

Board of Directors
Thursday 7th March, 2019 at 12.20pm
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
10.	Chairmans Welcome and Note of Apologies		J Ord		To Note	12.20
11.	Declarations of Interest Standing declaration to be reviewed against agenda items.		J Ord		To Note	12.20
12.	Announcements		J Ord		To Note	12.20
13.	Minutes of the previous meeting					
	13.1 Thursday 7 February 2019	Enclosure 8	J Ord		To Approve	12.25
	13.2 Action Sheet 7 February 2019	Enclosure 9	J Ord		To Action	12.30
14.	Staff Story	Video	L Abbiss		To Note & Discuss	12.35
15.	Chief Executive's Overview Report	Enclosure 10	D Wake	All	To Discuss	12.45
16.	Safe and Caring					
	16.1 Staff Survey Presentation	Presentation	B Cooke/ R Andrew		To note and discuss	12.55
	16.2 Clinical Quality, Safety and Patient Experience Committee Exception	Enclosure 11	C Holland	SO1&2	To note assurances & discuss any actions	1.05
	16.3 Chief Nurse Report including Safer Staffing	Enclosure 12	M Sexton	All	To note assurances & discuss any actions	1.15
	16.4 7 Day Services Report	Enclosure 13	P Hudson		To note	1.25
	16.5 Patient Safety Strategy	Enclosure 14	J Hobbs		To note	1.35

17.	Responsive and Effective					
	17.1 Integrated Performance Dashboard	Enclosure 15	K Kelly	SO1,2,4,5,6	To note assurances & discuss any actions	1.45
	17.2 Finance and Performance Committee Exception report	Enclosure 16	T Jackson	SO6	To note assurances & discuss any actions	1.55
18.	Well Led					
	18.1 Brexit Contingency Plan Update	Enclosure 17	K Kelly		To note assurances & discuss actions	2.05
	18.2 Workforce Committee Exception Report	Enclosure 18	A McMenemy		To note	2.15
	18.3 Freedom to Speak Up Guardians Report	Enclosure 19	D Eaves		To note	2.25
19.	Any other Business		J Ord			2.35
20.	Date of Next Board of Directors Meeting 8.30am 4 th April, 2019 Clinical Education Centre		J Ord			2.35
21.	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			2.35

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

**Minutes of the Public Board of Directors meeting held on Thursday 7th February, 2019,
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
Karen Kelly, Chief Operating Officer
Andrew McMenemy, Director of HR

In Attendance:

Helen Forrester, EA
Mark Stanton, Chief Information Officer
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
Jane Dale, Consultant in Diabetic Medicine (Item 19/019)
Julie Taylor, Diabetes Clinical Nurse Lead (Item 19/019)
Kirsty Lazenby, Organ Donation Lead Nurse (Item 19/021.4)
Raj Uppal, Organ Donation Clinical Lead (Item 19/021.4)
Jill Faulkner, Patient Experience Manager (Item 19/021.5)

**19/014 Note of Apologies and Welcome
12.38pm**

Apologies were received from Richard Welford, Jonathan Hodgkin, Catherine Holland and Diane Wake. The Chairman confirmed that Deloitte were observing the Board from the Public Gallery as part of the Board Development Programme.

**19/015 Declarations of Interest
12.39pm**

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.

**19/016 Announcements
12.40am**

The Board noted that Doug Wulff, Non Executive Director, was not present at the meeting and The Chairman would be writing to the Council of Governors in relation to this.

The Chairman welcomed Mary Sexton, Interim Chief Nurse, to her first Board meeting.

No further announcements to note.

**19/017 Minutes of the previous Board meeting held on 10th January, 2019
(Enclosure 11)
12.40pm**

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

**19/018 Action Sheet, 10th January, 2019 (Enclosure 12)
12.40pm**

19/018.1 Finance and Performance Committee

The Recruitment and Retention Business Case was to be presented back to the Finance and Performance Committee in February and then to the March Board.

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

<p>The Recruitment and Retention Business Case to be presented to the February Finance and Performance Committee and the March Board.</p>
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**19/019 Patient Story
12.43pm**

Dr Jane Dale, Consultant in Diabetic Medicine and Sister Julie Taylor, Lead Nurse for Diabetes presented the patient story. This related to the Libra device used for treating Diabetes patients. The story was from a Diabetes patient who had successfully given birth following a previous miscarriage.

The story was very positive and a good example of self management and the care provided by the hospital.

The Chief Operating Officer asked about the criteria for use. The Board noted that a plan is being put in place to offer the device to all patients with type 1 Diabetes by 2020.

It was suggested that there should be a linkage to the Ambulance Service around the use of the device.

Mr Atkins, Non Executive Director, asked about benefits. Dr Dale confirmed that there were cost benefits of use for the NHS but also quality of care benefits for patients.

The Interim Director of Governance welcomed the positive news. Dr Dale shared her hopes that the device will be accessible by all Diabetes patients in the future. Currently, the criteria agreed with the CCG set limitations on its use.

The Medical Director asked about technology advancements in other treatments. Dr Dale confirmed that any new treatments such as this take time to establish. This related particularly to progress through Information Governance criteria.

The Medical Director commented that it positive to see the advancements being made in remote monitoring.

Dr Hopkin, Non Executive Director, asked about the long term plan for more services in the community. Dr Dale confirmed that it requires a significant level of expertise to support the patients and this could be difficult to provide within primary care.

The Chairman suggested that the experience of introducing self-management with a technology enhanced solution could be shared across the Trust and with other colleagues.

The Chairman and Board welcomed the positive story.

19/020 Chief Executive's Overview Report (Enclosure 13) **1.04pm**

The Chief Operating Officer presented the Chief Executive's Overview Report given as Enclosure 13. This included the following highlights:

- Healthcare Heroes Awards continued to received positively.
- CQC initial feedback: No written feedback currently received. Some good positive verbal feedback received. The Trust was working through some initial issues that had been highlighted by CQC, with additional evidence supplied along with action plans to remedy any areas for improvement.
- Use of Resources: Went well, awaiting official feedback, via the CQC well-led assessment.
- Charity Events: Board members to note dates for diaries.
- Smoking Update: Board agreed last year to go entirely smoke free. Plans are in place and shelters will be removed from June 2019. The Chairman asked about staff side and staff groups. The Director of HR confirmed they were supportive. Communication to staff and patients and families, also aligning with Interserve would be important.

Mr Atkins, Non Executive Director, raised the Healthcare Heroes award and asked about publicity. The Board noted that this had been well publicised.

Mr Miner, Non Executive Director, commented that Interserve had reached agreement with creditors. The Chairman agreed that this was pleasing to note as this should provide further confidence in continuity of service.

The Chairman and Board noted the report.

19/021 Safe and Caring

19/021.1 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 14)

1.20pm

The Interim Chief Nurse presented the Clinical Quality, Safety and Patient Experience Committee Exception Report, given as Enclosure 14.

There were two issues for the Board to note:

- Health and Safety Advice on COSHH: A business case will be presented at the next Business Case Panel, to enable the gaps in provision to be addressed.
- Timeliness of Data: All report authors to review and ensure that reports have the latest data available in future reports, as there were inconsistencies in timings associated with performance.

The Chairman and Board noted the report and assurances provided.

19/021.2 Chief Nurse Report (Enclosure 15)

1.23pm

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

The Board noted the following key issues:

- Safe Staffing: This was detailed at Appendix 1 of the report and had been discussed in full at the Finance and Performance Committee.
- Staffing Incidents: 59 staffing incidents relating to fill rates had been reported in December, with no resulting harm to patients reported.
- Recruitment: 81 Experienced or Graduate nurses commencing over the next few weeks.
- 120 vacancies were live on NHS Jobs. Recruitment was occurring on a regular basis with positive results.
- Safeguarding: Meeting regularly with Dudley Safeguarding Board. Chair and assurances provided on the management of this function.
- Falls: Slight increase in December but falls in incidence is well below the national average. Targeted support to certain service areas would be provided.
- Sepsis: Practitioner: A further 2 appointments had been made.

- Pre-Registration: Continues to be challenge. The Trust is now working with Worcester University as well as Wolverhampton University.
- Tissue Viability: No category 4 avoidable pressure ulcers have been reported since February 2018.
- Acuity Tool: Study commenced in January and is ongoing. Results from the study will be presented to Workforce Committee in March and then Board.
- The Quality Heatmap for wards was enclosed in the report.

Mr Miner, Non Executive Director, raised complaints and whether there were any trends, particularly in ED. The Deputy Chief Nurse advised that complaints needed to be about staff attitude and delays. Both matters are being addressed. A specific Complaints Report featured later on the agenda and would be for further discussions.

The Director of HR thanked the Deputy Chief Nurse and her team for their efforts on recruitment.

The Chairman asked the Board to note that compliments from patients had increased significantly, particularly in December 2018.

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

19/021.3 Learning from Deaths Report (Enclosure 16) 1.32pm

The Medical Director presented the Learning from Deaths Report, given as Enclosure 16.

The Board noted the following key highlights:

The first 4 graphs in the report relating to SHMI (Standard Hospital Mortality Index) and indicated a falling trend in deaths, especially when adjusted due to changes in coding.

The re-coding exercise had been undertaken and this was being monitored before any reversal decisions were taken. The work arising from the Bewick report was a review of palliative care beds.

Mr Atkins, Non Executive Director, commended the work on Palliative Care. The Trust had been awarded funding to progress its positive End of Life care approaches across the local health system.

The Chairman asked about structured judgement reviews that were outstanding. The Medical Director confirmed that there were 53. The Chairman raised learning and asked the Medical Director to describe how learning is demonstrated. The Medical Director confirmed that this is done in a number of ways including individual feedback and letters are filed with appraisal documentation. Departmental feedback is used to share learning, and also a health economy approach. The Chairman asked how we ensure learning is embedded. The Board noted that monthly meetings are held with Governance and Clinical Audit to ensure that audits have been carried out.

The Chairman and Board the report, the explanations provided and the improvements underway.

19/021.4 Organ Donation Report (Enclosure 17)

1.43pm

Kirsty Lazenby and Raj Uppal, Trust Nursing and Clinical Organ Donation leads, presented the Organ Donation Report, given as Enclosure 17.

The Chairman confirmed that she was the Non Executive Director lead for Organ Donations and sits on the Organ Donation Committee.

The Board noted the following key highlights:

- Data shows the Trust to be performing well for a level 4 Trust.
- The Trust performs well for training its staff be involved in sensitive discussions.
- Organ Donation lift wraps and screen savers have been put in place across the hospital.

Mr Atkins, Non Executive Director, asked about level 4 categorisation. Dr Uppall confirmed that this was correct for the size and type of hospital but the Trust was aiming to be a level 3 unit in the future.

The Interim Director of Governance asked about patient consent and families disagreeing with this. The Board noted that the Trust would not pursue organ donation against families wishes.

The Chairman asked about the donation of corneas. Mshayenby confirmed that tissue donation can occur anywhere in the hospital with any patient that has died and a lot of work is taking place with wards to educate staff when to refer for tissue donation. The Chairman asked for the results of this work to be identified in the next report.

The Chairman and Board noted the report and thanked the team for their continued work.

Results of work on tissue donation to be included in the next report.
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19/021.5 Patient Experience Report (Enclosure 18)

1.57pm

The Head of Patient Experience presented the Patient Experience Report, given as Enclosure 18.

The Board noted that compliments had risen by 57% for the quarter ending December 2018.

Mr Atkins, Non Executive Director, confirmed that there was some very positive work being shaped nu Patient Experience Committee.

The Interim Chief Nurse asked about a Patient Experience Strategy. The Head of Patient Experience confirmed that this was being progressed and a patient consultation event was taking place on 19th February. The Chairman confirmed that the Chief Executive was Executive sponsor for the work on improving complains within the Dudley Improvement practice arrangements.

Mr Miner had raised the rise in complaints in December, particularly in ED. The Patient Experience Manager confirmed that themes were around communication and waiting times, Themes continued to be the same but there was increased activity on these points. Mr Atkins, Non Executive Director, confirmed that complaints had not increased significantly from the same quarter last year. This suggested the rise could be linked to seasonal pressures.

The Board noted that complaints go to Team and Divisional Governance meetings and feedback is shared within Divisions. Negative feedback is progressed through the “you said we did approach”, which is reported also on ward notice boards.

The Chairman and Board noted the report.

19/022 Responsive and Effective

19/022.1 Integrated Performance Report (Enclosure 19)

1.10pm

The Chief Operating Officer presented the Integrated Performance Report given as Enclosure 19.

The Board noted the following key issues:

- Overall performance for December 2018.
- Cancer key metrics: Year to date position is 82.19%. The requirement is to reach 85% at year end.
- RTT: Continued good performance.
- DM01: Achieved for December. Decreased performance in January as a result of demand but it was expected this would be recovered.
- ED Emergency Access Standard: Performance reflects acuity and capacity demands on the service. There had been a number of 12 hour breaches during January. This was due to the availability of beds across the Trust because of delayed transfers of care. The medical ‘in reach’ remains to ED had ensured continuity of care for these patients in ED.
- Absence Rate: Increased number of absences by Clinical Support workers and Trust clerical staff.

The Chairman asked about the flu vaccine. This rate stands at 72% and the Trust is confident it will reach 75%.

Mr Atkins, Non Executive Director, asked about VTE. The Medical Director confirmed that the Trust has underperformed in Medicine and Surgery and initiatives have been introduced to recover the position.

The Chairman and Board noted the report and performance for December and the continued capacity pressures on continued efforts. The Board wished to recognise the continued efforts of staff in what has been a very demanding period.

The Board noted that the Annual Plan report will be updated and circulated to Board members for information.

Annual Plan Report to be updated and circulated to Board members.
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**19/022.2 Finance and Performance Committee Exception Report (Enclosure 20)
2.05pm**

Mr Miner presented the Finance and Performance Committee Exception Report, given as Enclosure 20.

The Board noted the following key issues:

- The Trust continues to be under financial pressure.
- There were issues to address on cash flow and Mr Miner asked that the Board is sighted on the seriousness of the situation.

The Director of Finance commented that it is imperative to deliver Income and Expenditure plans for the year.

The issues outlined would be discussed in the private session.

The Chairman and Board noted the actions that would need to ensure, given the report information.

19/022.3 Trust Strategy Ratification (Enclosure 21)

2.10pm

The Director of Strategy and Business Development presented the Trust Strategy for ratification, given as Enclosure 21.

Mr Miner, Non Executive Director, commented that the Trust strategy as presented was aligned to the NHS Long Term Plan.

The Board acknowledged the work and consultation in the production of the Strategy and ratified the document for publication.

The Director of Strategy and Business Development confirmed that there will be a launch event in March. This will take place across the organisation.

19/023 Well Led

19/023.1 Brexit Contingency Plan Update (Enclosure 22)

2.15pm

The EPRR Manager presented the Brexit Contingency Plan Report given as Enclosure 22.

The Board noted the following key issues:

- The Chief Operating Officer has been called, along with other Trust representatives to a meeting with the NHS England Brexit planning team the following Friday to consider the implications of Brexit in particular the issue of medicine stockpiling.
- The Trust plan has been further revised and an update will be shared with the Board.
- A page on Brexit planning and requirements appears on the Intranet/Hub so all staff can be made aware.
- A Impact Assessment was appended to the report.

The Interim Director of Governance asked about the biggest risk for the organisation. The EPRR Manager confirmed that Pharmaceuticals is the biggest risk nationally and for the Trust.

Mr Miner, Non Executive Director, asked if there was any private stockpiling. However, if shortfalls did occur, there could well be increased demand and pressure on the Trust supplies. The EPRR Manager confirmed that there was no evidence of this.

The Director of Finance asked about perishable supplies, pricing structures and the impact of Brexit occurring on a Friday. The EPRR Manager confirmed that the organisation is planning for the worst possible scenario. The Chairman stated that there must be sufficient assurance and challenge around the items included in the plan, so that there was a robust plan.

The EPRR Manager confirmed that Interserve have been asked to provide assurance around food stocks.

A further update will be presented to the March Board.

The Chairman and Board noted the report and that regular revisions were being made to the plan using guidance and information received.

Further update on Brexit to the March Board.

19/023.2 Audit Committee Exception Report (Enclosure 23) 2.30pm

Mr Miner, Committee Chair presented the Audit Committee Report given as Enclosure 23.

The Board noted the following key issues:

- Positive progress was being made on outstanding internal audit recommendations.
- There was a need to agree year end audit fee with our auditors. This item could be considered at the March meeting.

The Chairman and Board noted the report.

19/023.3 Digital Trust Committee Report (Enclosure 24) 2.31pm

The Chief Information Officer presented the Digital Trust Committee Report given as Enclosure 24.

The Board noted the following key issues:

- ED and Orders Management dates have slipped to February 2019.

- Cyber Security: Board to be sighted on Cyber Security Plans and Strategy. The documents will be presented to the March Board for approval.
- The Board noted replacement plans for PCs across the Trust.

The Medical Director welcomed the PC refresh programme and asked that this is communicated to the Consultant body. The Medical Director commended IT on the seamless roll out and upgrade of e.obs in January 2019.

The Director of Governance asked about the Board requirement around Cyber Security. The Chief Information Officer confirmed that it was likely that some online training for the Board will be made available.

The Board noted that the Digital Trust Committee will be held every 2 months on the first Thursday of the month.

The Medical Director asked that Population Health is included on a future Board Workshop agenda.

The Chairman and Board noted the report and the future actions required.

**Cyber Security Plan and Strategy to be presented to the March Board for approval.
Population Health to be included on a future Board Workshop agenda.**

19/023.4 Workforce Committee Report (Enclosure 25) 2.42pm

Mr Atkins, Committee Chair presented the Workforce Committee Report given as Enclosure 25.

The Board noted the following key issues:

- The meeting focussed on effective recruitment and retention strategies.
- Minority working groups to be established.
- The Committee had received the staff survey and this will be discussed on the Private Board agenda as results, along those with other Trusts are embargoed until the end of February.
- The next Workforce Committee is dedicated to reviewing the Workforce Strategy.

The Chairman and Board noted the report and the positive ongoing work on recruitment and retention.

19/024 Any Other Business

2.44pm

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

19/025 Date of Next Meeting

2.45pm

The next Board meeting will be held on Thursday, 7th March, 2019, in the Clinical Education Centre.

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 7 February 2019

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
19/022.1	Integrated Performance Report	Annual Plan Report to be updated and circulated to Board members.	NY	7/3/19	Done. Circulated by email on 8/2/19.
19/007	Board Assurance Framework	Further discussions on the Board Assurance Framework to take place at the next Board Workshop.	GG	April 19	Board Workshop to be rearranged.
19/018	Finance and Performance Committee	The Recruitment and Retention Business Case to be presented to the February Finance and Performance Committee.	AM	28/2/19	Done and Approved by F&P.
19/023.1	Brexit Contingency Plan Update	Further update to the March Board.	C Leach	7/3/19	On Agenda
19/023.3	Digital Trust Committee Report	Cyber Security Plan and Strategy to be presented to the March Board for approval. Population Health to be included on a future Board Workshop agenda.	MS	7/3/19	On Private Agenda
			MS/GG	April 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
19/021.4	Organ Donation Report	Results of work on tissue donation to be included in the next report.	K Lazenby	Jan 2020	Not Due



The Dudley Group
NHS Foundation Trust

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

TITLE:	Public Chief Executive's Report		
AUTHOR:	Diane Wake, Chief Executive	PRESENTER	Diane Wake, Chief Executive
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		X	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input checked="checked" type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
The Board are asked to note and comment on the contents of the report.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Visits and Events • Healthcare Heroes • Trust Strategy Launch • Chair Moving On • Flu Vaccination Campaign 2018/19 • Trust Registered as Specialist Endometriosis Centre • Charity Dates for the Diary • 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 – March 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

13 th – 15 th Feb	CQC Well Led Review
13 th Feb	Transition Board
14 th Feb	Extraordinary Council of Governors
18 th Feb	STP Health Partnership
	Live Chat
20 th Feb	A&E Delivery Board
	Bidding Partners Meeting
25 th Feb	Healthcare Heroes
	Executive Development Programme
27 th Feb	System Priorities Workshop
	Partnership Board
	MCP Meeting with Regulators
4 th March	Cllr Bayton
5 th March	Celebrating Clinical Practice across Dudley
6 th March	Shadowing DRAS Nurses

Healthcare Heroes February 2019

Congratulations to February's healthcare heroes! In a break from tradition, I selected two team winners as the entries were so strong. The Healthcare Heroes Team Awards went to the clinical coding team and palliative care team.

Our clinical coding staff are highly skilled at what they do to ensure patient care is coded correctly. For those who don't know how we as a Trust are paid for providing healthcare, each episode has to be coded, taking into account the complexity of the



procedure and any associated conditions that the patient has. Each code has a tariff attached. There are over 4,500 different tariffs for planned and unplanned care. The clinical coding team work to very tight deadlines to a high standard.

Recently they have worked lots of overtime to ensure those deadlines are met. They really are unsung heroes and I am so pleased to give this very deserving team a healthcare hero award.

Our second team winner, the palliative care team, work tirelessly across both acute and community to deliver a seamless service to patients, their families and carers.



They are enthusiastic and determined to embed good practice across the organisation. They have implemented a seven day service within the community; they are implementing the gold standards framework across the organisation and providing individualised care for patients at the

end of life. I am so proud of this team for their outstanding care. They are very well deserving of this award.

Trust Strategy Launch

Our new Trust strategy will be launched on 12th March where will be setting out our six objectives and goals. Staff are invited to attend the launch in the lecture theatre and find out how they can play their part in our exciting future. The new strategy for 2019-21 has a clear message of 'Care better every day' and shows how we will continue to be a sustainable organisation delivering high-quality health care in the right place, at the right time. At a time when the healthcare landscape is changing, our strategy ties in with the NHS Long Term Plan and the Black Country and West Birmingham Sustainability and Transformation Partnership (STP) Clinical Strategy.

Chair Moving On

It is with sadness that we say goodbye to Jenni Ord who has been our chair for three and a half years. She has announced that she will be moving on from the Trust by the end of April before the end of April this year to seek a better work life balance. She has found that regular Trust business, including significant additional demands on the Trust, has resulted in huge time investment and personal involvement and believes such time commitment is no longer sustainable.

Flu Vaccination Campaign 2018/19

We are pleased to announce that the uptake for the flu vaccination for frontline healthcare workers at the Trust achieved 76.84%. This is the second year in a row where the Trust have achieved the nationally recognised target of 75%.

This is an extremely positive reflection on our staff and their commitment to patient and staff well-being. The Board should acknowledge the sterling efforts of our flu vaccination team in the Workforce Directorate alongside the commitment and dedication by our peer vaccinators.

In addition to the being of our staff and patients this achievement also allows the Trust the achieve the associated CQUIN.

The information below provides some further detail regarding uptake within our staff as well as the reasons for not receiving the vaccine.

	Total numbers	Rates
Number of frontline HCW	4525	100%
Uptake of vaccine by frontline HCW	3477	76.84%
Opt-out of vaccine by frontline HCW	1048	23.16%

Area name	Total number of frontline staff	Number who have had vaccine	Number who have opted-out	Staff redeployed? Y/N	Actions taken
C5 Resp	50	37	13	N	
ED	181	131	50	N	
ITU	76	57	19	N	
Maternity	161	112	49	N	
Neonatal	56	41	15	N	
Haematology Oncology	87	59	28	N	

Actions taken to reach 100% uptake ambition

- Peer vaccinators for departments including community locations.
- Vaccination hubs created across different areas of RHH (ITU, Occupational health, Trust health hub).
- Promotions designed to educate employees to the benefits of vaccination.
- Structured communications campaign with promotional events, including but not limited to, the utilisation of social media and the involvement of a local celebrity resulting in increased visibility of campaign across the Trust.
- Weekly reviews and responsive targeted approach to areas of low uptake / high risk.
- Publication of weekly Divisional uptake – broken down to individual ward / areas.
- Opt out forms being used in order to respond to any reasons for low uptake.

Reasons given for opt-out

Reason	Number
I don't like needles	25
I don't think I'll get flu	16
I don't believe the evidence that being vaccinated is beneficial	66
I'm concerned about possible side effects	205
I don't know how or where to get vaccinated	0
It was too inconvenient to get to a place where I could get the vaccine	0
The times when the vaccination is available are not convenient	0
Other reason	82
Employee did not provide a reason	657

Trust Registered as Specialist Endometriosis Centre

Russells Hall Hospital has been registered as a provisional specialist endometriosis centre. The Dudley Provisional Endometriosis Centre will diagnose and treat women with severe endometriosis. It currently takes up to 7.5 years to get a diagnosis, and it affects 10-15 per cent of women and girls of childbearing age.

