

Public Board of Directors Meeting

Thursday 7th November 2019

11.00 – 13.00

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:

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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

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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 7 November at 11.00h
Clinical Education Centre
AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
13	Chairmans welcome and note of apologies		Y Buckland	For noting	11.00
14	Declarations of Interest Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	11.00
15	Minutes of the previous meeting				
15.1	Thursday 3 October 2019	Enclosure 10	Y Buckland	For approval	11.00
15.2	Wednesday 23 October 2019	Enclosure 11	Y Buckland	For approval	11.00
15.3	Action log 3 October 2019	Enclosure 12	L Nevin	For noting	11.05
16	Staff Story	Presentation	Liz Abbiss	For discussion	11.10
17	Chief Executive's Overview	Enclosure 13	D Wake	For information & assurance	11.20
18	Chair's update	Verbal	Y Buckland	For information	11.30
19	QUALITY & SAFETY				
19.1	Update from the Clinical Quality, Safety and Patient Experience Committee	Enclosure 14	J Atkins	For assurance	11.40
19.2	Chief Nurse Report	Enclosure 15	M Sexton	For assurance	11.50
20	FINANCE & PERFORMANCE				
20.1	Update from the Finance & Performance Committee	Enclosure 16	J Hodgkin	For assurance	12.00
20.2	Finance Report	Enclosure 17	T Jackson	For assurance	12.10
20.3	Integrated Performance Dashboard	Enclosure 18	K Kelly	For assurance	12.20
21	WORKFORCE				
21.1	Update from the Workforce Committee	Enclosure 19	J Atkins	For assurance	12.30
21.2	Healthcare Worker – Flu Vaccination	Enclosure 20	A McMenemy	For assurance	12.40
22	Any Other Business	Verbal	All		12.50
23	Reflection on meeting	Verbal	All		12.50
24	Date of next Board of Directors meeting 5 December 2019, Clinical Education Centre				12.55

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 3rd October 2019,
in the Clinical Education Centre.**

Present:

Yve Buckland, Interim Chair (YB)
Tom Jackson, Director of Finance (TJ)
Karen Kelly, Chief Operating Officer (KK)
Richard Miner, Non-Executive Director (RM)
Jonathan Hodgkin, Non-Executive Director (JH)
Julian Hobbs, Medical Director (JHO)
Diane Wake, Chief Executive (DW)
Julian Atkins, Non-Executive Director (JA)
Mary Sexton, Interim Chief Nurse (MS)
Catherine Holland, Non-Executive Director (CH)
Gary Crowe, Non-Executive Director (GC)
Andrew McMenemy, Director of HR (AM)

In Attendance:

Adam Thomas, Chief Information Officer (AT)
Liz Abbiss, Head of Communications (LA)
Liam Nevin, Trust Secretary (LN)

19/100 Note of Apologies and Welcome

The Chairman welcomed members of the public and governors to the meeting.

Apologies were received from Ian James, Dr Healy and Liz Rees

19/101 Declarations of Interest

No declarations of interest were received other than those contained on the register

19/102 Minutes of the previous meeting held on 5th September, 2019

It was **RESOLVED**

- **That the minutes of the public meeting of the 5th September be agreed as a true and accurate record of the meeting.**

19/103 Action Sheet 4 July 2029

There were no points of note in relation to the action log.

19/104 Patient Story

The Board observed the video patient story of Sylvia Davies who had received multi-disciplinary treatment for a kidney condition. Mrs Davies talked about the effective treatment

that she had received from both the AHPs providing podiatry care and the medical team that treated her sepsis. She was particularly grateful for the intervention of Ian Sharp a Podiatrist who had spotted the sepsis and referred her for prompt treatment.

The Chair began by thanking the AHPs who were engaged in the care of Ms Davies, some of whom were in attendance for this item.

GC stated that this was a powerful and uplifting story that highlighted the importance of integrated patient care and he suggested that subject to the patient's consent the story be used more generally as an exemplar.

JHO conveyed his thanks to the team that were in attendance and asked what more could be done to ensure that all members of the multi- disciplinary teams felt valued, and in the ensuing conversation members of the team encouraged the Board to consider how career opportunities and pathways could be developed to aid staff retention. MS stated that work was being done on this and an announcement would be made to the AHP conference on the 14th October.

The Chair concluded by thanking the team again for the quality of care that was reflected in the story.

19/105 Chief Executive's Overview Report

DW highlighted the further work being undertaken through the Dudley Improvement Practice and advised that the next big event would be in Theatres with planning dates for November and early December.

The Chair noted that a Board Workshop had been agreed to consider the Improvement Practice programme and it was agreed that LN would arrange for a two hour session to be run.

The flu vaccination campaign was now underway and a further report would be presented to the December Board and which would demonstrate the commitment to achieving a 100% vaccination rate. It was encouraging to note that 500 staff had been vaccinated on day one of the campaign and that this was the best first day rate that the Trust had achieved.

It was **RESOLVED**

- **That the report be noted**

19/106 Chair's Update

The Chair advised that Liz Hughes had been appointed to the Trust as A Non-Executive Director. As an experienced clinician, Liz would add valuable insight to the work of the Board and the Clinical, Quality, Safety and Patient Experience Committee. It was agreed that a meeting would be arranged between Liz and CH to support handover as Committee Chair

In addition, Lowell Williams, the CEO of Dudley College and Vij Randinaya, a former Chief Fire Officer and an experienced NED would also be joining the Board as Associate NEDs.

19/107 Quality and Safety

19/107.1 Clinical Quality, Safety, Patient Experience Committee Report

CH introduced the item and advised the Board in relation to the matters identified for escalation.

Out of date procedural documents had increased from 16 to 23 and there was an upward trend and a need for assurance that there was adequate corporate oversight. DW added that this issue had been subsequently addressed by the Executive Team and would be reviewed again on the 15th October.

Blood labelling concerns had been raised previously by governors and this was debated by the Committee. It was important to note that no incidents of actual harm had been identified but the Committee had not been assured that the level of risk was properly understood. JHO had agreed at the meeting to seek urgent assurance around the transfusion risk and this had been done. The assurance provided was measured and appropriate and CH had also seen a copy of that information.

The Committee had also noted that the Vascular GIRFT Action plan did not have assurances against all actions from 2016. MS stated that this was partly a presentational point and that the paper had not been clear about the chronology as there had been a more recent review. It had been agreed that these issues would be addressed and the report re-presented to the Committee.

JHO added that the GIRFT report and the peer review highlighted that the service was outstanding and delivered exemplar care, and DW stated that to her knowledge there were only two actions outstanding.

The Committee had also reviewed the CQC Action Plan including a review of the live plan on screen. This approach would be used by the Committee to drill down in the meeting into areas of interest, and there was good assurance that the monitoring team were requiring evidence of completion of activities before they were recorded as such.

It was **RESOLVED**

- **That the report be noted**

19/107.2 Chief Nurse Report

MS introduced the report and updated the Board on work being done with specialist nurses and which had identified the absence of a defined framework for career development, the need to develop a business plan that supported the use of skills as advanced practitioners and a wide divergence in pay bandings for similar roles in different specialties.

It had also been agreed that a job plan was necessary and that academic and research time needed to be further developed in relation to these roles.

It was noted that the Head of Safeguarding post had now been appointed to but that the Designated Safeguarding Doctor position remained vacant as the successful candidate had declined to take up the post.

GC welcomed the update and asked whether the Board could be assured that the Trust was delivering safe care given the recruitment gaps identified. MS assured the Board that staff availability was continuously matched to acuity, and that staff were redeployed from non-patient activities where necessary. However, it remained a very challenging situation and it should not be underestimated how hard nursing and midwifery staff were working. Avoidable

harm to patients had reduced but there was a personal cost to staff and the Trust had yet to enter the winter period and its attendant demands.

JA stated that the report did not identify the number of vacancies by qualified and unqualified staff and asked for clarification on how recruitment was progressing against vacancies.

AM advised that there was a net increase in the substantive workforce particularly in nursing and midwifery. MS added that there was a clear plan against every vacancy with an emphasis on reducing the time between offers and starts. It was agreed that the data would be added to future reports.

DW stated that the highest vacancies were in vascular, stroke, elderly care, ED and AMU and further consideration would be given as to what support the Board would be asked to provide as the Trust entered the winter months.

It was **RESOLVED**

- **That the report be noted**

19/108 Finance and Performance

19/108.1 Update from the Finance and Performance Committee

JH summarised the Committee report and advised that performance was generally good with the exception of emergency access standards. The Board presentation on “plot the dots” had raised the possibility of data reporting providing improved insights into what is driving the ED performance.

It was noted that cancer performance had slipped and key to improving performance was delivering against the two week target.

In relation to finance, the Trust was broadly on track against its internal plan but was forecasting to remain short of its control total and it was still expected that the Trust would need to borrow cash.

In relation to the LLP, a four week extension to the trial was recommended further to which the Board would need to consider a report on the risks and potential financial consequences prior to a re-tendering exercise.

It was **RESOLVED**

- **That the report be noted**

19/108.2 Update from the Charitable Funds Committee

JA updated the meeting and advised that attendance at the last meeting had improved and that the Committee had no concerns to report. There was approximately £2 million in the charitable fund account and the Committee had been advised of the work being undertaken to support the ED appeal. There was an annual target of £100k in respect of this appeal but the Committee had encouraged the adoption of a more ambitious target.

One funding request had been approved by the Committee and it had been agreed that two others could be funded out of revenue or capital budgets.

It was **RESOLVED**

- **That the report be noted**

19/108.4 Finance Report

TJ summarised the report and advised that there was now a strong focus on mid-year rectification plans, in relation to which Surgery was a stand-out priority. Grip and control measures and transactional CIP work was ongoing and there had been a notable increase in whole time staffing with a reduction in agency. Q2 PSF had been confirmed and this would generate £1.2 million cash next month. However CCG income profiling and cost containment would not deliver Q3 targets and a structural solution would be needed to address this.

It was **RESOLVED**

- **That the report be noted.**

19/108.5 Integrated Performance Dashboard

KK introduced the report and advised that the performance for August was good with the exception of the cancer two week wait and the emergency access standard. Thereafter KK explained a number of initiatives that had been introduced including streaming to a frailty assessment unit co-located within ED, a new model for streaming and triage from the front door, and rapid assessment and treatment in ambulance handover.

GC noted the number of initiatives that KK had described and encouraged the presentation of these issues within the context of data driven assurances demonstrating the impact on performance. JF added that it would be useful to apply “Plot the Dots” data analysis to establish the impact of these changes on performance.

DW added that this analysis should include evaluation of patient safety, noting that there had been very few SIs in the last year.

The Chair asked KK whether there was any support required from the Board and KK advised that the most significant challenge was to take out of the Trust those patients who did not need acute care. The extent of these was such that Board support would be needed if this could not be resolved with partners in the wider health economy.

AM thereafter addressed the workforce data and noted that whilst sickness absence had reduced to 4.6%, the long term absence was 2.9%, which was above benchmark. A new team was now in place to focus on improving this performance. It was also noted that the rates of completion of mandatory training for child safeguarding level 3, and adult and paediatric resuscitation were below target. Letters had been sent to approximately 300 staff who were non-compliant setting a three month completion requirement.

JA added that the Workforce Committee were concerned that there did not appear to be a plan to ensure that resuscitation training could be completed and DW acknowledged this concern and advised that the Executive would consider this and report back on the necessary actions.

JHO concluded the discussion on this agenda item by drawing the Board’s attention to the Safety Thermometer data. In particular “Shimmy”, the main indicator of mortality had fallen to 1.13 and was now within the expected range and there had been a progressive fall since March 2018. The Sepsis data also demonstrated that the Trust was below the national average. Finally it was noted that the never events for the quarter was zero but the Board were advised that it would be more informative to report on a five year timeline showing the time elapsed between never events and this approach would be adopted in future reports.

It was **RESOLVED**

- **That the report be noted**

19/109 Workforce

19/109.1 People Plan – Implementation

AM advised that the People Plan had been ratified by the Board in July and was now presented with further details around implementation. It was agreed that it would be appropriate for the Workforce Committee to monitor the detail associated with the plan and AM was requested to consider the resource requirements to ensure that the Plan had the necessary traction within the Trust and could be delivered to an appropriate timetable.

RM asked whether the Plan would be incorporated into the Trust induction programme and AM agreed that it would be incorporated into the current review of the programme.

The Chair summarised that progress on the implementation plan should be overseen by the Workforce Committee but should also be subject to a three monthly review by the Board

It was **RESOLVED**

- **That the Board endorse the expected delivery outcomes and measures of success highlighted in the paper.**
- **That the implementation of the Plan be overseen by the Workforce Committee subject to a quarterly update to the Board**
- **That the Director of HR gives further consideration to the resource requirements necessary to ensure the implementation of the plan with appropriate pace.**

19/109.2 Staff Survey Update

AM summarised the paper and LA advised the Board of the steps being taken to ensure that all staff, including those who were less frequent IT users, had adequate opportunity to complete the survey.

It was **RESOLVED**

- **That the actions for the Staff Survey 2019 be agreed**
- **That progress with the actions on themes identified from the 2018 Staff Survey be noted**

19/110 Corporate Governance and Compliance

19/110.1 Board Assurance Framework Proposals

LN presented the report which set out his findings and recommendations in relation to risk reporting and in particular with respect to the Board Assurance Framework.

RM stated that he had discussed the issues with LN and was in agreement with the paper but felt that Board risk appetite was a subject that would require further reflection.

The Board agreed that the proposals set out in the report should be implemented and therefore it was **RESOLVED**

- **That the volume and frequency of risk reporting is reduced as proposed in the body of the report**
- **That the structure of the BAF is amended as set out in the body of the report and the appendix**
- **That the Risk Management Strategy is amended to give effect to the agreed recommendations**

19/110.2 Scheme of Delegations

LN advised that he was proposing some changes to the structure and content of the document previously proposed and that in addition it was not advisable for the Scheme of Delegations to form part of the Constitution for the reasons set out in the report.

The proposals were approved by the Board and therefore it was **RESOLVED**

- **That the Scheme of Delegations be approved as a free standing governance document**

19/110.3 Maternity CNST Board Declaration

The Chair advised that this issue had been considered by the Clinical Quality, Safety and Patient Experience Committee but that by reason of administrative error had been omitted from the previous Board agenda.

There being no further debate it was **RESOLVED**

- **That the Board accept the paper as assurance that there is satisfactory evidence to show compliance and achievement of the 10 maternity safety actions to the required standard.**

19/111 Matters for Information

19/111.1 Health and Safety Annual Report

The Chair noted that West Midlands Fire Service had raised concerns in relation to the fire risk assessment for the North Block review and KK assured the Board that the fire service had agreed that it would not issue enforcement notices provided that the Trust carried out the necessary works over a three year period.

It was **RESOLVED**

- **That the report be noted**

19/112 Any Other Business

There was no other business

19/113 Reflection on Meeting

The Board agreed that the amended layout for the meeting was an improvement.

It was suggested that a longer period between the private and public meetings be built in to facilitate other Board activities.

It was agreed that the meeting had generated good discussion with wide participation of Board members

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 3 October 2019

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
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.
19/097.1	Workforce Committee Report	Committee to review best practice to address workforce stress prevention and mental health and to review against current Trust practice	AM	November	In Workforce Report to December Board.
19/097.4	Digital Trust Report	Board development session on digital integration and facilitating integrated care systems	LN/AT	November	Board Workshop arranged for 9 th December.
19/097.5	Freedom to Speak Up Report	NHSI to review implementation of their recommendations in July 2020	AM	July 2020	Not Due
19/105	Improvement Practice Update	Board workshop to be arranged	LN	December	Arranged for 19 th December.
19/107	Clinical Quality, Safety, Patient Experience Chair	Liz Hughes to meet with Catherine Holland for Committee handover	LN/CH	October	Arranged for 4 th November.
19.108.5	Resus Training	Executive to consider steps necessary to improve completion of mandatory training and report back to Board	DW/AM	November	To be included in Workforce Report.

Paper for submission to the Board of Directors on 7th November 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 COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
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 • Healthcare Heroes • Staff Survey • Flu Vaccination Campaign • Charity Update • Meet the Experts Event • Achieving Excellence • Corbett Land • National News • Regional News 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			

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:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Chief Executive's Report – Public Board – November 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

3 rd October	Board of Directors
16 th October	A&E Delivery Board
	Deputy Chief Nursing Officer, NHS England visit
	MCP Transition Board
17 th October	Live Chat
21 st October	MCP Board Workshop
23 rd October	Extraordinary Board Meeting
	Corbett Members Fair
24 th October	CQC Coproduction Group
28 th October	STP Cancer Board
	Extraordinary Transition Board
29 th October	Aspire Together
30 th October	Aspire Together
31 st October	Black Country STP Partnership Board
1 st November	Team Brief
4 th November	Black Country Urology Away Day
6 th November	Ophthalmology Away Day

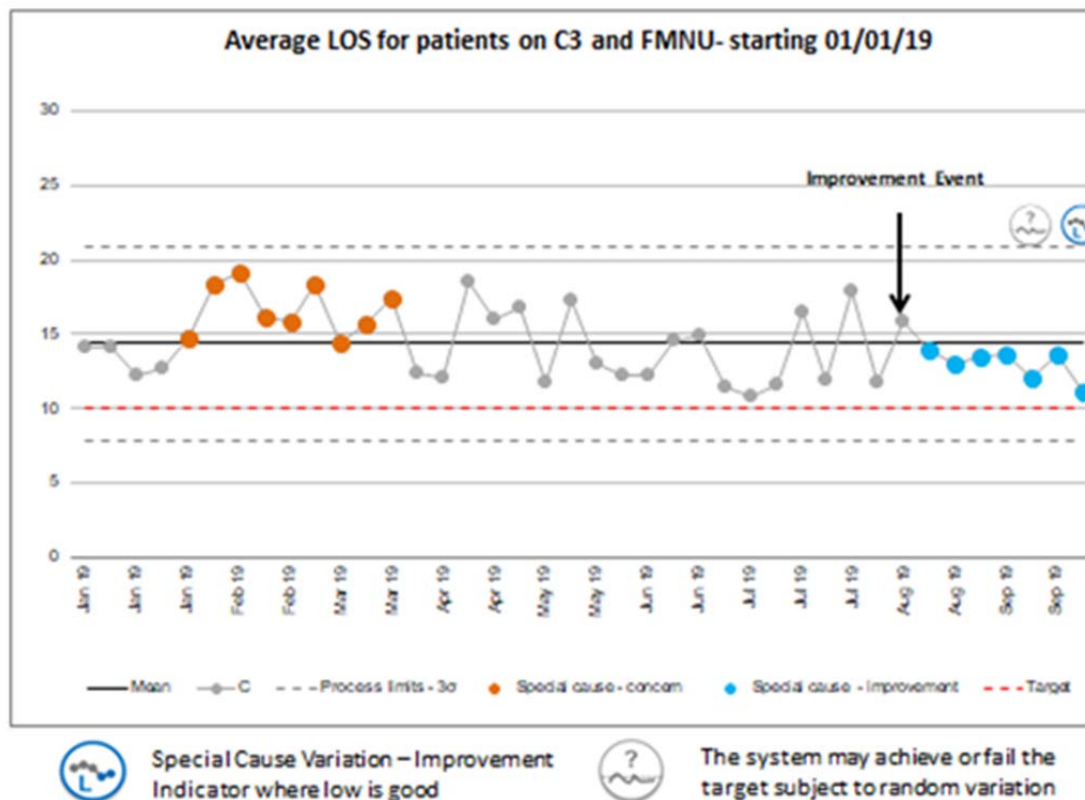
Improvement Practice Update

Plot the Dots

Following the NHSI #plotthedots presentation to Board on 30th September and the decision to move to this report standardised across the Trust, Dudley Improvement Practice are incorporating Statistical Process Control (SPC) charts in all A3 documents whenever there are sufficient data points to do so.

C3 – 60 Day Review

At the Ward C3 event 60 day review, Karen Kelly was delighted to congratulate the team on having demonstrated 'Special Cause Improvement' for Length of Stay as shown in the chart below:



The team were all cautious in celebrating as there have been considerable challenges in maintaining the standard of work they developed during the event; particularly for the way the board round huddles are conducted at the new capacity boards. However, even though the team recognise there is still more work to do to embed the new ways of working, there has been a collective effect of the many changes which have resulted in more frequent and thorough discussions about facilitating safe patient discharge.

C3 staff are going to share their learning with Matrons and Lead Nurses to identify the next wards to trial the changes.

Strategy Deployment

In November the Executive Team will start to use the Executive Control Wall to track the delivery of Trust strategic goals. The Improvement Practice approach to problem solving will be used to try to unblock any obstacles and the team will discuss progress during their weekly meeting.

Board Improvement Workshop

On 19th December, David Fillingham (Executive Improvement Coach) will be facilitating a Board development session to explore the role of leadership in building a culture of continuous improvement.

Healthcare Heroes

Team award: Congratulations to October's healthcare heroes! The urology team at Corbett Outpatient Centre received this month's **team award** after being nominated by a member of staff for their hard work during challenging times. They have gone through many difficult changes over the last twelve months but still continue to support one another. The team also encouraged a colleague to progress her professional development. Thanks to their support, this colleague was able to begin an exciting new journey in her career. The urology team pulled together to cover her time off the team, so that she could attend training!



Individual award: Physiotherapist Ellie Morrison was nominated by a colleague after her instrumental organisational skills for AHPs Day. She played a key role in the planning of the day, from identifying the venue, arranging speakers and managing the processes for the awards on the day, including shortlisting. Ellie has shown great commitment to championing the work AHPs do, to raise their profile and to outline how hard they all work. Not only has Ellie worked on delivering a fantastic AHPs Day, she has also maintained a full clinic caseload of complex rehabilitation patients across, community and clinic settings. Ellie has also been involved in a pilot with ENT, which has seen two physiotherapists working in ear, nose and throat clinics, helping to rehabilitate patients with dizziness and balance problems. The first three months of the pilot have seen excellent results.



Volunteer award: Samantha Handsaker won the volunteer award after being nominated by a colleague for her hard work and dedication to volunteering at the Trust. She frees up three afternoons a week to volunteer, usually on main reception, collecting notes, pushing wheelchairs, putting up posters around the hospital and collecting Friends and Family feedback cards.



She is described as always pleasant, caring and a wonderful volunteer. Sam has been volunteering for a number of years and always has a smile for everyone.

Staff Survey

The National Staff Survey 2019 went live on Tuesday 8th October and closes the end of November 2019. Within the first two weeks, 19.3 per cent of Trust staff had completed the survey and had their say. We are hoping to increase participation and also see an improvement in our overall results this year. We're use an outside company to run the survey for us – this means that all responses are provided to the Trust with an anonymous report summarising staff responses. It ensures everything they say is treated in confidence. Staff feedback is very important to us and will inform our improvements in staff experience and well-being. For example, last year staff told us concerns about bullying and harassment. As a result, we have introduced a behaviour framework and are training managers to spot the signs and how to deliver a better staff experience in their area. To make sure we can effectively make changes based on the way staff feel about working for the Trust, we need as many staff as possible to fill out a survey and tell us what they think.

Flu Vaccination Campaign

Frontline workers in the NHS are more likely to be exposed to the influenza. Catching the flu can be fatal and in 2017/18 it was estimated that 26,000 deaths were associated with flu virus. Being Healthy doesn't always reduce the risk of getting flu and it has been proven that we can have flu without any symptoms which can easily be passed onto family, friends, colleagues and patients. At the Dudley Group the flu jab is the best way to protect staff, their families, colleagues and patients against influenza so we vaccinate all employees for free. We aim to vaccinate everyone but at least 80 per cent of all front line staff. Within the first four weeks of our flu campaign, we 24 per cent of staff had their flu jab. We have until the end of February to ensure everyone is protected.

DGFT Charity Update

Santa Dash – we are holding a twilight Santa dash for our Trust charity on 5th December. Anyone who wants to combine festive fun with fundraising is welcome to take part. The fun starts from Russells Hall Hospital at 4pm and all proceeds go to our Children's Emergency Department. For details on how to book, visit the charity's Facebook page **DGNHSCcharity** or email our charity fundraising manager Karen Phillips on Karen.phillips5@nhs.net

Meet the Experts event

More than 100 staff, governors and members of the public enjoyed a 'Meet the Experts' open evening at Corbett Outpatient Centre on Wednesday 23rd October 2019. There was a great buzz as departments showcased their skills. This was a rare opportunity for guests to look behind the scenes and for staff to showcase their services. It was a very successful event and is one of four more events planned across the winter. The next one is on Wednesday 13 November 2019 at the Guest Outpatient Centre.

Achieving Excellence

Chief nurse Mary Sexton is holding a series of workshops with specific staff groups to share best practice in achieving excellence. The first two sessions were held for our clinical support workers and were well attended. They were asked to reflect on what they are most proud of in their area of work.

The workshops were also a time to share some of the excellent and innovative work already happening throughout the Trust. For example our Stroke Service has been deemed the best in the West Midlands and in the top 40 nationally; our Falls Service are finalists in a national awards for successfully redesigning the service and Gastroenterology has received a JAG accreditation for providing a first class service.

Corbett Land

In light of financial challenges that face the NHS and the Trust, we have a duty to make the best use of our resources and public money. NHS guidance sets out our requirements to dispose of surplus assets. Accordingly, we have carried out a review of our surplus assets to see what opportunities may exist for the Trust. We own a parcel of land at the rear of the Corbett Outpatient Centre and our intention is to sell it and reinvest the money directly back into patient care for the people of Dudley and surrounding areas. The money will be spent on crucial medical equipment to support the local communities' healthcare.

The developer Countryside Properties are taking forward the planning application and they hosted a community exhibition on 4th November 2019 at Stourbridge Football Club to share the proposed plans and seek views from the community at this very early stage of the planning process.

National NHS News

The NHS targets high school pupils in 'We Are Nurses' recruitment push

The NHS has launched its latest recruitment push in its 'We Are the NHS' series, targeting students in a drive to up enrolment numbers. Dovetailing with a return to high school for final year pupils, the third 'We Are the NHS, We Are Nurses' campaign aims to talk to teenagers who are about to choose their degrees. It also targets career switchers considering going into nursing. Similarly to the previous campaigns, the film features real nurses working in real hospitals, including those working in mental health, district nursing, A&E and learning disabilities. **The Drum (17.09.19)**

NHS fraud costs more than £1.2 billion a year, report reveals

The NHS is losing more than £1.2 billion to fraud each year, according to a new report which found that GPs are inventing patients in order to make extra money. "List inflation", where practices claim they are treating more patients than they are, fraud through self-prescribing and the filing of duplicate timesheets by agency staff are among a range of "sharp practices" investigators have uncovered. **The Telegraph (17.09.19)**

Mum says NHS could have done more as son goes blind from lifetime of crisps, chips and chocolate

A mother is blaming the NHS for a lack of action over her son, who has gone blind at the age of 18 after a lifetime of eating only crisps, chips and chocolate. She claims Vitamin A injections could have saved Harvey's sight if they had been given at an earlier age as he would only be physically sick if was offered nutritious food from the age of two onwards.

