

# Public Board of Directors Meeting

Thursday 5<sup>th</sup> December 2019

12.00 – 14.25

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's Board of Directors meet 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 the 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 the (confidential/private) meeting.

Copies of the agenda and papers for the public meeting are available at the meetings, and on the Trust website [www.dgft.nhs.uk](http://www.dgft.nhs.uk) or may be obtained in advance from the following key contacts:

Helen Benbow  
Executive Officer  
The Dudley Group NHS Foundation Trust  
Tel: 01384 321012 (direct dial) / 01384 456111 ext. 1012  
Email: [helen.benbow1@nhs.net](mailto:helen.benbow1@nhs.net)

Liam Nevin  
Trust Secretary  
The Dudley Group NHS Foundation Trust  
Tel: 01384 321114 ext 1114  
email: [liam.nevin@nhs.net](mailto:liam.nevin@nhs.net)

### **2. Board Members' interests**

All members of the board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the Trust and these are recorded in a Register of Interests. If you would like to see the register, please contact the trust secretary or visit our website [www.dgft.nhs.uk](http://www.dgft.nhs.uk).

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**

The chairman will endeavour to respond to questions from the public on agenda items, where time permits. Members of the public, should raise any questions directly related to an agenda item with the chair.

#### **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 a 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 Board of Directors for approval, are added to the website at the same time as the papers for that meeting.

#### **6. Future meeting dates**

For details of future Board of Directors meetings, please visit the Trust's website [www.dgft.nhs.uk](http://www.dgft.nhs.uk)

#### **7. Accessibility**

If you would like this information in an alternative format, for example in large print, please call us on 0800 073 0510 or email [dgft.pals@nhs.net](mailto:dgft.pals@nhs.net)

## THE SEVEN PRINCIPLES OF PUBLIC LIFE

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

### **Selflessness**

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

### **Integrity**

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

### **Objectivity**

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

### **Accountability**

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

### **Openness**

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

### **Honesty**

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

### **Leadership**

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

**Board of Directors**  
**Thursday 5 December at 12.00h**  
**Clinical Education Centre**  
**AGENDA**

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
<b>12</b>	<b>Chairmans welcome and note of apologies</b>		Y Buckland	For noting	1200
<b>13</b>	<b>Declarations of Interest</b> Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	1200
<b>14</b>	<b>Minutes of the previous meeting</b>				
<b>14.1</b>	Thursday 7 November 2019	Enclosure 14	Y Buckland	For approval	1200
<b>14.2</b>	Action log 7 November 2019	Enclosure 15	L Nevin	For noting	1205
<b>15</b>	<b>Patient Story</b>	Presentation	Liz Abbiss	For discussion	1210
<b>16</b>	<b>Chief Executive's Overview</b>	Enclosure 16	D Wake	For information & assurance	1220
<b>17</b>	<b>Chair's update</b>	Verbal	Y Buckland	For information	1230
<b>18</b>	<b>CORPORATE GOVERNANCE AND COMPLIANCE</b>				
<b>18.1</b>	Update from the Audit Committee	Enclosure 17	R Miner	For assurance	1240
<b>18.2</b>	7 Day Services Compliance	Enclosure 18	P Hudson	For assurance	1250
<b>19</b>	<b>QUALITY &amp; SAFETY</b>				
<b>19.1</b>	Update from the Clinical Quality, Safety and Patient Experience Committee	Enclosure 19	C Holland	For assurance	1300
<b>19.2</b>	Chief Nurse Report	Enclosure 20	M Sexton	For assurance	1310
<b>19.3</b>	Research and Development Report	Enclosure 21	J Neilson	For assurance	1320
<b>19.4</b>	Learning from Deaths Quarterly Report	Enclosure 22	J Hobbs	For assurance	1330
<b>20</b>	<b>FINANCE &amp; PERFORMANCE</b>				
<b>20.1</b>	Integrated Performance Dashboard	Enclosure 23	K Kelly	For assurance	1340
<b>21</b>	<b>WORKFORCE</b>				
<b>21.1</b>	Update from the Workforce Committee	Enclosure 24	J Atkins	For assurance	1350
<b>21.2</b>	Freedom to Speak Up Guardians	Enclosure 25	D Eaves/P Brazier	For assurance	1400

<b>21.3</b>	Guardian of Safe Working	Enclosure 26	Mr B Elahi	For assurance	1410
<b>21</b>	<b>Any Other Business</b>	Verbal	All		1420
<b>22</b>	<b>Reflection on meeting</b>	Verbal	All		1420
<b>23</b>	<b>Date of next Board of Directors meeting</b> 16 January 2020, Clinical Education Centre				1425

<b>Quorum:</b> One Third of Total Board Members to include One Executive Director and One Non Executive Director
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**Minutes of the Public Board of Directors meeting held on Thursday 7<sup>th</sup> November 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)  
Vij Randinaya, Non-Executive Director (VR)  
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)

**19/114 Note of Apologies and Welcome**

The Chairman welcomed members of the public and governors to the meeting. The governors in attendance were:

Mr Fred Allen  
Mr Arthur Brown  
Dr Richard Gee  
Mr Rex Parmley  
Ms Yvonne Peers  
Mrs Patricia Price  
Mrs Edith Rollinson

The Chair further welcomed Vij Randinaya to his first meeting.

Apologies were received from Gary Crowe.

**19/115 Declarations of Interest**

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

**19/116 Minutes of the previous meeting held on 3<sup>rd</sup> October 2019 and Action Log**

The action log was noted and

It was **RESOLVED**

- **That the minutes of the public meeting of the 3<sup>rd</sup> October be agreed as a true and accurate record of the meeting.**

### **19/117 Staff Story**

The Board heard from Janine Barnes a Neurology Specialist Pharmacist based at Stourbridge Health and Social Care Centre. Janine described her background and career history including a number of initiatives that had helped to position Dudley at the forefront of innovation in the management of Parkinsons Disease and latterly her award of an MBE for services in this field.

On behalf of the Board the Chair thanked Janine for an inspirational presentation and for the vision and commitment to Dudley that she had demonstrated both nationally and across the profession.

### **19/118 Chief Executives Overview**

DW introduced her report and advised that the members fair held at the Corbett had allowed staff to showcase their work and highlight the quality of care that they were providing. It was a powerful event and Board members were encouraged to attend the next event at the Guest.

It was **RESOLVED**

- **That the report be noted**

### **19/119 Chair's Update**

The Chair advised that she had met with Margot James MP during the previous week and that she was continuing to undertake walk-about with staff governors, including a recent walk around Phlebotomy that had been very insightful.

### **19/120 Quality and Safety**

#### **19/120.1 Clinical Quality, Safety, Patient Experience Committee Report**

JA presented the report having chaired the meeting in the absence of CH and briefed the Board on the key risks, positive assurances, decisions made and work underway. It was noted that further work was being done in relation to blood labelling to ensure that the risk were properly mitigated.

RM noted that the issue of the capacity of the Trust's electrical supply had previously been reported to the Board and he questioned whether if the Trust was close to capacity that further work was needed to assess potential solutions.

It was noted that the planned ED redesign may result in an increased demand on the power supply and therefore further consideration to this issue should be given by the Finance and Performance Committee.

MS advised that in respect of the FFT response rates, the Trust had introduced a number of initiatives that had limited success. However, it was notable that the measure would be changed in April 2020 as it was acknowledged that it was of limited value. The Trust also



had a number of other sources of data that provided better intelligence on patient satisfaction.

The Chair noted that concerns in relation to blood labelling had also been raised by the Council of Governors and it was important that the further work commissioned identified the issues and mitigated any risks identified.

It was **RESOLVED**

- **That the report be noted**

### **19/121 Chief Nurse Report**

MS presented the report and summarised the content. It was noted that the Deputy Chief Nurse for England had attended the Trust on the 16<sup>th</sup> October and took questions from the audience of over 130 nursing and midwifery staff. The session also included presentations showcasing the work of nurses in Dudley, including Learning Disabilities, the Cardiac Assessment Unit and Paediatrics. Feedback back from this event was extremely positive.

The attention of the Board was drawn to the Safer Staffing summary which demonstrated that the qualified staff fill rates for September 2019 were 84% during the day and 89% during the night. MS advised that there had been a decrease in agency staffing between July and September but this had recently increased slightly. There was a concern about reliance on non-framework agency staff and the need for additional staff to support ED demand during the winter period.

The Board acknowledged that the situation continued to be difficult and MS confirmed that the nursing workforce was operating under pressure. Staffing level remained safe but this required a daily review and frequent redeployment of staff was necessary to meet demand.

JF asked whether this was sufficient to maintain patient safety and MS advised that there were further measures being implemented; including additional nurses joining the Trust in December and work on extending the bank so that it was not dependent on Trust staff. International recruitment was also being examined as a possible medium term solution.

DW noted that the new staff would require an induction and lead in period and asked for confirmation of the other actions being taken leading into the winter period. MS confirmed that all reasonable measures were being taken including increased bank rates, supporting newly qualified staff within departments, and support through the professional development teams for new staff.

It was **RESOLVED**

- **That the report be noted**

### **19/122 Finance and Performance**

#### **19/122.1 Update from the Finance and Performance Committee**

JH summarised the key risks, positive assurances, decisions made and work underway, arising from the meeting. The Board were advised that the meeting had been positive, confirming that support was being received from the CCG to help the Trust to achieve its target income, and as a result the Trust had performed to plan in relation to Q2 which had resulted in PSF funding for the quarter being attained. It was now expected that the Trust

would remain cash positive through the year and would not therefore need additional funding.

It was noted that performance around pay and agency spend were both positive but there remained challenges around finances that would make achievement of the Q3 target difficult.

It was further noted that the DM01 target had been missed in September and that currently the Trust was not achieving the two week and 62 day cancer targets.

DW reminded the Board that waiting times had been extensive at the Royal Wolverhampton Trust and therefore in order to provide greater parity of access to patients, DGFT had agreed to take more patients which had resulted in a detrimental impact on the Trust waiting times

It was **RESOLVED**

- **That the report be noted**

### **19/122.2 Finance Report**

TJ reported that at the end of Q2 the Trust had an £8 million challenge to deliver its control total. It was noted that nationally between 80-90 acute providers were in a deficit position and that the Trust was performing better than a number of providers both locally and nationally.

It was **RESOLVED**

- **That the report be noted**

### **19/122.3 Integrated Performance Dashboard**

KK advised the Board that the reason for missing the DMO1 target was mainly as a result of performance in Endoscopy and the improvement trajectory aimed to bring performance back into line by the end of December.

The two week cancer wait had been narrowly missed and referrals from Royal Wolverhampton Trust had now ceased. In relation to the 62 day target there was both an increase in demand and a reduction in waiting list initiatives that had reduced capacity. A locum had been appointed to support additional urology clinics.

ED performance was currently at 80-81% which was significantly below where the Trust wanted to be. An increase in triage for majors was proposed following a recent trial and work was being done with the ambulance service to manage referrals at peak times. It was noted that the Trust had recently experienced record demand and that all acute trusts in the area were struggling to accommodate demand.

JHO noted that patient observations and sepsis management had not deteriorated and that several pieces of assurance had been made available to demonstrate this.

It was noted in the subsequent debate that the Trust had approximately 80 medically fit patients in the hospital at any one time and that relocation of these patients would have a significant and positive impact. Consideration was being given to the funding of step down beds in the community but this would have a funding implication that would need further consideration.

AM updated the Board in relation to the Workforce data. It was noted that there had been a slight increase in short term absence but a decrease in long terms absence. Further actions in relation to mandatory training were focussing on resuscitation and safeguarding and there was also a focus on the staff survey and flu vaccinations. In respect of the latter, the Trust expected to attain 40% by the end of the week, and was targeting 55% by the end of November and 70% by the end of December.

It was noted that leadership development programmes were proving very popular in the Trust but further work was needed to increase capacity to meet demand. DW advised that the Trust had been notified of an allocation of approximately £700k of CPD funding and AM confirmed that this would be considered by the Workforce Committee.

The Chair asked for an update on Sepsis performance and JHO stated that a combination of culture and process improvements and the hard work of clinical staff had resulted in a progressive improvement in performance since March 2018. It was noted that in ED, Rachel Tomkins had done a significant amount of positive work and the Board asked that its thanks be conveyed to her.

VR noted that the percentage completion rates for appraisals was impressive but it was less clear whether the process was identifying the skills needed to deliver on initiatives such as the Cost Improvement Programme. AM acknowledged that measuring the quality of outputs from appraisal outcomes was necessary and that this was under discussion at the Workforce Committee.

It was **RESOLVED**

- **That the report be noted**

## **19/123 Workforce**

### **19/123.1 Update from the Workforce Committee**

JA summarised the key risks, positive assurances, decisions made and work underway, arising from the meetings of the 30th September and 29th October.

RM asked for clarification of progress with job planning and JHO advised that the cycle had commenced in October and currently 69% had been signed off. This was the best position that the Trust had been in and it was now generally accepted that the process was an effective tool for service planning.

It was **RESOLVED**

- **That the report be noted.**

### **19/123.2 Healthcare Worker – Flu Vaccination**

The Board considered the self-assessment response to the best practice management checklist provided by NHSI regarding the flu vaccination campaign for 2019/20. It was agreed that the Trust was responding appropriately to the actions and was satisfied that the action plan demonstrated best practice that would achieve at least 80% vaccination rate for front line staff.

It was **RESOLVED**

- That the Board endorse the self-assessment against the Healthcare worker flu vaccination best practice management checklist.

#### **19/124 Any Other Business**

There was no other business

#### **19/125 Reflection on Meeting**

It was agreed that members of the public and governors wishing to raise questions during the relevant agenda item should raise this prior to the start of the meeting. The Chair would then note the request against the relevant agenda item. It was further agreed that LA would observe for any questions arising from the public area and notify the Chair accordingly.

Rex Parmley asked if reports could be printed in colour and the Chair advised that the colour coded reports such as the IPR would be added to the projection screen facing the public area.

Signed .....

Date .....

**Action Sheet**  
**Minutes of the Board of Directors Public Session**  
**Held on 7 November 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	To be reported to November Workforce Committee
19/097.4	Digital Trust Report	Board development session on digital integration and facilitating integrated care systems	LN/AT	November	To be covered in December Away Day
19/097.5	Freedom to Speak Up Report	NHSI to review implementation of their recommendations in July 2020	AM	July 2020	Not Due
19/107	Clinical Quality, Safety, Patient Experience Chair	Liz Hughes to meet with Catherine Holland for Committee handover	LN/CH	October	Done
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 reported to November Workforce Committee
19/120.1	Clinical Quality, Safety, Patient Experience Committee Report	The planned ED redesign may result in an increased demand on the power supply and therefore further consideration to the capacity of the Trust's electrical supply should be given by the Finance and Performance Committee.	TJ	December	To be considered as part of ED redesign

**Paper for submission to the Board of Directors on 5<sup>th</sup> December 2019**

<b>TITLE:</b>	<b>Public Chief Executive's Report</b>		
<b>AUTHOR:</b>	<b>Diane Wake Chief Executive</b>	<b>PRESENTER</b>	<b>Diane Wake Chief Executive</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		X	
<b>RECOMMENDATIONS</b>			
The Board are asked to note and comment on the contents of the report.			
<b>CORPORATE OBJECTIVE:</b>			
SO1, SO2, SO3, SO4, SO5, SO6			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>• Visits and Events</li> <li>• Improvement Practice Update</li> <li>• Healthcare Heroes</li> <li>• Staff Survey</li> <li>• Flu Vaccination Campaign</li> <li>• Charity Update</li> <li>• Meet the Experts Event – Guest Hospital</li> <li>• Christmas Cheer</li> <li>• National News</li> <li>• Regional News</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>N</b>	<b>Risk Description:</b>	

	<b>Risk Register: N</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Safe, Effective, Caring, Responsive, Well Led
	<b>NHSI</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>N</b>	<b>DATE:</b>
	<b>WORKING GROUP</b>	<b>N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>N</b>	<b>DATE:</b>

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

7 <sup>th</sup> November	Board of Directors John Higgins, Speak Up Author visit
8 <sup>th</sup> November	Transition Board Team Brief
11 <sup>th</sup> November	Collaborative Leadership Team
12 <sup>th</sup> November	STP Long Term Plan Review Meeting
13 <sup>th</sup> November	End of Life and Palliative Care Visioning Event Opening of Grants Room in Paediatric ED Guest Hospital Outpatient Fair
18 <sup>th</sup> November	STP Cancer Board
19 <sup>th</sup> November	Live Chat
25 <sup>th</sup> November	Vital Signs Guiding Board
27 <sup>th</sup> November	NHSI/E Winter Assurance Visit
28 <sup>th</sup> November	STP Partnership Board
29 <sup>th</sup> November	Clinical Excellence Awards Chief Nurse Interviews
3 <sup>rd</sup> December	Freedom to Speak Up Guardian Interviews
4 <sup>th</sup> December	Health and Wellbeing Board

### **Improvement Practice Update**

#### **Two Executive's Practice Coach Certified**

Adam Thomas, Chief Information Officer and Tom Jackson, Director of Finance, demonstrated their learning and practice by showing 10% improvement in their projects and completed their A3 documents.

Adam has improved the use of the self-service password reset facility which will continue to free up service desk staff to spend more time fixing other IT incidents and drive up the first-time fix rate.

Tom has implemented an electronic change form for leavers which has reduced the number of steps in the process from 58 to 33 and increasing the reason for leaving recorded from 55% to 89% which will help Human Resources with improving retention.





from left to right: Stuart Nugent (Divisional Director of Finance), Alan Martyn (NHSI/E National Lean Director), Adam Thomas (Chief Information Officer), Tom Jackson (Director of Finance), Peter Lowe (Head of Improvement Practice)

Karen Kelly, Chief Operating Officer and Andrew McMenemy, Director of Workforce, are hot on their heels to be Practice Coaches.

### Plot the Dots

Dudley Improvement Practice are incorporating Statistical Process Control (SPC) charts in all A3 documents whenever there are sufficient data points to do so. After attending the data ambassador day in November, the Improvement Practice team will be providing training for more Dudley Group staff to be confident to produce their own SPC charts.



Special Cause Variation –  
Improvement Indicator  
where high is good

### Healthcare Heroes

Congratulations to November's healthcare heroes! **The decontamination team** received this month's team award after experiencing issues with the equipment they use to clean scopes for the Trust. The small team pulled together to ensure scopes were available to provide an emergency service. They worked flexibly, transferring scopes to Corbett Outpatient Centre to use their decontamination facilities. The scopes were needed for GI, outpatients, anaesthetics and urology services, all of which were affected by the catastrophic equipment failure. The team prioritised this work to ensure essential services could be maintained. The team were extremely dedicated, often working longer than their usual hours. The team also worked at Corbett Outpatient Centre to continue cleaning prior to their patient lists. Their colleagues have described how proud they are of the team and their amazing skill set to keep the Trust functioning. Without them, a lot of services would have been affected.

**Leah Collett, cleanliness support worker**, was nominated by a colleague after her positive impact on both staff and patients since she joined the team in April 2019. She brightens up everyone's day and strives for excellence in everything she does, while encouraging others to do the same. She has been described by her colleagues as the back bone of the team, going above and beyond her role every day. As well as her warming presence, she also excels in her day to day duties. The wards cleaning scores are consistently between 96 – 100% every month. When capacity is tight and nurses are stretched and tired, Leah ensures that everyone is cared for, by supplying food and drinks with a glowing smile. She also reduces stress for patients and takes the time to talk, listen and make sure they are hydrated.

**Sean Mansell received the volunteer award** after his dedication to volunteering. He volunteers three days a week and walks to the hospital to help support the Trust. He walks miles delivering notes and pushing patients in wheelchairs and will help with anything that he is asked to do. He has a great sense of humour, which is very much liked by visitors and patients. Sean has been described as a valuable and excellent member of the volunteers' team.

### **Staff Survey**

The staff survey closes on the 29<sup>th</sup> November. Over 1800 staff have already taken the opportunity to tell us what they think of working for Dudley Group and we look forward to taking the themes from this year's survey to make improvements for our workforce.

### **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. Up until 25<sup>th</sup> Nov we had vaccinated 50% of staff. 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](mailto:Karen.phillips5@nhs.net)

### **Sparkle party**

We held our second Sparkle party at the Copthorne Hotel on 22<sup>nd</sup> November 2019. A very sparkly fun filled evening was had by all and £3,000 raised for the Children's ED appeal. Thanks once again to all of our generous sponsors and donors and everyone who attended and helped raised vital funds.

## Meet the Experts Event – Guest Hospital

More than 100 staff, governors and members of the public enjoyed a 'Meet the Experts' open evening at Guest Outpatient Centre on Wednesday 13<sup>th</sup> November 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 one of a series running throughout the year. The next one is on Wednesday 11 December 2019 at Russells Hall Hospital, surgery department.

## Christmas Cheer

To help spread a little Christmas cheer, we have asked the public to write an extra Christmas card to give to our patients who will be spending Christmas Day in hospital. You can also get involved. Write an extra card with a general festive message, and pop it into its own envelope (unsealed), then place it inside another envelope addressed to The Communications Team, 2<sup>nd</sup> floor, South Block, Russells Hall Hospital.

You can also post the card in its own unsealed envelope (unaddressed) through one of our red post boxes at the following locations:

- Russells Hall Hospital main reception
- Corbett Outpatient Centre main reception
- Guest Outpatient Centre main reception
- Brierley Hill Health and Social Care Centre
- Stourbridge Health and Social Care Centre
- Kingswinford Library
- Dudley Library

The closing date for card submissions is **Thursday 12<sup>th</sup> December**, so please spare a moment to take part and help make Christmas that little bit more special for those in hospital.

For more information, [click here](#) or contact communications on ext. 1423.

## Christmas Garland Competition

For those feeling creative we have launched a Christmas garland competition to help make our wards and departments festive. Our judges will be out on Wednesday 18<sup>th</sup> December to pick their winner.

We are involving staff, patients and visitors to decorate the templates.

And we also have the long awaited launch of the staff Christmas video organised by our children's teams. This year we have also used Makaton signing throughout to encourage staff to learn this vital communication tool and spread Christmas cheer at the same time.

## National NHS News

### **78 NHS trusts will receive new cancer testing and detective technology**

The new machines will increase early diagnosis of cancer and improve screening. This is part of the government's pledge to ensure 55, 000 more people survive cancer each year. An extra £200 million was announced last month by the Prime Minister for funding for new cancer screening equipment. 78 trusts will receive funding over the next 2 years to replace, refurbish and improve CT and MRI scanners, bringing in the option for lower radiation level scans and breast screening and imaging and assessment equipment. **National Health Executive (30.10.19)**

### **Boris Johnson and Donald Trump plot to sell-off NHS in £27bn trade carve-up**

The NHS is at critical risk as Boris Johnson wields the national treasure as bait in trade talks with the US, Labour claims. The health service could be forced to pay a crippling £500million a week more for medicines if thrown open to Big Pharma companies post-Brexit. Labour leader Jeremy Corbyn today accuses the Tories of putting the NHS "up for grabs" as he launches Labour's election campaign. He pledges never to allow Donald Trump to get his hands on the health service for US firms in a trade deal. **Mirror (31.10.19)**

### **Extra £10m to tackle winter pressures on NHS Scotland announced**

WINTER pressures across NHS Scotland will be tackled through an investment of £10 million. This will help reduce hospital visits, where possible, by managing care closer to home for those with long-term conditions and minor injuries, with a focus on better use of community pharmacies and more support to direct people to the best service for them. The funding, which has been allocated to health boards, is in addition to the £6.3m previously allocated for unscheduled care. **The National (04.11.19)**

### **Soaring spending on diabetes takes up an eighth of NHS drugs budget**

More than 10 per cent of all NHS drug spending is now devoted to diabetes, according to new figures which have sparked warnings that obesity could bankrupt the health service, The statistics reveal that the bill for antidiabetic medication has risen by more than 220 per cent in a decade. Health campaigners last night said the trends were "staggering," warning that diabetes could bankrupt the NHS. In total, 55 million prescriptions were dispensed in 2018/19, a 68 per cent rise from 33 million a decade before. The figures show 12.5 per cent of all drug spending in 2018/19 went on treatment of diabetes. **The Telegraph (07.11.19)**

### **NHS Forth Valley postpones children's flu vaccination over national shortage**

A national shortage of children's flu vaccines has led NHS Forth Valley to postpone vaccines for children in P4-P7. On the advice of the Scottish Government, NHS Forth Valley has decided to prioritise its vaccination programme for children as a result of the UK-wide shortage of Fluenz Tetra children's nasal spray vaccines. The national adult flu programme, which uses a different flu vaccine, is not affected.

**Daily Record (07.11.19)**

### **First cannabis-based medicines approved for use on NHS**

Two cannabis-based medicines used to treat epilepsy and multiple sclerosis have been approved for use by the NHS in England. Guidance issued by the National Institute for Health and Care Excellence (Nice) recommended the substances after examining cannabis-based products for several conditions. Charities welcomed the move, but said thousands of other people who could benefit from cannabis-based medicines were left in limbo. She said evidence showed cannabis-based treatments could help about 10,000 people with MS. **The Guardian (11.11.19)**

### **Ribociclib and Xeomin among five new drugs approved for NHS**

MEDICINES for breast and kidney cancer are among five new medicines which were accepted for use by NHS Scotland yesterday. The Scottish Medicines Consortium (SMC) accepted ribociclib (Kisqali), in combination with fulvestrant, for use by post-menopausal women living with the most common form of advanced breast cancer. The drug can increase the time before the condition progresses which allows patients valuable additional months in the context of limited overall survival time.

**The National (12.11.19)**

### **Calderdale and Huddersfield NHS trust fails to meet A&E waiting times target**

New data for October 2019 has revealed that the Calderdale and Huddersfield NHS Foundation Trust failed to meet expected standards on A&E waiting times. The NHS operational standard for A&E waiting times dictates that 95% of patients should be admitted, transferred or discharged within four hours of arriving. Calderdale And Huddersfield NHS Foundation Trust saw 87.8 per cent of A and E patients were seen at the trusts hospitals within four hours. Bradford Teaching Hospitals NHS Foundation Trust was the worst-performing trust in October.

**Halifax Courier (16.11.19)**

### **Health crisis: NHS staff working 1m hours unpaid overtime a week, say Labour**

NHS staff are working 1 million hours of unpaid overtime every week to help the system cope with under-staffing, Labour has claimed. Shadow health secretary Jonathan Ashworth published new analysis of official NHS staff survey data which showed that nearly 270,000 personnel said they worked an average of 2.3 extra hours a week without pay.

**Independent (16.11.19)**

### **Cancer treatment waiting times fall below national targets**

SOUTHEND and Basildon hospitals have fallen below the NHS 62-day target for cancer patients to receive treatment, new data shows. According to NHS figures, the two hospitals fell heavily below the national target of 85per cent for cancer patients to receive treatment in under 62 days. In September, 70per cent of cancer patients at Basildon Hospital were receiving treatment within nine weeks, while at Southend, 63.3per cent of cancer patients were receiving treatment in the same timescale.