There is worldwide consensus regarding the best methods of treatment for severe endometriosis, which involves advanced specialist keyhole surgery. Specialist centres are set up once certain criteria are met. Surgical treatments are standardised and outcome data/quality of life data are collected.

These centres drive improvements in patient care, establish the benefits and the risks of treatment, illustrate costs of these services and inform commissioners of what standard of treatment they should expect for their patients. This is great news for endometriosis patients who are more likely to be offered treatment in specialist centres where gynaecologists work in multidisciplinary teams, and have sufficient workload to maintain their skills and audit their data.

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.

National NHS News

Antimicrobial resistance: UK launches 5-year action plan and 20-year vision

The government has published a 20-year vision and 5-year national action plan for how the UK will contribute to containing and controlling AMR by 2040.

The plans include targets, such as:

- cutting the number of drug-resistant infections by 10% (5,000 infections) by 2025
- reducing the use of antibiotics in humans by 15%
- preventing at least 15,000 patients from contracting infections as a result of their healthcare each year by 2024

A major focus of the plan is to make sure current antibiotics stay effective by reducing the number of resistant infections and supporting clinicians to prescribe appropriately.

Gov.uk (24.01.19)

'Patient safety put at risk due to lack of NHS staff'

Patients are missing out on safe and compassionate care due to a shortage of NHS staff, according to a new poll. Almost half (45%) of more than 15,000 frontline NHS surveyed by the Unison union said there were not enough workers on their shift to ensure a safe, dignified and compassionate service. A breakdown showed that acute inpatient wards were hardest hit, with 59% of more than 2,300 employees surveyed in these units saying staffing levels were insufficient.

News and Star (28.01.19)

Scrapping A&E target would harm patients, doctors warn

Scrapping the four-hour A&E target would have a "near-catastrophic impact" on patient safety, doctors have warned as nursing leaders said it was not right to "tinker" with it. The Government has said it plans to ditch the target for 95% of patients to be seen at A&E within four hours. Instead, those with less serious illnesses could have to wait longer, while new targets may be brought in for conditions such as heart attacks and stroke. Emergency units have not hit the target since July 2015. In December, just 86.4% of people were seen within the target.

News and Star (29.01.19)

CQC wants more improvements across maternity care following national survey results

The CQC has issued a warning about the lack of improvement and information provided to expecting mothers during maternity care, but has praised interactions staff and midwives during pregnancy. Following a national survey of more than 17,600 women who gave birth in February last year, the CQC said the care for some women fell short of expectations with problems highlighted around the continuity of care, choice in antenatal and postnatal services and access to help and information. The health inspectorate said there has been "limited improvement" in women's experience since the last survey in 2017 up until now, with some areas of women's experiences of maternity care declining.

National Health Executive (29.01.19)

No-deal Brexit: Should NHS patients be worried?

Hospitals warning vital supplies might run out and operations would be cancelled, an ambulance service stockpiling tyres, and officials "close to panic" - these are recent stories about NHS efforts to plan for the possible consequences of the UK leaving the European Union with no agreement in place at the end of March. So, should patients be worried? There are two answers. Ministers and NHS leaders say every effort is being made to ensure there will be enough medicines and clinical equipment available in the event of delays to imports caused by traffic chaos near the Channel ports. The Whitehall line is that everything that can be done is being done. But the other point being made is this is an unprecedented scenario - and nobody can be sure what will happen if the UK leaves the EU without an agreement.

BBC News (30.01.19)

NHS England cervical screening backlog revealed by watchdog

More than 150,000 untested cervical screening samples were discovered in laboratories across England, Whitehall's spending watchdog has found. The National Audit Office (NAO) said that changes to testing arrangements led to a backlog. This has since been reduced, but the size of the backlog suggests that hundreds of thousands of women have had to wait to find out if they needed treatment. The disclosure comes in a highly critical report that has also identified some of Britain's worst performing areas for screening programmes for cervical, bowel and breast cancer as well as for abdominal aortic aneurysm. The report found that at one point last year only one in three women undergoing a smear test had received their result within the recommended 14 days.

The Guardian (01.02.19)

'Better NHS management could allow extra 290,000 operations'

An extra 290,000 operations could be carried out on the NHS every year if operating theatres were managed more efficiently, a national review has found. The study, from NHS Improvement and supported by the Royal College of Surgeons, found delayed starts and early finishes to operations left gaps that could be filled with treating more patients. In an effort to improve efficiency, experts examined data from 92 NHS trusts for the year 2017. They found significant variation in theatre productivity between different NHS trusts. Overall, a third of operating lists started 30 minutes or more late and 38 per cent finished 30 minutes or more early. More than 111,000 finished at least 60 minutes early.

The Yorkshire Post (04.02.19)

Problems persist with NHS screening databases

The NHS "cannot reliably identify" patients for screening programmes for cancer and other diseases because information is held on a staggering 83 separate databases. The system for inviting eligible people was declared "not fit for purpose" by the Government as long ago as 2011, but problems persist, the National Audit Office (NAO) has concluded. NHS England intended to replace the system, known as National Health Application and Infrastructure Services (NHAIS), in 2017 but shelved the plan, "causing additional cost and greater risk," a new report from the NAO in the management of health screening warns. In the starkest example of its failings, 98,000 women have been left waiting for the results of cervical cancer checks.

At one point last year, only one in three received results within the recommended 14 days.

UK Authority (04.02.19)

Consultation launched in bid to reduce medication-related errors across NHS

The reduction of medication-related errors across the NHS is a national priority. For this to happen, we need to ensure that medication instructions, including dosage and timings, are transferred correctly between all care settings using digital systems that speak the same language. For example, if you or a loved one has been discharged from hospital your GP needs access to the same medication information as the doctors in the hospital, written in the same format. The NHS is working on guidance to ensure this information can be shared easily between different digital systems. Allowing this information to flow between different care settings will support better patient care, ensuring care professionals have access to the right information at the right time.

Fylde Coast CCGs (05.02.19)

Brexit-hit Spanish nurses deepen NHS staffing crisis

The staffing crisis in the National Health Service is escalating because hundreds of Spanish nurses are threatening to leave after it emerged that domestic rules threaten to render their UK work experience worthless at home after Brexit. Spanish nurses currently build up points from work experience in other countries, which they can then use to improve their salary or job prospects in Spain. “Currently, because the UK forms part of the EU, time spent working in a London public hospital counts exactly like time working in a Madrid public hospital,” said Diego Ayuso, the general secretary of Spain’s nursing regulator, the Consejo General de Enfermería.

“When Brexit happens, and the UK leaves, working there won’t count”, unless there is a new agreement, Mr Ayuso said. The 3,370 Spanish nurses and health visitors made up 17 per cent of the NHS’s EU nurse workforce in June 2018 — more than any country in the bloc except Ireland. There were about 280,000 nurses in service last June, with 40,000 jobs vacant.

Financial Times (09.02.19)

NHS England lifts block on Babylon’s GP at Hand service

The National Health Service in England has reversed its decision to block doctor app Babylon from expanding into Birmingham after setting out plans to radically ramp up its digital ambitions. Babylon had applied last year to launch a remote video consultation service, called GP at Hand, in Birmingham, Britain’s second-biggest city, but the application was blocked after a local NHS body raised safety concerns. However, NHS England confirmed on Wednesday that it had lifted the block. The decision marks a significant shift in the health service’s approach to the start-up, which has faced widespread criticism and resistance in its home market.

(Financial Times 13.02.19)

Matt Hancock: email must replace paper in the NHS

The NHS must stop relying on pen and paper and should use modern, secure forms of communication instead, Health and Social Care Secretary Matt Hancock has said. Email is as secure and cheaper than communicating through paper and fax machines, the Health and Social Care Secretary said in a speech at an NHS England conference. He outlined an ambition for healthcare staff to email patients directly with information on appointments to reduce delays, boost cyber security and cut wastage.

(Gov.uk 13.02.19)

Thousands of fracture patients need NHS review after wrong metal plates fitted in hospital mix-up

Thousands of NHS patients who had fractures repaired with a metal plate need their X-rays reviewed after a hospital mix-up means some received implants which are liable to buckle. About 5,500 patients who had plates fitted for limb fractures since February 2018 will now be reviewed, NHS Improvement and the British Orthopaedic Association said.

(Independent 13.02.19)

‘Damaging’ NHS targets ‘have had their day’ claims Lord Prior

NHS targets “have had their day” according to Lord Prior as the head of the health service launches an attack on 25 years of flawed health policies. On the same day A&E performance slumped to the worst level on record, NHS England’s chairman has signalled plans to abolish key performance targets, suggesting that they damage patient care and encourage “gaming” by NHS trusts.

(National Health Executive 15.02.19)

A&E waiting time performance hits all time low as NHS ‘buckles under the strain’

A&E waiting time performances in NHS trusts in England have hit their lowest level since records began, according to the latest NHS statistics. The NHS’s performance against the flagship four-hour target has hit its lowest level since it was introduced in 2004, with 84.4% of patients treated within the timescale compared to the 95% target. NHS leaders have said the new figures show the NHS is “buckling under strain,” and the Royal College of Nursing (RCN) said the situation is dangerous and must act as a wake-up call for the health secretary and NHS England. Whilst more patients than ever are being seen at A&E departments, this month’s waiting time figures are worse than the previous low of 84.6% set in March last year after the ‘Beast from the East’ storm caused havoc on frontline services.

(National Health Executive 15.02.19)

NHS spinal surgery errors cost a third of its budget

For every £3 spent on spinal surgery in the NHS, the health service pays out £1 on litigation. While the annual budget for spinal surgery is £300 million, a report commissioned by the watchdog NHS Improvement has revealed that litigation after spinal surgery averages more than £100 million.

Specialist units were failing to learn lessons from previous claims to avoid errors because very little information was available, the report stated.

(The Times 16.02.19)

Huge rise in patients dying before they get to A&E

The number of 999 patients who die before they reach hospital has risen by more than half in just 12 months. Now paramedic chiefs have launched a probe into the soaring numbers, amid claims by ambulance staff that the growing strain on overcrowded A&Es could be to blame. One paramedic told us he fears the increase is due to 999 calls “stacking up” as ambulance crews wait up to eight hours to hand over patients at hospital. Figures from NHS Digital uncovered by the Sunday Mirror show 3,817 patients were declared DoA, or “Dead on Arrival”, last year. That is 1,319 more than the previous year. But the College of Paramedics, which has launched a probe, believes the rise is down to more dignified handling of patients who are already beyond saving. They say better trained staff are increasingly encouraged not to carry out “futile resuscitations”, which can distress families by giving false hope.

(Daily Mirror 16.02.19)

National ambitions to tackle causes of heart attack and stroke announced

A coalition of over 40 organisations led by Public Health England and NHS England, and including the British Heart Foundation, has announced new national ambitions for tackling the major causes of heart and circulatory disease in England. The ambitions published this week seek to improve the detection and management of atrial fibrillation, high blood pressure and high cholesterol (or A-B-C).

The ambitions have been designed to support NHS England's aim in the recently published Long Term Plan of preventing over 150,000, heart attacks, strokes and dementia cases over the next ten years.

(Charity Today 19.02.19)

We can do more to improve medicines safety for patients in the NHS

How pharmacists are at the forefront of a national scheme to make the NHS the safest health service in the world for medicines. Around 1.1 billion prescriptions are supplied each year in primary care, and every day a mid-sized hospital supplies around 50,000 doses to its patients. As healthcare professionals, we don't set out to make an error when delivering these medicines. But even in the safest healthcare system in the world, mistakes do occur, and far more frequently than I imagine anyone is comfortable with. These incidents cause thousands of people harm, ranging from moderate to serious harm to death. Meanwhile, avoidable adverse drug reactions cost the NHS around £98.5m per year. Our understanding of the scale of the harm caused by medicine safety incidents is greater than ever before, so it's time for the NHS to do more to prevent them.

(The Pharmaceutical Journal 20.02.19)

NHS told to ditch 'outdated' pagers

The NHS has been told to stop using pagers for communications by 2021, in order to save money. The health service still uses about 130,000 pagers, which is about 10% of the total left in use globally. They cost the NHS about £6.6m a year. Health Secretary Matt Hancock called them “outdated” and said he wanted to rid the NHS of “archaic technology like pagers and fax machines”. However, many in the medical industry say that pagers are quick and reliable. Doctors say they are useful in emergencies, and proposed replacements have their own shortcomings.

(BBC News 23.02.19)

One in 10 over-40s living with Type 2 diabetes, study finds

One in 10 adults over the age of 40 in the UK is living with a Type 2 diabetes diagnosis, analysis suggests. Millions of cases could be avoided if people understood their risk of developing the largely preventable condition, Diabetes UK said. The charity, which carried out the research, estimates 3.8 million people in England, Wales, Scotland and Northern Ireland have a diabetes diagnosis. Around 90% are believed to be Type 2, which can be linked to excessive weight and obesity. (Wirral Globe 26.02.19)

Regional NHS News

Hour-by-hour weather forecast as Birmingham braced for SNOW

Snow is expected to batter Birmingham and Solihull with plunging temperatures. A yellow weather warning has been issued by the Met Office for the Midlands as snow and ice is expected over the next few days. A spokesman for Met Office said: "Snow, possibly heavy at times, developing overnight Tuesday and into Wednesday." The agency added that there was a "slight chance" that rural communities could be cut off and that power cuts may occur.

Birmingham Live (29.01.19)

Thousands of hospital workers have not been vaccinated against the flu

Thousands of front-line hospital staff across the region have not been vaccinated against the flu, it can be revealed. Across the Black Country and Staffordshire more than 7,500 doctors, nurses and other front-line staff have not been vaccinated.

A total of 857 have refused to get the jab. The uptake rate for staff at health trusts across the two counties getting the jab is 72 per cent, higher than the national average of 66 per cent.

Express and Star (30.01.19)

'Chaotic' No-Deal Brexit Could See Operations 'Curtailed', Warns Birmingham Doctor

A "chaotic" no-deal Brexit could lead to operations being "curtailed" and waiting lists increasing, the boss of one of the country's leading hospital groups has warned. Dr David Rosser, chief executive of University Hospitals Birmingham (UHB) NHS Foundation Trust, said a no-deal exit could see many trusts run out of medical supplies.

Heart (30.01.19)

Ministers warned of mental health crisis in children

Hospitals across the West Midlands saw mental health caseloads rise by 26 per cent in the last year, according to NHS Digital, while over the same period funding has increased by only three per cent to £615 million. And some areas have seen funding fall, with NHS Sandwell and West Birmingham Clinical Commissioning Group showing a drop of nearly £4m in funding to £96.5m in 2017-18, a decrease of four per cent. It comes as new figures showed that A&E departments in Birmingham and Sandwell have treated 1,136 youngsters for self-harming over the last five years.

Express and Star (05.02.19)

More than 1,000 children have gone to hospital after trying to injure or kill themselves

More than 1,000 children and teenagers have attended a Birmingham or Sandwell hospital after trying to injure or kill themselves over the past five years. The figures, which include people aged 17 and under, were provided by health trusts covering Birmingham's hospitals, as well as Sandwell General Hospital in West Bromwich. And they showed the "crisis in children's mental health", according to Birmingham MP Liam Byrne. He said: "We now face nothing less than a crisis in children's mental health services. The level of children's pain is simply outstripping investment in services to help. "When over 1,000 children come to A&E having self-harmed or tried to take their own lives we know this is a crisis."

Birmingham Live (06.02.19)

The shocking number of diabetic Brummies having amputations a WEEK

The number of 'devastatingly and life-changing' amputations on diabetic patients in West Midlands hospitals has jumped 16 percent in five years – though things are starting to improve. Statistics release by NHS Digital show that there were 220 amputations carried out on patients with a primary diagnosis of diabetes in between April 2017 and March 2018. That's equivalent to more than four amputations every week. The figures represent an increase of 16 per cent on 2013/14, when 190 amputations were carried out.

Birmingham Live (07.02.19)

Ambulance queues worse on Sundays and Mondays, says Shropshire hospital boss

Simon Wright, chief executive of Shrewsbury and Telford Hospital NHS Trust, told a meeting of the trust's board that they are now in the grip of winter and seeing an ambulance turn up at Royal Shrewsbury Hospital and Telford's Princess Royal Hospital every 10 minutes.

He said groups of ambulances arriving together were also causing problems. Speaking about a recent Sunday, Mr Wright said: "We normally at Princess Royal Hospital see 50 ambulances on a Sunday and we saw 96. That scale of numbers is extremely difficult to plan for. A lot of ambulances are arriving within a five-hour window. It is a very significant shift, particularly on Sundays and Mondays."

(Shropshire Star 11.02.19)

Smoking ban for hospitals

Smoking is to be banned within the grounds of Russells Hall Hospital. The ban will also apply to the Guest and Corbett outpatient centres. Experts say they hope cutting smoking at the sites will result in fewer admissions, shorter patient stays and a population that ages more healthily.

Express and Star (13.02.19)

For the love of Liz

A Dudley man's generosity will improve treatment for respiratory treatment for patients at Russells Hall Hospital, all in memory of his late wife. Michael Bullen has donated £8,000 to the hospital for the development of a new procedure room on ward C5.

(Dudley News 13.02.19)

Birmingham hospitals trust maintains 'good' rating

A hospital trust has maintained its overall 'good' rating after a recent inspection by the health watchdog. It is the first report published on the University Hospitals Birmingham NHS Foundation Trust since it merged with the Heart of England NHS Foundation Trust in April 2018.

The trust was given an 'outstanding' rating by The Care Quality Commission (CQC) for being well led. However, some areas within the trusts' four hospitals require improvement.

(BBC 13.02.19)

Fewer ambulances than predicted turning up at Shropshire's hospitals, bosses say

West Midlands Ambulance Service said in the first six weeks of the year it had conveyed 170 fewer patients to Royal Shrewsbury and Princess Royal hospitals than it had forecast.

It comes after Simon Wright, chief executive of Shrewsbury and Telford Hospital NHS Trust (Sath), spoke about the challenges of growing numbers of ambulances turning up at the county's hospitals. Last week, he said an ambulance was arriving every 10 minutes and PRH had seen nearly double the usual amount on a recent Sunday.

WMAS spokesman Murray MacGregor said staff at the hospitals are told daily how many ambulances can be expected to turn up. He said demand on that particular Sunday had been higher than predicted, but usually it takes fewer patients to RSH and PRH than predicted.

According to figures from WMAS, it expected to send 2,521 ambulances to RSH and 3,062 to PRH in the first six weeks of the year. It actually sent 2,420 to RSH and 2,993 to PRH.

(Shropshire Star 13.02.19)

The worrying number of Birmingham pensioners hospitalised by falls every day

Nine pensioners a day are being admitted to hospital in and around Birmingham because of falls - and the number is rising. There were 3,420 "finished admission episodes" involving people over 65 and caused by a trip or slip in the year to March 2018, according to exclusive data provided by NHS England.

Some 2,040 were at the former Heart of England NHS Foundation Trust, 790 at University Hospitals Birmingham NHS Foundation Trust, and 590 at Sandwell and West Birmingham Hospitals NHS Trust.

(Birmingham Live 14.02.19)

West Midlands AHSN forms new leadership team with four appointments

The West Midlands Academic Health Science Network (WMAHSN) will form a new leadership team with the appointment of four strategic roles.

Tony Davis, previously the commercial director with the WMAHSN, now becomes the director of Innovation and Economic Growth.

Dr John Williams will be joining the AHSN as the new director of Academic Science; and Kate Hall joins as the new director of Implementation and Adoption. Rob Chesters will support them as the new WMAHSN chief operating officer. The new structure will come into effect in April.

(Digital Health Age 18.02.19)

The Birmingham and Midlands hospitals seeing outbreaks of norovirus

The West Midlands' hospitals saw an average of one outbreak of norovirus every three days in January.

Figures from Public Health England's hospital norovirus outbreak reporting scheme (HNORS) recorded 10 outbreaks of norovirus-type symptoms in the region between December 31 and January 27. Of these, 10 outbreaks led to a ward or bay being closed or restricted to admissions, with four confirmed as being norovirus.

(Birmingham Live 19.02.19)

The heartbreaking toll alcohol is having on Brummies' health revealed

New figures have revealed the heartbreaking toll of alcohol on people's health - with dozens of people in Birmingham admitted to hospital over and over again because of drink-related disease.

Exclusive figures show around 195 people were admitted to hospitals in Birmingham five or more times in 2017/18 due to conditions caused by alcohol. The conditions are those considered by doctors to be "wholly related" to alcohol and include alcohol poisoning, liver problems and behavioural disorders.

However, the number admitted at least five times in a year has dropped by 11% since 2009/10, when the figures begin.

(Birmingham Live 19.02.19)

Gunman tackled by security guards after weapons scare at hospital

A gunman was "wrestled to the floor" by brave security guards as armed police swooped on a hospital. A man is in custody after the West Midlands Police gun squad dashed to Wolverhampton's New Cross Hospital yesterday (February 24). The weapon, which turned out to be a BB gun, was seized by officers and the gun-wielding man was arrested after being held to the floor by the hospital security. No-one was harmed during the isolated incident, according to a spokesman for the force.

(Birmingham Live 25.02.19)

Bullied, stressed and dissatisfied - how Birmingham hospital staff are feeling the strain

The latest results from the NHS Staff Survey suggest people working in the area's hospital trusts are increasingly unhappy with working conditions. Stressed, dissatisfied, bullied and keen to find a new job - staff at Birmingham's hospitals are increasingly feeling the strain. The latest results from the NHS Staff Survey suggest people working in the area's hospital trusts are increasingly unhappy with working conditions. And a high proportion say they are unwell from stress and being bullied by managers and colleagues.

Bodies representing NHS staff have said the latest survey shows staff working in a system under extreme pressure, with urgent action needed.

(Birmingham Live 27.02.19)

Birmingham hospitals warn ‘no-deal’ Brexit will mean they run out of supplies and have to postpone treatment

Head of the NHS Trust managing hospitals across Birmingham says a no-deal Brexit will ‘significantly impact our ability to safely treat our patients’. West Midland hospitals fear they will run out of medicines and other essential supplies in a no-deal Brexit. And that means they would have to postpone treating patients. NHS Trusts issuing warnings include University Hospitals Birmingham NHS Foundation Trust (UHB), which runs hospitals including Birmingham Heartlands, the Queen Elizabeth Hospital in Edgbaston, Solihull Hospital, Good Hope Hospital in Sutton Coldfield and Birmingham Chest Clinic. The Trust’s Chief Executive, Dr David Rosser, said a no-deal Brexit would “significantly impact our ability to safely treat our patients”.

(Birmingham Live 28.02.19)



Paper for submission to the Board 7th March 2019

TITLE:	26th February Clinical Quality, Safety and Patient Experience Committee Meeting Summary		
AUTHOR:	Mary Sexton – Interim Chief Nurse	PRESENTER	Catherine Holland – Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF THE BOARD			
Decision	Approval	Discussion	Other
			Y
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
The Board should note the assurances provided by the Committee and the actions they took at the last meeting. The Board should also note that there are three matters requiring referral to The Board from the February meeting.			
CORPORATE OBJECTIVE:			
SO 1 – Deliver a great patient experience SO 2 – Safe and caring services			
SUMMARY OF KEY ISSUES:			
The attached provides a summary of the assurances received at this meeting, the decision taken, the tracking of actions for subsequent meetings of this Committee and the action the Committee is seeking the Board to take.			

IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: covers many risks, key are those related to the Trust quality priorities, deteriorating patient and patient experience
	Risk Register: Y		Risk Score: numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Links all domains
	NHSI	Y	Details: Links to good governance
	Other	N	Details:

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

Committee	Meeting Date	Chair	Quorate	
Clinical Quality, Safety and Patient Experience Committee	26 th February 2019	C Holland	yes	no
			Yes	
Declarations of Interest Made				
None				
Assurances received				
<p>The Committee received assurances from the following: Risk And Assurance Group Highlight Report Integrated Quality And Performance Report</p> <p>Board Assurance Framework- the committee held a detailed discussion in respect of the contents of the BAF with additional assurances sought. It was discussed that further work was required to refine and ensure all risks identified and their mitigating actions being updated. It was acknowledged that further work was planned at a forthcoming workshop.</p> <p>DIVISIONAL GOVERNANCE MEETING UPDATES</p> <ul style="list-style-type: none"> • Surgery, Women and Children update • Medicine and Integrated Care update <p>Reports were provided to the Committee from:</p> <p>Quality and Safety Group Infection Prevention and Control Forum Medicines Management Group Clinical Approvals Group Patient Experience Group</p> <p>Progress on items being monitored by these Groups will be reported to the Committee at future meetings.</p>				
Decisions Made/Items Approved				

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

- Uniform Shortages
- Implementation of Blood Tracking System
- Baby Hip Assessment
- Medicines Supply and substitutions (relating to Brexit and changes in national legislation)
- Auditing activity to be re-aligned to NICE guidelines
- Air purification units in Theatres 8, 9 and 10.
- Complaints performance and review paper to come back to Committee

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

- **Implementation of a blood tracking system.** It was agreed this poses a significant risk and Mrs Wake stated that this needs to be looked into in greater detail. This issue also straddles Haematology and VTE and she asked for a paper to be brought back to this committee outlining when we are likely to have an effective blood tracking system in place. It was suggested that Dr Craig Taylor is asked to provide the paper.
- **Baby Hip Assessments.** Mr Hobbs alerted the committee to a potential SI. 31 cases have been discovered where the baby hip assessment has not been carried out (no evidence that an assessment took place and therefore there is an assumption that it did not). The level of risk is believed to be low. All 31 parents of patients will be recalled but it is believed that problems would have been exposed by now through any problems in learning to walk. The issue has not been declared as an SI as there is no current identification of risk. The timeframe for completion is 30th April and there will be an update to the committee in the April paper.
- **Uniform Shortages.** Mr Rigby updated the Committee regarding Uniform Supply which has been raised to CQSPE in the Quality & Safety Committee Summary Report. He explained that Interserve's current financial position has meant that their uniform supplier has withdrawn support. Another contract for scrubs in ED went wrong and some uniform orders did not go through the correct process. This has resulted in some staff waiting 7-8 months for uniform, which is unacceptable. He added that in the past, uniforms have been non-standard and from now on, they will be catalogue items. There is often quoted a 12 – 14 week wait for non-standard uniform and it is hoped that this will speed up the process. Mrs Bree said that the wait is completely unacceptable and some staff have found it necessary to order from eBay and Amazon; some staff only have one uniform and are laundering at home each night.

It was noted that this has been taken up by the Uniform & Workwear Group

but this does not report into any other committee and no assurance was given.

The Committee agreed that uniform supply to be taken forward on the Board agenda and a Task & Finish Group to be set up to design a single uniform process. Task & Finish Group will report to Executive Directors Meeting.



The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors March 2019

TITLE:	CHIEF NURSE REPORT		
AUTHOR:	Carol Love-Mecrow, Deputy Chief Nurse	PRESENTER:	Mary Sexton Interim Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		X	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
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.			

NURISNG STRATEGY

- A full review of the nursing strategy will take place in March and the revised strategy will be launched in May 2019 as part of the Trust programme of celebrations to mark 'Nurses Day'.

NURSING CELEBRATION DAY

- This will be held on the 9th May 2019 to celebrate International Nurses Day (on 12th May) and to recognise and celebrate the contribution of nursing staff.

AHP UPDATE

- The community MSK (musculoskeletal) physiotherapy team are participating in the first contact physiotherapy NHS England pilot for Black Country STP - patients will be able to access MSK physiotherapy directly without seeing their GP first.
- Pam Ricketts, AHP Lead has been successful in an abstract submission to the Royal College of Occupational Therapists. She will be presenting a paper on clinical leadership in Occupational Therapy at the Annual Conference on 18th June 2019.

SAFER STAFFING

- The target fill rate for qualified staff is now 90%. The fill rates for January were 83% during the Day and 87% during the Night. Many areas failed to achieve the target this month due to staff vacancies and non availability of locum staff.
- 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.
- 46 staffing incidents reported in January 2019, none reported as causing harm. Four out of the five incidents reported as near misses were due to the lack of CSWs. HRD arranging a meeting in February to address the ongoing demand.
- There have been several reports from students that they are not supernumerary due to staffing shortages. This issue has been addressed with the ward areas concerned and assurance has been given that student supervision and education activity has been maintained during periods of high capacity demand and staff shortages. The Pre-registration team will continue to monitor this and support the wards and student nurses.

AGENCY CONROLS

- RN bank and agency usage has seen a significant increase in month. In addition January continues to see an increase in bank usage against CSWs. A contributing factor would be winter pressures, unfunded capacity 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.
- Use of non-framework agency staff remains an Executive only authorisation.

RECRUITMENT AND RETENTION

- 28 graduate nurses' commenced employment within the Trust on the 28th January 2019, with an additional 26 due to commence between February and April 2019 (at the time of the report).
- There are currently 114.9 wte nursing/AHP adverts live on NHS jobs. There are 122.9 wte adverts closed and in the process of shortlisting.
- Targeted monthly recruitment events continue
- Following attendance to the Birmingham City University job fayre last month and subsequent Trust recruitment event, 12 additional graduates, have been appointed who would have not traditionally sought posts at Dudley.
- The Recruitment and Retention Lead will be organising recruitment and retention activities to coincide with International Nurses day on May 12th.

RESUSCITATION

- The resuscitation team continues to focus on training, offering additional training sessions where possible and providing additional support during increased capacity. Increased focus will be given to the Medical Division.
- ALS is now being offered to theatre recovery staff.

PROFESSIONAL DEVELOPMENT

Post Registration Education

- The next Band 6 Development Programme in conjunction with the University of Wolverhampton commences 6th March with 21 participants, This course offers 20 academic credits at level 6 (degree) or level 7 (masters)

Sepsis Practitioners

- One additional sepsis practitioner is due to start on the 1st April 2019 with a second practitioner, start date yet to be confirmed.

Pre-Registration

- Two members of the Pre-Registration team are delivering a poster presentation at the RCN Education and Leadership conference in Bristol on 12 and 13th March on the Pre-registration challenge day which focuses on simulated emergency situations, leadership and management.
- There has been increased interest, regards placements and we are now taking students from Worcester.
- The Trusts first six Nursing Associates have now completed their training, are in the process of registration.

SAFEGUARDING

- Interviewed for the Named Safeguarding Midwife took place on the 1st March

FALLS

- There were 70 falls during January 2019. There were two of these resulted in moderate harm:
- Falls YTD position remains 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. 54 chair alarms have been purchased and placed in all acute areas to assist with reducing falls.

STROKE

- All targets for stroke were achieved during January 2019:
 - Swallow screening
 - Stay compliance
 - TIA treated within 24 hours

These targets reflect the high standard of stroke care given to our patients leading to improved recovery.

DEMENTIA

- The Trust remains above the target of 90 % for find/assess, investigate and refer. However work continues to increase the number of dementia friends within Trust which has fallen.

COMPLAINTS

- 46 complaints received within January 2019, consistent with previous 3 months. This is compared to the Trust receiving 505 compliments. Poor communication remains the biggest concern that our patients raise with us. 206 complaints remain open in January a reduction of 3 from December 2018.
- There were 321 PALs concerns raised during January 2019.

CHAPLAINCY

- The new lead chaplain Stephen Bentley has joined us from the North Bristol Hospital NHS Trust from Monday 25th February 2019. He replaces Mark Stobert who left in November.

PATIENT EXPERIENCE

- The patient experience strategy day was held on the 19 Feb in the reception HUB. The feedback and information received will help to develop the new Patient Experience Strategy.

TISSUE VIABILITY

- No category 4 avoidable pressure ulcer reported since February 2018.
- There was 1 avoidable grade 3 pressure ulcer reported from B2 (acute) in January 2019.

PATIENT ACUITY TOOL

- The recording of daily acuity and dependency (A & D) across the bedded units is planned to start from the 1st of March 2019.
- A bespoke electronic A&D template will be rolled out whilst awaiting implementation of the Safe Care Module from Allocate Health roster in October 2019.

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:

Paper for submission to the Finance and Performance Committee February 2019

TITLE:	Nurse Staffing		
AUTHOR:	Jo Wakeman Deputy Chief Nurse	PRESENTER	Jo Wakeman Deputy Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
ACTION REQUIRED OF Finance and Performance COMMITTEE			
Decision	Approval	Discussion	Other
		y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE 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.
- The target fill rate for qualified staff is now 90%. The fill rates for January were 83% during the Day and 87% during the Night. Many areas failed to achieve the target this month.
- A number of quality indicators have been included from the Model Hospital. The trust compares positively in comparison to our peers. (updated November 2018)
- A detailed analysis of the CHPPD by area compared to national and peer figures is included
- 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.
- Analysis of CHPPD against the model Hospital data is included in app 5
- 46 staffing incidents reported in January 2019, none reported as causing harm. Four out of the five incidents reported as near misses were due to the lack of CSWs. HRD arranging a meeting in February to address the ongoing demand.
- National Quality Board Safer Staffing paper due in March 2019

Agency Controls

- RN bank and agency usage has seen a significant increase in month. In addition January continues to see an increase in bank usage against CSWs. A contributing factor would be winter pressures, unfunded capacity 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.
- Use of non-framework agency remains an Executive only authorisation.

Recruitment and Retention update

- 28 graduate nurses commenced employment within the Trust on the 28th January 2019.with a further 26 due to commence between February and April 2019. (At time of report)
- There are currently 114.9 wte nursing/ AHP adverts live on NHS Jobs. There are 122.9 wte adverts closed and in the process of shortlisting.
- Targeted and monthly recruitment events continue.
- Predictor tools are within the paper as requested. Vacancies have reduced in month by 8 wte to 264 wte. (Please note the 28 RNs which commenced in January have already been counted in December report)

IMPLICATIONS OF PAPER:

RISK	Yes		<ul style="list-style-type: none">• Risk Description:<ul style="list-style-type: none">➤ Nurse Recruitment – unable to recruit to vacancies to meet NICE guidance for nurse staffing ratios➤ Finance – Unable to remain within divisional Budget due to spend on Temporary Staff.)
	Risk Register: Yes		Risk Score: 20
COMPLIANCE	CQC	Yes	Details:

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

Staffing Reviews

The latest staffing reviews to be undertaken have been the Acute Medical Unit and the Emergency Department, due to be considered by the Executive team in the next couple of weeks. Staffing reviews for Outpatients and theatres are in the process of being developed

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 December 2018. The table 2 below indicates fill rates have been improving when taking a Trust wide view. This month there has been a 1-2% increase in the qualified fill rates compared to December. Appendix 1 highlights five wards during the day (three last month) and nine at night (seven last month) achieving the 90% fill rate target for qualified staff. 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%
Jan 2019	90%	83%	83%	87%	93%

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.

- Matrons review staffing numbers twice daily, 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.
- 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).

Recently NHSI has questioned the outlying CHPPD values of some of our wards and so an in depth analysis has been undertaken (see Appendix 5). After a number of communications with NHSI, they have agreed that the comparative figures provided in the Model Hospital need to be interpreted with caution, which we have stated in the past. The comparative figures are very broad categories such as 'General Surgery' so one would expect an area with, say, a surgical assessment unit or a VASCU to be outliers and above those of a typical 'average' general surgical ward.

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 remaining November 2018, which was reported last month). It can be seen that the Trust compares favourably with its peers and the national picture. In addition January 2019 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 15th March 2019 9am -12pm in main reception health hub. The event will advertise for experienced nurses, 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
B3, Theatre & Critical Care	16 th January 2019	1 – B3 graduate nurse due to qualify September 2019 1 – Experienced RN day surgery Theatre 2 – Experienced RNs critical care
Birmingham University Job Fair	5 th February 2019	13 paediatric nurses contacted and invited to recruitment event on the 8 th February 2019. 30 Adult Nurses contacted and invited to recruitment event on the 6 th February 2019.
Corporate recruitment event	6 th February 2019	Experienced RN 1 -CCU September 2019 graduates 2 – CCU 1 – AMU 1 – B2 T&O 2 – B4(a) 1 – B4(b) January 2020 graduates 2 – AMU 2 – Bank CSW (student nurses wanting to commence bank)

The following areas have local events booked:

- Paediatric – 8th February

- AMU 1&2 – 28th February 2019
- ED – 7th March 2019

External Recruitment

Booked Events

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

Recruitment Activity

At the time of the report, a total of 32 experienced staff are currently going through recruitment clearances. 28 graduate nurses commenced on the 28th January 2019 on the graduate programme and a further 5 are due to commence on the 25th February and 21 due to commence on the 1st April 2019

Below is a breakdown of this activity.

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	AMU	1	February 2019
1	5	C7	1	February 2019
4	5	ED	4	February 2019
1	6	ED	1	February 2019

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

Head Count	Band	Area	Hours WTE	Potential Start Date
1	5	B1	1	April 2019
1	5	B3	0.96	April 2019
1	5	C2	0.96	April 2019
1	5	Community	1	April 2019
2	5	Critical Care	2	April 2019
1	5	Day Case Theatre	1	April 2019
1	5	NNU	0.96	April 2019
2	6	AMU	2	April 2019
1	6	Community	1	April 2019
1	6	Safeguarding Nurse	0.8	April 2019
1	7	Cardiac Assessment Nurse	1	April 2019

2	7	Sepsis Nurse	2	April 2019
6	7	Advanced Care Practitioners	6	April 2019

28 graduate nurses commenced on the 28th January 2019 into the following areas:

Area/Department	Head Count	Hours WTE
AMU 1	2	1.6
B2 Hip	2	2
B5	2	2
C1 (a)	4	3.8
C3	1	1
C5 (a)	1	1
C5 (b)	2	2
C7	1	1
C8	2	2
CCU	1	1
Community Nurses	2	1.4
ED	4	3.6
MHDU	1	1
Ophthalmology Department	1	0.64
Theatres	2	2
Total	28	26.04

Potential graduates due to commence in February:

Area/Department	Head Count	Hours WTE
B4(b)	1	1
B5	1	1
C1(b)	1	1
C8	1	1
ED	1	1
Total	5	5

Potential graduates due to commence in April:

Area/Department	Head Count	Hours WTE
B2 T&O	3	2.64
B4(b)	1	1
Community	2	1.6
Theatres	1	1
CCU	2	2
AMU1	1	0.8
B5	2	1.64
FAU	1	1
Critical Care	2	2

B4(a)	1	1
AMU2	1	1
B3	1	1
B2 Hip	1	1
C1(b)	1	1
C7	1	1
Total	21	19.68

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 equates to 122.92 FTE vacancies closed and in process of shortlist to interview, 114.9 FTE currently live on NHS Jobs and 4.04 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	Area of Work	Department	Current vacancy status
Advanced Practitioner (AP)/ Trainee AP	8a	5	Medical Staffing	Medical/ Nursing	Advert Closed
Staff Nurse	5	14	Critical Care	Critical Care	Advert Closed
Senior Sister	7	4	Emergency Services	ED Department	Advert Closed
Staff Nurse	5	30	Accident and Emergency	ED Department	Advert Closed
Staff Nurse	5	6	Trauma and Orthopaedic Surgery	B1	Advert Closed
Staff Nurse	5	10	Trauma and Orthopaedic Surgery	B2 Hip Suite	Advert Closed
Staff Nurse	5	7	Trauma and Orthopaedic Surgery	B2 Trauma	Advert Closed
Community Staff Nurse	5	11.3	Community Health Services	Medicine & Integrated Care	Advert Closed
Theatre Practitioner - Plastic Surgery	5	2	Operating Department	Operating Theatres	Advert Closed
Manual Handling Lead	6	1	Education	Professional Development	Advert Closed
Staff Nurse	5	4	Surgery	B4	Advert Closed
Staff Nurse	5	7	Surgery	B4B	Advert Closed

Staff Nurse	5	4.8	Vascular Surgery	B3	Advert Closed
Shift Lead	6	0.96	Trauma and Orthopaedic Surgery	Ward B2 Trauma	Advert Closed
Staff Nurse	5	7	Elderly Care Medicine	Frailty	Advert Closed
Sister/Charge Nurse	6	3.5	Paediatrics	Surgical	Advert Closed
Pulmonary Rehabilitation Nurse	6	1	Respiratory Medicine	Pulmonary Rehabilitation	Advert Closed
Shift Lead	6	0.96	Vascular Surgery	Ward B3	Advert Closed
Immunology CNS	7	1	Immunology	Immunology	Advert Closed
Colorectal/Stoma care Sister	6	0.6	Stoma care	Stoma therapy Department	Advert Closed
Staff Nurse/Practitioner	5	0.8	Day Case Unit	Day Surgery Unit	Advert Closed
Professional Development Nurse - Clinical Support Staff	6	1	Education	Professional Development	Advert Closed
Staff Nurse	5	7	Trauma and Orthopaedic Surgery	B2 Trauma	Advert Open
Staff Nurse	5	10	Trauma and Orthopaedic Surgery	B2 Hip Suite	Advert Open
Staff Nurse	5	6	Trauma and Orthopaedic Surgery	B1	Advert Open
Theatre Practitioner - Plastic Surgery	5	2	Operating Department	Operating Theatres	Advert Open
CNS for SACT Home Administration	7	1	Acute Medicine	Haematology / Oncology	Advert Open
Community Health Nurse	6	1	General Medicine	Community Nursing	Advert Open
Team Leader	6	1	Surgery	Day Surgery Theatre	Advert Open
Clinical Nurse Specialist - Palliative Care	7	0.8	Palliative Medicine	Palliative Care	Advert Open
Tissue Viability Sister	6	1	Wound management	Tissue Viability	Advert Open
Palliative Care Nurse	6	1.6	Palliative Medicine	Palliative Care	Advert Open
Nurse Recruitment Open Day	5	1	Acute Medicine	Nursing	Advert Open
Staff Nurse Rotation	5	1	Acute Medicine	AMU	Advert Open
Staff Nurse	5	14	Critical Care	Critical Care	Advert Open
Staff Nurse	5	30	Accident and Emergency	ED Department	Advert Open
Theatre Practitioner	5	3	Operating	Operating	Advert Open

			Department	Theatres	
Chief Nurse	VSM	1	Corporate	Corporate Nursing	Advert Open
Staff Nurse	5	14	Stroke	Ward C8	Advert Open
Bank Theatre Practitioner – Anaesthetics & Recovery	Other	1	Operating Department	Staff Bank	Advert Open
Staff Bank Theatre Scrub Practitioner	Other	1	Operating Department	Operating Theatres	Advert Open
Staff Nurse	5	7	Elderly Care Medicine	C3 Older People	Advert Open
Staff Nurse	5	8.5	Paediatrics	Surgical	Advert Open
Midwife	6	1	Maternity	Maternity	Advert Open
Tissue Viability Equipment Co-ordinator	3	1	Administration	Tissue Viability	Advert Open
TB Nurse Specialist	6	0.4	Respiratory Medicine	TB Nurse Service	Pending Approval Level 3
Community Staff Nurse	5	1	Community Health Services	Medicine & Integrated Care Division	Pending Approval Level 3
District Nurse	6	1	Community Health Services	Medicine & Integrated Care	Pending Approval Level 4
Clinical Skills Educator	6	1	Education	Undergraduate	Pending Approval Level 4
Research Nurse/Clinical Trial Practitioner	6	0.64	Research and Development	Research & Development	Pending Approval Level 4

Clinical Incident staffing analysis

Tables 5 and 6 below detail the number of clinical incidents during January 2019 that related to staffing. In total there were 46 incidents, 41 of these were recorded as no harm and 6 incidents were reported as low harm. Four out of the 6 incidents reported a lack of CSWs resulting in delays in care. Two of the 6 incidents related to unfilled RN shifts. There were no staffing incidents reported during January 2019 that was stated as causing harm.

Table 5

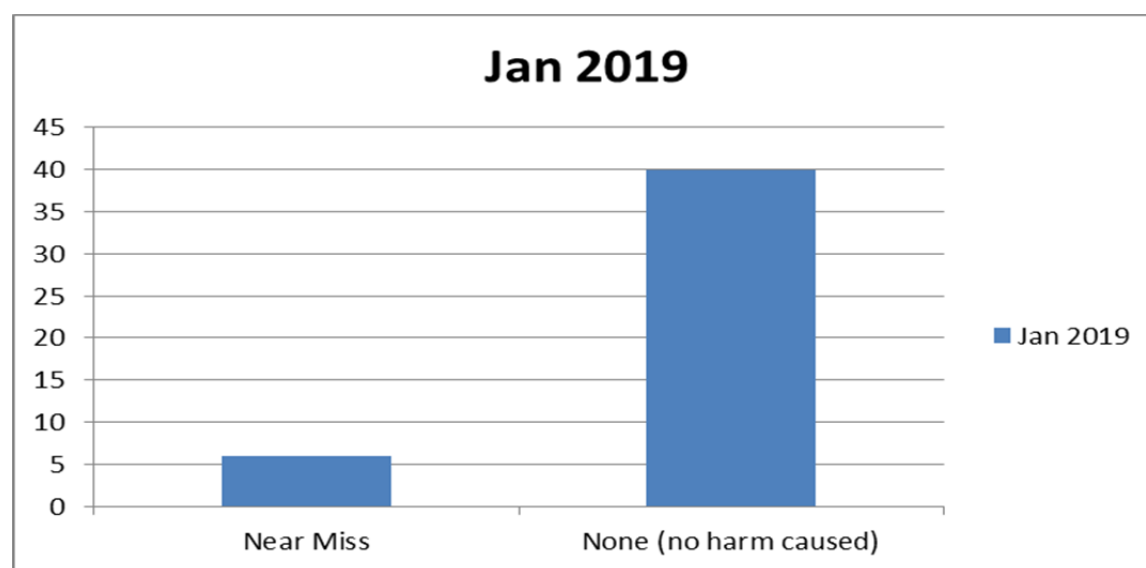
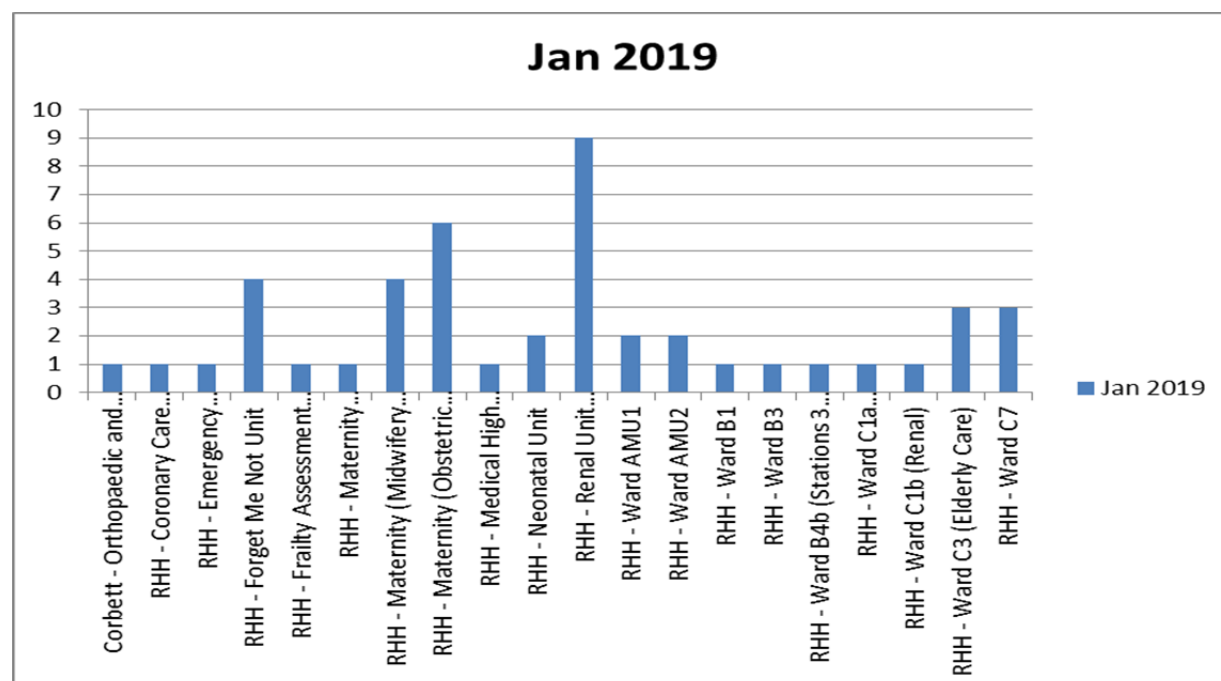


Table 6



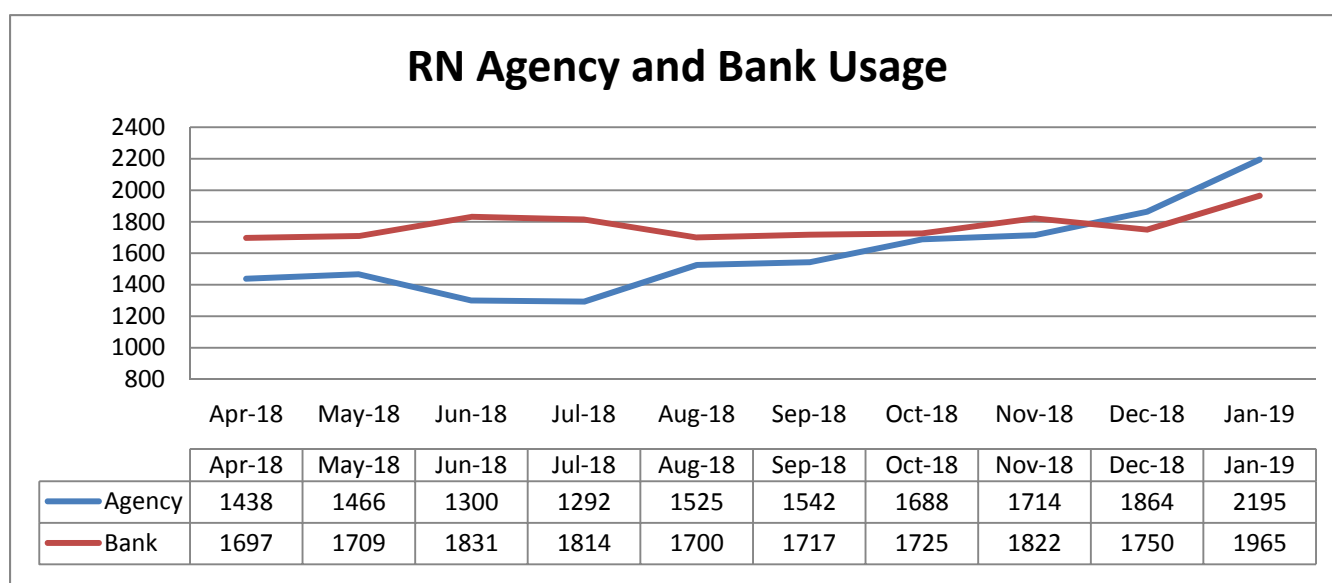
Agency Controls

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

Table 7 shows the comparison usage of bank and agency. During January 2019 Bank and agency usage for qualified and unqualified has seen a significant increase. A contributing factor relates to winter pressures, unfunded capacity 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).

