Board of Directors
Thursday 7ᵗʰ February, 2019 at 12.15pm
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 – R Welford**		J Ord		To Note	12.15
12.	**Declarations of Interest** Standing declaration to be reviewed against agenda items.		J Ord		To Note	12.15
13.	**Announcements**		J Ord		To Note	12.15
14.	**Minutes of the previous meeting**					
	14.1 Thursday 10 January 2019	Enclosure 11	J Ord		To Approve	12.15
	14.2 Action Sheet 10 January 2019	Enclosure 12	J Ord		To Action	12.20
15.	**Patient Story**	Video	L Abbiss		To Note & Discuss	12.25
16.	**Chief Executive's Overview Report**	Enclosure 13	K Kelly	All	To Discuss	12.35
17.	**Safe and Caring**					
	17.1 Clinical Quality, Safety and Patient Experience Committee Exception	Enclosure 14	D Wulff	SO1&2	To note assurances & discuss any actions	12.45
	17.2 Chief Nurse Report including Safer Staffing	Enclosure 15	C Love-Mecrow	All	To note assurances & discuss any actions	12.55
	17.3 Learning from Deaths Report	Enclosure 16	J Hobbs	All	To note assurances and discuss	1.05
	17.4 Organ Donation Report	Enclosure 17	K Lazenby		To note	1.15
	17.5 Patient Experience Report	Enclosure 18	J Faulkner		To note	1.25

18.	**Responsive and Effective**					
	18.1 Integrated Performance Dashboard	Enclosure 19	K Kelly	SO1,2,4,5,6	To note assurances & discuss any actions	1.35
	18.2 Finance and Performance Committee Exception report	Enclosure 20	T Jackson	SO6	To note assurances & discuss any actions	1.45
	18.3 Trust Strategy Ratification	Enclosure 21	N Younes		To Approve	1.55
19.	**Well Led**					
	19.1 Brexit Contingency Plan Update	Enclosure 22	K Kelly		To note assurances & discuss actions	2.05
	19.2 Audit Committee Exception Report	Enclosure 23	R Miner		To note and discuss	2.15
	19.3 Digital Trust Committee Report	Enclosure 24	M Stanton		To note and discuss	2.25
	19.4 Workforce Committee Report	Enclosure 25	J Atkins		To note and discuss	2.35
20.	**Any other Business**		J Ord			2.55
21.	**Date of Next Board of Directors Meeting** 8.30am 10th January, 2018 Clinical Education Centre		J Ord			2.55
22.	**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			2.55

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

Public Board of Directors Meeting

Thursday 7th February 2019

12.15pm – 3.00pm

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

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

Deliver a great patient experience

Deliver safe and caring services

Drive service improvement, innovation and transformation

Be the place people choose to work

Make the best use of what we have

Deliver a viable future

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
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Gilbert George
Inteim Director of Governance/ Board Secretary
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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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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.

The Dudley Group NHS

NHS Foundation Trust

Minutes of the Public Board of Directors meeting held on Thursday 10th January, 2019, at 10.45am in the Clinical Education Centre.

Present:

Jenni Ord, Chairman
Richard Miner, Non Executive Director
Julian Atkins, Non Executive Director
Tom Jackson, Director of Finance
Julian Hobbs, Medical Director
Richard Welford, Non Executive Director
Diane Wake, Chief Executive
Karen Kelly, Chief Operating Officer
Andrew McMenemy, Director of HR
Catherine Holland, Non Executive Director

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
Mark Hopkin, Associate Non Executive Director
Kim Jarrett, Matron, Infection Prevention and Control (Item 19/009.3)
Chris Leach, Emergency Planning Manager (Item 19/011.1)

19/001 Note of Apologies and Welcome
10.50am

Apologies were received from Jonathan Hodgkin and Doug Wulff. The Chairman welcomed Carol Love-Mecrow, who was attending for the Chief Nurse. A potential Director of Governance candidate was in the audience.

19/002 Declarations of Interest
10.50am

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

There were no other declarations of interest.

19/003 Announcements
10.50am

None to note.

19/004 Minutes of the previous Board meeting held on 6th December, 2018 (Enclosure 10)
10.51am

The minutes were amended as follows:

Page 7, under Workforce Committee, should read "progress with appointing a lead for Healthcare Scientists".

Page 9, 3rd paragraph, to read "Safe Working Guardian".

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

19/005 Action Sheet, 6th December, 2018 (Enclosure 11)
10.53am

19/005.1 Finance and Performance Committee

The Recruitment and Retention Business Case will be presented to Executive Team for their approval and will be presented to the Finance and Performance Committee in January.

19/005.2 Breast Screening Annual Report

The Chief Operating Officer to chase a response on the appointment of additional radiographers.

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

The updated Recruitment and Retention Business Case will be presented to the January Finance and Performance Committee.

The Chief Operating Officer to chase a response from Paul Stonelake regarding the appointment of additional radiographers.

19/006 Staff Story
10.55am

The Head of Communications presented the staff story. The story was given by a senior sister in the Emergency Department. The sister had worked at the Trust for 30 years, she had seen lots of change but still enjoyed the challenge of working within a busy Emergency Department. She particularly enjoyed the satisfaction of helping patients in their moment of need. The Board noted the impact and changes following the CQC visit, including the improvements following the establishment of electronic observation monitoring. She advised the worst element of the role were the capacity issues within the department and the opportunity to move patients onto wards.

The Chief Operating Officer confirmed that ED staff are continuing with improvement projects and the story reflected this. It was good to see that staff were embracing changes.

Mrs Holland, Non Executive Director, confirmed that it was good to compare the historical picture and the current demands and challenges for a very busy ED.

The Interim Director of Governance acknowledged and appreciates the good work done by all to make improvements.

The Medical Director stated that it was a realistic and pragmatic which exemplified the quality improvement activity that is going on in the Trust.

The Chief Executive stated that the sister represents the outstanding nurses in ED.

The Chairman and Board welcomed the positive story and asked that the Board's thanks are passed on to the member of staff for her participation and contribution.

19/007 Corporate Risk Register/Board Assurance Framework (Enclosure 12) 11.10am

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

The Chairman confirmed that the work on the Board Assurance Framework will continue at the next Board Workshop and therefore the report is still at an interim stage.

The Chairman asked for more detail on the top 5 risks and the process for identifying these and also asked for the criteria used to support the recommendations in the report.

The Interim Director of Governance confirmed that Section 3 of the cover sheet highlights the Trust's 5 major risks.

The Chairman asked why the others risks with equal risk markings were not to be included in the 5 top risks in the report. This needs an explanation.

The Director of HR confirmed that the Workforce Committee had considered the Board Assurance Framework and analysed the risks assigned to that committee. Mrs Holland, Non Executive Director, confirmed that the discussion at the Committee was very useful and all Committees should have that discussion to bring to Board. It was confirmed that this is standard practice for all Board committees, and which should be reflected in committee chairs' reports to Board.

The Chief Executive advised that the corporately there was full awareness of all high scoring risks.

The Chief Executive confirmed that some risks within the Board Assurance Framework could be condensed.

The Chairman asked that all Committees consider the Board Assurance Framework content appropriate to the committee. At their next meetings and make a recommendation to the Board. Mr Miner, Non Executive Director, asked that the BAF should be a fist order item on Committee agendas.

Mr Welford, Non Executive Director, asked about the post mitigation score. The Interim Director of Governance confirmed that it related to the residual risk score after mitigation had been applied. The target risk score related to the desirable level of risk. These areas will be discussed in detail at Executive Team meetings. Mr Welford suggested that there could be a further column with forecast residual risk if there was a significant gap between residual risk and target risk score. The Chief Executive confirmed that this could be discussed further at the next Board Workshop.

The Chairman and Board noted the report and that further discussions will take place at the next Board Workshop. No other major areas of risk were identified by the Board that were not already included in the Board Assurance Framework.

> **Further discussion on the Board Assurance Framework to take place at the next Board Workshop.**

19/008 Chief Executive's Overview Report (Enclosure 13)
11.31am

The Chief Executive presented her report given as Enclosure 12. This included the following highlights:

- 10 Year Plan: Will be discussed in detail at the next Board meeting.

- 2019/20 Planning: Awaiting further guidance which is due to be published. Will be discussed in detail at the next Board meeting.

- Chief Nurse Appointment: Working with the Leadership Academy on recruitment with interviews at the end of February.

- New Year's Honours List: Pharmacist Dr Janine Barnes has been awarded an MBE. This was in recognition of her pharmacy work, with Parkinson's partners, and for NICE.

- Flu Vaccines: Performance at 64% staff vaccinated against the 75% target.

- Well Led Inspection: Due to take place between 13th and 15th February. Core services will also be inspected.

- NHSI Use of Resources Assessment: This is taking place on Monday 14th January.

- Anaesthesia Clinical Services Accreditation Process: This is a voluntary kite marking scheme, the review takes place at the end of the month and the service are to be applauded for arranging this opportunity.

- Live Chat: Taking place on a monthly basis with a positive uptake. Mr Atkins, Non Executive Director asked if it was mainly corporate staff logging on. It was confirmed that there was a broad mix of staff. Mrs Holland, Non Executive Director, welcomed the initiative. The Chairman asked about car parking queries raised.

The Chief Executive confirmed that the availability of spaces and parking fines were raised as a concern and she had advised staff of the plans to improve the parking situation.

The Chairman and Board noted the report and the positive news and advised she would write to Dr Barnes to congratulate her on behalf of the Board.

19/009 Safe and Caring

19/009.1 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 14)
11.41am

Mr Atkins, Non Executive Director, presented the Clinical Quality, Safety and Patient Experience Committee Exception Report, given as Enclosure 14.

The Board noted the following key highlights:

The Trust continues to perform better than the national average on the number of falls and falls within harm.

The concern surrounding medicines supply linked to the Brexit uncertainties.

The ED Mortality Review (Berwick summary report) had been reviewed. This was to be reported further at the private session of the Board.

The Chief Operating Officer confirmed that there had been positive targeted work on the management of incidents.

The Chairman and Board noted the report and assurances provided.

19/009.2 Chief Nurse Report (Enclosure 15)
11.57am

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

The Board noted the following key issues:

- Safe Staffing was detailed at Appendix 1 and had been discussed in full at the Finance and Performance Committee.

- 39 staffing incidents had been reported, 37 with no harm and 2 with low harm. Both related to CSW vacant shifts. Additional assurance was provided within the report and the Board noted that an additional 22 CSWs were commencing with the Trust.

- Agency controls continue and a review took place of the controls by NHSI in November. The results had been discussed in detail at the Executive Team in place of this.

- Resuscitation training provision continues to be challenging because of recent turnover but some recruitment had occurred, Additional training sessions with support from medical colleagues was on going.

- Work was ongoing on safeguarding at the Trust and a meeting has taken place with the Chair of the Safeguarding Board to provide assurance.

- Quality Priorities: There had been initial discussions by Executives and at CQSPE which were recommending that the existing priorities be retained. In addition sepsis management would be considered as one of the clinical effectiveness metrics.

- Falls: 2nd Falls Practitioner is being seconded to the team to provide additional support.

- No Grade 4 pressure ulcers since February 2018.

- The Quality Heat Map for November 2018 was included as a reference matrix as part of Appendix 2 of the report.

- Mandatory Training: It was reported that this was on trajectory for Infection Control training.

The Chief Executive gave an update on Medical Devices and a business case for a training data base is being presented to the Executive Team for approval the following week to ensure we are in line with other organisations.

The Chief Executive asked the Board whether they had questions on safeguarding and enquired about the safeguarding risks. The Deputy Chief Nurse confirmed that these related to the capacity of the team to undertake the current programme of work.

A new champion for MUST scores has been appointed to ensure consistent compliance could be obtained.

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

19/009.3 Infection Control Report (Enclosure 16)
11.45am

Kim Jarrett, Clinical Nurse Specialist for Infection Prevention and Control presented the Infection Control Report, given as Enclosure 16.

The Board noted the following key highlights:

For 2018/19 the C.Diff target limit is 28 cases associated with a lapse in care. There have been 17 post 48 hour cases from 1st April to 20th November, 2018.

There has been 1 post 48 hour MRSA case in October and a number of actions were put in place following the identification of the case. The Chief Executive confirmed that this is the first case in 4 years and acknowledged the excellent infection control performance at the Trust.

The Board noted the progress made in reducing E.coli bacteraemia.

Mandatory training at annual intervals is at 84.6% on trajectory to reach the target of 90% by the end of the financial year.

The Chief Operating Officer stated that the Trust should be pleased with its infection control performance.

The Chief Executive asked about the position relating to flu. Currently, the Trust does not have many inpatients with flu and no ventilated patients. Flu is on the increase though and the Trust is well prepared to manage flu cases appropriately within the organisation.

Dr Hopkin, Associate Non Executive Director, asked about Nursing Homes and the support they received. It was confirmed that community nursing do go into nursing homes to support their provision.

Mr Atkins, Non Executive Director, stated that recent figures on infection control mandatory training suggested the target was at risk and asked that more focus was given to this in the remaining months.

The Chairman asked for assurance on the action plan following last year's review meeting. It was confirmed that the action plan is actively monitored through the Infection Control Group which reports to the Clinical Quality, Safety, Patient Experience Group and sustained performance was being seen.

The Chairman and Board noted the report.

19/010 Responsive and Effective

19/010.1 Integrated Performance Report (Enclosure 17)
12.11pm

The Chief Operating Officer presented the Integrated Performance Report given as Enclosure 17.

The Board noted the following key issues:

- Performance for November 2018.

- Cancer key metrics: It is highly likely the 62 day referral to treatment target will be missed for the quarter following a difficult November. The target for December should be achieved. Work with was ongoing with the Cancer Alliance and clinical leaders to ensure performance is sustained.

- RTT: 93.3% against the 92% target.

- DM01: Above target at 99.1%.

- ED Emergency Access Standard: This continues to be a challenge for the organisation. An issue is the available community beds. Currently there are about 100 delayed transfers of care. The Trust has had to use elective Orthopaedic beds due to the lack of capacity. Combined performance for the month is 82.2%. The Chairman asked what is being done about capacity in the health economy. The Chief Operating Officer confirmed that some accommodation be opened at Busheyfields but there are no staff available to support additional ward.

- Standard Hospital Mortality Index: SHMI shows the Trust mortality for the August reporting period to be the lowest ever reported.

- Appraisals: The new appraisal window opens in April until the end of June 2019.

- Mandatory Training: Good performance at 88.72% but some slippage from target due to operational pressures.

- Sickness Rate: Decreased to 4.76% from 4.96% in November. Staff who have had 100% attendance during the year will be recognised.

- Turnover Rate: Positive retention of staff continues as 9.52% which is above the target of 8.5%. This position compares favourably with peers.

Mr Miner, Non Executive Director, asked about the mortality metric in the report. The Chief Executive confirmed this related to the gold standard performance around end of life.

Mr Atkins, Non Executive Director, asked about the Red to Green initiative and how this works in relation to delayed transfers of care. The Chief Operating Officer confirmed that the organisation now tracks its beds better using Red to Green processes.

Mr Welford, Non Executive Director, asked about turnover. The Director of HR confirmed that the trend continues to go down.

The Chairman and Board noted the report and performance for November.

19/010.2 Finance and Performance Committee Exception Report (Enclosure 18) 12.30pm

The Director of Finance presented the Finance and Performance Committee Exception Report, given as Enclosure 18.

The Board noted the following key issues:

- A favourable December financial position would enable the Trust to deliver against Q3 plan.

- The year to date position on CIP remains strong.

The Chairman and Board noted the report.

19/011 Well Led

19/011.1 Brexit Contingency Plan (Enclosure 19)
12.31pm

The EPRR Manager presented the Brexit Contingency Plan Report given as Enclosure 19.

The Board noted the following key issues:

- The Chief Operating Officer has been appointed as the Executive Lead for Brexit.

- A business impact analysis has been undertaken.

- Reciprocal healthcare, procurement, pharmacy and medical devices have been identified as impact areas. Concerns around Pharmacy and medical devices are being dealt with at a national level. Trusts are not expected to medicine stock pile or over prescribe.

- The Trust has asked for assurance from Interserve about their own impact arrangements.

- Blood Services are a concern, although some guidance and local assurances have been reviewed. The Trust is working closely with Royal Wolverhampton.

- Workforce may be impacted by a no deal exit and the Trust is working closely with HR Departments in other local Trusts.

- Fuel: National plans are in place.

- A Brexit Working Group is meeting on a regular basis.

- A resilience exercise will be undertaken to test plans.

The Chairman asked about the impact on community pharmacies. The Board noted that GPs have been issued with guidance.

The Chairman and Board noted the report and asked that the Board receives a monthly update on the increasing risks associated with Brexit.

19/011.2 Charitable Funds Committee Report (Enclosure 20)
12.42am

Mr Atkins, Committee Chair presented the Charitable Funds Committee Report given as Enclosure 20.

The Board noted the following key issues:

- Income was ahead of plan.

- Income for Q2 was roughly balancing with expenditure

- Applications over £5k would now need a presentation to the Committee with a 6 month post implementation benefit review.

The Board noted that the Trust had met and exceeded the Baby Bereavement suite appeal target.

The Chairman and Board noted the report and thanked Mr Atkins for his work and that of the Charitable Funds Committee.

19/012 Any Other Business
12.46pm

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

19/013 Date of Next Meeting
12.46pm

The next Board meeting will be held on Thursday, 7th February, 2019, at 12.15pm in the Clinical Education Centre.

Signed ………………………………………………………………………………………

Date ……………………………………………………………………………..............

NHS
The Dudley Group
NHS Foundation Trust

Action Sheet
Minutes of the Board of Directors Public Session
Held on 10 January 2019

Item No	Subject	Action	Responsible	Due Date	Comments
18/134.2 & 19/005.2	Service Improvement Group	The Chief Operating Officer to contact Mr Stonelake for an update on the appointment of additional Radiographers.	KK	10/1/19	Update circulated to the Board on 10th January 2019.
19/005.1	Finance and Performance Committee	The updated Recruitment and Retention Business Case will be presented to the January Finance and Performance Committee.	AM	31/1/19	Business Case approved by the Executive Business Case Panel.
18/137.1	Clinical Quality, Safety, Patient Experience Committee	Check that safeguarding system is live across all partners.	CLM	7/2/19	Child Protection Information Sharing is live across the urgent care settings which are maternity, Paeds, and ED. It is not mandated in other areas as per NHSE guidance
19/011.1	Brexit Contingency Plan	Progress report to the February Board.	KK	7/2/19	On Agenda
19/007	Board Assurance Framework	Further discussions on the Board Assurance Framework to take place at the next Board Workshop.	GG	14/2/19	Not Due
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	Not Due

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 7th February 2019

TITLE:	**Public Chief Executive's Report**		
AUTHOR:	**Diane Wake, Chief Executive**	**PRESENTER**	**Karen Kelly, Chief Operating Officer**
CLINICAL STRATEGIC AIMS			
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*		*Provide specialist services to patients from the Black Country and further afield.*
ACTION REQUIRED OF BOARD			
Decision	**Approval**	**Discussion**	**Other**
		X	
OVERALL ASSURANCE LEVEL			
Significant Assurance	**Acceptable Assurance**	**Partial Assurance**	**No Assurance**
X 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 are asked to note and comment on the contents of the report.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			

- Visits and Events
- Healthcare Heroes
- CQC
- Use of Resources
- Changes to Pre-op Assessment
- Charity Dates for the Diary
- Smoking Update
- 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 – February 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

9th January	Transition Board
10th January	Board of Directors
	Healthcare Heroes Presentations
	Extraordinary Council of Governors
11th January	Team Brief
14th January	Use of Resources Review
	Visit to Outpatients
16th January	A&E Delivery Board
21st January	Black Country STP Partnership Board
22nd January	NHSI Performance Review Meeting
	Dudley Oversight and Assurance Group
24th January	Live Chat

Healthcare Heroes – December and January

Congratulations to Viquar Qurashi and Ward B3 who are this January's Healthcare Hero team winners! This award is our way of saying thank you.

Ward B3 have received the award for their strength in teamwork which pulls them together despite the challenges that they face, the team continues to make the shift run smoothly and still has the passion, motivation and care for every single one of their patients and each other. Well done!

Viquar Qurashi received the award due to the amazing work that he does in foreign countries whilst using his annual leave from the Trust. Viquar has transformed the lives of thousands of people who have lost limbs in countries across the world that have been hit by natural disasters or war. Since 2005 Viquar and his team have fitted more than 10,000 artificial limbs made from plastic drain pipes. Well done!

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

Viquar Qurashi Individual Winner January 2019

Congratulations to Julie-Ann Watford and C2 Children's Ward, who were December's Healthcare Hero winners! This award is our way of saying thank you.

Julie-Ann Watford, paediatric speech and language therapist and C2 Children's ward, Julie-Ann Watford received the award after being nominated by Emily, mum to patient Daisy, who wanted to thank Julie-Ann for her outstanding work, going above and beyond and for supporting the family and Daisy throughout the difficult time that she spent in hospital by being both an advocate and a problem solver. The compassionate care you deliver is incredible .Well done!

Julie-Ann Watford Individual Winner December 2018

C2 Children's ward received the award for their extremely hard work throughout November when admissions raised by 20% compared to the previous year. The staff on the ward went above and beyond doing extra shifts and hours whenever they could to support the increase in admissions.

C2 Children's Ward Team Winner December 2018

CQC inspection initial feedback

The CQC visited surgery, outpatients, diagnostics and emergency department on the 15-17th January 2019 and fed back initial thoughts. We are really proud of our emergency department who have made major changes and improvements and the CQC felt it was noticeable how well the department was functioning. The department has improved in all areas with a real focus on safety of patients. They felt the clinical leadership have a great grip on things and could demonstrate a real vision for the service.

Surgery received overwhelmingly excellent feedback, staff were enthusiastic and motivated to undertake work above and beyond best practice, they felt surgeons were very forward thinking and innovative. There were many areas of notable practice by nurses and consultants. Staff are actively engaged in clinical decisions and could share what they learnt from complaints. Strong leadership and governance in all areas.

Outpatients they felt was good with caring staff and that safeguarding and MDT's were good. They felt there were some issues with the physical environment in OPD and we are reviewing all areas to see what we can do within our current environment.

Our Diagnostics service has some work to do to improve and an improvement plan has been developed straight away to address the issues.

The CQC then revisited our End of Life pathways on 23rd and 24th January and I am thrilled! Dr Jo Bowen and the palliative care and end of life team were praised for being exceptional pioneers in the field of end of life care. Their passion for end of life care and ambition to be even better than they are, across the hospital and community, impressed the CQC. One inspector was blown away by an amazing service that is offering fantastic patient centred high quality care and noted the exceptional feedback from families. The inspectors saw many examples of staff going above and beyond.

Thank you to everyone who has been interviewed and welcoming to our inspectors they gave overwhelmingly positive reports of how caring everyone is and that is a credit to all staff.

Use of Resources

In March 2018 the Well Led element of CQC inspections was extended to formally include the 'Use of Resources' assessment. Use of Resources is assessed through Key Lines of Enquiry (KLOEs) across 5 domains; clinical services, clinical support services, people, corporate and finance. The purpose is to determine the Trusts effective use of resources to improve patient outcomes. Information is obtained from a national benchmarking database called Model Hospital and local intelligence. On 14th December 2018 we submitted written commentary to the NHSI/CQC assessment team, as invited, to support each domain. On the 14th January we had a full day assessment involving Executives, Non Executives, clinicians and senior managers from throughout the organisation. The output will be a written report to sit alongside other Well Led assessment documentation.

Changes to Pre-op Assessment

Patients are now being asked to drop in to a new pre-op assessment clinic straight from their surgical outpatient appointment to improve patient experience and help reduce on the day cancellations. Patients waiting for surgery will no longer be booked into a separate pre-op assessment appointment before the day of surgery. The new pre-op assessment clinic will help prepare them for theatre. A consultant anaesthetist will be dedicated to pre-op between 09.00am-5pm and nurse assessment available between 09.00am-6.30pm. A 'drop in' service will also provide more flexibility for patients. Appointment letters will make patients aware that they may need to stay after their outpatient appointment.

DGFT Charity Dates for your Diaries

Million Steps Challenge – as part of our commitment to staff health and wellbeing we have launched our million steps challenge, so why not keep those New Year's resolutions going with a pledge to do a million steps in six weeks and raise some money for the charity along the way.

Go Neon for Neonatal – 9th June 2019 get your runners on and join in the rainbow coloured fun to make this year's event even more successful than last.

Smoking Update

Further to Trust Board approval for the site to work towards being Smoke-Free, we can confirm that plans are now in place for this to take place from Monday 3rd June 2019. The funding to support the project has been confirmed and a team appointed to support staff with the transition leading up to the date when shelters will be removed and the Trust sites will be designated Smoke Free.

National NHS News

At the heart of this NHS cash boost lies a dishonesty: tax
Theresa May's boast that extra funding won't involve tax rises should set alarm bells ringing. Theresa May wants the new political season to kick off with a conversation about the NHS. She visited a children's hospital in Liverpool bearing a "long-term plan" and a suitcase full of Treasury cash.

The launch had two goals: first, remind voters of the £20.5bn extra funding the government promised for the health service in England last year. (Some news sounds so good it is worth announcing twice.) Second, demonstrate that the government has something to say unrelated to Brexit. Except uncertainty over Europe fogs everything. May can't see 10 weeks into the future, so the pretence of gazing at a 10-year horizon is unconvincing.
The Guardian (07.01.19)

NHS to incentivise more doctors to become generalists
More doctors will be encouraged to train as generalists rather than specialising in a specific area of medicine, according to the long-term plan for the NHS. The proposal is designed to shift away from the dominance of what the plan describes as "highly specialised" medicine to ensure medics are better able to provide care to patients who have more than one long-term condition. It is part of a wider emphasis on the future workforce of the NHS, with plans to expand the numbers of registered nurses and doctors and improve working conditions to improve retention rates.
Health Service Journal (07.01.19)

NHS and councils full of financial problems, says watchdog
The number of NHS and local government bodies with significant financial weaknesses in their ability to give value for money is unacceptably high and increasing, according to Whitehall's spending watchdog. The National Audit Office has examined the financial statements from nearly 937 local health authorities, councils, police and local fire bodies which are responsible for about £154bn of net revenue spending every year. **The Guardian (09.01.19)**

Plans for first integrated care trust delayed by a year
The creation of the NHS' first integrated care trust has been delayed until 2020, due to the complexity of the contractual model. Dudley Clinical Commissioning Group, which is set to create the NHS' first integrated care provider, has had to push its plans back by a year. The CCG, which previously planned to award its integrated care contract this year, said it will now not be able to award the contract until April 2020, despite almost completing the procurement phase. Last year, the commissioner confirmed intentions to split its main acute trust, the Dudley Group Foundation Trust, in two, leaving a residual acute trust and creating a new multispecialty community provider. The latter would hold the integrated MCP contract, which would potentially include some form of contractual arrangement with GPs and some primary care commissioning functions.
Health Service Journal (16.01.19)

NHS tests AI software to diagnose breast cancer
The UK's National Health Service (NHS) has announced that it will start testing software that uses artificial intelligence (AI) algorithms to help doctors detect and diagnose breast cancer, according to a Financial Times (FT) report. Kheiron Medical, the company that developed the technology, is launching a trial on historic scans this month at a National Health Trust in Leeds. The firm is also using their new technology to test tens of thousands of historic scans from the East Midlands to determine whether or not it is capable of detecting signs of breast cancer.
Software Testing News (16.01.19)

NHS must tackle 'systemic racism' as report shows staff discrimination on the rise
The NHS has been urged to tackle its "systemic racism" as new figures reveal that black and minority ethnic (BME) backgrounds remain "grossly underrepresented" and discrimination is on the rise. The number of BME staff who reported experiencing discrimination in the last 12 months has risen to 15% according to data published by NHS England in a new workforce race quality standard report.
National Health Executive (17.01.19)

NHS medicine shortage: what medicines are affected?
Widely used painkillers, antidepressants and blood pressure drugs are among 80 medical products that have been put on a "price concessions" list by the Pharmaceutical Services Negotiating Committee, which supplies NHS pharmacies - up from 35 in October. The list features drugs for which the Department of Health has agreed to pay over the odds in order to prevent shortages.
The Week (18.01.19)

'NHS Long-Term Plan' integration efforts hindered by funding systems, says NAO
The National Audit Office says the 'NHS Long-term Plan' is "prudent" but a full assessment of its targets will depend on funding for social care and other, non-NHS England parts of the health service. NHS funding systems "do not support" partnership working and integration, the National Audit Office (NAO) has warned.
The Pharmaceutical Journal (21.01.19)

Instant messaging alert service to help medics fight flu in hospitals
A new WhatsApp-style messaging service has been set up to alert doctors if a patient has been tested positive for flu to help reduce the spread of the virus within hospitals. Clinicians at University Hospital Southampton NHS Foundation Trust (UHS) previously spent more than an hour calling round wards to provide the results of flu tests.
News and Star (21.01.19)

A blood test for Alzheimer's remains a distant possibility, study suggests
Researchers have developed a blood test that can predict your chances of getting Alzheimer's, claim several media reports. But any suggestion of a major breakthrough is a little hasty. The research only involved people with a rare hereditary form of Alzheimer's disease caused by genetic mutations (Dominantly Inherited Alzheimer's Disease). In these people, researchers could detect raised levels of a specific protein called neurofilament light chain (NfC) in their blood that is created when the structure of previously healthy nerve cells are damaged or destroyed. Tests suggest that raised levels of NfCs could be detected as much as 16 years before symptoms of Alzheimer's start in people with this genetic form of the disease.
NHS (22.01.19)

Trusts breaching GP urgent cancer referral targets every quarter
The national standard that calls for cancer patients to start treatment within two months of an urgent GP referral has been breached every quarter since 2014, an NHS England report has found. Between July and September last year, nearly three quarters of treatment providers failed to meet the target - which requires 85% of patients with an urgent referral to begin treatment within 62 days. Some regions reported just 42% of patients had started within the required timeframe.
Pulse Today (22.01.19)

Spending on agency staff has 'increased markedly' by 171% to cover vacancies across Welsh NHSNHS spending on agency staff in Wales has risen 171% in the last seven years, the majority of which is spent by the health service to provide cover for vacant positions, according to the Welsh Audit Office (WAO). The financial watchdog said NHS spending on agency and locum staff reached £135.7m in 2017-18, peaking in Wales at £164.4m in 2016-17, and attributed the rise in spending to escalating hourly rates charged by agencies, an increase in demand for services, and difficulties recruiting and retaining staff.
National Health Executive (23.01.19)

Antibiotic resistance plan to fight 'urgent' global threat
Drug-resistant superbugs are as big a threat as climate change, the health secretary will say as he unveils a new five-year plan to tackle the problem. Overuse of antibiotics is making infections harder to treat and leading to thousands of deaths a year through drug-resistant superbugs. The government plans to change the way it funds drug companies to encourage them to develop new medicines. It is also increasing efforts to cut unnecessary use of the drugs.
BBC News (24.01.19)

Regional NHS News

One million GP appointments wasted as West Midland patients fail to show up
There are around 22 million booked slots with GPs, nurses, therapists and other practice staff across the region every year. It has been revealed that five per cent of those are missed without enough notice to invite other patients – working out at around 1.1 million wasted appointments. While in the Black Country, 144,000 appointments were wasted out of 7.2 million that were booked with GPs in the region – costing at least £4.3 million.
Express and Star (05.01.19)

West Midlands Ambulance staff losing startling number of days due to stress
Stress accounted for almost a fifth of sick days among ambulance staff in the West Midlands last year. New figures released by NHS Digital show that paramedics in our region took a total of 4,235 days off because of anxiety, stress, depression and other stress-related illnesses between July 2017 and June 2018. That accounted for 19.1% of the total of 22,172 days lost for all reasons. Separate workforce figures show there are a total of 2,671 full-time or equivalent staff at West Midlands Ambulance Service NHS Foundation Trust. It suggests each full-time paramedic is losing an average of 1.6 days a year to stress. Across England, stress related sickness was responsible for 21 per cent of all paramedic absences over the period.
Birmingham Live (11.01.19)

Huge increase in flu as number of cases doubles to 2 MILLION in one week
The number of cases of flu across the country have doubled to two million in a week, according to figures released today. People are being urged to get themselves vaccinated after health bosses confirmed that this winter's influenza virus has begun. This comes after weeks of very little activity being reported by Public Health England (PHE). Millions are suffering symptoms such as a fever, chills and body aches and experts fear that this could put pressure on the already stretched NHS. The virus is now circulating widely across the UK and within the space of a week, cases have risen by 85 per cent in England and by 55 per cent in Wales.
Mirror (11.01.19)

Grandfather died of pneumonia 36-hours after being sent home from hospital
A grieving widow has blasted a hospital after her husband died from pneumonia 36-hours after being sent home from A&E without a simple blood test that could have saved his life. Rob Walker, 61, was referred to Sandwell Hospital after he visited his GP complaining of difficulty breathing and a painful cough on November 28, 2017. But a consultant discharged the dad-of-one without reviewing his blood test results and prescribed antibiotics for a chest infection.
Yahoo News (15.01.19)

More donor livers could be used for transplantation thanks to exciting new development
A procedure assessed by NICE and used in research led by the University of Birmingham has been hailed as an exciting development in increasing the number of livers which can be safely used for transplantation. A perfusion machine can keep the donated liver viable for transplantation for longer. The machine reduces the rate of tissue deterioration that occurs after the liver has been removed from the donor and extends how long the liver can be stored before transplantation.
University of Birmingham (16.01.19)

Child type 2 diabetes epidemic in Birmingham triggers calls for 'urgent' action
Six children or young adults a week are admitted to hospital with Type 2 diabetes in the West Midlands. Exclusive figures obtained from NHS Digital show that people under the age of 25 were hospitalised by the disease 335 times in the financial year 2017/18. Figures are rounded to the nearest five to protect anonymity - meaning the true number could be slightly higher or lower.
Birmingham Live (21.01.19)

REVEALED: Hundreds of Britons who buy KIDNEYS on the black market from overseas traffickers charging £30,000 in a bid to avoid NHS waiting lists are coming back with deadly diseases such as HIV and hepatitis
The NHS is being forced to treat hundreds of Britons who have gone abroad for black-market kidney transplants which go wrong. Patients have returned with serious health problems including HIV and at least one has died from complications caused by the poor treatment overseas. A study by NHS Consultants identified 40 patients in the West Midlands alone who travelled to buy kidneys in Pakistan, India and the Philippines.
Daily Mail (21.01.19)

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board 7th February 2019

TITLE:	**29th January 2019 Clinical Quality, Safety and Patient Experience Committee Meeting Summary**		
AUTHOR:	Mary Sexton – Interim Chief Nurse	**PRESENTER**	Doug Wulff – Committee Chair

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

ACTION REQUIRED OF THE BOARD

Decision	Approval	Discussion	Other
			Y

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☐	☒ X	☐
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 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:

HEALTH & SAFETY ISSUE

Recent Mock CQC inspections highlighted Trustwide non-compliance with COSHH standards in respect of storage. The audit has identified that there is a need to address gaps in resources relating to insufficient Health & Safety advisor. The committee agreed that the business case needs to be heard at the next Business Case Panel and offered to support and assist with the quick acceptance of the Business Case. The committee requested that immediate mitigation is put in place and assurance has been requested for next CQSPE.

TIMELINESS OF DATA AT CQSPE

The Committee raised concerns regarding the timeliness of information and data within some of the reports submitted. The Committee could only obtain partial assurance as the data did not always reflect the latest position. The Chair has asked all report authors to review and ensure all reports have the latest data available for future reports.

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:**

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors February 2019

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

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		X	

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☐	☒	☐
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

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

- The target fill rate for qualified staff for December of 90% was not achieved for a number of areas in December 2018.
- The Trust compares favourably to its peers in a number of quality indicators included within the Model Hospital.
- Meetings with the Lead Nurses and Matrons continue focussing on recruitment and retention of staff to facilitate a reduction in the use of bank and agency nurses.
- 59 staffing incidents were reported in December 2018, none resulted in harm to patients.

AGENCY CONROLS
- Bank usage has reduced in month whilst agency (RN) usage has seen an increase within month. Bank usage of CSWs has also seen an increase. Contributing factors are winter pressures and a high number of patients requiring cohorting or providing 1-1 care.
- 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.

RECRUITMENT AND RETENTION
- 81 Experienced / graduate nurses are due to start over the next four weeks (at time of report)
- There are currently 121 wte nursing/ AHP adverts live on NHS Jobs.
- Targeted and monthly recruitment events continue.

RESUSCITATION
- The resuscitation team continues to focus on training, offering additional training sessions where possible and providing additional support during increased capacity.

SAFEGUARDING
- The Dudley Safeguarding Board (DSB) have sought assurance that both adult and paediatric safeguarding is being managed across the Trust. This has been provided by the Head of Safeguarding and the Deputy Chief Nurse. Regular meetings have now been scheduled with the DSB chair
- The Care Quality Commission (CQC) inspection continues to focus on the daily Paediatric Liaison Service audit
- Safeguarding training and its high priority for the Trust continues. The Paediatric Liaison Nurse and Named Nurse for Safeguarding Children have continued to provide bespoke teaching sessions within ED, pertaining to areas of identified trends and learning needs. Additionally, visits to areas Trust wide have taken place aimed at increasing staff awareness of the Safeguarding Team, provision of key resources and tailored safeguarding training. This has been received exceptionally well..

FALLS
- The Deputy Chief Nurse is discussing a second falls practitioner with finance to provide additional support to the service.
- Falls have shown an increase in December 2018 but this does not alter the consistent trajectory of remaining below the national average of falls per 1,000 occupied bed days. Input from falls prevention has been targeted at the areas showing higher than usual falls rates. Falls with harm remain consistently below the national average.
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PROFESSIONAL DEVELOPMENT

Medical Devices
- Agreement has been given to purchase E-quip™ medical devices management system that will enable us to asset control and give accurate training records in real time as the program will link to the ESR.

Sepsis Practitioners

- Two further posts have been appointed to and are currently moving through employment checks in preparation to starting with the team.

Pre-Registration
- Pre-registration team continue to work with Worcester University looking at taking student Nurses who are interested in placement with DGNHS FT. Wolverhampton university numbers remain significant below initial requested places.

COMPLAINTS
During Q3, a total of 77 complaints were received by the Medical & Integrated Care Division, which indicates a decrease of -10.46% from Q2, 2018/19 (86) and 45.28% increase (53) for the same period last year (Q3, 2017/18). The Emergency Department has seen the biggest rise in complaints during Q3, 18/19 (30) compared with Q3, 17/18 (16).

During Q3, a total of 61 complaints were received by the Surgical Division, which indicates a decrease of -12.85% from Q2, 2018/19 (70) and 56.41% increase (39) for the same period the previous year (Q3, 2017/18). Further analysis has identified that Surgical Assessment Unit (SAU) have seen a decrease in complaints in Q3, 18/19 (7) compared to Q3, 17/18 (13 including SAU and ward B5).

During Q3, the Trust received correspondence from 18 complainants who were dissatisfied with their original complaint response from the Trust.
These included clinical discrepancies within the initial response letter and complainants stating that some of their initial concerns had not been resolved. The complaints were initially closed in Q3, Q2 and Q1, 18/19. Out of the 18 reopened complaints, four have been responded to and are closed, five have requested local resolutions meetings, which are to be arranged, and the remaining nine complainants have requested a written response. These related to:
- Medicine & Integrated Care Division - 11
- Surgery Division – 4
- Both Medicine & Integrated Care Division and Surgery Division- 2
- Clinical Support Division- 1

TISSUE VIABILITY
No category 4 avoidable pressure ulcer reported since February 2018. There was 1 avoidable grade 3 pressure ulcer reported from Community in December 2018 and this is currently under investigation.

AHP UPDATE
A representative from Therapy Services has been invited to attend an NHSE Workforce Stakeholder event on 4th February 2019, to share the work undertaken to develop rotational roles for physiotherapists and occupational therapists within the Dudley Group NHS Foundation Trust. Whilst rotational roles are a well-established institution, the aim will be to show how rotational posts support recruitment and retention of staff.

PATIENT ACCUITY TOOL
Data collection for patient acuity and dependency study in adult inpatient medical and surgical wards started on the 7th January 2019 for one month initially.
A bespoke electronic template was developed for data collection and this is completed daily for a month by lead nurses/nurse in-charge and overseen by the Matrons.
The study utilises the Safer Nursing Care Tool (SNCT), a validated tool endorsed by NICE for recommending nursing establishments.
Results of the study will be discussed with the Divisions and presented to the Workforce Committee and then to the Trust Board.

WARDS QUALITY HEAT MAP (Page 6)
Narrative will be provided per metric by exception. The development of the heat map continues to work in progress and will be further developed based on the committee members' feedback and as the ward quality dashboards are revised (work starting in January 2019 and progress monitored through Quality and Safety Group). Trends lines will be incorporated in the future heat map to see each individual wards and indicators trajectory directions.

Environmental Cleaning
Compliance of 95.1% against a target of 95%.
Environmental cleaning score is an aggregated score following audit by Interserve assessing cleanliness of wards and clinical departments. The scores are calculated as; nursing and Interserve. Issues related to Interserve are escalated and rectified with ongoing monitoring of compliance and challenge, where necessary, by the Facilities Team. Nursing scores are monitored through Lead Nurse and Matrons and relevant actions are put in place and communicated through the huddle board.

Hand Hygiene
Compliance of 99.2 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. AMU 2, C2 and C7 are recorded as less than target compliance. Following discussion with the Matrons for these areas; 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.

Saving Lives – 06b Urinary Catheter Ongoing Care
B5 and C8 failed to achieve the required target for compliance for this audit. Both areas are working towards rectifying this prior to the next audit being undertaken.

Serious Incidents
In December 2018, there were 6 Serious Incidents reported, these were made up of 4 general, 1 fall with harm and 1 avoidable pressure ulcer.

General Serious Incidents reported;

2018/29162 INC47885 – unexpected death in theatre
2018/30088 INC48612 – unexpected admission to NNU and transfer to level 3 unit for cooling
2018/30526 INC48524 – undiagnosed Type 1 diabetes in pregnancy resulting in a pre-viable birth.
2018/29076 INC47717 – inappropriate discharge resulting in a patient readmission with Myocardial infarction and transfer to New Cross.

Nutrition Audit
Compliance of 95.5% against a target of 95%.
The following areas failed to achieve 95% compliance for Nutrition; A2, B1, C5, C6, C7 and C8. 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 in the Associate Chief Nurse condition reports. The identified Matron Leads for Nutrition (Debra Vasey and Sheree Randall) and the Quality Review and Improvement Lead are developing a Trust wide action plan to improve our nutrition audit compliance, managed through Quality and Safety Group once developed. This will mirror the RAP for the CCG in response to our Contract Performance notice in relation to MUST. There is also a task a finish group meeting fortnightly to ensure the progression and completion of actions detailed in the RAP, as well as relevant NPSA alerts.

% of Deaths with Priorities of Care
Compliance of 17.3% 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. There are plans for this data to be presented in numerical form to provide clarity and trust wide progress is monitored through the End of Life Working Group.

Skin Bundle
Compliance of 95.4% against a target of 95%.
The following areas failed to achieve the 95% compliance for Skin Bundle; A2, C4, C5, C6, C7 and Critical Care. 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.

Appraisals
C7 are in the process of addressing the deficit with appraisals, however, it should be noted that several of the appraisals have been completed but has they were outside of the appraisal window they are still recorded as non-compliant.

Mandatory training
The training recording 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.

Vacancies/RN Fill Rates (Day/Night Shifts)
Recruitment and retention continue to be a key concern in both divisions. There remains a drive on Trust wide recruitment through the recruitment events and individual area events.

