

Full Council of Governors Meeting

Thursday 7 June 2018, 5.45pm
Clinical Education Centre, Russells Hall Hospital, Dudley

Meeting in public session

No.	Time	Item	Enclosure	By
1.	5.45	<u>Welcome</u> (Public & Press) 1.1 Introductions 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements including welcoming of new governors		Jenni Ord, Chairman
2.	5.50 6.00	<u>Presentations:</u> 2.1 Digital Trust – update on rollout 2.2 Patient story		Mark Stanton, Chief Information Officer Siobhan Jordan, Chief Nurse
3.	6.10	<u>Previous meeting</u> 3.1 Minutes of the previous full Council of Governors meeting held on 8 March 2018 3.2 Matters arising there from 3.3 Action points	Enclosure 1	Jenni Ord, Chairman
4.	6.15	Chief Executive update	Enclosure 2	Diane Wake, Chief Executive
5.	6.25	<u>Effective</u> Workforce Report	Enclosure 3	Andrew McMenemy, Director of Human Resources
6.	6.30	<u>Strategy</u> 5.1 Strategy Committee update (meeting held 22 May '18)	Enclosure 4	Lydia Ellis, Committee Chair
7.	6.35 6.40 6.50 7.00 7.10	<u>Safe, caring and responsive</u> 6.1 Experience and Engagement Committee 18 April '18 6.2 Chief Nurse report including Quality Priorities update and Quality Care indicator process information 6.3 Patient Experience report Q4, 2017/18 including complaints and PALS 6.4 Aggregated Learning Report 6.5 Report on CQC inspection	Enclosure 5 Enclosure 6 Enclosure 7 Enclosure 8 Enclosure 9	Karen Phillips, Committee Chair Siobhan Jordan, Chief Nurse Jill Faulkner, Head of Patient Experience Glen Palethorpe, Director of Governance/ Board Secretary Diane Wake, Chief Executive
8.	7.15	<u>Effective</u> 7.1 Finance report Q4, 2017/18 and update on 2018/19 to date 7.2 MCP project update	Enclosure 10 Verbal	Tom Jackson, Director of Finance Tom Jackson, Director of Finance

	7.25	7.3 Performance report Q4	Enclosure 11	Karen Kelly, Chief Operating Officer
9.		<u>Well-Led</u>		
	7.35	8.1 Governor Development Group (24 April '18)	Enclosure 12	Fred Allen, Committee Chair
	7.40	8.2 Governance Committee 26 April '18	Enclosure 13	Dr Richard Gee, Chair of April meeting
	7.45	8.3 Board Secretary update - Annual Members Meeting 2018	Enclosure 14	Glen Palethorpe, Director of Governance/ Board Secretary
		8.4 FT Membership summary Q4, 2017/18	Enclosure 15	Helen Board, Patient and Governor Engagement Lead
10	7.55	Any Other Business (to be notified to the Chair)		Jenni Ord, Chairman
11	8.00	Close of meeting and forward dates 2018: Annual Members Meeting 19 July 2018 Full Council meetings 6 Sept, 6 December		Jenni Ord, Chairman

Minutes of the Full Council of Governors meeting
Thursday 9 March 2018, 5.45pm, Clinical Education Centre,
Russells Hall Hospital, Dudley

Present:

Name	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Cllr Adam Aston	Appointed Governor	Dudley MBC
Mr Arthur Brown	Public Elected Governor	Stourbridge
Mr Bill Dainty	Staff Elected Governor	Nursing & Midwifery
Mrs Lydia Ellis	Public Elected Governor	Stourbridge
Dr Richard Gee	Appointed Governor	Dudley CCG
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mrs Viv Kerry	Public Elected Governor	Halesowen
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professionals & Healthcare Scientists
Mrs Jenni Ord	Chair of Council	DGH NHS FT
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Mr Rex Parmley	Public Elected Governor	Halesowen
Ms Nicola Piggott	Public Elected Governor	Dudley North
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professionals & Healthcare Scientists
Mr Peter Siviter	Public Elected Governor	South Staffs & Wyre Forest
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mr Alan Walker	Appointed Governor	Partner Organisations
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

In Attendance:

Name	Status	Representing
Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Patient & Governor Engagement Lead	DG NHS FT
Dr Joanne Bowen	Palliative Care Consultant	DG NHS FT
Ms Jill Faulkner	Head of Patient Experience	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Ms Siobhan Jordan	Chief Nurse	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mr Glen Palethorpe	Director of Governance/Board Secretary	DG NHS FT

Apologies:

Name	Status	Representing
Mr Terry Brearley	Public Elected Governor	Brierley Hill
Dr Anthea Gregory	Appointed Governor	University of Wolverhampton
Ms Michelle Lawrence	Staff Elected Governor	Nursing & Midwifery
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Ms Diane Wake	Chief Executive Officer	DG NHS FT

COG 18/1.0 Welcome and introductions (Public & Press)

17.45

Mrs Ord opened the meeting and welcomed all to the meeting.

Mrs Ord welcomed the following governors to the meeting who had been returned at the conclusion of recent elections and appointments:

Mrs Ann Marsh – Staff, Allied health Professionals & Healthcare Scientists

Mrs Edith Rollinson – Staff, Allied Health Professionals & Healthcare Scientists

Mrs Margaret Park – Staff, Nursing & Midwifery

Mr Alan Walker – Staff, Partner Organisations who will continue into his second term of office from July.

COG 18/1.1 Introductions

Mrs Ord introduced Mrs Kelly who had recently been appointed as the Chief Operating Officer.

COG 18/1.2 Apologies

Apologies had been received and recorded as above.

COG 18/1.3 Declarations of Interest

The Council were reminded of the standing declaration in respect of Dr R Gee and his work for Dudley CCG as part of the MCP procurement project and noted that this did not conflict with any decisions required at the meeting.

There were no other Declarations of Interest received relating to any agenda item.

COG 18/1.4 Quoracy

The meeting was declared quorate.

COG 18/1.5 Announcements

There were no further announcements.

Mrs Ord advised that owing to some pre-arranged commitments, the agenda items would be taken in a different order to that published on the agenda.

COG 18/2.0 Presentations

COG 18/2.1 End of Life care update

17.55

Dr Bowen provided an update on the work streams developed to transform end of life care in Dudley working in partnership with local stakeholders including Mary Stevens Hospice, Macmillan Specialist Care and Dudley CCG. The work streams and ambitions have been developed to support the vision for Dudley whereby all people with palliative care and end of life care (EOLC) needs, irrespective of their diagnosis, together with those closest to them, are able to express their needs and wishes: and that as far as clinically appropriate and practically possible, these needs and wishes are met. Dr Bowen advised that the launch of the End of Life Strategy would take place on 1 May 2018 to which all governors would be welcome to attend.

Mrs Ord thanked Dr Bowen for the update and acknowledged that the work would never stop and invited questions.

Mr Parmley asked what the percentage was of people wanting to die at home adding that he'd had personal experience of a patient's wishes of the impact of these not going to plan.

Dr Bowen advised that based on national research 75% of people would choose to die at home but noted that the survey had asked 'well' people and this can change at end of life.

Ms Jordan added that this was recognised in the Trust and the Trust does make all efforts to bring the necessary resources together to provide the right outcome for the patient and family and gave some examples of where this had been achieved, including the extraordinary efforts staff will go to to make the last days a positive experience for the patient and their family. Ms Jordan added that the systems and processes were not applied consistently across the health and social care system and the Trust, with its partners, were working to create a system where this can happen.

COG 18/3.0 Previous Meeting (Enclosure 1)

COG 18/3.1 Minutes of the previous full Council of Governors (Enclosure 1)

The minutes of the previous meeting held on 7 September 2017 were approved as a correct record of that meeting and signed by the chairman as such subject to one minor amendment that being Mr Siviter asked that the date of the mayors opening of the secret garden to be changed to record it took place in '2017' not in '2018'.

COG 18/3.2 Matters arising

There were none.

COG 18/3.3 Action points

17/24 – start time of the Full Council of Governors meeting to be changed to 5.45pm. This was **complete** and would be removed from the list.

COG 18/4.0 Workforce Report (Enclosure 9)

18.15 Mr McMenemy presented the workforce report given as enclosure nine and highlighted the following items:

Sickness absence. This had seen an increase in recorded absence to 5.7% and this change and the actions being taken had been challenged at the Workforce Committee with resultant changes to the Sickness Absence Policy and introduced absence training for managers to support increased attendance. The Trust had improved the physio and psychological support for staff and acknowledged that it was an operationally stressful time and that had a negative impact on absence rates.

Mandatory training and appraisals. The overall performance in this area had decreased slightly and the Board had noted that the levels had remained good even under challenging times.

Staff in post. The numbers of staff employed continued to rise and recruitment events had been successful with 17 qualified nurses appointed across the last two events. Mr McMenemy noted that there was a need to manage staff turnover better and maintain a positive perception of the Trust in the marketplace ensuring that Dudley is recognised as a good place to work.

Staff survey results. These had been published the previous day and available on-line. The highlights would be shared with governors in the report to the next meeting. A Staff Development Programme will be launched in April and should provide more positive reactions to the national survey when it takes place in late 2018

Mr Siviter asked for more information about the long term staff absence.

Mr McMenemy agreed to share this with the Council in more detail in the next report including a breakdown by area and to show the differential between long and short term absence.

Action Report to the next meeting to include additional long term absence information **AM**

Cllr Aston queried if the unions had been involved with the amendments made to the absence policy.

Mr McMenemy confirmed that they had and the main change was the movement of the trigger for assessment period from 6 months to 12 months and the unions had been supportive of that change.

Mrs Ord confirmed that the flu vaccine target had been achieved with over 75% of Trust staff vaccinated but the Trust had still seen winter ailments affecting some staff.

Dr Gee commented that unfortunately the flu vaccine used in the last few years had proven less effective and noted plans to improve the vaccine for the coming winter.

Mr Parmley asked if offering more training was contributory to retaining staff.

Mr McMenemy commented that the staff survey would indicate this and that staff development and training had been incorporated as part of the workforce strategy. He acknowledged there was still more to do and gave an example of nursing staff who are keen to see clear opportunities and milestones to work towards for their own career development and for the Trust as a whole to create an environment where staff could flourish.

[Mr McMenemy left the meeting at this point]

COG 18/5.0 Effective

COG 18/5.2 Performance report Q3 (Enclosure 8)

18.25 Mrs Kelly presented the report given as enclosure eight and highlighted the following:

Referral to Treatment. The Trust continued to perform well as an organisation for most specialities.

Cancer treatment pathway. The Trust continues to perform well with additional support being provided to validate the pathways and track patients to their successful treatment.

Diagnostics. There had been some improvement following the additional management support which has now seen the Trust achieving the required performance standard.

Emergency access standard. The Trust had a 90% trajectory for March and was presently at 78.9% which was some way off its stated trajectory. The year-end target of 95% would not be achieved and the Trust has informed the regulators of this performance non-compliance. This poor performance had been attributed to the high number of patients (up to 140 per day at present) that have continued to arrive by ambulance with their arrival pattern in peaks. On some occasions up to 12 patients have arrived by ambulance at one time and there was a recent example of 16 patients arriving within a 30 minute period on 7 March. Mrs Kelly confirmed that there was on-going work with clinical teams and senior management to make sure that patients are triaged and streamed as soon as possible. Mrs Kelly acknowledged the hard work of staff. This had been phenomenal during the last spell of bad weather. There was continuing extreme pressure with no reduction in demand. The priority remained to ensure that patients are safe and cared for in the most appropriate setting and the Trust would continue to work with the wider health economy to achieve this.

Mrs Ord acknowledged that the whole of Black Country region was under the same pressure and noted that only two trusts in the country were achieving the 4 hour standard. She noted the outstanding efforts made by the senior executive team to ensure that patients are not kept waiting for a bed any longer than absolutely necessary all against a back drop of constrained financial resources.

Mr Dainty supported the chairs comments and the positive impact on staff to see executive board members working with staff to pull together.

Mr Parmley asked how the new A&E building is performing.

Mrs Kelly noted that the ambulance triage area had been under scrutiny for the first two weeks and had now been moved back to the former entrance where patients can be held in more comfort. The vacated area has been utilised as a minor's area which had increased to 12 cubicles. The relocated ambulance triage area was shown to be working effectively and processing patients more quickly. The Trust continued to work with the ambulance service to support the situation when there is an influx of patients.

Mrs Ord noted that even with design changes to the new centre along the way it still meant that when it was opened that changes to patient flow were to cope with the surges in demand. She noted that the waiting area was working well and supported the decision to relocate the ambulance triage and minors area.

[Mrs Kelly left the meeting at this point]

COG 18/6.0
18.38

Finance report Q3 (Enclosure 8)

Mr Jackson presented the report given as enclosure eight and highlighted the following key items:

Mr Jackson explained that the Trust had planned to deliver a small surplus of £2.5m this year (control total) and if achieved then would have accessed the full Sustainability Transformation Fund (STF). The plan had assumed actual income growth of 3% and expenditure growth of 2%. The actual growth had been 1-2% and had decreased owing to winter and national guidance on focusing on emergency activity. Expenditure had worsened by around 4% which had largely been attributed to spend on extra staffing to cope with demand and that the cost improvement programme has not realised the full £12m that had been forecast.

Mr Jackson confirmed that in the New Year the target had been revised with NHSI to a deficit of £8.6m on turnover of £340m. Whilst this was a similar situation to other providers this was not an acceptable outcome for the Trust. The next financial year would see an even greater challenge with an overall cost improvement target of some £20m. He concluded by confirming that the Trust was developing a financial improvement programme to meet the challenge.

Mr Siviter asked if the Trust earned more on the elective or the emergency tariff.

Mr Jackson confirmed that tariff earned would be applicable to each episode of care and noted it was generally considered that planned elective care would make more of a contribution than emergency care.

Cllr Aston commented that it seems a perverse system that drove the Trust to make lots of cuts to earn STF money.

Mrs Ord noted that STF payments were often linked to some performance standards and acknowledged that it seemed perverse in some ways but it was the prevailing system in which we operated.

Mr Parmley commented that one of his relatives worked as an accountant in a staffing agency and asked if we were able to influence the rates paid for agency staff.

Mr Jackson replied that agency staff had a place within system demands but the challenge was to identify areas where using agency becomes the norm and take steps to ensure that agency spend was contained.

Mrs Ord confirmed that the Trust was fully signed up to the central government initiative where an agreed framework identified prices at an acceptable level. We are obliged to use these framework contracts and avoid 'not on framework' agencies. Mrs Ord noted that there were some occasions where capacity has meant that the Trust had to go off framework to source necessary staff.

Mrs Ord thanked Mr Jackson for the report and asked Governors to note the financial and budgetary challenges faced by the Trust. The Trust continues to carefully monitor the best use of public funds to provide services for the benefit of our patients.

COG 18/7.0
18.51

Staff Story – nursing strategy

Ms Jordan presented a video that featured members of staff from across a wide range of areas of the Trust providing examples of what the six c's of the nursing strategy meant to them. The video had been used to promote the launch of the

nursing strategy and had been summarised in a short document that had been made available to governors that evening.

Mrs Ord thanked Ms Jordan for sharing the video and invited questions.

Mrs Kerry asked if it would be possible to distribute the summary strategy document to members of a patient panel she was due to visit in the near future.

Ms Jordan replied that the document was intended for internal Trust use to promote the nursing strategy to staff and was not really for an external patient audience.

COG 18/8.0 Chief Nurse update including Quarterly Quality Priorities update (Enclosure 3)

Ms Jordan presented her report given as enclosure 3 and highlighted the following items:

Quality Priorities Ms Jordan emphasised the importance of retaining the existing priorities and summarised each of the five in place for 2017/18 and noted that they had been retained for 2018/19 to maintain a focus on where the Trust still needed to improve.

Ms Jordan reported a recent development whereby community now use photography to record and grade pressure ulcers and noted the change in the reporting culture this has brought about. She noted that we retain responsibility to learn from unavoidable pressure ulcers regardless of their grade in order to better understand and learn to prevent them becoming avoidable incidents. She highlighted the on-going efforts to eliminate grade 4 pressure ulcers and greatly reduce grade 3 across the Trust and Community.

Ms Jordan advised that in addition to the five quality priorities carried forward from 2017/18, there would be two further quality priorities for 2018/19 which would also include:

Discharge management – to focus on planning for discharge at the very earliest opportunity i.e. before admission in the case of elective patients and noted that the new IT system would also support this and will continue to work closely with operational teams.

Incident Reporting – to support an increase in incident reporting to further support the learning culture of the organisation.

Ms Jordan asked those present to note the progress made and confirmed that all quality noticeboards across the wards had now been installed.

Mrs Ord asked governors to endorse the increase of the number of Quality Priorities from five to seven as described;

All present **agreed** without abstention.

Ms Jordan proposed that the Local Indicator to select for audit would be falls reporting.

Mrs Ord asked those present, if content, to agree to the selection of falls reporting for audit. All present **agreed** without abstention.

Ms Jordan advised that **Nursing Care Indicators** had been reviewed and would be known as Quality Care indicators to better reflect a view on the quality of care and not just nursing care. She noted the deterioration in the February scores and explained the variety of reasons for this. She asked governors to be assured that she met personally with those areas continuing to underperform to understand why and assist them to improve.

Mrs Ellis asked why there was a difference in patient experience between maternity outpatients and maternity inpatients.

Ms Jordan replied that after the initial review there had been difference in the way they are audited and had since met with the matron and agreed to audit weekly as the previous process was conducted on notes that were written several months previously and thus the knowledge of those patients was lost.

Mr Dainty noted a couple of areas that had shown low performance and queried whether it was attributable to the tool used being fit for purpose for the patient population or if it was something else.

Ms Jordan acknowledged that more recent capacity challenges had impacted on the results and acknowledged audit questions would need to be amended to reflect the areas being reviewed.

Dr Gee asked for more detail about the indicators to provide governors a better understanding of the process.

Mrs Ord requested that Ms Jordan bring further detail to the next meeting as a report.

Action: Quality Care Indicator descriptions to be brought to the next meeting of the Full Council. **Ms Jordan**

Mr Siviter asked about the serious incident reported relating to theatres that he had heard about.

Ms Jordan replied this had been an incident which according to the national incident framework is classified as a never event. This incident related to an instrument that had been left in the patient. This issue was identified when the patient presented a few months after the initial operation and before his next scheduled procedure. The Trust had applied the “duty of candour” and discussed the issues with the patient and that he required further surgery. This had been undertaken and the patient was well following the planned surgery. The patient was happy with care received although they were upset that their case had been taken to the media as he did not want any adverse reflections to be made on Trust staff. The investigation had led to a small number of changes to practice that were being applied to all Theatres and these improvements had been communicated to staff.

Mrs Ord reminded the Governors that the information they receive includes confidential matters and this case showed how patients can feel when information about them finds its way into the public domain.

Mrs Ord thanked Ms Jordan for the update and asked Governors to note the contents of the report.

[Ms Jordan left the meeting at this point]

COG 18/9.0
19.28

Update from Chief Executive (Enclosure 2)

Mr Palethorpe presented the report given as enclosure two and asked those present to note its contents and highlighted the following points:

Flu update To note that the Trust had exceeded the target of 70% with an uptake of just over 75% of staff taking the opportunity to protect themselves, their families and their patients with the vaccination.

Black Country pathology To note the progress being made and the next steps to be taken with regard to this project.

Mrs Ellis commented that it seemed odd to see all the news reports in the Chief Executive report.

Mrs Ord confirmed that they are shared with Board and Governors to give national and regional context and enable the Trust to be viewed in comparison.

Mrs Ord thanked Mr Palethorpe for the update and asked those present to note the contents of the report and noted that she would be happy to receive any questions arising via email after the meeting.

COG 18/10.0
19.32

Strategy

COG 18/10.1

Strategy Committee update (workshop 20 February (verbal))

Mr Palethorpe confirmed that Mrs Ellis had been appointed as chair of the Strategy Committee at the last meeting held in February 2018.

Mrs Ellis provided a verbal update on the workshop held on 20 February and highlighted the following:

- Those present had received an update on the MCP and the plans to create a separate Foundation Trust once consultation activities are complete.
- Mrs Ellis added that the second part of the workshop had drawn on the annual planning discussions held at the previous November strategy workshop. This had evidenced that governors had been listened to and their comments taken into account ahead of sign off. Once launched a condensed report would be circulated to governors.

Dr Gee had acknowledged that GPs in the area were able to refer minors to the Paediatric Assessment Unit (PAU).

Mrs Ellis noted that the next workshop would be a back to basics session to enable newer governors a chance to understand more about the strategies of the Trust.

Mrs Ord thanked Mrs Ellis and noted that governor attendance had been poor at the Strategy workshops and highlighted the importance of governor involvement in developing Trust strategy and encouraged all governors to make every effort to attend.

Mr Palethorpe noted that the workshop meeting scheduled for August had traditionally been poorly attended and advised that governors would be consulted as to whether it would be better to hold it in the first week in September.

Mrs Ord thanked Mrs Ellis for her report.

Action Governors to be contacted to confirm their availability to attend August 2018 Strategy Workshop **HB**

COG 18/11.0 Safe, Caring and Responsive

19.38

COG 18/11.1 Experience and Engagement Committee (verbal)

Mr Allen had not attended the meeting held on 17 January 2018 and invited Mrs Kerry to provide an update.

Mrs Kerry reported that the committee had received an update from Mrs Price following her recent attendance at the Drugs and Therapeutics Group where assurance had been received relating to audits and monitoring.

Mr Palethorpe confirmed that the meeting had also included an update from Governors who had attended the Patient Experience Group and received assurances that feedback was used effectively to drive patient experience improvement.

Mrs Ord confirmed that the general audits undertaken are reported to the Audit Committee who monitor and sign off. The Clinical Quality, Safety and Patient Experience Committee will be receiving the clinical audit.

Mr Palethorpe confirmed that the detail of the Audit Committee activity is reported to the Councils Governance Committee that meet on a bi monthly basis.

COG 18/11.2 Patient Experience Report Q3 (Enclosure 4)

Ms Faulkner presented the report given as enclosure four and highlighted the following:

Complaints There had been a slight decrease in the number of complaints with 101 received in Q3 compared to 115 in Q2. At end of end Q3 there were 166 open complaints. Complaint numbers remained low representing 0.036% when compared to overall patient activity and gave a breakdown of complaint activity by division. She confirmed that meetings had been held with wards and departments where an increase in complaints was observed and the Trust continued to hold local resolution meetings with patients/ families and she also gave information relating to response times to complaints received.

Compliments the Trust received 1966 in Q3 compared to 1200 in Q2.

PALS concerns had increased by 3% when compared to the previous quarter.

Patient Experience Improvement Group continued to meet fortnightly and monitor actions plans to deliver patient experience improvements. At the last meeting, the Group had first sight of the results (under embargo until national publication later in the year) from the 2017 Adult Inpatient survey that showed some areas of improvement when compared to the previous year and confirmed that an action plan for improvement was being developed..

Complaint Review Group The meeting had been reinstated and was being held quarterly.

Friends and Family Test (FFT) Whilst the percentage recommended had been achieved in most areas the response rate remained a challenge.

Mrs Ord noted that patient experience features highly in overall quality metrics and feedback contributed greatly to the improvement cycle. She noted the continuance of listening events that were held on a regular basis and the value of this feedback method. Mrs Ord asked all present to note the report and assurance that actions listed as 'you said, we did' projects demonstrated that the Trust was listening and learning and improvement actions undertaken as required.

Ms Piggott asked why one complaint had been hosted by the Royal Wolverhampton Trust and if the rise in the number of complaints was attributable to the more widespread use of social media.

[Mr Dainty left the meeting at this point]

Ms Faulkner replied that where a complaint involved external parties it was usual for one party to host (take charge) of the response and noted that the increase had been attributable to a revised process rather than the use of social media.

[Ms Faulkner left the meeting at this point]

COG 18/11.3
19.52

Aggregated Learning Report (Enclosure 5)

Mr Palethorpe presented the report given as enclosure 5 that provided an overview and assurance of the learning from claims, incidents, complaints, PALS, National Patient Safety Alerts (NPSA) and also included examples of changes and improvements made in Trust practice.

Mr Palethorpe commented that reporting had been selected for inclusion as a new quality priority to support the culture of learning.

Mr Palethorpe asked those present to note the example in the report where more equipment had been purchased following coroners remarks regarding treatment of pressure ulcers and the need to ensure that more resources are available. He added that there was also learning from audits that included clinical audits and the care of the dying audit. He highlighted action taken following a recent National alert about handling oxygen which had led to assurance being sought to ensure that our processes are robust.

Mr Palethorpe concluded by confirming that all information is shared widely across the Trust and with the commissioners.

Mrs Ord thanked Mr Palethorpe for his report and asked governors be assured that learning from feedback is shared amongst many channels to improve the way services are delivered.

COG 18/11.4 **Report on Care Quality Commission (CQC) inspection (Enclosure 6)**
19.56

Mr Palethorpe presented the report given as enclosure six and confirmed the Trust was awaiting the formal report. He noted that CQC had raised some concerns at the time of the inspections and the Trust had been served with two section 31 notices which he stressed had requested immediate actions to improve. The CQC had also required enhanced reporting assurance provided by weekly reporting. The Trust had also placed specific risks on the Corporate Register to track improvements. The Trust has actively developed a service improvement plan for the areas inspected. Mr Palethorpe confirmed that all items would be reported via the Clinical Quality Safety and Patient Experience Committee of Board and had also established centralised reporting with those organisations with oversight which included a regular monthly meeting with NHS Improvement (NHSI) and the CQC.

Mr Walker asked when the formal report was due.

Mr Palethorpe confirmed it had been expected by the end of February noting that the publication date had been revised several times. He added that it was unlikely to be a significant deviation from the initial feedback provided but could contain other aspects that are not known to the Trust as yet.

Mrs Ord asked those present to note the position on CQC inspection and that updates would be provided at future meetings as and when information became available.

COG 18/12.0 **Well-led**

COG 18/12.1 **Governance Committee (Enclosure 10)**
20.05

Mr Allen gave a verbal update from the meeting he had chaired in December 2018. Those present at the meeting had queried under performance and high ED activity and discussed items on the Trusts Risk Register and the progress on the Board Assurance Framework. The Committee had received a report on the process that is followed when a patient safety alert is received by the Trust and were provided with robust assurance on the process.

Ms Piggott presented her report of the meeting held on 22 February given as enclosure 10 and noted that the Committee had received a comprehensive report from the HR department with inspired ideas on retaining and recruiting the workforce and the training of bank staff. Other items covered had included RSM internal audit activity. She thanked everybody for their open dialogue and questions put to the Trust Executive attendees.

Mrs Ord noted that the committee received a depth of detail and the assurance linked to the Trust risk registers and integrated performance report which had been presented earlier to the Council by Mrs Kelly. This Committee of the Governors has a significant role to play in ensuring the Board are delivering what is required of them in respect of the stewardship of the Trust.

Mr Palethorpe added that the Committee was able to draw assurance from the review of audit outcomes presented to the Audit Committee whose chair reported to the Committee.

Mrs Ord thanked Ms Piggott for the update and asked those present to note the contents of the report.

COG 18/8.2
20.07

Board Secretary Update (Enclosure 11)

Mr Palethorpe asked those present to receive the report and note the updates relating to the following items:

Annual Members Meeting this would be held on 19 July where governors will receive the annual accounts and the auditor's report upon them. A showcase event would be held later in the year with a date to be advised and would serve to celebrate the NHS 70 in Dudley.

Governor elections those returned on the conclusion of the elections in early March had been welcomed earlier in the meeting. Mr Palethorpe added that the process had included the re-election of Alan Walker who would commence his new term in July 2018.

Non-executive Director (NED) recruitment. Mr Palethorpe thanked Governors for their involvement in the stakeholder panel which contributed to the shortlisting of those taken through to interview.

Mr Allen confirmed that four out of five shortlisted who had presented to the stakeholder panel were recommended for interview. The following meeting of the Governors Appointment & Remuneration Committee had agreed to submit the following recommendation to the Full Council for agreement as follows:

Richard Welford to be appointed as a voting member of the Board.

Jonathon Hodgkin to be appointed as a Non-voting member of the Board until the retirement of either Jonathan Fellows or Ann Becke in October 2018.

Mr Allen added that a third strong candidate had been asked to stand again in the next recruitment round where she would go straight to the shortlist subject to her availability.

Mrs Ord confirmed that she had since spoken to the person in question who had confirmed that she would be keen to be shortlisted in the next round.

Mrs Ord proceeded to ask those present if they were to content to accept the recommendation of the Appointments and Remuneration Committee as described above.

All present **agreed** to the appointment as per the recommendation.

Mrs Ord noted that the new NEDs would be present at the April Board of Directors meeting.

COG 18/8.3
20.12

FT Membership summary Q3 (Enclosure 12)

Mrs Board presented the report given as enclosure 12 and asked those present to note the continuing compliance with membership requirements as required by the Trust Terms of Authorisation.

Mrs Ord noted that the membership levels were currently a small number of the overall population served by the Trust and remained restricted given current capacity and resources available at the Trusts Foundation Trust office. She noted that each constituency continued to support governor elections.

COG 17/34

Any other business

Mrs Ord advised that no items had been notified prior to the meeting.

COG 17/35

Close of meeting and forward dates

The meeting closed at 8.14pm. The next meeting of the Full Council of Governors would be held on 7 June and commence at 17.45

Mrs Jenni Ord, Chair of meeting

Signed..... Dated

Outstanding	Item to be addressed
To be updated	Item to be updated
Complete	Item complete

Council of Governors meeting held December 2017

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
17/19.1	Digital Trust Project	Digital Trust project update to be brought to the council at a later date to be agreed	Mark Stanton	June 18	
18/10.1	Strategy Workshop and committee meeting – August 2018	Governors to be contacted to confirm their availability to attend August 2018 Strategy Workshop	Helen Board	April 2018	

Paper for submission to the Council of Governors 7 June 2018

TITLE:	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>			
CORPORATE OBJECTIVE: SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES: <ul style="list-style-type: none"> • Visits and Events • Healthcare Heroes • Charity Update • Celebrate the 70th anniversary of the NHS with a Big 7Tea party • National NHS News • Regional NHS News 			
IMPLICATIONS OF PAPER:			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	N	Details:
	Other	N	Details:
ACTION REQUIRED OF COUNCIL:			
Decision	Approval	Discussion	Other
		Y	Y
RECOMMENDATIONS FOR THE COUNCIL: The Council is asked to note and comment on the contents of the report.			

Chief Executive's Report – Council of Governors June 2018

This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and a highlight a number of items of interest.

Items below are not reported in any order of priority.

Visits and Events

1 st May	Dudley End of Life and Palliative Care Strategy Launch
3 rd May	Board of Directors
	Dudley System Oversight and Assurance Group
	Council of Governors
4 th May	Black Country Chief Executive's/Medical Directors Meeting
9 th May	Transition Board
10 th May	CQC Never Event Advisory Group
11 th May	West Midlands Provider Chief Executive's Meeting
15 th May	CHKS Awards
16 th May	NHSI Lean Event
18 th May	Meeting with MPs
	Team Brief
21 st May	Black Country STP Health Partnership Board
25 th May	Black Country ICS Meetings
30 th May	Dudley Partnership Board
	Black Country Pathology Oversight Group
31 st May	Dudley System Oversight and Assurance Group
	Trust/Summit Board to Board Meeting
	Healthcare Heroes Award Presentation
1 st June	Healthcare Heroes Award Presentation
	Black Country Chief Executive's/Medical Directors Meeting
4 th June	NHSI Quality Visit
6 th June	Volunteering for Volunteers Week

Healthcare Heroes

Presenting the monthly Healthcare Heroes Award is one of the highlights of my job. It's always so lovely to see the look of surprise on the faces of the recipients! The individual award this month went to Hashem Elhossamy, specialty doctor for obstetrics. He stood out from the crowd for always going the extra mile to ensure patients' care is individualised and for always involving women in decision making.

The team award was picked up by the clinical guidelines group which meets every month to support directorates develop their guidelines. So far they have developed 21 new guidelines for the Trust, and have also consulted on more than 50 guidelines. They also collaborate with junior and senior doctors on guideline projects. Both recipients this month are very worthy winners.

Charity Update



Sunday 10th June is our Neon 5k Colour Dash at Himley Hall in Dudley. So far more than 250 members of staff have signed up to take part. Not only will they be running the gauntlet of rainbows, but also raising money for our neonatal unit. To date the event has raised almost £7,000. It is a worthy cause and a fun day out for all the family.

Celebrate the 70th anniversary of the NHS with a Big 7Tea party

This year marks the 70th anniversary of the NHS and we're doing our bit to mark the occasion by joining in the Charity Big 7Tea Party. Although Thursday 5th July is the actual 70th birthday of the NHS, we are asking staff to hold their Big 7Tea on a date that works best for them.

National NHS News

Hundreds of deaths linked to NHS breast cancer screening glitch

Up to 270 people may have died as a result of a computer failure that meant hundreds of thousands of women approaching their 70th birthday were not invited to an NHS breast screening appointment. Jeremy Hunt, health secretary, told MPs that the problem, the result of an algorithm malfunction, dated back almost ten years to 2009. "As a result between 2009 and the start of 2018 an estimated 450,000 women aged between 68 and 71 were not invited to their final breast screening," he said. It was unclear whether any delay in diagnosis had resulted in "avoidable harm or death," Mr Hunt said, but he had commissioned an independent review "to establish the clinical impact". ***Financial Times (02.05.18)***

Theresa May 'refused' plea for more Indian NHS doctors

PRIME Minister Theresa May was fighting for her political life last night after it emerged that she had turned down a plea from Cabinet colleagues to allow doctors from India to shore up the NHS. The Evening Standard – which is edited by former chancellor George Osborne – revealed that three ministers asked May to lift her cap on so-called Tier 2 visas to allow in up to 100 doctors from India. Downing Street point blank refused. The National can reveal that May's veto has affected Scotland's NHS, too. Health Secretary Shona Robison said: "The Home Office cap on Tier 2 visas is having a profound effect on our ability to recruit and retain clinicians. A number of health boards have signalled that applications have been refused since December 2017, resulting in unacceptable delays in filling posts.

The National (02.05.18)

Thousands of calls made to breast screen error helpline

More than 8,000 calls have been made to a helpline since it was revealed that 450,000 women were not invited to routine breast cancer screening due to a computer error. Public Health England says it was not aware of a national problem with the screening programme until January. But the BBC understands that two NHS trusts in England raised concerns about IT issues as early as March 2017. The national screening error, which dates back to 2009, meant women aged 68 to 71 were not sent letters inviting them to their final screening appointment. Health Secretary Jeremy Hunt said that up to 270 lives may have been cut short because of the mistake. **BBC News (03.05.18)**

CANCER COMPO Breast cancer screening shambles could cost NHS £100million in compensation pay-outs for tens of thousands of women

THE NHS could face a £100m compo bill after a breast cancer screening glitch was revealed. Speaking to the Sun Online, Robert Rose, head of clinical negligence at Lime Solicitors, said the claims of the families of women whose lives were lost due to the debacle could quickly rack up to \$5.4m. But he said that claims of women who have had to undergo more invasive treatment after not receiving the checkup invitation could see the compensation claims against the NHS to rocket to £100m. The revelations have caused a huge outpouring of fear across the UK, [with 8,000 terrified women calling a helpline yesterday over the breast cancer screening scandal.](#) **The Sun (04.05.18)**

Poor NHS care contributed to deaths of 13 people with learning disabilities

Detailed studies of 103 deaths in 2016-17 by the NHS Learning Disabilities Mortality Review found that in 13 instances the person's health had been adversely affected by treatment delays, poor care, neglect or abuse. The review was set up in 2015 in response to concern over repeated failings in the care of learning disabled patients, including the [death of 18-year-old Connor Sparrowhawk](#), who drowned in a bath while in the care of an NHS unit in 2014. The review found that, overall, the life expectancy of people with a learning disability lagged far behind a person in the general population – 23 years for men and 29 years for women.

The Guardian (04.05.18)

Trust will not miss out on national funding despite failing to hit financial targets

Oxford University Hospitals (OUH) NHS Foundation Trust will still be awarded around £5million in national funding, despite missing its financial targets. NHS Improvement had promised trusts across the country a share of the £1.8bn Sustainability and Transformation Fund (STF) if budget plans were met by the end of the financial year. OUH had initially been promised £20million through the STF if its 2017/18 financial plan was met, however, under the new formula the trust, which runs all of Oxfordshire's acute health services, will now receive just £5million.

