Agenda

The Dudley Group NHS Foundation Trust

Full Council of Governors meeting (Public)

Thursday 7 March 2019, 18.00hr
Clinical Education Centre, Russells Hall Hospital, Dudley

Meeting in public session

No.	Time	Item	Enclosure	By
1.	6.00	Welcome (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	Presentations: 2.1 The Dudley Group NHS Foundation Trust Strategy 2019 - 2021	Presentation	Natalie Younes, Director of Strategy & Performance
3.	6.20	Previous meeting 3.1 Minutes of the previous full Council of Governors meeting held on 6 December 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	Care Quality Commission (CQC) 5.1 ED Quality Improvement Plan 5.2 Update on recent inspection activity	Enclosure 4 Verbal	Karen Kelly, Chief Operating Officer Diane Wake, Chief Executive
6.	7.00	Effective 6.1 Workforce Report	Enclosure 5	Andrew McMenemy, Director of Human Resources
7.	7.10	Strategy 7.1 Strategy Committee workshop and meeting 19 February 2019	Enclosure 6	Dr Richard Gee, Chair of meeting
8.	7.20 7.25 7.45 7.55	Safe, caring and responsive 8.1 Experience and Engagement Committee 16 January 2019 8.2 Chief Nurse report including Quality Priorities update and Quality Care indicator process information 8.3 Patient Experience report Q3, 2018/19 including complaints and PALS 8.4 Aggregated Learning Report	Enclosure 7 Enclosure 8 Enclosure 9 Enclosure 10	Karen Phillips, Committee Chair Mary Sexton, Interim Chief Nurse Jill Faulkner, Head of Patient Experience Gilbert George, Interim Director of Governance/ Board Secretary

9.		Effective		
	8.05	9.1 Finance report Q3, 2018/19 and update on 2018/19 to date	Enclosure 11	Tom Jackson, Director of Finance
	8.15	9.2 Performance report Q3	Enclosure 12	Karen Kelly, Chief Operating Officer
		9.3 Governance Committee meetings		
		20 December 2018	Enclosure 13	Chair of meeting
		28 February 2019	Enclosure 13a	Chair of meeting
10.		Well-Led		
	8.25	10.1 Board Secretary update - Governor appointments and elections - Council of Governors committees review	Enclosure 14	Gilbert George, Interim Director of Governance/ Board Secretary
	8.35	- Declarations of interest		
		10.4 FT Membership summary Q3, 2018/19	Enclosure 15	Helen Board, Patient and Governor Engagement Lead
		10.5 Remuneration and Appointments Committee 26 February 2019	Enclosure 16	Fred Allen, Lead Governor
11.	8.40	Any Other Business (to be notified to the Chair) - Interserve review of parking charges at Trust sites		Jenni Ord, Chairman Alan Walker, Assistant General Manager, Summit Healthcare (Dudley) Limited
12.		Close of meeting and forward dates: 2019 Thursday 4 April tbc Thursday 2 May tbc Thursday 6 June		Jenni Ord, Chairman

Enclosure 2

The Dudley Group NHS Foundation Trust

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

Present:

Name	Status	Representing
Mr Fred Allen	Public Elected Governor	Central Dudley
Mr Arthur Brown	Public Elected Governor	Stourbridge
Ms Joanna Davies-Njie	Public Elected Governor	Stourbridge
Dr Richard Gee	Appointed Governor	Dudley CCG
Dr Anthea Gregory	Appointed Governor	University of Wolverhampton
Ms Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Viv Kerry	Public Elected Governor	Halesowen
Ms Michelle Lawrence	Staff Elected Governor	Nursing & Midwifery
Mrs Ann Marsh	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Margaret Parker	Staff Elected Governor	Nursing & Midwifery
Mrs Jenni Ord	**Chair of Council**	DG NHS FT
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mrs Karen Phillips	Staff Elected Governor	Non Clinical Staff
Ms Nicola Piggott	Public Elected Governor	Dudley North
Mrs Patricia Price	Public Elected Governor	Rest of the West Midlands
Mr Peter Siviter	Public Elected Governor	South Staffs & Wyre Forest
Mrs Edith Rollinson	Staff Elected Governor	Allied Health Professional & Healthcare Scientists
Mrs Mary Turner	Appointed Governor	Dudley CVS

In Attendance:

Name	Status	Representing
Mrs Helen Board	Governor Engagement Lead	DG NHS FT
Mr Gilbert George	Interim Director of Governance/Board Secretary	DG NHS FT
Ms Jill Faulkner	Head of Patient Experience	DG NHS FT
Mr Tom Jackson	Director of Finance	DG NHS FT
Mr Peter Lowe	Dudley Improvement Practice, Programme Manager	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT
Ms Jo Wakeman	Deputy Chief Nurse	DG NHS FT

Apologies:

Name	Status	Representing
Mr Bill Dainty	Staff Elected Governor	Nursing & Midwifery
Mrs Lydia Ellis	Public Elected Governor	Stourbridge
Dr Richard Gee	Appointed Governor	Dudley CCG
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mr Andrew McMenemy	Director of Human Resources	DG NHS FT
Mrs Natalie Neale	Public Elected Governor	Brierley Hill
Mr Rex Parmley	Public Elected Governor	Halesowen
Mr Mark Stanton	Chief Information Officer	DG NHS FT
Mr Alan Walker	Appointed Governor	Partner Organisations
Cllr Steve Waltho	Appointed Governor	Dudley MBC
Mrs Farzana Zaidi	Public Elected Governor	Tipton & Rowley Regis
Mrs Natalie Younes	Director of Strategy and Performance	DG NHS FT

COG 18/46.0 Welcome (Public & Press)
6.00pm

COG 18/46.1 Introductions & Welcome

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

Mrs Ord noted her thanks for the dedication and support to the Council of the following Governors who had recently reached their end of term of office;

Cllr Elcock, Appointed Governor, Dudley Metropolitan Borough Council
Mrs Ellis, Public Elected Governor, Stourbridge

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

Cllr Waltho, Dudley Metropolitan Borough Council
Mr Heaton, Public Elected Brierley Hill
Ms Davies-Njie, Public Elected, Stourbridge
Mrs Price, Public Elected Rest of the West Midlands
Mr Allen, Public Elected Central Dudley

COG 18/46.2 Apologies

Apologies had been received and recorded as above.

COG 18/46.3 Declaration of interest

Mrs Ord asked those present to indicate if there were any items to declare. There were none.

COG 18/46.4 Quoracy

The meeting was declared quorate.

COG 18/46.5 Announcements

COG 18/47.0 Presentations
6.05pm

Mrs Ord introduced Mr Lowe, Head of Dudley Improvement Practice who shared a video report of a staff member who had recently attended the Value System Analysis (VSA) event that had been held as part of the Dudley Improvement Practice Programme launched during 2018. Mr Lowe then provided an update on the work streams planned for the first 12 months.

Mrs Ord thanked Mr Lowe for his presentation and commented that governors had participated in the VSA week adding that Mrs Zaidi had presented one of the wrap up sessions. She explained that the senior executive team would be keen to see the output of the improvement actions and were fully supportive of the process adding that each executive director had projects of their own and acknowledged it was in its formative stages.

Mrs Marsh asked what happens next with all of the information gathered during the VSA event.

Dr Gregory noted she had experience of projects petering out and asked if the output and improvement would be reported back to Board and what steps would be taken to ensure it was a sustained programme.

Mr Lowe replied that the programme and its processes would be used to develop the work plan over the next 12 months by working with the teams to identify the areas that will be actioned.

Ms Wake stressed it was not to be viewed as an initiative and would become embedded as 'business as usual' in the organisation with regular meetings with other Chief Executives of other Trusts to stay abreast of progress. Regular updates would be provided to Board and the Council.

Mrs Ord supported this view and noted that the Board had received an update with information about the quality of delivery and that it became ingrained with all teams supported effectively to deliver improvement over a committed period of time. Mrs Ord added that accounts from other trusts had indicated that it could take up to 7 years to become fully embedded. The staff story had highlighted that the benefits to be gained in improving the patient facing time for all staff would drive up quality.

Mrs Wake recounted the experiences of the Leeds trust that had been involved with the programme for several years where it had impacted positively in feedback in the staff survey and this was very noticeable when she had participated in a recent CQC inspection. She added that the Trust had been assigned an experienced national programme director to work with the Trust who had a recognised track record.

Mrs Ord advised that the Council would receive regular updates and assured those present that the Board would monitor the progress closely to ensure the Trust derived full benefit from the programme and the investment made in the allocation of training and resources.

Mr Siviter asked if the programme would focus on any specific operational areas such as those that were presently challenged with improvement targets.

Mr Lowe confirmed that the areas participating in the programme for the first 12 months would include the emergency department, part of outpatients, part of surgery and end of life care.

Dr Gee stated that he was encouraged by the implementation of the programme and noted that the present workforce performance indicators would indicate a workforce that was demoralised. He was hopeful that as the programme progressed, the data in the workforce report should support increased engagement/retention and reduced absence.

Mrs Price commented that she had attended the Healthcare Forum earlier that day and reported that another attendee had highlighted that they had no way of receiving information or giving information to the Trust adding that only one member of the public in attendance gave the Trust a positive report which had been in respect of their experience of PALS.

Mrs Ord confirmed that the Trust continued to receive a high volume of compliments and acknowledged that the Trust needed to ensure that patients, families and their carers were able to access a variety of methods to provide their feedback about their experience.

Dr Gee noted that in his experience approximately 1 in 100 patients gave negative reports.

Ms Wakeman advised that the Quality and Safety Review activity often received an overwhelming amount of positive feedback from patients.

[Dr Hobbs arrived at this point. Mr Lowe left the meeting at this point]

COG 18/48.0 Previous meeting
6.35pm

COG 18/48.1 Minutes of the previous full Council of Governors meeting held on 6 September 2018 (Enclosure 2)
The minutes were accepted as an accurate record and signed by the Chair subject to one minor amendment to correct the spelling mistake on page 9 where the name 'Siviter' was incorrect.

COG 18/48.2 Matters arising there from
There were none.

COG 18/48.3 Action points
All actions that were complete would be removed.

Action 18/39.2 Trust support for patient with mental health issues Mrs Ord confirmed that the Trust worked closely with the Dudley and Walsall Mental Health Trust (DWMHT) to support patients who presented at the Trusts emergency department.

Mrs Wake confirmed that there were no delays in receiving their reports and if there are delays it can often be medically linked i.e. recovering from substance abuse. She added that accessing the Child and Adolescent Mental Health Services (CAMHS) to support young patients could occasionally encounter a delay should there be a lack of appropriate inpatient provision.

COG 18/49.0 Chief Executive update including update on MCP project (Enclosure 3)
6.40pm

Mrs Kelly presented the report given as enclosure three and asked those present to note the activities and updates provided.

Mrs Ord thanked Ms Wake for the update and invited questions. There were none.

MCP update – Mr Jackson provided an update on progress that had been made since the tender had been awarded and noted that there was still a requirement to finalise the organisational model required which was being considered by the partners involved adding that the preferred model of a standalone NHS body is beset with a number of challenges.

Mrs Ord confirmed that work streams were still taking forward patient pathways.

Care Quality Commission (CQC)

Mrs Ord advised that the update had been provided at the governor meeting held in private session held immediately prior to the present meeting. Mrs Ord invited questions to which all present indicated there were no further points to query or clarify.

COG 18/50.0 **Patient Experience report Q2. 2018/19 including complaints and PALS**
6.50pm (Enclosure 9)

Ms Faulkner presented the report given as enclosure 9 and asked those present to note the activity during quarter two.

Mrs Ord thanked Ms Faulkner for the report and invited questions

Mr Heaton noted that he, and his wife prior to her passing away some years ago, had visited many departments and expressed his concern that the Trust needed to provide additional support for those attending the main site to help patients in wheelchairs. He recounted his experience of enquiring at the reception and advised that volunteers were not allowed to assist with helping wheelchair patients in and out of cars. Mr Heaton also suggested that the letters that invited patients to appointments in North Wing should advise that the corridor includes a ramp that could potentially be difficult to negotiate for those patients that are elderly or in wheelchairs. Mr Heaton also shared his experience of a 2017 attendance at the Trusts emergency department with suspected heart problems where he had waited for an extended period of time for results.

Dr Hobbs offered his apologies for the wait he had encountered. He emphasised that recent improvements had greatly reduced the waiting times for results.

Mrs Ord asked Dr Hobbs to meet with Mr Heaton directly after the meeting to discuss the improvements that had been made in more detail.

Mrs Marsh asked what had been put in place to address the complaints that are breaching the target response time.

Mrs Lawrence asked if all complaints were captured on the Datix system

Mrs Faulkner advised that actions had been taken with additional staff in place and the current position had improved slightly and confirmed that all complaints were captured to the Datix system.

Mrs Ord confirmed that the Board were focussed on improving the time it took to investigate and provide a response.

Ms Wake acknowledged that the Board recognised the need to address the ongoing issue of the time taken to respond and that additional resource was required. She added that the business case would need to be prepared and approved in time for the new financial year. Ms Wake confirmed that the Dudley Improvement Practice methodology would be used to review the complaints process to ensure it is efficient as possible, make the process more lean and improve the response time and more importantly to determine where the additional resource was required.

Mrs Piggott asked why complaints raised by MPs were listed separately.

Ms Faulkner explained that this was often the second stage of a complaint where the complainant remained dissatisfied.

[Ms Faulkner left the meeting at this point]

COG 18/50.1 **ED position statement / ED Quality Improvement Plan / ED summary at a glance** (Enclosure 4)

7.10pm

Mrs Wake asked those present to receive the enclosure for information and advised that a fortnightly Oversight meeting is held with the regulators. She was able to report that the last meeting had been positive and there was an indication that future meetings would be scheduled monthly. Ms Wake noted that there had been an sharp increase in the number of children presenting at ED and have had to make changes within the childrens ward and to the children's ED area to accommodate the increase.

Dr Hobbs provided an update on the performance against the Sepsis and was pleased to report that the visual oversight of those patients has improved and the Trust had also met targets for screening and treating more than 90% of patients. Dr Hobbs acknowledged that there were still actions to complete and that the focus would remain on sustained improvement.

Ms Wake confirmed that staffing levels had improved with additional staff recruited. Performance against an internal target where a minimum of 75% of staff on duty, on any shift, should be Trust staff was being met most of the time. She was able to confirm that there was 16 hour consultant cover most of the time and added that there was also specialist 'in reach' where a specialist could be summoned to attend ED within a short timeframe.

Mrs Ord drew governors attention to the data contained within the papers that supported the update provided by Ms Wake and confirmed that the regulators were content that the data was robust and reflective of the current performance.

Ms Wake confirmed that the CQC had offered to attend site just before Christmas for an informal visit to review the changes in ED first hand.

Mrs Ord confirmed that this was a positive sign from the CQC and that the Trust was currently preparing for a further inspection that was anticipated to include other areas including surgery and other departments as well as a revisit to ED

COG 18/51.0 **Effective**

COG 18/51.1 **Workforce Report** (Enclosure 5)

Mr Gilbert presented the report given as enclosure 5 and asked governors to note the contents. He highlighted that the workforce was the most important asset to the Trust and confirmed that data contained within the report was used to support improvement actions as required. He drew attention to the following key indicators:

Appraisals where there had been good performance with an appraisal rate of over 96%.
Mandatory training with rates presently achieving 88.69% against a target of 90%. This compared favourably to other trusts.

Mr Gilbert confirmed that the focus for improvement required remained in the following areas:

Staff turnover rate was presently 9.45% against a target of 8.5%. the Trust had taken measures including the recent appointment of a staff engagement lead who would focus on exit interview data to identify themes and support actions to reduce the turnover rate.

Sickness absence rates had increased to 4.96% compared to 4.84% in October and had implemented a strategy for managing staff with additional training offered to managers.

Ms Wake confirmed that whilst mandatory training was doing well, there were some specific areas where improvement was needed and gave the example of basic life saving where there was a staffing challenge.

Mrs Price asked what support was provided to staff in the event of experiencing a heavy shift or distressing situations.

Ms Wakeman advised it was handled in different ways depending on the area involved adding that ward areas would normally deal with this via matron and lead nurse support.

Ms Wake confirmed that staff are supported with the appropriate pastoral support and the line management team around them.

COG 18/52.0 **Strategy** (Enclosure 6)
7.26pm

COG 18/52.1 **Strategy Committee workshop and meeting 20 Nov 2018** (Enclosure 6)

Mr Allen presented the report given as enclosure 6 on behalf of Mrs Ellis who had recently reached her end of term of office and asked those present to note the contents of the report. Mr Allen stressed the importance of governor attendance at the workshop sessions and encouraged all governors to make every effort to attend.

Mrs Ord thanked Mr Allen and invited questions from those present.

Dr Gee provided an update about the repatriation of clinical work where they had received information that there had been a reduction in referrals to Ramsey Healthcare. He had subsequently canvassed GPs to ascertain why this might be the case and established that GPs were referring less patients based on the quality of care and improved waiting time offered by The Dudley Group.

Dr Hobbs commented that the T&O team had received an outstanding Getting It Right First Time (GIRFT) report and agreed to provide Dr Gee with a copy.

Action GIRFT report to be shared with Dr Gee **Dr Hobbs**

COG 18/53.0 **Safe, caring and responsive**

COG 18/53.1 **Experience and Engagement Committee 17 Oct 2018** (Enclosure 7)

7.36pm Mr Allen presented the report given as enclosure 7 and asked those present to note the contents and highlighted the following:

Mr Wulff, chair of the Clinical Quality, Safety and Patient Experience Committee (CQSPE) was able to provide assurance that all matters were robustly reported and actions taken to improve the ED performance were having a positive effect. He had noted that the Trust continued to receive a low number of complaints compared to the high number of compliments received. Mr Wulff was able to confirm that action taken to address issues with blood cross matching at time of blood transfusions had a very limited safety impact on the patient, but nonetheless would be brought as an update to the next meeting.

Mrs Ord thanked Mr Allen for his report and invited questions.

Mrs Price asked that the report be clarified to note that there had not been an any incidents reported associated with blood matching and the likelihood of any patients suffering harm was minimal.

COG 18/53.2 **Chief Nurse report including Quality Priorities update and Quality Care indicator process information** (Enclosure 8)

7.40pm Ms Wakeman provided the report given as enclosure 8 and highlighted that the overall report was positive and asked those present to note its contents.

Mrs Ord thanked Ms Wakeman and invited questions.

Mrs Piggott asked if the Trust actively recruited nursing staff from within the Trust when vacancies arose.

Ms Wakeman confirmed that the Trust would always offer those working in the Trust the first chance.

Mrs Price asked what proportion of graduates stayed with the Trust once qualified.

Ms Wakeman confirmed that this varied from cohort to cohort and many graduates applied for several jobs at several trusts.

Dr Gregory noted that 100% of student nurses were recruited from within a 25 mile radius and that 86% chose to stay within the region and the aim was to provide the Trust with the totality of its nursing requirement adding that the majority of graduates stayed within the region.

Ms Wake confirmed that the PFI provider and the Trust constantly monitored the quality of the services provided which included cleaning. She recounted a recent incident that had been reported to her where a cleaner who had been videoed by a patient was seen to clean the toilet area in an unacceptable

manner. The Trust had used the video footage to highlight to the PFI provider a need to ensure that all cleaning staff operated to the highest standards.

Mrs Price asked that Nurse Plant, falls nurse, be recognised for her efforts and the contribution made to the reduction in falls.

COG 18/53.3 **Aggregated Learning Report** (Enclosure 10)
7.55pm

Mr George asked all present to receive the above report given as enclosure 10 and provided assurance that the Trust is open and transparent and demonstrated the focus on learning from any incident and taking action in a timely manner.

Mr George referred to page 2 headed learning from incidents and asked those present to note the actions taken. The Trust also implemented actions by learning from deaths and drew attention to page 16 and noted the work of Dr Hobbs and his team to deliver changes using learning from deaths and made improvements when things had gone wrong.

Dr Hobbs explained that any cases reported to the coroner for investigation were actively supported by the Trust. He added that the Trust took care of deteriorating patient very seriously had recently reviewed neuro surgical pathways where the chief of medicine had established a clinical group to review patients who are on this pathway and had involved some work with a regional neuro surgeon. The Trust had recently opened a cardiac assessment unit as part of the ED pathway to ensure that patients are reviewed by a cardio specialist in a timely manner and confirmed that this is keeping patients safe by providing swift intervention if required.

Mr George explained that a recent review had considered the quality of the Trust's Root Cause Analysis (RCA) activity and were presently working with the Dudley CCG to improve the process and ensure that the Trust learns as much as possible.

Mrs Price referred to the note about a paediatric incident and asked the hypothetical question as to what the outcome may have been if the child had been subject to a care order. Mrs Price asked whether the use of an electronic tag for children would provide the Trust with additional security.

Mr Gilbert advised the Trust had recently introduced a colour coded system to ensure that children can be tracked to a location at any point in time.

Dr Gee welcomed the report in this format and was assured that the Trust were taking the RCA process effectively and ensure that incidents do not re-occur.

Mrs Ord acknowledged that the Trust had invested in training and ensuring that there was more learning from incidents to provide an improved experience for patients and reduce the Trusts' risks profile.

Ms Wake confirmed that the Trust now published a Patient Experience and Safety Bulletin that was widely circulated to all staff and agreed to share this with Governors and any back copies issued since its launch.

Action share back copies and future editions of the Patient Experience and Safety bulletins with governors **Ms Wake**

COG 18/54.0 **Effective**

COG 18/54.1 **Finance report Q2, 2018/19 and update on 2018/19 to date** (Enclosure 11)
8.05pm Mr Jackson advised that the report included October data in a summary format to provide an executive overview and highlighted the following by exception:

Mr Jackson advised that the Trust had spent £10m on safer staffing to increase establishment and to support the continuation of the Digital Trust project as part of the improvement agenda.

Mr Jackson confirmed that the forecast for the last two quarters of the year was to deliver a deficit position at the year end. The focus depends on delivering quarter three which would ensure the Trust receive further central bonus. Should this not be achieved, it may then invoke the protocol to report to the centre that the financial target would not be met. Consequently the emphasis would remain on managing non-essential spend.

Mr Jackson noted that the Trust's cash position was seriously diminished and remained a concern for the next financial year. Financial planning was now underway and consideration was being given to the need to approach the Treasury in the next business year loan.

Mrs Phillips queried the commentary about strict financial controls to save money and then having to spend and invest in capital spend.

Mr Jackson confirmed that funds set aside for capital project were effectively ring fenced and were essential to delivering future efficiencies.

COG 18/54.2 **Performance report Q2** (Enclosure 12)
8.15pm Mrs Ord reminded governors that many of the items contained within the report had been robustly debated during the meeting held in private session immediately prior to the present meeting.

Ms Wake concurred and asked governors to receive the report for information and noted that the Trust is on track for all targets except for the ED performance target.

Ms Wake confirmed that a business case was being reviewed to remodel the emergency treatment centre to create additional capacity to ensure that patient flow is maximised and ensure patients would be treated in the most appropriate place. Ms Wake added that the Trust would run the perfect fortnight again in January across the medicine and surgery divisions and ensure that all aspect of diagnostics and specialist intervention is provided. The initiative will be supported by all local health partners including the provision of additional community beds to enable rapid discharge and assessment facilities.

Mrs Kerry asked how the winter plan was going.

Ms Wake confirmed that several initiatives would be invoked as planned including suspending elective work and enabling surgical beds to be freed up to manage urgent conditions.

COG 18/55 **Well-Led**

COG 18/55.1 **Board Secretary update** (Enclosure 13)
8.25pm

Mr George asked those present to note the contents of the report given as enclosure 13 that provided an update on:

Council of Governor elections 2018 where successful candidates had been returned in four of the five constituencies.

Council of Governors effectiveness Review would commence during January 219 with all governors asked to complete a survey. The responses would then be analysed to establish where improvement actions were needed to support the ongoing development and effectiveness of the council. A written report would be submitted to the June 2019 meeting of Council.

Council Committee review of membership and Terms of Reference would be undertaken during quarter four for submission for approval to the March 2019 meeting of the full Council.

Council of Governors Register of Interests all governors were reminded to ensure that any changes to the declaration is notified to the Foundation Trust office.

COG 18/55.2 **FT Membership Summary Q2, 2018/19** (Enclosure 14)
8.35pm

Mrs Board asked governors to note the contents of the report given as enclosure 14 and confirmed that the Experience and Engagement Committee of Council continued to review the membership data and support Governor 'out there' activity.

COG 18/56.0 **Any other business**
8.40pm

Stroke report Ms Wake confirmed that the recently published report had ranked the Trust highly and further to a request from Dr Gee, agreed to share the report with him

Action Provide copy of recently published Stroke report to Dr Gee **Ms Wake**

Patient brought to A&E on 14 November Ms Piggott reported that her family members had been advised that their mother was safe and were sent home. When phoning in the next day, the family were advised that the system was down and it took 3.5 hours to locate the ward where their mother was being cared for. Ms Wake offered apologies and acknowledged that there had been an IT issue that had occurred external to the organisation.

Georgina day case encountering computer issues Ms Piggott reported that on 3 and 4 December 2018, computer issues had resulted in patients waiting for up to 7 hours for treatment who were then subsequently rescheduled for the following day. She felt that this had been distressing for

both staff and patients. Ms Wake confirmed that she had been aware of capacity issues and advised that there was a review of the patients who could be managed differently and gave an example of patient receiving oral chemo in their own home and that additional staff were needed to support this treatment.

Dr Hobbs confirmed that the existing PAS system (patient administration system) was a separate system that logged the details of patients and the new project (EPR) was designed to maintain the medical records. Future plans would ensure that the systems are efficiently linked in.

Ms Wake agreed to investigate the circumstances surrounding the IT issues raised by Ms Piggott and provide a direct response.

Action investigate the circumstances surrounding the IT issues raised by Ms Piggott and provide a direct response **Ms Wake**

COG 18/57.0 **Close of meeting and forward dates: 2019**

8.57pm Mrs Ord advised that additional extraordinary meetings of the full Council had been arranged for Thursday 10 January, Thursday 14 February and Thursday 7 March.

The next quarterly meeting of the full Council would take place on Thursday 7 March 2019.

Mrs Ord thanked all for attending and closed the meeting at 9pm.

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
CoG18/52.1	Getting it Right First Time (GiRFT) - report	GIRFT report to be shared with Dr Gee	Dr Hobbs	January 2019	
COG18/53.3	Patient Experience and Safety bulletins	Back copies and future editions of the Patient Experience and Safety bulletins to be shared with governors	Ms Wake	January 2019	
COG18/56.0	Stroke report	Provide copy of recently published Stroke report with Dr Gee	Ms Wake	January 2019	

Enclosure 3

The Dudley Group NHS Foundation Trust

Paper for submission to the Full Council of Governors on 7th March 2019

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

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

ACTION REQUIRED OF BOARD			
Decision	**Approval**	**Discussion**	**Other**
		X	

OVERALL ASSURANCE LEVEL			
Significant Assurance	**Acceptable Assurance**	**Partial Assurance**	**No Assurance**
X High level of confidence in delivery of existing mechanisms / objectives	☐ General confidence in delivery of existing mechanisms / objectives	☐ Some confidence in delivery of existing mechanisms / objectives, some areas of concern	☐ No confidence in delivery

RECOMMENDATIONS FOR THE BOARD

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

CORPORATE OBJECTIVE:

SO1, SO2, SO3, SO4, SO5, SO6

SUMMARY OF KEY ISSUES:

- Visits and Events
- Healthcare Heroes
- Trust Strategy Launch
- Chair Moving On
- Flu Vaccination Campaign 2018/19
- Trust Registered as Specialist Endometriosis Centre
- Charity Dates for the Diary
- National News
- Regional News

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

Chief Executive's Report – Public Board – March 2019

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

Items below are not reported in any order of priority.

Visits and Events

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

Healthcare Heroes February 2019

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

Our clinical coding staff are highly skilled at what they do to ensure patient care is coded correctly. For those who don't know how we as a Trust are paid for providing healthcare, each episode has to be coded, taking into account the complexity of the procedure and any associated conditions that the patient has. Each code has a tariff attached. There are over 4,500 different tariffs for planned and unplanned care. The clinical coding team work to very tight deadlines to a high standard.

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

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

They are enthusiastic and determined to embed good practice across the organisation. They have implemented a seven day service within the community; they are implementing the gold standards framework across the organisation and providing individualised care for patients at the end of life. I am so proud of this team for their outstanding care. They are very well deserving of this award.

Trust Strategy Launch

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

Chair Moving On

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

Flu Vaccination Campaign 2018/19

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

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

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

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

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

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

Actions taken to reach 100% uptake ambition

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

Reasons given for opt-out

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

Trust Registered as Specialist Endometriosis Centre

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

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

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

DGFT Charity Dates for your Diaries

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

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

National NHS News

Antimicrobial resistance: UK launches 5-year action plan and 20-year vision
The government has published a 20-year vision and 5-year national action plan for how the UK will contribute to containing and controlling AMR by 2040.
The plans include targets, such as:
•cutting the number of drug-resistant infections by 10% (5,000 infections) by 2025
•reducing the use of antibiotics in humans by 15%
•preventing at least 15,000 patients from contracting infections as a result of their healthcare each year by 2024
A major focus of the plan is to make sure current antibiotics stay effective by reducing the number of resistant infections and supporting clinicians to prescribe appropriately.
Gov.uk (24.01.19)

'Patient safety put at risk due to lack of NHS staff'
Patients are missing out on safe and compassionate care due to a shortage of NHS staff, according to a new poll. Almost half (45%) of more than 15,000 frontline NHS surveyed by the Unison union said there were not enough workers on their shift to ensure a safe, dignified and compassionate service. A breakdown showed that acute inpatient wards were hardest hit, with 59% of more than 2,300 employees surveyed in these units saying staffing levels were insufficient.
News and Star (28.01.19)

Scrapping A&E target would harm patients, doctors warn
Scrapping the four-hour A&E target would have a "near-catastrophic impact" on patient safety, doctors have warned as nursing leaders said it was not right to "tinker" with it. The Government has said it plans to ditch the target for 95% of patients to be seen at A&E within four hours. Instead, those with less serious illnesses could have to wait longer, while new targets may be brought in for conditions such as heart attacks and stroke. Emergency units have not hit the target since July 2015. In December, just 86.4% of people were seen within the target.
News and Star (29.01.19)

CQC wants more improvements across maternity care following national survey results
The CQC has issued a warning about the lack of improvement and information provided to expecting mothers during maternity care, but has praised interactions staff and midwives during pregnancy. Following a national survey of more than 17,600 woman who gave birth in February last year, the CQC said the care for some women fell short of expectations with problems highlighted around the continuity of care, choice in antenatal and postnatal services and access to help and information. The health inspectorate said there has been "limited improvement" in women's experience since the last survey in 2017 up until now, with some areas of women's experiences of maternity care declining.
National Health Executive (29.01.19)

No-deal Brexit: Should NHS patients be worried?
Hospitals warning vital supplies might run out and operations would be cancelled, an ambulance service stockpiling tyres, and officials "close to panic" - these are recent stories about NHS efforts to plan for the possible consequences of the UK leaving the European Union with no agreement in place at the end of March. So, should patients be worried? There are two answers. Ministers and NHS leaders say every effort is being made to ensure there will be enough medicines and clinical equipment available in the event of delays to imports caused by traffic chaos near the Channel ports. The Whitehall line is that everything that can be done is being done. But the other point being made is this is an unprecedented scenario - and nobody can be sure what will happen if the UK leaves the EU without an agreement.
BBC News (30.01.19)

NHS England cervical screening backlog revealed by watchdog
More than 150,000 untested cervical screening samples were discovered in laboratories across England, Whitehall's spending watchdog has found. The National Audit Office (NAO) said that changes to testing arrangements led to a backlog. This has since been reduced, but the size of the backlog suggests that hundreds of thousands of women have had to wait to find out if they needed treatment. The disclosure comes in a highly critical report that has also identified some of Britain's worst performing areas for screening programmes for cervical, bowel and breast cancer as well as for abdominal aortic aneurysm. The report found that at one point last year only one in three women undergoing a smear test had received their result within the recommended 14 days.
The Guardian (01.02.19)

'Better NHS management could allow extra 290,000 operations'
An extra 290,000 operations could be carried out on the NHS every year if operating theatres were managed more efficiently, a national review has found. The study, from NHS Improvement and supported by the Royal College of Surgeons, found delayed starts and early finishes to operations left gaps that could be filled with treating more patients. In an effort to improve efficiency, experts examined data from 92 NHS trusts for the year 2017. They found significant variation in theatre productivity between different NHS trusts. Overall, a third of operating lists started 30 minutes or more late and 38 per cent finished 30 minutes or more early. More than 111,000 finished at least 60 minutes early.
The Yorkshire Post (04.02.19)

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

At one point last year, only one in three received results within the recommended 14 days.
UK Authority (04.02.19)

Consultation launched in bid to reduce medication-related errors across NHS
The reduction of medication-related errors across the NHS is a national priority. For this to happen, we need to ensure that medication instructions, including dosage and timings, are transferred correctly between all care settings using digital systems that speak the same language. For example, if you or a loved one has been discharged from hospital your GP needs access to the same medication information as the doctors in the hospital, written in the same format. The NHS is working on guidance to ensure this information can be shared easily between different digital systems. Allowing this information to flow between different care settings will support better patient care, ensuring care professionals have access to the right information at the right time.
Fylde Coast CCGs (05.02.19)

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

"When Brexit happens, and the UK leaves, working there won't count", unless there is a new agreement, Mr Ayuso said, The 3,370 Spanish nurses and health visitors made up 17 per cent of the NHS's EU nurse workforce in June 2018 — more than any country in the bloc except Ireland. There were about 280,000 nurses in service last June, with 40,000 jobs vacant.
Financial Times (09.02.19)

NHS England lifts block on Babylon's GP at Hand service
The National Health Service in England has reversed its decision to block doctor app Babylon from expanding into Birmingham after setting out plans to radically ramp up its digital ambitions. Babylon had applied last year to launch a remote video consultation service, called GP at Hand, in Birmingham, Britain's second-biggest city, but the application was blocked after a local NHS body raised safety concerns. However, NHS England confirmed on Wednesday that it had lifted the block. The decision marks a significant shift in the health service's approach to the start-up, which has faced widespread criticism and resistance in its home market.
(Financial Times 13.02.19)

Matt Hancock: email must replace paper in the NHS
The NHS must stop relying on pen and paper and should use modern, secure forms of communication instead, Health and Social Care Secretary Matt Hancock has said. Email is as secure and cheaper than communicating through paper and fax machines, the Health and Social Care Secretary said in a speech at an NHS England conference. He outlined an ambition for healthcare staff to email patients directly with information on appointments to reduce delays, boost cyber security and cut wastage.
(Gov.uk 13.02.19)

Thousands of fracture patients need NHS review after wrong metal plates fitted in hospital mix-up
Thousands of NHS patients who had fractures repaired with a metal plate need their X-rays reviewed after a hospital mix-up means some received implants which are liable to buckle. About 5,500 patients who had plates fitted for limb fractures since February 2018 will now be reviewed, NHS Improvement and the British Orthopaedic Association said.
(Independent 13.02.19)

'Damaging' NHS targets 'have had their day' claims Lord Prior
NHS targets "have had their day" according to Lord Prior as the head of the health service launches an attack on 25 years of flawed health policies. On the same day A&E performance slumped to the worst level on record, NHS England's chairman has signalled plans to abolish key performance targets, suggesting that they damage patient care and encourage "gaming" by NHS trusts.
(National Health Executive 15.02.19)

A&E waiting time performance hits all time low as NHS 'buckles under the strain'
A&E waiting time performances in NHS trusts in England have hit their lowest level since records began, according to the latest NHS statistics. The NHS's performance against the flagship four-hour target has hit its lowest level since it was introduced in 2004, with 84.4% of patients treated within the timescale compared to the 95% target. NHS leaders have said the new figures show the NHS is "buckling under strain," and the Royal College of Nursing (RCN) said the situation is dangerous and must act as a wake-up call for the health secretary and NHS England. Whilst more patients than ever are being seen at A&E departments, this month's waiting time figures are worse than the previous low of 84.6% set in March last year after the 'Beast from the East' storm caused havoc on frontline services.
(National Health Executive 15.02.19)