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:**

Quality Indicators

Patients will experience safe care

Heat Map – December 2018

KPI categories (columns): Environmental Cleaning, Hand-hygiene, MRSA Screening - elective, MRSA Screening - emergency, HCAI CDIFF - 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 arrears), Fluid Balance Management Audit, VTE Assessment Audit, NQA - Skin Bundle, Assessment Indicator (CQNO1), FFT - Response Rate, FFT - Recommended %, Complaints, Compliments, Appraisals, Mandatory Training, RN Average Fill Rate (day shifts), RN Average Fill Rate (night shifts), Sickness Rate

Column groups: **Patient Safety & Quality** | **Clinical Indicators** | **Patient Experience** | **Workforce & Safer Staffing** | **Ward RAG Trend**

Ward	MRSA elec	MRSA emerg	Datix	Falls	Complaints	Compliments	Ward RAG Trend
AMU2 (A2)		94.7%	39	14	0	1	↑2 ↑1 ↓-4
B1	100.0%	98.8%	8	5	0	27	↑2 ↓-2 ⇒0
B2 Hip	100.0%	88.9%	13	3	0	25	⇒0 ⇒0 ⇒0
B2 Trauma	100%	80.0%	20	5	1	28	↓-1
B3	100%	83.3%	22	6	0	0	↓-1 ↓-1 ↓-3
B4		100.0%	26	10	0	0	↓-1 ↓-1 ↑2
B5	0%	85.7%	9	3	0	5	↓-1 ⇒0
C1		67%	11	4	0	48	⇒0 ↑1 ↓-1
C2			58	0	1	3	↑1 ↑4 ↓-8
C3		71.4%	22	4	2	93	↓-2 ↓-2 ↑2
C4	100%	100.0%	15	3	1	131	↓-1 ⇒0 ⇒0
C5	75%	87.5%	14	7	0	21	↑1 ↓-2 ⇒0
C6	66.7%	100%	8	2	1	2	
C7	100.0%	75.0%	31	6	0	21	↑2 ↑3 ↓-5
C8		89.7%	24	7	0	1	⇒0 ↑1 ↓-1
CCU & PCCU	100%	87.5%	13	3	0	26	↑1 ↓-7
Critical Care	100.0%	84%	19	1	0	80	↓-2 ⇒0 ↑2
MHDU		92.0%	20	3	0	1	⇒0 ↑1 ↓-3
Neonatal			26	2	0	1	↓-1 ⇒0 ⇒0
Average/Total	85.6%	87.4%	378	88	6	514	

Average/Total additional values: 95.1% | 99.2% (Hand-hygiene) | 0 | 96.9% | 95% | 95.5% | 97.0% | 92.7% | 17.3% | 89% | 91.4% | 80.0% | 95.4% | 46.7% | 91.7% | 94.9% | 88.3% | 79.9% | 84.2% | 8.3%

RAG Rating thresholds (bottom row):
- Environmental Cleaning: R: <85%, A: 85%-95%, G: ≥95%
- Hand-hygiene: R: <100%, G: 100%
- MRSA Screening - elective: No RAG rating for this indicator
- MRSA Screening - emergency: No RAG rating for this indicator
- HCAI CDIFF: R: <0, G: 0
- Saving Lives 02b: R: <75%, A: 75%-95%, G: ≥95%
- Saving Lives 06b: R: <75%, A: 75%-95%, G: ≥95%
- Datix: No RAG rating for this indicator
- Falls: No RAG rating for this indicator
- Pressure Ulcers: R: <0, G: 0
- Serious Incidents: R: <0, G: 0
- Never Events: R: <0, G: 0
- Nutrition Audit: R: <85%, A: 85%-95%, G: ≥95%
- Pain Score: R: <85%, A: 85%-95%, G: ≥95%
- Medicines Management: R: <85%, A: 85%-95%, G: ≥95%
- % of Deaths: R: <30%, A: 30%-60%, G: ≥60%
- Deteriorating Patient: R: <85%, A: 85%-95%, G: ≥95%
- Fluid Balance: R: <85%, A: 85%-95%, G: ≥95%
- VTE Assessment: R: <95%, A: 95%, G: ≥95%
- NQA Skin Bundle: R: <85%, A: 85%-95%, G: ≥95%
- Assessment Indicator (CQNO1): R: <20%, A: 20%-35.1%, G: ≥35.1%
- FFT Response Rate: R: <95.3%, A: 96.3%-97.4%, G: ≥97.4%
- FFT Recommended: No RAG rating for this indicator
- Complaints: No RAG rating for this indicator
- Appraisals: R: <80%, A: 80%-90%, G: ≥90%
- Mandatory Training: R: <80%, A: 80%-90%, G: ≥90%
- RN Fill Rate (day): R: <80%, A: 80%-85%, G: ≥85%
- RN Fill Rate (night): R: <80%, A: 80%-85%, G: ≥85%
- Sickness Rate: R: >4%, A: 3.5%-4%, G: ≤3.5%

Paper for submission to the Finance and Performance Committee January 2019

TITLE:	**Nurse Staffing**		
AUTHOR:	**Jo Wakeman Deputy Chief Nurse**	**PRESENTER**	**Jo Wakeman Deputy Chief Nurse**
CLINICAL STRATEGIC AIMS			
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	*Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.*		
ACTION REQUIRED OF Finance and Performance COMMITTEE			
Decision	**Approval**	**Discussion**	**Other**
		y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	**Acceptable Assurance**	**Partial Assurance**	**No Assurance**
☐	☐	x	☐
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

- The latest position with staffing reviews is included.
- Target fill rate for qualified staff for December 2018 aims for 90%. Many areas failed to achieve this target in December 2018..
- A number of quality indicators have been included from the Model Hospital. The trust compares positively in comparison to our peers. (updated November 2018)
- All areas are within the agreed variation of 6.3 or more for the CHPPD.
- Meetings with Lead Nurses/Midwives and Matrons continue focusing on recruitment and retention of staff to deliver the reduction in bank and agency usage.
- 59 staffing incidents reported in December 2018, none reported as causing harm.
- National Quality Board Safer Staffing paper due in March 2019

Agency Controls

- Bank usage has reduced in month whilst agency usage has increased. Bank usage of CSWs has also seen an increase. A contributing factor winter pressures and high number of patients requiring cohorting or providing 1-1 patient care..
- All bank and agency requests continue to be assessed daily by the Divisional Chief Nurses to ensure continued patient safety and financial balance. A breakdown of the main areas using agency staff is included.
- A combination of bank and agency usage remains consistently lower than vacancies /operational deficits.
- Use of non-framework agency remains an Executive only authorisation.
- **Recruitment and Retention update**
- 81 Experienced / graduate nurses are due to start over the next 4 weeks. (At time of report)
- There are currently 121 wte nursing/ AHP adverts live on NHS Jobs.
- Targeted and monthly recruitment events continue.
- Predictor tools are within the paper as requested. Vacancies have reduced in month by 23wte to 274 wte. Main areas of staff leaving ED, Critical Care and Surgery.

IMPLICATIONS OF PAPER:

RISK	Yes		• **Risk Description:**
			➢ Nurse Recruitment – unable to recruit to vacancies to meet NICE guidance for nurse staffing ratios
			➢ Finance – Unable to remain within divisional Budget due to spend on Temporary Staff.**)**
	Risk Register: Yes		**Risk Score: 20**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Yes**	**Details:** ➢ 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 with the Executive Directors a further review has been requested. Outstanding areas include Outpatients and Specialist Nurses and theatres.

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 90% fill rate from this month (after a planned 85% for the last three months). The table 2 below indicates fill rates have been improving when taking a Trust wide view. This month there has been a dip in all of the fill rates compared to November. Appendix 1 highlights 13 (12 and 13 in the last two months) wards are not achieving a fill rate of 85% during the day with this applying to 10 wards (8 and 9 last month) at night. With regards to the 90% target, three wards during the day and seven at night achieved this. An additional column has been added to appendix 1 that states the occupancy which can be a contributing factor to low fill rates. 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%
Dec 2018	90%	81%	87%	86%	91%

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.
- This month it has not been possible to compile the mitigating actions for specific wards in time for the report due the Divisional Chief Nurses having to divert their priorities to pressures of capacity and the inspection visits. There is still an issue with the accuracy of the data of ward B1. The low fill rates are due to closed beds in the elective ward. The planned numbers should have been altered. This issue is being rectified as a priority.

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 Divisional Chief Nurses are reviewing this daily to avoid late requests for staff that cannot be filled. The filling of CSW shifts is becoming increasingly challenging with 30% of these shifts not filling over a 4 week period. This has been added to the risk register.

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) for the majority of ward areas remain within the nationally agreed variation of 6.3 CHPPD and 16.8 CHPPD for general wards (Carter Review, 2016). Maternity and Critical care remain higher than the mean average this would be expected due to the acuity and dependency of the patient mix.

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 November 2018). It can be seen that the Trust compares favourably with its peers and the national picture. In addition December 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"	93.4	94.1	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	0.1	0.5	0.3
The proportion of patients being treated clinically for a new VTE.	0	0.3	0.4
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 .	0.4	0.9	0.7

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.	0.8	0.4	0.7

Summary situation of staffing and potential recruitment over the next year

Internal Recruitment Events

The next corporate recruitment event is scheduled for the 5th February 4.00pm – 7pm in the Clinical Education Centre. The event will 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
C2 Paediatric Ward	18th December 2018	2 experience nurses

The following areas have local events booked:
- B3, Theatres and Critical Care – 16th January 2018
- ED –22nd January 2019
- AMU 1&2 – 24th January 2019

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.

Recruitment Activity

At the time of the report, a total of 41 experienced staff (37 nurses and 4 paramedics) are currently going through recruitment clearances. 40 graduate nurses have been allocated to commence on the 28th January 2019 on the graduate programme (these numbers are subject to change due to non-completion of training and withdrawals)

Below is a breakdown of this activity.
Experienced Nurses completing recruitment clearances

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	C1	0.80	January 2019
2	5	C7	2	January 2019
2	5	Community	2	January 2019

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	Community OPAT Clinic	1	January 2019
1	5	Critical Care/ITU	1	January 2019
1	5	Day Case Theatre	1	January 2019
2	5	ED	2	January 2019
1	5	ED Paediatric Nurses	0.80	January 2019
2	5	GU Medicine	1.60	January 2019
1	6	Learning Disability Liaison Nurse	1	January 2019
3	6	Paramedics ED	3	January 2019
2	5	Theatre	2	January 2019
1	7	B3 –CNS	1	January 2019
1	7	Cardiac Assessment Nurse	1	January 2019
1	7	ED	1	January 2019
1	7	ED – ENP	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
2	5	T&O Outpatients	2	February 2019
1	5	C4 Day Case Unit	1	February 2019
3	5	ED	3	February 2019
1	5	Community OPAT	1	February 2019
1	6	Paramedic ED	1	February 2019

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	C7	1	March 2019
1	5	NNU	0.96	March 2019
1	5	B4	1	March 2019
1	5	Community	1	March 2019
1	6	Community	1	March 2019

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	Community	1	April 2019
1	6	NNU	0.96	April 2019

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

Area/Department	Head Count	Hours WTE
AMU 1	3	2.6
AMU 2	2	2
B2 Hip	3	3
B3	1	1
B5	2	2
C1 (a)	4	3.8
C1 (b)	1	1
C3	1	1
C5 (a)	1	1
C5 (b)	2	2
C7	1	1
C8	3	3
CCU	2	2
Community Nurses	2	1.44
ED	7	6.24
MHDU	2	2
Ophthalmology Department	1	0.64
Theatres	2	2
Total	*40*	*35.72*

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

NHS Jobs activity is in the table below and equates to 61.55 FTE vacancies closed and in process of shortlist to interview, 121.45 FTE currently live on NHS Jobs and 7.56 FTE in the VAR process for approval optimising our advertising activity for nursing and AHPs. Monitoring of this is continuing with the resourcing team and recruitment and retention lead weekly reviewing advertised vacancies. High vacancy areas who are not advertising are being targeted and the recruitment and retention lead is continually working with lead nurses, matrons, HR business partners and staff engagement lead on their specific recruitment and retention action plans.

Job Title	Band	FTE	Department	Current vacancy status
Theatre Practitioner	5	3	Operating Theatres	Advert Closed
CNS for SACT Home Administration	7	1	Haematology / Oncology	Advert Closed
Staff Nurse	5	14	Critical Care	Advert Closed
Staff Nurse	5	6	B1	Advert Closed
Staff Nurse	5	10	B2 Hip Suite	Advert Closed
Staff Nurse	5	7	B2 Trauma	Advert Closed
Professional Development Lead Post-Registration	7	0.75	Professional Development	Advert Closed
Professional Development Nurse	6	1	Acute Medical Unit	Advert Closed
Theatre Practitioner	5	3	Operating Theatres	Advert Closed
Staff Nurse	5	4.8	B3	Advert Closed

Staff Nurse	5	7	B4B	Advert Closed
Emergency Nurse Practitioner	7	3	ED	Advert Closed
Interventional Radiology Nurse	5	1	Imaging	Advert Closed
Staff Nurse	5	2.72	Renal Unit	Advert Open
Advanced Practitioner (AP)/ Trainee AP	8a	5	Medical/ Nursing	Advert Open
Community Health Nurse	6	1	Community	Advert Open
Community Staff Nurse	5	11.33	Community	Advert Open
Staff Nurse	5	14	C8	Advert Open
Shift Lead	6	3	C8	Advert Open
Staff Nurse	5	7	C3	Advert Open
Staff Nurse	5	4	B4	Advert Open
Staff Nurse	5	7	B4B	Advert Open
Staff Nurse	5	4.8	B3	Advert Open
Bank Theatre Practitioner – Anaesthetics & Recovery	Other	1	Staff Bank	Advert Open
Staff Bank Theatre Scrub Practitioner	Other	1	Operating Theatres	Advert Open
Senior Sister - Paediatrics	7	1	ED Department-Paediatrics	Advert Open
Theatre Practitioner	5	1	Day Surgery Unit	Advert Open
Named Midwife for Safeguarding Children	7	0.8	Safeguarding	Advert Open
Staff Nurse	5	30	ED Department	Advert Open
Senior Sister	7	4	ED Department	Advert Open
Staff Nurse	5	14	Critical Care	Advert Open
Care Home Educator	6	1	Medicine & Integrated Care	Advert Open
Staff Nurse Rotation	5	1	AMU	Advert Open
Associate Nurse for Safeguarding Adults	6	0.8	Corporate Nursing	Advert Open
Shift Lead	6	5	Emergency Department	Advert Open
Bank Staff Nurse	5	1	Staff Bank	Advert Open
Shift Lead	6	0.96	Ward B3	Pending Approval Level 2
Pulmonary Rehabilitation Nurse	6	1	Pulmonary Rehabilitation	Pending Approval Level 3
Staff Nurse	5	2	Site Operations	Pending Approval Level 3
Manual Handling Lead	6	1	Professional Development	Pending Approval Level 3
Professional Development Nurse - Clinical Support Staff	6	1	Professional Development	Pending Approval Level 4
Colorectal/Stoma care Sister	6	0.6	Stoma therapy Department	Pending Approval Level 4
Immunology CNS	7	1	Immunology	Pending Approval Level 4

Clinical Incident staffing analysis

Tables 5 and 6 below detail the number of clinical incidents during December 2018 that related to staffing. In total there were 59 incidents, 46 of these were recorded as no harm and 13 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.

Table 5

Dec 2018

**Table 6**

Dec 2018
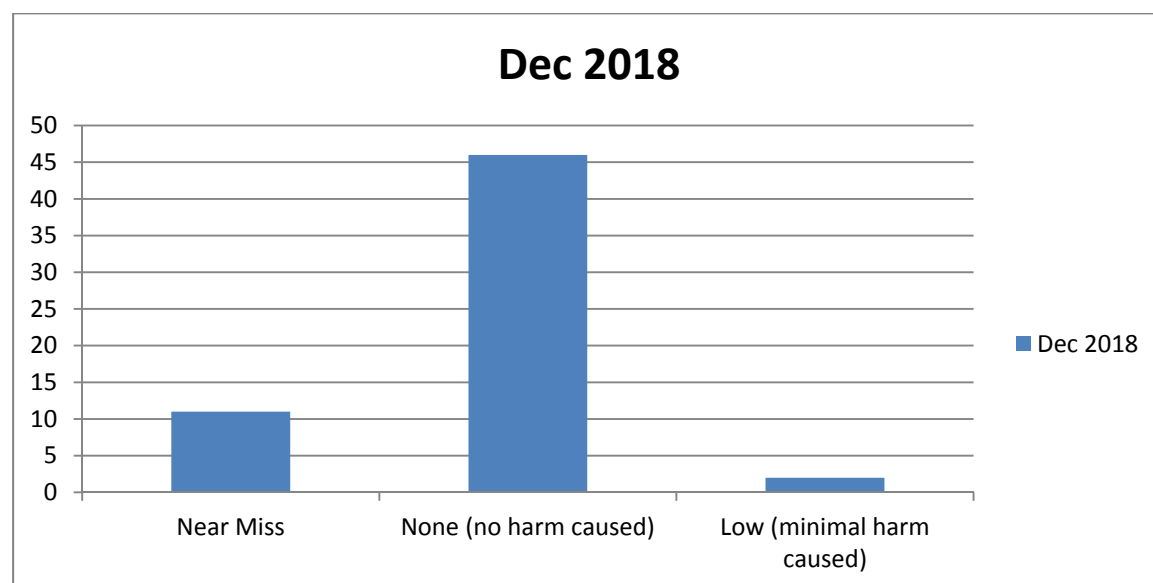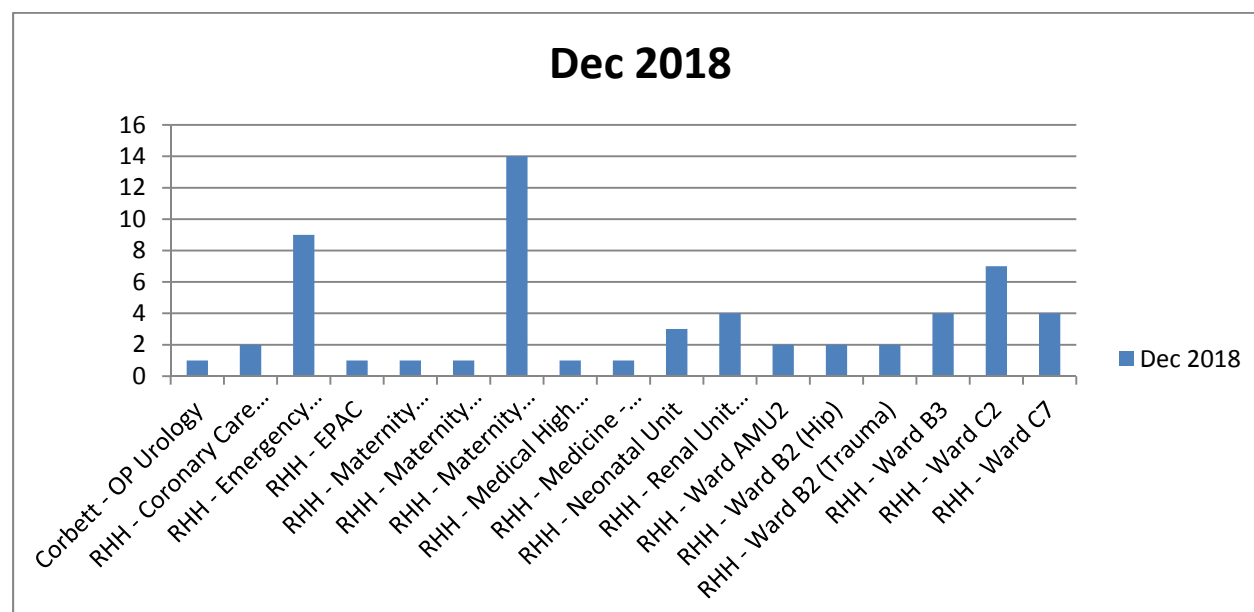
Agency Controls

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. During December bank usage has decreased with an increase in agency. CSW bank usage has seen an increase within month contributing factor relates to winter pressures and high numbers of 1-1 care. 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. 30% of CSWs requested shifts not filled in the last 4 weeks.

Agency and Bank RN monthly usage

Table 7

RN Agency and Bank Usage

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Agency	1438	1466	1300	1292	1525	1542	1688	1714	1864
Bank	1697	1709	1831	1814	1700	1717	1725	1822	1750
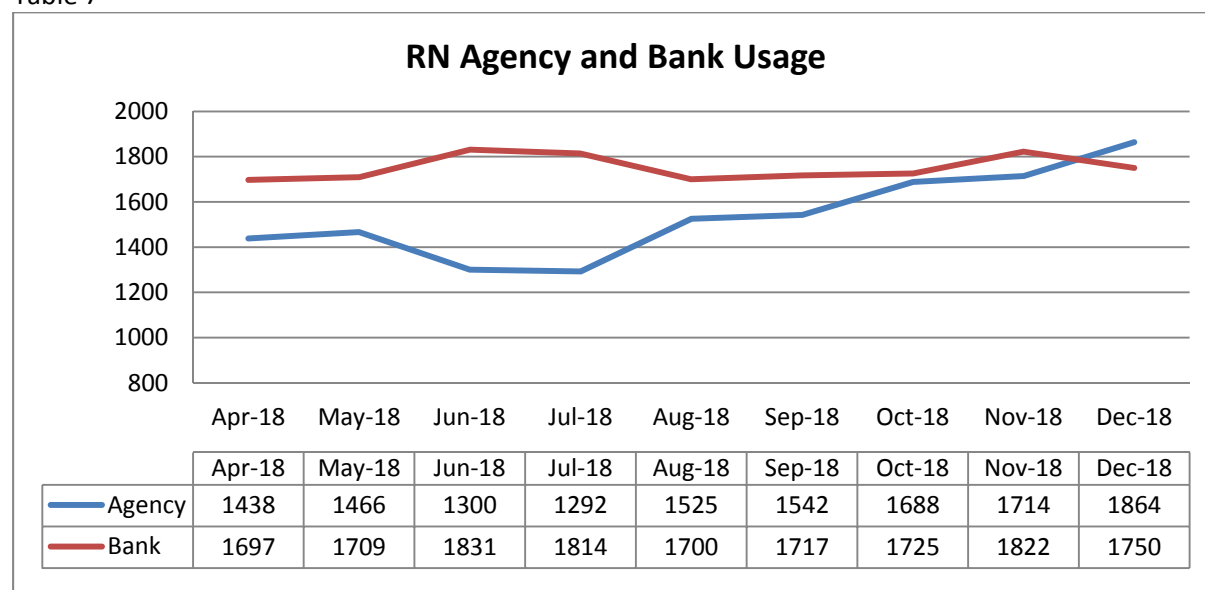
Top 5 areas for the last two months

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

Ward	Dec-18
Emergency Dept Nursing Dept	439
B3 Emergency Surgery	167
C8 Stroke Rehab Dept	147
AMU 1	108
AMU 2	108

CSW monthly bank usage
Table 8

CSW Monthly Bank Usage

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Bank	2301	2213	2295	2483	2780	2539	2689	2759	2917
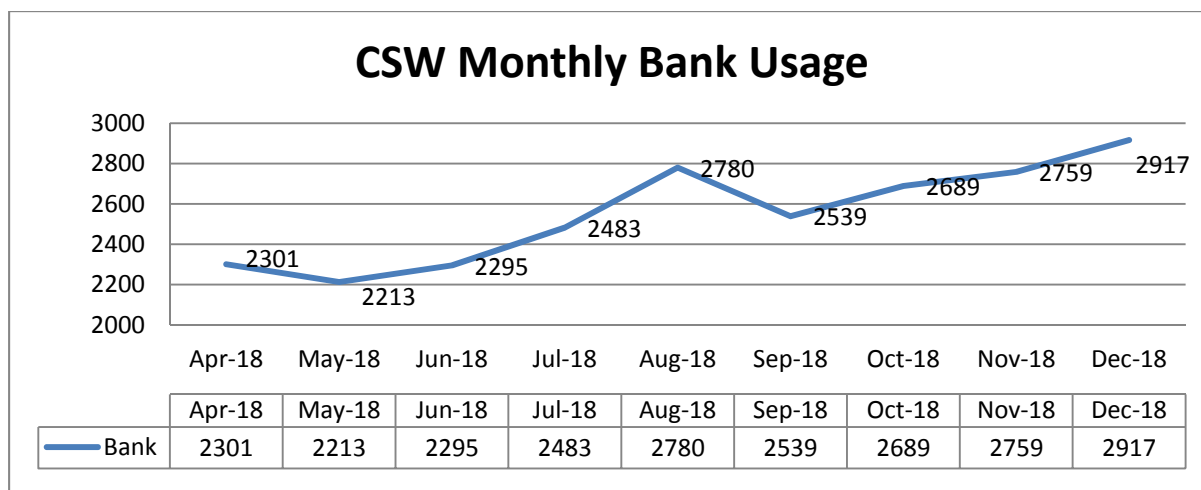
RN Predictor Tool Current and New Establishments

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 274 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	**Dec**		Days in Month	31											Actual CHPPD		
	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW		UnQual		UnQual	Sum	Average			
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	Day	Qual N	N	24:00 Occ	Occupancy	Registered	Care staff	Total
Evergreen																	
A2 AMU 2	261	188	251	180	188	156	225	183	72%	72%	83%	81%	1,217	93%	3.39	3.58	6.97
A3																	
A4																	
B1	134	103	66	56	94	69	62	51	77%	85%	74%	82%	537	67%	3.66	2.34	6.00
B2(H)	157	131	204	179	124	93	192	185	84%	88%	75%	96%	876	94%	3.00	4.88	7.88
B2(T)	119	97	133	120	93	68	103	97	82%	91%	73%	94%	684	92%	2.91	3.82	6.73
B3	262	173	226	195	217	174	183	164	66%	86%	80%	90%	1,065	82%	3.83	3.95	7.78
B4	248	194	291	248	187	153	230	213	78%	85%	82%	93%	1,417	95%	2.87	3.86	6.73
B5	239	203	174	143	186	182	111	98	85%	82%	98%	89%	634	85%	7.13	4.45	11.58
B6																	
C1	246	181	285	251	186	166	212	196	74%	88%	89%	92%	1,444	97%	2.88	3.67	6.55
C2	296	251	74	67	244	207	61	57	85%	90%	85%	93%	770	83%	6.98	1.80	8.78
C3	215	188	333	316	186	167	419	389	88%	95%	90%	93%	1,595	99%	2.67	5.20	7.87
C4	163	155	62	62	124	106	63	70	95%	99%	85%	111%	667	98%	4.57	2.37	6.95
C5	249	173	260	279	186	163	192	185	69%	107%	88%	96%	1,465	98%	2.69	3.76	6.45
C6	122	105	120	86	63	60	124	116	87%	71%	95%	93%	559	90%	3.45	4.33	7.78
C7	241	182	183	170	147	122	144	131	76%	93%	83%	91%	1,086	97%	3.19	3.25	6.44
C8	352	229	235	209	294	210	232	220	65%	89%	71%	95%	1,269	93%	4.06	3.97	8.03
CCU_PCCU	248	182	65	66	217	147	32	34	73%	102%	68%	106%	674	84%	5.86	1.74	7.60
Critical Care	352	349	70	67	324	323			99%	95%	100%		290	58%	27.20	2.19	29.40
EAU AMU 1	311	220	322	255	276	258	318	272	71%	79%	93%	86%	1,196	138%	4.80	5.29	10.08
Maternity	938	854	246	212	526	483	155	141	91%	86%	92%	91%	774	57%	15.77	5.06	20.84
MHDU	184	152	58	37	160	127	18	6	83%	63%	80%	33%	226	73%	14.52	1.95	16.46
NNU	168	149			155	147			88%		95%		405	73%	8.39	0.00	8.39
TOTAL	**5,502**	**4,459**	**3,660**	**3,197**	**4,177**	**3,581**	**3,076**	**2,809**	**81%**	**87%**	**86%**	**91%**	**18,850**		**4.84**	**3.74**	**8.58**

Appendix 2 - Registered Nurse Predictor Tool- Detail New Establishments

| Div	Team	Dec 2018 Contracted Vacancy Vs OLD ESTABLISHMENT	Dec 2018 Contracted Vacancy Vs NEW ESTABLISHMENT	Adjustments to end of month	Vacs	Jan All Recruit	Jan Net Leave (8%)	Jan Agency RAG	Jan Vacs	Feb All Recruit	Feb Net Leave (8%)	Feb Agency RAG	Feb Vacs	Mar All Recruit	Mar Net Leave (8%)	Mar Agency RAG	Mar Vacs	Apr All Recruit	Apr Net Leave (8%)	Apr Agency RAG	Apr Vacs	May Targeted Recruit	May General Recruit (4.3%)	May Net Leave (8%)	May Agency RAG	May Vacs
Medicine & Integrated Care	Ward A2 AMU 2 incl EAU	0.00	0.00	0.00	0.00	0.00	0.00	red	0.00	0.00	0.00	red	0.00	0.00	0.00	red	0.00	0.00	0.00	red	0.00	0.00	0.00	0.00	red	0.00
	Ward C1	7.08	14.75	0.00	14.75	4.08	0.16	green	10.83	0.85	0.19	green	10.17	0.00	0.19	green	10.36	0.00	0.19	green	10.55	0.00	0.10	0.19	green	10.64
	Ward C3	9.22	10.93	(0.45)	11.38	0.85	0.17	green	10.70	0.00	0.18	green	10.88	0.00	0.17	green	11.05	0.00	0.17	green	11.23	0.00	0.09	0.17	green	11.30
	Ward C4	0.17	1.71	0.00	1.71	0.00	0.17	amber	1.88	0.00	0.17	amber	2.05	0.00	0.17	amber	2.22	0.00	0.17	amber	2.38	0.00	0.09	0.17	amber	2.46
	Ward C4 Onc Day OP	4.16	4.20	0.00	4.20	0.00	0.07	green	4.27	0.85	0.07	green	3.49	0.00	0.08	green	3.57	0.00	0.08	green	3.64	0.00	0.04	0.07	green	3.68
	Ward C5 Area A	3.46	7.65	0.00	7.65	0.00	0.08	green	7.73	0.00	0.08	green	7.81	0.00	0.08	green	7.89	0.00	0.08	green	7.96	0.00	0.04	0.08	green	8.00
	Ward C5 Area B	4.18	8.37	0.00	8.37	0.00	0.07	green	8.44	0.00	0.07	green	8.52	0.00	0.07	green	8.59	0.00	0.07	green	8.66	0.00	0.04	0.07	green	8.70
	Ward C7	8.85	13.51	0.00	13.51	2.55	0.14	green	11.10	0.54	0.15	green	10.71	0.85	0.16	green	10.02	0.00	0.16	green	10.18	0.00	0.09	0.16	green	10.25
	Ward C8	13.07	29.43	0.00	29.43	1.70	0.16	green	27.89	0.00	0.18	green	28.07	0.85	0.17	green	27.39	0.00	0.18	green	27.57	0.00	0.10	0.18	green	27.65
	Ward CCU	9.08	16.27	0.00	16.27	1.70	0.19	green	14.76	0.00	0.20	green	14.95	0.00	0.20	green	15.15	0.85	0.19	green	14.49	0.00	0.11	0.20	green	14.59
	Acute Med Unit (EAU)	13.93	18.36	0.00	18.36	3.91	0.41	green	14.86	0.00	0.43	green	15.28	0.00	0.43	green	15.71	2.55	0.42	green	13.58	0.00	0.23	0.44	green	13.79
	Ward MHDU	(7.84)	2.48	0.00	2.48	1.70	0.17	red	0.95	0.00	0.18	red	1.13	0.00	0.18	red	1.31	0.00	0.18	red	1.48	0.00	0.09	0.18	red	1.57
	Ward Ambulatory Emergency Care	(0.21)	(1.65)	0.00	(1.65)	0.00	0.09	red	(1.56)	0.00	0.09	red	(1.47)	0.00	0.09	red	(1.38)	0.00	0.09	red	(1.29)	0.00	0.05	0.09	red	(1.25)
	Emergency Department Nursing	0.98	22.03	0.00	22.03	12.48	0.96	green	10.51	4.25	0.50	amber	6.76	0.00	0.52	amber	7.28	0.00	0.52	amber	7.80	0.00	0.28	0.51	amber	8.04
	Community Nursing	11.63	12.13	(0.46)	12.59	2.04	0.94	red	11.49	0.00	0.95	amber	12.43	1.70	0.94	red	11.67	2.21	0.94	red	10.41	0.00	0.51	0.95	red	10.85
	All Other Med & Int Care Teams	12.86	17.61	(1.13)	18.74	4.08	1.55	red	16.21	2.13	1.57	red	15.65	0.00	1.57	red	17.23	0.00	1.56	red	18.79	0.00	0.83	1.55	red	19.50
Surgery	Ward B1	3.51	4.66	0.00	4.66	0.00	0.10	green	4.76	0.00	0.10	green	4.86	0.00	0.10	green	4.95	0.00	0.10	green	5.05	0.00	0.05	0.10	green	5.10
	Ward B2 (T)	2.88	7.58	0.00	7.58	0.00	0.08	green	7.66	0.00	0.08	green	7.74	0.00	0.08	green	7.82	2.24	0.08	green	5.65	0.00	0.05	0.09	green	5.69
	Ward B2 (H)	4.28	8.75	0.00	8.75	2.55	0.13	green	6.33	0.00	0.14	green	6.47	0.00	0.14	green	6.61	0.00	0.14	green	6.75	0.00	0.07	0.14	green	6.81
	Ward B3	14.28	24.91	0.00	24.91	0.85	0.11	green	24.17	0.82	0.12	green	23.48	0.00	0.12	green	23.60	0.00	0.12	green	23.72	0.00	0.07	0.12	green	23.78
	Ward B4	2.36	6.17	0.00	6.17	0.85	0.09	green	5.41	0.00	0.09	green	5.50	0.85	0.09	green	4.75	0.85	0.10	green	3.99	0.00	0.06	0.10	green	4.04
	Ward B4B	1.96	5.77	0.00	5.77	0.00	0.09	green	5.86	0.85	0.09	green	5.10	0.00	0.10	green	5.20	0.82	0.10	green	4.48	0.00	0.05	0.10	green	4.52
	Ward B5	(2.44)	1.66	(0.50)	2.16	1.70	0.25	red	0.71	0.00	0.26	red	0.97	0.00	0.26	red	1.23	0.54	0.26	red	0.94	0.00	0.14	0.26	red	1.06
	Ward C6	3.12	2.39	0.00	2.39	0.00	0.09	amber	2.48	0.00	0.09	green	2.57	0.00	0.09	green	2.66	0.00	0.09	green	2.75	0.00	0.05	0.09	green	2.80
	Ward C2	0.03	0.03	(0.02)	0.05	0.00	0.25	green	0.30	0.00	0.25	green	0.56	0.00	0.25	green	0.81	0.00	0.25	green	1.06	0.00	0.13	0.25	green	1.17
	Neonatal Unit	1.46	1.58	(0.71)	2.29	0.00	0.25	amber	2.54	0.00	0.25	amber	2.80	0.82	0.25	amber	2.23	0.82	0.26	amber	1.67	0.00	0.14	0.26	amber	1.79
	I.T.U.	14.79	18.92	(0.70)	19.62	0.85	0.37	green	19.14	0.00	0.37	green	19.52	0.00	0.37	green	19.89	0.85	0.37	green	19.41	0.00	0.20	0.37	green	19.58
	Theatres (Excl ODP's)	19.37	24.17	0.00	24.17	4.25	0.32	green	20.24	0.00	0.34	green	20.58	0.00	0.34	green	20.92	0.85	0.34	green	20.41	0.00	0.18	0.34	green	20.57
	Day Case Theatres (Excl ODP's)	7.98	12.11	0.00	12.11	0.85	0.26	green	11.52	0.00	0.26	green	11.78	0.00	0.26	green	12.04	0.00	0.26	green	12.30	0.00	0.14	0.26	green	12.42
	Maternity unit	3.93	4.45	(0.03)	4.48	0.00	0.67	green	5.15	0.00	0.67	green	5.82	0.00	0.66	green	6.48	0.00	0.66	green	7.14	0.00	0.35	0.65	green	7.44
	All other Surgery Teams	1.67	3.88	(0.52)	4.40	4.08	1.02	red	1.34	2.13	1.04	red	0.25	0.00	1.04	red	1.29	0.00	1.04	red	2.33	0.00	0.55	1.03	red	2.81
Corp	All Corp Teams	(14.84)	7.25	0.55	6.70	0.00	0.28	red	6.98	0.00	0.28	red	7.26	0.00	0.28	red	7.54	0.00	0.28	red	7.81	0.00	0.32	0.60	red	8.09
Total Qualified Nurses		154.95	312.06	(3.97)	316.03	51.07	9.69		274.66	12.41	9.43		271.68	5.07	9.45		276.06	12.58	9.42		272.90	0.00	5.25	9.77		277.42

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.

The Dudley Group NHS Foundation Trust

Quality Indicators

Patients will experience safe care
Heat Map – December 2018

Column groups: Patient Safety & Quality | Clinical Indicators | Patient Experience | Workforce & Safer Staffing | Ward RAG Trend

Indicators: Environmental Cleaning · Hand-hygiene · MRSA Screening - elective · MRSA Screening - emergency · HCAI CDIFF - 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 Audit · Fluid Balance Management Audit · VTE Assessment Indicator (CQNDI) · NQA - Skin Bundle · FFT - Response Rate · FFT - Recommended % · Complaints · Compliments · Appraisals · Mandatory Training · RN Average Fill Rate (day shifts) · RN Average Fill Rate (night shifts) · Sickness Rate

Ward	MRSA elective	MRSA emergency	Datix Incidents	Falls	Complaints	Compliments	Ward RAG Trend
AMU2 (A2)		94.7%	39	14	0	1	↑2 ↑1 ↓-4
B1	100.0%	98.8%	8	5	0	27	↑2 ↓-2 ➡0
B2 Hip	100.0%	88.9%	13	3	0	25	➡0 ➡0 ➡0
B2 Trauma	100%	80.0%	20	5	1	28	↓-1 ➡0 ➡0
B3	100%	83.3%	22	6	0	0	↓-1 ↓-1 ↓-3
B4		100.0%	26	10	0	0	↓-1 ↓-2 ↑2
B5	0%	85.7%	9	3	0	5	↓-1 ↓-1 ➡0
C1		67%	11	4	0	48	➡0 ↑1 ↓-1
C2			38	0	1	3	↑1 ↑4 ↓-8
C3		71.4%	22	4	2	93	↓-2 ↓-2 ↑2
C4	100%	100.0%	15	3	1	131	↓-1 ➡0 ➡0
C5	75%	87.5%	14	7	0	21	↑1 ↓-2 ➡0
C6	66.7%	100%	8	2	1	2	➡0 ➡0 ➡0
C7	100%	75.0%	31	6	0	21	↑2 ↑3 ↓-5
C8		89.7%	24	7	0	1	➡0 ↑1 ↓-1
CCU & PCCU	100%	87.5%	13	3	0	26	↑1 ↑1 ↓-7
Critical Care	100.0%	84%	19	1	0	80	↓-2 ➡0 ↑2
MHDU		92.0%	20	3	0	1	➡0 ↑1 ↓-3
Neonatal			26	2	0	1	↓-1 ➡0 ➡0
Average/Total	85.6%	87.4%	378	88	6	514	

Average/Total row (full): Environmental Cleaning 95.1% · Hand-hygiene 99.2% · MRSA elective 85.6% · MRSA emergency 87.4% · HCAI CDIFF 0 · Saving Lives 02b 96.9% · Saving Lives 06b 95% · Datix 378 · Falls 88 · Pressure Ulcers 0 · Serious Incidents 0 · Never Events 0 · Nutrition Audit 95.5% · Pain Score 97.0% · Medicines Management 92.7% · % of Deaths with Priorities of Care 17.3% · Deteriorating Patient 89% · Fluid Balance 91.4% · VTE 80.0% · NQA Skin Bundle 95.4% · FFT Response Rate 46.7% · FFT Recommended % 91.7% · Complaints 6 · Compliments 514 · Appraisals 94.9% · Mandatory Training 88.3% · RN Fill Rate (day) 79.9% · RN Fill Rate (night) 84.2% · Sickness Rate 8.3%

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%

NHS
The Dudley Group
NHS Foundation Trust

Paper for submission to Trust Board on 6th February 2019

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

CORPORATE OBJECTIVE: SO2: Safe and Caring Services

SUMMARY OF KEY ISSUES:

- The Trust is reporting a SHMI value of 117 for the full 12 months following a recoding exercise line September 17. Current trends are for this to reduce over the next 12 months.
- External assurance from NHSi shows mortality within the expected range over the last 12 months.
- The Trust has completed 120 reviews of patient deaths since October 2018
- The Trust is undertaking improvement and assurance work related to condition specific alerts
- NHSI have funded £50K to support work with Dudley CCG support a programme of work to address DNA CPR and improve end of life care locally.

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		X	

Learning from Deaths

1.0   Introduction

Following the publication of the National Guidance on Learning from Deaths (March 2017) the Trust is required to report via the Trust Board the approach and key learning from deaths occurring in the Trust.

2.0 How We Measure Mortality

The Trust looks at a number of mortality indicators and long term trends as outlined in appendix 1. The Trust also considers actual number of deaths and the number of deaths occurring in the Trust is displayed below over a 25 month period. (NOTE Jan 19 pro-rata based on 1st - 19th Jan)
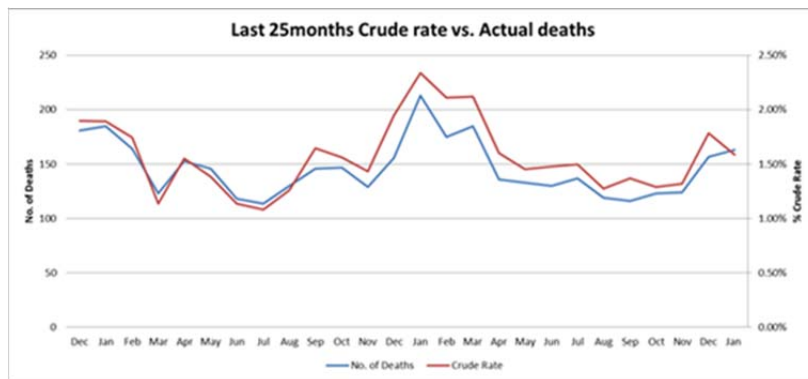
2.1 SHMI to August 2018.

The SHMI value is 117 for the full 12 months but if the trend downward highlighted in Fig 1 continues or levels out following high values for the end of 2017/18 it is expected that we would be more assured by our progress. Fig 2 identifies Dudley Groups position nationally.

Fig 1 SHMI Values September 2017- August 2018   Fig 2 DGH position nationally
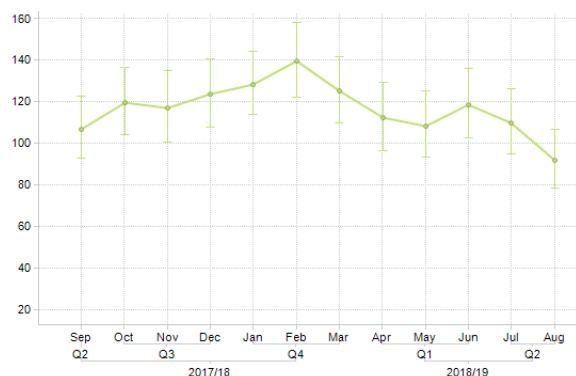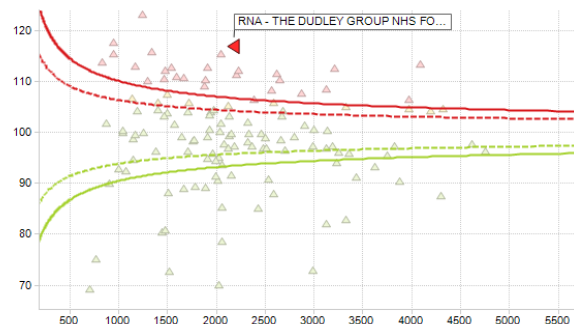
For assurance the Trust has considered the Crude rate over 3 years (DGH vs. National.) for both deaths within 30 days discharge and in-hospital only. The graphs below indicate a similar pattern for

both local national trends with a slight inflation of the gap in early 2018 due to the documented change in coding of ambulatory patients.
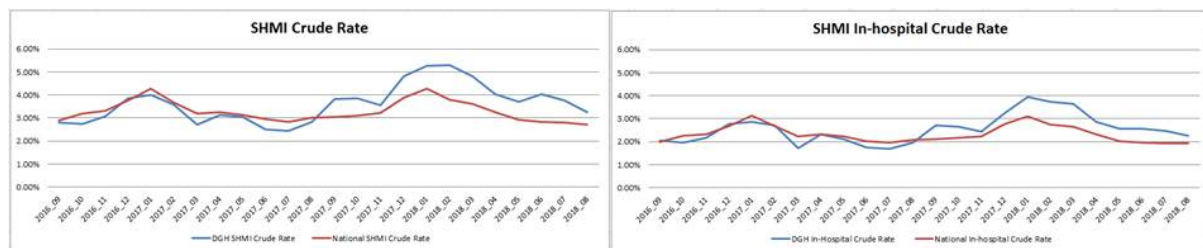
2.2 *Impact of AEC coding change*

The previous paper provided assurance that a noted change in the SHMI for reporting period Apr 17-Mar18 was due to the way patients attending the Ambulatory Emergency Care unit are coded. Following discussions with the CCG and the sharing of NHSI and AQuA modelling it has been agreed to continue monitoring the indicator before any reversal of coding is implemented. Further assurance has been sought from NHSi to model the likely impact on SHMI if the coding changed had not occurred. Including the zero LOS emergency admissions results in an estimated SHMI of 1.06 which is lower than published and not an outlier. This is in line with the long term trend of an increasing SHMI from June 2016 as evidenced in the increasing expectation of death.
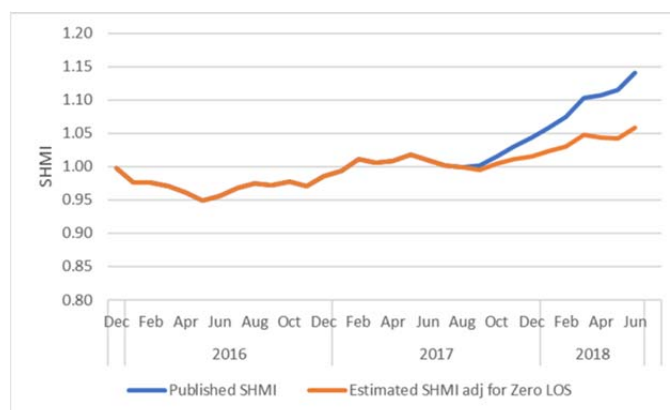
2.3 *Condition Specific Alerts*

The Trust receives 'Condition Specific Alerts' and is adopting a standardised approach to responding to alerts. This will include an assessment of coding and a series of clinical review actions that may include peer review, benchmarking of care pathways using recognised material including NICE Guidance and embedding prospective audits. In the latest alerts Acute Renal Failure, Secondary Malignancies, Fluid and Electrolyte Disorders and Chronic Ulcer of Skin are prominent and will be investigated using the structure outlined above. The full list of current alerts is detailed in appendix 2 with associated action plans in appendix 3. The impact of the coding change and winter mortality is now visible in latest alerts.

