

## Full Council of Governors meeting

Thursday 6 December 2018, 6.00pm

Clinical Education Centre, Russells Hall Hospital, Dudley

### Meeting in public session

No.	Time	Item	Enclosure	By
1.	6.00	<u>Welcome</u> (Public & Press)  1.1 Introductions & Welcome 1.2 Apologies 1.3 Declaration of interests 1.4 Quoracy 1.5 Announcements		Jenni Ord, Chairman
2.	6.05	<u>Presentations:</u>  2.1 Staff story (service improvement)		Peter Lowe, Head of Improvement Practice
3.	6.20	<u>Previous meeting</u>  3.1 Minutes of the previous full Council of Governors meeting held on 6 September 2018 3.2 Matters arising there from 3.3 Action points	Enclosure 2	Jenni Ord, Chairman
4.	6.30	Chief Executive update including update on MCP project	Enclosure 3	Diane Wake, Chief Executive
5.	6.40	<u>Care Quality Commission (CQC)</u>  5.1 ED position statement / ED Quality Improvement Plan/ ED summary at a glance	Enclosure 4	Karen Kelly, Chief Operating Officer Karen Kelly, Chief Operating Officer
6.	7.00	<u>Effective</u>  6.1 Workforce Report	Enclosure 5	Andrew McMenemy, Director of Human Resources
7.	7.10	<u>Strategy</u>  7.1 Strategy Committee workshop and meeting 20 Nov 2018	Enclosure 6	Fred Allen, on behalf of Chair of meeting
8.	7.20	<u>Safe, caring and responsive</u>  8.1 Experience and Engagement Committee 17 Oct 2018	Enclosure 7	Karen Phillips, Committee Chair
	7.25	8.2 Chief Nurse report including Quality Priorities update and Quality Care indicator process information	Enclosure 8	Jo Wakeman, Deputy Chief Nurse
	7.45	8.3 Patient Experience report Q2, 2018/19 including complaints and PALS	Enclosure 9	Jill Faulkner, Head of Patient Experience
	7.55	8.4 Aggregated Learning Report	Enclosure 10	Gilbert George, Interim Director of Governance/ Board Secretary

9.		<u>Effective</u>		
	8.05	9.1 Finance report Q2, 2018/19 and update on 2018/19 to date	Enclosure 11	Tom Jackson, Director of Finance
	8.15	9.2 Performance report Q2	Enclosure 12	Karen Kelly, Chief Operating Officer
10.		<u>Well-Led</u>		
	8.25	10.1 Board Secretary update - Governor appointments and elections - Committee Terms of Reference / membership	Enclosure 13	Gilbert George, Interim Director of Governance/ Board Secretary
	8.35	10.4 FT Membership summary Q2, 2018/19	Enclosure 14	Helen Board, Patient and Governor Engagement Lead
11.	8.40	Any Other Business (to be notified to the Chair)		Jenni Ord, Chairman
12.		Close of meeting and forward dates: 2019 10 January 14 February 7 March		Jenni Ord, Chairman

**Minutes of the Extraordinary Full Council of Governors meeting  
 Thursday 6 September 2018, 6.00pm,  
 Clinical Education Centre,  
 Russells Hall Hospital, Dudley**

**Present:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
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	<b>Chair of Council</b>	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:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
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 Glen Palethorpe	Director of Governance/Board Secretary	DG NHS FT
Mrs Dawn Woods	Head of Human Resources	DG NHS FT
Ms Diane Wake	Chief Executive Officer	DG NHS FT

**Apologies:**

<b>Name</b>	<b>Status</b>	<b>Representing</b>
Cllr Adam Aston	Appointed Governor	Dudley MBC
Ms Jill Faulkner	Head of Patient Experience	DG NHS FT
Dr Richard Gee	Appointed Governor	Dudley CCG
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
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 18/30.0**  
6.45pm

**Welcome (Public & Press)**

**COG 18/30.1**

**Introductions & Welcome**

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

**COG 18/30.2**

**Apologies**

Apologies had been received and recorded as above.

**COG 18/30.3**

**Declaration of interest**

The Council were reminded of the standing declaration in respect of Dr Gee owing to his work for Dudley CCG as part of the MCP procurement project. There were no other Declarations of Interest received relating to any agenda item.

**COG 18/30.4**

**Quoracy**

The meeting was declared quorate.

**COG 18/30.5**

**Announcements including recent fundraising activity**

Mrs Ord asked those present to note the fundraising activities planned for the coming months including the forthcoming Sparkle party to raise funds for the development of a Baby Bereavement suite and the Santa Cycle Dash cycle challenge and invited governors to put forward a team.

**COG 18/31.0**

**Presentations**

Mrs Ord announced that the Workforce report would be taken prior to patient story and would be presented by Mrs Woods, Head of Human Resources.

**COG 18/32.0**

7.05pm

**Workforce Report (Enclosure 9)**

Mrs Woods presented the enclosure given as enclosure 9 and highlighted the following items:

**Staff appraisals** – more than 96% of appraisals for non-medical staff had been completed and confirmed that The Dudley Group is now one of the leading trusts in the area.

**Mandatory training** – there had been a significant effort made to improve training rates for both safeguarding and infection prevention and control which had now achieved 88.92% against a target of 90%.

**Sickness absence** – there had been a slight increase reported in the quarter with an overall rate of 4.43%. Mrs Wood confirmed that this metric is closely monitored and had recently seen an increase in stress and anxiety. The Trust was now working with Remploy to support staff and seen some success and were proactively managing short and long term leave.

**Staff Turnover** – the Trust rates had been 9.5% for the quarter and above the target of 8.5% and noted it remained below average for acute trusts in England. Mrs Woods confirmed that the Trust had appointed a dedicated staff engagement lead.



Mrs Kerry queried the red rating on the workforce total absences for the care/support staff and if there was any specific reason behind the continued red rating.

Mrs Woods noted that there is a higher trend within this staff group compared to registered staff and there was still more work to do to establish what the causal factors were.

Mrs Price asked how much of the stress and anxiety is linked to bullying and if the person they complained about would also be investigated.

Mrs Woods advised that the majority of cases were linked to workload and any cases that may arise are supported appropriately in line with the dignity at work policy.

Mr Siviter noted that the turnover for clinical support division staff was much higher than the Trust average and asked if the reason for this was known and which staff groups this included.

Mrs Ord confirmed that it would include radiology and other support staff and not the clinical support workers. Mrs Ord thanked Mrs Woods for the update and asked all present to receive the report and to note the level of detail provided that was reviewed and supported improvement actions.

#### **COG 18/33.0**

19.28pm

#### **Patient story** (video presentation)

Ms Jordan introduced the patient story which was given by a patient who had been the first in the UK to receive treatment for acid reflux using the new Gerdx procedure, introduced into the UK by Trust specialist, Professor Ishaq. The procedure replaced traditional surgery which involved a stay in hospital. Instead, the underlying cause is treated via an endoscope and suture which results in permanent restoration of the barrier to reflux. The short procedure was non-invasive and carried out as a day case. The procedure is currently only carried out in Germany and Austria. The patient had reported suffering with acid reflux due to a hiatus hernia for around five years. The patient had a complicated history of bowel surgery and was unsuitable for conventional surgery. She was prescribed medication, which she would have to have taken for the rest of her life, but suffered adverse reactions. Following the procedure the patient had reported a complete recovery.

Mrs Neale confirmed that she had written to the CCG on the matter of the GerdX procedure which was not funded presently but had the potential to save the NHS a good deal of money and was a fantastic example of what our local consultants can achieve by providing a non-invasive procedure

Mrs Ord explained that the Trust had pioneered this in the UK and had self-funded the project. The Trust had approached NICE with an application for support and was also preparing a business case to submit to CCG which offered shared benefits if they were to support the funding of the procedure. She added that Professor Ishaq had also been shortlisted with the Health Service Journal (HSJ) for another procedure which would provide greater exposure. She asked governors to take assurance from developments such as GerdX and noted that the Trust continued to pioneer and innovate.

**COG 18/34.0**  
19.43pm

**Previous meeting**

**COG 18/34.1**

**Minutes of the previous full Council of Governors meeting held on 7 June 2018** (Enclosure 5)

The minutes were accepted as an accurate record and signed by the Chair.

**COG 18/34.2**

**Minutes from the Annual members meeting held 19 July 2018** (Enclosure 5a)

The minutes were accepted as an accurate record and signed by the Chair.

**COG 18/34.3**

**Matters arising there from**

There were none.

**COG 18/34.4**

19.45pm

**Action points**

All actions were complete and would be removed.

**COG 18/35.0**

19.45pm

**Chief Executive update including update on MCP project** (Enclosure 6)

Mrs Kelly presented the report given as enclosure six and asked governors to receive the report and highlighted the following:

**MCP** – the Trust had been notified on 27 July 2018 that the tender application for MCP submitted on 8 May had been successful. The notification contained a number of areas of further development.

Mr Jackson advised that the contractual form was intended to be through an Integrated Care Provider (ICP) contract. The contract had not been used previously and would be subject to an NHS England consultation. Work was already underway to develop and integrate acute, community and primary services. The MCP Board continued to meet regularly and was chaired by Ms Wake and membership included Non-executive Directors and representatives from the local health economy. Mr Jackson concluded that decisions would still need to be made regarding funding for the project and supporting the organisation to deliver.

Mrs Neale noted her concerns that the time and resources needed would undermine an already challenged Trust.

Mrs Ord confirmed that the risks associated with not engaging in the MCP/ICP project are the primary incentive to remain closely involved adding that the Trust would accommodate the necessary resource requirement to support the project.

**COG 18/36.0**

19.52pm

**Care Quality Commission (CQC)**

Mrs Ord advised that the two enclosures supporting this item had been robustly discussed in the preceding meeting held in private session. Mrs Ord confirmed that the dashboard would continue to be updated to deliver the granularity of data required and continued to provide assurances to the Council that progress against identified targets for improvement.

Mrs Ord invited questions to which all present indicated there were no further points to query or clarify.

- COG 18/36.1**      **ED position statement** (Enclosure 7)  
Mrs Ord asked those present to receive the enclosure for information.
- COG 18/36.2**      **ED summary at a glance** (Enclosure 8)  
Mrs Ord asked those present to receive the enclosure for information.
- COG 18/37.0**      **Strategy**  
19.55pm
- COG 18/37.1**      **Strategy Committee workshop and committee meeting 14 August 2018**  
(Enclosure 10)  
Mr Allen presented the report given as enclosure 10 which summarised the output from the recently held strategy workshop where governors had received an update on the key themes identified from consultation activity. The Trust had followed an engagement plan and undertaken consultation with staff, patients, governors and public. Governors had then been invited to discuss, approve and prioritise them. There was then further information shared in respect of the timetable for the Trusts strategy development and confirmation that a further workshop would be held in November.
- Mr Allen confirmed that the Strategy Committee had met after the workshop had concluded. The Committee workshop had been discussed and reviewed a point raised that the Committee agenda should include additional topics. He noted that some governors had arrived at the meeting without the relevant papers and emphasised the importance of governors taking the time to review papers ahead of meetings.
- Mr Allen invited all governors to attend the next Informal Governors meeting to be held on Tuesday 11 September and confirmed that the recently appointed Non-executive director, Ms Holland was scheduled to attend.
- Mr Palethorpe confirmed that he had met with Director of Strategy and agreed that MCP and Trust Strategy would be included as standing items on all future agendas of the Strategy Committee.
- Mrs Ord confirmed that the next strategy workshop would be held on 20 November and encouraged all governors to make every effort to attend.
- COG 18/38.0**      **Safe, Caring & Responsive**
- COG 18/38.1**      **Experience and Engagement Committee 4 July 2018** (Enclosure 11)  
19.57pm  
Mrs Phillips asked those present to receive the report given as enclosure 11 and highlighted the following items of assurance received:
- The meeting had received a update on CQC findings where following a further inspection of the Emergency Department on 28 June the CQC had indicated that there were still a number of concerns. Mr Palethorpe had answered all questions openly and advised 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 meeting had received a summary report from the Patient Experience Group where assurance was taken from the emphasis placed upon numerous

improvement actions undertaken as a result of patient feedback. The meeting had also received a report from the Quality and Safety Group and the Drug and Therapeutic Group with assurance taken that key items were being addressed that included the Trust infusion process.

The reports received had assured the Committee that the issues were being addressed, action plans are being put into place and follow up reports are scheduled detailing progress would be shared in future meetings.

Mrs Phillips then shared an open letter to Governors on behalf of the Trust Charity expressing the charity's appreciation to the Governors who volunteered as helpers at the charity Neon Dash event held in June 2018.

Mrs Phillips confirmed that reports had been received detailing Governor 'out there' activities undertaken by governors and the Committee had also given consideration how Governors would support the Annual Members Meeting with an agreement made to host an informal 'meet and greet' area.

*[Ms Wake arrived at this point of the meeting]*

## COG 18/38.2

### **Chief Nurse report including Quality Priorities update and Quality Care indicator process information** (Enclosure 12)

8.05pm

Mrs Wakeman presented the report given as enclosure 12 and asked those present to note the content. She highlighted the following items remained areas of concern:

**Vacancies** – Most wards have vacancies of more than 10% of their 'whole time equivalent' for Registered Nurses. The Trust continued 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.

**Quality dashboard** – there had been some evidence of deterioration of cleaning scores for some ward areas and noted that new equipment and materials were being trialled.

**MUST screening tool** – there remained a small number of areas not achieving the required target and noted that additional resources had been introduced to support improvement.

**Falls** – Mobilising alone continues to be the main cause identified as the reason for all falls reported (with and without harm).

**Pressure sores** – whilst there had been good progress in Q1, the available data had indicated that so far three of the four targets have been achieved.

**Incident reporting** – the Trust had set a target to improve the reporting rates and had achieved the target of 5% and continued to support staff.

Mrs Price asked if the grade 4 pressure sore reported was from the community.

Mr Palethorpe confirmed that the sore had been recorded within the hospital and advised that any pressure sores detected on admission, that may have occurred in a home setting, are reported to the CCG.

Mrs Neale asked if every pressure sore was subject to a Root Cause Analysis (RCA).

Ms Wakeman confirmed that this was the case and the learning was shared as appropriate.

Mrs Ord highlighted the performance in the first quarter against the new discharge management quality priority where it had been averaging 80% against the discharge date recorded.

Mrs Neale asked what the Trusts readmission rate was.

Ms Wakeman confirmed that this was below the national average.

Mrs Ord advised that Governors were invited to participate in the Trusts ongoing programme of Quality and Safety Reviews.

Mrs Price confirmed that she had participated in this activity and noted that more dates were to be circulated and encouraged other Governors to get involved.

#### **COG 18/38.3**

8.10pm

#### **Patient Experience report Q1, 2018/9 including complaints and PALS (Enclosure 13)**

Mr Palethorpe presented the Quarter 1 Patient Experience Report, given as Enclosure 13.

Mr Atkins asked about the information on page 15 and if the Head of Patient Experience had identified any specific themes as to why the Trust was in the bottom 10% nationally, and what things could be done to improve patient experience. Mr Palethorpe confirmed that improved communication with patients and their families was a pivotal area for improvement. The Council were informed that action plans are in place to address this issue.

Mr Palethorpe advised that the Trust continues to see an increase in the number of complaints received and the focus remained to encourage complainants to attend a Local Resolution Meeting to expedite an outcome. He confirmed that complaints provided the Trust with an opportunity to learn from and take action as needed.

Mrs Ord noted that the complaints outstanding and awaiting response remained a challenge and confirmed that extra staff had been appointed and were working overtime to deal with the complaints, this was both centrally and within the respective Divisions who are responsible for responding to complainants. The Trust's aim was to respond to complaints within 40 days and there a large number of complaints outstanding. She confirmed that a trajectory for improving complaints responses be presented to the Clinical Quality, Safety, Patient Experience Committee

The Chief Executive confirmed that the Patient Experience Manager has a corporate role and the Divisions have responsibility to respond to complaints within an appropriate timeframe. She added that if patient's issues were dealt with immediately there is good evidence that they would not turn into a complaint. Mr Palethorpe confirmed that the process of using PALS is already in place and is an effective solution for those seeking an immediate answer or help. He added that the importance of helping patients and families was highlighted at Trust induction.

Mrs Ord highlighted a recent thank you letter that had been received and how much the patient valued the engagement given to himself and his family as well as his actual care and treatment. This subject remained a key theme for those taking the time to write in. She reminded the Council that the Trust had received a good result for caring within the CQC report.

Mr Atkins confirmed that he had recently attended the Patient Experience Improvement Group that met every two weeks and had been impressed with the number of staff attending the meeting and their commitment to improving patient experience.

The Chairman and Board noted the report and asked that a trajectory for improving complaints responses be presented to the Clinical Quality, Safety, Patient Experience

Mrs Price explained that she and two other governors had recently visited a community group who had raised an issue relating to a call bell put out of reach and another patient who felt that the gluten free options were limited.

Mr Palethorpe noted his disappointment that they had failed patients on these occasions and Jo Wakeman confirmed she would take this back to the teams.

Mr Parmley asked for clarification on what a complaint from an MP was.

Mr Palethorpe confirmed that these related to complaints about the Trust that had been sent directly to an MP who would then forward this to the Trust on behalf of a constituent and was one of many avenues that people used to contact the Trust.

Mrs Neal advised it is another route in that patients may use if they do not feel they can approach the Trust themselves.

**COG 18/38.4**  
8.20pm

#### **Aggregated Learning Report (Enclosure 14)**

Mr Palethorpe presented the report given as enclosure 14 and advised that it provided a compendium of learning across the Trust during the first quarter of the year including examples of learning from pressure sores, complaints and external CAS or MPSA safety alerts. Use every opportunity to learn from these and also when the Trust receives a legal claim and noted that it could take a good deal of time to resolve a claim.

Mr Palethorpe noted that a process was in place to capture positive learning where staff can log what they think it going well and example given of interventional radiology that had gone extremely well and prevented incidents happening.

Asked governors to be assured that the Trust takes every opportunity that the Trust takes to learn and get better.

**COG 18/39.0**

**Effective**

**COG 18/39.1**

8.25pm

**Finance report Q1, 2018/19 and update on 2018/19** (Enclosure 15)

Mr Jackson presented the report given as enclosure 15 and highlighted the following to the Council:

**National financial performance** – he highlighted the key risks present at the start of the year and how we compared to other acute providers that nationally recorded a large deficit especially those trusts that provided urgent and emergency care.

**Financial improvement programme** – advised that the 2018/19 plan contained a series of stretching challenges and the Trust had developed a Financial Improvement Programme. This was supported by the Financial Improvement Group that met monthly and was chaired by the chief executive.

**Quarter 1 headlines** Mr Jackson advised that the Q1 plan was to deliver a deficit of £2.7m before Provider Sustainability Funds(PSF) and confirmed that the Trust is reporting delivery against the planned deficit. This is scheduled to trigger receipt of 70% of the Q1 PSF. The remaining 30% was linked to achieving the A&E target which would not be met. Q1 Budgets were presently overspent by 43% and rectification plans had been introduced.

Mr Jackson reported that the original Cost Improvement Plan (CIP) had identified a requirement of £15.4m for which the Board remained concerned that the level of risk in the aggregate plans remained a challenge and further work had identified £18.6m of CIP.

Mr Jackson advised that the second half of the year would be more challenging with continued pressure on controlling costs if the Q2 targets were to be achieved.

Mrs Neale asked if the Trust had seen a decrease in the penalties applied for breaches in A&E.

Mrs Kelly advised that the penalty system was no longer applied.

Mr Jackson confirmed that there are several incentive and penalties that may or may not be applied dependent on whether trusts sign up to control totals. There is challenge from trusts nationally that the centre is continuing to retain several billion pounds and that accessing the funds was potentially unachievable for the majority of trusts.

Mr Siviter asked if the Trust had revised its budget for A&E for this year.

Mr Jackson confirmed that costs were being captured separately and would be adjusted in line with requirements but noted that coding improvements have held income level quite well.

**COG 18/39.2**

8.36pm

**Performance report Q1 (Enclosure 16)**

Mrs Kelly presented the report given as enclosure 16 and asked the Council to note the contents and highlighted the following:

**A&E four hour target** – this remained below target for the quarter at 85.3% and noted that there had been more occasions when the performance was more than 90% and acknowledged there was more work to do.

**Cancer 62 day** – the Trust had performed below target in the quarter and noted that the improvement plan trajectory was set to achieve this for Q3 and beyond.

**Referral to Treatment** – the Trust had recently ranked 3rd and 4th out of trusts nationally with our performance consistently achieving better than the key 85% target.

Mrs Neale noted that mental health does not feature in the metrics and asked if it could be included in future reports.

Mrs Kelly confirmed that this is a focus for ED and confirmed that the Trust had a good working relationship with the Dudley and Walsall Mental Health Trust (DWMHT) staff working from Bushey Fields. She gave an example of a recent review of those waiting for treatment and confirmed that there is work to do. She agreed to provide an update on what actions the Trust was taking to support patients with mental health issues.

Ms Wake confirmed that she had regular direct dialogue with the chief executive at DWMHT and review the resources that are put into this area.

Mrs Ord confirmed that mental health had national focus and that there were steps being taken locally that included working with the children's mental health services (CAMHS).

**Action** provide an update on what actions the Trust is taking to support patients with mental health issues **Mrs Kelly**

**COG 18/40.0**

**Well-Led**

**COG 18/40.1**

**Governor Development Group 21 Aug 2018 (Enclosure 17)**

8.45pm

Mr Allen presented the report given as enclosure 17 and asked the Council to note the contents. Mr Allen highlighted the following:

There had been an administration support issue at the July 2018 meeting Experience and Engagement committee and Mr Palethorpe had subsequently confirmed that this was due to a short term vacancy to which a new member of staff had been appointed.

The Appointments and Remuneration committee were scheduled to meet to consider 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.



The committee had the opportunity to consider the 2019 corporate business calendar and approved a proposal for the Annual Member Meeting to follow a format similar to the 2018 event.

Mrs Ord thanked Mr Allen for his report and invited questions. There were none.

**COG 18/40.2**

8.47pm

**Board Secretary update (Enclosure 18)**

Mr Palethorpe asked the Council to note the contents of the report that provided an update on the schedule governor elections to fill vacancies that would arise in December. He provided an update on the Non-executive director appointments where Mr Fellows had reached his end of term of office on 31 July and the post of senior independent NED in an interim basis to Mr Wulff.

Mr Palethorpe advised that the recruitment process for the replacement of the retiring NED had concluded and thanked governors for their involvement in both the stakeholder and interview panels. The panel had concluded to offer for appointment, Catherine Holland, who joined the Trust on 1 September for a period of three years.

Mrs Ord thanked Mr Palethorpe for his update and asked those present to note the arrangements relating to the Council of Governor elections.

Mrs Ord asked the Council to ratify the decision of the Appointment and Remuneration Committee to appoint Ms Holland for a period of three years.

This was agreed.

**COG 18/40.3**

**FT Membership summary Q1, 2018/19 (Enclosure 19)**

Mr Palethorpe presented the report and asked the Council to note the contents of the report and highlighted that the Trust continued to maintain a membership that was reflective of the community it served.

**COG 18/41.0**

8.49pm

**Any other business**

**Brexit**

Mrs Kelly advised that two letters had been circulated by the secretary of state for health to advise trusts that there would be two months supply of pharmaceuticals available and asked trusts not to stock pile. It also referenced the lack of care workers, doctors and nursing posts that remained unfilled and further detail would be provided as it became available.

Mr Jackson confirmed that the view of the NHS supply chain and the pharmaceutical companies was to stockpile for 6 weeks and await further details.

Mrs Ord confirmed that NHS Providers are committed to supporting all trusts to ensure they stayed fully informed of developments as information became available.

**COG 18/42.0**

8.55pm

**Close of meeting and forward dates**

Mrs Ord advised that additional extraordinary meetings of the full Council had been arranged for Thursday 4 October and Thursday 8 November.

The next quarterly meeting of the full Council would take place on Thursday 6 December 2018.

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 6 September 2018**

Item No	Subject	Action	Responsible	Due Date	Comments

**Paper for submission to the Board of Directors on 6<sup>th</sup> December 2018**

<b>TITLE:</b>	<b>Public Chief Executive's Report</b>		
<b>AUTHOR:</b>	<b>Diane Wake, Chief Executive</b>	<b>PRESENTER</b>	<b>Diane Wake, Chief Executive</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		X	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input checked="checked" type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
<b>RECOMMENDATIONS FOR THE BOARD</b>			
The Board are asked to note and comment on the contents of the report.			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO1, SO2, SO3, SO4, SO5, SO6</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>• Visits and Events</li> <li>• Healthcare Heroes</li> <li>• National Staff Survey</li> <li>• Flu Vaccine</li> <li>• Staff Health and Wellbeing</li> <li>• Christmas Cheer</li> <li>• Care Home Chef Support</li> <li>• Baby Bereavement Suite Appeal</li> <li>• National News</li> <li>• Regional News</li> </ul>			

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

## Chief Executive's Report – Public Board – December 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

2 <sup>nd</sup> November	Team Brief
7 <sup>th</sup> November	NHSI Performance Review Meeting
8 <sup>th</sup> November	Board Workshop
	Dudley System Oversight and Assurance Group
	National Radiology Day
	Extraordinary Council of Governors
14 <sup>th</sup> November	Endoscopy Away Day
	Transition Board
19 <sup>th</sup> November	Winter Assurance Visit
28 <sup>th</sup> November	Healthcare Heroes
30 <sup>th</sup> November	Healthcare Heroes

### Healthcare Heroes

Congratulations to **Melvin Wilson and Kingswinford, Amblecote and Brierley Hill zone 1 & 3 district nurses** who are this month's Healthcare Hero team winners! This award is our way of saying thank you.



**KAB zone 1 & 3 district nurses** have received the award for their extremely hard work. The team often stay long after their shifts have finished to ensure patients are seen and are safe regardless of the weather conditions. Rain and deep snow don't deter this hardy team! The team make remarkable effort, seeing between 12 – 20 patients a day with compassion, care and dedication. Well done!

**Melvin Wilson** received the award after getting letters from grateful relatives who thanked Melvin for his outstanding care, kindness and patience while their loved ones were on the Forget-me-not Unit. Another relative has praised Melvin's special talent for empathising with his patients. Melvin works with many patients who present with dementia and have challenging behaviour, but he always respects all patients and ensures their care is individualised. This attention helps his patients settle a lot better on the ward. Well done!



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

### **National Staff Survey**

The National Staff Survey is open until the end of November and responses are coming in, so far 33% of staff have completed. Results will follow in the New Year and we will ensure improvements are tailored to support staff to make Dudley the best place to work.

### **Free Flu Vaccines for Staff**

Free flu vaccines for all staff are available with peer vaccinators getting out and about across the Trust as well as many drop in sessions across all sites. We are well on our way to our target of at least 75 per cent of frontline staff being vaccinated with 55% of staff taking up the vaccine up to 29.11.2018.

The vaccine is available to all staff and volunteers and we are encouraging as many people as possible to get themselves, their families and patients protected by getting the vaccine.

### **Staff Health and Well Being Fairs**

As part of our commitment to supporting staff and making Dudley an excellent place to work we have two health and well being fairs coming up. Staff can receive a free health check and a range of beauty treatments.

The events will take place at Brierley Hill Health & Social Care Centre on Wednesday 5th December and at Russells Hall Hospital on Friday 7th December.

### **Christmas Cheer**

Staff have been grabbing their dancing shoes and practising the high notes for our Dudley Christmas Cheer video to be launched in December. We have also held a design a Christmas card competition. The winning design will be made into cards for staff to give to patients so keep your eyes peeled for the winning designs.

### **Care Home Chef Support**

Trust Dietitians co-ordinated two training events for care home cooks, to help them create delicious meals for people with swallowing difficulties. It is part of a move to new international standards.



The events, held at Mary Stevens Hospice and St James' Medical Practice, saw 50 cooks get to grips with the likes of desserts suitable for a pureed diet such as 'deconstructed black forest gâteau' and white chocolate, strawberries and prosecco.



The session was run by specialist chef Gary Brailsford of Dining With Dignity, which provides training nationally to those who support people with dysphagia.

Lisa Truefitt, medicines management dietitian at the Trust, said: "We work closely with the care homes in our area and wanted to support their chefs with the knowledge and practical skills to prepare food and fluids for those on modified texture diets. This has important safety implications.

"At the moment we are transitioning to new international standards through the IDDSI (International Dysphagia Diet Standardisation Initiative) so this training will help get our care homes up to speed."

### **Baby Bereavement Suite Appeal**

We have got off to a fantastic start with our appeal and the Sparkle Party held on Friday 23<sup>rd</sup> November was a huge success raising over £1000 on the raffle and auction alone. A big thankyou to everyone who attended on the night and was so generous with their hard earned cash to support this really important appeal.

### **National NHS News**

#### **HEE to be made 'accountable' to NHS Improvement**

Health Education England (HEE) will be made "accountable" to NHS Improvement, the NHS bodies have announced, alongside a number of measures that will create a "more coherent approach to workforce development." The Department of Health and Social Care (DHSC) will be working with HEE and other partners to review the roles of the national organisations and their responsibilities as they all work to ensure "that the national workforce system is well aligned." **National Health Executive (23.10.18)**

#### **Two North East NHS trusts in national top 5 for cancelled children's operations in the past year**

Two North East hospital trusts are in the top five nationally for the highest number of cancellations of children's operations in the past year. A record 18,647 emergency and non-emergency children's operations were cancelled last year right across the UK, figures show. County Durham and Darlington NHS Foundation Trust cancelled 5,580, while City Hospitals Sunderland NHS Foundation Trust cancelled 3,644. **ITV News (27.10.18)**

#### **Couples being denied IVF on NHS over man's age or weight**

Couples are being turned down for NHS fertility treatment in some areas of England because the man is too old or too fat, despite neither criteria forming part of national guidelines or being proven to affect the success of IVF. Ninety-one per cent of local clinical commissioning groups (CCGs) also refuse access to IVF on the NHS if one of the couple has a child from a previous relationship, a process criticised as social rationing by the campaign group Fertility Fairness. **The Guardian (29.10.18)**

### **Where are the most violent workplaces?**

Until last year, national figures were produced on assaults on health staff - but the body responsible, NHS Protect was closed in April 2017. The Department of Health says part of a new violence reduction strategy for the NHS will involve reintroducing a system of national reporting. For now, we can look at the annual staff survey - it has a sample size of almost half a million or about 45% of NHS workers in England. According to that, 15% of NHS staff have experienced physical violence at work in the last year. The last national figures from NHS Protect we have on reported assaults on staff are from 2015-16 and suggest there was one assault per every 19 staff members.

**BBC News (02.11.18)**

### **Children's tonsils 'are being removed unnecessarily'**

The claim was prompted by a new study that suggests 7 out of 8 children who have their tonsils removed (tonsillectomy) will experience no benefit. This study reviewed medical records from more than 700 general practices between 2005 and 2016 to see how many tonsillectomies were performed for children, and the reason for doing so. Overall, 2.5 children per 1,000 had a tonsillectomy each year. But only 1 in 8 of these cases met recommended criteria for the procedure. The study was carried out by researchers from the University of Birmingham. It was published in the peer-reviewed British Journal of General Practice.

**NHS Choices (06.11.18)**

### **NHS England in legal battle with American firm over medicine procurement**

An American pharmaceutical company has launched a legal challenge against NHS England over a procurement process seeking suppliers for ground-breaking hepatitis C treatment. The legal proceedings were launched by the American firm Abbvie in London's Technology and Construction Court during the summer, claiming that NHS England breached its duty to treat all bidders fairly. The procurement was launched in spring in a bid to lower the cost of hepatitis C drugs which are manufactured by Abbvie, MSD Pharmaceutical, Janssen Pharmaceutica, and Gilead Sciences. Back in January, NHS England asked businesses in the pharmaceutical industry to help make the UK the first country in the world to eliminate hepatitis C through its next round of procurement. Hepatitis C leads to around 400,000 deaths a year and affects around 160,000 people in England, and NHS England says it believes it can go further with its treatment and eliminate it five years earlier than the World Health Organisation's goal of 2030. **National Health Executive (07.11.18)**

### **NHS postcode lottery denying thousands of diabetics blood sugar monitor used by Theresa May, investigation finds**

Tens of thousands of people with type 1 diabetes are being put at increased risk of serious complications by "short-sighted" rationing of a blood sugar patch used by Theresa May, an investigation has found. The prime minister is one of 400,000 type one diabetics in the UK. She told Parliament in last month that NHS patients would be prescribed the same Freestyle Libre monitor she uses to maintain a healthy blood glucose levels. **The Independent (08.11.18)**

**‘Rocketing demand’ sees NHS performance figures drop as winter approaches**

Last month saw the lowest percentage of NHS patients seen within four hours for any October since records began as the NHS’s latest performance figures do not bode well for the upcoming winter pressures. New statistics show that the NHS missed its two-week cancer target for the sixth month running, and the number of people waiting longer than the 18-week elective care target has risen by a third in the last 12 months against a backdrop of “stark” increases in admissions and waiting times across England. The performance figures released by NHS England show that there has been a 3.6% increase in A&E admissions compared to this time last year when “extremely challenging” winter conditions saw the highest figures ever recorded for the number of patients waiting in trolleys for more than four hours in A&E. **National Health Executive (08.11.18)**

**NHS England has said it is “working to ensure delays are minimised” around the publication of national clinical audits amid “significant concerns” raised by royal colleges.**

In a joint statement agreed on Wednesday and published on the Healthcare Quality Improvement Partnership website, NHS England said it planned to keep the process “under constant review” to ensure patients benefit from the work. The statement followed concerns raised with NHS England over clinical audit reports being delayed for months. **National Health Executive (09.11.18)**

**Capita’s cancer screening blunder hits 50,000 NHS patients**

More than 40,000 women have not received information on cervical cancer screening after the NHS contractor Capita failed to send out letters. The problem, which occurred between January and June, affected 43,200 women who were supposed to receive an invitation or a reminder but received only one of the two, and also led to the delays of 4,508 results letters, the company said. **The Guardian (14.11.18)**

**NHS England overhauling national cancer screening programmes**

NHS England will overhaul cancer screening as part of the long-term plan and has called on England’s first national cancer director to lead the work. Sir Mike Richards will review England’s three national cancer screening programmes, NHS England said today. He is expected to report next summer. The review will examine the breast, bowel and cervical screening programmes’ strengths and weaknesses, try to increase the number of eligible patients being screened, and find ways of incorporating new technology and techniques into existing programmes. The review comes three weeks after HSJ revealed the National Audit Office is investigating the four national screening programmes, consisting of the three cancer programmes now under review and the abdominal aortic aneurysm screening programme. **HSJ (15.11.18)**

**Britain at risk of paralysing Russian cyber attacks against NHS and Parliament**

Russian hackers are planning “hostile, disruptive and destructive” **cyber attacks** on the **NHS** and Parliaments, politicians today warned. There are said to be up to 10 small attacks every day but hackers are reportedly preparing to cripple the country’s health system and national grid in the near future. **The Mirror (19.11.18)**

**Dozens of NHS trusts fail key targets on waiting times for a year**

Nearly one in five NHS hospital services has failed to hit any key national waiting-time targets in the past year, analysis shows. Some 29 hospital trusts and boards out of 157 had not hit a single target for 12 months running, an investigation by the BBC found. **The Independent (21.11.18)**

**PHE and NHSE launch national drive to trace hepatitis C patients**

Public Health England (PHE) and NHS England have launched a national exercise to identify and treat patients who have been previously diagnosed with hepatitis C. In recent years new, potentially curative treatments have been developed for hepatitis C, but tens of thousands of people who were diagnosed in the past may not have accessed them. A new report, the first of its kind, by PHE shows more than 24,500 people in England have accessed new hepatitis C treatments in the last 3 years. **Gov.UK (21.11.18)**

**20-minute flu test could save NHS up to £24m a year and free up beds, manufacturer says**

A test that can diagnose the flu in just 20 minutes has helped cut the numbers of needless admissions and freed up hospital beds in pilots at two NHS trusts. Hospital patients usually have to wait for their tests to be sent to a laboratory and it can take several days to get the results, often meaning they are put into unnecessary isolation, significantly affecting the management of beds. **The Independent (24.11.18)**

**NHS replaces highest-spend drug with £300m cheaper alternative**

The NHS is set to make a record-breaking saving after reaching deals with manufacturers on low-cost “biosimilar” versions of its most expensive drug, according to the health service’s chief executive in England. The deal should save hospitals £300m, which equates to roughly three-quarters of the amount they currently spend, Simon Stevens will announce on Monday. The saving is the result of the introduction of drugs almost identical to adalimumab, which is prescribed to more than 46,000 patients to treat conditions such as rheumatoid arthritis, inflammatory bowel disease and psoriasis. Adalimumab was previously available only under the brand name Humira, but its exclusive patent recently expired, allowing the NHS to accept bids from companies who make biosimilar versions. The new drugs should be available to patients from December. In 2016-17, the NHS spent £18.2bn on medicines, an increase of more than a third since 2010-11. It says it saved more than £200m in 2017-18 by using best-value biological medicines.

**The Guardian (26.11.18)**

**NHS leadership pressures creating ‘negative working culture’ where bullying is prevalent, says official review**

A review into NHS leadership has said it found a “a negative working culture” where “bullying and discrimination are prevalent and accepted.” Sir Ron Kerr was commissioned by the Department of Health and Social Care to conduct the review in executive leadership within the NHS, and has today published a series of recommendations.

The review, which included evidence from NHS Providers and NHS Clinical Commissioners, recommended a number of actions which were needed to “build a modern working culture in which all staff feel supported, valued and respected for what they do and can challenge without fear.” The report focused on three issues: the expectations and support available to leaders, options for reducing administrative burdens on leaders, and the scope for further aligning management expectations at an organisational and system level. One of the review’s major recommendations was to use the NHS long-term plan to ensure challenged NHS organisations become “desirable” places to work, and called for a “new deal” between national bodies.

**National Health Executive (28.11.18)**

## **Regional NHS News**

### **Shock figures reveal one in six NHS workers were attacked at Stoke-on-Trent's biggest hospital in just one year**

The NHS will adopt a ‘zero tolerance’ approach to violence against staff after it emerged one in six hospital workers in North Staffordshire were attacked last year. Health Secretary Matt Hancock will set out a series of measures to protect employees after a survey showed that 15.2 per cent of staff have experienced physical violence in the last 12 months, the highest in five years. Staff working at the [Royal Stoke University Hospital](#) or Stafford County Hospital are even more likely to be assaulted by patients, their relatives or other members of the public than the national average. Figures show that 15.8 per cent of Royal Stoke staff had been subjected to violence while carrying out their jobs in 2017.

**StokeonTrentLive (01.11.18)**

### **New Cross to take the bulk of extra patients when Telford's A&E closes overnight**

Bosses at West Midlands Ambulance Service (WMAS) have started preparing for the move, which has been proposed by Shrewsbury and Telford NHS Trust (SaTH) due to staff shortages. In a report to the WMAS foundation trust board, CEO Anthony Marsh said most patients from the Princess Royal Hospital would be transferred to Wolverhampton's New Cross Hospital – a journey of 23 miles. **Express & Star (01.11.18)**

### **West Midlands Hospital Trust Put In Special Measures**

NHS Improvement confirmed on Thursday that Shrewsbury and Telford Hospital NHS Trust has been placed into special measures following recommendations from the Care Quality Commission (CQC). Ian Dalton, chief executive of NHS Improvement, said: "While Shrewsbury and Telford Hospital NHS Trust has been working through its many challenges, it is important that the trust is able to deliver the high-quality care that patients deserve. **Heart (09.11.18)**



### **NHS bosses to meet over night-time Telford A&E closure plan**

The planned night-time closure of Telford's A&E will need to be signed off by health commissioners and NHS regulators before it can go ahead. Health bosses will meet with representatives from NHS Improvement in Birmingham tomorrow to work through the details of how an overnight closure would work, Shropshire Clinical Commissioning Group's governing body has heard. Shrewsbury and Telford Hospital NHS Trust is planning to bring in the closure of A&E at Princess Royal Hospital, between 10pm and 8am, from December 5 if additional staff cannot be found. There are currently shortages of A&E consultants, nurses and middle grade doctors. A report put before Shropshire CCG's board yesterday said the decision to close the department overnight has been supported by the West Midlands Clinical Senate.

**Shropshire Star (15.11.18)**

### **Cancer patients not being seen quickly enough**

During September almost half of patients at The Royal Wolverhampton NHS Trust waiting too long to start treatment after an urgent GP referral. The trust came last among all 131 trusts in England for its cancer waiting times, which saw 56.9 per cent of patients start treatment within the 62 days - or two months. The target is for 85 per cent of patients to be seen within 62 days, and The Royal Wolverhampton NHS Trust fell short of this by 28 per cent. Targets suggest 96 per cent of those should start treatment within a month. In September, at the trust, it was 87 per cent. Nationally, 78.2 per cent of patients urgently referred by their GP with suspected cancer started treatment within the two-month set time period. Sandwell and West Birmingham Hospitals NHS Trust at 84.5 per cent, and University Hospitals of North Midlands NHS Trust, which treats patients in Stafford and Stoke, 84.6 per cent. Walsall Healthcare NHS Trust did hit the recommended target with 86.7 per cent of patients being seen within 62 days. **Express & Star (20.11.18)**

### **A&E, cancer care and operations: Wolverhampton NHS trust missing three key targets**

A shock report shows the Royal Wolverhampton NHS Trust, which runs the hospital, failed to meet the Government's most important targets for A&E, cancer and routine operations every month in 2017-18. NHS bosses have warned of a testing winter ahead, while politicians in the city have demanded health bosses stop piling extra pressure on New Cross Hospital's already strained resources. Only 53.3 per cent of patients were treated within the required 62 day period, compared to the national average of 78.2 per cent and an NHS target of 85 per cent. March saw the trust's best performance for cancer, when three-quarters of all patients were dealt with on time. **Express & Star (23.11.18)**

### **Online DNA analysis decodes the secrets to better health**

An online platform is uniting medical and health experts to deliver rapid analysis of patient DNA data in a bid to reduce costs and improve lives. The company behind the platform, Rightangled, is CQC-registered and part-owned by West Midlands Academic Health Science Network, and is gaining attention in both the UK and US for its ability to combine testing of thousands of genetic markers with a specialist review of that data. **APN News (26.11.18)**

**Urgent care company collapse leaves GPs just 10 days to find out-of-hours cover**

A number of GP practices are being forced to urgently seek replacement out-of-hours cover after the private company providing services on their behalf gave them just 10 days' notice of ceasing operations. Primecare, which forms part of the financially struggling Allied Healthcare group, wrote last week to over 20 Birmingham GP practices for which it directly provides out-of-hours cover, informing them they would stop services by the end of the month. NHS Walsall CCG, NHS Sandwell and West Birmingham CCG, NHS Herefordshire CCG and NHS Nene CCG all hold out-of-hours and urgent care services contract with the company, while Primecare also forms part of a wider NHS 111 and out-of-hours contract covering more than a dozen West Midlands CCGs. **Pulse (26.11.18)**

**Out-of-hours GP service used by 24 practices is to close in just THREE DAYS in 'absolutely disgraceful' move that will affect tens of thousands of patients**

Tens of thousands of patients are set to be affected by the closure of an out-of-hours GP service in just a matter of days. Primecare will 'cease all operations' as of December, the firm said in a letter sent to organisations it provides care for in the West Midlands. Health leaders have today condemned the firm's decision to shut its services – with just 10 days' notice - as 'absolutely disgraceful'. **Daily Mail (27.11.18)**

**300 new paramedics to be recruited at West Midlands Ambulance Service**

By Christmas next year, 225 more student paramedics and around 90 graduate and registered paramedics will be taken on by the ambulance service, which covers the Black Country and Staffordshire as well as Shropshire, Herefordshire, Worcestershire, Warwickshire, Coventry, and Birmingham. Recruitment manager, Louise Harris, said the service's student paramedic programme has seen more than 1,000 members of staff taken on since it began. She said: "Our innovative student paramedic programme has proved hugely successful since its introduction, seeing more than 1,000 members of staff taken on through it.

**Express & Star (28.11.18)**

**Shropshire Hospital Trust Gets Another Grilling Over Maternity Care**

The Care Quality Commission (CQC) rated services at Shrewsbury and Telford Hospital NHS Trust (SaTH) as "inadequate" in findings published on Thursday. The trust runs Shropshire's two main hospitals, Telford's Princess Royal and the Royal Shrewsbury Hospital. It was placed into special measures earlier in November amid a review of more than 100 cases of alleged poor maternity care. **Heart (29.11.18)**

**Paper for submission to the Council of Governors on 6<sup>th</sup> December 2018**

<b>TITLE:</b>	<b>ED Improvement Plan</b>		
<b>AUTHOR:</b>	<b>Karen Kelly Chief Operating Officer</b>	<b>PRESENTER</b>	<b>Karen Kelly Chief Operating Officer</b>
<b>CLINICAL STRATEGIC AIMS</b>			
	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.		
<b>ACTION REQUIRED OF Council of Governors:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		Y	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE Council of Governors:</b>			
To receive the updates on performance and improvement plan actions.			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO1: Deliver a great patient experience</b> <b>SO2: Safe and Caring Services</b> <b>SO3: Drive service improvements, innovation and transformation</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>Oversight slide pack:</b> Copy of presentation slides shared at the Oversight meeting with regulators on 29 <sup>th</sup> November 2018  <b>Plan on a page:</b> Overview of the Improvement work in ED that links to the individual workstreams in the Improvement Plan  <b>Summary at a glance – w/e 21/11/18:</b> <b>Triage</b> In the last reporting week we saw performance dip just below our November trajectory of 85% for the first time, attributed in the main to a fall in paediatric triage performance at 59.2% due to high demand in the department. Actions identified to improve performance include trialling the use of a band 3 in paediatric triage to carry out minor treatments to protect the triage nurse, review escalation to expedite the use of PAU in times of surge and mirror the See & Treat staffing rota across to paedics to better			



match staff to demand surges.

### Sepsis

Validation of the e-sepsis information continues resulting in improved performance in the screening of patients. Performance for IVAB within 60 minutes continues to come from a sample audit within the ED department.

A dedicated middle grade doctor has been identified as a bleep holder for managing sepsis patients in the department, Sepsis education continues in the department supported by the Trust Sepsis team and an IVAB task & finish group has been set up to be led by pharmacy.

### Staffing

The department has an active recruitment plan & will see around 20 new starters between Nov & Jan 19. Three new consultants will commence January 19.

In the last reporting period we saw a drop in our performance against skill set. We currently have 51 nurses trained in ESI triage with a further 8 undergoing supervision & competency this month which will support an improvement in performance.

### e-Obs

Performance is still below our target of 95% and is affected by number of attendances, patients in the department awaiting transfer to other locations and at times of huge demand, patients on corridors. We continue to prioritise triaging of patients to ensure we focus on the sickest patients. A number of actions (detailed in the Oversight presentation) are planned to improve performance.

### Safeguarding

Performance against PLN referrals on presentation continues to be 90% or above. Education is taking place in the department with 3 sessions covering 33 staff being undertaken in November and further dates planned for December. The Trust is also working with colleagues in the SWITCH Service in relation to drug/alcohol awareness and referral pathways.

### Improvement Plan w/e 21/11/18:

Progress continues on the actions within the ED Quality Improvement Plan. There are a number of amber actions(at risk of not delivering, due date passed or imminent) which are linked to the following key activities currently underway in the department. These will be closely monitored to ensure progression & completion.

- Paper for additional staffing requirements to be presented to Directors
- Escalation triggers/At a Glance board in main department
- Ratification of new/amended documentation at the ED Governance meeting

### IMPLICATIONS OF PAPER:

<b>RISK</b>	<b>Y</b>		<b>Risk Description:</b> UC782 - Failure to deliver the CQC post inspection action plans and improve the CQC inspection rating
	<b>Risk Register:</b> <b>Y</b>		<b>Risk Score: 10</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details: SAFE/EFFECTIVE/RESPONSIVE</b>
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b>
	<b>Other</b>	<b>Y</b>	<b>Details: CCG</b>

# System Oversight Meeting

## 29 November 2018

**NHS**

The Dudley Group  
NHS Foundation Trust



# Introduction

**Karen Kelly**  
**Chief Operating Officer**



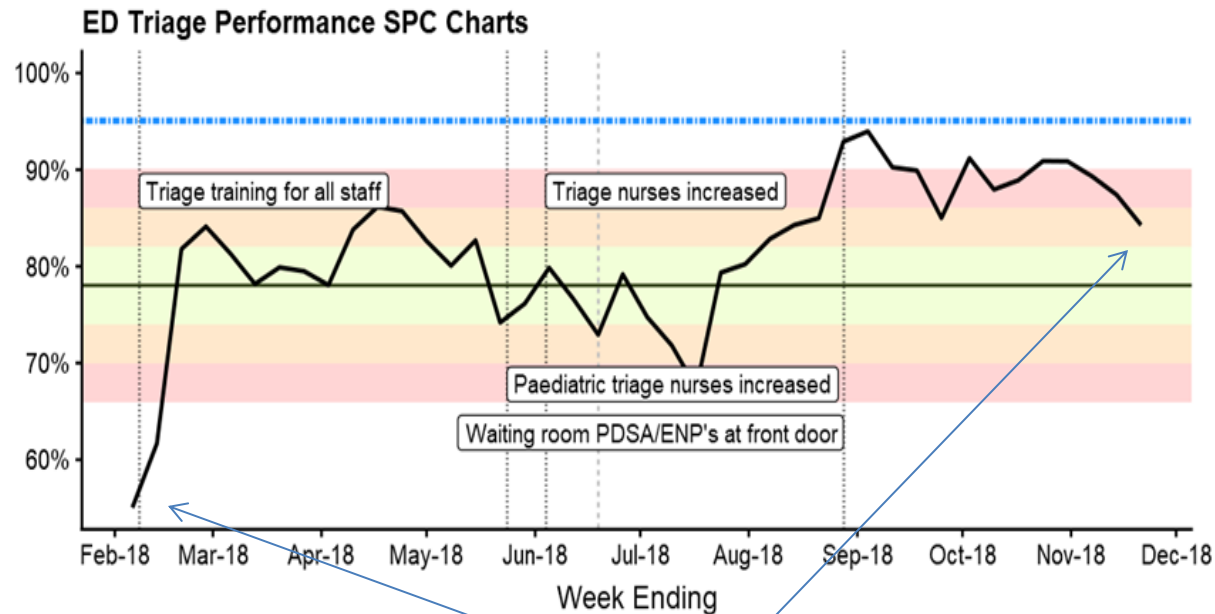
# Contents

- Triage Performance
- E- Obs Performance
- Sepsis Screening
- Sepsis 6
- Workforce/Staffing
- Safeguarding
- Specialist Clinical Expertise





# Overall Triage Performance



## Trajectory

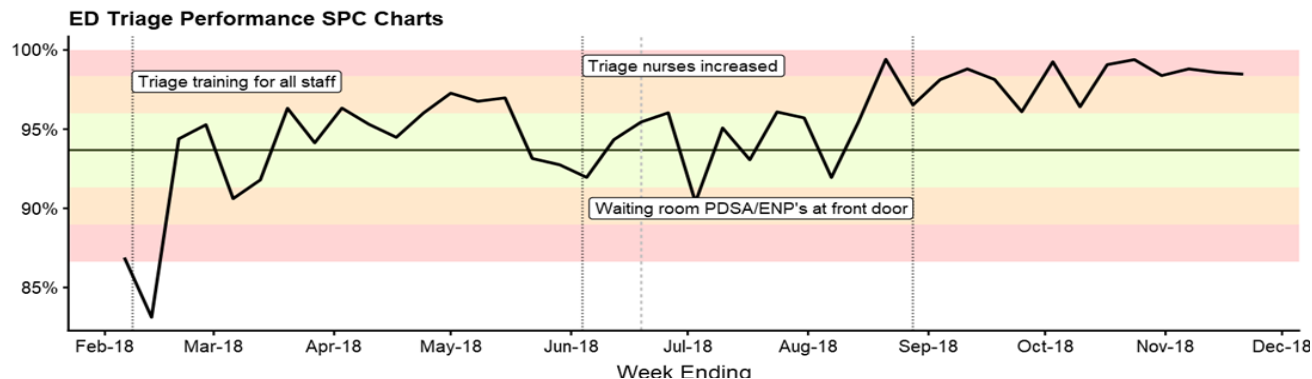
01-Dec	95%
01-Nov	85%
01-Oct	75%

w/e 31.1.18 – 55.0%  
w/e 21/11 – 84.3%

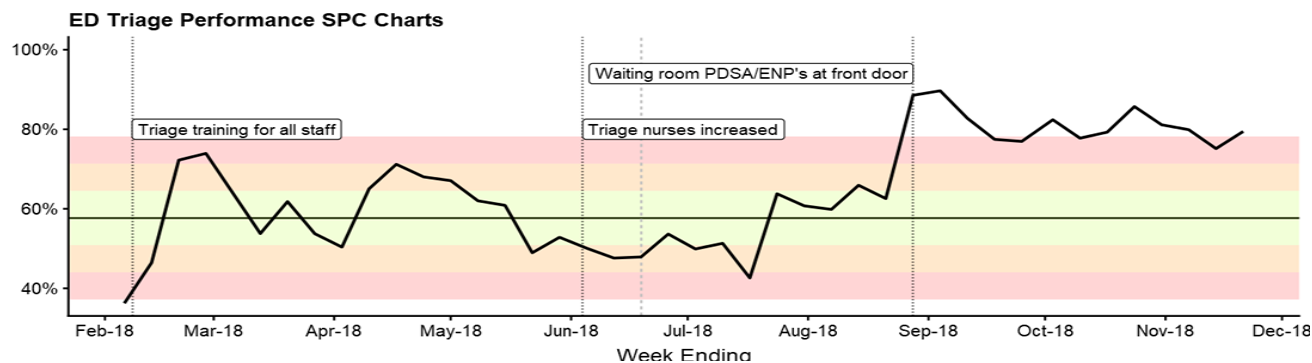


# Triage graphs by area

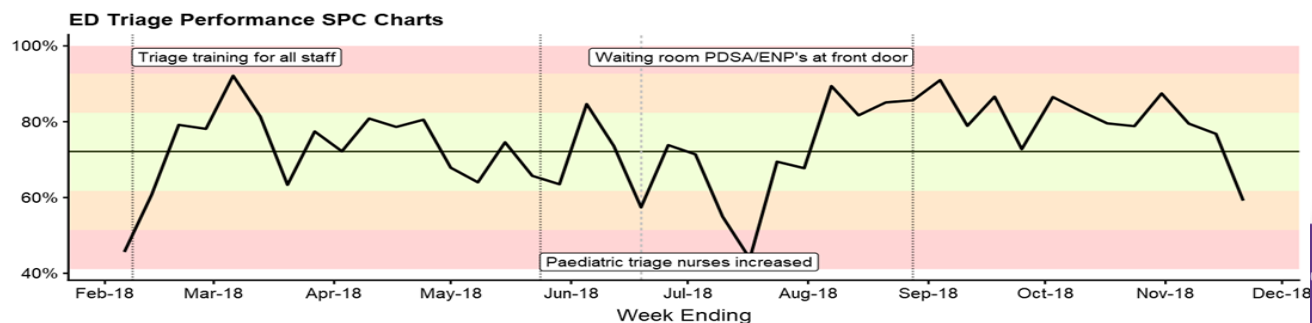
- Ambulance



- Adult Majors



- Paediatrics



# Triage

## What have we done in last two weeks:

- PDSA commenced 24/10 with ECIST to develop internal escalation & department status at a glance board. Work ongoing to incorporate role of Site Team in escalation & ED processes
- Developed plans for cover for gaps in ENP rosters due to vacancies to include ECP/ACP support.
- As a result of inconsistent performance for Paediatric triage a PDSA has been agreed for Paediatric ED to utilise an additional Band 2 & 3 with competencies in minor injury management to assist in patient flow. Initial intervention for 2 weeks and then evaluate the impact.
- Currently have 51 ESI trained nurses. A further 8 that have completed online training & are currently having supervised practice & competencies.

