

Public Board of Directors Meeting

Thursday 2nd May 2019

11.30am – 1.45pm

Meeting rooms 7 & 8,
Clinical Education Centre,
First Floor, South Block,
Russells Hall Hospital



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

BOARD MEETINGS PUBLIC INFORMATION SHEET

The Dudley Group meets in public every month and welcomes the attendance of members of the public and staff at its Board meetings to observe the Board's decision-making process.

1. Introduction

This sheet provides some information about how Board meetings work.

Name signs for each board member are displayed on the table in front of the member to enable you to identify who is speaking at the meeting.

Some items are confidential (for example if they concern an individual or a commercial contract) – these are dealt with in part II (confidential) of the meeting.

Copies of the agenda and papers are available at the meetings, and on our website <http://dudleygroup.nhs.uk/> or may be obtained in advance from:

Helen Forrester
Executive Officer
The Dudley Group NHS Foundation Trust
DDI: 01384 321012 (Ext. 1012)
Email: helen.forrester@nhs.net

Gilbert George
Inteim Director of Governance/ Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
Mobile 0798414281
email: gilbert.george3@nhs.net

2. Board Members' interests

All members of the Board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the trust and these are recorded in a register. If you would like to see the register, please contact the Company Secretary or visit our website.

Members are also required to state at the start of the meeting if they have an interest in any of the items under discussion. Special rules govern whether a member who has declared an interest may take part in the subsequent discussion.

3. Opportunity for questions

Members the public, should raise any questions directly to the Chair at the conclusion of the meeting.

4. Debate

The board considers each item on the agenda in turn. Each report includes a recommendation of the action the board should take. For some items there may be presentation; for others this may not be necessary. The board may not actively discuss every item – this does not mean that they have not received careful consideration; it means that nobody at the meeting considers it necessary to debate the subject. A formal vote need not be taken if there is a general consensus on a suggested course of action.

5. Minutes

A record of the items discussed and decisions taken is set out in the minutes, which the board will be asked to approve as a correct record at its next meeting.

The minutes as presented to the next meeting of the Trust Board for approval are added to the website at the same time as the papers for that meeting.

6. Key Contacts

Gilbert George
Inteim Director of Governance/ Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
Mobile 0798414281
email: gilbert.george3@nhs.net

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Email: helen.forrester@.nhs.net

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example. This document should be read in association with the NHS Code of Conduct.

Board of Directors
Thursday 2nd May, 2019 at 11.30am
Clinical Education Centre
AGENDA

Meeting in Public Session

All matters are for discussion/decision except where noted

	Item	Enc. No.	By	Item Related to Strategic Objective	Action	Time
10.	Chairmans Welcome and Note of Apologies		J Atkins		To Note	11.30
11.	Declarations of Interest Standing declaration to be reviewed against agenda items.		J Atkins		To Note	11.30
12.	Announcements		J Atkins		To Note	11.30
13.	Minutes of the previous meeting					
	13.1 Thursday 4 April 2019	Enclosure 8	J Atkins		To Approve	11.35
	13.2 Action Sheet 4 April 2019	Enclosure 9	J Atkins		To Action	11.40
14.	Patient Story	Video	L Abbiss		To Note & Discuss	11.45
15.	Chief Executive's Overview Report	Enclosure 10	D Wake	All	To Discuss	11.55
16.	Safe and Caring					
	16.1 Chief Nurse Report	Enclosure 11	M Sexton	SO1&2	To note assurances & discuss any actions	12.05
	16.2 Infection Control Report	Enclosure 12	L Rees	All	To note assurances & discuss any actions	12.15
	16.3 Staffing Skill Mix Review	Enclosure 13	M Sexton	All	To note assurances & discuss actions	12.25
	16.4 Clinical Quality, Safety, Patient Experience Committee Report	Enclosure 14	C Holland		To note assurances	12.35

	16.5 Learning from Deaths Report	Enclosure 15	J Hobbs		To note assurances and discuss	12.45
	16.6 Patient Experience Report	Enclosure 16	M Sexton		To note and discuss	12.55
17.	Responsive and Effective					
	17.1 Integrated Performance Dashboard	Enclosure 17	K Kelly	SO1,2,4,5,6	To note assurances & discuss any actions	1.05
	17.2 Finance and Performance Committee Exception report	Enclosure 18	J Hodgkin	SO6	To note assurances & discuss any actions	1.15
18.	Well Led					
	18.1 Brexit Report	Enclosure 19	K Kelly		To note assurances & discuss actions	1.25
19.	Any other Business		J Atkins			1.35
20.	Date of Next Board of Directors Meeting		J Atkins			1.35
	6 th June, 2019 Clinical Education Centre					
21.	Exclusion of the Press and Other Members of the Public		J Atkins			1.35
	To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 [2] Public Bodies [Admission to Meetings] Act 1960).					

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

**Minutes of the Public Board of Directors meeting held on Thursday 4th April, 2019, in
the Clinical Education Centre.**

Present:

Jenni Ord, Chairman
Richard Miner, Non Executive Director
Julian Atkins, Non Executive Director
Karen Kelly, Chief Operating Officer
Andrew McMenemy, Director of HR
Diane Wake, Chief Executive
Mary Sexton, Interim Chief Nurse
Catherine Holland, Non Executive Director
Jonathan Hodgkin, Non Executive Director

In Attendance:

Helen Forrester, EA
Gilbert George, Interim Director of Governance
Natalie Younes, Director of Strategy and Business Development
Mark Hopkin, Associate Non Executive Director
Paul Hudson, Interim Deputy Medical Director
Liz Abbiss, Head of Communications
Chris Walker, Deputy Director of Finance
Chris Leach, Emergency Planning Manager (item 19/048.1)
Babar Elahi, Guardian of Safe Working (item 19/048.2)

**19/038 Note of Apologies and Welcome
12.07pm**

Apologies received from Julian Hobbs, Tom Jackson and Adam Thomas.

The Chairman welcomed Paul Hudson, Interim Deputy Medical Director, who was attending for Julian Hobbs and Chris Walker who was attending for Tom Jackson, to the meeting

**19/039 Declarations of Interest
12.08pm**

Dr Hopkin confirmed that he was a GP and Clinical Lead at the CCG and the Board noted that this did not conflict with any items on the agenda requiring a decision.

There were no other declarations of interest.

**19/040 Announcements
12.08pm**

No announcements to note.

**19/041 Minutes of the previous Board meeting held on 7th March, 2019
(Enclosure 11)
12.08pm**

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

**19/042 Addendum to the February Minutes (Enclosure 12)
12.10pm**

The Board noted and approved the addendum to the February 2019 Public Board minutes as attached at Enclosure 12.

**19/043 Action Sheet, 7th March, 2019 (Enclosure 13)
12.12pm**

19/030.1 Staff Survey – Leadership Academy Proposal

The Director of Human Resources confirmed that he had written to the Leadership Academy at the end of March and was awaiting a response to his request to meet.

19/034.1 Integrated Performance Report – Mixed Sex Accommodation

The Interim Chief Nurse confirmed that this had been presented to the Clinical Quality, Safety, Patient Experience Committee and confirmed that the aim continued to be that patients in mixed sex high dependency units accommodation on would not occur for longer than 4 hours once fit to be assigned to a standard ward.

19/033.2 Clinical Quality, Safety, Patient Experience Committee – Transferable Actions

The item had been completed by discussion following the last Committee meeting and can be removed from the action tracker

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

**19/044 Staff Story
12.16pm**

The Head of Communications presented the staff story. This related to a member of staff who started working for the Trust 10 years ago as a Clinical Support Worker and decided to join the nurse associate programme to become a Band 5 registered nurse. The programme is designed to bridge the gap between Band 2 and 5 nurses.

The Head of Communications confirmed that UHB had been in the news for a similar programme and Dudley should be promoting the developments underway on nurse training.

The Chief Executive welcomed the actions being taken to develop its own staff, particularly the non registered workforce. The video should be used to promote the programme so that more individuals could participate.

Mr Miner, Non Executive Director, asked about the appetite for training. The Director of Human Resources confirmed that there was a lot of interest being generated.

The Chairman asked that internal and external profiling of the initiative be considered further.

The Chairman and Board welcomed the positive story and asked that their thanks are passed on to the member of staff concerned.

Internal and external profiling of the nurse training programme to be considered further to help promote the scheme and Dudley opportunities.

**19/045 Chief Executive's Overview Report (Enclosure 14)
12.29pm**

The Chief Executive presented her Overview Report given as Enclosure 14. This included the following highlights:

- Chief of Service Interviews: Interviews for the Chief of Surgery were taking place on 12th April. There was limited interest in the other 2 posts and these interviews have been postponed as a result. Matt Banks will continue to undertake the Chief of Medicine role in the interim.
- Healthcare Heroes: The volunteers were awarded as team of the month and the individual award was given to Deborah Roch who had been nominated by the parents of a child that Deborah had cared for.
- Trust Chair Recruitment: Closing date for applications was 5th April and interviews were scheduled for 24th April. Interviews for Board Secretary will take place on 26th April. Mark Stanton left the Trust at the end of March and Adam Thomas will become Acting Chief Information Officer for 12 months. Mary Sexton continues in the role as Interim Chief Nurse. Progress is being made with the appointment of the MCP Chair.

The Chairman and Board noted the report.

19/046 Safe and Caring

**19/046.1 Clinical Quality, Safety, Patient Experience Committee Report (Enclosure 15)
12.34pm**

Mrs Holland, Committee Chair, presented the Clinical Quality, Safety, Patient Experience Committee Report, given as Enclosure 15, including the following key issues:

- Improvement to Committee operations: No formal meeting would take place in April due to Easter. Mrs Holland will though meet with the Interim Chief Nurse to look at the role and performance of the Committee and consider potential improvements.

- Non Compliance with COSHH regulators: The Committee had received assurance on the mitigations in place until sufficient individuals were trained. Board members would be kept up to date on any compliance issues. The Trust should be fully compliant by the time the next Committee report is presented to Board.

Any issues during April will be reported to the Interim Chief Nurse and Committee Chair by exception, for reflection in the subsequent report to Board on 2nd May.

The Chief Executive confirmed that she was concerned about not holding a Committee meeting, particularly as the draft CQC report was due to be received in April. The Chief Executive stated that there will be a need for widespread engagement on the CQC report and consequent actions required. She asked the Interim Chief Nurse and Committee Chair consider the best way to do this given the absence of a meeting. The Chairman asked that this should be considered outside the Board meeting and proposals shared with the Board.

The Chairman and Board noted the report and position relating to health and safety compliance.

Next Committee report to reflect position on COSHH compliance. The Chief Executive, Interim Chief Nurse and Committee Chair to consider the proposals for engagement following receipt of the draft CQC report, with subsequent report to the Board.

19/046.2 Chief Nurse Report (Enclosure 16) 12.45pm

The Interim Chief Nurse presented the Chief Nurse Report given as Enclosure 16.

The Board noted the following key issues:

- A full review of the Nursing Strategy had taken place with a planned launch to coincide with International Nurses Day in May 2019.
- Development event had been held on 27th March for nursing and midwifery leads.
- The Board was asked to note the AHP update at page 2 of the report which described a number of key initiatives and successful events.
- Safer Staffing: This had been discussed in detail at the Finance and Performance Committee.
- Patient Acuity Tool: This was being rolled out in March. It enables requests for additional staffing to be considered using objective information and to consider safe deployment of staff.

The Chairman asked how the patient acuity tool had been received. The Interim Chief Nurse confirmed that training had been provided on the tool across the organisation. The use of the tool had received mixed feedback, but work would continue to embed it.

The Chief Executive asked about agency controls and if the tool would inform better decision making around the need for agency staff. The Interim Chief Nurse confirmed that the tool absolutely helps with discussions around patients needs and staffing requirements.

The Chairman asked what effect the approach would have on capacity and flow. The Interim Chief Nurse confirmed that work was in its early days on this but the tool should assist with determining right care pathways, length of stay, and therefore improve flow.

The Chairman and Board noted the report and the actions underway and asked that an update on the acuity tool is provided in the May Chief Nurse report to Board.

Update on the acuity tool to be included in the Chief Nurse report to the May Board.

19/047 Responsive and Effective

19/047.1 Integrated Performance Report (Enclosure 17) 1.00pm

The Chief Operating Officer presented the Integrated Performance Report given as Enclosure 17.

The Board noted the following key issues regarding performance for February 2019:

- ED Emergency Access Standard: This has continued to deteriorate due to the number and complexity of ambulance arrivals. The Trust was working with urgent care teams. New rapid access bay model was now in place. Profile of breaches has changed and more patients are waiting to be seen in ED. Prioritisation was being rightly given to the sickest patients.
- Cancer key metrics: Good performance. Breast was reported against standards failed March target and this is a national issue. An additional 300 clinic systematic appointment slots had been added to availability in mitigation.
- RTT: Continued excellent performance. Some slight deterioration in T&O, General Surgery, Ophthalmology and Plastics Surgery.
- DM01: The Trust continues to perform well.
- DNA: Below national average, so outpatient slot utilisation was working quite well.
- Vanguard Mobile Theatre: Vanguard theatre was still on site and operating in conjunction with Theatre 10, to ensure T+O work could continue.
- Appraisals: Window opened on 1st April and will continue until the end of June. Looking to achieve 95% appraisal rate completed by the due date.

- Mandatory Training: Positive performance at just under 90%, but continued focus required.
- Sickness Absence: Reduced in month but was 1% above absence rate at this time last year.
- Turnover: This had reduced significantly and was now closer to the aspirational target.
- Staff Engagement: A number of actions continue to take place to encourage positive staff engagement and will remain an area of focus, for the coming year.
- Workforce Strategy: This is to be presented to the Workforce Committee at the end of April. It will then be presented to the Finance and Performance Committee and Board for approval.

The Chairman confirmed that the ED performance improvement trajectory should be shared with the Board at its next meeting

The Chairman asked why the demand continues to be so high and whether this could be addressed. The Chief Operating Officer confirmed that the Trust looks at postcodes of patients and means of arrival to ensure intelligent conveyancing was operating. The Trust is not seeing exceptional activity compared to that experienced nationally.

Mr Miner, Non Executive Director, asked Dr Hopkin, Associate Non Executive Director, for his thoughts on the issue with ambulance conveyancing. Dr Hopkin confirmed that ambulance crews needed to be somewhat risk adverse and will always bring patients to hospital, if in doubt.

Dr Hopkin asked if the number of patients seen was increasing or whether patients' illness is just more complex. The Chief Operating Officer confirmed that ambulance attendances have increased from 120 to 150 per day on average but patients presenting are more acutely ill; there is a view from the medics that many patients do not always require acute care.

Mr Miner asked about the sickness absence rate and the impact of a 1% change in staff availability. The Director of Human Resources advised he would share the detail outside the meeting but even a small change in the absence rate is significant for the organisation.

Mr Atkins, Non Executive Director commented that there is a correlation between the vacancy rate and sickness absence.

Mrs Holland, Non Executive Director, stated that she would like to see any impact of mandatory training and understand how it is evaluated. The Director of Human Resources confirmed that this can be considered in detail at the Workforce Committee and a summary included in the report to Board.

The Chairman and Board noted the report, actions and performance against key performance indicators. The Chairman asked that a forward view and trend analysis is provided in future Board performance reports.

A forward view and trend analysis to be provided in future performance reports to the Board.

**19/047.2 Finance and Performance Committee Exception Report (Enclosure 18)
1.20pm**

Mr Hodgkin, Committee Chair, presented the Finance and Performance Committee Exception Report, given as Enclosure 18.

The Board noted the following key issues:

- The forecast outturn remained on target for a deficit of £8.8m before Providers Sustainability Funds. The drift from the original control total relates to some elements within the CIP plan, notwithstanding the achievement of around £20m saving.
- The plan and projections for 2019/20 were to be discussed in the Private Board meeting.
- Following the committee effectiveness review there were plans to revise the terms of reference and to have a committee cycle of business.

Performance against the PFI contract was noted as being within acceptable limits.

The Chairman and Board noted the report and the £8.8m deficit position, before PSF.

19/048 Well Led

**19/048.1 Brexit Contingency Plan Update (Enclosure 19)
1.30pm**

The Emergency Planning Officer presented the Brexit Contingency Plan Report given as Enclosure 19. This was a very comprehensive document and followed a similar approach used in the Trust's Business Continuity Plans.

The Board noted the following key issues, most of which were centrally organised and monitored:-

- EU touch points for supplies are being established.

- Working on assurance from EU suppliers.
- Awaiting further national guidance.
- Daily assurance reports to the centre are being submitted about the situation locally.
- Response document was included in the paper for any business continuity emergency.
- A separate paper gave details of the 100 at risk drugs and associated mitigations in place which the Pharmacy Team had considered in detail.

Mr Miner, Non Executive Director, commented that media is suggesting that a deal would be in place. The EPRR Manager confirmed that if this was the case it would eliminate the risk, but there was a need for a keen walking brief.

The Chairman and Board noted the report, the assurance provided and the current position.

19/048.2 Guardian of Safe Working Report (Enclosure 20)

1.25pm

The Guardian of Safe Working presented his report given as Enclosure 20.

The Board noted the following key issues:

- Trend of higher number of exceptions.
- Some exceptions are in excess of 7 days.
- The exception reporting policy is not required following national advice. The Chairman asked if this has been accepted by the JLNC. The Guardian confirm that he is a member of JLNC and this has been approved.
- The Guardian confirmed that benchmarking of exception reporting is difficult due to differences in organisations. The Director of Human Resources suggested trying to find a similar organisation and would discuss this with the Guardian outside of the meeting.
- Resilience representatives are being considered and the Board will be kept informed in this respect to this.

The Chairman asked about the 3 immediate concerns. The Guardian confirmed that they had all been investigated and resolved. The Guardian gave the Board assurance on the robust systems in place to ensure speedy and effective action was taken.

The Guardian thanked the Chairman for her support and guidance.

The Chairman and Board noted the report and the continuing actions of the Guardian.

19/048.3 Charitable Funds Committee Exception Report (Enclosure 21)

1.40pm

Mr Atkins, Committee Chair, presented the Charitable Funds Committee Exception Report given as Enclosure 21.

The Board noted the following key issues:

- Staff had been invited to the meeting who had submitted bids for equipment. This had proved worthwhile. One of the presentations was a bid for improving mouth care and this was a really positive initiative.
- Spend continued to be higher than funds raised. Total fund balance was just over £2m. There was a general fund balance of £103,342
- The Committee had approved 3 further bids totalling £5.3k.

Mr Miner, Non Executive Director, asked about the fund balance and donations. The Head of Communications confirmed that there had been a number of successful fundraising initiatives including the Baby Bereavement appeal.

The Chairman and Board noted the report, including a further charity appeals and thanked the Committee for their work on behalf of the Board.

19/048.4 Trust Constitution (Enclosure 22) and Scheme of Delegation (Enclosure 23)

1.45pm

The Interim Director of Governance presented the Trust Constitution given as Enclosure 22.

The Board noted the following key highlights:

- .Last review was in December 2017 which incorporated additional NED resource.
- A comprehensive review had been undertaken including considering other Foundation Trust Constitution documents.

- Page 19 – procedures and protocols, 44.1 in relation to indemnity for Governors – Board members were asked to approve the revised wording. The Chairman asked that liabilities are checked and what this would mean financially for Governors. Director of Governance would check this item.
- The Council of Governors will be required to ratify the Constitution.
- Mergers and significant transactions – this was a new section. Board members were asked to approve the wording. The Chairman suggested that there needed to be consistency of the wording relating to the number of Governors. The Director of Governance to check this area.
- The Scheme of Delegation will be added to the Constitution at Annex 11. The Trust did not previously have a stand alone Scheme of Delegation. Further changes to the Scheme of Delegation are likely following the review of the Committee Terms of Reference.

Mr Hodgkin, Non Executive Director, asked about the approval of the Committee Terms of Reference. The Director of Governance confirmed that these will be approved by the Board.

The updated Constitution and Scheme of Delegation would be presented to the June Board.

The Chairman and Board noted the report and that the Director of Governance will check the 2 items relating to the Governors as identified by the Chairman. The Board recognised the Draft Scheme of Delegation and that this may be revised following the review of the Committee Terms of Reference.

The Director of Governance to check the items in question in relation to Governors. Updated Constitution and Scheme of Delegation to be presented to the June Board for approval.

19/048.6 Board and Committee Effectiveness Review (Enclosure 24) 1.57pm

The Interim Director of Governance presented the Board and Committee Effectiveness Review given as Enclosure 24.

The Board received the report for information.

The Chairman voiced her disappointment in the low number of responses and it was a responsibility of all Board members to consider the function of the Board and its Committees.

The Chairman and Board noted the report and the work that would now continue at committee level to effect improvements. There would be a need to develop a Board effectiveness Action Plan and this would need to link with the existing Board Development work.

Director of Governance to consider improvement actions required in response to Board Effectiveness Review and provide plan to the Chair/CEO.

19/048.7 Audit Committee Exception Report (Enclosure 25)
2.00pm

Mr Miner, Committee Chair, presented the Audit Committee Exception Report given as Enclosure 25.

The Board noted the following key issues:

- The Audit Committee assurances in respect of completed audit reports.
- Good progress had been made in clearing open management actions.
- The Board was asked to delegate powers to the Audit Committee to approve the year end reports.

The Chairman and Board noted the report and approved delegation of its powers to the Audit Committee to accept the year end reports.

19/048.8 Responsible Officer Report (Enclosure 26)
2.02pm

The Interim Deputy Medical Director presented the Responsible Officer Report given as Enclosure 26. The proposed option for approval was the re-introduction of the combined role of Responsible Officer and MD.

The Chief Executive confirmed that this approach was an accepted way of working, after seeking advice from other Trusts. It was also supported by the Regional RO.

Mr Atkins, Non Executive Director, stated that there was a need to ensure that this did not have a detrimental affect on the Medical Director's workload.

The Board thanked Paul Stonelake for his work as Responsible Officer, whilst undertaking this role.

The Board agreed the appointment of the Medical Director to the Responsible Officer role which should take effect from 30th April 2019.

19/048.9 Clinical Excellence Awards Annual Report (Enclosure 27)

2.05pm

The Director of Human Resources presented the Clinical Excellence Awards Annual Report given as Enclosure 27.

The information will be presented to JLNC.

The next round of awards commences in June.

Mrs Holland, Non Executive Director, asked if there were similar schemes for other groups of staff. The Director of Human Resources confirmed that there used to be but had been included in Agenda for Change pay frameworks.

The Interim Chief Nurse commented that it would be helpful to see innovation and improvements made detailed within the report.

The Chairman and Board noted the report.

19/049 Any Other Business

2.08pm

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

19/050 Date of Next Meeting

2.08pm

The next Board meeting will be held on Thursday, 2nd May, 2019, in the Clinical Education Centre.

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 4 April 2019

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
19/033.1	Staff Survey Presentation	Update on the Staff Survey to the Board in 6 months.	AM	5/9	Not Due.
19/033.5	Patient Safety Strategy	The Patient Safety Strategy to be presented back to the April Board for formal approval.	JH	6/6	To June Board. Not Due.
19/034.2 & 19/046.2	Finance and Performance Committee Report Chief Nurse Report	The Chief Nurse to present the new real time acuity tool to the Board.	MS	2/5	Staffing Skill Mix Report on Agenda
19/023.3	Digital Trust Committee Report	Population Health to be included on a future Board Workshop agenda.	AT/GG	20/5	Not Due
19/033.2	Clinical Quality, Safety, Patient Experience Committee	CQSPE Chair to share transferable actions with other Committee Chairs.	CH	28/5	Not Due
19/044	Staff Story	Internal and external profiling of the nurse training programme to be considered further to help promote the scheme and Dudley opportunities.	AM/MSe/LA	2/5	Complete. Nursing associate roles included in recruitment promotional activity.
19/046.1	Clinical Quality, Safety, Patient Experience Committee	Next Committee report to reflect position on COSHH compliance. The Chief Executive, Interim Chief Nurse and Committee Chair to consider the proposals for engagement following receipt of the draft CQC report, with subsequent report to Board.	DW/MS/CH	6/6 May 19	Not Due Report Awaited

19/047.1	Integrated Performance Report	A forward view and trend analysis to be provided in future performance reports to the Board.	KK	2/5	Included in IPR.
18/139.5	Research and Development Report	The next report to Board to include further detail on commercial opportunities and comparisons with research levels undertaken at other Trusts.	JN	6/6	Not Due
19/033.4	7 Day Services	Update on 7 Day Services to the Board in June	P Hudson	6/6	Not Due
19/035.2	Workforce Committee Exception Report	Workforce Strategy to be presented to the June Board.	AM	6/6	Not Due
19/035.3	Freedom to Speak Up Guardian's Report	The Chief Executive to consider how the Board sees triangulation around learning and adaptation and for the approach to be brought back to the Board.	DW	6/6	Not Due
19/048.4	Trust Constitution and Scheme of Delegation	The Director of Governance to check the issues in question in relation to Governors and present the updated Constitution and Scheme of Delegation to the June Board for approval.	GG	6/6	Not Due
19/048.6	Board and Committee Effectiveness Review	Director of Governance to consider improvement actions required in response to Board Effectiveness Review and provide plan to the Chair/Chief Executive.	GG	May 19	Not Due
19/021.4	Organ Donation Report	Results of work on tissue donation to be included in the next report.	K Lazenby	Jan 2020	Not Due

Paper for submission to the Board of Directors on 2nd May 2019

TITLE:	Public Chief Executive's Report		
AUTHOR:	Diane Wake, Chief Executive	PRESENTER	Diane Wake, Chief Executive
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		X	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input checked="checked" type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
The Board are asked to note and comment on the contents of the report.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Visits and Events • Improvement Practice Update • Recruitment Update • International Nurses Week • Nursing Conference • Committed to Excellence 2019 • System Leaders Event • Healthcare Heroes • Charity Update • 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 – May 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

4 th April	Board of Directors Extraordinary Council of Governors
5 th April	Team Brief
10 th April	Board Workshop Transition Board
12 th April	Chief of Surgery Interviews
15 th April	Director of Operations – Surgery Interviews
16 th April	Implementing the Long Term Plan Event
17 th April	Live Chat
26 th April	Board Secretary Interviews
29 th April	Vital Signs Transformation Guiding Board
30 th April	ED Away Day

Improvement Practice Update – Care Better Every Day

- Dudley Group's long-term commitment to continuous quality improvement
- Supported by improvement consultants at NHS England/Improvement until 2021
- Recognises that every member of staff is an expert in how to improve their own work
- The Improvement Practice provides a method and support to help teams put their improvement ideas into practice and feel proud of the results
- To develop a coaching style of leadership.



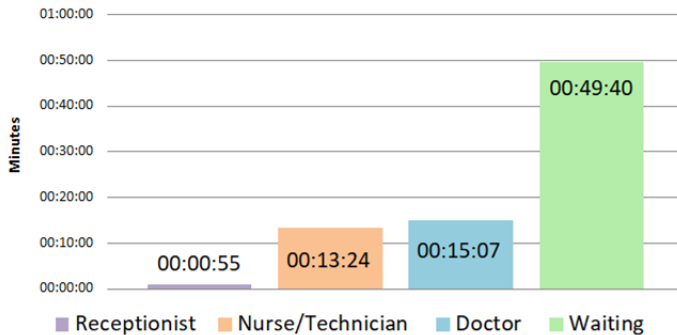
Practice Event – an intense burst of improvement activity focussed on a specific process

There will always be a Practice Event that we are working towards.

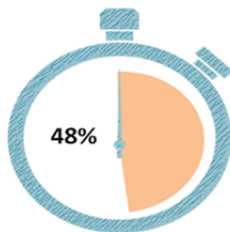
Ophthalmology - Examples of data we've collected in preparation for the event

Average Patient Contact Time

Based upon 6 patient journeys



OCT Machine Utilisation



Average Patient Journey



Of 6 patients reviewed, all arrived before their appointment time



All patients were called through either before or on their appointment time



The average time from appointment beginning to being seen by a Doctor was 58 minutes

Recruitment Update

Chairperson (Position as at 26th April)

There was a unanimous decision by the Trust Chairperson selection panel on 11th April 2019 not to select any of the three candidates for interview.

Following this decision, the Council of Governance Remuneration and Appointments Committee has directed that the following options be pursued:

- Seek an interim Chair for up to six months
- Commission Odgers to head hunt a Chair
- Julian Atkins to be the acting Chair for 2 May board meeting

Non Executive Directors

The closing date for Non-Executive Directors applications has been extended by two weeks. The closing date will now be 10th May 2019, with interviews scheduled for 7th June 2019.

The recruitment pack has been updated to include increased focus on our requirements of recruiting individuals with the following experience and skills as determined by the recent Non Executive Director skills review:

- a clinical background or experience of working in collaboration or third sector

International Nurses Week

We are celebrating the work of our wonderful nurses and midwives on 12th May which is Nurses' Day and planning a week of events culminating in Funday Friday on 10th May, including a bed making contest. Teams across the Trust are joining in during the week leading up to Nurses' Day, with Maternity Monday and Toddler Tuesday planned in our maternity and children's departments.

Nursing Conference

On Thursday 9th May, nurses will be gathering at Himley Hall for a summit celebrating their profession and acknowledging their contribution to improving patient care. It will give them a chance to network, share good practice and enjoy some interactive learning events.

Committed to Excellence 2019

Our annual staff awards are open for nominations. Staff can nominate colleagues via our intranet and patients can nominate online via our website. If they have been particularly impressed by an individual or team looking after them, I would urge them to show their appreciation by completing a Patient Choice nomination form. These are available on our website <https://patientchoiceaward.dgft.nhs.net> or paper nomination forms can be picked up from Russells Hall Hospital or Guest and Corbett outpatient centres.

System Leaders Event

Our clinical leaders have been invited to attend a system leaders event by our clinical commissioning group colleagues on Wednesday 8 May at Stourbridge Rugby Club and will be a chance to meet with our local GPs and get to know them.

Healthcare Heroes April 2019

Congratulations to April's healthcare heroes! Hollie Newman and Leanne Mann received this month's team award due to setting up a new unit which takes a lot of hard work and dedication. In a short amount of time they have received an overwhelming amount of compliments and positive feedback from relatives, patients and loved ones about the care our patients have received.



Holly Robinson, a personal assistant in the Medicine and Integrated Care Division, received the award due to saving the Trust a significant amount of money by sourcing free of charge desks and draws that were going to be disposed of by another service. Holly is proactive and anticipates problems before they arise, she also keeps the divisional teams really well organised by ensuring all of their meetings are in their diaries and that they have all of the necessary paperwork in order to make decisions that improve patient care.



DGFT Charity Update

Our 5k neon charity run takes place on Sunday 9th June 2019 at Himley Hall. All funds raised will go to our neonatal unit. To take part, take a look at our Facebook page @DudleyGroupNHS

National NHS News

NHS 'should weigh children every year starting from the age of two'

The NHS should weigh children every year to tackle obesity - and start from when they are just two years old, experts have said. In England, the National Child Measurement Programme only records the weight of those aged four or five years old and those aged 10 or 11. But researchers say action can be taken much earlier to help prevent a child becoming obese in later life. A new study suggests adult body mass index (BMI) can start to be predicted in some children when they are just a few years old. **Manchester Evening News (26.03.19)**

NHS aims for one link worker per primary care network from July

From July 1 the NHS will put its social prescription plan into action, aiming for one link worker per primary care network and 100% reimbursement. The service's priorities are said to be to inform, educate and enable GPs to universally bring about the major shift in perspective needed, aided by NHS England regional networks and the Royal College of GP Champions. It aims to roll out as many as 4,500 link workers by 2023, and develop national and regional menus for social prescription and establish community builders, leadership from local authority and funding and leadership. **PharmaTimes (28.03.19)**

Breakthrough cystic fibrosis drug destroyed while thousands of NHS patients wait amid funding impasse

Nearly 8,000 packets of a breakthrough drug which could prolong the lives of people living with cystic fibrosis (CF) for decades, were destroyed last year while the English NHS and its manufacturer haggled over price. Documents released by the House of Commons Health Committee show that 7,880 packets, each offering a 28 day supply of the drug and intended for distribution around Europe, exceeded their expiry date in 2018. This would be enough to provide the drug for around three months to every one of the 2,834 eligible patients in England. **Independent (28.03.19)**

NHS to launch the world's first national database of child mortality in bid to stop children dying from pollution

The NHS is to launch the world's first national database of child mortality in a bid to stop children dying from pollution and other preventable causes. From Monday, all deaths of those under the age of 18 will be centrally recorded so that officials can pinpoint danger areas and take preventative action. The data should enable scientists to identify clusters of child deaths and determine reasons for them - for example asthma - something which the current system of council-run review panels does not allow. **The Telegraph (30.03.19)**

NHS to roll out blood tests for pre-eclampsia after positive study results

Placental growth factor blood tests for pre-eclampsia are to be made more widely available to pregnant women in England after a trial found that the test can hasten accurate diagnosis. Pre-eclampsia is suspected in around 10% of pregnancies in the UK and affects around 80 000 women each year.

Placental growth factor testing indicates whether a woman is at high, medium, or low risk. Researchers from King's College London found that by measuring the concentration of placental growth factor in a woman's blood doctors could diagnose pre-eclampsia on average two days sooner. **The BMJ (02.04.19)**

Record numbers of amputations on NHS amid warnings 1 in 10 will soon suffer type two diabetes

Record number of people are undergoing amputations on the NHS, official figures show, amid warnings that diabetes will soon afflict one in 10 adults. Health officials said it was a "tragedy" that so many people were facing life-changing surgery as a result of preventable ill-health. Estimates suggest that almost 5 million adults will suffer from Type Two diabetes by 2035 - a rise from 3.9 million, they said. The trend - fuelled by soaring obesity levels - means almost one in 10 adults will have the condition in less than two decades. **The Telegraph (02.04.19)**

Cuts to UK pension tax breaks drive NHS doctors to retire early

Cuts to pension tax breaks for high earners are driving thousands of doctors in Britain's National Health Service to retire early, the government has conceded. According to official data released on Tuesday, about 2,000 family doctors took early retirement between 2016 and 2018, or "more than half" of all GP retirements in that period. Over the same time, about 1,500 hospital doctors took early retirement or about a third of hospital doctors who retired over that period. The figures came weeks after separate statistics from the National Audit Office confirmed that the NHS in England was again struggling to meet waiting times for cancer treatment and elective surgery. The retirement figures were released by Jackie Doyle-Price, a health minister, during a parliamentary debate on the impact of 2016 cuts to pensions tax relief on senior doctors. **Financial Times (02.04.19)**

Whistleblower: 'Poor standards at NHS Borders put lives at risk'

Poor standards of clinical practice at NHS Borders are putting vulnerable adults and children at risk, a senior staff member has claimed. Dawn Saunders, head of audiology at the health board, said she and colleagues have raised numerous concerns over the last 18 months "to no avail". Saunders, who is currently suspended from her post, alleges a case of negligence when "a patient came to harm through having his ear drum perforated as the direct result of poor clinical practice." In response, NHS Borders said it was confident its clinicians were competent and patients were not at risk. **The National (08.04.19)**

England A&Es suffer as winter demand strains NHS

Emergency departments in England's National Health Service registered their second-worst quarterly performance on record, as they struggled to cope with a relentless rise in demand during the winter months. In the first three months of the year, the most attendances at major A&Es as well as of patients waiting for longer than four hours were recorded, according to data from NHS England. **Financial Times (11.04.19)**

NHS hands doctors cash top-ups to halt early retirements

The National Health Service has started topping up doctors' salaries with cash to help them avoid hefty tax bills from tighter pension rules that have led thousands to retire early from a system facing serious workforce shortages. The growing staffing crisis threatens to undermine the multibillion-pound funding injection announced by Theresa May, the prime minister, last year. Curbs on what can be saved into a pension annually before tax charges apply have prompted many doctors to work less and 3,500 to retire early to avoid bills that can run to tens of thousands of pounds, the government admitted this month. **Financial Times (14.04.19)**

One in four NHS wards has dangerously low numbers of nurses, researchers find One in four NHS wards routinely operates at staffing levels so low that patient safety is threatened, experts have warned. **Independent (16.04.19)**

Routine breech scans could lower mother and baby mortality rates and save NHS money, researchers say

Scanning mothers-to-be late in their pregnancy could prevent 15,000 unexpected breech births, 4,000 emergency C-sections, and the deaths of up to eight babies a year, new research has shown. Breech births, where a baby's bottom or feet emerge first, can be hazardous and are tricky to diagnose, and offering late-term ultrasounds can lower the risk of morbidity and mortality for both mother and baby. The researchers from the University of Cambridge offered breach scans to nearly 4,000 pregnant women at 36 weeks' gestation, with 4.6% of them found to have babies in the breech position. The analysis estimates that routine scanning nationwide could prevent around 15,000 undiagnosed breech presentations, more than 4,000 emergency caesarean sections, and the deaths of seven to eight babies every year. **National Health Executive (17.04.19)**

Moves to end A&E breaches for mental health patients

Acute trusts are expected to be told they cannot keep mental health patients who are waiting for a bed or assessment within their accident and emergency department, HSJ has learned. There are understood to be discussions ongoing at a national level about ways in which to avoid mental health patients being kept within accident and emergency when waiting for admission to a mental health bed. Regulators have been particularly concerned about 12-hour breaches for mental health patients in Lancashire, and, in recent weeks, held a risk summit with providers to help address the problem. **HSJ (18.04.19)**

Pioneering brain surgery that allows deaf children to hear to be funded across the NHS

Pioneering brain surgery that allows children who are deaf to experience the sensation of hearing for the first time is to be funded across the NHS. Specialist teams will provide the radical surgery for under-fives who are unable to use conventional hearing aids or implants because their inner ear or auditory nerve did not develop properly. Health officials said the "life-changing" auditory brainstem implants will now be offered by specialist teams at hospitals in Manchester and London for children across the country.

The Telegraph (21.04.19)

Regional NHS News

The West Midlands have fully-staffed ambulance teams, according to report
AMBULANCE services around England currently have 2,000 vacancies for paramedic roles – but none of them are in the West Midlands. The regional chief praised the service's recruitment programme, which has kept their rosters fully-staffed and will see at least 350 new paramedics join throughout 2018-19. West Midlands Ambulance Service CEO Anthony Marsh also pointed out that there is a paramedic on every ambulance in the trust area. **Whitchurch Herald (28.03.19)**

University of Birmingham trials a new stromal cell immunotherapy for chronic liver disease

The University of Birmingham has launched a trial which could lead to a ground-breaking new way of treating people with two types of chronic liver disease. Up to 56 patients are being recruited to take part in the MERLIN trial, which will investigate the safety and efficacy of a new cellular immunotherapy in patients with either Primary Sclerosing Cholangitis (PSC) or Autoimmune Hepatitis (AIH). Both PSC and AIH involve inflammation of the bile ducts, which can result in significant liver damage and many of those affected end up needing a liver transplant. **University of Birmingham (29.03.19)**

Hospital trusts receive thousands of complaints

Thousands of complaints were made against hospital trusts across the Black Country and Staffordshire last year, new figures show. NHS trusts across the region received thousands of complaints last year. Patients complained about the service they received 2,655 times in 2018, a marked increase on the number of complaints in 2015. Health experts believe the number of complaints have risen as the pressure increases on the crisis-hit NHS. Across the region complaints ranged from treatment received in hospital to concerns over how appointments are handled.

Express and Star (30.03.19)

More restrictions lifted at Walsall Manor's maternity unit

More women are being allowed to give birth at a hospital with a maternity unit once at the centre of safety fears. In 2016, birthing restrictions were imposed at Walsall Manor Hospital after inspectors found the unit "inadequate" as it struggled to cope with demand. Last year, there was an easing of the measures that had seen expectant local mothers sent miles away instead. Now women from the wider region can elect to give birth in Walsall again. Walsall Healthcare NHS Trust, which runs the Manor, says the maternity unit's rating has been upgraded to "requires improvement", with all West Midlands GP practices able to book in pregnant women there. **BBC News (02.04.19)**

Staff shortage contributes to NHS funding crisis

The NHS faces a funding crisis caused partly by a struggle to recruit staff. NHS figures show there are 100,000 vacancies across the health service, including 31,000 across the Midlands and the east of England. It means 9.3% of posts in the Midlands and the east (classed as one region in these NHS statistics), around one in 11, is unfilled. Health trusts facing funding deficits include Dudley Group NHS Foundation Trust, which runs Russells Hall Hospital in Dudley.

It was on course to spend £12.9 million more than planned in the financial year just ended. The alarm was raised by the House of Commons Committee of Public Accounts, which has published a report into NHS Financial Sustainability.

Birmingham Live (03.04.19)

New A&E doctors for hospitals in Shrewsbury and Telford

Seventeen new doctors have been recruited for two hospital A&E departments deemed unsafe by inspectors amid concerns over staffing levels. The middle grade doctors for Royal Shrewsbury Hospital and Telford's Princess Royal Hospital were recruited in Dubai and India. **BBC News (03.04.19)**

MMR jab: Measles and needles in vaccination battle

The number of parents having their children vaccinated for measles, mumps and rubella is falling, and doctors fear that could seriously affect young people. Early this year, the World Health Organisation called the anti-vaccine movement "one of the worst health threats facing humanity". Parents refusing to have their children immunised against measles, mumps and rubella threatens to "reverse progress" in tackling preventable diseases, the UN's health body said. **Shropshire Star (03.04.19)**

Shropshire midwife admits care 'completely unacceptable'

A midwife has admitted aspects of the care she gave a mother and her baby who died were "completely unacceptable". Laura Jones, Hayley Lacey and Kerry Davies are appearing before the Nursing and Midwifery Council (NMC) following the boy's death in Telford in 2015. Giving evidence, Ms Jones said she was "devastated" the standard of care was not "as good as it should have been". None of the Shrewsbury and Telford Hospital NHS Trust workers is accused of causing the death of the infant. The panel, which reconvened on Monday, is examining the care they provided and will decide whether their fitness to practise was impaired and whether any action should be taken. The child, known as Baby K, died four days after being born at Telford's Princess Royal Hospital on 19 August 2015.