Agency and Bank RN monthly usage

Table 7



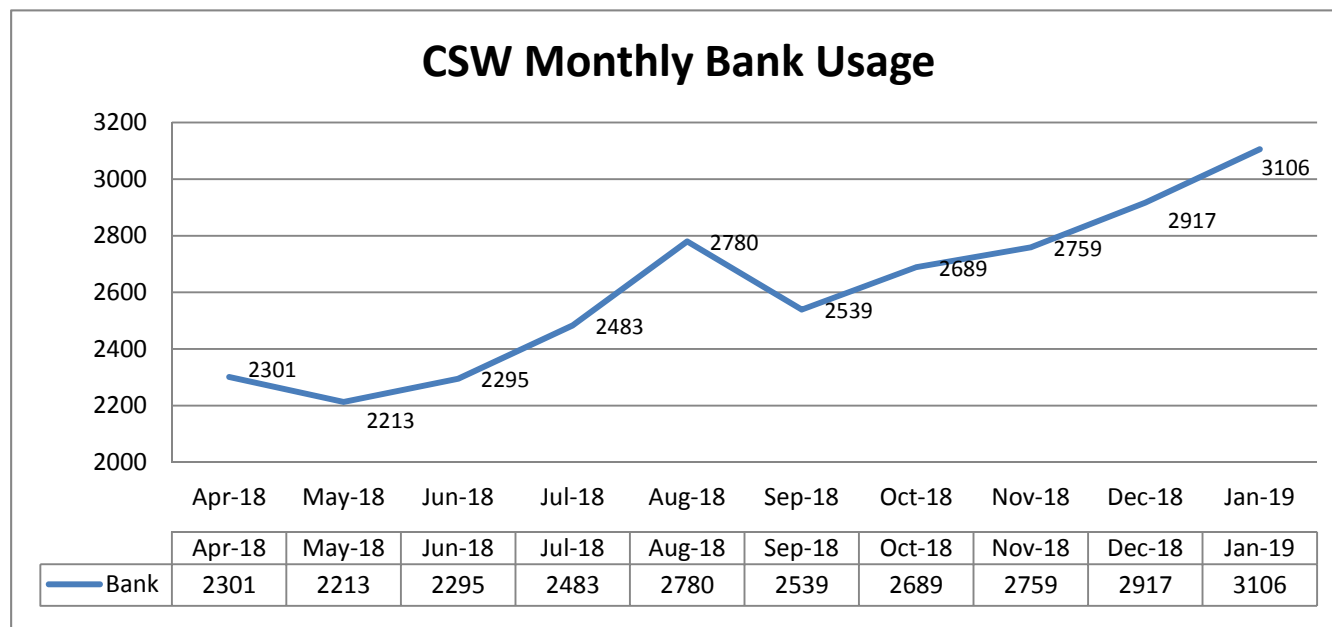
Top 5 areas for the last two months

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

Ward	Jan-19
Emergency Dept Nursing Dept	485
Critical Care (ITU)	222
C8 Stroke Rehab Dept	163
B3 Emergency Surgery	159
AMU 2	140

CSW monthly bank usage
Table 8



RN Predictor Tool Current and New Establishments

The summarised version of the RN predictor tool (Appendix 2) reflects all nursing vacancies across the Trust within clinical and non-clinical roles. It enables a clearer picture of the staffing situation across each group and the whole organisation. Currently there are 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 4) is attached as requested.

Appendix 1 – Percentage Fill rates by ward and CHPPD

Safer Staffing Summary		Jan		Days in Month		31								Actual CHPPD				
		Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW									
		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Average Occupancy	Registered	Care staff	Total
Evergreen																		
A2 AMU 2		267	211	267	184	208	175	237	204	79%	69%	84%	86%	1,228	94%	3.78	3.79	7.57
A3																		
A4																		
B1		116	110	60	55	81	71	66	67	94%	92%	87%	101%	549	68%	3.85	2.60	6.44
B2(H)		158	137	257	185	124	101	220	211	87%	72%	81%	96%	901	97%	3.10	5.18	8.28
B2(T)		120	104	198	150	93	64	171	156	87%	76%	69%	91%	687	92%	2.94	5.35	8.29
B3		256	173	243	205	218	175	186	173	68%	84%	80%	93%	1,091	84%	3.83	4.06	7.89
B4		262	208	263	232	197	165	212	191	79%	88%	84%	90%	1,454	98%	3.00	3.49	6.50
B5		240	219	156	147	189	201	94	94	91%	94%	106%	100%	710	95%	6.94	4.07	11.01
B6																		
C1		249	192	310	272	186	172	237	222	77%	88%	93%	94%	1,461	98%	2.96	4.06	7.01
C2		287	240	77	69	193	184	36	35	84%	91%	95%	97%	595	64%	8.14	1.87	10.01
C3		217	191	383	329	186	174	432	422	88%	86%	93%	98%	1,591	99%	2.75	5.67	8.42
C4		163	159	62	57	124	111	65	67	97%	92%	90%	103%	662	97%	4.78	2.25	7.03
C5		236	168	257	284	187	170	200	197	71%	110%	91%	99%	1,466	99%	2.76	3.94	6.70
C6		123	111	87	63	62	61	84	76	91%	72%	98%	90%	586	95%	3.43	2.79	6.22
C7		253	192	212	170	155	130	159	139	76%	80%	84%	88%	1,093	98%	3.36	3.24	6.60
C8		355	235	287	239	302	235	274	262	66%	83%	78%	96%	1,295	95%	4.27	4.64	8.91
CCU_PCCU		248	193	64	59	218	152	35	39	78%	92%	70%	112%	697	86%	5.94	1.68	7.62
Critical Care		498	433	92	73	484	400			87%	80%	83%		389	78%	25.16	1.70	26.86
EAU AMU 1		293	223	355	255	277	250	334	284	76%	72%	90%	85%	1,384	159%	4.02	4.68	8.70
Maternity		933	867	238	205	527	500	155	141	93%	86%	95%	91%	798	59%	15.67	4.94	20.62
MH DU		175	153	67	44	166	136	23	9	87%	66%	82%	38%	225	73%	15.06	1.95	17.01
NNU		161	136			155	142			84%		92%		407	73%	8.03	0.00	8.03
TOTAL		5,609	4,656	3,935	3,278	4,332	3,769	3,219	2,987	83%	83%	87%	93%	19,269		4.96	3.84	8.81

Appendix 2 - Registered Nurse Predictor Tool- Detail New Establishments

Qual Nurses Band 5 and Above		January 2019		To end of January 2019		February 2019				March 2019				April 2019				May 2019				June 2019				
Div	Team	Contracted Vacancy Vs OLD ESTABLISHMENT	Contracted Vacancy Vs NEW ESTABLISHMENT	Adjustments to end of month	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	Targeted Recruit	General Recruit (4.3%)	Net Leave (8%)	Agency RAG	Vacs
Medicine & Integrated Care	Ward A2 AMU 2 incl EAU	0.00	0.00	0.00	0.00	0.00	0.00	●	0.00	0.00	0.00	●	0.00	0.00	0.00	●	0.00	0.00	0.00	●	0.00	0.00	0.00	●	0.00	
	Ward C1	7.72	15.39	3.00	12.39	1.53	0.16	●	11.02	0.00	0.17	●	11.18	0.85	0.17	●	10.50	0.00	0.17	●	10.67	0.00	0.09	0.17	●	10.75
	Ward C3	9.67	11.38	1.00	10.38	0.00	0.17	●	10.55	0.00	0.17	●	10.72	0.00	0.17	●	10.88	0.00	0.16	●	11.05	0.00	0.09	0.16	●	11.12
	Ward C4	0.17	1.71	0.00	1.71	0.00	0.17	●	1.88	0.00	0.17	●	2.05	0.00	0.17	●	2.22	0.00	0.17	●	2.38	0.00	0.09	0.17	●	2.46
	Ward C4 Onc Day OP	4.16	4.20	0.00	4.20	0.85	0.07	●	3.42	0.00	0.08	●	3.50	0.00	0.08	●	3.57	0.00	0.08	●	3.65	0.00	0.04	0.07	●	3.68
	Ward C5 Area A	3.46	7.65	1.00	6.65	0.00	0.08	●	6.73	0.00	0.08	●	6.81	0.00	0.08	●	6.89	0.00	0.08	●	6.96	0.00	0.04	0.08	●	7.00
	Ward C5 Area B	4.18	8.37	2.00	6.37	0.00	0.07	●	6.44	0.00	0.07	●	6.52	0.00	0.07	●	6.59	0.00	0.07	●	6.66	0.00	0.04	0.07	●	6.70
	Ward C7	8.16	12.82	1.03	11.79	0.85	0.14	●	11.08	0.00	0.15	●	11.23	0.54	0.15	●	10.83	0.00	0.15	●	10.98	0.00	0.08	0.15	●	11.05
	Ward C8	12.48	28.84	1.37	27.47	0.85	0.17	●	26.79	0.00	0.17	●	26.96	0.00	0.17	●	27.13	0.00	0.17	●	27.31	0.00	0.09	0.17	●	27.38
	Ward CCU	9.08	16.27	1.00	15.27	0.00	0.19	●	15.46	0.00	0.19	●	15.64	1.70	0.18	●	14.13	0.00	0.19	●	14.32	0.00	0.10	0.19	●	14.41
	Acute Med Unit (EAU)	18.21	22.64	1.64	21.00	0.85	0.38	●	20.53	0.00	0.38	●	20.91	1.70	0.38	●	19.58	0.00	0.39	●	19.97	0.00	0.21	0.38	●	20.15
	Ward MHDU	(7.84)	2.48	1.00	1.48	0.00	0.17	●	1.65	0.00	0.17	●	1.82	0.00	0.17	●	1.98	0.00	0.17	●	2.15	0.00	0.09	0.16	●	2.23
	Ward Ambulatory Emergency Care	(0.21)	(1.65)	0.00	(1.65)	0.00	0.09	●	(1.56)	0.00	0.09	●	(1.47)	0.00	0.09	●	(1.38)	0.00	0.09	●	(1.29)	0.00	0.05	0.09	●	(1.25)
	Emergency Department Nursing	0.37	21.42	10.43	10.99	5.10	0.42	●	6.31	0.00	0.52	●	6.83	5.10	0.52	●	2.26	2.55	0.55	●	0.26	0.00	0.30	0.57	●	0.52
	Community Nursing	24.20	13.50	1.81	11.69	0.00	0.86	●	12.55	0.85	0.85	●	12.54	3.91	0.85	●	9.48	0.00	0.87	●	10.35	0.00	0.46	0.86	●	10.75
All Other Med & Int Care Teams	(2.62)	17.25	(1.53)	18.78	0.42	1.65	●	20.01	0.85	1.65	●	20.81	2.47	1.64	●	19.98	0.85	1.65	●	20.78	0.00	0.88	1.64	●	21.54	
Surgery	Ward B1	3.51	4.66	0.00	4.66	0.00	0.10	●	4.76	0.00	0.10	●	4.86	0.00	0.10	●	4.95	0.00	0.10	●	5.05	0.00	0.05	0.10	●	5.10
	Ward B2 (T)	2.88	7.58	0.00	7.58	0.00	0.08	●	7.66	0.00	0.08	●	7.74	2.24	0.08	●	5.57	0.00	0.09	●	5.67	0.00	0.05	0.09	●	5.71
	Ward B2 (H)	4.60	9.07	2.00	7.07	0.00	0.12	●	7.19	0.00	0.12	●	7.32	0.85	0.12	●	6.59	0.00	0.13	●	6.71	0.00	0.07	0.13	●	6.77
	Ward B3	14.28	24.91	0.00	24.91	0.82	0.11	●	24.21	0.00	0.12	●	24.33	1.63	0.12	●	22.81	0.00	0.13	●	22.94	0.00	0.07	0.13	●	23.00
	Ward B4	2.04	5.85	1.00	4.85	0.00	0.09	●	4.94	0.00	0.09	●	5.03	0.85	0.09	●	4.27	0.00	0.09	●	4.37	0.00	0.05	0.09	●	4.41
	Ward B4B	0.96	4.77	0.00	4.77	0.85	0.10	●	4.02	0.00	0.10	●	4.12	0.82	0.10	●	3.41	0.00	0.11	●	3.51	0.00	0.06	0.11	●	3.56
	Ward B5	(1.94)	2.16	2.00	0.16	0.85	0.25	●	(0.44)	0.00	0.25	●	(0.19)	1.39	0.25	●	(1.34)	0.00	0.26	●	(1.08)	0.00	0.14	0.25	●	(0.97)
	Ward C6	3.12	2.39	0.00	2.39	0.00	0.09	●	2.48	0.00	0.09	●	2.57	0.00	0.09	●	2.66	0.00	0.09	●	2.75	0.00	0.05	0.09	●	2.80
	Ward C2	(0.04)	0.46	0.00	0.46	0.00	0.25	●	0.71	0.00	0.25	●	0.97	0.82	0.25	●	0.40	0.00	0.26	●	0.66	0.00	0.14	0.25	●	0.78
	Neonatal Unit	2.20	1.90	0.00	1.90	0.82	0.25	●	1.33	0.00	0.25	●	1.59	0.82	0.25	●	1.02	0.00	0.26	●	1.28	0.00	0.14	0.25	●	1.40
	I.T.U.	11.86	15.99	0.16	15.83	0.00	0.39	●	16.22	0.00	0.39	●	16.61	3.23	0.39	●	13.76	0.00	0.40	●	14.17	0.00	0.22	0.40	●	14.35
	Theatres (Excl ODP's)	18.39	21.52	3.20	18.32	0.00	0.32	●	18.64	0.00	0.32	●	18.96	0.85	0.32	●	18.43	0.00	0.32	●	18.76	0.00	0.17	0.32	●	18.90
	Day Case Theatres (Excl ODP's)	6.43	11.19	0.00	11.19	0.00	0.27	●	11.46	0.00	0.27	●	11.72	0.85	0.26	●	11.14	0.00	0.27	●	11.41	0.00	0.14	0.27	●	11.53
	Maternity unit	2.96	3.48	0.00	3.48	0.00	0.68	●	4.16	0.00	0.67	●	4.83	0.00	0.67	●	5.50	0.00	0.66	●	6.16	0.00	0.35	0.66	●	6.47
	All other Surgery Teams	1.34	4.55	1.00	3.55	0.42	1.02	●	4.14	0.85	1.02	●	4.31	2.47	1.01	●	2.86	0.85	1.02	●	3.03	0.00	0.55	1.02	●	3.50
Corp	All Corp Teams	(16.77)	3.40	3.80	(0.40)	0.00	0.29	●	(0.11)	0.00	0.28	●	0.17	0.00	0.28	●	0.45	0.00	0.28	●	0.74	0.00	0.33	0.61	●	1.02
Total Qualified Nurses		147.00	306.15	36.91	269.24	14.21	9.20		264.22	2.55	9.30		270.98	33.08	9.26		247.15	4.25	9.42		252.32	0.00	5.22	9.71		256.82

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.
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Heat Map - January 2019

	KPI			Patient Safety & Quality												Clinical Indicators			Patient Experience				Workforce & Safer Staffing						Ward RAG Trend			
	Environmental Cleaning	Hand Hygiene	MRSA Screening - elective	MRSA Screening - emergency	HCAI CDIFF - due to lapses in care	Saving Lives - OGD peripheral lines	Saving Lives - OGD urinary catheter	Oxix incidents reported	Falls/Injuries or Accidents	Pressure Ulcers - Grade 3/4	Serious Incidents	Near Events	Nutrition Audit	Pain Score	Medicines Management Audit	% of Deaths with Priorities of Care	Deteriorating Patient Trolley Check (1 month average)	Fluid Balance Management Audit	VTE Assessment Indicator (CONQ1)	NQA - Skin Bundle	FFT - Response Rate	FFT - Recommended %	Complaints	Complaints	Appraisals	Mandatory Training	RN Average Fill Rate (day shifts)	RN Average Fill Rate (night shifts)	Sickness Rate			
Ward	Patient Safety & Quality															Clinical Indicators			Patient Experience				Workforce & Safer Staffing						Ward RAG Trend			
AMU2 (A2)				94.4%				55	9		1					1/3					0	0							↓-2	↓-1	↓-4	
B1			100.0%					14	1							1/3					1	12							↓-3	↑+2	↑+1	
B2 Hip				94.3%				12	2						1/3						0	18							↓-1	→0	↑+1	
B2 Trauma			67%	88.9%				12	4						1/3						1	1							→0	↓-5	↑+3	
B3			96%	76.5%				20	5						1/3					1/3		2	1						→0	→0	↑+2	
B4				90.9%				21	5												1	25							↓-2	↑+1	→0	
B5				76.9%				9	0												1	1							↑+1	↓-2	↑+4	
C1				80%				24	9		1					1/3	1/3				1	49							→0	↑+1	↓-5	
C2								46	0												0	3							↓-2	↓-2	↑+6	
C3				58.3%				32	6												4	72							→0	↑+1	→0	
C4			100%	100.0%				24	1												2	3							→0	↑+4	↓-5	
C5			78%	84.2%				17	5						1/3						2	41							↓-1	↑+1	↓-2	
C6				100%				8	3						1/3						0	0							↓-2	↓-3	↑+3	
C7			100.0%	50.0%				30	8						1/3	1/3					0	0							↑+1	↓-4	↑+1	
C8				92.3%				42	12						1/3	1/3		1/3	1/3		1	4							↓-4	→0	→0	
CCU & PCCU			100%	87.8%				18	4						1/3	1/3		1/3	1/3		0	1							↑+1	↓-2	↑+2	
Critical Care				100%				38	4						1/3						0	0							→0	↓-1	→0	
Maternity								120	2		1										0	22								↑+4	↑+2	↑+12
MHDU				96.4%				22	2																							

Appendix 4 - CSW Predictor tool.

CSW PREDICTOR TOOL (Band 2/3)	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
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
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

Staff in Post at Start of Month	487.61	495.71	525.66	527.26	519.12	520.88	529.20	555.35	550.01	538.01	544.10	555.81
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Starters (predicted from active recruitment)	10.40	33.60	0.00	0.53	1.92	6.72	1.00	2.00	3.00	7.09	18.00	10.40
Leavers	-1.92	-4.16	-1.60	-3.84	-1.75	-2.40	-2.85	-7.34	-2.00	1.00	-6.29	-6.29
Other**	-0.38	0.51	3.20	-4.83	1.59	4.00	26.00		-13.00	-2.00		

Staff in Post at End of Month	495.71	525.66	527.26	519.12	520.88	529.20	553.35	550.01	538.01	544.10	555.81	559.92
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Predicted Vacancies Minimum Establishment	-15.48	-45.43	-47.03	-38.89	-40.65	-48.97	-73.12	-69.78	-57.78	-63.87	-75.58	-79.69
Predicted Vacancy % Rate (Minimum Estab.)	-3.2%	-9.5%	-9.8%	-8.1%	-8.5%	-10.2%	-15.2%	-14.5%	-12.0%	-13.3%	-15.7%	-16.6%

Predicted Vacancies Maximum Establishment	62.28	32.33	30.73	38.87	37.11	28.79	4.64	7.98	19.98	13.89	2.18	-1.93
Predicted Vacancy % Rate (Maximum Estab.)	11.2%	5.8%	5.5%	7.0%	6.7%	5.2%	0.8%	1.4%	3.6%	2.5%	0.4%	-0.3%

** Other includes graduates coded as band 2 initially who now have pin and transferred to RN posts, secondments, rebands and internal transfers

Note: New starters via the novice programme are effectively supernumerary for 6 weeks whilst undergoing training

Appendix 5

CHPPD (Care Hours Per Patient Day) comparative Figures of the Trust with Peer and National Medians for October 2018 (latest figures available for Peer/National Figures)

Below is a chart of all of the wards/departments in the Trust with their total, registered nurse and HCSW (Health Care Support Worker) staff CHPPDs. These are compared with the equivalent Peer and National Medians. The peer group of hospitals is provided.

A convention of colours has been used on the chart where:

Green = the Trust CHPPD is a value between the peer and national medians

Blue = the Trust CHPPD is above both the peer and national medians

Red = the Trust CHPPD is below both the peer and national medians.

As when comparisons of this nature were made last year and in November 2018 (with August data), it needs to be stressed that the figures need to be interpreted with caution. The Model Hospital comparators are far from perfect although it is appreciated it is being constantly improved. However a number of anomalies still do exist, for instance, it has only a single median figure for certain specialities which may cover quite different wards. For example, for both C2, the paediatric ward and the neonatal unit one would expect these to have different comparators based on the different nature of a specialist unit compared to a general paediatric ward. Similarly, the figures for Maternity do not seem to be comparing like with like. This may be possibly be due to most hospital having three separate areas, an antenatal ward, a delivery suite and a postnatal ward while the Trust had an integrated approach. In saying this, there is some useful data on the general ward comparators, although again caution in interpreting the figures is required.

Speciality/ Staffing Type			
Cardiology	CCU	Peer Median	National Median
Total	7.83	8.19	8.05
Registered	6.26	5.56	5.78
HCSW	1.57	2.34	2.37
The Trust has a lower total CHPPD but a higher registered staff figure.			
Haematology	C4	Peer Median	National Median
Total	7.13	6.78	7.76
Registered	4.5	4.44	5.08
HCSW	2.62	2.70	2.43
This ward is within the peer and national range.			
Gastroenterology	C7	Peer Median	National Median
Total	6.69	6.03	6.14
Registered	3.40	3.07	3.08
HCSW	3.29	2.81	2.96
The higher CHPPDs may be due to the ward having a high proportion of patients with alcohol problems that need high supervision. It should be noted that when the last comparison for the August figures the Trust Registered figure was within the range.			