Bristol Live (17.09.19)

Hundreds of patients suffer due to NHS errors

HUNDREDS of patients have suffered due to NHS blunders so serious they should never happen, new data shows. Some 621 "never events" occurred in NHS hospitals between April 2018 and July this year - the equivalent of nine patients every week, according to data obtained by PA news agency. One patient had the wrong toe amputated, while another had the wrong part of their colon removed. **The Mail (18.09.19)**

NHS spends £3 billion in 'avoidable' treatments for diabetes each year

The unnecessary cost of diabetes has been revealed by a new study which found 10 per cent of the NHS hospital budget is being spent on “avoidable” treatment. Approximately £3 billion a year may be going towards care that may have been avoided if patients and doctors had managed symptoms better, the analysis found. It suggests that nearly four in ten diabetics are unable to keep on top of their blood-glucose levels, prompting emergency visits to hospital, as well as long and costly complications when being treated for other conditions. **The Telegraph (19.09.19)**

NHS trusts sign first deals with Google

Five National Health Service trusts have signed partnerships with Google to process sensitive patient records, in what are believed to be the first deals of their kind. The deals came after DeepMind, the London-based artificial intelligence company, transferred control of its health division to its Californian parent. DeepMind had contracts to process medical data from six NHS trusts in Britain to develop its Streams app, which alerts doctors and nurses when patients are at risk of acute kidney injury, and to conduct artificial intelligence research. **Financial Times (19.09.19)**

Labour conference: Party vows to abolish NHS prescription charges in England

Labour will abolish prescription charges in England, the shadow health secretary Jonathan Ashworth will announce at the party conference tomorrow. Currently prescriptions are free for people living in Scotland, Wales and Northern Ireland but cost £9 per item in England, which can mean some people fork out up to £104 a year on medication – or more if they do not opt for the NHS prepayment discount scheme. Jeremy Corbyn, the Labour leader, said people should not have to worry about the cost of medication. **Independent (22.09.19)**

Immunotherapy drug for triple negative breast cancer ‘rejected’ for NHS use

The first targeted immunotherapy treatment for people with triple negative breast cancer has been provisionally rejected for use on the NHS. The National Institute for Health and Care Excellence (Nice) is not recommending atezolizumab to treat people with advanced breast cancer that has spread, it said in new draft guidance. The recommendation will be under consultation until October 24 and the Nice committee will make a final decision on the use of treatment in November. A breast cancer care charity called the decision “extremely disappointing” and urged Nice and NHS England to work with the company to “explore every possible solution”. **ITV News (03.10.19)**

New lung cancer drug approved for use by NHS in Scotland

Doctors and campaigners welcomed the decision by the Scottish Medicines Consortium to allow the drug Keytruda, also known as pembrolizumab, to be used along with chemotherapy to treat people with an advanced stage of the most common form of lung cancer. The SMC’s decision means patients with metastatic non-small cell lung cancer (NSCLC), which about 90% of sufferers have, can now benefit from the immunotherapy treatment, as well as chemotherapy. **The National (08.10.19)**

NHS opens first specialist children’s gaming addiction clinic

Children and young adults with serious addictions to computer games will be offered help and care by the NHS following the launch of the country’s first specialist clinic. The new service is an extension of the NHS Long Term Care plan, as part of the National Centre for Behavioural Addictions, which will also support individuals with internet addictions. Concerns surrounding the length of time children and teenagers are spending online playing games are growing, specifically the effect it can have on a young person’s mental health. The World Health Organization has recently classified gaming disorder as a mental health condition for the first time. **National Health Executive (08.10.19)**

Cystic fibrosis 'wonder drug' to be provided on the NHS after three year fight

A cystic fibrosis "wonder drug" will now be provided on the NHS after three year fight to secure it. Around 5,000 people in England will now have full access to the drugs Orkambi, Symkevi and Kalydeco, which can slow the decline in lung function - the main cause of death for those with the disorder. The treatment will be available for prescription within 30 days, after NHS England secured an agreement with pharmaceutical company Vertex. **The Telegraph (24.10.19)**

NHS 'failing' elderly as more struck by flu

Hospital admissions for people with flu jumped last winter, official figures reveal, as NHS leaders were accused of failing to vaccinate enough elderly people. The season saw 16,133 additional patients requiring specialist help for flu and pneumonia compared to the year before, almost a third of whom were pensioners. On Friday night Age UK called on NHS bosses to improve the system of GP alerting and to step up TV and radio advertising in order to reach more elderly people. **The Telegraph (26.10.19)**

Regional NHS News

Worcestershire NHS Trust: Special measures could end

Worcestershire Acute Hospitals NHS Trust was judged inadequate after a 2018 inspection but is now rated as requires improvement by the Care Quality Commission (CQC). Inspectors said they found "significant improvements" at the trust, but added "more is needed". The trust said the report was a "very encouraging sign". The CQC recommended ending special measures at the trust with an NHS "support package" that will be agreed between the CQC and NHS England. A decision will now be taken by the NHS Trust Development Authority following the recommendation. Improvements were recorded at all of the trust's main hospital sites in Kidderminster, Redditch and Worcester. However, Evesham Community Hospital saw a decline in its overall rating. **BBC News (20.09.19)**

Sacked Christian doctor who wouldn't call transgender woman 'she' loses tribunal

Dr David Mackereth, 56, told his manager he would not 'call any 6ft tall bearded man "madam"' because it went against his religious beliefs. The doctor, from Dudley, West Midlands, alleged the Department for Work and Pensions (DWP) discriminated against his religious beliefs, costing him his job as a disability claim assessor. Dr Mackereth also claimed no effort was made to accommodate his beliefs and suggested transgender clients at Birmingham's Five Ways assessment centre could have been referred to another doctor. But a tribunal panel rejected his claims and unanimously concluded that the doctor not only had a 'lack of belief in transgenderism' but his 'objection' to it was 'incompatible with human dignity'. **Metro (02.10.19)**

Worcestershire Royal Hospital: Ambulance's 11-hour wait

An ambulance crew had to wait more than 11 hours to offload a patient at a hospital where A&E delays have prompted safety fears. On the same day, 34 ambulance patients waited more than an hour to be booked in at Worcestershire Royal Hospital. West Midlands Ambulance Service briefed staff it had been unable to respond to 999 calls "in a timely manner" due to the delays, the BBC understands. The hospital trust's boss said ending ambulance waits was a priority. **BBC News (02.10.19)**

Hospitals boss: 'We have to cut waiting times in Worcestershire'

THE trust running the county's hospitals 'must work harder to cut waiting times and ensure the public is travelling to the correct hospital for care' as it prepares to move out of special measures for the first time in almost four years. Matthew Hopkins, chief executive of Worcestershire Acute Hospitals NHS Trust, admitted more needed to be done to ensure the public knew the most suitable place for treatment in the face of increasing demand, overloaded emergency departments and the upcoming winter. He said it would be much quicker and better for some patients to travel to a minor injuries unit in Kidderminster than it would be to sit for eight hours in A&E in Worcester. **Worcester News (09.10.19)**

Midland Metropolitan hospital gets extra government support

This funding will secure the future of the new hospital which has been stalled since the collapse of Carillon in 2018. It follows the government's recent commitments of £2.7 billion to fund six new hospitals, £850 million for 20 hospital upgrades and £100 million towards developing business case proposals for new building projects across 34 hospitals. The new Midland Metropolitan hospital will bring together urgent care services from two hospitals across the region into one state-of-the-art site, promoting better patient safety and care while ensuring value for taxpayer's money. **GOV.UK (12.10.19)**

Government awards £350m to stalled hospital project

The government has awarded £350m in funding to reignite the Midland Metropolitan hospital project, which stalled following the collapse of Carillon in 2018. The development is now expected to complete in April 2022. Chancellor Sajid Javid said: "It is absolutely right that the Midland Metropolitan hospital is completed so that doctors and nurses working for our NHS across the West Midlands can deliver excellent care in brand new, state-of-the-art facilities. "This investment of £350m will help deliver on the people's priorities of improving the NHS and levelling up services available across the country." **Insider Media (14.10.19)**

Nearly 1,500 same-sex ward breaches at Sandwell and City hospitals

Men and women are supposed to be kept apart on hospital wards to ensure dignity and privacy for patients. But there were a large number of breaches at the hospitals, which are run by the Sandwell and West Birmingham NHS Trust, between January and August. The total of 1,485 dwarfed that of other West Midlands hospitals. There was not a single breach at Wolverhampton's New Cross Hospital or Stafford's County Hospital during the same period. **Express & Star (23.10.19)**

Sex crimes against Birmingham kids on the rise as UK records new offence every seven minutes

West Midlands Police recorded 3,624 sexual offences against children during 2018/19 – a 10% rise from the previous year. West Midlands Police recorded 3,624 sexual offences against children during 2018/19, compared to 3,304 in 2017/18 – a 10% rise. The charity is calling for the provision of specialised services around the country, with an emphasis on early joined up support from police, local NHS services, children's services and advocacy for children who have experienced sexual abuse, offered in child-friendly spaces. **Birmingham Live (24.10.19)**



**Paper for submission to the Board of Directors (Public Session) on Thursday
7th November 2019**

TITLE:	Clinical, Quality, Safety & Patient Experience (CQSPE) Highlights Reports for 29th October 2019		
AUTHOR:	Mary Sexton	PRESENTER	Julian Atkins
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 COMMITTEE:			
Decision	Approval	Discussion	Other
	X	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 to note the assurances provided by the Committee the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
SO 1 – Deliver a great patient experience SO 2 – Safe and caring services			
SUMMARY OF KEY ISSUES:			
As detailed in the paper.			

IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description:
	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:

UPWARD REPORT FROM CQSPE

Date Committee last met: 29/10/2019

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • FFT response rates for DGFT are nationally in the bottom 10% • Electricity capacity is approaching its maximum for the RHH site. New ED department planning and any new equipment must consider this • Blood labelling incidents continue • Complaints performance remains a concern • Concerns raised that actions relating to some Serious incidents have not been completed within their detailed completion dates 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Quarterly Private CQSPE meeting took place to discuss referrals to professional bodies • Further work commissioned to address learning from Blood Labelling incidents to reduce further risk
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Assurance received regarding the arrangements for back-up electricity supply • Improvements to ED performance were reported, particularly in respect of Adult Majors triage • Improvements reported for Clinical Audits over the past twelve months • Improvements reported in uptake of research • Assurance provided in respect of work being undertaken to address paediatric and ophthalmology waiting lists 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • AQuA Sepsis report accepted • Agreed programme for generator testing
<p>Chair's comments on the effectiveness of the meeting:</p> <ul style="list-style-type: none"> • The meeting was well attended and there was a good level of positive challenge and discussion 	

Paper for submission to the Board of Directors on November 7th 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 COMMITTEE			
Decision	Approval	Discussion	Other
		x	
RECOMMENDATIONS			
For the Board to review and note the exceptions presented.			
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:			
<ol style="list-style-type: none"> 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. 1.1 Appendix 1 AHP Day Winners 1.2 Appendix 2 Q2 Staffing Report <u>Chief Nursing Officer for England Visit 16th October</u> 2.1 The Chief Nursing Officer for England, Ruth May, was scheduled to visit the Trust on the 16th unfortunately due to illness she was unable to come. However her Deputy, Professor Mark Radford stepped in and took questions from the audience of over 130 nursing and midwifery staff, and outlined his and Ruth's vision and hopes for nursing. 			

2.2 The session also included presentations showcasing the work of nurses here in Dudley, including Learning Disabilities, the Cardiac Assessment Unit and Paediatrics.

2.3 Feedback back from this event was extremely positive despite the last minute change of speaker.

3. Agency Controls

3.1 All bank and agency requests continue to be assessed by the Divisional Directors with the support of the Divisional Chief Nurses.

3.2 All requests for non-framework agency remain Chief Nurse or Chief Operating Officer only in hours, out of Hours Executive authorisation only.

4. AHP Update

4.1 The AHP Awards were held on 14th October 2019 as part of the celebrations to recognise National AHP Day and acknowledge exceptional individuals and teams working in clinical and non-clinical roles. The day included:

- Leadership development
- How to promote AHP services
- Use of social media session
- Professionalism & standards in practise
- AHP strategy update
- AHP Awards

4.2 The six award categories represent AHP values – The 6Ps. Nominees and winners are listed in Appendix 1.

5. Dementia

5.1 The Dementia team has now been disbanded with the exception of the Dementia Lead. Dementia assessments will now be devolved to individual wards/ departments.

6. Deputy Chief Nurse

6.1 Mitchell Fernandez Deputy Chief Nurse has now left the Trust to take up an Associate Chief Nurse post at St George's University Hospital, London.

7. Deteriorating Patient

7.1 Resuscitation training compliance has been highlighted as one of the key mandatory areas to be improved; attendance to planned weekday sessions remains poor. Extra sessions offered at weekends have had little impact on the compliance figures. Discussions have been planned with the Divisional Leads to address this.

7.2 An advert is out for 2 additional sepsis nurses which will take the sepsis service to a seven day service.

8. Falls

8.1 Q2 auditing for the falls C-QUIN is at 83%, the target is 80%

8.2 There have been no falls with harm in September 2019.

9. Infection Control

9.1 The Infection Control Lead post has not yet been recruited to. Additional interviews are being held at the end of October 2019.

9.2 The service is currently being managed by one of the senior band 7s acting up with the support of the previous post holder doing two days a week on the bank.

9.3 To promote Infection Prevention and Control (IPC) week (14-18th Oct) the IPC team promoted hand hygiene and educated staff on the dangers of antibiotic resistance, with a focus on CPE (Carbapenem- resistant Enterobacteriaceae) and the difficulties in treating this organism and preventing its spread. During the week an IPC stand was positioned in the health hub in conjunction with Ecolab, who provide the Trust handwashing products, where staff were able to interact using infection control card games, focusing on a variety of infection control elements.

9.4 The IPC team continue to promote the catheter passport, an initiative that was set up 12 months ago to assist in the reduction of gram negative blood stream infections. This work is being done in collaboration with the health economy so our colleagues in the public health team are also promoting this in nursing homes and GP surgeries. This helps to ensure that patients who have long term catheters in place have consistent documentation relating to their catheter care when they see a variety of health care professionals.

10. Patient Experience

10.1 The Leukaemia Unit Appeal Fund which supports the Georgina Unit has kindly funded a special garden for the Trust. The garden is for patient use only and is situated to the right of the Bushey Fields Hospital staff entrance. The garden will primarily be used for our end of life and dementia patients as a place of peace and tranquillity.

10.2 A previous patient's partner who is an artist is kindly making and donating a sculpture to the garden as a thank you for all the care and treatment given to his partner.

10.3 The opening of the garden is taking place on 18 November 2019.

11. Professional Development

11.1 Pre- Registration Nursing

11.1.1 New September cohorts for 2019:

- University of Wolverhampton - Adult 59; 7 Masters; Child 7; Mental Health 5
- University of Worcester – still to confirm numbers
- Following a meeting with Birmingham City University (BCU) the team are scoping what capacity the Trust has to support additional BCU students.

11.2 Care Quality Commission Report

11.2.1 University of Wolverhampton have escalated concerns following their review of the CQC report in particular related to students' allocations to Imaging and ED. We are awaiting the outcome of discussions with University Heads of Department and Trust Nursing Heads. The team has sent information to the University outlining the measures taken by the Trust to address concerns that were raised in the CQC report.

11.3 Student Nurse Escalations

- 11.3.1 There is one outstanding investigation in the Trust related to a drug error. This is currently being investigated; no harm came to the patient.
- 11.3.2 Student Nurse Evaluations have been mainly positive. Areas of concern are C7 regarding student support. An action plan is in place to address areas of concern and presently no students are being placed there until the additional support has been given to assessors in C7. This to be reviewed by 4th November; in the meantime Trainee Nursing Associates are being supported to ensure they are having the correct assessor support.

11.4 Clinical Support

- 11.4.1 17 New novices started on 9th September and all were placed into areas over the department's band 2 establishments due to no CSW vacancies. We have delayed the next CSW recruitment that was due out on NHS jobs September 2019 to start January 2020.
- 11.4.2 19 Trainee Nurse Associates (TNAs) started on 16th November, 10 were internal and have remained in their previous clinical area. Some areas that were identified by the Divisional Chief nurses have not been totally appropriate due to these areas not identifying the need for a Nursing Associate role within their existing establishment. This has resulted in some difficulties in allocating the TNAs. This has now been resolved; additional work is required by the Divisions to clearly identify areas that would benefit from recruiting Nursing Associates to their establishments.
- 11.4.3 Worcester University have confirmed that they can take an additional cohort of TNAs for March 2020. There are already 4 candidates that were deferred able to attend this course.
- 11.4.4 Wolverhampton University have confirmed that the Nursing and Midwifery Council (NMC) have approved the pilot of an 18 month registered nurse training programme commencing September 2020, which can be completed under the apprenticeship levy. This will be considered by the Trust

11.5 Post registration

- 11.5.1 The professional Development lead- Post Registration has now been appointed to.
- 11.5.2 The Band 6 Development programme continues the assessed presentations are taking place on the 28th November
- 11.5.3 The Senior Band 5 development programme commenced on the 2nd October, with 17 participants.
- 11.5.4 The Graduate programme started on the 30th September with 39 newly qualified nurses to start the Trust. An additional 5 graduates have started in October.
- 11.5.5 Recruitment and Retention – Appendix 2

12. Safeguarding

- 12.1 The start date for the Head of Safeguarding post has now been confirmed as the 3rd

- December 2019. A bespoke Induction is being developed
- 12.2 The Deputy Chief Nurse is maintaining operational management of the safeguarding team until the new post holder commences

13. Safer Staffing

- 13.1 The qualified staff fill rates for September 2019 were 84% during the day and 89% during the night. The overall qualified staff fill rates was 87%. The target fill rate for qualified staff is set at 90% since December 2018.
- 13.2 All areas are within the agreed variation of 6.3 or more for the CHPPD. Overall Trust CHPPD is 9.52, 9.26 and 9.29 (qualified and unqualified) for the three months July to September 2019.
- 13.3 The inpatient wards skill mix review conducted in June 2019 and fully implemented in July has now embedded in the Trust.
- 13.4 There were 107 incidents reported during the three months of the report which is less than the number reported in the same period last year.
- 13.5 There were no staffing incidents during July - September 2019 reported as causing moderate to severe harm
- 13.6 Review of staffing numbers through safety huddle continues twice a day facilitated by the Divisional Chief Nurses.
- 13.7 Assessment of patient acuity and dependency continues daily in bedded units and information is utilised in managing staffing resources and staff movements between wards.

14. Specialist Nurse Feedback

- 14.1 The Specialist Nurse forum planned for 21st October had to be rescheduled due to capacity pressures and an update will be provided next month

15. Tissue Viability

- 15.1 There have been no Category 3 or 4 pressure ulcers reported as a serious incident in either the hospital or community during September 2019
- 15.2 The CCG completed a quality review visit to review pressure ulcer management 16th -18th September, the written report has now been received, this report was very positive commending wards C5 and B2 on their pressure ulcer management. The team felt that there were no areas of concern and that no additional actions were required. The service will continue to be monitored to maintain their high standards.
- 15.3 Preparations for *Stop the pressure* week, which commences 18th November 2019, are well underway. This will be kicked off with a video starting with Chief Nursing Officer for England, Ruth May throwing the stop the pressure balloon from the Department of Health and the balloon being received by Trusts and then passed on. Our Trust has completed filming of our receiving and passing the balloon on. Trolley dashes, quizzes and distribution of red dot goodies will be taking place throughout the Trust and Community.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK (set out narrative here)			
RISK BAF 1A Not effectively engaging with patients in their care or involving them in service improvement	Y		Risk Description: We don't always effectively engage with patients in their care or involve them in service improvement as a result we fail to communicate with them effectively resulting in a poor patient experience which means patient's will not see us as a provider of choice.
	Risk Register: Y/N		Risk Score: 12
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y/N	Details:
	NHSI	Y/N	Details:
	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
		Y/N	DATE:
		Y/N	DATE:

Appendix 1

AHP NOMINEES AND WINNERS		
CATEGORY	NOMINEES	WINNER
Professional Individual or team demonstrating professionalism and high quality patient care	Obstetric Ultrasound Sonographers- Women and Children's Outpatients/Radiology- RHH Melissa Sewell- Occupational Therapist- C3 RHH Julie Ann Jones- SALT- RHH	Obstetric Ultrasound Sonographers- Women and Children's Outpatients/Radiology
Personalised Individual that ensures a great patient/staff experience	Sam Johnston- Band 5 Community MSK Physiotherapist- BHHSSC- Two nominations Rebecca George- Physiotherapist- Dudley Rehab Service- Corbett Rehab Centre Laura Gibbs Grady- Physiotherapist- Therapy Lead	Sam Johnston- Band 5 Community MSK
Promoting Individual or team working to promote and raise the profile of AHPs	Ellie Morrison Physiotherapist Dudley Rehabilitation Service Lorraine Allchurch – Advanced therapy assistant RHH	Lorraine Allchurch – Advanced therapy assistant
Progressive An individual who is forward thinking, pioneering and innovative	Louise Wallace- Band 7 Physiotherapist- Community MSK Deanna Evans- Physiotherapist- RHH & Corbett Podiatric Surgery- Podiatry- Netherton HC/Russells Hall- 2 nominations	Podiatric Surgery- Podiatry- Netherton HC/Russells Hall-
Passionate An individual who demonstrates enthusiasm and commitment to their role	Linzie Priestnall- Speech and Language Therapy- RHH- 2 nominations Nathan Swingewood – Physiotherapist – RHH- 2 nominations Sandra Mulvey- Therapy assistant- Dudley Rehabilitation Service	Linzie Priestnall- Speech and Language Therapy
Proactive A team or individual who champions change to improve services	Obstetric Ultrasound Sonographers- RHH Dudley Falls Prevention Service- Occupational Therapists/ Physiotherapists Laura Gibbs Grady- Physiotherapist Team lead- BHSSCC- Three nominations Lorraine Allchurch- Therapy Assistant- RHH	Laura Gibbs Grady- Physiotherapist Team lead- BHSSCC

Appendix 2

Paper for submission to the Finance and Performance Committee 31st October 2019

TITLE:	Nurse Staffing Report: July - September 2019		
AUTHOR:	Carol Love-Mecrow , Deputy Chief Nurse Derek Eaves , Professional Lead for Quality	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>	
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"/> x 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 September 2019 were 84% during the day and 89% during the night. The overall qualified staff fill rates was 87%. 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 9.52, 9.26 and 9.29 (qualified and unqualified) for the three months July to September 2019.
- The inpatient wards skill mix review conducted in June and fully implemented in July has now embedded in the Trust.
- There were 107 incidents reported during the three months of the report which is less than the number reported in the same period last year.
- There were no staffing incidents during July - September 2019 reported as causing moderate to severe harm
- Review of staffing numbers through safety huddle continues twice a day facilitated by the Divisional Chief Nurses.
- Assessment of patient acuity and dependency continues daily in bedded units and information is utilised in managing staffing resources and staff movements between wards.

Agency Controls

- During July to September 2019, bank and agency usage for qualified and unqualified has seen a slight decrease in comparison to the previous quarter.
- There was continued reduction of overall temporary staffing usage including agency since March 2019.
- 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 temporary staffing use.
- Requests for temporary staff (bank and agency) can only be made in exceptional circumstances and authorised by the Divisional Director.

Recruitment and Retention update

- At the time of the report, a total of 40.14 WTE experienced staff Band 5 and above are currently going through recruitment clearances. (This is an approximate figure from a raw TRAC report). This is an increase of experience nurses recruited from last month's report.
- 24.88 WTE Dudley and 12.64 WTE external graduates (**total 37.5 WTE**) have been recruited and have commenced posts within the Acute, Community and Paediatrics areas in September 2019, with a further 4 WTE external students commenced in October (**total 4 WTE**). This equates to a **total 41.5 WTE** commenced September/October 2019. This is reduction on last month due to withdrawals from the graduate programme.
- A further 5.64 WTE Dudley and 5.6 WTE external students (**total 11.24 WTE**) are due to commence in November 2019 depending on successful employment clearances and outstanding academic work.
- A recruitment event for Dudley students for January 2020 intake took place on the 7th

October 2019; conditional offers were given on the day.

IMPLICATIONS OF PAPER:

RISK	Yes		Risk Description: 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: CQC Fundamental Standards: Staffing
	NHSI	Yes	Details: Capping of agency
	Other NQB	Y/N	Details: National Quality Board (NQB) guidance; 'How to Ensure the Right People, with the Right Skill, are in place at the Right time'

Safer Staffing

The Safer Staffing Summary (Appendix 1) shows the qualified staff and unqualified staff fill rates for both day and night shifts for each area of the Trust. In addition, the table shows the actual Care Hours per Patient Day (CHPPD) for the last three months. We provide this information to NHS Improvement and part of it is utilised in informing the National Model Hospital data.

This report is based on the establishments set in July 2019 with the data coming from Allocate.

The table below indicates that fill rates have been fairly static for qualified staff and improving for unqualified staff since April 2019 even after the change in establishments in July 2019.

Table 1 – Trust position against fill rates

	Qualified Day	Unqualified Day	Qualified Night	Unqualified Night
April 2019	85%	89%	88%	94%
May 2019	87%	89%	90%	94%
June 2019	86%	90%	89%	94%
July 2019	85%	92%	88%	95%
August 2019	83%	95%	86%	97%
September 2019	84%	94%	89%	98%

In September 2019, overall qualified fill rates was 86.5%. This is lower in comparison to June at the time of the last report overall fill rate of 87.5% but higher in comparison to the same period last year, September 2018 fill rate of 80.5%.

Appendix 1 shows the details of all the wards staffing fill rates during the day and night for the second quarter of 2019/20 and the overall CHPPD.

Mitigation/action to manage staffing:

- Matrons review staffing numbers twice daily through a safety huddle in the morning and afternoon. The safety huddle is facilitated by a Divisional Chief Nurse and this includes review of wards' staffing numbers, skill mix, occupancy, patient acuity and dependency. Staffing shortfalls are mitigated by moving staff between wards. Staffing issues are also discussed at the capacity meetings and support is requested when required.
- Lead Nurses and Matrons continue to meet regularly with the Divisional 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 is sufficient to meet patients' acuity and dependency.

- Each ward and department has a bespoke recruitment and retention action plan with monthly rolling adverts on NHS jobs.
- Bank rates have been increased to make them comparable to framework agency rates

Skill Mix Review Inpatient Wards:

The inpatient wards skill mix review conducted in June 2019 is now embedded

Care Hours per Patient Day (CHPPD)

Following the publication of the Carter Review (2016) NHS Improvement issued 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 was 9.52, 9.26 and 9.29 (qualified and unqualified) for the three months July to September 2019. Based on the latest Model Hospital data, the Trust CHPPD (9.5) in July 2019 is higher in comparison to national (8.2) and peer (7.6) median.

Clinical Incidents

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 below details the number of clinical incidents reported on DATIX during July, August and September 2019 (with comparative figures for 2018) that relates to staffing. There were a total of 107 incidents reported during the months of July to September 2019. The comparative figures potentially indicate that there are now fewer staff concerns about staffing levels.