BBC News (08.04.19)

GP patient services at risk due to cuts in Birmingham

Tens of thousands of patients could lose access to specialist GP services when funding is cut, it is understood. Some practices in Birmingham receive money through personal medical services (PMS) contracts to provide extra care to patients. But Birmingham and Solihull Clinical Commissioning Group said it will cut the contracts from April 2020, in line with NHS guidance. Doctors said the cuts will mean patient care suffers. The BBC understands it will affect about 20,000 to 30,000 patients across more than 15 practices. **BBC News (09.04.19)**

Trust makes vaccination mandatory for recruitment

A West Midlands trust will no longer recruit staff who have not had an immunisation for mumps, measles and rubella. Sandwell and West Birmingham Hospitals Trust has decided to make the MMR vaccination a requirement for any future clinical staff, following an "alarming" increase in measles cases across the West Midlands. **HSJ (09.04.19)**

Hospitals spend more than £800,000 on taxis

Hospitals in the West Midlands spent more than £800,000 on taxis last year, it has been revealed. The Royal Wolverhampton NHS Trust, which runs New Cross Hospital spent £35,000, while the University Hospitals of North Midlands, which oversees Stafford's County Hospital, paid out £266,000. Critics said it was "an extraordinary amount of money to spend on taxis". **Express and Star (11.04.19)**

One in 10 babies are born 'unusually large'

Around one in 10 babies across the Black Country and Staffordshire are born unusually large, latest NHS figures show. Hundreds of babies born at health trusts across the region are heavier than 4kg – about 8.8lbs – meaning they are considered large. Health experts have warned about the dangers of unusually large babies, with difficulties experience both during labour and delivery. The medical term for a larger baby is macrosomia. In Wolverhampton, 500 babies born between March 2017 and March last year tipped the scales at more than 8lb 13oz. Over the period a total of 4,790 babies were born, meaning around 10 per cent were unusually large. Across the border in Dudley, 390 babies out of the 4,245 born weighed in at more than 4kg, a total of nine per cent.

Express and Star (13.04.19)

Assaults on Birmingham hospital staff soar to sickening levels

Exclusive figures obtained by BirminghamLive show 838 physical assaults against staff were reported at Birmingham hospital trusts in 2017/18. Hospital staff in Birmingham are suffering an average of two assaults a day - as numbers of physical attacks hit a record high. Exclusive figures obtained by BirminghamLive show 838 physical assaults against staff were reported at Birmingham hospital trusts in 2017/18. That was up from 811 in 2016/17 and just 505 in 2010/11, when published figures began. **Birmingham Live (22.04.19)**



The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors May 2019

TITLE:	CHIEF NURSE REPORT		
AUTHOR:	Carol Love-Mecrow, Deputy Chief Nurse	PRESENTER:	Mary Sexton Interim Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		x	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
The Board is requested to review and note the report and the work being undertaken to address areas of risk associated with complaints activity.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO3: Drive service improvements, innovation and transformation, SO4: Be the place people choose to work, SO5: Make the best use of what we have, SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
The Chief Nurse has professional responsibility for nurses, midwives and allied health professionals (AHPs) within the Trust however, does not operationally manage the majority of these staff. The oversight and management of staff within the Trust is within the divisional management structure, which reports to the chief operating officer (COO) via the divisional directors. Appendix 1 Provides this month's detailed update on safer staffing, agency controls and recruitment and retention. Appendix 2 Outlines the new pressure ulcer reporting process.			

Nursing and Professional Committee

- The second meeting of the Nursing and Professional Committee took place on the 17th April 2019. This meeting chaired by the Chief Nurse, is a joint meeting for Matrons and Lead nurses, with representation from AHPs. This month's meeting covered the learning beyond registration budget, introduction of Nursing Associates, progress with the skill mix review and an update on the forthcoming celebrations for International Nurses week in May 2019.

Nursing and Midwifery Strategy

- Work continues to review and update the Nursing and Midwifery strategy. The revised strategy will be launched on 9th May 2019 as part of the Trust programme of celebrations to mark 'International Nurses Day'.

Celebrating Nursing Week

- Preparation continues for a series of events to be held in celebration of International Nurses Day (on 12th May) and to recognise and celebrate the contribution of nursing staff. A week of celebrations will start with
 - Maternity Monday
 - Toddlers Tuesday
 - Wellbeing Wednesday
 - Conference Thursday
 - Fun day Friday
- The events will showcase the work of nurses across our organisation as part of the celebration we will be holding a Nursing Conference on 9th May.

AHP Update

- The Early Supported Discharge (ESD) team, part of Dudley Rehabilitation Service, is one of three services that have been invited to take part in a study with Nottingham University, looking at the impact of large scale ESD implementation.
- The objectives of this qualitative study are:
 - To identify what benefits there are for healthcare communities that have adopted ESD and to determine if realised benefits are the same as those suggested by randomised controlled trials.
 - To investigate how context influences the core components of ESD, what mechanisms are involved in delivering ESD and how they relate to what outcomes are achieved.
- Recruitment to the study commenced in September 2018 and data collection will continue for 15 months until December 2019. Data analyses and dissemination should be completed by September 2020.

Safer Staffing

- The qualified staff fill rates for March 2019 were 83% during the Day and 88% during the Night, a slight increase from last month. For unqualified staff the same fill rates were 84% and 94% respectively. The target fill rate for qualified staff is set at 90% since December 2018.
- Meetings with Lead Nurses/Midwives and Matrons continue focusing on recruitment and retention of staff to deliver the reduction in bank and agency usage.
- 47 staffing incidents were reported in March 2019, none reported as causing harm. Seven out of the forty seven incidents were reported as near misses whilst the remaining 40 incidents were of no harm.
- 20 out of 47 incidents were reported from Maternity services. Mitigations include Midwifery daily response meeting and staff redeployment.
- Work on the National Quality Board Safer Staffing paper continues which includes validation of data from the Divisions, Health roster (Allocate) and finance with regards to the wards planned staffing. The results of which will be available shortly.
- Patient acuity recording twice a day started in bedded units in March 2019. Refinements to the system are in place. This information will be utilised for a trust wide twice daily safety huddle to manage available staffing resources, including staff redeployment and planning mitigation for staffing shortfall at night.

Agency Controls

- There was an increase in March 2019 (4,846) of bank and agency qualified nurse usage compared to the

previous month (4,105). Bank usage of unqualified staff has risen this month from 2780 last month to 3376 shifts in March.

- Contributory factors include winter pressures, unfunded capacity and high number of patients requiring cohorting or 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 (appendix 1).
- Moving forward the Chief Nurse, Deputies and Divisional Chief Nurses are analysing in detail the use of bank and agency nurses and their authorisation to tighten further control.

Recruitment and Retention

- At the time of the report, a total of 26 experienced staff are going through recruitment clearances
- 8 graduate nurses commenced substantive employment at the Trust on the 1st of April 2019
- Targeted monthly recruitment events continue in all Divisions.

Professional Development

Sepsis Practitioners

- Two additional Sepsis practitioners have commenced employment with the Sepsis Team
- A business case is underway for two additional sepsis practitioners to support trust wide sepsis management.
- The job description for the Deteriorating Patient Lead has now been approved at band 8a. A meeting between the Chief Nurse and Medical Director is being arranged to discuss the progression of this role.

Pre-Registration

- A plan is in place to recruit the first of the Trainee Nursing Associates agreed following a successful business case to recruit 100 Nursing Associates over the next 12 months. We have secured 30 places at Worcester university for July with a further 20-30 in September and an addition 20-30 at the University of Wolverhampton in October 2019

Safeguarding

- The newly appointed Named Safeguarding Midwife is due to commence in post in May 2019.
- Operational management of the safeguarding team is currently being undertaken by the Deputy Chief Nurse due to long-term sickness absence of the Head of Safeguarding.

Falls

- There were 64 falls on inpatient wards in March and 3 in the Emergency Department. In addition there was 1 outpatient fall in Dudley Rehab Service and 1 outpatient fall in pulmonary rehab. One patient fall, with harm, was reported for the month of March 2019. The patient sustained a fractured neck of femur: following theatre they are now medically fit for discharge.
- Falls (without harm) demonstrate a consistent trajectory of remaining below the national average of falls per 1,000 occupied bed days (as given by the Royal College of Physicians (RCP) National Falls audit 2015). Falls with harm remain consistently below the national average with February 2019 being completely free of any patient falls resulting in fracture.
- The introduction, this year of a fall CQUIN will place additional pressure on the Fall Practitioner to collect the required data. Discussions are underway to try and mitigate this

Dementia

- The Trust remains above the target of 90 % for find/assess, investigate and refer patients who present with cognitive impairment.

Mental Health Act

- During March 2019 there were four patients held under the mental health act and two section 5 (2) and two section three. All patients were appropriately supported and transferred to Mental Health Trust services.

Complaints

- During March 2019, the Trust received 52 new complaints, in comparison to 48 opened for February 2019 and 46 opened for January 2019. This is an 8.3% increase from February 2019 for open complaints. All 52 complaints were acknowledged within 3 working days. The Trust currently works to a 40 working day timeframe to respond to complaints. As at the end of March there were 195 complaints outstanding awaiting response. Work is ongoing at Divisional level to address this.
- The largest number of concerns raised across divisions related to the following:- Patient Care including Nutrition and Hydration- Communications- Clinical Treatment - Surgical Group
- The complaints process is currently undergoing review as part of the Dudley Improvement Practice to look at ways to transform the process. In addition, the team are preparing a business case to resolve the issue of lack of resources within the team and divisions to assist with the management of complaints including addressing the backlog..

Tissue Viability

- During the month of March 2019 there were no Category 3 or 4 pressure ulcers reported as a serious incident in either the Acute or Community Trusts.
- The revised pressure ulcer incident reporting process was launched on April 15th 2019 by the Tissue Viability team (Appendix 2)
- Pressure Relieving Equipment Providers KAROMED™ ceased trading on 30th April 2019, Direct Healthcare are providing a 'like for like' interim service. Alternative equipment has now been agreed and all ward areas have been notified.

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

Paper for submission to the Finance and Performance Committee April 2019

TITLE:	Nurse Staffing		
AUTHOR:	Derek Eaves- Prof. Lead for Quality Jo Wakeman - Deputy Chief Nurse.	PRESENTER	Mitchell Fernandez - Deputy Chief Nurse & CNIO
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
ACTION REQUIRED OF Finance and Performance COMMITTEE			
Decision	Approval	Discussion	Other
		y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE Finance and Performance Committee			
To receive the report and note the contents.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			

Safer Staffing

- The qualified staff fill rates for March 2019 were 83% during the Day and 88% during the Night, a slight rise from last month. For unqualified staff the same fill rates were 84% and 94% respectively. The target fill rate for qualified staff is set at 90% since December 2018.
- All areas are within the agreed variation of 6.3 or more for the CHPPD. Overall Trust CHPPD is 8.9 (qualified and unqualified) in March 2019. Trust CHPPD in January 2019 was 8.8, slightly above national (7.9) and peer (7.5) medians. February/March 2019 data in the Model Hospital is not yet available at the time of the report.
- A number of quality indicators (NHS Safety Thermometer) have been included from the Model Hospital. The trust compares positively in all indicators in comparison to national median and peers. (Model Hospital data as of February 2019)
- Meetings with Lead Nurses/Midwives and Matrons continue focusing on recruitment and retention of staff to deliver the reduction in bank and agency usage.
- 47 staffing incidents were reported in March 2019, none reported as causing harm. Seven out of the forty seven incidents were reported as near misses whilst the remaining 40 incidents were of no harm.
- 20 out of 47 incidents were reported from Maternity services. Mitigations include Midwifery daily response meeting and staff redeployment.
- Work on the National Quality Board Safer Staffing paper continues which includes validation of data from the Divisions, Health roster (Allocate) and finance with regards to the wards planned staffing. The results of which will be available shortly.
- Patient acuity recording twice a day started in bedded units in March 2019. Refinements to the system are needed. It is envisaged that the information will be utilised for a trust wide daily safety huddle to manage available staffing resources on the day including staff redeployment and planning mitigation for staffing shortfall at night.

Bank and Agency Controls

- There was an increase in March 2019 (4,846) of bank and agency qualified nurse usage compared to the previous month (4,105). Bank usage of unqualified staff has also risen this month from 2780 last month to 3376 shifts in March.
- Contributory factors include winter pressures, unfunded capacity and high number of patients requiring cohorting or 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.
- Moving forward the Chief Nurse, Deputies and Divisional Chief Nurses are analysing in detail the use of bank and agency nurses.
- Use of non-framework agency remains an Executive only authorisation.

Recruitment and Retention update

- At the time of the report, a total of 26 experienced staff are currently going through recruitment clearances
- 8 graduate nurses commenced on the 1st April 2019
- There are currently 77.76 FTE currently live on NHS Jobs and 96.53 FTE are closed and in process of shortlist to interview. This equates to 174..29 FTE advertisements for the organisation
- Targeted and monthly recruitment events continue.
- Predictor tools are within the paper as requested. Vacancies for qualified staff have increased in month by 9 WTE to 281 WTE.

IMPLICATIONS OF PAPER:			
RISK	Yes		<ul style="list-style-type: none"> • Risk Description: <ul style="list-style-type: none"> ➤ Nurse Recruitment – unable to recruit to vacancies to meet NICE guidance for nurse staffing ratios ➤ Finance – Unable to remain within divisional Budget due to spend on Temporary Staff.
	Risk Register: Yes		Risk Score: 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Yes	Details: <ul style="list-style-type: none"> ➤ Safe- Are patients protected from abuse and avoidable harm ➤ Effective- Peoples care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence ➤ Caring - Staff involve and treat people with compassion, kindness, dignity and respect ➤ Responsive - Services are organised so that they meet people's needs ➤ Well Led - The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture
	NHSI	Yes	Details: Capping of agency
	Other	Y/N	Details:

Safer Staffing

The Safer Staffing Summary (Appendix 1) shows the actual and planned hours for qualified staff and unqualified staff for both day and night shifts for each area of the Trust based on the establishments that commenced in July 2018. As well as showing the actual and planned hours the report shows the fill rates. The totals for the Trust are also indicated. In addition, the last three columns show the actual Care Hours per Patient Day (CHPPD). We provide this information to NHS Improvement and part of it is utilised in informing the National Model Hospital data.

As previously indicated, the report is based on the new establishments with the data coming from Allocate. The agreed plan was to achieve 90% fill rate from December 2018. The table 2 below indicates fill rates have been improving when taking a Trust wide view. This month there has been a 1.5% increase in the qualified fill rates compared to February 2019. Appendix 1 shows the details of all the wards staffing fill rates during the day and night. An additional column has been added to appendix 1 that states the occupancy which can be a contributing factor to low fill rates. Triangulation of data against staffing incidents and quality dashboard KPIs provides the oversight that safe, quality care is being delivered to our patients.

Table 2 – Trust position against fill rates

	Planned Qualified	Qualified Day	Unqualified Day	Qualified Night	Unqualified Night
April 2018		97%	96%	98%	98%
May 2018		95%	97%	97%	97%
June 2018	80%	81%	90%	84%	96%
July 2018	80%	80%	89%	84%	94%
Aug 2018	80%	77%	89%	84%	94%
Sept 2018	85%	78%	84%	83%	90%
Oct 2018	85%	82%	87%	88%	92%
Nov 2018	85%	84%	91%	88%	96%
Dec 2018	90%	81%	87%	86%	91%
Jan 2019	90%	83%	83%	87%	93%
Feb 2019	90%	82%	85%	87%	93%
March 2019	90%	83%	84%	88%	94%

Mitigation /action

- Matrons review staffing numbers; patient acuity and skill mix each shift when they mitigate any immediate shortfalls by moving staff between wards and then plan for the night and following day. If mitigation within the division is not possible discussions occur with other divisions for support. Staffing issues also occur at the capacity meetings and support is requested when required.
- Each ward and department has a bespoke recruitment and retention action plan with monthly rolling adverts on NHS jobs.
- Lead Nurses and Matrons continue to meet regularly with the Associate Chief Nurses to discuss staffing challenges, whilst maintaining patient safety and sustaining financial balance. Monitoring and contingency processes are in place daily to ensure that staffing does not fall below an absolute minimum (which are based on the old establishments).

Timely filling of bank shifts continues to be a challenge; however the Divisional Chief Nurses are reviewing this daily to avoid late requests for staff that cannot be filled.

Care Hours per Patient Day (CHPPD)

Following the publication of the Carter Review (2016) NHS Improvement have issued new guidance which requires all Trusts to report Care Hours per Patient Day. From May 2016 CHPPD has become the principle measure of nursing and care support deployment. CHPPD provides a single consistent metric of nursing and healthcare support worker deployment on inpatient wards and units. Care hours per patient day (CHPPD) (Appendix 1) for the majority of ward areas remain within the nationally agreed variation of 6.3 CHPPD and 16.8 CHPPD for general wards (Carter Review, 2016). Overall Trust CHPPD is 8.9 (qualified and unqualified) in March 2019. Trust CHPPD in January 2019 was 8.8, slightly above against national (7.9) and peer (7.5) medians. February and March 2019 data is not yet available in the Model Hospital at the time of the report.

Quality Indicators

Rather than considering staffing numbers in isolation, it is useful to compare the Trust to its peers and national figures with regards to the quality of care being provided. A number of quality indicators (NHS Safety Thermometer) have been listed below. These come from the Model Hospital (with latest data being February 2019). It can be seen that the Trust compares favourably against its peers and the national median.

Table 4

Quality Indicator : Model Hospital Data: February 2019	Trust %	Peer Median %	National Median %
Proportion of patients on day of survey with "harm-free care"	92.6	94	93.8
The proportion of patients with harm from a fall in care - The proportion of patients with evidence of harm from a fall in a care setting in the last 72 hours	0.4	0.3	0.3
The proportion of patients being treated clinically for a new VTE.	0.4	0.2	0.4
Proportion of patients on the day of survey with one or more new pressure ulcers of grade 2 to grade 4, where the pressure ulcer developed at least 72 hours after admission to the trust .	1.3	0.9	0.8
Proportion of patients with an indwelling urethral urinary catheter also receiving treatment for a urinary tract infection (on the basis of notes, clinical judgement and patient feedback), including UTIs that developed before admission to the trust.	0.6	0.3	0.7

Summary situation of staffing and potential recruitment over the next year

Internal Recruitment Events

The next corporate recruitment event is scheduled for the 11th April 2019 9am -12pm in main reception health hub. The event will advertise for experienced nurses, staff looking to return to the NHS from the private sector localities such as nursing homes, practice nursing and other care settings, as well as student nurses due to qualify.

Local recruitment events held and recruited to are:

Recruitment Event	Date of Event	Number of conditional offers made
RCNi Event, NEC, Birmingham	12 th March 2019	34 conditional offers made.
Worcester University careers fair	14 th March 2019	0, attendance only to showcase the Trust. No opportunity to interview.
Corporate recruitment event	15 th March 2019	Attendance of 13 student nurses, 3 experienced nurses. All had attended the RCNi and Worcester university events the previous two days and had been offered posts or were considering working for the Trust.

The following areas have local events booked for April and May 2019:

- C5– 30th April 2019
- CCU – 30th April 2019
- ED – 15th May 2019
- AMU – 23rd May 2019

External Recruitment

Booked Events

- Birmingham City University careers event - 8th May 2019

No further external events with costs attached have been booked until analysis of the success of these has been completed to monitor the expenditure against the successful recruitment activity, as recruitment expenditure does not have a specific budget and all activity is currently aligned to the chief nurses' budget.

Recruitment Activity

At the time of the report, a total of 26 experienced staff are currently going through recruitment clearances. Eight graduate nurses commenced on the 1st April 2019

September Dudley graduates will be applying to the Trust Mid-May 2019 with allocations and job offers sent in June 2019

14 external graduates have been recruited and offered posts and monthly recruitment events and attendance at university recruitment fairs continues to aim to expand this number by September 2019.

Graduate numbers recruited are prone to change due to withdrawals or deferrals for non-completion of nurse training, personal reasons and external candidates taking posts in their training Trusts.

Recruitment Processes

NHS Jobs activity is indicated in the table below, 77.76 FTE are currently live on TRAC/NHS Jobs and 96.53 FTE are closed and in process of shortlist to interview. This equates to 174.29 FTE advertisements for the organisation. Monitoring of this is continuing with the resourcing team and recruitment and retention lead weekly reviewing advertised vacancies. High vacancy areas who are not advertising are being targeted and the recruitment and retention lead is continually working with lead nurses, matrons, HR business partners and staff engagement lead on their specific recruitment and retention action plans.

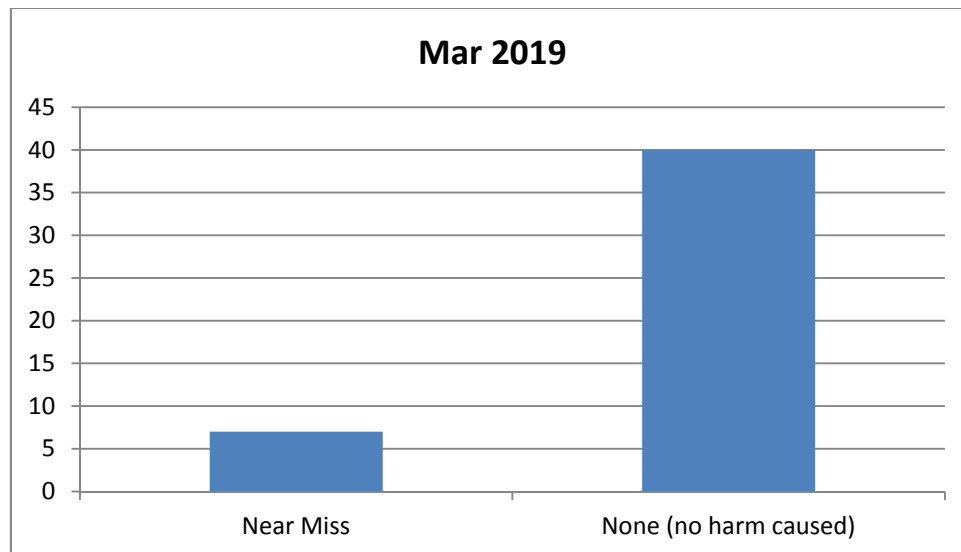
Job Title	Band	WTE	Job Type	Area of Work	Department
Theatre Practitioner	5	0.53	Permanent	Vascular Surgery	Vascular Surgery
Advanced Practitioner (AP)/ Trainee AP	8a	2	Permanent	Emergency Services	Site Operations
Staff Nurse	5	13	Permanent	Gastroenterology	Gastroenterology - C7
Staff Nurse Rotation	5	9	Permanent	Acute Internal Medicine	Acute medicine - AMU
Emergency Nurse Practitioner	7	3	Permanent	Emergency Services	ED Department
Staff Nurse	5	12	Permanent	Intensive care	CCU
Staff Nurse	5	5	Permanent	Respiratory Medicine	Respiratory Medicine - C5
Staff Nurse	5	1	Permanent	Elderly Care Medicine	Elderly Care C3
Staff Nurse	5	1	Permanent	Stroke	Stroke -C8
Staff Nurse	5	1	Permanent	Elderly Care Medicine	Elderly Care - FAU
Staff Nurse	5	5	Permanent	Respiratory Medicine	Respiratory Medicine - C5
Senior Sister Paediatric ED	7	1	Permanent	Emergency Services	ED Department - Paediatric Emergency
Band 6 Nurse	6	1	Permanent	Ambulance Services	Acute Medicine - Ambulatory Area
Trust Paramedic	6	1	Permanent	Accident and Emergency	ED Department
Staff Nurse	5	30	Permanent	Emergency Services	ED Department
Clinical Nurse Specialist - Rheumatology	6	1	Permanent	Rheumatology	Rheumatology
Band 6 Nurse	6	5	Permanent	Emergency Services	ED Department
Sister/Charge Nurse	6	5	Permanent	Acute Medicine	Acute Medicine - AMU
Staff Nurse -	5	1	Permanent	Stroke	Stroke - C8
Community Staff Nurse	5	13	Permanent	Community Health Services	Community Nursing
Staff Nurse	5	7	Permanent	Administration	Surgery - B4(b)
Staff Nurse	5	4	Permanent	Surgery	Surgery - B4 (a)
Staff Nurse	5	5	Permanent	Medicine	Specialty Medicine - C4
Bank Theatre Practitioner – Anaesthetics & Recovery	7	5	Bank	Administration	Anaesthetics & Recovery
Bank Theatre Scrub Practitioner	7	5	Bank	Administration	Operating Theatres
Staff Nurse	5	7	Permanent	Trauma and Orthopaedic Surgery	Trauma and Orthopaedics - T&O
Staff Nurse	5	1	Permanent	Trauma and Orthopaedic Surgery	Trauma and Orthopaedics - Hip
Staff Nurse	5	4.8	Permanent	Vascular Medicine	Vascular Surgery - B3
Staff Nurse	5	6	Permanent	Administration	Trauma and Orthopaedics - B1
Staff Nurse	5	2	Permanent	Intensive care	Medical High Dependency Unit
Emergency Nurse Practitioner	7	1	Permanent	Emergency Services	ED Department

Clinical Incident staffing analysis

Tables 5 and 6 below detail the number of clinical incidents during March 2019 that related to staffing. In total there were 47 incidents reported in the month (45 last month). Forty of these were recorded as no harm (40 last month) and six incidents were reported as near misses (4 last month). Twenty (16 last month) out of the 47 incidents were reported from Maternity services. Mitigations include Midwifery daily response meeting and staff redeployment.

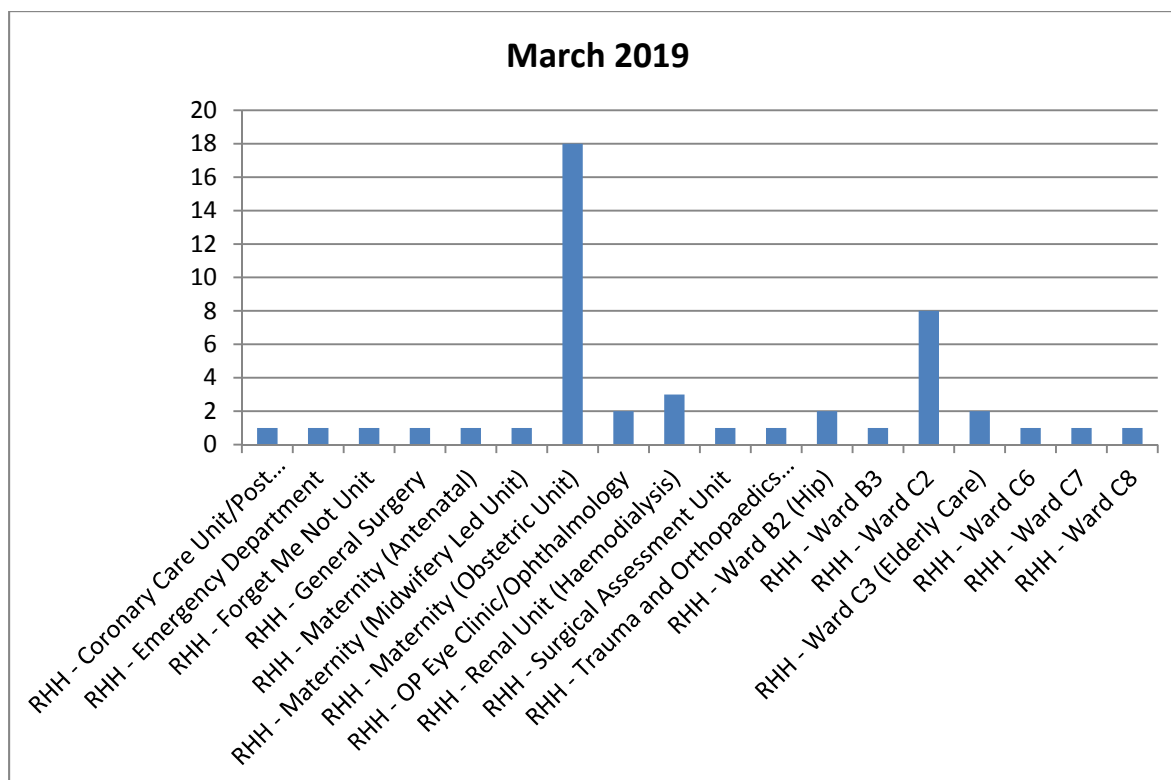
There were no staffing incidents reported during March 2019 that was stated as causing harm.

Table 5



	Near Miss	None (no harm caused)	Total
Mar 2019	7	40	47
Total	7	40	47

Table 6



Bank and Agency Controls

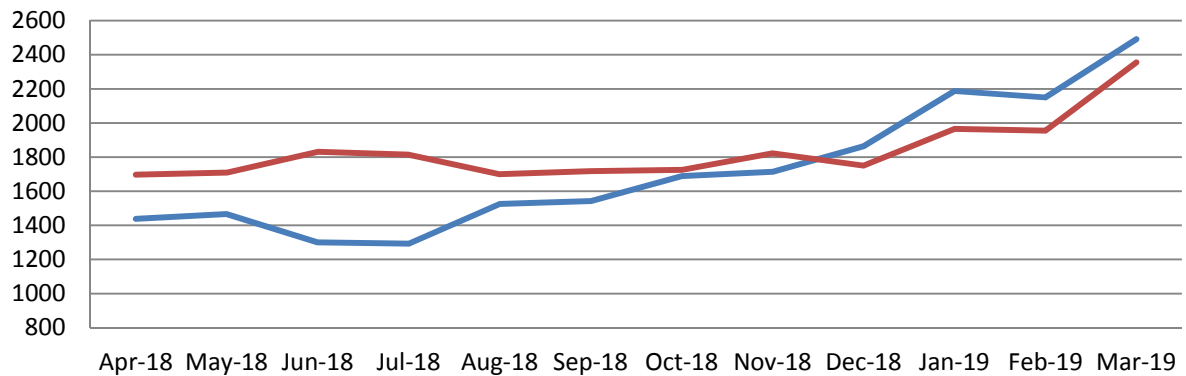
All bank and agency requests continue to be risk assessed by the Divisional Chief Nurses to ensure continued patient safety and financial balance supporting the overall reduction in agency use. Requests for non-framework agency can only be made in exceptional circumstances and authorised by an Executive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

Table 7 shows the comparison usage of bank and agency. During March 2019 Bank and agency usage for qualified and unqualified has seen an increase in comparison to the previous month. A contributing factor relates to winter pressures, unfunded capacity and high numbers of 1-1 care. In addition, the highest rise for qualified agency usage from February to March was seen in Day Case Theatres which has entered the top five areas using agency staff in March with a rise of over 200 per cent in the number of shifts used due to both a high vacancy factor and high sickness levels. The controls against agency usage for CSW staff have been maintained with zero shifts during this period (Table 8). Moving forward the Chief Nurse, Deputies and Divisional Chief Nurses are analysing in detail the use of bank and agency nurses

Agency and Bank RN monthly usage

Table 7

RN Agency and Bank Usage



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Agency	1438	1466	1300	1292	1525	1542	1688	1714	1864	2187	2150	2491
Bank	1697	1709	1831	1814	1700	1717	1725	1822	1750	1965	1955	2355

Top 5 areas for Agency use in the last three months

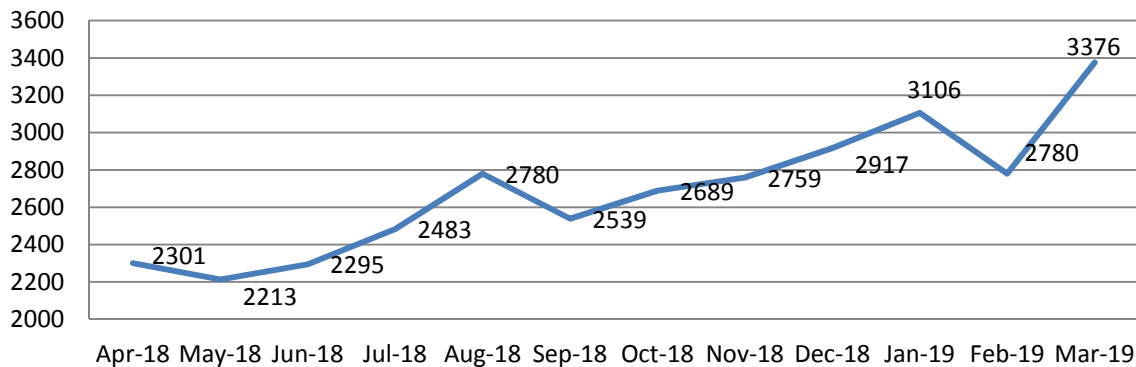
Ward	Jan-19
Emergency Dept Nursing Dept	485
Critical Care (ITU)	222
C8 Stroke Rehab Dept	163
B3 Emergency Surgery	159
AMU 2	140

Ward	Feb-19
Emergency Dept Nursing Dept	392
Critical Care (ITU)	187
C8 Stroke Rehab Dept	164
B3 Emergency Surgery	163
AMU 2	102

Ward	Mar-19
Emergency Dept Nursing Dept	356
B3 Emergency Surgery	218
Critical Care (ITU)	176
C8 Stroke Rehab Dept	166
RHH Day Case Theatre & Recove	146

CSW monthly bank usage Table 8

CSW Monthly Bank Usage



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Bank	2301	2213	2295	2483	2780	2539	2689	2759	2917	3106	2780	3376

RN Predictor Tool Current and New Establishments

The summarised version of the RN predictor tool (Appendix 2) reflects all nursing vacancies across the Trust within clinical and non-clinical roles. It enables a clearer picture of the staffing situation across each group and the whole organisation. Currently there are 291.25 WTE vacancies against the new establishment following the staffing review.

Please note on the chart in Appendix 2:

- The above figures report on Trust start date rather than end of supernumerary period so new staff in a particular month are unlikely to work independently until the following month.
- Adjustments are required to bring current period up to date to the end of the month due to staff starting / leaving / transferring department mid way through the month
- Attrition rate of 15% applied to known future recruitment based on historic average
- Agency RAG Rating is used to guide approval of Agency requests:
 - Green = Under old budgeted establishment and high level of vacancies. Amber = 5-10% Vacancy rate, Red = Over old budgeted establishment or less than 5% vacancy rate
- New Establishment uses M12 2018/19 budgeted establishment which represents best fit to future planned level of staffing. This does not reconcile to in month WTE budget as reported in finance F&P report.

The Clinical Support Worker Predictor Tool

The Clinical Support Worker Predictor Tool data (Appendix 3) is attached as requested.

Appendix 1 – Percentage Fill rates by ward and CHPPD

Safer Staffing Summary		Mar		Days in Month		31								Actual CHPPD				
		Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW									
Ward		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Average Occupancy	Registered	Care staff	Total
Evergreen																		
A2 AMU 2		281	228	210	174	189	159	181	170	81%	83%	84%	94%	1,164	89%	3.88	3.55	7.43
A3																		
A4																		
B1		117	101	63	61	70	67	58	53	86%	97%	96%	92%	454	56%	4.22	2.96	7.17
B2(H)		157	119	249	174	124	105	215	212	76%	70%	85%	99%	902	97%	2.91	5.03	7.95
B2(T)		125	103	132	117	93	57	101	98	82%	89%	62%	97%	687	92%	2.72	3.76	6.49
B3		256	188	221	162	217	195	170	155	73%	73%	90%	91%	1,031	79%	4.45	3.70	8.15
B4		250	206	295	243	186	168	253	237	82%	83%	90%	94%	1,416	95%	3.10	4.07	7.17
B5		237	212	156	144	194	186	96	90	89%	92%	96%	94%	640	86%	7.31	4.40	11.71
B6																		
C1		248	199	308	252	186	173	227	216	80%	82%	93%	95%	1,464	98%	3.01	3.83	6.84
C2		277	243	85	67	199	174	65	55	88%	79%	88%	84%	652	70%	7.49	2.09	9.57
C3		217	181	364	322	187	176	474	418	83%	89%	94%	88%	1,606	100%	2.66	5.54	8.20
C4		162	155	62	61	124	98	62	84	96%	98%	79%	135%	669	98%	4.42	2.60	7.02
C5		252	189	259	271	188	173	192	178	75%	104%	92%	93%	1,444	97%	2.97	3.68	6.65
C6		121	110	99	71	62	62	99	94	91%	72%	100%	95%	538	87%	3.73	3.69	7.42
C7		231	192	192	175	155	128	148	137	83%	91%	83%	92%	1,105	99%	3.30	3.30	6.60
C8		353	255	258	232	284	204	243	235	72%	90%	72%	97%	1,295	95%	4.16	4.33	8.48
CCU_PCCU		247	178	62	71	218	157	32	31	72%	115%	72%	97%	662	82%	6.07	1.85	7.92
Critical Care		379	377	75	65	348	343			99%	87%	99%		296	60%	28.55	2.31	30.86
EAU AMU 1		319	228	341	242	327	265	326	295	71%	71%	81%	91%	1,347	91%	4.39	4.78	9.17
Maternity		631	573	235	195	527	492	155	141	91%	83%	93%	91%	749	55%	16.30	5.11	21.41
MH DU		165	150	49	35	159	137	6	4	91%	71%	86%	67%	208	67%	16.53	1.75	18.28
NNU		171	141			148	145			83%		98%		284	51%	12.09	0.00	12.09
TOTAL		5,197	4,326	3,716	3,133	4,185	3,664	3,102	2,903	83%	84%	88%	94%	18,613		5.05	3.85	8.90

