are looking at how best to meet the additional demand. The Chief Executive stated that the Paediatric ED area is too small and we are looking at where the area could be better housed.

The Medical Director asked to the Board to note the favourable change to HSMR and SHMI.

The Director of HR confirmed that there was a focus on absence and vacancy management. Stress and musculo-skeletal are the main reasons for sickness absence.

The Chief Executive raised RTT performance and asked that the Board notes that there are some pathways where the Trust is not compliant and this should be included in the report.

The Chairman and Board noted the report and current performance and that RTT detail will be highlighted in future performance reports.

The details behind the RTT performance to be highlighted in future performance reports.

18/138.2 Finance and Performance Committee Exception Report (Enclosure 15) 11.20am

Mr Hodgkin, Committee Chair, presented the Finance and Performance Committee Exception Report, given as Enclosure 15.

The Board noted the following key issues:

- End of year forecast has deteriorated again over the month.
- There are risks with the downside position and the Trust can expect to see some further deterioration on the forecast. Staff costs remain a major concern.
- NHSI are looking at the Trust's forecast position.
- The Trust is exploring additional income opportunities with Commissioners.
- Need to break even in November to recover from the October shortfall position to recover quarter 3.
- The December Finance and Performance Committee will consider whether the Trust needs to reforecast its control total.

The Chairman asked about financial grip and control measures. Mr Hodgkin confirmed that there remains some budgets that have not been signed off. The Trust cannot start the next year with any budgets unsigned.

The Director of Finance confirmed that the Trust has heightened controls in a number of areas.

The Chairman and Board noted the report and disappointing financial performance.

18/139 Well Lead

18/139.1 Workforce Committee Exception Report (Enclosure 16)

11.30am

Mr Atkins, Committee Chair, presented the Workforce Committee Exception Report given as Enclosure 16.

The Board noted the following key issues:

- The Committee appreciated Mr Stonelake's positive report on revalidation.
- A Business Case was presented to support nurse recruitment and this is being presented to the Finance and Performance Committee in December.

Mr Miner, Non Executive Director, asked about exit interview feedback. It was noted that high level feedback was included in the paper. The process will be automated from January.

The Chairman asked about progress with appointing a Quality Lead. Board members to confirm the position before the Governors meeting that evening.

The Chairman and Board noted the report.

18/139.2 Winter - Operational Plan (Enclosure 17)

11.23pm

The Chief Operating Officer presented the Winter Operational Plan given as Enclosure 17.

The papers detailed the Trust's Surge and Escalation Plan and should be read in conjunction with the Trust's Winter Plan.

ED had designed a set of internal triggers that are used in their safety huddles which take place every 2 hours within the Department.

The Trust has shared its plans with NHSI and NHSE and a winter assurance visit took place on 19th November to test out the Trust's plans. The visit went well and the Trust has received some positive feedback, with 23 routine actions received.

Mr Miner, Non Executive Director, asked how surge and escalation can be stress tested. The Chief Operating Officer confirmed that plans are stress tested every single day.

Dr Wulff, Non Executive Director, stated the paper was presented as a plan but the document is a policy.

The Chairman stated that there were errors on the document footers and an Annexe to the document that did not belong to the Trust.

The report from NHSI will be circulated to Board members.

The Chairman and Board noted the report and comments in relation to triggers, reactive actions, assurance, quality metrics and outcomes of actions.

NHSI report to be circulated to Board members
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18/139.3 Guardian of Safe Working Report (Enclosure 18)

11.46am

The Guardian of Safe Working presented his report, given as Enclosure 18.

This was the 9th report to Board. The Board noted the following key highlights:

There were 30 exception reports to note and all reports were now closed. Exception reporting is proportionate to rota gaps.

The Medical Director welcomed the increase in exception reporting as this was healthy to see. He asked how the Trust compares in reporting in comparison to its peers. The Guardian confirmed that the Trust is performing very well. At the next Guardian's meeting in January the Group will look further at benchmarking data.

The Chairman thanked the Guardian for his hard work and national representation.

The Chairman and Board noted the report.

18/139.4 Freedom to Speak Up Guardian's Report (Enclosure 19)

12.00noon

The Freedom to Speak Up Guardian's presented their report, given as Enclosure 19.

The Board noted that there had been 19 contacts received in total for the quarter.

In relation to the Speak Up Guardian's survey, the Trust is reasonably compliant with most recommendations and partially compliant with a small number. This has been raised with the Chief Executive and Dr Wulff, Non Executive Director Lead.

There had been 14 expressions of interest to become a Freedom to Speak Up Champion from across a range of areas.

The Medical Director was pleased to note the increase in reporting. He asked if Champions have generic skills for receiving concerns or whether they were only able to receive concerns from their specific areas. Derek Eaves confirmed that staff could speak directly to either of the Speak Up Guardians if they were not comfortable speaking to the Champions.

The Chairman confirmed that the Guardians continue to work closely with the Freedom Safe working Guardian.

The Chairman asked when anonymous concerns are raised that themes are collated and outcomes detailed on the hub. It was confirmed that this was the case.

Mr Atkins, Non Executive Director, asked about following up concerns. The Guardian's noted that all concerns are followed up within a month.

The Chairman and Board noted the report and the appointment of Champions and the liaison with the Chief Executive and lead Non Executive Director.

18/139.5 Research and Development Report (Enclosure 20) 12.13pm

The Director of Research and Development presented his report given as Enclosure 20.

Dr Neilson confirmed that Research at the Trust is in a positive position and resource has been sustained. The Pharmacy and archiving issues have now been resolved.

Mr Welford, Non Executive Director, noted the positive report. He asked about the data contained within the report and the decrease in commercial studies. Dr Neilson confirmed that all studies are profitable and the Department looks very closely at costs and is meeting its performance targets.

The next report will be presented to Board in 6 months time and the Chairman asked that this include some further detail on commercial opportunities.

The Medical Director asked what support is required to help improve research within the organisation. Dr Neilson confirmed that the space for areas to undertake research is predominantly an issue.

Mr Atkins, Non Executive Director, stated that research helps the reputation of the Trust but does it also help attract staff. Dr Neilson confirmed that it did, and particularly so within Rheumatology. Mr Atkins asked about research performance against peers. Dr Neilson confirmed that it benchmarks well against other local Trusts.

The Chairman and Board noted the report.

The next report to Board to include further detail on commercial opportunities and comparisons with research levels undertaken at other Trusts.

18/139.6 Digital Trust Committee Exception Report (Enclosure 21)

10.37am

Mr Welford, Committee Chair, presented the Digital Trust Committee Exception Report, given as Enclosure 21.

The Committee had reviewed its role and purpose and moving forward it was decided that the Committee would be more strategically focussed. The Terms of Reference are included in the papers.

An IT Steering Group will be established reporting into the Digital Trust Programme Committee. The IT Steering Group will meet monthly and the Digital Trust will meet every 2 months.

The Digital Trust is continues to deliver against target but has changed its phasing to complete in the 2019/20 period instead of March 2019.

Mr Hodgkin, Non Executive Director, asked about capital spend. The Chief Information Officer confirmed that there would be no impact on capital spend.

The Population Health Business Case had been reviewed, this was a key enabler for the MCP. The Chief Information Officer confirmed that there is a capital and revenue issue with the case and this was being reviewed.

The Chairman and Board noted the report and approved the new Terms of Reference for the Committee and the establishment on the new IT Steering Group.

18/139.7 Audit Committee Exception Report (Enclosure 22)

12.30pm

Mr Miner, Committee Chair, presented the Audit Committee Exception Report, given as Enclosure 22.

The Board noted the following key issues:

4 Reports were presented to the last Audit Committee. There was only partial assurance around the Quality Improvement Programme.

The Clinical Audit Programme is progressing well but the Trust needs to look at the way that it undertakes documentation.

The Audit Committee remains exercised by the Board Assurance Framework and the systems around it.

The Board noted that the Board Assurance Framework will be discussed in detail at the Board Workshop on 11th December. The Interim Director of Governance confirmed that more detail will be presented to the Board following the Deloitte Workshop. Mr Miner stated that the document should also be given more focus on the Board agendas as it normally appears at the end and is given little time for debate. Mrs Holland confirmed that she would welcome a simplified document.

The Committee also wanted to give further focus around MCP risks.

The Chairman and Board noted the report.

18/140 Any Other Business

12.35pm

The Chairman asked Mrs Holland to pass on the Board's thanks to the Trust's volunteers at their awards ceremony that evening.

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

18/141 Date of Next Meeting

12.35pm

The next Board meeting will be held on Thursday, 10th January, 2019, at 8.30am in the Clinical Education Centre.

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 6 December 2018

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
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	20/12/18	To Finance and Performance Committee on 20 th December.
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	10/1/19	Paper presented to Exec Team on 30 th October. Request for funding submitted to NHSE. Update to be provided to future Exec Team and CQSPE. Awaiting response from NHSE.
18/134.2	Service Improvement Group	The Chief Operating Officer to contact Mr Stonelake for an update on the appointment of additional Radiographers.	KK	10/1/19	The Chief Operating Officer has contacted Mr Stonelake – awaiting response. Done.
		The Chairman to be sent invitations for the Urgent Care Service Improvement Group.	KK	10/1/19	
18/137.1	Clinical Quality, Safety, Patient Experience Committee	Contingency plans for Brexit to be presented to the January Board. Check that safeguarding system is live across all partners.	KK/C Leach CLM	10/1/19	On Agenda
18/137.2	Chief Nurse Report	The next Chief Nurse Report to include further information around staffing levels and any feedback from NHSI on staffing numbers and presentation.	CLM/AM	10/1/19	On Agenda
18/138.1	Integrated Performance Report	The details behind the RTT performance to be highlighted in future performance reports.	KK	10/1/19	Done.

18/139.2	Winter Operational Plan	NHSI Report to be circulated to Board members, clarity on the policy/plan document to be confirmed.	KK	10/1/19	Done.
18/139.5	Research and Development Report	The next report to Board to include further detail on commercial opportunities and comparisons with research levels undertaken at other Trusts.	JN	6/6/19	

Paper for submission to the Board of Directors on 10th January 2019

TITLE:	Public Chief Executive's Report		
AUTHOR:	Diane Wake, Chief Executive	PRESENTER	Diane Wake, Chief Executive
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		X	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input checked="" type="checkbox"/> <p>High level of confidence in delivery of existing mechanisms / objectives</p>	<input type="checkbox"/> <p>General confidence in delivery of existing mechanisms / objectives</p>	<input type="checkbox"/> <p>Some confidence in delivery of existing mechanisms / objectives, some areas of concern</p>	<input type="checkbox"/> <p>No confidence in delivery</p>
RECOMMENDATIONS FOR THE BOARD			
The Board are asked to note and comment on the contents of the report.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Visits and Events • Dudley MBC Children Services Ofsted Report • Queen honour's Trust Pharmacist in New Year's Honours • Free Flu Vaccines for Staff • CQC Confirmed Inspection – Well Led • Anaesthetic Clinical Service Accreditation • Baby Bereavement Suite Charity Appeal • Live Chat • National News • Regional 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:

Chief Executive's Report – Public Board – January 2019

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

6 th December	Board of Directors Long Service Awards Council of Governors
10 th December	Chief Nurse Interviews
11 th December	Board Workshop
12 th December	Community Team Brief Transition Board
13 th December	Board Meeting with CCG
19 th December	NHSI CEO Winter Briefing
20 th December	Dudley System Oversight Group Chief Executive Live Chat

Dudley MBC Children Services Ofsted Report

Ofsted have announced that as a result of effective work by senior management, partners and staff, and together with commitment and investment by political leaders, Dudley's Children's Services is now providing better outcomes for children and families.

Overall effectiveness has been rated as 'requires improvement to good' with two out of the three sub categories being rated as 'good', compared to an inadequate rating in 2016.

Preparing for 2019-20 – Operational Planning and Contracting Guidance

The initial planning guidance was published on 21st December, 2018. The guidance describes system level conversations around priorities in advance of the January submission.

This is the first part of planning guidance, the full guidance will accompany five-year indicative CCG allocations in early January and will set out the trust financial regime for 2019/20, alongside the service deliverables including those arising from year one of the Long Term Plan, which will also be published in January.

Queen honour's Trust Pharmacist in New Year's Honours



Congratulations to Dr Janine Barnes, the Trust's neurology specialist pharmacist, who has been awarded an MBE in the Queen's New Year's Honours list. It recognises her work in pharmacy, with Parkinson's patients, and for NICE.

Janine has worked with the Trust since 2009. Her role was the first in the UK to combine prescribing and managing the condition of Parkinson's disease with educating primary and secondary care staff on neurology, while ensuring all new drugs in the area are added to formulary and that relevant guidelines are written to ensure all clinicians are managing neurology patients in the same way and according to best practice.

She was also recognised for her work with NICE – the National Institute for Health and Care Excellence – in drawing up the updated Parkinson's disease guidelines. She has been chosen to sit on the NICE guideline committee which will review the use of cannabis products in neurological conditions.

Janine works for the Trust four days a week and in her own time works tirelessly to support Parkinson's patients both locally and nationally. She founded, and is now the chair of, the Parkinson's Disease Specialist Pharmacy Network, a national network aimed at up-skilling pharmacists in the management of Parkinson's disease. She is also a regular adviser to Parkinson's UK.

She said: "I am delighted to be awarded the MBE in recognition of all the additional work that I do over and above my employed job.

"I am very passionate about my innovative neurology specialist pharmacist role and I also pride myself in good patient care and safe prescribing for the people I manage with Parkinson's disease.

"Dudley showed great innovation in the formation of my role in 2009, and we have continued to develop it since.

"It has enabled us to significantly improve the patient experience of people with Parkinson's disease by reducing waiting times and allowing treatment closer to home.

"As the benefit of the role has become apparent, I have been involved in replicating it in a number of other health authorities. I feel very privileged to be able to help people with Parkinson's disease and their relatives and I am very fortunate to meet many lovely people on a daily basis."

Free flu vaccines for staff

We are on our way to our target of at least 75 per cent of frontline staff being vaccinated with 64% of staff taking up the vaccine up to 03.01.2019. We are re launching communications for the campaign this week to get as many staff as possible protected.

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.

CQC confirmed inspection – Well Led

The CQC has announced that that a Well Led Inspection will take place between 13–15 February 2019.

The inspection will focus on an assessment of the leadership and governance of the trust board and executive team-level; the overall organisational vision and strategy; organisation-wide governance, management, improvement; and organisational culture and levels of engagement.

Anaesthesia Clinical Services Accreditation (ACSA)

Anaesthesia Clinical Services Accreditation is a voluntary scheme for NHS and independent sector organisations that offers quality improvement through peer review and is the Royal College of Anaesthetist's flagship scheme. I am really pleased that our anaesthetics department have joined the scheme and will be having the review at the end of January.

Engagement with the scheme entails a period of detailed self-assessment against the ACSA standards and gap analysis. Assistance and support in improving those areas is then offered. This includes access to the good practice library; a collection of good practice documents and guidance gathered from organisations that are engaged with the scheme. When the organisation achieves 100% compliance with the ACSA standards and this has been confirmed during an onsite review, they become accredited. There are currently only 24 Trusts in the country accredited and we are thrilled to be working towards this accreditation.

Baby Bereavement Suite Charity Appeal

I am delighted to report that we have reached our £50,000 appeal target to refurbish the Baby Bereavement Suite on the Maternity Unit. Plans are in hand with the transformation which will include a fold-down double bed and a refreshment area.

While raising funds we have also helped to raise awareness of the support and advice on offer for families at this very difficult time.

We have decided to continue with the appeal which will go on to fund ongoing projects such as specialist staff training, and providing provisions to create keepsakes which will enable the family to build some precious memories.

Looking forward, we now have a date for the **2019 Neon Dash** (Sunday 9 June) and we are in the planning stages of bringing back the charity football match. Details of both can be found on the hub in due course.

Live Chat

I am really enjoying my new live chat sessions which are held monthly and there are more staff joining in each month. In December one of the key topics was IT equipment and November the hot topic was car parking. All staff can join in they simply follow the link on the hub from a Trust PC. My next sessions are on :-

24th Jan 1pm – 2pm

18th Feb 10.30 – 11.30

20th Mar 3.30 – 4.30

18th Apr 2.30pm – 3.30pm

National NHS News

NHS England looks to save £70m by curbing prescribing of eight more items in primary care

A public consultation has been launched over whether eight more items, including silk clothes, amiodarone, bath and shower emollient preparations, dronedarone and minocycline, should be included in the list of items that should not be routinely prescribed in primary care. NHS England has launched a public consultation on whether to limit the prescribing of eight items in an effort to save almost £70m per year. **The Pharmaceutical Journal (28.11.18)**

Type 2 diabetes: NHS to offer 800-calorie diet treatment

Thousands of people with type 2 diabetes in England are to be prescribed a very low-calorie diet in the hope of reversing their condition. Under the pilot they will be restricted to 800 calories a day, in the form of soups and shakes, for three months. When the diet was trialled last year, almost half of those involved managed to put their diabetes into remission. **BBC News (30.11.18)**

Ineffective flu vaccine added to 50,000 deaths last winter, ONS says

The flu vaccines failure to protect against some of the key strains of the infection contributed to more than 50,000 'extra' deaths in England and Wales last winter, according to data from the Office of National Statistics. The impact on death rates was apparent as early as March, when experts warned the government must 'urgently investigate' a spike of 10,000 deaths in the first weeks of 2018.

Independent (30.11.18)

Government set to relax immigration laws to ease NHS workforce crisis

The government is set to relax its immigration rules to allow more foreign doctors to come and work in the NHS in order to help tackle widespread workforce shortages, especially post-Brexit. Ministers have reportedly agreed to expand the current limit on non-EU doctors allowed to come and work in Britain each year from 1,500 to as many as 3,000 doctors, as reported by the Guardian.

National Health Executive (30.11.18)

NHS to introduce mental health checks for new fathers

New fathers and fathers-to-be will be offered mental health checks if their partner is suffering anxiety, psychosis or postnatal depression, NHS England has announced. While it is well recognised that pregnant women and new mothers can experience mental health problems, little attention has been paid to their partners.

The Guardian (02.12.18)

New fathers to be offered mental health treatment on NHS

NHS England has announced that new fathers will be offered mental health screenings and treatment if their partners are suffering from illnesses such as postnatal depression, anxiety and psychosis. Research shows that one in five women will encounter mental health issues during the first year of birth, but one in 10 men will also be affected. **Independent (03.12.18)**

Hancock announces £1bn of extra funding for upgrades to NHS facilities

An extra £963m of funding for 75 projects to improve health facilities across the NHS has been announced by Matt Hancock, with mental health and integrated care services amongst those receiving upgrades. **National Health Executive (07.12.18)**

CQC calls for a 'change in safety culture' to reduce NHS harm

Lack of training, staff shortages and the complexity of the system are all contributing to unnecessary harm to patients, despite the best efforts of nurses, according to a major review by a regulator. Dr Aidan Fowler, national director of patient safety at NHS Improvement, noted that a new patient safety strategy was being developed to go with the NHS Long-Term Plan, which is now due next year.

Nursing Times (19.12.18)

Brexit: NHS Minister charts a PLANE to airlift medical supplies in No Deal

The Cabinet minister for the NHS is chartering a PLANE to airlift medical supplies in No Deal Brexit. Health Secretary Matt Hancock is understood to be behind the drastic plan for if the UK leaves EU with no agreement. It emerged just as the influential Publics Accounts Committee slammed health chiefs for lacking a clear post-Brexit plan. **The Mirror (19.12.18)**

Lack of Brexit planning could worsen NHS staff shortages, MPs warn

Health officials lack a clear post-Brexit recruitment plan which could intensify current medical staff shortages, MPs have warned. In a report released today it warned that the UK's post-Brexit immigration policy, due to be revealed soon in a white paper, could make things worse, depending on what is in it. There are currently more than 155,000 staff from EU countries making "an important and valued contribution to the health and care system", it said. It said there were 108,000 vacant posts in the NHS in June **The New European (19.12.18)**

'Extreme concern' for NHS staffing crisis over 'unrealistic' immigration white paper threshold

NHS leaders have spoken out against the new immigration laws over fears that the NHS's staffing problems will descend into crisis following the announcement of a new white paper. Home secretary Sajid Javid announced the new post-Brexit immigration rules which will see tens of thousands of low-skilled immigrants potentially come into the UK to work for up to a year. But the announcement attracted criticism from NHS Providers and NHS Employers due to its minimum salary requirement of £30,000 for all migrants, including those from the EU, for new five-year working visas – which they argue will affect low-skilled migration.

National Health Executive (20.12.18)

NHS 'set for post-Christmas baby boom'

Nearly 17,000 women became pregnant in the last week of December in 2015 – the last year for which data is available – compared with an average of around 15,500 in a typical week, NHS England said. Over the last two decades September 26, which is 39 weeks and two days after Christmas Day, was the most popular day to be born, according to the Office for National Statistics (ONS). On average 2,000 children are born on September 26, compared with the average of 1,800.

News and Star (29.12.18)

Almost 70,000 NHS ops cancelled due to lack of staff, beds or equipment

Almost 70,000 operations were cancelled in the NHS in England last year due to a lack of beds, staff or equipment, according to new figures. The numbers, obtained by the Daily Mirror through Freedom of Information requests, were described by Labour as "nothing short of a scandal". And the true total could be higher, as only 138 out of 170 NHS trusts responded to the paper's query. In total, the trusts which replied reported 214,000 non-clinical cancellations in 2017/18, up 9% on the previous year and 29% on the 166,000 recorded in 2013/14. Of these, some 29,869 were caused by a lack of beds – up 59% on the 18,783 seen in 2013/14.

Staff shortages were blamed for 29,550 cancellations – up 73%. And 10,334 procedures were halted due to equipment or theatres being unavailable – a rise of 48%.

News and Star (30.12.18)

Regional NHS News

Headlice epidemic set to sweep Birmingham schools as NHS scraps treatment

Free nit treatment has been axed on the NHS – and, worryingly, it could spark a headlice epidemic in Birmingham and the West Midlands. Schools in the city and surrounding area are being told the epidemic could surface this winter. **Birmingham Live (28.11.18)**

Some locum doctors costing hospital trust £100 an hour

The trust managing Shropshire's main hospitals is paying some doctors more than £100 an hour to avoid A&E closures, its chief executive has said. Last week, the Shrewsbury and Telford Hospital Trust called off plans to shut Telford's emergency unit overnight. It said enough staff had been recruited to ensure safe staffing levels and thanked the NHS for letting it raise the pay cap for middle grade doctors. However, nine out of 20 of those doctors working in A&E are locums. **BBC News (28.11.18)**

300 new paramedics to be recruited at West Midlands Ambulance Service

More than 300 new paramedics will be recruited by West Midlands Ambulance Service in 2019, it has been announced. By Christmas next year, 225 more student paramedics and around 90 graduate and registered paramedics will be taken on by the ambulance service, which covers the Black Country and Staffordshire as well as Shropshire, Herefordshire, Worcestershire, Warwickshire, Coventry, and Birmingham. **Express and Star (28.11.18)**

Paramedics assaulted and ambulance vandalised in Handsworth

A patient attacked paramedics trying to treat him, vandalised their ambulance then assaulted a police officer. The crew had responded to an emergency call in Handsworth, Birmingham, at about 07:00 GMT, West Midlands Ambulance Service (WMAS) said. **BBC News (29.11.18)**

Worcestershire Acute Hospitals NHS Trust wrote to patients and staff after healthcare worker diagnosed with TB

Worcestershire Acute Hospitals NHS Trust wrote to 141 patients and 28 members of staff at the end of September who may have come into contact with the healthcare worker working at the Alex Hospital who was subsequently diagnosed with TB - a bacterial infection spread by coughs or sneezes. It has been reported that three people treated at the Alex have since been identified by GPs as being at risk of contracting the disease, but the trust said it was not aware of any patients infected by the worker. **Redditch & Alcester Advertiser (29.11.18)**

Liquid diet to be prescribed to diabetes patients

The health service in England spends around 10% of its budget on treating diabetes. Thousands of diabetes patients are to be prescribed a “very low-calorie diet” after a smaller trial proved to be more successful than expected, NHS England has announced. Part of the NHS Diabetes Prevention Programme (NHS DPP) will see up to 5,000 patients prescribed a liquid diet of just over 800 calories a day for three months. **Express and Star (30.11.18)**

Major acute trust appoints new CEO

Tracy Bullock, currently chief executive of Mid Cheshire Hospitals Foundation Trust, is set to take over at University Hospitals of North Midlands Trust early next year. It comes after Paula Clark announced her retirement from UHNM. She is due to step down in February, and it is hoped Ms Bullock will start soon after. The Midlands trust faces significant performance and financial pressures. It is currently in financial special measures and has forecast a deficit of £45m for 2018-19. **Health Service Journal (30.11.18)**

Children of obese parents more likely to be obese, survey finds

Children of obese parents are more likely to be obese than other children, an NHS survey has found. The Health Survey for England 2017, an annual report conducted by NHS Digital on the state of the nation's health, surveyed 8,000 adults and 2,000 children about topics including obesity, smoking and drinking. **The Guardian (04.12.18)**

Soaring Midland Metropolitan hospital costs prompts call for Carillion criminal investigation

Revelations that a West Midlands NHS Trust is facing a bill of £400m because of delays to the Midland Metropolitan Hospital has prompted union Unite to call for an "immediate" criminal investigation into the original contractor Carillion, which collapsed in January. In papers prepared for a board meeting of the Sandwell and West Birmingham Hospitals NHS Trust on Thursday December 6, Toby Lewis, the Trust's chief executive, admits that it will cost £400m to complete the Midland Metropolitan hospital and keep the existing City hospital operational until 2022. **The Business Desk.com (05.12.18)**

GP workforce rising three times slower than hospital doctors

The UK's GP workforce grew almost three times slower than hospital doctor numbers over the past six years, according to a GMC report that reveals huge regional variation in workforce changes. Between 2012 and 2018, the number of doctors on the GMC's GP register grew by 4% to 60,279 according to the GMC's annual *The state of medical education and practice in the UK (SoMEP)* report - compared with an 11% rise to 75,788 doctors on the specialist register. **GP News (05.12.18)**

£134 million funding announced for hospitals in the West Midlands

Health and social care services across the West Midlands could benefit from a significantly large cash injection according to government plans announced today. As part of the plan deemed "the biggest ever cash boost for the health service" almost £1 billion has been allocated to upgrading a variety of NHS services across the UK, of this £134 million is reserved to 12 projects within the West Midlands. **Birmingham Live (07.12.18)**

Walsall Manor Hospital gets £36 million A&E funding

Walsall Manor Hospital has been given the green light for a new A&E department after the Government signed off on its £36 million funding bid. Walsall Healthcare NHS Trust submitted a bid for the cash to NHS Improvement earlier this year, with bosses warning that outdated A&E facilities at the hospital were not fit for purpose and were in desperate need of an upgrade. **Express and Star (07.12.18)**

Ex-Barking chief moves to troubled Midlands trust

A chief executive who left a London hospital trust amid financial failure will take the helm of one of the West Midlands' most troubled trusts. Worcestershire Acute Hospitals Trust has appointed Matthew Hopkins as its new chief executive. **Health Service Journal (11.12.18)**

Seven regional directors named by NHSE and Improvement

The joint directors of the new NHS England and Improvement regional teams have been confirmed by the system managers. They include three former hospital chief executives and an ex-Department of Health director general. Midlands – Dale Bywater, currently NHSI's regional director for the Midlands and East. **Health Service Journal (11.12.18)**

Winter warning as ITV News investigation finds sharp rise in mistakes by ambulance services

It's hard to get away from the warnings that this winter is going to be worse than the last for the NHS. There have been so many voices that it could be easy to become immune to them. That's why our figures, revealing that the number of serious incidents involving the ambulance service has risen dramatically, are so important. Serious incidents are often mistakes that are so significant they warrant investigation or result in a patient dying or being seriously harmed.