Table 2

	Jul 2019	Aug 2019	Sep 2019	Total
Total Workload/Staffing	36 (29)	45 (56)	26 (55)	107 (140)

(Figures in brackets are for the same periods in 2018)

Table 3 below shows the level of harm. 35 of these were recorded as near misses, 70 were no harm and 2 were recorded as low harm. The two low harms pertaining to staffing shortfalls on Ward C3 and SAEC. On Ward C3 there were three patients requiring 1:1 care but there was only one staff available. One of the patients absconded and one had a fall in the night. The staffing on SAEC was such that a set of observations was missed and it was later found the patient had oxygen saturations of 82-88%. Fast bleeding the doctor resulted in an improvement in the patient's condition. The comparative 2018 data for the same period indicate a lower proportion of No harm incidents but a lower number of Low Harm incidents in 2019.

In terms of specific areas of reporting with 10 or more incidents, 23 were reported from Maternity services followed by the Emergency Department (10). Mitigations include in midwifery, daily response meetings and staff redeployment and in the Emergency Department assistance has been provided by corporate nursing staff. Recent temporary changes to the bank rates have been introduced to help solve this problem.

Table 3

(Figures in brackets are for the same periods in 2018)

	Jul 2019	Aug 2019	Sep 2019	Total
Near Miss	14 (10)	12 (15)	9 (12)	35 (37)
None (no harm caused)	21 (19)	33 (40)	16 (40)	70 (99)
Low (minimal harm caused)	1 (0)	0 (1)	1 (3)	2 (4)
Total	36 (29)	45 (56)	26 (55)	107 (140)

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 temporary staffing use.

All bank and agency requests continue to be assessed by the Divisional Directors with the support of the Divisional Chief Nurses. All requests for non-framework agency remain Chief Nurse or Chief Operating Officer only in hours, out of Hours Executive authorisation only.

Table 4 shows the comparison usage of bank and agency. During July to September 2019, bank and agency usage for qualified and unqualified has seen a slight decrease in comparison to the previous quarter. There was continued reduction of overall temporary staffing usage including agency since March 2019.

The controls against agency usage for CSW staff have been maintained with zero shifts during this period (table 5).

Table 4 Agency and Bank RN monthly usage

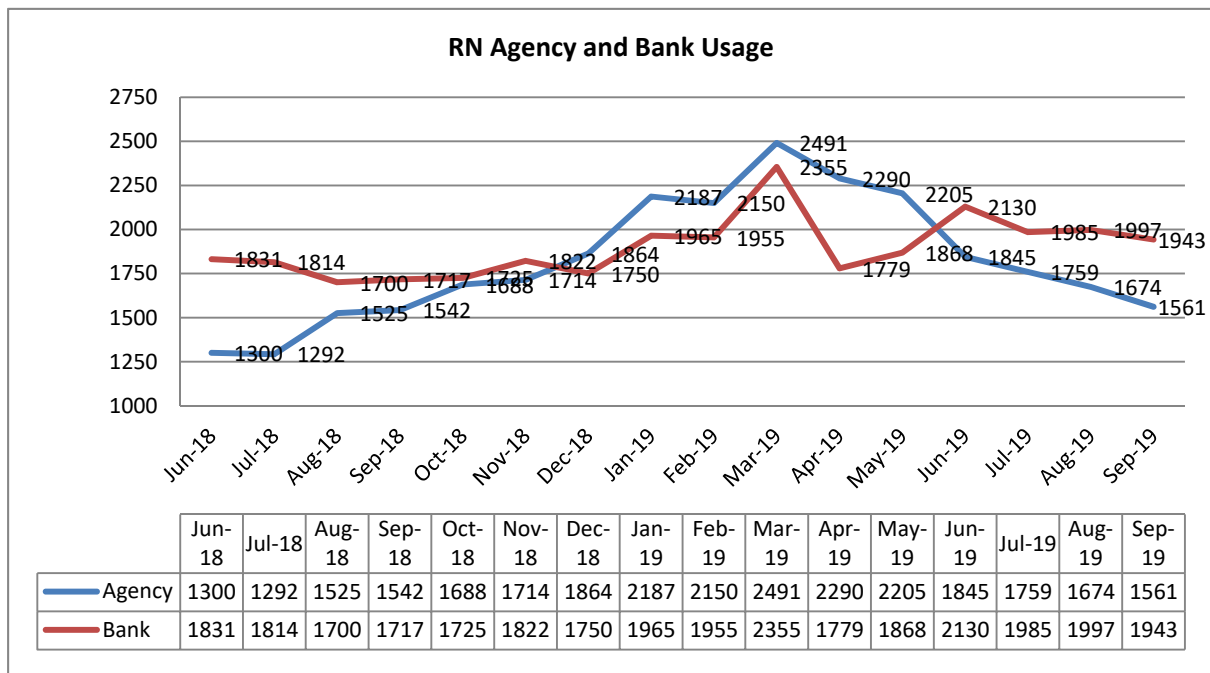
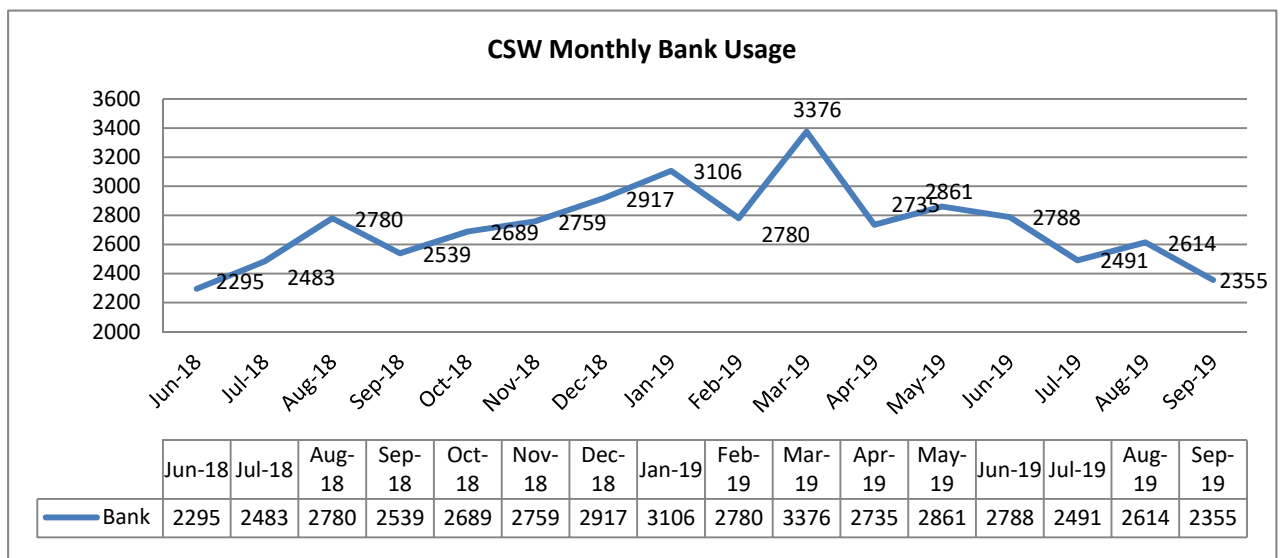


Table 5 CSW monthly bank usage



Top 5 areas for Agency use in the last three months

Ward		Jul-19	Ward		Aug-19	Ward		Sep-19
AMU 1		196	Emergency Dept Nursing Dept		186	Emergency Dept Nursing Dept		185
Emergency Dept Nursing Dept		179	AMU 1		163	AMU 1		159
B3 Emergency Surgery		145	RHH Day Case Theatre & Recovery		129	Critical Care		127
RHH Day Case Theatre & Recovery		130	Critical Care		118	C8 Stroke Rehab Dept		119
C8 Stroke Rehab Dept		112	B3 Emergency Surgery		117	RHH Day Case Theatre & Recovery		115

Summary situation of staffing and potential recruitment over the next year

Internal Recruitment Events

The next corporate recruitment event is scheduled for the 22nd October 2019. The event will target 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
Corporate recruitment event	24 th Sept 2019	Attendance of 5 both student nurses and experienced staff currently working in the Trust considering a transfer. Conditional offers for substantive posts made to all 2 student nurses from Worcester. 3 other experienced staff visited areas of interest and are considering a transfer to these areas.
C1	30 th Sept 2019	Cancelled as currently vacancies are filled.
C8	30 th Sept 2019	0 attended

The following areas have local events booked for October 2019:

- Dudley Students recruitment specific event - 7th October
- AMU – 10th October 2019
- C4 – 15th October 2019
- C8 – 29th October 2019 (World Stoke Day CPD & Recruitment Event)

External Recruitment

Booked Events

We have no external events booked, University events dates are to be confirmed. The Trust has been approached by skills4nursing regarding a recruitment event in Ireland and Your World Nursing providing agency nurses to Theatres here has sent information regarding an international nursing package. This information has been forwarded to the senior nursing team for consideration

Recruitment Activity

At the time of the report, a total of 40.14 WTE experienced staff Band 5 and above are currently going through recruitment clearances. (This is an approximate figure from a raw TRAC report at the time of the report). This is an increase of experience nurses recruited from last month's report.

24.88 WTE Dudley and 12.64 WTE external graduates (**total 37.5 WTE**) have been recruited and commenced posts within the Acute, Community and Paediatrics areas in September 2019, with a further 4 WTE external students commenced in October (**total 4 WTE**).

This equates to a **total 41.5 WTE** commenced September/October 2019 at the time of the report. This figure is lower than last month's report due to withdrawals from the graduate programme.

A further 5.64 WTE Dudley and 5.6 WTE external student (**total 11.24 WTE**) are due to commence in November 2019 depending on successful employment clearances and outstanding academic work.

Recruitment of Dudley students for January 2020 intake took place on the 7th October 2019,

Please note: all the above data and recruitment activity is prone to change due to withdrawals, deferrals for non-completion of nurse training, personal reasons and external candidates taking posts in their training Trusts. This data is raw data and approximates of current recruitment activity taken from The TRAC system at the time of the report.

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. As of September 2019, there are 230 WTE (compared to 338 WTE in May 2019) vacancies.

Appendix 1 – Percentage Fill rates by ward and CHPPD (July –Sept 2019) Q2 2019/20

Ward	Jul-19					Aug-19					Sep-19				
	Qual Day Fill	UnQual Day Fill	Qual Night Fill	UnQual Night Fill	CHPPD	Qual Day Fill	UnQual Day Fill	Qual Night Fill	UnQual Night Fill	CHPPD	Qual Day Fill	UnQual Day Fill	Qual Night Fill	UnQual Night Fill	CHPPD
B1	75%	102%	73%	97%	6.64	81%	101%	75%	106%	6.65	84%	103%	80%	100%	6.13
B2(H)	81%	102%	95%	100%	7.70	75%	104%	96%	99%	7.56	69%	103%	95%	96%	7.55
B2(T)	80%	98%	95%	96%	6.82	78%	97%	91%	98%	7.09	78%	98%	93%	100%	7.00
B3	73%	83%	86%	86%	7.86	66%	89%	78%	84%	7.61	67%	93%	74%	84%	7.77
B4	88%	83%	88%	98%	6.85	86%	84%	95%	95%	6.82	86%	80%	95%	99%	6.55
B5	82%	98%	96%	104%	12.83	77%	104%	92%	98%	11.56	83%	99%	98%	99%	11.52
C1	93%	89%	93%	99%	6.99	87%	94%	88%	99%	6.66	85%	98%	92%	104%	6.67
C2	94%	98%	96%	97%	15.50	94%	100%	97%	95%	19.22	93%	96%	92%	89%	15.35
C3	85%	107%	90%	101%	8.23	78%	105%	94%	98%	8.02	79%	104%	97%	99%	8.20
C4	89%	104%	63%	136%	7.32	90%	115%	59%	143%	7.33	88%	118%	61%	142%	7.39
C5	76%	108%	92%	99%	6.78	78%	104%	84%	99%	7.01	78%	94%	92%	95%	7.25
C6	90%	93%	97%	91%	7.19	87%	81%	95%	98%	6.31	88%	92%	98%	99%	6.32
C7	89%	96%	86%	102%	6.90	77%	108%	78%	114%	6.61	88%	110%	86%	106%	6.87
C8	67%	80%	77%	86%	7.83	67%	78%	74%	93%	7.54	78%	82%	89%	104%	7.81
CCU_PCCU	81%	98%	70%	90%	7.65	72%	94%	71%	97%	7.59	80%	97%	73%	100%	7.91
Critical Care	83%	86%	81%		32.60	79%	87%	79%		30.85	88%	81%	86%		28.44
EAU	95%	84%	97%	85%	13.09	88%	88%	88%	90%	12.70	86%	86%	96%	91%	12.88
Maternity	86%	83%	93%	91%	23.69	91%	92%	94%	92%	21.43	87%	91%	94%	95%	20.05
MHCU	98%	91%	90%	80%	21.09	97%	100%	91%	58%	20.17	97%	92%	90%	75%	18.59
NNU	85%		95%		10.34	82%		99%		7.57	82%		98%		9.45
TOTAL	85%	92%	88%	95%	9.52	83%	95%	86%	97%	9.26	84%	94%	89%	98%	9.29

Appendix 2

Qual Nurses Band 5 and Above		Sept 2019	To end of September 2019			October 2019			November 2019			December 2019			January 2020			February 2020			
Div	Team	Contracted Vacancy Vs SUBSTANTIVE ESTABLISHMENT	Adjustments to end of month	Vacs	All Recruit	Net Leave (8%)	Vacs	All Recruit	Net Leave (8%)	Vacs	All Recruit	Net Leave (8%)	Vacs	All Recruit	Net Leave (8%)	Vacs	Targeted Recruit	General Recruit (4.3%)	Net Leave (8%)	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	
	Ward C1	9.05	0.00	9.05	0.00	0.19	9.24	0.00	0.19	9.42	0.00	0.18	9.61	0.00	0.18	9.79	0.00	0.10	0.18	9.87	
	Ward C3	8.90	2.00	6.90	0.00	0.10	7.00	0.85	0.10	6.25	0.00	0.10	6.35	3.40	0.10	3.05	0.00	0.07	0.12	3.11	
	Ward C4	3.74	2.00	1.74	0.82	0.16	1.08	0.00	0.16	1.24	0.00	0.16	1.41	0.00	0.16	1.57	0.00	0.09	0.16	1.64	
	Ward C4 Onc Day OP	2.80	0.00	2.80	0.00	0.08	2.88	0.00	0.08	2.96	0.00	0.08	3.04	0.00	0.08	3.11	0.00	0.04	0.08	3.15	
	Ward C5 Area A	6.35	0.00	6.35	0.00	0.08	6.43	0.00	0.08	6.51	0.00	0.08	6.59	0.00	0.08	6.67	0.00	0.04	0.08	6.71	
	Ward C5 Area B	4.87	0.00	4.87	0.00	0.09	4.96	0.00	0.09	5.05	0.00	0.09	5.14	0.00	0.09	5.23	0.00	0.05	0.09	5.27	
	Ward C7	9.05	0.03	9.02	0.00	0.14	9.16	0.00	0.14	9.30	0.00	0.14	9.44	1.70	0.14	7.87	0.00	0.08	0.15	7.94	
	Ward C8	16.72	0.03	16.69	0.00	0.19	16.88	1.70	0.19	15.38	0.00	0.20	15.58	1.70	0.20	14.08	0.00	0.11	0.21	14.18	
	Ward CCU	13.20	4.76	8.44	0.85	0.19	7.78	0.00	0.19	7.97	0.00	0.19	8.16	3.06	0.19	5.29	0.00	0.11	0.21	5.39	
	Acute Med Unit (EAU)	23.75	4.64	19.11	0.85	0.36	18.62	0.85	0.37	18.14	0.00	0.37	18.51	10.88	0.37	7.99	0.00	0.23	0.44	8.20	
	Ward Ambulatory Emergency Care	(1.00)	0.00	(1.00)	0.00	0.08	(0.92)	0.00	0.08	(0.84)	0.00	0.08	(0.76)	0.00	0.08	(0.68)	0.00	0.04	0.08	(0.64)	
	Emergency Department Nursing	16.60	2.63	13.97	2.38	0.53	12.12	4.66	0.53	7.99	1.70	0.54	6.83	6.80	0.52	0.55	0.00	0.30	0.59	0.84	
Community Nursing	16.01	2.65	13.36	1.70	0.82	12.48	0.51	0.83	12.80	0.00	0.83	13.63	2.55	0.82	11.90	0.00	0.45	0.83	12.28		
All Other Med & Int Care Teams	55.38	(0.77)	56.15	0.85	1.76	57.06	1.70	1.75	57.11	0.43	1.75	58.44	2.13	1.74	58.06	0.00	0.94	1.75	58.87		
Surgery	Ward B1	5.56	0.00	5.56	0.00	0.09	5.65	0.00	0.09	5.73	0.00	0.09	5.82	0.00	0.08	5.90	0.00	0.05	0.08	5.94	
	Ward B2 (T)	5.85	0.47	5.38	0.00	0.08	5.46	1.39	0.08	4.15	0.00	0.09	4.24	2.55	0.09	1.78	0.00	0.06	0.11	1.83	
	Ward B2 (H)	8.62	0.00	8.62	0.00	0.13	8.75	0.00	0.13	8.88	0.00	0.13	9.00	0.85	0.13	8.28	0.00	0.07	0.13	8.34	
	Ward B3	20.75	1.00	19.75	0.00	0.12	19.87	0.00	0.12	19.99	0.00	0.12	20.11	2.55	0.12	17.67	0.00	0.07	0.13	17.73	
	Ward B4	(1.11)	0.70	(1.81)	0.00	0.11	(1.70)	0.00	0.11	(1.58)	0.00	0.11	(1.47)	2.55	0.11	(3.91)	0.00	0.07	0.13	(3.85)	
	Ward B4B	3.14	0.70	2.44	0.54	0.10	1.99	0.00	0.10	2.09	0.00	0.10	2.19	0.85	0.10	1.44	0.00	0.06	0.10	1.49	
	Ward B5	0.38	2.00	(1.62)	0.00	0.24	(1.38)	0.00	0.24	(1.14)	0.00	0.24	(0.90)	0.85	0.24	(1.51)	0.00	0.13	0.24	(1.39)	
	Ward C6	3.15	0.00	3.15	0.54	0.08	2.69	0.00	0.09	2.77	0.00	0.08	2.86	0.00	0.08	2.94	0.00	0.04	0.08	2.98	
	Ward C2	1.88	2.07	(0.19)	0.00	0.28	0.09	1.53	0.28	(1.17)	0.00	0.28	(0.88)	0.00	0.28	(0.60)	0.00	0.15	0.28	(0.47)	
	Neonatal Unit	1.00	0.00	1.00	0.00	0.24	1.24	1.70	0.24	(0.23)	0.85	0.25	(0.83)	0.00	0.25	(0.58)	0.00	0.13	0.25	(0.47)	
	I.T.U.	14.71	5.64	9.07	1.70	0.38	7.75	0.85	0.39	7.29	0.00	0.39	7.68	1.70	0.39	6.37	0.00	0.21	0.40	6.56	
	Ward MHDU	(0.52)	0.00	(0.52)	0.00	0.18	(0.34)	0.00	0.18	(0.16)	0.00	0.18	0.02	0.00	0.18	0.20	0.00	0.09	0.18	0.28	
	Theatres (Excl ODP's)	(2.20)	0.00	(2.20)	0.00	0.34	(1.86)	0.00	0.34	(1.52)	0.00	0.33	(1.19)	0.00	0.33	(0.86)	0.00	0.18	0.33	(0.70)	
	Day Case Theatres (Excl ODP's)	0.56	0.00	0.56	0.85	0.28	(0.01)	0.85	0.28	(0.58)	0.00	0.29	(0.29)	0.00	0.28	(0.01)	0.00	0.15	0.28	0.12	
	Maternity unit	6.41	0.30	6.11	1.63	0.66	5.14	0.85	0.66	4.95	0.00	0.66	5.61	0.00	0.66	6.27	0.00	0.35	0.66	6.58	
	All other Surgery Teams	0.63	(1.82)	2.45	0.85	1.15	2.75	1.70	1.15	2.20	0.43	1.15	2.92	2.13	1.15	1.95	0.00	0.62	1.15	2.48	
Corp	All Corp Teams	5.89	0.38	5.51	0.00	0.30	5.81	0.00	0.29	6.10	0.00	0.29	6.39	0.00	0.29	6.69	0.00	0.34	0.63	6.98	
Total Qualified Nurses		260.12	29.41	230.71	13.57	9.52	226.66	19.14	9.53	217.06	3.40	9.58	223.24	46.24	9.51	186.51	0.00	5.43	10.13	191.21	
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 - Substantive Establishment uses M12 2019/20 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. - Substantive Establishment does not include establishment reserved for Bank/Agency usage for relief level of approx 10%																					

Paper for submission to the Board of Directors on 7 November 2019

TITLE:	Update from the Finance and Performance Committee		
AUTHOR:	Jonathan Hodgkin F & P Committee Chair	PRESENTER	Jonathan Hodgkin F & P 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 COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
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 31 October 2019.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description: Failure to remain financially sustainable in 2019/20 (COR1012) Failure to maintain liquidity in 2019-20 and beyond (COR1011)
	Risk Register: Y		Risk Score: 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Achievement of Financial Targets
	Other	Y	Details: Value for Money
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

UPWARD REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

Date Committee last met: 31 October 2019

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • £2m income risk from activity over performance, which is not yet agreed with Dudley CCG • Surgery is £2.3m behind plan due to income shortfall, but actions to recover are underway • Q3 financial plan unlikely to be delivered without further support from partners • Missed DM01 target in September mainly due to equipment failure. Backlog means not expected to recover until December 2019. • Missed both cancer 2 week wait and 62 day targets in September. Anticipating recovery by end of January 2020 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Remedial actions around DM01 and cancer targets are underway
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Delivered Q2 plan with Dudley CCG support and on track to deliver internal plan • Recovered 90% of previously reported lost ED income • Trust now expected to remain cash positive this financial year • Pay spend ahead of budget, but agency spend in September was the lowest since November 2018 for nursing and February 2016 for medics 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Approved the Emergency Preparedness Resilience and Response Strategy • Recommend that Board of Directors approve the award of the Trauma Products contract
<p>Chair's comments on the effectiveness of the meeting:</p> <p>Positive meeting reporting good performance overall, despite challenge in cancer and diagnostics. Governor Dr Richard Gee attended the meeting to observe.</p>	

Paper for submission to the Board of Directors on 7th November 2019

TITLE:	Finance 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 COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
To note and discuss the contents of the report			
CORPORATE OBJECTIVE:			
SO3 Drive Service Improvements, innovation and transformation SO5 Make the best use of what we have SO6 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Update for the Board on the financial position of the Trust at the end of September 2019 (month 6)			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description: Failure to remain financially sustainable in 2019/20 (COR1012) Failure to maintain liquidity in 2019-20 and beyond (COR1011)
	Risk Register: Y		Risk Score: 20
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Achievement of financial plan
	Other	Y	Details: Value for money
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Finance Report – Month 6 2019/20

1) Purpose

The purpose of this report is to update the Board on 2019/20 financial performance as at Month 6.

2) Income and Expenditure

The Trust continues to work with key partners to bridge the existing £8m in year shortfall to deliver its control total target. This was discussed further at the System Review meeting with commissioners and NHSI/E on 30th September 2019. It was agreed that the Trust would work closely with its main commissioner to find mechanisms to bridge the gap. These discussions have taken place for the month ending September and have contributed to an in month surplus in September and a cumulative position that is a £0.3m deficit that is £0.3m better than plan. This means the Trust has delivered its financial performance targets for Q2 and has therefore secured the second tranche of Provider Sustainability Fund.

3) Cashflow

The cash position is monitored very closely and every effort is being made to maintain liquidity. The September cash position is not as strong as the one reported in August, however it is better than planned at the start of the year due to the continued measures that the Trust has introduced. It now looks less likely that the Trust will require in year borrowing to support its cash position for the current financial year.

4) Financial Improvement Programme

The delivery of a positive year end financial position remains subject to the 4 key variables of; delivery of base budgets, Cost Improvement Programme, successful land sale and PSF. The current internal plan now identifies a deficit of £3.8m which is an improvement of £2m from the plan at the start of the year. Agency spend and non pay spend are both heading in positive directions and the Cost Improvement Programme continues to identify month on month improvements.

5) Summary

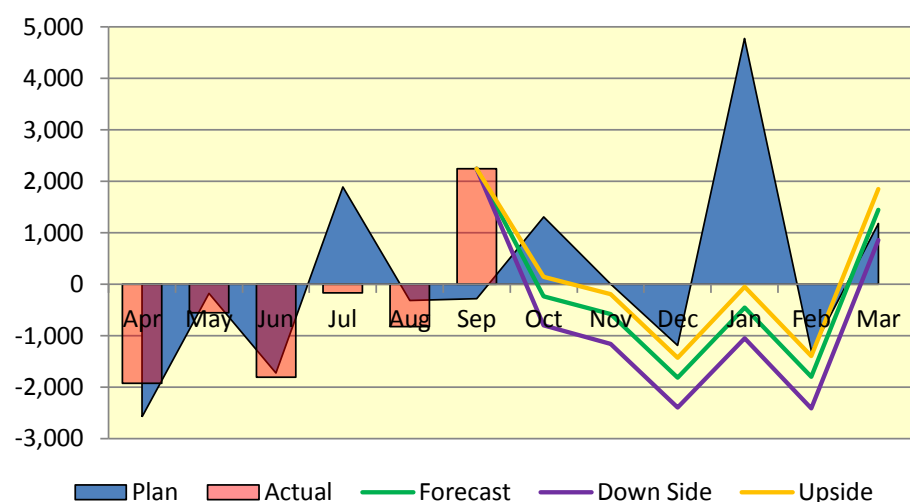
The Trust continues to work very hard to contain expenditure. This has led to encouraging in year movements in cashflow, CIP delivery, agency spend and the underlying position. However, there remains a £8m financial gap this year as set out in the initial planning discussions. Productive conversations have taken place at Q2 with commissioners and regulators and this has resulted in securing the Q2 (month 6 financial plan). However, more support and discussion is required to address the position for the remainder of the year and the structural financial challenges facing the Trust.