Speciality/ Staffing Type			
Critical Care Med	HDU	Peer Median	National Median
Total	17.63	26.89	27.28
Registered	16.08	24.69	24.91
HCSW	1.55	2.55	2.37
There is a considerable difference between the Trust and the comparators. This may be due to the area having the four bed bay that is used for non – level 2 patients and the fact that Level 2 and Level 3 areas have the same comparator.			
Gen Medicine	A2 (AMU2)	Peer Median	National Median
Total	8.06	7.15	7.48
Registered	4.13	3.74	4.10
HCSW	3.93	3.05	3.33
Both this ward and AMU1 (below) are acute medical assessment areas and so one would expect higher staffing figures compared to general medical wards which the model hospital uses as comparators.			
Gen Medicine	AMU1	Peer Median	National Median
Total	13.44	7.15	7.48
Registered	6.27	3.74	4.10
HCSW	7.17	3.05	3.33
See comment above.			
Critical Care Med	ITU	Peer Median	National Median
Total	30.73	26.89	27.28
Registered	28.43	24.69	24.91
HCSW	2.30	2.55	2.37
As the comparator figures include both Level 2 and Level 3 areas one would expect this Level 3 area to be above the comparators.			
General Surgery	B3	Peer Median	National Median
Total	8.08	7.48	7.35
Registered	4.29	4.43	4.33
HCSW	3.79	2.96	2.92
The total CHPPD is outside the range but the August figure was within range. There is a lower skill mix which reflects the difficulty in recruiting qualified staff. This area contains the Black Country VASCU which requires a higher staffing than a general surgical ward. As the NHSI have pointed out there is a need to benchmark to other vascular tertiary centres, not general surgical wards.			
General Surgery	B4	Peer Median	National Median
Total	6.40	7.48	7.35
Registered	2.94	4.43	4.33
HCSW	3.46	2.96	2.92
The total CHPPD is below the comparator range and there is a lower skill mix which reflects the difficulty in recruiting qualified staff.			
General Surgery	B5	Peer Median	National Median
Total	10.83	7.48	7.35
Registered	6.83	4.43	4.33
HCSW	4.00	2.96	2.92
All Trust CHPPDs are higher than the comparators. This may be due to this area having the			

specialised area of the Surgical Assessment Unit. Further analysis of this may be worthwhile.

Speciality/ Staffing Type			
Geriatric Med	C3	Peer Median	National Median
Total	7.89	6.51	6.87
Registered	2.77	3.14	3.15
HCSW	5.11	3.35	3.77
The total CHPPD is above the comparator range but there is a lower skill mix which reflects the difficulty in recruiting qualified staff.			
Nephrology	C1	Peer Median	National Median
Total	6.47	6.49	6.98
Registered	2.73	4.34	4.02
HCSW	3.74	2.15	2.75
The total CHPPD is below the comparator range and there is a lower skill mix which reflects the difficulty in recruiting qualified staff.			
Maternity	Maternity	Peer Median	National Median
Total	20.16	13.39	15.06
Registered	15.04	10.18	11.71
HCSW	5.12	2.95	3.41
See introductory comment			
Paediatrics	C2	Peer Median	National Median
Total	9.21	11.05	11.72
Registered	7.60	10.18	9.77
HCSW	1.61	1.84	2.16
The paediatric ward has lower CHPPDs overall and for each of the two groups of staff. The August data showed similar values to the comparators except a lower registered nurse CHPPD.			
Paediatrics	NNU	Peer Median	National Median
Total	8.44	11.05	11.72
Registered	8.44	10.18	9.77
HCSW	0	1.84	2.16
All of the CHPPDs are below the comparators.			
Stroke Medicine	C8	Peer Median	National Median
Total	8.22	6.82	7.40
Registered	4.33	3.74	3.72
HCSW	3.90	3.09	3.55
C8 is the Stroke Unit and due to the varied configurations of such units which include different numbers of hyper acute beds and rehabilitation beds direct comparisons may be difficult. As the NHSI have pointed out a comparison to a hyper acute unit such as at Wolverhampton would be useful.			
Respiratory	C5	Peer Median	National Median
Total	6.60	5.92	6.57
Registered	2.82	3.18	3.67
HCSW	3.78	2.53	2.87
The total CHPPD is above the comparator range but there is a lower skill mix which reflects			

the difficulty in recruiting qualified staff.

Speciality/ Staffing Type			
T and O	B1	Peer Median	National Median
Total	6.51	7.00	7.19
Registered	3.97	3.72	3.75
HCSW	2.54	3.16	3.31
The total CHPPD is below the comparator range while the registered nurse value is higher and the HCSW lower.			
T and O	B2 HIP	Peer Median	National Median
Total	7.68	7.00	7.19
Registered	2.86	3.72	3.75
HCSW	4.82	3.16	3.31
The total CHPPD is above the comparator range but there is a lower skill mix which reflects the difficulty in recruiting qualified staff. A higher total CHPPD is expected due to the specialist area caring for hip fracture patients.			
T and O	B2 TRAUMA	Peer Median	National Median
Total	6.55	7.00	7.19
Registered	2.85	3.72	3.75
HCSW	3.71	3.16	3.31
The total CHPPD is below the comparator range and there is a lower skill mix which reflects the difficulty in recruiting qualified staff.			
Urology	C6	Peer Median	National Median
Total	7.25	6.14	6.72
Registered	3.56	3.72	3.74
HCSW	3.69	2.47	2.81
The total CHPPD is above the range (although it was lower in August) and the registered nurse CHPPD is below reflecting the difficulty in recruiting qualified staff.			

Custom list of peer trusts: Aintree University Hospital NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Foundation Trust, Northern Lincolnshire and Goole NHS Foundation Trust, Royal Surrey County Hospital NHS Foundation Trust, Royal Wolverhampton NHS Trust, Sandwell and West Birmingham Hospitals NHS Trust, Stockport NHS Foundation Trust, Walsall Healthcare NHS Trust

Finally an overall view of the 21 areas gives the following:

Total CHPPD	Within range	Above	Below
Number	1	12	8
Registered Nurse/Midwife CHPPD	Within range	Above	Below
Number	1	9	11

The figures for the August data (without ITU and Maternity) were:

Total CHPPD	Within range	Above	Below
Number	5	8	6
Registered	Within range	Above	Below

Nurse/Midwife CHPPD			
Number	2	6	11

Paper for submission to the Board on 07/03/2019

TITLE:	Seven Day Services (7DS) Report		
AUTHOR:	Dr. P. Hudson Interim DMD	PRESENTER	Dr. P. Hudson Interim DMD
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
N	N	N	To note
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
To be aware of forthcoming business cases to drive changes in working models to allow delivery of 7DS			
CORPORATE OBJECTIVE:			
SO2: Safe and Caring Services SO3: Drive service improvements, innovation and transformation			
SUMMARY OF KEY ISSUES:			
<p>The reporting of compliance with 7DS will be transitioning from an annual mandatory audit to a biannual Board assurance Framework, a trial version of which will be submitted to NHSE/NHSI on 28/02/2019.</p> <p>This paper outlines:</p> <ul style="list-style-type: none"> • Compliance with 2 of the 4 priority standards • Strategy for achieving compliance by target date of March 2020 • Ongoing monitoring and audit requirements. <p>Achieving compliance will reduce variation in care throughout the week</p>			
IMPLICATIONS OF PAPER:			
RISK	N	Risk Description:	



	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Effective & Well Led
	NHSI	Y	Details: expected compliance by March 2020
	Other	N	Details:

Update on Seven Day Service (7DS) Clinical Standards.

The Dudley Group NHS Foundation Trust

Trust Board 7th March 2019

Introduction

The 7DS standards were initially introduced in 2013 by NHS Improvement to include 10 clinical standards. With the support of the Academy of Medical Royal Colleges, four of the ten standards were identified as clinical priorities on the basis of their potential to positively affect patient outcomes and it is against these which the Trust will be assessed.

This paper will outline changes to the reporting structure and the Trusts recently developed 7DS Clinical Strategy developed to meet the Standards.

The Four Priority Clinical Standards

- **Standard 2** - Time to first Consultant review- within 14 hours of admission for all non-elective patients
- **Standard 5** - Access to diagnostic tests - ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology.
- **Standard 6** - Access to consultant directed interventions - Critical Care, Interventional Radiology, Interventional Endoscopy, Emergency Surgery, Emergency Renal Replacement Therapy, Urgent Radiotherapy, Stroke Thrombolysis, Percutaneous Coronary Intervention and Stroke Thrombolysis
- **Standard 8** - Ongoing review by consultant twice daily if high dependency patients, daily for others

Progress against the six 7DS Standards for Continuous Improvement will not be measured through the collection of data or formal self-assessments, but the Trust will include summary progress information about their delivery in its report.

Reporting

It was previously mandatory for the Trust to complete a 7 day self-assessment survey annually where an audit was carried out on all patients admitted as an emergency for one seven day period. This has been discontinued from autumn 2018 and will be replaced by a board assurance framework (BAF).

BAF timeline

28/02/2019 - Trust will submit a Seven Day service Assessment Tool (7DSAT) based on audit data captured in the March 2018 7DS audits (draft sent as enclosure).

June 2019 – Trust will submit further 7DSAT based on 2019 audit data

Autumn 2019 (exact date TBC) – Trust will submit further 7DSAT from repeat audit data

Spring 2020 (exact date tbc) – Trust will submit further 7DSAT with the expectation that we will be compliant with the 4 priority standards.

7DS Clinical Strategy.

Outlined the strategy in the following sections

1. Benchmarking
2. Planning & Trial Implementation of new models
3. Development of Business Cases
4. Ongoing monitoring & audit.

Current State analysis.

Standard 2 (target 90%) – **not met**

	Total	Weekday	Weekend	Medicine	Surgery
Reviewed as per standard	67%	69%	61%	75%	55%

Standard 5 – **met**

Standard 6 – **met**

Standard 8 (target 90%) – **not met**

	Weekday	Weekend	Total
Patients requiring once daily review	77%	61%	72%
Patient requiring twice daily review	71%	50%	68%

Patients receiving daily reviews by day of admission:

	Day 1	Day 2	Day 3	Day 4	Day 5
%age receiving review	77	65	57	50	49

Planning and Trial Implementation.

2 “perfect fortnights” undertaken to trial new systems of working whilst collecting data on KPIs such as length of stay, timely discharges and time from admission to theatre, to aid development of business cases using 7DS as a driver for improvement in clinical care.

Specific developments

1. T&O – Business case agreed for expansion in Consultant numbers to allow additional Consultants to undertake a “Consultant of the Week model” free from other clinical duties (expected October 2019)
2. General Surgery – business case drafted for additional Consultants to allow second emergency surgeon based on SAEC for front door Consultant delivered care including twilight ward round. Also provision of weekend Consultant led ward round.
3. Paediatrics – redesign of on call structure to include twilight resident shifts and splitting of weekend ward work to have separate Consultants for neonatal and paediatric ward round.
4. Critical Care – all 3 areas (ITU,SHDU & MHCU) being brought under one managerial team working party already met to develop long term strategy. Medical workforce, consultant and junior, main barrier in speciality with national shortage and clear national standards (Guidelines for the Provision of Intensive Care Services, RCOA 2016).Initial work stream to clearly differentiate patients definitely requiring level 2 care
5. Acute Medicine – Consultant resident in the Emergency department until 20:00 to allow for immediate consultant review
6. Cardiology – twice daily ward rounds by Consultant of the day to include CCU and Cardiac Assessment Unit

7DS Delivery Board

Deputy Medical Director, Directorate Manager (Medical Directors Department) and Clinical Audit Lead will have met with all Clinical Directors by 04/03/2019. Will develop SOP to include current models and action plans to ensure compliance by 2020.

Key themes.

With regard to standard 8 patients can be allocated to 3 categories with varying requirements for daily review.

1. Medically active – need daily face to face consultant review
2. Medically optimised – need daily review by consultant at MDT board round but face to face review can be delegated
3. Medically fit for discharge – can be reviewed by senior nurse or equivalent.

If these were applied and documented consistently there would be an improvement in compliance with the standard.

Ongoing monitoring

Audit plans agreed at delivery board to be completed prior to submission of 7DSAT and presented to board alongside 7DS SOP by June 2019.

Paul Hudson
Interim Deputy Medical Director
February 2019

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	Please see additional paper submitted.	No, the standard is not met for over 90% of patients admitted in an emergency	No, the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: <ul style="list-style-type: none"> • Within 1 hour for critical patients • Within 12 hour for urgent patients • Within 24 hour for non-urgent patients 	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Standard Met
	Provide a brief summary of performance against this standard, highlighting any areas for improvement in the case of non-compliance	Computerised Tomography (CT) Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Ultrasound Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Echocardiography Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Magnetic Resonance Imaging (MRI) Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Upper GI endoscopy Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Standard Met
		Interventional Radiology	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Interventional Endoscopy	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Emergency Surgery	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
	Should we be non compliant for urgent radiotherapy service. Should we be N/A and perhaps someone could provide a definition.	Emergency Renal Replacement Therapy	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Urgent Radiotherapy	Yes mix of on site and off site by formal arrangement	No the intervention is not available	
		Stroke thrombolysis	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Percutaneous Coronary Intervention	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Cardiac Pacing	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 8: All patial with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	Please see additional paper submitted.		Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met
			Twice Daily: No the standard is not met for over 90% of patients admitted in an emergency	Twice Daily: No the standard is not met for over 90% of patients admitted in an emergency	

7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10

A self assessment tool to be developed for each standard by March 2020.

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 8	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)

Provide a brief summary of issues in cases where not all standards are met.

Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.



The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on Thursday, 7th March 2019

TITLE:	Patient Safety Strategy Launch		
AUTHOR:	Dr Julian Hobbs Medical Director	PRESENTER:	Dr Julian Hobbs Medical Director
CLINICAL STRATEGIC AIMS			
	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.		
ACTION REQUIRED OF COMMITTEE:			
Decision	Approval	Discussion	Other
	Y		
OVERALL ASSURANCE LEVEL:			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input checked="checked" type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE COMMITTEE:			
To approve the launch the Patient Safety Strategy.			
CORPORATE OBJECTIVE:			
SO1:	Delivery a great patient experience.		
SO2:	Safe and caring Services.		
SO3:	Drive service improvement, innovation and transformation.		
SO4:	Be the place people choose to work.		
SO5:	Make the best use of what we have.		
SUMMARY OF KEY ISSUES:			
Adoption of the Patient Safety Strategy which forms the basis of a 3 year plan to improve patient outcomes. This document aligns with our QI Framework based around AQuA and NHSi methodology. It supports work to mitigate BAF risk 574.			
IMPLICATIONS OF PAPER: (Please complete risk and compliance details below)			
RISK	Y/N		Risk Description: (this is from or to be added to the relevant risk register)
	Risk Register:	Y/N	Risk Score: (this is from the relevant risk register)

COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y/N	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	Y/N	Details:
	Other	Y/N	Details:

Introduction

This document details the Patient Safety Strategy for The Dudley Group NHS Foundation Trust and forms the basis of a 3 year plan to ensure we prioritise patient safety at the heart of our care delivery. This is a strategic document which will be further substantiated by an operational plan and tactical plan to ensure that the visions within this document are part of every employees working day and they feel empowered to prioritise the delivery of safe patient care.

Background

The expectation of patients, relatives, staff and wider society is that Hospitals are a place of safety where people are free from harm. Nearly two decades after the publication of the US report “To Err is Human”¹ avoidable harm and mortality remain significant healthcare issues for us today with medical error estimated as being the third leading cause of death in one study².

There are two important developments in patient safety; The first is an appreciation that adopting a process approach will not eliminate all harm. Complex socio-technical environments rely on the refinement of “process” to ensure patient safety, an awareness of areas of patient harm and the development of a culture which is focused on the needs of the patient and staff to ensure positive outcomes. The unrealistic expectation that staff can be hypervigilant to avoid error promotes a punitive blame culture which fails to provide a supportive environment. We consider the adoption of a human factors approach and a patient safety cultural development tool and the introduction of an integrated EPR (electronic patient record) allowing standardization of process to be fundamental to the delivery of good patient care.

The second factor is that of the current challenging financial environment which creates important patient safety issues. The need for funds to be divided between health and social care creates challenges where patients who should be in a place of safety in a hospital are exposed both in the short and longer term to the risk of avoidable harm in terms of VTE events, pressure sores, falls and infections.

In a progressively pressurised environment with ageing and increasingly complex patients, there are no single solutions to improving patient safety. We are adopting an approach based on the following principles as highlighted in the NIHR report Patient Safety 2030³:

- **Bias towards action** Intervention bias is the human predisposition to do something rather than nothing to try to improve a situation. This may result in over intervention in medical care which inadvertently introduces additional risks or provides false assurance despite the introduction of an ineffective intervention. The interventions which are made should be evidence based and the subject of audit and governance.
- **Culture counts.** Those organizations where blame and punishment are the response to error have low incident reporting rates and are unable to learn from near misses due to under reporting. A clearly articulated vision based on the concept of a just and learning culture provides the best opportunity for improving patient outcomes. Michael West's work⁴ around staff engagement clearly demonstrates that such a strategy results in measurable and sustainable improvements in patient safety. This strategy will be adopted from the "board to the ward" to ensure we are delivering a consistent patient safety culture message for all who provide care to patients.
- **Patients as True Partners** Having patients as true partners in the decision making related to the delivery of their care brings with it improved patient safety. Positive involvement around treatment decisions reduces disability, reduces litigation and increases patient's satisfaction with their care. Patients also understand the process of care for their condition which enables them to self-advocate and insist on always events^{®5}, translating person and family centred principles into the care we provide. Always events[®] are "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system"

- **A systems approach** to patient safety is essential to improve patient outcomes. Additionally, poor care is expensive both in terms of resource use and litigation. An aspect of the “systems approach” is demonstrated by the introduction of an EPR which offers the opportunity to provide an integrated patient record which not only ensures that the full patient record is available at the point of care but can additionally provide clinical decision support so that important information is integrated into decision making, clinical pathways are triggered, risk stratification is automated and appropriate and pre defined order sets can provide consistent evidence based investigation and treatment.

Patient safety is a concern for all involved in delivering and receiving healthcare and as such has an important reputational impact at a local and national level with the failure to provide safe healthcare producing unwanted adverse publicity.

Patient Safety Strategy Vision

The vision of this Patient Safety Strategy is:

To provide the best care for our patients by having the right people making the right decisions in the right place at the right time

This strategy vision is in alliance with The Dudley Group Hospitals NHS Foundation Trust vision which is to be trusted to provide safe, caring and effective services because people matter, supported by our values of Care, Respect and Responsibility.

Priorities to facilitate achieving our vision

This Patient Safety Strategy has been developed to ensure we are delivering patient care to the highest possible standards for our patients. By setting out our priorities we will be focussing on care being delivered by the right person, giving the right treatment in the right place at the right time. We have identified areas of care where there would be a beneficial outcome by considering our delivery of care from a human factors approach. Improvement of these areas of care will ensure that we are meeting our visions and values and offering the best care we can for our patients. The measurement of

success over all the domains will be based on the principles proposed by Charles Vincent⁶

Priority 1 - Optimising the care of the deteriorating patient

- By developing Deteriorating Patient Pathways to ensure all patients are managed appropriately whether their initial clinical presentation is clearly defined or not. There will be an overarching Deteriorating Patient Pathway which will encompass pre-existing pathways including sepsis, EMLAP, ACCS, Stroke. The pathways will enable staff to recognise clinical conditions, communicate care needs and initiate prompt delivery of treatment.
- By ensuring our medical workforce strategy and staffing levels are adequate to enable the right staff to be delivering care
- By adopting 7 day services to ensure treatment can be delivered by the right person at the right time
- By developing a functional hospital at night service
- By developing EPR and integrating associated care pathways

Measure of implementation and success

- Evidence of the use of deteriorating patient pathways both clinically and via the audit process
- Analysis of data in EPR systems
- Evidence of positive learning reports when care is delivered to a standard of excellence
- Reduction in the number of datix reports related to the deteriorating patient
- Evidence of adequate staffing levels to ensure shifts and other workforce requirements are covered with minimal use of additional workforce members
- Successful instigation of a well functioning 7 day services and the hospital at night team

Priority 2 – improving the understanding of Human Factors and the role they have in Patient Safety

- Introducing the concepts of Human Factors and Non Technical Skills Trust wide and reinforcing the role they have to play in the delivery of safe patient care especially in relation to the deteriorating patient
- Introducing the concepts of Human Error Trust wide and identifying potential threats to the delivery of safe patient care

Measure of implementation and success

- Development and delivery of Trust wide, board to ward human factors, graded assertiveness and Threat and error training with analysis of numbers of staff trained and feedback on the training delivered as to the relevance to patient safety

Priority 3 – Optimising our patient safety culture

- Optimising our culture to be focussed on patient safety and to learn when we have failed to deliver the highest possible standard of care

Measure of implementation and success

- Patient safety culture analysis tools
- Medical staff engagement surveys
- Staff engagement with Datix and positive incident reporting

Priority 4 – Undertaking safe handovers of care both within hospital settings and to external agencies

- The National Patient Safety Agency (NPSA) has defined clinical handover as a process where there is 'the transfer of professional responsibility and accountability for some or all aspects care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis'

- By ensuring that we perform consistently safe handovers at points of transition of care for patients whether receiving patients into the hospital, transfer of care between areas or teams within the hospital or discharging the patient out of hospital to their on going place of care.

Measure of implementation and success

- Evidence of safe handover of care by reduced incidents related to the transition of care
- Evidence of safe handover of care by positive incident learning reports
- Engagement with external stakeholders to ascertain how they view the handover they receive when patients are discharged from DGHNHSFT.
- Audit of handovers in EPR

The engagement of our staff in these key priorities will ensure we are in the strongest position to both ensure we are delivering the best care to patients and to meet the aims and objectives of our 2018-2019 Annual Plan and beyond. All staff groups will be supported in being empowered to influence the care delivered to patients and enable them to take responsibility for their own work environments. They will be empowered to act and expected to do so should they feel that their working environment is not conducive to protecting patient safety and their concerns will be valued by those responsible for ensuring we deliver safe care. Our services and care delivery needs to be clinically led which requires engagement of all groups of staff and their contribution will be vital to optimise the care we deliver.

We will engage with external stakeholders such as the CCG, CQC, NHSE and NHSI and value their input into ensuring that we are delivering the best care that we are capable of delivering to our patient population.

At The Dudley Group, we are passionate about what we do and the services we provide to our patients and visitors. Our ambition is to provide a range of high-quality, ever-improving services in a dynamic and stimulating environment that attracts the best staff to work here.

At the heart of everything we do are our patients - and one of our most important aims is to provide the best possible patient experience. The

evidence of the success of our strategy would be the presence of an environment that encourages our passionate workforce to get things right for every patient, every time. We believe our new vision and our values perfectly sum up the journey we are on to achieve our goal of being the best place to receive healthcare, and the best place to work.

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Our vision

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



The Dudley Group
NHS Foundation Trust



Achievements so far

We have already introduced a number of strategies to improve our patient safety in addition to ensuring we support staff, including recognition of excellence in care, to encourage our hard working staff to continue improving the standards of care we deliver in a patient focussed approach:

- Committed to excellence awards
- Patient Friends and Family Test
- Staff Friends and Family Test
- Staff surveys
- Listen, learn and share events
- Aggregated learning reports
- Governance newsletters
- Patient safety newsletter
- Sign up to safety initiative – listen, learn and act
- Senior team meetings
- Chief Executive's Updates
- Quality and Safety Reviews

Patient Safety Strategy Integration

The Patient Safety Strategy integrates into the Trust's objectives and annual plan for 2018-2019 (the present overall Trust strategy is being reviewed for 2019-2021), our vision and values, our 2018 / 2019 Quality Priorities (patient experience, pressure ulcers, infection control, nutrition & hydration, medication, incident management, discharge management), our annual Quality Report and our Sign up to Safety priorities (VTE, AKI, Oxygen prescription and administration, missed doses of time critical medications and MUST) .

We have established a Quality Academy where all the information relating to quality, safety and improvement initiatives are considered in one forum with multidisciplinary input so that we have an oversight of Trust activities with the ability to identify good practice and themes of work to ensure we optimise the support required and implementation of further activity.