Oxford Mail (10.05.18)

NHS spends almost £1.5bn on temporary nursing staff to plug gap

A Freedom of Information (Fol) request by the Open University for its report, 'Tackling the nursing shortage', revealed that many trusts have been forced to fill staffing shortages through expensive overtime or temporary arrangements, paying for an additional 79 million hours of registered nurses' time in the last 12 months. Of the 241 trusts that were contacted, 141 responded and they collectively spent a minimum of £1.46bn in the past year. If this data is extrapolated to cover all trusts, the cost could be as high as £2.4bn.

Temporary nursing staff are very expensive and the report argues that if this £1.46bn were to be reinvested, the NHS could secure the services of 66,000 newly qualified registered nurses - far above February's vacancy rate of 38,000. **National Health Executive (15.05.18)**

NHS cost-cutting Capita contract put 'patients at serious risk of harm', find auditors

Patients have been “put at serious risk of harm” by the failure of a £330m outsourcing exercise which NHS England contracted to the private firm Capita in a bid to cut costs, the National Audit Office has warned. Women were dropped from national cervical cancer screening programmes and medical records and supplies have gone undelivered because of NHS England’s “deeply unsatisfactory” contract, it said in a report. It follows two-and-a-half years of disruption for GPs, dentists, opticians, pharmacists and their patients as a result of NHS England’s ambition to cut its £90m-a-year bill for primary care back office services by a third. The NAO was particularly scathing of NHS England’s inability to check Capita’s “aggressive” programme of office closures and redundancies, even when it became clear “it was having a harmful impact on service delivery”. **The Independent (16.05.18)**

Court urged to block plan to ‘Americanise’ health service

“Radical” government plans to allow private companies to play an increased role in the National Health Service should be blocked, the High Court in London was told on Wednesday by campaigners who had been backed by the late Professor Stephen Hawking. Three doctors and an academic have brought a legal challenge against health secretary Jeremy Hunt and NHS England over proposals to let non-NHS bodies, including for-profit companies, run parts of the health service. The campaigners said in court documents that they were “deeply worried” about plans for non-NHS bodies — known as accountable care organisations— to take on some aspects of health and care provision. **Financial Times (23.05.18)**

NHS needs £2,000 in tax from every household to stay afloat, report concludes

[Taxes](#) will “almost certainly” have to rise over the coming years simply to prevent the [National Health Service](#) and social care system from slipping further into crisis, a major new report concludes.

The Institute for Fiscal Studies and the Health Foundation state that the NHS, which has been suffering the most severe fiscal squeeze since its foundation over the past eight years, now requires an urgent increase in government spending in order to cope with an influx of older and sicker patients. The two organisations say that state funding growth rate, which has been just 1.4 per cent a year since 2010, will have to more than double to between 3.3 per cent and 4 per cent over the next 15 years if government pledges, such as bringing down waiting times and increasing the provision of mental health services, are to stand any chance of being delivered.

The Independent (24.05.18)

National data opt-out programme comes into force

The national data opt-out replaces the previous ‘type 2’ opt-out. This allowed patients to tell NHS Digital they did not want their data shared for purposes other than their direct care.

NHS Digital has confirmed that any person with an existing type 2 opt-out will have it automatically converted to a national data opt-out from today and will shortly receive a letter giving them more information and a leaflet explaining the new system. Initially, the opt-out programme only covers data held by NHS Digital. But all other organisations that use health and care information are due to comply by March 2020. ***Digital Health (25.05.18)***

Urgent call for volunteers for NHS clinical trials to aid research

People are being urged to join clinical trials to help the NHS create better treatments after a new survey revealed there were “misconceptions” surrounding such research tests. Although 85% of people say they want to help the NHS find better ways to treat illness and disease only 14% of people have ever taken part in one. ***INews (25.05.18)***

NHS preparing to offer ‘game-changing’ cancer treatment

The [NHS](#) is preparing to fast-track a “game-changing” cancer treatment into hospitals, its chief executive has said, calling for the manufacturers to help by setting an affordable price. [Simon Stevens](#) said CAR-T therapy, which has been licensed in the US but not yet in the UK, could be approved for use this year. The treatments, which are hugely expensive, work by genetically engineering the patient’s immune system’s killer T-cells to recognise and destroy cancer cells. The cost in the US is \$475,000 (£340,000) per patient, which is far in excess of the normal NHS ceiling of £50,000 per year of good-quality life for an end-of-life drug. But Stevens says this is technology the NHS must embrace. Speaking to the Association of the British Pharmaceutical Industry, he appealed for fair prices. ***The Guardian (26.05.18)***

Gender pay gap for NHS doctors stands at £10,000

Health secretary Jeremy Hunt on Monday pledged to eradicate [the gender pay gap](#) in medicine after it emerged that male doctors working in the National Health Service are paid about £10,000 a year more on average than their female counterparts. The Department of Health and Social Care said the gender pay gap in medicine was big because the number of higher-remunerated male doctors was a much bigger proportion of the male NHS workforce than female doctors were of the female NHS workforce. Male doctors are currently paid £67,788 on average in basic remuneration each year, compared to the £57,569 that female doctors receive, a gap of more than £10,000. ***Financial Times (27.05.18)***

NHS to spend £150m on cyber security to bolster defences after WannaCry attack

The NHS is to spend £150m to bolster its defences against the “growing threat” of cyber attacks following the chaos caused by the WannaCry virus. Amid warnings that hackers linked to Russia and other countries have been targeting Britain’s critical national infrastructure, including power networks, a new security contract has been drawn up with Microsoft. The Department of Health and Social Care said the package would enhance security intelligence and give individual trusts the ability to detect threats, isolate infected machines and kill malicious processes before they are able to spread. ***The Independent (28.03.18)***

NHS England announces £10m cash boost to keep GPs

The fund, announced today part of an NHS England initiative to attract GPs to practices and recruit 2000 GPs into the workforce by 2020, will dedicate around £7m to regional-based schemes by promoting new ways of working and offering additional support through a new Local GP Retention Fund. The remaining £3m will be establish seven intensive support sites around the UK in areas failing to support and retain GPs. **National Health Executive (30.05.18)**

NHS hospitals ended the financial year almost £1bn in the red

Annual data released on Thursday by health service regulator NHS Improvement showed a “surge in demand” had affected the NHS’s performance in key areas, with waiting times slipping and larger-than-expected sums spent on temporary workers to fill staffing gaps. While two-thirds of providers — 156 of 234 NHS trusts — finished the year at or better than where they had planned to be financially, the higher patient numbers contributed to a deficit of £960m at the end of 2017-18 for the sector as a whole. This figure is £464m above the level anticipated by trusts at the start of the financial year, and £30m higher than had been expected as recently as the end of December. But NHS Improvement said this was “an £1.5bn improvement from 2015-16, when the sector’s deficit stood at £2.45bn”. **The Financial Times (30.05.18)**

Regional NHS News

Parents told to urgently vaccinate kids as measles cases soar

Mums and dads are being urged to vaccinate children as the region is hit by a spate of cases. The outbreak, which originally focused in Birmingham and Solihull, has now become a West Midlands wide community issue with over 100 cases. NHS England (West Midlands) and Public Health England (PHE) West Midlands are now urgently asking parents to arrange immunisation at their GP surgery. PHE has written to all West Midlands GPs asking them to be on the alert for the symptoms of measles and to take the opportunity to immunise children and adults who may not have received two doses of the MMR vaccine. **Coventry Live (30.04.18)**

Carillion: Midland Hospital could face further two-year delay

The £350m Midland Metropolitan Hospital being built by Carillion prior to its collapse could be delayed by another two years, the NHS trust’s chief executive has revealed. In board papers published ahead of a meeting on Thursday, Sandwell and West Birmingham NHS Trust chief executive Toby Lewis said some options being looked at would make a 2022 opening “more likely” than the 2020 date the trust had targeted. However, Mr Lewis said the trust continued to push for a faster restart in order to achieve a 2020 completion. He also warned the site was now “deteriorating”, which would result in significant remedial costs. Mr Lewis has previously been quoted as saying there would be additional costs of around £100m-£125m to finish the project. **Construction News (02.05.18)**

West Midland NHS trusts' fears over breast cancer tests ignored

Two hospital trusts in the West Midlands raised concerns about breast cancer screening invitations last year but were told it was a local issue, it has been claimed. However, as early as March 2017, two breast cancer screening centres in the West Midlands, as well as one in London, raised concerns that some women were not being invited for mammograms. It has not been disclosed, which hospitals the centres are at. Software provider Hitachi Consulting said at the time it was a local problem and the full scale of the issue was not realised until January, Public Health England (PHE) said. **Express & Star (05.05.18)**

The shocking number of pregnant women in the West Midlands who smoke

Analysis of figures released by NHS Digital shows that in 2017, there were 630 women in Wolverhampton recorded as smokers at the time of giving birth. That works out as 18 per cent of the 3,461 total maternities recorded during the same period - the highest proportion in our metropolitan area. In Dudley, there were 504 women known to be smokers when they delivered - 15 per cent of the total 3,430 maternities in the area. Walsall saw 456 new mother known to be smokers at the time of giving births, or 12 per cent of the total 3,667 maternities.

Birmingham Live (05.05.18)

The jaw-dropping number of West Midlands patients with no GP access outside working hours

Nearly 400,000 patients in the West Midlands have no access to GP appointments outside normal working hours. There were a total of 66 practices not providing appointments outside normal working hours. Of those, 35 were in Birmingham Cross City CCG, affecting 189,554 patients, nine in Solihull CCG, affecting 92,787 patients, three in Wolverhampton CCG, affecting 16,495 patients, one in Dudley CCG, affecting 6,234 patients, and one in Sandwell and West Birmingham CCG, affecting 3,830 patients. **Birmingham Live (08.05.18)**

Anger as Stafford Hospital scandal chief gets new NHS job

Healthcare campaigner Julie Bailey has said she is 'appalled' that Sir David Nicholson has been given another job in the NHS after his involvement in the Stafford Hospital scandal. Sir David, aged 63, was head of the West Midlands Health Authority for a short period while patients were mistreated. He was later appointed as NHS England chief executive but then stepped down in 2014. Sir David was last week appointed as interim chairman of Worcestershire Acute Hospitals NHS Trust, which runs Kidderminster Hospital. **Express & Star (15.05.18)**

Ambulance delays at Shropshire hospitals hit more than 8,500 in one year

Delays mean paramedics cannot respond to fresh 999 calls, bosses have warned. In 1,655 cases, crews waited longer than an hour at Royal Shrewsbury Hospital (RSH) and Telford's Princess Royal Hospital (PRH). NHS rules state it should take no longer than 15 minutes. The figures for 2017/18, which have been reported by Shropshire Clinical Commissioning Group (CCG), also show that 62 patients were left waiting on trolleys for more than 12 hours between October last year and the end of March. The county's emergency departments have been facing high demand and Shrewsbury and Telford Hospital NHS Trust (SaTH), which runs RSH and PRH, has struggled to recruit staff. **Shropshire Star (15.05.18)**

Wolverhampton hospital trust fined £770,000 for ambulance delays in two years

The Royal Wolverhampton NHS Trust, which runs New Cross Hospital, has been made to pay huge fines due to the number of ambulances left queuing outside the city hospital's A&E. Hospitals are punished for the number of patients left waiting in ambulances for more than 15 minutes. New figures showed the health trust, which also runs Cannock Chase Hospital, has been paying out thousands of pounds every month over the delays. A total of £772,600 was shelled out in fines since April 2016. The most costly single month during that period was January 2017, when bosses were forced to part with an eye-watering £105,800.

Express & Star (25.05.18)

Paper for submission to the Council of Governors on 7 June 2018

TITLE:	Workforce Key Performance Indicators		
AUTHOR:	Greg Ferris Workforces Information Analyst	PRESENTER:	Andrew McMenemy Director of Human Resources
CORPORATE OBJECTIVE: SO4: Be the place people choose to work SO5: Make the best use of what we have.			
SUMMARY OF KEY ISSUES: <p>The workforce KPI report is attached and is designed to be comprehensive in order to provide assurance to the committee on a range of workforce indicators for all staff Groups.</p> <p>In response to the request at the last meeting of the Full council, information relating to long term and short term absence is included.</p> <p>The format of the following pages provides information at a trust level, divisional level and staff group level where appropriate. Key indicators include absence, mandatory training, appraisal and recruitment.</p>			
IMPLICATIONS OF PAPER:			
RISK			Risk Description:
	Risk Register		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Training designed to cover all training required by statute and regulatory authorities.
	NHSI	Y	Details: Training designed to cover all training required by statute and regulatory authorities.
	Other	Y	Details: Training designed to cover all training required by statute and regulatory authorities.
ACTION REQUIRED OF COMMITTEE:			
Decision	Approval	Discussion	Other
		✓	
RECOMMENDATIONS FOR THE COUNCIL: That the Council note the report and actions being undertaken to improve compliance with targets.			

NHS
The Dudley Group
NHS Foundation Trust

Month	Percentage
Apr-17	3.50%
May-17	3.80%
Jun-17	3.90%
Jul-17	4.00%
Aug-17	4.20%
Sep-17	4.10%
Oct-17	4.20%
Nov-17	4.80%
Dec-17	5.00%
Jan-18	5.80%
Feb-18	4.50%
Mar-18	4.20%
Apr-18	3.90%

Month	Percentage
Apr-17	84.5%
May-17	84.8%
Jun-17	84.5%
Jul-17	85.0%
Aug-17	85.2%
Sep-17	85.8%
Oct-17	85.8%
Nov-17	86.8%
Dec-17	86.5%
Jan-18	87.0%
Feb-18	87.0%
Mar-18	86.0%
Apr-18	88.0%

Month	Percentage
Apr-17	85.00%
May-17	85.00%
Jun-17	85.00%
Jul-17	85.00%
Aug-17	85.00%
Sep-17	85.00%
Oct-17	85.00%
Nov-17	85.00%
Dec-17	85.00%
Jan-18	85.00%
Feb-18	80.00%
Mar-18	70.00%
Apr-18	10.00%

Month	Percentage of New Orders
Apr-17	8.60%
May-17	9.10%
Jun-17	9.20%
Jul-17	9.25%
Aug-17	9.15%
Sep-17	9.15%
Oct-17	9.20%
Nov-17	9.20%
Dec-17	9.25%
Jan-18	9.35%
Feb-18	9.70%
Mar-18	9.75%
Apr-18	9.95%

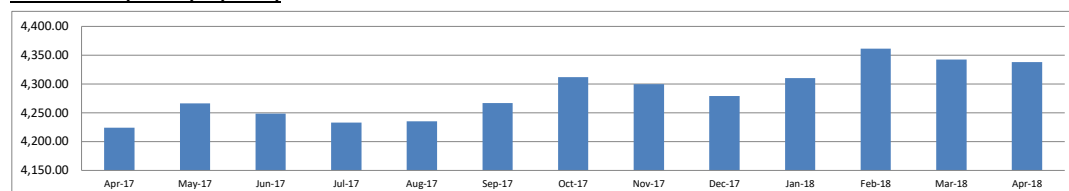
Month	New Cases
Apr-17	4,225
May-17	4,275
Jun-17	4,260
Jul-17	4,235
Aug-17	4,235
Sep-17	4,270
Oct-17	4,310
Nov-17	4,300
Dec-17	4,280
Jan-18	4,310
Feb-18	4,360
Mar-18	4,345
Apr-18	4,340

Month	Number of New Cases
Apr-17	110
May-17	100
Jun-17	115
Jul-17	125
Aug-17	130
Sep-17	140
Oct-17	120
Nov-17	100
Dec-17	100
Jan-18	110
Feb-18	100
Mar-18	100
Apr-18	250

Month	Overtime/WLI	Agency	Bank	Staff in Post	Funded Establishment
Apr-18	100	100	100	4800	5000
May-18	0	0	0	4800	5000
Jun-18	0	0	0	4800	5000
Jul-18	0	0	0	4800	5000
Aug-18	0	0	0	4800	5000
Sep-18	0	0	0	4800	5000
Oct-18	0	0	0	4800	5000
Nov-18	0	0	0	4800	5000
Dec-18	0	0	0	4800	5000
Jan-19	0	0	0	4800	5000
Feb-19	0	0	0	4800	5000
Mar-19	0	0	0	4800	5000

[illegible]

Staff in Post (ESR 30/04/2018)



Workforce	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Monthly Staff in Post(FTE)	4224.06	4266.50	4248.74	4233.13	4235.05	4266.81	4311.87	4299.51	4279.26	4310.35	4361.68	4342.65	4338.42

Divisional Level	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Clinical Support Division	482.36	486.91	480.86	480.88	493.99	496.66	498.66	498.67	493.71	497.26	499.26	496.88	494.65
Corporate / Mgt	656.91	664.21	662.79	665.90	667.70	668.21	684.32	671.66	678.19	682.67	679.76	676.15	675.89
Medicine & Integrated Care	1804.46	1815.18	1812.72	1796.71	1788.47	1811.81	1808.97	1805.39	1791.38	1835.98	1844.39	1839.55	1842.32
Surgery	1280.33	1300.20	1292.37	1289.65	1284.89	1290.12	1319.94	1323.80	1315.97	1323.43	1338.27	1330.06	1325.56

Workforce by Staff Group	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	166.12	170.12	168.12	166.52	171.88	174.46	175.28	176.28	173.51	174.61	173.59	178.99	179.97
Care Support Staff	946.00	979.86	978.38	969.50	961.14	956.46	943.52	958.44	952.12	947.53	964.69	960.69	959.97
Administrative and Clerical	842.28	850.40	845.54	847.04	856.10	854.42	862.55	860.95	857.26	860.25	862.24	871.63	870.98
Allied Health Professionals	284.50	281.33	283.12	286.95	288.54	300.54	296.77	297.87	297.74	305.21	306.63	307.85	303.19
Healthcare Scientists	108.59	107.93	109.09	110.48	110.47	110.65	110.89	114.62	114.62	114.75	114.75	111.79	111.01
Medical and Dental	459.78	459.50	457.40	453.00	456.80	465.74	475.21	475.51	474.86	477.46	480.36	479.68	471.61
Nursing and Midwifery Registered	1416.79	1417.36	1407.09	1399.65	1390.12	1404.54	1418.65	1415.84	1409.14	1430.52	1430.42	1432.01	1441.69

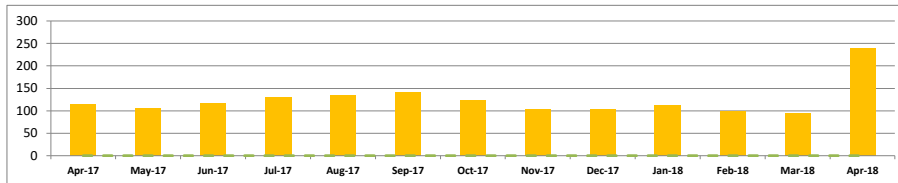
Clinical Support Division	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	81.79	82.79	79.79	77.19	84.19	81.79	82.42	83.62	80.62	81.22	81.62	83.42	83.61
Care Support Staff	139.47	143.60	142.18	140.80	141.70	140.39	141.64	142.74	143.34	144.90	146.34	142.77	143.04
Administrative and Clerical	67.58	68.05	67.05	68.45	70.45	71.00	70.39	68.80	66.00	66.47	66.61	67.61	67.48
Allied Health Professionals	84.19	85.16	86.26	88.06	91.26	95.10	95.30	94.59	95.44	94.64	94.64	93.04	91.56
Healthcare Scientists	74.36	73.59	73.66	74.46	74.46	74.46	74.46	75.10	75.10	75.23	75.23	74.23	73.03
Medical and Dental	29.30	28.05	26.25	25.25	25.25	27.25	26.25	27.25	25.65	27.25	27.25	28.25	28.25
Nursing and Midwifery Registered	5.67	5.67	5.67	6.67	6.67	6.67	8.20	6.56	7.56	7.56	7.56	7.56	7.68

Corporate / Mgt	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	11.57	14.57	16.57	17.57	17.57	17.87	16.97	16.77	16.77	16.77	16.37	17.97	17.58
Care Support Staff	86.12	88.00	91.84	91.64	90.24	88.32	88.00	85.12	85.12	83.04	84.80	83.08	81.37
Administrative and Clerical	330.35	332.15	329.89	328.79	333.45	330.29	334.09	330.78	335.21	337.81	335.86	336.74	334.19
Allied Health Professionals	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
Healthcare Scientists	1.53	1.53	1.53	1.53	1.53	1.53	1.40	1.53	1.53	1.53	1.53	1.53	1.53
Medical and Dental	10.20	10.20	10.20	10.20	10.20	10.20	10.20	10.20	11.20	11.20	11.20	11.20	11.20
Nursing and Midwifery Registered	216.26	216.88	211.88	215.29	213.83	219.12	227.78	226.38	227.48	226.44	224.11	224.75	229.13

Medicine & Integrated Care	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	12.40	12.40	11.40	11.40	11.40	11.40	11.40	11.40	11.40	11.40	11.40	12.40	13.83
Care Support Staff	453.75	467.13	465.07	460.00	456.60	458.44	437.88	442.57	437.77	433.91	440.19	437.28	438.50
Administrative and Clerical	225.42	228.26	226.40	225.44	227.00	226.85	225.47	225.40	221.39	229.90	227.00	231.87	233.32
Allied Health Professionals	188.42	184.30	184.99	187.02	185.41	192.61	189.32	191.13	190.15	197.75	199.16	201.99	199.06
Healthcare Scientists	19.81	19.81	20.81	21.40	21.39	22.53	22.90	23.90	23.90	23.90	23.90	22.90	22.66
Medical and Dental	185.25	183.85	183.85	181.45	185.45	190.48	194.85	195.15	197.45	198.45	198.25	198.37	194.90
Nursing and Midwifery Registered	719.41	719.42	720.21	710.00	701.21	709.51	715.15	715.83	709.31	728.68	732.49	734.75	740.06

Surgery	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	60.36	60.36	60.36	60.36	58.72	63.40	64.49	64.49	64.72	65.23	64.20	65.20	64.96
Care Support Staff	266.66	281.13	279.30	277.06	272.59	269.31	276.01	288.01	285.89	285.69	293.37	297.57	297.05
Administrative and Clerical	218.93	221.94	222.20	224.36	225.20	226.28	232.60	235.96	234.66	226.07	232.75	235.41	235.99
Allied Health Professionals	11.01	10.99	10.99	10.99	10.99	11.95	11.27	11.27	11.27	11.95	11.95	11.95	11.69
Healthcare Scientists	12.89	12.99	13.09	13.09	13.09	12.13	12.13	14.09	14.09	14.09	14.09	13.13	13.78
Medical and Dental	235.03	237.40	237.10	236.10	235.90	237.81	243.91	242.91	240.56	240.56	243.66	241.86	237.26
Nursing and Midwifery Registered	475.46	475.39	469.34	467.70	468.41	469.25	467.53	467.07	464.79	467.84	466.26	464.95	464.82

Monthly RN Vacancy Rate



Apr-18	239.13
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Vacancy Rate	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Monthly RN Vacancy Rate	114.92	105.33	117.69	131.04	135.68	141.59	124.14	103.01	104.56	113.56	99.85	95.94	239.13
Target	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Divisional Level	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Clinical Support Division	-0.62	-0.39	-0.39	0.61	-0.79	0.01	0.34	0.08	-0.46	-0.46	-0.46	-0.46	-0.36
Corporate / Mgt	9.72	7.88	13.74	13.29	13.31	10.15	2.77	-0.12	-0.88	1.39	2.74	3	6.66
Medicine & Integrated Care	102.22	95.85	96.02	101.79	112.23	117.69	106.49	89.04	91.74	95.11	85.75	78.67	167.64
Surgery	3.6	1.99	8.32	15.35	10.93	13.74	14.54	14.01	14.16	17.52	11.82	14.73	65.19

Workforce by Staff Group	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Band 5	67.59	61.52	71.66	79.65	84.11	90.92	82.61	73.92	79.51	88.16	77.34	85.25	240.32
Band 6	37.92	35.52	31.67	39.88	40.88	42.22	35.21	24.86	23.12	23.10	19.04	16.02	-4.60
Band 7	5.81	5.87	11.55	9.79	10.57	7.23	5.20	1.11	2.61	1.53	3.15	-5.86	2.71
Band 8	3.60	2.42	2.81	1.72	0.12	1.22	1.12	3.12	-0.68	0.77	0.32	0.53	0.70
Total	114.92	105.33	117.69	131.04	135.68	141.59	124.14	103.01	104.56	113.56	99.85	95.94	239.13

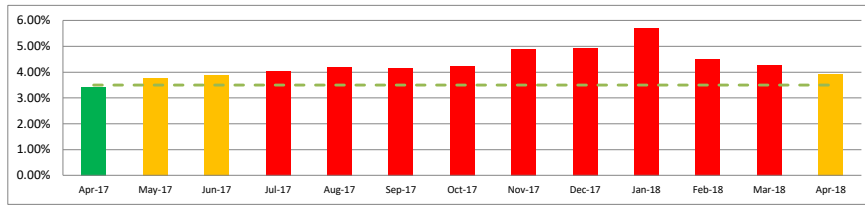
Clinical Support Division	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Band 5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.77	-1.03	-0.57	-0.57	-0.57	-0.57	-0.37
Band 6	0.1	0.1	0.1	0.1	-0.3	0.5	0.1	0.1	0.1	0.1	0.1	0.1	0
Band 7	-0.22	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Band 8	0	0	0	1	0	0	1	1	0	0	0	0	0
Total	-0.62	-0.39	-0.39	0.61	-0.79	0.01	0.34	0.08	-0.46	-0.46	-0.46	-0.46	-0.36

Corporate / Mgt	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Band 5	-3.94	-4.51	-3.95	-2.91	-3.55	-4.12	-7.06	-5.91	-3.11	-0.31	0.69	6.16	0
Band 6	13.22	11.57	16.07	16.16	18.24	14.08	10.31	7.27	5.81	4.38	4.34	0.15	4.96
Band 7	1.04	2.42	3.22	1.64	0.82	1.19	0.52	-1.48	-0.78	-0.88	-1.49	-1.51	1.5
Band 8	-0.6	-1.6	-1.6	-1.6	-2.2	-1	-1	0	-2.8	-1.8	-0.8	-1.8	0.2
Total	9.72	7.88	13.74	13.29	13.31	10.15	2.77	-0.12	-0.88	1.39	2.74	3.00	6.66

Medicine & Integrated Care	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Band 5	68.16	63.84	67.84	66.88	76.62	80.27	73.96	63.58	65.9	68.09	59.95	55.23	161.73
Band 6	24.64	21.43	13.75	22.94	22.76	27.38	25.95	17.88	17.78	19.17	17.17	19.94	5.96
Band 7	4.39	5.73	9.61	9.15	10.03	7.32	4.96	4.96	5.44	4.78	7.01	0.67	-0.05
Band 8	5.03	4.85	4.82	2.82	2.82	2.72	1.62	2.62	2.62	3.07	1.62	2.83	0
Total	102.22	95.85	96.02	101.79	112.23	117.69	106.49	89.04	91.74	95.11	85.75	78.67	167.64

Surgery	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Band 5	3.87	2.69	8.27	16.18	11.54	15.27	16.48	17.28	17.29	20.95	17.27	24.43	78.96
Band 6	-0.04	2.42	1.75	0.68	0.18	0.26	-1.15	-0.39	-0.57	-0.55	-2.57	-4.17	-15.52
Band 7	0.6	-2.29	-1.29	-1.01	-0.29	-1.29	-0.29	-2.38	-2.06	-2.38	-2.38	-5.03	1.25
Band 8	-0.83	-0.83	-0.41	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	0.5
Total	3.60	1.99	8.32	15.35	10.93	13.74	14.54	14.01	14.16	17.52	11.82	14.73	65.19

Workforce Total Absence



Financial Year to Date	3.91%
April-18	3.91%

Workforce	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Monthly Absence Rate	3.41%	3.78%	3.88%	4.04%	4.21%	4.15%	4.25%	4.88%	4.94%	5.70%	4.51%	4.27%	3.91%
Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%

Divisional Level	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Clinical Support Division	2.74%	2.64%	2.78%	3.74%	3.79%	4.12%	3.96%	3.91%	3.65%	5.19%	3.53%	4.00%	3.09%
Corporate / Mgt	3.16%	2.99%	2.83%	3.07%	2.61%	2.50%	2.65%	4.26%	4.69%	5.90%	4.40%	3.35%	3.39%
Medicine & Integrated Care	3.79%	4.21%	4.48%	4.57%	4.49%	4.64%	4.91%	5.35%	5.75%	5.69%	4.76%	5.03%	4.78%
Surgery	3.28%	4.14%	4.12%	4.23%	4.81%	4.32%	4.31%	4.91%	4.47%	5.79%	4.59%	3.79%	3.26%
Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%

Workforce by Staff Group	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	2.22%	2.85%	5.01%	4.53%	5.17%	3.95%	4.43%	4.90%	3.83%	5.85%	3.33%	3.35%	2.29%
Care Support Staff	5.77%	6.09%	6.03%	6.70%	6.25%	6.01%	6.45%	7.06%	7.04%	8.50%	7.24%	6.92%	6.12%
Administrative and Clerical	2.54%	2.87%	2.74%	2.97%	3.47%	2.69%	3.12%	3.42%	4.74%	4.96%	3.67%	2.86%	2.47%
Allied Health Professionals	2.14%	3.63%	2.92%	2.51%	4.10%	4.57%	3.52%	3.59%	3.44%	3.21%	2.35%	2.04%	1.81%
Healthcare Scientists	2.66%	2.77%	2.07%	2.65%	1.81%	2.04%	2.12%	4.27%	2.31%	2.64%	1.59%	1.13%	0.37%
Medical and Dental	0.77%	0.63%	0.99%	1.32%	1.40%	1.18%	1.19%	1.09%	1.40%	1.15%	1.26%	1.71%	1.94%
Nursing and Midwifery Registered	3.76%	4.10%	4.32%	4.17%	4.32%	4.93%	4.46%	5.48%	5.62%	6.39%	5.25%	4.97%	4.86%

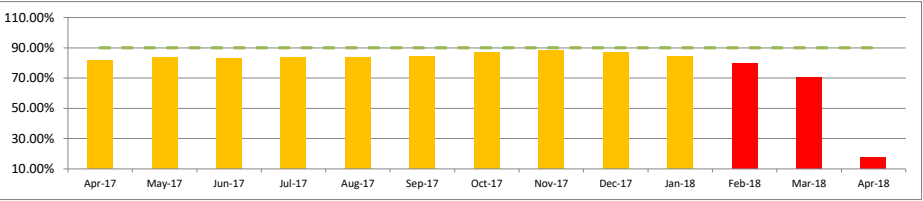
Clinical Support Division	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	2.38%	1.25%	2.03%	3.18%	3.64%	4.03%	6.60%	5.27%	5.30%	4.94%	4.53%	4.84%	2.31%
Care Support Staff	5.18%	4.81%	5.72%	7.58%	5.36%	7.08%	5.01%	5.22%	4.21%	7.50%	5.34%	7.42%	5.56%
Administrative and Clerical	0.99%	1.58%	2.06%	2.69%	3.75%	2.19%	2.65%	2.94%	3.75%	3.66%	3.81%	1.97%	3.01%
Allied Health Professionals	2.29%	3.18%	1.43%	2.03%	3.58%	3.79%	1.75%	2.44%	2.45%	5.07%	2.26%	2.46%	2.15%
Healthcare Scientists	0.51%	0.89%	1.27%	1.76%	2.52%	1.75%	2.64%	3.51%	2.79%	3.94%	1.76%	0.37%	0.46%
Medical and Dental	3.53%	1.79%	0.25%	0.37%	1.02%	2.82%	6.71%	2.67%	2.82%	2.62%	0.41%	3.68%	3.67%
Nursing and Midwifery Registered	0.00%	0.00%	0.00%	0.00%	0.48%	0.00%	0.00%	0.00%	0.85%	1.06%	0.00%	1.28%	0.00%

Corporate / Mgt	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	0.58%	0.54%	6.29%	5.69%	3.12%	0.93%	0.76%	0.80%	4.23%	5.96%	0.62%	1.38%	0.78%
Care Support Staff	5.43%	5.79%	4.70%	5.45%	6.24%	4.64%	5.82%	8.38%	7.89%	11.20%	8.20%	6.86%	7.15%
Administrative and Clerical	2.17%	2.35%	2.29%	2.18%	1.88%	1.79%	2.00%	3.58%	4.45%	4.32%	3.21%	2.41%	2.29%
Allied Health Professionals	0.00%	0.00%	0.00%	0.00%	4.40%	0.00%	0.00%	3.64%	3.52%	37.24%	3.90%	0.00%	0.00%
Healthcare Scientists	0.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Medical and Dental	0.00%	1.27%	2.94%	1.58%	0.00%	0.98%	0.00%	0.00%	0.00%	0.00%	0.00%	1.44%	0.60%
Nursing and Midwifery Registered	4.17%	3.04%	2.69%	2.76%	2.34%	2.99%	2.76%	4.41%	4.24%	6.68%	5.42%	3.68%	4.05%

Medicine & Integrated Care	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	0.16%	0.00%	0.00%	0.23%	0.00%	0.00%	1.02%	0.00%	0.00%	0.28%	0.00%	0.00%	0.00%
Care Support Staff	6.46%	6.63%	6.63%	6.68%	6.60%	6.31%	5.80%	7.27%	8.44%	8.65%	7.39%	7.27%	7.05%
Administrative and Clerical	3.61%	4.14%	3.68%	4.68%	5.43%	3.41%	5.75%	5.62%	5.70%	5.00%	3.75%	3.15%	2.13%
Allied Health Professionals	2.17%	3.86%	3.53%	2.63%	4.27%	5.02%	4.09%	4.13%	4.00%	2.32%	2.53%	1.96%	1.68%
Healthcare Scientists	10.13%	11.61%	6.40%	6.98%	0.00%	4.23%	6.77%	8.65%	2.29%	0.29%	1.27%	0.00%	0.00%
Medical and Dental	0.38%	0.23%	1.29%	1.35%	1.50%	0.37%	0.99%	0.74%	0.70%	1.11%	1.60%	2.31%	2.80%
Nursing and Midwifery Registered	3.43%	3.75%	4.54%	4.10%	3.87%	5.18%	5.52%	5.75%	6.28%	6.39%	5.23%	6.03%	5.85%

Surgery	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	2.75%	6.07%	9.69%	6.74%	8.88%	5.50%	4.16%	6.36%	2.53%	7.99%	3.12%	2.51%	3.13%
Care Support Staff	4.95%	5.94%	5.72%	6.82%	6.12%	5.40%	6.70%	7.28%	6.05%	7.99%	7.71%	6.16%	4.72%
Administrative and Clerical	2.64%	2.97%	2.84%	2.63%	3.76%	3.45%	3.58%	4.50%	4.53%	6.21%	4.22%	3.47%	2.90%
Allied Health Professionals	0.77%	3.38%	4.37%	4.57%	5.41%	4.05%	4.97%	4.14%	2.30%	0.19%	0.00%	0.22%	1.63%
Healthcare Scientists	3.77%	0.33%	0.00%	1.10%	0.98%	0.26%	2.60%	1.38%	0.00%	0.00%	1.37%	7.46%	0.54%
Medical and Dental	0.79%	0.78%	0.75%	1.39%	1.42%	1.67%	1.22%	1.25%	1.90%	1.08%	1.13%	1.03%	1.11%
Nursing and Midwifery Registered	4.10%	5.26%	4.88%	5.08%	5.95%	5.52%	5.32%	5.65%	5.36%	6.35%	5.28%	4.00%	3.77%