Appendix 2 - Registered Nurse Predictor Tool- Detail New Establishments

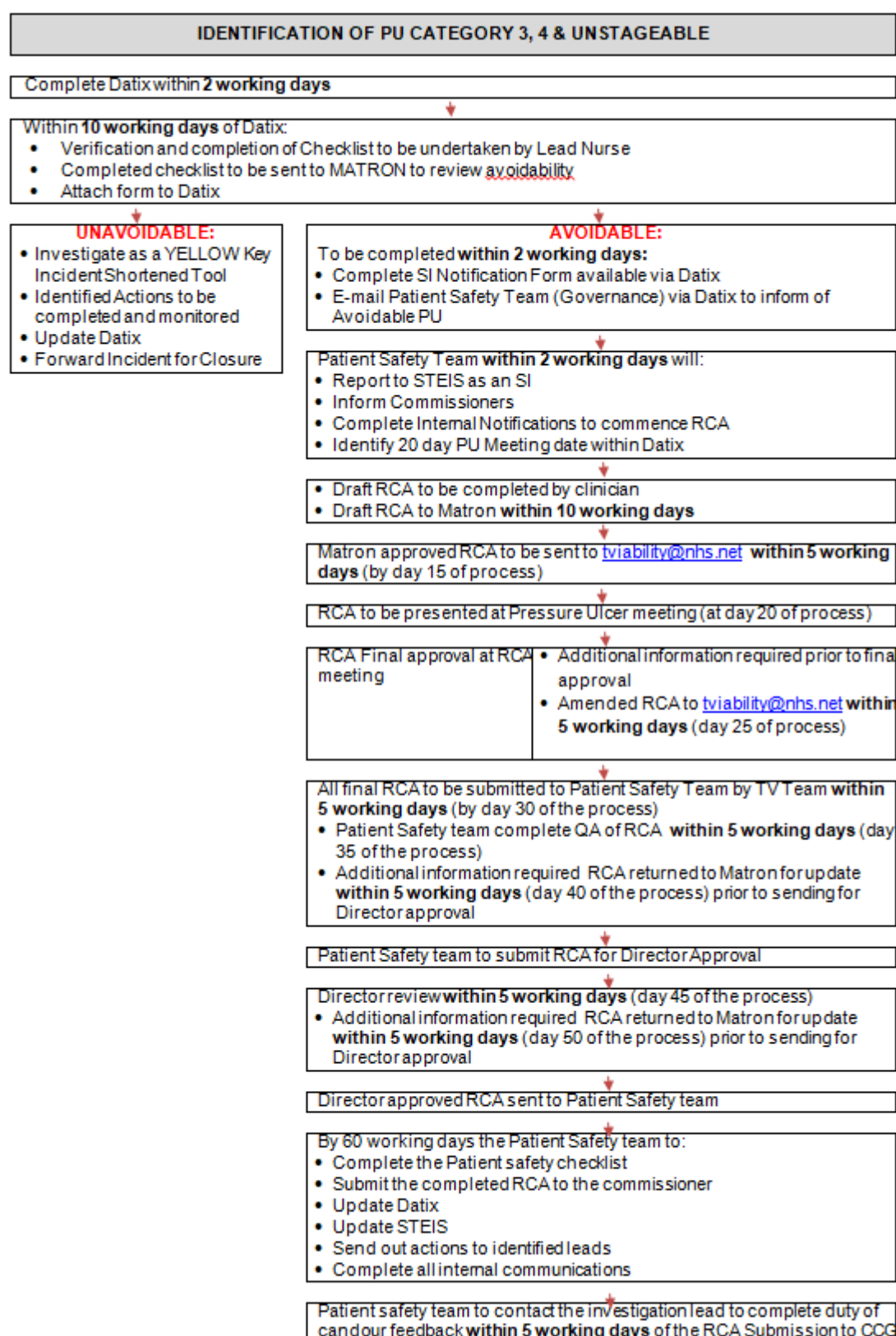
Qual Nurses Band 5 and Above			March 2019		To end of March 2019		April 2019				May 2019				June 2019				July 2019				August 2019					
Div	Team		Contracted Vacancy Vs OLD ESTABLISHMENT	Contracted Vacancy Vs NEW ESTABLISHMENT	Adjustments to end of month	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	All Recruit	Net Leave (8%)	Agency RAG	Vacs	Targeted Recruit	General Recruit (4.3%)	Net Leave (8%)	Agency RAG	Vacs	
Medicine & Integrated	Ward A2 AMU 2 incl EAU		0.00	0.00	0.00	0.00	0.00	0.00	●	0.00	0.00	0.00	●	0.00	0.00	0.00	●	0.00	0.00	0.00	●	0.00	0.00	0.00	0.00	●	0.00	
	Ward C1		4.24	11.91	0.00	11.91	0.00	0.18	●	12.09	0.00	0.18	●	12.27	0.00	0.18	●	12.45	0.00	0.18	●	12.63	0.00	0.09	0.18	●	12.71	
	Ward C3		10.11	11.82	0.00	11.82	0.00	0.17	●	11.99	0.00	0.16	●	12.15	0.00	0.16	●	12.31	0.00	0.16	●	12.47	0.00	0.09	0.16	●	12.55	
	Ward C4		0.17	1.71	0.00	1.71	0.00	0.17	●	1.88	0.00	0.17	●	2.05	0.00	0.17	●	2.22	0.00	0.17	●	2.38	0.00	0.09	0.17	●	2.46	
	Ward C4 Onc Day OP		3.36	3.40	0.00	3.40	0.00	0.08	●	3.48	0.00	0.08	●	3.55	0.00	0.08	●	3.63	0.00	0.08	●	3.70	0.00	0.04	0.07	●	3.74	
	Ward C5 Area A		1.50	5.69	0.00	5.69	0.00	0.09	●	5.78	0.00	0.09	●	5.87	0.00	0.09	●	5.96	0.00	0.09	●	6.05	0.00	0.05	0.09	●	6.10	
	Ward C5 Area B		3.98	8.17	0.00	8.17	0.00	0.08	●	8.25	0.00	0.07	●	8.32	0.00	0.07	●	8.39	0.00	0.07	●	8.47	0.00	0.04	0.07	●	8.50	
	Ward C7		7.09	11.75	0.00	11.75	0.00	0.15	●	11.90	0.00	0.15	●	12.05	0.00	0.15	●	12.20	0.00	0.15	●	12.34	0.00	0.08	0.15	●	12.41	
	Ward C8		12.03	28.39	0.00	28.39	0.00	0.17	●	28.56	2.55	0.17	●	26.18	0.00	0.19	●	26.37	0.00	0.19	●	26.55	0.00	0.10	0.18	●	26.64	
	Ward CCU		9.44	16.63	(0.96)	17.59	0.00	0.18	●	17.77	0.54	0.18	●	17.41	0.00	0.19	●	17.60	0.00	0.18	●	17.78	0.00	0.10	0.18	●	17.87	
	Acute Med Unit (EAU)		19.07	23.50	0.00	23.50	0.85	0.37	●	23.02	0.00	0.37	●	23.40	0.00	0.37	●	23.77	0.00	0.37	●	24.14	0.00	0.20	0.37	●	24.31	
	Ward Ambulatory Emergency Care		1.79	0.35	0.00	0.35	0.00	0.08	●	0.43	0.00	0.08	●	0.50	0.00	0.08	●	0.58	0.00	0.08	●	0.66	0.00	0.04	0.08	●	0.69	
	Emergency Department Nursing		(9.58)	11.47	2.00	9.47	3.40	0.50	●	6.57	0.85	0.52	●	6.24	0.85	0.53	●	5.92	0.00	0.53	●	6.45	0.00	0.28	0.52	●	6.69	
	Community Nursing		24.92	14.22	(2.51)	16.73	2.55	0.85	●	15.03	0.68	0.86	●	15.21	0.00	0.86	●	16.07	0.00	0.85	●	16.93	0.00	0.46	0.85	●	17.32	
	All Other Med & Int Care Teams		(2.63)	17.24	(1.00)	18.24	3.01	1.65	●	16.88	1.28	1.66	●	17.27	0.43	1.66	●	18.51	0.00	1.65	●	20.16	0.00	0.88	1.64	●	20.92	
Surgery	Ward B1		5.47	6.62	(1.00)	7.62	0.00	0.09	●	7.71	0.00	0.09	●	7.79	0.00	0.08	●	7.88	0.00	0.08	●	7.96	0.00	0.04	0.08	●	8.00	
	Ward B2 (T)		4.64	9.34	0.00	9.34	0.00	0.07	●	9.41	0.00	0.07	●	9.48	0.00	0.07	●	9.54	0.00	0.07	●	9.61	0.00	0.04	0.07	●	9.64	
	Ward B2 (H)		3.56	8.03	0.00	8.03	0.85	0.13	●	7.31	0.00	0.13	●	7.45	0.00	0.13	●	7.58	0.00	0.13	●	7.71	0.00	0.07	0.13	●	7.77	
	Ward B3		14.28	23.91	0.00	23.91	1.63	0.11	●	22.39	0.00	0.12	●	22.52	0.00	0.12	●	22.64	0.00	0.12	●	22.76	0.00	0.07	0.12	●	22.82	
	Ward B4		(0.87)	2.94	0.00	2.94	0.85	0.11	●	2.20	0.85	0.12	●	1.47	0.00	0.12	●	1.59	0.68	0.12	●	1.03	0.00	0.07	0.12	●	1.08	
	Ward B4B		1.96	5.77	0.00	5.77	0.85	0.09	●	5.01	0.00	0.10	●	5.11	0.00	0.10	●	5.20	0.00	0.10	●	5.30	0.00	0.05	0.09	●	5.34	
	Ward B5		(3.78)	0.32	0.00	0.32	0.54	0.26	●	0.03	0.00	0.26	●	0.29	0.00	0.26	●	0.55	0.85	0.26	●	(0.04)	0.00	0.14	0.26	●	0.08	
	Ward C6		3.48	2.75	0.00	2.75	0.00	0.09	●	2.84	0.00	0.09	●	2.93	0.00	0.09	●	3.02	0.00	0.09	●	3.10	0.00	0.05	0.09	●	3.15	
	Ward C2		1.67	2.17	0.00	2.17	0.82	0.24	●	1.60	0.85	0.25	●	0.99	0.00	0.25	●	1.25	0.00	0.25	●	1.49	0.00	0.13	0.25	●	1.61	
	Neonatal Unit		1.24	0.94	0.00	0.94	0.82	0.26	●	0.38	0.85	0.26	●	(0.21)	0.00	0.26	●	0.05	0.00	0.26	●	0.32	0.00	0.14	0.26	●	0.44	
	I.T.U.		11.68	15.81	0.00	15.81	0.00	0.39	●	16.20	0.00	0.39	●	16.59	0.00	0.39	●	16.98	0.85	0.38	●	16.51	0.85	0.21	0.39	●	15.84	
	Ward MHDU		(8.84)	1.48	(1.00)	2.48	0.00	0.18	●	2.66	0.00	0.17	●	2.83	0.00	0.17	●	3.00	0.00	0.17	●	3.18	0.00	0.09	0.17	●	3.26	
	Theatres (Excl ODP's)		19.14	22.49	0.00	22.49	0.85	0.32	●	21.96	0.85	0.32	●	21.43	0.00	0.33	●	21.76	0.00	0.32	●	22.08	0.00	0.17	0.32	●	22.23	
	Day Case Theatres (Excl ODP's)		4.15	9.30	0.00	9.30	0.85	0.28	●	8.73	0.85	0.29	●	8.17	0.00	0.29	●	8.46	0.00	0.29	●	8.75	0.00	0.15	0.29	●	8.88	
	Maternity unit		3.47	3.99	0.00	3.99	0.00	0.67	●	4.66	0.00	0.67	●	5.33	0.00	0.67	●	6.00	0.00	0.66	●	6.66	0.00	0.35	0.66	●	6.96	
	All other Surgery Teams		(9.30)	(3.09)	(0.65)	(2.44)	3.01	1.09	●	(4.36)	1.28	1.10	●	(4.53)	0.43	1.10	●	(3.85)	0.00	1.10	●	(2.75)	0.00	0.59	1.09	●	(2.25)	
	Corp	All Corp Teams		10.80	7.11	0.00	7.11	0.00	0.20	●	7.31	0.00	0.20	●	7.51	0.00	0.20	●	7.71	0.00	0.20	●	7.91	0.00	0.23	0.43	●	8.10
	Total Qualified Nurses			148.23	286.13	(5.12)	291.25	20.88	9.30		279.67	11.42	9.38		277.63	1.70	9.40		285.33	2.38	9.34		292.29	0.85	5.12	9.53		295.85

Notes:

- The above figures report on Trust start date rather than end of supernumerary period so new staff in a particular month are unlikely to work independently until the following month.
- Adjustments are required to bring current period up to date to the end of the month due to staff starting / leaving / transferring department mid way through the month
- Attrition rate of 15% applied to known future recruitment based on historic average
- Agency RAG Rating is used to guide approval of Agency requests:
Green = Under old budgeted establishment and high level of vacancies. **Amber** = 5-10% Vacancy rate, **Red** = Over old budgeted establishment or less than 5% vacancy rate
- New Establishment uses M12 2018/19 budgeted establishment which represents best fit to future planned level of staffing. This does not reconcile to in month WTE budget as reported in finance F&P report.
- Due to introduction of TRAC system currently unable to report on department specific recruitment activity so likely to understate planned recruitment led by individual departments. Reports expected from system June 2019.

Appendix 3 - CSW Predictor tool.

					Budgets Included Ward A2, A3, B1, B2(H), B2(T), B3, B4, B5, B6 OP ENT, C1, C2, C3, C4, C4 Onc Day OP, C4, C5, C7, C8 EMU, AEC, CCU, EAU, MHDU, ITU ED Nursing Evergreen, GI Unit, Ward Clinics Patient Well Being Workers							
Band 2 Establishment			432.63									
Band 2 Relief			87.09									
Band 3 Establishment			47.60									
Band 3 Relief			5.04									
			572.36									
Sickness Element B2/3			14.37									
										Establishment Explanation Majority of Establishments include 22.46% Relief This includes 3.5% relief for sickness It is optional whether relief is recruited to substantively or use bank However, the sickness element should not be recruited substantively		
Baseline Establishment			480.23	Minimum that should be recruited								
Baseline Establishment Plus Relief			572.36									
Baseline Establishment Plus Relief Less Sickness			557.99	Maximum that should be recruited								
CSW PREDICTOR TOOL (Band 2/3)	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Minimum Establishment	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23	480.23
Maximum Establishment	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99	557.99
Staff in Post at Start of Month	487.61	495.71	525.66	527.26	519.12	520.88	529.20	555.35	550.01	538.01	542.10	540.75
Starters (predicted from active recruitment)	10.40	33.60	0.00	0.53	1.92	6.72	1.00	2.00	3.00	7.09	2.21	3.64
Leavers	-1.92	-4.16	-1.60	-3.84	-1.75	-2.40	-2.85	-7.34	-2.00	-1.00	-3.56	-6.29
Other**	-0.38	0.51	3.20	-4.83	1.59	4.00	26.00		-13.00	-2.00		
Staff in Post at End of Month	495.71	525.66	527.26	519.12	520.88	529.20	553.35	550.01	538.01	542.10	540.75	538.10
Predicted Vacancies Minimum Establishment	-15.48	-45.43	-47.03	-38.89	-40.65	-48.97	-73.12	-69.78	-57.78	-61.87	-60.52	-57.87
Predicted Vacancy % Rate (Minimum Estab.)	-3.2%	-9.5%	-9.8%	-8.1%	-8.5%	-10.2%	-15.2%	-14.5%	-12.0%	-12.9%	-12.6%	-12.1%
Predicted Vacancies Maximum Establishment	62.28	32.33	30.73	38.87	37.11	28.79	4.64	7.98	19.98	15.89	17.24	19.89
Predicted Vacancy % Rate (Maximum Estab.)	11.2%	5.8%	5.5%	7.0%	6.7%	5.2%	0.8%	1.4%	3.6%	2.8%	3.1%	3.6%
** Other includes graduates coded as band 2 initially who now have pin and thransferred to RN posts, secondments, rebands and internal transfers												
Note: New starters via the novice programme are effectively supernumary for 6 weeks whilst undergoing training												



**Paper for submission to the Public Board
May 2019**

TITLE:	Infection Prevention and Control Group Report		
AUTHOR:	Dr Elizabeth Rees Director of Infection Prevention and Control	PRESENTER:	Dr Elizabeth Rees Director of Infection Prevention and Control
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services 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:			
<ul style="list-style-type: none"> • Update of statement against the Hygiene Code for 2018/19. • Mandatory Infection Control training – A summary of the position in relation to mandatory training is included in the report including the latest update to provide assurance for delivering compliance with the annual programme. • Updated Trust IPC action plan. • For 2018/19 – the C. difficile trajectory is 28 cases associated with a lapse in care. There have been 9 post 48 hr cases from 1st January to 31st March 2019. • There have been no post 48 hr MRSA bacteraemia cases since 18th October 2018. • Update on progress with the work towards a reduction in E.coli bacteraemias 			
IMPLICATIONS OF PAPER:			
RISK	Y	Risk Description: Failing to meet minimum standards	
	Risk Register: Y	Risk Score: No red risks	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe and effective care
	NHSI	Y	Details: MRSA and C. difficile targets
	Other	Y	Details: Compliance with Health and Safety at Work Act.
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		√	
RECOMMENDATIONS FOR THE BOARD: To receive the report and acknowledge the assurances.			

Introduction:

The summary information below demonstrates the data set required to provide assurance of compliance with the Code of Practice (The Health and Social Care Act 2008): Code of Practice on the Control of Infections and Related Guidance, July 2015). Each element has been RAG rated and will be updated monthly to ensure we can show compliance by the end of the financial year 2018/19.

Compliance Criterion	What the registered provider will need to demonstrate	RAG rating
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.	
Assurance: A risk log of all infection prevention risks identified across the Trust is maintained and updated regularly.		
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	As of 11 th August there are 2 WTE fogging technicians in post, a part time post is currently being readvertised following an unsuccessful recruitment process on 23 rd April 2019. Service available 6 am to 7 pm daily.
Assurance: A Cleaning Policy and associated environmental audits provide assurance that a clean and appropriate environment is maintained. A review of the position on HPV fogging will be undertaken in January 2019 to determine the level of service to be continued following the initial 6 month pilot.		
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse event and antimicrobial resistance.	Antimicrobial CQUIN – the elements regarding reduction high risk antimicrobial usage has been met.
Assurance: There is an Antimicrobial Policy in place with appropriate stewardship recommendations. Audits demonstrate compliance with policy. Work towards achieving the AWARE list compliance is ongoing.		
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing / medical care in a timely fashion.	
Assurance: Patient and visitor information is available for a variety of healthcare associated infection issues on the website. Patients identified with infections in hospital are visited and provided with information leaflets including contact information for further support.		
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.	MRSA elective screening 96.7% compliance and emergency screening 91% compliance for March 2019.
Assurance: Patient records are flagged with information about previous healthcare associated infections. Patient admission documentation includes screening questions to identify patients at risk.		
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.	Based on an annual assessment of the position the Trust average is 87% for March 2019.
Assurance: Staff are provided with mandatory infection control training to ensure they are aware of their responsibilities for the prevention and control of infection.		
7	Provide or secure adequate isolation facilities.	
Assurance: There is a policy in place to ensure that patients are isolated		

appropriately. 25% of the inpatient beds take the form of single ensuite rooms.		
8	Secure adequate access to laboratory support as appropriate.	
Assurance: The Trust has access to a CPA/UKAS accredited Microbiology and Virology laboratory.		
9	Have adherence to policies, designed for the individuals' care and provider organisations that will help to prevent and control infections.	Trustwide scores all green in March 2019.
Assurance: All policies, as recommended in the Hygiene Code, are in place. Audit data confirms compliance with policies and identifies areas for improvement.		
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	
Assurance: There is in house provision of Staff Health and Wellbeing. There are regular reports to the Infection Prevention and Control Forum detailing any issues raised within this system.		

Summary of alert organism surveillance:

Clostridium Difficile – The target for 2018/19 is 28 cases. The cases that count within this dataset are patients identified after 48 hrs admission with C. difficile in whom a lapse in care has been recognised using the national apportionment tool¹. For 2018/19 there have been 9 post 48 hr cases from 1st January 2018 up to 31st March 2019.

Currently for 2018/19 there have been 15 cases where a lapse in care has been identified; there are 5 cases still in progress with the CCG.

The process to determine lapses in care is as follows: an RCA is completed for every post 48 hr case, there is a review undertaken internally using the national apportionment form to determine lapses in care. This information is then shared with the CCG who confirm the outcome decision. This results in the ability to describe individual C. difficile cases as 'avoidable/unavoidable'.

MRSA bacteraemia (Post 48 hrs) – There have been 0 post 48 hour MRSA bacteraemia cases since 18th October 2018.

MSSA bacteraemia (Post 48 hrs) – From 1st January to 31st March there have been 8 cases of post 48 hr MSSA bacteraemia reported.

MRSA screening – There is no external compliance target for MRSA screening. The internal target is to achieve 95% compliance with the policy. The percentage of emergency admissions screened for March 2019 is 91%. Data is available locally to the units to enable them to identify patients missing from the dataset.

The percentage of elective admissions screened for March 2019 is 96.7%. As above data is available locally to all units to enable them to identify patients missing from the dataset.

E. coli bacteraemia – For the post 48 hr cases an enhanced surveillance module, developed as part of PHE's surveillance programme, commenced in April 2017 in order to ascertain themes and trends associated with E. coli bacteraemia within the acute Trust to see where lessons may be learnt. From 1st January to 31st March 2019 there have been 12 cases of post 48 hr E. coli bacteraemia reported. There is

work ongoing that is part of the national agenda for health and social care economies to reduce the number of Gram-negative bloodstream infections (BSIs) with an initial focus on Escherichia coli (E.coli). To date this has focused on the management of patients with long term urinary catheters, a group of patients who are over represented in the above dataset.

Klebsiella* and Pseudomonas* bacteraemias – From 1st January to 31st March 2019 there have been 2 post 48 hr Trust identified Klebsiella bacteraemia cases and 1 post 48 hr Pseudomonas bacteraemia case.

Infection Control Mandatory Training – The revised mandatory requirement is to update Infection Control training annually for clinical staff. This data is now presented from the annual programme for clinical staff. The percentage compliance as at 31.3.19 (target 90%):

Area	Total
Corporate/Management	85%
Medicine and Integrated Care	88%
Surgery	86%
Clinical Support	83%*

*Please note this data no longer includes pathology staff.

To achieve compliance based on an annual programme at 90% of clinical staff by end of March 2019 1700 clinical staff will require training during the year. The following measures have been introduced to achieve this:

- IPCT providing additional training sessions.
- Individual emails being sent to the outstanding staff.
- The creation of a '1 click' access module for this training as an alternative to the traditional e learning package – making access easier and quicker for staff.

Following these measures 87% of clinical staff are now trained.

Work continues to achieve the 90% trajectory and the detail will be described within the annual plan attached to the annual report.

Infection Prevention and Control Group

The last meeting was held in February 2019.

The Trust will achieve the Mandatory HCAI requirements for C. difficile (of 28 post 48 hr cases). The Trust has had 1 post 48 hr MRSA bacteraemia which is not consistent with the zero tolerance trajectory. An action plan to address issues has been put in place.

The cleaning scores at RHH have remained just below 95% with further assurance that issues highlighted are resolved within 1 hour (with the exception of hard floors when they require scrubbing).

The Antimicrobial CQUIN targets in relation to high risk antibiotics are being achieved but there will be a challenge to achieving the total reduction. Further data for the last month is currently being gathered.

Infection Control Action Plan

The plan has been updated to include a statement against ongoing compliance in relation to completed actions.

GLOSSARY OF TERMS

MSSA

What is Meticillin Sensitive *Staphylococcus aureus* (MSSA)?

Staphylococcus aureus is a bacterium that is commonly found on human skin and mucosa (lining of mouth, nose etc). The bacterium lives completely harmlessly on the skin and in the nose of about one third of normal healthy people. This is called colonisation or carriage. *Staphylococcus aureus* can cause actual infection and disease, particularly if there is an opportunity for the bacteria to enter the body e.g. via a cut or an abrasion.

What illnesses are caused by *Staphylococcus aureus*?

Staphylococcus aureus causes abscesses, boils, and it can infect wounds - both accidental wounds such as grazes and deliberate wounds such as those made when inserting an intravenous drip or during surgery. These are called local infections. It may then spread further into the body and cause serious infections such as bacteraemia (blood poisoning). *Staphylococcus aureus* can also cause food poisoning.

MRSA

What is Meticillin Resistant *Staphylococcus Aureus* (MRSA)?

MRSA stands for meticillin-resistant *Staphylococcus aureus*. They are varieties of *Staphylococcus aureus* that are resistant to meticillin (a type of penicillin) and usually to some of the other antibiotics that are normally used to treat *Staphylococcus aureus* infections.

Who is at risk of MRSA infection?

MRSA infections usually occur in hospitals and in particular to vulnerable or debilitated patients, such as patients in intensive care units, and on surgical wards. Some nursing homes have experienced problems with MRSA. MRSA does not normally affect hospital staff or family members (unless they are suffering from a severe skin condition or debilitating disease). In general, healthy people are at a low risk of infection with MRSA.

E Coli

What is *Escherichia coli*?

Escherichia coli (commonly referred to as *E. coli*) is a species of bacteria commonly found in the intestines of humans and animals. There are many different types of *E. coli*, and while some live in the intestine quite harmlessly, others may cause a variety of diseases. The bacterium is found in faeces and can survive in the environment.

What types of disease does *E. coli* cause?

The commonest infection caused by *E. coli* is infection of the urinary tract, the organism normally spreading from the gut to the urinary tract. *E. coli* is also the commonest cause of cystitis (infection of the bladder), and in a minority of patients the infection may spread up the urinary tract to the kidneys, causing pyelonephritis.

Otherwise healthy patients in the community may develop cystitis, and patients in hospital who have catheters, or tubes, placed in the urethra and bladder are also at risk. *E. coli* is also present in the bacteria that cause intra-abdominal infections following leakage from the gut into the abdomen, as for example with a ruptured appendix or following traumatic injury to the abdomen.

E. coli bacteria may also cause infections in the intestine. Diarrhoeal infections (intestinal) are caused by a group of *E. coli* known as 'enterovirulent' (harmful to the intestines).

Overspill from the primary infection sites to the bloodstream may cause blood poisoning (*E. coli* bacteraemia). In rare instances, *E. coli* may cause meningitis in very young children.

Klebsiella species

What is Klebsiella?

Klebsiella species includes a number of genera including *Klebsiella oxytoca* and *Klebsiella pneumoniae*. These organisms are colonisers of the human gastrointestinal tract and are capable of causing a wide variety of clinical syndromes including urinary tract infection, pneumonia and bacteraemia.

What types of disease does *Klebsiella species* cause?

These organisms are rarely associated with diseases in the normal host. They are a cause however of nosocomial and opportunistic infection.

Pseudomonas aeruginosa

What is *Pseudomonas aeruginosa*?

Pseudomonas aeruginosa is sometimes present as part of the normal microbial flora of humans. Hospitalisation may lead to increased rates of carriage, particularly on the skin in patients with serious burns, in the lower respiratory tract of patients undergoing mechanical ventilation, in the gastrointestinal tract of patients undergoing chemotherapy or in any site in persons treated with broad spectrum antimicrobial agents.

What types of disease does *Pseudomonas aeruginosa* cause?

Pseudomonas aeruginosa is an opportunist pathogen causing disease as a result of some alteration or circumvention of normal host defences eg, disruption or circumvention of skin or mucous membrane integrity in the case of intravenous lines, urinary catheters or endotracheal tubes.

C difficile

What is *Clostridium difficile*?

Clostridium difficile (also known as “*C. difficile*” or “*C. diff*”) is a bacterium that can be found in people’s intestines (their “digestive tract” or “gut”). However, it does not cause disease by its presence alone; it can be found in healthy people, about 3% of adults and two thirds of babies with no symptoms. It causes disease when the normal bacteria in the gut, with which *C. difficile* competes, are disadvantaged, usually by someone taking antibiotics, allowing the *C. difficile* to grow to unusually high levels. This allows the toxin they produce to reach levels where it attacks the intestine and causes symptoms of disease.

What are the symptoms of *C. difficile* infection?

Clostridium difficile causes diarrhoea (mild to severe) and, unusually, life threatening inflammation of the intestines. Other symptoms can include fever, loss of appetite, nausea and abdominal pain or tenderness.

How do you catch it?

Another person may acquire *C. difficile* disease by ingesting the bacteria through contact with the contaminated environment or patient. In most healthy people the *C. difficile* will not be able to multiply in the gut and they will not develop disease. In some more vulnerable people, particularly those whose normal gut bacteria have been disrupted by antibiotic treatment, the *C. difficile* may be able to multiply in the gut and go on to cause disease.

CPA/UKAS

What is CPA/UKAS?

CPA is Clinical Pathology Accreditation and UKAS is United Kingdom Accreditation Service. These are both organisations responsible for the inspection and accreditation of laboratories providing diagnostic pathology services.

RCA

What is RCA?

RCA is a root cause analysis which is an analytical method by which an investigation into a particular event seeks to identify the underlying cause.

PFI

What is PFI?

PFI is the abbreviation used for Private Finance Initiative and in this context is used to describe Summit Healthcare and Interserve Facilities Management.

CCG

What is CCG?

CCG is the Clinical Commissioning Group and in this context refers to Dudley Clinical Commissioning Group.

RAG

What is RAG?

RAG is Red, Amber, Green which is a term used to describe the risk rating associated with risks described within the report.

Reference

1. *Clostridium difficile* infection objectives for NHS organisations in 2016/17 and guidance on sanction implementation, Public Health England.

**Klebsiella* includes *Klebsiella oxytoca* and *Klebsiella pneumoniae* species and *Pseudomonas* includes only *Pseudomonas aeruginosa* species.

INFECTION PREVENTION AND CONTROL ACTION PLAN

Manager/Lead	Dr Elizabeth Rees, Director of Infection Prevention and Control	Executive Lead	Chief Nurse
Associated Staff	Miss A Murray, Matron, Infection Prevention and Control	Action Plan updated on	17 th April 2019

RAG status	Not started	Underway	Complete	Ongoing Compliance
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Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.								
1	Criterion 1	Annual report should be 3 clicks away on the external website to allow public viewing.	Link Annual Report to the Infection Control Page on the Trust's public facing website.	Dr E Rees		Immediate		Complete
2	Criterion 1	Required to make an assurance statement in relation to the Hygiene Code.	a) To include a statement within next year's annual report (in addition to verbal assurance being given to Trust Board).	Dr Rees	There is on going tracking against the Hygiene Code reported to CQSPE in order that a statement can be delivered within next year's annual report.	June 2018		Monthly update provided in CQSPE report.
			b) To include the compliance statement within the Trust's next IC Board paper.	Dr E Rees	Compliance statement included in December's Trust Board paper.	December 2017		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
3	Criterion 1	The annual programme does not have quarterly review dates.	Add quarterly review dates to the Annual Work Programme.	Miss A Murray		Immediate		Complete
4 Added 20.3.18	Criterion 1 and 2	Cleaning Scores are presented with RAG ratings in order to facilitate observance of non-compliance.	To provide cleaning scores with RAG ratings.	Mr A Rigby (for Estates Report)	20.3.18 – Dr Adams identified 2 dusty fans and tape on ANTT trays on C1 and dirty medical equipment on NNU; to ask for assurance on above at next IPCF on 22.3.18.	Completed and assured at the IPCG on 22.3.18		Assured via Estates Report 29.11.18
34	Criterion 1	To place respirators on Trust's Risk Register until they are serviced and usable and to order Grab bags (loose fitting respirators) today.	Mrs Watkiss agreed to update the Trust's Risk Register and Mrs Bree will ensure the Grab bags are ordered.	Mrs Watkiss and Mrs Bree	Grab bag available in Trust; respirators have been returned and risk register has been updated.	March 2018		These respirators are no longer in the Trust 29.11.18
35 Added 1.3.18	Criterion 1	To ensure respirators are maintained going forward.	Mr Rigby will ask Mr Shaw to add respirators to medical devices library to ensure maintenance going forward.	Mr Rigby	Mr Shaw has confirmed that he has responsibility for maintenance going forward since addition to medical devices library.	March 2018		New respirators within Trust are held and maintained locally .

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
5	Criterion 1	IPC Forum should be a committee to ensure a strong enough presence to provide the Trust with assurance against the Hygiene Code.	a) Amend terms of reference and reporting structures.	Dr E Rees	Review complete – Forum will be renamed 'Group'.	April 2018		Reviewed January 2019 and accepted by Group
			b) To create an IC Risk Register. c) To include IC Risk Register on the IPCForum agenda and to review by exception.	Dr E Rees	Risk Register has been created and will be reported at the Forum, by exception, quarterly.	February 2018		Ongoing compliance via IPCT report.
6	Criterion 1	Medical representation at the IPCForum to facilitate clinical engagement on IC matters.	Identify medical champions for IPC Forum.	Dr E Rees	Staff from Surgery and Medicine have now been provided for several dates going forward.	June 2018		Reviewed Jan '19 – rotas to be established.
7	Criterion 1 and 2	The Neonatal Unit <i>Enterobacter cloacae</i> SI from May 2017 to be signed off.	To sign off SI action plan and move risk assessment regarding sinks to the Trust IC Risk Register.	Dr E Rees	Complete – revised action plan accepted by the division.	December 2017		Complete
8	Criterion 1	Clostridium difficile 30 day all cause mortality data.	To be presented 6 monthly at the IPCForum.	Mr B Jones/CCG	C. diff 30 day mortality data reported at IPCF. Mr Jones suggested that going forwards this data is provided to the HCAI meeting.	March 2018		Complete and transferred to HCAI agenda

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
9	Criterion 1	Provide assurance to IPCForum of compliance with Isolation Policy.	To present 6 monthly audit data of compliance with the policy to the IPCForum.	Miss A Murray	Complete	January 2018		Ongoing compliance via IPCT report.
10	Criterion 1	NEDs to be trained to challenge the Trust Board.	To provide IC training for NEDs.	Dr E Rees	Training given to NEDs on 7 th December.	December 2017		Complete
11	Criterion 1	Evidence of information contained in reports to be apparent within the IPCForum minutes.	To embed all reports into the ICPForum minutes.	Mrs L White	Complete	January 2018		Complete
12	Criterion 1, 5 and 6	Annual Infection Prevention Training to ensure knowledge is embedded into action.	Currently on a 3 yearly cycle. Move to yearly updates with full year effect 2018/19.	Dr E Rees and Miss A Murray	Completed on 18 th January for Matrons.	January 2018		Complete
					1700 clinical staff to train; individual emails sent to request completion asap. 87% of staff trained as at end of March 2019. On trajectory to achieve compliance by March 2019.	March 2019		March 2019
13	Criterion 1	Analytical support to be considered to provide expertise to existing IPC team.	To develop and JD, advert and PS in order to advertise this post.	Miss A Murray	JD and PS developed – awaiting banding. Complete.	January 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
14	Criterion 1	To advertise for a substantive Consultant Microbiologist	To advertise post using existing College approved JD and PS.	Dr E Rees	Currently being advertised on NHS Jobs. Advert closed.	December 2017		Complete
15	Criterion 1 and 5	Catheter Care Bundles reflect national guidance but senior nursing staff seemed unaware of all available tools.	As part of the current health economy work around urinary tract infection, protocols around the management of catheters will be reviewed for each participating organisation; DGFT will review its own.	Miss A Murray and Mr B Jones	Working across healthcare economy catheter passport has been created; it will go to ACE panel for approval in March. Report back to IPCF at April meeting. Mr Jones suggested that after approval by ACE this item is included in the HCAI agenda.	April 2018 Assurance provided at April IPCG. Item closed and referred to HCAI agenda.		Complete and in use across Dudley Health Economy.
16	Criterion 1	Insufficient assurance that quality IPC rounds report findings.	Train Trust Governors to act as 'secret shoppers' to provide more assurance.	Miss A Murray and Mr Walker	Trust Governors have been trained to enable them to undertake the 'secret shopper' role.	March 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
26	Criterion 1	Compliance with audit trail of sharps boxes.	Remind ward staff not to lock boxes without completing location labels and remind porters not to collect boxes unless safely locked and location details completed.	Mrs Pain and Mr Walker	Staff reminded at Matrons' meeting and Porterage staff have received toolbox talks. Random checks have shown full compliance.	February 2018		Complete
Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.								
17	Criterion 2	a) IPCT to be involved in all planning activities, refurbishment and change of use programmes throughout the Trust. b) No evidence of outstanding Estates risks.	a) To create a policy ensuring IPCT involvement in all such Trust activities.	Mr A Rigby and Miss A Murray	Policy – IC in the Built Environment has been created and will be circulated to Forum members for comments at March meeting.	March 2018. Completed March 2018. Policy accepted at April meeting.		Complete
			b) To include in the IPCG Facilities Report outstanding Estates risks.	Mr A Rigby	Risks and assurances given in monthly Estates Reports to IPCG.	January 2018		Ongoing compliance via Estates Report to IPCG.

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
18	Criterion 2	Aspergillus risk assessments to be documented as being undertaken.	a) To create a policy ensuring aspergillus risk assessment is undertaken.	Mr A Rigby and Interserve/Summit	Policy completed and circulated to May's Infection Prevention and Control Group.	June 2018		Complete
			b) To audit policy.	Mr A Rigby	Aspergillus included in checklist when works are being carried out.	June 2018		Ongoing compliance via Estates Report to IPCG.
24 Added 13.2.18	Criterion 2	Assurance to IPCF of how cleaners' trolleys and rooms are cleaned.	Provide Interserve's action plan to IPCF to understand how cleaners' trolleys and rooms are cleaned.	Mrs Porter	Method statement provided by Interserve to the Trust	28 th February 2018		Complete
25 Added 13.2.18	Criterion 2	Assurance to IPCF that cleaning reagents (ie, bleach tablets) are stored safely (ie, locked in reagent cupboard).	Ensure cleaning reagents are suitably locked in appropriate storage cupboards.	Mrs Pain	Mrs Pain will ask for reagent storage check to added to Medicine's Management audit.	March 2018		Complete
27 Added 13.2.18 20.3.18	Criterion 2	To ensure pull cords are wipeable.	To provide programme for replacement of corded pull cords with easy to clean plastic cords. 20.3.18 – Pull cords on C1 and B6 identified as dirty during Dr Adams' visit. Programme of replacement has only completed first floor to date.	Mrs Dyke	Programme for all cords to be replaced by May 2018. Update at June meeting.	June 2018		Cord replacement programme complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
28 Added 13.2.18	Criterion 2	Assurance that mattresses are clean prior to use.	To add 'check date of clean' to checklist to ensure mattresses are clean prior to use and include in regular Matron audits.	Miss Murray	IPCT will provide A4 poster for wards (to be added to Medical Devices policy) on how to clean a mattress and insert a green 'I am clean' sticker.	March 2018. Policy and green sticker in use.		Posters displayed and 'green stickers' in use
29 Added 13.2.18 20.3.18	Criterion 2	To ensure macerators are maintained appropriate and seals are kept clean.	To check maintenance records of macerators and remind staff to clean seals. 20.3.18 – Dr Adams' visit identified ongoing issues with macerator seals on C1. To confirm as already agreed the verifications.	Mr Rigby and Mrs Pain	Last quarter's audit results are in order. Issue regarding who was responsible for cleaning. Now agreed that spillage during use would be wiped by nursing staff but daily and weekly cleans will be carried out by Interserve together with checking seals.	June 2018		Ongoing compliance via Estates Report to IPCG

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
33 Added 13.2.18	Criterion 2	To replace material curtains with disposable curtains in UCC and ED.	Mrs Porter agreed to provide the IPCF with the number of curtain changes in these areas in order for the Trust to understand the cost of such a change.	Mrs Porter	UCC has disposable curtains (non trust premises). Frequency of curtain change has been agreed during the revision of the Cleaning Policy.	June 2018		Complete
19	Criterion 2	a) Revised Cleaning Policy approaching sign off. Interserve must share implementation plan with DGFT. b) Assurance must be given to Trust that training of Interserve staff reflects needs of policy. c) Lack of confidence regarding the cleanliness of domestic trolleys.	a) Request implementation plan from Interserve for next IPCF meeting. b) To review Interserve staff's toolbox talks reflect Cleaning Policy needs. c) Interserve to share cleaning policy for domestic equipment with the Trust.	Mr A Rigby Miss A Murray Mr A Rigby	Complete	January 2018 January 2018 January 2018		Complete Complete Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
4 Added 20.3.18	Criterion 1 and 2	Cleaning Scores are presented to IPCF with RAG ratings in order to facilitate observance of non-compliance.	To provide cleaning scores with RAG ratings.	Mr A Rigby (for Estates Report)	20.3.18 – Dr Adams identified 2 dusty fans and tape on ANTT trays on C1 and dirty medical equipment on NNU; to ask for assurance on above at next IPCF on 22.3.18.	Completed and assured at the IPCG on 22.3.18		Ongoing compliance via Estates Report to IPCG
7	Criterion 1 and 2	The Neonatal Unit <i>Enterobacter cloacae</i> SI from May 2017 to be signed off.	To sign off SI action plan and move risk assessment regarding sinks to the Trust IC Risk Register.	Dr E Rees	Complete. Risk assessment has been signed off by division.	December 2017		Complete
36 Added 20.3.18	Criterion 2	All mattresses not in use to be stored appropriately and correctly labelled with 'I am green' sticker or labelled as 'condemned'.	To review the Trust's Mattress Policy and ensure it's fit for purpose and to evidence by audit.	Mrs J Pain/Mrs J Bree and Mrs K Anderson	Tissue Viability Team have reviewed the mattress policy and confirmed it is fit for purpose.	June 2018		Complete
37 Added 20.3.18	Criterion 2	There were excessive amounts of baby clothes in the clinical area to launder. It is required that the laundry procedures ensures appropriate thermal disinfection.	To review the provision of baby clothes and laundering on Neonatal unit and to agree a process to deliver the recommendation.	Mrs K Anderson	Laundering on the NNU has ceased as of 16 th April 2018. Laundry is now sent off site.	June 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
38 Added 20.3.18	Criterion 2	To confirm the decontamination arrangements for baby incubators.	To review the SOP for incubator decontamination to ensure it is fit for purpose and to evidence by audit.	Infection Prevention and Control Team and Mrs K Anderson	Initial review has been undertaken – complete.	June 2018		Complete
Criterion 5: Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.								
12	Criterion 1, 5 and 6	Annual Infection Prevention Training to ensure knowledge is embedded into action.	Currently on a 3 yearly cycle. Move to yearly updates with full year effect 2018/19.	Dr E Rees and Miss A Murray	Completed on 18 th January for Matrons.	January 2018		Complete
					See above.	March 2019		March 2019
15	Criterion 1 and 5	Catheter Care Bundles reflect national guidance but senior nursing staff seemed unaware of all available tools.	As part of the current health economy work around urinary tract infection, protocols around the management of catheters will be reviewed for each participating organisation; DGFT will review its own.	Miss A Murray and Mr B Jones	Working across healthcare economy catheter passport has been created; it will go to ACE panel for approval in March. Report back to IPCF at April meeting.	April 2018 Assurance provided at April IPCG. Item closed and referred to HCAI agenda.		Complete and in use across Dudley Health Economy.

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
23	Criterion 5	Compliance with MRSA screening target.	Provide action plans to explain how the Trust target (90%) will be achieved.	Miss Murray/Mrs Pain/Mrs Bree	The internal stretch target for MRSA screening is 90% for both emergency and elective cases. April's data shows emergency screening at 94.2% and elective screening at 96.4%.	May 2018		Ongoing compliance via IPCT report to IPCG
Criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of prevention and controlling infection.								
20	Criterion 6	Staff to comply with Trust policy on uniform and workwear and theatre staff to comply with theatre operational policy regarding theatre attire	Uniform and workwear policy to be circulated to medical staff.	Dr E Rees and Miss A Murray	SOP has been agreed by Forum at February's meeting; will now be implemented.	February 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
30 Added 13.2.18	Criterion 6	To ensure consistency and uniformity with PPE regarding colour of aprons in the Trust.	To ensure Procurement understand that colours of aprons cannot be changed without consultation as colours often denote purpose.	Infection Prevention Team	Aprons are purchased via national framework. Issue nationally with thinner aprons being supplied. In order to obtain better quality aprons staff ordered 'blue' aprons (which did not conflict with any colour coding in the Trust). The supply issue with the white aprons is now being resolved and we will return to the preferred quality.	28 th February 2018		Complete
31 Added 13.2.18	Criterion 6	To ensure consistency of PPE regarding glove usage.	IC Team to include a reminder staff during mandatory training that gloves are only to be used if the procedure requires it and never in public areas.	All during mandatory training		28 th February 2018		Ongoing compliance via IPCT training

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
32 Added 13.2.18	Criterion 6	Assurance to IPCF that junior medical staff undertake appropriate skills training during their time at DGFT (junior doctor witnessed carrying syringe of blood by hand).	To enquire with Post Graduate centre regarding training.	Dr Rees	Clinical skills have developed a self declaration tool to confirm that non-training grades have had appropriate training including IC elements required.	April 2018		Complete
12	Criterion 1, 5 and 6	Annual Infection Prevention Training to ensure knowledge is embedded into action.	Currently on a 3 yearly cycle. Move to yearly updates with full year effect 2018/19.	Dr E Rees and Miss A Murray	a) Training delivered by Dr Adams on 18 th January.	December 2017		Complete
					b) See above.	March 2019		March 2019
Criterion 9: Have and adhere to policies, designed for the individual’s care and provider organisations that will help to prevent and control infections.								
21	Criterion 9	MRSA Screening Policy has ‘meticillin’ spelled with an ‘h’ ie, ‘methicillin’.	Amend policy.	Dr E Rees		Immediate		Complete
22	Criterion 9	The Management of Patients and Staff with Diarrhoea policy to reflect national guidance relating to stool type.	Review policy to ensure compliance.	Dr E Rees		Immediate		Complete
39 Added 20.3.18	Patient Safety Issue	To confirm the security arrangements around the storage of breast milk to ensure expressed breast milk cannot be tampered with/contaminated.	To review the arrangements for safe storage of expressed breast milk.	Mrs K Anderson	Swipe card access installed.	May 2018		Complete

Action No.	Code of Practice compliance criteria*	Recommendations	Actions Required	By Whom	Progress to date	Agreed completion date	Status (RAG)	Ongoing Compliance as at 1.12.18
40 Added 20.3.18	Patient Safety Issue	To confirm the temperature and 'use by' dates applied to stored expressed breast milk to ensure that it is safe to use.	To review SOP for monitoring temperatures in the fridge and freezers used for milk storage.	Mrs K Anderson/Mrs J Pain	Milk was held within date during the audit held on 21.3.18. temp monitoring in place.	April 2018		Complete
41 Added 20.3.18	Criterion 2	To establish a cleaning schedule for toys on the NNU and to ensure that there are no soft toys.	To remove soft toys and to review toy cleaning SOP.	Mrs K Anderson/Mrs J Pain	The soft toys present have been removed. All toys have been decontaminated according to the agreed policy and all toys have been HPV fogged.	April 2018		Complete

*These criteria form the Hygiene Code taken from The Health and Social Care Act 2008 – Code of Practice on the prevention and control of infections and related guidance; July 2015.