We have initiated a 3 year plan of Quality and Safety Reviews commencing in 2018 where independent reviews of wards and departments are undertaken by the Quality Review and Improvement Lead based on the CQC key lines of enquiry with feedback and quality improvement projects as outcomes.

We have established a partnership with the Advancing Quality Alliance (AQuA) who are an external body providing expertise in Quality Improvement projects including Safety Culture surveys and the identification of areas for development culminating in the establishment of a cohort of staff with QI project development skills.

The Strategy will be encompassed into the Trust's future plans and support offered to staff to ensure the objectives are met to deliver the best patient care we are capable of achieving.

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Patient Safety Strategy – the outline

Priority	Objectives	Timeline
1. Optimising the care of the deteriorating patient	To ensure we deliver the best possible care to the deteriorating patient by recognition of their clinical condition, communication of care needs and prompt delivery of appropriate treatment.	April 2019
2. a. Introducing the concepts of Human Factors and Non Technical Skills Trust wide and reinforcing the role they have to play in the delivery of safe patient care b. Introducing the concepts of Human Error Trust wide and identifying potential threats to the delivery of safe patient care	To emphasise the role of Human Factors and Non technical skills to all staff in the delivery of safe care; utilise Human Factors frameworks to better understand their role in patient safety and cascade the importance of the key non technical skills – situation awareness, decision making, communication, teamwork, leadership, coping with stress and managing fatigue. To ensure we take an approach to patient safety where we focus on the detection of potential errors allowing staff to better manage risks and threats associated with their practice.	April 2019
3. Optimising our culture to be focussed on patient safety and to learn when we have failed to deliver the highest possible standard of care	To develop a safety culture which is: <ul style="list-style-type: none"> • Informed • Wary • Just • Flexible • Learning 	Oct 2018
4. Undertaking safe handovers of care both within hospital settings and to external agencies	To ensure that we perform consistently safe handovers at points of transition of care for patients whether receiving patients into the hospital, transfer of care between areas or teams within the hospital or discharging the patient out of hospital to their on going place of care.	March 2019

PRIORITY	STRATEGIC WORKSTREAM
1. Optimising the care of the deteriorating patient	<ul style="list-style-type: none"> Establishing an educational module in the Care of the Deteriorating Patient accessible by multidisciplinary staff Establishing a trigger tool and e alert system within EPR to flag up the deteriorating patient Reinforcing the value of existing pathways and guidelines for identifying the deteriorating patient - NEWS scoring, sepsis pathway etc and the need for escalation of concern Ensuring pathways exist and are utilised to facilitate prompt treatment in the appropriate care setting for deteriorating patients Analysing incidents where sub optimal care of the deteriorating patient occurred and learning from them; analysing incidents where excellent care of the deteriorating patient was delivered and learning from them and ensuring information is cascaded back to all staff.
2a Introducing the concepts of Human Factors and Non Technical Skills Trust wide and reinforcing the role they have to play in the delivery of safe patient care	<ul style="list-style-type: none"> Developing Human factors and non technical skills (NTS) training videos +/- workshops to be incorporated into mandatory training Utilising the SHELL (Software, Hardware, Environment, Liveware and central Liveware) model in training to help analyse the role of human factors in patient safety and identify areas which can be improved Graded assertiveness training using the PACE (Probe, alert, challenge and Emergency) method of challenging decision making to allow staff to challenge actions they consider to be a threat to patient safety and take responsibility for the care provided Trust wide reinforcement of the WHO checklist and LocSIPPS to maximise delivery of safe care Identification of Patient Safety Champions within work areas to identify areas where patient safety can be improved based on a Human factors approach who receive training and support in their new role and function as a Trust wide network Trust wide expectation that staff will engage with patient safety initiatives such as ward rounds, huddles, patient safety walkrounds and hospital at night teams and ensure information regarding patient care is shared between all staff groups.
2b Introducing the concepts of Human Error Trust wide and identifying potential threats to the delivery of safe patient care	<ul style="list-style-type: none"> Developing human error, identification of threat and managing risks training videos +/- workshops to be incorporated into training for patient safety champions, team leaders, incident investigators and Governance teams Development of a positive incident reporting system where an action which prevented an incident from occurring is detailed to enable learning from actions which intercept the error chain

	<p>or where excellence in care has been demonstrated and learning can be transferred to other care settings.</p> <ul style="list-style-type: none"> • Establishing a trigger tool and e alert system within EPR to flag up the patient where there is a threat of harm which can then be minimised by pertinent and timely care • Utilisation of EPR trigger tools to identify when harm has come to patients and promote investigation of themes of failure of care where maximal learning can be achieved to improve our patient safety.
<p>3. Optimising our culture to be focused on patient safety and to learn when we have failed to deliver the highest possible standard of care</p>	<ul style="list-style-type: none"> • Undertake patient safety culture assessments to establish the baseline for the Trust– Manchester Patient Safety Framework or AHRQ survey on patient safety and develop an action plan based on the findings. • Undertake medical engagement surveys • To improve the learning and cascading of learning in all departments from incident reporting and ensure “on the ground staff” see the value of their input and the difference it makes to safer patient care. • Development of Freedom to Speak up champions network • Aim for a safety culture which is informed, wary, just, flexible and learning, where staff feel able to raise concerns without fear of inappropriate retribution. Staff should expect to be treated fairly when they are involved in incidents.
<p>4. Ensuring the safe handover of care both within hospital settings and to external agencies</p>	<ul style="list-style-type: none"> • Development of a standardised handover format to be used throughout the Trust • Utilisation of EPR to ensure consistency of handover • Development of standardised discharge summaries to external stakeholder care providers

Measuring and Monitoring

A framework such as Vincent et al (figure 1) will form the basis of the measurement of safety within the Trust and the impact of the implementation of this strategy. The five dimensions will be incorporated into our measuring and monitoring of safety at The Dudley Group NHS Foundation Trust.

- Past harm: this encompasses both psychological and physical measures
- Reliability: this is defined as ‘failure free operation over time’ and applies to measures of behaviour, processes and systems.
- Sensitivity to operations: the information and capacity to monitor safety on an hourly or daily basis.
- Anticipation and preparedness: the ability to anticipate, and be prepared for, problems.
- Integration and learning: the ability to respond to, and improve from, safety information.

Figure 1



THE DUDLEY GROUP NHS FOUNDATION TRUST
PATIENT SAFETY STRATEGY 2018 - 2021

	Issue	Risk	Resolution	KPI
Identification and Escalation of the Deteriorating patient	Patients not given appropriate timely care	Patients suffer harm and disability	<ul style="list-style-type: none"> eNEWS Deteriorating patient pathway Integrating pre existing clinical pathways 	<ul style="list-style-type: none"> Earlier intervention with alerting and escalation of care at lower NEWS. Audit of treatment of deteriorating patients Datix reporting Positive learning reporting
Neurosurgical pathway	Patients reported on Nerve centre	Death and disability Reputational harm Regulatory action from HM Coroner	<ul style="list-style-type: none"> Alternative pathway with UHNM Audit 	<ul style="list-style-type: none"> Pathway complete within 24 hours for all patients.
VTE	Prophylaxis and treatment	Regulatory action from HM Coroner	<ul style="list-style-type: none"> eVTE with Sunrise RCA audit 	<ul style="list-style-type: none"> 95% target for prophylaxis NICE audit RCA less avoidable VTEs - 34 reduced to 28 per annum
Tracking of patients within the organization	Patients moved around clinical areas may be lost or moved before completion of assessment, investigations treatment plans and medication prescribing and administration	Patients may not receive time critical treatment	<ul style="list-style-type: none"> Nerve centre Tracker boards 	<ul style="list-style-type: none"> All patients reviewed in accordance with seven day services standards. Audit of care provided Datix reporting Positive learning reporting
Medication - insulin	Incorrect insulin administered or omitted.	Hypoglycaemia	<ul style="list-style-type: none"> E Prescribing Education re diabetic management 	<ul style="list-style-type: none"> Reduction in hypoglycaemia. reduction of episodes by 205.

THE DUDLEY GROUP NHS FOUNDATION TRUST
PATIENT SAFETY STRATEGY 2018 - 2021

Falls	Unwitnessed falls and failure to prevent harm from falls	Death Head injury and # NOF Regulatory action from HM Coroner	<ul style="list-style-type: none"> Falls alarms Risk assessment 	<ul style="list-style-type: none"> Reduced head injury and #NOF incidents
Sepsis	Failure to recognize and treat sepsis, implement Sepsis six and source control	Death Disability Increased LOS.	<ul style="list-style-type: none"> eSepsis Source control Sepsis training 	<ul style="list-style-type: none"> Reduce SHMI from Sepsis to 100 Audit of pathways
Never events	Failure to avoid never events	Reputational and financial damage Patient harm	LOCCsips and WHO checklists	<ul style="list-style-type: none"> De minimis limit 1 pa
Handover at transitions of care	Failure to provide consistently safe handover of care at transition points of care both in the hospital and to external stake holders.	Patient may suffer harm	<ul style="list-style-type: none"> Standardisation of handovers Standardisation of discharge summaries Utilisation of EPR for handover 	<ul style="list-style-type: none"> Audit of handover processes

Implementation plan

	Resource	Date	OWNER
Appoint Associate Patient Safety Lead	2PA, £12 000	Feb 2018	WJH
Join Aqua	£40,000	Jan 2018	DW
Human factors training for all clinical staff	Internal	Dec 2017	Patient safety lead
Audit programme aligned to QI	Internal	Nov 2017	SR
Clinical decision support in EPR	EPR programme	April 2018	MS

Summary

Patient safety is a complex topic to manage optimally as risk is not a binary state; developing a patient safety program which introduces process which promote safety and developing a culture which is supportive, just and patient centred is the most effective way of improving outcomes.

This program must also be based around continuous quality improvement. To this end the revised trust audit program and membership of AQUA represents the most effective way of engaging staff and promoting outstanding care.

DRAFT

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

TITLE:	Integrated Performance Report for Month (January) 2019		
AUTHOR:	Andy Troth Head of Informatics	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS (delete the aim(s) not relevant to the paper)			
	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>		
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		Y	
OVERALL ASSURANCE LEVEL (Please insert x in one of the boxes)			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
To note the performance against the national mandated performance targets and were there has been non achievement to seek assurance on the plans to recover the expected position.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			

Workforce Performance

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

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

IMPLICATIONS OF PAPER:

RISK	Y		Risk Description: High levels of activity could impact on the delivery of KPIs – particularly the emergency access target and RTT. The latter would be impacted by increased levels of outliers resulting in cancelled operations.
	Risk Register: Y		Risk Score: 20 (CORO79)
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	Y	Details: A sustained reduction in performance could result in the Trust being found in breach of licence
	Other	N	Details:



Integrated Performance Report - Board



January 2019

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



Executive Summary

Key Messages

CQSPE

FFT Response Rate / Recommend

Response rates have improved in month across all areas. Areas for potential opportunities for improvement include: Outpatients ranked 6th out of 11 of our peer group (NHSE data Dec 1018) and score 3rd highest ranking for patients who would recommend the service.

Complaints

46 complaints received within January 2019, consistent with previous 3 months. This is compared to the Trust receiving 505 compliments. Poor communication remains the biggest concern that our patients raise with us. 206 complaints remain open in January a reduction of 3 from December 2018.

There were 321 PALs concerns raised during January 2019.

Dementia

The Trust remains above the target of 90 % for find/assess, investigate and refer.

Falls

There were 70 falls during January 2019. There were two of these resulted in moderate harm: Reported as an SI 04/01/2019

An 89 year old patient was sitting out in a chair throughout the morning. The patient had un-witnessed fall and the patient was found lying on the floor on her right hand side. The patient had slippers on that had no full back this was changed to slipper socks before assisting patient back to bed.

The patient was checked for any obvious injuries and a skin tear to the elbow was noted.

Observations were recorded and medics informed and the patient was assisted back into bed. X-rays confirmed a fracture to the right neck of femur and the patient underwent surgical repair

Reported as a Key incident (Yellow 10-12) - Full RCA Tool 09/01/2019

Patient had an un witnessed fall, patient found on her knees. Staff alerted to the situation. Cot sides up on bed, patient slid down to bottom of bed. Patient not 1:1, falls bundle in place. Patient assessed found that left ankle appeared to be inverted at a 90 degree angle. Patient lay down staff supporting the head. Long bones assessed and straightened. Suspected fracture NOF and ankle.

Observations taken, high flow oxygen applied as patient desaturating. Patient transferred by scoop on to a trolley and taken to Xray dept.

Fracture of tibia and fibula. Patient went to theatre for K-Wire and cast fitted.

Falls YTD position remains 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. 54 chair alarms have been purchased and placed in all acute areas to assist with reducing falls.

Pressure Ulcers

There was 1 avoidable grade 3 pressure ulcer reported from B2 (acute) in January 2019.

MSA

During January there were 17 MSAs reported all within our level 2 level 3 clinical areas. Total YTD position 61 MSAs . Main contributing factor is the inability to step patients down after a 4 hr period (local target)

Infection Control

Interventions January 2019

HII 1: Ventilator Associated Pneumonia 100%

HII 2a: Peripheral Vascular Access Devices - Insertion 100%

HII 2b: Peripheral Vascular Access Devices - Ongoing care 97%

HII 3a: Central Venous Access Devices - Insertion 96%

HII 3b: Central Venous Access Devices - Ongoing Care 100%

HII 4a: Surgical Site Infection Prevention - Preoperative 100%

HII 4b: Surgical Site Infection Prevention - Intraoperative Actions 100%

HII 5: Infection Prevention in Chronic Wounds 100%

HII 6a: Urinary Catheter - Insertion 100%

HII 6b: Urinary Catheter - Maintenance & Assessment 99%

Hand Hygiene 100%

Commode Audits 99%

There were 2 C. Diff cases identified after 48hrs for the month of January 2019. YTD position 11 cases contributed to lapses in care against a target of 28. Contributing factor of lapses in care relate to low compliance with IPC mandatory training. There are 3 cases under review at the point of reporting.

Stroke

All targets for stroke achieved during January 2019.

- o Swallow screening

- o Stay compliance

- o TIA treated within 24 hours

Executive Summary

Ward Quality Heat Map

CQSPE

VTE

VTE achieved 94.9% against a Trust target of 95% . Divisional Chief Nurse for surgery has reported that some of the issues relate to the upload of data onto the Trust system. This is a manual process that will be resolved as part of EPR as this will be a mandatory field as part of the patient assessment.

Incidents

During January 2019 a total of 1447 incidents have been reported 430 of these were recorded as medication incidents (these relate to all errors as part of a continuous audit cycle) . There were 3 reported serious incidents in month.

- 1. Fall with Harm
- 2. Grade 3 pressure ulcer
- 3. Maternity still birth at 39 weeks

Safety Thermometer

Safety Thermometer for January 2019 – 94%
Contributing factors new VTE and pressure ulcer.

Trust position heat map included for reference

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 80.2%, whilst the Trust only (Type 1) performance was 67.2%.

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

	Attendances	Breaches	Performance
ED Dept Type 1	9474	3111	67.16%
UCC Type 3	6241	7	99.88%

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 77.3% (Provisional as at 21st Feb). Previous month confirmed performance was 85.5%

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

No. of Patients treated on or over 104 days (DGFT)	1
No. of Patients treated on or over 104 days (Tertiary Centre)	4
No. of Patients treated on or over 104 days (Combined)	5

2WW

The target was achieved once again in month. During this period a total of 1271 patients attended a 2ww appointment with 41 patients attending their appointments outside of the 2 week standard, achieving a performance 96.8% 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 91.3% up from previous month. Ophthalmology is at 82.8% down from 83.3% in the previous month. General Surgery is at 90.5% up from 90.0%. Also Plastic Surgery (87.7%) and Dermatology (90.1%) did not achieve the target. There were no 52-week Non-admitted Waiting Time breaches in month.

Diagnostic waits

The diagnostic wait was below target in month with a performance of 96.6%. The number of patients waiting over 6 weeks was 234.

Executive Summary by Exception cont.

Key Messages

2 Financial Performance Matters

Committee: F&P

Deficit of £4.143m for April-January, representing a £3.819m adverse variance in comparison to the control total following the consolidation of the pharmacy company and other technical changes. This position includes a pro rata benefit related to a new optimised alternative site evaluation. However, this remains at risk as the revised valuation has yet to be agreed by external auditors. The Trust has maintained the forecast at an £8.8m deficit as agreed at the Board. 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 80% 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 88.98%. 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, however their compliance rate has improved to 81.89%. The Clinical Support Division continues to be the team with the lowest compliance rates, however they have also improved with a 2% rise in compliance to 86.4%.

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 fallen in January 2019 4.27%. This is inconsistent with this time last year where the Trust experienced the highest rate of absence in that 12 month period. There have been improvements in absence rates across all areas with particular falls within the Corporate areas as well as the Division of Surgery. The staff groups associated with administrative roles and Care Support Workers continue to have the highest rates of sickness absence and are therefore an area of prioritisation.

Turnover Rate

The turnover rate continues to represent a positive retention of our staff and currently sits at 9.38% from 9.34% 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.



Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Dec-18	Jan-19	Actual YTD	Trend	Month Status
Friends & Family Test - Response Rate							
Friends & Family Test - ED	12.3%	19.4%	17.5%	18.0%	18.1%	↑	
Friends & Family Test - Inpatients	26.9%	37.0%	30.6%	32.3%	34.1%	↑	
Friends & Family Test - Maternity - Overall	21.9%	38.0%	30.0%	33.4%	32.1%	↑	
Friends & Family Test - Outpatients	4.9%	11.9%	4.9%	5.7%	5.3%	↑	
Friends & Family Test - Community	3.3%	8.1%	3.7%	4.8%	4.4%	↑	
Friends & Family Test - Percentage Recommended							
Friends & Family Test - ED	88.7%	94.5%	76.4%	75.6%	77.5%	↓	
Friends & Family Test - Inpatients	96.7%	97.4%	93.2%	94.9%	94.1%	↑	
Friends & Family Test - Maternity - Overall	97.1%	98.5%	96.3%	95.1%	97.4%	↓	
Friends & Family Test - Outpatients	95.3%	97.4%	90.3%	91.1%	89.8%	↑	
Friends & Family Test - Community	96.2%	97.7%	92.7%	93.0%	94.5%	↑	
Complaints							
Total no. of complaints received in month			47	46	486	↓	
Complaints re-opened			11	4	49	↓	
PALs Numbers			233	321	2922	↑	
Complaints open at month end			209	206	-	↓	
Compliments received			1382	505	6056	↓	
Dementia (1 month in arrears)							
Find/Assess		90%	90.9%	-	96.8%	↑	
Investigate		90%	100.0%	-	100.0%	↑	
Refer		90%	96.6%	-	96.2%	↑	
Falls							
National average 6.63 per 1000 bed days							
No. of Falls			81	70	682	↓	
Falls per 1000 bed days		6.63	4.64	3.80	3.97	↓	
No. of Multiple Falls			6	5	59	↓	
Falls resulting in moderate harm or above			1	2	12	↑	
Falls resulting in moderate harm or above per 1000 bed days		0.19	4.6	3.8	4.0	↓	
Pressure Ulcers (Grades 3 & 4)							
Hospital Avoidable		0	0	1	8	↑	
Community Avoidable		0	1	0	9	↓	
Handwash							
Handwashing			99.6%	99.6%	99.0%	↑	

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Dec-18	Jan-19	Actual YTD	Trend	Month Status
Mixed Sex Accommodation Breaches							
Single Sex Breaches		0	4	17	61	↑	
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	-	-	19	↔	
MRSA Bacteraemia		0	0	0	1	↔	
MSSA Bacteraemia		0	2	2	15	↔	
E. Coli - Total hospital		0	6	5	32	↓	
Stroke Admissions - Provisional Figures							
Stroke Admissions: Swallowing Screen		75%	93.9%	90.0%	93.0%	↓	
Stroke Patients Spending 90% of Time on Stroke Unit		85%	95.2%	89.8%	91.5%	↓	
Suspected High Risk TIAs Assessed and Treated <24hrs		85%	88.9%	100.0%	90.8%	↑	
VTE - Provisional Figures							
VTE On Admission		95%	95.6%	94.8%	94.9%	↓	
Incidents							
Total Incidents			1371	1447	14923	↑	
Recorded Medication Incidents			343	0.948124	3743	↓	
Never Events			0	0	0	↔	
Serious Incidents			5	3	72	↓	
of which, pressure ulcers			2	1	23	↓	
Incident Grading by Degree of Harm							
Death			2	1	11	↓	
Severe			3	6	27	↑	
Moderate			10	20	180	↑	
Low			157	209	1894	↑	
No Harm			1199	1211	12811	↑	
Percentage of incidents causing harm		28%	12.5%	16.3%	14.2%	↑	

Performance - "At a glance"

Executive Lead: Karen Kelly



Performance - Key Performance Indicators

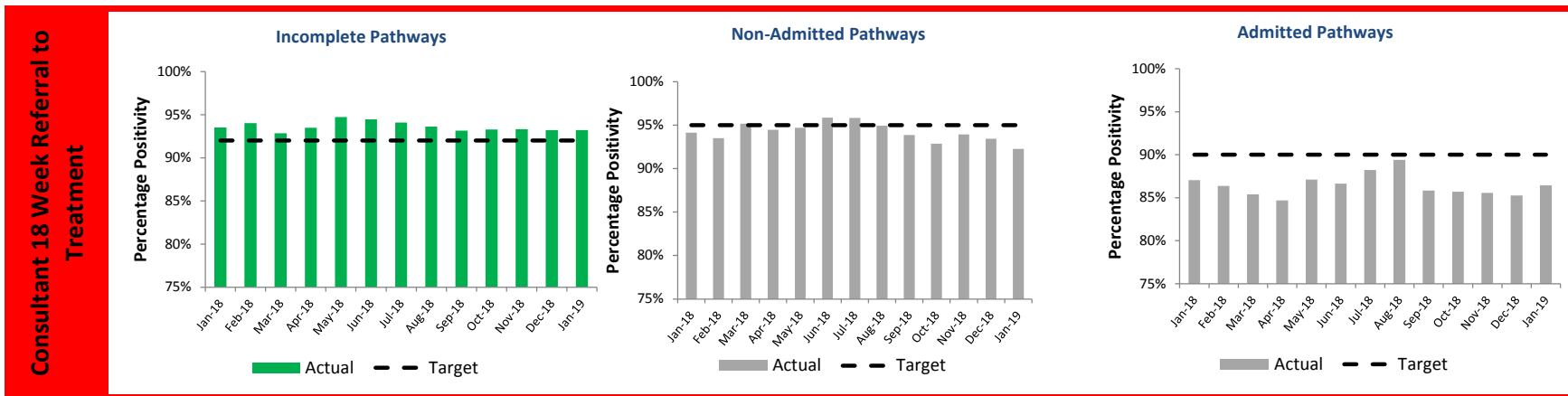
	Target	Dec-18	Jan-19	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	96.67%	96.9%	95.7%	↑	
2 week wait - Breast Symptomatic	93%	94.8%	93.8%	95.0%	↓	
31 day diagnostic to 1st treatment	96%	98.7%	97.5%	97.8%	↓	
31 day subsequent treatment - Surgery	94%	100.0%	96.2%	99.3%	↓	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	100.0%	↔	
62 day urgent GP referral to treatment	85%	85.5%	77.4%	81.3%	↓	
62 day screening programme	90%	94.1%	100.0%	97.4%	↑	
62 day consultant upgrades	85%	95.2%	90.5%	92.1%	↓	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	93.22%	93.20%	93.2%	↓	
RTT Admitted - % treatment within 18 weeks	90%	85.3%	86.4%	85.8%	↑	
RTT Non Admitted - % treatment within 18 weeks	95%	93.4%	92.3%	93.2%	↓	
Wait from referral to 1st OPD	26	21	28	117	↑	
Wait from Add to Waiting List to Removal	39	41	46	214	↑	
ASI List		1453	1079	0	↓	
% Missing Outcomes RTT		0.23%	0.02%	0.1%	↓	
% Missing Outcomes Non-RTT		4.0%	2.9%	4.1%	↓	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	69	234	521	↑	
% of diagnostic tests waiting less than 6 weeks	99%	99.0%	96.6%	98.5%	↓	
ED - TRUST						
Patients treated < 4 hours Type 1 (Trust ED)	95%	68.7%	67.2%	73.3%	↓	
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	81.4%	80.2%	83.5%	↓	
Emergency Department Attendances	N/A	9019	9474	45402	↑	
12 Hours Trolley Waits	0	1	8	9	↑	
Ambulance to ED Handover Time - TRUST						
30-59 minute breaches		422	503	2282	↑	
60+ minute breaches		86	101	461	↑	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		17	21	76	↑	
60+ minute breaches		6	11	24	↑	

Performance - Key Performance Indicators cont.