Appraisal



April-18	17.40%
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Workforce	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Monthly Compliance	81.96%	83.64%	82.99%	83.91%	83.98%	84.07%	87.27%	88.11%	86.96%	84.42%	79.95%	70.57%	17.40%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Divisional Level	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Clinical Support Division				65.03%	64.90%	67.86%	76.26%	82.39%	85.47%	84.20%	81.98%	68.15%	10.00%
Corporate / Mgt	88.20%	87.30%	85.38%	86.79%	86.21%	89.11%	88.89%	90.92%	86.81%	85.40%	81.44%	68.96%	12.00%
Medicine & Integrated Care	76.23%	79.27%	79.11%	85.39%	87.11%	86.93%	89.98%	84.82%	87.76%	84.38%	77.67%	68.16%	20.00%
Surgery	88.62%	89.76%	89.23%	88.62%	86.25%	83.94%	87.17%	89.62%	86.50%	84.22%	81.59%	76.30%	18.00%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Workforce by Staff Group	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	85.56%	83.05%	84.39%	85.38%	84.66%	78.31%	80.11%	84.97%	85.88%	84.29%	78.89%	72.38%	23.68%
Care Support Staff	78.05%	82.03%	81.71%	80.26%	81.18%	82.84%	86.97%	89.34%	88.35%	86.59%	79.90%	67.84%	17.49%
Administrative and Clerical	84.18%	87.02%	85.46%	87.18%	84.89%	87.05%	86.20%	88.21%	85.70%	82.91%	79.19%	70.17%	14.36%
Allied Health Professionals	83.95%	85.40%	82.97%	83.85%	79.58%	82.52%	81.08%	86.56%	85.14%	81.93%	78.44%	71.25%	24.77%
Healthcare Scientists	67.23%	70.94%	67.80%	64.41%	68.03%	73.50%	89.26%	96.67%	95.90%	88.52%	84.17%	74.17%	9.84%
Medical and Dental													
Nursing and Midwifery Registered	80.89%	83.48%	83.47%	85.93%	84.60%	84.92%	86.33%	87.22%	86.55%	83.98%	80.54%	72.04%	15.93%

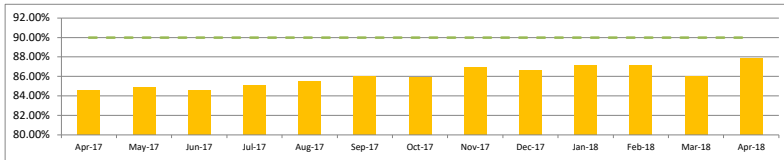
Clinical Support Division	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic				81.93%	84.27%	75.00%	79.55%	85.19%	91.57%	93.98%	89.29%	78.82%	25.88%
Care Support Staff				53.94%	53.18%	59.26%	76.74%	86.31%	84.48%	81.50%	79.53%	61.31%	3.51%
Administrative and Clerical				80.26%	78.75%	83.54%	77.78%	81.25%	84.62%	86.08%	86.08%	79.01%	9.76%
Allied Health Professionals				68.69%	63.46%	64.21%	59.62%	75.51%	77.78%	73.96%	74.74%	58.33%	12.50%
Healthcare Scientists				51.28%	54.43%	65.79%	86.08%	94.94%	94.94%	93.59%	88.31%	76.92%	2.53%
Medical and Dental													
Nursing and Midwifery Registered				62.50%	66.67%	77.78%	70.00%	87.50%	60.00%	60.00%	50.00%	30.00%	10.00%

Corporate / Mgt	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	86.60%	79.80%	80.61%	81.82%	75.00%	72.73%	66.67%	66.67%	75.00%	84.62%	76.92%	71.43%	20.00%
Care Support Staff	75.93%	82.67%	84.62%	84.80%	83.46%	92.55%	90.43%	92.31%	94.44%	93.33%	89.89%	74.16%	15.91%
Administrative and Clerical	86.42%	89.35%	82.95%	87.77%	86.12%	89.69%	84.57%	85.76%	83.73%	80.12%	74.11%	60.29%	11.24%
Allied Health Professionals	50.00%	50.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	50.00%
Healthcare Scientists	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Medical and Dental													
Nursing and Midwifery Registered	82.46%	90.16%	86.11%	86.51%	83.33%	87.84%	87.30%	90.35%	88.61%	88.56%	88.61%	79.66%	12.70%

Medicine & Integrated Care	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	76.92%	78.57%	84.62%	92.31%	92.31%	92.31%	84.62%	84.62%	84.62%	76.92%	61.54%	53.85%	6.67%
Care Support Staff	70.97%	79.38%	76.04%	84.84%	88.71%	88.82%	91.70%	89.50%	89.05%	85.44%	75.97%	64.58%	20.95%
Administrative and Clerical	73.58%	80.51%	80.63%	86.18%	84.86%	85.37%	91.30%	89.88%	86.35%	86.18%	82.52%	69.92%	19.53%
Allied Health Professionals	83.88%	85.25%	81.29%	90.34%	86.85%	91.00%	90.65%	91.79%	88.94%	87.14%	82.38%	79.07%	29.22%
Healthcare Scientists	67.00%	67.68%	62.75%	86.36%	92.00%	83.33%	92.59%	100.00%	100.00%	74.07%	66.67%	57.69%	11.54%
Medical and Dental													
Nursing and Midwifery Registered	69.97%	77.82%	77.39%	83.99%	84.38%	85.11%	86.77%	86.34%	86.73%	82.90%	76.49%	67.42%	17.74%

Surgery	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	89.06%	89.06%	89.06%	89.06%	85.48%	80.65%	82.35%	88.06%	81.16%	75.71%	70.00%	68.12%	25.71%
Care Support Staff	87.36%	88.17%	83.75%	85.61%	83.88%	82.55%	84.33%	89.87%	87.66%	89.25%	83.17%	74.51%	20.19%
Administrative and Clerical	96.64%	94.08%	91.88%	90.51%	84.76%	86.45%	85.98%	91.89%	87.94%	82.42%	80.54%	80.78%	14.89%
Allied Health Professionals	92.86%	92.86%	92.86%	92.86%	85.71%	83.33%	92.31%	84.62%	78.57%	53.85%	38.46%	50.00%	35.71%
Healthcare Scientists	66.67%	93.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	86.67%	92.86%	85.71%	46.67%
Medical and Dental													
Nursing and Midwifery Registered	91.18%	89.15%	88.47%	89.17%	85.98%	83.47%	85.52%	87.14%	85.83%	83.96%	83.60%	76.72%	14.71%

Mandatory Training



April-18	87.84%
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Workforce	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Monthly Compliance	84.61%	84.87%	84.57%	85.07%	85.47%	86.04%	85.93%	86.93%	86.64%	87.14%	87.10%	85.99%	87.84%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Divisional Level	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Clinical Support Division				79.35%	78.25%	77.99%	79.17%	82.39%	85.47%	83.22%	82.98%	82.50%	85.52%
Corporate / Mgt	87.49%	87.47%	88.11%	87.13%	87.77%	89.88%	89.85%	90.92%	86.81%	91.19%	91.03%	89.72%	91.67%
Medicine & Integrated Care	82.80%	83.01%	82.69%	84.39%	84.55%	84.53%	84.23%	84.82%	87.76%	85.48%	85.47%	84.47%	86.09%
Surgery	86.02%	86.51%	85.65%	87.01%	88.22%	89.15%	88.80%	89.62%	86.50%	88.91%	88.93%	87.57%	89.34%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Workforce by Staff Group	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	87.54%	88.96%	89.72%	88.11%	86.95%	79.83%	85.50%	87.98%	86.42%	88.22%	88.61%	88.07%	89.53%
Care Support Staff	81.58%	82.44%	83.07%	83.66%	83.90%	81.13%	84.49%	86.73%	85.76%	86.16%	86.43%	84.20%	86.20%
Administrative and Clerical	88.75%	90.44%	89.77%	89.51%	90.55%	90.99%	89.09%	91.71%	90.94%	91.75%	91.92%	87.82%	90.63%
Allied Health Professionals	85.87%	86.87%	86.61%	86.10%	84.90%	84.62%	81.82%	85.50%	85.16%	87.76%	87.85%	89.48%	90.87%
Healthcare Scientists	80.74%	81.84%	79.91%	79.63%	78.59%	80.81%	79.09%	82.25%	84.72%	85.22%	86.46%	83.64%	87.64%
Medical and Dental	80.28%	82.75%	82.56%	79.32%	80.73%	75.53%	72.98%	77.34%	75.51%	79.18%	80.68%	79.70%	79.88%
Nursing and Midwifery Registered	83.96%	84.37%	84.43%	85.52%	86.09%	78.85%	85.57%	88.43%	87.48%	88.08%	88.73%	87.51%	89.39%

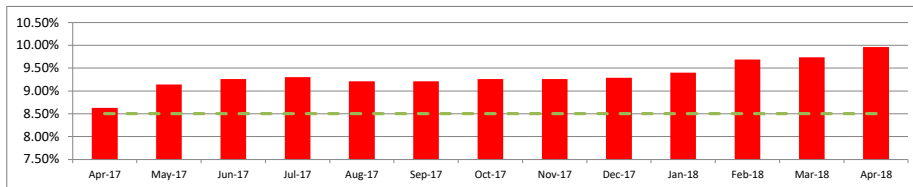
Clinical Support Division	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic				91.20%	89.88%	83.52%	87.30%	90.39%	87.39%	90.24%	88.84%	89.29%	92.55%
Care Support Staff				76.96%	75.03%	70.05%	77.39%	81.30%	81.43%	81.27%	81.86%	79.53%	81.29%
Administrative and Clerical				82.29%	84.05%	84.22%	83.67%	88.64%	88.67%	89.13%	88.79%	85.07%	90.94%
Allied Health Professionals				75.14%	73.42%	70.28%	69.63%	75.39%	75.02%	76.15%	76.98%	79.21%	81.98%
Healthcare Scientists				74.44%	72.54%	75.54%	74.78%	79.44%	83.02%	83.28%	84.31%	80.31%	86.20%
Medical and Dental				75.09%	77.82%	69.58%	71.68%	81.82%	81.14%	87.27%	88.18%	85.37%	83.79%
Nursing and Midwifery Registered				87.21%	82.47%	69.94%	62.24%	88.64%	79.09%	80.91%	93.58%	94.69%	96.24%

Corporate / Mgt	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	90.77%	88.93%	90.25%	66.00%	63.53%	71.03%	77.22%	80.68%	82.39%	86.96%	89.60%	86.24%	80.34%
Care Support Staff	88.55%	83.94%	89.61%	90.25%	89.36%	90.58%	93.72%	93.79%	93.29%	93.33%	92.88%	92.65%	94.77%
Administrative and Clerical	90.99%	81.59%	91.21%	89.68%	91.37%	92.39%	89.61%	91.81%	90.63%	91.00%	91.16%	86.65%	89.78%
Allied Health Professionals	81.82%	81.82%	81.82%	81.82%	77.27%	77.42%	75.00%	77.27%	81.82%	77.27%	86.36%	86.36%	88.46%
Healthcare Scientists	55.56%	56.30%	88.89%	85.19%	81.48%	93.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Medical and Dental	63.49%	63.49%	74.60%	72.00%	79.49%	82.26%	67.14%	84.71%	85.88%	85.88%	86.90%	85.71%	86.41%
Nursing and Midwifery Registered	83.52%	84.54%	84.00%	84.31%	84.77%	86.15%	84.34%	89.92%	89.12%	91.03%	92.26%	92.25%	93.46%

Medicine & Integrated Care	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	75.18%	77.92%	80.28%	81.69%	80.99%	72.68%	76.74%	78.87%	78.87%	79.02%	80.14%	81.51%	81.00%
Care Support Staff	80.97%	82.24%	82.01%	83.41%	83.95%	80.46%	84.63%	85.57%	84.58%	84.35%	84.66%	81.74%	84.20%
Administrative and Clerical	86.31%	77.69%	87.80%	89.84%	89.78%	88.52%	87.75%	90.12%	89.69%	91.81%	91.70%	89.68%	90.87%
Allied Health Professionals	85.36%	86.42%	86.40%	90.79%	89.85%	89.39%	86.82%	89.51%	89.39%	92.61%	92.03%	93.56%	94.25%
Healthcare Scientists	79.39%	79.46%	77.55%	84.29%	79.44%	82.73%	76.87%	78.57%	80.06%	81.31%	83.75%	86.35%	88.86%
Medical and Dental	73.85%	74.99%	75.10%	73.83%	75.64%	70.68%	66.41%	70.19%	69.50%	73.17%	74.34%	74.70%	74.70%
Nursing and Midwifery Registered	82.68%	83.97%	83.84%	84.29%	84.43%	76.76%	83.86%	85.90%	85.25%	86.21%	87.29%	84.93%	86.90%

Surgery	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	87.98%	91.25%	90.84%	90.31%	90.27%	79.33%	86.87%	88.73%	87.58%	88.05%	89.63%	88.40%	90.36%
Care Support Staff	87.24%	81.99%	81.98%	84.44%	85.65%	83.09%	86.67%	88.89%	87.41%	89.12%	89.33%	87.75%	89.20%
Administrative and Clerical	96.82%	81.17%	90.20%	91.98%	92.87%	94.00%	84.67%	94.13%	93.28%	93.44%	94.06%	88.41%	91.41%
Allied Health Professionals	92.45%	95.81%	91.62%	93.41%	92.81%	96.15%	95.74%	97.40%	92.81%	94.81%	98.05%	96.41%	98.45%
Healthcare Scientists	90.40%	90.40%	90.40%	90.40%	98.31%	95.53%	98.57%	99.35%	97.74%	97.74%	98.18%	90.96%	90.16%
Medical and Dental	86.51%	90.06%	89.27%	83.60%	84.52%	79.56%	78.28%	82.47%	79.49%	83.07%	84.93%	82.95%	83.53%
Nursing and Midwifery Registered	90.12%	84.91%	85.62%	88.16%	89.56%	79.16%	89.26%	91.60%	90.17%	89.56%	89.04%	88.99%	91.08%

Turnover - 12 Months to Date - Effective 30/04/2018



April-18	9.96%
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Workforce	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Turnover rate (12m to present)	8.63%	9.14%	9.26%	9.30%	9.21%	9.21%	9.26%	9.26%	9.29%	9.40%	9.69%	9.74%	9.96%
Target	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%

Divisional Level	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Clinical Support Division				13.44%	12.73%	13.22%	13.22%	13.43%	14.08%	13.87%	13.79%	14.09%	14.49%
Corporate / Mgt	10.68%	11.96%	12.26%	10.91%	11.02%	11.13%	10.96%	11.47%	10.73%	11.68%	12.33%	13.36%	12.89%
Medicine & Integrated Care	9.31%	9.61%	9.73%	9.62%	9.71%	9.39%	9.68%	9.67%	9.59%	11.68%	9.32%	8.67%	9.14%
Surgery	5.46%	5.89%	5.88%	5.74%	6.12%	6.30%	6.17%	5.85%	6.19%	6.46%	7.20%	7.52%	7.67%
Target	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%

Workforce by Staff Group	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	9.62%	9.13%	11.70%	13.34%	12.86%	12.28%	12.53%	17.81%	12.26%	10.68%	12.72%	11.89%	13.60%
Care Support Staff	8.40%	9.02%	9.18%	10.70%	9.74%	9.48%	9.00%	13.22%	7.71%	8.21%	8.21%	8.30%	8.28%
Administrative and Clerical	9.74%	9.55%	10.32%	11.64%	9.90%	9.79%	9.94%	10.30%	10.76%	11.34%	11.38%	11.54%	12.29%
Allied Health Professionals	10.09%	10.55%	9.84%	12.63%	11.58%	12.04%	12.91%	10.35%	13.69%	13.96%	13.39%	14.30%	14.47%
Healthcare Scientists	13.38%	13.49%	13.27%	13.37%	8.34%	10.00%	10.76%	11.57%	9.48%	9.42%	8.55%	9.40%	8.86%
Medical and Dental	9.44%	9.13%	8.76%	9.51%	6.31%	6.96%	8.31%	8.32%	8.32%	8.34%	8.37%	8.06%	7.21%
Nursing and Midwifery Registered	7.38%	7.03%	8.21%	9.14%	8.22%	8.04%	7.91%	7.94%	8.60%	8.87%	8.89%	8.69%	8.94%

Clinical Support Division	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	12.45%	12.38%	16.50%	18.60%	17.39%	18.01%	17.81%	17.81%	18.37%	17.66%	19.61%	19.13%	20.48%
Care Support Staff	13.30%	14.53%	15.27%	15.33%	15.54%	15.58%	14.08%	13.22%	12.60%	11.99%	12.50%	14.11%	15.45%
Administrative and Clerical	13.90%	11.80%	8.96%	8.98%	9.99%	8.83%	8.80%	10.30%	13.67%	11.94%	10.38%	8.59%	9.94%
Allied Health Professionals	7.73%	7.05%	6.97%	6.12%	6.05%	7.90%	9.40%	10.35%	11.46%	13.36%	13.36%	15.07%	14.38%
Healthcare Scientists	15.12%	16.60%	16.32%	13.33%	10.26%	11.44%	11.54%	11.57%	11.06%	11.01%	9.71%	10.27%	9.51%
Medical and Dental	21.03%	22.83%	27.48%	26.90%	23.98%	23.49%	27.64%	28.21%	36.11%	31.78%	29.29%	25.27%	21.84%
Nursing and Midwifery Registered	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%

Corporate / Mgt	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.76%	4.79%	5.06%	4.61%	12.02%	10.84%	24.70%
Care Support Staff	11.74%	12.77%	12.95%	12.12%	11.67%	11.48%	10.40%	9.73%	8.79%	8.75%	8.48%	9.29%	7.45%
Administrative and Clerical	9.35%	9.16%	10.10%	10.34%	10.37%	11.24%	12.05%	12.98%	11.77%	12.57%	13.88%	15.77%	15.91%
Allied Health Professionals	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%
Healthcare Scientists	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.33%	8.00%	8.00%	8.00%	8.00%	8.70%	8.70%
Medical and Dental	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%
Nursing and Midwifery Registered	10.36%	10.37%	11.11%	11.07%	11.76%	11.04%	9.39%	9.73%	9.88%	11.39%	11.07%	11.04%	10.03%

Medicine & Integrated Care	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	35.62%	28.99%	40.61%	38.65%	35.24%	27.65%	27.65%	26.43%	25.32%	17.62%	15.56%	8.06%	7.63%
Care Support Staff	6.90%	7.73%	7.75%	8.21%	8.34%	7.67%	7.89%	7.29%	6.51%	7.34%	6.91%	6.67%	6.61%
Administrative and Clerical	10.24%	10.42%	11.62%	11.45%	11.01%	10.87%	10.90%	11.65%	12.17%	11.55%	10.87%	9.43%	10.70%
Allied Health Professionals	11.18%	12.17%	11.14%	12.02%	14.21%	13.80%	14.94%	14.20%	15.19%	14.74%	13.88%	14.51%	15.07%
Healthcare Scientists	14.41%	9.85%	9.61%	9.61%	4.92%	4.72%	7.96%	7.61%	3.15%	3.11%	3.11%	3.18%	3.18%
Medical and Dental	9.18%	9.09%	7.99%	6.81%	5.98%	6.96%	9.02%	8.09%	8.25%	7.13%	7.10%	3.81%	3.81%
Nursing and Midwifery Registered	8.58%	8.14%	9.45%	9.44%	9.25%	9.02%	8.89%	9.32%	9.61%	9.73%	9.50%	8.78%	9.42%

Surgery	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Add Prof Scientific and Technic	3.10%	3.07%	3.07%	3.07%	4.80%	4.55%	4.51%	3.06%	3.08%	1.61%	3.26%	3.24%	3.19%
Care Support Staff	6.88%	6.61%	6.65%	6.70%	8.54%	8.81%	7.79%	7.24%	6.80%	7.58%	8.02%	7.66%	7.54%
Administrative and Clerical	8.06%	8.30%	9.58%	10.01%	8.08%	6.93%	3.63%	6.02%	7.05%	9.06%	8.60%	8.37%	9.26%
Allied Health Professionals	10.00%	10.00%	10.00%	10.00%	10.00%	16.03%	7.05%	6.71%	6.71%	6.19%	6.19%	5.92%	6.00%
Healthcare Scientists	4.33%	4.31%	4.30%	4.30%	4.30%	11.66%	11.66%	10.93%	10.93%	10.88%	10.88%	14.76%	14.34%
Medical and Dental	7.51%	6.73%	5.99%	4.51%	3.54%	4.16%	4.69%	4.02%	4.05%	5.36%	5.93%	7.75%	6.86%
Nursing and Midwifery Registered	3.91%	3.50%	4.73%	4.67%	5.07%	5.21%	5.78%	5.84%	6.55%	6.46%	7.06%	7.57%	7.81%

Paper for submission to the Council of Governors meeting

On 7 June 2018

TITLE:	Report from the Council of Governors Strategy Committee meeting held 22 May 2018		
AUTHOR:	Lydia Ellis, Committee Chair	PRESENTER:	Lydia Ellis, Committee Chair
CORPORATE OBJECTIVE: SO1: Deliver a great patient experience SO2: Safe and Caring Services SO3: Drive service improvement SO4: Be the place people choose to work SO5: Make the best use of what we have.			
SUMMARY OF KEY ISSUES: A presentation was delivered by Lisa Peaty, Deputy Director of Strategy. The presentation focussed on the new strategy refresh to cover the period 2019-2021. From the seven stage NHS framework the presentation covered the first two stages; frame and diagnose. Timings were advised as follows: <ul style="list-style-type: none"> • Nov 17 – Feb 18 – first group of engagement events with staff and patients, board workshops, governor workshops • March – May 18 – evaluation of previous events and consideration of strategy models and process, May trust board workshop • June – July - PESTLE & SWOT update, analysis of data and intelligence, engagement and consultation recommences <p>Stages 1 & 2 were discussed by the committee - agreeing on what can and can't be considered i.e. what is in scope for the Trust. The vision, values and strategic objectives currently in place (<i>Vision – trusted to provide safe caring and effective services because people matter, Values – care respect responsibility, Strategic obs – great patient experience etc</i>) were discussed and some felt that certain ones were repetitive or in too many “tiers” it was suggested to slim these down and not repeat things e.g. if the vision is correct then do you need a separate objective that says “safe”? It was noted these focus on the patient only and the committee asked if the carer/family could also be considered. It was also suggested a direct link to the CQC measures may be appropriate but there wasn't a consensus of opinion on this.</p> <p>The committee asked that “what makes Dudley special” would be considered within any new vision/values/objectives whilst recognising they must stretch and challenge.</p>			

The committee commented it was a very useful workshop, that it covered the right amount of detail and provoked useful debate. It was agreed that the next workshop should continue this theme and look at stages 3 &4 with any feedback on stages 1&2 being provided. It was also agreed the MCP should remain a standing item and a 10 minute update will be required at the August meeting. A chair is required for the August meeting.

IMPLICATIONS OF PAPER:

RISK	Risk Register		Risk Description:
	Risk Score:		
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	Y	Details: as required by Terms of Authorisation
	Other	N	Details:

ACTION REQUIRED OF COUNCIL:

Decision	Approval	Discussion	Other
	✓	✓	

RECOMMENDATIONS FOR THE COUNCIL:

To continue progressing the stages of the NHS strategy framework at each strategy committee.

For Governors to feed back any additional comments on vision/value/objectives through the committee chair or Lead Governor.

Paper for submission to the Council of Governors on 7th June 2018

TITLE:	Report from the Council of Governors Experience and Engagement Committee held on 18 th April 2018		
AUTHOR:	Karen Phillips – Chair of Experience and Engagement Committee	PRESENTER:	Karen Phillips – Chair of Experience and Engagement Committee

The meeting opened with a presentation from Glen Palthorpe on the CQC inspection and findings – as the report had been issued that day. Glen informed the group on the key issues and how the Trust was dealing with them. Glen was open and honest during the discussion and answered questions regarding the more serious matters arising.

The Committee received reports from:

- **Patient Experience Group – Yvonne Peers**
There were presentations on The Patient Experience Report, Quality Reviews, PLACE Assessment and the Adult Patient Survey.
- **Quality and Safety Group – Viv Kerry**
Key presentations were around Falls Prevention and Nutrition.
- **Medicines Management Group – Pat Price**
The main area reported on was the prescribing of Oxygen; its management, documentation and staff training needs.

The reports concluded with the agreement that issues are being addressed, action plans are being put into place and follow up reports are scheduled.

Governor's Out There – The Group discussed the idea of utilising the Health Hub in RHH main reception to raise awareness and generate new members. There was a discussion around the resources and support available to Governors. Governor attendance at the forthcoming AMM was also discussed.

PLACE Audit - Key subjects discussed were the refurbishment of the Bereavement Room in Maternity. Karen Phillips informed the group that the trust charity was planning a major campaign for this. The flexi ward was discussed and issues raised by its capacity and usage.

RECOMMENDATIONS FOR THE COUNCIL:
 The Council is asked to:

1. Receive and note the summary of the Council of Governors Experience and Engagement Committee held on 19th July 2017.

	Approval	Discussion	Other
	✓		

Paper for submission to the Council of Governors on 7th June 2018

TITLE:	Quality Report		
AUTHOR:	Sara Whitbread, Quality and Improvement Lead Derek Eaves, Professional Lead for Quality	PRESENTER:	Siobhan Jordan, Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services SO3: Drive service improvements, innovation and transformation			
SUMMARY OF KEY ISSUES:			
<p>Following the request at the last Council of Governors, this paper provides an overview of some of the key quality metrics (pressure ulcers, falls, VTE risk assessment, complaints, NEWS calculation and the Quality Priorities). These metrics are triangulated with some of the key nursing staffing metrics (vacancy and sickness rate). There is no correlation demonstrated between vacancy and sickness rate and compliance with any of the key quality indicators.</p> <p>In addition, the paper summarises the end of year position with the 2017/18 Quality Priorities. Following the comments from the Governors for the Annual Quality Report 2017/18, the report and both the nationally mandated and the local metric (Falls) agreed by the Governors have all been audited. The final audit report will be available when the annual accounts are presented to the Governors.</p>			
IMPLICATIONS OF PAPER:			
RISK	N		Risk Description
	Risk Register: N		Risk Score: N
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring and Well Led
	NHSI	N	Details:
	Other	N	Details:
ACTION REQUIRED OF CQSPE COMMITTEE:			
Decision	Approval		Discussion
			√
RECOMMENDATIONS FOR THE COUNCIL:			
To note the present situation with the Quality Indicators and the end of year (end of March 2018) results with the Quality Priority targets.			

Quality Report

The purpose of this paper is to update the Council on the progress being made against Quality Key Performance Indicators (KPIs). The KPIs are triangulated with staffing metrics, patient experience metrics and other key indicators to provide assurance and detail to reflect the Quality of Care we deliver throughout the Trust as a whole.

Triangulated data

Ward	Number of beds	Qualified Nursing (WTE funded)	Vacancies (Qualified Nurses WTE)	Sickness	PU 3/4 (April 2018)	Patient Falls (April 2018)	VTE (%)	Formal Complaints received in April 2018	NEWs	1. Pain	2. MUST	3. Meds	4. Nutrition	Quality and Safety review outcome
A2 (Short Stay Medical Unit)	42	42.4	14.8	5.49%	0	9	72.72%	0	100	100	80	100	88	RI 09.17
B1 (Elective orthopaedics)	26	20.03	6.35	5.83%	0	1	98.37% (↑)	1	80	↓	100	100	100	G 10.17
B2 Hip	30	28.6	11.72	3.47%	0	0	82.76% (↑)	0	100	↑	100	100	98	RI 09.17
B2 Trauma	24	20.32	8.44	2.10%	0	4	66.67% (↓)	0	100	100	90	↓	100	RI 09.17
B3 (Vascular)	42	45.16	23.87	4.72%	2 (↑)	3	77.14% (↑)	0	100	100	90	↓	100	RI 02.18
B4 (General Surgery)	48	40	14.6	2.95%	0	3	83.33% (↑)	1	88	↓	100	↑	80	RI 08.17
B5 (SAU/Gynaecology/ENT)	30	40.82	3.1	2.77%	0	2	55.56 (↓)	5	100	↑	100	90	88	RI 09.17
C1 (Endocrinology)	48	40.01	15.93	9.47%	1 (↑)	6	100%	0	100	100	100	100	96	RI 09.17
C3 (Elderly Care)	52	43.09	12.33	3.08%	0	2		3	100	100	90	↓	91	RI 02.18
C4 (Oncology)	22	27.8	4.32	2.26%	0	2	98.98%	1	100	90	100	90	100	G 03.18
C5 (Respiratory)	48	40.01	15.58	11.08%	0	4	90% (↓)	0					84	RI 09.17
C6 (Urology - male)	20	16.59	2.27	1.41%	0	4	72.73%	0	100	100	90	↓	98	RI 10.17
C7 (GI ward)	36	35.15	12.45	13.33%	0	5	100% (↑)	1	100	↑	100	↑	97	RI 11.17
C8 (Stroke)	44	55.52	25.8	11.82%	0	9	87.23% (↑)	0					94	RI 05.18
Coronary Care Unit/Post Coronary	26	45.48	21.2	9.17%	0	4	73.01% (↑)	0	100	100	100	100		RI 10.17
SHDU/ITU	17	70.43	8.26	4.04%	0	0	75% (↓)	0	100	100			98	TBR** - Partial review undertaken
MHDU	10	27.88	3.13	2.22%	0	0	85.71% (↑)	0	100	100			100	G 11.17
Maternity	46	104.73	2.29	4.51%	0	0	99.13% (↑)	2	100	100			100	TBR - to be reviewed
Total:		744.02	206.44											
None submission of data for C5 and C8 for April 2018. This was highlighted to the relevant Matrons and work continues with the audit capture company to investigate data which is not saving on submission.														

The data provided relates to April 2018. The data in the table is gathered from the Quality Dashboards.

Metrics of concern:

- **Vacancies:** the vacancies listed are specific to qualified nurses and are based on the new establishments. Wards/departments will be working against the new establishments from 1st July 2018. Out of the 18 areas detailed in the table; 16 have a vacancy rate of greater than 10% of the total qualified nurse whole time equivalent (WTE). All ward areas continue to work with the Interim Recruitment and Retention lead to reduce their vacancies by supporting the Trust recruitment events and ward specific recruitment days. The Recruitment and Retention Lead post has now been substantively appointed to and the commencement date is to be confirmed.
- **Sickness:** Out of the 18 areas, 8 are within the Trust sickness target. There is no clear correlation between the number of vacancies and the rate of sickness. Targeted sickness management led by Matrons and supported by the HR Business Partners is in place with oversight from the relevant Associate Chief Nurses.
- **Falls:** the number of falls per ward in this report are not categorised into avoidable or non-avoidable. For April 2018; A2, C6 and C8 are all reporting numbers of falls which are higher than the national average of 6.63 per 1000 occupied bed days. This is being closely monitored by the Trust Falls Prevention Lead.
- **VTE Risk assessment:** VTE risk assessment recording continues to be a challenge across all ward areas, with the exception of C1, C4, C7 and Maternity who achieved >95%. These scores are shared with the medical team as if assessments have not been undertaken, ward staff cannot log them on the system. Some wards are investigating if the ward/department specific Clinical Nurse Specialists can be trained to do the VTE assessments, but the appropriateness of nurses doing this in particular wards has been questioned and the outcome of further discussions is awaited. All wards continue to print off a VTE list to enable checking and logging to proceed on a daily basis. The Medical Director is undertaking this improvement work.
- **NEWS:** this metric comes from one of the nursing quality indicator audits and asks the auditor to review 10 sets of patient documentation and assess if the previous 5 NEWS scores have been calculated correctly. There are now 14 areas reporting a compliance of 100%. Following the introduction of eOBs this will continue to be monitored on a monthly basis, although as the scores are automatically calculated the question in the audit will need to be amended.
- **Complaints:** B5/SAU receive the majority of formal complaints and this is related to waiting times and lack of space for patients to be reviewed. To address this, on the 8th May 2018, SAU was restructured and now runs as SAEC (Surgery Ambulatory Emergency Care). Station 1 now houses SAEC which comprises of 12 seated waiting area, 6 recliner chairs in a bay for treatment that can be delivered as a day case, 4 trolleys in a bay, 2 triage spaces for nurses, 1 scanning trolley and 2 side rooms have been converted into clinical assessment rooms complete with computers for doctors to see patients.

Station 2 is SAU where there are 12 beds for short stay, and station 3 houses obstetrics and gynaecology and ENT surgery patients.

- **Quality Priorities:** As the data for compliance comes from the nursing quality indicator audits, non-compliance is monitored through an escalation process from Matron to Chief Nurse. For April 2018, we achieved 2 out of the 4 Quality Priorities measured through the Quality Audits. The 2 we didn't achieve were; MUST scores being recorded (we recorded a compliance of 93% against a target of 95%) and Nutrition overall (we achieved a target of 94 % against a target of 95%). Work being

undertaken in relation to Nutrition such as rollout of 'Supportive Mealtimes' and MUST training Trust wide – this is being driven by the Nutrition Steering Committee.

Quality Dashboard – Inpatient Ward areas

The Quality Dashboards have been under development since September 2017, with the aim of each patient area displaying relevant local, regional and national KPI quality data in a prominent position in the ward or department. The data is for staff, patients and their relatives/families. The dashboards can be produced by ward, by division or as an oversight for all areas combined.

It is expected that the divisional quality dashboards are discussed within the relevant divisional governance meetings which will then feed into Divisional Performance meetings, CQSPE and through to the Board. The divisions are expected to drill down into specific areas to develop improvement plans, when they are required.

The first version of the quality dashboard focused on the inpatient ward areas; A2, B1, B2 (hip), B2 (trauma), B3, B4, B5, C1, C2, C3, C4, C5, C6, C7, C8, Coronary Care Unit/Post Coronary Care Unit (CCU/PCCU), Critical Care (Surgical High Dependency Unit/Intensive Care Unit), Maternity, Medical High Dependency Unit (MHDU) and Neonates. All data discussed in this report relates to these areas only.

Most lines are now populated on a monthly basis for; A2, B1, B2 (hip), B2 (trauma), B3, B4, B5, C1, C3, C4, C5, C6, C7, C8, CCU/PCCU, with the exception of Acute Kidney Injury (AKI), Consultant/Senior review and Estimated Date of Discharge (EDD) and the neonatal specific metrics. To support the population of the few remaining metrics and development of the quality dashboards for the other areas across the trust; we are awaiting the appointment of a dedicated data analyst for quality – the post is currently out to advert, interviews scheduled for the middle of June 2018.

The dashboards are available to view per ward, per division and an aggregated view of all dashboards combined.

Quality Priority End of Year Results

Priority 1 for 2017/18: Patient experience

- a) Achieve monthly scores in the Friends and Family Test (FFT) for all areas (inpatients, outpatients, maternity, Emergency Department and community) that are equal to or better than the national average.
- b) Improve the overall year score from 2016/17 to 2017/18 for the following question used in our local real-time survey: Were you involved as much as you wanted to be in decisions about your care?
- c) Ensure that in 95% or more cases, a patient's pain score is recorded at least every four hours (unless otherwise indicated in the exception box)

End of Year: Family and Friends Test

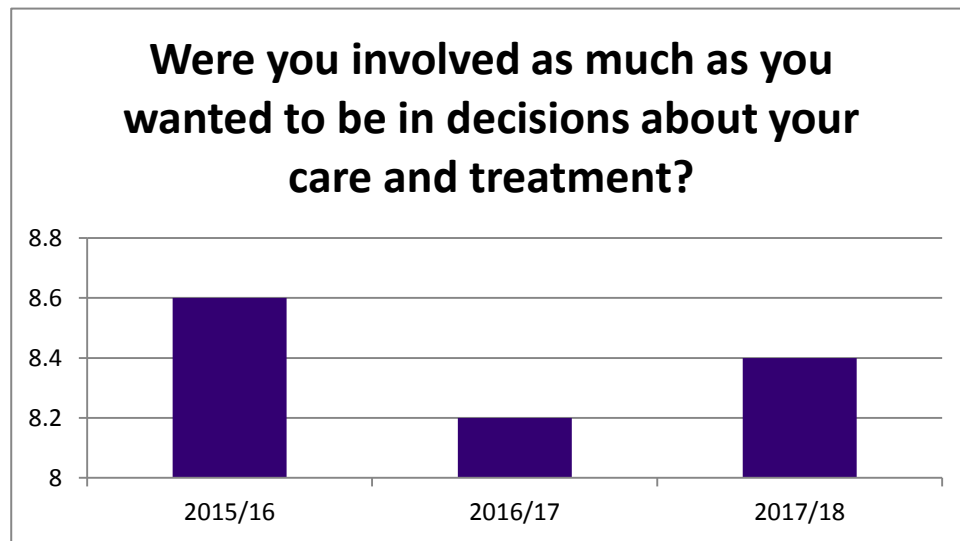
a) The results are provided on the table and of the 11 months where national figures are available (84) we are achieving the target on 51 occasions. Both maternity and maternity post natal ward achieved the target every month with postnatal ward missing the target only once. Missing the target were: inpatients in May and September to February; A&E for eleven months from April to February; outpatients in June and August to February; maternity antenatal in June, January and February; community in April, November and December.

