Agenda

The Dudley Group NHS Foundation Trust

Full Council of Governors meeting

Thursday 6 September 2018, 6.40pm
Clinical Education Centre, Russells Hall Hospital, Dudley

Meeting in public session

No.	Time	Item	Enclosure	By
1.	6.40	Welcome (Public & Press) 1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements including recent fundraising activity		Jenni Ord, Chairman
2.	6.45	Presentations: 2.1 Patient story		Siobhan Jordan, Chief Nurse
3.	6.55	Previous meeting 3.1 Minutes of the previous full Council of Governors meeting held on 7 June 2018 3.2 Minutes from the Annual Members Meeting held 19 July 2018 3.3 Matters arising there from 3.4 Action points	Enclosure 5 Enclosure 5a	Jenni Ord, Chairman
4.	7.05	Chief Executive update including update on MCP project	Enclosure 6	Diane Wake, Chief Executive
5.	7.15	Care Quality Commission (CQC) 5.1 ED position statement 5.2 ED summary at a glance	Enclosure 7 Enclosure 8	Karen Kelly, Chief Operating Officer Karen Kelly, Chief Operating Officer
6.	7.30	Effective 6.1 Workforce Report	Enclosure 9	Andrew McMenemy, Director of Human Resources
7.	7.40	Strategy 7.1 Strategy Committee workshop and meeting 14 August 2018	Enclosure 10	Fred Allen, Chair of meeting
8.	7.45 7.50 8.00 8.10	Safe, caring and responsive 8.1 Experience and Engagement Committee 4 July 2018 8.2 Chief Nurse report including Quality Priorities update and Quality Care indicator process information 8.3 Patient Experience report Q1, 2018/19 including complaints and PALS 8.4 Aggregated Learning Report	Enclosure 11 Enclosure 12 Enclosure 13 Enclosure 14	Karen Phillips, Committee Chair Siobhan Jordan, Chief Nurse Jill Faulkner, Head of Patient Experience Glen Palethorpe, Director of Governance/ Board Secretary

9.		Effective		
	8.20	9.1 Finance report Q1, 2018/19 and update on 2018/19 to date	Enclosure 15	Tom Jackson, Director of Finance
	8.30	9.2 Performance report Q1	Enclosure 16	Karen Kelly, Chief Operating Officer
10.		Well-Led		
	8.40	10.1 Governor Development Group 21 Aug '18	Enclosure 17	Fred Allen, Committee Chair
	8.45	10.2 Board Secretary update - Governor appointments and elections - NED appointment	Enclosure 18	Glen Palethorpe, Director of Governance/ Board Secretary
	8.55	10.4 FT Membership summary Q1, 2018/19	Enclosure 19	Helen Board, Patient and Governor Engagement Lead
11.	9.00	Any Other Business (to be notified to the Chair)		Jenni Ord, Chairman
12.		Close of meeting and forward dates: • Extraordinary meeting of the full Council 4 October • Extraordinary meeting of the full Council 8 November • Full Council meeting 6 December		Jenni Ord, Chairman

Enclosure 5

The Dudley Group NHS Foundation Trust

Minutes of the Full Council of Governors meeting Thursday 7 June 2018, 6.00pm, Clinical Education Centre, Russells Hall Hospital, Dudley

Present:

Name	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Arthur Brown	Public Elected Governor	Stourbridge
Mr Bill Dainty	Staff Elected Governor	Nursing & Midwifery
Mrs Lydia Ellis	Public Elected Governor	Stourbridge
Dr Anthea Gregory	Appointed Governor	University of Wolverhampton
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mrs Viv Kerry	Public Elected Governor	Halesowen
Ms Michelle Lawrence	Staff Elected Governor	Nursing & Midwifery
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professionals & Healthcare Scientists
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
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 Yvonne Peers	Public Elected Governor	North Dudley
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professionals & Healthcare Scientists
Mr Peter Siviter	Public Elected Governor	South Staffs & Wyre Forest
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
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
Ms Diane Wake	Chief Executive Officer	DG NHS FT

Apologies:

Name	Status	Representing
Cllr Adam Aston	Appointed Governor	Dudley MBC
Ms Jill Faulkner	Head of Patient Experience	DG NHS FT
Dr Richard Gee	Appointed Governor	Dudley CCG
Ms Nicola Piggott	Public Elected Governor	Dudley North
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mr Alan Walker	Appointed Governor	Partner Organisations

COG 18/9.0 Welcome and introductions

17.40 Mrs Ord opened the meeting of the Full Council and welcomed all to the meeting.

COG 18/9.1 Introductions

Mrs Ord introduced Mr Stanton, Chief Information Officer.

COG 18/9.2 Apologies

Apologies had been received and recorded as above.

COG 18/9.3 Declarations of Interest

The Council were reminded of the standing declaration in respect of Dr R Gee who owing to his work for Dudley CCG as part of the MCP procurement project and would not attend the meeting on this basis. There were no other Declarations of Interest received relating to any agenda item.

COG 18/9.4 Quoracy

The meeting was declared quorate.

COG 18/9.5 Announcements

Mrs Ord announced that Mr Brearley had taken the decision to stand down as public elected governor for Brierley Hill owing to a change in personal circumstances. Mrs Ord asked that a record of thanks be noted to acknowledge her personal appreciation for his support of the work of the Council.

Mrs Ord explained that Volunteers Week had celebrated the work of the 450 volunteers in the Trust and advised that the responsibility for volunteers had recently moved under the remit of the Chief Nurse and would continue to support patients and colleagues in all areas of the Trust.

COG 18/10.0 Presentation

COG 18/10.1 Digital Trust – Update on Rollout (Presentation)

17.50 Mr Stanton, Chief Information Officer, provided an update on the Digital Trust rollout and the key achievements to date including the successful launch of Sunrise that supported eObs (electronic observations) and Early Warning Scores (NEWS). Patient communication had also been improved with the launch in March 2018 of appointment letters available via email and large font version available. The next phase would involve provision of clinic letters via email. Mr Stanton shared details of the future plans for rollout of further digital projects for delivery during the period June 2018 to March 2019.

Mrs Ord thanked Mr Stanton for the presentation and noted that the launch had been well received by staff who had been provided with comprehensive support and training.

Mr Dainty concurred adding that staff had been engaged at an early stage and had contributed to the rollout plan.

Mr Parmley asked for assurance about the arrangements in place should the digital system become unavailable for any reason and how long it would be before eObs were used across the whole Trust.

Mr Stanton explained that the digital system was supported by two data centres that ran in an active/active environment within a virtualised data centre. He confirmed

that this has been subjected to rigorous testing and was confident of its resilience. He added that should the system fail, all staff would revert back to pen and paper. He confirmed that the eObs system had been launched with support for more than 2000 nurses working across all inpatient areas. The launch of e-letters and letters in large font were compliant with the Accessible Standard where in 6 weeks, 152 patients had registered to receive their appointment letters in an alternative format.

Mr Siviter asked if the launch of the shared record as part of the Population Health System would affect patients living in the Wyre Forest.

Mr Stanton replied that the plan was to develop links between shared environments each comprising clusters of providers across the country and confirmed that he sat on a group that was developing this model.

Mrs Neale asked how often the eObs data would be audited to ensure it is effective particularly in the detection of Sepsis.

Mr Stanton confirmed that the Eobs data was used to support dashboards at ward and senior level and had become part of the clinical audit reporting cycle.

Mr Dainty added that the dashboard system provided clinical teams with reports to flag potential Sepsis cases in real time and consequently were then able to intervene more quickly compared to using written observations.

Mrs Ord thanked Mr Stanton for the update and confirmed that eObs system was included as part of the clinical audit programme.

[Mr McMenemy left the meeting at this point]

COG 18/10.2 Patient Story

18.18 Ms Jordan presented the patient story which was given by a patient who had been in the care of the Orthopaedic Team and who had had total knee replacement surgery. Her previous story had been very positive. This was a return to this patient story so the Board could see the wider pathway. Again the story was very positive and the patient recommended the Trust to other patients for their treatment. The Chief Nurse confirmed that the Orthopaedic Ward receives 100% feedback for the Friends and Family test.

Ms Jordan explained that consideration would be given to providing or encouraging all patients to keep a post-op diary. Ms Jordan also noted that different patients had different physio needs and that a review of the physio pathway would be undertaken with consideration given to making best use of community facilities to deliver the service.

Mrs Ord thanked Ms Jordan for the presentation and noted the potential to use electronic facilities to record a diary. Mrs Ord added that the communications team would continue to ensure that patient stories continued to provide demonstrable evidence of progress of delivering the Trust strategic aspirations.

[Mr McMenemy joined the meeting at this point]

COG 18/11.1 Minutes of the previous full Council of Governors meeting held on 8 March 2018 (enclosure 1)

The minutes from the previous meeting were an accurate record of the meeting.

COG 18/11.2 Matters Arising Therefrom

There were no matters arising.

COG 18/11.3 Action Points

All action points were complete and would be removed from the list.

COG 18/12.0 Chief Executive Update (enclosure 2)

18.25 Ms Wake asked those present to receive the report given as enclosure 2 and provided and update on additional items as follows:

Healthcare heroes – Ms Wake explained that this was awarded to a team and an individual member of staff each month based on nominations received. She had been privileged to present the team award in June to the clinical guidelines team who have been working to establish 130 or so clinical guidelines for junior doctors. The individual award went to Hashem Elhossamy, specialty doctor in obstetrics who received the award for going the extra mile for his patients, treating all with dignity and respect and for keeping his patients well informed and involved in their care at all times.

Committed to Excellence awards – Ms Wake advised that the event would be held on 29 June 2018 and that the shortlisting of the nominees had been completed. The event provided an opportunity to celebrate what is really good about the organisation and extended an invitation to governors to attend and to look out for further details that would follow.

Dudley Oversight Group – Ms Wake advised that the group met monthly with representation from NHS Improvement, NHS England, Dudley CCG and the Trust. The group received updates and assurance that actions, developed following the CQC inspection, are delivering improvements particularly in A&E which received a 'requires improvement' rating and actions had focussed on Sepsis identification and the triage process. There had been significant improvements adding that the weekly monitoring was on-going. Subsequent to the CQC responsive visit in March2018 , the Trust had received the report and was presently reviewing it for factual accuracy prior to publication.

COG 18/13.0 <u>Effective</u>

COG 18/13.1 Finance Report Q4 2017/18 and update on 2018/19 to date (enclosure 10)

18.35 Mr Jackson presented the report given as enclosure 10 and asked those present for their views on the style and layout of the report and gave updates as follows:

- Year end position was in line with previous forecasts at a £10.6m deficit before STF (Sustainability Transformation Fund) funding, impairment and technical adjustments. Actual income for the 2017/18 period was £347m
- Actual spend including pay and non-pay activity had left an actual surplus of £12m. After other adjustments EBITDA left £10.5m deficit against plan of £2.5m surplus. After other adjustments including the STF funding reported a deficit of approx. £5m

Mr Jackson noted that pay trends were rising with steps being taken to reduce agency and hold rates to plan.

Mr Jackson provided some commentary on the forward look noting that the Trust was in the second year of a two year planning cycle. He added that Trusts plans had been refreshed in line with NHS Improvement with a 2018/19 target for a £800k deficit. Achieving this and the A&E 4 hour performance target would render the Trust eligible for £9m funding.

Mr Siviter asked how the first two months of the new financial year had performed.

Mr Jackson confirmed that spend budgets were on target, agency spend just slightly above and income was slightly down which is a concern and remained a challenge.

Dr Gregory noted that in a previous report it was noted that GPs were referring patients to other providers and asked if this had improved.

Mr Jackson confirmed that the Trust was in discussion with the Dudley CCG and felt positive that our good Referral to Treatment (RTT) performance would support an improved referral volume.

Ms Wake confirmed that elective work was profitable and recent changes to the coding of emergency care were still having an effect.

Mr Parmley asked what the impact of the national staff pay award would have on Trust finances.

Mr Jackson confirmed that the Trust had factored in a 1% annual increase in the budget planning and the additional 3% would be funded centrally.

COG 18/13.2 Workforce Report (enclosure 3)

18.41 Mr Andrew McMenemy presented the report given as enclosure 3 and highlighted the following points:

Mandatory training – in April the Trust had achieved 88% against a target of 90%.

Appraisals – Mr McMenemy explained that the low appraisal rate in April 2018 was attributed to the introduction of a new appraisal cycle whereby all staff would be appraised during the period April to June 2018 in line with the new appraisals policy.

Short term sickness – The main reason for periods of short term sickness absence at Trust level over the winter period had been seasonal illnesses including coughs, colds and gastro type of ailments. In the period from November to March absence due to coughs and colds had dropped by almost half each month. The other main reasons for short term absence reported in April are linked to Stress/Anxiety/Other mental health issues and 'Gastrointestinal Problems'.

Long term sickness – As at April 2018 the main reason for long term sickness absence at Trust level included 'Stress/Anxiety/Other mental health issues', 'Other Musculoskeletal' and 'Genitourinary/gynaecological issues'. It should be noted that 'Fracture' is another prominent reason for time lost.

Mr McMenemy advised that work continued to mitigate absence incidences and improve performance which included:

- Active management of cases between HR Advisors and Directorate managers on a monthly basis to discuss and target areas / cases of concern.

- Employment Relations Training delivered with further dates and bespoke session already set up over the course of the year.
- The Trust continues to promote the NHS Employer “30 second guide to Managing Sickness Absence”.
- From March 2018, the HR team now produce weekly absence reports from the Allocate rostering system supporting active management of sickness absence.

Mrs Ord thanked Mr McMenemy for the update and invited questions.

Mr Parmley asked if the government negotiated pay rise for NHS staff would impact positively on staff.

Mr McMenemy suggested that this would go some way to motivating staff and the Trust would continue to support staff to achieve a positive work life balance and ensuring that The Dudley Group was the place people chose to work.

Mr Dainty supported the new appraisal system where all staff are appraised at the same period of time in the year.

Mrs Ord noted that staffing is a key priority for the Trust and placed an emphasis on Dudley being the place people choose to work and supporting staff development is key to attracting and retaining staff and supporting them to provide the best possible care to patients.

Mrs Neale concurred that the appraisal process was important and provided a forum for one to one discussion that would highlight any work life imbalance and noted that in her own career having a goal motivated her.

Ms Kerry asked how successful the recently held recruitment days had been.

Mrs Zaidi asked, that in order to reduce staff sickness absence, whether staff were able to self-refer and what other initiatives were in place.

Mr McMenemy reported that the recruitment days had recruited more than 100 new members of staff. He added that sickness absence training for managers had been re-launched. Staff were able to self-refer to the Health and Wellbeing Service and the Staff Physio service. The focus also remained on ensuring that staff were supported appropriately to manage long term sickness absence.

Mrs Ord thanked all for their contribution to the discussion and noted that the Trust was active in recognising the hard work and dedication of staff across all areas using initiatives including Healthcare Heroes and endeavoured to keep all communication channels open to encourage staff to stay updated about Trust performance.

COG 18/13.3 Performance Report Q4 (enclosure 11)

18.45 Mrs Kelly presented the report given as enclosure 11 and highlighted the following:

Diagnostics – continued to perform with no reported issues presently.

RTT (Referral To Treatment) – the Trust consistently performed well and noted the areas of urology, general surgery, paediatric and immunology where performance could be better.

Cancer waits – the Trust was not presently achieving the 62 day target and was working hard to recover the quarter end position. She noted that the Trust continued to achieve the two week cancer target reporting 93.5% achieved against target of 93%. This would be closely monitored with all of the teams to ensure it is sustained.

Emergency access standard – the Trust continued to miss this target and noted an increase in attendance by the patient groups aged 60 – 80 which often had multiple co morbidities. The Trust had to re-open winter pressure beds to cope with demand. There was also a review of the pathway to locate medical patients to be managed in an area more appropriate to the needs.

Mr Parmley asked if the Trust had identified the main reason why the 62 day cancer target was being missed, if we had enough staff to support achieving the target and whether the Trust was benchmarked against other trusts.

Mrs Kelly commented that there was no one single cause and acknowledged that monitoring of patients on the list could be improved and that staffing was being reviewed to ensure the correct skills mix. She confirmed that all performance is benchmarked nationally and locally.

COG 18/14.0 Strategy Committee update from meeting held 22 May 2018 (enclosure 4)

19.00 Mrs Ellis presented the report given as enclosure 4 and highlighted the following from the meeting held 22 May 2018:

- Both the Strategy Workshop and the Committee meeting had been held on same day and was well attended.
- Those present at the meeting had indicated that the vision and values and strategic objectives were too repetitive and suggested to look at whether there were too many tiers.
- The governors had suggested that the focus on patients should also reflect the needs of their families and their carers.
- An update on the timeline for development of the Trust strategy was provided.

Mrs Ord thanked Mrs Ellis for the update and confirmed that the next workshop would be held on 14 August 2018 and encouraged all governors to attend.

COG 18/15.0 <u>Safe, Caring and Responsive</u>

COG 18/15.1 Experience and Engagement Committee meeting 18 April 2018 (enclosure 5)

19.06 Mrs Kerry presented the report given as enclosure 5 and highlighted the following that had been covered at the meeting:

- The committee had received a report from the governor who had attended the Patient Experience Group.
- The committee had received a report from the governor who had attended the Quality and Safety Group.
- Governors had suggested hosting an information and awareness raising stand in RHH main reception to promote the work of the Council
- It was confirmed that governors had participated in the annual 2018 PLACE audit

Mrs Kerry asked those present to note the report and the summary of the meeting.

COG 18/15.2 Chief Nurse Report including Quality Priorities update and Quality Care Indicator process information

19.10 Ms Jordan provided an update as per the enclosure given as enclosure 6 and highlighted that the Trust used metrics from a range of indicators to support quality of care and gave the example of Venous thromboembolism (VTE) performance which was being achieved.

Ms Jordan acknowledged that the Trust would not achieve all of the Quality Priorities and focus would remain on achieving them for quarter one. She highlighted the new priority where the Trust would drive an increase in the reporting of incidents and was pleased to note that each month in the year to date had seen an increase.

Mrs Kerry confirmed that she, in her personal capacity, had recently received treatment and she had noticed that everything gone to plan and that they drew on some of the initiatives and improvements described in both this and previous reports.

Mrs Ord commented that Governors had been involved in PLACE audits and invited Mr Brown to share his experience of the review he had completed earlier in the week.

Mr Brown confirmed that he had seen a notable improvement in the sense of order on the wards and the standard of cleaning seemed better.

Mrs Neale asked that the Trusts cardiology department be commended for the use of technology and gave an example of the phone app which enables individual ECG monitoring to be communicated via email to the department. She added that she had nominated a member of staff from the cardiology day case unit for the health care hero award for his help in showing her how to use the App.

Mrs Ord acknowledged the work of staff across the Trust who had supported on-going improvement and the support of the Exec and non exec team to meet the expectation that CQC will move from requires improvement to outstanding.

COG 18/15.3 Patient Experience Report Q4 2017/18, Including Complaints and PALS (enclosure 7)

19.25 Ms Jordan presented the report given as enclosure 7 and emphasised that the Trust took every opportunity to engage and listen to what patients told us adding that volunteers were instrumental in this. The feedback was used to celebrate what the Trust did well and to identify themes for improvement and develop actions where patients said we could do better. The theme for the last quarter highlighted that improvement was required for communication and the attitude of staff. The Trust used specific learning from an increasing number of complaints which had included installation of water fountains and improving signage. There was some progress on improving appointment availability.

Mr Parmley asked if appointments could be given out nearer to the time and if text reminders could be sent out.

Ms Jordan acknowledged that sending them out too far in advance could lead to non-attendance but noted that the capacity was under review to allocate more effectively. She confirmed that text reminders were now being sent to patients and enabled two way communication should patients wish to reschedule.

Dr Gregory noted that there were a large number of complaints awaiting response and the increasing amount of new complaints.

Mr Parmley asked if the problem areas are being fed back to the areas involved.

Ms Jordan acknowledged that the situation currently is in a backlog and have now introduced some additional resource with a trajectory to be back on track to meet the 40 response timeline and thereafter plan to improve that to a 28 day response timeframe. She confirmed that all complainants were kept up to date with any delays encountered in providing a response and that learning from complaints was priority to prevent a repeat of a similar situation. Ms Jordan confirmed that a new process had been introduced so that the staff most able to influence improvements were responsible for investigating and responding to complaints.

Mrs Ord noted that the situation had improved since the report had been prepared and there had been some improvement in the overall approach to keeping the complainants up to date.

COG 18/15.4 Aggregated Learning Report (enclosure 8)

19.32 Mr Palethorpe presented the report given as enclosure 8 and highlighted key information to those present that linked directly to support the performance data provided in other reports submitted to the meeting. He asked those present to note:

- The summary of actions being taken to improve the **prevention of VTE** and confirmed that the Trust was now achieving target.
- Information relating to **pressure ulcers** which had not achieved the quality priority target and note the additional actions developed to improve the performance. He confirmed that there had been no grade 4 pressure ulcers during March and April 2018.
- Details about interventions taken across the year to reduce the number of **falls** including involvement in the falls collaborative and track the improvement achieved
- The report also included information on practical actions taken that links into the performance reports across the year.

Mrs Ord asked Governors to note the improvements highlighted in the report and those areas requiring improving requirement and how it would continue to feed into the Trust quality priorities.

COG 18/15.5 Report on CQC inspection (enclosure 9)

19.38 Ms Wake presented the report given as enclosure 9 that provided an overview on the Service Quality and Improvement Action Plan and asked governors to note the following outstanding items:

Urgent and emergency care. There remained 4 red rated actions including -

- Consistent provision of 16 hours consultant cover had seen actions taken to mitigate the risk including utilisation of locum consultant cover and continuing recruitment activity. This had predominantly been achieved dependent on the appointment of a further consultant.
- Issues relating to patient flow and escalation procedures not being followed had seen a number actions taken to address with those remaining as ongoing including implementation of chest pain pathway: introduction of Red2Green/ PJ paralysis initiatives and development of twice daily ward rounds.
- Improvements to X-ray vetting process for ED fractures still had two outstanding actions including building works to locate the provision in ED had not yet occurred.

- Insufficient numbers of suitably qualified, skilled and experienced nurses was being addressed with improved numbers of nursing staff rostered into substantive rosters with short term gaps covered by agency staff. Ongoing recruitment activity remained in place.

Maternity. There remained one red rated action for the development of a separate area for bereaved families. The funding source is still to be agreed.

Critical care actions had been delivered and reported via the divisional governance meeting that had a regular agenda item to review the schedule of policies, standard operating procedures (SOPS) and guidelines that are approaching their review date to ensure they are reviewed in a timely manner.

Medicine Nurse recruitment activity is ongoing with more nurses now rostered to substantive shifts with the reduced use of agency staff.

Ms Wake acknowledged that the Trust would need to maintain momentum as inspections would continue.

Mrs Ellis asked what arrangements were currently in place for bereaved families in maternity bereavement and whether a dedicated room would be off putting for other parents who may use it.

Ms Jordan conformed that the bereaved family would be remain in the room where the death occurred and the new room would provide dedicated space to enable parents to spend more time with their baby in private.

Mrs Kerry confirmed that she had recently participated in a mini PLACE that had visited maternity and fully supported the development of this dedicated space.

COG 18/16.0 Effective

COG 18/16.2 MCP Project Update

Mr Jackson provided a verbal update on the above project which maintained a live procurement position and confirmed that the bid had been submitted on 8 May. The Commissioners are scheduled to announce the results of that bid on 15 June and would expect to receive a number of queries related to the number of caveats included as part of the bid. He confirmed that the next steps would include the establishment of a Transition Board that would comprise a wide range of health economy stakeholders to look at clinical pathways and redesign of services as required.

Mrs Ord thanked Mr Jackson for the update and advised it would be included as part of the Annual Members Meeting on 19July and the public Board meeting on 5 July.

COG 18/17.0 Well-Led

COG 18/17.1 Governor Development Group meeting 24 April 2018 (enclosure 12)

19.56 Mr Allen presented his report given as Enclosure 12 and highlighted the following;

- The Group had received reports from each of the council committees
- Governance committee had highlighted an issue of the chairing as Miss Piggott had not received the papers in time to be fully prepares to chair the meeting and

Dr Gee had subsequently chaired the meeting. Mr Palethorpe confirmed that papers would be sent out in good time for future meetings

- Timings of meetings and other activities involving governors. Some governors indicated that owing to work commitment they could not attend day time activities
- Governor focus conference. This had been held in May 2018 and attended by the Lead Governor where the following themes were covered

    - Financial squeeze more challenging than in previous years.
    - Clinical staff vacancies of concern.
    - A&E access target achieving only 70% on average in trusts across the country
    - Relationships between governors and members. Election turnout seen a decrease from 40% in 2014 to 18% in elections held in 2017.
    - Age profile of governors and noted that younger members to be encouraged.

Mr Allen concluded that the Trust ranked middle of the pack compared to other trusts nationally.

COG 18/17.2 Governance Committee meeting 26 April 2018 (enclosure 13)

20.02 Mr Palethorpe presented the report given as enclosure 13 and noted that the last meeting had not been quorate and encouraged governors to make every effort to attend. The topics covered and the detailed reports presented with audit information provided an opportunity for Governors to question and challenge to gain a full understanding.

Mr Palethorpe then asked Governors to note Appendix 1 that provided the out-turn position of the risks at the end of year which numbered 12 in total and were focused on workforce and finance.

Mr Palethorpe advised that ahead of the Annual Members Meeting on 19 July, there would be a presentation by the Auditors on the preparation of their opinion and report on the annual account.

COG 18/17.3 Board Secretary Update (enclosure 14)

20.05 Mr Palethorpe presented the report given as enclosure 14 and highlighted the following:

Annual Members Meeting. This would take place on 19 July 2018 and confirmed that the outline agenda was included as appendix 2 and proposed to include service showcase presentations from stroke, maternity and community.

NED recruitment – Governors had been invited to participate in the recruitment process with all invited to the stakeholder panel and a smaller number to participate on the interview panel.

Appointment of 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 means that 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

Questions asked of the CCG Board – The Trust had 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 did not relate to the Trust. Mr Palethorpe asked those present to note the detail of these questions, the response and context included within Appendix 1.

Mrs Ord thanked Mr Palethorpe for his report and gave context to the questions raised where a particular member of the public known to the Trust had raised the subject of board resignations on the basis of his call for the resignation of the Board of the Trust.

COG 18/17.4 FT Membership Summary Q4 2017/18 (enclosure 15)

20:12 Mrs Board asked those present to receive the report given as enclosure 15 for information and note that the Trust continued to maintain a public membership in line with its terms of authorisation.

COG 18/18.0 Any other business

There were no items raised.

COG 18/19.0 Close of meeting and forward dates

The meeting closed at 8.15pm. The next meeting of the Full Council of Governors would be held on

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 Extraordinary meeting held 7 June 2018

Item No	Subject	Action	Responsible	Due Date	Comments

Enclosure 5a

The Dudley Group NHS Foundation Trust

Minutes of the Annual Members Meeting
The Dudley Group NHS Foundation Trust
Thursday 19th July 2018
Clinical Education Centre, Russells Hall Hospital

Present

Governors	**Status**	**Representing**
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Arthur Brown	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 & Health Care Scientists
Mr Rex Parmley	Public Elected Governor	
Ms Yvonne Peers	Public Elected Governor	North Dudley
Ms Karen Phillips	Staff Elected Governor	Non Clinical Staff
Mrs Nicola Piggott	Public Elected Governor	North Dudley
Ms Patricia Price	Public Elected Governor	Rest of the West Midlands
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mr Peter Siviter	Public Elected Governor	South Staffordshire & Wyre Forrest
Mrs Mary Turner	Appointed Governor	Dudley Council for Voluntary Service
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis

Board of Directors	**Status**	**Representing**
Mr Julian Atkins	Non-executive Director	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Ms Siobhan Jordan	Chief Nurse	DG NHS FT
Mrs Karen Kelly	Chief Operating Office	DG NHS FT
Mr Andrew McMenemy	Director of HR	DG NHS FT
Mr Richard Miner	Non-executive Director	DG NHS FT
Mrs Jennifer Ord	Chairman	DG NHS FT
Mr Glen Palethorpe	Director of Governance & Board Secretary	DG NHS FT
Mr Mark Stanton	Chief Information Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Mr Chris Walker	Deputy Director of Finance on behalf of Tom Jackson Director of Finance	DG NHS FT
Mr Richard Welford	Non-executive Director	DG NHS FT
Mr Doug Wulff	Non-executive Director	DG NHS FT

Apologies

Name	**Status**	**Representing**
Cllr Adam Aston	Appointed Governor	Dudley Metropolitan Borough Council
Mr Bill Dainty	Staff Elected Governor	Nursing & Midwifery
Mr Sohail Butt	Staff Elected Governor	Medical & Dental
Ms Lydia Ellis	Public Elected Governor	Stourbridge
DR Anthea Gregory	Appointed Governor	Wolverhampton University
Ms Michelle Lawrence	Staff Elected Governor	Nursing & Midwifery
Mrs Natalie Neale	Public Elected Governor	
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Mr Alan Walker	Staff Elected Governor	Partner Organisations' Staff
Ms Ann Becke	Non-executive Director	DG NHS FT
Mr Jonathan Fellows	Non-executive Director	DG NHS FT
Mr Jonathan Hodgkins	Non-executive Director	DG NHS FT
Dr Mark Hopkins	Associate Non-executive Director	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Ms Natalie Younes	Director of Strategy & Business Planning	DG NHS FT

Item No	AMM 2018 minutes
1.	Introduction Apologies received as listed above. **Mr Fred Allen – Lead Governor, Public Elected Governor Central Dudley** Mr Allen formally welcomed everyone to the 2018 Annual Members Meeting (AMM). Mr Allen thanked Rob Johnson, the Trust's previous Lead Governor, the Board and the Council of Governors for their dedicated support to the Trust and their support as he took over the role of lead governor. He gave an overview of the role and responsibilities of Governors and explained that one of their primary functions was to hold the Board to account. Mr Allan informed the meeting that there would be three Governor vacancies arising later in the year and there will be a call for nominations in October 2018. There will be an open event held allowing prospective Governors to understand more about the role which he urged those interested in the role to attend. The Trust would both advertise the vacancies and the open event later this year.
2.	Maternity service showcase – **Dawn Lewis (Head of Midwifery) and Julie Oakley (Chair of Maternity User Group)** Dawn Lewis and Julie Oakley provided a showcase of Maternity services at the Trust.
3.	Stroke services showcase – **Bal Lelli (Stroke Co-ordinator), Jenny Glynn (Speech & Language Therapy Service Manager) and Donna Beckley (Clinical Nurse Specialist)** Donna Beckley, Bal Lelli and Jenny Glynn provided a showcase of Stroke services at the Trust.
4.	Chairman's opening remarks and approval of minutes of the Annual Members meeting in 2017 (Appendix 1) – **Jenni Ord (Chairman)** The Chairman thanked Mr Allen for his work of Lead Governor since his appointment in December last year, and thanked governor Yvonne Peers for her hard work along with the Clinical Education Charity which had seen sufficient funds raised to replace the audio visual equipment that was in use in the Lecture Theatre for this meeting. The Chairman also thanked the teams from Maternity and Stroke for their informative presentations. The Chairman then reminded those in attendance that the meeting gives the Trust's governors, members and the public the opportunity to receive the Trust's Quality Report and Annual Report, the Trust's Financial Accounts and the Auditors report on them, and to hear directly about the Trust's performance over the previous year along with the Trust's plans going forward. The Chairman confirmed that there is time at the end of the meeting for questions on the content of the reports and presentations.

	The Chairman reminded the meeting that if there were questions on personal experiences or concerns then these can be raised with members of the Board who will remain at the end of the meeting. The Chairman gave an overview of the previous year, recognising that feedback from patients have been used to shape improvements to the Trust's services. The Chairman also said that the Trust has seen strong performance against many of the national NHS performance targets, including referral to treatment, diagnostics and cancer. In respect of cancer he Trust received a letter last autumn from the Secretary of State commending the Trust for its performance in this area. The exception strong performance was the Trust's performance against the 4 hour emergency access standard which has seen the Trust continue to struggle to keep pace with the increase in attendances and especially ambulance attendances. The Chairman then went on to talk about the challenges in the last year. These had been in relation to manging its finances against the context of increasing demands especially those for emergency services. The Chairman then reminded the meeting of the results from the last CQC inspection which resulted in the Trust being rated across a number of individual services including Maternity, Community and Medicine as "good" although the there were services identified as requiring improvement and one service, emergency services which had been rated as inadequate for some domains. As had been referred to in the previous show cases improvement plans have been developed for every service. The Trust is disappointed by the inadequate ratings given but is determined through the focus on quality and safety to secure improvement to its emergency services. The Chairman said that both the NHS as a whole and this Trust in particular is a reflection of its staff and their commitment to patient service. The Trust continues to recognise its great staff through its annual Committed to Excellence awards which were once again a huge success. Members of the Trust's staff have also been recognised nationally for a number of awards. The Chairman congratulated all of the Trust's staff for their commitment and dedication recognising their determination to not let any of our patients down. This was illustrate through their determination to not let patients and colleagues down during the periods of bad weather and snow last winter. The Chairman also thanked the volunteers for their fantastic continued contribution and dedication to the Trust. The Chairman asked all those present if they were content to approve the minutes from the 2017 Annual Members Meeting as a true and accurate record. All present agreed to approve the minutes without abstention.
5.	<u>Quality Report and Account 2017/18</u> – **Siobhan Jordan (Chief Nurse)** The Chief Nurse presented the highlights of the Quality Report During 2017/18 the Trust had 5 quality priorities, including: • Patient Experience • Pressure Ulcers • Infection Control • Nutrition and Hydration • Medication

	The Chief Nurse gave an overview of initiatives undertaken for each of the 5 priority areas. The Chief Nurse informed the meeting that as part of the Trust's drive for improvement then two further priorities had been added for 2018/19 in respect of discharge planning and learning from incidents. The Chief Nurse then updated the meeting that in November 2017 the Trust launched a Nursing Strategy called Progress and Pride, a summary of this was included with the papers. This strategy is built around 6 C's, these being compassion, commitment, care, courage, communication and competence. The presentation concluded with a video of patients telling the Trust what the six C's mean to them.
6.	Trust Financial Accounts 2017/18 – **Chris Walker (Deputy Director of Finance)** The Deputy Director of Finance presented the Trust Financial Accounts for 2017/18. The Deputy Director of Finance commenced his presentation by informing the meeting of the wider context the NHS operates within and the national challenging financial environment. The Deputy Director of Finance then updated the meeting that in 2017/18 the Trust ended the year with an actual deficit of £5.8m against a planned surplus of £11.1m. The Trust had earned £4.7m STF incentive monies based on its performance in that year and the Trust incurred capital spending of £17.2m, and the Trust ended the year with a cash balance of £13.9m. Capital expenditure for 2017/18 related to the co-location of the Urgent Care Centre, Imaging Suite at the Guest Hospital, Electronic Patient Record system, Medical equipment and Estates maintenance. For 2018/19 the Trust has a set control total of £804k deficit and to achieve this the Trust has developed a cost improvement programme of £15.4m. The Deputy Director of Finance confirmed that the full Annual Report is available on the Trust's website but the numbers he had just presented to the meeting were within the summary financial statements included in the latest Your Trust magazine, handed out at the start of the meeting.
7.	Auditors Report – **(Joanna Watson PwC)** Ms Watson presented the External Auditors Report and explained that the purpose of external audit was to make sure that financial statements presented a true and fair view of the Trust and to ensure the Trust is delivering value for money and makes an effective use of its resources. Ms Watson informed the meeting that the auditors had issued an unqualified audit report on the financial statements but had as with many NHS Trusts added a sentence in respect of a material uncertainty referring to the Trust's potential for reliance on external borrowing if the cost improvement programme does not deliver. Ms Watson informed the meeting that a number of Trusts were actually borrowing monies already to meet their obligations and that whilst this sentence had been added to the Trust's opinion they were not having to access any external financial support at the present time.