- **North West Ambulance Service** recorded 48 serious incidents last winter compared to 22 the year before.
- 35 of the 48 were unexpected or avoidable deaths.
- One death occurred while the ambulance trust was waiting for space to become available in A&E.
- **West Midlands Ambulance** trust recorded 17 serious incidents last winter

ITV News (11.12.18)

NHS introduces faith declaration to reassure potential organ donors

Organ donors will be asked if they want their religious beliefs to be considered before any donation goes ahead after their death, as part of a process intended to reassure people of faith and improve donation rates among minority communities. **The Guardian (13.12.18)**

NHS crisis is ALREADY worse than last year: Figures reveal 55,000 patients are waiting over four hours in A&E, beds are already 94% full and one in 10 trusts had NO free beds at all

This year's NHS winter crisis has already begun as hospital beds are filling up and thousands of people face long waits in A&E departments across England. Figures released today by the NHS show things look worse than last year, which then-Health Secretary Jeremy Hunt called the 'worst ever winter'. **Mail Online (13.12.18)**

Revealed: How many patients are waiting weeks to see GPs in your area

NHS data shows tens of thousands of patients are waiting at least three weeks to see a GP - but there are huge differences across the Black Country and Staffordshire. More than 70,000 patients in the West Midlands and Staffordshire are waiting at least three weeks to see a GP. NHS Digital data shows 74,350 people had to wait until at least 21 days to see a doctor after booking an appointment. **Express and Star (17.12.18)**

NHS will fund 'drunk tanks' over the festive period to relieve pressure on emergency services and stop drunken revellers from clogging up A&E

The NHS will fund 'drunk tanks' over the festive period to relieve pressure on emergency services and keep intoxicated patients out of A&E. Up to £300,000 will pay for dozens of alcohol recovery units run by charities, councils and voluntary groups, in conjunction with ambulance trusts. **Daily Mail (20.12.18)**

Revealed: Quarter of NHS 111 calls end at pressured A&Es

The NHS 111 helpline is referring an increasing number of people to emergency services, sparking concerns over added A&E pressure. The latest figures released by NHS England show the helpline in the West Midlands sent 21,981 people to A&E in November – 25 per cent of all callers. The figure represents a huge rise from 16 per cent in November 2014, when 11,626 patients were referred to casualty. **Express and Star (27.12.18)**

Best of 2018: HSJ's top commissioning stories

As the year draws to an end, we look back on the 10 most-read stories from the commissioning sector. These include the announcement of the new joint executive team of NHS England and NHS Improvement and the appointment of a chief for the biggest group of CCGs. NHS England and NHS Improvement put forward joint working plans in late March this year and revealed that they are creating seven “single integrated regional teams” to replace the five existing regional patches. **Health Service Journal (27.12.18)**

Birmingham woman “given the gift of sight”

Data from NHS Blood and Transplant (NHSBT) show that 10.6% of people on the organ donor register are willing to donate organs including hearts, livers and kidneys but they choose not to donate their eyes. As well as donors being less forthcoming about donating their eyes, families of donors also sometimes decline to consent to the donation of their loved ones' eyes... Paediatrician Dr Victoria Parsons almost lost her sight before she received a cornea transplant. The 35-year-old, from Birmingham, said she was “given the gift of sight” and the operation “completely changed” her life. **Heart (28.12.18)**

NHS Trust calls on 4x4 drivers to help with winter support

VOLUNTEER 4x4 drivers are needed to support NHS services. South Warwickshire NHS Foundation Trust (SWFT), which provides healthcare services across the whole of the county, has formed a partnership with the Warwickshire 4x4 Volunteers Club. The club offered crucial support to the trust during last winter by helping healthcare staff get to hospitals and clinics through heavy snow. **Leamington Observer (03.01.19)**

Mental health budget worth £1.9bn 'to be devolved'

Mental health specialised commissioning will be fully devolved to providers within the next three years, according to the chief executive of a major mental health trust. Birmingham and Solihull Mental Health Foundation Trust chief executive John Short told HSJ he expected NHS England's £1.9bn specialised commissioning budget would be devolved to provider collaboratives. **Health Service Journal (03.01.19)**

Paper for submission to the Board 10 January 2019

TITLE:	18 December 2018 Clinical Quality, Safety and Patient Experience Committee Meeting Summary		
AUTHOR:	Gilbert George – Interim Director of Governance	PRESENTER	Doug Wulff – Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF THE BOARD			
Decision	Approval	Discussion	Other
			Y
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
The Board should note the assurances provided by the Committee and the actions they took at the last meeting. The Board should also note that there are no specific matters requiring referral to the Board from the December.			
CORPORATE OBJECTIVE:			
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 decision 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: covers many risks, 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
	NHSI	Y	Details: Links to good governance
	Other	N	Details:

Clinical Quality, Safety and Patient Experience Committee Summary Report to Board

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	18 December 2018	D Wulff	yes	no
			Yes	
Declarations of Interest Made				
None				
Assurances received				
<p>RISK AND ASSURANCE GROUP HIGHLIGHT REPORT</p> <p>The Committee received a report from the Risk and Assurance Group which provided information covering NPSA alerts, coroner's 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 there have been 3 new MDA alerts issued in November and one new NPSA which will be reported back to the Committee to provide assurance from the Risk & Assurance Group.</p> <p>The Group were informed that an alert had been received requiring assurance on the use of national standardised terminology for modified food texture and for the removal of local variations. Assurance on compliance with this will potentially be February 2019 with a completion date of April 2019.</p> <p>The Committee were made aware that following the Deteriorating Patients Group report 280 tablets for e-obs have been issued and there is a business case being developed for 20 docking stations.</p> <p>It was brought to the attention of the Committee the need for the Trust to undertake a review of nutrition and hydration advice on discharge and long term community care.</p> <p>BOARD ASSURANCE FRAMEWORK</p> <p>The Committee reviewed the Board Assurance Framework for those risks it has oversight of along with the Trust Corporate Risk Register. The Committee noted the updates made by the Executive following Committee's comments last month and the review being undertaken by the governance team.</p>				

The Committee noted that with the possibility of a Brexit no deal risks must be updated to reflect the Trust's local risk exposure in regard to procurement, staffing and medicine supply.

INTEGRATED QUALITY AND PERFORMANCE REPORT

The Committee received the integrated quality and performance report which highlighted the following:

- Three C diff cases were identified 48hrs after admission during the month of November 2018.
- Friends and Family Scores (FFT) response rate for all areas achieved equal to or better than the national average.
- The number of complaints received in November 2018 (49) remains consistent with the previous months, the focus remains on clearing the backlog of complaints with an emphasis on those that have breached agreed time scales.
- DGFT continues to work with NHSI and the National Fall Practitioner Network with the aim of achieving a consistent reduction in patient falls, particularly falls with harm. DGFT continue to perform better in comparison to national average in terms of number of falls and falls with harm. There was 1 fall with harm reported as a serious incident in November 2018.
- There were 2 category 3 Pressure Ulcers incidents reported on STEIS in November 2018.
- There were 0 never events in month, or year to date.
- There were 5 Mixed Sex Sleeping Accommodation Breaches (MSA)
- VTE Assessment On Admission: Indicator - there has been an overall improvement in relation to the first stage of the VTE risk assessment, with an overall compliance of 95.57%, which is just above the set target of 95%.
- Ward Quality Heat Map continues to be developed and will be presented when revised based on feedback from Committee members.

The Committee reviewed and agreed the recommendations regarding the Quality Priority Broad Topics for 2019/20:

- Patient Experience
- FFT/Pain Control
- Pressure Ulcers
- Nutrition/Hydration
- Infection Control
- Medication Incident Reporting
- Discharge Management

MATERNITY IMPROVEMENT

A number of actions on the Maternity Service Improvement Plan have now been closed with the CCGs independent advisor's agreement.

The Safety Culture Surgery has met to discuss key themes and action plans, there has been significant staff involvement and staff are feeling listened to and involved in ideas.

It was agreed that the Maternity Quality Exception report would be presented to the Board bi-annually.

DIVISIONAL GOVERNANCE MEETING UPDATES

Surgery, Women and Children update

Paediatrics saw the busiest November on record with an increase in more acutely unwell patients at HDU needing level 2 care. There have been mitigations put in place to provide extra nursing and doubling up on the on-call Registrar rota.

A dental concern is being investigated.

Medicine and Integrated Care update

The Division are focusing on the following issues

- complaints backlog
- Serious Incidents
- Risks and NICE guidance

Peer reviews by Matrons, doctors, nurses and managers are scheduled to take place and it is hoped that these will complement the quality reviews being carried out by the corporate team.

Clinical Support update

There are 2 RCAs underway which relate to breast screening.

Investigations regarding concerns raised relating to a Locum Consultant Histopathologist are continuing.

CQC ACTION PLAN

Safeguarding Alerts – Advice has been received which indicates that it is not appropriate to retrospectively contact parents and a process to link with Children's OPD and offer parents the opportunity to opt in or out of the flagging system has been agreed.

Critical Care Rehab Services and Level 3 safeguarding training - A draft business case is being reviewed by Executives.

SAFE AND CARING

There were 5 SIs in November, 7 key general incidents and one requiring a Root Cause Analysis (RCA) to be undertaken, 93% of incidents in November are of low harm.

There has been a significant drive to expedite incident closure and in the period between Oct-Nov, 500 incidents had been closed.

EFFECTIVE AND RESPONSIVE

There were 328 contacts received (219 concerns, 13 comments, 96 signposting):

- The most frequent 'type' of concerns received continue to relate to appointments including delays and cancellations.

Food survey - during the last 12 months more than 2,600 surveys were conducted. The feedback has been used to support the redevelopment of the inpatient food menu that was launched on 4 December 2018.

REPORTS FROM REPORTING GROUPS

Reports were provided to the Committee from Quality and Safety Group, Health and Safety Group, Infection Prevention and Control Forum and Medicines Management Group. Progress on items being monitored by these Groups will be reported to the Committee at future meetings.

Mortality Review Group – The Emergency Department Mortality Review (Professor Bewick) Summary Final Report and associated action plan was reviewed by the Committee and is presented to the Board for approval.

Decisions Made/Items Approved

Five policies were ratified by CQSPE.

- Control of Infections with Specific Organisms Policy
- Reporting Infections to Public Health England Policy
- Major Incident and Mass casualty Plan
- Stop Before You Block Policy
- Procurement for Safety Policy

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

Medicines Supply as an impact of Brexit (medicines supply and falsified medicines) and staffing are to be referred to Workforce and Procurement.

Items referred to the Board for their attention, decision or action

The Emergency Department Mortality Review (Professor Bewick) Summary Final Report and associated action plan was reviewed by the Committee and is presented to the Board for approval.

Paper for submission to the Board of Directors January 2019

TITLE:	CHIEF NURSE REPORT		
AUTHOR:	Carol Love-Mecrow, Deputy Chief Nurse	PRESENTER:	Carol Love-Mecrow, Deputy Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		X	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
Receive this report as requested by the Board and note its content.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
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 detailed update on safer staffing, agency controls and recruitment and retention.			
SAFER STAFFING			
<ul style="list-style-type: none"> Target fill rate for qualified staff for November 2018 aims for 85%. Fill rates are improving however, 84% was achieved during the day but 88% at night. Meetings with Lead Nurses/Midwives and Matrons continue focusing on recruitment and retention of staff to deliver the reduction in bank and agency usage. 			

- 39 staffing incidents were reported in November 2018 with 37 recorded as no harm or near miss. 2 incidents reported as low harm; both incidents related to lack of CSWs

AGENCY CONROLS

- Bank and agency (RN) usage has seen an increase within month. Bank usage of CSWs has also seen an increase. A contributing factor may have been the increase of vacancies in month.
- All bank and agency requests continue to be assessed daily by the Associate Chief Nurses to ensure continued patient safety and financial balance.
- A combination of bank and agency usage remains consistently lower than vacancies /operational deficits.
- Use of non-framework agency remains an Executive only authorisation; this process has been strengthened.

RECRUITMENT AND RETENTION

- 92 Experienced / graduate nurses are due to start between November and January 2019 at time of report.
- There are currently 217.97wte nursing/ AHP adverts live on NHS Jobs.
- Targeted and monthly recruitment events continue.
- Predictor tools are within the paper as requested (appendix 1). Vacancies have risen in month by 16 wte equating to 296.5 wte. Main areas of staff leaving ED, Critical Care and Surgery. .

RESUSCITATION

- Resuscitation provision continues to be challenging An additional Resus officer commenced at the beginning of December. This is a development role and will require significant support and cannot run national courses at this time but will be going through Advanced Life Support (ALS), European Paediatric Advanced Life Support (EPALS) qualification within the next six months. The Lead Resuscitation Officer (RO) is currently being re-banded and will be advertised shortly as an 8a.

SAFEGUARDING

- The Care Quality Commission (CQC) inspection continues to focus on the daily Paediatric Liaison Service audit
- The position in compliance with safeguarding training targets has significantly improved in this quarter, however there is a need for sustained focus in this area with exploration of learning themes and trends and the provision of safeguarding supervision
- Attendance at the Internal Safeguarding Board meeting has been addressed. Attendance is being monitored
- There are several risks associated within the existing safeguarding work streams assessed to be moderate to high.
- Continued drive and impetus upon Safeguarding Team recruitment. The Safeguarding administrator post has been appointed to. The Named Midwife for Safeguarding Children needs to be re-advertised as no suitable applicants were interviewed.

QUALITY PRIORITIES

- The Executive Directors have discussed the broad quality priority topics for 2019/2020 and proposed that the existing topics (Patient Experience, Pressure Ulcers, Infection Control, Nutrition/Hydration, Medication, Discharge Management and Incident Management) are retained as improvements in all areas can still be made. The specific targets for each topic will be agreed later in the financial year once there is a clearer picture of the position with the existing targets. The Executive Directors have also proposed a change in one of the Clinical Effectiveness quality metrics by including the growing important topic of Sepsis. The CQSPE are debated and agreed these proposals on the 18th December before they go to the Board for ratification. In addition, the latest progress with the action plan of the recommendations from the Price Waterhouse audit of the 2017/18 Quality Account was presented to CQSPE.

FALLS

- A second falls practitioner will be seconded in the New Year to provide additional support to the service.
- Lack of one to one support which has resulted in patients sustaining injury as a result of a fall has been raised as a risk which is being addressed by the Divisional Chief Nurses and has been placed on the risk register.

PROFESSIONAL DEVELOPMENT

- Risk register updated to reflect compliance re medical devices training. The Medical Device Training Lead and Non-Medical Education and Training Lead have explored the use of a new database called E-quip™ which is used in other trusts. This was presented at the Medical Device Committee. The committee approved the suggestion and it is being referred for identification of an appropriate funding stream for the software.
- Pre-registration and support services are working along with HR to recruit the next cohort of Trainee Nursing Associates to the Trust.

CHAPLAINCY

- The role of Lead Chaplain has now been appointed to; the successful candidate will commence at the end of January 2019.

TISSUE VIABILITY

- No category 4 avoidable pressure ulcer reported since February 2018

QUALITY HEAT MAP (Page 19)

▪ Pressure Ulcers – Grade 3/4

Of the 2 pressure ulcers there was one avoidable category 3 PU hospital acquired (Ward C3) and one avoidable category 3 PU from community services (Kingswinford, Amblecote, Brierley Hill caseload). Both are currently under investigation

▪ Serious Incidents

In November 2018, there were 5 Serious Incidents reported. These were made up of 2 general (C6), 1 fall (B5) and 2 pressure ulcers (see above).

The 2 general serious incidents reported relate to: 2018/26446 INC46592 – Breast screening incident in relation to systems and processes, 2018/27170 INC46839 – Incident relating to a patient collapse and potential delay in review (C6).

▪ Nutrition Audit Compliance of 94.4% against a target of 95%.

The following areas failed to achieve 95% compliance for Nutrition: A2, B4, B5, C3, C5, C7, C8 and Critical Care. The deficits in compliance relate to the undertaking of initial MUST and weekly reassessments, use of care plans to support nutritional intake, fluid balance management and supporting patients who require assistance with intake. Each area has its own action plan, managed within the division and discussed at the Quality and Safety Group. The identified Matron Lead for Nutrition (Debra Vasey) and the Quality Review and Improvement Lead are developing a Trust wide action plan to improve our nutrition audit compliance. This will be managed through Quality and Safety Group.

▪ % of Deaths with Priorities of Care Compliance of 37.3% against a target of 60%.

Approximately 85% of deaths within the organisation are categorised as expected. 100% of patients with expected deaths should have a Priorities of Care communication tool initiated as soon as this is recognised. This metric is measured through coding identifying where there is a death and if there is a document in place. This is a new way this measure has been calculated and the End of Life team are monitoring and driving improvements. Trust wide progress is monitored through the End of Life Working Group.

▪ Skin Bundle Compliance of 94.3% against a target of 95%.

The following areas failed to achieve the 95% compliance for Skin Bundle; A2, B1, B3, B5, C5 and C6. The deficits in compliance relate to; completeness of the skin bundle document, repositioning of patients, use of appropriate skin products and pressure ulcer management. Each ward area has its own action plan for improvement, which is monitored within the divisions and progress reported through the Quality and Safety Group.

▪ Appraisals

C7 are in the process of addressing the deficit with appraisals. There are currently 16 outstanding.

▪ Mandatory training

The training with the lowest compliance are Infection Control (clinical), Information Governance, Fire, Resuscitation (adult) and Manual Handling. The Non-Medical Education Lead has offered bespoke resuscitation training to areas, in addition to the scheduled sessions and uptake of this is being closely monitored. The Statutory and Mandatory training lead is sending regular mandatory training reminders to all staff.

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/N	Details
	NHSI	Y/N	Details:
	Other	Y/N	Details:



The Dudley Group
NHS Foundation Trust

Paper for submission to the Finance and Performance Committee December 2018

TITLE:	Nurse Staffing		
AUTHOR:	Jo Wakeman Deputy Chief Nurse	PRESENTER:	Jo Wakeman Deputy Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
ACTION REQUIRED OF Finance and Performance COMMITTEE			
Decision	Approval	Discussion	Other
		y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
RECOMMENDATIONS FOR THE Finance and Performance Committee			
To receive the report and note the contents.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
Safer Staffing <ul style="list-style-type: none"> The latest position with staffing reviews is included. Target fill rate for qualified staff for November 2018 aims for 85%. Fill rates are improving however, 84% was achieved during the day but 88% at night. A number of quality indicators have been included from the Model Hospital. The trust compares positively in comparison to our peers. 			

- Meetings with Lead Nurses/Midwives and Matrons continue focusing on recruitment and retention of staff to deliver the reduction in bank and agency usage.
- 39 staffing incidents reported in November 2018, 37 recorded as no harm or near miss. 2 incidents reported as low harm both incidents related to lack of CSWs

Agency Controls

- Bank and agency (RN) usage has seen an increase within month. Bank usage of CSWs has also seen an increase. A contributing factor may have been the increase of vacancies in month.
- All bank and agency requests continue to be assessed daily by the Associate Chief Nurses to ensure continued patient safety and financial balance. A breakdown of the main areas using agency staff is included.
- A combination of bank and agency usage remains consistently lower than vacancies /operational deficits.
- Use of non-framework agency remains an Executive only authorisation this process has been strengthened.

Recruitment and Retention update

- 92 Experienced / graduate nurses are due to start between November and January 2019 at time of report.
- There are currently 217.97wte nursing/ AHP adverts live on NHS Jobs.
- Targeted and monthly recruitment events continue.
- Predictor tools are within the paper as requested. Vacancies have risen in month by 16 wte equating to 296.5 wte. Main areas of staff leaving ED, Critical Care and Surgery.

IMPLICATIONS OF PAPER:

RISK	Yes		<ul style="list-style-type: none"> • Risk Description: <ul style="list-style-type: none"> ➢ 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: Yes		Risk Score: 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Yes	Details: <ul style="list-style-type: none"> ➢ Safe- Are patients protected from abuse and avoidable harm ➢ Effective- Peoples care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence ➢ Caring - Staff involve and treat people with compassion, kindness, dignity and respect ➢ Responsive - Services are organised so that they meet people's needs ➢ Well Led - The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture
	NHSI	Yes	Details: Capping of agency
	Other	Y/N	Details:

Staffing Reviews

The latest staffing reviews to be undertaken have been the Acute Medical Unit and the Emergency Department. Following discussion at the Executive Directors Meeting these are being reviewed. Outstanding areas include Outpatients and Specialist Nurses.

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 establishments that commenced in July 2018. 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.

As previously indicated, the report is based on the new establishments with the data coming from Allocate. The agreed plan was to achieve 85% fill rate from September 2018. The table 2 below indicates fill rates are improving when taking a trust wide view. The only area that has not achieved a fill rate of 85% for November is qualified staff on days, although this has improved to 84% from October. Appendix 1 highlights 12 (13 last month) wards are not achieving a fill rate of 85% during the day with this applying to 8 wards (9 last month) at night. An additional column has been added to appendix 1 that states the occupancy which can be a contributing factor to low fill rates. Three of the wards with low fill rates had occupancy of less than 80%. Triangulation of data against staffing incidents and quality dashboard KPIs provides the oversight that safe, quality care is being delivered to our patients.

Table 2 – Trust position against fill rates

	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%
Oct 2018	85%	82%	87%	88%	92%
Nov 2018	85%	84%	91%	88%	96%

Mitigation /action

- Matrons review staffing numbers; patient acuity and skill mix each shift when they mitigate any immediate shortfalls by moving staff between wards and then plan for the night and following day. If mitigation within the division is not possible discussions occur with other divisions for support. Staffing issues also occur at the capacity meetings and support is requested when required.
- Each ward and department has a bespoke recruitment and retention action plan with monthly rolling adverts on NHS jobs.
- C4 – Matron and lead nurse meet daily to review acuity & dependency. The qualified staff shortfall at night reflects the decision to fill the investment vacancies with unqualified CSWs.
- C8 – The shortfall is managed with the assistance of the clinical nurse specialist during the day shift and overnight the supernummary bleep holder is utilised in the numbers.
- For CCU, the staffing required will depend on how many patients they have and so staff from the neighbouring catheter laboratory support the unit which are not reflected in the figures.

- B1 – The low fill rate at night is due to closed beds in the elective ward. The planned numbers should have been altered. The lead nurse has been reminded about this.
- B2H – The day vacancies are covered by the lead nurse and/or the hip fracture practitioner working clinically. The night vacancies have not been filled by the bank so the ratio is 1:12.
- B2T – The day vacancies are covered by the Lead Nurse. The night vacancies have not been filled by the bank so the ratio is 1:12.
- B3- The VASCU was not full at all times needing one less trained per shift. The planned number has been altered 16th – 24th November, but not amended 25th – 30th November. The Matron has been asked to review this again.
- B4 – The Bank/agency has not filled the shifts and staff have been moved from here to assist with staffing extra capacity areas in medicine or stations uncovered on other wards.
- C6 – Qualified staff have been moved to Corbett to backfill sick leave causing amber shifts, while CSW 1:1 shifts have not been filled.
- NNU – The BAPM requirements have not been met due to the high demand and acuity of patients. Bank/agency did not fill.

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 daily to ensure that staffing does not 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.

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) remain within the nationally agreed variation of 6.3 CHPPD and 16.8 CHPPD for general wards (Carter Review, 2016).

Quality Indicators

Rather than considering staffing numbers in isolation, it is useful to compare the Trust to its peers and national figures with regards to the quality of care being provided. A number of quality indicators have been listed below. These come from the Model Hospital (with latest data being July 2018 – this was also provided in last month's report – the report will be updated when more recent figures are available in the Model Hospital). It can be seen that the Trust compares favourably with its peers and the national picture (the list of peer Trusts is in Appendix 4). In addition November 2018 quality Heat Map has been included within the appendices.