% FFT Scores	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Inpatient	96.4	95.6	96.5	96.4	96.3	95.9	95.1	95.3	95.1	94.1	94.1	93.7
National	96	96	96	96	96	96	96	96	96	96	96	96
A and E	75	76.6	78.7	77.4	72.5	75.9	83.6	80.3	77.4	74.4	74.4	74.5
National	87	87	88	86	87	87	87	87	85	86	85	84
Maternity Antenatal	100	98.5	95.8	98.9	99.5	97.2	99.3	89.1	97.3	90.9	90.9	97.7
National	97	96	97	96	96	97	96	n/a*	97	97	97	97
Maternity Birth	99.1	98.8	98.3	98.9	98.5	98	98.5	96.9	98.9	97.8	97.8	97.0
National	96	97	97	96	96	96	96	n/a*	97	97	97	97
Maternity Postnatal Ward	97.5	95.2	98.8	97.8	95.5	97.9	97.7	96.3	97.8	100	100	98.5
National	95	95	95	94	94	94	94	n/a*	94	95	95	95
Maternity Postnatal Community	100	100	100	100	96.6	100	100	100	100	100	100	100
National	98	98	100	98	98	98	98	n/a*	98	98	98	98
Community	94	96	97.4	98	98.2	97.1	95.1	95.9	95.7	96.3	96.3	97.4
National	96	96	96	96	96	95	95	96	96	95	96	95
Outpatients	95.3	95.2	91.6	95.3	93.4	92.3	90.8	89.8	92.8	91.7	91.7	91.6
National	94	94	94	94	94	94	94	94	94	94	94	94

Items marked n/a* Please note that NHS England has not supplied the national results for Maternity services in November 2017. Advice given is that every effort is being made to produce this as soon as possible, subject to data quality considerations.

End of Year: Local Survey

b) The score at the end of 2017/18 for the local survey question 'Were you involved as much as you wanted to be in decisions about your care?' was 8.4 compared to the 2016/17 full year score of 8.2. This priority is achieved.



This is a weighted score also known as a partial credit score consistent with the NHS Survey programme.

End of Year: Pain management

c) With regards to the target on recording the pain score of patients, although it was achieved for four individual months, it can be seen that it has not been achieved consistently throughout the year, and so this target has been retained for 2018/19.

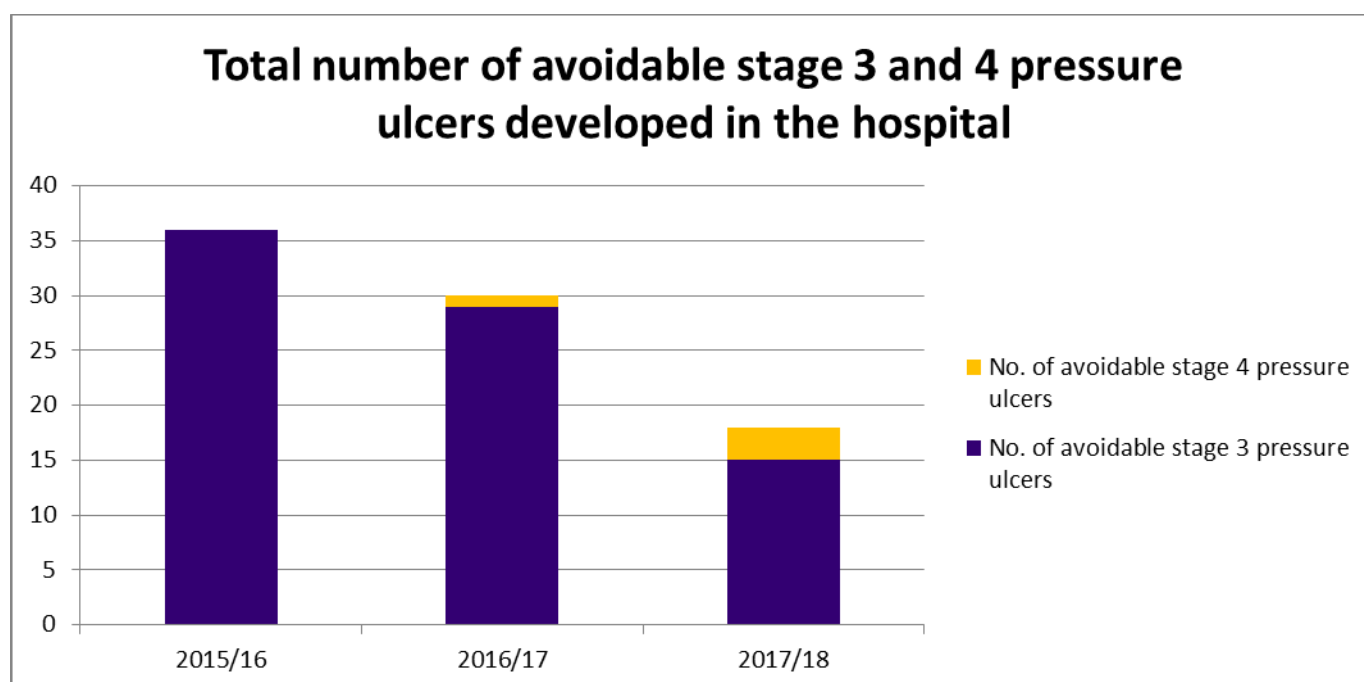
General Inpatients	2016/2017	Quarter 1 2017/2018	Quarter 2 2017/18	Quarter 3 2017/18	Quarter 4 2017/18	2017/18
Pain score	90%	95%	88%	94%	93%	93%

Priority 2 for 2017/18: Pressure ulcers

Hospital	Community
<p>a) Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year.</p> <p>b) Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2017/18 reduces from the number in 2016/17.</p>	<p>a) Ensure that there are no avoidable stage 4 pressure ulcers acquired on the district nurse caseload throughout the year.</p> <p>b) Ensure that the number of avoidable stage 3 pressure ulcers acquired on the district nurse caseload in 2017/18 reduces from the number in 2016/17.</p>

End of Year: Hospital

The graph below shows the total number of avoidable stage 3 and 4 pressure ulcers that have developed in the hospital from 2015/16 to the present. It gives an indication of the fall in numbers due to the hard work of all staff involved. While there were 30 stage 3 and 4 ulcers in 2016/17, these have been reduced to 18 this year (see note under graph).

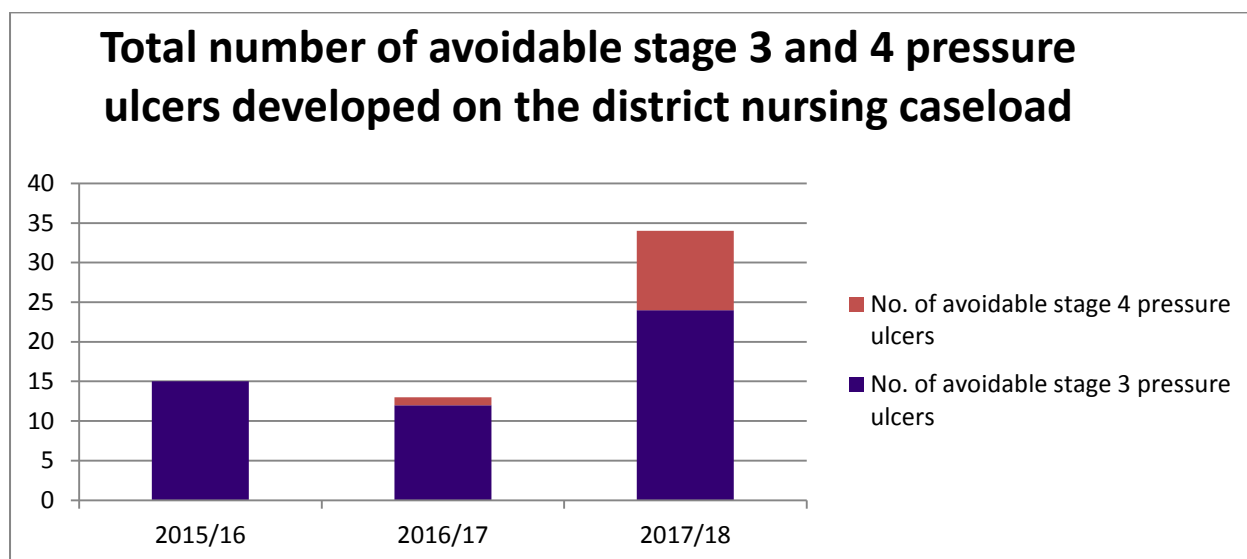


The 2017/18 figures may be incomplete as a number of pressure ulcers are still being investigated to ascertain whether they were avoidable or not.

The target for avoidable stage 3 pressure ulcers has been achieved with a reduction from last year from 29 to 15. For avoidable stage 4 hospital acquired pressure ulcers, the target set was that there would not be any. Unfortunately, we have not achieved this target as we have had three this year.

End of year status: Community

The target of there being no avoidable stage 4 pressure ulcers acquired throughout the year on the district nurse caseload has not been achieved as there have been 10 cases this year. The target to reduce the number of avoidable stage 3 acquired from 2016/17 to 2017/18 has not been achieved with there being 24 cases compared to 12 the year before (see graph below).



The 2017/18 figures may be incomplete as a number of pressure ulcers are still being investigated to ascertain whether they were avoidable or not.

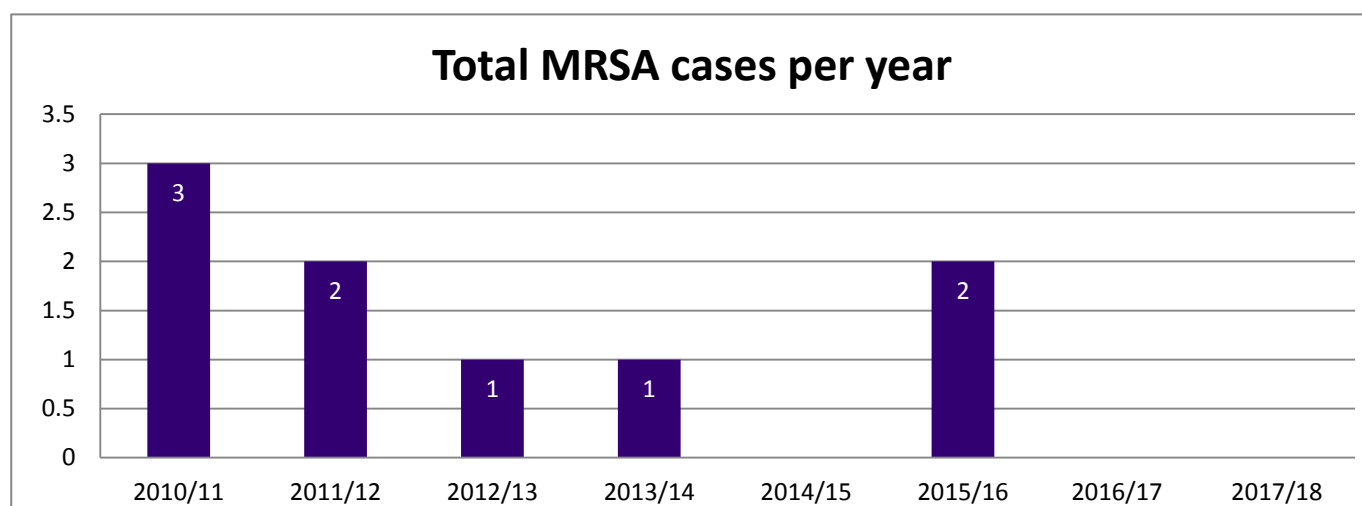
Priority 3 for 2017/18: Infection control

Maintain or reduce our MRSA and Clostridium difficile (C. diff) rates in line with national and local priorities. All cases will undergo a root cause analysis, the results of which will be discussed jointly by the Trust and Dudley CCG to agree on any avoidability/lapses in care.

MRSA	Clostridium difficile
Have 0 post 48 hour cases of MRSA bacteraemia (blood-stream infections).	Have no more than 29 post 48 hour cases of Clostridium difficile with a lapse in care identified.

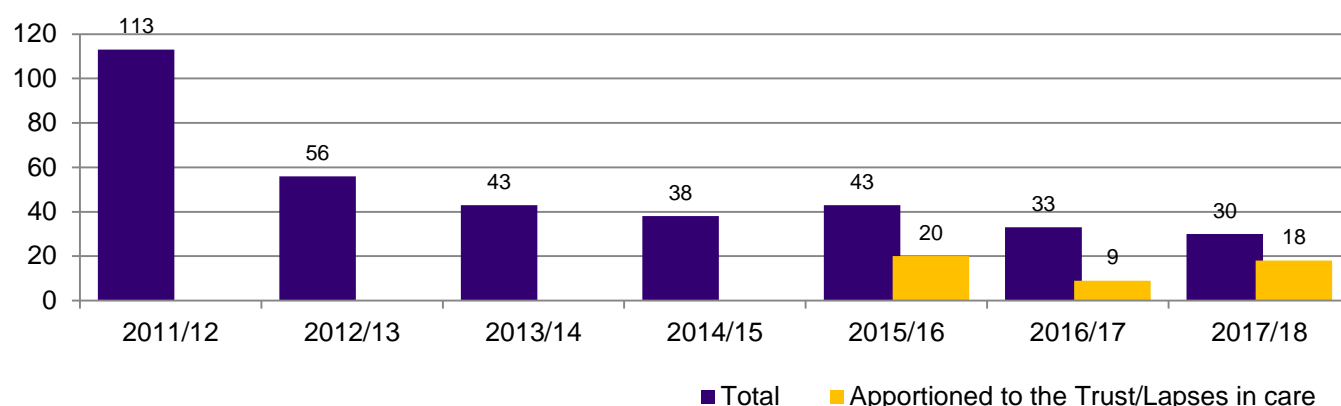
End of Year: MRSA

NHS England has set a zero tolerance approach to MRSA bacteraemia. There have been zero post-48 hour cases reported in the year and so the target has been achieved.



End of Year: Clostridium difficile

Total C.difficile cases per year



In the year, we have reported a total of 30 cases of C. difficile of which 18 have been recognised as being due to a lapse of care and attributed to the Trust. The other cases are related to external factors. Both NHS Improvement and NHS England are assessing the Trust's performance against a target of 29 cases due to a lapse in care.

Priority 4 for 2017/18: Nutrition and hydration

Ensure that the overall score of the monthly nutrition and hydration audit (made up of 24 items):

- is 95% or above in each of the first three quarters for the Trust as a whole
- has a 'Green' rating (95% or above) in the final quarter for every ward in the hospital

Nutrition assessments – hospital

At least 95% of acute patients will receive a nutritional assessment using the nationally recognised MUST (Malnutrition Universal Screening Tool).

Nutrition assessments – community

At least 95% of patients will receive a nutritional assessment on initial contact with the community health nursing team using the nationally recognised MUST (Malnutrition Universal Screening Tool).

End of Year: Nutrition/hydration

With regards to the nutrition audit, while the target was met in the first two quarters (and in eight of the 12 months), it was narrowly missed in the second two quarters (see chart below).

For the second part of the target (every ward achieving 95 per cent or above in the last quarter), this has not been achieved. 14 of the 20 areas had scores 95 per cent or above, with six wards not achieving the target.

Nutrition audit

Hospital

2016/2017	Qtr 1 2017/2018	Qtr 2 2017/2018	Qtr 3 2017/2018	Qtr 4 2017/2018	2017/18
96%	95%	95%	94%	93%	94%

Wards: Qtr 4	
95% and above	14
94 to 85%	4
84% and less	2

The MUST target for the hospital has not been met, although improvements were made throughout the year. It has been agreed to retain this target next year and make an extra effort to achieve this in the future.

MUST assessment Hospital					
2016/2017	Qtr 1 2017/2018	Qtr 2 2017/2018	Qtr 3 2017/2018	Qtr 4 2017/2018	2017/2018
85%	91%	92%	93%	94%	93%

The MUST target for the community services has been met as the quarterly figures below indicate.

MUST assessment Community					
2016/2017	Qtr 1 2017/2018	Qtr 2 2017/2018	Qtr 3 2017/2018	Qtr 4 2017/2018	2017/18
96%	97%	96%	93%	98%	96%

Priority 5 for 2017/18: Medications

Ensure that in 95% or more cases, all prescribed medications will either be: a) signed and dated as administered or b) have an omission code recorded.

Current status: Medications

It can be seen from the chart below that even though there was an improvement later in the year the target for the whole 12 months has not been met and so this is retained for 2018/19.

Medications signed and dated/omission code recorded					
End of year results 2016/2017	Qtr 1 2017/2018	Qtr 2 2017/2018	Qtr 3 2017/2018	Qtr 4 2017/2018	2017/18
88-92%	94%	92%	93%	96%	93%

Paper for submission to the Council of Governors
7 June 2018

TITLE:	Patient Experience Report – Quarter 4, 2017/18		
AUTHOR:	Jill Faulkner Head of Patient Experience	PRESENTER:	Siobhan Jordan Chief Nurse
CORPORATE OBJECTIVE: SO1: Deliver a great patient experience			
SUMMARY OF KEY ISSUES: The Trusts number one priority is to deliver an outstanding patient experience. This report details: <ul style="list-style-type: none"> • Patient Experience • National Survey Programme • Friends & Family Test (FFT) • NHS Choices • Patient Complaints • Compliments • Patient Advice & Liaison Service (PALS) <p>This report covers the period January to March 2018 referred to as Quarter 4 (Q4). The aim of this report is to detail the multiple forms of patient feedback received and to evidence actions being taken to continually focus and improve the care we deliver and the experience received by both the patient and their family.</p>			
IMPLICATIONS OF PAPER:			
RISK	N	Risk Description:	
	Risk Register: Y/N	Risk Score:	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, effective and caring
	NHSI		Details: Supports effective governance
	Other	Y	The Local Authority Social Services and National Health Service (England) Complaints Regulations 2009
ACTION REQUIRED OF BOARD OF DIRECTORS			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS FOR THE BOARD OF DIRECTORS: To note the content of the Q4 Patient Experience report.			

Patient Experience Report Quarter 4 (Jan-Mar) 2017-18

Total FFT Returns
15,702

1,830 Compliments received this quarter
(1966 received in Q3 17/18)



Friends and Family Test (FFT)

Percentage Recommended	Jan	Feb	Mar	Quality Priority
Inpatient	94%	95%	N/A	●
A&E	74%	76%	N/A	●
Community	96%	97%	N/A	●
Outpatients	92%	89%	N/A	●
Maternity*				
Antenatal	91%	96%	N/A	●
Birth	98%	99%	N/A	●
Postnatal Ward	100%	100%	N/A	●
Postnatal Community	100%	100%	N/A	●

* Quality priority based on Jan & Feb data only

Quality Priority 2017/18

● On target ● Not on target

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

Complaints received in Q4

123

101 received in Q3

Patients are saying...



You said

We Have

It would be good to have an online community to support new mums

Established a closed facebook user group - [dudleygroupmaternityservices](#) providing information and networking/support opportunities

PALS information leaflets should be available in languages other than English

Translated the PALS and Complaints leaflet into the top five languages used by our patients and published to the Trust website and intranet

Dementia Friendly signage should be used on toilet doors

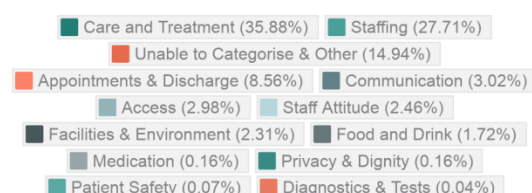
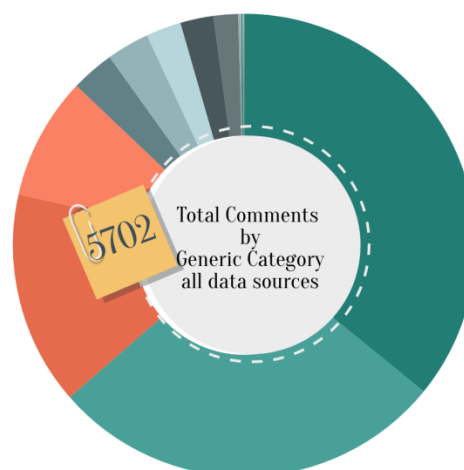
Installed appropriate Dementia Friendly signage on all toilet doors on wards and in public areas

It would be nice for therapy dogs to visit more patients and visit additional areas of the Trust

Expanded the service to now include visits to our stroke ward as well as the childrens ward



NHS Choices based on 293 ratings
(NHS Choices/ Russells Hall Hospital 18.04.18)



To find out more please visit

www.dudleygroup.nhs.uk/patientexperience
or contact the team on 01384 456111 ext 1124

Developed by Dudley
Clinical Commissioning Group

Patient Experience Report

1. Introduction

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

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

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

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

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

Action plans from the all national surveys are presented and monitored at the PEIG. The Trusts National Adult Inpatient survey has been a standing item at every meeting to ensure accountability and that actions have been delivered. Following receipt of results of the 2017 Adult Inpatient survey, (presently under embargo until publication late May/early June) the 2018 action plan is being devised and this will remain a standing item on the group agenda.

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

- Adult Inpatients Survey (National)
- Cancer Patient Experience Survey (National)
- Children & Young People Survey (National)
- Community Services
- Dementia
- Emergency Department Survey (National)
- End of Life/Voices
- Guest Outpatient Centre Review
- Maternity Survey (National)
- Mini PLACE assessment activity
- PLACE (National)

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

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

Within Q4 we successfully:

- Campaigned for the replacement of outdated and unreliable car parking pay machines and car park equipment with programme of works commencing April 2018

- Commissioned a review of snack provision for inpatients and awaiting outcome of budgetary discussions
- Expanded the use of the 'follow up calls model' to T&O patients within 48 hours of discharge from hospital to assess: pain management and any concerns with a wound
- Water fountains installed in the Surgery Assessment Unit
- Reviewed tea and coffee provision on wards for those recently bereaved
- Review of Guest Outpatient Centre and improved the physical environment for patients and staff including the creation of staff break way area and the installation of curtains and blinds
- Dementia friendly signage installed on the majority of toilet doors on wards and in public areas
- Coloured toilet seats were installed in line with the Dementia Strategy actions, the Trust has been working on this for many years
- Relocated 11 toilet roll holders to improve accessibility for those patients in danger of falling
- Continued to host Feedback Friday events across the Trust sites
- Support the wider Trust to deliver patient experience actions

Dragons Pen provided the opportunity to include installation of a digital fish tank within the Georgina Unit waiting room and LED skylights across the Trust to improve the environment for our patients. Fundraising activities are underway and an update will be reported in Q1, 2018/19.

An action from the various surveys and patient feedback has been to re-establish **Patient User Groups** within the Trust. During the quarter the following user events have been held:

- 'Whose Shoes' maternity listening event
- Stroke Listening into Action event
- Elderly Care Service Users event

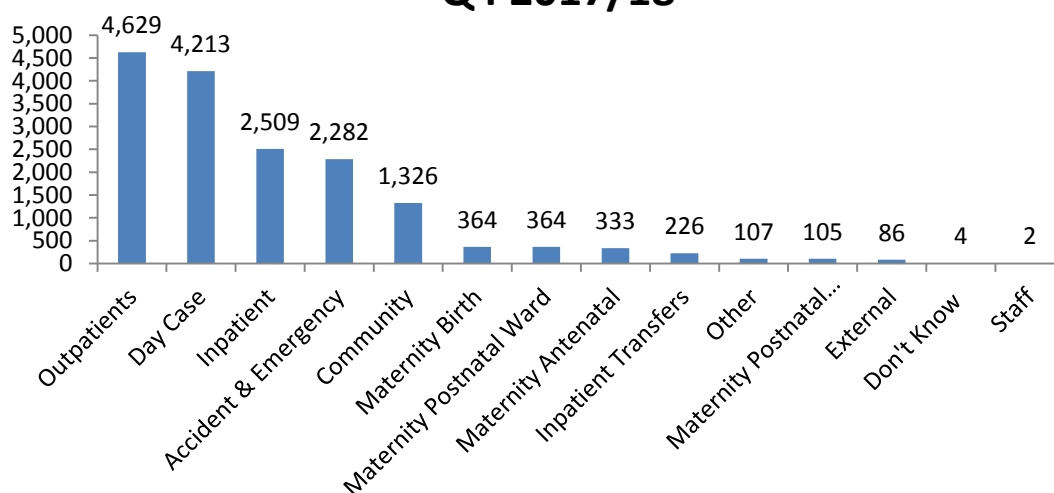
Patient Stories

The Board continues to receive a patient's account bi monthly. The aim of this activity is to demonstrate where we deliver high quality care as well as where we can improve.

Patient feedback

The Trust received 16,550 pieces of feedback during Q4 in comparison to 19,642 received in the previous quarter. This included responses to the Friends and Family Test (FFT) utilising a variety of mediums such as paper, SMS, App and the web. Additionally we collate feedback through real time Surveys, NHS Choices, complaints, compliments and PALS.

**Total feedback received by area
Q4 2017/18**



2. National Survey Programme

2017 Maternity Survey

At the end of January the results of the 2017 Maternity survey were published (<http://www.cqc.org.uk/publications/surveys/surveys>). The 2017 Maternity Survey is part of a national survey programme run by CQC to collect feedback on the experiences of women using NHS maternity services across the country.

- The Trust's response rate was 34.1% based on 100 women completing the survey (national response rate was 37.4%).
- Our overall rating was "about the same" compared to other trusts.
- Of the 51 questions in the survey the Trust scored better than the previous year on 27 questions, worse on 15 questions and about the same for 9 questions.
- Analysis of the results has been completed and 14 actions have been identified for improvement; 11 are complete. To ensure sustained improvement, monitoring will continue to be overseen by the PEIG.

The Survey will be administered annually from 2018 (previously bi-annually) and is expected to sample women who had given birth during the month of February.

2017 Adult Inpatient Survey results – UNDER EMBARGO

During February 2018 the Trust received the first set of results from its survey contractor (Quality Health) for the 2017 Adult Inpatient survey. The results are for local use only and under embargo until national publication by the CQC in the summer of 2018 (date to be advised).

The survey results have been shared widely across the Trust and an action plan developed to address any areas for improvement.

See appendix 1 for details of forthcoming national surveys.

3. Friends and Family Test (FFT)

FFT gives patients the opportunity to submit feedback to providers of NHS funded care or treatment, using a simple question which asks how likely (on a scale ranging from extremely likely to extremely unlikely) they are to recommend the service to their friends and family if they needed similar care or treatment. The FFT is intended as a service improvement tool, measuring performance continually and enabling increased responsiveness to near and real time feedback. It is also a mechanism to encourage and motivate staff and reinforce good practice. It is used to benchmark services both internally and externally.

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

Achieving a percentage recommended FFT score equal to or better than the national average is one of the Trusts Quality Priorities for patient experience and is relevant when a significant number of patients are asked.

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

Community Services Response rates

Ward	2017									2018		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Community Nursing Services	1.1%	0.8%	5.1%	10.7%	6.1%	3.7%	11.3%	10.8%	9.6%	7.4%	9.2%	6.9%
Rehabilitation & Therapy Services	1.5%	1.3%	1.4%	0.6%	2.7%	1.7%	3.4%	4.2%	2.8%	2.7%	3%	2.6%
Specialist Services	0.1%	0%	0.1%	0.3%	0.6%	0.3%	0.4%	1.2%	0.7%	0%	0.3%	0.6%
Overall	1.1%	0.9%	2.1%	3.3%	3.2%	1.9%	4.9%	5.2%	4.3%	3.3%	4%	3.4%

ED services Response Rates

Ward	2017									2018		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Acute Medical Unit									75%	69.9%	100%	100%
Emergency Ambulatory Care												
Emergency Assessment Unit	53.3%	36.1%	68.9%	55.4%	60.1%	63.5%	72.9%	86.2%				
Emergency Department	11.6%	11%	12.3%	11.3%	12%	15.9%	24.7%	20.6%	13.5%	16.9%	16.4%	14.9%
Overall	15.4%	13.7%	17.1%	15.3%	16%	19.6%	28.5%	24.7%	17%	21.2%	22.6%	19.5%

Maternity services Response Rates

Ward	2017									2018		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Antenatal	25.1%	62.6%	45.1%	76%	100%	96.1%	64.1%	56.6%	16.4%	47.8%	68.6%	42.7%
Birth	32.8%	50.5%	50.1%	47.5%	53.2%	27.8%	35.7%	53.9%	28.4%	39.2%	28.5%	41.2%
Postnatal Community	28.8%	33%	18.1%	17.1%	36.3%	21.6%	7%	7.1%	14.5%	27.8%	19.8%	9.7%
Postnatal Ward	32.8%	50.7%	50.1%	47.3%	52.4%	27%	35.1%	53.2%	28.5%	38.3%	29%	41.5%
Overall	30.9%	48.9%	40.4%	48.6%	56.3%	39.6%	34.8%	45.1%	23.6%	38.4%	35.9%	36.3%

Outpatient services Response Rates

Ward	2017									2018		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Outpatients	1.5%	1.9%	2.3%	2.6%	4.8%	2.9%	10.9%	5.9%	3.5%	5.9%	4.4%	4.6%
Overall	1.5%	1.9%	2.3%	2.6%	4.8%	2.9%	10.9%	5.9%	3.5%	5.9%	4.4%	4.6%

Inpatients services Response Rates

Ward	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A1												
A2	4.9%	11%	0.2%	15.3%	7.7%	1.5%	17.8%	4.2%	1.9%	2.2%	1.7%	2.4%
A3	38%	0%										
A4												
B1	38.2%	41.4%	47.4%	34.6%	51.1%	55.6%	73.5%	61.3%	50.3%	45.6%	58.4%	63.8%
B2 Hip	18.5%	26.9%	29.4%	36.3%	23.8%	22.8%	32%	19.1%	32.8%	38.4%	55.3%	40.7%
B2 Trauma	54%	58.3%	91.1%	100%	100%	74.4%	100%	100%	100%	100%	88.8%	78.5%
B3	12.1%	24.1%	15.2%	21.9%	21.3%	18.5%	29.4%	36.3%	27.8%	30.5%	29.1%	27%
B4	6.1%	30.8%	46.6%	37.5%	21.5%	35.4%	50.2%	39.7%	37.2%	50.7%	34.7%	35.1%
B5	18.1%	61.3%	55.1%	70.6%	19.4%	29.3%	52.7%	56.9%	54.1%	48.2%	48.2%	39.8%
B6	0%	5%					48.4%	3.2%	33.3%	5.3%	0%	0%
C1	27.9%	33.6%	20%	31.2%	8.9%	22.8%	61.5%	38.7%	19.8%	21.9%	34.8%	34%
C2	17.7%	12.4%	14.6%	20.9%	30.5%	11.9%	16.3%	19.1%	26.1%	14.6%	8.4%	17.4%
C3	19%	13.4%	45%	40.2%	62.8%	58%	53.3%	40.7%	13.8%	46%	50%	38.5%
C4	19.1%	18.1%	49.1%	59.1%	40%	38.4%	38.8%	48%	60%	49%	56.8%	62.5%
C5	12.8%	47.9%	37.6%	48.7%	23.6%	50.3%	50.5%	54.7%	45.1%	40.8%	22.9%	19.7%
C6	10.8%	15%	18.4%	30.6%	32.8%	21.6%	32.9%	33.9%	25.5%	38.8%	31%	69.2%
C7	18.4%	38.3%	59.2%	31.7%	38.7%	27.3%	36.2%	27.3%	29.8%	34.4%	27.3%	24.2%
C8	9.7%	26.2%	13.9%	16.4%	40.9%	28.2%	21%	29.8%	13.4%	6.1%	7.5%	28.7%
CCU & PCCU	16%	24.5%	21.5%	27.2%	23.4%	6.2%	30.8%	26.9%	18.9%	17%	25.5%	20.4%
Day Case	38%	32.5%	34.9%	33.2%	34.6%	29.6%	32%	32.3%	30.2%	30.2%	38.1%	36.6%
Evergreen	69%	59.8%	49.4%	61.4%	41%	15.6%	4.3%					
ITU	0%		50%		100%	100%	100%	100%	0%	33.3%	100%	66.6%
MH DU	100%	62.5%	61.5%	50%	40%	16.6%	46.1%	42.8%	72.7%	100%	30%	33.3%
Neonatal	8.3%	15.9%	32.5%	61.1%	31.4%	31.5%	6.1%	100%	65%	54.9%	42.8%	41.1%
SH DU	60%	0%	100%			100%	100%	100%	0%	33.3%		100%
Overall	28.7%	30.8%	32.8%	34.2%	32.3%	27.8%	33.9%	33.9%	30.9%	30.1%	34.6%	34.9%

Note: where gaps appear there is no data available as ward area currently designated to other activity or there has been no responses received.

RAG rating legend – response rate

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

The FFT percentage recommended scores for Q4 are as follows:

% recommended FFT Scores	Jan 18	Feb 18	Mar 18	% recommended FFT Scores	Jan 18	Feb 18	Mar 18
Inpatient	94.1	94.1	93.7	Maternity Antenatal	90.9	90.9	97.7
National	96	96	n/a	National	97	97	n/a
A and E	74.4	74.4	74.5	Maternity Birth	97.8	97.8	97.0
National	86	85	n/a	National	97	97	n/a
Community	96.3	96.3	97.4	Maternity Postnatal Ward	100	100	98.5
National	95	96	n/a	National	95	95	n/a
Outpatients	91.7	91.7	91.6	Maternity Postnatal Community	100	100	100
National	94	94	n/a	National	98	98	n/a

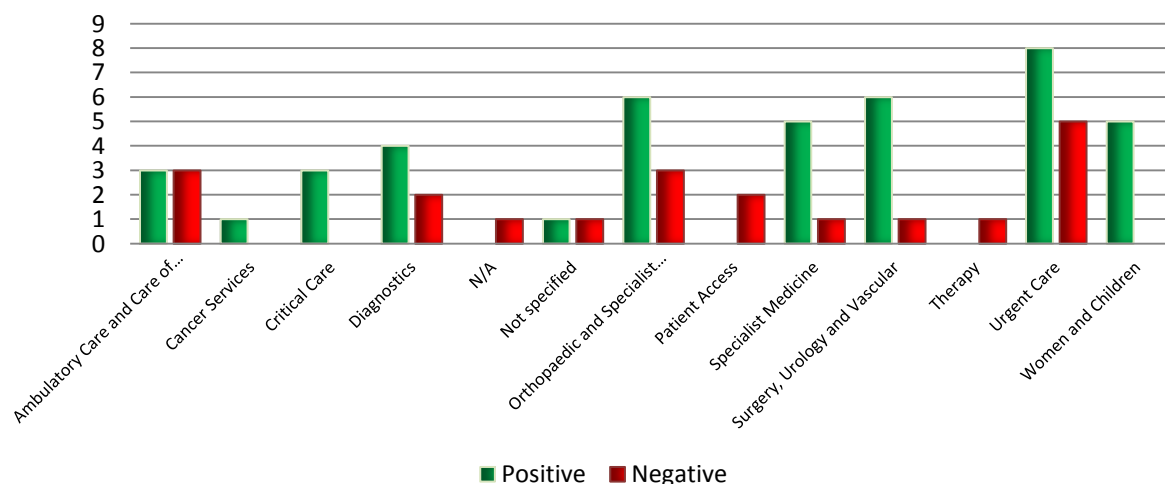
n/a = national data to be published mid May 2018

4. NHS Choices

In Q4, 62 people uploaded feedback electronically to NHS Choices or Care Opinion, (62 in Q3). Of those 62 comments, 68% (58% in Q3) were positive and 32% (42% in Q3) were negative. Table 1 below details the comment received by area (where identified) for Q4.

Table 1

NHS Choices comments by Area Q4 2017/18



5. Complaints

The Trust received 122 complaints during Q4 compared to 101 in Q3 and 115 in Q2. This is an increase of 21% compared to the previous quarter and a 6% increase from Q2.