3.0 Trust Approach to learning

3.1   Completion of Reviews

As of 16/01/2019 there have been 509 Level 2 reviews requested on the Trust Mortality Tracking System (MTS). However it has been identified that Datix is the largest trigger for secondary review. If a Datix was of a severity requiring a secondary review it would be already flagged via the RCA and SI process. The actual reviews currently outstanding as a result of audit triggers within specialities is 53

A sample of Datix triggers will be reviewed to ensure no concerns are likely to be raised via this route that would not be noted via local mortality audits, SI reporting or RCA process.

Since the previous report in October 2018 the following reviews have been completed;
- 58 Second stage reviews
- 31 reviews for additional assurance
- 16 deaths in relation to patients > 85 with metastatic cancer
- 15 sepsis deaths reviewed

Structured Judgement Review training was provided by the Royal College of Physicians on 24th January to increase of the pool of trained reviewers in the Trust. The RCP trainers did provide guidance on the appropriate number of Structured Judgement Reviews (SJR) that should occur over the year to ensure appropriate learning and development of thematic analysis. They were of the opinion that we were currently undertaking appropriate reviews and were in agreement to our proposed management of the numbers generated by Datix alerts.

3.2   External Review of Deaths

The Trust requested Professor Mike Bewick to undertake a review of deaths occurring in the Emergency Department which commenced in September 2018. A total of 229 cases were reviewed consisting of;
- 169 deaths occurring in the department between Dec 17-June 18
- 60 randomly selected deaths from the previous year

57% of deaths reviewed were preceded by an out of hospital cardiac arrest and 50% of deaths occurred within the first hour of arrival in the ED after substantial and often prolonged attempts at resuscitation. There was also evidence of DNA CPR in place where conveyance to hospital was not deemed appropriate. This is an issue the Trust is aware of and is working with community and CCG colleagues to address this.

Eight cases out of the 229 deaths were highlighted due to concerns over the care during the patients time in the department. These cases were reviewed by the Trust and following the principles of Duty of Candour the families of these patients have been notified. A number of Duty of Candour meetings have taken place to discuss the report findings and all next of kin listed for the patients involved in the review were notified of the review and communicated with in January 2019 regarding the publication of the report.

The themes occurring from the review that are being addressed by the Trust as detailed below;

- Appropriate and timely referral to specialist opinion and management
- Individual error in assessment of diagnosis and escalation to senior specialist opinion by junior staff
- Appropriate observation following triage, especially for patients with significant but as yet ill-defined diagnosis (sepsis and abdominal pain as examples)
- Delays in diagnosis were most apparent during long stays within the ED at times of high workload and demand
- Safeguarding concerns were highlighted in one case following a recent discharge from acute care
- Clinical record- the reviewers were concerned about the adequacy of the current CasCard system and are keen that a move to the new Sunrise system is not delayed.

4.0   Trust Level Learning

4.1   *Learning from Section 28 Notices*

The Trust has received no Section 28 notice since the last report in October 2018. The Trust responded to a previous Section 28 notice relating to the death of a patient in the Emergency Department in November 2018 providing assurance regarding ongoing monitoring of patients in the waiting room following triage.

4.2   *Palliative Care*

A review of 16 deaths in relation to patients > 85 with metastatic cancer occurring between Jan 2018 – October 2018 has been undertaken and learning supports previous themes and recommendations identified.

Themes identified include:

- Need for senior review and earlier identification of patients who are End of Life
- Inappropriate hospital admissions with limited conversations with patient and family regarding preferences
- Too much focus on active treatment once patient admitted to hospital rather than recognising and supporting end of life care
- Challenge of co-ordination of care across settings
- Need for improved discussions and documentation regarding treatment escalation plan and DNACPR

The Clinical Strategy Board is considering a proposal to address ongoing issues in relation to the following patient groups;

1. Those with prolonged community CPR and no ROSC
2. Those with DNACPR in place and a need for immediate EoL care best delivered in the community or home.
3. Those in nursing homes with DNACPR and priorities of care in place
4. Those patients admitted to hospital in whom CPR has no prospect of success

The reduction of futile CPR within the hospital will ensure more appropriate and holistic care. Currently we have an above average number of cardiac arrests within the hospital but the expected number of survivors. Improved recognition of those in whom CPR would be futile would allow medical staff to prioritize care. A reduction in the conveyance of patients in an arrested state or with EoL needs would allow a more dignified death in an appropriate setting. This would avoid patients spending their last moments of life in a busy Emergency department and would undoubtedly be better for relatives.

The proposal is to progress 3 work streams in hospital, WMAS and primary care. This will involve medicolegal training for clinicians, Adoption of the Universal TOR guidelines, integration of the WMAS and EMIS systems.

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

As reported in the previous paper there have been 8 SIs since November 2017 relating to Urgent Care with regards to the death of a patient. No further cases relating to the death of a patient have been reported since the last report in October.

5.0 Summary

The Trust continues to review multiple sources of assurance regarding mortality and has recently completed an internal audit review of the process with recommendations to form a work plan going forwards.

Appendix 1 : Mortality Data Set

The Trust uses a range of sources to monitor mortality;

	Parameter	*Period*	*Numbers (prev. in brackets)*
Mortality	Crude mortality	Oct 2017 to Sep2018	1775 – 4.10%* (1775 – 4.10%)
	SHMI	Sep 2017 to Aug 2018	1.17 (1.1)
	HSMR	Nov 2017 to Oct 2018	117.2 (118.8)

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

Latest 12 month trend and figure from HED = 1.17 Sep 17 to Aug 18   Septicaemia = 1.08
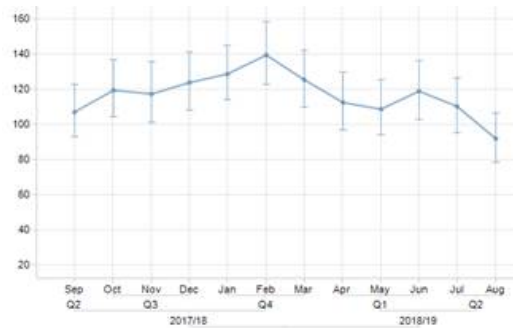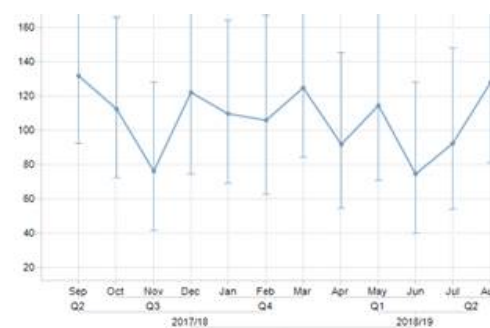
HSMR Nov 17 to Oct 18 = 117   Septicaemia = 100
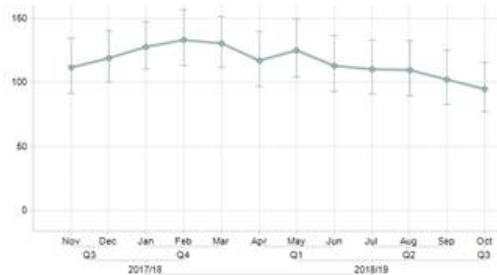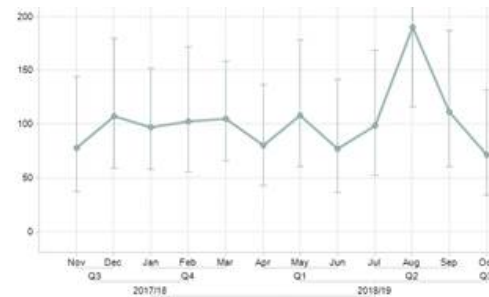
Appendix 2 : Condition Specific Learning

Healthcare Evaluation Data (HED) provides summaries of conditions that show higher than expected numbers of deaths. The table below identifies these condition groups as of 16/01/2018.

Alert	Alert Period	CCS Diagnostic Group	Expected Death	Observed Death	Number of Discharges	Score	Alert Level
HSMR	Nov 2017 - Oct 2018	157-Acute and unspecified renal failure	35.55	54	355	151.9	Red
HSMR	Nov 2017 - Oct 2018	125-Acute bronchitis	33.23	53	1430	159.5	Red
HSMR	Nov 2017 - Oct 2018	55-Fluid and electrolyte disorders	13.65	26	319	190.44	Red
HSMR	Nov 2017 - Oct 2018	154-Noninfectious gastroenteritis	1.16	6	137	515.36	Red
SHMI	Sep 2017 - Aug 2018	42-Secondary malignancies	39.79	68	180	158.33	Red
SHMI	Sep 2017 - Aug 2018	55-Fluid and electrolyte disorders	27.65	47	336	170	Red
SHMI	Sep 2017 - Aug 2018	103-Pulmonary heart disease	10.35	20	154	193.28	Red
SHMI	Sep 2017 - Aug 2018	39-Leukemias	6.96	15	66	215.44	Red
SHMI	Sep 2017 - Aug 2018	199-Chronic ulcer of skin	10.85	24	187	221.12	Red
SHMI	Sep 2017 - Aug 2018	158-Chronic renal failure	2.55	8	105	314.18	Red
SHMI	Sep 2017 - Aug 2018	154-Noninfectious gastroenteritis	2.5	8	65	320.52	Red
SHMI	Sep 2017 - Aug 2018	96-Heart valve disorders	2.8	9	51	321.01	Red
SHMI	Sep 2017 - Aug 2018	49-Diabetes mellitus without complication	1.71	6	105	350.47	Red
SHMI	Sep 2017 - Aug 2018	118-Phlebitis; thrombophlebitis and thromboembolism	1.3	5	73	383.2	Red
SHMI	Sep 2017 - Aug 2018	44-Neoplasms of unspecified nature or uncertain behavior	2.01	9	48	448.3	Red
SHMI	Sep 2017 - Aug 2018	123-Influenza	2.5	15	98	601.01	Red

Appendix 3 Condition Specific Action Plan

CCS Diagnostic Group	Known Factors	Planned Action	Plan for review of progress date	Clinical lead
Acute and Unspecified renal failure	Previous alert on Renal failure led to Renal physicians evaluating coding and determination of renal failure as cause of death	To be sent to Renal team for review of data and comment on likelihood of previous agreed action in relation to renal physicians reviewing cause of death being reversed. Work stream related to AQ pathway and NICE guidance.	For review at March Mortality Surveillance Group	Dr Shivakumar
Acute Bronchitis	Potential variation in terminology between respiratory physicians	Review sample of case notes and determine to which consultant's data is attributable.	For review at March Mortality Surveillance Group	Dr Brammer
Fluid and electrolyte disorders		Sample of case notes to be reviewed	For review at March Mortality Surveillance Group	Dr Brammer
Secondary Malignancies	Previous review of did not reveal any major concerns and simply reflected late diagnosis or inappropriate admission with terminal disease	Sample of case notes to be reviewed to examine any new factors. SLA with Wolverhampton implemented and under review. Improved 7DS with additional weekend ward rounds.	For review at March Mortality Surveillance Group	Dr Taylor
Pulmonary Heart Disease	New	Clarify exact diagnostic group	For review at March Mortality Surveillance Group	Dr Martins
Leukaemias	New	As a new alert refer to haematology department for oversight of data	For review at March Mortality Surveillance Group	Dr Taylor
Chronic Ulcer of Skin	New	As new alert plan to evaluate source of admission data	For review at March Mortality Surveillance Group	Tissue Viability Team

Congestive cardiac failure	New	Adopt AQ data set and improvement methodology	For review at March Mortality Surveillance Group	Dr Banks
Alcoholic liver disease	New	Adopt AQ data set and improvement methodology	For review at March Mortality Surveillance Group	Dr Fisher
Acute cerebrovascular disease	New	Adopt AQ data set and improvement methodology. Improvement plan related to SSNAP (1. Time to Ct scan , time to Thrombolysis) Implementation of improvement NORSE pathway	For review at March Mortality Surveillance Group	Dr Banerjee
Pneumonia	New	Contribute to BTS audit and develop action plan based on audit results	For review at March Mortality Surveillance Group	Dr Doherty

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 7th February 2019

TITLE:	**Organ Donation Report**		
AUTHOR:	**R. S Uppal**	**PRESENTER**	**R. S Uppal**

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
			X

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☐	☐	☐
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

Ongoing support of the board is appreciated.
Recently installed lift wraps have helped raised awareness.
The ODC are exploring the option of memorial plaques to help remember donors, a shortlist of type and potential locations within the Trust is being drawn up prior to requests for final consideration

CORPORATE OBJECTIVE:

SUMMARY OF KEY ISSUES:

We have more successful organ donations in the past 12 months than the previous two years combined.

Kirst Lazenby, our new SNOD, has settled in very well and built up an excellent rapport with the ITU nursing staff.

In the first six months of 2018/19, from 5 consented donors the Trust facilitated 4 actual solid organ donors.
This resulted in 7 patients receiving a life-saving or life-changing transplant. This does not include the potential of patients who received life saving or life changing tissue transplants-one donor can help up to 50 people through TD

In addition to the 4 proceeding donors there was one consented donor that did not proceed.

A specialist nurse was present for 6 discussions and not for one, for the single episode when a SNOD was not present the family raised the issue of donation whilst the SNOD was en route.

Organ donation meetings now include the Trust communications team and a representative from ED, this has already led to the development of a screen saver, currently displayed on desktops raising awareness of organ donation. Updating and redesign of the RHH organ donation website is underway.

Louis boxes have been introduced by the organ donation team, these may offered to the families of any dying patient to help create memories.

IMPLICATIONS OF PAPER:

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

Detailed Report

Actual and Potential Deceased Organ Donation

1 April 2018 - 30 September 2018

The Dudley Group Of Hospitals NHS Foundation Trust

Table of Contents

Further Information

- Appendix A.1 contains definitions of terms and abbreviations used throughout this report and summarises the main changes made to the PDA over time.
- The latest Organ Donation and Transplantation Activity Report is available at https://www.organdonation.nhs.uk/supporting-my-decision/statistics-about-organ-donation/transplant-activity-report/
- The latest PDA Annual Report is available at   http://www.odt.nhs.uk/statistics-and-reports/potential-donor-audit/
- Please refer any queries or requests for further information to your local Specialist Nurse - Organ Donation (SNOD)

Source

NHS Blood and Transplant: UK Transplant Registry (UKTR), Potential Donor Audit (PDA) and Referral Record.
Issued November 2018 based on data meeting PDA criteria reported at 8 November 2018.

1. Donor Outcomes

A summary of the number of donors, patients transplanted, average number of organs donated per donor and organs donated.

Data in this section is obtained from the UK Transplant Registry

Between 1 April 2018 and 30 September 2018, The Dudley Group Of Hospitals NHS Foundation Trust had 4 deceased solid organ donors, resulting in 7 patients receiving a transplant. Additional information is shown in Tables 1.1 and 1.2, along with comparison data for the first six months of 2017/18. Figure 1.1 shows the number of donors and patients transplanted for the previous ten periods for comparison.

Table 1.1 Donors, patients transplanted and organs per donor,
1 April 2018 - 30 September 2018 (1 April 2017 - 30 September 2017 for comparison)

Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor			
					Trust		UK	
DBD	3	(1)	6	(3)	3.3	(3.0)	3.6	(3.7)
DCD	1	(0)	1	(0)	2.0	(-)	2.8	(2.8)
DBD and DCD	4	(1)	7	(3)	3.0	(3.0)	3.2	(3.3)

In addition to the 4 proceeding donors there was one additional consented donor that did not proceed, where DCD organ donation was being facilitated.

Table 1.2 Organs transplanted by type,
1 April 2018 - 30 September 2018 (1 April 2017 - 30 September 2017 for comparison)

Donor type	Number of organs transplanted by type											
	Kidney		Pancreas		Liver		Heart		Lung		Small bowel	
DBD	4	(2)	1	(0)	2	(1)	0	(0)	0	(0)	0	(0)
DCD	1	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
DBD and DCD	5	(2)	1	(0)	2	(1)	0	(0)	0	(0)	0	(0)

Figure 1.1 Number of donors and patients transplanted, April to September, 2009 - 2018
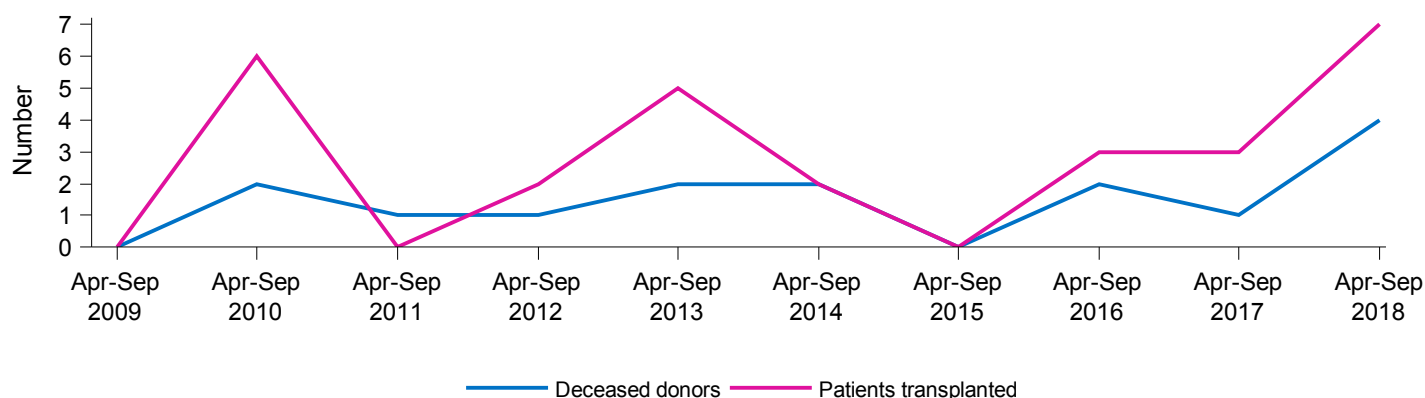
2. Key Numbers in Potential for Organ Donation

A summary of the key numbers on the potential for organ donation

Data in this section is obtained from the National Potential Donor Audit (PDA)

This section presents key numbers in potential donation activity for The Dudley Group Of Hospitals NHS Foundation Trust. This data is presented in Table 2.1 along with UK comparison data. Your Trust has been categorised as a level 4 Trust and therefore percentages in this section are only presented on a national level. A comparison between different level Trusts is available in the Additional Data and Figures section.

It is acknowledged that the PDA does not capture all activity. In total there were 2 patients referred in the first six months of 2018/19 who are not included in this section onwards because they were either over 80 years of age or did not die in a unit participating in the PDA. 1 of these is included in Section 1 because they became a solid organ donor.

Table 2.1 Key numbers comparison with national rates, 1 April 2018 - 30 September 2018

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria[1]	4	991	7	2831	11	3695
Referred to Organ Donation Service	4	979	7	2644	11	3506
Referral rate %		*99%*		*93%*		*95%*
Neurological death tested	4	848				
Testing rate %		*86%*				
Eligible donors[2]	4	802	5	1990	9	2792
Family approached	4	733	3	836	7	1569
Family approached and SNOD present	4	693	2	723	6	1416
% of approaches where SNOD present		*95%*		*86%*		*90%*
Consent ascertained	3	533	2	514	5	1047
Consent rate %		*73%*		*61%*		*67%*
Actual donors (PDA data)	3	483	1	281	4	764
% of consented donors that became actual donors		*91%*		*55%*		*73%*

[1] DBD - A patient with suspected neurological death
 DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

[2] DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
 DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

3. Best quality of care
in organ donation

Key stages in best quality of care in organ donation

Data in this section is obtained from the National Potential Donor Audit (PDA)

This section provides information on the quality of care in your Trust at the key stages of organ donation. The ambition is that your Trust misses no opportunity to make a transplant happen and that opportunities are maximised at every stage.

3.1 Neurological death testing

Goal: neurological death tests are performed wherever possible.

Figure 3.1 Number of patients with suspected neurological death, April to September, 2014 - 2018

Legend: ■ Patients not tested ■ Patients tested
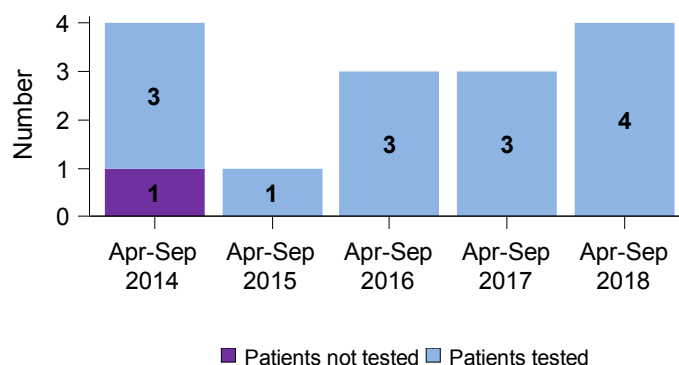
Table 3.1 Reasons given for neurological death tests not being performed, 1 April 2018 - 30 September 2018

	Trust	UK
Biochemical/endocrine abnormality	-	10
Clinical reason/Clinicians decision	-	24
Continuing effects of sedatives	-	6
Family declined donation	-	14
Family pressure not to test	-	15
Inability to test all reflexes	-	7
Medical contraindication to donation	-	9
Other	-	9
Patient had previously expressed a wish not to donate	-	1
Patient haemodynamically unstable	-	33
Pressure on ICU beds	-	1
SN-OD advised that donor not suitable	-	3
Treatment withdrawn	-	8
Unknown	-	3
Total	**-**	**143**

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.2 Referral to Organ Donation Service

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135[1] and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors[2].

Aim: There should be no purple on the following charts.

Note that patients who met the referral criteria for both DBD and DCD donation will appear in both bar charts and both columns of the reasons table.

Figure 3.2 Number of patients meeting referral criteria, April to September, 2014 - 2018
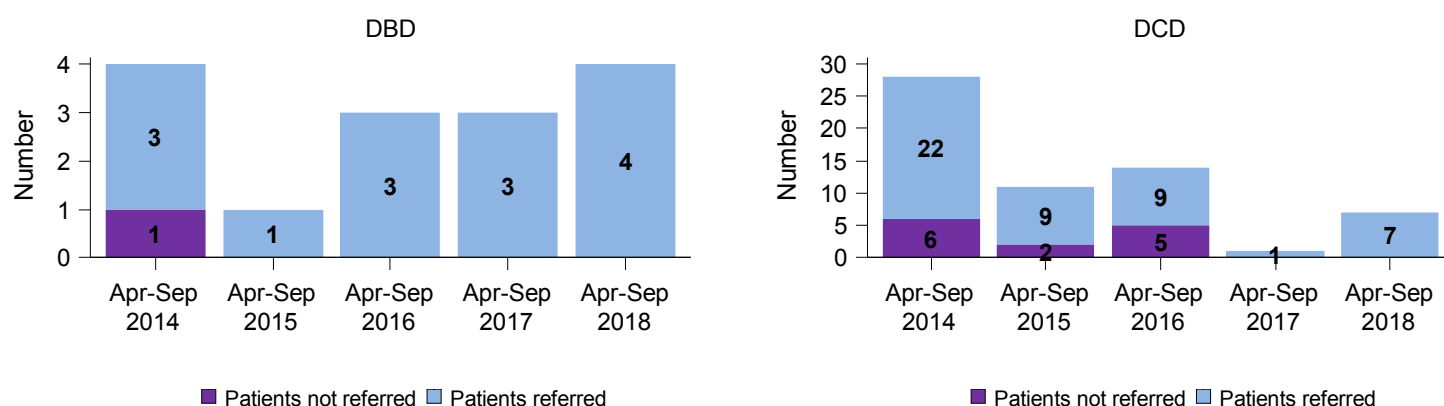
Table 3.2 Reasons given why patient not referred to SNOD, 1 April 2018 - 30 September 2018

	DBD		DCD	
	Trust	**UK**	**Trust**	**UK**
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	-	1
Coroner/Procurator Fiscal Reason	-	-	-	1
Family declined donation following decision to withdraw treatment	-	-	-	4
Family declined donation prior to neurological testing	-	1	-	1
Medical contraindications	-	-	-	25
Not identified as a potential donor/organ donation not considered	-	10	-	95
Other	-	1	-	19
Pressure on ICU beds	-	-	-	1
Reluctance to approach family	-	-	-	1
Thought to be medically unsuitable	-	-	-	39
Total	**-**	**12**	**-**	**187**

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.3 Contraindications

Table 3.3 shows the primary absolute medical contraindications to solid organ donation, if applicable, for potential DBD donors confirmed dead by neurological death tests and potential DCD donors in your Trust.

Table 3.3 Primary absolute medical contraindications to solid organ donation, 1 April 2018 - 30 September 2018

	DBD		DCD	
	Trust	**UK**	**Trust**	**UK**
Active (not in remission) haematological malignancy (myeloma, lymphoma, leukaemia)	-	9	-	94
All secondary intracerebral tumours	-	-	-	3
Any active cancer with evidence of spread outside affected organ within 3 years of donation	-	30	2	311
HIV disease (but not HIV infection)	-	2	-	5
Human TSE, CJD or vCJD; blood relatives with CJD; other infectious neurodegenerative diseases	-	1	-	4
Melanoma (except completely excised Stage 1 cancers)	-	1	-	2
No transplantable organ in accordance with organ specific contraindications	-	5	-	105
Primary intra-cerebral lymphoma	-	-	-	1
TB: active and untreated	-	1	-	5
West Nile Virus (WNV) infection	-	-	-	1
Total	**-**	**49**	**2**	**531**

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.4 SNOD presence

Goal: A SNOD should be present during the formal family approach as per NICE CG135[1] and NHS Blood and Transplant (NHSBT) Best Practice Guidance.[3]

Aim: There should be no purple on the following charts.

In the UK, in the first six months of 2018/19, when a SNOD was not present for the approach to the family to discuss organ donation, DBD and DCD consent/authorisation rates were 53% and 20%, respectively, compared with DBD and DCD consent/authorisation rates of 74% and 68%, respectively, when a SNOD was present.

Every approach to those close to the patient should be planned with the multidisciplinary team (MDT), should involve the SNOD and should be clearly planned taking into account the known wishes of the patient. The NHS Organ Donor Register (ODR) should be checked in all cases of potential donation and this information must be discussed with the family as it represents the eligible donor's legal consent to donation.

Figure 3.3 Number of families approached by SNOD presence, April to September, 2014 - 2018
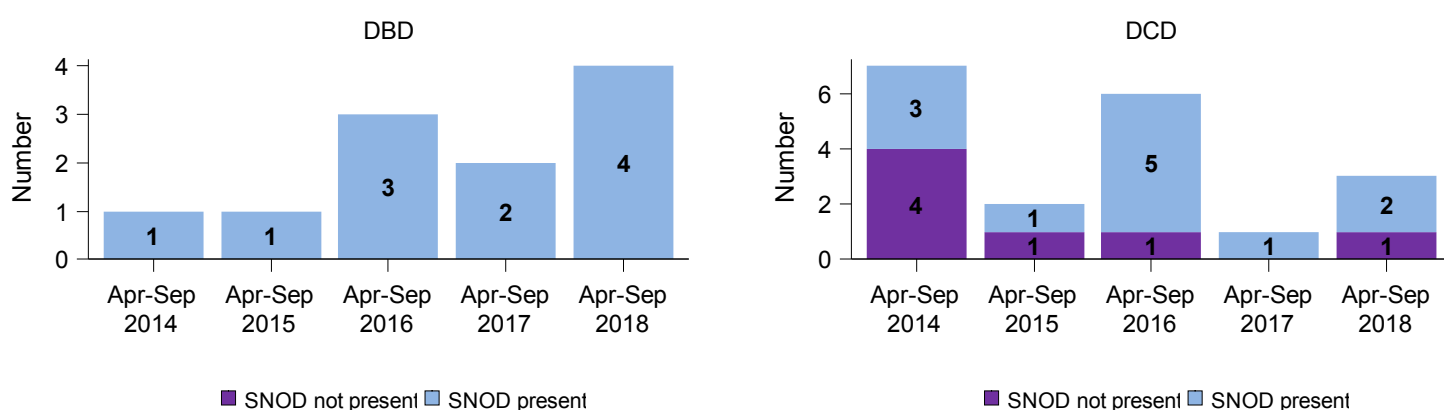
[1] NICE, 2011.
NICE Clinical Guidelines - CG135
[accessed 8 November 2018]

[2] NHS Blood and Transplant, 2012.
Timely Identification and Referral of Potential Organ Donors - A Strategy for Implementation of Best Practice
[accessed 8 November 2018]

[3] NHS Blood and Transplant, 2013.
Approaching the Families of Potential Organ Donors – Best Practice Guidance
[accessed 8 November 2018]

3.5 Consent

Goal: The agreed 2018/19 national targets for DBD and DCD consent/authorisation rates are 78% and 72%, respectively.

In the first six months of 2018/19 less than 10 families of eligible donors were approached to discuss organ donation in your Trust therefore consent rates are not presented.

Figure 3.4 Number of families approached, April to September, 2014 - 2018

Consent not ascertained / Consent ascertained
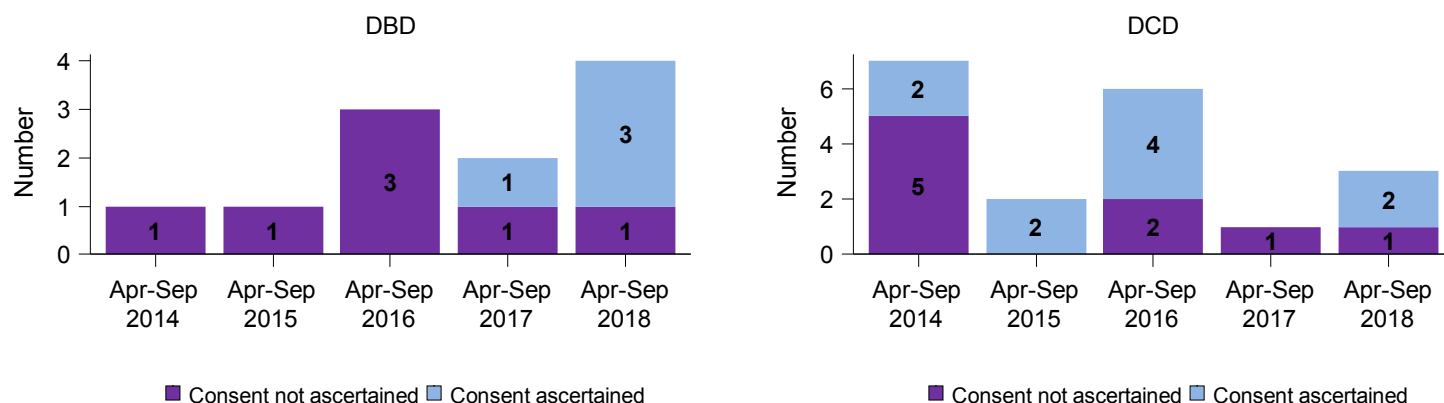
Table 3.4 Reasons given why consent was not ascertained, 1 April 2018 - 30 September 2018

	DBD		DCD	
	Trust	UK	Trust	UK
Families concerned about organ allocation	-	2	-	-
Family concerned that organs may not be transplanted	-	1	-	1
Family concerned that other people may disapprove/be offended	-	1	-	-
Family did not believe in donation	-	13	1	16
Family did not want surgery to the body	-	23	-	27
Family felt it was against their religious/cultural beliefs	-	28	-	11
Family felt the body needs to be buried whole (unrelated to religious or cultural reasons)	-	9	-	13
Family felt the length of time for donation process was too long	-	10	-	34
Family felt the patient had suffered enough	-	20	-	18
Family had difficulty understanding/accepting neurological testing	-	1	-	-
Family wanted to stay with the patient after death	-	3	-	6
Family were divided over the decision	-	9	-	16
Family were not sure whether the patient would have agreed to donation	-	33	-	58
Other	-	11	-	29
Patient previously expressed a wish not to donate	1	34	-	82
Patients treatment may be or has been limited to facilitate organ donation	-	-	-	1
Strong refusal - probing not appropriate	-	2	-	10
Total	**1**	**200**	**1**	**322**

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.6 Solid organ donation

Goal: NHSBT is committed to supporting transplant units to ensure as many organs as possible are safely transplanted. The strategy for achieving this, including steps to minimising warm ischaemic injury in proceeding DCD donors, is set out in NHSBT Taking Organ Utilisation to 2020 [4].

Table 3.5 Reasons why solid organ donation did not occur, 1 April 2018 - 30 September 2018

	DBD		DCD	
	Trust	UK	Trust	UK
Cardiac Arrest	-	3	-	1
Coroner/Procurator Fiscal refusal	-	5	-	11
Family changed mind	-	4	-	6
General instability	-	5	1	15
Logistic reasons	-	-	-	1
Organs deemed medically unsuitable by recipient centres	-	21	-	71
Organs deemed medically unsuitable on surgical inspection	-	1	-	3
Other	-	4	-	12
Positive virology	-	7	-	3
Prolonged time to asystole	-	-	-	110
Total	**-**	**50**	**1**	**233**

If 'other', please contact your local SNOD or CLOD for more information, if required.

4. PDA data by hospital and unit

A summary of key numbers and rates from the PDA by hospital and unit where patient died

Data in this section is obtained from the National Potential Donor Audit (PDA)

Tables 4.1 and 4.2 show the key numbers and rates for patients who met the DBD and/or DCD referral criteria, respectively. Percentages have been excluded where numbers are less than 10.

Table 4.1 Patients who met the DBD referral criteria - key numbers and rates, 1 April 2018 - 30 September 2018

Unit where patient died	Patients where neurological death was suspected	Patients tested	Neurological death testing rate (%)	Patients referred	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors	Eligible DBD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DBD and DCD donors from eligible DBD donors
Dudley, Russells Hall Hospital													
A&E	0	0	-	0	-	0	0	0	0	-	0	-	0
General ICU	4	4	-	4	-	4	4	4	4	-	3	-	3

Table 4.2 Patients who met the DCD referral criteria - key numbers and rates, 1 April 2018 - 30 September 2018

Unit where patient died	Patients for whom imminent death was anticipated	Patients referred	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors	Eligible DCD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DCD donors from eligible DBD donors
Dudley, Russells Hall Hospital											
A&E	1	1	-	1	1	1	0	-	0	-	0
General ICU	6	6	-	6	4	2	2	-	2	-	1

Tables 4.1 and 4.2 show the unit where the patient died. However, it is acknowledged that there are some occasions where a patient is referred in an Emergency Department but moves to a critical care unit. In total for The Dudley Group Of Hospitals NHS Foundation Trust in the first six months of 2018/19 there were 0 such patients. For more information regarding the Emergency Department please see Section 5.

5. Emergency Department data

A summary of key numbers for Emergency Departments

Data in this section is obtained from the National Potential Donor Audit (PDA)

Most patients who go on to become organ donors start their journey in the emergency department (ED). Deceased donation is important, not just for those people waiting on the transplant list, but also because many people in the UK have expressed a wish in life to become organ donors after their death. The overarching principle of the NHSBT Organ donation and Emergency Department strategy [5]is that best quality of care in organ donation should be followed irrespective of the location of the patient within the hospital at the time of death.

5.1 Referral to Organ Donation Service

Goal: No one dies in your ED meeting referral criteria and is not referred to NHSBT's Organ Donation Service.
Aim: There should be no blue on the following chart.

Figure 5.1 Number of patients meeting referral criteria that died in the ED, April to September, 2014 - 2018
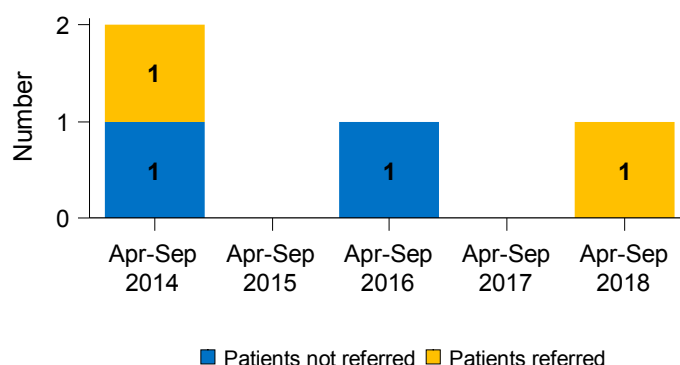
5.2 Organ donation discussions

Goal: No family is approached in ED regarding organ donation without a SNOD present.
Aim: There should be no red on the following chart.

Figure 5.2 Number of families approached in ED by SNOD presence, April to September, 2014 - 2018
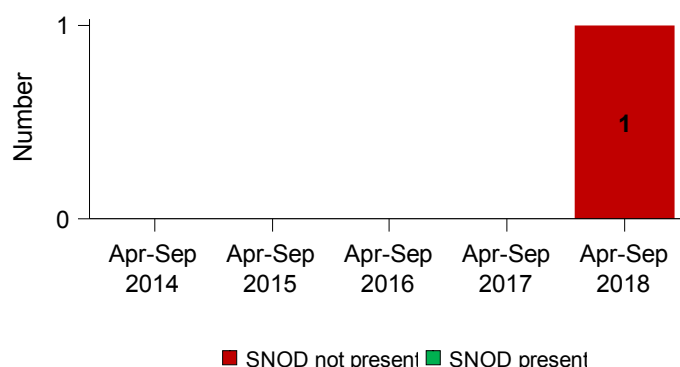
[5] NHS Blood and Transplant, 2016.

Organ Donation and the Emergency Department
[accessed 8 November 2018]

6. Additional data and figures

Regional donor, transplant, and transplant list numbers

Data in this section is obtained from the UK Transplant Registry

6.1 Supplementary Regional data

Table 6.1 Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	West Midlands*	UK
1 April 2018 - 30 September 2018		
Deceased donors	73	771
Transplants from deceased donors	204	1,907
Deaths on the transplant list	15	177
As at 30 September 2018		
Active transplant list	528	6,163
Number of NHS ODR opt-in registrations (% registered)**	1,856,290 (32%)	25,849,534 (40%)

*Regions have been defined as per former Strategic Health Authorities
** % registered based on population of 5.75 million, based on ONS 2011 census data

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Key numbers and rates on the potential for organ donation

Data in this section is obtained from the National Potential Donor Audit (PDA)

6.2 Trust/Board Level Benchmarking

The Dudley Group Of Hospitals NHS Foundation Trust has been categorised as a level 4 Trust. Levels were reallocated in July 2018 using the average number of donors in 2016/17 and 2017/18, Table 6.2 shows the criteria used and how many Trusts/Boards belong to each level.

Table 6.2 Trust/Board level categories		Number of Trusts Boards in each level
Level 1	12 or more (≥ 12) proceeding donors per year	35
Level 2	6 or more but less than 12 (≥ 6 to <12) proceeding donors per year	45
Level 3	More than 3 but less than 6 (>3 to <6) proceeding donors per year	47
Level 4	3 or less (≤ 3) proceeding donors per year	41

Tables 6.3 and 6.4 show the national DBD and DCD key numbers and rates for the UK by Trust/Board level, to aid in comparison with equivalent Trusts/Boards. Note that percentages have been excluded where numbers are less than 10.

Table 6.3 National DBD key numbers and rate by Trust/Board level, 1 April 2018 - 30 September 2018

	Patients where neurological death was suspected	Patients tested	Neurological death testing rate (%)	Patients referred	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors	Eligible DBD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DBD and DCD donors from eligible DBD donors
Your Trust	4	4	-	4	-	4	4	4	4	-	3	-	3
Level 1	590	506	86	587	99	501	479	439	411	94	310	71	278
Level 2	196	164	84	194	99	162	154	138	131	95	101	73	94
Level 3	139	122	88	136	98	119	115	105	103	98	83	79	75
Level 4	66	56	85	62	94	56	54	51	48	94	39	76	36

Table 6.4 National DCD key numbers and rate by Trust/Board level, 1 April 2018 - 30 September 2018

	Patients for whom imminent death was anticipated	Patients referred	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors	Eligible DCD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DCD donors from eligible DBD donors
Your Trust	7	7	-	7	5	3	2	-	2	-	1
Level 1	1247	1171	94	1148	918	455	384	84	271	60	156
Level 2	819	767	94	720	587	208	186	89	127	61	65
Level 3	529	493	93	449	329	110	98	89	72	65	38
Level 4	236	213	90	204	156	63	55	87	44	70	22

Appendices

Appendix A.1 Definitions

Potential Donor Audit Definitions

Potential Donor Audit inclusion criteria	1 October 2009 – 31 March 2010 All deaths in critical care in patients aged 75 and under, excluding cardiothoracic intensive care units 1 April 2010 – 31 March 2013 All deaths in critical and emergency care in patients aged 75 and under, excluding cardiothoracic intensive care units 1 April 2013 onwards All deaths in critical and emergency care in patients aged 80 and under

Donors after brain death (DBD) definitions

Suspected Neurological Death	A patient who meets all of the following criteria: Apnoea, coma from known aetiology and unresponsive, ventilated, fixed pupils. Excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – less than 2 months post term'.
Potential DBD donor	A patient who meets all four criteria for neurological death testing excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – less than 2 months post term' (ie suspected neurological death, as defined above).
DBD referral criteria	A patient with suspected neurological death
Discussed with Specialist Nurse – Organ Donation	A patient with suspected neurological death discussed with the Specialist Nurse – Organ Donation (SNOD)
Neurological death tested	Neurological death tests were performed
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Absolute contraindications	Absolute medical contraindications to organ donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf
Family approached for formal organ donation discussion	Family of eligible DBD asked to support patient's expressed or deemed consent/authorisation, informed of a nominated/appointed representative, asked to make a decision on donation on behalf of their relative, or informed of a patient's opt-out decision via the ODR.
Consent/authorisation ascertained	Family supported expressed or deemed consent/authorisation , nominated/appointed representative gave consent, or where applicable family gave consent/authorisation
Actual donors: DBD	Neurological death confirmed patients who became actual DBD as reported through the PDA
Actual donors: DCD	Neurological death confirmed patients who became actual DCD as reported through the PDA
Neurological death testing rate	Percentage of patients for whom neurological death was suspected who were tested
Referral rate	Percentage of patients for whom neurological death was suspected who were discussed with the SNOD
Consent/authorisation rate	Percentage of families or nominated/appointed representatives approached for formal organ donation discussion where consent/authorisation was ascertained
SNOD presence rate	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present
Consent/authorisation rate where SNOD was present	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present where consent/authorisation was ascertained

Donors after circulatory death (DCD) definitions

Imminent death anticipated	A patient, not confirmed dead using neurological criteria, receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within a time frame to allow donation to occur, as determined at time of assessment
DCD referral criteria	A patient in whom imminent death is anticipated (as defined above)
Discussed with Specialist Nurse – Organ Donation	Patients for whom imminent death was anticipated who were discussed with the SNOD
Potential DCD donor	A patient who had treatment withdrawn and death was anticipated within four hours
Eligible DCD donor	A patient who had treatment withdrawn and death was anticipated within four hours, with no absolute medical contraindications to solid organ donation
Absolute contraindications	Absolute medical contraindications to organ donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/ contraindications_to_organ_donation.pdf
Family approached for formal organ donation discussion	Family of eligible DCD asked to: support the patient's expressed or deemed consent/authorisation decision, informed of a nominated/appointed representative, make a decision themselves on donation, or informed of a patient's opt-out decision via the Organ Donor Register
Consent/authorisation rate	Percentage of families or nominated/appointed representatives approached for formal organ donation discussion where consent/authorisation was ascertained
SNOD presence rate	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present
Consent/authorisation rate where SNOD was present	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present where consent/authorisation was ascertained

UK Transplant Registry (UKTR) definitions

Donor type	Type of donor: Donation after brain death (DBD) or donation after circulatory death (DCD)
Number of actual donors	Total number of donors reported to the UKTR
Number of patients transplanted	Total number of patients transplanted from these donors
Organs per donor	Number of organs donated divided by the number of donors.
Number of organs transplanted	Total number of organs transplanted by organ type

Appendix A.2 Data Description

This report provides a summary of data relating to potential and actual organ donors as recorded by NHS Blood and Transplant via the Potential Donor Audit (PDA), the accompanying Referral Record, and the UK Transplant Registry (UKTR) for the specified Trust, Board, Organ Donation Services Team, or nation.

This report is provided for information and to facilitate case based discussion about organ donation by the Organ Donation Committee at your Trust/Board.