NHS spinal surgery errors cost a third of its budget
For every £3 spent on spinal surgery in the NHS, the health service pays out £1 on litigation. While the annual budget for spinal surgery is £300 million, a report commissioned by the watchdog NHS Improvement has revealed that litigation after spinal surgery averages more than £100 million.
Specialist units were failing to learn lessons from previous claims to avoid errors because very little information was available, the report stated.
(The Times 16.02.19)

Huge rise in patients dying before they get to A&E
The number of 999 patients who die before they reach hospital has risen by more than half in just 12 months. Now paramedic chiefs have launched a probe into the soaring numbers, amid claims by ambulance staff that the growing strain on overcrowded A&Es could be to blame. One paramedic told us he fears the increase is due to 999 calls "stacking up" as ambulance crews wait up to eight hours to hand over patients at hospital. Figures from NHS Digital uncovered by the Sunday Mirror show 3,817 patients were declared DoA, or "Dead on Arrival", last year. That is 1,319 more than the previous year. But the College of Paramedics, which has launched a probe, believes the rise is down to more dignified handling of patients who are already beyond saving. They say better trained staff are increasingly encouraged not to carry out "futile resuscitations", which can distress families by giving false hope.
(Daily Mirror 16.02.19)

National ambitions to tackle causes of heart attack and stroke announced
A coalition of over 40 organisations led by Public Health England and NHS England, and including the British Heart Foundation, has announced new national ambitions for tackling the major causes of heart and circulatory disease in England. The ambitions published this week seek to improve the detection and management of atrial fibrillation, high blood pressure and high cholesterol (or A-B-C).
The ambitions have been designed to support NHS England's aim in the recently published Long Term Plan of preventing over 150,000, heart attacks, strokes and dementia cases over the next ten years.
(Charity Today 19.02.19)

We can do more to improve medicines safety for patients in the NHS
How pharmacists are at the forefront of a national scheme to make the NHS the safest health service in the world for medicines. Around 1.1 billion prescriptions are supplied each year in primary care, and every day a mid-sized hospital supplies around 50,000 doses to its patients. As healthcare professionals, we don't set out to make an error when delivering these medicines. But even in the safest healthcare system in the world, mistakes do occur, and far more frequently than I imagine anyone is comfortable with. These incidents cause thousands of people harm, ranging from moderate to serious harm to death. Meanwhile, avoidable adverse drug reactions cost the NHS around £98.5m per year. Our understanding of the scale of the harm caused by medicine safety incidents is greater than ever before, so it's time for the NHS to do more to prevent them.
(The Pharmaceutical Journal 20.02.19)

NHS told to ditch 'outdated' pagers
The NHS has been told to stop using pagers for communications by 2021, in order to save money. The health service still uses about 130,000 pagers, which is about 10% of the total left in use globally. They cost the NHS about £6.6m a year. Health Secretary Matt Hancock called them "outdated" and said he wanted to rid the NHS of "archaic technology like pagers and fax machines". However, many in the medical industry say that pagers are quick and reliable. Doctors say they are useful in emergencies, and proposed replacements have their own shortcomings.
(BBC News 23.02.19)

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

Regional NHS News

Hour-by-hour weather forecast as Birmingham braced for SNOW
Snow is expected to batter Birmingham and Solihull with plunging temperatures. A yellow weather warning has been issued by the Met Office for the Midlands as snow and ice is expected over the next few days. A spokesman for Met Office said: "Snow, possibly heavy at times, developing overnight Tuesday and into Wednesday." The agency added that there was a "slight chance" that rural communities could be cut off and that power cuts may occur.
Birmingham Live (29.01.19)

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

A total of 857 have refused to get the jab. The uptake rate for staff at health trusts across the two counties getting the jab is 72 per cent, higher than the national average of 66 per cent.
Express and Star (30.01.19)

'Chaotic' No-Deal Brexit Could See Operations 'Curtailed', Warns Birmingham Doctor
A "chaotic" no-deal Brexit could lead to operations being "curtailed" and waiting lists increasing, the boss of one of the country's leading hospital groups has warned. Dr David Rosser, chief executive of University Hospitals Birmingham (UHB) NHS Foundation Trust, said a no-deal exit could see many trusts run out of medical supplies.
Heart (30.01.19)

Ministers warned of mental health crisis in children
Hospitals across the West Midlands saw mental health caseloads rise by 26 per cent in the last year, according to NHS Digital, while over the same period funding has increased by only three per cent to £615 million. And some areas have seen funding fall, with NHS Sandwell and West Birmingham Clinical Commissioning Group showing a drop of nearly £4m in funding to £96.5m in 2017-18, a decrease of four per cent. It comes as new figures showed that A&E departments in Birmingham and Sandwell have treated 1,136 youngsters for self-harming over the last five years.
Express and Star (05.02.19)

More than 1,000 children have gone to hospital after trying to injure or kill themselves
More than 1,000 children and teenagers have attended a Birmingham or Sandwell hospital after trying to injure or kill themselves over the past five years. The figures, which include people aged 17 and under, were provided by health trusts covering Birmingham's hospitals, as well as Sandwell General Hospital in West Bromwich. And they showed the "crisis in children's mental health", according to Birmingham MP Liam Byrne. He said: "We now face nothing less than a crisis in children's mental health services. The level of children's pain is simply outstripping investment in services to help. "When over 1,000 children come to A&E having self-harmed or tried to take their own lives we know this is a crisis."
Birmingham Live (06.02.19)

The shocking number of diabetic Brummies having amputations a WEEK
The number of 'devastatingly and life-changing' amputations on diabetic patients in West Midlands hospitals has jumped 16 percent in five years – though things are starting to improve. Statistics release by NHS Digital show that there were 220 amputations carried out on patients with a primary diagnosis of diabetes in between April 2017 and March 2018. That's equivalent to more than four amputations every week. The figures represent an increase of 16 per cent on 2013/14, when 190 amputations were carried out.
Birmingham Live (07.02.19)

Ambulance queues worse on Sundays and Mondays, says Shropshire hospital boss
Simon Wright, chief executive of Shrewsbury and Telford Hospital NHS Trust, told a meeting of the trust's board that they are now in the grip of winter and seeing an ambulance turn up at Royal Shrewsbury Hospital and Telford's Princess Royal Hospital every 10 minutes.
He said groups of ambulances arriving together were also causing problems. Speaking about a recent Sunday, Mr Wright said: "We normally at Princess Royal Hospital see 50 ambulances on a Sunday and we saw 96. That scale of numbers is extremely difficult to plan for. A lot of ambulances are arriving within a five-hour window. It is a very significant shift, particularly on Sundays and Mondays."
(Shropshire Star 11.02.19)

Smoking ban for hospitals
Smoking is to be banned within the grounds of Russells Hall Hospital. The ban will also apply to the Guest and Corbett outpatient centres. Experts say they hope cutting smoking at the sites will result in fewer admissions, shorter patient stays and a population that ages more healthily.
Express and Star (13.02.19)

For the love of Liz
A Dudley man's generosity will improve treatment for respiratory treatment for patients at Russells Hall Hospital, all in memory of his late wife. Michael Bullen has donated £8,000 to the hospital for the development of a new procedure room on ward C5.
(Dudley News 13.02.19)

Birmingham hospitals trust maintains 'good' rating
A hospital trust has maintained its overall 'good' rating after a recent inspection by the health watchdog. It is the first report published on the University Hospitals Birmingham NHS Foundation Trust since it merged with the Heart of England NHS Foundation Trust in April 2018.
The trust was given an 'outstanding' rating by The Care Quality Commission (CQC) for being well led. However, some areas within the trusts' four hospitals require improvement.
(BBC 13.02.19)

Fewer ambulances than predicted turning up at Shropshire's hospitals, bosses say
West Midlands Ambulance Service said in the first six weeks of the year it had conveyed 170 fewer patients to Royal Shrewsbury and Princess Royal hospitals than it had forecast.
It comes after Simon Wright, chief executive of Shrewsbury and Telford Hospital NHS Trust (Sath), spoke about the challenges of growing numbers of ambulances turning up at the county's hospitals. Last week, he said an ambulance was arriving every 10 minutes and PRH had seen nearly double the usual amount on a recent Sunday.

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

According to figures from WMAS, it expected to send 2,521 ambulances to RSH and 3,062 to PRH in the first six weeks of the year. It actually sent 2,420 to RSH and 2,993 to PRH.
(Shropshire Star 13.02.19)

The worrying number of Birmingham pensioners hospitalised by falls every day
Nine pensioners a day are being admitted to hospital in and around Birmingham because of falls - and the number is rising. There were 3,420 "finished admission episodes" involving people over 65 and caused by a trip or slip in the year to March 2018, according to exclusive data provided by NHS England.
Some 2,040 were at the former Heart of England NHS Foundation Trust, 790 at University Hospitals Birmingham NHS Foundation Trust, and 590 at Sandwell and West Birmingham Hospitals NHS Trust.
(Birmingham Live 14.02.19)

West Midlands AHSN forms new leadership team with four appointments
The West Midlands Academic Health Science Network (WMAHSN) will form a new leadership team with the appointment of four strategic roles.
Tony Davis, previously the commercial director with the WMAHSN, now becomes the director of Innovation and Economic Growth.

Dr John Williams will be joining the AHSN as the new director of Academic Science; and Kate Hall joins as the new director of Implementation and Adoption. Rob Chesters will support them as the new WMAHSN chief operating officer. The new structure will come into effect in April.
(Digital Health Age 18.02.19)

The Birmingham and Midlands hospitals seeing outbreaks of norovirus
The West Midlands' hospitals saw an average of one outbreak of norovirus every three days in January.
Figures from Public Health England's hospital norovirus outbreak reporting scheme (HNORS) recorded 10 outbreaks of norovirus-type symptoms in the region between December 31 and January 27. Of these, 10 outbreaks led to a ward or bay being closed or restricted to admissions, with four confirmed as being norovirus.
(Birmingham Live 19.02.19)

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

Exclusive figures show around 195 people were admitted to hospitals in Birmingham five or more times in 2017/18 due to conditions caused by alcohol. The conditions are those considered by doctors to be "wholly related" to alcohol and include alcohol poisoning, liver problems and behavioural disorders.
However, the number admitted at least five times in a year has dropped by 11% since 2009/10, when the figures begin.
(Birmingham Live 19.02.19)

Gunman tackled by security guards after weapons scare at hospital
A gunman was "wrestled to the floor" by brave security guards as armed police swooped on a hospital. A man is in custody after the West Midlands Police gun squad dashed to Wolverhampton's New Cross Hospital yesterday (February 24). The weapon, which turned out to be a BB gun, was seized by officers and the gun-wielding man was arrested after being held to the floor by the hospital security. No-one was harmed during the isolated incident, according to a spokesman for the force.
(Birmingham Live 25.02.19)

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

Bodies representing NHS staff have said the latest survey shows staff working in a system under extreme pressure, with urgent action needed.
(Birmingham Live 27.02.19)

Birmingham hospitals warn 'no-deal' Brexit will mean they run out of supplies and have to postpone treatment
Head of the NHS Trust managing hospitals across Birmingham says a no-deal Brexit will 'significantly impact our ability to safely treat our patients'. West Midland hospitals fear they will run out of medicines and other essential supplies in a no-deal Brexit. And that means they would have to postpone treating patients. NHS Trusts issuing warnings include University Hospitals Birmingham NHS Foundation Trust (UHB), which runs hospitals including Birmingham Heartlands, the Queen Elizabeth Hospital in Edgbaston, Solihull Hospital, Good Hope Hospital in Sutton Coldfield and Birmingham Chest Clinic. The Trust's Chief Executive, Dr David Rosser, said a no-deal Brexit would "significantly impact our ability to safely treat our patients".
(Birmingham Live 28.02.19)

Enclosure 4

Triage	Our aim is to: **S**ee - have the right staff member at the point of contact who is appropriately trained & 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
KPIs	95% of all Ambulance, Adult Majors & Paediatric attendances will be triaged within 15 minutes 100% of patients streamed to Adult See & Treat are seen within 60 minutes 100% of triage assessments are undertaken by an ESI trained nurse For all patients that are triaged, the ESI toll is appropriately applied 100% of triage assessments are undertaken by an ESI trained nurse Assurance of internal audit demonstrated by independent audit

S31 requirement:
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'

Off track/no progress	At risk of not achieving deadline	On track	Complete

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	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 28/11 - work continues on escalation. Trial with site team w/c 3/12 looking at bed requests & allocation 12/12 - dept embedding 'At a Glance Board' & ED escalations. Wider discussions are being had regarding Trust escalation plan and how it feeds into ED 20/12 - taking stock meeting arranged for 8/1 with ECIST to review PDSAs within the department 9/1 - meeting to be rescheduled as a result of EMS Level 4 in Trust 30/1 - consultant lead identified to further develop the ED escalation work started in the department. Revised deadline for completion tbc. 22/2 - action has been transferred to the Acute Care workstream of the UCSIG. Deadline for completion by the workstream is 31/3/19	Closed
		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 28/11 - work continues on escalation. Trial with site team w/c 3/12 looking at bed requests & allocation 12/12 - COMPLETE.	
		Mirror See & Treat staffing rota across to paeds to better match staff to demand surges	Rachel Tomkins	~~31/12/2018~~ 30/4/19	28/11 - Added a third trained to each shift to help protect the triage nurse & reviewing PLN in paeds ED. 5/12 - meeting with staff on 10th Dec to review shift patterns 12/12 - in principal this was agreed with staff and plans will be made to commence this wef the next rostering period 3/1 - paeds team currently reviewing filling of shifts in current rosta(to 25/2). Team to continue to monitor fill rate in following rosta period(to 22/4)	
		Trial band 3 with minor injury competencies to carry out minor injury treatments to protect triage nurse	Lucy Rozga	04/01/2019	28/11 - planning underway to commence 3/12 for a 4 week trial 3/1/19 - trial ended & demonstrated need to continue with post. Included in staffing review paper.	

		Review escalation to expedite the use of PAU in times of surge	Karen Anderson		28/11 - plans being formulated for action 20/12 - action to be closed & transferred to the Acute Care workstream of the EAS Improvement Plan	Closed
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~~ 28/2/19	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 5/12 - data currently being analysed 12/12 - due to volume of attendances on day of PDSA, decision made to run PDSA again 6/2 - team currently reviewing this action due to delays in recruitment to full consultant establishment. 27/2 - action lead requested closure of action until fully established with consultatns. Request to go to UCSIG 15/3	
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 infuence 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. 5/12 - decision taken to not proceed with changes at this moment in time due to high demand in the dept. 11/1 - any further moves within the department will be undertaken in the new ED build plans	Closed
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	~~15/11/2018~~ ~~27/11/18~~ 06/01/19	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 considered within the mapping exercise. 30/10 meeting scheduled for the 05/11 to finalise plan. 3/12 - outcome of PDSA will infuence location of ambulance triage 15/11 - Fit to Sit will relocate 27/11 28/11 - as a result of demand for Fit to Sit, team are reviewing location move with ECIST 5/12 - decision taken to not proceed with changes at this moment in time due to high demand in the dept. 11/1 - any further moves within the department will be undertaken in the new ED build plans	Closed
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 14/12 - complete. Include in departmental escalation plan	
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	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. 28/11 - paper complete, to be presented at Directors 5/12 - going to Directors 11/12 12/12 - paper reviewed by Director & senior nursing group. Cheryl Etches(RWT) to work with team to review workforce model 3/1/19 - mtg held 28/12. Staffing paper reviewed & amendments being made before presentation to Execs 30/1 - paper with finance for costing prior to discussion with COO 6/2 - Nurse staffing paper being presented to Execs 10/2 14/2 - revised date for presentation to Execs 19/2 21/2 - paper presented to Execs. Will now go to F&P on 28/2	
		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 finialise plan. 9/11 - CDU PDSA commences 3/12 - outcome of PDSA will infuence 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. 5/12 - decision taken to not proceed with changes at this moment in time due to high demand in the dept. 11/1 - any further moves within the department will be undertaken in the new ED build plans	Closed

		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~~ 23/1/19	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. 28/11 - green card process added to ED Triage SOP . Awaits ratification of full ED SOP. 20/12 - full ED sop to be approved at ED Operational meeting in Jan19 & taken to Divisional Governance meeting on 23/1/19 30/1 - not included on agenda for 23/1. Revised deadline tbc 6/2 - to be reviewed at Div Gov Mtg on 14/2 14/2 - Div Governance to take place 20/2 27/2 - not listed for dicussion at mtg. New date tbc	
		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	

Deteriorating Patient	Our aim is to: **S**ee - identify patients 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 patients observations promptly to a senior member of the team **E**valuate – utilise available systems to manage the patients care; e-Obs & e-Sepsis
KPIs	No harm to patients resulting from failure to recognise a deteriorating patient No harm to patients resulting from a failure to escalate and act on deteriorating patients 95% of eligible patients will have a recorded set of observations within 15 minutes of Triage (maximum 30 minutes after arrival) 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) To ensure that 90% of our eligible patients are screened for sepsis To ensure that 90% of patients screened positive for sepsis receive antibiotics within 60 minutes

s31 requirement:
The registered provider must ensure that there is an effective system in place to identify, escalate and manage patients who may present with sepsis or a deteriorating medical condition in line with the relevant national clinical guidelines. This applies to all patients in all areas of the emergency department.
This system must also include effective monitoring of the patient's pathway through the department from arrival and enable staff to locate patients.

Off track/no progress	At risk of not achieving deadline	On track	Complete

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	~~09/10/2018~~ 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 12/12 - meetings take place every Monday at 3pm. ToR drafted & agreed	
	Addressing culture & behaviour	Staff education in groups & targeted 1:1s supported by continuous reinforcement	Dr Wani/Martin Gallagher	~~01/08/2018~~ 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 - additional 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	~~30/11/2018~~ ~~31/1/19~~ 31/3/19	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. 28/11 - paper complete, to be presented to Directors 5/12 - going to Directors 11/12 12/12 - paper reviewed by Director & senior nursing group. Cherly Etches(RWT) to work with team to review workforce model. A CSW continues to be rostered to Main Waiting Room. 3/1/19 - mtg held 28/12. Staffing paper reviewed & amendments being made before presentation to Execs 30/1 - paper with finance for costing prior to discussion with COO 6/2 - Nurse staffing paper being presented to Execs 10/2 14/2 - revised date for presentation to Execs 19/2 21/2 - paper presented to Execs. Will now go to F&P on 28/2	
		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 telemetary oversight, ability to print oberservations from Intellivue MP50s in resuscitation area. 31/1 - Short term solutions have been delivered. Medium Terms are on the plan for 19/20 but without a specific date at present. 27/2 - mtg with IT 6/3 to discuss timelines for 19/20	
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	~~19/10/2018~~ ~~15/12/2018~~ 21/12/18	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 eventaul sunrise version to aid with smooth transition to sunrise. 5/12 - currently with nursing Clinical Lead for final review before launch with staff through the PDN. 12/12 - Sent out to PDN's to commence training with staff, with a view to being implemented for use in the department week ending 21/12. 20/12 - COMPLETE	
	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				

Staffing	Our aim is to: **S**killed - ensure our staff have the necessary experience, knowledge & training **A**ccurate - ensure the right number of staff on duty are appropriate to the demand on the department 24 hours per day, 7 days per week **F**lexible - provide a workforce that is responsive to the needs of patients and the department **E**ffective - provide high quality, safe, timely clinical care
KPIs	>75% of registered nurses on duty will be Dudley Group staff Registered nurses have the correct skill set to support them working in their allocated areas Provision of 16 cover hours per day by a Consultant across 7 days

s31 requirement:
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.

Off track/no progress	At risk of not achieving deadline	On track	Complete

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	
		Development of a Recruitment & retention plan that explores the introduction of band 4's and further supporting roles such as ACPs.	Rachel Tomkins	~~30/09/2018~~ ~~Revised 15/11/18~~ ~~31/1/19~~ 31/3/19	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 stakeholders. 28/11 - paper complete, to be presented to Directors 5/12 - going to Directors 11/12 12/12 - paper reviewed by Director & senior nursing group. Cherly Etches(RWT) to work with team to review workforce model 3/1/19 - mtg held 28/12. Staffing paper reviewed & amendments being made before presentation to Execs 30/1 - paper with finance for costing prior to discussion with COO 6/2 - Nurse staffing paper being presented to Execs 10/2 14/2 - revised date for presentation to Execs 19/2 21/2 - paper presented to Execs. Will now go to F&P on 28/2	
		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	~~30/09/2018~~ ~~Revised 15/11/18~~ ~~31/1/19~~ 31/3/19	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 stakeholders. 28/11 - paper complete, to be presented to Directors 5/12 - going to Directors 11/12 12/12 - paper reviewed by Director & senior nursing group. Cherly Etches(RWT) to work with team to review workforce model 3/1/19 - mtg held 28/12. Staffing paper reviewed & amendments being made before presentation to Execs 30/1 - paper with finance for costing prior to discussion with COO 6/2 - Nurse staffing paper being presented to Execs 10/2 14/2 - revised date for presentation to Execs 19/2 21/2 - paper presented to Execs. Will now go to F&P on 28/2	
		Trust wide escalation policy that identifies where additional nursing support to ED will be provided from in response to Trust OPEL status	Karen Kelly	~~31/10/2018~~ 30/11/2018	30/10 - PDSA with ECIST currently underway. Outputs will require adding to above draft. 9/11 - ECIST alongisde 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 baord & effect on Trust wide escalation policy 21/11 - PDSA continues, work commencing with Site Team. MDT review of progress with ECIST 27/11 28/11 - work continues on escalation. Trial with site team w/c 3/12 looking at bed requests & allocation 14/12 - Wider discussions are being had regarding Trust escalation plan and how it feeds into ED 20/12 - Trustwide escalation will be progressed through the Site Mgmt & Escalation workstream of the EAS Improvement Plan. CLOSED	Closed

		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	
ECIST / CQC Under Pressure document		Introduce for rag rating nurse staffing numbers on red, amber, green basis. To include acuity and volume.	Liz Slevin	~~31/10/2018~~ 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 21/11 - PDSA continues, work commencing with Site Team. MDT review of progress with ECIST 27/11 28/11 - PDSA for escalation continues 12/12 - Ward clerk continues to enable the Tracker to progress with the at a glance board, nursing staff escalating via the internal ED escalation policy. ED nurse RAG ratings are displayed in the department	
		Undertaken PDSA cycle for month of Dec to support demand for CSW 1:1 support			28/11 - plans being developed 5/12 - following further review & due to the inpredictability of 1:1 support, this will be managed through the flexible use of the available workforce.	
Royal Wolverhampton Trust (RWT)	We want to provide an environment that supports staff development & encourages our nurses to remain with us	RWT support plans & monitoring: New Starter Graduate Programme Preceptorship programme -12 months Leadership course	Liz Slevin	~~17/09/2018~~ 31/12/2018	Met with RWT to consolidate the plan. First training programme starts 17/9/18 @ RWT. 18/10 - Graduate programme commenced. Leadership programme dates to be confirmed by RWT. 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. 11/1 -fwg discussions in the weekly calls ED has now developed its own graduate programme utilising RWT & the current Trust programme. ED are utilising the Trust preceptorship programme. The leadership course commences Jan 19. COMPLETE	
		RWT supporting the development of band 7 staff, introducing band 7 development programme	Liz Slevin	~~30/10/2018~~ 31/12/2018	Waiting further detail from RWT. 22/10 - Deputy Chief Nurse to meet with RWT 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. 11/1 - Leadership programme commences Jan 19 COMPLETE	
		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~~ ~~18/1/19~~ 30/4/19	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 apllicants received from advert. Advert to remain open for a further 2 weeks 12/12 - no further interest received, advert extended for a further 4 weeks. 16/1 - interviews with a further 2 consultants on 4/2 6/2 - 3 appointments made with 1 starting Mar, Apr & 1 date tbc. No candidates recruited from 4/2 interviews. Advert back out for remaining consultants.	

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

Off track/no progress	At risk of not achieving deadline	On track	Complete

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	~~31/10/2018~~ ~~14/12/18~~ 31/12/18	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 20/12 - final comments on policy amendments due by 28/12 16/1 - responses being reviewed & any amendments will be made prior to submission to the next policy group on 8/2 11/2 - policy ratified 8/2 - COMPLETE	
		Review current transfer sheet to accompany paediatric patients to the ward	Lucy Rozga	10/08/2018	18/10 - Paediatric specific transfer sheet introduced - COMPLETE	
	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	
		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.	
CQC under pressure document	Timely review of paediatrics	Review the staffing model & introduction of ENPs into the department	Lucy Rozga	~~31/12/2018~~ ~~31/1/19~~ 31/3/19	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. 28/11 - paper complete, to be presented to Directors 12/12 - paper reviewed by Director & senior nursing group. Cherly Etches(RWT) to work with team to review workforce model 3/1/19 - mtg held 28/12. Staffing paper reviewed & amendments being made before presentation to Execs 30/1 - paper with finance for costing prior to discussion with COO 6/2 - Nurse staffing paper being presented to Execs 10/2 14/2 - revised date for presentation to Execs 19/2 21/2 - paper presented to Execs. Will now go to F&P on 28/2	
	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. 5/12 - process ratified at ED Governance Mtg. Amendment required to parent SOP in paediatrics as a result. 20/12 - pathway to be added to the main ED policy for ratification at Divisional Governance mtg 23/1 30/1 - not included on agenda for 23/1. Revised deadline tbc 6/2 - to be reviewed at Div Gov Mtg on 14/2 14/2 - Div Gov to take place 20/2 27/2 - not discussed at mtg. New date tbc	
	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.	
	Learning from Incidents	Undertake weekly review to triangulate associated SIs & incidents	Lucy Rozga	Ongoing	18/10 - Completed weekly as part of CQC submissions	

		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	

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 patients promptly to inform clinical plan **E**nvironment - carry out assessments in designated speciality assessment areas unless clinically indicated
KPIs	Provide specialist clinical expertise across the emergency department to ensure all patient care is overseen by a senior clinician 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 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)

s31 requirement:
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.

Off track/no progress	At risk of achieving deadline	On track	Complete

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	
CQC under pressure document		All specialties will have identified slots for "hot clinic" next day return to support facilitated discharge from acute medicine	Matt Banks	~~30/09/2018~~ 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	
		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 ab ility to identify & analyse use of slots electronically 12/12 - slots available confirmed with Acute Medicine, further work underway to confirm usage by ED 9/1 - use of alternative 'hot clinic slots' to avoid admission is included in the Improvmenet Plan monitored through UCSIG. CLOSED	Closed
ECIST		Internal professional standards agreed & implemented	Ash Singal	~~20/09/2018~~ 31/1/19	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 5/12 - document with Dir of Ops & Chief of Medicine for Trustwide discussion 20/12 - to be taken to Medicine & SW&C Divisional Mgmt meeting in Jan 19 22/2 - document circulated for wider comment 27/2 - document to be taken to Clinical Leads forum for discussion & approval	
	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~~ 31/1/19	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 5/12 - categories included in the Which Speciality document & being discussed with medical colleagues 14/12 - document accepted by majority of specialities, awaiting confirmation of last specialities & final sign off 20/12 - final speciality meeting for review & sign off 7/1/19 16/1 - document signed off by all specialities & will go forward to the next available group meeting for ratification 30/1 - policy ratified & on hub. Plans are in place for weekly discrepancy/reconciliation meetings before formal review in 3 months to update as necessary	
		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 21/11 - ratified at governance mtg on 19/11	
		Development of an automated report to monitor standard	Johanne Newens	~~31/10/2018~~ 31/1/2019	30/10 - functionality changes in Soarian cannot be pursued. Work on Sunrise functionality to support 'high risk' categories is underway. 22/2 - deployment of Sunrise currently delayed. Awaiting confirmation of new date. 27/2 - mtg with IT 6/3 to discuss EPR functionality to provide report	

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 & nursing staff work together to achieve **F**ulfilled - allow staff to realise their full potential **E**mpowered - encourage staff to contribute, speak up, voice concerns & challenge
KPIs	Evidence of attendance at weekly multi-disciplinary team meetings that are minuted & have appropriate ToR Improved nursing turnover rates from current 10.96% to Trust indicator of 8.5% Evidence of staff speaking positively about working in the ED dept. as measured by staff survey
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

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	~~15/10/2018~~ 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 12/12 - embedded into Tuesday Operational Meeting	
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	~~31/10/2018~~ 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	~~05/10/2018~~ 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 communciation book & niggle board are being utilised by staff memebers & both will continue	
		Multi-disciplinary team away days	Ash Singal	~~30/11/2018~~ 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 being developed 30/1 - due to demand on department the original date is postponed. A new date is tbc 6/2 -a new date is being discussed to take place during March 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	
	We want to celebrate success and encourage our staff to be involved	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.	
		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.	

Risks to delivery of Quality Improvement Plan

Date	Risk	Mitigation	Impact	Owner	Review Date
13/11/2018	Winter impact - additional winter demand exacerbating LOS, bed occupancy & flow throughout the hospital	System Wide Winter Plan Winter assurance visit - NHSI	Limited or no patient flow through ED	Karen Kelly	Monthly
13/11/2018	Availability of staff to attend meetings	Utilising exising meeting forums Engaging a wider audience in change Prioritising meeting attendance	Actions don't progress to achieve deadlines agreed	Anita Cupper	Monthly
13/11/2018	Programme Governance structure - current governance & meeting structure is not in pace to facilitate to implement the programme	Governance/programme structure	Governance structure developed and first UCSIG meeting held 14/12/18. Monthly meetings to be chaired by COO with workstream meetings feeding in progress.	Karen Kelly	Monthly
13/11/2018	Programme Leadership - insufficient capacity & experience to facilitate change management & to provide dedicated project leadership to the programme	Identify an secure an individual with required skill set & dedicated time to deliver programme	Dedicated progrmame manager is not being pursued. Operational & Clinical leads from within directorates have been identified and will be managed through the monthly UCSIG meeting.	Karen Kelly	Monthly

Enclosure 5

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors on 7 March 2019

TITLE:	**Workforce Key Performance**		
AUTHOR:	Andrew McMenemy, Director of Workforce & OD	**PRESENTER:**	Andrew McMenemy, Director of Workforce & OD

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF BOARD / COMMITTEE / GROUP:

Decision	Approval	Discussion	Other
		Y	

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☒	☐	☐
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery

RECOMMENDATIONS FOR THE COMMITTEE:

The Committee are asked to consider the main points form the latest Workforce Performance Report and assure themselves that relevant areas are highlighted and appropriate actions are developed in order to mitigate risks.

CORPORATE OBJECTIVE:

SO4: Be the place people choose to work

SO5: Make the best use of what we have

SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

Staff Appraisals

This includes all non-medical appraisals in the Trust. The window has now closed and we are pleased to announce a compliance rate of over 96%. This is the highest performance in this area for the Trust and puts Dudley as one of the leading Trusts in the country for staff engagement by way of the appraisal process.

The process to support the re-opening of the appraisal window has commenced in preparation for 1st April 2019. At this time, over 80% of appraisals have been booked to take place within the window. We are expecting at least the same level of engagement in 2019/20 as the Trust achieved in 2018/19.

Mandatory Training

The compliance rates continue at the stable level of 88.98%. This represents good performance without being excellent. The areas where more concentrated efforts are required are associated with Resus and manual handling training. In terms of staff groups the area of highest non-compliance continues to be medical staff, however their compliance rate has improved to 81.89%. The Clinical Support Division continues to be the team with the lowest compliance rates, however they have also improved with a 2% rise in compliance to 86.4%.

The Trust Lead for Mandatory Training has been asked to develop actions associated with particular areas of risk regarding training and staff groups. There continue to be trajectories in place for each Division with performance reviews focusing on compliance for every member of staff.

Sickness Rate

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

Turnover Rate

The turnover rate continues to represent a positive retention of our staff and currently sits at 9.38% from 9.34% in the previous month. This is still above our target of 8.5% but continues to be below the average turnover rate for acute NHS Trusts in England. The appointment of the Staff Engagement lead has demonstrated a particular focus on understanding the feedback from exit interviews, listening to staff and developing strategies to support improved retention at the Trust. The initial feedback is very positive and this will be developed further as we move into the feedback for the national staff survey.

Vacancy Rate

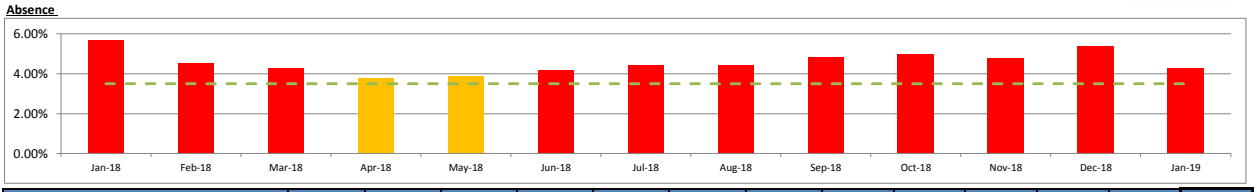
The high levels of vacancies and in particular, nursing vacancies, are our most significant workforce associated risk. However, there are plans to support ongoing and successful recruitment campaigns. In addition, a business case has recently been approved to support a longer term strategy that will support sustainability with the nursing workforce over the next 4-5 years.