Two key metrics within the complaints service is that:

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

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

Complaints outstanding as of 31 March 2018	Complaints received in March 2018	Complaints Closed in March 2018	Complaints brought forward	Complaints overdue as of 31 March 2018
185	42	18	167	121

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

0 – 28 working days	29 – 40 working days	41 – 60 working days	61 - 100	101 - 178
50	14	40	33	48

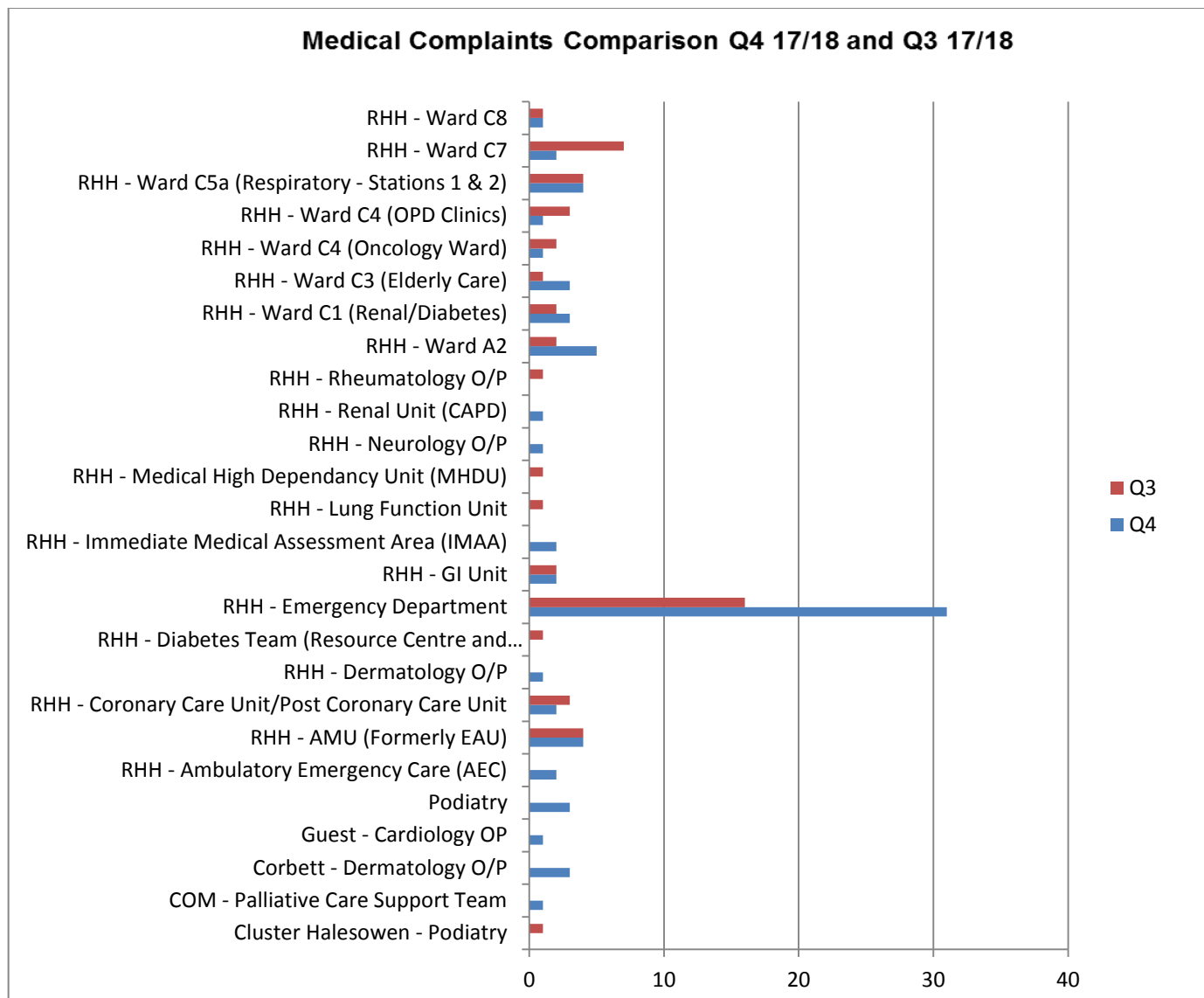
The Trust had 304,018 clinical patient contacts in Q4 which equates to 0.0401% of patients/families making a complaint.

The divisional performance during Q4 is as follows:

- Surgery Division received 42 complaints
- Medicine & Integrated Care Division received 74 complaints
- Clinical Support Division received 3 complaints
- Other 3 complaints (parking, environment, Action Heart)

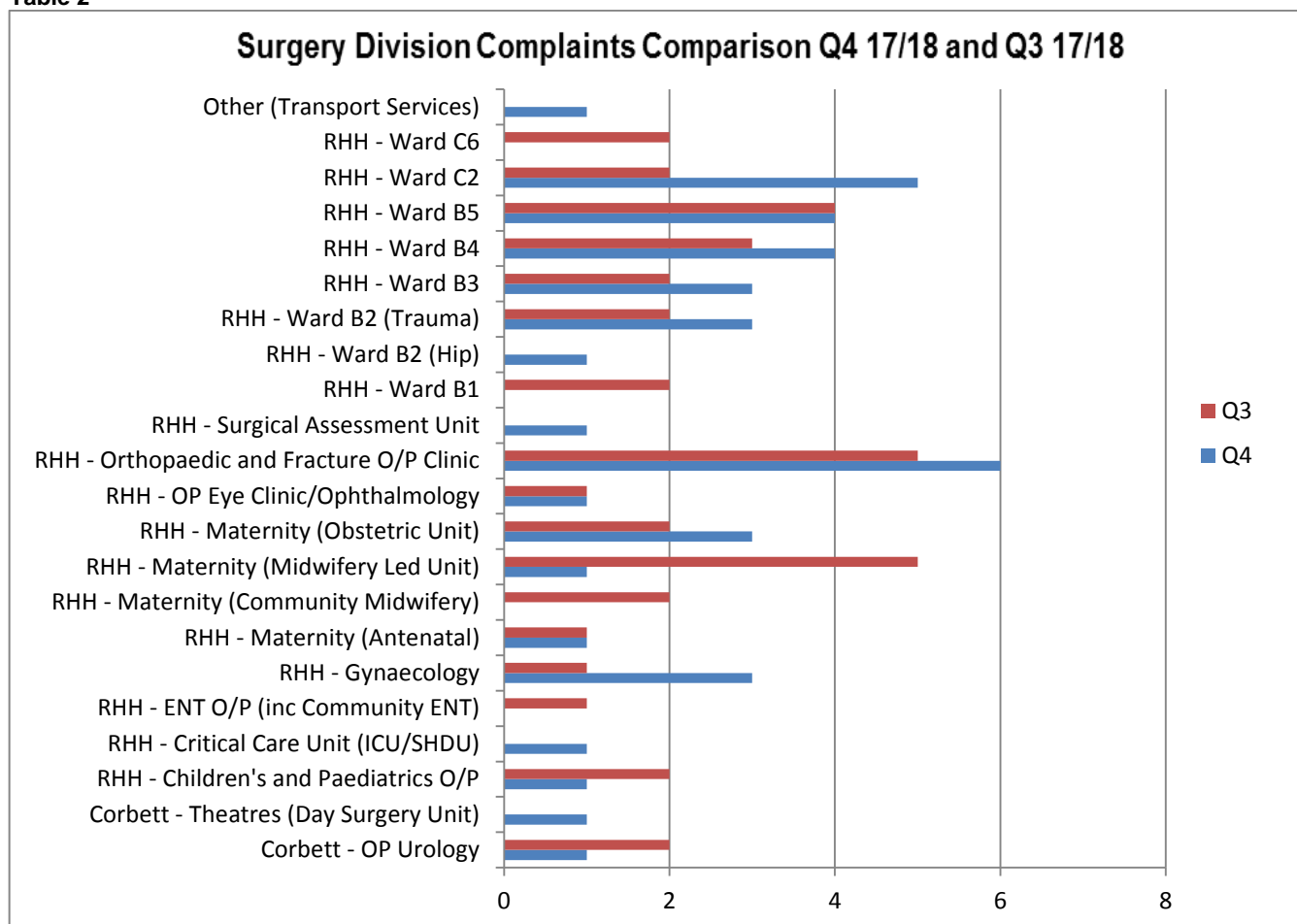
The following graphs illustrate complaints received within the division and which specific area of the Trust. They also demonstrate a comparison between Q4 and Q3.

Table 1



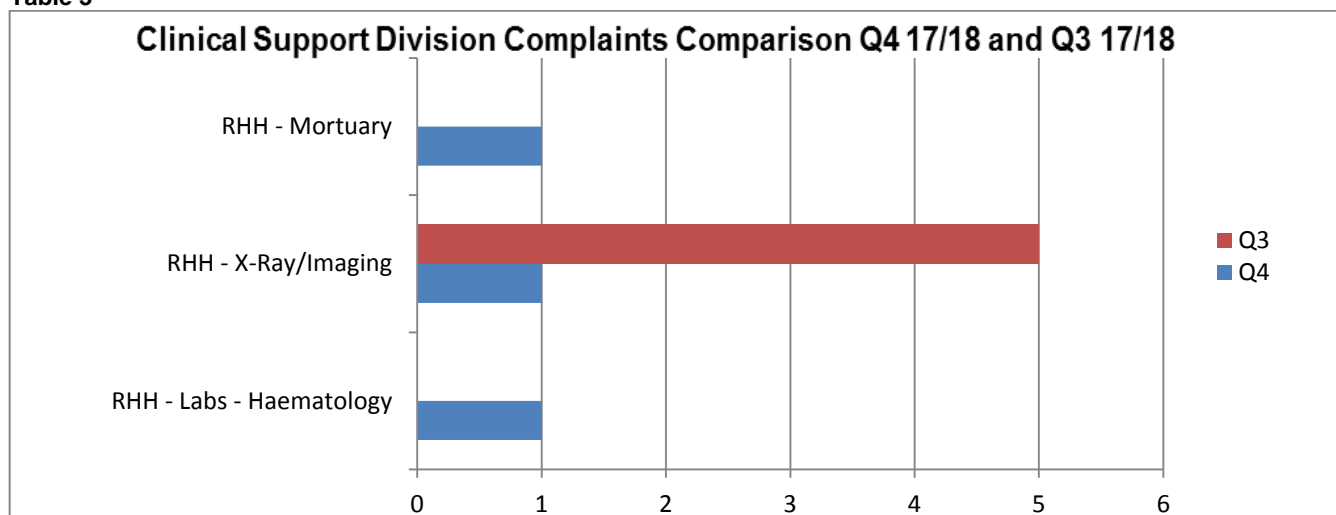
The Emergency Department has seen a significant rise in complaints. Wards A2 and C3 have also seen an increase in complaints received. The Head of Patient Experience and the Patient Experience Coordinator discuss complaints received on a weekly basis with Divisions.

Table 2



There has been an increase in complaints received regarding gynaecology and ward C2. Wards B2, B3, B4 and the orthopaedic and fracture clinic have also seen an increase. The Head of Patient Experience and the Patient Experience Coordinator discuss complaints received on a weekly basis with Divisions.

Table 3



There has been an increase in complaints received regarding the mortuary service and haematology. The Head of Patient Experience and the Patient Experience Coordinator discuss complaints received on a weekly basis with Divisions.

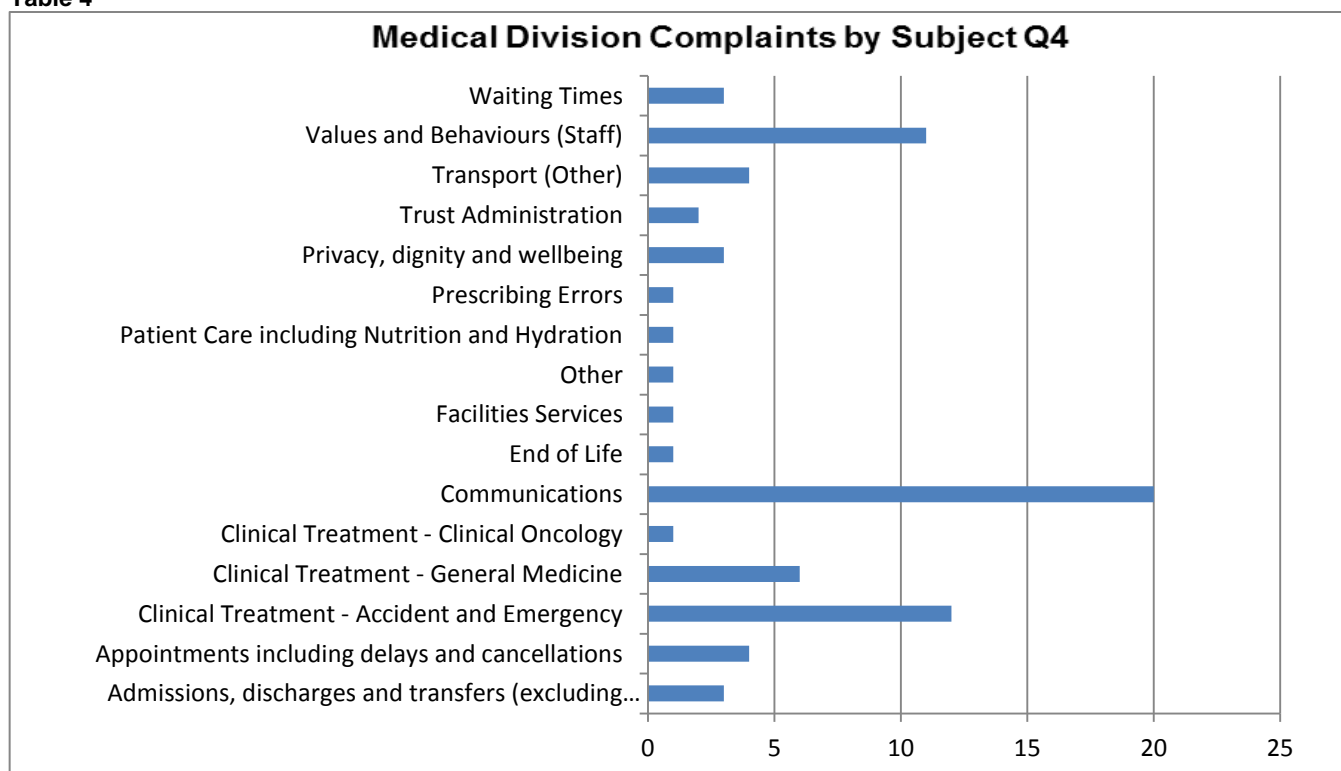
There has been one complaint received regarding community services relating to podiatry at Halesowen. To ensure concerns are raised within the community setting the community booklet is being updated with robust details of how to make a complaint or raise concerns. The Chief Nurse is concerned by the lack of complaints in the Community and welcomes increased FFT data to increase our oversight of the patient's experience.

Medicine & Integrated Care Division

During Q4, a total of 74 complaints were received by the Medical & Integrated Care Division which indicates an increase of 40% from Q3, 2017/18 (53) and 90% increase (39) for the same period last year (Q4, 2016/17). The Emergency Department has seen the most complaints during Q4 followed by ward A2.

Please note that Table 1 and Table 5 will differ in terms of the number of complaints received as opposed to number of complaints received by team responsible as all subjects within a complaint are captured and logged separately. For example, one letter of complaint may cover a range of subjects linked to multiple divisions, areas and teams responsible. Table 4 details complaints received by subject.

Table 4

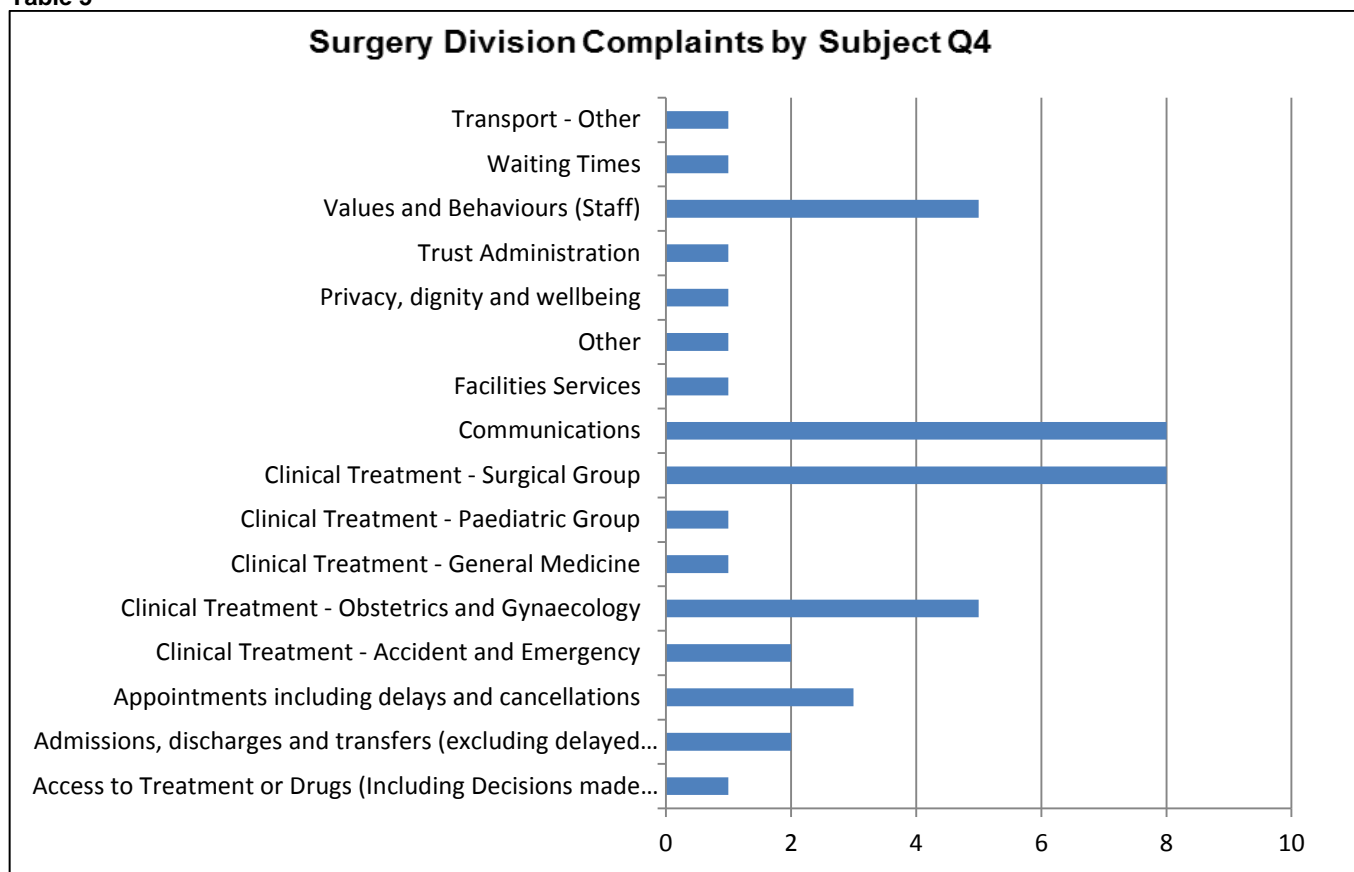


Surgery Division

During Q4, a total of 42 complaints were received by the Surgical Division which indicates an increase of 8% from Q3, 2017/18 (39) and 23% increase (34) for the same period the previous year (Q4, 2016/17). Further analysis has identified that maternity (Obstetric Unit), orthopaedics and fracture clinic outpatients, ward B4, general surgery (female) and gynaecology department have seen a significant increase in complaints.

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

Table 5

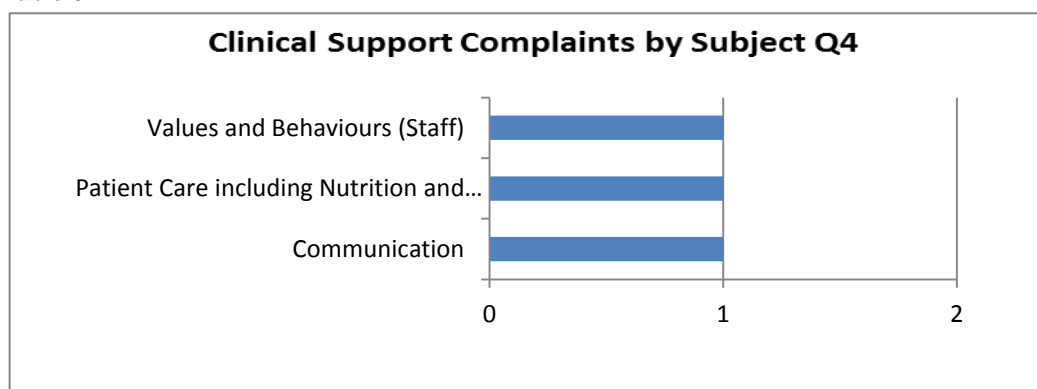


Clinical Support Division

During Q4, a total of 3 complaints were received by the Clinical Support Division which indicates a 63% increase from Q3 (8).

There has been a significant decrease in complaints related to the Imaging Department and it is suggested that this is as a result of the customer care training that has taken place as a result of complaint received. Table 6 details complaints received by subject.

Table 6



Complaint Themes

The top 5 themes across the 3 divisions are as follows:

Quarter 4, 2017/18
Communications
Values and behaviour (Staff)
Clinical Treatment – Surgical Group
Clinical Treatment – Accident and Emergency
Clinical Treatment – Obstetrics and Gynaecology

Reopened Complaints

During Q4 the Trust received correspondence from 11 complainants who were dissatisfied with their original complaint response from the Trust.

This included clinical and chronological discrepancies within the initial response letter. The complaints were initially closed in Q1 and Q2. Out of the 11 reopened complaints, 5 have now been responded to.

These related to:

- Medicine & Integrated Care Division 2
- Surgery Division 8
- Clinical Support 1

Complaint responses

The Trust has been unable to achieve the locally agreed response time of 40 working days due to the high number of complaints and capacity issues as well as some complex complaints. The Trust Board would like to see complaints responded to within 28 days however this cannot be achieved until the backlog of complaints have been addressed.

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

Within the reported quarter the Trust replied to 81 complaints in total. Of the 81 responses 16 (20%) were closed within 40 working days.

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

Five local resolution meetings (LRM) took place in Q4 which impacted on the 40 working day timescale being extended to accommodate such a meeting.

Members of Parliament

The Trust received 2 new complaints from Members of Parliament (MPs) during Q4. Both of these complaints are currently under investigation and awaiting response from the division. The complaints relate to Medicine and Integrated Care (1) and Corporate Services (1).

Local Government Ombudsman

The Trust received no applications from the Local Government Ombudsman (LGO) during Q4.

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

Parliamentary Health Service Ombudsman

The Trust received no applications from the Parliamentary Health Service Ombudsman (PHSO) during Q4 and none have been resolved during this quarter.

Complaints Satisfaction Surveys

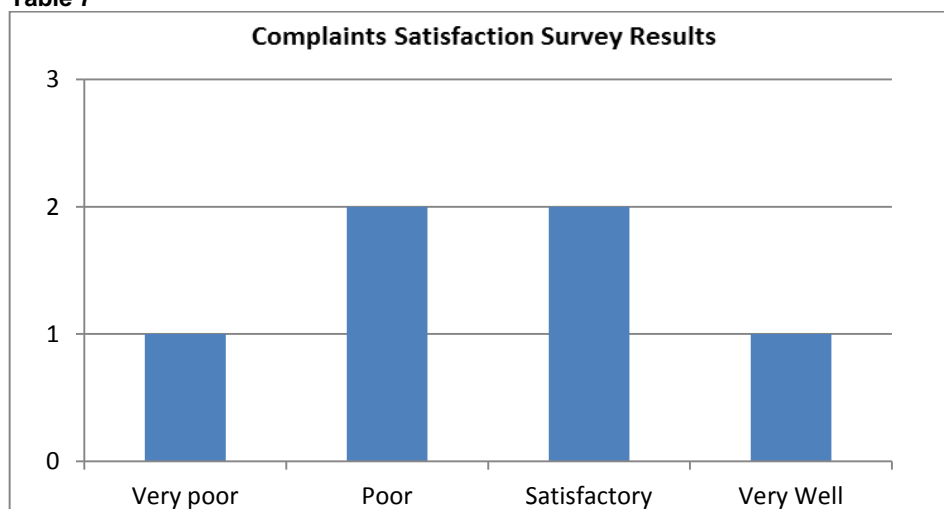
It is mandated that all trusts participate in the complaints satisfaction survey and is part of the NHS Complaints Legislation (2009). All complainants have the opportunity to complete a complaint satisfaction survey.

Of the 122 complaints received in Q4, 65 complaint satisfaction surveys were sent out and of those sent the Trust has received 6 completed surveys back. It has been agreed locally that surveys are sent out 6 weeks after closure to allow time for the complainant to consider the response.

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

Table 7 illustrates the feedback received from the complaints satisfaction survey received in Q4.

Table 7



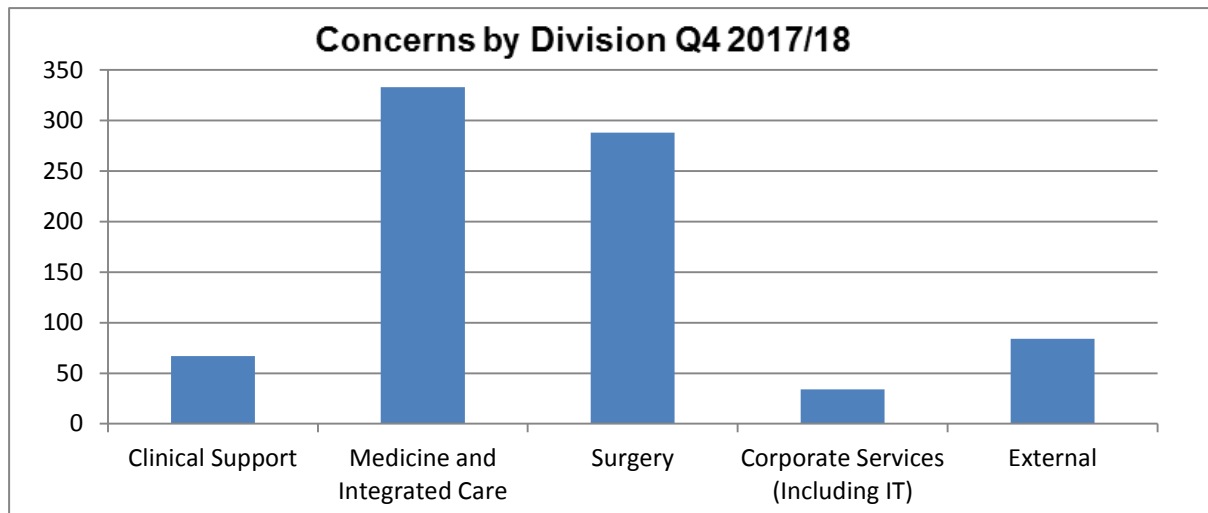
6. Compliments

The Trust continues to receive a high number of compliments equating to around 0.4% of patient activity. All compliments received by the Chief Executive and the Chief Nurse are acknowledged personally and shared with the staff involved. A total of 1,830 compliments were received in Q4 which represents a 7% decrease from Q3 (1,966), 2017/18.

7. Patient Advice Liaison Service

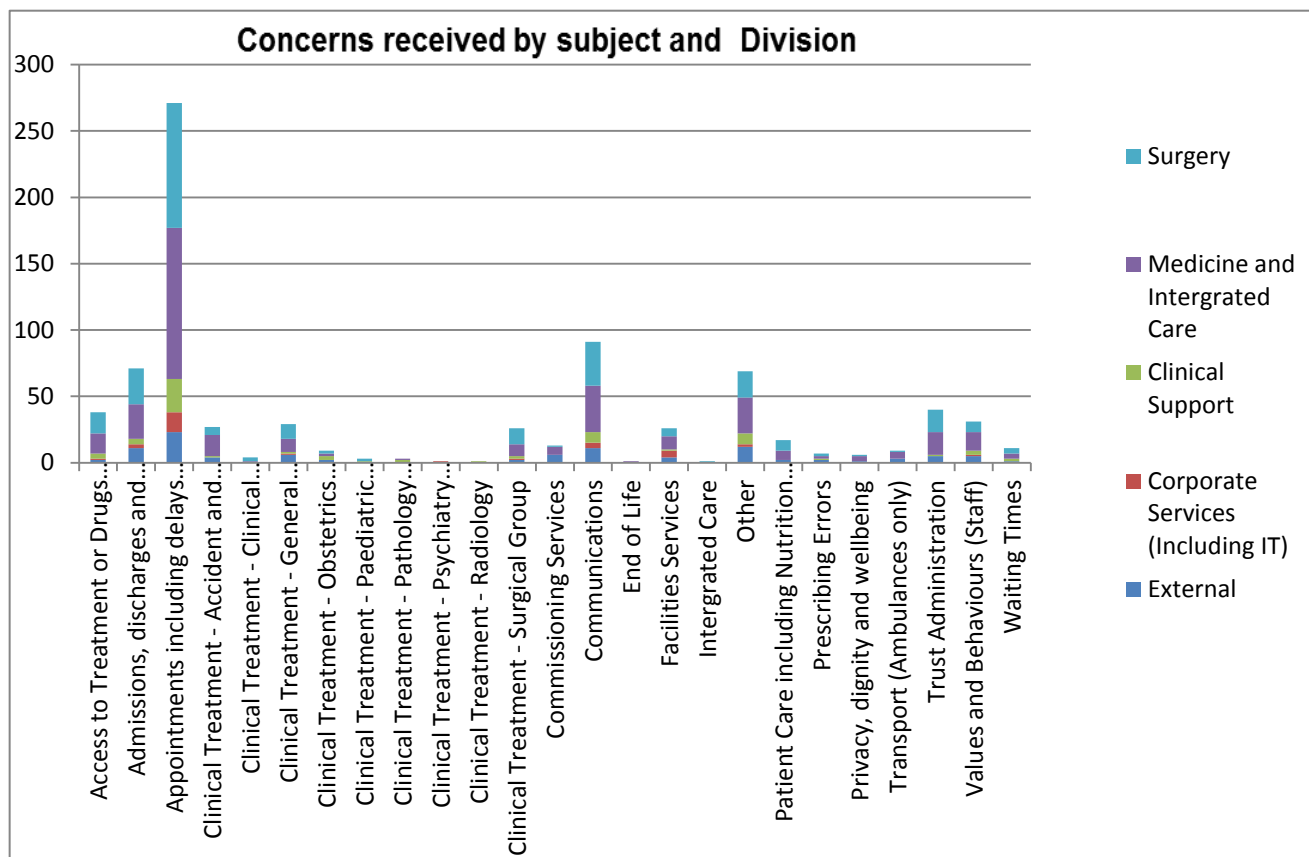
Patient Advice Liaison Service (PALS) received 806 new concerns in Q4, which is a 10% increase compared to Q3 (731). Table 1 details the breakdown by division during Q4:

Table 1



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

Table 2



The PALS team receives an average of 67 new concerns each week. These are escalated as appropriate (internally/externally) with the aim to seek resolution within 24 hours. Details of the time taken to resolve will be included in the next report.

A member of the PALS team is now located on the main reception at Russells Hall Hospital to increase accessibility and visibility of the service.

Conclusion

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

The Chief Nurse supported by the Head of Patient Experience is committed to the development of staff and continuous improvement as well as improving the way we report this detail.

Appendix 1 NHS Patient survey programme: outline programme and publication dates

Dated: issued by survey co-ordination centre, October 2017

Fieldwork dates will be confirmed following support received from the Confidentiality Advisory Group under section 251 of the NHS Act 2006. Publication month is included here 12 months in advance, and the exact publication date is confirmed at least one month in advance of that date. Any change to the publication date would be recorded under 'notes' with the reason for the change.

Lead sector	Survey	Fieldwork timing	Expected month of publication	Notes
2016/17 surveys				
Acute Trusts	2016 Adult Inpatients	September 2016 to January 2017	31 May 2017	Survey published
Acute Trusts	2016 Emergency Department	October 2016 to March 2017	17 October 2017	Survey publication delayed from August 2017 owing to data adjustments.
Acute Trusts	2016 Children and Young patients	January – May 2017	28 November 2017	Survey publication originally planned October 2017. Publication month changed to allow for agreement on weighting methodology.
Acute Trusts	2017 Maternity	April – August 2017	January 2018	Publication moved from December 2017 to allow for additional data processing.
2017/18 surveys				
Acute Trusts	2017 Adult Inpatients	September 2017 to January 2018	May/ June 2018 (TBC)	NHS providers will need to fund implementation on the same basis as in previous years.

2018/19 surveys				
Acute Trusts	2018 Maternity	April – August 2018	January 2019 (TBC)	NHS providers will need to fund implementation on the same basis as in previous years.
Acute Trusts	2018 Adult Inpatients	September 2018 to January 2019	May/ June 2019 (TBC)	NHS providers will need to fund implementation on the same basis as in previous years.
Acute Trusts	2018 Children and Young People	January – May 2019	September 2019 (TBC)	NHS providers will need to fund implementation on the same basis as in previous years.
TBC	2018 Emergency Department	TBC	TBC	NHS providers will need to fund implementation on the same basis as in previous years.

PAPER FOR SUBMISSION TO THE COUNCIL OF GOVERNORS MEETING
on 4 June 2018

TITLE:	Aggregated Annual Learning Report from Incidents, Complaints, PALS, and Corporate Learning - Quarter 3 1 st April 2017 to 31 st March 2018		
AUTHOR:	Justine Edwards – Patient Safety Manager	PRESENTER	Glen Palethorpe Director of Governance/Board Secretary
CORPORATE OBJECTIVE: SO1: Deliver a great patient experience SO2: Safe and Caring Services			
SUMMARY OF KEY ISSUES: The comparative data for the preceding 3 years shows that the Trust has an upward trend in reported incidents, serious incidents, complaints and PALS. In relation to incidents this is encouraging going forward in relation to Quality Priority 7 which details a 5% increase in the number of incidents reported for year 2018/2019. This is also reflected in the number of serious incidents where the Quality Priority details a 5% decrease in the 2018/2019. The following report provides an overview of Learning from the last Financial year in relation to Incidents and Corporate Learning and changes in practice as a response to their investigations.			
IMPLICATIONS OF PAPER:			
RISK	Y/N	Risk Description:	
	Risk Register: Y	Risk Score: 12: Stage 3 and 4 Pressure Ulcers potentially can increase 9: The outcome of the National Falls Audit was released in October 2015. It defines best practice for Trusts regarding falls management, the average falls incident rate for all falls and for falls resulting in serious harm 12: Failure to embed improvements from CQC visits	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: All care domains
	NHSI	Y	Details: Contribution to the Monitor Governance Rating
	Other	N	Details:
ACTION REQUIRED OF COUNCIL			
Decision	Approval	Discussion	Other
		√	
RECOMMENDATIONS FOR THE COUNCIL: <ul style="list-style-type: none"> To note key issues identified. To note the focus placed on learning within the incidents and claim processes. The Trust continues to use the Root Cause Analysis process to make improvements. 			

AGGREGATED REPORT/LEARNING FROM INCIDENTS COMPLAINTS AND PALS

1. INTRODUCTION

The Dudley Group NHS Foundation Trust is committed to ensuring that learning occurs from all kinds of incidents, complaints, claims, reviews and patient/staff feedback. The Trust ensures that all sources of learning are identified and utilised and that these are shared across the organisation.

The report provides an overview of some of the learning and subsequent changes in practice that have occurred in response to investigations and feedback.

2. BREAKDOWN OF ALL GRADES OF INCIDENTS , COMPLAINTS, PALS, SERIOUS INCIDENTS AND LEVEL 2 INCIDENTS FOR THE PERIOD 01/04/2017 to 31/03/2018

The following table provides an overview of incidents (including near misses) reported from Quarter 1 to Quarter 4(2017/18) the table below shows an increasing trend in the number of reported incidents. There has been a 23% increase reporting of incidents in the financial year 2017/2018. The number of serious incidents was seen to be reducing in Quarter 1-3, with a sudden rise in Quarter 4. This increase is reflected in complaints, PALS and claims.

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Total
Total Incidents	3384	3877	3857	4404	15522
Serious incidents	34	33	25	47	139
Never Events	0	1	1	1	3
Total Complaints	87	73	70	123	353
Total PALS	377	435	449	550	1811
Total Claims	12	15	14	19	60
Total Coroners	6	1	5	5	17

The comparative data for the preceding 3 years shows an upward trend in reported incidents, complaints and PALS. In relation to incidents this is encouraging going forward in relation to Quality Priority 7 which details a 5% increase in the number of incidents reported for year 2018/2019. This is also reflected in the number of serious incidents where the Quality Priority details a 5% decrease in the 2018/2019.

Year	14/15	15/16	16/17	17/18
Incidents	10472	13002	15157	17005
Complaints	320	302	301	419
PALS	1123	1204	1803	2342
Serious incidents	285	308	159	139

3. LEARNING

Incidents provide an opportunity for analysing current practice and identifying learning. Learning may be local to a directorate/specialty, the whole organisation or for external stakeholders. Lessons may be learned from analysis of groups of accidents that would not be apparent from separate analysis of individual incidents in isolation. The Trust strives to embed learning from all levels of incidents and investment has been secured to increase the current Patient Safety Team to allow the team to work in partnership with the Divisions and support investigation of incidents and identify learning from incidents.