Tom Jackson
Director of Finance

TRUST I&E PERFORMANCE (PRE & POST PSF) as at SEPTEMBER 2019

	CURRENT MONTH			
	PLAN	ACTUAL	VARIANCE	
INCOME	£30,832	£34,146	£3,314	●
EXPENDITURE	-£31,112	-£31,896	-£784	●
TOTAL PRE PSF	-£280	£2,250	£2,530	●
PSF	£430	£430	£0	●
TOTAL POST PSF	£150	£2,680	£2,530	●
	CUMULATIVE TO DATE			
	PLAN	ACTUAL	VARIANCE	
INCOME	£187,729	£191,130	£3,401	●
EXPENDITURE	-£190,912	-£194,150	-£3,238	●
TOTAL PRE PSF	-£3,183	-£3,019	£164	●
PSF	£2,261	£2,637	£376	●
TOTAL POST PSF	-£922	-£382	£540	●

YEAR END FORECAST 2019/20 (net of PSF)

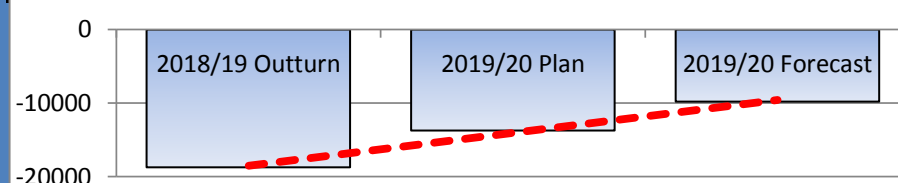


CONTROL TOTAL

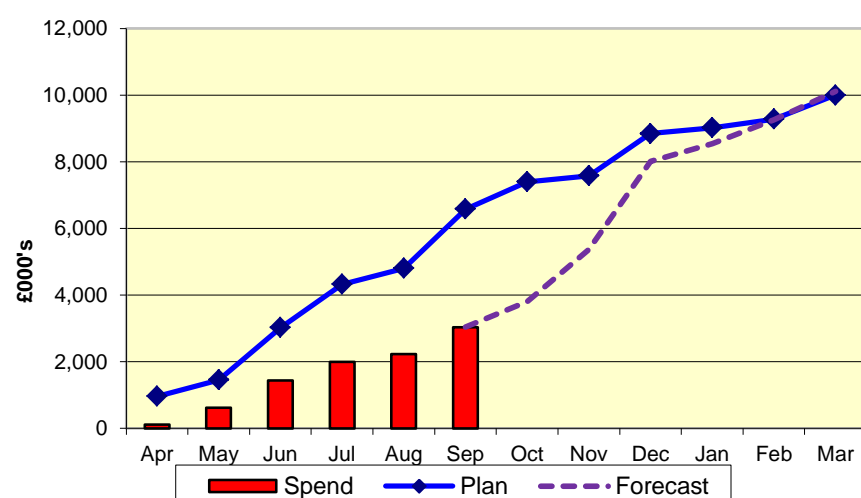
DIST. FROM CONTROL TOTAL

	Plan	Current	Cumul.	Forecast
NET POSITION	£8,055	£2,530	£540	-£11,867
Less PSF	-£6,462	£0	-£376	£3,825
Less TECHNICAL	-£4,424	-£17	£93	£161
CONTROL TOTAL	-£2,831	£2,513	£257	-£7,881

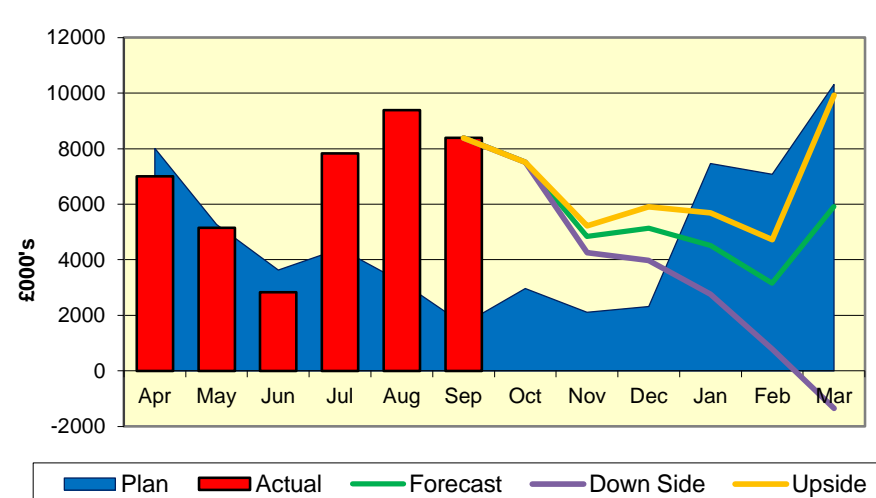
UNDERLYING POSITION



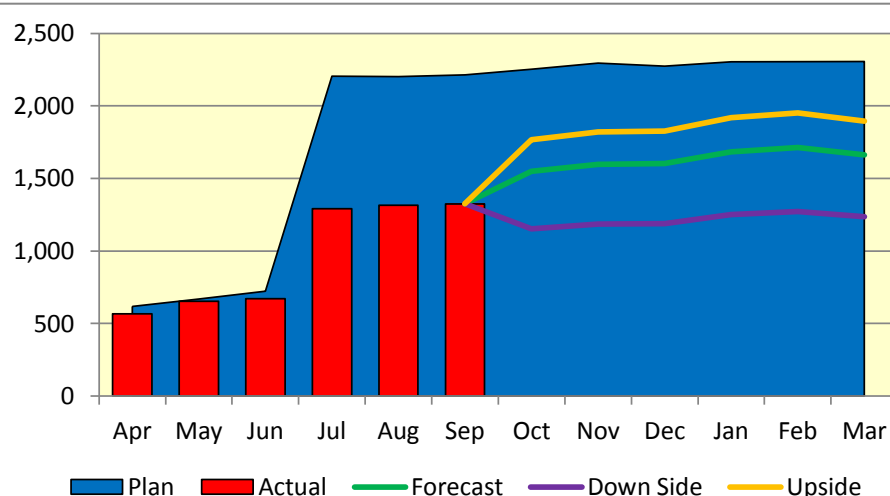
CAPITAL EXPENDITURE 2019/20



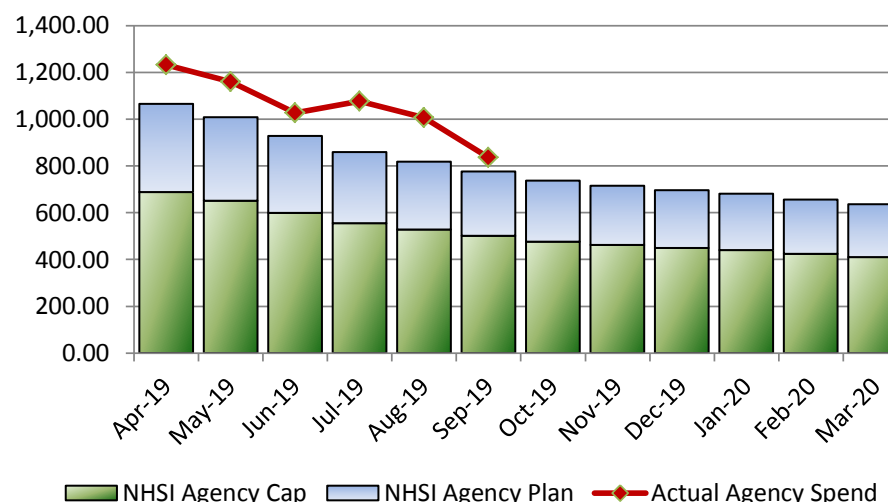
CASH FLOW 2019/20



CIP PERFORMANCE 2019/20



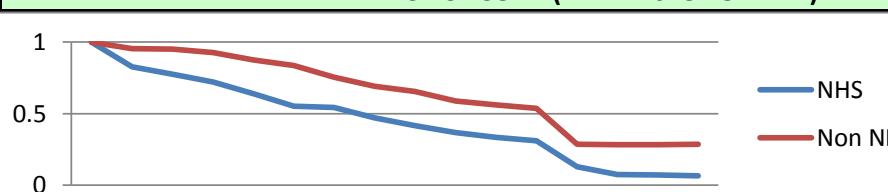
AGENCY PERFORMANCE 2019/20



RISK RATINGS

	Q2 PLAN	YTD	
CAPITAL SERVICE COVER RATING	4	4	●
LIQUIDITY RATING	4	3	●
I&E MARGIN RATING	3	3	●
CONTROL TOTAL VAR RATING	1	1	●
AGENCY RATING	4	4	●
RISK RATING AFTER OVERRIDES	3	3	●

BETTER PAYMENT PRACTICE CODE (APRIL 2018 TO DATE)



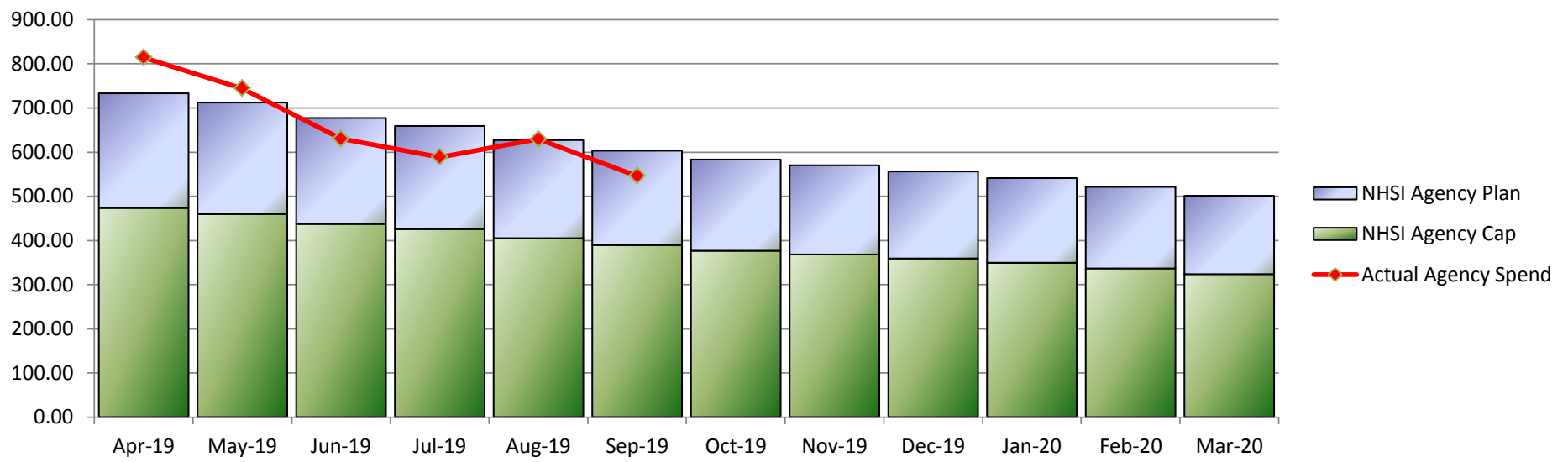
DIVISIONAL/CORPORATE VARIANCE

	CURRENT	YTD	FORECAST	
MEDICINE	£587	£1,399	£1,452	●
SURGERY	-£416	-£2,334	-£2,339	●
CLINICAL SUPPORT	£56	£399	£73	●
CORPORATE	£550	£1,728	£1,809	●
TRUST WIDE	£2,596	£2,634	-£5,049	●
RESERVES	-£854	-£3,429	-£7,731	●
OTHER	£11	£142	-£82	●
TOTAL	£2,530	£540	-£11,867	●

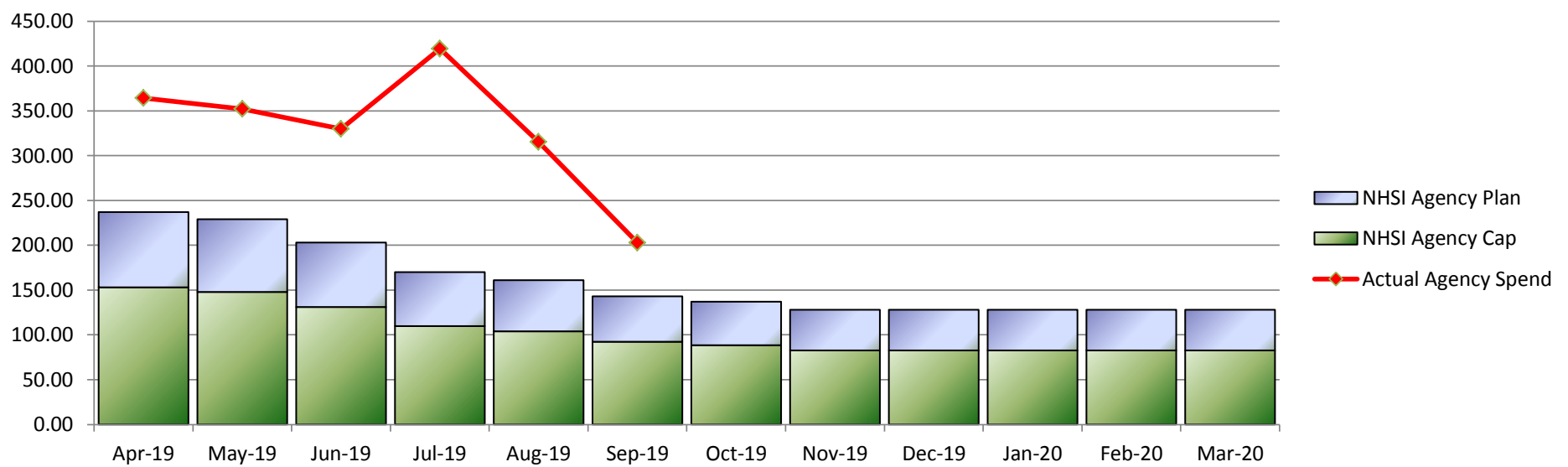
TRUST TOP 10 OVERSPENDING BUDGETS AS AT SEPTEMBER 2019

BUDGET CENTRE	DIRECTORATE	OVERSPEND	%
Surgery Division Contract Inc	Surgery Division Cont Income	-£2,330,903	-3%
Mgt Team - Theatres	Theatres Anaes and Crit Care	-£224,278	-52%
Medical Staff General Medicine	Urgent Care	-£156,325	-63%
Medical Staff Acute Medicine	Urgent Care	-£153,759	-5%
Medical Staff General Surgery	Surgery Urology and Vascular	-£146,306	-5%
Information Tech Data Centre	Information Technology	-£130,254	-10%
T&O Theatre - Orthopaedics	Trauma and Orthopaedic	-£120,049	-14%
Chief Executive	Chief Executive	-£118,615	-8%
Ward C3	Nursing Medicine	-£118,090	-8%
Surgery Mgt Team	Division Management	-£115,438	-24%

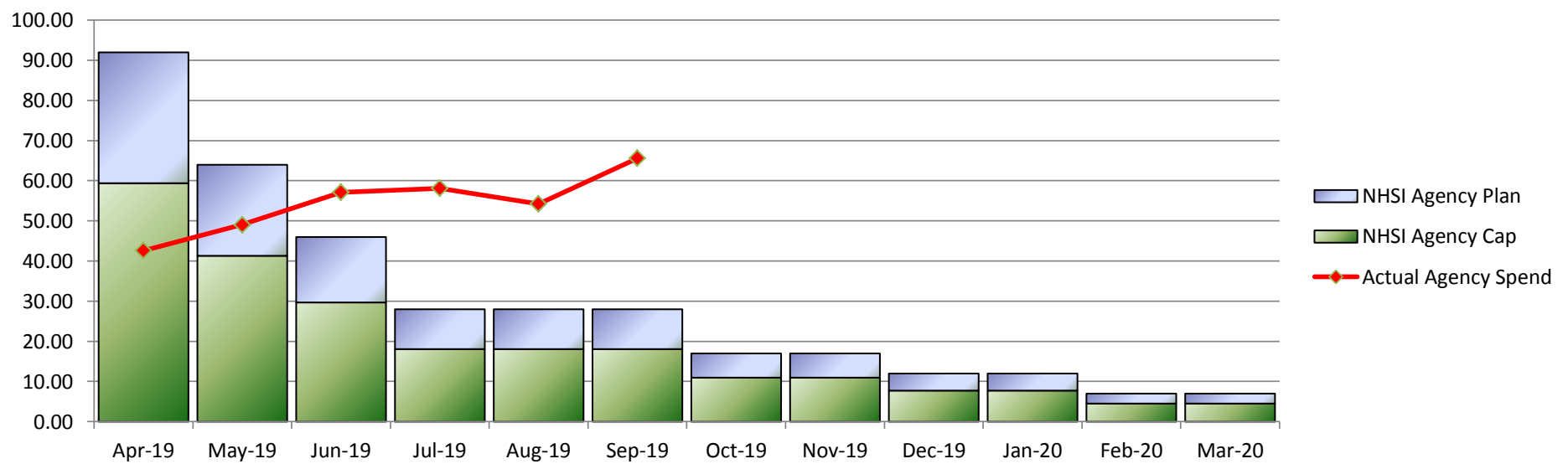
QUALIFIED NURSING STAFF AGENCY SPEND



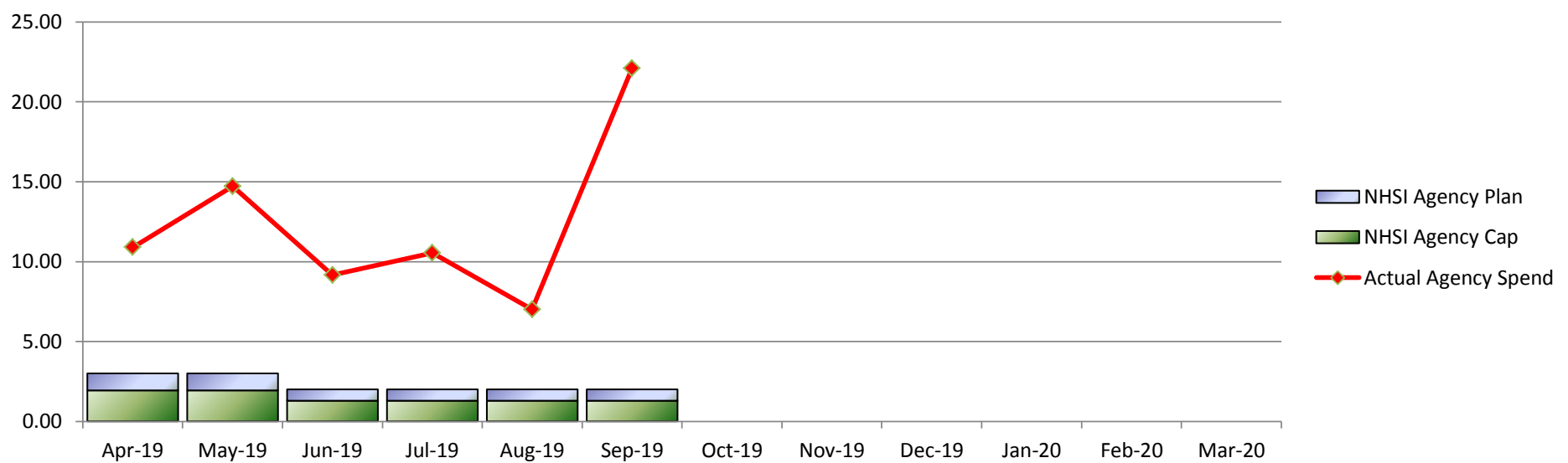
MEDICAL STAFF AGENCY SPEND



SCIENTIFIC, THERAPEUTIC & TECHNICAL STAFF AGENCY SPEND



ADMIN & CLERICAL STAFF/MANAGER AGENCY SPEND



Paper for submission to the Public Board on 7 November 2019

TITLE:	Integrated Performance Report for Month 6 (September) 2019		
AUTHOR:	Board of Directors	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
N	N	Y	N
RECOMMENDATIONS:			
To note and discuss the current performance against KPIs			
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:			
Performance Diagnostic Performance DM01 <p>The diagnostic standard (DM01) was achieved not achieved in September 2019 with a performance of 98.48% against the target of 99% patients seen in less than 6 weeks. Whilst MRI continued to experience breaches as per previous months, a significant contributing factor was the level of breaches to be found within the Endoscopy service. Of these breaches, the largest proportion were due to capacity challenges with all lists fully booked and additional activity options via WLI were exhausted, however the situation was compounded by the failure of the decontamination unit at Russells Hall Hospital for the period of a week at the end of September. A breakdown of the breaches incurred during the month is as follows:</p> <ul style="list-style-type: none"> • 37 x MRI (31 x Cardiac MRI and 7 GA MRI) • 6 x CT (Cardiac CT) • 3 x Respiratory Sleep Study • 1 x Cystoscopy • 74 x Endoscopy Unit (19 x Colonoscopy, 32 x Flexi Sigmoidoscopy and 23 x Gastroscopy) <p>In order to remedy the above, further outsourcing has been agreed to ensure no further Cardiac CT</p>			

breaches whilst the CT capital replacement programme is underway, however this has been compounded by ongoing difficulties with Consultant Cardiologist availability both in October and November 2019. A business case for the construction of a fourth scanning room for Endoscopy was approved at Directors on 15th October 2019, however this will take some time to get up and running current timescales estimated to be February / March 2019. In addition, the Endoscopy Decontamination Unit failed again in October for a week (work is underway to resolve this issue with purchase or lease of new facilities) but this along with the capacity challenges means that DM01 is expected to recover from December 2019 onwards.

Cancer Performance

The Trust's performance against the National cancer standards has historically been strong with DGFT amongst the strongest performers within both the STP and Nationally. Whilst final validation of the performance for September 2019 remains ongoing, it now seems evident that we will narrowly miss both the two week wait and 62 day treatment targets with current performances of 92.3% (against 93% target) and 82.8% (against 85% target). The failure of the 62 day standard was not apparent until the validation process (which includes tertiary centres sharing their treatment data after month-end) revealed that two tertiary treatments forecast by us for October 2019 were treated by RWT during September. The position suggests that an additional one treatment within 62 days is required for September in order for Q2 to have been achieved against this key standard.

In the interests of openness and transparency it should be noted that the immediate and short term outlook for cancer performance looks less positive, with very high levels of two weeks wait breaches across a number of specialties during October including Urology Haematuria, Colorectal, Breast and Upper GI. There are specific issues affecting each of these areas, including increased demand for both Colorectal and Breast (Colorectal being regional-wide and Breast due to the agreed redirection of RWT referrals) and the two week long failures of the Decontamination Unit. In addition however there are more common reasons which relate to the fact that a proportion of this core activity was provided via WLI's or enhanced rates and given pension implications and / or internal financial grip and control measures the available capacity has significantly reduced. The problem however extends beyond the first appointment with key diagnostics such as endoscopy, colonoscopy and fusion biopsy waiting times lengthening and there is now a real risk to 62 day performance from October 2019. Discussions with individual managers and specialties regarding this are at the time of writing ongoing, and progress against the actions required and agreed will be monitored via the weekly cancer performance meeting and fed into the weekly Senior Operational meeting.

Workforce

Absence

Absence in September 2019 decreased by 0.05% to 4.55%, this continues the positive downward trend despite remaining above the Trust target of 3.5%. The estimated 12-month rolling cost of absence is c£6.52M.

Clinical Support Services, Medicine & Integrated Care and Surgery Divisions remain above target at 5.68%, 5.36% and 3.86% respectively, although Surgery saw a reduction of 0.44%. Absence continues to be highest amongst our Care Support Staff (7.29%, an increase of 0.25%); analysis is ongoing to understand any underlying issues and to offer additional support to staff and managers to address the high absence rates.

Short-term sickness absence was 1.81%, compared to 1.64% in August, with increases across all Divisions. The HR team continue to work with Divisions to address any patterns of absence and to support the proactive management of cases, as well as supporting staff to remain in work or return to work more quickly, including an ongoing review of alternative working arrangements to facilitate this flexible approach. A review of management referrals to Occupational Health is continuing to ensure that staff are supported promptly and effectively through appropriate channels.

Long-term sickness absence was 2.74% in September, down 0.22% since August (2.96%), with reductions across all Divisions. Work continues on the long term absence cases within the top 20 areas of the Trust. In addition, the HR team are providing additional coaching and training to support managers, highlighting the importance of having effective and timely meetings/conversations with staff.

The Trust is supporting a specific area of focus alongside additional resource to support Long Term Absence. The actions and outcomes from this work is reporting through to the Workforce Committee in order to demonstrate measures of success. The first report is expected in November 2019. This work is also aligned to an increase in resource to support staff suffering with MSK conditions as well as a review of well-being services. These two areas are a direct response to stress and MSK conditions being the most common reasons for absence.

Following feedback from staff, the Sickness Absence Policy is being reviewed, with input from managers, staff and Trade Union colleagues. We will also be exploring additional health and wellbeing options at the Trust.

Mandatory Training

Compliance was slightly below target at 89.29% for September 2019. Performance has remained relatively stable over the last 12 months – however, this overall performance remains under the Trust target overall.

Work continues to focus on those subjects that are performing the most below target – at September these were:

- Resuscitation Adult –76% (up from 74.25% in August);
- Resuscitation Paediatric –70% (down from 83% in August);
- Safeguarding - Adults – 89.7% (up from 88.6%), Level 1&2 93% (up from 91.6%), Level 3 – 78.8% (down from 81.7%)

These subjects have remained below target for several months – although some progress has been made. Actions for improvement have been reported to the Workforce & Staff Engagement Committee with further work to be done to improve uptake of training.

Letters distributed to employees, to outline the continued risk of non-compliance to our patients, will be followed up after a 3 month review period to address continued non-compliance.

An annual review of the programme of training, subjects required and method of delivery will be presented to the Workforce and Staff Engagement Committee in October. This will identify any areas for addition/removal to reflect risks faced in relation to patient care. This is focussed on Priority 2 and 3 subjects as these are discretionary. At present performance overall is 77.9% for Priority 2 and 62.4% for Priority 3, which increases incrementally each month but remains below the expected levels.

Appraisals

Completed appraisals remains at 95.52% due to the 3 month reporting window, which is above the Trust target of 90%.

Performance is above target in all areas with the exception of Clinical Support Services, where Administrative & Clerical (82.26%), Healthcare Scientists (40%) and Nursing & Midwifery (54.55%) are below target. In Medicine & Integrated Care, staff in Add Prof S&T are below target at 42.86%. Additional support will be offered if required.

Consultation is continuing relating to the appraisal process and associated paperwork.

Turnover

The turnover rate was 8.96% in September, an increase of 0.14% compared to August. Whilst the Trust target is 8.5%, we rate below the average turnover rate for acute NHS Trusts in England. However, turnover remains high in Clinical Support Services (13.62%) and Corporate/Management (13.35%).

We continue to engage with our staff, and are analysing feedback from exit interviews, listening to staff and developing strategies to improve retention at the Trust, and this will be embedded into action plans which will build on the feedback from the National Staff Survey and regular pulse surveys.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	Y/N		Risk Description:
	Risk Register: Y/N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y/N	Details:
	NHSI	Y/N	Details:
	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE:
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:



Integrated Performance Report - Board



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2019

Created by: Informatics.

Title of report: Integrated Performance Report

Executive Lead:

Performance
Finance
Workforce

Chief Operating Officer, Karen Kelly
Director of Finance, Tom Jackson
Director of HR, Andrew McMenemyJ

Executive Summary

FFT Response Rate

A total of 4,988 responses across all areas have been received during September 2019, an increase since August 2019 (4,787). Maternity antenatal is showing the biggest decrease in response rates again this month at 18.2% (in comparison to 36.6% in August). There has also been a decline in response rates for A&E and Community. The Inpatient department remains on target for response rates and are achieving the target for September. Maternity Birth/Maternity Postnatal Ward have seen an increase in response rates in September 2019.

FFT Percentage Recommended

The percentage recommended target has not been achieved by any department during September 2019.

The Trust has identified that based on the latest published data (August 19) the Dudley Group of Hospitals are in the bottom 10% of Trusts nationally for the percentage of patients who would recommend the care they received.

Action taken to improve scores

In addition to previous initiatives, there will be implementation of a 'What matters to you' campaign which aims to identify effective ways to share good practice and implement the changes needed to deliver improvements in ratings of positive experience of patients. This will include a promotional campaign to encourage patients to approach and talk to staff, to promote the accessibility of giving feedback, and to raise the profile of patient experience across the Trust

Complaints & PALS

PALS received 198 concerns, 8 comments and 83 signposting contacts.

During September 2019, the Trust received 50 new complaints. This is a 13.6% increase from August 2019 for complaints (44).