Table 4

Quality Indicator	Trust %	Peer Median %	National Median %
Proportion of patients on day of survey with "harm-free care"	93.3	94.9	93.9
The proportion of patients with harm from a fall in care - The proportion of patients with evidence of harm from a fall in a care setting in the last 72 hours	0	0.3	0.3
The proportion of patients being treated clinically for a new VTE.	0.2	0.2	0.4

Quality Indicator	Trust %	Peer Median %	National Median %
Proportion of patients on the day of survey with one or more new pressure ulcers of grade 2 to grade 4, where the pressure ulcer developed at least 72 hours after admission to the trust.	0.5	0.8	0.6
Proportion of patients with an indwelling urethral urinary catheter also receiving treatment for a urinary tract infection (on the basis of notes, clinical judgement and patient feedback), including UTIs that developed before admission to the trust.	0.3	0.4	0.9

Summary situation of staffing and potential recruitment over the next year

Internal Recruitment Events

The next corporate recruitment event is scheduled for the 15th January 4.00pm – 7pm in the Clinical Education Centre. This event will have a focus on Cardiac and Respiratory medicine as these currently have a high vacancy figure. The event will also advertise for staff looking to return to the NHS from the private sector localities such as nursing homes, practice nursing and other care settings, as well as student nurses due to qualify.

Local recruitment events held and recruited to are:

Recruitment Event	Date of Event	Number of conditional offers made
Corporate recruitment event	22 nd November 2018	3 graduate nurses 2 experience nurses
Corporate Recruitment Event	4 th December	1 graduate nurse 1 experience nurse 1 bank nurse

The following areas have local events booked:

- C2 – 18th December 2018
- ED – 9th January 2019
- B3, Theatres and Critical Care – 16th January 2018
- AMU 1&2 – 24th January 2019

External Recruitment Events

Recruitment Event	Date of Event	Number of conditional offers made	Talent Pool Leads
Health Sector Jobs Fair Dublin	13 th October 2018	11 Adult Nurses 3 Occupational Therapist 3 Physio Therapists	20+ student nurses and AHPs due to qualify 2019/2020 details obtained.
Armed Forces Job Fair	29 th November 2018	1 Adult Nurse Bank for critical care (potential for substantive post on leaving the forces in November 2019)	

At present we have 1 occupational therapist commencing in January 2019 and 3 adult nurses completing pre-employment checks aiming for commencement in 2019. 1 learning disability nurse is engaged and a discussion on how this candidate can be incorporated into the organisation is being reviewed as currently there is no vacancy in the learning disability nursing team.

A talent pool has been created as student nurses due to qualify in 2019/2020 details were obtained at the event and regular correspondence will be maintained with these candidates for a potential future workforce. The company Health Sector Jobs who organised this event are happy to attend any meetings to present possible future recruitment drives. The success of this event is being evaluated before inviting them, so we can review the expenditure against the successful recruitment activity, along with the AHP's recruited at this event as we currently do not have vacancies for them.

The armed forces event recruited 1 bank staff nurse with critical care experience who will apply for a substantive post on leaving the forces in November 2019. We are now advertising on the armed forces jobs website free of charge following attendance at the recruitment event.

Recruitment Activity

At the time of the report, a total of 39 experienced nurses are currently going through recruitment clearances. A potential 53 graduate nurses have been allocated to commence on the 28th January 2019. Below is a breakdown of this activity.

Experienced Nurses completing recruitment clearances to commence into the following areas:

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	ED paediatric nurse	0.96	December 2018
1	5	NNU	0.96	December 2018
1	6	Community	1	December 2018
1	6	GUM	0.60	December 2018
1	6	Sepsis nurse	1	December 2018
1	7	Community Care Home Practitioner	1	December 2018
1	8a	Coronary Heart Disease Nurse - ANP	1	December 2018

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	Critical Care/ITU	1	January 2019
1	5	Day Case Theatre	1	January 2019
2	5	Theatre	2	January 2019
1	5	AMU2	1	January 2019
1	5	ED Paediatric Nurses	0.80	January 2019
2	5	GU Medicine	1.60	January 2019
2	5	ED	2	January 2019
2	5	C7	2	January 2019
1	7	ED	1	January 2019
1	7	ED – ENP	1	January 2019
1	7	B3 -CNS	1	January 2019
1	8a	Critical Care Deputy Matron	1	January 2019

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	C5 (a)	1	February 2019
1	5	B3	0.96	February 2019
1	5	C7	1	February 2019
1	5	Community	1	February 2019
1	5	Theatres	1	February 2019
1	5	T&O Outpatients	1	February 2019
1	5	C4 Day Case Unit	1	February 2019
2	5	OPAT – Community clinic	2	February 2019
1	5	Ophthalmology Department	0.60	February 2019
2	5	ED	2	February 2019
1	6	Learning Disability Liaison Nurse	1	February 2019
1	6	Palliative Care Team - community	1	February 2019
2	7	Cardiac Assessment Nurse	2	February 2019

53 graduate nurses due to commence on the 28th January 2019 into the following areas:

Area/Department	Head Count	Hours WTE
AMU 1	4	3.4
AMU 2	3	3
B2 Hip	3	3
B2 T&O	1	0.64
B3	1	1
B4 (A)	2	2
B5	3	2.64
B6 (frailty assessment unit)	1	1
C1 (a)	4	3.8
C1 (b)	1	1
C3	1	1
C4	1	0.64
C5 (a)	1	1
C5 (b)	2	2
C7	1	1
C8	2	2
CCU	3	3
Community Nurses	3	2.2
Critical Care	2	2
ED	10	9.04
MH DU	2	2
Ophthalmology Department	1	0.64
Theatres	1	2
Total	53	50

These allocations are subject to change due to withdrawals or deferrals for non-completion of nurse training, personal reasons and external candidates taking posts in their training Trusts. The RN nursing predictor is now including an attrition rate of 15% to mitigate this.

Recruitment Processes

There are currently the following nursing and AHP vacancies advertised on NHS Jobs

Vacancies currently live on NHS Jobs				
Area	Job Role	Band	FTE	Contract Type
B1	Staff Nurse	5	6	Permanent
AMU	Staff Nurse	6	1	Permanent
AMU	Senior Sister	7	1.7	Permanent
AMU	Staff Nurse	5	1	Permanent
Blood Borne Virus Nurse	Staff Nurse	6	1	Fixed term
B2 Hip Suite	Staff Nurse	5	10	Permanent
B2 T&O	Staff Nurse	5	7	Permanent
B3	Staff Nurse	5	4.8	Permanent
B4 (a)	Staff Nurse	5	4	Permanent
B4 (b)	Staff Nurse	5	7	Permanent
B6 (frailty assessment unit)	Staff Nurse	5	7	Permanent
B6 (frailty assessment unit)	Shift Lead	6	2.24	Permanent
C1	Staff Nurse	5	16	Permanent
C3	Staff Nurse	5	7	Permanent
C4 Day Case	Staff Nurse	5	2	Permanent
C5 (a)	Staff Nurse	5	8	Permanent
C5 (b)	Staff Nurse	5	7	Permanent
C7	Staff Nurse	5	13	Permanent
C8	Staff Nurse	5	14	Permanent
Community	Community Staff Nurse	5	11.33	Fixed term
Critical Care	Staff Nurse	5	14	Permanent
Day Case Theatres	Practitioner/Staff Nurse	5	1	Permanent
ED Department	Staff Nurse	5	30	Permanent
ED Department	Senior Sister	7	4	Permanent
Main Theatres	Theatre Practitioner	5	3	Bank
Main Theatres	Theatre Practitioner – Plastic Surgery	5	2	Permanent
Theatres Team Leader	Theatre Practitioner/Staff Nurse	6	1	Permanent
Named Midwife Safeguarding	Registered Nurse	7	0.8	Permanent
TB Nurse Specialist	Staff Nurse	6	0.4	Permanent
Sepsis Nurse	Senior Sister	7	2	Permanent
Rheumatology Specialist Nurse	Registered Nurse	6	1	Permanent
			190.27	

There are currently the following nursing and AHP vacancies awaiting VAR approval

Vacancies pending approval for NHS Jobs				
Area	Job Role	Band	FTE	Contract Type
Community	Community Staff Nurse	5	2.6	Permanent
Community	Community Staff Nurse	5	0.6	Fixed Term
C8	Shift Lead	6	3	Permanent
Renal Unit	Staff Nurse	5	1.92	Permanent
AMU - PDN	Registered Nurse	6	1	Permanent
CNS for Home Chemotherapy	Registered Nurse	7	1	Fixed Term
PDN- Post Registration	Registered Practitioner	7	0.75	Permanent
			27.7	

This equates to 217.97 WTE vacancies demonstrating the new rolling advert process advertising all vacancies continually, optimising our advertising activity for nursing. Monitoring of this is now taking place weekly with the resourcing team and recruitment and retention lead with weekly updates on advertised vacancies and non-compliant areas being targeted to advertise. Alongside this the recruitment and retention lead is continually working with lead nurses, matrons, HR business partners and staff engagement lead with the areas with high vacancies as a priority. Specific recruitment and retention action plans for these areas continue to be devised and updated every 6-8 weeks.

External Recruitment- Booked Events

- BCU jobs fair 5th February 2019 Cost Free
- RCNi event NEC Birmingham 13th March 2019 Cost £4950
- Worcester University jobs fair 14th March 2019 Cost Free

No further external events with costs attached have been booked until analysis of the success of these has been completed to monitor the expenditure against the successful recruitment activity, as recruitment expenditure does not have a specific budget and all activity is currently aligned to the chief nurses' budget.

Clinical Incident staffing analysis

Tables 5 and 6 below detail the number of clinical incidents during November 2018 that related to staffing. In total there were 39 incidents, 32 of these were recorded as no harm and 5 incidents were reported as a near miss and two as low harm. There were no staffing incidents reported during November 2018 that was stated as causing harm. ED reported a low harm as they were down 3 CSWs with a full department impacting on patient transfers. C7 reported low harm due to lack of CSWs to provide 1-1 care. This resulted in the ward manager who was on a phased return and supernumerary working within the staffing numbers.

Table 5

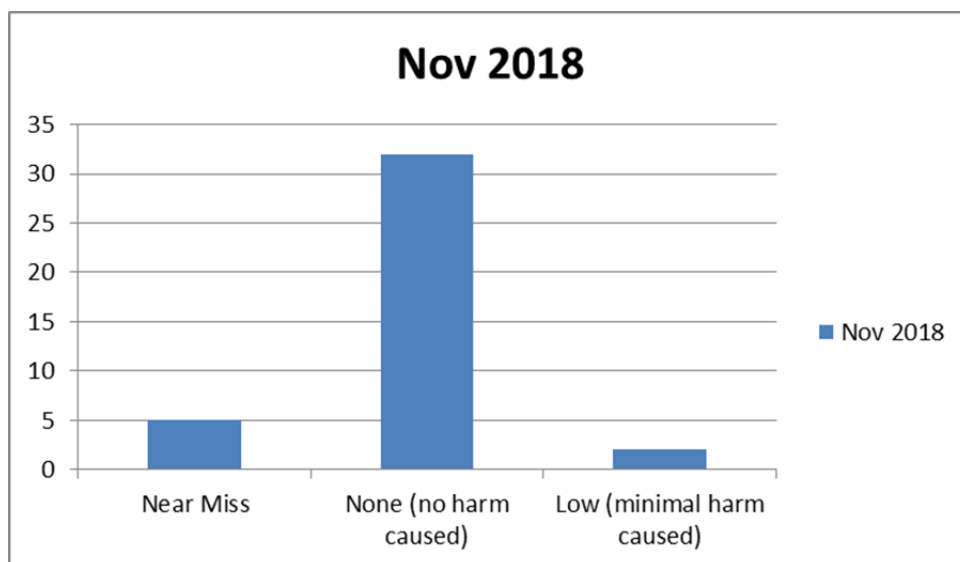
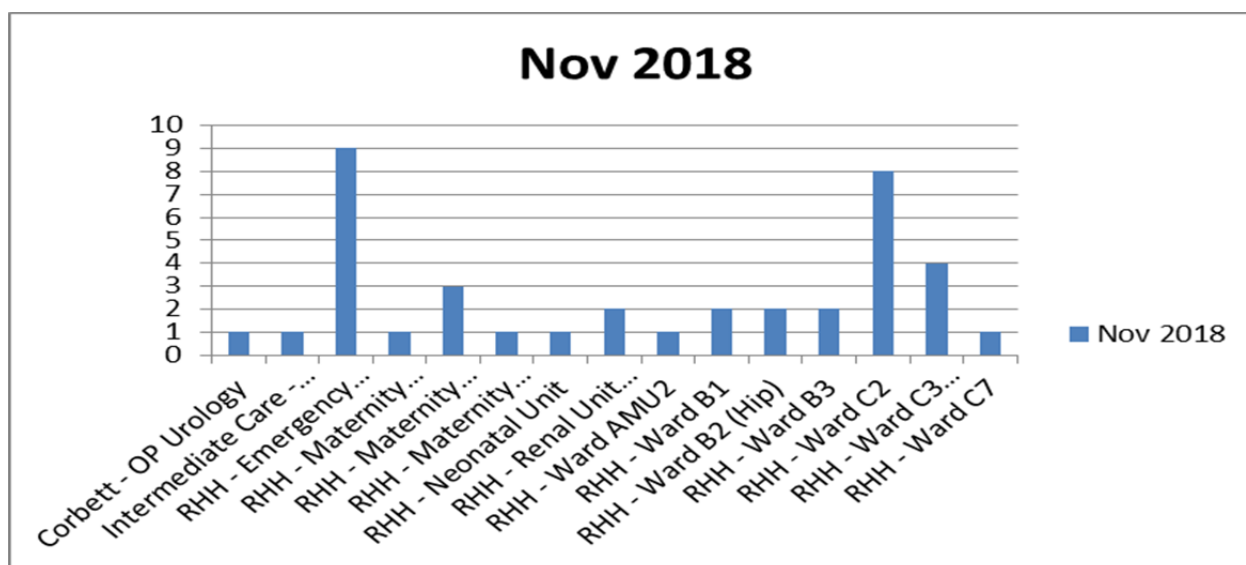


Table 6



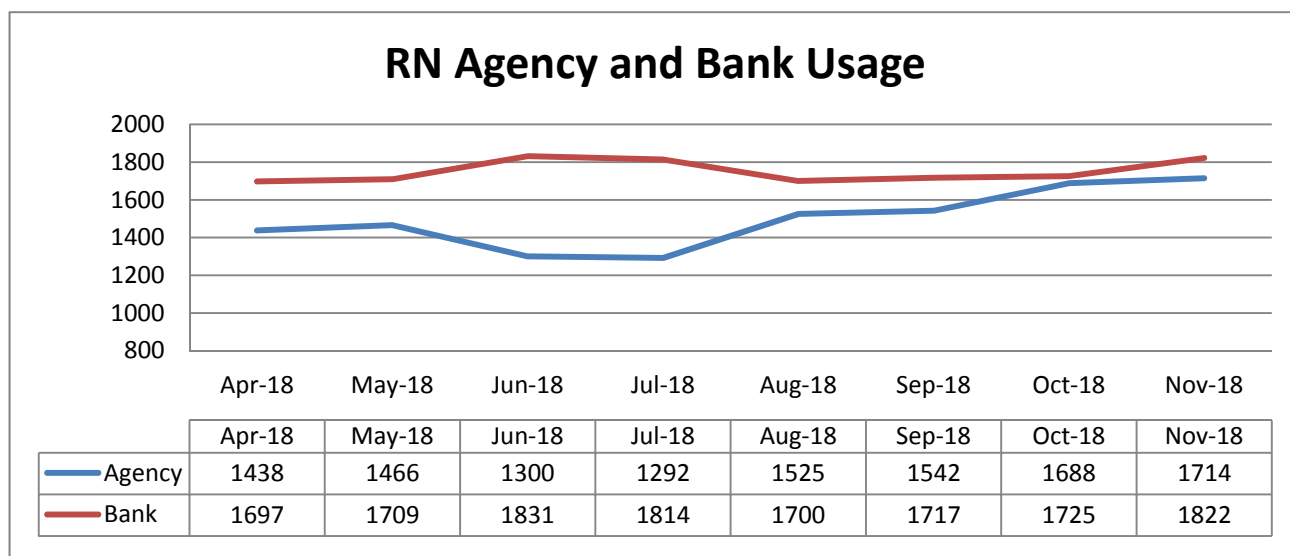
Agency Controls

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 7 shows the comparison usage of bank and agency. All areas of agency, bank and CSW usage has increased during November 2018. This may directly correlate with the increase in vacancies in month of 16 wte in addition to high demand and acuity as we head into the winter period. The controls against agency usage for CSW staff have been maintained with zero shifts during this period (table 8). However, there were two clinical incidents that reported low harm due to the low numbers of CSWs on shift.

Agency and Bank RN monthly usage

Table 7



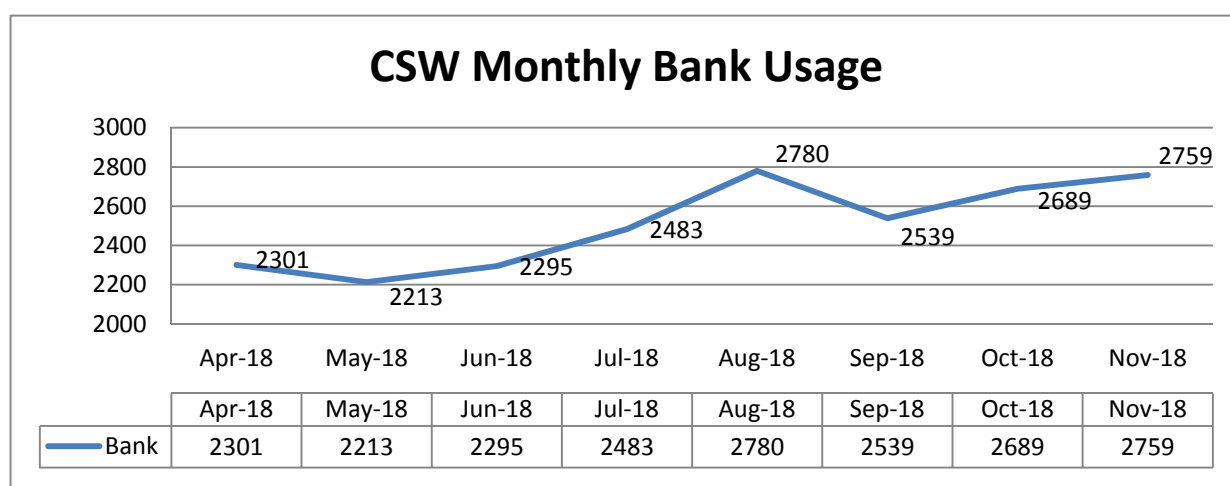
Top 5 areas for the last two months

Ward	Oct-18
Emergency Dept Nursing Dept	299
B3 Emergency Surgery	188
A2	154
C8 Stroke Rehab Dept	153
Critical Care (ITU)	126

Ward	Nov-18
Emergency Dept Nursing Dept	301
B3 Emergency Surgery	175
A2	134
C8 Stroke Rehab Dept	134
Critical Care (ITU)	124

CSW monthly bank usage

Table 8



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 296.5 WTE vacancies against the new establishment following the staffing review.

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

Nov

Days in Month

30

Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW					Actual CHPPD				
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Average Occupancy	Registered	Care staff	Total
Evergreen																	
A2 AMU 2	268	228	232	200	183	176	208	197	85%	86%	96%	94%	1,183	94%	4.10	4.02	8.12
A3																	
A4																	
B1	111	104	59	55	81	66	56	59	93%	94%	81%	105%	473	61%	4.09	2.89	6.99
B2(H)	152	124	206	176	120	93	209	200	81%	85%	78%	96%	865	96%	2.94	5.11	8.05
B2(T)	121	102	127	117	90	61	96	92	84%	92%	68%	96%	676	94%	2.82	3.71	6.53
B3	251	170	191	174	210	168	155	146	68%	91%	80%	94%	997	79%	4.07	3.85	7.92
B4	242	200	245	228	181	145	199	191	83%	93%	80%	96%	1,377	96%	2.94	3.65	6.59
B5	222	193	150	141	184	179	91	88	87%	94%	97%	97%	646	90%	6.92	4.25	11.16
B6																	
C1	241	181	286	251	180	164	201	188	75%	88%	91%	94%	1,404	98%	2.95	3.75	6.70
C2	264	230	78	71	206	176	41	38	87%	91%	85%	93%	716	80%	6.64	1.63	8.28
C3	209	188	311	295	181	170	395	374	90%	95%	94%	95%	1,547	99%	2.78	5.19	7.97
C4	165	156	61	58	120	95	61	80	94%	95%	79%	131%	651	99%	4.39	2.54	6.93
C5	230	163	258	288	180	168	189	187	71%	112%	93%	99%	1,401	97%	2.84	4.02	6.85
C6	118	97	116	81	60	59	119	109	82%	70%	98%	92%	543	91%	3.36	4.20	7.55
C7	235	190	193	162	143	129	145	134	81%	84%	90%	92%	1,068	99%	3.41	3.18	6.59
C8	327	222	215	187	283	224	203	196	68%	87%	79%	97%	1,242	94%	4.31	3.70	8.01
CCU_PCCU	240	183	60	63	212	147	30	31	76%	106%	69%	103%	646	83%	6.13	1.75	7.88
Critical Care	372	369	59	58	329	323			99%	99%	98%		312	65%	26.04	1.96	28.00
EAU AMU 1	280	225	279	237	248	234	282	262	81%	85%	94%	93%	1,207	144%	4.57	4.95	9.52
Maternity	851	809	230	207	510	490	150	141	95%	90%	96%	94%	796	60%	15.51	4.98	20.49
MH DU	168	145	51	35	145	123	12	9	86%	70%	85%	75%	234	78%	13.45	2.13	15.58
NNU	182	142			167	157			78%		94%		377	70%	9.13	0.00	9.13
TOTAL	5,248	4,422	3,406	3,084	4,012	3,547	2,841	2,720	84%	91%	88%	96%	18,361		4.97	3.75	8.72

Appendix 2 - Registered Nurse Predictor Tool- Detail New Establishments

Qual Nurses Band 5 and Above		November 2018		To end of November 2018		December 2018				January 2019				February 2019				March 2019				April 2019				
Div	Team	Contracted Vacancy Vs OLD ESTABLISHMENT	Contracted Vacancy Vs NEW ESTABLISHMENT	Adjustments to end of month	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	Targeted Recruit	General Recruit (4.3%)	Net Leave (8%)	Agency RAG	Vacs
Medicine & Integrated Care	Ward A2 AMU 2	11.01	15.44	0.00	15.44	0.00	0.17	●	15.61	3.40	0.17	●	12.38	0.00	0.19	●	12.58	0.00	0.19	●	12.77	0.00	0.10	0.19	●	12.86
	Ward C1	7.08	14.75	0.00	14.75	0.00	0.16	●	14.91	4.08	0.16	●	10.99	0.85	0.19	●	10.33	0.00	0.19	●	10.52	0.00	0.10	0.19	●	10.61
	Ward C3	9.03	10.74	0.00	10.74	0.00	0.17	●	10.91	0.85	0.17	●	10.23	0.00	0.18	●	10.41	0.00	0.17	●	10.58	0.00	0.09	0.17	●	10.66
	Ward C4	0.17	1.71	0.00	1.71	0.00	0.17	●	1.88	0.54	0.17	●	1.50	0.00	0.17	●	1.68	0.00	0.17	●	1.84	0.00	0.09	0.17	●	1.92
	Ward C4 Onc Day OP	3.36	3.40	0.00	3.40	0.00	0.08	●	3.48	0.00	0.08	●	3.55	0.85	0.08	●	2.78	0.00	0.08	●	2.86	0.00	0.04	0.08	●	2.90
	Ward C5 Area A	3.46	7.65	0.00	7.65	0.00	0.08	●	7.73	0.00	0.08	●	7.81	0.00	0.08	●	7.89	0.00	0.08	●	7.96	0.00	0.04	0.08	●	8.00
	Ward C5 Area B	4.18	8.37	0.00	8.37	0.00	0.07	●	8.44	0.00	0.07	●	8.52	0.00	0.07	●	8.59	0.00	0.07	●	8.66	0.00	0.04	0.07	●	8.70
	Ward C7	8.85	13.51	0.00	13.51	0.00	0.14	●	13.65	2.55	0.14	●	11.24	1.39	0.15	●	10.00	0.00	0.16	●	10.16	0.00	0.09	0.16	●	10.23
	Ward C8	13.07	29.43	0.00	29.43	0.00	0.16	●	29.59	1.70	0.16	●	28.06	0.00	0.17	●	28.23	0.00	0.17	●	28.41	0.00	0.09	0.17	●	28.48
	Ward CCU	6.08	13.27	0.37	12.90	0.00	0.21	●	13.11	2.55	0.21	●	10.77	0.00	0.22	●	10.99	0.00	0.22	●	11.21	0.00	0.12	0.22	●	11.31
	Acute Med Unit (EAU)	2.29	2.29	0.37	1.92	0.00	0.24	●	2.16	3.74	0.24	●	(1.34)	0.00	0.26	●	(1.09)	0.00	0.26	●	(0.83)	0.00	0.14	0.26	●	(0.71)
	Ward MHDU	(8.64)	1.68	0.00	1.68	0.00	0.17	●	1.85	1.70	0.17	●	0.33	0.00	0.18	●	0.51	0.00	0.18	●	0.69	0.00	0.10	0.18	●	0.78
	Ward Ambulatory Emergency Care	0.11	(0.22)	0.00	(0.22)	0.00	0.09	●	(0.13)	0.00	0.09	●	(0.04)	0.00	0.09	●	0.04	0.00	0.09	●	0.13	0.00	0.05	0.09	●	0.17
	Emergency Department Nursing	1.28	22.33	1.26	21.07	0.85	0.42	●	20.64	12.31	0.42	●	8.75	0.85	0.50	●	8.40	0.00	0.50	●	8.91	0.00	0.27	0.50	●	9.14
	Community Nursing	7.88	9.37	(0.77)	10.14	0.85	0.96	●	10.25	1.87	0.96	●	9.34	0.85	0.97	●	9.46	0.00	0.97	●	10.43	0.68	0.52	0.96	●	10.20
	All Other Med & Int Care Teams	3.86	15.34	(0.32)	15.66	1.53	1.61	●	15.75	3.50	1.61	●	13.85	2.13	1.62	●	13.35	0.00	1.63	●	14.98	0.00	0.87	1.62	●	15.73
Surgery	Ward B1	3.51	4.66	0.00	4.66	0.00	0.10	●	4.76	0.00	0.10	●	4.86	0.00	0.10	●	4.95	0.00	0.10	●	5.05	0.00	0.05	0.10	●	5.10
	Ward B2 (T)	2.88	7.58	0.00	7.58	0.00	0.08	●	7.66	0.54	0.08	●	7.19	0.00	0.08	●	7.28	0.00	0.08	●	7.36	1.70	0.04	0.08	●	5.70
	Ward B2 (H)	4.28	8.75	0.00	8.75	0.00	0.13	●	8.88	2.55	0.12	●	6.45	0.00	0.14	●	6.59	0.00	0.14	●	6.73	0.00	0.07	0.14	●	6.79
	Ward B3	15.65	26.28	1.00	25.28	0.00	0.10	●	25.38	0.85	0.10	●	24.64	0.82	0.11	●	23.93	0.00	0.11	●	24.05	0.00	0.06	0.11	●	24.10
	Ward B4	2.36	6.17	0.00	6.17	0.00	0.09	●	6.26	1.70	0.09	●	4.65	0.00	0.10	●	4.75	0.85	0.10	●	3.99	0.00	0.06	0.10	●	4.04
	Ward B4B	1.00	4.81	1.00	3.81	0.00	0.10	●	3.91	0.00	0.10	●	4.01	0.85	0.10	●	3.25	0.00	0.10	●	3.35	0.82	0.05	0.10	●	2.58
	Ward B5	(3.27)	0.83	0.00	0.83	0.00	0.25	●	1.08	2.24	0.25	●	(0.91)	0.00	0.27	●	(0.64)	0.00	0.26	●	(0.38)	0.00	0.14	0.26	●	(0.25)
	Ward C6	3.12	2.39	0.00	2.39	0.00	0.09	●	2.48	0.00	0.09	●	2.57	0.00	0.09	●	2.66	0.00	0.09	●	2.75	0.00	0.05	0.09	●	2.80
	Ward C2	(0.04)	(0.04)	0.00	(0.04)	0.00	0.25	●	0.21	0.00	0.25	●	0.47	0.00	0.25	●	0.72	0.00	0.25	●	0.97	0.00	0.13	0.25	●	1.08
	Neonatal Unit	2.36	2.48	0.00	2.48	0.82	0.25	●	1.91	0.00	0.25	●	2.17	0.00	0.25	●	2.42	0.00	0.25	●	2.67	0.00	0.13	0.25	●	2.78
	I.T.U.	13.58	17.71	1.00	16.71	0.00	0.38	●	17.09	2.55	0.38	●	14.92	0.00	0.39	●	15.31	0.00	0.39	●	15.69	0.00	0.21	0.39	●	15.87
	Theatres (Excl ODP's)	18.72	23.52	1.40	22.12	0.00	0.32	●	22.44	2.55	0.32	●	20.21	0.85	0.33	●	19.69	0.00	0.34	●	20.03	0.85	0.18	0.34	●	19.34
	Day Case Theatres (Excl ODP's)	9.39	9.78	0.00	9.78	0.00	0.25	●	10.03	0.85	0.25	●	9.43	0.00	0.25	●	9.68	0.00	0.25	●	9.93	0.00	0.13	0.25	●	10.04
	Maternity unit	1.52	2.04	0.00	2.04	0.00	0.69	●	2.73	0.00	0.68	●	3.41	0.00	0.68	●	4.09	0.00	0.67	●	4.76	0.00	0.36	0.67	●	5.07
	All other Surgery Teams	1.51	3.12	(0.32)	3.44	1.53	1.02	●	2.93	3.50	1.02	●	0.45	2.13	1.04	●	(0.64)	0.00	1.05	●	0.41	0.00	0.56	1.04	●	0.89
Corp	All Corp Teams	(3.30)	7.36	0.00	7.36	0.00	0.24	●	7.60	0.00	0.24	●	7.85	0.00	0.24	●	8.09	0.00	0.24	●	8.33	0.00	0.28	0.52	●	8.57
Total Qualified Nurses		146.33	296.50	4.98	291.52	5.58	9.25	●	295.20	56.13	9.23	●	248.29	11.56	9.54	●	246.28	0.85	9.56	●	254.98	4.05	5.26	9.78	●	255.46