IMPLICATIONS OF PAPER:			
RISK	**Y**		**Risk Description:** BAF Risks
	Risk Register: Y		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** Well Led
	NHSI	**Y**	**Details:**
	Other	**Y/N**	**Details:**

Workforce Performance

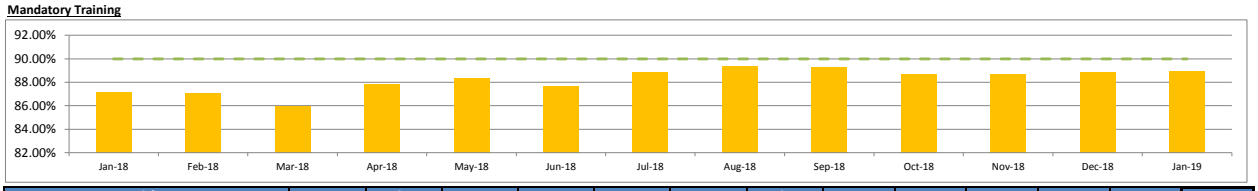
The Dudley Group NHS Foundation Trust

Absence



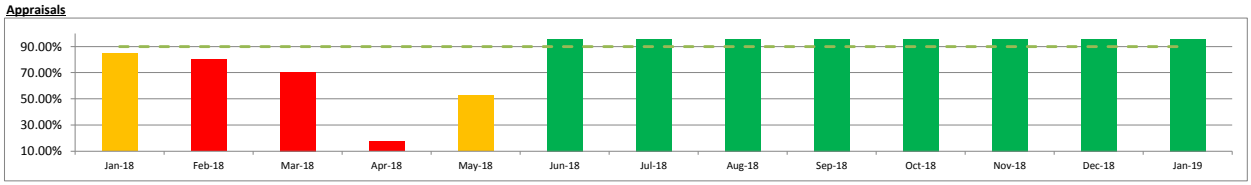
Workforce	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Monthly Absence Rate	5.70%	4.51%	4.27%	3.79%	3.85%	4.17%	4.44%	4.43%	4.84%	4.96%	4.76%	5.40%	**4.27%**
Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%

Mandatory Training



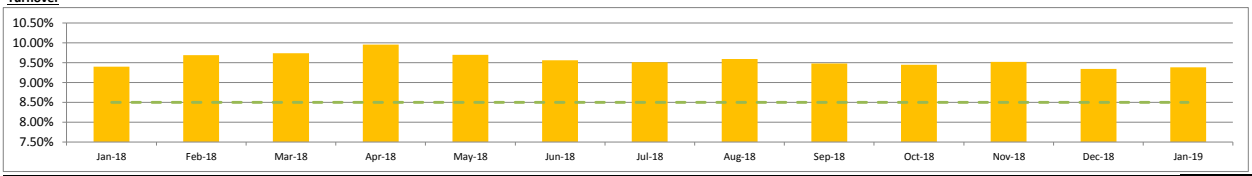
Workforce	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Monthly Compliance	87.14%	87.10%	85.99%	87.84%	88.36%	87.67%	88.92%	89.36%	89.30%	88.69%	88.72%	88.85%	**88.98%**
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Appraisals



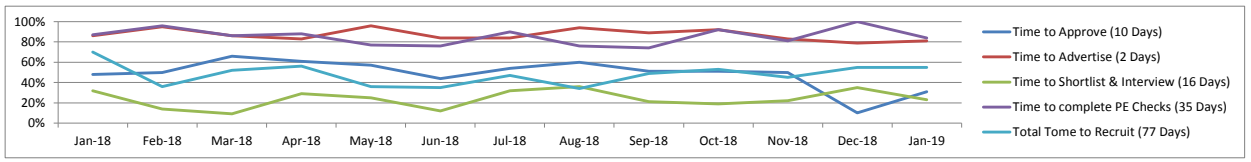
Workforce	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Monthly Compliance	84.42%	79.95%	70.57%	17.40%	52.46%	95.62%	95.62%	95.62%	95.62%	95.62%	95.62%	95.62%	**95.62%**
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Turnover



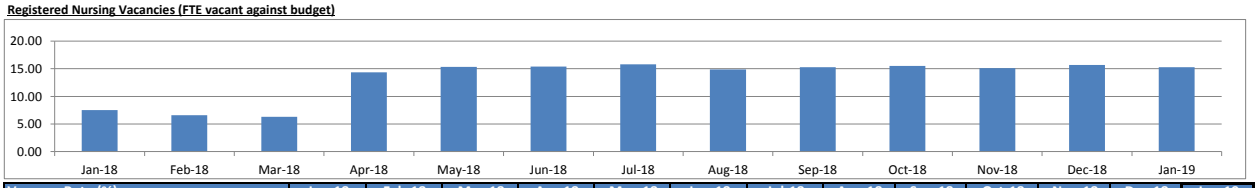
Workforce	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Monthly Turnover Rate	9.40%	9.69%	9.74%	9.96%	9.70%	9.56%	9.51%	9.59%	9.48%	9.45%	9.52%	9.34%	**9.38%**
Target	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%	8.50%

Recruitment



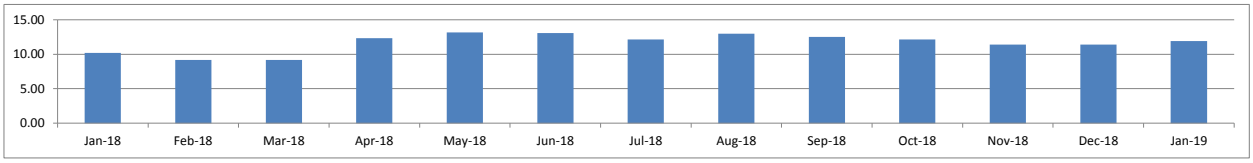
Trust Total Recruitment Time	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Time to Approve (10 Days)	48%	50%	66%	61%	57%	44%	54%	60%	51%	51%	50%	10%	31%
Time to Advertise (2 Days)	86%	95%	86%	83%	96%	84%	84%	94%	89%	92%	83%	79%	81%
Time to Shortlist & Interview (16 Days)	32%	14%	9%	29%	25%	12%	32%	36%	21%	19%	22%	35%	23%
Time to complete PE Checks (35 Days)	87%	96%	86%	88%	77%	76%	90%	76%	74%	92%	81%	100%	84%
Total Tome to Recruit (77 Days)	70%	36%	52%	56%	36%	35%	47%	34%	49%	53%	45%	55%	55%

Registered Nursing Vacancies (FTE vacant against budget)



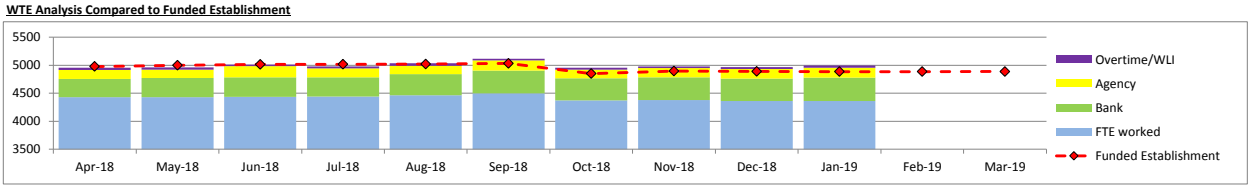
Vacancy Rate (%)	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Monthly RN Vacancy Rate (%)	7.50	6.57	6.32	14.39	15.36	15.41	15.83	14.91	15.31	15.50	15.12	15.72	**15.26**

Medical Vacancies (FTE vacant against budget)



Vacancy Rate (%)	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Monthly Medical Vacancy Rate (%)	10.20	9.16	9.18	12.34	13.18	13.08	12.14	12.97	12.52	12.13	11.42	11.43	11.91

WTE Analysis Compared to Funded Establishment



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Funded Establishment	4976.99	4997.33	5012.62	5016.93	5019.03	5031.87	4850.93	4893.87	4887.81	4886.02	4884.60	4886.12
FTE worked	4428.4	4430.63	4434.2	4442.43	4461.33	4496.75	4371.32	4375.89	4363.13	4358.31		
Bank	328.66	338.41	351.38	342.43	377.94	406.36	394.37	404.53	397.99	417		
Agency	159.39	150.49	196.43	160.42	149.99	181.45	156.22	170.45	167.94	181.4		
Overtime/WLI	40.89	41.18	31.68	34.55	43.8	32.07	34.81	28.03	37.31	36.98		

Enclosure 6

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors 7 March 2019

TITLE:	**Strategy Committee Report Feb 2019**		
AUTHOR:	**Dr Richard Gee, Chair of Meeting**	**PRESENTER:**	**Dr Richard Gee, Chair of Meeting**

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

ACTION REQUIRED OF BOARD			
Decision	**Approval**	**Discussion**	**Other**
		x	

OVERALL ASSURANCE LEVEL			
Significant Assurance	**Acceptable Assurance**	**Partial Assurance**	**No Assurance**
☐ High level of confidence in delivery of existing mechanisms / objectives	☒ General confidence in delivery of existing mechanisms / objectives	☐ Some confidence in delivery of existing mechanisms / objectives, some areas of concern	☐ No confidence in delivery

RECOMMENDATIONS FOR THE COUNCIL

Receive this report as requested by the Council and note its content.

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience,
SO2: Safe and Caring Services,
SO3: Drive service improvements, innovation and transformation,
SO4: Be the place people choose to work,
SO5: Make the best use of what we have,
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

Strategy workshop held 19 February 2019 (agenda as per appendix 1)

At the Strategy Workshop, governors were presented with an update of progress on the Trust's strategy for 2019 - 2021. Since November, consultation, quantitative analysis and options appraisal have been completed and the strategy has been written. Further to the

discussion relating to market share and specialist services at the November meeting, governors were provided with more information on the plans the Trust has for repatriating Dudley CCG funded activity from neighbouring providers and the plans for growth of some of the Trust's specialist services.

The Strategy was ratified by Trust Board of Directors on 7th February 2019. Governors were assured that the Strategy reflects the aspirations of the NHS Long Term Plan. We were informed that launch events are taking place throughout March and April, to which governors will be invited. Governors will also receive a printed copy of the strategy document.

Attendees split into two group and considered the following questions:

- How should Strategy Committee make sure that the Council of Governors is sighted on strategy?
- How should Strategy Committee work with the Patient Experience and Engagement Committee to share the key themes of the strategy with FT membership and the wider community?
- How will you bring feedback to the Trust?

Feedback included:

- In order to share the strategy with Council of Governors, the strategy document would need to be circulated to all governors. It was recommended that feedback was given every meeting to Council of Governors (COG) and all future COG reports are linked to the strategy. It was thought that all of COG should have some training to help them understand what strategy is and how it is developed.
- A joint meeting for the Strategy Committee and Experience and Engagement Committee was suggested so that both committees can understand their potential and respective roles in sharing the strategy with the FT membership and wider community. It was recommended that the Strategy should be available on the Trust's website. Governors felt that they needed support to communicate the strategy at GP surgeries, Primary Care Networks and other events and potential resources were discussed.
- Members of the Strategy Committee and members of the Experience and Engagement Committee should bring feedback from events and the community. It was felt that having pictures of governors displayed around the Trust and information on how to get in touch would be helpful.

Strategy Committee meeting held 19 February 2019 (agenda as per appendix 1)

The Strategy Committee received an update on the STP from Natalie Younes (Director of Strategy and Business Development) and on the Digital Trust project from Mark Stanton (Chief Information Officer). Both of these are reflected in the Trust's Strategy for 2019-21.

The May meeting will include agenda items on the Workforce Strategy and a further update on the Multi-specialty Community Provider (MCP).

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:

Appendix 1

The Dudley Group NHS Foundation Trust

Tuesday 19th February 2019

Council of Governors' Strategy Workshop 6pm-7.30pm, CEC
(For all Governors to attend)

Strategy Committee Meeting 7.45pm-9pm, CEC
(For Strategy Committee members only)

	Item	By	Enc	Time
1.	**Council of Governors Strategy Workshop** For all Governors and Strategy Committee members to attend	Chair		6pm-7.30pm
	Break			7.30pm-7.45pm
2.	**Strategy Committee Meeting** For Strategy Committee members to attend			
3.	**Welcome, Apologies and Introduction**	Chair		7.45-7.50pm
4.	**Digital Trust**	Mark Stanton		7.50 -8.10pm
5.	**STP**	Natalie Younes		8.10 – 8.20pm
6.	**Review of Terms of Reference**	Chair	Enc 1	8.20– 8.30pm
7.	**Items arising from the workshop**	Chair		8:30 – 8:40 pm
8.	**Minutes of the Strategy Committee Meeting held 20th November 2018** **Minutes of the Governors' Strategy Workshop held 20th November 2018**	Chair	Enc 2 Enc 3	8.40– 8.50pm
9.	**Future agenda items**	Chair		8.50-8.55pm
10.	**AOB**	Chair		8.55-9.00pm

	Future Meetings dates 21st May 2019 13th August 2019 19th November 2019			

Quoracy is four Governor Members of the Committee

Enclosure 7

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors 7 March 2019

TITLE:	Report from the Council of Governors Experience and Engagement Committee held on 16th January 2019		
AUTHOR:	Karen Phillips – Chair of Experience and Engagement Committee	**PRESENTER:**	Karen Phillips – Chair of Experience and Engagement Committee

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		x	

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐ High level of confidence in delivery of existing mechanisms / objectives	☐ General confidence in delivery of existing mechanisms / objectives	☒ Some confidence in delivery of existing mechanisms / objectives, some areas of concern	☐ No confidence in delivery

RECOMMENDATIONS FOR THE BOARD

Receive this report as requested by the Council and note its content.

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience,
SO2: Safe and Caring Services,
SO3: Drive service improvements, innovation and transformation,
SO4: Be the place people choose to work,
SO5: Make the best use of what we have,
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

Reports were presented by Governors who attended Trust meetings:

- Patient Experience Group
- Quality and Safety Group
- Medicine Management Group

Governors who attended meetings in the community reported on their observations.

Governor involvement in opportunities to raise awareness of our Trust and the role of the Governor.

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:**

The meeting opened with Gilbert George presented matters arising at CQSPE. In particular there was an Orthodontic concern regarding a former Consultant employed by the Trust. Gilbert informed the meeting that as a result Trust leave policies, performance and appraisal practice has been looked at.

The Committee received reports from:

- **Patient Experience Group – Karen Phillips**
  Key discussions were around disabled facilities for adults with special needs. A proposal for maternity to develop community hubs to allow patients to be monitored at places more convenient to them. Dr Jo Bowen spoke about our Care after Death services.

- **Quality and Safety Group – Viv Kerry**
  There was a presentation on Falls Prevention and highlighted some of the positive work being done by the Trust Fall Nurse. There is also new signage to raise more awareness for protected meal times.

- **Medicine Management Group – Pat Price**
  The subject of pain relief was discussed and we were told that non-prescription HCP can now be given by Physiotherapists. There was an interesting debate on the prescribing of medicinal cannabis.

Our Governors continue to attend and contribute in these important Trust groups. The reports concluded with the committee feeling assured that issues are being addressed, action plans are being put into place and follow up reports are scheduled.

Governor's Out There –

- Reports were given on various event attended in the community by Governors.
- Karen Phillips asked for offers of support the **Annual Members Meeting**. The informal 'meet and greet' area worked well last year.
- Karen Phillips reported that there are now a few dates in the diary for **'Meet your Governors'** in main reception in Russells Hall Hospital. Any Governor is welcome to attend and should contact Helen Board for list of dates.

Enclosure 8

The Dudley Group NHS Foundation Trust

Paper for submission to the Full Council of Governors meeting (Public) March 2019

TITLE:	**CHIEF NURSE REPORT**		
AUTHOR:	**Carol Love-Mecrow, Deputy Chief Nurse**	**PRESENTER:**	**Mary Sexton Interim Chief Nurse**

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF BOARD

Decision	Approval	Discussion	Other
		X	

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☒	☐	☐
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery

RECOMMENDATIONS FOR THE BOARD

Receive this report as requested by the Board and note its content.

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience,
SO2: Safe and Caring Services,
SO3: Drive service improvements, innovation and transformation,
SO4: Be the place people choose to work,
SO5: Make the best use of what we have,
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

The Chief Nurse has professional responsibility for nurses, midwives and allied health professionals (AHPs) within the Trust however, does not operationally manage the majority of these staff. The oversight and management of staff within the Trust is within the divisional management structure, which reports to the chief operating officer (COO) via the divisional directors.

Appendix 1 Integrated Performance Report

NURISNG STRATEGY

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

NURSING CELEBRATION DAY

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

AHP UPDATE

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

SAFER STAFFING

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

AGENCY CONROLS

- RN bank and agency usage has seen a significant increase in month. In addition January continues to see an increase in bank usage against CSWs. A contributing factor would be winter pressures, unfunded capacity and high number of patients requiring cohorting or providing 1-1 patient care.
- All bank and agency requests continue to be assessed daily by the Divisional Chief Nurses to ensure continued patient safety and financial balance. A breakdown of the main areas using agency staff is included.
- Use of non-framework agency staff remains an Executive only authorisation.

RECRUITMENT AND RETENTION

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

RESUSCITATION

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

PROFESSIONAL DEVELOPMENT

Post Registration Education

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

Sepsis Practitioners

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

Pre-Registration

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

SAFEGUARDING

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

FALLS

- There were 70 falls during January 2019. There were two of these resulted in moderate harm:
- Falls YTD position remains below the national average of falls per 1,000 occupied bed days (as given by the RCP National Falls audit 2015). Input from falls prevention has been targeted at the areas showing higher than usual falls rates. 54 chair alarms have been purchased and placed in all acute areas to assist with reducing falls.

STROKE

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

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

DEMENTIA

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

COMPLAINTS

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

CHAPLAINCY

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

PATIENT EXPERIENCE

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

TISSUE VIABILITY

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

PATIENT ACCUITY TOOL

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

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

The Dudley Group
NHS Foundation Trust

Integrated Performance Report - CQSPE

January 2018

Created by: Informatics.
Title of report: Integrated Performance Report
Executive Lead: Interim Chief Nurse: Mary Sexton

Executive Summary

Key Messages

CQSPE

FFT Response Rate / Recommend

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

Complaints

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

There were 321 PALs concerns raised during January 2019.

Dementia

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

Falls

There were 70 falls during January 2019. There were two of these resulted in moderate harm:

Reported as an SI 04/01/2019

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

The patient was checked for any obvious injuries and a skin tear to the elbow was noted. Observations were recorded and medics informed and the patient was assisted back into bed. X-rays confirmed a fracture to the right neck of femur and the patient underwent surgical repair

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

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

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

Falls YTD position remains below the national average of falls per 1,000 occupied bed days (as given by the RCP National Falls audit 2015). Input from falls prevention has been targeted at the areas showing higher than usual falls rates. 54 chair alarms have been purchased and placed in all acute areas to assist with reducing falls.

Pressure Ulcers

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

MSA

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

Infection Control

Interventions January 2019

HII 1: Ventilator Associated Pneumonia 100%

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

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

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

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

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

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

HII 5: Infection Prevention in Chronic Wounds 100%

HII 6a: Urinary Catheter - Insertion 100%

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

Hand Hygiene 100%

Commode Audits 99%

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

Stroke

All targets for stoke achieved during January 2019.

o Swallow screening

o Stay compliance

o TIA treated within 24 hours

Executive Summary

Ward Quality Heat Map

CQSPE

VTE

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

Incidents

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

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

Safety Thermometer

Safety Thermometer for January 2019 – 94%

Contributing factors new VTE and pressure ulcer.

Trust position heat map included for reference

Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

Patients will experience safe care - Quality & Experience

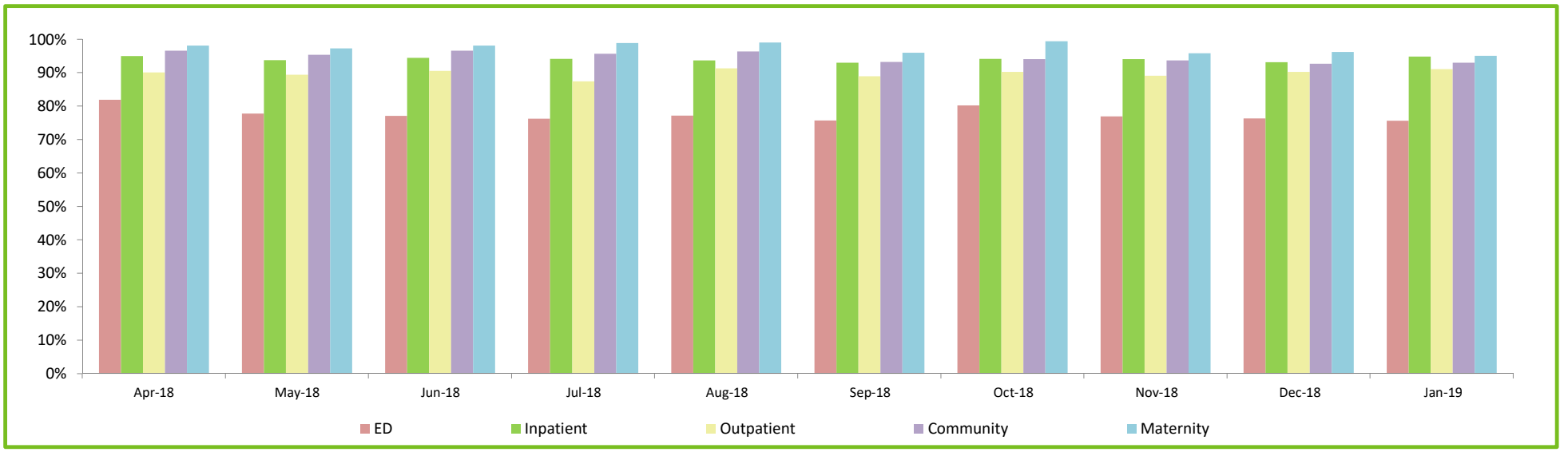
	Target (Amber)	Target (Green)	Dec-18	Jan-19	Actual YTD	Trend	Month Status
Friends & Family Test - Response Rate							
Friends & Family Test - ED	12.3%	19.4%	17.5%	18.0%	18.1%	↑	
Friends & Family Test - Inpatients	26.9%	37.0%	30.6%	32.3%	34.1%	↑	
Friends & Family Test - Maternity - Overall	21.9%	38.0%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

Patients will experience safe care - Patient Safety

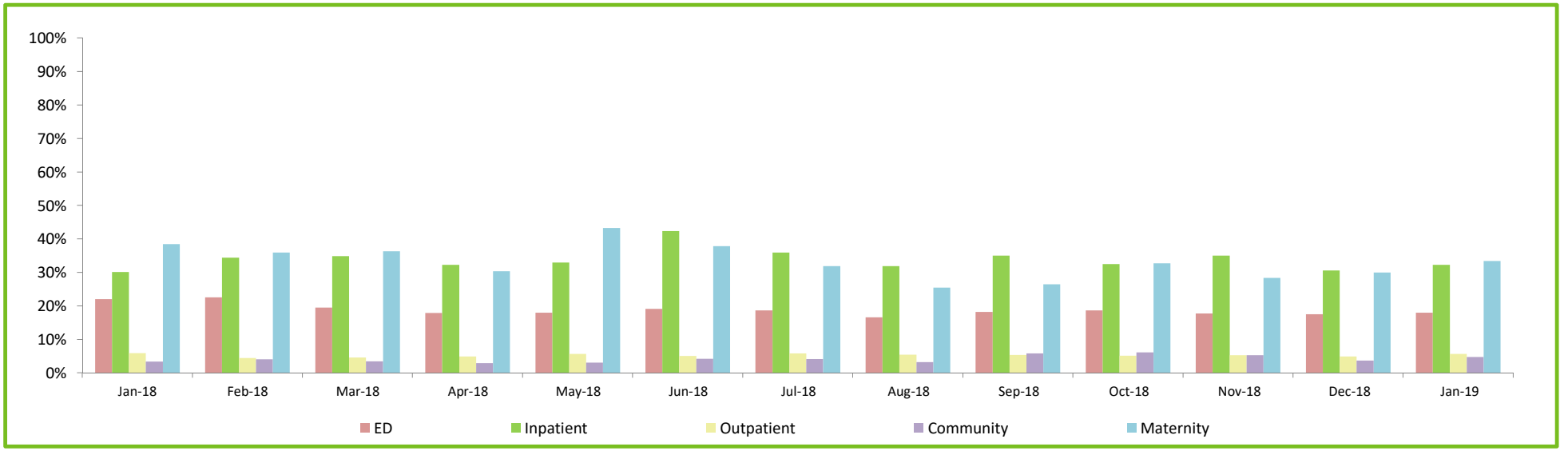
	Target (Amber)	Target (Green)	Dec-18	Jan-19	Actual YTD	Trend	Month Status
Mixed Sex Accommodation Breaches							
Single Sex Breaches		0	4	17	61	↑	
Mortality (Quality Strategy Goal 3)							
HSMR Rolling 12 months (**Latest data Aug 18**)	110	105	117	118	-		
SHMI Rolling 12 months (**Latest data 18/19 Q1**)	1.10	1.05	N/A	1.11	-		
HSMR Year to date (**Not available**)					-		
Infections							
Cumulative C-Diff due to lapses in care		28	-	-	19	↔	
MRSA Bacteraemia		0	0	0	1	↔	
MSSA Bacteraemia		0	2	2	15	↔	
E. Coli - Total hospital		0	6	5	32	↓	
Stroke Admissions - Provisional Figures							
Stroke Admissions: Swallowing Screen		75%	93.9%	90.0%	93.0%	↓	
Stroke Patients Spending 90% of Time on Stroke Unit		85%	95.2%	89.8%	91.5%	↓	
Suspected High Risk TIAs Assessed and Treated <24hrs		85%	88.9%	100.0%	90.8%	↑	
VTE - Provisional Figures							
VTE On Admission		95%	95.6%	94.8%	94.9%	↓	
Incidents							
Total Incidents			1371	1447	14923	↑	
Recorded Medication Incidents			343	0.948124	3743	↓	
Never Events			0	0	0	↔	
Serious Incidents			5	3	72	↓	
of which, pressure ulcers			2	1	23	↓	
Incident Grading by Degree of Harm							
Death			2	1	11	↓	
Severe			3	6	27	↑	
Moderate			10	20	180	↑	
Low			157	209	1894	↑	
No Harm			1199	1211	12811	↑	
Percentage of incidents causing harm		28%	12.5%	16.3%	14.2%	↑	

Patients will experience safe care

Friends and Family Test - Percentage Recommended

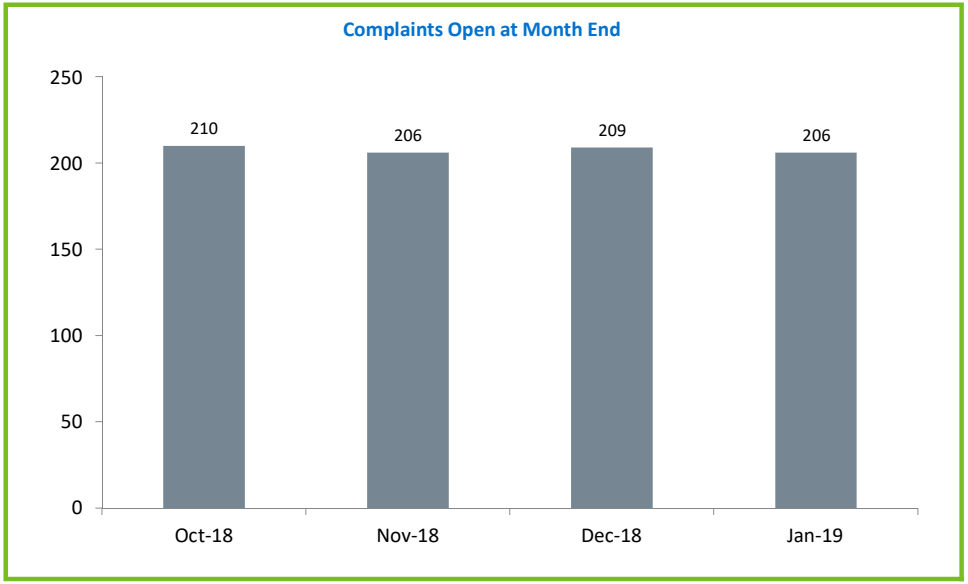


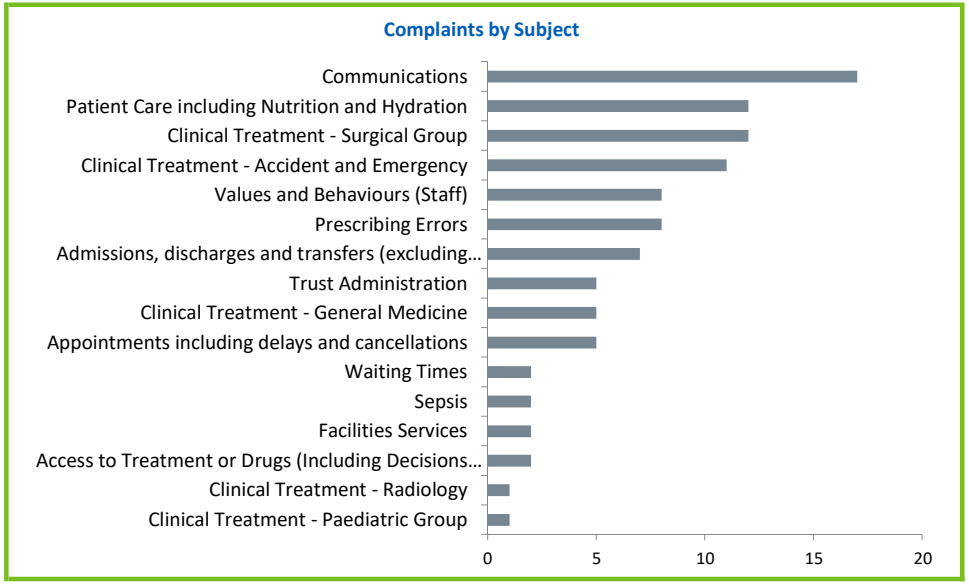
Friends and Family Test - Response Rate

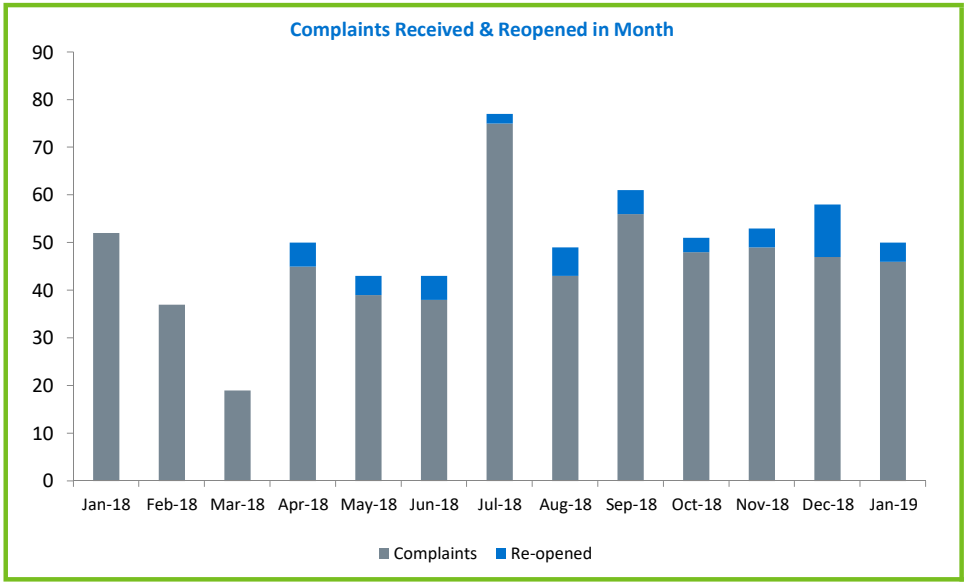


Patients will experience safe care

Complaints

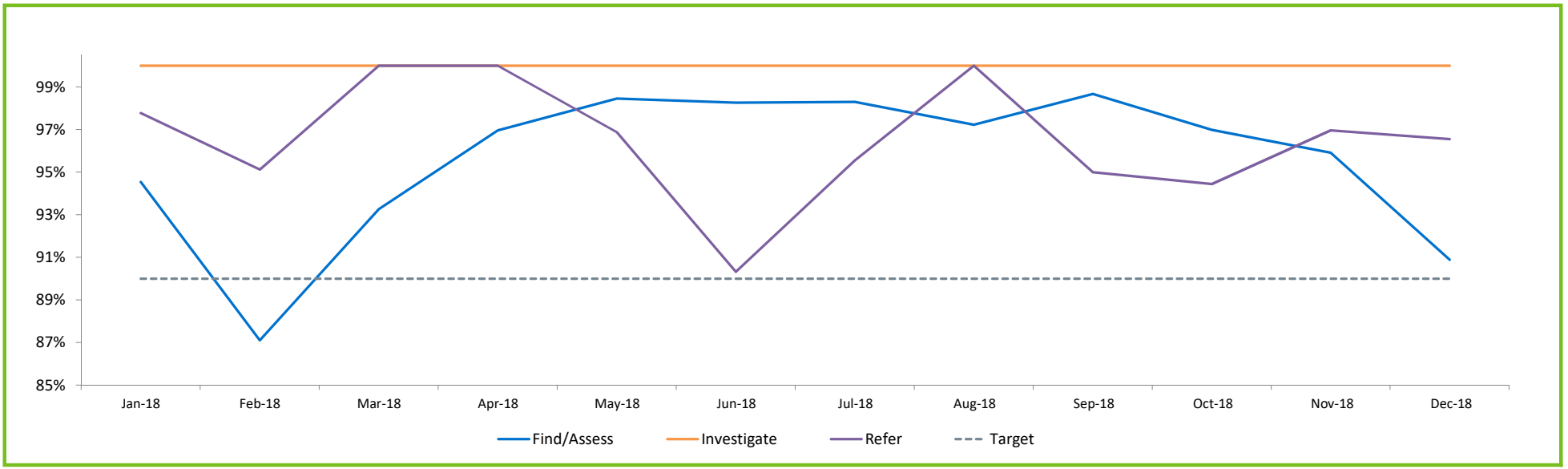






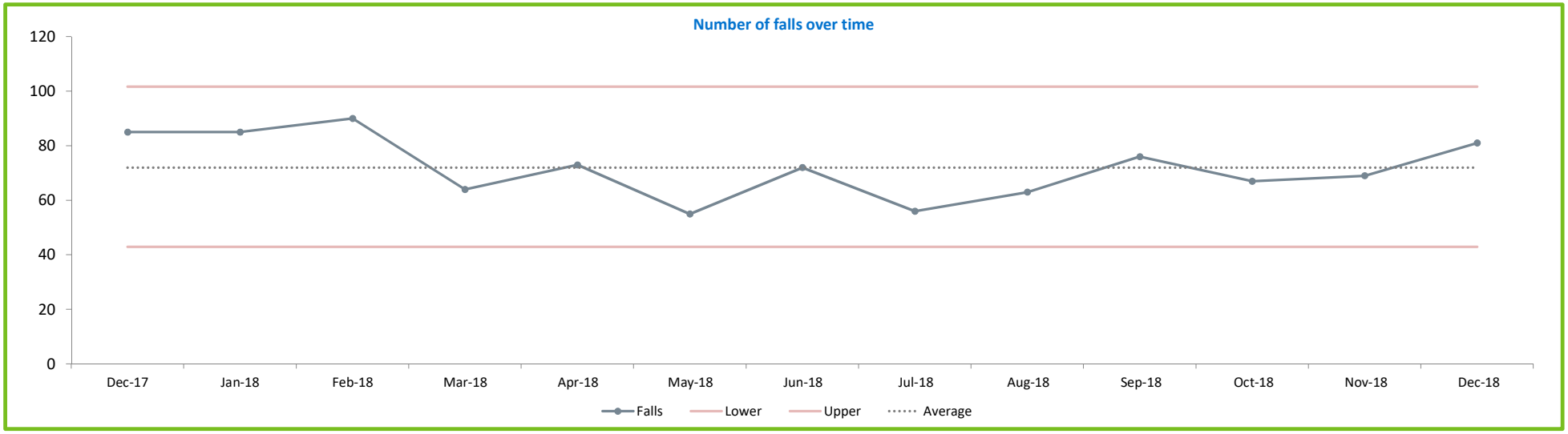
Patients will experience safe care

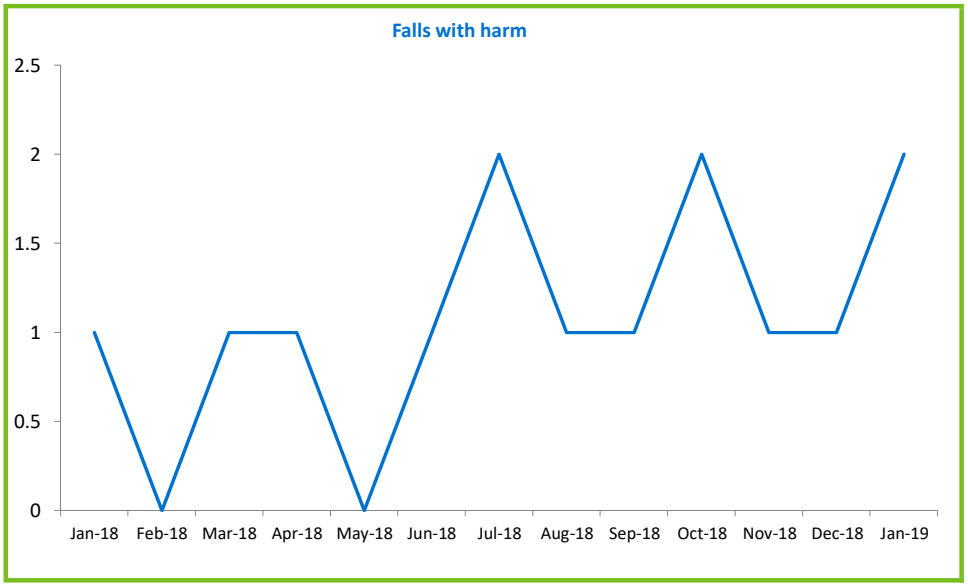
Dementia Performance - 1 month in arrears