## Areas of challenge:

- Paediatric triage performance has dipped due to demand in the department and the ESI nurse needing to carry out treatment of patients as well as the triage role.

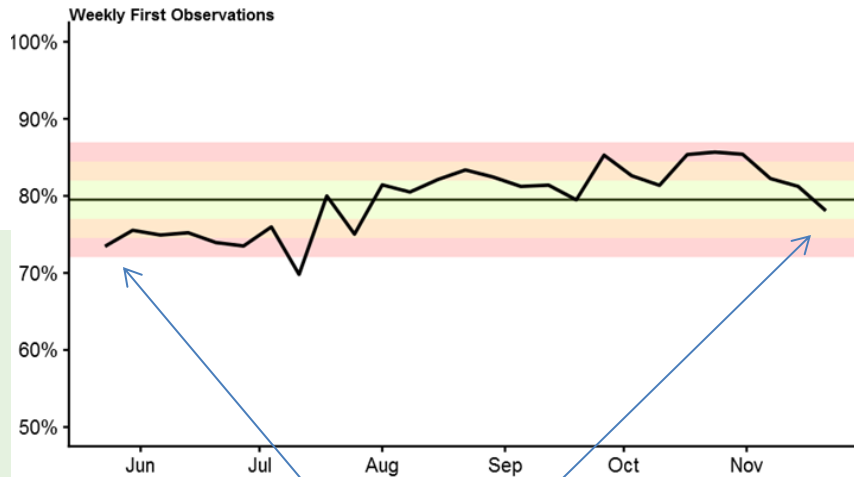
## What are we going to do:

- mirror See & Treat staffing rota across to paed to better match staff to demand surges
- trial band 3 with minor injury competencies to carry out minor injury treatments to protect triage nurse
- review escalation to expedite the use of PAU in times of surge

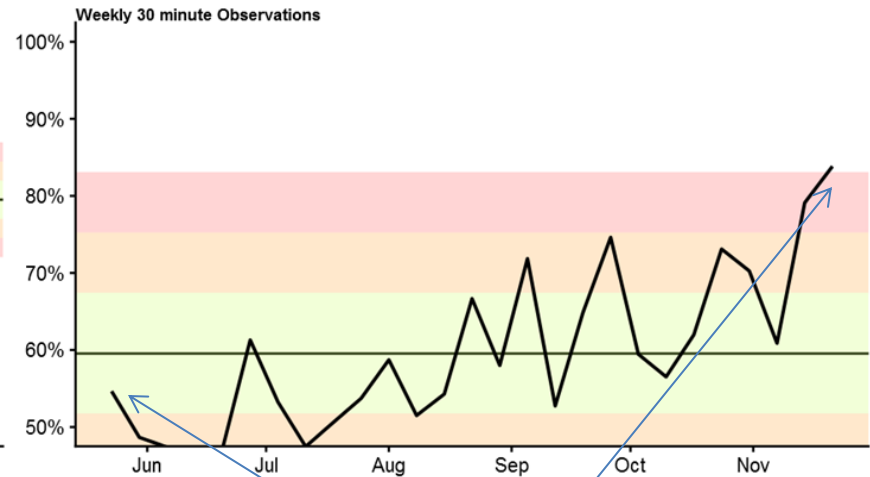


# Deteriorating Patient – E-obs

Electronic Observations Compliance



w/e 23/5 – 73.5%  
w/e 21/11 – 78.1%

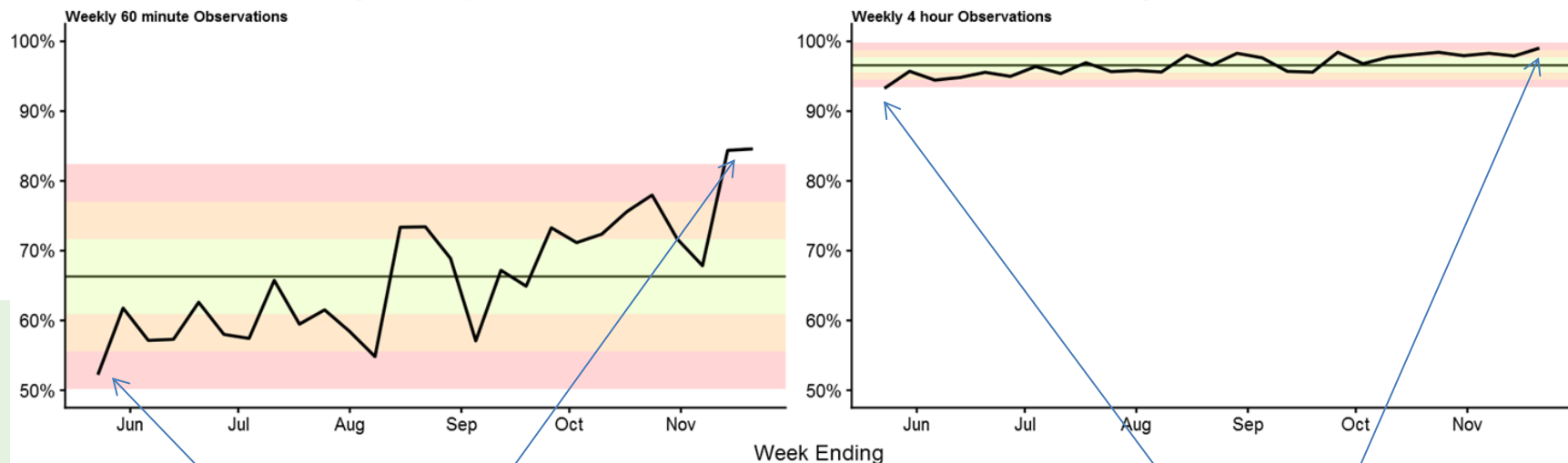


w/e 23/5 – 54.7%  
w/e 21/11 – 83.7%





# Deteriorating Patient – E-obs



Source: Sunrise (EPR)

w/e 23/5 – 52.2%  
w/e 21/11 – 82.3%

w/e 23/5 – 92.6%  
w/e 21/11 – 99.0%



# Deteriorating Patients – e-obs

## What have we continue to do:

- Patients are streamed by a senior nurse from Malling Health
- Monitor possible patient risks through Datix reporting – there have been no documented reports of any harm as a result of late observations

## Areas of challenge:

**First observations** have been affected by periods of patients waiting on corridors.

Focus is placed on triaging patients, concentrating on those that are most sick, meaning first observations can be delayed. However week ending 21/11 90.4% of first observations were done within 60 minutes.

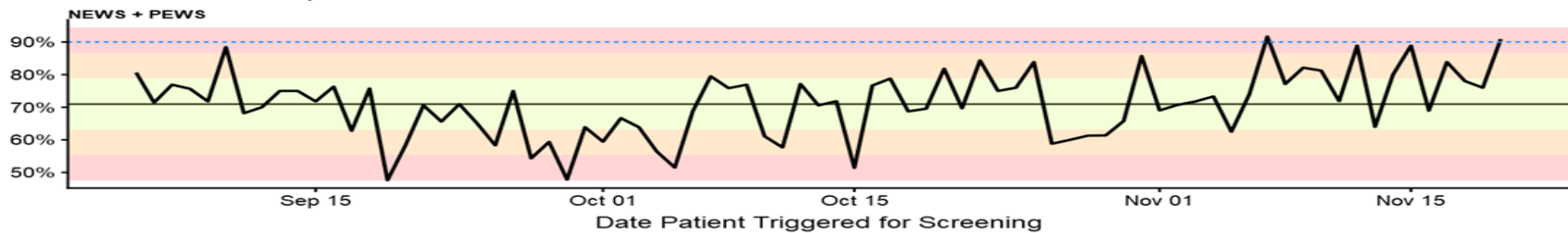
**30min & 60min observations** are affected by the numbers of patients in ED awaiting transfer to assessment units & ward areas

## What are we going to do:

- Accelerate winter plans for improved flow in periods of increased demand
- Accelerate staffing review of AMU
- Undertaken PDSA cycle for month of Dec to support demand for CSW 1:1 support
- Bring forward new starter commencement dates
- Trial CSW's working alongside triage nurses to undertake first observations
- Review PAU access/availability



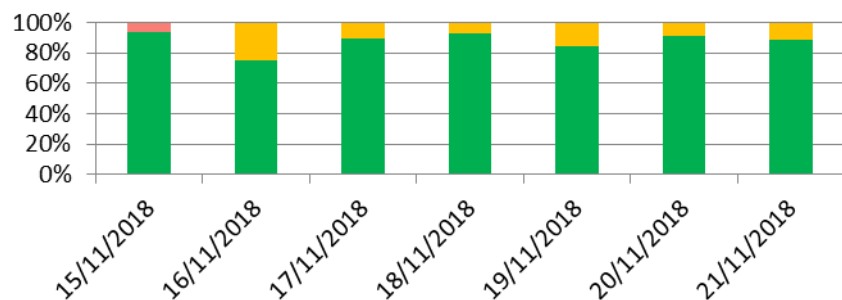
# E-sepsis triggers



# Sepsis Triggers

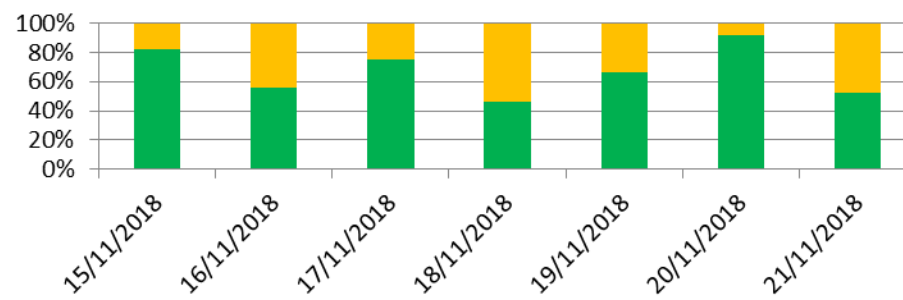
NEWS	15/11/2018	16/11/2018	17/11/2018	18/11/2018	19/11/2018	20/11/2018	21/11/2018
E-Toolkits started	15	15	17	26	22	20	23
Audit Adjustment		5	2	2	4	2	3
No E-Toolkits Started	1						
PEWS							
E-Toolkits started	9	5	9	6	16	11	12
Audit Adjustment	2	4	3	7	8	1	11
No E-Toolkits Started							
Obs unmatched							
E-Toolkits started	2	4	8	4	3	1	7

## NEWS2 e-Sepsis



■ E-Toolkits started ■ Audit Adjustment ■ No E-Toolkits Started

## PEWS e-Sepsis



■ E-Toolkits started ■ Audit Adjustment ■ No E-Toolkits Started



# Deteriorating Patients E-Sepsis

## What have we done in last two weeks:

- Dedicated Middle Grade for managing sepsis, if triggers will be bleeped to see patient to make a plan
- Daily in-reach support from the Trust Sepsis Team
- With effect from 12<sup>th</sup> November one hour focused on the shop floor training of the sepsis screening & sepsis 6 protocols commenced.
- Focused education around completion of electronic fluid balance chart
- Agreement received for 2 additional sepsis nurses for Trust Sepsis team
- IVAB task & finish group led by pharmacy

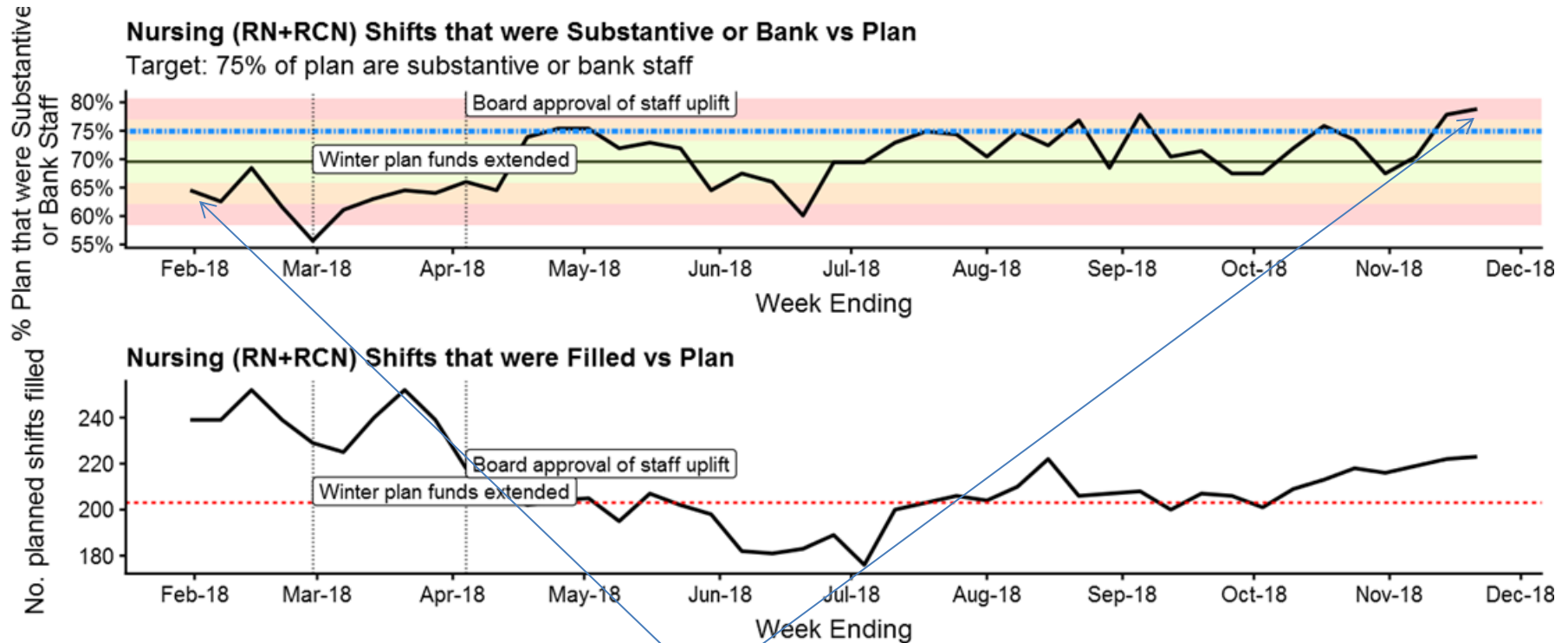
## What we plan to do:

Continue to audit ED sepsis data whilst central process for assurance over e-sepsis information is complete.

Implement recommendations from IVAB task and finish group.



# Staffing – Nursing



w/e 31/1 – 65.0%  
w/e 21/11 – 78.8%



# Workforce – Nursing

Emergency Departmenty - RN Staffing Predictor and establishment gaps. @ 26/11/18

Team	Oct-18			November 2018			December 2018			January 2019		
	NEW ESTABLISHMENT Qual Nurses Band 5 and Above	Contracted Staff in Post (Incl New Supernumu	Contracted Vacancy Vs NEW ESTABLISHMENT	All Recruit	Net Leave (8%)	Vacs	All Recruit	Net Leave (8%)	Vacs	All Recruit	Net Leave (8%)	Vacs
Emergency Department Nursing	85.02	66.03	18.99	1.96	0.44	17.47	1.00	0.45	16.92	14.48	0.45	2.89
							February 2019			March 2019		
							All Recruit	Net Leave (8%)	Vacs	Targeted Recruit	General Recruit ( 4.3%)	Vacs
							1.00	0.55	2.44	0.00	0.30	2.70

## Forward Plans

### Live Adverts on NHS Jobs

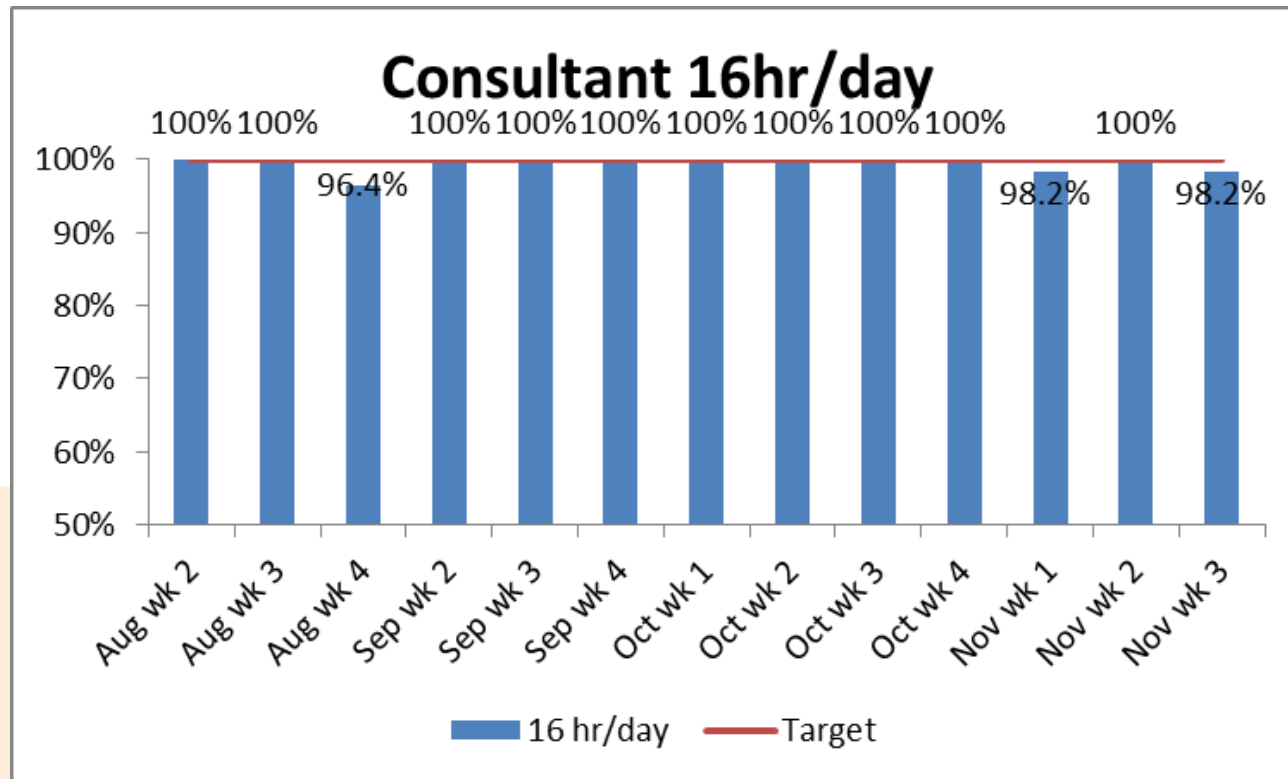
- Band 5 Staff Nurse - fortnightly interviews being held from rolling adverts
- Paramedic Band 6 Triage – interviewed on 22/10/2018 appointed 4 expected to start in Jan 19 once through clearances

### Up and coming recruitment events

- Rolling Band 5 Advert
- Band 6 Advert for 5 WTE
- Band 7 Advert for 4 WTE
- Emergency Nurse Practitioner Advert for 1 WTE
- Monthly Corporate recruitment events (once a month).
- Local Area Open Morning event to run every 2 months in the ED department, ran first one on 15th Oct 2018 - conditional offers made to 3 paediatric and 1 adult nurse expected to start in Jan 19
- External recruitment events – Ireland Job Fair October 2018, Armed Forces Job Fair Telford November 2018, Birmingham University Job Fair February 2019, RCNi Job Fair NEC Birmingham.
- Dudley graduate student nurses due to qualify in Jan 19 currently requesting areas for substantive posts - possible increase for ED if requested



# Consultant 16 hour provision





# Workforce Actions

## What have we done in last two weeks:

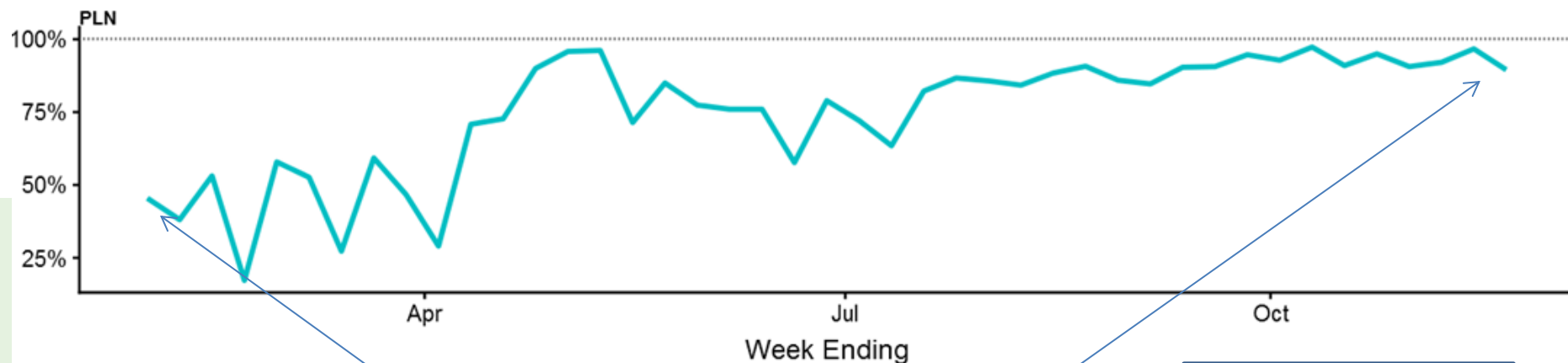
- The department has an active recruitment campaign and will see around 20 new starters between Nov to Feb 19 including 5 paramedics, 3 paediatric nurses, 3 band 5 & band 7 nurses, 2 ENPs & 4 graduate nurses.
- Additional consultants will commence in post in early 2019 to support consistent delivery of 100% performance in 16 hour consultant cover.
- All available staff to be trained on ESI have now been trained. However, in order to demonstrate sustained triage performance new staff commencing will immediately commence ESI training or refresh if they are already trained.

## What has been its impact:

- The retention of nursing staff in ED has significantly improved and currently is 7.55%.
- The sickness rate has also been on a downward trajectory. It was over 10% and is now reduced to 6.89% for qualified nursing staff. This is expected to reduce further as a result of additional integrated support to manage sickness and support staff.
- The reduction in turnover and sickness alongside recruitment supports the department towards full staffing levels to support excellence in care.
- The impact on ESI trained staff will ensure sustained and effective performance in the triage of patients.



# Safeguarding – PLN



All required PLNs  
are actioned the  
following day

w/e 31/1 – 48.0%  
w/e 21/11 – 90.0%



# Safeguarding

## What have we done in last two weeks:

- Administration team in ED trained on CPIS(Child Protection Information Service system)
- Bespoke training package implemented to discuss vulnerable young people and the thresholds for PLN and MARF referral

## What has been its impact:

One missed MARF in last two week, picked up by PLN. There was no harm caused to the patient.

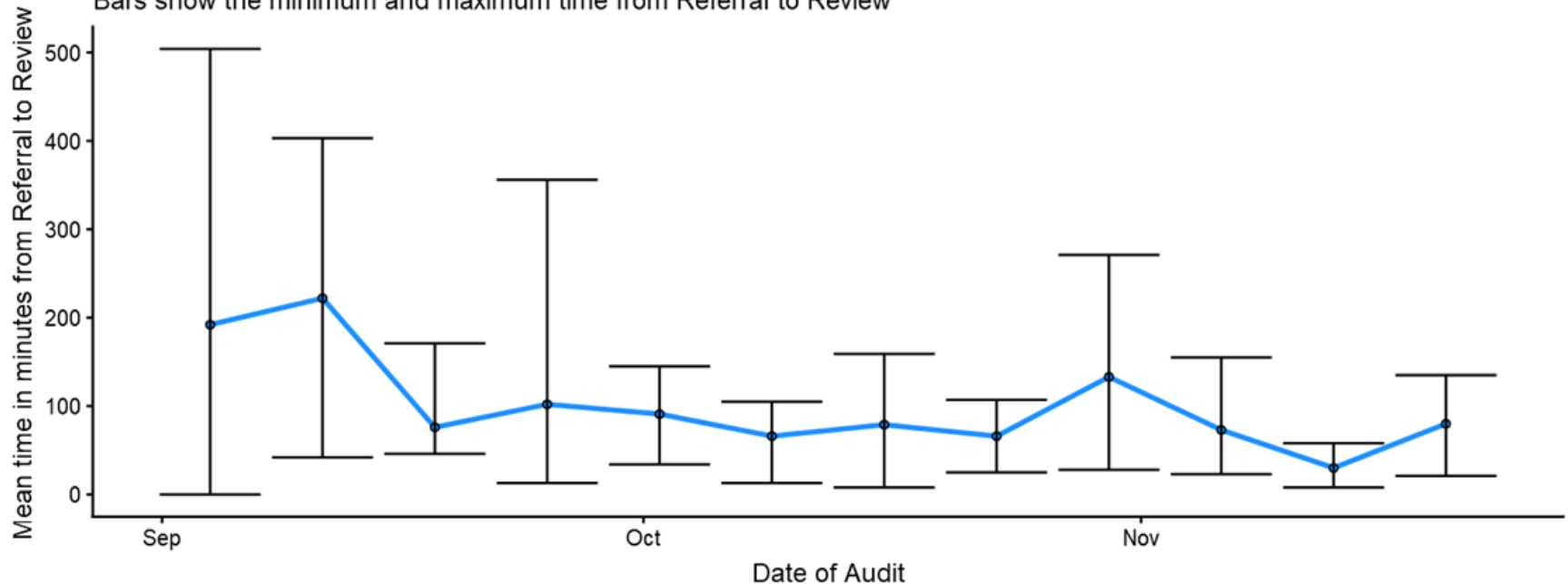
PLN referral compliance remains>90% however all missed referrals on presentation are identified the following day



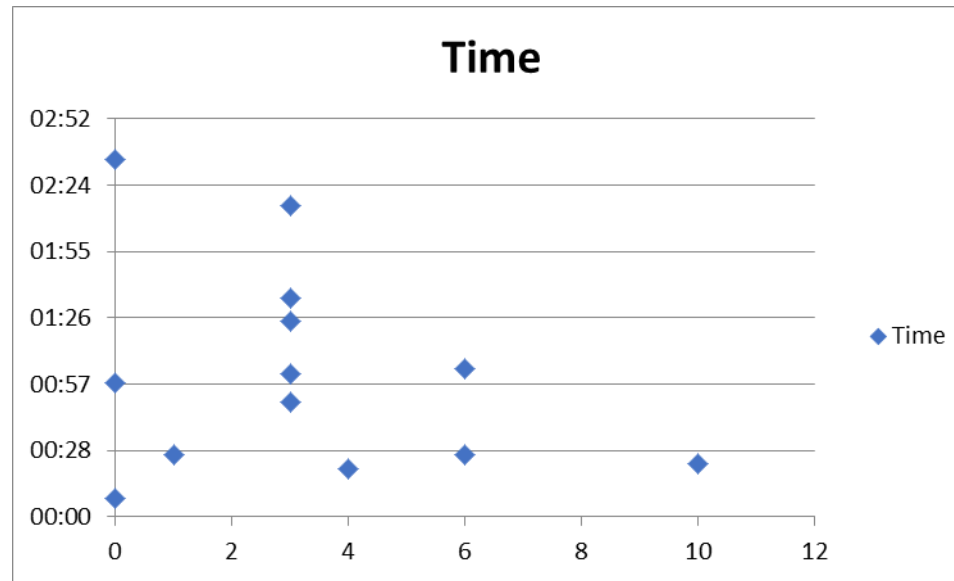
# Specialist Clinical Expertise

## Specialty Review Audit

Bars show the minimum and maximum time from Referral to Review



# Specialist Clinical Expertise



**Scatter plot of time from referral of review for audit patients reviewed in ED since 06/11/2018**

We continue to report our access to specialist services and are meeting the RCP standard. We have identified access to the EMLAP pathway as an area of particular focus and have instigated measures to support this which include additional registrar on call and a clear escalation route for patients requiring surgical assessment. We continue to audit access to specialist services and demonstrate compliance against RCP standards and are able to demonstrate patients with NEWS in excess of 7 have access to a specialist within 30 minutes.

# Delivering safer care together

## Triage

### Our aim is to:

- **S**ee – have the right staff member at the point of contact who is appropriately trained and experienced
- **A**ct – triage all patients into the correct triage category
- **F**ast – triage patients within 15 minutes of arrival
- **E**nvironment – allocate the patient to the right area for their care needs



## Staffing

### Our aim is to:

- **S**killed – ensure our staff have the necessary experience, knowledge and training
- **A**ccurate – ensure the right number of staff on duty are appropriate to the demand on the department 24 hours a day, 7 days a week
- **F**lexible – provide a workforce that is responsive to the needs of the patient and the department
- **E**ffective – provide high quality, safe, timely clinical care



## Specialist Clinical Expertise

### Our aim is to:

- **S**pecialist – ensure all patients are reviewed by a senior clinician
- **A**vailable – ensure specialist resource is protected and available to respond to the department
- **F**ast – review the patient promptly to inform clinical plan
- **E**nvironment – carry out assessments in designated specialty assessment areas, unless clinically indicated



## Patient Flow

### Our aim is to:

- **S**end – transfer stable patients to a ward area promptly after referral
- **A**lways – maintain a safe and comfortable ED environment for patients and staff
- **F**ocus – Eliminate ED crowding and care in corridors
- **E**ngage – work with partners across the urgent care system to manage demand



## Deteriorating Patient

### Our aim is to:

- **S**ee – identify the patient observation intervals in accordance with their clinical presentation
- **A**ct – monitor observations in accordance with the agreed intervals
- **F**ast – escalate any deterioration in a patient's observations promptly to a senior member of the team
- **E**valuate – utilise available systems to manage the patient's care: eObs and eSepsis



## Keeping Children Safe

### Our aim is to:

- **S**taff – ensure all ED staff complete required ESI and safeguarding training
- **A**ct promptly and record accurately where concerns are identified
- **F**ormalise processes and support them with standard operating procedures
- **E**scalate – identify concerns, request early help via a multi-agency approach and internal specialties



## Team Engagement

### Our aim is to:

- **S**taff – engage all staff in the continuous improvement of the department
- **A**ll together – create a culture built on mutual respect, where medical and nursing staff work together to achieve
- **F**ulfil – allow staff to realise their full potential
- **E**mpower – encourage staff to contribute, speak up, voice concerns and challenge



# Emergency Department



Report	Objectives		Metric	Base Date	Base Value	Target	LW 08 Nov 14 Nov	TW 15 Nov 21 Nov	TW v LW
Triage Performance	1	Ambulance, Adult Majors and Paediatric attendances will be triaged within 15 minutes	Ambulance	Jul-18	94.6%	95.0%	98.6%	98.5%	⬇️
			Adult Majors	Jul-18	60.0%	95.0%	75.1%	79.5%	⬆️
			Paediatric	Jul-18	70.0%	95.0%	76.8%	59.2%	⬇️
			All	Jul-18	70.0%	95.0%	87.4%	84.3%	⬇️
	2	Patients streamed to Adult See and Treat are seen within 60 minutes	See & Treat	Jul-18	86.5%	100.0%	97.6%	97.4%	⬇️
	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 applied	ESI applied			100.0%	N/A	N/A	N/A
	2	Triage assessments are undertaken by an ESI trained nurse	ESI trained			100.0%	N/A	N/A	N/A
	3	Assurance of internal audit demonstrated by independent audit	Assurance			100.0%	N/A	N/A	N/A
Sepsis	1	To ensure that our eligible patients are screened for sepsis	Screened	Jun-18	81.7%	90.0%	98.4%	99.6%	⬆️
	2	To ensure that patients screened positive for sepsis receive antibiotics within 60 minutes	60 mins	Jan-18	65.1%	90.0%	50.0%	91.7%	⬆️
Staffing	1	Registered nurses on duty will be Dudley Group staff	Dudley staff	Jan-18	69.6%	75.0%	77.8%	78.8%	⬆️
	2	Registered nurses have the correct skill set to support them working in their allocated areas	Correct skill			100.0%	96.4%	87.5%	⬇️
	3	Provision of cover hours per day by a Consultant across 7 days	16 hr / day			100.0%	100.0%	98.0%	⬇️
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%	81.2%	78.1%	⬇️
	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%	83.0%	83.7%	⬆️
			60 mins	w/e 23/5	47.8%	95.0%	83.7%	82.3%	⬇️
			4 hours	w/e 23/5	92.6%	95.0%	97.9%	99.0%	⬆️
Safe-guarding	1	Demonstrate adherence to principals of safeguarding children and young people in relation to PLN referral on presentation	On present.	Jan-18	48.0%	95.0%	96.7%	90.0%	⬇️
	2	Demonstrate adherence to principals of safeguarding children and young people in relation to PLN referral	Referred			100.0%	100.0%	100.0%	➡️
KEY: Bold GREEN figures for Overall Triage = Achieving Trajectory									

<b>Triage</b>	<p>Our aim is to:</p> <p><b>See</b> - have the right staff member at the point of contact who is appropriately trained &amp; experienced</p> <p><b>Act</b> – triage all patients into the correct triage category</p> <p><b>Fast</b> – triage patients within 15 minutes of arrival</p> <p><b>Environment</b> - allocate the patient to the right area for their care needs</p>
<b>KPIs</b>	<p>95% of all Ambulance, Adult Majors &amp; Paediatric attendances will be triaged within 15 minutes</p> <p>100% of patients streamed to Adult See &amp; Treat are seen within 60 minutes</p> <p>100% of triage assessments are undertaken by an ESI trained nurse</p> <p>For all patients that are triaged, the ESI toll is appropriately applied</p> <p>100% of triage assessments are undertaken by an ESI trained nurse</p> <p>Assurance of internal audit demonstrated by independent audit</p>
<p><b>S31 requirement:</b></p> <p>The registered provider must ensure that there is an effective system in place to robustly clinically assess all patients who present to the emergency department in line with relevant national clinical guidelines within 15 minutes of arrival. Ensuring staff are competent to undertake triage, understand the system being used, identify and escalate clinical risks appropriately and the registered provider must ensure that this clinical assessment and the rationale for level of care provided is clearly documented in patients'</p>	

Off track/no progress	At risk of not achieving deadline	On track	Complete
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Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
ECIST	An agreed response to peaks/surges in demand to ensure sustained performance	Review current ED escalation policy & set triggers with associated responses to manage escalation	Rachel Tomkins	01/11/2018 8/11/18	PDSA has commenced from the 11th with the training of the trial ward clerks in order to relieve some of the Tracker role (admin duties). Full PDSA will commence with ECIST on 24th October. 30/10 at a glance actions are being modified and tested, with a view to implement on a revised date of the 08/11/18 9/11 - 2 week review with ECIST, further actions required before final roll out, date tbc 15/11 - ECIST meeting with ED MDT on 19/11 to review further actions required 21/11 - PDSA continues, work commencing with Site Team. MDT review of progress with ECIST 27/11	
		Introduce/familiarise the document (status at a glance) into the department	Rachel Tomkins	01/11/2018 8/11/18	PDSA has commenced from the 11th with the training of the trial ward clerks in order to relieve some of the Tracker role (admin duties). 18/10 - Full PDSA will commence with ECIST on 24th October. 30/10 at a glance actions are being modified and tested, with a view to implement on a revised date of the 08/11/18 9/11 - 2 week review with ECIST, further actions required before final roll out, date tbc 15/11 - ECIST meeting with ED MDT on 19/11 to review further actions required 21/11 - PDSA continues, work commencing with Site Team. MDT review of progress with ECIST 27/11	
Emergency Department	Ensure all triage areas are staffed with ESI trained nurses	Develop plan to ensure nurses commence ESI training when eligible to do so	Liz Slevin	01/09/2018	18/10 - COMPLETE - Plan in place supported by PDN.	
ECIST		Explore the enhancement of triage staff at the front door through a PDSA cycle of a medic at the front door	Ash Singal	31/10/2018 1/12/18	22/10 Dates for medical triage PDSA agreed to be 30/11 & 1/12. 30/10 Senior ED clinician triage scheduled for the 01/11/18 and 09/11/18 - impact to be evaluated	
Emergency Department	Ensure that the ambulance triage facility is provided in a physical environment that supports patient observation & patient privacy & dignity.	Ambulance triage located in cubical areas to facilitate transfer and handover	Rachel Tomkins	01/02/2018	Triage area relocated - COMPLETE	
Dudley Improvement Practice		Explore potential to relocate ambulance triage from its current facility closer to the main department	Rachel Tomkins	15/10/2018 Revised - 15/11/2018 6/1/19	Exploring potential to utilise cubicles B-F in main ED. This is being considered in conjunction with the introduction of "ambulant majors" 18/10 - Peter Lowe visiting dept. to commence departmental mapping on 26th Oct. 30/10 - external senior clinical lead was due to support this work on the 31/10 & 01/11 however needs to reschedule 9/11 - CDU PDSA commences 3/12 - outcome of PDSA will influence location of ambulance triage & Fit to Sit 15/11 - CDU planned to open 3/12. Fit to Sit relocating 27/11. Review of ambulance triage to be undertaken to assess if move still required.	
Emergency Department		Continuous reinforcement through staffing handovers & safety huddles for the need to observe/protect patient privacy & dignity	Liz Slevin	01/03/2018	COMPLETE - on going action at safety huddles and staff handovers	



ECIST / CQC under pressure document	Minimise the demand for ambulance assessment cubicles & reduce associated delays	Establish an ambulance Fit to Sit triage area	Liz Slevin	<del>15/11/2018</del> 27/11/18	PDSAs have taken place through August & September. The Fit to Sit facility is dependant on securing adequate registered nursing staff to safely open Reviewed post PDSA's. Lead band 7 allocated. 18/10 - currently located in CDU. CDU is due to reopen therefore an area for Fit to Sit will need to be considered within the mapping exercise. 30/10 meeting scheduled for the 05/11 to finalise plan. 3/12 - outcome of PDSA will influence location of ambulance triage 15/11 - Fit to Sit will relocate 27/11	
ECIST		Develop & implement a SOP to support the safe introduction of the Fit to Sit facility	Liz Slevin	01/09/2018	Development of the SOP has been supported by ECIST and is in place COMPLETE	

Emergency Department	Ensure that there is accurate recording of all pre alert calls from WMAS & ensure that the appropriate clinical environment, in particular resus capacity, is available when it arrives	To ensure that there is an agreed process to support the receive & forward communication of alerts	Rachel Tomkins	12/10/2018 Revised—19/10/2018 15/11/2018	Flow chart completed in draft. 18/10 - Slight amendment being made. Will be out on the department 19th October 2018. 30/10 draft available in the department, awaiting final ratification. 9/11 - final version to go to Governance mtg for ratification 20/11. 21/11 - ratified at governance meeting	
		The internal escalation plan identifies how the department will create resuscitation capacity if required and not available at time of call (manage risk & prioritise)	Rachel Tomkins	12/10/2018 Revised—19/10/2018 15/11/2018	Will be included in the flow chart above and included in the department at a glance PDSA trial. 30/10 draft available in the department, awaiting final ratification. At a glance actions are being modified and tested, with a view to implement on a revised date of the 08/11/18 . 9/11 - PDSA being extended, mtg with ECIST & MDT 13/11 15/11 - ECIST meeting with ED MDT on 19/11 to review further actions required 21/11 - PDSA continues, work commencing with Site Team. MDT review of progress with ECIST 27/11	
Emergency Department	Provide assurance that ESI triage assessments have been appropriately completed	Daily audit of triage assessments undertaken	Liz Slevin	01/07/2018	18/10/18 Daily audits are ongoing Audits have offered assurance that ESI is undertaken appropriately. Audits to be scaled down to every other day and then twice weekly for 4 weeks and then review. 30/10 last week of reporting ESI triage audits. 9/11 - audits will now be included in NCI audits & reported to the dept. monthly. COMPLETE	
ECIST	Provide a safe clinical environment for majors patients post triage to avoid patients returning to the waiting room	To extend the ambulance Fit to Sit area to provide a clinical environment for ambulant majors patients	Liz Slevin	01/07/2018 15/11/2018	This will be reflected in the 'fit to sit' SOP. 18/10 - delayed due to the need to reopen CDU. Will form part of department mapping exercise. SOP currently being drafted. 30/10 - no further update. 9/11 - SOP to be finalised & to be ratified at Governance Mtg on 20/11 21/11 - ratified at governance meeting	
ECIST		Undertake a PDSA with the support of ECIST.	Liz Slevin	01/07/2018 6/11/18	Commenced 24/08/2018 originally with ambulance only patients. PDSA now expanded to include main waiting room. SOP will include both sets of patients. 18/10 - SOP currently being drafted. 30/10 - no further update. 9/11 - SOP to be finalised & to be ratified at Governance Mtg on 20/11 21/11 - ratified at governance meeting	
		Agree & secure adequate staffing	Liz Slevin	05/10/2018 Revised - 31/3/2019	Nurse staffing review/paper completed. Waiting costings from finance then to present to board. 18/10 - paper costed. Expected to go to November board. 30/10 draft paper forwarded to Director of Operations for Medicine. 9/11 - paper being quality checked ready for presentation to Execs. 21/11 - Paper costed & quality checked. A meeting is arranged for key stakeholders.	
		Identify the appropriate physical space	Liz Slevin	15/10/2018 Revised—15/11/2018 31/1/19	Initial area identified (old CDU) however review of all areas being undertaken. 18/10 - CDU now planned to reopen, will form part of department mapping exercise. 30/10 meeting scheduled for the 05/11 to finalise plan. 9/11 - CDU PDSA commences 3/12 - outcome of PDSA will influence location of ambulance triage & Fit to Sit 15/11 - CDU planned to open 3/12. Fit to Sit moving 27/11. A review of the remaining space suitable for an 'ambulant majors area' will be undertaken.	
		CSW allocated to the waiting room as a point of reference patients & to provide information to patients	Liz Slevin	05/10/2018	COMPLETE - proposed nurse staffing paper includes this role as it is not included in the current establishment	
		An ENP is nominated as the lead nurse to provide senior leadership to the majors triage area on a daily basis	Liz Slevin	30/09/2018	COMPLETE with a designated daily team leader	
ECIST		With the support of ECIST, plan to undertake a PDSA to provide joint streaming(DGNHSFT & UCC staff) at the current UCC reception	Liz Slevin	30/09/2018	Walk through process undertaken. ECIST have suggested not to adopt a joint streaming model. COMPLETE	
	Ensure that young people aged 16 - 18 attendances triaged in the adult department are subject to the necessary safeguarding checks	Additional awareness training with support provided from the paediatric unit	Lucy Rozga	01/08/2018	18/10 - COMPLETE - letter sent out to all ED staff reminding staff of their roles & responsibilities. Referral criteria displayed across the unit & in triage rooms.	
		Adolescent green card PDSA commenced	Lucy Rozga/Liz Slevin	15/09/2018 5/11/18	PDSA in process due for review week ending Friday 5th October. 18/10 - process in place. ED paediatric SOP requires amending to include. 30/10 - to be added to the ED card flagging system SOP. 9/11 - ED sops to be ratified at Governance Mtg on 20/11 21/11 - ED sops not reviewed at governance on 19/11. Will be agenda'd for next mtg.	

		Weekly audit & individual feedback	Lucy Rozga/Liz Slevin	01/08/2018	22/10 - weekly audits continue & feed CQC weekly submissions. Individual feedback is ongoing through case discussions. 30/10 feedback on going, for discussion at ED band 7 meetings to review trends that will permit each band 7 team leader to action. COMPLETE	
	Learning from incidents	Undertake weekly review to triangulate associated Sis & incidents	Liz Slevin	01/08/2018	Ongoing action as part of weekly reporting metrics 22/10/18 - to be added to governance agenda & minuted. 30/10 - added to agenda, AS confirmed meetings are minuted.	
		Learning from any associated Sis & incidents to be shared through internal ED governance meetings	Ash Singal	01/08/2018	18/10/18 Agenda item at ED governance 22/10/18 - to be added to governance agenda & minuted 30/10 - added to governance agenda by AS	

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<b>Deteriorating Patient</b>	<p>Our aim is to:</p> <p>See - identify patients observation intervals in accordance with their clinical presentation</p> <p>Act – monitor observations in accordance with the agreed intervals</p> <p>Fast - escalate any deterioration in a patients observations promptly to a senior member of the team</p> <p>Evaluate – utilise available systems to manage the patients care; e-Obs &amp; e-Sepsis</p>
<b>KPIs</b>	<p>No harm to patients resulting from failure to recognise a deteriorating patient</p> <p>No harm to patients resulting from a failure to escalate and act on deteriorating patients</p> <p>95% of eligible patients will have a recorded set of observations within 15 minutes of Triage (maximum 30 minutes after arrival)</p> <p>95% of eligible patients will have each 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)</p> <p>To ensure that 90% of our eligible patients are screened for sepsis</p> <p>To ensure that 90% of patients screened positive for sepsis receive antibiotics within 60 minutes</p>
<p>s31 requirement:</p> <p>The registered provider must ensure that there is an effective system in place to identify, escalate and manage patients whomay present with sepsis or a deteriorating medical condition in line with the relevant national clinical guidelines. This applies to all patients in all areas of the emergency department.</p> <p>This system must also include effective monitoring of the patient's pathway through the department from arrival and enable staff to locate patients.</p>	

Off track/no progress	At risk of not achieving deadline	On track	Complete
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Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
CQC Under Pressure document	We want to be assured that all ED staff are familiar with the sepsis screening tool & are compliant with its use	Identify lead consultant & nurse to drive forward sepsis management in the department	Ash Singal	30/09/2018	Lead Consultant & lead nurse identified - COMPLETE	
		Set up weekly meetings to review performance & identify actions to improve	Dr Wani	08/10/2018	COMPLETE - Dr Wani has met with the Trust Sepsis Leads to enhance the ED sepsis meetings that have been recommenced.	
		Ensure the ED is linked into the trust wide sepsis group	Julian Hobbs	30/09/2018	ED in attendance at deteriorating patient group to ensure sepsis is discussed. Feedback into local ED meeting. COMPLETE	
		Implementation of e-sepsis	Mark Stanton	Mid September 18	COMPLETE	
		Feed into the department monthly governance meeting	Dr Wani	<del>09/10/2018</del> 30/11/18	Feedback will begin at the next departmental governance on the 9th October and will be documented in the meeting minutes . 22/10 - meetings are not currently minuted. Matron & Clinical Lead to raise at meeting on 23/10 30/10 - confirmed agenda item with ED Clinical Lead - will be discussed & minuted from next meeting. 9/11 - Weekly Monday meetings commenced 15/11. Group developing membership & ToR	
	Addressing culture & behaviour	Staff education in groups & targeted 1:1s supported by continuous reinforcement	Dr Wani/Martin Gallagher	<del>09/08/2018</del> 30/11/18	This is an ongoing approach and will now include the adoption of e-sepsis. Sepsis training is monitored and reported weekly. 22/10 - matron to discuss & confirm regular meeting for training performance at Operational mtg on 23/10. 30/10 meetings scheduled for every Monday to included ED medical and Nursing Sepsis Champion. Deadline extended to allow for feedback . 9/11 - ED sepsis champion delivered e-sepsis training at handovers, NIC continues this through the day in safety huddles 21/11 - additioanl 2 hours per day provided by ED PDN & Trust Sepsis Team	
CQC Under pressure document	Medical & nursing staff will use their clinical expertise & assessment skills to safely observe & recognise when patients deteriorate/become unwell & that they will take appropriate actions to respond	Implementation of e-obs system	Mark Stanton	May-18	COMPLETE - Work continues with IT regarding a process to record & report on the de-escalation of a patients observations when deemed necessary by a senior clinician	
		Training of all nursing staff on the e-obs system	Liz Slevin	May-18	Staff training ongoing. 22/10 - all staff trained & crib sheet created for agency staff to use. COMPLETE	
		Ongoing reinforcement of the need to comply with real time data entry.	Liz Slevin	May-18	On going reinforcement and feedback from weekly audits. 22/10 - performance is improving & supported by CSW tracking e-obs triggers. Deep dive into possible adjusted values w/c 23/10. 30/10 deep dive completed, adjusted volumes included in report. Reporting & review continue in the weekly submissions. 9/11 - covered in 2 hrly safety huddles & printing of resus obs COMPLETE	
		Addition CSW provided to monitor compliance with observation recording & support with recording of observations when required	Liz Slevin	Nov-18	Currently the additional CSW is dependant on temporary staffing. A review of current nursing establishment has been completed. 18/10 - paper to go to Board in November. 30/10 staffing paper currently with Director of Operations for Medicine. 9/11 - paper being quality checked ready for presentation to Execs. 21/11 - Paper costed & quality checked. A meeting is arranged for key stakeholders.	