Paper for submission to the Board on 2nd May 2019

TITLE:	Safer Staffing: Skill Mix Review Inpatient Wards		
AUTHOR:	Mitchell Fernandez Deputy Chief Nurse & CNIO	PRESENTER	Mary Sexton Interim Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		x	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
<p>The Board is requested to note the Professional Staffing Review outcome and support the further work that will be undertaken to finalize the proposed nurse/patient ratio for 2019/20 for inpatient areas. The Board is advised that the Trust is fully compliant with National Quality Board Expectations.</p>			
CORPORATE OBJECTIVE:			
<p>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</p>			
SUMMARY OF KEY ISSUES:			

Following the publication of the Francis report (2013) it became a requirement that all NHS organisations present an annual staffing and skill mix review to their Trust Board.

The Trust has utilised the Safer Nursing Care Tool (SNCT) in order to establish the recommended nursing establishment per ward based on patient's acuity and dependency. The SNCT tool is endorsed by NICE.

Following completion of the acuity dependency data for Jan/Feb 19, the data was reviewed and analysed. A number of check and challenge conversations were undertaken with the Divisional Nurse Leads, Matrons and Lead Nurses.

Staffing Review Outcome:

- Thirteen wards appear to have ratios above the SNCT recommendations and identified to have higher CHPPD in comparison to peer and national median
- Two wards were budgeted below the SNCT recommendations
- Wards CHPPD and cost per WAU were higher when compared to peer and national median in the Model Hospital portal
- Trust submission of CHPPD needs to be explored further in the health roster (Allocate) to ensure staff visiting the wards (specialist nurses and bleep holders) are excluded in the data submission
- No wards/unit had more than one registered nurse to 8 patients during the day shifts and the same applied at night with the exceptions of Ward C6 who had a ratio of 1RN to 10 patients. Ward C6 CHPPD (6.22) is better in comparison to peer median (6.18) in the Model Hospital Data.
- A number of patients in specialist area (Critical care, MHDU, CCU) were identified to have a Level of Care appropriate to the ward environment (needing step down)
- The Trust utilises 20% staffing uplift, this does not include sickness which currently sits between 3-6% for nursing. The current uplift does not include staff being out of area for staff development i.e. study days this will be contributing to some budget demonstrating an overspend.

IMPLICATIONS OF PAPER:

RISK	Y		Risk Description: <ul style="list-style-type: none"> ➤ Nurse Recruitment – unable to recruit to vacancies to meet recommended nurse to patient ratios ➤ Finance – Unable to remain within divisional Budget due to spend on Temporary Staff.
	Risk Register: Y		Risk Score: 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: CQC Fundamental Standards: Staffing
	NHSI	Y	Details: Capping of agency rates and focus on reducing agency spend.



The Dudley Group
NHS Foundation Trust

	Other NQB	Y	Details: National Quality Board (NQB) guidance; 'How to Ensure the Right People, with the Right Skill, are in place at the Right time'
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Safer Staffing: Skill Mix Review Inpatient Wards

1. Purpose

The purpose of this paper is to provide assurance on our compliance to the Trust Board in respect of the implementation of the recommendations set out in the National Quality Board (NQB) guidance; 'How to Ensure the Right People, with the Right Skill, are in place at the Right time' published in 2013 and updated in 2016.

The NQB Guidance requires the Trust Board to consider whether it has the correct number of Nursing Staff in place to provide high quality care.

The Royal College of Nursing (RCN) Guidance on safe nurse staffing levels in the UK states that nurses' responsibilities regarding safe staffing are stipulated by the Nursing and Midwifery Council (NMC), covering every registered nurse in the UK. Demonstrating sufficient staffing is one of the six essential standards that all health care providers (both within and outside of the NHS) must meet to comply with Care Quality Commission (CQC) regulation. RCN guidance related to nurse to patient ratio and skill mix were taken into consideration in the staffing review.

2. Background

Following the publication of the Francis report (2013) it became a requirement that all NHS organisations present an annual staffing and skill mix review to their Trust Board. Boards are required to ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e. the use of evidence-based tools, professional judgement and comparison with peers).

The updated NQB 2016 provides a set of expectations for nursing and midwifery care staffing, to help NHS provider boards make local decisions that will support the delivery of high quality care for patients within the available staffing resource.

Expectation 1: Right staff:

- The organisation uses evidence-based guidance such as that produced by NICE, Royal Colleges and other national bodies to inform workforce planning.
- The organisation uses workforce tools in accordance with their guidance and does not permit local modifications, to maintain the reliability and validity of the tool and allow benchmarking with peers.
- Professional judgment and knowledge are used to inform the skill mix of staff. They are also used at all levels to inform real-time decisions about staffing taken to reflect changes in case mix, acuity/dependency and activity.
- Compare staffing with peers which includes the use of Care Hour Per Patient Day (CHPPD)

Expectation 3: Right Place and Time

- Systems are in place for managing and deploying staff across a range of care settings, ensuring flexible working to meet patient needs and making best use of available resources.
- Clinical and managerial leaders should compare the actual staff available with planned and required staffing levels, and take appropriate action to ensure staff are available to meet patients' needs.

The Board is advised that the Trust is compliant with regards to the above set of NQB expectations. The Trust wide strategy/skill mix (inpatient) review has been conducted using triangulated approach:

- the use of evidence-based tools (SNCT),
- professional judgement (discussion with senior nurses, divisions)
- and comparison with peers (usage of CHPPD)

Quality indicators, ward layout and environmental factors are taken into consideration. The Trust monitors the deployment of staff and ward staffing fill rates. In line with the Trustwide staffing review during January/February 2019 acuity/dependency tool was used to inform the staffing review. This was not in place throughout 2018/19. Therefore any Staffing Establishment Review conducted during that time was not based on acuity/dependency; they were purely based on professional judgement.

The Trust continues to comply with the requirement to submit nationally the aggregated monthly nursing and health care assistant (non-registered) staffing data for inpatient areas. Daily staffing ratios/numbers are displayed on each wards quality boards as part of being open and transparent with the public.

3. Wards Acuity and Dependency: Safer Nursing Care Tool (SNCT)

The Trust have utilised the Safer Nursing Care Tool (SNCT) in order to establish the recommended nursing establishment per ward based on patient's acuity and dependency. The SNCT tool is endorsed by NICE. The SNCT has been validated to be used for Adult inpatient wards, Acute Assessment Unit (AAU) and Children and Young Person (CYP) bedded units. The Emergency Department, Theatre, Maternity service, Critical Care and community services were not included in the study so the SNCT is not applicable for these areas. The data with regards to the patient level of care in specialist including staffing level areas is collected daily to support management and deployment of staffing resources.

The data for the Acuity Dependency review was collated during the month of January-February 2019. On analysing the data, the results demonstrate that there are wards above the SNCT recommendations for Registered Nurse to patient ratios and were identified to have higher CHPPD in comparison to the national and peer median (data from Trust submission and Model Hospital). Further analysis would suggest that there are discrepancies within the data which appears to include staff who are not ward based. Further work will be ongoing throughout 2019/20 to recalculate the data submission. A number of wards were identified to have slightly below budgeted WTE in comparison to the SNCT recommended WTE.

4. Results

Appendix 2 contains summaries of key data from both the latest SNCT data collections and the levels of care in previous study (2017). It should be noted that the

2017 skill mix review relied predominantly on a professional judgement approach. The table includes the current planned (budgeted) skill mix (Registered Nurses vs Health Care Assistants) and the resulting registered nurse to bed ratio. CHPPD January 2019 data from the NHS Model Hospital portal is included and has been compared to Peers and National Median.

Following completion of the acuity dependency data for Jan/Feb 19, the data was reviewed and analysed. A number of check and challenge conversations were undertaken with the Divisional Nurse Leads, Matrons and Lead Nurses. Further work is required to ensure that acuity dependency data is used to inform the staffing decisions in real time. Twice daily staffing huddles are now in place.

The check and challenge discussions have covered a wider discussion in relation to workforce transformation, new roles, agency reduction and the need to ensure the appropriate escalation is adhered to at all times in respect of authorisation for off framework agency.

Staffing Review Outcome:

- Thirteen wards appear to have ratios above the SNCT recommendations and identified to have higher CHPPD in comparison to peer and national median
- Two wards were budgeted below the SNCT recommendations
- Wards CHPPD and cost per WAU were higher when compared to peer and national median in the Model Hospital portal
- Trust submission of CHPPD data needs to be explored further in the health roster (Allocate) to ensure staff visiting the wards (specialist nurses and bleep holders) are excluded in the data submission
- No wards/unit had more than one registered nurse to 8 patients during the day shifts
- The same position during the nights shifts except for Ward C6 with a ratio of 1RN to 10 patients. Ward C6 CHPPD is much better in comparison to peer median in the Model Hospital.
- A number of patients in specialist area (Critical care, MHDU, CCU) were identified to have a Level of Care appropriate to the ward environment (needing step down)
- Trust utilises 20% staffing uplift. This does not include sickness which currently sits between 3-6% for nursing. The current uplift does not include staff being out of area for staff developments i.e. study days this will be contributing to reserved overspend.

8.0 Recommendations

The Board is asked to:

- Note the results of the Jan-Feb 2019 patient acuity and dependency study which demonstrates that a number of wards were identified to have a nurse to patient ratio higher than SNCT recommendations
- Support the usage of A&D study results, professional judgement and CHPPD in future staffing establishment reviews.
- Support the conduct of the daily patient acuity and dependency in management of staffing resources based on patient needs
- Note that discussion with senior nurses, divisional head of nursing took place with the Chief Nurse. There were some challenges with regards to the results of the study (SNCT recommendations) and data submitted by the wards. It was

recommended that another round of 30 days data collection will be undertaken in May 2019 to inform agreed reviewed nurse to patient ratio.

- Consider inclusion of sickness and study days % ratio in the staffing establishment
- The outcome of the May data will then produce additional validation to finalize the proposed nurse/patient ratio for 2019/20 and the agreed trajectory for reducing reliance on agency staff.
- The proposed financial savings in the staffing reviews will offset the agreed increase in the Emergency Department nurse staffing business case in the first instance as the team moves to a different model of care.
- Note that further work is required to be undertaken in relation to future workforce profiling to inform new roles to support the clinical nursing workforce.

Appendix 1: Safer Nursing Care Tool (SNCT)

SNCT is a NICE endorsed evidence based tool which enables nursing staff to assess the acuity and dependency of patients which is aligned to a staffing multiplier to provide a recommended establishment based on the actual needs of the patients.

The tool was developed and validated by NHS experts. The SNCT tool was tested in Teaching and District General Hospitals in England and across NHS Scotland, to confirm that the tool was robust and easy to use.

Safer Nursing Care Tool - Adult	Levels of Care of Description
Levels of Care	Descriptor
Level 0 Patient requires hospitalisation Needs met by provision of normal ward cares.	Care requirements may include the following <ul style="list-style-type: none"> • Elective medical or surgical admission • May have underlying medical condition requiring on-going treatment • Patients awaiting discharge • Post-operative / post-procedure care - observations recorded half hourly initially then 4-hourly • Regular observations 2 - 4 hourly • Early Warning Score is within normal threshold. • ECG monitoring • Fluid management • Oxygen therapy less than 35% • Patient controlled analgesia • Nerve block • Single chest drain • Confused patients not at risk • Patients requiring assistance with some activities of daily living, require the assistance of one person to mobilise, or experiences occasional incontinence
Level 1a Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.	Care requirements may include the following <ul style="list-style-type: none"> • Increased level of observations and therapeutic interventions • Early Warning Score - trigger point reached and requiring escalation. • Post-operative care following complex surgery • Emergency admissions requiring immediate therapeutic intervention. • Instability requiring continual observation / invasive monitoring • Oxygen therapy greater than 35% + / - chest physiotherapy 2 - 6 hourly • Arterial blood gas analysis - intermittent • Post 24 hours following insertion of tracheostomy, central lines, epidural or multiple chest or extra ventricular drains • Severe infection or sepsis

Safer Nursing Care Tool - Adult	Levels of Care of Description
Levels of Care	Descriptor
Level 1b Patients who are in a STABLE condition but are dependant on nursing care to meet most or all of the activities of daily living.	Care requirements may include the following <ul style="list-style-type: none"> • Complex wound management requiring more than one nurse or takes more than one hour to complete. • VAC therapy where ward-based nurses undertake the treatment • Patients with Spinal Instability / Spinal Cord Injury • Mobility or repositioning difficulties requiring the assistance of two people • Complex Intravenous Drug Regimes - (including those requiring prolonged preparatory / administration / post-administration care) • Patient and / or carers requiring enhanced psychological support owing to poor disease prognosis or clinical outcome • Patients on End of Life Care Pathway • Confused patients who are at risk or requiring constant supervision • Requires assistance with most or all activities of daily living • Potential for self-harm and requires constant observation • Facilitating a complex discharge where this is the responsibility of the ward-based nurse
Level 2 May be managed within clearly identified, designated beds, resources with the required expertise and staffing level OR may require transfer to a dedicated Level 2 facility / unit	<ul style="list-style-type: none"> • Deteriorating / compromised single organ system • Post operative optimisation (pre-op invasive monitoring) / extended post-op care. • Patients requiring non-invasive ventilation / respiratory support; CPAP / BiPAP in acute respiratory failure • First 24 hours following tracheostomy insertion • Requires a range of therapeutic interventions including: • Greater than 50% oxygen continuously • Continuous cardiac monitoring and invasive pressure monitoring • Drug Infusions requiring more intensive monitoring e.g. vasoactive drugs (amiodarone, inotropes, gtn) or potassium, magnesium • Pain management - intrathecal analgesia • CNS depression of airway and protective reflexes • Invasive neurological monitoring
Level 3 Patients needing advanced respiratory support and / or therapeutic support of multiple organs.	<ul style="list-style-type: none"> • Monitoring and supportive therapy for compromised / collapse of two or more organ / systems • Respiratory or CNS depression / compromise requires mechanical / invasive ventilation • Invasive monitoring, vasoactive drugs, treatment of hypovolaemia / haemorrhage / sepsis or neuro protection

Appendix 2: Wards/Units Patient Acuity & Dependency (Jan-Feb 2019)

Patient Acuity and Dependency Study (Jan-Feb 2019 vs previous study)				0.98824						Budgeted WTE (current planned)				Care Hours per Patient Day (CHPPD)					
				Levels of Care- %					SNCT A&D Recommended WTE	Skill Mix	Staff to bed ratio								
Wards Name	Date of A&D study	Number of beds	Average Bed Occupancy	0	1a	1b	2	3					1RN: bed ratio (Day)	1RN: bed ratio (Night)	DGFT	Peer Median	National Median		
Medicine	AMU1	Jan-Feb19	36	96.8%	25%	38%	31%	6%	0%	61.58	52% 48%	5.1	6.0	8.70	6.84	7.17			
	AMU2	Jan-Feb19	42	91.5%	34%	15%	51%	0%	0%	67.99	55% 45%	4.7	5.3	7.57	6.84	7.17			
		Apr-17	42	100.0%	86%	3%	11%	0%	0%										
	B6- FAU	Jan-Feb19	16	98.8%	100%	0%	0%	0%	0%	21.06	60% 40%	4.0	8.0	No data. Previously part of AMU submission					
		Apr-17			No A&D studies conducted in 2017														
	C1a	Jan-Feb19	24	98.9%	44%	1%	55%	0%	0%	34.14	47% 53%	6.0	8.0	7.01	6.72	6.85			
		Apr-17	48	99.6%	57%	1%	42%	0%	0%										
	C1b	Jan-Feb19	24	99.1%	33%	2%	65%	0%	0%	35.96	50% 50%	6.0	8.0						
		Apr-17			Combined A&D study done in 2017 for C1														
	C3	Jan-Feb19	52	99.9%	0%	14%	84%	2%	0%	89.02	37% 63%	7.4	8.7	8.42	6.36	6.67			
		Apr-17	52	98.6%	15%	1%	84%	0%	0%										

	Patient Acuity and Dependency Study (Jan-Feb 2019 vs previous study)				0.98824					Budgeted WTE (current planned)				Care Hours per Patient Day (CHPPD)			
					Levels of Care- %					SNCT A&D Recommended WTE	Skill Mix		Staff to bed ratio				
	Wards Name	Date of A&D study	Number of beds	Average Bed Occupancy	0	1a	1b	2	3				1RN: bed ratio (Day)	1RN: bed ratio (Night)	DGFT	Peer Median	National Median
Medicine	C4	Jan-Feb19	22	100.0%	59%	2%	40%	0%	0%	29.25	69%	31%	4.4	5.5	7.03	6.82	7.63
		Apr-17	22	100.0%	87%	0%	13%	0%	0%								
	C5a	Jan-Feb19	24	96.1%	78%	4%	9%	8%	0%	27.56	53%	47%	4.8	8.0	6.70	5.84	6.47
		Apr-17	48	100.0%	62%	10%	23%	5%	0%								
	C5b	Jan-Feb19	24	99.0%	73%	3%	15%	9%	0%	29.37	50%	50%	6.0	8.0			
		Apr-17			Combined A&D study done in 2017 for C5												
	C7	Jan-Feb19	36	98.7%	15%	32%	53%	0%	0%	54.34	57%	43%	5.1	7.2	6.60	5.86	6.11
		Apr-17	37	100.0%	62%	3%	35%	0%	0%								
	C8	Jan-Feb19	44	100.0%	23%	7%	69%	1%	0%	68.29	61%	39%	4.4	4.9	8.91	6.61	7.18
		Apr-17	44	99.0%	23%	4%	71%	1%	0%								
	PCCU	Jan-Feb19	16	99.0%	38%	62%	1%	0%	0%	24.96	71%	29%	5.3	8.0	7.62	8.50	7.95
		Apr-17	16	84.7%	27%	53%	19%	0%	0%								
	CCU	Jan-Feb19	8	95.6%	10%	64%	25%	1%	0%	NA	91%	9%	1.6	1.6			
		Apr-17	10		5%	28%	23%	44%	0%								
	MHDU	Jan-Feb19	8	95.5%	2%	8%	35%	55%	0%	NA	91%	9%	1.6	1.6	17.01	24.29	25.48
		Apr-17			Not included in 2017 stuidy												

	Patient Acuity and Dependency Study (Jan-Feb 2019 vs previous study)				0.98824					Budgeted WTE (current planned)					Care Hours per Patient Day (CHPPD)					
					Levels of Care- %					SNCT A&D Recommended WTE	Skill Mix		Staff to bed ratio							
	Wards Name	Date of A&D study	Number of beds	Average Bed Occupancy	0	1a	1b	2	3				1RN: bed ratio (Day)	1RN: bed ratio (Night)	DGFT	Peer Median	National Median			
Surgery	B1	Jan-Feb19	26	82.4%	52%	2%	46%	0%	0%	29.62	64%	36%	6.5	8.7	6.45	6.76	7.11			
		Apr-17	26	89.4%	85%	0%	15%	0%	0%											
	B2 -Hip	Jan-Feb19	30	98.7%	9%	2%	89%	0%	0%	49.80	45%	55%	6.0	7.5	8.28	6.76	7.11			
		Apr-17	30	94.5%	10%	1%	89%	0%	0%											
	B2 -Trauma	Jan-Feb19	24	98.0%	33%	0%	67%	0%	0%	35.80	39%	61%	6.0	8.0	8.29	6.76	7.11			
		Apr-17	24	94.6%	45%	0%	55%	0%	0%											
	B3	Jan-Feb19	34	90.4%	61%	0%	39%	0%	0%	40.15	50%	50%	4.9	5.7	7.89	7.06	7.14			
		Apr-17	42	89.6%	60%	2%	38%	1%	0%											
	B4a	Jan-Feb19	24	99.4%	52%	13%	35%	0%	0%	31.93	50%	50%	6.0	8.0	6.50	7.06	7.14			
		Apr-17	48	96.0%	86%	1%	13%	0%	0%											
	B4b	Jan-Feb19	24	99.6%	71%	6%	23%	0%	0%	29.27	50%	50%	6.0	8.0						
		Apr-17			Combine B4 A&D study in 2017															
	B5	Jan-Feb19	24		No. of days not sufficient for analysis. Completed SAU instead.						55%	45%	8.0	8.0	11.01	7.06	7.14			
		Apr-17	24	94.2%	96%	3%	1%	0%	0%											
	C6	Jan-Feb19	20	94.5%	73%	5%	22%	0%	0%	23.13	56%	44%	6.7	10.0	6.22	6.18	6.31			
		Apr-17	20	95.0%	70%	2%	28%	0%	0%											
ITU	Jan-Feb19	9	69.9%	13%	4%	1%	24%	58%	NA	Combined Critical Care staffing				26.86	24.29	25.48				
	Apr-17																			
SHDU	Jan-Feb19	8	90.8%	7%	39%	10%	43%	0%												
	Apr-17	24	0.0%	96%	3%	1%	0%	0%												
SAU	Jan-Feb19	12	99.7%	100%	0%	0%	0%	0%		Part of B5				Included in B5 submission						
	Apr-17	12	94.8%	99%	1%	0%	0%	0%												

Paper for submission to the Board 2nd May 2019

TITLE:	23rd April 2019 Clinical Quality, Safety and Patient Experience Committee Effectiveness Discussion Summary		
AUTHOR:	Mary Sexton – Interim Chief Nurse	PRESENTER	Catherine Holland – Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF THE BOARD			
Decision	Approval	Discussion	Other
			Y
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD			
<p>The Board should note the assurances provided by the Committee and the actions they took at the last meeting. The Board should note that a proposal paper for the future operation of the Clinical Quality Safety & Patient Experience Committee will be debated at the next meeting on May 28th 2019.</p>			
CORPORATE OBJECTIVE:			
<p>SO 1 – Deliver a great patient experience SO 2 – Safe and caring services</p>			
SUMMARY OF KEY ISSUES:			

At the March Clinical Quality, Safety & Patient Experience Committee (CQSPE) it was agreed that the April CQSPE scheduled for Tuesday 28th April would be used to review and reframe the working of the Committee and its reporting groups to further strengthen the work of the Committee.

It was also agreed that any significant quality matters that would have gone onto the agenda if a full committee had gone ahead, would be brought to the attention of the Executive Lead for onward consideration and escalation to the Non-Executive Chair for onward reporting to Board should the items meet that level of escalation.

Matters escalated to the Executive Lead and discussed with Chair were:

- Annual Inpatient Survey and Action Plan proposal
- Maternity practice in relation to performance against CNST Standards
- Update on CQC Inspection report findings
- Mental Health Act usage across the Trust during March

In respect of the review of the CQSPE Terms of Reference, reporting groups, format of Governance Framework a wide ranging discussion took place and actions were agreed. This will be captured into a proposal paper that will be debated and considered by the full CQSPE Membership when they meet on May 28th and following the discussion and agreement being reached, a recommendation will be submitted to the Trust Board on June 2019.

IMPLICATIONS OF PAPER:

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



The Dudley Group
NHS Foundation Trust

Paper for submission to Trust Board May 2019

TITLE:	Learning from Deaths		
AUTHOR:	Dr Phil Brammer Deputy Medical Director	PRESENTER	Dr Julian Hobbs, Medical Director
CLINICAL STRATEGIC AIMS			
	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>		
CORPORATE OBJECTIVE: SO2: Safe and Caring Services			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> The Trust is reporting a SHMI value of 117. This will reduce to 113 for the next reporting period current trends are for this to continue to reduce over the next 12 months. The Trust is undertaking improvement and assurance work related to condition specific alerts and is utilising the Dudley Improvement Practice to refine the review process. NHSI have funded £50K to support work with Dudley CCG support a programme of work to address DNA CPR and improve end of life care locally. An initial meeting with the CCG and WMAS service has taken place to understand the issues 			
IMPLICATIONS OF PAPER:			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Responsive, Caring, Well Led
	NHSI	N	Details:
	Other	N	Details:
ACTION REQUIRED OF BOARD			
Decision	Approval	Discussion	Other
		X	

Learning from Deaths

1.0 Introduction

Following the publication of the National Guidance on Learning from Deaths (March 2017) the Trust is required to report via the Trust Board the approach and key learning from deaths occurring in the Trust.

2.0 How We Measure Mortality

The Trust looks at a number of mortality indicators

	Parameter	Period	Numbers	Previous Period	Previous Numbers
Mortality	Crude mortality	Apr 2018 to Mar 2019	1643 – 3.43%	Oct 2017 to Sep2018	1775 – 4.10%*
	SHMI	Dec 2017 to Nov 2018	1.13	Sep 2017 to Aug 2018	1.17
	HSMR	Nov 2017 to Oct 2018	115.2	Nov 2017 to Oct 2018	117.2

The Trust also considers actual number of deaths and the number of deaths occurring and the number of deaths occurring for the last 5 financial years . When comparing the previous two financial years there has been a 3.9% increase in attendances, however the number of deaths recorded has reduced by 9.3%. A similar pattern is apparent across the 5 year period with the highest number if attendances and lowest number of deaths recorded in 2018/19 when compared to the whole period. These figures are displayed in graphical form in Appendix 1.

	2014/15	2015/16	2016/17	2017/18	2018/19
Total number of attendances	99919	96239	102717	103443	107578
Total number of deaths	1807	1681	1724	1813	1660

2.1 Condition Specific Alerts

The Trust receives ‘Condition Specific Alerts’ and is adopting a standardised approach to responding to alerts. This will include an assessment of coding and a series of clinical review actions that may include peer review, benchmarking of care pathways using recognised material including NICE Guidance and embedding prospective audits. The Trust is working with AQUA to look at a number of recurrent pathways including AKI and Pneumonia. Following an initial meeting on April 10th these initial areas will be progressed and a technical group established to take this forward. Engagement with STP colleagues is ongoing to adopt an STP footprint approach to this work.

3.0 National Approach to Learning from Deaths Agenda

3.1 Gosport Report

NHSe have published national guidance around the monitoring of opiates which will be implemented and monitored through medicines management. As detailed below the introduction of the medical examiners service will provide independent or initially semi-independent oversight and scrutiny of deaths which will support the learning from deaths process. Our initial review of deaths related to this time shows a normal age distribution of deaths.

3.2 Introduction of Medical Examiner Role

The Trust is in the process of appointing a Medical Examiner. The purpose of the role is to provide scrutiny of cause of all deaths and subsequent certification, supporting bereaved families and providing external scrutiny and assurance. These are currently semi independent roles which will refer deaths directly to the coroner or highlight for internal review. The Mid Staffordshire NHS Trust, Morecambe Bay and latterly the Gosport report supports the implementation of the ME role in respect of appropriate certification. Costs for this development are to be met from a combination of central funding and existing local funding of cremation medical services. It is anticipated that this scheme will report nationally to regional directors and the national examiners who are in the process of being appointed.

3.3 Implementation of Learning from Deaths

CQC reviewed the impact of learning from deaths on Acute providers. They were unable to identify a single high impact intervention preferring to point to the culture and leadership in the organization as being pivotal. A summary of key areas identified is listed below.

1. Encouraging values and behaviours that enable engagement with families and carers as well as support for staff
2. Providing clear and consistent leadership at a senior level with challenge and oversight from non-executives
3. Creating a positive, open and learning culture where people who use services, and staff, feel confident to speak out
4. Providing staff with the time, support and training to carry out robust reviews and investigations of deaths
5. Developing positive working relationships with partner organisations to share information and learning following the deaths of people for whom they have provided care.

Previous actions and future developments related to this paper will be reported in subsequent updates to CQPSE.

4.0 Trust Approach to learning

4.1 2018/19 Reviews and Learning

During 2018/19, 1660 deaths were recorded on the Mortality Tracking System:

2018/19	Deaths Recorded on MTS	Deaths Reviewed (as at 26 th March)
Q1	401	351
Q2	375	213
Q2	412	332
Q4	472	216*
Total	1660	1112

*The remainder of Q4 deaths are currently subject to the review process.

4.2 Datix Issue

As previously reported an issue was identified that Datix is the largest trigger for secondary review. If a Datix was of a severity requiring a secondary review it would be already flagged via the RCA and SI process. To provide additional assurance a 10% sample was reviewed for any indication of concerns outside of Datix reported and Datix entries reviewed to ensure these were not concerned with care issues. From May 2019 a Datix entry alone will not trigger an SJR. As of 18/4/2019 53 genuine SJR reviews are outstanding with panels scheduled throughout May 2019.

4.4 Resource Implications

Structured Judgement Review training was provided by the Royal College of Physicians on 24th January to increase of the pool of trained reviewers in the Trust. As of May 2019 changes within the Medical Directors Directorate will enable a dedicated administrative support to the Learning from Deaths agenda.

4.5 Internal Audit Recommendations

The audit completed by RSM in late 2018 concluded that the Trust can have reasonable assurance of its process for Learning from Deaths. A number of recommendations were received to strengthen the process further including;

- Review of the Learning from Deaths policy to include review of roles and responsibilities, inclusion of clear timeframes for mortality review process and review of the NQB standards to ensure these are met by the process outlined in the policy.
- Inclusion of actual numbers of deaths with a problem in care to be included in this and subsequent reports
- Production of SOP for mortality review process to ensure clarity across Divisions

These actions are due for completion by 30th June 2019 and will be reported via Audit Committee

4.6 Dudley Improvement Practice

The Mortality Review process is forming part of the Dudley Improvement Practice work with the current state mapped. A meeting to map the future state is being held on 20th May and will focus on the development of KPIs for the process to support measurement of timely reviews and appropriate feedback of learning.

4.7 Learning from Section 28 Notices

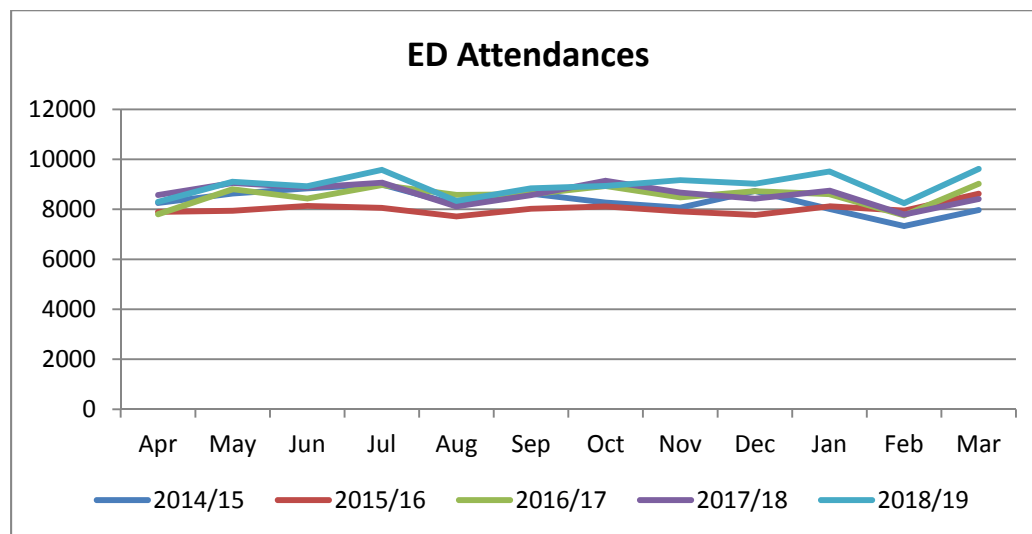
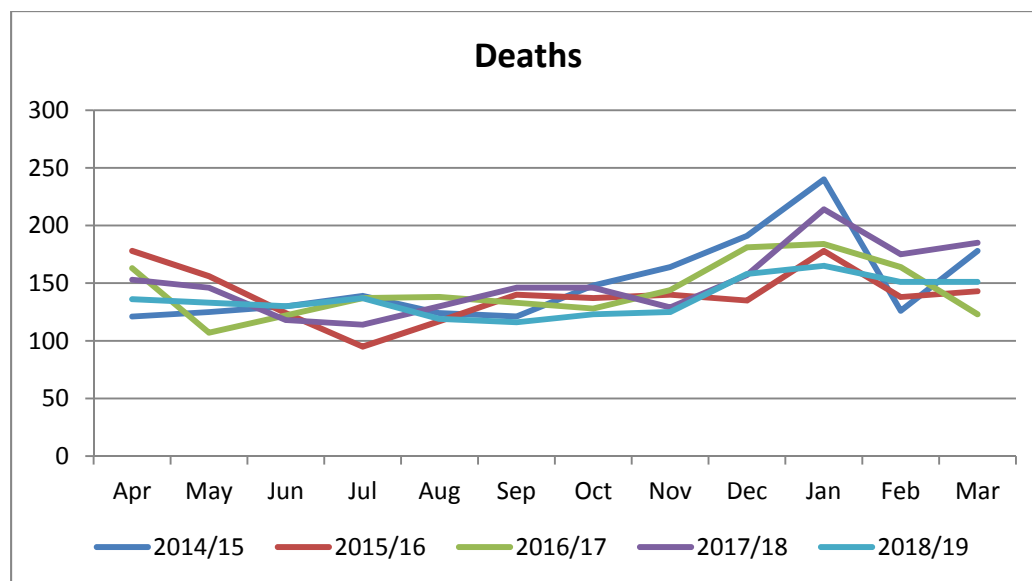
The Trust has received no Section 28 notice since the last report in January 2019.

4.8 Palliative Care Developments

A number of pieces of work are currently underway worth noting;

- End of life care cell led by Dr Jo Bowen as part of the Dudley Improvement programme with a focus on inappropriate deaths in ED as identified in the Bewick report as main metric of success.
- Band 7 End of Life care facilitator to be advertised
- Practice bereavement development post proposal currently being consulted on with recent presentation supported at Medicine Directorate Management Committee – presentation at DMC

Appendix 1 : 5 year trend attendances and deaths



Patient Experience Report Quarter Four (Q4), 2018/19 for Board of Directors
Thursday, 2 May 2019

TITLE:	Patient Experience Report – Quarter 4, 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			
	1. Review the mechanisms for patient experience. 2. Improve the way we communicate with patients, their GPs and between different services within the Trust. 3. Improve the environment in which care is delivered, including signage inside and outside our buildings, the condition of some of our waiting rooms and the quality and availability of refreshments.		
ACTION REQUIRED OF GROUP:			
Decision	Approval	Discussion	Other
		y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE GROUP:			
1. Note patient experience activity in Q4 (January to March 2019). 2. Receive assurance from the learning achieved and improvement actions taken as a response to patient feedback. 3. Note that all areas who are 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	<p>There were no CQC national survey results published during Q4.</p> <p>The Trust received the first cut of results for the Urgent & Emergency Care 2018 and Adult Inpatient 2018 surveys which are embargoed until national publication later this year.</p>
Friends and Family Test (FFT)	<p>The Trust received 16,158 FFT returns during Q4 compared to 16,632 in Q3, 2018/19 representing a 4.8% decrease in FFT returns.</p> <p>For the eleven month period, ((March national data available 10 May 2019) 88 areas have been published) the Trust is achieving the target on 39 occasions where the score is equal to or better than the national average percentage recommended.</p>
NHS Choices	<p>In Q4, 49 people uploaded feedback electronically to NHS Choices or Care Opinion, (49 in Q3 and 46 in Q2, 2018/19). Of those 49 comments, 73.5% (59% in Q3, 2018/19) were positive and 22.5% (41% in Q3, 2018/19) were negative.</p>
Complaints	<ul style="list-style-type: none"> • 195 outstanding as at 31 March 2019 • 146 complaints received in Q4, 2018/19 compared to 144 in Q3, 2018/19 • As at the end of March 2019, 109 complaints are in breach. <p>During Q4, 2018/19 - Medicine and Integrated Care Division received 81 complaints, Surgery Division received 58 complaints and Clinical Support Division received six complaints. A further complaint was received relating to corporate services (including IT).</p>
Member of Parliament	<p>There were five MP cases received during Q4, 2018/19. Two of these have been closed and three remain open.</p>
Local Government Ombudsman (LGO)	<p>The Trust received no new applications from the LGO during Q4 2018/19. Two cases remain open.</p>
Parliamentary Health Service Ombudsman (PHSO)	<p>The Trust received no new applications from the Parliamentary Health Service Ombudsman (PHSO) during Q4 but a long standing case was re-opened as the complainant is querying the decision made by the PHSO (not upheld) and has requested a review of their decision. A further update is expected from PHSO in June 2019 regarding this. There are seven cases open for consideration by the PHSO which remains the same as Q3, 18/19.</p>
Compliments	<p>A total of 1,620 compliments were received in Q4 which represents a 33% decrease from Q3 (2,417), 2018/19.</p>
Patient Advice Liaison Service (PALS)	<p>Patient Advice Liaison Service (PALS) received 622 new concerns in Q4 (873 concerns and contacts in total), which is a 2.9% increase compared to Q3, 18/19 (604 concerns).</p>

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 4 (Jan-Mar) 2018-19



The Dudley Group
NHS Foundation Trust

Total FFT Returns
16,158

1,620 Compliments
received this
quarter
(2,417 received in Q3 18/19)



**Friends and
Family Test (FFT)**

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...



Complaints received in Q4

146

144 received
in Q3

Percentage Recommended	Jan	Feb	Mar	Quality Priority
Inpatient	95%	95%	N/A	●
A&E	76%	74%	N/A	●
Community	93%	93%	N/A	●
Outpatients	91%	90%	N/A	●
Maternity*				
Antenatal	100%	98%	N/A	●
Birth	94%	100%	N/A	●
Postnatal Ward	94%	100%	N/A	●
Postnatal Community	100%	100%	N/A	●

* Quality priority based on Jan & Feb data only

You said

We Have

You had experienced difficulty in contacting the podiatry service via telephone

Implemented a call queuing system and increased the number of telephone lines and staff to answer them

The waiting area in main outpatients at Russells Hall Hospital was cramped and over crowded

Reconfigured the seating and removed a nurses station to increase the space in the waiting area

Activities for younger patients on the ward should be varied, interesting and appeal to all ages

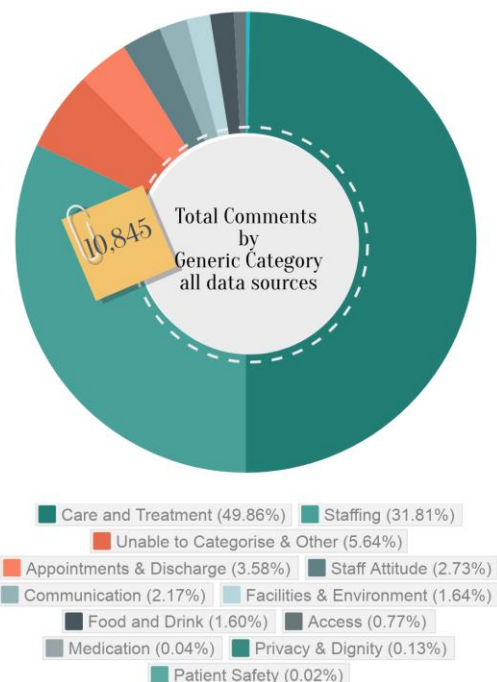
Celebrated World Book day with staff dressing up in their favourite character and hosting a variety of fun activities

The children's emergency treatment area was too small

Relocated the children's emergency treatment area to provide a larger dedicated space with an environment suited for children and young people



NHS Choices based on 308 ratings (NHS Choices/
Russells Hall Hospital 18/04/2019)



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

Developed by Dudley
Clinical Commissioning Group

1. Introduction

The Trust's number one priority is 'to deliver 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)** was held on a fortnightly basis but this has changed to monthly to ensure that staff have time to deliver actions. This meeting is well attended with representation from across the Trust.

Action plans from the all national surveys are presented and monitored at the PEIG. The Trusts National Adult Inpatient survey 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	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/April 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 Q4 we successfully:

- Continued to host listening events in various specialities across the Trust.