	Ms Watson confirmed that the Auditors had issued a modified use of resources conclusion. This was driven by the most recent CQC inspection which indicated that there were specific gaps in the application of the principles and values of sound governance in A&E. Ms Watson then talked the meeting through their role in respect of the Trust's quality report and confirmed that the report was prepared correctly and contained a balanced view of the Trust. This resulted in the issuing of a positive "limited assurance" report on the content and consistency of the Quality Report. Ms Watson then discussed the external auditors work in respect of auditing a sample of quality indicators, two of which were mandated. These related to the 18 week referral to treatment indicator and the 4 hour emergency access standard. The external auditors had issued a "disclaimed" limited assurance report for both these indicators. Ms Watson talked the meeting through their work on a third quality indicator chosen by the governors which this year related to falls. The auditors although for local indicators do not provide a formal opinion, confirmed they had found no issues with that indicator. Ms Watson concluded by informing the meeting that she would remain for questions at the end of the meeting.
8.	Community Services Showcase – **Michelle Pinto (Matron, Community) & Bianca Mascarenas (Clinical Locality Manager)** Michelle Pinto and Bianca Mascarenas provided a showcase of the Trust's Community Services.
9.	Questions **Mrs Ord, Chairman,** thanked all those who provided showcases of their services and then invited questions from those present. **Mr Durrell** representing St Margaret's Well Surgery commented that it was disappointing that Patient Participation Groups (PPGs) and Patient Opportunity Panels (POPs) were not mentioned during any of the presentations given the work they have done with the Trust to develop its services. **Mrs Ord** thanked Mr Durrell for his observations and agreed that PPGs and POPs where indeed valuable for the whole system to develop and improve. **Mrs Wake** added her thanks to Mr Durrell for his input in relation to Dudley End of Life Care strategy development and confirmed she would ensure there were other opportunities to engage with PPGs and POPs. **Mr Stokes** asked about the Trust's progress with its internal communication systems to ensure that patient records are available to all clinicians involved in the patient's care at the hospital. **Mr Stanton** confirmed that the Trust had invested in the Digital Trust system and electronic observations had now gone live allowing the results to be available to all those involved in the care of the patient. Further development of the fully electronic patient record continues with a go live date for the end of the year for a fully electronic record to be operational. **Ms Wells w**as heartened to hear about the work of the Trust in respect of dementia care but asked if there were any plans for a fast-track system for Dementia patients entering the emergency department commenting that this area was daunting for dementia patients and

	asked if the Trust had considered if dementia patients could have a dedicated quiet area withiin A&E. **Mrs Kelly** acknowledged that elderly confused patients and those with dementia do find a busy area like the emergency department daunting and that the Trust is working to fast-track these patients through the pathway away from the busy area. A frailty area has been established and dementia patients can stay in this unit receiving the care and attention they need. This area is deliberately located close by the emergency department but in a quieter area of the Trust. Mrs Kelly acknowledged there is always more the NHS and the Trust can do for these patients and the Trust seeks out every opportunity to improve its services for its most vulnerable patients. **Mrs Jordan** asked if Ms Wells would like to join the Trust user group which would allow the Trust to access her experience as an quasi expert patient / carer. Ms Wells confirmed that she would welcome that. **Mr McClymont** updated the meeting on the dignity project he talked about at the last meeting and that he was grateful for the Trust's support with this and would be contacting the Trust in respect of the next stage of this project. Mr McClymont then updated the meeting that he had been contacted by the Dudley Voices for Choices Group who had raised a petition regarding the lack of Learning Disabilities nurses at the Trust. He asked if the Board will consider employing more nurses to ensure that there is 24 hour provision of these specialist nurses to support people with learning difficulties. **Mrs Ord** confirmed that she was aware of this petition and a meeting was in her diary with the lead for this initiative and the petition. **Mrs Jordan** added that she had met with the lead for this petition previously and that since that meeting the Trust has been looking at how it can develop its service. The Trust was working with the Dudley Clinical Commissioning Group to look at how access over 7 days a week could be provided. Mrs Jordan updated the meeting that a business case is being presented to Directors to improve the Trust's current service provision in this area. **Mr Stenson** asked how the work with GPs to get patients treated closer to home was progressing since last year's meeting where this was discussed. He asked how the new Emergency Treatment Centre was working in relation to achieving the 95% target. **Ms Wake** confirmed that the Trust was actively engaged with working with GPs and looking at a number of pathways to move care out of hospital and deliver it within the Community. Whilst the Trust is waiting for the formal outcome of the Multi-Speciality Community Provider procurement process the Trust has established a Transition Board with local GPs which is taking forward changes to care pathways. Ms Wake asked Mrs Kelly to update the meeting on the Emergency Treatment Centre. **Mrs Kelly** confirmed that the new building had opened and was operating well. However soon after it opened it was clear that it was too small to cope with the level of ambulance arrivals, which have increased by some 7.6% since last year. The use of the new area was therefore reconsidered and changed to deliver the Trust's minor injuries/ambulatory care area. This area works really well with all patients being streamed at the front door by skilled primary care staff and then patients with minor injuries and ailments are treated in the same building. Mrs Kelly concluded that the minors area works extremely well and because of this area as a general rule does not breach the 4 hour standard. **Mr Orm** asked the Trust and the Auditors to consider the use of abbreviations within the presentations so as not to dissuade people from both taking an interest in the NHS and

	Trust but also in asking questions. Mr Orm also commented that he felt there was an error in the Auditors report with the use of the word 'of' and rather than 'any'. Mr Orm said that he also had some specific questions which he would take the opportunity to speak to the executive about at the end of the meeting to progress. **Mrs Ord** apologised for the abbreviations in the papers and that he was correct we should make our information accessible and understandable to all. **Ms Watson** confirmed that she would correct the error on page 60 of presentation with the replacement word. Ms Watson confirmed that the auditors opinion was positive and there was not any matter they needed to draw to the attention of the meeting outside that discussed in her presentation **Mr Payne** raised the a question with the Trust's financial accounts and certain patterns that appeared in relation to operating surplus and financial deficit across the last three years when he had looked at these statements on the Trust's web site. **Mr Walker** confirmed that the Trust received bonus monies in 2016/17 and that this impacted on the Trust reported position last year. **Mr Payne** asked if the underlying deficit was being brought about due to the ongoing burden of the PFI. **Mr Walker** confirmed that the PFI did not drive the Trust underlying position but that this was driven by the key aspects he referred to within his presentation and offered to meet with Mr Payne to discuss further his specific observations. **Mr Durrell** commented that whilst patients have call buttons many felt that they did not want to use these for fear of burdening the nurses. **Mrs Jordan** confirmed that some patients do feel that way and in the patient video shown earlier that same view was expressed by one patient but the Trust and its nurses must ensure that patients are always aware that they can press the button when they need attention and that this is not a burden.
10.	**<u>Close of Annual Members Meeting</u>** Mrs Ord thanked all for their attendance and drew the Annual Members Meeting to a close.

Enclosure 6

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
6 September 2018

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

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

CORPORATE OBJECTIVE: SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Visits and Events
- MCP Update
- Healthcare Heroes
- Treatment Shortlisted for HSJ Award
- First of its Kind – Minimally Invasive Endoscopic Procedure
- Nominate for a Queen's Honour
- Gold Standard Service
- Organ Donation
- Charity Update
- National NHS News
- Regional NHS News

IMPLICATIONS OF PAPER:

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

ACTION REQUIRED OF BOARD:

Decision	Approval	Discussion	Other
		Y	Y

The Dudley Group
NHS Foundation Trust

RECOMMENDATIONS FOR THE BOARD:

The Board are asked to note and comment on the contents of the report.

Chief Executive's Report – Public Board – September 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

5 July	Board of Directors
	Risk Summit
	NHS 70th Celebrations
6 July	Team Brief
9 July	Non Executive Director Interviews
	Meeting with CCG Executives
10 July	Extraordinary STP Meeting
11 July	Transition Board
12 July	Healthcare Heroes Award
13 July	MPs Meeting
17 July	ICS Development Workshop
18 July	A&E Delivery Board
	Council of Governors Briefing Session
19 July	Annual Members Meeting
23 July	ICS Development Programme
25 July	Dudley Partnership Board
1 August	Dudley System Oversight and Assurance Group
2 August	Extraordinary Council of Governors
7 August	Team Brief
8 August	Transition Board
29 August	Dudley System Oversight and Assurance Group
	Healthcare Heroes Award
30 August	Healthcare Heroes Award
31 August	Staff Engagement Event

MCP Update

On 27th July 2018 I was notified that the Trust (and partners) tender application for the MCP contract, submitted on 8th May 2018 was successful. The standstill period ended at midnight on 6th August. The notification contained a number of areas of further development that, encouragingly, aligned with the caveats that were submitted by ourselves as part of the bidding process.

The contractual form is intended to be through an innovative 'Integrated Care Provider' contract. This contract has never been used before and in August it started a period of public consultation by NHS England

The MCP Transition Board continues to meet regularly and an interim Managing Director was recently appointed to help to take the transformation of out of hospital services forward.

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 Sister Katie Hodgetts on ward B4. She stood out from the crowd for discharging 20 medically fit patients, most of them before 12noon, in one day. She continuously goes the extra mile for her patients and is so friendly and approachable.

The team award was given to the Neonatal All Stars. More than 30 members of staff from the Neonatal Unit took part in a 5km run at Himley Hall Park to raise vital funds for the unit. The group was formed with all grades of staff, including consultants, matrons, staff nurses, sisters and nursery nurses. The group raised more than £1,000 alone, contributing to the astonishing £15,000 total! Both recipients this month are very worthy winners.

Treatment Shortlisted for HSJ Award

I am delighted to say that we have been shortlisted for an HSJ award for a minimally invasive procedure pioneered at Russells Hall Hospital. We are one of the leading centres in the world for endoscopic treatment for the condition Zenker's diverticulum.

Consultant Gastroenterologist Professor Sauid Ishaq introduced the procedure in 2013 and we now take nationwide referrals. Patients only have to be in hospital for the day and are able to start eating again after 24 hours.

We have been nominated for an Acute Sector Innovation award in the HSJ Awards 2018. The awards are hotly contested and this year has seen a staggering increase in entries, according to the HSJ.

Zenker's diverticulum is a rare, benign condition. In this condition, a large sac develops in the upper part of the oesophagus. The most common symptoms are difficulty in swallowing, regurgitation of food and choking during eating. Zenker's diverticulum significantly affects people's quality of life.

First of its Kind – Minimally Invasive Endoscopic Procedure

Professor Ishaq and consultant GI surgeon Mr Antonio Santos have recently completed a brand new endoscopic day case procedure, the first of its kind in the country. Gerdx is performed on patients who suffer acid reflux and where tablets fail to control the condition. It's performed without surgery. This procedure has transformed the life of Mrs Yvonne Jones who reports that the minimally invasive procedure has transformed her life and she is now cured.

With the new procedure, an endoscope is passed over the tongue and down the throat to identify the pharyngeal sac. The bridge of muscle that leads to this sac is then cut. The base of this muscle is clipped with a metal clip to prevent any perforation. Professor Ishaq will make a 25-minute presentation to the HSJ judges in London on 8th October 2018 and the winners will be announced at the awards ceremony on 21st November.

Nominate for a Queen's Honour

Our Trust is full of amazing people and we are encouraging staff to nominate a colleague for a Queen's Honour or award. Anyone is eligible, whether it's an amazing nurse, porter, doctor, cleaner, cook, physio, midwife or volunteer. The Honours system recognises people who have made achievements in public life and committed themselves to serving and helping Britain. They'll usually have made life better for other people or be outstanding at what they do.

Gold standard service

Congratulations to our Endoscopy Department which has had its accreditation as a 'gold standard' service renewed for another year. To maintain its five-year JAG (Joint Advisory Group on GI endoscopy) accreditation, the department has to pass an annual review. It has heard this month that it has met all the requirements. The accreditation is independent recognition that GI provides a first class, safe service. The review looks at all aspects of the service, from bookings and budgets to equipment, training and skills. The department has held JAG accreditation for nine years, and is A rated in a lot of the categories. The five-year renewal is due next year when it will be trying to achieve an overall A rating.

The Dudley Group
NHS Foundation Trust

Organ Donation

We are now leading the way on organ donation in the area – and as this week is Organ Donation Week we are encouraging staff to keep up the good work. Russells Hall Hospital has now had the highest number of donors this year in the Black Country and as a thank you for our massive increase, NHS Blood and Transplant is funding two lift wraps. The lifts at the ground floor T junction will be getting a bright pink organ donation logo makeover.
The focus of Organ Donation week – Words Save Lives – is encouraging families to talk about organ donation in advance so people's wishes are known. T

Charity Update

The Baby Bereavement Suite Appeal has got off to a phenomenal start with donations to date of £35,000. Director of Workforce Andrew McMenemy is in training for the Bank of Scotland Great Scottish Half Marathon on Sunday 30 September. He has set up a Just Giving page to raise funds from the half marathon and all proceeds are for the Baby Bereavement Suite appeal. We have two more events supporting this appeal in the pipeline; a 5k timed run with the Dudley Parkrun on Saturday 20 October and the Sparkle Party on Friday 23 November at the Village Hotel.

The Trust's charity is supporting improvements to the bereavement room at the hospital by providing home comforts such as a double bed to enable parents to stay overnight.
In addition to structural improvements to the suite, such as soundproofing, the charity also aims to help staff by investing in specialist training to enable them to sensitively support bereaved parents, and their varying needs, in the best way possible. The appeal will also enable staff to provide keepsakes and photographs to enable the family to build up some precious memories.

National NHS News

NHS OUTRAGE: Union ERROR results in staff receiving HALF of the promised pay rise
NHS STAFF have responded with widespread outrage to the Royal Collage of Nursing's "miscommunication", which resulted in thousands of workers receiving hundreds of pounds less than what they were promised. However, it was discovered this week staff did not receive the uplift they expected in their first pay packets. The chief executive of the Royal College of Nursing (RCS), Janet Davies, has personally written to its members to apologise for the error. **Express (27.07.18)**

Maternity units could prevent 600 stillbirths a year if new national guidance is adopted, says NHS England
Around 600 stillbirths a year could be prevented if maternity units across the country followed national best practice, NHS England has said. The lives of more than 160 babies have been saved across 19 maternity units between 2016 to 2018. The health service said reducing smoking in pregnancy, better monitoring of a baby's growth and movement in pregnancy, and subsequently during labour, had contributed to the improved figures. The latest figures from NHS England show that of the 696,271 births in 2016 in England and Wales, 3,112 resulted in stillbirth.
The Independent (30.07.18)

NHS pays massive £3.4m on toiletries in past year alone
Doctors have given out almost 500,000 prescriptions a year for toiletries such as toothpaste, shampoo, and body wash — costing NHS England £3.4m a year. Latest figures from NHS Digital showed that a total of 470,678 prescriptions were given out last year, up by nearly 80,000 since 2007. The most popular items were branded toiletries such as Ambre Solaire after sun, Colgate toothpaste, Aveeno body wash (to which £1.64m was spent on the 195,091 prescriptions of the body wash) and Neutrogena shampoo. The total cost of supplying patients with the toiletries has skyrocketed from a mere £483,000 in 2007, Sunday Times analysis shows.
National Health Executive (30.07.18)

Younger women 'not getting enough nutrients', survey warns
Each adult in the study gave details of what they ate and drank over four consecutive days during the period from 2008 to 2014. The 20 to 29-year-old group (of both men and women) had the highest rates of potential deficiencies of potassium (24.7%), zinc (8.6%) and calcium (9.4%). Across all age groups, men were at high risk of selenium, magnesium and vitamin A deficiency (affecting 26%, 14% and 11% of men respectively), and particularly high numbers of women were at risk of iron, selenium and potassium deficiency (affecting 25%, 50% and 24%). All of these minerals and vitamins can help keep the body healthy and prevent chronic diseases. So these results are potentially concerning.
NHS Choices (31.07.18)

NHS threatened with legal action unless it offers transgender people fertility treatment
The equality watchdog has threatened the NHS with legal action if it does not offer transgender patients access to fertility services. Transitioning treatments can lead to fertility loss, and patients are often not offered the opportunity to store their eggs or sperm before beginning the process. The Equality and Human Rights Commission (EHRC) said the NHS's current policy on this matter was "outdated" and discriminated against the transgender community. On Friday EHRC took the first step towards a judicial review by writing a pre-action letter to NHS England.
The Independent (05.08.18)

NHS facing fresh cancer screening scandal as thousands may have missed appointments
Thousands of patients may have missed vital cancer screening and jabs in a fresh NHS scandal dating back up to a decade, it has emerged. Health officials are investigating concerns that adults who should have been invited for breast and bowel cancer screening were not issued with invitations, and that children missed out on crucial jabs. An urgent probe is underway with new Health Secretary Matt Hancock due to be updated on the scale of the risks on Monday. The concerns are set to be the first healthcare scandal to emerge since he took office last month in the latest cabinet reshuffle.
The Telegraph (10.08.18)

Database ballsup: NHS under pressure over fresh patient record error
NHS England confirmed The Register that it was working to establish the impact of thousands of mismatches, which saw patient records present on one database and absent from another. There are concerns that the error could mean patients have missed appointments for disease screening and vaccinations. According to the Health Service Journal, there are 120,000 discrepancies between the Personal Demographics Service (PDS) and the National Health Application and Infrastructure Services (NHAIS). The PDS is a national database of NHS patient details, recording name, address, date of birth and NHS number.
The Register (13.08.18)

NHS kept using 'danger syringes' in bid to save money, investigation claims
At least nine people died because the NHS used syringe pumps that did not meet internationally approved safety standards in a bid to save cash, it has been claimed. Thousands of lives were put at risk as Britain's health service continued to use equipment other countries had banned, an investigation by The Sunday Times reports. Experts say the number of fatalities linked to the pumps may actually be many times higher – but no record was ever made because of "institutional indifference" to elderly patients in their final days. The decision was made, at least in part, because of the financial implications of immediate replacement. Documents attached to the NPSA are reported to suggest a full recall would have cost the NHS £37.6m. **The Independent (19.08.18)**

NHS hospitals warn no-deal Brexit could hit disease control efforts
The body representing National Health Service hospitals and ambulances has written to NHS England to warn that a hard Brexit or no-deal scenario could adversely affect "the entire supply chain of pharmaceuticals" in the UK and hit "disease control." **Financial Times (21.08.18)**

Steam treatment for big prostates approved on NHS
The NHS can start offering a new steam treatment for benign prostate enlargement, says the regulator, the National Institute for Health and Care Excellence. The procedure is minimally invasive and can be done under local anaesthetic without an overnight hospital stay. It involves passing a small probe up the urethra to inject a puff of steam into the troublesome area. The steam kills off some of the enlarged tissue to ease symptoms. The dead cells are reabsorbed by the body. An enlarged prostate is common - affecting one in three men over the age of 50 - and forces the urethra (urine tube) to narrow, causing a variety of problems, including difficulty emptying the bladder. **BBC News (21.08.18)**

One in six NHS trusts do not offer caesareans on request – charity
Official guidance states that women should be offered a planned c-section "if after discussion and offer of support ... a vaginal birth is still not an acceptable option". But Birthrights found that 22 out of 147 trusts who responded to a freedom of information request did not offer maternal request caesareans (MRCs). A further 70, almost half, had policies that the charity deemed problematic or inconsistent, thereby creating a postcode lottery, Birthrights said. Almost three-quarters of NHS trusts were found not to have written guidelines clearly committing to a woman's right to have an MRC and only 39 were found to offer caesareans in line with Nice's best-practice guidance.
The Guardian (21.08.18)

Scottish NHS is stockpiling medicines for hard Brexit
Dr Catherine Calderwood said medical supplies that might be “problematic to access” after Brexit had been identified. Many drugs and much of the health equipment used in the UK are manufactured in Europe. In an interview yesterday she said the Scottish health service will be working very closely with the Department of Health to ensure there was enough medical equipment and medicines. including insulin, for people in **Scotland** even in the event of a no-deal Brexit. When asked if this meant there were plans to “stockpile” medicine and equipment ahead of Brexit, she told the BBC: “The plans that we have discussed involve ensuring that there is a supply of medicines. **The National (22.08.18)**

Avoiding late diagnosis of ovarian cancer
UCLH Cancer Collaborative has today launched the first pilot project of an NHS ovarian cancer surveillance service for women who carry a faulty BRCA gene and have chosen not to have their ovaries and fallopian tubes removed. The pilot, known as the ALDO project (Avoiding Late Diagnosis in Ovarian Cancer), aims to recruit 2,000 women aged over 35 from across England and will use Abcodia’s ROCA© Test as part of an NHS service to detect ovarian cancer amongst BRCA-carriers before they have any symptoms. The ROCA Test uses an algorithm to assess changes in the level of the blood chemical CA125, which typically rises in ovarian cancer. Participants will have the ROCA Test every four months.
University College London Hospitals (23.08.18)

Thousands died waiting for NHS funding decision
One widow told the BBC a nurse came to assess her husband the day after he died. NHS England said improvements had been made but the process could be "more efficient". Continuing healthcare (CHC) is a funding package given to people with severe health and social care needs, such as Alzheimer's or Parkinson's, but who are not in hospital. Applications should take no longer than 28 days to deal with, but clinical commissioning groups (CCGs) revealed 3,400 people died in 2017-18 while awaiting a decision on their application. The BBC obtained information from 185 out of 198 CCGs about the outcome of CHC applications received in the last financial year. **BBC News (24.08.18)**

Honey, not antibiotics, recommended for coughs
"Use honey first for a cough, new guidelines say," reports the BBC, referring to new guidelines on the best ways to treat acute short-term coughs.The guidelines from the National Institute for Health and Care Excellence (NICE) and Public Health England (PHE) have been developed after looking at the best available scientific evidence. The evidence showed that honey could be effective at reducing the symptoms of acute coughs due to upper respiratory tract infections (infections of the airways), including how often people coughed and how bad their cough was.
NHS Choices (28.08.18)

‘Breakthrough’ personalised cancer treatment rejected for NHS use
The National Institute for Health and Care Excellence (Nice) published draft guidance stating that axicabtagene ciloleucel, also known as Yescarta, is not recommended for NHS use for patients with aggressive sub-types of non-Hodgkin lymphoma. The treatment, created by Kite Pharma – a subsidiary of Gilead Sciences – is a personalised cell therapy which re-engineers a patient’s own immune cells to fight cancer. Kite Pharma said that in clinical trials, 72% of the patients responded to therapy and 51% went into complete remission. But Nice said that there is no direct data to compare it with the current standard treatment of salvage chemotherapy. It said that cost of axicabtagene ciloleucel was also too high for it to be considered a cost-effective use of NHS resources.
The Mail (28.08.18)

SNP attacked over year of missed NHS targets
The Scottish Government's benchmark for 95 per cent of A&E patients to be either admitted, transferred or discharged in four hours was last met in the week ending July 30 last year. Last night, the news urged the Scottish Liberal Democrats to call for urgent action after highlighting the failure. The party's health spokesman, Alex Cole-Hamilton MSP, accused the SNP of "mismanagement" and said more resources were needed for the NHS and social care sector. Despite this additional demand, latest figures show that more than nine-out-of-10 patients across Scotland were seen, treated and either admitted or discharged within four hours in the latest week**. The Express (29.08.18)**

Regional NHS News

New Cross Hospital trust hit with £21k fine over ambulance waits
Royal Wolverhampton NHS Trust has been penalised after almost 100 patients were forced to wait in ambulances. It is the sixth time the trust has been punished for keeping ambulances queuing outside New Cross Hospital's accident and emergency department. Hospitals are punished for the number of patients left waiting in ambulances for more than 15 minutes. The trust is fined £200 for each patient waiting between 30 minutes and an hour, with fines of £1,000 handed out for waits of more than one hour. In May, the trust was fined just £2,000 for keeping only 10 patients waiting for up to one hour. But hospital chiefs have claimed an increase in ambulance handover times was down to a rise in the number of ambulances arriving at its sites**. Express & Star (30.07.18)**

Hospital deaths: New Cross Hospital trust has worst rate in England
NHS officials estimated there should have been 2,179 deaths at the hospital or within 30 days of discharge in 2017. However, 2,654 people died – 22 per cent more than estimated, a higher percentage than any other hospital trust in England. Wolverhampton MP Emma Reynolds today called for action while Healthwatch Wolverhampton, a public body which holds the NHS to account, said the figures were 'very concerning'. Also to be identified by the NHS as having a higher than expected death rate was Sandwell and West Birmingham NHS Trust, which runs Sandwell General Hospital and City Hospital in Birmingham. It was expected to record 1,898 deaths in 2017, but instead had 2,137 – 239 more deaths (13 per cent).
Express & Star (31.07.18)

This is how many job vacancies there are at each West Midlands hospital
The Royal Wolverhampton has seen the biggest rise in the West Midlands in advertised vacancies, up 43.2% from 264.9 in April to June 2017 to 379.5 in January to March, the equivalent of 5.4 empty posts for every 100 members of staff. This includes a 41.7% increase in medical and dental posts being advertised, with 72 advertised in January to March. Vacancies at Walsall Healthcare were up 19.9% from 187.2 in April to June 2017 to 224.4 in January to March. This includes a 49% increase in nursing and midwifery posts being advertised, with 108.9 advertised in January to March. At the Royal Orthopaedic Hospital, there were eight vacancies for every 100 members of staff, with 873.5 posts being advertised in the first three months of the year. The trust has more than doubled the number of ads for medical and dental staff, up from 12 vacancies in April to June 2017 to 26.4 in January to March. **Birmingham Live (01.08.18)**

Hundreds of West Midlands children are being hospitalised - because of stabbings
Stabbings put children in the West Midlands in hospital more than 100 times last year - with the age group making up more than a quarter of stab victims. Kids aged 10 to 19 from the West Midlands metropolitan area were admitted to hospital at least 104 times in 2017/18, following an assault with a sharp object, latest NHS Digital figures reveal. This corresponds to 27 per cent of the total 393 hospitalisations for stabbing last year. In Birmingham, almost a third of hospital admissions for stabbings involved someone aged between 10 and 19, or 67 out of 216 in 2017/18, the highest proportion in the West Midlands, while there were seven out of 23 admissions in Walsall involving this age group. **Birmingham Live (13.08.18)**

Midland Met: Government-backed cash secures future of 'super' hospital
Under the agreement with Sandwell and West Birmingham NHS Trust, the Government will provide public funding for the remainder of the building work. It will be opened by 2022. Health Minister Steve Barclay said: ""By taking this bold step, we are not only giving patients in Sandwell and West Birmingham world-class NHS facilities on their doorstep but also showing our determination to build an NHS fit for the future – all whilst making sure taxpayers' money is spent in the best possible way". Construction work had begun on the hospital but halted earlier this year when the firm carrying out the work, Carillion, went into liquidation. After examining all available options, including a replacement contractor, the trust asked the Government to provide public finance for the project.
Express & Star (16.08.18)

10,000 people join stem cell register but more needed
Nationwide charity Anthony Nolan said there are now more than 112,000 potential donors from the West Midlands. A stem cell transplant could be a patient's best chance of survival if they have a condition affecting their bone marrow or blood. The annual review of the Anthony Nolan and NHS Stem Cell Registry revealed the UK stem cell register now stands at 1.4 million but young men are significantly under represented. More than 2,200 searches for a lifesaving transplant were made last year, with men making up 82 per cent of donors but only 12 per cent of men under 30 on the register. Donors from minority ethnic backgrounds make up just 14 per cent of the stem cell register, with patients from black, Asian or other minority backgrounds having just a 20 per cent chance of finding a match.
Shropshire Star (16.08.18)

Thousands of Birmingham smokers unsuccessful at quitting - these are all the benefits
More people in Birmingham are using NHS Stop Smoking Services, despite a national decline as smokers turn to vapes and e-cigarettes as a means of quitting. Some 3,868 quit attempts were made in Birmingham using the service in 2017/18 - nearly a three-fold increase on 2016/17, when 1,369 quit attempts were made. Some 42 per cent of quitters in Birmingham self-reported as having successfully stopped smoking - similar to the 43 per cent recorded last year. That's lower than the national average self-reported quit rate of 51 per cent. Across the West Midlands, the amount of people using the service stayed roughly the same, with sharp declines in Dudley, Walsall and Coventry cancelling out the rise in Birmingham. The sharp increase in people using NHS Stop Smoking Services in Birmingham runs counter to the national trend. **Birmingham Live (17.08.18)**

Brummie kids in desperate need of wheelchair forced to wait weeks
In 2017/18, 386 children across the West Midlands met county waited more than 18 weeks from referral for their new equipment to be delivered, a fifth, 20%, of those whose cases were closed during the year, according to the figures from NHS England. The proportion facing long waits was up from 15% in 2016/17. The aim is for none of these patients, who may be waiting for their first long-term wheelchair or a replacement for equipment that is no longer suitable, to wait longer than 18 weeks from referral to when they receive their new equipment. Nearly half of children in the Birmingham CrossCity CCG (46%) waited more than 18 weeks for their wheelchair in 2017/18, a total of 177 children, up from 24% the year before, while 43% of children in Birmingham South and Central faced waits of more than 18 weeks, a total of 63 children, up from 17% in 2016/17.
Birmingham Live (23.08.18)

Handlers failed to follow 999 guidelines, Telford woman's inquest told
Ambulance operators failed to follow guidelines, resulting in paramedics being diverted from attending a Telford woman found "unresponsive" at home, an inquest found. In a statement Dc Stephen Davies described how he and a colleague arrived at the property, in Grange Road, Ketley Bank, at 4.40pm to speak to Miss Bradley who was a 'potential witness' in the criminal case. They were not expected and were let in by a relative who thought she was asleep. The officers realised she was not breathing and applied chest compressions in a bid to revive her while phoning for an ambulance, which did not arrive for 30 minutes.
Shropshire Star (24.08.18)

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors 6 September 2018

TITLE:	**Quality Improvement Journey**		
AUTHOR:	**Diane Wake, Chief Executive**	**PRESENTER**	**Diane Wake, Chief Executive**

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

CORPORATE OBJECTIVE: SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

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 Board are asked to note and comment on the contents of the report.

Quality Improvement Journey

The CQC inspected five core services at Russells Hall Hospital and community adult services, including sexual health services, in December 2017. Our medicine, maternity and community services received an overall Good rating, and the CQC found examples of outstanding practice. Our overall rating remains Requires Improvement. However, our Emergency Department (ED) was rated Inadequate. We continue to work with our emergency teams and strive to improve the care we deliver which will result in an outstanding service for the people of Dudley.

We welcomed the CQC report and its findings which identified key areas for improvement. The CQC has been frustrated at the pace of change within our ED and has taken enforcement action under section 31 of the Health and Social Care Act 2008. These areas are: how we triage and assess patients; how we manage patients when their condition deteriorates; staffing and safeguarding.

We are absolutely committed to delivering the actions needed to ensure our patients are safe.

1.0 Triage and assessment

The CQC found our triage system was inconsistent and that we needed to ensure we utilised an evidence based system, triage patients within 15 minutes of arrival in line with national guidelines and standards.

In relation to this we have put in place actions to meet two objectives.

Objective 1: to achieve 95 per cent of all ambulance arrivals, adult majors and paediatric attendances being triaged within 15 minutes.

What we have done: we have:

- Increased resources to ensure patient observations are maintained during activity peeks.
- Introduced our Fit to Sit Standard Operating Procedure (SOP) criteria and monitoring process.
- We broke data down to analyse
- We can demonstrate continuous week on week improvement since 18th July 2018 with the last reported week in August being our highest to date (89.76% of patients triaged within 15 minutes).
- 95 per cent of all patients presenting are triaged within 15 minutes.

Our next steps: to focus on sustained improvement and achievement to focus attention within adult majors and paediatrics triage. Receive further onsite support from ECIST focusing on enhanced triage (moving to rapid assessment and

treatment), improving and reviewing our Fit 2 Sit pathway explaining to staff the criteria and expectations; producing a ‘status at a glance’ dashboard within the department. We have developed a trajectory for improvement for adult majors and paediatrics.

Objective 2: undertake 100 per cent of triage assessments by Emergency Severity Index (ESI) trained staff to ensure we have the right staff with the right expertise to carry out assessments of all patients presenting to our ED using the ESI tool.

What we have done:

- use a recognised triage model, and trained sufficient nurses staff to ensure that sufficient number of staff are on duty at any given time

We undertake weekly audits of our triage process, the results of which have offered assurance that the correct skill mix and training is available in the department. We have audited the triage categories. This identifies which nurse has been assigned to the patient and has identified s few occasions where the patient has been triaged in the wrong category.

Our next steps: to increase the number of ESI trained staff available, we have met with a healthcare partner to explore the possibility of seconding / offering bank shifts to suitably experienced ambulance staff to join our bank.

2.0 Sepsis and the Deteriorating Patient

The CQC highlighted the need for us to improve our processes in the recognition and treatment of patients who may have, or who are confirmed as, having sepsis.

What we have done:

- Implemented the National Early Warning Score (NEWS). This ensures patients have an appropriate level of assessment and identify where patients require immediate intervention and assists with going monitoring of potential deterioration of their condition.
- Retrained staff in ED in the screening and management of sepsis
- Implemented electronic observations (e-Obs) along with a comprehensive dashboard enabling real-time and retrospective monitoring of adherence to observations being undertaken.
- Introduced a dedicated sepsis trolley in the department to immediately treat for patients with sepsis

- We can demonstrate our compliance of Sepsis 6 – the nationally adopted tool for monitoring screening and treatment of patients with sepsis. This enables us to share good practice within the department and share areas of learning.

- We purchased additional equipment to support us in assessing and monitoring patients' conditions.

Our next steps: to introduce eSepsis to automate the process of identifying and monitoring patients at risk for sepsis. We are undertaking reciprocal visits to share learning with colleagues at a neighbouring trust to improve staff education and process in the screening and management of sepsis. We have appointed a patient safety lead who is supporting a safety culture survey in ED to identify areas that can be developed. We are also introducing assertiveness training to enable staff to escalate concerns in a constructive way.

3.0 Staffing

The CQC identified that we need to ensure that we have the right numbers of staff in place with the right skills.

What we have done:

- We have undertaken a comprehensive staffing review in line with professional standards and best practice guidance resulting in investment.

- We have reviewed and agreed the need to increase ED consultant cover by a further five.

- Provided additional clinical support worker staff to support the waiting area.

- Increased capacity for clinical leadership and oversight in ED .

- Agreed a job plan subject to appointment of additional consultants; improved 16 hour consultant cover. On an interim basis we have in place locum cover that gives us on the whole 16 hour cover. We do have in place 14 hour cover from our substantive doctors.

Our next steps:

A new cohort of qualified nurses commence in September 2018. We have a pastoral programme for these new starters to support retention, morale and team working. We aim as a result of these new starters to have agency expenditure significantly curtailed. A neighbouring trust is supporting us with an induction programme for new nursing starters and a training programme for all staff in ED.

4.0 Safeguarding

Our aim is to ensure that all children and adults are safeguarded. We identified a concern regarding the low number of children being referred to the Paediatric Liaison Nurse (PLN) from the Emergency Department and subsequently missed Multi Agency Referral forms (MARF).

What have we done:

- We introduced electronic referral forms (to PLN) to streamline the process for the ED team.
- We sample audit 10 children daily to ensure that the appropriate referrals have been made.
- We feedback to staff when a referral is missed at time of presentation.
- We ensure that the PLNs reviews all attendances to ED to ensure that all children are appropriately referred.
- We improved content and oversight of training.

What was the impact?

- Immediate improved oversight.
- We shared with staff evidence of when children should be referred and were not.
- Reviewed and strengthened safeguarding team with the appointment of a specialist head of safeguarding
- We have recruited a dedicated PLN working within the Dudley Group safeguarding team from mid sept 2018 reporting to our head of safeguarding to be based in ED .

Our next steps:

We are working with a neighbouring hospital to review and ensure we are adopting best practice. We are reviewing our PLN form. We are also in the process of creating an electronic safeguarding screening form which will prompt and assist all ED clinicians to consider if a safeguarding referral is needed.

5.0 Other support

We have utilised, and continue to use, a number of methods and external agencies to support us on our improvement journey.

5.1 ECIST (Emergency Care Improvement Support Team) who are part of NHS improvement have been in the hospital for a number of days over the last few months. They have helped us with and continue to help with:

- Enhanced triage (moving to rapid assessment and treatment model)
- Introduction of Fit 2 Sit pathway
- Production of a “Status at a Glance” dashboard within the department
- Specialty in-reach model to ED to support “pull” function for patient flow
- Review of acute medicine pathways.

5.2 Neighbouring hospital clinical process and pathway support: we have approached a local trust whose ED was recently rated Good by the CQC to assist us with service improvement in order that we can demonstrate our achievements:

- Specifically to share sepsis guidelines and quality improvement methodology.
- Share best practice between ED consultants.
- Develop a common set of competencies.
- Undertake exchange visits.
- ED bespoke induction for new nursing starters.
- Leadership programme for Band 7 nurses

5.3 Service Improvement Director: NHSE has allocated us three day a week support. This director assists us with our assurance and governance processes offering us a ‘critical friend’ approach.

6.0 Challenges going forward

Sustaining 16 hours of consultant cover until the additional five whole time permanent workforce is recruited to is dependent on us securing locum cover.

Recruiting to vacant posts both consultants and nursing staff may be problematic. All local EDs are recruiting to the same set of staff reputationally, therefore, Dudley Group maybe at a disadvantage as a result of recent publicity.

Improving on Emergency Access Standard (seeing 95 per cent of patients within ED within a four hour target) and sustaining performance.

Move towards a continuous service improvement culture, replicating good practice and learning from mistakes and near misses.

Winter: we are about to enter the busiest time of year when attendances and ambulance activity will rise, this will put pressure on the department in terms of capacity and our ability to cope with surges in demand.

Enclosure 8

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
6 September 2018

TITLE:	**Emergency Department Quality Improvement Dashboard**		
AUTHOR:	**Bernie Bluhm**	**PRESENTER**	**Karen Kelly, Chief Operating Officer**
CLINICAL STRATEGIC AIMS			
	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.		
CORPORATE OBJECTIVE: SO1 SO2 SO3			

SUMMARY OF KEY ISSUES:

On a weekly basis the Trust is submitting a series of written reports to the CQC in response to the Section 31 notices issued in response to concerns regarding safety within the Emergency Department.
The reports provide weekly assurance on the performance against agreed standards and progress with actions identified to deliver sustainable improvements.

The reports cover performance in Triage Times, Triage Audit, Sepsis Management, Staffing numbers and skill mix, Deteriorating Patient / E-Obs and Paediatric Safeguarding.

Each report provides clear measurable outcomes / KPI's and actions associated with delivery of the outcomes.

The Emergency Department Quality Dashboard has been developed to provide a high level overview of all of the actions providing an "at a glance" view of progress and current performance and comparison with the previous week's performance.

The Dashboard is enhanced by the inclusion of trend graphs from January where data is available. Where reporting from January not possible, trend graphs will be provided from date at which reliable data was first captured.

The trend lines will provide the Board with assurance on progress and identify areas for further scrutiny and or escalation.

IMPLICATIONS OF PAPER:

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

The Dudley Group
NHS Foundation Trust

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE BOARD:

To accept the Dashboard in its current form and to note that this dashboard will be further progressed to include data plotted in SPC format.

Report		Objectives	Metric	Base Date	Base Value	Target	LW 9-15 Aug	TW 16-22 Aug	TW v LW
Triage Perfor-mance	1	Ambulance, Adult Majors and Paediatric attendances will be triaged within 15 minutes	Ambulance	Jul-18	94.6%	95.0%	99.4%	96.5%	↓
			Adult Majors	Jul-18	60.0%	95.0%	62.6%	88.6%	↑
			Paediatric	Jul-18	70.0%	95.0%	85.1%	85.7%	↑
	2	Patients streamed to Adult See and Treat are seen within 60 minutes	See & Treat	Jul-18	86.5%	100.0%	89.7%	97.8%	↑
	3	Triage assessments are undertaken by an ESI trained nurse	ESI trained	Jul-18	96.0%	100.0%	100.0%	100.0%	→
Triage Audit	1	For all patients that are triaged, the ESI tool is appropriately appplied	ESI applied			100.0%	99.5%	99.1%	↓
	2	Triage assessments are undertaken by an ESI trained nurse	ESI trained			100.0%	100.0%	100.0%	→
	3	Assurance of internal audit demonstrated by independent audit	Assurance			100.0%	100.0%	100.0%	→
Sepsis	2	To ensure that our eligible patients are screened for sepsis	Screened	Jun-18	81.7%	90.0%	81.9%	83.2%	↑
	3	To ensure that patients screened positive for sepsis receive antibiotics within 60 minutes	60 mins	Jan-18	65.1%	90.0%	83.3%	78.9%	↓
Staffing	1	Registered nurses on duty will be Dudley Group staff	Dudley staff	Jan-18	69.6%	75.0%	77.0%	83.9%	↑
	2	Registered nurses have the correct skill set to support them working in their allocated areas	Correct skill			100.0%	87.5%	92.9%	↑
	3	Provision of cover hours per day by a Consultant across 7 days	16 hr / day			100.0%	100.0%	100.0%	→
E-Obs	1	No harm to patients resulting from failure to recognise a deteriorating patient	No harm			100.0%	100.0%	100.0%	→
	2	No harm to patients resulting from failure to escalate and act on deteriorating observations	No harm			100.0%	100.0%	100.0%	→
	3	Eligible patients have a recorded set of observations within 15 minutes of triage (maximum 30 minutes after arrival)	30 mins	w/e 23/5	69.2%	95.0%	70.0%	80.3%	↑
	4	Eligible patients will have each a set of observations recorded at a minimum by the time required by their early warning score trigger (unless a clinical decision is made to increase or decrease the frequency for individual patients)	30 mins	w/e 23/5	48.5%	95.0%	44.0%	53.4%	↑
			60 mins	w/e 23/5	47.8%	95.0%	66.0%	69.2%	↑
			4 hours	w/e 23/5	92.6%	95.0%	98.0%	96.4%	↓
Safe-guarding	1	Demostrate adherence to principals of safeguarding children and young people in relation to PLN referral on presentation	On present.	Jan-18	48.0%	95.0%	88.0%	90.7%	↑
	2	Demostrate adherence to principals of safeguarding children and young people in relation to PLN referral	Referred			100.0%	100.0%	100.0%	→

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
6 September 2018

TITLE:	Workforce Key Performance Indicators		
AUTHOR:	Greg Ferris Workforces Information Analyst	**PRESENTER**	Andrew McMenemy Director of Human Resources

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.*

STRATEGIC OBJECTIVES: ALL

Summary of key items

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.