**The Echo (17.11.19)**

## **Regional NHS News**

### **Heart failure hospital admissions in West Midlands rise by almost a third in five years**

The number of people admitted to hospital in the West Midlands due to heart failure has risen by almost a third in the last five years, according to a new analysis by the British Heart Foundation. Admissions due to heart failure have risen from 7,700 in 2013/14 to 9,500 in 2018/19 - a 29 per cent increase. It comes as the BHF analysis also reveals the number of people diagnosed with heart failure in the West Midlands has also risen by almost a third in the last five years. In 2013/14, 44,299 people in the region had been diagnosed with heart failure by their GP and put on the patient register for the condition. The number rose to 58,449 in 2018/19 – a 32 per cent increase. **Free Radio (04.11.19)**

### **Birmingham and Black Country hospitals cancelled hundreds of operations**

Walsall Healthcare NHS Trust cancelled 416 operations and Sandwell and West Birmingham Hospitals NHS Trust, which runs City Hospital in Birmingham, cancelled 1,066. University Hospitals Birmingham NHS Foundation Trust, which runs hospitals including the Queen Elizabeth, Good Hope, Heartlands and Solihull, did not provide figures. Nationwide, 78,981 operations were cancelled last year.



All the operations were either classed as urgent or were elective operations cancelled at the last minute – either on the day the patient was due to arrive in hospital or after they had already arrived. **Birmingham Live (04.11.19)**

### **NHS 111 service transfers over to West Midlands Ambulance Service**

The 111 service was officially transferred over from clinical commissioning groups to West Midlands Ambulance Service on Tuesday. The change is the first step of a process that health bosses hope will improve patient care by integrating urgent and emergency care services. They say the new service will see more patients being cared for in the most appropriate place for their needs and fewer being sent ambulances or told to go to A&E. It will include more patients being provided with care over the phone by a team including GPs, advanced nurse practitioners, pharmacists and midwives. **Shropshire Star (07.11.19)**

### **Children as young as five treated at gender identity clinics - including dozens of Birmingham kids**

More than 30 children from Birmingham were being treated at a gender identity clinic last year, exclusive figures have shown. Those are the findings of a Reach Data Unit investigation - which can reveal that, across England, kids as young as five are under the care of the Gender Identity Development Service. There were at least 30 children being treated in 2018/19 who had been referred from the Birmingham area. Some 21 children had been referred by Birmingham Cross City CCG and nine by Birmingham South and Central CCG. **Birmingham Live (08.11.19)**

### **NHS bosses accused of trying to 'gag' staff who are warning about Tory cuts**

NHS bosses have been trying to gag staff during the election campaign, it has been claimed. Health service workers are being told they must not take part in "debates, activities and events that may be politically controversial". Critics claim it is an attempt to cover up the crisis hitting the NHS. However, NHS chiefs have hit back saying claims of a gag were "untrue" and impartiality rules "have always applied to all public bodies at election time." The NHS is set to be a major battleground during the election campaign, with both Tories and Labour vowing to spend billions to improve care. **Mirror (11.11.19)**

### **Hope for Acorns Children's Hospice in Walsall after fundraising**

Acorns in Walsall said board members were happy a £2m target to keep it open beyond March 2020 was now achievable. A decision to close it was put on hold in July and the appeal launched following pledges of additional NHS support from 2023/24 onwards. "The community is responding in an amazing way," Acorns chief executive Toby Porter said. "We are obviously hopeful, but we cannot and will not rest for one moment before we reach our £2m goal," he added.

**BBC News (15.11.19)**

### **Wrong eye operated on and swabs left inside in botched surgery: Hospital blunders put patients at risk**

A Freedom of Information request shows that in 2018-19 there were 21 serious mistakes at The Royal Wolverhampton NHS Trust, Walsall Healthcare NHS Trust and Shrewsbury and Telford Hospitals NHS Trust. The trusts also admitted in some cases the situation should "never" happen and logged them as a special 'Never Event' - described by the NHS as "serious, largely preventable" safety breaches. One patient was cut open on the wrong side during surgery. A patient came back to hospital after passing a wool ball. The log admits that the trust 'failed to account for one of the cotton wool balls'. The trust kept the cotton wool ball as evidence to try and investigate how this happened. **Express & Star (18.11.19)**

**Thousands of Midlands NHS jobs go vacant as health bosses warn staff shortage puts patients at risk**

Thousands of NHS jobs are vacant in the Midlands, as health bosses warn that lack of staff is putting patient safety at risk. The NHS Confederation, which represents health trusts and other NHS bodies, asked managers to rate their biggest concerns - and lack of staff was top of the list. It's published a report warning: "The workforce crisis in the NHS must be addressed – nine in ten (91 per cent) health leaders said that understaffing is putting patient safety and care at risk." And the most recent NHS figures show that there were 29,374 vacancies in the Midlands and East of England. It meant that 8.7% of posts, around one in 11, was vacant at any given moment.

**Birmingham Live (19.11.19)**

**New chairman for ambulance trust**

Professor Ian Cumming will join West Midlands Ambulance Service (WMAS) when he leaves his role as chief executive for Health Education England, the education and training organisation for the NHS, at the end of March 2020 for an initial three years. Prof Cumming takes over the reins of the ambulance trust from current chairman Sir Graham Meldrum who was appointed in 2007.

**Worcester News (19.11.19)**

**More families come forward in Shropshire maternity inquiry**

A catalogue of maternity failings at Shrewsbury and Telford Hospitals NHS Trust were contained in a report leaked to the Independent on Tuesday. Rhiannon Davies, who campaigned for an inquiry after her baby's death, said 25 families had come forward overnight. Solicitors Lanyon Bowdler said it had also received 16 inquiries. The NHS declined to comment. The leaked report by Mrs Ockenden described a "toxic" culture within maternity care at the hospital trust. It revealed some children were left disabled, staff got the names of some dead babies wrong and, in one case, referred to a child as "it". **BBC News (20.11.19)**

**Paper for submission to the Board of Directors on 5 December 2019**

<b>TITLE:</b>	<b>Update from the Audit Committee</b>		
<b>AUTHOR:</b>	Richard Minder Audit Committee Chair	<b>PRESENTER</b>	Richard Miner Audit Committee Chair
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		<b>X</b>	
<b>RECOMMENDATIONS:</b>			
The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
<b>CORPORATE OBJECTIVE:</b>			
SO3: Drive service improvements, innovation and transformation SO5: Make the best use of what we have SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
Summary report from the Audit Committee meeting held on 18 November 2019.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<b>RISK</b>	<b>N</b>		<b>Risk Description:</b>
	<b>Risk Register: N</b>		<b>Risk Score:</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Well Led
	<b>NHSI</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>Y</b>	<b>Details:</b> Good Governance
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>N</b>	<b>DATE:</b>
	<b>WORKING GROUP</b>	<b>N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>N</b>	<b>DATE:</b>



## UPWARD REPORT FROM AUDIT COMMITTEE

Date Committee last met: 18 November 2019

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Committees to give active consideration to whether third party verification could be used for risk mitigation.</li> <li>• Awaiting confirmation of 2019/20 external audit plan.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• The Board, on the recommendation of the Audit Committee, is asked to consider changing its risk appetite scores for BAF risks 4A (an inability to recruit) and 6A (failure to influence) to a Moderate level (8-12) in order to align with the target scores (12).</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Satisfactory progress is being made on the clinical audit plan (as reported in the Q2 Quality Improvement and Outcomes Report).</li> <li>• No changes necessary arising from the annual review of the SFIs.</li> <li>• Progress is being made against the Quality Account action plan following the PwC audit.</li> <li>• Continued development of the BAF (albeit Committees will be asked to consider whether all of the details and actions are necessary, and see above).</li> <li>• Internal Audit reports received that provided partial assurance on Discharge Management, substantial assurance on Payroll and an advisory report on Patient Experience.</li> <li>• 239/260 Internal Audit Recommendations have been closed.</li> <li>• The progress of the counter fraud workplan and the satisfactory findings from the Procurement Local Proactive Exercise.</li> <li>• Continuation of the trend of low levels of losses and special payments</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• Accepted changes to the Internal Audit plan.</li> <li>• Approved an extension to one of the dates on the Internal Audit Recommendations (patient experience) and the re-opening of some (previously closed) recommendations.</li> <li>• Agreement of 2020 Audit Committee dates.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> Significant discussion and challenge where necessary</p>	

**Paper for submission to Board 05/12/2019**

<b>TITLE:</b>	<b>Update on implementation of Seven Day service clinical standards</b>		
<b>AUTHOR:</b>	<b>Dr. Paul Hudson</b>	<b>PRESENTER</b>	<b>Dr. Paul Hudson</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		X	
<b>RECOMMENDATIONS</b>			
<ul style="list-style-type: none"> <li>Note improvement made to date, some outstanding areas of risk and anticipated business cases.</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO2: Safe and Caring Services</b> <b>SO3: Drive service improvements, innovation and transformation</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>Complaint with 2 of the 4 clinical priority standards</li> <li>Significant progress against standard 2, time to first consultant review (now at 85% against standard of 90%)</li> <li>Actions identified to address static performance against standard 8, ongoing daily consultant review</li> <li>Improved performance with patients in high dependency areas requiring 2<sup>nd</sup> daily review-actions identified for further improvement</li> <li>2 specialities identified were recruitment shortages impacting on ability to achieve compliance actions identified</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<i>(set out narrative here including any recommended amendment to the BAF)</i>			
<b>RISK</b>	<b>Y/N</b>	<b>Risk Description: COR1041 Access to 7 day clinical services to deliver key standards, patient outcomes and contribute to clinical</b>	

			networks
	Risk Register: Y		Risk Score: 12
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y/N	Details:
	NHSI	Y	Details:
	Other	Y	Details: NHSE England BAF submissions 29/11/2019
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y	DATE: December Board
	WORKING GROUP	Y/N	DATE:
	COMMITTEE	Y/N	DATE:

## Update on Seven Day Service (7DS) Clinical Standards.

The Dudley Group NHS Foundation Trust –November 2019

### Introduction

The 7DS were first introduced in 2013 by NHS Improvement as 10 standards of which four were identified as clinical priorities in 2016 on the basis of their potential to positively affect patient outcomes. It is against these which the Trust will be assessed through a Board Assurance Framework (BAF). Progress against the six remaining 7DS Standards will not be measured through the collection of data or formal self-assessments, but the Trust must include summary progress information about their delivery in its report.

This paper will outline progress of the Trusts 7DS clinical strategy demonstrated by the most recent audit performance.

### Objective

The 7DS programme aim is to provide a standard of consultant led care to all patients presenting urgently or as an emergency such that their outcomes are optimised and there is equity of access nationwide but also outcomes are not dependant on the time of day or day of the week patients present.

### Outcomes

We already track and report the key outcomes related to 7DS and report these in our quarterly learning from deaths paper. We are able to provide assurance that there is no significant increase in mortality in patients admitted over the weekend and the difference in SHMI mortality seen in patients admitted over the weekend seen at the Trust is lower than peers (see appendix 1).

In addition to mortality we monitor avoidable harm and also staff feedback related to patient safety through our GMC and local surveys. Centres with established 7DS have also reported reductions in length of stay, attendance to admission conversion rates and requests for diagnostic investigations.

### The Four Priority Clinical Standards

- **Standard 2** - Time to first Consultant review- within 14 hours of admission for all non-elective patients
- **Standard 5** - Access to diagnostic tests - ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology.
  - Within 1 hour for critical patients
  - Within 12 hours for urgent patients
  - Within 24 hours for non-urgent patients
- **Standard 6** - Access to consultant directed interventions - Critical Care, Interventional Radiology, Interventional Endoscopy, Emergency Surgery, Emergency Renal Replacement

Therapy, Urgent Radiotherapy, Stroke Thrombolysis, Percutaneous Coronary Intervention and Stroke Thrombolysis

- **Standard 8** - Ongoing review by consultant twice daily if high dependency patients, daily for others

#### **Audit process for autumn 2019.**

DGFT have adopted a devolved approach where all specialities have been asked to audit a sample proportional to the numbers of patient's they admit.

The board are asked to note difference in figures presented to board and CQSPE as due to automated data collection tool additional 13 patients added between submitting 2 papers

145 patients included in this year's audit – analysis of speciality mix demonstrating a representative sample.

#### **Summary of June 2019 position**

March 2019 data is included in brackets for comparison.

Standard 2 (target 90%) – achieved 85% (81%) - **not met**.

Standard 5 – **met**

Standard 6 – **met** (with exception of urgent radiotherapy)

Standard 8 (target 90%) – once daily achieved 73% (77%) - **not met**  
twice daily achieved 78% (39%) – **not met**

#### **Key points:**

- Significant amount of patient's (36) excluded from audit of standard 2 analysis due to no time entered for time of Consultant review though all did receive one
- Continued progress made against standard 2 (<70% in 2018).
- Performance against standard 2 maintained over weekend
- Divisional discrepancy with medicine outperforming surgery due to most medical specialities adopting a Consultant of the week model and higher number of Urology patients in sample
- Majority of patients not reviewed from Urology and General Surgery
- Continued compliance with standards 5 & 6
- Consistent results for standard 8 over last 3 reports
- Deterioration of performance against standard 8 by day of admission, from 89% on day 1 to 52% on day 5, suggests continued difficulty in identifying patients for which Consultant review could be delegated and therefore not required (only 14% of patients are designated as review not required on day 5).
- 100% of patients requiring twice daily review were seen once and 78% were seen twice. All the 22% of reviews that did not occur were on a weekend

More detailed analysis can be found in appendix 2.

A summary of progress against the non-priority standards can be found in appendix 3, where examples such as the Dudley improvement practice work around the discharge pathway on ward C3 provide a strong narrative of an organisational change to meet the standards.

### **Current issues.**

#### Paediatrics:

Business case approved to increase Consultant workforce to allow separation of paediatric and neonatal duties and include resident Consultant cover overnight.

#### Speciality Medicine:

All specialities now operate Consultant of the week model with daily review of inpatients on weekdays. All specialities have weekend Consultant presence with the exception of Endocrinology.

#### Trauma & Orthopaedics:

Consultant of the week model implemented October 2019 – Consultant free of operating duties to perform ward round, in reach into ED and review inpatient referrals.

#### Critical Care:

Unique set up of 3 independent areas (ITU, SHDU and MHDU) mean previously inconsistent second daily review especially at weekends. Action undertaken to allow Consultant anaesthetists to step off general anaesthetic on call rota to provide weekend cover for SHDU and MHDU – to be implemented December 2019.

Business case to be presented to centralise into bigger mixed ITU/HDU leaving enhanced specialty care “level 1+” units in place of SHDU/MHDU for lower acuity patients.

#### General Surgery:

Second largest admitting speciality with variable compliance with standard 2 and no weekend presence of Consultant for ward rounds of inpatients. Business case submitted to expand Consultant workforce from 8 to 12 to allow reduction of on call periods (currently 1 Consultant working 48-72 hours per on call), resident Consultant until 20:00 7 days a week and weekend ward rounds of inpatients. However, 2 unsuccessful attempts at Consultant recruitment have limited progress.

Action: to arrange a working group to plan for further redesign of service within current establishment (first meeting 3/12/2019).

#### Urology:

Have adopted Consultant of week model and plan in place to recruit to 7 WTE Consultants to deliver the 7DS standards. Currently national shortage of Consultants and department has 3 WTE meaning unable to free on call Consultant from elective duties so ward rounds led by SpRs with escalation to Consultants as necessary.

Action: Currently upto 6 WTE with locum Consultant appointment. DM for SUV undertaking analysis of effect of freeing Consultant from elective work for morning ward round on C6

**Next Steps**

- Adoption of modified ward round proformas to be added to the recently commissioned Audit Management and Tracking system (AMaT) as continuous audits to monitor progress rather than wait until Spring return.

**Summary and recommendation.**

In previous reports to board we highlighted the static position that that had existed over the previous three years in the delivery of 7DS and the critical steps to delivering compliance. The committee is asked to note the report, recognise the progress made and the ongoing work to introduce new models of care to meet the target date for compliance of March 2020.

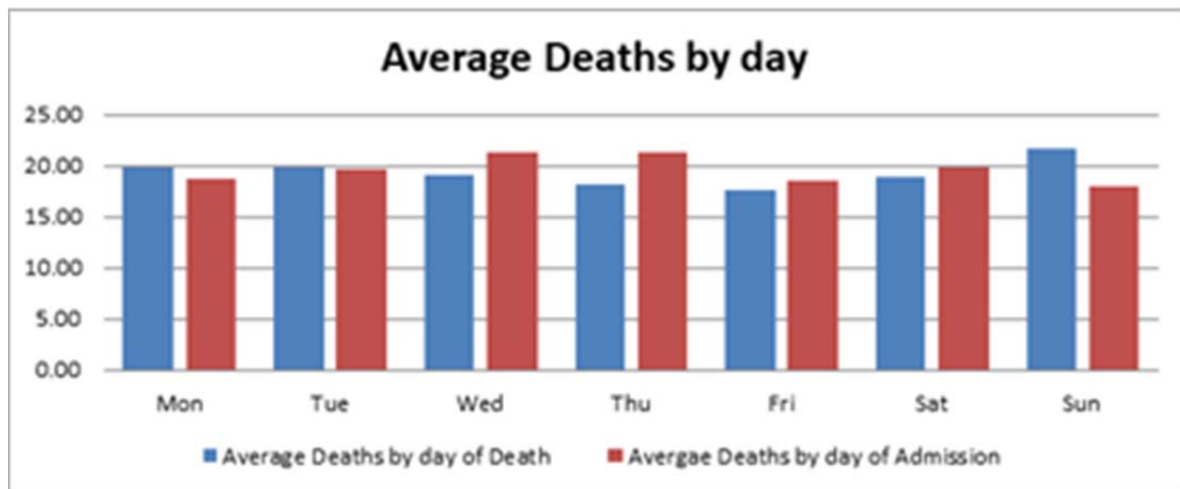
Dr Paul Hudson

7 Day Services Update – Appendix 1

Figure 1: Comparison with peer –mortality data by day of death.

Trust	HSMR				SHMI			
	All	W/E	W/D	Diff W/E v. W/D	All	W/E	W/D	Diff W/E v. W/D
RPA - Medway	107.9	121.1	103.4	17.7	111.8	127.9	106.7	21.2
RNA - Dudley	116.5	125.1	113.6	11.5	111.1	119.8	108.2	11.6
RL4 - RWT	123.9	137.8	119.3	18.5	114.2	135	107.9	27.1

Figure 2: average deaths by day





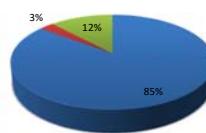
## Seven Day Service Audit - n=110 due to exclusion criteria

Acute Medicine	26
Diabetes	7
Elderly Care	13
GI Medicine	9
General Surgery	11
Gynaecology	4
Paediatrics	8
Respiratory Medicine	9
Trauma and Orthopaedics	6
Stroke	6
Urology	9
Vascular	1
	109

## Date and time of 1st consultant review: n= 96

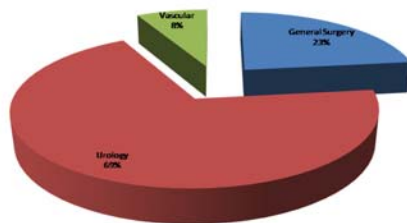
	May-19
Consultant review as per standard	93
Consultant review received after 14 hours	3
Patient not reviewed	13
	109
	109

First Consultant Review



■ Consultant review as per standard ■ Consultant review received after 14 hours ■ Patient not reviewed

Specialties with NO Consultant review

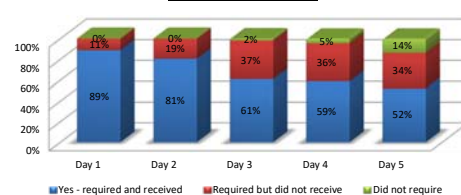


## Did the patient require a daily review

	Day 1	Day 2	Day 3	Day 4	Day 5
Yes - required and received	64	50	33	26	23
Required but did not receive	8	12	20	16	15
Did not require	0	0	1	2	6
N/A (Pt discharged)	9	8	16	28	31
Not Documented	2	3	3	1	0
	72	62	54	44	44

	Day 1	Day 2	Day 3	Day 4	Day 5
Yes - required and received	89%	81%	61%	59%	52%
Required but did not receive	11%	19%	37%	36%	34%
Did not require	0%	0%	2%	5%	14%

Once daily review

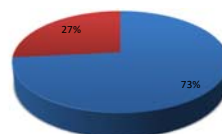


## Once daily review - Comparison

Yes - required and received	196
Required but did not receive	71
	267

73%  
27%

Once daily review



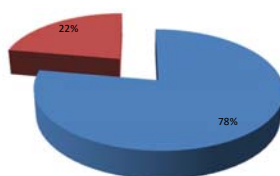
■ Yes - required and received ■ Required but did not receive

## Did the patient require a 2nd daily review

## Second daily review - Comparison

	Medicine	Surgery	Trust
Yes - required and received	2	12	14
Required but did not receive	1	3	4
	3	15	18

	Medicine	Surgery	Trust
Yes - required and received	67%	80%	78%
Required but did not receive	33%	20%	22%



■ Yes - required and received  
■ Required but did not receive

## Seven Day Service Audit - Total of 110 cases submitted

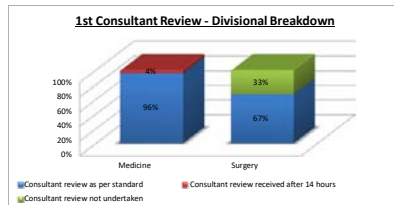
Acute Medicine	26
Diabetes	7
Elderly Care	13
GI Medicine	9
General Surgery	11
Gynaecology	4
Paediatrics	8
Respiratory Medicine	9
Trauma and Orthopaedics	6
Stroke	6
Urology	10
vascular	1
<b>Total</b>	<b>110</b>

## Date and time of 1st consultant review

	Medicine	Surgery
Consultant review as per standard	67	26
Consultant review received after 14 hours	3	0
Consultant review not undertaken	0	13
<b>Total</b>	<b>70</b>	<b>39</b>

	Medicine	Surgery
Consultant review as per standard	96%	67%
Consultant review received after 14 hours	4%	0%
Consultant review not undertaken	0%	33%

Trust level



## Medicine

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekday	Weekend
Consultant review as per standard	15	8	9	11	10	3	14	53	17
Consultant review received after 14 hours		1	1					2	0
Consultant review not undertaken									
<b>Total</b>	<b>15</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>10</b>	<b>3</b>	<b>14</b>	<b>55</b>	<b>17</b>

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekday	Weekend
Consultant review as per standard	100%	89%	90%	100%	100%	100%	100%	96%	100%
Consultant review received after 14 hours	0%	11%	10%	0%	0%	0%	0%	4%	0%
Consultant review not undertaken	0%	0%	0%	0%	0%	0%	0%	0%	0%

## Surgery

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekday	Weekend
Consultant review as per standard	2	2	7	4	5	1	5	20	6
Consultant review received after 14 hours									
Consultant review not undertaken	3	2	1	2	1	1	3	9	4
<b>Total</b>	<b>5</b>	<b>4</b>	<b>8</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>8</b>	<b>29</b>	<b>10</b>

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekday	Weekend
Consultant review as per standard	40%	50%	88%	67%	83%	50%	63%	69%	60%
Consultant review received after 14 hours	0%	0%	0%	0%	0%	0%	0%	0%	0%
Consultant review not undertaken	60%	50%	13%	33%	17%	50%	38%	31%	40%

	Medicine	Surgery
Consultant review as per standard	96%	67%
Consultant review received after 14 hours	4%	0%
Consultant review not undertaken	0%	33%



## Did the patient require a daily review

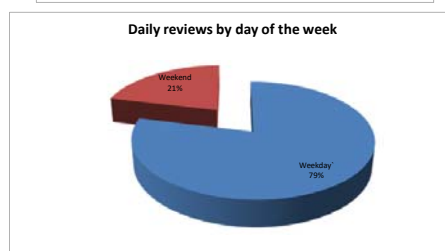
	Day 1	Day 2	Day 3	Day 4	Day 5
Yes - required and received	64	50	33	26	23
Required but did not receive	8	12	20	16	15
Did not require	0	0	1	2	6
N/A (PT discharged)	9	8	16	29	31
Not Documented	2	3	3	1	0
<b>Total</b>	<b>74</b>	<b>65</b>	<b>57</b>	<b>45</b>	<b>44</b>

	Day 1	Day 2	Day 3	Day 4	Day 5
Yes - required and received	86%	77%	58%	58%	52%
Required but did not receive	11%	18%	31%	31%	28%
Did not require	0%	0%	2%	5%	13%
N/A (PT discharged)					
Not Documented	3%	5%	5%	2%	0%

## Once daily review - Comparison

Yes - required and received	196	71%
Required but did not receive	71	26%
Did not require	8	3%
<b>Total</b>	<b>275</b>	

	Weekday	Weekend	Total	Weekday	Weekend
Day 1	45	13	58	78%	22%
Day 2	34	11	45	76%	24%
Day 3	25	7	32	78%	22%
Day 4	19	4	23	83%	17%
Day 5	16	3	19	84%	16%
<b>Total</b>	<b>139</b>	<b>48</b>	<b>187</b>	<b>63%</b>	<b>17%</b>

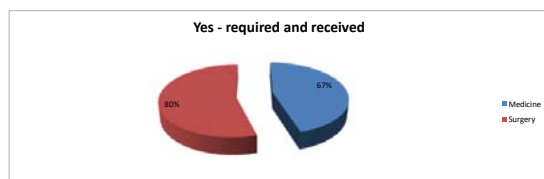


## Did the patient require a 2nd daily review

### Second daily review - Comparison

	Medicine	Surgery
Yes - required and received	2	12
Required but did not receive	1	3
<b>Total</b>	<b>3</b>	<b>15</b>

	Medicine	Surgery
Yes - required and received	67%	80%
Required but did not receive	33%	20%



Summary of progress against non-priority clinical standards.

**Standard 1 –Patient experience:** *Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, seven days a week*

Audit of documentation of discussion with patients and relatives is included in data collection. Results for November 2019, demonstrates this was documented for 77% of admissions compared with 67% from spring 2019. This will also be included in the upcoming continuous audit cycle.

**Standard 3 – MDT review:** *All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.*

We will report work undertaken to develop board round SOP incorporating the red 2 green process.

**Standard 4 – Shift handovers:** *Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week.*

We will be reporting the appointment of our chief registrars and hospital at night team all who started in august 2019. The chief registrars will be leading a PDSA QI process to redevelop the handover processes incorporating the hospital at night team.

**Standard 7 – Mental Health:** *Liaison mental health services should be available to respond to referrals and provide urgent and emergency mental health care in acute hospitals with 24/7 Emergency Departments 24 hours a day, 7 days a week.*

The Emergency Department works closely with the Dudley Mental Health team however further work is being carried out.