Notes:

- The above figures report on Trust start date rather than end of supernumerary period so new staff in a particular month are unlikely to work independently until the following month.
 - Adjustments are required to bring current period up to date to the end of the month due to staff starting / leaving / transferring department mid way through the month
 - Attrition rate of 15% applied to known future recruitment based on historic average
 - Agency RAG Rating is used to guide approval of Agency requests:
Green = Under old budgeted establishment and high level of vacancies. **Amber** = 5-10% Vacancy rate, **Red** = Over old budgeted establishment or less than 5% vacancy rate
 - New Establishment uses M12 2018/19 budgeted establishment which represents best fit to future planned level of staffing. This does not reconcile to in month WTE budget as reported in finance F&P report.
-

Quality Heat Map November 2018

[illegible]

Appendix 3 - CSW Predictor tool.

CSW PREDICTOR TOOL (Band 2/3)	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Predicted
	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Minimum Establishment	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23
Maximum Establishment	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99
Staff in Post at Start of Month	479.30	481.28	515.38	495.59	487.61	495.71	525.66	527.26	519.12	520.88	529.20	555.35	551.98
Starters (predicted from active recruitment)	7.78	39.68	7.40	10.40	10.40	33.60	0.00	0.53	1.92	6.72	1.00	2.92	8.48
Leavers	-5.80	-0.96	-5.16	-3.84	-1.92	-4.16	-1.60	-3.84	-1.75	-2.40	-2.85	-6.29	-6.29
Other**		-4.62	-22.03	-14.54	-0.38	0.51	3.20	-4.83	1.59	4.00	3.00		
Staff in Post at End of Month	481.28	515.38	495.59	487.61	495.71	525.66	527.26	519.12	520.88	529.20	530.35	551.98	554.17
Predicted Vacancies Minimum Establishment	-1.05	-35.15	-15.36	-7.38	-15.48	-45.43	-47.03	-38.89	-40.65	-48.97	-50.12	-71.75	-73.94
Predicted Vacancy % Rate (Minimum Estab.)	-0.2%	-7.3%	-3.2%	-1.5%	-3.2%	-9.5%	-9.8%	-8.1%	-8.5%	-10.2%	-10.4%	-14.9%	-15.4%
Predicted Vacancies Maximum Establishment	76.71	42.61	62.40	70.38	62.28	32.33	30.73	38.87	37.11	28.79	27.64	6.01	3.82
Predicted Vacancy % Rate (Maximum Estab.)	13.7%	7.6%	11.2%	12.6%	11.2%	5.8%	5.5%	7.0%	6.7%	5.2%	5.0%	1.1%	0.7%

Paper for submission to the Board of Directors on 10th January 2019

TITLE:	Infection Prevention and Control Group Report		
AUTHOR:	Dr Elizabeth Rees Director of Infection Prevention and Control	PRESENTER	Dr Elizabeth Rees Director of Infection Prevention & Control
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		X	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input checked="checked" type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
The Board are asked to receive the report and acknowledge the assurances.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> Update of statement against the Hygiene Code for 2018/19. Mandatory Infection Control training – A summary of the position in relation to mandatory training is included in the report including the latest update to provide assurance for delivering compliance with the annual programme. Updated Trust IPC action plan. For 2018/19 – the C. difficile trajectory is 28 cases associated with a lapse in care. There have been 17 post 48 hr cases from 1st April to 30th November 2018. 1 post 48 hr MRSA bacteraemia case on 18th October 2018. Update on progress with the work towards a reduction in E.coli bacteraemias 			

IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: Failing to meet minimum standards.
	Risk Register: Y		Risk Score: No red risks
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe and Effective Care
	NHSI	Y	Details: MRSA and C. difficile targets
	Other	Y	Details: Compliance with Health and Safety at Work Act.

Introduction:

The summary information below demonstrates the data set required to provide assurance of compliance with the Code of Practice (The Health and Social Care Act 2008): Code of Practice on the Control of Infections and Related Guidance, July 2015). Each element has been RAG rated and will be updated monthly to ensure we can show compliance by the end of the financial year 2018/19.

Compliance Criterion	What the registered provider will need to demonstrate	RAG rating
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may post to them.	
Assurance: A risk log of all infection prevention risks identified across the Trust is maintained and updated regularly.		
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	As of 11 th August there are 2 WTE fogging technicians in post following loss of the part time staff member in December. Service available 6 am to 7 pm daily.
Assurance: A Cleaning Policy and associated environmental audits provide assurance that a clean and appropriate environment is maintained. A review of the position on HPV fogging will be undertaken in January 2019 to determine the level of service to be continued following the initial 6 month pilot.		
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse event and antimicrobial resistance.	Antimicrobial CQUIN – the elements regarding reduction high risk antimicrobial usage has been met.
Assurance: There is an Antimicrobial Policy in place with appropriate stewardship recommendations. Audits demonstrate compliance with policy. Work towards achieving the AWARE list compliance is ongoing.		
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing / medical care in a timely fashion.	
Assurance: Patient and visitor information is available for a variety of healthcare associated infection issues on the website. Patients identified with infections in hospital are visited and provided with information leaflets including contact information for further support.		
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.	MRSA elective screening 97.5% compliance and emergency screening 93% compliance for November.
Assurance: Patient records are flagged with information about previous healthcare associated infections. Patient admission documentation includes screening questions to identify patients at risk.		

6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.	Based on an annual assessment of the position the Trust average is 84.6% for November 2018
Assurance: Staff are provided with mandatory infection control training to ensure they are aware of their responsibilities for the prevention and control of infection.		
7	Provide or secure adequate isolation facilities.	
Assurance: There is a policy in place to ensure that patients are isolated appropriately. 25% of the inpatient beds take the form of single ensuite rooms.		
8	Secure adequate access to laboratory support as appropriate.	
Assurance: The Trust has access to a CPA/UKAS accredited Microbiology and Virology laboratory.		
9	Have adherence to policies, designed for the individuals' care and provider organisations that will help to prevent and control infections.	Trustwide scores all green in November 2018.
Assurance: All policies, as recommended in the Hygiene Code, are in place. Audit data confirms compliance with policies and identifies areas for improvement.		
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	
Assurance: There is in house provision of Staff Health and Wellbeing. There are regular reports to the Infection Prevention and Control Forum detailing any issues raised within this system.		

Summary of alert organism surveillance:

Clostridium Difficile – The target for 2018/19 is 28 cases. The cases that count within this dataset are patients identified after 48 hrs admission with C. difficile in whom a lapse in care has been recognised using the national apportionment tool ¹. For 2018/19 there have been 17 post 48 hr cases from 1st April 2018 up to 30th November 2018.

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

MRSA bacteraemia (Post 48 hrs) – There has been 1 post 48 hour MRSA bacteraemia case on 18th October 2018.

A post-48 hr MRSA bacteraemia case was identified on 18th October 2018. Patient was admitted on 4th October with slurred speech direct to admitting ward (C8). Considering urosepsis - improving on antibiotics had an unwitnessed fall and full bladder – recatheterised. Nose and groin swabs not received in lab on first occasion when admitted. MRSA screens taken after blood culture taken; nose and groin positive. Not a previously known MRSA carrier. Contamination is being considered the most likely cause. Meeting arranged for 14th November to be chaired by DGFT CEO. Full IC audit carried out. September cleaning scores over 95% for C8.

Following the meeting on 14th November the recommendations from the RCA were:

- All patients to be screened for MRSA as per local policy and results to be followed up by clinical staff.
- MRSA treatment to be commenced on receipt of a positive result regardless of the specimen site.
- A peripheral vascular device (PVD) chart must be completed for each PVD. The visual infusion phlebitis (VIP) score needs to be completed during each shift and the relevant section needs to be fully completed when the PVD is removed.
- Ensure that all staff members collecting blood cultures are following local guidelines to reduce the risk of obtaining a contaminated sample.

Learning outcomes to be shared at ward level via staff meeting/huddle board and with the wider trust through divisional meetings and the Infection Prevention and Control Group.

MSSA bacteraemia (Post 48 hrs) – From 1st April to 30th November 2018 there have been 12 cases of post 48 hr MSSA bacteraemia reported.

MRSA screening – There is no external compliance target for MRSA screening. The internal target is to achieve 95% compliance with the policy. The percentage of emergency admissions screened for November 2018 is 93%. Data is available locally to the units to enable them to identify patients missing from the dataset.

The percentage of elective admissions screened for November 2018 is 97.5%. As above data is available locally to all units to enable them to identify patients missing from the dataset.

E. coli bacteraemia – For the post 48 hr cases an enhanced surveillance module, developed as part of PHE's surveillance programme, commenced in April 2017 in order to ascertain themes and trends associated with E. coli bacteraemia within the acute Trust to see where lessons may be learnt. From 1st April to 30th November 2018 there have been 21 cases of post 48 hr E. coli bacteraemia reported. There is work ongoing that is part of the national agenda for health and social care economies to reduce the number of Gram-negative bloodstream infections (BSIs) with an initial focus on Escherichia coli (E.coli). To date this has focused on the management of patients with long term urinary catheters, a group of patients who are over represented in the above dataset.

Klebsiella* and Pseudomonas* bacteraemias – From 1st April to 30th November 2018 there have been 8 post 48 hr Trust identified Klebsiella bacteraemia cases and 6 post 48 hr Pseudomonas bacteraemia cases.

Infection Control Mandatory Training – The revised mandatory requirement is to update Infection Control training annually for clinical staff. This data is now presented from the annual programme for clinical staff. The percentage compliance as at 30.11.18 (target 90%):

Area	Total
Corporate/Management	87%
Medicine and Integrated Care	85%
Surgery	85%
Clinical Support	76%*

*Please note this data no longer includes pathology staff.

To achieve compliance based on an annual programme at 90% of clinical staff by end of March 2019 1700 clinical staff will require training during the year. The following measures have been introduced to achieve this:

- IPCT providing additional training sessions.
- Individual emails being sent to the outstanding staff.
- The creation of a '1 click' access module for this training as an alternative to the traditional e learning package – making access easier and quicker for staff.

Following these measures 84.6% of clinical staff are now trained. This is consistent with achieving the annual compliance target by year end. Next report will demonstrate training compliance against the annual programme.

Infection Prevention and Control Group

The last quorate meeting was held in September 2018 (October and November's meetings were not quorate).

The Trust is on trajectory for achieving the Mandatory HCAI requirements for C. difficile. The Trust has had 1 post 48 hr MRSA bacteraemia which is not consistent with the zero tolerance trajectory. An action plan to address issues has been put in place.

MRSA screening compliance is being maintained.

The cleaning scores at RHH have remained just below 95% with further assurance that issues highlighted are resolved within 1 hour (with the exception of hard floors when they require scrubbing).

The Antimicrobial CQUIN targets in relation to high risk antibiotics are being achieved but there will be a challenge to achieving the total reduction. Further data for the last month is currently being gathered.

Infection Control Action Plan

The plan has been updated to include a statement against ongoing compliance in relation to completed actions.

GLOSSARY OF TERMS

MSSA

What is Methicillin Sensitive Staphylococcus aureus (MSSA)?

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

What illnesses are caused by Staphylococcus aureus?

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

MRSA

What is Methicillin Resistant Staphylococcus Aureus (MRSA)?

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

Who is at risk of MRSA infection?

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

E Coli

What is *Escherichia coli*?

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

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

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

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

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

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

Klebsiella species

What is Klebsiella?

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

What types of disease does *Klebsiella species* cause?

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

Pseudomonas aeruginosa

What is *Pseudomonas aeruginosa*?

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

What types of disease does *Pseudomonas aeruginosa* cause?

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

C difficile

What is *Clostridium difficile*?

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

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

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

How do you catch it?

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

CPA/UKAS

What is CPA/UKAS?

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

RCA

What is RCA?

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

PFI

What is PFI?

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

CCG

What is CCG?

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

RAG

What is RAG?

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

Reference

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

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

INFECTION PREVENTION AND CONTROL ACTION PLAN

Manager/Lead	Dr Elizabeth Rees, Director of Infection Prevention and Control	Executive Lead	Chief Nurse
Associated Staff	Miss A Murray, Matron, Infection Prevention and Control	Action Plan updated on	1 st December 2018

RAG status	Not started	Underway	Complete	Ongoing Compliance
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Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.								
1	Criterion 1	Annual report should be 3 clicks away on the external website to allow public viewing.	Link Annual Report to the Infection Control Page on the Trust's public facing website.	Dr E Rees		Immediate		Complete
2	Criterion 1	Required to make an assurance statement in relation to the Hygiene Code.	a) To include a statement within next year's annual report (in addition to verbal assurance being given to Trust Board).	Dr Rees	There is on going tracking against the Hygiene Code reported to CQSPE in order that a statement can be delivered within next year's annual report.	June 2018		Monthly update provided in CQSPE report.
			b) To include the compliance statement within the Trust's next IC Board paper.	Dr E Rees	Compliance statement included in December's Trust Board paper.	December 2017		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
3	Criterion 1	The annual programme does not have quarterly review dates.	Add quarterly review dates to the Annual Work Programme.	Miss A Murray		Immediate		Complete
4 Added 20.3.18	Criterion 1 and 2	Cleaning Scores are presented with RAG ratings in order to facilitate observance of non-compliance.	To provide cleaning scores with RAG ratings.	Mr A Rigby (for Estates Report)	20.3.18 – Dr Adams identified 2 dusty fans and tape on ANTT trays on C1 and dirty medical equipment on NNU; to ask for assurance on above at next IPCF on 22.3.18.	Completed and assured at the IPCG on 22.3.18		Assured via Estates Report 29.11.18
34	Criterion 1	To place respirators on Trust's Risk Register until they are serviced and usable and to order Grab bags (loose fitting respirators) today.	Mrs Watkiss agreed to update the Trust's Risk Register and Mrs Bree will ensure the Grab bags are ordered.	Mrs Watkiss and Mrs Bree	Grab bag available in Trust; respirators have been returned and risk register has been updated.	March 2018		These respirators are no longer in the Trust 29.11.18
35 Added 1.3.18	Criterion 1	To ensure respirators are maintained going forward.	Mr Rigby will ask Mr Shaw to add respirators to medical devices library to ensure maintenance going forward.	Mr Rigby	Mr Shaw has confirmed that he has responsibility for maintenance going forward since addition to medical devices library.	March 2018		New respirators within Trust are held and maintained locally .

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
5	Criterion 1	IPC Forum should be a committee to ensure a strong enough presence to provide the Trust with assurance against the Hygiene Code.	a) Amend terms of reference and reporting structures.	Dr E Rees	Review complete – Forum will be renamed 'Group'.	April 2018		Review of ToR in January 2019
			b) To create an IC Risk Register. c) To include IC Risk Register on the IPCForum agenda and to review by exception.	Dr E Rees	Risk Register has been created and will be reported at the Forum, by exception, quarterly.	February 2018		Ongoing compliance via IPCT report.
6	Criterion 1	Medical representation at the IPCForum to facilitate clinical engagement on IC matters.	Identify medical champions for IPC Forum.	Dr E Rees	Staff from Surgery and Medicine have now been provided for several dates going forward.	June 2018		To be reviewed January 2019.
7	Criterion 1 and 2	The Neonatal Unit <i>Enterobacter cloacae</i> SI from May 2017 to be signed off.	To sign off SI action plan and move risk assessment regarding sinks to the Trust IC Risk Register.	Dr E Rees	Complete – revised action plan accepted by the division.	December 2017		Complete
8	Criterion 1	Clostridium difficile 30 day all cause mortality data.	To be presented 6 monthly at the IPCForum.	Mr B Jones/CCG	C. diff 30 day mortality data reported at IPCF. Mr Jones suggested that going forwards this data is provided to the HCAI meeting.	March 2018		Complete and transferred to HCAI agenda

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
9	Criterion 1	Provide assurance to IPCForum of compliance with Isolation Policy.	To present 6 monthly audit data of compliance with the policy to the IPCForum.	Miss A Murray	Complete	January 2018		Ongoing compliance via IPCT report.
10	Criterion 1	NEDs to be trained to challenge the Trust Board.	To provide IC training for NEDs.	Dr E Rees	Training given to NEDs on 7 th December.	December 2017		Complete
11	Criterion 1	Evidence of information contained in reports to be apparent within the IPCForum minutes.	To embed all reports into the ICPForum minutes.	Mrs L White	Complete	January 2018		Complete
12	Criterion 1, 5 and 6	Annual Infection Prevention Training to ensure knowledge is embedded into action.	Currently on a 3 yearly cycle. Move to yearly updates with full year effect 2018/19.	Dr E Rees and Miss A Murray	Completed on 18 th January for Matrons.	January 2018		Complete
					1700 clinical staff to train; individual emails sent to request completion asap. 84.6% of staff trained as at end of November. On trajectory to achieve compliance by March 2019.	March 2019		March 2019
13	Criterion 1	Analytical support to be considered to provide expertise to existing IPC team.	To develop and JD, advert and PS in order to advertise this post.	Miss A Murray	JD and PS developed – awaiting banding. Complete.	January 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
14	Criterion 1	To advertise for a substantive Consultant Microbiologist	To advertise post using existing College approved JD and PS.	Dr E Rees	Currently being advertised on NHS Jobs. Advert closed.	December 2017		Complete
15	Criterion 1 and 5	Catheter Care Bundles reflect national guidance but senior nursing staff seemed unaware of all available tools.	As part of the current health economy work around urinary tract infection, protocols around the management of catheters will be reviewed for each participating organisation; DGFT will review its own.	Miss A Murray and Mr B Jones	Working across healthcare economy catheter passport has been created; it will go to ACE panel for approval in March. Report back to IPCF at April meeting. Mr Jones suggested that after approval by ACE this item is included in the HCAI agenda.	April 2018 Assurance provided at April IPCG. Item closed and referred to HCAI agenda.		Complete and in use across Dudley Health Economy.
16	Criterion 1	Insufficient assurance that quality IPC rounds report findings.	Train Trust Governors to act as 'secret shoppers' to provide more assurance.	Miss A Murray and Mr Walker	Trust Governors have been trained to enable them to undertake the 'secret shopper' role.	March 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
26	Criterion 1	Compliance with audit trail of sharps boxes.	Remind ward staff not to lock boxes without completing location labels and remind porters not to collect boxes unless safely locked and location details completed.	Mrs Pain and Mr Walker	Staff reminded at Matrons' meeting and Portering staff have received toolbox talks. Random checks have shown full compliance.	February 2018		Complete
Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.								
17	Criterion 2	a) IPCT to be involved in all planning activities, refurbishment and change of use programmes throughout the Trust. b) No evidence of outstanding Estates risks.	a) To create a policy ensuring IPCT involvement in all such Trust activities.	Mr A Rigby and Miss A Murray	Policy – IC in the Built Environment has been created and will be circulated to Forum members for comments at March meeting.	March 2018. Completed March 2018. Policy accepted at April meeting.		Complete
			b) To include in the IPCG Facilities Report outstanding Estates risks.	Mr A Rigby	Risks and assurances given in monthly Estates Reports to IPCG.	January 2018		Ongoing compliance via Estates Report to IPCG.