		Secure additional IT hardware to support recording of observations	Mark Stanton	31/01/2019	First phase - additional COWS and mobile devices have been made available to ED 21/09/18. The next phase is planned for December 2018. third phase planned January 2019 . 30/10 central telemetry oversight, ability to print observations from Intellivue MP50s in resuscitation area.	
ECIST		PDSA cycle - patient triggers a NEWS of 7 they are moved to Resus to support enhanced observation	Liz Slevin	01/09/2018	Following the review of the PDSA cycle, this has now become normal practice within the department. As part of embedding this successful change, the department are reviewing how ongoing performance of this is measured. COMPLETE	
	Oversight of all patients within the ED department at all times	Implement of the national ED patient safety checklist	Rachel Tomkins	<del>49/40/2018</del> 15/12/2018	2 hourly quality rounds are embedded in e-format. ED Patient Safety Checklist completed in draft, now in testing process. 18/10/18 - An electronic version in Sunrise cannot be implemented until Dec. Paper checklist to be discussed at ED governance meeting in November. 30/10 on agenda for November meeting 9/11 - Sunrise implementation Jan 19 - Interim solution of paper document being drafted in line with electronic solution. 21/11 - paper version being adapted to mirror eventual sunrise version to aid with smooth transition to sunrise.	
	Learning from Incidents	Undertake weekly review to triangulate associated SIs & incidents	Liz Slevin	01/08/2018	On going action that is reported weekly and feeds into department governance meeting. 22/10/18 - to be added to governance agenda & minuted 30/10 - AS added to governance agenda	
		Learning from any associated SIs & incidents to be shared through internal ED governance meetings	Ash Singal	01/08/2018	In place as above. 22/10/18 - to be added to governance agenda & minuted. 30/10 - added to agenda by AS.	
CQC Under Pressure document	Provide adequate nursing numbers with the necessary experience & skills to safely monitor & escalate deteriorating patients	Refer to staffing section				

<b>Staffing</b>	<p>Our aim is to:</p> <p>Skilled - ensure our staff have the necessary experience, knowledge &amp; training</p> <p>Accurate - ensure the right number of staff on duty are appropriate to the demand on the department 24 hours per day, 7 days per week</p> <p>Flexible - provide a workforce that is responsive to the needs of patients and the department</p> <p>Effective - provide high quality, safe, timely clinical care</p>
<b>KPIs</b>	<p>&gt;75% of registered nurses on duty will be Dudley Group staff</p> <p>Registered nurses have the correct skill set to support them working in their allocated areas</p> <p>Provision of 16 cover hours per day by a Consultant across 7 days</p>
<p>s31 requirement:</p> <p>The registered provider must ensure that there are sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff at all times to meet the needs of patients within all areas of the Emergency Department including any area where patients are waiting to be seen.</p>	

Off track/no progress	At risk of not achieving deadline	On track	Complete
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Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
CQC Under pressure document	The nursing workforce needs to be sufficient in number to respond to the current patient demand profile	Uplift in nursing establishments agreed by the Board	Rachel Tomkins	01/05/2018	COMPLETE	Blue
		Development of a Recruitment & retention plan that explores the introduction of band 4's and further supporting roles such as ACPs.	Rachel Tomkins	<del>20/09/2018</del> Revised 15/11/18	The development of the R&R plan is supported by HR. Plan required board sign off. 18/10 - paper costed. Expected to go to November board. 30/10 Nurse Staffing submitted to the Director of Operations for Medicine. 9/11 - paper being quality checked ready for presentation to Execs. 21/11 - Paper costed & quality checked. A meeting is arranged for key	Yellow
		As part of the R&R plan, a revised nurse staffing paper is to be presented to Board which will recommend an increase in registered nurse staffing	Rachel Tomkins	<del>05/10/2018</del> Revised 15/11/18	Paper in first draft. Requires finance section to be completed 18/10 - paper costed. Expected to go to November board. 30/10 Nurse Staffing submitted to the Director of Operations for Medicine. 9/11 - paper being quality checked ready for presentation to Execs. 21/11 - Paper costed & quality checked. A meeting is arranged for key	Yellow
		Trust wide escalation policy that identifies where additional nursing support to ED will be provided from in response to Trust OPEL status	Karen Kelly	<del>31/10/2018</del> 30/11/2018	Deputy Director of Operations appointed and commenced 10/09/18 will lead on daily operational site management and escalation. 18/10 policy in draft, to be signed off by COO w/c 5/11 30/10 - PDSA with ECIST currently underway. Outputs will require adding to above draft. 9/11 - ECIST alongside Dep Dir of Ops reviewing Trustwide escalation in response to ED escalation triggers (At a Glance) 15/11 - ECIST meeting with ED MDT on 19/11 to review further actions required re at a glance board & effect on Trust wide escalation policy 21/11 - PDSA continues, work	Yellow
		Assess and approve the viability of paramedic support to the ED. Develop job description & advertise post.	Liz Slevin	Appointments - 31/10/18	Job description developed & advert put out 19/9 for Band 6 paramedics Advert closes October 11th, applications are being received. 18/10 - Interviews scheduled for the 22nd October 2018. 22/10 - 3 substantive appointments made. COMPLETE	Blue
		Introduce for rag rating nurse staffing numbers on red, amber, green basis. To include acuity and volume.	Liz Slevin	<del>31/10/2018</del> 8/11/2018	Draft staffing escalation plan formulated. 18/10/18 will be tested alongside the "status at a glance" report on the 24th October. 30/10 draft available in the department, awaiting final ratification. At a glance actions are being modified and tested, with a view to implement on a revised date of the 08/11/18 9/11 - 2 week review with ECIST, further actions required before final roll out, date tbc 15/11 - ECIST meeting with ED MDT on 19/11 to review further actions required	Yellow
ECIST / CQC Under Pressure document	We want to provide an environment that supports staff development & encourages our nurses to remain with us	RTW support plans & monitoring: New Starter Graduate Programme Preceptorship programme -12 months Leadership course	Liz Slevin	<del>17/09/2018</del> 31/12/2018	Met with RTW to consolidate the plan. First training programme starts 17/9/18 @ RTW. 18/10 - Graduate programme commenced. Leadership programme dates to be confirmed by RTW. 30/10 Deputy Chief Nurse to confirm dates, three dates scheduled prior to the end of the year. 9/11 - RWHT to commence Leadership programme (LEAP) Jan 19. Every 2 weeks COO & Matron take part in conference call with RWHT.	Green
Royal Wolverhampton Trust (RWT)		RTW supporting the development of band 7 staff, introducing band 7 development programme			Waiting further detail from RTW. 22/10 - Deputy Chief Nurse to meet with RTW w/c 22/10 to discuss local delivery arrangements. 30/10 Deputy Chief Nurse to confirm dates, three dates scheduled prior to the end of the year. 9/11 - RWHT to commence Leadership programme (LEAP) Jan 19. Every 2 weeks COO & Matron take part in conference call with RWHT.	Green
			Liz Slevin	<del>20/10/2018</del> 31/12/2018		

		Recruitment into the vacant Practice Development nurse post	Liz Slevin	Advert 12/10/18	Fixed term post secured. Band 6 substantive post due to go out to advert by 12/10/18. 22/10 - posts filled. COMPLETE	
CQC Under pressure document	The medical workforce needs to be sufficient in number to respond to the current patient demand profile	Recruit to additional 5 consultant posts	Ash Singal	Interviews 11/10/18 New closing date - 15/11/18 14/12/18	18/10/18 Consultant interviews held 11/10/2018. 3 successful candidates recruited. Further job advert to be published within 10 days. 30/10 - advert closes 15/11 9/11 - interviews planned for 14/12 21/11 - no applicants received from advert. Advert to remain open for a	

<b>Keeping Children Safe</b>	<p>Our aim is to ensure:</p> <p>Staff - ensure all ED staff complete required ESI &amp; safeguarding training</p> <p>Act - act promptly &amp; record accurately where concerns are identified</p> <p>Formalise processes &amp; support them with standard operating procedures</p> <p>Escalate - identify concerns, request early help via a multi-agency approach &amp; internal specialities</p>
<b>KPIs</b>	<p>To ensure 95% of children &amp; young people are referred to the Paediatric Liaison Nurse at the time of attendance as per agreed criteria</p> <p>Consistently demonstrate appropriate adherence to principals of safeguarding children and young people in relation to PLN referral</p> <p>To ensure that the Internal Safeguarding Board has oversight of paediatric liaison and safeguarding compliance</p>
<p>s31 requirement:</p> <p>There are robust and effective systems in place to ensure that any safeguarding concerns are identified and acted on appropriately.</p>	

Off track/no progress	At risk of not achieving deadline	On track	Complete
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Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
	Safe transfers of paediatrics throughout the Trust	Review the SOP for internal paediatric transfers	Lucy Rozga	<del>31/10/2018</del> 14/12/18	18/10 - Currently being adapted to reflect changes identified. 30/10 - on going draft being formulated 15/11 - amendments made. Revised document to be ratified at next policy group 14/12	Green
		Review current transfer sheet to accompany paediatric patients to the ward	Lucy Rozga	10/08/2018	18/10 - Paediatric specific transfer sheet introduced - COMPLETE	Blue
	Staff to obtain clinical history in the voice of the child	Communications sent to staff to promote using the voice of the child	Lucy Rozga	15/10/2018	18/10 - Developed & circulated 15/10 COMPLETE	Blue
		Introduction of the children's charter in the department	Lucy Rozga	31/10/2018	18/10 - Currently in development - adapting ward charter to ED. 30/10 - trust wide childrens charter available. Complete.	Blue
CQC under pressure document	Timely review of paediatrics	Review the staffing model & introduction of ENPs into the department	Lucy Rozga	31/12/2018	18/10 - Recruitment underway for ENPs. 30/10 Nurse Staffing submitted to the Director of Operations for Medicine. 9/11 - paper being quality checked ready for presentation to Execs.	Green
	To ensure safety of patients who 'self discharge'	SOP to be developed in relation to self discharge of paediatric patients	Lucy Rozga /Ash Singal	15/11/2018	18/10 - Current process in place, requires formalising into a SOP. Current policy to contain an amended appendix. 30/10 added to the ED governance meeting agenda for November.	Yellow
	To ensure appropriate safeguarding at time of attendance	Pilot for 4 weeks to deliver a PLN service 7 days per week	Lucy Rozga	14/10/2018	18/10 - Pilot ended 14/10. Outcome to be included in CQC weekly submission w/e 19/10. Conclusion of 4 week trial is no increased benefit. COMPLETE.	Blue
	Learning from Incidents	Undertake weekly review to triangulate associated SIs & incidents	Lucy Rozga	Ongoing	18/10 - Completed weekly as part of CQC submissions	Blue
		Learning from any associated SIs & incidents to be shared through internal ED governance meetings	Lucy Rozga /Ash Singal	Ongoing	18/10 - Agenda item at ED governance. 30/10 on going COMPLETE	Blue

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<p><b>Specialist Clinical Expertise</b></p>	<p>Our aim is to:</p> <p>Specialist - ensure all patients are reviewed by a senior clinician</p> <p>Available - ensure specialist resource is protected and available to respond to the department</p> <p>Fast - review patients promptly to inform clinical plan</p> <p>Environment - carry out assessments in designated speciality assessment areas unless clinically indicated</p>	
<p><b>KPIs</b></p>	<p>Provide specialist clinical expertise across the emergency department to ensure all patient care is overseen by a senior clinician</p> <p>Patients referred from ED to a clinical speciality that are identified as 'high risk' will be seen within 30mins by a senior decision maker from the speciality</p> <p>Patients not categorised as 'high risk' will be seen by a senior decision maker within 4 hours of referral (this may take place outside of ED in the appropriate assessment facility or ward)</p>	
<p><b>s31 requirement:</b></p> <p>The provider must ensure that specialist clinical expertise is secured to ensure expertise across the emergency department. The clinicians should provide the oversight of care provision, ensuring all patients receive care from senior clinicians that is safe, effective, timely and in line with best practice.</p>		

Off track/no progress	At risk of achieving deadline	On track	Complete
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Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
RCEM / ECIST / CQC Under pressure document		Pts in sole care of ED(not requiring referral to speciality), the clinical pathway sign off will be undertaken by an ED consultant or middle grade OOH	Ash Singal	20/08/2018	Complete	
RCEM		All patients discharged from ED with a need for a specialist assessment will be countersigned by a specialist before discharge	Ash Singal	21/08/2018	Complete	
		All specialities will have identified slots for "hot clinic" next day return to support facilitated discharge from acute medicine	Matt Banks	<del>30/09/2018</del> Revised 31/10/2018	18/10 Acute Medicine & Elderly Care have hot slots available for direct referral from ED. Other specialities are in the process of building this facility into clinics. 30/10 - prior to rolling out any further 'hot clinics' utilisation of elderly care & acute medicine slots will be made a priority. COMPLETE	
CQC under pressure document		Monitor utilisation of elderly care & acute medicine 'hot clinic' slots by the ED department monthly	Ash Singal	Monthly	9/11 - no further update 15/11 - reviewing ability to identify & analyse use of slots electronically	
ECIST		Internal professional standards agreed & implemented	Ash Singal	20/09/2018	18/10/18 - ED Standards have been written & are with clinical staff for review. Trustwide Professional standards are in place and available on the Hub. 1511 - agreed version to be ratified at ED Governance mtg 20/11	
	Patients referred from ED to a clinical speciality that are identified as 'high risk' will be seen within 30 mins by a senior decision maker from the speciality	Electronic reporting of timing of specialist assessment in reported	Johanne Newens	31/10/2018	18/10/18 - Weekly audits are in place for monitoring purposes. 30/10 - audits to continue & reported on in weekly submissions	
		Clinical teams to determine 'high risk' category (to include Sepsis, chest pain, stroke etc.)	Ash Singal	31/10/2018	22/10 - high risk categories have been proposed & await sign off by clinical leaders 15/11 - draft SOP has been developed & with Dir of Ops for review & Trust sign off	
		Enhance the current referral text on Soarian to include the clinical priority in which the patient needs to be seen.	Ash Singal	01/11/2018	18/10/18 The categories will be agreed by clinical leads, however the functionality of sunrise needs to be explored. The timescale for delivery of this report might be influenced by sunrise implementation. 30/10 - functionality changes in Soarian cannot be pursued. Work on Sunrise functionality to support 'high risk' categories is underway. CLOSED	
ECIST/ CQC Under pressure document		Introduce an escalation response to the 30 min standard which will involve a telephone escalation by the relevant consultant to the named consultant for the speciality required.	Matt Banks	22/08/2018	Complete	
RCEM	Patients not categorised as 'high risk', will be seen by a senior decision maker within 4 hours of referral (this may take place outside of ED in the appropriate assessment facility or ward)	ED Consultant SOP to be reviewed to reflect this standard	Ash Singal	31/10/2018	SOP reviewed. Awaiting ratification. 9/11 - reviewed at consultant meeting 5/11 15/11 - going to ED Governance mtg on 20/11 for sign off	
		Development of an automated report to monitor standard	Johanne Newens	<del>31/10/2018</del> 31/1/2019	30/10 - functionality changes in Soarian cannot be pursued. Work on Sunrise functionality to support 'high risk' categories is underway.	

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<b>Team Engagement</b>	<p>Our aim is to:</p> <p>Staff - engage all staff in the continuous improvement of the department</p> <p>All together - create a culture built on mutual respect, where medical &amp; nursing staff work together to achieve</p> <p>Fulfilled - allow staff to realise their full potential</p> <p>Empowered - encourage staff to contribute, speak up, voice concerns &amp; challenge</p>
<b>KPIs</b>	<p>Evidence of attendance at weekly multi-disciplinary team meetings that are minuted &amp; have appropriate ToR</p> <p>Improved nursing turnover rates from current 10.96% to Trust indicator of 8.5%</p> <p>Evidence of staff speaking positively about working in the ED dept. as measured by staff survey</p>
Engaging the workforce is recognised as an enabler to delivery and is supported by the NHSI Improvement Director & ECIST	

Off track/no progress	At risk of achieving deadline	On track	Complete
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Action Supported by	What do we want to achieve	How will we achieve it	Who will lead the change	When will it be done	How are we doing	RAG
Dudley Practice Improvement / RWT	We want our senior medical and nursing leaders to work together to achieve mutually agreed goals	Establish a weekly leaders forum where goal setting and evaluation can take place.	Ash Singal	<del>15/10/2018</del> 30/11/18	First meeting to be arranged week commencing 15/10/18. Aims and objectives for the forum to be discussed and agreed in advance of the meeting. 9/11 - discussed on 5/11 & confirmed as a monthly meeting, first date tbc 15/11 - first meeting held 15/11 - ToR & agenda to be developed	
ECIST / Dudley Practise Improvement	We want to communicate better with all department staff and make sure that they are better informed and involved in changes	Introduction of monthly news letters	Ash Singal	01/08/2018	In place - The newsletters will continue to develop. Seeking ideas / contributions from staff	
		Multi-disciplinary team meetings	Ash Singal / Rachel Tomkins	<del>31/10/2018</del> 13/11/18	18/10/18 - The current weekly operational meeting will extend x 1 monthly to include a wider membership that will capture all grades of staff. 30/10 team meetings scheduled. 7/11 - first mtg taking place 13/11 15/11 - scheduled for the 2nd Tuesday of each month. COMPLETE	
		Written communication book	SR Bibi	<del>05/10/2018</del> 30/11/2018	Introduced as staff requested this to support members of the team who find it difficult to access emails. The use of the book will be monitored. 30/10 communication book in place. Monitoring to be undertaken by SSR Bibi. Completion date revised to include time to evaluate. 15/11 - Communication book in use in staff room. In addition a 'niggle board' is in place in the ED Seminar Room. 21/11 - both communication book & niggle board are being utilised by staff members & both will continue	
		Multi-disciplinary team away days	Ash Singal	<del>30/11/2018</del> 31/1/19	18/10/18 - Away days to be arranged to accommodate all grades of staff. The days will focus on performance and quality improvement and promote team working 15/11 - plans for the first one on 29/1/19	
		Breakfast club	Liz Slevin	17/09/2018	18/10/18 - In place - breakfast club provides a forum for shared learning and de-briefing from the night shift. It is also supports team building and mutual support. Positive feedback received from nursing staff	
		Unicorn of the week - staff award	Liz Slevin	17/09/2018	18/10/18 - Nominations each week by the staff recognising good practise. The unicorn becomes a positive symbol that staff engage with.	
	We want to celebrate success and encourage our staff to be involved	Success boards	Liz Slevin	01/09/2018	18/10/18 - On going action. Success boards are on display to highlight Department performance. Triage performance boards are now on display in the ambulance and majors triage areas. Fit to Sit PDSA outcomes are displayed in the clinical areas for staff to see.	

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## Risks to delivery of Quality Improvement Plan

Date	Risk	Mitigation
13/11/2018	Winter impact - additional winter demand exacerbating LOS, bed occupancy & flow throughout the hospital	System Wide Winter Plan Winter assurance visit - N
13/11/2018	Availability of staff to attend meetings	Utilising existing meeting f Engaging a wider audienc Prioritising meeting atten
13/11/2018	Programme Governance structure - current governance & meeting structure is not in pace to facilitate to implement the programme	Governance/programme :
13/11/2018	Programme Leadership - insufficient capacity & experience to facilitate change manangement & to provide dedicated project leadership to the programme	Identify an secure an indiv set & dedicated time to d

	Impact	Owner	Review Date
HSI			
forums			
e in change			
dance			
structure			
vidual with required skill eliver programme			

**Paper for submission to the Board of Governors on 6<sup>th</sup> December 2018**

<b>TITLE:</b>	<b>Workforce Key Performance Indicators</b>		
<b>AUTHOR:</b>	Andrew McMenemy, Director of Workforce & OD	<b>PRESENTER</b>	Andrew McMenemy, Director of Workforce & OD
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF BOARD:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		Y	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL:</b>			
The full Council of Governors to receive the main workforce performance indicators.			
<b>CORPORATE OBJECTIVE:</b>			
SO4: Be the place people choose to work    SO5: Make the best use of what we have SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>Staff Appraisals</b>  This includes all non-medical appraisals in the Trust. The window has now closed and we are pleased to announce a compliance rate of over 96%. This is the highest performance in this area for the Trust and puts Dudley as one of the leading Trusts in the country for staff engagement by way of the appraisal process. We are now working on collating the information from the appraisals to influence or training needs analysis. This will be presented to the Workforce Committee in November 2018.			
<b>Mandatory Training</b>			

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 continued at almost the same rate but has dipped slightly to 88.69%. 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 to 4.96% from 4.84% in October 2018. 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 supported to return to work at the earliest possible opportunity. There has also been an emphasis on hot spots regarding short term recurrent absence as well as continued support to managers regarding long term absence. This has led to further awareness sessions to support managers to have the relevant skills to manage absence effectively.

### **Turnover Rate**

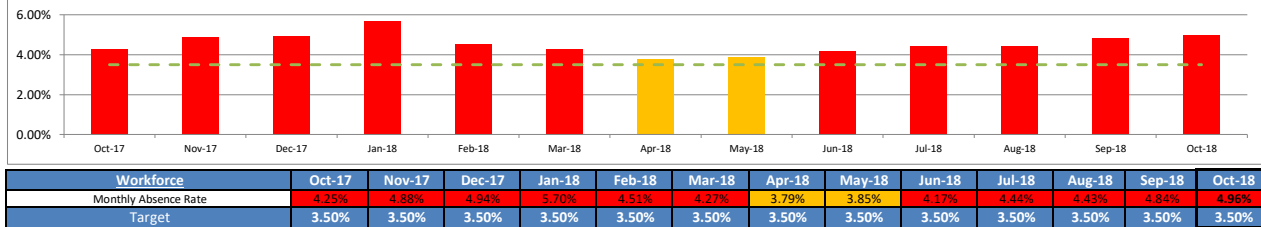
The turnover rate has seen another drop and currently sits at 9.45%. This is still above our target of 8.5% but continues to be below the average turnover rate for acute NHS Trusts in England. The appointment of the Staff Engagement lead has demonstrated a particular focus on understanding the feedback from exit interviews, listening to staff and developing strategies to support improved retention at the Trust. The initial feedback is very positive and this will be developed further as we move into the feedback for the national staff survey.

## **IMPLICATIONS OF PAPER:**

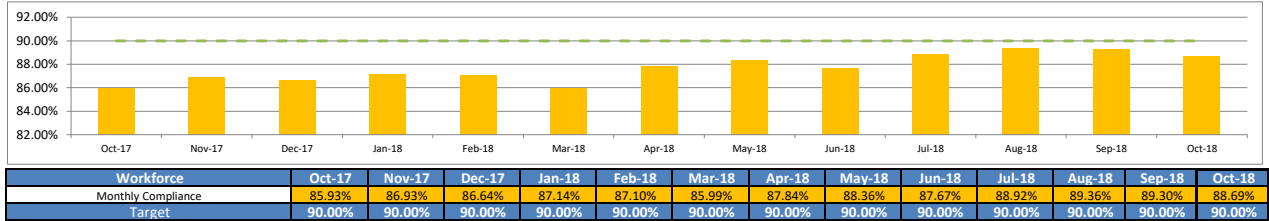
<b>RISK</b>	<b>Y</b>		<b>Risk Description:</b>
	<b>Risk Register:</b> <b>Y</b>		<b>Risk Score</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b>
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Annual Business Planning Process
	<b>Other</b>	<b>N</b>	<b>Details:</b>

## Workforce Performance

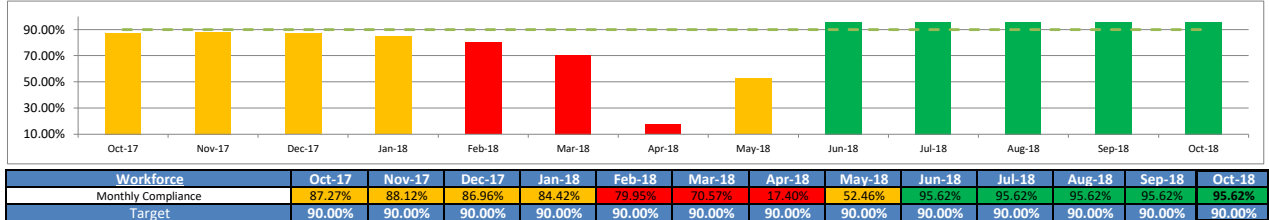
### Absence



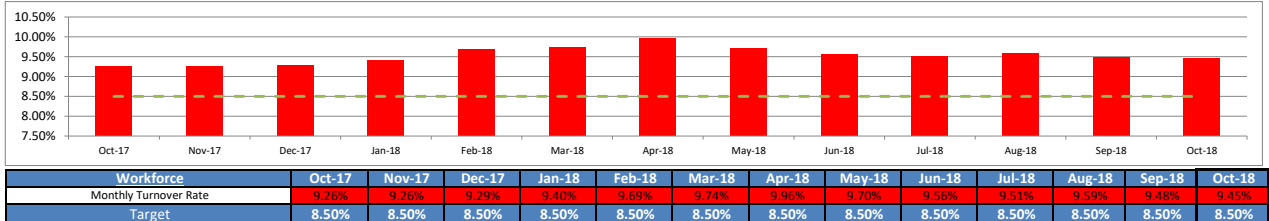
### Mandatory Training



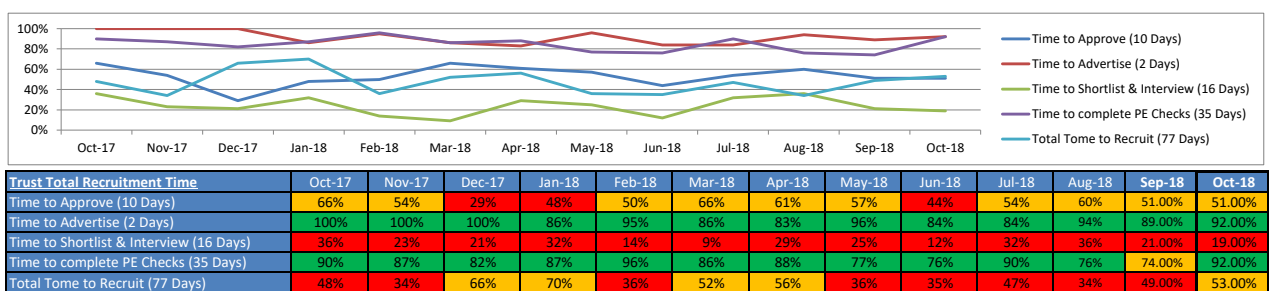
### Appraisals



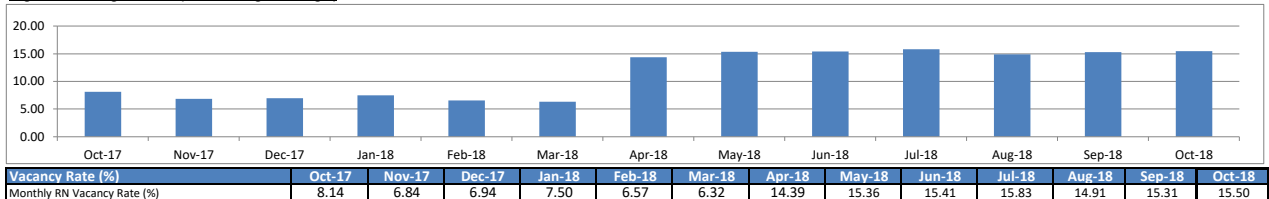
### Turnover



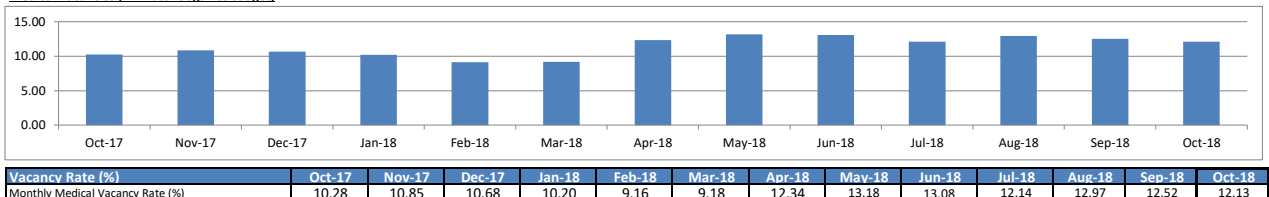
### Recruitment



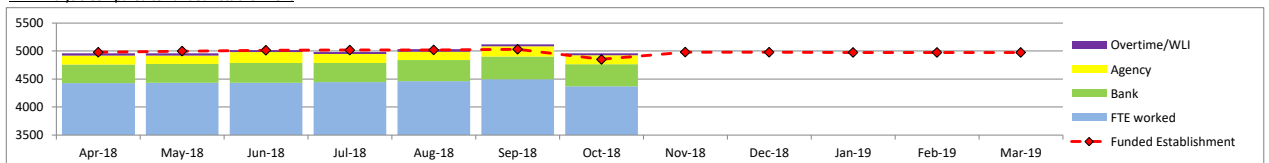
### Registered Nursing Vacancies (FTE vacant against budget)



### Medical Vacancies (FTE vacant against budget)

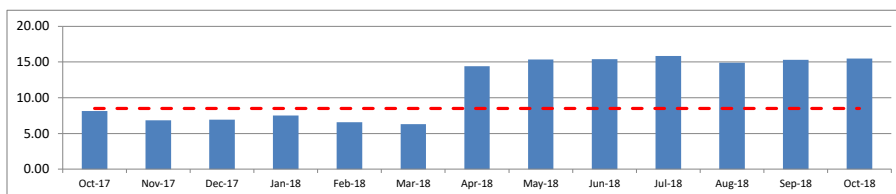


### WTE Analysis Compared to Funded Establishment





## Monthly RN Vacancy Rate (%)



Oct-18	15.50
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Vacancy Rate (%)	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Monthly RN Vacancy Rate (%)	8.14	6.84	6.94	7.50	6.57	6.32	14.39	15.36	15.41	15.83	14.91	15.31	15.50
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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Clinical Support Division (%)	5.09	1.32	-7.08	-7.08	-7.08	-7.08	-5.63	-10.63	-10.63	-10.63	-10.63	-10.63	-10.63
Corporate / Mgt (%)	1.26	-0.05	-0.40	0.63	1.24	1.35	9.33	-9.17	13.32	12.07	8.26	9.11	9.10
Medicine & Integrated Care (%)	13.05	11.16	11.50	11.85	10.60	9.73	18.65	18.65	20.18	20.45	19.54	19.35	20.03
Surgery (%)	3.02	2.91	2.94	3.63	2.45	3.06	9.51	10.59	9.95	10.26	9.66	10.82	10.44

Workforce by Staff Group	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Band 5 (%)	10.67	9.69	10.42	11.55	10.13	11.17	26.24	44.05	28.93	29.34	28.25	28.41	28.97
Band 6 (%)	6.60	4.72	4.39	4.35	3.59	3.02	-0.90	2.41	-1.35	-2.05	-3.01	-1.40	-1.53
Band 7 (%)	2.75	0.59	1.39	0.80	1.61	-3.00	1.34	-19.82	-0.33	0.79	1.35	0.47	1.06
Band 8 (%)	4.02	10.82	-2.36	2.67	1.11	1.84	2.33	-15.61	-3.77	2.07	2.00	-1.23	-1.19
Total (%)	8.14	6.84	6.94	7.50	6.57	6.32	14.39	15.36	15.41	15.83	14.91	15.31	15.50

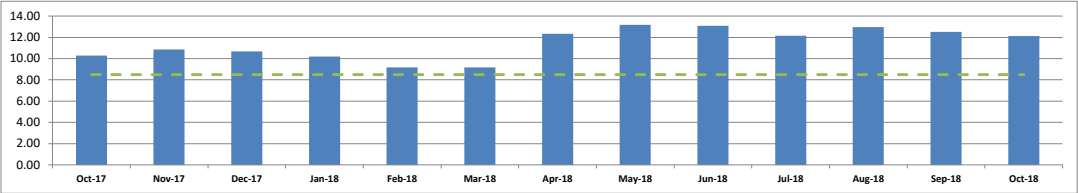
Clinical Support Division	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Band 5 (%)	-23.69	-31.69	-15.36	-15.36	-15.36	-15.36	-9.97	-9.97	-9.97	-9.97	-9.97	-9.97	-9.97
Band 6 (%)	6.49	11.11	11.11	11.11	11.11	11.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Band 7 (%)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

Corporate / Mgt	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Band 5 (%)	-30.21	-25.29	-13.31	-1.33	2.95	26.36	0.00	0	0.00	0.00	0.00	-48.00	-48.00
Band 6 (%)	6.88	4.85	3.88	2.92	2.89	0.10	12.44	7.26	14.10	14.10	6.65	10.96	10.56
Band 7 (%)	1.20	-3.50	-1.85	-2.03	-3.44	-3.49	6.37	14.18	18.85	11.89	12.84	12.84	12.84
Band 8 (%)	-25.00	0.00	-56.00	-36.00	-16.00	-36.00	3.33	-9.17	-9.17	3.33	3.33	3.33	3.33
Total (%)	1.26	-0.05	-0.40	0.63	1.24	1.35	9.33	7.97	13.32	12.07	8.26	9.32	9.10

Medicine & Integrated Care	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Band 5 (%)	16.81	14.83	15.37	15.88	13.98	12.88	30.39	30.39	33.34	34.49	33.17	32.27	34.22
Band 6 (%)	10.47	7.40	7.35	7.80	6.98	8.11	2.53	2.53	2.24	-0.77	-0.37	0.92	-0.23
Band 7 (%)	4.41	4.45	4.89	4.25	5.92	0.57	-0.04	-0.04	-2.87	-0.01	-0.60	-0.70	0.54
Band 8 (%)	10.23	16.55	16.55	19.39	10.23	17.88	0.00	0.00	0.00	0.00	-7.14	-7.14	-6.67
Total (%)	13.05	11.16	11.50	11.85	10.60	9.73	18.65	18.65	20.18	20.45	19.54	19.31	20.03

Surgery	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Band 5 (%)	5.36	5.62	5.62	6.81	5.62	7.94	20.89	23.64	23.09	22.41	21.60	23.57	22.32
Band 6 (%)	-0.86	-0.29	-0.42	-0.41	-1.91	-3.11	-6.55	-7.37	-7.53	-6.03	-7.27	-5.75	-4.86
Band 7 (%)	-0.89	-7.28	-6.30	-7.06	-7.06	-15.38	2.03	0.88	-2.26	-1.38	1.19	-1.60	-2.06
Band 8 (%)	-7.14	-7.14	-7.14	-7.14	-7.14	-7.14	5.56	-6.44	-6.44	4.67	14.20	4.20	4.20
Total (%)	3.02	2.91	2.94	3.63	2.45	3.06	9.51	10.59	9.95	10.26	9.66	10.85	10.44

Medical Vacancy Rate (%)



Oct-18	12.13
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Vacancy Rate (%)	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Monthly Compliance (%)	10.28	10.85	10.68	10.20	9.16	9.18	12.34	13.18	13.08	12.14	12.97	12.52	12.13
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 (%)	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Clinical Support Division	24.32	23.55	28.51	26.44	24.89	22.04	24.67	24.35	28.50	24.64	25.66	35.48	9.90
Corporate / Mgt	4.84	3.45	-3.74	-2.97	-2.97	-8.06	1.46	7.20	27.61	0.66	7.94	13.17	12.88
Medicine & Integrated Care	12.48	13.21	11.17	10.26	11.42	10.99	13.66	14.22	12.14	11.53	12.84	10.51	13.59
Surgery	6.88	7.69	8.97	8.60	6.03	7.21	6.39	11.25	10.60	11.93	11.79	11.05	9.63
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 (%)	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
FY1 FY2	6.90	6.90	6.90	0.00	6.90	5.17	9.84	9.84	9.84	9.84	11.48	13.11	11.89
Junior Non Training Posts	6.26	6.71	7.86	-7.33	6.27	8.61	21.93	27.62	22.84	27.50	29.77	24.12	24.71
Junior Training Posts	25.29	23.65	21.71	6.49	21.27	22.82	12.37	13.66	14.81	10.51	11.95	11.11	11.94
Senior Non Training Posts	-7.85	1.38	0.79	117.58	-2.39	-3.16	1.37	1.37	1.37	2.63	5.07	5.07	9.78
Consultants	11.64	11.70	11.45	-0.54	9.62	8.47	12.36	11.86	12.57	10.93	10.57	11.35	9.14
Total (%)	10.28	10.85	10.68	10.20	9.16	9.18	12.34	13.18	13.08	12.14	12.97	12.52	12.13

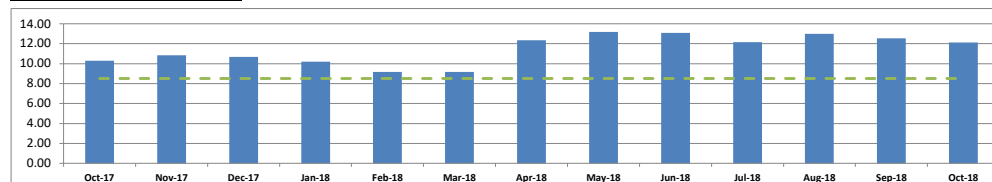
Clinical Support Division (%)	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
FY1 FY2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	100.00
Junior Non Training Posts	-66.67	-66.67	-66.67	-92.33	-100.00	-135.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Junior Training Posts	0.00	0.00	0.00	0.00	0.00	0.00	-100.00	-100.00	-20.00	-40.00	-40.00	0.20	-40.00
Senior Non Training Posts	4.55	4.55	4.55	4.55	4.55	4.55	2.78	2.78	2.77	2.78	2.78	2.78	7.89
Consultants	35.74	34.80	40.83	40.83	39.69	39.69	39.51	39.11	39.50	37.81	35.86	41.88	18.81
Total (%)	24.32	23.55	28.51	26.44	24.89	22.04	24.67	24.35	28.50	24.64	25.66	35.48	9.90

Corporate / Mgt (%)	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
FY1 FY2	16.67	16.67	0.00	0.00	0.00	0.00	0.00	0.00	50.00	-8.33	8.33	8.33	8.33
Junior Non Training Posts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.46	0.00	15.92	23.89	23.89	27.87
Junior 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
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	-9.52
Consultants	0.12	-3.27	-9.10	-7.23	-7.23	-19.60	4.74	17.43	11.50	2.71	-9.44	11.70	4.93
Total (%)	4.84	3.45	-3.74	-2.97	-2.97	-8.06	1.46	7.20	27.61	0.66	7.94	13.17	14.91

Medicine & Integrated Care (%)	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
FY1 FY2	-3.57	-3.57	-7.14	-7.14	-7.14	-10.71	3.23	3.23	-20.00	8.00	12.00	8.00	8.00
Junior Non Training Posts	12.19	15.05	15.31	15.16	21.13	22.14	24.23	30.25	25.15	30.15	39.20	31.51	35.76
Junior Training Posts	39.76	34.82	28.65	25.70	25.70	26.51	22.56	24.55	23.75	13.95	11.51	12.22	17.20
Senior Non Training Posts	-42.63	-34.62	-37.02	-37.02	-45.03	-45.03	-23.39	-23.39	-23.38	-23.39	-16.93	-16.93	-8.14
Consultants	11.93	13.13	11.96	11.25	11.24	10.12	12.62	10.08	12.79	8.31	7.63	5.92	8.61
Total (%)	12.48	13.21	11.17	10.26	11.42	10.99	13.66	14.22	12.14	11.53	12.84	10.51	13.79

Surgery (%)	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
FY1 FY2	17.39	17.39	26.09	26.09	26.09	26.09	24.22	21.74	21.73	21.74	8.70	17.39	14.13
Junior Non Training Posts	3.97	2.27	4.26	4.26	-2.70	2.45	18.67	29.19	23.72	10.90	18.31	14.58	9.56
Junior Training Posts	10.50	13.10	16.61	23.01	19.69	22.57	14.44	8.75	9.26	26.54	15.88	10.87	10.81
Senior Non Training Posts	4.99	13.67	13.67	13.67	11.97	10.89	12.40	11.82	11.00	13.69	14.57	14.57	16.18
Consultants	6.13	5.80	5.06	2.50	1.94	1.25	2.44	6.52	6.00	6.94	7.76	8.25	8.52
Total (%)	6.88	7.69	8.97	8.60	6.03	7.21	6.39	11.25	10.60	11.93	11.79	11.05	10.71

## Medical Vacancy Rate (%)



Oct-18

12.13

Vacancy Rate (%)	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Monthly Compliance (%)	10.28	10.85	10.68	10.20	9.16	9.18	12.34	13.18	13.08	12.14	12.97	12.52	12.13
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

Speciality / Grade	DEANERY DOCTORS						NON TRAINING TRUST DOCTORS			Total	RECRUITMENT
	FY1	FY2	ST 1 or 2	GP Trainee	ST3+	Trust SHO	Trust Middle Grade	Consultant	Specialty Doctor		
Cardiology								2		2	Consultant JD sent to the RCP for approval - awaiting comments to be returned.
Diabetes			1							1	No recruitment requested as short term rotational vacancy
Dermatology								2		2	One consultant post on hold until December. Locum consultant appointed, visa pending.
Elderly Care					4	1	1	1		7	Trust Level 1 & 2 recruitments ongoing to fill Deanery gaps. Interviews were held in October. 2 offers made for trust dr level 2 post. On calls being covered by long term agency locums booked up until January as a contingency to ensure cover during winter pressures. Trust SHO vacancy due to restriction on a trainee the outcome should be determined by end of October. No recruitment requested for the consultant post.
EAU	1				1	1		2		5	5 vacancies in the following specialities: - Consultant in Acute Internal Medicine x 2 posts (may be shared with other specialities). Consultant in Acute Internal Medicine and MHDU x 2 posts - Consultant in Acute Internal Medicine and Diabetes/Endocrine -> 1 post The above vacancies are on NHS Jobs ready to be advertised. awaiting royal college JD approval. None of the ST3 applicants were short listable. This vacancy has now being re advertised and is due to close on the 16/12. there is also a TD level 1 post out at the moment which is also due to close on the 16th December. The FY2 is being covered internally. Pakistani MTI's helping with cover.
Gastro			1		1					2	No recruitment requested for the ST3 gap. Medical Workforce liaising with Gastro for future recruitment. ST1 gap covered by locum as trainee was kept at previous trust due to restrictions. Outcome pending.
ED					1	11		6		18	6 consultant posts. Interviews 11/10/18. - interviews went ahead. 2 substantive offers were made and 1 locum consultant offer was also made. The candidate who accepted the locum post has now withdrawn his application. This job is now back on NHS Jobs with and closed on the 15th November with no applicants. Discussion regarding the 11 Trust SHOs are ongoing. They were originally earmarked as being part of an Indian MTI but this was put on hold.
Renal				1	1					2	1 yr fixed term to cover Deanery ST3+ gap GP Trainee 40% LFTT gap being covered by locums
General Surgery					1					1	1 Clinical Fellow appointed - possible start date of early 2019 awaiting Visa.
ENT		1								1	Previous trainee was extended into a trust appointment contract
Vascular										0	N/A
Haematology					1	1		1		3	Trust Fellow post is going through VAR to cover all vacancies. Consultant is ready for VAR panel awaiting Advert to put on NHS jobs.
T & O									1	1	Specialty Doctor post at advert, due to close 19th November 2018.
Obs & Gynae						1			1	2	Trust Dr Level 1 closed on NHS Jobs awaiting for shortlisting to be completed. Recruitment not requested for the specialty doctor post.
Paeds				1	1			1		3	Two consultants appointed (additional post approved)-start dates early Jan 2019. The ST3 resignation has been withdrawn. The GP gap is until February. No recruitment requested as being covered internally.
Pathology								1		1	TUPE
Radiology								2		2	Two appointed. One start started 3rd Sept awaiting confirmation of start date on the second consultant.
Respiratory							1			1	Vacancy going through the VAR process.
Rheumatology	1									1	Recruitment not requested. Medical Workforce liaising with department. MW awaiting instruction from department.
Stroke					1				1	2	Being covered by long term locums. Specialty doctor going through approval process on NHS Jobs
Urology								1		1	Job Description currently with Royal College.
Ophthalmology									1	1	Interviews held and candidate appointed. Applicant requires Visa. Start date approximately Feb 2019.
Oral/Max Fax		1							1	2	Dr C1/2 at advert, due to close 27th November. Specialty Dr post also at advert, due to close 19th November. In the interim, a previous trainee was extended into a trust appointment contract until May 2019.
Anaesthetics								1		1	Appointed. started on post 14/11/18
<b>Total</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>12</b>	<b>15</b>	<b>2</b>	<b>20</b>	<b>5</b>	<b>62</b>	

### Risks

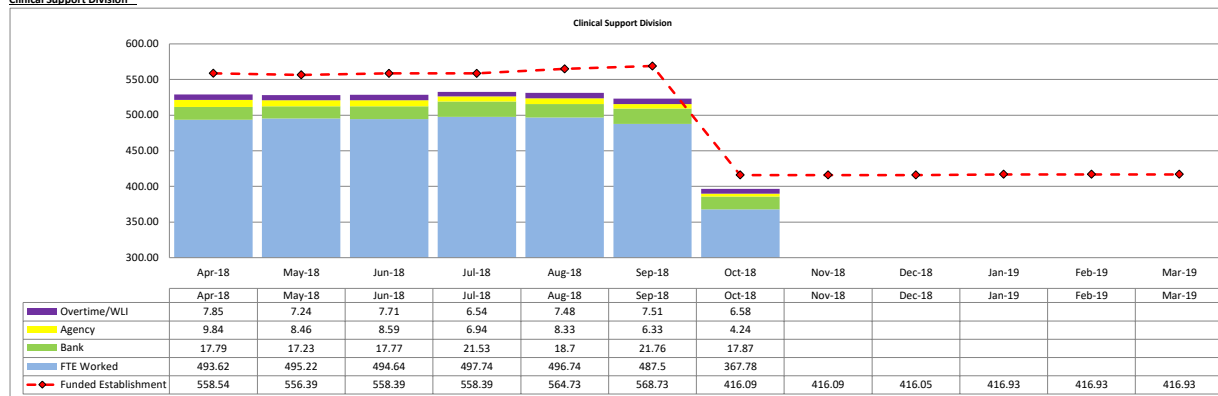
- An increase in Exception Reporting and Guardian fines due to the junior doctors covering the rota gaps with additional working. This however, is a useful tool as it highlights the areas or rotas that the trust needs to revisit. This was also encouraged at the Junior Doctors forum which took place in September 18.
- Impacts on the quality of training for the Deanery trainees which ultimately could lead to the loss of training numbers.
- Lack of interest from Deanery trainees to come to the Dudley Group, therefore increasing the level of rotational gaps.
- The Certificate of Sponsorship restriction has been lifted but this a temporary measure up until April 19. We do not know the impact of any subsequent decisions, post Brexit.

### Mitigation to address the risks

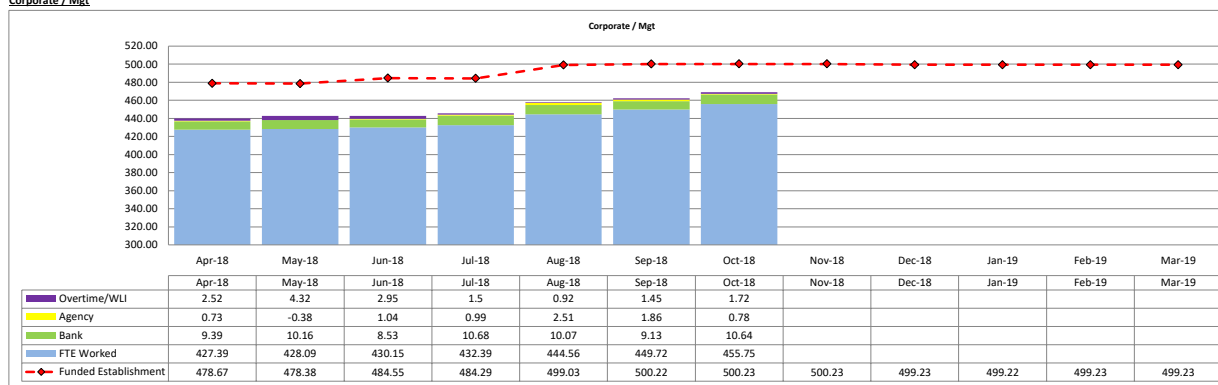
- Pakistani Medical Training Initiative (MTI) – Three of the MTI doctors will be working some shifts on the GIM on call from November. This should help with the 2nd Registrar night cover, where possible. An MTI PID is being worked on in order to introduce and maintain a trust wide MTI scheme across all specialities.
- Acute & General Medicine Conference on 19th November 2018. We successfully recruited two consultants currently in post and recruited to our internal Bank. Our place has been confirmed. Dr Banks and Dr Paraiso will be attending with two members of the Resourcing and Medical Bank team.
- There will always be need for locum bookings but we are looking to reduce the cost and frequency of these bookings to cover vacancies as opposed to ad hoc cover for sickness.
  - Centralised ED locum bookings are now taking place, in order to reduce the medical locum spend and booking for inappropriate reasons such as annual leave.
- The latest HTE performance review as at June 18 stated that we are the highest performing trust within the cluster reaching 81.8% of the cluster cap rate. The next nearest trust achieved 71.19%. We have consistently been the highest performer in the cluster since November 17.
- Block booking well in advance to offset winter pressures and hard to fill areas such as Paeds We have proactively booked locums to cover the winter pressures across the General Medicine and Extra Cover On Call rotas. We have also block booked locums at the HTE capped rates to cover the SpR vacancies in geriatrics, which gives more stability to the service
- A new trust wide booking system has been developed by management accounts and was due to be introduced in August. The implementation date has been delayed. Ultimately, it will assist in enabling more robust and cost effective cover.

## WTE Analysis Compared To Funded Establishment

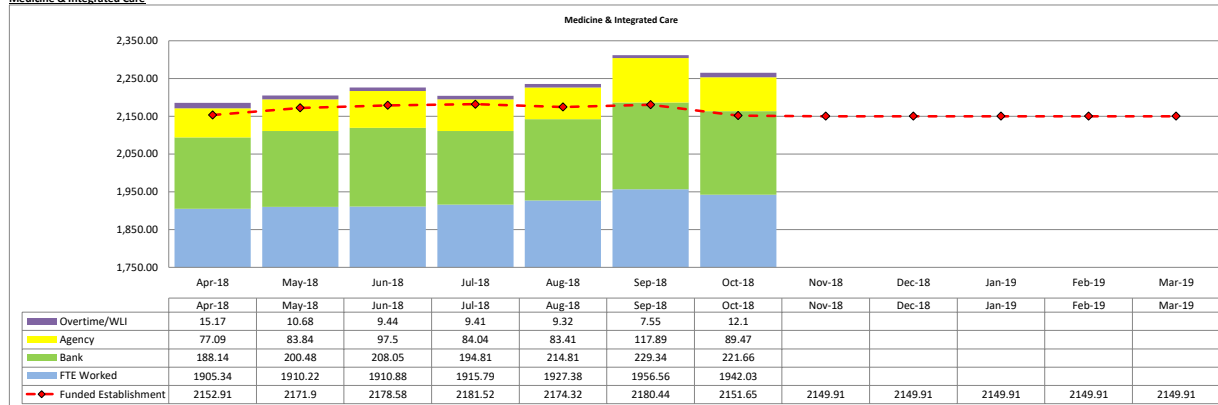
### Clinical Support Division \*



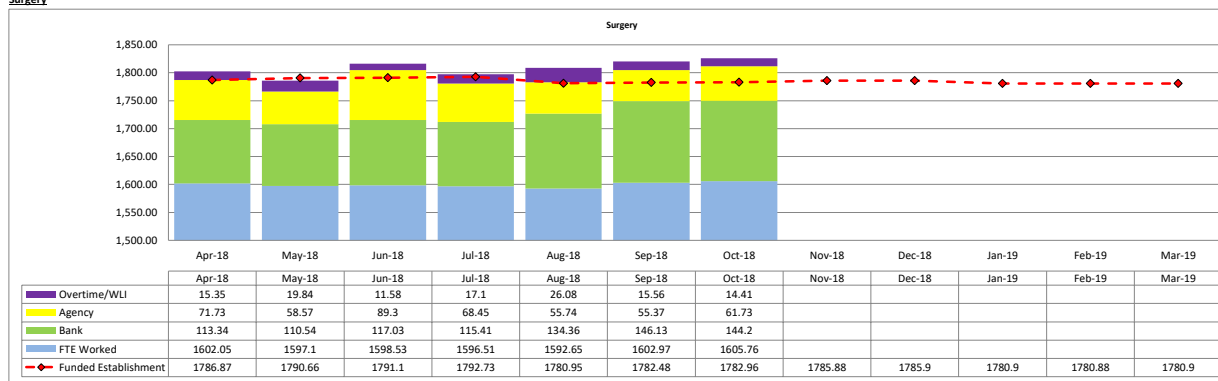
### Corporate / Mgt



### Medicine & Integrated Care



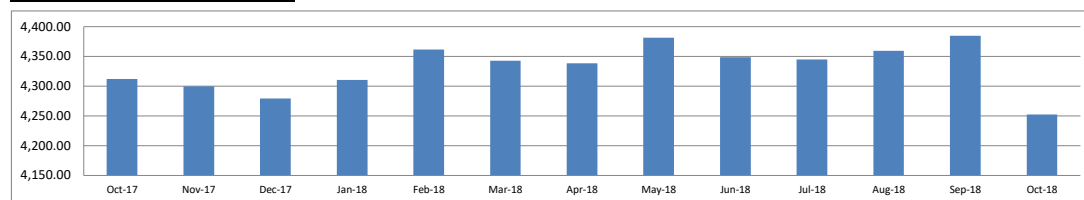
### Surgery



### \* NOTE

Reduction in staff in post in CSS Division due to TUPE Transfer of Pathology

## Staff in Post (ESR 31/10/2018)



Workforce	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Monthly Staff in Post(FTE)	4311.87	4299.51	4279.26	4310.35	4361.68	4342.65	4338.42	4381.39	4348.89	4345.04	4359.22	4384.96	4252.38

Divisional Level	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Clinical Support Division*	498.66	498.67	493.71	497.26	499.26	496.88	494.65	497.55	499.98	494.31	495.04	492.66	370.54
Corporate / Mgt	684.32	671.66	678.19	682.67	679.76	676.15	675.89	460.11	449.85	457.55	482.49	481.89	487.07
Medicine & Integrated Care	1808.97	1805.39	1791.38	1835.98	1844.39	1839.55	1842.32	1872.07	1856.31	1853.81	1841.28	1861.33	1848.74
Surgery	1319.94	1323.80	1315.97	1323.43	1338.27	1330.06	1325.56	1551.66	1542.76	1539.37	1540.41	1549.08	1546.04

Workforce by Staff Group	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	175.28	176.28	173.51	174.61	173.59	178.99	179.97	178.97	178.82	173.06	171.93	174.91	176.24
Care Support Staff	943.52	958.44	952.12	947.53	964.69	960.69	959.97	1003.43	978.28	980.78	986.10	978.79	918.30
Administrative and Clerical	862.55	860.95	857.26	860.25	862.24	871.63	870.98	878.57	873.34	884.07	897.60	890.26	885.61
Allied Health Professionals	296.77	297.87	297.74	305.21	306.63	307.85	303.19	300.13	298.33	299.22	300.08	303.14	307.78
Healthcare Scientists*	110.89	114.62	114.62	114.75	114.75	111.79	111.01	110.27	109.27	109.53	108.53	108.18	45.35
Medical and Dental	475.21	475.51	474.86	477.46	480.36	479.68	471.61	469.01	471.05	466.05	469.91	475.06	472.03
Nursing and Midwifery Registered	1418.65	1415.84	1409.14	1430.52	1430.42	1432.01	1441.69	1441.01	1439.80	1432.33	1425.08	1454.62	1447.08

Clinical Support Division	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	82.42	83.62	80.62	81.22	81.62	83.42	83.61	84.61	84.61	81.81	82.21	85.21	87.21
Care Support Staff	141.64	142.74	143.34	144.90	146.34	142.77	143.04	144.53	145.33	144.37	144.70	141.84	94.66
Administrative and Clerical	70.39	68.80	66.00	66.47	66.61	67.61	67.48	68.89	69.23	67.88	68.88	67.88	55.60
Allied Health Professionals	95.30	94.59	95.44	94.64	94.64	93.04	91.56	91.56	91.85	91.29	91.29	90.89	93.46
Healthcare Scientists	74.46	75.10	75.10	75.23	75.23	74.23	73.03	72.03	71.03	71.03	71.03	70.11	7.28
Medical and Dental	26.25	27.25	25.65	27.25	27.25	28.25	28.25	28.25	30.25	30.25	29.25	29.05	24.65
Nursing and Midwifery Registered	8.20	6.56	7.56	7.56	7.56	7.56	7.68	7.68	7.68	7.68	7.68	7.68	7.68

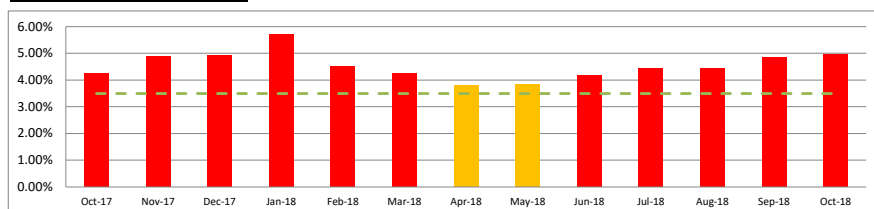
Corporate / Mgt	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	16.97	16.77	16.77	16.77	16.37	17.97	17.58	16.58	17.33	17.33	17.33	16.33	16.83
Care Support Staff	88.00	85.12	85.12	83.04	84.80	83.08	81.37	33.20	32.20	31.24	39.61	39.68	39.68
Administrative and Clerical	334.09	330.78	335.21	337.81	335.86	336.74	334.19	323.75	315.67	322.86	331.73	331.52	337.95
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	1.40	1.53	1.53	1.53	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	11.20	11.20	11.20	11.20	11.20	11.20	11.20	10.20	17.20	17.20	17.20
Nursing and Midwifery Registered	227.78	226.38	227.48	226.44	224.11	224.75	229.13	72.97	71.03	73.51	74.21	74.75	73.00