Below are examples of learning identified from 2017/18

3.1 VTE

The Trust has a fluctuating position in relation to the 95% performance target. Although there is some improvement as a result of raising awareness, the introduction of an electronic dashboard and through the education process this has not been sustained. Performance is not uniform across the Trust with the surgical division compliant with the 95% target. Medicine is less robust with performance fluctuating.

First assessment +/- 12 hours of admission										
Year	Month	Medical			Surgical			Overall		
		Risk Assessed	Admissions	Medical %	Risk Assessed	Admissions	Surgical %	Risk Assessed	Admissions	Overall %
2017	Jul	5,728	6,085	94.13	5,368	5,708	94.04	11,096	11,793	94.08
	Aug	5,798	6,139	94.44	5,341	5,621	95.01	11,139	11,760	94.71
	Sep	5,562	5,911	94.09	5,099	5,396	94.49	10,661	11,307	94.28
	Oct	5,870	6,172	95.1	5,582	5,876	94.99	11,452	12,048	95.05
	Nov	5,350	5,743	93.15	5,554	5,860	94.77	10,904	11,603	93.97
	Dec	4,931	5,526	89.23	4,854	5,087	95.41	9,785	10,613	92.19
2018	Jan	5,482	6,165	88.92	5,388	5,617	95.92	10,870	11,782	92.25

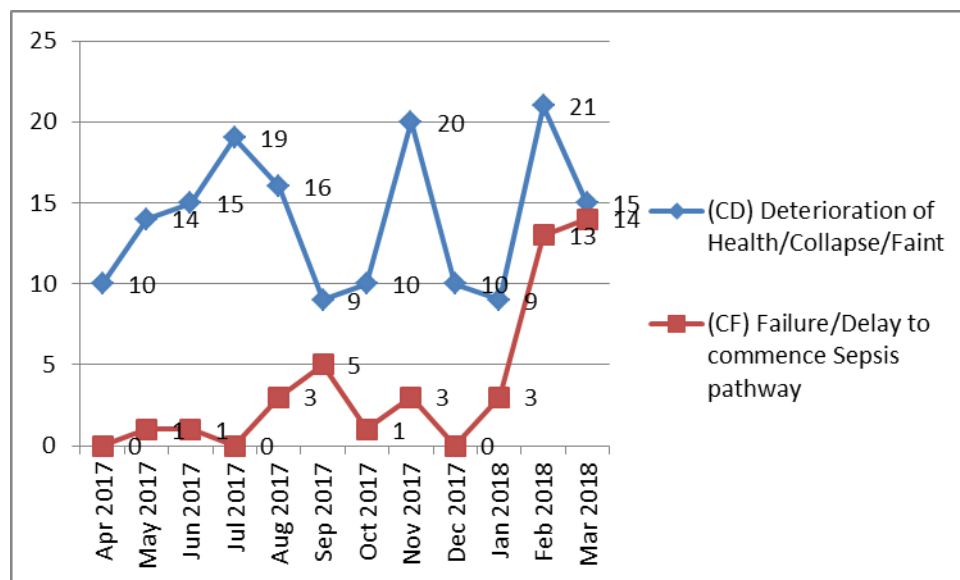
It has been acknowledged further through audit that there is a need to implement further actions to ensure that VTE assessments are undertaken. VTE awareness has been reinforced with all lead nurses to support compliance. Daily reports are circulated to identify outstanding VTEs and these are sent to medical and lead nurses.

The Trust continues to report and investigate all hospital acquired VTE. The datix system details a number of cases of failure to assess, failure to correctly assess the risk, failure to implement prophylaxis and the occurrence of Hospital Acquired Thromboprophylaxis.

The Trust has identified 3 serious incidents reported during 2017/2018 in relation failure in VTE assessment within medicine. 2 cases have been brought to the Coroner which resulted in 2 'Regulation 28' reports; this has led to the identification of further learning within the Medical Division and awareness of the need for VTE assessments has been discussed with medical teams and within the mandatory Medicine Audit Meeting. Both the Coroner and the Trust have recognised that there was still a significant risk that similar situations could arise again. A risk assessment has been developed in the Medicine Division and has an initial grading at 20 and with a mitigating grading of 5. The second case saw change in practice to ensure enforcement, this included the introduction of Consultant being present on post take ward rounds on AMU, VTE risk assessment is now completed within 24 hours and subsequent audits have been undertaken by lead CNS in anticoagulation to monitor compliance. Ward staff ensure that prophylactic enoxaparin dose is not omitted because patient is not on ward, this is now administered when patient returns onto the ward.

3.2 Deteriorating Patient

Over the last 12 months the Trust has seen an increasing trend in incidents reported in relation to delay in recognition of the deteriorating patient and failures to commence the sepsis pathway.



The Trust identified an increase in incidents relating to the deterioration of health/collapse/faint in Quarter 1 and 2 in response to this the Trust has moved from using a local Track & Trigger observation chart to the National Early Warning Score (NEWS) and this was implemented on 3rd August 2017. This has ensured that the Trust was in line with national guidance on the management of deteriorating patients. Training was provided by the resuscitation team at the time of the launch and the Resus Sepsis Team and Critical Care Outreach Team attended all wards to promote and provide training on the new system at the ward huddle boards meetings. Every inpatient area which records vital signs for their patients changed over to the National Early Warning Score (NEWS) system, the system included a new escalation plan for medical emergency and cardiac arrest calls on extension 2222.

There have been an increasing number of incidents in relation failure to follow the Sepsis pathway. This has led to a number of innovations within the Trust to address this issue. Sepsis education has been mandated and is an integral part of all annual mandatory resuscitation training for all levels of resuscitation training. A sepsis trolley has been made available in the Emergency Department and the sepsis team visit all admission areas (AMU, AEC, SAU, Paediatric Assessment Unit & Mat triage). Daily e-referrals are emailed for all inpatients triggering the requirement to be screened for sepsis. RADAR (Recognise Acute Deterioration, Assess & Refer) training dates have been launched out via the HUB. NEWS & Sepsis escalation cards has been developed and staff will be able to carry these around with them as a prompt. Compliance with the sepsis pathway is monitored through the sepsis audit undertaken by the Sepsis team and results are reported to the Deteriorating Patient Group.

To allow for identification of trends in incidents that relate to failure to follow the sepsis pathway and failure in recognition of the deteriorating patient, fields have been added to Datix, the Trusts incident reporting system, to capture any incidents that may include these elements. This will identify any incidents that demonstrate failings that relate to the sepsis pathway or deteriorating patient.

The Trust has ensured that NEWS has been embedded in the EPR system and eObs is being launched in April 2018. All staff that undertake observations or need to view observations will need

to have completed the e-learning module on eObs by 20th April 2018 to enable them to have a login to Sunrise Electronic Patient Record.

The CQC visit in December 2017 highlighted concerns in the Emergency department in relation to recognition of the deteriorating patient this has prompted the implementation of paper NEWS charts. The Emergency department has previously used a modified version of the National scoring system that had been incorporated into their IT system. Telemetry monitoring has been placed all High Dependency Area cubicles, to enable more intense monitoring and cubicles 4, 5 and 6 have been identified as high visibility cubicles. The Trusts Observation Policy has been reviewed and updated to include guidance on observation in the Emergency Department section. A four times a day audit is completed to demonstrate compliance with NEWS and Sepsis screening and assurance is provided to the executive on these.

3.3 Head Injury

Two serious incidents resulting in head injury during 2017/2018, one was following a fall and the one relating to a patient who was admitted following a head injury. Both Incidents identified the need for clarity in relation to neurological observations with regards to the frequency and documentation and it was identified that there was a lack of guidance on the management of a patient with a head injury that wards could refer too. A guideline has been developed; staff have been informed of the guideline through the Divisional and Directorate Integrated Governance Report, via the Chief Executive bulletin, Governance newsletter, by the Policy author and is available on the HUB. It has also been identified through coroners. The Trust received a Regulation 28 Preventing Future Deaths Report from the Coroner, in relation to the patient fall. Evidence emerged of poor record keeping and lack of neurological observations, thus re-iterating the need for the development of this guideline.

Over the last financial year the Trust has seen a number of incidents relating to failure in the NORSE referral pathway. Significant delays in the pathway relating to IT delays in transfer but also referrals being actioned at the tertiary centre. This was further highlighted by the Coroner servicing a Section 28 notice which raised concerns in relation to the NORSE referral pathway; this led to the revision of the pathway.

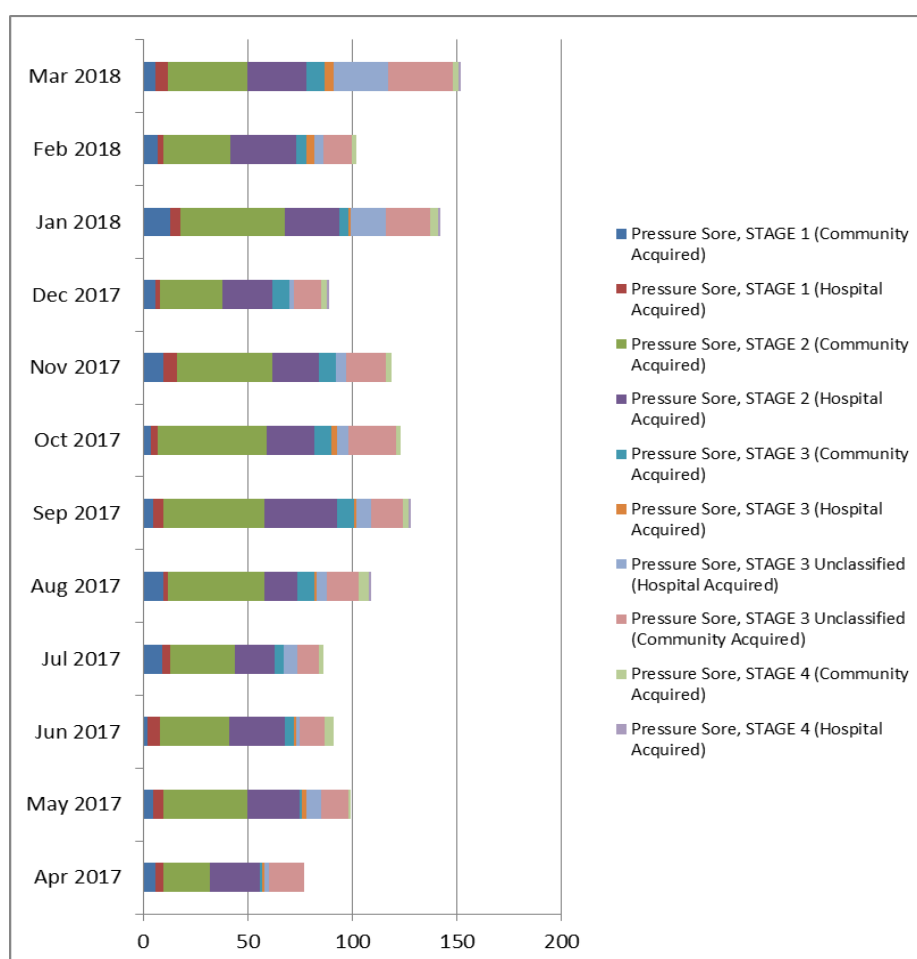
	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Total
(APT) DELAY in Transferring Patient	0	0	0	0	0	1	0	0	1
(CF) DELAY in Care/Treatment	0	1	0	0	1	0	1	0	3
(CF) FAILURE of Treatment	0	0	0	0	0	0	0	1	1
(DIAG) DELAYED Diagnosis	1	0	1	0	0	1	0	0	3
(DT) DELAY in receipt of Test Results	0	0	1	0	0	0	0	0	1
(IT) Human - User access	0	1	0	0	0	0	0	0	1
(REC) FAILURE in REFERRAL Process	0	0	0	0	2	0	0	0	2
Total	1	2	2	0	3	2	1	1	12

The Trust has continued to make improvements in relation to ongoing issues with Norse and have identified additional actions to ensure that the a robust pathway is in place. A clinical and IT lead for Norse at DGFT have been identified and Clinical Site Co-ordinators (CSC) now have access to NORSE thus providing 24 hour access to the system. Training has been provided to the CSC's and this has enabled them to see NORSE referrals and how to share referrals. NORSE training has

been incorporated to the doctors IT training and provides new doctors and awareness of the system and this includes direction on the specialities that are included within the NORSE system. A number of guides have been developed to support managing the NORSE system. A NORSE Patient Safety Group has been developed and the first meeting is arranged for 18th April 2018.

3.4 Pressure Ulcers

The Trust continues to see incidents relating to all stages of pressure ulcers. The chart below details the number of stage 1, 2, 3 and 4 pressure ulcers from 1st April 2017 to 31st March 2018. It can be seen that there is an increasing/consistent trend during the last 12 months.



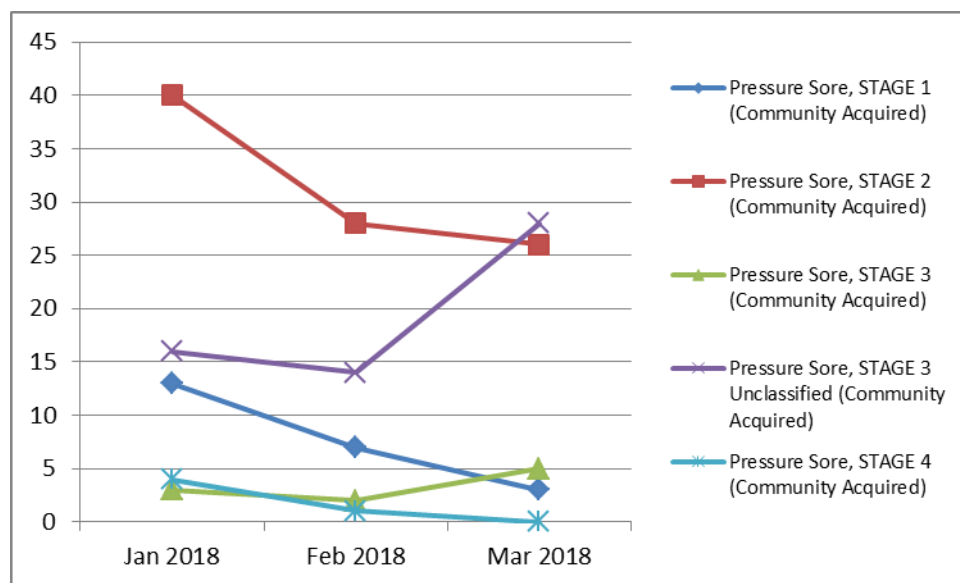
Review of investigations and incidents into pressure ulcers has identified that there is a vast need for improvement in record keeping, communication/escalation, in pressure ulcer prevention and management and in undertaking Root Cause Analysis investigation.

In response to this the Tissue Viability Team held a pressure ulcer study event “Your patient needs you” on 13th March at the Copthorne hotel. The day included presentations from the Tissue Viability Team, product representatives, Quality and Improvement Lead and CNS for vascular. 4 workshops were held and attendees were educated in RCA writing, process in relation to pressure ulcer serious incidents, safeguarding and the staging of pressure ulcers. The event was well attended and well received by all whom attended. Investigations have highlighted the incorrect use of equipment.

Therefore, equipment training is to be commenced in April 2018 as part of the project being undertaken with representing companies, assurance that staff are using the equipment correctly will be gained through audit.

It has been identified through the RCA investigations of pressure ulcers that there have been delays in the availability of equipment in community due to the community nurses having to collect the equipment from the main hospital. As a result it was identified that repose cushions and heel protectors needed to be stored at the district nurses bases rather than the hospital which enable them to be taken out at point of need without any delays. These have been made available from July 2017. There has been positive feedback from nurses who have reported reduced time delay in providing the equipment, as well as reduced time for them to travel and collect equipment. The outcome of this change will monitored through the RCA investigation findings.

Pressure ulcers are consistently reported within the community setting. The chart below details pressure ulcers of all stages (1-4) and both avoidable and unavoidable.



N.B. Unclassified stage 3 pressure ulcer – is a full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough in the wound bed. Until enough slough is removed to expose the base of the wound, the true depth cannot be determined; but it will be either grade 3 or 4.

Investigations into the development of pressure ulcers have identified the following contributory factors:

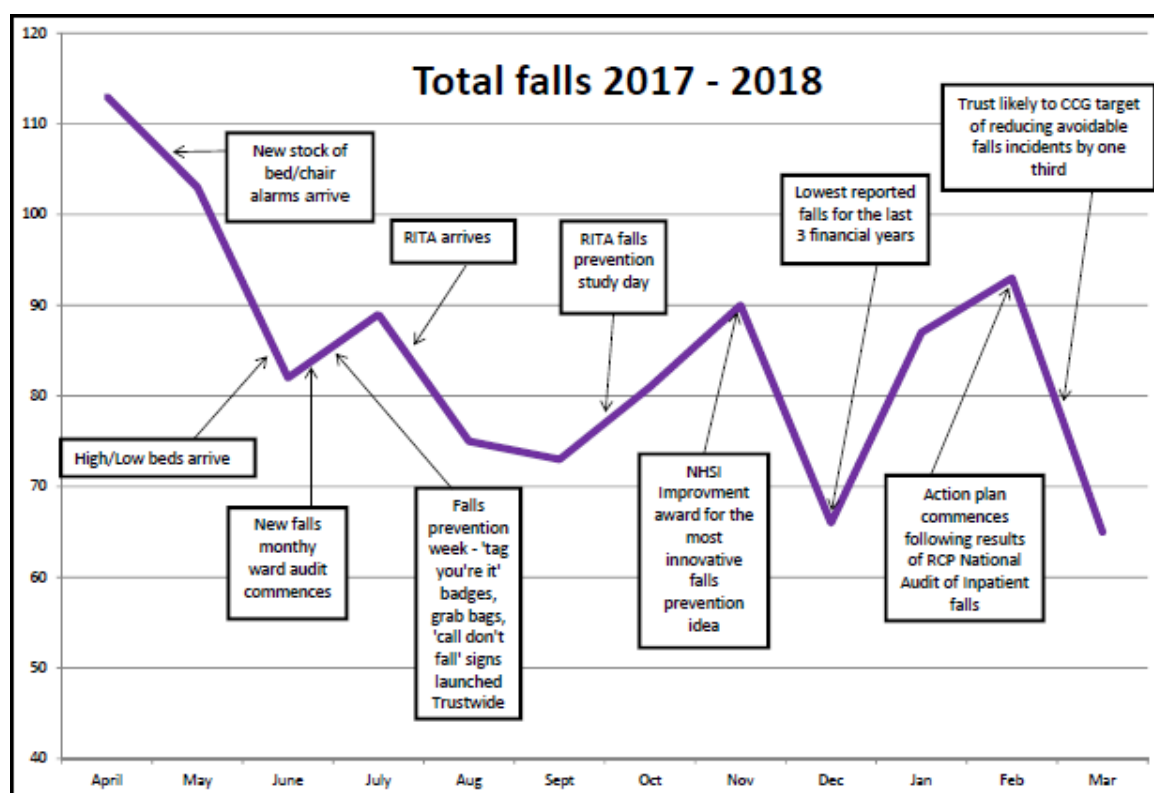
- Staffing, poor staffing levels has been identified as an issue contributing to patient harm; the frequency of turning patients can be compromised and deviate from prescribed frequencies.
- Miscalculation of Waterlow scores.
- Lack of or miscalculation of MUST (Malnutrition Universal Screening Tool) score.
- Lack of pressure relieving equipment knowledge.
- Poor communication to family and carer regarding pressure area care advice and steps to take when patients are non-compliant with pressure relieving advice. An algorithm has now been developed for staff to follow when patients are non-compliant with pressure relieving advice.

In response to these findings the Community Matron and her team have arranged weekly pressure ulcer meetings with the Team Leaders, the Tissue Viability Team and the Deputy Chief Nurse. All community pressure ulcers are reviewed by the Band 7, band 6 or quality and safety champions and all patients on the community caseloads with pressure ulcers have individualised care plans in place. Quality and Safety Champions for each zone have been identified to focus on pressure ulcer prevention. Pressure ulcer question time is held every two weeks with the Matron. Quality and Safety Huddle board is held and handover with minutes. A patient non-concordance flow chart has been developed which details criteria to be reviewed to support non-concordance.

A 'Regulation 28' report was issued by the Coroner following an inquest in November 2017. The matters of concern that emerged during the inquest were related to delays in ordering Debrisoft, a product which may have helped in managing the wound with the Coroner stating there was evidence of poor communication and poor systems in place in ordering Debrisoft with confusion about the process and overall responsibility.

Following a meeting with community nursing senior leads and the Chief Nurse, a Debrisoft management pathway has been introduced. To ensure there are no delays Debrisoft is now a stock item ordered through procurement and orders have been placed by the 5 community localities. Community nurses also have stock items of Debrisoft (1 box of 5) in nursing bags at all times. Delays in community nursing prescription requests have been highlighted to CCG who will further discuss with GP leads. Debrisoft Representative will liaise with GP surgeries and local pharmacies in order to cascade educational advice regarding the product and FP10s.

3.5 Falls



The Trust saw the lowest number of falls incidents reported June 2017 since August 2015. Under-reporting has been considered as a cause for this reduction, but given the results of the under-reporting audit, this was unlikely. This may have been due to the current high level of focus on patient falls within the Trust during June. This culminated with the Falls Prevention Awareness

Week, undertaken in June 2017. The reduction also coincides with an improvement in the new monthly falls audit that was launched in June 2017 as a reportable audit.

It has been highlighted during 2017 by staff that they were not provided feedback when they report a fall on datix. In response to this a falls information board has been implemented on wards to enable staff to understand their ward and any identified issues in relation to falls. Trends and numbers of falls has been shared with all wards during the falls week to enable staff to review the fall issues for their work area and discuss actions required to reduce falls.

The NHSI Falls Collaborative was launched in January 2017 and the impact of the work undertaken can be seen in the significant decrease in the number of falls incidents reported. The Trust has invested in 20 high low beds and utilised when patient are assessed at risk of falls which has again seen a reduction in falls from the bed in the areas were these low rise beds are used. The Trust's falls training has been reviewed and re-launched out into the Trust in August 2017 and its reclassification as a professional requirement for staff to attend has seen an increase in attendance.

A serious incident relating to a fall identified concerns whereby a patient requiring supervision when mobilising should not be left unattended at any time during the mobilising process. A Coroner's Inquest concluded that death was contributed to by neglect and consequently Breach of Duty admitted where it was accepted that the claimant's fall was as a result of the Trust's failure to follow the mobility plan. Damages paid for the sum of £10,000. Grab bags have been purchased and located inside bathrooms and toilets to negate the need to leave patients unattended. A new handover sheet and a Night Care Plan has been developed and implemented to highlight patient's mobility needs and current falls risk. Lying and standing blood pressure is now undertaken for all patients on admission and all patients post fall and audit of compliance is undertaken.

Paper for submission to the Council of Governors

TITLE:	Service and Quality Improvement Action Plan – Overview		
AUTHOR:	Glen Palethorpe Director of Governance	PRESENTER:	Glen Palethorpe Director of Governance
CLINICAL STRATEGIC AIMS			
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.		Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.	
CORPORATE OBJECTIVES ALL			

Introduction

This report is the report that was presented to the System Oversight meeting on the 31 May 2018 and gives an overview as to the delivery of the series of service improvement plans which together along with the Trust’s well led action plan make up the Service and Quality Improvement plan.

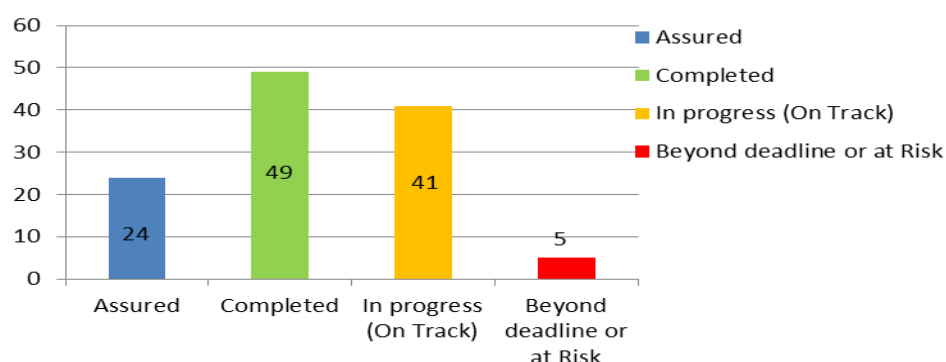
Each of the service improvement plans were developed following the initial feedback from the CQC inspections, then refined when the draft report was received and are now being further added to as the final report has been issued to had added the wider observations made by the CQC outside the main Must and Should do actions.

Overview

Dudley CQC Action Status at 18 May 2018 (Trust Wide View)

Clinical Area	Assured	Completed	In progress (On Track)	Beyond deadline or at Risk
Medicine	0	2	3	0
CYP	0	8	8	0
Critical Care	8	12	8	0
ED	15	22	12	5
Maternity	2	5	6	1
Community	25	50	42	5

Dudley CQC Action Status at 18th May 2018 (Trust Wide View)



The actions within the tracker are colour coded as:-

Red "at risk" due to progressing but have exceeded their implementation date or require engagement / action by third parties which has yet to occur – **NOTE a small number of implementation dates eg due to e-obs implementation, maternity recruitment commencing have been amended which has moved some red rated action to amber.**

Amber "on track" progressing to deliver in accordance with set implementation date and seen as having no risk to their delivery

Green "complete" these have been assessed as complete but some evidence to support this assertion has not yet been provided

Blue "assured" evidence has been seen and validated by the external project support team as showing the action as complete.

At risk actions.

NOTE for a small number of actions their implementation dates have been revised these have only been done where clear action has commenced, such as the implementation of e-obs which will now provide the trend analysis, the commencement of the bereavement maternity midwife with the post advertised. Where action milestones have not been restated eg the identification of funding for the bereavement space, then the original date has not been changed and the item remains red rated.

Urgent and Emergency Care

There now remains FOUR red rated actions

1) The consistent provision of 16 hours of consultant cover within the department

The original implementation date of 8 January was always ambitious given the difficulty in recruiting ED consultants. The date has NOT been moved to keep the focus on this being delivered (as moving to on track with a long delivery date may lose momentum on a critical issue).

Actions taken to mitigate this risk

As of the January 2018 Locum Consultant cover to midnight providing an addition 2 hours of cover from 10pm – 12am and overlapping additional cover for 6 hours on the twilight shift was authorised by the Executive.

This shift has been filled by a variety of medical agency, locums on block booking and also internal consultant cover.

Cover for the twilight shift has risen from 2 days per week in January to 4-5 days per week in May 2018. The gaps in cover have been caused by sickness in the department and the dismissal of a locum.

2) There were issues in relation to patient flow and the escalation procedure was not being followed fully at times of increased pressure.

The Trust's task and finish group continues to work on patient flow.

Actions taken so far and implemented

- Redesigned the acute medical pathway to AMU from ED. 8x Trolleys have been put into 2 bays and beds removed to facilitate improved assessment flow. Additional fit to sit chairs included to ensure patients are seen as assessment and not admissions. This will also assist with diverting patients from GPs to ED as patients will go to AMU direct if have GP Letter.
- Implemented a frailty pathway co-located within our AMU to enable our frailty team to manage this cohort of patients rather than admit to ward based beds.
- Discharge Lead in place with additional discharge coordinators in all wards. Reduction of Dudley DTOC already realised as a result of this change.

- Senior Site team presence over a 24 hour period including weekends.
- Surgical pathways from ED – changed layout of assessment area to chairs and trolleys which also include 2 consultation rooms.

Actions ongoing

- Implementation of a chest pain pathway to have patients direct to Cardiology.
- Red2Green and PJ Paralysis – Red2Green plans in progress.
- Development of twice daily ward rounds.

Whilst many actions have been taken this overall element has remained red rated as the Trust has yet to see sustained improvement in respect of flow.

ED x-rays

The need for an improved X-ray vetting system to be put in place for ED fractures.

There are two actions within this area that have not been completed, the first is the building works to locate the person within ED has not occurred.

The audit of the double reporting within x-ray has not been completed by the revised timescale of May and thus this action has now been rated as red as overdue to provide assurance that effective double reporting is taking place.

Actions taken in relation to previously rated RED actions

The registered provider must ensure there is an effective system in place to identify, escalate and manage patients who may present with sepsis or a deteriorating medical condition in line with the relevant national clinical guidelines.

The launch of the e-Obs tool on the 17th May means that meaningful analysis across the Trust of the compliance with the Trust's observations policy for the deteriorating patient is now possible. A suite of routine performance reports are being developed to provide this trend analysis which are to be in place by the end of May. Therefore this action has had a revised implementation date of the 1 June placed within the tracker.

That there are sufficient numbers of suitably qualified, skilled and experienced registered nurses at all times within the ED and IMAA to

meet the needs of patients

The improved number of nursing staff are finding their way into the substantive rotas not only within ED but across the Trust. For the month of April the use of Agency across the Trust has reduced to 16% (from 21% in both the months of February and March). ED staffing is recorded and short term gaps due to sickness etc are tracked daily within the regular site meetings with mitigation actions use of bank, relocation of staff or the use of Agency staff agreed by the daily capacity team. Given that there will always be a level of agency but that this is now close to the Trust's agency cap %

Maternity

Their remains ONE red rated action and this relates to the building changes to create a separate area for bereaved families. As the funding source for this work has still to be finalised then this remains at risk albeit agreed plans for the build have been agreed.

In respect of the previously red rate action in relation to the recruitment of the bereavement midwife as the post has been advertised within NHS Jobs with a closing date of May 2018, then a revised date of September has been placed in the tracker to allow for the recruitment process to be concluded and notice to be provided.

Update on areas with at risk (red actions) last month

Critical Care

The previously reported red rated action in relation to the review of all outstanding (three) clinical guidelines has been completed as planned and their successful review was reported through the divisional governance meeting in May 2018. The divisional governance meeting has a regular agenda item a schedule of policies, guidelines and standing operating procedures that are approaching their review date so they can consider what action is needed to ensure they are reviewed within their three month review window.

Medicine

Given the progress made with Nursing recruitment and that these staff are finding their way into the substantive rotas, with a reduced use of Agency in April to 16% (from 21% in both the months of February and March) this has been moved to green, with a move to blue assured once the trajectory remains for actual agency use matches for more than one month the trajectory for agency use across the year.

Monitoring arrangements

There are a number of current performance reporting and oversight measures that provide effective monitoring arrangements for the relevant service quality and improvement plans, these include divisional performance meetings, maternity performance dashboard reporting and medicine ward quality dashboard reporting. There are however further developments in train to bring the same level of performance dashboard reporting to ED, whilst currently the ED weekly performance dashboard measures Emergency Access Standard performance, triage times, time within ED all of which give a view as to flow. The addition of staff metrics for nurse agency use, consultant job planning and rotas and the inclusion following the go live of e-Obs will make the dashboard more comprehensive.

Conclusions

The delivery of the identified actions is progressing. The Trust is awaiting the outcome of the external service review by the Royal College of Emergency Medicine before it assesses the level of impact of the actions taken on the risk placed on the Trust's corporate risk register following the CQC feedback and Section 31 notices.

IMPLICATIONS OF PAPER:

RISK	Y		COR 501 – risk to the delivery of a safe and effective ED service
	Risk Register: Y		Risk Score: 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: links all domains
	NHS I	Y	Details: links to good governance
	Other	N	Details:

ACTION REQUIRED OF GROUP

Decision	Approval	Discussion	Other
			Y

RECOMMENDATION FOR THE GROUP

The Group is asked to note that the delivery of the identified actions is progressing, and that there are a reduced number of red actions, with both medicine and critical care now . The Trust is awaiting the outcome of the external service review by the Royal College of Emergency Medicine before it assesses the level of impact of the actions taken on the risk placed on the Trust's corporate risk register following the CQC feedback and Section 31 notices.

Paper for submission to the Council of Governors on 7 June 2018

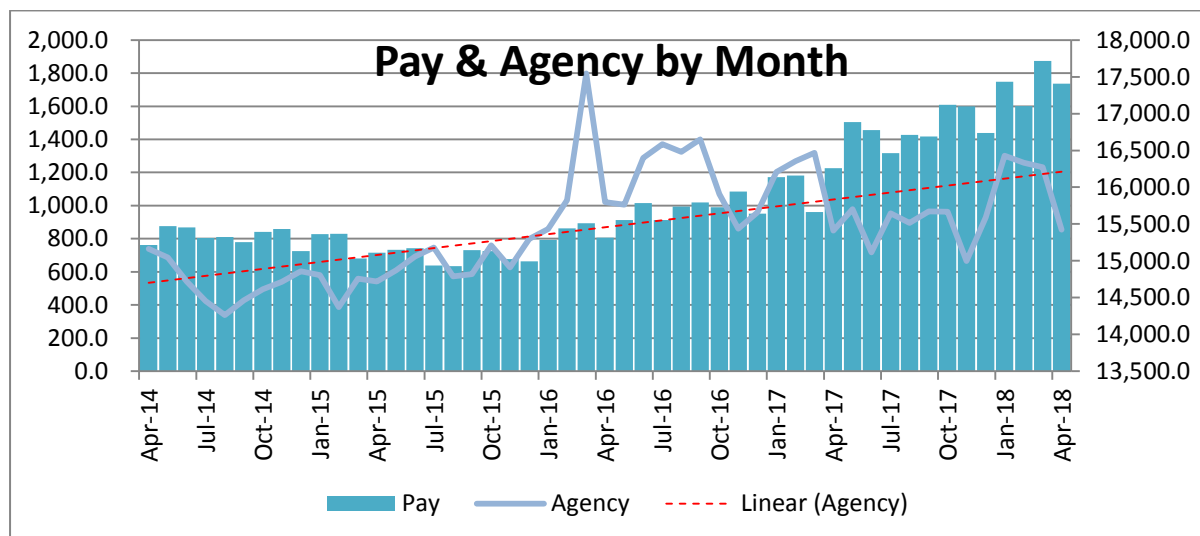
TITLE:	2017/18 Financial Performance and 2018/19 Financial Plan		
AUTHOR:	Tom Jackson Director of Finance	PRESENTER	Tom Jackson Director of Finance
CLINICAL STRATEGIC AIMS			
Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way	Provide specialist services to patients from the Black Country and further afield.	
CORPORATE OBJECTIVE: S06 Plan for a viable future			
SUMMARY OF KEY ISSUES: Summary of the Trust's 2017/18 financial performance and 2018/19 financial plan.			
IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: Achievement of Financial Goals
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well led
	NHSI	Y	Details: Achievement of all Terms of Authorisation
	Other	N	Details:
ACTION REQUIRED OF COUNCIL:			
Decision	Approval	Discussion	Other
		X	X
RECOMMENDATIONS FOR THE COUNCIL:			
The Council is asked to note the contents of the report.			

2017/18 Financial Performance

The final year end position for the Trust was in line with previous forecasts at a £10.6m deficit before STF funding, impairments and technical adjustments. This meant the Trust ended the year £13.1m short of the control total set by NHS Improvement. The prime reasons were because income growth was not as much as planned and expenditure, especially the paybill, was greater than planned.

	2017/18 OUTTURN		
	BUDGET	ACTUAL	VARIANCE
	£000	£000	£000
INCOME	£352,554	£347,798	£-4,756
PAY	£-206,496	£-214,696	£-8,200
NON PAY	£-120,826	£-120,569	£256
EBITDA	£25,232	£12,533	£-12,699
OTHER	£-22,702	£-23,110	£-408
PRE STF	£2,530	£-10,577	£-13,107

The increase in spend on pay is understandable given growth in services and pay inflation. However, pay spend has been increasing at a faster rate than income. The growth in pay spend and also spend on agency staff since April 2014 is shown below.