**Standard 9 -Transfer to community, primary and social care:** *Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken.*

We will report the work undertaken on C3 by the Dudley improvement practice team

<http://thehub/communications/NewsPages/C3%20discharge%20event.aspx>

**Standard 10 – Quality improvement:** *All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement.*

We will report the work stream started by the Dudley Improvement Practice around the mortality review process and the commissioning of the Advancing Quality Alliance (AQuA) for work on Acute Kidney Injury pathways.

Paper for submission to Board of Directors (Public Session)  
Thursday 5<sup>th</sup> December 2019

<b>TITLE:</b>	<b>Clinical, Quality, Safety &amp; Patient Experience (CQSPE) Highlights Reports for 26<sup>th</sup> November 2019</b>		
<b>AUTHOR:</b>	<b>Mary Sexton</b>	<b>PRESENTER</b>	<b>Catherine Holland</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	X	X	
<b>RECOMMENDATIONS</b>			
<ul style="list-style-type: none"> <li>The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO 1 – Deliver a great patient experience</b> <b>SO 2 – Safe and caring services</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>As detailed in the paper</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b>			
<i>(set out narrative here including any recommended amendment to the BAF)</i>			
<b>RISK</b>	<b>Y/N</b>		<b>Risk Description:</b>
	Risk Register: Y		<b>Risk Score:</b> Numerous across the BAF, CRR and divisional risk registers
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	CQC	Y	<b>Details:</b> Links all domains
	NHSI	Y	<b>Details:</b> Links to good governance
	Other	N	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	N	<b>DATE:</b>

	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

## UPWARD REPORT FROM CQSPE TO PUBLIC BOARD

Date Committee last met: 26/11/2019

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• The Committee received the report updating the Trust position for implementation of 7 Day Service Clinical Standards and raised concern that the standard may not be met in Urology due to the national shortage of consultants.</li> <li>• The CLIP (Complaints, Litigation, Incidents &amp; PALS) Report highlighted concern over the backlog of complaints in divisions. The Committee was concerned about the length of time taken to resolve complaints and further consideration of the process and approach to compliant resolution is required.</li> <li>• Dementia screening scores showed a dip in the last quarter and the committee have sought further assurance on remedial plans.</li> <li>• Poor compliance with Mandatory Training targets for medical staff was raised. Chiefs of Service are addressing this with the teams.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• The Committee asked for a report to be provided with action plan and timescales for 7 Day Urology Service provision</li> <li>• The Committee noted that CQC have a new team of inspectors that have asked to meet with Trust Management.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The number of out of date procedural documents have reduced. The Committee welcomed progress and positive assurance provided.</li> <li>• Ophthalmology virtual glaucoma clinics will commence in December to address the number of overdue follow-ups. A full paper will be provided to Executive Committee outlining investments and targets.</li> <li>• The first Paediatric Annual Report 2018/19 was well received by the Committee and the Committee acknowledged the hard work and achievements in this department over the past 12 months.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• 14 policies were ratified by the Committee</li> </ul>

**Chair's comments on the effectiveness of the meeting:**

- The meeting was well attended and there was a good level of positive challenge and discussion
- Still more work to be done regarding timeliness and efficiency and focus on strategic issues. This will be taken forward by the new Chair (Liz Hughes) in the New Year.



Paper for submission to the Board of Directors on December 5<sup>th</sup> 2019

<b>TITLE:</b>	Chief Nurse Report		
<b>AUTHOR:</b>	Carol Love-Mecrow Deputy Chief Nurse	<b>PRESENTER</b>	Mary Sexton Interim Chief Nurse
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		x	
<b>RECOMMENDATIONS</b>			
For the Board to review and note the exceptions presented.			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO3: Drive service improvements, innovation and transformation SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<ol style="list-style-type: none"> <li>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.           <ol style="list-style-type: none"> <li><b>Appendix 1</b> Staffing data</li> <li><b>Appendix 2</b> Photo from the Opening of the garden</li> </ol> </li> <li><b><u>Agency Controls</u></b> <ol style="list-style-type: none"> <li>All bank and agency requests continue to be assessed by the Divisional Directors with the support of the Divisional Chief Nurses.</li> <li>All requests for non-framework agency remain Chief Nurse or Chief Operating Officer only in hours, out of Hours Executive authorisation only.</li> <li>An evaluation of the staffing review undertaken in June 2019 is underway and will be presented</li> </ol> </li> </ol>			

to Finance and Performance committee in January 2020.

### 3. Dementia

3.1 There have been three patients detained under the Mental Health Act (MHA) during October 2019. One section 5/2 patient discharged following assessment by the approved mental health team. Two section 5/2 regraded to section 2. The first patient was discharged from the section 2 and returned home, the second patient was transferred to a tier 4 CAMHS (child and adolescent mental health service) bed.

### 4. Deteriorating Patient

4.1 Work is beginning to review and adapt the changes within the national sepsis treatment template, this will enable us to demonstrate more clearly the senior clinician review of our patients.

4.2 Work across the divisions continues to help improvement with resuscitation training compliance.

### 5. End of Life Palliative Care Visioning Event

5.1 This event took place on the 13<sup>th</sup> November showcasing the vision and ambitions for end of life and palliative care in Dudley.

5.2 That vision is, that all people with palliative and end of life care needs irrespective of their diagnosis, together with those closest to them, are able to express their needs and wishes; and that as far as clinically appropriate and practically possible, these needs and wishes are met.



### 6. Falls

6.1 There was one fall with harm in October 2019. The patient sustained a right fractured neck of femur. The RCA is underway to determine avoidability; early indications are that this was an unavoidable fall.

6.2 The Falls Lead, Becky Plant, chaired the NHSI National Falls conference, in London, on Thursday 14<sup>th</sup> November 2019.

## **7. Infection Control**

7.1 The Infection Control Lead post has now been recruited to; the start date is to be confirmed.

## **8. Nutrition Team**

8.1 The nutrition team will now be managed corporately. This will give greater oversight of this quality priority; bringing it into line with tissue viability and falls teams.

## **9. Patient Experience**

9.1 The Forget Me Not patient garden, supported by the Leukaemia Fund, was opened by the Mayor of Dudley and our Chair Yve Buckland on the 18<sup>th</sup> November 2019. It was marked by the erecting of statue created by the partner of a patient who was cared for at the hospital.

9.2 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.

9.3 **Appendix 2** shows photos of the opening of the garden

## **10. Professional Development**

### **10.1 Clinical Support**

- The University of Wolverhampton have undertaken a mapping exercise in relation to our existing Assistant Practitioners (unregistered band 4s, APs) and the training that they would need to undertake to (a) become Nurse Associates and (b) Registered Nurses. Training they could undertake is a one year TNA course so would enter in the 2<sup>nd</sup> year of a Trainee Nurse Associates (TNA) programme which is 50% theory and 50% practice or a 2 years Nurse Training programme which is 100% supernumerary both are under the apprenticeship scheme. Currently we have 5 AP's who would be interested in progressing their role into a registered practitioner

### **10.2 Pre-Registration**

- The academic practice leads completed a 10% quality audit in ED and Theatres on 12/11/19 we are awaiting feedback and the written report.
- The new curriculum which commenced in September saw its first cohort out on an observation week at the start of November. They will start officially on their clinical HUB placement from January 2020
- Some issues have been identified with a number of students been accepted by areas for placements without directing them to the Pre-registration team to ensure appropriate clearances are completed and that capacity is not compromised.

Requests are being received from paramedic students; Physiotherapists; Nursing associates and Post registration programmes. There are potential funding implications if activity is not monitored the Trust will not receive the correct tariff payments. Areas have been reminded to refer all potential pre-registration students to the Pre-Registration Team in the first instance

- There has been increased capacity across Wolverhampton and Worcester universities as per HEE funding initiative- The University of Wolverhampton Adult up to 82; child 6; MH 4 across (2 cohorts) The University of Worcester Adult up to 32; Midwifery 5.

#### **Care Quality Commission Concerns**

- The concerns raised by the University of Wolverhampton regarding the placement of students in the Emergency and Radiology Departments have now been resolved. Student placements remain in both areas and support, if required, will be provided by the pre-registration team. Evaluations for both these areas from students remain very positive.

#### **10.3 Post Registration**

- The band 6 professional development nurse post for post registration team is currently out to advert following the retirement of the previous post holder.
- A recent Stroke study day was undertaken by the Practice Development Nurse for medicine and Recruitment and Retention Lead as part of continuing professional development and a recruitment and retention initiative,
- The University of Wolverhampton will be evaluating our accredited band 6 development programme in December 2019.

### **11. Recruitment and Retention**

- 11.1 Work is underway by the recruitment task and finish group to standardise the vacancy reporting system.
- 11.2 The next corporate recruitment event is scheduled for the 10<sup>th</sup> December 2019. The event will focus on 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.
- 11.3 Local recruitment events continue with reasonable success
- 11.4 High vacancy areas are currently orthopaedics, ED stroke and community. The following events are planned to address this:
  - Community are planning community recruitment event
  - C8 (stroke) are planning an additional CPD (continuing professional development) day in the New Year.
  - ED and orthopaedics have events planned for the early New Year.
- 12.5 At the time of the report, a total of 35.45 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).
- 12.6 The recruitment of Dudley students for January 2020 intake took place on the 7<sup>th</sup> October

2019. Conditional offers were made on the day. The event was a positive event with 30 graduates recruited on the day.

#### **12.7 Retention - Clinical Supervision Relaunch**

- The 11<sup>th</sup> November 2019 saw the relaunch of reflective clinical supervision. Clinical supervision sessions offer participants the opportunity to reflect on events that have affected them and find solutions to issues and future ways of working. Monthly clinical supervisor training has been advertised on the hub and posters in department/areas. This has been well received as peer support for staff and to improve communication in teams. Bookings have already been made for December and January, once trained the supervisors details will be held on a central database in the professional development team for anyone to contact for support to facilitate clinical supervision in their areas.

#### **12.8 NHS England & NHS Improvement Retention Direct Support Programme Cohort 5**

The Trust is currently part of cohort 5 of this programme and has been working on a retention plan that we require support with. The plan will be submitted by 29<sup>th</sup> November 2019

Areas of focus for the plan will be:

- Flexible working
- CPD/Recruitment events
- Process for stay interviews
- Managers essential training

### **12. Safeguarding**

- 12.1 The start date for the Head of Safeguarding post has now been confirmed as the 3<sup>rd</sup> 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 (Appendix 1)**

- 13.1 The qualified staff fill rates for October 2019 were 85% 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 9.24 for October 2019 (qualified and unqualified).
- 13.3 A review of the inpatient ward skill mix that was conducted in June will be reviewed in December.
- 13.4 There were 51 staffing incidents reported during October
- 13.5 There were no staffing incidents during October 2019 reported as causing moderate to severe harm. One incident was recorded as low/minimal 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.

#### 14. Specialist Nurse Feedback

- 14.1 The Specialist Nurse forum is planned for the 28<sup>th</sup> November following its postponement last month due to capacity issues. This meeting will outline the plans for specialist nurses following the analysis of feedback received from this group of staff.
- 14.2 Plans include:
- Clarification of the best title to describe this group of staff
  - Inclusion of research into all specialist roles
  - Completion of comprehensive job plans for all specialist nurses
  - Leadership development for this group of staff
  - More accurate recording of clinic activity
  - Discussions on how this group of staff can support during winter pressures.

#### 15. Tissue Viability

- 15.1 There have been no avoidable Category 3 or 4 pressure ulcers reported as a serious incident in either the hospital or community during October 2019
- 15.2 *Stop the pressure* week, commenced 18<sup>th</sup> November 2019. This was kicked off with a video of the 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. Trolley dashes, quizzes and distribution of red dot goodies took place throughout the Trust and Community. The Trust choir, joined by the Chief Nurse and Deputy Chief Nurse recorded a song called Waterlow highlighting the need for accurate assessment of patient pressures areas and THE associated preventative actions. This was done to the tune of Abba's *Waterloo*
- 15.3 The Tissue Viability Team is now fully staffed .This is the first time in the last 18 months that team has been able to work with a full establishment of staff.

### IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

<b>RISK</b> BAF 1A Not effectively engaging with patients in their care or involving them in service improvement	<b>Y</b>		<b>Risk Description:</b> 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.
	<b>Risk Register: Y/N</b>		<b>Risk Score: 12</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y/N</b>	<b>Details:</b>
	<b>NHSI</b>	<b>Y/N</b>	<b>Details:</b>
	<b>Other</b>	<b>Y/N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>Y/N</b>	<b>DATE:</b>
		<b>Y/N</b>	<b>DATE:</b>

## Appendix 1

### Safer Staffing Data

Safer Staffing Summary									Oct				Days in Month		31						
Day RN		Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW					Actual CHPPD								
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	UnQual		UnQual		Sum	Average	Registered	Care staff	Total				
	Qual Day	Day	Qual N	N	24:00 Occ	Occupancy															
B1	132	111	62	66	95	81	62	62	84%	106%	85%	100%	566	70%	3.97	2.70	6.68				
B2(H)	189	149	234	222	124	117	194	197	78%	94%	94%	102%	1,046	112%	2.98	4.70	7.67				
B2(T)	128	110	125	121	93	83	95	90	86%	96%	89%	95%	690	93%	3.27	3.66	6.93				
B3	204	147	170	159	178	137	150	139	72%	93%	77%	93%	923	71%	3.69	3.87	7.55				
B4	244	213	294	244	157	147	219	220	87%	83%	93%	100%	1,440	97%	2.96	3.87	6.83				
B5	217	204	155	150	191	186	94	91	94%	96%	97%	97%	651	88%	7.19	4.43	11.63				
C1	240	212	255	258	186	162	190	192	89%	101%	87%	101%	1,464	98%	3.07	3.69	6.76				
C2	301	284	74	71	248	220	87	82	94%	95%	89%	94%	451	48%	13.10	3.90	17.00				
C3	220	189	384	387	185	180	323	320	86%	101%	98%	99%	1,596	99%	2.78	5.19	7.97				
C4	184	176	63	64	154	93	63	87	96%	101%	60%	138%	668	98%	4.70	2.71	7.41				
C5	242	188	269	281	185	179	209	209	78%	104%	97%	100%	1,471	99%	2.99	3.99	6.99				
C6	122	104	66	69	62	60	65	68	85%	105%	97%	105%	542	87%	3.53	3.03	6.56				
C7	193	160	192	184	156	144	141	138	83%	96%	92%	98%	1,101	99%	3.24	3.42	6.67				
C8	318	245	221	192	248	231	167	166	77%	87%	93%	99%	1,320	97%	4.23	3.26	7.49				
CCU_PCCU	250	202	66	60	218	211	35	34	81%	91%	97%	97%	697	86%	7.11	1.63	8.74				
Critical Care	428	374	74	59	429	363			87%	79%	85%		334	67%	25.90	2.01	27.92				
EAU AMU 1	704	552	499	472	562	470	413	421	78%	95%	84%	102%	1,945	105%	6.30	5.51	11.82				
Maternity	937	850	237	224	527	497	155	149	91%	94%	94%	96%	929	68%	13.28	4.57	17.85				
MHDU	170	173	40	37	164	156	5	2	101%	92%	95%	47%	246	79%	15.69	1.54	17.22				
NNU	168	134			155	148			80%		96%		290	52%	11.20	0.00	11.20				
TOTAL	5,591	4,776	3,481	3,317	4,317	3,864	2,667	2,667	85%	95%	89%	100%	18,370		5.37	3.86	9.24				



**Photo from the Opening of the Forget Me Not Garden opened on the 18<sup>th</sup> November 2019**



**Lee Woodall and his partner Ritchie with Yve Buckland, Chair, and the Mayor of Dudley**



**Paper for submission to the Trust Board on 5 December 2019**

<b>TITLE:</b>	<b>Research &amp; Development 6- monthly Report</b>		
<b>AUTHOR:</b>	<b>Claire Phillips, R&amp;D Manager;</b> <b>Jeff Neilson, Director of R&amp;D;</b> <b>Gail Parsons Deputy Director of R&amp;D</b>	<b>PRESENTER</b>	<b>Jeff Neilson, Director of R&amp;D</b>
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF BOARD :</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		Y	
<b>RECOMMENDATIONS FOR THE BOARD:</b>			
<ul style="list-style-type: none"> <li>- Acknowledge the report</li> <li>- Note the progress against our R &amp;D strategy</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO3: Drive service improvements, innovation and transformation SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>- NIHR study portfolio balance within the Trust</li> <li>- Promotion of research to support clinical priorities and better patient outcomes</li> <li>- Support Department Capacity Issues – pharmacy</li> <li>- Research Data Archiving</li> <li>- Training, development and retention of staff within department and across the Trust</li> </ul>			

IMPLICATIONS OF PAPER:			
RISK	Y		<b>Risk Description:</b> reduction in annual funding from Clinical Research Network
	Risk Register: N		<b>Risk Score:</b> 12
	Y		<b>Risk Description:</b> lack of space for archiving study documents (up to 25 yrs)
	Risk Register: Y		<b>Risk Score:</b> 12
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	<b>Details:</b> 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	<b>Details:</b> R&D activity included in the Annual Report
	Other	Y	<b>Details:</b> Recruitment activity is monitored by CRN:WM, NIHR, DHSC.

# Research & Development Report

## 1. Strategic Direction

Our vision is: Together, we will develop, across the trust, a high quality research culture where research will be integrated into the routine clinical care of our patients and seen as everybody's business.

Our mission statement: *Research and Development: delivering the future to our patients today.*

Research contributes to the delivery of the Trust's strategic objectives and all related objectives. Providing high quality services and supporting teams to design, develop, innovate and deliver research across the organisation.

We continue to make positive progress on the R&D strategy, with measurable success so far in increasing the numbers of principle investigators (PIs), increasing the number of PIs from non-medical backgrounds, increasing commercial research opportunities and promoting research across the Trust.

We have continued to widely publicise our successes (section 2), ensuring the R&D Hub pages are up to date; widely circulating quarterly newsletter; research included in the Trust Induction Programme for new starters; representation at the CNS forum; Student Nurse Induction Programme and secondments in R&D, combining research and clinical practice for nurses (section 7), celebrating International Clinical Trials Day; successful Research Showcase Event in Sept 2019, to promote research across the Trust.

"If we want things to stay the same, things will have to change." (From 'The Leopard', Giuseppe Tomasi di Lampedusa). As we work on the R&D strategy which is based on increasing research activity, it is clear that we rely on a small number of individuals to deliver our commercial research portfolio and we are thus vulnerable. A new cadre of consultants will be needed in the coming years to maintain and grow this work and time will need to be set aside for them. The current trend in income from the CRN is downwards and simply increasing non-commercial research activity will not reverse this. The new CRN funding arrangement emphasise performance to time and target and we have an opportunity to improve here. The most effective way to increase resource for non-commercial research is to grow our own and increase our very small number of chief investigators – leads for multi-centre research studies which are funded via competitive grants. Our challenge is this is a long term project that requires investment and that will deliver in the medium to long term and not within the short term financial cycles we operate in. We are currently working up a case that supports maintaining what we have and aims to optimise our research future.

## 2. Accolades for The Dudley Group

Congratulations to our Research Lab, who were awarded Creative Recruitment Award, for recruiting high numbers of patients (675 patients recruited against a target of 50 patients) into the Pathfinder study (study into rare diseases) and the R&D Office Team for Business Innovation Leaders Award for their use of a local management system for tracking and recording of trials. The awards were presented at the Clinical Research Network WM awards ceremony in Birmingham, November 2019.

Dr Adrian Jennings, Anaesthetics continues to be top recruiting site for FLO-ELA study (fluid optimisation in emergency laparotomy).

Dr Stephen Jenkins, Consultant Haematologist, continues his 2 year Clinical Trials Scholar programme (funded by Clinical Research Network West Midlands).

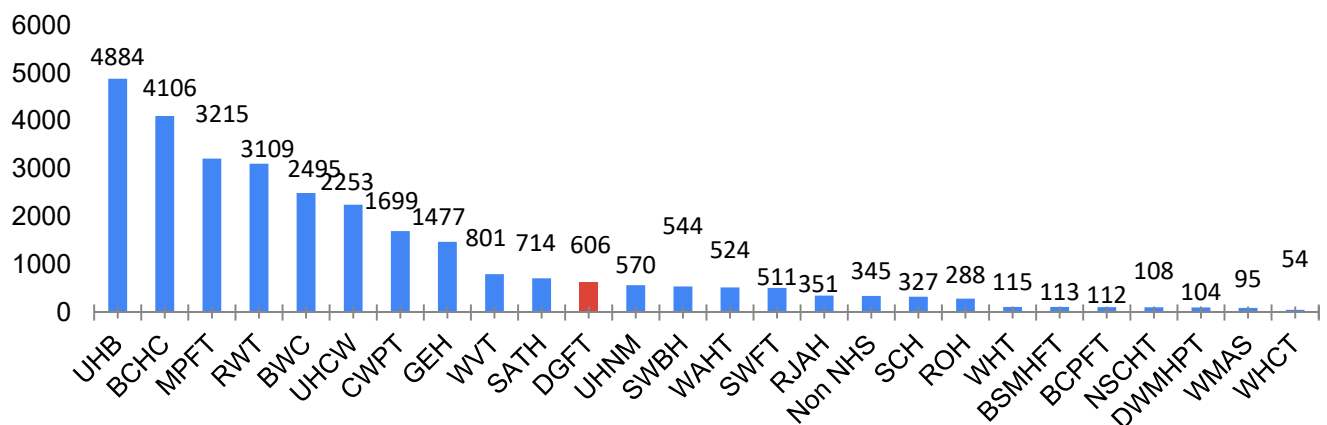
'Balancing the books – using EDGE' – invited to present a workshop and a poster abstract, demonstrating the work we have done on our EDGE Finance Tool to be presented at the EDGE conference in Farnborough, March 2020.

### 3. National developments and performance management

#### CRN:WM High level objectives performance

We are currently below our HLO1 recruitment target of 1006 patients, with current patient recruitment at 606 (currently 60.3% of target). Our current performance for HLO2 'recruitment to time and target' is approx 50% (previously 75%). This is currently under review to develop a strategy to address this.

#### Compared with other Trusts (Primary Care not shown)



Performance against 'time taken for studies to set up, is within target range of 60 days for non-commercial and 80 days for commercial studies.

HLO3; increasing the number of commercial studies - 9 commercial studies opened this year so far (1 Chem Path, 1 DIAB, 1 ORTHO, 4 DERM, 1 GAST, 1 MUSC (Rheum), 1 CARD (previous year's total 12 & 11 studies), with another 9 studies currently in set-up (to be open by end March 2020). Currently have a total of 13 commercial studies recruiting and 3 in Follow up.

#### 4. Capacity for research support departments

Pharmacy capacity has now improved with an improved process in place to schedule and plan study set-up more efficiently. There will be one WTE member of clinical trials pharmacy team due to go on maternity leave early 2020, so cover will be arranged for this. No current issues with radiology support.

#### 5. Finance and Staffing

Our CRN funding for 2019/20 had been reduced by approx. £50,000 due to overall reductions in CRN WM funding – (on risk register). We plan to open more commercial studies this year, approximately 18, to increase commercial funds to minimise the impact of this. Additional maternity leave cover, early 2020, will also increase our staff costs.

The EDGE finance tool has been rolled successfully providing us with the ability to manage income and expenditure more efficiently. We are now able to forecast future income using this database tool.

This has been promoted at external regional and national meetings/conferences. We have shared our process with other Trusts, locally and nationally and continue to promote this further i.e. EDGE National Conference March 2020; regular CRN workshops.

## **6. Electronic Patient Record/IT/Archiving**

R&D is represented at EPR meetings – pending roll-out of EPR within R&D and functionality of improving performance metrics.

We continue to utilise external space at Foxes to store long term clinical trial data, however this is now full and so may require some alternative storage arrangements within the Trust, if possible. Review of archived studies to be destroyed has provided some additional space.

## **7. Education/Professional Development/Promotion/Service Improvement**

The R&D department continue to support student nurses on their mentor programme with regular presentations at Student Nurse Inductions as well as R&D placements offered. Current activities are reported at CNS Forum meetings.

We continue to support MSc and PhD students from Birmingham University, Warwick University and Wolverhampton University, undertaking single centre or multi centre studies recruiting patients from the Trust.

Two successful candidates were shortlisted for the R&D funded MSc's – 1 CNS and 1 Physiotherapist. There is an emphasis on how they will improve clinical care in their own area.

Good Clinical Practice for research purposes continue, with two additional members of staff also undertaking facilitator training to be able to run these workshops. GCP Fundamentals, PI Essentials and PI Master Class are also available.

A regular R&D newsletter is also available and accessible on the Hub. This is circulated to all clinical leads and Community Staff. The R&D pages on The Hub continue are updated on a regular basis.

The Research Showcase Event, 17<sup>th</sup> September 2019, here at the Trust, was a huge success with over 50 attendees. The aim was to promote research within the Trust; promote support available; explain how staff can get involved and highlight training opportunities available. This has led to an increase in staff undertaking MSc's/educational research projects contacting R&D for support. We are also introducing Research Champions from any area/specialty to be able to expand the depth and breadth of research into particularly non-research active areas, community and areas of expertise.

## **Publications**

87 publications January 2019 – November 2019. See appendix #1.

**Appendix #1 - Published research - January to November 2019**

1. Agca, R., et al. (2019). "Response to: "influence of changes in cholesterol levels and disease activity on the 10-year cardiovascular risk estimated with different algorithms in rheumatoid arthritis patients" by Fornaro et al." *Annals of the Rheumatic Diseases*.
2. Al Shakarchi, J. and N. Inston (2019). "Early cannulation grafts for haemodialysis: An updated systematic review." *The journal of vascular access* 20(2): 123-127.
3. Arif, R., et al. (2019). "E012 Group education for patients prior to biologic and targeted synthetic disease modifying anti-rheumatic drugs: a quality improvement project at The Dudley Group NHSFT...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom." *Rheumatology* 58.
4. Batten, R., et al. (2019). "Bsr multi-region audit on the management of adults with systemic lupus erythematosus 2018: Compliance with audit standards." *Rheumatology (United Kingdom)* 58.
5. Berth-Jones, J., et al. (2019). "British Association of Dermatologists guidelines for the safe and effective prescribing of oral ciclosporin in dermatology 2018." *The British journal of dermatology*.
6. Cadoni, S., et al. (2019). "Impact of water exchange colonoscopy on endoscopy room efficiency: a systematic review and meta-analysis." *Gastrointestinal Endoscopy* 89(1): 159.
7. Cadoni, S. and S. Ishaq (2019). "How to perform water exchange colonoscopy, with tips and tricks." *VideoGIE*.
8. Chapman, W., et al. (2019). "Acute upper gastrointestinal bleeding: a guide for nurses." *British journal of nursing (Mark Allen Publishing)* 28(1): 53-59.
9. Claireaux, H. A., et al. (2019). "Critical care usage after major gastrointestinal and liver surgery: a prospective, multicentre observational study." *British Journal of Anaesthesia* 122(1): 42-50.
10. Cuadrado-Godia, E., et al. (2019). "Ranking of stroke and cardiovascular risk factors for an optimal risk calculator design: Logistic regression approach." *Computers in Biology and Medicine* 108: 182-195.
11. Deutsch, P. G., et al. (2019). "The management of chronic rhinosinusitis in primary care: An evidence-based guide." *British Journal of General Practice* 69(678): 44-45.
12. Dimitroulas, T. and G. D. Kitas (2019). "Genetic regulation of dimethylarginines and endothelial dysfunction in rheumatoid arthritis." *Amino Acids*.
13. Drayson, M. T., et al. (2019). "Levofloxacin prophylaxis in patients with newly diagnosed myeloma (TEAMM): a multicentre, double-blind, placebo-controlled, randomised, phase 3 trial." *The Lancet. Oncology*.
14. Edwards, C. J., et al. (2019). "Can we wean patients with inflammatory arthritis from biological therapies?" *Autoimmunity Reviews*.
15. Gasparian, A. Y., et al. (2019). "The Platelet-to-Lymphocyte Ratio as an Inflammatory Marker in Rheumatic Diseases." *Annals of laboratory medicine* 39(4): 345-357.