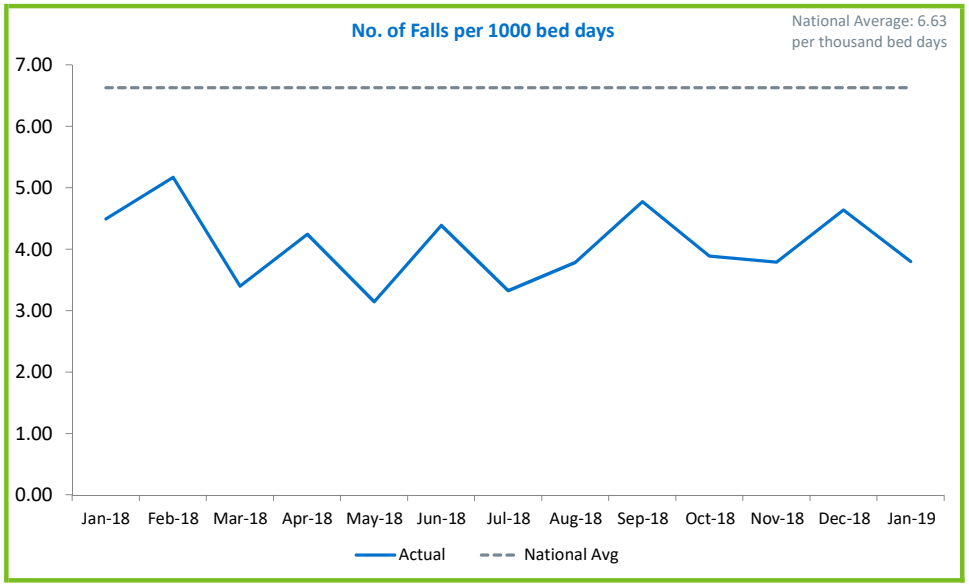


Patients will experience safe care

Falls

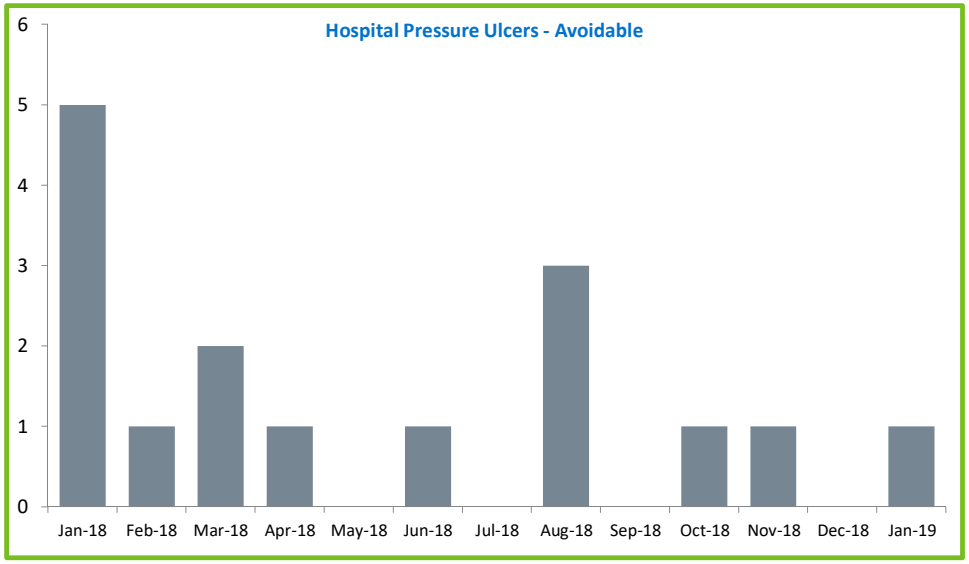


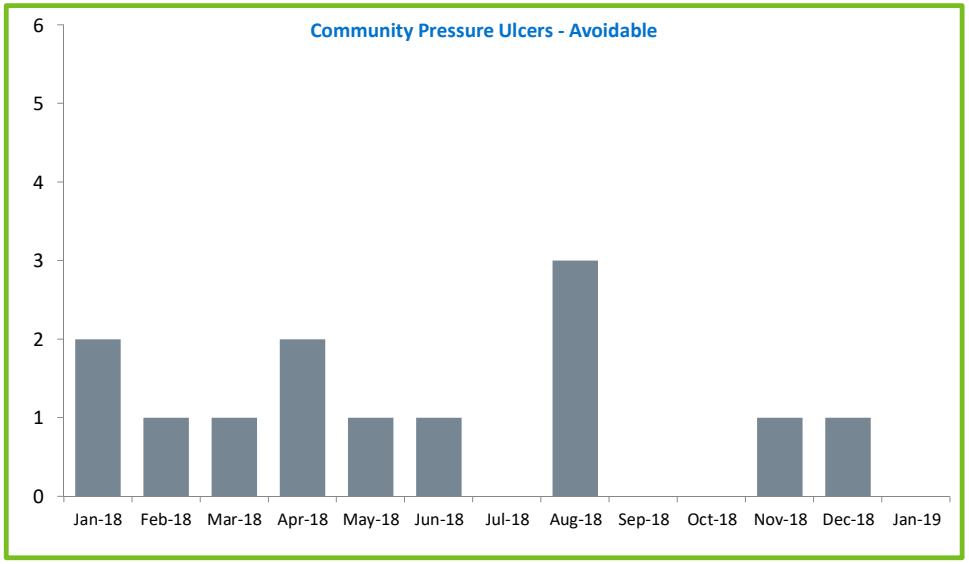




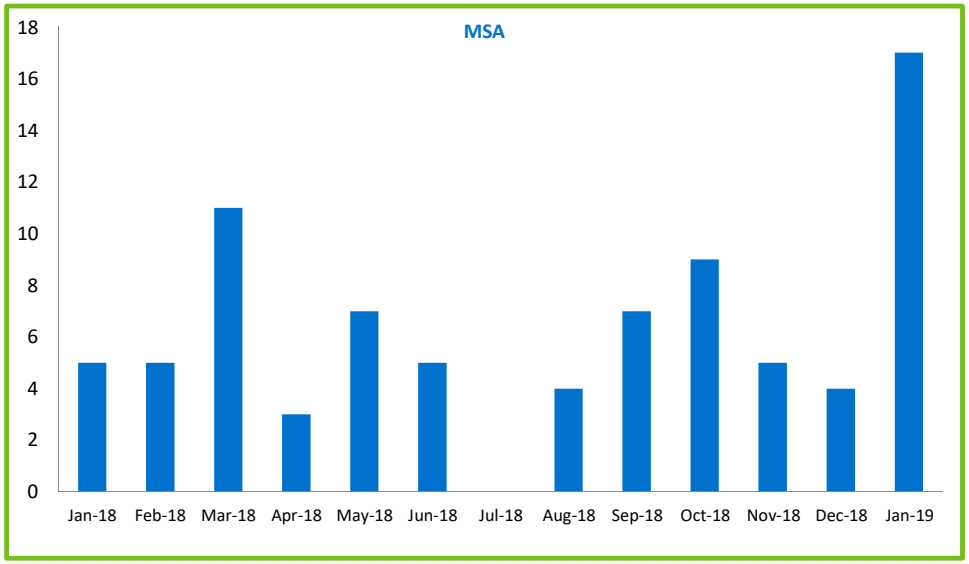
Patients will experience safe care

Pressure Ulcers



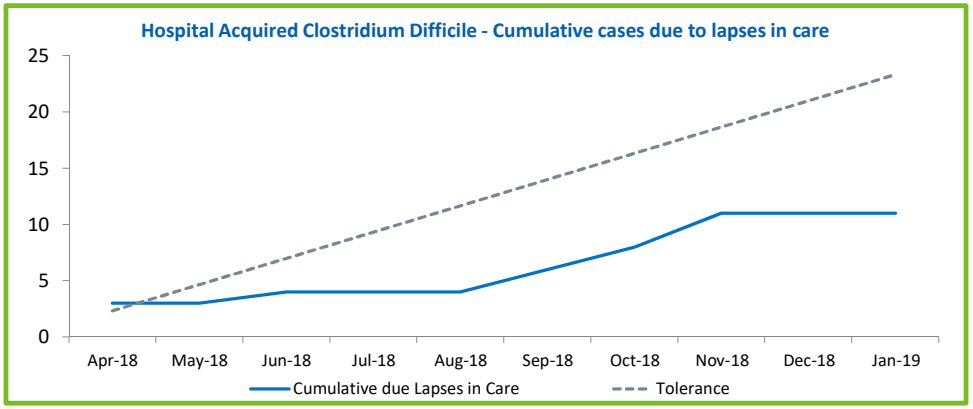


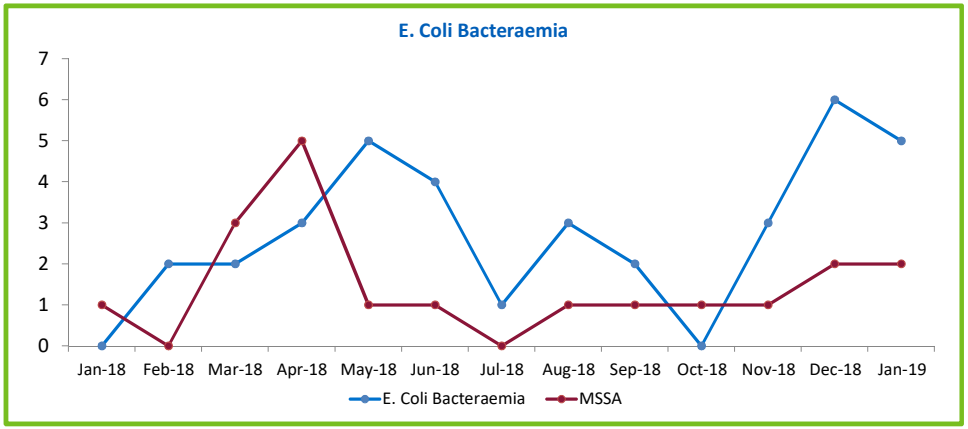
Mixed Sex Accomodation

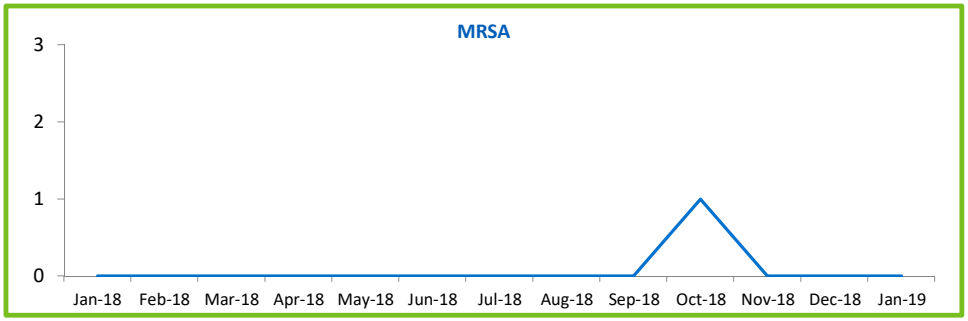


Patients wil experience safe care (Quality Experience)

Infection Control





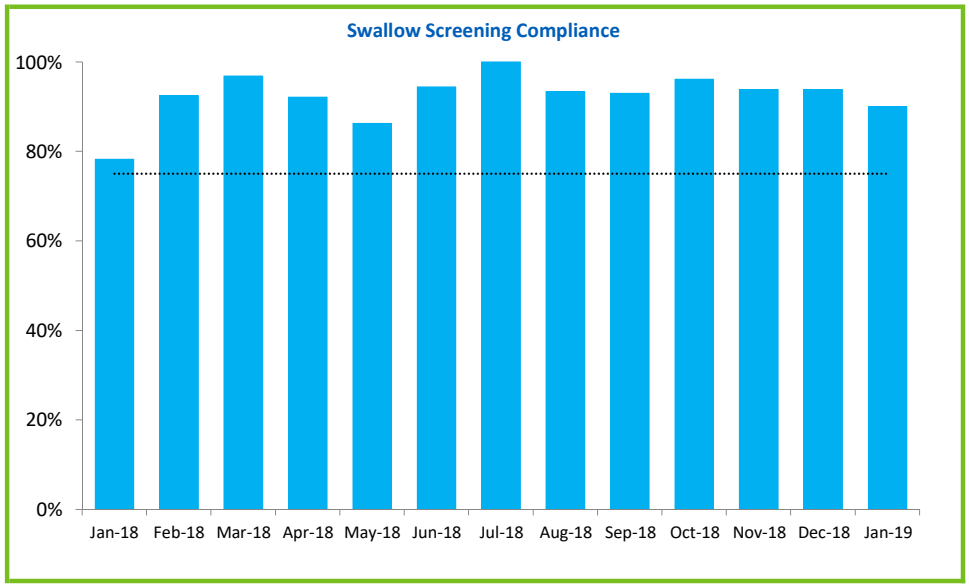


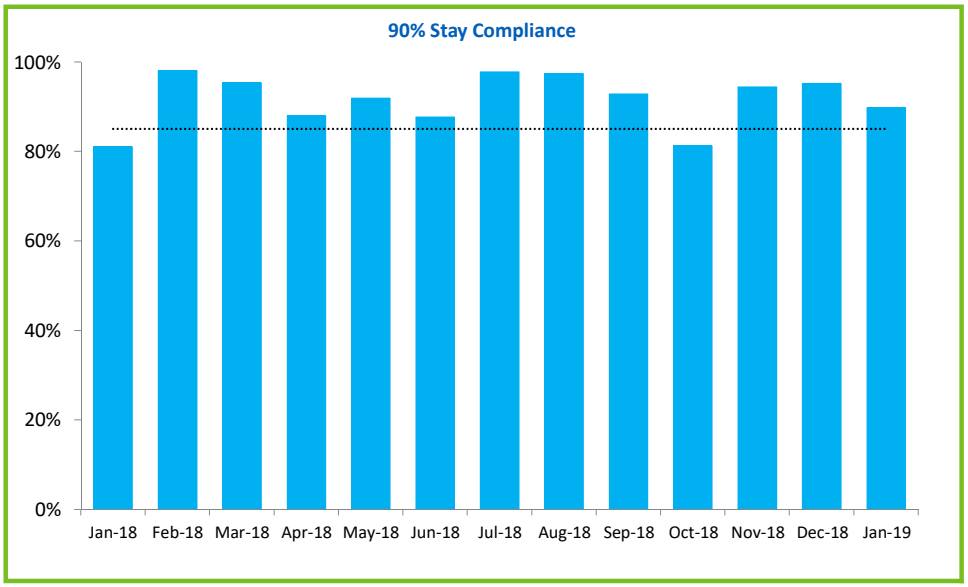
High Impact Interventions		January 2019
HII 1:	Ventilator Associated Pneumonia	100%
HII 2a:	Peripheral Vascular Access Devices - Insertion	100%
HII 2b:	Peripheral Vascular Access Devices - Onoging Care	97%
HII 3a:	Central Venous Access Devices - Insertion	96%
HII 3b:	Central Venous Access Devices - Ongoing Care	100%
HII 4a:	Surgical Site Infection Prevention - Preoperative	100%
HII 4b:	Surgical Site Infection Prevention - Intraoperative	100%
HII 5:	Infection Prevention in Chronic Wounds	100%
HII 6a:	Urinary Catheter - Insertion	100%
HII 6b:	Urinary Catheter - Maintenance & Assessment	99%
Hang hygiene		100%
Commode Audits		99%

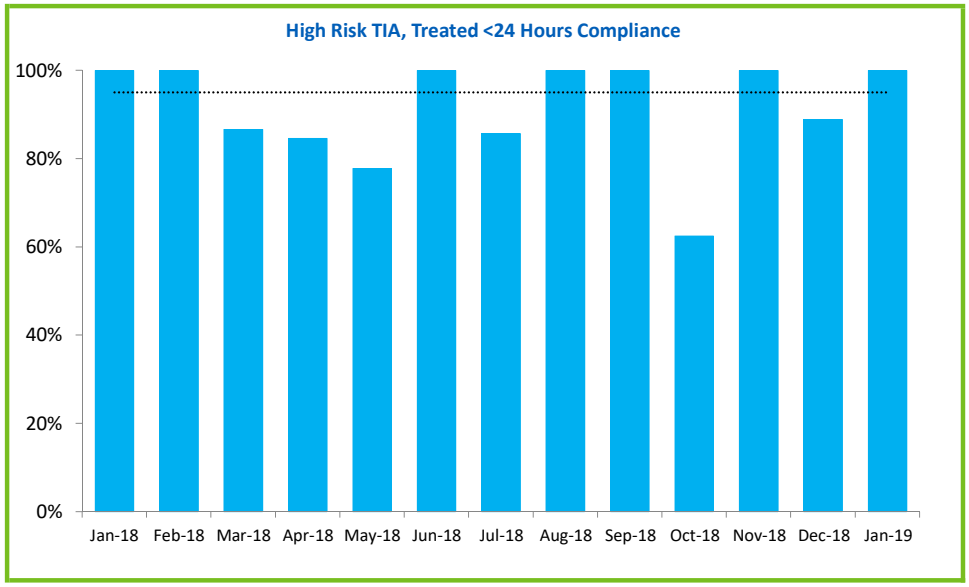
Patients wil experience safe care (Quality Experience)

Please note: last months data is provisional

Stroke

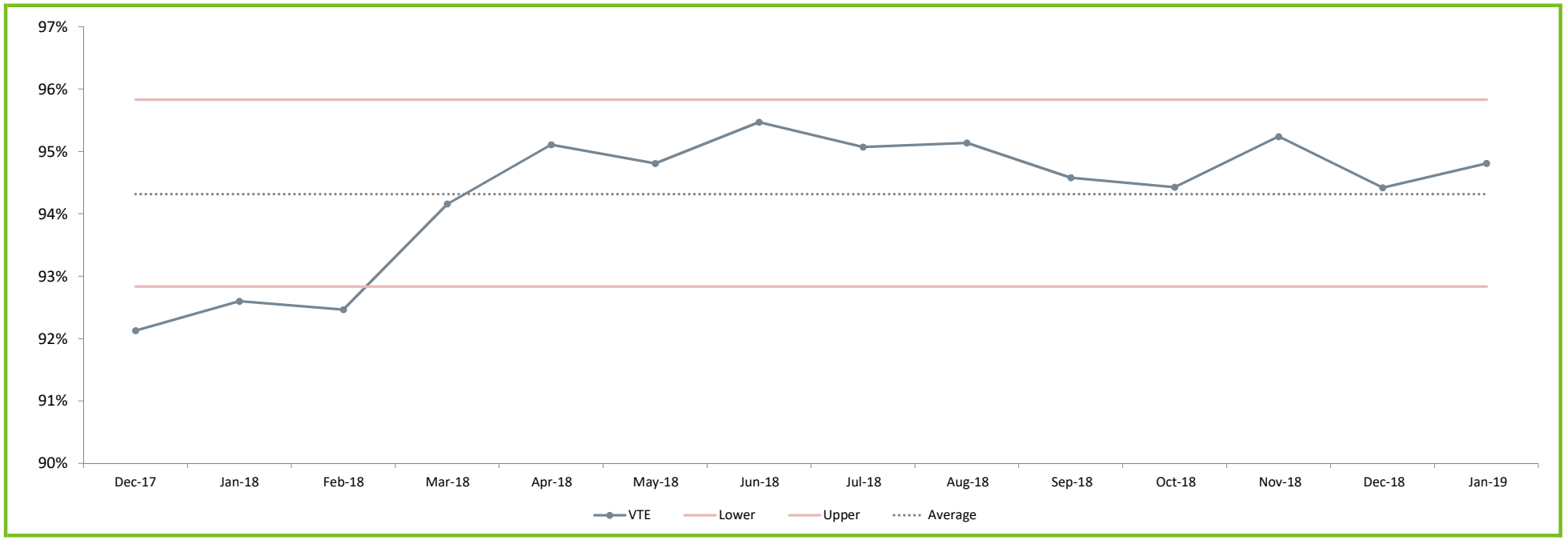






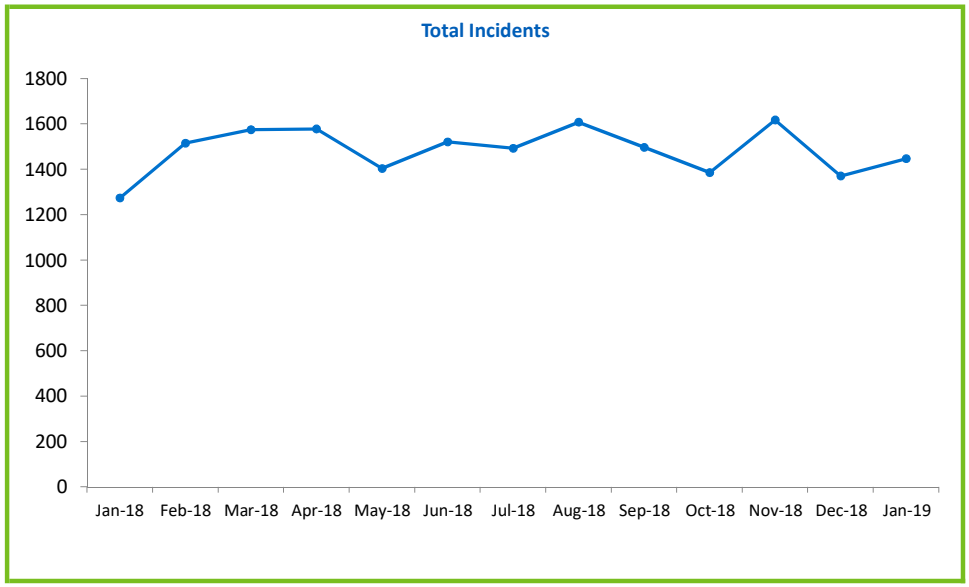
Patients wil experience safe care (Quality Experience)

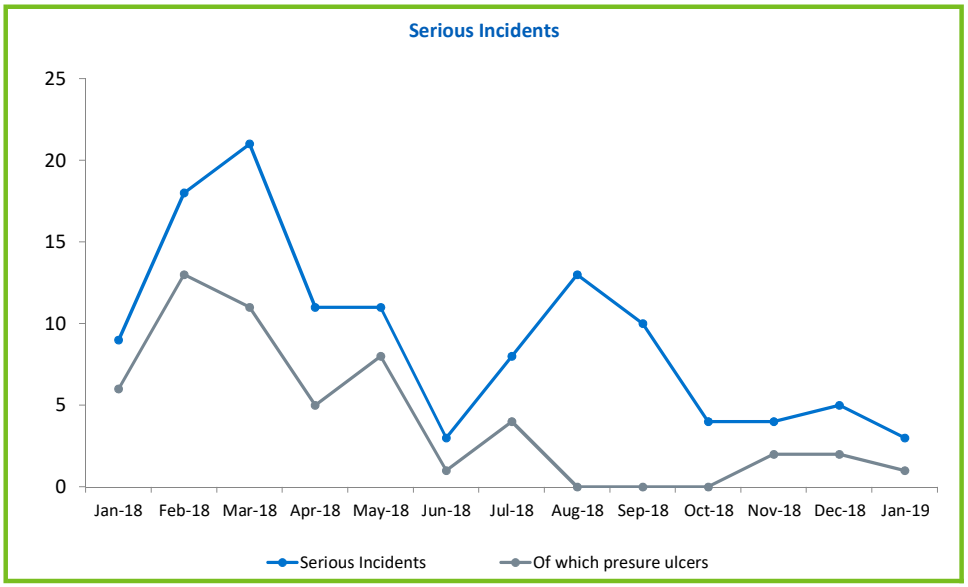
VTE



Patients wil experience safe care (Quality Experience)

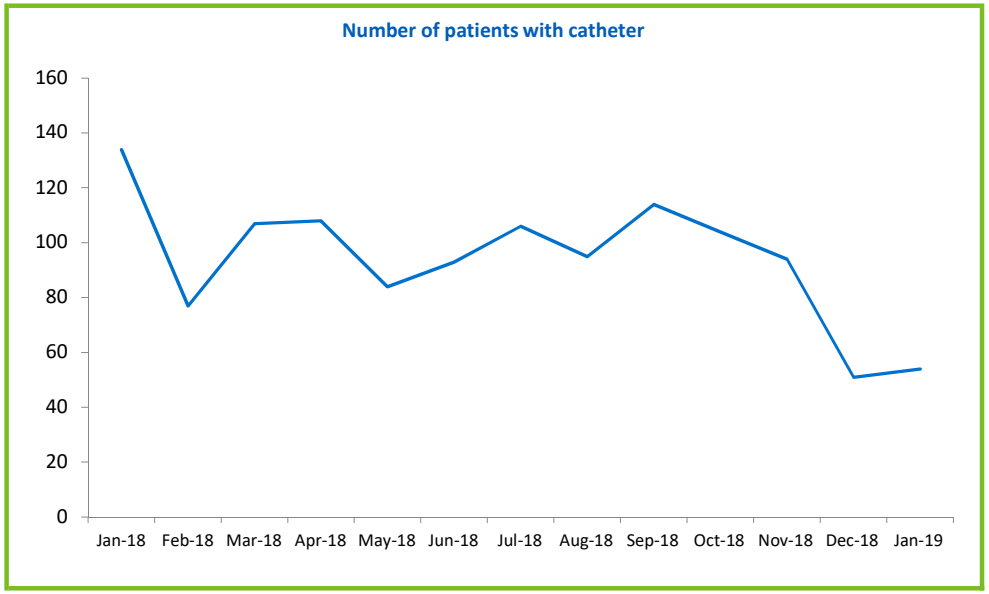
Incidents

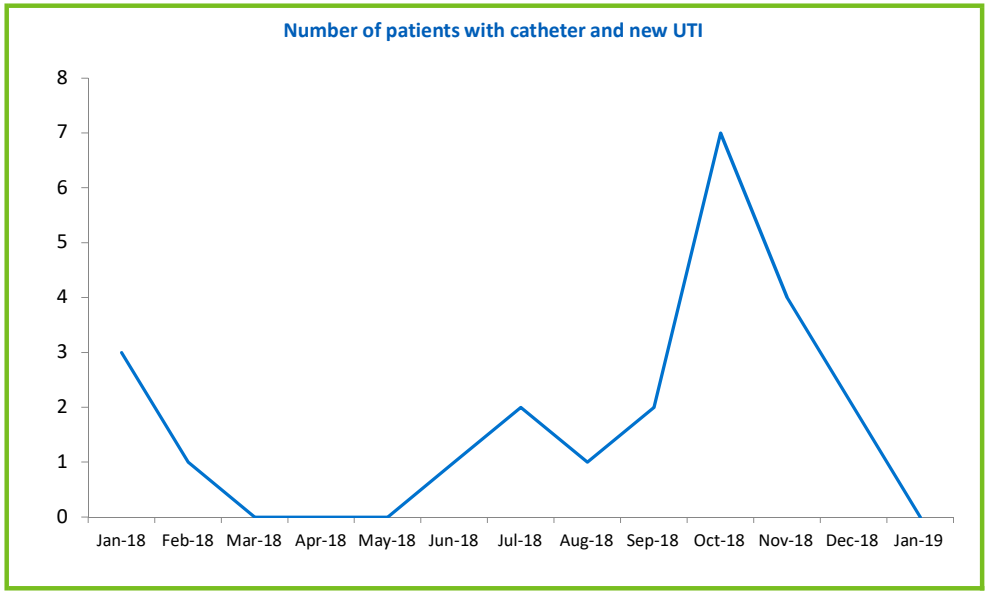




Safety Thermometer

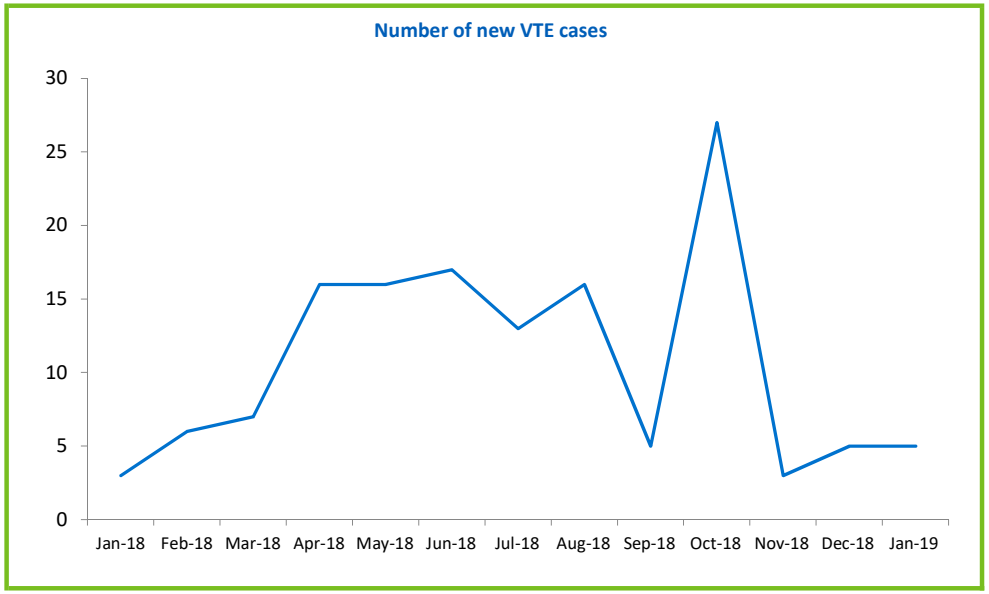
Catheters & UTIs

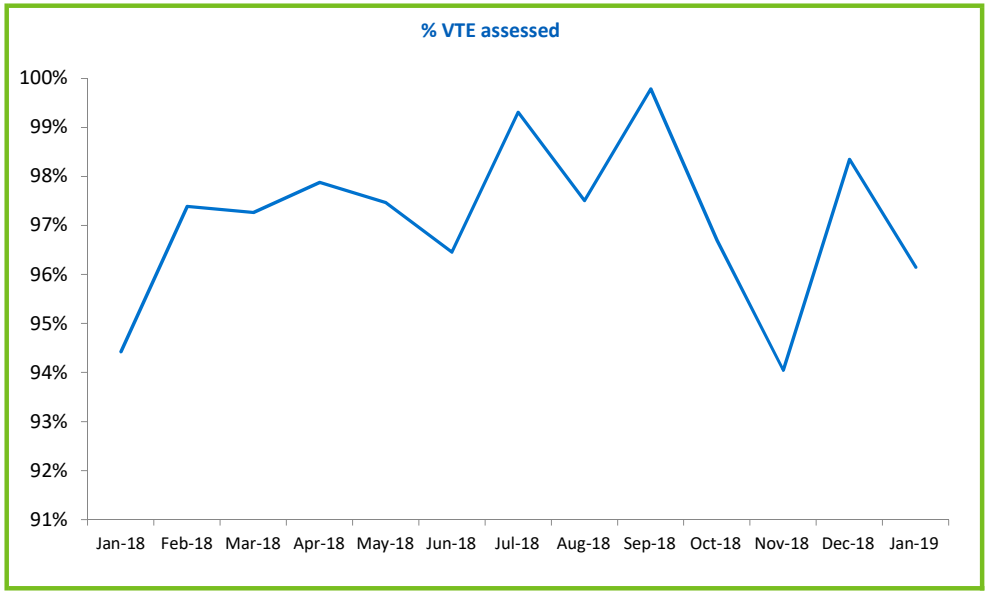


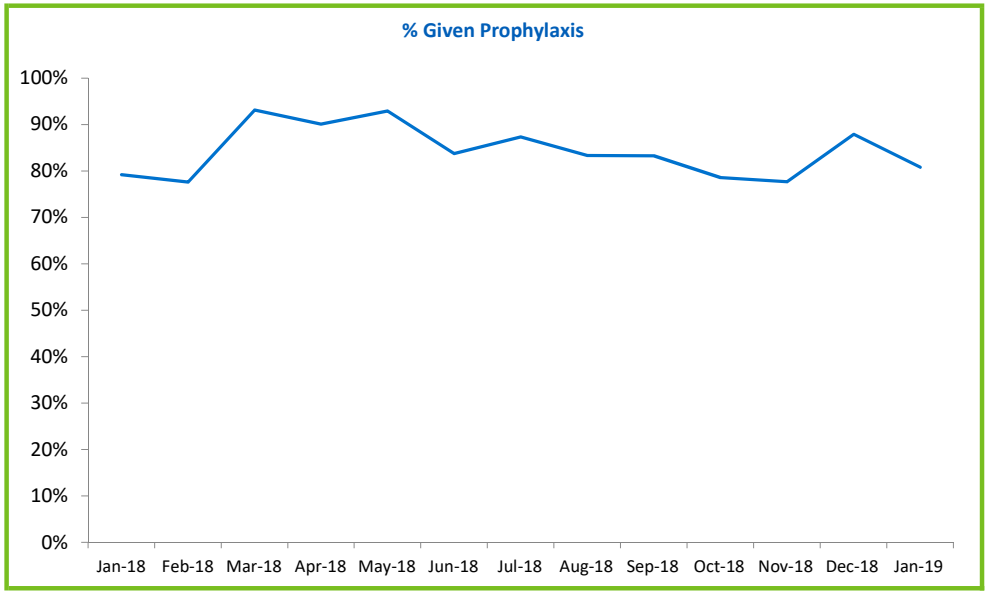


Safety Thermometer

Proportion of Patients with: VTEs







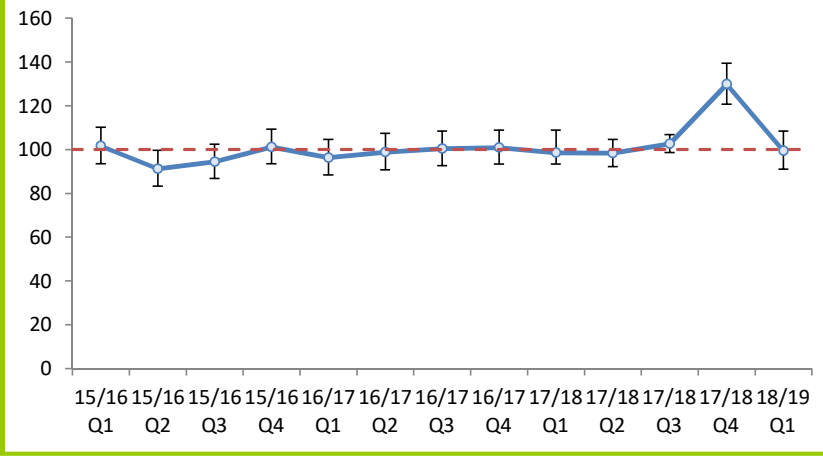
The Dudley Group NHS Foundation Trust

Patients will experience safe care (Safety)

Mortality (source: HED)

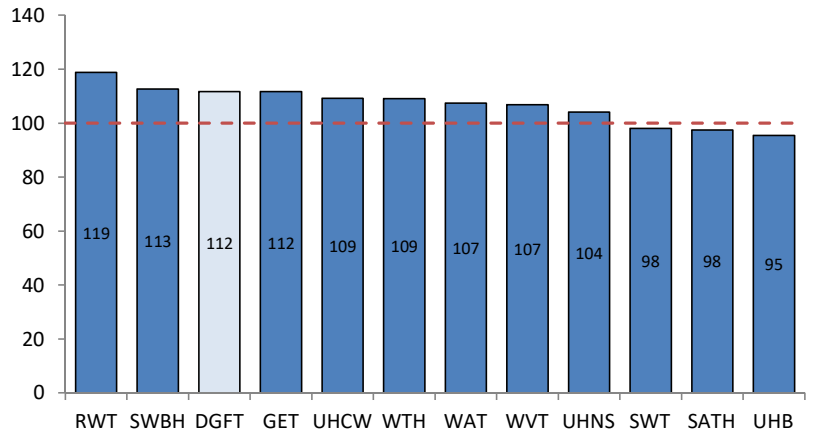
SHMI

Rolling 12 Months by Quarter Trend



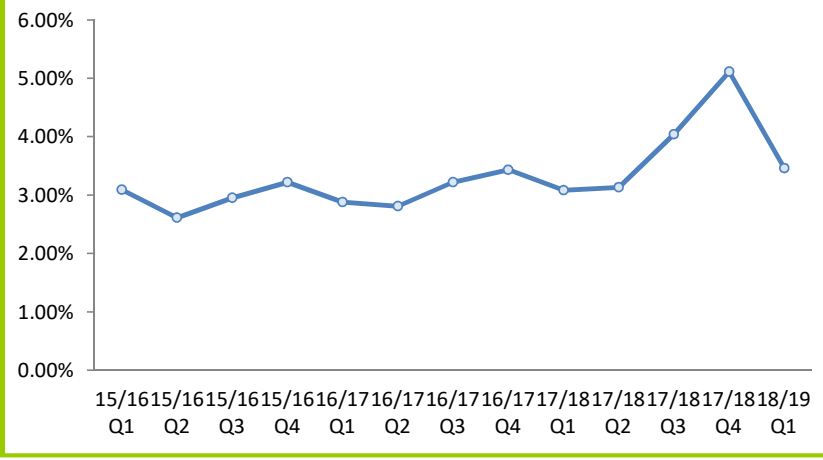
SHMI

Rolling 12 Month Benchmark vs Local Area Team



Crude Mortality

Crude Mortality



SHMI

Comments

SHMI has now returned to bassline. The next mortality report will include detail of all deaths in the period 17/18 Q4.