2018/19 Financial Plan

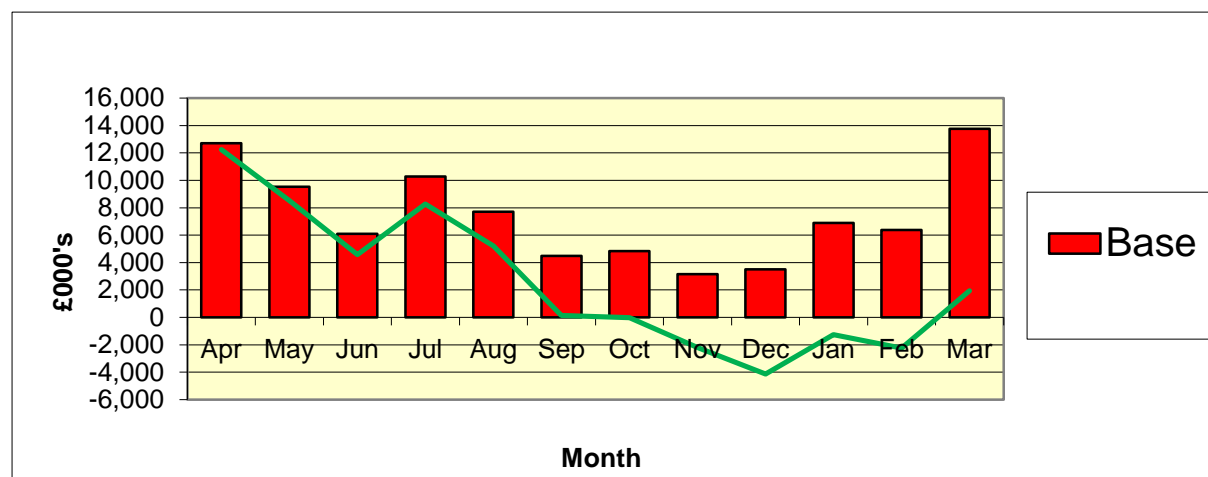
In April 2017, the Trust set a two year operating plan covering finance, activity, workforce and performance. This plan has been updated for 2018/19 taking into account changes since it was first agreed and also the latest NHS planning guidance.

The Trust has received an updated and more favourable financial target, or control total, from NHS Improvement for 2018/19. This is now set to deliver a small deficit of £0.8m. To deliver against this plan the Trust will need to increase income by 2.8% and reduce spend by 1% compared to 2017/18. Underpinning this is a £15m Cost Improvement Programme.

In delivering this plan the Trust would be entitled to receive additional payments up to £9m.

Cashflow

The deficit in 2017/18 has led to a deterioration in the amount of cash the Trust has available to it – down to £12m. Delivery of the 2018/19 plan in full will see the cash position recover by the end of March back up to just under £14m. The chart below identifies a downside scenario that would see the Trust run into financial challenges part way through the year.



Summary

The Trust finished the year 2017/18 with a £10m deficit. To deliver a breakeven position in 2018/19, the Trust has set a challenging financial plan with an ambitious CIP programme. Delivery of the plan will lead to additional resources of up to £9m.

Tom Jackson
Director of Finance
June 2018

Paper for submission to the Council of Governors on 7 June 2018

TITLE:	Integrated Performance Report for Month 12 (March) 2018		
AUTHOR:	Andy Troth Head of Informatics	PRESENTER:	Karen Kelly Chief Operating Officer
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>	
CORPORATE OBJECTIVE: SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
IMPLICATIONS OF PAPER:			
RISK	Y	Risk Description: High levels of activity could impact on the delivery of KPIs – particularly the emergency access target and RTT. The latter would be impacted by increased levels of outliers resulting in cancelled operations.	
	Risk Register: Y	Risk Score: 20 (COR079)	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	Y	Details: A sustained reduction in performance could result in the Trust being found in breach of licence.
	Other	N	Details:
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS FOR THE COUNCIL: To note the performance against the national mandated performance targets and where there has been non achievement to seek assurance on the plans to recover the expected position.			



Integrated Performance Report - Board



April 2018

Created by: Informatics.

Title of report: Integrated Performance Report

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

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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 86.29%. Whilst, the Trust only (Type 1) performance was 77.09%.

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

	Attendances	Breaches	Performance
A&E Dept. Type 1	8259	1892	77.09%
UCC Type 3	5783	32	99.44%

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 80% (Provisional as at 22/05). Previous month confirmed performance was 84.4%

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

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 1185 patients attended a 2ww appointment with 80 patients attending their appointments outside of the 2 week standard, achieving a performance 93.33% 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 92.4% in month against a target of 92%, a decrease in performance from 92.8% in the previous month. Urology did not meet the target in month at 88.2% up from 86.46% in previous month. Ophthalmology is at 83.87% down from 83.89% in the previous month. Plastic Surgery at 90.54% up from 87.74%. General Surgery at 90.82% up from 90.22%. There were no 52-week Non-admitted Waiting Time breaches in month.

Diagnostic waits

The diagnostic wait target was achieved in month with a performance of 99.31%. The number of patients waiting over 6 weeks was 46.

Of the 46, MRI accounted for 35 (11 other).

Executive Summary by Exception cont.

Key Messages

2 Financial Performance Matters

Committee: F&P

The Trust has a number of stretching financial assumptions within its plans for 2018/19 particularly for income growth and cost reduction. Underpinning the delivery of the financial plan is an ambitious CIP programme.

For April 2018, the Trust incurred an in month deficit of £2.5m which is a £0.6m adverse movement when compared to plan. The main driver for the variance is a shortfall in income in April, mainly related to emergency admissions and community attendances. The shortfall in emergency admissions is primarily because of pathway changes rather than reduced patient flow or complexity. Note that the reported figures are based on an earlier data extract and updated information improves the income position by £0.3m, thus reducing the deficit to £2.2m (adverse variance of £0.3m against plan).

In aggregate, expenditure plans are broadly in line with plan and the CIP plan has been delivered for Month 1. Agency costs are reducing but are slightly above the agency cap for Month 1.

The Trusts cash position at the end of April is as per the original plan

Executive Summary by Exception cont.

Key Messages

CQSPE

HCAI

Total No. of C. Diff cases identified after 48hrs for the month was 4.

	April	YTD
Total No. of cases due to lapses in care	N/A	0
Total No. of cases NOT due to lapses in care	N/A	0
No. of cases currently under review (ytd)	4	N/A
Total No. of cases ytd.	N/A	4

There were 0 post 48 hour MRSA cases reported in month. The last post 48 hours MRSA cases was in September 2016, 946 days ago.

Friends and Family Scores

We continue to focus on engaging with our patients and their families. The Chief Nurse will oversee the volunteers from 1 May 2018 and we will focus activity of engagement and improving our Friend and Family scores.

Falls

We continue to reduce the number of patients who fall in our care and also the level of harm incurred.

Pressure Ulcers

We continue to focus on improvement and learning in relation to Pressure Ulcers in both the community and the hospital. Additional details and assurance is provided to the CQPSEC.

Never Events

There were 0 never events in month.

Mixed Sex Sleeping Accommodation Breaches (MSA)

There are 3 MSA breaches in month.

VTE Assessment On Admission: Indicator

The indicator achieved the target in month with provisional performance at 95.3% against a target of 95%.

Executive Summary by Exception cont.

Key Messages

4 Workforce

Committee: F&P

Staff Appraisals:

This includes all non-medical appraisals in the Trust. As a result of the new Appraisal Window running between 1st April and 30th June the current performance is under target. However, this is to be expected as the window is still open for another 5 weeks. There is a trajectory in place for ensuring performance of 90% is achieved by 30th June 2018. At the most recent performance review meetings, all Divisional Management Teams confirmed that they would achieve at least 90% compliance with this target. The areas where completed appraisals are at their lowest have been invited to meet with members of the Executive Team to understand that plans are in place to ensure their department and the Trust achieve the expected rate of compliance.

Mandatory Training:

There have been significant efforts to improve our mandatory training rates with a particular emphasis on specific areas such as Safeguarding and Infection Control. The increased emphasis has seen a rise of nearly 2% in our compliance rates with the Trust just over 2% away from meeting its compliance target. There are trajectories in place for each Division with performance reviews focusing on compliance for every member of staff.

Sickness Rate:

The Trust has seen an improvement in absence rates since February 2018. The report last month attributed some of this to expected seasonal trends with the expectation that this would improve further in April 2018. It is encouraging to see that we have moved out of the red and into amber with absence rates 3.9%. This is higher than this time last year with the challenge to sustain and improve on this performance based on the new interventions in place. The rate as it stands in April is ahead of our projected target that we submitted to NHSI as part of our annual plan.

Turnover & Vacancy Rate:

The turnover rate has increased for the 7th month in a row and currently sits at 9.96%. This is significantly 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 new Staff Engagement lead will have a particular focus on understanding the feedback from exit interviews, listening to staff and developing strategies to support improved retention at the Trust.

Patients will experience safe care - "At a glance"

Executive Lead: Siobhan Jordan

Patients will experience safe care - Quality & Experience

	Target (Amber)	Mar-18	Apr-18	Trend	Month Status
Friends & Family Test - Footfall					
Friends & Family Test - ED	14.5%	19.5%	17.9%	↓	
Friends & Family Test - Inpatients	26.0%	34.9%	32.3%	↓	
Friends & Family Test - Maternity	21.7%	36.3%	30.4%	↓	
Friends & Family Test - Outpatients	4.7%	4.6%	4.9%	↑	
Friends & Family Test - Community	3.5%	3.5%	2.9%	↓	
Friends & Family Test - Recommended					
Friends & Family Test - ED	89.9%	74.5%	81.9%	↑	
Friends & Family Test - Inpatients	96.3%	93.7%	95.0%	↑	
Friends & Family Test - Maternity	96.0%	97.9%	98.1%	↑	
Friends & Family Test - Outpatients	94.6%	91.7%	90.1%	↓	
Friends & Family Test - Community	96.4%	97.4%	96.6%	↓	
Complaints					
Total no. of complaints		19	45	↑	
Complaints re-opened		0	5	↑	
PALs Numbers		286	306	↑	
Complaints opened at month end			231		
Compliments received			509		
Dementia (1 month in arrears)					
Find/Assess		87.1%	93.3%	↑	
Investigate		100.0%	100.0%	↔	
Refer		95.1%	100.0%	↑	
Falls National average 6.63 per 1000 bed days					
No. of Falls		64	67	↑	
Falls per 1000 bed days		3.40	3.90	↑	
No. of Multiple Falls		3	8	↑	
Falls resulting in moderate harm or above		1	1	↔	
Falls resulting in moderate harm or above per 1000 bed days		0.05	1	↑	
Pressure Ulcers (Grades 3 & 4)					
Hospital Avoidable		2	1	↓	
Hospital Non-avoidable		0	1	↑	
Community Avoidable		1	2	↑	
Community Non-avoidable		5	4	↓	
Handwash					
Handwashing		99.6%	99.6%		

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Mar-18	Apr-18	Trend	Month Status
Mixed Sex Accommodation Breaches						
Single Sex Breaches		0	11	3	↓	
Mortality (Quality Strategy Goal 3)						
HSMR Rolling 12 months (Latest data Feb 18)	110	105	110	109		
SHMI Rolling 12 months (Latest data Dec17)	1.10	1.05	0.98	1.03		
HSMR Year to date (Not available)						
Infections						
Cumulative C-Diff due to lapses in care		17	16	0	↓	
MRSA Bacteraemia		0	0	0	↔	
MSSA Bacteraemia		0	3	3	↔	
E. Coli - Total hospital		0	2	3	↑	
Stroke Admissions - PROVISIONAL						
Stroke Admissions: Swallowing Screen	75%		100.0%	94.4%	↓	
Stroke Patients Spending 90% of Time on Stroke Unit	85%		89.8%	91.9%	↑	
Suspected High Risk TIAs Assessed and Treated <24hrs	85%		87.5%	90.0%	↑	
VTE - PROVISIONAL						
VTE On Admission	95%		94.1%	95.3%	↑	
Incidents						
Total Incidents			1397	1466	↑	
Recorded Medication Incidents			328	235	↓	
Never Events			0	0	↔	
Serious Incidents			11	11	↔	
of which, pressure ulcers			5	8	↑	
Incident Grading by Degree of Harm						
Death			1	0	↓	
Severe			3	1	↓	
Moderate			5	17	↑	
Low			248	253	↑	
No Harm			1209	1061	↓	
Percentage of incidents causing harm	28%		17.5%	20.3%	↑	
NQA Think Glucose						
NQA Think Glucose - AMU/SAU	85%	95%	90%	90%	↔	
NQA Think Glucose - General Wards	85%	95%	93%	96%	↑	

Performance - "At a glance"

Executive Lead: Karen Kelly



Performance - Key Performance Indicators

	Target	Mar-18	Apr-18	Trend	Month Status
Cancer Reporting - TRUST (provisional)					
All Cancer 2 week waits	93%	93.5%	88.0%	↓	
2 week wait - Breast Symptomatic	93%	93.7%	91.9%	↓	
31 day diagnostic to 1st treatment	96%	99.3%	98.8%	↓	
31 day subsequent treatment - Surgery	94%	95.8%	100.0%	↑	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	↔	
62 day urgent GP referral to treatment	85%	86.1%	80.0%	↓	
62 day screening programme	90%	100.0%	96.4%	↓	
62 day consultant upgrades	85%	91.6%	87.7%	↓	
Referral to Treatment					
RTT Incomplete Pathways - % still waiting	92%	92.8%	93.5%	↑	
RTT Admitted - % treatment within 18 weeks	90%	85.4%	84.7%	↓	
RTT Non Admitted - % treatment within 18 weeks	95%	95.2%	94.5%	↓	
Wait from referral to 1st OPD	26	22	22	↔	
Wait from Add to Waiting List to Removal	39	40	45	↑	
ASi List		2252	2277	↑	
% Missing Outcomes RTT		0.1%	0.1%	↓	
% Missing Outcomes Non-RTT		7.4%	5.3%	↓	
DM01					
No. of diagnostic tests waiting over 6 weeks	0	34	46	↑	
% of diagnostic tests waiting less than 6 weeks	99%	99.4%	99.3%	↓	
ED - TRUST					
Patients treated < 4 hours Type 1 (Trust ED)	95%	70.0%	77.1%	↑	
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	81.6%	86.3%	↑	
Emergency Department Attendances	N/A	8425	8259	↓	
12 Hours Trolley Waits	0	0	0	↔	
Ambulance to ED Handover Time - TRUST					
30-59 minute breaches		288	240	↓	
60+ minute breaches		35	9	↓	
Ambulance to Assessment Area Handover Time - TRUST					
30-59 minute breaches		18	27	↑	
60+ minute breaches		9	7	↓	

Performance - Key Performance Indicators cont.

	Target	Mar-18	Apr-18	Trend	Month Status
Cancelled Operations - TRUST					
% Cancelled Operations	1.0%	2.0%	1.0%	↓	
Cancelled operations - breaches of 28 day rule	0	2	0	↓	
Urgent operations - cancelled twice	0	0	0	↔	
GP Discharge Letters					
GP Discharge Letters	90%	76.7%	62.2%	↓	
Theatre Utilisation - TRUST					
Theatre Utilisation - Day Case (RHH & Corbett)		76.4%	75.8%	↓	
Theatre Utilisation - Main		89.5%	86.7%	↓	
Theatre Utilisation - Trauma		90.0%	93.4%	↑	
GP Referrals					
GP Written Referrals - made		7977	7594	↓	
GP Written Referrals - seen		6995	5546	↓	
Other Referrals - Made		2541	3161	↑	
Throughput					
Patients Discharged with a LoS >= 7 Days		7%	7%	↓	
Patients Discharged with a LoS >= 14 Days		4%	3%	↓	
7 Day Readmissions		4%	4%	↑	
30 Day Readmissions - PbR		7%	8%	↑	
Bed Occupancy - %		93%	92%	↓	
Bed Occupancy - % Medicine & IC		94%	95%	↑	
Bed Occupancy - % Surgery, W&C		91%	88%	↓	
Bed Occupancy - Paediatric %		92%	82%	↓	
Bed Occupancy - Orthopaedic Elective %		82%	78%	↓	
Bed Occupancy - Trauma and Hip # %		94%	96%	↑	
Number of Patient Moves between 8pm and 8am		109	86	↓	
Discharged by Midday		14%	14%	↓	
Outpatients					
New outpatient appointment DNA rate	8%	12.3%	10.4%	↓	
Follow-up outpatient appointment DNA rate	8%	10.3%	7.4%	↓	
Total outpatient appointment DNA rate	8%	11.1%	8.4%	↓	
Clinic Utilisation		74.7%	75.7%	↑	
Average Length of stay (Quality Strategy Goal 3)					
Average Length of Stay - Elective	0.0	3.0	3.0	↓	
Average Length of Stay - Non-Elective	3.4	6.1	5.9	↓	

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	480	447	-6.9%	-33	6,635	5,842	-12.0%	-793
Day Cases	3,847	4,417	14.8%	570	48,182	49,439	2.6%	1,257
Non-elective inpatients	3,912	3,287	-16.0%	-625	60,511	52,370	-13.5%	-8,141
Outpatients	36,916	36,516	-1.1%	-400	453,523	448,801	-1.0%	-4,722
A&E	8,014	8,259	3.1%	245	101,059	0	-100.0%	-101,059
Total activity	53,169	52,926	-0.5%	-243	669,910	556,452	-16.9%	-113,458
CIP								
	£'000	£'000		£'000	£'000	£'000		£'000
Income	13	235	1707.4%	222	13	235	1707.4%	222
Pay	225	252	11.9%	27	225	252	11.9%	27
Non-Pay	448	247	-44.8%	-201	448	247	-44.8%	-201
Total CIP	686	734	7.0%	48	686	734	7.0%	48
INCOME								
	£'000	£'000		£'000	£'000	£'000		£'000
NHS Clinical	26,542	25,836	-2.7%	-706	26,542	25,836	-2.7%	-706
Other Clinical	126	147	17.1%	22	126	147	17.1%	22
STF Funding	452	452	0.0%	0	452	452	0.0%	0
Other	1,861	1,941	4.3%	80	1,861	1,941	4.3%	80
Total income	28,981	28,376	-2.1%	-605	28,981	28,376	-2.1%	-605
OPERATING COSTS								
	£'000	£'000		£'000	£'000	£'000		£'000
Pay	-18,607	-18,270	-1.8%	337	-18,607	-18,270	-1.8%	337
Drugs	-2,816	-2,969	5.4%	-153	-2,816	-2,969	5.4%	-153
Non-Pay	-6,947	-7,153	3.0%	-206	-6,947	-7,153	3.0%	-206
Total Costs								

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	612	-15	-102.5%	-627	612	-15	-102.5%	-627
Depreciation	-814	-832	2.2%	-18	-814	-832	2.2%	-18
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,231	-1,226	-0.4%	5	-1,231	-1,226	-0.4%	5
SURPLUS/(DEFICIT)	-1,433	-2,073	44.7%	-640	-1,433	-2,073	44.7%	-640
SOFP								
	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	1,026	614	-40.2%	-412	1,026	614	-40.2%	0
Inventory					3,034	3,106	2.4%	0
Receivables & Prepayments					14,047	13,068	-7.0%	0
Payables					-22,010	-22,106	0.4%	0
Accruals							n/a	0
Deferred Income					-3,429	-3,518	2.6%	0
Cash & Loan Funding								
	£'000	£'000		£'000	£'000	£'000		£'000
Cash					12,720	13,899	9.3%	1,179
Loan Funding							n/a	0
KPIs								
EBITDA %	2.10%	-0.10%	-2.2%		2.10%	-0.10%	-2.2%	
Deficit %	-4.90%	-7.20%	-2%		-4.90%	-7.30%	-2.4%	
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								



Workforce - "At a glance"

Executive Lead: Andrew McMenemy

People

Target

Month

18/19

Mar-18

Apr-18

Trend

Status

Workforce

Sickness Absence Rate

3.75%

4.26%

3.90%

↓

Staff Turnover

8.5%

9.7%

9.95%

↑

Mandatory Training

90.0%

85.9%

87.8%

↑

Appraisal Rates - Total

90.0%

70.5%

17.4%

↓

Paper for submission to the Council of Governors meeting

On 7 June 2018

TITLE:	Report from the Council of Governors Governor Development Group held 22 May 2018		
AUTHOR:	Fred Allen, Committee Chair	PRESENTER:	Fred Allen, Committee Chair
CORPORATE OBJECTIVE: SO5: Make the best use of what we have			
SUMMARY OF KEY ISSUES: <ul style="list-style-type: none"> - Reports were received from the chairs of each of the Council Committees. There was one issue raised by the Governance Committee where the last meeting had not been well attended and consequently not quorate. The meeting had been chaired by Dr Gee in the absence of Ms Piggott who had not received hard copies of papers and agenda to enable her to chair effectively. Agreed that hard copies would be provided in a more timely manner in future. As Dr Gee would be unable to attend the Full Council meeting in June, Mr Glen Palethorpe as agreed to deliver the report. - COG Effectiveness Review 2017. Mr Palethorpe provided an update on governor training and training options available from NHS provider conferences - The timings of committee meetings and quality and safety reviews were also discussed. As the activities took place during the daytime, those governors who worked or had business commitments during the working day found it difficult to attend. 			
IMPLICATIONS OF PAPER:			
RISK			Risk Description:
	Risk Register		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	Y	Details: as required by Terms of Authorisation
	Other	N	Details:
ACTION REQUIRED OF COUNCIL:			
Decision	Approval	Discussion	Other
			✓
RECOMMENDATIONS FOR THE COUNCIL: To note the summary of items discussed at the last meeting of the Governor Development Group.			

Paper for submission to the Council of Governors meeting
On 7 June 2018

TITLE:	Report from the Council of Governors Governance Committee meeting of the 27 April 2018		
AUTHOR:	Glen Palethorpe Director of Governance on behalf of the meetings acting chair	PRESENTER	Dr R Gee Acting Committee Chair for the meeting
<p>Although the Committee was inquorate the Governors present agreed it was worthwhile progressing with the meeting to enable an update from that meeting to be provided to the Council. This decision was taken as a number of the items received at this meeting in April related to the year end and offered the Governors an opportunity to understand the Trust's position ahead of the formal external audit opinions being presented to this Committee in June (14 June) ahead of their presentation as the Annual Members Meeting in July 2018.</p> <p>The Committee received reports from the Board of Directors Finance and Performance Committee Chair and the Board of Directors Audit Committee Chair in respect of their recent meetings, along with reports from the Trust's Finance Director, Director of Workforce and the Director of Governance. These reports covered the Trust's Financial and Operational Performance including key Workforce Metrics, the Trust's Board Assurance Framework, a report on the CQC inspection, the Trust's clinical audit annual report, the Trust's Draft Annual Governance Statement, the annual learning report from incidents, complaints, claims and PALs activity. The Committee also received the external auditors plan governing their 2017/18 audit the outcome of which will be presented to the Governors in June.</p> <p>The Committee actively sought assurance from the Non Executive Director, the Finance and Performance Chair, over the work of the Finance and Performance Committee, the actions being undertaken to address the key financial risks facing the Trust and over the areas of underperformance. The Committee asked questions in respect of the Trust's receipt of Sustainability and Transformation Funding and the actions being taken to learn lessons in respect of the under delivery of the Trust's cost improvement programme.</p> <p>The Committee discussed the Trust's workforce activity key performance indicators covering absence, recruitment, training and appraisals. The Committee sought further information from the Director of HR as to the work being done on staff retention and were updated on the initiatives put in place, regarding staff development and those</p>			

planned.

In respect of performance the Committee was briefed on the impact of the high emergency activity demand on the Trusts performance not only in respect of the 4 hour target which remains a key challenge but also in the areas of diagnostics, 18 week RTT and cancer where the Trust's performance has remained strong.

The Committee in receiving the report from Audit Committee Chair were updated on the work of the Audit Committee and was able to be assured that the work of the Trust's auditors (clinical audit, internal audit and external audit) is progressing as planned and that areas where action is needed by Trust Management are being followed up by the Committee. The Committee were updated as to the draft Head of Internal Audit's opinion for the year which was positive and was then reflected in the Trust's Annual Governance Statement.

The Committee considered the Trust's Board Assurance Framework for the 4th Quarter of the year and noted that the key risks had been reflected in the Trust's Annual Governance Statement. (The Trust's BAF is attached as appendix 1 to this report). The Committee also noted the role the Audit Committee play in considering the detail of the assurances supporting the Executives' view of the Trust's risks and was assured through the feedback from the Chair of the Audit Committee's report that this was appropriate. The Committee asked questions of the risks and assurances and from the responses provided to questions on its content provided by the Director of Governance was reassured of its robustness.

The Committee received a report on the outcome of the latest CQC inspection noting that the CQC had a number of concerns in respect of the Trust's Emergency Department. The Committee was updated as to the actions being taken by the Trust Executive team and were updated as to the progress made within each service inspected as to their progress with the agreed actions.

The Committee received and considered the Trust's annual learning report from Incidents, Complaints, Claims and PALs activity and agreed that whilst this only included a small sample of the learning going on within the Trust is was a valuable report to encourage staff to focus on the positives from their investigations.

The Committee received the Trust clinical audit annual report and noted its focus on learning which was embedded within the documents narrative.

The Committee received the revised cycle of business which reflect the advancement to April of each year the receipt of the clinical audit annual report and the provision to the April meeting the External Audit plan for information to enable the committee members when they meet with the auditors in June to better understand the focus of their work that underpins their annual report and opinions.

The Committee was also updated by the Director of Governance on the actions being taken by the Trust in respect of the national consultation on the Serious Incident Framework and that the Trust was working closely with the CCG to ensure that the Trust's and CCG's processes remain aligned.

ACTION REQUIRED OF COUNCIL

Decision	Approval	Discussion	Other
		Y	

RECOMMENDATIONS FOR THE COUNCIL

To note the actions taken by the Committee in holding to account the Trust in respect of its performance and systems of risk management and internal control.

To note the Trust's key risks, as recorded within appendix 1 (the BAF) to this report.

Appendix 1 Board Assurance Framework March 2018

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score			Q2 Risk Score			Q3 Risk Score			Q4 Current Risk Score			Movement in risk	Expected movement by next quarter	Target Risk Score
					31/07/17			30/09/17			27/12/17			19/0317					
Objectives: SO1 Deliver a great patient experience																			
F	COO	COR069	Risk Title The Diagnostic Standard is at risk due to continuing demand for Imaging to support multiple pathways	20	20			20			16			12			U		8
			+Pos level 1 New Capacity at Guest -Neg level 1 DMO1 report to F&P 1			+Pos level 1 New Capacity at Guest -Neg level 1 DMO1 report to F&P 1			+Pos level 1 - Breach list reviewed and managed weekly +Pos level 2 - F&P -Improved performance standard delivery of the 99%. - DMO1 target achieved Nov 2017 - F & P Internal Audit = controls to manage risks are suitably designed, consistently applied and operate effectively -Neg level 2 - F&P Paed GA and Musculoskeletal USS - lack of capacity Not expected delivering before end of Dec 2017			+Pos Level 2 Performance of 99.26% against a national target of 99%.							
			Strength of assurance logged (L1 / L2 / L3)			A			A			G	A			G		U	
F	COO	COR376	Risk Title Failure to meet the key ED performance target	20	20			20			20			20			↔		8
			-Neg level 2 failure to meet the ED Performance target discussed at F&P			-Neg level 3 nationally produced data confirms consent failure to meet the ED Performance target discussed at F&P			+Pos level 1 Identification of 5 priority actions to support improvement in emergency care PIDs developed for core Key Priorities +Pos level 2 Appointment of project lead for Ed layout – External support from NHSI -Neg Level 2 Failure to meet the ED Performance target discussed at F&P			-Neg Level 2 Report F& P Feb 2018 Performance did not achieve target with 81.71% for combined Type 1 and Type 3 up from 78.93% in the previous month. The Trust's ED department (Type 1) was 70.21% up from 64.79%.							
			Strength of assurance logged (L1 / L2 / L3)				A			A	R	G	A			R		↔	
F	COO	COR377	Risk Title Failure to meet the key cancer performance targets	20	20			20			12			12			↔		8
			+Pos level 1 Weekly PLT meetings -Neg level 2 Cancer performance targets not met, discussed at F&P			+Pos level 1 Weekly PLT meetings +Pos level 2 cancer targets now being met -Neg level 2 2 weekly waits not being achieved			+Pos level 2 Report to F & P - Reported delivery for Sept, Oct, Nov and Dec			+Pos level 2 Report to F& P Feb 2018 – delivery target February (87%) Cancer Sustainability Plan developed							
			Strength of assurance logged (L1 / L2 / L3)			G	A		G	A			G			G		U	

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score	Q2 Risk Score	Q3 Risk Score	Q4 Current Risk Score	Movement in risk	Expected movement by next quarter	Target Risk Score
					31/07/17	30/09/17	27/12/17	19/0317			
F	COO	COR378	Risk Title Failure to meet the 18wk performance target	20	10	10	10	10	↻	↻	10
			Key Controls <ul style="list-style-type: none"> Review of theatre productivity Review of performance 		+Pos level 2 Report to F&P	+Pos level 2 Report to F&P	+Pos level 2 Report to F&P	+Pos Level 2 in month with a performance of 93.5% against a target of 92%, -Neg Level 2 Performance 3 specialities fell below the expected. Urology(90.91 and Ophthalmology (79.21%)			
			Strength of assurance logged (L1 / L2 / L3)		<div>G</div>	<div>G</div>	<div>G</div>	<div>A</div>			
F	COO	COR099	Risk Title Failure to reduce the number of delayed transfer of care may result in poor patient experience	20	20	20	20	20	↻	↻	16
			Key Controls <ul style="list-style-type: none"> Dudley economy MoU Daily review of discharges Application of Red 2 Green initiative 		+ Pos level 1 A&E delivery plan	+ Pos level 1 A&E delivery plan	- Neg level 1 Local reporting/coding is not consistent with other organisations + Pos level 2 -Apt three month secondment for managerial lead -Agreed escalation of non-achievement of the MOU (inc out of area) and Action Plan for Integration of actions between Dudley Group/ CCG / Local Authority. -CQSPE Dec 2017 unable to demonstrate improvement/embedding across organisation of red to green	- Neg Level 2 January 2018 has seen a decrease against target to 4.3%, +Pos Level 2 Feb 2018 - Presented at ED Board Sandwell, Worcester and South Staffs have highest delays +Pos Level 2 Appointment of new Discharge Lead			
			Strength of assurance logged (L1 / L2 / L3)		<div>G</div>	<div>G</div>	<div>R</div> <div>A</div>	<div>A</div>			
CQSP E	MD	COR244	Risk Title Failure to Monitor and to Learn From Deaths	20	20	20	15	9	↻	↻	9
			Key Controls <ul style="list-style-type: none"> Mortality review process Mortality Surveillance Group Learning from deaths policy 		+Pos level 2 Policy approved and presented to CQSPE	+Pos level 2 New report in line with national guidance. Policy approved and presented to CQSPE	+Pos Level 2 Reports presented to CQSPE Oct 2017/Nov 2017. Learning demonstrated through audit Reports presented to Board Dec 2017. focus on learning to be picked up within audits	+Pos Level 2 Reports presented to Board March 2018 Strengthened review process +Pos Level 3 AQUA mortality instrument commissioned			
			Strength of assurance logged (L1 / L2 / L3)		<div>G</div>	<div>G</div>	<div>G</div>	<div>G</div> <div>G</div>			
CQSP E	CN	COR259	Risk Title Friend and Family (Patient Survey) outcome scores extremely low	20	20	20	12	12	↻	↻	9
			Key Controls <ul style="list-style-type: none"> Review of real time surveys Oversight of action plans through Patient Experience Improvement Group 		+Pos level 1 Patient Experience Improvement group overseeing improvement plan.	Pos level 1 Patient Experience Improvement group overseeing improvement plan. Positive engagement across Trust. +Pos level 2 FFT response rates improving.	Pos level 1 Pt Experience inpatient survey action plan completed (exc 5 actions which are ongoing)	-Neg Level 2 Report to F&P Feb 2018 Performance Report – Reduction in FFT footfall			
			Strength of assurance logged (L1 / L2 / L3)		<div>G</div>	<div>G</div> <div>G</div>	<div>G</div>	<div>R</div>			

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score		Q2 Risk Score		Q3 Risk Score		Q4 Current Risk Score		Movement in risk	Expected movement by next quarter	Target Risk Score	
					31/07/17		30/09/17		27/12/17		19/0317					
CQSP E	COO	COR121	Risk Title Ophthalmology Outpatient Appointment Capacity	20	20		20		16		16		↻		16	
			Key Controls <ul style="list-style-type: none">Review of RAG rating for each appointmentApplication of formal escalation for delayed appointmentsProject management of procured extra resource to deal with backlog		+Pos level 2 External resources approved -Neg level 2 increase in delays reported to F&P		+Pos level 2 Reduction in delayed FU appt. ASI extract confirms reduction -Neg level 2 May-Aug - increase in delayed FU appt.		+Pos Level 2 Repatriation of 2 consultants/ Increased orthoptic combined clinics / Macular Nurse led clinics CQSPE – new ophthalmologist starting Jan 2018 -Neg Level 2 CQSPE Nov 2017 behind trajectory due workforce		+Pos Level 2 20/02/18 report to CQSPE – Overdue follow ups have reduced to 1106. This has reduced to being 307 slots behind trajectory. Ophthalmology away day held with team to progress actions -Neg Level 2 Will not m eet March tragectory but anticpate will meet end trajectectory					
			Strength of assurance logged (L1 / L2 / L3)											⬇		
					A		A		A		A					
F	DF	COR101	Risk Title Capital Schemes fail to be delivered impacting on patient experience of the Trust	20	12		12		12		8		⬇		8	
			Key Controls <ul style="list-style-type: none">Capital programme project management process		+Pos level 1 Project Boards for Capital Programme for UCC and Guest imaging +Pos level 2 Capitol report to F&P		+Pos level 1 Project Boards for Capital Programme for UCC and Guest imaging +Pos level 2 2 Regular reports to F&P -Neg level 2 Report to F&P detailing UCC programme 5 weeks behind plan; review of plan due to be reported Oct 17		+Pos Level 2 Report F&P imaging HUB at Guest on track to complete 20 Nov 2017 -Neg Level 2 UCC scheme not complete until late Jan 2018		+Pos Level 2 Report to F&Pjan 2018 Pos assurance EPR, Guest Imaging and UCC schemes. The later two only having very minor forecast over-spends against approved budget. Feb 2018 – Both major schemes complete and now operational. This risk is now closed.					
			Strength of assurance logged (L1 / L2 / L3)		G G		G A		A		G					
			SUMMARY	180	162		162		133		119		⬇	⬇	92	
Objectives: SO2 Safe and Caring services																
F	DF	COR241	Risk Title Failure of the PFI provider to maintain the building in line with statutory requirements and to ensure a resilient estate	25	20		20		20		20		↻		8	
			Key Controls <ul style="list-style-type: none">Board to Board meetingsContract management processes		+Pos level 2 Regular senior management meetings with provider, incorporating rigorous review of contract improvements		+Pos level 2 Quarterly Board to Board meetings; performance of estates discussed. Monthly reports to CQSPE and F&P Performance of estates improved but still requires improvement. Rigorus monitoring and reporting to continue until at least Dec		-Neg Level 2 Performance to F& P continues show issues with estates service and PFI contract. Large nubmer deductin and def points being applied +Pos level 2 F&P Dec 2017 – impoved performance Nov – needs to now be sustained		-Neg Level 2 Delayed notification of theatre air filters not compliant national standard – reported to F & P and Trust Board					
			Strength of assurance logged (L1 / L2 / L3)		G		G		A		R			↻		