16. Gasparyan, A. Y., et al. (2019). "Comprehensive Approach to Open Access Publishing: Platforms and Tools." *Journal of Korean medical science* 34(27): e184.
17. Heggie, J. and M. Reay (2019). "Functional outcomes following cardiopulmonary resuscitation in a British district general hospital." *Journal of the Intensive Care Society* 20(2): 198-199.
18. Heggie, J. and M. Reay (2019). "Predictors of survival following cardiac arrest in a British district general hospital." *Journal of the Intensive Care Society* 20(2): 193-194.
19. Hensman, M., et al. (2019). "Comparison of sedentary behaviour questionnaires in people with multiple sclerosis." *Disability and rehabilitation*: 1-8.
20. Hope, H. F., et al. (2019). "Systematic review of the predictors of statin adherence for the primary prevention of cardiovascular disease." *PLoS ONE* 14(1): e0201196.
21. Hsieh, Y. H., et al. (2019). "Total underwater colonoscopy: still murky." *Gastrointestinal Endoscopy* 89(5): 1071.
22. Jamthikar, A., et al. (2019). "A Special Report on Changing Trends in Preventive Stroke/Cardiovascular Risk Assessment Via B-Mode Ultrasonography." *Current Atherosclerosis Reports* 21(7): 25.
23. Jasim, M., et al. (2019). "128 Cytomegalovirus in the presence of anti-neutrophil cytoplasmic antibodies: beware!...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom." *Rheumatology* 58.
24. Jasionowska, S., et al. (2019). "Development and Content Validation of the Urethroplasty Training and Assessment Tool (UTAT) for the Dorsal Onlay BMG Urethroplasty." *BJU international*.
25. Jung, C., et al. (2019). "A comparison of very old patients admitted to intensive care unit after acute versus elective surgery or intervention." *Journal of Critical Care* 52: 141-148.
26. Khan, S. U., et al. (2019). "Emergency Laparoscopic Cholecystectomy: Is Dedicated Hot Gall Bladder List Cost Effective?" *Journal of Ayub Medical College, Abbottabad : JAMC* 31(1): 3-7.
27. Khanna, N. N., et al. (2019). "Nonlinear model for the carotid artery disease 10-year risk prediction by fusing conventional cardiovascular factors to carotid ultrasound image phenotypes: A Japanese diabetes cohort study." *Echocardiography* 36(2): 345-361.
28. Khanna, N. N., et al. (2019). "Effect of carotid image-based phenotypes on cardiovascular risk calculator: AECRS1.0." *Medical and Biological Engineering and Computing*.
29. Khanna, N. N., et al. (2019). "Performance evaluation of 10-year ultrasound image-based stroke/cardiovascular (CV) risk calculator by comparing against ten conventional CV risk calculators: A diabetic study." *Computers in Biology and Medicine* 105: 125-143.
30. Khanna, N. N., et al. (2019). "Rheumatoid Arthritis: Atherosclerosis Imaging and Cardiovascular Risk Assessment Using Machine and Deep Learning-Based Tissue Characterization." *Current Atherosclerosis Reports* 21(2).
31. Kitas, G. D. (2019). "I150 Implementation of physical activity enhancement interventions in routine practice: challenges and solutions." *Rheumatology* 58.

32. Kitas, G. D. (2019). "Mediterranean journal of rheumatology March 2019 highlights." *Mediterranean Journal of Rheumatology* 30(1): 1-2.
33. Kitas, G. D., et al. (2019). "A Multicenter, Randomized, Placebo-Controlled Trial of Atorvastatin for the Primary Prevention of Cardiovascular Events in Patients With Rheumatoid Arthritis." *Arthritis & rheumatology* (Hoboken, N.J.) 71(9): 1437-1449.
34. Kitas, G. D., et al. (2019). "Trial of atorvastatin for the primary prevention of cardiovascular events in patients with rheumatoid arthritis (TRACE RA): A multicenter, randomized, placebo controlled trial." *Arthritis & rheumatology* (Hoboken, N.J.).
35. Koutsianas, C., et al. (2019). "141 These spots on my shins...could it be something I've eaten? A rare case of cryoglobulinaemic vasculitis...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom." *Rheumatology* 58.
36. Kuwai, T. and S. Ishaq (2019). "First two cases of Zenker's diverticulum treated with flexible endoscopic septum division in Japan." *Digestive Endoscopy* 31(3).
37. Lee, T. J. W., et al. (2019). "Development of a national automated endoscopy database: The United Kingdom National Endoscopy Database (NED)." *United European Gastroenterology Journal*.
38. McClelland, L., et al. (2019). "A survey of fatigue amongst consultants in anaesthesia and paediatric intensive care medicine in the UK and Ireland." *Anaesthesia* 74: 72.
39. Metsios, G. S. and G. D. Kitas (2019). "Physical activity, exercise and rheumatoid arthritis: Effectiveness, mechanisms and implementation." *Best Practice and Research: Clinical Rheumatology*.
40. Metsios, G. S., et al. (2019). "Dancers' Heart: Cardiac screening in elite dancers." *European journal of sport science*: 1-11.
41. Michael, A. and N. Gittoes (2019). "Hypophosphatasia, bilateral hip fractures and seizures." *Calcified Tissue International* 104.
42. Michael, A. and C. Michael (2019). "Catatonia as a rare manifestation of gabapentin withdrawal." *Journal of the American Geriatrics Society* 67.
43. Michael, A., et al. (2019). "Survival of patients following percutaneous endoscopic gastrostomy (peg)." *Journal of the American Geriatrics Society* 67.
44. Michael, A. and N. Swingewood (2019). "Quantification of the impact of hip fracture and the operative procedure on patients' basic mobility in the early postoperative period." *Age and Ageing* 48.
45. Miyasako, Y., et al. (2019). "Case of a small intestinal arteriovenous malformation diagnosed by double-balloon enteroscopy preoperatively." *Digestive Endoscopy* 31(3).
46. Morgese, C., et al. (2019). "Patient-rated quality of recovery after major laparoscopic surgery: Is total intravenous anaesthesia better than inhalational anaesthesia?" *Anaesthesia* 74: 72.
47. Nanus, D. E., et al. (2019). "Synovial fluid cytokines and adipokines as predictors of poor outcome in total HIP and knee joint replacement in patients with osteoarthritis." *Osteoarthritis and Cartilage* 27.
48. Narayan, N., et al. (2019). "235 Population demographics and clinical assessment from the BSR multi-region audit on the management of adults with SLE lend a unique



- insight into SLE in the UK...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom." *Rheumatology* 58.
49. Narayan, N., et al. (2019). "235Population demographics and clinical assessment from the BSR multi-region audit on the management of adults with SLE lend a unique insight into SLE in the UK...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom." *Rheumatology* 58.
  50. Nicolson, P. L., et al. (2019). "A haemstar-led, UK-wide "flash-mob" audit of intravenous immunoglobulin use in immune thrombocytopenia." *British Journal of Haematology* 185: 9-10.
  51. Pagkopoulou, E., et al. (2019). "Comorbidity burden in systemic sclerosis: beyond disease-specific complications." *Rheumatology International* 39(9): 1507-1517.
  52. Pang, T., et al. (2019). "A multicentre, UK, retrospective, observational study to assess the effectiveness of insulin glargine 300 units/ml in treating people with Type 1 diabetes mellitus in routine clinical practice (SPARTA)." *Diabetic Medicine* 36(1): 110-119.
  53. Redgrove, J., et al. (2019). "Prescription infant formulas are contaminated with aluminium." *International Journal of Environmental Research and Public Health* 16(5).
  54. Saba, L., et al. (2019). "The present and future of deep learning in radiology." *European Journal of Radiology* 114: 14-24.
  55. Sandhu, R. (2019). "I032 Maximizing the clinical impact of BSR guidelines by assessing the baseline: results from the BSR multiregional audit of the management of SLE in adults...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom." *Rheumatology* 58.
  56. Shakarchi, J. A. and N. Inston (2019). "Early cannulation grafts for haemodialysis: An updated systematic review." *Journal of Vascular Access* 20(2): 123-127.
  57. Sharif, A., et al. (2019). "Effect of prophylactic ilioinguinal neurectomy on postoperative groin pain following Lichenstein hernioplasty." *Journal of the College of Physicians and Surgeons Pakistan* 29(5): 406-409.
  58. Sharp, C. A., et al. (2019). "Enhancing quality improvement capacity through the british society for rheumatology's multi-region audit into the management of adults with systemic lupus erythematosus." *Rheumatology (United Kingdom)* 58.
  59. Sharp, C. A., et al. (2019). "233 Enhancing quality improvement capacity through the British Society for Rheumatology's multi-region audit into the management of adults with systemic lupus erythematosus...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom." *Rheumatology* 58.
  60. Sharp, C. A., et al. (2019). "233Enhancing quality improvement capacity through the British Society for Rheumatology's multi-region audit into the management of adults with systemic lupus erythematosus...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom." *Rheumatology* 58.
  61. Shirin, H., et al. (2019). "G-EYE colonoscopy is superior to standard colonoscopy for increasing adenoma detection rate: an international randomized controlled trial (with videos)." *Gastrointestinal Endoscopy* 89(3): 545-553.
  62. Siau, K., et al. (2019). "Certification of UK gastrointestinal endoscopists and variations between trainee specialties: results from the JETS e-portfolio." *Endoscopy International Open* 7(4): E551-E560.

63. Siau, K. and I. Beintaris (2019). "My approach to water-assisted colonoscopy." *Frontline Gastroenterology* 10(2): 194-197.
64. Siau, K., et al. (2019). "Training and assessment in flexible sigmoidoscopy: using a novel direct observation of procedural skills (DOPS) assessment tool." *Journal of gastrointestinal and liver diseases : JGLD* 28(1): 33-40.
65. Siau, K., et al. (2019). "Performance indicators in colonoscopy after certification for independent practice: outcomes and predictors of competence." *Gastrointestinal Endoscopy* 89(3): 482.
66. Siau, K., et al. (2019). "Impact of the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) on endoscopy services in the UK and beyond." *Frontline Gastroenterology* 10(2): 93-106.
67. Siau, K., et al. (2019). "Impact of fellowship training level on colonoscopy quality and efficiency metrics: a United Kingdom perspective." *Gastrointestinal Endoscopy* 89(2): 441-442.
68. Siau, K., et al. (2019). "Performance indicators in colonoscopy after certification for independent practice: outcomes and predictors of competence." *Gastrointestinal Endoscopy* 89(3): 482-482.
69. Siau, K. and A. J. Morris (2019). "A call to arms for change: The UK strategy to improve standards of care in acute upper gastrointestinal bleeding." *United European Gastroenterology Journal* 7(3): 449-450.
70. Stavropoulos-Kalinoglou, A. and G. D. Kitas (2019). "Could IL-6 inhibition prevent exercise-induced fat loss in RA?" *Nature Reviews Rheumatology* 15(4): 192-194.
71. Sundareyan, R., et al. (2019). "Pearls and pitfalls of adrenal vein (AV) sampling-how to Do it-learning points from our experience." *CardioVascular and Interventional Radiology* 42(3).
72. Talbot, G., et al. (2019). "Ferroportin disease: One hospital's experience in diagnosis and management." *British Journal of Haematology* 185: 63.
73. Tamaru, Y., et al. (2019). "Usefulness and safety of colorectal precutting EMR and hybrid endoscopic submucosal dissection for sessile serrated polyps with use of a novel multifunctional snare." *VideoGIE*.
74. Taylor, R. M., et al. (2019). "Description of the BRIGHTLIGHT cohort: The evaluation of teenage and young adult cancer services in England." *BMJ Open* 9(4).
75. Twelves, S., et al. (2019). "Clinical and genetic differences between pustular psoriasis subtypes." *Journal of Allergy and Clinical Immunology* 143(3): 1021-1026.
76. Veldhuijzen van Zanten, J., et al. (2019). "Comparison of the effects of exercise and anti-TNF treatment on cardiovascular health in rheumatoid arthritis: results from two controlled trials." *Rheumatology International* 39(2): 219-225.
77. Veldhuijzen van Zanten, J. J. C. S., et al. (2019). "Comparison of the effects of exercise and anti-TNF treatment on cardiovascular health in rheumatoid arthritis: results from two controlled trials." *Rheumatology International* 39(2): 219-225.
78. Walker, G. J., et al. (2019). "Association of Genetic Variants in NUDT15 with Thiopurine-Induced Myelosuppression in Patients with Inflammatory Bowel Disease." *JAMA - Journal of the American Medical Association* 321(8): 753-761.
79. Whittaker, J. D., et al. (2019). "In Response to "Biomarkers in Peripheral Vascular Surgery"." *Journal of Cardiothoracic and Vascular Anesthesia* 33(5): 1481.

80. Whittaker, J. D., et al. (2019). "Influence of Perioperative Serum Magnesium for Cardiac and Noncardiac Morbidity and Mortality Following Emergency Peripheral Vascular Surgery." *Journal of Cardiothoracic and Vascular Anesthesia* 33(2): 474-479.
81. Whittaker, J. D., et al. (2019). "Short-term Mortality, Morbidity and Recovery Milestones after Major Lower Limb Amputation: a Prospective Evaluation of Outcomes in a Tertiary Center." *Annals of Vascular Surgery* 56: 261-273.
82. Willetts, R. and E. Warriner (2019). "P103. Do our "Feel More Like Yourself" sessions have a lasting effect on breast cancer patients feelings of self-esteem and self-confidence." *European Journal of Surgical Oncology* 45(5): 912.
83. Williamson, S. and S. Mahadevan-Bava (2019). "Case of knee swelling." *Archives of Disease in Childhood: Education and Practice Edition*.
84. Yates, E., et al. (2019). "Improving the WHO surgical safety checklist in a district general hospital: A quality improvement project." *Anaesthesia* 74: 51.
85. Yu-Hsi, H., et al. (2019). "Total underwater colonoscopy: still murky...Anderson JC, Kahi CJ, Sullivan A, et al. Comparing adenoma and polyp miss rates for total underwater colonoscopy versus standard C02: a randomized controlled trial using a tandem colonoscopy approach. *Gastrointest Endosc.* 2019;89:591-8." *Gastrointestinal Endoscopy* 89(5): 1071-1071.
86. Zaman, S., et al. (2019). "Impact of surgeon volume and sub-speciality on cholecystectomy outcomes: Atenyear experience." *Ambulatory Surgery* 25(1): 15-19.
87. Zanten, J. V. v., et al. (2019). "044 Temporal patterns in physical activity and sedentary behaviour: implications for cardiovascular disease risk in rheumatoid arthritis...British Society for Rheumatology Annual Conference 2019, April 30-May 02 2019, Birmingham, United Kingdom." *Rheumatology* 58.



**The Dudley Group**  
NHS Foundation Trust

**Paper for submission to Trust Board in November 2019**

<b>TITLE:</b>	Learning from Deaths		
<b>AUTHOR:</b>	Dr Philip Brammer Deputy Medical Director	<b>PRESENTER:</b>	Dr Julian Hobbs Medical Director
<b>CLINICAL STRATEGIC AIMS</b>			
	Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.		
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		✓	
<b>RECOMMENDATIONS</b>			
<ul style="list-style-type: none"> <li>Acknowledge the assurance within the report documenting the learning from deaths at a condition specific, Trust-wide and individual patient basis and the action supporting this.</li> <li>To note the continued reduction in mortality since March 2018 following a rebasing exercise in September 17.</li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
<b>S04: Safe and Caring Services</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<ul style="list-style-type: none"> <li>Mortality continues to fall and SHMI has reduced to 113. This is at expected range.</li> <li>The Trust has recorded 1390 deaths year to date. 69% have been reviewed at speciality level, with 14% being completed within the 30 day standard. 96 deaths have triggered for a second stage review with 39.5% of these reviews being completed.</li> <li>To strengthen the review process a working group has been established supported by the Dudley Improvement Practice and a full time learning from Deaths Officer employed.</li> <li>Improvement work is underway with the Advancing Quality Alliance (AQuA) regarding deteriorating patient pathways.</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	Y	<b>Risk Description:</b> Corporate Risk	

	<b>Risk Register: Y</b>		<b>Risk Score: 1016</b> (currently rated as 12)
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> Safe, Effective, Responsive, Caring, Well Led
	<b>NHSI</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>Y/N</b>	<b>DATE:</b>
	<b>WORKING GROUP</b>	<b>Y/N</b>	<b>DATE:</b>
	<b>COMMITTEE</b>	<b>Y/N</b>	<b>DATE:</b>

## Learning from Deaths

### 1.0 Introduction

Following the publication of the National Guidance on Learning from Deaths (March 2017) the Trust is required to report via the Trust Board the approach and key learning from deaths occurring in the Trust. This paper updates on progress year to date since 1<sup>st</sup> January 2019.

### 2.0 Mortality Measures

	Parameter	Period	Numbers	Previous Period	Previous Numbers
<b>Mortality</b>	Crude Mortality	April 2018 to March 2019	1660 – 3.86%	October 2017 to September 2018	1643 – 3.43%
	SHMI	April 2018 to March 2019	1.13	December 2017 to November 2018	1.15
	HSMR	June 2018 to May 2019	114	November 2017 to October 2018	115.2

### 3.0 Mortality Reviews

At 31<sup>st</sup> October 2019 1390 deaths have been recorded on the Mortality Tracking System from 1<sup>st</sup> January 2019. The following tables provide a breakdown of compliance with review:

<b>Deaths Recorded YTD</b>	1390
<b>Deaths audited at speciality level YTD</b>	901 (65% compliance)
<b>Deaths audited at speciality level within 30 days YTD to 31/10/19</b>	14.64%
<b>Deaths triggered for SJR following speciality review YTD</b>	94
<b>SJR Complete YTD</b>	36 (39.5% compliance)

### ED Mortality Reviews:

<b>Deaths Recorded YTD</b>	187
<b>Deaths audited at speciality level YTD</b>	187
<b>Deaths audited at speciality level within 30 days YTD to 31/10/19</b>	187
<b>Deaths triggered for SJR following speciality review YTD</b>	82 (44%)
<b>SJR Complete YTD</b>	51 (62%)

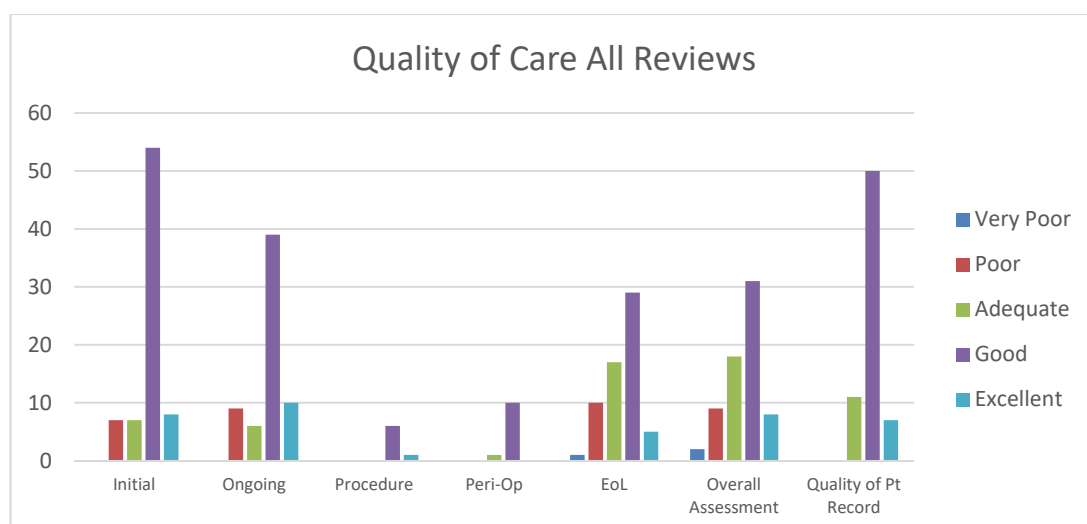
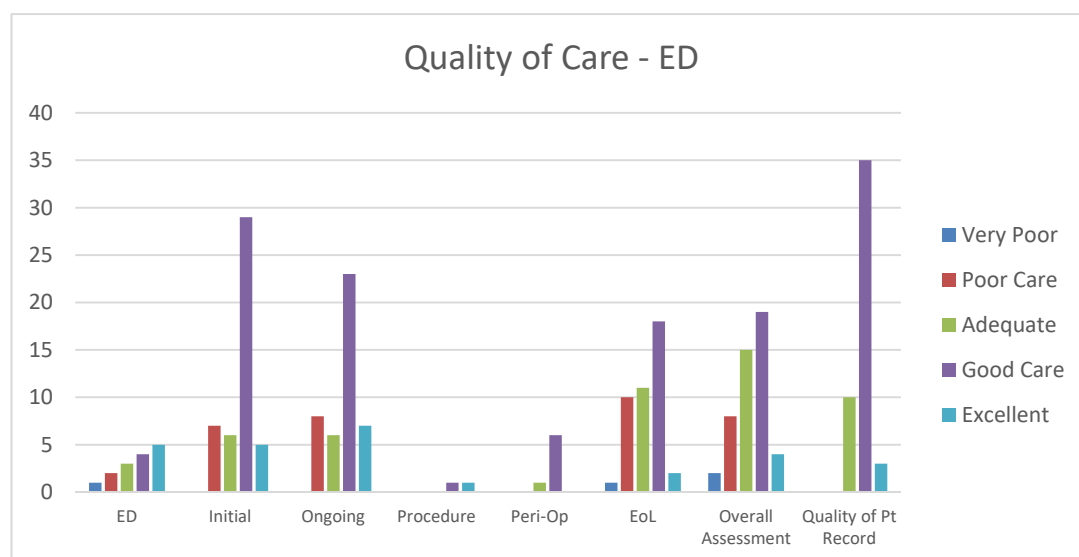
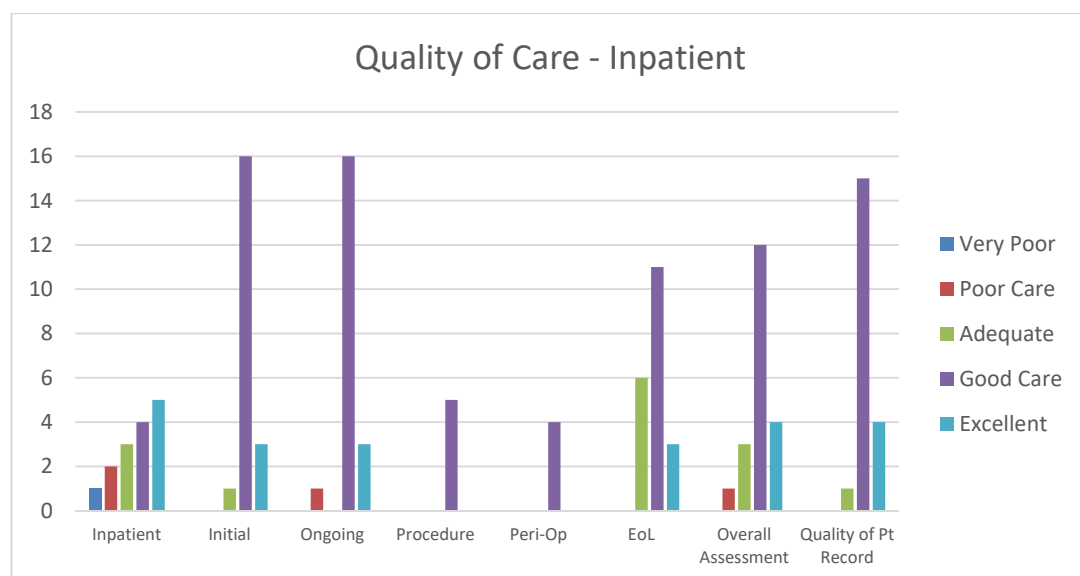
Good progress has been made with SJR meetings and considerable work had been undertaken to get up to date with the second reviews. Recent work for reviews required for CQC purposes has limited this work over the last month and the above figures do not include the 34 reviews undertaken for episodes of Acute Bronchitis and 32 reviews for alcohol related liver disease and 31 Acute and Unspecified Renal Failure.

### 3.1 Quality of Care and Measures of Avoidability

The national programme of LFD uses two measures SJR quality of care and the Hogan scale of avoidability. However these two measures correlate poorly. SJR review has classified care as poor in 0.05% of cases (within the range expected). Avoidability (Hogan one to three) has not been established in any case in this reporting period.