As part of the PDA, patients over 80 years of age and those who did not die on a critical care unit or emergency department are not audited nationally and are therefore excluded from the majority of this report. Data from neonatal intensive care units (ICU) have also been excluded from this report. In addition, some information may be outstanding due to late reporting and difficulties obtaining patient notes. Donations not captured by the PDA will still be included in the data supplied from the accompanying Referral Record or from the UKTR, as appropriate.

Percentages have not been calculated for level 3 or 4 Trust/Boards and where stated when numbers are less than 10.

Appendix A.3 Table and Figure Description

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1 Donor outcomes

Table 1.1	The number of actual donors, the resulting number of patients transplanted and the average number of organs donated per donor have been obtained from the UK Transplant Registry (UKTR) for your Trust/Board. Results have been displayed separately for donors after brain death (DBD) and donors after circulatory death (DCD).
Table 1.2	The number of organs transplanted by type from donors at your Trust/Board has been obtained from the UKTR. Further information can be obtained from your local Specialist Nurse – Organ Donation (SNOD), specifically regarding organs that were not transplanted. Results have been displayed separately for DBD and DCD.
Figure 1.1	The number of actual donors and the resulting number of patients transplanted obtained from the UKTR for your Trust/Board for the past 10 equivalent time periods are presented on a line chart.

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2 Key numbers in potential for organ donation

Table 2.1	A summary of DBD, DCD and deceased donor data and key numbers have been obtained from the PDA. A UK comparison is also provided. Appendix A.1 gives a fuller explanation of terms used.

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3 Best quality of care in organ donation

Figure 3.1	A stacked bar chart displays the number of patients with suspected neurological death who were tested and the number who were not tested in your Trust/Board for the past five equivalent time periods.
Table 3.1	The reasons given for neurological death tests not being performed in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.2	Stacked bar charts display the number of DBD and DCD patients meeting referral criteria who were referred to the Organ Donation Service and the number who were not referred in your Trust/Board for the past five equivalent time periods.
Table 3.2	The reasons given for not referring patients to the Organ Donation Service in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Table 3.3	The primary absolute medical contraindications to solid organ donation for DBD and DCD patients have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.3	Stacked bar charts display the number of families of DBD and DCD patients approached where a SNOD was present and the number approached where a SNOD was not present in your Trust/Board for the past five equivalent time periods.
Figure 3.4	Stacked bar charts display the number of families of DBD and DCD patients approached where consent/authorisation for organ donation was ascertained and the number approached where consent/authorisation was not ascertained in your Trust/Board for the past five equivalent time periods.
Table 3.4	The reasons why consent/authorisation was not ascertained for solid organ donation in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Table 3.5	The reasons why solid organ donation did not occur in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.

4 PDA data by hospital and unit

Table 4.1	DBD key numbers and rates by unit where the patient died have been obtained from the PDA. Percentages have been excluded where numbers are less than 10.
Table 4.2	DCD key numbers and rates by unit where the patient died have been obtained from the PDA. Percentages have been excluded where numbers are less than 10.

5 Emergency department data

Figure 5.1	Stacked bar charts display the number of patients that died in the emergency department (ED) who met the referral criteria and were referred to the Organ Donation Service and the number who were not referred in your Trust/Board for the past five equivalent time periods.
Figure 5.2	Stacked bar charts display the number of families of patients in ED approached where a SNOD was present and the number approached where a SNOD was not present in your Trust/Board for the past five equivalent time periods.

6 Additional data and figures

Table 6.1	A summary of deceased donor, transplant, transplant list and ODR opt-in registration data for your region have been obtained from the UKTR. Your region has been defined as per former Strategic Health Authority. A UK comparison is also provided.
Table 6.2	Trust/board level categories and the relevant expected number of proceeding donors per year are provided for information.
Table 6.3	National DBD key numbers and rates for level 1, 2, 3 and 4 Trusts/Boards are displayed alongside your local data to aid comparison with equivalent Trusts/Boards. Percentages have been excluded where numbers are less than 10.
Table 6.4	National DCD key numbers and rates for level 1, 2, 3 and 4 Trusts/Boards are displayed alongside your local data to aid comparison with equivalent Trusts/Boards. Percentages have been excluded where numbers are less than 10.

NHS
The Dudley Group
NHS Foundation Trust

Patient Experience Report Quarter three, 2018/19 for Board of Directors
Thursday 7 February 2019

TITLE:	Patient Experience Report – Quarter 3, 2018/19		
AUTHOR:	Jill Faulkner, Head of Patient Experience Helen Board, Patient & Governor Engagement Lead Lara Fullwood, Senior Complaints Co-ordinator	PRESENTER:	Jill Faulkner, Head of Patient Experience

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

ACTION REQUIRED OF GROUP:

Decision	Approval	Discussion	Other
		y	

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☒ x	☐	☐
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 GROUP:

1. To note patient experience activity in Q3 (October to December 2018).
2. To take assurance from the learning achieved and improvement actions taken using patient feedback.
3. To ensure that all areas not consistently achieving the FFT percentage recommended score are delivering action plans to improve the patient experience.

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience

SUMMARY OF KEY ISSUES:

CQC National Survey programme	There were no CQC national survey results published during Q3.
Friends and Family Test (FFT)	The Trust received 16,632 FFT returns during Q3 compared to 17,105 in Q2, 2018/19 representing a 2.8% decrease in FFT returns. For the nine month period, (65 areas have been published) the Trust is achieving the target on 31 occasions where the score is equal to or better than the national average percentage recommended.
NHS Choices	In Q3, 49 people uploaded feedback electronically to NHS Choices or Care Opinion, (46 in Q2, 2018/19). Of those 49 comments, 59% (65% in Q2, 2018/19) were positive and 41% (35% in Q2, 2018/19) were negative.
Complaints	• 209 complaints open as at 31 December 2018. • 144 complaints received in Q3, 2018/19 compared to 163 in Q2, 2018/19 • As at the end of December 2018,123 complaints are in breach. During Q3, 2018/19 - Medicine and Integrated Care Division received 77 complaints, Surgery Division received 61 complaints and Clinical Support Division received four complaints. A further complaint was received relating to corporate nursing and one for corporate services (including IT).
Member of Parliament	There were six MP cases received during Q3, 2018/19. Five of these have been closed and one remains open.
Local Government Ombudsman (LGO)	The Trust received two new applications from the LGO during Q3 2018/19.
Parliamentary Health Service Ombudsman (PHSO)	The Trust received three new applications from the Parliamentary Health Service Ombudsman (PHSO) during Q3. During Q3, two cases were closed; a long standing case which the Trust was appealing concluded in favour of the Trust and one case after consideration by the PHSO with no further action required. There are seven cases open for consideration by the PHSO compared to six cases in Q2, 18/19.
Compliments	A total of 2,416 compliments were received in Q3 which represents a 57.5% increase from Q2 (1,534), 2018/19.
Patient Advice Liaison Service (PALS)	Patient Advice Liaison Service (PALS) received 604 new concerns in Q3, which is a -9.04% decrease compared to Q2, 18/19 (664).

IMPLICATIONS OF PAPER:

RISK	N		Risk Description:
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Effective, caring, responsive
	NHSI	**Y**	**Details:** Compliance with statutory duties
	Other	**Y**	**Details:** discharging responsibilities as set out in the Health and Social Care Act 2012

Patient Experience Report
Quarter 3 (Oct-Dec) 2018-19

NHS
The Dudley Group
NHS Foundation Trust

2,417 Compliments received this quarter
(1534 received in Q2 18/19)

THANK YOU

Total FFT Returns
16,632

Friends and Family Test (FFT)

Complaints received in Q3

144

163 received in Q2

Percentage Recommended	Oct	Nov	Sep	Quality Priority
Inpatient	94%	94%	N/A	🔴
A&E	80%	77%	N/A	🔴
Community	94%	94%	N/A	🔴
Outpatients	90%	89%	N/A	🔴
Maternity*				
Antental	100%	97%	N/A	🟢
Birth	100%	96%	N/A	🟢
Postnatal Ward	99%	94%	N/A	🟢
Postnatal Community	100%	100%	N/A	🟢

* Quality priority based on October & November data only

Quality Priority 2018/19

🟢 On target 🔴 Not on target

Achieve monthly scores in Friends and Family Test (FFT) for all areas that are equal to or better than the national average (based on nationally available data)

Patients are saying...

You said

We Have

There needed to a dedicated bereavement midwife to support those families who experience the loss of their baby

Appointed a bereavement midwife to support women and their partners who have experienced the loss of their baby or babies during pregnancy or shortly after birth

We needed to improve the inpatient menus and food service

Launched a new inpatient menu based on patient feedback. More than 2,600 food surveys completed in the 12 months leading up to the launch in December 2018

It would be good to set up a scout group at the main site for children staying on the childrens ward

Established a scout group based at the Russells Hall Hospital. We are the first general hospital to do so.

There should be a separate surgical area provision for those patients requiring minor procedures

Opened a new minor procedure room at Russells Hall Hospital that allows patients to have minor procedures without going to the main theatres

There should be a dedicated area within the emergency department for those attending with suspected cardiac problems

Introduced a Cardiac Assessment Unit located within easy reach of the main ED providing a consultant led monitoring, triage and treatment facility

⭐⭐⭐⭐☆

NHS Choices based on 299 ratings (NHS Choices/ Russells Hall Hospital 31/12/2018)

10,680
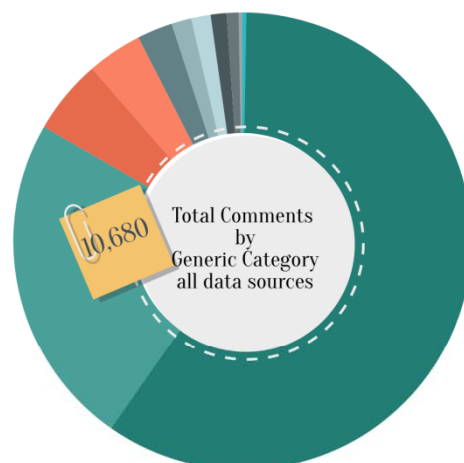
Total Comments by Generic Category all data sources

- Care and Treatment (59.65%)
- Staffing (23.59%)
- Appointments & Discharge (5.20%)
- Staff Attitude (3.83%)
- Communication (2.50%)
- Food and Drink (1.49%)
- Facilities & Environment (1.42%)
- Unable to Categorise & Other (1.02%)
- Access (1%)
- Medication (0.14%)
- Privacy & Dignity (0.14%)
- Patient Safety (0.02%)

To find out more please visit
www.dudleygroup.nhs.uk/patientexperience
or contact the team on 01384 456111 ext 1124

Developed by *Dudley Clinical Commissioning Group*

Introduction

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

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

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

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

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

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

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

Survey name	Next survey date	Date results published
Adult Inpatients Survey (National)	July 2018	May/June 2019 tbc
Cancer Patient Experience Survey (National)	April – June 2018	September 2019
Children & Young People Survey (National)	Jan/Feb 2019	September 2019 tbc
Community Services	Q4, 2018/19	Q1, 2019/20
Dementia (uses feedback from PLACE and National Audit 2017)	Ongoing	Quarterly
Emergency Department Survey (National)	October 2018	Late summer 2019 tbc
End of Life/VOICES	Continual	Quarterly
Guest Outpatient Centre Review	March 2019	Q1, 2019/20
Maternity Survey (National)	February 2019	January 2020
Mini PLACE assessment activity	February 2019	monthly
PLACE (National)	Month tbc 2019	2019 tbc

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

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

Within Q3 we successfully:

- Continued to **host listening events** in various specialities across the Trust.
- Funded additional staffing resource to enable **faster access for cancer patients** for diagnostic tests and results.

- Launched a poster campaign to **promote cancer clinical nurse specialists** for the site specific teams available these are displayed in outpatient areas waiting areas.
- Appointed a **new food supplier** for the main elements of the revised inpatient menu.
- **Launched a new inpatient menu** based on patient feedback with more than 2,600 food surveys completed in the 12 months leading up to the launch in December 2018. Food tasting events held providing visitors and staff an opportunity to comment on the quality and choice of food available.
- Introduced a **wider range of inpatient food options** for those patients with dietary or cultural preference including an increased amount of dishes available prepared using gluten free ingredients.
- Reinforced the **supported mealtime policy** across all inpatient areas to ensure that interruptions are limited and patients are supported where needed. We actively encourage families and carers to support their loved ones at mealtimes.
- Introduced **additional clinic sessions to support mothers** with complex breast feeding issues. Appointed a bereavement midwife to support women and their partners who have experienced the loss of their baby or babies during pregnancy or shortly after birth.
- **Established a scout group** based at the Russells Hall Hospital for children staying on the childrens ward. We are the first district general hospital to do so.
- Identified an area within the Emergency Department to **provide improved facilities for paediatric patients**.
- **Refurbished the adolescent room** located in the childrens ward with new wall murals.
- Opened a **new minor procedure room** at the Russells Hall Hospital that allows patients to have minor procedures without going to the main theatre.
- Opened a **Cardiac Assessment Unit** located within easy reach of the main emergency department providing a consultant led monitoring, triage and treatment facility.
- Introduced a red **electric miniature Maserati car** as a creative way to take younger patients to theatres to make the experience less daunting and less scary.
- Commissioned the **LIBRE monitoring system** for monitoring children with diabetes.
- Created a **new sensory trolley** that is taken to the child's bedside when they are unable to go the playroom for any reason.
- Introduced a Community IV team that can **administer antibiotics at the home** of a paediatric patient.
- Introduced a revolutionary new procedure for patients with acid reflux called **GERDX** with no requirement for an overnight stay.
- Established a **Parkinson's Disease Specialist Pharmacy Network (PDSPN)** as a national network to train pharmacists across the country in how to help patients manage their condition through medication.
- Developed an interactive online video programme as part of a '**Love Your Heart'** project to help patients with rheumatoid arthritis at increased risk of cardiovascular disease. The project won the Research Impact Award at the Clinical Research Network West Midlands Awards.
- Set up **child friendly play areas** in two areas of the ophthalmology waiting area.
- Developed a '**Welcome to the Ophthalmology department' patient information leaflet** advising patients attending a clinic appointment what to expect during their visit and who to speak to.
- Completed a project to improve the training of student nurses and doctors in how to treat patients with learning disabilities by **improving clinical and communication skills**. The training involves patients who themselves have a learning disability rather than using actors and mannequins.
- Set up an **Enhanced Care Home Team**, funded by Dudley Clinical Commissioning Group, to work initially with 18 care homes across the borough. The aim is to reduce 999 calls and hospital admissions by increasing the confidence of care home staff to manage the health needs of residents and improve delivery of care.

- Launched a new initiative that is helping nurses to stay at the bedside looking after patients while specially trained **pharmacy volunteers deliver urgent medication** to the wards.
- Trust dietitians coordinated a **hands-on training session for 25 care home cooks** from across the area who had to create delicious meals for people with swallowing difficulties.
- Continued to deliver **Dementia Friends training** across the Trust with 950 staff trained as at the end of December 2018.
- Re-introduced a pilot of the **Dementia care bundle** in October 2018 for patients living with Dementia who are being cared for on the Forget Me Not Unit. Evaluation to be undertaken in Q4 2018/19.
- The **older peoples mental health team have been based on ward C3** since October 2018.
- Supported the Forget Me Not Unit nursing leads to **access the FINDMEMORY advisor** to support the planned environment changes on the unit scheduled for implementation Q4, 208/19.
- Business case prepared and submitted for the **installation of colour contrasting toilet seats and door surrounds**.
- Increased the ways that patients can provide feedback with the **launch of the Friends and Family Test (FFT) App** on the iPads used in the C4 day case along with a pilot set up to trial the App on community staff Lenovo devices.
- Redistributed a **revised Welcome to the Ward booklet** provided to adult inpatients across all wards.
- Continued to **support the wider Trust** to deliver patient experience actions.

Patient Stories

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

Patient feedback

The Trust received 17,307 pieces of feedback during Q3 in comparison to 17,976 received in the previous quarter. *Table 1* illustrates the feedback received by area. This included responses to the Friends and Family Test (FFT) utilising a variety of mediums such as paper, SMS, App and the web. Additionally we collate feedback through real time surveys, NHS Choices, complaints, compliments and PALS*.*

Table 1

Total feedback received by area Q3, 2108/19

Area	Count
Outpatients	5,311
Day Case	3,754
Inpatient	2,621
Accident & Emergency	2,209
Community	2,086
Maternity Postnatal Ward	376
Maternity Birth	375
Inpatient Transfers	194
Maternity Antenatal	163
Maternity Postnatal	94
Other	56
Surgery	25
Medicine and Intergrated Care	17
Outpatient	10
External	9
Clinical Support	4
Maternity - Postnatal Ward	2
Corporate Services	1

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

The term 'negative' feedback has been updated to use the descriptor of 'constructive' feedback to reflect the positive use of patient feedback to drive continual improvement.

During Q3, 2018/19, 79% of the feedback received is positive (77% in Q2 2018/19, 70.9% Q1, 2017/18, 63% Q2, 2016/17). *Table 2* below illustrates the breakdown of the four ways we tone comments received – positive, constructive, positive & constructive or neutral during Q3, 2018/19.

There has been a decrease in the amount of constructive feedback received. During Q3, 2018/19, more than 13% of feedback was constructive compared to 14% in Q2, 2017/18.

Table 2
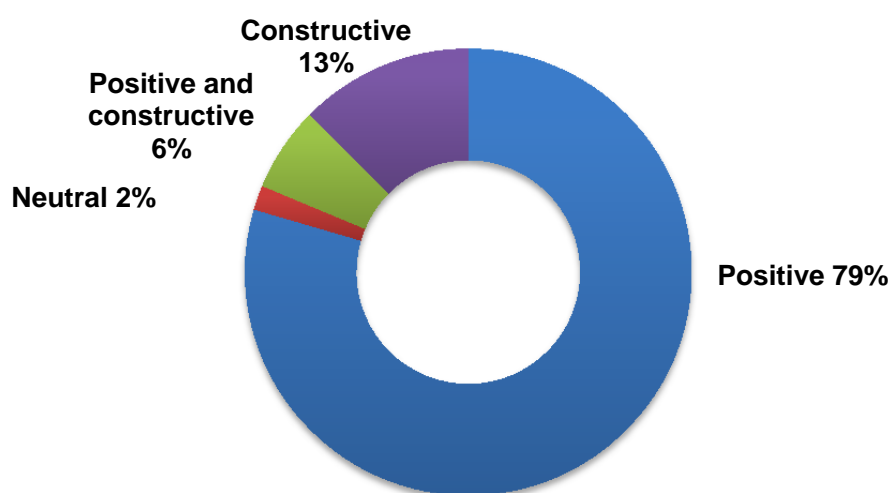
1. <u>National Survey Programme</u>

There were no national results published during Q3.

2. <u>Other surveys</u>

2.1 Friends and Family Test

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

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

The Trust received 16,632 FFT returns during Q3 compared to 17,105 in Q2, 18/19 representing a 2.8% decrease in FFT returns.   Response rates for the rolling twelve month period to June 2018 are detailed on the tables below:

RAG rating legend – response rate

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

Community services response rates

Ward	2018											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Community Nursing Services	7.4%	9.2%	6.9%	5.3%	4.9%	5.7%	6.9%	4.5%	11.2%	12.3%	10.3%	8.2%
Rehabilitation & Therapy Services	2.7%	3%	2.6%	2.1%	2.8%	4.5%	3.6%	3.1%	3.8%	3.9%	3.8%	1.6%
Specialist Services	0%	0.3%	0.6%	1.6%	0.3%	0.4%	0.3%	0.3%	0.8%	1.8%	0.9%	0.2%
Overall	3.3%	4%	3.4%	2.9%	3%	4.2%	4.1%	3.2%	5.8%	6.1%	5.3%	3.7%

ED services response rates

Ward	2018											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Acute Medical Unit	69.9%	100%	100%	49.6%	45%	44.2%	53.8%	40%	65.9%	64.6%	66.8%	88.7%
Emergency Ambulatory Care												
Emergency Department	16.9%	16.4%	14.9%	14.4%	14.5%	15.2%	15.1%	13.2%	13.6%	13.9%	12.6%	12.8%
Overall	21.2%	22.6%	19.5%	17.9%	18%	19.1%	18.6%	16.6%	18.2%	18.6%	17.7%	17.5%

Maternity services response rates

Ward	2018											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Antenatal	47.8%	68.6%	42.7%	20.4%	91.4%	70.2%	52.4%	56.8%	28.7%	26.9%	42.3%	16.5%
Birth	39.2%	28.5%	41.2%	40%	38%	33.6%	27.4%	19.9%	27.4%	40.6%	29.7%	36.3%
Postnatal Community	27.8%	19.8%	9.7%	1.3%	15.3%	19.5%	24.1%	15.8%	18.8%	11.8%	11.8%	20.9%
Postnatal Ward	38.3%	29%	41.5%	39.8%	37.5%	34%	27.6%	19.7%	27.6%	40.1%	30%	36.5%
Overall	38.4%	35.9%	36.3%	30.3%	43.2%	37.9%	31.8%	25.5%	26.4%	32.7%	28.3%	30%

Outpatient services response rates

Ward	2018											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Outpatients	5.9%	4.4%	4.6%	4.9%	5.7%	5.1%	5.8%	5.4%	5.4%	5.1%	5.3%	4.8%
Overall	5.9%	4.4%	4.6%	4.9%	5.7%	5.1%	5.8%	5.4%	5.4%	5.1%	5.3%	4.8%

Inpatients response rates

Ward	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
A2	2.2%	1.7%	2.4%	3.5%	18.7%	20.5%	9.3%	24.4%	19.2%	25%		
A4												
B1	45.6%	58.4%	63.8%	41.3%	37.7%	53%	57.4%	54.8%	47.3%	42.5%	56.1%	46.2%
B2 Hip	38.4%	55.3%	40.7%	43.8%	36.6%	37.9%	34.7%	25.3%	51.8%	18.3%	66.6%	67%
B2 Trauma	100%	88.8%	78.5%	93.7%	76.9%	100%	73.8%	73.5%	73.4%	91.6%	57.1%	57.9%
B3	30.5%	29.1%	27%	48.1%	25.3%	52.2%	47.1%	40.2%	31%	38.1%	37.2%	27%
B4	50.7%	34.7%	35.1%	60.2%	51.2%	51.9%	58.1%	40.4%	42.3%	56.5%	43.1%	42%
B5	48.2%	48.2%	39.8%	38.1%	43.7%	66.3%	49.1%	38.8%	31.3%	32.5%	37.5%	36%
B6	5.3%	0%	0%	10.6%	5.8%	26.1%	69.2%	39.5%	29.6%	27.7%	12.6%	42.8%
C1	21.9%	34.8%	34%	55.2%	20.8%	43.6%	52.5%	61.8%	57.1%	42.3%	51.2%	55.1%
C2	14.6%	8.4%	17.4%	16.6%	23.9%	43.3%	20.8%	27.8%	37.4%	16.4%	9.3%	9.3%
C3	46%	50%	38.5%	79.5%	63%	53.4%	32.8%	63.3%	43.6%	38.9%	59.5%	75.2%
C4	49%	56.8%	62.5%	70.3%	68.8%	55.3%	44.1%	60%	72.8%	72.7%	97.6%	89%
C5	40.8%	22.9%	19.7%	21.3%	26.8%	22.8%	22.5%	30.4%	13.6%	26.4%	21.6%	22.3%
C6	38.8%	31%	69.2%	60.5%	46.7%	61%	51.3%	65.3%	25.4%	47%	50.7%	34.7%
C7	34.4%	27.3%	24.2%	45.4%	19.3%	23.1%	30.2%	21.4%	51.1%	56.9%	44.8%	34%
C8	6.1%	7.5%	28.7%	30.2%	18.6%	31.1%	20.8%	24.7%	31.2%	27.7%	40.6%	22%
CCU & PCCU	17%	25.5%	20.4%	29.7%	25.2%	27.6%	28.3%	25.8%	18.5%	45%	30.3%	24.5%
Day Case	30.2%	38.1%	36.6%	28.9%	32.4%	41.3%	34.2%	27.5%	34.2%	29.9%	33.8%	27.5%
ITU	33.3%	100%	66.6%	100%	0%	0%	100%	100%	50%	0%	0%	0%
MHDU	100%	30%	33.3%	100%	66.6%	90.9%	100%	100%	50%	100%	61.5%	100%
Neonatal	54.9%	42.8%	41.1%	40%	55.8%	55.2%	70.9%	45.9%	41.6%	59.3%	50%	5.7%
SHDU	33.3%		100%	100%	100%	100%	100%	100%	100%	100%	0%	100%
Overall	30.1%	34.6%	34.9%	32.2%	33%	42.4%	35.9%	31.8%	35%	32.5%	35%	30.5%

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

Achieving a percentage recommended FFT score equal to or better than the national average is one of the Trusts Quality Priorities for patient experience and is relevant when a significant number of patients are asked. The FFT percentage recommended scores for the year including Q3 (where data is published) are as follows (red indicates where this is not achieved):

Percentage recommended FFT Scores	Apr 18	May 18**	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Inpatient	95	93.7	94.4	94.1	93.7	93.0	94.1	94.0	93.1
National	96	96	96	96	96	96	96	96	**
A & E	82	77.8	77.1	76.2	77.1	75.7	80.2	76.9	76.3
National	87	87	87	87	88	86	87	87	**
Maternity Antenatal	98	97.5	100	98.3	99.1	94.5	100	97.2	96.9
National	97	95	96	95	95	95	95	95	**
Maternity Birth	99	97.8	96.5	100	98.6	96.8	100	96.2	98.3
National	97	97	97	97	97	96	97	97	**
Maternity Post-natal Ward	98	95.6	96.5	98.9	98.6	95.7	98.5	93.5	94.3
National	95	95	95	95	95	94	95	95	**
Maternity Postnatal Community	98	100	100	98.1	100	96.5	100	100	94.8
National	*	98	98	98	98	98	98	97	**
Community	96	95.3	96.7	95.6	96.2	93.3	94.1	93.7	92.7
National	96	95	95	95	96	95	96	96	**
Outpatients	90	89.4	90.5	87.4	91.3	88.9	90.2	89	90.2
National	94	94	94	94	94	93	94	94	**

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

2.2 Real time inpatient survey

Inpatients are routinely offered the opportunity participate in a local real time survey that includes a selection of questions relating to their experience. These are drawn from the national survey and provide the Trust with a real time monitor of performance of the following:

➢ Do patients have confidence and trust in the staff treating them?
➢ Do patients think they were treated with dignity and respect?
➢ Do patients feel they were given enough privacy and dignity when discussing their condition/treatment?
➢ Do women feel they were kept informed about all aspects of their care/treatment *(applicable to maternity only)?*
➢ Do patients think that call bells were always answered in a reasonable time?

The results are shared with the ward areas each month. The weighted scores are displayed on the individual 'Huddle' boards located in each ward area providing information for both staff and patients. The results for Q3, October to December 2018 are as follows:

Ward/area	/10 patients had confidence and trust in the staff treating them	/10 patients said they were treated with dignity and respect	/10 patients felt they were given enough privacy and dignity when discussing their condition/treatment	/ 10 women felt they were kept informed about all aspects of their care/treatment (Maternity only)	% patients said call bells were always answered in a reasonable time	No. of patients surveyed
Acute Medical Unit	9.8	10.0	9.5		92	41
B1	9.7	9.7	10.0		88	33
B2 (Hip Suite)	9.4	9.2	10.0		88	13
B2 (Trauma)	9.3	9.7	10.0		70	17
B3	9.3	9.7	9.4		67	20
B4	8.9	9.8	9.7		85	66
B5	8.2	9.1	9.3		88	31
B6	9.4	10.0	10.0		80	11
C1	9.2	9.3	9.3		73	28
C3	9.5	10.0	9.4		73	19
C4	10.0	10.0	10.0		100	7
C5	9.4	9.8	10.0		87	25
C6	9.2	9.8	9.1		88	27
C7	8.7	9.4	10.0		88	29
C8	9.9	10.0	8.8		100	23
Coronary/Post Coronary Care	9.7	10.0	10.0		100	17
Maternity - Birth	10.0	10.0		9.4	88	11
All areas weighted score	**9.2**	**9.7**	**9.6**	**9.4**	**85**	**418**

3. NHS Choices

In Q3, 49 people uploaded feedback electronically to NHS Choices or Care Opinion, (46 in Q2, 2018/19). Of those 49 comments, 59% (65% in Q2, 2018/19) were positive and 41% (35% in Q2, 2018/19) were negative.   *Table 1* below details the comments received by area (where identified) for Q3. Urgent Care received the most positive feedback.

Table 1

Comments by Hospital Area

Legend: ■ Positive ■ Negative
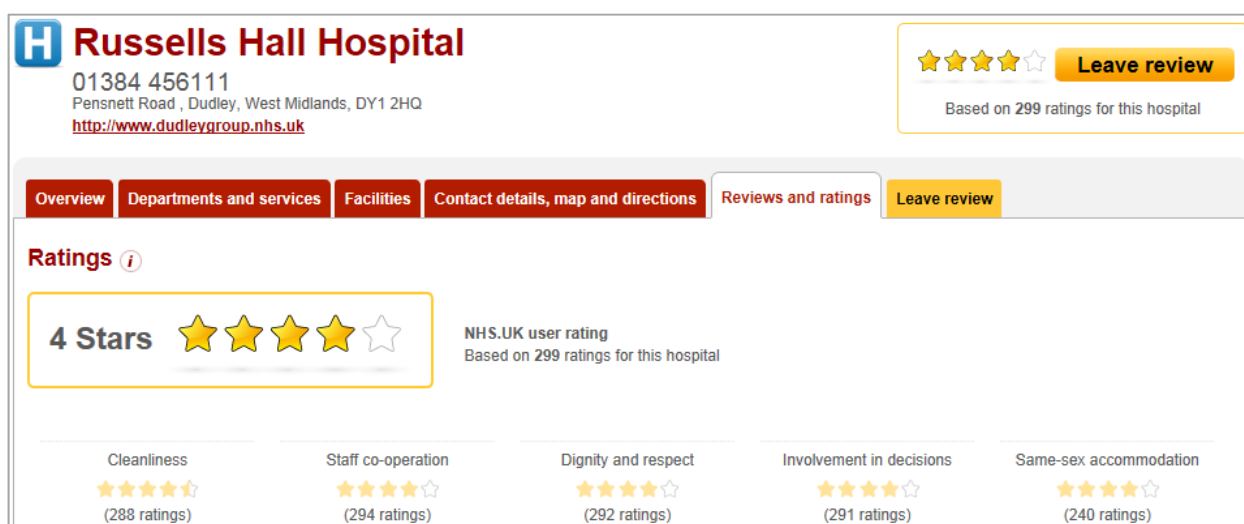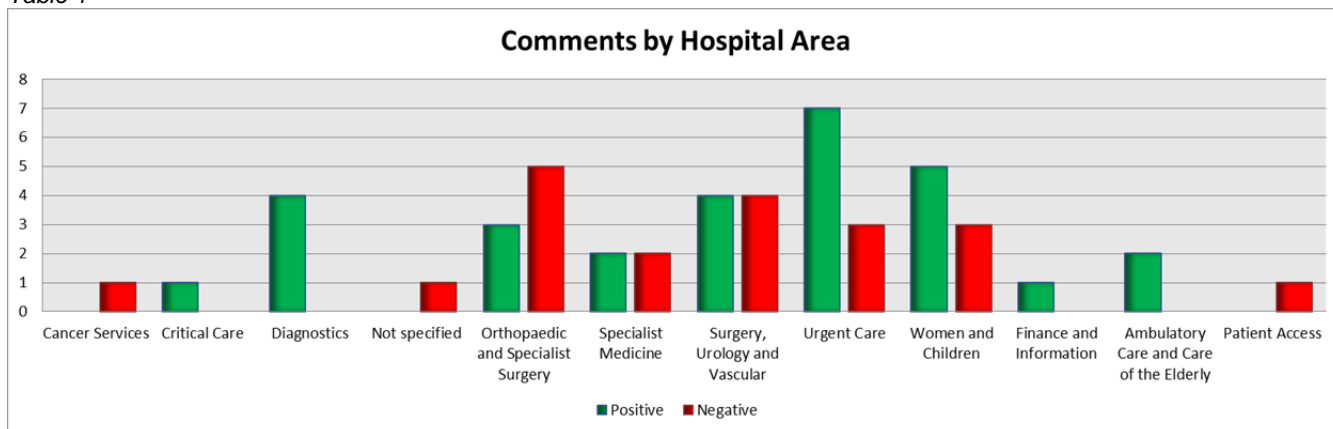
NHS Choices star rating for Russells Hall Hospital as at 31 December 2018.

4. Complaints

The Trust received 144 complaints during Q3, 2018/19 compared to 163 in Q2, 2018/19 and 122 in Q1, 2018/19 resulting in a -11.65% decrease in complaints received.

Two key metrics within the complaints service is that:

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

The table below shows complaints activity and total number of complaints open as at 31 December 2018:

Complaints outstanding (exc. re-opened complaints) as of 31 December 2018	Complaints opened in December 2018	Complaints closed in December 2018	Complaints brought forward	Complaints overdue as of 31 December 2018
209	47	36	209	123

The table below details the length of time that complaints have been open (not as yet closed) as of 31 December 2018.

0 – 28 working days	29 – 40 working days	41 – 60 working days	61 – 100 working days	101 – 393 working days
63	23	37	45	41

The Trust undertook 321,252 clinical patient contacts in Q3 which equates to 0.04% of patients/families making a complaint. The divisional performance during Q3 is as follows:

- Surgery Division received 61 complaints
- Medicine & Integrated Care Division received 77 complaints
- Clinical Support Division received four complaints
- Other two complaints (Corporate Nursing Division (not wards) and Corporate Services (including IT))

The following graphs illustrate complaints received within the division and which specific area of the Trust. They also demonstrate a comparison between Q3 and Q2, 18/19.

Table 1
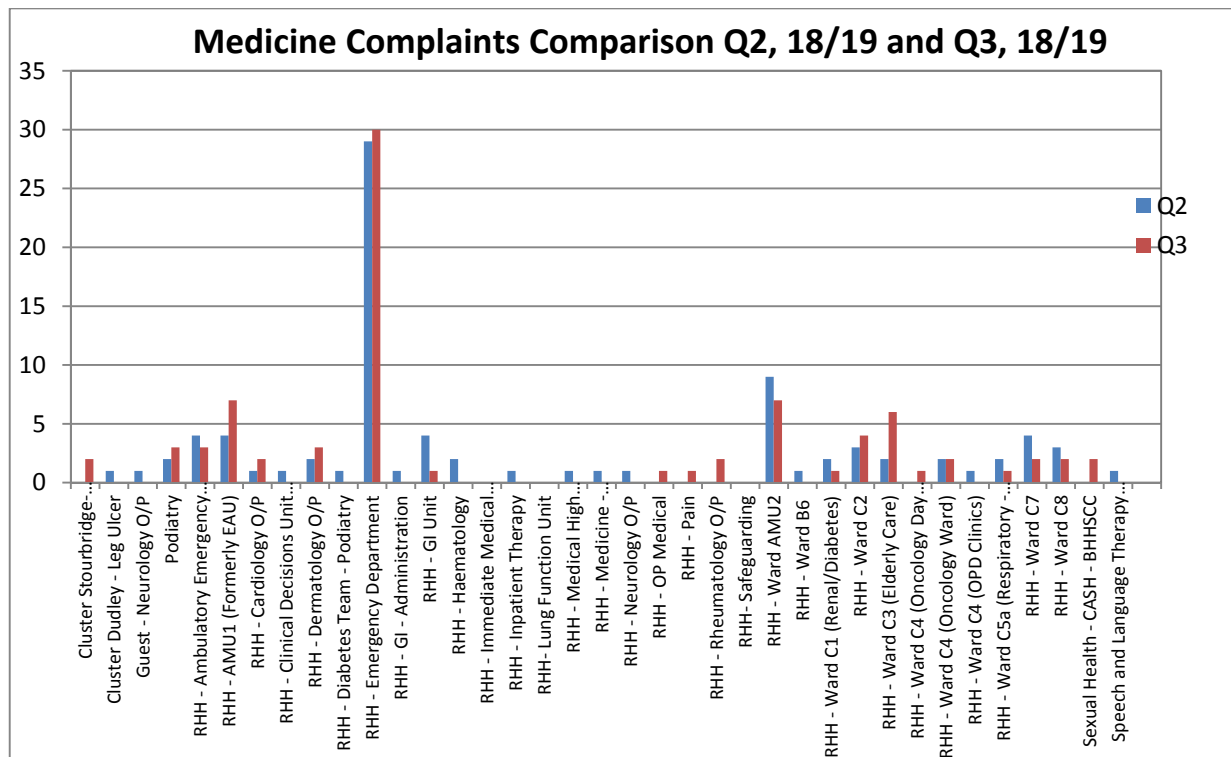
The Emergency Department has seen a slight increase in complaints from 29 in Q2, 2018/19 to 30 in Q3 2018/19 and contiunes to be the highest area of complaints received. Ward AMU1, ward C3, ward C2 and podiatry have also seen an increase in complaints received from the previous quarter.

Table 2

Surgery Complaints Comparison Q2 18/19 and Q3 18/19
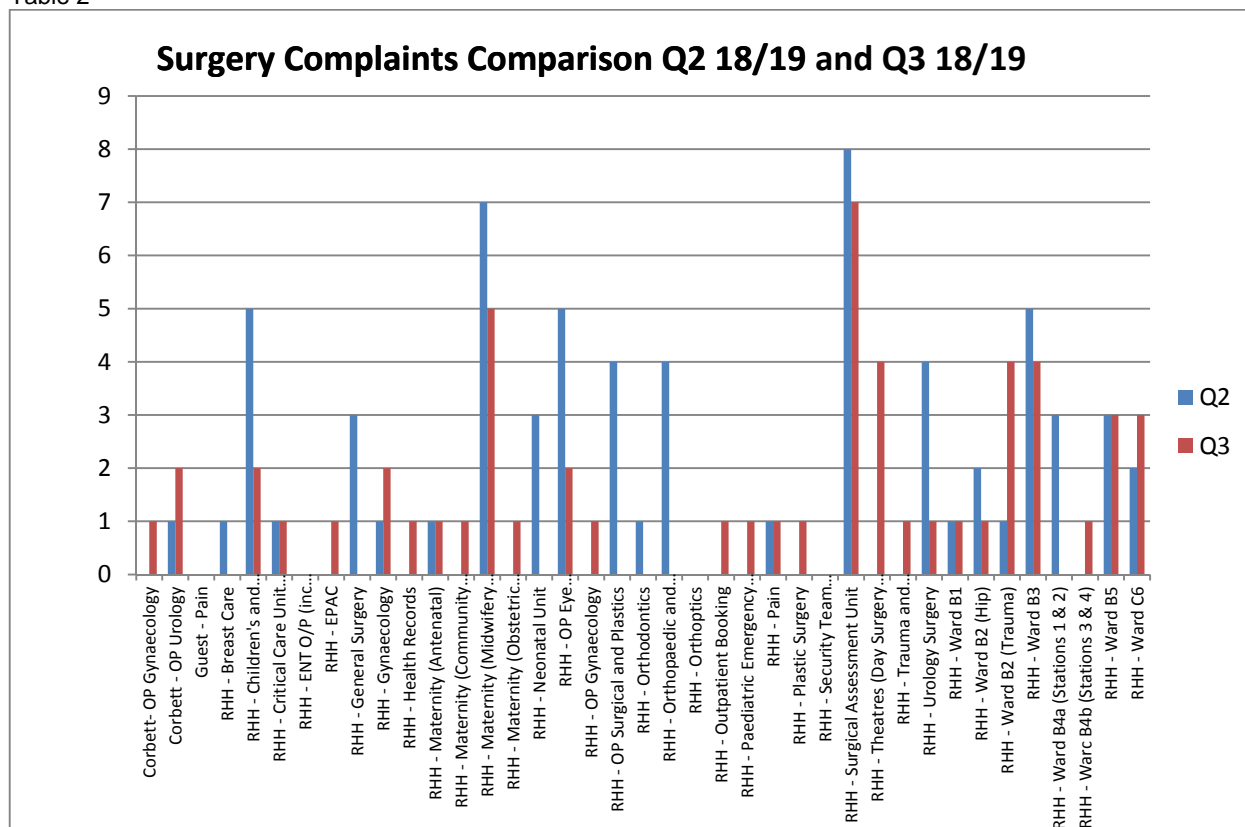
There has been an increase in complaints received regarding theatres (day case surgery) and maternity (community midwifery). The complaints received are widespread for Surgery across several areas.

Table 3

Clinical Support Complaints Comparison Q2 18/19 and Q3 18/19
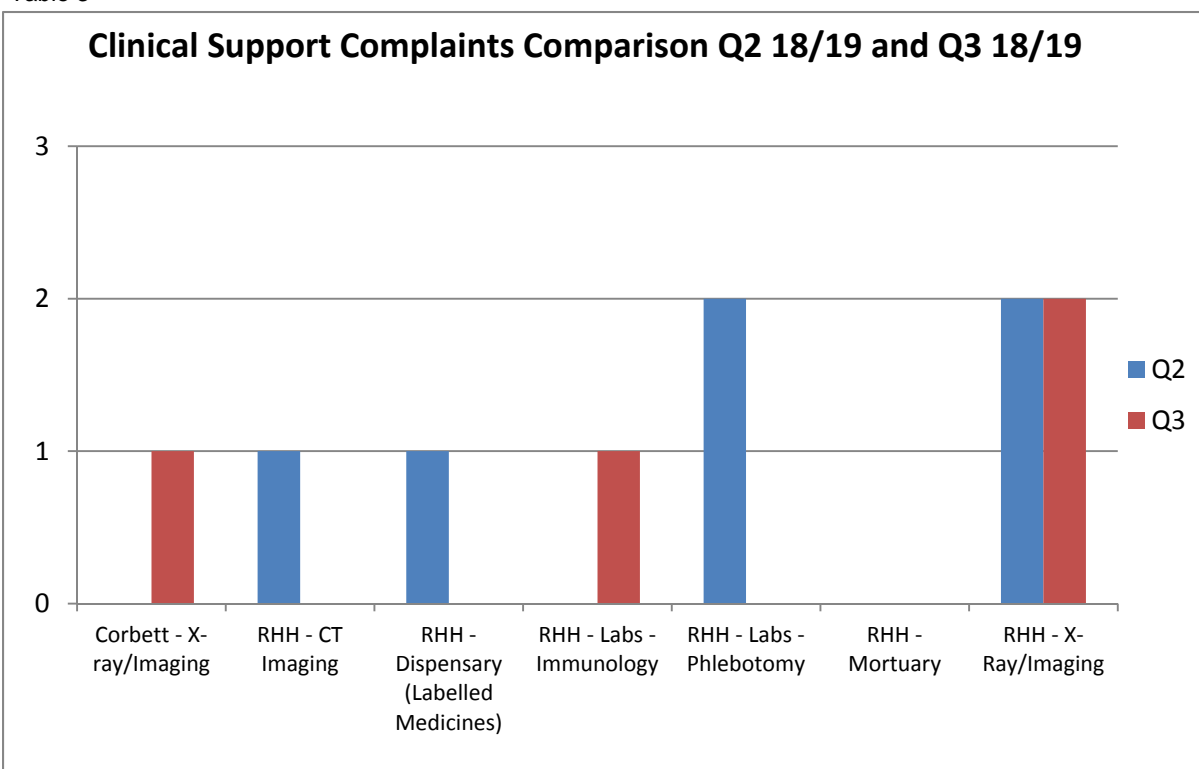
There has been an increase in complaints received for Corbett Outpatient Centre; X-ray/imaging (1) and RHH – Labs – Immunology (1).

There has been one complaint received for corporate nursing division (RHH- Complaints) and one external complaint for estates (PFI Partners).

In genreral, Q3, 2018/19 has seen a much more widespread distribution of complaints across the Trust with several areas receiving at least one complaint.

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

Medicine & Integrated Care Division

During Q3, a total of 77 complaints were received by the Medical & Integrated Care Division, which indicates a decrease of -10.46% from Q2, 2018/19 (86) and 45.28% increase (53) for the same period last year (Q3, 2017/18). The Emergency Department has seen the biggest rise in complaints during Q3, 2018/19 (30) compared with Q3, 2017/18 (16).

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

Table 4, details complaints received by subject.