Medicine & Integrated Care	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	11.40	11.40	11.40	11.40	11.40	12.40	13.83	13.83	13.83	12.83	12.83	12.83	13.83
Care Support Staff	437.88	442.57	437.77	433.91	440.19	437.28	438.50	463.63	448.29	451.00	446.80	447.39	439.64
Administrative and Clerical	225.47	225.40	221.39	229.90	227.00	231.87	233.32	237.41	239.52	241.28	242.41	240.35	241.10
Allied Health Professionals	189.32	191.13	190.15	197.75	199.16	201.99	199.06	195.49	193.40	194.28	195.14	199.08	201.15
Healthcare Scientists	22.90	23.90	23.90	23.90	23.90	22.90	22.66	22.93	22.93	24.93	23.93	23.93	23.93
Medical and Dental	194.85	195.15	197.45	198.45	198.25	198.37	194.90	196.06	196.10	193.10	186.56	185.91	183.98
Nursing and Midwifery Registered	715.15	715.83	709.31	728.68	732.49	734.75	740.06	742.73	742.24	736.40	733.62	751.85	745.11

Surgery	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	64.49	64.49	64.72	65.23	64.20	65.20	64.96	63.96	63.06	61.10	59.57	60.55	58.38
Care Support Staff	276.01	288.01	285.89	285.69	293.37	297.57	297.05	362.06	352.45	354.17	354.99	349.88	344.32
Administrative and Clerical	232.60	235.96	234.66	226.07	232.75	235.41	235.99	248.53	248.92	252.05	254.57	250.51	250.96
Allied Health Professionals	11.27	11.27	11.27	11.95	11.95	11.95	11.69	12.20	12.20	12.77	12.77	12.29	12.29
Healthcare Scientists	12.13	14.09	14.09	14.09	14.09	13.13	13.78	13.78	13.78	12.03	12.03	12.61	12.61
Medical and Dental	243.91	242.91	240.56	240.56	243.66	241.86	237.26	233.50	233.50	232.50	236.90	242.90	246.20
Nursing and Midwifery Registered	467.53	467.07	464.79	467.84	466.26	464.95	464.82	617.63	618.84	614.74	609.58	620.34	621.28

\* Note:  
Reduction in staff in post in CSS Division due to TUPE Transfer of Pathology

## Workforce Total Absence



Financial Year to Date	4.35%
October-18	4.96%

Workforce	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Monthly Absence Rate	4.25%	4.88%	4.94%	5.70%	4.51%	4.27%	3.79%	3.85%	4.17%	4.44%	4.43%	4.84%	4.96%
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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Clinical Support Division	3.96%	3.91%	3.65%	5.19%	3.53%	4.00%	3.09%	3.56%	4.52%	4.32%	3.70%	4.32%	4.67%
Corporate / Mgt	2.65%	4.26%	4.69%	5.90%	4.40%	3.35%	3.39%	2.65%	2.57%	2.06%	2.14%	3.31%	3.56%
Medicine & Integrated Care	4.91%	5.35%	5.75%	5.69%	4.76%	5.03%	4.78%	4.68%	4.95%	5.15%	5.20%	5.50%	5.16%
Surgery	4.31%	4.91%	4.47%	5.79%	4.59%	3.79%	3.26%	3.72%	4.11%	4.33%	4.52%	5.01%	5.25%
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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	4.43%	4.90%	3.83%	5.85%	3.33%	3.35%	2.29%	2.95%	3.53%	4.65%	3.86%	2.52%	2.03%
Care Support Staff	6.45%	7.06%	7.04%	8.50%	7.24%	6.92%	6.12%	5.64%	5.70%	6.22%	6.69%	8.25%	8.89%
Administrative and Clerical	3.12%	4.32%	4.74%	4.96%	3.67%	2.86%	2.47%	2.53%	3.10%	3.01%	3.44%	3.96%	4.39%
Allied Health Professionals	3.52%	3.59%	3.44%	3.21%	2.35%	2.04%	1.81%	2.35%	2.84%	3.27%	3.26%	3.26%	2.63%
Healthcare Scientists	2.12%	4.27%	2.31%	2.64%	1.59%	1.13%	0.37%	1.68%	1.94%	4.16%	2.68%	3.01%	2.84%
Medical and Dental	1.19%	1.09%	1.40%	1.15%	1.26%	1.71%	1.94%	3.48%	3.09%	2.60%	1.72%	2.02%	1.55%
Nursing and Midwifery Registered	4.46%	5.48%	5.62%	6.39%	5.25%	4.97%	4.86%	4.56%	5.11%	5.01%	4.99%	5.17%	4.97%

Clinical Support Division	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	6.60%	5.27%	5.30%	4.94%	4.53%	4.84%	2.31%	4.05%	4.55%	4.60%	4.46%	2.77%	1.66%
Care Support Staff	5.01%	5.22%	4.21%	7.50%	5.34%	7.42%	5.56%	5.47%	5.81%	4.61%	7.19%	10.13%	8.86%
Administrative and Clerical	2.65%	2.94%	3.75%	3.66%	3.81%	1.97%	3.01%	2.25%	3.23%	1.99%	1.15%	1.65%	2.88%
Allied Health Professionals	1.75%	2.44%	2.45%	5.07%	2.26%	2.46%	2.15%	1.98%	5.05%	6.68%	4.77%	5.69%	5.05%
Healthcare Scientists	2.64%	3.51%	2.79%	3.94%	1.76%	0.37%	0.46%	1.84%	2.18%	3.21%	0.00%	0.00%	0.92%
Medical and Dental	6.71%	2.67%	2.82%	2.62%	0.41%	3.68%	3.67%	4.78%	5.19%	3.42%	0.15%	0.00%	0.00%
Nursing and Midwifery Registered	0.00%	0.00%	0.85%	1.06%	0.00%	1.28%	0.00%	2.69%	2.26%	2.02%	0.00%	6.58%	13.02%

Corporate / Mgt	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	0.76%	0.80%	4.23%	5.96%	0.62%	1.38%	0.78%	0.43%	0.00%	0.00%	0.37%	0.00%	1.00%
Care Support Staff	5.82%	8.38%	7.89%	11.20%	8.20%	6.86%	7.15%	4.44%	3.92%	3.44%	3.01%	8.90%	2.26%
Administrative and Clerical	2.00%	3.58%	4.45%	4.32%	3.21%	2.41%	2.29%	2.26%	2.34%	1.50%	1.79%	4.54%	3.63%
Allied Health Professionals	0.00%	3.64%	3.52%	37.24%	3.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.28%	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%	5.30%	0.00%
Medical and Dental	0.00%	0.00%	0.00%	0.00%	0.00%	1.44%	0.60%	0.86%	0.00%	0.00%	0.00%	3.13%	0.78%
Nursing and Midwifery Registered	2.76%	4.41%	4.24%	6.68%	5.42%	3.68%	4.05%	4.14%	4.24%	4.85%	4.29%	5.40%	5.55%

Medicine & Integrated Care	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	1.02%	0.00%	0.00%	0.28%	0.00%	0.00%	0.00%	0.00%	1.33%	0.00%	0.00%	0.00%	0.00%
Care Support Staff	5.80%	7.27%	8.44%	8.65%	7.39%	7.27%	7.05%	5.99%	5.61%	6.57%	7.64%	8.90%	9.56%
Administrative and Clerical	5.75%	5.62%	5.70%	5.00%	3.75%	3.15%	2.13%	2.37%	2.86%	3.44%	3.75%	4.54%	5.20%
Allied Health Professionals	4.09%	4.13%	4.00%	2.32%	2.53%	1.96%	1.68%	2.18%	1.49%	1.28%	2.14%	2.28%	1.63%
Healthcare Scientists	6.77%	8.65%	2.29%	0.29%	1.27%	0.00%	0.00%	0.00%	0.56%	4.05%	4.23%	5.30%	2.31%
Medical and Dental	0.99%	0.74%	0.70%	1.11%	1.60%	2.31%	2.80%	4.15%	2.86%	2.49%	2.23%	3.13%	1.79%
Nursing and Midwifery Registered	5.52%	5.75%	6.28%	6.39%	5.23%	6.03%	5.85%	5.68%	6.79%	6.75%	5.94%	5.40%	4.62%

Surgery	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	4.16%	6.36%	2.53%	7.99%	3.12%	2.51%	3.13%	2.74%	3.59%	7.00%	4.86%	3.43%	3.31%
Care Support Staff	6.70%	7.28%	6.05%	7.99%	7.71%	6.16%	4.72%	5.38%	5.94%	6.69%	6.52%	8.31%	8.79%
Administrative and Clerical	3.58%	4.50%	4.53%	6.21%	4.22%	3.47%	2.90%	3.12%	4.27%	4.81%	5.55%	4.74%	4.97%
Allied Health Professionals	4.97%	4.14%	2.30%	0.19%	0.00%	0.22%	1.63%	8.20%	8.20%	9.20%	9.83%	1.33%	0.73%
Healthcare Scientists	2.60%	1.38%	0.00%	0.00%	1.37%	7.46%	0.54%	3.92%	3.24%	10.25%	6.66%	5.76%	5.29%
Medical and Dental	1.22%	1.25%	1.90%	1.08%	1.13%	1.03%	1.11%	2.90%	3.17%	2.72%	1.63%	1.51%	1.58%
Nursing and Midwifery Registered	5.32%	5.65%	5.36%	6.35%	5.28%	4.00%	3.77%	3.30%	3.26%	3.00%	3.98%	4.92%	5.21%

**Estimated Cost of Absence**

April 2018 -October 2018



		2018 / 04	2018 / 05	2018 / 06	2018 / 07	2018 / 08	2018 / 09	2018 / 10	TOTAL
253 Clinical Support	253 Cancer Services Management Dir	£ 1,080.14	£ 59.79	£ 410.75	£ -	£ -	£ 271.93	£ -	£ 1,822.61
253 Clinical Support	253 Clinical Support Div Mgt Dir	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
253 Clinical Support	253 Imaging Dir	£ 9,899.98	£ 13,185.19	£ 21,863.82	£ 21,337.14	£ 20,525.89	£ 23,694.54	£ 24,538.14	£ 135,044.70
253 Clinical Support	253 Pathology Dir	£ 5,672.48	£ 7,720.20	£ 6,853.39	£ 4,350.66	£ 6,255.70	£ 6,492.60	£ 6,076.08	£ 43,421.10
253 Clinical Support	253 Pharmacy Dir	£ 7,483.68	£ 11,800.98	£ 11,375.19	£ 13,248.15	£ 13,431.49	£ 10,687.00	£ 10,988.19	£ 79,014.67
253 Clinical Support	253_NHS_Transfer_MOCP_Dir	£ 2,811.70	£ 8,462.56	£ 13,369.36	£ 13,961.52	£ 8,974.19	£ 9,598.93		£ 57,178.27
253 Clinical Support Total		£ 26,947.98	£ 41,228.73	£ 53,872.50	£ 52,897.46	£ 49,187.27	£ 50,745.00	£ 41,602.41	£ 316,481.35
253 Corporate / Mgt	253 Chief Executive Dir	£ 692.47	£ -	£ -	£ -	£ 9,146.40	£ 11,621.92	£ 5,810.96	£ 27,271.74
253 Corporate / Mgt	253 Finance Information and Estate Dir	£ 3,938.75	£ 4,673.96	£ 7,194.33	£ 4,043.26	£ 8,191.18	£ 10,130.95	£ 14,033.96	£ 52,206.40
253 Corporate / Mgt	253 Governance Dir	£ 2,712.38	£ 2,792.51	£ 3,243.03	£ 663.88	£ 2,294.11	£ 838.43	£ 125.49	£ 12,669.84
253 Corporate / Mgt	253 Human Resources Dir	£ 2,094.91	£ 1,206.66	£ 1,300.76	£ 880.88	£ 1,654.80	£ 4,580.92	£ 4,531.60	£ 16,250.54
253 Corporate / Mgt	253 Information Technology Dir	£ 13,384.01	£ 5,840.67	£ 3,551.30	£ 9,216.00	£ 10,196.76	£ 6,459.28	£ 10,009.48	£ 58,657.50
253 Corporate / Mgt	253 Medical Director Dir	£ 2,434.53	£ 2,243.14	£ 1,280.54	£ 952.62	£ 1,136.60	£ 1,626.38	£ 3,997.23	£ 13,671.05
253 Corporate / Mgt	253 Nursing Directorate Dir	£ 16,228.28	£ 10,964.00	£ 8,087.52	£ 9,773.63	£ 10,254.06	£ 10,915.03	£ 15,858.13	£ 82,080.65
253 Corporate / Mgt	253 Operations Management Dir	£ -	£ -	£ 145.25	£ -	£ -	£ -	£ -	£ 145.25
253 Corporate / Mgt	253 Strategy & Performance Dir	£ 1,681.95	£ 5,545.99	£ 1,230.36	£ 1,354.22	£ 41.40	£ 4,696.99	£ 6,685.95	£ 21,236.86
253 Corporate / Mgt Total		£ 43,167.28	£ 33,266.93	£ 26,033.10	£ 26,884.50	£ 42,915.32	£ 50,869.90	£ 61,052.81	£ 284,189.84
253 Medicine & Integrated Care	253 Integrated Care Dir	£ 44,104.97	£ 62,342.61	£ 65,081.98	£ 77,591.25	£ 70,269.58	£ 90,493.68	£ 86,047.97	£ 495,932.04
253 Medicine & Integrated Care	253 Medicine Division Management Dir	£ 2,267.97	£ 1,336.20	£ 2,815.12	£ 198.43	£ -	£ 78.85	£ 899.43	£ 7,596.00
253 Medicine & Integrated Care	253 Nursing Medicine Dir	£ 126,580.02	£ 115,922.25	£ 128,190.07	£ 138,865.83	£ 137,906.62	£ 119,801.39	£ 103,840.01	£ 871,106.19
253 Medicine & Integrated Care	253 Specialist Medicine Dir	£ 16,196.30	£ 28,974.18	£ 24,700.07	£ 30,563.03	£ 27,314.22	£ 28,005.77	£ 28,485.28	£ 184,238.85
253 Medicine & Integrated Care	253 Urgent Care Dir	£ 14,733.84	£ 16,625.57	£ 14,099.40	£ 18,523.27	£ 20,568.30	£ 13,015.37	£ 9,738.11	£ 107,303.86
253 Medicine & Integrated Care Total		£ 203,883.11	£ 225,200.81	£ 234,886.65	£ 265,741.81	£ 256,058.71	£ 251,395.05	£ 229,010.80	£ 1,666,176.94
253 Surgery	253 Maternity Services Dir	£ 27,517.58	£ 22,434.69	£ 23,659.19	£ 22,208.64	£ 21,254.63	£ 37,302.62	£ 39,030.74	£ 193,408.10
253 Surgery	253 Nursing Surgery Dir	£ 45,921.04	£ 43,441.94	£ 48,422.34	£ 60,016.10	£ 62,745.93	£ 63,792.43	£ 76,386.58	£ 400,726.36
253 Surgery	253 OPD and Health Records Dir	£ 12,734.52	£ 14,995.27	£ 12,766.80	£ 13,006.19	£ 15,392.55	£ 12,213.92	£ 15,375.60	£ 96,484.85
253 Surgery	253 Specialist Surgery Dir	£ 7,509.38	£ 15,145.31	£ 14,851.05	£ 15,195.75	£ 11,406.56	£ 12,965.70	£ 18,829.14	£ 95,902.89
253 Surgery	253 Surgery Division Mgmt Dir	£ 127.45	£ -	£ 1,185.21	£ 1,777.81	£ 3,111.16	£ 2,222.26	£ 814.83	£ 9,238.72
253 Surgery	253 Surgery Urology & Vascular Dir	£ 1,675.02	£ 12,109.71	£ 11,489.63	£ 10,156.29	£ 9,455.36	£ 1,407.65	£ 2,912.19	£ 49,205.85
253 Surgery	253 Theatres Anaes & Crit Care Dir	£ 37,118.52	£ 44,024.44	£ 29,489.01	£ 33,422.68	£ 37,069.83	£ 43,048.13	£ 50,526.02	£ 274,698.63
253 Surgery	253 Trauma & Orthopaedics Dir	£ 5,213.11	£ 3,961.26	£ 4,051.09	£ 4,600.44	£ 5,559.31	£ 6,287.88	£ 4,400.62	£ 34,073.70
253 Surgery	253 Women and Children Dir	£ 6,416.59	£ 7,327.01	£ 4,806.42	£ 8,412.36	£ 3,114.23	£ 4,655.81	£ 12,142.35	£ 46,874.77
253 Surgery Total		£ 144,233.21	£ 163,439.63	£ 150,720.74	£ 168,796.27	£ 169,109.56	£ 183,896.39	£ 220,418.07	£ 1,200,613.87
		£ 418,231.59	£ 463,136.10	£ 465,512.99	£ 514,320.04	£ 517,270.85	£ 536,906.34	£ 552,084.09	£ 3,467,461.99

\* 253 Transfer is part of the Clinical Services Division that has been demerged in ESR as part of TUPE preparation.

This is the standard NHS calculation for the estimated cost of absence (calculation below for reference).

It should be noted that these figures do not include the cost of covering absence. This is based upon basic salary cost for sick pay and does not include enhancements.

Work is ongoing to be able to provide these figures on a monthly basis by staff group.

**Calculation**

Absence Estimated Cost Calculation

Salary Based Estimated Cost = {Salary \* FTE \* Absence Days}

Employer's Cost = {Salary Based Absence Cost \* Employer Cost Factor}

Both then need to be adjusted for OSP and OMP.

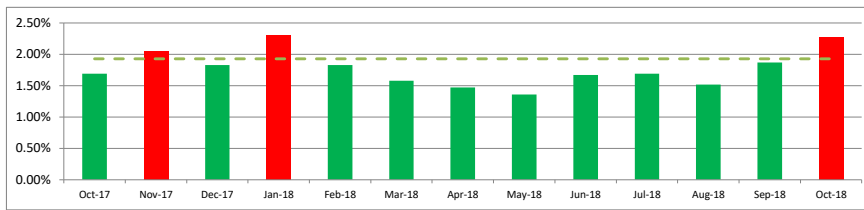
Salary Based Absence Cost OSP OMP Adjusted = {Salary \* FTE \* Absence Days OSP OMP Adjusted}

Employers Cost OSP OMP Adjusted = { Salary Based Absence Cost OSP OMP Adjusted \* Employer Cost Factor}

Finally the total estimated cost = Salary Based Absence Cost OSP OMP Adjusted + Employers Cost OSP OMP Adjusted.

Please note, because ESR does not record shift patterns, this is only an estimate using the assignment FTE.

## Short Term Absence



October-18	2.28%
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Workforce	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Monthly Absence Rate	1.69%	2.06%	1.83%	2.30%	1.83%	1.58%	1.47%	1.36%	1.67%	1.69%	1.52%	1.87%	2.28%
Target	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%

Divisional Level	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Clinical Support Division	1.51%	1.44%	1.38%	2.86%	1.29%	1.30%	1.31%	1.50%	1.90%	1.40%	1.58%	1.58%	2.60%
Corporate / Mgt	1.35%	1.70%	1.45%	2.80%	1.71%	0.90%	1.10%	0.70%	1.11%	0.89%	1.19%	0.96%	1.66%
Medicine & Integrated Care	1.80%	2.29%	2.03%	2.38%	1.91%	1.95%	1.88%	1.49%	1.80%	1.79%	1.38%	2.06%	2.36%
Surgery	1.76%	2.19%	1.94%	2.51%	1.96%	1.44%	1.15%	1.29%	1.61%	1.90%	1.88%	2.11%	2.32%
Target	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%	1.93%

Workforce by Staff Group	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	2.06%	2.52%	1.04%	2.60%	1.20%	1.33%	1.26%	0.65%	1.17%	1.45%	1.32%	1.11%	1.11%
Care Support Staff	2.77%	3.03%	2.64%	3.56%	2.43%	2.38%	2.26%	2.00%	2.59%	2.57%	2.60%	3.10%	3.63%
Administrative and Clerical	1.63%	1.66%	1.89%	2.32%	1.20%	1.21%	0.96%	0.88%	1.49%	1.21%	0.95%	1.20%	2.20%
Allied Health Professionals	1.27%	1.54%	1.12%	2.70%	1.62%	1.41%	0.88%	1.24%	1.39%	0.89%	0.99%	1.09%	1.53%
Healthcare Scientists	0.98%	1.65%	0.37%	2.04%	0.71%	0.27%	0.37%	1.22%	1.03%	1.58%	0.23%	0.32%	0.38%
Medical and Dental	0.26%	0.52%	0.49%	0.53%	0.84%	0.57%	0.70%	0.92%	0.43%	0.46%	0.17%	0.92%	0.75%
Nursing and Midwifery Registered	1.87%	2.31%	2.12%	2.74%	2.37%	1.74%	1.78%	1.44%	1.76%	2.01%	1.84%	2.18%	2.38%

Clinical Support Division	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	3.17%	2.10%	1.41%	2.00%	1.10%	1.77%	1.30%	1.09%	1.57%	0.46%	1.44%	2.02%	1.64%
Care Support Staff	2.34%	1.44%	1.85%	3.45%	2.00%	2.05%	2.06%	2.06%	1.99%	1.63%	2.75%	2.18%	5.21%
Administrative and Clerical	1.26%	1.50%	2.26%	2.14%	0.97%	0.49%	1.68%	1.74%	2.27%	1.99%	1.15%	1.65%	1.69%
Allied Health Professionals	1.14%	1.81%	1.23%	4.30%	1.62%	1.43%	1.06%	1.35%	2.90%	1.74%	1.29%	0.67%	2.35%
Healthcare Scientists	0.28%	0.84%	0.34%	2.61%	0.42%	0.37%	0.46%	1.13%	0.79%	1.49%	0.00%	0.00%	0.89%
Medical and Dental	0.00%	0.00%	0.00%	0.00%	0.41%	0.00%	0.00%	1.11%	1.65%	0.00%	0.15%	0.00%	0.00%
Nursing and Midwifery Registered	0.00%	0.00%	0.85%	1.06%	0.00%	1.28%	0.00%	0.00%	0.00%	2.02%	0.00%	6.58%	0.00%

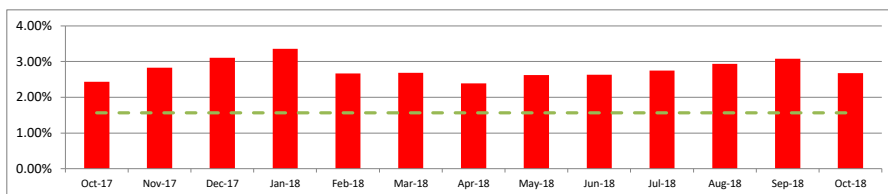
Corporate / Mgt	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	0.76%	0.80%	0.19%	0.00%	0.62%	1.38%	0.00%	0.43%	0.00%	0.00%	0.37%	0.00%	0.97%
Care Support Staff	3.01%	2.64%	1.99%	4.31%	2.04%	1.72%	6.65%	1.63%	1.11%	0.36%	3.01%	2.68%	0.47%
Administrative and Clerical	1.16%	1.23%	1.46%	2.01%	0.90%	0.70%	1.56%	0.48%	1.25%	0.89%	0.71%	0.52%	1.51%
Allied Health Professionals	0.00%	3.64%	3.52%	3.24%	3.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Healthcare Scientists	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Medical and Dental	0.00%	0.00%	0.00%	0.00%	0.00%	1.44%	0.00%	0.86%	0.00%	0.00%	0.00%	0.39%	0.75%
Nursing and Midwifery Registered	2.03%	2.20%	1.43%	3.72%	3.00%	0.86%	2.02%	1.33%	0.98%	1.48%	2.93%	2.41%	3.48%

Medicine & Integrated Care	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	1.02%	0.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.33%	0.00%	0.00%	0.00%	0.00%
Care Support Staff	2.79%	2.64%	2.89%	3.60%	2.70%	2.73%	3.22%	2.00%	2.43%	2.46%	2.26%	3.19%	3.24%
Administrative and Clerical	2.18%	1.23%	2.49%	3.61%	1.33%	1.66%	1.29%	1.12%	1.48%	1.33%	1.01%	2.12%	3.64%
Allied Health Professionals	1.37%	3.64%	1.11%	1.91%	1.71%	1.47%	0.76%	1.27%	0.77%	0.47%	0.79%	1.27%	1.21%
Healthcare Scientists	2.46%	0.00%	0.67%	0.29%	1.27%	0.00%	0.00%	0.00%	0.56%	0.00%	0.21%	0.20%	0.46%
Medical and Dental	0.23%	0.00%	0.70%	0.29%	0.90%	0.49%	0.62%	0.67%	0.42%	0.76%	0.30%	1.24%	0.85%
Nursing and Midwifery Registered	1.78%	2.20%	2.08%	2.42%	2.02%	2.23%	2.04%	1.66%	2.23%	2.26%	1.47%	1.90%	2.25%

Surgery	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	1.14%	3.95%	0.99%	4.46%	1.68%	0.97%	1.58%	0.24%	0.93%	3.50%	1.72%	0.39%	0.63%
Care Support Staff	2.88%	3.50%	2.82%	3.32%	2.35%	2.21%	1.41%	2.00%	3.19%	3.50%	3.18%	3.61%	4.07%
Administrative and Clerical	1.87%	1.45%	1.83%	2.52%	1.55%	1.70%	0.83%	0.94%	1.60%	1.28%	1.16%	1.06%	1.87%
Allied Health Professionals	0.71%	0.59%	0.24%	0.19%	0.00%	0.22%	1.63%	0.00%	0.00%	1.37%	2.00%	1.33%	0.71%
Healthcare Scientists	2.60%	1.38%	0.00%	2.20%	1.37%	0.24%	0.54%	3.92%	3.24%	5.35%	1.12%	0.27%	0.00%
Medical and Dental	0.32%	0.42%	0.40%	0.80%	0.88%	0.65%	0.85%	1.10%	0.31%	0.30%	0.10%	0.82%	0.75%
Nursing and Midwifery Registered	1.96%	2.41%	2.54%	2.77%	2.65%	1.40%	1.29%	1.21%	1.30%	1.95%	2.18%	2.45%	2.44%



## Long Term Absence



October-18	2.68%
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Workforce	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Monthly Absence Rate	2.44%	2.83%	3.11%	3.36%	2.67%	2.69%	2.39%	2.62%	2.63%	2.75%	2.94%	3.08%	2.68%
Target	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%

Divisional Level	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Clinical Support Division	2.08%	2.48%	2.28%	2.35%	1.29%	2.67%	1.76%	2.04%	2.59%	2.92%	2.77%	3.54%	2.07%
Corporate / Mgt	1.74%	2.56%	3.24%	3.19%	1.71%	2.42%	2.26%	1.91%	1.48%	1.17%	0.95%	2.35%	1.90%
Medicine & Integrated Care	2.67%	3.07%	3.66%	3.27%	1.91%	3.06%	2.86%	3.17%	3.08%	3.36%	3.82%	3.44%	2.80%
Surgery	2.61%	2.78%	2.53%	3.31%	1.96%	2.31%	2.06%	2.37%	2.43%	2.43%	2.65%	2.90%	2.93%
Target	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%

Workforce by Staff Group	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	2.72%	2.39%	2.79%	3.25%	2.13%	2.03%	1.03%	2.31%	2.36%	3.19%	2.54%	1.40%	0.93%
Care Support Staff	3.17%	4.03%	4.40%	4.99%	4.83%	4.54%	3.87%	3.64%	3.10%	3.65%	4.09%	5.16%	5.23%
Administrative and Clerical	1.83%	2.66%	2.85%	2.70%	2.48%	1.70%	1.44%	1.65%	1.61%	1.80%	2.50%	2.76%	2.17%
Allied Health Professionals	1.10%	2.05%	2.32%	0.82%	0.73%	0.64%	0.93%	1.12%	1.45%	2.37%	2.27%	2.17%	1.09%
Healthcare Scientists	2.48%	2.62%	1.94%	0.87%	0.88%	0.85%	0.00%	0.46%	0.90%	2.58%	2.45%	2.68%	2.47%
Medical and Dental	1.14%	0.57%	0.91%	1.12%	0.42%	1.16%	1.24%	2.56%	2.66%	2.14%	1.55%	1.09%	0.79%
Nursing and Midwifery Registered	3.11%	3.19%	3.43%	3.65%	2.85%	3.25%	3.08%	3.11%	3.35%	3.00%	3.14%	2.99%	2.59%

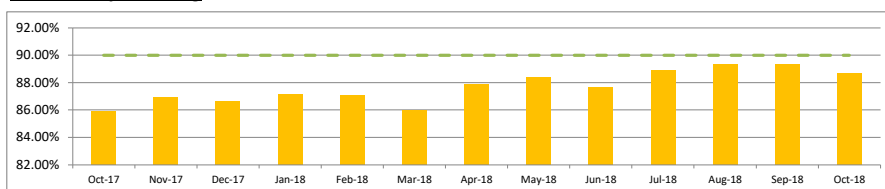
Clinical Support Division	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	3.43%	3.17%	3.89%	2.94%	3.43%	3.08%	1.00%	2.97%	2.99%	4.14%	3.02%	0.75%	0.00%
Care Support Staff	2.67%	3.79%	2.36%	1.05%	3.33%	5.37%	3.50%	3.41%	3.82%	2.98%	4.44%	7.95%	3.64%
Administrative and Clerical	1.39%	1.45%	1.49%	1.52%	2.84%	1.47%	1.33%	0.52%	0.96%	0.00%	0.00%	0.00%	1.21%
Allied Health Professionals	0.61%	0.63%	1.22%	0.77%	0.63%	1.04%	1.09%	0.63%	2.14%	4.94%	3.48%	5.03%	2.70%
Healthcare Scientists	2.36%	2.66%	2.45%	1.33%	1.34%	1.34%	0.00%	0.71%	1.39%	1.71%	0.00%	0.00%	0.00%
Medical and Dental	6.71%	2.67%	2.82%	2.75%	0.00%	3.68%	3.67%	3.67%	3.54%	3.42%	0.00%	0.00%	0.00%
Nursing and Midwifery Registered	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.69%	2.26%	0.00%	0.00%	0.00%	13.02%

Corporate / Mgt	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	0.00%	0.00%	4.04%	5.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Care Support Staff	2.80%	5.32%	5.90%	6.89%	6.16%	5.14%	6.65%	2.81%	2.81%	3.07%	0.00%	2.44%	1.72%
Administrative and Clerical	0.84%	2.35%	2.99%	2.47%	2.31%	1.71%	1.56%	1.79%	1.09%	0.61%	1.08%	2.57%	2.11%
Allied Health Professionals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Healthcare Scientists	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
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	0.73%	2.21%	2.81%	2.96%	2.42%	2.82%	2.02%	2.82%	3.25%	3.38%	1.36%	2.49%	1.98%

Medicine & Integrated Care	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	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%
Care Support Staff	3.00%	4.02%	5.54%	5.14%	4.67%	4.55%	3.83%	3.99%	3.17%	4.11%	5.38%	5.71%	6.27%
Administrative and Clerical	3.56%	3.07%	3.22%	2.38%	2.46%	1.50%	0.84%	1.25%	1.37%	2.11%	2.74%	2.42%	1.51%
Allied Health Professionals	2.71%	2.68%	2.89%	0.90%	0.82%	0.49%	0.92%	0.92%	0.72%	0.82%	1.35%	1.00%	0.41%
Healthcare Scientists	4.31%	4.18%	1.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.05%	4.02%	5.11%	1.89%
Medical and Dental	0.76%	0.00%	0.00%	0.81%	0.70%	1.81%	2.18%	3.47%	2.44%	1.73%	1.94%	1.89%	0.94%
Nursing and Midwifery Registered	3.73%	3.49%	4.06%	3.96%	3.20%	3.80%	3.81%	4.02%	4.56%	4.49%	4.47%	3.50%	2.38%

Surgery	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	3.02%	2.41%	1.55%	3.52%	1.43%	1.54%	1.55%	2.50%	2.67%	3.50%	3.14%	3.04%	2.72%
Care Support Staff	3.82%	3.78%	3.23%	4.67%	5.45%	3.94%	3.31%	3.38%	2.75%	3.39%	3.34%	4.70%	4.74%
Administrative and Clerical	1.71%	3.05%	2.71%	3.65%	2.66%	1.77%	1.90%	2.18%	2.68%	3.53%	4.38%	3.68%	3.11%
Allied Health Professionals	4.26%	3.55%	2.06%	0.00%	0.00%	0.00%	0.00%	8.20%	8.20%	7.83%	7.83%	0.00%	0.00%
Healthcare Scientists	0.00%	0.00%	0.00%	0.00%	0.00%	7.22%	0.00%	0.00%	0.00%	4.90%	5.54%	5.48%	5.29%
Medical and Dental	0.90%	0.82%	1.50%	1.26%	0.25%	0.41%	0.26%	1.81%	2.86%	2.42%	1.54%	0.69%	0.81%
Nursing and Midwifery Registered	3.36%	3.24%	2.82%	3.58%	2.57%	2.60%	2.48%	2.08%	1.96%	1.23%	1.80%	2.47%	2.79%

## Mandatory Training



October-18

88.69%

Workforce	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Monthly Compliance	85.93%	86.93%	86.64%	87.14%	87.10%	85.99%	87.84%	88.36%	87.67%	88.92%	89.36%	89.31%	88.69%
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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Clinical Support Division	79.17%	82.39%	85.47%	83.22%	82.98%	82.50%	85.52%	86.02%	84.31%	85.39%	85.55%	84.80%	84.64%
Corporate / Mgt	89.85%	90.92%	86.81%	91.19%	91.03%	89.72%	91.67%	91.43%	91.16%	90.77%	91.58%	91.32%	90.07%
Medicine & Integrated Care	84.23%	84.82%	87.76%	85.48%	85.47%	84.47%	86.09%	87.11%	86.52%	88.07%	88.55%	88.68%	87.86%
Surgery	88.80%	89.62%	86.50%	88.91%	88.93%	87.57%	89.34%	89.83%	89.24%	90.55%	90.94%	90.62%	90.26%
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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	85.50%	87.98%	86.42%	88.22%	88.61%	88.07%	89.53%	89.15%	89.01%	90.16%	89.96%	87.45%	87.66%
Care Support Staff	84.49%	86.73%	85.76%	86.16%	86.43%	84.20%	86.20%	86.59%	85.49%	86.16%	85.91%	85.37%	85.99%
Administrative and Clerical	89.09%	91.71%	90.94%	91.75%	91.92%	87.82%	90.63%	91.71%	92.53%	93.28%	91.97%	91.48%	94.35%
Allied Health Professionals	81.82%	85.50%	85.16%	87.76%	87.85%	89.48%	90.87%	91.12%	89.79%	91.06%	90.73%	90.11%	91.01%
Healthcare Scientists	79.09%	82.25%	84.72%	85.22%	86.46%	83.64%	87.64%	90.02%	88.53%	90.39%	90.94%	90.82%	92.46%
Medical and Dental	72.98%	77.34%	75.51%	79.18%	80.68%	79.70%	79.88%	80.05%	80.38%	82.73%	77.02%	76.08%	80.90%
Nursing and Midwifery Registered	85.57%	88.43%	87.48%	88.08%	88.73%	87.51%	89.39%	89.92%	88.49%	89.66%	89.82%	89.70%	90.07%

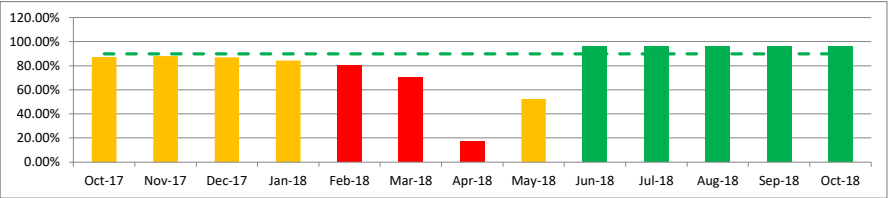
Clinical Support Division	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	87.30%	90.39%	87.39%	90.24%	88.84%	89.29%	92.55%	92.84%	92.66%	92.55%	91.00%	88.76%	88.82%
Care Support Staff	77.39%	81.30%	81.43%	81.27%	81.86%	79.53%	81.29%	81.96%	79.50%	80.57%	81.41%	79.36%	79.78%
Administrative and Clerical	83.67%	88.64%	88.67%	89.13%	88.79%	85.07%	90.94%	91.55%	90.97%	91.81%	91.77%	94.06%	93.35%
Allied Health Professionals	69.63%	75.39%	75.02%	76.15%	76.98%	79.21%	81.98%	82.01%	79.25%	80.02%	79.65%	80.75%	80.17%
Healthcare Scientists	74.78%	79.44%	83.02%	83.28%	84.31%	80.31%	86.20%	88.29%	86.23%	89.17%	89.69%	86.67%	90.00%
Medical and Dental	71.68%	81.82%	81.14%	87.27%	88.18%	85.37%	83.79%	82.29%	81.75%	82.98%	86.86%	81.64%	93.50%
Nursing and Midwifery Registered	62.24%	88.64%	79.09%	80.91%	93.58%	94.69%	96.24%	96.24%	94.07%	94.07%	95.56%	89.13%	91.13%

Corporate / Mgt	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	77.22%	80.68%	82.39%	86.96%	89.60%	86.24%	80.34%	87.61%	87.08%	89.17%	95.24%	94.17%	93.33%
Care Support Staff	93.72%	93.79%	93.29%	93.33%	92.88%	92.65%	94.77%	92.94%	92.34%	89.37%	74.21%	76.09%	75.33%
Administrative and Clerical	89.61%	91.81%	90.63%	91.00%	91.16%	86.65%	89.78%	91.22%	92.27%	91.78%	87.93%	87.30%	93.56%
Allied Health Professionals	75.00%	77.27%	81.82%	77.27%	86.36%	86.36%	88.46%	88.46%	85.71%	96.43%	96.43%	92.86%	96.43%
Healthcare Scientists	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%	100.00%
Medical and Dental	67.14%	84.71%	85.88%	85.88%	86.90%	85.71%	86.41%	86.41%	84.47%	65.28%	47.98%	53.54%	53.54%
Nursing and Midwifery Registered	84.34%	89.92%	89.12%	91.03%	92.26%	92.25%	93.46%	92.92%	88.77%	90.04%	89.09%	92.16%	92.62%

Medicine & Integrated Care	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	76.74%	78.87%	78.87%	79.02%	80.14%	81.51%	81.00%	78.77%	84.51%	90.56%	90.00%	90.00%	87.05%
Care Support Staff	84.63%	85.57%	84.58%	84.35%	84.66%	81.74%	84.20%	85.62%	84.71%	85.39%	85.74%	84.50%	85.68%
Administrative and Clerical	87.75%	90.12%	89.69%	91.81%	91.70%	89.68%	90.87%	91.65%	92.69%	94.80%	94.98%	94.98%	95.52%
Allied Health Professionals	86.82%	89.51%	89.39%	92.61%	92.03%	93.56%	94.25%	94.64%	93.79%	95.10%	94.68%	93.59%	95.32%
Healthcare Scientists	76.87%	78.57%	80.06%	81.31%	83.75%	86.35%	88.86%	92.55%	89.75%	91.04%	92.50%	90.69%	91.89%
Medical and Dental	66.41%	70.19%	69.50%	73.17%	74.34%	74.70%	74.70%	76.08%	75.66%	79.31%	73.02%	73.46%	76.80%
Nursing and Midwifery Registered	83.86%	85.90%	85.25%	86.21%	87.29%	84.93%	86.90%	87.74%	86.70%	87.64%	88.43%	88.15%	88.13%

Surgery	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	86.87%	88.73%	87.58%	88.05%	89.63%	88.40%	90.36%	87.87%	86.59%	87.56%	87.12%	83.49%	84.71%
Care Support Staff	86.67%	88.89%	87.41%	89.12%	89.33%	87.75%	89.20%	89.11%	88.17%	88.94%	89.11%	89.15%	89.15%
Administrative and Clerical	84.67%	94.13%	93.28%	93.44%	94.06%	88.41%	91.41%	92.39%	93.10%	93.93%	94.03%	92.79%	94.42%
Allied Health Professionals	95.74%	97.40%	92.81%	94.81%	98.05%	96.41%	98.45%	98.97%	94.71%	96.70%	97.64%	94.34%	95.94%
Healthcare Scientists	98.57%	99.35%	97.74%	97.74%	98.18%	90.96%	90.16%	91.71%	95.56%	93.41%	92.86%	92.22%	94.01%
Medical and Dental	78.28%	82.47%	79.49%	83.07%	84.93%	82.95%	83.53%	82.79%	84.06%	85.66%	80.83%	78.73%	84.68%
Nursing and Midwifery Registered	89.26%	91.60%	90.17%	89.56%	89.04%	88.99%	91.08%	92.03%	90.44%	91.92%	91.44%	91.29%	92.03%

Appraisal



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

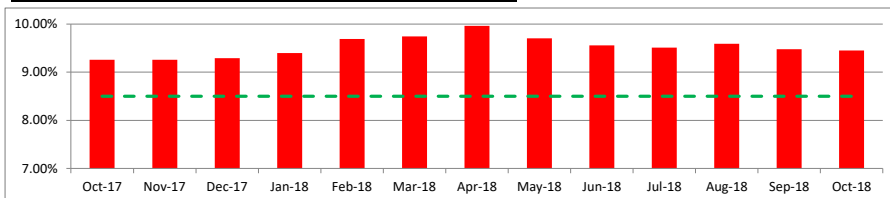
Clinical Support Division	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	79.55%	85.19%	91.57%	93.98%	89.29%	78.82%	25.88%	64.71%	100.00%	100.00%	100.00%	100.00%	100.00%
Care Support Staff	76.74%	86.31%	84.48%	81.50%	79.53%	61.31%	3.51%	49.40%	89.94%	89.94%	89.94%	89.94%	89.94%
Administrative and Clerical	77.78%	81.25%	84.62%	86.08%	86.08%	79.01%	9.76%	58.54%	97.56%	97.56%	97.56%	97.56%	97.56%
Allied Health Professionals	59.62%	75.51%	77.78%	73.96%	74.74%	58.33%	12.50%	62.89%	98.97%	98.97%	98.97%	98.97%	98.97%
Healthcare Scientists	86.08%	94.94%	94.94%	93.59%	88.31%	76.92%	2.53%	27.27%	96.05%	96.05%	96.05%	96.05%	96.05%
Medical and Dental													
Nursing and Midwifery Registered	70.00%	87.50%	60.00%	60.00%	50.00%	30.00%	10.00%	20.00%	100.00%	100.00%	100.00%	100.00%	100.00%

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

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

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

## Turnover - 12 Months to Date - Effective 31/10/2018



October-18	9.45%
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Workforce	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Turnover rate (12m to present)	9.26%	9.26%	9.29%	9.40%	9.69%	9.74%	9.96%	9.70%	9.56%	9.51%	9.59%	9.48%	9.45%
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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Clinical Support Division	13.22%	13.43%	14.08%	13.87%	13.79%	14.09%	14.49%	14.14%	14.06%	14.74%	11.17%	14.29%	13.83%
Corporate / Mgt	10.96%	11.47%	10.73%	11.68%	12.33%	13.36%	12.89%	16.67%	17.65%	17.61%	18.63%	17.87%	16.94%
Medicine & Integrated Care	9.68%	9.67%	9.59%	11.68%	9.32%	8.67%	9.14%	8.47%	8.18%	7.76%	8.27%	8.35%	8.52%
Surgery	6.17%	5.85%	6.19%	6.46%	7.20%	7.52%	7.67%	7.53%	7.21%	7.31%	7.86%	6.99%	7.07%
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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	12.53%	17.81%	12.26%	10.68%	12.72%	11.89%	13.60%	13.44%	12.89%	12.96%	11.30%	11.38%	10.80%
Care Support Staff	9.00%	13.22%	7.71%	8.21%	8.21%	8.30%	8.28%	7.66%	7.53%	7.17%	7.17%	12.07%	7.21%
Administrative and Clerical	9.94%	10.30%	10.76%	11.34%	11.38%	11.54%	12.29%	12.37%	12.50%	12.65%	13.71%	14.56%	13.09%
Allied Health Professionals	12.91%	10.35%	13.69%	13.96%	13.39%	14.30%	14.47%	13.51%	14.64%	14.46%	14.38%	13.53%	12.97%
Healthcare Scientists	10.76%	11.57%	9.48%	9.42%	8.55%	9.40%	8.86%	9.83%	11.88%	15.53%	16.62%	74.85%	12.67%
Medical and Dental	8.31%	8.32%	8.32%	8.34%	8.37%	8.06%	7.21%	6.71%	7.15%	5.73%	5.77%	7.69%	5.57%
Nursing and Midwifery Registered	7.91%	7.94%	8.60%	8.87%	8.89%	8.69%	8.94%	8.94%	8.00%	7.83%	7.75%	8.18%	8.28%

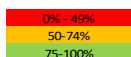
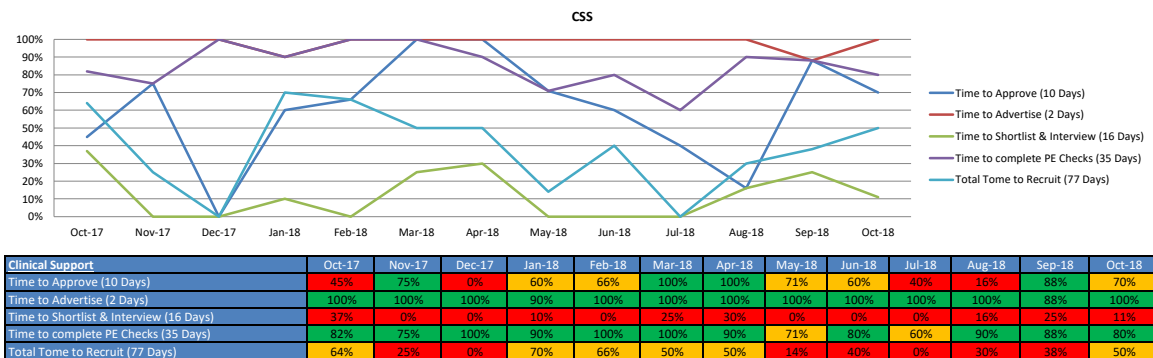
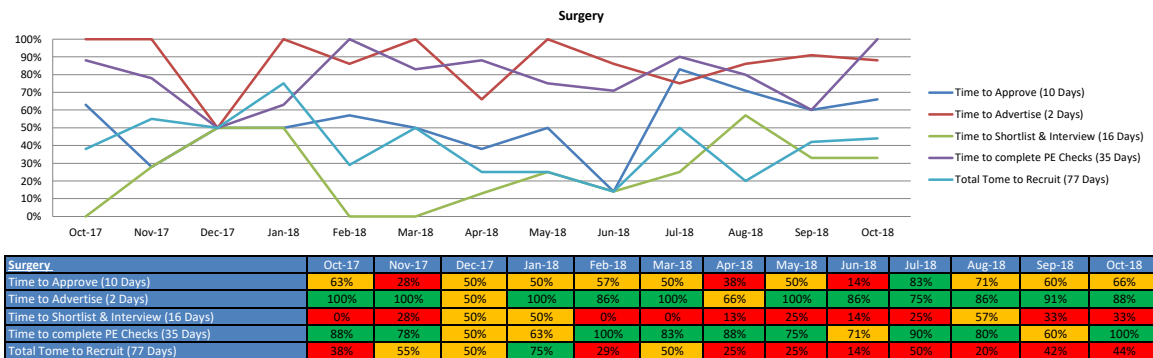
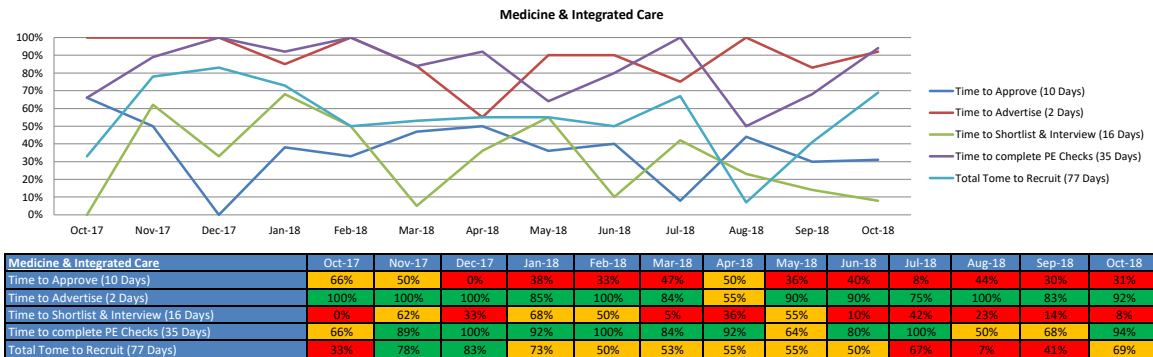
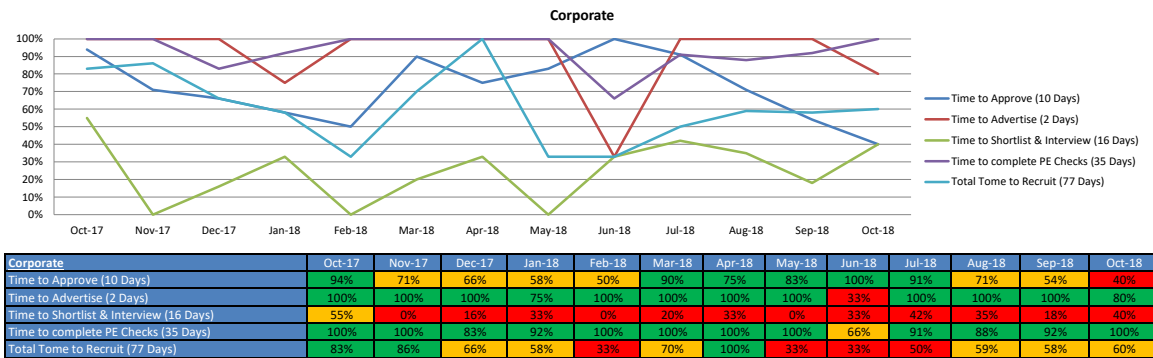
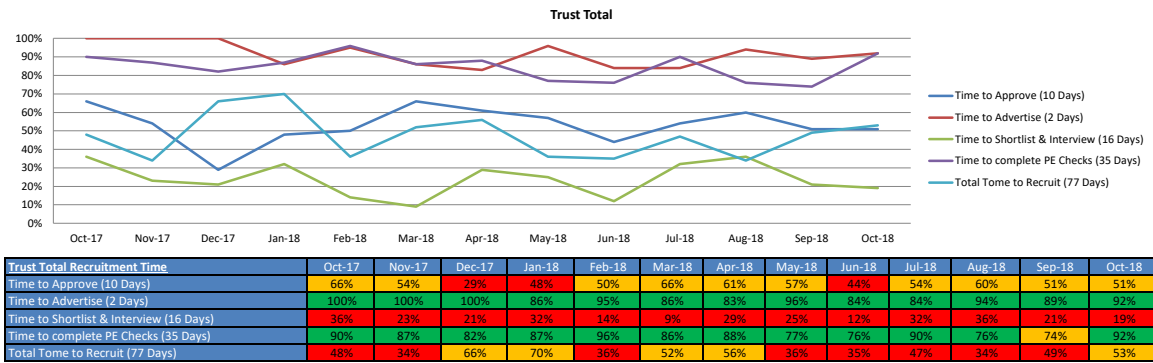
Clinical Support Division	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	17.81%	17.81%	18.37%	17.66%	19.61%	19.13%	20.48%	20.23%	19.50%	18.57%	17.30%	15.16%	13.50%
Care Support Staff	14.08%	13.22%	12.60%	11.99%	12.50%	14.11%	15.45%	14.87%	13.41%	14.13%	17.11%	15.81%	18.09%
Administrative and Clerical	8.80%	10.30%	13.67%	11.94%	10.38%	8.59%	9.94%	9.79%	10.69%	10.42%	11.26%	9.44%	7.58%
Allied Health Professionals	9.40%	10.35%	11.46%	13.36%	13.36%	15.07%	14.38%	13.40%	15.52%	16.08%	18.00%	16.82%	14.95%
Healthcare Scientists	11.54%	11.57%	11.06%	11.01%	9.71%	10.27%	9.51%	10.99%	13.42%	17.32%	0.00%	9.52%	8.65%
Medical and Dental	27.64%	28.21%	36.11%	31.78%	29.29%	25.27%	21.84%	17.87%	12.84%	8.10%	9.85%	9.79%	13.46%
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	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	4.76%	4.79%	5.06%	4.61%	12.02%	10.84%	24.70%	22.40%	21.24%	26.37%	20.46%	33.04%	29.77%
Care Support Staff	10.40%	9.73%	8.79%	8.75%	8.48%	9.29%	7.45%	13.52%	10.40%	10.09%	4.53%	2.08%	2.06%
Administrative and Clerical	12.05%	12.98%	11.77%	12.57%	13.88%	15.77%	15.91%	16.37%	18.30%	18.17%	20.44%	19.22%	18.40%
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	8.33%	8.00%	8.00%	8.00%	8.00%	8.70%	8.70%	8.70%	8.70%	8.70%	8.70%	0.00%	0.00%
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	9.39%	9.73%	9.88%	11.39%	11.07%	11.04%	10.03%	20.54%	18.42%	17.52%	18.44%	17.50%	16.17%

Medicine & Integrated Care	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	27.65%	26.43%	25.32%	17.62%	15.56%	8.06%	7.63%	7.63%	0.00%	0.00%	0.00%	0.00%	0.00%
Care Support Staff	7.89%	7.29%	6.51%	7.34%	6.91%	6.67%	6.61%	6.08%	6.29%	5.70%	6.03%	6.39%	6.39%
Administrative and Clerical	10.90%	11.65%	12.17%	11.55%	10.87%	9.43%	10.70%	10.35%	9.59%	9.92%	10.68%	10.72%	10.92%
Allied Health Professionals	14.94%	14.20%	15.19%	14.74%	13.88%	14.51%	15.07%	14.08%	15.22%	14.30%	13.22%	12.90%	12.87%
Healthcare Scientists	7.96%	7.61%	3.15%	3.11%	3.11%	3.18%	3.18%	3.18%	3.15%	2.94%	7.39%	11.54%	8.36%
Medical and Dental	9.02%	8.09%	8.25%	7.13%	7.10%	3.81%	3.81%	2.61%	2.63%	2.57%	1.28%	2.55%	2.56%
Nursing and Midwifery Registered	8.89%	9.32%	9.61%	9.73%	9.50%	8.78%	9.42%	8.96%	8.12%	7.49%	7.73%	8.38%	8.80%

Surgery	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Add Prof Scientific and Technic	4.51%	3.06%	3.08%	1.61%	3.26%	3.24%	3.19%	3.22%	3.27%	4.17%	2.59%	2.49%	4.12%
Care Support Staff	7.79%	7.24%	6.80%	7.58%	8.02%	7.66%	7.54%	6.10%	6.42%	5.88%	5.38%	5.19%	5.79%
Administrative and Clerical	3.63%	6.02%	7.05%	9.06%	8.60%	8.37%	9.26%	9.72%	9.02%	8.69%	9.04%	9.33%	9.32%
Allied Health Professionals	7.05%	6.71%	6.71%	6.19%	6.19%	5.92%	6.00%	5.87%	5.87%	5.72%	5.72%	0.00%	0.00%
Healthcare Scientists	11.66%	10.93%	10.93%	10.88%	10.88%	14.76%	14.34%	14.29%	21.74%	29.19%	29.19%	25.34%	24.35%
Medical and Dental	4.69%	4.02%	4.05%	5.36%	5.93%	7.75%	6.86%	7.53%	7.60%	7.57%	7.67%	7.67%	6.53%
Nursing and Midwifery Registered	5.78%	5.84%	6.55%	6.46%	7.06%	7.57%	7.81%	7.76%	6.61%	7.26%	6.67%	6.97%	6.87%

## Recruitment



## Pre - Employment

Month	Current Survey (%)	2017 Survey (%)
Oct-17	83	91
Nov-17	98	91
Dec-17	92	91
Jan-18	77	91
Feb-18	98	91
Mar-18	70	91
Apr-18	70	91
May-18	57	91
Jun-18	81	91
Jul-18	84	91
Aug-18	85	91
Sep-18	90	91
Oct-18	89	91

[illegible]

The chart displays the percentage of respondents who believe the U.S. will be able to control the virus by the end of 2019. The blue line shows a general upward trend, starting at approximately 75% in October 2017 and reaching 100% by November 2017. It remains at 100% through December 2017, then fluctuates between 80% and 95% for the remainder of the period. A red horizontal line marks the 70% threshold.