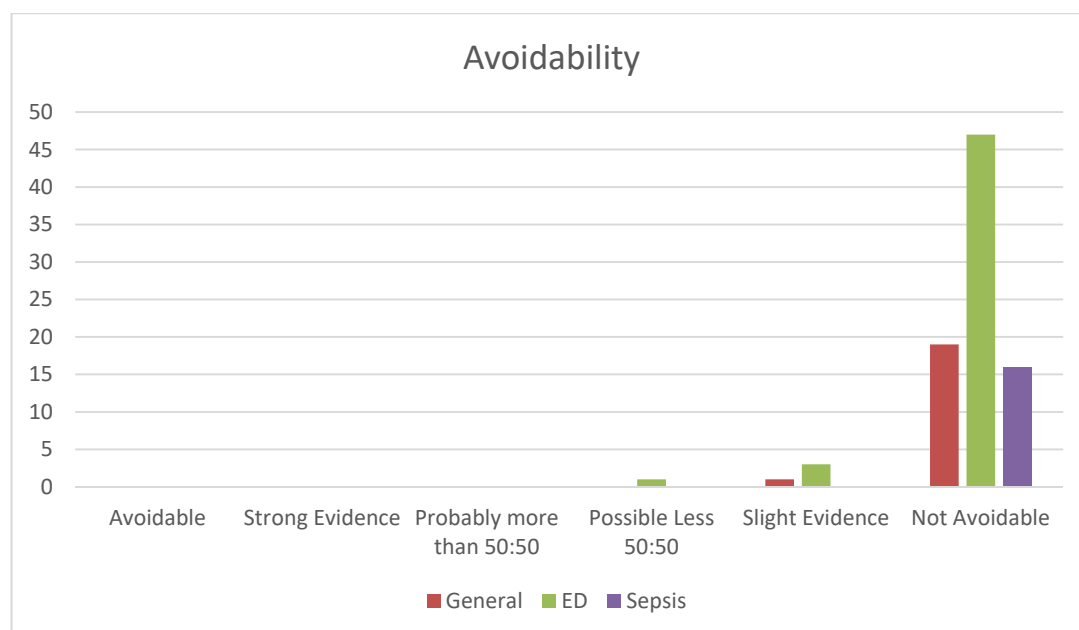
	Very Poor	Poor Care	Adequate	Good Care	Excellent
<b>Inpatient</b>	1	2	3	4	5
<b>Initial</b>	0	0	1	16	3
<b>Ongoing</b>	0	1	0	16	3
<b>Procedure</b>	0	0	0	5	0
<b>Peri-Op</b>	0	0	0	4	0
<b>EoL</b>	0	0	6	11	3
<b>Overall Assessment</b>	0	1	3	12	4
<b>Quality of Pt Record</b>	0	0	1	15	4

	Very Poor	Poor Care	Adequate	Good Care	Excellent
<b>ED</b>	1	2	3	4	5
<b>Initial</b>	0	7	6	29	5
<b>Ongoing</b>	0	8	6	23	7
<b>Procedure</b>	0	0	0	1	1
<b>Peri-Op</b>	0	0	1	6	0
<b>EoL</b>	1	10	11	18	2
<b>Overall Assessment</b>	2	8	15	19	4
<b>Quality of Pt Record</b>	0	0	10	35	3





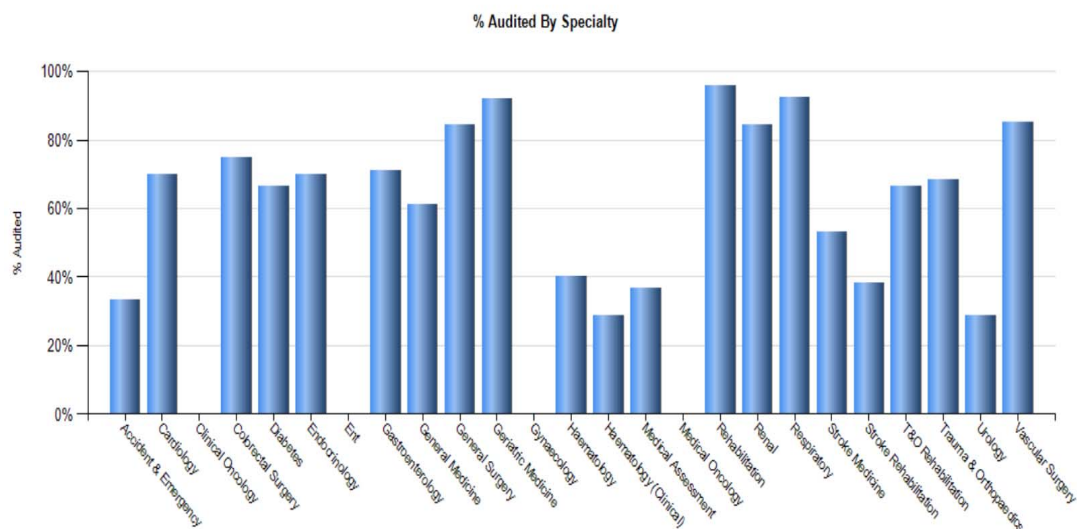
Avoidability	Avoidable	Strong Evidence	Probably more than 50:50	Possible Less 50:50	Slight Evidence	Not Avoidable	Total
	1	2	3	4	5	6	
<b>General</b>	0	0	0	0	1	19	20
<b>ED</b>	0	0	0	1	3	47	51
<b>Sepsis</b>	0	0	0	0	0	16	16
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>82</b>	<b>87</b>



### 3.2 Speciality Level Review

The Learning from Deaths Policy states that speciality level audit should be completed within 30 days of death. Of deaths occurring in this year to 31<sup>st</sup> October 2019, 14% have been completed within the 30 day window. Audits by specialty for all cases are shown below which shows that many specialties are significantly higher than the 30 day value. These percentages should be considered in the context of the numbers of deaths per specialty and the overall clinical activity. Acute medicine is low in terms of percentage but has a higher volume of deaths overall. Other low values are as follows: Urology 4/14; clinical haematology 4/14; Stroke Rehab 13/34; Haematology 8/20. A&E deaths are due to incorrect data (see section 3.0 above).

Variations in mortality reviews are being highlighted to Divisions and individual specialties.



### 3.3 Structured Judgement Reviews

Of the 209 SJRs requested the following breakdown applies for completion:

Speciality	SJR Requested	SJR Complete	SJR Outstanding
General (inc Sepsis)	94	36	58
ED	82	51	31
Paediatrics	33	28	5
<b>Total</b>	<b>209</b>	<b>115</b>	<b>94 (45%)</b>

Greater focus has been placed on the general reviews of late (see notes above regarding reviews related to CQC inquiries). Continued reviews of ED deaths have been undertaken but these are currently taking slightly longer due to navigating documents from the Sunrise EPR.

### 3.4 Learning Disabilities Deaths

<b>LD Deaths YTD</b>	9
<b>LD Reviews Completed</b>	5
<b>LD Reviews in progress</b>	4
<b>LeDeR Reviews Completed</b>	5

The notes of all learning disability deaths will be reviewed regardless of whether they trigger during audit and this review will take place prior to any external LeDeR review request. The Trust's Learning Disability Liaison Nurse will do a preliminary review and will then attend a Mortality Review Panel to review her findings and highlight any concerns. There have been 2 external LeDeR reviews completed as of 31<sup>st</sup> October 2019.

### 3.5 Paediatric Deaths

Overarching Child Death Review Policy to clearly set out the child death review process within DGNHSFT as part of our statutory and legal obligations in line with the published

arrangements by the Black Country Child Death Overview Panel (BCCDOP) in June 2019. As per the Safeguarding Risk Register this is to be implemented by September 2019 and Imbedded by January 2020. The processes regarding cross boarder resident children has raised some queries across the Black Country which will delay the production of the Child Death Review Policy, estimated resolution time December 2019.

CDRM scheduled for 24/07/18 and reviewed on 15/01/2020 using the Child Death Review Process self-assessment framework for CDOP. TOR finalised and requested reporting into the ISB as part of the governance structure.

Implementation and embedding of eCDOP which feeds into the NHSi National Child Mortality Database (NCMD) into the organisation and wider health economy is ongoing.

Designated Doctor Child Death post has been appointed to.

### **3.6 Agreed Action to Improve Timeliness of Review**

A series of actions have been agreed and implemented to address the timeliness of reviews as follows:

- Full time Learning from Deaths Officer is now in post.
- Dudley Improvement Practice working group is continuing to address review process and ensure consistency across directorates.
- Panel meetings are continuing to deal with SJR numbers though there is a need to remind attendees.
- Weekly monitoring of 30 day standard is being circulated to Divisions since September 2019.

## **4.0 Learning**

### **4.1 Learning from Reviews**

Themes highlighted during reviews continue to be around:

- DNACPR – none in place, unable to locate, family refusal.
- Lack of understanding of DNACPR and the perception that this is the ceasing/withdrawal of all treatment rather than allowing “natural” death to occur.
- ED reviews triggered due to waiting more than 4 hours in the Department.
- Delay in pending external agencies information (Coroner, Police etc.) affecting Child Death review timeliness internally.
- Inappropriate admission to hospital from Care Homes.
- Place of death – some patients do die within the Emergency Department – this may sometimes be because it would have been inappropriate to move them due to EoL and expected to die within very short period but may be due to lack of beds

## 4.2 Condition Specific Alerts and Associated Learning

The Trust receives 'Condition Specific Alerts' from a variety of sources and has adopted a standardised approach to responding to alerts as detailed in the Learning from Deaths Policy. Recent specific condition alerts have included:

- Acute and unspecified renal failure
- Liver disease, alcohol-related
- Acute Bronchitis

A summary of these alerts and action taken is detailed in Appendix 1

## 4.4 Case Specific Learning:

- Delay in discharge of 3 weeks in elderly gentleman who succumbed from a hospital acquired pneumonia. Had been medically fit for discharge.
- Consent in a very deaf man who struggled with English:  
92 year old man admitted with ischaemic toes. Patient was very deaf and did not understand English. Care during his stay was good but concern was raised around lack of clarity how patient consented to initial operations given deafness and poor understanding of English. Confirmation was obtained that informed consent had been taken from the patient who was aware of what surgery was required.
- Dissecting aortic aneurysm:  
53 year old female admitted to ED on 02/06 – cardiac arrest at home – CPR started by husband and continued by Ambulance. She had attended ED the previous day. Atypical presentation which has been shared widely with colleagues. Grand round presentation planned to highlight atypical presentations.
- 2 cases of advanced malignancy:
  - Clinical team spent long time considering interventions/chemotherapy in patient with already advanced malignancy and delayed decisions regarding end of life care though some of this is likely to be due to patient and family factors.
  - Case of metastatic prostate malignancy with cauda equine symptoms. Multiple consultations with 3 Spinal Units across the area following MDT discussion. However these referrals resulted in a significant amount of back and forth communication which delayed appropriate end of life decisions. Plan to review spinal cord guidelines in this context.
- Frail elderly lady at end of life. Instigation and adjustment of anticipatory medication was not ideal. Actions from this are:
  - The Specialist Palliative Care nursing team have commenced 7 day working (9am – 5pm) and will be able to support ward times. Out of hours advice is available from the Consultant oncall through Compton Care telephone line.
  - Implementation of the Gold Standards Framework across the hospital will support earlier identification of patients.
  - Education for staff especially medical staff regarding symptom management through a number of FY1 and FY2 sessions and E-PALL e-learning is available for all staff.

#### 4.5 Learning from Section 28 Notices

The Trust has received no Section 28 notice since January 2019.

#### 4.6 Sharing of Learning and Supporting Staff

- The Trust is in the process of reintroducing Schwartz rounds and a steering group is planned.
- A regular patient safety bulletin is issued to all staff with topics arising from lessons learnt across the Trust. Sepsis remains a prominent topic and clear medical handover is due to be highlighted.
- Divisional and Departmental Governance meetings discuss learning from death and the work being undertaken with the Dudley Improvement Practice will look and strengthen this sharing of information by standardising the mortality information shared.
- Sharing of learning using learning portal.

### 5.0 Trust-wide Developments to Strengthen Learning from Deaths

#### 5.1 Palliative Care Developments

A number of pieces of work are worth noting-some of which are new as well as ongoing:

- End of life care cell led by Dr Jo Bowen as part of the Dudley Improvement programme with a focus on inappropriate deaths in ED as identified in the Bewick report as main metric of success. Further work stream to implement RESPECT across Dudley
- End of Life Care Facilitator – 1 year fixed term post commenced October 2019 to work with community, ED and the wards to implement learning from the Bewick report.
- Focus groups with families being considered – further discussion planned in Trust end of life working group
- Specialist palliative care seven day commenced September 19, therefore, now have seven day nursing service across hospital and community
- A service review to plan integrated services across the health economy has been commissioned via the national team in conjunction with Mary Stevens Hospice. NHSE/I (Professor Bee Wee and Sherree Faggee) visited on the 13<sup>th</sup> November 2019 and the initial feedback was very positive and the written report is awaited.
- Gold Standard Framework implementation whole hospital commissioned approach in progress. Three frontrunner wards (C3, C8 and CCU) have submitted data for accreditation with decision expected February 2020. If CCU successful they will be the first CCU GSF accredited in the country. There is a rolling plan for the remaining adult wards with regards to GSF implementation and accreditation.

## 5.2 Sepsis Improvement Work

The Trust continues its work to improve outcomes for patients with sepsis.

The impact of this work has been to improve sepsis outcomes Trust-wide. Current sepsis mortality is now below the national average (SHMI 0.95).

## 5.3 Identifying and Supporting the Deteriorating Patient

The Trust is being supported by the Advancing Quality Alliance (AQuA) to look at a number of deteriorating patient pathways. The first condition groups to undertake this work are AKI, Sepsis and ALD as mentioned previously. Data collection forms and work stream plans have been generated but still need to be implemented in association with the specific teams and audit department.

Other ongoing work currently revolves around:

- Hospital at Night Team
- Medical handover processes

## 5.4 Dudley Improvement Practice

It is recognised that the current compliance rates with review standards are below what we would expect at both speciality and secondary review. A working group is continuing to be supported by the Dudley Improvement Practice to streamline the process.

## 5.5 Appointment of Learning from Deaths Officer

Since August 2019 a full time Learning from Deaths officer has been employed by the Trust to support the review process and sharing of learning. This has had a major impact on the provision of reports, data analysis and access to notes for SJR review. The post will also support the Medical Examiner's office once established.

## 6.0 Summary and Recommendation

The Committee is asked to:

1. Acknowledge the assurance within the report documenting the learning from deaths at a condition specific, Trust-wide and individual patient basis and the action supporting this.
2. To note the continued reduction in mortality since March 2018 following a rebasing exercise in September 17.

## Appendix 1

Alert Route	Date	Condition	Lead	Process	Summary Findings	Agreed Action
CQC	April 2019	Acute and unspecified renal failure	Renal Team	Audit / Coding Review	Level 1 hospital mortality review was conducted in 97% of cases and no cases were put forward for secondary review. No evidence of avoidability. Some areas of learning were identified in 3 cases in relation to preferred place of death and timeliness of referral to the renal team. The review concluded that some of the excess mortality would seem to be secondary to inaccuracy of coding from initial admitting diagnosis.	AQ pathway work commenced August 2019  Education of front door admitting teams regarding accurate AURF/AKI definitions and management. Education programme for clinicians and coding staff.
CQC	April 2019	Liver disease, alcohol-related	Gastro Team	Audit/ Coding Review	The level 1 mortality review was completed in 88% of cases (30/34- 2 missing cases were ITU admissions and may have been reviewed separately at the time) and 1 case came forward for SJR. No concerns were raised in the quality of care at the initial review. Learning identified from these cases at the time included the management of one patient on an outlier ward, although no problems with care were identified and the timeliness of end of care life decisions. The majority of these patients presented to Accident and Emergency with advanced end stage liver disease. All patients were managed appropriately with the majority having resuscitation and escalation decisions made appropriately and in a timely manner.	AQ Pathway work commenced August 2019. Liaising with Dudley CCG to implement the improvement work related to ALD.  Implementation of the BSG Decompensated Cirrhosis Care Bundle to be used in the first 24 hrs of admission.

CQC	Nov 2019	Acute Bronchitis	Respiratory Team	Audit/ Coding Review	<p>All patients presented initially to Accident and Emergency and were transferred to medical consultant care. Patients were managed appropriately with decisions invariably made appropriately and in a timely manner. Clear management plans, investigations and treatments were instigated. All patients had regular consultant review.</p> <p>Patients were predominantly elderly with complex and multiple comorbidities and did not die from respiratory tract infection despite the coded diagnosis. Many patients had prolonged stays in hospital prior to their death and some were initially deemed medically fit for discharge but declined whilst waiting for placement. There are numerous examples of excellent care involving good communication with families, resuscitation discussions and implementation of end-of-life care.</p>	Acute bronchitis represents a high level composite classification related to respiratory disease. All cases in our cohort were more specifically ICD10 code J22X-unspecified acute lower respiratory tract infection. Improvement efforts are focussing on all aspects of respiratory care which impact on outcome.
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Paper for submission to the Public Board on 5 December 2019

<b>TITLE:</b>	Integrated Performance Report for Month 6 (October) 2019		
<b>AUTHOR:</b>	Board of Directors	<b>PRESENTER</b>	Karen Kelly Chief Operating Officer
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
<b>ACTION REQUIRED OF COMMITTEE :</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
<b>N</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>RECOMMENDATIONS:</b>			
To note and discuss the current performance against KPIs			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO1: Deliver a great patient experience</b> <b>SO2: Safe and Caring Services</b> <b>SO4: Be the place people choose to work</b> <b>SO5: Make the best use of what we have</b> <b>SO6: Deliver a viable future</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
<h2>Performance</h2> <p>Included is the Midlands Weekly Provider Performance Update which shows our performance against all Trusts in the Midlands.</p> <p>This report is sent weekly to the COO and disseminated out to the wider teams.</p> <h2>EAS</h2> <p>Patients who access our minors service continue to be seen within 4 hours and this performance has improved since last month, our main reason for breaches continues to be for those patients who are referred from majors who need to access a medical bed. The lack of availability of a medical bed is the main cause for our failure to attain the EAS.</p> <h2>Diagnostic Performance (DM01)</h2> <p>The diagnostic standard (DM01) was not achieved in October 2019 with a performance of 97.68% against the target of 99% patients seen in less than 6 weeks. Whilst MRI continued to experience breaches as per previous months, other significant factors were breaches in Ultrasound in addition to the impact of the Endoscopy Decontamination Unit downtime at the start and middle of the month. In respect to Ultrasound, the failures were due to a combination of unforeseen sickness absence which impacted capacity the last two</p>			

weeks of the month and single handed Consultant Radiologist availability due to leave. A breakdown of the breaches incurred during the month is as follows:

- 26 x MRI
- 8 x CT (Cardiac CT)
- 92 x Ultrasound (25 Paeds and 67 Gynae)
- 4 x Respiratory Sleep Study
- 1 x Cystoscopy
- 57 x Endoscopy Unit (29 x Colonoscopy, 8 x Flexi Sigmoidoscopy and 20 x Gastroscopy)

As reported at last month's Finance & Performance Committee, it is envisaged that a return to performance for DM01 will be December 2019 given the known backlogs and plans to remedy.

## **Cancer Performance**

As reported at last month's Finance & Performance Committee the short term outlook in respect to cancer performance looks less positive than it has been for some time, though it should be noted that as a Trust we are continuing to compare favourably when benchmarked against our neighbouring Trusts within the STP and reasonably at a National level.

For September 2019 we failed two of the cancer performance targets, 2ww ended at 92.3% against the 93% and 62 day performance was 83.1% against the 85% target. As reported previously performance is predicted to be below target for the next few months, and for the most part this has been driven by specialties who have incurred significant difficulties with timely 2ww, namely Breast, Colorectal and Urology Haematuria. In addition there are some key diagnostics, namely fusion biopsy, colonoscopy and CTC, all of which are being addressed via a revised cancer performance action plan which is being tracked weekly.

## **Regulatory Performance - 18 Week Referral Treatment**

The Trust achieved the RTT standard for October, delivering 93.10% against the national standard of 92%.

## **Regulatory Performance - 18 Week Referral Treatment - Incompletes**

The challenges are arising in the both the admitted and non-admitted pathways due to the following reasons:

- General Surgery's theatre sessions are focussed on managing the cancer demand
- 1x Consultant workforce gap in Urology
- 3x Consultant workforce gap in Paediatrics
- Rising demand in service for Dermatology

Areas of pressure are Dermatology, Urology, General Surgery, Plastic Surgery, and Ophthalmology. Additional sessions continue to be arranged to manage demand in addition to continued close monitoring of open pathways. However given the tapering of the annual pension allowance, securing additional capacity to recover deterioration continues to present a challenge and there is a risk that this will impact the ability to meet the RTT standard at a Trust level in addition to this there has been a circa 5% increase to pathways this year which has resulted in an increase in appointment slot issues.

Further work is underway to seek assurance that there is strong grip on the areas that do not require additional capacity such as the management of open pathways, a review of theatre utilisation by specialty, further services opting into the two way texting to reduce DNAs.

## **Operational Efficiency - Theatre Utilisation, Theatre Cancellations DNA Rates**

A new theatre scheduling process is in place, specialties continue to embed the new structure. There was also a reduction of hospital cancellations on the day in theatres.

## **WORKFORCE**

### **Absence**

Absence in October 2019 increased by 0.39% to 4.94% against the Trust target of 3.5%. The increase relates specifically to short-term sickness absence, up from 1.81% in September to 2.24% in October; the main areas of concern are Clinical Support Services (CSS), 2.42%, and Medicine & Integrated Care (MIC), 2.46%, although there have been increases across all Divisions. Long-term sickness absence reduced by 0.24% to 2.74%; the HR Project Manager is having a positive impact in addressing the long term absence cases within the top 20 areas of the Trust and a Working Group, with support from the PMO, has been established to monitor progress.

Overall absence rates in Clinical Support Services, Medicine & Integrated Care and Surgery Divisions remain above target at 6.62%, 5.37% and 4.54% respectively. Absence continues to be highest amongst our Care Support Staff (7.78%, an increase of 0.49%); we are continuing to work with managers to understand the issues to address the high absence rates.

The HR team are analysing patterns of absence to support the proactive management of cases, with the current emphasis on the Christmas/New Year period. We continue to explore options/alternatives of supporting staff to remain in work or return to work more quickly, and the review of management referrals to Occupational Health has proved beneficial in ensuring a reduction in the wait time for appointments.

NB – it is noted that the LTS and STS figures does not total the reported overall figure. The LTS / STS figures on the national ESR report include a certain amount of rounding; ESR will look at all instances of absence, and calculate how much of that absence has occurred in a particular reporting month. The rounding up takes effect when ESR identifies a LTS episode of absence (28 calendar days or more) and some of the FTE lost has occurred in the present reporting month and a small amount of FTE has been lost late in the previous month. These figures do refresh each month and will bottom out the next month, however, these are national reports and no manual calculation is applied.

### **Mandatory Training/Appraisals**

Compliance for statutory subjects (Priority 1) has improved to 90.02% overall as of end October 2019 training completions, with two subjects remaining in red (below 80.0%), i.e.:

- Adult Resuscitation stands at 71.2% compliance – at the October Workforce & Staff Engagement Committee (WSEC) in October, the Resuscitation Lead was asked to liaise with divisional leads to identify alternative methods of availability to improve uptake;
- Mental Health Law stands at 79.1% compliance - due primarily to the inclusion of all clinician staff to require this subject from 1<sup>st</sup> November onwards, in line with CQC recommendations for the organisation.

Recognising both the Trust-led nature of Priority 2 and 3 requirements, with the frequency and training requirements of subjects at these levels not set legislatively or adhered to across all NHS Trust

organisations, it was also agreed at WSEC to report Priority 1 statutory subjects going forward. Proposals to amend frequency, potentially remove entirely, or review completion methods of Trust-mandated subjects at Priority 2 and 3 level was also shared by the SMT Lead at the October committee, with general agreement of those present for this substantial work to continue to reduce inaccessible, inappropriate, or excessive training requirements asked of the workforce.

The review of the appraisal process and associated paperwork is ongoing, with a current target date of January 2020.

## **Turnover**

The turnover rate was 8.90% in October, an increase of 0.03% compared to September. Whilst the Trust target is 8.5%, we rate below the average turnover rate for acute NHS Trusts in England, further analysis is required to understand how long staff are staying with us and why they are leaving us. With the revised Exit Interview process in place, we can obtain the necessary data and well as target specific areas where a triangulation of data suggests there may be some underlying issues/concerns.

Turnover remains high in Clinical Support Services (13.68%) and Corporate/Management (12.71%). We continue to engage with our staff and, as indicated above, we are analysing feedback from exit interviews, listening to staff and developing strategies to improve retention at the Trust. All of this will be embedded into action plans which will build on the feedback from the National Staff Survey and regular pulse surveys.

Further details relating to turnover and the feedback from exit interviews will be reported to the Workforce & Staff Engagement Committee in the New Year.

## **Recruitment**

In October, the number of staff in post saw a slight decrease of 2.09 to 4471.59 (fte); the increases relate to CSS and Surgery but both remain within their funded establishments.

The monthly RN vacancy rate was 13.36 % against the Trust target of 8.5%. The reduction in vacancy percentage is as a result of an exercise being undertaken to remove reserves from budgets in order to provide an improved vacancy figure. Work is underway to backdate the monthly figure so that a yearly comparison is available, and the revised method/style of reporting is to be implemented in the New Year.

The Medical vacancy rate stands at 11.63% and AHP rates increased by 1.92% to 11.63%, both against a Trust target of 8.5%.

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 51% to 57%.

We have started the development and trialling of 'Values Based Recruitment', starting with our AAC panels for Consultant recruitment and emphasising the role of Stakeholder Groups in assessing and providing feedback on values/behaviours. This will be further developed for roll-out Trust-wide following a programme of communication and training for recruiting managers.

Work continues to improve our Bank offering - rates are now advertised in all Bank staff adverts, with promotion via Twitter and Facebook, and we are refreshing the Bank website pages. However, it is recognised that our processes need to be improved to maximise recruitment in this area to support an efficient onboarding experience for our Bank only candidates. We are currently looking at how we can improve Bank worker access to mandatory training to improve overall time to hire, as it was identified that training was delaying their ability to commence work. This piece of work has helped with the engagement with Bank staff as we have been updating our database and contacting everyone listed via telephone, text,

email and/or letter, establishing closer working relationships. The Bank team have introduced Allocate “ME” to enable staff to book shifts via their mobile phones or tablets; so far more than 600 individuals have signed up to use the app.

## Leadership & Development

169 leaders have completed or enrolled on the Leadership & Development programme. Cohort 11, due to commence in March 2020, is open for enrolment.

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.

We remain on track to achieve our end of year target of 109 apprentices; 92 have been recruited to date, the majority of which are nurse associates and clinical support workers. We are confident we will achieve, or hopefully exceed, the target.

## HR Operations

There are a total of 25 active cases, with a noted increase in capability cases as a result of the additional support being given relating to absence management. Other formal cases relate to 1 disciplinary case, 1 referral to a professional body, 1 tribunal and 5 grievances.

As well as the focus on absence, we are reviewing other key policies to ensure they are fit for purpose, and will develop toolkits to support these that demonstrate and enable caring, supportive, and compassionate management and leadership.

### 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



November 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

# Guide to Icons on SPC Charts.

## ICONS

Where KPIs are unsuitable to be produced as a SPC Chart the following icon will appear



The key below is for SPC suitable KPIs

Variation				Assurance			
Special Cause - Concern		Special Cause - Note/Investigate		Common Cause Variation	Consistently hit target	Hit and miss target / subject to random	Consistently miss target
High	Low	High	Low				

**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.

For Non-SPC KPIs or measures the following icons will be used.

Met the target	Missed the target	No Target

## Executive Summary

### FFT Response Rate

A total of 5,176 responses across all areas have been received during October 2019, an increase since September 2019 (4,988). There has been a decline in response rates for Maternity. Inpatients remain on target for response rates and has achieved the target for October. The A&E Department and community have seen an increase in response rates in October. Community have seen their biggest increase in Q3 in comparison to the previous quarters at 5.6%.

### FFT Percentage Recommended

Maternity birth and maternity postnatal community have achieved the target this month. Percentage recommended scores have improved in all departments with the exception of A&E and Maternity antenatal.

### Action taken to improve scores

Work is currently being undertaken to examine data and information in more detail to identify teams that are performing well and share best practice. Including how the survey is deployed across all teams and the current methods of data collection. Changes to the friends and family question will be introduced in April 2020 which aims to be clearer and more accessible. The question will ask 'Overall, how was your experience of our service?' Resources will be developed, including promotional campaigns.