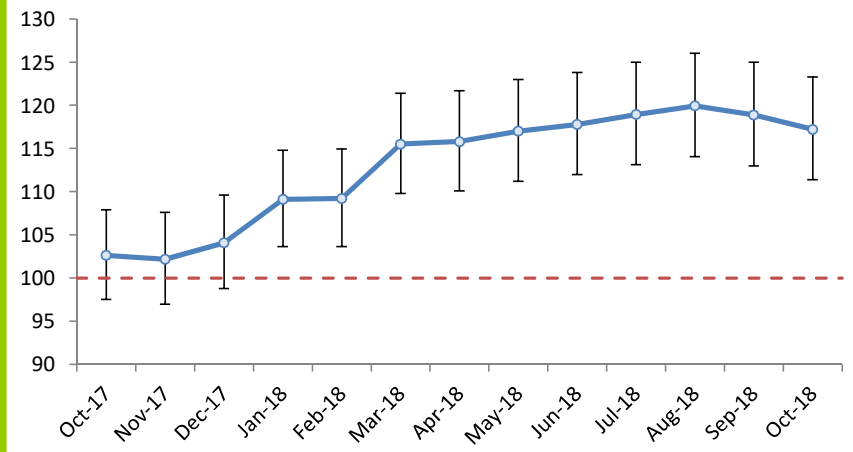
The Dudley Group NHS Foundation Trust

Patients will experience safe care (Safety)

Mortality (source: HED)

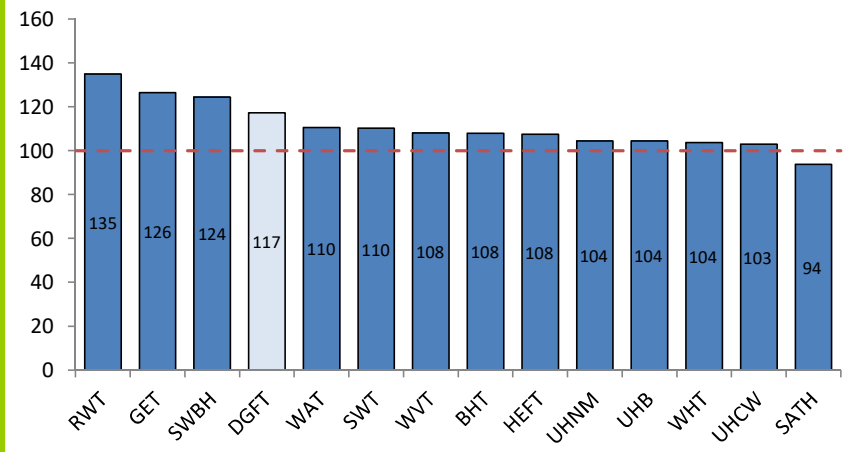
HSMR

Rolling 12 Months



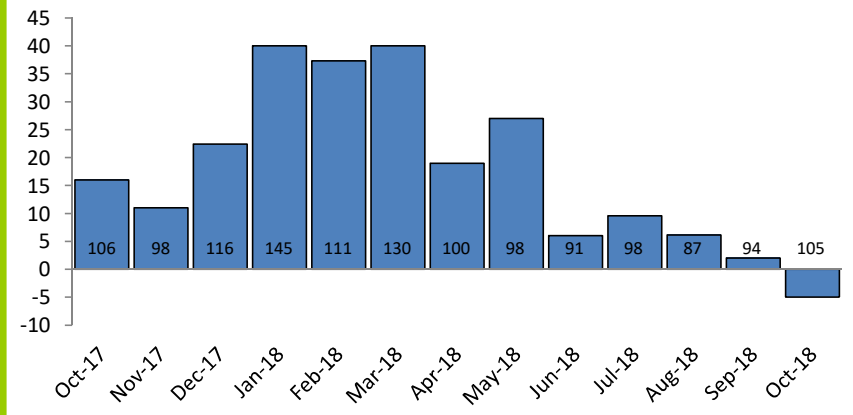
HSMR

HSMR by Trust



HSMR

Observed vs Expected Number of Deaths



Difference is how many more/less the observed was from expected. Value labels show the expected number

HSMR

Comments

Quality Indicators

Heat Map - January 2019

Ward	Environmental Cleaning	Hand-hygiene	MRSA Screening - elective	MRSA Screening - emergency	HCAI CDIFF - due to lapses in care	Saving Lives - 02b peripheral lines	Saving Lives - 06b urinary catheter	Datix incidents reported	Falls, Injuries or Accidents	Pressure Ulcers - Grade 3/4	Serious Incidents	Never Events	Nutrition Audit	Pain Score	Medicines Management Audit	% of Deaths with Priorities of Care	Deterioarating Patient Trolley Check (1 month in arrears)	Fluid Balance Management Audit	VTE Assessment Indicator (CQN01)	NQA - Skin Bundle	FFT - Response Rate	FFT - Recommended %	Complaints	Compliments	Appraisals	Mandatory Training	RN Average Fill Rate (day shifts)	RN Average Fill Rate (night shifts)	Sickness Rate
	Patient Safety & Quality																		Clinical Indicators			Patient Experience				Workforce & Safer Staffing					Ward RAG Trend		
AMU2 (A2)				94.4%				55	9		1						NS					0	0						-2	-1	-4
B1			100.0%					14	1								NS					1	12						-3	2	1
B2 Hip				94.3%				12	2						NS							0	18						-1	0	1
B2 Trauma			67%	88.9%				12	4						NS							1	1						0	-3	3
B3			96%	76.5%				20	5			NS					NS					2	1						0	0	2
B4				90.9%				21	5													1	25						-2	2	0
B5				76.9%				9	0													1	1						1	-2	4
C1				80%				24	9		1						NS	NS				1	49						0	3	-5
C2								46	0													0	3						-2	-2	6
C3				58.3%				32	6													4	72						0	1	0
C4			100%	100.0%				24	1													2	3						0	4	-5
C5			78%	84.2%				17	5								NS					2	41						-1	1	-2
C6				100%				8	3						NS							0	0						-2	-3	3
C7			100.0%	50.0%				30	8								NS	NS				0	0						1	-4	1
C8				92.3%				42	12				NS		NS		NS	NS		NS		1	4						-4	0	0
CCU & PCCU			100%	87.8%				18	4				NS	NS			NS	NS				0	1						1	-2	2
Critical Care				100%				38	4								NS					0	0						0	-1	0
Maternity								120	2		1											0	22						4	2	12
MHDU				96.4%				22	2								NS					0	2						2	3	-2
Neonatal								17	0													0	0						-4	-1	8
Trust Total		99.6%			0	97.0%	98%	1525	120	1	3	0	98.0%			23.2%			94.8%	95.0%	32.3%	94.8%	46	505	95.6%	89.0%			4.3%			
RAG Rating	R: <85% A: 85%-95% G: ≥95%	R: <100% G: 100%	No RAG rating for this indicator	No RAG rating for this indicator	R: <0 G: 0	R: <75% A: 75%-95% G: ≥95%	R: <75% A: 75%-95% G: ≥95%	No RAG rating for this indicator	No RAG rating for this indicator	R: <0 G: 0	R: <0 G: 0	R: <0 G: 0	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: ≤30% A: 30%-60% G: ≥60%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <26% A: 26%-35.1% G: ≥35.1%	R: <96.3% A: 96.3%-97.4% G: ≥97.4%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: >4% A: 3.5%-4% G: ≤3.5%			

Enclosure 9

The Dudley Group NHS Foundation Trust

Patient Experience Report Quarter three, 2018/19 for Council of Governors
Thursday 7 February 2019

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

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

ACTION REQUIRED OF GROUP:			
Decision	**Approval**	**Discussion**	**Other**
		y	

OVERALL ASSURANCE LEVEL			
Significant Assurance	**Acceptable Assurance**	**Partial Assurance**	**No Assurance**
☐ High level of confidence in delivery of existing mechanisms / objectives	☒ General confidence in delivery of existing mechanisms / objectives	☐ Some confidence in delivery of existing mechanisms / objectives, some areas of concern	☐ No confidence in delivery

RECOMMENDATIONS FOR THE GROUP:

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

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience

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

IMPLICATIONS OF PAPER:

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

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

NHS
The Dudley Group
NHS Foundation Trust

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

Total FFT Returns **16,632**

Friends and Family Test (FFT)

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

* Quality priority based on October & November data only

Complaints received in Q3: **144**
163 received in Q2

Quality Priority 2018/19

On target Not on target

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

Patients are saying...

You said

We Have

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

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

We needed to improve the inpatient menus and food service

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

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

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

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

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

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

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

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

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

Developed by *Dudley Clinical Commissioning Group*

Introduction

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

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

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

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

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

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

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

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

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

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

Within Q3 we successfully:

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

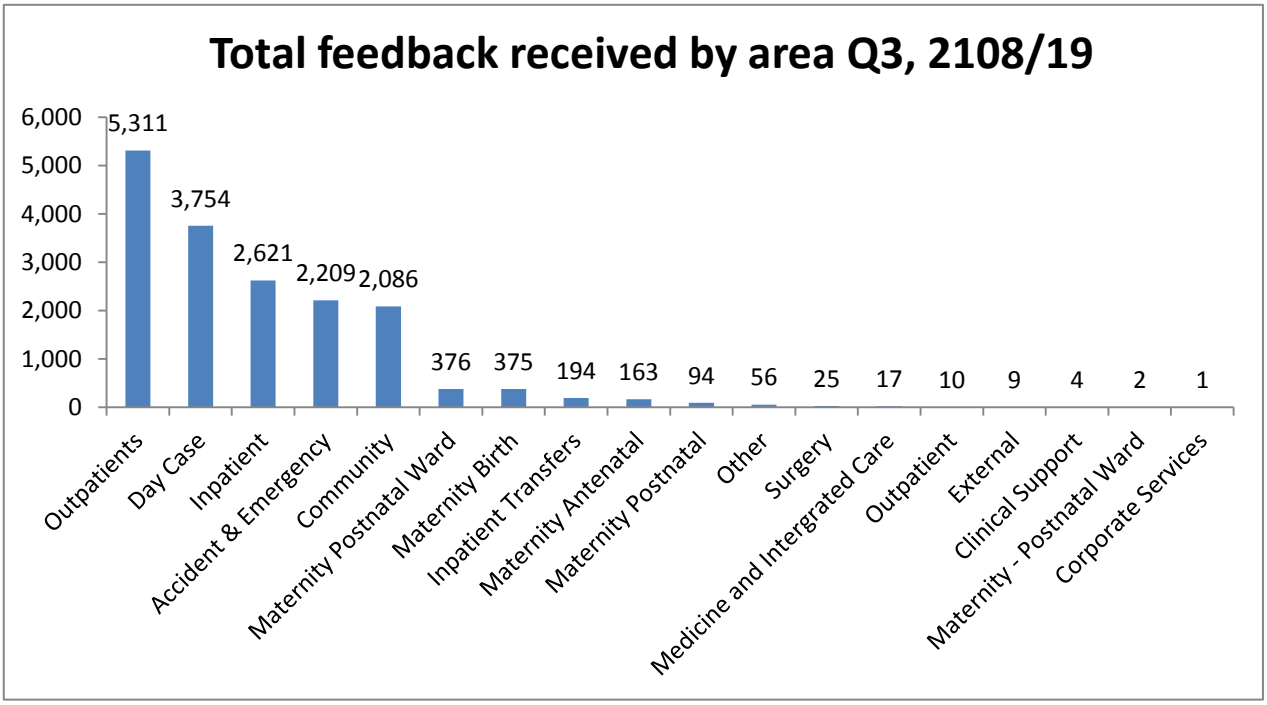
- Launched a poster campaign to **promote cancer clinical nurse specialists** for the site specific teams available these are displayed in outpatient areas waiting areas.
- Appointed a **new food supplier** for the main elements of the revised inpatient menu.
- **Launched a new inpatient menu** based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

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

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

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

Table 1



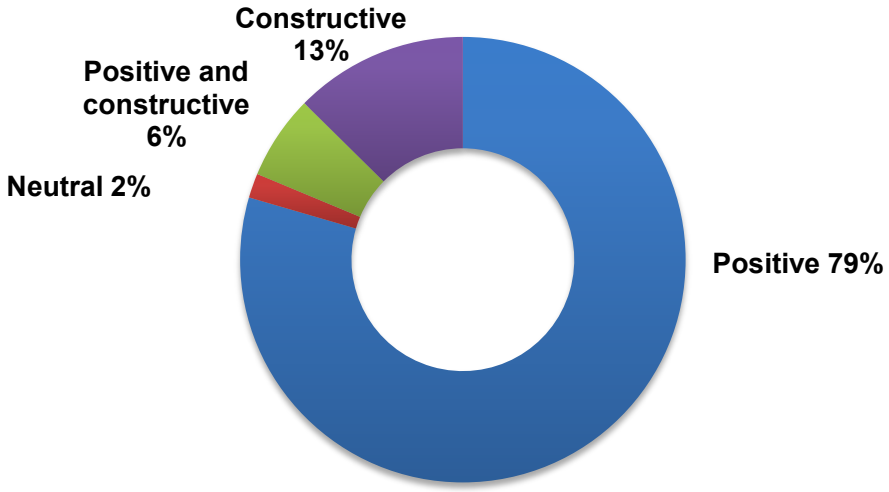
The Trust continues to receive an increasing amount of positive feedback. The Trust expects to receive more than 70,000 pieces of feedback during 2018/19 compared to 64,500 received in the previous year.

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

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

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

Table 2



1. National Survey Programme

There were no national results published during Q3.

2. Other surveys

2.1 Friends and Family Test

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

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

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

RAG rating legend – response rate

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

Community services response rates

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

ED services response rates

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

Maternity services response rates

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

Outpatient services response rates

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

Inpatients response rates

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

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

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

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

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

2.2 Real time inpatient survey

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

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

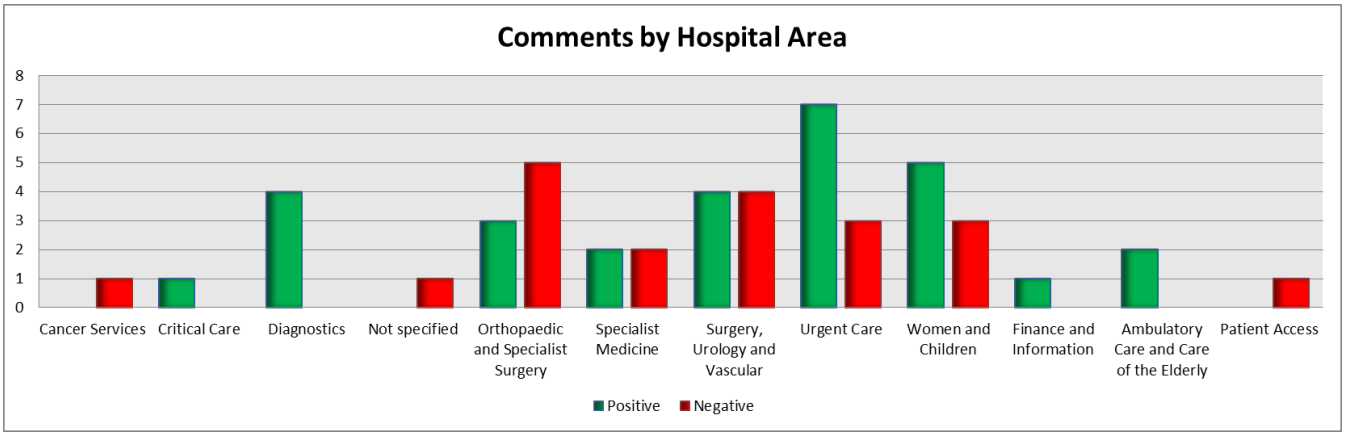
The results are shared with the ward areas each month. The weighted scores are displayed on the individual 'Huddle' boards located in each ward area providing information for both staff and patients. The results for Q3, October to December 2018 are as follows:

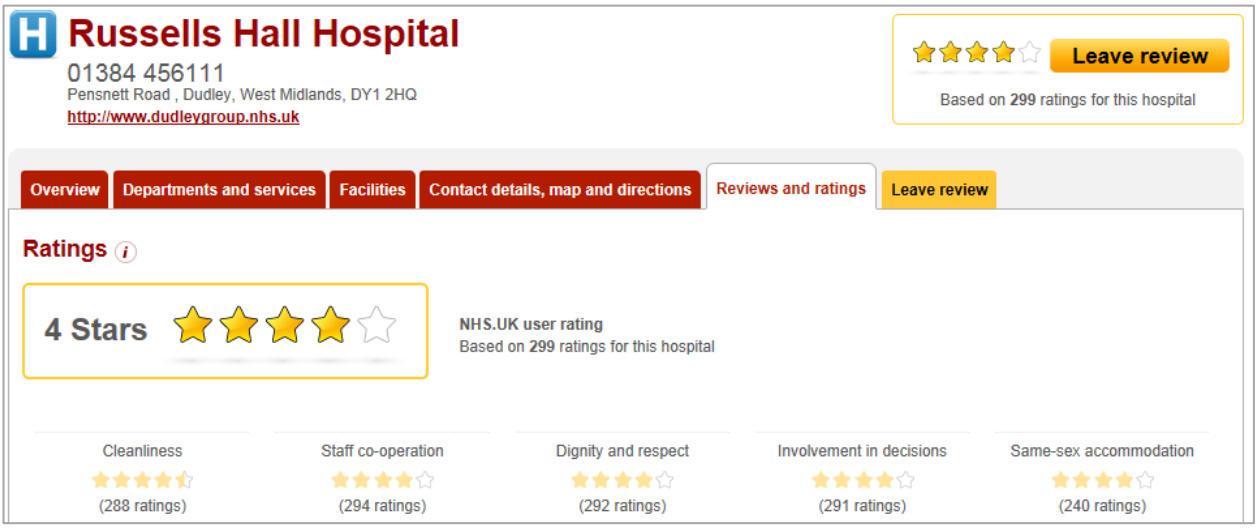
Ward/area	**/10 patients had confidence and trust in the staff treating them**	**/10 patients said they were treated with dignity and respect**	**/10 patients felt they were given enough privacy and dignity when discussing their condition/treatment**	**/ 10 women felt they were kept informed about all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

3. NHS Choices

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

Table 1





NHS Choices star rating for Russells Hall Hospital as at 31 December 2018.

4. Complaints

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

Two key metrics within the complaints service is that:

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

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

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

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

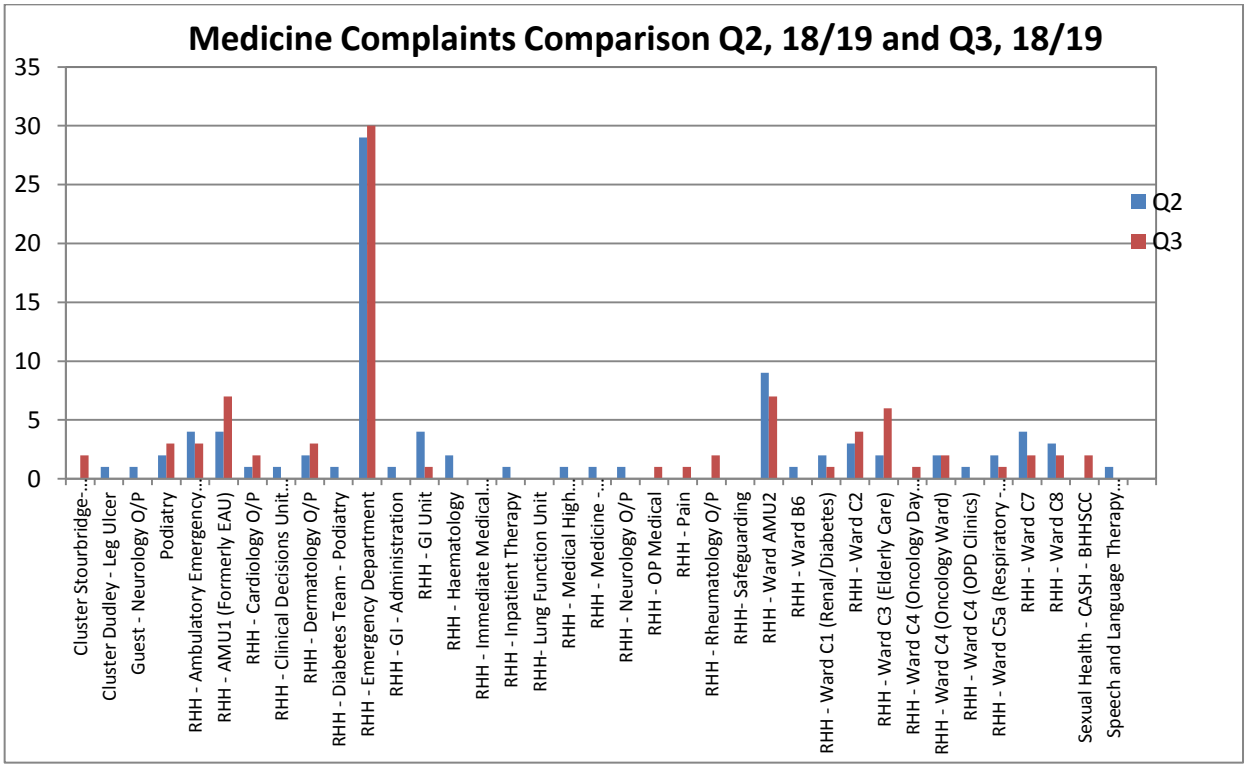
0 – 28 working days	29 – 40 working days	41 – 60 working days	61 – 100 working days	101 – 393 working days
63	23	37	45	41

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

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

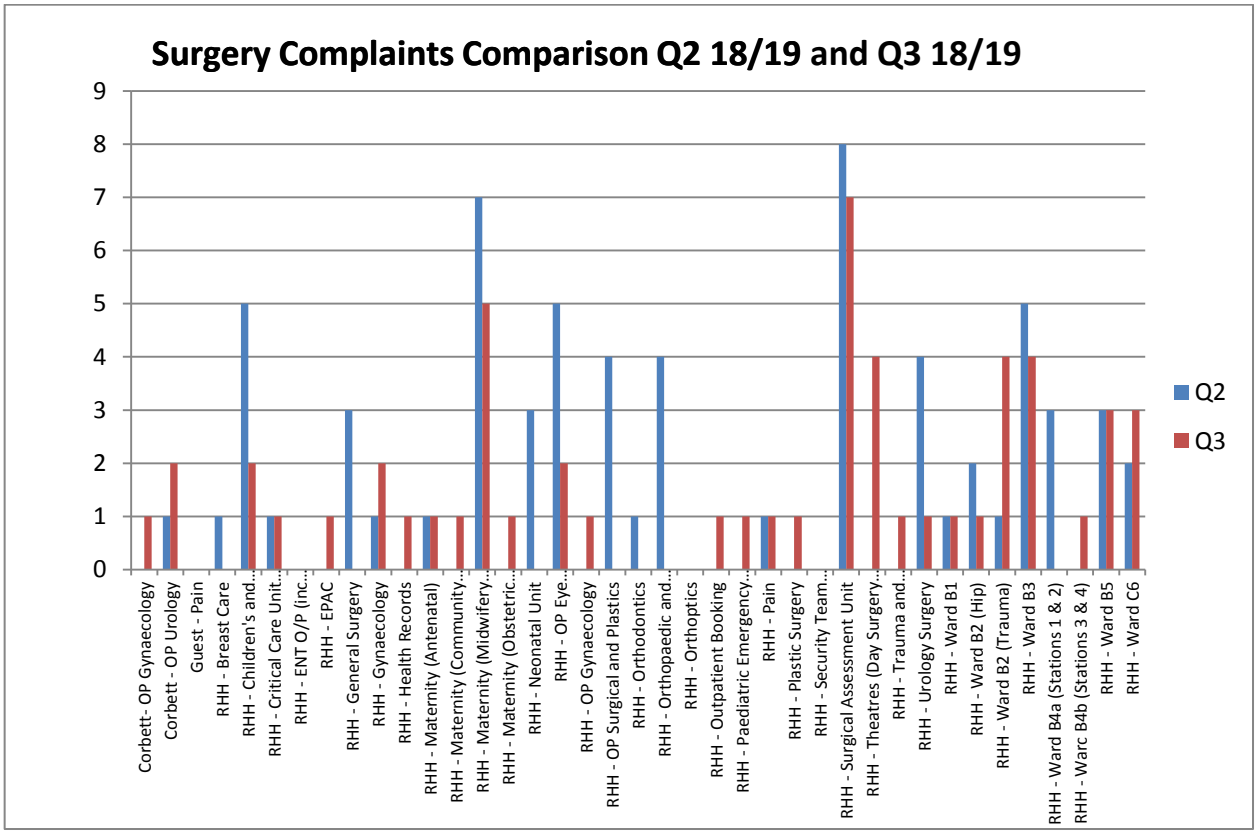
The following graphs illustrate complaints received within the division and which specific area of the Trust. They also demonstrate a comparison between Q3 and Q2, 18/19.

Table 1



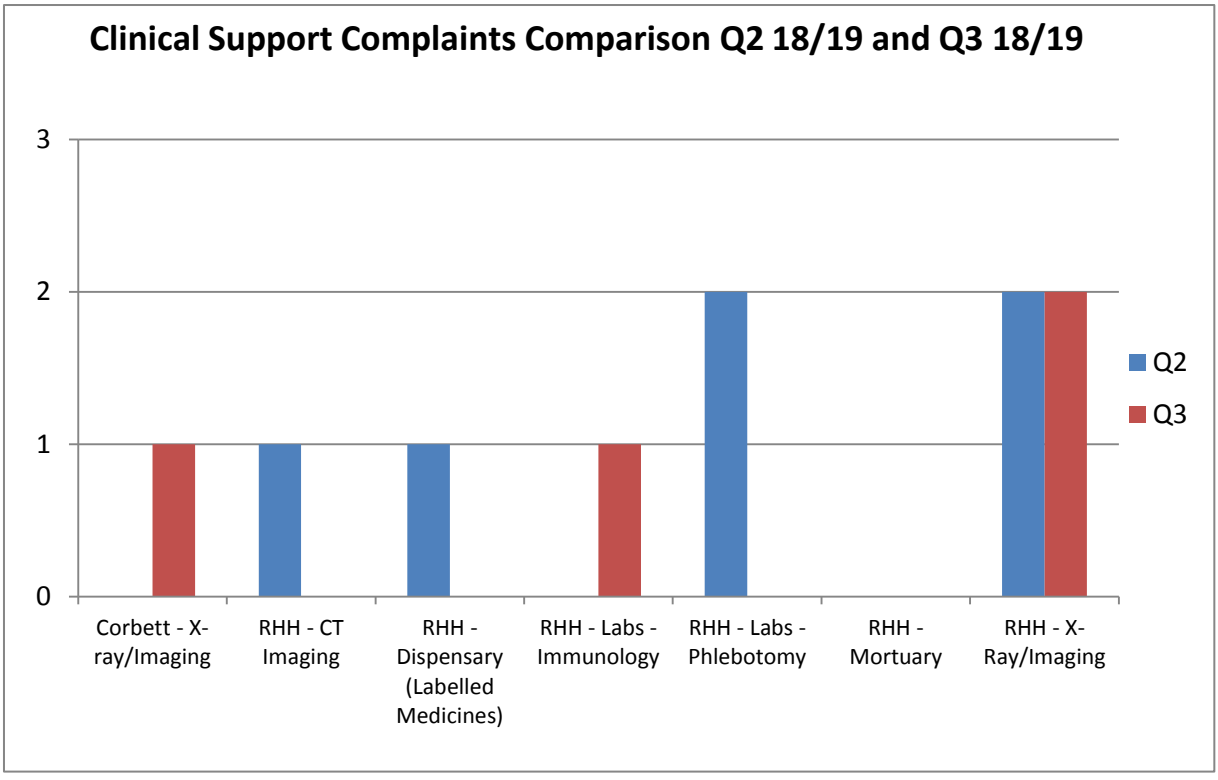
The Emergency Department has seen a slight increase in complaints from 29 in Q2, 2018/19 to 30 in Q3 2018/19 and contiunes to be the highest area of complaints received. Ward AMU1, ward C3, ward C2 and podiatry have also seen an increase in complaints received from the previous quarter.

Table 2



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

Table 3



There has been an increase in complaints received for Corbett Outpatient Centre; X-ray/imaging (1) and RHH – Labs – Immunology (1).

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

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

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

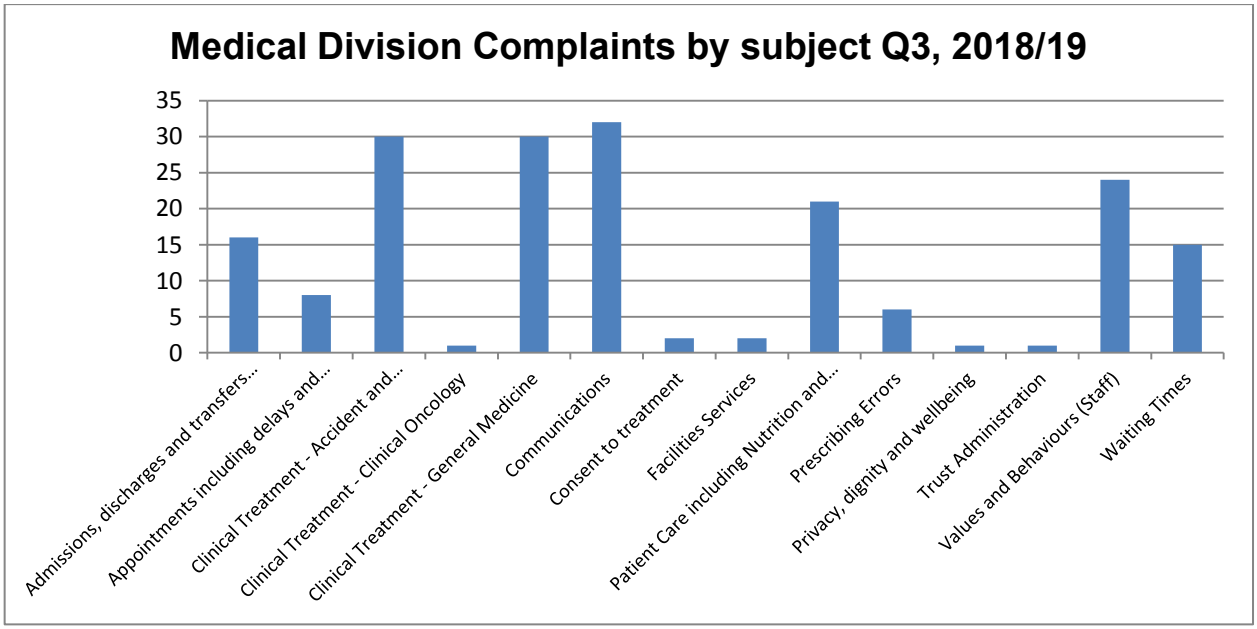
Medicine & Integrated Care Division

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

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

Table 4, details complaints received by subject.

Table 4



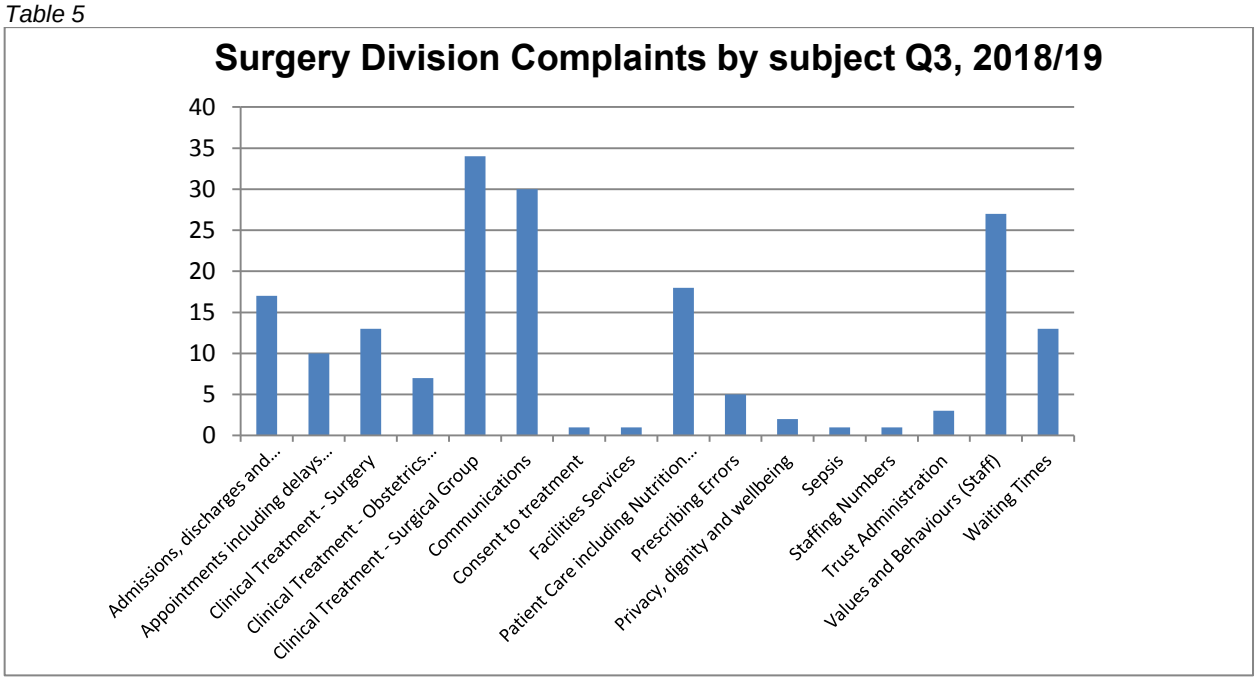
Surgery Division

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

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

Table 5, details complaints received by subject.

Table 5

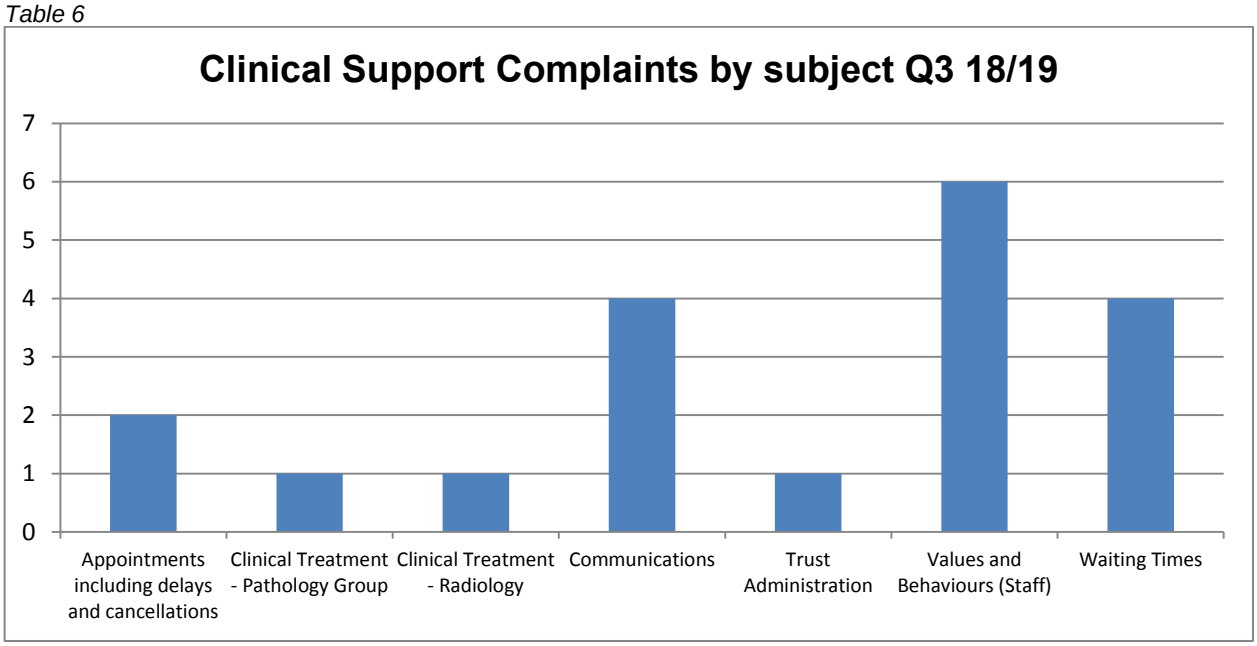


Clinical Support Division

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

Table 6 details complaints received by subject.