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score	Q2 Risk Score	Q3 Risk Score	Q4 Current Risk Score	Movement in risk	Expected movement by next quarter	Target Risk Score	
					31/07/17	30/09/17	27/12/17	19/0317				
CQSP E	CN	COR436	Risk Title Reduced capacity within safeguarding adults/children team due to infrastructure vulnerabilities	20		New 06/11/17	20	20	↻		15	
			Key Controls <ul style="list-style-type: none">Matron has oversight and two weekly operational meetingMand/stat Training programme in line with ICDFramework/KPIs for safeguarding investigation processFramework for reporting and learning from incidentsFramework for internal and external investigationsNetwork meetings/working				+Pos level 2 Interview scheduled safeguarding lead CQSPE Nov 2017 – New Safeguarding Lead appointed (commence March 2018) - Maternity now reporting all safeguarding incidents	+Pos level 2 New safeguard lead in post -Neg Level 2 CQSPE compliance safeguarding training 88.71%..Mental Health Awareness 81.87% (medics only 49.12%)...PREVENT Wrap 90.95% (Medics only 62.95%)..WRAP 69.25%. Children Level 3 83.03% -Neg Level 3 Jan 2018 identified by CQC as major area of concern safeguarding in ED				
			Strength of assurance logged (L1 / L2 / L3)					G				A
CQSP E	CN	COR085	Risk Title An inability to maintain the delivery of the safer staffing levels in relation to ward nurse staffing	20	20	20	20	20	↻		10	
			Key Controls <ul style="list-style-type: none">Established staff banksReview of staffing dashboardsRecruitment plan		+Pos level 2 Approved recruitment for substantive staff Report to Board -Neg level 2 Attrition of staff higher than recruitment	+Pos level 2 Report to F&P; recruited 35 RNs. Approved recruitment for substantive staff -Neg level 2 Attrition of staff higher than recruitment	+Pos level 2 Completed staffing review for med/surgery 9 additional nurses recruited	+Pos Level 2 Recruitment event Feb 2018 8 nurses and 4 OPDs gien conditional offers Ward/dept specific recruitment commences March 2018 -Neg Level 2 High capacity has resulte din rise of RN and CSW agency usage				
			Strength of assurance logged (L1 / L2 / L3)			A			A			G
CQSP E	CN	COR096	Risk Title Failure to prevent avoidable deterioration of patients leading to cardiac arrests	20	15	15	10	15	↻		10	
			Key Controls <ul style="list-style-type: none">Use of track and trigger toolMandatory trainingPost MET call review of processes followed		+Pos level 1 Launch of NEWS track & trigger	+Pos level 1 Launch of NEWS track & trigger	+Pos level 2 Audit comfirmed embedding Tradk trigger complete. Review completed of MET calls shows no significant changes to activity	+Pos Level 2 Cardiac arrests now presented to the deteriorating patient group mapped against the MET calls and DNACPR'S. All in patient areas complete daily review of a sample size of NEWS/PEWS scores this is reported through Quality and Safety Group. Revision of VTE Norse and Sepsis pathway -Neg level 3 CQC feedback and enhanced assurance request				
			Strength of assurance logged (L1 / L2 / L3)			G			G			

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score	Q2 Risk Score	Q3 Risk Score	Q4 Current Risk Score	Movement in risk	Expected movement by next quarter	Target Risk Score
					31/07/17	30/09/17	27/12/17	19/0317			
CQSP E	CN	COR093	Risk Title Delays in the management of young people requiring section under the Mental Health Act (Tier 4)	20	12	12	12	12	↻		8
			Key Controls <ul style="list-style-type: none"> CAMHS tier 3.5 service commissioned Conflict resolution and safeguarding staff training programmes 		+Pos level 2 Report to Children's services group – improvement for children not requiring Tier 4 care. -Neg level 2 Report to Children's services group-no improvement for children requiring Tier 4 care	+Pos level 2 Report to Children's services group – improvement for children not requiring Tier 4 care. -Neg level 2 Report to Children's services group – no improvement for children requiring Tier 4 care	+Pos level 2 Report presented to CCG by Dudley and Walsall Mental Health identified positive impact of commissioned 3.5 tier service -Neg level 2 Report to Children's services group – no improvement for children requiring Tier 4 care	No new assurances			
			Strength of assurance logged (L1 / L2 / L3)			A		A			↻
F	DF	COR100	Risk Title Failure to comply with fire safety requirements	20	12	12	8	8	↻		4
			Key Controls <ul style="list-style-type: none"> Fire Safety risk assessments Electric fire detection system designed to provide early warnings of fire Regular maintenance of the system 		+Pos level 1 Reviews of building cladding, verbal positive feedback – awaiting report	+Pos level 1 Reports received and reviewed, confirm cladding adheres to NHSI requirements. +Pos level 3 Independent report confirms cladding on PFI buildings meets NHSI requirements – P	+Pos level 1 Independent review of North Block 4 th November 2017.	+Pos level 1 Jan 2018 – Variation placed with PFI Company to carry out remedial work identified on North Block. Risk remains at current level until work completed. Feb 2018 – Full survey to be carried out by SHA which will then provide detailed work plans to complete the 3 outstanding remedials			
			Strength of assurance logged (L1 / L2 / L3)		G		G	G	G		↻
F	COO	COR032	Risk Title Trust Major Incident Plan does not deliver intended business continuity	20	10	15	15	15	↻		10
			Key Controls <ul style="list-style-type: none"> Trust has developed a major incident plan and processes Periodic test of the plan 		+Pos level 1 Action plan being monitored and reported	+ Pos level 1 Awareness sessions for emergency preparedness and workshops for portering and security staff -Neg level 1 Several partners were unable to attend the sessions	+Pos Level 2 Pandemic flu, mass casualty and evacuation workshops held – action plans developed Development of EPRR exercise training and exercising strate2 Development of EPRR exercise training and exercising strategyDevelopment of pandemic flu	+ Pos level 1 New EPRR Manager appointed in January 2018. Work commenced to support further developments in business continuity			
			Strength of assurance logged (L1 / L2 / L3)		G		A		G		↻
CQSP E	COO	COR501	Ability to provide a safe, caring and effective service within ED at all times	20			20	20	↻		8
			Key Controls <ul style="list-style-type: none"> Daily quality audits and assurance provided to Chief Exec. Policies and guidelines to support deteriorating patient and Sepsis management Duty rosters singed off 				-Neg Level 3 Concerns flagged by CQC during inspection review -Neg Level 2 Concerns verified by increased scrutiny by MD, COO and CN.	+Pos Level 1 Exec Level presence in ED Triage training initiated +Pos Level 2 Procedural documents to support triage developed and in place -Neg Level 2 Serious incidents reported			
			Strength of assurance logged (L1 / L2 / L3)					R	R	G	A
			SUMMARY	165	89	94	125	130	↻	↻	73

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score			Q2 Risk Score			Q3 Risk Score			Q4 Current Risk Score			Movement in risk	Expected movement by next quarter	Target Risk Score
					31/07/17			30/09/17			27/12/17			19/0317					
Objectives: SO3 Drive Service improvements, innovation and transformation																			
CQSP E	MD	COR083	Risk Title Failure to have a workforce/infrastructure that supports the delivery of 7-day working	20	16			16			16			16			↺		15
			Key Controls <ul style="list-style-type: none">Use of nerve centre to direct tasks out of hoursDelivery of 7/7 audit action plan		+Pos level 1 Clinical audit shows positive delivery against standards in Medicine -Neg level 1 Clinical audit shows negative delivery against standards for surgery, T&O & O&G – N	+Pos level 1 Clinical audit shows positive delivery against standards in Medicine -Neg level 1 Clinical audit shows negative delivery against standards for surgery, T&O & O&G – N	-Neg Level 2 Business cases to be developed by each of divisions Audit results presented CQSPE confirming poor delivery	+Pos level 2 Introduced electronic job planning BUT yet to be completed Electronic observations and esepsis trust to support streamlined working Increased consultant recruitment consultants yet to start Deputy Medical director to lead on 7 day serviss											
			Strength of assurance logged (L1 / L2 / L3)		A			A				R			G		↻		
			SUMMARY	20	16			16			16			16			↻	↻	15
Objectives: SO4 Be the place people choose to work																			
CQSP E	MD	COR461	Title Risk Competing demands on clinicians time lead to lack of quality clinical input across key Trust projects	20				New 17/11/17			20			20			↻		10
			Key Controls <ul style="list-style-type: none">Job planning					Level 1 assurance work on job planning commenced – have as amber as not all done yet			+Pos level 2 Expanded medical leadership team Appointment of patient Safety Lead Phasing of responsibility payments into standard PA payments								
			Strength of assurance logged (L1 / L2 / L3)									A			G		↻		
			SUMMARY	20							20			20				↻	10
Objectives: SO5 Make the best use of what we have																			
F	DF	COR080	Risk Title Failure to deliver 2017/18 Cost Improvement Programme	25	16			20			20			20			↻		12
			Key Controls <ul style="list-style-type: none">Programme governance structure monitored by TECProgramme PID and QIP process		+Pos level 2 Report to F&P - achieving plan -Neg level 2 F&P increased risk score to 20. September report identifies £2.5m shortfall due to agency spend	+Pos level 2 Transformation and CIP report to F&P. Month 4 on track, forecast to deliver by year end	-Neg Level 2 F&P Dec 2017 - highlighted £2.3m shortfall forecast on delivery for 2017/18	-Neg Level 2 F&P Jan highlighted £3.4 m shortfall on delviery. Feb 2018 reported highlighted adeficit of £4.7m.											
			Strength of assurance logged (L1 / L2 / L3)			G			A			R			R		↻		

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score	Q2 Risk Score	Q3 Risk Score	Q4 Current Risk Score	Movement in risk	Expected movement by next quarter	Target Risk Score
					31/07/17	30/09/17	27/12/17	19/0317			
F	DF	COR234	Risk Title Trust plans assume a significant level of income at risk from commissioners	20	20	20	20	20	↻	↻	15
			Key Controls <ul style="list-style-type: none"> Monthly reconciliations of activity and coding Regular dialogue through formal meeting with CCGs 		+Pos level 2 Monthly report to CCG contract review meetings; agreed process with CCG	+Pos level 2 Monthly report to CCG contract review meetings; agreed process with CCG -Neg level 2 Month 5 income fell; reduced forecast outturn. Additional F&P meeting in Oct to review position	-Neg Level 2 F&P Dec 2017 - Current gap between DGFTs income over acvitiy with CCG is circa £2 million.	+Pos Level 2 Report to F&P stated that the healthcare over activity position with Dudley CCG is now significantly lower than previously reported. The risk of Dudley CCG being able to afford the over activity is now reduced. -Neg Level 2 Report to F&P stated an adverse variance of £4.549m at the end of January for healthcare income. The Trust will not achieve its healthcare income target for 2017-18			
			Strength of assurance logged (L1 / L2 / L3)			G		A			
F	DIT	COR091	Risk Title The IT DR arrangements are not effective	20	8	8	8	8	↻	↻	4
			Key Controls <ul style="list-style-type: none"> Established BC Plans System backups taken and tested Patient Information back up system in operation 		+Pos level 1 Recovery time for top 5 systems would be 2-24 hrs +Pos level 2 Datacentre refresh programme approved by Board	+Pos level 1 Recovery time for top 5 systems would be 2-24 hrs +Pos level 2 Datacentre refresh programme approved by Board	-Neg level 2 Trust does not have assurance of tested disaster recovery for all key systems	+Pos level 1 DR times will be significantly reduced on implementation of the new EPR and the Likelihood will be reduced			
			Strength of assurance logged (L1 / L2 / L3)		G	G		G			
			SUMMARY	65	44	48	48	48	↻	↻	31
Objectives: SO6 Deliver a viable future											
F	MD CN	COR116	Risk Title High dependency on agency staff particularly in clinical areas	25	20	20	20	20	↻	↻	4
			Key Controls <ul style="list-style-type: none"> Review of agency use by Executives Nursing and Medic STAR chamber review and approval VAR panel review and approval 		+Pos level 1 Recruitment of staff to ED +Pos level 2 Approved resources for substantive nurse recruitment -Neg level 2 Report to Workforce committee shows higher attrition to recruitment.	+Pos level 2 Approved resources for nurse recruitment -Neg level 2 Report to F&P – trajectory suggests full year target will not be met . -Neg level 2 Report to Workforce committee shows higher attrition to recruitment.	+Pos Level 2 - Nurse staff reviews completed for medicine / Surgery / Paeds - Report to F&P medical agency reduction trajectory and actions presented to the Committee -Neg level 2 Report to F&P Medical Staff Agency Spend in ED	+Pos Level 2 Medical agency spend has fallen because (substantive recruitment, and agency caps). Banned use of expensive off frameworks agencies -Neg Level 2 High capacity has resulted in rise of RN and CSW agency usage			
			Strength of assurance logged (L1 / L2 / L3)		G	A		A			

Oversight committee	Executive Risk Lead	Ref		Initial Risk Score	Q1 Risk Score		Q2 Risk Score		Q3 Risk Score			Q4 Current Risk Score			Movement in risk	Expected movement by next quarter	Target Risk Score	
					31/07/17		30/09/17		27/12/17			19/0317						
F	DF	COR061	Risk Title Failure to remain financially sustainable in 2017-18 and beyond	20	20		20		20			20			↻		16	
			Key Controls <ul style="list-style-type: none">Trust's business planning and budget setting processRegular up to date financial reporting reviewedDeveloped CIP Programme <i>Agency controls</i>		+Pos level 2 Report to F&P include schemes to achieve control. Total surplus at month 4 above forecast. Report to F&P on achievemnet of Q1 STF money. -Neg level 2 Month 5 financial position below plan. Directorates asked to find addition CIP. Additional F&P meeting Oct to discuss remedial plan.		+Pos level 2 Report to F&P include schemes to achieve control. Total surplus at month 4 above forecast. Report to F&P on achievemnet of Q1 STF money. -Neg level 2 Month 5 financial position below plan. Directorates asked to find addition CIP. Additional F&P meeting Oct to discuss remedial plan.		-Neg Level 2 - F&P reported a £7.5m deficit whti is £10M away from control total			-Neg Level 2 Report to F&P finance report on 25th January 2018 which reported a £8.6m deficit Report to F & P on 22 Feb ruary 2018 finance report which reported a £8.6m deficit which is £11.1m away from control target. Report highlighted risk to achieving this forecast.						
			Strength of assurance logged (L1 / L2 / L3)			A		A			R			R		↻		
W	COO	COR421	Risk Title Lack of paediatric medical workforce capacity to meet service demands, standards and recommendations resulting in overdue follow up appointments	20			New 01/11/17		20			20			↻		9	
			+Pos Level 1 3 new consultants in post +Pos Level 2 Nov 2017 (CQSPE) ahead of trajectory						+Pos Level 1 All four new Consultant Paediatricians have now commenced. All 3 CNS posts have been appointed +Pos Level 2 Report to Feb CQSPE - Paediatric overdue FUs without an appointment are marginally behind trajectory to be eradicated by May 2018									
			Strength of assurance logged (L1 / L2 / L3)						G	G		G	G		↻			
			SUMMARY	65	40		40		60			60			↻	↻	29	

Key for Risk Lead		Key for Strategic Objectives		Key for source of assurance		Key for assurance grading	
CE	Chief Executive	SO1:	Deliver a great patient experience	Level 1 – assurance provided by Operational Management	G reen	ALL	Positive assurance
MD	Medical Director	SO2:	Safe and Caring Services	Level 2 – assurance provided by Executive Manangement / Board Committee	A mber	A MIX	of positive and negative assurance
CN	Chief Nurse	SO3:	Drive service improvements, innovation and transformation	Level 3 – assurance provided by an external source	R ed	ALL	Negative assurance
DF	Director of Finance and Information	SO4:	Be the place people choose to work		A blank indicates no asurance was noted for that quarter		
COO	Chief Operating officer	SO5:	Make the best use of what we have				
DSP	Director of Strategy and Business Planning	SO6:	Plan for a viable future				
DG	Director of Governance						
DHR	Director of HR						
DIT	Director of IT						

Paper for submission to the Council of Governors
7 June 2018

TITLE:	Board Secretary Report														
AUTHOR:	Glen Palethorpe, Board Secretary, Director of Governance / Liz Abbiss, Head of Communications	PRESENTER	Glen Palethorpe, Board Secretary, Director of Governance												
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>													
STRATEGIC OBJECTIVES: ALL															
<p>SUMMARY OF KEY ISSUES:</p> <p>1. Annual members meeting</p> <p>The Annual Members meeting has been scheduled for the 19 July 2018 to start 17.30. The event will include both an opportunity for three services to show case their services along with the completion of the formalities of receiving the annual report and accounts along with the auditors opinions.</p> <p>The outline draft agenda is included for information within Appendix 2. The service showcases are being finalised but are planned to be Community, Maternity and Stroke.</p> <p>2. Recruitment of a Non-executive Director</p> <p>The Recruitment process for the replacement of our retiring Non-executive director has commenced with the recruitment timetable detailed below:</p> <p>TIMETABLE OF RECRUITMENT PROCEDURE</p> <table border="1"> <tr> <td>25th May 2018</td> <td>Advert placed on Linked In and NHSI website</td> </tr> <tr> <td>End of May – early June</td> <td>Opportunity to meet Director of HR / Director of Governance</td> </tr> <tr> <td>22nd June 2018</td> <td>Closing Date for the receipt of CV and covering letter</td> </tr> <tr> <td>w/c 25th June 2018</td> <td>Short listing of candidates</td> </tr> <tr> <td>5th July 2018, 3pm – 6pm</td> <td>Stakeholder panel including presentation to Governors on how their skills fit the needs of the Trust Board</td> </tr> <tr> <td>9th July 2018, 1pm – 6pm</td> <td>Interviews and Recruitment Process</td> </tr> </table> <p>So far two prospective candidates have met the Director of HR and we have received a number of completed applications.</p>				25th May 2018	Advert placed on Linked In and NHSI website	End of May – early June	Opportunity to meet Director of HR / Director of Governance	22nd June 2018	Closing Date for the receipt of CV and covering letter	w/c 25th June 2018	Short listing of candidates	5th July 2018, 3pm – 6pm	Stakeholder panel including presentation to Governors on how their skills fit the needs of the Trust Board	9th July 2018, 1pm – 6pm	Interviews and Recruitment Process
25th May 2018	Advert placed on Linked In and NHSI website														
End of May – early June	Opportunity to meet Director of HR / Director of Governance														
22nd June 2018	Closing Date for the receipt of CV and covering letter														
w/c 25th June 2018	Short listing of candidates														
5th July 2018, 3pm – 6pm	Stakeholder panel including presentation to Governors on how their skills fit the needs of the Trust Board														
9th July 2018, 1pm – 6pm	Interviews and Recruitment Process														

3. Appointment of the sixth voting executive director

Following the appointment of the sixth non-executive director by the governors the Trust has made the Director of HR the sixth voting executive director on the Board. This mean the Board is fully established in line with the Trust's Constitution to have a chair plus 6 voting non- executives and 6 voting executives.

4. Request from the CCG appointed governor

The Trust has received a request from the CCG appointed governor (Dr R Gee) that the Council is made aware of questions raised at the Dudley Clinical Commissioning Group governing body meeting on 10 May 2018.

There were 8 questions asked of the CCG, the final question although does not relate to the Trust. Against the questions we have added text to enable the CCGs responses to be read in context with Trust actions. The detail of these questions, the response and context is included within Appendix 1

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF COUNCIL :

Decision	Approval	Discussion	Other
			Y

RECOMMENDATIONS FOR COUNCIL:

The Council is asked to note the outline agenda for the Annual Members Event and support the format of incorporating three service show case sessions around the formal receipt of the Trust annual report, accounts and the auditors' opinions.

The council is asked to note the timeline for the recruitment of the non-executive director and the stakeholder panel date for the candidates presentation to governors is set for the 5 July.

The Council is asked to note the Board's decision to make the Director of HR the sixth voting executive director.

The Council is asked to note the questions and responses presented to the CCG Board.

Appendix 1

Questions to CCG Board

Date: 19.04.2018	Name: David Gill
Question asked: Is the Dudley CCG Board assured that DGFT governance systems are safe and robust?	
Response provided by Caroline Brunt – Chief Nurse & Quality Officer <p>The CCG are assured that DGFT are committed to achieving robust governance processes that underpin safe day to day high quality care for patients. We recognise there is still work to do to ensure processes are in place consistently across the Trust.</p> <p>We recognise, as do the DGFT executive team, that governance processes within the Trust require further improvements and that some services have more developed systems than others. The recent CQC findings highlighted areas of outstanding practice alongside areas in need of significant improvements. We are working with the Trusts governance team to address the issues identified and our role is to gain assurance as we test the longstanding systems alongside new and enhanced processes as they are developed.</p> <p>This development and assurance work has been ongoing for some time. An example of a key area of governance that we have focused on over the last two years has been learning from serious incidents including the introduction of key performance indicators to enable progress monitoring. While there is significant evidence of improvements in this area and the CCG are assured that there is greater recognition of incidents requiring investigations and the quality of these processes, for example in maternity services, we are still supporting enhancements to these to ensure there is a consistent approach across the whole organisation.</p> <p>The CCG Audit and Governance committee has requested a review of the CQC report at a future meeting and the progress towards the action plan will be monitored by the CCG Quality and Safety Committee.</p> <p>DGFT context</p> <p>The Trust provides updates to the system oversight group on the actions taken in respect of the CQC inspection report. The CCG along with the CQC, NHS Improvement and NHS England are members of this oversight group.</p> <p>We provide the same updates to the Trust Board and to the Council.</p>	

Date: 05.05.2018

Name: Ian Fleming

Question asked:

1. In the light of RHH failing its CQC inspection despite the assurances given by Dianne Wake to CCG in November last year that all was well and the hospital was well placed for the winter and despite the number of high profile resignations fit for purpose, will the board call for the resignation of the Chair and board of governors. No CQC audit should come as a surprise if good governance is in place the deficiencies should have been known and plans in place to address them.

*Inspectors wrote: **"Governance systems were not robust and did not ensure safe and effective care was being delivered."***

"The culture within the department was not open and senior staff did not recognise significant areas of risk and potential harm to patients..."

"Senior staff within the service were out of touch with the reality of the quality of care and treatment provided in the department."

Read more at <https://www.expressandstar.com/news/health/2018/04/18/russells-hall-hospitals-ae-rated-as-failing-in-damning-report/#12BO8SfqXRyXODbq.999>

DGFT context

The CQC inspected the Trust from 5th December 2017 to 18th January 2018 and inspected five core services at Russells Hall Hospital and community adult services including sexual health services.

Although our overall rating remains Requires Improvement, we are really pleased that our medical care including older people's care retained its good rating across all domains. Our community services were inspected for the first time and received a Good rating overall, as did our maternity services who were also good, and the CQC found examples of outstanding practice.

It is pleasing to see the inspectors found our services to be caring overall, rating the care given as good; however it is disappointing that our overall rating remains Requires Improvement.

We are particularly disappointed that ED has been rated Inadequate, especially given how hard our staff have worked in very challenging times.

We absolutely recognise there is work to do to ensure our services are the best they can be for our patients and we are supporting staff to make the improvements we need to ensure safe, effective, responsive and well-led services.

ED has an improvement plan in place which will support them to deliver the safe quality care they all aspire too and I know just how hard all staff are working to deliver good care to patients.

We have taken some immediate actions with ED to resolve patient safety concerns and our senior team are supporting ED to continue to deliver all of the actions in their improvement plan.

The service is now fundamentally different. It feels different in the department we have invested in both nurse and medical staffing to support the teams to deliver good care.

The Board and Council are updated as to the progress made in respect of all the CQC findings.

2. Losing 5 board members in a year members is a concern clearly no adequate succession plan was in place. How will this be addressed in the future?

DGFT context

Over the last twelve months we have had a change of several of the executive board members due to retirements and progression. This has provided an opportunity for new executive members to join the team whilst maintaining stable non-executive colleagues. We are pleased to have attracted very high calibre executives with a wealth of different board level experience to lead the organisation.

We have invested in our workforce over the last twelve months primarily on the front line and have also ensured both the medical and nursing directors have more senior support and people who may well aspire to be the executives of the future. We have launched a board development programme alongside both leadership and management programme for different levels of staff throughout the organisation.

3. How will the public be reassured that the ED is now safe? clearly this judgement cannot be based on the CEO's "say so" as she staked her reputation on this prior to the inspection, will an independent re audit be commissioned ?

The report said: "The emergency department was not providing safe, effective and responsive care and treatment and the care and treatment provided at times exposed patients to the risk of avoidable harm..."

"Patients presenting to the emergency department did not always receive robust and sufficient assessment of their clinical presentation and condition."

"This posed a significant risk that life threatening conditions would not be identified and treated as quickly as they should have been."

"We saw examples of patients who had deteriorated unnoticed due to the lack of robust assessment."

Triage processes were inconsistent and not exercised in line with the trust policy or national guidelines.

"Patients attending the emergency department did not always receive robust and sufficient assessment of their clinical presentation and condition."

Read more at <https://www.expressandstar.com/news/health/2018/04/18/russells-hall-hospitals-ae-rated-as-failing-in-damning-report/#12BO8SfqXRyXODbq.99>

"We are fortunate that all our new Board members have benefited from comprehensive handovers, either with their predecessors or long standing deputies, who have significant organisational and local knowledge."

"Throughout this period of change, our priority has continued to be quality patient care and patient safety, and I am confident that the Board is well equipped with the expertise, skills and knowledge to effectively manage the upcoming winter pressures and achieve the trust's strategic goals." Dianne Wake

Read more at <https://www.expressandstar.com/news/local-hubs/dudley/2017/12/06/all-change-at-hospital-board-level/#5V7DUw01YB5xgtK6.99>

DGFT context

The Trust has redesigned its own performance dashboard in order to ensure any issues are highlighted early to senior leaders.

We have recently launched the first phase of our electronic patient record system which enables staff to record all patient observations electronically, this helps with containing information in one place and provides alerts to staff for each individual helping further improve patient safety.

We have continued to work with the Care Quality Commission, NHS England and NHS Improvement in a variety of ways providing evidence of improvements, evidence that actions plans are progressing or complete. The CQC receive weekly reports from us and will re-inspect ED soon to assure themselves the actions are working and in place. We also have a Dudley System Oversight group which includes all regulators and our commissioners which key partner updates on actions and does deep dives into services.

4. Will the CCG board ask DGoH to apologise to patients and the public for the avoidable failings identified in this shameful report?

Russells Hall Hospital: Patient treated after 'inspectors intervene'

<http://www.bbc.co.uk/news/uk-england-birmingham-43806860>

<http://www.bbc.co.uk/news/uk-england-birmingham-42565638>

and then despite reassurances <http://metro.co.uk/2018/04/23/young-mum-died-hours-diagnosed-sepsis-7489899/>

Russells Hall Hospital: Patient dies waiting for treatment

*Russells Hall Hospital **had** the best performing A&E department in the country two years ago, but it has seen its performance decline this winter.*

- 4b. Given it is now rated inadequate who is accountable?

<https://www.expressandstar.com/news/health/2018/05/02/hundreds-of-patients-wait-too-long-at-russells-hall-ae/> "...300 patients were left waiting more than half an hour in ambulances outside a Black Country hospital in a month, according to new figures."

DGFT context

The Trust is accountable for the treatment provided through all of our services.

5. Will the board ask how much time and money has been spent on the uniform change and is this another example of "senior staff being out of touch with reality" when there are clearly bigger areas demanding their attention?

<https://www.thelondoneconomic.com/news/nhs-chiefs-slammed-for-splashing-out-thousands-of-pounds-of-taxpayers-cash-on-brown-uniforms-for-staff/18/04/>

DGFT context

We have changed some of our nursing staff uniforms based on best practice and patient feedback. Patients told us that it is hard to distinguish which professionals were treating them. As soon as our uniform refresh programme came around we have changed the styles of certain professionals including our clinical support workers and ward clerks so that everyone is much easier to identify at a glance.

6. Will the board confirm that this practice has been stopped and the correct national procedure for sepsis diagnosis is now being followed?

"Professor Bryan Williams, of the Royal College of Physicians, said: "This patient safety alert is a welcome development aimed at saving lives by focusing attention on the need to use NEWS2 to better identify patients at risk of sepsis and other life-threatening conditions."

The call comes after it emerged that senior doctors at one hospital removed one key indicator of serious illness from their warning score system because it "was identifying too many ill patients".

Care Quality Commission (CQC) inspectors found that the scoring system in the emergency department at Russells Hall Hospital, part of The Dudley Group NHS Foundation Trust in the West Midlands, did not include oxygen saturation levels.

The CQC report, released last week, states: "Senior clinicians amended a national early warning score system to remove one key indicator of serious illness. **This was undertaken with no consultation with the medical director or evidence base and the rationale provided was that it was identifying too many ill patients and generating too many emergency calls.**"

http://www.watfordobserver.co.uk/news/16183707.NHS_100_patients_died_because_medics_didn_t_spot_them_deteriorating/

DGFT context

The practice within ED was changed immediately to that in operation across the rest of the Trust and is compliant with the National system. The Trust is proactively working on the move to NEWS2 and the use of the new electronic observation tool will be a key enabler for the Trust to make the move to NEWS2 ahead of the required deadline.

Response provided by Caroline Brunt – Chief Nurse & Quality Officer

There are a number of questions regarding the recent Care Quality Commission (CQC) report (April 18) into services provided by The Dudley Group NHS Foundation Trust (DGFT). Many of the questions need to be responded to directly by the executive team and Board of Governors within DGFT. CCG Board requested that our representative on the Board of Governors (Dr Richard Gee) raise these questions with them at the next meeting.

While the CCG were disappointed to read the significant concerns described within the report we also acknowledge areas of good and outstanding practice have been identified and are to be commended.

Ratings for Russells Hall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓↓ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↔ Apr 2018	Inadequate ↓ Apr 2018	Inadequate ↓ Apr 2018
Medical care (including older people's care)	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018
Surgery	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
Critical care	Requires improvement ↔ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Requires improvement ↔ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↔ Apr 2018
Maternity	Good Apr 2018	Requires improvement ↓ Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Services for children and young people	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018
End of life care	Requires improvement Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
Outpatients	Good Mar 2014	N/A	Good Mar 2014	Requires improvement Mar 2014	Good Mar 2014	Good Mar 2014
Overall*	Requires improvement ↔ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Requires improvement ↔ Apr 2018	Requires improvement ↔ Apr 2018	Requires improvement ↔ Apr 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Apr 2018	Good Apr 2018	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Overall*	Good Apr 2018	Good Apr 2018	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018

16 The Dudley Group NHS Foundation Trust Inspection report 18/04/2018

Following the initial and subsequent CQC visits the CCG Quality and Safety team have been working closely with DGFT staff and colleagues from NHS Improvement, NHS England and the Dudley MBC Office of Public Health supporting the implementation of a remedial action plan and a range of assurance and monitoring visits.

The CCG recognise, as do the DGFT executive team, that governance processes within the Trust require further improvements and that some services have more developed systems than others.

The CCG are assured that DGFT are committed to undertaking this work and achieving robust governance processes that underpin safe day to day high quality care for patients and to ensure processes are in place consistently across the Trust. The CCG will continue working with the Trust governance team to address the issues identified and our role is to gain assurance as we test the longstanding systems alongside new and enhanced processes as they are developed.

This development and assurance work has already been ongoing for some time. An example of a key area of governance that we have focused on over the last two years has been learning from serious incidents including the introduction of key performance indicators to enable progress monitoring. While there is significant evidence of improvements in this area and the CCG are assured that there is greater recognition of incidents requiring investigations and the quality of these processes, for example in maternity services, we are still supporting enhancements to these to ensure there is a consistent approach across the whole organisation.

Date: 05.05.2018

Name: Ian Fleming

Question asked:

7. Will the board publish its response to Equality and Human Rights Commission's letter sent to Dudley CCG 19/3/18?

<https://www.equalityhumanrights.com/en/our-work/news/nhs-facing-court-action-over-unlawful-policies>

Response provided by Neill Bucktin – Director of Commissioning

Thank you for your question. The CCG has responded to the Equality and Human Rights Commission's letter, we will not be sharing the response publically. However, we can confirm that we will be reviewing our policy in light of the challenge made by the commission.

Appendix 2

Annual Members Meeting

Thursday 19th July 2018

**Clinical Education Centre, 1st Floor South Block,
Russells Hall Hospital, Dudley, DY1 2HQ**

		Find out what makes The Dudley Group a great place to work and receive treatment. Learn more about the fantastic job opportunities, apprenticeships and work experience options available.	
5.30pm		Welcome	Fred Allen, Lead Governor
5.35pm		Service showcase	TBC
5.55pm		Service showcase	TBC
6.15pm		Chairman's opening remarks and approval of minutes of the Annual Members Meeting 2017 (appendix 1)	Jenni Ord, Chairman
6.25pm		Quality Report and Account 2017/18 Play patient video or 6 c's	Siobhan Jordan, Chief Nurse
6.45pm		Trust Financial Accounts 2017/18	Tom Jackson Director of Finance
6.55pm		Auditor's Report	Name TBC, PwC
7.05pm		Service showcase	Name TBC
7.25pm		Questions	Jenni Ord, Chairman
8.00pm		Close of Annual Members Meeting Please remember to hand in your quality priority questionnaire as you leave.	

Paper for submission to the Council of Governors
Thursday Wednesday 18 April 2018

TITLE:	Foundation Trust Membership report Q4 2017/18						
AUTHOR:	Helen Board, Patient and Governor Engagement Lead			PRESENTER:	Helen Board, Patient and Governor Engagement Lead		
CORPORATE OBJECTIVE: SG06 – to deliver an infrastructure that supports delivery							
SUMMARY OF KEY ISSUES: This report provides the Trust membership report for quarter four 2017/18. Membership report <ul style="list-style-type: none"> The Trust continues to maintain a public membership in excess of 13,000 to comply with Trust's Terms of Authorisation and IBP (Integrated Business Plan). Our membership continues to be mostly well represented by constituency, age, gender, and ethnicity and across the spectrum of Office of National Statistics (ONS)/Monitor classifications against our population base 							
Total public membership							
Membership	31 March 2015	31 March 2016	31 March 2017	30 June 2017	30 September 2017	31 December 2017	31 March 2018
Public	13,770	13,981	13,875	13,920	13,903	13,900	13,888
The total number of public members as at 31 March 2018 is 13,888 (including Outside of the West Midlands) representing a decrease of 12 compared to 30 December 2017. Detailed breakdown reporting is provided for review and action by the Experience and Engagement Committee as required.							
ACTION REQUIRED OF COUNCIL:							
Decision	Approval		Discussion		Other		
					X		
RECOMMENDATIONS FOR THE COUNCIL:							
The Council is asked to receive the report.							

Membership Report Quarter four

The Trust has continued to maintain a public membership that is reflective of the socio-economic and demographic characteristics of the population we serve.

Total public membership

Membership	31 March 2015	31 March 2016	31 March 2017	31 March 2018
Public	13,770	13,981	13,875	13,888

The total number of public members as at 31 March 2018 is 13,888 (including Outside of the West Midlands) representing a decrease of 12 compared to 30 December 2017. The provisional number of staff members is 3,862 giving a total membership of 17,750 (*final staff data available week commencing 16 April 2018*).

In-year data base cleansing removes members who are deceased. Data base cleansing also identifies members who may have moved away. These are initially recorded as 'possible address change' and work has recently completed to validate their new addresses wherever possible and remove those members where this was not possible.

Our membership continues to be mostly well represented by constituency, age, gender, and ethnicity and across the spectrum of Office of National Statistics (ONS)/Monitor classifications against our population base.

To comply with the diversity requirements of the Equality Act 2010, all membership recruitment and engagement activities are open to all Trust members, patients, their families and carers as well as members of the wider community. Any person residing in the area served by the Trust and beyond is eligible to become a member of our Trust regardless of age, gender, ethnicity, religion or belief, gender reassignment, disability, marital status, pregnancy or nursing, or sexual orientation. Our Constitution stipulates (annex 9, item 10) that the minimum age for membership is 14 years old. There is no upper age limit.

The Trust will continue to work with governors to develop effective engagement opportunities and continue to target our recruitment activities around our underrepresented groups against our population base and ensure we develop and maintain a representative membership.

Target groups for recruitment purposes consist of the age group, 22–39 year olds, and some ethnic groups. Working closely with governors, we will continue to attend community and support groups as well as develop other recruitment and engagement opportunities.

The governors 'Out there' project is continuing to support a wide range of opportunities for both governors and the Trust to achieve the following key objectives;

- Raise awareness and promote the activities of the Trust
- Develop relationships with our local communities
- Seek views of Trust members and those of the wider public
- Recruit new members

Membership constituency breakdown report as at 31 March 2018

(numbers in bracket indicate previous quarter figures)

Public Constituencies	Number of Members
Brierley Hill	1,774 (1,774)
Central Dudley	2,422 (2,417)
Halesowen	1,151 (1,154)
North Dudley	1,382 (1,386)
Outside of the West Midlands	365 (365)
Rest of the West Midlands	1,771 (1,768)
South Staffordshire and Wyre Forest	1,185 (1,188)
Stourbridge	1,712 (1,716)
Tipton and Rowley Regis	2,126 (2,132)

Public membership breakdown by age, gender and ethnicity		Number of Members
Age	0-16 years	14 (10)
	17-21 years	761 (872)
	22+ years	12,665 (12,570)
	Not stated	448 (448)
Gender	Male	4,622 (4,638)
	Female	9,173 (9,172)
	Unspecified	93 (90)
Ethnicity	White	11,348 (11,368)
	Mixed	401 (402)
	Asian or Asian British	1,238 (1,232)
	Black or Black British	426 (423)
	Other	71 (71)
	Not stated	404 (404)

Staff Constituencies	Number of Members
Allied Health Professionals and Healthcare Scientists	409 (818)
Medical and Dental	462 (508)
Nursing and Midwifery	1,401 (2,455)
Non Clinical	958 (906)
Partner Organisations	632 (621)