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
18	Criterion 2	Aspergillus risk assessments to be documented as being undertaken.	a) To create a policy ensuring aspergillus risk assessment is undertaken.	Mr A Rigby and Interserve/Summit	Policy completed and circulated to May's Infection Prevention and Control Group.	June 2018		Complete
			b) To audit policy.	Mr A Rigby	Aspergillus included in checklist when works are being carried out.	June 2018		Ongoing compliance via Estates Report to IPCG.
24 Added 13.2.18	Criterion 2	Assurance to IPCF of how cleaners' trolleys and rooms are cleaned.	Provide Interserve's action plan to IPCF to understand how cleaners' trolleys and rooms are cleaned.	Mrs Porter	Method statement provided by Interserve to the Trust	28 th February 2018		Complete
25 Added 13.2.18	Criterion 2	Assurance to IPCF that cleaning reagents (ie, bleach tablets) are stored safely (ie, locked in reagent cupboard).	Ensure cleaning reagents are suitably locked in appropriate storage cupboards.	Mrs Pain	Mrs Pain will ask for reagent storage check to added to Medicine's Management audit.	March 2018		Complete
27 Added 13.2.18 20.3.18	Criterion 2	To ensure pull cords are wipeable.	To provide programme for replacement of corded pull cords with easy to clean plastic cords. 20.3.18 – Pull cords on C1 and B6 identified as dirty during Dr Adams' visit. Programme of replacement has only completed first floor to date.	Mrs Dyke	Programme for all cords to be replaced by May 2018. Update at June meeting.	June 2018		Cord replacement programme complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
28 Added 13.2.18	Criterion 2	Assurance that mattresses are clean prior to use.	To add 'check date of clean' to checklist to ensure mattresses are clean prior to use and include in regular Matron audits.	Miss Murray	IPCT will provide A4 poster for wards (to be added to Medical Devices policy) on how to clean a mattress and insert a green 'I am clean' sticker.	March 2018. Policy and green sticker in use.		Posters displayed and 'green stickers' in use
29 Added 13.2.18 20.3.18	Criterion 2	To ensure macerators are maintained appropriate and seals are kept clean.	To check maintenance records of macerators and remind staff to clean seals. 20.3.18 – Dr Adams' visit identified ongoing issues with macerator seals on C1. To confirm as already agreed the verifications.	Mr Rigby and Mrs Pain	Last quarter's audit results are in order. Issue regarding who was responsible for cleaning. Now agreed that spillage during use would be wiped by nursing staff but daily and weekly cleans will be carried out by Interserve together with checking seals.	June 2018		Ongoing compliance via Estates Report to IPCG

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
33 Added 13.2.18	Criterion 2	To replace material curtains with disposable curtains in UCC and ED.	Mrs Porter agreed to provide the IPCF with the number of curtain changes in these areas in order for the Trust to understand the cost of such a change.	Mrs Porter	UCC has disposable curtains (non trust premises). Frequency of curtain change has been agreed during the revision of the Cleaning Policy.	June 2018		Complete
19	Criterion 2	a) Revised Cleaning Policy approaching sign off. Interserve must share implementation plan with DGFT. b) Assurance must be given to Trust that training of Interserve staff reflects needs of policy. c) Lack of confidence regarding the cleanliness of domestic trolleys.	a) Request implementation plan from Interserve for next IPCF meeting. b) To review Interserve staff's toolbox talks reflect Cleaning Policy needs. c) Interserve to share cleaning policy for domestic equipment with the Trust.	Mr A Rigby Miss A Murray Mr A Rigby	Complete	January 2018 January 2018 January 2018		Complete Complete Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
4 Added 20.3.18	Criterion 1 and 2	Cleaning Scores are presented to IPCF with RAG ratings in order to facilitate observance of non-compliance.	To provide cleaning scores with RAG ratings.	Mr A Rigby (for Estates Report)	20.3.18 – Dr Adams identified 2 dusty fans and tape on ANTT trays on C1 and dirty medical equipment on NNU; to ask for assurance on above at next IPCF on 22.3.18.	Completed and assured at the IPCG on 22.3.18		Ongoing compliance via Estates Report to IPCG
7	Criterion 1 and 2	The Neonatal Unit <i>Enterobacter cloacae</i> SI from May 2017 to be signed off.	To sign off SI action plan and move risk assessment regarding sinks to the Trust IC Risk Register.	Dr E Rees	Complete. Risk assessment has been signed off by division.	December 2017		Complete
36 Added 20.3.18	Criterion 2	All mattresses not in use to be stored appropriately and correctly labelled with 'I am green' sticker or labelled as 'condemned'.	To review the Trust's Mattress Policy and ensure it's fit for purpose and to evidence by audit.	Mrs J Pain/Mrs J Bree and Mrs K Anderson	Tissue Viability Team have reviewed the mattress policy and confirmed it is fit for purpose.	June 2018		Complete
37 Added 20.3.18	Criterion 2	There were excessive amounts of baby clothes in the clinical area to launder. It is required that the laundry procedures ensures appropriate thermal disinfection.	To review the provision of baby clothes and laundering on Neonatal unit and to agree a process to deliver the recommendation.	Mrs K Anderson	Laundering on the NNU has ceased as of 16 th April 2018. Laundry is now sent off site.	June 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
38 Added 20.3.18	Criterion 2	To confirm the decontamination arrangements for baby incubators.	To review the SOP for incubator decontamination to ensure it is fit for purpose and to evidence by audit.	Infection Prevention and Control Team and Mrs K Anderson	Initial review has been undertaken – complete.	June 2018		Complete
Criterion 5: Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.								
12	Criterion 1, 5 and 6	Annual Infection Prevention Training to ensure knowledge is embedded into action.	Currently on a 3 yearly cycle. Move to yearly updates with full year effect 2018/19.	Dr E Rees and Miss A Murray	Completed on 18 th January for Matrons.	January 2018		Complete
					See above.	March 2019		March 2019
15	Criterion 1 and 5	Catheter Care Bundles reflect national guidance but senior nursing staff seemed unaware of all available tools.	As part of the current health economy work around urinary tract infection, protocols around the management of catheters will be reviewed for each participating organisation; DGFT will review its own.	Miss A Murray and Mr B Jones	Working across healthcare economy catheter passport has been created; it will go to ACE panel for approval in March. Report back to IPCF at April meeting.	April 2018 Assurance provided at April IPCG. Item closed and referred to HCAI agenda.		Complete and in use across Dudley Health Economy.

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
23	Criterion 5	Compliance with MRSA screening target.	Provide action plans to explain how the Trust target (90%) will be achieved.	Miss Murray/Mrs Pain/Mrs Bree	The internal stretch target for MRSA screening is 90% for both emergency and elective cases. April's data shows emergency screening at 94.2% and elective screening at 96.4%.	May 2018		Ongoing compliance via IPCT report to IPCG
Criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of prevention and controlling infection.								
20	Criterion 6	Staff to comply with Trust policy on uniform and workwear and theatre staff to comply with theatre operational policy regarding theatre attire	Uniform and workwear policy to be circulated to medical staff.	Dr E Rees and Miss A Murray	SOP has been agreed by Forum at February's meeting; will now be implemented.	February 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
30 Added 13.2.18	Criterion 6	To ensure consistency and uniformity with PPE regarding colour of aprons in the Trust.	To ensure Procurement understand that colours of aprons cannot be changed without consultation as colours often denote purpose.	Infection Prevention Team	Aprons are purchased via national framework. Issue nationally with thinner aprons being supplied. In order to obtain better quality aprons staff ordered 'blue' aprons (which did not conflict with any colour coding in the Trust). The supply issue with the white aprons is now being resolved and we will return to the preferred quality.	28 th February 2018		Complete
31 Added 13.2.18	Criterion 6	To ensure consistency of PPE regarding glove usage.	IC Team to include a reminder staff during mandatory training that gloves are only to be used if the procedure requires it and never in public areas.	All during mandatory training		28 th February 2018		Ongoing compliance via IPCT training

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
32 Added 13.2.18	Criterion 6	Assurance to IPCF that junior medical staff undertake appropriate skills training during their time at DGFT (junior doctor witnessed carrying syringe of blood by hand).	To enquire with Post Graduate centre regarding training.	Dr Rees	Clinical skills have developed a self declaration tool to confirm that non-training grades have had appropriate training including IC elements required.	April 2018		Complete
12	Criterion 1, 5 and 6	Annual Infection Prevention Training to ensure knowledge is embedded into action.	Currently on a 3 yearly cycle. Move to yearly updates with full year effect 2018/19.	Dr E Rees and Miss A Murray	a) Training delivered by Dr Adams on 18 th January.	December 2017		Complete
					b) See above.	March 2019		March 2019
Criterion 9: Have and adhere to policies, designed for the individual’s care and provider organisations that will help to prevent and control infections.								
21	Criterion 9	MRSA Screening Policy has ‘meticillin’ spelled with an ‘h’ ie, ‘methicillin’.	Amend policy.	Dr E Rees		Immediate		Complete
22	Criterion 9	The Management of Patients and Staff with Diarrhoea policy to reflect national guidance relating to stool type.	Review policy to ensure compliance.	Dr E Rees		Immediate		Complete
39 Added 20.3.18	Patient Safety Issue	To confirm the security arrangements around the storage of breast milk to ensure expressed breast milk cannot be tampered with/contaminated.	To review the arrangements for safe storage of expressed breast milk.	Mrs K Anderson	Swipe card access installed.	May 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
40 Added 20.3.18	Patient Safety Issue	To confirm the temperature and 'use by' dates applied to stored expressed breast milk to ensure that it is safe to use.	To review SOP for monitoring temperatures in the fridge and freezers used for milk storage.	Mrs K Anderson/Mrs J Pain	Milk was held within date during the audit held on 21.3.18. temp monitoring in place.	April 2018		Complete
41 Added 20.3.18	Criterion 2	To establish a cleaning schedule for toys on the NNU and to ensure that there are no soft toys.	To remove soft toys and to review toy cleaning SOP.	Mrs K Anderson/Mrs J Pain	The soft toys present have been removed. All toys have been decontaminated according to the agreed policy and all toys have been HPV fogged.	April 2018		Complete

*These criteria form the Hygiene Code taken from The Health and Social Care Act 2008 – Code of Practice on the prevention and control of infections and related guidance; July 2015.

Paper for submission to the Board of Directors on 10 January 2019

TITLE:	Integrated Performance Report for Month (November) 2018		
AUTHOR:	Andy Troth Head of Informatics	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS (delete the aim(s) not relevant to the paper)			
	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>		
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		Y	
OVERALL ASSURANCE LEVEL (Please insert x in one of the boxes)			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
To note the performance against the national mandated performance targets and were there has been non achievement to seek assurance on the plans to recover the expected position.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			

Workforce Performance

Overall the performance associated with our workforce is positive with sustained outcomes for appraisal and mandatory training as well as continued improvements with staff turnover. This is offset with a deterioration in absence rates overall. However, there are areas where absence rates are reducing such as nursing staff in the Division of Medicine.

The Workforce Committee oversees the full suite of Workforce key performance indicators and is provided a report from the senior HR team highlighting areas of priority being absence alongside vacancy management and the reduction of temporary staffing.

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 (CORO79)
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:



Integrated Performance Report - Board



November 2018

Created by: Informatics.

Title of report: Integrated Performance Report

Executive Lead:	Performance	Chief Operating Officer, Karen Kelly
	Finance	Director of Finance, Tom Jackson
	Workforce	Director of HR, Andrew McMenemy

Key Messages

CQSPE

Saving Lives – 02b Peripheral Lines (ongoing care); Compliance of 95.1% against a target of 95%

Both B5 and C8 reported compliance of less than the set target (B5 – 81% and C8 60%). This metric covers a number of aspects of ongoing care; hand hygiene, personal protective wear, continuing clinical indication and vessel health (including VIP scores), vascular access device access, administration set replacement and dressing used. Deficit in compliance for both areas is related to the hand hygiene and continuing clinical indication and vessel health (including VIP scores) sections of the audit. Regular reassessment of VIP scores has been identified as an area for further audit and improvement. This is included in an action plan, based on the recommendations of the Sue Redfern visits – actions to be agreed at next meeting.

Pressure Ulcers – Grade 3/4

Of the 2 pressure ulcers there was; 1 avoidable category 3 PU hospital acquired (Ward C3) and 1 avoidable category 3 PU from community services (Kingswinford, Amblecote, Brierley Hill caseload). Both are currently under investigation.

Serious Incidents

In November 2018, there were 5 Serious Incidents reported, these were made up of 2 general (C6), 1 fall (B5) and 2 pressure ulcers (see above - C3).

The 2 general serious incidents reported relate to:

- 2018/26446 INC46592 – Breast screening incident in relation to systems and processes
- 2018/27170 INC46839 – Incident relating to a patient collapse and potential delay in review (C6).

The fall serious incident relates to a patient on B5 who suffered a fractured neck of femur as a result of the fall.

All are currently undergoing investigation.

Nutrition Audit; Compliance of 94.4% against a target of 95%

The following areas failed to achieve 95% compliance for Nutrition; A2, B4, B5, C3, C5, C7, C8 and Critical Care. The deficits in compliance relate to; the undertaking of initial MUST and weekly reassessments, use of care plans to support nutritional intake, fluid balance management and supporting patients who require assistance with intake. Each area has its own action plan, managed within the division and discussed at Quality and Safety Group. The identified Matron Lead for Nutrition (Debra Vasey) and the Quality Review and Improvement Lead are developing a Trust wide action plan to improve our nutrition audit compliance, following a Contract Performance Notice from Dudley CCG, managed through Quality and Safety Group once developed.

% of Deaths with Priorities of Care; Compliance of 37.3% against a target of 60%

Approximately 85% of deaths within the organisation are categorised as expected. 100% of patients with expected deaths should have a Priorities of Care communication tool initiated as soon as this is recognised. This metric is measured through coding identifying where there is a death and if there is a document in place. This is a new way this measure has been calculated and the End of Life team are monitoring and driving improvements. Trust wide progress is monitored through the End of Life Working Group.

Skin Bundle; Compliance of 94.3% against a target of 95%

The following areas failed to achieve the 95% compliance for Skin Bundle; A2, B1, B3, B5, C5 and C6. The deficits in compliance relate to; completeness of the skin bundle document, repositioning of patients, use of appropriate skin products and pressure ulcer management. Each ward area has its own action plan for improvement, which is monitored within the divisions and progress reported through Quality and Safety Group.

Executive Summary by Exception

Key Messages

CQSPF

HCAI

There were 3 C. Diff cases identified after 48hrs for the month of November 2018.

	November	YTD
Total No. of cases due to lapses in care	NIL	6
Total No. of cases NOT due to lapses in care	NIL	6
No. of cases currently under review (ytd)	NIL	
Total No. of cases (ytd)		17

Friends and Family Scores

10/12/2018 – No data available as of time of compiling and writing the report (10/12/2018).

Complaints

The number of complaints received in November 2018 (43) remains consistent with the previous months. The focus remains on clearing the backlog of complaints with an emphasis on those that have breached and divisions are working hard to address this by using some additional resources to support the process. Communication remains the most frequently raised concern.

Falls

We continue to work with NHSI and the National Fall Practitioner network with the aim of achieving a consistent reduction in patient falls particularly falls with harm. We continue to perform better in comparison to national average in terms of number of falls and falls with harm. There was 1 fall with harm reported as a serious incident in November 2018.

Pressure Ulcers

There were 2 category 3 PU incidents reported on STEIS in November 2018; one hospital acquired and one community acquired.

Never Events

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

Mixed Sex Sleeping Accommodation Breaches (MSA)

There were 5 MSA breaches reported in November 2018. 4 incidents were reported by SHDU and 1 reported by MHDU.

VTE Assessment On Admission: Indicator

There has been an overall improvement in relation to the first stage of the VTE risk assessment, with an overall compliance of 95.57%, which is just above the set target of 95%. Both the surgical and medical division demonstrated improvements in November 2018.

Wards Quality Heat Map

Due to the timing of this month's meeting, there were various metrics unavailable at time of compiling and writing this report (10/12/2018). Narrative will be provided per metric by exception.

Hand Hygiene; Compliance of 99.4% against a target of 100%

Hand Hygiene is an observational audit undertaken as part of the Saving Lives High Impact Interventions monitoring compliance with the Trust Hand Hygiene Policy. Any response compliance less than 100% is recorded as red. Both B5 and C8 reported a compliance of 95%. Following discussion with the Matrons for both wards; they will be sharing results at the ward huddle board meetings as a form of raising awareness of the requirements and will be monitored closely going forward in anticipation of the next audit.

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 83.2%. Whilst, the Trust only (Type 1) performance was 73.0%.

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

	Attendances	Breaches	Performance
ED Dept Type 1	9147	2467	73.0%
UCC Type 3	5585	6	99.9%

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 70.5% (Provisional as at 12th Dec). Previous month confirmed performance was 86.7%

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

No. of Patients treated on or over 104 days (DGFT)	0
No. of Patients treated on or over 104 days (Tertiary Centre)	4
No. of Patients treated on or over 104 days (Combined)	4

2WW

The target was achieved once again in month. During this period a total of 1296 patients attended a 2ww appointment with 58 patients attending their appointments outside of the 2 week standard, achieving a performance 95.52% 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 93.3% in month against a target of 92%, same performance as the previous month. Urology did not meet the target in month at 90.5% down from previous month. Ophthalmology is at 84.2% down from 85.2% in the previous month. General Surgery at 90.7% up from 89.6%. Also Plastic Surgery (88.7%) and Dermatology (91.1%) did not achieve the target. There were no 52-week Non-admitted Waiting Time breaches in month.

Diagnostic waits

The diagnostic wait was above target in month with a performance of 99.1%. The number of patients waiting over 6 weeks was 63.

Executive Summary by Exception cont.

Key Messages

2 Financial Performance Matters

Committee: F&P

Deficit of £2.203m for April-November, representing a £0.890m adverse variance in comparison to the control total following the consolidation of the pharmacy company and other technical changes. This position includes a pro rata benefit related to a new optimised alternative site evaluation. However, this remains at risk as the revised valuation has yet to be agreed by external auditors. In order to achieve the financial component of the PSF for Q3 of £1.899m, the Trust needs to deliver a deficit of £0.574m in December. This remains extremely challenging when considering that December is traditionally a low income month and the plan assumed a deficit of £1.464m. The Trust remains unlikely to achieve the performance component of PSF. November reflects an improved performance resulting in a revised forecast of £8.951m (an improvement of £0.780m from the October forecast largely linked to Medicine income) but still £1.893m short on the proposed recovery plan deficit of £7.058m. It should be noted that there is still a sizeable gap of circa £2.9m regarding the estimated contract outturn with Dudley CCG. The Trust is working closely with the CCG to resolve the challenges with a view to agreeing a pragmatic settlement. However, this is likely to be constrained by CCG affordability

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 November 2018.

Mandatory Training

The compliance rates continue at the stable level of 88.72%. This represents good performance without being excellent. The areas where more concentrated efforts are required are associated with Resus and manual handling training. In terms of staff groups the area of highest non-compliance continues to be medical staff. The Clinical Support Division is the team with the lowest compliance rates at 83.12%. However, the group of staff with the highest level of non-compliance in this area are Care Support staff at 76.07%. The Trust Lead for Mandatory Training has been asked to develop actions associated with particular areas of risk regarding training and staff groups. There continue to be trajectories in place for each Division with performance reviews focusing on compliance for every member of staff.

Sickness Rate

The absence rate has decreased to 4.76% from 4.96% in November 2018. The decrease is a positive sign. In addition it represents a fall in absence levels compared to the same time last year representing a positive trajectory for this indicator. Following the additional support for staff with stress the team are now focusing on developing support for staff with musculoskeletal conditions. This will be developed in a business case that recommends enhancing the staff physio service in order to support staff with relevant conditions stay at work while receiving treatment and avoiding absence.

Turnover Rate

The turnover rate continues to represent a positive retention of our staff and currently sits at 9.52%. 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.

Patients will experience safe care - "At a glance"

Executive Lead: Jo Wakeman

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Oct-18	Nov-18	Actual YTD	Trend	Month Status
Friends & Family Test - Response Rate							
Friends & Family Test - ED	12.3%	19.4%	18.7%	17.8%	18.1%	↓	
Friends & Family Test - Inpatients	26.9%	37.0%	32.5%	35.0%	34.7%	↑	
Friends & Family Test - Maternity	21.9%	38.0%	32.8%	28.4%	32.2%	↓	
Friends & Family Test - Outpatients	4.9%	11.9%	5.2%	5.3%	5.4%	↑	
Friends & Family Test - Community	3.3%	8.1%	6.1%	5.3%	4.4%	↓	
Friends & Family Test - Recommended							
Friends & Family Test - ED	88.7%	94.5%	80.3%	76.9%	77.9%	↓	
Friends & Family Test - Inpatients	96.7%	97.4%	94.2%	94.1%	94.1%	↓	
Friends & Family Test - Maternity	97.1%	98.5%	99.4%	95.8%	97.9%	↓	
Friends & Family Test - Outpatients	95.3%	97.4%	90.3%	89.1%	89.6%	↓	
Friends & Family Test - Community	96.2%	97.7%	94.1%	93.7%	94.9%	↓	
Complaints							
Total no. of complaints received in month			48	49	---	↑	
Complaints re-opened			3	4	34	↑	
PALs Numbers			295	328	2368	↑	
Complaints open at month end			210	206	---	↓	
Compliments received			453	582	4169	↑	
Dementia (1 month in arrears)							
Find/Assess		90%	97.0%		97.8%	↑	
Investigate		90%	100.0%		100.0%	↑	
Refer		90%	94.4%		96.1%	↑	
Falls National average 6.63 per 1000 bed days							
No. of Falls			67	66	528	↓	
Falls per 1000 bed days		6.63	3.89	3.79	3.91	↓	
No. of Multiple Falls			5	4	48	↓	
Falls resulting in moderate harm or above			2	1	9	↓	
Falls resulting in moderate harm or above per 1000 bed days		0.19	3.9	3.8	3.9	↓	
Pressure Ulcers (Grades 3 & 4)							
Hospital Avoidable	0		1	1	7	↔	
Community Avoidable	0		0	1	8	↑	
Handwash							
Handwashing			99.8%	99.6%	98.9%	↓	

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Oct-18	Nov-18	Actual YTD	Trend	Month Status
Mixed Sex Accommodation Breaches							
Single Sex Breaches		0	9	5	40	↓	
Mortality (Quality Strategy Goal 3)							
HSMR Rolling 12 months (Latest data Aug 18)	110	105	117	118	N/A		
SHMI Rolling 12 months (Latest data 18/19 Q1)	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		6	6	4	↔	
MRSA Bacteraemia	0		1	0	1	↓	
MSSA Bacteraemia	0		1	1	11	↔	
E. Coli - Total hospital	0		0	2	20	↑	
Stroke Admissions - PROVISIONAL							
Stroke Admissions: Swallowing Screen	75%		96.2%	93.9%	93.4%	↓	
Stroke Patients Spending 90% of Time on Stroke Unit	85%		94.4%	95.2%	92.2%	↑	
Suspected High Risk TIAs Assessed and Treated <24hrs	85%		100.0%	88.9%	91.0%	↓	
VTE - PROVISIONAL							
VTE On Admission	95%		94.4%	95.6%	95.0%	↑	
Incidents							
Total Incidents			1618	1362	11889	↓	
Recorded Medication Incidents			594	343	3005	↓	
Never Events			0	0	0	↔	
Serious Incidents			4	5	58	↑	
of which, pressure ulcers			2	2	17	↔	
Incident Grading by Degree of Harm							
Death			0	0	7	↔	
Severe			1	1	16	↔	
Moderate			31	25	170	↓	
Low			170	154	1461	↓	
No Harm			1416	1182	10235	↓	
Percentage of incidents causing harm	28%		12.5%	13.2%	13.9%	↑	

Performance - "At a glance"

Executive Lead: Karen Kelly



Performance - Key Performance Indicators

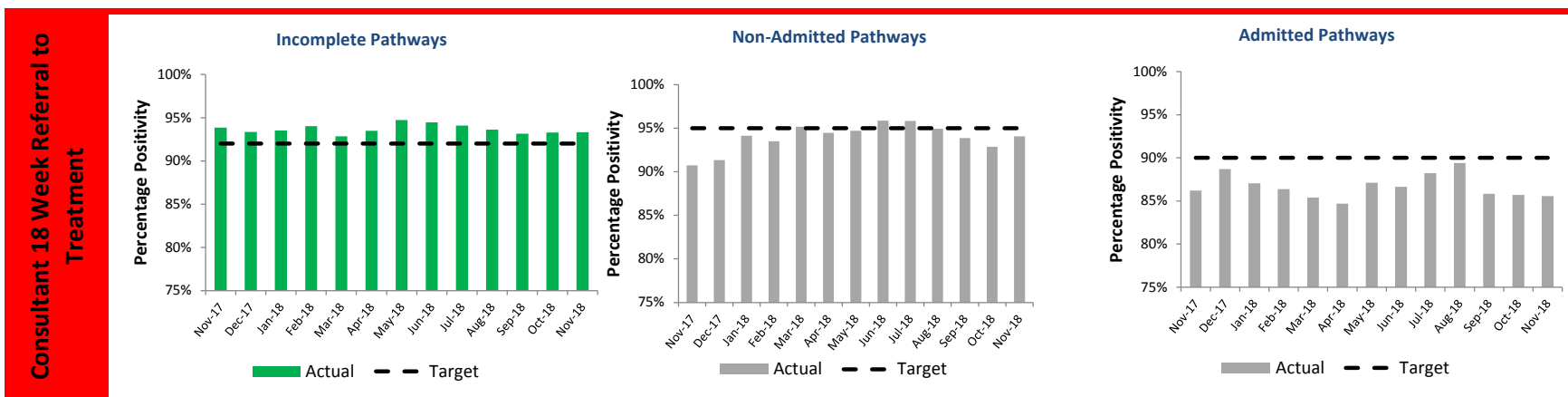
	Target	Oct-18	Nov-18	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	94.67%	95.52%	95.0%	↑	
2 week wait - Breast Symptomatic	93%	96.3%	97.3%	96.0%	↑	
31 day diagnostic to 1st treatment	96%	98.9%	96.8%	97.6%	↓	
31 day subsequent treatment - Surgery	94%	100.0%	100.0%	100.0%	↔	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	100.0%	↔	
62 day urgent GP referral to treatment	85%	86.7%	70.5%	81.0%	↓	
62 day screening programme	90%	93.3%	100.0%	98.3%	↑	
62 day consultant upgrades	85%	95.2%	91.3%	92.2%	↓	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	93.3%	93.3%	93.5%	↑	
RTT Admitted - % treatment within 18 weeks	90%	85.7%	85.6%	87.0%	↓	
RTT Non Admitted - % treatment within 18 weeks	95%	92.9%	94.1%	94.3%	↑	
Wait from referral to 1st OPD	26	22	22	115	↔	
Wait from Add to Waiting List to Removal	39	42	43	217	↑	
ASI List		1934	2084	0	↑	
% Missing Outcomes RTT		0.0%	0.2%	0.1%	↑	
% Missing Outcomes Non-RTT		3.8%	5.6%	5.0%	↑	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	59	63	435	↑	
% of diagnostic tests waiting less than 6 weeks	99%	99.2%	99.1%	98.8%	↓	
ED - TRUST						
Patients treated < 4 hours Type 1 (Trust ED)	95%	80.9%	73.0%	77.6%	↓	
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	88.2%	83.2%	85.9%	↓	
Emergency Department Attendances	N/A	8930	9147	44834	↑	
12 Hours Trolley Waits		0	0	0	↔	
Ambulance to ED Handover Time - TRUST						
30-59 minute breaches		428	488	2166	↑	
60+ minute breaches		88	66	436	↓	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		14	15	81	↑	
60+ minute breaches		1	4	13	↑	

Performance - Key Performance Indicators cont.