Table 4

Chart title: **Medical Division Complaints by subject Q3, 2018/19**
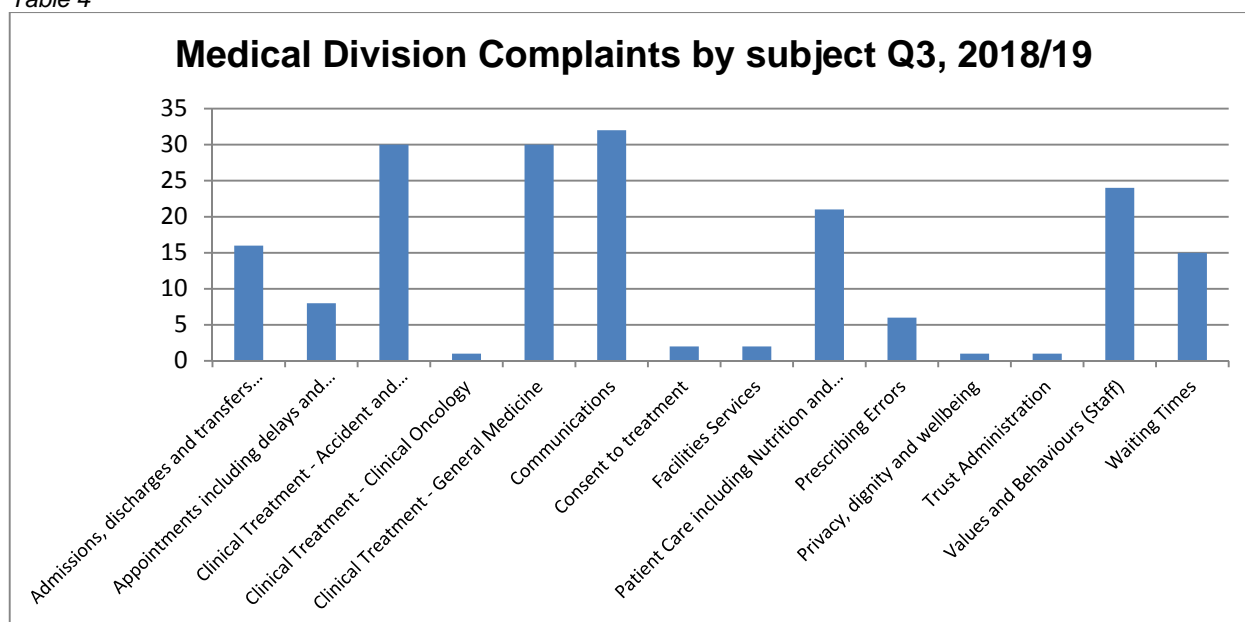
Surgery Division

During Q3, a total of 61 complaints were received by the Surgical Division, which indicates a decrease of -12.85% from Q2, 2018/19 (70) and 56.41% increase (39) for the same period the previous year (Q3, 2017/18). Further analysis has identified that Surgical Assessment Unit (SAU) have seen a decrease in complaints in Q3, 1208/19 (7) compared to Q3, 2017/18 (13 including SAU and ward B5).

Please note that Table 2 and Table 5 will differ in terms of the number of complaints received as all subjects within a complaint are captured and logged separately. For example, one letter of complaint may cover a range of subjects linked to multiple divisions, areas and teams responsible.

Table 5, details complaints received by subject.

Table 5

Surgery Division Complaints by subject Q3, 2018/19
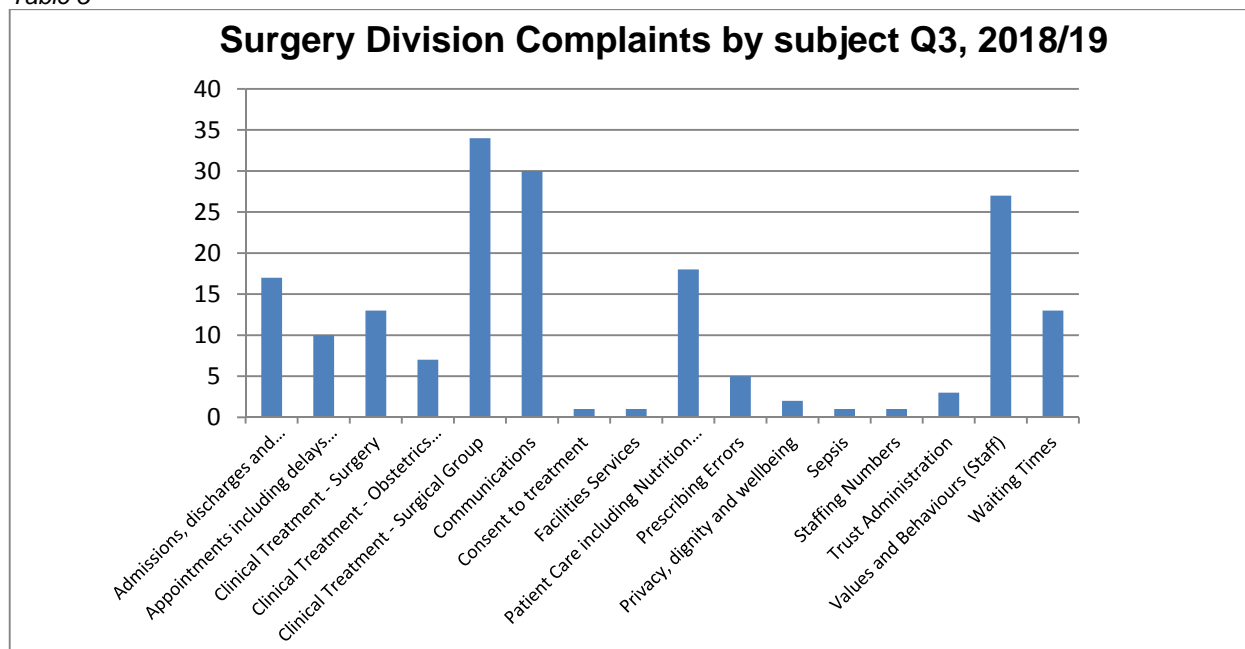
Clinical Support Division

During Q3, a total of four complaints were received by the Clinical Support Division which indicates a -33.3% decrease from Q2, 2018/19 (6).

Table 6 details complaints received by subject.

Table 6

Clinical Support Complaints by subject Q3 18/19
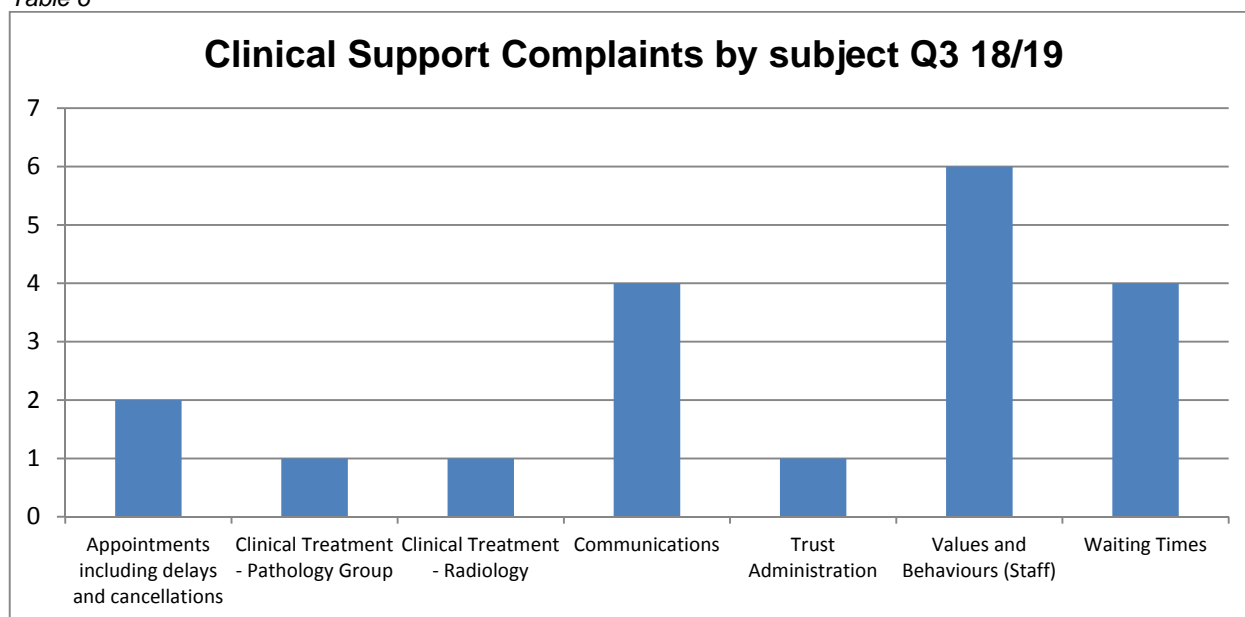
Complaint Themes

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

Themes Q3, 2018/19	Total
Communications	48
Values and Behaviours (Staff)	47
Clinical Treatment - Surgical Group	33
Patient Care including Nutrition and Hydration	27
Clinical Treatment - Accident and Emergency	25

Reopened Complaints

During Q3, the Trust received correspondence from 18 complainants who were dissatisfied with their original complaint response from the Trust.

These included clinical discrepancies within the initial response letter and complainants stating that some of their initial concerns had not been resolved. The complaints were initially closed in Q3, Q2 and Q1, 2018/19. Out of the 18 reopened complaints, four have been responded to and are closed, five have requested local resolutions meetings, which are to be arranged, and the remaining nine complainants have requested a written response.

These related to:

- Medicine & Integrated Care Division - 11
- Surgery Division – 4
- Both Medicine & Integrated Care Division and Surgery Division- 2
- Clinical Support Division- 1

Complaint responses

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

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

Within the reported quarter the Trust replied to 145 complaints in total. Of the 145 responses 35 (24.13%) were closed within 40 working days.

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

There were 28 local resolution meetings (LRM) held in Q3, which impacted on the 40 working day timescale being extended to accommodate such meetings.

Members of Parliament (MP)

There were six MP cases received during Q3, 2018/19. Five of these have been closed and one remains open.

Local Government Ombudsman (LGO)

The Trust received two new applications from the LGO during Q3, 2018/19.

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

Parliamentary Health Service Ombudsman (PHSO)

The Trust received three new applications from the Parliamentary Health Service Ombudsman (PHSO) during Q3. During Q3, two cases were closed; a long-standing case, which the Trust was appealing, concluded in favour of the Trust and one case after consideration by the PHSO no further is action required. There are currently seven cases open for consideration by the PHSO compared to six in Q2, 2018/19.

Complaints Satisfaction Surveys

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

Of the 145 complaints closed in Q3, 66 complaint satisfaction surveys were sent out and of those sent the Trust has received 29 completed surveys back. It has been agreed locally that surveys are sent out six weeks after closure to allow time for the complainant to consider the response.

The survey is intended to be about the process and management of the complaint and not about the outcome. However, often complainants that are unhappy with the outcome of their complaint base their survey response on their dissatisfaction. All survey responses are anonymous although a number of complainants do write on the survey explaining why they are unhappy with their complaint response. The complaints team do where the complainant can be identified make contact to offer further assistance.

Table 7 illustrates the feedback received from the complaints satisfaction survey received in Q3.

Table 7
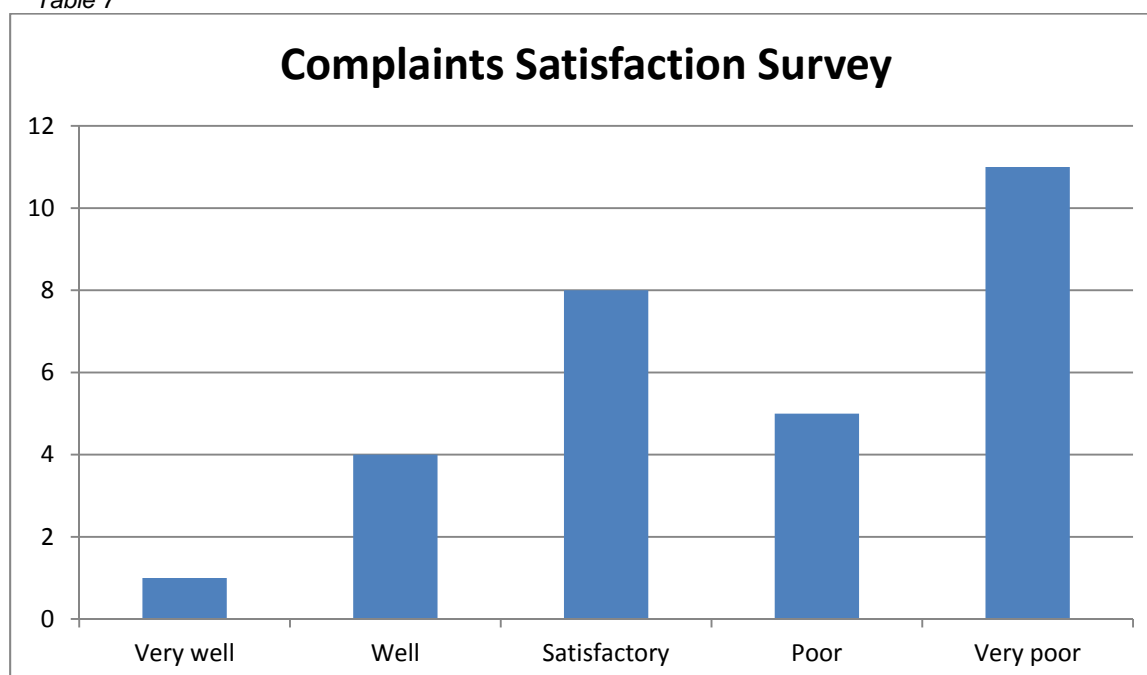
5. Compliments

The Trust continues to receive a high number of compliments equating to around 0.75% of patient activity. All compliments received by the Chief Executive and the Chief Nurse are acknowledged personally and shared with the staff involved. A total of 2,416 compliments were received in Q3 which represents a 57.5% increase from Q2 (1,534), 2018/19.

6. Patient Advice Liaison Service

Patient Advice Liaison Service (PALS) received 604 new concerns in Q3, which is a -9.04% decrease compared to Q2, 2018/19 (664).

Table 1 details the breakdown by division during Q3:

Table 1
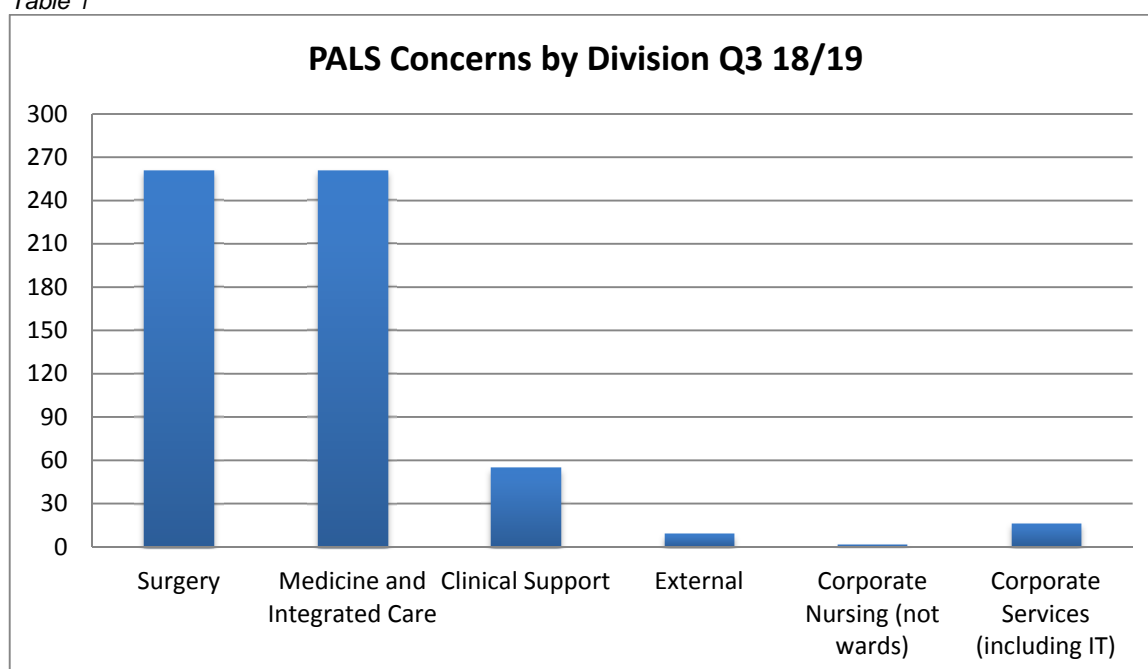
Please note that the tables below show a greater number of categories than PALS concerns received as some have multiple categories assigned to an individual concern. The most commonly raised concerns relate to delayed appointments and communication.

Table 2

PALS Concerns by division and subject Q3 18/19

Legend:
- External
- Corporate Nursing Division (Not Wards)
- Corporate Services (Including IT)
- Clinical Support
- Medicine and Integrated Care
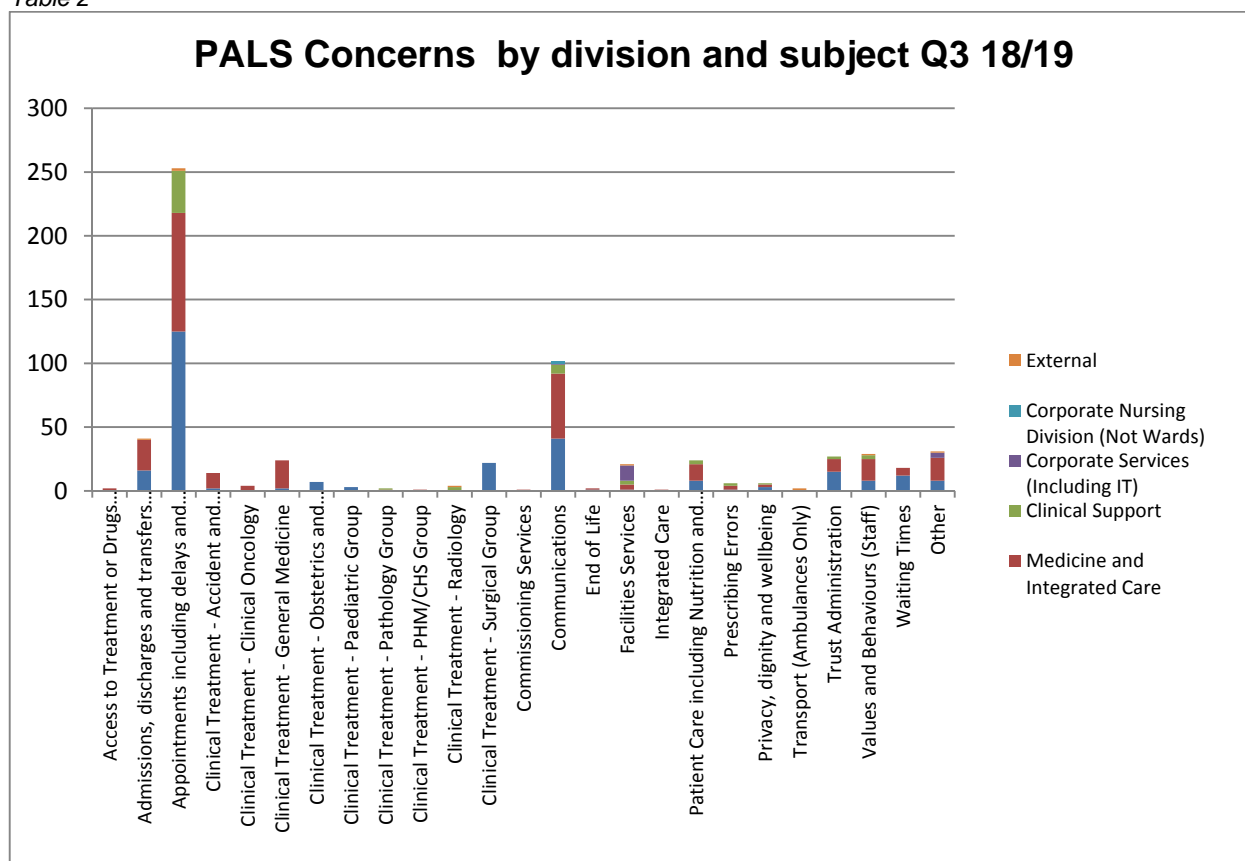
The PALS team is currently receiving an average of 50 new concerns each week in addition to telephone calls received which require signposting. These concerns are escalated as appropriate (internally/externally) with the aim to seek resolution within 24 hours. However some concerns cannot be responded to within 24 hours due to annual leave, availability of information and complexity of the concerns raised (these are concerns whereby the person raising them does not wish to make a formal complaint).

Of the 604 concerns received, 569 concerns were closed within Q3 and *Table 3* shows the time taken by PALS to respond. Of the 569 concerns received for Q3, 76% were resolved within 2 working days:

Table 3

1 working day	2 working days	3 working days	4 working days	5 working days	5 or more working days
365	56	23	24	7	94

Conclusion

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

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

The Dudley Group
NHS Foundation Trust

Integrated Performance Report - Board

December 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**

Quality Indicators

Heat Map - December 2018

Ward	Environmental Cleaning	Hand-hygiene	MRSA Screening - elective	MRSA Screening - emergency	HCAI CDIFF	Saving Lives 02b	Saving Lives 06b	Datix incidents reported	Falls, Injuries or Accidents	Pressure Ulcers Grade 3/4	Serious Incidents	Never Events	Nutrition Audit	Pain Score	Medicines Management Audit	% Deaths Priorities of Care	Deteriorating Patient	Fluid Balance	VTE Assessment	NQA Skin Bundle	FFT Response Rate	FFT Recommended %	Complaints	Compliments	Appraisals	Mandatory Training	RN Day	RN Night	Sickness	RAG Trend
AMU2 (A2)				94.7%				39	14														0	1						↑2 ↑1 ↓-4
B1			100.0%	98.8%				8	5														0	27						↑2 ↓-2 ⇒0
B2 Hip			100.0%	88.9%				13	3														0	25						⇒0 ⇒0 ⇒0
B2 Trauma			100%	80.0%				20	5														1	28						↓-1 ⇒0 ⇒0
B3			100%	83.3%				22	6														0	0						↓-1 ↓-1 ↓-3
B4				100.0%				26	10														0	0						↓-1 ↓-2 ↑2
B5			0%	85.7%				9	3														0	5						↓-1 ↓-1 ⇒0
C1				67%				11	4														0	48						⇒0 ↑1 ↓-1
C2								38	0														1	3						↑1 ↑4 ↓-8
C3				71.4%				22	4														2	93						↓-2 ↓-2 ↑2
C4			100%	100.0%				15	3														1	131						↓-1 ⇒0
C5			75%	87.5%				14	7														0	21						↑1 ↓-2 ⇒0
C6			66.7%	100%				8	2														1	2						⇒0 ⇒0 ⇒0
C7			100.0%	75.0%				31	6														0	21						↑2 ↑3 ↓-5
C8				89.7%				24	7														0	1						⇒0 ↑1 ↓-1
CCU & PCCU			100%	87.5%				13	3														0	26						↑1 ↓-7
Critical Care			100.0%	84%				19	1														0	80						↓-2 ⇒0 ↑2
MHDU				92.0%				20	3														0	1						⇒0 ↑1 ↓-3
Neonatal								26	2														0	1						↓-1 ⇒0 ⇒0
Average/Total	95.1%	99.2%	85.6%	87.4%	0	96.9%	95%	378	88	0	0	0	95.5%	97.0%	92.7%	17.3%	89%	91.4%	80.0%	95.4%	46.7%	91.7%	6	514	94.9%	88.3%	79.9%	84.2%	8.3%	

Column groupings: Patient Safety & Quality | Clinical Indicators | Patient Experience | Workforce & Safer Staffing | Ward RAG Trend

RAG Rating

Indicator	R	A	G
Environmental Cleaning	<85%	85%-95%	≥95%
Hand-hygiene	<100%	—	100%
MRSA Screening - elective	No RAG rating for this indicator		
MRSA Screening - emergency	No RAG rating for this indicator		
HCAI CDIFF	<0	—	0
Saving Lives 02b	<75%	75%-95%	≥95%
Saving Lives 06b	<75%	75%-95%	≥95%
Datix incidents reported	No RAG rating for this indicator		
Falls, Injuries or Accidents	No RAG rating for this indicator		
Pressure Ulcers Grade 3/4	<0	—	0
Serious Incidents	<0	—	0
Never Events	<0	—	0
Nutrition Audit	<85%	85%-95%	≥95%
Pain Score	<85%	85%-95%	≥95%
Medicines Management Audit	<85%	85%-95%	≥95%
% of Deaths with Priorities of Care	≤30%	30%-60%	≥60%
Deteriorating Patient	<85%	85%-95%	≥95%
Fluid Balance Management Audit	<85%	85%-95%	≥95%
VTE Assessment	<95%	—	≥95%
NQA Skin Bundle	<85%	85%-95%	≥95%
FFT Response Rate	<26%	26%-35.1%	≥35.1%
FFT Recommended %	<96.3%	96.3%-97.4%	≥97.4%
Complaints	No RAG rating for this indicator		
Compliments	No RAG rating for this indicator		
Appraisals	<80%	80%-90%	≥90%
Mandatory Training	<80%	80%-90%	≥90%
RN Average Fill Rate (day shifts)	<80%	80%-85%	≥85%
RN Average Fill Rate (night shifts)	<80%	80%-85%	≥85%
Sickness Rate	>4%	3.5%-4%	≤3.5%

The Dudley Group
NHS Foundation Trust

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%	68.74%	-	-	-	76.56%	%
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%	99.98%	-	-	-	99.72%	%
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%	81.42%	-	-	-	85.46%	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%	2%	-	-	-	1.8%	5%
A&E - Time to Initial Assessment (95th Percentile)	9	4	8	9	7	4	5	7	8	4	-	-	-	4	15
A&E - Time to Treatment Median Wait (Minutes)	70	49	65	61	73	49	64	55	66	66	-	-	-	66	60
A&E - Total Time in A&E (95th Percentile)	731	593	587	504	524	463	511	462	605	645	-	-	-	645	240
A&E - Unplanned Re-Attendance Rate %	1.5%	1.3%	1.1%	1.5%	1.6%	1.3%	1.3%	1%	1.3%	1.1%	-	-	-	1.3%	5%
Activity - A&E Attendances	103,426	8,292	9,097	8,920	9,569	8,336	8,847	8,932	9,170	9,023	-	-	-	80,186	79,193
Activity - Cancer MDT	5,131	492	443	520	378	511	508	596	561	500	-	-	-	4,509	3,913
Activity - Community Attendances	376,548	33,662	36,319	36,299	38,817	34,833	35,291	38,326	37,298	30,523	-	-	-	321,368	303,288
Activity - Critical Care Bed Days	7,612	579	702	731	770	582	679	792	679	625	-	-	-	6,139	6,071
Activity - Diagnostic Imaging whilst Out-Patient	52,692	4,222	4,505	4,451	4,434	4,445	4,163	4,759	4,760	4,044	-	-	-	39,783	44,154
Activity - Direct Access Pathology	1,970,646	173,406	172,671	173,017	174,399	173,882	165,564	187,986	176,971	153,376	-	-	-	1,551,272	1,560,139
Activity - Direct Access Radiology	75,450	6,221	6,883	6,389	6,475	6,235	5,930	7,014	6,844	5,262	-	-	-	57,253	60,401
Activity - Elective Day Case Spells	48,682	4,184	4,366	4,058	4,159	4,400	3,891	4,472	4,488	3,811	-	-	-	37,829	37,432
Activity - Elective Inpatients Spells	5,828	433	464	451	467	492	441	497	495	424	-	-	-	4,164	4,437
Activity - Emergency Inpatient Spells	50,160	3,247	3,626	3,635	3,776	3,712	3,452	3,853	3,806	3,803	-	-	-	32,910	36,677
Activity - Excess Bed Days	11,066	707	823	922	841	578	662	777	702	269	-	-	-	6,281	11,248
Activity - Maternity Pathway	7,636	578	668	621	642	652	579	584	580	486	-	-	-	5,390	5,701
Activity - Neo Natal Bed Days	7,111	628	661	604	611	643	542	625	529	621	-	-	-	5,464	5,506
Activity - Outpatient First Attendances	146,246	12,902	13,932	13,928	14,880	13,468	12,962	15,680	15,444	12,604	-	-	-	125,800	117,188
Activity - Outpatient Follow Up Attendances	295,301	25,716	27,624	26,429	28,601	26,743	26,342	31,061	28,712	22,965	-	-	-	244,193	231,775
Activity - Outpatient Procedure Attendances	71,502	5,235	6,107	6,121	6,064	5,715	5,873	6,513	6,342	6,143	-	-	-	54,113	56,616
Activity - Rehab Bed Days	20,079	1,528	1,571	1,720	1,618	1,908	1,732	2,017	1,987	2,522	-	-	-	16,603	14,596
Activity - Renal Dialysis	52,070	4,233	4,431	4,225	4,121	4,180	3,885	4,158	4,020	3,917	-	-	-	37,170	38,849
Ambulance Handover - 30 min – breaches (DGH view)	4,608	180	437	437	542	267	441	428	488	422	-	-	-	3,642	0
Ambulance Handover - 30 min – breaches (WMAS view)	5,803	240	603	563	685	395	548	554	637	545	-	-	-	4,770	0
Ambulance Handover - 60 min – breaches (DGH view)	716	8	67	53	119	43	120	88	66	86	-	-	-	650	0
Ambulance Handover - 60 min – breaches (WMAS view)	876	9	73	66	144	52	138	106	80	98	-	-	-	766	0

NHS
The Dudley Group
NHS Foundation Trust

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%	96.6%	-	-	-	94.5%	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%	94.7%	-	-	-	95.4%	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%	97.7%	98%	-	-	-	98.3%	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%	-	-	-	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%	-	-	-	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%	-	-	-	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%	90.70%	92.9%	-	-	-	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%	94.1%	-	-	-	97.6%	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%	75.3%	85.6%	-	-	-	82.1%	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	3	-	-	-	-	27	
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	6	-	-	-	-	33	
Cancer: Patients on a 62 day pathway treated on or over 104 days (3: combined)	48	5	9	3	7	7	16	4	9	-	-	-	-	60	
Maternity: Breastfeeding Data Coverage Rates	100%	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	354	-	-	-	3,291	
RTT - Admitted Pathways within 18 weeks %	87.9%	84.6%	87.1%	86.6%	88.2%	89.3%	85.80%	85.6%	85.5%	85.2%	-	-	-	86.5%	90%
RTT - Incomplete Waits within 18 weeks %	94%	93.4%	94.7%	94.4%	94%	93.6%	93.10%	93.2%	93.30%	93.2%	-	-	-	93.7%	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%	93.4%	-	-	-	94.4%	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%	99%	-	-	-	98.98%	99%

NHS
The Dudley Group
NHS Foundation Trust

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	£1,146k	-	-	-	£9,599k	k
Bank spend	£16,404k	£1,481k	£1,475k	£1,611k	£1,608k	£1,393k	£1,883k	£1,735k	£1,651k	£1,674k	-	-	-	£14,511k	k
Budgetary Performance	(£20,622)k	(£640)k	(£451)k	£646k	(£445)k	(£134)k	(£1,833)k	£121k	£254k	£562k	-	-	-	(£1,921)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	(£685)k	£207k	£9k	(£208)k	(£215)k	£1,018k	£1,174k	£321k	-	-	-	£1,108k	£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%	-	-	-	95.6%	90%
Mandatory Training	85.9%	87.8%	88.3%	87.6%	88.9%	89.3%	89.3%	88.6%	88.7%	88.8%	-	-	-	88.8%	90%
RN average fill rate (DAY shifts)	89.59%	83.40%	82.99%	80.43%	80.70%	77.1%	78.18%	82.96%	84.1%	81.11%	-	-	-	81.20%	95%
RN average fill rate (NIGHT shifts)	92.77%	85.94%	86.22%	84.57%	85.66%	83.86%	83.76%	88.4%	89%	85.94%	-	-	-	85.89%	95%
Sickness Rate	4.40%	3.79%	3.84%	4.16%	4.41%	4.35%	4.78%	4.96%	4.85%	5.40%	-	-	-	4.50%	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	4,346.26	-	-	-	4,346.26	
Turnover Rate (Rolling 12 Months)	9.74%	9.95%	9.70%	9.56%	9.51%	9.59%	9.48%	9.45%	9.52%	9.34%	-	-	-	9.34%	%
Vacancy Rate	6.63%	10.87%	11.35%	11.27%	11.13%	10.86%	10.37%	9.37%	10.23%	10.37%	-	-	-	10.37%	%

Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Nov-18	Dec-18	Actual YTD	Trend	Month Status
Friends & Family Test - Response Rate							
Friends & Family Test - ED	12.3%	19.4%	17.8%	17.5%	18.1%	↓	🟧
Friends & Family Test - Inpatients	26.9%	37.0%	35.0%	30.6%	34.3%	↓	
Friends & Family Test - Maternity - Overall	21.9%	38.0%	28.4%	30.0%	31.9%	↑	
Friends & Family Test - Outpatients	4.9%	11.9%	5.3%	4.9%	5.3%	↓	🟥
Friends & Family Test - Community	3.3%	8.1%	5.3%	3.7%	4.4%	↓	🟧
Friends & Family Test - Percentage Recommended							
Friends & Family Test - ED	88.7%	94.5%	76.9%	76.4%	77.7%	↓	🟥
Friends & Family Test - Inpatients	96.7%	97.4%	94.1%	93.2%	94.0%	↓	
Friends & Family Test - Maternity - Overall	97.1%	98.5%	95.8%	96.3%	97.7%	↑	
Friends & Family Test - Outpatients	95.3%	97.4%	89.1%	90.3%	89.7%	↑	
Friends & Family Test - Community	96.2%	97.7%	93.7%	92.7%	94.7%	↓	
Complaints							
Total no. of complaints received in month			49	47	440	↓	
Complaints re-opened			4	11	45	↑	
PALs Numbers			328	233	2601	↓	
Complaints open at month end			206	209	-	↑	
Compliments received			582	1382	5551	↑	
Dementia (1 month in arrears)							
Find/Assess		90%	95.9%		97.6%	↑	🟩
Investigate		90%	100.0%		100.0%	↑	
Refer		90%	97.0%		96.2%	↑	
Falls	National average 6.63 per 1000 bed days						
No. of Falls			66	80	608	↑	
Falls per 1000 bed days	6.63		3.79	4.64	3.99	↑	🟩
No. of Multiple Falls			4	6	54	↑	
Falls resulting in moderate harm or above			1	1	10	↔	
Falls resulting in moderate harm or above per 1000 bed days	0.19		3.8	4.6	4.0	↑	🟥
Pressure Ulcers (Grades 3 & 4)							
Hospital Avoidable	0		1	0	7	↓	🟩
Community Avoidable	0		1	1	9	↔	🟥
Handwash							
Handwashing			99.6%	99.6%	99.0%	↑	

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Nov-18	Dec-18	Actual YTD	Trend	Month Status
Mixed Sex Accommodation Breaches							
Single Sex Breaches		0	5	4	44	↓	🟥
Mortality (Quality Strategy Goal 3)							
HSMR Rolling 12 months (**Latest data Aug 18**)	110	105	117	118	-		
SHMI Rolling 12 months (**Latest data 18/19 Q1**)	1.10	1.05	N/A	1.11	-		
HSMR Year to date (**Not available**)					-		
Infections							
Cumulative C-Diff due to lapses in care		28	-	-	11	↔	
MRSA Bacteraemia	0	0	0	0	1	↔	🟩
MSSA Bacteraemia	0	1	1	2	13	↑	🟥
E. Coli - Total hospital	0	3	3	5	26	↑	
Stroke Admissions - Provisional Figures							
Stroke Admissions: Swallowing Screen		75%	93.9%	93.9%	93.4%	↔	🟩
Stroke Patients Spending 90% of Time on Stroke Unit		85%	95.2%	97.6%	92.7%	↑	
Suspected High Risk TIAs Assessed and Treated <24hrs		85%	88.9%	100.0%	91.9%	↑	
VTE - Provisional Figures							
VTE On Admission		95%	95.6%	94.2%	94.9%	↓	🟧
Incidents							
Total Incidents			1362	906	12795	↓	
Recorded Medication Incidents			343	349	3354	↑	
Never Events			0	0	0	↔	
Serious Incidents			5	6	64	↑	
of which, pressure ulcers			2	1	18	↓	
Incident Grading by Degree of Harm							
Death			0	2	9	↑	
Severe			1	0	16	↓	
Moderate			25	28	198	↑	
Low			154	149	1610	↓	
No Harm			1182	727	10962	↓	
Percentage of incidents causing harm		28%	13.2%	19.8%	14.3%	↑	🟥

Executive Summary

Ward Quality Heat Map

CQSPE

The development of the heat map continues to work in progress and will be further developed based on the committee members' feedback and as the ward quality dashboards are revised (work starting in January 2019 and progress monitored through Quality and Safety Group). Trends lines will be incorporated in the future heat map to see each individual wards and indicators trajectory directions. Narrative will be provided per metric by exception.

Environmental Cleaning; Compliance of 95.1% against a target of 95%.
Environmental cleaning score is an aggregated score following audit by Interserve assessing cleanliness of wards and clinical departments. The scores are calculated as; nursing and Interserve. Issues related to Interserve are escalated and rectified with ongoing monitoring of compliance and challenge, where necessary, by the Facilities Team. Nursing scores are monitored through Lead Nurse and Matrons and relevant actions are put in place and communicated through the huddle board.

Hand Hygiene; Compliance of 99.2 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. AMU 2, C2 and C7 are recorded as less than target compliance. Following discussion with the Matrons for these areas; 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.

Saving Lives – 06b Urinary Catheter Ongoing Care
B5 and C8 failed to achieve the required target for compliance for this audit. Both areas are working towards rectifying this prior to the next audit being undertaken.

Serious Incidents;
In December 2018, there were 6 Serious Incidents reported, these were made up of 4 general, 1 fall with harm and 1 avoidable pressure ulcer.
General Serious Incidents reported;
2018/29162 INC47885 – unexpected death in theatre
2018/30088 INC48612– unexpected admission to NNU and transfer to level 3 unit for cooling
2018/30526 INC48524 – undiagnosed Type 1 diabetes in pregnancy resulting in a previable birth.
2018/29076 INC47717 – inappropriate discharge resulting in a patient readmission with Myocardial infarction and transfer to New Cross.

Nutrition Audit; Compliance of 95.5% against a target of 95%.
The following areas failed to achieve 95% compliance for Nutrition; A2, B1, C5, C6, C7 and C8. 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 in the Associate Chief Nurse condition reports.

The identified Matron Leads for Nutrition (Debra Vasey and Sheree Randall) and the Quality Review and Improvement Lead are developing a Trust wide action plan to improve our nutrition audit compliance, managed through Quality and Safety Group once developed. This will mirror the RAP for the CCG in response to our Contract Performance notice in relation to MUST. There is also a task a finish group meeting fortnightly to ensure the progression and completion of actions detailed in the RAP, as well as relevant NPSA alerts.

% of Deaths with Priorities of Care; Compliance of 17.3% 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 95.4% against a target of 95%.
The following areas failed to achieve the 95% compliance for Skin Bundle; A2, C4, C5, C6, C7 and Critical Care. 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.

Appraisals;
C7 are in the process of addressing the deficit with appraisals, however, it should be noted that several of the appraisals have been completed but has they were outside of the appraisal window they are still recorded as non-compliant.

Mandatory training;
The training recording 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.

Vacancies/RN Fill Rates (Day/Night Shifts);
Recruitment and retention continue to be a key concern in both divisions. There remains a drive on Trust wide recruitment through the recruitment events and individual area events.
The development of the heat map continues to work in progress and will be further developed based on the committee members' feedback and as the ward quality dashboards are revised (work starting in January 2019 and progress monitored through Quality and Safety Group). Trends lines will be incorporated in the future heat map to see each individual wards and indicators trajectory directions.

Executive Summary

Key Messages

CQSPE

HCAI

There were 2 C. Diff cases identified after 48hrs for the month of December 2018.

	December	YTD
Total No. of cases due to lapses in care	0	11
Total No. of cases NOT due to lapses in care	1 (Maternity)	7
No. of cases currently under review (ytd)	1 (C1)	1
Total No. of cases (ytd)		19

FFT Footfall:

For the nine month period (40 areas were published) the Trust is achieving the target on 29 occasions where the percentage response rate score is equal to or better than the national average percentage response rate. The areas missing the target are maternity birth for August 2018, community for April, May and August 2018 and outpatients for May, June, July, August, September, October and November 2018.

FFT Recommended:

For the nine month period, (65 areas have been published) the Trust is achieving the target on 31 occasions where the score is equal to or better than the national average percentage recommended. The areas missing the target are inpatients, A&E and outpatients for April to November, maternity antenatal for September, maternity birth for June and November, and maternity postnatal ward for November and maternity post-natal community for September 2018 and community for September, October and November 2018.

Complaints:

During Q3, a total of 77 complaints were received by the Medical & Integrated Care Division, which indicates a decrease of -10.46% from Q2, 2018/19 (86) and 45.28% increase (53) for the same period last year (Q3, 2017/18). The Emergency Department has seen the biggest rise in complaints during Q3, 18/19 (30) compared with Q3, 17/18 (16).

During Q3, a total of 61 complaints were received by the Surgical Division, which indicates a decrease of -12.85% from Q2, 2018/19 (70) and 56.41% increase (39) for the same period the previous year (Q3, 2017/18). Further analysis has identified that Surgical Assessment Unit (SAU) have seen a decrease in complaints in Q3, 18/19 (7) compared to Q3, 17/18 (13 including SAU and ward B5).

During Q3, the Trust received correspondence from 18 complainants who were dissatisfied with their original complaint response from the Trust.

Dementia:

Dementia targets continue to be met.

Falls:

Falls have shown an increase in December 2018 but this does not alter the consistent trajectory of remaining below the national average of falls per 1,000 occupied bed days (as given by the RCP National Falls audit 2015). Input from falls prevention has been targeted at the areas showing higher than usual falls rates. Falls with harm remain consistently below the national average.

Pressure Ulcers:

There was 1 avoidable grade 3 pressure ulcer reported from Community in December 2018 and this is currently under investigation.

Mixed Sex Accommodation Breaches:

There were 4 breaches in December 2018; 1 x MHDU, 1 x ITU and 2 x SHDU. All were related to capacity and on reviewing the RCA's all appropriate actions were taken at the time of each incident.

Stroke:

Stroke targets within this report continue to be met.

VTE:

Medicine – 93.88%
Surgery – 94.42%

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 81.4%, whilst the Trust only (Type 1) performance was 68.7%.
The split between the type 1 and 3 activity for the month was:

	Attendances	Breaches	Performance
ED Dept Type 1	9019	2819	68.74%
UCC Type 3	6159	1	99.98%

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 85.6% (Provisional as at 24th Jan). Previous month confirmed performance was 75.4%

Cancer - 104 days - Number of people who have breached beyond 104 days (November)
No. of Patients treated on or over 104 days (DGFT)	3
No. of Patients treated on or over 104 days (Tertiary Centre)	6
No. of Patients treated on or over 104 days (Combined)	9

2WW
The target was achieved once again in month. During this period a total of 1245 patients attended a 2ww appointment with 41 patients attending their appointments outside of the 2 week standard, achieving a performance 96.7% 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 93.2% in month against a target of 92%, down from previous month. Urology did not meet the target in month at 90.6% up from previous month. Ophthalmology is at 83.3% down from 84.2% in the previous month. General Surgery is at 90.0% down from 90.7%. Also Plastic Surgery (86.5%) and Dermatology (87.7%) 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%. The number of patients waiting over 6 weeks was 65.

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Executive Summary by Exception cont.

Key Messages

2 Financial Performance Matters	**Committee: F&P**

Deficit of £2.582m for April-December, representing a £0.093m favourable 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. The Trust has not achieved the performance component of PSF. Following Board discussion and agreement, the Trust has changed the forecast deficit to an £8.8m deficit. Other financial risks that could impact on this position are CCG affordability/ability to pay for extra contract income, Winter pressures and the CQC impact.

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.

The process to support the re-opening of the appraisal window has commenced in preparation for 1st April 2019. At this time, over 70% of appraisals have been booked to take place within the window. We are expecting at least the same level of engagement in 2019/20 as the Trust achieved in 2018/19

Mandatory Training

The compliance rates continue at the stable level of 88.85%. 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 at 79.57%. The Clinical Support Division continues to be the team with the lowest compliance rates at 84.63%.

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 increased to 5.4% from 4.76%. This follows a positive previous trajectory for absence rates. The main rises are associated to the Division of Medicine and the Division of Surgery. The most significant rises have been in Care Support staff and administrative staff.

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 9.34% from 9.52% in the previous month. 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.

Performance - "At a glance"
Executive Lead: Karen Kelly

**NHS
The Dudley Group
NHS Foundation Trust**

Performance - Key Performance Indicators

	Target	Nov-18	Dec-18	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	95.52%	96.7%	95.3%	↑	🟩
2 week wait - Breast Symptomatic	93%	97.2%	94.8%	95.7%	↓	
31 day diagnostic to 1st treatment	96%	97.8%	95.3%	97.4%	↓	🟥
31 day subsequent treatment - Surgery	94%	100.0%	93.8%	99.2%	↓	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	100.0%	↔	🟩
62 day urgent GP referral to treatment	85%	75.4%	84.9%	81.5%	↑	🟥
62 day screening programme	90%	100.0%	82.4%	96.0%	↓	
62 day consultant upgrades	85%	90.8%	91.4%	92.6%	↑	🟩
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	93.3%	93.2%	93.3%	↓	🟩
RTT Admitted - % treatment within 18 weeks	90%	85.6%	85.3%	86.4%	↓	🟥
RTT Non Admitted - % treatment within 18 weeks	95%	93.9%	93.4%	93.8%	↓	
Wait from referral to 1st OPD	26	22	21	111	↓	
Wait from Add to Waiting List to Removal	39	43	41	211	↓	🟩
ASI List		2084	1453	0	↓	
% Missing Outcomes RTT		0.20%	0.23%	0.1%	↑	
% Missing Outcomes Non-RTT		5.6%	4.0%	4.6%	↓	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	63	65	444	↑	
% of diagnostic tests waiting less than 6 weeks	99%	99.1%	99.0%	98.7%	↓	🟩
ED - TRUST						
Patients treated < 4 hours Type 1 (Trust ED)	95%	73.0%	68.7%	76.0%	↓	🟥
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	83.2%	81.4%	85.0%	↓	
Emergency Department Attendances	N/A	9147	9019	44288	↓	
12 Hours Trolley Waits	0	0	1	1	↑	🟥
Ambulance to ED Handover Time - TRUST						
30-59 minute breaches		488	422	2046	↓	
60+ minute breaches		66	86	403	↑	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		15	17	71	↑	
60+ minute breaches		4	6	17	↑	

Performance - Key Performance Indicators cont.