Month	Percentage (%)
Oct-17	75
Nov-17	100
Dec-17	100
Jan-18	90
Feb-18	80
Mar-18	90
Apr-18	85
May-18	78
Jun-18	80
Jul-18	100
Aug-18	100
Sep-18	100
Oct-18	100

[illegible]

Month	Percentage (%)
Oct-17	98
Nov-17	98
Dec-17	90
Jan-18	100
Feb-18	100
Mar-18	50
Apr-18	78
May-18	62
Jun-18	88
Jul-18	100
Aug-18	98
Sep-18	95
Oct-18	95

[illegible]

Month	Current Administration (%)	Previous Administration (%)
Oct-17	100	90
Nov-17	50	90
Dec-17	50	90
Jan-18	100	90
Feb-18	100	90
Mar-18	100	90
Apr-18	100	90
May-18	92	90
Jun-18	90	90
Jul-18	97	90
Aug-18	97	90
Sep-18	98	90
Oct-18	95	90

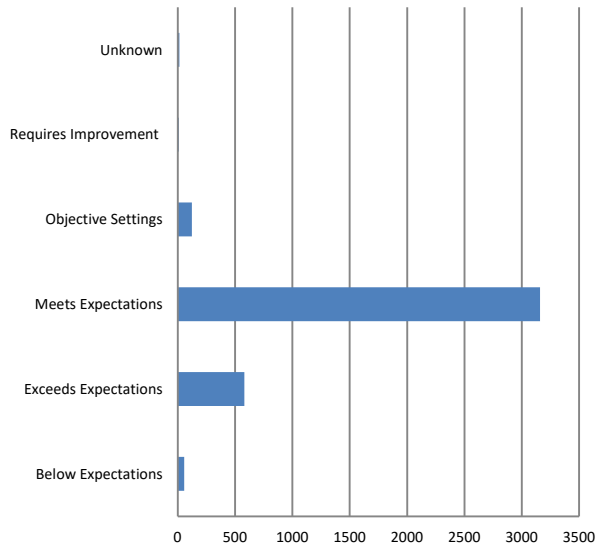
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# Leadership & Development

## Appraisal Ratings Effective 30/06/2018

### Trust Level Appraisal Outcome 30/06/2018



	Below Expectations	Exceeds Expectations	Meets Expectations	Objective Settings	Requires Improvement	Unknown
Total	55	580	3158	123	10	15

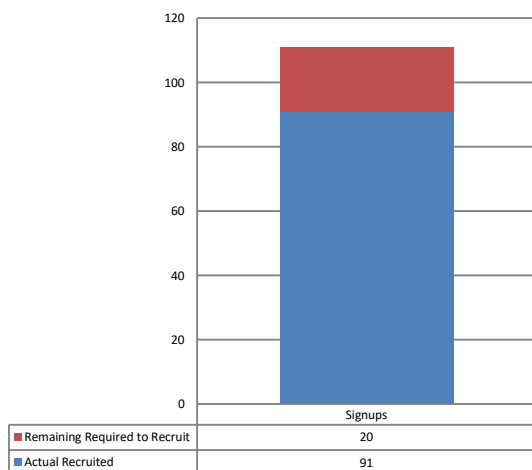
Division	Last Appraisal Outcome	Total
253 Clinical Support	Below Expectations	4
	Exceeds Expectations	77
	Meets Expectations	408
	Objective Settings	6
	Requires Improvement	1
253 Clinical Support Total		496
253 Corporate / Mgt	Below Expectations	7
	Exceeds Expectations	86
	Meets Expectations	321
	Objective Settings	19
	Unknown	4
253 Corporate / Mgt Total		437
253 Medicine & Integrated Care	Below Expectations	27
	Exceeds Expectations	264
	Meets Expectations	1307
	Objective Settings	54
	Requires Improvement	5
	Unknown	8
253 Medicine & Integrated Care Total		1665
253 Surgery	Below Expectations	17
	Exceeds Expectations	153
	Meets Expectations	1122
	Objective Settings	44
	Requires Improvement	4
	Unknown	3
253 Surgery Total		1343
Grand Total		3941

## Leadership & Development Nov 17 – Oct 18

Leaders Toolkit Attendance	Total
253 Coaching for Performance	76
253 Completing Appraisals	182
253 Handling Difficult Conversations	45
253 Leaders Toolkit - Inspiring & Motivating Teams (ACL)	71
253 Leaders Toolkit - Knowing Myself as a Leader	81
253 Leaders Toolkit - Leading in Challenging Times	9
253 Recruitment for Managers	146
Grand Total	610

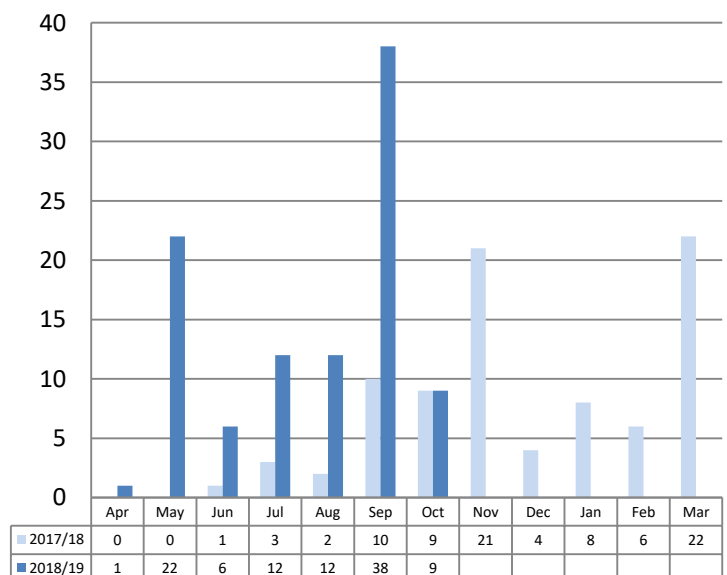
## Apprenticeship Levy

Numbers required by 31/03/2019  
HEE Target (Specific to DGH)  
Effective 14/11/2018



■ Actual apprentice signup  
■ Average minimum required to achieve target of 111

### Apprentice Signups





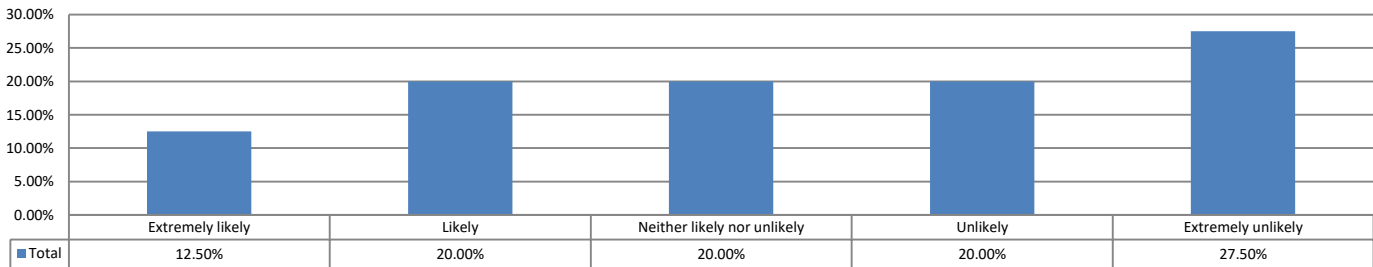
Friends & Family Test Q2 2018/19

Number of respondents by Staff Group Q1 2018/19

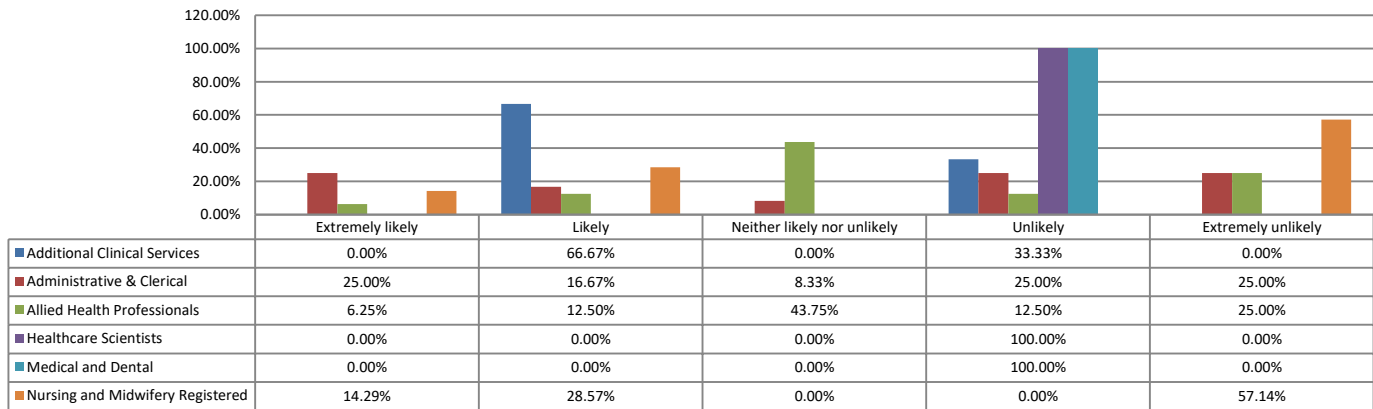
Staff Group	Total
Add Prof Scientific & Technical	0
Additional Clinical Services	3
Administrative & Clerical	12
Allied Health Professionals	16
Healthcare Scientists	1
Medical and Dental	1
Nursing and Midwifery Registered	7
Grand Total	40

Core Questions

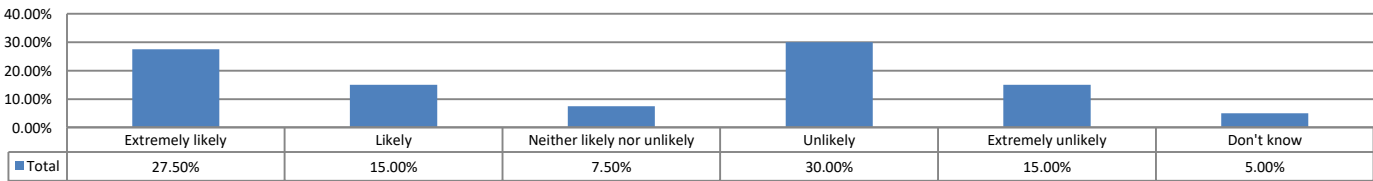
Would recommend as a place to work - Trust level



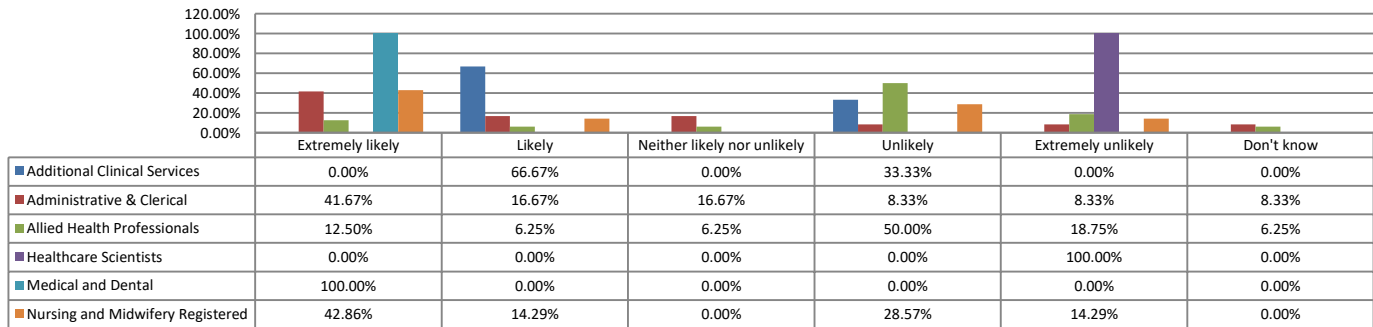
Would recommend as a place to work



Would recommend as a place to receive care/treatment – Trust Level

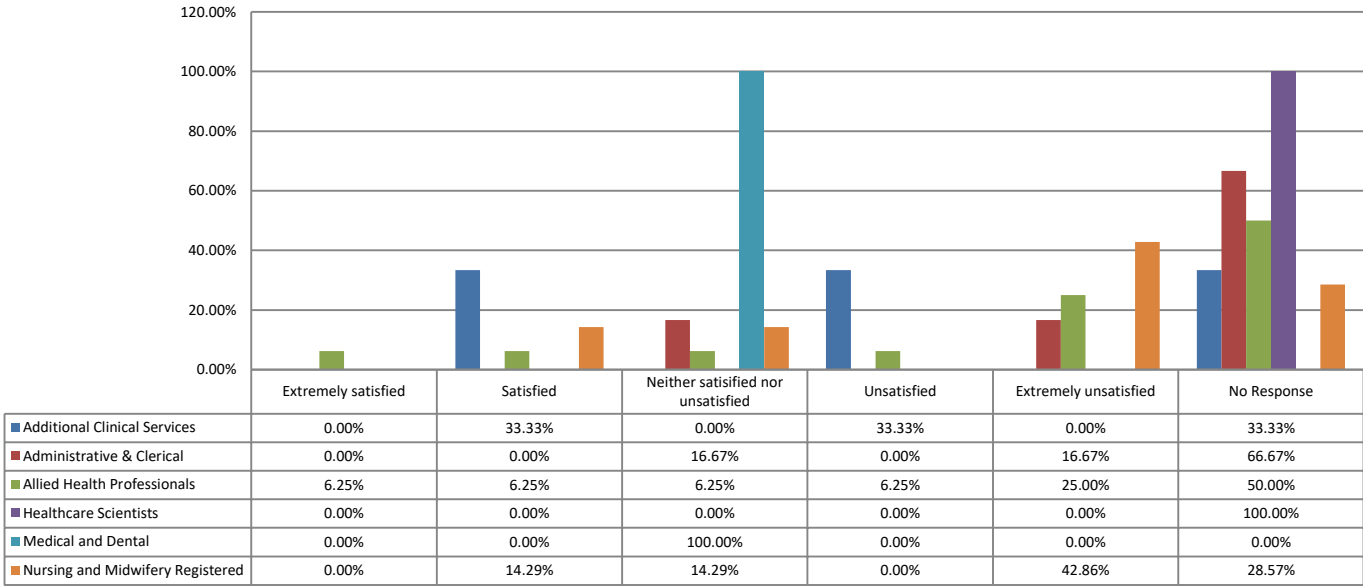


Would you recommend as a place to receive care/treatment

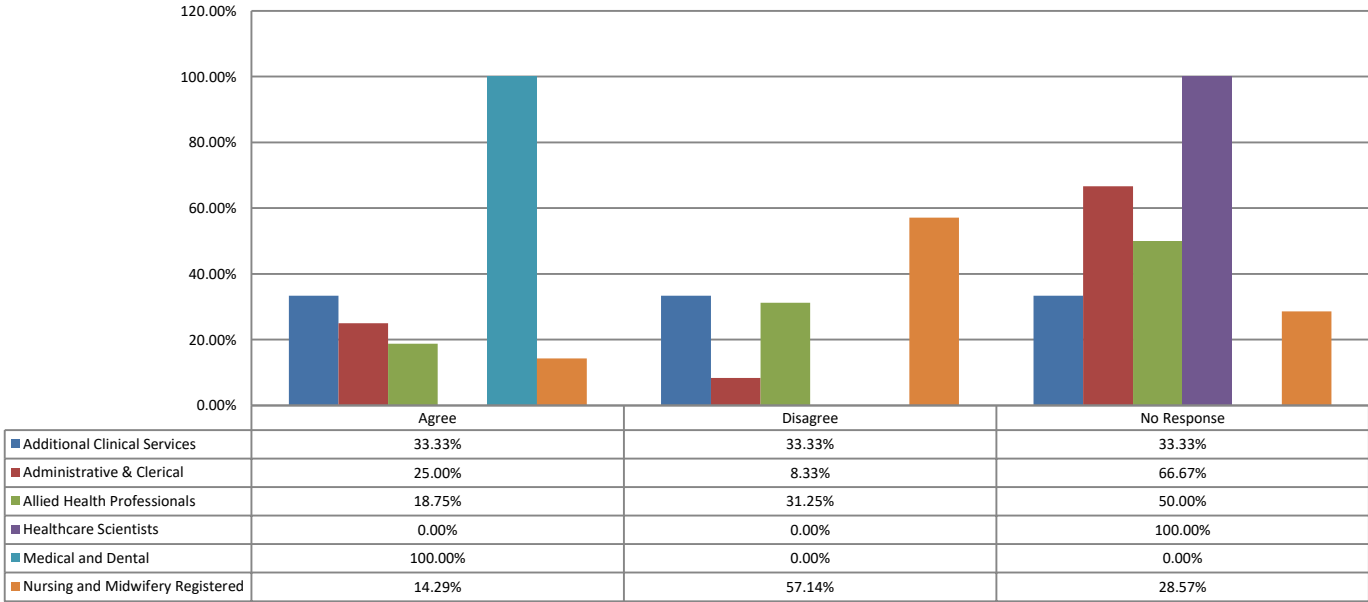


Additional Questions

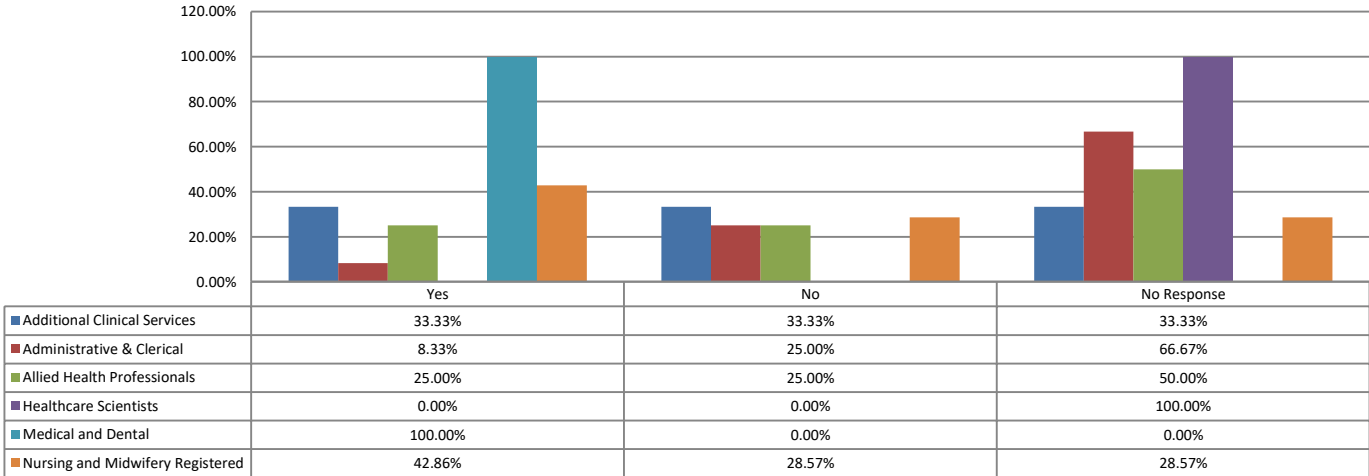
Satisfied with Organisation Values



Has had development opportunities



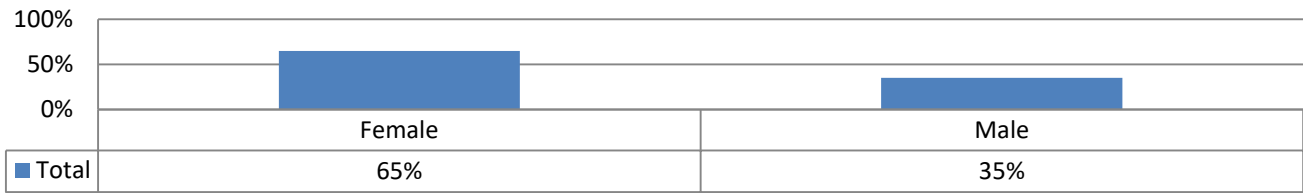
Has Felt Unwell From Stress



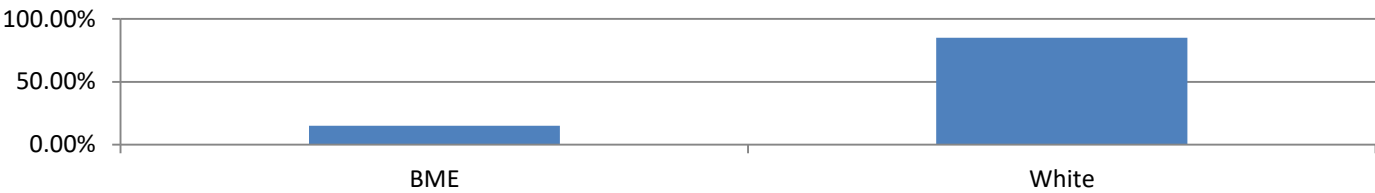
Active HR Casework – Effective 15/11/2018

Division	Capability No UHR	Capability UHR	Disciplinary	Harassment	Grand Total
253 Clinical Support		3			3
253 Corporate / Mgt	1	2	3		6
253 Medicine & Integrated Care		2	2		4
253 Surgery	2	1	2	1	6
Grand Total	3	8	7	1	19

Gender



Ethnicity



Ethnicity	Capability No UHR	Capability UHR	Disciplinary	Grievance	Harassment	Grand Total
BME	0.00%	0.00%	28.57%	0.00%	100.00%	15.00%
White	100.00%	100.00%	71.43%	0.00%	0.00%	85.00%

Age Group

Age Group	Capability No UHR	Capability UHR	Disciplinary	Grievance	Harassment	Grand Total
21 - 25	0.00%	0.00%	0.00%	0.00%	50.00%	4.76%
26 - 30	0.00%	0.00%	37.50%	0.00%	0.00%	14.29%
31 - 35	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
36 - 40	0.00%	0.00%	25.00%	25.00%	0.00%	14.29%
41 - 45	0.00%	20.00%	0.00%	0.00%	50.00%	9.52%
46 - 50	0.00%	60.00%	12.50%	50.00%	0.00%	28.57%
51 - 55	50.00%	0.00%	25.00%	0.00%	0.00%	14.29%
56 - 60	0.00%	20.00%	0.00%	0.00%	0.00%	4.76%
61 - 65	50.00%	0.00%	0.00%	25.00%	0.00%	9.52%
Over 65	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Division	Active Suspension Length			Grand Total
	< 1 Month	1 Month - 3 Months	> 3 Months	
253 Clinical Support Division	0	0	0	0
253 Corporate / Mgt	0	0	0	0
253 Medicine & Integrated Care	1	0	0	0
253 Surgery	0	1	0	0
Grand Total	0	0	0	0

Division	< 6 Weeks	> 6 Weeks	Grand Total
253 Clinical Support		3	3
253 Corporate / Mgt	2	4	6
253 Medicine & Integrated Care	1	3	4
253 Surgery	1	5	6
Grand Total	4	15	19

**Paper for submission to the Council of Governors December 2018**

<b>TITLE:</b>	<b>Strategy Committee Report Nov 18</b>		
<b>AUTHOR:</b>	<b>Lydia Ellis</b>	<b>PRESENTER:</b>	
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>X</b>	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL</b>			
Receive this report as requested by the Council and note its content.			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
The committee were presented with an update of progress on annual strategy since August 2018. Since August, consultation has been undertaken plus a SWOT, PESTLE, quantitative analysis and options appraisal. The focus now is on generating options and prioritising.			
<ul style="list-style-type: none"> <li>- The committee were asked to generate ideas of things that the Trust could do differently/stop doing/make more efficient .</li> <li>- Some Governors questioned how we could effectively do this whilst not being in possession of full facts/data that are included in the strategy.</li> <li>- A discussion followed centring on what could be repatriated from the private sector and the need to target GPs effectively to ensure the Trust is the top of their consideration list for referrals. It was suggested that effective consultation with GPs was needed.</li> </ul>			

- 
- A further discussion followed as to which services could be developed and grown, suggestions included the vascular hub.
- Effective marketing was discussed and the need to shout about excellent services such as urology in the same way Birmingham has done online with fertility.
- It was suggested we should look at which services lose money and why? Are we doing them wrong or is there not a growth opportunity?
- It was observed that commissioners are there to commission services but the Trust does not have to provide them if it is not in the Trust's best interests.

**Additionally –**

- The strategy committee received an update on the MCP from Steph Cartwright, Interim MD.
- 95% of GP practices want to be part of the MCP, the other 5% can still buy MCP services.
- Governors questioned who took responsibility or “ownership” for a patient under this new model and were advised of a team review by GPs weekly to ensure the best outcome for each patient.
- The contract will be awarded in April 2020.
- Black Country Pathology presented an update .
- Their project saves £4.8m annually and will go live in Q4 2019.

**IMPLICATIONS OF PAPER:**

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

**Paper for submission to the Council of Governors meeting**

**On 6 December 2018**

<b>TITLE:</b>	<b>Report from the Council of Governors Experience and Engagement Committee meeting of the 17 October 2018</b>		
<b>AUTHOR:</b>	Glen Palethorpe, on behalf of Karen Phillips, Committee Chair	<b>PRESENTER</b>	Fred Allen, on behalf of Karen Phillips, Committee Chair
<p>The Committee received reports from the Board of Director's Clinical Quality, Safety and Patient Experience Committee Chair; Quality and Safety Group governor member; Patient Experience Group governor member; Medicines Management governor member and the Trust Governor and Membership manager.</p> <p>The Clinical Quality, Safety and Patient Experience Committee Chair updated the Committee on the oversight the Committee was providing and the matters it had considered at its last meeting along the actions it had had reported to the Committee in respect of quality matters and improvements made as a result, including the actions taken to address the delays in Ophthalmology and Paediatrics outpatient appointments. The Committee welcomed this report and agreed that receiving this added value to the Committee.</p> <p>The Governor members on the Groups of Quality and Safety, Patient Experience, Medicines Management provided an update to the Committee on the depth of debate taking place at these meetings and that they were assured that matters being discussed in these groups along with the actions being taken were reflective of the matters reported to full council within either the Chief Nurse's report, the Head of Patient Experience's report or the Integrated Performance Report itself where quality metrics including the Trust's quality priorities, friends and family outcomes and incidents and complaints are reported. The Committee was updated over the action being taken within these Groups to deliver quality improvements. The Committee also discussed how the matters within these Groups linked to the reported improvements with ED through their quality improvement plan.</p> <p>The Governors upon receipt of the update from the Quality and Safety Group member took the opportunity to escalate to the CQSPE Committee Chair, two matters. One relating to the lack of assurance over the Trust's blood transfusion training and the second re a lack of assurance over the application of the Trust's blood taking processes. The CQSPE Chair said he would request updates direct to his Committee on these matters.</p> <p>The Governor and Membership Manager's report was discussed in respect of activities the Governors had and were planning to undertake as part of the 'governor out there' programme whereby new members could be sought. After the meeting, two event</p>			

feedback forms provided from Governors with notes relating to 'out there' activities they had undertaken where governors had participated in events hosted by the Dudley Over 50's forum and the New Testament Welfare Church. The reports had been circulated to all Committee members. All Governors are encouraged to take an active part in securing engagements with community and local support groups and should liaise with the Foundation Trust office in respect of resources.

#### **ACTION REQUIRED OF COUNCIL**

Decision	Approval	Discussion	Other
		Y	

#### **RECOMMENDATIONS FOR THE COUNCIL**

To note the actions taken by the Committee in holding to account the Trust in respect of discussions relating the Clinical Quality, Safety and Patient Experience Committee Chair.

To note that the Committee had asked the Clinical Quality, Safety and Patient Experience Committee Chair to seek assurance over the matters raised by the Quality and Safety Group member and report back to the next Experience and Engagement Committee meeting.



**Paper for submission to the Council of Governors December 2018**

<b>TITLE:</b>	<b>CHIEF NURSE REPORT</b>		
<b>AUTHOR:</b>	<b>Carol Love-Mecrow, Deputy Chief Nurse</b>	<b>PRESENTER:</b>	<b>Jo Wakeman, Deputy Chief Nurse</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>X</b>	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE BOARD</b>			
Receive this report as requested by the Board and note its content.			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
The Chief Nurse has professional responsibility for nurses, midwives and allied health professionals (AHPs) within the Trust however, does not operationally manage the majority of these staff. The oversight and management of staff within the Trust is within the divisional management structure, which reports to the chief operating officer (COO) via the divisional directors.			
<b>QUALITY PRIORITIES Q2 Performance (see Appendix 1)</b>			
Key issues are: <ul style="list-style-type: none"> <li>FFT: For recommended scores, of the 47 available results for Q1/Q2, 25 have achieved the target. For response rate scores, of the 30 available results 21 have achieved the target.</li> </ul>			



- Local Patient Experience Survey: Target was not achieved in Q2 but was in Q1 so the target at the end of the year may still be met.
- For the targets based on the Quality Metrics, the following have achieved the 95% target: Pain (98%), Community MUST (98%). The Nutrition Audit just missed the target (94%) while the Hospital MUST was 89% and Medications was 92%.
- Infection Control targets: For Q2 these have been achieved.
- Pressure Ulcer targets: For Q2 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**

For 2018/19 – the C. difficile trajectory is 28 cases associated with a lapse in care. There have been 9 post 48 hr cases from 1<sup>st</sup> April to 31<sup>st</sup> August 2018.

MSSA bacteraemia (Post 48 hrs) – From 1st April to 31st August 2018 there have been 6 cases of post 48 hr MSSA bacteraemia reported.

MRSA screening – There is no external compliance target for MRSA screening. The internal target is to achieve 95% compliance with the policy. The percentage of emergency admissions screened for August 2018 is 94%. Data is available locally to the units to enable them to identify patients missing from the dataset.

The percentage of elective admissions screened for August 2018 is 99%. As above data is available locally to all units to enable them to identify patients missing from the dataset.

In this quarter, the first MRSA bacteraemia in Trust since September 2015

The gentleman was admitted in October and had to have several peripheral vascular devices inserted, which he pulled out. He also required catheterisation three times due to urinary retention. The microbiologist and physician managing the case believed this to be a contaminant rather than a true blood stream infection. A root cause analysis (RCA) was undertaken utilising the national audit tool. The outcomes of the RCA were presented and discussed at a multidisciplinary meeting chaired by the Chief Executive and included representatives from the Dudley Office of Public Health and Dudley Clinical Commissioning Group. Many areas of good practice were identified and fed back to the clinical team. An action plan has been drawn up to reduce the risk of further occurrences. Learning outcomes are to be shared at ward level via staff meeting/huddle board and with the wider Trust through divisional meetings and the infection prevention group

## **RECRUITMENT AND RETENTION UPDATE**

- 25 Experienced nurses are due to start between November and January 2019 with a further 51.88 WTE post graduate nurses.
- There are currently 33 nursing adverts live on NHS Jobs totalling 199.25 WTE vacancies
- Targeted and monthly recruitment events continue.
- Vacancies have reduced in month by approximately 43 WTE

## **SAFEGUARDING**

- Continued Care Quality Commission (CQC) inspection focus requiring daily Paediatric Liaison Service audit
- The position in compliance with safeguarding training targets has significantly improved in this quarter, however there is a need for sustained focus in this area with exploration of learning themes and trends and the provision of safeguarding supervision
- The Trust is contributing to Safeguarding Adults Reviews (SAR), Domestic Homicide Reviews (DHR) and Serious Case Review (SCR).
- Continued growth in demand and the required resource and capacity to meet this.

- Continued drive and impetus upon Safeguarding Team recruitment. Current post adverts are awaiting financial approval for key posts of safeguarding administrator and Named Midwife for Safeguarding Children.

## **PROFESSIONAL DEVELOPMENT**

### **Student placement and support**

Following recent feedback to the Trust and our educational partners' two placement areas had issues raised. There were C4 at Russells Hall Hospital and Day case surgery at Corbett Hospital.

The pre-registration support team along with University team have visited both areas and an action plan has been drawn up to address the concerns raised and ensure placements remain appropriate to the students' needs and support is offered to develop a work force that will want to stay with the Trust when qualified.

### **CHAPLAINCY**

Following the departure of Lead Chaplain Mark Stobert the chaplain that was appointed has declined the offer of employment from the Trust. The post is now back out to advert and interviews will be held on 10 December 2018

## **QUALITY REVIEW AND IMPROVEMENT ENSURING REGULATORY COMPLIANCE**

### **Perfect Ward App**

Currently nursing staff, predominantly Matrons and Lead Nurses, undertake around 300 audits per month across the Trust measuring the quality of care delivered to all patients on a day to day basis. These audits are carried out on paper, before being inputted electronically by the Matron or Lead Nurse.

The purpose of the purchasing the 'Perfect Ward' app, in relation to the nursing quality audits, is to eradicate almost all of the time consuming elements of the current process, allowing for Matrons and Lead Nurses to receive instant compliance scores and RAG rating and spend quality time developing and leading change and improvements and allowing the Quality and Improvement Lead time to work with the wards to facilitate their change and improvement ideas and work to replicate Trust wide for all patients. The app can reduce the time taken to complete the audit by 20 to 30 minutes per audit. Reducing the time spent on data collection to approximately 150 hours per month.

Other benefits of the app are:

- Quickly identify issues across the organisation from ward to Board.
- Easily identify best and worst performing areas.
- Ensures inspection evidence is captured with clear audit trail.
- Gain assurance from being able to track performance.
- Ensure our inspection regime is comprehensive, covering all areas.
- Ensures inspection results are robust.
- Access key area information including staffing, management and location.
- Ensures consistent inspections with automated updates.
- At many hospitals already using the app, many of the audits are carried out weekly, rather than monthly for greater oversight and assurance
- Instant notifications of poor or deteriorating compliance

The plan is to commence a trial of the app commenced w/c 26<sup>th</sup> November 2018.

## **QUALITY AUDITS**

### **Medicine**

#### **Environmental cleaning:**

In regards to C5; the matron has concerns about the standard of the cleaning on this ward, and these have been raised this with the Trust Facilities Contract Manager and Head of Property and Facilities

Management. Photographs taken identified a poor standard of cleaning and actions were put in place to rectify. The Infection control team have been involved and will be present on subsequent cleaning audits to be assured of data validity. Regular Matron and Lead Nurse spot checks are occurring at present to monitor ongoing compliance with expected standards.

**Malnutrition Universal Screening Tool (MUST), Medication and Nutrition:**

Overall nutrition audit compliance increased to 94% in Oct from 91% in Sept. Additional training continues 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. The Professional Developing Nurses from within the areas continue to support improvement.

Overall, there continues to be an improvement in compliance with medicines management. A2 have developed an action plan to address the issues identified and this will be closely monitored by the Matron.

**Falls:**

There were 2 patient falls in October and both occurred on C1 – these are the first falls with harm that have occurred on this ward since February 2017. No link is identified between these two separate incidents.

**Venous Thrombo Embolism (VTE) Risk Assessment:**

C7 and C8 have recorded the largest deficit in compliance against actual patient numbers (12 patients for C7 and 13 patients for C8). Both areas are working to improve their compliance by identifying the specific responsibilities of staff groups from ward clerks through to medical staff and sharing this information through various staff communications. Following a recent SI relating to a venous thrombus-embolism, C8 continue to work through the actions identified in the subsequent RCA investigation.

**Workforce:**

Most wards have vacancies of more than 10% of their 'whole time equivalent' for registered nursing. The Division continues to actively recruit to vacant posts. C3, A2/AMU in particular but all of the medical wards are subject to a review in order to manage the establishment slightly differently that will provide further support to Registered Nurses on these wards. 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.

Ward C7 recorded a video for the recruitment day which had over 21,000 views, all medical wards have been asked to come up with a theme and be innovative.

A2/AMU bed configuration has been remodelled which included a staffing review. This was presented to executives and approved. It is felt that this will have a positive impact on staff retention and recruitment. There continues to be monthly meetings with HR and Lead nurses to manage sickness and absence.

**Surgery**

**Environmental cleaning:**

The compliance score is starting to show improvements. B3 are having issues due to ongoing bathroom work since May 2018. This is causing increased dust levels and reduced storage space. This has been escalated to Estates staff and a provisional date for completion is January 2019. The issue has also been noted by Quality walk round by audit teams in October 2018.

**VTE Risk Assessment:**

Senior nursing staff have ceased assessing the VTE risk on new patients due to ongoing discussions about if this is appropriate. The matter has been raised at Risk and Assurance and CQSPE meetings for a resolution.

In the meantime, Matron Sara Davis has been undertaking reviews of VTE compliance in her areas, since 26 October 2018, to assess where and why VTE is not recorded. Results are indicating that

assessments not being logged are the wider issue in the Division and will be managed via the daily white board round going forward. It has further been noted that clerical staff have been logging the time of assessment as the time they enter the data onto the data base. This is incorrect. They should enter the time the doctor states on the form that assessment is completed. This practice has been addressed.

#### **Mandatory Training:**

Following discussion and challenge at the previous Division Governance meeting; discussions are underway between the division and professional development to identify how training can be offered to ensure staff attendance to ultimately improve compliance.

#### **Workforce:**

The division continues to work closely with the Recruitment and Retention Lead. The ward areas continue to support and participate in the Trust wide recruitment events, as well as developing specific actions to support their recruitment drives.

#### **IMPLICATIONS OF PAPER:**

<b>RISK</b>	<b>Y</b>		<b>Risk Description</b> As detailed within the BAF under the chief nurse
	<b>Risk Register:</b> <b>Y</b>		<b>Risk Score</b> As detailed within the BAF
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y/N</b>	<b>Details</b>
	<b>NHSI</b>	<b>Y/N</b>	<b>Details:</b>
	<b>Other</b>	<b>Y/N</b>	<b>Details:</b>

**THE DUDLEY GROUP NHS FOUNDATION TRUST**  
**QUALITY ACCOUNT UPDATE SECOND QUARTER 2018/19**

**QUALITY 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?

**April-September 2018 data and commentary for percentage recommended FFT scores**

Percentage recommended FFT Scores	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
<b>Inpatient</b>	95	93.7	94.4	94.1	93.7	93.0
National	96	96	96	96	96	96
<b>A &amp; E</b>	82	77.8	77.1	76.2	77.1	75.7
National	87	87	87	87	88	86
<b>Maternity Antenatal</b>	98	97.5	100	98.3	99.1	94.5
National	97	95	96	95	95	95
<b>Maternity Birth</b>	99	97.8	96.5	100	98.6	96.8
National	97	97	97	97	97	96
<b>Maternity Postnatal Ward</b>	98	95.6	96.5	98.9	98.6	95.7
National	95	95	95	95	95	94
<b>Maternity Postnatal Community</b>	98	100	100	98.1	100	96.5
National	*	98	98	98	98	98
<b>Community</b>	96	95.3	96.7	95.6	96.2	93.3
National	96	95	95	95	96	95
<b>Outpatients</b>	90	89.4	90.5	87.4	91.3	88.9
National	94	94	94	94	94	93

\*no national data available

For the six month period, (47 areas have been published) the Trust is achieving the target on 25 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 all of the months, maternity birth for June and maternity antenatal, postnatal/community and community in September.

**April-September 2018 data and commentary for FFT response rates**

Percentage response rate	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
<b>Inpatient</b>	32.3	33	42.4	35.9	31.9	35.0
National	24.9	25.6	25.2	25.2	25	24.7
<b>A &amp; E</b>	17.9	18	19.1	18.6	16.6	18.2
National	12.9	12.4	13.0	12.8	12.9	12.2

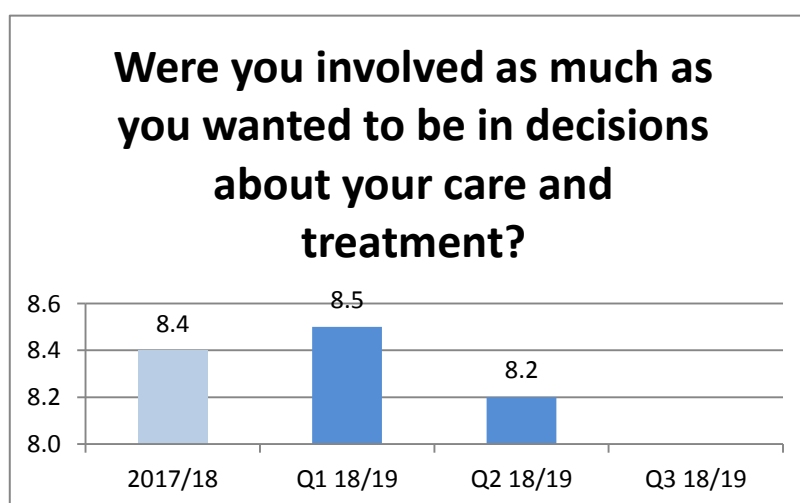
<b>Maternity Antenatal</b>	<b>20.4</b>	<b>91.4</b>	<b>70.2</b>	<b>52.4</b>	<b>56.8</b>	<b>28.7</b>
National	**	**	**	**	**	**
<b>Maternity Birth</b>	<b>40</b>	<b>38</b>	<b>33.6</b>	<b>27.4</b>	<b>19.9</b>	<b>27.4</b>
National *	23.2	22	21	20.87	20.3	20.3
<b>Maternity Postnatal Ward</b>	<b>39.8</b>	<b>37.5</b>	<b>34.0</b>	<b>27.6</b>	<b>19.7</b>	<b>27.6</b>
National	**	**	**	**	**	**
<b>Maternity Postnatal Community</b>	<b>1.3</b>	<b>15.3</b>	<b>19.5</b>	<b>24.1</b>	<b>15.8</b>	<b>18.8</b>
National	**	**	**	**	**	**
<b>Community</b>	<b>2.9</b>	<b>3</b>	<b>4.2</b>	<b>4.1</b>	<b>3.2</b>	<b>5.8</b>
National *	3.3	4.0	3.7	4.13	3.5	3.5
<b>Outpatients*</b>	<b>5.7</b>	<b>5.7</b>	<b>3.4</b>	<b>5.8</b>	<b>5.8</b>	<b>5.4</b>
National *	4.9	7.0	6.8	7.0	6.6	6.4

\*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 six month period (30 areas were published) the Trust is achieving the target on 21 occasions where the percentage response rate score is equal to or better than the national average percentage response rate. The areas missing the target are maternity birth for August 2018, community for April, May and August 2018 and outpatients for May, June, July, August and September 2018.

#### April-September 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?' at the end of Q2 is 8.2 compared to the 2017/18 full year score of 8.4 (please see graph on the next page).



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)

#### April-June 2018 Data and Commentary

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

NCI question	2017/18	Quarter 1 2018/2019	Quarter 2 2018/2019
<b>Pain score</b>	<b>93%</b>	<b>98%</b>	<b>98%</b>

## 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-September 2018 Avoidable Pressure Ulcer Data

#### Hospital

Period	2017/18*	Apr-June 18+	Jul-Sept 18+	Oct-Dec 18
No. of Stage 3	12	4	5	
No. of Stage 4	3	0	0	
Total	15	4	5	

#### Community

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

+ The figures for Q1/Q2 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.

### April – September 2018 Commentary

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.

### April - September 2018 Data and Commentary

**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 12 cases of Clostridium difficile that have been identified as Trust apportioned in accordance with the Public Health England definition as of 30<sup>th</sup> September 2018. 4 cases have been identified as having lapses in care and therefore count against the Trust threshold of 28 cases. 4 cases have been identified as having no lapses in care. The remaining 4 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).

#### April-September 2018 Commentary and Data

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	Qtr 2 2018/2019	2017/2018	Qtr 1 2018/2019	Qtr 2 2018/2019	2017/2018	Qtr 1 2018/2019	Qtr 2 2018/2019
94%	94%	94%	93%	91%	89%	96%	97%	98%

**Board sponsor:** Siobhan Jordan, Chief Nurse, **Operational leads:** Jenny Bree, Associate Chief Nurse and Lesley Leddington, Matron

#### 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.

#### April-September 2018 Data and Commentary

Medications signed and dated or omission code recorded		
2017/2018	Qtr 1 2018/2019	Qtr 2 2018/2019
93%	95%	92%

It can be seen that this target has been met in the first quarter; however quarter 2 is at 92%. We are still awaiting the medicines management boards to be purchased for all treatment rooms to ensure that medication information is communicated to all staff and this issue in particular is standardised and emphasised across the Trust. Approval for the finance of the Boards continues to be chased. Communication continues via Medicines Link nurse meetings.

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. At that time 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.

### April-September 2018 Data and Commentary

#### 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%
July 2018	2203	1677	76.1%
Aug 2018	2178	1713	78.7%
Sept 2018	2050	1428	69.7%

	Q1		Q2			Q1	Q2		
Ward	Days with 1 patient Discharge 7am-12am	Days with Discharges	Days with 2 patient Discharges 7am-12am	Days with Discharge	Ward	Days with 1 patient Discharge 7am-12am	Days with Discharges	Days with 2 patient Discharges 7am-12am	Days with Discharges
A2	87	91	32	92	C1	80	91	5	91
B1	86	91	8	91	C3	83	91	25	90
B2 - Trauma	77	91	3	87	C4	56	90	4	79
B2 -Hip	77	91	1	80	C5	81	91	10	91
B3	89	91	25	92	C6	81	91	27	90
B4	85	91	19	90	C7	67	91	11	87
B5	72	91	8	87	C8	83	91	9	90
B6	60	83	11	82					

#### b) Early Discharge.

In Q2 the trust is now looking to widen its discharge portfolio with a number of streams and processes to enhance better discharges. A new red to green process, 2 before 10, the golden patient, a newly adapted weekend and weekly plan, '1 small thing', a repatriation review twice weekly and targeted board rounds to ensure all delays are identified. This should improve the above figures in the coming months.

#### c) Delays in discharge.

## Comparison of first 5 months 2017/18 with the previous year's first and second quarter\*

(\* September 2018 data has not yet been analysed)

Year	Reimbursable delays	Total delays	% decrease (reimbursable)	% decrease (total delays)
2017/2018 Q1	2126	3856		
2018/2019 Q1	445	1464	70%	55%
2017/2018 Q2	1463	2575		
2018/2019 Q2	293	855	80%	67%

*(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)*

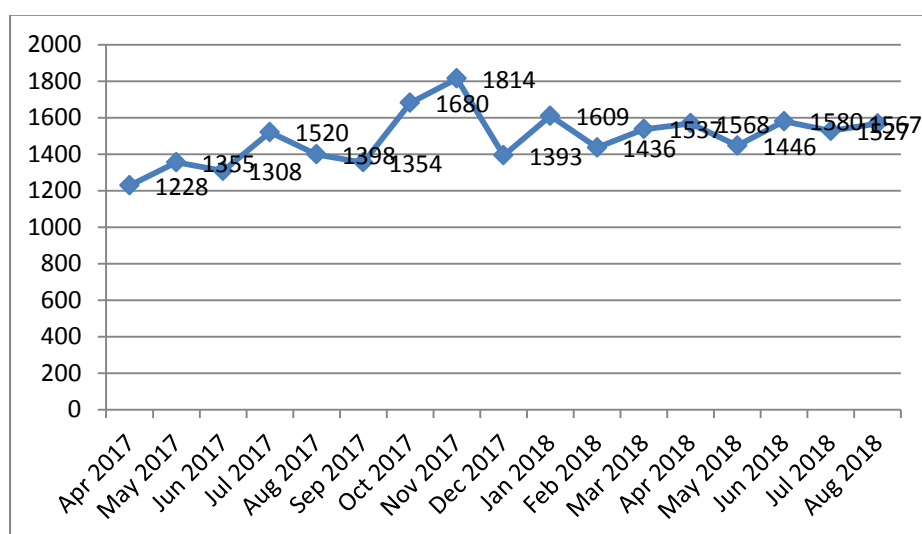
A considerable amount of work is being undertaken to ensure effective patient flow through the organisation. Delays in discharge have reduced dramatically since the same period last year resulting in the target being met. With regards to the other targets, more work is needed. The Trust is being assisted by an Emergency Care Intensive Support Team. The Red 2 Green process will take on a new guise to ensure it fits with the organizations strategy is also being rolled out in the coming months. 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. Process mapping currently in phase 2 of 6 is realigning appropriate pathways to ensure patients are moved in a timely manner.

### QUALITY PRIORITY 7. INCIDENT MANAGEMENT TARGETS:

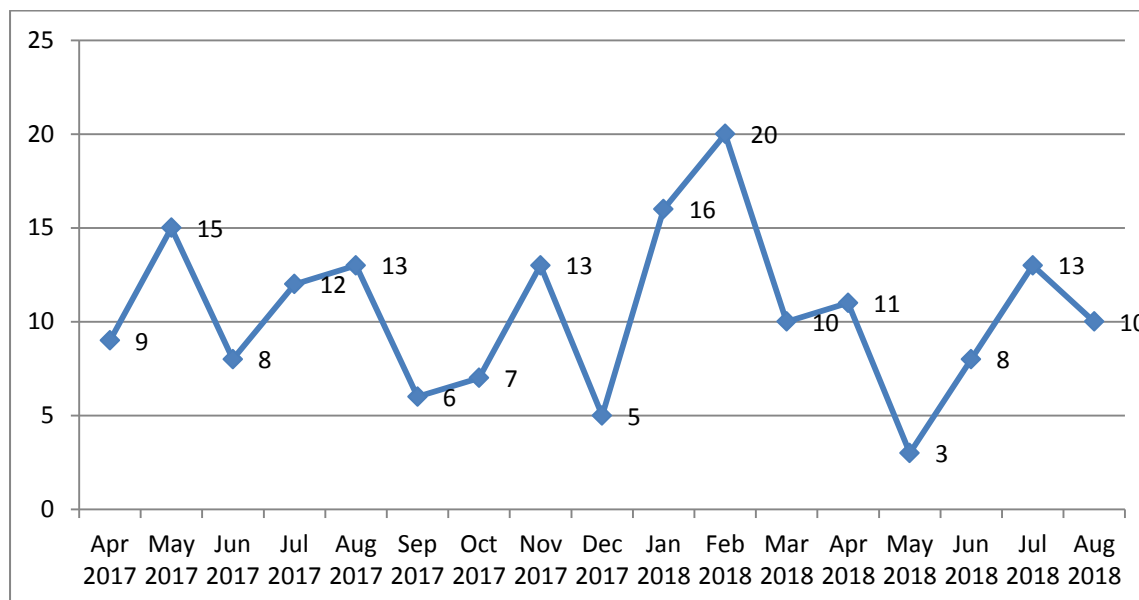
- The Trust's reporting rate will increase every quarter, culminating in a 5% increase for the whole year and its comparative position on the reporting rate of incidents will improve every six months.
- In 2018/19, for the full year reduce the number of Serious Incidents (non-pressure ulcers) by 5% compared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

### April-September 2018 Data and Commentary

With regards to the number of incidents reported (see the chart below), the Trust has seen an increase over the past 5 months (data to 31 August 2018). There has been an 11.5% increase over this period compared to same period in 2017 and this will support the achievement of Quality Priority 7, a 5% increase for the whole year.



The chart below shows that for the same period in 2017/18 the serious incident numbers have decreased in the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> August 2018 compared to the same period in 2017. Therefore, the target of a reduction of 5% is being achieved so far this year.



## NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES

There are 42 National Clinical Audits currently listed on the DH Quality Account (QA) in which the Trust is eligible to participate and accordingly the Trust is registered to participate in all of these. There are 2 new audits due to commence nationally in December:

BTS - secondary care adult asthma audit & Community Acquired Pneumonia (CAP).