- Acute Medical Unit areas (formerly AMU 1) and AMU 2) merged to create a 78 bedded area providing additional capacity to manage monitored patients, rapid assessment beds
- Opened a four patient spaced ambulance assessment bay.
- Acute Medicine introduced several new roles to help improve patient flow including a patient tracker and a discharge nurse. Also opened an 'Ops Centre' where the nurse in charge and patient tracker are able to oversee the unit electronically and manage patient flow and capacity in an equipped environment.
- Acute Medicine launched 'The RCN Competency Framework for Nursing in Acute Medicine' with the aim to improve knowledge and understanding in Acute Medicine.
- Improved the operating instructions and product labelling on the vending machine in Ophthalmology that is more suited to those with vision impairment
- Ophthalmology has undertaken a staffing review to increase staffing ratios. Successfully recruited and presently have no nursing vacancies
- Consideration being given to the expansion of the ophthalmology department footprint department to facilitate patients' needs/demands
- Ophthalmology have increased the number of nurse practitioner numbers providing further nurse lead clinics and established a virtual Ophthalmology Macular Degeneration Clinic
- Reconfigured the seating and removed a nurses station to increase the space in area 6 and improved the storage of notes in the main outpatients department at Russells Hall Hospital and improved the staff capacity to support new and additional clinics
- Water fountains now available throughout the main outpatients and max fax department
- Established senior nursing presence at the Corbett Outpatient Centre providing patients with access to a senior nurse should they wish to raise concerns or need further information
- Card payment facilities now available at restaurant Corbett Outpatient Centre
- Increased the frequency of huddle and team meetings from weekly to daily across all three Trust sites to ensure that staff are kept updated about clinic scheduling and other information relevant to the teams
- Staff and children celebrated Children's World Book Day with staff dressing up in their favourite character and hosting a variety of fun activities
- Increased the promotion of the Red Cross Hospital to Home initiative to help support more patients when discharged and freeing up time for the district nursing teams
- Extended the leg ulcer clinic times to include early morning and evening appointments and actively manage cancellation lists which provided more appointments to support a reduction in waiting times.
- Introduced Pelvic Floor and Bladder training sessions which has seen a marked improvement in seeing more women in a month.
- Podiatry service have implemented a call queuing system and increased the number of telephone lines and staff to answer them. Appointments for those considered high risk are being booked in advance to ensure they are seen sooner.
- Holly's bag initiative introduced to provide personal toiletry items for children and younger people admitted as an emergency to the Children's ward
- The Children's Ward celebrated super hero day with everyone dressing up and lots of fun had by all.
- Relocated the children's and young people's emergency treatment area within the emergency department (ED) to provide a larger dedicated space with age appropriate improvements to the environment.
- Created a dedicated breast feeding room within the emergency department and have ongoing works ongoing for an adolescent and side room (infection control).
- ED has an electric toy car available for younger children to be transported to X-ray to make the experience less daunting and less scary.
- 100% of patients attending ED in the last two months have been screened for Sepsis as part of the Sepsis campaign.

- Developed and installed a patient journey poster for the main ED waiting room detailing the patients' entire journey within the department.
- Participated in the national Nutrition and Hydration week with a series of activities promoting the importance of the Supported Mealtimes initiative and awareness of the Malnutrition Universal Screening Tool (MUST)
- Continued to support the wider Trust to deliver patient experience actions.

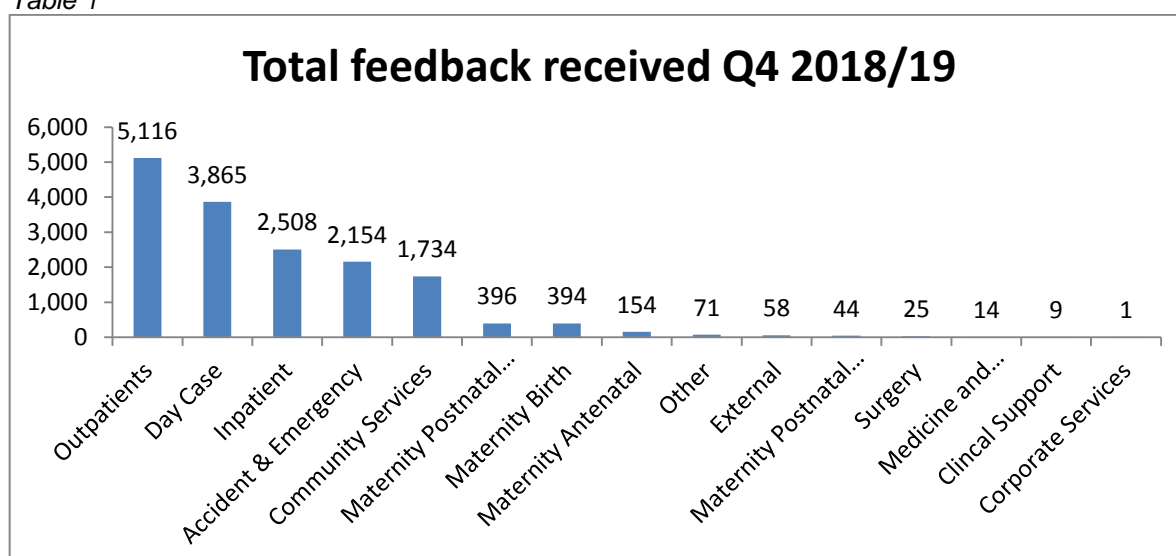
Patient Stories

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 18,163 pieces of feedback during Q4 in comparison to 17,307 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.

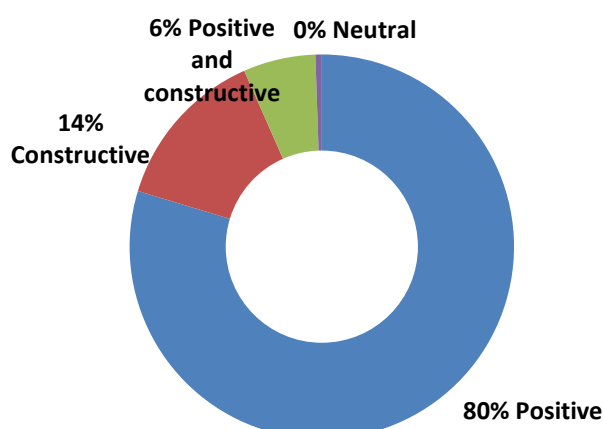
Table 1



The Trust continues to receive an increasing amount of positive feedback and received more than 72,200 pieces of feedback during 2018/19 compared to 64,500 received in the previous year.

During Q4, 2018/19, 80% of the feedback received is positive (79% in Q3, 77% in Q2 2018/19, 70.9% Q1, 2017/18, 63% Q2, 2016/17). Table 2 illustrates the breakdown of the four ways we tone comments received – positive, constructive, positive & constructive or neutral during Q4, 2018/19. There has been an increase in the amount of constructive feedback received. During Q4, 2018/19, more than 14% of feedback was constructive compared to 13% in Q3, 2017/18.

Table 2



2. National Survey Programme

The following results were provided to the Trust during Q4.

Urgent and Emergency Care survey 2018 The fieldwork closed during March 2019 and the first cut of results have been provided to use for developing an action plan. The results are embargoed until national publication in late summer 2019 (date tbc) at which time we will receive the national benchmarking data.

Adult Inpatient survey 2018 The Trust has received the initial detailed results tables where the figures shown are derived from the raw, unstandardized data. The results have been shared within our organisation and used for improvement action planning. The results are embargoed until national publication in May/June 2019 (date tbc).

3. Other surveys

3.1 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 16,158 FFT returns during Q4 compared to 16,632 FFT returns during Q3, 18/19 representing a 4.9% decrease in FFT returns. Response rates for the rolling twelve month period to March 2019 are detailed on the tables below (note: data may be subject to changes as awaiting final figures following year end validations):

RAG rating legend – response rate

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

Community services response rates

Ward	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Community Nursing Services	5.3%	4.9%	5.7%	6.9%	4.5%	11.2%	12.3%	10.3%	8.2%	10.5%	9.8%	10.2%
Rehabilitation & Therapy Services	2.1%	2.8%	4.5%	3.6%	3.1%	3.8%	3.9%	3.8%	1.6%	2.9%	1.7%	2%
Specialist Services	1.6%	0.3%	0.4%	0.3%	0.3%	0.8%	1.8%	0.9%	0.2%	1.1%	0.8%	1%
Overall	2.9%	3%	4.2%	4.1%	3.2%	5.8%	6.1%	5.3%	3.7%	4.7%	4%	4.3%

ED services response rates

Ward	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Acute Medical Unit	49.6%	45%	44.2%	53.8%	40%	65.9%	64.6%	66.8%	88.7%	84.7%	100%	100%
Emergency Ambulatory Care												
Emergency Department	14.4%	14.5%	15.2%	15.1%	13.2%	13.6%	13.9%	12.6%	12.8%	13.4%	13.8%	15.1%
Overall	17.9%	18%	19.1%	18.6%	16.6%	18.2%	18.6%	17.7%	17.5%	18%	18.5%	19.5%

Maternity services response rates

Ward	2018									2019		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Antenatal	20.4%	91.4%	70.2%	52.4%	56.8%	28.7%	26.9%	42.3%	16.5%	14.3%	44.9%	73.1%
Birth	40%	38%	33.6%	27.4%	19.9%	27.4%	40.6%	29.7%	36.3%	47.7%	37.7%	26.3%
Postnatal Community	1.3%	15.3%	19.5%	24.1%	15.8%	18.8%	11.8%	11.8%	20.9%	6.5%	7.7%	4.7%
Postnatal Ward	39.8%	37.5%	34%	27.6%	19.7%	27.6%	40.1%	30%	36.5%	47.7%	37.9%	26.4%
Overall	30.3%	43.2%	37.9%	31.8%	25.5%	26.4%	32.7%	28.3%	30%	33.4%	32.7%	30.4%

Outpatient services response rates

Ward	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Outpatients	4.9%	5.7%	5.1%	5.8%	5.4%	5.4%	5.1%	5.3%	4.8%	5.6%	9%	4.8%
Overall	4.9%	5.7%	5.1%	5.8%	5.4%	5.4%	5.1%	5.3%	4.8%	5.6%	9%	4.8%

Inpatients response rates

Ward	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A2	3.5%	18.7%	20.5%	9.3%	24.4%	19.2%	25%					
A4												
B1	41.3%	37.7%	53%	57.4%	54.8%	47.3%	42.5%	56.1%	46.2%	33%	34.7%	40.3%
B2 Hip	43.8%	36.6%	37.9%	34.7%	25.3%	51.8%	18.3%	66.6%	67%	35.5%	57.5%	41%
B2 Trauma	93.7%	76.9%	100%	73.8%	73.5%	73.4%	91.6%	57.1%	57.9%	69.4%	66%	66.6%
B3	48.1%	25.3%	52.2%	47.1%	40.2%	31%	38.1%	37.2%	27%	25%	31.9%	40%
B4	60.2%	51.2%	51.9%	58.1%	40.4%	42.3%	56.5%	43.1%	42%	51.9%	58.3%	58.7%
B5	38.1%	43.7%	66.3%	49.1%	38.8%	31.3%	32.5%	37.5%	36%	30.5%	32.6%	33.8%
B6	10.6%	5.8%	26.1%	69.2%	39.5%	29.6%	27.7%	12.6%	42.8%		100%	
C1	55.2%	20.8%	43.6%	52.5%	61.8%	57.1%	42.3%	51.2%	55.1%	48.6%	73.4%	38%
C2	16.6%	23.9%	43.3%	20.8%	27.8%	37.4%	16.4%	9.3%	9.3%	20.3%	14.7%	14.8%
C3	79.5%	63%	53.4%	32.8%	63.3%	43.6%	38.9%	59.5%	75.2%	89.1%	100%	38.1%
C4	70.3%	68.8%	55.3%	44.1%	60%	72.8%	72.7%	97.6%	89%	34.3%	50.8%	72%
C5	21.3%	26.8%	22.8%	22.5%	30.4%	13.6%	26.4%	21.6%	22.3%	19.7%	26.1%	31%
C6	60.5%	46.7%	61%	51.3%	65.3%	25.4%	47%	50.7%	34.7%	31.7%	19.6%	21.4%
C7	45.4%	19.3%	23.1%	30.2%	21.4%	51.1%	56.9%	44.8%	34%	33.6%	15.1%	18%
C8	30.2%	18.6%	31.1%	20.8%	24.7%	31.2%	27.7%	40.6%	22%	29.8%	23.1%	14.1%
CCU & PCCU	29.7%	25.2%	27.6%	28.3%	25.8%	18.5%	45%	30.3%	24.5%	19.8%	31.8%	23.6%
Day Case	28.9%	32.4%	41.3%	34.2%	27.5%	34.2%	29.9%	33.8%	27.5%	30.7%	35.4%	32.3%
ITU	100%	0%	0%	100%	100%	50%	0%	0%	0%	0%		0%
MHCU	100%	66.6%	90.9%	100%	100%	50%	100%	61.5%	100%	66.6%	16.6%	61.9%
Neonatal	40%	55.8%	55.2%	70.9%	45.9%	41.6%	59.3%	50%	5.7%	52.6%	33.3%	44.1%
SHDU	100%	100%	100%	100%	100%	100%	100%	0%	100%	100%	50%	100%
Overall	32.2%	33%	42.4%	35.9%	31.8%	35%	32.5%	35%	30.5%	32.3%	36.1%	33%

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 Q4 (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	Jan 19	Feb 19	Mar 19
Inpatient	95	93.7	94.4	94.1	93.7	93.0	94.1	94.0	93.1	94.8	94.8	93.6
National	96	96	96	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	75.6	74.3	71.5
National	87	87	87	87	88	86	87	87	86	86	86	**
Maternity Antenatal	98	97.5	100	98.3	99.1	94.5	100	97.2	96.9	100	98.3	98.3
National	97	95	96	95	95	95	95	95	95	96	96	
Maternity Birth	99	97.8	96.5	100	98.6	96.8	100	96.2	98.3	94.4	100	98.8
National	97	97	97	97	97	96	97	97	97	97	97	**
Maternity Postnatal Ward	98	95.6	96.5	98.9	98.6	95.7	98.5	93.5	94.3	94.4	100	97.6
National	95	95	95	95	95	94	95	95	95	95	95	
Maternity Postnatal Community	98	100	100	98.1	100	96.5	100	100	94.8	100	100	100
National	*	98	98	98	98	98	98	97	98	98	98	**
Community	96	95.3	96.7	95.6	96.2	93.3	94.1	93.7	92.7	93.2	92.8	92.6
National	96	95	95	95	96	95	96	96	95	96	96	**
Outpatients	90	89.4	90.5	87.4	91.3	88.9	90.2	89	90.2	91.1	90	89.1
National	94	94	94	94	94	93	94	94	94	94	94	**

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

For the 11 month period, ((March national data available 10 May 2019) 88 areas have been published as at 17 April 2019) the Trust is achieving the target on 39 occasions where the score is equal to or better than the national average percentage recommended. The areas missing the target are inpatients, A&E and outpatients for April to February, maternity antenatal for September, maternity birth for June, November and January, maternity postnatal ward for November, December and January, maternity post-natal community for September and December and community for September to February.

3.2 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?

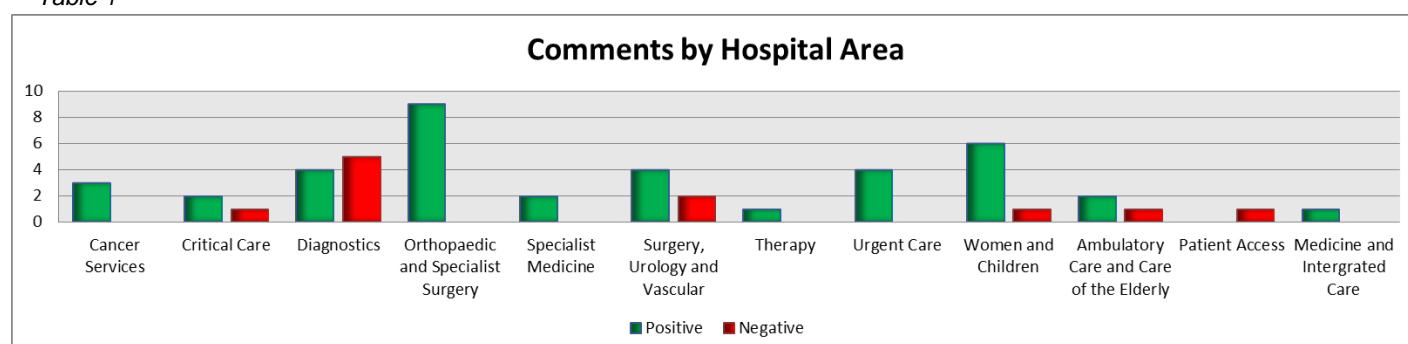
The results are shared with the ward areas each month. The weighted scores are displayed on the individual 'Huddle' boards located in each ward area providing information for both staff and patients. The results for Q4, January to March 2019 are as follows:

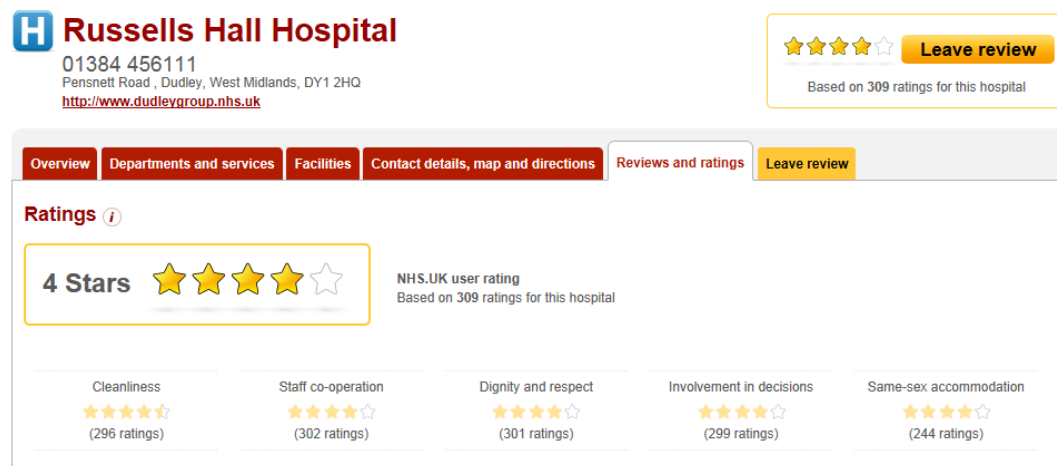
Ward/area	/10 patients had confidence and trust in the staff treating them	/10 patients said they were treated with dignity and respect	/10 patients felt they were given enough privacy and dignity when discussing their condition/treatment	/ 10 women felt they were kept informed about all aspects of their care/treatment (Maternity only)	% patients said call bells were always answered in a reasonable time	No. of patients surveyed
Acute Medical Unit	8.7	9.0	8.7		68	43
B1	9.6	9.8	9.2		89	38
B2 (Hip Suite)	8.3	10.0	10.0		100	4
B2 (Trauma)	8.8	10.0	9.2		67	10
B3	9.4	10.0	9.7		91	42
B4	9.3	9.9	9.5		89	53
B5	9.0	9.8	9.2		83	32
B6	9.9	9.7	9.7		87	19
C1	8.1	9.3	9.3		67	18
C3	9.5	9.8	9.8		92	25
C4	9.5	10.0	10.0		86	11
C5	9.4	10.0	8.8		89	16
C6	8.8	10.0	8.8		88	24
C7	9.6	10.0	9.8		89	38
C8	9.1	10.0	9.8		100	28
Coronary/Post Coronary Care	9.8	10.0	9.2		89	13
Maternity - Birth	9.1	9.5		9.5	90	20
All areas weighted score	9.3	9.8	9.4	9.5	86	434

4. NHS Choices

In Q4, 49 people uploaded feedback electronically to NHS Choices or Care Opinion, (49 in Q3 and 46 in Q2, 2018/19). Of those 49 comments, 73.5% (59% in Q3, 2018/19) were positive and 22.5% (41% in Q3, 2018/19) were negative. Table 1 details the comments received by area (where identified) for Q4. Orthopaedic and specialist surgery received the most positive feedback.

Table 1





NHS Choices star rating for Russells Hall Hospital as at 31 March 2019.

5. Complaints

The Trust received 146 complaints during Q4, 2018/19 compared to 144 in Q3, 2018/19 and 163 in Q2, 2018/19 resulting in a 1.38% increase in complaints received from Q3 to Q4, 2018/19.

Two key metrics within the complaints service are:

- All complaints will be acknowledged within 3 working days, this is a national standard.
- Complaints will receive a full response to their complaint from the Trust within 40 working days.

The table below shows complaints activity and total number of complaints open as at 31 March 2019:

Complaints outstanding (exc. re-opened complaints) as of 31 March 2019	Complaints opened in March 2019	Complaints closed in March 2019	Complaints brought forward (exc. re-opened)	Complaints overdue (exc. re-opened) as of 31 March 2019
195	52	67	195	109

The table below details the length of time that complaints have been open (not as yet closed) as of 31 March 2019.

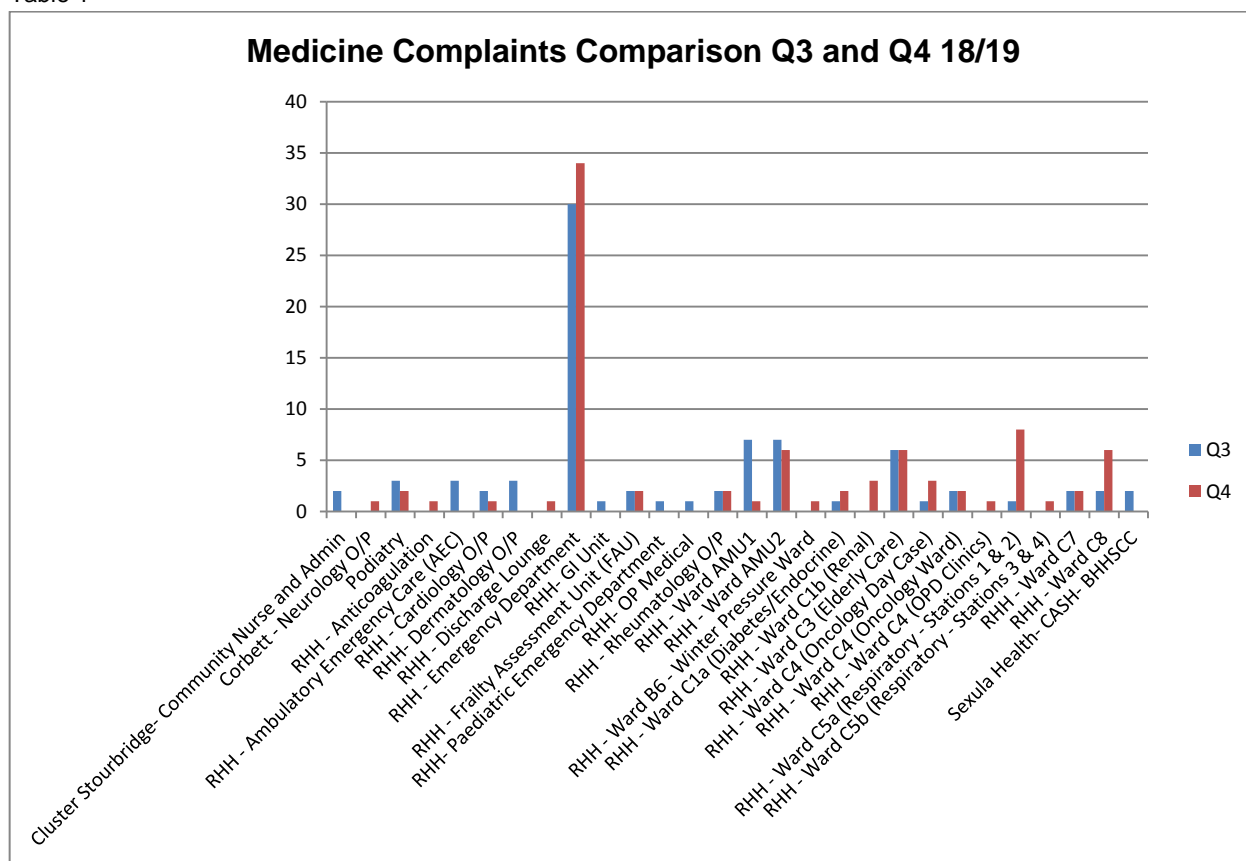
0 – 28 working days	29 – 40 working days	41 – 60 working days	61 – 100 working days	101 – 393 working days
63	23	37	45	41

The Trust undertook 248,182 clinical patient contacts in Q4 which equates to 0.05% of patients/families making a complaint. The divisional performance during Q4 is as follows:

- Surgery Division received 58 complaints
- Medicine & Integrated Care Division received 81 complaints
- Clinical Support Division received six complaints
- One other complaint (Corporate Services (including IT))

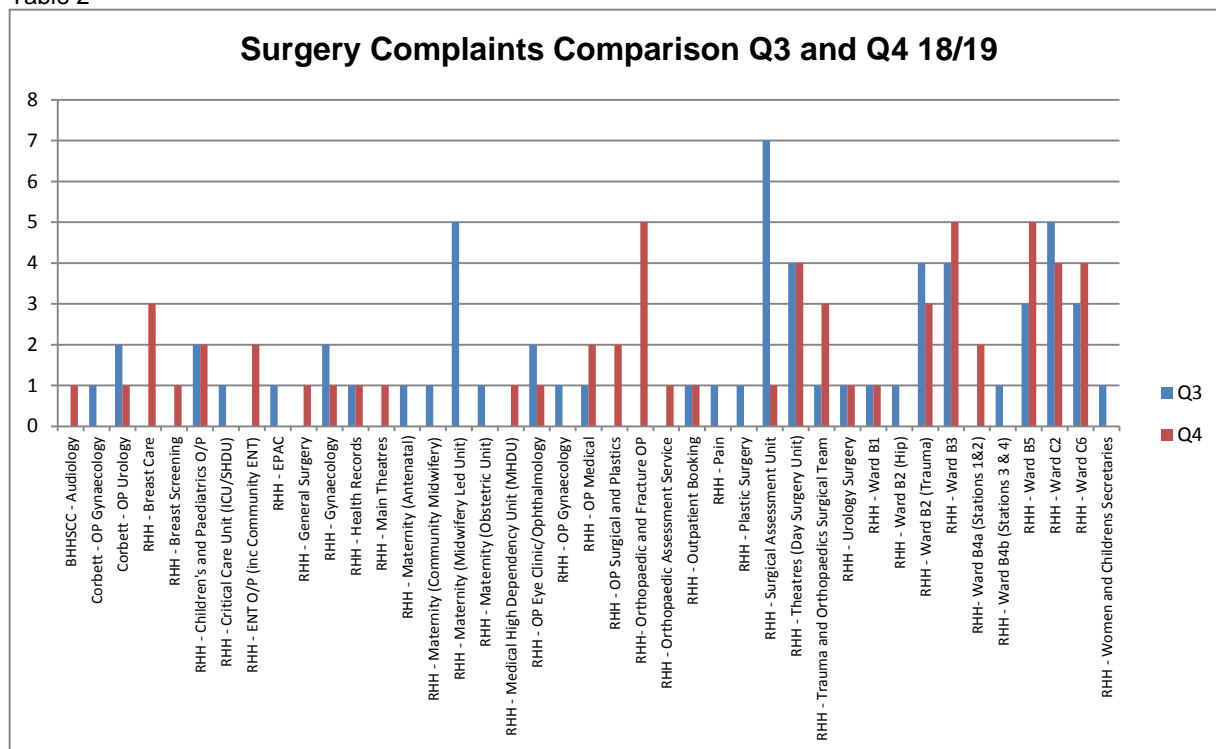
The following graphs illustrate complaints received within the division and which specific area of the Trust. They also demonstrate a comparison between Q3 and Q4, 2018/19.

Table 1



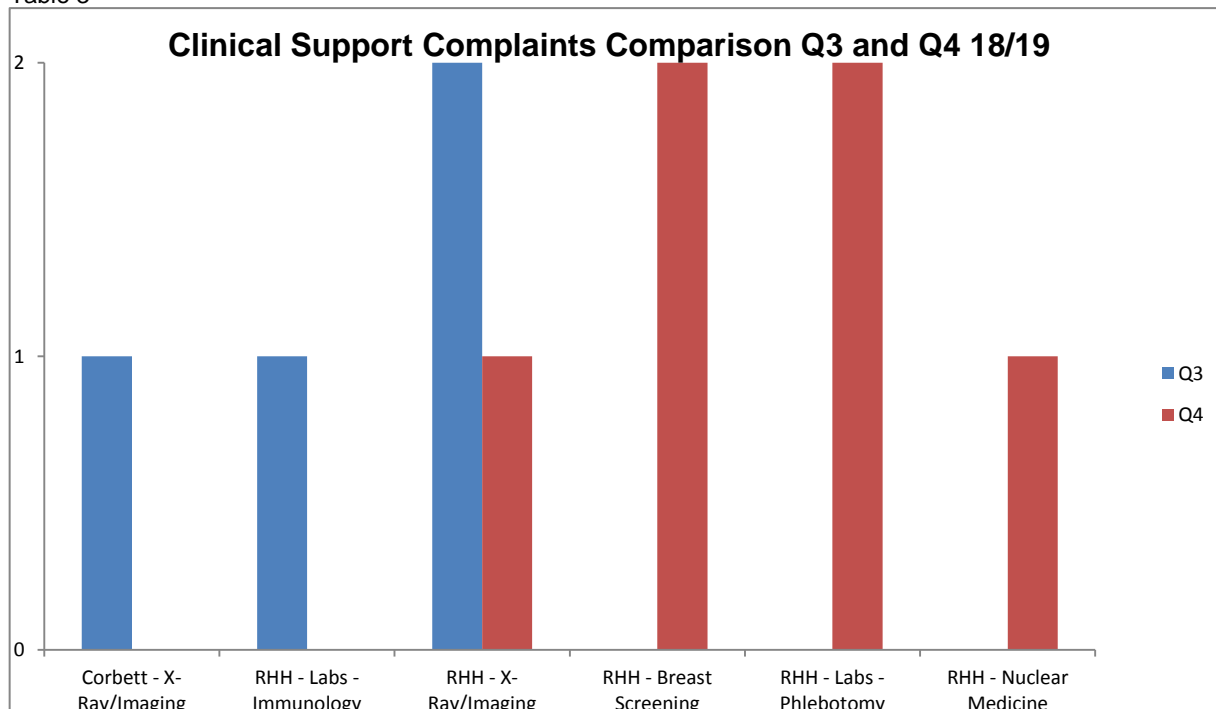
The Emergency Department has seen a slight increase in complaints from 30 in Q3, 2018/19 to 34 in Q4, 2018/19 and continues to be the highest area of complaints received. Ward C5a has also seen an increase in complaints received from the previous quarter.

Table 2



There has been an increase in complaints received regarding RHH- Orthopaedic and Fracture OP clinic and wards B3 and B5.

Table 3



There has been an increase in complaints received for RHH-Breast screening and RHH- Labs-Phlebotomy.

A further complaint was received relating to corporate services (including IT).

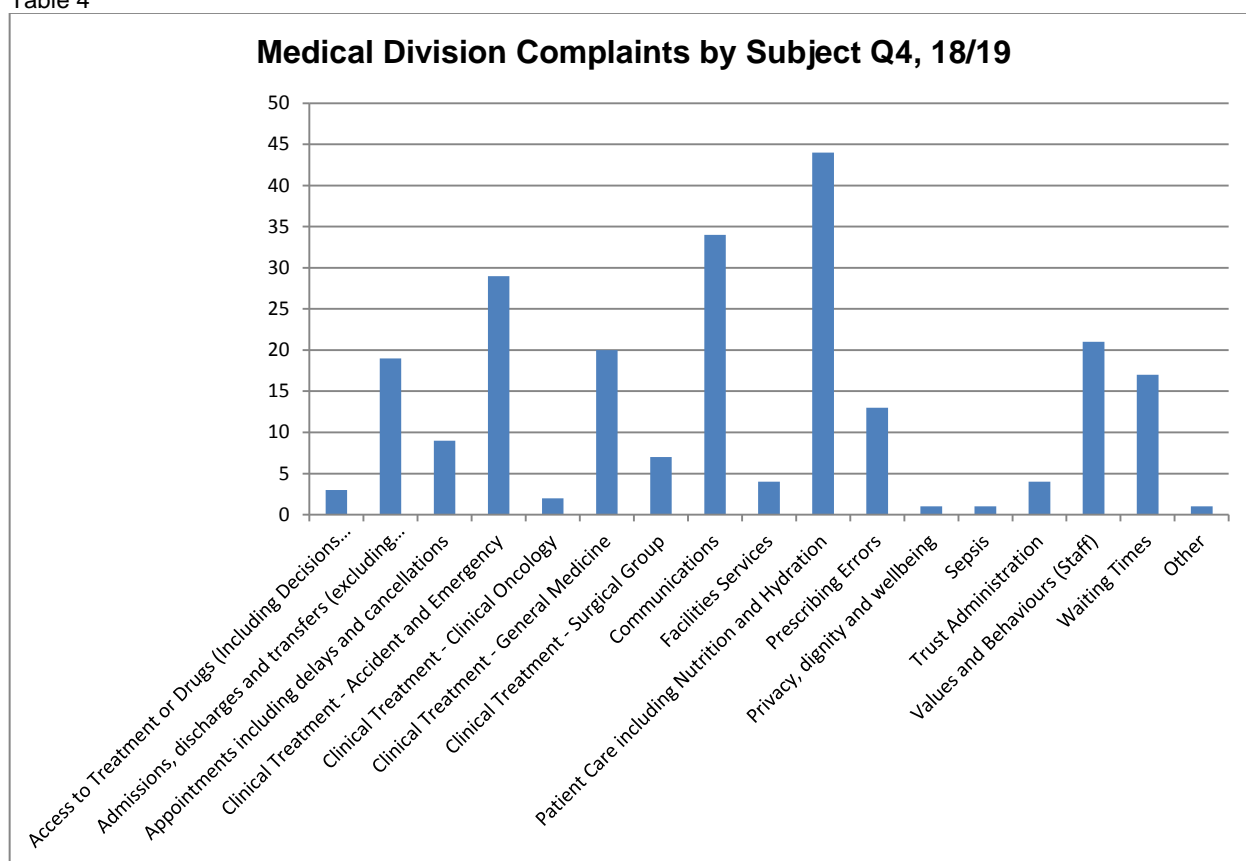
5.1 Medicine & Integrated Care Division

During Q4, a total of 81 complaints were received by the Medical & Integrated Care Division, which indicates an increase of 5.19% from Q3, 2018/19 (77) and 9.45% increase (74) for the same period last year (Q4, 2017/18). The Emergency Department has seen the biggest rise in complaints during Q4, 2018/19 (34) compared with Q4, 2017/18 (31).

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



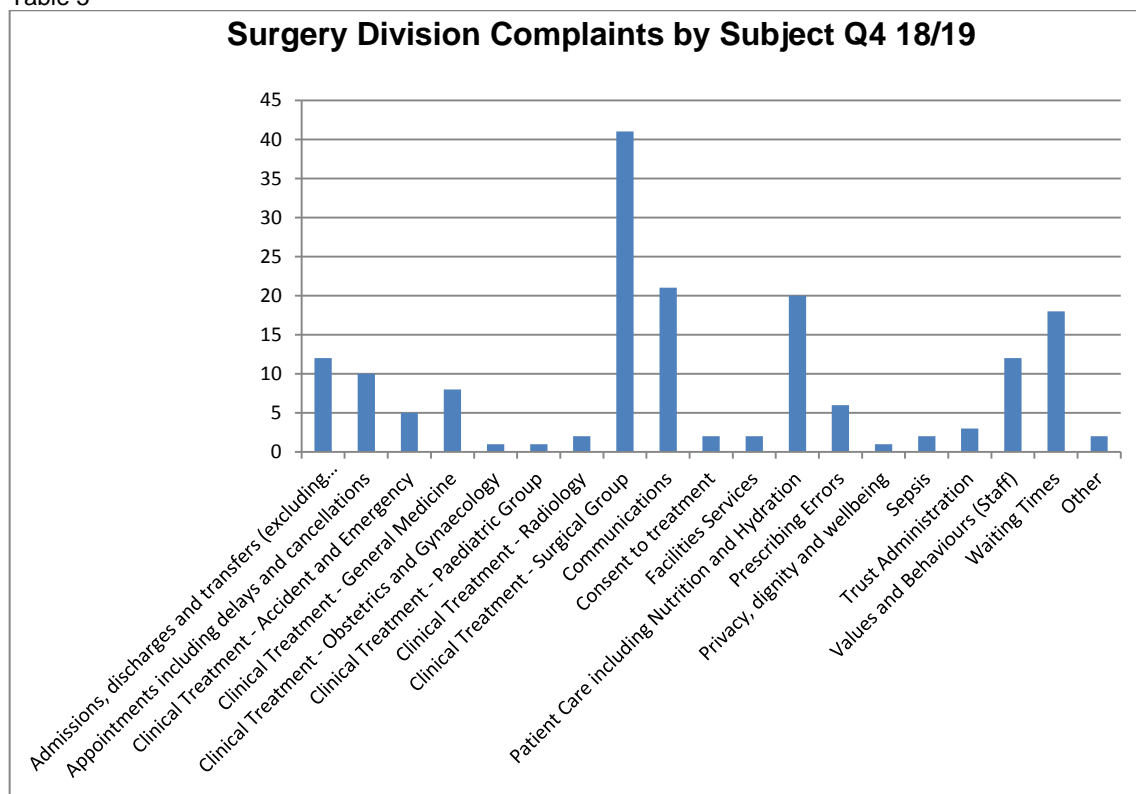
5.2 Surgery Division

During Q4, a total of 58 complaints were received by the Surgical Division, which indicates a decrease of -4.91% from Q3, 2018/19 (61) and 38% increase (42) for the same period the previous year (Q4, 2017/18). Further analysis has identified that despite RHH- Orthopaedics and Fracture COP clinic being an area of most complaints for Surgery (5 for Q4 18/19), this has in fact decreased slightly when comparing Q4, 17/18 (6).

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

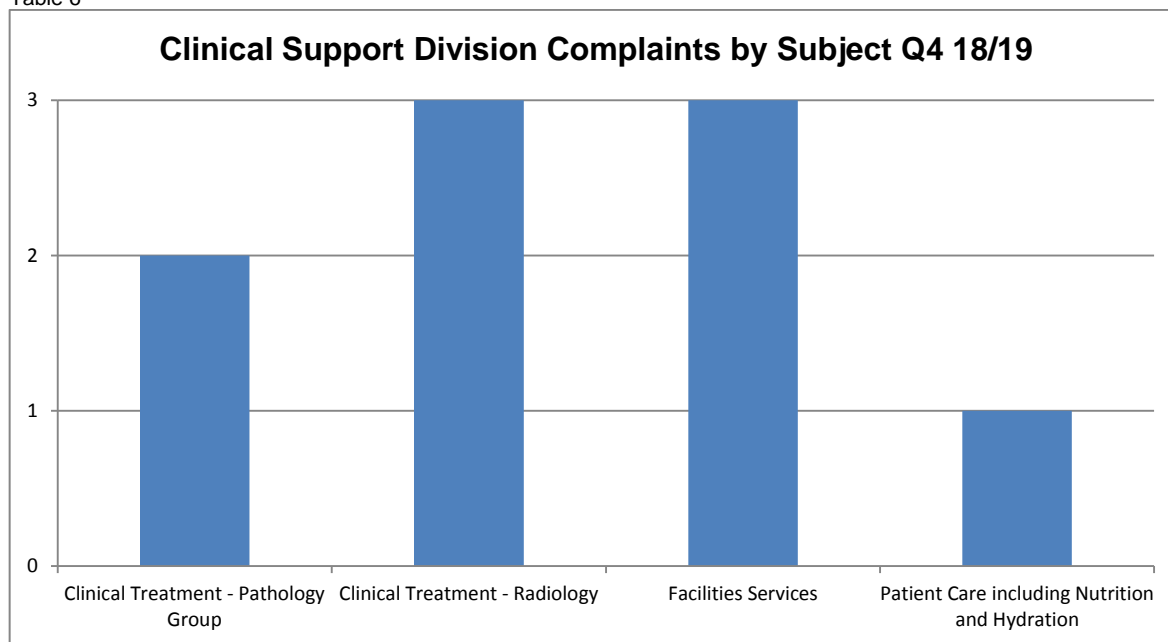


5.3 Clinical Support Division

During Q4, a total of six complaints were received by the Clinical Support Division which indicates a 50% increase from Q3, 2018/19 (4).

Table 6, details complaints received by subject.

Table 6



5.4 Complaint Themes

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

Themes Q3, 2018/19	Total
Patient Care including Nutrition and Hydration	56
Communications	46
Clinical Treatment - Surgical Group	41
Values and Behaviours (Staff)	32
Clinical Treatment - Accident and Emergency	28

5.5 Reopened Complaints

During Q4, the Trust received correspondence from 19 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 19 reopened complaints, three have been responded to and are closed, ten have requested local resolutions meetings (two held in Q4 with three arranged for Q1 19/20 and five to be arranged), and the remaining six complainants have requested a written response.

These related to:

- Medicine & Integrated Care Division - 9
- Surgery Division – 10

5.6 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, complexity of the complaints as well as capacity issues within the team and divisions.

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 165 complaints in total. Of the 165 responses 31 (18.78%) 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 34 local resolution meetings (LRM) held in Q4, which impacted on the 40 working day timescale being extended to accommodate such meetings.

5.7 Members of Parliament (MP)

There were five MP cases received during Q4, 2018/19. Two of these have been closed and three remain open.

5.8 Local Government Ombudsman (LGO)

The Trust received no new applications from the LGO during Q4, 2018/19. Two remain open.

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.

5.9 Parliamentary Health Service Ombudsman (PHSO)

The Trust received no new applications from the Parliamentary Health Service Ombudsman (PHSO) during Q4. A long standing case was re-opened by the PHSO as the complainant is querying the decision made by the PHSO and has requested a review of their decision. A further update is expected from the PHSO in June 2019 regarding this. There are seven cases open for consideration by the PHSO which remains the same as Q3, 18/19.