Table 6



Complaint Themes

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

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

Reopened Complaints

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

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

These related to:

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

Complaint responses

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

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

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

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

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

Members of Parliament (MP)

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

Local Government Ombudsman (LGO)

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

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

Parliamentary Health Service Ombudsman (PHSO)

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

Complaints Satisfaction Surveys

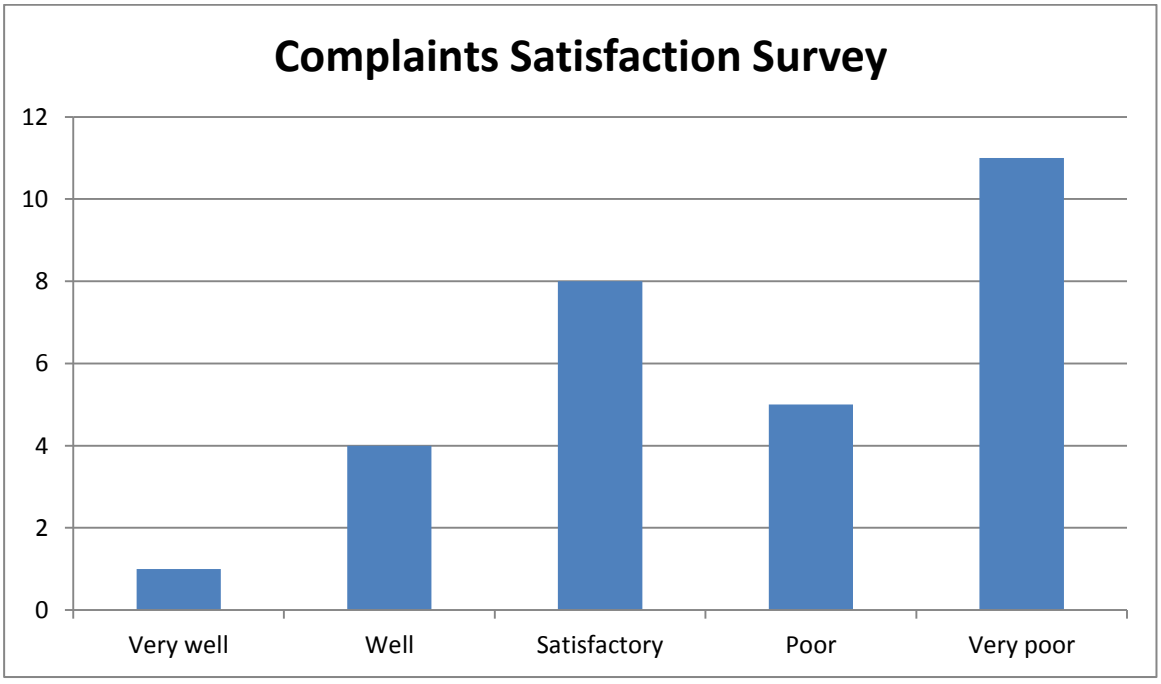
It is mandated that all trusts participate in the complaints satisfaction survey and is part of the NHS Complaints Legislation (2009). All complainants have the opportunity to complete a complaint satisfaction survey.

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

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

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

Table 7



5. Compliments

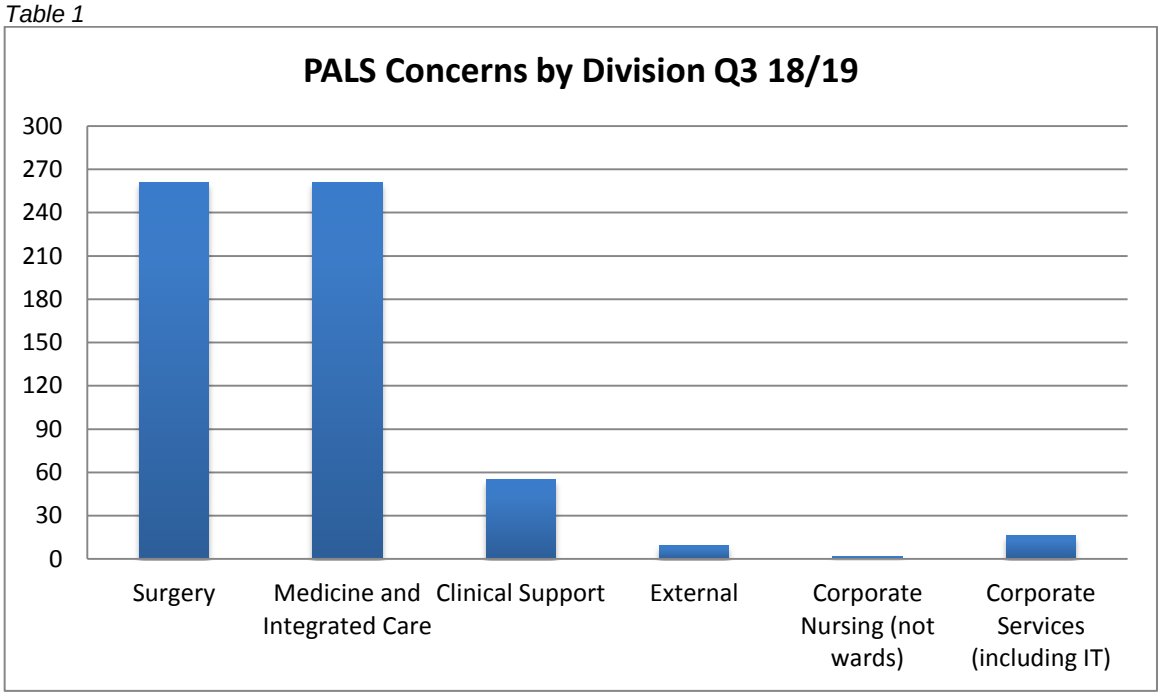
The Trust continues to receive a high number of compliments equating to around 0.75% of patient activity. All compliments received by the Chief Executive and the Chief Nurse are acknowledged personally and shared with the staff involved. A total of 2,416 compliments were received in Q3 which represents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

6. Patient Advice Liaison Service

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

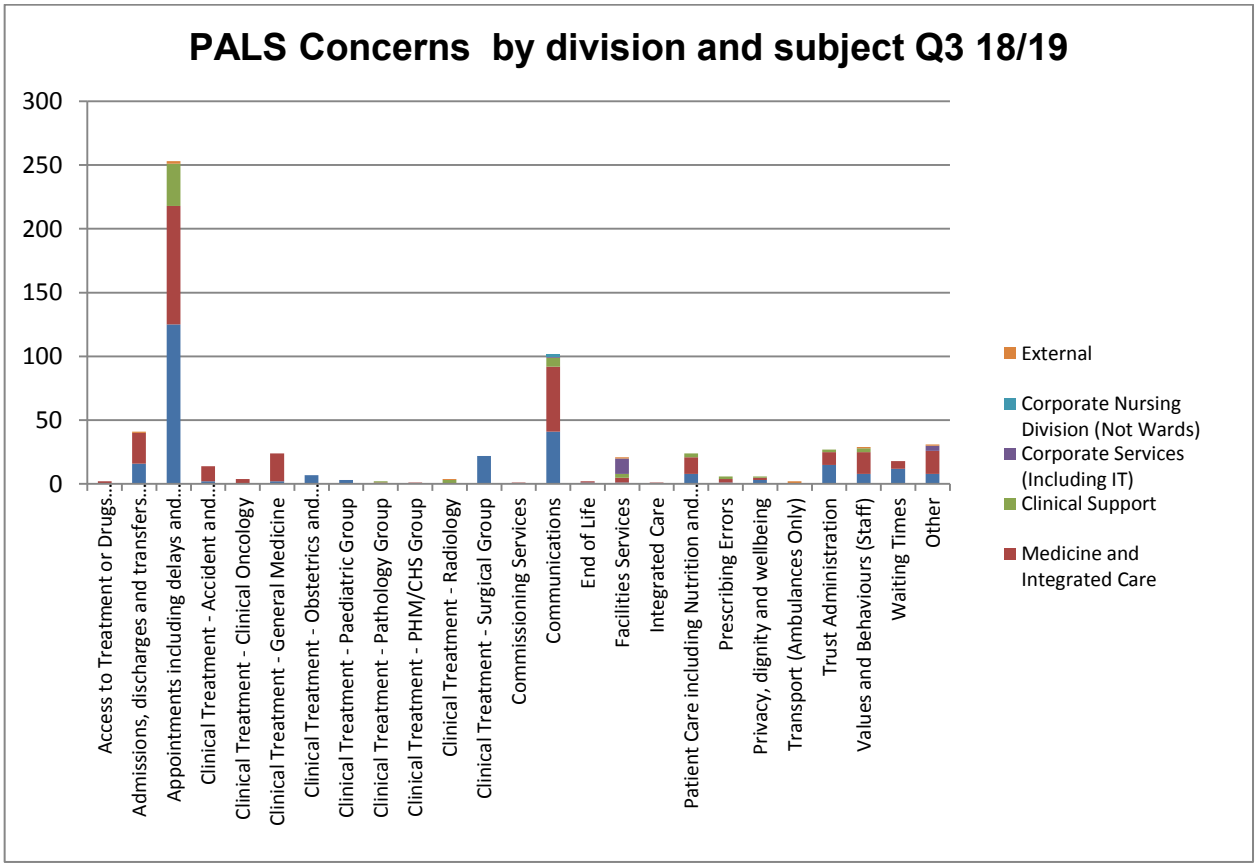
Table 1 details the breakdown by division during Q3:

Table 1



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

Table 2



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

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

Table 3

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

Conclusion

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

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

Enclosure 10

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
7 March 2019

TITLE:	Learning Report from Incidents, Complaints and NPSA Alerts - Quarter 3 - 1st October 2018 to 31st December 2018		
AUTHOR:	Justine Edwards – Patient Safety Manager Lara Fullwood– Complaints Manager Sharon Phillips – Deputy Director of Governance	**PRESENTER:**	Gilbert George Interim Director of Governance / Board Secretary

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

ACTION REQUIRED OF COMMITTEE :			
Decision	**Approval**	**Discussion**	**Other**
	Y	**Y**	

OVERALL ASSURANCE LEVEL			
Significant Assurance	**Acceptable Assurance**	**Partial Assurance**	**No Assurance**
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery

RECOMMENDATIONS FOR THE COUNCIL OF GOVERNORS

To note continued commitment to learning from patient feedback, incidents, complaints and NPSA alerts undertaken across the Trust as demonstrated within the examples included in the report.

CORPORATE OBJECTIVE:

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

SUMMARY OF KEY ISSUES:

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

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

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 Q3:

Medication incidents

The Trust has seen an increasing number of incidents relating to the delay of chemotherapy on the Oncology Day Case Unit. This issue was discussed at the Medicines Management Group and a task and finish group has been set up to explore homecare options for the administration of chemotherapy.

Scenarios have been shared with the Trust within the Medicine Link Nurses Newsletter based on incidents reported within the Trust and feedback from nursing and pharmacy staff. This Newsletter is created bi-monthly to provide valuable feedback on learning throughout the Trust, educate and train Trust staff and effectively communicate key messages on medicines related incidents in the Trust and has been made available on the Trust intranet.

This month the scenarios provide guidance relating to Anticoagulation incidents:

- Prescribing errors where both a Low Molecular Weight Heparin (LMWH) and a Direct Oral Anticoagulant (DOAC) have been prescribed on the treatment card. Staff are requested to familiarise themselves with both the generic names and brand names of DOAC's and to ensure that DOAC's are prescribed on the anticoagulation section of the prescription chart.
- The guidance details how DOAC's have interactions with other medicines.
- When patients that are discharged home on LMWH, the Anticoagulant Service must be informed prior to discharge and an anticoagulant referral must be completed via Sorian. Patients' medical notes, treatment chart and TTOS must be sent to the anticoagulant department, pre-discharge to arrange follow up. The anticoagulation nurses will then arrange and administer the LMWH to the patient if required. A district nurse (SPA) referral is not needed.

Late reporting from Laboratories to Genitourinary (GU) Medicine

There have been a number of incidents regarding the late reporting of results from the laboratories to GU Medicine resulting in a potential breach of the two week turnaround of informing patients of any positive results.
In response to this GU Medicine have amended the system in which the patient files awaiting results are filed to ensure dates are checked on a daily basis. A member of staff is allocated to liaise with the laboratory when results are late or missing and this member of staff is responsible for contacting

the patients promptly on discovery of the late/missing results. This will be monitored through incident reporting.

Patient Fall in Diabetes and Endocrine Centre

A patient fall in a toilet within the Diabetes and Endocrine centre highlighted an issue with the toilet door as it did not have the facility to open outwards making it difficult for staff members to assist the patient back to a standing position. The patient toilets in the have been reviewed and toilet doors now have an open and pull safety feature. These are all within clear view of the main reception, consultant and podiatry rooms. Signs have also been put into toilets in the department next to assistant call bells, reminding patients to press if assistance required.

Improving the nursing handover of swallow recommendations upon discharge from RHH

The Speech/Language Therapy (SLT) Team had reported several Datix incidents in relation to incorrect swallow recommendations being handed over to Nursing and Residential Homes at the point of discharge from hospital putting patients at the unnecessary risk of aspiration.

Training has been arranged and delivered to ward A2 where a number of these incidents had been reported in previous months. The aim was to improve knowledge and understanding of the issues and improve practice.

The SLT team have submitted an article for the Hub raising awareness of the issue and the impact of recommendations not being handed over/handed over incorrectly. The article also highlighted the correct process for nursing staff to adhere too.

The SLT team has been proactive in reviewing the incidents they have reported regarding other clinical areas and all incidents reported by SLT are discussed at every team meeting to monitor the impact of actions taken. It is an ongoing monitor/review/act process.

The SLT Team has facilitated action which will support nursing staff across all ward areas to be more aware of the need to ensure swallow recommendations are handed over correctly at the point of discharge. This will result in improved patient care.

Delay in CT scans

The Trust has seen a number of serious incidents in relation to delays in CT scanning. A new service has been developed to improve access to emergency, urgent and inpatient CT imaging went live on Thursday, 11th October. It will offer rapid and easy access to CT and replaces the duty radiologist service.

The new system will allow for more acute patient capacity. In summary:

- One of the CT scanners will have dedicated capacity for acute patients from 9am to 8pm
- There will be a named radiologist rota for acute CT 9-5pm. They will in effect be the duty radiologist but solely for acute CT.
- For certain common emergency CT requests, staff will no longer need to discuss with a radiologist during the hours of 9am-5pm. The CT radiographer in charge will now authorise these directly and book them for the same day in most cases, especially when requested before 2pm

Domestic Violence incident

A patient attended the department for screening and when in consultation disclosed she was a victim of domestic violence. This incident has identified the importance of taking an in depth history. In response to this incident the registration sheets that patients are required to fill in when they attend GUM now contain a question regarding domestic violence and advise that they can speak to a member of staff confidentially about any concerns they may have or support they may need. GUM now have a referral pathway from Black Country Women's Aid and can signpost patients to services offering support and advice. All staff have undertaken training in regard to domestic violence/Safeguarding (Adult and child)

Incident relating to Acute Mesenteric Ischemia

A key incident investigation undertaken identified that a patient had died of a

Acute Mesenteric Ischemia (AMI) which is a relatively rare and potentially life-threatening condition which is caused by inadequate blood supply through the mesenteric vessels, resulting in ischaemia and eventual gangrene of the intestine.

The investigation identified that there was a need to raise awareness and management of this condition amongst all staff within the hospital the hospital. This resulted in the development of a Patient Safety Bulletin which has been circulated out to all staff and details:

- What are the causes?
- Pathology
- Clinical Presentation
- Clinical examination
- Differential Diagnosis
- Investigations
- How it should be managed

Nerve Centre

A number of serious incidents have identified the need to utilise the Nerve Centre to ensure an effect handover and to highlight blood results that have been identified as urgent.

The Nerve Centre has now been upgraded to include Path lab results highlighted as urgent and Clinicians using Nerve centre on an iPod can now hand over a task to the oncoming shift. Handed over tasks are marked as such in the task status, including the name of the person the task was handed over to.

Blood Culture Contamination

A MRSA bacteraemia was reported as a serious incident in October 2018. Initial findings were that the MRSA was a result of possible contamination. In response to this an immediate message went out to all staff on the importance of correct technique when taking blood culture. This message was disseminated via the HUB:

"Staff taking blood cultures should use the correct technique to prevent contamination of the sample, minimise the risk to patients and staff, and improve the quality and clinical value of blood culture investigations.

Blood culture contamination can complicate the level of patient care and artificially raise the incidence rate of MRSA bacteraemia.

You should only take blood for culture when there is a clinical need to do so and not as a routine. All blood cultures should be documented in the patient's notes, including the date, time site and indications."

Neurological Observations
The Trust identified through serious incidents that have been reported that there was a deficit in staff knowledge in relation to the undertaking and recording of neurological observations following a head injury. Training on neurological observations has been incorporated into the Intermediate Life Support, Advanced Life Support and Acute Illness Management training. Attendance records are maintained and reported within the Mandatory training report. The Glasgow Coma Scale is an option in NEWS 2 on Sunrise (electronic observation chart) which was launched out to the Trust on 08.11.2018 and this will ensure accurate recording of neurological observations.

Pressure Ulcers
The Tissue Viability team as part of the international STOP a pressure ulcer day hosted an event to raise awareness of the damaging impact of pressure ulcers. A make-up artist re-created pressure ulcers on skin for staff to verify whether the wound is a category three or four pressure ulcer. Pressure ulcer prevention equipment was on display. This event was undertaken in conjunction with training on the wards band 6 and 7 nurses with verification training

Patient Identification
In July, Ophthalmology had a Serious Incident involving two male patients with the same surname. Due to consecutive errors, one patient was given laser treatment under the belief he was the other patient. Whilst a clinical check was made to ensure this treatment was appropriate for the patient in question, and they came to no harm, the incident revealed improvements could be made in the Ophthalmology outpatient procedure process.

To ensure that patients are appropriately identified wrist bands are now placed on all patients who are having an invasive procedure when they book in for the procedure in Ophthalmology. The use of wrist bands on patients has also been introduced in all Out Patients areas where invasive procedures are undertaken.

Podiatry Appointment Booking Contract Centre
Podiatry have had a number of incidents reported in relation to patient's having difficulty getting through to the appointment lines and Patient's unhappy with being transferred from a home visit to a clinic visit. This identified the need to communicate with patients to support them as users of the service and the need to gain feedback of their experience and how they think things could be improved.

This has led to the introduction of Podiatry appointment booking contact centre. The centre includes a hunting call system. This provides a facility for up to 6 calls to be held in a queue, caller 7 and above will hear a message advising that we are experiencing a high volume of calls and to ring back as lines are currently busy.

To address the Domiciliary/home visits the Podiatry policy has been reviewed to detail that Podiatry is a clinic based service and the team will only visit patients who are truly housebound and cannot leave their homes.

3. COMPLAINTS

3.1 LEARNING FROM COMPLAINTS

The following section provides an overview of trust wide service improvements during Q3 as the Trust continues to learn from complaints and concerns:

SURGERY

VALUES and BEHAVIOURS (Staff)

Complaint description: Concerns regarding staff behavior, delayed discharge and communications with relatives.

Learning & action taken: Concerns shared with all the Paediatric ED staff to assist in improving attitudes and behaviours of all the staff in that area. Concerns also discussed with the nurse who treated the patient. Staff have been reminded that they should be polite and courteous at all times and how a poor attitude can create a negative perception of the care provided.

Complaint description: Issues relating to care and treatment patient received, lack of observations and pain killers. Lack of communication from doctor and notes state patient discharged herself.

Learning & action taken: The complaint was read by the surgical management team, with particular focus on the poor attitude of the medical team, and discussed at their risk and governance meeting which is a forum to discuss complaints and any changes in practice which may be required.

Complaint description: Patient raised concerns regarding attitude of nursing staff during admission.

Learning and action taken: Explained the out of hours urology service to the patient. An apology was given for behaviour of staff. The pathway for urological referrals has been reviewed and a new one implemented that will identify patients who can go home overnight and safely return the next morning for clinical assessment by the appropriate specialist team.

Complaint description: Concerns were raised regarding the attitude of a consultant in Out-Patient clinic. Inappropriate comments were made during the consultation.

Learning & action taken: A full apology was provided for the patient. The Consultant reflected on his consultation and realises how it could be, and was, misinterpreted. Consultant agreed to alter their approach in future to prevent any other misunderstanding arising.

CLINICAL TREATMENT/CARE

Complaint description: Patient's daughter unhappy with the care patient received when seen in SAU and lack of observations in ED.

Learning & action taken: The department have now changed the patient's clerking document to ensure dietary requirements are documented and clearly communicated to staff to avoid confusion for any patient in the future. Each day, the shift lead also conducts necessary checks to confirm dietary requirements for patients at each medication round, meaning checks are now completed at least four times daily.

The department has recently undertaken a trial of a doctor being available 24 hours a day to prevent delays in patients being reviewed.

Complaint description: Patient had an operation and after being in considerable pain it was discovered the epidural line was disconnected. Patient was informed this should be checked every 2 hours, which was not done.

Learning & action taken: Staff on duty at the time of the patient's concerns have all been seen by Matron and had remedial action plans set to ensure they received an update on epidural care and management of pain.

The ward's quality audit is in the process of being reviewed to tie in the timing of pain scores with analgesia administration times and also how effective that analgesia is.

Request made for the competency training document for staff caring for patients with epidural lines in place is reviewed, updated and refresher training provided for all staff who work in the vascular high dependency bay.

Complaint description: Concerns raised regarding nurses being heavy-handed when administering injections.

Learning & action taken: Highlighted to all staff at the wards huddle board, and at the meeting on 7 November 2018. Staff were reminded that they should be gentle when administering injections and should seek assistance and guidance if there are any difficulties giving the injection.

Complaint description: Concern raised regarding lack of observations of a patient's bowel movements and delay in providing laxatives.

Learning & action taken: The ward have implemented a more visual prompt within the nursing handover to prevent the non-prescribing of laxatives from reoccurring. There have also been regular discussions regarding this incident within the daily huddle board (staff) meetings as well as being addressed with the individuals involved with the patient's care.

Complaint description: Patient has raised concerns around basic nursing needs after staying on ward following surgery.

Learning & action taken: The ward sister has addressed this specific privacy and dignity concern with all of her staff members at the daily huddle board (staff) meeting. Ward staff have been informed that workmen should be asked to leave when requested by ward staff in future to maintain the privacy and dignity of patients.

T&O Matron has addressed hygiene requirements with her team and this task is now documented accurately every day, with a care plan that is agreed with the patient detailing what this means; strip wash, assisted bathroom wash, shower or bath.

A staffing review that was formalised at the end of March 2018, resulting in additional nursing posts being added to all wards. The ward have successfully recruited into some of these vacancies and recruitment is ongoing, resulting in more staff on the ward and this has improved response times. The Lead Nurse has reiterated to ward staff the need to ensure that all call buzzers are within reach of patients and this must be checked at every intentional rounding (regular patient comfort checks) review.

Complaint description: Issues relating to care and treatment patient received, lack of observations and pain killers. Lack of communication from doctor and notes state patient discharged herself.

Learning & action taken: Lead Nurse has discussed the lack of pain relief administered directly with the nurse involved and at her daily team meetings where she has highlighted the importance of giving pain relief for patients in the waiting area.

Complaint description: Concerns relating to patients waiting times and a delay in being seen on SAU.

Learning & action taken: Apologised to patient for the delays experienced. Explained that during the night there are a reduced number of the surgical team on duty and they have to cover the wards, ED and the emergency theatre. We should have offered the patient the opportunity to return the following day without the need for him to contact his General Practitioner to get re-referred. This has been highlighted to the ward staff.

Apologised that the wrong arm was identified on x-ray request form. This was a rare event and should not have occurred and on this occasion it was a genuine mistake. This is no excuse for poor practice and the incident has been escalated to the doctor's supervisor for discussion so the doctor can reflect on, and learn from, this error so it does not occur again.

Apologised for the error in TTO medication. From reviewing the medical records, the nursing staff had attempted to contact the doctor to rectify the prescription, however there was a delay in this being done before the prescription could be resent to the pharmacy. Staff members have been asked to ensure that all prescriptions are checked before being sent to pharmacy to prevent any errors of this nature recurring in future. In 2019 the Trust is implementing an electronic prescribing system which will eliminate such long delays in prescription errors as doctors will not have to return to the ward area or attend the pharmacy to make the changes required.

Complaint description: Patient was concerned that she was incorrectly discharged in 2012 because of a comment a doctor made about her mental health.

Learning & action taken: Resolution by written response was not acceptable so a resolution meeting was provided for patient to provide an opportunity for her to discuss her concerns directly with staff involved. Patient met with consultant in pain management and pain service lead, nursing and directorate manager for pain and pain clinical nurse specialist.

The nursing and directorate manager for pain felt that the comments made to the patient by their general practitioner have perhaps been unhelpful. The way forward would be to focus on how patient can cope with her pain and improve her daily functioning. This was to be managed by the GP as the GP can recommend and refer a patient for an Integrated Care Practice Assessment Tool and cognitive behaviour therapy (CBT) which the patient would explore further with her GP.

It was agreed that the comments made by a CNS were also unhelpful and the patient's feedback about her concerns and the impact this has had on the patient would be passed on to the CNS for her ongoing learning and future practice.

Complaint description: Paediatric patient underwent a biopsy procedure, concerns raised regarding pre-operative issues including infections and scars.

Learning & action taken: Explanations of the consequences of the procedure and the aetiology of the disease were not fully understood by the parents. This has been rectified and the parents informed that unfortunately there is more chance of scarring from skin affected by condition due to

the skin being already damaged. There was no way of knowing what the scar would look like post procedure but even without having the skin condition, there would have been a scar left. An apology was given for how this had affected the patient's confidence and self-esteem and a referral was made to Birmingham Children's hospital for further some support with this.

For any future cases, staff will ensure that parents fully understand the disease aetiology, implications and risks to this type of treatment intervention prior to the procedure being carried out.

Complaint description: Patient was admitted to SAU via ambulance. Patient's wife feels care from staff was non-existent. Nobody checked patient's blood sugar levels despite him being diabetic. When they returned home this was very low. Patient had to wait 1 hour before being seen by a nurse and then a further 2 hours before seeing a doctor. Doctor was laughing and joking instead of looking at x-ray results.

Learning & action taken: Apology provided for waiting times and perceived attitude of doctor. Staff are now informing patients of anticipated waiting times on arrival in SAU and keeping them updated at regular intervals throughout the day. Analgesia administration was delayed. Apology provided for the patient. Blood glucose not recorded regularly as diabetes was not seen as a problem during this admission. SAU are now doing blood glucose readings 4 hourly while diabetic patients are in their department. All staff have been advised to be mindful of what conversations are being held within a patient's vicinity as confidentiality can be breached, or the content of conversation is irrelevant to work.

Complaint description: Patient was unhappy with the delay in day case. Feels there was a lack of bedside manner. Patient self-discharged whilst recovering on B4.

Learning & action taken: Need to promote the pager system with day case staff as this would enable patients to move off the day case waiting area until they are ready for their procedure. Action completed using huddle board.

Water fountain has been ordered for use within day case for patients to be able to drink until advised they should be nil by mouth. Ward staff did not complete observations as expected post-surgery. Staff responsible have been spoken to individually by their Lead Nurse and practice addressed.

COMMUNICATION

Complaint description: Concern raised regarding communication and information on discharge.

Learning & action taken: It was identified that staff do not factor in anaesthetic and recovery times on to actual operating times, therefore providing unrealistic time frames to anxious parents. Apology given to parents. Lead Nurse has discussed this with his nursing team so that parents are reassured in future when the operation is longer than planned.

Consultant surgeon recognised and acknowledged that patient should have been given liquid medication, prescribed after the procedure, and he apologises that this was not done. The prescription was written by a junior doctor who has now left the Trust on rotation to another hospital, but the consultant has reminded the current staff to consider this when writing up medication post procedure so that they ensure that where possible, liquid medication should be offered to children.

Complaint description: Concern raised regarding communication / cancellation of appointment.

Learning & action taken: Paediatric patient clinics were cancelled due to last minute sickness of staff. Apologies were provided and new appointments arranged.

Complaint description: Issues with secretary not returning patient calls which caused a delay in medication being dispensed to patient.

Learning & action taken: No-one covers the secretary answer phone when the secretary is absent so messages do not get picked up in a timely manner. In working hours, all telephone queries are answered by the secretaries in the office, but unfortunately, the ophthalmology secretaries do not have the capacity to listen to all answer machine messages. Following on from the complaint, the ophthalmology secretaries answer machine message now states when a secretary is on annual leave for any length of time, when they will return to the office and also advises patients to contact the Eye Clinic Helpline for any queries in the secretary's absence. The secretary apologised that this was not done prior to starting annual leave.

The Trust agreed that the inability to speak to the secretary to get concerns answered quickly meant that the patient had to wait an unnecessary amount of time to ascertain their prescription details. Apologies were offered and the Ophthalmology Matron offered to meet with the patient if any further concerns remained.

Complaint description*:* Delay in being seen and treated by doctor.

Learning & action taken*:* SAEC have now changed their clerking document to ensure this is documented clearly to avoid any confusion and unnecessary fasting for any patient in the future. Each day, the shift lead also conducts necessary checks to confirm dietary requirements for patients at each medication round, meaning checks are completed at least 4 times daily.

The Trust is shortly to roll out a new initiative aimed at preventing wasting time in hospital for patients and improving communication between patients and healthcare staff. Under the strap line "Don't waste time, this life is mine" patients will be encouraged to ask 4 things of staff:

- Why am I here?
- What is my plan?
- What will happen to me today?

The intention of the initiative is to tackle gaps in communication and ensure patients do not stay in hospital any longer than they should due to poor communication. This will be reviewed by the Matrons on a daily basis to ensure that all patients are fully aware of their plan of care.

Complaint description: Patient's carer has questions about the impact lack of communication has had on the patient.

Learning & action taken: To help with the management of patients with urinary catheters going forward, the Trust launched a personal urinary catheter passport in August 2018. This is part of a health economy initiative being led by the clinical commissioning groups, (CCG). It means that all patients catheterised in GP surgeries, primary care settings and at Russells Hall Hospital, will be provided with a copy of the personal urinary catheter passport. The passport will include all details of the catheter and the passport will then be taken home to ensure that the patient, family and all other health professionals who are in contact with the patient, have full knowledge of the catheter and additional treatments that are required.

Complaint description: Patient nearly underwent unnecessary surgery due to lack of communication between consultant and registrar.

Learning & action taken: The Clinical Director will be addressing the way the two associate specialists dealt with devising the patient's treatment plan without fully discussing all of the options.

Complaint description: Concerns raised regarding communication.

Learning & action taken: The appointments booking manager has raised the issue of automatic cancellation letters not always being completed with all their staff as a lesson that can be learnt for their future practice and to ensure it is not repeated.

Complaint description: Patient raises concerns regarding poor communication, delay with tests, clinical treatment, waiting times, delay with medication and staff attitude.

Learning & action taken: Both medical and nursing have noted the lack of communication regarding management plans and have discussed the importance of good communication and feedback to patients at one their staff handover meetings.

The surgical management team for the department agree that long waits are unacceptable and are currently examining their systems and processes to improve practice and reduce any delays where possible.

Complaint description: There was a lack of communication with the family when the patient was in hospital. The family have questions as to what happened, what tests were done on patient and what the outcome of these were.

Learning & action taken: Open visiting was not offered for an end of life patient. An apology was given to the family and open visiting for all is now in place across Surgery. Other points raised were due to poor communication with the family. This has been discussed at ward meetings and the need to explain what tests are for and the outcome of these has been the focus of the discussions.

Complaint description: Patient's relative expressed concerns about an incorrect diagnosis, a terminal prognosis, incorrect information and a lack of communication.

Learning & action taken: Patient had capacity and their prognosis and diagnosis was shared with the patient, not the family. However, bad news should have only been given to patient when fully supported by a family member, if the patient requested their presence. This has been discussed with the surgical team. Delays in TTO provision lead to long delays in discharges. Complaint outcome has been discussed with surgical team members.

ADMISSIONS, DISCHARGES AND TRANSFERS

Complaint description: Patient attended to have ovaries removed. Concerns raised regarding capacity of beds and discharged too early without TTO, discharge letter, dressing and no post-op advice.

Learning & action taken: Surgeons need to be more explicit around benefits of day case surgery and ensure that patients know they will go home. It further needs to be communicated what will happen if they cannot go home the same day for any reason. Apology provided for the patient.

EQUIPMENT

Complaint description: Patient raised concerns following a left carotid endarterectomy. In preparation for discharge, an arterial line was removed from her arm. The line snapped leaving part of the line remained in right arm [this arm also is affected by patient's ischaemic stroke]. Two further surgical interventions were required to remove the remaining line.

Learning & action taken: The Trust apologised to the patient that part of the line snapped. It was immediately noticed by the nurse who acted appropriately. This was noted to be a rare complication. The nurse was fully competent to remove the line and did so correctly under Trust guidelines. When the incident was reported to the manufacturer, it was identified that staff do not record batch numbers when inserting these lines, therefore a product recall could not be undertaken.

Management of care following the unexpected event could have been improved to prevent a prolonged stay. Faulty line was reported to the manufacturer, but future insertions of these lines will have the batch number recorded.

Change in procedure if this event should happen again in that the location of the missing line would be scanned and marked on the arm to before going into theatre to enable the surgeon to pinpoint where the foreign body is situated.

APPOINTMENTS

Complaint description: Patient attended appointment and no one was at the reception desk. When someone arrived, they were informed the appointment had been cancelled. They did not receive letter to cancel or change of appointment.

Learning & action taken: There is now a new structure within the eye clinic, where a member of the nursing team will organise the patients attending and booking in, offering support, advice and guidance to the front desk staff and ensuring that the correct patients are booked in first.

RESULTS (WAITING TIME)

Complaint description: Delay in providing patient with biopsy results of four weeks. Patient has a terminal diagnosis.

Learning & action taken: Where samples are received in the laboratory and the histopathologist decides on lengthier test procedures, the referring consultant will be informed and the patient updated with a more realistic timescale to pass on to the patients/patients family or carers.

MEDICINE & INTEGRATED CARE:

DISCHARGE

Complaint description: A patient was discharged with another patient's medication which they had been taking for four days before noticing.

Learning & action taken: The Trust apologised and acknowledged that the Trust policy on checking of medications prior to discharge was not adhered to. Reassurance was provided that on receiving the complaint the incident was logged on Datix and a serious incident completed. A list of actions were identified:

- Discussions have taken place at daily huddle board (staff) meetings to share feedback with a signature list completed to ensure all staff are aware.
- Discussions have also taken place at team meetings.
- The medical governance meeting has also discussed this issue.

- The safer medicines practice group/medicines link nurse group have also discussed and shared feedback.
- Staff are to receive refresher training on the Trust's internal reporting system (Datix) to complete any issues in a timely manner or at the time the incident is reported.
- All medications are to be prescribed on a patient's admission.
- All medication is to be thoroughly checked in accordance with the discharge list and in line with the Trust's process.

Complaint description: A complaint was received regarding a patient's experience whilst waiting to be discharged from the discharge lounge.

Learning & action taken: The Trust apologised and acknowledged the importance of maintaining a patient's comfort, privacy and dignity until discharge. Reassurance was provided that following the reconfiguration of services, steps had been taken to improve the environment within the discharge lounge emphasising patient comfort and improving the overall experience. Additional actions included:

- Presence of senior nurse to coordinate discharge arrangements.
- Presence of a pharmacist to coordinate tablets to take home; working with the senior nurse to speed up the process and explaining and checking medication.
- Provision of appropriate food and drinks.

Complaint description: A complaint was received which included the discharge arrangements of a patient on B6 and C3.

Learning & action taken: The Trust apologised and acknowledged that as the discharge database was not updated in a timely manner the ward nurse was unable to provide clear and accurate information. Assurance was provided that feedback from the complaint would be anonymised and used as a learning opportunity for all staff and the following actions were introduced to prevent a reoccurrence:

- A discharge facilitator would be allocated to B6 over a 7 day period to ensure the database is updated over a weekend.
- The Lead Nurse has introduced weekly 'meet and greet' sessions with all long term patients and their relatives to supplement their daily round to ensure ongoing communication regarding discharge.

Complaint description: A complaint was received from a GP regarding the discharge of a patient who was a newly diagnosed diabetic.

Learning & action taken: The Trust apologised and acknowledged that the patient's care was compromised due to poor communication with the GP practice and lack of equipment supplied on discharge. The Trust assured the GP that safe discharge is a priority for the Trust and as a result of their complaint the learning and actions identified in Medicine would be used throughout the Trust:

- All newly diagnosed diabetics will receive the same treatment advice on discharge.
- A sticker will be placed in the clinical notes to remind clinicians that they need to prescribe insulin needles.
- Blood glucose meters will be provided on discharge.
- Appropriately sized sharps bins will be provided on discharge.
- Discharge checklist revised to include essential information and equipment provided.