In response to the request at the last meeting of the Full council, information relating to long term and short term absence is included.

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.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: N		**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: Details**: Training designed to cover all training required by statute and regulatory authorities.

ACTION REQUIRED OF COUNCIL:

Decision	Approval	Discussion	Other
		Y	

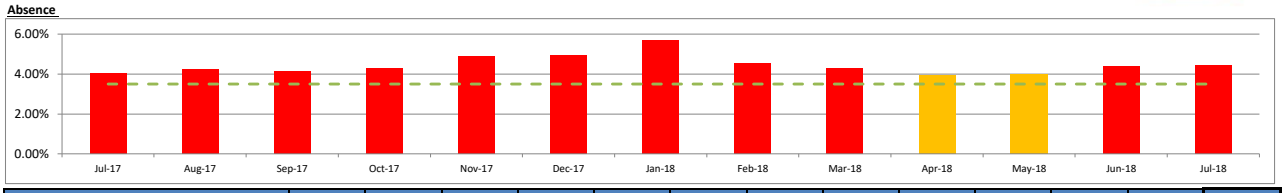
RECOMMENDATIONS FOR COUNCIL:

That the Council note the report and actions being undertaken to improve compliance with targets.

Workforce Performance

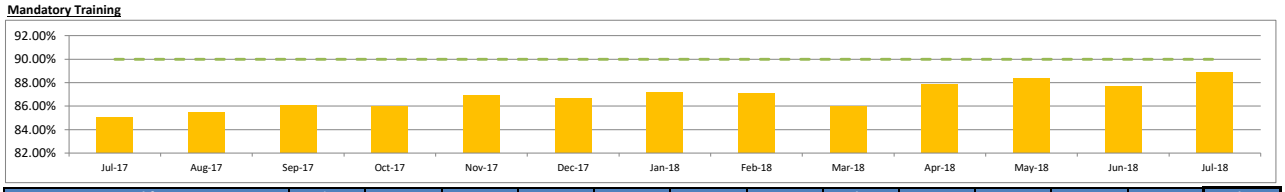
NHS
The Dudley Group
NHS Foundation Trust

Absence



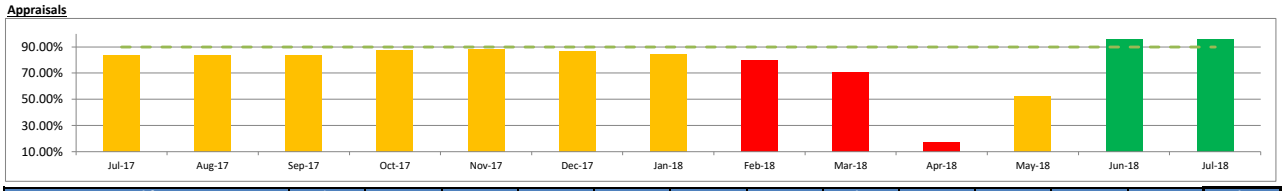
Workforce	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Absence Rate	4.04%	4.21%	4.15%	4.26%	4.88%	4.94%	5.70%	4.51%	4.27%	3.91%	3.99%	4.35%	4.43%
Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%

Mandatory Training



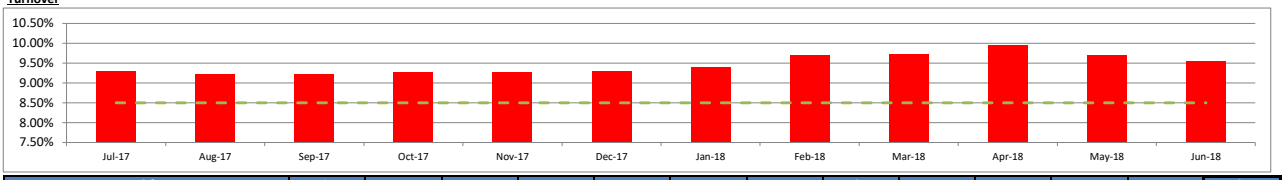
Workforce	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Compliance	85.07%	85.47%	86.04%	85.93%	86.93%	86.64%	87.14%	87.10%	85.99%	87.84%	88.36%	87.67%	88.92%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Appraisals



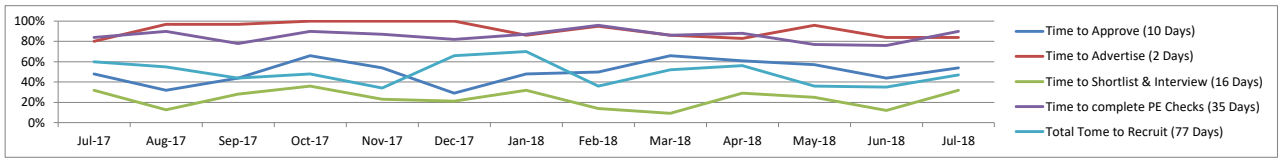
Workforce	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Compliance	83.91%	83.93%	84.07%	87.27%	88.12%	86.96%	84.42%	79.95%	70.57%	17.40%	52.46%	95.62%	95.62%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Turnover



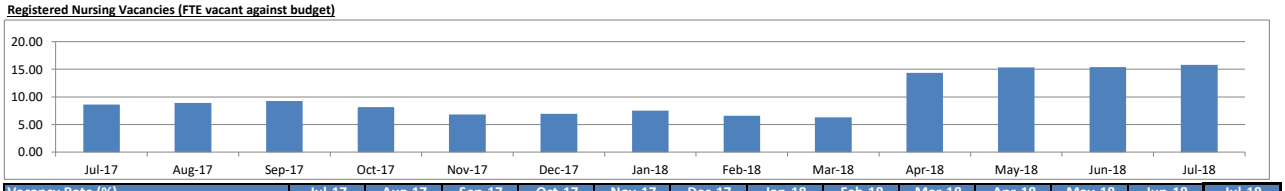
Workforce	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Turnover Rate	9.30%	9.21%	9.21%	9.26%	9.26%	9.29%	9.40%	9.69%	9.74%	9.96%	9.70%	9.56%	9.51%
Target	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%

Recruitment



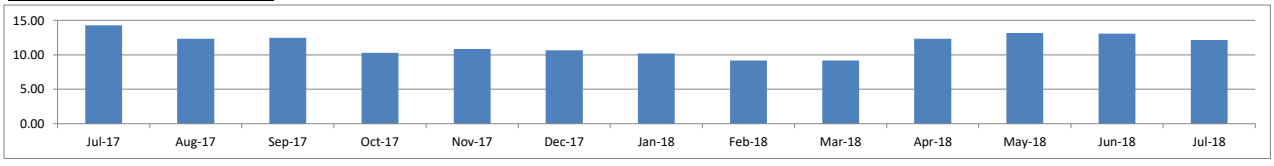
Trust Total Recruitment Time	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Time to Approve (10 Days)	48%	32%	44%	66%	54%	29%	48%	50%	66%	61%	57%	44%	54%
Time to Advertise (2 Days)	80%	97%	97%	100%	100%	100%	86%	95%	86%	83%	96%	84%	84%
Time to Shortlist & Interview (16 Days)	32%	13%	28%	36%	23%	21%	32%	14%	9%	29%	25%	12%	32%
Time to complete PE Checks (35 Days)	84%	90%	78%	90%	87%	82%	87%	96%	86%	88%	77%	76%	90%
Total Tome to Recruit (77 Days)	60%	55%	44%	48%	34%	66%	70%	36%	52%	56%	36%	35%	47%

Registered Nursing Vacancies (FTE vacant against budget)



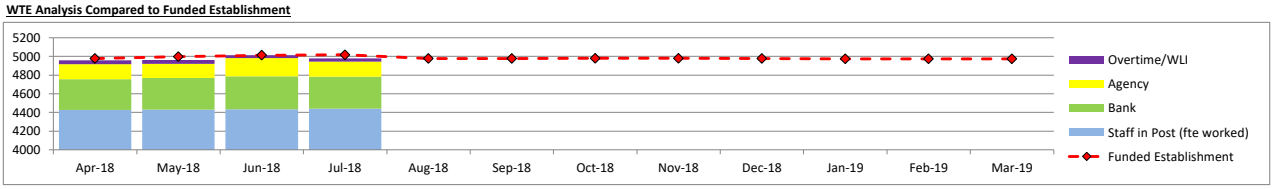
Vacancy Rate (%)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly RN Vacancy Rate (%)	8.61	8.92	9.28	8.14	6.84	6.94	7.50	6.57	6.32	14.39	15.36	15.41	15.83

Medical Vacancies (FTE vacant against budget)



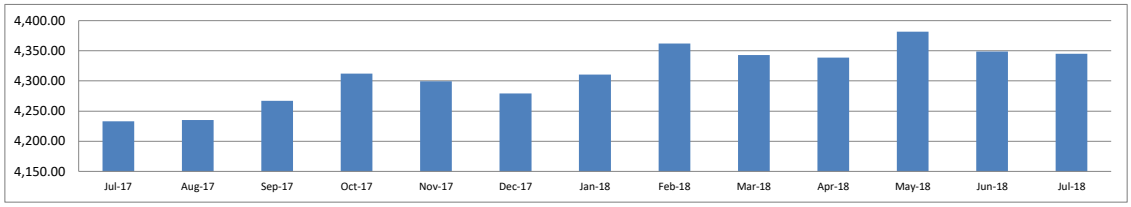
Vacancy Rate (%)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Medical Vacancy Rate (%)	14.28	12.33	12.49	10.28	10.85	10.68	10.20	9.16	9.18	12.34	13.18	13.08	12.14

WTE Analysis Compared to Funded Establishment



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Funded Establishment	4976.99	4997.33	5012.62	5016.93	4977.64	4977.65	4979.24	4979.22	4978.24	4973.23	4973.22	4973.24
Staff in Post (fte worked)	4428.4	4430.63	4434.2	4442.43								
Bank	328.66	338.41	351.38	342.43								
Agency	159.39	150.49	196.43	160.42								
Overtime/WLI	40.89	41.18	31.68	34.55								

Staff in Post (ESR 31/07/2018)



Workforce	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Staff in Post(FTE)	4233.13	4235.05	4266.81	4311.87	4299.51	4279.26	4310.35	4361.68	4342.65	4338.42	4381.39	4348.89	4345.04

Divisional Level	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Clinical Support Division	480.88	493.99	496.66	498.66	498.67	493.71	497.26	499.26	496.88	494.65	497.55	499.98	494.31
Corporate / Mgt	665.90	667.70	668.21	684.32	671.66	678.19	682.67	679.76	676.15	675.89	460.11	449.85	457.55
Medicine & Integrated Care	1796.71	1788.47	1811.81	1808.97	1805.39	1791.38	1835.98	1844.39	1839.55	1842.32	1872.07	1856.31	1853.81
Surgery	1289.65	1284.89	1290.12	1319.94	1323.80	1315.97	1323.43	1338.27	1330.06	1325.56	1551.66	1542.76	1539.37

Workforce by Staff Group	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	166.52	171.88	174.46	175.28	176.28	173.51	174.61	173.59	178.99	179.97	178.97	178.82	173.06
Care Support Staff	969.50	961.14	956.46	943.52	958.44	952.12	947.53	964.69	960.69	959.97	1003.43	978.28	980.78
Administrative and Clerical	847.04	856.10	854.42	862.55	860.95	857.26	860.25	862.24	871.63	870.98	878.57	873.34	884.07
Allied Health Professionals	286.95	288.54	300.54	296.77	297.87	297.74	305.21	306.63	307.85	303.19	300.13	298.33	299.22
Healthcare Scientists	110.48	110.47	110.65	110.89	114.62	114.62	114.75	114.75	111.79	111.01	110.27	109.27	109.53
Medical and Dental	453.00	456.80	465.74	475.21	475.51	474.86	477.46	480.36	479.68	471.61	469.01	471.05	466.05
Nursing and Midwifery Registered	1399.65	1390.12	1404.54	1418.65	1415.84	1409.14	1430.52	1430.42	1432.01	1441.69	1441.01	1439.80	1432.33

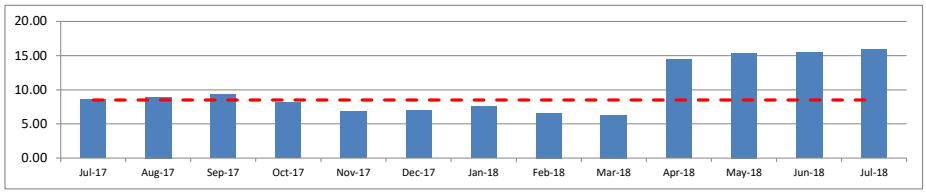
Clinical Support Division	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	77.19	84.19	81.79	82.42	83.62	80.62	81.22	81.62	83.42	83.61	84.61	84.61	81.81
Care Support Staff	140.80	141.70	140.39	141.64	142.74	143.34	144.90	146.34	142.77	143.04	144.53	145.33	144.37
Administrative and Clerical	68.45	70.45	71.00	70.39	68.80	66.00	66.47	66.61	67.61	67.48	68.89	69.23	67.88
Allied Health Professionals	88.06	91.26	95.10	95.30	94.59	95.44	94.64	94.64	93.04	91.56	91.56	91.85	91.29
Healthcare Scientists	74.46	74.46	74.46	74.46	75.10	75.10	75.23	75.23	74.23	73.03	72.03	71.03	71.03
Medical and Dental	25.25	25.25	27.25	26.25	27.25	25.65	27.25	27.25	28.25	28.25	28.25	30.25	30.25
Nursing and Midwifery Registered	6.67	6.67	6.67	8.20	6.56	7.56	7.56	7.56	7.56	7.68	7.68	7.68	7.68

Corporate / Mgt	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	17.57	17.57	17.87	16.97	16.77	16.77	16.77	16.37	17.97	17.58	16.58	17.33	17.33
Care Support Staff	91.64	90.24	88.32	88.00	85.12	85.12	83.04	84.80	83.08	81.37	33.20	32.20	31.24
Administrative and Clerical	328.79	333.45	330.29	334.09	330.78	335.21	337.81	335.86	336.74	334.19	323.75	315.67	322.86
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	1.40	1.53	1.53	1.53	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	11.20	11.20	11.20	11.20	11.20	11.20	11.20	10.20
Nursing and Midwifery Registered	215.29	213.83	219.12	227.78	226.38	227.48	226.44	224.11	224.75	229.13	72.97	71.03	73.51

Medicine & Integrated Care	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	11.40	11.40	11.40	11.40	11.40	11.40	11.40	11.40	12.40	13.83	13.83	13.83	12.83
Care Support Staff	460.00	456.60	458.44	437.88	442.57	437.77	433.91	440.19	437.28	438.50	463.63	448.29	451.00
Administrative and Clerical	225.44	227.00	226.85	225.47	225.40	221.39	229.90	227.00	231.87	233.32	237.41	239.52	241.28
Allied Health Professionals	187.02	185.41	192.61	189.32	191.13	190.15	197.75	199.16	201.99	199.06	195.49	193.40	194.28
Healthcare Scientists	21.40	21.39	22.53	22.90	23.90	23.90	23.90	23.90	22.90	22.66	22.93	22.93	24.93
Medical and Dental	181.45	185.45	190.48	194.85	195.15	197.45	198.45	198.25	198.37	194.90	196.06	196.10	193.10
Nursing and Midwifery Registered	710.00	701.21	709.51	715.15	715.83	709.31	728.68	732.49	734.75	740.06	742.73	742.24	736.40

Surgery	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	60.36	58.72	63.40	64.49	64.49	64.72	65.23	64.20	65.20	64.96	63.96	63.06	61.10
Care Support Staff	277.06	272.59	269.31	276.01	288.01	285.89	285.69	293.37	297.57	297.05	362.06	352.45	354.17
Administrative and Clerical	224.36	225.20	226.28	232.60	235.96	234.66	226.07	232.75	235.41	235.99	248.53	248.92	252.05
Allied Health Professionals	10.99	10.99	11.95	11.27	11.27	11.27	11.95	11.95	11.95	11.69	12.20	12.20	12.77
Healthcare Scientists	13.09	13.09	12.13	12.13	14.09	14.09	14.09	14.09	13.13	13.78	13.78	13.78	12.03
Medical and Dental	236.10	235.90	237.81	243.91	242.91	240.56	240.56	243.66	241.86	237.26	233.50	233.50	232.50
Nursing and Midwifery Registered	467.70	468.41	469.25	467.53	467.07	464.79	467.84	466.26	464.95	464.82	617.63	618.84	614.74

Monthly RN Vacancy Rate (%)



Jul-18	15.83

Vacancy Rate (%)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly RN Vacancy Rate (%)	8.61	8.92	9.28	8.14	6.84	6.94	7.50	6.57	6.32	14.39	15.36	15.41	15.83
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jun-18
Clinical Support Division (%)	9.13	-11.83	0.15	5.09	1.32	-7.08	-7.08	-7.08	-7.08	-5.63	-10.63	-10.63	-10.63
Corporate / Mgt (%)	6.02	6.07	4.61	1.26	-0.05	-0.40	0.63	1.24	1.35	9.33	-9.17	13.32	12.07
Medicine & Integrated Care (%)	12.51	13.79	14.41	13.05	11.16	11.50	11.85	10.60	9.73	18.65	18.65	20.18	20.45
Surgery (%)	3.19	2.27	2.85	3.02	2.91	2.94	3.63	2.45	3.06	9.51	10.59	9.95	10.26

Workforce by Staff Group	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jun-18
Band 5 (%)	10.27	10.85	11.73	10.67	9.69	10.42	11.55	10.13	11.17	26.24	44.05	28.93	29.34
Band 6 (%)	7.53	7.71	7.94	6.60	4.72	4.39	4.35	3.59	3.02	-0.90	2.41	-1.35	-2.05
Band 7 (%)	5.15	5.56	3.80	2.75	0.59	1.39	0.80	1.61	-3.00	1.34	-19.82	-0.33	0.79
Band 8 (%)	6.32	0.47	4.38	4.02	10.82	-2.36	2.67	1.11	1.84	2.33	-15.61	-3.77	2.07
Total (%)	**8.61**	**8.92**	**9.28**	**8.14**	**6.84**	**6.94**	**7.50**	**6.57**	**6.32**	**14.39**	**15.36**	**15.41**	**15.83**

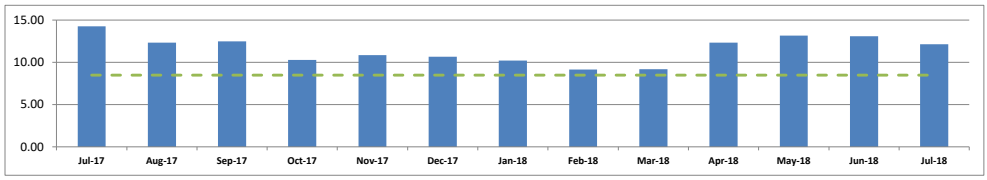
Clinical Support Division	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jun-18
Band 5 (%)	-15.38	-15.38	-15.38	-23.69	-31.69	-15.36	-15.36	-15.36	-15.36	-9.97	-9.97	-9.97	-9.97
Band 6 (%)	6.49	-19.48	32.47	6.49	11.11	11.11	11.11	11.11	11.11	0.00	0.00	0.00	0.00
Band 7 (%)	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	-34.83	-34.83	-34.83
Band 8 (%)	100.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total (%)	**9.13**	**-11.83**	**0.15**	**5.09**	**1.32**	**-7.08**	**-7.08**	**-7.08**	**-7.08**	**-5.63**	**-10.63**	**-10.63**	**-10.63**

Corporate / Mgt	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jun-18
Band 5 (%)	-12.45	-15.19	-17.63	-30.21	-25.29	-13.31	-1.33	2.95	26.36	0.00	0	0.00	0.00
Band 6 (%)	10.83	12.22	9.45	6.88	4.85	3.88	2.92	2.89	0.10	12.44	7.26	14.10	14.10
Band 7 (%)	3.74	1.87	2.71	1.20	-3.50	-1.85	-2.03	-3.44	-3.49	6.37	14.18	18.85	11.89
Band 8 (%)	-36.36	-78.57	-25.00	-25.00	0.00	-56.00	-36.00	-16.00	-36.00	3.33	-9.17	-9.17	3.33
Total (%)	**6.02**	**6.07**	**4.61**	**1.26**	**-0.05**	**-0.40**	**0.63**	**1.24**	**1.35**	**9.33**	**7.97**	**13.32**	**12.07**

Medicine & Integrated Care	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jun-18
Band 5 (%)	15.20	17.42	18.19	16.81	14.83	15.37	15.88	13.98	12.88	30.39	30.39	33.34	34.49
Band 6 (%)	9.31	9.23	11.08	10.47	7.40	7.35	7.80	6.98	8.11	2.53	2.53	2.24	-0.77
Band 7 (%)	8.13	8.91	6.50	4.41	4.45	4.89	4.25	5.92	0.57	-0.04	-0.04	-2.87	-0.01
Band 8 (%)	19.02	19.02	17.18	10.23	16.55	16.55	19.39	10.23	17.88	0.00	0.00	0.00	0.00
Total (%)	**12.51**	**13.79**	**14.41**	**13.05**	**11.16**	**11.50**	**11.85**	**10.60**	**9.73**	**18.65**	**18.65**	**20.18**	**20.45**

Surgery	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jun-18
Band 5 (%)	5.24	3.74	4.97	5.36	5.62	5.62	6.81	5.62	7.94	20.89	23.64	23.09	22.41
Band 6 (%)	0.51	0.14	0.19	-0.86	-0.29	-0.42	-0.41	-1.91	-3.11	-6.55	-7.37	-7.53	-6.03
Band 7 (%)	-3.09	-0.89	-3.94	-0.89	-7.28	-6.30	-7.06	-7.06	-15.38	2.03	0.88	-2.26	-1.38
Band 8 (%)	-7.14	-7.14	-7.14	-7.14	-7.14	-7.14	-7.14	-7.14	-7.14	5.56	-6.44	-6.44	4.67
Total (%)	**3.19**	**2.27**	**2.85**	**3.02**	**2.91**	**2.94**	**3.63**	**2.45**	**3.06**	**9.51**	**10.59**	**9.95**	**10.26**

Medical Vacancy Rate (%)



NHS
The Dudley Group
NHS Foundation Trust

Jul-18	12.14

Vacancy Rate (%)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Compliance (%)	14.28	12.33	12.49	10.28	10.85	10.68	10.20	9.16	9.18	12.34	13.18	13.08	12.14
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 (%)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Clinical Support Division	28.00	27.84	22.20	24.32	23.55	28.51	26.44	24.89	22.04	24.67	24.35	28.50	24.64
Corporate / Mgt	4.84	9.35	3.50	4.84	3.45	-3.74	-2.97	-2.97	-8.06	1.46	7.20	27.61	0.66
Medicine & Integrated Care	17.26	13.95	14.08	12.48	13.21	11.17	10.26	11.42	10.99	13.66	14.22	12.14	11.53
Surgery	10.60	9.09	10.49	6.88	7.69	8.97	8.60	6.03	7.21	6.39	11.25	10.60	11.93
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 (%)	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-18	May-18	Jun-18	Jul-18
FY1 FY2	3.45	1.83	6.90	6.90	6.90	6.90	0.00	6.90	5.17	9.84	9.84	9.84	9.84
Junior Non Training Posts	17.38	8.96	7.90	6.26	6.71	7.86	-7.33	6.27	8.61	21.93	27.62	22.84	27.50
Junior Training Posts	22.65	29.62	31.10	25.29	23.65	21.71	6.49	21.27	22.82	12.37	13.66	14.81	10.51
Senior Non Training Posts	5.90	3.88	0.72	-7.85	1.38	0.79	117.58	-2.39	-3.16	1.37	1.37	1.37	2.63
Consultants	13.93	12.55	12.47	11.64	11.70	11.45	-0.54	9.62	8.47	12.36	11.86	12.57	10.93
Total (%)	14.28	12.33	12.49	10.28	10.85	10.68	10.20	9.16	9.18	12.34	13.18	13.08	12.14

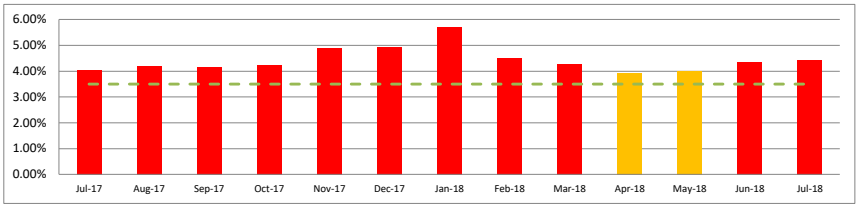
Clinical Support Division (%)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
FY1 FY2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Junior Non Training Posts	8.67	33.33	-60.00	-66.67	-66.67	-66.67	-92.33	-100.00	-135.33	0.00	0.00	0.00	0.00
Junior Training Posts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-100.00	-100.00	-20.00	-40.00
Senior Non Training Posts	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	2.78	2.78	2.77	2.78
Consultants	32.84	30.24	32.52	35.74	34.80	40.83	40.83	39.69	39.69	39.51	39.11	39.50	37.81
Total (%)	28.00	27.84	22.20	24.32	23.55	28.51	26.44	24.89	22.04	24.67	24.35	28.50	24.64

Corporate / Mgt (%)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
FY1 FY2	0.00	16.17	16.67	16.67	16.67	0.00	0.00	0.00	0.00	0.00	0.00	50.00	-8.33
Junior Non Training Posts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.46	0.00	15.92
Junior Training Posts	15.92	15.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Senior Non Training Posts	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
Consultants	0.12	0.12	-3.15	0.12	-3.27	-9.10	-7.23	-7.23	-19.60	4.74	17.43	11.50	2.71
Total (%)	4.84	9.35	3.50	4.84	3.45	-3.74	-2.97	-2.97	-8.06	1.46	7.20	27.61	0.66

Medicine & Integrated Care (%)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
FY1 FY2	-10.71	-14.07	-3.57	-3.57	-3.57	-7.14	-7.14	-7.14	-10.71	3.23	3.23	-20.00	8.00
Junior Non Training Posts	28.29	13.73	12.64	12.19	15.05	15.31	15.16	21.13	22.14	24.23	30.25	25.15	30.15
Junior Training Posts	35.26	42.94	43.85	39.76	34.82	28.65	25.70	25.70	26.51	22.56	24.55	23.75	13.95
Senior Non Training Posts	-24.76	-32.77	-40.79	-42.63	-34.62	-37.02	-37.02	-45.03	-45.03	-23.39	-23.39	-23.38	-23.39
Consultants	14.98	14.98	13.58	11.93	13.13	11.96	11.25	11.24	10.12	12.62	10.08	12.79	8.31
Total (%)	17.26	13.95	14.08	12.48	13.21	11.17	10.26	11.42	10.99	13.66	14.22	12.14	11.53

Surgery (%)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
FY1 FY2	21.74	17.52	17.39	17.39	17.39	26.09	26.09	26.09	26.09	24.22	21.74	21.73	21.74
Junior Non Training Posts	7.82	3.59	6.49	3.97	2.27	4.26	4.26	-2.70	2.45	18.67	29.19	23.72	10.90
Junior Training Posts	6.84	14.29	19.91	10.50	13.10	16.61	23.01	19.69	22.57	14.44	8.75	9.26	26.54
Senior Non Training Posts	16.91	16.91	15.29	4.99	13.67	13.67	13.67	11.97	10.89	12.40	11.82	11.00	13.69
Consultants	9.30	7.06	7.63	6.13	5.80	5.06	2.50	1.94	1.25	2.44	6.52	6.00	6.94
Total (%)	10.60	9.09	10.49	6.88	7.69	8.97	8.60	6.03	7.21	6.39	11.25	10.60	11.93

Workforce Total Absence



The Dudley Group NHS Foundation Trust

Financial Year to Date	4.09%
July-18	4.43%

Workforce	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Absence Rate	4.04%	4.21%	4.15%	4.25%	4.88%	4.94%	5.70%	4.51%	4.27%	3.91%	3.99%	4.35%	4.43%
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Clinical Support Division	3.74%	3.79%	4.12%	3.96%	3.91%	3.65%	5.19%	3.53%	4.00%	3.09%	3.56%	4.52%	4.32%
Corporate / Mgt	3.07%	2.61%	2.50%	2.65%	4.26%	4.69%	5.90%	4.40%	3.35%	3.39%	2.65%	2.57%	2.06%
Medicine & Integrated Care	4.57%	4.49%	4.64%	4.91%	5.35%	5.75%	5.69%	4.76%	5.03%	4.78%	4.68%	4.95%	5.15%
Surgery	4.23%	4.81%	4.32%	4.31%	4.91%	4.47%	5.79%	4.59%	3.79%	3.26%	3.72%	4.11%	4.33%
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	4.53%	5.17%	3.95%	4.43%	4.90%	3.83%	5.85%	3.33%	3.35%	2.29%	2.95%	3.53%	4.65%
Care Support Staff	6.70%	6.25%	6.01%	6.45%	7.06%	7.04%	8.50%	7.24%	6.92%	6.12%	5.64%	5.70%	6.22%
Administrative and Clerical	2.97%	3.47%	2.69%	3.12%	4.32%	4.74%	4.96%	3.67%	2.86%	2.47%	2.53%	3.10%	3.01%
Allied Health Professionals	2.51%	4.10%	4.57%	3.52%	3.59%	3.44%	3.21%	2.35%	2.04%	1.81%	2.35%	2.84%	3.27%
Healthcare Scientists	2.65%	1.81%	2.04%	2.12%	4.27%	2.31%	2.64%	1.59%	1.13%	0.37%	1.68%	1.94%	4.16%
Medical and Dental	1.32%	1.40%	1.18%	1.19%	1.09%	1.40%	1.15%	1.26%	1.71%	1.94%	3.48%	3.09%	2.60%
Nursing and Midwifery Registered	4.17%	4.32%	4.93%	4.46%	5.48%	5.62%	6.39%	5.25%	4.97%	4.86%	4.56%	5.11%	5.01%

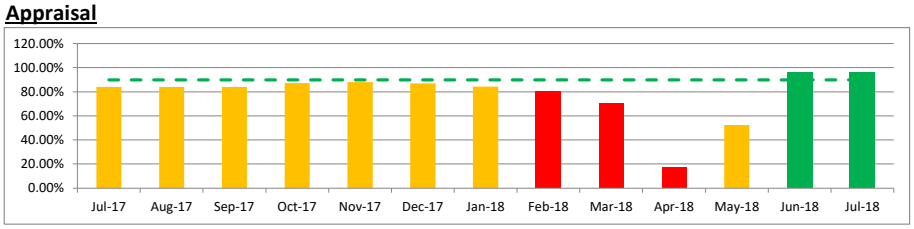
Clinical Support Division	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	3.18%	3.64%	4.03%	6.60%	5.27%	5.30%	4.94%	4.53%	4.84%	2.31%	4.05%	4.55%	4.60%
Care Support Staff	7.58%	5.36%	7.08%	5.01%	5.22%	4.21%	7.50%	5.34%	7.42%	5.56%	5.47%	5.81%	4.61%
Administrative and Clerical	2.69%	3.75%	2.19%	2.65%	2.94%	3.75%	3.66%	3.81%	1.97%	3.01%	2.25%	3.23%	1.99%
Allied Health Professionals	2.03%	3.58%	3.79%	1.75%	2.44%	2.45%	5.07%	2.26%	2.46%	2.15%	1.98%	5.05%	6.68%
Healthcare Scientists	1.76%	2.52%	1.75%	2.64%	3.51%	2.79%	3.94%	1.76%	0.37%	0.46%	1.84%	2.18%	3.21%
Medical and Dental	0.37%	1.02%	2.82%	6.71%	2.67%	2.82%	2.62%	0.41%	3.68%	3.67%	4.78%	5.19%	3.42%
Nursing and Midwifery Registered	0.00%	0.48%	0.00%	0.00%	0.00%	0.85%	1.06%	0.00%	1.28%	0.00%	2.69%	2.26%	2.02%

Corporate / Mgt	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	5.69%	3.12%	0.93%	0.76%	0.80%	4.23%	5.96%	0.62%	1.38%	0.78%	0.43%	0.00%	0.00%
Care Support Staff	5.45%	6.24%	4.64%	5.82%	8.38%	7.89%	11.20%	8.20%	6.86%	7.15%	4.44%	3.92%	3.44%
Administrative and Clerical	2.18%	1.88%	1.79%	2.00%	3.58%	4.45%	4.32%	3.21%	2.41%	2.29%	2.26%	2.34%	1.50%
Allied Health Professionals	0.00%	4.40%	0.00%	0.00%	3.64%	3.52%	37.24%	3.90%	0.00%	0.00%	0.00%	0.00%	0.00%
Healthcare Scientists	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%
Medical and Dental	1.58%	0.00%	0.98%	0.00%	0.00%	0.00%	0.00%	0.00%	1.44%	0.60%	0.86%	0.00%	0.00%
Nursing and Midwifery Registered	2.76%	2.34%	2.99%	2.76%	4.41%	4.24%	6.68%	5.42%	3.68%	4.05%	4.14%	4.24%	4.85%

Medicine & Integrated Care	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	0.23%	0.00%	0.00%	1.02%	0.00%	0.00%	0.28%	0.00%	0.00%	0.00%	0.00%	1.33%	0.00%
Care Support Staff	6.68%	6.60%	6.31%	5.80%	7.27%	8.44%	8.65%	7.39%	7.27%	7.05%	5.99%	5.61%	6.57%
Administrative and Clerical	4.68%	5.43%	3.41%	5.75%	5.62%	5.70%	5.00%	3.75%	3.15%	2.13%	2.37%	2.86%	3.44%
Allied Health Professionals	2.63%	4.27%	5.02%	4.09%	4.13%	4.00%	2.32%	2.53%	1.96%	1.68%	2.18%	1.49%	1.28%
Healthcare Scientists	6.98%	0.00%	4.23%	6.77%	8.65%	2.29%	0.29%	1.27%	0.00%	0.00%	0.00%	0.56%	4.05%
Medical and Dental	1.35%	1.50%	0.37%	0.99%	0.74%	0.70%	1.11%	1.60%	2.31%	2.80%	4.15%	2.86%	2.49%
Nursing and Midwifery Registered	4.10%	3.87%	5.18%	5.52%	5.75%	6.28%	6.39%	5.23%	6.03%	5.85%	5.68%	6.79%	6.75%

Surgery	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	6.74%	8.88%	5.50%	4.16%	6.36%	2.53%	7.99%	3.12%	2.51%	3.13%	2.74%	3.59%	7.00%
Care Support Staff	6.82%	6.12%	5.40%	6.70%	7.28%	6.05%	7.99%	7.71%	6.16%	4.72%	5.38%	5.94%	6.69%
Administrative and Clerical	2.63%	3.76%	3.45%	3.58%	4.50%	4.53%	6.21%	4.22%	3.47%	2.90%	3.12%	4.27%	4.81%
Allied Health Professionals	4.57%	5.41%	4.05%	4.97%	4.14%	2.30%	0.19%	0.00%	0.22%	1.63%	8.20%	8.20%	9.20%
Healthcare Scientists	1.10%	0.98%	0.26%	2.60%	1.38%	0.00%	0.00%	1.37%	7.46%	0.54%	3.92%	3.24%	10.25%
Medical and Dental	1.39%	1.42%	1.67%	1.22%	1.25%	1.90%	1.08%	1.13%	1.03%	1.11%	2.90%	3.17%	2.72%
Nursing and Midwifery Registered	5.08%	5.95%	5.52%	5.32%	5.65%	5.36%	6.35%	5.28%	4.00%	3.77%	3.30%	3.26%	3.00%

Appraisal



NHS The Dudley Group NHS Foundation Trust

July-18	95.62%

Workforce	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Compliance	83.91%	83.98%	84.07%	87.27%	88.11%	86.96%	84.42%	79.95%	70.57%	17.40%	52.46%	95.62%	**95.62%**
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Clinical Support Division	65.03%	64.90%	67.86%	76.26%	82.39%	85.47%	84.20%	81.98%	68.15%	10.00%	52.02%	96.08%	**96.08%**
Corporate / Mgt	86.79%	86.21%	89.11%	88.89%	90.92%	86.81%	85.40%	81.44%	68.96%	12.00%	46.97%	96.40%	**96.40%**
Medicine & Integrated Care	85.39%	87.11%	86.93%	89.98%	84.82%	87.76%	84.38%	77.67%	68.16%	20.00%	52.13%	94.42%	**94.42%**
Surgery	88.62%	86.25%	83.94%	87.17%	89.62%	86.50%	84.22%	81.59%	76.30%	18.00%	54.88%	96.75%	**96.75%**
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	85.38%	84.66%	78.31%	80.11%	84.97%	85.88%	84.29%	78.89%	72.38%	23.68%	53.68%	97.37%	**97.37%**
Care Support Staff	80.26%	81.18%	82.84%	86.97%	89.34%	88.35%	86.59%	79.90%	67.84%	17.49%	54.06%	94.42%	**94.42%**
Administrative and Clerical	87.18%	84.89%	87.05%	86.20%	88.21%	85.70%	82.91%	79.19%	70.17%	14.36%	54.01%	96.91%	**96.91%**
Allied Health Professionals	83.85%	79.58%	82.52%	81.08%	86.56%	85.14%	81.93%	78.44%	71.25%	24.77%	58.91%	97.28%	**97.28%**
Healthcare Scientists	64.41%	68.03%	73.50%	89.26%	96.67%	95.90%	88.52%	84.17%	74.17%	9.84%	42.50%	96.64%	**96.64%**
Medical and Dental													
Nursing and Midwifery Registered	85.93%	84.60%	84.92%	86.33%	87.22%	86.55%	83.98%	80.54%	72.04%	15.93%	49.97%	94.76%	**94.76%**