**Paper for submission to the Council of Governors 6 December 2018**

<b>TITLE:</b>	Patient Experience Report – Quarter 2, 2018/19		
<b>AUTHOR:</b>	Jill Faulkner Head of Patient Experience Helen Board, Patient & Governor Engagement Lead Lara Fullwood, Senior complaints Co-ordinator	<b>PRESENTER:</b>	Jill Faulkner Head of Patient Experience
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>x</b>	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE BOARD</b>			
Receive this report as requested by the Council and note the Q2 patient experience activity.			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience,			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>Patient Experience</b>	<p>The Trust received 17,976 pieces of feedback during Q2 in comparison to 17,610 received in the previous quarter. During Q2 more than 77% of feedback was positive and 14% was negative.</p> <p>The Patient Experience Improvement Group continues to meet fortnightly and maintains an oversight of the many improvement action plans linked to surveys and feedback.</p> <p>Improvement actions have been delivered during the quarter including</p>		

	the installation of new TVs in the children's ward. There has been a number of listening events held with patient groups including dementia, bereavement and stroke.
<b>CQC National Survey programme</b>	<p>2017 National Cancer Patient Experience survey results were published on 28 September 2018. A summary of the Trust performance is included in this report and next steps include hosting a listening event and developing an action plan.</p> <p>2018 Adult Inpatient survey fieldwork is underway with questionnaires now posted to 1,250 patients who stayed with us in July 2018. The first cut of results will be provided to the Trust in early 2019.</p> <p>2018 Urgent &amp; Emergency Care survey fieldwork will commence during November 2018 with the first cut of results available Spring 2019.</p>
<b>Friends and Family Test (FFT)</b>	<p>The Trust received 17,105 FFT returns during Q2 compared to 16,885 in Q1 18/19 representing a 1.3% increase in FFT returns.</p> <p>The percentage recommended score was achieved for 23 out of 39 areas where results were published by NHS England.</p>
<b>NHS Choices</b>	In Q2 a total of 46 people uploaded feedback electronically to NHS Choices or Care Opinion. 65% of comments were positive and 35% were negative. Diagnostics and urgent care received the majority of negative feedback. Critical care and surgery received the majority of positive feedback.
<b>Complaints</b>	<ul style="list-style-type: none"> <li>• 219 complaints open as at 30 September 2018.</li> <li>• 163 complaints received in Q2, 2018/19 compared to 122 in Q1, 2018/19</li> <li>• As at the end of September 2018, 130 complaints are in breach.</li> </ul> <p>During Q2, 2018/19 - Medicine and Integrated Care Division received 86 complaints, Surgery Division received 70 complaints, Clinical Support Division received 6 complaints and one other received relating to corporate nursing.</p>
<b>Member of Parliament</b>	There were nine MP cases received during Q2, 2018/19. Six of these have been closed and three remain open.
<b>Local Government Ombudsman (LGO)</b>	The Trust received no new applications from the LGO during Q2 2018/19.
<b>Parliamentary Health Service Ombudsman (PHSO)</b>	The Trust received three new applications from the Parliamentary Health Service Ombudsman (PHSO) during Q2. Three cases were resolved and six remain open including one under appeal by the Trust.
<b>Compliments</b>	A total of 1,534 compliments were received in Q2 which represents a 3.2% decrease from Q1 (1,585), 2018/19.

<b>Patient Advice Liaison Service (PALS)</b>	Patient Advice Liaison Service (PALS) received 664 new concerns in Q2, which is a 9.21% increase compared to Q1, 18/19 (608).
<b>Patient Experience</b>	<p>The Trust received 17,976 pieces of feedback during Q2 in comparison to 17,610 received in the previous quarter. During Q2 more than 77% of feedback was positive and 14% was negative.</p> <p>The Patient Experience Improvement Group continues to meet fortnightly and maintains an oversight of the many improvement action plans linked to surveys and feedback.</p> <p>Improvement actions have been delivered during the quarter including the installation of new TVs in the children's ward. There has been a number of listening events held with patient groups including dementia, bereavement and stroke.</p>
<b>CQC National Survey programme</b>	<p>2017 National Cancer Patient Experience survey results were published on 28 September 2018. A summary of the Trust performance is included in this report and next steps include hosting a listening event and developing an action plan.</p> <p>2018 Adult Inpatient survey fieldwork is underway with questionnaires now posted to 1,250 patients who stayed with us in July 2018. The first cut of results will be provided to the Trust in early 2019.</p> <p>2018 Urgent &amp; Emergency Care survey fieldwork will commence during November 2018 with the first cut of results available Spring 2019.</p>
<b>Friends and Family Test (FFT)</b>	<p>The Trust received 17,105 FFT returns during Q2 compared to 16,885 in Q1 18/19 representing a 1.3% increase in FFT returns.</p> <p>The percentage recommended score was achieved for 23 out of 39 areas where results were published by NHS England.</p>
<b>NHS Choices</b>	In Q2 a total of 46 people uploaded feedback electronically to NHS Choices or Care Opinion. 65% of comments were positive and 35% were negative. Diagnostics and urgent care received the majority of negative feedback. Critical care and surgery received the majority of positive feedback.
<b>Complaints</b>	<ul style="list-style-type: none"> <li>• 219 complaints open as at 30 September 2018.</li> <li>• 163 complaints received in Q2, 2018/19 compared to 122 in Q1, 2018/19</li> <li>• As at the end of September 2018, 130 complaints are in breach.</li> </ul> <p>During Q2, 2018/19 - Medicine and Integrated Care Division received 86 complaints, Surgery Division received 70 complaints, Clinical Support Division received 6 complaints and one other received relating to corporate nursing.</p>
<b>Member of</b>	There were nine MP cases received during Q2, 2018/19. Six of these

Parliament	have been closed and three remain open.		
Local Government Ombudsman (LGO)	The Trust received no new applications from the LGO during Q2 2018/19.		
Parliamentary Health Service Ombudsman (PHSO)	The Trust received three new applications from the Parliamentary Health Service Ombudsman (PHSO) during Q2. Three cases were resolved and six remain open including one under appeal by the Trust.		
Compliments	A total of 1,534 compliments were received in Q2 which represents a 3.2% decrease from Q1 (1,585), 2018/19.		
Patient Advice Liaison Service (PALS)	Patient Advice Liaison Service (PALS) received 664 new concerns in Q2, which is a 9.21% increase compared to Q1, 18/19 (608).		
IMPLICATIONS OF PAPER:			
RISK	Y/N		Risk Description
	Risk Register: Y /N		Risk Score
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, effective and caring
	NHSI	Y	Details: Supports effective governance
	Other	Y	Details: The Local Authority Social Services and National Health Service (England) Complaints Regulations 2009

# Patient Experience Report

## Quarter 2 (Jul-Sep)

### 2018-19

Total FFT Returns  
**17,105**

**1,534** Compliments received this quarter  
(1585 received in Q1 18/19)



## Friends and Family Test (FFT)

Percentage Recommended	Jul	Aug	Sep	Quality Priority
Inpatient	94%	94%	N/A	●
A&E	76%	77%	N/A	●
Community	96%	96%	N/A	●
Outpatients	87%	91%	N/A	●
Maternity*				
Antenatal	98%	99%	N/A	●
Birth	100%	99%	N/A	●
Postnatal Ward	99%	99%	N/A	●
Postnatal Community	98%	100%	N/A	●

\* Quality priority based on July & August data only

\* Quality priority based on July & August 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 Q2

163

122 received  
in 01

## Patients are saying...



## You said

# We Have

There needed to be way to share our experiences of the Specialist Palliative Care Team to ensure needs are being met

Introduced an on line and paper survey that is provided to patients receiving care from the Specialist Palliative Team. The online version can be accessed here:  
<https://surveys.daft.nhs.uk>

It would be good to receive a reminder of a forthcoming health care appointment at the Trust

Expanded the number of clinics where text or interactive voice reminders are sent that also support two way communication should patients wish to reschedule

Every child staying as an inpatient should be able to access a TV

Installed a TV in each bed space on the childrens ward

The C4 chemo day case waiting area environment should be improved

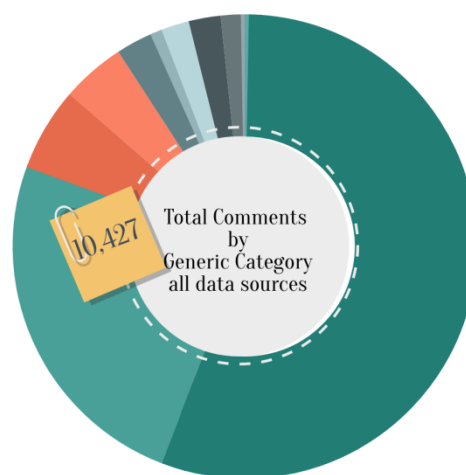
Reviewed the area and have installed a digital fishtank and subscribed to a variety of magazines provided in the waiting room.

**We should do more to promote healthy eating**

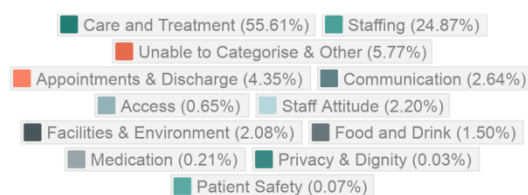
**Introduced a fruit trolley that visits the wards and Trust HQ at the Russells Hall Hospital site**



NHS Choices based on 302 ratings  
(NHS Choices/ Russells Hall Hospital 23.10.18)



Total Comments  
by  
Generic Category  
all data sources



To find out more please visit

[www.dudleygroup.nhs.uk/patientexperience](http://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 a great patient experience. This report details:

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

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

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

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

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

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

Survey name	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)	Jan/Feb 2016	Jan/Feb 2019
Community Services	Q4, 2017/18	Q4, 2018/19
Dementia (using feedback from PLACE and National Audit 2017)	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 monthly to oversee improvement actions directly related to the delivery of community services and FFT response rate improvement. This group reports in to the PEIG.

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

Within Q2 we successfully:

- Increased the amount of listening events held with patients, their families and carers with regular activities held with teams from maternity, stroke, dementia, bereavement and breast care services.

- Introduced a fruit trolley that visits the wards and Trust HQ at the Russells Hall Hospital site to support the promotion of healthy eating.
- Held weekly Feedback Friday events to raise awareness of ways that patients can provide feedback.
- Increased the ways that patients can provide feedback with the launch of an on-line and paper survey for patients receiving care from the specialist palliative care team to ensure their needs are being met. Access the survey here <https://survey.dgft.nhs.uk>
- Made improvements to the C4 oncology day case waiting area with the installation of a digital fish tank and subscriptions to a variety of magazines.
- Finalised the installation of a vending machine in the ophthalmology waiting area.
- Completed the rollout of new food service trollies for inpatient areas. Established a task and finish group to develop new inpatient menus scheduled for launch in December 2018.
- Installation of TV's underway for each bed space in the children's ward.
- Implementation of a breakfast trolley within the Emergency Department.
- Continued to support the wider Trust to deliver patient experience actions.

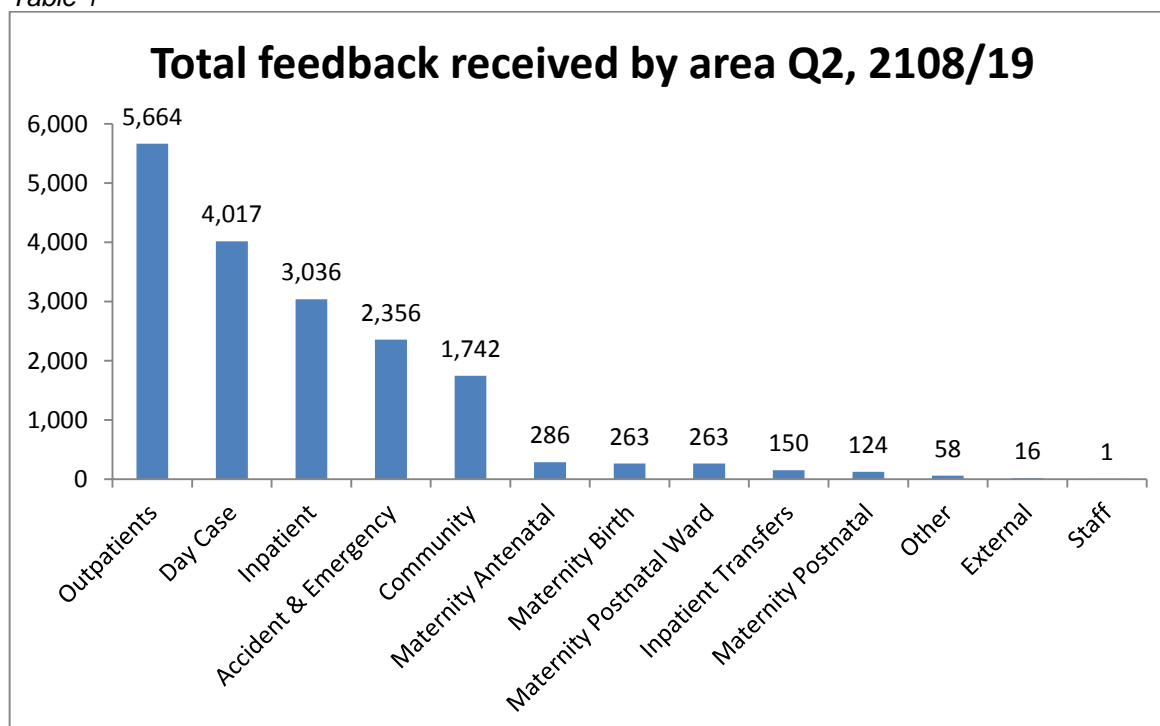
### Patient Stories

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

### Patient feedback

The Trust received 17,976 pieces of feedback during Q2 in comparison to 17,610 received in the previous quarter. *Table 1* illustrates the feedback received by area. This included responses to the Friends and Family Test (FFT) utilising a variety of mediums such as paper, SMS, App and the web. Additionally we collate feedback through real time surveys, NHS Choices, complaints, compliments and PALS.

Table 1

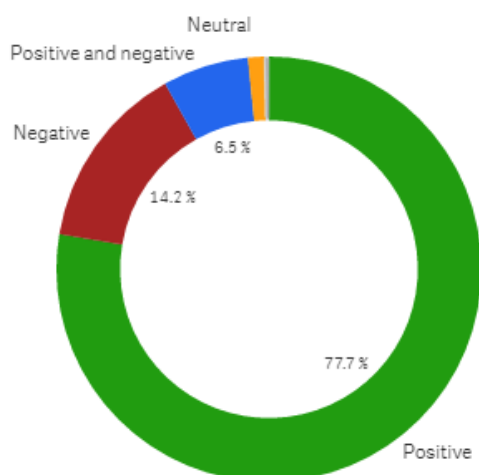


The Trust continues to receive an increasing amount of positive feedback. The Trust expects to receive more than 70,000 pieces of feedback during 2018/19 compared to 64,500 received in the previous year.

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

There has been a decrease in the amount of negative feedback received. During Q2, 2018/19, more than 14% of feedback was negative compared to 24% in Q2, 2017/18.

*Table 2*



## 2. National Survey Programme

### 2017 National Cancer Patient Experience Survey

The results of the 2017 survey were published on 28 September 2018. A summary of the results was presented to executive directors on 9 October 2018. There were six questions identified as scoring below the expected range and therefore below national average as follows:

	Question	Trust score	National average
Q6	The length of time waiting for the test to be done was about right	81%	88%
Q17	Patient given the name of the CNS who would support them through their treatment	86%	91%
Q23	Hospital staff told patient they could get free prescriptions	71%	81%
Q33	All staff asked patient what name they preferred to be called	53%	69%
Q52	GP given enough information about patient's condition and treatment	93%	95%
Q57	Length of time attending clinics and appointments was right	44%	69%
Q59	Patients average rating of care scored from very poor to very good	8.5	8.8

Next steps include:

- Results and comments to all tumour site specific CNS's for discussion at MDT and ideas to address actions where not meeting national average.

- Development of a Trust action plan to address survey results.
- Listening into Action (LiA) event for cancer patients.
- Meeting with Lead Nurse ward C4 to review waiting times and how to address this.
- DGNHSFT to work with NHS Improvement, Black Country STP Cancer Group, and West Midlands Cancer Alliance to embed new best practice pathways including earlier diagnostic testing. This is also to achieve 28 day target in National Cancer Strategy by 2020.
- DGNHSFT to work with Dudley CCG, Black Country STP Cancer Group, and West Midlands Cancer Alliance to embed elements of the Living with and Beyond Cancer agenda into all cancer pathways by 2020.

**2018 Adult Inpatient survey** fieldwork is underway with questionnaires posted to 1250 patients who stayed with us in July 2018. The first cut of results will be provided to the Trust in early 2019.

**2018 Urgent & Emergency Care survey** fieldwork will commence during November 2018 with the first cut of results provided to the Trust in Spring 2019.

### 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.

The Trust received 17,105 FFT returns during Q2 compared to 16,885 in Q1, 18/19 representing a 1.3% increase in FFT returns.

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

#### *RAG rating legend – response rate*

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

#### **Community services response rates**

Ward	2017			2018								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Community Nursing Services	11.3%	10.8%	9.6%	7.4%	9.2%	6.9%	5.3%	4.9%	5.7%	6.9%	4.5%	11.2%
Rehabilitation & Therapy Services	3.4%	4.2%	2.8%	2.7%	3%	2.6%	2.1%	2.8%	4.5%	3.6%	3.1%	3.8%
Specialist Services	0.4%	1.2%	0.7%	0%	0.3%	0.6%	1.6%	0.3%	0.4%	0.3%	0.3%	0.8%
<b>Overall</b>	4.9%	5.2%	4.3%	3.3%	4%	3.4%	2.9%	3%	4.2%	4.1%	3.2%	5.8%

## ED services response rates

Ward	2017			2018								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Acute Medical Unit			75%	69.9%	100%	100%	49.6%	45%	44.2%	53.8%	40%	65.9%
Emergency Ambulatory Care												
Emergency Assessment Unit	72.9%	86.2%										
Emergency Department	24.7%	20.6%	13.5%	16.9%	16.4%	14.9%	14.4%	14.5%	15.2%	15.1%	13.2%	13.6%
Overall	28.5%	24.7%	17%	21.2%	22.6%	19.5%	17.9%	18%	19.1%	18.6%	16.6%	18.2%

## Maternity services response rates

Ward	2017			2018								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Antenatal	64.1%	56.6%	16.4%	47.8%	68.6%	42.7%	20.4%	91.4%	70.2%	52.4%	56.8%	28.7%
Birth	35.7%	53.9%	28.4%	39.2%	28.5%	41.2%	40%	38%	33.6%	27.4%	19.9%	27.4%
Postnatal Community	7%	7.1%	14.5%	27.8%	19.8%	9.7%	1.3%	15.3%	19.5%	24.1%	15.8%	18.8%
Postnatal Ward	35.1%	53.2%	28.5%	38.3%	29%	41.5%	39.8%	37.5%	34%	27.6%	19.7%	27.6%
Overall	34.8%	45.1%	23.6%	38.4%	35.9%	36.3%	30.3%	43.2%	37.9%	31.8%	25.5%	26.4%

## Outpatient services response rates

Ward	2017			2018								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Outpatients	10.9%	5.9%	3.5%	5.9%	4.4%	4.6%	4.9%	5.7%	5.1%	5.8%	5.4%	5.4%
Overall	10.9%	5.9%	3.5%	5.9%	4.4%	4.6%	4.9%	5.7%	5.1%	5.8%	5.4%	5.4%

## Inpatients services response rates

Ward	2017			2018								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
A1												
A2	17.8%	4.2%	1.9%	2.2%	1.7%	2.4%	3.5%	18.7%	20.5%	9.3%	24.4%	19.2%
A3												
A4												
B1	73.5%	61.3%	50.3%	45.6%	58.4%	63.8%	41.3%	37.7%	53%	57.4%	54.8%	47.3%
B2 Hip	32%	19.1%	32.8%	38.4%	55.3%	40.7%	43.8%	36.6%	37.9%	34.7%	25.3%	51.8%
B2 Trauma	100%	100%	100%	100%	88.8%	78.5%	93.7%	76.9%	100%	73.8%	73.5%	73.4%
B3	29.4%	36.3%	27.8%	30.5%	29.1%	27%	48.1%	25.3%	52.2%	47.1%	40.2%	31%
B4	50.2%	39.7%	37.2%	50.7%	34.7%	35.1%	60.2%	51.2%	51.9%	58.1%	40.4%	42.3%
B5	52.7%	56.9%	54.1%	48.2%	48.2%	39.8%	38.1%	43.7%	66.3%	49.1%	38.8%	31.3%
B6	48.4%	3.2%	33.3%	5.3%	0%	0%	10.6%	5.8%	26.1%	69.2%	39.5%	29.6%
C1	61.5%	38.7%	19.8%	21.9%	34.8%	34%	55.2%	20.8%	43.6%	52.5%	61.8%	57.1%
C2	16.3%	19.1%	26.1%	14.6%	8.4%	17.4%	16.6%	23.9%	43.3%	20.8%	27.8%	37.4%
C3	53.3%	40.7%	13.8%	46%	50%	38.5%	79.5%	63%	53.4%	32.8%	63.3%	43.6%
C4	38.8%	48%	60%	49%	56.8%	62.5%	70.3%	68.8%	55.3%	44.1%	60%	72.8%
C5	50.5%	54.7%	45.1%	40.8%	22.9%	19.7%	21.3%	26.8%	22.8%	22.5%	30.4%	13.6%
C6	32.9%	33.9%	25.5%	38.8%	31%	69.2%	60.5%	46.7%	61%	51.3%	65.3%	25.4%
C7	36.2%	27.3%	29.8%	34.4%	27.3%	24.2%	45.4%	19.3%	23.1%	30.2%	21.4%	51.1%
C8	21%	29.8%	13.4%	6.1%	7.5%	28.7%	30.2%	18.6%	31.1%	20.8%	24.7%	31.2%
CCU & PCCU	30.8%	26.9%	18.9%	17%	25.5%	20.4%	29.7%	25.2%	27.6%	28.3%	25.8%	18.5%
Day Case	32%	32.3%	30.2%	30.2%	38.1%	36.6%	28.9%	32.4%	41.3%	34.2%	27.5%	34.2%
Evergreen	4.3%											
ITU	100%	100%	0%	33.3%	100%	66.6%	100%	0%	0%	100%	100%	50%
MHCU	46.1%	42.8%	72.7%	100%	30%	33.3%	100%	66.6%	90.9%	100%	100%	50%
Neonatal	6.1%	100%	65%	54.9%	42.8%	41.1%	40%	55.8%	55.2%	70.9%	45.9%	41.6%
SHDU	100%	100%	0%	33.3%		100%	100%	100%	100%	100%	100%	100%
Overall	33.9%	33.9%	30.9%	30.1%	34.6%	34.9%	32.2%	33%	42.4%	35.9%	31.8%	35%

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

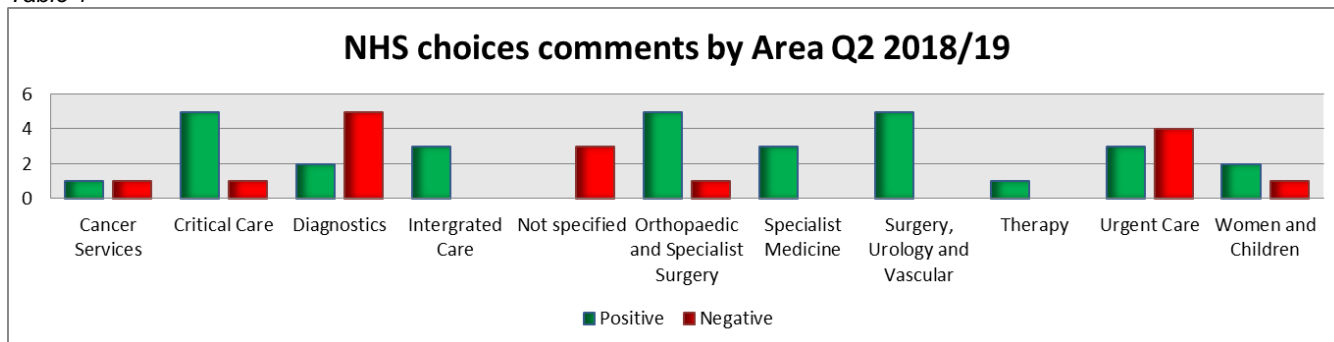
Achieving a percentage recommended FFT score equal to or better than the national average is one of the Trusts Quality Priorities for patient experience and is relevant when a significant number of patients are asked. The FFT percentage recommended scores for the year including Q2 are as follows where red indicates where this is not achieved:

Percentage recommended FFT Scores	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
<b>Inpatient</b>	<b>95</b>	<b>93.7</b>	<b>94.4</b>	<b>94.1</b>	<b>93.7</b>	<b>93.0</b>
National	96	96	96	96	96	96
<b>A &amp; E</b>	<b>82</b>	<b>77.8</b>	<b>77.1</b>	<b>76.2</b>	<b>77.1</b>	<b>75.7</b>
National	87	87	87	87	88	86
<b>Maternity Antenatal</b>	<b>98</b>	<b>97.5</b>	<b>100</b>	<b>98.3</b>	<b>99.1</b>	<b>94.5</b>
National	97	95	96	95	95	95
<b>Maternity Birth</b>	<b>99</b>	<b>97.8</b>	<b>96.5</b>	<b>100</b>	<b>98.6</b>	<b>96.8</b>
National	97	97	97	97	97	96
<b>Maternity Postnatal Ward</b>	<b>98</b>	<b>95.6</b>	<b>96.5</b>	<b>98.9</b>	<b>98.6</b>	<b>95.7</b>
National	95	95	95	95	95	94
<b>Maternity Postnatal Community</b>	<b>98</b>	<b>100</b>	<b>100</b>	<b>98.1</b>	<b>100</b>	<b>96.5</b>
National	*	98	98	98	98	98
<b>Community</b>	<b>96</b>	<b>95.3</b>	<b>96.7</b>	<b>95.6</b>	<b>96.2</b>	<b>93.3</b>
National	96	95	95	95	96	95
<b>Outpatients</b>	<b>90</b>	<b>89.4</b>	<b>90.5</b>	<b>87.4</b>	<b>91.3</b>	<b>88.9</b>
National	94	94	94	94	94	93

#### 4. NHS Choices

In Q2, 46 people uploaded feedback electronically to NHS Choices or Care Opinion, (61 in Q1, 2018/19). Of those 46 comments, 65% (72% in Q1, 2018/19) were positive and 35% (28% in Q1, 2018/19) were negative. Table 1 below details the comments received by area (where identified) for Q2.

Table 1



#### 5. Complaints

The Trust received 163 complaints during Q2 compared to 122 in Q1, 18/19 and 122 in Q4, 17/18 (122) both resulting in a 33.61% increase in complaints received.

Two key metrics within the complaints service is that:

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

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

<b>Complaints outstanding as of 30 September 2018</b>	<b>Complaints opened in September 2018</b>	<b>Complaints Closed in September 2018</b>	<b>Complaints brought forward</b>	<b>Complaints overdue as of 30 September 2018</b>
219	56	43	219	130

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

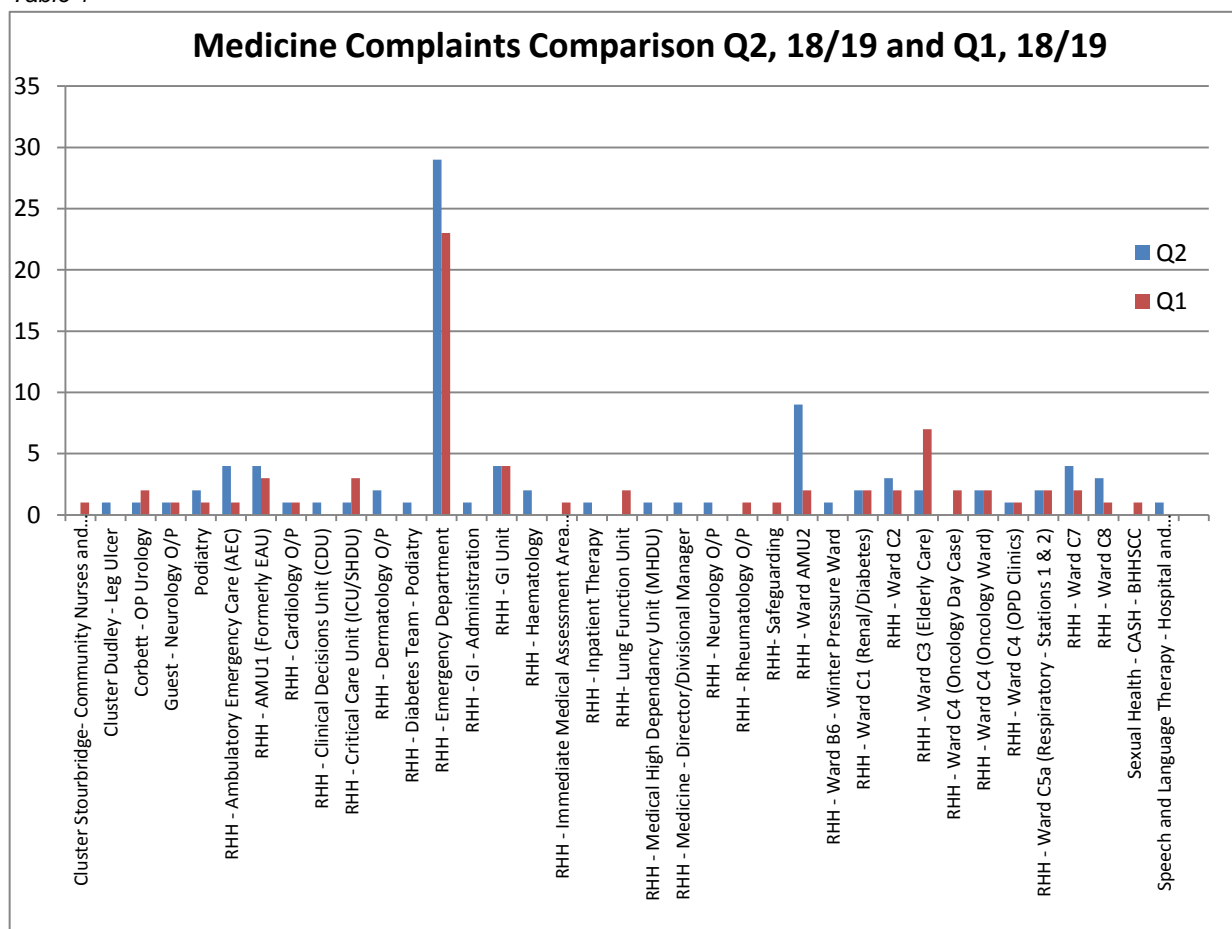
<b>0 – 28 working days</b>	<b>29 – 40 working days</b>	<b>41 – 60 working days</b>	<b>61 – 100 working days</b>	<b>101 – 363 working days</b>
69	20	43	33	54

The Trust undertook 240,030 clinical patient contacts in Q2 which equates to 0.067% of patients/families making a complaint. The divisional performance during Q2 is as follows:

- Surgery Division received 70 complaints
- Medicine & Integrated Care Division received 86 complaints
- Clinical Support Division received six complaints
- Other 1 complaint (Corporate Nursing Division (not wards))

The following graphs illustrate complaints received within the division and which specific area of the Trust. They also demonstrate a comparison between Q2 and Q1, 18/19.

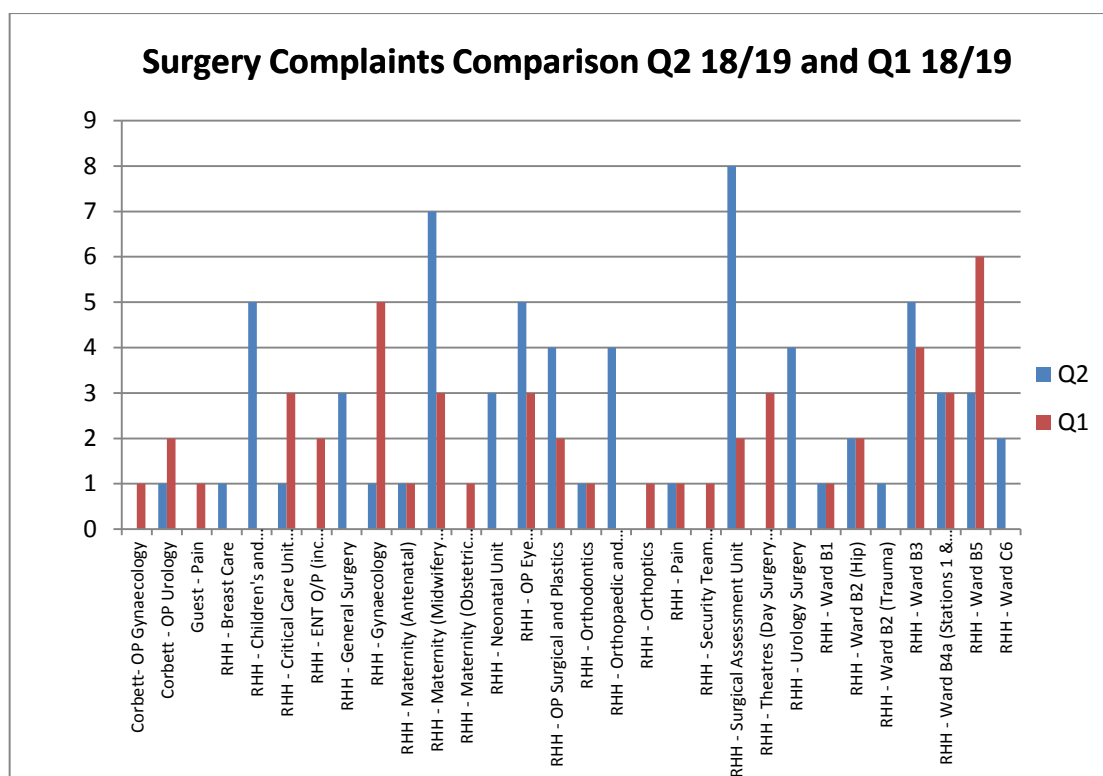
Table 1



The Emergency Department has seen an increase in complaints. Ward AMU2 has also seen an increase in complaints received.

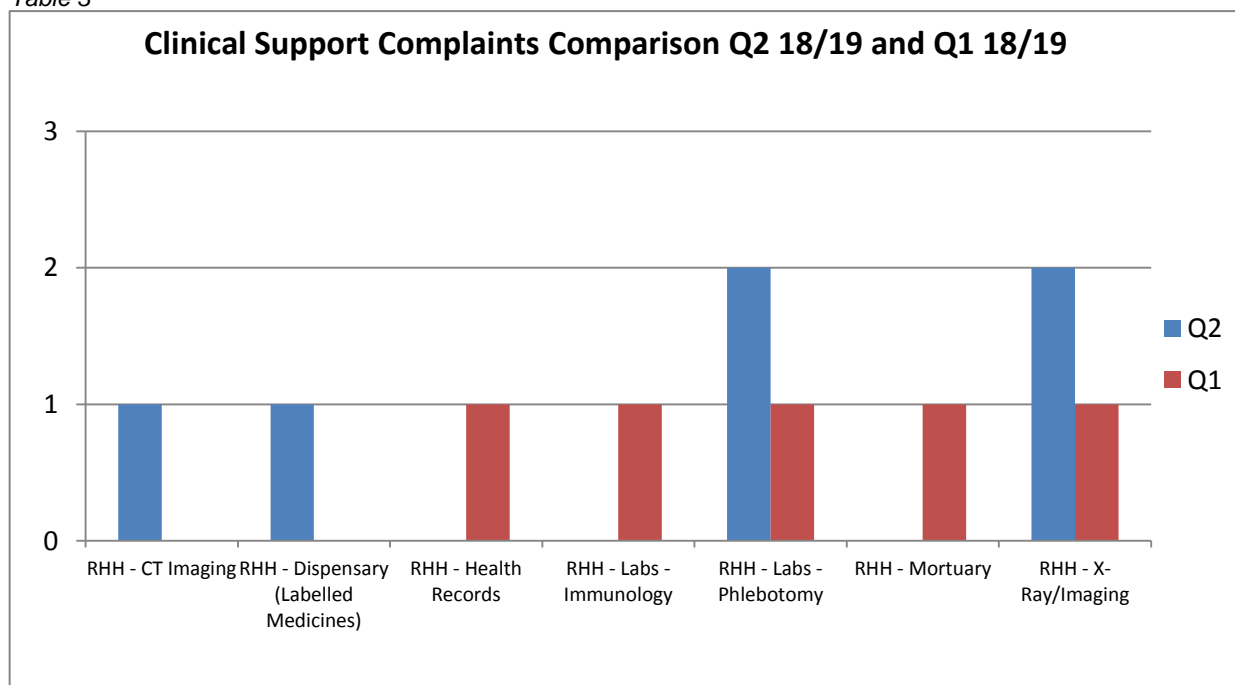
Table 2





There has been an increase in complaints received regarding the surgical assessment unit and maternity (midwifery led unit). Children's and paediatrics outpatients, general surgery and orthopaedic and fracture outpatient clinics have also seen an increase.

Table 3



There has been an increase in complaints received regarding the phlebotomy service, CT and X-ray imaging and dispensary (labelled medicines).

There has been one complaint received for Corporate Nursing Division (RHH- Complaints) relating to a delay for surgical division to respond to their complaint.

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

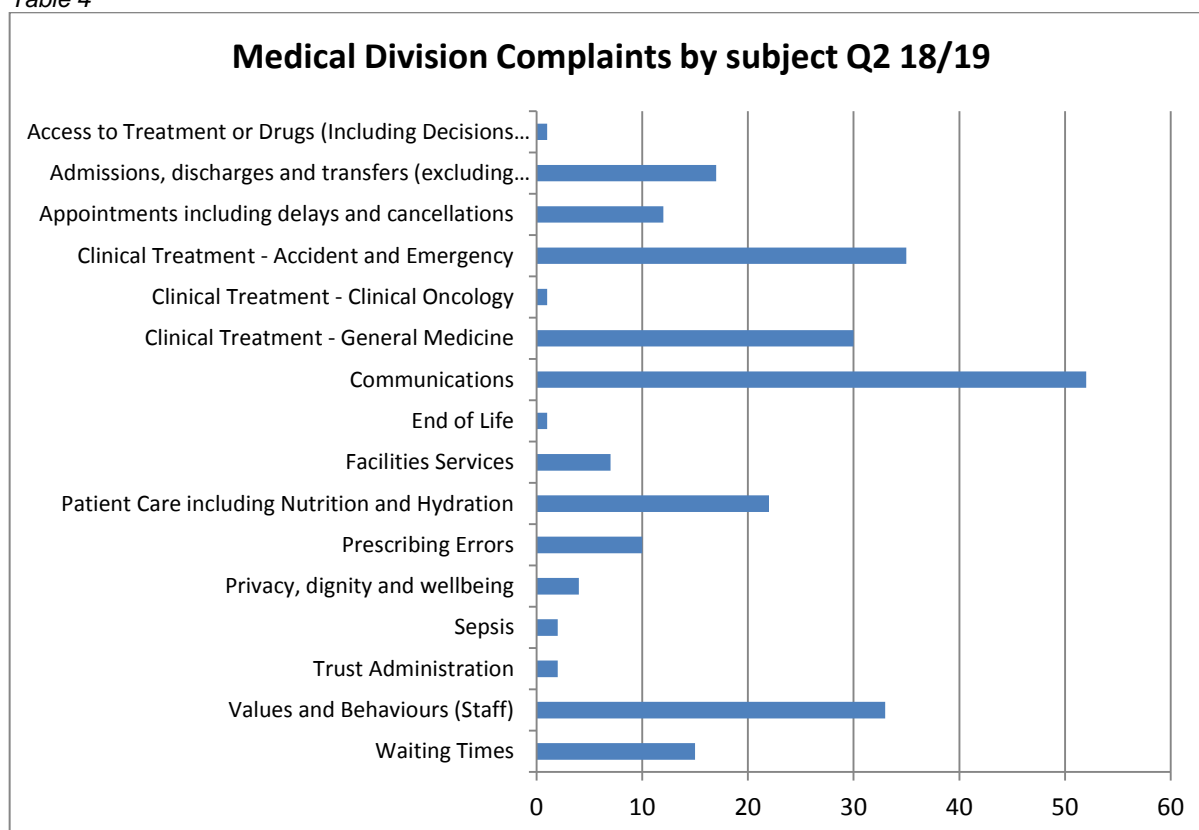
### **Medicine & Integrated Care Division**

During Q2, a total of 86 complaints were received by the Medical & Integrated Care Division which indicates an increase of 36.5% from Q1, 2018/19 (63) and 40.98% increase (61) for the same period last year (Q2, 2017/18). The Emergency Department has seen the biggest rise in complaints during Q2, 18/19 (29) compared with Q2, 17/18 (20).

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*



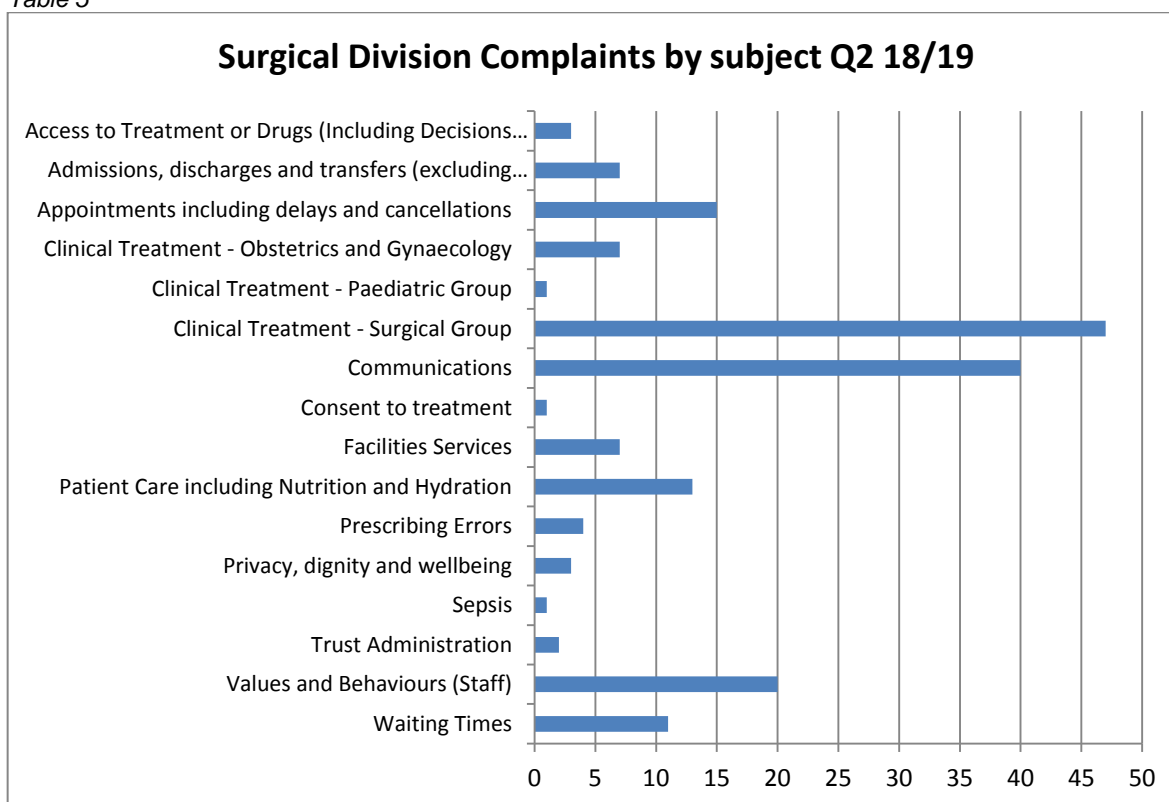
### **Surgery Division**

During Q2, a total of 70 complaints were received by the Surgical Division which indicates an increase of 34.61% from Q1, 2018/19 (52) and 42.85% increase (49) for the same period the previous year (Q2, 2017/18). Further analysis has identified that surgical assessment unit (SAU) have seen an increase in complaints in Q2, 18/19 (8) compared to Q2, 17/18 (2).

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.

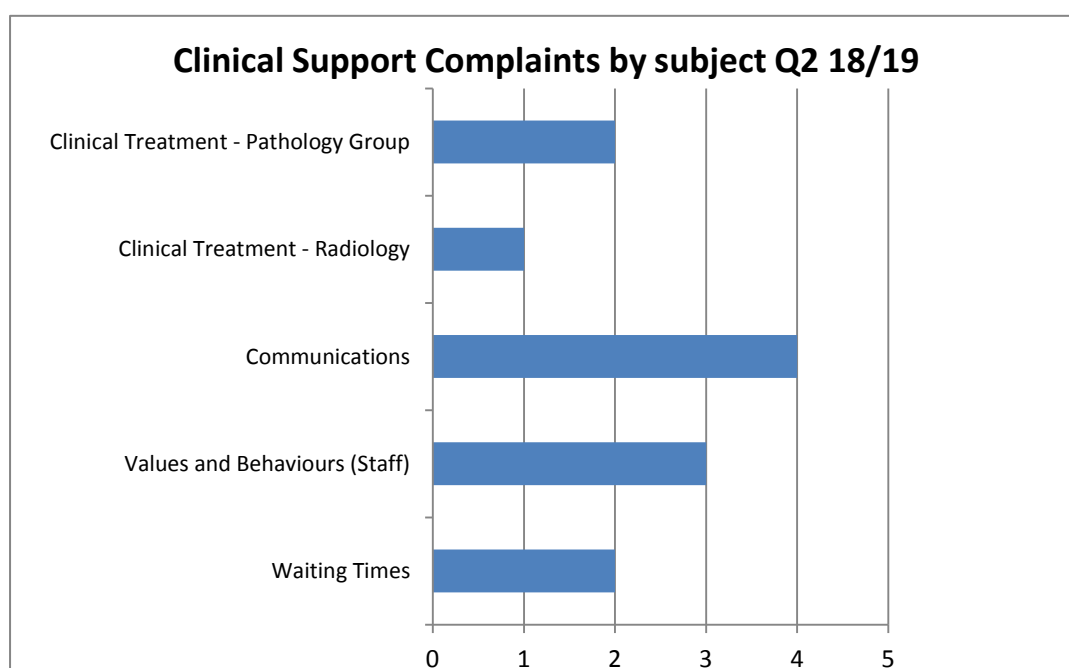
Table 5



### **Clinical Support Division**

During Q2, a total of six complaints were received by the Clinical Support Division which indicates a 50% increase from Q1, 18/19 (4). Table 6, details complaints received by subject.

Table 6



**Complaint Themes**

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

<b>Themes Q2 18/19</b>	<b>Total</b>
Communications	73
Clinical Treatment - Surgical Group	46
Values and Behaviours (Staff)	46
Clinical Treatment - Accident and Emergency	35
Clinical Treatment - General Medicine	31
Patient Care including Nutrition and Hydration	25

### **Reopened Complaints**

During Q2, the Trust received correspondence from 14 complainants who were dissatisfied with their original complaint response from the Trust.

These included clinical discrepancies within the initial response letter and complainants stating that some of their initial concerns had not been resolved. The complaints were initially closed in Q2, 17/18 and Q1, 18/19. Out of the 14 reopened complaints, one has been responded to and is closed, three have requested local resolutions meetings which are to be arranged, one local resolution meeting has taken place and the remaining nine complainants have requested a written response.

These related to:

- Medicine & Integrated Care Division - 5
- Surgery Division - 9

### **Complaint responses**

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

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

Within the reported quarter the Trust replied to 166 complaints in total. Of the 166 responses 35 (21.08%) were closed within 40 working days.

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

There were 22 local resolution meetings (LRM) held in Q2 which impacted on the 40 working day timescale being extended to accommodate such meetings.

### **Members of Parliament**

The Trust received nine new complaints from Members of Parliament (MPs) during Q2. Six of these have been closed and three remain open.

### **Local Government Ombudsman**

The Trust received no new applications from the Local Government Ombudsman (LGO) during Q2 and one remains open from Q1, 18/19.

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

### **Parliamentary Health Service Ombudsman**

The Trust received three new applications from the Parliamentary Health Service Ombudsman (PHSO) during Q2. Three cases have been resolved leaving six remaining open including one under appeal by the Trust.

### **Complaints Satisfaction Surveys**

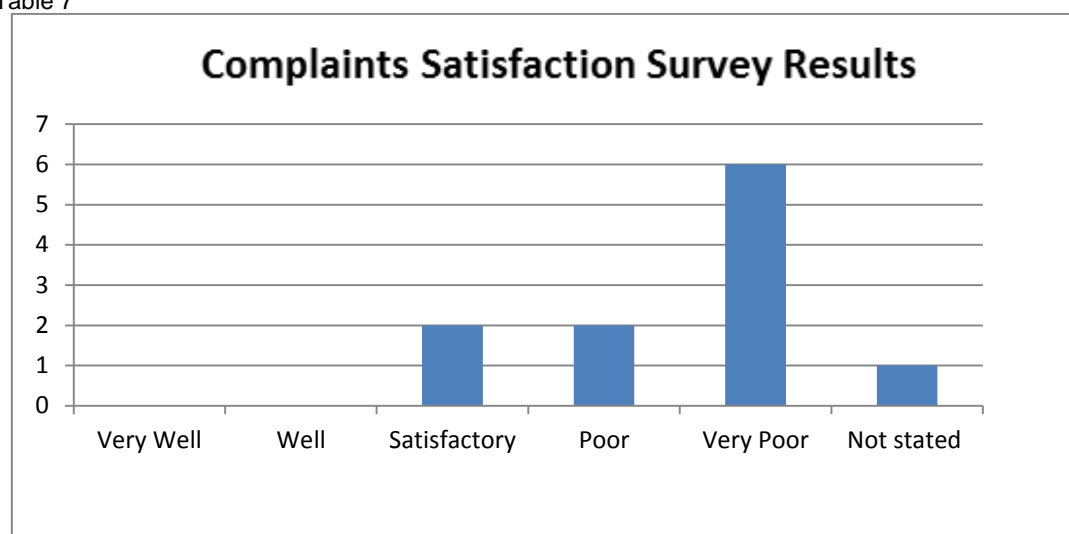
It is mandated that all trusts participate in the complaints satisfaction survey and is part of the NHS Complaints Legislation (2009). All complainants have the opportunity to complete a complaint satisfaction survey.

Of the 166 complaints closed in Q2, 69 complaint satisfaction surveys were sent out and of those sent the Trust has received 11 completed surveys back. It has been agreed locally that surveys are sent out 6 weeks after closure to allow time for the complainant to consider the response.

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

*Table 7* illustrates the feedback received from the complaints satisfaction survey received in Q2.

Table 7



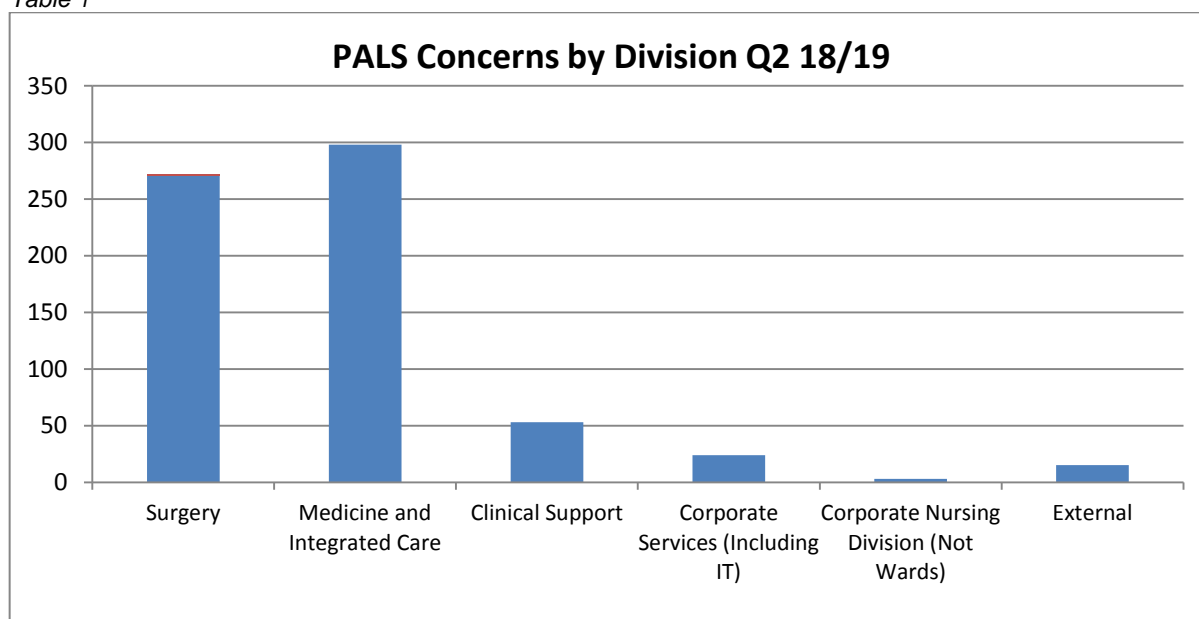
## **6. Compliments**

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 1,534 compliments were received in Q2 which represents a 3.2 % decrease from Q1 (1,585), 2018/19.