	Target	Nov-18	Dec-18	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	1.7%	2.3%	1.9%	↑	🟥
Cancelled operations - breaches of 28 day rule	0	3	2	12	↓	
Urgent operations - cancelled twice	0	0	0	1	↔	🟩
GP Discharge Letters						
GP Discharge Letters	90%	82.8%	83.9%	82.3%	↑	🟥
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		74.6%	73.4%	76.3%	↓	
Theatre Utilisation - Main		86.9%	85.9%	86.4%	↓	
Theatre Utilisation - Trauma		90.2%	89.3%	92.6%	↓	
GP Referrals						
GP Written Referrals - made		6903	6009	33802	↓	
GP Written Referrals - seen		6096	5162	28705	↓	
Other Referrals - Made		3672	3219	17473	↓	
Throughput						
Patients Discharged with a LoS >= 7 Days		6.4%	6.9%	7%	↑	
Patients Discharged with a LoS >= 14 Days		3.0%	3.0%	3%	↔	
7 Day Readmissions		3.9%	4.2%	3%	↑	
30 Day Readmissions - PbR		8.0%	9.0%	8%	↑	
Bed Occupancy - %		89%	86%	88%	↓	
Bed Occupancy - % Medicine & IC		94%	94%	94%	↔	
Bed Occupancy - % Surgery, W&C		81%	81%	82%	↔	
Bed Occupancy - Paediatric %		56%	45%	48%	↓	
Bed Occupancy - Orthopaedic Elective %		91%	69%	76%	↓	
Bed Occupancy - Trauma and Hip %		91%	91%	92%	↔	
Number of Patient Moves between 8pm and 8am		97	93	511	↓	
Discharged by Midday		14.2%	12.9%	13%	↓	
Outpatients						
New outpatient appointment DNA rate	8%	7.6%	8.4%	8.1%	↑	🟥
Follow-up outpatient appointment DNA rate	8%	8.7%	8.4%	7.0%	↓	
Total outpatient appointment DNA rate	8%	8.2%	8.4%	37.1%	↑	
Clinic Utilisation		78.3%	76.2%	77.3%	↓	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective	2.4	2.73	1.83	2.6	↓	🟩
Average Length of Stay - Non-Elective	3.4	5.3	5.2	5.3	↓	🟥

The Dudley Group
NHS Foundation Trust

Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

Consultant 18 Week Referral to Treatment

Incomplete Pathways

Non-Admitted Pathways

Admitted Pathways
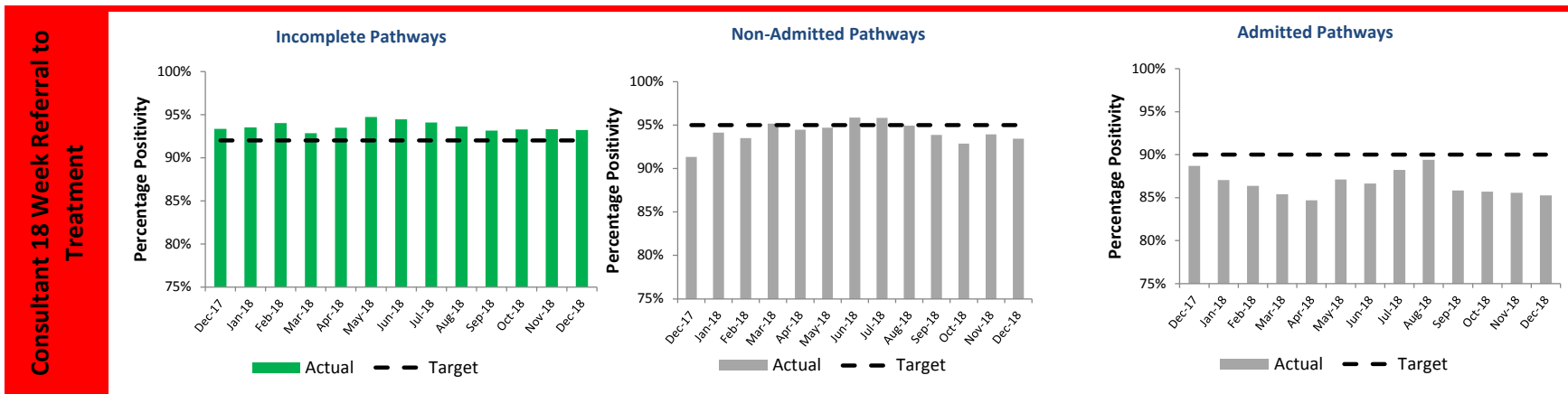
RTT 18 Week Performance - December 2018
Validated Position

Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	838	93	931	90.0%
101 - Urology	1042	108	1150	90.6%
110 - Trauma & Orthopaedics	1893	94	1987	95.3%
120 - ENT	1173	16	1189	98.7%
130 - Ophthalmology	2032	408	2440	83.3%
140 - Oral Surgery	656	5	661	99.2%
160 - Plastic Surgery	669	104	773	86.5%
300 - General Medicine	2	0	2	100.0%
301 - Gastroenterology	1036	31	1067	97.1%
320 - Cardiology	667	30	697	95.7%
330 - Dermatology	749	105	854	87.7%
340 - Respiratory Medicine	242	4	246	98.4%
400 - Neurology	528	32	560	94.3%
410 - Rheumatology	561	18	579	96.9%
430 - Geriatric Medicine	130	1	131	99.2%
502 - Gynaecology	1004	30	1034	97.1%
Other	3586	143	3729	96.2%
Total	**16808**	**1222**	**18030**	**93.2%**

Comments

Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

The Dudley Group NHS Foundation Trust

Wait in days from referral to 1st OPD
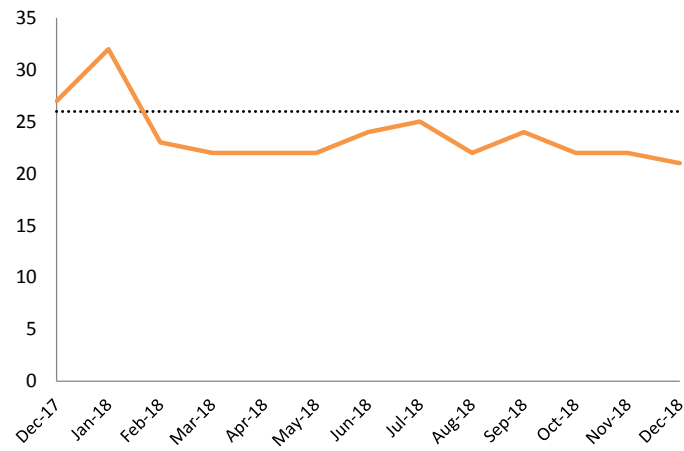
Wait in days from Add to Waiting List to Treatment or Removal
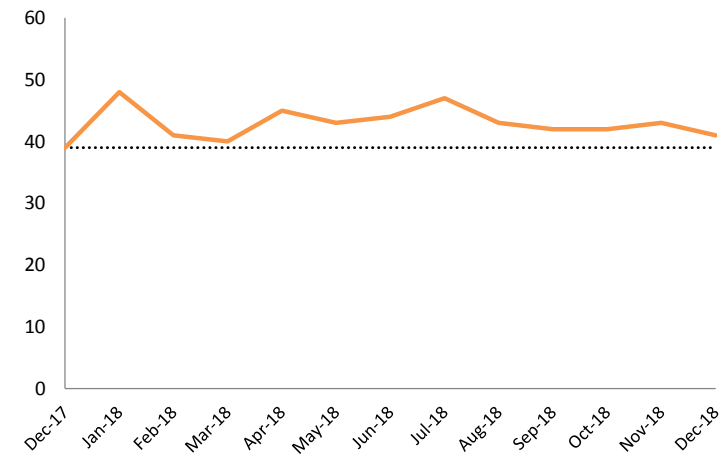
Number of unavailable slots at end of month (Appointment Slot Issues)

0 Tolerance

% Missing Outcomes

Latest month performance will always be worse than prior months as past clinics are eventually outcomed.

— % Missing Outcomes RTT
— % Missing outcomes Non-RTT
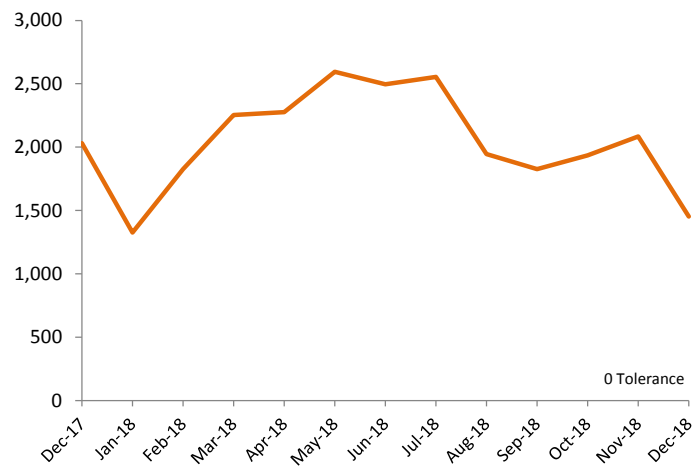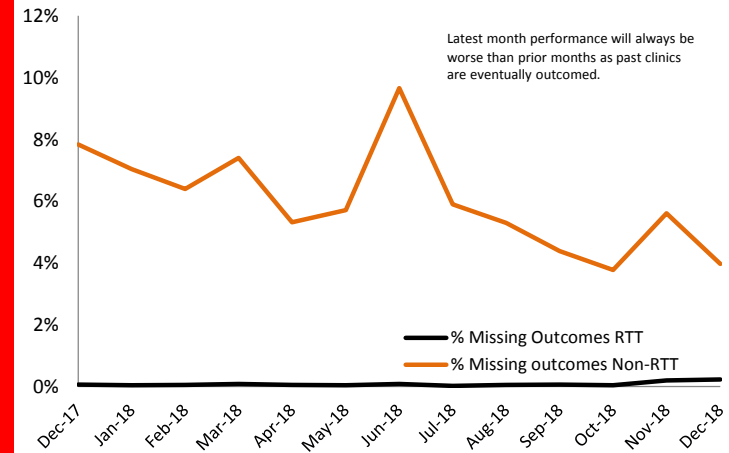
Performance Matters (KPIs)

Regulatory Performance - RTT Incompletes

RTT Incompletes by Specialty

RTT Incompletes - >40 Week Waits By Specialty

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
219 - Paediatric Plastic Surgery						1										
301 - Gastroenterology										1						
107 - Vascular Surgery			1													
255 - Paediatric Clinical Immunology and Allergy		1														
307 - Diabetic Medicine															1	
400 - Neurology															1	
320 - Cardiology															1	
420 - Paediatrics												1			1	
120 - ENT	1				1			1								
502 - Gynaecology							1								1	2
214 - Paediatric Trauma and Orthopaedics		1									1	2	1			
100 - General Surgery					1	1				1		1	1			1
160 - Plastic Surgery								1				1	1	1	1	1
330 - Dermatology				1	1			1					2	1	1	1
130 - Ophthalmology	4	5	3	10	12	14	19	15	7	1	3	2	4	2		2
101 - Urology	12	10	8	11	7	11	8	9	8	10	5	6	6	2	5	9

Comments

There are '0' over 52 weeks

Financial Performance - "At a glance"

Executive Lead: Tom Jackson

Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	413	618	49.6%	-15	1,469	1,378	-6.2%	-91
Day Cases	3,648	3,926	7.6%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	3,922	3,843	-2.0%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	34,756	36,426	4.8%	1,067	115,593	114,578	-0.9%	-1,015
A&E	9,134	9,019	-1.3%	305	25,595	26,316	2.8%	721
Total activity	**51,873**	**53,832**	**3.8%**	**1,485**	**167,051**	**166,859**	**-0.1%**	**-192**
CIP	£'000	£'000		£'000	£'000	£'000		£'000
Income	576	783	35.9%	207	3,606	5,102	41.5%	1,497
Pay	354	155	-56.1%	-198	2,645	2,346	-11.3%	-299
Non-Pay	350	651	86.0%	301	3,224	7,100	120.2%	3,876
Total CIP	**1,280**	**1,589**	**24.2%**	**309**	**9,475**	**14,549**	**53.5%**	**5,074**
INCOME	£'000	£'000		£'000	£'000	£'000		£'000
NHS Clinical	26,066	27,798	6.6%	1,731	249,809	250,305	0.2%	496
Other Clinical	610	586	-4.0%	-24	5,028	6,353	26.4%	1,326
STF Funding	905	633	-30.0%	-272	5,878	4,115	-30.0%	-1,763
Other	2,175	2,107	-3.1%	-68	17,881	17,398	-2.7%	-483
Total income	**29,757**	**31,124**	**4.6%**	**1,367**	**278,595**	**278,172**	**-0.2%**	**-424**
OPERATING COSTS	£'000	£'000		£'000	£'000	£'000		£'000
Pay	-18,107	-18,789	3.8%	-682	-167,199	-170,163	1.8%	-2,964
Drugs	-2,632	-2,941	11.7%	-309	-24,933	-26,270	5.4%	-1,337
Non-Pay	-7,492	-7,573	1.1%	-82	-64,668	-65,378	1.1%	-710
Total Costs	**-28,230**	**-29,303**	**3.8%**	**-1,073**	**-256,800**	**-261,810**	**2.0%**	**-5,010**

Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan £'000	Month Actual £'000	Variance %	Variance £'000	Plan YTD £'000	Actual YTD £'000	Variance %	Variance £'000
EBITDA	1,519	1,830	20.5%	311	21,723	16497	-24.1%	-5,226
Depreciation	-847	-574	-32.2%	273	-7,489	-5110	-31.8%	2,379
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,238	-1,245	0.6%	-7	-11,104	-9994	-10.0%	1,110
SURPLUS/(DEFICIT)	**-566**	**11**	-101.9%	**577**	**3,130**	**1393**	-55.5%	**-1,737**
SOFP	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	-1,512	-2,250	48.8%	-738	-9,513	-8,373	-12.0%	1,140
Inventory					3,227	3,765	16.7%	538
Receivables & Prepayments					20,279	21,422	5.6%	1,143
Payables					-27,682	-34,349	24.1%	-6,667
Accruals							n/a	0
Deferred Income					-1,639	-1,704	4.0%	-65
Cash & Loan Funding	£'000	£'000		£'000	£'000	£'000		£'000
Cash					3,507	4,797	36.8%	1,290
Loan Funding							n/a	0
KPIs								
EBITDA %	5.2%	6.3%	1.1%		8.1%	6.3%	-1.8%	
Deficit %	-2.0%	0.0%	2.0%		1.2%	0.5%	-0.6%	
Receivable Days					0.0	0.0	n/a	
Payable (excluding accruals) Days					0.0	0.0	n/a	
Payable (including accruals) Days					0.0	0.0	n/a	
Use of Resource metric					1	3		

NHS The Dudley Group NHS Foundation Trust

Workforce - "At a glance"

Executive Lead: Andrew McMenemy

	People Target 18/19	Nov-18	Dec-18	Actual YTD	Trend	Month Status
Workforce						
Sickness Absence Rate	3.50%	4.76%	5.40%	4.88%	↑	🟥
Staff Turnover	8.5%	9.52%	9.34%	9.48%	↓	🟧
Mandatory Training	90.0%	88.7%	88.8%	88.9%	↑	🟧
Appraisal Rates - Total	90.0%	95.6%	95.6%	95.6%	↔	🟩

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 7 February 2019

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

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

ACTION REQUIRED OF BOARD / COMMITTEE / GROUP:

Decision	Approval	Discussion	Other
		Y	**Y**

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☐	X	☐
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 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 31 January 2019.

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	31 January 2019	Richard Miner	yes	no
			Yes	

Declarations of Interest Made

None

Assurances Received

Finance and Efficiency

- A £2.6m deficit is reported to Month 9, which is in line with the plan to Month 9. The underlying financial position, however, remains challenging as there is a significant income risk relating to contract penalties and commissioner affordability. We have achieved the financial position for Q3 and have secured additional PSF monies. The CIP year to date position remains strong.
- The cash position is becoming a growing and significant concern. It is essential that a balanced I & E plan is delivered for 2019/20 if the Trust is to avoid external cash borrowings
- The development of budgets for 2019/20 was discussed and there remains a significant shortfall to deliver the Control Total or a breakeven position.

Performance

- The 4 hour access standard remains challenging and remedial work is underway to address challenges to DM01 and cancer targets.

Workforce

- Sickness absence has seen an increase. Further analysis is taking place to understand the cause and ensure that both short and long term absences are being managed affectively and staff are being supported.

Estates and Procurement

- The Committee noted the performance against the PFI contract in December had been good.

Board Assurance Framework

- Risks relating to the MCP, Brexit and 2019/20 financial plan were to be reviewed.

Decisions Made / Items Approved

- None

Actions to come back to Committee

- Support sustainable nurse recruitment business case will be presented back to the Committee in February
- Acute Medicine Medics staffing review business case to be presented back to Committee in February
- Nursing costs analysis benchmarked against Model Hospital data will be presented to the February meeting

Performance Issues to be referred into Executive Performance Management Process

- Sickness absence rates
- Sustainability of cancer performance

Areas of Risk to be escalated onto the Corporate or Divisional Risk Register
• Brexit (operational risks)
• Financial plan for 2019/20
• MCP risks
Items referred to the Board for decision or action
• The 2018/19 financial forecast and 2019/20 financial plan, especially the significant impact on cash.

TITLE:	Operational Plan 2018/19: Quarter Three Report		
AUTHOR:	**Lisa Peaty Deputy Director of Strategy & Development**	**PRESENTER**	**Natalie Younes Director of Strategy & Business Development**

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

ACTION REQUIRED OF FINANCE AND PERFORMANCE COMMITTEE:

Decision	Approval	Discussion	Other
		Y	

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☒ x	☐	☐
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 note the outcome of Quarter Three and to note the forecast for Quarter Four.
- To discuss whether the proposed mitigating actions are sufficient to improve performance.
- To discuss if any new risks should be added to the Corporate Risk register to reflect measures of achievement that are forecast to be red or red/amber at the end of Quarter Four.

CORPORATE OBJECTIVE:

All

SUMMARY OF KEY ISSUES:

The Quarter Three performance of the Trust's Annual Plan can be found in Appendix One and a summary can be found in Appendix Two.

The summary of the **Quarter Three** position is:

Strategic Objective	RAG rating			
	Red	Amber	Green	No Status
Deliver a great patient experience	7	3	10	4
Deliver safe and caring services	1	16	12	0
Drive service improvement, innovation and transformation	0	13	3	0
Be the place people choose to work	0	3	3	0
Make the best use of what we have	0	4	2	0
Deliver a viable future	0	3	11	3
Total	**8**	**42**	**41**	**7**

This is a deterioration of the actual position at Quarter Two. Only two measures were predicted to be red, but the actual position is eight. Mitigating actions are in place and risks are being managed through the Board Assurance Framework:
- Deliver a great patient experience
  - Inpatient FFT scores (BAF 568)
  - ED FFT scores (BAF 568)
  - Maternity postnatal scores (No BAF)
  - Outpatient FFT scores (BAF 568)
  - Community FFT scores (BAF 568)
  - Four hour A&E standard (BAF564)
  - Cancer performance targets (BAF565)

- Deliver safe and caring services
  - CQC inspection rating (BAF 577)

Of the above, the measures that were forecast to improve from red during Q3 but remain red are:
- Inpatient FFT score (BAF 568)
- Outpatient FFT score (BAF 568)
- Cancer performance targets (BAF 565)
- Management of serious incidents (BAF 572)
- CQC inspection rating (BAF 577)

and the measures that have become red this quarter are:
- Community FFT scores (BAF 568)
- Timeframe for complaints (BAF 568)
- CQC inspection rating (BAF 577)

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

Strategic Objective	RAG rating			
	Red	Amber	Green	No Status
Deliver a great patient experience	6	2	12	4
Deliver safe and caring services	0	11	18	0
Drive service improvement, innovation and transformation	0	11	5	0
Be the place people choose to work	0	1	5	0
Make the best use of what we have	1	3	2	0
Plan for a viable future	0	1	13	3
Total	**7**	**29**	**55**	**7**

The forecast Quarter Four position is an improvement when compared to Quarter Three.
- 14 more greens compared to Quarter Three
- 1 fewer red compared to Quarter Three
- 13 fewer ambers compared to Quarter Three
- The same number of greys compared to Quarter Three

The seven measures of achievement are **forecast to be red at the end of Quarter Four are**:
- Deliver a great patient experience
  - Inpatient FFT scores (BAF 568)
  - ED FFT scores (BAF 568)
  - Maternity postnatal FFT scores (No BAF)
  - Outpatient FFT scores (BAF 568)
  - Community FFT scores (BAF 568)
  - Four hour A&E standard (BAF 564)
- Make the best use of what we have
  - Control total of £800k deficit achieved (COR 616 Failure to remain financial sustainable)

Risks and mitigating actions have been identified for those measures of achievement that are red at the end of Quarter Four and are being managed as part of the Trust's risk management process.

IMPLICATIONS OF PAPER:

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

OPERATIONAL PLAN PERFORMANCE
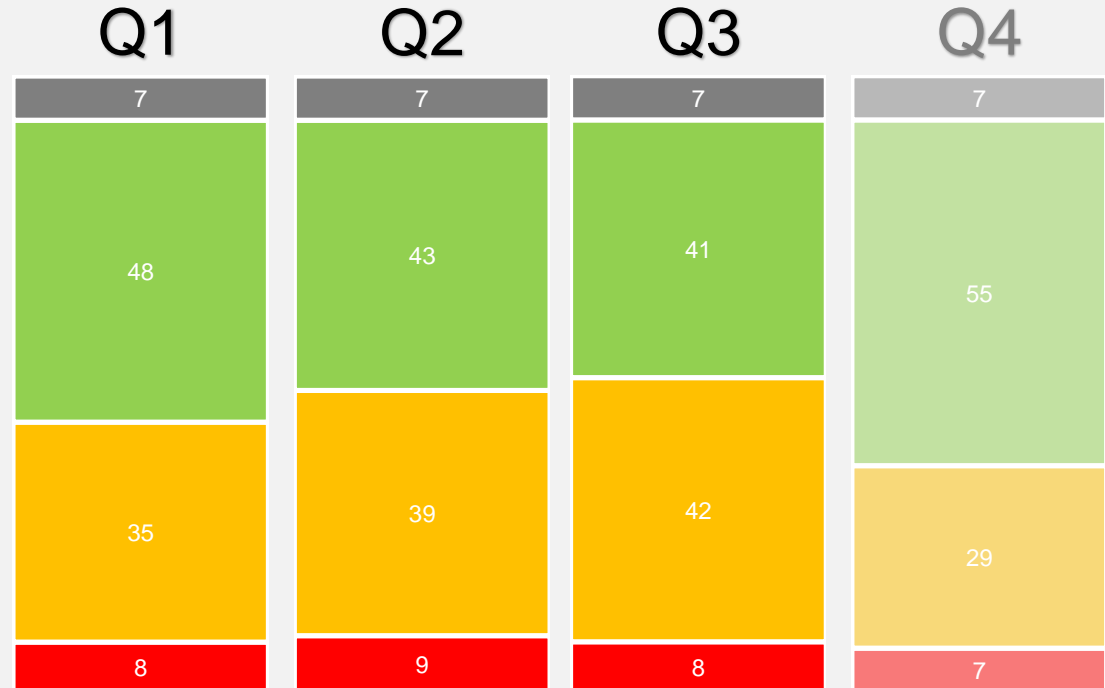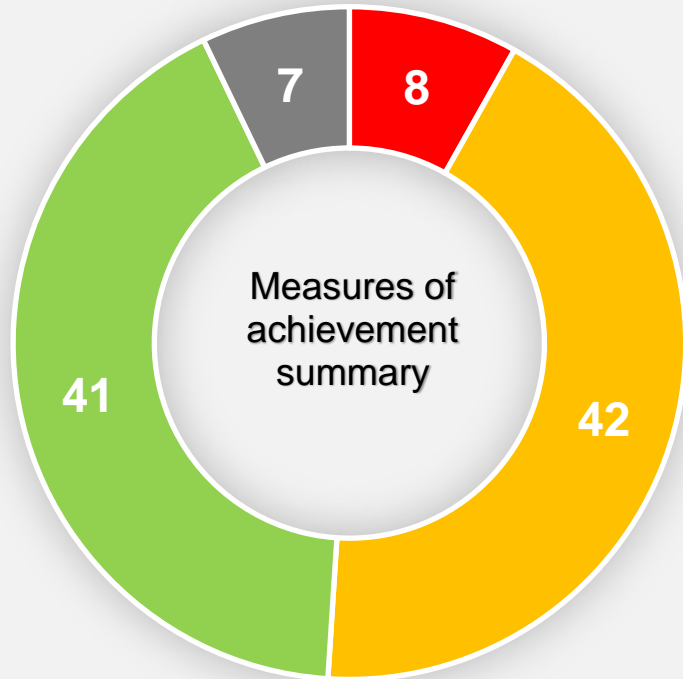
Measures of achievement summary

- 8 (red)
- 7 (grey)
- 41 (green)
- 42 (yellow)

	Q1	Q2	Q3	Q4
Grey	7	7	7	7
Green	48	43	41	55
Yellow	35	39	42	29
Red	8	9	8	7

1. Deliver a great patient experience
2. Deliver safe and caring services
3. Drive service improvement, innovation & transformation
4. Be the place people choose to work
5. Make the best use of what we have
6. Deliver a viable future

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Three

Summary of RAG Rating

Deliver safe and caring services

What is going well?
1. Targets for pain management, Medication and MUST community have been achieved (SO2.1)
2. The Trust is performing well for incident reporting (SO2.5) and is in the top 50% of non-specialist Trusts
3. The implementation of the Gold Standards Framework continues to be successful (SO2.8)

4. 32% of consultant job plans have been signed off, an increase from 15% in quarter 2 (SO2.17)
5. There is positive service user engagement to support improvements in maternity care (SO2.20)

What is going not so well?
1. The implementation of e-sepsis has demonstrated that compliance with sepsis screening has been poor in inpatient areas (SO2.3)
2. The reporting of serious incidents to commissioners within 60 days (SO2.6) has not always occurred, although potential breachs are discussed in the trust by weekly

3. The CQC inspection rating for ED is inadequate (SO2.10)
4. Expenditure on agency nurses (SO2.16) has increased due to an increase in establishment, the opening of new clinical areas and overall vacancy factor

Key Risks & Mitigation
1. Specific plans are in place to support achievement of quality indicators which have not reached their targets (SO2.1)
2. e-sepsis was implemented in September 2018 and will continue to support improvement in compliance for sepsis screening and compliance with administration of antibiotics (SO2.3, SO2.4)
3. Patient Safety Advisors are supporting the reporting of serious incidents (SO2.6). The Patient Safety Team have reviewed cases that have breached the target to identify the underlying themes.
4. An improvement plan is in place for ED to address the concerns raised by CQC and there is robust internal and external overall (SO2.10)
5. Structured Judgement Review (SJR) training will be undertaken at the end of January to increase the number of reviewers in the Trust (SO2.14)
6. The Learning from Deaths Policy has been revised and operational policy for care of deteriorating patients has been introduced (SO2.14)

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Summary of RAG Rating

Deliver safe and caring services

12
16
2
0 1

	Q1	Q2	Q3	Q4
Green	16	13	12	18
Amber	11	14	16	11
Red	2	2	1	0
Top	0	0	0	0

What is going well?

1. Targets for pain management, Medication and MUST community have been achieved (SO2.1)

2. The Trust is performing well for incident reporting (SO2.5) and is in the top 50% of non-specialist Trusts

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The Dudley Group
NHS Foundation Trust

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Three

Summary of RAG Rating

Make the best use of what we have

What is going well?
1. Ophthalmology has appointed an additional consultant and additional anaesthetists have been recruited to reduce reliance on waiting list initiatives (SO5.3)

2. The current prediction for the Cost Improvement Programme (CIP) is to deliver £19.48 million against a target of £15.4 million (SO5.5)

3. The Research Strategy has been approved and the Patient Safety Strategy has been launched (SO5.6)

What is going not so well?
1. Non-Elective activity is under-performing against plan resulting in a loss of expected income (SO5.1)
2. There are significant risks based on the underlying position for the Trust to deliver its control total deficit of £800k (SO5.4)

Key Risks & Mitigation
1. A Business Case for additional consultants in Orthopaedics has been developed and will be discussed at the end of January 2019 (SO5.3)
2. Financial management of budgets is scrutinised through monthly divisional performance meetings and the Financial Improvement Group. Rectification plans are being implemented (SO5.4)
3. Mitigating projects are being developed to mitigate for CIP projects that are under-delivering. The progress of delivery of CIP is being reviewed monthly by the Financial Improvement Group (SO5.5)
4. The Medical Workforce Strategy is being developed and is on track for completion by March 2019 (SO5.6)

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Three

Summary of RAG Rating

Be the place people choose to work

What is going well?
1. The compliance rate for Mandatory training reached 88.85% just short of the 90% target which is a similar to the position in quarter 2 (SO4.6)
2. Plans are in place to present the initial results from the staff survey are due to be discussed at the Workforce Committee in January 2019 and to provide detailed feedback to divisions (SO4.1)
3. Level of engagement for completing the staff survey improved from last year but was not as high as expected (SO4.2)
4. Staff wellbeing events have taken place and have been attended well (SO4.5)

What is going not so well?
1. The absence rate in December (5.4%) was above the target 3.5% but similar to the same period last year (SO4.3)

Key Risks & Mitigation
1. Events arranged with the Staff Engagement Lead will improve staff engagement events further making them even better organised and so that they provide more support for staff (SO4.5)
2. Improved electronic recording and alert systems for managers will highlight the gaps in Mandatory Training. The focus is on high risk areas such as resuscitation, safeguarding and infeciton control (SO4.6)
3. Changes to the Sickness Absence Policy and training for managers will help to improve sickness rates (SO4.3)
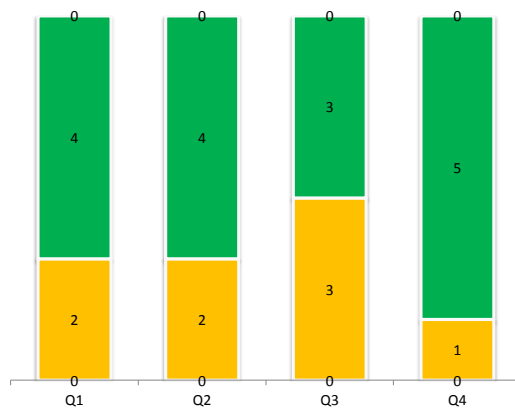
Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Three

Summary of RAG Rating
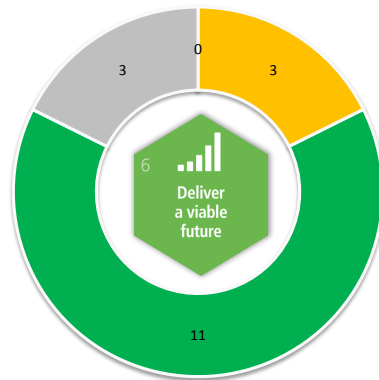
What is going well?

1. The Black Country Procurement work stream has delivered its saving plan and forecast to over-achieve (SO6.1)

2. The Estates Strategy was approved by the Trust Board in November (SO6.17)

3. The Trust has successfully bid for £20.3m capital funds to re-develop the Emergency Department (SO6.17)

4. The Trust is playing an active role in the development of the Black Country Pathology Service. Successful TUPE of staff took place (SO6.2)

5. The vacancy rate for nurses has decreased alongside a falling trend in turnover for medical, nursing and CSW staff (SO6.14)

4. Market shares analysis has been undertaken an identified areas of potential growth for different services provided by the Trust. Plans are being developed to realise these opportunities (SO6.8)

5. The shared care record is in place as a technical proof of concept. A bid for funding from NHSE should ensure delivery of this project by end of quarter 4 (SO6.16)

What is going not so well?

1. There are no indicators RAG rated as red this quarter.

Key Risks & Mitigation

1. A newly established Staff Experience and Engagement Group will oversee recruitment and retention initiatives to support continued improvements in this area (SO6.14)

2. Service level strategies are being developed to underpin the refreshed Trust Strategy highlighting how additional income can be generated in the future (SO6.9)

The Dudley Group
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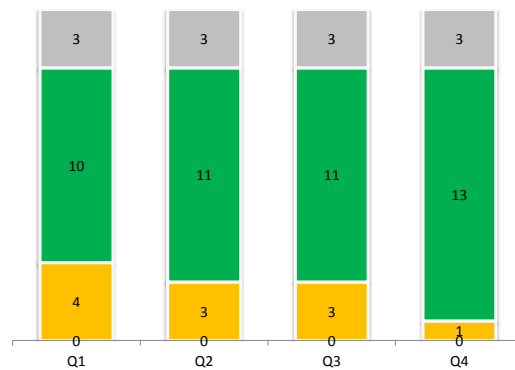
Paper for submission to the Trust Board on 7th February 2019

TITLE:	DGFT Strategy 2019-2021		
AUTHOR:	Lisa Peaty, Deputy Director: Strategy and Business Development	PRESENTER	Natalie Younes, Director: Strategy and Business Development

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

ACTION REQUIRED OF TRUST BOARD:

Decision	Approval	Discussion	Other
	Y		

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
x	☐	☐	☐
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 TRUST BOARD:

To approve the Trust's Strategy for 2019-2021

CORPORATE OBJECTIVE:

All objectives

SUMMARY OF KEY ISSUES:

Please refer to Appendix One for the 2019-2021 Strategy.

IMPLICATIONS OF PAPER:

RISK	Risk: N	Risk Description:

	Risk Register: N		Risk Score:	
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Trust strategy is an element of well led	
	NHSI	**N**	**Details:**	
	Other	**N**	**Details:**	

NHS

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The Dudley Group NHS Foundation Trust Strategy

2019-2021

Care better every day

Welcome from Diane Wake, our Chief Executive and Jenni Ord, our Chair.

Welcome to our strategy for 2019-2021.

This strategy describes the vision that The Dudley Group NHS Foundation Trust (DGFT) has for the next two years. It outlines how we will continue to be a sustainable organisation delivering high-quality health care in the right place and at the right time for the population of Dudley and beyond.

Many of our patients, staff, volunteers and partners have contributed to the development of this strategy. They have provided feedback on what the Trust is already doing well and told us what we need to improve. They have also given their views on the future of the Trust. We would like to thank each person that has contributed for taking the time to give us feedback and make suggestions. Every comment has been considered and used to help inform the content of this strategy.

Our strategy has been written at a time of significant change and this is why we have decided to write this strategy for a two year period. The national long term plan for the NHS was published on 7th January 2019; discussions are ongoing about how health care could be provided differently across the Black Country and we continue to develop our plans for a Multi-specialty Community Provider (MCP – Integrated Care System) in Dudley which will see more health care delivered in the community or our patients' homes. We are implementing the Dudley Improvement Practice Programme across the Trust to transform our ways of working and to improve patient care and we are excited to have been awarded £20.3 million to rebuild our Emergency Department by 2022/23.

Although the details to support the implementation of the NHS Long Term Plan have yet to be published, we have identified three key themes from all of the above which will be central to DGFT's strategy. These are:

► Development and implementation of the MCP.

► Improving the efficiency and effectiveness of elective and emergency care.

► Developing specialist hospital services.

Whilst there are challenges ahead, this is an exciting time for DGFT and we look forward to working with you to shape our future services.

Diane Wake, Chief Executive

Jenni Ord, Chair

About The Dudley Group NHS Foundation Trust

We provide acute and community services to the population of Dudley but also to other parts of the Black Country, West Birmingham, South Staffordshire and North Worcestershire.

We also provide a range of specialist services, some of which are accessed by patients from across the UK. These include vascular surgery, endoscopic procedures, stem cell transplants and specialist genitourinary reconstruction.

We have a workforce of around 4,400 whole time equivalent (WTE) staff making us the second largest employer in Dudley. Our staff are our greatest asset and we provide a range of secondary and tertiary services including:

► Adult community services such as community nursing, end of life care, podiatry, therapies and outpatient services from a range of community venues across the borough.

► Russells Hall Hospital has more than 650 beds, including intensive care beds and neonatal cots. The hospital provides secondary and tertiary services such as maternity, critical care and outpatients, and an Emergency Department that features a brand new Emergency Treatment Centre.

► The Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge provide a range of outpatient and day case services.

► Vascular services is the hub for the Black Country.

► An active research and development team.

Our vision

Trusted to provide safe, caring and effective services because people matter – care better every day.

Our vision was developed in 2015. We have consulted on whether it should be changed. During the consultation, there was almost universal agreement amongst patients and staff that the Trust's vision is the right one even though the environment in which the Trust works has changed considerably since the vision was adopted.

We have added the strap line 'care better every day' to our vision to capture what staff have told us about making the vision more relevant to their ambition to provide high quality care daily and to reflect our commitment to the Dudley Improvement Practice Programme.

Our values:

CARE

Care
we provide safe, quality healthcare for every person – every time

RESPECT

Respect
we show respect for our patients, our visitors and each other – at all times

RESPONSIBILITY

Responsibility
we take responsibility for everything we do – every day

Our values support our vision and define how the Trust and every member of staff will work to deliver the best care possible.

Most of the patients we consulted told us that our values are demonstrated clearly through the care we provide, whilst staff said that the values encourage them to 'go the extra mile' for patients. They also said that having the

values embedded into their annual appraisal helps to keep them live and relevant to their job.

Our values are clearly at the heart of everything that the Trust does for patients and we believe that care, respect and responsibility are crucial to providing the best possible patient experience.

Strategic objectives:

To achieve our vision, we will continue to have six strategic objectives. These will be discussed in more detail in this document. The strategic objectives are:

1. Deliver a great patient experience.
2. Deliver Safe and caring services.
3. Drive service improvement, innovation and transformation.
4. Be the place people choose to work.
5. Make the best use of what we have.
6. Deliver a viable future.

These are underpinned by three clinical aims:

► Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.

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

► Provide specialist services to patients from the Black Country and further afield.

How we will measure success

We will know we have been successful at delivering our strategy when:

► Our patient feedback scores are in the top quartile nationally.

► Our Care Quality Commission (CQC) inspection rating is good or above and our quality indicators are amongst the best nationally.

► The Multi-specialty Community Provider is implemented.

► Our staff feedback and workforce indicators are in the top quartile nationally.

► We achieve our financial plan.

► We can demonstrate business growth.

These measures will enable us to test over time whether our plans are being achieved (see page 35).

We also know that there will be significant changes in the local and regional healthcare system throughout the lifetime of this strategy which mean that some of the care provided by DGFT will be delivered in a different way. For example, more care will be delivered in the community or in patient homes by the Dudley Multi-specialty Community Provider. This will make care easier to access for patients and fewer patients will spend time in hospital as we will be working more closely with other local health and social care organisations in the community. We will also be working collaboratively with other hospitals in the Black Country to make sure that services remain sustainable.

Our future success is dependent on how we participate in, deliver and adapt to these changes.

A changing healthcare landscape

Over the next two years, the care that we provide and the way that we provide it will continue to be shaped by the national, regional and local factors that impact on us. The following section describes the main things that will influence the Trust over the next two years.

Our patients

It is important that we understand the diverse needs and expectations of the local population and that our strategy meets their needs. Over the next two years we expect the following changes to take place:

▶ The population of Dudley borough is forecast to have increased from 318,000 in 2016 to 321,000 by 2020.

▶ Life expectancy and the number of elderly people will continue to rise.

▶ There will be more people with multiple, complex and long term health conditions.

▶ Mortality rates from the main contributory diseases will reduce.

▶ There will be a growth in the number of people with disabilities and mental health issues.

▶ Levels of smoking, alcohol use, poor diet and obesity in Dudley will remain higher than national averages.

▶ There will be a reduction in the number of births.

▶ Health and wellbeing inequalities will continue to exist across the borough.

▶ More patients that live outside of Dudley will access our services.

We will continue to develop and deliver our services to make sure that we meet these changing needs.

External context

The NHS Long Term Plan was published by NHS England in early January 2019. It sets out ambitions for the NHS over the next ten years and outlines how care will be improved through the development of more proactive and coordinated services and differentiated support being offered to individuals. There are four main areas in which improvements will be delivered:

▶ The development of out of hospital care to ensure that patients can be seen in primary and community care settings (MCP).

▶ A reduction in the pressure on emergency hospital services.

▶ Delivery of high quality person-centred care with improved outcomes.

▶ An emphasis on prevention of poor health and improving population health inequalities.

The delivery of the above is to be supported by an overhaul of the way in which local health care is funded, initiatives to tackle workforce pressures and investment in technology and digitally enabled health care. The plan states that 2019/20 will be a transitional year when local NHS organistions will have an opportunity to shape local implementation for their local populations.

One of the ambitions of the Long Term Plan is the development and implementation by 2021 of Integrated Care Systems across England where NHS organisations and local authorities will work together to meet the needs of the population they serve. In the Black Country, this will build on the work of the Black Country and West Birmingham Sustainability and Transformation Partnership (STP), of which we are part. The STP published a plan in Autumn 2016 which identified the priorities for the delivery of healthcare across the region between 2016 and 2021 and how partners would run services in a more coordinated and sustainable way. The plan describes how the gaps in health and well-being, care, quality, and finance and efficiency will be addressed. In November 2018, the Black Country and West Birmingham Clinical Strategy was published which identifies and outlines the case for change for 12 clinical priority areas. These are:

▶ Primary Care.

▶ Cancer.

▶ Mental Health.

▶ Learning Disability Services.

▶ Maternity & Neonates.

▶ Children & Young People.

▶ Urgent & Emergency Care.

▶ Cardiovascular Disease.

▶ Interventional Radiology.

▶ Pathology.

▶ Musculoskeletal Conditions.

▶ Respiratory Disease.

▶ Frailty.

The STP Clinical Strategy aims to drive forward a reduction in variation across the system, shared approaches to reviewing clinical practice, agreed clinical standards and protocols, and effective clinical engagement. The case for change for each priority area does not prescribe the specific actions needed and work is ongoing to develop options and plans for delivery in each of the 12 clinical priority areas. DGFT will engage fully in this work. The acute hospitals in the Black Country and West Birmingham are already working more closely together to provide services more collaboratively, give better value for money, reduce duplication and improve both efficiency and quality. Working together also helps to address workforce shortages and recruit and retain clinicians with specialist expertise.

One of the priorities of the STP is to develop local models of care which will be the starting point from which an Integrated Care System will be developed. Dudley Clinical Commissioning Group has commissioned a Multi-specialty Community Provider (MCP) for Dudley and awarded this contract in 2018 to DGFT and Dudley GPs. The vision is to integrate health and social care services (within a single, new organisation) to improve access, continuity and coordination of care. Some services currently provided by DGFT will be delivered through the MCP, including some outpatient and most community based services, intermediate care and end of life services.

A changing healthcare landscape

The STP also focuses on improving maternity services and outcomes across the Black Country. The Black Country and West Birmingham Local Maternity System was established in 2017 and involves both provider and commissioning organisations. Its aim is to implement the recommendations in the national Better Births report (2016) and deliver the outcomes of the Maternity Transformation Programme. The aspiration is for all women to have choice and personalisation in their maternity care;

to reduce rates of stillbirth, neonatal death, maternal mortality and brain injury during birth by 50%; and to implement continuity of carer models. The NHS Long Term Plan proposes these are accelerated, and also focuses on the roll out of the Saving Babies Lives Care Bundle (with an emphasis on preventing pre-term birth), maternity digital care records, increasing access to perinatal mental health care and improving neonatal critical care.

The above initiatives align with the following:

1. The Dudley Health and Wellbeing Board have published their strategy for 2017-2022 which focuses on how individuals, communities and organisations can make Dudley a place where people live longer, safer and healthier lives. The Health and Wellbeing Board Strategy recognises that there are health inequalities in the borough and that people's demand and expectation for services is growing. One of the aspirations of the strategy is for organisations to work together to improve people's health and wellbeing and the quality of services that are available. The MCP will support the achievement of this.