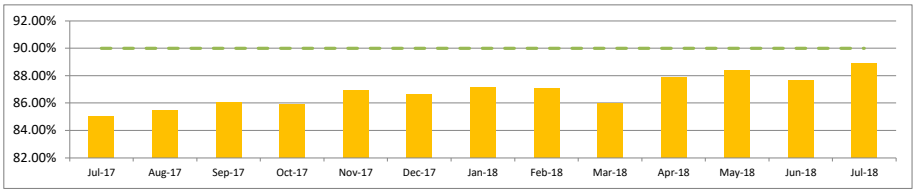
Clinical Support Division	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	81.93%	84.27%	75.00%	79.55%	85.19%	91.57%	93.98%	89.29%	78.82%	25.88%	64.71%	100.00%	**100.00%**
Care Support Staff	53.94%	53.18%	59.26%	76.74%	86.31%	84.48%	81.50%	79.53%	61.31%	3.51%	49.40%	89.94%	**89.94%**
Administrative and Clerical	80.26%	78.75%	83.54%	77.78%	81.25%	84.62%	86.08%	86.08%	79.01%	9.76%	58.54%	97.56%	**97.56%**
Allied Health Professionals	68.69%	63.46%	64.21%	59.62%	75.51%	77.78%	73.96%	74.74%	58.33%	12.50%	62.89%	98.97%	**98.97%**
Healthcare Scientists	51.28%	54.43%	65.79%	86.08%	94.94%	94.94%	93.59%	88.31%	76.92%	2.53%	27.27%	96.05%	**96.05%**
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%	20.00%	100.00%	**100.00%**

Corporate / Mgt	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	81.82%	75.00%	72.73%	66.67%	66.67%	75.00%	84.62%	76.92%	71.43%	20.00%	40.00%	100.00%	**100.00%**
Care Support Staff	84.80%	83.46%	92.55%	90.43%	92.31%	94.44%	93.33%	89.89%	74.16%	15.91%	52.94%	94.12%	**94.12%**
Administrative and Clerical	87.77%	86.12%	89.69%	84.57%	85.76%	83.73%	80.12%	74.11%	60.29%	11.24%	48.63%	96.89%	**96.89%**
Allied Health Professionals	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	50.00%	50.00%	100.00%	**100.00%**
Healthcare Scientists	66.67%	66.67%	66.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	**100.00%**
Medical and Dental													
Nursing and Midwifery Registered	86.51%	83.33%	87.84%	87.30%	90.35%	88.61%	88.56%	88.61%	79.66%	12.70%	40.00%	93.24%	**93.24%**

Medicine & Integrated Care	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	92.31%	92.31%	92.31%	84.62%	84.62%	84.62%	76.92%	61.54%	53.85%	6.67%	25.00%	87.50%	**87.50%**
Care Support Staff	84.84%	88.71%	88.82%	91.70%	89.50%	89.05%	85.44%	75.97%	64.58%	20.95%	50.53%	94.06%	**94.06%**
Administrative and Clerical	86.18%	84.86%	85.37%	91.30%	89.88%	86.35%	86.18%	82.52%	69.92%	19.53%	63.36%	98.07%	**98.07%**
Allied Health Professionals	90.34%	86.85%	91.00%	90.65%	91.79%	88.94%	87.14%	82.38%	79.07%	29.22%	57.80%	96.79%	**96.79%**
Healthcare Scientists	86.36%	92.00%	83.33%	92.59%	100.00%	100.00%	74.07%	66.67%	57.69%	11.54%	73.08%	96.15%	**96.15%**
Medical and Dental													
Nursing and Midwifery Registered	83.99%	84.38%	85.11%	86.77%	86.34%	86.73%	82.90%	76.49%	67.42%	17.74%	48.25%	93.25%	**93.25%**

Surgery	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	89.06%	85.48%	80.65%	82.35%	88.06%	81.16%	75.71%	70.00%	68.12%	25.71%	50.72%	95.59%	**95.59%**
Care Support Staff	85.61%	83.88%	82.55%	84.33%	89.87%	87.66%	89.25%	83.17%	74.51%	20.19%	60.81%	96.99%	**96.99%**
Administrative and Clerical	90.51%	84.76%	86.45%	85.98%	91.89%	87.94%	82.42%	80.54%	80.78%	14.89%	50.18%	95.62%	**95.62%**
Allied Health Professionals	92.86%	85.71%	83.33%	92.31%	84.62%	78.57%	53.85%	38.46%	50.00%	35.71%	50.00%	92.86%	**92.86%**
Healthcare Scientists	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	86.67%	92.86%	85.71%	46.67%	73.33%	100.00%	**100.00%**
Medical and Dental													
Nursing and Midwifery Registered	89.17%	85.98%	83.47%	85.52%	87.14%	85.83%	83.96%	83.60%	76.72%	14.71%	53.63%	96.66%	**96.66%**

Mandatory Training



NHS
The Dudley Group
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July-18	88.92%

Workforce	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Monthly Compliance	85.07%	85.47%	86.04%	85.93%	86.93%	86.64%	87.14%	87.10%	85.99%	87.84%	88.36%	87.67%	**88.92%**
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Clinical Support Division	79.35%	78.25%	77.99%	79.17%	82.39%	85.47%	83.22%	82.98%	82.50%	85.52%	86.02%	84.31%	**85.39%**
Corporate / Mgt	87.13%	87.77%	89.88%	89.85%	90.92%	86.81%	91.19%	91.03%	89.72%	91.67%	91.43%	91.16%	**90.77%**
Medicine & Integrated Care	84.39%	84.55%	84.53%	84.23%	84.82%	87.76%	85.48%	85.47%	84.47%	86.09%	87.11%	86.52%	**88.07%**
Surgery	87.01%	88.22%	89.15%	88.80%	89.62%	86.50%	88.91%	88.93%	87.57%	89.34%	89.83%	89.24%	**90.55%**
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	88.11%	86.95%	79.83%	85.50%	87.98%	86.42%	88.22%	88.61%	88.07%	89.53%	89.15%	89.01%	**90.16%**
Care Support Staff	83.66%	83.90%	81.13%	84.49%	86.73%	85.76%	86.16%	86.43%	84.20%	86.20%	86.59%	85.49%	**86.16%**
Administrative and Clerical	89.51%	90.55%	90.99%	89.09%	91.71%	90.94%	91.75%	91.92%	87.82%	90.63%	91.71%	92.53%	**93.28%**
Allied Health Professionals	86.10%	84.90%	84.62%	81.82%	85.50%	85.16%	87.76%	87.85%	89.48%	90.87%	91.12%	89.79%	**91.06%**
Healthcare Scientists	79.63%	78.59%	80.81%	79.09%	82.25%	84.72%	85.22%	86.46%	83.64%	87.64%	90.02%	88.53%	**90.39%**
Medical and Dental	79.32%	80.73%	75.53%	72.98%	77.34%	75.51%	79.18%	80.68%	79.70%	79.88%	80.05%	80.38%	**82.73%**
Nursing and Midwifery Registered	85.52%	86.09%	78.85%	85.57%	88.43%	87.48%	88.08%	88.73%	87.51%	89.39%	89.92%	88.49%	**89.66%**

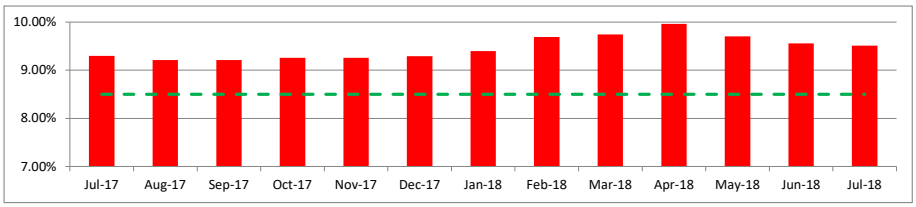
Clinical Support Division	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	91.20%	89.88%	83.52%	87.30%	90.39%	87.39%	90.24%	88.84%	89.29%	92.55%	92.84%	92.66%	**92.55%**
Care Support Staff	76.96%	75.03%	70.05%	77.39%	81.30%	81.43%	81.27%	81.86%	79.53%	81.29%	81.96%	79.50%	**80.57%**
Administrative and Clerical	82.29%	84.05%	84.22%	83.67%	88.64%	88.67%	89.13%	88.79%	85.07%	90.94%	91.55%	90.97%	**91.81%**
Allied Health Professionals	75.14%	73.42%	70.28%	69.63%	75.39%	75.02%	76.15%	76.98%	79.21%	81.98%	82.01%	79.25%	**80.02%**
Healthcare Scientists	74.44%	72.54%	75.54%	74.78%	79.44%	83.02%	83.28%	84.31%	80.31%	86.20%	88.29%	86.23%	**89.17%**
Medical and Dental	75.09%	77.82%	69.58%	71.68%	81.82%	81.14%	87.27%	88.18%	85.37%	83.79%	82.29%	81.75%	**82.98%**
Nursing and Midwifery Registered	87.21%	82.47%	69.94%	62.24%	88.64%	79.09%	80.91%	93.58%	94.69%	96.24%	96.24%	94.07%	**94.07%**

Corporate / Mgt	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	66.00%	63.53%	71.03%	77.22%	80.68%	82.39%	86.96%	89.60%	86.24%	80.34%	87.61%	87.08%	**89.17%**
Care Support Staff	90.25%	89.36%	90.58%	93.72%	93.79%	93.29%	93.33%	92.88%	92.65%	94.77%	92.94%	92.34%	**89.37%**
Administrative and Clerical	89.68%	91.37%	92.39%	89.61%	91.81%	90.63%	91.00%	91.16%	86.65%	89.78%	91.22%	92.27%	**91.78%**
Allied Health Professionals	81.82%	77.27%	77.42%	75.00%	77.27%	81.82%	77.27%	86.36%	86.36%	88.46%	88.46%	85.71%	**96.43%**
Healthcare Scientists	85.19%	81.48%	93.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.00%	**100.00%**
Medical and Dental	72.00%	79.49%	82.26%	67.14%	84.71%	85.88%	85.88%	86.90%	85.71%	86.41%	86.41%	84.47%	**65.28%**
Nursing and Midwifery Registered	84.31%	84.77%	86.15%	84.34%	89.92%	89.12%	91.03%	92.26%	92.25%	93.46%	92.92%	88.77%	**90.04%**

Medicine & Integrated Care	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	81.69%	80.99%	72.68%	76.74%	78.87%	78.87%	79.02%	80.14%	81.51%	81.00%	78.77%	84.51%	**90.56%**
Care Support Staff	83.41%	83.95%	80.46%	84.63%	85.57%	84.58%	84.35%	84.66%	81.74%	84.20%	85.62%	84.71%	**85.39%**
Administrative and Clerical	89.84%	89.78%	88.52%	87.75%	90.12%	89.69%	91.81%	91.70%	89.68%	90.87%	91.65%	92.69%	**94.80%**
Allied Health Professionals	90.79%	89.85%	89.39%	86.82%	89.51%	89.39%	92.61%	92.03%	93.56%	94.25%	94.64%	93.79%	**95.10%**
Healthcare Scientists	84.29%	79.44%	82.73%	76.87%	78.57%	80.06%	81.31%	83.75%	86.35%	88.86%	92.55%	89.75%	**91.04%**
Medical and Dental	73.83%	75.64%	70.68%	66.41%	70.19%	69.50%	73.17%	74.34%	74.70%	74.70%	76.08%	75.66%	**79.31%**
Nursing and Midwifery Registered	84.29%	84.43%	76.76%	83.86%	85.90%	85.25%	86.21%	87.29%	84.93%	86.90%	87.74%	86.70%	**87.64%**

Surgery	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	90.31%	90.27%	79.33%	86.87%	88.73%	87.58%	88.05%	89.63%	88.40%	90.36%	87.87%	86.59%	**87.56%**
Care Support Staff	84.44%	85.65%	83.09%	86.67%	88.89%	87.41%	89.12%	89.33%	87.75%	89.20%	89.11%	88.17%	**88.94%**
Administrative and Clerical	91.98%	92.87%	94.00%	84.67%	94.13%	93.28%	93.44%	94.06%	88.41%	91.41%	92.39%	93.10%	**93.93%**
Allied Health Professionals	93.41%	92.81%	96.15%	95.74%	97.40%	92.81%	94.81%	98.05%	96.41%	98.45%	98.97%	94.71%	**96.70%**
Healthcare Scientists	90.40%	98.31%	95.53%	98.57%	99.35%	97.74%	97.74%	98.18%	90.96%	90.16%	91.71%	95.56%	**93.41%**
Medical and Dental	83.60%	84.52%	79.56%	78.28%	82.47%	79.49%	83.07%	84.93%	82.95%	83.53%	82.79%	84.06%	**85.66%**
Nursing and Midwifery Registered	88.16%	89.56%	79.16%	89.26%	91.60%	90.17%	89.56%	89.04%	88.99%	91.08%	92.03%	90.44%	**91.92%**

Turnover - 12 Months to Date - Effective 31/07/2018



NHS
The Dudley Group
NHS Foundation Trust

July-18	9.51%

Workforce	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Turnover rate (12m to present)	9.30%	9.21%	9.21%	9.26%	9.26%	9.29%	9.40%	9.69%	9.74%	9.96%	9.70%	9.56%	**9.51%**
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Clinical Support Division	13.44%	12.73%	13.22%	13.22%	13.43%	14.08%	13.87%	13.79%	14.09%	14.49%	14.14%	14.06%	**14.74%**
Corporate / Mgt	10.91%	11.02%	11.13%	10.96%	11.47%	10.73%	11.68%	12.33%	13.36%	12.89%	16.67%	17.65%	**17.61%**
Medicine & Integrated Care	9.62%	9.71%	9.39%	9.68%	9.67%	9.59%	11.68%	9.32%	8.67%	9.14%	8.47%	8.18%	**7.76%**
Surgery	5.74%	6.12%	6.30%	6.17%	5.85%	6.19%	6.46%	7.20%	7.52%	7.67%	7.53%	7.21%	**7.31%**
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	13.34%	12.86%	12.28%	12.53%	17.81%	12.26%	10.68%	12.72%	11.89%	13.60%	13.44%	12.89%	**12.96%**
Care Support Staff	10.70%	9.74%	9.48%	9.00%	13.22%	7.71%	8.21%	8.21%	8.30%	8.28%	7.66%	7.53%	**7.17%**
Administrative and Clerical	11.64%	9.90%	9.79%	9.94%	10.30%	10.76%	11.34%	11.38%	11.54%	12.29%	12.37%	12.50%	**12.65%**
Allied Health Professionals	12.63%	11.58%	12.04%	12.91%	10.35%	13.69%	13.96%	13.39%	14.30%	14.47%	13.51%	14.64%	**14.46%**
Healthcare Scientists	13.37%	8.34%	10.00%	10.76%	11.57%	9.48%	9.42%	8.55%	9.40%	8.86%	9.83%	11.88%	**15.53%**
Medical and Dental	9.51%	6.31%	6.96%	8.31%	8.32%	8.32%	8.34%	8.37%	8.06%	7.21%	6.71%	7.15%	**5.73%**
Nursing and Midwifery Registered	9.14%	8.22%	8.04%	7.91%	7.94%	8.60%	8.87%	8.89%	8.69%	8.94%	8.94%	8.00%	**7.83%**

Clinical Support Division	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	18.60%	17.39%	18.01%	17.81%	17.81%	18.37%	17.66%	19.61%	19.13%	20.48%	20.23%	19.50%	**18.57%**
Care Support Staff	15.33%	15.54%	15.58%	14.08%	13.22%	12.60%	11.99%	12.50%	14.11%	15.45%	14.87%	13.41%	**14.13%**
Administrative and Clerical	8.98%	9.99%	8.83%	8.80%	10.30%	13.67%	11.94%	10.38%	8.59%	9.94%	9.79%	10.69%	**10.42%**
Allied Health Professionals	6.12%	6.05%	7.90%	9.40%	10.35%	11.46%	13.36%	13.36%	15.07%	14.38%	13.40%	15.52%	**16.08%**
Healthcare Scientists	13.33%	10.26%	11.44%	11.54%	11.57%	11.06%	11.01%	9.71%	10.27%	9.51%	10.99%	13.42%	**17.325**
Medical and Dental	26.90%	23.98%	23.49%	27.64%	28.21%	36.11%	31.78%	29.29%	25.27%	21.84%	17.87%	12.84%	**8.10%**
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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	0.00%	0.00%	0.00%	4.76%	4.79%	5.06%	4.61%	12.02%	10.84%	24.70%	22.40%	21.24%	**26.37%**
Care Support Staff	12.12%	11.67%	11.48%	10.40%	9.73%	8.79%	8.75%	8.48%	9.29%	7.45%	13.52%	10.40%	**10.09%**
Administrative and Clerical	10.34%	10.37%	11.24%	12.05%	12.98%	11.77%	12.57%	13.88%	15.77%	15.91%	16.37%	18.30%	**18.17%**
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%	8.33%	8.00%	8.00%	8.00%	8.00%	8.70%	8.70%	8.70%	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	11.07%	11.76%	11.04%	9.39%	9.73%	9.88%	11.39%	11.07%	11.04%	10.03%	20.54%	18.42%	**17.52%**

Medicine & Integrated Care	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	38.65%	35.24%	27.65%	27.65%	26.43%	25.32%	17.62%	15.56%	8.06%	7.63%	7.63%	0.00%	**0.00%**
Care Support Staff	8.21%	8.34%	7.67%	7.89%	7.29%	6.51%	7.34%	6.91%	6.67%	6.61%	6.08%	6.29%	**5.70%**
Administrative and Clerical	11.45%	11.01%	10.87%	10.90%	11.65%	12.17%	11.55%	10.87%	9.43%	10.70%	10.35%	9.59%	**9.92%**
Allied Health Professionals	12.02%	14.21%	13.80%	14.94%	14.20%	15.19%	14.74%	13.88%	14.51%	15.07%	14.08%	15.22%	**14.30%**
Healthcare Scientists	9.61%	4.92%	4.72%	7.96%	7.61%	3.15%	3.11%	3.11%	3.18%	3.18%	3.18%	3.15%	**2.94%**
Medical and Dental	6.81%	5.98%	6.96%	9.02%	8.09%	8.25%	7.13%	7.10%	3.81%	3.81%	2.61%	2.63%	**2.57%**
Nursing and Midwifery Registered	9.44%	9.25%	9.02%	8.89%	9.32%	9.61%	9.73%	9.50%	8.78%	9.42%	8.96%	8.12%	**7.49%**

Surgery	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Add Prof Scientific and Technic	3.07%	4.80%	4.55%	4.51%	3.06%	3.08%	1.61%	3.26%	3.24%	3.19%	3.22%	3.27%	**4.17%**
Care Support Staff	6.70%	8.54%	8.81%	7.79%	7.24%	6.80%	7.58%	8.02%	7.66%	7.54%	6.10%	6.42%	**5.88%**
Administrative and Clerical	10.01%	8.08%	6.93%	3.63%	6.02%	7.05%	9.06%	8.60%	8.37%	9.26%	9.72%	9.02%	**8.69%**
Allied Health Professionals	10.00%	10.00%	16.03%	7.05%	6.71%	6.71%	6.19%	6.19%	5.92%	6.00%	5.87%	5.87%	**5.72%**
Healthcare Scientists	4.30%	4.30%	11.66%	11.66%	10.93%	10.93%	10.88%	10.88%	14.76%	14.34%	14.29%	21.74%	**29.19%**
Medical and Dental	4.51%	3.54%	4.16%	4.69%	4.02%	4.05%	5.36%	5.93%	7.75%	6.86%	7.53%	7.60%	**7.57%**
Nursing and Midwifery Registered	4.67%	5.07%	5.21%	5.78%	5.84%	6.55%	6.46%	7.06%	7.57%	7.81%	7.76%	6.61%	**7.26%**

The Dudley Group NHS Foundation Trust

Paper for submission to the Board on 6 September 2018

TITLE:	**Strategy Workshop and Committee report 14 August 2018**		
AUTHOR:	Fred Allen, Chair of meeting	**PRESENTER**	Fred Allen, Chair of meeting
CLINICAL STRATEGIC AIMS			
	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.		
CORPORATE OBJECTIVES: SO 6 – Deliver a viable future			

SUMMARY OF KEY ISSUES:

The attached provides a summary of the recent Strategy Workshop and Committee meeting held 14 August 2018 –

Strategy Workshop

The workshop included:

- Review of 22nd May workshop and the outputs from it.
- Progress of strategy development since May 2018, including consultation
- Key themes from consultation to date
- Group work/round table discussion
- Next steps

The workshop confirmed that the vision, values and strategic objectives were the right ones, although there was some discussion as to whether the number of strategic objectives could be reduced and a tier could be removed. Governors also identified what can be considered and key things that have changed in the external environment.

An in depth timeline for strategy linked to seven stages has been produced as our working document. Regular reports on progress provided to Directors as agreed on 12th June 2018. The Trust has followed the engagement plan and undertaken consultation with staff, patients, governors and public.

Key Themes from Consultation 1

- Overwhelming support for vision, values and strategic objectives.
- The Strap line 'Care better every day' added from Exec Lean workshop on 30th July 2018.
- Financial pressures are a key threat to the future of the Trust. Dedicated and caring staff are the Trust's key asset, but staff retention, recruitment and training are key.
- Volume and complexity of demand/changing demographics and Improve pathways within and between services to optimise efficiency and productivity, as well as improve patient experience/outcomes.

Key themes from consultation 2

- Emphasis on care closer to home/in the community with reconfigured pathways (MCP)
- Demand, capacity and patient flow (including waiting times and communication (e.g. signage, nature of leaflets/letters)
- Lack of awareness of specialist services provided by DGFT – some patients want services just for Dudley residents
- Parking and whether we have a plan to address it
- Digital trust, research and innovation

Workshop Discussion
Governors were then asked if they agreed with the themes from the Consultation and were then asked to prioritise the list in order.

Next Steps

- Analysis of internal and external services and markets, including workforce.
- Frame strategy around the key themes (top two)
- Commence options generation, including MCP and STP developments (Pathology, Procurement, Pharmacy benefits), CQC and Lean.
- Test options prior to writing first draft of Strategy.
- Strategy Committee workshop with draft - 20th November

Strategy Committee meeting
This followed the workshop with more discussion that focused on the workshop.

The Committee discussed additional items to consider for future meetings to include the following as standing items: STP and MCP. The committee was assured that the next meeting and future meetings contain more topics that were key to the strategy of the trust.

IMPLICATIONS OF PAPER:			
RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHS I	**N**	**Details: links to good governance**
	Other	**N**	**Details:**

ACTION REQUIRED OF COUNCIL			
Decision	**Approval**	**Discussion**	**Other**
			Y

RECOMMENDATIONS FOR THE COUNCIL

To receive the report for information.

Enclosure 11

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 6th September 2018

TITLE:	Report from the Council of Governors Experience and Engagement Committee held on 4th July 2018		
AUTHOR:	Karen Phillips – Chair of Experience and Engagement Committee	**PRESENTER:**	Karen Phillips – Chair of Experience and Engagement Committee

Summary of key items:

The meeting opened with Glen Palthorpe providing an update on the CQC findings. Following a further inspection of the Emergency Department on 28 June the CQC indicated that there were still a number of concerns. Glen answered all questions openly and informed the group that there would be regular opportunities for the Governors to meet senior members of staff and discuss the progression of this matter.

The Committee received reports from:

- **Patient Experience Group – Helen Board**
  Discussed: Community Patient Experience (PEX) survey, Patient Led Assessment of the Care Environment (PLACE) local scores and In Patient Survey (IPS) 2017 results.

- **Quality and Safety Group – Pat Price**
  Key discussions were about Nutrition and Hydration.

- **Drug and Therapeutic Group – Pat Price**
  Highlighting work undertaken to improve the Trust infusion process and training needs.

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

Governor's Out There –

- On behalf of the Trust Charity Karen Phillips shared an **open letter to Governors** expressing the charity's appreciation to the Governors who volunteered at the charity Neon Dash in June. (appendix 1)
- A report on the **End of Life Focus Group** was prepared by Viv Kerry which focussed on 'why do we find death and dying so hard to talk about'.
- Karen Phillips discussed with the group how best we could support the **Annual Members Meeting**. It was decided that an informal 'meet and greet' area would be beneficial as it worked well last year.
- Karen Phillips will shortly be contacting Governors for support on a number of sessions of **'Meet your Governors'** in main reception in Russells Hall Hospital.

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 4th July 2018.

	Approval	Discussion	Other
	✓		

The Council of Governors
Dudley Group NHS FT
Russells Hall Hospital
Dudley DY1 2HQ

02 July 2018

Open Letter to the Council of Governors

Dear Governors

I wish to go on record to thank the team of Governors who offered their support at the Trust Charity Neon Dash on Sunday 10 June 2018.

Charity events such as this cannot go ahead without the support of volunteers. The Governors (Lydia Ellis, Mary Turner and Yvonne Peers) who hosted the registration marquee did a sterling job; keeping calm and organised throughout. Fellow Governor Peter Siviter took some fabulous photographs on the day – I have included just a few below.

The Dash raised nearly £15,000 for the Neonatal Unit which is fantastic.

Yours sincerely,

Karen Phillips

Karen Phillips
Fundraising Manager

Dudley Group NHS Charity,
2nd Floor, Trust HQ, Russells Hall Hospital, Dudley, DY1 2HQ
Tel: 01384 456111 ext: 3349
Email: karen.phillips5@nhs.net
Charity No. 1056979

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 6th September 2018

TITLE:	**Chief Nurse Report**		
AUTHOR:	Sara Whitbread, Quality and Improvement Lead, Derek Eaves, Professional Lead for Quality	**PRESENTER:**	Siobhan Jordan, Chief Nurse

CLINICAL STRATEGIC AIMS

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

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

The purpose of this paper is to update the Trust Governors on the progress being made against Quality Key Performance Indicators (KPIs) and the Quality Priorities for 2018/19. Quality metrics 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: Vacancies and compliance with three of the Quality Priorities (use of the Malnutrition Universal Screening Tool (MUST), Medication and Nutrition) continue to be of concern. However, there are individual areas of improvement.

From the Quality dashboards: Three of the five tabled metrics have seen deterioration in compliance in month; environmental cleaning scores, medicines management and deteriorating trolley checks. Mandatory training compliance continues to improve at 87.8% and appraisals remains above the Trust target at 94.9%.

Quality and Safety reviews: There were five of these undertaken in July 2018; two follow up reviews on A2 and C5, two full reviews in CCU/PCCU and Imaging and an independent matron audit undertaken by the Quality Review and Improvement Lead in the Emergency Department. Reviews are scheduled in August and September 2018 at Corbett and guest hospital sites. There were 3 Executive/ Non-executive walk rounds undertaken in July 2018; B1 and B2 Trauma, Ophthalmology Outpatients Patients Department and Pharmacy.

Quality Priorities: Key issues are:

- FFT: For recommended scores, of the 23 available results 13 have achieved the target. For response rate scores, of the 15 available results 11 have achieved the target.
- Local Patient Experience Survey: Target is being achieved
- For the targets based on the Quality Metrics, the following have achieved the 95% target: Pain (98%), Community MUST (97%), Medications (95%). The Nutrition Audit just missed the target (94%) while the Hospital MUST was 91%.
- Infection Control targets: For Q1 these have been achieved.
- Pressure Ulcer targets: For Q1 with the data available so far three of the four targets have been achieved.
- Discharge management: One of three targets is being achieved.
- Incident management: Both targets are being achieved so far this year.

Infection Control: Data on key infections is provided.

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 COUNCIL:			
Decision	**Approval**	**Discussion**	**Other**
		√	

RECOMMENDATIONS FOR THE COUNCIL: To note the present situation with the Quality Indicators, the Quality Priority targets and Infection Control.

Chief Nurse Report

Triangulated data - Data collated on 16.08.2018

Ward	Number of beds	Qualified Nursing (WTE funded)	Vacancies (Qualified Nurses WTE)	Trend from previous month	Sickness	PU 3/4 (July 2018)	Patient Falls (July 2018)	VTE (%)	1. Pain		2. MUST		3. Meds		4. Nutrition		Quality and Safety review outcome
Acute Medical Unit (AMU)		37.84	2.08		6.04%	1	2	85.91% (113)					100	-	96	↑	TBR
A2 (Short Stay Medical Unit)	42	42.40	17.36	↑	7.58%	0	5	88.94% (47)					100	-	92	↑	FU review 17/23 (07.2018)
B1 (Elective orthopaedics)	26	20.03	6.83	↓	8.93%	0	5	98.26% (2)	100	-	100	-	100	↑	96	↓	FU Review 4/5 (05.2018)
B2 Hip	30	28.60	11.76	-	3.70%	0	2	78.04% (9)	100	-	100	-	80	↓	97	↓	FU review 7/13 (06.2018)
B2 Trauma	24	20.32	8.44	-	9.37%	1	0	75% (15)	100	-	100	-	100	↑	100	-	FU review 4/18 (06.2018)
B3 (Vascular)	42	45.16	27.16	↑	9.47%	0	4	93.93% (4)	100	-	40	↓	30	↓	100	↑	RI 02.18
B4a (General Surgery	24	20.00	4.80	↓	1.89%	0	0	62.5% (3)	100	-	60	↓	100	-	91	↓	FU Review 6/16 (05.2018)
B4b (General Surgery)	24	20.00	8.04	-	4.42%	1	0		100	-	80	↓	90	↓			
B5 (Gynaecology/ENT)	30	40.02	2.53	↑	2.91%	0	2	75% (1)	100	-	90	↓	100	-	98	-	FU review 6/12 (06.2018)
C1 (Endocrinology)	48	40.01	15.73	↑	4.31%	0	5	100%	50	↓	50	↓	90	↓	98	-	RI 06.18*
C3 (Elderly Care)	52	43.09	14.57	↓	3.33%	1	3	33.33% (2)	100	-	90	-	100	-	100	-	RI 02.18
C4 (Oncology)	22	27.80	4.98	↑	5.97%	0	3	56.25% (7)	100	-	100	-	100	-	100	-	G 03.18
C5a (Respiratory)	24	20.01	11.81	↑	6.32%	1	0	90% (3)	80	↓	90	↓	100	↑	78	↑	FU Review 19/28 (07/2018)
C5b (Respiratory)	24	20.01	7.65	↑	3.03%				100	-	87	-	100	-			
C6 (Urology - male)	20	16.59	2.05	↓	8.92%	0	2	36.36% (7)	100	-	81	↓	90	↑	98	-	RI 10.17
C7 (GI ward)	36	35.12	12.13	↓	15.54%	0	12	40% (3)	100	-	90	-	90	↓	82	↓	RI 11.17
C8 (Stroke)	44	55.52	28.88	↑	11.02%	1	3	79.16% (10)	100	↑	90	↓	40	↓	82	↓	RI 05.18
Coronary Care Unit/Post Coronary Care Unit	26	45.48	19.68	↓	3.75%	0	0	80.82% (14)	100	↑	70	↓	80	↓	89	↓	FU Review (07.2018)
SHDU/ITU	17	76.35	15.95	↑	3.59%	0	0	88.88% (1)							100	↑	G 06.18
MHDU	10	27.88	2.68	↑	3.22%	0	1	92.85% (2)									G 11.17
Maternity	46	105.40	4.68	↑	4.49%	0	0	99.18% (15)	88	↓							TBR
Total:		787.63	229.79	↑													TBR - to be reviewed

The purpose of this paper is to update the Trust Governors on the progress being made against Quality Key Performance Indicators (KPIs) and the Quality Priorities for 2018/19. Quality metrics 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.

The Quality Dashboards have been under development since September 2017, with the aim of each patient area displaying relevant local, regional and national Key Performance Indicators 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 information shown on the dashboard is used to inform the subsequent Quality and Safety reviews, and where relevant, the Executive and Non-executive walkrounds.

The data on the previous page relates to in-patient areas for July 2018 and is collated from the ward Quality Dashboards.

Metrics of concern:

- **Vacancies:**
  Most wards have vacancies of more than 10% of their 'whole time equivalent' for Registered Nurses. The Divisions continue to recruit to vacant posts. Discussions at the Directorate Performance Meeting took place to request increased focus on recruitment given the scale of the issue. B3 is subject to a review in order to manage the establishment slightly differently that will provide further support to Registered Nurses on this ward. Recent discussion with the Chief Nurse about the changes have resulted in her approval and are now being worked up with the ward team and Matron. The Recruitment and Retention lead continues to hold Trust wide recruitment events, as well as working with the individual areas with high vacancy numbers to develop specific actions to support their recruitment drives.

- **Falls**:
  Mobilising alone continues to be the main cause identified as the reason for all falls reported (with and without harm). There were notable low rates of falls in July 2018 on A2, AMU, B2H and C8 compared to previous months. There was evidence of dynamic intervention to protect patient's safety on AMU and A2 where the staff responded to individual patients needs by reconfiguring bays where necessary to improve patient visibility. Unusually high rates of falls on B1 and C7 were reported. On B1 this was due to one patient who was disorientated and on C7 there was no trend identified, although this will be monitored closely by the Trust Falls Lead. Of the 55 patient falls reported Trust wide in July 2018, 34 incidents were thought to be unavoidable at a basic level investigation. The remaining incidents require a more in depth investigation; however, none are obviously avoidable.

- **Venous Thrombus Embolism Risk assessment (VTE)**:

  Surgery - Matrons are working with staff to address remaining areas of poor compliance and responsible staff in each area have been identified. Wards have been asked to work with the medical staff to address the issue. It was identified at Surgery Nursing Governance Meeting that some nurses did not have a log in for updating VTE on the Hub. This has been rectified. Reasons

for non-compliance are evenly split between doctors not completing the assessments and nurses/ward clerks not inputting data.

Medicine – The following actions are taking place: Daily circulation of outstanding VTE reports to all relevant leads, Medicine Bleep Holder to challenge none compliance at Lead Nurse daily meetings, Outstanding VTEs to be highlighted at all board rounds, Sunrise Scrum in place, CCG accepting of changes in EPR for VTE assessment process - awaiting further Sunrise Scrum TBA to configure these changes.

- **Quality Priorities**

Surgery:

As part of the actions from the nutritional steering group; staff are to be retrained in relation to Malnutrition Universal Screening Tool (MUST). A pilot project is underway, supported by the Quality Review and Improvement nurse, on B4 which has seen an improvement to 100% compliance with MUST scores in just 3 weeks. This will be rolled out to all wards in September 2018 if sustained improvement is evidenced.

Medicine:

MUST, Medication and Nutrition:

- Additional training is being undertaken on wards with regard to MUST scores. All wards have action plans in place to address this and are meeting with Matrons to monitor compliance.
- Actions
- Nursing Care Indicator (NCI) checklists have been reintroduced. Huddle board discussions to revolve around set quality indicators. Email to all staff to emphasise the importance of completing the documentation correctly to ensure high standard of care given is proven
- Link nurse to ensure that all staff are aware of the need for ensuring that running totals are monitored and documented
- Ensure that red tray system is used.
- Ensure correct documentation and assessments are completed on admission
- Revisit education regarding NCI checklist
- Actions to be communicated via email to staff and Huddle board meetings
- C8 contacting Nutrition collaborative lead for support for additional training, and review of fluid balance charts
- Professional Development Nurse on wards completing face to face and 1-1 training
- Behind the bed boards not completed, Naso Gastric care plans not signed and dated, checks have been added to daily quality check list
- None fridge items stored in fridge, escalated to lead nurse for daily checks
- Meeting with lead nurse C1 to discuss MUST compliance, screen not undertaken on admission; this has now improved form 50% to 80%, added to daily checklist.

Quality Dashboard – Inpatient Ward areas

Compliance exceptions not included in the above table – Ward Quality Dashboards (July 2018)

Metric	July 2018 compliance (all wards)	Trend from previous month	Medicine	Surgery	Maternity	Critical Care (under TCAP)
Patient Safety and Quality						
Environmental cleaning scores	91.86%	↓	90.71% (↓)	92.43% (↑)	93.53%	93.57% (↑)
Medicines Management	93%	↓	91% (↓)	94% (↓)	-	-
Deteriorating trolley daily checks	91.59%	↓	100% (↑)	87.50% (↓)	100%	100%
Workforce and Safer Staffing						
Appraisals	94.9%	-	90.8%	98%	97.3%	100%
Mandatory Training	87.8%	↑	83.4% (↑)	88.5% (↑)	95.8% (↑)	93.5% (↑)
RN Average fill rates (DAY shift)*	81.34%	↑	78.06%	76.05%	94.51%	99.27%
RN Average fill rates (NIGHT shift)*	84.95%	↑	77.80%	85.84%	96.67%	94.66%

*Fill rates are based on the new establishment

Environmental cleaning;

Environmental cleaning scores continue to be monitored by the Associate Chief Nurses in Partnership with the Facilities team. Where relevant, poor Interserve cleaning scores are being escalated to the Facilities Contract Manager for further scrutiny. Interserve are trialling a new cleaning process on B4 which is currently awaiting sign off by the Associate Chief Nurse for Surgery.

Medicines Management;

In July 2018 the deterioration in the score was related to oral liquids not being dated when opened, oxygen not being prescribed and out of date/medicines or medicine no longer required not being returned to pharmacy.

Actions taken:

- Quality Review and Improvement Lead emailed the pharmacy link nurses to provide dating guidance for oral liquids
- Oxygen prescription overall has improved with a number of wards now achieving 100%. Meeting scheduled with the Deputy Medical Directors to help facilitate engagement with the medical staff to develop long term sustainable improvement.
- Out of date/ medicines no longer required has not been identified as an issue before and relates to an individual ward – this to be monitored closely by Matrons and the Quality Review and Improvement Lead.

Deteriorating trolley check;

The deterioration in compliance relates to one ward in surgery, where one missed one daily check was recorded. This is the first time this has been identified as an issue on this ward, this was discussed with the Lead Nurses for the area and spot checks will be carried out by the Matron.

Mandatory training;

Whilst the overall mandatory training score for nursing doesn't not meet the Trust target of 90%; it continues to improve. The change in the training requirement for Infection Prevention and Control from 3 yearly to yearly is now being recorded on Electronic Staff Record. This has negatively impacted on the training figures for all the areas with a dashboard. Lead Nurses and Matrons are continuing to work collaboratively with the Infection Prevention and Control team to ensure staff meet the new requirement. Progress to achieve the required target is being closely monitored and managed by the Associate Chief Nurses at the relevant confirm and challenge meetings within each division.

Fill rates (Day and Night);

Fill rates have been included to provide the committee with oversight of this data in relation to registered nurse vacancies and the quality metrics. Both divisions are actively engaging with the rostering team to work towards ensuring that rosters are approved and published on time and unfilled shifts are escalated in a timely manner through the agreed process. Currently additional shifts agreed through the staffing review are not permitted to be escalated to agency, resulting in some shifts always being unfilled, which will ultimately impact on the data provided.