## **7. Patient Advice Liaison Service**

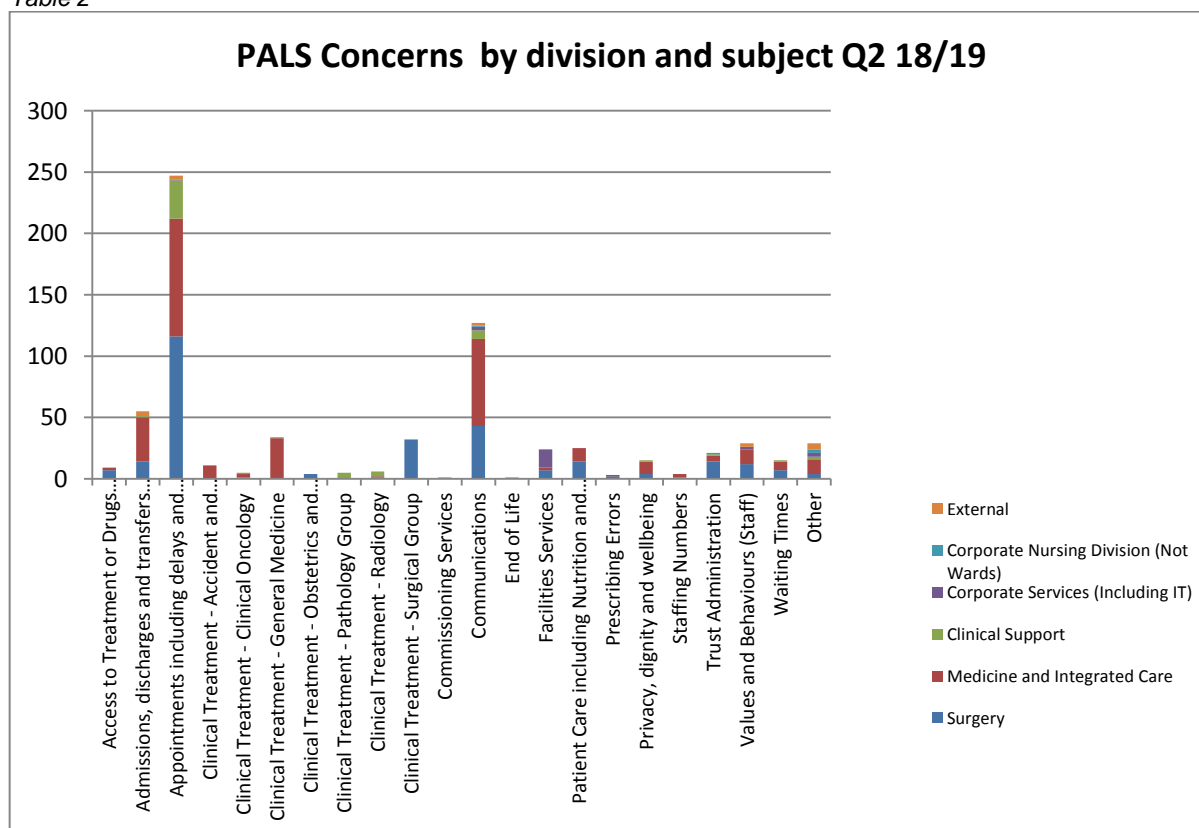
Patient Advice Liaison Service (PALS) received 664 new concerns in Q2, which is a 9.21% increase compared to Q1, 18/19 (608). *Table 1* details the breakdown by division during Q2:

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 55 new concerns each week in addition to telephone calls received which require signposting. These concerns are escalated as appropriate (internally/externally) with the aim to seek resolution within 24 hours. However some concerns cannot be responded to within 24 hours due to annual leave, availability of information and

complexity of the concerns raised (these are concerns whereby the person raising them does not wish to make a formal complaint).

Of the 664 concerns received, 622 concerns were closed and *Table 3* shows the time taken by PALS to respond these 622 concerns for Q2:

*Table 3*

<b>1 working day</b>	<b>2 working days</b>	<b>3 working days</b>	<b>4 working days</b>	<b>5 working days</b>	<b>5 or more working days</b>
360	92	29	26	15	100

## **Conclusion**

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

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

**PAPER FOR SUBMISSION TO THE COUNCIL OF GOVERNORS MEETING  
on 6 December 2018**

<b>TITLE:</b>	Learning Report from Incidents, Complaints, NPSA Alerts and Learning from Death - Quarter 2 - 1 <sup>st</sup> July 2018 to 30 <sup>th</sup> September 2018		
<b>AUTHOR:</b>	Justine Edwards – Patient Safety Manager Lara Fullwood– Complaints Manager Karen Obrenovic – Claims and Litigation Manager Sharon Phillips – Deputy Director of Governance	<b>PRESENTER</b>	Gilbert George, Interim Director of Governance / Board Secretary
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
<b>CORPORATE OBJECTIVE:</b>  SO1: Deliver a great patient experience SO2: Safe and Caring Services			
<b>SUMMARY OF KEY ISSUES:</b>  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.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	<b>Y</b>	<b>Risk Description:</b> 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	
	<b>Risk Register:</b> <b>Y</b>	<b>Risk Score:</b> 12/16	
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Safe/Well led
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Contribution to the Single Oversight Framework assessment NHSE Serious incident framework 2015
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>ACTION REQUIRED</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
			<b>Y</b>
<b>RECOMMENDATIONS</b> To note continued commitment to learning from patient feedback, incidents, complaints and reviews of deaths undertaken across the Trust as demonstrated within the examples included in the report.			



## LEARNING REPORT FROM INCIDENTS, COMPLAINTS, NPSA ALERTS AND REVIEWS OF DEATHS

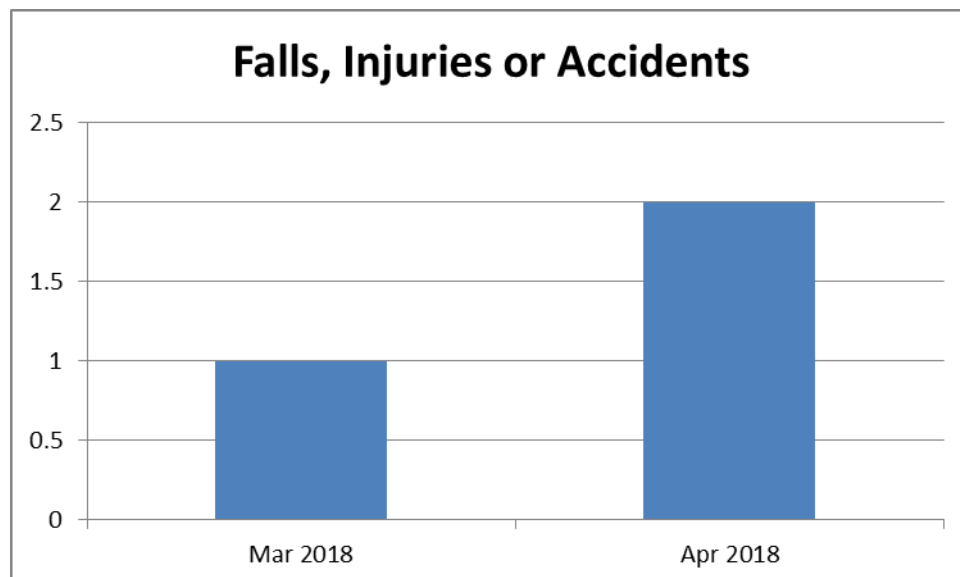
### 1. INTRODUCTION

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 learning from deaths / coroners and claims.

### 2. LEARNING FROM INCIDENTS

The Trust continues to learn from incidents and learning has been embedded into practice and service improvements. The following section provides an overview of trust wide service improvements during Q2:

#### 2.1 Falls in Hydrotherapy



Following the two slip incidents that occurred within the Hydrotherapy Pool area in April the Service arranged with Interserve to have the flooring re slip tested to determine if there had been any changes from the previous year. The retesting identified that the slip results were reported as medium to high which was an increase on the previous results showing the floor had become increasingly slippery.

A review was then undertaken of the cleaning regime applied which identified that the weekly floor scrubbing implemented following the previous falls 12 months prior was being carried out in the Hydro pool area only and was done using only hot water.

A chemical was trialled and then the floor retested to see if any impact was noted and the slip test results reduced to medium. The cleaning using the chemical was then instigated immediately and also extended cleaning the of all pool, shower and changing areas where the falls had occurred.

Since the changes there have been no slip incidents in the area.

## **2.2 Reporting of Urgent Bloods to the Emergency Department**

An investigation into a serious incident identified a concern in relation to tests results being phoned through to ED and not being actioned. In response to this a decision was made in conjunction with the senior staff within ED and the Laboratories that all urgent bloods are now phoned through to the Emergency Practitioner in Charge (EPIC) on an identified phone extension number in ED.

Posters have been displayed throughout the laboratories and all staff has been informed of the change in practice. The standard operating procedure has been updated to reflect this change and is available to all staff within the department.

## **2.3 Obstetric Incident – unnecessary spinal anaesthetic**

There was an incident in obstetric theatres that resulted in a significant near miss, of an elective caesarean section being undertaken at 35 weeks gestation which was not in accordance with the women's care plan. The woman had a spinal sited when the gestation of pregnancy was identified by the midwife and the procedure halted.

This was identified as a serious incident and immediate actions were taken to prevent any re-occurrence:

- A compulsory field for gestation of pregnancy has been added to the electronic diary for all elective list bookings
- Category 3 Caesarean Sections are no longer booked onto elective list, thus preventing obstetricians booking a date for caesarean section "just in case".
- The practice of transposing results from Soarian to theatre list then to notes was ceased immediately.
- Midwives and Doctors have been informed that they must calculate the gestation of pregnancy from the ultrasound Estimated Date of Delivery prior to documenting in the patient notes to avoid perpetuating any previous calculation error.

## **2.4 Ophthalmology Incident**

A serious incident investigation into the incorrect selection of lens that was implanted during cataract surgery has led to a number of changes to reduce the risk of any such re-occurrence. The incident identified that biometry was still being taken on the day of the procedure.

The key action taken to remove the risk to future patients was that patients are no longer listed for surgery until biometry has taken place.

The WHO checklist has been updated to include the biometry record before the procedure commences and the Medisight system (which populates correct lens power from the recorded biometry) has been networked into theatre, which allows consultants to access this system prior to procedures commencing and provide a real time check of the lens power being selected and used for the procedure.

A Standard Operating Procedure has been written and was signed off at the Ophthalmology Governance Meeting on 05/07/2018 and subsequently communicated to the clinical teams.

## **2.5 Radiology Incident**

Following serious incident investigation concerning a patient admitted with back pain and reduced mobility, it was identified that there was a delay in identifying a left upper lobe mass in keeping with lung cancer. The patient was also identified as having metastatic spinal cord compression due to bone metastasis in T6 vertebra in a the following actions were implemented:

- A CT Consultant Radiologist is now available to report on in-patient CT scans, Monday to Friday between 09:00 and 17:00.
- A formal process for handover between Duty Radiologist and on call Radiologist at 17:00 is now in place supported by a Standard Operating Procedure.
- All urgent radiology requests are requested through Soarian. Medical staff are also requested to verbally escalate urgent out of hour radiology requests to the Consultant Radiologist and this has been communicated to staff.

Radiology have a plan to audit compliance with the handover between the Duty Radiologist and the on-call radiologist.

## **2.6 Ophthalmology incident**

An incident occurred within ophthalmology whereby a patient was incorrectly identified highlighted for a procedure and the investigation identified that there was no Local Safety Standard for Invasive Procedures (LOCSIPP) for laser treatment undertaken within the clinic. An immediate action when the incident was identified was to develop a LOCSIPP for laser and Fundus Florasine Angiogram (FFA) procedures in the Outpatient Department. This LOCSIPP has now been implemented within the ophthalmology clinic. Compliance with the LOCSIPP forms part of the Trust wide LOCSIPP audit programme with outcomes reported to the Ophthalmology Governance meeting and the Clinical Effectiveness Group meetings.

## **2.7 Paediatric Ward incident**

An incident relating to parents removing a child from the children's ward without any staff being aware that the child had been taken required immediate action to ensure that there could be no re-occurrence (note the child was found and returned to the ward area unharmed). The actions and change to process included the deployment of a Visiting card system with the use of colour coded cards, which are tracked by the ward desk.

- Visiting the Children's Ward – Orange Card – this is used for parents and relatives visiting children on the ward and is given on arrival to the ward and must be handed in on leaving the ward.
- Discharge from the Children's Ward – Yellow Card – this card is given to the child/parent when the child is identified as being fit for discharge. The card is handed in at front desk to identify that they child may leave the ward.
- I am going to....' Green Card – this is given when the child needs/wants to leave the ward. This is given when a child is required to attend another department and when a child needs to go elsewhere in the Trust, for non-clinical reasons. The parent or staff accompanying the child has to sign the child out of the ward and sign on return to the ward.

A Standard Operating Procedure is in development to support the process that has been introduced on the children's ward. The team are exploring security within paediatrics to enhance current security within paediatrics. Signage to support the process has been displayed around the children's ward and the process has been promoted at the staff huddle board.

### 3. COMPLAINTS

#### 3.1 LEARNING FROM COMPLAINTS

The following section provides an overview of trust wide service improvements during Q2 as the Trust continues to learn from complaints and concerns:

##### 4.1.1 Maternity

**Complaint description:** Complaint received regarding a baby being taken to have intravenous antibiotics during the night by a midwife, she heard her baby crying and when she went into the room where the baby was having her treatment the midwife was shouting “shut up” repeatedly to the baby.

**Learning & action taken:** Local resolution meeting held and apologies given. Communicated to all staff that any treatment required by a baby is to take place at the bedside with the mother in attendance (unless she declines to be present). Mother also asked to be part of Maternity Voices to improve the patient experience of the women of Dudley.

**Complaint description:** Patient said that she was left crying for pain relief. Also staff were seen on numerous occasions drinking tea and chatting in the staff office.

**Learning & action taken:** On review of the patient’s notes it was identified that pain relief was given as prescribed but the effectiveness of the pain relief was not assessed or documented. The staff chatting and drinking tea has been fed back to staff via the staff daily Huddle meetings and addressed at the Lead Midwife meeting to ensure that staff take their breaks in the staff room.

**Complaint description:** Felt unsupported through pregnancy lots of questions about appropriateness of treatment given.

**Learning & action taken:** All treatment was appropriate. Offered further birth reflection support if required.

**Complaint description:** Post-operative complications

**Learning & action taken:** Learning for staff - communication in detail about complications and that not all are avoidable.

**Complaint description:** Complainant had concerns that more could have been done during pregnancy to avoid difficulties for baby.

**Learning & action taken:** Provide assurance that all care was appropriate. Learning for staff is to ensure that families are aware of the reasons and results of tests in detail.

**Complaint description:** Patient lost a lot of blood after giving birth. Staff ignored her concerns for 6 hours and patient ended up having a blood transfusion after losing 3L of blood.

**Learning & action taken:** Blood loss was cumulative, explanation given why conservative treatment was initial plan. Learning – good communication is a key component to provide reassurance to patients.

**Complaint description:** Patient had questions following the birth of her child.

**Learning & Action taken:** Discussed the importance of cluster nursing with neonatal nurses and midwives and acknowledge the difficulties there are when located in two separate areas.

**Complaint description:** Patient was told that her baby could be taken off her at a maternity appointment due to previous mental health issues.

**Learning & Action taken:** Patient misinterpreted what the consultation was saying and that it was to support her antenatally and postnatally with her mental health issues. Staff spoke to patient and reassured her. Reminder to staff to be mindful of language used when dealing with vulnerable women.

#### 4.1.2 Medicine

**Complaint description:** a complaint was received regarding a patient being labelled as having dementia when there was no confirmed diagnosis.

**Learning & action taken:** the Trust has apologised and acknowledged that one entry in the clinical notes stating that the patient had dementia resulted in numerous references throughout future admission notes. As a result of the complaint received assurances were provided that guidance would be given to clinicians to prevent future incidents. Older Peoples mental health Team (OPMHT) will use the anonymised complaint in all staff training sessions.

**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 Trust junior doctor induction programme when expectations and responsibilities discussed and feedback given at elderly care doctors forum – consultants opportunity to discuss process with junior team.

**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 will assist in 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 was received relating to a vulnerable patient falling after being left unattended and the trolley sides had been taken down.

**Learning & Action taken:** the Trust apologised and accepted that as the patient was having unexplained seizures he should not have been left unattended and the trolley sides should have remained up. As a result of the complaint assurances were provided that all patients on a trolley in ED should have the trolley side up unless a patient declines or it is clinically contra-indicated and the reasons for not putting up the trolley side should be clearly documented; clinical judgement is part of risk assessments but recognised as being subjective (based on opinion).

As part of the learning from the complaint the ED senior management team are working with the Trust falls prevention lead to develop an electronic risk assessment to guide registered nurses and

clinical support workers in their decision making process. Anonymised feedback from the complaint has also been included in the ED governance newsletter and discussed at the monthly governance meetings to ensure all ED staff have the opportunity to reflect upon the patient's experience.

**Complaint description:** a complaint was received regarding the behaviour of an agency nurse working in ED and that she did not follow correct procedures for discharge of a patient. This resulted in the next of kin having to return three times for collection of medication and arranging a district nurse herself.

**Learning & Action taken:** the Trust apologised and accepted that the standard of behaviour was below that expected by the Trust. The agency nurse was blocked from working within the Trust and the agency informed of her behaviour. Staff in ED have been reminded that an agency induction form should be completed prior to agency staff working their shift. All agency nurses now working in ED should have a named nurse as a point of contact.

**Learning & action taken:** The Trust apologised and accepted that a number of processes on C4 Day case had contributed to the delay. As a result of the complaint assurance was given that each process would be evaluated and the necessary changes implemented. The following actions have been taken by C4 Day case:

- Delays in inserting a Hickman line for treatment has been reduced by the new electronic prescribing system having a mandatory prompt ensuring consultants consider the potential need in a timely manner.
- Rather than the day before treatment is due to start 'New patient talks' are now scheduled at a date and time which allows the patient time to reflect upon the information provided.
- Non-chemotherapy and supportive treatments have been transferred to Medical Day case Unit to increase capacity on C4 Day case.
- Plans being developed for a home chemotherapy service.

**Complaint description:** Several complaints throughout medicine division have been received relating to poor documentation and insufficient explanations regarding care provided.

**Complaint description:** A complaint was received regarding a number of issues, which accumulated in a patient's chemotherapy treatment being delayed.

**Learning & action taken:** In each of the complaints, the Trust apologised and acknowledged that due to poor documentation concerns could not be supported or rebuked and accepted that there is an overall need to improve communication techniques between patients and clinicians. Reassurance was provided that learning from complaints was important and a number of actions were duplicated in the responses:

- Reflective accounts were requested from staff.
- Complaints discussed within local governance meetings and team meetings.
- Monitoring of mandatory training compliance in providing accurate record keeping.
- Included in local newsletters.
- Ward Huddle board meetings.
- Electronic handovers updated each shift by band 6 nurse in charge.

**Complaint description:** A complaint was received regarding a patient being discharged from ED despite signs of sepsis and admitted the following day requiring emergency surgery.

**Learning & action taken:** The Trust accepted that the patient should not have been discharged and apologised that this led to the patient returning the following day and requiring immediate surgery. Although the patient was discharged following a review by the medical team, as a result of



the complaint the responding ED consultant has met with the AEP so they might reflect on the incident and reminded them of the importance in checking all results before any discharge and that the ED doctors have a responsibility to ensure all results are reviewed.

In addition all clinicians working within the Trust are to complete the mandatory eSepsis training programme.

**Complaint description:** Concerns regarding the follow up care of a fracture following discharge from ED.

**Learning & action taken:** The Trust apologised and following a case review by the ED consultant acknowledged that it was not appropriate for the patient's GP to follow up a fracture. As part of the ED patient safety bulletin staff have been requested to arrange a fracture clinic appointment before a patient is discharged, including patients who are 'out of area'.

**Complaint description:** A complaint was received regarding the cancellation of a nurse led MS clinic due to sickness.

**Learning & action taken:** The Trust apologised and acknowledged that when the specialist MS nurse was absent due to long term sickness there was no alternative arrangements in place and clinic appointments were cancelled indefinitely. The Directorate Manager explained that discussions had started between acute and community teams to develop a system of collaboration when one member of the team is off then another team will cover. It was explained that such flexibility will reduce cancellations and improve patient experience.

**Complaint description:** A complaint was received regarding the AEC referral process.

**Learning & action taken:** The Trust apologised and acknowledged that by refusing to accept a referral from the specialist podiatrist in Diabetes there was a delay in a patient being investigated for a possible DVT. As a result of the complaint the management team in AEC have reviewed their referral process and agreed to accept telephone referrals from specialist staff.

**Complaint description:**

As part of a complaint received the patient developed a PE whilst in hospital. During the investigation it was found that the patient had missed 3 doses of the prescribed LMWH. The individual nurse responsible for the 3 omissions has since left the Trust and disciplinary action could not be taken.

**Learning & action taken:**

The family have requested a LRM (local resolution meeting) and the date is yet to be arranged. However, in the written response requested by the family the Trust apologised and acknowledged the error which they were unaware of. An incident form was completed and the ward actioned accordingly by:

- Working with the ward pharmacist to ensure any future issues are identified and addressed in a timely manner.
- A reflective account document has been devised that staff can use for medication related incidents.
- Missed doses audited via ward NCIs and Medicine Management Audits (100% in September).
- Shared learning via Medicines Management Link Nurse and information board.

**Complaint description:**

During a LRM concerns were raised regarding the placement of a chest drain as the drain had 'fallen out' 3 times and poor end of life patient care.

### **Learning & action taken:**

It was acknowledged by those present that although there are local Trust guidelines available which recommend appropriate means of securing a chest drain there are no national guidelines; not all doctors are taught to suture the chest drain and only use adhesive dressing. The consultant explained that although a drain may be sutured in place there is always the risk of it coming out as a result of the patient moving about. It was agreed for:

- The setup of a rolling programme to ensure doctors joining the Trust are aware of local policies and how to access them.
- Learning identified to be included in ED Governance Newsletter.
- Continued support from Respiratory Consultants with teaching and supervision.
- As part of LocSSIPs there is a safety checklist for chest drain insertion in ED which includes the level of supervision for the procedure and a signature to confirm sutured and tubing and dressing secured.
- Utilise Patient Information Leaflet provided by BTS.
- Nursing staff reminded to use Chest Drain chart which includes visual checks on the insertion site.

It was acknowledged that improvements in end of life care were needed and the ward team assured the family that:

- Palliative care team had provided additional training for ward staff reinforcing the importance of good communication.
- Medical staff (respiratory) have elected a palliative care Champion to lead from a medical perspective on end of life care.
- Confirmed the team had also signed up to the gold standard framework which includes a 2 year training commitment.

### **Complaint description:**

A complaint was received which included the management of a patient's long standing diabetes.

### **Learning & action taken:**

The complaint was upheld. The Trust apologised and provided assurance that action would be taken by the Diabetic Nurse Specialists to improve practice within the area:

- DSN acknowledged that the current diabetes training in high dependency areas is unsuitable and as a result the training programme for high dependency areas was revised. Additional support from the DSN team was provided whilst staff underwent retraining.
- A designated DSN has been incorporated specifically into surgery as part of the commissioning process for improving the surgical outcomes of patients with diabetes.

### **Complaint description:**

A complaint was received regarding a missed fracture after attending ED.

### **Learning & action taken:**

The Trust apologised and acknowledged that the x-ray was misinterpreted by an ENP. Assurance was provided that a process for checking x-rays was in place. Following discussion with the ENP the following actions were taken:

- Reflective account.
- Additional training for ENPs arranged in x-ray interpretation
- Additional support provided by ED Consultant.
- Radiology review and report on all x-rays performed in ED and provide paper copies.



- All Paper copies reviewed by a named ED Consultant and all fracture reports checked to ensure appropriate management.
- ED clinics held Mon – Fri to bring patients back to department for fracture management by a Consultant.
- ED Clinical audit being undertaken to look at how many fractures have been missed over a period of time.

**Complaint description:**

A complaint was received regarding relatives not being informed of their relative's death before walking into her room on the ward.

**Learning & action taken:**

The Trust apologised and acknowledged the distress caused by finding their relative had unexpectedly died. The Lead nurse has provided feedback to the staff and the ward have now adopted a 'look out' system where a member of staff is allocated to look out for relatives when they have been asked to attend the ward.

**Complaint description:**

Several complaints have been received referring to Sepsis and the perception that either Sepsis had not been considered or the claimant had not been aware of the diagnosis in both ED and in ward areas.

**Learning & action taken:**

Mostly the complaints were partially upheld. As appropriate the Trust apologised and provided assurance that the Trust recognises the importance of Sepsis and that actions had already been put in place to improve sepsis management by:

- Introducing a dedicated sepsis team in ED.
- Mandatory e-learning for all staff.
- Using the Huddle Board to emphasise importance of effective communication.
- 'Sepsis' management monitored monthly using the ED staffing & quality snapshot audit.
- Weekly Sepsis audit in ED – during first week in September the ED team delivered entire sepsis 6 in less than 60 minutes in 100% of the patients audited.
- Trust launched Sepsis Stars newsletter in September as part of Sepsis Awareness month; includes common issues and solutions.
- Sepsis Link Nurses in all areas responsible for maintaining Sepsis information boards.

### 3.1.3 Surgery

**Complaint description:** Patient had a knee replacement and after suffering with a lot of pain went to The Royal Orthopaedic Hospital for a second opinion. It was alleged by the patient that too much bone had been removed.

**Learning & action taken:** Notes were requested from The Royal Orthopaedic Hospital to clarify what was actually said to the patients. There was no evidence to suggest that too much bone was removed. The treatment provided for the patient was explained in detail and the T&O consultant left an open opportunity for the patient to come back and discuss any further questions with him in clinic. An apology was given for any misunderstandings of this treatment plan.

**Complaint description:** Patient was admitted via Emergency Department with suspected appendicitis. Doctors decided to remove the appendix as patient was still in great deal of pain. Surgery took a lot longer than expected and mother was told that patient had some small bleeding on intestines. No referral to another speciality.

**Learning & action taken:** It was identified that staff did not keep parents fully informed of timescales while the patient was in theatre. Apology provided and staff have been reminded to be clear when citing operation times. They need to include anaesthetic and recovery time too in order to avoid unnecessary anxiety. Explained the referral process to another speciality and that this could not be done before discharge as results of biopsies had not been received. Patient was discharged before the results were available, so GP was requested to refer patient to gastroenterology.

**Complaint description:** Patient raised concerns regarding communication, information and attitude of a doctor she saw in out-patients department.

**Learning & action taken:** Consultant saw patient in clinic and issues within the complaint were addressed. Patient satisfied with this outcome. The registrar who undertook the clinic on behalf of the consultant has been spoken to and has reflected on his practice. Apologies were offered and accepted by the patient.

**Complaint description:** Patient's mother has concerns about her son's admission. She feels that some staff do not have enough autism/learning disability training. Her son was ignored and spoken over on several occasions.

**Learning & action taken:** The theme throughout the complaint is clear, communication, manners and care of learning disability patients need addressing. Apologies were offered on behalf of the Trust. Two doctors were spoken to and practice addressed by their Consultant. The junior doctor also apologised for his manner in treating the patient and is attending a course on communication and learning disabilities.

The Surgery Division monitors complaints closely and reviews them at each monthly surgery governance meeting. This allows learning to be shared with the wider surgery teams.

Following the complaint, Clinical Director (consultant anaesthetist) has engaged with learning disabilities nurse to roll out teaching to the medical teams regarding learning disabilities. Moving forward from April 2018 learning disabilities has become part of mandatory training along with mental health law for all new employees to the Trust.

Invited complainant to be involved with the learning disabilities awareness week which is a forthcoming event within the hospital, and this invite has been accepted.

**Complaint description:** Patient's surgery was cancelled due to notes going missing.

**Learning & action taken:** Apologies were provided for the cancellation of procedure due to not being able to locate medical records. Staff have collated a new set of notes based on filed on-line records and anaesthetists have used these to undertake a complete re-assessment of the patient. Staff have been reminded of the importance of tracking notes in and out of departments to ensure notes are correctly managed. Medical records were relocated and sent to the department in advance of surgical procedure and new records were joined with existing records.

**Complaint description:** Seen in Emergency Department by Trauma & Orthopaedic doctor. Required manipulation of a broken wrist. Staff ignored patient's complaints of severe pain and inability to use Entonox correctly due to her past medical history. Neither Doctor nor nurse listened to patient's concerns and doctor continued with the manipulation although patient's wrist was not numb. This failed and patient subsequently required surgery to re-align the bones.

**Learning & action taken:** Divisional Chief Nurse and T&O Consultant met with patient in clinic to listen to her concerns. Apology provided on behalf of staff. It was agreed that both the nurse and doctor should have listened to the patient in ED. The doctor concerned has already been seen by his Consultant and practice addressed. Matron in ED has spoken to all her nursing staff regarding their advocacy duties when patients need that support to speak up about their care. Next phase of

treatment discussed, removal of K wires and patient agreed for removal in the fracture clinic after the meeting. Supported by Divisional Chief Nurse, patient successfully had wires removed. Patient thanked staff for listening and putting her at her ease.

**Complaint description:** Surgeons fitted a grommet into a patient when the consent form was only signed for a myringotomy.

**Learning & action taken:** Apologies given to parents of child for undertaking a procedure that they had not consented for their child to receive, however well-intentioned the action. Practice of Registrar addressed by Consultant. Further apologies offered for the communication issues experienced once child had been discharged.

**Complaint description:** Patient attended for prostate surgery. Family rang and were told the surgery was cancelled and patient had left the department. Concerns as he had no money or means of transport. It became apparent that the patient had been mixed up with another patient and he was actually undergoing surgery. Concerns raised about misidentification of patient, attitude of staff, lack of compassion and communication concerns.

**Learning & action taken:** Identified that patients are fasting for inappropriate lengths of time. Theatres are now reviewing lists and providing approximate times patients will go to theatre so they are able to eat and drink normally for longer pre theatre. Attitude and practice of receptionist was unacceptable and practice has been addressed by day case theatre manager. Receptionist asked for her apologies to be passed to complainant.

**Complaint description:** Patient attended RHH for hysterectomy. Concerns: Drug allergies not being taken seriously, conflicting information, waiting times.

**Learning & action taken:** Complainant met with Trust staff after being dissatisfied with her response letter, feeling the doctor dismissed her concerns. This enabled fuller discussion with the complainant and should be considered to be the primary response where possible. The Trust revisited the wrist band policy for use of red allergy wristbands and these were re-instated from September 2017.

**Complaint description:**

Patient was unhappy with the care/treatment received from the ophthalmology clinic when attending for annual monitoring. Concerns were raised regarding waiting time and staff attitude. Due to this, the patient missed their next appointment.

**Learning and action taken:**

Waiting times for clinics are not routinely explained to patients: corridor nurse now ensures patients are updated with the current position of delays in clinic and this is displayed on a board within clinic. The department is investigating the potential installation of an electronic display system that will show delays in clinic automatically. As a goodwill gesture, the department refunded the cost of car parking for the complainant.

Delays were due to the booking system for individual parts of the appointment pathway not being streamlined and consistent leading to build ups of activity: appointments being reviewed to ensure all parts of the pathway dovetail into the others.

**Complaint description:**

Wife of patient was unhappy with care and treatment throughout patient's stay on the Critical Care Unit after failing to adhere to instructions regarding diabetes. Concerns were also raised regarding data protection.

**Learning & action taken:**

It was identified that the general diabetes training delivered to all adult nurses is not sufficient for staff who work in a higher dependency area of care, e.g. SHDU: Training reviewed by diabetes specialist team and additional aspects added for staff who work in these higher dependency areas.

SHDU staff do not utilise systems to enable relatives to get detailed telephone updates on the patient's condition: Implemented the same system as on general wards whereby a password is created for individual patients to enable accurate updates to be provided to relatives.

The practice of removing TED stockings daily to assess skin and potential change in size of stocking was not routinely undertaken on ward: Lead Nurse has reinstated the TED care plan and re-educated staff in care required.

There is a potential to mix up end of bed records by staff when they are removed for review at the nurse base: records are to be updated at the bed side and if there is a reason for removal, staff are to check patients' wristband to ensure they are restored to the correct bed space.

**Complaint description:**

Patient has had issues with their knee for a while and was not getting anywhere with appointments. Now feels they have a limited quality of life.

**Learning & action taken:**

Where patients do not receive sufficient information, they will seek it via the Internet and this is not always accurate or consistent: The surgeons have been advised to ensure that patients fully comprehend their intended treatment plan and reasons for this. Patient information leaflets are currently also being reviewed for accuracy. A plan for this patient was made to include injections into the knee joint, weight loss programme prior to surgery to address the knee problems.

**Complaint description:**

Patient attended ED with a painful abscess. Concerns were raised regarding lack of compassion, communication between staff and lack of management and administration systems.

**Learning & action taken:**

Patient was contacted by staff and concerns were discussed over the telephone. Patient confirmed they were happy with the discussion and felt her queries have been listened to; patient was happy for her file to be closed and is aware her feedback will be acted upon.

Pain relief should be routinely prescribed for any patients admitted with pain immediately: Discussed with doctors and nurses on assessment unit and ward to ensure this happens. Review will be undertaken by Lead Nurse or Shift Lead to ensure this is happening on a daily basis.

Communication issues are not efficient: All patients are reviewed using intentional rounding. Before handover, a bed state is checked against the patients in the ward to ensure no patient is missed during handover.

### 3.1.4 Clinical Support

**Complaint description:** Delay in patient having MRI scan due to miscommunication between staff. Patient's son supplied the information required to complete the MRI safety questionnaire but was then subsequently told by staff on the ward that the questionnaire had not been completed which resulted in the patient's scan being delayed.

**Learning & action taken:** Not able to confirm who spoke to patient on ward so unable to provide a definitive answer as to why incorrect information was provided, but it is likely that the staff nurse the patient spoke to may not have been on duty prior to the patient attending the MRI department to

complete the safety questionnaire and she was therefore unaware that this had already been completed. Apologies given regarding the misunderstanding leading to the scan being delayed and for the understandable upset and inconvenience that this caused. The department is currently reviewing how the questionnaire information is collected from a relative and where it is then stored so that staff are able to easily locate this.

**Complaint description:**

Patient was told of a possible problem with her expected baby's heart via her routine 20-week ultrasound scan. Sonographer doing the scan suggested to the patient that the baby may require open heart surgery as a result of what she was seeing on the scan. In line with current practice, the patient was referred to Birmingham Women and Children's Hospital who in the first instance couldn't offer an appointment until 10 days' time. This was expedited via the patient calling RHH and the appointment brought forward, upon which the heart structure of the baby was found to be normal.

**Learning and action taken:**

Sonographers should not make any comments regarding possible open-heart surgery to patients regarding their unborn babies as not qualified to do so. In this case the individual was spoken to and asked to reflect on the complaint made in respect to their future learning and practice.

#### 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.

##### 4.1 NHS/PSA/2017/006 - [Removal or Flushing of Lines and Cannulae after Procedures](#) – Trust Lead Dr Nick Parry

Local Safety Standards for Invasive Procedures (LocSSIPs) are safety checklists for certain invasive procedures undertaken outside of the theatre environment and were introduced through Patient Safety Alert **NHS/PSA/RE/2015/008** [Supporting The National Safety Standards For Invasive Procedures \(NatSSIPs\)](#). An alert was issued in November 2017 telling hospitals that the Sign Out sections of the Theatres WHO Checklists needed to be amended to include confirmation that all cannulae and IV lines that may contain residual drugs have been removed or flushed. This also applied to all LocSSIPs where sedation was involved. The alert was led by a Consultant Anaesthetist who also implemented all of the changes through theatres. The Governance Team have worked with individual areas outside of Theatres to ensure that all LocSSIP checklists have been updated as well as the relevant procedural documents. These can now all be found on the Governance [NatSSIPs](#) page.

##### 4.2 NHS/PSA/RE/2018/006 - [Hyperkalaemia](#) - Trust Lead Dr Raj Uppal

Hyperkalaemia, (high levels of potassium in the blood), is a potentially life threatening condition. Nationally, over a 3 year period, there have been 35 reports of patients suffering cardiac arrest whilst hyperkalaemic. The main focus of the alert relates to the change to European Resuscitation Council stratification of hyperkalaemia. The 3 levels of severity are Mild (**5.5 – 5.9mmol/L**), Moderate (**6.0-6.4mmol/L**) and severe (**>6.5 mmol/L**). This alert led to the Trust reviewing and amending its [Hyperkalaemia Guideline](#) which is available on the hub. The new standards have been shared across all Divisions / Directorates and to staff involved in Training the Doctors who diagnose and treat hyperkalaemia. Please make yourself aware of the revised levels as treatment will be affected.



## 5. CLAIMS

**5.1 ‘Regulation 28’ preventing future deaths report received from the Coroner in respect of a patient attending the emergency department. There was a failure to respond to a septic patient resulting in delay of treatment; the patient was diagnosed with Necrotising Fasciitis and subsequently died.**

During the course of the inquest evidence emerged that there was inadequate communication and delays in assessing the blood results when available. There were also missed opportunities for administering antibiotics at an earlier stage and recognising the development of sepsis.

The Coroner acknowledged the detailed action plan submitted and recognised that some progress had already been made, but suggested the Trust may also wish to consider reviewing the communication and training issues identified during the course of the inquest and in particular recognition of sepsis.

In relation to ongoing learning, the Trust continues to monitor the action plan submitted and the progress relating to triage, e-obs and Sepsis 6 performance and highlights the trajectory which has improved performance.

**5.2 ‘Regulation 28’ preventing future deaths report received from the Coroner in respect of the death of an elderly frail gentlemen in the waiting room of the emergency department.**

During the course of the inquest evidence emerged that following triage assessment nursing staff lacked room or resources to allow patients to remain in the ambulance triage area or in a cubicle and consequently patients were left to wait in corridors; there was no meaningful interaction with patients waiting for further assessment including no permanent medically qualified staff in the waiting area and waiting times at the emergency department were frequently exceeding the four-hour waiting time set nationally, with patients waiting to be seen by clinicians for up to seven hours.

The Trust RCA investigation identified the following actions; all actions have subsequently been implemented and are monitored accordingly:

- ESI re-launched within the ED with recognised teaching and support
- Adult Observation Policy – previously forming part of resuscitation policy
- ED Escalation and Operational Policy – revised to include formal guidance on “fit to sit”
- Triage Standard Operational Procedure – developed to include acuity rating review as per ESI national guidance
- Emergency Severity Index training across the Triage team within ED
- Triage Risk Assessment – in relation to developing compliance with training and capacity within triage (Risk Assessment on Risk Register)
- NEWS Policy – reviewed to ensure clarity of frequency of observations
- “Fit to Sit” area identified within ED

## 6. LEARNING FROM DEATHS

### 6.1.1 Learning from Section 28 Notices - Deteriorating Patient

**‘Regulation 28’ preventing future deaths report received from the Coroner in respect of a patient attending the emergency department. There was a failure to respond to a septic patient resulting in delay of treatment; the patient was diagnosed with Necrotising Fasciitis and subsequently died.**

During the course of the inquest evidence emerged that there was inadequate communication and delays in assessing the blood results when available. There were also missed opportunities for administering antibiotics at an earlier stage and recognising the development of sepsis.

Following cases which have both being dealt with as either serious incidents or coroners cases, the Trust has implemented electronic observations which provides timely and visible assessment. Dashboards report performance which has improved over the last 3 months. Automatic calculation of the NEWS score makes the trust compliant with national guidelines and improves reliability of score calculation allowing the Trust to audit compliance. This has allowed for more timely observations and increased focus on patients who are at risk of deterioration. We have also designed a deteriorating patient pathway which reflects much of the learning from cases which have required input from the coroner.

Sepsis mortality cases are being reviewed separately by the Sepsis team and by consultants to review the diagnosis of sepsis and to assess management. Screening rates and the implementation of Sepsis 6 continues to improve. RCA's have highlighted the need to improve clinical recognition of sepsis including biochemical and recognition of clinical syndromes. Training in the RADAR and a range of education interventions are in place. These include the recognition and management of all aspects of sepsis. This has resulted in a change of culture improving reporting and compliance and promoting an improvement in the timeliness of therapy and a reduction in mortality from sepsis over 12 months. Sepsis SHMI has reduced from 152 to 113.

Specific Learning Points following mortality/ sepsis case reviews:

- Need for clear documentation of all results and investigations when patients admitted/transferred to ensure appropriate prompt management and communication of escalation plans (e.g. case of necrotising fasciitis)
- Sepsis data suggests ongoing drive for compliance with sepsis 6 criteria but increasing evidence of very prompt coordinated care in ED.
- Some cases labelled as sepsis initially are actually end of life cases with expected progressive deterioration and de-escalation may need to be recognised earlier
- Dying patients presenting to ED may be more appropriately transferred out of the department more promptly to allow more privacy and dignity for patients and families
- Some patients dying within ED have been admitted within previous few weeks
- Need for recognition of dying patients on discharge and communication of
- expected further deterioration
- Appropriateness of readmission
- Need for liaison with ambulance staff
- Potential for need to ensure clearer planning at discharge for some cases

The Coroner acknowledged the detailed action plan submitted and recognised that some progress had already been made, but suggested the Trust may also wish to consider reviewing the communication and training issues identified during the course of the inquest and in particular recognition of sepsis.

In relation to ongoing learning, the Trust continues to monitor the action plan submitted and the progress relating to triage, e-obs and Sepsis 6 performance and highlights the trajectory which has improved performance

### **6.1.2 'Regulation 28' preventing future deaths report received from the Coroner in respect of the death of an elderly frail gentlemen in the waiting room of the emergency department.**

During the course of the inquest evidence emerged that following triage assessment nursing staff lacked room or resources to allow patients to remain in the ambulance triage area or in a cubicle and consequently patients were left to wait in corridors; there was no meaningful interaction with patients waiting for further assessment including no permanent medically qualified staff in the waiting area and waiting times at the emergency department were frequently exceeding the four-hour waiting time set nationally, with patients waiting to be seen by clinicians for up to seven hours.

The Trust RCA investigation identified the following actions; all actions have subsequently been implemented and are monitored accordingly:

- ESI re-launched within the ED with recognised teaching and support
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- Triage Risk Assessment – in relation to developing compliance with training and capacity within triage (Risk Assessment on Risk Register)
- NEWS Policy – reviewed to ensure clarity of frequency of observations
- “Fit to Sit” area identified within ED

## **6.2 Trust Level Learning**

### **6.2.1 COPD Learning**

The Trust is actively contributing to the national COPD audit. In summary our contribution to date has shown;

- A high frequency of spirometry
- High level of timely respiratory review and use of discharge bundle
- Low mortality on current data
- Higher deprivation scores than national average for patients admitted
- There is work to be progressed with regards to the prescription of smoking cessation pharmacotherapy and a consistent approach to patients receiving NIV within 3 hours of arrival when appropriate

### **6.2.2 Neurosurgical Care**

Following a previous Section 28 notice regarding delays in the neurosurgical pathway the Trust took a number of actions internally including the establishment of a fortnightly NORSE safety group



chaired by the Chief of Medicine to identify and address issues in the pathway. The group have ratified an internal process for monitoring referrals which is now in use. Significant delays in the pathway have been highlighted by the NORSE group. This relates to image transfer. The Trust has agreed to take part in the Regional Imaging Sharing Platform (RISP) image transfer project regionally which will resolve this issue. Patients on the pathway are highlighted on the Trust's daily SITREP to ensure these patients meet their milestones on the neurosurgical pathway.

**Paper for submission to the Council of Governors  
on 6 December 2018**

<b>TITLE:</b>	<b>2018/19 Quarter 2 Finance Report: Delivery and Outlook</b>		
<b>AUTHOR:</b>	Tom Jackson Director of Finance	<b>PRESENTER:</b>	Tom Jackson Director of Finance
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF COUNCIL:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		Y	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL:</b>			
To note the contents of the report and take action as appropriate.			
<b>CORPORATE OBJECTIVE:</b>			
So6 Plan for a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
The purpose of this paper is to update the Council on financial performance and the outlook at Q2.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	Y	<b>Risk Description:</b> BAF592	
	<b>Risk Register:</b> Y	<b>Risk Score:</b> 20	
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	Y	<b>Details:</b> Well Lead
	<b>NHSI</b>	Y	<b>Details:</b> Achievement of all terms of FT Licence
	<b>Other</b>	N	<b>Details:</b>

## **2018/19 Quarter 2 Report: Delivery and Outlook**

### **Executive Summary**

- Nationally, the provider sector has for the first time indicated an aggregate underlying deficit of £4.3bn, netted to £1.85bn when PSF is fully deployed.
- The Trust's financial plan for 2018/19 included investments in Safer Staffing and the Digital Trust.
- The Trust has delivered against its financial plan for Q1 and Q2 making it eligible to receive £2.2m of additional resources from the Provider Sustainability Fund (PSF).
- The Trusts income and expenditure is largely in line with plan cumulatively to Q2, although there remain significant risks to onward delivery.
- The baseline forecast at Month 7 (October) is a deficit position of £9.7m improved by £2.2m to a. PSF inclusive, deficit of £7.5m.
- During September and for the first time this year, the Trusts whole time equivalent substantive staff was greater than plan. The balance of substantive, bank and agency spend for the second half of the year is likely to have a considerable impact on the final financial position.
- For Q3 and Q4, the Trust will need to continue with its Financial Improvement Programme of enhanced cost control, core budgetary management and further identification of recovery options.
- Liquidity remains a challenge and the Trust has started to enact a range of enhanced cash management measures.

### **1) Introduction**

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 Council of Governors on financial performance and the outlook at the midway point of the year – Quarter 2 (Q2).

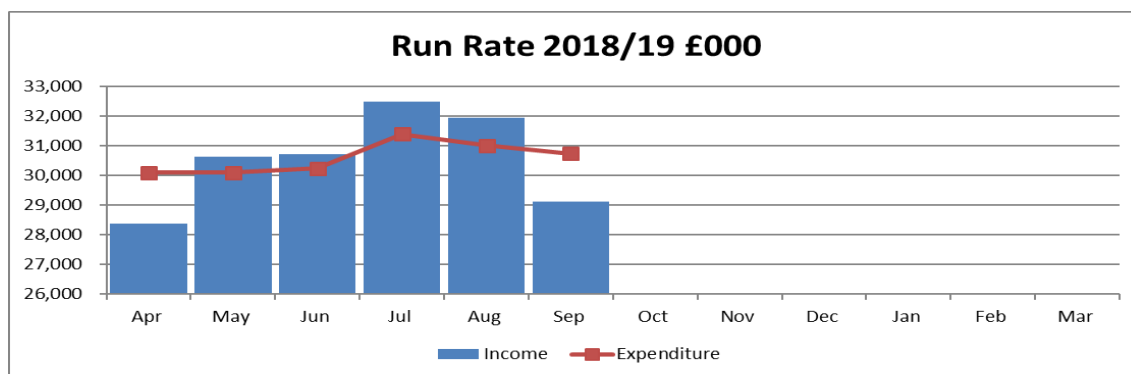
### **2) National Financial Performance Q1 2018/19**

For the first time NHSI identified an underlying national provider financial deficit at Q1. The deficit was determined to be £4.3bn, netted to £1.85bn after deployment of the PSF. The aggregated forecast outturn at Q1 for the whole provider sector is a £1.45bn deficit including PSF (£0.66bn for Midlands and East region) with a year to date position to Q1 of £0.99bn including PSF (£0.350bn Midlands & East).

### **3) Quarter 2 Headlines**

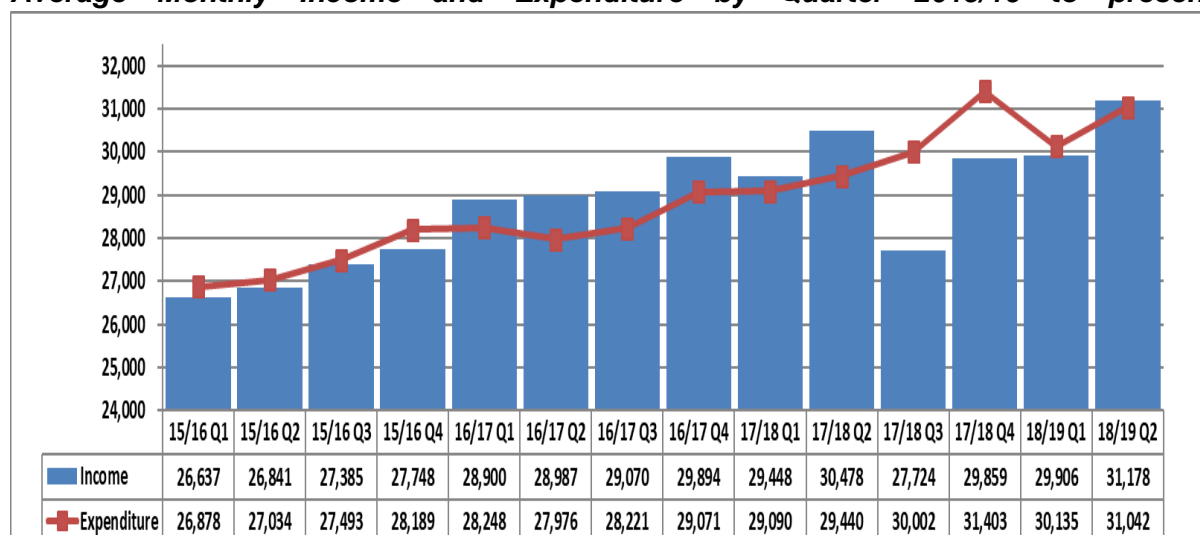
The plan to Q2 is to deliver a deficit of £2.8m before Provider Sustainability Funds (PSF). As the year progresses the position will need to improve to deliver the 2018/19 control total of a £0.8m deficit.

Year to date monthly expenditure demonstrates some consistency whilst income is more volatile. September, with 5 weekends, saw a considerable reduction in income compared to recent months.



A longer view of the historic run rate by quarter suggests more consistency in 2018/19 when compared to 2017/18.

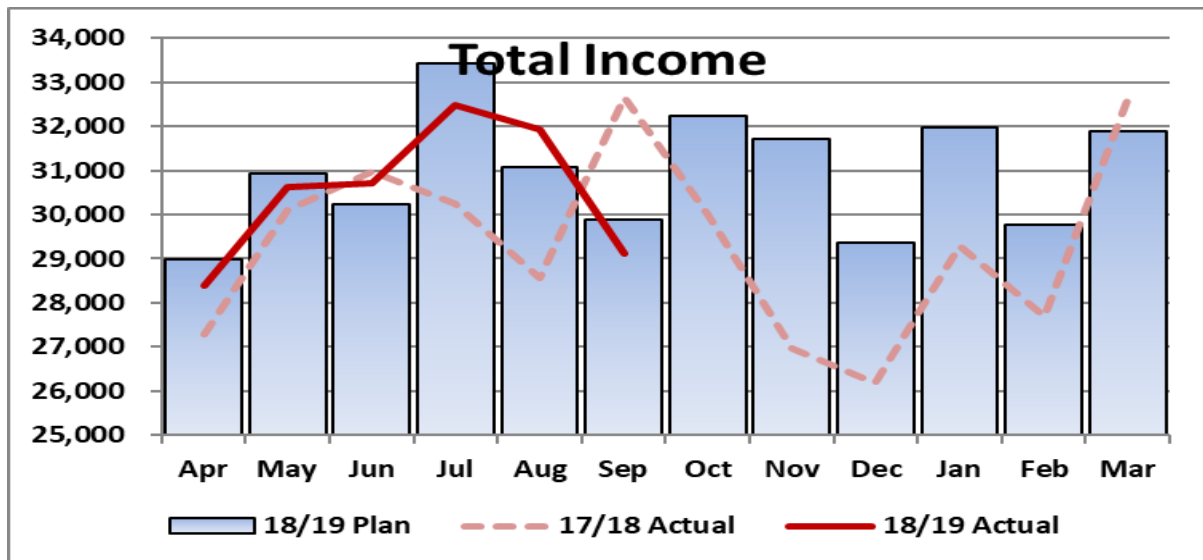
**Average Monthly Income and Expenditure by Quarter 2015/16 to present**



#### 4) Quarter 2 Income

Income to Q2 is slightly less than plan by £330k with actual income received of £181.3m for the first half of the year. Year to date, total income shows a 4.7% increase year on year for the first 5 months of the year although an element of that relates to the central funding of 2% of the 3% pay award for 2018/19. The year to date monthly income profile generally follows the original plan.

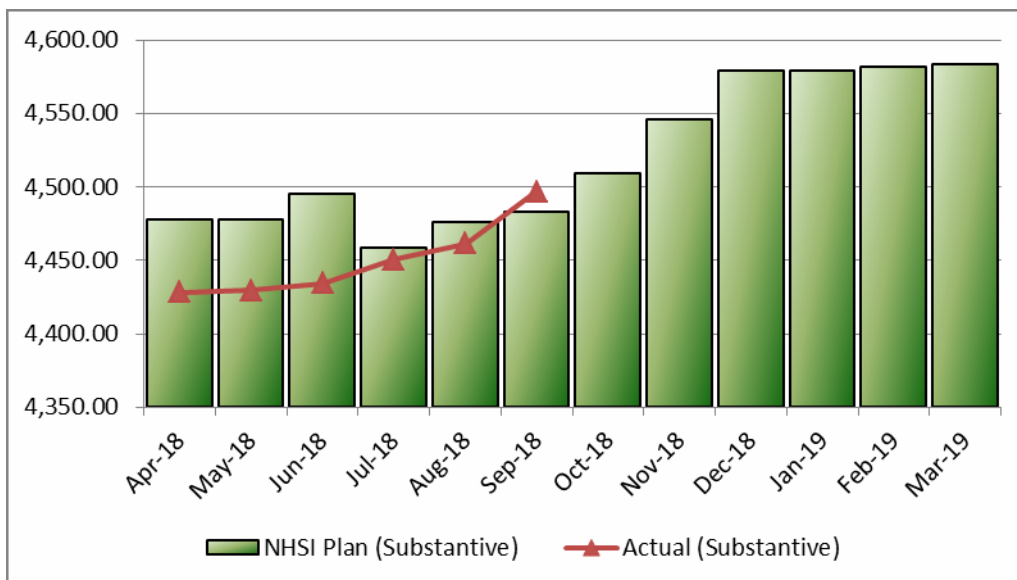
There is still risk in the delivery of the full year income position arising from; a more ambitious second half of the year, one off favourable phasing items and anticipated commissioner affordability



## 5) Quarter 2 Pay

Cumulative spend to date on pay is £800k above plan at £113.8m. The 2018/19 substantive whole time equivalent plan exceeded the original NHSI submitted plan for the first time in September 2018. The second half of the years plan assumes that the increase in the substantive workforce will enable significant reductions in the use of agency staff to support the establishment. The use of substantive, bank and agency staff as we move through the winter months will be a key determinant in the ability of the Trust to deliver its full year financial plan.