5.10 Complaints Satisfaction Surveys

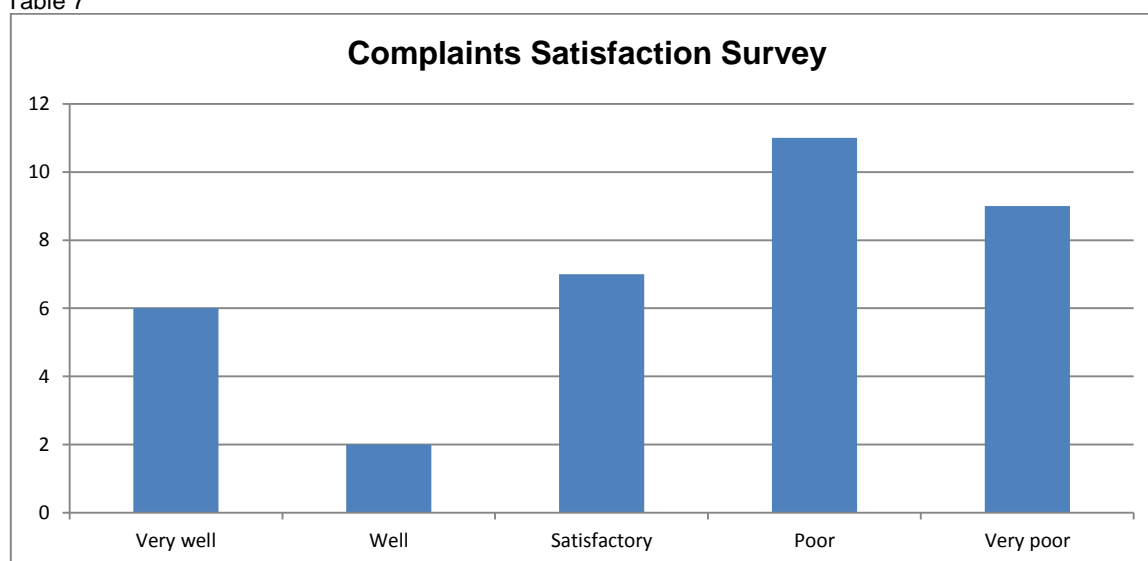
It is mandated that all trusts participate in the complaints satisfaction survey and is part of the NHS Complaints Legislation (2009). All complainants have the opportunity to complete a complaint satisfaction survey.

Of the 165 complaints closed in Q4, 68 complaint satisfaction surveys were sent out and of those sent the Trust has received 35 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 of the complaint. 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 Q4.

Table 7



6. Compliments

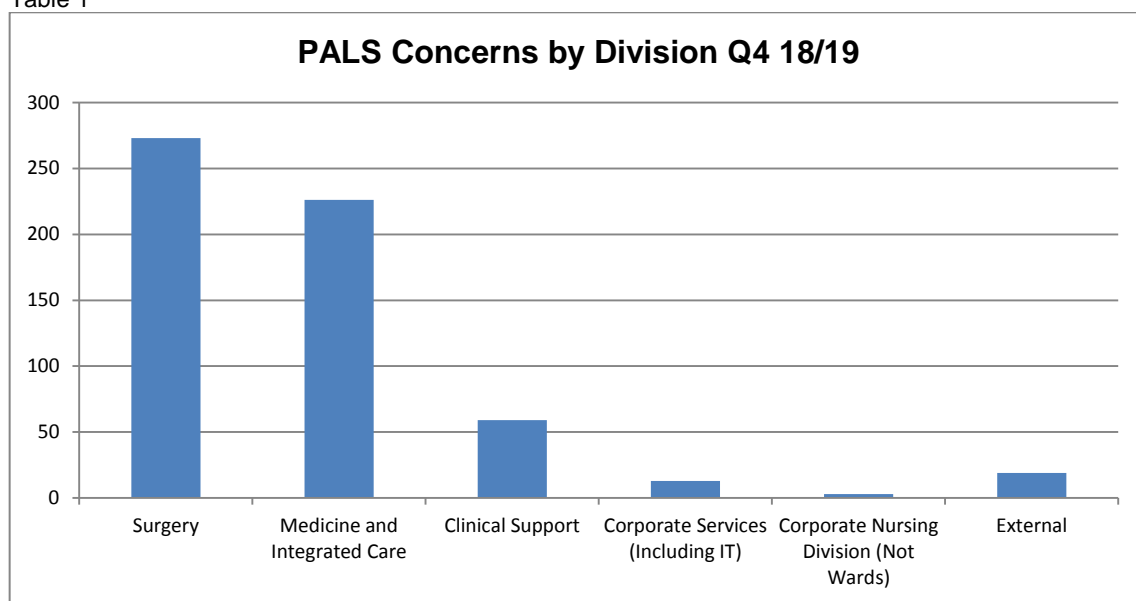
The Trust continues to receive a high number of compliments equating to around 0.75% of patient activity. All compliments received by the Chief Executive and the Chief Nurse are acknowledged personally and shared with the staff involved. A total of 1,620 compliments were received in Q4 which represents a 33% decrease from Q3 (2,416), 2018/19.

7. Patient Advice Liaison Service

PALS received 622 concerns in Q4 in addition to other enquiries for signposting (873 in total), which is a 2.9% increase compared to Q3, 18/19 (604 concerns).

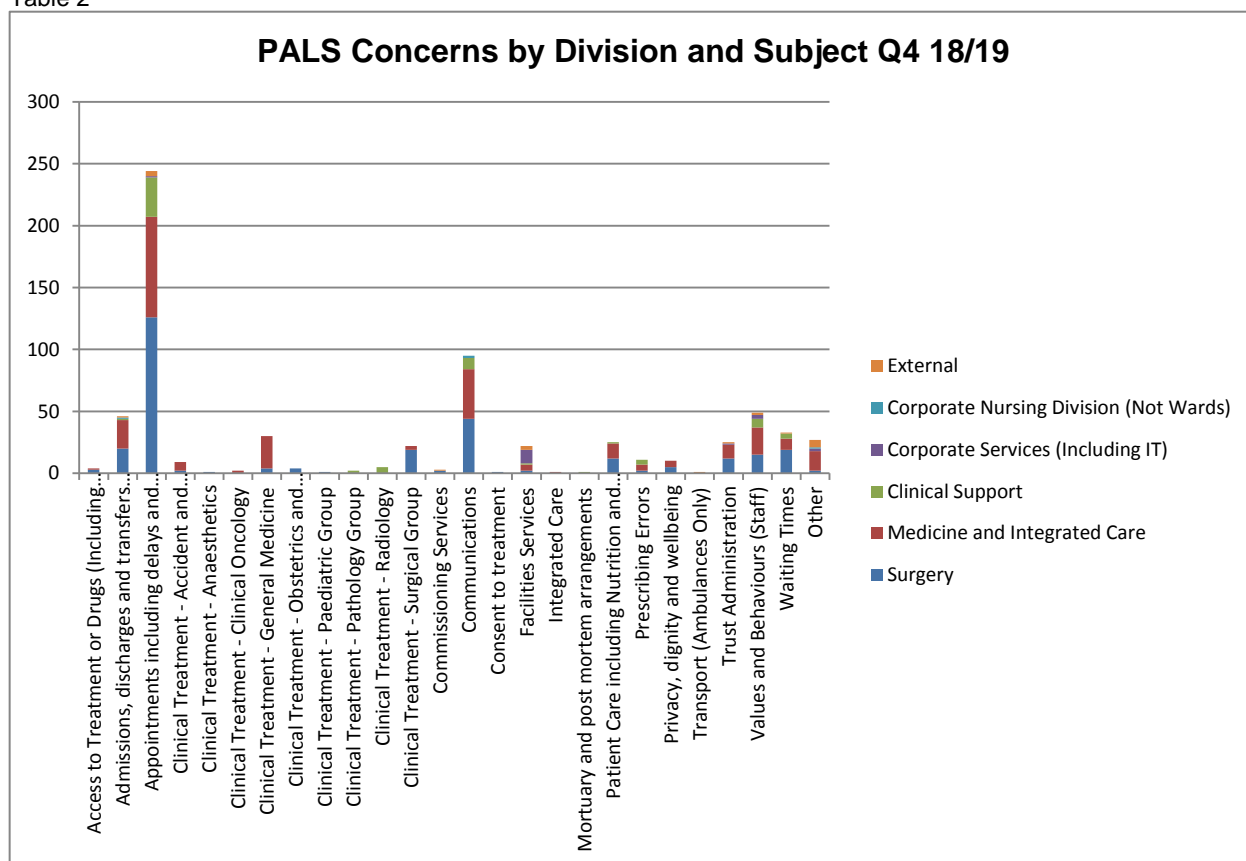
Table 1 details the breakdown by division during Q4:

Table 1



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

Table 2



The PALS team is currently receiving an average of 47 concerns each week in addition to other enquiries made to the team. These are escalated as appropriate (internally/externally) with the aim to seek resolution within 24 hours. 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 622 concerns received, 611 concerns were closed within Q4 and *Table 3* shows the time taken by PALS to respond. Of the 611 concerns received for Q4, 66.8% 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
349	67	30	26	12	127

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 carers and the Board is asked to support initiatives that will improve our patient experience.

Paper for submission to the Board of Directors on 2 May 2019

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

Workforce Performance

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

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

IMPLICATIONS OF PAPER:

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



Integrated Performance Report -

II



April 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

For the ten month period (50 areas were published as at 9 April 2019) the Trust is achieving the target on 37 occasions where the percentage response rate score is equal to or better than the national average percentage response rate. The areas missing the target are maternity birth for August, community for April, May and August and outpatients for May to January 2019.

For the ten month period, (79 areas have been published as at 9 April 2019) the Trust is achieving the target on 35 occasions where the score is equal to or better than the national average percentage recommended. The areas missing the target are inpatients, A&E and outpatients for April to March, maternity antenatal for September, maternity birth for June, November and January, maternity postnatal ward for November, December and January, maternity post-natal community for September and December and community for September to January.

Complaints

During March 2019, the Trust received 52 new complaints, in comparison to 48 opened for February 2019 and 46 opened for January 2019. This is an 8.3% increase from February 2019 for open complaints.

All 52 complaints were acknowledged within 3 working days. The Trust currently works to a 40 working day timeframe to respond to complaints. As at the end of March there were 195 complaints outstanding awaiting response.

The Surgical Division received 19 new open complaints for March 2019 compared to 21 for February 2019 and Medicine & Integrated Care Division received 29 new open complaints for March 2019 compared to 26 for February 2019. Clinical Support division received three new open complaints for March 2019 compared to one for February 2019.

In terms of complaints by service, Medicine & Integrated Care Division received the most complaints for the Emergency Department (ED) (9) followed by wards C5 and C8 (3). Surgery Division received four complaints for RHH- Orthopaedic and Fracture Outpatients and thereafter fairly equal spread of complaints across several areas with no area particularly standing out.

The largest number of concerns raised across divisions related to the following:

- Patient Care including Nutrition and Hydration
- Communications
- Clinical Treatment - Surgical Group

The complaints process is currently undergoing review as part of the Dudley Improvement Practice to look at ways to transform the process. In addition, the team are preparing a business case to resolve the issue of lack of resources within the team and divisions to assist with the backlog of complaints.

Dementia

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

Falls

There were 64 falls on inpatient wards in March and 3 in the Emergency Department. In addition there was 1 outpatient fall in DRS and 1 outpatient fall in pulmonary rehab.

One patient fall, with harm, was reported for the month of March. The patient sustained a fractured neck of femur: following theatre they are now medically fit for discharge.

Falls with and without harm remain consistently below the national average.

Pressure Ulcers

During the month of March 2019 there were no Category 3 or 4 pressure ulcers reported as an SI in either the Acute or Community Trusts.

MSA

In March there were 6 breaches. There were 4 on MHDU and 2 on SHDU. All of these were patients having been stepped down from high level care awaiting more than four hours for general beds that were not available due to capacity issues.

Infection Control

Interventions March 2019:

- HII 1: Ventilator Associated Pneumonia 100%
 - HII 2a: Peripheral Vascular Access Devices - Insertion 100%
 - HII 2b: Peripheral Vascular Access Devices - Ongoing care 99%
 - HII 3a: Central Venous Access Devices - Insertion 100%
 - 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 99%
 - Commode Audits 100%
- There were zero C diff cases reported during March 2019.



Executive Summary

Key Messages

CQSPE

Stroke

The following targets for stroke were achieved during March 2019.

- o Swallow screening
- o Stay compliance

The following targets for stroke were not achieved during March 2019

- o TIA treated within 24 hours

VTE

VTE compliance achieved against a Trust target of 95%. This remains a manual process until it is resolved as part of EPR as this will be a mandatory field as part of the patient assessment.

Magnets are being rolled out to all wards 1.4.19 to identify patients screening has been completed and will be checked by Matron and Lead Nurse during white board rounds.

Incidents

During March 2019 a total of 1501 incidents have been reported. 2 General Serious Incident has been reported to STEIS in March 2019:

- o 2019/6252 INC53134 – Fall resulting in a fractured neck of femur
- o 2019/5520 INC52268 – Delayed diagnosis of acute discitis and PSOAS abscesses

A total of 135 incidents were reported that resulted in harm, 98% were identified to be in the category of low harm.

Safety Thermometer

Safety Thermometer for March 2019 –99.2%



Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Feb-19	Mar-19	Actual YTD	Trend	Month Status
Friends & Family Test - Response Rate							
Friends & Family Test - ED	12.3%	19.4%	18.5%	19.6%	18.2%	↑	
Friends & Family Test - Inpatients	26.9%	37.0%	36.3%	33.4%	34.2%	↓	
Friends & Family Test - Maternity - Overall	21.9%	38.0%	32.8%	30.5%	32.0%	↓	
Friends & Family Test - Outpatients	4.9%	11.9%	4.7%	4.8%	5.2%	↑	
Friends & Family Test - Community	3.3%	8.1%	4.1%	4.4%	4.3%	↑	
Friends & Family Test - Percentage Recommended							
Friends & Family Test - ED	88.7%	94.5%	74.4%	71.5%	76.8%	↓	
Friends & Family Test - Inpatients	96.7%	97.4%	94.9%	93.5%	94.1%	↓	
Friends & Family Test - Maternity - Overall	97.1%	98.5%	99.7%	98.3%	97.7%	↓	
Friends & Family Test - Outpatients	95.3%	97.4%	90.0%	89.2%	89.8%	↓	
Friends & Family Test - Community	96.2%	97.7%	92.9%	91.9%	94.2%	↓	
Complaints							
Total no. of complaints received in month			48	52	586	↑	
Complaints re-opened			2	13	64	↑	
# PALs Numbers			264	288	3474	↑	
Complaints open at month end			216	195	-	↓	
Compliments received			522	563	7141	↑	
Dementia (1 month in arrears)							
Find/Assess		90%	95.9%	-	96.8%	↑	
Investigate		90%	100.0%	-	100.0%	↑	
Refer		90%	100.0%	-	96.4%	↑	
Falls National average 6.63 per 1000 bed days							
No. of Falls			61	67	810	↑	
Falls per 1000 bed days		6.63	3.55	3.78	3.92	↑	
No. of Multiple Falls			4	2	65	↓	
Falls resulting in moderate harm or above			0	1	13	↑	
Falls resulting in moderate harm or above per 1000 bed days		0.19	0.11	0	0.06	↓	
Pressure Ulcers (Grades 3 & 4)							
Hospital Avoidable		0	0	0	8	↔	
Community Avoidable		0	1	0	10	↓	
Handwash							
Handwashing			99.8%	99.3%	99.1%	↓	

Patients will experience safe care - Patient Safety

	Target (Amber)	Target (Green)	Feb-19	Mar-19	Actual YTD	Trend	Month Status
Mixed Sex Accommodation Breaches							
Single Sex Breaches		0	7	6	74	↓	
Mortality (Quality Strategy Goal 3)							
HSMR Rolling 12 months (Latest data Jan 19)	110	105	118	115	-		
SHMI Rolling 12 months (Latest data 18/19 Q1)	1.10	1.05	N/A	1.13	-		
HSMR Year to date (Not available)					-		
Infections							
Cumulative C-Diff due to lapses in care		28	1	-	15	↑	
MRSA Bacteraemia		0	0	0	1	↔	
MSSA Bacteraemia		0	3	4	23	↑	
E. Coli - Total hospital		0	4	3	38	↓	
Stroke Admissions - Provisional Figures							
Stroke Admissions: Swallowing Screen		75%	85.7%	96.3%	92.6%	↑	
Stroke Patients Spending 90% of Time on Stroke Unit		85%	91.1%	87.2%	93.2%	↓	
Suspected High Risk TIAs Assessed and Treated <24hrs		85%	100.0%	66.7%	87.0%	↓	
VTE - Provisional Figures							
VTE On Admission		95%	95.0%	95.2%	94.9%	↑	
Incidents							
Total Incidents			1491	1501	17915	↑	
Recorded Medication Incidents			327	0.951997	4238	↓	
Never Events			0	0	0	↔	
Serious Incidents			4	2	70	↓	
of which, pressure ulcers			1	0	19	↓	
Incident Grading by Degree of Harm							
Death			0	0	11	↔	
Severe			2	1	30	↓	
Moderate			18	2	200	↓	
Low			187	132	2213	↓	
No Harm			1284	1366	15461	↑	
Percentage of incidents causing harm		28%	13.9%	9.0%	13.7%	↓	
Safety Thermometer							
Patients with harm free care (and old harms)	-	-	98.04%	98.84%	-	↑	

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 78.6%, whilst the Trust only (Type 1) performance was 66.5%.

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

	Attendances	Breaches	Performance
ED Dept Type 1	9593	3209	66.54%
UCC Type 3	5587	43	99.73%

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 above target for the month at 88.7% (Provisional as at 17th April). Previous month confirmed performance was 89.8%

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

No. of Patients treated on or over 104 days (DGFT)	0
No. of Patients treated on or over 104 days (Tertiary Centre)	6
No. of Patients treated on or over 104 days (Combined)	6

2WW

The target was achieved once again in month. During this period a total of 1328 patients attended a 2ww appointment with 74 patients attending their appointments outside of the 2 week standard, achieving a performance 94.4% 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 93.5% in month against a target of 92%, down from previous month. Ophthalmology is at 84.5% up from 84.4% in the previous month. General Surgery is 86.5% down from 88.5%. There is one 52-week Non-admitted Waiting Time breaches in month.

Diagnostic waits

The diagnostic wait was above target in month with a performance of 99.1%. The number of patients waiting over 6 weeks was 61

Executive Summary by Exception cont.

Key Messages

2 Financial Performance Matters

Committee: F&P

The draft financial position (subject to audit) shows that the Trust remained just within the revised £8.8m deficit figure communicated to NHSI at the start of quarter 4. A final “bonus” element of PSF will need to be added to the final accounts position once known.



Executive Summary by Exception cont.

Key Messages

4. Workforce

Staff Appraisals

The appraisal window for all non-medical appraisals is now open across the Trust and will close on the 30th June 2019.

As of the 15th April the Trust compliance rate of completed appraisals is 6.23% (256 in total) with a further 554 booked to be completed before the end of April. There are also a further 2228 appraisals booked to be completed between May and June. The projection rate should all booked appraisals be completed currently stands at 73.90%. However, the current rate of compliance is consistent with the same time last year and therefore it is expected that the Trust will fulfil the target of over 90% of staff appraised.

In order to support an above 90% compliance rate twice weekly reports are being provided to all managers detailing appraisals completed and booked highlighting any current gaps. The current projected compliance rates have been flagged as a risk at all Divisional meetings and will Divisional Management teams expected to demonstrate achievement within their monthly performance report. All Managers are required to focus on completing appraisals for their staff within the appraisal window.

Mandatory Training

The compliance rates continue at the stable level of 88.82%. This represents good performance without being excellent. The areas where more concentrated efforts are required are associated with Resus, manual handling and Information Governance training. In terms of staff groups the area of highest non-compliance continues to be medical staff, however their compliance rate has increased to 83.43% at the end of March. The Clinical Support Division continues to be the team with the lowest compliance rates, however they are demonstrating improvements to 86.72%.

Adult Resuscitation, Paediatric Resuscitation, and Patient Moving and Handling are below the 80% R.A.G.-rating threshold, with potential for risk in terms of appropriate response to deterioration or cardiac arrest, or potential for harm or injury through inappropriate patient handling where this knowledge and practical competence is not maintained. These three subjects are managed via the Head of Non-Medical Education and Training, has presented current and future intended actions for improvement and the Risk and Assurance Group.



Sickness Rate

The absence rate decreased in February to 5.39% and has further decreased in March 2019 to 4.44%. Although sickness absence has decreased the Trust sickness absence levels remain above the Trust Target. The main areas of concern associated to staff group are Care Support staff at 7.39% and nursing & midwifery staff at 4.60%.

In terms of Divisional trends, medicine & Integrated Care continue to demonstrate the highest levels of absence at 5.09%. Therefore, focus is being provided on particular areas of high absence to ensure efficient turnaround of absence management and therefore staff returning to work.

Estimated Change in Cost associated with change in absence rate:

Estimated Change in Cost	Absence Rate	Estimated Cost	Difference
Actual Financial Year Apr 18 - Mar 19	4.66%	£6,202,571.53	-
+0.5% increase in absence rate	5.16%	£6,874,328.23	£671,756.70
-0.5% decrease in absence rate	4.16%	£5,530,814.82	-£671,756.70

The absence rate for yearend (Apr18-Mar19) was a cumulative 4.66%. Based on a 0.5% increase or decrease in our absence rate. This is an estimation based on the midpoint of all staff groups and of all absence combined last year.


Estimated change in number of absence instances associated with change in absence rate:

Estimated Change in Instances	Absence Rate	Instances	Difference
Actual Financial Year Apr 18 - Mar 19	4.66%	7952	
+0.5% increase in absence rate	5.16%	8813	861
-0.5% decrease in absence rate	4.16%	7091	-861

The following analysis is an approximate estimation based on a 0.5% increase or decrease in our absence rate. This is an estimation based on the amount of FTE and number of all absence instances of all staff groups combined last year. There were 7952 instances of absence in the last year. It could be argued that the reduction/increase of 0.5% would decrease/increase by approximately 861 working days of absence (spread across both LTS/STS combined).

Turnover Rate

The turnover rate continues to represent a positive retention of our staff and currently sits at 8.49% from 8.78% in the previous month. The Trust Turnover target is 8.5% and with this continued reduction the Trust target has been achieved for the first time in recent years. The Trust turnover rate is also 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 develop the action plans based on the feedback from the national staff survey.

Performance - "At a glance"

Executive Lead: Karen Kelly



Performance - Key Performance Indicators

	Target	Feb-19	Mar-19	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	98.60%	94.4%	96.4%	↓	
2 week wait - Breast Symptomatic	93%	98.1%	84.2%	93.7%	↓	
31 day diagnostic to 1st treatment	96%	99.4%	98.0%	98.3%	↓	
31 day subsequent treatment - Surgery	94%	100.0%	100.0%	100.0%	↔	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	100.0%	↔	
62 day urgent GP referral to treatment	85%	89.9%	88.1%	83.3%	↓	
62 day screening programme	90%	100.0%	100.0%	99.1%	↔	
62 day consultant upgrades	85%	93.9%	90.0%	92.2%	↓	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	93.7%	93.5%	93.4%	↓	
RTT Admitted - % treatment within 18 weeks	90%	84.6%	86.8%	85.8%	↑	
RTT Non Admitted - % treatment within 18 weeks	95%	94.8%	95.0%	93.8%	↑	
Wait from referral to 1st OPD	26	23	26	120	↑	
Wait from Add to Waiting List to Removal	39	41	42	213	↑	
ASI List		1574	1857	0	↑	
% Missing Outcomes RTT		0.04%	0.05%	0.1%	↑	
% Missing Outcomes Non-RTT		2.5%	3.1%	3.6%	↑	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	56	61	483	↑	
% of diagnostic tests waiting less than 6 weeks	99%	99.2%	99.1%	98.6%	↓	
ED - TRUST						
Patients treated < 4 hours Type 1 (Trust ED)	95%	67.6%	66.5%	68.6%	↓	
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	80.1%	78.6%	80.7%	↓	
Emergency Department Attendances	N/A	8277	9593	45510	↑	
12 Hours Trolley Waits	0	16	6	31	↓	
Ambulance to ED Handover Time - TRUST						
30-59 minute breaches		473	547	2433	↑	
60+ minute breaches		93	72	418	↓	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		18	12	83	↓	
60+ minute breaches		10	3	34	↓	

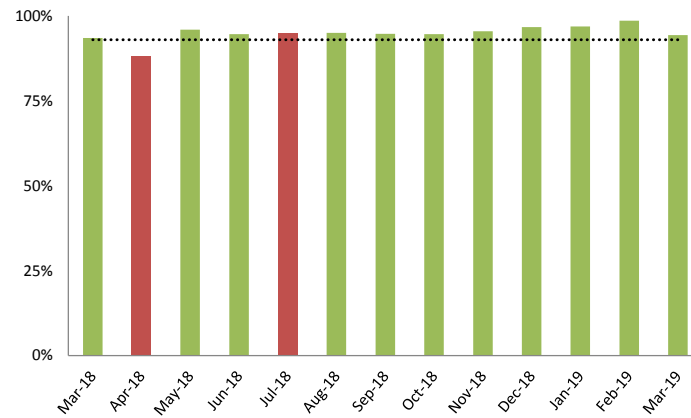
Performance - Key Performance Indicators cont.

	Target	Feb-19	Mar-19	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	2.0%	2.7%	2.2%	↑	
Cancelled operations - breaches of 28 day rule	0	0	2	10	↑	
Urgent operations - cancelled twice	0	0	0	0	↔	
GP Discharge Letters						
GP Discharge Letters	90%	81.0%	79.3%	82.0%	↓	
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		76.9%	77.1%	75.2%	↑	
Theatre Utilisation - Main		87.0%	86.9%	86.5%	↓	
Theatre Utilisation - Trauma		90.0%	92.9%	90.3%	↑	
GP Referrals						
GP Written Referrals - made		7476	7215	35500	↓	
GP Written Referrals - seen		5575	6224	29471	↑	
Other Referrals - Made		3516	3668	17977	↑	
Throughput						
Patients Discharged with a LoS >= 7 Days		6.5%	6.4%	7%	↓	
Patients Discharged with a LoS >= 14 Days		3.1%	3.2%	3%	↑	
7 Day Readmissions		4.7%	4.8%	4%	↑	
30 Day Readmissions - PbR		8.3%	8.4%	8%	↑	
Bed Occupancy - %		85%	85%	87%	↓	
Bed Occupancy - % Medicine & IC		84%	84%	90%	↓	
Bed Occupancy - % Surgery, W&C		88%	87%	84%	↓	
Bed Occupancy - Paediatric %		80%	79%	61%	↓	
Bed Occupancy - Orthopaedic Elective %		67%	63%	75%	↓	
Bed Occupancy - Trauma and Hip %		96%	97%	93%	↑	
Number of Patient Moves between 8pm and 8am		111	90	501	↓	
Discharged by Midday		11.8%	13.1%	13%	↑	
Outpatients						
New outpatient appointment DNA rate	8%	6.6%	7.6%	7.4%	↑	
Follow-up outpatient appointment DNA rate	8%	5.5%	8.8%	7.4%	↑	
Total outpatient appointment DNA rate	8%	5.9%	8.3%	37.3%	↑	
Clinic Utilisation		78.8%	79.9%	78.0%	↑	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective	2.4	2.97	2.37	2.5	↓	
Average Length of Stay - Non-Elective	3.4	5.5	5.3	5.4	↓	

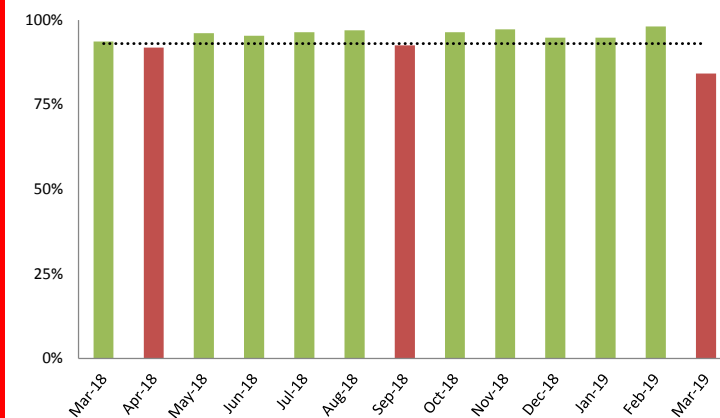
Performance Matters (KPIs)

Regulatory Performance - Cancer (Latest month is provisional)

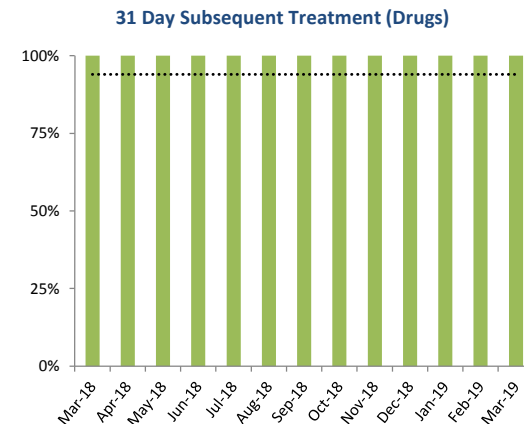
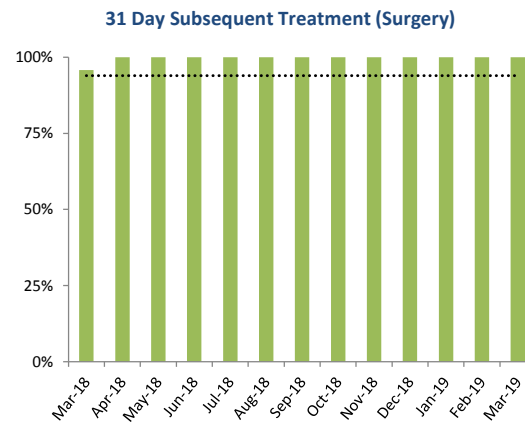
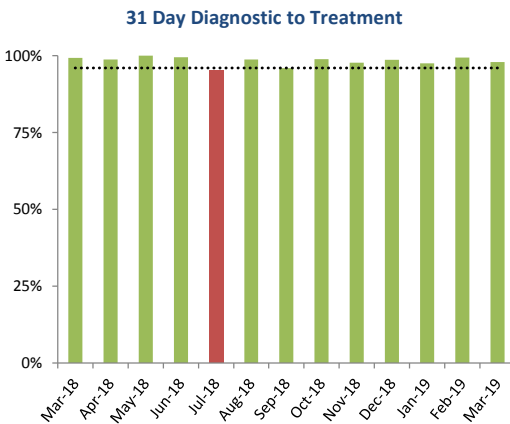
All Cancer 2 Week Waits



Breast Symptomatic



31 Day - Targets

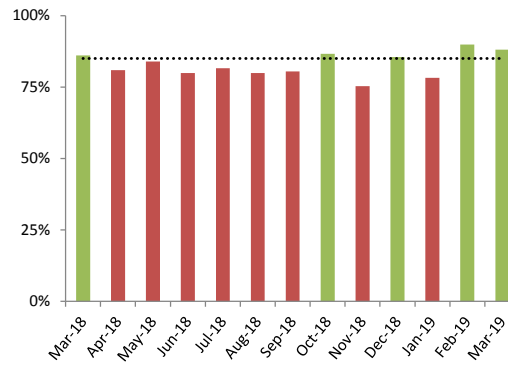


Performance Matters (KPIs)

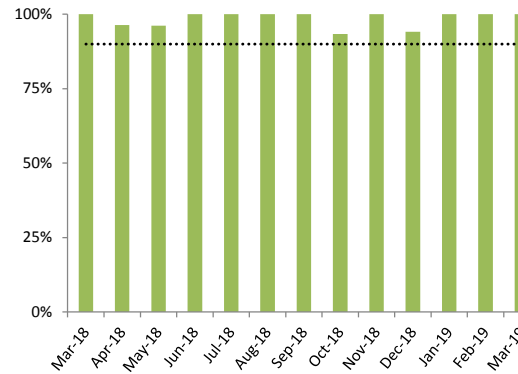
Regulatory Performance - Cancer (Latest month is provisional)

62 Day Cancer Targets

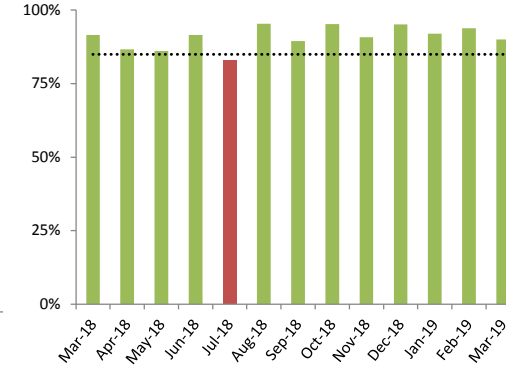
62 Day - Urgent GP Referral to Treatment



62 Day - Screening Programme



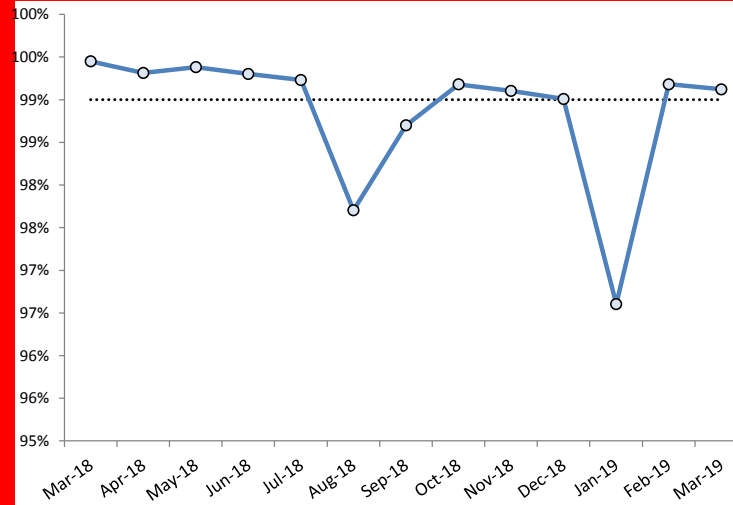
62 Day - Consultant Upgrades



Performance Matters (KPIs)

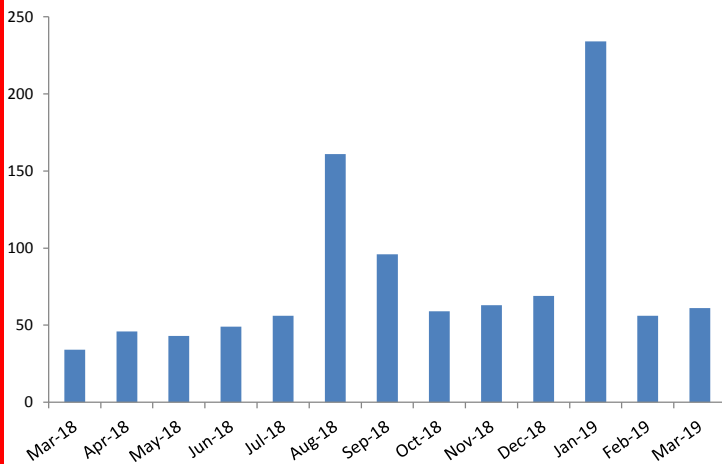
Diagnostics

DM01 Performance



DM01 Comments

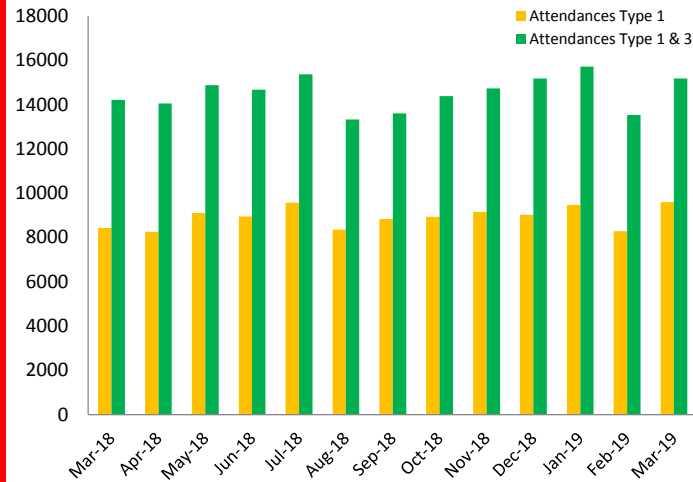
DM01 - Number of patients waiting over 6 weeks at month end (breaches)



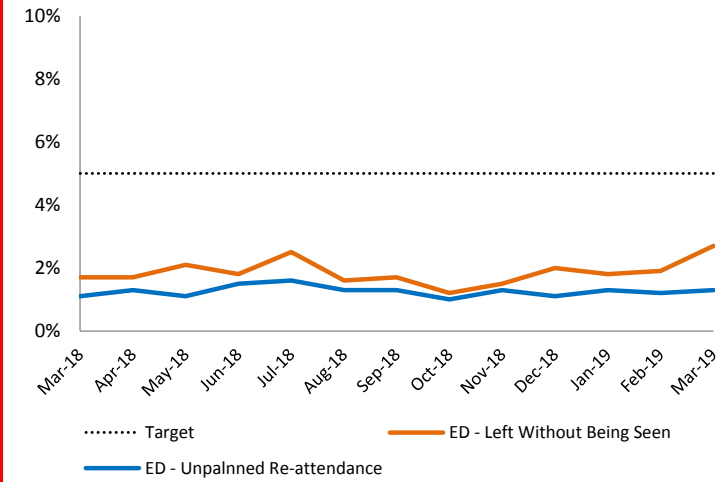
Performance Matters (KPIs)

Regulatory Performance - ED

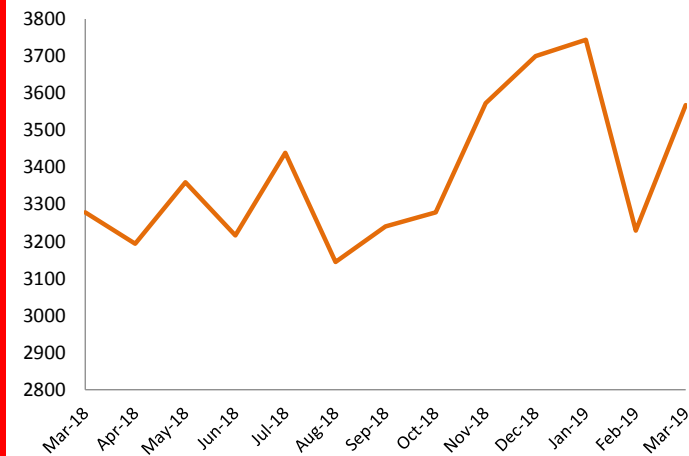
Number of Attendances



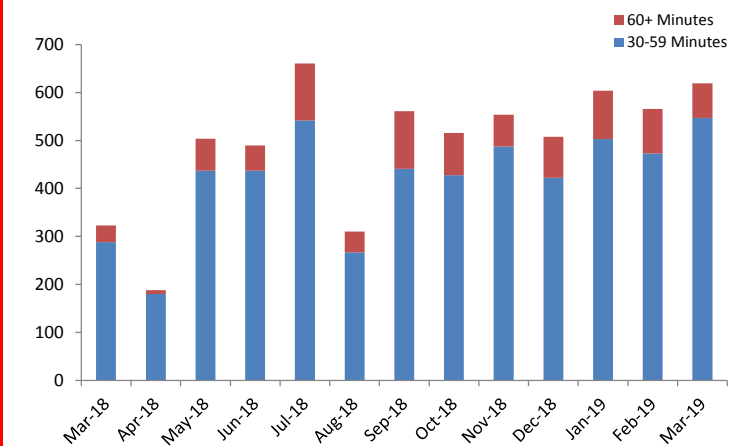
A&E Left without being seen & Unplanned Re-attendances Rates



No. of Ambulance Conveyances



Ambulance Handovers

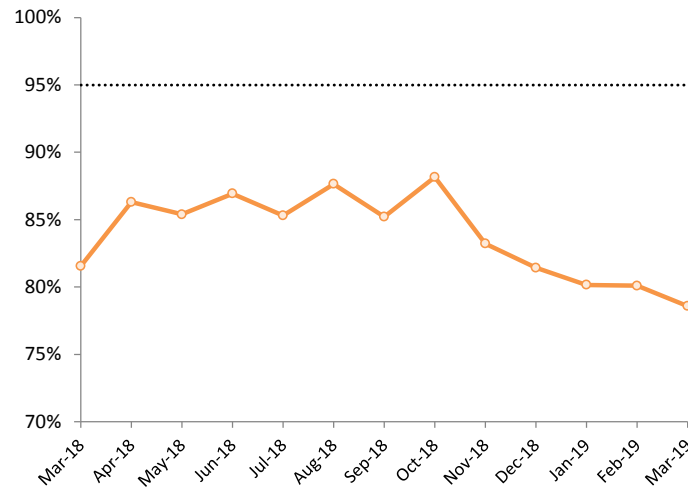


Performance Matters (KPIs)