2. A new vision – 'Forging a Future for all' – was launched for Dudley borough in September 2018. This community-wide vision sets out aspirations for the kind of place Dudley borough wants to be in 2030 and was developed by communities and organisations across the borough. It can only be delivered by organisations working together. The aspirations include ensuring Dudley borough is an attractive and affordable place to live and visit, with vibrant and diverse towns being home to healthy and safe communities.

In accordance with the aspirations of the NHS Long Term Plan, DGFT will engage fully with partners to realise the ambitions of an Integrated Care System for the Black Country and support the achievement of system wide objectives.

There are other elements of the external environment which will impact on the Trust over the next two years. To understand these, we have undertaken an analysis of the political, economic, social, technological, legal and environmental (PESTLE) context of the Trust. The main assumptions are:

► Brexit is likely to be the biggest political change that impacts the Trust. There is currently no clear 'exit deal' for the UK leaving the European Union. The Trust's Emergency Preparedness, Resilience and Response Team has been tasked with coordinating a plan for the Trust's response to Brexit. This covers all areas of the Trust's business including support for staff from the European Union and the supply chains for goods, services and medicines.

► The changing demographics of the local population and their expectations of care will lead to an increase in demand for our services. This includes people living longer and more people with complex and long term health needs at a time when the birth rate is forecast to decline.

► Recruitment of our workforce will remain a challenge and the Trust will need to work innovatively to secure the workforce needed to meet future demand.

► Innovation in digital technology will lead to changes in the way some of our services are accessed and delivered. Our clinicians will continue to participate in research and development. Our Electronic Patient Record (EPR) will improve access to real-time information for clinicians and patients.

A changing healthcare landscape

Internal environment

We have asked patients, staff and our partners about our strengths, weaknesses, opportunities and threats (SWOT analysis). The key themes are:
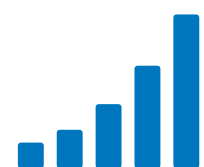
Our strengths

- Our staff are dedicated, caring and hardworking and we have a loyal team of volunteers.
- We provide acute and community services and there is partnership working with primary care enabling joined-up pathways for patients.
- There is strong collaboration with our partners across the Black Country and beyond.
- We have a good record of delivering some key performance targets (e.g. Referral to Treatment Times, infection rates, mortality rates).
- We have excellent facilities, including the newly built Urgent Care Centre and new imaging facilities at The Guest Outpatients Centre.
- We have a strong track record of digital developments, research and innovation. Our EPR and broader population health approach is transforming the way clinical staff undertake their work and many of our clinicians are actively engaged in research and innovation.

Our weaknesses

- We received a Care Quality Commission rating of 'inadequate' for our Urgent and Emergency Services and the Trust has an overall rating of 'requires improvement' (April 2018 rating).
- We have a challenging financial position. This limits our investment in change, transformation and our estate.
- The recruitment of staff in some areas requires sustained focus. There are national and regional shortages for some types of staff. These include nurses, radiographers and middle grade and junior medics. Expenditure on agency staff impacts the financial position of the Trust. However, we have strategies in place to address those areas with high vacancies.
- We do not consistently meet some performance targets, specifically the Emergency Access Standard.

Our opportunities

- The way care is delivered will be transformed through the implementation of the MCP, partnership working with primary care and integrating services to improve care pathways.
- Workforce recruitment initiatives will help us to develop a well-trained substantive workforce and reduce spend on agency staff. A range of engagement and development opportunities for existing and prospective staff are in place.
- Closer working with other healthcare providers across the region as part of the Black Country STP will enable improved sustainability and accessibility of acute services.
- Identification of business development and growth opportunities will enable the Trust to increase its market share and develop specialist clinical and non-clinical services.
- Model Hospital, Getting it Right First Time and RightCare provide us with the opportunity to work differently, redesign the way care is delivered and improve efficiency.

Our threats

- Changes in the political landscape (e.g. Brexit, government NHS policy and legislation) could mean that the Trust will have to change the way it works or its plans for the future.
- National shortages of some types of staff (e.g. Radiographers, consultants in some specialties) and changes to trainee pathways (e.g. nurses, pharmacists) mean that it may be difficult to recruit to some vacant posts. However, we have strategies in place to address those areas with high vacancies.
- Financial pressures as a result of national funding allocations and delivery of the financial plan will remain challenging. The expectation for continued delivery of cost improvements remains a further pressure for the Trust.
- Changes in demand associated with an ageing population and more people with complex and long term conditions mean that our services will have to be able to respond.

1

Achieving our vision through our strategic objectives

Our six strategic objectives which underpin our vision are listed on page 5. This section of the document outlines what we will do to deliver each strategic objective and how we will measure our success. This is summarised as 'a strategy on a page' on pages 28-29.

STRATEGIC OBJECTIVE ONE: deliver a great patient experience.

Our ambition is to provide every patient that is cared for with a great patient experience. We have a Patient Experience Strategy which outlines how we will improve the experience of the care we provide and how we will seek feedback. All patients are given the opportunity to provide us with feedback on their care using the NHS Friends and Family Test (FFT) and our patient survey programme. These surveys give us valuable information and we have received good feedback for some services (maternity care and community) whilst there are others where we have more to do to improve (Emergency Department and Outpatients). We will continue to encourage patients to provide us with feedback and act on this until our survey scores are consistently amongst the best in the country.

Patients told us that their patient journey starts before they enter the hospital and that it includes the way in which we communicate through appointment letters and leaflets. We have a good record of achieving the targets for Referral to Treatment Time (RTT) and access to diagnostics and these were seen as a positive part of the patient journey in Dudley.

We know that we have more work to do to consistently meet the cancer access standard, emergency access standards and to meet RTT for those services which do not always meet the 18 week target.

The NHS Long Term Plan aims to reduce pressure on emergency hospital services by reducing emergency admissions through pre-hospital urgent care; implementing more comprehensive 'Same Day Emergency Care' and acute frailty assessment services; reducing delayed discharges; and improving the responsiveness of community and primary care as well as the support for people living in care homes. We will work with our partners to realise this ambition. In addition, the NHS Long Term Plan emphasises the improvements required for earlier diagnosis of cancer through improved screening programmes and diagnostics; more precise and safer treatments; and better outcomes for patients, especially children and young people. A new standard will be set for patients to receive a diagnosis or ruling out of cancer within 28 days of referral and 75% of cancers will be diagnosed at stages 1 or 2.

" ... the NHS Long Term Plan emphasises the improvements required for earlier diagnosis of cancer through improved screening programmes and diagnostics; more precise and safer treatments; and better outcomes for patients, especially children and young people. "

Communication was a key theme from consultation with both staff and patients who felt that communication between the following could be improved:

► The Trust and their GP.

► Different services within the Trust.

► Clinicians and the patient.

Patients also said that there is often a lack of information about how long they will need to wait whilst attending for their appointments. The clarity of signage in the building and the physical environment of some of our waiting areas were identified by patients as things that we could improve.

Our Dudley Improvement Practice Programme will lead to tangible benefits relating to this strategic objective through the setting of measures which will ensure that patient experience is always factored into service improvement initiatives.

What we are going to do

We have set ourselves the following goals:

► Review the mechanisms for patient engagement.

► Improve the way we communicate with patients, their GPs and between different services within the Trust.

► Integrate pathways within and between services to optimise efficiency and productivity.

► Meet national access standards, including emergency care, RTT, diagnostic and cancer targets.

► Improve the environment in which care is delivered, including signage inside and outside our buildings, the condition of some of our waiting rooms and the quality and availability of refreshments.

We will know we have been successful when:

► Patient feedback scores are in the top quartile nationally.

Achieving our vision through our strategic objectives

STRATEGIC OBJECTIVE TWO: deliver safe and caring services.

The safety of the services we provide is of critical importance to us and we have a relentless focus on providing safe and high quality treatment and care for every patient. We do this in a number of ways which include providing training to staff, purchasing high quality equipment and putting preventative measures in place. Learning processes are used to reduce the likelihood of incidents recurring.

The Trust has a number of quality priorities which have specific and measurable targets used to assess whether we are improving the quality of the care we provide. These include:

► Nutrition and hydration.

► Pressure ulcer prevention.

► Infection prevention and control.

► Incident management.

► Medications.

► Patient falls.

► Discharge management.

The Trust performs well on pressure ulcer prevention in hospital and falls as well as infection prevention and control. We remain committed to minimising these further. We know that we need to improve the targets related to pain management and medication administration.

We take part in all national clinical audits and audits of compliance with the National Institute for Clinical Excellence (NICE). These complement our own clinical audit programme. The trust has regular internal unannounced Quality and Safety Reviews which involve a multi-disciplinary team visiting clinical areas so that they can continually improve services.

The Trust has received a series of CQC inspections over the last 12 months which have highlighted a number of areas for improvement. Improving our Emergency Department and significantly enhancing the pathway and experience of care for patients that are admitted to us as an emergency are priorities for us. We have an improvement plan in place which focuses on the following:

► Clinical assessment of all patients who present to the Emergency Department (ED) within 15 minutes (triage).

► Identification, escalation and management of deteriorating patients.

► Securing sufficient numbers of suitably qualified, skilled and competent staff.

► Keeping children safe using robust safeguarding processes.

► Securing further specialist clinical expertise for ED.

During consultation, most patients confirmed that we provide high quality, compassionate care and that our staff go over and above what normally might be expected to provide this. Our ambition is to treat every patient in line with our values and enable them to experience safe and effective services.

Our Dudley Improvement Practice Programme will lead to tangible benefits relating to this strategic objective through the setting of measures relating to the quality of the services that we provide.

What we are going to do

We have set ourselves the following goals:

► Secure the improvements required for Emergency Care, including Same Day Emergency Care.

► Improve core services that have been rated by CQC as requires improvement so that they are good, and services that are rated as good to outstanding.

► Improve learning and feedback mechanisms to enhance quality of care.

► Strengthen clinical and management decision making to improve the quality of care.

► Develop mechanisms for staff to be better engaged in the reporting of and learning from incidents and serious incidents.

► Implement revised clinical standards agreed as result of the national Clinical Standards Review.

► Improve care for patients with major health conditions.

► Deliver improvements in maternity care.

We will know we have been successful when:

► Our CQC inspection rating is good or above

> **" Improving our Emergency Department and significantly enhancing the pathway and experience of care for patients that are admitted to us as an emergency are priorities for us. "**

Achieving our vision through our strategic objectives

3

STRATEGIC OBJECTIVE THREE: drive service improvement, innovation and transformation.

Consultation with staff has told us that there is often duplication in what we do for patients (e.g. repeat tests, duplicate letters) and that it would be possible to make better use of the resources we have by redesigning pathways and services to make them more efficient and effective. This strategic objective will initially focus on the development and implementation of the MCP and the transformational changes it will deliver to patient care and experience. This focus will be retained whilst the transformation required by the development of an Integrated Care System (ICS) for the Black Country by 2021 is developed in line with the NHS Long Term Plan.

The vision for the MCP is to integrate primary and community services to ensure that patients are provided with the right treatment, in the right place at the right time and by the right person. The development of pathways and services that will be part of the MCP is a significant step for the Trust. It will enable more care to be delivered in the community as close as possible to where the patient lives, rather than in hospital. The MCP will enable the development of integrated services across primary, community and social care, simplify care pathways and improve patient experience. During consultation, patients said that they welcomed these new approaches to service delivery and staff were keen to understand how our current services and patient pathways would be redesigned to meet the ambitions of the MCP. Staff wanted to be part of developing the new services.

MCP services will provide a model of care designed to address the current and emerging needs of people living in Dudley. This will include:

► Improving population access to primary and community services.

► Providing better continuity of care for the rising number of people with multiple long term conditions.

► Delivering more coordinated care for those with multiple and complex needs.

► The prevention and early identification of health conditions.

Whilst working in partnership with other providers in the community, DGFT will continue to provide emergency and elective acute services. This will ensure continuity and coordination of services with primary care including integrated community teams, improved end of life care and frailty pathways.

❝ The development of pathways and services that will be part of the MCP is a significant step for the Trust. It will enable more care to be delivered in the community as close as possible to where the patient lives, rather than in hospital. ❞

Whilst consultation clearly indicated that patients welcome the changes that the MCP will bring to Dudley, both patients and staff also recognised the need for the Trust to also reconfigure its acute services to meet the changing demographics and needs of the population. Improving access to seven day services so that patients have access to consistently high quality care seven days a week is a priority for us and staff raised this as an area we should focus on over the next two years. Seven day services will mean that all non-elective patients who are admitted will be seen by a consultant within a few hours (or by the morning after arrival) and any urgent tests or treatments will take place the same day. The consultant or a member of their team will review each patient daily. This will improve patient experience and quality of care, as well as making our services more efficient by reducing length of stay and increasing discharge rates.

A number of our services have already received a clinically led 'Getting it Right First Time' (GIRFT) review and we are working to implement the learning from these through a series of action plans. This will help to improve the effectiveness and efficiency of these services. We will continue to participate in GIRFT reviews throughout the lifetime of this strategy.

The Trust is one of seven Trusts that have been selected for a national Improvement Practice Programme with NHS Improvement (NHSI). The programme will employ methodology to improve quality and streamline the efficiency of services. This is a long term approach to continuous improvement which will include the training of practice coaches so that we have the relevant skills within the Trust as outlined in Figure 1.

Figure 1.

DGFT 4,400 Whole Time Equivalent staff

People we care for

Level	Number
Specialist practice coach	3
Practice coach (event capable)	10
Practice coach	45
Coach	450
Teams	All

People we care for
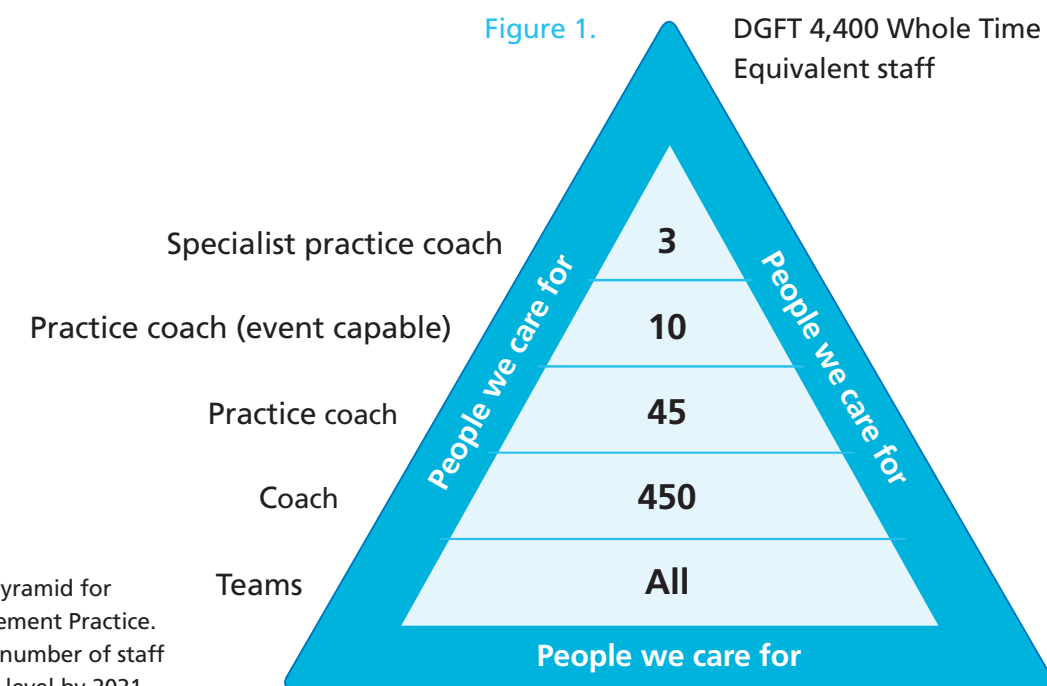
Staff Training Pyramid for Dudley Improvement Practice. This shows the number of staff trained at each level by 2021.

Achieving our vision through our strategic objectives

STRATEGIC OBJECTIVE THREE: drive service improvement, innovation and transformation (continued)

We have identified four key service areas to be the focus of the Dudley Improvement Programme during 2019:

► Emergency Department.

► Emergency Surgery.

► Outpatient follow-up.

► End of Life Care.

During the first three years, the Trust will be supported by NHSI who will assist with developing practice coaches, implementing and realising the benefits of the programme. The aim is that, after this period, the Trust will be self-sufficient to sustain the programme and continue to develop a culture of quality improvement.

A fully interoperable EPR delivered within a digital transformation programme will support sustainability and patient outcomes. The digital platform aligns fully with the Black Country STP health and social care economy roadmap and directly supports the MCP new models of care. Within the Trust, the EPR facilitates healthcare professionals to record and share clinical information, whilst accessing optimised and standardised care pathways, supporting clinician decision making to reduce unwarranted variation. Data analysis will support identification of areas for improvement and transformation. Our Digital Strategy will go some way to meeting the aspirations for digitally-enabled care that is outlined in the NHS Long Term Plan and we will continue to develop our strategy in line with the national ambition.

" A fully interoperable EPR delivered within a digital transformation programme will support sustainability and patient outcomes. "

What we are going to do

We have set ourselves the following goals

► Provide care closer to home/ in the community through the implementation of the Dudley MCP.

► Work with STP partners to develop and implement the Black Country ICS.

► Configure acute services to meet changing demographics and the needs of the population.

► Provide seven day services.

► Redesign services to make them more efficient and effective.

► Align all improvement practice to a single, consistent method - the Dudley Improvement Practice.

► Maximise digital and analytical capabilities to support the delivery of Dudley Improvement Practice.

► Deliver enterprise-wide electronic prescribing and an orders and results management suite within the EPR.

► Deliver a paper-free Emergency Department to improve quality and efficiency of care.

► Deliver an integrated population health digital platform to meet the current and future needs of Dudley citizens.

We will know we have been successful when:

► The MCP is implemented.

Achieving our vision through our strategic objectives

STRATEGIC OBJECTIVE FOUR: be the place people choose to work

The Long Term Plan for the NHS states that the performance of the healthcare system ultimately depends on its people and outlines the pressures experienced by staff and the organisations in which they work. A comprehensive national workforce implementation plan will be published later in 2019 which will set out the detail on specific issues and how they will be addressed.

We will grow and develop our workforce to ensure services are sustainable and we can meet future demands. Our Workforce Strategy presents our aspiration to have a workforce with the capacity and capability to meet the Trust's ambitions for the future, including the delivery of safe and effective patient care and better outcomes for patients. It provides ambitious expectations to support our workforce to develop their skills within a learning environment. It encourages staff to be innovative and to work together in an inclusive environment that stimulates the development of new ideas to support excellence. Our Workforce Strategy has six priority areas that are outlined on page 32.

Throughout consultation, patients told us that our staff are our most important asset, demonstrating compassionate care and doing an excellent job despite the pressures they face every day.

There is a national shortage of qualified nurses and prospective candidates face difficulties with funding their training. In order to support a sustainable nursing workforce, the Trust is going to be more ambitious in developing its own locally-sourced nursing workforce using the apprenticeship levy alongside a Nurse Degree Programme and a Nursing Associate model. This model will be supported with the development of Advanced Healthcare Practitioner roles alongside different models of care to deliver effective and safe clinical care.

We will continue to run recruitment campaigns for those staff groups that we find difficult to recruit, including nurses, allied health professionals (e.g. speech & language therapists, radiographers) and middle-grade medical staff. We have been successful at attracting medical staff through the Medical Training Initiative (MTI) scheme and will continue to recruit in this way.

We use a number of workforce performance measures to support our plans for workforce retention, capability and wellbeing. These include staff vacancy rates, turnover rates, sickness absence, appraisal rates and mandatory training.

The Trust engages well with its staff with many new opportunities for engagement having been provided in 2017/18 and we have further ambitions for 2019. The area of staff engagement and staff experience will continue to be an area of focus. We realise the value of a fully engaged, highly motivated and diverse workforce that not only reflects the local population but works collectively to improve the patient experience.

The Workforce Strategy focuses on further developing an inclusive culture with our staff. This will be developed through enhanced clinical engagement that will support involved decision making by those delivering care. Effective staff engagement is the cornerstone of our strategy and we will continue to listen to and make improvements with our workforce.

We will build on our engagement approach with the 'Make it Happen' events alongside initiatives such as the Chief Executive's monthly team briefings, Live Chat, Leadership Forum, Back to the Floor opportunities and supporting the Civility Saves Lives Campaign.

Staff achievements are recognised and promoted through the monthly Healthcare Heroes and annual Committed to Excellence Awards Ceremony. Every year, the Trust recognises staff with long service with an annual celebration.

Staff wellbeing is extremely important to the Trust and is closely aligned to the staff engagement work. There are quarterly wellbeing events in the Trust that support staff with both physical and mental health. The Trust is very proud of its success in staff services to support musculoskeletal and mental health conditions. Recognising that these are our two main reasons for absence, we will be developing these services further to support our staff.

Our Dudley Improvement Practice Programme will lead to tangible benefits relating to this strategic objective through the setting of measures which will ensure that staff morale is central to all service improvement initiatives.

> **" patients told us that our staff are our most important asset, demonstrating compassionate care "**

What we are going to do

We have set ourselves the following goals

▶ Provide effective recruitment, development of existing and prospective staff in order to deliver a sustainable workforce that meets out clinical needs. Succession Planning will be a key element of this.

▶ Develop a locally-sourced nursing workforce using the apprenticeship levy alongside a Nurse Degree Programme and a Nursing Associate model.

▶ Enhance the levels of engagement and inclusive decision making ensuring clinical priorities are at the heart of the decision making process.

▶ Enhance the experience of staff working at the Trust with the same commitment that we would expect when focusing on the patient experience.

▶ Enhance the support associated with the health and wellbeing of our staff.

We will know we have been successful when:

▶ Staff feedback and workforce indicators are in the top quartile nationally

Achieving our vision through our strategic objectives

STRATEGIC OBJECTIVE FIVE: make the best use of what we have

There is a finite supply of financial resources to meet the demand for our services. In recent years, as with many NHS providers, it has proved particularly challenging to deliver financial balance. In June 2018, the Government introduced a new funding settlement for the NHS with real terms growth of £20.5 billion per year by 2023/24. We will work to achieve financial balance whilst managing demand, complexity of care and the cost of agency staff.

Consequently, the Trust's ambition is to use its resources in the most cost-effective and efficient way to provide services that meet the changing needs of the population and demand. For example, over the last few years, demand for emergency care has been unprecedented and there have been increases in first outpatient appointments and day cases. During consultation, patients and staff told us that they are concerned about the additional pressures on our services and how the Trust will manage the forecast demand from rising numbers of elderly people and those with complex long term health conditions.

We will use our resources to support our strategy by working towards the following aims.

First and foremost, we will develop a plan to return to financial balance with all of our services being financially sustainable. The NHS Long Term Plan explains how revenue funding for the NHS will grow by 3.4% a year over the next five years to enable organisations to deal with current pressures, the forecast

demographic changes and new priorities. It is expected that all providers will achieve financial balance alongside cash-releasing efficiency productivity growth of at least 1.1% per year. There is a national financial framework specifically aimed at supporting providers to return to financial balance and we will work with commissioners and regulators to reach this shared goal.

Secondly, we will build on the success of our efficiency programme in 2018/19 to create a platform for delivering efficiencies and sustainability going forward. To support this, we invested in new costing and coding IT systems in 2018/19 which will help us gain a better understanding of the true cost of providing patient care, the income we receive and what causes our cost pressures. Whilst we will eliminate unnecessary spend, we will also need to continue to invest in services and new developments and we will ensure that the financial and other business benefits are fully realised. We believe that improved clinical quality improvement through the Dudley Improvement Practice and the use of benchmarking tools like Model Hospital and GIRFT will deliver more effective and efficient use of resources. Our Dudley Improvement Practice Programme will lead to tangible benefits relating to this strategic objective through the setting of measures that ensure that all service improvement initiatives positively impact on value for money and efficiency. Benchmarking data shows where there is unwarranted variation in our services and helps us to understand where we can be more efficient and productive. The 'Use of

Resources' information in the Model Hospital portal enables us to identify those areas where we currently use our resources efficiently and those where there are opportunities for us to improve, including how efficiently we utilise our hospital beds, appointments, staff, support services and our estate. We will use demand and capacity models to help us understand and plan what we need to provide so that patients do not wait too long for treatment - the gap between capacity and demand is one of the main reasons that waiting lists develop and waiting times increase.

Thirdly, we will work with partners locally to deliver efficient system redesign and transformation. We will make the 'best use of what we have' through working in collaboration with our partners to implement new models of care as described by the MCP and NHS Long Term Plan. We will work with partners to reduce demand for acute hospital services through prevention of poor health, early detection and different models of care that will help avoid admission to hospital. An area of focus in the NHS Long Term Plan is to target the top five causes of premature death, including smoking, obesity, alcohol, air pollution and microbial resistance. Additionally, it emphasises the importance of prevention and early detection of health conditions (particularly cancer, diabetes, cardiovascular disease, stroke and respiratory disease) which will help to reduce the demand for hospital services and health inequalities. The local health system will produce plans in 2019 on how they will reduce health inequalities by 2023/24 and 2028/29.

What we are going to do

We have set ourselves the following goals:

▶ Maximise the opportunities presented by the new national NHS financial framework.

▶ Drive efficiency and productivity through the proactive use of benchmarking data.

▶ Strengthen financial discipline and financial management.

▶ Set and deliver our cost improvement programme.

▶ Work with partners to reduce demand for hospital services by implementing initiatives to support prevention and early identification of health conditions.

▶ Ensure services meet demand through implementation of demand and capacity models.

We will know we have been successful when:

▶ We achieve our financial plan.

> " *The Trust's ambition is to use its resources in the most cost effective and efficient way.* "

Achieving our vision through our strategic objectives

STRATEGIC OBJECTIVE SIX: deliver a viable future

It is important that the Trust ensures the long term viability of its acute and specialist services.

The Trust will continue to work in collaboration with other acute hospital providers as part of the Black Country STP to ensure that services are viable 'effective and efficient. We will develop our services and models of service provision for the relevant priority clinical areas.

We have made a good start with the Black Country Pathology Partnership Service. This service has a Hub at New Cross Hospital in Wolverhampton and essential services laboratories at Russells Hall Hospital, Walsall Manor Hospital and in Sandwell and West Birmingham. We have developed arrangements to provide 24/7 Interventional Radiology Services collaboratively across the Black Country. We will build on this work and recognise that the configuration of some services across the STP acute trusts may change over time. DGFT will seek to ensure that any transformation in services as a result of the STP Clinical Strategy benefit the residents of Dudley. Our clinical leaders and managers will actively participate in reviewing, scoping and developing services across the Black Country:

▶ **Cancer:** we want services for patients to be in the top quartile for prevention, early diagnosis and treatment.

▶ **Maternity & neonates:** we will provide a maternity care pathway that involves women, and those close to them, in the right choices for them to give birth in a safe and caring environment.

▶ **Children & young people:** we will ensure they are in good physical and mental health, enabling them to become independent and productive members of our society.

▶ **Urgent & emergency care:** we will sustainably meet the urgent and emergency care needs of local people through the development and delivery of Same Day Emergency Care and a comprehensive and integrated care service.

▶ **Cardiovascular disease:** through networked and integrated services, we will prevent heart attacks and strokes using stronger pathways, better health management and health coaching.

▶ **Musculoskeletal:** our patients receiving surgical care for hip replacements and other common musculoskeletal conditions will have good outcomes, high quality of care, and experience efficiency in service delivery.

▶ **Respiratory:** we will reduce premature mortality rate for respiratory disease to below the England average. Patients living in the community will be able to access consultant outreach.

▶ **Frailty:** we will put patients at the heart of their own care through better coordinated care that meets their needs when they are both at home and in hospital. We will reduce avoidable emergency admissions.

DGFT currently provides a number of specialist services. We are the centre for the Black Country for provision of vascular services and we intend to retain and expand this service to secure its future at DGFT. We provide stem cell transplants for patients across the Black Country in our Haematology Department, and we provide specialist Plastic Surgery, Urology and Gastroenterology. The data analysis we have undertaken indicates that there is scope for us to expand this specialist provision. We will raise the profile of these services, both locally and nationally. In doing so, our aspiration is for DGFT to become known as a centre of excellence for these procedures.

The information we have analysed indicates that there is potential for us to develop our market share and commercial opportunities. Our approach will be to ensure that over the next 12 months our current services are operating in a viable and sustainable way, whilst we embrace opportunities to both repatriate work to the Trust and attract new business. The time taken to do this will vary for each service area. We will initially focus on increasing our market share and repatriating activity for Orthopaedics. We will consider disinvestment in services which may not be sustainable in the longer term, and we will look to our STP partners to work towards solutions and alternative models of delivery that benefit Dudley patients.

> " It is important that the Trust ensures the long term availability of its acute and specialist services. "

Achieving our vision through our strategic objectives

STRATEGIC OBJECTIVE SIX: deliver a viable future (continued)

The Long Term Plan for the NHS describes how patients benefit from research and innovation and ways in which it will become easier for organisations and patients to participate in these opportunities. Staff say that they are proud of the research, development and innovation that takes place at DGFT. Consultation suggested that staff are willing to embrace new ideas, new technologies and new ways of delivering care to benefit patients. The Trust will continue to participate in clinical trials and proactively look for and participate in research and development opportunities, whilst adopting new technologies that will improve the care and services that we provide.

The ongoing improvement and development of our infrastructure is an important part of 'delivering a viable future' for the Trust. Examples include:

▶ Our Digital Trust Strategy and implementation of the Electronic Patient Record (EPR) which are significantly changing the way that staff work. This enables the provision of safer and improved care by making real time patient information more accessible to clinicians and speeding up decision making. It will also make us 'paper-free at the point of care.'

▶ The development of a health economy-wide population health platform where clinicians and Dudley's citizens can access information to proactively promote wellbeing and prevent illness.

▶ The ongoing development of back office functions (e.g. finance, procurement, human resources). The four acute trusts in the Black Country are working jointly on improving the procurement of hospital supplies.

▶ Ensuring that our buildings and equipment remain fit for purpose. We anticipate that our largest capital investments over the next two years will be the reconfiguration of the Emergency Department to improve patient flow and provide a better environment for patients. The Trust has been awarded STP capital funding to enable this development. We aspire to the development of a hybrid theatre to assist in the management of emergency vascular patients and provide theatre capacity to support additional elective activity.

The Trust will produce a Sustainable Development Management Plan which will set out how we will deliver environmental, social and financial value in what we do. It will address issues such as air pollution, energy use, green space, carbon emissions and climate change. The plan will help identify waste reduction opportunities, financial savings and describe how we will minimise the impact our activities have on the environment. Designing new care pathways and reducing the need to travel to hospital will play a major part in this.

❝ The plan will help identify waste reduction opportunities, financial savings and describe how we will minimise the impact our activities have on the environment. ❞

What we are going to do

We have set ourselves the following goals:

▶ Implement STP work streams in collaboration with our Black Country Partners and the aspirations of the NHS Long Term Plan.

▶ Develop specialist services in Urology, Gastroenterology and Plastic Surgery.

▶ Increase the Trust's market share and commercial opportunities by developing opportunities for business sustainability and growth, particularly in Orthopaedics, Gynaecology and Ophthalmology. This will include repatriating elective work from local private providers.

▶ Maximise innovation and research.

▶ Develop our infrastructure to support future models of working.

▶ Further develop our approach to environmental sustainability.

We will know we have been successful when:

▶ We can demonstrate sustainable business growth.

Strategic Objectives

Goals

1 DELIVER A GREAT PATIENT EXPERIENCE

- Review the mechanisms for patient engagement
- Improve the way we communicate with patients, their GPs and between different services within our Trust
- Integrate pathways within & between services to optimise efficiency & productivity
- Meet national access standards
- Improve the environment in which care is delivered

2 DELIVER SAFE AND CARING SERVICES

- Secure improvements required for Emergency Care
- Improve core services that have been rated by CQC as requires improvement so that they are good, and services that are rated as good to outstanding.
- Improve learning and feedback mechanisms to enhance quality of care
- Strengthen clinical and management decision making to improve the quality of care
- Develop mechanisms for staff to be better engaged in reporting of and learning from incidents and serious incidents
- Implement revised clinical standards agreed as result of the national Clinical Standards Review
- Improve care for patients with major health conditions
- Deliver improvements in maternity care

3 DRIVE SERVICE IMPROVEMENT, INNOVATION AND TRANSFORMATION

- Provide care closer to home/in the community though the implementation of the Dudley MCP
- Work with STP partners to develop and implement the Black Country ICS
- Configure acute services to meet changing demographics and needs of the population
- Provide seven day services
- Redesign services to make them more efficient and effective
- Align all improvement practice to a single consistent method
- Implement digital initiatives to support improvements in the delivery of care

4 BE THE PLACE PEOPLE CHOOSE TO WORK

- Provide effective recruitment and development of staff in order to deliver a sustainable workforce that meets out clinical needs
- Develop a locally-sourced nursing workforce using the apprenticeship levy alongside a Nurse Degree
- Programme and a Nursing Associate model
- Enhance the levels of engagement and inclusive decision making ensuring clinical priorities are at the heart of the decision making process
- Enhance the experience of staff working at the Trust with the same commitment that we would expect when focusing on the patient experience
- Enhance the support associated with the health and wellbeing of our staff

5 MAKE THE BEST USE OF WHAT WE HAVE

- Maximise the opportunities presented by the new national NHS financial framework
- Drive efficiency and productivity through the proactive use of benchmarking data
- Strengthen financial discipline and financial management
- Set and deliver our cost improvement programme
- Work with partners to reduce demand for hospital services by implementing
- initiatives to support prevention and early identification of health conditions
- Ensure services meet demand through implementation of demand and capacity models

6 DELIVER A VIABLE FUTURE

- Implement STP work streams in collaboration with our Black Country Partners
- Develop specialist services in Urology, Gastroenterology and Plastic Surgery
- Increase the Trust's market share and commercial opportunities by developing opportunities for business sustainability and growth
- Maximise innovation and research
- Develop our infrastructure to support future models of working
- Further develop our approach to environmental sustainability

Our Trust Strategy for 2019-2021

Vision

Trusted to provide safe, caring and effective services because people matter – care better every day.

Values

CARE · RESPECT · RESPONSIBILITY
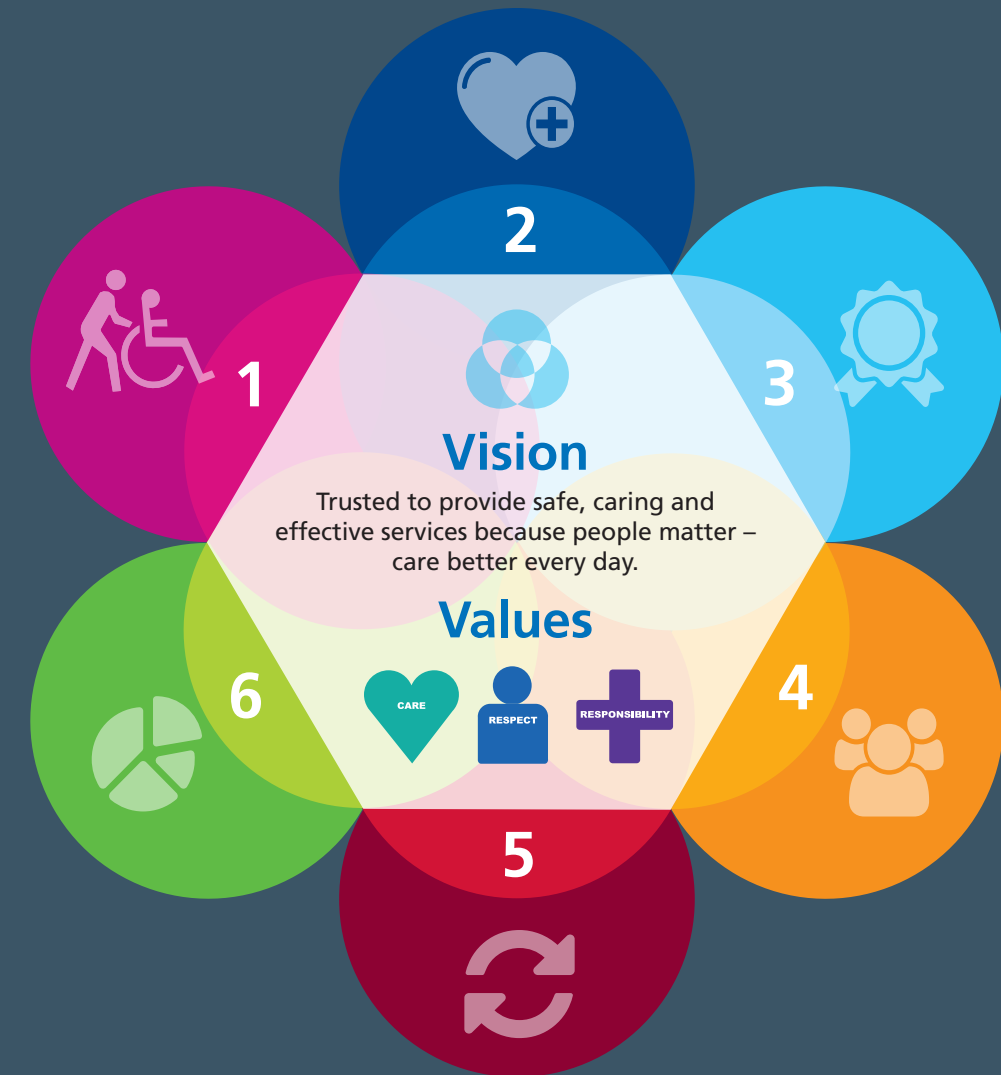
Key Measures

Patient feedback scores are in the top quartile nationally	CQC inspection rating good or above	The MCP is implemented	Staff feedback and workforce indicators are in the top quartile nationally	Achieve our Financial Plan	Demonstrate business growth

Underpinning strategies

Patient Experience Strategy (2018-2019)

Information Governance Strategy (2017-2019)

Quality Improvement Strategy (2017 – 2019)
Patient Safety Strategy (2019 -2022)
Nursing & Midwifery Strategy (2017-2020)
Clinical Strategy (2017-2021)
Nutrition Strategy (2016-2019)
Learning Disability Strategy (2015-2018)
Risk Management Strategy (2018-2020)
End of Life & Palliative Care Strategy (2017-2020)
Cancer Strategy (2018-2021)

Workforce Strategy (2015-2020)

Health and Wellbeing Strategy (2014-2017)

Estates Strategy (2018-2020)

Research & Development Strategy (2018-2021)

Digital Strategy (2016-2019)

Implementing our strategy

During the consultation, we were asked how we would deliver the strategy over the next two years. There are two ways that we will do this.

1) Underpinning Strategies

The Trust has a number of strategy documents that underpin and support The Dudley Group NHS Foundation Trust Strategy for 2019 – 2021 and support the delivery of our vision, values and strategic objectives. These are enabling strategies and are shown on page 29.

Whilst all are important, outlined below are the key underpinning strategies that are central to the delivery of safe, high quality care and services by a well-trained sustainable workforce.

Our Quality Improvement Strategy

Our Quality Improvement Strategy concentrates on how we will deliver high quality care. It has a number of key themes:

► Our quality priorities include patient experience, infection prevention and control, pressure ulcer prevention, incident management, nutrition/hydration, medications and discharge management. They were set following consultation with staff, patients and governors and each year the Trust agrees specific measurable targets for each.

► The Trust will improve its CQC rating from Requires Improvement to Good, and then to Outstanding.

► The Trust will promote and make visible a safety culture to all staff, visitors and the public. This will be undertaken by a number of initiatives including human factors training, promoting staff Speaking Up and ensuring lessons are learned from both good practice and when clinical incidents and complaints occur.

► Systems are in place to ensure the effective prevention, identification, escalation and management of all deteriorating patients, including those at risk of developing sepsis. We will have educational programmes in place so that staff are aware of and respond to early changes in patients' conditions.

► The Trust will continue to review all deaths that occur at the Trust using the nationally agreed mortality indicator. It will learn lessons from the outcomes of the reviews ensuring that improvements in care occur.

► The Trust will monitor its staffing levels which impact on the quality of care, comply with national guidance and take action to improve these when necessary.

► The Dudley Improvement Practice is an integral part of how the Trust will deliver a culture of continuous quality improvement.

Implementing our strategy

Our Workforce Strategy

Our Workforce Strategy underpins this strategy, but is particularly relevant to the strategic objective 'be the place people choose to work.' Our Workforce Strategy has six strategic priorities. These are:

▶ **Strategic priority one** - leadership, development and values: our staff will have access to relevant education that meets the needs of the service within a culture of continuous development.

▶ **Strategic priority two** - staff well-being and engagement: we will be a well led and engaged organisation with an inclusive culture that demonstrates our values.

▶ **Strategic priority three** - innovation and change: we will be a Trust that excels in innovation through our workforce.

▶ **Strategic priority four** – workforce capacity: we will ensure that our workforce capacity is efficient and flexible to support patient and service needs.

▶ **Strategic priority five** - recruitment and retention: we will have the right people in the right place within the framework of a sustainable workforce model.

▶ **Strategic priority six** - performance and productivity: we will support and expect the achievement of the highest level of workforce standards.

Our Clinical Services Strategy

This strategy recognises the importance of clinical service development being clinically-led. It sets out how DGFT proposes to develop, organise and deliver its clinical services which will ultimately lead to improved quality, patient access, clinical outcomes and patient experience. This will be achieved through three clinical aims which are:

1. Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.

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

3. Provide specialist services to patients from the Black Country and further afield.

Clinical support services (e.g. pharmacy, imaging, pathology and therapies) underpin the delivery of the Clinical Services Strategy. We recognise that these services also need to develop so that they can fully support changes in our clinical services.

Each of the Trust's clinical services is also developing a 'strategy on a page' which outlines the strategic options for the service for the next two years. The strategic options were identified from key findings of the competitor analysis, market share analysis and portfolio analysis which were undertaken to support our approach to strategic objective six – 'deliver a viable future.'

Our Nursing and Midwifery Strategy

Our Nursing and Midwifery Strategy describes how we intend to develop our nursing, midwifery and support services to provide high quality care to our patients and service users. The strategy is aligned to two national strategic documents – 'Compassion in Practice' and 'Leading Change, Adding Value.' It articulates our local priorities for each of the 'six Cs:'

▶ Care.
▶ Compassion.
▶ Competence.
▶ Communication.
▶ Courage.
▶ Commitment.

We have made progress on the delivery of the Strategy including:

▶ The adoption of proactive approaches to the identification, assessment and monitoring of falls resulting in harm in the hospital and community settings.

▶ Ensuring all registered nurses and midwives are aware of the revalidation processes and that robust monitoring systems are in place.

▶ Enhancing the care and management of patients with dementia in line with the Trust's Dementia Strategy.

▶ Prioritising care closer to home reducing the need for hospital attendance.

▶ Encouraging the professional development of all of our Nursing and Midwifery staff.

▶ Improving the way we care and manage the individual needs of patients with Learning Disabilities.

▶ Supporting all nurses and midwives to understand and meet their responsibilities with regard to safeguarding.

Our Estates Strategy

Our Estates Strategy has been developed to provide an integrated approach to how we use our estate to support delivery of services that are aligned to both national and local plans, including the STP. The Estates Strategy supports the Trust's ambition to provide a range of high-quality services in a dynamic and stimulating environment which attracts the best staff. A detailed utilisation study is being undertaken to provide information to enable us to strategically reconfigure any current areas that constrain clinical services from changing their operational requirements. The key themes of the Estates Strategy are:

▶ Redevelopment of our Emergency Department.

▶ Reconfiguration of clinical space.

▶ Development of a hybrid theatre and additional theatre capacity.

▶ Assessing the impact of the Electronic Patient Record on storage requirements for paper-based patient records.

▶ Development and investment in energy efficiency schemes.

▶ Aligning our estate to the developments of the MCP and STP.

▶ Disposing of surplus land.

Implementing our strategy

2) Annual business planning

Every year, the Trust and each of its services produces an annual operational business plan. These outline how we will deliver each strategic objective over the next 12 months and what changes are needed. They are monitored through robust governance processes in line with the Board Assurance Framework and through governor and Trust Board oversight. This secures delivery against the plan to improve the care provided to the population the Trust serves.

This enables the Trust to:

► Understand how the vision, values and strategic objectives in this strategy are relevant to and are embedded within each of the Trust's services.

► Understand how each service is delivering against each strategic objective.

► Ensure that staff across the organisation understand how the strategy is relevant to them and their role in supporting the delivery of the strategic objectives.

Conclusion

The next two years will be a challenging time for the Trust as it implements this strategy. We have a clear vision for the future provision of clinically and financially sustainable services for the population we serve. The national plan for the NHS, the priorities of the Black Country STP and the delivery of the MCP will mean that the Trust will need to be configured and to operate differently by 2021. We will embrace these opportunities by working collaboratively with our partners and through the implementation of new technologies, particularly through digital technologies. The Trust is committed to providing safe, high quality and timely care and to making the improvements outlined in our CQC action plans. We remain committed to continuous improvement through implementing the Dudley Improvement Practice and to improving our financial position to achieve financial balance. We know that we cannot achieve this strategy

without continuing to invest in and develop our workforce.