There have been 12 re-opened complaints for September 2019.

The 12 reopened complaints for September 2019 are for the following:

2 for surgery

7 for Medicine

1 for surgery and medicine

2 for medicine and clinical support

The main reasons for complaints being reopened is that complainants are dissatisfied with their response (they feel it does not accurately report what happened/their recollection of events or they feel it does not really answer their concerns) or the response has caused them to ask further questions/seek further clarification. People often then want to meet with staff to discuss the contents of the letter and ask further questions.

Falls

There were 68 inpatient falls in September. This is a decrease from 76 falls which occurred in September 2018.

There were no falls reported as serious incidents in September.

Pressure Ulcers

There have been no reported Category 3 and Category 4 pressure ulcers during the month of September in the Community or the acute setting.

Infection Control

MSA – 11 (10 on ITU, 1 on SHDU)

MRSA - 1

E- Coli - 3

MSSA Bacteraemia – 2

MSSA:

One patient had multiple cannulas – SHDU – not identified on Saving Lives audits – however feedback to ward, and huddle board sessions have highlighted need for compliance with documentation. This will be observed in October's audits.

Executive Summary

Incidents

1 serious incident has been reported in September 2019.

INC 69609 – missed diagnosis

All incidents moderate and above are reviewed by the patient safety team and identified as a serious incident or the incident is downgraded. At the time of report there may be incidents that are currently under review and these may be identified as a serious incident or the incident will be downgraded.

% of deaths with priorities of care

August Data: 33.8%

It has been raised with informatics that AMU and B6 are not part of this reporting and will be added going forward

Please note the data reported is a 6 weeks in arrears to account for coding.

The specialist palliative care team are monitoring compliance and driving improvements. Trust wide progress is monitored through the Trust End of Life Working Group.

Dementia

Moving forward assessments will be devolved to individual wards /areas, rather than reliant on a bespoke team.

VTE

Trust performance for VTE for September is 93.7% a decrease on previous month

It has been identified that all ages were identified as requiring a VTE RA; this has now been corrected to apply only to 16yrs and over.

This has reflected in a drop of our overall performance. We continue to identify areas which are failing to meet the agreed 95% and will meet to identify issue and correct accordingly.

Safety Thermometer

Patients with harm free care – 94.68%

Executive Summary by Exception

Key Messages

Performance Matters

Committee: F&P

A&E 4 hour wait

The combined Trust and UCC performance was below target in month at 82.99%

	Attendances	Breaches	Performance
UCC/A&E Combined (Type1+3)	14469	2460	82.99%

Cancer Waits

The Trust's performance against the National cancer standards has historically been strong with DGFT amongst the strongest performers within both the STP and Nationally. Whilst final validation of the performance for September 2019 remains ongoing, it now seems evident that we will narrowly miss both the two week wait and 62 day treatment targets with current performances of 92.3% (against 93% target) and 82.8% (against 85% target). The failure of the 62 day standard was not apparent until the validation process (which includes tertiary centres sharing their treatment data after month-end) revealed that two tertiary treatments forecast by us for October 2019 were treated by RWT during September. The position suggests that an additional one treatment within 62 days is required for September in order for Q2 to have been achieved against this key standard.

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Referral to Treatment (RTT)

RTT performance remains largely stable, achieving 93.62% in September. This is similar to performance in previous months. There is no change in the specialties which remain challenged from an RTT perspective which include Urology and General Surgery. Both these specialties are experiencing significant demand with high levels of 2ww demand as well as referrals seen through e-RS. Additional capacity is being sought where possible. There have been some additional challenges in plastics during August which have now been addressed. Dermatology has large numbers of patients waiting for an appointment via e-RS and the service is looking for more sustainable solution to this over the next few weeks.

Executive Summary by Exception cont.

Key Messages

Financial Performance Matters

Committee: F&P

Cumulative deficit of £0.382m for April-September (including PSF). When allowing for technical changes and the consolidation of DCSL, the position is £0.257m ahead of the control total. This should result in the receipt of a further £1.3m cash for the Q2 PSF. The actual September position showed improvements against agency and non pay. Pay costs increased due to the medical pay award (backdated to April). Main pressure related to Surgery income but one-off income from CCG has enabled achievement of Q2 financial targets. The year end forecast has improved, showing a position that is now nearly £0.5m better than the internal plan. This is partly due to an improved CIP forecast. However, this position is £8.0m worse than the control total plus a further £3.8m of lost PSF resource. Note that the current forecast is £2.7m adrift of the plan for Q3 so there remains a significant challenge to achieve any further PSF.

Executive Summary by Exception cont.

Key Messages

Workforce

Committee: F&P

Staff Appraisals

Completed appraisals remains at 95.52% due to the 3 month reporting window, which is above the Trust target of 90%. Performance is above target in all areas with the exception of Clinical Support Services, where Administrative & Clerical (82.26%), Healthcare Scientists (40%) and Nursing & Midwifery (54.55%) are below target. In Medicine & Integrated Care, staff in Add Prof S&T are below target at 42.86%. Additional support will be offered if required. Consultation is continuing relating to the appraisal process and associated paperwork.

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Letters distributed to employees, to outline the continued risk of non-compliance to our patients, will be followed up after a 3 month review period to address continued non-compliance.

Executive Summary by Exception cont.

Key Messages

Workforce

Committee: F&P

Turnover

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Recruitment/Staff in Post

In September, the number of staff in post increased to 4473.88 (fte); all Divisions remain within their funded establishments. There have been increases across all divisions and all professions.

The monthly RN vacancy rate has reduced by 0.96% to 17.5 % against the Trust target of 8.5%.

Medical vacancy rate stands at 10.42% against a Trust target of 8.5%, which shows a slight increase from July which stood at 10.31%.

The Resourcing team continue to work to the revised 'time to hire' KPI of 50 days (originally 77 days). Last month, we saw improvement against the target from 44% to 51%. Chasing automated emails are sent to the recruiting managers alongside the Divisional Directors and the Director of Workforce where timelines have not been adhered. This is followed by a further email reminder directly from the Director of Workforce that have been well received.

Work continues to improve our bank offering - rates are now advertised in all bank adverts, and promotion via Twitter and Facebook, and work has commenced in refreshing the Bank website pages. However, it is recognised that our processes need to be improved to maximise Bank recruitment and support an efficient onboarding experience for Bank only candidates. Candidate tracking is to be improved, so that accurate reporting takes place and expectations can be managed with Divisions. This will also give us the ability to effectively plan for gaps in shifts through effectively engagement with Bank staff – we have been updating our database and contacting everyone listed via telephone, text, email and/or letter, establishing closer working relationships. We will be creating single points of contact with the team who will regularly communicate with our Bank only staff so they feel part of our workforce, including regular mailshots, telephone contact and through the introduction of new technology when it becomes available.

We will be working on a Resourcing Strategy, and supporting policies, over the next three months, in order to gather expressions of interest, improve accessibility to vacancy details via smartphones, and taking an alternative approach to career fairs and open days.

Staff Health and Wellbeing

A review of management referrals to Occupational Health has been taking place, and this has resulted in a reduction from 72 referrals in August to 41 in September. The number of days it takes to be offered an appointment with Occupational Health is slowly reducing, and is now at target of 14 days and a report received within 48 hours of the appointment.

The Flu Campaign launched on 1st October, and the Trust achieved over 20% of front line staff vaccinated within the first 3 weeks. The Trust target is to work towards vaccinating 100% of front line staff with achievement of 80% allowing access to CQUIN support. Weekly meetings are taking place to report progress alongside a plan for continued promotion of the campaign throughout the period until February 2020.

Leadership & Development

106 leaders have completed the Leadership & Development programme. Two cohorts (7 and 8) are currently running; with Cohort 9 commencing on 24th October. The Manager's Essentials programme has now commenced with a small pilot programme of three cohorts in October and November. It will run weekly until January 2020 at which time a review will take place to determine how this will be taken forward throughout 2020.

Executive Summary by Exception cont.

Key Messages

Workforce

Committee: F&P

Staff Engagement

A calendar has been produced to include local and national events, which includes the staff survey launch events leading up to the official launch of the National Staff Survey on 8 October. Preparations are also ongoing for the Flu Campaign launch on 1 October.

October is Black History Month a number of activities have been planned, but the team would welcome any ideas/input for events throughout the month.

Work continues to support awareness and implementation of the Dudley People Plan and the Trust's Behavioural Framework; both are aligned to NHS Improvement's Interim People Plan.

HR Operations

There are 10 formal cases ongoing relating to capability with underlying health reasons, 1 live disciplinary case, 1 referral to professional body and 3 grievances.

As well as the focus on sickness absence, we will be reviewing other key policies to ensure they are effective, and develop toolkits that demonstrate and enable caring, supportive, and compassionate leadership.

Guide to Icons on SPC Charts.

ICONS

Variation



Assurance



Special Cause -
Concern

High

Low

Special Cause -
Note/Investigate

High

Low

Common
Cause
Variation

Consistently
hit target

Hit and miss
target /
subject to
random

Consistently
miss target

Special Cause Concern – this indicates that special cause variation is occurring, with the variation being in an adverse direction

Low (**L**) indicates that the variation is downwards in a KPI where performance is ideally above a target line, e.g. RTT. High (**H**) is where the variance is upwards for a below target line KPI, e.g. DNA Rate.

Special Cause Note - this indicates that special cause variation is occurring, with the variation being in a favourable direction

High (**H**) indicates that the variation is upwards in a KPI where performance is ideally above a target line, e.g. RTT. Low (**L**) is where the variance is downwards for a below target line KPI, e.g. DNA Rate.



Patients will experience safe care - "At a glance"

Executive Lead: Mary Sexton

Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Aug-19	Sep-19	Financial YTD	Trend	Month Status
Friends & Family Test - Response Rate							
Friends & Family Test - ED	12.3%	19.4%	20.4%	17.6%	19.1%	↓	
Friends & Family Test - Inpatients	26.9%	37.0%	33.6%	37.9%	34.8%	↑	
Friends & Family Test - Maternity - Overall	21.9%	38.0%	17.6%	24.0%	20.9%	↑	
Friends & Family Test - Outpatients	4.9%	11.9%	5.3%	4.5%	5.1%	↓	
Friends & Family Test - Community	3.3%	8.1%	4.6%	3.7%	4.2%	↓	
Friends & Family Test - Percentage Recommended							
Friends & Family Test - ED	88.7%	94.5%	75.9%	78.7%	75.3%	↑	
Friends & Family Test - Inpatients	96.7%	97.4%	95.0%	94.9%	94.7%	↓	
Friends & Family Test - Maternity - Overall	97.1%	98.5%	95.5%	91.8%	97.2%	↓	
Friends & Family Test - Outpatients	95.3%	97.4%	90.1%	88.9%	89.2%	↓	
Friends & Family Test - Community	96.2%	97.7%	92.0%	90.8%	92.2%	↓	
Complaints							
Total no. of complaints received in month	-	-	44	50	308	↑	
Complaints re-opened	-	-	8	12	55	↑	
PALs Numbers	-	-	191	206	1481	↑	
Complaints open at month end	-	-	169	160	-	↓	
Compliments received	-	-	424	422	2804	↓	
Dementia							
Find/Assess	-	90%	72.5%	77.3%	82.2%	↑	
Investigate	-	90%	72.2%	35.1%	74.0%	↓	
Refer	-	90%	99.1%	98.1%	95.8%	↓	
Falls							
No. of Falls	-	-	76	68	412	↓	
Falls per 1000 bed days	-	-	4.57	3.90	4.01	↓	
No. of Multiple Falls	-	-	8	3	28	↓	
Falls resulting in moderate harm or above	-	-	0	0	2	↔	
Falls resulting in moderate harm or above per 1000 bed days	-	-	0.00	0.00	-	↔	
Pressure Ulcers (Grades 3 & 4)							
Hospital	-	-	0	0	3	↔	
Community	-	-	0	0	0	↔	
Handwash							
Handwashing	-	95%	99.4%	99.8%	99.7%	↑	

Patients will experience safe care - Patient Safety

	Target (Green)	Aug-19	Sep-19	Financial YTD	Trend	Month Status
Mixed Sex Accommodation Breaches						
Single Sex Breaches	0	6	11	44	↑	
Mortality (Quality Strategy Goal 3)						
HSMR Rolling 12 months	105	-	115	-		
SHMI Rolling 12 months	1.05	-	1.11	-		
HSMR Year to date (Not available)	-	-	-	-		
Infections						
Cumulative C-Diff due to lapses in care	49	-	-	5		
MRSA Bacteraemia	0	0	1	1	↑	
MSSA Bacteraemia	0	3	3	13	↔	
E. Coli	0	2	3	17	↑	
Stroke (1 month in arrears)						
Stroke Admissions: Swallowing Screen	75%	97.8%	-	95.7%	-	
Stroke Patients Spending 90% of Time on Stroke Unit	85%	96.1%	-	93.5%	-	
Suspected High Risk TIAs Assessed and Treated <24hrs	85%	100.0%	-	97.1%	-	
Stroke Admissions to Thrombolysis Time	50%	75.0%	-	56.5%	-	
VTE - Provisional Figures						
VTE On Admission	95%	94.0%	93.7%	94.6%	↓	
Incidents						
Total Incidents	-	1430	1391	8629	↓	
Recorded Medication Incidents	-	318	276	1998	↓	
Never Events	-	0	0	0	↔	
Serious Incidents	-	4	1	19	↓	
of which, pressure ulcers	-	0	0	3	↔	
Incident Grading by Degree of Harm						
Death	-	0	1	3	↑	
Severe	-	0	1	5	↑	
Moderate	-	2	5	20	↑	
Low	-	135	192	889	↑	
No Harm	-	875	831	5314	↓	
Near Miss	-	418	361	2398	↓	
Percentage of incidents causing harm	28%	38.8%	40.3%	14.7%	↑	
Safety Thermometer						
Patients with harm free care (and old harms)	-	99.33%	94.68%	-	↓	

Performance - "At a glance"

Executive Lead: Karen Kelly



Performance - Key Performance Indicators

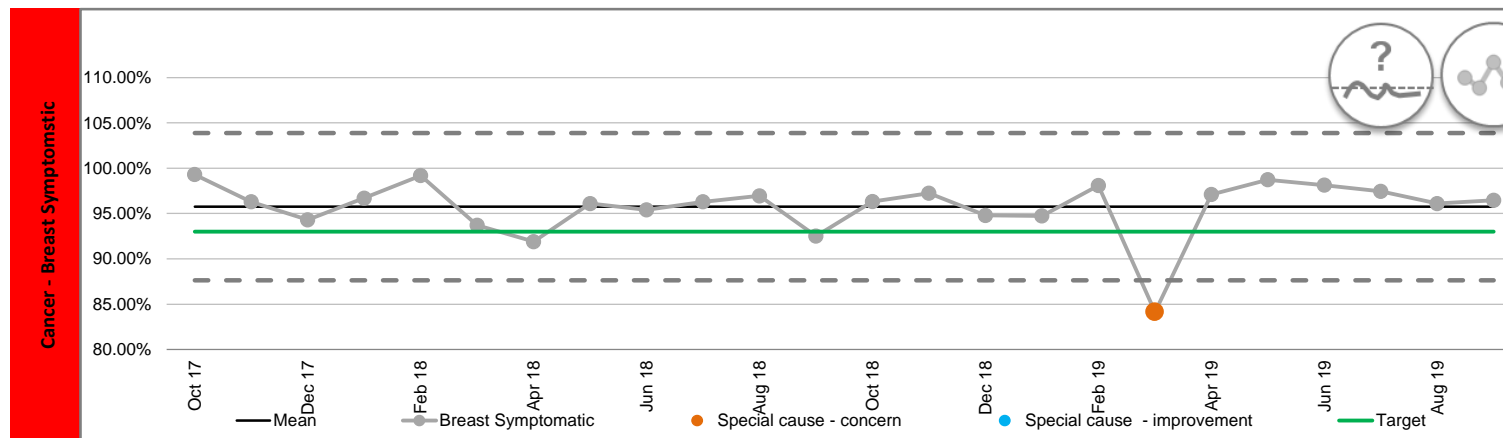
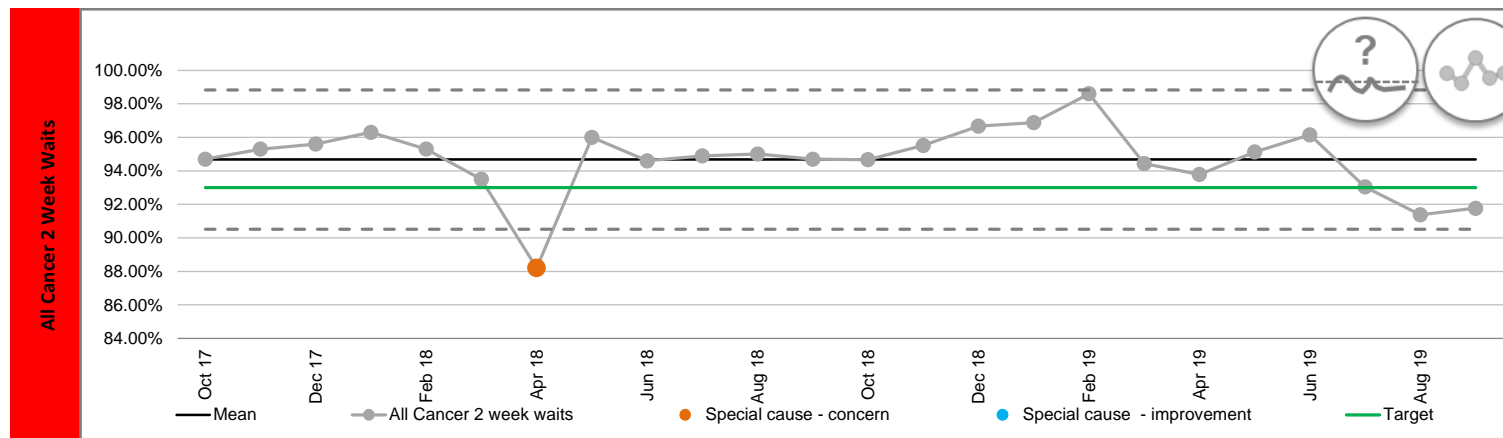
	Target	Aug-19	Sep-19	Actual YTD	Trend	Month Status
Cancer Reporting - TRUST (provisional)						
All Cancer 2 week waits	93%	91.39%	91.8%	93.5%	↑	
2 week wait - Breast Symptomatic	93%	96.1%	96.5%	97.4%	↑	
31 day diagnostic to 1st treatment	96%	100.0%	96.9%	98.4%	↓	
31 day subsequent treatment - Surgery	94%	100.0%	90.0%	97.1%	↓	
31 day subsequent treatment - Drugs	94%	100.0%	95.0%	97.7%	↓	
62 day urgent GP referral to treatment	85%	86.2%	80.1%	84.8%	↓	
62 day screening programme	90%	100.0%	90.9%	98.4%	↓	
62 day consultant upgrades	85%	94.1%	84.6%	93.1%	↓	
Referral to Treatment						
RTT Incomplete Pathways - % still waiting	92%	94.2%	93.6%	94.2%	↓	
RTT Admitted - % treatment within 18 weeks	90%	87.1%	87.6%	87.0%	↑	
RTT Non Admitted - % treatment within 18 weeks	95%	94.0%	94.8%	95.3%	↑	
Wait from referral to 1st OPD	26	25	25	155	↔	
Wait from Add to Waiting List to Removal	39	38	38	232	↔	
ASI List		2761	2863	0	↑	
% Missing Outcomes RTT		0.05%	0.04%	0.1%	↓	
% Missing Outcomes Non-RTT		3.8%	5.0%	3.9%	↑	
DM01						
No. of diagnostic tests waiting over 6 weeks	0	47	122	434	↑	
% of diagnostic tests waiting less than 6 weeks	99%	99.4%	98.5%	99.0%	↓	
ED - TRUST						
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	82.7%	83.0%	83.0%	↑	
Emergency Department Attendances	N/A	8973	9323	55312	↑	
12 Hours Trolley Waits	0	0	0	10	↔	
Ambulance to ED Handover Time - TRUST						
15-29 minutes breaches		1722	1553	10116	↓	
30-59 minute breaches		352	350	2145	↓	
60+ minute breaches		26	18	211	↓	
Ambulance to Assessment Area Handover Time - TRUST						
30-59 minute breaches		18	23	85	↑	
60+ minute breaches		1	2	9	↑	

Performance - Key Performance Indicators cont.

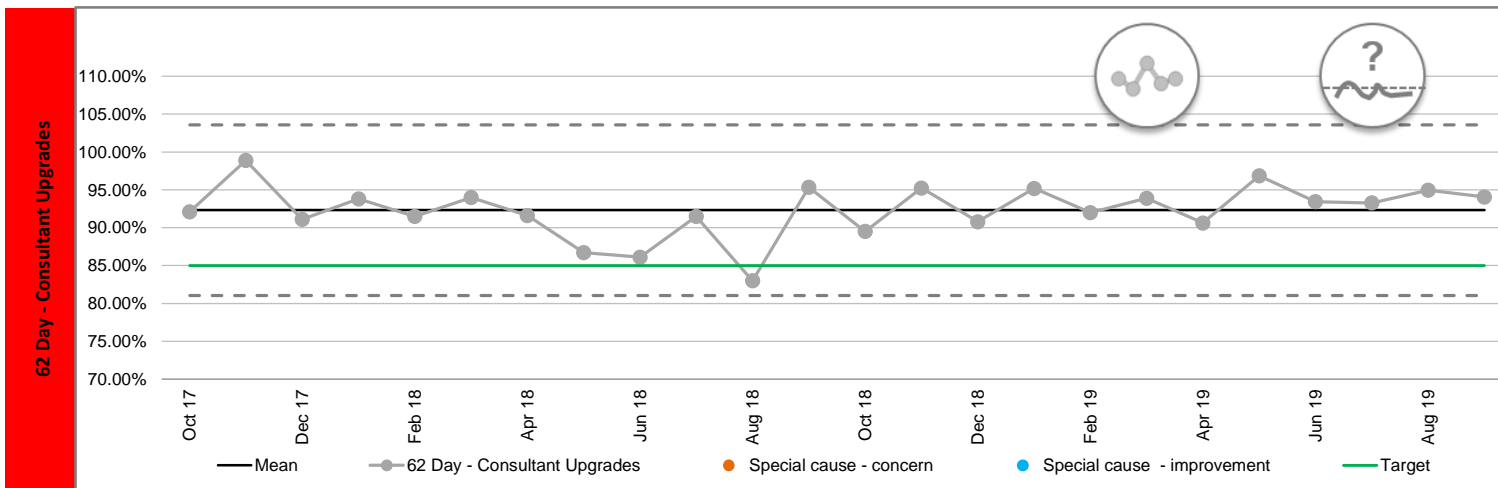
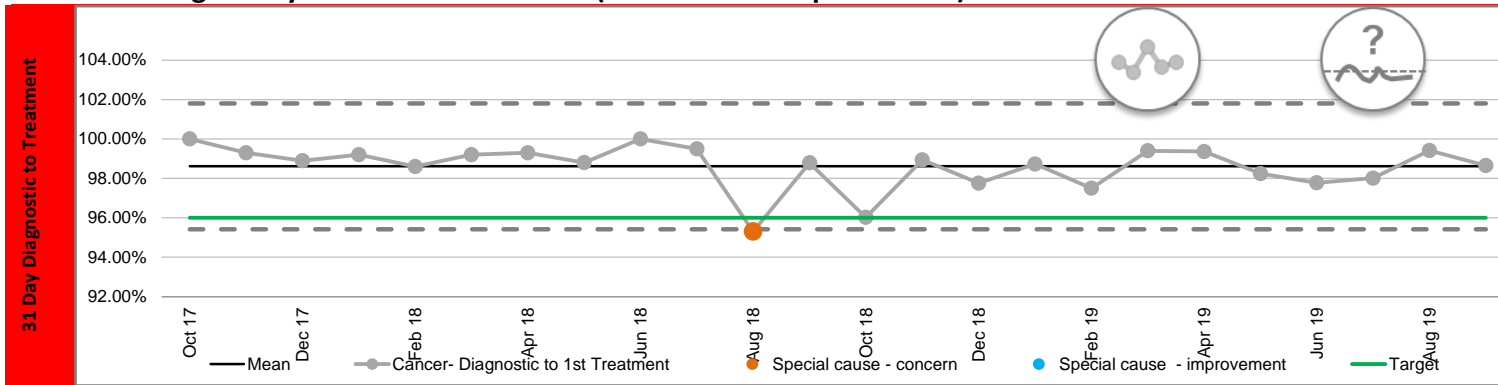
	Target	Aug-19	Sep-19	Actual YTD	Trend	Month Status
Cancelled Operations - TRUST						
% Cancelled Operations	1.0%	2.2%	2.1%	2.0%	↓	
Cancelled operations - breaches of 28 day rule	0	2	4	7	↑	
Urgent operations - cancelled twice	0	0	0	0	↔	
GP Discharge Letters						
GP Discharge Letters	90%	93.4%	92.8%	82.5%	↓	
Theatre Utilisation - TRUST						
Theatre Utilisation - Day Case (RHH & Corbett)		74.3%	74.5%	76.1%	↑	
Theatre Utilisation - Main		87.2%	87.3%	86.7%	↑	
Theatre Utilisation - Trauma		97.8%	93.8%	93.1%	↓	
GP Referrals						
GP Written Referrals - made		6630	8006	41794	↑	
GP Written Referrals - seen		5445	6103	34700	↑	
Other Referrals - Made		3458	3924	21391	↑	
Throughput						
Patients Discharged with a LoS >= 7 Days		6.30%	6.30%	6%	↔	
Patients Discharged with a LoS >= 14 Days		3.02%	3.19%	3%	↑	
7 Day Readmissions		3.0%	3.6%	3%	↑	
30 Day Readmissions - PbR		7.2%	7.1%	7%	↓	
Bed Occupancy - %		87%	86%	87%	↓	
Bed Occupancy - % Medicine & IC		94%	94%	93%	↔	
Bed Occupancy - % Surgery, W&C		81%	81%	83%	↔	
Bed Occupancy - Paediatric %		38%	45%	52%	↑	
Bed Occupancy - Orthopaedic Elective %		69%	69%	70%	↔	
Bed Occupancy - Trauma and Hip %		91%	91%	92%	↔	
Number of Patient Moves between 8pm and 8am		55	70	525	↑	
Discharged by Midday		13.3%	12.7%	14%	↓	
Outpatients						
New outpatient appointment DNA rate	8%	9.13%	8.26%	8.1%	↓	
Follow-up outpatient appointment DNA rate	8%	6.3%	8.6%	7.5%	↑	
Total outpatient appointment DNA rate	8%	7.3%	8.4%	46.6%	↑	
Clinic Utilisation		80.5%	81.9%	80.3%	↑	
Average Length of stay (Quality Strategy Goal 3)						
Average Length of Stay - Elective	2.4	2.73	3.19	2.8	↑	
Average Length of Stay - Non-Elective	3.4	4.8	4.7	4.7	↓	

Performance Matters (KPIs)