	Target	Oct-18	Nov-18	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	1.5%	1.7%	1.7%	↑	
Cancelled operations - breaches of 28 day rule	0	4	3	12	↓	
Urgent operations - cancelled twice	0	0	0	1	↔	
GP Discharge Letters						
GP Discharge Letters	90%	85.0%	82.8%	81.1%	↓	
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		77.7%	74.6%	76.9%	↓	
Theatre Utilisation - Main		86.6%	86.9%	86.8%	↑	
Theatre Utilisation - Trauma		92.4%	90.2%	93.7%	↓	
GP Referrals						
GP Written Referrals - made		6462	0	26490	↓	
GP Written Referrals - seen		6603	0	23715	↓	
Other Referrals - Made		4052	0	14345	↓	
Throughput						
Patients Discharged with a LoS >= 7 Days		6.2%	6.4%	6%	↑	
Patients Discharged with a LoS >= 14 Days		3.1%	3.0%	3%	↓	
7 Day Readmissions		1.6%	3.9%	3%	↑	
30 Day Readmissions - PbR		8.1%	8.0%	8%	↓	
Bed Occupancy - %		87%	89%	88%	↑	
Bed Occupancy - % Medicine & IC		94%	94%	94%	↔	
Bed Occupancy - % Surgery, W&C		81%	81%	82%	↔	
Bed Occupancy - Paediatric %		56%	56%	50%	↔	
Bed Occupancy - Orthopaedic Elective %		69%	91%	76%	↑	
Bed Occupancy - Trauma and Hip %		91%	91%	92%	↔	
Number of Patient Moves between 8pm and 8am		104	97	512	↓	
Discharged by Midday		13.2%	14.2%	13%	↑	
Outpatients						
New outpatient appointment DNA rate	8%	7.5%	7.6%	8.2%	↑	
Follow-up outpatient appointment DNA rate	8%	7.8%	8.7%	6.4%	↑	
Total outpatient appointment DNA rate	8%	7.7%	8.2%	37.2%	↑	
Clinic Utilisation		77.5%	78.3%	77.6%	↑	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective	2.4	2.81	2.73	3.0	↓	
Average Length of Stay - Non-Elective	3.4	5.4	5.3	5.2	↓	

Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment



RTT 18 Week Performance - November 2018

Validated Position

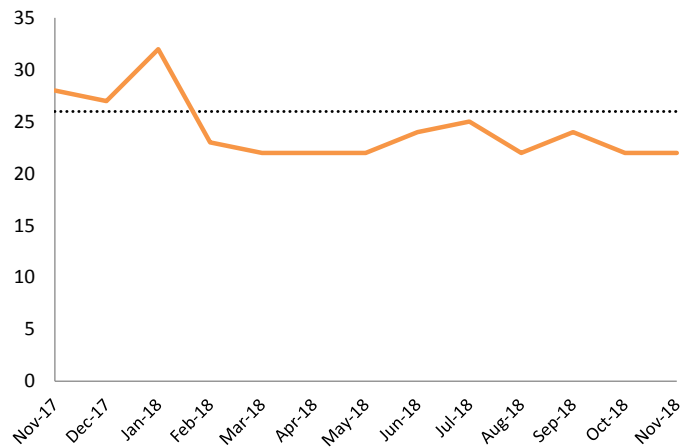
Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	863	88	951	90.7%
101 - Urology	1025	108	1133	90.5%
110 - Trauma & Orthopaedics	1900	85	1985	95.7%
120 - ENT	1178	15	1193	98.7%
130 - Ophthalmology	2336	438	2774	84.2%
140 - Oral Surgery	601	6	607	99.0%
160 - Plastic Surgery	683	87	770	88.7%
300 - General Medicine	3	0	3	100.0%
301 - Gastroenterology	1022	33	1055	96.9%
320 - Cardiology	660	21	681	96.9%
330 - Dermatology	841	82	923	91.1%
340 - Respiratory Medicine	302	5	307	98.4%
400 - Neurology	558	24	582	95.9%
410 - Rheumatology	518	21	539	96.1%
430 - Geriatric Medicine	137	2	139	98.6%
502 - Gynaecology	992	48	1040	95.4%
Other	3631	172	3803	95.5%
Total	17250	1235	18485	93.3%

Comments

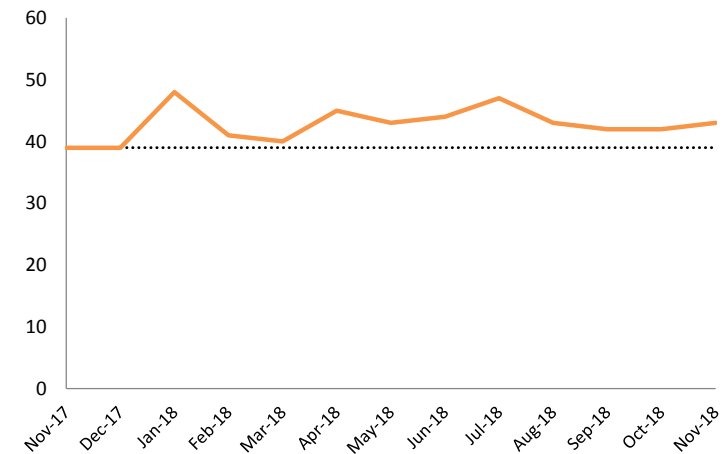
Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

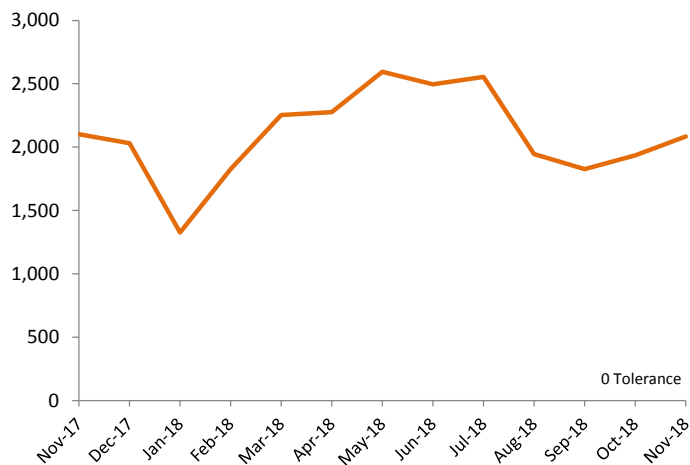
Wait in days from referral to 1st OPD



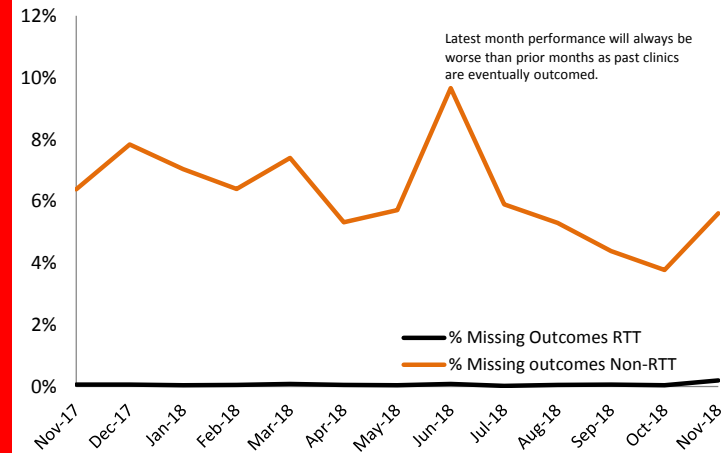
Wait in days from Add to Waiting List to Treatment or Removal



Number of unavailable slots at end of month (Appointment Slot Issues)

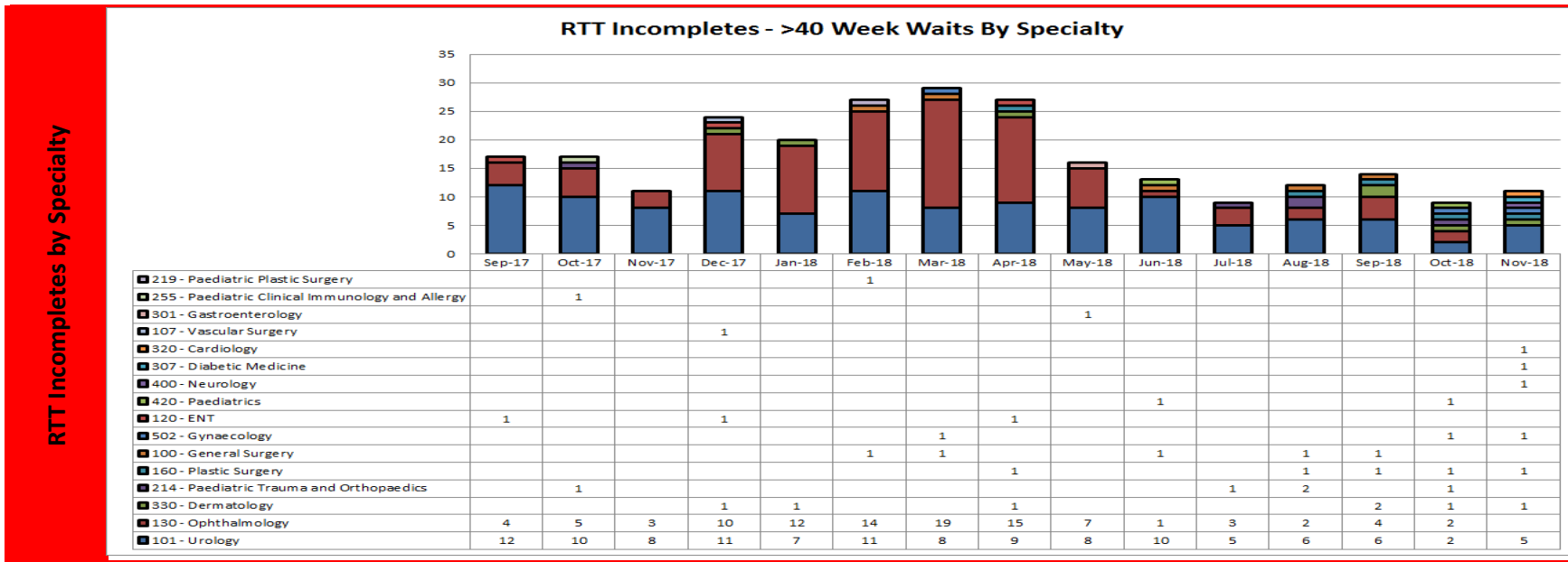


% Missing Outcomes



Performance Matters (KPIs)

Regulatory Performance - RTT Incompletes



There are '0' over 52 weeks

Financial Performance - "At a glance" OCTOBER'S DATA

Executive Lead: Tom Jackson



Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	527	505	-4.2%	-15	1,469	1,378	-6.2%	-91
Day Cases	4,385	4,596	4.8%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	4,075	3,849	-5.5%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	41,698	51,777	24.2%	1,067	115,593	114,578	-0.9%	-1,015
A&E	9,134	9,147	0.1%	305	25,595	26,316	2.8%	721
Total activity	59,819	69,874	16.8%	1,485	167,051	166,859	-0.1%	-192
CIP								
Income	£'000	£'000		£'000	£'000	£'000		£'000
Income	499	600	20.3%	101	2,520	3,563	41.4%	1,043
Pay	386	254	-34.2%	-132	1,968	1,975	0.3%	6
Non-Pay	514	262	-49.1%	-253	2,358	3,177	34.7%	819
Total CIP	1,399	1,116	-20.2%	-283	6,847	8,715	27.3%	1,868
INCOME								
NHS Clinical	£'000	£'000		£'000	£'000	£'000		£'000
NHS Clinical	29,105	28,298	-2.8%	-807	195,376	193,104	-1.2%	-2,272
Other Clinical	544	612	12.4%	68	3,873	5,162	33.3%	1,289
STF Funding	904	633	-30.0%	-271	4,069	2,849	-30.0%	-1,220
Other	1,972	1,712	-13.2%	-260	13,739	13,390	-2.5%	-349
Total income	32,525	31,254	-3.9%	-1,271	217,057	214,505	-1.2%	-2,552
OPERATING COSTS								
Pay	£'000	£'000		£'000	£'000	£'000		£'000
Pay	-17,965	-18,939	5.4%	-974	-130,952	-132,751	1.4%	-1,799
Drugs	-2,976	-3,006	1.0%	-30	-19,390	-20,224	4.3%	-834
Non-Pay	-7,554	-7,760	2.7%	-205	-49,933	-50,304	0.7%	-371
Total Costs	-28,496	-29,705	4.2%	-1,209	-200,275	-203,279	1.5%	-3,004

Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
EBITDA								
EBITDA	£'000	£'000		£'000	£'000	£'000		£'000
EBITDA	4,023	1,573	-60.9%	-2,450	16,723	11,322	-32.3%	-5,401
Depreciation	-846	-552	-34.8%	294	-5,796	-3,982	-31.3%	1,814
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,238	-1,113	-10.1%	125	-8,641	-7,653	-11.4%	988
SURPLUS/(DEFICIT)	1,939	-92	-104.7%	-2,031	2,286	-313	-113.7%	-2,599
SOFP								
Capital Spend	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	-1,334	-713	-46.6%	621	-7,593	-5,525	-27.2%	2,068
Inventory					3,131	3,481	11.2%	350
Receivables & Prepayments					20,126	17,921	-11.0%	-2,205
Payables					-20,546	-23,995	16.8%	-3,449
Accruals							n/a	0
Deferred Income					-1,639	-1,784	8.8%	-145
Cash & Loan Funding								
Cash	£'000	£'000		£'000	£'000	£'000		£'000
Cash					4,840	7,367	52.2%	2,527
Loan Funding							n/a	0
KPIs								
EBITDA %	13.9%	5.4%	-8.5%		6.2%	4.3%	-1.9%	
Deficit %	6.7%	-0.3%	-7.0%		0.9%	-0.1%	-1.0%	
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	



Workforce - "At a glance"

Executive Lead: Andrew McMenemy

	People					
	Target			Actual		Month
	18/19	Oct-18	Nov-18	YTD	Trend	Status
Workforce						
Sickness Absence Rate	3.50%	4.96%	4.76%	4.69%	↓	
Staff Turnover	8.5%	9.45%	9.52%	9.51%	↑	
Mandatory Training	90.0%	88.6%	88.7%	89.0%	↑	
Appraisal Rates - Total	90.0%	95.6%	95.6%	95.6%	↔	

Patients will experience safe care

Heat Map - November 2018

KPI																														
	Environmental Cleaning	Hand-hygiene	MRSA Screening - elective	MRSA Screening - emergency	HCAI CDI/F - due to lapses in care	Saving Lives - 02b peripheral lines	Saving Lives - 06b urinary catheter	Datix incidents reported	Falls, Injuries or Accidents	Pressure Ulcers - Grade 3/4	Serious Incidents	Never Events	Nutrition Audit	Pain Score	Medicines Management Audit	% of Deaths with Priorities of Care	Deteriorating Patient Trolley Check (1 month in areas)	Fluid Balance Management Audit	VTE Assessment Indicator (CON01)	NQA - Skin Bundle	FFT - Footfall	FFT - Recommended %	Complaints	Compliments	Appraisals	Mandatory Training	RN Average Fill Rate (day shifts)	RN Average Fill Rate (night shifts)	Sickness Rate	
Ward	Patient Safety & Quality																Clinical Indicators			Patient Experience			Workforce & Safer Staffing					Ward RAG Trend		
AMU2 (A2)									0																					
B1								11	3							N/A							1							
B2 Hip								12	3																					
B2 Trauma								6	2														1							
B3								21	5																					
B4								23	4														1							
B5								15	5																					
C1																														
C2								38	0																					
C3								35	8																					
C4								16	2																					
C5																														
C6								10	4																					
C7								23	3																					
C8								27	4																					
CCU & PCCU								7	3																					
Critical Care								25	2																					
MHDU								11	1																					
Neonatal								16	0																					
Average/ Total																														
RAG Rating																														

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%	80.91%	73.02%	-	-	-	-	77.55%	%
A&E - 4 Hour UCC Dept Only % (Type 3)	99.38%	99.44%	99.46%	99.82%	99.43%	99.49%	100%	100%	99.89%	-	-	-	-	99.68%	%
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%	88.15%	83.21%	-	-	-	-	85.99%	95%
A&E - Patients who Left Without Being Seen %	2.6%	1.7%	2.1%	1.8%	2.5%	1.6%	1.7%	1.2%	1.5%	-	-	-	-	1.8%	5%
A&E - Time to Initial Assessment (95th Percentile)	9	4	8	9	7	4	5	7	8	-	-	-	-	8	15
A&E - Time to Treatment Median Wait (Minutes)	70	49	65	61	73	49	64	55	66	-	-	-	-	66	60
A&E - Total Time in A&E (95th Percentile)	731	593	587	504	524	463	511	462	605	-	-	-	-	605	240
A&E - Unplanned Re-Attendance Rate %	1.5%	1.3%	1.1%	1.5%	1.6%	1.3%	1.3%	1%	1.3%	-	-	-	-	1.3%	5%
Activity - A&E Attendances	103,426	8,292	9,097	8,920	9,569	8,339	8,848	8,934	9,170	-	-	-	-	71,169	70,133
Activity - Cancer MDT	5,131	492	443	520	378	511	508	596	550	-	-	-	-	3,998	3,479
Activity - Community Attendances	376,548	33,662	36,319	36,299	38,817	34,833	35,291	34,327	36,982	-	-	-	-	286,530	273,217
Activity - Critical Care Bed Days	7,612	579	702	731	770	604	692	776	664	-	-	-	-	5,518	5,386
Activity - Diagnostic Imaging whilst Out-Patient	52,692	4,222	4,505	4,451	4,434	4,445	4,163	4,740	4,710	-	-	-	-	35,670	39,444
Activity - Direct Access Pathology	1,970,646	173,406	172,671	173,017	174,399	173,882	165,564	187,986	180,378	-	-	-	-	1,401,303	1,403,210
Activity - Direct Access Radiology	75,450	6,221	6,883	6,389	6,475	6,235	5,930	7,015	6,834	-	-	-	-	51,982	54,257
Activity - Elective Day Case Spells	48,682	4,184	4,366	4,058	4,159	4,401	3,891	4,556	4,461	-	-	-	-	34,076	33,761
Activity - Elective Inpatients Spells	5,828	433	464	451	467	492	441	505	495	-	-	-	-	3,748	4,024
Activity - Emergency Inpatient Spells	50,160	3,247	3,626	3,635	3,776	3,712	3,456	3,849	3,836	-	-	-	-	29,137	32,755
Activity - Excess Bed Days	11,066	707	823	922	841	576	662	738	377	-	-	-	-	5,646	9,980
Activity - Maternity Pathway	7,636	578	668	621	642	652	579	568	525	-	-	-	-	4,833	5,140
Activity - Neo Natal Bed Days	7,111	628	661	604	611	643	542	589	600	-	-	-	-	4,878	4,886
Activity - Outpatient First Attendances	146,246	12,902	13,932	13,928	14,880	13,856	13,326	16,111	15,227	-	-	-	-	114,162	105,310
Activity - Outpatient Follow Up Attendances	295,301	25,716	27,624	26,429	28,601	27,385	27,140	30,803	28,716	-	-	-	-	222,414	208,817
Activity - Outpatient Procedure Attendances	71,502	5,235	6,107	6,121	6,064	5,730	5,873	5,982	5,961	-	-	-	-	47,073	50,851
Activity - Rehab Bed Days	20,079	1,528	1,571	1,720	1,618	1,908	1,732	2,006	1,991	-	-	-	-	14,074	12,951
Activity - Renal Dialysis	52,070	4,233	4,431	4,225	4,121	4,180	3,885	4,168	4,027	-	-	-	-	33,270	34,551
Ambulance Handover - 30 min – breaches (DGH view)	4,608	180	437	437	542	267	441	428	488	-	-	-	-	3,220	0
Ambulance Handover - 30 min – breaches (WMAS view)	5,803	240	603	563	685	395	548	554	637	-	-	-	-	4,225	0
Ambulance Handover - 60 min – breaches (DGH view)	716	8	67	53	119	43	120	88	66	-	-	-	-	564	0
Ambulance Handover - 60 min – breaches (WMAS view)	876	9	73	66	144	52	138	106	80	-	-	-	-	668	0

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%	94.6%	95.5%	-	-	-	-	94.2%	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%	96.3%	97.2%	-	-	-	-	95.5%	93%
Cancer - 31 day - from diagnosis to treatment for all cancers	98.8%	98.7%	100.0%	99.4%	97.1%	98.7%	96.00%	98.9%	95.8%	-	-	-	-	98.1%	96%
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100.0%	100%	100.0%	100%	-	-	-	-	100%	98%
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	98.9%	100%	100%	100%	100%	100.0%	100.00%	100.0%	100%	-	-	-	-	100%	94%
Cancer - 31 Day For Subsequent Treatment From Decision To Treat	99.4%	100%	100%	100%	100%	100.0%	100%	100.0%	100%	-	-	-	-	100%	96%
Cancer - 62 day - From Referral for Treatment following a Consultant Upgrade	93.3%	86.6%	86.1%	91.5%	88.1%	95%	90%	95.2%	92.10%	-	-	-	-	90.9%	85%
Cancer - 62 day - From Referral for Treatment following national screening referral	98.4%	96.4%	96.1%	100%	100%	100.0%	100%	93.3%	100%	-	-	-	-	97.9%	90%
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	85.3%	80.8%	84%	79.8%	85.3%	79.8%	80.4%	86.6%	70.5%	-	-	-	-	81.1%	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	7	0	-	-	-	-	-	24	
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	9	4	-	-	-	-	-	27	
Cancer: Patients on a 62 day pathway treated on or over 104 days (3: combined)	48	5	9	3	7	7	16	4	-	-	-	-	-	51	
Maternity: Breastfeeding Data Coverage Rates	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	-	100%	0%
Number of Births Within the Trust	4,435	351	384	363	356	385	356	368	374	-	-	-	-	2,937	
RTT - Admitted Pathways within 18 weeks %	87.9%	84.6%	87.1%	86.6%	88.2%	89.3%	85.80%	85.6%	85.5%	-	-	-	-	86.8%	90%
RTT - Incomplete Waits within 18 weeks %	94%	93.4%	94.7%	94.4%	94%	93.6%	93.10%	93.2%	93.30%	-	-	-	-	93.70%	92%
RTT - Non-Admitted Pathways within 18 weeks %	93.1%	94.4%	94.6%	95.8%	95.8%	94.9%	93.80%	92.8%	94%	-	-	-	-	94.5%	95%
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)	97.85%	99.31%	99.38%	99.30%	99.23%	97.7%	98.69%	99.18%	99.1%	-	-	-	-	98.98%	99%

Finance Dashboard

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	£1,119k	£1,079k	-	-	-	-	£8,453k	k
Bank spend	£16,404k	£1,481k	£1,475k	£1,611k	£1,608k	£1,393k	£1,883k	£1,735k	£1,651k	-	-	-	-	£12,836k	k
Budgetary Performance	(£20,622)k	(£640)k	(£451)k	£646k	(£445)k	(£134)k	(£1,833)k	£121k	£254k	-	-	-	-	(£2,483)k	£0k
Capital v Forecast	106.6%	59.8%	51.9%	69%	67.7%	68.3%	-	-	-	-	-	-	-	68.3%	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	(£511)k	(£684)k	£208k	£10k	(£114)k	(£124)k	£826k	£633k	-	-	-	-	£245k	£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%	95.6%	95.6%	95.6%	-	-	-	-	95.6%	90%
Mandatory Training	85.9%	87.8%	88.3%	87.6%	88.9%	89.3%	89.3%	88.6%	88.7%	-	-	-	-	88.7%	90%
RN average fill rate (DAY shifts)	89.64%	83.89%	82.99%	81.22%	81.75%	78.2%	78.79%	84.74%	85.5%	-	-	-	-	82.04%	95%
RN average fill rate (NIGHT shifts)	92.85%	85.65%	85.81%	84.64%	85.68%	83.69%	83.65%	88.3%	88%	-	-	-	-	85.61%	95%
Sickness Rate	4.40%	3.79%	3.85%	4.17%	4.42%	4.38%	4.81%	4.96%	4.76%	-	-	-	-	4.39%	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	4,359.72	4,358.52	-	-	-	-	4,358.52	
Turnover Rate (Rolling 12 Months)	9.74%	9.95%	9.70%	9.56%	9.51%	9.59%	9.48%	9.45%	9.52%	-	-	-	-	9.52%	%
Vacancy Rate	6.63%	10.87%	11.35%	11.27%	11.13%	10.86%	10.37%	9.37%	10.23%	-	-	-	-	10.23%	%

Paper for submission to the Board of Directors on 10 January 2019

TITLE:	Finance and Performance Committee Exception Report		
AUTHOR:	Tom Jackson Director of Finance	PRESENTER:	Tom Jackson Director of Finance
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF BOARD / COMMITTEE / GROUP:			
Decision	Approval	Discussion	Other
		Y	Y
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
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.			
CORPORATE OBJECTIVE:			
S06 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Summary report from the Finance and Performance Committee meeting held on 20 December 2018.			
IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: BAF592
	Risk Register: Y		Risk Score: 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Lead
	NHSI	Y	Details: Achievement of all terms of FT licence
	Other	N	Details:

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	20 December 2018	Jonathan Hodgkin	yes	no
			Yes	
Declarations of Interest Made				
None				
Assurances Received				
Finance and Efficiency				
<ul style="list-style-type: none">A £2.2m deficit is reported to Month 8 which is £0.9m in excess of the Trusts agreed Control Total. This is an improvement on the previous month as November was a stronger than expected income month. As a consequence the forecast position has improved to a year end forecast of £9m deficit on the assumption that income growth continues. The underlying financial position, however, remains challenging as there is significant income risk relating to contract penalties and commissioner affordability. A favourable December financial position would enable the Trust to deliver against its Q3 Control Total target and access further PSF funds. The CIP year to date position remains strong and this is offset by overspends on pay and non pay budgets.A robust and constructive discussion took place regarding the decisions that will be required in the 4th quarter of the year to agree the 2018/19 forecast, deliver a credible plan for 2019/20 and address the worsening cash position. Assurance was received for the Committee of the process and work requirements between January and March 2019.				
Performance				
<ul style="list-style-type: none">The 4 hour access standard remains challenging. Previous assurances regarding DM01 have been revisited largely caused by downtime of a MRI scanner and staffing challenges to maximise the replacement.				
Workforce				
<ul style="list-style-type: none">A paper was received with a proposal to use the Nursing Associate Model alongside the Apprenticeship Levy to deliver a sustainable improvement to nurse recruitment over the next 3 to 4 years. The Committee asked Executives to review formally.				
Estates and Procurement				
<ul style="list-style-type: none">The Committee noted the performance against the PFI contract for the month of November				
Board Assurance Framework				
<ul style="list-style-type: none">The Committee noted that the BAF and Corporate Risk Register were being cleansed and will be presented to the January Board of Directors.				
Decisions Made / Items Approved				
<ul style="list-style-type: none">Temporary Signage Policy was ratified				
Actions to come back to Committee				
<ul style="list-style-type: none">None				
Performance Issues to be referred into Executive Performance Management Process				
<ul style="list-style-type: none">None				
Areas of Risk to be escalated onto the Corporate or Divisional Risk Register				
<ul style="list-style-type: none">None				

Items referred to the Board for decision or action
<ul style="list-style-type: none">• None

Paper for Submission to the Council Meeting on

TITLE:	DRAFT EU EXIT Resilience Strategy		
AUTHOR:	Christopher Leach	PRESENTER	Christopher Leach
CLINICAL STRATEGIC AIMS			
		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		Y	
OVERALL ASSURANCE LEVEL <i>(Please insert x in one of the boxes)</i>			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE COMMITTEE			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and caring services SO3: Drive service improvements, innovation and transformation			
SUMMARY OF KEY ISSUES:			
The trust is taking actions to prepare for a potential no deal EU exit, this document indicates the overarching strategy that is being undertaken, due to the developing guidance from DHSC this document will continue to be updated up until exit.			

IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: No Deal EU Exit
	Risk Register: Y		Risk Score 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:
	Other	Y	Details: NHS England and CCG have requested copies of the document to assist in health economy planning

EU EXIT RESILIENCE STRATEGY	DOCUMENT TITLE:	EU EXIT Resilience Strategy
	Name of Originator/Author /Designation & Specialty:	Christopher Leach, Emergency Planning Manager
	Director Lead:	Karen Kelly, Chief Operating Officer
	Target Audience:	All Staff
	Version:	1.0
	Date of Final Ratification at Committee/Board of Directors:	
	Review Date:	
	Registration Requirements Outcome Number(s) (CQC)	
	Relevant Documents /Legislation/Standards	Civil Contingencies Act 2004 ISO 22301:2012 How to prepare if the UK leaves the EU with no deal
	Contributors: <i>Individuals involved in developing the document.</i>	Designation: Jane Elvidge, Deputy Chief Pharmacist & Medication Safety Officer Paul Mellor, Assistant Director of Procurement Dawn Woods, Head of HR Operations Dr Emma Suggett, Interim Chief Pharmacist Neal Shaw, Head of Medical Engineering Darren Lowe, Estates Compliance Manager Sarah Ellis, IT relationship manager Colin Plant, Estates Manager Interserve Phillip Stirling, Sandwell and West Birmingham NHS Trust Emergency Planning Officer Gregory Barber, Transfusion Laboratory Manager
The electronic version of this document is the definitive version		

CHANGE HISTORY

Version	Date	Reason
1.0	October 2018	New Document

PLEASE NOTE THIS DOCUMENT IS SUBJECT TO CHANGE AS NATIONAL GUIDANCE IS PUBLISHED PLEASE CONTACT THE EMERGENCY PLANNING MANAGER FOR THE LATEST VERSION

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

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THE DUDLEY GROUP NHS FOUNDATION TRUST

EU EXIT RESILIENCE STRATEGY

1. INTRODUCTION

As part of the trusts resilience strategy it is necessary for us to prepare for incidents actual and perceived. On the 29 March, 2017 the UK triggered Article 50 of the Lisbon Treaty as part of our preparations to leave the European Union, this means the UK is scheduled to leave at **11pm on Friday, 29 March 2019**. This date can be extended if all 28 EU members agree, but at the time of writing this all sides are focused on this date as being when the UK will exit the EU, The prime minister has also added this date and details in UK law.

During the negotiations there has been some concerns and issues from both sides this has led to the potential risk of a 'no deal' scenario, this potentially would have a massive impact on the country both economically and financially. In the event of a deal being made there would be relatively little impact envisaged on NHS providers. This strategy will therefore mainly consider a no deal scenario but the principles could be applied in elements if a risk was perceived following a full or partial deal.

The NHS procures large amounts of equipment, supplies and personnel from EU countries this therefore could impact on the trust considerably.

This document seeks to be a strategic level document indicating areas of potential risk, certain departments have already been requested by DH to generate specific preparedness for EU exit and this will be referenced within the document.

In the eventuality of a no deal EU exit the trust will respond using established business continuity arrangements and mechanisms, with the departments referenced in this document being called to a Business Continuity Incident management team to provide input and guidance.

2. STATEMENT OF INTENT/PURPOSE

This document will only be enacted in the event of a **no-deal** EU exit. Due to the rapidly developing guidance in relation to no-deal EU exit from Department of Health and Social Care this document will be updated regularly

Preparations detailed in this document are being made in readiness for the **29th March 2019** departure date

Aim

To define impacts and preparations being undertaken at a local and national level for a no deal EU exit

Objectives

- To identify areas that could potentially be impacted by EU exit

- To look at potential contingency mechanisms within the UK
- To ensure guidance is implemented within relevant departments

3. DEFINITIONS

Acronym	Definition
DHSC	Department of Health and Social Care
EU Exit or Brexit	The UK process of exiting the EU
EU	European Union
ISO	International Standard
MHRA	Medicines and Healthcare products Regulatory Agency
IVDR	In Vitro Diagnostic Regulations
HMr	Human Medical Regulations
MDr	Medical Devices Regulations

4. KEY CONTACTS

Key leads for no Deal EU exit will be identified in Annex E, these persons will form part of the trusts arrangements for planning for this eventuality, meetings will be held regularly to explore the risks posed by No Deal EU Exit, as a minimum they will be attended by:

- Emergency Planning Manager (Chair)
- Representative from Pharmacy
- Representative from Medical Devices
- Representative from Trust IT
- Representative from Trust Estates
- Representative from Procurement
- Representative from Workforce
- Representative from Radiology
- Representative from Research and Development
- Representative from Finance

By invite and optional attendees will include:

- Chief Operating Officer (SRO for No Deal EU Exit)
- Interserve
- Summit
- Terrafirma
- And others as are identified by Risk Assessment

5. NO DEAL EU EXIT BUSINESS IMPACT ANALYSIS

Risk	Impact Definition	Service Delivery	Financial	Reputation	Wellbeing, Health & safety	Information Security	Statutory/ Regulatory	Business/ Work plan objectives
Reciprocal healthcare	Provision of care to EU nationals			X	X			X
Procurement	Supply of non-clinical and clinical consumables, goods and services	X	X		X			X
Pharmacy	Supply of medicines and vaccines	X	X	X	X		X	X
Medical devices	Supply and maintenance of medical devices	X	X	X	X		X	X
Interserve and support services	Estates and Soft FM	X	X	X	X		X	X
Blood Services	Blood, blood components, organs, tissues and cells	X	X	X	X			X
Workforce	Staffing	X	X	X	X		X	X
IT- Terraforma	Data sharing, processing and access	X	X	X	X	X	X	X
Fuel supplies	National supplies of fuel	X			X			X
Research and Clinical trials	Investigational medicine products and clinical research	X		X	X	X	X	X
Potential increases in demand	Capacity Increases	X		X	X		X	X

Note: All departments are expected to have in place individual Business Continuity and Impact Assessments that identify risks to their areas

6. AREA INDIVIDUAL IMPACTS AND RESILIENCE

6.1 Procurement

The Procurement lead is working directly with Department of Health and Social Care (DHSC) to undertake internal reviews of purchased goods and services and to understand risks to operations if there is disruption in supply. This excludes goods and services that are being reviewed centrally, such as food, on which the Department has written to procurement leads previously. NHS Supply Chain which provides the majority of supplies to the trust are being managed and assessed nationally by DHSC assurance will be provided to trusts of resilience and processes required in a no deal EU exit in due course.

The trust has also undergone a process to assess a range of suppliers not covered at a national level (a list of identified suppliers are available in (Annex A) and conversations are taking place with these suppliers to ensure resilience of the supply chain, all suppliers identified by Procurement have been sent a questionnaire regarding Brexit (annex F)

Further guidance is expected from DHSC in **January 2019**.

6.2 Pharmacy

Pharmacy may be impacted severely by a no deal EU exit from supply to provision to production.

Locally we have been instructed by national guidance not to stockpile medicines.

“Even though the planning assumption has been revised, the Department will continue to develop the UK-wide contingency plan with pharmaceutical companies. May I therefore take this opportunity to restate my message from August: UK health and social care providers – including hospitals, care homes, GPs and community pharmacies – should not stockpile additional medicines beyond their business as usual stock levels, there is also no need for clinicians to write longer NHS prescriptions” (DoH letter from Matthew Hancock 07/12/2018)

In addition to this NHS England is working closely with the DoH on the planning for EU Exit, this included the below preparations:

“Under the DHSC Medicines Supply Contingency Planning Programme, pharmaceutical companies should ensure they have an additional six weeks supply of medicines in the UK on top of their normal stock levels.

Medical staff should do all they can to make patients aware that they do not need to store additional NHS medicines at home” (DoH letter from Matthew Hancock 23/08/2018)

As a trust we are undertaking an assessment of all “fragile” lines to ensure that we have sufficient ward stocks in the event of a no deal EU exit. Regional discussions are also taking place with regards to accessing rarely used medications.

Pharmacy are conducting a separate piece of work on difficult to access drugs this will cover the impact analysis for a no deal EU exit also.

Pharmacy are expected to ensure continued reporting on shortage issues and to ensure escalation of queries for medicine supply issues unrelated to current shortages through existing regional communication channels. The trust ensures reporting to the regional procurement lead. This is a two way process with regional and national supply issues being reported back into the Trust.

Pharmacy have also recently strengthened governance around drug shortages, and tabled a paper at CQSPE to detail formalisation of the process

The Chief Pharmaceutical Officer will hold a meeting with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists) in January 2019 to help inform local plans.

The Chief Pharmacist has robust communication channels with the regional chief pharmacists and the regional chair. They currently meet bi-monthly with daily communication if necessary via email. Their next meeting is on 8th January 2019. The Chief Pharmacist will be fully briefed regarding any contingency and collaboration arrangements determined by the CPhO

6.3 Drug Regulation

If the event of a no deal UK participation in the European regulatory network would cease, the Medicines and Healthcare products Regulatory Agency (MHRA) would take on the functions currently undertaken by the EU for medicines on the UK market. This would require changes to UK law, via the Human Medicines Regulations 2012 (HMRs). The MHRA is planning a public consultation in early autumn on some of the key proposed legislative changes, this document will be updated as more information is received [More information](#).

6.4 Blood and Healthcare Products

Department of Health is working closely with NHS Blood and Transplant to coordinate 'no deal' planning for blood, blood components, organs, tissues and cells (as detailed in the two technical notices on blood and organs, tissues and cells and the recent letter to the health and care system sent by the Secretary of State for Health and Social Care on 7 December 2018)

The Blood Safety and Quality Regulations 2005 would be retained in UK law under the EU (Withdrawal) Act powers. The new regulation would maintain the current standard of blood quality and safety on exit day and enable updates to be made to the blood safety and quality standards to respond to emerging threats and changing safety, quality standards and technological advances.

NHSBT have indicated the following preparations for a No Deal EU exit http://hospital.blood.co.uk/business-continuity/EU_exit/

MHRA (Medicines and Healthcare products Regulatory Agency) have indicated the following preparations for No Deal EU exit <https://www.gov.uk/government/news/medicines-and-healthcare-products-regulatory-agency-statement-on-the-outcome-of-the-eu-referendum>

Local suppliers for Transfusion

Bio Rad	Supplier of automation / principle technology in use in the lab with principle distribution points for all of Europe in France and Germany. Bio-Rad have provided verbal assurances to customers around continuity of supply. The region (RHH, New Cross, Walsall and Shrewsbury) have requested a formal statement of assurance from them with a request that they will increase stock holding in the UK (Watford) The blood bank team have managed to develop a buffer with partner trusts of reagents
Greiner	Suppliers of blood tubes manufactured outside of the UK. They have provided verbal assurance of their continuity A plan is being formulated to ensure a buffer stock of these are also available
Other suppliers – Pipette tips etc.	We have supply agreements within the contracts for these products, but an extra assurance statement has been requested from the suppliers As a contingency alternate suppliers have been identified within the UK

Blood Product Storage – Items in use are UK supplied and manufactured. There is not an anticipated issue around these supplies

In the eventuality of a requirement to ration supplies there is a plan in place for this already-
http://thehub/c/documents/policies/_layouts/DocIdRedir.aspx?ID=R3W3QJMQ2MSC-3-1898

The emergency blood and platelet management plan (also on the hub), due for review in January 2020, describes how we would 'demand manage' in a RAG rated blood supply interruption.

Escalation of supply interruptions would be through our normal routes (directorates manager/clinical lead) where if there is an unexpected peak in demand or reduction in supply. This would then be managed through 'demand management' for blood use (see policy) or rationing use of essential items with more frequent stock checks / situation reports.

6.5 Medical Devices

Dudley Group uses a variety of medical equipment devices from a range of suppliers, including Siemens, GE, Toshiba and Phillips.

Medical Equipment Regulation: The UK will recognise medical devices approved for the EU market and CE-marked. Should this change in future adequate time will be provided for businesses to implement any changed new requirements. The UK will comply with all key elements of the Medical Devices Regulation (MDR) and the in vitro diagnostic Regulations (IVDR), which will apply in the EU from May 2020 and 2022 respectively.
Formal UK presence at EU committees in respect of devices will cease.

Medical Engineering will liaise with Procurement and review EU exit planning document to assess any suppliers that have been highlighted as a risk.

Any suppliers identified that will induce delays in provision of spare parts will be assessed by medical engineering and sufficient critical spare parts will be procured in advance.

6.6 Radiology

Radiological Isotopes are identified as having the potential risk to be impacted on by a no-deal EU exit, Dudley Group NHS FT hold a contract with Sandwell and City to provide isotopes to the trust for radiological use.

There has been a lot of discussion nationally regarding security of supply of medicines generally, and of radiopharmaceuticals in particular. Sandwell and West Birmingham Trust have been closely engaged with these

The government is therefore fully aware of the potential issues, and has asked all companies to put in place plans to minimise disruption. As a result, companies are stock-piling 6-months' supply of medicines. Whilst this helps with the non-radioactive starting materials we use, for the radioactive component, we can't stock-pile it, as it decays away too quickly. In the event of a no-deal EU exit, there is a risk of delay in delivery of our radioactive generators which we use to manufacture most of the radiopharmaceuticals we make, and other radioactive products which we order in as finished products, such as DaTSCAN, which is a key product for diagnosis of Parkinsons Disease.

In terms of mitigation, they are working with the companies to understand their delivery routes in order to assess how these may be affected.

This risk has been placed on the Sandwell trusts risk register

6.7 Interserve and support services

Interserve through contract with Summit provide assurance that they have adequate and suitable business continuity plans in place for any eventualities that may face them, this will include EU exit, as detailed below

"EU exit – Supply Chain Statement October 2018

The decision made by the UK to leave the European Union, or 'EU exit' as it has become known, means that we must embrace the challenges that this decision will bring. In order to ensure that our business is sustainable, we are putting into effect a number of strategies, under the governance of the Interserve EU exit Committee, which will ensure the strongest possible outcome for our company as the transition away from EU membership takes place.

The company's Procurement and Supply Chain strategy includes identifying and mitigating potential risks to the supply of goods and services from key suppliers and subcontractors. Our approach to supplier management quantifies all relevant risks and issues to develop mitigation and action plans, providing required assurance to our business and customers. We are assessing information received from

our key suppliers and seeking to share best practice on EU exit scenario planning.

We will continue to review and respond to emerging details of the EU exit plan and any associated impacts on our business and to review updated guidance from the Chartered Institute of Procurement & Supply. This statement may be revised to reflect the findings of the review and our response to it."

6.8 IT

The Trust completes the annual Toolkit; this year's Data Security and Protection Toolkit (DSPT) is due for sign off by **31st March 2019**

Trust IT 'Terraforma' also completes the DSPT individually also for final sign off by **31st March 2019**

The Trust is certified to ISO27001 and Cyber Essentials indicating a good level of business continuity for disruptive events

The Trust has processing agreements in place with third party organisations within and without the EEA

Contracts are compiled by Procurement holding the relevant contract clauses

6.9 Finance

Due to the implications of a no deal EU exit there may be an increase in costs to the organisation through either stock piling or increased costs from providers. Procurement has engaged with finance through the process and the finance team are aware of the plans in place for procurement.

Finance will continue to be engaged throughout the process so that costs can be monitored and recorded appropriately as indicated below.

Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact will be recorded separately to opportunity costs. The trust will then be expected to discuss these costs with the regional NHS EU Exit support team. Further guidance will then be provided as needed.

6.10 Staffing

A potential impact of EU exit will be that staff working in the UK from the EU will require a settled status the government are forming an EU Settlement Scheme, which will launch in early 2019. The process to register is simple and largely digital, and will cost £65 per adult and £32.50 per child. The NHS deputy HRD are discussing the settlement scheme across the West Midlands to ensure a joined up approach for all midlands providers of care.

Dudley Group NHS Foundation trusts workforce team will be developing the information further, to give a full breakdown of numbers of staff and their names to ensure rapid communication when the scheme becomes live (Annex B gives indications of the numbers of staff affected by this)

6.11 Surge and Escalation

There may be impacts to trust capacity as a direct or indirect result of a no deal EU exit, it is anticipated that this will be managed through standard trust surge and capacity protocols with any causality as a result of no deal EU exit being escalated through the routes indicated in section 7 and to regional EU exit leads.

During no deal EU exit the 24/7 command and control structure will be managed as per the Business Continuity plan response, with the executive on call taking strategic control of the trust and the manager on call taking tactical command.

At an appropriate time this will be re-assessed and if necessary a Business Continuity response team comprising of subject matter experts from key areas such as:

- Procurement
- Finance
- Pharmacy
- Workforce
- Emergency Planning
- Operations

6.12 Research and Clinical trials

EU research and innovation funding schemes

The Government has guaranteed funding committed to organizations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where organizations successfully bid directly to the EU while we remain in the EU, and the payment of awards where organizations are able to successfully bid to participate as a third country after EU Exit, until the end of 2020.

This means that successful bids for EU programme funding until the end of 2020 will receive their full financial allocation for the lifetime of the project.

Clinical networks

In a 'no deal' scenario, UK clinicians would be required to leave European Reference Networks (ERNs) on 29 March 2019. However, the UK will seek to strengthen and build new bilateral and multilateral relationships – including with the EU – to ensure clinical expertise is maintained in the UK.

The Department and NHS England are in contact with the ERNs and no action is required at this stage. Further information will be communicated to the NHS and professional bodies in due course.

Clinical trials and clinical investigations

Guidance has been issued on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario.

Department of Health and Social Care continues to engage with the life sciences industry and the NHS to undertake a comprehensive assessment of the potential impact of 'no deal' exit on clinical trials and investigations, to gain

understanding of areas affected by supply issues. This includes examining supply chains for IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables, This assessment aims to conclude in January 2019 and, if necessary, further guidance will be issued thereafter.

Clinical Trial Regulation

For EU-wide trials, the new EU Clinical Trial Regulation (CTR) will not be in force in the EU on 29 March 2019 and so will not be incorporated into UK law. However, the Government has stated the UK will align where possible with the CTR without delay

IF carrying out clinical trials the normal process for seeking regulatory approval should be followed

6.13 Fuel Supplies

It has been identified that a potential no deal EU exit could lead to fuel shortages due to delays at Ports. The government has advised that there are plans in place for fuel shortages and would be managed as such.

The trust has a Fuel Shortage annex within the Trust Business Continuity Plan that can be followed if required.

7. NATIONAL COMMAND AND CONTROL

Department of Health with support from NHS England and Improvement, and Public Health England, have established the national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England that may be caused or affected by EU exit. The Operational Response Centre will co-ordinate EU exit related information flows and reporting across the health and care system. The Operational Response Centre will also work with the devolved administrations to respond to UK-wide incidents.

The Operational Response Centre has been established to support the health and care system to respond to any disruption, and will not bypass existing local and regional reporting structures.

Working closely with the Operational Response Centre, NHS England and Improvement will also establish an Operational Support Structure for EU Exit. This will operate at national, regional and local levels to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required.

Contact details for the Midlands region EU Exit lead is below:

England.mids-euexit@nhs.net

NHS providers and commissioners will be supported by local NHS teams to resolve issues caused or affected by EU exit as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are impacting across the health and care system at a national level, the

Operational Response Centre will co-ordinate information flows and responses.

8. LOCAL COMMAND AND CONTROL

In the event of a No Deal EU exit impacting on areas of the trust the Trust processes for command and control in a Business Continuity Incident will be enacted, this will include a Strategic (Gold), Tactical (Silver) and Operational (Bronze) command structure these will be fulfilled by the roles indicated below

Post	Fulfilled by
Strategic Commander	Chief Operating Officer
Tactical Commander	Designated Manager on call (have been given Tactical Commander Training)
Tactical Command	Will be staffed by relevant departments affected by the no deal i.e. <ul style="list-style-type: none">• Procurement• Interserve

Operational Command will be designated at the time dependant on the aspects affected by the No Deal

Due to the nature of this incident other executives and managers will be expected to be involved in the process as the incident impacts upon their core services, this will extend to clinical and non-clinical areas.

It is expected that due to this incident affecting all aspects of the UK that a level 4 national incident will be instigated and will be managed accordingly, with key messages and assurances being expected from NHS England and the CCG.

9. TRAINING/SUPPORT

No training will be specifically provided for this document as business continuity response principles will apply if an incident was to be declared.

This document only contains overarching principles in relation to a no deal EU exit

10. PROCESS FOR MONITORING COMPLIANCE













Monitoring of Compliance Chart

Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Emergency Planning Manager	EPRR Group	Quarterly	Via EPRR Group	Emergency Planning Manager	Via EPRR Group

11.EQUALITY

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

12.REFERENCES

Procurement Guidance	     EU Exit - NHS Self Assessment Methodo 3. EU Exit - Contract Data Consolidated SpTrust Triage Contract 2. EU Exit - NHS Assessment Methodo 1. EU Exit - NHS Self Assessment Methodo 1. EU Exit - NHS Self Assessment Methodo
Matthew Hancock Letter 7 th December 2018	 18.06.12 - Letter - Frontline Final (002).
Pharmacy Storage	 Brexit Ministers launch tens of million
Interserve EU exit Statement	 Brexit - Supply Chain Statement - Oct 2018
Matthew Hancock Letter 23 rd August 2018	 Brexit - Frontline letter final_.pdf
Free of charge medicines scheme	 Enc8. FOC-medicine-schem
Government Guidance	HM Government. (2018) How to prepare if the UK leave the EU with a no deal. https://www.gov.uk/government/collections/how-to-prepare-if-the-uk-leaves-the-eu-with-no-deal#overview [accessed 5th October 2018]
EU Exit Operational Readiness Guidance	  EU Exit Operational Readiness Guidance. EU Exit operational readiness guidance cc

<p style="text-align: center;">ACTION CARD NO DEAL EU EXIT COMMANDERS AND RELEVANT DEPARTMENTS To be used with relevant action card from trust Business Continuity Plan</p>	
Number	Action
1.	Identify areas affected by the No Deal Consider: <ul style="list-style-type: none"> • Procurement • Medicines • Blood stocks • Workforce
2.	Form Impact assessments of these areas (utilise Business Continuity plan)
3.	Ensure that the Chief Operating Officer and/or Deputy are aware of the impacts
4.	Form a Business Continuity Response Team including initially as a minimum (this may be scaled back as the incident progresses): <ul style="list-style-type: none"> • Executive on Call • Manager on Call • Communications Team • Area(s) affected by no deal (subject matter experts)
5.	Establish battle rhythm using timings from national and/or regional team
6.	Ensure communications put onto hub around staff actions required and what actions the trust are taking to respond to the incident
7.	Stand down from incident, ensure that all paperwork is submitted to the Emergency Planning Manager

Annex B Department of Health and Social Care EU Exit Operational Readiness Guidance Action Card 1 – Action card for providers

This Action card is taken from the EU Exit Operational Readiness Guidance and indicates the steps required of NHS funded providers in relation to a no deal EU Exit

Role

All providers of NHS services – including NHS Trusts and Foundation Trusts, primary care organisations and independent sector organisations who provide NHS services must consider and plan for risks that may arise due to a ‘no deal’ exit.

All providers should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments, and escalating any points of concern on specific issues to regional NHS EU Exit or departmental mailboxes listed in this guidance. Officials monitor these mailboxes and will respond to queries.

Clinical Commissioning Groups and NHS England should agree the handling of communications with general practice in line with existing delegation arrangements.

Actions for providers

Risk assessment and business continuity planning

- Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to:
 - The seven key areas identified nationally
 - Potential increases in demand associated with wider impacts of a ‘no deal’ exit
 - Locally specific risks resulting from EU Exit
- Continue business continuity planning in line with your legal requirements under the Health and Social Care Act 2012, taking into account this guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019
- Test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose

Communications and escalation

All providers to:

- Ensure your board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.
- Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards are sighted on EU Exit preparation in your local health economy.
- Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019, but at this point there is no ask to reduce capacity or activity around this time.
- Be ready for further operational guidance from NHS England and Improvement as contingency planning work progresses.

NHS providers to:

- Confirm escalation routes for different types of issues potentially arising from or affected by EU Exit into the regional NHS EU Exit teams listed in this document.
- Note your nominated regional NHS lead for EU Exit and their contact details
- Escalate any issues you have identified as having a potentially widespread impact immediately to your regional EU Exit team.
- Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board level member and will entail providing information returns to NHS England and Improvement, reporting emerging EU Exit-related problems, and ensuring your organisation has updated its business continuity plan to factor in all potential 'no deal' exit impacts. Organisations should also identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.