Quality and Safety reviews

The Dudley Group NHS Foundation Trust is committed to the delivery of high quality patient care and to establish a process whereby any areas for improvement, or continued delivery of sound practice, can be identified. One such method to achieve this is through the undertaking of structured Quality and Safety Reviews which facilitate a holistic review of the clinical area and identify any areas that require improvement. The review tool is based on the CQC KLOEs.

The visiting team award a rating for each of the five CQC Fundamental Standards (care domains) Safe, Effective, Caring, Responsive and Well Led.

In July 2018; 5 reviews have been completed. A summary of the outcomes are below; (NAP = no action plan received)

	Safe	Effective	Caring	Responsive	Well Led	Overall	Comment
A2	Follow up review undertaken based on action plan; assurance provided for 17/23 actions. Revised action plan submitted.						
C5	Follow up review undertaken based on action plan; assurance provided for 19/28 actions. Revised action plan submitted.						
CCU/PCCU	RI	RI	RI	RI	RI	RI	NAP
Emergency Department	Review undertaken in the form of a Matron Audit with NAP Pharmacy review. Compliance results; 62%						
Imaging	RI	RI	RI	RI	RI	RI	NAP

- Two follow up reviews on A2 and C5. Collectively assurance was gained against 26/51 actions listed. There was notable improvement overall on C5 and on A2 in relation to infection control. Both areas have been asked to update their action plans, and resubmit based on the actions where assurance couldn't be gained.

- Two full reviews on CCU/PCCU and Imaging. There was significant improvement seen on CCU/PCCU, although their overall rating remained the same. In Imaging it was felt that improvement in all domains was required and several single points of failures were identified in a number of processes including; feedback from incidents and deteriorating trolley checks at the weekend.

- The Emergency Department was reviewed in the form of an independent Matron audit, carried out by the Quality Review and Improvement Lead. This identified deficits in numerous areas such as; deteriorating trolley checks, sepsis trolley checks, and Information Governance. Overall compliance was calculated at 62%. Feedback was given at the time of the audit; areas for action were identified and sent to the Clinical Lead Nurse and Matron.

Reviews are now scheduled, in August and September 2018, for services at Guest and Corbett. Community reviews are still to be arranged.

Below are the common themes for action and improvement across all areas reviewed (inclusive of the follow up reviews)

Safe

- Learning from incidents and incident management
- Infection Control
- Mandatory training
- Medicines management

Effective

- Evidence of individualised patient care

Caring

- Evidence of engagement with and accessibility of FFT

Responsive

- Welcome to ward booklets being consistently provided to patients
- Environment/storage and maintaining patient confidentiality

Well-Led

- Knowledge of risks and the risk register
- Incomplete safety checks

Actions:

The Quality Review and Improvement Lead will be holding workshops from September 2018 onwards, working with the Lead Nurses on applying Quality Improvement and Appreciative Inquiry methodology to improvements in all of the elements detailed within the areas for improvement.

Quality Priority Results

PRIORITY 1. PATIENT EXPERIENCE TARGETS:

a) Achieve monthly percentage recommended scores in 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) Achieve monthly response rates in 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.
c) Improve the overall year score from 2017/18 to 2018/19 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?

a) April-June 2018 data and commentary for percentage recommended FFT scores

Percentage recommended FFT Scores	Apr 18	May 18	Jun 18
Inpatient	95	93.7	94.4
National	96	96	96
A & E	82	77.8	77.1
National	87	87	87
Maternity Antenatal	98	97.5	100
National	97	95	96
Maternity Birth	99	97.8	96.5
National	97	97	97
Maternity Postnatal Ward	98	95.6	96.5
National	95	95	95
Maternity Postnatal Community	98	100	100
National	*	98	98
Community	96	95.3	96.7
National	96	95	95
Outpatients	90	89.4	90.5
National	94	94	94

**no national data available

Where national figures are available (23 areas were published in the quarter) the Trust is achieving the target on 13 occasions where the score is equal to or better than the national average percentage recommended. The areas missing the target are inpatients, A&E and outpatients for the three months and Maternity Birth in June.

b) April-June 2018 data and commentary for FFT response rates

Percentage response rate	Apr 18	May 18	Jun 18
Inpatient	32.3	33	42.4
National	24.9	25.6	25.2
A and E	17.9	18	19.1
National	12.9	12.4	13
Maternity Antenatal	20.4	91.4	70.2
National	**	**	**
Maternity Birth	40	38	33.6
National *	23.2	22	21
Maternity Postnatal Ward	39.8	37.5	34.0
National	**	**	**
Maternity Postnatal Community	1.3	15.3	19.5
National	**	**	**
Community	2.9	3	4.2
National *	3.3	4.0	3.7

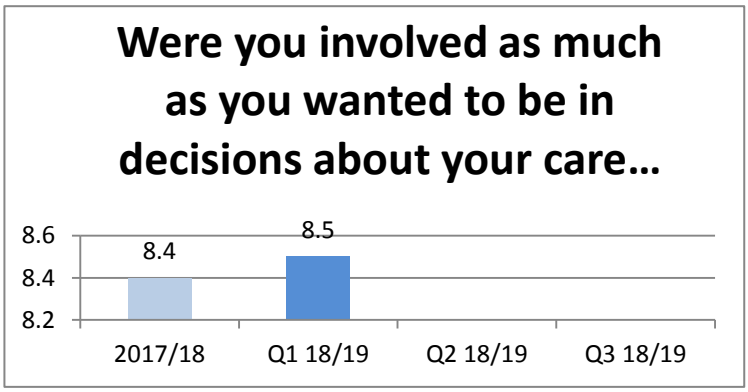
Outpatients*	5.7	5.7	3.4
National *	4.9	7.0	6.8

*denotes areas where no national response rate data is published. This has been calculated internally using 12 months of NHS England raw data from February 2017 to January 2018. ** No national raw data available.

For the quarter (15 areas were published) the Trust is achieving the target on 11 occasions where the percentage response rate score is equal to or better than the national average percentage response rate. The areas missing the target is community for both April and May 2018 and outpatients for May and June 2018.

c) April-June 2018 data and commentary for Local Survey

The results of the local survey question 'Were you involved as much as you wanted to be in decisions about your care?' the score at the end of Q1 was 8.5 compared to the 2017/18 full year score of 8.4 (please see graph below).



d) 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)

It can seen that for the first quarter the target is being met.

NCI question	2017/18	Quarter 1 2018/2019
Pain score	93%	98

QUALITY PRIORITY 2. PRESSURE ULCERS TARGETS

a) Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year.
b) Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2018/19 reduces from the number in 2017/18 by at least 10 per cent.
a) Ensure that there are no avoidable stage 4 pressure ulcers acquired on the district nurse caseload throughout the year.
b) Ensure that the number of avoidable stage 3 pressure ulcers acquired on the district nurse caseload in 2018/19 reduces from the number in 2017/18 by at least 10%.

April-June 2018 Avoidable Pressure Ulcer Data

Hospital

Period	2017/18*	Apr-June 18+	Jul-Sept 18	Oct-Dec 18
No. of Stage 3	12	4		
No. of Stage 4	3	0		
Total	15	4		

Community

Period	2017/18*	Apr- June 18+	Jul-Sept 18	Oct-Dec 18
No. of Stage 3	25	3		
No. of Stage 4	11	0		
Total	36	3		

+ The figures for Q1 may change dependent on the outcome of the remaining RCA investigations which are awaiting review as to whether they are avoidable or unavoidable.

* The figures for 2017/18 are different to those published in the annual report as further decisions on the avoidability of ulcers occurring at the very end of the financial year have been made since the publication of the report.

The Trust has made a good start to the year with no Stage 4 avoidable ulcers in either the hospital or community and the Stage 3 avoidable ulcers in the community have reduced considerably meaning that three targets are on track to be achieved. With there being 12 Stage 3 avoidable ulcers in the hospital in 2017/18 the target for one quarter would be less than three and so this target is slightly underachieved.

QUALITY PRIORITY 3. INFECTION CONTROL TARGETS

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.
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.

MRSA: There have been no Trust assigned MRSA bacteraemia in this period (in fact, there have not been any Trust assigned cases since September 2015). The target is therefore being achieved so far this year.
C. difficile: There have been 7 cases of Clostridium difficile that have been identified as Trust apportioned in accordance with the Public Health England definition as of 30th June 2018. 3 cases have been identified as having lapses in care and therefore count against the Trust threshold of 28 cases. 1 case has been identified as having no lapses in care. The remaining 3 cases remain under review. The yearly target of 28 with lapses in care (i.e. 7-8 a quarter) is therefore being achieved so far this year.

QUALITY PRIORITY 4. NUTRITION/HYDRATION TARGETS

Ensure that the overall score of the monthly nutrition and hydration audit (made up of 24 items):
a) is 95% or above in each of the first three quarters for the Trust as a whole
b) has a 'Green' rating (95% or above) in the final quarter for every ward in the hospital

At least 95% of acute patients will receive a nutritional assessment within 24 hours of admission using the nationally recognised MUST (Malnutrition Universal Screening Tool).
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).

The chart below shows that we are achieving one of the targets so far this year. Work continues as outlined in the action plan above to ensure that the targets are achieved at the end of the year.

Nutrition audit Hospital		MUST assessment Hospital		MUST assessment Community	
2017/2018	Qtr 1 2018/2019	2017/2018	Qtr 1 2018/2019	2017/2018	Qtr 1 2018/2019
94%	94%	93%	91%	96%	97%

QUALITY PRIORITY 5. MEDICATION TARGETS

a) 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.
b) All patients who have a known potential to have an adverse reaction or have an allergy or sensitivity to a product/medication are clearly identified by having a red identification band in place.

Medications signed and dated or omission code recorded	
2017/2018	Qtr 1 2018/2019
93%	95%

It can be seen that this target has been met in the first quarter. Medicines management boards are planned to be purchased for all treatment rooms to ensure that medication information generally and this issue in particular is standardised and emphasised across the Trust. Approval for the finance of the Boards is awaited.

The West Midlands Medication Safety Officer (MSO) group is committed to auditing medication safety alerts and issues across the region to baseline and benchmark medicine safety. Preliminary data from the West Midlands Trusts Omitted Doses Audit was shared at the MSO meeting on 22nd May 2018. The Dudley Group NHS FT had the lowest incident of patients experiencing a missed dose including time critical medicines within the Trusts who submitted data.

QUALITY PRIORITY 6. DISCHARGE MANAGEMENT TARGETS

a) All patients will have an Expected Discharge Date (EDD) determined by assuming ideal recovery and assuming no unnecessary waiting.
b) Early discharge. All medical and surgical wards will discharge the following number of patients before midday: In Q1, at least one patient. In Q2 at least two patients, which will be maintained in Q3 and Q4.
c) Delays in discharge. The total number of days that patients due for discharge are delayed will reduce by the following compared to the same quarter in 2017/18: Q1 by 10%, Q2 by 15%, which will be maintained in Q3 and Q4.

a) Expected Discharge Date (EDD)

Month	Total No. Discharges	EDD Recorded	EDD Percentage Recorded
April 2018	2136	1665	77.9%
May 2018	2137	1734	81.1%
June 2018	2082	1657	79.6%

b) Early Discharge.

Ward	Days with 1 patient Discharge 7am-12am	Days with Discharges	Ward	Days with 1 Discharge between 7am-12am	Days with Discharges
A2	87	91	C1	80	91
B1	86	91	C3	83	91
B2 - Trauma	77	91	C4	56	90
B2 - Hip	77	91	C5	81	91
B3	89	91	C6	81	91
B4	85	91	C7	67	91
B5	72	91	C8	83	91
B6	60	83			

In Q1 there were 91 days and above details the number of discharges that occurred in the target time frame (< mid-day). As B6 was only open 83 days of the 91 day period this is reflected above and on ward C4, oncology ward, there was 1 day where there were no discharges.

c) Delays in discharge (Comparison of first 3 months 2017/18 with this year's first quarter)

Year	Reimbursable delays	Total delays	% decrease (reimbursable)	% decrease (total delays)
2017/2018 Q1	2126	3856		
2018/2019 Q1	445	1464	70%	55%

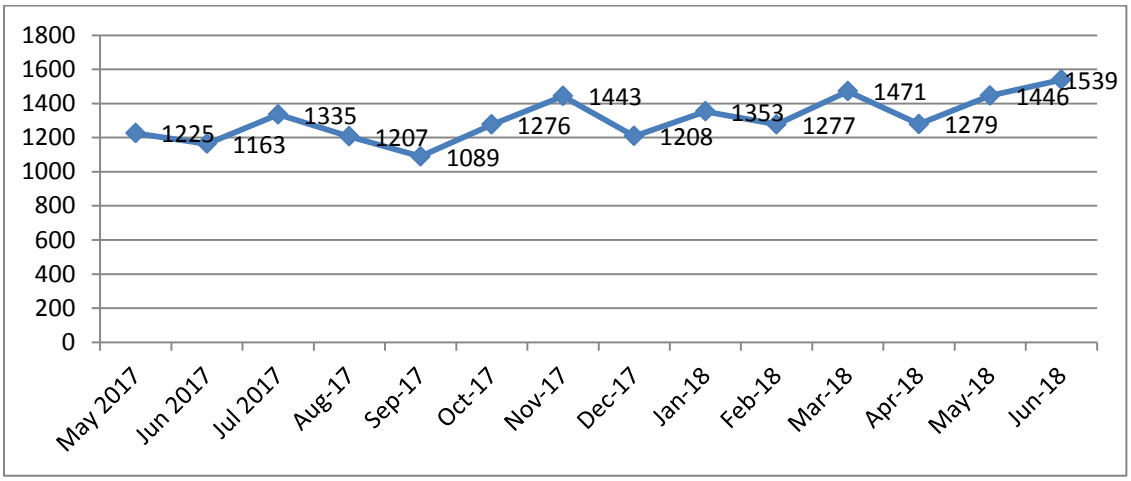
(Reimbursable delays are related to social services responsibilities while totals also include delays due to Trust processes and relatives seeking accommodation for patients medically fit for discharge)

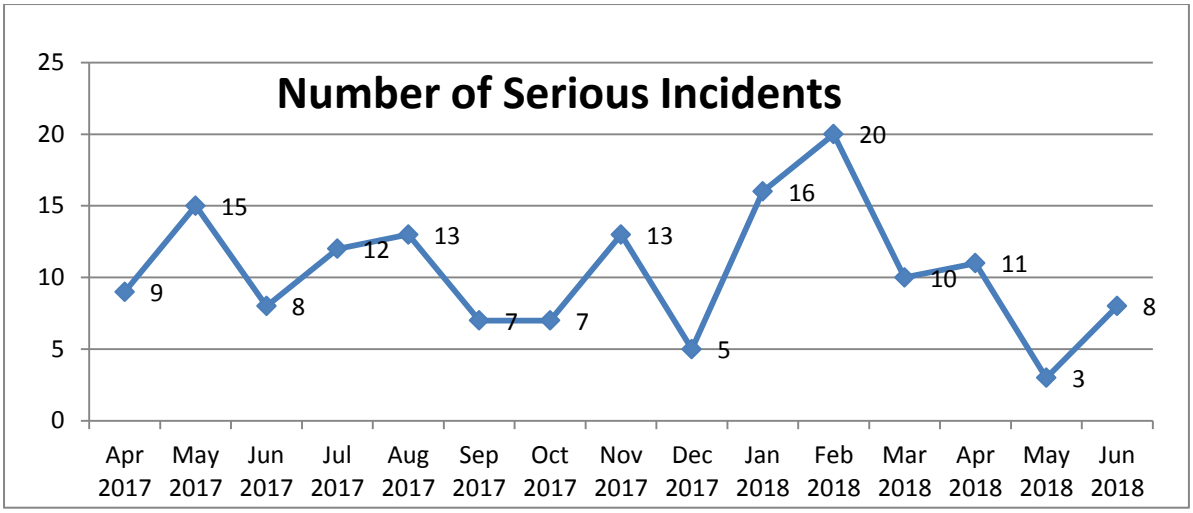
A considerable amount of work is being undertaken to ensure effective patient flow through the organisation. Delays in discharge have reduced dramatically since the same period last year resulting in the target being met. With regards to the other targets, more work is needed. The Trust is to be assisted by an Emergency Care Intensive Support Team (ECIST) following the recent Risk Summit. The Red 2 Green process is also being rolled out. Both of these initiatives, together with the EDD being a mandatory field on the patient administration system will contribute to achieving the other two targets in the future.

QUALITY PRIORITY 7. INCIDENT MANAGEMENT TARGETS

a) The Trust's reporting rate will increase every quarter, culminating in a 5% increase for the whole year and its comparative position on the reporting rate of incidents will improve every six months.
b) In 2018/19, for the full year reduce the number of Serious Incidents (non-pressure ulcers) by 5% compared to the numbers in 2017/18.

With regards to the number of incidents reported, the Trust has seen an increase over the past 3 months. There has been a 17% increase over this period and this will support the achievement of Quality Priority 7, a 5% increase for the whole year.



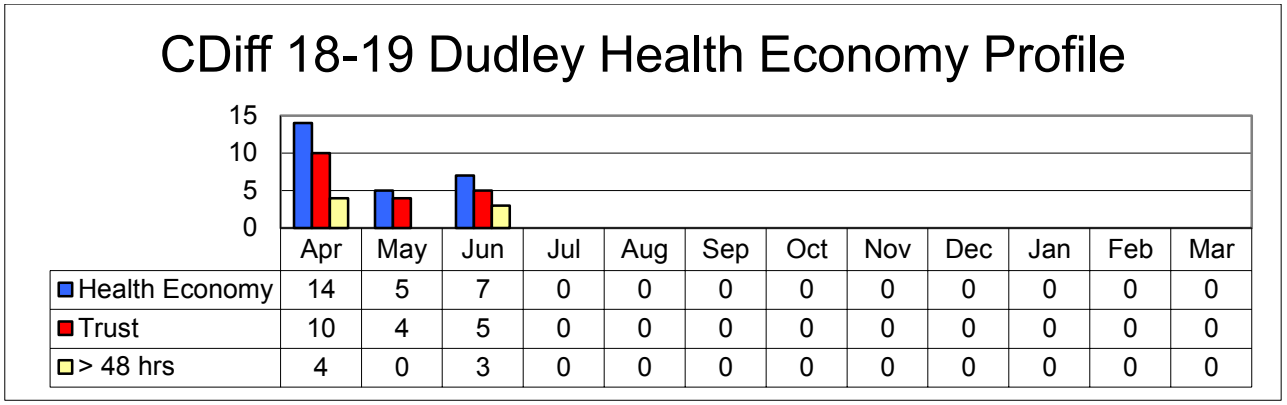


The chart above shows that for the same period in 2017/18 the serious incident numbers have reduced from 32 to 22 so the target of a reduction of 5% is being achieved so far this year.

Infection Control Key Data

Clostridium Difficile (c diff): The annual objective for the financial year 2018/19 is no more than **28** post 48 hour cases where a lapse in care is identified. This is a reduction by 1 case from the previous financial year. There were 0 post 48 hour C.diffs for the month of July 2018. The table below shows the number of cases as of 31.07.18.

C diff Dudley Health Economy Profile 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Economy	14	5	7	0	0	0	0	0	0	0	0	0
Trust	10	4	5	0	0	0	0	0	0	0	0	0
> 48 hrs	4	0	3	0	0	0	0	0	0	0	0	0

C.diff Yearly Total – April 2018 to March 2019			
C.diff cases	**Lapses in care**	**No Lapses in care**	**Awaiting Apportionment from CCG**
7	4	2	1

Periods of increased incidence: There were no periods of increased incidence of infectious disease identified for the month of July 2018.

MSSA Bacteraemia: MSSA 2017 - 2018 Dudley Health Economy Profile

	Trust Apportioned >48 hours	Health Economy Total
MSSA Bacteraemia – July 2018	0	13
Yearly Total to Date	6	46

There has been 0 cases of post 48 hour MSSA bacteraemia identified for July 2018.

MRSA Bacteraemia: NHS Commissioning Board's sets a zero tolerance approach to MRSA bloodstream infections. This means that each organisation is expected to achieve zero MRSA bloodstream infections. There have been zero cases of MRSA bacteraemia reported for this reporting period. No cases have been reported since September 2015.

MRSA Screening: There is an internal target set at 95% for emergency and elective screening. The percentage of emergency admissions screened for July 2018 was 94%.
The percentage of elective admissions screened for July 2018 is 98% which is an improvement from the previous month.
For both data sets the information is available locally to all units to enable them to identify patients missing from the dataset.

Outbreaks and Serious Incidents: There were no outbreaks or serious incidents reported externally related to infection prevention for the month of July 2018.

Enclosure 13

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
6 September 2018

TITLE:	Patient Experience Report – Quarter 1, 2018/19		
AUTHOR:	Jill Faulkner Head of Patient Experience Helen Board, Patient & Governor Engagement Lead Lara Fullwood, Senior complaints Co-ordinator	**PRESENTER:**	Jill Faulkner Head of Patient Experience

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:

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

This report covers the period April to June 2018 referred to as Quarter 1 (Q1). 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.

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 COUNCIL

Decision	Approval	Discussion	Other
		X	

RECOMMENDATIONS FOR THE COUNCIL:

To note the content of the Q1 Patient Experience report.

Patient Experience Report Quarter 1 (Apr-Jun) 2018-19

NHS
The Dudley Group
NHS Foundation Trust

Total FFT Returns
16,885

1,585 Compliments received this quarter
(1830 received in Q4 17/18)

Friends and Family Test (FFT)

Percentage Recommened	Apr	May	Jun	Quality Priority
Inpatient	95%	94%	N/A	
A&E	82%	78%	N/A	
Community	96%	96%	N/A	
Outpatients	90%	89%	N/A	
Maternity*				
Antental	98%	98%	N/A	
Birth	99%	98%	N/A	
Postnatal Ward	98%	96%	N/A	
Postnatal Community	N/A	100%	N/A	

* Quality priority based on Apr & Jun data only

Quality Priority 2018/19

On target Not on target

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

Complaints received in Q1
122
122 received in Q4

Patients are saying...

You said

We Have

It would be good to improve the ward environment

Installed LED sky ceiling panels with a cloud and sky scene in some of our wards to help provide a relaxing and calming environment

It would be preferable to receive appointment letters via email

Introduced a range of ways that patients can communicate more easily using digital technology. We have launched 'My letters' which is an online system for patients to receive their appointment letters by email instead of post

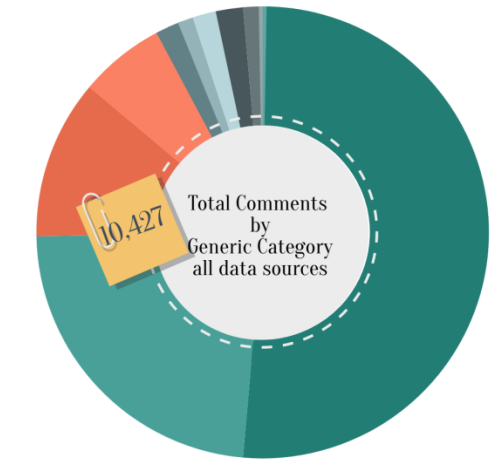
We needed to improve the way we communicate with those living with Dementia

Purchased new digital reminiscence therapy software R.I.T.A. and provided to areas across Russells Hall Hospital

How long would it be before the Trust uses an electronic patient record to enable information to be shared more easily

First phase of a multi-million pound investment launched in May 2018. Further phases over the next 10 years will eventually support the development of a full electronic patient record

NHS Choices based on 304 ratings
(NHS Choices/ Russells Hall Hospital 18.07.18)



- Care and Treatment (51.21%)
- Staffing (23.32%)
- Unable to Categorise & Other (11.32%)
- Appointments & Discharge (6.13%)
- Communication (1.85%)
- Access (1.11%)
- Staff Attitude (1.57%)
- Facilities & Environment (1.83%)
- Food and Drink (1.23%)
- Medication (0.26%)
- Privacy & Dignity (0.14%)
- Patient Safety (0.03%)

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*

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. We have also extended the invitation to attend to the Non-Executive Directors.

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:

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

Community Patient Experience Group chaired by the Head of Patient Experience meets 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 Q1 we successfully:

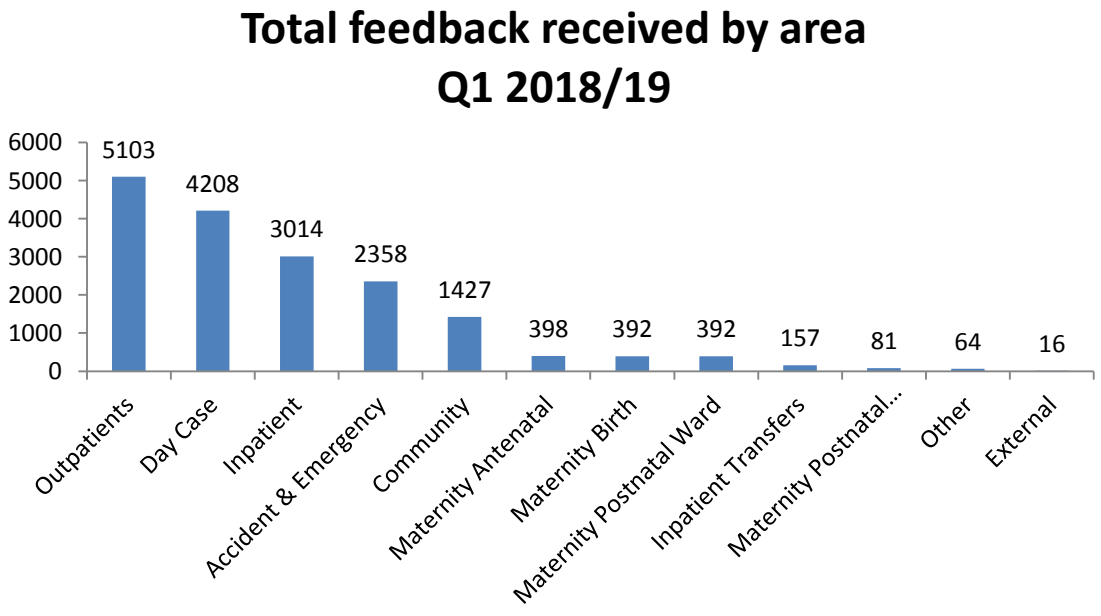
- Completed the replacement of outdated and unreliable car parking pay machines and car park equipment at each of the Trust sites. This has a significant impact on our patient experience.
- Installed LED sky ceiling panels with a cloud and sky scene in five of our wards to help provide a relaxing and calming environment
- Purchased additional new digital reminiscence therapy software R.I.T.A. and provided to areas across Russells Hall Hospital
- Developed survey for patients receiving specialist palliative care services
- Confirmed arrangements for visual impairment training for all staff attending the corporate induction
- Reviewed signage at Corbett Outpatient Centre and updated and replaced as needed
- Identified charitable funds to provide vending for hot and cold drinks in the C4 oncology day case waiting area
- Commenced rollout of new food service trollies for inpatient areas
- Expanded the attendance at the Patient Experience Improvement Group to include HCA, podiatry, discharge co-ordinators and infection prevention and control representatives
- Support the wider Trust to deliver patient experience actions

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 event was held:

- Accessibility listening 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 17,610 pieces of feedback during Q1 in comparison to 16,550 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.



2. National Survey Programme

2017 Adult Inpatient Survey results

The Trust received the initial findings of the 2017 Adult Inpatient Survey at the end of January 2018. The results of were published on the CQC website on 13 June 2018 and overall show a slightly improving picture when compared to our previous year's performance The Trusts Overall Patient Experience Score OPES) was 7.9 (Nationally, the OPES ranged from the lowest trust score in England of 7.5 to the highest trust score in England of 9.2) and ranked 134 out of 148 trusts nationally (compared to 139 out of 149 trusts in 2016).

The Dudley Group is not listed as an outlier in the 2017 Adult Inpatient Survey.

The Trust response rate is 39% compared to a national response rate of 41% which sampled 1250 patients discharged from hospital during July 2017.

This report benchmarks our performance against trusts nationally (appendix 1) and shows:

- Eight out of the 11 sections were 'about the same' as other trusts nationally.
- We were 'worse' in two sections – the hospital and ward, overall views of care and services.
- There was no score published in the 'leaving hospital' section*

The table at appendix 1 illustrates our ratings since 2014, where we have maintained 'about the same' in the majority of sections with notable exceptions of overall views of care and services in 2017. In 2016 the Trust performed worse in three of the eleven sections which includes questions about nurses, operations and procedures and leaving hospital.

The 2016 results have been used to deliver a host of improvement actions of which some will not have yet had the chance to positively impact on the survey. It is therefore anticipated that the 2018 survey (scheduled to sample 1250 patients discharged during July 2018) will reflect greater improvement in scores.

The full report can be accessed on the CQC website:
https://www.cqc.org.uk/publications/surveys/surveyspatient experience page on the Hub.

3. Friends and Family Test (FFT)

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

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

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 June 2018 are detailed on the tables below:

RAG rating legend – response rate

Area	Below national average	Equal to or above national average	Equal to the top 20% of trusts nationally
Community	<=3.4%	>=3.5% - 9.0%	9.1% +
Emergency Department Services (ED)	<=14.1%	>=14.5-21.2%	21.3%+
Maternity - Ante Natal	<=21.6%	>=21.7% - 34.3%	34.4% +
Maternity - Births	<=21.6%	>=21.7% - 34.3%	34.4% +
Maternity - Community	<=21.6%	>=21.7% - 34.3%	34.4% +
Maternity - Wards	<=21.6%	>=21.7% - 34.3%	34.4% +
Maternity – Combined	<=21.6%	>=21.7% - 34.3%	34.4% +
Outpatients	<=4.6%	>=4.7% - 14.4%	14.5% +
Inpatients	<=25.9%	>=26% - 34.4%	35.1% +

Community Services Response rates

	2017						2018					
Ward	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Community Nursing Services	10.7%	6.1%	3.7%	11.3%	10.8%	9.6%	7.4%	9.2%	6.9%	5.3%	4.9%	5.7%
Rehabilitation & Therapy Services	0.6%	2.7%	1.7%	3.4%	4.2%	2.8%	2.7%	3%	2.6%	2.1%	2.8%	4.5%
Specialist Services	0.3%	0.6%	0.3%	0.4%	1.2%	0.7%	0%	0.3%	0.6%	1.6%	0.3%	0.4%
Overall	**3.3%**	**3.2%**	**1.9%**	**4.9%**	**5.2%**	**4.3%**	**3.3%**	**4%**	**3.4%**	**2.9%**	**3%**	**4.2%**

ED services Response Rates

	2017						2018					
Ward	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Acute Medical Unit						75%	69.9%	100%	100%	49.6%	45%	44.2%
Emergency Ambulatory Care												
Emergency Assessment Unit	55.4%	60.1%	63.5%	72.9%	86.2%							
Emergency Department	11.3%	12%	15.9%	24.7%	20.6%	13.5%	16.9%	16.4%	14.9%	14.4%	14.5%	15.2%
Overall	**15.3%**	**16%**	**19.6%**	**28.5%**	**24.7%**	**17%**	**21.2%**	**22.6%**	**19.5%**	**17.9%**	**18%**	**19.1%**

Maternity services Response Rates

	2017						2018					
Ward	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Antenatal	76%	100%	96.1%	64.1%	56.6%	16.4%	47.8%	68.6%	42.7%	20.4%	91.4%	70.2%
Birth	47.5%	53.2%	27.8%	35.7%	53.9%	28.4%	39.2%	28.5%	41.2%	40%	38%	33.6%
Postnatal Community	17.1%	36.3%	21.6%	7%	7.1%	14.5%	27.8%	19.8%	9.7%	1.3%	15.3%	19.5%
Postnatal Ward	47.3%	52.4%	27%	35.1%	53.2%	28.5%	38.3%	29%	41.5%	39.8%	37.5%	34%
Overall	**48.6%**	**56.3%**	**39.6%**	**34.8%**	**45.1%**	**23.6%**	**38.4%**	**35.9%**	**36.3%**	**30.3%**	**43.2%**	**37.9%**

Outpatient services Response Rates

	2017						2018					
Ward	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Outpatients	2.6%	4.8%	2.9%	10.9%	5.9%	3.5%	5.9%	4.4%	4.6%	4.9%	5.7%	5.1%
Overall	**2.6%**	**4.8%**	**2.9%**	**10.9%**	**5.9%**	**3.5%**	**5.9%**	**4.4%**	**4.6%**	**4.9%**	**5.7%**	**5.1%**

Inpatients services Response Rates

Ward	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A1												
A2	15.3%	7.7%	1.5%	17.8%	4.2%	1.9%	2.2%	1.7%	2.4%	3.5%	18.7%	20.5%
A3												
A4												
B1	34.6%	51.1%	55.6%	73.5%	61.3%	50.3%	45.6%	58.4%	63.8%	41.3%	37.7%	53%
B2 Hip	36.3%	23.8%	22.8%	32%	19.1%	32.8%	38.4%	55.3%	40.7%	43.8%	36.6%	37.9%
B2 Trauma	100%	100%	74.4%	100%	100%	100%	100%	88.8%	78.5%	93.7%	76.9%	100%
B3	21.9%	21.3%	18.5%	29.4%	36.3%	27.8%	30.5%	29.1%	27%	48.1%	25.3%	52.2%
B4	37.5%	21.5%	35.4%	50.2%	39.7%	37.2%	50.7%	34.7%	35.1%	60.2%	51.2%	51.9%
B5	70.6%	19.4%	29.3%	52.7%	56.9%	54.1%	48.2%	48.2%	39.8%	38.1%	43.7%	66.3%
B6				48.4%	3.2%	33.3%	5.3%	0%	0%	10.6%	5.8%	26.1%
C1	31.2%	8.9%	22.8%	61.5%	38.7%	19.8%	21.9%	34.8%	34%	55.2%	20.8%	43.6%
C2	20.9%	30.5%	11.9%	16.3%	19.1%	26.1%	14.6%	8.4%	17.4%	16.6%	23.9%	43.3%
C3	40.2%	62.8%	58%	53.3%	40.7%	13.8%	46%	50%	38.5%	79.5%	63%	53.4%
C4	59.1%	40%	38.4%	38.8%	48%	60%	49%	56.8%	62.5%	70.3%	68.8%	55.3%
C5	48.7%	23.6%	50.3%	50.5%	54.7%	45.1%	40.8%	22.9%	19.7%	21.3%	26.8%	22.8%
C6	30.6%	32.8%	21.6%	32.9%	33.9%	25.5%	38.8%	31%	69.2%	60.5%	46.7%	61%
C7	31.7%	38.7%	27.3%	36.2%	27.3%	29.8%	34.4%	27.3%	24.2%	45.4%	19.3%	23.1%
C8	16.4%	40.9%	28.2%	21%	29.8%	13.4%	6.1%	7.5%	28.7%	30.2%	18.6%	31.1%
CCU & PCCU	27.2%	23.4%	6.2%	30.8%	26.9%	18.9%	17%	25.5%	20.4%	29.7%	25.2%	27.6%
Day Case	33.2%	34.6%	29.6%	32%	32.3%	30.2%	30.2%	38.1%	36.6%	28.9%	32.4%	41.3%
Evergreen	61.4%	41%	15.6%	4.3%								
ITU		100%	100%	100%	100%	0%	33.3%	100%	66.6%	100%	0%	0%
MHDU	50%	40%	16.6%	46.1%	42.8%	72.7%	100%	30%	33.3%	100%	66.6%	90.9%
Neonatal	61.1%	31.4%	31.5%	6.1%	100%	65%	54.9%	42.8%	41.1%	40%	55.8%	55.2%
SHDU			100%	100%	100%	0%	33.3%		100%	100%	100%	100%
Overall	34.2%	32.3%	27.8%	33.9%	33.9%	30.9%	30.1%	34.6%	34.9%	32.2%	33%	42.4%

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

The FFT percentage recommended scores for Q1 are as follows:

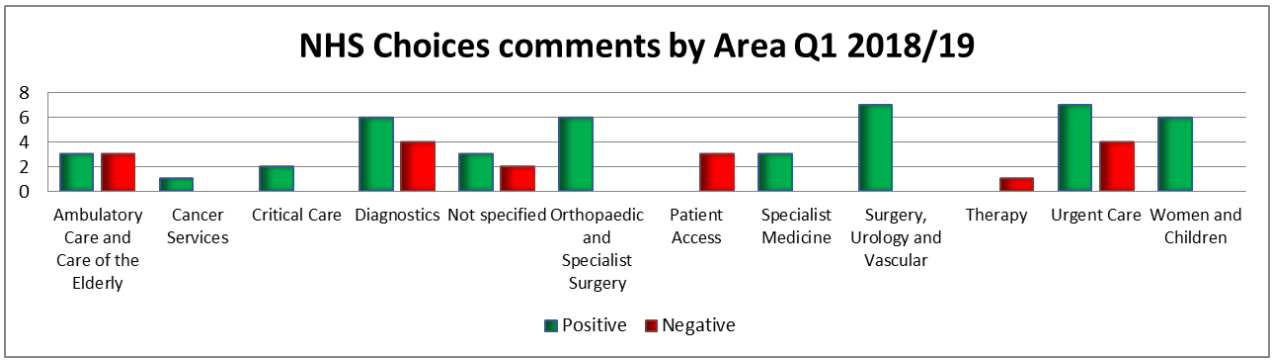
Percentage recommended FFT Scores	Apr 18	May 18	Jun 18**
Inpatient	**95**	**93.7**	**94.4**
National	96	96	**
A & E	**82**	**77.8**	**77.1**
National	87	87	**
Maternity Antenatal	**98**	**97.5**	**100**
National	97	95	**
Maternity Birth	**99**	**97.8**	**96.5**
National	97	97	**
Maternity Postnatal Ward	**98**	**95.6**	**96.5**
National	95	95	**
Maternity Postnatal Community	**98**	**100**	**100**
National	*	98	**
Community	**96**	**95.3**	**96.7**
National	96	95	**
Outpatients	**90**	**89.4**	**90.5**
National	94	94	**

**no national data available **local results. National data available mid August.*

4. NHS Choices

In Q1 61 people uploaded feedback electronically to NHS Choices or Care Opinion, (64 in Q4 2017/18). Of those 61 comments, 72% (68% in Q4 2017/18) were positive and 28% (32% in Q4 2017/18) were negative. Table 1 below details the comment received by area (where identified) for Q1.

Table 1



5. Complaints

The Trust received 122 complaints during Q1 equal to that received in Q4 17/18 (122) compared to 101 in Q3. This is a 0% increase compared to the previous quarter and a 21% increase from Q3.