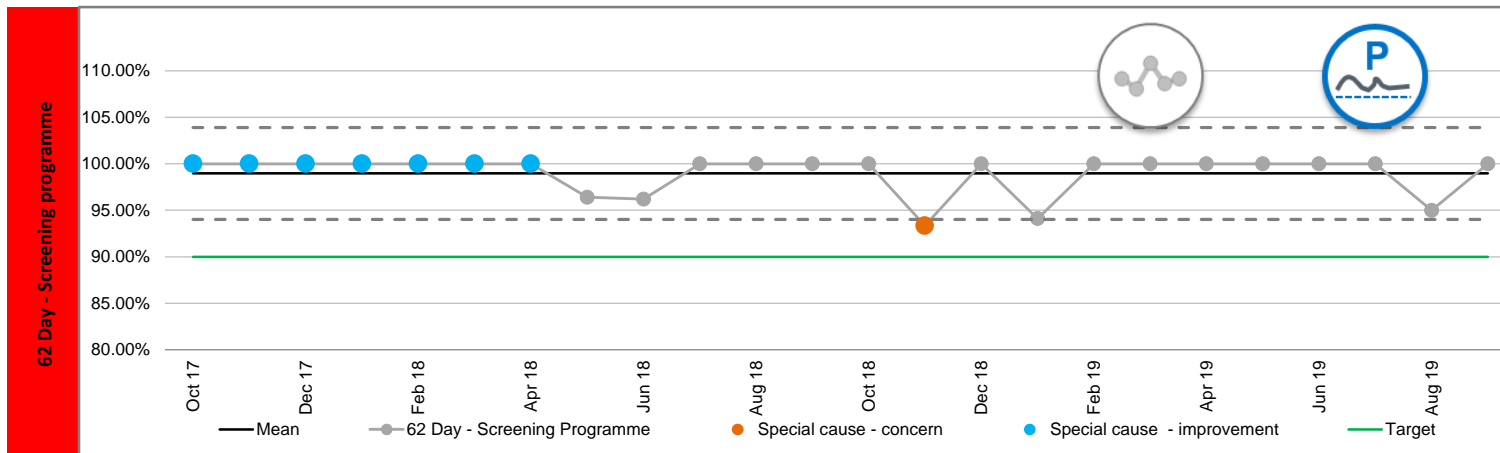
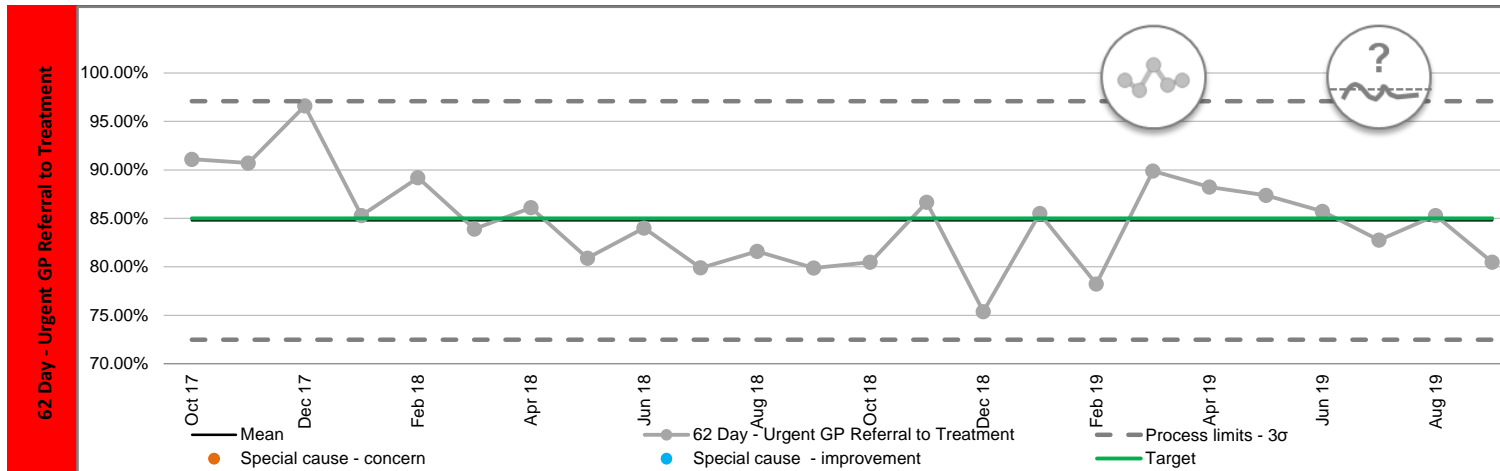
SPC charts-Regulatory Performance - Cancer (Latest month is provisional)



SPC charts-Regulatory Performance - Cancer (Latest month is provisional)



Performance Matters (KPIs)



Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

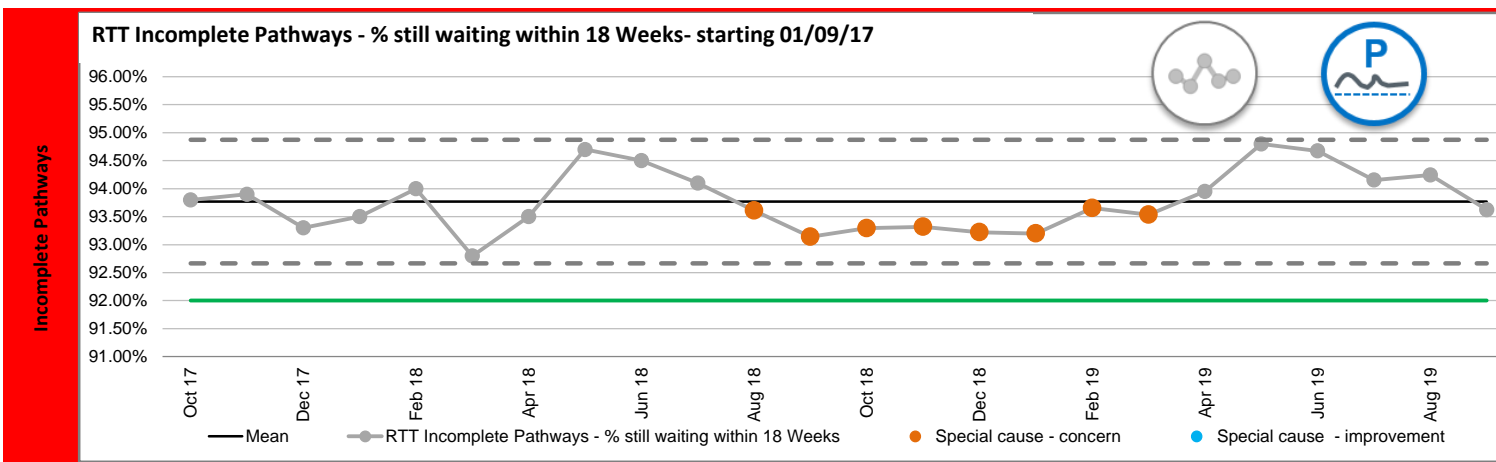
RTT 18 Week Performance - September 2019

Validated Position

Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	909	89	998	91.1%
101 - Urology	1231	137	1368	90.0%
110 - Trauma & Orthopaedics	1668	107	1775	94.0%
120 - ENT	1245	49	1294	96.2%
130 - Ophthalmology	1770	215	1985	89.2%
140 - Oral Surgery	692	58	750	92.3%
160 - Plastic Surgery	952	98	1050	90.7%
301 - Gastroenterology	1366	93	1459	93.6%
320 - Cardiology	672	20	692	97.1%
330 - Dermatology	1232	55	1287	95.7%
340 - Respiratory Medicine	407	7	414	98.3%
400 - Neurology	563	49	612	92.0%
410 - Rheumatology	585	90	675	86.7%
430 - Geriatric Medicine	103	0	103	100.0%
502 - Gynaecology	1025	62	1087	94.3%
Other	4189	138	4327	96.8%
Total	18609	1267	19876	93.6%

Comments

In September there were 21 patients with pathways longer than 40 weeks. Once again the majority of these were in General Surgery (8) with the remaining 13 pathways spread across 8 other specialties. Compared to other Trusts this is a very strong position. Across the STP there will now be an increased focus on pathways above 26 weeks which should aim to reduce the number of these long pathways further.



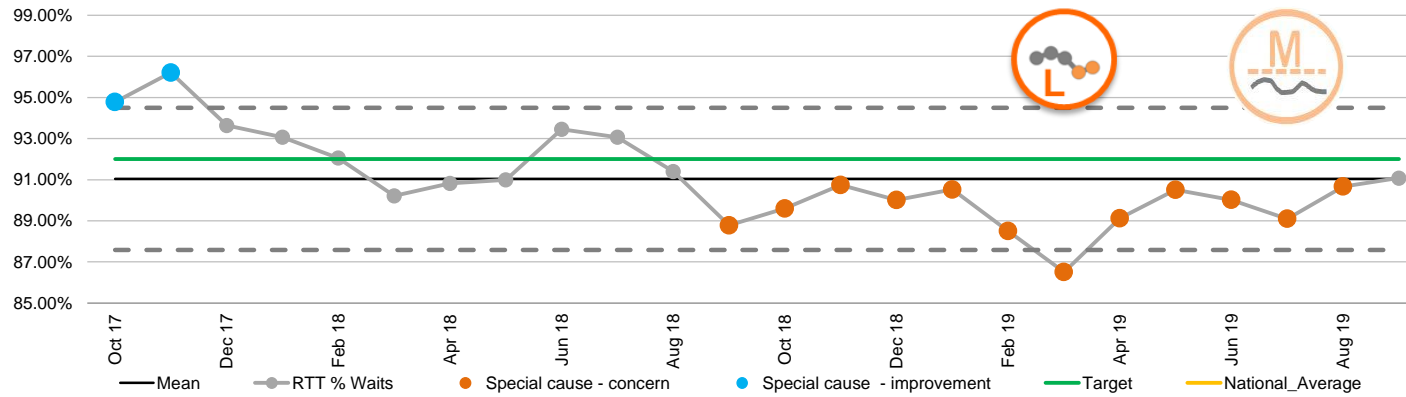
Performance Matters (KPIs)



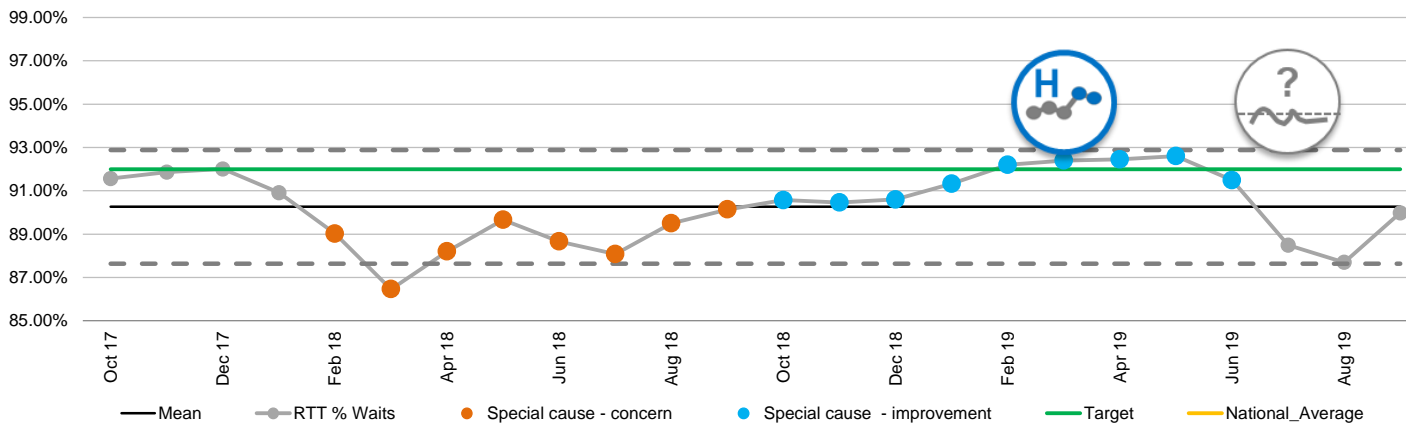
Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target

RTT % Incomplete Waits - General Surgery- starting 01/10/17



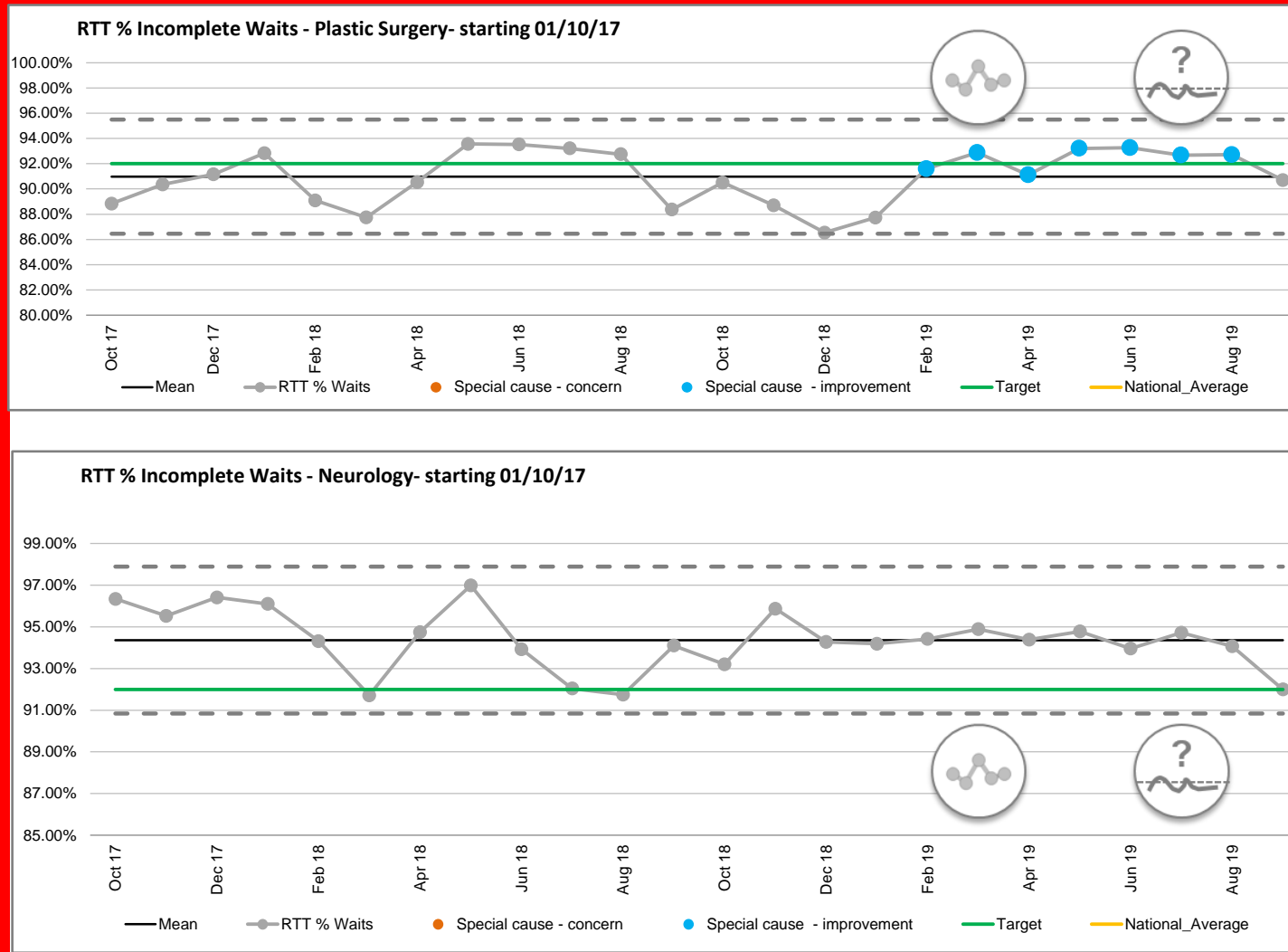
RTT % Incomplete Waits - Urology- starting 01/10/17



Performance Matters (KPIs)

Regulatory Performance - 18 Week Referral to Treatment

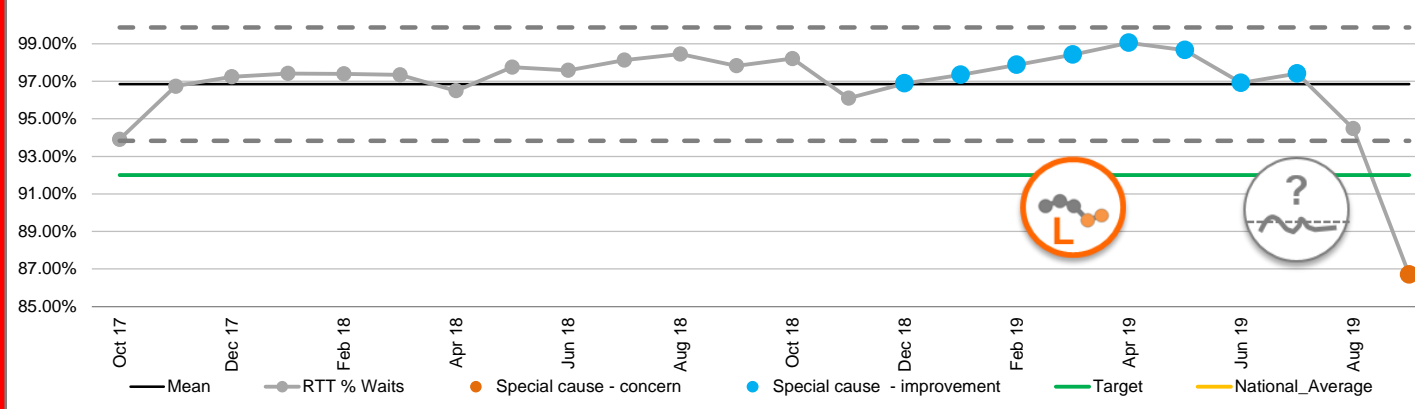
RTT Incomplete - Specialities Missing Target



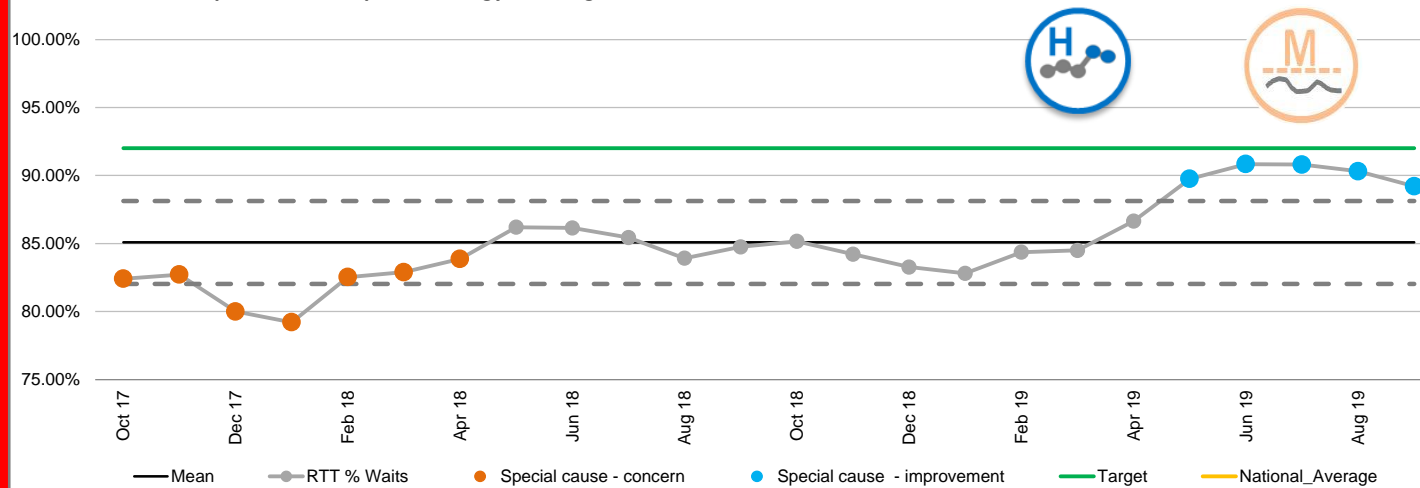
Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target

RTT % Incomplete Waits - Rheumatology- starting 01/10/17



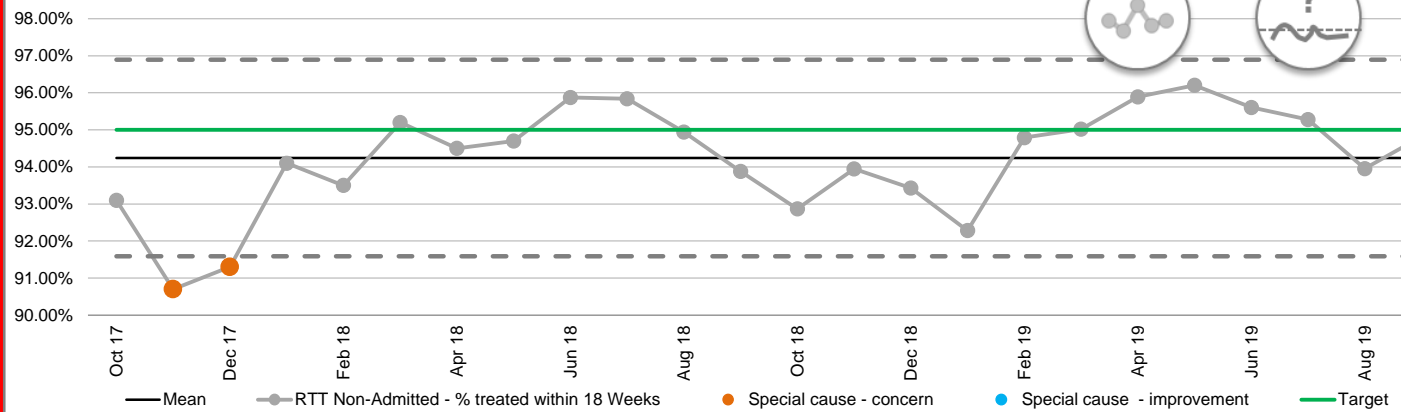
RTT % Incomplete Waits - Ophthalmology- starting 01/10/17



Regulatory Performance

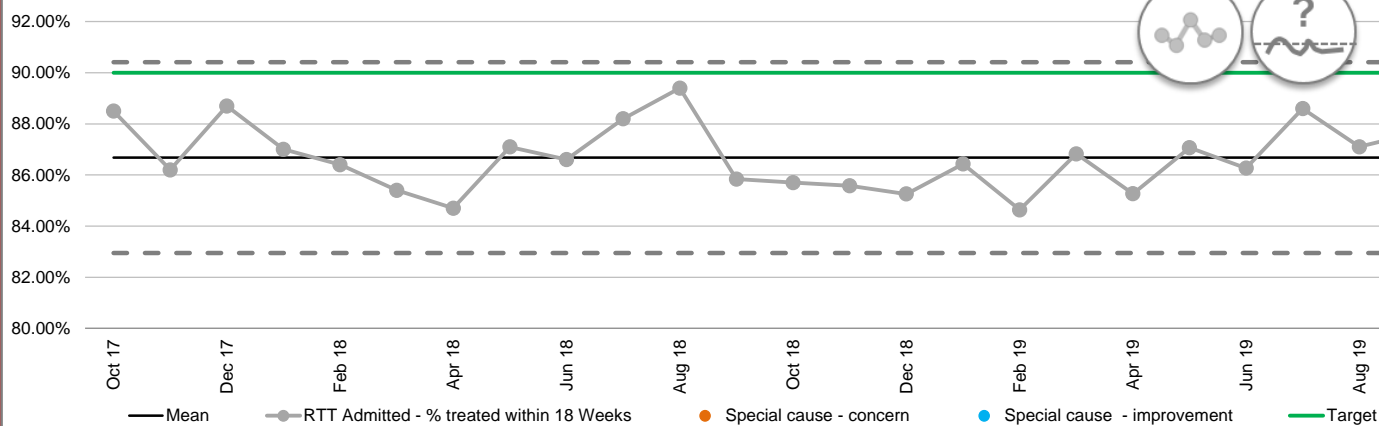
Non-Admitted Pathways

RTT Non-Admitted - % treated within 18 Weeks- starting 01/09/17



Admitted Pathways

RTT Admitted - % treated within 18 Weeks- starting 01/09/17

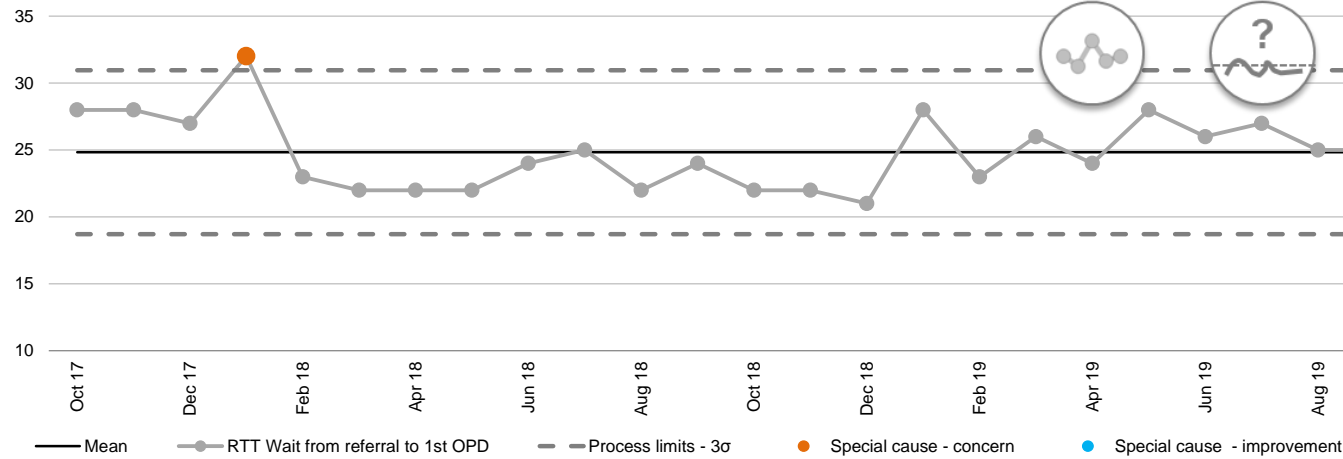


Performance Matters (KPIs)