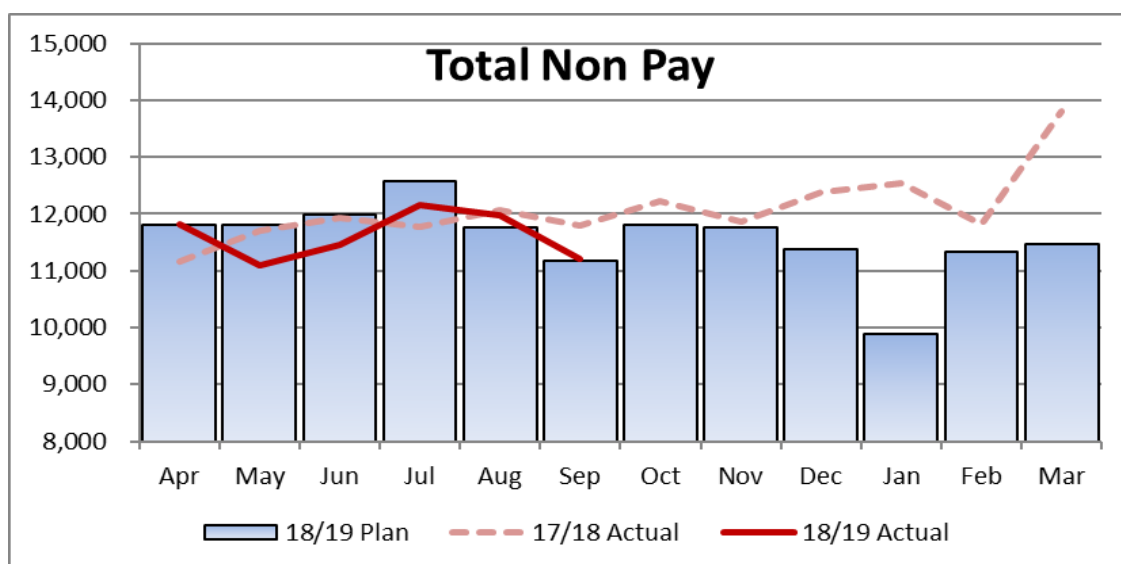
### ***Substantive WTE plan as submitted to NHSI and actual WTE data***



## 6) Quarter 2 Non Pay

The Trust has had a keen focus on non pay spend throughout the year supported by the Financial Improvement Programme and the adoption of an approach of grip and control. During the first half of the year non pay transactions have been reviewed to ensure they can not be removed from the expenditure position because, for example, they are capital in nature, are stock items or they relate to annual expenditure such as licenses. In October 2018, the Trust was advised that its continued focus on procurement had moved it up the national NHS Procurement league table from 101<sup>st</sup> to 47<sup>th</sup> in the country for procurement efficiency. The assumed £4m per year benefit from the MEA valuation is assumed within the year to date position (part year effect).

The plan profile spend reduction in January 2019 reflects the benefit from a land sale that may now be more beneficial to transact in 2019/20. As with income and pay, the second half of the year can be seen to be more challenging to deliver than the first half.



## 7) Quarter 2 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. At Q1, the Trust had identified £18.6m of Cost Improvement Programmes. Ongoing assessment and revision of the schemes has shown a reduction in the total value of the schemes to £14.6m at month 6.

## 8) Quarter 2 Cash

The Trust has had a historic strong cash position. The roll out of EPR and the Trusts revenue position continues to put increasing strain on its liquidity. There is a very real risk that the Trust will need to source external borrowing in the short term. At the end of Q1 the Trust had £9.7m of cash and at Q2 the level of cash held was £3.9m. Additional measures previously agreed have been initiated as we move through the financial year.

## **9) Quarter 2 Capital**

The Trusts capital programme was approved by the Board in April and amounted to £12.6m. The programme to Q2 was to spend £6.3m and at Q2 the actual spend was £4.8m. The slippage is almost entirely down to slippage on the EPR programme. The capital programme is tight, but all opportunities will continue to be pursued to support the Trusts I and E and cash challenges.

## **10) 2019/20 and medium term planning**

Initial notification of planning guidance for 2019/20 has been received by all NHS commissioners and providers. Timescales, process and sign off remain similar to previous years. Indications are that the Trust can expect significant changes to; urgent and emergency care payments, Market Forces Factor Index and levers/incentives that apply to quality, emergency admissions and readmissions.

The goal as we move through this financial year will be to develop a short term financial plan that seeks to eliminate the magnitude of current financial risk and deliver recurrent financial balance whilst supporting the goals of the organisation.

Tom Jackson  
Director of Finance

**Paper for submission to the Council of Governors on 6 December 2018**

<b>TITLE:</b>	<b>Integrated Performance Report for Month 6 (October) 2018</b>		
<b>AUTHOR:</b>	<b>Andy Troth</b> Head of Informatics	<b>PRESENTER</b>	<b>Karen Kelly</b> Chief Operating Officer
<b>CLINICAL STRATEGIC AIMS</b> <i>(delete the aim(s) not relevant to the paper)</i>			
	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.		
<b>ACTION REQUIRED OF BOARD:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		Y	
<b>OVERALL ASSURANCE LEVEL</b> <i>(Please insert x in one of the boxes)</i>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL</b>			
To note the performance against the national mandated performance targets and were there has been non achievement to seek assurance on the plans to recover the expected position.			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>Workforce Performance</b>  Overall the performance associated with our workforce is positive with sustained outcomes for appraisal and mandatory training as well as continued improvements with staff turnover. This is offset with a deterioration in absence rates overall. However, there are areas where absence rates are reducing such as nursing staff in the Division of Medicine.  The Workforce Committee oversees the full suite of Workforce key performance indicators and is provided a report from the senior HR team highlighting areas of priority being absence			



alongside vacancy management and the reduction of temporary staffing.

# IMPLICATIONS OF PAPER:

<b>RISK</b>	<b>Y</b>		<b>Risk Description:</b> 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.
	<b>Risk Register:</b> <b>Y</b>		<b>Risk Score: 20 (COR079)</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>N</b>	<b>Details:</b>
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> A sustained reduction in performance could result in the Trust being found in breach of licence.
	<b>Other</b>	<b>N</b>	<b>Details:</b>



# Integrated Performance Report - Board



October 2018

Created by: Informatics.

Title of report: Integrated Performance Report

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

## Executive Summary by Exception

### Key Messages

#### CQSPE

##### HCAI

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

	October	YTD
Total No. of cases due to lapses in care	NIL	6
Total No. of cases NOT due to lapses in care	NIL	6
No. of cases currently under review (ytd)	2	
Total No. of cases (ytd)		14

There was one post 48 hour MRSA cases reported in month. The post-48 hr MRSA bacteraemia case was identified on 18th October 2018. Patient was admitted on 4th October with slurred speech and admitted to ward (C8). Treated for urosepsis - improving on antibiotics had an unwitnessed fall and had indwelling urinary catheter (full bladder). Nose and groin swabs not received in lab on first occasion when admitted. MRSA screens taken after blood culture taken; nose and groin positive. Not a previously known MRSA carrier. Contamination is being considered the most likely cause. RCA meeting held on 14th November and recommendations from the RCA will be monitored by the Infection Control Group.

##### Friends and Family Scores:

It is pleasing to record that actions put in place to support an improving FFT response rate across all areas have resulted in response rates that are equal to or better than the national average RAG rated amber.

##### Complaints:

From month to month, there is little way of knowing how many complaints may be submitted and in general there remains a small amount of difference between the number of complaints opened and closed. The picture of complaints is that it has changed very little from September to October for the total number of complaints ongoing. The focus remains on clearing the backlog of complaints with an emphasis on those that have breached and divisions are working hard to address this by using some additional resources to support the process. Communications remains the most frequently raised concern.

##### Falls:

We continue to work with NHSI and the National Fall Practitioner network with the aim of achieving a consistent reduction in patient falls, particularly falls with harm. We continue to perform better in comparison to national average in terms of number of falls and falls with harm.

Two falls with harm were reported in October: one patient required no treatment for the injury and has since been discharged. The second patient was treated for their injury and continues to recover on the hip suite.

In October five patients fell twice: no patient fell more than twice and no injuries were sustained in repeat incidents.

##### Pressure Ulcers

Thirty seven (37) outstanding Pressure Ulcers SI RCAs has now been closed by Dudley CCG following Trust submission of PU thematic review in November 2018. Pressure ulcer task and finish group fortnightly meeting is ongoing which includes a review of the Trust PU verification and SI notification process in line with national guidance. Once finished, a report will be presented to the CQSPE committee for approval prior to implementation trust wide.

One category 3 PU incidents reported on STEIS in October 2018 as hospital acquired (ward B4). No category 4 avoidable pressure ulcer reported since February 2018. One category 4 unavoidable reported in community services in October 2018.

##### Never Events

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

##### Mixed Sex Sleeping Accommodation Breaches (MSA)

There were nine MSA breaches reported in October 2018. All incidents were reported by SHDU and were all related to capacity issues in the acute hospital.

##### VTE Assessment On Admission: Indicator

There is a continued decline in VTE performance since August 2018 achieving 94.5% in October which is slightly below the set target of 95%.

## 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 88.2%. Whilst, the Trust only (Type 1) performance was 80.9%.

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

	Attendances	Breaches	Performance
ED Dept Type 1	8930	1704	80.9%
UCC Type 3	5458	0	100.0%

##### 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 83.1% (Provisional as at 14th Nov). Previous month confirmed performance was 80.5%

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

No. of Patients treated on or over 104 days (DGFT)	7
No. of Patients treated on or over 104 days (Tertiary Centre)	9
No. of Patients treated on or over 104 days (Combined)	16

##### 2WW

The target was achieved once again in month. During this period a total of 1424 patients attended a 2ww appointment with 76 patients attending their appointments outside of the 2 week standard, achieving a performance 94.66% against the 93% target.

##### Referral To Treatment (RTT)

The performance of the key target RTT Incomplete Waiting Time indicator remained above target, with performance of 93.3% in month against a target of 92%, an increase in performance from 93.1% in the previous month. Urology did not meet the target in month at 90.6% up from previous month. Ophthalmology is at 85.2% up from 84.8% in the previous month. General Surgery at 89.6% up from 88.8%. Also Plastic Surgery (90.5%) and Dermatology (90.5%) did not achieve the target. There were no 52-week Non-admitted Waiting Time breaches in month.

##### Diagnostic waits

The diagnostic wait was above target in month with a performance of 99.2%. The number of patients waiting over 6 weeks was 59.

## Executive Summary by Exception cont.

### Key Messages

#### 2 Financial Performance Matters

Committee: F&P

Deficit of £3.242m for April-October, representing a £1.442m adverse variance in comparison to the control total following the consolidation of the pharmacy company and other technical changes. This position includes a pro rata benefit related to a new optimised alternative site evaluation. However, this remains at risk as the revised valuation has yet to be agreed by external auditors. In order to achieve the financial component of the PSF for Q3, the Trust needs to deliver a surplus of £1.532m over November and December which seems extremely unlikely. As such the full PSF for Q3 of £2.713m is at risk. Following an extraordinary F&P Committee in October, a recovery plan was agreed to deliver a deficit of £7.058m. However, the October performance has resulted in a deterioration of the forecast to a deficit of £9.731m before PSF. Whilst this revised forecast deficit factors in a degree of risk, it should be noted that there is still a sizeable gap of circa £2.2m regarding the estimated contract outturn with Dudley CCG. The Trust is working closely with the CCG to resolve the challenges with a view to agreeing a pragmatic settlement. However, this is likely to be constrained by CCG affordability.

## Executive Summary by Exception cont.

### Key Messages

#### 4 Workforce

Committee: F&P

##### Staff Appraisals

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

##### Mandatory Training

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 continued at almost the same rate but has dipped slightly to 88.69%. 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 to 4.96% from 4.84% in October 2018. 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 supported to return to work at the earliest possible opportunity. There has also been an emphasis on hot spots regarding short term recurrent absence as well as continued support to managers regarding long term absence. This has led to further awareness sessions to support managers to have the relevant skills to manage absence effectively.

##### Turnover Rate

The turnover rate has seen another drop and currently sits at 9.45%. This is still above our target of 8.5% but continues to be below the average turnover rate for acute NHS Trusts in England. The appointment of the Staff Engagement lead has demonstrated a particular focus on understanding the feedback from exit interviews, listening to staff and developing strategies to support improved retention at the Trust. The initial feedback is very positive and this will be developed further as we move into the feedback for the national staff survey.

## Patients will experience safe care - "At a glance"

Executive Lead: Siobhan Jordan

Patients will experience safe care - Quality & Experience							
	Target (Amber)	Target (Green)	Sep-18	Oct-18	Actual YTD	Trend	Month Status
<b>Friends &amp; Family Test - Footfall</b>							
Friends & Family Test - ED	14.5%	21.3%	18.3%	18.7%	18.2%	↑	
Friends & Family Test - Inpatients	26.0%	35.1%	35.1%	32.5%	34.7%	↓	
Friends & Family Test - Maternity	21.7%	34.4%	26.5%	32.8%	32.7%	↑	
Friends & Family Test - Outpatients	4.7%	14.5%	5.4%	5.2%	5.4%	↓	
Friends & Family Test - Community	3.5%	9.1%	5.8%	6.1%	4.3%	↑	
<b>Friends &amp; Family Test - Recommended</b>							
Friends & Family Test - ED	89.9%	93.4%	75.8%	93.4%	78.0%	↑	
Friends & Family Test - Inpatients	96.3%	97.4%	93.0%	94.2%	94.1%	↑	
Friends & Family Test - Maternity	95.6%	98.2%	96.0%	99.4%	98.1%	↑	
Friends & Family Test - Outpatients	94.6%	97.2%	89.0%	90.3%	89.7%	↑	
Friends & Family Test - Community	96.4%	97.7%	93.2%	94.1%	95.1%	↑	
<b>Complaints</b>							
Total no. of complaints received in month			56	48	-----	↓	
Complaints re-opened			5	3	30	↓	
PALs Numbers			293	295	2040	↑	
Complaints open at month end			219	210	-----	↓	
Compliments received			513	452	3554	↓	
<b>Dementia (1 month in arrears)</b>							
Find/Assess		90%	98.7%		98.0%	↑	
Investigate		90%	100.0%		100.0%	↑	
Refer		90%	95.0%		96.3%	↑	
<b>Falls</b> National average 6.63 per 1000 bed days							
No. of Falls			76	67	462	↓	
Falls per 1000 bed days		6.63	4.78	3.89	3.93	↓	
No. of Multiple Falls			5	5	43	↔	
Falls resulting in moderate harm or above			1	2	8	↑	
Falls resulting in moderate harm or above per 1000 bed days		0.19	4.8	3.9	3.9	↓	
<b>Pressure Ulcers (Grades 3 &amp; 4)</b>							
Hospital Avoidable		0	0	1	6	↑	
Community Avoidable		0	0	0	7	↔	
<b>Handwash</b>							
Handwashing			99.6%	99.8%	98.8%	↑	

Patients will experience safe care - Patient Safety							
	Target (Amber)	Target (Green)	Sep-18	Oct-18	Actual YTD	Trend	Month Status
<b>Mixed Sex Accommodation Breaches</b>							
Single Sex Breaches		0	7	9	35	↑	
<b>Mortality (Quality Strategy Goal 3)</b>							
HSMR Rolling 12 months (Latest data Jun 18)	110	105	117	118	N/A		
SHMI Rolling 12 months (Latest data Mar18)	1.10	1.05	N/A	1.11	N/A		
HSMR Year to date (Not available)					N/A		
<b>Infections</b>							
Cumulative C-Diff due to lapses in care	28		6	6	4	↔	
MRSA Bacteraemia	0	0		1	1	↑	
MSSA Bacteraemia	0	1	1	1	10	↔	
E. Coli - Total hospital	0	2	0		18	↓	
<b>Stroke Admissions - PROVISIONAL</b>							
Stroke Admissions: Swallowing Screen	75%	100.0%	96.2%	94.2%		↓	
Stroke Patients Spending 90% of Time on Stroke Unit	85%	83.3%	94.4%	91.8%		↑	
Suspected High Risk TIAs Assessed and Treated <24hrs	85%	88.9%	100.0%	91.9%		↑	
<b>VTE - PROVISIONAL</b>							
VTE On Admission	95%	94.7%	94.5%	95.1%		↓	
<b>Incidents</b>							
Total Incidents			1219	1445	9750	↑	
Recorded Medication Incidents			197	594	2517	↑	
Never Events			0	0	0	↔	
Serious Incidents			4	4	53	↔	
of which, pressure ulcers			2	2	17	↔	
<b>Incident Grading by Degree of Harm</b>							
Death			3	1	10	↓	
Severe			3	1	16	↓	
Moderate			57	60	284	↑	
Low			154	188	1415	↑	
No Harm			1002	1195	8025	↑	
Percentage of incidents causing harm	28%		17.8%	17.3%	17.7%	↓	

## Performance - "At a glance"

Executive Lead: Karen Kelly



## Performance - Key Performance Indicators

	Target	Sep-18	Oct-18	Actual YTD	Trend	Month Status
<b>Cancer Reporting - TRUST (provisional)</b>						
All Cancer 2 week waits	93%	94.69%	94.66%	94.9%	↓	
2 week wait - Breast Symptomatic	93%	92.5%	96.4%	95.6%	↑	
31 day diagnostic to 1st treatment	96%	96.0%	97.7%	97.9%	↑	
31 day subsequent treatment - Surgery	94%	100.0%	96.3%	99.3%	↓	
31 day subsequent treatment - Drugs	94%	100.0%	90.0%	98.1%	↓	
62 day urgent GP referral to treatment	85%	80.5%	83.1%	81.9%	↑	
62 day screening programme	90%	100.0%	93.3%	98.2%	↓	
62 day consultant upgrades	85%	89.5%	94.2%	91.9%	↑	
<b>Referral to Treatment</b>						
RTT Incomplete Pathways - % still waiting	92%	93.1%	93.3%	93.7%	↑	
RTT Admitted - % treatment within 18 weeks	90%	85.8%	85.7%	87.2%	↓	
RTT Non Admitted - % treatment within 18 weeks	95%	93.9%	92.9%	94.6%	↓	
Wait from referral to 1st OPD	26	24	22	117	↓	
Wait from Add to Waiting List to Removal	39	42	42	218	↔	
ASI List		1825	1934	0	↑	
% Missing Outcomes RTT		0.1%	0.0%	0.1%	↓	
% Missing Outcomes Non-RTT		4.4%	3.8%	5.7%	↓	
<b>DM01</b>						
No. of diagnostic tests waiting over 6 weeks	0	96	59	421	↓	
% of diagnostic tests waiting less than 6 weeks	99%	98.7%	99.2%	98.8%	↑	
<b>ED - TRUST</b>						
Patients treated < 4 hours Type 1 (Trust ED)	95%	77.2%	80.9%	78.8%	↑	
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	85.2%	88.2%	86.6%	↑	
Emergency Department Attendances	N/A	8832	8930	44631	↑	
12 Hours Trolley Waits		0	0	0	↔	
<b>Ambulance to ED Handover Time - TRUST</b>						
30-59 minute breaches		441	428	2115	↓	
60+ minute breaches		120	88	423	↓	
<b>Ambulance to Assessment Area Handover Time - TRUST</b>						
30-59 minute breaches		9	14	84	↑	
60+ minute breaches		2	1	9	↓	

## Performance - Key Performance Indicators cont.

	Target	Sep-18	Oct-18	Actual YTD	Trend	Month Status
<b>Cancelled Operations - TRUST</b>						
% Cancelled Operations	1.0%	1.8%	1.5%	1.7%	↓	
Cancelled operations - breaches of 28 day rule	0	0	4	11	↑	
Urgent operations - cancelled twice	0	0	0	1	↔	
<b>GP Discharge Letters</b>						
GP Discharge Letters	90%	81.0%	85.0%	80.3%	↑	
<b>Theatre Utilisation - TRUST</b>						
Theatre Utilisation - Day Case (RHH & Corbett)		77.9%	77.7%	77.4%	↓	
Theatre Utilisation - Main		84.6%	86.6%	87.2%	↑	
Theatre Utilisation - Trauma		94.8%	92.4%	95.0%	↓	
<b>GP Referrals</b>						
GP Written Referrals - made		6329	6462	33483	↑	
GP Written Referrals - seen		5220	6603	29634	↑	
Other Referrals - Made		3197	4052	17853	↑	
<b>Throughput</b>						
Patients Discharged with a LoS >= 7 Days		6.6%	6.2%	7%	↓	
Patients Discharged with a LoS >= 14 Days		3.2%	3.1%	3%	↓	
7 Day Readmissions		2.0%	1.6%	3%	↓	
30 Day Readmissions - PbR		8.0%	8.1%	8%	↑	
Bed Occupancy - %		86%	87%	88%	↑	
Bed Occupancy - % Medicine & IC		94%	94%	94%	↔	
Bed Occupancy - % Surgery, W&C		81%	81%	83%	↔	
Bed Occupancy - Paediatric %		45%	56%	49%	↑	
Bed Occupancy - Orthopaedic Elective %		69%	69%	69%	↔	
Bed Occupancy - Trauma and Hip %		91%	91%	93%	↔	
Number of Patient Moves between 8pm and 8am		109	104	534	↓	
Discharged by Midday		12.6%	13.2%	13%	↑	
<b>Outpatients</b>						
New outpatient appointment DNA rate	8%	9.5%	7.5%	9.0%	↓	
Follow-up outpatient appointment DNA rate	8%	5.2%	7.8%	6.4%	↑	
Total outpatient appointment DNA rate	8%	6.6%	7.7%	39.2%	↑	
Clinic Utilisation		77.7%	77.5%	77.1%	↓	
<b>Average Length of stay (Quality Strategy Goal 3)</b>						
Average Length of Stay - Elective	2.4	2.83	2.81	3.0	↓	
Average Length of Stay - Non-Elective	3.4	5.3	5.4	5.3	↑	



# Financial Performance - "At a glance"

Executive Lead: Tom Jackson



## Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
<b>ACTIVITY LEVELS (PROVISIONAL)</b>								
Elective inpatients	527	511	-3.0%	-15	1,469	1,378	-6.2%	-91
Day Cases	4,676	4,336	-7.3%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	4,074	3,931	-3.5%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	41,698	45,690	9.6%	1,067	115,593	114,578	-0.9%	-1,015
A&E	9,134	8,930	-2.2%	305	25,595	26,316	2.8%	721
<b>Total activity</b>	<b>60,109</b>	<b>63,398</b>	<b>5.5%</b>	<b>1,485</b>	<b>167,051</b>	<b>166,859</b>	<b>-0.1%</b>	<b>-192</b>
<b>CIP</b>								
Income	£'000	£'000		£'000	£'000	£'000		£'000
Income	499	600	20.3%	101	2,520	3,563	41.4%	1,043
Pay	386	254	-34.2%	-132	1,968	1,975	0.3%	6
Non-Pay	514	262	-49.1%	-253	2,358	3,177	34.7%	819
<b>Total CIP</b>	<b>1,399</b>	<b>1,116</b>	<b>-20.2%</b>	<b>-283</b>	<b>6,847</b>	<b>8,715</b>	<b>27.3%</b>	<b>1,868</b>
<b>INCOME</b>								
NHS Clinical	£'000	£'000		£'000	£'000	£'000		£'000
NHS Clinical	29,105	28,298	-2.8%	-807	195,376	193,104	-1.2%	-2,272
Other Clinical	544	612	12.4%	68	3,873	5,162	33.3%	1,289
STF Funding	904	633	-30.0%	-271	4,069	2,849	-30.0%	-1,220
Other	1,972	1,712	-13.2%	-260	13,739	13,390	-2.5%	-349
<b>Total income</b>	<b>32,525</b>	<b>31,254</b>	<b>-3.9%</b>	<b>-1,271</b>	<b>217,057</b>	<b>214,505</b>	<b>-1.2%</b>	<b>-2,552</b>
<b>OPERATING COSTS</b>								
Pay	£'000	£'000		£'000	£'000	£'000		£'000
Pay	-17,965	-18,939	5.4%	-974	-130,952	-132,751	1.4%	-1,799
Drugs	-2,976	-3,006	1.0%	-30	-19,390	-20,224	4.3%	-834
Non-Pay	-7,554	-7,760	2.7%	-205	-49,933	-50,304	0.7%	-371
<b>Total Costs</b>	<b>-28,496</b>	<b>-29,705</b>	<b>4.2%</b>	<b>-1,209</b>	<b>-200,275</b>	<b>-203,279</b>	<b>1.5%</b>	<b>-3,004</b>

## Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
<b>EBITDA</b>								
EBITDA	£'000	£'000		£'000	£'000	£'000		£'000
EBITDA	4,023	1,573	-60.9%	-2,450	16,723	11,322	-32.3%	-5,401
Depreciation	-846	-552	-34.8%	294	-5,796	-3,982	-31.3%	1,814
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,238	-1,113	-10.1%	125	-8,641	-7,653	-11.4%	988
<b>SURPLUS/(DEFICIT)</b>	<b>1,939</b>	<b>-92</b>	<b>-104.7%</b>	<b>-2,031</b>	<b>2,286</b>	<b>-313</b>	<b>-113.7%</b>	<b>-2,599</b>
<b>SOFP</b>								
Capital Spend	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	-1,334	-713	-46.6%	621	-7,593	-5,525	-27.2%	2,068
Inventory					3,131	3,481	11.2%	350
Receivables & Prepayments					20,126	17,921	-11.0%	-2,205
Payables					-20,546	-23,995	16.8%	-3,449
Accruals							n/a	0
Deferred Income					-1,639	-1,784	8.8%	-145
<b>Cash &amp; Loan Funding</b>								
Cash	£'000	£'000		£'000	£'000	£'000		£'000
Cash					4,840	7,367	52.2%	2,527
Loan Funding							n/a	0
<b>KPIs</b>								
EBITDA %	13.9%	5.4%	-8.5%		6.2%	4.3%	-1.9%	
Deficit %	6.7%	-0.3%	-7.0%		0.9%	-0.1%	-1.0%	
Receivable Days					0.0	0.0	n/a	
Payable (excluding accruals) Days					0.0	0.0	n/a	
Payable (including accruals) Days					0.0	0.0	n/a	



## Workforce - "At a glance"

Executive Lead: Andrew McMenemy

	People					
	Target			Actual		Month
	18/19	Sep-18	Oct-18	YTD	Trend	Status
<b>Workforce</b>						
Sickness Absence Rate	3.50%	4.84%	4.96%	4.57%	↑	
Staff Turnover	8.5%	9.48%	9.45%	9.52%	↓	
Mandatory Training	90.0%	89.3%	88.6%	88.8%	↓	
Appraisal Rates - Total	90.0%	95.6%	95.6%	95.6%	↔	

## Performance Dashboard

Performance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
A&E - 4 Hour A&E Dept Only % (Type 1)	78.38%	77.09%	76.50%	78.66%	76.73%	80.59%	77.23%	80.91%	-	-	-	-	-	78.22%	%
A&E - 4 Hour UCC Dept Only % (Type 3)	99.38%	99.44%	99.46%	99.82%	99.43%	99.49%	100%	100%	-	-	-	-	-	99.65%	%
A&E - 4 Hour UCC/A&E Combined % (Type 1+3)	86.56%	86.29%	85.38%	86.93%	85.29%	87.64%	85.21%	88.15%	-	-	-	-	-	86.40%	95%
A&E - Patients who Left Without Being Seen %	2.6%	1.7%	2.1%	1.8%	2.5%	1.6%	1.7%	1.2%	-	-	-	-	-	1.8%	5%
A&E - Time to Initial Assessment (95th Percentile)	9	4	8	9	7	4	5	7	-	-	-	-	-	7	15
A&E - Time to Treatment Median Wait (Minutes)	70	49	65	61	73	49	64	55	-	-	-	-	-	55	60
A&E - Total Time in A&E (95th Percentile)	731	593	587	504	524	463	511	462	-	-	-	-	-	462	240
A&E - Unplanned Re-Attendance Rate %	1.5%	1.3%	1.1%	1.5%	1.6%	1.3%	1.3%	1%	-	-	-	-	-	1.3%	5%
Activity - A&E Attendances	103,426	8,299	9,103	8,923	9,580	8,339	8,843	8,935	-	-	-	-	-	62,022	61,495
Activity - Cancer MDT	5,131	492	443	520	378	511	508	517	-	-	-	-	-	3,369	3,044
Activity - Community Attendances	376,548	33,662	36,319	36,299	38,817	34,833	30,408	35,507	-	-	-	-	-	245,845	237,475
Activity - Critical Care Bed Days	7,612	585	710	737	791	604	690	770	-	-	-	-	-	4,887	4,724
Activity - Diagnostic Imaging whilst Out-Patient	52,692	4,222	4,505	4,451	4,434	4,445	4,151	4,672	-	-	-	-	-	30,880	34,168
Activity - Direct Access Pathology	1,970,646	173,406	172,671	173,017	174,399	173,882	165,563	189,859	-	-	-	-	-	1,222,797	1,224,107
Activity - Direct Access Radiology	75,450	6,221	6,883	6,389	6,475	6,235	5,930	6,992	-	-	-	-	-	45,125	47,333
Activity - Elective Day Case Spells	48,682	4,184	4,366	4,058	4,159	4,401	3,984	4,530	-	-	-	-	-	29,682	29,430
Activity - Elective Inpatients Spells	5,828	433	464	451	471	493	444	511	-	-	-	-	-	3,267	3,478
Activity - Emergency Inpatient Spells	50,160	3,256	3,628	3,639	3,783	3,713	3,467	3,851	-	-	-	-	-	25,337	28,768
Activity - Excess Bed Days	11,066	707	823	922	841	576	645	472	-	-	-	-	-	4,986	8,753
Activity - Maternity Pathway	7,636	578	668	621	642	652	557	565	-	-	-	-	-	4,283	4,482
Activity - Neo Natal Bed Days	7,111	628	661	604	611	643	523	621	-	-	-	-	-	4,291	4,285
Activity - Outpatient First Attendances	146,246	13,055	14,049	13,954	14,960	13,856	13,552	15,837	-	-	-	-	-	99,263	91,646
Activity - Outpatient Follow Up Attendances	295,301	26,094	27,879	26,507	28,812	27,385	26,608	29,927	-	-	-	-	-	193,212	181,506
Activity - Outpatient Procedure Attendances	71,502	5,294	6,165	6,122	6,065	5,730	5,769	5,987	-	-	-	-	-	41,132	44,166
Activity - Rehab Bed Days	20,079	1,528	1,571	1,720	1,618	1,908	1,728	1,967	-	-	-	-	-	12,040	11,359
Activity - Renal Dialysis	52,070	4,233	4,431	4,225	4,121	4,180	3,882	4,259	-	-	-	-	-	29,331	30,252
Ambulance Handover - 30 min – breaches (DGH view)	4,608	180	437	437	542	267	441	428	-	-	-	-	-	2,732	0
Ambulance Handover - 30 min – breaches (WMAS view)	5,803	240	603	563	685	395	548	554	-	-	-	-	-	3,588	0
Ambulance Handover - 60 min – breaches (DGH view)	716	8	67	53	119	43	120	88	-	-	-	-	-	498	0
Ambulance Handover - 60 min – breaches (WMAS view)	876	9	73	66	144	52	138	106	-	-	-	-	-	588	0

Performance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Cancer - 14 day - Urgent Cancer GP Referral to date first seen	94.7%	88.2%	95.9%	94.5%	95.3%	95.0%	94.60%	94.6%	-	-	-	-	-	94.1%	93%
Cancer - 14 day - Urgent GP Breast Symptom Referral to date first seen	97.3%	91.8%	96.0%	95.3%	96.3%	96.9%	92.50%	96.3%	-	-	-	-	-	95.2%	93%
Cancer - 31 day - from diagnosis to treatment for all cancers	98.8%	98.7%	100.0%	99.4%	97.1%	98.7%	96.00%	97.2%	-	-	-	-	-	98.2%	96%
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100.0%	100%	90.0%	-	-	-	-	-	99%	98%
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	98.9%	100%	100%	100%	100%	100.0%	100.00%	93.5%	-	-	-	-	-	99%	94%
Cancer - 31 Day For Subsequent Treatment From Decision To Treat	99.4%	100%	100%	100%	100%	100.0%	100%	92.1%	-	-	-	-	-	99%	96%
Cancer - 62 day - From Referral for Treatment following a Consultant Upgrade	93.3%	86.6%	86.1%	91.5%	88.1%	95%	90%	94.3%	-	-	-	-	-	90.5%	85%
Cancer - 62 day - From Referral for Treatment following national screening referral	98.4%	96.4%	96.1%	100%	100%	100.0%	100%	93.3%	-	-	-	-	-	97.6%	90%
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	85.3%	80.8%	84%	79.8%	85.3%	79.8%	80.40%	85.1%	-	-	-	-	-	82.3%	85%
Cancer: Patients on a 62 day pathway treated on or over 104 days (1: patients treated at DGFT)	19	3	7	2	3	2	7	-	-	-	-	-	-	24	
Cancer: Patients on a 62 day pathway treated on or over 104 days (2: patients treated at a Tertiary Centre)	29	2	2	1	4	5	9	-	-	-	-	-	-	23	
Cancer: Patients on a 62 day pathway treated on or over 104 days (3: combined)	48	5	9	3	7	7	16	-	-	-	-	-	-	47	
Maternity: Breastfeeding Data Coverage Rates	100%	100%	100%	100%	100%	100%	100%	100%	-	-	-	-	-	100%	0%
Number of Births Within the Trust	4,435	351	384	363	356	385	356	368	-	-	-	-	-	2,563	
RTT - Admitted Pathways within 18 weeks %	87.9%	84.6%	87.1%	86.6%	88.2%	89.3%	85.80%	85.6%	-	-	-	-	-	86.8%	90%
RTT - Incomplete Waits within 18 weeks %	94%	93.4%	94.7%	94.4%	94%	93.6%	93.10%	93.2%	-	-	-	-	-	93.80%	92%
RTT - Non-Admitted Pathways within 18 weeks %	93.1%	94.4%	94.6%	95.8%	95.8%	94.9%	93.80%	92.8%	-	-	-	-	-	94.6%	95%
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)	97.85%	99.31%	99.38%	99.30%	99.23%	97.7%	98.69%	99.18%	-	-	-	-	-	98.97%	99%

## Staff/HR

Finance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Agency spend	£11,613k	£860k	£1,111k	£981k	£974k	£1,157k	£1,172k	£1,119k	-	-	-	-	-	£7,373k	k
Bank spend	£16,404k	£1,481k	£1,475k	£1,611k	£1,608k	£1,393k	£1,883k	£1,735k	-	-	-	-	-	£11,185k	k
Budgetary Performance	(£20,622)k	(£640)k	(£451)k	£646k	(£445)k	(£134)k	(£1,833)k	£98k	-	-	-	-	-	(£2,760)k	£0k
Capital v Forecast	106.6%	59.8%	51.9%	69%	67.7%	68.3%	-	-	-	-	-	-	-	68.3%	95%
Cash Balance	£8,617k	£13,899k	£9,420k	£9,717k	£8,752k	£7,143k	-	-	-	-	-	-	-	£7,143k	k
Cash v Forecast	54.6%	109.3%	98.8%	159.4%	85.20%	92.70%	-	-	-	-	-	-	-	92.7%	95%
Creditor Days	16.4	15.5	15.5	16.7	17	15.9	-	-	-	-	-	-	-	15.9	15
Debt Service Cover	0.79	0	0.64	0.85	1.03	1.12	-	-	-	-	-	-	-	1.12	2.5
Debtor Days	7.4	9.4	10.8	12.8	14.1	14.9	-	-	-	-	-	-	-	14.9	15
I&E (After Financing)	(£9,518)k	(£2,073)k	£179k	£116k	£733k	£554k	-	-	-	-	-	-	-	(£492)k	k
Liquidity	-7.63	-7.78	-8	-8.35	-7.98	-8.06	-	-	-	-	-	-	-	-8.06	0
SLA Performance	(£3,902)k	(£417)k	(£599)k	£255k	£113k	(£275)k	(£362)k	£324k	-	-	-	-	-	(£961)k	£0k

## Staff/HR Dashboard

Staff/HR															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Appraisals	70.5%	17.4%	52.4%	95.6%	95.6%	95.6%	95.6%	95.6%	-	-	-	-	-	95.6%	90%
Mandatory Training	85.9%	87.8%	88.3%	87.6%	88.9%	89.3%	89.3%	88.6%	-	-	-	-	-	88.6%	90%
RN average fill rate (DAY shifts)	89.64%	83.89%	82.99%	81.22%	81.75%	78.2%	78.79%	84.74%	-	-	-	-	-	81.61%	95%
RN average fill rate (NIGHT shifts)	92.85%	85.65%	85.81%	84.64%	85.68%	83.69%	83.65%	88.3%	-	-	-	-	-	85.31%	95%
Sickness Rate	4.40%	3.79%	3.85%	4.17%	4.44%	4.43%	4.84%	4.96%	-	-	-	-	-	4.35%	3.50%
Staff In Post (Contracted WTE)	4,397.71	4,396.03	4,395.30	4,408.83	4,426.94	4,437.96	4,473.78	4,359.72	-	-	-	-	-	4,359.72	
Turnover Rate (Rolling 12 Months)	9.74%	9.95%	9.70%	9.56%	9.51%	9.59%	9.48%	9.45%	-	-	-	-	-	9.45%	%
Vacancy Rate	6.63%	10.87%	11.39%	11.30%	11.16%	10.89%	10.40%	9.41%	-	-	-	-	-	9.41%	%

Quality Indicators

Patients will experience safe care

Heat Map - October 2018



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# **EAS trajectory for 95% achievement**

	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL
<b>Type 1 Minors seen within 4 hours</b>	<b>30/09/2018</b>	<b>07/10/2018</b>	<b>14/10/2018</b>	<b>21/10/2018</b>	<b>28/10/2018</b>	<b>04/11/2018</b>	<b>11/11/2018</b>	<b>18/11/2018</b>	<b>25/11/2018</b>
Number of A&E Attendances - Type 1 - Minors	668	556	627	608	586	458	596	593	530
4 Hour Wait Breaches - Type 1 - Minors	53	29	20	18	2013	8	23	19	19
<i>Percentage Type 1 Minors seen within 4 Hours</i>	92.1%	94.8%	96.8%	97.0%	97.8%	98.3%	96.1%	96.8%	96.4%

<b>Type 1 Majors seen within 4 hours</b>	<b>30/09/2018</b>	<b>07/10/2018</b>	<b>14/10/2018</b>	<b>21/10/2018</b>	<b>28/10/2018</b>	<b>04/11/2018</b>	<b>11/11/2018</b>	<b>18/11/2018</b>	<b>25/11/2018</b>
Number of A&E Attendances - Type 1 - Minors	1405	1446	1415	1469	1368	1450	1517	1567	1604
4 Hour Wait Breaches - Type 1 - Minors	442	459	423	302	196	547	530	464	552
<i>Percentage Type 1 Minors seen within 4 Hours</i>	68.5%	68.3%	70.1%	79.4%	80.8%	62.3%	65.1%	65.6%	65.6%

<b>Type 3 seen within 4 hours</b>	<b>30/09/2018</b>	<b>07/10/2018</b>	<b>14/10/2018</b>	<b>21/10/2018</b>	<b>28/10/2018</b>	<b>04/11/2018</b>	<b>11/11/2018</b>	<b>18/11/2018</b>	<b>25/11/2018</b>
Number of A&E Attendances - Type 1 - Minors	1091	1203	1301	1294	1256	1106	1269	1348	1366
4 Hour Wait Breaches - Type 1 - Minors	0	0	0	0	0	0	0	6	0
<i>Percentage Type 1 Minors seen within 4 Hours</i>	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	99.6%	100.0%

<b>Combined seen within 4 hours</b>	<b>30/09/2018</b>	<b>07/10/2018</b>	<b>14/10/2018</b>	<b>21/10/2018</b>	<b>28/10/2018</b>	<b>04/11/2018</b>	<b>11/11/2018</b>	<b>18/11/2018</b>	<b>25/11/2018</b>
Number of A&E Attendances - Type 1 - Minors	3164	3205	3343	3371	3210	3014	3382	3508	3500
4 Hour Wait Breaches - Type 1 - Minors	495	488	443	320	209	555	553	489	571
<i>Percentage Type 1 Minors seen within 4 Hours</i>	84.4%	84.8%	86.7%	90.5%	93.5%	81.6%	83.6%	86.1%	83.7%

## EAS trajectory for 95% achievement

<b>Type 1 Minors seen within 4 hours</b>	<b>03/02/2019</b>	<b>10/02/2019</b>	<b>17/02/2019</b>	<b>24/02/2019</b>	<b>03/03/2019</b>	<b>10/03/2019</b>	<b>17/03/2019</b>	<b>24/03/2019</b>	<b>31/03/2019</b>
Number of A&E Attendances - Type 1 - Minors	616	616	616	616	616	616	616	616	616
4 Hour Wait Breaches - Type 1 - Minors	18	18	16	16	14	12	10	8	6
<i>Percentage Type 1 Minors seen within 4 Hours</i>	97.1%	97.1%	97.4%	97.4%	97.7%	98.1%	98.4%	98.7%	99.0%

<b>Type 1 Majors seen within 4 hours</b>	<b>03/02/2019</b>	<b>10/02/2019</b>	<b>17/02/2019</b>	<b>24/02/2019</b>	<b>03/03/2019</b>	<b>10/03/2019</b>	<b>17/03/2019</b>	<b>24/03/2019</b>	<b>31/03/2019</b>
Number of A&E Attendances - Type 1 - Minors	1453	1453	1453	1453	1453	1453	1453	1453	1453
4 Hour Wait Breaches - Type 1 - Minors	183	176	171	164	159	154	149	144	146
<i>Percentage Type 1 Minors seen within 4 Hours</i>	87.4%	87.9%	88.2%	88.7%	89.1%	89.4%	89.7%	90.1%	90.0%

<b>Type 3 seen within 4 hours</b>	<b>03/02/2019</b>	<b>10/02/2019</b>	<b>17/02/2019</b>	<b>24/02/2019</b>	<b>03/03/2019</b>	<b>10/03/2019</b>	<b>17/03/2019</b>	<b>24/03/2019</b>	<b>31/03/2019</b>
Number of A&E Attendances - Type 1 - Minors	1281	1281	1281	1281	1281	1281	1281	1281	1281
4 Hour Wait Breaches - Type 1 - Minors	14	14	14	14	14	14	14	14	14
<i>Percentage Type 1 Minors seen within 4 Hours</i>	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%

<b>Combined seen within 4 hours</b>	<b>03/02/2019</b>	<b>10/02/2019</b>	<b>17/02/2019</b>	<b>24/02/2019</b>	<b>03/03/2019</b>	<b>10/03/2019</b>	<b>17/03/2019</b>	<b>24/03/2019</b>	<b>31/03/2019</b>
Number of A&E Attendances - Type 1 - Minors	3350	3350	3350	3350	3350	3350	3350	3350	3350
4 Hour Wait Breaches - Type 1 - Minors	215	208	201	194	187	180	173	166	166
<i>Percentage Type 1 Minors seen within 4 Hours</i>	93.6%	93.8%	94.0%	94.2%	94.4%	94.6%	94.8%	95.0%	95.0%



## EAS trajectory for 95% achievement

<b>Type 1 Minors seen within 4 hours</b>	<b>02/12/2018</b>	<b>09/12/2018</b>	<b>16/12/2018</b>	<b>23/12/2018</b>	<b>30/12/2018</b>	<b>06/01/2019</b>	<b>13/01/2019</b>	<b>20/01/2019</b>	<b>27/01/2019</b>
Number of A&E Attendances - Type 1 - Minors	616	616	616	616	616	616	616	616	616
4 Hour Wait Breaches - Type 1 - Minors	20	20	20	20	20	20	20	20	20
<i>Percentage Type 1 Minors seen within 4 Hours</i>	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%

<b>Type 1 Majors seen within 4 hours</b>	<b>02/12/2018</b>	<b>09/12/2018</b>	<b>16/12/2018</b>	<b>23/12/2018</b>	<b>30/12/2018</b>	<b>06/01/2019</b>	<b>13/01/2019</b>	<b>20/01/2019</b>	<b>27/01/2019</b>
Number of A&E Attendances - Type 1 - Minors	1453	1453	1453	1453	1453	1453	1453	1453	1453
4 Hour Wait Breaches - Type 1 - Minors	244	237	230	223	216	209	202	195	188
<i>Percentage Type 1 Minors seen within 4 Hours</i>	83.2%	83.7%	84.2%	84.7%	85.1%	85.6%	86.1%	86.6%	87.1%

<b>Type 3 seen within 4 hours</b>	<b>02/12/2018</b>	<b>09/12/2018</b>	<b>16/12/2018</b>	<b>23/12/2018</b>	<b>30/12/2018</b>	<b>06/01/2019</b>	<b>13/01/2019</b>	<b>20/01/2019</b>	<b>27/01/2019</b>
Number of A&E Attendances - Type 1 - Minors	1281	1281	1281	1281	1281	1281	1281	1281	1281
4 Hour Wait Breaches - Type 1 - Minors	14	14	14	14	14	14	14	14	14
<i>Percentage Type 1 Minors seen within 4 Hours</i>	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%

<b>Combined seen within 4 hours</b>	<b>02/12/2018</b>	<b>09/12/2018</b>	<b>16/12/2018</b>	<b>23/12/2018</b>	<b>30/12/2018</b>	<b>06/01/2019</b>	<b>13/01/2019</b>	<b>20/01/2019</b>	<b>27/01/2019</b>
Number of A&E Attendances - Type 1 - Minors	3350	3350	3350	3350	3350	3350	3350	3350	3350
4 Hour Wait Breaches - Type 1 - Minors	278	271	264	257	250	243	236	229	222
<i>Percentage Type 1 Minors seen within 4 Hours</i>	91.7%	91.9%	92.1%	92.3%	92.5%	92.7%	93.0%	93.2%	93.4%

**Paper for submission to the Council of Governors  
6 December 2018**

<b>TITLE:</b>	Board Secretary Report to Governors		
<b>AUTHOR:</b>	Helen Board Patient and Governor Engagement Lead	<b>PRESENTER:</b>	Mr Gilbert George, Interim Director of Governance/Board Secretary
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	<b>x</b>	<b>x</b>	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL</b>			
Receive this report as requested by the Council and note its content.			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO1:</b> Deliver a great patient experience, <b>SO2:</b> Safe and Caring Services, <b>SO3:</b> Drive service improvements, innovation and transformation, <b>SO4:</b> Be the place people choose to work, <b>SO5:</b> Make the best use of what we have, <b>SO6:</b> Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<b>1. Council of Governor Elections 2018</b>  Elections concluded following the close of ballot at 5pm on Thursday 22 November 2018 and returned candidates as per the table below. The voting reports for uncontested and contested elections are attached as appendix 1			

Constituency Name	Candidate Forename	Candidate Surname	Political Interests	Financial and Other Interests in the Trust	Returned by Ballot/uncontested
Pubic: Stourbridge	Joanna	Davies-Njie	None	None	Uncontested
Public: Brierley Hill	Mike	Heaton	None	None	Ballot
Public: Dudley Central	Fred	Allen	None	None	Ballot
Public: Rest of West Midlands	Patricia	Price	None	None	Uncontested
Staff: Medical & Dental	Nil nominations received for this vacancy				

## 2. CoG Effectiveness review 2018/19

In keeping with best practice, each year we undertake a review which considers the effectiveness of the Trust's Council of Governors. The timeline developed to support the 2018/19 process is:

Activity/month 2018/19	Jan	Feb	Mar	June	Sept
Survey circulated to CoG to respond by 31 January 2019					
Collate data from Survey responses					
Review results					
Written report to full Council of Governors meeting					
Update on actions to full Council of Governors meeting					

The questionnaire will be circulated during December 2018.

## 3. Council of Governors Committee review of membership & Terms of Reference

Subsequent to the recent election of new governors to the Council, It is proposed to review the governor membership of each of the Council Committees – Strategy Committee, Governance Committee and the Experience and Engagement Committee.

It is suggested that each Governor be provided the opportunity to indicate their first and second committee preference. The proposed timescale is to finalise this by the end of December 2018.

All committees are required to review their Terms of Reference during quarter 4 for submission for approval to the full Council of Governor meeting in March 2019.

The Council of Governors is asked to support this approach and be advised that further communication will follow under separate cover.

## 4. Council of Governor Register of Interests

All governors are required to maintain the latest information is included on the Council of Governors Register of Interest and to contact the Foundation Trust office to notify of any change.

## IMPLICATIONS OF PAPER:

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

**THE DUDLEY GROUP NHS FOUNDATION TRUST**

**ELECTION TO THE COUNCIL OF GOVERNORS**

**CLOSE OF NOMINATIONS: 5PM ON 15 OCTOBER 2018**

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

Public: Stourbridge 1 to elect
The following candidate is elected unopposed:  Joanna DAVEIS-NJIE

Public: Rest of West Midlands 1 to elect
The following candidate is elected unopposed:  Patricia Yvonne PRICE

Staff: Medical & Dental 1 to elect
No valid nomination received  <i>1 vacancy remains</i>

*Ciara Norris*

**Ciara Norris**  
**Returning Officer**  
**On behalf of The Dudley Group NHS Foundation Trust**

ELECTORAL REFORM SERVICES

## THE DUDLEY GROUP NHS FOUNDATION TRUST

### ELECTION TO THE COUNCIL OF GOVERNORS

**CLOSE OF VOTING: 5PM ON 22 NOVEMBER 2018**

#### **CONTEST: Public: Dudley Central**

*The election was conducted using the single transferable vote electoral system.  
The following candidate was elected.*

<b>ELECTED</b>		
Fred ALLEN		

Number of eligible voters		2,422
Votes cast by post:		167
Votes cast online:		23
Total number of votes cast:		190
Turnout:		7.8%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		189

#### **CONTEST: Public: Brierley Hill**

*The election was conducted using the single transferable vote electoral system.  
The following candidate was elected.*

<b>ELECTED</b>		
Mike HEATON		

Number of eligible voters		1,761
Votes cast by post:		211
Votes cast online:		19
Total number of votes cast:		230
Turnout:		13.1%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		229

## THE DUDLEY GROUP NHS FOUNDATION TRUST ELECTION TO THE COUNCIL OF GOVERNORS

The result sheets for both elections form the Appendix to this report. It details:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which the successful candidate was elected.

Electoral Reform Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

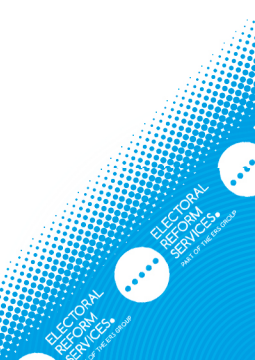
The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and ERS is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Yours sincerely



Ciara Norris  
Returning Officer  
On behalf of The Dudley Group NHS Foundation Trust



**Paper for submission to the Council of Governors**  
**Thursday 6 December 2018**

<b>TITLE:</b>	Foundation Trust Membership report Q2 2018/19		
<b>AUTHOR:</b>	Helen Board, Patient and Governor Engagement Lead	<b>PRESENTER:</b>	Helen Board, Patient and Governor Engagement Lead
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>x</b>	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/>  High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/>  General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>  Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>  No confidence in delivery
<b>RECOMMENDATIONS FOR THE COUNCIL</b>			
Receive this report as requested by the Council and note its content and take assurance that the Experience and Engagement Committee have received the report for review to identify actions where required..			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<p>This report provides the Trust membership report for quarter two 2018/19.</p> <p><b>Membership report</b></p> <ul style="list-style-type: none"> <li>The Trust continues to maintain a public membership in excess of 13,000 to comply with Trust's Terms of Authorisation..</li> <li>Our membership continues to Be mostly well represented by constituency, age, gender and across the spectrum of Office of National Statistics (ONS)/Monitor classifications against our population base</li> <li>The latest local profiling analysis reveals that there is some under-representation in the ethnic groupings of Asian/Asian British and Black/Black British.</li> </ul>			



**Total public membership**

<b>Membership</b>	<b>31 March 2016</b>	<b>31 March 2017</b>	<b>31 March 2018</b>	<b>30 June 2018</b>	<b>30 September 2018</b>
Public	13,981	13,875	13,888	13,886	13,855

The total number of public members as at 30 September 2018 is 13,855 (including Outside of the West Midlands) representing a decrease of 31 compared to 30 June 2018.

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

**IMPLICATIONS OF PAPER:**

<b>RISK</b>	<b>Y/N</b>		<b>Risk Description</b>
	<b>Risk Register: Y/N</b>		<b>Risk Score</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y/N</b>	<b>Details</b>
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> comply with requirements as set out in terms of authorisation
	<b>Other</b>	<b>Y/N</b>	<b>Details:</b>

## Membership Report Quarter Two

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 2016	31 March 2017	31 March 2018	30 June 2018	30 September 2018
Public	13,981	13,875	13,888	13,886	13,855

The total number of public members as at 30 September 2018 is 13,855 (including Outside of the West Midlands) representing a decrease of 31 compared to 30 June 2018. The number of staff members is 5,584 giving a total membership of 19,439.

Monthly data base cleansing removes members who are deceased and also identifies members who may have moved away. These are initially recorded as 'possible address change'.

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

The latest local profiling analysis reveals that there is some under-representation in the following ethnic groupings:

Ethnic Grouping	*Profile analysis: % membership / % local area
Asian or Asian British	9.1 / 17.5
Black or Black British	3.1 / 5.6

*\*The profile analysis compares the percentage of the membership database population compared to percentage of the area population*

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.

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 September 2018

(numbers in bracket indicate previous quarter figures)

<b>Public Constituencies</b>	<b>Number of Members</b>
Brierley Hill	1,766 (1,773)
Central Dudley	2,428 (2,428)
Halesowen	1,148 (1,154)
North Dudley	1,377 (1,382)
Outside of the West Midlands	368 (364)
Rest of the West Midlands	1,768 (1,770)
South Staffordshire and Wyre Forest	1,177 (1,178)
Stourbridge	1,706 (1,714)
Tipton and Rowley Regis	2,117 (2,123)

<b>Public membership breakdown by age, gender and ethnicity</b>		<b>Number of Members</b>
Age	0-16 years	4 (9)
	17-21 years	586 (688)
	22+ years	12,812 (12,738)
	Not stated	453 (451)
Gender	Male	4,589 (4,606)
	Female	9,171 (9,185)
	Unspecified	95 (95)
Ethnicity	White	11,298 (11,336)
	Mixed	308 (402)
	Asian or Asian British	1,340 (1,246)
	Black or Black British	428 (426)
	Other	41 (71)
	Not stated	410 (405)

<b>Staff Constituencies</b>	<b>Number of Members</b>
Allied Health Professionals and Healthcare Scientists	689
Medical and Dental	503
Nursing and Midwifery	2,748
Non Clinical	995
Partner Organisations	649