Two key metrics within the complaints service is that:

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

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

Complaints outstanding as of 30 June 2018	Complaints received in June 2018	Complaints Closed in June 2018	Complaints brought forward	Complaints overdue as of 30 June 2018
204	38	46	204	139

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

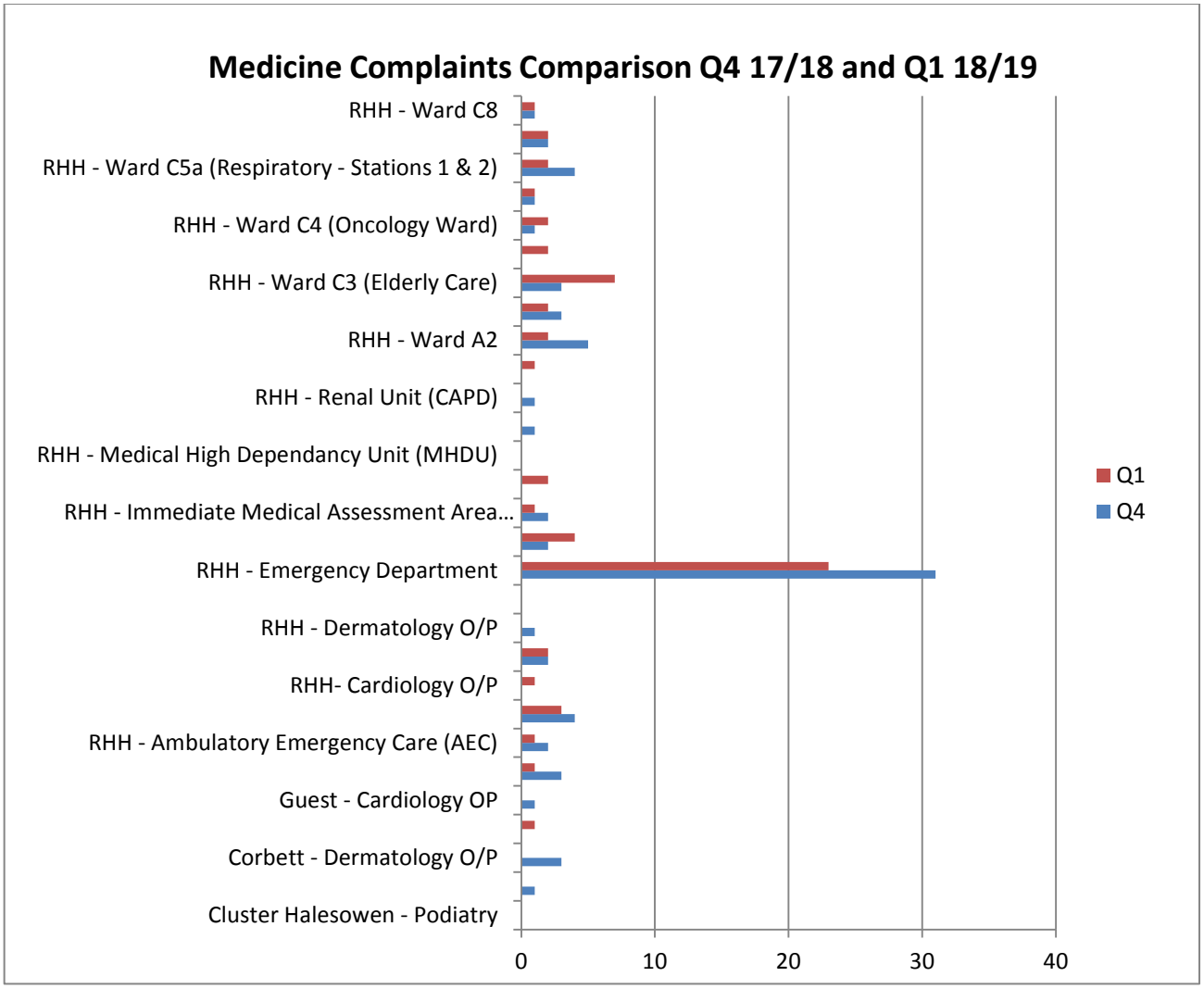
0 – 28 working days	29 – 40 working days	41 – 60 working days	61 – 100 working days	101 – 280 working days
48	17	28	36	75

The Trust had 235,891 clinical patient contacts in Q1 which equates to 0.0517% of patients/families making a complaint. The divisional performance during Q1 is as follows:

- Surgery Division received 52 complaints
- Medicine & Integrated Care Division received 63 complaints
- Clinical Support Division received 4 complaints
- Other 3 complaints (Corporate Services (including IT), Corporate Nursing Division (not wards) and External)

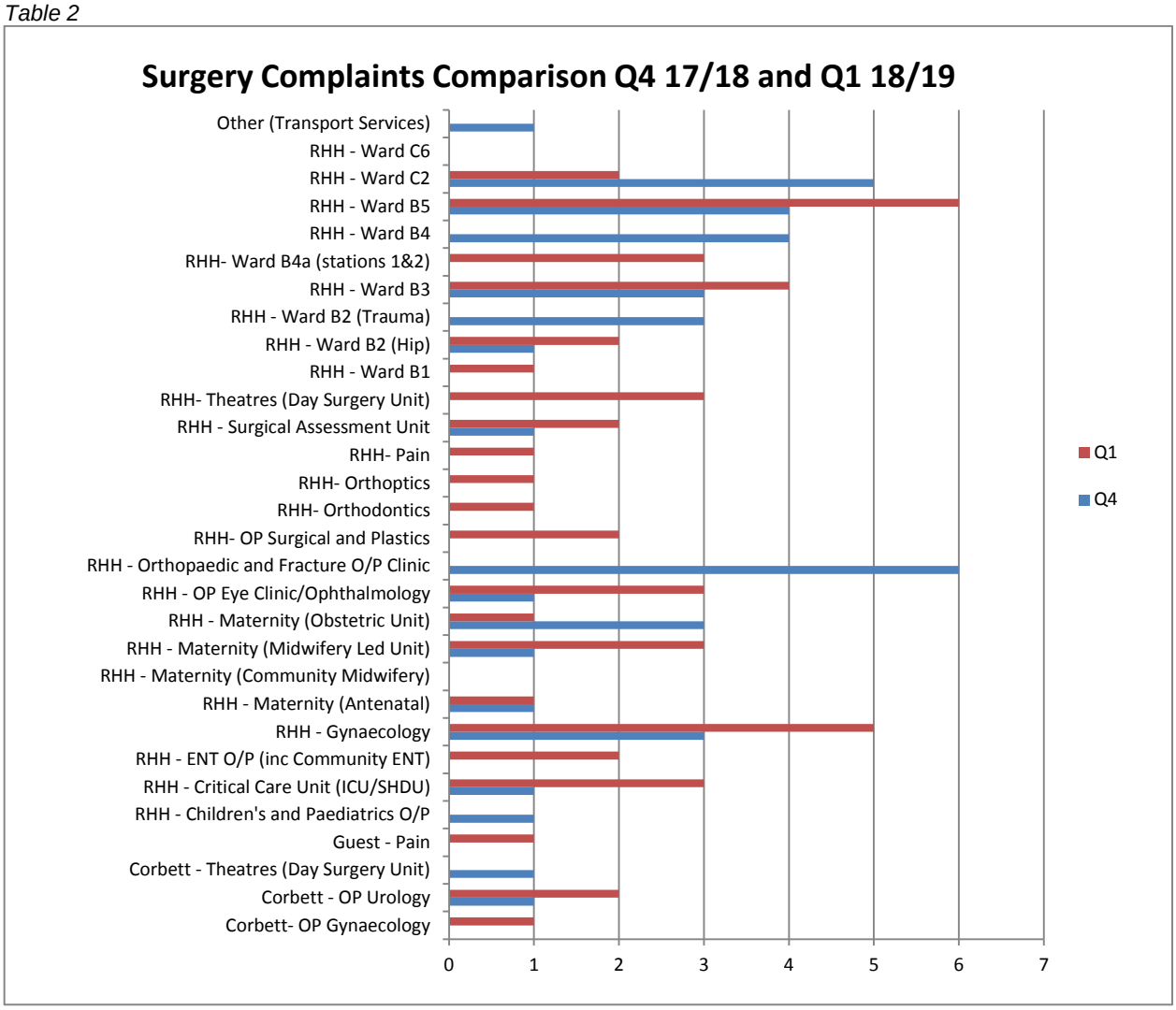
The following graphs illustrate complaints received within the division and which specific area of the Trust. They also demonstrate a comparison between Q1 and Q4 17/18.

Table 1



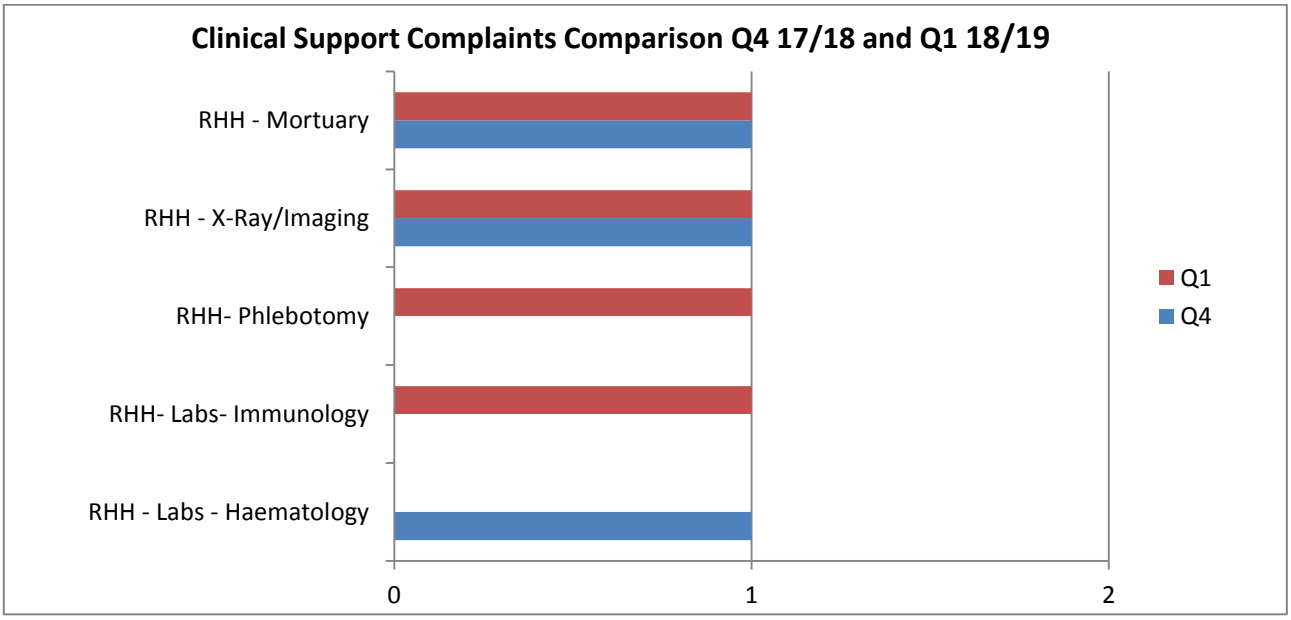
The Emergency Department has seen a decrease in complaints received. Ward C3 and GI Unit have seen an increase in complaints received. The Head of Patient Experience and the Senior Complaints Coordinator discuss complaints received on a weekly basis with Divisions.

Table 2



There has been an increase in complaints received regarding gynaecology and ward B5. Wards B2 (Hip), B3, B4a (stations 1 & 2), ophthalmology and the critical care unit have also seen an increase. The Head of Patient Experience and the Senior Complaints Coordinator discuss complaints received on a weekly basis with Divisions.

Table 3



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

There have been two complaints received relating to corporate services (RHH- PALs and RHH-security team (maternity/Trust) and one for corporate nursing division (RHH-safeguarding).

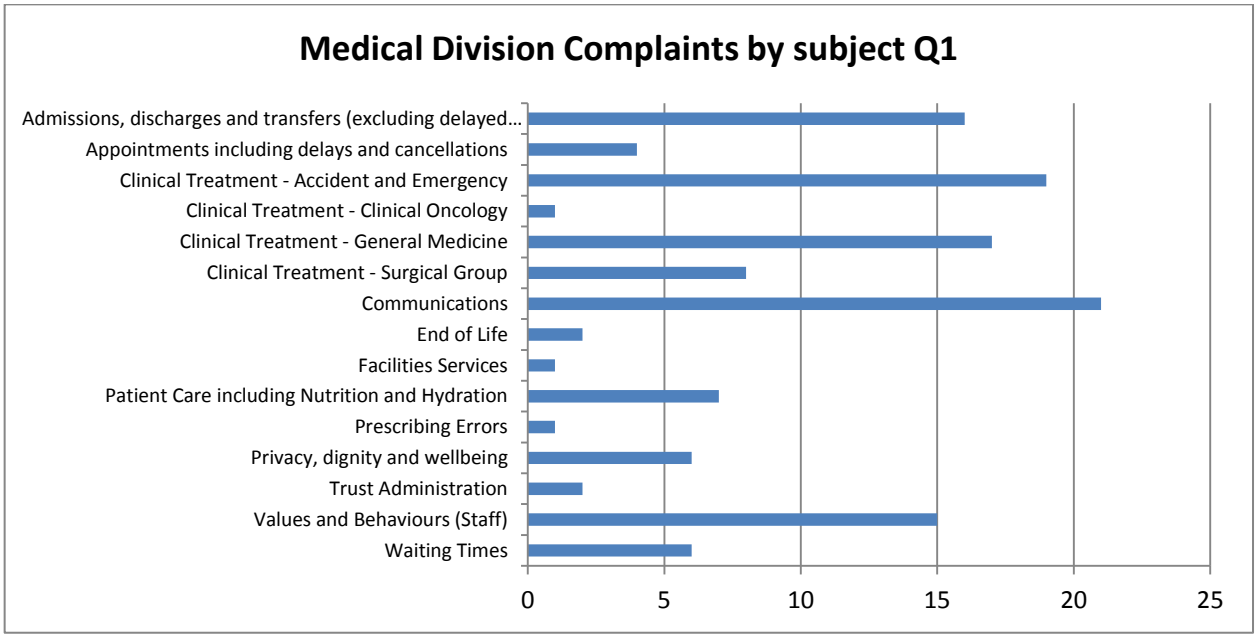
Medicine & Integrated Care Division

During Q1, a total of 63 complaints were received by the Medical & Integrated Care Division which indicates a decrease of 14.86% from Q4, 2017/18 (74) and 70.27% increase (37) for the same period last year (Q1, 2017/18). The Emergency Department has seen the most raise in complaints during Q1, 2018/19 (23) compared with Q1, 2017/18 (11).

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



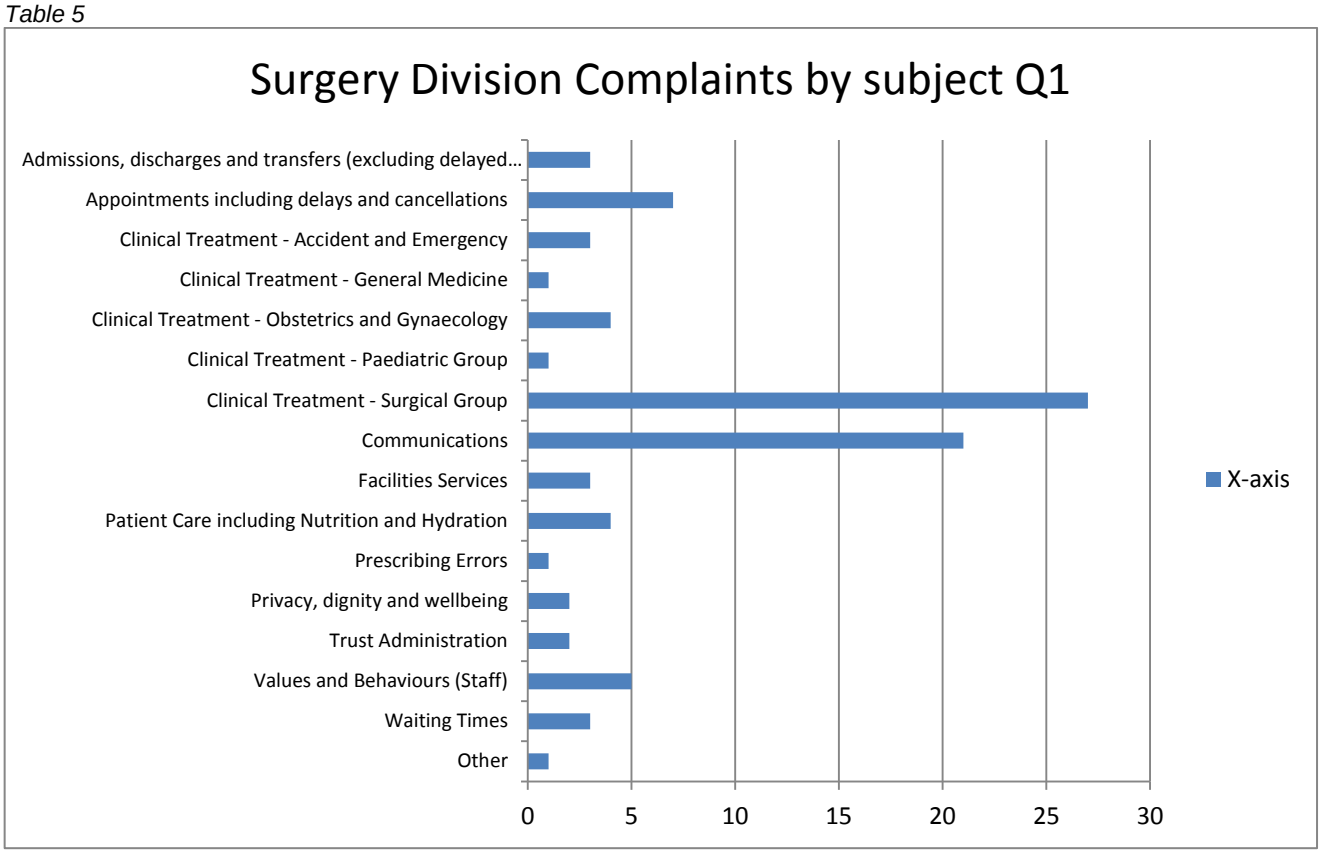
Surgery Division

During Q1, a total of 52 complaints were received by the Surgical Division which indicates an increase of 23.81% from Q4, 2017/18 (42) and 62.5% increase (32) for the same period the previous year (Q1, 2017/18). Further analysis has identified that the gynaecology department have seen an increase in complaints from Q1, 2017/18 (1) compared to Q1, 2018/19 (5) and ward B5 has increased from Q1, 2017/18 (2) compared to Q1, 2018/19 (6).

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

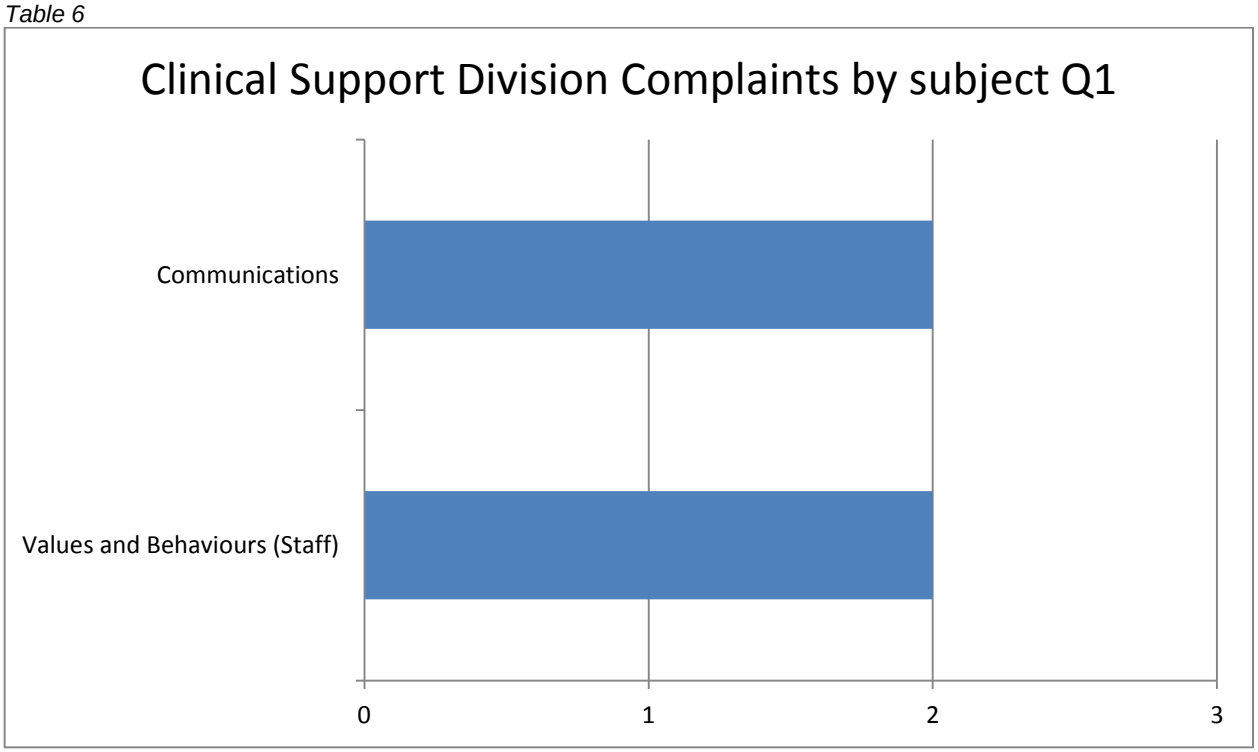


Clinical Support Division

During Q1, a total of 4 complaints were received by the Clinical Support Division which indicates a 33.3% increase from Q4, 2017/18 (3).

Table 6, details complaints received by subject.

Table 6



Complaint Themes

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

Themes Q1 18-19	
Communications	44
Clinical Treatment - Surgical Group	28
Values and Behaviours (Staff)	24
Admissions, discharges and transfers (excluding delayed discharge due to absence of package of care)	19
Clinical Treatment - Accident and Emergency	19

Reopened Complaints

During Q1, the Trust received correspondence from 14 complainants who were dissatisfied with their original complaint response from the Trust.

This included clinical discrepancies within the initial response letter and complainants stating that some of their initial concerns have not been resolved. The complaints were initially closed in Q4, 2017/18 and Q1, 2018/19. Out of the 14 reopened complaints, five have now been responded to with five requesting a local resolution meeting which are being arranged.

These related to:

- Medicine & Integrated Care Division 10
- Surgery Division 4

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 131 complaints in total. Of the 131 responses 25 (19.08%) 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.

Fourteen local resolution meetings (LRM) took place in Q1 which impacted on the 40 working day timescale being extended to accommodate such a meeting.

Members of Parliament

The Trust received seven new complaints from Members of Parliament (MPs) during Q1 and none remain open.

Local Government Ombudsman

The Trust received one new application from the Local Government Ombudsman (LGO) during Q1.

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 one new application from the Parliamentary Health Service Ombudsman (PHSO) during Q1 and none have been resolved during this quarter.

Complaints Satisfaction Surveys

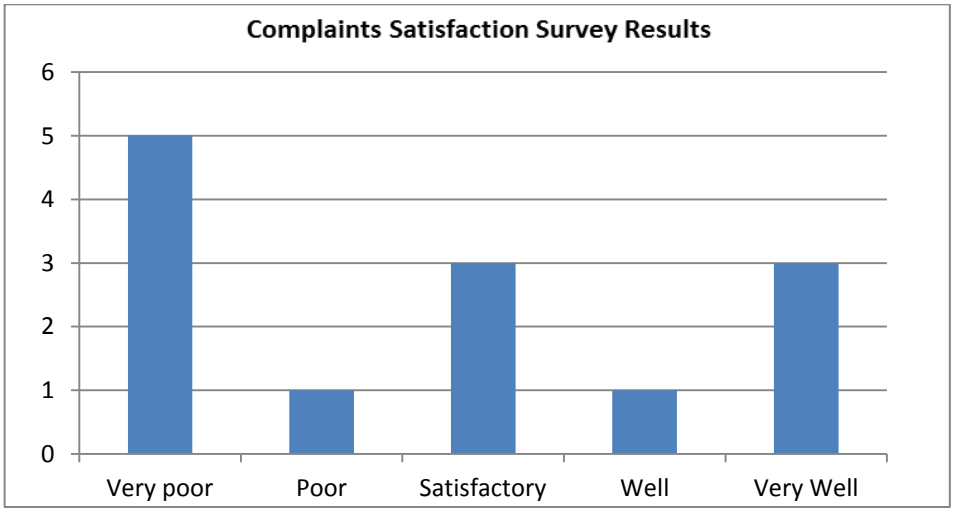
It is mandated that all Trusts participate in the complaints satisfaction survey and is part of the NHS Complaints Legislation (2009). All complainants have the opportunity to complete a complaint satisfaction survey.

Of the 131 complaints closed in Q1, 50 complaint satisfaction surveys were sent out and of those sent the Trust has received 13 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 and list why they were unhappy. All survey responses are anonymous.

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

Table 7



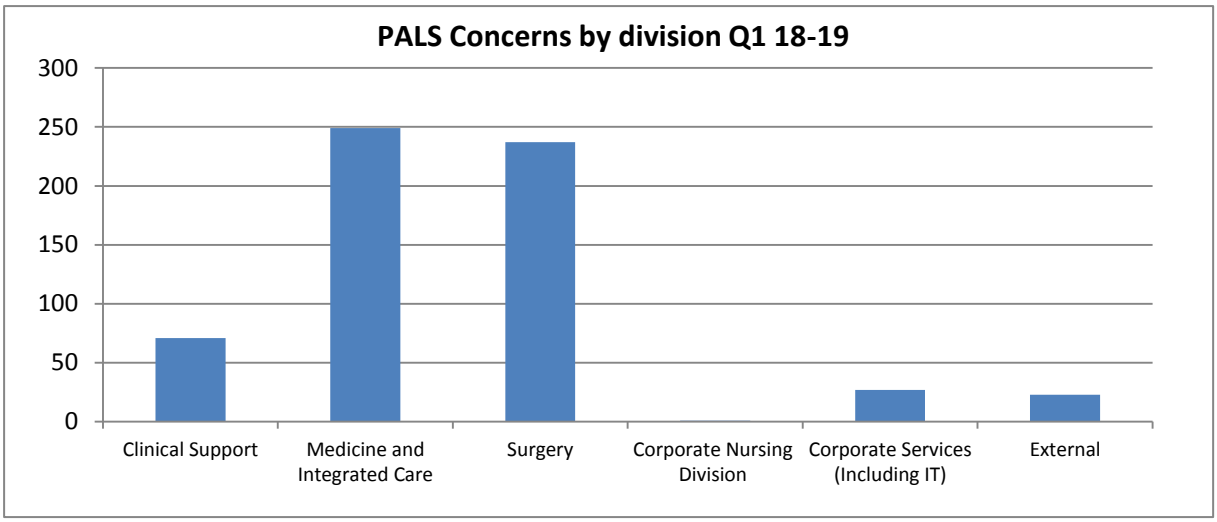
6. Compliments

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 1,585 compliments were received in Q1 which represents a 15% decrease from Q4 (1,830), 2017/18.

7. Patient Advice Liaison Service

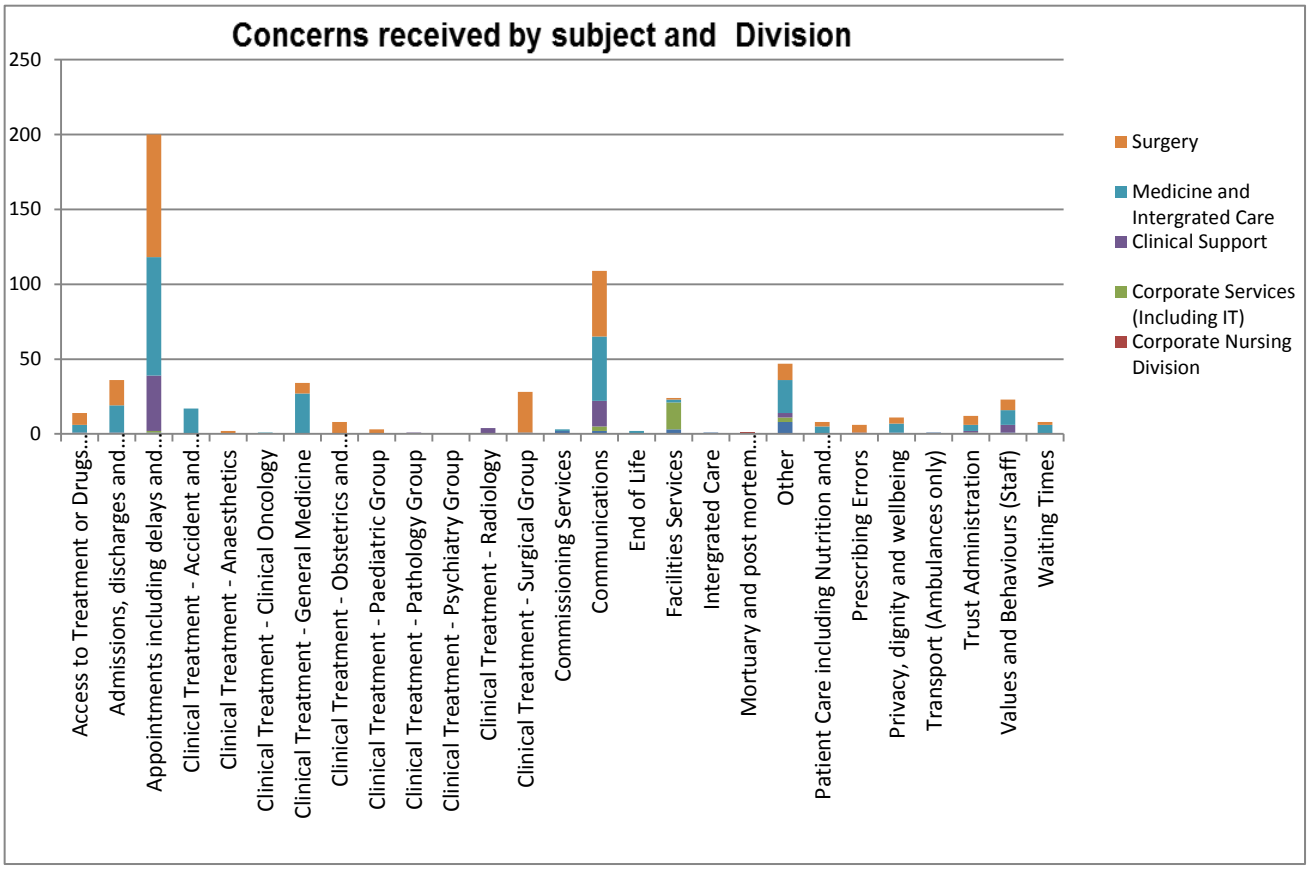
Patient Advice Liaison Service (PALS) received 608 new concerns in Q1, which is a 24.56% decrease compared to Q4 (806). *Table 1* details the breakdown by division during Q1:

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

Table 3 shows the time taken by PALS to respond to concerns and comments for Q1:

Table 3

1 working day	2 working days	3 working days	4 working days	5 working days	5 or more working days
290	102	47	25	21	123

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

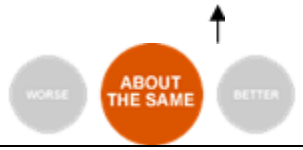
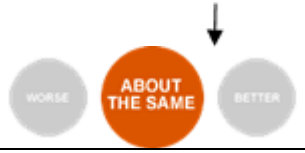
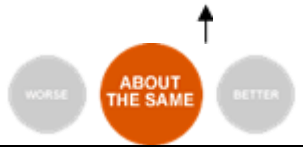
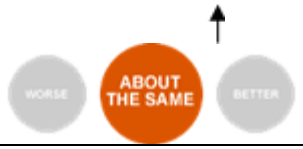
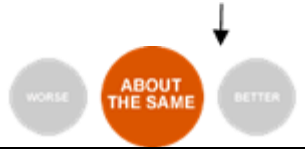
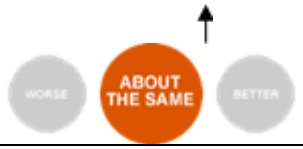
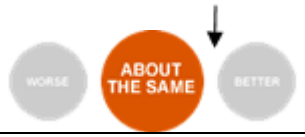
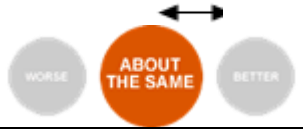
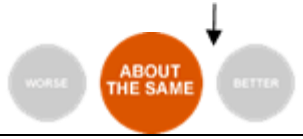
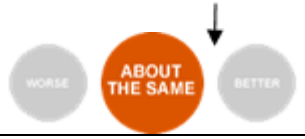
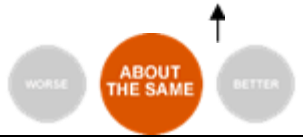
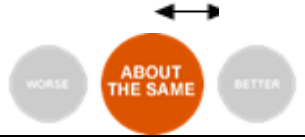
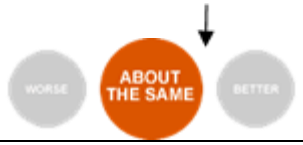
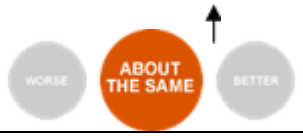
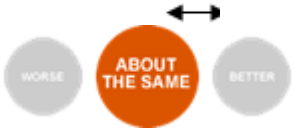
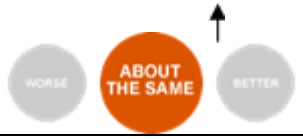
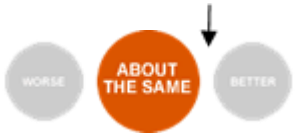
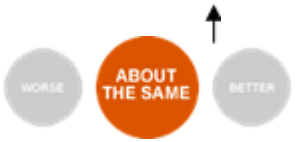
Conclusion

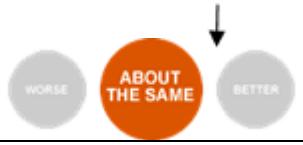
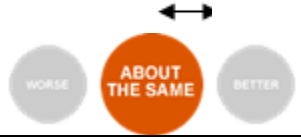
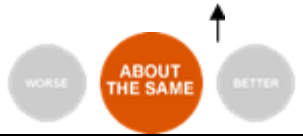
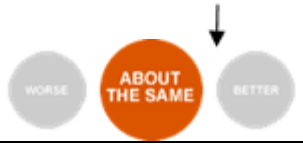
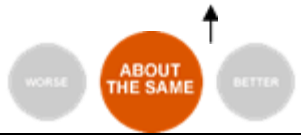
This report is intended to provide an overview of activity related to Patient Experience including national CQC surveys, Friends & Family Test, NHS Choices, patient complaints, compliments and the Patient Advice & Liaison Service (PALS).

It is important to note that nationally the Trust is rated in the bottom 10% and the Group is asked to support initiatives that will improve our patient experience.

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 Adult Inpatient Survey – section scores and comparison to previous years score 2014 - 2017

Section	Rank & score 2017	Rank & score 2016	Rank & score 2015	Rank & score 2014
emergency/A&E department, answered by emergency patients only	8.2 	8.1 	8.3 	8.2 
Waiting lists and planned admissions	9.0 	8.8 	9.0 	8.6 
Waiting to get to a bed on a ward	6.7 	6.6 	7.3 	7.3 
The hospital and ward	7.5 	7.7 	8.2 	8.0 
Doctors	8.4 	8.3 	8.3 	8.4 
Nurses	7.7 	7.4 	8.2 	8.2 
Care and treatment	7.7 	7.3 	7.8 	7.5 
Operations and procedures	8.1 	8.0 	8.6 	8.1 

Leaving hospital	Not scored 	6.5 	6.9 	7.0 
Overall views of care and services	4.5 	5.1 	5.4 	5.4 
Overall experience	7.9 	7.8 	8.0 	7.8 

The Dudley Group NHS Foundation Trust

PAPER FOR SUBMISSION TO THE COUNCIL OF GOVERNORS MEETING
6 SEPTEMBER 2018

TITLE:	Aggregated Annual Learning Report from Incidents, Complaints and CAS Alerts- Quarter 1 - 1st April 2018 to 30th June 2018		
AUTHOR:	Justine Edwards – Patient Safety Manager Lara Fullwood– Complaints Manager Karen Obrenovic – Claims and Litigation Manager Sharon Phillips – Deputy Director of Governance	**PRESENTER**	Glen Palethorpe Director of Governance/Board Secretary

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

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience
SO2: Safe and Caring Services

SUMMARY OF KEY ISSUES:

The following report provides an overview of Learning Report from Incidents, Complaints, PALS, and Corporate Learning and changes in practice as a response to investigations undertaken.

IMPLICATIONS OF PAPER:

RISK	**Y**		**Risk Description:** Stage 3 and 4 Pressure Ulcers potentially can increase/ failure to comply with the SI reporting timescales None delivery of the Trust Quality Strategy priorities
	Risk Register: Y		**Risk Score:** 12/16
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Safe/Well led
	NHSI	**Y**	**Details:** Contribution to the Single Oversight Framework assessment NHSE Serious incident framework 2015
	Other	**N**	**Details:**

ACTION REQUIRED

Decision	Approval	Discussion	Other
			Y

RECOMMENDATIONS To note examples of learning and changes to practice from feedback provided to the Trust and investigations closed in the quarter.

AGGREGATED REPORT/LEARNING FROM INCIDENTS COMPLAINTS AND PALS

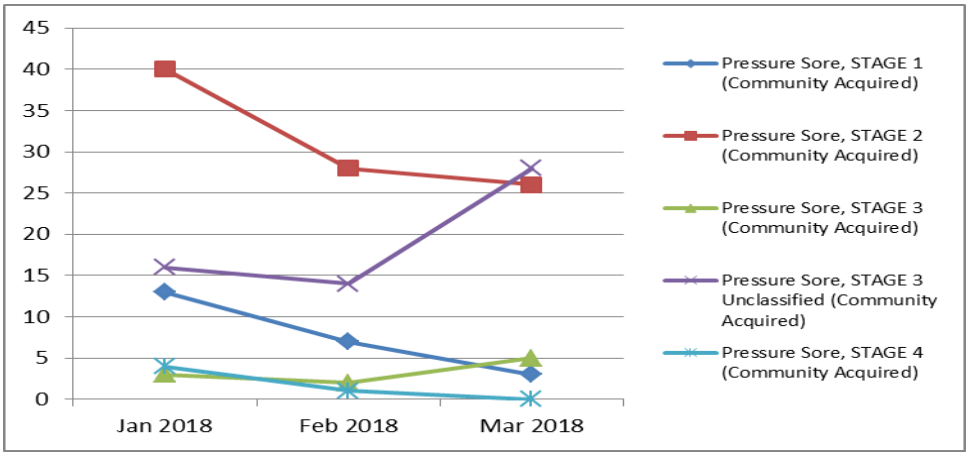
1. INTRODUCTION

This report provides a summary of the learning and revised processes applied in response to investigations into incidents, complaints, Claims PALs concerns, in addition learning identified from coroners and claims.