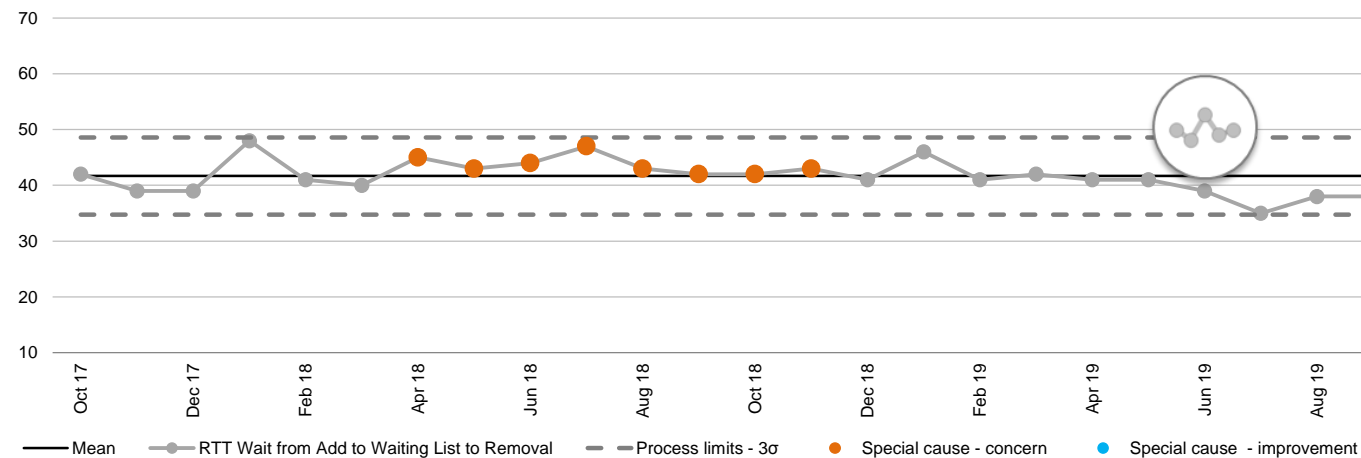
Wait in days from referral to 1st OPD

RTT Wait from referral to 1st OPD- starting 01/09/17



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

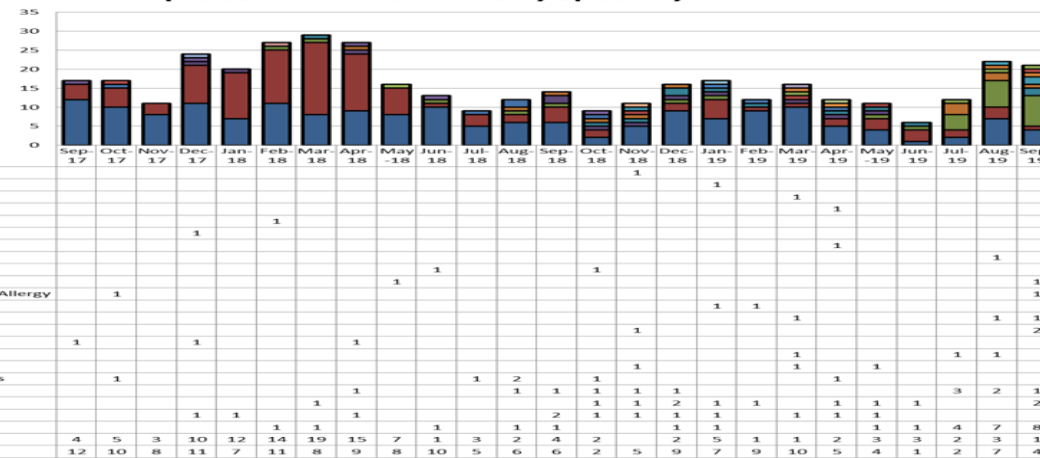
RTT Wait from Add to Waiting List to Removal- starting 01/10/17



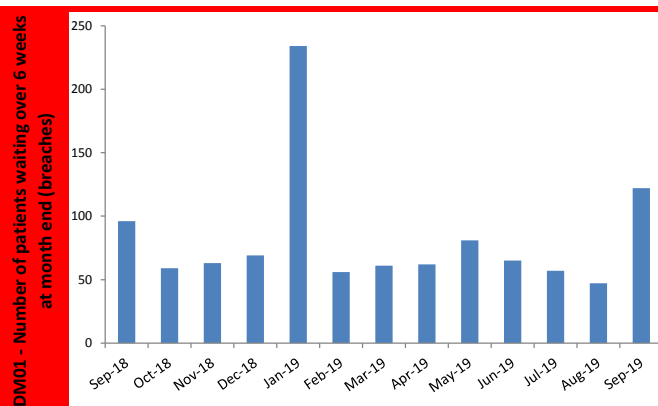
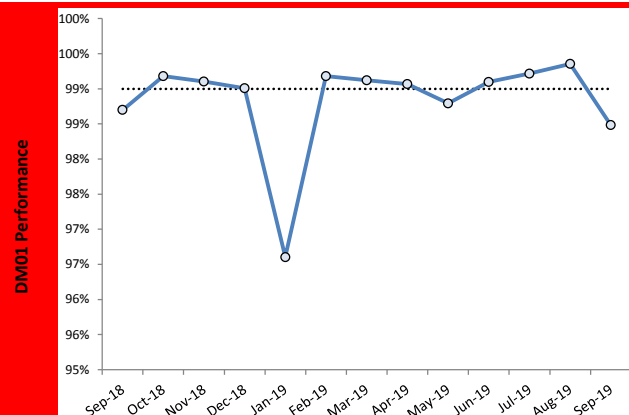
Performance Matters (KPIs) Regulatory Performance

RTT Incompletes by Specialty

RTT Incompletes - >40 Week Waits By Specialty



Comments



DM01 Comments

The diagnostic standard (DM01) not achieved in September 2019 with a performance of 98.48% against the target of 99% patients seen in less than 6 weeks. Whilst MRI continued to experience breaches as per previous months, a significant contributing factor was the level of breaches to be found within the Endoscopy service. Of these breaches, the largest proportion were due to capacity challenges with all lists fully booked and additional activity options via WLI were exhausted, however the situation was compounded by the failure of the decontamination unit at Russells Hall Hospital for the period of a week at the end of September. A breakdown of the breaches incurred during the month is as follows:

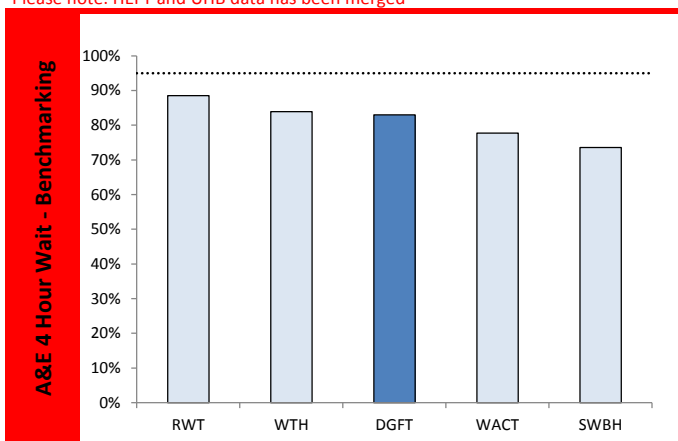
- 37 x MRI (31 x Cardiac MRI and 7 GA MRI)
- 6 x CT (Cardiac CT)
- 3 x Respiratory Sleep Study
- 1 x Cystoscopy
- 74 x Endoscopy Unit (19 x Colonoscopy, 32 x Flexi Sigmoidoscopy and 23 x Gastroscopy)

In order to remedy the above, further outsourcing has been agreed to ensure no further Cardiac CT breaches whilst the CT capital replacement programme is underway, however this has been compounded by ongoing difficulties with Consultant Cardiologist availability both in October and November 2019. A business case for the construction of a fourth scanning room for Endoscopy was approved at Directors on 15th October 2019, however this will take some time to get up and running current timescales estimated to be February / March 2019. In addition, the Endoscopy Decontamination Unit failed again in October for a week (work is underway to resolve this issue with purchase or lease of new facilities) but this along with the capacity challenges means that DM01 is expected to recover from December 2019 onwards.

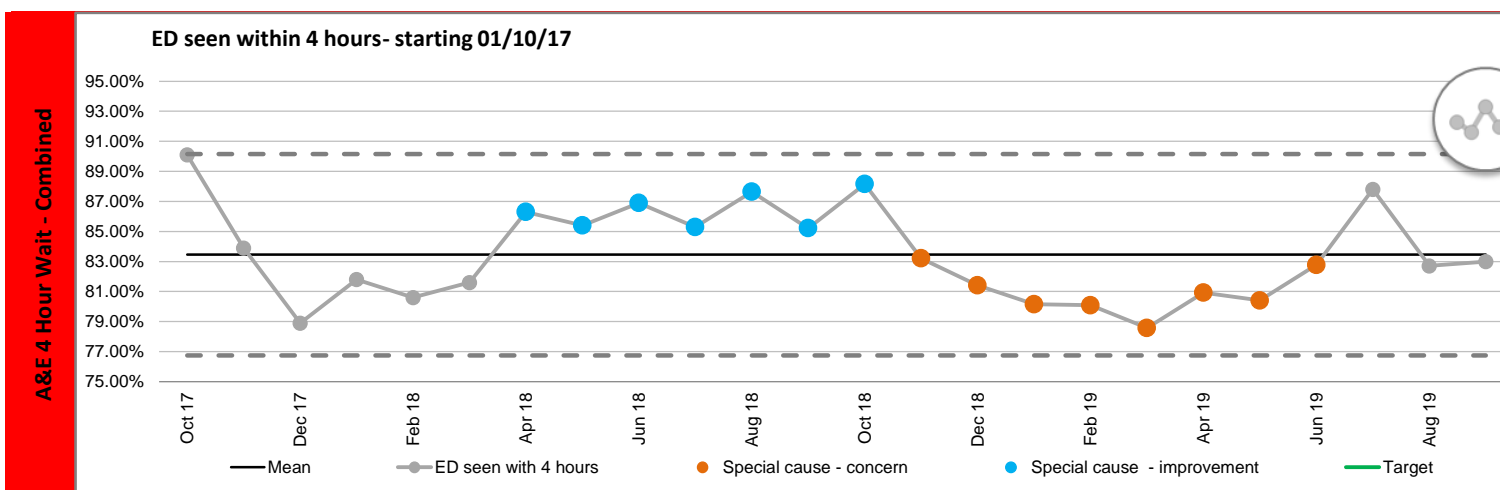
Performance Matters (KPIs)

Regulatory Performance - ED

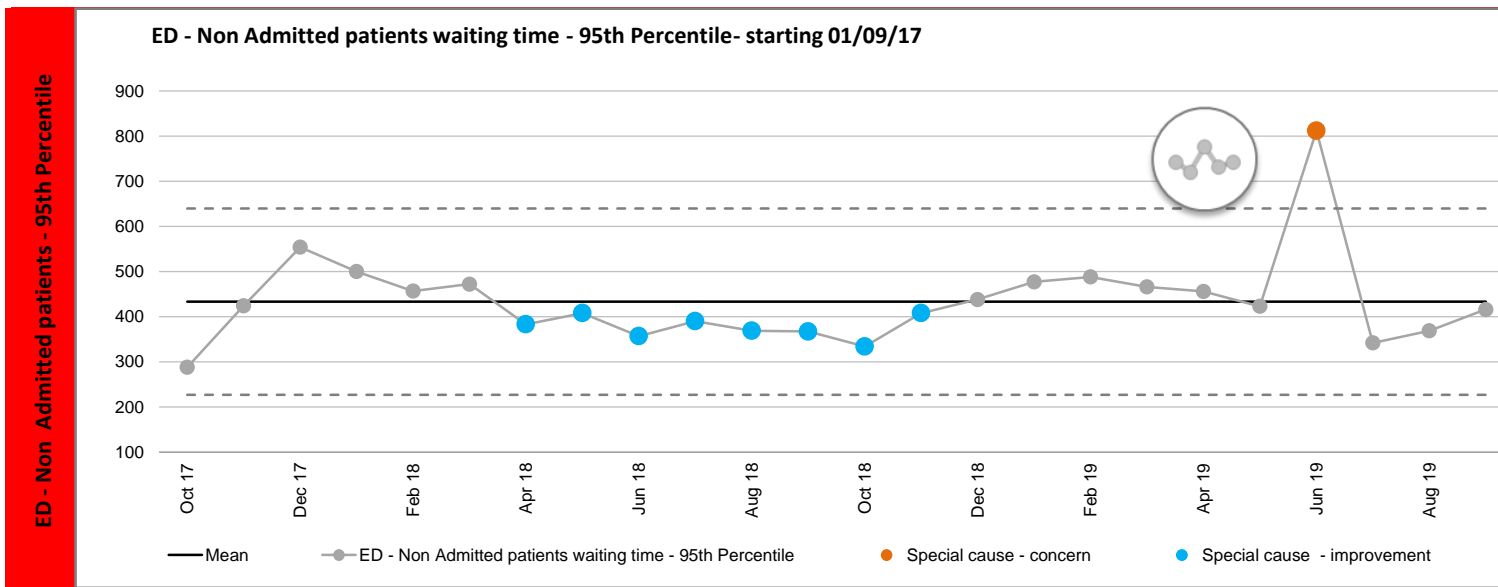
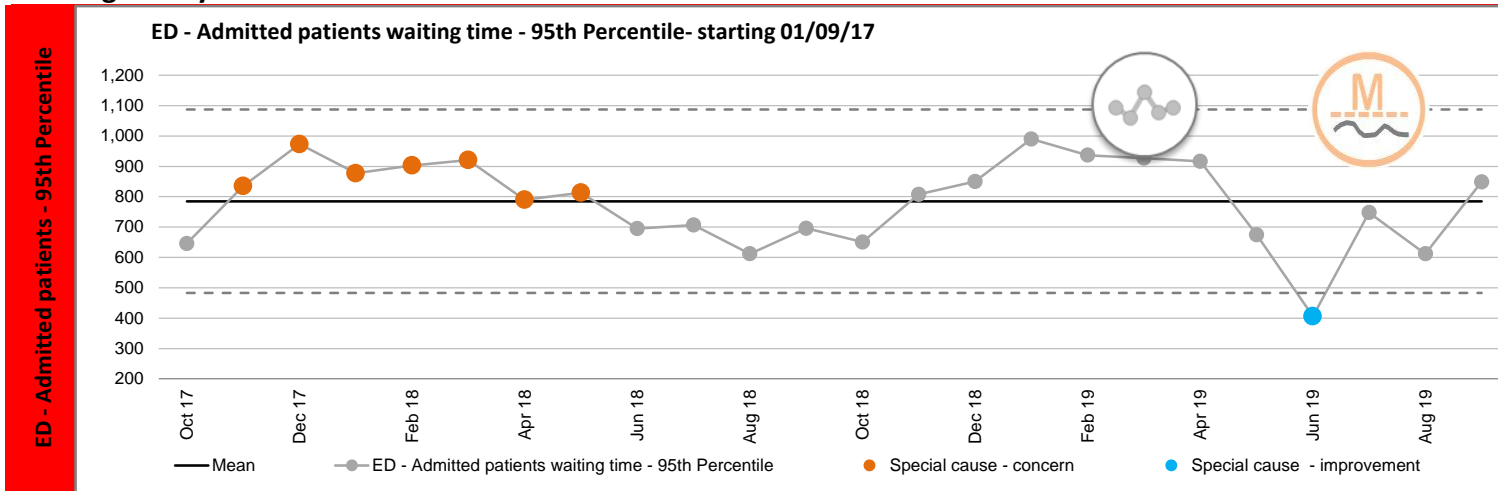
Please note: HEFT and UHB data has been merged



SPC Regulatory Performance - ED



SPC Regulatory Performance - ED

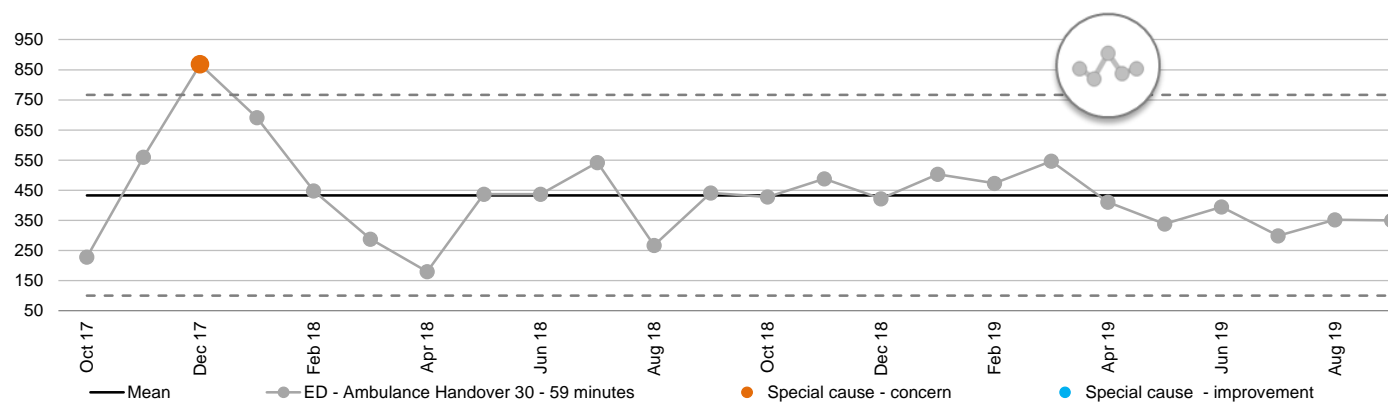


Performance Matters (KPIs)



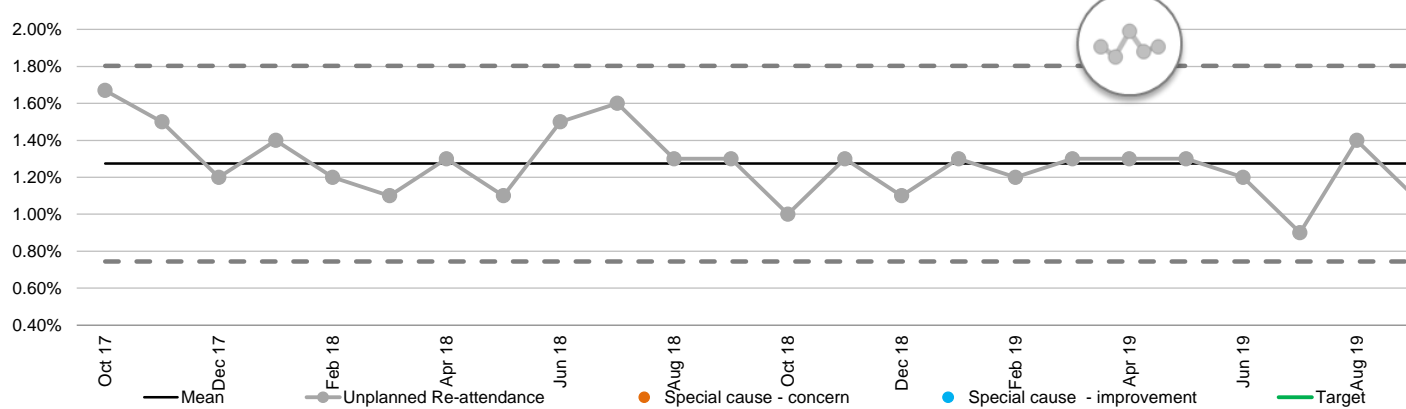
Ambulance Handover - 30 - 59 mins

ED - Ambulance Handover 30 - 59 minutes- starting 01/09/17



Unplanned Re-attendance

Unplanned re-attendance- starting 01/09/17

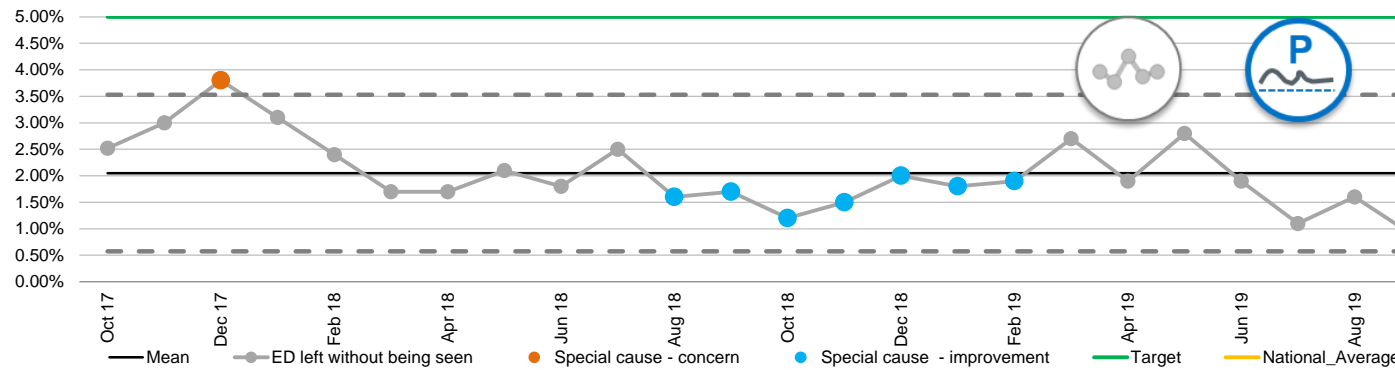


Performance Matters (KPIs)



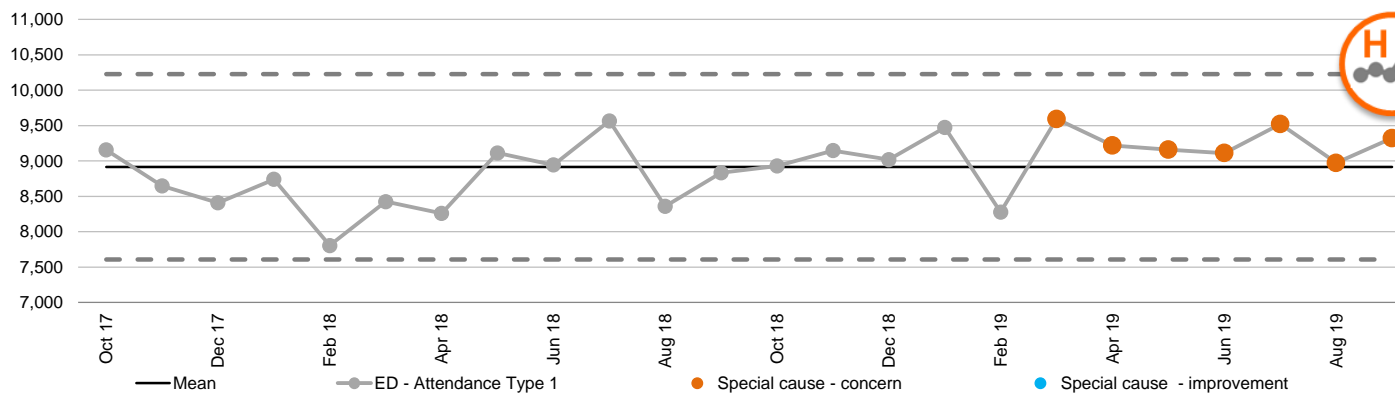
ED - Left without being seen

ED left without being seen- starting 01/09/17



ED - Attendances (Type 1)

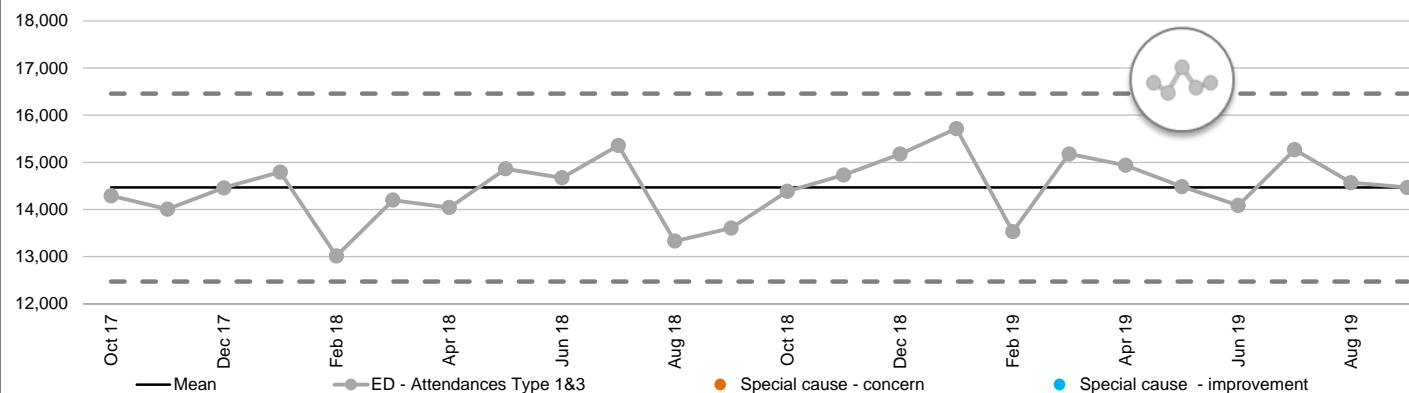
ED - Attendances Type 1- starting 01/09/17



Regulatory Performance - ED

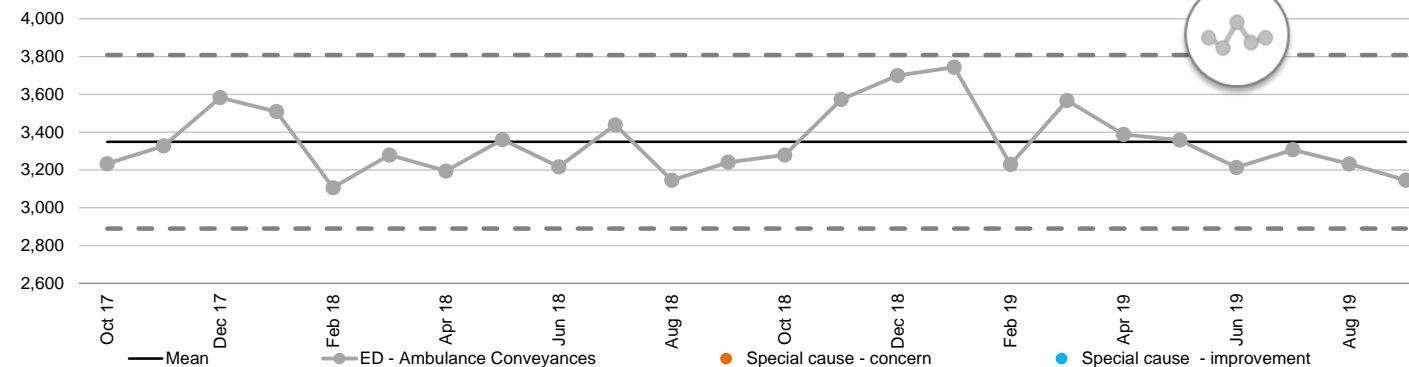
ED - Attendances (Type 1 & 3)

ED - Attendances Type 1&3- starting 01/09/17



Ambulance Conveyances

ED - Ambulance Conveyances- starting 01/09/17



Financial Performance - "At a glance"