### Complaints & PALS

PALS received 232 concerns, 17 comments and 68 signposting contacts. During October 2019, the Trust received 79 new complaints. This is a 58% increase from September for complaints (50). There have been 7 re-opened complaints for October 2019.

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 72 inpatient falls

One patient fell resulting in a fractured hip this has been reported as a serious incident.

### Pressure Ulcers

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

The last avoidable category 3 or 4 in the Community was October 2018

The last avoidable category 3 or 4 in the acute setting was July 2019

### MSA Breaches

In October there were 26 mixed sex breaches -9- MHDU 5- ICU and 12 - SHDU. Primary reason was high demand for beds.

### Infection Control

MRSA- 0 (1 occurred in September however reported as an SI in October)

E-Coli -4

MSSA Bacteraemia-2



## Executive Summary

### Incidents

5 Serious Incidents have been reported to STEIS in October 2019

- INC63069 (2019/22356) – Complication following treatment
- INC63464 (2019/22886) - Patient Fall resulting in a fractured right hip
- INC62567 (2019/22328) - Poor discharge into the Community
- INC62514 (2019/21709) - Delay in diagnosis
- INC62739 (2019/21680) - MRSA Bacteraemia

There have been no reported Never Events since March 2019

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

Trust performance for September is 30%

This includes manually inputted data for AMU and B6

Please note the data reported is 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

The find /assess element of the process is now completed at ward level; this is taking a while to embed which may account for the reduction in compliance. Investigate element has improved but remains below compliance due to workforce  
The refer element has improved and is compliant against target.

### VTE

Trust performance for VTE for October is 93.6%

Work is continuing to monitor and offer support to areas which are failing to achieve the 95% mandated target for VTE risk assessment.

A mini audit is being undertaken to identify if this is a failure to record opposed to noncompliance.

### Safety Thermometer

Patients with harm free care is 97.88%

## Executive Summary

### EAS Summary

- ED Attendances (excluding <16's) has slightly increased in October
- Emergency admissions from ED by age, data excludes admissions to EAU and CDU and those aged 16 and under. The level of Emergency Admissions for this cohort is up for October, average age increases slightly
- Number of patients arriving by ambulance has increased
- Age ranges '17-39', '60-79' and '80+' have increased, the rest of the age ranges have decreased
- Main breach reason for October was "Capacity Issues – Bed Management" the continued pressure continues to be in the management of majors patients the number of 4 hour breaches in in minors has decreased compared to the previous month.

### Cancer Performance

As reported at last month's Finance & Performance Committee the short term outlook in respect to cancer performance looks less positive than it has been for some time, though it should be noted that as a Trust we are continuing to compare favourably when benchmarked against our neighbouring Trusts within the STP and reasonably at a National level.

For September 2019 we failed two of the cancer performance targets, 2ww ended at 92.3% against the 93% and 62 day performance was 83.1% against the 85% target. As reported previously performance is predicted to be below target for the next few months, and for the most part this has been driven by specialties who have incurred significant difficulties with timely 2ww, namely Breast, Colorectal and Urology Haematuria. In addition there are some key diagnostics, namely fusion biopsy, colonoscopy and CTC, all of which are being addressed via a revised cancer performance action plan which is being tracked weekly.

### Regulatory Performance- 18 week referral Treatment

The Trust achieved the RTT standard for October, delivering 93.10% against the national standard of 92%.

### Regulatory Performance- 18 week referral Treatment - Incompletes

The challenges are arising in the both the admitted and non-admitted pathways due to the following reasons:

- General Surgery's theatre sessions are focussed on managing the cancer demand
- 1x Consultant workforce gap in Urology
- 3x Consultant workforce gap in Paediatrics
- Rising demand in service for Dermatology

Areas of pressure are Dermatology, Urology, General Surgery, Plastic Surgery, and Ophthalmology. Additional sessions continue to be arranged to manage demand in addition to continued close monitoring of open pathways. However given the tapering of the annual pension allowance, securing additional capacity to recover deterioration continues to present a challenge and there is a risk that this will impact the ability to meet the RTT standard at a Trust level in addition to this there has been a circa 5% increase to pathways this year which has resulted in an increase in appointment slot issues.

Further work is underway to seek assurance that there is strong grip on the areas that do not require additional capacity such as the management of open pathways, a review of theatre utilisation by specialty, further services opting into the two way texting to reduce DNAs.

### Operational efficiency - Theatre utilisation, theatre cancellations DNA rates

A new theatre scheduling process is in place, specialties continue to embed the new structure. There was also a reduction of hospital cancellations on the day in theatres.

## Executive Summary

### Work Force

#### Absence

Absence in October 2019 increased by 0.39% to 4.94% against the Trust target of 3.5%. The increase relates specifically to short-term sickness absence, up from 1.81% in September to 2.24% in October; the main areas of concern are Clinical Support Services (CSS), 2.42%, and Medicine & Integrated Care (MIC), 2.46%, although there have been increases across all Divisions. Long-term sickness absence reduced by 0.24% to 2.74%; the HR Project Manager is having a positive impact in addressing the long term absence cases within the top 20 areas of the Trust and a Working Group, with support from the PMO, has been established to monitor progress.

Overall absence rates in Clinical Support Services, Medicine & Integrated Care and Surgery Divisions remain above target at 6.62%, 5.37% and 4.54% respectively. Absence continues to be highest amongst our Care Support Staff (7.78%, an increase of 0.49%); we are continuing to work with managers to understand the issues to address the high absence rates.

The HR team are analysing patterns of absence to support the proactive management of cases, with the current emphasis on the Christmas/New Year period. We continue to explore options/alternatives of supporting staff to remain in work or return to work more quickly, and the review of management referrals to Occupational Health has proved beneficial in ensuring a reduction in the wait time for appointments.

NB – it is noted that the LTS and STS figures does not total the reported overall figure. The LTS / STS figures on the national ESR report include a certain amount of rounding; ESR will look at all instances of absence, and calculate how much of that absence has occurred in a particular reporting month. The rounding up takes effect when ESR identifies a LTS episode of absence (28 calendar days or more) and some of the FTE lost has occurred in the present reporting month and a small amount of FTE has been lost late in the previous month. These figures do refresh each month and

a small amount of FTE has been lost late in the previous month. These figures do refresh each month and will bottom out the next month, however, these are national reports and no manual calculation is applied.

#### Mandatory Training/Appraisals

Compliance for statutory subjects (Priority 1) has improved to 90.02% overall as of end October 2019 training completions, with two subjects remaining in red (below 80.0%), i.e.:

- Adult Resuscitation stands at 71.2% compliance – at the October Workforce & Staff Engagement Committee (WSEC) in October, the Resuscitation Lead was asked to liaise with divisional leads to identify alternative methods of availability to improve uptake;
- Mental Health Law stands at 79.1% compliance - due primarily to the inclusion of all clinician staff to require this subject from 1st November onwards, in line with CQC recommendations for the organisation.

Recognising both the Trust-led nature of Priority 2 and 3 requirements, with the frequency and training requirements of subjects at these levels not set legislatively or adhered to across all NHS Trust organisations, it was also agreed at WSEC to report Priority 1 statutory subjects going forward. Proposals to amend frequency, potentially remove entirely, or review completion methods of Trust-mandated subjects at Priority 2 and 3 level was also shared by the SMT Lead at the October committee, with general agreement of those present for this substantial work to continue to reduce inaccessible, inappropriate, or excessive training requirements asked of the workforce.

The review of the appraisal process and associated paperwork is ongoing, with a current target date of January 2020.

## Executive Summary

### Turnover

The turnover rate was 8.90% in October, an increase of 0.03% compared to September. Whilst the Trust target is 8.5%, we rate below the average turnover rate for acute NHS Trusts in England, further analysis is required to understand how long staff are staying with us and why they are leaving us. With the revised Exit Interview process in place, we can obtain the necessary data and well as target specific areas where a triangulation of data suggests there may be some underlying issues/concerns.

Turnover remains high in Clinical Support Services (13.68%) and Corporate/Management (12.71%). We continue to engage with our staff and, as indicated above, we are analysing feedback from exit interviews, listening to staff and developing strategies to improve retention at the Trust. All of this will be embedded into action plans which will build on the feedback from the National Staff Survey and regular pulse surveys.

Further details relating to turnover and the feedback from exit interviews will be reported to the Workforce & Staff Engagement Committee in the New Year.

### Recruitment

In October, the number of staff in post saw a slight decrease of 2.09 to 4471.59 (fte); the increases relate to CSS and Surgery but both remain within their funded establishments.

The monthly RN vacancy rate was 13.36 % against the Trust target of 8.5%. The reduction in vacancy percentage is as a result of an exercise being undertaken to remove reserves from budgets in order to provide an improved vacancy figure. Work is underway to backdate the monthly figure so that a yearly comparison is available, and the revised method/style of reporting is to be implemented in the New Year.

The Medical vacancy rate stands at 11.63% and AHP rates increased by 1.92% to 11.63%, both against a Trust target of 8.5%.

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 51% to 57%.

We have started the development and trialling of 'Values Based Recruitment', starting with our AAC panels for Consultant recruitment and emphasising the role of Stakeholder Groups in assessing and providing feedback on values/behaviours. This will be further developed for roll-out Trust-wide following a programme of communication and training for recruiting managers.

Work continues to improve our Bank offering - rates are now advertised in all Bank staff adverts, with promotion via Twitter and Facebook, and we are refreshing the Bank website pages. However, it is recognised that our processes need to be improved to maximise recruitment in this area to support an efficient onboarding experience for our Bank only candidates. We are currently looking at how we can improve Bank worker access to mandatory training to improve overall time to hire, as it was identified that training was delaying their ability to commence work. This piece of work has helped with the engagement with Bank staff as we have been updating our database and contacting everyone listed via telephone, text, email and/or letter, establishing closer working relationships. The Bank team have introduced Allocate "ME" to enable staff to book shifts via their mobile phones or tablets; so far more than 600 individuals have signed up to use the app.

## Executive Summary

### Leadership & Development

169 leaders have completed or enrolled on the Leadership & Development programme. Cohort 11, due to commence in March 2020, is open for enrolment. 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.

We remain on track to achieve our end of year target of 109 apprentices; 92 have been recruited to date, the majority of which are nurse associates and clinical support workers. We are confident we will achieve, or hopefully exceed, the target.

#### HR Operations

There is a total of 25 active cases, with a noted increase in capability cases as a result of the additional support being given relating to absence management. Other formal cases relate to 1 disciplinary case, 1 referral to a professional body, 1 tribunal and 5 grievances.

As well as the focus on absence, we are reviewing other key policies to ensure they are fit for purpose, and will develop toolkits to support these that demonstrate and enable caring, supportive, and compassionate management and leadership.

### Finance

As at the end of September we forecast a deficit of £2.626m for Q3 [split (£0.233m) Oct, (£0.581m) Nov and (£1.812m) Dec] against a plan of a £0.125m surplus. i.e. £2.751m adrift from the Q3 control total (the PSF available for Q3 is £1.939m). The actual performance for October is almost identical to forecast with a deficit (before PSF) of £0.237m. Cumulatively, the Trust now has a deficit of £3.256m (before PSF) which is £1.382m behind plan. It is likely therefore that we will miss Q3 in terms of PSF unless there is similar arrangement developed with the CCG (although this will make the payback and thus deterioration all the more severe in Q4). Income was high in month but pay also increased in October. Some of this was driven by additional posts (extra 50 WTE largely Qualified Nurses and CSWs). However, agency increased back up to £1.150m (third highest figure this year) – Qualified Nursing and to lesser extent Medics. This rise had been anticipated. Bank costs increased compared to September but were slightly lower than the average for the year. Overtime/WLI was lowest to date. Non Pay costs were the highest incurred to date (lowest in September) but high level of pass through drugs and clinical supplies (perhaps commensurate with the higher income levels). In summary, the position is less positive in terms of trends with agency/bank and non-pay but an actual position that is where the Trust predicted it would be.



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

Executive Lead: Mary Sexton

### Patients will experience safe care - Quality & Experience

	Target (Amber)	Target (Green)	Sep-19	Oct-19	Financial YTD	Trend	Month Status
<b>Friends &amp; Family Test - Response Rate</b>							
Friends & Family Test - ED	12.3%	19.4%	17.6%	18.5%	19.0%	↑	
Friends & Family Test - Inpatients	26.9%	37.0%	37.9%	35.3%	34.9%	↓	
Friends & Family Test - Maternity - Overall	21.9%	38.0%	24.0%	18.2%	20.5%	↓	
Friends & Family Test - Outpatients	4.9%	11.9%	4.5%	4.1%	4.9%	↓	
Friends & Family Test - Community	3.3%	8.1%	3.7%	5.6%	4.4%	↑	
<b>Friends &amp; Family Test - Percentage Recommended</b>							
Friends & Family Test - ED	88.7%	94.5%	78.7%	76.9%	75.5%	↓	
Friends & Family Test - Inpatients	96.7%	97.4%	94.9%	95.8%	94.9%	↑	
Friends & Family Test - Maternity - Overall	97.1%	98.5%	91.8%	95.7%	97.0%	↑	
Friends & Family Test - Outpatients	95.3%	97.4%	88.9%	90.0%	89.3%	↑	
Friends & Family Test - Community	96.2%	97.7%	90.8%	93.2%	92.3%	↑	
<b>Complaints</b>							
Total no. of complaints received in month	-	-	50	79	387	↑	
Complaints re-opened	-	-	12	7	62	↓	
PALs Numbers	-	-	206	271	1752	↑	
Complaints open at month end	-	-	160	181	-	↑	
Compliments received	-	-	422	587	3391	↑	
<b>Dementia</b>							
Find/Assess	-	90%	77.3%	65.3%	79.7%	↓	
Investigate	-	90%	35.1%	71.4%	73.6%	↑	
Refer	-	90%	98.1%	100.0%	96.4%	↑	
<b>Falls</b>							
No. of Falls	-	-	68	72	484	↑	
No. of Multiple Falls	-	-	3	8	36	↑	
<b>Pressure Ulcers (Grades 3 &amp; 4)</b>							
Hospital	-	-	0	0	3	↔	
Community	-	-	0	0	0	↔	
<b>Handwash</b>							
Handwashing	-	95%	99.8%	99.8%	99.7%	↑	
<b>Mixed Sex Accommodation Breaches</b>							
Single Sex Breaches		0	11	26	70	↑	

### Patients will experience safe care - Patient Safety

	Target (Green)	Sep-19	Oct-19	Financial YTD	Trend	Month Status
<b>Mortality (Quality Strategy Goal 3)</b>						
HSMR Rolling 12 months	105	-	115	-		
SHMI Rolling 12 months	1.05	-	1.11	-		
HSMR Year to date (Not available)	-	-	-	-		
<b>Infections</b>						
Cumulative C-Diff due to lapses in care	49	-	-	7		
MRSA Bacteraemia	0	1	0	1	↓	
MSSA Bacteraemia	0	3	2	15	↓	
E. Coli	0	3	4	21	↑	
<b>Stroke (1 month in arrears)</b>						
Stroke Admissions: Swallowing Screen	75%	97.2%	-	95.9%	-	
Stroke Patients Spending 90% of Time on Stroke Unit	85%	100.0%	-	94.1%	-	
Suspected High Risk TIAs Assessed and Treated <24hrs	85%	100.0%	-	97.4%	-	
Stroke Admissions to Thrombolysis Time	50%	50.0%	-	55.6%	-	
<b>VTE - Provisional Figures</b>						
VTE On Admission	95%	94.0%	93.6%	94.5%	↓	
<b>Incidents</b>						
Total Incidents	-	1382	1670	10289	↑	
Recorded Medication Incidents	-	276	420	2418	↑	
Never Events	-	0	0	0	↔	
Serious Incidents	-	1	5	24	↑	
of which, pressure ulcers	-	0	0	0	↔	
<b>Incident Grading by Degree of Harm</b>						
Death	-	1	1	4	↔	
Severe	-	0	4	8	↑	
Moderate	-	5	13	33	↑	
Low	-	167	185	1026	↑	
No Harm	-	851	949	6310	↑	
Near Miss	-	358	518	2908	↑	
Percentage of incidents causing harm	28%	38.4%	43.2%	14.5%	↑	
<b>Safety Thermometer</b>						
Patients with harm free care (and old harms)	-	94.68%	97.88%	-	↑	



## Performance - "At a glance"

Executive Lead: Karen Kelly



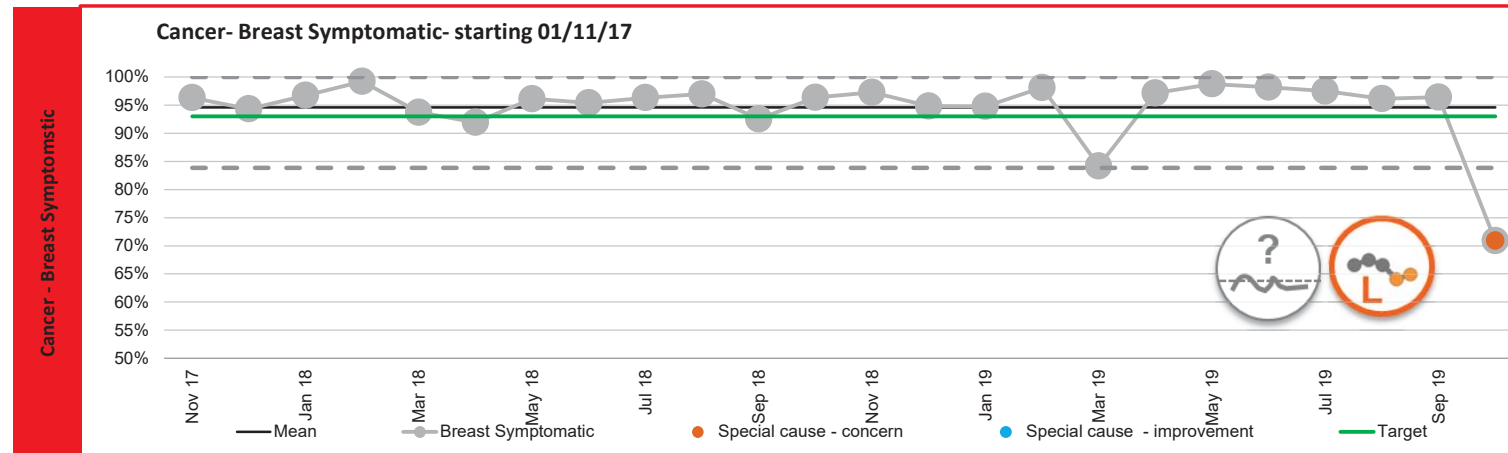
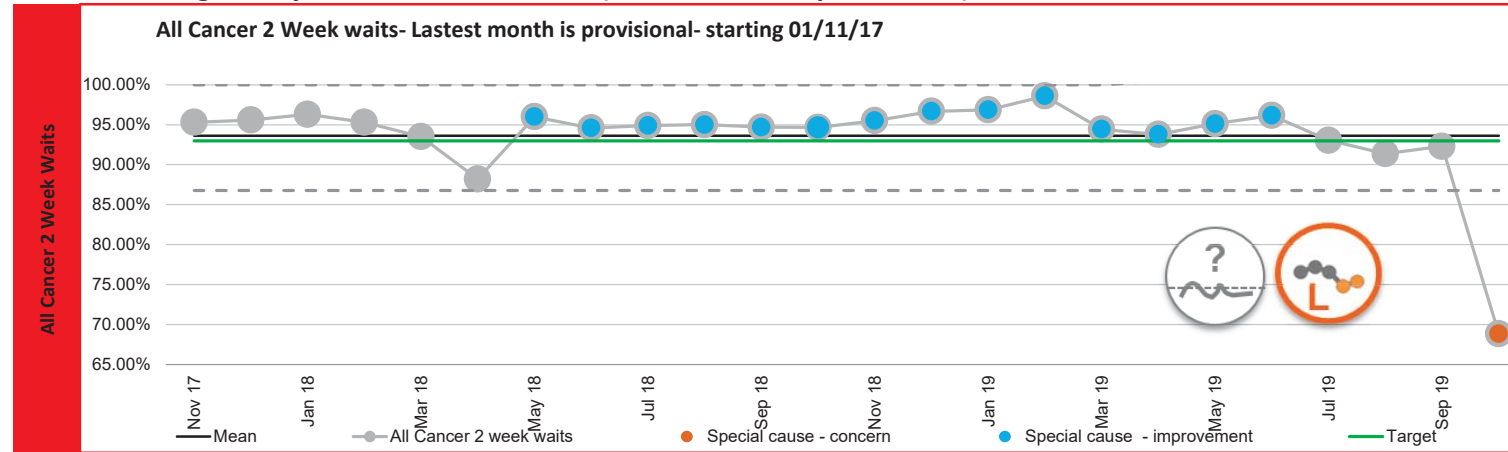
## Performance - Key Performance Indicators

	Target	Sep-19	Oct-19	Actual YTD	Trend	Month Status
<b>Cancer Reporting - TRUST (provisional)</b>						
All Cancer 2 week waits	93%	92.28%	68.8%	89.8%	↓	
2 week wait - Breast Symptomatic	93%	96.4%	70.9%	93.2%	↓	
31 day diagnostic to 1st treatment	96%	98.1%	96.6%	98.3%	↓	
31 day subsequent treatment - Surgery	94%	94.1%	96.2%	97.5%	↑	
31 day subsequent treatment - Drugs	94%	100.0%	100.0%	99.1%	↔	
62 day urgent GP referral to treatment	85%	83.1%	72.0%	83.1%	↓	
62 day screening programme	90%	90.9%	87.9%	96.3%	↓	
62 day consultant upgrades	85%	88.8%	86.9%	92.7%	↓	
<b>Referral to Treatment</b>						
RTT Incomplete Pathways - % still waiting	92%	93.6%	93.1%	94.1%	↓	
RTT Admitted - % treatment within 18 weeks	90%	87.6%	86.8%	87.0%	↓	
RTT Non Admitted - % treatment within 18 weeks	95%	94.8%	93.5%	95.0%	↓	
Wait from referral to 1st OPD	26	25	23	178	↓	
Wait from Add to Waiting List to Removal	39	38	36	268	↓	
ASI List		2863	3406	0	↑	
% Missing Outcomes RTT		0.04%	0.14%	0.1%	↑	
% Missing Outcomes Non-RTT		5.0%	4.8%	4.1%	↓	
<b>DM01</b>						
No. of diagnostic tests waiting over 6 weeks	0	122	188	622	↑	
% of diagnostic tests waiting less than 6 weeks	99%	98.5%	97.7%	98.8%	↓	
<b>ED - TRUST</b>						
Patients treated < 4 hours Type 1 & 3 (ED + UCC)	95%	83.0%	81.6%	82.8%	↑	
Emergency Department Attendances	N/A	9323	9530	64842	↑	
12 Hours Trolley Waits	0	0	0	10	↔	
<b>Ambulance to ED Handover Time - TRUST</b>						
15-29 minutes breaches		1553	1713	11829	↑	
30-59 minute breaches		350	358	2503	↑	
60+ minute breaches		18	17	228	↓	
<b>Ambulance to Assessment Area Handover Time - TRUST</b>						
30-59 minute breaches		23	24	109	↑	
60+ minute breaches		2	2	11	↔	

## Performance - Key Performance Indicators cont.

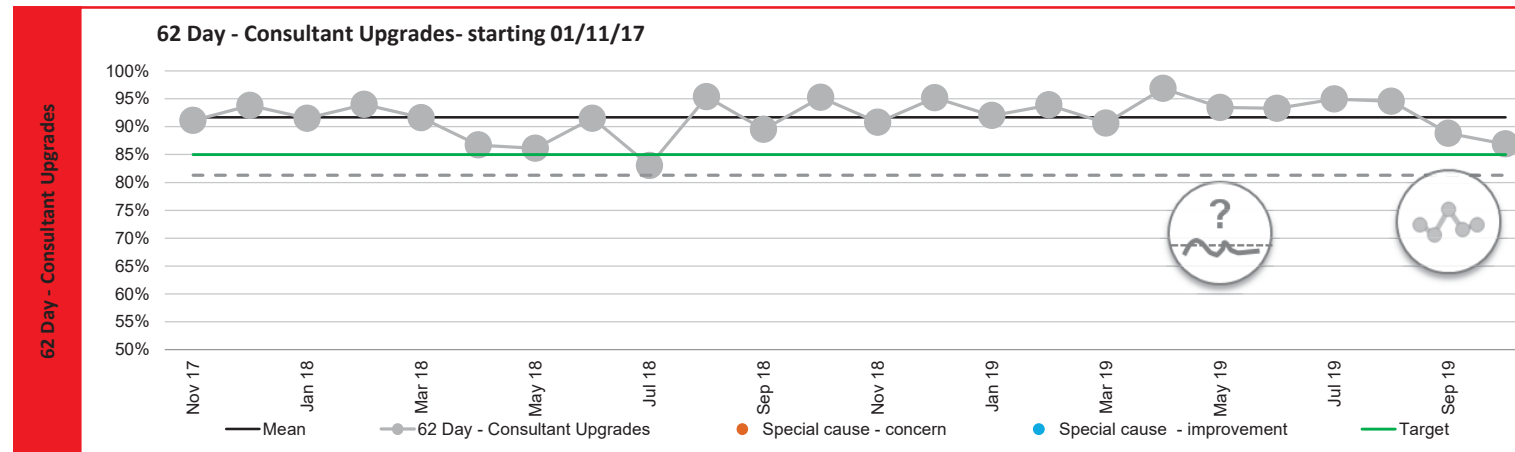
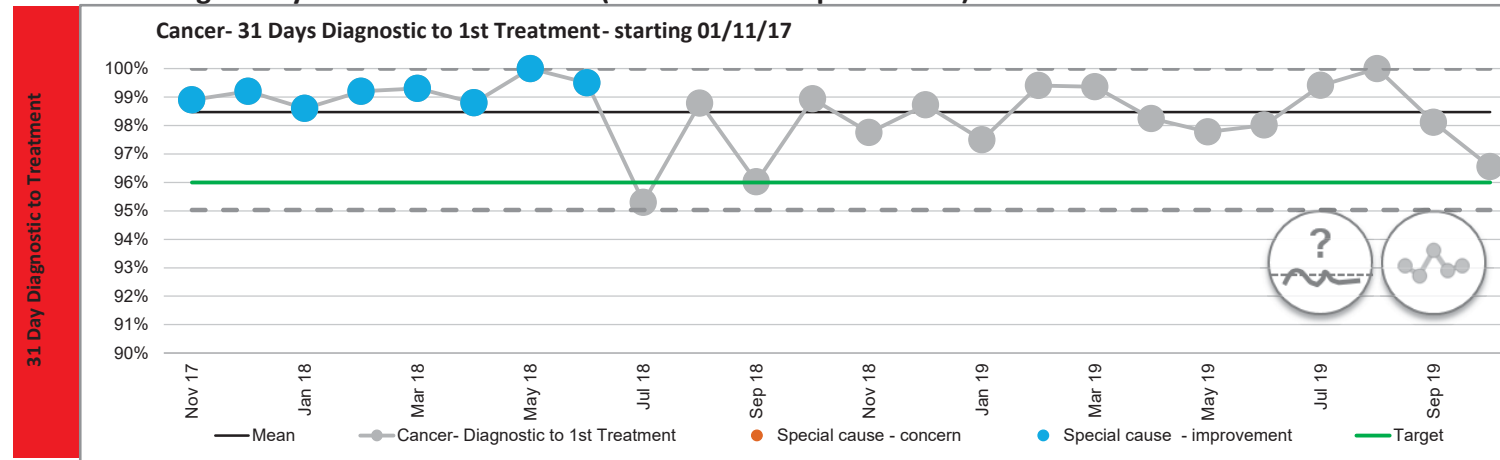
	Target	Sep-19	Oct-19	Actual YTD	Trend	Month Status
<b>Cancelled Operations - TRUST</b>						
% Cancelled Operations	1.0%	2.1%	1.6%	1.9%	↓	
Cancelled operations - breaches of 28 day rule	0	4	0	7	↓	
Urgent operations - cancelled twice	0	0	0	0	↔	
<b>GP Discharge Letters</b>						
GP Discharge Letters	90%	92.8%	92.8%	84.1%	↑	
<b>Theatre Utilisation - TRUST</b>						
Theatre Utilisation - Day Case (RHH & Corbett)		74.5%	73.6%	75.7%	↓	
Theatre Utilisation - Main		87.3%	85.6%	86.5%	↓	
Theatre Utilisation - Trauma		93.8%	92.3%	92.9%	↓	
<b>GP Referrals</b>						
GP Written Referrals - made		8006	7741	49535	↓	
GP Written Referrals - seen		6103	6315	41015	↑	
Other Referrals - Made		3924	4159	25550	↑	
<b>Throughput</b>						
Patients Discharged with a LoS >= 7 Days		6.30%	6.40%	6%	↑	
Patients Discharged with a LoS >= 14 Days		3.19%	2.97%	3%	↓	
7 Day Readmissions		3.6%	4.2%	3%	↑	
30 Day Readmissions - PbR		7.1%	7.7%	7%	↑	
Bed Occupancy - %		86%	92%	88%	↑	
Bed Occupancy - % Medicine & IC		94%	96%	93%	↑	
Bed Occupancy - % Surgery, W&C		81%	87%	84%	↑	
Bed Occupancy - Paediatric %		45%	65%	54%	↑	
Bed Occupancy - Orthopaedic Elective %		69%	80%	71%	↑	
Bed Occupancy - Trauma and Hip %		91%	96%	93%	↑	
Number of Patient Moves between 8pm and 8am		70	76	601	↑	
Discharged by Midday		12.7%	13.9%	14%	↑	
<b>Outpatients</b>						
New outpatient appointment DNA rate	8%	8.26%	6.97%	7.9%	↓	
Follow-up outpatient appointment DNA rate	8%	8.6%	8.8%	7.7%	↑	
Total outpatient appointment DNA rate	8%	8.4%	8.1%	54.7%	↓	
Clinic Utilisation		81.9%	80.5%	80.3%	↓	
<b>Average Length of stay (Quality Strategy Goal 3)</b>						
Average Length of Stay - Elective	2.4	3.19	3.08	2.8	↓	
Average Length of Stay - Non-Elective	3.4	4.7	4.7	4.7	↑	