2. LEARNING FROM INCIDENTS

2.1 Community Pressure Ulcers

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.

Pressure ulcers are consistently reported within the community setting. Investigations into the development of these ulcers has 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 or quality and safety champions and

all patients on the community case loads with pressure ulcers have individualised care plans are 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 at each locality is held and handover with minutes. Patient non-concordance flow chart which details criteria to be reviewed to support non-concordnace.

In an aim to ensure that the Tissue Viability Team has accurate timely data a review of the incident reporting processes has been undertaken and agreed:

- The 'undetermined' as a category for the initial assessment of whether the pressure ulcer is avoidable or unavoidable has been removed to ensure that an appropriate initial assessment must be undertaken.
- The Tissue Viability are working with carers and care home to deliver skin bundle and equipment training.

The work with the NHS England Pressure Ulcer Collaborative continues and the 'SKIN' bundle documentation and 'Body Map' for inclusion is the SKIN bundle assessment has been piloted with success and is being rolled out across the Trust as part of the 50 day challenge, which commences in June 2018

2.2 Failure to act on deteriorating observations

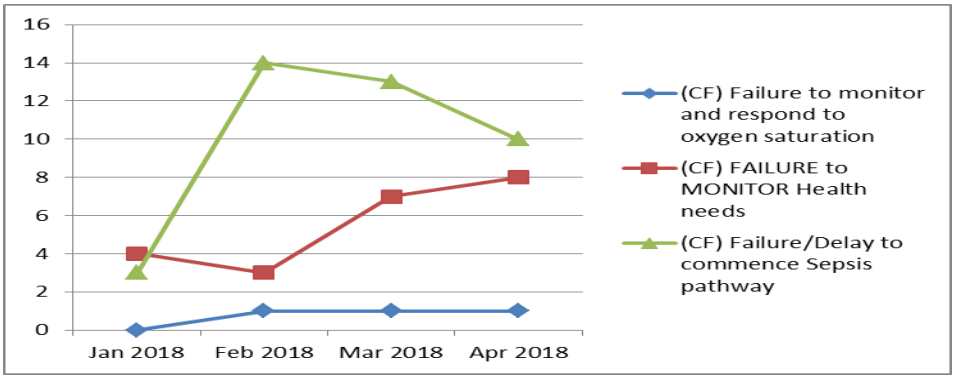
An incident occurred where a trauma and orthopaedic patient was out lied to the vascular ward. The orthopaedic doctor failed to act on deteriorating observations following upper GI bleed. The incident highlighted that there was a gap in the junior trauma and orthopaedic doctor's knowledge in recognising the potential extent of upper GI bleed. The trauma and orthopaedic junior medical induction now includes the Management of a GI Bleed.

2.3 Did not Attend Appointment

It was identified in March 2018 that the renal unit had an increase in the number of incidents relating to patients not attending for their dialysis. On review this was because they hadn't previous reported these incidents and thus not been able to take action to improve. The renal unit has now developed a Standard Operating Procedure detailing that an alternative appointment is arranged, an ambulance welfare check is carried out and that the Consultant is informed. A risk assessment has been completed and placed on the local Risk Register.

2.4 Recognition of the deteriorating patient

The Trust continues to see incidents reported in relation to the recognition of a deteriorating patient.

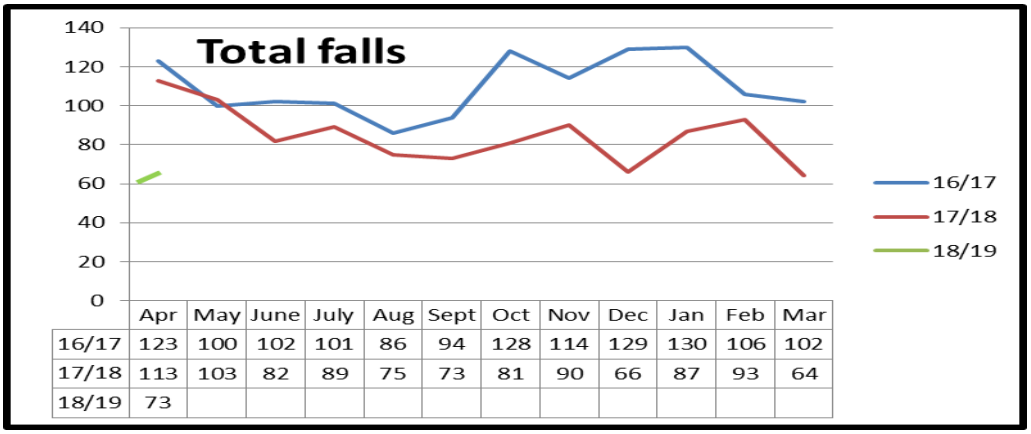


To further champion the recognition of the deteriorating patient, staff who undertake the monitoring patient vital signs have been invited to RADAR events to help them recognise acute deterioration and sepsis to save patients' lives.

The RADAR events have been established to help staff **R**ecognise **A**cute **D**eterioration, **A**ssess and **R**efer; the first event was held in April 2018 and launched a quick reference guide to the National Early Warning Score (NEWS) and escalation process. The NEWS card guide has been developed and contains the NEWS score on the reverse and will fit neatly into ID badge holders.

2.5 Falls

The Trust has seen a significant decrease in the number of falls since 2016/2017.



	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
16/17	123	100	102	101	86	94	128	114	129	130	106	102
17/18	113	103	82	89	75	73	81	90	66	87	93	64
18/19	73											

A number of innovations have been undertaken to support this reduction and the further improvements have been seen:

- Labelled walking aids have been introduced to make staff aware if the walking aid should be in the patients reach or not. The **red** bands identify that the walking aid should not to be in reach and **green** bands identify if the walking aid should be in reach of patients
- 'Call don't fall' signs have been made available at every patient bedside
- Crash mats have been purchased for use in high risk areas: C3 and C8
- 'Tag you're it' badges have been developed to remind staff that they should hand over their patient to another healthcare professional before leaving the patient unattended. The badge acts as the tag baton and is passed to the next staff member caring for the patient on 1:1 or cohort basis.

2.6 Medicines

In response to incidents in relation to Oxygen prescribing there has been a campaign via the HUB "Oxygen must be prescribed, outlining the mandatory requirements in prescribing oxygen and nursing responsibilities. An IT screensaver has been developed and further communication undertaken with the Lead Nurse, ensuring that the information is disseminated to all staff on the wards. Future re-launches of "Oxygen must be prescribed" are to coincide with junior doctor rotations to ensure learning and information dissemination.

2.7 Incidents relating to the administration of Potassium

There have been a number of incidents, including a serious incident within the Trust involving intravenous potassium and this has highlighted the need to remind staff about the risks relating to potassium administration and how these can be minimised. The National Patient Safety Agency (NPSA) issued a patient safety alert setting out safe practice recommendations and actions to minimise the risk of error and subsequent patient harm. A “Patient Safety Bulletin” has been sent out to all staff in the Trust detailing how to safely administer potassium and what steps need to be taken to minimise the risk.

2.8 Safeguarding incident

There was a safeguarding incident which involved a trainee volunteer where concerns had been identified. The trainee volunteer presented in Trust and was given responsibility way beyond what is suitable for a volunteer which led to unauthorised access within the Trust.

In response to this the volunteer process has been changed to ensure trainees can be identified by a red sports bib and green name badge. Trainees will always be accompanied by a volunteer mentor wearing a red polo shirt. Staff have been requested that if they see a trainee who is not accompanied by a volunteer mentor that they contact the volunteer co-ordinator and that if staff have any concerns about a volunteer they contact the volunteer co-ordinator. Trainee volunteers are not given a red polo shirt until they have passed their assessment and are deemed suitable for the role.

2.9 Sub-optimal care of the deteriorating patient

A serious incident was reported relating to a patient that was admitted straight into a cubicle in ED. The investigation identified that the patient was not seen by a member of staff during her time in ED and when staff did review the patient became unresponsive. It was identified that there was failure in the recognition of the patient’s deterioration and the patient sadly died. In response to this ED has disbanded the team leader role and the staff are allocated to identified cubicles.

An action card has been devised and introduced detailing the actions required by the nursing staff on the transfer/acceptance of a new patient into their allocated cubicle.

2.10 Medication incident – Never Event

A Never Event in obstetric theatres involving the intravenous administration of epidural medication has led theatres to change process in that a two-person check is now undertaken for epidural/local anaesthetic infusion connections. The NRFit for epidural infusion sets are not yet commercially available and a risk assessment has been developed and accepted onto the risk register as the current non-Luer connectors for local anaesthetic infusions used in the Trust could lead to misconnections and wrong route administration.

3. COMPLAINTS

3.1 LEARNING FROM COMPLAINTS

It is essential that the trust continues to learn from complaints and concerns, ensuring service improvements are embedded into every day practice. The following section provides an overview of trust wide service improvements during Q1:

3.1.1 MEDICINE

Complaint description: A complaint was received referring to a urinary tract infection being diagnosed and treated in ED without a urine sample being taken.

Learning & action taken: The Trust apologised and explained that a urine sample had been requested by the ED medical staff but there was no nursing documentation to support the task being completed. It was also explained that given the patient's clinical presentation and blood results a urine sample would have been desirable but not necessary to commence treatment. Complaint used as a learning tool for nursing staff and importance of accurate documentation – discussed at huddle board and in staff meeting.

Complaint description: A complaint was received which included the management of a pressure ulcer on C5. The complaint linked to an RCA for the same patient.

Learning & action taken: The Trust apologised and accepted that, although the pressure sore developed prior to the patient being admitted, the ward did not follow the approved recording and monitoring process. As a result of the complaint assurance was given that feedback would be given from the complaint and staff would be reminded of the process.

An aide memoir has been developed – a small card which can be kept in the nurse's pocket. The card includes prompts on documentation, recording progress and/or deterioration and DATIX completion. Discussed with staff at daily huddle board meetings.

Complaint description: A complaint was received raising concerns regarding a patient's nutritional needs not being met on ward C3.

Learning & action taken: The Trust apologised and accepted that the patient had not received the appropriate diet to maintain his nutritional requirements. As a result of the complaint reassurance was given that nutrition is a quality care standard for the Trust and measures would be taken to ensure patient's nutritional needs are met.

- Lead nurse quality rounds introduced providing an opportunity for the lead nurse to walk around the ward and discuss any concerns with patients and relatives/carers.
- Housekeeper added to establishment to help maintain clear and accurate 'behind the bed' boards.

- Nurse in charge list expanded to include 'ensure bed board for each patient are completed and up to date'.
- Snack boxes have been introduced and 8 boxes are routinely sent to the ward daily.

Complaint description: A number of complaints received within medicine refer to the poor oral hygiene of patients not able to drink sufficiently due to receiving high flow oxygen via a face mask.

Learning & action taken: The Trust apologised and accepted that the basic oral hygiene packs were poorly equipped and not sufficient when extensive oral care was required. As a result of the complaints assurance was given that providing effective oral care was a priority for the Trust due to the impact on the patient's nutritional input and overall patient experience. Actions taken have included:

Alternative oral hygiene pack would be sourced with the aim of rolling out to all wards – trial of new packs planned for C8 and C5.
Ward C8 have now replaced oral care sponges with soft toothbrushes.

Complaint description: A complaint was received regarding the delay in a GP receiving cardiology investigation reports

Learning & action taken: The Trust apologised and accepted that a significant delay had occurred due to the code for the GP not being recognised by the cardiology system and not being flagged up to the cardiology team that this had occurred. As a result of the complaint assurance was given that the cardiology team were working with IT partners to resolve the issue and measures would be taken to avoid further delays.

With immediate effect and following discussion in cardiology governance meeting it was agreed that all results would be dictated based on the electronic record available rather than await patient notes. A new SOP is in place which allows the cardiology technicians to report directly to the GP if appropriate to do so. GPs will be audited to ensure they are receiving diagnostic results in a timely manner.

Complaint description: A complaint was received regarding a DNAR decision being made without the patient or relatives knowledge. The information had been included on the discharge letter.

Learning & Action taken: The Trust apologised and accepted that the DNAR decision should have been discussed with the relatives. Although the document could not be removed from the notes the Trust provided assurance that the patient's clinical records had been amended and the DNAR reversed. The complaint was used as a learning tool and discussed at:

- Daily huddle board meeting with nursing staff.
- Trust junior doctor induction programme where expectations and responsibilities discussed.
- Feedback given at elderly care doctors forum – consultants opportunity to discuss process with junior team.

Complaint description: A complaint was received regarding the attitude of a member of staff in ED; they were perceived as being rude and uncaring.

Learning & action taken: The Trust and the member of staff apologised and accepted that the behaviour fell below the standard expected by the Trust. As a result of the complaint assurances were provided that the member of staff had reflected upon the unacceptable behaviour and

measures would be taken to raise awareness of the effect poor staff attitude can have on patient experience. ED are exploring a bespoke customer service training programme.

Complaint description: Two written complaints were received which relate to the next of kin not being informed when vulnerable patients were discharged from hospital. On both occasions the elderly patients were discharged to their normal place of residence without the next of kin being aware that the patients were fit for discharge.

Learning & action taken: The Trust apologised and accepted that the next of kin should always be involved in the patient's discharge planning. As a result of the complaints received assurances were given that the discharge process would be reviewed in that area and the next of kin would be informed when a patient was deemed fit for discharge.

The area reviewed their discharge checklist to include a section detailing when the next of kin was informed of the date and time of discharge and that they were informed when the patient left the area.
The area has a discharge co-ordinator who is responsible for ensuring each patient's next of kin is informed when the patient is fit for discharge and involved in the discharge process.

Complaint description: A complaint received referred to the omission of a patient's normal insulin dose; the patient's usual morning insulin dose had not been prescribed in the assessment area and following a transfer to a ward, the patient was found to be hyperglycaemic.

Learning & action taken: The Trust has apologised and accepted that in some cases patients are transferred from assessment areas without their normal insulin regime prescribed. Staff have been reminded of the importance of prompt insulin prescriptions.

- Diabetic Resource Team to identify and discuss insulin omissions with medical staff.
- Complaint used as a learning tool by including in the May edition of the Medicines Link Nurse Newsletter.
- Newsletter emailed to all appropriate staff throughout Trust.

Complaint description: The amount of seating available in Ambulatory Emergency Care (AEC). The patient had to stand following a procedure as all the chairs were in use.

Learning & action taken: The Trust apologised and accepted that due to the length of time some patients spend in AEC the provision of appropriate seating is important. It was recognised that during times of peak activity patients had to stand between procedures and waiting to see a doctor. The patient waiting areas in AEC were reconfigured to improve patient flow through department. Additional seating was purchased which included recliner chairs for patients post procedure.

Complaint description: A delay in providing pain relief for a patient following a procedure in AEC.

Learning & action taken: the Trust apologised and accepted that patients should be able to receive pain relief in a timely manner; assurance was given that providing appropriate pain relief in a timely manner was a priority for the Trust. It was recognised that during periods of high activity nursing staff can be overwhelmed with requests for assistance and non-intentional delays may occur.

Staffing in AEC is now allocated to ensure patients who are receiving treatment have an allocated registered nurse who would be available to give medications in a timely manner.

Complaint description: Complaint regarding poor communication with family following patient's death.

Learning & action taken: The Trust apologised for poor communication with staff informing relatives that patient had died and no opportunity for family to review patient was given. The complaint was discussed as a learning tool in ED staff meetings and huddle board sessions. Complaint description: Patient felt misled and treated unfairly by Gynaecologist reporting that treatment differed from sister who suffered same illness.

Complaint description: A number of complaints refer to poor staff attitude leading to a negative patient experience.

Learning & action taken: The Trust has apologised and accepted that the behaviour and attitude of some staff has fallen below the standard expected by the Trust. As a result of the complaints received assurances were given that individual staff would be managed by the senior nursing team

- Collaborative working with HR to ensure robust management using Trust Disciplinary policies
- Rotation of staff throughout AMU as part of professional development plans

Complaint description: A number of complaints refer to waiting times at walk in Sexual Health clinics leading to a negative patient experience.

Learning & action taken: The department as listened and will be taking the following action in response

Department will do a patient survey asking what clinic times would be more suitable to meet the needs of this patient group, i.e. Sat morning clinic or weekday evening clinic.

Complaint description: A number of complaints refer to poor communication leading to a negative patient and family experience, one example relates to arranging a viewing of a loved one in the chapel for a family who had not been present at the death. The communication issues resulted in family waiting longer than they could have.

Learning & action taken: An apology has been given as a result of the concern assurances were given that their concerns would be shared with all staff as a learning point to prevent any occurrences in the future. The family were complimentary of the care their family member received.

- Discuss at huddle board process for arranging a viewing in the chapel of rest
- Share concerns from family with staff to raise awareness

Complaint description: Complainant has asked that we look at how many times their daughter attended the Emergency Department and confirm outcomes of assessments. Complainant feels daughter did not receive the appropriate care or admission when required.

Learning and actions taken: On investigation, the daughter had committed suicide at home 6 months after last being seen at Russells Hall Hospital. It was identified that the complainant also had known mental health problems. When arriving at the patient's home, the patient fully disclosed exact details of social and family situation that was causing her (patient) mental health to deteriorate

to the ambulance crew. Given the content of the information held by the ambulance service, complaints investigators sought advice as to how much detail was released to complainant for fear of their mental situation deteriorating.

Shared learning with complaints department to highlight the sensitivity of providing information in this type of complaint and the need to consider any potential harm that a fully disclosing complaint response could cause to the mental state of a grieving relative.

3.1.2 SURGERY

Complaint description: Delay in medication administration and issues with nursing care. Incident also reported on Datix.

Learning & action taken: Communication (written and verbal) to be improved with patient relatives by both medical and nursing staff. Senior doctor to discuss with junior doctors to enter blood sample details into book on ward and record when expected back.

Complaint description: Complaint regarding delay in referral to the QE Hospital and lack of treatment options offered.

Learning & action taken: Communication with patient at time of visit was not effective. A Local Resolution meeting was held and patient was satisfied that the communication issue would be addressed.

Complaint description: Patient's parents were told different interpretation of results, delay in letters and appointments.

Learning & action taken: Communication between secretarial staff and relatives is not to the required Trust standard. Professionals should take care not to disrespect another hospital professional's opinion to the patient/relatives. Secretarial staff have been reminded of the need to treat telephone interactions with sensitivity, appropriate urgency, and to not give false impression or assurances about where letters are if they are unable to find a letter. They should explain this and obtain another copy from the referring doctor promptly. Consultant acknowledged they only work in this particular clinic one day per week which will inevitably cause delays. They will ensure this is made clear to patients and relatives for future reference and will review more complex letters as quickly as possible. Staff have been reminded of the importance of good communication and apology for secretary's abrupt behaviour and discussed with secretary involved.

Complaint description: A complaint received regarding dissatisfaction with a consultant in particular the consultant's behaviour/attitude and issues regarding sample specimens passed to staff by relatives.

Learning & action taken: The Trust apologised for the perceived behaviour of the consultant and following a relationship breakdown, patient was transferred to an alternative consultant. It was identified that staff were not updating relatives regarding waiting times and out-patients specimens when dropped off on the ward by relatives were being lost. The waiting times are now displayed in waiting area of C2 along with a sample collection box and the receptionist ensures samples received are brought to the nurses' attention for processing.

Complaint description: Patient was dissatisfied with the attitude of nurse, the delay in day surgery and the miscommunication between day surgery and theatres.

Learning & action taken: Patient was on an all-day waiting list and was not kept up to date with delay in surgery. This has been discussed with the Lead Nurse on the day case unit to avoid recurrence and ensure patients are updated with any delays.

Complaint description: Patients wristband was too tight causing the skin to blister.

Learning & action taken: The Trust apologised for damage caused to skin. It was identified that there could be a potential for skin damage from wristbands and this was discussed with staff at Huddle Board to ensure wristbands are not too tight on paediatric patients.

Complaint description: Patient was sent home fitted with a urinary catheter which later broke and part of it remained in the bladder. ED transferred patient to SAU for scan to locate missing catheter but this was not relayed to SAU. Doctor in SAU was asked to replace catheter in patient. Patient was discharged and catheter problems persisted. District nurse attended and removed catheter to find the missing part attached to the new catheter.

Learning & action taken: Communication between ED and SAU needs improving. Learning shared with all nursing colleagues and fed back to urology staff. A handover sheet has been developed for ED/SAU with additional review of Sorian records by SAU receiving nurse to ensure no information lost.

Complaint description: Patient alleges phone broken whilst in surgery and wanted a refund for repair costs.

Learning & action taken: Investigation confirms phone was not broken; however, staff had not completed property loss liability form.

- Staff should ask patient permission before moving clothing and belongings.
- Goodwill payment of 50% repair costs agreed.
- Discussed with all staff at huddle board to raise awareness of importance of signing loss of property form.

Complaint description: Complaint received regarding inappropriate discharge as awaiting tests and lack of communication by staff to relatives causing further emergency admission.

Learning & action taken: Explanation given that in-patient tests are sometimes cancelled when patients are ready for discharge and an out-patient appointment for such test is made instead. In this instance, the out-patient appointment was not made and apology given. There was inappropriate communication by agency staff to relatives giving diagnostic information without input from Trust substantive staff who know patient well.

- Radiology department have retrained the member of staff who failed to make the appropriate out-patient booking.
- Ward staff to arrange an out-patient appointment and give this to the patient before discharge.
- A Registrar contacted the patient to confirm and explain the information provided was incorrect and explained correct information.
- Agency spoken to about agency nurse regarding their conduct.

Complaint description: Patient's mother has concerns about her son's admission. Feels some staff do not have enough autism/learning disability training.

Learning and actions taken: Focus on training is usually on nursing staff and this complaint highlights gaps in medical staff knowledge too. The doctor's practice has been addressed and an apology has been provided to the patient and his mother. The doctor reflected on his practice explaining that it was a busy day he was under pressure with time and he failed to assess and understand that the patient possessed the ability to communicate and understand his medical condition.

The Doctor is attending a course on communication and learning disability.

It is also evident that the Trust relies solely on one nurse to deliver learning disabilities training and to deal with patients who require support on a day to day basis in Trust. There is no succession planning in place at present. Head of Children's Services Karen Anderson has compiled a business case that is currently being reviewed to plan for additions to this service.

Complaint description: Patient was re-admitted to hospital having rapidly deteriorated at home. Sadly she died following this admission. Family state there was a lack of communication with them when the patient was in hospital. Family have questions as to what happened and what tests were done on patient and what the outcome of these was.

Learning and actions taken: Staff do not routinely offer patients wheelchair assistance to get from ward on first floor to the car park. A supply of wheelchairs is now based on the ward and on the corridor just outside the ward door for patients use. Staff have been reminded to offer a wheelchair transfer to the car as required.

Patients can struggle to apply thrombo-embolitic stockings without assistance. Staff have been reminded to offer help to patients who cannot complete this task unaided.

Urine sample from other patients are not collected and left in the bathroom. This was a subject at a huddle board meeting and has been identified before from a previous complaint. Patients are asked to ring the call bell when sample is available to ensure the sample is collected.

Weight loss not actioned when noted. Staff reminded to act on rapid weight loss by referring to dieticians and commencing food charts to monitor intake.

Difficult to explain nuances in complex cases such as this, and a meeting has been offered.

Complaint description: A patient was unhappy with the care and treatment provided during a sigmoidoscopy procedure.

Learning & action taken: The Trust and the consultant apologised to the patient and explained the processes involved during a sigmoidoscopy that unfortunately led to the concern the patient complained about, too much air in their abdomen.

Sigmoidoscopy procedures will in future include discussion about the use of sedatives if the patient wishes to consider this option, along with a clear understanding of the effects of the procedure, identifying a signal to indicate they wish to cease the procedure at any time.

Complaint description: A patient was unhappy with a procedure carried out on their leg stump which led to a second operation to correct.

Learning & action taken: The Trust apologised to the patient, however there were no clinical issues to address. The surgical procedures were explained in detail to the patient. The learning identified is to ensure that when medical notes are reviewed in front of patients, medical staff take time to explain the meanings of drawings to remove any ambiguity.

Complaint description: Patient was admitted with a broken hip. Complaint raised issues around nursing care; catheter care resulting in C Diff, inappropriate care setting, changes in medication without explanation and discharge arrangements.

Learning & action taken: Catheter care: relatives assumed urine in catheter bags was flushed away without measuring it. Staff should explain to patients that the urine bag has fluid volumes imprinted on the bag to enable staff to measure output. Complainant had been informed that patient had C. Difficile presence and assumed, incorrectly, it was in the urine. Staff have been told to ensure they are clear of the site of infection when informing patients/relatives. Changes to medication were identified and a rationale was provided for each change in the response letter. Medical staff have been reminded to discuss reasons for medication changes in layman's terms when altering regular medication. Treatment and discharge plans were not effectively discussed over weekends with the patient and relative. Apology was provided by the doctor concerned and the Trust. The Trust has since strengthened its handover process to ensure information is clearly communicated between staff, especially at weekends.

Complaint description: A mother of a paediatric patient, who recently had an operation, was upset that she was not present when her child recovered from the anaesthetic as promised by theatre staff, and disappointed to discover that a hernia was found during surgery but she was not informed.

Learning & action taken: The Trust apologised and accepted that theatres did not keep the mother updated as promised while the patient was in theatre, and this led to her not being there when her child came round from the anaesthetic. Theatre staff apologised personally at the time. This was discussed at a staff debrief to ensure parents are kept updated at all times.

Unexpected events (bomb hoax) had prevented the surgeon from seeing the patient on the ward as everywhere was on lockdown. This led to failure in the normal communication pathway with parents. The surgeon apologised to the parent for this oversight. The Lead Nurse has discussed the problem with staff to ensure that if such an event occurred in future, the normal follow up process continues as soon as possible.

Complaint description: Patient's daughter raised issues with:

- Long waiting times in Surgical Assessment Unit
- Incorrect things being entered in patient's medical notes.
- Inadequate pain relief as doctors not available to prescribe analgesia.

Learning & Action taken: The Trust apologised and accepted that the issues raised were valid. Immediate actions were taken to correct the information anomalies as they were declared to staff at the time. Staff have been reminded to check records against the patient before entering information/results. SAU were aware that the department was too small for an expanding service and this led to long wait times, it was restructured, opening as SAEC, SAU and B5 to improve patient flows. Nurses on SAEC/SAU previously could only deliver Paracetamol without prescription. This protocol has been amended and staff can now deliver stronger analgesia as a one off dose while awaiting a doctor to review the patient.

Complaint description: Patient complained about the consultant and his secretary. Consultant received a referral from the patient's GP and declined it, saying patient was better suited for treatment at QE hospital. When contacted to find out why, the secretary was aggressive and rude to the patient. The QE consultant referred to is allegedly being investigated by the GMC with a case that relates to the patient's sister.

Learning & action taken: The Trust apologised for the attitude of staff. The secretary has been spoken to and was not aware her communication had been perceived as abrupt by the patient. She did not intend this, but has accepted that this is the patient's perception and she has reflected on how she could have handled the situation in a better manner. She has apologised to the patient. The reason for the referral to QE has been explained to the patient. The consultant had no prior knowledge of the negligence case related to the patient's sister, and offered his apologies for causing the patient any distress.

3.1.3 MATERNITY

Complaint description: Multiple issues related to care. Delay in induction of labour. Lack of communication. Delayed observations. Unhappy with comments made by staff member who came to talk to family about concerns whilst in hospital.

Learning & action taken: Full explanation of any delays in induction of labour must be given to women, increased bed capacity for maternity unit, introduction of e observations in maternity and discussion with individual staff member about conversations in public areas.

Complaint description: Patient felt there was an inadequate standard of care provided. Multiple errors were made by staff during her labour and postnatally.

Learning & action taken: The Trust identified action was required to include providing additional written information to expectant parents, postnatal notes to go home with the woman even when she resides outside Dudley borough and has care from midwives from other Trusts and it was recognised that consultant paediatricians can offer more regular updates on progress of baby to parents.

CLINCIAL SUPPORT

Complaint description: Relative experience (a staff member) was unsatisfactory when attempting to collect the death certificate for her father, in particular the attitude of the person she spoke to and the nature of some of the comments made in respect to it nearly being lunch time and amount required to pay which would inflate soon if the Government had anything to do with it.

Learning and action taken: Upon investigation, the staff member in question within the Bereavement Office was a volunteer who was operating outside of his remit, albeit a former coroner and police officer so fairly knowledgeable within the field. The volunteer has been spoken to and now understands the limitations of the role he performs and has been asked not to attempt to undertake the duties of a bereavement officer in future. The learning from this is therefore around the line manager in question knowing and understanding the duties being performed by her staff, and to that end will ensure volunteers are suitably inducted and a pack handed to them detailing the remit and limitations of their role. In addition the line manager is reviewing staffing levels at peak times for the department to ensure they are not single handed in terms of bereavements officers at these times (as was the case here hence the volunteer helped the relative in question) to ensure the reception can be manned during these periods.

4 LEARNING FROM NPSA ALERTS

NPSA alerts provide guidance on preventing potential incidents that may lead to harm or death. They are identified using the national reporting system to spot emerging patterns at a national level, so that appropriate guidance can be developed and issued. The chart below identifies learning and changes in practice.

NHS/PSA/RE/2017/004 - Resources to support safe transition from the Luer connector to NRFit™ for intrathecal and epidural procedures and delivery of regional blocks

In November 2017 the NPSA issued an alert regarding the need for removing of lines that were not in use following a procedure as there had been incidents nationally where patients had been given sedation whilst undergoing a procedure and another medication was put through later. The residual sedation was being pushed through the line with the new drug causing the patient to become resedated, in some cases leading to respiratory arrest.

In order to address this, the action required was to make an alteration to the WHO Checklist (Theatres) or LocSSIPs (outside of Theatres) which ensured that the cannula was flushed or removed before leaving the procedure area. This has already been put in place within Theatres and the WHO Checklist audit which is carried out monthly shows 100% compliance. This has been cascaded out to the LocSSIPs so that all areas are covered.

5 Claims

'he Trust received a 'Regulation 28' PFD report received from the Coroner in respect of patient with known carcinomatosis and extensive stage small cell lung cancer who was admitted to hospital unwell following poor oral intake. Patient recently started new palliative chemotherapy agent PS3 and bloods showed hypokalaemia with AKI stage 1 IV.

During the inquest evidence emerged that no repeat blood tests were performed to measure potassium levels despite this being recommended by the Consultant at the ward round and there was inadequate communication by nursing staff with the family who expressed concerns about the decline in the patient.

A new Hypokalaemia Management in Adults Guideline has considered the most recent medical evidence and provides clinical staff with a consistent tool to treat and advise patients on the clinical management of low potassium levels. The guideline is published on the Trusts intranet site and circulated to all medics in the Trust. A further presentation of the guidelines scheduled at the Medicine Audit / Governance Meeting.

Upon reflection, nursing staff revisited this episode of care and concluded that they had not focused sufficiently on the family's emotional wellbeing and the stress that they were under at this very difficult time, and agree, that they should have offered more support to the family. In response to this all the staff on Ward C4 are working with our palliative care champion to complete the in-house palliative care competencies which comprehensively covers communication with patients, families and carers.

6 Positive Learning

An incident identified positive learning in respect of practices applied within interventional radiology. A porter collected a patient from the ward and transferred to interventional radiology theatre in the x-ray department. The transfer check list was checked and signed by the staff on the ward and the patient was bought down together with the notes.

On arriving into the recovery area where a check is undertaken prior to taking the patient into the theatre for the procedure, it was identified that the incorrect notes were with the patient and the consent form was actually for a below knee amputation!

This was immediately bought to the attention of the Consultant and the ward was notified and the correct notes were requested for the patient.

The correct notes were bought down immediately. The patient was then checked with the relevant notes and the procedure was continued. This was a near miss and demonstrates good practice and the importance of checking procedures prior to any interventions.

We have shared this positive impact following the correct procedure had across the Trust to encourage others to recognise the importance of undertaking the check on patient identity.

Enclosure 15

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors – 6 September 2018

TITLE:	**2018/19 Quarter 1 Finance Report**		
AUTHOR:	Tom Jackson Director of Finance	**PRESENTER**	Tom Jackson Director of Finance

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

CORPORATE OBJECTIVE: S06 Plan for a viable future

SUMMARY OF KEY ISSUES:

The purpose of this paper is to update on financial performance and the outlook at Q1

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	

RECOMMENDATIONS FOR THE COUNCIL:

To note the contents of the report.

2018/19 Quarter 1 Finance Report

1) Introduction

2018/19 is a very challenging year financially for the Trust. In March 2018 the Board agreed to accept the control total for the year offered by NHSI and approved a Financial Improvement Programme. The risks to delivery of the plan are well understood internally and externally. Routine monthly monitoring takes place at the Finance and Performance Committee and at the Financial Improvement Group, chaired by the Chief Executive. The purpose of this paper is to update the Governors on financial performance and the outlook at Q1.

2) Background

In 2017/18, the Trust recorded a financial deficit of £10.5m before the receipt of Sustainability and Transformation Funds (STF). The deficit was driven by three main factors; under recovery of income, overspend on pay budgets and lack of delivery of planned CIPs. 2018/19 is the second year of a two year planning framework and as such, plans were to be 'refreshed' for 2018/19. However, the Trusts significant deterioration in its financial performance in 2017/18 meant that a more robust planning approach would be required than a simple refresh.

In March 2018, the Board agreed to accept the financial Control Total offered to the Trust as was the expectation in the February 2018 national planning guidance. In addition to accepting the Control Total for 2018/19 the Board agreed to initiate a formal Finance Improvement Programme to maximise efficiency opportunities and deliver grip and control.

The Trust submitted plans to the deadline of 30th April 2018 with a further update as requested nationally on 20th June. Key Risks identified by the Trust were;

- Securing 2.8% income growth
- Delivering 1% spend reduction with significant and developing CIP
- Delivering increases in the substantive workforce
- Reducing reliance on agency spend
- Delivering A and E
- Capacity to deliver

3) National Financial Performance 2017/18

The national picture for NHS provider financial performance is one of increasing challenge especially for providers of urgent and emergency care. The provider sector ended 2017/18 with a £960 million deficit, delivering a collective Cost Improvement Programme of 3.7%. The 136 Acute providers in the country recorded a deficit of £1.7bn with 89 in financial deficit after the receipt of STF funding.

4) Financial Improvement Programme (FIP)

The 2018/19 financial plan contains a series of stretching and challenging assumptions that will all need to be delivered if the Trust is to deliver its Control Total for 2018/19. To maintain focus and manage the clear risk a Financial Improvement Programme has been created. This is supported by a Chief Executive chaired, Financial Improvement Group and expert independent advice has been engaged. The main purpose of the FIP is to enhance and deliver the Cost Improvement Programme and to strengthen the underpinning systems and processes. In addition, the Trust is applying best practice methods and techniques; for example, the NHSI produced 'Grip and Control' workbook.

A cornerstone of the financial delivery plan for 2018/19 is to ensure basic financial processes and procedures are adhered to; empowering and supporting budget holders to deliver.

5) Quarter 1 Headlines

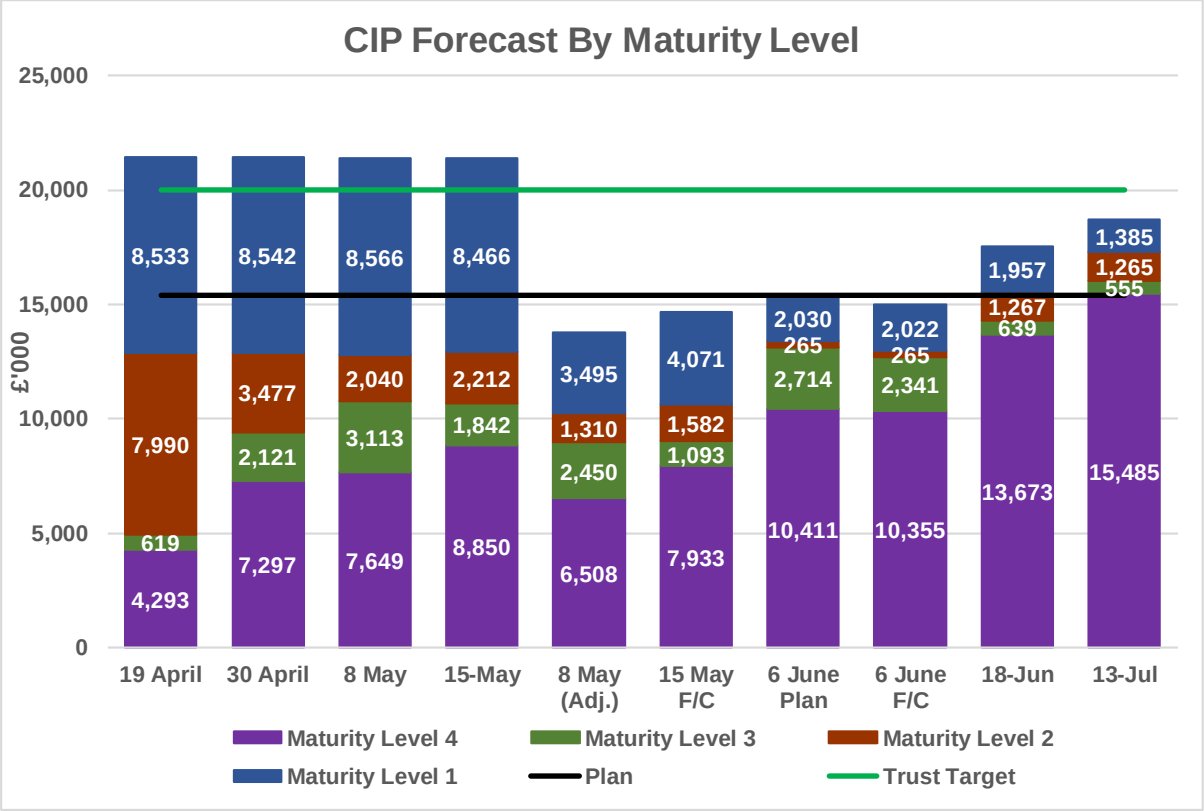
The plan to Q1 is to deliver a deficit of £2.7m before Provider Sustainability Funds (PSF). As the year progresses the position is planned to improve to deliver a year end position of a £0.8m deficit. This improving position is one that reflects previous year's actual delivery and is based on the roll out of income generation and cost improvement schemes as the year progresses. The Trust is reporting delivery of the planned deficit to Q1. This is anticipated to trigger receipt of 70% of the Q1 PSF that relates to the financial performance element - £0.95m. The other 30% (£0.4m) that relates to A and E is not expected to be released.

6) Quarter 1 Budgetary Position

As at Q1, 43% of the Trusts 368 budgets are overspent with 69 being overspent by £10k or more. In line with the Trusts Budget Management Policy rectification plans have been sought and will be implemented with immediate effect. In addition, the Director of Finance is leading a Divisional Deep Dive to review Q1 finances.