This strategy does not provide precise details of the exact actions we will take. Instead, it sets out the direction of travel and high level priorities we have identified from consultation with our stakeholders and the analysis of data available to us. It summarises what change is needed. This strategy can only be delivered if we rigorously plan and monitor what we are doing through our annual business planning process, with robust governance and oversight processes in place that are in line with the Board Assurance Framework. This will secure delivery against the strategy to improve the care provided to the population the Trust serves.

This strategy takes into account the environmental factors currently known to the Trust. We will review the strategy in the context of any future changes.

Our measures of success

Strategic objective	Measure of success	Where we are at now	Where we will be after year one	Where we will be after year two
SO1	Our patient feedback scores are in the top quartile nationally	🟧	🟧	🟩
SO2	Our Care Quality Commission (CQC) inspection rating is good or above	🟥	🟧	🟩
SO3	The MCP is implemented.	🟧	🟧	🟩
SO4	Staff feedback and workforce indicators are in the top quartile nationally	🟧	🟩	🟩
SO5	We achieve our financial plan	🟥	🟩	🟩
SO6	We can demonstrate sustainable business growth	🟥	🟧	🟩

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

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Care better every day

The Dudley Group
NHS Foundation Trust

Paper for Submission to the Board Meeting on 7th February 2019

TITLE:	DRAFT EU EXIT Resilience Strategy		
AUTHOR:	**Christopher Leach**	**PRESENTER**	**Christopher Leach**

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

ACTION REQUIRED OF COMMITTEE

Decision	Approval	Discussion	Other
		Y	

OVERALL ASSURANCE LEVEL *(Please insert x in one of the boxes)*

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	**X**	☐	☐
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 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**

NHS
The Dudley Group
NHS Foundation Trust

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:	1.5
	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 Government Guidance EU Exit
	Contributors: *Individuals involved in developing the document.*	**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 Claire Phillips, Research & Development Manager Chris Walker, Deputy Director of Finance – Financial Reporting Sharon Williams, Information Governance Manager/Data Protection Officer Danielle Stacey, Deputy Chief Pharmacist – Medicines Optimisation Rita Khan, Breast Imaging Manager
	The electronic version of this document is the definitive version	

CHANGE HISTORY

Version	Date	Reason
1.0	October 2018	New Document
1.1	January 2019	Update to Pharmacy sections and requested additions of breast cancer screening from CSS
1.2	16th January 2019	Addition of Fuel Shortage Section from BCP
1.3	30th January 2019	Addition of assurance around Breast Cancer Screening
1.4	1st February 2019	Addition of Post exercise report for Brexit and actions required + staffing scheme update
1.5	4th February 2019	General updates to sections

THIS DOCUMENT IS SUBJECT TO CHANGE

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

Contents

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**.

There is a potential risk of a `no deal` scenario, this would potentially 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.

On the **15th January 2019** the deal negotiated by the government with the EU was rejected in parliament, this leaves the UK currently in the position of a no deal if left up to the exit date

On the **29th January 2019** two amendments were agreed in parliament, whilst not legally binding and still requiring the EU to agree to them it indicates a potential move forwards. These amendments were:
- For a renegotiation of the EU Exit deal (focussed on the Ireland backstop)- Brady amendment
- To not allow the UK to leave the EU with a no deal (however there was a rejection of proposal to extend the EU exit day) Spelman amendment

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- Terrafirma	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

Summary

The Hospital pharmacy team is leading on the preparation and planning for a potential no-deal Brexit scenario and it's impact on the supply of medicines. Pharmacy must also feed into the work of other departments across the organisation on Brexit, such as the EPRR team, research and development and procurement.

Key issues

- Matt Hancock wrote to the NHS in August 2018 to assure that a Government scheme would ensure six weeks supply of medicines were available in the UK in the event of a 'no deal' Brexit. Hospitals, GPs and pharmacies were advised to continue to manage stocks as normal, and that local stock piling should NOT be undertaken. Patients should not seek to store additional medicines at home.
- 21/12/18: DHSC published "EU Exit Operational Readiness Guidance
- Actions the health and care system in England should take to prepare for a 'no deal' scenario." This summarised the contingency plan to ensure the flow of medicines following 27th March 2019. Wholesalers have been granted extra storage space to increase stockholding of medicines and manufacturers who import medicines across the short straits crossing have been reviewed in line with Government plans. It was reiterated that stock piling should not be undertaken by hospitals, pharmacies or patients themselves.
- Medicines legislation is being altered to allow the establishment of "Serious Shortage Protocols" that allow flexibility in dispensing of available medicines.
- PHE is leading a programme to ensure continuity of supply of centrally-procured vaccines

- Organisations running clinical trials are encouraged to consider the supply chain of IMPs following 29th March
- Action cards have been issued to providers and commissioners to supplement EPRR plans. This includes risk assessment and business continuity planning and communications and escalation. Specific actions around medicines include:
  - No stockpiling
  - No clinicians to write usual than longer prescriptions
  - 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.
  - Continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels.

Actions for pharmacy to prepare for 'no deal Brexit'

- Identify Senior Responsible Officer for EU exit preparation in the Trust and ensure Chief Pharmacist or representative is part of the SRO's team response
- Ensure Executive team are cited on risks of continuing supply of medicines and the actions taken to mitigate these
- Continue to update risk register as new information is available
- Undertake local risk assessment of impact of Brexit and feed into Trust's response
- Medicines supply chain:
  - Follow guidance not to stock pile but ensure critical and high turnover items are consistent with average stockholding. Identify "fragile lines" where historically small amount of stock is retained or product requires several days for delivery.
  - Direct staff to reassure patients regarding plans for continuity of supply and discourage patients from stockpiling
  - Continue to report shortages through usual regional routes
  - Maintain Shortages Log with details of the shortage and interim advice for pharmacy staff
  - Establish process for implementing Serious Shortages Protocol
- Identify any key consumables critical to medicines administration and link in with procurement department
- Clinical Trials
  - Identify if Trust is lead sponsor for any trials and follow MHRA advice
  - Liaise with trial Sponsors to understand their arrangements to ensure that clinical trials and investigations using IMPs which come from, or via, the EU are guaranteed in the event of any possible border delays.
- Find out if there are any data flows to and from the EU e.g. Early Access Schemes, that may impact on patient care. Review information assets linked to the EU e.g. clozapine database and plan for contingency if unavailable.
- Update local Pharmacy business continuity plans.
- Workforce: Identify EU nationals working in the department. Ensure aware of EU Settlement Scheme. Include service impact in risk assessments if shortfall of EU nationals identified as a potential issue. Reassure staff regarding professional registration of existing staff.
- Set up pharmacy Brexit steering group to manage actions.

- Maintain record of costs incurred to comply with guidance

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 preperations 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=R3W3QJMQ 2MSC-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 (directorate 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 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 DaTSCAN, which is a key product for diagnosis of Parkinsons Disease.

This risk has been placed on the Sandwell trusts risk register, and they have undertaken an internal risk assessment process and rated this as Amber

Kits themselves should be unaffected by Brexit.

However, radioactive starting materials such as our generators, and radioactive finished products, such as DaTSCAN may be affected.

If we have a deal, supply should remain as it is now – i.e. no affected by Brexit

In the event of no-deal, there is a potential risk of delays:

Generators:
Generators will no longer be available for delivery any day of the week as they are now but Sandwell have amended their delivery schedule to ensure the activities available are sufficient for our usual workload.

There will however be difficulties if the delivery is delayed, and once we know if there is a deal or not, Sandwell may revisit their delivery schedule so that they are not delivered before manufacturing starts. Initially there may be a need to keep bookings light at first so that older generators can be utilised. We do this now when there is a delay to the generator delivery. They are suggesting that they will assume there will be a delay and plan accordingly.

Other radioactive finished products, such as DaTSCAN, I-123 MIBG, TI-201 and Ga-67:

GE have closed their UK manufacturing plant, which is where they made their generators and other products such as 51-Cr EDTA and 51-Cr Sodium Chromate. GE have set up an arrangement with Curium whereby GE continue to source the Moly but the generators themselves are made up in the Curium facility.

Concerns are that there is now no UK manufacturing of generators, and in the event of a no-deal Brexit, there is potentially further delay to generator deliveries

One of the mitigating strategies has been to mandate all companies to move to air freight, and possibly sea freight rather than roads. Another has been to ask companies to stock pile medicines in the UK

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 January 2019

The decision made by the UK to leave the European Union, or 'Brexit' 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 Brexit 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 Brexit scenario planning.

We will continue to review and respond to emerging details of the Brexit 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.

Additional comments following request from Summit:

- *Review of the assets and spares [particularly critical] to establish whether exiting the EU has an issue concerning timely fault repairs*
    - *A Request for Information (RFI) document has been issued to key suppliers within the health sector that are used across multiple hospitals. Clarification is being sought regarding how Brexit may impact the provision of spares; what suppliers are doing to ensure that stock is available and accessible etc.*
- *Is the consumable supply chain robust*
    - *Based upon the responses received from suppliers, the Supply Chain Development (SCD) team will work with Procurement and Operations to assess suppliers based on their risk impact and develop risk mitigation plans as required. Given the criticality of certain service lines and vendors within the health sector – these will be prioritised.*
- *Does Brexit affect the labour force here at Dudley?*
    - *A full review of the impact it may have has been initiated by the site team with the support of John Craig and his team. A meeting is planned for early January to review progress and we expect to have a full understanding soon after that.*
- *Any subcontractors that we rely on from the EU [such as Siemens]*
    - *As outlined above, work is on-going with key suppliers to determine their plans in relation to Brexit and verifying their ability of being able to continue to provide the services required within the defined SLAs and having access to spares / stock to support this.*

6.8   IT and Data Protection

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 'Terrafirma' 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.

Each department/team will be expected to record costs (both revenue and capital) incurred in relation to a no deal EU exit. Costs with a direct financial impact will be recorded separately to opportunity costs, these then must be shared with the Finance Team to ensure a full compilation of costs to the trust. 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.

Confirmation has been received from departments of acknowledgement of costings storage.

6.10 Staffing

As of the 1st February 2019 the £65 resettlement scheme has been scrapped therefore reducing the risk of staff leaving due to requiring registration, HR maintains a full name list of staff from within the EU so direct contact can be made should the situation change, it has been decided that should a similar scheme be introduced in the future hat the organisation will provide support to those individuals if required

Workforce have identified currently 98 staff members across the trust that would be affected by a No Deal EU Exit, these are from a combination of roles

Grade-Role	Number
Senior Manager	2
Radiographer - Diagnostic	3
Sister/Charge Nurse	13
Practitioner	2
Foundation Year 2	2

Trust Grade Doctor - Specialist Registrar Level	1
Trust Grade Doctor - Speciality Registrar Level	1
Specialist Registrar	1
Specialty Registrar	5
Manager	2
Trust Grade Doctor - SHO Level	1
Pharmacist	3
Specialist Nurse Practitioner	7
Apprentice	1
Consultant	14
Health Care Support Worker	5
Occupational Therapist	2
Staff Nurse	20
Clerical Worker	2
Specialty Doctor	4
Physiotherapist	3
Student Nurse - Adult Branch	1
Midwife	1
Secretary	1
Modern Matron	1

Those that have currently been identified as no identifier (approx. 300 staff) will be contacted by workforce to determine what level of risk they pose to the organisation, this will then be updated within the document.

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 trust does not currently have any EU, Horizon 2020 or Third Health programme grants

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
The trust does not currently sponsor Investigational Medical Product (IMP) trials, all of our drug trials are sponsored commercially or through University or trial centre.
Externally the Department of Health and Social Care continues to engage with the life sciences industry and relevant NHS organizations to undertake a comprehensive assessment of potential impacts 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

As a trust the Research Nurses and Clinical Trial pharmacists are liaising with sponsors regarding arrangements for future supplies, this will be fed into this document as the information is received.

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. Guidance advises that plans are in place at a national level to deal with fuel stocks

The trust has a Fuel Shortage annex within the Trust Business Continuity Plan that can be followed if required (this is indicated below)

Bunkered stocks

The trust has 2 tanks on site that store fuel for generators on site, the amounts stored are indicated in the below table, the quantities stored would be sufficient to fuel all four generators for approximately 12 days.

Tank Number	Tank Capacity (Litres)	Amount stored (litres)
1	180,000	0
2	83,600	68,000
3	90,000	69,200
Total Fuel	353,600	137,200

Note: Amount stored correct as of 01/2019
Tank 1: currently offline as not fit for purpose works ongoing to rectify/replace

In addition there are 4 day tanks each containing 10 hours of fuel for the generators running at full load.

In the lead up to a fuel shortage these tanks could be charged to full loading capacity as indicated in column 2.

It must be noted that these fuel stocks are also expected to cover heating systems also should there be a gas/electricity failure, under the HTM the trust is expected to provide 200 hours running time for generators on fuel and a 10 day boiler, in adverse condition's this is predicted to required 400,000 litres of fuel, this will be managed through the trusts status as a priority customer to ensure that we continue to receive fuel even in a shortage to achieve this required 400,00 litre capacity

6.14   Primary Care

Whilst Dudley Group must ensure we are prepared for a potential no deal EU exit scenario it is also important that the Local Health Economy is also ready to respond and it assessing implications on their services as this may impact on the Acute's ability to provide care to patients.

Dudley CCG were asked to provide assurance that this has been considered, the response received is below

"Biggest primary care issue is prescribing. The prescribing team are meeting regionally next week (w/c 14/01/2019) and will provide a further update at this point. We are not expecting an impact from primary care on the hospital"

6.15   Breast Cancer Screening

Medical Devices linked to Breast Cancer Screening are covered within the Medical Devices section of this document

We have received confirmation from Breast Cancer Screening equipment's supplier Hologic indicating that there would be no disruption to our equipment servicing or breakdowns (see Annex H)

The trust has also contacted our consumable suppliers to ascertain whether there would be any impact due to Brexit. Once confirmation is received it will be included in this document

The assessment by the Breast Cancer Screening team is that providing all equipment and supplies continue to be delivered as they currently are there would be no adverse effect on delivery of the breast screening service

6.16 Reciprocal Healthcare

In the event of a no deal EU exit there is the potential that EU healthcare cards will no longer be valid for EU nationals within the UK.

Finance follow guidance set by the Department of Health so would not be able to implement any changes until DH advise on how to proceed with reciprocal healthcare this is still being debated and guidance has not been issued

"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" The trust currently obtains costs directly from individuals that visit requiring healthcare from outside of the EU this process can be extended to EU national if required.

7. EXERCISING

On the 1st February the trust undertook an exercise to test preparedness for a No Deal EU exit this specifically identified key areas that required further development, due to the lack of national guidance or steer on this the planning group took the decision to further develop its planning in line with other trusts around the Midlands with focus on:

- Seeking potential alternate suppliers
- Stockpiling where guidance allows
- Issuing instruction to medics on the prevention of over prescribing
- Prioritization plans for services in the event of shortages ensuring care can be provided to critical areas
- Assurance from the Dudley local Health economy that they are prepared for a no deal EU exit to mitigate against surges into Dudley Group

These plans have been requested from divisions and departments by 22nd February 2019 for a further test in early March 2019 in anticipation of the withdraw date of the 29th March

Recommendations and actions identified are indicated in the Post Exercise report within Annex I

8. 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.

9. 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. • 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.

Prioritisation of Services

In the event of a no deal EU exit adversely affecting supply chains it may be necessary for the trust to consider prioritisation of key services and cancellation of non-critical services to protect those that are critical, as per Business Continuity planning the critical services identified are:

1. Emergency/ED& Acute care
2. EMCs
3. Cancer
4. Routine Electives
5. Outpatients

Services would be expected to be `scaled back` in line with this priority list ensuring that patients care is first and foremost in manager/clinicians decision making process.

The Trust Business Continuity Plans indicate how incidents as a result of disruptive events should be managed/run and this would need to be used by commanders, in addition the predicted surge that may result as the consequence of a no deal EU exit can be managed by utilisation of the Trusts Surge and Escalation plan

10. 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

11. 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

12. EQUALITY

Dudley Group 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.

13. REFERENCES

Procurement Guidance	EU Exit - NHS Self Assessment Methodo	3. EU Exit - Contract Data Consolidated Sp	2. EU Exit - NHS Trust Triage Contract	1. EU Exit - NHS Self Assessment Methodo	1. EU Exit - NHS Self Assessment Methodo
Matthew Hancock Letter 7th 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 23rd 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 co			

Annex A   Action Card for a No Deal EU Exit

<table>
<tr><td colspan="2" style="background-color:green;color:white;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</td></tr>
<tr><td>Number</td><td>Action</td></tr>
<tr><td>1.</td><td>Identify areas affected by the No Deal
Consider:
• Procurement
• Medicines
• Blood stocks
• Workforce</td></tr>
<tr><td>2.</td><td>Form Impact assessments of these areas (utilise Business Continuity plan)</td></tr>
<tr><td>3.</td><td>Ensure that the Chief Operating Officer and/or Deputy are aware of the impacts</td></tr>
<tr><td>4.</td><td>Form a Business Continuity Response Team including initially as a minimum (this may be scaled back as the incident progresses):
• Executive on Call
• Manager on Call
• Communications Team
• Area(s) affected by no deal (subject matter experts)
• Finance Team</td></tr>
<tr><td>5.</td><td>Ensure all costs related to no deal EU exit are compiled by the individual teams/departments affected and these are then escalated to the Finance Team for compilation and escalation to the NHS England Regional EU Exit team</td></tr>
<tr><td>6.</td><td>Establish battle rhythm using timings from national and/or regional team</td></tr>
<tr><td>7.</td><td>Ensure communications put onto hub around staff actions required and what actions the trust are taking to respond to the incident</td></tr>
<tr><td>8.</td><td>Stand down from incident, ensure that all paperwork is submitted to the Emergency Planning Manager</td></tr>
</table>

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	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. Q2) We supply a vast amount of products which are manufactured all over the globe including the UK. 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. 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. Q4) No or minimal change Q5) No or minimal change Q6) No or minimal change Q7) No or minimal change
Word 360	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. Q2) N/A Q3) N/A Q4) N/A Q5) Yes – the cost of translations will be affected. Q6) No – our data is stored in the UK Q7) Yes – most definitely
Hart Biologicals	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.
Bioventus	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. 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. Q3) 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. Q4) It is possible – we would need to see the tariffs in place before making a decision on any changes needed. Some customers are ordering 4-10 units as buffer stock as a precautionary measure. 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. Some customers are ordering 4-10 units as buffer stock as a precautionary measure. Q6) We could also store in USA Q7) No
Genomic Health	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. Q2) United States of America. 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. Q4) No Q5) Genomic Health does not currently plan to raise its prices for the devaluation of sterling. 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. 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.

Annex D   Staffing numbers affected by no deal EU exit

By Staff Group and EU Grouping

	Add Prof Scientific and Technic				Additional Clinical Services				Administrative and Clerical				Allied Health Professionals				Healthcare Scientists			Medical and Dental				Nursing and Midwifery Registered			
	EU - Non UK	EU - UK	No Data	None EU	EU - Non UK	EU - UK	No Data	None EU	EU - Non UK	EU - UK	No Data	None EU	EU - Non UK	EU - UK	No Data	None EU	EU - UK	No Data	None EU	EU - Non UK	EU - UK	No Data	None EU	EU - Non UK	EU - UK	No Data	None EU
Total	5	163	15	12	6	953	99	31	6	917	86	9	7	334	22	11	48	2	2	30	290	17	144	45	1379	134	110

Nursing Only, By Banding and EU Grouping

	Band 5	Band 6	Band 7	Band 8 - Range A	Band 8 - Range B	Band 8 - Range B	Band 8 - Range C	Band 8 - Range D	Band 9	Trust Director	Trust Senior Manager
EU - Non UK	21.43	13.25	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
EU - UK	497.32	453.43	187.71	24.37	1.00	3.00	0.00	1.00	0.00	1.00	24.69
No Data	66.91	34.07	8.31	1.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00
None EU	73.44	21.68	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00

Trust – By EU Grouping

	EU - Non UK	EU - UK	No Data	None EU
■ Total	92.08	3519.60	322.59	300.03

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 (Terrafirma)	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	
Finance	chris.walker1@nhs.net	
Governance	Sharonwilliams2@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

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Annex F   **Procurement Suppliers Letter**

NHS
The Dudley Group
NHS Foundation Trust

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

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Paul Mellor
Assistant Director of Procurement

<u>Annex A</u>
'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

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Annex G   Email to staff re. Pharmacy actions

FAO All Clinical Staff:

Following national and regional advice from DHSC and NHSI we would be grateful if in the coming weeks you would follow the advice below to avoid medicines shortages and ensure equity of access to medicines for all our patients at Dudley Group of Hospitals:

- Please **do NOT stockpile** additional medicines above usual stock levels. Local stockpiling is unnecessary and could cause shortages in other areas, which may put patient care at risk.
- There is no need for clinicians to write longer prescriptions.
- If asked, clinicians should reassure patients and advise that there is no need to store additional medicines at home (the Government is working with industry to ensure a continued supply of medicines from the moment we leave the EU)

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Annex H   Hologic Assurance

Hologic customers:

Hologic deeply values our customer relationships and we strive to work in closer partnership with you. One of the immediate issues facing all European supply chains is Brexit and its impact on the ongoing supply of products, both in the U.K. and the rest of Europe. Like many other companies, in the absence of a definitive agreement between the U.K. government and the EU, Hologic has been planning for a 'Hard Brexit' outcome which could mean new tariffs and potential extra customs clearance delays between the U.K. and the rest of the EU27 countries. The Hologic team have joined several multi industry groups to ensure that our approach is both well planned and consistent to ensure ongoing supply through this potentially difficult period. Here is a summary of our preparations:

Customer Service

Hologic already has a dedicated U.K. Customer Service team based in the Manchester U.K. facility with an in depth knowledge of all U.K. customers. This team will continue to support all U.K. customers through the Brexit transition.

Manufacturing

Hologic is in the fortunate position from a Brexit standpoint that we do not manufacture any of our main product lines in EU27 countries requiring import of products from the EU27 into the U.K. Our main manufacturing locations are in the U.S. (All Divisions) , Costa Rica (Surgical products) and Manchester U.K. (Diagnostic products). The main implication of this network is that our supply chain operation can continue without fundamental changes being required for a Hard Brexit. We are taking additional steps to ensure that the supplier base for our Manchester U.K. operations have prepared for a Hard Brexit outcome.

Warehousing and Distribution

Hologic already has significant warehousing operations in Gent, Belgium and Milton Keynes, U.K. With the manufacturing base previously described this means that supply chain operations can be effectively segregated between the U.K. and the EU27 in the event of a Hard Brexit. U. K. customers will continue to receive products manufactured in

37

the U.S., Costa Rica or Manchester which have been stored and distributed from Milton Keynes. EU27 customers will continue to be supplied products from Gent.

There are two main areas where Hologic is making extra preparations to minimize the impact of a Hard Brexit:

1. Diagnostic products manufactured in Manchester and supplied to EU27 countries. Twelve weeks forward stock will be built in Gent ahead of March 29th 2019 to mitigate the risk of delays shipping products between the U.K and the EU27 countries after a Hard Brexit until ongoing trading relationships are established and stabilized.

2. Spare parts to repair critical instrument breakdowns. At present some parts are sourced from Gent to repair machines in the U.K. We will change this so that all critical parts will be held in the U.K. to repair critical instrument breakdowns ahead of March 29th 2019 so that the current repair service offered by Hologic is uninterrupted.

Hologic will continue to work closely with you to ensure that there are no supply chain interruptions associated with a Hard Brexit.

Please feel free to contact me directly with any further questions that you have:

Best regards

Mark Ewing
Supply Chain Director – International
Hologic

Exercise Brexit Version 1.0

Exercise Brexit
held
1ˢᵗ February 2019

Document control				
Version:	**Date:**	**Revision:**	**Author:**	**Approved by:**
1.0	01/02/2019	1	Christopher Leach	

1.0 Summary

The NHS Act 2006 (as amended) requires NHS England to ensure that the NHS is properly prepared to deal with an emergency. CCGs, as local system leaders, should assure themselves and their commissioned providers are complaint with relevant guidance and standards and they are ready to assist NHS England in coordinating the NHS response.
(NHS England Emergency Preparedness, Resilience and Response Framework, 2015)
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 could originally be extended if all 28 EU members agree, however a ruling in the International courts now means the UK can decide to extend or pull out of the exit without this level of agreement, The prime minister has also added this date and details in UK law.

2.0 Introduction

On the 1st February 2019 a table top exercise was held at Russell's Hall Hospital to explore the potential impacts of a no deal EU exit and to discuss required steps forward to develop trust resilience in anticipation of this potentially highly disruptive event.

3.0 Format of the Exercise

Table top exercise with general discussion and plenary session

4.0 Exercise Feedback

Pharmacy
- Pharmacy indicated they have done an impact assessment of the potential impacts on Brexit and identified a potential risk of suppliers withholding supplies to ensure their own resilience, this could lead to a potential impact on reduced suppliers prior to the Brexit date of the 29th March 2019
- There is a predicted cost increase anticipated with Pharmacy products due to increased costs of import from the EU
- Pharmacy indicated the potential need to contact suppliers direct and request information on whether they are considering alternate suppliers outside of the EU
- Have requested executive support with messages to clinician around over prescribing of medications, also for a process to be developed to ensure that this is challenged should it occur

Medical Devices

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- Indicated that spare and equipment purchased within the EU should be identified by the work being undertaken by procurement both nationally and locally
- They indicated that Siemens the largest supplier of equipment within Radiology are considering their own resilience and stockpiling spares as the majority of equipment is purchased within the US and Germany
- Wider medical devices are anticipated to have a lower impact due to a large number of alternate suppliers within the UK

Procurement
- Indicated that over 1000 suppliers are being looked at nationally by NHS supply to chain to ensure resilience
- Communications from this work stream have been very positive and informative of the progress being made
- Procurement have then considered suppliers that are procured locally they have identified 10 of concern and are working with those companies to better develop assurance around preparedness for Brexit

Primary Care and Commissioning
- Concerns were raised by the group of the preparation of the Local Health economy specifically around GPs and Primary Care provision as this may result in a surge into Dudley Group if not managed effectively
- Also need to ensure consistent messages are being sent across the Local Pharmacies around actions they need to take
- It was also identified that some Local Pharmacies do not come under the CCG umbrella and will need to be considered as a surge risk

FM Summit and Interserve
- Summit were asked to provide assurance that Interserve are prepared for a no deal EU exit, whilst work is ongoing there are no declarations from the company that they are prepared for a no deal EU exit
- The impact of this could be wide ranging if facilities are unable to source spares or equipment that they may require to maintain the site
- There was also a request for an impact assessment of the no deal EU exit on Interserve staffing levels
- This includes Soft FM services as well as catering provision to the trust

Medicine/Surgery and Clinical Support Services Divisions
- Due to the potential implications from a no deal EU exit it is difficult to guarantee that all services will be able to provide full services to patients, it has been identified that services may need to be prioritised with potential need to cancel procedures and services that can be cancelled to ensure that critical services are maintained, this would involve consideration of the identified potential impact areas (Pharmacy, Medical devices, procurement etc.)

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Surge and Escalation
- Due to the risks identified above it is anticipated that there would be a potential surge into the Acute trust due to lack of pharmacy and GP provision, these patient may be acutely unwell leading to pressure on specialist services

Laboratory and Blood bank
- There are identified implications for the laboratory and blood bank through potential reductions in available equipment i.e. blood tubes for testing
- Blood stocks were identified as resilient initially as they are widely procured from within the UK however there may be future issues dependant on the impacts to imports into the UK

IT Services
- IT is internally hosted so impacts anticipated to be felt will be minimal
- Impacts may be felt on externally supported services such as IT support if they are hosted in the EU, IT are validating the contractor support from the EU and will provide feedback

Clinical Research
- Clinical Research have contacted sponsors to ensure resilience for studies, it was highlighted that dependant on the impacts to other suppliers there may be limited provision to support patients on a research pathway

Radiology
- Requested further assurance on Radioactive isotopes from the suppliers at Sandwell Hospital
- Identified that if equipment cannot be maintained by Siemens there would be an impact on service provision that may lead to a surge

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5.0 Recommendations

Number	Recommendation	Who responsible?	Progress
1	Process to be developed along with communications to prevent over-prescribing by clinicians, to include a challenge process	Emergency Planning with Medical Directors office	
2	Medical Devices to identify a list of alternate suppliers within the UK	Medical Devices and Procurement	
3	Procurement to indicate of those 10 of concern suppliers what impacts would be felt and by who so plans can be developed	Procurement	
4	CCG to provide assurance that primary care are prepared for a no deal EU exit to prevent a surge into the acute trust	Operations/CCG/NHSI	
5	CCG to provide assurance that community pharmacies and GPs are sending consistent messages re. actions in a no deal EU exit	Operations/CCG/NHSI	
6	Summit to provide assurance that Interserve are adequately prepared for a no deal EU exit and what their plan is for prioritisation of services if required, and staffing levels	Summit	
7	Surgery, Medicine and Clinical Support Services division to assess services and provide a prioritisation plan specific to the No Deal EU exit scenario that can be activated in a phased or full approach as required	Medicine/Surgery and CSS divisions	
8	Develop surge and escalation planning to consider impacts of increased numbers of acutely unwell patients and general surges	Medicine/Surgery and CSS divisions with Site Operations Team	
9	Laboratory/Blood Bank to explore if any alternate ways of working could be deployed to ensure testing is able to continue in a disruptive scenario	Lab/Blood Bank	
10	IT to provide feedback on contractor support to the trust and actions required if there is negative assurance felt	IT	
11	Procurement and IT to work on alternate suppliers list	IT and Procurement	
12	Clinical Research, Labs and Pharmacy to look at support required for patients on a research pathway and how this could be provided post Brexit	Clinical Research, Labs and Pharmacy	
13	Assurance to be provided on those on Information Asset Database to ensure they are not going to be affected by a no deal EU Exit	Information Asset management	

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14	Once potential prioritisation list determined for services a cost report to be generated indicating potential costs to the trust from a no deal EU exit	Finance	
15	Each area to ensure they have processes in place to map additional costs to their areas directly from a no deal EU exit	All	

6.0 Next Steps

Each area will be requested to complete actions as indicated in Section 5.0 along with assurance that they have considered all impacts and potential impacts of a no deal EU exit.

A retest to be scheduled in March 2019 with focus on testing prioritisation plans

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Strategy Consultation Form

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)

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	Y

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consulted?	
Has the Director Lead been consulted and accepted the document?	Y

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NHS
The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Director on 7 February 2019

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

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

ACTION REQUIRED OF BOARD :

Decision	Approval	Discussion	Other
		Y	Y

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
	X		
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:

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

CORPORATE OBJECTIVE:

All

SUMMARY OF KEY ISSUES:

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

IMPLICATIONS OF PAPER:		
RISK	**N**	**Risk Description:**
	Risk Register: **N**	**Risk Score:**
COMPLIANCE **and/or** **LEGAL REQUIREMENTS**	**CQC Y**	**Details:** Links to all domains
	NHSI Y	**Details:** Links to good governance
	Other N	**Details:**

Committee / Group highlights report to Board / Committee

	Meeting Date	Chair	Quorate	
Audit Committee	21/01/2019	Richard Miner	**yes**	**no**
			x	

Declarations of Interest Made
None

Assurances Received

That the BAF and Corporate Risk Register, and particularly following the Board Workshop on 11 December, is taking greater priority in Board committee meetings and is developing into a more effective tool to identify, manage and mitigate risk. The development changes to the BAF, including the movement from the BAF to the Corporate Risk Register were noted.

In respect of completed internal audit reports

- Cash receipting and treasury management – Substantial Assurance
- Creditor payments - Substantial Assurance
- Safeguarding children – Partial Assurance

The IA programme will be completed by the end of the financial year to enable the Head of Internal Audit to deliver his report.

126 out of 142 Internal Audit recommendations have been closed but 13 remain open (including overdue items) and 3 are pending. There is continued pressure and the Audit Committee were assured that, as a result of the CEO attendance at the Committee, a detailed review and clearance is expected to result by the next meeting.

Progress against the 2018/19 counter fraud plan and that objectives are being met.

The positive progress in the Q3 Quality Improvement and Outcomes Report (clinical audits) which now reflects a greater level of clinical input and leadership.

That losses and special payments continue to be managed down (Q3 being the best yet) and remain within acceptable parameters.

Decisions made/Items approved

- Approved the external audit plan which also includes the value for money arrangement and Quality Account, noting the various risks highlighted, subject to a recommendation from the Executive team on the level of fees to be charged. The MEA valuation is one of the Trust's judgments which will be examined. It was agreed that the Audit Chair, as in previous years, would write to PwC setting out the Trust's approach to fraud.
- Approved revisions to the 2018/19 Internal Audit Plan which will see 4 audits being deferred to 2019/20, noting the further scoping currently taking place with regard to Data Quality.
- Approved the Audit Committee Business Cycle for 2019/20 subject to minor amendment.
- Approved the 2018/19 Accounting Policies, noting that changes, particularly with regard to IFRS15 (Revenue Recognition) are unlikely to have a material impact. Also approved the segmental analysis used in the Trust's reporting, which is unchanged from last year.

Actions to come back to Committee / Group (Items Committee / Group keeping an eye on)
- The overdue Internal Audit recommendations which will come back to the March Committee. - External audit fee proposals for 2018/19 in the light of risk based potential changes to the External Audit Plan. - Performance issues around the CIP process which needs to be more robust.
Items referred to the Board / Parent Committee for decision or action
- Issues arising from Internal Audit reports - Closure of Internal Audit recommendations

The Dudley Group
NHS Foundation Trust

Paper for submission to the Trust Board on February 2019

TITLE:	Digital Trust Programme Committee Update		
AUTHOR:	Mark Stanton CIO	PRESENTER	Mark Stanton CIO

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

ACTION REQUIRED OF THE BOARD

Decision	Approval	Discussion	Other
		Y	

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☐	☒ X	☐
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

- Note the ongoing progress of the Sunrise programme, but also note the potential risks associated with management bandwidth problems.

CORPORATE OBJECTIVE:

SO5: **Make the best use of what we have**
SO6: **Deliver a viable future**

SUMMARY OF KEY ISSUES:

Digital Trust Programme Deliverables

The programme is still forecast to deliver to the original budget with completion in 19/20, however the phasing is being realigned to resources to balance support and delivery activity:

ED – February 2019
Orders Results Management – February 2019
eObs enhancements – January 2019
ePMA - Q1 2019/2020

Theatres – Q2 19/20 (TBC)
Maternity – Q2 19/20 (TBC)

Cyber Security

The Trust is mandated by NHS Digital to be complaint with Cyber essentials + (CE+) but June 2021. A strategy will be presented to the Trust board in 2019 which supports this along with an investment plan in Q3 2019/2020.

Population Health Business Case

The Population Health Business Case was approved at the previous Digital Trust Programme Committee, and the recommendation was presented to the Trust board. However, subsequent to the previous DTPC meeting, the business case has come back under review; whilst the capital award (£1.4M) from the STP will cover the cost of the project, Finance have flagged concerns over affordability in terms of depreciation in future years. This is with Executive Directors to resolve. A report regarding the status of this business case will be presented to the next DTPC meeting to keep the team informed.
The STP award has now potentially increased to £1.9M however discussions are still ongoing with the CCG to ensure that revenue commitments in subsequent years are in line with the Trust Budget position.

PC Rollout

 The rollout of 500 PC's running Windows 10 has commenced and will take around 8 weeks. These units will replace legacy equipment in Both inpatients and outpatients' areas. Additional phases will commence in Q1 2019/2020/

IMPLICATIONS OF PAPER:

RISK	Y		Risk Description: COR089 EPR programme is delayed or fails to deliver benefits
	Risk Register: Y		Risk Score
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:
	Other	Y	Details: DCB0160 Clinical risk management (section 250 of Health and social care act 2012)

Committee Highlights Summary to Board
January 2019

Committee	Meeting Date	Chair	Quorate	
			yes	**no**
Digital Trust Programme Committee	10th January 2019	Richard Welford	X	

Declarations of Interest Made

None

Assurances received

Project Status – Digital Trust Programme

The Digital Trust Programme continues to deliver the progressive digitalisation of clinical systems. The programme is still forecast to deliver to the original budget with completion in 2019/2020; however, the phasing is being realigned to resources to balance support and delivery activity.

ED and Orders Results management (ORM) have been moved several weeks to ensure they do not conflict with the CQC visit at the request of divisions. They will be going live In February 2019, eObs enhancements (NEWS2 part C) which was included all the enhancement specified by the clinicians successfully went live on Monday 21st January 2019 (*updated post meeting)*

A further workshop will take place to accurately forecast the live date of outstanding modules (to be completed before the end of this FY). The aim will be to have ePMA delivered in the first quarter of FY 2019/2020, Theatres and Maternity to follow in the second quarter of FY 2019/2020. ePMA has a wider impact on other areas. Maternity is one system being replaced by another. In terms of Clinical forms these will be rolled out progressively across the year with a decision made on how to group these. Dr Hobbs (Medical Director) has proposed a potential approach using professional groups as the basis for a managed roll-out. This will be considered in the planning workshop.

The committee discussed the issue of suitable management bandwidth on the Sunrise programme. The programme recently lost the Programme Director to the Trust's Lean initiative, and has experienced performance issues with two Project Managers (leading to their release from the programme). In addition, the IT Governance Manager for Cyber Security left the Trust in December 2018. Mr Stanton (CIO) has been tasked with quantifying the risk associated with management bandwidth, and raising BAF or Corporate Risk entries as appropriate so that the Board is appropriately sighted on this issue.

Cyber Security strategy and Internet of Things (IoT)

The Cyber Security Strategy 2018 – 2021 has been updated and documents the current known Cyber security threats most of which apply to any organisation globally. The document addresses in detail the specific steps the Trust needs to take in order to mitigate risk and to retain compliance against both mandatory and voluntary accreditation. The committee discussed the need for IT strategy documents to be formatted such that they can be clearly understood by the wider organisation (to improve engagement) – executive summaries and clearly articulated proposed actions will be added to aid this goal. This strategy along with the Internet of Things (IOT) strategy will be presented at the March board for approval and will be included in the IG Toolkit submissions.

The Trust is mandated to gain Cyber Essential + (CE+) by June 2021. The Trust has already

undertaken external assessment to understand the current gap. A plan is currently being established which will be presented and likely to require investment (circa £300k).

Population Health Business case

The STP award has now potentially increased to £1.9M however discussions are still ongoing with the CCG to ensure that revenue commitments in subsequent years are in line with the Trust Budget position.

PC refresh

The first phase of the PC refresh has commenced, 500 new machines will be deployed to replace legacy equipment in Russell's Hall Outpatient Department along with ward based Clinical PC's. The new PC's will run Windows 10 and will be compatible with both the new Sunrise EPR and legacy applications. This phase will complete in March 2019 with Phase 2 of another 500 units starting in May 2019.

BAF and Corporate Risk

At present both the BAF and Corporate risk registers show risks that, according to the scores given, represent significant impacts, and a high probability of occurrence. However, in most cases the same risks have very low target scores, and each risk has been tracking at level above the target score for some time (despite actions being taken). Mr Welford (Chair) stated that this was not acceptable, and that the team needed to revisit all risks with a view to challenging the status of each (with revised scores and appropriate mitigating actions), and declaring a target score that is realistic. New target scores would then represent the DTPC's proposed appetite for risk – this is an important step to engage the wider Board of Directors for concurrence or challenge.

It was agreed that Mr Stanton would convene a separate working session to revisit all risks on the BAF and Corporate Risk register, with a view to be able to present a proposal to the next Board of Directors meeting.

Decisions Made / Items Approved
• Transfer of an issue associated with electronic ordering and receiving of blood results (associated with sexual health) to be transferred to the CQSPE committee.

Actions to come back to Committee (items Committee keeping an eye on)
• Improved Clinical and Executive leadership attendance at the DTPC.   • Revised Sunrise programme timing.   • Cyber security and IoT strategies, including executive summaries and proposed actions.   • Revised BAF and Corporate Risk entries

Items referred to the Board for decision or action
• None

Comments relating to the DTPC from the CCIO

Engagement with the development of Sunrise from clinicians continues to be challenging. Numerous lines of communication have been opened and are being pursued including via the Divisional management structure. It should be noted that the movement of pathology services to BCPS has reduced the influence available to obtain the essential Pathology support required for validation of the ORM system.

Comments relating to the DTPC from the CNIO

The Dudley Group
NHS Foundation Trust

Paper for submission to the Board on 7th February 2019

TITLE:	**Summary of Workforce & Staff Engagement Committee**		
AUTHOR:	**Andrew McMenemy, Director of Workforce & OD**	**PRESENTER**	**Julian Atkins, Non-Executive Director & Committee Chair**

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

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		Y	

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	X	☐	☐
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 to receive the main items addressed at the Workforce Committee and to be assured that there continues to be good progress alongside the Committee aims that are aligned to the Trust Workforce Strategy.

CORPORATE OBJECTIVE:

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:

This summary of the January Workforce and Staff Engagement Committee meeting provides the Board with assurance that matters associated to the Workforce Strategy are being managed and taken forward effectively and appropriately.

The main topics of interest continue to be effective recruitment leading to a sustainable workforce and the implications associated to this indicator. This is reflected in the Trust BAF and Workforce Risks as well as having significant focus in the Workforce Strategy and Business Plan. The Workforce and Staff Engagement Committee continues to hold those relevant Trust officers to account to ensure all reasonable measures are in place to mitigate the risks associated with workforce performance.

The main topic for discussion were the initial results from the National Staff Survey that highlighted areas of improvement alongside areas where the Trust needs to improve.

IMPLICATIONS OF PAPER:

RISK	Y		Risk Description:
	Risk Register: Y		Risk Score
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details:
	NHSI	Y	Details: Annual Business Planning Process
	Other	N	Details:

Committee Highlights Summary to Board

Committee	Meeting Date	Chair	Quorate	
Workforce & Staff Engagement Committee	3rd January 2019	Julian Atkins	**yes**	**no**
			Yes	

Declarations of Interest Made

No declarations registered.

Assurances received

Matters Arising

1. **Staff Engagement Presentation**- The Committee received an update from the Workforce Directorate associated to developments that have supported staff engagement**.** This primarily focused on the outcomes from the recent 'Make it Happen' engagement events. It was acknowledged that outcomes will be coordinated alongside the feedback from the staff survey and for the actions to be communicated effectively to staff.

Workforce Governance

2. **Workforce Related Risks/BAF –** The current workforce related risks and BAF were presented to the Committee alongside proposed revisions to both documents. This was done by the Director of Workforce following the Board Development session briefing by Deloitte and a revised set of issues and risks were presented for consideration by the Committee. The risks were discussed and agreed alongside an associated action of providing scores, controls and mitigations to the next meeting.

Workforce Strategy

3. **Workforce Strategy Business –** The Director of Workforce provided assurance with progress against the business plan that supports the Workforce Strategy. The Committee were assured of progress alongside objectives.

4. **Staff Survey Update –** The Committee were provided with the initial feedback from the Staff Survey. The report highlighted the areas of improvement alongside the areas where the feedback has declined since last year. The feedback was only provided at a Trust level and therefore did not provide Divisional or Departmental specific information. In addition, the feedback at this stage cannot be benchmarked alongside other NHS Trusts until all survey reports are published at the end of February 2019. The Committee were advised that the Divisional information was expected in the next few weeks and this would allow the identification of both corporate and local priorities that will form the associated action plan.

5. **Diversity Update –** The Committee were advised that EDS2 and WRES plans had been reviewed alongside consideration for the introduction in 2019 of WDES plans. As part of the review the Trust has established staff networking groups that support LGBT, BAME and Disability. The Committee were also advised that Mrs Jenni Ord, Chair and Mr. Julian Atkins, NED had been appointed advocates on behalf of the groups.

Workforce Performance

6. **Key Performance Indicators –** Dawn Woods, Head of HR provided an overview and analysis of workforce performance associated to December 2018. The main points of interest were the continuing fall in the absence rate to 4.76% and the continued fall in the Trust turnover rate. This was also supported alongside the continued positive performance associated to Appraisal and Mandatory Training. However, specific concerns were raised regarding Resuscitation Training for both adults and paediatrics. However, the Committee were advised by the Trust Lead for Mandatory Training that this had been escalated accordingly and plans were in place to address this matter.

Workforce Change

7. **Proposal to Move from Trust Contracts to Agenda for Change –** A combined paper was provided by the Finance & Operational HR teams. The report demonstrated the high number of staff at a variety of levels who had been historically placed on Trust single point pay scales. It was reported that this was having an impact on retention and staff morale, however the move to national terms and conditions provided a cost to the Trust. The Committee supported the move in principle, however, further assurance regarding costs was required.

Decisions Made / Items Approved

1. The Committee approved the revised submissions to the BAF and Risk Register;
2. The Committee agreed the proposal for moving existing and new staff to AFC pay scales in principle but required further assurance associated to the costs. .

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

The Committee require further feedback regarding:

- Staff Survey Action Plan and full set of published results;
- Scores and mitigations associated to the revised workforce BAF and Risk Register submissions;
- Update on the proposal to move staff to AFC pay scales.

Items referred to the Board for decision or action

The Committee on this occasion requires the Board to consider the initial findings from the National Staff Survey.