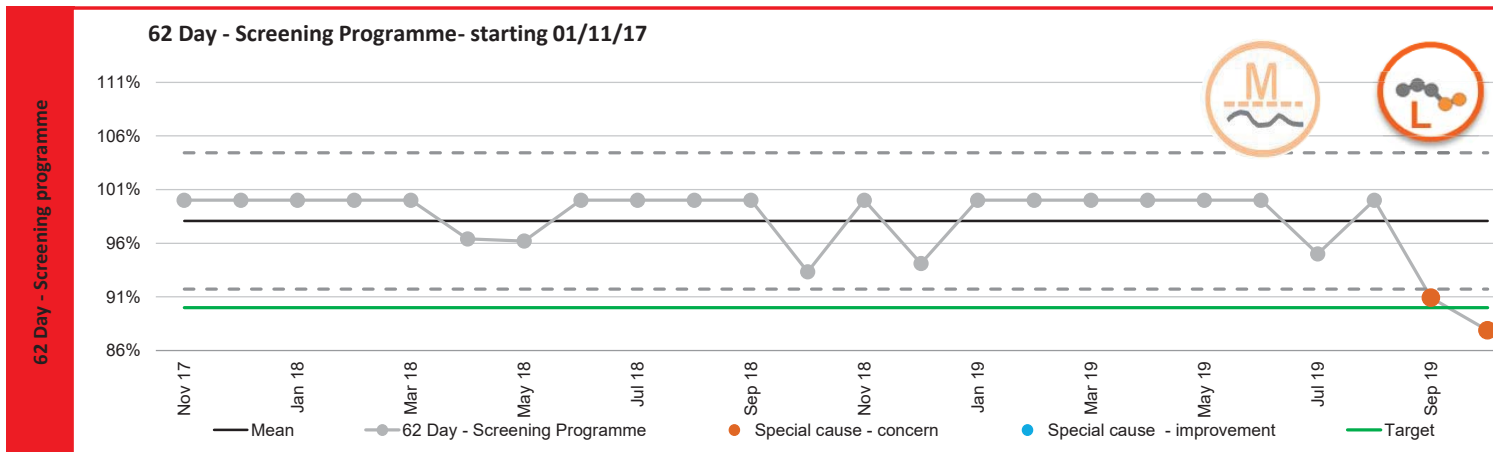
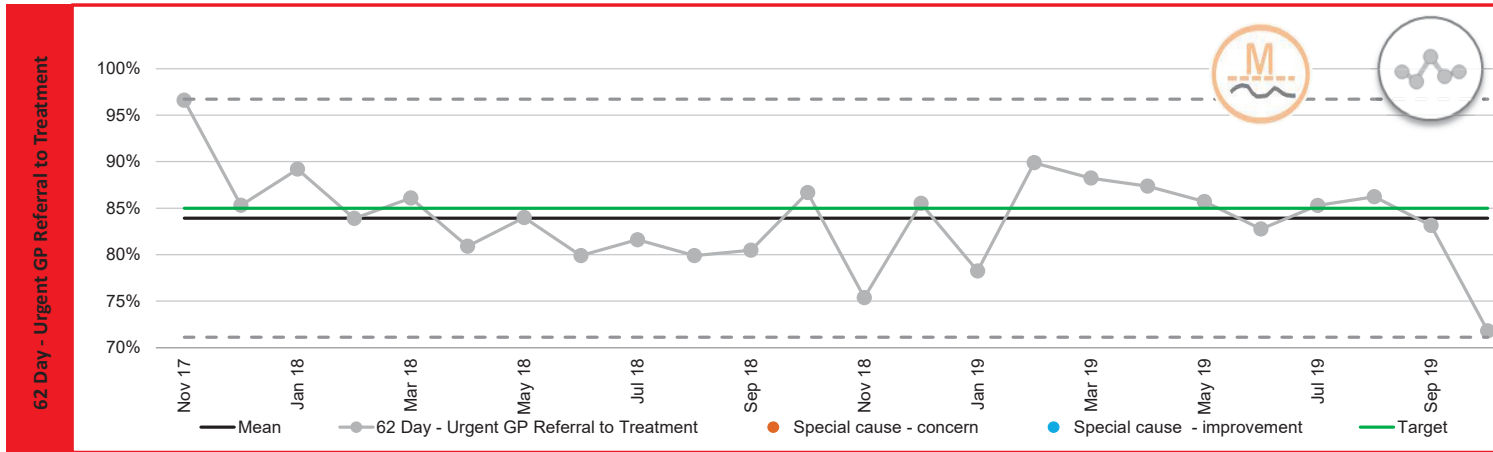
### SPC charts-Regulatory Performance - Cancer (Latest month is provisional)





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





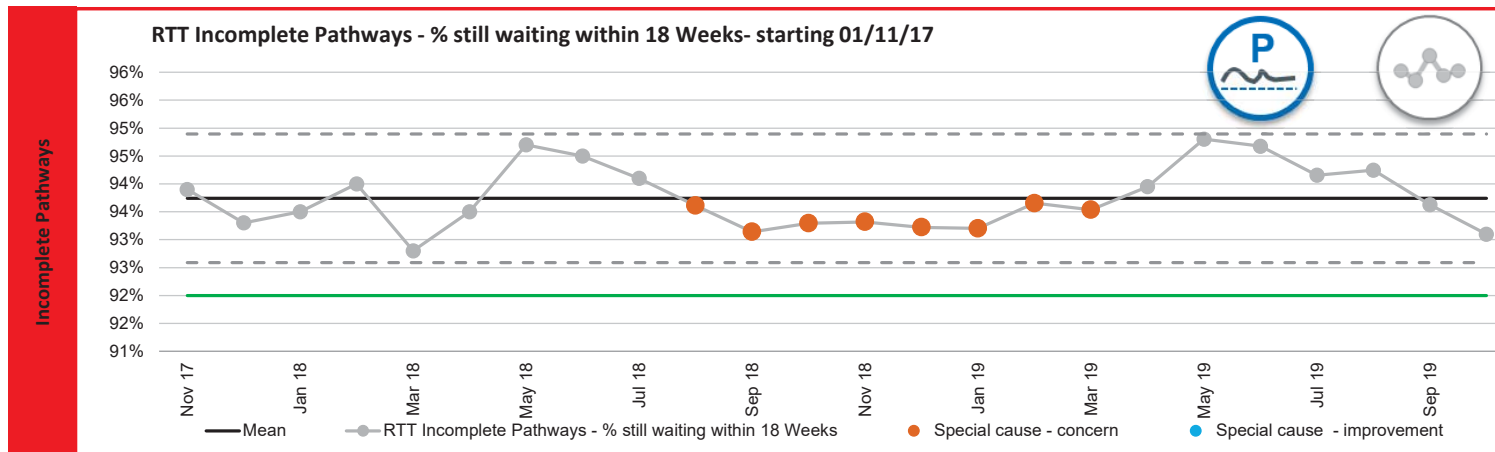
## Performance Matters (KPIs)

### Regulatory Performance - 18 Week Referral to Treatment

RTT 18 Week Performance - October 2019

Validated Position

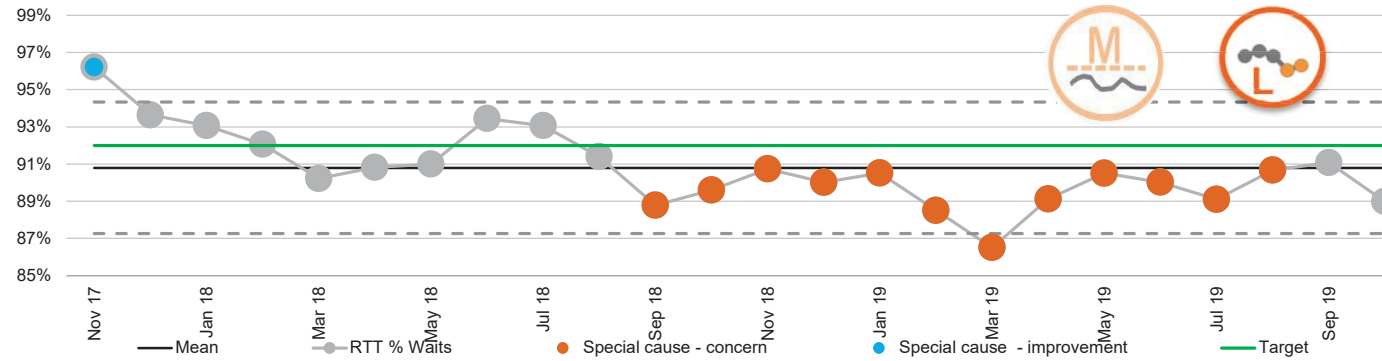
Specialty	Incompletes - Target 92%			
	<18	>18	Total	%
100 - General Surgery	969	120	1089	89.0%
101 - Urology	1222	131	1353	90.3%
110 - Trauma & Orthopaedics	1701	94	1795	94.8%
120 - ENT	1152	48	1200	96.0%
130 - Ophthalmology	1826	191	2017	90.5%
140 - Oral Surgery	668	63	731	91.4%
160 - Plastic Surgery	887	127	1014	87.5%
300 - General Medicine	3	0	3	100.0%
301 - Gastroenterology	1467	102	1569	93.5%
320 - Cardiology	625	29	654	95.6%
330 - Dermatology	1244	84	1328	93.7%
340 - Respiratory Medicine	385	2	387	99.5%
400 - Neurology	499	48	547	91.2%
410 - Rheumatology	556	56	612	90.8%
430 - Geriatric Medicine	107	0	107	100.0%
502 - Gynaecology	995	79	1074	92.6%
Other	4024	185	4209	95.6%
<b>Total</b>	<b>18330</b>	<b>1359</b>	<b>19689</b>	<b>93.1%</b>



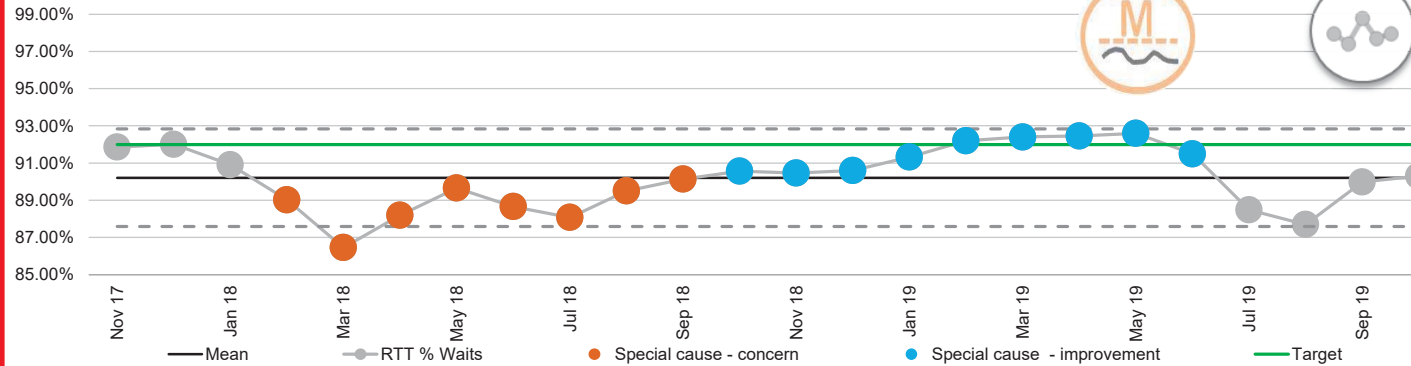
### Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target

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



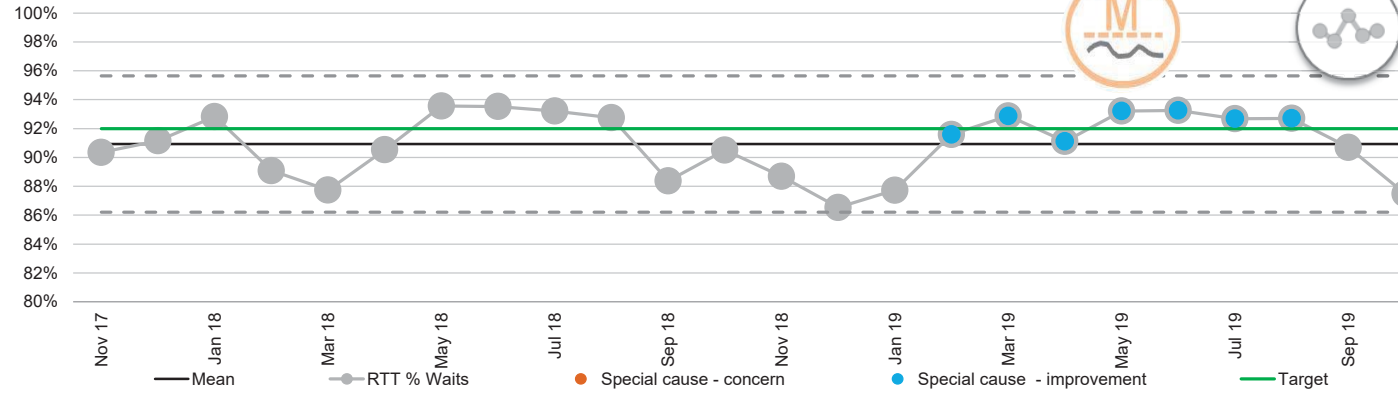
RTT % Incomplete Waits - Urology- starting 01/10/17



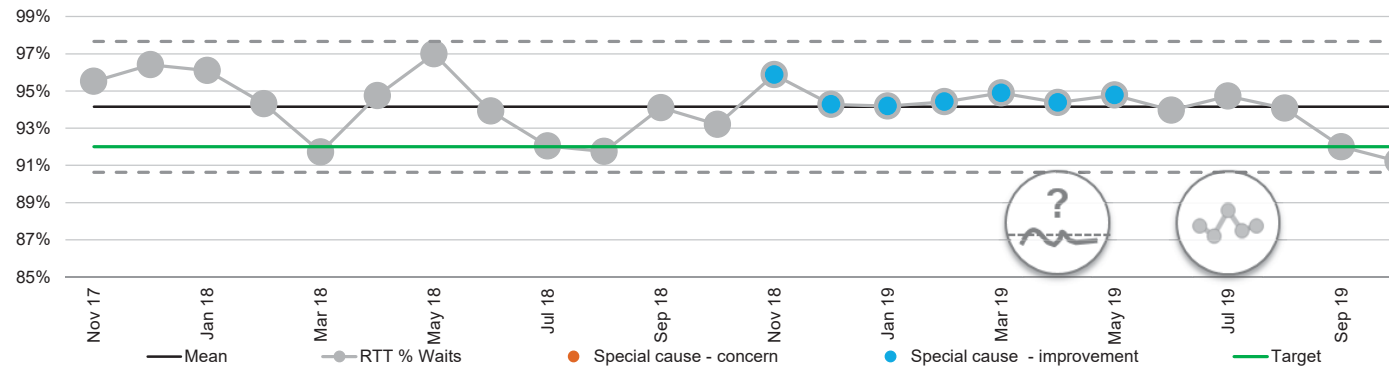
### Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities Missing Target

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

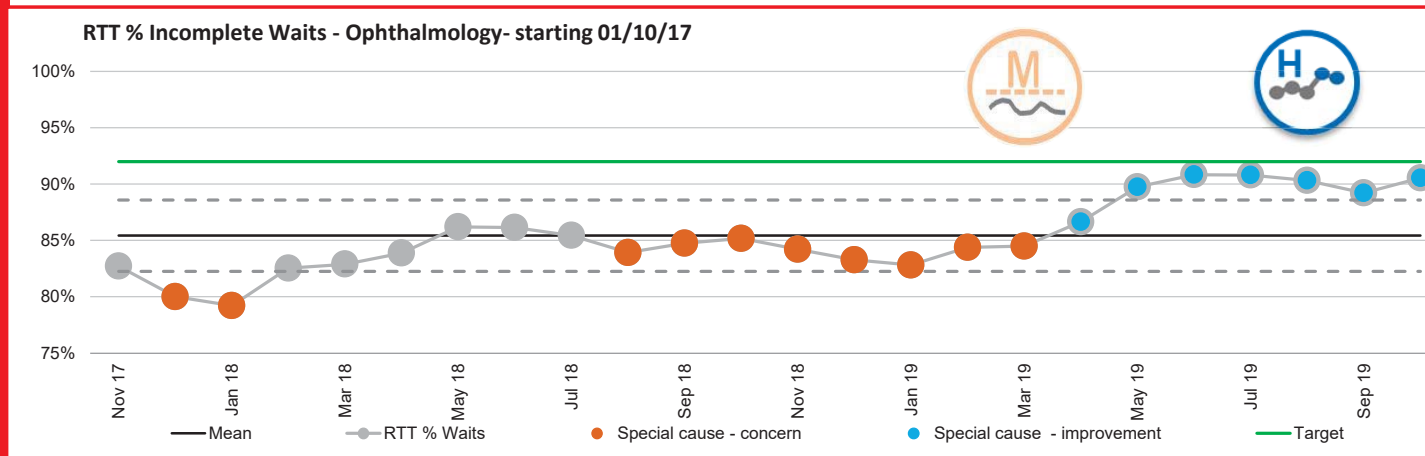
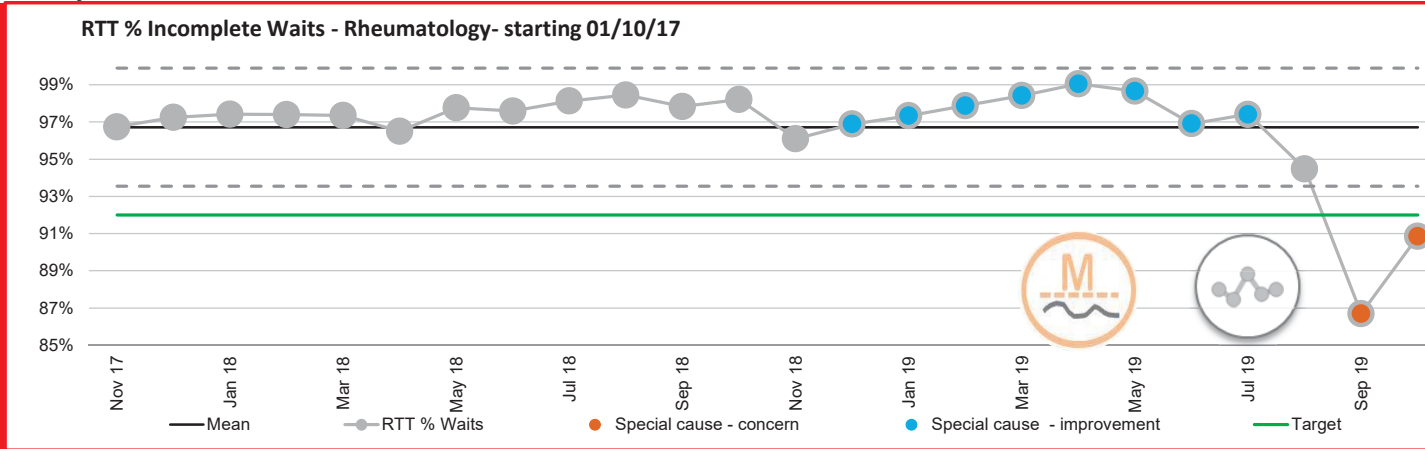


RTT % Incomplete Waits - Neurology- starting 01/10/17

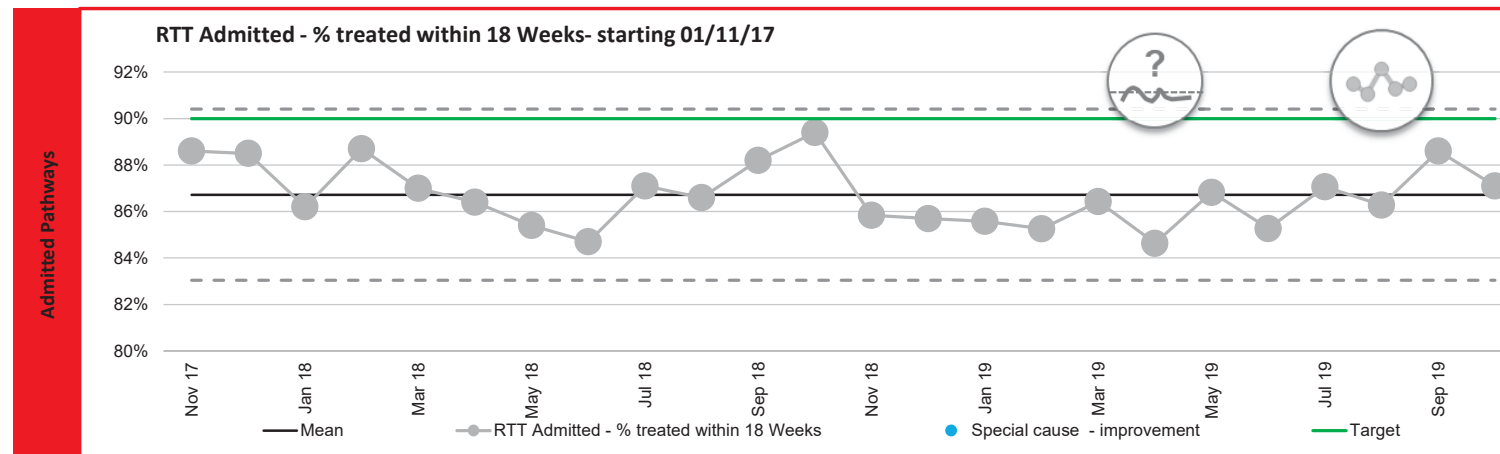
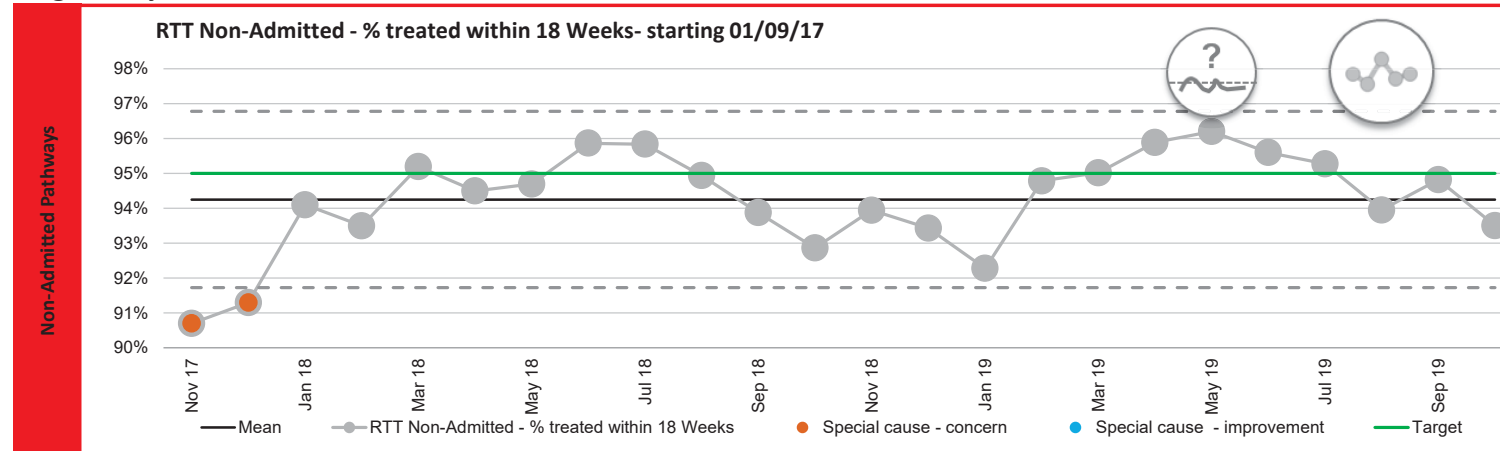