	Target	Dec-18	Jan-19	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	2.3%	2.1%	1.9%	↓	
Cancelled operations - breaches of 28 day rule	0	2	3	12	↑	
Urgent operations - cancelled twice	0	0	0	0	↔	
GP Discharge Letters						
GP Discharge Letters	90%	83.9%	83.0%	83.1%	↓	
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		73.4%	74.3%	75.7%	↑	
Theatre Utilisation - Main		85.9%	85.6%	86.0%	↓	
Theatre Utilisation - Trauma		89.3%	89.0%	91.1%	↓	
GP Referrals						
GP Written Referrals - made		6009	7897	34687	↑	
GP Written Referrals - seen		5162	6414	29495	↑	
Other Referrals - Made		3219	3902	18042	↑	
Throughput						
Patients Discharged with a LoS >= 7 Days		6.9%	6.4%	7%	↓	
Patients Discharged with a LoS >= 14 Days		3.0%	3.3%	3%	↑	
7 Day Readmissions		2.9%	1.3%	2%	↓	
30 Day Readmissions - PbR		9.0%	8.1%	8%	↓	
Bed Occupancy - %		86%	89%	88%	↑	
Bed Occupancy - % Medicine & IC		94%	95%	94%	↑	
Bed Occupancy - % Surgery, W&C		81%	82%	81%	↑	
Bed Occupancy - Paediatric %		45%	57%	51%	↑	
Bed Occupancy - Orthopaedic Elective %		69%	65%	76%	↓	
Bed Occupancy - Trauma and Hip %		91%	89%	90%	↓	
Number of Patient Moves between 8pm and 8am		93	110	513	↑	
Discharged by Midday		12.9%	12.7%	13%	↓	
Outpatients						
New outpatient appointment DNA rate	8%	8.4%	8.0%	8.1%	↓	
Follow-up outpatient appointment DNA rate	8%	8.4%	7.6%	7.5%	↓	
Total outpatient appointment DNA rate	8%	8.4%	7.8%	38.7%	↓	
Clinic Utilisation		76.2%	76.8%	77.3%	↑	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective	2.4	1.83	2.68	2.6	↑	
Average Length of Stay - Non-Elective	3.4	5.2	5.5	5.3	↑	

Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment



RTT 18 Week Performance - January 2019

Validated Position

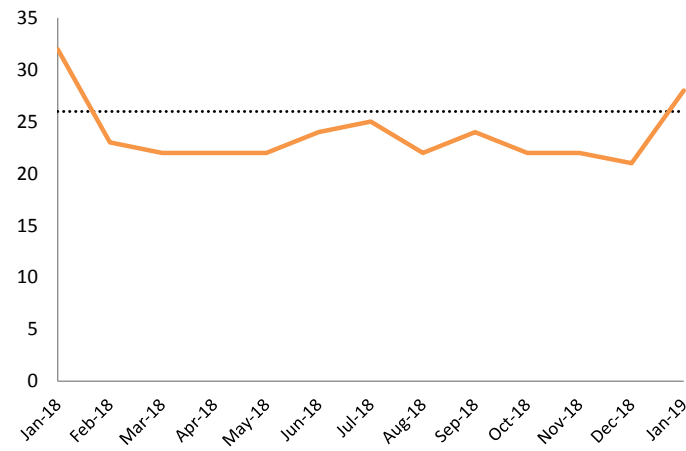
Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	889	93	982	90.5%
101 - Urology	1075	102	1177	91.3%
110 - Trauma & Orthopaedics	1886	140	2026	93.1%
120 - ENT	1132	20	1152	98.3%
130 - Ophthalmology	1774	368	2142	82.8%
140 - Oral Surgery	738	7	745	99.1%
160 - Plastic Surgery	601	84	685	87.7%
300 - General Medicine	6	0	6	100.0%
301 - Gastroenterology	1039	33	1072	96.9%
320 - Cardiology	561	25	586	95.7%
330 - Dermatology	757	83	840	90.1%
340 - Respiratory Medicine	250	3	253	98.8%
400 - Neurology	487	30	517	94.2%
410 - Rheumatology	514	14	528	97.3%
430 - Geriatric Medicine	127	2	129	98.4%
502 - Gynaecology	984	27	1011	97.3%
Other	3477	158	3635	95.7%
Total	16297	1189	17486	93.2%

Comments

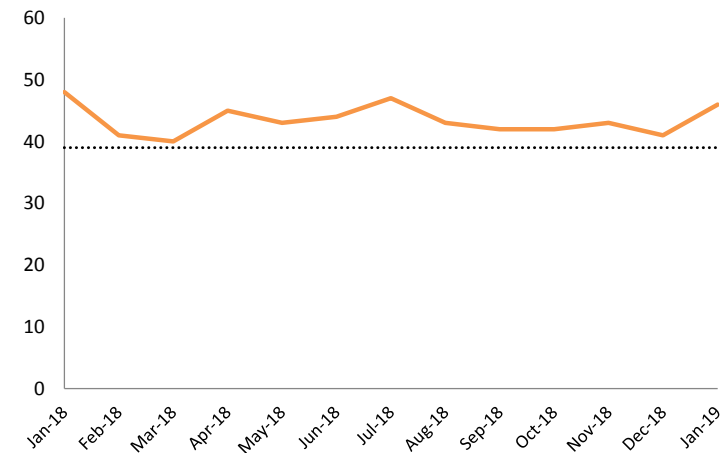
Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

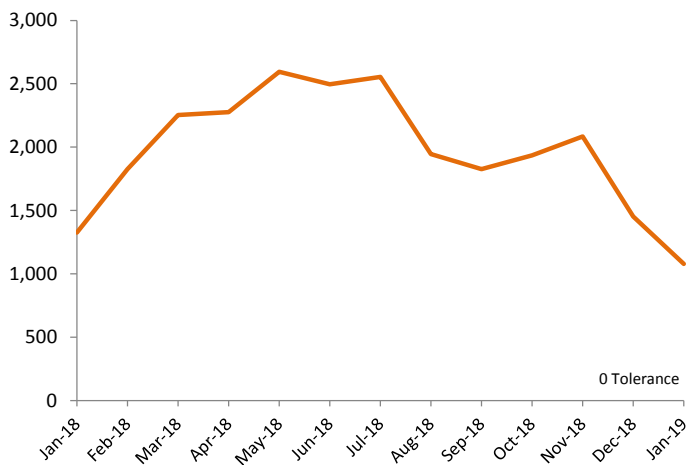
Wait in days from referral to 1st OPD



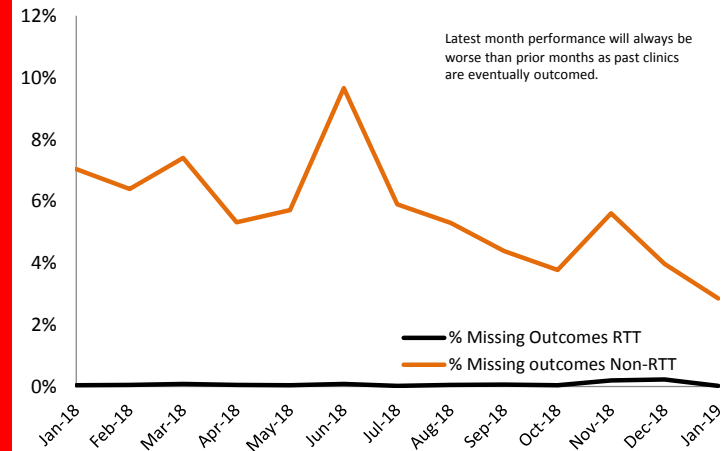
Wait in days from Add to Waiting List to Treatment or Removal



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

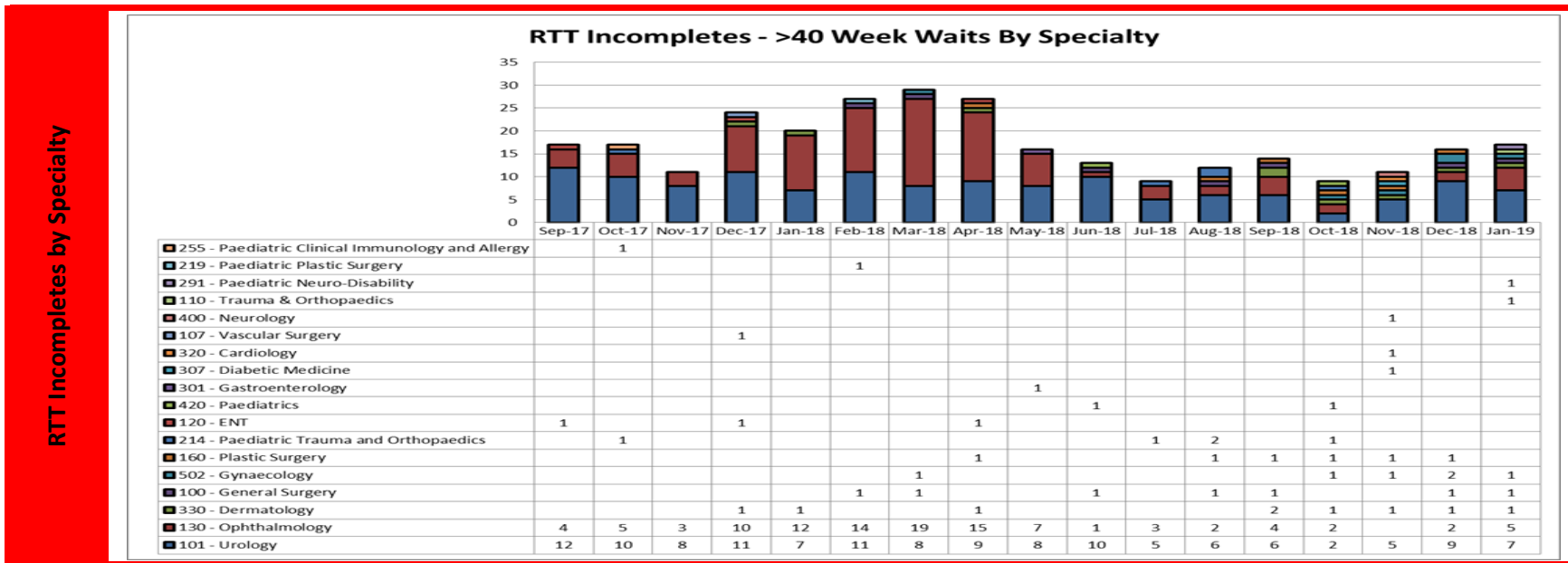


% Missing Outcomes



Performance Matters (KPIs)

Regulatory Performance - RTT Incompletes



There are '0' over 52 weeks

Financial Performance - "At a glance"

Executive Lead: Tom Jackson



Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	470	428	-8.9%	-15	1,469	1,378	-6.2%	-91
Day Cases	4,306	4,789	11.2%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	4,087	3,856	-5.7%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	41,596	44,773	7.6%	1,067	115,593	114,578	-0.9%	-1,015
A&E	9,134	9,474	3.7%	305	25,595	26,316	2.8%	721
Total activity	59,593	63,320	6.3%	1,485	167,051	166,859	-0.1%	-192
CIP								
	£'000	£'000		£'000	£'000	£'000		£'000
Income	2,576	1,048	-59.3%	-1,528	6,182	6,143	-0.6%	-39
Pay	353	168	-52.5%	-185	2,999	2,514	-16.1%	-484
Non-Pay	382	647	69.5%	265	3,605	7,747	114.9%	4,141
Total CIP	3,311	1,863	-43.7%	-1,448	12,786	16,404	28.3%	3,618
INCOME								
	£'000	£'000		£'000	£'000	£'000		£'000
NHS Clinical	28,564	28,213	-1.2%	-351	278,373	278,518	0.1%	145
Other Clinical	552	562	1.9%	10	5,579	6,915	23.9%	1,336
STF Funding	1,055	0	-100.0%	-1,055	6,933	4,115	-40.6%	-2,818
Other	2,058	1,985	-3.5%	-73	19,938	19,383	-2.8%	-555
Total income	32,228	30,760	-4.6%	-1,468	310,823	308,932	-0.6%	-1,892
OPERATING COSTS								
	£'000	£'000		£'000	£'000	£'000		£'000
Pay	-18,231	-19,162	5.1%	-931	-185,430	-189,324	2.1%	-3,895
Drugs	-3,025	-3,100	2.5%	-75	-27,958	-29,370	5.0%	-1,412
Non-Pay	-7,454	-8,352	12.1%	-898	-72,122	-73,730	2.2%	-1,608
Total Costs	-28,709	-30,614	6.6%	-1,904	-285,509	-292,424	2.4%	-6,915

Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
	£'000	£'000		£'000	£'000	£'000		£'000
EBITDA	3,513	168	-95.2%	-3,345	25,236	16665	-34.0%	-8,571
Depreciation	-877	-619	-29.4%	258	-8,366	-5729	-31.5%	2,637
Restructuring & Other	2,000	0	-100.0%	-2,000	2000	0	-100.0%	-2,000
Financing Costs	-1,236	-1,117	-9.6%	119	-12,340	-11111	-10.0%	1,229
SURPLUS/(DEFICIT)	3,400	-1,568	-146.1%	-4,968	6,530	-175	-102.7%	-6,705
SOFP								
	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	-965	-479	-50.4%	486	-10,478	-8,852	-15.5%	1,626
Inventory					3,279	3,740	14.1%	461
Receivables & Prepayments					22,339	20,468	-8.4%	-1,871
Payables					-21,088	-24,959	18.4%	-3,871
Accruals						n/a	n/a	0
Deferred Income					-3,429	-4,356	27.0%	-927
Cash & Loan Funding								
	£'000	£'000		£'000	£'000	£'000		£'000
Cash					6,885	4,787	-30.5%	-2,098
Loan Funding						n/a	n/a	0
KPIs								
EBITDA %	12.1%	0.6%	-11.6%		9.4%	6.3%	-3.1%	
Deficit %	11.7%	-5.4%	-17.2%		2.4%	-0.1%	-2.5%	
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		



Workforce - "At a glance"

Executive Lead: Andrew McMenemy

	People					
	Target			Actual		Month
	18/19	Dec-18	Jan-19	YTD	Trend	Status
Workforce						
Sickness Absence Rate	3.50%	5.48%	4.27%	4.88%	↓	
Staff Turnover	8.5%	9.38%	9.38%	9.44%	↔	
Mandatory Training	90.0%	88.8%	88.9%	88.9%	↑	
Appraisal Rates - Total	90.0%	95.6%	95.6%	95.6%	↔	

Quality Indicators

Heat Map - January 2019

KPI																																
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 needs to be added)																																
Fluid Balance Management Audit																																
VTE Assessment Indicator (CON01)																																
NOA - Skin Bundle																																
FFT - Response Rate																																
FFT - Recommended %																																
Complaints																																
Compliments																																
Appraisals																																
Mandatory Training																																
RN Average Fill Rate (day shifts)																																
Sickness Rate																																
Ward	Patient Safety & Quality																Clinical Indicators			Patient Experience				Workforce & Safer Staffing					Ward RAG Trend			
AMU2 (A2)				94.4%				55	9		1						NS						0	0						↓-2	↓-1	↓-4
B1			100.0%					14	1								NS						1	12						↓-3	↑2	↑1
B2 Hip				94.3%				12	2						NS								0	18						↓-1	→0	↑1
B2 Trauma			67%	88.9%				12	4						NS								1	1						→0	↓-3	↑3
B3			96%	76.5%				20	5						NS			NS					2	1						→0	→0	↑2
B4				90.9%				21	5														1	25						↓-2	↑2	→0
B5				76.9%				9	0														1	1						↑1	↓-2	↑4
C1				80%				24	9		1					NS	NS						1	49						→0	↑3	↓-5
C2								46	0														0	3						↓-2	↓-2	↑6
C3				58.3%				32	6														4	72						→0	↑1	→0
C4			100%	100.0%				24	1														2	3						→0	↑4	↓-5
C5			78%	84.2%				17	5								NS						2	41						↓-1	↑1	↓-2
C6				100%				8	3						NS								0	0						↓-2	↓-3	↑3
C7			100.0%	50.0%				30	8								NS	NS					0	0						↑1	↓-4	↑1
C8				92.3%				42	12					NS		NS		NS	NS				1	4						↓-4	→0	→0
CCU & PCCU			100%	87.8%				18	4					NS	NS			NS	NS				0	1						↑1	↓-2	↑2
Critical Care				100%				38	4								NS						0	0						→0	↓-1	→0
Maternity								120	2		1												0	22						↑4	↑2	↑12
MHDU				96.4%				22	2								NS						0	2						↑2	↑3	↓-2
Neonatal								17	0														0	0						↓-4	↓-1	↑8
Trust Total		99.6%			0	97.0%	98%	1525	120	1	3	0	98.0%			23.2%				94.8%	95.0%	32.3%	94.8%	46	505	95.6%	89.0%			4.3%		
RAG Rating	R: <85% A: 85%-95% G: ≥95%	R: <100% G: 100%	No RAG rating for this indicator	No RAG rating for this indicator	R: <0 G: 0	R: <75% A: 75%-95% G: ≥95%	R: <75% A: 75%-95% G: ≥95%	No RAG rating for this indicator	No RAG rating for this indicator	R: <0 G: 0	R: <0 G: 0	R: <0 G: 0	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: ≤30% A: 30%-60% G: ≥60%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <26% A: 26%-35.1% G: ≥35.1%	R: <96.3% A: 96.3%-97.4% G: ≥97.4%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: >4% A: 3.5%-4% G: ≤3.5%			

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%	67.16%	-	-	75.56%	%
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%	99.88%	-	-	99.74%	%
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%	80.15%	-	-	84.88%	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%	1.80%	-	-	1.8%	5%
A&E - Time to Initial Assessment (95th Percentile)	9	4	8	9	7	4	5	7	8	4	4	-	-	4	15
A&E - Time to Treatment Median Wait (Minutes)	70	49	65	61	73	49	64	55	66	66	73	-	-	73	60
A&E - Total Time in A&E (95th Percentile)	731	593	587	504	524	463	511	462	605	645	799	-	-	799	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%	1.30%	-	-	1.3%	5%
Activity - A&E Attendances	103,426	8,292	9,097	8,920	9,569	8,336	8,847	8,924	9,158	9,013	9,529	-	-	89,685	87,978
Activity - Cancer MDT	5,131	492	443	520	378	511	508	596	561	481	528	-	-	5,018	4,348
Activity - Community Attendances	376,548	33,662	36,319	36,299	38,817	34,833	35,291	38,326	37,353	30,231	35,683	-	-	356,814	339,467
Activity - Critical Care Bed Days	7,612	579	702	731	770	582	679	792	679	584	600	-	-	6,698	6,755
Activity - Diagnostic Imaging whilst Out-Patient	52,692	4,222	4,505	4,451	4,434	4,445	4,163	4,759	4,782	4,087	4,928	-	-	44,776	49,436
Activity - Direct Access Pathology	1,970,646	173,406	172,671	173,017	174,399	173,882	165,564	187,986	176,971	130,778	150,755	-	-	1,679,429	1,740,518
Activity - Direct Access Radiology	75,450	6,221	6,883	6,389	6,475	6,235	5,930	7,014	6,844	5,271	6,643	-	-	63,905	67,336
Activity - Elective Day Case Spells	48,682	4,184	4,366	4,058	4,159	4,400	3,891	4,472	4,418	3,807	4,468	-	-	42,223	41,762
Activity - Elective Inpatients Spells	5,828	433	464	451	467	492	441	497	466	423	428	-	-	4,562	4,907
Activity - Emergency Inpatient Spells	50,160	3,247	3,626	3,635	3,776	3,712	3,453	3,850	3,806	3,773	3,826	-	-	36,704	40,764
Activity - Excess Bed Days	11,066	707	823	922	841	580	664	778	721	520	396	-	-	6,952	12,516
Activity - Maternity Pathway	7,636	578	668	621	642	652	579	584	630	502	588	-	-	6,044	6,363
Activity - Neo Natal Bed Days	7,111	628	661	604	611	643	542	625	557	606	621	-	-	6,098	6,127
Activity - Outpatient First Attendances	146,246	12,902	13,932	13,928	14,880	13,468	12,962	15,216	15,408	13,247	16,412	-	-	142,355	131,188
Activity - Outpatient Follow Up Attendances	295,301	25,716	27,624	26,429	28,601	26,743	26,342	30,178	29,176	23,458	28,454	-	-	272,721	259,468
Activity - Outpatient Procedure Attendances	71,502	5,235	6,107	6,121	6,064	5,715	5,873	6,511	6,343	5,223	6,512	-	-	59,704	63,526
Activity - Rehab Bed Days	20,079	1,528	1,571	1,720	1,618	1,908	1,732	2,017	1,987	2,493	2,663	-	-	19,237	16,242
Activity - Renal Dialysis	52,070	4,233	4,431	4,225	4,121	4,180	3,885	4,158	4,018	4,133	4,259	-	-	41,643	43,312
Ambulance Handover - 30 min – breaches (DGH view)	4,608	180	437	437	542	267	441	428	488	422	503	-	-	4,145	0
Ambulance Handover - 30 min – breaches (WMAS view)	5,803	240	603	563	685	395	548	554	637	545	649	-	-	5,419	0
Ambulance Handover - 60 min – breaches (DGH view)	716	8	67	53	119	43	120	88	66	86	101	-	-	751	0
Ambulance Handover - 60 min – breaches (WMAS view)	876	9	73	66	144	52	138	106	80	98	120	-	-	886	0

Performance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Cancer - 14 day - Urgent Cancer GP Referral to date first seen	94.7%	88.2%	95.9%	94.5%	95.3%	95.0%	94.60%	94.6%	95.5%	96.6%	96.8%	-	-	94.7%	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%	93.7%	-	-	95.2%	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%	99%	97.4%	-	-	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%	100.0%	-	-	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%	96.1%	-	-	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%	97.6%	-	-	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%	95.1%	90.6%	-	-	91.0%	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%	100.0%	-	-	97.8%	90%
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	85.3%	80.8%	84%	79.8%	85.3%	79.8%	80.4%	86.6%	75.3%	85.5%	77.3%	-	-	81.7%	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	1	-	-	-	28	
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	4	-	-	-	37	
Cancer: Patients on a 62 day pathway treated on or over 104 days (3: combined)	48	5	9	3	7	7	16	4	9	5	-	-	-	65	
Maternity: Breastfeeding Data Coverage Rates	100%	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	359	-	-	3,650	
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%	86.4%	-	-	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%	93.1%	-	-	93.6%	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%	94.8%	-	-	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%	96.6%	-	-	98.75%	99%