Regulatory Performance - ED

Please note: HEFT and UHB data has been merged

A&E 4 Hour Wait - TRUST

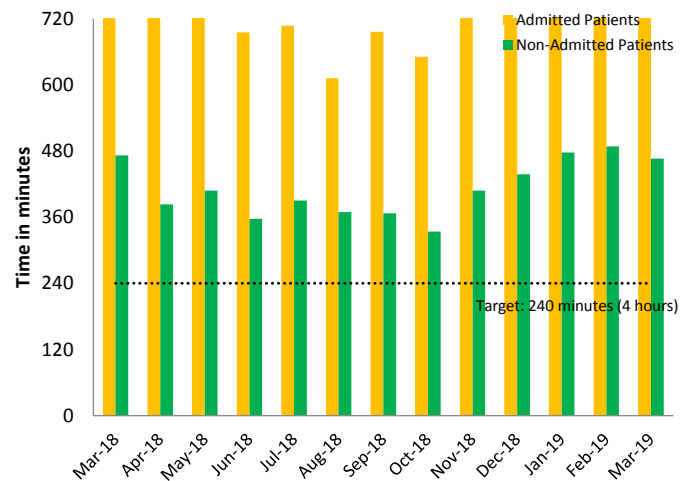


A&E 4 Hour Wait - Benchmarking



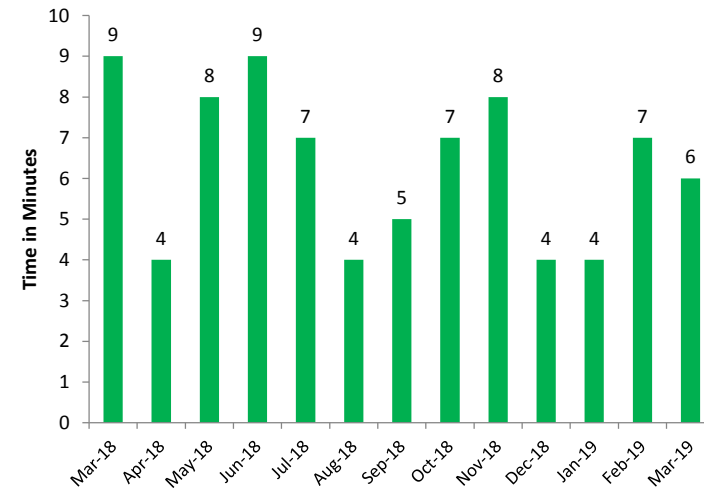
Waiting time in ED

95% of patients waited no longer than this



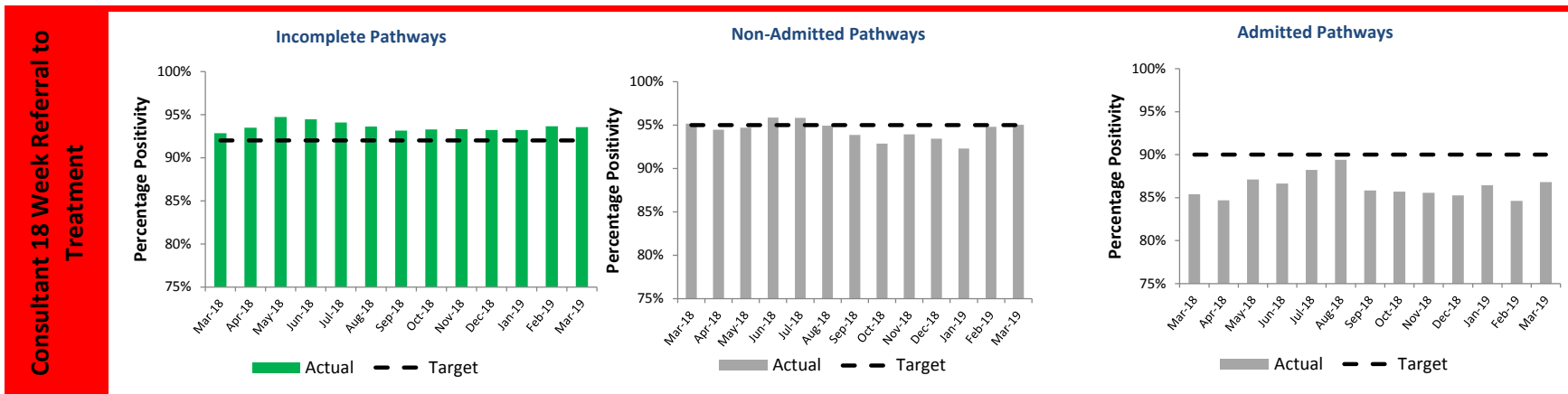
Waiting Time to Initial Assessment

95% of patients waited no longer than this



Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment



RTT 18 Week Performance - March 2019

Validated Position

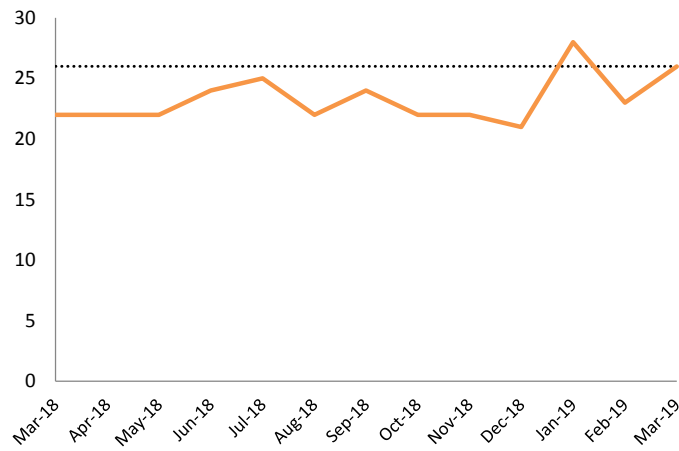
Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	802	125	927	86.5%
101 - Urology	1070	88	1158	92.4%
110 - Trauma & Orthopaedics	1760	180	1940	90.7%
120 - ENT	1169	13	1182	98.9%
130 - Ophthalmology	1896	348	2244	84.5%
140 - Oral Surgery	831	9	840	98.9%
160 - Plastic Surgery	704	54	758	92.9%
300 - General Medicine	4	0	4	100.0%
301 - Gastroenterology	1056	51	1107	95.4%
320 - Cardiology	407	26	433	94.0%
330 - Dermatology	752	27	779	96.5%
340 - Respiratory Medicine	305	0	305	100.0%
400 - Neurology	465	25	490	94.9%
410 - Rheumatology	500	8	508	98.4%
430 - Geriatric Medicine	108	1	109	99.1%
502 - Gynaecology	1145	49	1194	95.9%
Other	3826	157	3983	96.1%
Total	16800	1161	17961	93.5%

Comments

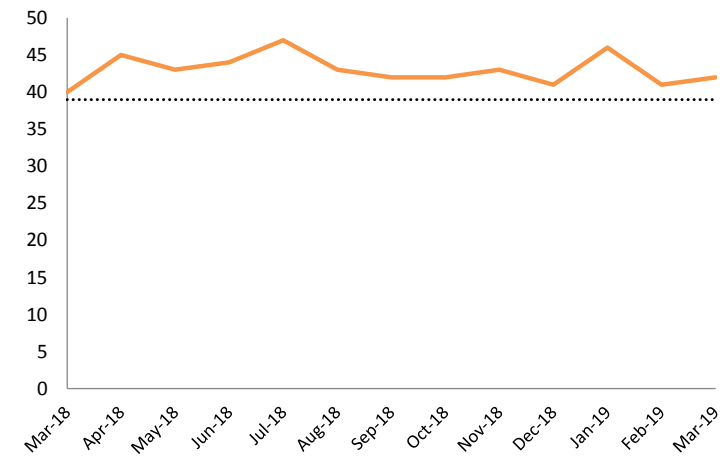
Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

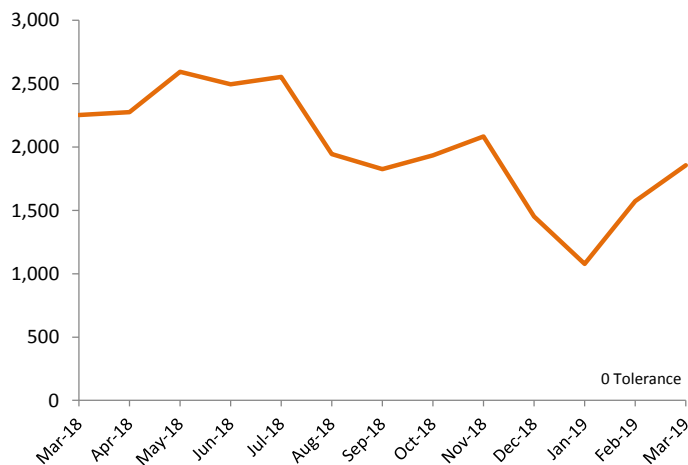
Wait in days from referral to 1st OPD



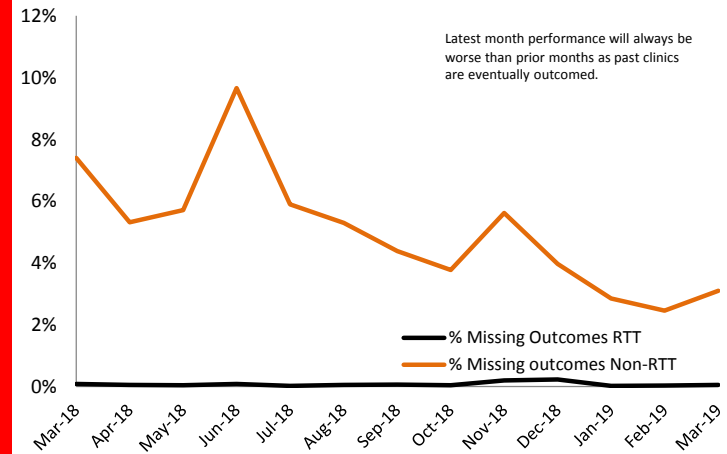
Wait in days from Add to Waiting List to Treatment or Removal



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

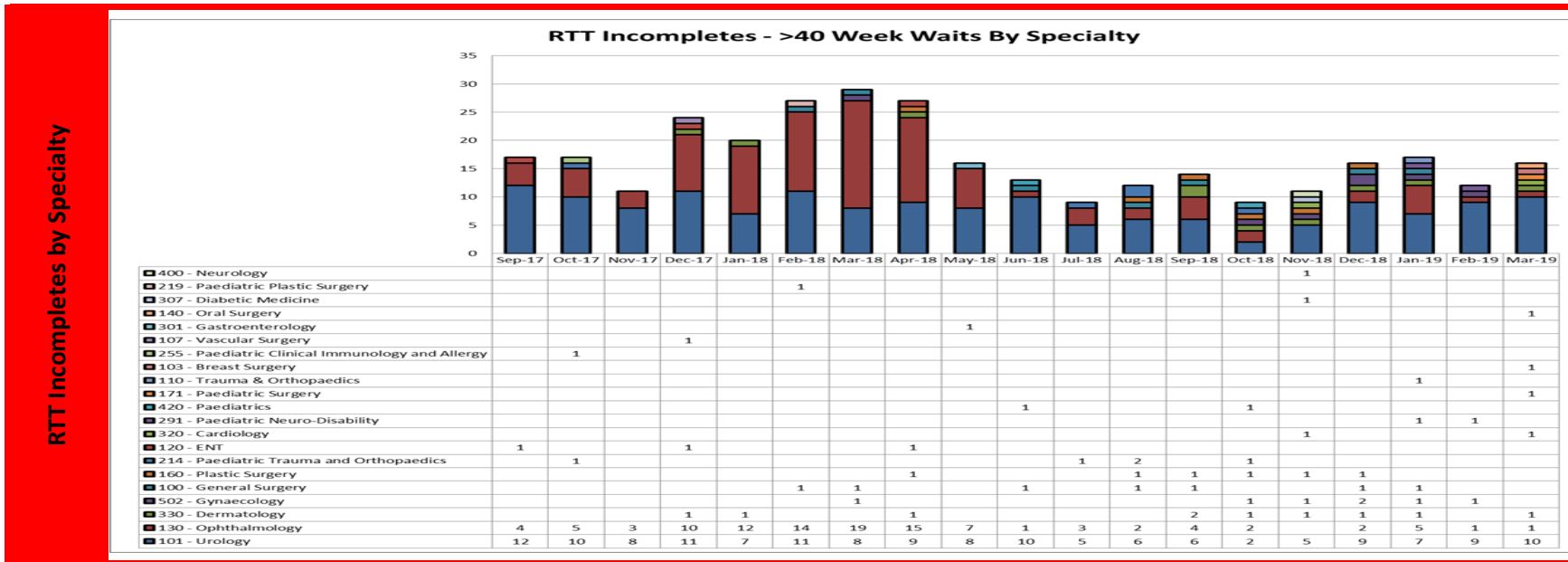


% Missing Outcomes



Performance Matters (KPIs)

Regulatory Performance - RTT Incompletes



There is 1 over 52 weeks

Financial Performance - "At a glance"

Executive Lead: Tom Jackson



Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	516	483	-6.4%	-15	1,469	1,378	-6.2%	-91
Day Cases	4,385	4,238	-3.4%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	4,293	3,743	-12.8%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	38,990	41,896	7.5%	1,067	115,593	114,578	-0.9%	-1,015
A&E	9,190	9,593	4.4%	305	25,595	26,316	2.8%	721
Total activity	57,374	59,953	4.5%	1,485	167,051	166,859	-0.1%	-192
CIP								
Income	576	815	41.5%	239	7,334	7,583	3.4%	248
Pay	338	168	-50.2%	-169	3,681	2,851	-22.6%	-831
Non-Pay	409	635	55.0%	225	4,404	9,046	105.4%	4,642
Total CIP	1,323	1,618	22.3%	295	15,420	19,479	26.3%	4,059
INCOME								
NHS Clinical	28,462	27,636	-2.9%	-826	333,160	332,649	-0.2%	-511
Other Clinical	552	971	76.0%	419	6,683	8,198	22.7%	1,516
STF Funding	1,055	-0	-100.0%	-1,055	9,043	4,115	-54.5%	-4,928
Other	2,035	2,203	8.3%	169	23,965	23,963	0.0%	-2
Total income	32,103	30,810	-4.0%	-1,293	372,851	368,925	-1.1%	-3,926
OPERATING COSTS								
Pay	-18,148	-19,872	9.5%	-1,724	-221,728	-228,269	3.0%	-6,541
Drugs	-2,660	-2,817	5.9%	-156	-33,233	-34,956	5.2%	-1,723
Non-Pay	-7,361	-8,016	8.9%	-655	-86,760	-90,100	3.8%	-3,340
Total Costs	-28,169	-30,705	9.0%	-2,535	-341,721	-353,324	3.4%	-11,604

Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
EBITDA								
	£'000	£'000		£'000	£'000	£'000		£'000
EBITDA	3,927	119	-97.0%	-3,808	31,039	15794	-49.1%	-15,245
Depreciation	-879	-651	-25.9%	228	-10,123	-6943	-31.4%	3,180
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,233	-1,523	-23.5%	-290	-12,768	-13681	-7.2%	-913
SURPLUS/(DEFICIT)	1,815	-2,055	-213.2%	-3,870	8,148	-4830	-159.3%	-12,978
SOFP								
	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	-1,695	-1,734	2.3%	-39	-12,569	-11,078	-11.9%	1,491
Inventory					3,172	3,697	16.6%	525
Receivables & Prepayments					14,833	12,167	-18.0%	-2,666
Payables					-20,878	-32,584	56.1%	-11,706
Accruals							n/a	0
Deferred Income					-1,516	-1,744	15.0%	-228
Cash & Loan Funding								
	£'000	£'000		£'000	£'000	£'000		£'000
Cash					13,757	8,928	-35.1%	-4,829
Loan Funding							n/a	0
KPIs								
EBITDA %	13.6%	0.4%	-13.2%		11.5%	6.0%	-5.5%	
Deficit %	6.3%	-7.1%	-13.4%		3.0%	-1.8%	-4.9%	
Receivable Days					0.0	0.0	n/a	
Payable (excluding accruals) Days					0.0	0.0	n/a	
Payable (including accruals) Days					0.0	0.0	n/a	
Use of Resource metric					1	3		



Workforce - "At a glance"

Executive Lead: Andrew McMenemy

	People					
	Target			Actual		Month
	18/19	Feb-19	Mar-19	YTD	Trend	Status
Workforce						
Sickness Absence Rate	3.50%	5.48%	4.44%	5.19%	↓	
Staff Turnover	8.5%	8.78%	8.48%	9.11%	↓	
Mandatory Training	90.0%	88.6%	88.8%	88.8%	↑	
Appraisal Rates - Total	90.0%	95.6%	95.6%	95.6%	↔	

Performance Dashboard

Performance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
A&E - 4 Hour A&E Dept Only % (Type 1)	78.38%	77.09%	76.50%	78.66%	76.73%	80.59%	77.23%	80.91%	73.02%	68.74%	67.16%	67.62%	66.54%	74.15%	%
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%	99.73%	99.23%	99.69%	%
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%	80.09%	78.57%	83.96%	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%	1.90%	2.70%	1.9%	5%
A&E - Time to Initial Assessment (95th Percentile)	9	4	8	9	7	4	5	7	8	4	4	7	6	6	15
A&E - Time to Treatment Median Wait (Minutes)	70	49	65	61	73	49	64	55	66	66	73	69	94	94	60
A&E - Total Time in A&E (95th Percentile)	731	593	587	504	524	463	511	462	605	645	799	730	732	732	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%	1.3%	1.2%	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	9,152	9,009	9,512	8,250	9,616	107,524	105,108
Activity - Cancer MDT	5,131	492	443	520	378	511	508	596	561	481	543	455	472	5,960	5,218
Activity - Community Attendances	376,548	33,662	36,319	36,299	38,817	34,833	35,291	38,326	37,353	31,083	36,731	33,900	34,303	426,917	405,680
Activity - Critical Care Bed Days	7,612	579	702	731	770	582	679	792	663	580	629	674	830	8,211	8,058
Activity - Diagnostic Imaging whilst Out-Patient	52,692	4,222	4,505	4,451	4,434	4,445	4,163	4,759	4,782	4,101	4,985	4,559	4,720	54,126	59,437
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	204,724	198,812	208,159	2,140,369	2,076,907
Activity - Direct Access Radiology	75,450	6,221	6,883	6,389	6,475	6,235	5,930	7,014	6,844	5,271	6,674	6,197	6,625	76,758	80,401
Activity - Elective Day Case Spells	48,682	4,184	4,366	4,058	4,159	4,400	3,891	4,472	4,418	3,676	4,306	3,985	4,044	49,959	50,295
Activity - Elective Inpatients Spells	5,828	433	464	451	467	492	441	497	466	410	407	458	483	5,469	5,867
Activity - Emergency Inpatient Spells	50,160	3,247	3,626	3,635	3,776	3,712	3,453	3,850	3,796	3,769	3,804	3,290	3,743	43,701	48,905
Activity - Excess Bed Days	11,066	707	823	922	841	580	664	778	724	603	742	505	353	8,242	14,929
Activity - Maternity Pathway	7,636	578	668	621	642	652	579	584	630	529	697	595	586	7,361	7,587
Activity - Neo Natal Bed Days	7,111	628	661	604	611	643	542	625	557	641	651	452	621	7,236	7,308
Activity - Outpatient First Attendances	146,246	12,902	13,932	13,928	14,880	13,468	12,962	15,216	14,902	12,563	16,407	14,958	15,645	171,763	157,112
Activity - Outpatient Follow Up Attendances	295,301	25,716	27,624	26,429	28,601	26,743	26,342	30,178	28,475	23,044	29,488	25,995	26,327	324,962	310,129
Activity - Outpatient Procedure Attendances	71,502	5,235	6,107	6,121	6,064	5,715	5,873	6,511	6,343	5,826	6,931	6,120	6,548	73,394	76,208
Activity - Rehab Bed Days	20,079	1,528	1,571	1,720	1,618	1,908	1,732	2,017	1,987	2,492	2,680	1,686	1,923	22,862	19,373
Activity - Renal Dialysis	52,070	4,233	4,431	4,225	4,121	4,180	3,885	4,158	4,018	4,129	4,111	3,832	4,076	49,399	51,578
Ambulance Handover - 30 min – breaches (DGH view)	4,608	180	437	437	542	267	441	428	488	422	503	473	547	5,165	0
Ambulance Handover - 30 min – breaches (WMAS view)	5,803	240	603	563	685	395	548	554	637	545	649	583	667	6,669	0
Ambulance Handover - 60 min – breaches (DGH view)	716	8	67	53	119	43	120	88	66	86	101	93	72	916	0
Ambulance Handover - 60 min – breaches (WMAS view)	876	9	73	66	144	52	138	106	80	98	120	105	80	1,071	0

Performance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Cancer - 14 day - Urgent Cancer GP Referral to date first seen	94.7%	88.2%	95.9%	94.5%	95.3%	95.0%	94.6%	94.6%	95.5%	96.6%	96.8%	98.6%	94.4%	95%	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%	92.5%	96.3%	97.2%	94.7%	94.7%	98%	84.1%	94.5%	93%
Cancer - 31 day - from diagnosis to treatment for all cancers	98.8%	98.7%	100.0%	99.4%	97.1%	98.7%	96.0%	98.9%	97.7%	99%	97.5%	99.4%	98%	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%	100%	100%	98%
Cancer - 31 Day For Second Or Subsequent Treatment - Surgery	98.9%	100%	100%	100%	100%	100%	100%	100.0%	100%	100%	100.0%	100%	100%	100%	94%
Cancer - 31 Day For Subsequent Treatment From Decision To Treat	99.4%	100%	100%	100%	100%	100%	100%	100.0%	100%	100%	100.0%	100%	100%	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%	90.7%	95.1%	92%	94%	89.7%	91.3%	85%
Cancer - 62 day - From Referral for Treatment following national screening referral	98.4%	96.4%	96.1%	100%	100%	100%	100%	93.3%	100%	94.1%	100%	100%	100%	98%	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%	78.2%	89.8%	88.7%	82.9%	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	4	0	-	32	
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	4	6	-	47	
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	8	6	-	79	
Maternity: Breastfeeding Data Coverage Rates	100%	100%	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	325	340	4,315	
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%	84.6%	86.8%	86.3%	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%	93.5%	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%	94.7%	95%	94.5%	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%	99.18%	99.12%	98.82%	99%

Staff/HR Finance Dashboard

Finance															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Agency spend	£11,613k	£860k	£1,111k	£981k	£974k	£1,157k	£1,172k	£1,119k	£1,079k	£1,146k	£1,250k	£1,337k	£1,365k	£13,550k	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	£1,636k	£2,077k	£20,035k	k
Budgetary Performance	(£20,622)k	(£640)k	(£451)k	£646k	(£445)k	(£134)k	(£1,833)k	£121k	£254k	£562k	(£4,991)k	(£2,428)k	(£3,886)k	(£13,226)k	£0k
Capital v Forecast	106.6%	59.8%	51.9%	69%	67.7%	68.3%	76.9%	72.8%	76.5%	88.0%	84.5%	85.9%	-	85.9%	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	£5,533k	-	£5,533k	k
Cash v Forecast	54.6%	109.3%	98.8%	159.4%	85.20%	92.70%	87.4%	152.2%	201.8%	136.8%	69.5%	86.9%	-	86.9%	95%
Creditor Days	16.4	15.5	15.5	16.7	17	15.9	17.3	17.7	21.7	21.7	19.6	20.9	-	20.9	15
Debt Service Cover	0.79	0	0.64	0.85	1.03	1.12	1	1	1.13	1.13	1.03	0.88	-	0.88	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	11.6	-	11.6	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	(£2,619)k	-	(£2,922)k	k
Liquidity	-7.63	-7.78	-8	-8.35	-7.98	-8.06	-9.8	-10.69	-9.63	-10.34	-12.45	-14.12	-	-14.12	0
SLA Performance	(£3,902)k	(£537)k	(£708)k	£197k	(£11)k	(£223)k	(£221)k	£912k	£942k	£535k	£1,120k	£935k	£335k	£3,277k	

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%	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%	88.6%	88.8%	88.8%	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%	83.09%	83.91%	81.76%	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%	88.09%	88.03%	86.37%	95%
Sickness Rate	4.40%	3.79%	3.85%	4.17%	4.41%	4.34%	4.73%	4.91%	4.84%	5.44%	5.65%	5.38%	4.44%	4.66%	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	4,379.16	4,397.87	4,397.87	
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%	8.78%	8.48%	8.48%	%
Vacancy Rate	6.63%	10.87%	11.35%	11.27%	11.13%	10.86%	10.37%	9.37%	10.23%	10.37%	10.42%	9.78%	9.35%	9.35%	%

Quality Indicators

Heat Map - March 2019

KPI																																				Environmental Cleaning																																				Hand hygiene																																				MRSA Screening - elective																																				MRSA Screening - emergency																																				HCAI CDIIF - due to lapses in care																																				Saving Lives - 02b peripheral lines																																				Saving Lives - 06b urinary catheter																																				Datix incidents reported																																				Falls, Injuries or Accidents																																				Pressure Ulcers - Grade 3/4																																				Serious Incidents																																				Never Events																																				Nutrition Audit																																				Pain Score																																				Medicines Management Audit																																				% of Deaths with Priorities of Care																																				Deteriorating Patient Trolley Check (1 month in arrears)																																				Fluid Balance Management Audit																																				VTE Assessment Indicator (CON01)																																				NOA - Skin Bundle																																				FFT - Response Rate																																				FFT - Recommended %																																				Complaints																																				Compliments																																				Appraisals																																				Mandatory Training																																				RN Average Fill Rate (day shifts)																																				RN Average Fill Rate (night shifts)																																				Sickness Rate																																																																																																																																																																																																																																																																																																											
Ward	Patient Safety & Quality																																Clinical Indicators				Patient Experience				Workforce & Safer Staffing						Ward RAG Trend																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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Paper for submission to Trust Board 2nd May 2019

TITLE:	Operational Plan 2018/19: Quarter Four Report		
AUTHOR:	Tricia Morrison Deputy Director of Strategy & Business Development Ian Chadwell Business Development Manager	PRESENTER	Natalie Younes Director of Strategy & Business Development
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF TRUST BOARD:			
Decision	Approval	Discussion	Other
		Y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR TRUST BOARD:			
<ul style="list-style-type: none"> To note the performance of Quarter Four of the Trust's Annual Plan for 2018/19. 			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			

An overview of Quarter Four performance of the Trust's 2018/19 Annual Plan can be found in Appendix One.

The summary of the **Quarter Four** position is:

Strategic Objective	RAG rating			
	Red	Amber	Green	No Status
Deliver a great patient experience	8	4	8	4
Deliver safe and caring services	1	10	17	1
Drive service improvement, innovation and transformation	-	10	6	-
Be the place people choose to work	1	4	1	-
Make the best use of what we have	1	3	2	-
Deliver a viable future	-	5	9	3
Total	11	36	43	8

There has been little change from the position reported at the end of Quarter Three. Seven measures were forecast to be red at Quarter Three, however the actual position at Quarter Four is eleven measures showing a small increase. The measures are set out below, mitigating actions are in place and risks are being managed through the Board Assurance Framework:

- Deliver a great patient experience
 - Outpatient FFT response rates (BAF 568)
 - Community FFT response rates (BAF 568)
 - Inpatient FFT scores (BAF 568)
 - ED FFT scores (BAF 568)
 - Outpatient FFT scores (BAF 568)
 - Community FFT scores (BAF 568)
 - Four hour A&E standard (BAF 564)
 - Diagnostic waiting times (BAF 569)
- Deliver safe and caring services
 - CQC inspection rating (BAF 577)
- Be the place people choose to work
 - Achieve 5% improvement in health & well-being staff survey questions (BAF 589)
- Make the best use of what we have
 - Control total of £800k deficit achieved (BAF 592)

of the above, the measures that were forecast to improve from red at Q3 but remain red are:

- Outpatient FFT response rates (BAF 568)
- Community FFT response rates (BAF 568)

and the measures that have become red this quarter are:

- Diagnostic waiting times (BAF 569) (Green at Q3)
- 5% improvement in health and well-being staff survey questions (BAF 589) (Amber at Q3)
- Control total achieved (BAF 592) (Amber at Q3)

Proposals for refreshing the monitoring arrangements for the Trust Annual Plan 2019/20 were supported by the Finance and Performance Committee on the 28th March.

This will involve re-visiting the format of the quarterly report to provide a more comprehensive narrative on progress against the goals in the Annual Plan and to make the link between the measures reported in the IPR more explicit and to avoid duplication. The Quarter one report for 2019/20 to Trust Board will be in the new format.

The Trust Annual Plan for 2019/20 introduces a number of new measures which will require baselines and data collection mechanisms to be agreed. These cover aspects from the NHS Long Term Plan whilst others reflect the emphasis of the new Trust Strategy 2019 - 2021.

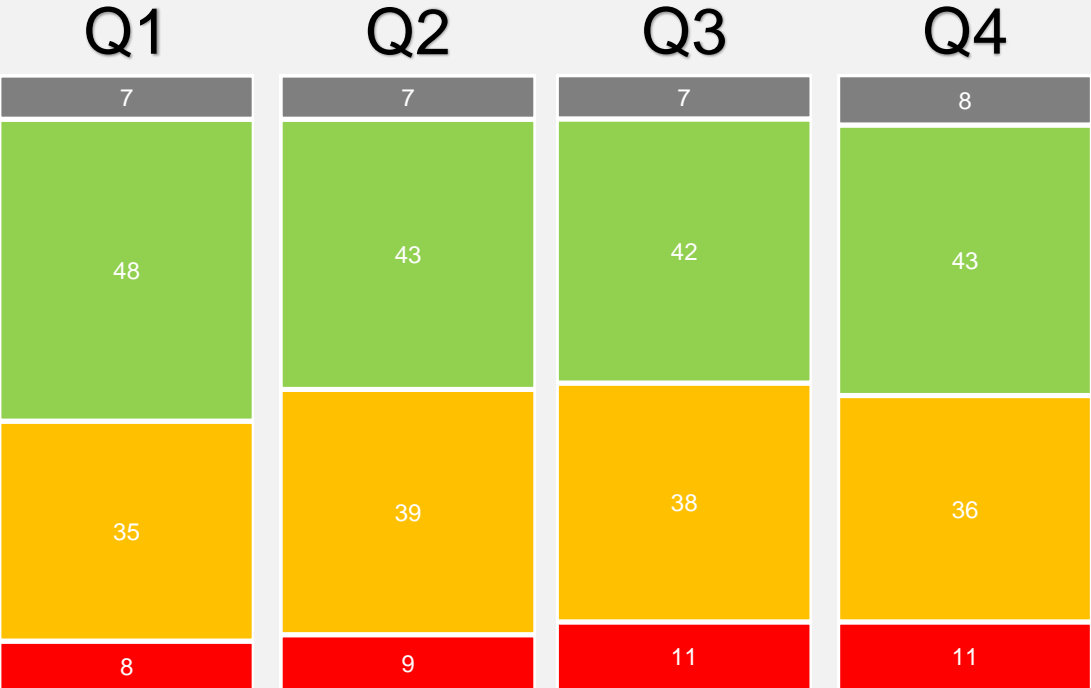
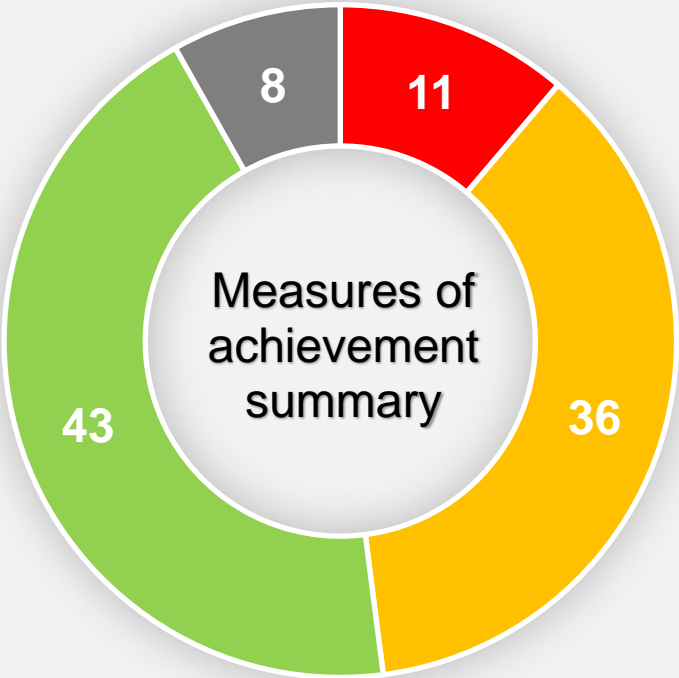
Footnote – the reference numbers in Appendix One enable cross-referencing to the full Q3 monitoring report presented to Finance and Performance Committee

IMPLICATIONS OF PAPER:

RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well-led
	NHSI	Y	Details: Operational Plan is submitted to & approved by NHSI
	Other	N	Details:

OPERATIONAL PLAN PERFORMANCE

Q4 2018/19



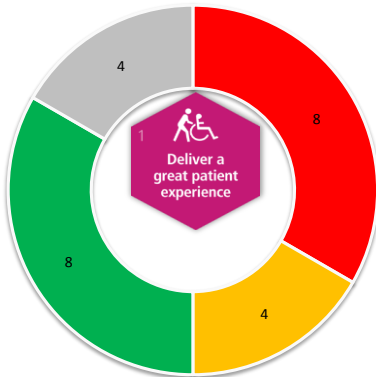
- 1 Deliver a great patient experience
- 2 Deliver safe and caring services
- 3 Drive service improvement, innovation & transformation
- 4 Be the place people choose to work
- 5 Make the best use of what we have
- 6 Deliver a viable future



SO1: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Four

Summary of RAG Rating



What is going well?

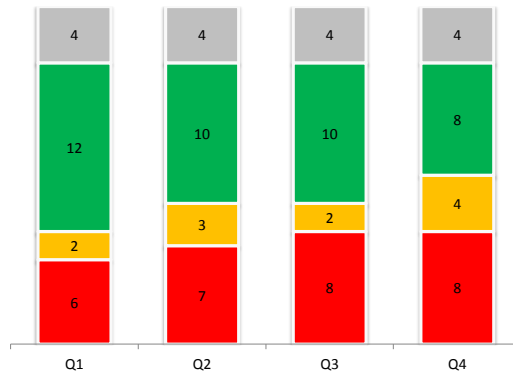
1. The response rate target for the Family and Friends Test (FFT) (SO1.1) has been met for Inpatients, ED and Maternity birth and scores (SO1.2) met target for Maternity (antenatal, births and postnatal)
2. The complaints process (SO1.4) has been mapped with support from Dudley Improvement Practice and some improvements have been implemented
3. Work has started to develop the clinical model for services that will form part of the MCP. The Transition Board has been established and is meeting monthly. The position of Chair for the MCP has recently been advertised (SO1.10)

What is going not so well?

1. The FFT scores (SO1.2) for inpatients, ED, community and outpatients require further improvement
2. The Trust did not meet its target for patients admitted, transferred or discharged within 4 hours of their arrival at A&E (SO1.5)
3. The Trust did not meet its target for diagnostic waiting times (SO1.9) for the quarter following the downtime incurred as a result of the 8 day failure of one of the MRI rooms in January. The target was achieved in February and is expected to be achieved in March.
4. Poor performance in January means that there is a risk that the target for cancer patients treated within 62 days will not be achieved this quarter (SO1.8). It was achieved in February and the March position is being validated.

Key Risks & Mitigation

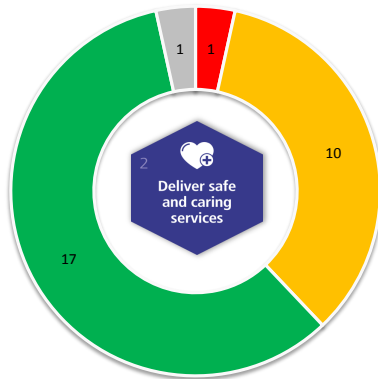
1. Feedback Fridays and FFT champions aim to increase FFT response rates. The distribution of the FFT Survey via SMS is being extended to a sample of outpatients (SO1.2). FFT will be offered on devices used by community staff during Quarter 1 of 2019/20
2. The new model of care for acute medicine will be implemented from April 2019 which should result in medical referrals being pulled from ED earlier in their pathway (SO1.5)
3. A mobile MRI was procured throughout February and March to support reduction of backlogs of MRIs to be reduced in GA and Cardiac (SO1.9)
4. 'Long stay Wednesday's have been introduced to provide a focus for progressing pathways of patients who have been in hospital for a long time (SO1.7)



SO2: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Four

Summary of RAG Rating



What is going well?

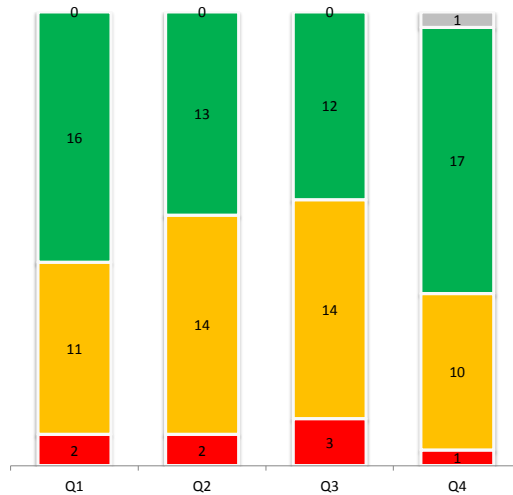
1. Screening for sepsis across all areas is now consistently 90% (SO2.3)
2. The Trust is performing well for incident reporting (SO2.5) and is in the top 50% of non-specialist Trusts
3. The implementation of the Gold Standards Framework continues to be successful (SO2.8)
4. 48% of consultant job plans have been signed off, an increase of 16% in quarter 3 (SO2.17)
5. The Trust exceeded the target for 20% of women booked on to continuity care pathway for maternity services in March (SO2.18). The reported figure was 29.7%

What is going not so well?

1. Four out of the nine CQUIN projects are at risk of delivery and likely to result in only partial payment (SO2.11)
2. The reporting of serious incidents to Commissioners within 60 days (SO2.6) has not always occurred, although potential breaches are discussed in the Trust on a weekly basis.
3. The CQC inspection rating for ED is inadequate (SO2.10)
4. Expenditure on agency nurses (SO2.16) has increased due to an increase in establishment, the opening of new clinical areas and overall vacancy factor

Key Risks & Mitigation

1. Specific plans are in place to support achievement of quality indicators which have not reached their targets (SO2.1)
2. Improvement plans have been drafted following the inspection of core services by CQC in January 2019 and a Well-Led Inspection in February (SO2.10). These plans will be revised once the content of the inspection report is available in April 2019.
3. Patient Safety Advisors are supporting the reporting of serious incidents (SO2.6). The Patient Safety Team have reviewed cases that have breached the target to identify the underlying themes.
4. Daily emails are being sent to all inpatient areas about patients who require antibiotics within an hour for red flag sepsis (SO2.4)
5. Actions are being taken to clear the backlog of Structured Judgement Reviews (SJR) including dedicated administration resource (SO2.14)
6. All bank and agency requests continue to be assessed daily by the Associate Chief Nurses (SO2.16)

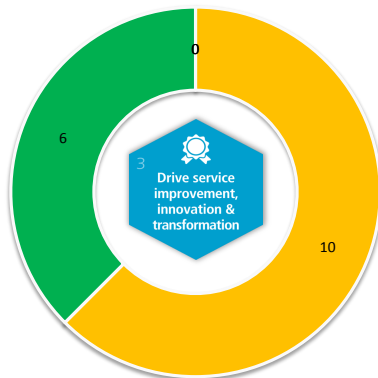


SO3: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Four



Summary of RAG Rating



What is going well?

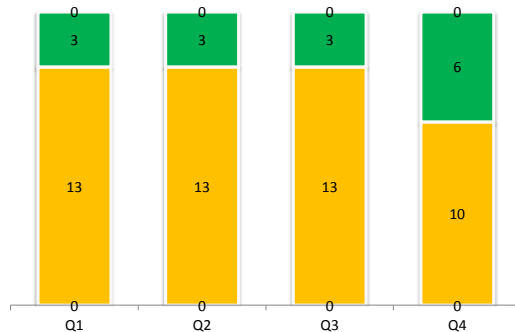
1. Lessons learned from the trial fortnights of providing additional consultant cover at weekends by Surgery, Women and Childrens Division has led to Business Cases being developed to support development of seven day services (SO3.1, SO3.4)
2. A single telephone line for the Single Point of Access (SPA) has been introduced to ease referrals for urgent and emergency care from primary care (SO3.9)
3. A new model of pre-operative assessment has been piloted since January 2019 and its impact on theatre utilisation will be evaluated shortly (SO3.7)
4. Clinical pharmacy time has improved to 85% in Quarter 4 as a result in a reduction in staff turnover (SO3.12)
5. Paediatrics are on track to have no child more than 20 weeks overdue for follow-up by the end of April (SO3.16)

What is going not so well?

1. Not all non-elective patients are seen by a consultant within 14 hours of admission (SO3.1)
2. The introduction of a primary care Minor Eye Conditions Service has not led to any discernable reduction in referrals to Ophthalmology (SO3.16)

Key Risks & Mitigation

1. Additional General Surgeons have been appointed to assist in the delivery of seven day services (SO3.1 - SO3.4)
2. Plans are in place to implement GIRFT review recommendations for General Surgery, Respiratory and Dental Services (SO3.10)
3. Imaging are preparing a Business Case for staffing to mitigate the on-call commitments for radiographers (SO3.3)



SO4: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Four

Summary of RAG Rating



What is going well?

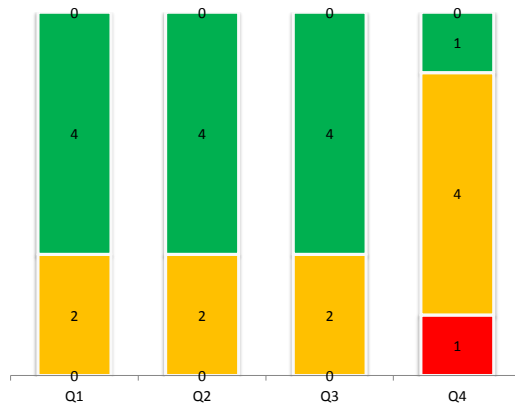
1. The compliance rate for Mandatory training reached 88.69% just short of the 90% target which is a similar to the position in quarter 3 (SO4.6)
2. Staff wellbeing events are taking place "Make it Happen", and have been well attended (SO4.5)
3. Level of engagement for completing the staff survey improved from last year but was not as high as expected (SO4.2)
4. Appraisal rates continue to be achieved at 96.5% (SO4.6)

What is going not so well?