Reporting, assurance and information

NHS providers to:

- Be aware that if additional reporting is required, NHS England and Improvement will provide further guidance on requirements. However, existing reporting from NHS EU Exit Operational Readiness Guidance organisations will be used to develop a baseline assessment of the EU Exit impact on the health and care system.
- Note that regional NHS EU Exit teams will be in contact shortly to confirm your progress on these actions.
- For queries relating to specific topic areas in this guidance, please contact the relevant departmental mailboxes. Any immediate risks or concerns about provision of NHS service continuity should be escalated to the relevant regional NHS EU Exit mailbox

Supply of medicines and vaccines

All health and adult social care providers to:

- Follow the Secretary of State's message not to stockpile additional medicines beyond their business as usual stock levels. No clinician should write longer prescriptions for patients. The Department's UK-wide contingency plan for the continued supply of medicines and vaccines from the moment we leave the EU is being developed alongside pharmaceutical companies and other government departments.
- Note that there is no need to contact suppliers of medicines directly.
- Direct staff to promote messages of continuity and reassurance to people who use health and care services, including that they should not store additional medicines at home.
- Note that Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- Note that the Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines.
- Be aware that UK-wide contingency plans for medicines supply are kept under review, and the Department will communicate further guidance as and when necessary.
- Continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels.
- Regional pharmacists and emergency planning staff to:

- Meet at a local level to discuss and agree local contingency and collaboration arrangements. The Chief Pharmaceutical Officer will hold a meeting with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists) in January 2019 to help inform local plans.

Supply of medical devices and clinical consumables

- Note that there is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and if the situation changes, will provide further guidance by the end of January 2019.
- Send queries about medical devices and clinical consumables provided by NHS Supply Chain to your usual contact. If you receive medical devices and clinical consumables from other suppliers, you should contact them directly with any queries as you would normally do.
- Be aware that the contingency plan is kept under review, and the Department will communicate further guidance as and when necessary.
- Send queries regarding medical devices and clinical consumables to mdcccontingencyplanning@dhsc.gov.uk.

Supply of non-clinical consumables, goods and services

All providers to:

- Be aware that NHS Trust and Foundation Trust procurement leads have been asked to undertake internal reviews of purchased goods and services to understand any risks to operations if there is disruption in supply. This excludes goods and services that are being reviewed centrally, such as food, on which the Department has written to procurement leads previously.
- Continue commercial preparation for EU Exit as part of your usual resilience planning, addressing any risks and issues identified through your own risk assessments that need to be managed locally.
- Continue to update local business continuity plans to ensure continuity of supply in a 'no deal' scenario. Where appropriate, these plans should be developed in conjunction with your Local Health Resilience Partnership. All health organisations should be engaged in their relevant Local Health Resilience Partnership, which should inform Local Resilience Forum(s) of local EU Exit plans for health and care.
- Be aware that the Department is conducting supply chain reviews across the health and care system, and work is in progress to identify risk areas specific to primary care.
- Await further advice from the Department on what actions should be taken locally.

NHS Trusts and Foundation Trusts to:

- Submit the results of their self-assessment on non-clinical consumables, goods and services to contractreview@dhsc.gov.uk, if not done so already.
- Act upon further guidance to be issued by the Department in January 2019. This will be based on analysis of NHS Trusts and Foundation Trusts' self-assessments.

Workforce

- Assess whether your organisation has incurred a reduction in the number of EU nationals in your workforce before the UK leaves the EU.

- Publicise the EU Settlement Scheme to your health and care staff who are EU citizens. The scheme will open fully by March 2019 and remain open until 31 December 2020 in a 'no deal' scenario, so there will be plenty of time for EU staff to register. Further information can be viewed [here](#).
- Monitor the impact of EU Exit on your workforce regularly and develop contingency plans to mitigate a shortfall of EU nationals in your organisation, in addition to existing plans to mitigate workforce shortages. These plans should be developed with your Local Health Resilience Partnership, feed into your Local Resilience Forum(s) and be shared with your local commissioner(s). Consider the implications of further staff shortages caused by EU Exit across the health and care system, such as in adult social care, and the impact that would have on your organisation.
- Undertake local risk assessments to identify any staff groups or services that may be vulnerable or unsustainable if there is a shortfall of EU nationals.
- Ensure your board has approved business continuity plans that include EU Exit workforce planning, including the supply of staff needed to deliver services.
- Notify your local commissioner and regional NHS EU Exit Team at the earliest opportunity if there is a risk to the delivery of your contracted services.
- Escalate concerns through existing reporting mechanisms.
- Send queries on workforce to WorkforceEUExit@dhsc.gov.uk.
- Professional regulation (recognition of professional qualifications)
- Inform your staff that health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.
- Inform your staff that health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.
- Await further information from the Government on the future arrangements for health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019.

Reciprocal healthcare

All providers to:

- Note that, in a no deal scenario, the current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 29 March 2019, depending on the reciprocal agreements that are concluded.
- Continue to support individuals who apply for NHS authorised treatment or maternity care in another member state (the S2 and cross-border healthcare processes).
- Note that the Department will provide updates and further information on reciprocal healthcare arrangements prior to 29 March 2019.

NHS Trusts and Foundation Trusts to:

- Maintain a strong focus on correctly charging those who should be charged directly for NHS care. Information on implementing the current charging regulations can be viewed on the webpage [here](#).
- Ensure there is capacity available for any further training that may be required if there are changes to the reciprocal healthcare arrangements. This should be undertaken by the Overseas Visitor Management team, and guidance and support materials will be made available to support this training.

- Note that the Department will provide updates and further information in due course. This information will cover migrant cost recovery charging after 29 March 2019 to enable NHS Trusts and Foundation Trusts to amend processes and train staff if reciprocal healthcare arrangements change.

Research and clinical trials

EU research and innovation funding schemes

- Note that the Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after exit, until the end of 2020.
- Provide information about your Horizon 2020 grant here. This should be actioned as soon as possible. Further guidance can be found here and all queries should be sent to EUGrantsFunding@ukri.org.
- Contact officials at EU-Health-Programme@dhsc.gov.uk with information regarding your Third Health Programme grant, and any queries that you have, as soon as possible.

Clinical trials and clinical investigations

- Follow the Government's guidance on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario, if you sponsor or lead clinical trials or clinical investigations in the UK.
- Consider your supply chains for those IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables, used in clinical trials and investigations, which originate from, or travel through, the EU and EEA as soon as possible if you sponsor or lead clinical trials or investigations in the UK.
- Liaise with trial and study Sponsors to understand their arrangements to ensure that clinical trials and investigations using IMPs, medical devices, IVDs, advanced therapy medicinal products, radioisotopes and other clinical consumables which come from, or via, the EU or EEA, are guaranteed in the event of any possible border delays. If multiple sites are involved within the UK, then co-ordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation, e.g. Clinical Research Organisation, to ensure a single approach to the Sponsor.
- Respond to any enquires to support the Department's comprehensive assessment of the expected impact of a 'no deal' exit on clinical trials and investigations. The Department is working closely with the NHS to gain a greater understanding of who might be affected by supply issues.
- Continue participating in and/or recruiting patients to clinical trials and investigations up to and from 29 March 2019. This should occur unless you receive information to the contrary from a trial Sponsor, organisation managing the trial or clinical investigation, or from formal communications that a clinical trial or clinical investigation is being impacted due to trial supplies.
- Send queries concerning IMPs or medical devices to imp@dhsc.gov.uk

Data sharing, processing and access

- Investigate your organisation's reliance on transfers of personal data from the EU/EEA to the UK, especially those that are critical to patient care and/or would have a serious impact upon the system if they were disrupted.
- Note that many organisations tend not to disaggregate personal and non-personal data. As such, please be aware that restrictions on personal data may have knock-on effects on data more generally.
- Follow the advice from The Department for Digital, Culture, Media and Sport and the ICO on data protection in a 'no deal' scenario, which can be viewed on gov.uk and on the ICO website, in particular to determine where to use and how to implement standard contractual clauses.
- Ensure that your data and digital assets are adequately protected by completing your annual Data Security and Protection Toolkit assessment. This self-audit of compliance with the 10 Data Security Standards is mandatory to complete by the end of March 2019, but completing it early will enable health and adult social care providers to more quickly identify and address any vulnerabilities.
- Await further guidance, which will be issued to health and care providers in due course. Assistance will also be available through webinars in early 2019.

Finance

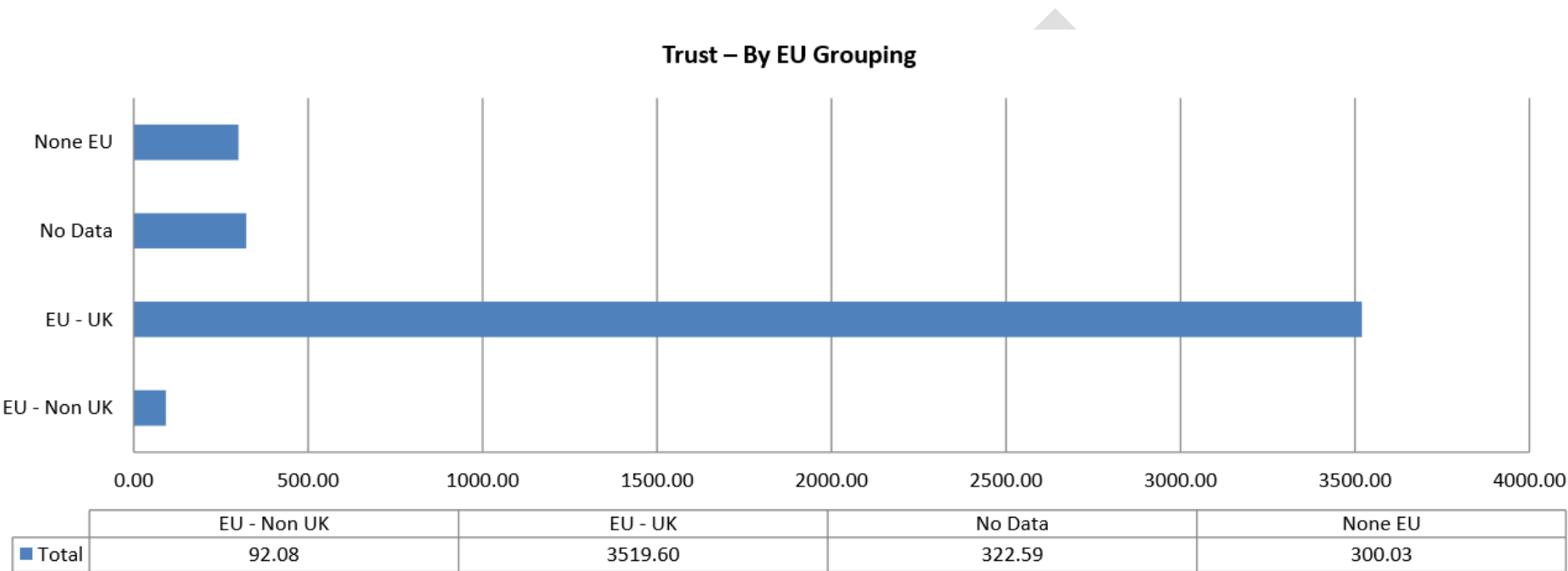
- Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs. Providers should discuss these costs with their regional NHS EU Exit support team. Feedback from providers will inform decisions on whether further guidance on cost collection is required.

Annex C Procurement identified suppliers at risk from EU exit

Supplier	Responses from Companies to Letter Annex F
Zimmer Biomet	<p>Q1) In the unlikely event of a No-Deal BREXIT we are in a position to divert large volumes of inventory to our local warehouse where we have the space to store 3 weeks minimum stock holding against national sales on all products that are actively sold in the UK. This will give us the capacity to allow for any delays in clearing customs.</p> <p>Q2) We supply a vast amount of products which are manufactured all over the globe including the UK.</p> <p>Q3) Zimmer Biomet distributes products directly to customers both from the European DC in Holland and a local warehouse in Bridgend, Wales. Currently we use Fed-Ex to ship parcels into the UK and clear customs. Fed-ex have a rapid customs clearance system and are themselves working on contingency plans surrounding BREXIT. They will be sharing those plans with us imminently and when they do we will likewise share with our customers.</p> <p>We are however confident at this time that there will be a positive resolution to BREXIT and if any issues or constraints are to materialise then, alongside the contingency measure detailed above, Fed-Ex are a significantly large enough company to be able to work around those constraints quickly and efficiently. This means we are not expecting any supply issues on any key product ranges due to BREXIT.</p> <p>Q4) No or minimal change</p> <p>Q5) No or minimal change</p> <p>Q6) No or minimal change</p> <p>Q7) No or minimal change</p>
Word 360	<p>Q1) It has been hard for us to speculate as to the effect of any deal as most of our interpreters are also uncertain. However, we noticed that less people are going into the interpreting profession meaning that the network of interpreters appears to be shrinking.</p> <p>Q2) N/A</p> <p>Q3) N/A</p> <p>Q4) N/A</p> <p>Q5) Yes – the cost of translations will be affected.</p> <p>Q6) No – our data is stored in the UK</p> <p>Q7) Yes – most definitely</p>
Hart Biologicals	<p>While the current uncertainty exists because of the lack of an agreement between the UK and the EU or the availability of formal information from any part of government as to what the likely outcome will be, we like many other companies are taking adequate steps to ensure that our supply chains are uninterrupted by the exit process and our ability to supply product to our customers is not compromised.</p>
Bioventus	<p>Q1) Minimal impact expected – we are familiar with shipping into and out of EU. We are also in the process of setting up a satellite warehouse in UK to facilitate local shipping.</p> <p>Q2) Exogen is made in USA & Durolane in made in Sweden. Both currently sent to centralized warehouse in south Netherlands. We are also in the process of setting up a satellite warehouse in UK to facilitate local shipping.</p> <p>Q3) Minimal impact expected – we are familiar with shipping into and</p>

	<p>out of EU. We are also in the process of setting up a satellite warehouse in UK to facilitate local shipping.</p> <p>Q4) It is possible – we would need to see the tariffs in place before making a decision on any changes needed.</p> <p>Some customers are ordering 4-10 units as buffer stock as a precautionary measure.</p> <p>Q5) It is possible – however until any impact on the exchange rate is seen, we are unable to make a firm commitment. The Trust will be notified in advance of any changes which may be necessary.</p> <p>Some customers are ordering 4-10 units as buffer stock as a precautionary measure.</p> <p>Q6) We could also store in USA</p> <p>Q7) No</p>
Genomic Health	<p>Q1) While much remains unknown about the conditions of Brexit, Genomic Health does not now foresee any direct effect on the performance of the Oncotype DX® test. The test is performed in a centralised laboratory located in California, and thus involves no flow of product across the future UK-EU border. We understand moreover that government are working to replace EU-based international aviation agreements with the US by bilateral UK-US arrangements before Brexit. Because the test does require sending a tumour block to the US via FedEx, however, a generalised air transport disruption following a 'no deal' Brexit could affect turnaround times for test results. We will of course monitor technical notices issued by government and do everything we can to avoid or minimise any effect on patients.</p> <p>Q2) United States of America.</p> <p>Q3) Government's technical notices do not mention any change in conditions of trade between the UK and the United States as a result of Brexit, and we are not otherwise aware of any. We thus do not now foresee any direct effect. Spillover effects from a general disruption of air transport and customs following a 'no deal' withdrawal could, however, affect test turnaround times.</p> <p>Q4) No</p> <p>Q5) Genomic Health does not currently plan to raise its prices for the devaluation of sterling.</p> <p>Q6) Yes, the service would theoretically be affected, as GH UK's ordering portal is hosted in France by a service provider accredited by the French health information security agency specifically for the secure hosting of health data. Current guidance from Government states, however, that 'in recognition of the unprecedented degree of alignment between the UK and EU's data protection regimes, the UK would at the point of exit continue to allow the free flow of personal data from the UK to the EU.' On this basis, we do not see an effect on our services from our data-hosting location. Genomic Health will monitor the situation and expects to be able to work around difficulties posed by any announcement from the ICO that transfer of UK personal data to the EU is no longer permitted.</p> <p>Q7) No, we do not expect any effect from EU citizens' loss of free movement rights to the UK, or British citizens' loss of the reciprocal rights.</p>

Annex D Staffing numbers affected by no deal EU exit



Annex E Key Contacts

Trust

Area	Primary Contact	Secondary Contact
Senior Responsible officer	Karen.kelly11@nhs.net	christopherleach@nhs.net
Procurement	paul.mellor1@nhs.net	
Pharmacy	emma.suggett@nhs.net	jane.elvidge@nhs.net
Medical devices	neal.shaw@nhs.net	
Interserve and support services	Darren.lowe2@nhs.net	alan.walker@summithealthcare.co.uk
Blood Services	gregorybarber@nhs.net	craig.taylor@nhs.net
Workforce	dawn.porter1@nhs.net	
IT (Terraforma)	sarah.ellis9@nhs.net	adam.thomas1@nhs.net
Fuel supplies	christopherleach@nhs.net Darren.lowe2@nhs.net	
Research and Clinical trials	claire.phillips8@nhs.net	
Potential increases in demand	gerry.fogarty@nhs.net	

Regional and National

Contact Type	Details
Midlands region EU Exit lead	England.mids-euexit@nhs.net
Medical devices and clinical consumables	mdcccontingencyplanning@dhsc.gov.uk
Self-assessment on non-clinical consumables, goods and services	contractreview@dhsc.gov.uk
Workforce issues	WorkforceEUExit@dhsc.gov.uk
Third Health Programme grants	EU-Health-Programme@dhsc.gov.uk
Horizon 2020 grants	EUGrantsFunding@ukri.org
IMPs or clinical devices	imp@dhsc.gov.uk

Procurement Department
Russells Hall Hospital
Dudley
West Midlands
DY1 2HQ

Dear Sir/Madam,

As your company is a key supplier to the Trust, we would welcome your input into the effect of a No-Deal EU Exit on the continued supply of goods and services, in order that we can collectively develop mitigation plans where appropriate.

To clarify, the definition of a No-Deal Brexit is defined at Annex A.

This request is intended to gather some outline information on the areas that may be affected. A detailed response is not required at this time and therefore I would appreciate your support in getting a response back by Friday **23rd November**.

Not all questions will be relevant to your organisation but please complete those that are.

Q1) Do you feel that a no-deal Brexit would have a significant impact on your organisations ability to deliver the current goods / services to the Trust? Please explain below.

Q2) What is the Country of Origin of the products or services delivered to the Trust?

Q3) Would the service offered by your company be affected by a change in customs arrangements for delivery through UK ports?

Q4) Notwithstanding existing pricing arrangements, could the pricing offered to the Trust be affected by a change in customs tariffs between the UK and EU countries?

Q5) Notwithstanding existing pricing arrangements, would the pricing offered to the Trust be affected by a fluctuation in the value of sterling?

Q6) Would your organisations service be affected by the inability to store data in the EU?

Q7) Would the service provided be affected by a more restrictive immigration regime with the EU?

Your support in identifying risks related to a No-Deal EU Exit would be greatly appreciated and I am happy to discuss these points further by request.

Yours sincerely



Paul Mellor
Assistant Director of Procurement

Annex A

'No Deal' EU Exit Scenario

This is a 'scenario' developed at a point in time. It does not represent the actual scenario which is unknown.

The UK leaves the EU on 29 March 2019 with no withdrawal and transition agreement, and no deal on the future relationship. This would have the following impacts:

Borders

- The EU would be likely to apply third country physical checks and border procedures to items entering the EU from the UK
- This would lead to delays at borders that could disrupt and reduce the normal flow of items in and out of the UK from the EU

Regulation

- It is anticipated that **regulatory changes** could ensue under the 'No Deal' scenario
- Some regulations are expected to be transferred into English law, thereby minimising the potential impacts as far as possible

Supplier preparedness

- Suppliers will face the impacts of additional customs requirements and potential broader economic factors under this scenario
 - Supplier financial stability and resilience will depend upon their preparedness for new customs checks and their willingness to withstand short-term disruption
- Smaller / SME providers may be most vulnerable to these impacts, and could withdraw from the market

Broader Economic environment

- Fluctuations may be seen in £ values, affecting pricing and affordability of products
- Additional financial factors may be seen in the application of customs tariffs and VAT implications

Strategy Consultation Form

(This page to be deleted from the document prior to adding to HUB Trust Central document page)

Please ensure that you receive either a confirmation or comments from a stakeholder (via an email) before you add their details to the consultation section on the procedural document

During the development or review of the Strategy, consideration must be given to the actual or potential impact on equality. Due care is given to ensure that they do not contravene the article of the Human Rights Act or could be interpreted as containing any matters of a discriminatory nature, including but not limited to age, disability, sex, race, religion or belief, gender reassignment, marriage or civil partnership, pregnancy or maternity.

What is the title of the document:		
EU EXIT Resilience Strategy		
Date of Submission:		Author Christopher Leach
Is there a similar/same document already in existence? Please state which document this will replace. If the document has a different title or has been merged with another document , please provide details of relevant documents.		
None		
Please detail under which folder on the Procedural Documents Hub Page that the document is to be stored. Procedural documents can only be stored on the central procedural documents page. If you require the document link to be stored on another page outside of this, please contact IT and ask them to put a link on.		
Emergency Planning hub page		
Consultation: Please list the stakeholders who have been consulted in the development of this document and the date they confirmed agreement of its content. This is any member of staff/groups who will be part of or affected by this. If this was a group please list attendees:		
Name	Designation	Date confirmed agreement (mm/yy)

Check List

(This page to be deleted from the document prior to adding to HUB Trust Central document page)

Prior to submission of the Strategy please ensure you can answer yes to all of the questions below.

	Yes/No
1. Title	
Is the title clear and unambiguous?	Y
2. Front Sheet Completion	
Is the colour banding strip purple?	Y
Is the Author identified (name and designation)?	Y
Is the Director Lead identified?	Y
Is the target audience identified?	Y
Is the document version controlled?	Y
Have the people contributing to the document been identified on the Front cover Sheet as per designation and not individual names?	Y
Have the CQC registration requirement outcomes been recorded?	Y
Have relevant documents/legislation standards been recorded if applicable?	Y
Have the identified contributors been documented?	Y
Has the change history been fully completed?	Y
3. Body of the document	
Has the contents page been fully completed and the numbering reflects the document content pages?	Y
Is there a footer on each page recording; document title, date of issue, version number, page number and total number of pages?	Y
Is the document written in Arial 12pt font?	Y
Does the document contain individual designations and NOT names?	Y
Does the numbering run in sequence?	Y
Does the document follow trust format of; Introduction, Statement of Intent/Purpose, Definitions, Process, Training/Support, Monitoring, Equality and References for the main body?	Y
The meaning for any definitions or abbreviations used is clearly stated?	Y
Is there identified training or support which includes the process for follow up of non-compliance clearly cited?	Y
Are procedural documents relating/supporting this document hyperlinked?	Y
Is the table for Monitoring Compliance fully completed?	Y
Are references cited in full and comply with the Harvard referencing?	Y
Does the document require changes to clinical documentation?	Y
If yes, has the digital Trust Clinical Approvals Group been informed?	Y
4. Consultation	
Is the consultation form completed?	Y
If the document includes prescribing or administering of medicines, has pharmacy been consulted?	Y
Has the Director Lead been consulted and accepted the document?	Y

Paper for submission to the Board of Directors on 10 January 2019

TITLE:	Charitable Funds Committee Summary Report		
AUTHOR:	Julian Atkins - Committee Chair	PRESENTER:	Julian Atkins – Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
			Y
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input checked="checked" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
RECOMMENDATIONS FOR THE BOARD:			
The Board is asked to note the contents of the report.			
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 29 November 2018.			
IMPLICATIONS OF PAPER:			
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

Meeting	Meeting Date	Chair	Quorate	
Charitable Funds Committee	29 November 2018	Julian Atkins	yes	no
			Yes	
Declarations of Interest Made				
None				
Assurances Received				
SURGERY DIVISION STAFF WELLBEING FUND				
<p>Mr Hobbs presented an update on progress with the above and informed the Committee that the fund balance had risen to £3,500 due to fundraising and donations from senior clinical staff within the division. He reported that there has been very positive feedback from staff for the fund and its objectives. He explained that future fundraising events are planned to both increase the fund balance and Divisional team working.</p> <p>He also informed the Committee that the Medicine Division had approached HR for assistance to set up a similar fund within Medicine.</p>				
FUNDRAISING UPDATE				
<p>Mrs Abbiss was unable to attend the meeting but the Committee received and noted the report. In particular, the Committee was pleased to see that fund income for the year to October was ahead of plan. The main reasons for this were stated as being the Neon Dash, the Baby Bereavement Appeal and grant applications.</p>				
FINANCE UPDATE				
<p>Mrs Taylor presented the Finance update. She reported that the total fund balance stood at £2.157m, whilst the general funds balance was £78,065. It was noted that £38,417 of this was allocated to medical equipment.</p> <p>Income for Q2 was reported as £142,511 against an expenditure figure of £143,809. It was noted that there had been a good distribution of spending across the various fund balances.</p>				
FUNDING REQUESTS				
<p>Four bids were received of which three were approved :-</p> <p>Several pieces of medical equipment for Community teams to improve patient care in the community (£10,885). Ms M Pinto, Community Nursing Matron, will be invited to attend the next meeting to further explain the benefits of this equipment.</p> <p>Christmas money for wards without any Charitable funds to purchase small gifts for patients (£215).</p> <p>Two intensive care chairs for MHDU to improve patient experience and care (£11,773). This was approved subject to confirmation of revenue funding. Ms T Price, Lead Nurse MHDU, will be invited to the next meeting to further explain the benefits of the chairs.</p> <p>A bid for course fees in respect of a member of the T&O OPD team attending a casting course was declined. Mr Hobbs however agreed that this would be funded from the Surgical Division's revenue budget.</p>				

The Committee agreed that the application form and guidance for bids would be updated to show that, in future, any bid over £5,000 would require attendance at the Charitable Funds Committee to demonstrate the benefit of the bid. Successful bids over this value would then require attendance at a subsequent meeting to present a six month post-implementation benefit review.

Decisions Made / Items Approved

Three bids were approved :-

Several pieces of medical equipment for Community teams to improve patient care in the community (£10,885).

Christmas money for wards without any charitable funds to purchase small gifts for patients (£215).

Two intensive care chairs for MHDU to improve patient experience and care (£11,773).

Actions to come back to Committee

Ms M Pinto and Ms T Price to attend the February 2019 meeting to further explain the benefits of the equipment requested respectively.

Items referred to the Board for decision or action

None