Staff/HR 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	£1,250k	-	-	£10,849k	k
Bank spend	£16,404k	£1,481k	£1,475k	£1,611k	£1,608k	£1,393k	£1,883k	£1,735k	£1,651k	£1,674k	£1,812k	-	-	£16,323k	k
Budgetary Performance	(£20,622)k	(£640)k	(£451)k	£646k	(£445)k	(£134)k	(£1,833)k	£121k	£254k	£562k	(£4,991)k	-	-	(£6,912)k	£0k
Capital v Forecast	106.6%	59.8%	51.9%	69%	67.7%	68.3%	76.90%	72.80%	76.50%	88%	84.50%	-	-	84.5%	95%
Cash Balance	£8,617k	£13,899k	£9,420k	£9,717k	£8,752k	£7,143k	£3,929k	£7,367k	£6,388k	£4,797k	£4,787k	-	-	£4,787k	k
Cash v Forecast	54.6%	109.3%	98.8%	159.4%	85.20%	92.70%	87.40%	152.20%	201.80%	136.80%	69.50%	-	-	69.5%	95%
Creditor Days	16.4	15.5	15.5	16.7	17	15.9	17.3	17.7	21.7	21.7	19.6	-	-	19.6	15
Debt Service Cover	0.79	0	0.64	0.85	1.03	1.12	1	1	1.13	1.13	1.03	-	-	1.03	2.5
Debtor Days	7.4	9.4	10.8	12.8	14.1	14.9	13.5	11.8	14.2	14.7	13.2	-	-	13.2	15
I&E (After Financing)	(£9,518)k	(£2,073)k	£179k	£116k	£733k	£554k	(£1,966)k	£2,066k	£1,671k	£4k	(£1,585)k	-	-	(£303)k	k
Liquidity	-7.63	-7.78	-8	-8.35	-7.98	-8.06	-9.8	-10.69	-9.63	-10.34	-12.45	-	-	-12.45	0
SLA Performance	(£3,902)k	(£543)k	(£712)k	£193k	(£14)k	(£226)k	(£223)k	£908k	£1,031k	£604k	£443k	-	-	£1,461k	£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%	-	-	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%	88.9%	-	-	88.9%	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%	83.52%	-	-	81.44%	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%	87.46%	-	-	86.06%	95%
Sickness Rate	4.40%	3.79%	3.85%	4.17%	4.42%	4.35%	4.78%	4.97%	4.92%	5.48%	4.27%	-	-	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	4,344.94	-	-	4,344.94	
Turnover Rate (Rolling 12 Months)	9.74%	9.95%	9.70%	9.56%	9.51%	9.59%	9.48%	9.45%	9.52%	9.38%	9.38%	-	-	9.38%	%
Vacancy Rate	6.63%	10.87%	11.35%	11.27%	11.13%	10.86%	10.37%	9.37%	10.23%	10.37%	10.42%	-	-	10.42%	%

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

TITLE:	Finance and Performance Committee Exception Report		
AUTHOR:	Tom Jackson Director of Finance	PRESENTER:	Tom Jackson Director of Finance
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF BOARD / COMMITTEE / GROUP:			
Decision	Approval	Discussion	Other
		Y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
RECOMMENDATIONS FOR THE 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:			
S05 Make the best use of what we have S06 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Summary report from the Finance and Performance Committee meeting held on 29 February 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 Financial Plan
	Other	N	Details:

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	28 February 2019	Jonathan Hodgkin	yes	no
			Yes	
Declarations of Interest Made				
None				
Assurances Received				
Finance and Efficiency				
<ul style="list-style-type: none">Assurance was sought regarding the deliverability of the agreed £8.8m deficit for 2018/19. There is a residual risk of £1.2m relating to CCG income that will need to be managed through to the year end. Divisions were reminded of the need to minimise all expenditure to deliver the financial target.The cash forecast position is becoming critical. The phasing and size of the 2019/20 CIP Programme will require the Trust to require external borrowing in the first quarter of 2019/20. The Committee recommended the continuation of the resourced Financial Improvement Programme through 2019/20 accompanied with a clear focus on the NHSI 'Grip and Control' checklist.				
Performance				
<ul style="list-style-type: none">The IPR was reviewed and noted				
Workforce				
<ul style="list-style-type: none">Medical and Nursing papers were received and noted.				
Estates and Procurement				
<ul style="list-style-type: none">PFI and procurement papers were received and noted				
Board Assurance Framework				
<ul style="list-style-type: none">The broader development of the BAF was discussed. Specifically, adjustments will be made to move 18/19 referenced items to 19/20 and the work undertaken to develop the MCP risks was acknowledged.				
Decisions Made / Items Approved				
<ul style="list-style-type: none">The Committee reviewed and approved the Sustainable Nurse Recruitment paperThe Committee supported the continued recruitment of AMU medics and sought more assurance of the recruitment limitations to the delivery of the costed model				
Actions to come back to Committee				
<ul style="list-style-type: none">Proposals for the Financial Improvement Programme 2019/20Four Eyes UpdateMonitoring of potential external cash requirementOutstanding concerns to AMU medics business case				
Performance Issues to be referred into Executive Performance Management Process				
<ul style="list-style-type: none">None				
Areas of Risk to be escalated onto the Corporate or Divisional Risk Register				
<ul style="list-style-type: none">None				
Items referred to the Board for decision or action				
<ul style="list-style-type: none">Continued understanding of the implications of 2019/20 planning				

Paper for submission to the Board on 7th March 2019

TITLE:	EU Exit Update		
AUTHOR:	Karen Kelly	PRESENTER	Karen Kelly, Chief Operating Officer
CLINICAL STRATEGIC AIMS			
	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>		
ACTION REQUIRED OF BOARD :			
Decision	Approval	Discussion	Other
		Y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE COMMITTEE:			
The Board is asked to note the latest information regarding preparations underway for a No Deal Exit from the EU.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and caring services SO3: Drive service improvements, innovation and transformation			
SUMMARY OF KEY ISSUES:			

At a Regional Event on 15th February 2019 attended by the Trust's SRO, information was shared with Trusts regarding National planning arrangements and local actions for Trusts to support readiness for a 'No Deal Exit' from the EU.

A significant amount of work has already been undertaken as demonstrated in the EU Exit Resilience Strategy document presented to Board in February. With effect from 27th February, the Trust will be holding weekly meetings to progress & monitor the actions required to ensure preparation for a No Deal Exit from the EU on 29th March 2019.

The main points are summarised below:

All direction, command and control will be done through the EPRR structure which has been enhanced nationally
Alternative transport routes into the UK from the EU have been procured
Daily information reporting to regional & national centres will be implemented
Enhanced on call arrangements to be put in place locally
Testing of continuity & EPRR plans locally
Regular communications with staff

Medicines

Significant amount of work already undertaken to ensure continuous supply of medicines.

Do not stockpile. Avoid issuing longer prescriptions. Reassure patients.

Business as usual shortages management applies.

A priority for NHS pharmacy leaders is to provide information and advice to patients and health professionals about plans for continuity of supply: a priority over the coming weeks.

Clinical trials, research and clinical networks

All clinical research including trials should continue as normal unless specific instructions from individual sponsor or formal communications are received

Trusts and others providers who are involved in clinical research including trials (e.g. primary care) should liaise with trial Sponsors to understand their arrangements for ensuring supply for clinical trials and investigations.

Medical Devices and Clinical Consumables (MDCC)

Government contingency planning means no organisation should stockpile additional MDs or CCs beyond business-as-usual stock levels.

Organisations should only plan for longer lead times from order placement to delivery for those MDCC products to be shipped via the Dedicated NHS Shipment Channel in the event of no-deal.

Review locally the ability to receive goods deliveries outside of 'normal' operational hours

Delivery of medical products to the UK are classed as a priority for delivery via the additional procured routes

Non-clinical consumables

High Risk providers to be identified and mitigation provided

NHS providers should 'walk the floor' to check whether they rely on any goods and services that have not been flagged - seek assurances from suppliers.

Guidance on food and laundry preparation will be issued in February to wider NHS. Review and plan according to the guidance.

Organisations are expected to undertake appropriate commercial preparation for EU Exit as part of business as usual resilience planning, and escalate serious risks to regional teams.

NHS Blood and Transplant

Do not stockpile products from NHSBT. NHSBT is aiming to supply as normal and is stockpiling medical devices and critical consumables with touch points in the EU to support a normal delivery.

Continue to behave as normal around NHSBT products and services, unless contacted by NHSBT to change.

Group O Negative blood is, as ever, a valuable resource and we thank hospital transfusion departments and users for their work in using this resource to its best effect. We ask that hospitals continue this good

Workforce

Publicise the EU Settlement Scheme to EU citizens staff (and encourage partner organisations in the wider health and care system).

Assess the number of staff who are EU nationals, monitor level regularly in order to escalate potential shortages to regional teams.

Develop local contingency plans to mitigate workforce shortages and feed these into Local Health Resilience Partnership and Local Resilience Fora.

Reciprocal Healthcare and overseas visitors

All providers and commissioners should note that, in a no-deal scenario, current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 29 March 2019 only.

Continue to support individuals who apply for NHS authorised treatment or maternity care in another member state (the S2 and cross-border healthcare processes).

NHS Digital

Review technology contracts in line with the DHSC questionnaire.

Assess potential constraints to business from data hosting arrangements.

Identify systems running close to capacity where there may be a need to bring forward hardware purchases.
Assess whether systems upgrades planned around EU Exit should be rescheduled.
Address possibility of technology staff shortages by broadening supply chain.
Test levels of resilience to combat against cyber threat.
Confirm business continuity with technology and digital suppliers where associated delivery and/or support services are with EU suppliers or workforce.

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

Paper for submission to the Board on 7th March 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			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		Y	
OVERALL ASSURANCE LEVEL:			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
RECOMMENDATIONS FOR THE BOARD:			
The Board 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:			
<p>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.</p> <p>The main topic of interest at this particular Committee was the review of the existing Workforce Strategy. The Committee therefore extended its membership on this occasion in order to accommodate broader feedback. The outcome was the basis for a revision of the Workforce Strategy taking consideration of the NHS Long Terms Plan, the new Trust Strategy as well as extensive feedback from the representatives at Committee.</p>			
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	26 th February 2019	Julian Atkins	Yes	No
			✓	
Declarations of Interest Made				
No declarations registered.				
Assurances Received				
Matters Arising				
<p>1. Bank Pilot – The following areas associated to the Bank Pilot were shared with the Committee by Dawn Woods, Head of HR and included:</p> <ul style="list-style-type: none">• Real time shift booking: using Allocate (Employee on line) as well as the Allocate app;• Rapid payment: to look at the facility to pay every 3 days;• Pension flexibility for part time staff: to offer a range of option in relation to opt out;• Interoperability with payroll and e-rostering: to improve the system and timescales. <p>The Committee requested that work associated with the pilot were managed, developed and implemented alongside colleagues within Corporate and Divisional Nursing. The Committee also requested that an update on the coordinated approach, that should include the tangible benefits associated to the pilot, to be presented at the Committee in June 2019.</p>				
<p>2. Workforce Performance - Dawn Woods, Head of HR provided an overview and analysis of workforce performance associated to January 2019. The main points of interest were the absence rate reduction to 4.27% and the continued positive outcomes 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 delays associated to management referrals for staff to attend Staff Health & Well-Being and the associated risk this may have on our absence rates. The Committee therefore asked for further updates on this particular matter as part of the Workforce Performance report at future Committee meetings. It was also acknowledged that this matter had also been escalated to the Trust Risk Register.</p>				
<p>3. Development of Workforce Strategy</p> <p>The Committee extended its membership on this occasion in order to accommodate broader feedback. The outcome was the basis for a revision of the Workforce Strategy taking into consideration of the NHS Long Terms Plan, the new Trust Strategy as well as extensive feedback from the representatives at Committee.</p> <p>The initial feedback supported some existing areas of Strategic Priorities associated to</p>				

workforce. This included Workforce Capacity and continued focus on the Development of the workforce.

In addition the feedback also indicated greater focus on Diversity and Inclusion as well as developing language in the Strategy to make it more supportive and demonstrating compassion while ensuring accountability frameworks.

Therefore, the Director of Workforce will collate the feedback in order to develop a revised Workforce Strategy that will be presented back to the Workforce Committee prior to a final version being provided to the Board.

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

1. Feedback regarding the outcomes of the Bank Pilot for the June 2019 Committee.
2. Focus on the performance of Management Referrals to Staff Health & Well Being and the impact this may be having on staff well-being.

Items referred to the Board for decision or action

The Committee on this occasion requires the Board to consider the final version of the Workforce Strategy with the prospect of this being provided in June 2019.



The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 6th March 2019

TITLE:	Speak Up (FTSU) Guardian Update		
AUTHOR:	Derek Eaves, FTSU Guardian, Philippa Brazier, FTSU Guardian	PRESENTER	Derek Eaves, FTSU Guardian, Philippa Brazier, FTSU Guardian
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
Y		Y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD:			
To agree that the actions being taken are appropriate and that consideration should be made in terms of increasing the resources available			
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:

This paper gives an update on:

- For the last quarter (Q3) and for Q4 up to date, numbers and types of recent concerns raised and an outline of outcomes and feedback from of these.
- Recent activities and developments which include:
 - Speak Up Champions
 - Training/Education Issues
 - FTSU Policy Update
 - Change in Non Executive
 - Attendance at Junior Doctors Hours Forum
 - Membership of Inclusion Group
 - Results of Gosport Panel Report
 - Inclusion in Quality Account 2018/19
- Updated action plan

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	Y/N	Details:

THE DUDLEY GROUP NHS FOUNDATION TRUST

Freedom to Speak Up (FTSU) Guardian March 2019 update

Numbers of concerns raised at the Trust

The table below indicates the numbers and types of concerns raised with the Guardians a) each full quarter in the last financial year with an annual total and b) in the first three quarters of this year and for Q4 up to the date stated. As previously noted, the National Guardian Office (NGO) has discussed the difficulties in categorising types of concerns being raised and those below are locally based. The majority of concerns being raised are regarding behaviour unrelated to patient care. We have divided the national category on this topic into two: a) perceived bullying and harassment and b) perceived unfair behaviour, the latter includes such concerns as unfair recruitment, unfair rotas and concerns about redeployment of staff. Both of these two types of concerns cover those regarding colleagues, line and senior managers.

2017/18	Number	Anonymously	Patient Safety	Behaviour: Bullying/ Harassment	Behaviour: Unfair/ Inappropriate	Other
Apr-Jun	2	0	0	2	0	0
Jul-Sep	14	3	4	8	2	0
Oct-Dec	17	0	3	8	6	0
Jan-Mar	11	2	2	4	5	0
2017/18	44	5	9	22	13	0
Apr- Jun	15	0	3	8	5	2
Jul - Sep	12	0	2	5	4	2
Oct - Dec	26	1	4	7	11	4
Jan- Feb 20th	10	0	1	5	3	1

The table below breaks down the types of staff who are raising the concerns and it can be seen that these come from a cross-section of staff.

2017/18	Number	Nursing	Midwife	Medical	AHP	Clinical Scientist	Administration/ Ancillary	Unknown
Apr-Jun	2	2	0	0	0	0	0	0
Jul-Sep	14	7	2	0	1	0	3	1
Oct-Dec	17	7	0	1	0	1	8^	0
Jan- Mar	11	5	2	2	0	0	2	0
2017/18	44	21	4	3	1	1	13	1
Apr- Jun	15	9	2	2	1	0	1	0
Jul - Sep	12	7	1	1	1	0	1	0
Oct - Dec	26	10	2	3	3	0	8	0
Jan - Feb 20th	10	6	1	0	0	0	3	0

^1 of these was a PFI staff member

Actions/Outcomes

The concerns being raised vary considerably in complexity and as a consequence the time and resources required to come to a conclusion do differ markedly. Some issues can be resolved quickly by the Guardian, sometimes with the assistance of the Chief Executive or in liaison with local management while others are handed over, with the agreement of the person raising the concern, to such departments as Human Resources and Complaints.

The following are some latest examples of actions/outcomes as a result of concerns raised on the following topics:

- Perceived unfair recruitment process escalated to Director. Full and open process for the permanent position will occur.
- Mediation meeting being arranged.
- Advice provided on possibility of redeployment
- Following perceived inappropriate behaviour, person reflected and issue resolved to the satisfaction of all parties.
- Meeting arranged and mutual agreement reached
- Utilised Human Resources for advice on incorrect sickness leave process and manager amended the staff record.

Feedback

It is not always possible to get feedback from those who raise concerns but three examples are below:

Thank you. Your help was much appreciated!! it's been dragging on for months and all it took was you to deal with the case for 2 days! Thanks again. (Feedback to a Guardian)

Thanks for that. We really trusted you to sort this out. It was really quick and has helped break down barriers (Feedback to a Champion)

It made all the difference as the ward has a much better atmosphere and working environment (Feedback to Champion/Guardian)

Numbers of concerns raised nationally and local Trusts.

With regards to the full Q3 (2018/19) figures there were 26 concerns raised at the Trust. The national picture showed:

- 3,600 cases were raised
- 957 of these cases included an element of patient safety / quality of care
- 1,466 included elements of bullying and harassment
- 179 related to incidents where the person speaking up may have suffered some form of detriment
- 407 anonymous cases were received
- 11 trusts did not receive any cases through their Freedom to Speak Up Guardian
- 221 out of 227 NHS trusts sent returns
- Highest Trust had 98 cases (Local Trusts: 28, 23, 34 and 2)

Speak Up Champions: There are now 15 FTSU and Patient Safety Champions (although one is shortly leaving the Trust). Their backgrounds range from nurses, AHPs to a medical secretary, anaesthetist and medical records staff. The Champion details have been placed on the screensavers in February.

Training/Education Issues

The Guardians have assessed their knowledge and skills against the NGO (National Guardian Office) Guardian Education and Training Guide (April 2018). With attendance at the national and regional meetings, where interaction with other guardians occurs, no further education needs are seen to be needed at present. The Guardians held a repeat Champion introductory session for those champions who could not attend the day with an outside speaker, although four are still outstanding because of work commitments. The champions are receiving further training for their patient safety element of their role. Six weekly meetings with the champions are now scheduled.

FTSU Policy Update

Following feedback from NHSI a number of changes have been made to the Trust policy. These changes were ratified by the policy group in January and the new policy is now in place.

Change in Non-Executive Lead

With the recent resignation of Doug Wulff, Julian Atkins has taken up the lead non-executive role for Speak Up. This has been publicised and the necessary changes have been made to the Hub. A meeting between the Guardians and Julian will take place shortly.

Raising the profile at meetings.

One of the Guardians attended the latest Junior Doctor Guardian for Safe Working Hours forum meeting and plan to attend future ones to promote and publicise the service. The other Guardian has attended Student Nurse and Graduate Induction Programmes.

Membership of Inclusion Group/Discussions with Engagement Lead

Both Guardians have become members of this newly formed group being organised by the Staff Engagement & Inclusion Lead. Its first meeting is scheduled for March. In addition, following a request from the Staff Engagement & Inclusion Lead discussions have commenced on how to improve and publicise the processes when staff perceive that bullying and harassment is occurring.

Results of Gosport Panel Report

In the last quarter, the Department of Health and Social Care (DHSC) published the Government's response to the report of the Gosport Independent Panel. The story of Gosport is a reminder of what can happen when workers are not free to speak up. It includes some important recommendations for the National Guardian's Office (NGO) and guardians. These are outlined in Appendix 2

Inclusion in Quality Account 2018/19

In the response to the Gosport Independent Panel Report (see above), the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust.

THE DUDLEY GROUP NHS FOUNDATION TRUST

Appendix 1

Freedom to Speak Up (FTSU) Action Plan 2018-19

Action	Source	By Whom	By When	Progress
Draft vision and strategy to be agreed and launched with assistance from Communications Team	SA	Board Guardians	July 18	Complete
Questions on FTSU are included in walkrounds. The results will be put into quarterly reports to Board.	SA/S	Guardians	July 18	Complete
Appoint Speak Up Champions to raise awareness of the Trust's commitment to speaking up	SA/S	Guardians	Sep 18	Complete
Undertake a LiA.	SA/S	Guardians	Mar 19	Awaiting first the development of the champions
Liaise closely with Equality and Staff Engagement Leads.	SA/S	Guardians	Jun onwards	Liaison with SE lead together with Security and Fraud leads on Speak month October. Guardian is a member of newly formed Inclusion Group.
Unconscious Bias Training planned.	SA/S	E & D Lead	Mar 19	This was being arranged by the previous inclusion lead but with a change in lead and with other ongoing developments this topic is to become part of new planned manager training.
A sample of cases is quality assured - To be commenced on a quarterly basis with previous Speak Up Guardian on a random number of cases	SA	Guardians	Oct 18	Commenced. One undertaken
Engage with planned Staff Forums.	SA/S	Guardians	Jun 18	Complete. Attending meetings of Surgical Forum.
Consider inviting National Guardian to the Trust	SA	Guardians	July 18	Complete
Positive outcomes from speaking up cases are promoted and as a result workers are more confident to speak up. Will give wider publicity to lessons learned	SA/S	Guardians	Jul 18	Complete. Placed on Hub page but need to consider how better to publicise
Working on strengthening the processes to facilitate wider learning from concerns raised with the Guardian.	SA	Medical Director/Chief Nurse	Mar 19	Learning is placed on Hub page and quarterly reports.
Locally organise and partake in the National Speak Up month in October	O	Guardians	Oct 18	Complete

Source: SA= Freedom to Speak Up self-review tool for NHS trusts and foundation trusts. May 2018. S = FTSU Strategy O= Other

Appendix 2

Summary of Government response to Gosport Independent Panel Report

- The Government will consider how best to strengthen protection for whistleblowers within the NHS in order to support patients, families and staff to raise concerns.
- The Government is committed to ensuring that where staff speak up their concerns are investigated; and to making it more transparent in the way individual NHS trusts manage these cases. The Government will legislate, subject to Parliamentary time, to make all NHS trusts in England publish annual reports on concerns of this type.
- The National Guardian will continue to champion those who speak up through the network of Freedom to Speak Up Guardians, and will publish an independent annual report to be laid before Parliament to showcase best practice, hold the Government and the system to account and advocate for change.
- The National Guardian has started to take a more active approach in looking at how organisations handle concerns raised by staff who speak up and will continue to implement its approach for staff in NHS trusts.
- The Government will place listening to and learning from feedback at the heart of care and improving care with a new strategy to be published this year.
- Guardians should ensure they record the cases they handle according to NGO guidance, always requesting feedback and providing the NGO with the information it requests in your quarterly data returns. *Completed.*
- Guardians should collect case studies, examples of best practice and stories that demonstrate how speaking up is making a difference. The NGO will provide guardians with guidance on how to do this, and share them with the NGO, in a systematic way before the end of 2018/19. *At present, outcomes/results in the quarterly Board report and placed on Hub.*
- Guardians should ensure they get the support they need from their organisation. They may wish to highlight the Government's response when attending your Board, as well as the recommendations we have made about the implementation of the Guardian role in our Freedom to Speak Up Guardian survey report. *The recommendations from the survey are listed in Appendix 3 and an assessment of the Trust's position against these will be provided in the next quarterly report.*

Appendix 3

National Freedom to Speak Up Guardian Survey 2018

Summary of recommendations

- We continue to recommend that appointments to the Freedom to Speak Up Guardian role are made in a fair and open way.
- We recommend that Freedom to Speak Up Guardians undertake 'refresher' training, provided by the National Guardian's Office or guardians trained by the National Office to provide this training, every 12 months.
- We recommend that all Freedom to Speak Up Guardians regularly assess their training and development needs using the National Guardian Office's Education and Training Guide and that their employers support them by providing the resources needed to enable them to continually develop their skills, knowledge and abilities.
- We recommend that regional Freedom to Speak Up Guardian networks seek local opportunities to enable all guardians to learn and improve, including sharing skills and knowledge amongst peers and seeking the support of local partners.
- We recommend that those in a speaking up role make an assessment of the possible conflicts that any other role that they have may bring. Following this assessment, appropriate action should be taken to mitigate against any conflict. In all cases, where the details of a particular case brought to someone in a Freedom to Speak Up role may indicate the potential for conflict, this should be made clear to the individual bringing the case and an alternative route for speaking up offered.
- We recommend that all organisations with a Freedom to Speak Up Guardian make a local assessment of any groups that face particular barriers to speaking up and take action to ensure that those barriers are tackled.
- Where a local Freedom to Speak Up network is established, action should be taken to ensure that it reflects the diversity of the workforce that it supports.
- We recommend that all organisations with a Freedom to Speak Up Guardian make a full and honest assessment of the time required by a guardian to carry out their role and meet the needs of workers. All guardians must have the ring-fenced time they need to satisfy these basic requirements.
- We recommend that all organisations review their mechanisms for seeking feedback on cases raised to Freedom to Speak Up Guardians, take action to ensure that these are compliant with NGO guidance, and ensure that sufficient time is allocated to ensure that this essential activity is undertaken.
- We recommended that all organisations with a Freedom to Speak Up Guardian assess arrangements for their guardian to have direct access to their CEO and Non-Executive Director with speaking up as part of their portfolio (or equivalent roles for organisations which do not have these posts as part of their board structure). In all cases Freedom to Speak Up Guardians should have direct access to these posts.
- We recommend that all organisations review their Freedom to Speak Up reporting mechanisms and take action to ensure that Freedom to Speak Up Guardians report to their board in person, and are allocated sufficient time to ensure that this is done.
- We recommend that guardians attend regional meetings regularly and work to ensure that their organisation is represented at every regional meeting by a guardian, or a representative of their local network. Senior leaders within their organisation should ensure that time and any necessary resource is made available to ensure that this can be achieved.