7) Quarter 1 Cost Improvement Programme

The original submitted CIP plan identified a requirement of £15.4m. The Board were rightly concerned that the level of risk in the aggregate plans would require an additional push to explore further opportunities. Since April, the Trust has now identified £18.6m of Cost Improvement Programmes – well over 5% of turnover. Of this, 73 schemes (out of 109) with a value of £15.5m are at Maturity Level 4 and are being actioned through budgets.



8) Quarter 1 Summary

Main financial performance indicators suggest the Trusts financial performance, systems and processes are improving from that evidenced in the second half of 2017/18. However, the risks identified at the start of the year remain and there are material underlying challenges to the delivery of income, pay, non pay, CIP and capital plans. It is essential the Trust sticks to its original plans;

- Budgets to be delivered
- Income growth secured
- Aggregate Pay Spend limited
    - Staff recruitment
    - Agency and other premium payments controlled
- Non Pay Spend
- Enhanced controls
- Principles of Grip and Control

9) Quarter 2

For Q2 the Trust will still benefit from a favourable, but justified, phasing of its plans for the first half of the year. However, it will not be in a position to see an improved position arising from the one off gains supporting the position in Q1. It is imperative, therefore, that the Trust remains focussed and enhances its efforts to deliver its financial plans and receive the PSF available of £1.8m.

The Dudley Group NHS Foundation Trust

Paper for Submission to the Council of Governors
6 September 2018

TITLE:	Integrated Performance Report		
AUTHOR:	Andy Troth Head of Informatics	**PRESENTER:**	Karen Kelly Chief Operating Officer

CLINICAL STRATEGIC AIMS

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

CORPORATE OBJECTIVES

SO1: Deliver a great patient experience
SO2: Safe and caring services
SO3: Be the place people choose to work
SO4: Make the best use of what we have
SO5: 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**:
	NHS I	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
		✓	

RECOMMENDATIONS FOR THE BOARD:

To note the performance against the national mandated performance targets and where there has been non achievement to seek assurance on the plans to recover the expected position.

The Dudley Group
NHS Foundation Trust

Integrated Performance Report - Board




July 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**

The Dudley Group NHS Foundation Trust

Quality Dashboard

Quality And Risk															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Complaints	1,995	176	117	72	60	-	-	-	-	-	-	-	-	425	
Compliments	6,370	509	677	385	566	-	-	-	-	-	-	-	-	2,137	
Friends & Family – Community – Footfall	3.1%	2.9%	3%	4.2%	4.1%	-	-	-	-	-	-	-	-	3.6%	9%
Friends & Family – Community – Recommended %	96.6%	96.6%	95.3%	96.6%	95.5%	-	-	-	-	-	-	-	-	96%	97.7%
Friends & Family – ED – Footfall	19.1%	17.9%	18%	19.1%	18.6%	-	-	-	-	-	-	-	-	18.4%	21.3%
Friends & Family – ED – Recommended %	77.3%	81.8%	77.8%	77.1%	76.2%	-	-	-	-	-	-	-	-	78.1%	93.3%
Friends & Family – Inpatients – Footfall	32.1%	32.2%	33%	42.4%	35.9%	-	-	-	-	-	-	-	-	35.8%	35.1%
Friends & Family – Inpatients – Not Recommended %	1.5%	1.8%	2.1%	2%	1.8%	-	-	-	-	-	-	-	-	1.9%	%
Friends & Family – Inpatients – Recommended %	95.4%	94.9%	93.7%	94.4%	94.1%	-	-	-	-	-	-	-	-	94.3%	97.4%
Friends & Family – Maternity – Footfall	40.3%	30.3%	43.2%	37.9%	31.8%	-	-	-	-	-	-	-	-	36%	34.4%
Friends & Family – Maternity – Not Recommended %	0.6%	1.2%	0.9%	0.4%	0.8%	-	-	-	-	-	-	-	-	1%	%
Friends & Family – Maternity – Recommended %	97.8%	98.1%	97.2%	98.1%	98.8%	-	-	-	-	-	-	-	-	98%	97.9%
Friends & Family – Outpatients – Footfall	4.3%	4.9%	5.7%	5.1%	5.8%	-	-	-	-	-	-	-	-	5.3%	14.4%
Friends & Family – Outpatients – Recommended %	91.8%	90.1%	89.4%	90.5%	87.4%	-	-	-	-	-	-	-	-	89.2%	97.1%
HCAI – Post 48 hour MRSA	0	0	0	0	0	-	-	-	-	-	-	-	-	0	0
HCAI CDIFF – Due To Lapses In Care	19	3	0	0	0	-	-	-	-	-	-	-	-	3	8
HCAI CDIFF – Not Due To Lapses In Care	11	1	0	0	0	-	-	-	-	-	-	-	-	1	
HCAI CDIFF – Total Number Of Cases	30	4	0	3	0	-	-	-	-	-	-	-	-	7	
HCAI CDIFF – Under Review	0	0	0	3	0	-	-	-	-	-	-	-	-	3	
Incidents - Appointments, Discharge & Transfers	1,028	78	93	83	99	-	-	-	-	-	-	-	-	353	
Incidents - Blood Transfusions	88	9	7	5	2	-	-	-	-	-	-	-	-	23	
Incidents - Clinical Care (Assessment/Monitoring)	1,375	149	149	131	161	-	-	-	-	-	-	-	-	590	
Incidents - Diagnosis & Tests	397	42	53	51	33	-	-	-	-	-	-	-	-	179	
Incidents - Equipment	290	29	33	51	33	-	-	-	-	-	-	-	-	146	
Incidents - Facilities (Security, Estates, Transport, Fire etc.)	491	36	34	33	32	-	-	-	-	-	-	-	-	135	
Incidents - Falls, Injuries or Accidents	1,442	106	89	109	94	-	-	-	-	-	-	-	-	398	
Incidents - Health & Safety	331	33	31	24	41	-	-	-	-	-	-	-	-	129	
Incidents - Infection Control	112	12	10	7	6	-	-	-	-	-	-	-	-	35	

NHS
The Dudley Group
NHS Foundation Trust

Quality And Risk															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Medication	4,160	412	285	445	312	-	-	-	-	-	-	-	-	1,454	
Incidents - Obstetrics	990	52	62	83	81	-	-	-	-	-	-	-	-	278	
Incidents - Pressure Ulcer	3,492	303	266	235	237	-	-	-	-	-	-	-	-	1,041	
Incidents - Records, Communication & Information	825	77	87	63	90	-	-	-	-	-	-	-	-	317	
Incidents - Safeguarding	866	86	120	105	154	-	-	-	-	-	-	-	-	465	
Incidents - Theatres	208	24	21	28	15	-	-	-	-	-	-	-	-	88	
Incidents - Venous Thrombo Embolism (VTE)	127	16	2	19	8	-	-	-	-	-	-	-	-	45	
Incidents - Violence, Aggression & Self Harm	734	52	66	48	67	-	-	-	-	-	-	-	-	233	
Incidents - Workforce	679	53	38	60	62	-	-	-	-	-	-	-	-	213	
Maternity : Early Booking KPI: % of women who see midwife/maternity healthcare professional	100%	100%	100%	100%	100%	-	-	-	-	-	-	-	-	100%	100%
Maternity : Increase in breast feeding initiation rates by 2% per year	56.85%	59.22%	60.37%	56.77%	69.45%	-	-	-	-	-	-	-	-	61.45%	61%
Maternity : Smoking In Pregnancy : Reduce to a prevalence of 12.1% across the year	15.61%	14.28%	13.52%	15.77%	15.65%	-	-	-	-	-	-	-	-	14.79%	12.1%
Mixed Sex Sleeping Accommodation Breaches	51	3	7	5	0	-	-	-	-	-	-	-	-	15	0
Never Events	3	0	0	0	0	-	-	-	-	-	-	-	-	0	0
NQA - Matrons Audit	92%	91%	95%	94%	-	-	-	-	-	-	-	-	-	94%	94%
NQA - Midwifery Audit	97%	98%	97%	98%	95%	-	-	-	-	-	-	-	-	97%	94%
NQA - Nutrition Audit	94%	94%	96%	93%	93%	-	-	-	-	-	-	-	-	94%	94%
NQA - Paediatric Nutrition Audit	98%	98%	93%	85%	98%	-	-	-	-	-	-	-	-	95%	94%
NQA - Skin Bundle	95%	95%	94%	92%	95%	-	-	-	-	-	-	-	-	94%	94%
NQA - Theatres and Critical Care Environment Audit	90%	96%	89%	93%	-	-	-	-	-	-	-	-	-	93%	94%
NQA - Think Glucose - EAU/SAU	77%	90%	100%	100%	100%	-	-	-	-	-	-	-	-	97%	94%
NQA - Think Glucose - General Wards	94%	96%	95%	98%	95%	-	-	-	-	-	-	-	-	96%	95%
Nursing Care Indicators - Community Childrens	99%	100%	100%	100%	-	-	-	-	-	-	-	-	-	100%	94%
Nursing Care Indicators - Community Neonatal	100%	100%	100%	100%	100%	-	-	-	-	-	-	-	-	100%	94%
Nursing Care Indicators - Critical Care	98%	100%	98%	100%	98%	-	-	-	-	-	-	-	-	99%	95%
Nursing Care Indicators - District Nurses	94%	95%	96%	97%	97%	-	-	-	-	-	-	-	-	97%	95%
Nursing Care Indicators - EAU	90%	96%	90%	94%	86%	-	-	-	-	-	-	-	-	91%	95%
Nursing Care Indicators - ED	88%	95%	88%	91%	92%	-	-	-	-	-	-	-	-	92%	95%

The Dudley Group NHS Foundation Trust

Quality And Risk															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Nursing Care Indicators - General Wards	95%	97%	95%	97%	93%	-	-	-	-	-	-	-	-	95%	94%
Nursing Care Indicators - Maternity	96%	93%	97%	100%	-	-	-	-	-	-	-	-	-	96%	94%
Nursing Care Indicators - Medicines Management	91%	94%	92%	94%	94%	-	-	-	-	-	-	-	-	93%	94%
Nursing Care Indicators - Neonatal	99%	96%	98%	97%	99%	-	-	-	-	-	-	-	-	98%	94%
Nursing Care Indicators - Paediatric	95%	96%	94%	99%	86%	-	-	-	-	-	-	-	-	94%	94%
Nursing Care Indicators - Renal	97%	98%	87%	94%	94%	-	-	-	-	-	-	-	-	93%	94%
Nursing Care Indicators - Surgical Assessment Unit	94%	98%	99%	98%	95%	-	-	-	-	-	-	-	-	97%	95%
PALS Concerns	15,006	870	501	326	207	-	-	-	-	-	-	-	-	1,904	
Saving Lives - 1 Ventilator Associated Pneumonia (*New 18/19)	-	100%	100%	100%	100%	-	-	-	-	-	-	-	-	100%	95%
Saving Lives - 2a Peripheral Vascular Access Devices - Insertion (*New 18/19)	-	99%	100%	100%	99%	-	-	-	-	-	-	-	-	99%	95%
Saving Lives - 2b Peripheral Vascular Access Devices - Ongoing Care (*New 18/19)	-	96%	96%	98%	100%	-	-	-	-	-	-	-	-	97%	95%
Saving Lives - 3a Central Venous Access Devices - Insertion (*New 18/19)	-	100%	100%	100%	96%	-	-	-	-	-	-	-	-	99%	95%
Saving Lives - 3b Central Venous Access Devices - Ongoing Care (*New 18/19)	-	100%	98%	100%	100%	-	-	-	-	-	-	-	-	99%	95%
Saving Lives - 4a Surgical site infection prevention - Preoperative (*New 18/19)	-	100%	100%	100%	100%	-	-	-	-	-	-	-	-	100%	95%
Saving Lives - 4b Surgical site infection prevention - Intraoperative actions (*New 18/19)	-	100%	100%	100%	100%	-	-	-	-	-	-	-	-	100%	95%
Saving Lives - 5 Infection Prevention in Chronic Wounds (*New 18/19)	-	100%	100%	100%	100%	-	-	-	-	-	-	-	-	100%	95%
Saving Lives - 6a Urinary Catheter - Insertion (*New 18/19)	-	100%	100%	100%	99%	-	-	-	-	-	-	-	-	99%	95%
Saving Lives - 6b Urinary Catheter - Maintenance and Assessment (*New 18/19)	-	100%	98%	98%	99%	-	-	-	-	-	-	-	-	99%	95%
Serious Incidents - Action Plan overdue	74	3	-	-	-	-	-	-	-	-	-	-	-	3	
Serious Incidents - Appointments, Discharge & Transfers	4	-	-	-	1	-	-	-	-	-	-	-	-	1	
Serious Incidents - Clinical Care (Assessment/Monitoring)	80	1	-	2	6	-	-	-	-	-	-	-	-	9	
Serious Incidents - Diagnosis & Tests	12	-	1	-	1	-	-	-	-	-	-	-	-	2	

The Dudley Group NHS Foundation Trust

Quality And Risk															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Serious Incidents - Falls, Injuries or Accidents	84	-	1	1	2	-	-	-	-	-	-	-	-	4	
Serious Incidents - Infection Control	20	2	-	-	-	-	-	-	-	-	-	-	-	2	
Serious Incidents - Medication	8	-	-	1	-	-	-	-	-	-	-	-	-	1	
Serious Incidents - Obstetrics	12	-	-	-	1	-	-	-	-	-	-	-	-	1	
Serious Incidents - Pressure Ulcer	392	8	1	4	-	-	-	-	-	-	-	-	-	13	
Serious Incidents - Safeguarding	-	-	-	-	1	-	-	-	-	-	-	-	-	1	
Serious Incidents - Venous Thrombo Embolism (VTE)	-	-	-	-	1	-	-	-	-	-	-	-	-	1	
Stroke Admissions : Swallowing Screen	82.84%	92.10%	86.27%	94.44%	100%	-	-	-	-	-	-	-	-	92.35%	75%
Stroke Admissions to Thrombolysis Time	57.69%	42.85%	60.00%	50%	50%	-	-	-	-	-	-	-	-	50%	%
Stroke Patients Spending 90% of Time On Stroke Unit (VSA14)	92.56%	91.89%	87.71%	97.77%	92.68%	-	-	-	-	-	-	-	-	92.22%	85%
Suspected High-risk TIA Assessed and Treated < 24hrs from presentation	94.15%	77.77%	100%	85.71%	77.77%	-	-	-	-	-	-	-	-	88.09%	85%
Time to Procedure: Emergency Procedures (Upper GI Diagnostic endoscopic)	66.66%	65.3%	57.89%	43.33%	54%	-	-	-	-	-	-	-	-	54.31%	0%
Time to Surgery - Elective admissions operated on within two days for all procedures	87%	99.77%	99.86%	99.95%	99.89%	-	-	-	-	-	-	-	-	99.87%	0%
Time to Surgery : Emergency Procedures (Appendectomy)	97%	92.5%	90.62%	87.09%	84%	-	-	-	-	-	-	-	-	89.06%	0%
Time to Surgery : Emergency Procedures (Femur Replacement #NOF)	93.23%	95.23%	96.96%	95%	100%	-	-	-	-	-	-	-	-	96.59%	0%
Time to Surgery : Emergency Procedures (Reduction of fracture of bone excl. #NOF)	91.68%	88.57%	91%	88.13%	94%	-	-	-	-	-	-	-	-	90.54%	0%
VTE Assessment Indicator (CQN01)	93.37%	95.10%	94.8%	95.47%	95.11%	-	-	-	-	-	-	-	-	95.12%	95%

The Dudley Group NHS Foundation Trust

Executive Summary by Exception

Key Messages

CQSPE

HCAI

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

	July	YTD
Total No. of cases due to lapses in care	NIL	3
Total No. of cases NOT due to lapses in care	NIL	4
No. of cases currently under review (ytd)	1	NIL
Total No. of cases ytd.	NIL	7

There were 0 post 48 hour MRSA cases reported in month. The last post 48 hours MRSA cases was in September 2015, 1064 days ago.

Friends and Family Scores:

FFT response rate improvement plan is in place.

Complaints:

The Trust is continuing to make good progress with complaints. The full details are included in patient experience paper

Falls:

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

Pressure Ulcers

There have been 0 avoidable grade 4 pressure ulcers reported since January 2018. There were 5 verified grade 3 pressure ulcers in July 2018, 2 Hospital acquired (C1 and B2 Trauma) and 3 Community acquired, all have been determined as unavoidable.

Never Events

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

Mixed Sex Sleeping Accommodation Breaches (MSA)

There are 0 MSA breaches in month.

VTE Assessment On Admission: Indicator

The target was achieved in month with provisional performance at 95.1% against a target of 95%.

The Dudley Group NHS Foundation Trust

Executive Summary by Exception

Key Messages

1 Performance Matters — Committee: F&P

A&E 4 hour wait

The combined Trust and UCC performance was below target in month at 85.30%. Whilst, the Trust only (Type 1) performance was 76.73%.

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

	Attendances	Breaches	Performance
A&E Dept. Type 1	9565	2225	76.73%
UCC Type 3	5795	33	99.43%

Cancer Waits

The Committee is reminded that due to the time required to validate individual pathways, the cancer waiting times in this report are provisional only. In addition, the reporting of patients breaching 104 days is provided 1 month retrospectively.

Cancer – 62 Day from Urgent GP Referral to Treatment performed below target for the month at 81.6% (Provisional as at 17th Aug). Previous month confirmed performance was 79.9%

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

No. of Patients treated on or over 104 days (DGFT)	7
No. of Patients treated on or over 104 days (Tertiary Centre)	2
No. of Patients treated on or over 104 days (Combined)	9

2WW

The target was achieved once again in month. During this period a total of 1378 patients attended a 2ww appointment with 57 patients attending their appointments outside of the 2 week standard, achieving a performance 94.9% 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 94.1% in month against a target of 92%, a decrease in performance from 94.5% in the previous month. Urology did not meet the target in month at 88.1% down from 88.7% in previous month. Ophthalmology is at 85.4% down from 86.1% in the previous month. General Surgery at 93.1% down from 93.5%. 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 99.2%. The number of patients waiting over 6 weeks was 52.

Executive Summary by Exception cont.

Key Messages

2 Financial Performance Matters — Committee: F&P

Adjusted deficit of £2.526m for April-July, representing a £0.412m adverse variance in comparison to the control total. However, underlying position is significantly worse than this linked to one-off benefits (PFI £0.903m and 17/18 income £0.482m negated by £0.4m of 17/18 costs) plus the inclusion of £0.470m linked to "lost" emergency admissions (not yet agreed by CCG). The full year base forecast predicts a deficit of £9.606m before PSF (upside of a £5.068m deficit and downside of a £14.248m deficit). A recovery plan of the magnitude of £9m is thus required to improve upon the base forecast and deliver the control total.

The position on the Trust's liquidity ratio was -8.00 days against a planned position of -6.70 days at Month 4.

The Dudley Group NHS Foundation Trust

Executive Summary by Exception cont.

Key Messages

4 Workforce — Committee: F&P

Staff Appraisals

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

Mandatory Training

There have been significant efforts to improve our mandatory training rates with a particular emphasis on specific areas such as Safeguarding and Infection Control. The overall compliance has increased to 88.92%. This is the highest compliance recorded in the Trust and therefore all efforts will continue to be made to achieve and surpass our target of 90%. There are trajectories in place for each Division with performance reviews focusing on compliance for every member of staff.

Sickness Rate

The absence rate has increased slightly to 4.43% from 4.35% in June 2018. Although this is a relatively positive absence rate it is still 0.4% above the rate at the same time last year. We have seen a rise in the number of sickness cases associated to stress and anxiety. Therefore, the strategy of managing staff has developed to provide relevant support and interventions in order that staff are fit to return to work.

Turnover & Vacancy Rate

The turnover rate has seen another drop and currently sits at 9.5%. This is still 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 Staff Engagement lead has demonstrated a particular focus on understanding the feedback from exit interviews, listening to staff and developing strategies to support improved retention at the Trust. The initial feedback is very positive and this will be developed further as we move into the feedback for the national staff survey.

The Dudley Group NHS Foundation Trust

Patients will experience safe care - "At a glance"

Executive Lead: Siobhan Jordan

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Jun-18	Jul-18	Actual YTD	Trend	Month Status
Friends & Family Test - Footfall							
Friends & Family Test - ED	14.5%	21.3%	19.1%	18.7%	18.4%	↓	
Friends & Family Test - Inpatients	26.0%	35.1%	42.4%	36.0%	35.8%	↓	
Friends & Family Test - Maternity	21.7%	34.4%	37.9%	31.9%	36.1%	↓	
Friends & Family Test - Outpatients	4.7%	14.5%	5.1%	5.8%	5.4%	↑	
Friends & Family Test - Community	3.5%	9.1%	4.3%	4.1%	3.7%	↓	
Friends & Family Test - Recommended							
Friends & Family Test - ED	89.9%	93.4%	77.1%	76.2%	78.1%	↓	
Friends & Family Test - Inpatients	96.3%	97.4%	94.5%	94.2%	94.3%	↓	
Friends & Family Test - Maternity	96.0%	98.1%	98.1%	98.9%	98.0%	↑	
Friends & Family Test - Outpatients	94.6%	97.2%	90.6%	87.4%	89.3%	↓	
Friends & Family Test - Community	96.4%	97.7%	96.6%	95.7%	96.1%	↓	
Complaints							
Total no. of complaints received in month		0	38	75	197	↑	
Complaints re-opened			5	2	16	↓	
PALs Numbers			268	301	1181	↑	
Complaints open at month end			204	216	------	↑	
Compliments received			399	566	2151	↑	
Dementia (1 month in arrears)							
Find/Assess		90%	98.3%		97.9%	↑	
Investigate		90%	100.0%		100.0%	↑	
Refer		90%	90.3%		95.9%	↑	
Falls	National average 6.63 per 1000 bed days						
No. of Falls			64	55	241	↓	
Falls per 1000 bed days		6.63	3.90	3.27	3.55	↓	
No. of Multiple Falls		N/A	4	7	25	↑	
Falls resulting in moderate harm or above			1	2	4	↑	
Falls resulting in moderate harm or above per 1000 bed days		0.19	3.9	3.3	3.5	↓	
Pressure Ulcers (Grades 3 & 4)							
Hospital Avoidable		0	1	0	2	↓	
Hospital Non-avoidable		0	2	2	11	↔	
Community Avoidable		0	1	0	4	↓	
Community Non-avoidable		0	8	3	26	↓	
Handwash							
Handwashing			99.6%	99.8%	99.1%	↑	

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Jun-18	Jul-18	Actual YTD	Trend	Month Status
Mixed Sex Accommodation Breaches							
Single Sex Breaches		0	5	0	15	↓	
Mortality (Quality Strategy Goal 3)							
HSMR Rolling 12 months (**Latest data May 18**)	110	105	116	117	N/A		
SHMI Rolling 12 months (**Latest data Dec17**)	1.10	1.05	N/A	N/A	N/A		
HSMR Year to date (**Not available**)					N/A		
Infections							
Cumulative C-Diff due to lapses in care		28	3	3	4	↔	
MRSA Bacteraemia		0	0	0	0	↔	
MSSA Bacteraemia		0	1	0	4	↓	
E. Coli - Total hospital		0	4	1	13	↓	
Stroke Admissions - PROVISIONAL							
Stroke Admissions: Swallowing Screen		75%	91.7%	100.0%	91.1%	↑	
Stroke Patients Spending 90% of Time on Stroke Unit		85%	95.6%	92.7%	92.6%	↓	
Suspected High Risk TIAs Assessed and Treated <24hrs		85%	100.0%	77.8%	90.9%	↓	
VTE - PROVISIONAL							
VTE On Admission		95%	95.6%	95.1%	95.3%	↓	
Incidents							
Total Incidents			1395	1534	5718	↑	
Recorded Medication Incidents			445	312	1309	↓	
Never Events			0	0	0	↔	
Serious Incidents			8	13	35	↑	
of which, pressure ulcers			4	0	13	↓	
Incident Grading by Degree of Harm							
Death			1	3	4	↑	
Severe			2	7	10	↑	
Moderate			57	34	129	↓	
Low			209	203	838	↓	
No Harm			1126	1287	4737	↑	
Percentage of incidents causing harm		28%	19.3%	16.1%	17.2%	↓	

Performance - "At a glance"

Executive Lead: Karen Kelly

The Dudley Group NHS Foundation Trust

Performance - Key Performance Indicators

	Target	Jun-18	Jul-18	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	94.6%	94.9%	93.5%	↑	
2 week wait - Breast Symptomatic	93%	95.4%	93.0%	95.1%	↓	
31 day diagnostic to 1st treatment	96%	99.5%	95.3%	98.4%	↓	
31 day subsequent treatment - Surgery	94%	100.0%	100.0%	100.0%	↔	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	100.0%	↔	
62 day urgent GP referral to treatment	85%	79.9%	81.6%	81.6%	↑	
62 day screening programme	90%	100.0%	100.0%	97.7%	↔	
62 day consultant upgrades	85%	91.5%	83.0%	87.4%	↓	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	94.5%	94.1%	94.2%	↓	
RTT Admitted - % treatment within 18 weeks	90%	86.6%	88.2%	86.7%	↑	
RTT Non Admitted - % treatment within 18 weeks	95%	95.9%	95.8%	95.2%	↓	
Wait from referral to 1st OPD	26	24	25	93	↑	
Wait from Add to Waiting List to Removal	39	44	47	179	↑	
ASI List		2496	2553		↑	
% Missing Outcomes RTT		0.09%	0.02%	0.1%	↓	
% Missing Outcomes Non-RTT		9.7%	5.9%	6.6%	↓	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	49	56	194	↑	
% of diagnostic tests waiting less than 6 weeks	99%	99.3%	99.2%	99.3%	↓	
ED - TRUST						
Patients treated < 4 hours Type 1 (Trust ED)	95%	78.7%	76.7%	77.2%	↓	
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	86.9%	85.3%	86.0%	↓	
Emergency Department Attendances	N/A	8944	9565	35881	↑	
12 Hours Trolley Waits		0	0	1	↔	
Ambulance to ED Handover Time - TRUST						
30-59 minute breaches		437	542	1596	↑	
60+ minute breaches		53	119	247	↑	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		18	27	89	↑	
60+ minute breaches		0	2	14	↑	

Performance - Key Performance Indicators cont.

	Target	Jun-18	Jul-18	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	1.8%	1.5%	1.5%	↓	
Cancelled operations - breaches of 28 day rule	0	2	2	4	↔	
Urgent operations - cancelled twice	0	0	0	0	↔	
GP Discharge Letters						
GP Discharge Letters	90%	78.7%	78.0%	74.4%	↓	
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		76.7%	77.0%	76.5%	↑	
Theatre Utilisation - Main		88.8%	88.1%	88.4%	↓	
Theatre Utilisation - Trauma		96.7%	94.9%	95.6%	↓	
GP Referrals						
GP Written Referrals - made		6993	6687	28797	↓	
GP Written Referrals - seen		5919	6268	23522	↑	
Other Referrals - Made		3508	3763	13762	↑	
Throughput						
Patients Discharged with a LoS >= 7 Days		7%	7%	7%	↔	
Patients Discharged with a LoS >= 14 Days		3%	3%	3%	↓	
7 Day Readmissions		4%	2%	3%	↓	
30 Day Readmissions - PbR		8%	4%	7%	↓	
Bed Occupancy - %		90%	87%	90%	↓	
Bed Occupancy - % Medicine & IC		94%	94%	95%	↓	
Bed Occupancy - % Surgery, W&C		87%	81%	86%	↓	
Bed Occupancy - Paediatric %		53%	56%	67%	↑	
Bed Occupancy - Orthopaedic Elective %		68%	69%	74%	↑	
Bed Occupancy - Trauma and Hip %		95%	91%	94%	↓	
Number of Patient Moves between 8pm and 8am		119	94	414	↓	
Discharged by Midday		13%	13%	13%	↑	
Outpatients						
New outpatient appointment DNA rate	8%	11.8%	9.0%	10.3%	↓	
Follow-up outpatient appointment DNA rate	8%	9.2%	8.3%	8.3%	↓	
Total outpatient appointment DNA rate	8%	10.2%	8.5%	9.9%	↓	
Clinic Utilisation		75.6%	73.3%	74.9%	↓	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective		2.9	3.7	3.3	↑	
Average Length of Stay - Non-Elective	3.4	5.4	5.2	5.5	↓	

Financial Performance - "At a glance"

Executive Lead: Tom Jackson

The Dudley Group NHS Foundation Trust

Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	473	458	-3.2%	-15	1,469	1,378	-6.2%	-91
Day Cases	4,148	4,759	14.7%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	4,093	3,610	-11.8%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	37,969	39,036	2.8%	1,067	115,593	114,578	-0.9%	-1,015
A&E	8,639	8,944	3.5%	305	25,595	26,316	2.8%	721
Total activity	**55,322**	**56,807**	**2.7%**	**1,485**	**167,051**	**166,859**	**-0.1%**	**-192**
CIP	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Income	330	630	90.9%	300	861	1,134	31.8%	274
Pay	238	265	11.5%	27	686	767	11.9%	82
Non-Pay	149	240	61.0%	91	598	1,966	228.9%	1,368
Total CIP	**717**	**1,135**	**58.3%**	**418**	**2,144**	**3,868**	**80.4%**	**1,724**
INCOME	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
NHS Clinical	27,362	27,677	1.2%	315	82,046	81,526	-0.6%	-520
Other Clinical	358	741	107.0%	383	964	1,338	38.8%	374
STF Funding	452	45	-90.0%	-407	1,356	949	-30.0%	-407
Other	2,066	2,247	8.7%	181	5,795	5,904	1.9%	109
Total income	**30,238**	**30,709**	**1.6%**	**471**	**90,160**	**89,717**	**-0.5%**	**-444**
OPERATING COSTS	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Pay	-18,771	-18,765	0.0%	6	-55,882	-56,038	0.3%	-156
Drugs	-2,866	-2,700	-5.8%	166	-8,421	-8,498	0.9%	-77
Non-Pay	-7,088	-7,061	-0.4%	27	-21,045	-20,775	-1.3%	270
Total Costs	**-28,725**	**-28,526**	**-0.7%**	**200**	**-85,348**	**-85,311**	**0.0%**	**37**

Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
	£'000	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
EBITDA	**1,504**	**2,186**	45.3%	**682**	**4,785**	**4446**	-7.1%	**-339**
Depreciation	-816	-844	3.4%	-28	-2,445	-2507	2.5%	-62
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,227	-1,215	-1.0%	12	-3,701	-3685	-0.4%	16
SURPLUS/(DEFICIT)	**-539**	**127**	-123.6%	**666**	**-1,361**	**-1746**	**28.3%**	**-385**
SOFP	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Capital Spend	-809	-923	14.1%	-114	-2,939	-2,029	-31.0%	910
Inventory					3,002	3,186	6.1%	184
Receivables & Prepayments					16,608	18,938	14.0%	2,330
Payables					-22,241	-23,296	4.7%	-1,055
Accruals							n/a	0
Deferred Income					-4,656	-3,467	-25.5%	1,189
Cash & Loan Funding	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Cash					6,096	9,717	59.4%	3,621
Loan Funding							n/a	0
KPIs								
EBITDA %	5.2%	7.6%	2.4%		1.8%	1.7%	-0.1%	
Deficit %	-1.9%	0.4%	2.3%		-0.5%	-0.7%	-0.2%	
Receivable Days					0.0	0.0	n/a	
Payable (excluding accruals) Days					0.0	0.0	n/a	
Payable (including accruals) Days					0.0	0.0	n/a	
Use of Resource metric					3	3		

The Dudley Group NHS Foundation Trust

Workforce - "At a glance"

Executive Lead: Andrew McMenemy

People	Target 18/19	Target	Jun-18	Jul-18	Actual YTD	Trend	Month Status
Workforce							
Sickness Absence Rate	3.75%	3.75%	4.35%	4.21%	4.09%	↓	
Staff Turnover	8.5%	9%	9.6%	9.5%	9.7%	↓	
Mandatory Training	90.0%	90%	87.7%	88.9%	88.2%	↑	
Appraisal Rates - Total	90.0%	90.0%	95.6%	95.6%	65.3%	↔	

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
6 September 2018

TITLE:	**Governor Development Group report 21 August 2018**		
AUTHOR:	Fred Allen, Chair of meeting	**PRESENTER**	Fred Allen, Chair of meeting
CLINICAL STRATEGIC AIMS			
	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.		
CORPORATE OBJECTIVES: SO 6 – Deliver a viable future			

SUMMARY OF KEY ISSUES:

The attached provides a summary of the 21 August 2018 –

Matters arising from committee chairs:

Experience & Engagement Committee
Mrs Phillips raised the issue of lack of admin support for the Committee. Mr Palethorpe agreed to review arrangements for future meetings

Governance Committee
No matters arising

Strategy Committee
The chair reported lack of agenda items it was suggested agenda be developed to include clinical strategy. S.T.P etc. Committee suggested the word strategy be removed and be known as Development Workshop to avoid confusion.

Full Council agenda – September meeting
Agenda reviewed by the Group and agreed that the September full Council meeting agenda be amended to include Trust fundraising activity. The private meeting of the Council would precede the public session to allow time for a detailed discussion around the items relating to the CQC and ED performance.

Appointments & Remuneration Committee
Group advised that the above Committee would need to meet to discuss the remuneration of the new NED and consider the options for the renewal of the Chairs term of office which would expire at the end of December 2018. Meeting was subsequently arranged for 12 September 2018.

Corporate Business Calendar
The committee approved the corporate calendar for 2019 that may be subject to minor change. Approved proposal for the Annual Members Meeting to follow a similar format as 2018.

IMPLICATIONS OF PAPER:		
RISK	**N**	**Risk Description:**

	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**N**	**Details:**
	NHS I	**Y**	**Details: links to good governance**
	Other	**N**	**Details:**

ACTION REQUIRED OF COUNCIL

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

RECOMMENDATIONS FOR THE COUNCIL

To receive the report for information.

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
6 September 2018

TITLE:	**Board Secretary Report**		
AUTHOR:	**Glen Palethorpe, Board Secretary, Director of Governance** **Helen Board, Patient Experience and Governor Engagement Lead**	**PRESENTER**	**Glen Palethorpe, Board Secretary, 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.*	*Provide specialist services to patients from the Black Country and further afield.*	
STRATEGIC OBJECTIVES: ALL			

SUMMARY OF KEY ISSUES:

1. Council of Governor Elections 2018

There are a number of constituencies where governor elections will be taking place. A number of the current governors took time at the Annual Members Meeting to speak to interested members about the role of a Governor.

Elections will be run in accordance with the Trust's Constitution and use the method of single transferable voting. This system allows voters to rank candidates in order of preference and, after candidates have either been elected or eliminated; unused votes are transferred according to the voter's next stated preference.

The election process will commence in September 2018 with a call for nominations. A drop-in session is scheduled for Wednesday 19 September in the Clinical Education Centre for anyone considering the Governor role to find out more information. Existing governors are invited to support this event.

Where constituencies are contested with two or more nominees, elections will be held returning successful candidates in time for them to take up their terms of office from the December 2018 Council Meeting.

Constituency	Number of vacancies
Public: Brierley Hill	1
Public: Dudley Central	1
Public: Rest of the West Midlands	1
Public: Stourbridge	1
Staff: Medical & Dental	1

2. Non-executive director appointments

Jonathan Fellows reached his end of term of office on 31 July and the post of Senior Independent NED has been assigned on an interim basis to Dough Wulff.

The Recruitment process for the replacement of our retiring Non-executive director has concluded. Governors participated in both the stakeholder and interview panels. The panel concluded to offer for appointment, Catherine Holland, who joined as a Non Executive on 1 September 2018 for a term of 3 years.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: N		**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		Y

RECOMMENDATIONS FOR COUNCIL:

1. The Council is asked to note the arrangements relating to the Council of Governor elections 2018.

2. The Council is asked to ratify the decision of the Council of Governors Appointment and Remuneration Committee to appoint Catherine Holland as Non-executive Director for a term of three years.

Enclosure 19

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
Thursday 6 September 2018

TITLE:	**Foundation Trust Membership report Q1 2018/19**		
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 one 2018/19.

Membership report

- The Trust continues to maintain a public membership in excess of 13,000 to comply with Trust's Terms of Authorisation..
- 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	31 March 2018	30 June 2018
Public	13,770	13,981	13,875	13,888	13,886

The total number of public members as at 30 June 2018 is 13,886 (including Outside of the West Midlands) representing a decrease of 2 compared to 31 March 2018.

Detailed breakdown reporting is provided for review and action by the Committee as required.

General Data Protection Regulation (GDPR)

The General Data Protection Regulation (GDPR) (EU) 2016/679 is a regulation in EU law on data protection and privacy for all individuals within the European Union and European Economic Area (EAA). This was effective from 25 May 2018. The Trust has developed an action plan to comply with requirements and is taking steps to work towards full compliance. Further information about how the trusts uses personal data can be found on the Trust website http://dudleygroup.nhs.uk/about-us/patient-privacy-and-accessibility/

ACTION REQUIRED OF GROUP:

Decision	Approval	Discussion	Other
			X

RECOMMENDATIONS FOR THE COMMITTEE:

The Committee is asked to receive the report and review to identify actions where required.

Membership Report Quarter One

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	30 June 2018
Public	13,770	13,981	13,875	13,888	13,886

The total number of public members as at 30 June 2018 is 13,886 (including Outside of the West Midlands) representing a decrease of 2 compared to 31 March 2018. The number of staff members is 5,584 giving a total membership of 19,470.

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 30 June 2018

(numbers in bracket indicate previous quarter figures)

Public Constituencies	Number of Members
Brierley Hill	1,773 (1,774)
Central Dudley	2,428 (2,422)
Halesowen	1,154 (1,151)
North Dudley	1,382 (1,382)
Outside of the West Midlands	364 (365)
Rest of the West Midlands	1,770 (1,771)
South Staffordshire and Wyre Forest	1,178 (1,185)
Stourbridge	1,714 (1,712)
Tipton and Rowley Regis	2,123 (2,126)

Public membership breakdown by age, gender and ethnicity		Number of Members
Age	0-16 years	9 (14)
	17-21 years	688 (761)
	22+ years	12,738 (12,665)
	Not stated	451 (448)
Gender	Male	4,606 (4,622)
	Female	9,185 (9,173)
	Unspecified	95 (93)
Ethnicity	White	11,336 (11,348)
	Mixed	402 (401)
	Asian or Asian British	1,246 (1,238)
	Black or Black British	426 (426)
	Other	71 (71)
	Not stated	405 (404)

Staff Constituencies	Number of Members
Allied Health Professionals and Healthcare Scientists	689 (409)
Medical and Dental	503 (462)
Nursing and Midwifery	2,748 (1,401)
Non Clinical	995 (958)
Partner Organisations	649 (632)