- The Diabetes Specialist Nurse will write to the GPs separately to the discharge summary.
- In addition actions taken by the ward were:
- The Diabetic Specialist Nurse to attend daily board meeting to advise on diabetes management and discharge planning.
- Staff reminded via the daily safety huddle boards to ensure all patients are discharged with a copy of the discharge summary.

During the investigation it was also identified:

- The GP practice had not been receiving electronic discharge summaries via JAC and the Health Records department had been sending paper copies of the discharge letter. Assurance was provided that the process had now been updated and in line with other practices.
- The patient's family had wanted to provide transport enabling them to accompany the patient home. Staff were reminded to discuss travel arrangements with relatives; recognising that an ambulance is not always required.

PATIENT/CLINICIAN COMMUNICATION

Complaint description: There was a delay in a patient receiving the results of a biopsy after being told they would know the results within two weeks.

Learning & Action taken: The Trust apologised and the current process explained; three weeks is the usual time frame. Feedback from staff and other patients indicates that the current three week expectation is misleading. The Trust acknowledges that realistic timescales are necessary with patients being contacted when there were any delays. Reassurance was provided that:

- If the histopathologist decides on lengthier test procedures, the referring consultant will be informed and the patient updated with a more realistic timescale.
- Clinicians reminded of the time scales.

Complaint description: A LRM was held where relatives complained of the way medical staff broke bad news regarding a patient's prognosis.

Learning & action taken: The Trust staff present apologised and acknowledged the distress caused. It was explained that although medical staff receive training in breaking bad news and communication skills, further lessons obviously needed to be learned. The consultant agreed to discuss feedback with junior doctors at the established weekly teaching sessions where they will be asked to reflect, learn and consider how their practice could be improved.

The work being carried out by the Trust as part of the National Gold Standard Framework for palliative care was outlined explaining that it involves two- fold education across medical and nursing staff with an emphasis around communication with both patients and relatives. The matron explained that matron surgeries were being introduced to address concerns in a more timely manner and different shift patterns for senior staff and lead nurses was being considered to improve availability during evening visiting times

Complaint description: A complaint was received after a family were wrongly informed that their father had died. The wrong family had been informed.

Learning & action taken: Immediate actions were taken at the time including an apology in person from both the Head of Patient Experience and Matron for the area. An internal incident was raised and a RCA completed by an independent Matron. The duty of candour was completed for the families of both patients. A written response also apologised and acknowledged the importance of accurate patient identification checks. The response detailed the actions taken by the ward to avoid repetition:

- Incident discussed with the staff directly involved and a reflective account requested for their personal file
- All nursing documentation removed from the nurses station and relocated to the patient bedside
- Anonymised copy of the complaint shared at ward meeting and daily patient safety huddle board meeting
- Shared across Divisions and discussed at governance and matrons meetings
- Presented to the risk and assurance group to ensure actions completed in a timely manner
- Originator of Trust policy (Care after death in hospital) requested to review and emphasise the importance of patient/ next of kin identification checks

Complaint description: A local resolution meeting was held where communication was identified as a main concern. Those present acknowledged that opportunities were missed to ensure the patient's family were updated and that information was poorly communicated on transfer between clinical areas.

Learning & action taken:

- Ward transfer document was revised to include past medical history and clinical details
- Visiting times changed to coincide with Consultant ward rounds to ensure families provided with an opportunity to discuss care directly with a Consultant
- Complaint would be anonymised and shared with staff at ward meetings and huddle board meetings
- Reassured that Trust actively working towards electronic patient records which will ensure all staff have instant access to the same information.

Complaint description: A complaint was received regarding the unavailability of medical staff despite being called in by the ward as the patient's condition had changed.

Learning & action taken: The Trust apologised and acknowledged that a doctor should have been available to speak to the family knowing they were on route to the hospital and the doctor had requested to speak to them. Assurance was provided that the Trust and the ward understand the importance of good communication and action would be taken to improve communication:

- Feedback was shared at the monthly ward Governance meeting.
- Consultants agreed that if relatives are expected and have not arrived before the doctor is due to leave the ward then they will speak to them on the phone.
- Nurses were reminded via the daily huddle board to ensure relatives are given the opportunity to attend the ward outside of visiting hours to enable discussions to take place regarding prognosis and/or end of life plans.
- Information to be displayed in relative's waiting areas.

Complaint description: Poor patient experience of a person with learning difficulties attending ED.

Learning & action taken: The Trust apologised and acknowledged that better communication would have improved the patient's overall experience and that the ED environment in itself can be a frightening experience for someone with learning difficulties. The attending relatives were assured that:

- The Trust has a proactive Learning Disabilities Specialist Nurse and clear policies to guide practice.
- Mandatory training sessions reference Learning Disability.
- There is collaborative working between ED team and Learning Disability Specialist nurse to explore different referral pathways to improve the ED journey.
- Learning Disability Specialist nurse working with the ED team to provide training which looks at the skills needed to improve reassurance and ensure a sensitive approach to the needs of the patient and their social circumstances.

Complaint description: A local resolution meeting was held to discuss the possible delay in the insertion of a naso-gastric tube and the complications of the insertion.

Learning & action taken: The GI Consultant and Radiologist both attended the meeting, apologising on behalf of the trust and providing assurance that although processes were in place additional actions were required. A meeting between GI and ENT specialisms to develop future pathways enabling early decision making was held which agreed:

- Early referrals to the nutrition nurse for any patient requiring home enteral tube feeding.
- No patient to be discharged with a NGT until reviewed and agreed by nutritional team.
- Potential referrals for radiology inserted tubes to be sent to nutrition nurse.

The Radiologist also assured the family that, since receiving the complaint, the radiology department now run a clinic in order that the risks and complications associated with proposed interventional procedures are discussed with patients and their relatives prior to consent being obtained. One of only a few in the country.

Complaint description: A complaint was received regarding a patient not receiving appropriate hygiene needs and assistance with feeding.

Learning & Action taken: The Trust was able to demonstrate through clear daily entries in the nursing notes that the patient's hygiene needs had been met at least once a day and night wear changed. However, the Trust acknowledged that not enough help at been provided at meal times for the patient and apologised. Assurances were provided that the Trust recognises the importance of nutrition and the role it plays in promoting healing and improving the overall patient experience and acknowledged that staffing shortages should not be used as a reason for not providing assistance with feeding:

- Advised that the ward had introduced a new strategy where every morning nursing staff are allocated to patients who need help with feeding to ensure the patient receives the assistance they require.
- Visiting times on the ward has been extended to allow visitors to attend evening meal times and provide assistance if they wish.
- Nutritional audits results are displayed in an area visible for relatives.
- Link Nurse for nutrition identified.
- Protected meal times policy reinforced at lunch time to ensure staff able to concentrate on feeding patients.

Senior nursing staff involved with trialling of new menus within the Trust.

CLINICAL TREATMENT

Complaint description: A local resolution meeting (LRM) was held to discuss the complainant's belief that there were flaws in the system regarding Emergency Department (ED) patients having to wait for a head CT scan.

- ***Learning & action taken:*** During the meeting, the senior radiology team apologised for the patient's unnecessary delay and inconvenience at having to wait in ED for his CT scan. The importance of acquiring consultant radiologist approval for CT requests was explained but it was acknowledged that some radiologists were being over-cautious and seeking approval even when the patient clearly met the NICE guidelines. Reassurance was provided that:

- Feedback would be provided at the next departmental meeting.
- A CT scanner was now available each day solely for the use of in-patients and the ED to minimise delays.

Complaint description: A complaint was received regarding a delay in a patient's diagnosis.

Learning & action taken: Following a review, it was felt the patient received good care and treatment but recognised that the patient's blood tests should have been reviewed with the radiology investigations as this would have meant earlier follow up with neurology team. Reassurance was provided that all staff involved with the patient's care would be informed of the feedback for their future learning practice and to ensure they review all recent tests, regardless of the reason for hospital attendance.

Complaint description*:* a complaint was received regarding the DVT pathway in AEC which resulted in multiple trips to the hospital.

Learning & action taken*:* The Trust apologised and acknowledged that it was unacceptable for a patient to be expected to attend ED, then return the following day to AEC and wait for a Doppler scan then be expected to return the following day for anticoagulation to be arranged. Assurance was provided that AEC were reviewing the DVT service and introducing new ways of working:

- A sonographer is to be based in AEC to complete Doppler scans in a timely manner and speed up confirmation of the DVT
- Business case being planned to have an anticoagulant nurse based in AEC to provide prompt treatment for a confirmed DVT diagnosis
- Shared learning at staff meeting and daily huddle board meetings

APPOINTMENTS

Complaint description: Patient explained, when attending her first appointment on ward C4 Day-case, she was made to feel that staff did not care.

Learning & action taken: The Trust apologised and acknowledged that as a new patient they should not have been booked onto the busy day immediately following a bank holiday. Reassurance was provided that the health and wellbeing of patients is important to the Trust and department and a number of actions were included in the response:

- Booking co-ordinator looking at scheduling patients whose treatment falls onto a bank holiday to alternative days in the week thereby minimising additional patient bookings.
- To prevent a delay in treatment due to no ECG being available staff were reminded of the process for requesting ECGs via cardiology department.
- Provide training to Increase the number of nursing staff who can perform an ECG.
- Staff to confirm patient's ECG available day prior to treatment.
- Nurse in charge to ensure ECGs received by reception staff are filed daily – designated tray identified.

***Complaint description**:* A complaint was received regarding a delay in receiving an appointment with the haematology consultant.

***Learning & action taken**:* The Trust apologised and acknowledged that the initial delay in receiving the referral led to a delay in providing an appointment and that it was unacceptable for the patient to have to chase an appointment date. As an immediate action the consultant agreed to bring the appointment date forward and assurance was provided that actions would be taken to avoid repetition:

- Discussed at haematology and oncology business meeting and new process agreed by consultants and CNSs
- All internal haematology referrals to be emailed to the appropriate addressee for action
- Secretary copied in to all referrals
- Secretary phones linked to ensure phones are answered when secretaries away from desk

Complaint description: A complaint was received regarding a patient not being able to contact the podiatry department to cancel an appointment.

Learning & action taken: The Trust apologised and the podiatry service manager provided a comprehensive list of actions being planned to improve the communication process for podiatry service:

- Shared learning at staff meeting
- Audit of patient calls undertaken and action plan identified
- From October 2018 all 3 podiatry telephone lines manned Mon – Fri between 9am and 5pm
- Working with IT to develop a call centre which will include a call waiting system where the caller will be told what position they are in the queue
- Review of the call/text reminder service
- Introduce a telephone booking service aiming to be patient friendly by allowing patients to arrange appointments to meet their needs

PATIENT CARE - NUTRITION

Complaint description: As part of a complaint received a patient who had swallowing difficulties did not receive the appropriate food choice.

Learning & action taken: The Trust apologised and acknowledged that the correct process had not been followed. Assurance was provided that the Trust recognises the importance of patient nutrition and detailed the policies that are available to guide practice. The Lead Nurse provided assurance that:

- The Red Tray policy would be reintroduced and a copy displayed on the nutrition board as a visual prompt
- Completion of the 'behind the bed boards' would be monitored and audited via monthly nutrition audits
- Protected meal times would be enforced to assist staff with having the time to supervise meal times and assist as necessary
- Interserve staff encouraged to attend daily patient safety huddle meetings to identify patients requiring a special diet and raise awareness of the concern
- Nutrition Champion to initiate staff training
- Raise awareness on the ward with nutrition focused notice board
- Displaying nutrition audit results
- Lead nurse and Matron daily ward rounds to allow patients and families opportunity to voice concerns with timely actions
- Communicated to staff via daily huddle board meetings

CLINICAL SUPPORT DIVISION

Complaint Description: Patient complained about the attitude of a member of the reception staff for Pharmacy when she presented her prescription for aspirin.

Learning & action taken: Whilst there are guidelines about signposting patients where some medications can be more cheaply over the counter this was inappropriate in this case and the manner in which this was done was inappropriate. Individual staff member spoken to has reflected on the matter and offered her personal apology and all Pharmacy staff briefed at a department meeting to increase awareness and share learning.

MATERNITY

No learning identified for quarter 3, 18/19.

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.

Management Of Life Threatening Bleeds From Arteriovenous Fistulae And Grafts
Blood loss from an AVF or AVG can usually be controlled by applying pressure to the site. However, rarely bleeds do not resolve and, due to the rate and volume of blood loss, become life threatening. Life threatening bleeds (LTB) can occur in the patient's home or in hospital and it is therefore vital that patients, carers and healthcare professionals understand what action to take in such circumstances. The British Renal Vascular Society has developed resources aimed at highlighting to staff, patients and relatives the warning signs and immediate actions to take. The alert requires that guidance is produced incorporating the British Renal Society's resources before early May 2019.

Safer Temporary Identification Criteria for Unknown or Unidentified Patients
Emergency departments (EDs) often care for patients unable or unwilling to give their identity including people who are unconscious or who have a critical illness, people with a mental health condition or delirium, and people affected by drink or drugs. Several unidentified patients may arrive together after an accident, or in mass casualty situations. Giving a unique identity to each unknown patient ensures safe and prompt diagnostic testing and treatment. Temporary identification (ID) systems can have high potential for error if they use and these systems create a risk of misidentification compared to other patients for whom first name and surname, unique NHS number and individual date of birth are all used. The alert requires Trusts to have a robust system in place and supporting documentation.

Placement of Pulse Oximetry Probes
Measurement of oxygen saturation, using a pulse oximeter probe, is routinely undertaken as part of patients' vital signs during diagnosis and ongoing monitoring. Oxygen saturation readings are a key component of the National Early Warning Score (NEWS2). If a probe is attached to a site that it wasn't designed for, it can produce results that can be as much as 50% higher or lower than the true reading. The Alert requires Trusts to to ensure finger probes are not used on ears (procurement and training).

Nasogastric Tube Insertion and Checking
Use of nasogastric and orogastric tubes was first recognised as a patient safety issue by the NPSA in 2005 and 4 further alerts were issued by NPSA and NHS England between 2011 and 2016, but despite this, incidents still occur all across the country. In the 30 month period between April 2016 and October 2018 – there were **68 nasogastric tube never events** nationally.
As a result of these alerts the Trust has reviewed its training needs analysis and training programme/delivery. In addition it has set up a nutrition task and finish group to monitor compliance to best practice.
This group will drive any nutrition concerns in the Trust, initially focusing on NPSA alerts. Key people from across the Trust will come together to cover all aspects of nutrition including documentation, medical and nursing training and audit.

Removal or Flushing of Lines and Cannulae after Procedures
Local Safety Standards for Invasive Procedures (LocSSIPs) are safety checklists for invasive procedures introduced through the Patient Safety Alert **NHS/PSA/RE/2015/008** Supporting The National Safety Standards For Invasive Procedures (NatSSIPs). A further 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 had been removed or flushed. This also applied to all LocSSIPs where sedation was involved. The Governance Team have worked with the individual areas to ensure that all LocSSIP checklists have been updated as well as the relevant procedural documents. These can all be found on the HUB on the Governance NatSSIPs page and procedural document page.

NEWS2
Not all provider Trusts across the UK use NEWS to identify when patients deteriorate. Some use adapted versions or locally devised early warning scores. Harm could result from having different scoring systems in the NHS when patients move between services. In order to address this, NHS England has introduced NEWS 2 which all acute hospital Trusts and Ambulance Trusts are expected to implement. The development and implementation of the NEWS 2 framework is being led through the **Deteriorating Patient Group** and will be fully in place by **March 2019**.

NEWS 2 is an improvement on the original NEWS in key areas including:

- Better identification of patients likely to have sepsis
- Improved scoring for patients with hypercapnic (high levels of carbon dioxide in the blood) respiratory failure
- R

ecognising the importance of new onset confusion or delirium

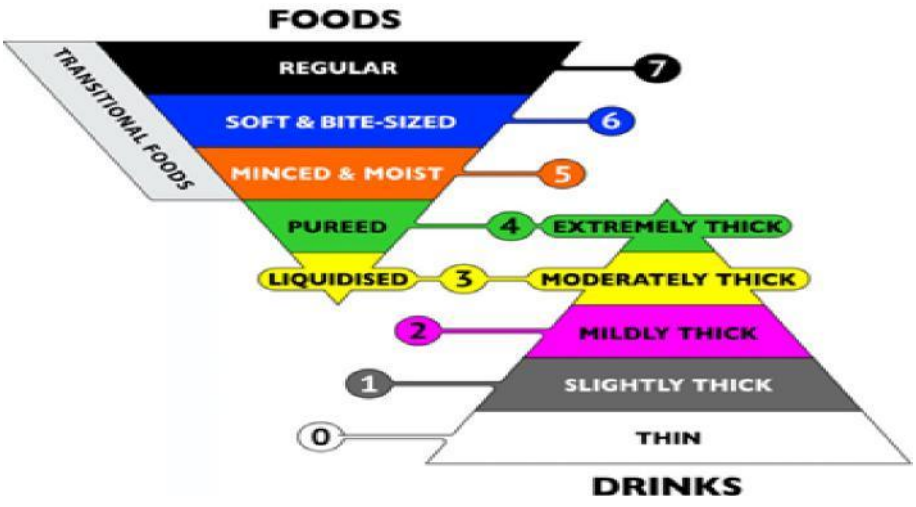
Hyperkalaemia
Hyperkalaemia, (high levels of potassium in the blood), is a potentially life threatening condition. Nationally, over a 3 year period, there have been 35 reports of patients suffering cardiac arrest whilst hyperkalaemic. The main focus of the alert relates to the change to European Resuscitation 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 requirement has meant that we have had to update the Hyperkalaemia Guideline which is available on the procedural document page on the HUB. Please make yourself aware of the revised levels as treatment will be affected.

Safer Bowel Care
Patients with spinal cord injury or neurological conditions may have neurogenic bowel dysfunction which often means that they depend on routine interventional bowel care, including digital (manual) removal of faeces (DRF).

Autonomic Dysreflexia is a potentially life threatening condition that can be caused by non-compliance to a patients usual bowel routine or during or following interventional bowel care. For these patients bowel care is vital for their health and dignity.

The key action for our Trust is to ensure that we have sufficient numbers of competent staff to undertake this procedure before the end of January 2019. Access to training is via the Clinical Skills page on the hub

Food Modification
Food texture management has been standard practice as a means of supporting patients who have difficulty swallowing, however, incidents nationally have shown that the current descriptors are open to variance and this has led to several patients coming to significant harm nationally. The International Dysphagia Diet Standardisation Initiative (IDDSI) has developed a standard terminology to describe texture modification for food and drink (see diagram below). The new standards for liquids have been introduced and those for solids will be fully introduced by 01/04/19.



Enclosure 11

The Dudley Group NHS Foundation Trust

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

TITLE:	**2018/19 Quarter 3 Finance Report: Delivery and Outlook**		
AUTHOR:	Tom Jackson Director of Finance	**PRESENTER:**	Tom Jackson Director of Finance

CLINICAL STRATEGIC AIMS

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

ACTION REQUIRED OF COUNCIL:

Decision	Approval	Discussion	Other
		Y	

OVERALL ASSURANCE LEVEL

Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
☐	☐	☒	☐
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery

RECOMMENDATIONS FOR THE COUNCIL:

To note the contents of the report and take action as appropriate.

CORPORATE OBJECTIVE:

So6 Plan for a viable future

SUMMARY OF KEY ISSUES:

The purpose of this paper is to update the Council on financial performance and the outlook at Q3.

IMPLICATIONS OF PAPER:			
RISK	Y		**Risk Description:** BAF592
	Risk Register: Y		**Risk Score:** 20
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Y	**Details:** Well Led
	NHSI	Y	**Details:** Achievement of all terms of FT Licence
	Other	N	**Details:**

2018/19 Quarter 3 (inc Month 10) Report: Delivery and 2019/20 Outlook

Executive Summary

- The national financial landscape for acute providers is demanding with 89 out of 136 recording a deficit in 2017/18. The Trust has not been insulated from this challenge and entered 2018/19 with an underlying financial shortfall c.£27m.
- The Trust can demonstrate a strong narrative of financial improvement for the year to date and forecast for the full year for 2018/19.
- The national financial framework has intentions to return providers to financial balance from 2019/20.
- There is currently a significant amount of risk in the 2019/20 financial plan to deliver;
    - Breakeven
    - The Control Total
    - The avoidance of the requirement to borrow cash
- Further action will be required to deliver a credible, financial plan for 2019/20 including the continuation and enhancement of the Financial Improvement Programme going into 2019/20.

1) Background

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

2018/19 Performance

2) 2018/19 Financial Improvement

In 2017/18, the Trust recorded a financial deficit of £10.5m before the receipt of Sustainability and Transformation Funds (STF). The deficit was driven by three main factors; under recovery of income, overspend on pay budgets and lack of delivery of planned CIPs. The Trusts significant deterioration in its financial performance in 2017/18 meant that a more robust planning approach would be required.

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

The Trust submitted plans to the deadline of 30th April 2018 with a further update as requested nationally on 20th June.

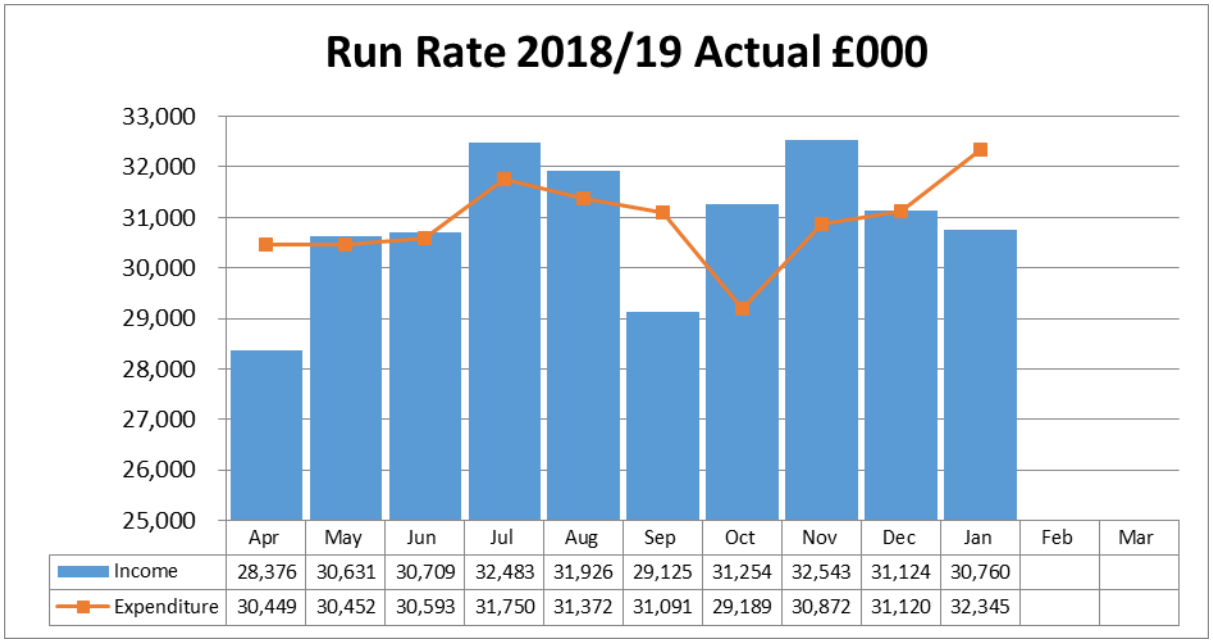
3) National Financial Performance Q2 2018/19

The national underlying deficit of £4.3bn, netted to £1.85bn after deployment of the PSF was reconfirmed in NHSI's national Q2 report. As at Q2, 118 out of 113 acute providers were reporting year to date deficits to an aggregate value of £1.7bn. The aggregated forecast outturn at Q2 for the whole acute provider sector is reported at £1.8bn.

4) Quarter 3 (inc Month 10) Headlines

The plan to Month 10 is to deliver a deficit of £0.3m excluding PSF. The actual year to date position is a deficit of £4.4m. PSF receipts for the first 3 quarters are assumed to be £4.1m which is the maximum that could be achieved relating to financial performance.

The main driver for the variance is an adverse pay position of £3.9m to date. A nonpay over spend is largely offset with favourable income and MEA outcomes. The rephasing of the planned land sale has had an impact on the in-month January position and income in January is stronger than planned.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Income	28,376	30,631	30,709	32,483	31,926	29,125	31,254	32,543	31,124	30,760		
Expenditure	30,449	30,452	30,593	31,750	31,372	31,091	29,189	30,872	31,120	32,345		

The previously reported one-off phased transactions remain supporting the position to Month 10, however these are much reduced with 2 months of the year remaining.

The revaluation based on a Modern Equivalent Assets optimised alternative site evaluation is assumed within the year to date position and this remains subject to final audit sign off.

5) Headline Indicator Performance 2018/19

As reported to the Trust Board on 7th February 2019, the Trust can demonstrate financial improvement in a number of key metrics from 2017/18 through to the forecast for 2018/19.

Indicator	17-18 Actual	18-19 Actual/Forecast
Underlying Position (deficit)	(£27m)	(£16m)
Actual Deficit (after STF/PSF)	£5.7m	£4.2m
CIP	£9.8m	£19.4m
Income growth	2.7% (18/19 plan)	4.3%
Premium Payments (STF/PSF)	Q1 and Q2	Q1 and Q2 and Q3
Staffing	4,343 WTE	4,500 WTE

6) Year End Forecast

The initial year end base forecast at Q2 identified a forecast deficit of £13.7m. A series of interventions and recovery plans were initiated, with oversight through through the Finance and Performance Committee and the Financial Improvement Group. This culminated in a formal forecast revision through NHSI agreed at the Board meeting on 10th January 2019 to a £8.8m forecast deficit before PSF.

7) Quarter 3 Cash

The Trust has thus far managed to operate within its own cash resources for the duration of 2018/19. This is as a result of the cash control measures introduced earlier in the financial year. The position remains very tight as we head towards the year end.

Tom Jackson
Director of Finance

Enclosure 12

The Dudley Group
NHS Foundation Trust

Integrated Performance Report - Board




January 2019

Created by: Informatics.
Title of report: Integrated Performance Report

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

Executive Summary

Key Messages

CQSPE

FFT Response Rate / Recommend

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

Complaints

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

There were 321 PALs concerns raised during January 2019.

Dementia

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

Falls

There were 70 falls during January 2019. There were two of these resulted in moderate harm:

Reported as an SI 04/01/2019

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

The patient was checked for any obvious injuries and a skin tear to the elbow was noted. Observations were recorded and medics informed and the patient was assisted back into bed. X-rays confirmed a fracture to the right neck of femur and the patient underwent surgical repair

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

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

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

Falls YTD position remains below the national average of falls per 1,000 occupied bed days (as given by the RCP National Falls audit 2015). Input from falls prevention has been targeted at the areas showing higher than usual falls rates. 54 chair alarms have been purchased and placed in all acute areas to assist with reducing falls.

Pressure Ulcers

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

MSA

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

Infection Control

Interventions January 2019

HII 1: Ventilator Associated Pneumonia 100%

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

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

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

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

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

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

HII 5: Infection Prevention in Chronic Wounds 100%

HII 6a: Urinary Catheter - Insertion 100%

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

Hand Hygiene 100%

Commode Audits 99%

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

Stroke

All targets for stoke achieved during January 2019.

o Swallow screening

o Stay compliance

o TIA treated within 24 hours

Executive Summary

Ward Quality Heat Map

CQSPE

VTE

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

Incidents

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

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

Safety Thermometer

Safety Thermometer for January 2019 – 94%

Contributing factors new VTE and pressure ulcer.

Trust position heat map included for reference

The Dudley Group NHS Foundation Trust

Executive Summary by Exception

Key Messages

1 Performance Matters — Committee: F&P

A&E 4 hour wait

The combined Trust and UCC performance was below target in month at 80.2%, whilst the Trust only (Type 1) performance was 67.2%.
The split between the type 1 and 3 activity for the month was:

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

Cancer Waits

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

Cancer – 62 Day from Urgent GP Referral to Treatment performed below target for the month at 77.3% (Provisional as at 21st Feb). Previous month confirmed performance was 85.5%

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

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

2WW

The target was achieved once again in month. During this period a total of 1271 patients attended a 2ww appointment with 41 patients attending their appointments outside of the 2 week standard, achieving a performance 96.8% against the 93% target.

Referral to Treatment (RTT)

The performance of the key target RTT Incomplete Waiting Time indicator remained above target, with performance of 93.2% in month against a target of 92%, down from previous month. Urology did not meet the target in month at 91.3% up from previous month. Ophthalmology is at 82.8% down from 83.3% in the previous month. General Surgery is at 90.5% up from 90.0%. Also Plastic Surgery (87.7%) and Dermatology (90.1%) did not achieve the target. There were no 52-week Non-admitted Waiting Time breaches in month.

Diagnostic waits

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

Executive Summary by Exception cont.

Key Messages

2 Financial Performance Matters — Committee: F&P

Deficit of £4.143m for April-January, representing a £3.819m adverse variance in comparison to the control total following the consolidation of the pharmacy company and other technical changes. This position includes a pro rata benefit related to a new optimised alternative site evaluation. However, this remains at risk as the revised valuation has yet to be agreed by external auditors. The Trust has maintained the forecast at an £8.8m deficit as agreed at the Board. Other financial risks that could impact on this position are CCG affordability/ability to pay for extra contract income, Winter pressures and the CQC impact.

Executive Summary by Exception cont.

Key Messages

4 Workforce — Committee: F&P

Staff Appraisals

This includes all non-medical appraisals in the Trust. The window has now closed and we are pleased to announce a compliance rate of over 96%. This is the highest performance in this area for the Trust and puts Dudley as one of the leading Trusts in the country for staff engagement by way of the appraisal process.
The process to support the re-opening of the appraisal window has commenced in preparation for 1st April 2019. At this time, over 80% of appraisals have been booked to take place within the window. We are expecting at least the same level of engagement in 2019/20 as the Trust achieved in 2018/19.

Mandatory Training

The compliance rates continue at the stable level of 88.98%. This represents good performance without being excellent. The areas where more concentrated efforts are required are associated with Resus and manual handling training. In terms of staff groups the area of highest non-compliance continues to be medical staff, however their compliance rate has improved to 81.89%. The Clinical Support Division continues to be the team with the lowest compliance rates, however they have also improved with a 2% rise in compliance to 86.4%.
The Trust Lead for Mandatory Training has been asked to develop actions associated with particular areas of risk regarding training and staff groups. There continue to be trajectories in place for each Division with performance reviews focusing on compliance for every member of staff.

Sickness Rate

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

Turnover Rate

The turnover rate continues to represent a positive retention of our staff and currently sits at 9.38% from 9.34% in the previous month. This is still above our target of 8.5% but continues to be below the average turnover rate for acute NHS Trusts in England. The appointment of the Staff Engagement lead has demonstrated a particular focus on understanding the feedback from exit interviews, listening to staff and developing strategies to support improved retention at the Trust. The initial feedback is very positive and this will be developed further as we move into the feedback for the national staff survey.

Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

Patients will experience safe care - Quality & Experience

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

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Dec-18	Jan-19	Actual YTD	Trend	Month Status
Mixed Sex Accommodation Breaches							
Single Sex Breaches		0	4	17	61	↑	
Mortality (Quality Strategy Goal 3)							
HSMR Rolling 12 months (**Latest data Aug 18**)	110	105	117	118	-		
SHMI Rolling 12 months (**Latest data 18/19 Q1**)	1.10	1.05	N/A	1.11	-		
HSMR Year to date (**Not available**)					-		
Infections							
Cumulative C-Diff due to lapses in care		28	-	-	19	↔	
MRSA Bacteraemia		0	0	0	1	↔	
MSSA Bacteraemia		0	2	2	15	↔	
E. Coli - Total hospital		0	6	5	32	↓	
Stroke Admissions - Provisional Figures							
Stroke Admissions: Swallowing Screen		75%	93.9%	90.0%	93.0%	↓	
Stroke Patients Spending 90% of Time on Stroke Unit		85%	95.2%	89.8%	91.5%	↓	
Suspected High Risk TIAs Assessed and Treated <24hrs		85%	88.9%	100.0%	90.8%	↑	
VTE - Provisional Figures							
VTE On Admission		95%	95.6%	94.8%	94.9%	↓	
Incidents							
Total Incidents			1371	1447	14923	↑	
Recorded Medication Incidents			343	0.948124	3743	↓	
Never Events			0	0	0	↔	
Serious Incidents			5	3	72	↓	
of which, pressure ulcers			2	1	23	↓	
Incident Grading by Degree of Harm							
Death			2	1	11	↓	
Severe			3	6	27	↑	
Moderate			10	20	180	↑	
Low			157	209	1894	↑	
No Harm			1199	1211	12811	↑	
Percentage of incidents causing harm		28%	12.5%	16.3%	14.2%	↑	

Performance - "At a glance"

Executive Lead: Karen Kelly

The Dudley Group NHS Foundation Trust

Performance - Key Performance Indicators

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

Performance - Key Performance Indicators cont.