Executive Lead: Tom Jackson

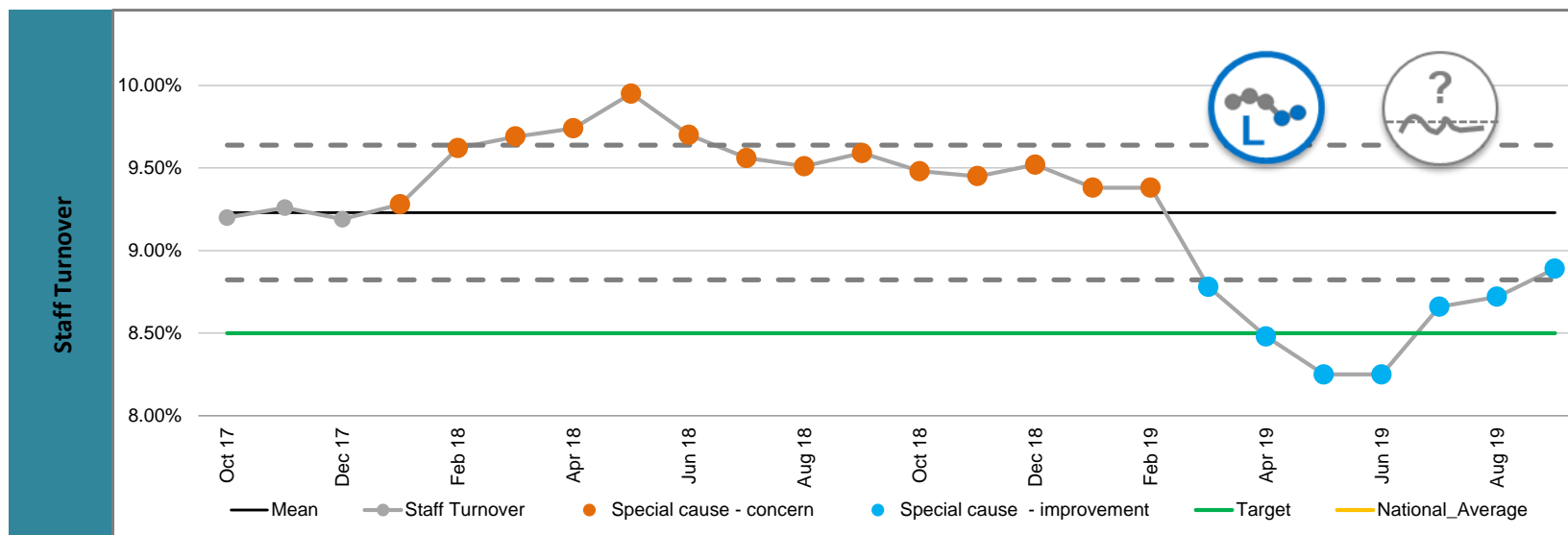
Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
ACTIVITY LEVELS (PROVISIONAL)								
Elective inpatients	464	475	2.4%	-15	1,469	1,378	-6.2%	-91
Day Cases	3,770	3,398	-9.9%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	3,955	3,776	-4.5%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	41,300	37,269	-9.8%	1,067	115,593	114,578	-0.9%	-1,015
A&E	9,004	9,323	3.5%	305	25,595	26,316	2.8%	721
Total activity	58,493	54,241	-7.3%	1,485	167,051	166,859	-0.1%	-192
CIP								
Income	£'000	£'000		£'000	£'000	£'000		£'000
Pay	225	520	131.0%	295	1,079	2,107	95.2%	1,028
Non-Pay	269	479	78.1%	210	1,641	2,213	34.9%	572
	1,720	327	-81.0%	-1,393	5,911	1,500	-74.6%	-4,411
Total CIP	2,214	1,325	-40.1%	-889	8,631	5,820	-32.6%	-2,811
INCOME								
NHS Clinical	£'000	£'000		£'000	£'000	£'000		£'000
Other Clinical	28,982	30,673	5.8%	1,691	175,793	176,928	0.6%	1,134
STF Funding	569	1,174	106.4%	605	2,236	2,566	14.7%	330
Other	430	430	0.0%	0	2,261	2,637	16.6%	376
	1,281	2,299	79.4%	1,018	9,700	11,637	20.0%	1,937
Total income	31,262	34,576	10.6%	3,314	189,990	193,767	2.0%	3,777
OPERATING COSTS								
Pay	£'000	£'000		£'000	£'000	£'000		£'000
Drugs	-19,810	-19,698	-0.6%	112	-118,424	-117,567	-0.7%	857
Non-Pay	-2,792	-2,716	-2.7%	76	-17,295	-18,160	5.0%	-865
Other	-6,621	-7,605	14.9%	-984	-43,862	-47,234	7.7%	-3,372
	-1,888	-1,877	-0.6%	11	-11,331	-11,189	-1.3%	142
Total Costs	-31,112	-31,896	2.5%	-784	-190,912	-194,150	1.7%	-3,238

Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
EBITDA								
Depreciation	£'000	£'000		£'000	£'000	£'000		£'000
Restructuring & Other	2,034	4,569	124.6%	2,535	10,383	10916	5.1%	533
Financing Costs	-758	-755	-0.4%	3	-4,503	-4458	-1.0%	45
SURPLUS/(DEFICIT)	0	0	n/a	0	0	0	n/a	0
	-1,133	-1,124	-0.8%	9	-6,846	-6751	-1.4%	95
Total activity	143	2,690	1781.1%	2,547	-966	-293	-69.7%	673
SOFP								
Capital Spend	£'000	£'000		£'000	£'000	£'000		£'000
Inventory	-1,779	-806	-54.7%	973	-6,573	-3,035	-53.8%	3,538
Receivables & Prepayments					3,533	3,680	4.2%	147
Payables					13,566	16,306	20.2%	2,740
Accruals					-27,469	-27,809	1.2%	-340
Deferred Income							n/a	0
					-1,614	-3,640	125.5%	-2,026
Cash & Loan Funding								
Cash	£'000	£'000		£'000	£'000	£'000		£'000
Loan Funding					1,683	8,388	398.4%	6,705
							n/a	0
KPIs								
EBITDA %	7.0%	15.8%	8.8%		3.9%	4.2%	0.3%	
Deficit %	0.5%	9.3%	8.8%		-0.4%	-0.1%	0.2%	
Receivable Days					0.0	0.0	n/a	
Payable (excluding accruals) Days					0.0	0.0	n/a	
Payable (including accruals) Days					0.0	0.0	n/a	
Use of Resource metric					3	3		

	People					Actual	Trend	Month Status
	Target							
	19/20	Jan-19	Aug-19	Sep-19	YTD			
Workforce								
Sickness Absence Rate	3.50%	4.91%	4.60%	4.55%	4.90%	↓		
Staff Turnover	8.5%	9.4%	8.89%	8.96%	8.62%	↑		
Mandatory Training	90.0%	88.9%	92.2%	89.2%	90.0%	↓		
Appraisal Rates - Total	90.0%	95.6%	95.5%	95.5%	74.6%	↔		



Quality Indicators

Heat Map - September 2019

KPI																															
Environmental Cleaning																															
Hand hygiene																															
MRSA Screening - elective																															
MRSA Screening - emergency																															
HCAI CDI/F - 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																															
Fluid Balance Management Audit																															
VTE Assessment Indicator																															
Pressure Ulcer Audit																															
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						
AMU	NA		NA				89	16							NA							1	0		NA			NA	↓-3	↓-1	↑1
B1				NA			12	2							NA							1	7						→0	↓-1	↑2
B2 Hip	Not Done						20	5														0	7						↑1	↑1	↓-2
B2 Trauma							21	4														2	8						→0	↓-1	↑1
B3							11	3							NA							1	8						↓-2	↑1	↑1
B4			NA				17	4														1	9						↓-3	↓-3	↑6
B5							11	0														1	10						→0	↑1	↑1
C1			NA	NA			11	7														2	11						↓-4	↑2	↑1
C2			NA	NA		NA	43	2							NA							2	13						↑1	↑2	↓-3
C3	Not Done	Not Done	NA				18	5														1	25						→0	→0	↓-1
C4							14	2														1	43						↓-1	↑1	↑1
C5							28	7														1	16						↓-2	↑1	↑1
C6	Not Done						7	0							NA							0	18					NA	↓-5	→0	↑3
C7	Not Done		NA				28	3														3	18						↓-1	↑1	→0
C8			NA				25	6														2	22						↑1	↑2	↓-3
CCU & PCCU							15	3														2	0				Not Done	Not Done	↓-1	↓-2	↑1
Critical Care			NA				29	0														0	24						→0	↑1	↑1
Maternity	Not Done			NA			112	1				NA				NA		NA				5	33						↑1	→0	→0
MHDU			NA				18	4														0	13						↓-2	→0	↑2
Neonatal			NA	NA		NA	14	0							NA		NA					0	23						↓-1	↑1	↑1
Trust Total	95.3%	99.8%	96.8%	93.9%	0	100%	100%	1392	97	0	1	0	94.9%	97%	95.4%	33.3%	95.9%	93.7%	86.4%	28.8%	90.4%	50	422	95.5%	88.7%	78.4%	92.4%	4.55%			
RAG Rating	R: <85% G: ≥95%	R: <100% G: 100%	R: <95% G: ≥95%	R: <95% G: ≥95%	R: <0 G: 0	R: <75% G: ≥75% G: ≥95%	R: <75% G: ≥75% G: ≥95%	No RAG rating for this indicator	No RAG rating for this indicator	R: >0 G: 0	R: >0 G: 0	R: >0 G: 0	R: <85% G: ≥85% G: ≥95%	R: <85% G: ≥85% G: ≥95%	R: <85% G: ≥85% G: ≥95%	R: <30% G: ≥30% G: ≥60%	R: <85% G: ≥85% G: ≥95%	R: <95% G: ≥95%	R: <85% G: ≥85% G: ≥95%	R: <26.18% G: ≥26.19% G: ≥32.74%	R: <96.41% G: ≥96.42% G: ≥97.31%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% G: ≥80% G: ≥90%	R: <80% G: ≥80% G: ≥90%	R: <80% G: ≥80% G: ≥90%	R: <80% G: ≥80% G: ≥90%	R: <4% G: ≥3.5%-4% G: ≤3.5%			

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)	74.15%	69.44%	69.02%	73.39%	80.58%	71.92%	74.17%	-	-	-	-	-	-	73.14%	%
A&E - 4 Hour UCC Dept Only % (Type 3)	99.69%	99.45%	100.00%	99.95%	99.77%	100%	99%	-	-	-	-	-	-	99.69%	%
A&E - 4 Hour UCC/A&E Combined % (Type 1+3)	83.96%	80.93%	80.41%	82.77%	87.8%	82.7%	82.99%	-	-	-	-	-	-	82.97%	95%
A&E - Patients who Left Without Being Seen %	1.9%	1.9%	2.8%	1.9%	1.1%	1.6%	0.9%	-	-	-	-	-	-	1.7%	5%
A&E - Time to Initial Assessment (95th Percentile)	6	4	9	9	13	12	14	-	-	-	-	-	-	14	15
A&E - Time to Treatment Median Wait (Minutes)	94	68	80	34	58	66	68	-	-	-	-	-	-	68	60
A&E - Total Time in A&E (95th Percentile)	732	743	526	583	524	598	615	-	-	-	-	-	-	615	240
A&E - Unplanned Re-Attendance Rate %	1.3%	1.3%	1.3%	1.2%	0.9%	1.4%	1.1%	-	-	-	-	-	-	1.2%	5%
Activity - A&E Attendances	107,524	9,188	9,129	9,092	9,537	8,949	9,149	-	-	-	-	-	-	55,044	53,167
Activity - Cancer MDT	5,960	508	559	501	531	455	537	-	-	-	-	-	-	3,091	3,222
Activity - Community Attendances	426,917	35,549	36,448	33,316	35,841	33,182	34,409	-	-	-	-	-	-	208,745	206,736
Activity - Critical Care Bed Days	8,211	651	683	590	745	715	595	-	-	-	-	-	-	3,979	4,365
Activity - Diagnostic Imaging whilst Out-Patient	54,126	4,481	4,645	4,269	5,081	4,561	4,818	-	-	-	-	-	-	27,855	28,782
Activity - Direct Access Pathology	2,140,369	187,105	196,682	200,092	221,103	199,946	190,552	-	-	-	-	-	-	1,195,480	1,031,158
Activity - Direct Access Radiology	76,758	6,367	6,436	5,950	6,648	5,931	5,913	-	-	-	-	-	-	37,245	38,397
Activity - Elective Day Case Spells	49,959	3,679	3,672	3,520	3,833	3,508	3,478	-	-	-	-	-	-	21,690	22,923
Activity - Elective Inpatients Spells	5,469	439	471	460	502	488	495	-	-	-	-	-	-	2,855	2,955
Activity - Emergency Inpatient Spells	43,701	3,628	4,141	3,746	3,904	3,827	3,826	-	-	-	-	-	-	23,072	24,191
Activity - Excess Bed Days	8,242	941	814	641	604	1,060	643	-	-	-	-	-	-	4,703	5,857
Activity - Maternity Pathway	7,361	589	556	542	651	493	563	-	-	-	-	-	-	3,394	3,489
Activity - Neo Natal Bed Days	7,236	134	106	99	98	139	109	-	-	-	-	-	-	685	625
Activity - Outpatient First Attendances	171,763	15,081	15,576	14,767	16,713	15,085	15,180	-	-	-	-	-	-	92,402	86,204
Activity - Outpatient Follow Up Attendances	324,962	26,395	27,727	26,321	29,735	25,927	25,918	-	-	-	-	-	-	162,023	172,338
Activity - Outpatient Procedure Attendances	73,394	6,707	6,656	6,189	7,556	6,203	6,330	-	-	-	-	-	-	39,641	36,717
Activity - Rehab Bed Days	22,862	1,624	2,480	2,291	2,521	2,556	2,417	-	-	-	-	-	-	13,889	10,293
Activity - Renal Dialysis	49,399	4,157	4,282	3,961	4,078	4,022	4,047	-	-	-	-	-	-	24,547	25,022
Ambulance Handover - 30 min – breaches (DGH view)	5,165	411	338	395	299	352	350	-	-	-	-	-	-	2,145	0
Ambulance Handover - 30 min – breaches (WMAS view)	6,669	545	454	531	395	458	446	-	-	-	-	-	-	2,829	0
Ambulance Handover - 60 min – breaches (DGH view)	916	53	40	33	41	26	18	-	-	-	-	-	-	211	0
Ambulance Handover - 60 min – breaches (WMAS view)	1,071	65	47	43	47	37	23	-	-	-	-	-	-	262	0

Staff/HR															
Description	LYO	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Appraisals	95.6%	16.1%	49.7%	95.5%	95.5%	95.5%	-	95.5%	95.5%	95.5%	95.5%	95.5%	95.5%	95.5%	90%
Mandatory Training	88.8%	89.2%	89.9%	90.0%	89.7%	90.2%	89.2%	-	-	-	-	-	-	89.2%	90%
RN average fill rate (DAY shifts)	81.83%	85.42%	87.35%	83.62%	84.64%	82.21%	84.12%	-	-	-	-	-	-	84.54%	95%
RN average fill rate (NIGHT shifts)	86.43%	88.14%	90.74%	88.87%	87.8%	86.11%	90.10%	-	-	-	-	-	-	88.58%	95%
Sickness Rate	4.66%	4.74%	4.68%	5.00%	5.02%	4.57%	4.55%	-	-	-	-	-	-	4.76%	3.50%
Staff In Post (Contracted WTE)	4,397.87	4,362.11	4,390.75	4,402.61	4,414.95	4,427.30	4,426.24	-	-	-	-	-	-	4,426.24	
Turnover Rate (Rolling 12 Months)	8.48%	8.25%	8.25%	8.66%	8.82%	8.89%	8.96%	-	-	-	-	-	-	8.96%	%
Vacancy Rate	9.35%	13.74%	13.34%	13.03%	12.77%	12.72%	13.20%	-	-	-	-	-	-	13.20%	%

Paper for submission to the Trust Board on 7 November 2019

TITLE:	Summary of Workforce & Staff Engagement Committee		
AUTHOR:	Andrew McMenemy, Director of Workforce & OD	PRESENTER	Julian Atkins, Chair of Committee
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 COMMITTEE			
Decision	Approval	Discussion	Other
		Y	
RECOMMENDATIONS			
The Board to receive the main items addressed at the Workforce and Staff Engagement Committee and to be assured that there continues to be good progress alongside the Committee aims that are aligned to the Dudley People Plan.			
CORPORATE OBJECTIVE:			
SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future.			
SUMMARY OF KEY ISSUES:			
This paper includes a summary of the Committee meetings that took place on 30 September and 29 October 2019 providing the Trust Board with assurance regarding matters associated to the Workforce and the Dudley People Plan are being managed and taken forward effectively and appropriately.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y		Risk Description: COR981, COR1065, COR982.
	Risk Register: Y		Risk Score: 16, 15, 16.
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y/N	Details: Annual Plan
	Other	Y/N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y/N	DATE: N/A

	WORKING GROUP	Y/N	DATE: N/A
	COMMITTEE	Y/N	DATE: 30th September & 29th October 2019

CHAIRS LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
30th September 2019

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • The Committee received further detail associated with the risks regarding Priority One Mandatory Training subjects that demonstrated unsatisfactory compliance rates below 80% that require further escalation. The Committee continues to receive reports associated with areas of Resuscitation and Safeguarding training while compliance is achieved. • The Committee acknowledged the capacity restraints on the Workforce Directorate, taking consideration the significant workforce agenda and recommended that this was escalated to the relevant risk register. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The Committee received a comprehensive presentation regarding the actions to support the forthcoming staff survey. The Committee supported the plans put in place overseen by Workforce and the Communications Team to support improved levels of engagement with the survey this year. • The Committee received a comprehensive presentation regarding the actions to support the forthcoming flu vaccination campaign for all staff with an emphasis on front line staff. The Workforce and Staff Health & being Team provided a plan supported by the Committee and that gave assurance that the Trust should achieve compliance above 80%. • The Committee received an update on the development of the Workforce Planning tool being developed by the Head of HR – Resourcing. It was agreed that the final version of the tool would be presented at the Committee in November 2019.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Director of Workforce & OD presented the Dudley People Plan alongside an implementation plan prior to the plan being presented to Board. The Committee supported the method of implementation being proposed and that regular updates on progress would demonstrate outcomes that can be measured. • The Head of Learning & OD provided positive assurance associated to the continued successful implementation of the Developing Leaders Programme with Cohort 9 commencing in October 2019. The Committee also received positive assurance regarding the initiation of the Managers' Essentials programme also from October 2019. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee received an update on Equality & Diversity from the Head of HR with particular emphasis on the Trust being successful in obtaining a place on the Partners Equality Programme over the next 12 months. The Committee therefore decided to have further in depth analysis of the Trust equality and diversity information at the next Committee meeting in order to better understand the challenges. • The Committee ratified the Clinical Excellence Awards Policy.
<p>Chair's comments on the effectiveness of the meeting: The meeting was well attended and included good levels of challenge and debate.</p>	

CHAIRS LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
29 October 2019

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • The Committee received a verbal update from the Interim Deputy Director of Workforce regarding outstanding DBS checks. The Committee required that this matter is updated each month as a priority and for the Committee to receive a written rectification plan. It was also determined that a risk is created in the risk register for this matter. • The Committee received assurance around progress with Consultant Job Planning. Some concerns were raised however by the Medical Director regarding certain specialities continuing to be non-compliant. Therefore the Committee requested that Divisional representatives provide updates associated to areas of non-compliance at the December 2019 and February 2020 Committees. • The Committee received an update of workforce related risks where it was proposed, by the Director of Workforce, not to change risk scores at this time but that further work was required to clarify and articulate assurances and actions better than are currently presented. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The Committee received an update regarding concerns raised associated to corporate interview packs. The Director of Workforce proposed that the Committee receive an update associated to plans to review some areas of corporate recruitment that include the inclusion of values based interviews to support the process. This was supported by the Committee. • The Committee received an initial update on work being undertaken regarding options for International recruitment. The Committee agreed with the Director of Workforce who proposed that that this should be developed alongside a broader area of work relating to a recruitment and workforce plan. • The Committee received a review of Priority 2 & 3 mandatory training and asked that this review be extended to include Priority 1 mandatory training - ensuring engagement with all relevant partners with recommendations to be presented.
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • The Medical Director provided a progress report associated to Consultant Job Planning with assurance that supported an earlier commitment to the Committee to achieve 100% compliance by the end of March 2020. • The Committee received a comprehensive report regarding workforce key areas of performance. The Director of Workforce advised the Committee that from December the report would include elements of Statistical Process Control methodology to support more informed analysis of the information. 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • The Committee received a report on workforce policies currently being developed of which one included the Appraisal Policy. The Committee therefore determined that quality of output from the appraisal process should be paramount based on good levels of compliance. It was therefore decided that this should be an area of focus at the November Committee. • The Committee determined that external publication of mandatory training should include only priority 1 level training at this time. • The Committee ratified the Job Planning Policy.
<p>Chair's comments on the effectiveness of the meeting:</p> <p>The meeting was well attended and included good levels of challenge and debate.</p>	

Paper for submission to the Board of Directors on 7 November 2019

TITLE:	NHSI Best Practice Flu Vaccination Checklist		
AUTHOR:	Becky Cooke – Interim Head of HR & Frankii Tibbetts – Flu Co-ordinator	PRESENTER	Andrew McMenemy Director of Workforce & OD
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 COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
The Board are asked to consider the self-assessment response to the best practice management checklist regarding the flu vaccination campaign for 2019/20. The Board are also asked to take consideration of the actions demonstrated in the self-assessment tool and confirm that they are assured they demonstrate best practice that will achieve at least 80% vaccination rate for front line staff.			
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			
SUMMARY OF KEY ISSUES:			
<p>NHSI wrote to the Chair and Chief Executive for each NHS provider organisation setting out their expectations for the vaccination of staff within the flu campaign for 2019/20. The correspondence highlighted the improvements made across the NHS also recognising that Dudley Group achieved a rate of 76.85 in 2018/19.</p> <p>In order for the Trust to demonstrate it has sufficient plans in place to work towards 100% vaccination rates it is expected that the Board is presented with the best practice management checklist on behalf of the flu vaccination campaign at Dudley.</p> <p>The best practice management checklist, attached to this paper, is divided into four categories. The main highlights from each of these categories are:</p> <p>Committed Leadership – The Board fully support this year's commitment to attain at least 80% vaccination rate supported with a dedicated flu team project team managing the vaccination plan.</p>			

Communication Plan – The Board talk to Senior Managers and always look to promote The Flu Campaign using email, leaflets, posters and social media.

Flexible Accessibility – The flu vaccination is easily accessible for all with peer vaccinators available for almost all departments and central provision from the Staff Health & Well-being Team.

Incentives – The 2019 plan is supported by prizes as incentives to reward areas that have achieved a particular threshold and incentivise others to attain vaccination rates of at least 80%.

This Flu Management checklist will also aid us in compliance with the 2019/20 CQUIN which requires us to vaccinate 80% of all front line staff while we continue to strive towards vaccination rates of 100%.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

We have until the end of Feb 2020 to deliver 80% of all clinical staff vaccinated there could be a key risk if not delivered. Good progress to date on activities for 2019 with vaccination rate of 24% achieved over first 3 weeks.

RISK	N		Risk Description: N/A
	Risk Register: N		Risk Score: N/A
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: SAFE: Are patients protected from abuse and avoidable harm WELL LED: The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture
	NHSI	Y	Details: CQUIN 000050
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	Y	DATE: Flu group meet weekly
	COMMITTEE	Y	DATE: Workforce & Staff Engagement 30/09/19

Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

A	Committed leadership (number in brackets relates to references listed below)	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	An opt-out form is provided for staff to complete if they do not wish to take up offer of having the vaccine. Their reasons why they not accept the vaccine is recorded and collated. This can be used to change our communication plan in year or for the following year.
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers.	The Trust has ordered and received the quadrivalent vaccine with the 3 rd batch of vaccines due to be delivered week ending 08/11/2019. The quantity of the vaccines will continue to be monitored; an action plan has been put in place if there is a risk of running on low stock. If this was to happen, all stock that has been released to peer vaccinators will be called back to the department, in previous years we have also stopped offering vaccines to non-frontline staff until CQUIN percentage is achieved. When ordering the vaccines it was took into considerations the additional staff members that would be able to access the FREE vaccines; volunteers, Interserve staff, Students.
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt.	The Board received feedback within the remit of the CEO Board Report on the activity levels from the 2018/19 campaign.
A4	Agree on a board champion for flu campaign	Andrew McMenemy, Director of Workforce will be the representative at Board for the Flu Campaign activity and also is Chair of the Flu Project Team.
A5	All board members receive flu vaccination and publicise this	The Board are committed to supporting the flu campaign and support publicising being vaccinated themselves. At the time of this report 31% of board members have received their vaccine. A peer vaccinator is planned to attend the Board meeting to offer vaccines, otherwise any board member can contact the Staff Health & Wellbeing department to arrange a time best suited.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Representatives from all staff groups are invited to weekly meetings including with good involvement and participation.
A7	Flu team to meet regularly from September 2019	Every Monday to review the prior week's performance, during this meeting we discuss the current compliance rate across all divisions and what plans need to be addressed. At the end of the first campaign month, the team will start to break down compliance by department to capture areas with a low uptake. We will arrange to do pop up event across corridors and support peer vaccinators in their own areas.

B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Senior Clinical Leaders provide support around the benefits of the flu vaccination with the Chief of Clinical Support who is also a Consultant Microbiologist providing specific guidance to clinical colleagues.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	All clinics and availability is advertised on the Hub page under Staff Health & Wellbeing. Ad-hoc social Media posts and Hub stories are scheduled for additional and effective advertisement.
B3	Board and senior managers having their vaccinations to be publicised	A member of the communications team will attend sessions where board members are receiving the vaccine and publish on social media. This has already occurred with some Board members participating in the vaccination programme in week one and this publicised on social media.
B4	Flu vaccination programme and access to vaccination on induction programmes	A dedicated time slot between 4pm-5pm at the end of Trust inductions is set to offer vaccines to new and existing staff. A recent induction saw the attendance of 130 staff members.
B5	Programme to be publicised on screensavers, posters and social media	This year there is a new and improved campaign that was designed around the theme of 'be a hero'. Posters and banners have been published around the hospital for visual advertisement. Monthly screen savers have been scheduled with support from members of staff, telling us why having the vaccine is important to them. The communications team are in control of publishing clinics, facts and myth busting posts on social media.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	For the first month, we are reporting daily when the consent forms arrive through staff health and wellbeing. A weekly email is sent to the divisional managers and cascaded to senior leads and managers. After the first month we will report weekly and start to target areas with low uptake.
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Each area has a peer vaccinator or a neighbouring peer vaccinator. Along with the training, peer vaccinators were provided with a toolkit with tips on running the campaign in their areas. The list of trained peer vaccinators is available to view on the hub.
C2	Schedule for easy access drop in clinics agreed	Staff can attend the staff health & wellbeing department between the hours of 8am-4pm, Mon-Fri. Also Peer vaccinators were given a toolkit at the beginning of the campaign with advice on how to set up clinics in their area that makes the vaccine available to both day and night staff. This year community have their own team of vaccinators who are very productive in running clinics each week throughout the campaign. This is being advertised on the Hub and emailed out to all staff in the community. We are currently arranging for a peer vaccinator to attend Corbett & Guest, this will be published as soon as a date has been agreed.

C3	Schedule for 24 hour mobile vaccinations to be agreed	There is currently a peer vaccinator on C3 who works nights and is open for staff to visit the area to get their vaccine. We are currently in the process of recruiting a bank peer vaccinator to support 24 hours clinics, once this is in place, it will be published via the hub and social media.
D	Incentives	
D1	Board to agree on incentives and how to publicise this	At the end of the first month, we will do a compliance breakdown by area. Any area that achieved 80% will receive a hamper, size depending on the size of the staff group. After attending a Staff Experience group, it was suggested that the hampers included stationary items, due to the shortage in all areas. Items suggested included; Pens, Note pads, plastic wallets, laminating sheets, white board pens etc.
D2	Success to be celebrated weekly	Compliance rate is publicized on the front of the Hub page, weekly and divisional emails are sent every Monday to divisional leads.