1. Results from the Staff Survey confirmed that none of the 3 health and well-being questions from the staff survey improved by 5% and the associated CQUIN has not been achieved (SO4.4)
2. The absence rate in February (5.48%) was above the target 3.5% (SO4.3)

Key Risks & Mitigation

1. Events arranged with the Staff Engagement Lead will improve staff engagement events further making them even better organised and so that they provide more support for staff (SO4.5)
2. Improved electronic recording and alert systems for managers will highlight the gaps in Mandatory Training. The focus is on high risk areas such as resuscitation, safeguarding and infection control (SO4.6)
3. Changes to the Sickness Absence Policy and training for managers will help to improve sickness rates (SO4.3)



SO5: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Four

Summary of RAG Rating



What is going well?

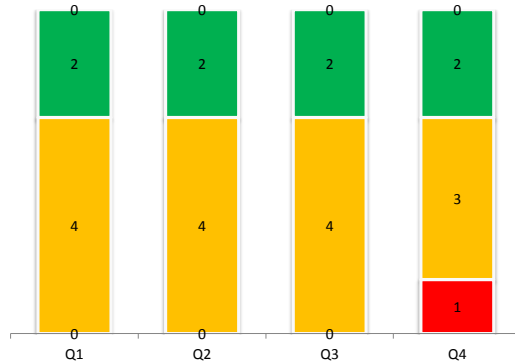
1. The Cost Improvement Programme (CIP) is set to deliver £19.65 million against a target of £15.4 million (SO5.5)
2. The Patient Safety Strategy was presented to Trust Board in March 2019 (SO5.6)

What is going not so well?

1. Non-Elective activity is under-performing against plan resulting in a loss of expected income (SO5.1)
2. The Trust did not deliver its control total deficit of £800k, the year end position is forecast at an £8.8 million deficit excluding PSF (SO5.4)

Key Risks & Mitigation

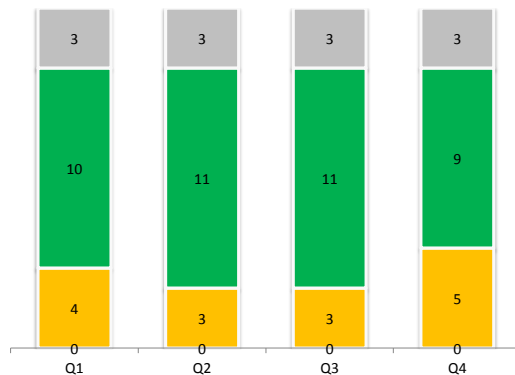
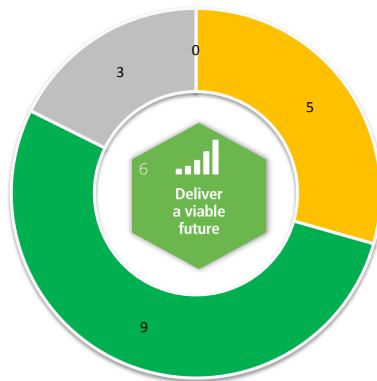
1. A Financial Improvement Plan has been approved for 2019/20 formalising the approach to identifying opportunities and disseminating messages about the financial position across the Trust (SO5.4)
2. The Medical Workforce Strategy has been discussed by Executives and will be presented to the Workforce Committee in April 2019 (SO5.6)



SO6: 2018/19

Annual Plan Quarterly Monitoring Strategic Objective Overview: Quarter Four

Summary of RAG Rating



What is going well?

1. The Black Country Procurement work stream has delivered its saving plan (SO6.1)
2. The Trust is playing an active role in the development of the Black Country Pathology Service. The successful TUPE of staff took place (SO6.2)
3. The vacancy rate for nurses has decreased in February alongside a falling trend in turnover for medical, nursing and CSW staff (SO6.14)
4. The shared care record is in place as a technical proof of concept. Phase 1 has been completed ahead of schedule, phase 2 due for completion by quarter 2 2019/20 (SO6.16)
5. Recruitment of up to 100 Training Nurse Associates is underway (SO6.11)

What is going not so well?

1. There are no indicators RAG rated as red this quarter.

Key Risks & Mitigation

1. A newly established Staff Experience and Engagement Group will oversee recruitment and retention initiatives to support continued improvements in this area (SO6.14)
2. Service level strategies are under development to underpin the refreshed Trust Strategy highlighting how additional income can be generated in the future (SO6.9)



Paper for submission to the Board of Directors on 2 May 2019

TITLE:	Finance and Performance Committee Exception Report		
AUTHOR:	Tom Jackson Director of Finance	PRESENTER:	Tom Jackson Director of Finance
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF BOARD / COMMITTEE / GROUP:			
Decision	Approval	Discussion	Other
		Y	
OVERALL ASSURANCE LEVEL			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE BOARD:			
The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
CORPORATE OBJECTIVE:			
S05 Make the best use of what we have S06 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Summary report from the Finance and Performance Committee meeting held on 25 April 2019.			
IMPLICATIONS OF PAPER:			
RISK	Y	Risk Description: BAF592	
	Risk Register: Y	Risk Score: 20	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Lead
	NHSI	Y	Details: Achievement of Financial Plan
	Other	N	Details:

Meeting	Meeting Date	Chair	Quorate	
Finance & Performance Committee	25 April 2019	Jonathan Hodgkin	yes	no
			Yes	
Declarations of Interest Made				
None				
Assurances Received				
Finance and Efficiency				
<ul style="list-style-type: none">• The underlying financial improvement evidenced through 2018/19 received positive assurance through a successful close out of the year end position through the delivery of the planned £8.8m deficit position. Including PSF the financial position improved to a £1.3m deficit. Contributions from all areas of the organisation were acknowledged and thanked.• The better than expected PSF receipts in 2018/19 mean there is a chance that the Trust may not need to rely on cash borrowings in 2019/20 subject to delivery of the planned and favourably phased efficiency programme.• The stretch target for CIPs to £25m was discussed.				
Performance				
<ul style="list-style-type: none">• Some aspects of strong performance were noted. The Committee have requested a deep dive and report to really understand the barriers to delivery of the Emergency Access Standard target.				
Workforce				
<ul style="list-style-type: none">• A lengthy conversation took place regarding agency spend and ways to address. A number of initiatives are at outline stage and these will come together as part of the workforce cost base workstream. Good work was acknowledged in medical workforce with the MIT programme. The emerging pension issue and the risk around delivery of waiting list initiatives was discussed.				
Estates and Procurement				
<ul style="list-style-type: none">• The Committee noted that the positive March performance against the PFI contract, which saw the lowest deficiency points made over the last twelve months.				
Oversight and Risk				
<ul style="list-style-type: none">• The revised Terms of Reference for the Committee were approved				
Decisions Made / Items Approved				
<ul style="list-style-type: none">• Finance and Performance Committee revised Terms of Reference were approved				
Actions to come back to Committee				
<ul style="list-style-type: none">• EAS deep dive report				
Performance Issues to be referred into Executive Performance Management Process				
<ul style="list-style-type: none">• EAS• Delivery of the CIP for 2019/20				
Areas of Risk to be escalated onto the Corporate or Divisional Risk Register				
<ul style="list-style-type: none">• Delivery of the financial plan as approved and the more challenging Control Total target.				
Items referred to the Board for decision or action				
<ul style="list-style-type: none">• None				

Paper for Submission to the Board on 2nd May 2019

TITLE:	DRAFT EU EXIT Resilience Strategy		
AUTHOR:	Christopher Leach	PRESENTER	Karen Kelly
CLINICAL STRATEGIC AIMS			
		Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.	
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		Y	
OVERALL ASSURANCE LEVEL (<i>Please insert x in one of the boxes</i>)			
Significant Assurance	Acceptable Assurance	Partial Assurance	No Assurance
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
RECOMMENDATIONS FOR THE COMMITTEE			
To consider updates to the document			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and caring services SO3: Drive service improvements, innovation and transformation			
SUMMARY OF KEY ISSUES:			
The trust is taking actions to prepare for a potential no deal EU exit, this document indicates the overarching strategy that is being undertaken, due to the developing guidance from DHSC this document will continue to be updated up until exit.			

IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: No Deal EU Exit
	Risk Register: Y		Risk Score 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:
	Other	Y	Details: NHS England and CCG have requested copies of the document to assist in health economy planning

EU EXIT RESILIENCE STRATEGY	DOCUMENT TITLE:	EU EXIT Resilience Strategy
	Name of Originator/Author /Designation & Specialty:	Christopher Leach, Emergency Planning Manager
	Director Lead:	Chief Operating Officer (Accountable Emergency Officer)
	Target Audience:	All Staff
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	Relevant Documents /Legislation/Standards	Civil Contingencies Act 2004 ISO 22301:2012 Government Guidance EU Exit Dudley Group NHS FT No Deal EU Exit BIA Dudley Group NHS FT No Deal EU Exit Response Policy Dudley Group NHS FT Business Continuity Plan Dudley Group NHS FT Business Impact Analysis
	Contributors: <i>Individuals involved in developing the document.</i>	Designation: Jane Elvidge, Deputy Chief Pharmacist & Medication Safety Officer Paul Mellor, Assistant Director of Procurement Dawn Woods, Head of HR Operations Dr Emma Suggett, Interim Chief Pharmacist Neal Shaw, Head of Medical Engineering Darren Lowe, Estates Compliance Manager Sarah Ellis, IT relationship manager Colin Plant, Estates Manager Interserve Phillip Stirling, Sandwell and West Birmingham NHS Trust Emergency Planning Officer Gregory Barber, Transfusion Laboratory Manager Claire Phillips, Research & Development Manager Chris Walker, Deputy Director of Finance – Financial Reporting Sharon Williams, Information Governance Manager/Data Protection Officer Danielle Stacey, Deputy Chief Pharmacist – Medicines Optimisation Rita Khan, Breast Imaging Manager
The electronic version of this document is the definitive version		
Version	Date	Reason
1.0	October 2018	New Document
2.0	26 th March 2019	Updated document for Board
3.0	April 2019	Updated document following new guidance

THIS DOCUMENT IS SUBJECT TO CHANGE

A translation service is available for this document. The Interpretation/Translation Policy, Guidance for Staff is located on the intranet under Trust-wide Policies.

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THE DUDLEY GROUP NHS FOUNDATION TRUST

EU EXIT RESILIENCE STRATEGY

1. INTRODUCTION

As part of the trusts resilience strategy it is necessary for us to prepare for incidents actual and perceived.

On the 29 March, 2017 the UK triggered Article 50 of the Lisbon Treaty as part of our preparations to leave the European Union

Currently the UK will leave the EU on the 1st June 2019 if a deal is not agreed by this point, if we decide to take part in EU elections this date could be changed to 31st October 2019

There is a potential risk of a `no deal` scenario, this generates a number of potential risks to:

- Supply chain
- Workforce
- Finances
- Reciprocal Healthcare

In the event of a deal being made there would be relatively little impact envisaged on NHS providers.

This strategy mainly considers a no deal scenario but the principles can be applied if required in a full or partial deal situation

This document identifies areas of potential risk and the assessment of these risks against the organisational aims and how the trust delivers care to its patients

This document will be supported by trust specific documentation:

- No Deal EU Exit Response Policy
- Business Continuity Policy
- Business Continuity Response and Recovery SOP
- Trust Business Impact Analysis
- Trust No Deal EU Exit Business Impact Analysis

2. STATEMENT OF INTENT/PURPOSE

This document is designed to assist the trust in responding to a no deal exit from the EU. Due to rapidly developing guidance from Department of Health and Social Care this document will be updated regularly

Aim

To define key impacts and strategy for the trust in relation to no deal EU exit planning

Objectives

- To identify areas that could potentially be impacted by EU exit
- To indicate potential impacts on trust provision of care
- To identify the anticipated work plan for the trust in relation to no deal EU exit
- To update on key national requirements and preparations in relation to no deal EU exit

3. DEFINITIONS

Acronym	Definition
DHSC	Department of Health and Social Care
EU Exit or Brexit	The UK process of exiting the EU
EU	European Union
ISO	International Standard
MHRA	Medicines and Healthcare products Regulatory Agency
IVDR	In Vitro Diagnostic Regulations
HMr	Human Medical Regulations
MDr	Medical Devices Regulations

4. NO DEAL EU EXIT TEAM

The no deal EU exit team is responsible for ensuring key areas are assessed and prepared for the eventuality of a no deal EU exit, they will meet bi-weekly and in the event of a no deal EU exit will form the subject matter expertise advising Strategic/Tactical Commanders in response to an incident generated by impacts from the exit, this group comprises of:

- SRO for the Trust (Chief Operating Officer)
- Emergency Planning Manager (Chair)
- Pharmacy lead
- EBME lead
- Trust IT/Terrafirma lead
- Trust Estates lead
- Procurement lead
- Staffing and workforce lead
- Clinical Support Services Lead
- Surgical Directorate lead
- Medicine Directorate lead
- Research and Development lead
- Finance lead
- Information Governance lead
- Summit/Interserve Representative
- Black Country Partnership (BCP) lead
- And others as are identified by Risk Assessment

5. NO DEAL EU EXIT HIGH LEVEL BUSINESS IMPACT ANALYSIS

Risk	Impact Definition	Service Delivery	Financial	Reputation	Wellbeing, Health & safety	Information Security	Statutory/Regulatory	Business/Work plan objectives
Reciprocal healthcare	Provision of care to EU nationals			X	X			X
Procurement	Supply of non-clinical and clinical consumables, goods and services	X	X		X			X
Pharmacy	Supply of medicines and vaccines	X	X	X	X		X	X
Medical devices	Supply and maintenance of medical devices	X	X	X	X		X	X
Interserve and support services	Estates and Soft FM	X	X	X	X		X	X
Blood Services	Blood, blood components, organs, tissues and cells	X	X	X	X			X
Workforce	Staffing	X	X	X	X		X	X
IT/Information Governance	Data sharing, processing and access	X	X	X	X	X	X	X
Fuel supplies	National supplies of fuel	X			X			X
Research and Clinical trials	Investigational medicine products and clinical research	X		X	X	X	X	X
Potential increases in demand	Capacity Increases	X		X	X		X	X

Note: All departments are expected to have in place individual Business Continuity and Impact Assessments that identify risks to their areas and a detailed specific Trust BIA for No Deal EU exit is available, this document is sensitive, a redacted version can be requested through FOI

6. AREA INDIVIDUAL IMPACTS AND RESILIENCE

6.1 Procurement

With regards to supplies and stocks purchased by the trust there are 2 methods that are utilised:

1. NHS Supply Chain
2. Trust directly procured

NHS Supply Chain- is being assessed nationally; the trust expects assurance to be fed in by this national structure as progression is made to ensure resilience; updates will be placed here as they are received.

Trust directly procured- The trust has undertaken an all-encompassing approach in relation to products that are directly procured by the trust and not through NHS supply chain, the procurement team have undertaken a `deep dive` into all of these areas ensuring that each supplier provides direct assurance as to their resilience in relation to a no deal EU exit scenario.

The trust BIA contains full details of these directly procured services, the companies identified as being based in the EU and that would be potentially be affected by a No Deal EU exit are indicated below:

Company	Category	Detail of supply	Departments affected	Assurance Provided?
Zimmer Biomet	Medical and Surgical equipment	Provision of Orthopaedic Trauma items, including Shoulder prosthesis	Surgical division (T&O)	Yes
Word 360	Staff & Patient Consulting / Services	Interpretation & Translation Service	All areas	Yes
HART Biologicals	Chemicals & reagents	Plasma & Other Haematology Products / Reagents	Black Country Partnetship	Partial
Bioventus	Diagnostic Imaging & Radiotherapy	Bone Growth Stimulator & Associated Products	Clinical Support Service (Imaging)	Yes
Genomic Healthcare	Purchased Healthcare	Provision of diagnostic testing services for early identification of breast cancer	Clinical Support Service (Breast Screening)	Yes

Once identified the areas within Dudley Group that require supplies from these companies have been contacted and in line with national guidance have been requested to ensure that they have a minimum of 3 days `buffer` stock in the event of a no deal EU exit, this will be maintained for the period of negotiation leading to the potential eventual exit of the UK from the EU

6.2 Pharmacy

One of the largest potentially impacted areas will be the provision of pharmaceuticals post no deal EU exit, this is currently being compounded by a national issue in the relation to medications shortages (not related to EU exit)

Dudley Groups pharmacy team has undertaken a risk assessment of hundreds of medications in use by the trust to ensure that any potential `at risk` medications are identified and raised to a national level to ensure resilience of supply chain, this includes “fragile lines” those that historically retained in small amounts or those requiring several days for delivery

The trust is also part of Regional discussions through bi-monthly meetings with the regional chief pharmacists and regional chair, with daily communication if necessary via email. The Chief Pharmacist will be fully briefed regarding any contingency and collaboration arrangements determined by the CPhO

Medications present a particularly complexity in that a number can only be procured from within the EU, and a number not produced within the EU do purchase raw materials from the EU. This supply chain tracing is being conducted at a national and local level, however it must be noted that whilst alternate suppliers are being explored there are not many that are available.

In addition to this in line with national request the trust has ensured that:

- Ensured we have a Senior Responsible Officer identified for no deal EU exit, this is being conducted by the chief pharmacist
- Medicines shortages has been raised on the trusts corporate risk register as a separate risk linked to the overarching no deal EU exit risk (COR 734)
- No stockpiling of medications takes place on site
- Medical staff within the trust have been instructed not to write longer prescriptions than what is required for patients
- All trust staff are communicated with to reassure patients and families, if asked, that preparations are being undertaken in relation to potential medications shortages and no deal EU exit preparations as a whole (see communications section)
- Pharmacy team monitors the supply of medications and maintains awareness for any potential stockpiling that may be occurring
- Trust has ensured it has a process in relation to “serious medications shortage” this will allow flexibility in relation to the dispensing of available medications
- Maintain Shortages Log with details of the shortage and interim advice for pharmacy staff
- Pharmacy Brexit steering group has been established and feeds directly into the trust No Deal EU Exit team

Pharmacy have also recently strengthened governance around drug shortages, and tabled a paper at CQSPE to detail formalisation of the process.

6.3 Drug Regulation

In the event of a no deal, UK participation in the European regulatory network would cease, the Medicines and Healthcare products Regulatory Agency (MHRA) would take on the functions currently undertaken by the EU for medicines on the UK market. This would require changes to UK law, via the Human Medicines Regulations 2012 (HMRs). The MHRA is planning a public consultation in early autumn on some of the key proposed legislative changes, this document will be updated as more information is received [More information](#).

6.4 Black Country Pathology

Dudley Group NHS FT works closely with the Black Country Pathology (BCP) they are responsible for provision of:

- Biochemistry (inc. molecular genetics)
- Haematology (inc. blood transfusion)
- Histopathology (inc. histology, cytology and mortuary services)
- Immunology
- Microbiology

As such the Dudley Group has requested assurance from the Black Country Pathology service in relation to these areas in relation to no deal EU exit, this was provided to the trust on the 16/04/2019, they indicated that work has been undertaken to improve their resilience in relation to no deal EU exit and they have a in depth cross organisational strategy and plan that can be enacted if required

BCP have also investigated locally procured services in relation to their service assessment provided below:

Company	Category	Detail of supply	Departments affected	Assurance Provided?
Bio Rad	Automation principle/ technology	Supplier of automation / principle technology in use in the lab	Laboratory/Whole site	Verbal, further assurance being sought
Greiner	Blood Tubes	Suppliers of blood tubes manufactured outside of the UK	Whole site	Verbal, further assurance being sought
Other suppliers	Testing equipment	Range of items used by departments i.e. pipette tips	Biochemistry/ Haematology/ Histopathology/ Immunology/ Microbiology	Requested, alternative suppliers have been identified

NHS Blood and Transplant have also provided the below assurance as the main provider of transfusion and transplant supplies as below:

NHS Blood and Transplant service provide key supplies to the trust in relation to transfusion and transplantation services, NHSBT have indicated that they are continuing to establish contingency arrangements to mitigate potential impacts on products and services arising from a no deal EU exit scenario, they have specifically indicated the below assurance:

- NHSBT collects blood from donors within the UK and does not routinely import from the EU for routine demand for red blood cells, platelets and plasma
- NHSBT have identified that they import and export very small numbers of rare red blood units for specific patients.
- NHSBT have identified that they import around 6.5% of plasma units from the EU (for patients born after 1996 at risk of vCJD)
- NHSBT have identified that the majority of organ donations come from the UK with only around 0.5% a year being imported from the EU
- NHSBT have considered the potential disruption to the road network around Kent and have put plans in place to ensure that stocks and samples are able to travel across the UK

Due to identification of the above resilience NHSBT have advised transfusion laboratories to continue to operate normally, ordering blood and blood components, and not to change our stock-holding of blood or blood components

The Blood Safety and Quality Regulations 2005 would be retained in UK law. The new regulation would maintain the current standard of blood quality and safety on exit day and enable updates to be made to the blood safety and quality standards to respond to emerging threats and changing safety, quality standards and technological advances.

MHRA (Medicines and Healthcare products Regulatory Agency) have indicated the following preparations for No Deal EU exit
<https://www.gov.uk/government/news/medicines-and-healthcare-products-regulatory-agency-statement-on-the-outcome-of-the-eu-referendum>

The trust has in place an emergency blood and platelet management plan, describing how we 'demand manage' a RAG rated blood supply interruption.

6.5 Medical Devices

Dudley Group uses a variety of medical equipment devices from a range of suppliers, including Siemens, GE, Toshiba and Phillips.

The trust BIA contains full details of these equipment providers assurance, the companies identified as being based in the EU and that would be potentially be affected by a No Deal EU exit are indicated below:

Company	Detail of supply	Departments affected	Assurance Provided?
---------	------------------	----------------------	---------------------

Siemens	Scanners and medical equipment	Cross Site impacts	Yes (via interserve)
Frost Optical Services Ltd	Optometrist equipment	Optometry	Yes
Seaward Group	PAT Testing equipment	Cross site impacts	Yes
Austin Medical Products	Alarm Systems	Multiple depts	Yes
Bien-Air UK Ltd	Dental/Surgical Equipment	Dental/Surgical departments	Yes
Body Clock Healthcare	TENS machines	Maternity/ pain management	Yes
Evac Chair Int Ltd	Evacuation Chairs and spares	Used cross site for emergency evacuation	Yes
Bioquell UK Ltd	Bio decontamination equipment	Cleaning/capacity management	Yes
Bracco UK Ltd	CT injectors and consumables	CT/Radiology	Yes, graded high risk as without these supplies we will not be able to provide CT on site, no alternative supplier
Critical Power Supplies Ltd	Uninterrupted Power Supply system	Site Wide UPS systems	Yes, Alternative suppliers available
Goldenlite medical systems ltd	Dermatology PUVA cabinet	Dermatology	Partial, further assurance requested
Grazedean Ltd	Diathermy foot pedals.	Diatheramy	Yes, Alternative suppliers available

Medical Equipment Regulation: In the event of a no deal exit the UK will still recognise medical devices approved for the EU market and those that are CE-marked, should this change in future adequate time will be provided for businesses to implement any changes to requirements. The UK will comply with all key elements of the Medical Devices Regulation (MDR) and the in vitro diagnostic Regulations (IVDR), which will apply in the EU from May 2020 and 2022 respectively.

6.6 Radiological Isotopes/ Starting agents

Dudley Group holds a contract with Sandwell and City to provide isotopes to the trust for radiological use.

Nationally companies responsible for the provision of items used in radiotherapy and radioactive processes have been asked to ensure resilience of the supply chain and as a result have stockpiled 6-months' supply of non-radioactive starting agents, this however still leaves a risk in relation the actual radioactive component, this cannot be stockpiled due to decay rate.

In the event of a no-deal EU exit, there is a risk of delayed delivery of radioactive generators which are key in manufacturing radiopharmaceuticals,

and other radioactive products which are usually provided as finished products,

- DaTSCAN (used in the diagnosis of Parkinsons Disease)
- I-123 MIBG (diagnosis of Tumors, adrenal medulla)
- Tl-201 (diagnostic agent)
- Ga-67 (radiopharmaceutical used to obtain images of a specific type of tissue, or disease state of tissue)

Sandwell has mitigated against this by amending their delivery schedule to ensure availability of generators for usual workload, there will be difficulties however if this new schedule of delivery cannot be met so a risk remains

Sandwell advise that this risk is being managed through there no deal EU exit preparations and remain in constant communication on progress of preparations with key partners, they have also advised that this is now included on their trusts risk register, rating it as an **Amber** risk.

6.7 Summit

Summit as the landlord for the Dudley Group PFI subcontract services to Interserve who provides services across the trust in relation to:

- Hard FM (Engineering, Electric provision, building maintenance)
- Soft FM (Portering, Switchboard services, Food provision)
- Security (subcontracted to Olympian)

As such Summit have been requested by the trust to ensure that assurance is sought from these providers in relation to a no deal EU exit scenario

Interserve provided assurance to Summit on January 2019 and March 2019 which was then provided to the trust, this indicated that Interserve have established a national programme in relation to no deal EU exit preparations.

They identified that “Interserve does not foresee any significant impacts on its ability to deliver services for the Hospitals in regard to Brexit. This is especially true given that import and export requirements are minimal to effective service delivery by Interserve” (March 2019)

They further identified in January 2019 that they (Interserve) have put in place a “Procurement and Supply Chain strategy includes identifying and mitigating potential risks to the supply of goods and services from key suppliers and subcontractors”

In relation directly to service provision at the Dudley Group, Summit requested further assurances as detailed below:

Question	Response
Review of the assets and spares [particularly critical] to establish whether exiting the EU has an issue	A Request for Information (RFI) document has been issued to key suppliers within the health sector that are used across multiple hospitals. Clarification is being sought regarding how Brexit may impact the provision of spares; what suppliers are doing to

concerning timely fault repairs	ensure that stock is available and accessible etc.
Is the consumable supply chain robust	Based upon the responses received from suppliers, the Supply Chain Development (SCD) team will work with Procurement and Operations to assess suppliers based on their risk impact and develop risk mitigation plans as required. Given the criticality of certain service lines and vendors within the health sector – these will be prioritised.
Does Brexit affect the labour force here at Dudley?	A full review of the impact it may have has been initiated by the site team with the support of Interserve EU exit team. A meeting is planned for early January to review progress and we expect to have a full understanding soon after that.
Any subcontractors that we rely on from the EU [such as Siemens]	As outlined above, work is on-going with key suppliers to determine their plans in relation to Brexit and verifying their ability of being able to continue to provide the services required within the defined SLAs and having access to spares / stock to support this.

Further assurance has been requested by the trust to be included onto the trust BIA that will indicate any key suppliers that would be affected by a No Deal exit as well as full details of any staff that may be affected by a no deal EU exit.

6.8 NHS Property Services/ Community Health Partnerships/ Engie

Whilst the majority of Dudley Groups estate is through the PFI in place with Summit it is important to note other departments and services operate within buildings maintained by other companies, assurance was requested from these organisations and provided as below:

Organisation	Services affected	Assurance received
NHS Property Services	Hard and Soft Facilities Management of local healthcare community buildings where DGFT occupy rooms	Yes, anticipated minimal impacts
Community Health Partnerships	CHP are the SPC for the PFI	
Engie	As NHSPS, but specifically relates to Brierley Hill and Stourbridge Social Care Centres	Yes, anticipated minimal impacts

6.9 IT and Data Protection

The Trust completes the annual Toolkit; this year's Data Security and Protection Toolkit (DSPT) is due for sign off by **31st March 2019**

Trust IT 'Terraforma' also completes the DSPT individually also for final sign off by **31st March 2019**

The Trust is certified to ISO27001 and Cyber Essentials indicating a good level of business continuity for disruptive events

The Trust has processing agreements in place with third party organisations within and without the EEA, during the process 4 have been identified as being hosted within the EU and assurance has been requested:

Company	Assurance received
Medtronic	No
Biotronik	No
Boston Scientific	Yes
Abbott (formerly St Jude Medical)	No

The Trust is currently receiving guidance on whether or not the National Framework Agreements cover the assurance required for the continued flow of data from EU to UK, or whether the Trust has to do this independently with the organisations themselves

6.10 Finance

In the event of a no deal EU exit costs will potentially rise impacting on the trust and/or additional costs may be incurred above normal expectations.

In line with national guidance the trust has ensured that we have a process in place to ensure additional costs are identified, logged and escalated to the Finance department. These will then be collated and NHS E EU exit team will be informed

6.11 Workforce and professional registration

Staffing and Workforce have been identified as an area that could be impacted by a no deal EU exit, the trust values its employees and will assist, where required, ensuring that staff originating from the EU, and requiring assistance, are able to stay within the UK, working as a member of the Dudley Group NHS FT

The Trust has identified 92 WTE staff potentially at risk from a no deal exit, below is a high level breakdown of staff, each department is aware of this and has conducted a risk assessment against staff reductions in their areas

Grade-Role	Number
Senior Manager	4
Matron	1
Consultant	14
Radiographer	3
Nursing	41
Health Care Support Workers	5
Practitioner	2
Medics	7
Registrar	8
Pharmacist	3

Occupational Therapist	2
Administration/Secretarial	4
Physiotherapist	3
Midwife	1

Should a situation arise whereby there are vacancies across the trust, workforce has robust recruitment plan/processes which can be enacted rapidly to refill vacant posts

The government has established an EU settlement scheme to allow persons originating from the EU to settle permanently in the UK, EU citizens who are resident in the UK before the UK leaves the EU will continue to be eligible to apply to the EU Settlement Scheme, until at least 31 December 2020, the trust has communicated this with our workforce and is readily able to assist staff if necessary in applying for the scheme

Professional Registration

The trust currently complies with the European Directive for Mutual Recognition of Professional Qualifications (MRPQ) for confirming professional registration of staff from EU based countries, in the event of a no-deal Brexit, the MRPQ would no longer apply

It has been designated that in the event of a no deal EU exit:

- Anyone registered using MRPQ before the date of exit would retain their registration
- Anyone who applies using MRPQ before the date of exit would be able to proceed with their application through that route which will include appeals
- Applications for registration after the date of exit would be considered depending on a number of factors set out in the statutory instrument

6.12 Surge and Escalation

In the event of a no deal EU exit the trust anticipates surge from patients who may not be able to access pharmaceuticals and care that they would usually access in the community, therefore the trust is prepared for surge in demand through its standing surge and escalation processes, with any surges as a result of no deal EU exit being escalated to the national NHS England EU exit team

6.13 Research and Clinical trials

As part of a potential impact to clinical trials and research across the NHS, we as a trust were requested to ensure exploration of impacts across:

- EU research and innovation funded schemes
- Clinical networks
- Clinical trial and investigations

Scheme	Response
EU research and	The trust does not currently have any EU, Horizon

innovation	2020 or Third Health programme grants
Clinical Networks	UK clinicians would be required to leave European Reference Networks (ERNs) However, we will seek to strengthen and build new relationships – including with the EU – ensuring clinical expertise is maintained through the UK DHSC and NHSE are in contact with the ERNs and no action is required at this stage. Further information will be communicated in due course
Clinical Trials and clinical investigations	The trust does not currently sponsor Investigational Medical Product (IMP) trials, all of our drug trials are sponsored commercially or through University or trial centre

Clinical Trial Regulation

EU Clinical Trial Regulation (CTR) will not be incorporated into UK law. However, the UK will align where possible with the CTR without delay
IF carrying out clinical trials the normal process for seeking regulatory approval will be followed

As a trust the Research Nurses and Clinical Trial pharmacists are liaising with sponsors regarding arrangements for future supplies, this will be fed into the trust BIA as the information is received.

6.14 Fuel Disruption

In the event of any fuel disruption the trust will follow its predetermined plan for fuel loss which is part of the trust Business Continuity Plan

Bunkered stocks- The trust does have 2 tanks on site that store fuel for the generators on site, the anticipated amounts stored are indicated in the below table, the quantities stored would be sufficient to fuel all four generators for approximately **12 days**

Tank Number	Tank Capacity (Litres)	Amount stored (litres)
1	180,000	0
2	83,600	68,000
3	90,000	69,200
Total Fuel	353,600	137,200

Note: Amount stored correct as of 01/2019

Tank 1: currently offline as not fit for purpose works ongoing to rectify/replace

Additionally there are 4 day tanks with 10 hours fuel provision with generators running at full load

If there is an anticipated fuel shortage tanks would be charged to take to full capacity amount of 353,600 litres

6.15 Local Health Economy Resilience

Dudley Group works closely with our commissioners in ensuring the Dudley Local Health Economy is prepared for a No Deal EU exit, the Dudley Group

also engages in a number of other key resilience working groups to ensure resilience:

- Local Health Resilience Partnership
- Local Health Resilience Forum
- Dudley Resilience Forum
- Dudley Health Protection Group
- West Midlands Local Resilience Forum (Trust represented by NHS England)

In working with Dudley CCG and NHS England, we have requested assurance that GPs and Community Pharmacists were being communicated with to ensure that they were also sending consistent messages re. No deal EU exit, and that they also had considered and have policies in place to ensure there is a limited risk of surge into the acute site in the event of a reduction in availability of key medications/supplies as highlighted in other sections of this document. The CCG and NHS England responded as below:

Dudley CCG

The biggest risk identified is prescribing during a restriction to drug supply, in the event of serious supply shortages, resulting in a Supply Disruption Alert (SDA) being issued; community pharmacies will supply alternative medicines

A panel will be convened consisting of a hospital and community pharmacist, GP and relevant specialists, to agree and distribute revised procedures and to monitor the impact. This panel will then determine frequency of meetings until normal stocks resume

NHS England

Indicate that they continue to work with all Social Care providers across a number of disciplines including medicines supply and that assurance is being gained across these areas, the work that NHS England has undertaken is outlined on their website.

6.16 Breast Cancer Screening

Breast Cancer Screening has been specifically reviewed by the trust at the request of NHS England, the key provider of services and equipment related to breast cancer screening are Hologic, they have indicated they have no anticipated risks related to no deal EU exit and continue to engage fully with the trust

A full assessment was also undertaken of key consumables, as with other departments, and where necessary a 3 day buffer stock has been maintained of key consumables

6.17 Reciprocal Healthcare

In the event of a no deal EU exit there is the potential that EU healthcare cards will no longer be valid for EU nationals within the UK.

Finance manages the arrangements in relation to Reciprocal Healthcare and will as such follow guidance from DHSC in relation to this, the trust already has established processes in place in relation to management of reciprocal

healthcare in relation to other countries i.e. US and would be able to manage this eventuality if required:

Guidance provided from DHSC indicates that the most obvious consequence of these changes for the NHS is that visitors from the EEA or Switzerland, who come after the UK's withdrawal, may no longer be covered for healthcare in the same way they are now, there are exceptions to this which are covered in the DHSC letter dated 05 April 2019 (*EU Exit: Overseas Visitors and Migrants Cost Recovery*)

6.18 Communications

The trust has undertaken a wide ranging programme of work to ensure that communications are far reaching so the majority of trust staff are aware of the arrangements being undertaken in relation to a no deal EU exit scenario, this includes messaging to specific roles for example, medical staff have been contacted to prevent overprescribing. Other mechanisms include:

- Establishment of a No Deal EU exit portal on the trust communications page where key information is provided for staff to access, this includes FAQs as well as links to key documents and processes such as the EU registration scheme
- A poster has been produced by the trust indicating answers to key FAQs about the impacts of a no deal EU exit, it also indicates the process staff are expected to follow to escalate any identified issues and/or shortages to service provision
- A trust communications strategy is being developed separate to this document indicating how the public will be informed in the event of a no deal exit scenario occurring

7. EXERCISING

On the 1st February 2019 the trust undertook an exercise to test preparedness for a no deal EU exit this specifically identified key areas that required further development, the EU exit planning group has further developed its planning with focus on:

- Seeking potential alternate suppliers
- Stockpiling where guidance allows
- Issuing instruction to medics on the prevention of over prescribing
- Prioritization plans for services in the event of shortages ensuring care can be provided to critical areas
- Assurance from the Dudley local Health economy that they are prepared for a no deal EU exit to mitigate against surges into Dudley Group

8. TRAINING/SUPPORT

No training will be specifically provided for this document as business continuity response principles will apply if an incident was to be declared.

This document only contains overarching principles in relation to a no deal EU exit

9. PROCESS FOR MONITORING COMPLIANCE













Monitoring of Compliance Chart

Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Emergency Planning Manager	EPRR Group	Quarterly	Via EPRR Group	Emergency Planning Manager	Via EPRR Group

10. EQUALITY

Dudley Group is committed to ensuring that, as far as is reasonably practicable the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

11. REFERENCES

Procurement Guidance	     EU Exit - NHS Self Assessment Methodo 3. EU Exit - Contract Data Consolidated Sp 2. EU Exit - NHS Trust Triage Contract 1. EU Exit - NHS Self Assessment Methodo 1. EU Exit - NHS Self Assessment Methodo
Matthew Hancock Letter 7 th December 2018	 18.06.12 - Letter - Frontline Final (002).
Pharmacy Storage	  Brexit Ministers launch tens of million medicines-supply-upd KR
Interserve EU exit Statement	 Brexit - Supply Chain Statement - Oct 2018
Matthew Hancock Letter 23 rd August 2018	 Brexit - Frontline letter final_.pdf
Government Guidance	HM Government. (2018) How to prepare if the UK leave the EU with a no deal. https://www.gov.uk/government/collections/how-to-prepare-if-the-uk-leaves-the-eu-with-no-deal#overview [accessed 5th October 2018]
EU Exit Operational Readiness Guidance	  EU Exit Operational Readiness Guidance. EU Exit operational readiness guidance cc

Dear Sir/Madam,

As your company is a key supplier to the Trust, we would welcome your input into the effect of a No-Deal EU Exit on the continued supply of goods and services, in order that we can collectively develop mitigation plans where appropriate.

To clarify, the definition of a No-Deal Brexit is defined at Annex A.

This request is intended to gather some outline information on the areas that may be affected. A detailed response is not required at this time and therefore I would appreciate your support in getting a response back by Friday **23rd November**.

Not all questions will be relevant to your organisation but please complete those that are.

Q1) Do you feel that a no-deal Brexit would have a significant impact on your organisations ability to deliver the current goods / services to the Trust? Please explain below.

Q2) What is the Country of Origin of the products or services delivered to the Trust?

Q3) Would the service offered by your company be affected by a change in customs arrangements for delivery through UK ports?

Q4) Notwithstanding existing pricing arrangements, could the pricing offered to the Trust be affected by a change in customs tariffs between the UK and EU countries?

Q5) Notwithstanding existing pricing arrangements, would the pricing offered to the Trust be affected by a fluctuation in the value of sterling?

Q6) Would your organisations service be affected by the inability to store data in the EU?

Q7) Would the service provided be affected by a more restrictive immigration regime with the EU?

Your support in identifying risks related to a No-Deal EU Exit would be greatly appreciated and I am happy to discuss these points further by request.

Yours sincerely



Paul Mellor
Assistant Director of Procurement

Annex A

'No Deal' EU Exit Scenario

This is a 'scenario' developed at a point in time. It does not represent the actual scenario which is unknown.

The UK leaves the EU on 29 March 2019 with no withdrawal and transition agreement, and no deal on the future relationship. This would have the following impacts:

Borders

- The EU would be likely to apply third country physical checks and border procedures to items entering the EU from the UK
- This would lead to delays at borders that could disrupt and reduce the normal flow of items in and out of the UK from the EU

Regulation

- It is anticipated that **regulatory changes** could ensue under the 'No Deal' scenario
- Some regulations are expected to be transferred into English law, thereby minimising the potential impacts as far as possible

Supplier preparedness

- Suppliers will face the impacts of additional customs requirements and potential broader economic factors under this scenario
 - Supplier financial stability and resilience will depend upon their preparedness for new customs checks and their willingness to withstand short-term disruption
- Smaller / SME providers may be most vulnerable to these impacts, and could withdraw from the market

Broader Economic environment

- Fluctuations may be seen in £ values, affecting pricing and affordability of products
- Additional financial factors may be seen in the application of customs tariffs and VAT implications

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Please ensure that you receive either a confirmation or comments from a stakeholder (via an email) before you add their details to the consultation section on the procedural document

During the development or review of the Strategy, consideration must be given to the actual or potential impact on equality. Due care is given to ensure that they do not contravene the article of the Human Rights Act or could be interpreted as containing any matters of a discriminatory nature, including but not limited to age, disability, sex, race, religion or belief, gender reassignment, marriage or civil partnership, pregnancy or maternity.

[illegible]

Check List

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Prior to submission of the Strategy please ensure you can answer yes to all of the questions below.

	Yes/No
1. Title	
Is the title clear and unambiguous?	Y
2. Front Sheet Completion	
Is the colour banding strip purple?	Y
Is the Author identified (name and designation)?	Y
Is the Director Lead identified?	Y
Is the target audience identified?	Y
Is the document version controlled?	Y
Have the people contributing to the document been identified on the Front cover Sheet as per designation and not individual names?	Y
Have the CQC registration requirement outcomes been recorded?	Y
Have relevant documents/legislation standards been recorded if applicable?	Y
Have the identified contributors been documented?	Y
Has the change history been fully completed?	Y
3. Body of the document	
Has the contents page been fully completed and the numbering reflects the document content pages?	Y
Is there a footer on each page recording; document title, date of issue, version number, page number and total number of pages?	Y
Is the document written in Arial 12pt font?	Y
Does the document contain individual designations and NOT names?	Y
Does the numbering run in sequence?	Y
Does the document follow trust format of; Introduction, Statement of Intent/Purpose, Definitions, Process, Training/Support, Monitoring, Equality and References for the main body?	Y
The meaning for any definitions or abbreviations used is clearly stated?	Y
Is there identified training or support which includes the process for follow up of non-compliance clearly cited?	Y
Are procedural documents relating/supporting this document hyperlinked?	Y
Is the table for Monitoring Compliance fully completed?	Y
Are references cited in full and comply with the Harvard referencing?	Y
Does the document require changes to clinical documentation?	Y
If yes, has the digital Trust Clinical Approvals Group been informed?	Y
4. Consultation	
Is the consultation form completed?	Y
If the document includes prescribing or administering of medicines, has pharmacy been consulted?	Y
Has the Director Lead been consulted and accepted the document?	Y