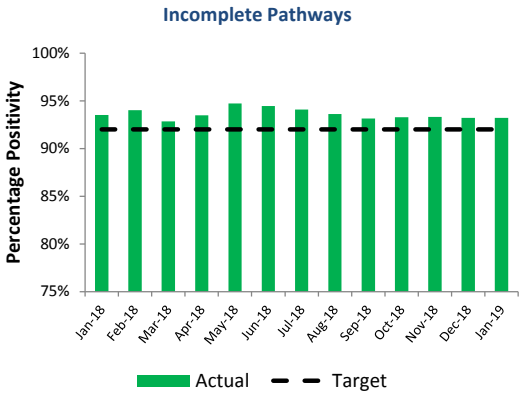
	Target	Dec-18	Jan-19	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	2.3%	2.1%	1.9%	↓	
Cancelled operations - breaches of 28 day rule	0	2	3	12	↑	
Urgent operations - cancelled twice	0	0	0	0	↔	
GP Discharge Letters						
GP Discharge Letters	90%	83.9%	83.0%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

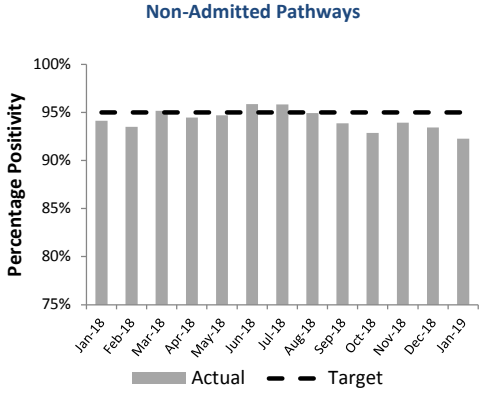
The Dudley Group NHS Foundation Trust

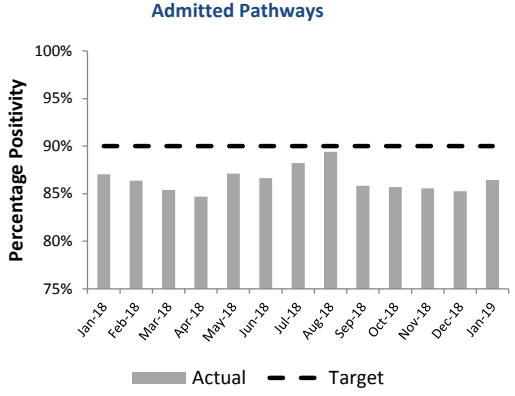
Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

Consultant 18 Week Referral to Treatment







RTT 18 Week Performance - January 2019

Validated Position

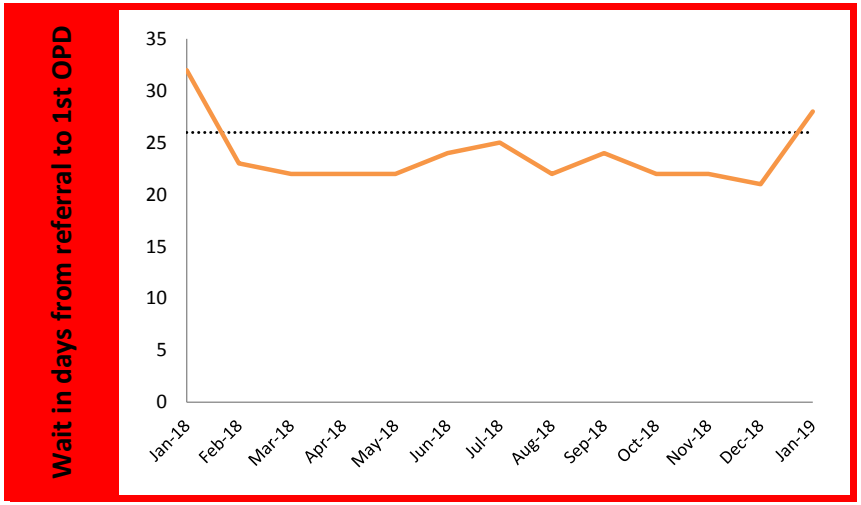
Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	889	93	982	90.5%
101 - Urology	1075	102	1177	91.3%
110 - Trauma & Orthopaedics	1886	140	2026	93.1%
120 - ENT	1132	20	1152	98.3%
130 - Ophthalmology	1774	368	2142	82.8%
140 - Oral Surgery	738	7	745	99.1%
160 - Plastic Surgery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

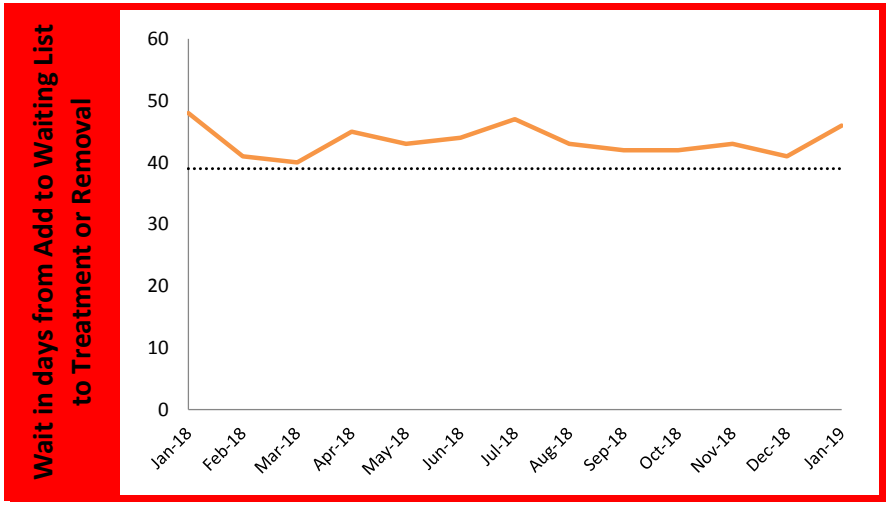
Comments

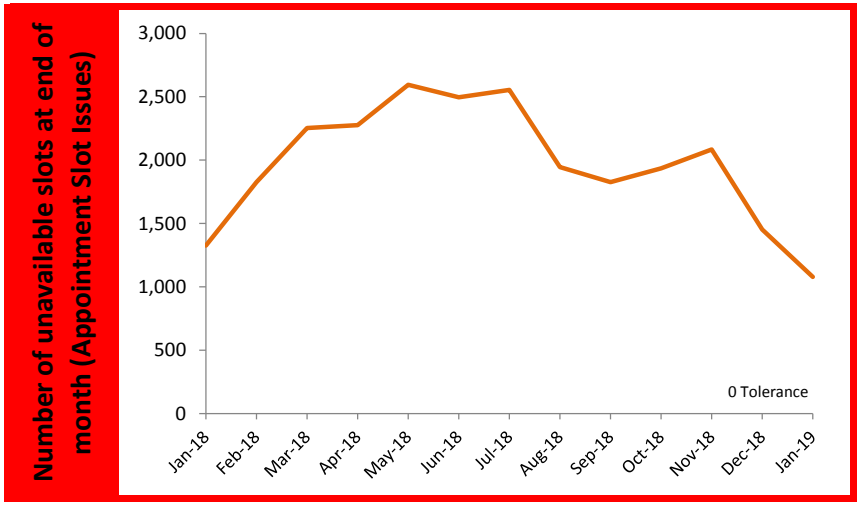
The Dudley Group NHS Foundation Trust

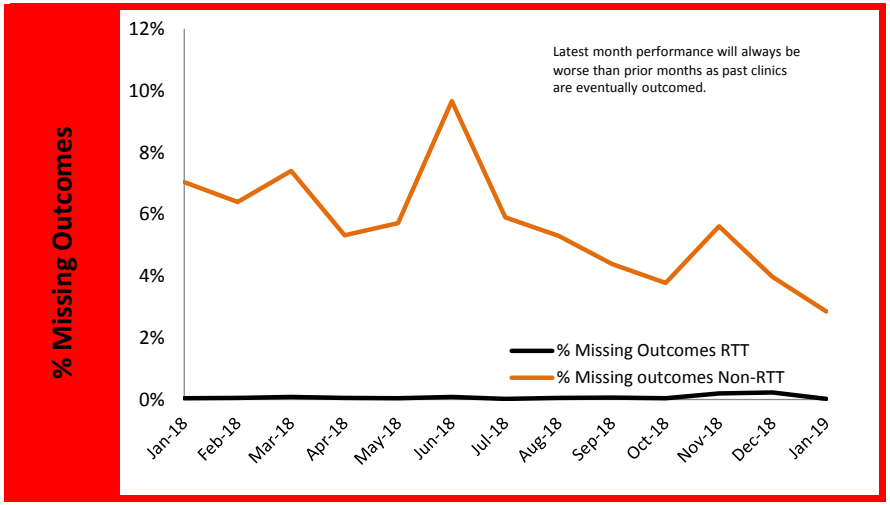
Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment







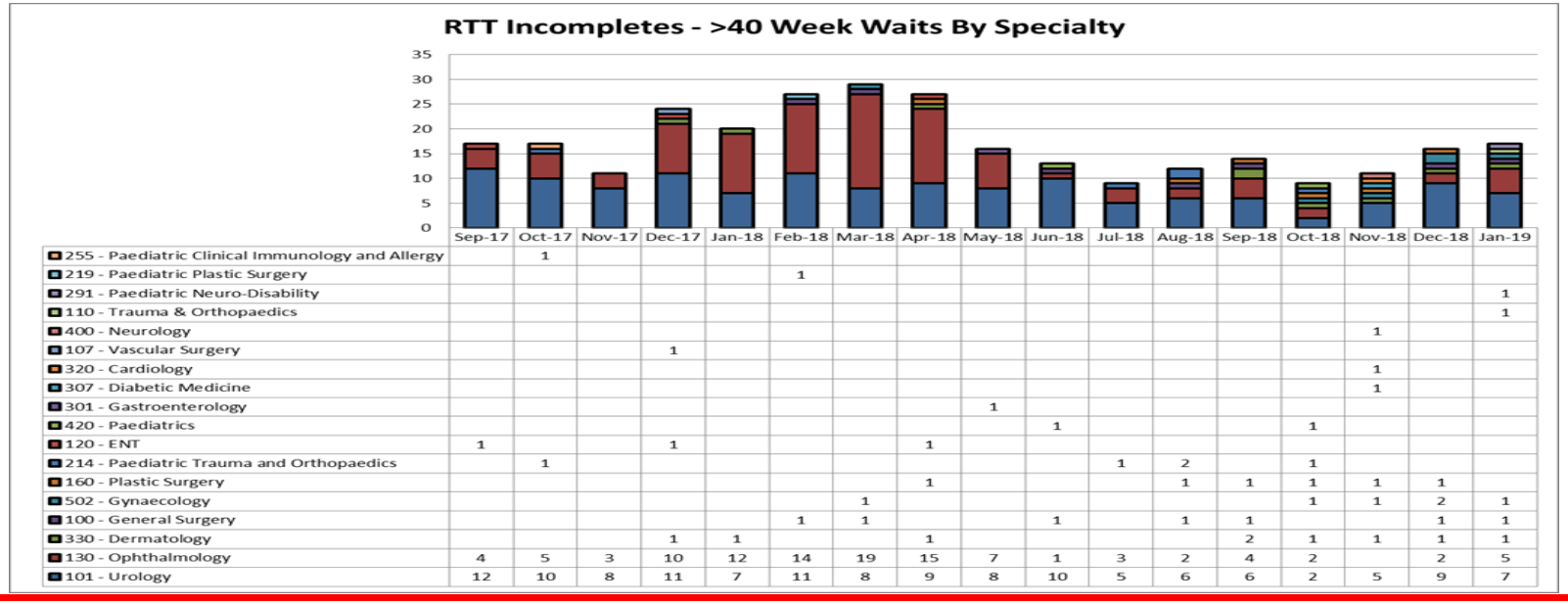


The Dudley Group NHS Foundation Trust

Performance Matters (KPIs)

Regulatory Performance - RTT Incompletes

RTT Incompletes by Specialty



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

Comments

There are ‘0’ over 52 weeks

Financial Performance - "At a glance"

Executive Lead: Tom Jackson

The Dudley Group NHS Foundation Trust

Performance - Financial Overview

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

Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
	£'000	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
EBITDA	**3,513**	**168**	**-95.2%**	**-3,345**	**25,236**	**16665**	**-34.0%**	**-8,571**
Depreciation	-877	-619	-29.4%	258	-8,366	-5729	-31.5%	2,637
Restructuring & Other	2,000	0	-100.0%	-2,000	2000	0	-100.0%	-2,000
Financing Costs	-1,236	-1,117	-9.6%	119	-12,340	-11111	-10.0%	1,229
SURPLUS/(DEFICIT)	**3,400**	**-1,568**	-146.1%	**-4,968**	**6,530**	**-175**	-102.7%	**-6,705**
SOFP	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Capital Spend	-965	-479	-50.4%	486	-10,478	-8,852	-15.5%	1,626
Inventory					3,279	3,740	14.1%	461
Receivables & Prepayments					22,339	20,468	-8.4%	-1,871
Payables					-21,088	-24,959	18.4%	-3,871
Accruals							n/a	0
Deferred Income					-3,429	-4,356	27.0%	-927
Cash & Loan Funding	**£'000**	**£'000**		**£'000**	**£'000**	**£'000**		**£'000**
Cash					6,885	4,787	-30.5%	-2,098
Loan Funding							n/a	0
KPIs								
EBITDA %	12.1%	0.6%	-11.6%		9.4%	6.3%	-3.1%	
Deficit %	11.7%	-5.4%	-17.2%		2.4%	-0.1%	-2.5%	
Receivable Days					0.0	0.0	n/a	
Payable (excluding accruals) Days					0.0	0.0	n/a	
Payable (including accruals) Days					0.0	0.0	n/a	
Use of Resource metric					1	3		

The Dudley Group NHS Foundation Trust

Workforce - "At a glance"

Executive Lead: Andrew McMenemy

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

Quality Indicators

Heat Map - January 2019

Ward	Environmental Cleaning	Hand-hygiene	MRSA Screening - elective	MRSA Screening - emergency	HCAI CDIFF - due to lapses in care	Saving Lives - 02b peripheral lines	Saving Lives - 06b urinary catheter	Datix incidents reported	Falls, Injuries or Accidents	Pressure Ulcers - Grade 3/4	Serious Incidents	Never Events	Nutrition Audit	Pain Score	Medicines Management Audit	% of Deaths with Priorities of Care	Deterioarating Patient Trolley Check (1 month in arrears)	Fluid Balance Management Audit	VTE Assessment Indicator (CQN01)	NQA - Skin Bundle	FFT - Response Rate	FFT - Recommended %	Complaints	Compliments	Appraisals	Mandatory Training	RN Average Fill Rate (day shifts)	RN Average Fill Rate (night shifts)	Sickness Rate
	Patient Safety & Quality																		Clinical Indicators			Patient Experience				Workforce & Safer Staffing					Ward RAG Trend		
AMU2 (A2)				94.4%				55	9		1								NS					0	0						-2	-1	-4
B1			100.0%					14	1															1	12						-3	2	1
B2 Hip				94.3%				12	2						NS									0	18						-1	0	1
B2 Trauma			67%	88.9%				12	4						NS									1	1						0	-3	3
B3			96%	76.5%				20	5				NS						NS					2	1						0	0	2
B4				90.9%				21	5															1	25						-2	2	0
B5				76.9%				9	0															1	1						1	-2	4
C1				80%				24	9		1					NS	NS							1	49						0	3	-5
C2								46	0															0	3						-2	-2	6
C3				58.3%				32	6															4	72						0	1	0
C4			100%	100.0%				24	1															2	3						0	4	-5
C5			78%	84.2%				17	5							NS								2	41						-1	1	-2
C6				100%				8	3						NS									0	0						-2	-3	3
C7			100.0%	50.0%				30	8							NS	NS							0	0						1	-4	1
C8				92.3%				42	12				NS		NS		NS	NS		NS				1	4						-4	0	0
CCU & PCCU			100%	87.8%				18	4				NS	NS		NS	NS							0	1						1	-2	2
Critical Care				100%				38	4							NS								0	0						0	-1	0
Maternity								120	2		1													0	22						4	2	12
MHDU				96.4%				22	2							NS								0	2						2	3	-2
Neonatal								17	0															0	0						-4	-1	8
Trust Total		99.6%			0	97.0%	98%	1525	120	1	3	0	98.0%			23.2%			94.8%	95.0%	32.3%	94.8%	46	505	95.6%	89.0%			4.3%			
RAG Rating	R: <85% A: 85%-95% G: ≥95%	R: <100% G: 100%	No RAG rating for this indicator	No RAG rating for this indicator	R: <0 G: 0	R: <75% A: 75%-95% G: ≥95%	R: <75% A: 75%-95% G: ≥95%	No RAG rating for this indicator	No RAG rating for this indicator	R: <0 G: 0	R: <0 G: 0	R: <0 G: 0	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: ≤30% A: 30%-60% G: ≥60%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <26% A: 26%-35.1% G: ≥35.1%	R: <96.3% A: 96.3%-97.4% G: ≥97.4%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: >4% A: 3.5%-4% G: ≤3.5%			

The Dudley Group NHS Foundation Trust

Performance Dashboard

Performance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
A&E - 4 Hour A&E Dept Only % (Type 1)	78.38%	77.09%	76.50%	78.66%	76.73%	80.59%	77.23%	80.91%	73.02%	68.74%	67.16%	-	-	75.56%	%
A&E - 4 Hour UCC Dept Only % (Type 3)	99.38%	99.44%	99.46%	99.82%	99.43%	99.49%	100%	100%	99.89%	99.98%	99.88%	-	-	99.74%	%
A&E - 4 Hour UCC/A&E Combined % (Type 1+3)	86.56%	86.29%	85.38%	86.93%	85.29%	87.64%	85.21%	88.15%	83.21%	81.42%	80.15%	-	-	84.88%	95%
A&E - Patients who Left Without Being Seen %	2.6%	1.7%	2.1%	1.8%	2.5%	1.6%	1.7%	1.2%	1.5%	2%	1.80%	-	-	1.8%	5%
A&E - Time to Initial Assessment (95th Percentile)	9	4	8	9	7	4	5	7	8	4	4	-	-	4	15
A&E - Time to Treatment Median Wait (Minutes)	70	49	65	61	73	49	64	55	66	66	73	-	-	73	60
A&E - Total Time in A&E (95th Percentile)	731	593	587	504	524	463	511	462	605	645	799	-	-	799	240
A&E - Unplanned Re-Attendance Rate %	1.5%	1.3%	1.1%	1.5%	1.6%	1.3%	1.3%	1%	1.3%	1.1%	1.30%	-	-	1.3%	5%
Activity - A&E Attendances	103,426	8,292	9,097	8,920	9,569	8,336	8,847	8,924	9,158	9,013	9,529	-	-	89,685	87,978
Activity - Cancer MDT	5,131	492	443	520	378	511	508	596	561	481	528	-	-	5,018	4,348
Activity - Community Attendances	376,548	33,662	36,319	36,299	38,817	34,833	35,291	38,326	37,353	30,231	35,683	-	-	356,814	339,467
Activity - Critical Care Bed Days	7,612	579	702	731	770	582	679	792	679	584	600	-	-	6,698	6,755
Activity - Diagnostic Imaging whilst Out-Patient	52,692	4,222	4,505	4,451	4,434	4,445	4,163	4,759	4,782	4,087	4,928	-	-	44,776	49,436
Activity - Direct Access Pathology	1,970,646	173,406	172,671	173,017	174,399	173,882	165,564	187,986	176,971	130,778	150,755	-	-	1,679,429	1,740,518
Activity - Direct Access Radiology	75,450	6,221	6,883	6,389	6,475	6,235	5,930	7,014	6,844	5,271	6,643	-	-	63,905	67,336
Activity - Elective Day Case Spells	48,682	4,184	4,366	4,058	4,159	4,400	3,891	4,472	4,418	3,807	4,468	-	-	42,223	41,762
Activity - Elective Inpatients Spells	5,828	433	464	451	467	492	441	497	466	423	428	-	-	4,562	4,907
Activity - Emergency Inpatient Spells	50,160	3,247	3,626	3,635	3,776	3,712	3,453	3,850	3,806	3,773	3,826	-	-	36,704	40,764
Activity - Excess Bed Days	11,066	707	823	922	841	580	664	778	721	520	396	-	-	6,952	12,516
Activity - Maternity Pathway	7,636	578	668	621	642	652	579	584	630	502	588	-	-	6,044	6,363
Activity - Neo Natal Bed Days	7,111	628	661	604	611	643	542	625	557	606	621	-	-	6,098	6,127
Activity - Outpatient First Attendances	146,246	12,902	13,932	13,928	14,880	13,468	12,962	15,216	15,408	13,247	16,412	-	-	142,355	131,188
Activity - Outpatient Follow Up Attendances	295,301	25,716	27,624	26,429	28,601	26,743	26,342	30,178	29,176	23,458	28,454	-	-	272,721	259,468
Activity - Outpatient Procedure Attendances	71,502	5,235	6,107	6,121	6,064	5,715	5,873	6,511	6,343	5,223	6,512	-	-	59,704	63,526
Activity - Rehab Bed Days	20,079	1,528	1,571	1,720	1,618	1,908	1,732	2,017	1,987	2,493	2,663	-	-	19,237	16,242
Activity - Renal Dialysis	52,070	4,233	4,431	4,225	4,121	4,180	3,885	4,158	4,018	4,133	4,259	-	-	41,643	43,312
Ambulance Handover - 30 min – breaches (DGH view)	4,608	180	437	437	542	267	441	428	488	422	503	-	-	4,145	0
Ambulance Handover - 30 min – breaches (WMAS view)	5,803	240	603	563	685	395	548	554	637	545	649	-	-	5,419	0
Ambulance Handover - 60 min – breaches (DGH view)	716	8	67	53	119	43	120	88	66	86	101	-	-	751	0
Ambulance Handover - 60 min – breaches (WMAS view)	876	9	73	66	144	52	138	106	80	98	120	-	-	886	0

The Dudley Group NHS Foundation Trust

Performance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Cancer - 14 day - Urgent Cancer GP Referral to date first seen	94.7%	88.2%	95.9%	94.5%	95.3%	95.0%	94.60%	94.6%	95.5%	96.6%	96.8%	-	-	94.7%	93%
Cancer - 14 day - Urgent GP Breast Symptom Referral to date first seen	97.3%	91.8%	96.0%	95.3%	96.3%	96.9%	92.50%	96.3%	97.2%	94.7%	93.7%	-	-	95.2%	93%
Cancer - 31 day - from diagnosis to treatment for all cancers	98.8%	98.7%	100.0%	99.4%	97.1%	98.7%	96.00%	98.9%	97.7%	99%	97.4%	-	-	98.3%	96%
Cancer - 31 Day For Second Or Subsequent Treatment - Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100.0%	100%	100.0%	100%	100%	100.0%	-	-	100%	98%
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	98.9%	100%	100%	100%	100%	100.0%	100.00%	100.0%	100%	100%	96.1%	-	-	100%	94%
Cancer - 31 Day For Subsequent Treatment From Decision To Treat	99.4%	100%	100%	100%	100%	100.0%	100%	100.0%	100%	100%	97.6%	-	-	100%	96%
Cancer - 62 day - From Referral for Treatment following a Consultant Upgrade	93.3%	86.6%	86.1%	91.5%	88.1%	95%	90%	95.2%	90.70%	95.1%	90.6%	-	-	91.0%	85%
Cancer - 62 day - From Referral for Treatment following national screening referral	98.4%	96.4%	96.1%	100%	100%	100.0%	100%	93.3%	100%	94.1%	100.0%	-	-	97.8%	90%
Cancer - 62 day - From Urgent GP Referral to Treatment for All Cancers	85.3%	80.8%	84%	79.8%	85.3%	79.8%	80.4%	86.6%	75.3%	85.5%	77.3%	-	-	81.7%	85%
Cancer: Patients on a 62 day pathway treated on or over 104 days (1: patients treated at DGFT)	19	3	7	2	3	2	7	0	3	1	-	-	-	28	
Cancer: Patients on a 62 day pathway treated on or over 104 days (2: patients treated at a Tertiary Centre)	29	2	2	1	4	5	9	4	6	4	-	-	-	37	
Cancer: Patients on a 62 day pathway treated on or over 104 days (3: combined)	48	5	9	3	7	7	16	4	9	5	-	-	-	65	
Maternity: Breastfeeding Data Coverage Rates	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	100%	0%
Number of Births Within the Trust	4,435	351	384	363	356	385	356	368	374	354	359	-	-	3,650	
RTT - Admitted Pathways within 18 weeks %	87.9%	84.6%	87.1%	86.6%	88.2%	89.3%	85.80%	85.6%	85.5%	85.2%	86.4%	-	-	86.5%	90%
RTT - Incomplete Waits within 18 weeks %	94%	93.4%	94.7%	94.4%	94%	93.6%	93.10%	93.2%	93.30%	93.2%	93.1%	-	-	93.6%	92%
RTT - Non-Admitted Pathways within 18 weeks %	93.1%	94.4%	94.6%	95.8%	95.8%	94.9%	93.80%	92.8%	94%	93.4%	94.8%	-	-	94.4%	95%
Waiting Time - Diagnostic 6 Week Maximum Wait (VSA05)	97.85%	99.31%	99.38%	99.30%	99.23%	97.7%	98.69%	99.18%	99.1%	99%	96.6%	-	-	98.75%	99%

The Dudley Group NHS Foundation Trust

Staff/HR

Finance Dashboard

Finance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Agency spend	£11,613k	£860k	£1,111k	£981k	£974k	£1,157k	£1,172k	£1,119k	£1,079k	£1,146k	£1,250k	-	-	£10,849k	k
Bank spend	£16,404k	£1,481k	£1,475k	£1,611k	£1,608k	£1,393k	£1,883k	£1,735k	£1,651k	£1,674k	£1,812k	-	-	£16,323k	k
Budgetary Performance	(£20,622)k	(£640)k	(£451)k	£646k	(£445)k	(£134)k	(£1,833)k	£121k	£254k	£562k	(£4,991)k	-	-	(£6,912)k	£0k
Capital v Forecast	106.6%	59.8%	51.9%	69%	67.7%	68.3%	76.90%	72.80%	76.50%	88%	84.50%	-	-	84.5%	95%
Cash Balance	£8,617k	£13,899k	£9,420k	£9,717k	£8,752k	£7,143k	£3,929k	£7,367k	£6,388k	£4,797k	£4,787k	-	-	£4,787k	k
Cash v Forecast	54.6%	109.3%	98.8%	159.4%	85.20%	92.70%	87.40%	152.20%	201.80%	136.80%	69.50%	-	-	69.5%	95%
Creditor Days	16.4	15.5	15.5	16.7	17	15.9	17.3	17.7	21.7	21.7	19.6	-	-	19.6	15
Debt Service Cover	0.79	0	0.64	0.85	1.03	1.12	1	1	1.13	1.13	1.03	-	-	1.03	2.5
Debtor Days	7.4	9.4	10.8	12.8	14.1	14.9	13.5	11.8	14.2	14.7	13.2	-	-	13.2	15
I&E (After Financing)	(£9,518)k	(£2,073)k	£179k	£116k	£733k	£554k	(£1,966)k	£2,066k	£1,671k	£4k	(£1,585)k	-	-	(£303)k	k
Liquidity	-7.63	-7.78	-8	-8.35	-7.98	-8.06	-9.8	-10.69	-9.63	-10.34	-12.45	-	-	-12.45	0
SLA Performance	(£3,902)k	(£543)k	(£712)k	£193k	(£14)k	(£226)k	(£223)k	£908k	£1,031k	£604k	£443k	-	-	£1,461k	£0k

Staff/HR Dashboard

Staff/HR															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Appraisals	70.5%	17.4%	52.4%	95.6%	95.6%	95.6%	95.6%	95.6%	95.6%	95.6%	95.6%	-	-	95.6%	90%
Mandatory Training	85.9%	87.8%	88.3%	87.6%	88.9%	89.3%	89.3%	88.6%	88.7%	88.8%	88.9%	-	-	88.9%	90%
RN average fill rate (DAY shifts)	89.59%	83.40%	82.99%	80.43%	80.70%	77.1%	78.18%	82.96%	84.1%	81.11%	83.52%	-	-	81.44%	95%
RN average fill rate (NIGHT shifts)	92.77%	85.94%	86.22%	84.57%	85.66%	83.86%	83.76%	88.4%	89%	85.94%	87.46%	-	-	86.06%	95%
Sickness Rate	4.40%	3.79%	3.85%	4.17%	4.42%	4.35%	4.78%	4.97%	4.92%	5.48%	4.27%	-	-	4.50%	3.50%
Staff In Post (Contracted WTE)	4,397.71	4,396.03	4,395.30	4,408.83	4,426.94	4,437.96	4,473.78	4,359.72	4,358.52	4,346.26	4,344.94	-	-	4,344.94	
Turnover Rate (Rolling 12 Months)	9.74%	9.95%	9.70%	9.56%	9.51%	9.59%	9.48%	9.45%	9.52%	9.38%	9.38%	-	-	9.38%	%
Vacancy Rate	6.63%	10.87%	11.35%	11.27%	11.13%	10.86%	10.37%	9.37%	10.23%	10.37%	10.42%	-	-	10.42%	%

Enclosure 13a

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors December 2018

TITLE:	**Governance Committee Report February 18**		
AUTHOR:	**Fred Allen, Lead Governor**	**PRESENTER:**	**Fred Allen, Lead Governor Chair of meeting**

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

ACTION REQUIRED OF BOARD			
Decision	**Approval**	**Discussion**	**Other**
		x	

OVERALL ASSURANCE LEVEL			
Significant Assurance	**Acceptable Assurance**	**Partial Assurance**	**No Assurance**
☐ High level of confidence in delivery of existing mechanisms / objectives	☐ General confidence in delivery of existing mechanisms / objectives	☒ Some confidence in delivery of existing mechanisms / objectives, some areas of concern	☐ No confidence in delivery

RECOMMENDATIONS FOR THE COUNCIL

Receive this report as requested by the Council and note its content.

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience,
SO2: Safe and Caring Services,
SO3: Drive service improvements, innovation and transformation,
SO4: Be the place people choose to work,
SO5: Make the best use of what we have,
SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

Meeting held Thursday 28 February 2019
The committee met on Thursday 28 February 2019 and was not quorate owing to non-attendance of governor members. The Committee received the reports as follows:

- Finance & Performance committee that had been previously submitted to the Board of Director on 7 February 2019
- Finance & performance update as discussed at the Finance & Performance Committee on 31 January 2019
- Workforce update
- Audit Committee report from meeting held 21 January 2019
- CQC inspection update
- Clinical Audit update
- Regulation and Guidance update from Interim Director of Governance
- MCP update regarding the Chair appointment

The appointment of Committee chair was postponed until the outcome of the next round of governor elections.

Terms of Reference had been submitted to the meeting and are attached for approval by the Council. See appendix 1

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:**

Appendix 1

The Dudley Group NHS Foundation Trust

COUNCIL OF GOVERNORS GOVERNANCE COMMITTEE
TERMS OF REFERENCE

1. Constitution

The Council of Governors will establish appropriate Committees to assist in the discharge of its responsibilities.

1.1 Each Committee shall have such power and be subject to such conditions (as to reporting back to the Council), as the Council shall decide and shall be in accordance with the Regulatory Framework and any guidance issued by the Independent Regulator. Such Terms of Reference shall have effect as if incorporated into the Standing Orders.

1.2 The Council shall approve the appointments to each of the Committees which it has formally constituted.

2. Membership

2.1 The Committee will comprise a minimum of eight governors

2.2 The Council of Governors will be the body charged with recommending membership for each Committee of the Council. The Council must approve the appointments to each of the committees which it has formally constituted.

2.3 The Chair will be elected by the Governors on the Committee.

2.4 A meeting chair would be appointed from those members present should the Chair be absent for any meeting.

3. Attendance

3.1 Two nominated Non Executive Directors

3.2 Two nominated Executive Directors

3.3 Director with Lead responsibility for Governor Development.

3.4 All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the Committee.

3.5 Other managers/staff may be invited to attend meetings depending upon issues under discussion. The Committee has the power to co-opt, or to request to attend, any member of Trust staff, as necessary and to commission input from external advisors as agreed by the Chair of the Committee.

3.6 The Trust Secretary will ensure that an efficient secretariat service is provided to the Committee.

3.7 Non Executive Directors and Executive Directors will be nominated to attend Council of Governors Committees by the Chairman and Chief Executive respectively. These Board members will be present to advise upon and support the work of the Committee and to provide information about Trust Board considerations, processes and decisions. The presence of Board members will not be for the purpose of justifying decisions of the Trust Board.

4. Quorum

4.1 A quorum will consist of four Governor members of the Committee.

5. Frequency of meetings

5.1 Committee meetings shall be held at such times and places as the Council of Governors may determine and there shall be not less than two or more than six formal meetings in any year except in exceptional circumstances.

5.2 It is expected that members attend at least half of the meetings in the year.

6. Role and Responsibilities of the Committees

6.1 To discharge any action required of it from the Council of Governors.

6.2 The Council may not delegate any decision-making or executive powers to any committee or Sub-Committee. Any recommendations received from the Committee will be considered by the Council of Governors and ratified, or not, by those present.

7 Specific duties of the Governance committee will be;

7.1 Receive the latest finance and performance reports from the Trust and any other reports that may be required from time to time as decided and requested by the Committee Chair.

7.2 Annual review of performance of the Trust in delivery of the Board Assurance Framework (BAF).

7.3 Receive regular updates on the Top Ten Corporate Risks.

7.4 Support the Council of Governors in discharging their duty to hold the Board to account.

8. Reporting

8.1 The Committee will receive reports from the Trust as required to enable the members to fulfil the duties as described above.

8.2 The Chair of the committee will regularly submit a report on the work of the Committee to the Council of Governors.

9. Review

9.1 The Terms of Reference of the Council of Governors Committees shall be reviewed at least annually or as part of any application to amend the Constitution of the Trust.

Enclosure 14

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
7 March 2019

TITLE:	Board Secretary Report to Governors		
AUTHOR:	Helen Board Patient and Governor Engagement Lead	**PRESENTER:**	Mr Gilbert George, Interim Director of Governance/Board Secretary

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

ACTION REQUIRED OF BOARD			
Decision	**Approval**	**Discussion**	**Other**
	x	**x**	

OVERALL ASSURANCE LEVEL			
Significant Assurance	**Acceptable Assurance**	**Partial Assurance**	**No Assurance**
☐	☒	☐	☐
High level of confidence in delivery of existing mechanisms / objectives	General confidence in delivery of existing mechanisms / objectives	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	No confidence in delivery

RECOMMENDATIONS FOR THE COUNCIL

Receive this report as requested by the Council and note its content.

CORPORATE OBJECTIVE:

SO1: Deliver a great patient experience, **SO2:** Safe and Caring Services, **SO3:** Drive service improvements, innovation and transformation, **SO4:** Be the place people choose to work, **SO5:** Make the best use of what we have, **SO6:** Deliver a viable future

SUMMARY OF KEY ISSUES:

1. Council of Governor Elections 2019

Elections are to commence shortly for vacancies in the following constituencies:

Constituency Name
Pubic: Dudley North
Public: Halesowen
Staff: Medical & Dental
Staff: Nursing & Midwifery

The timetable is as follows:

- Wednesday 6 March 2019, Notice of Election and call for nominations
- Wednesday 3 April 2019, Nominations deadline
- Friday 26 April 2019, Notice of Poll published
- Thursday 23 May 2019, close of election
- Friday 24 May 2019, Declaration of results published

2. Council of Governors Committees – appointment of committee chairs

Each of the Committees have met during quarter four and individual members have been invited to nominate themselves as chair. The present position is:

Experience & Engagement Committee – Karen Phillips has been returned as chair
Governance Committee – decision to nominate and appoint a chair had been deferred until the conclusion of the current round of governor elections.
Strategy Committee – received no expression of interest from its membership and the individuals of the wider Council is invited to consider membership of this group and the position of committee chair.

3. Council of Governors (CoG) committee structure – proposed review

The Council is advised that a review of the current structure of the committee of Council will be undertaken during quarter one of the new financial year. This is in response to feedback related to the frequency of meetings and the duplication of papers and topics covered. The review will consider the feedback received from the recent survey of CoG effectiveness, governance arrangements to reflect best practice and information flow to support assurance levels in line with Governors duties and responsibilities.

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:

RISK	**Y/N**		**Risk Description**
	Risk Register: Y /N		**Risk Score**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Ygilbert**	**Details:** WELL LED The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture
	NHSI	**Y/N**	**Details:**
	Other	**Y/N**	**Details:**

Enclosure 15

The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors
Thursday 7 March 2019

TITLE:	**Foundation Trust Membership report Q3 2018/19**		
AUTHOR:	**Amirah Shaikh, Patient Experience Administrator** **Helen Board, Patient and Governor Engagement Lead**	**PRESENTER**	**Helen Board, Patient and Governor Engagement Lead**

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

ACTION REQUIRED OF COMMITTEE:			
Decision	**Approval**	**Discussion**	**Other**
			X

OVERALL ASSURANCE LEVEL:			
Significant Assurance	**Acceptable Assurance**	**Partial Assurance**	**No Assurance**
☐ High level of confidence in delivery of existing mechanisms / objectives	☒ General confidence in delivery of existing mechanisms / objectives	☐ Some confidence in delivery of existing mechanisms / objectives, some areas of concern	☐ No confidence in delivery

RECOMMENDATIONS FOR THE COMMITTEE:

The Committee is asked to receive the report and review to identify actions were required to ensure that Trust membership remains representative of the community served by the Trust.

CORPORATE OBJECTIVE:

SO6: Deliver a viable future

SUMMARY OF KEY ISSUES:

This report provides the Trust membership report for quarter three 2018/19.

Membership report

- The Trust continues to maintain a public membership in excess of 13,000 to comply with Trust's Terms of Authorisation.
- Our membership continues to be mostly well represented by constituency, age, gender and 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 ethnic groupings of Asian/Asian British and Black/Black British.

The total number of public members as at 31 December 2018 is 13,828 (including Outside of the West Midlands) representing a decrease of 27 compared to 30 September 2018.
The number of staff members is 5,584 giving a total membership of 19,412.

IMPLICATIONS OF PAPER:

RISK	**N**		**Risk Description:**
	Risk Register: N		**Risk Score:**
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	**Y**	**Details:** The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture
	NHSI	**Y**	**Details:** To ensure compliance with terms of authorisation
	Other	**N**	**Details:**

Membership Report Quarter Three

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	31 December 2018
Public	13,981	13,875	13,888	13,886	13,855	13, 828

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.

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 31 December 2018

(numbers in bracket indicate previous quarter figures)

Public Constituencies	Number of Members
Brierley Hill	1,763 (1,766)
Central Dudley	2,424 (2,428)
Halesowen	1,146 (1,148)
North Dudley	1,374 (1,377)
Outside of the West Midlands	367 (368)
Rest of the West Midlands	1, 768 (1,768)
South Staffordshire and Wyre Forest	1,169 (1,177)
Stourbridge	1,703 (1,706)
Tipton and Rowley Regis	2,114 (2,117)

Public membership breakdown by age, gender and ethnicity		Number of Members
Age	0-16 years	4 (4)
	17-21 years	513 (586)
	22+ years	12,859 (12,812)
	Not stated	452 (453)
Gender	Male	4, 577 (4,589)
	Female	9,156 (9,171)
	Unspecified	95 (95)
Ethnicity	White	11, 270 (11,298)
	Mixed	403 (308)
	Asian or Asian British	1,246 (1,340)
	Black or Black British	428 (428)
	Other	71 (71)
	Not stated	410 (410)

Staff Constituencies	Number of Members
Allied Health Professionals and Healthcare Scientists	689
Medical and Dental	503
Nursing and Midwifery	2,748
Non Clinical	995
Partner Organisations	649