### Regulatory Performance - 18 Week Referral to Treatment

RTT Incomplete - Specialities missing target

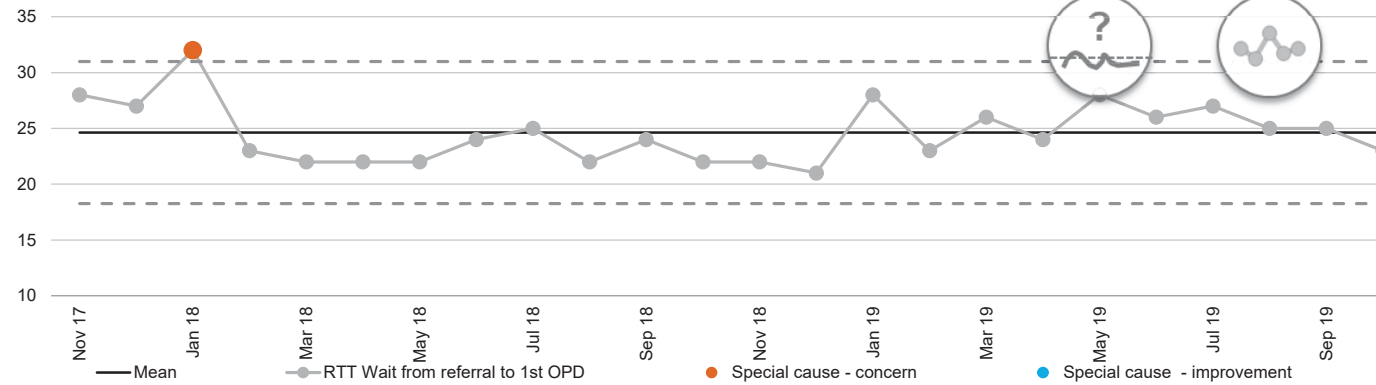


### Regulatory Performance



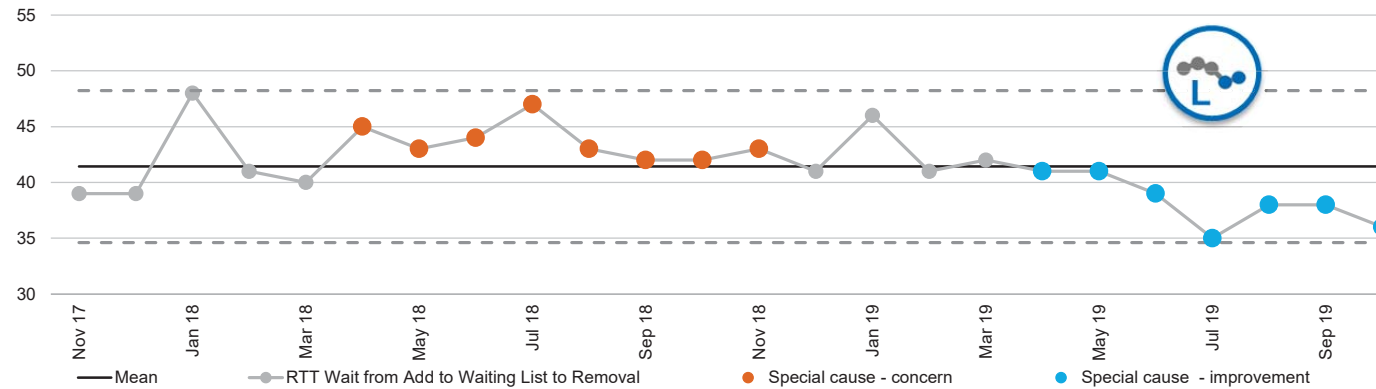
Wait in days from referral to 1st OPD

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

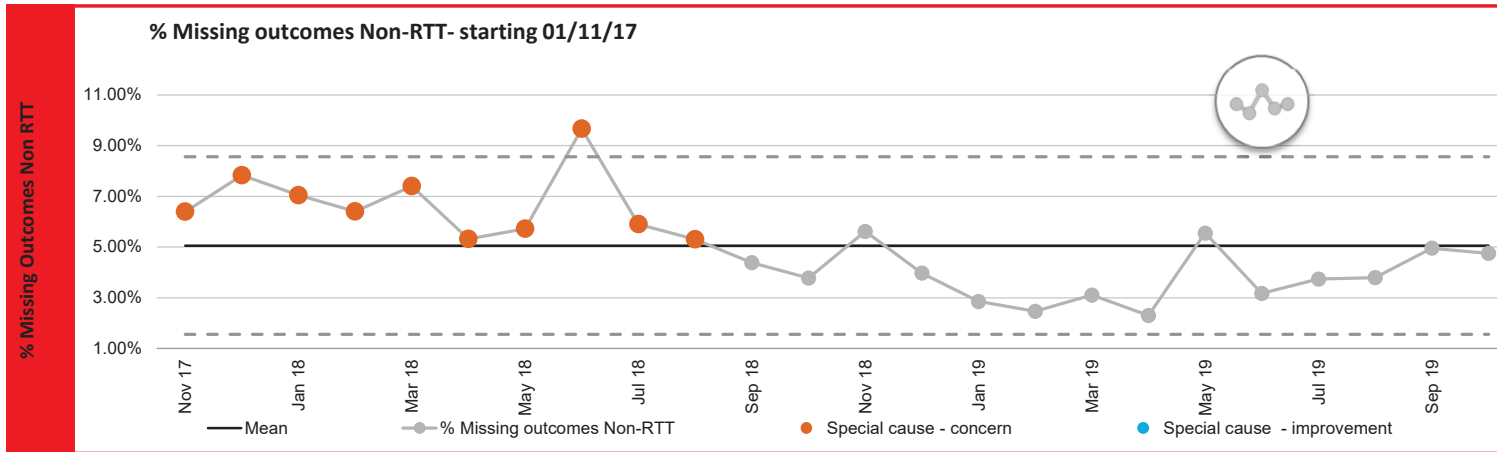


Number of unavailable slots at end of month (Appointment Slot Issues)

RTT Wait from Add to Waiting List to Removal- starting 01/11/17



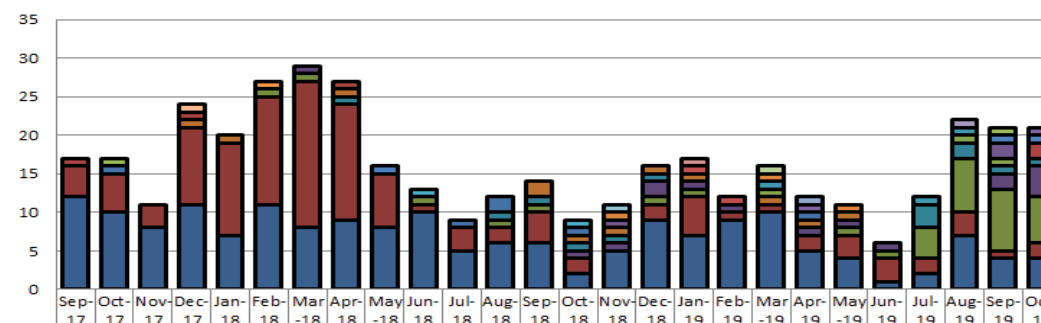




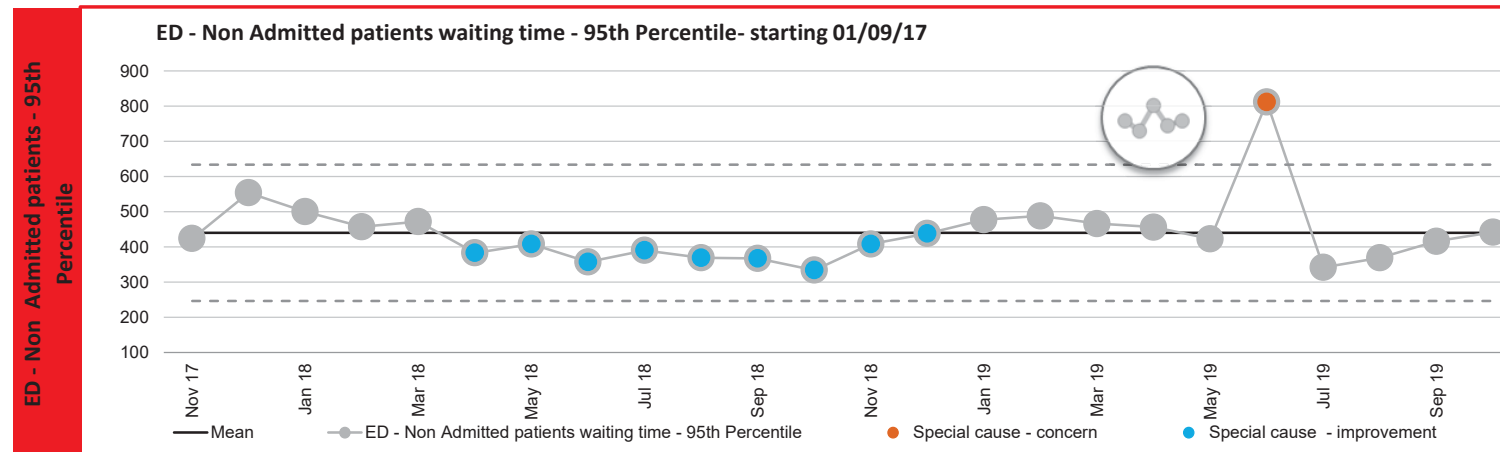
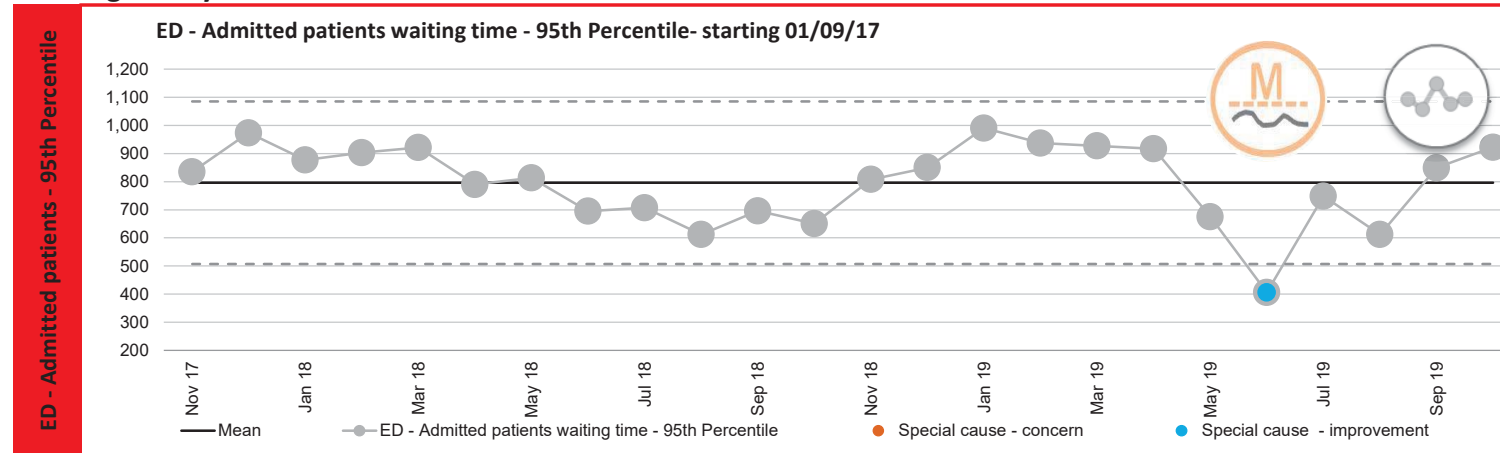
## Performance Matters (KPIs)

## Regulatory Performance

### RTT Incompletes - >40 Week Waits By Specialty

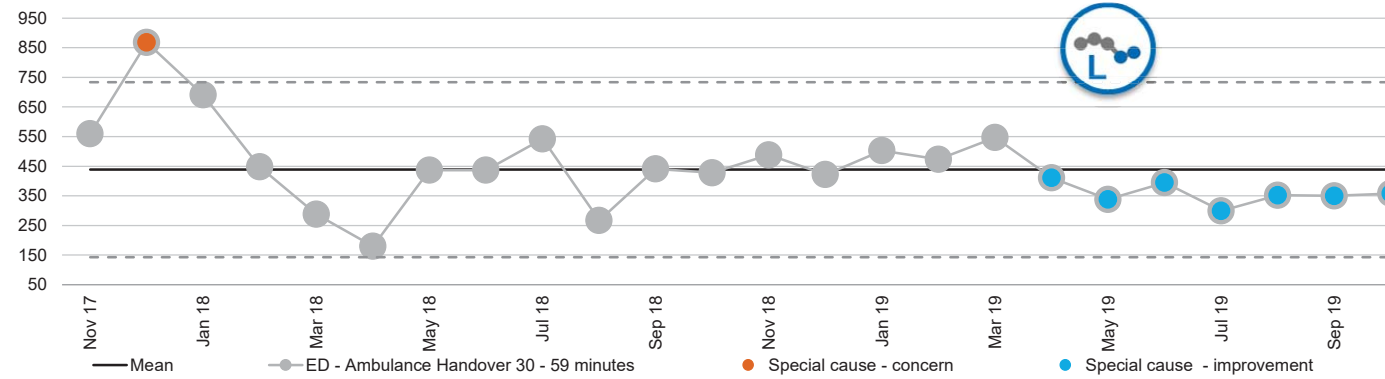
[illegible]

### SPC Regulatory Performance - ED



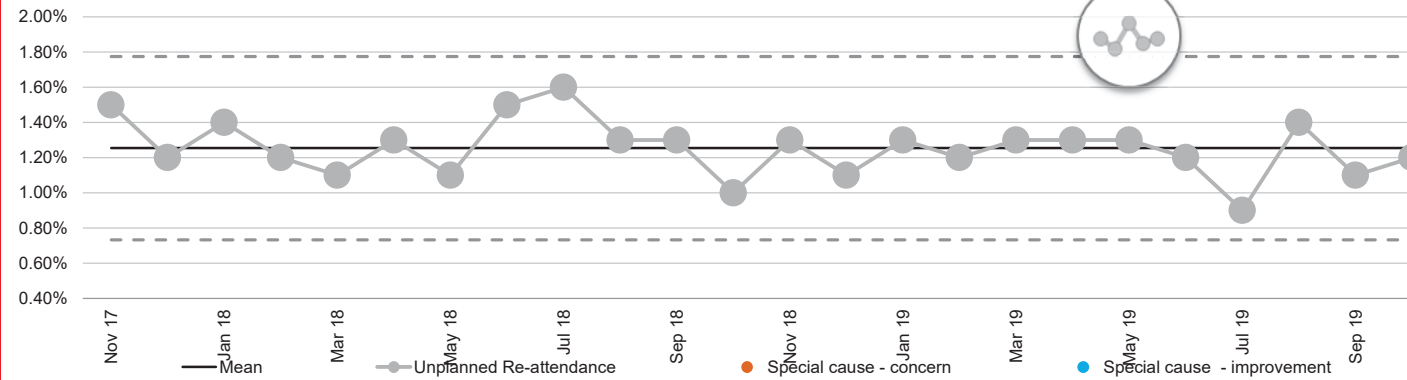
Ambulance Handover - 30 - 59 mins

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



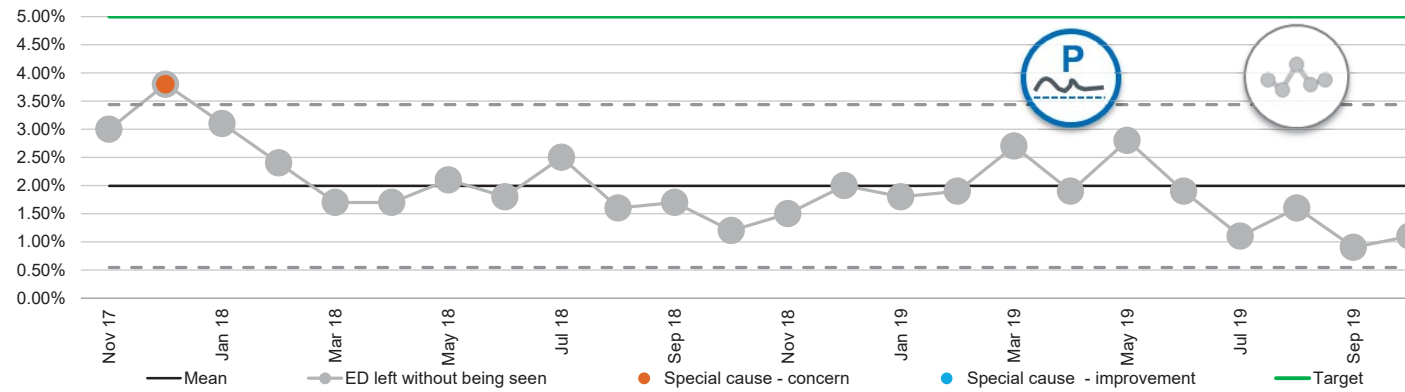
Unplanned Re-attendance

Unplanned re-attendance- starting 01/09/17



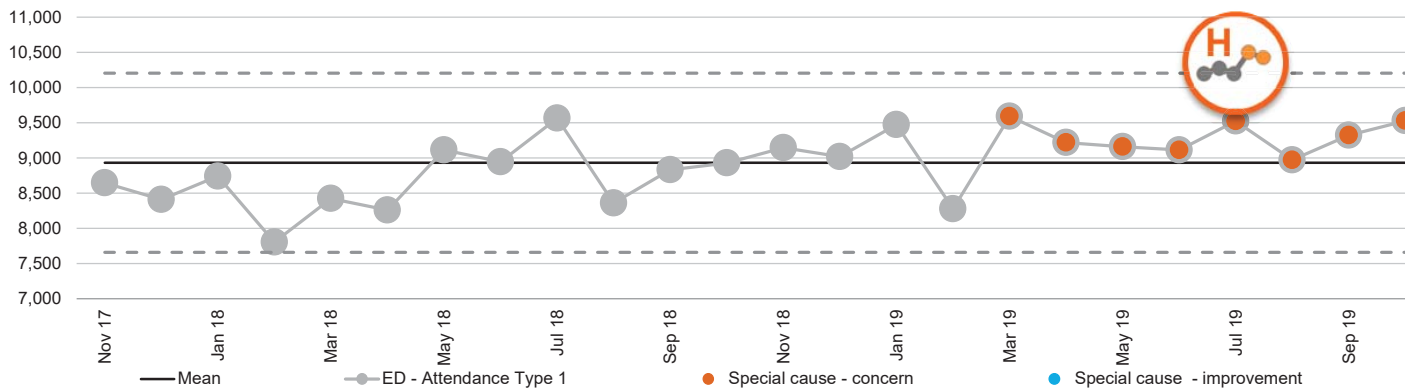
ED - Left without being seen

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

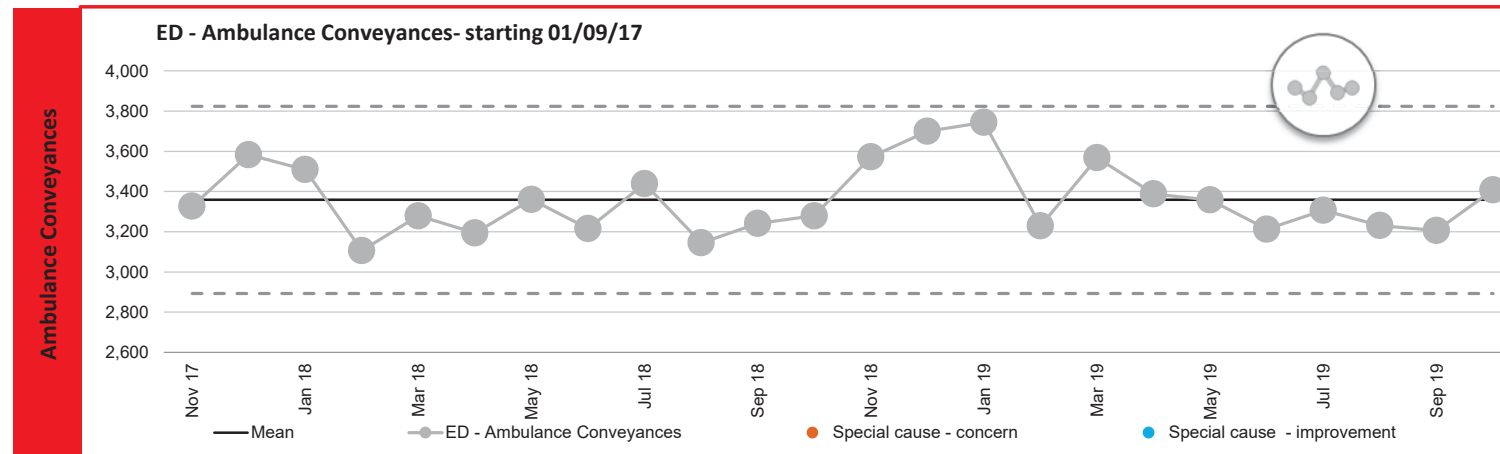
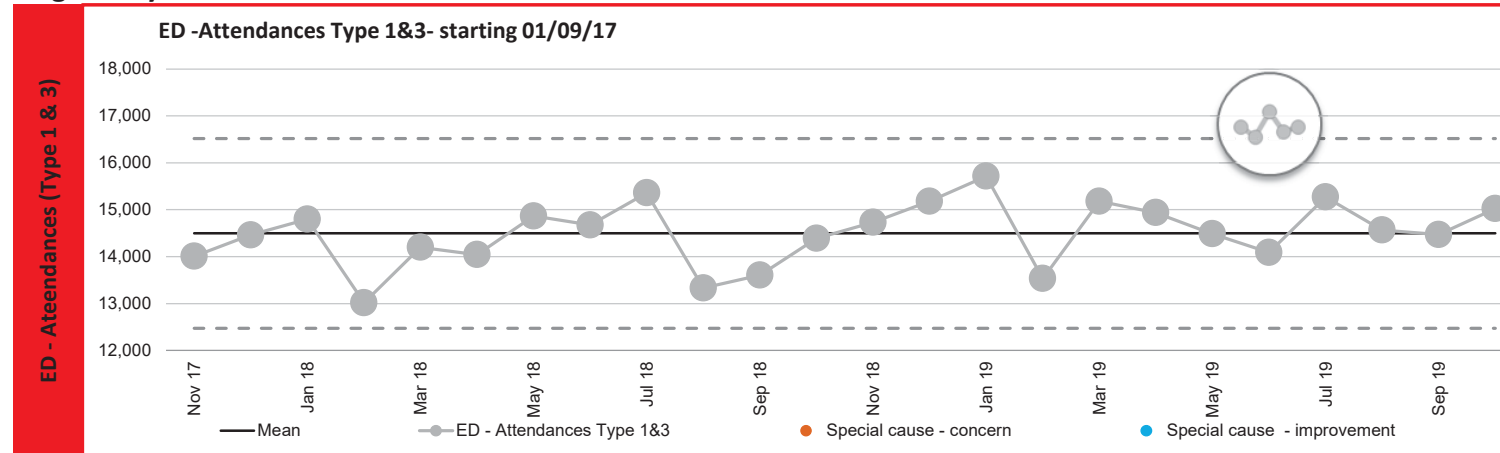


ED - Attendances (Type 1)

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



### Regulatory Performance - ED



## Financial Performance - "At a glance"



Executive Lead: Tom Jackson

## Performance - Financial Overview

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
<b>ACTIVITY LEVELS (PROVISIONAL)</b>								
Elective inpatients	538	517	-3.9%	-15	1,469	1,378	-6.2%	-91
Day Cases	4,135	3,858	-6.7%	611	12,158	13,838	13.8%	1,680
Non-elective inpatients	4,100	3,930	-4.1%	-483	12,236	10,749	-12.2%	-1,487
Outpatients	45,108	42,477	-5.8%	1,067	115,593	114,578	-0.9%	-1,015
A&E	9,233	9,530	3.2%	305	25,595	26,316	2.8%	721
<b>Total activity</b>	<b>63,114</b>	<b>60,312</b>	<b>-4.4%</b>	<b>1,485</b>	<b>167,051</b>	<b>166,859</b>	<b>-0.1%</b>	<b>-192</b>
<b>CIP</b>								
Income	£'000	£'000		£'000	£'000	£'000		£'000
Income	221	683	209.2%	462	1,300	2,790	114.6%	1,490
Pay	310	420	35.6%	110	1,951	2,633	35.0%	682
Non-Pay	1,722	361	-79.0%	-1,361	7,633	1,861	-75.6%	-5,772
<b>Total CIP</b>	<b>2,253</b>	<b>1,465</b>	<b>-35.0%</b>	<b>-788</b>	<b>10,884</b>	<b>7,285</b>	<b>-33.1%</b>	<b>-3,599</b>
<b>INCOME</b>								
NHS Clinical	£'000	£'000		£'000	£'000	£'000		£'000
NHS Clinical	30,772	30,852	0.3%	80	206,565	207,779	0.6%	1,214
Other Clinical	340	279	-18.0%	-61	2,576	2,845	10.4%	268
STF Funding	646	646	0.0%	0	2,907	3,283	12.9%	376
Other	1,421	2,017	42.0%	596	11,121	13,654	22.8%	2,534
<b>Total income</b>	<b>33,179</b>	<b>33,794</b>	<b>1.9%</b>	<b>615</b>	<b>223,169</b>	<b>227,561</b>	<b>2.0%</b>	<b>4,392</b>
<b>OPERATING COSTS</b>								
Pay	£'000	£'000		£'000	£'000	£'000		£'000
Pay	-19,881	-19,724	-0.8%	157	-138,305	-137,291	-0.7%	1,014
Drugs	-2,957	-3,419	15.6%	-463	-20,252	-21,579	6.6%	-1,327
Non-Pay	-6,463	-8,376	29.6%	-1,914	-50,325	-55,610	10.5%	-5,285
Other	-1,924	-1,865	-3.1%	59	-13,255	-13,054	-1.5%	201
<b>Total Costs</b>	<b>-31,224</b>	<b>-33,384</b>	<b>6.9%</b>	<b>-2,160</b>	<b>-222,136</b>	<b>-227,534</b>	<b>2.4%</b>	<b>-5,398</b>

## Performance - Financial Overview - TRUST LEVEL ONLY

	Month Plan	Month Actual	Variance %	Variance	Plan YTD	Actual YTD	Variance %	Variance
<b>EBITDA</b>								
EBITDA	£'000	£'000		£'000	£'000	£'000		£'000
EBITDA	3,876	2,304	-40.6%	-1,572	14,259	13,220	-7.3%	-1,039
Depreciation	-782	-731	-6.5%	51	-5,285	-5,189	-1.8%	96
Restructuring & Other	0	0	n/a	0	0	0	n/a	0
Financing Costs	-1,145	-1,140	-0.4%	5	-7,991	-7,891	-1.3%	100
<b>SURPLUS/(DEFICIT)</b>	<b>1,949</b>	<b>433</b>	<b>-77.8%</b>	<b>-1,516</b>	<b>983</b>	<b>140</b>	<b>-85.8%</b>	<b>-843</b>
<b>SOFP</b>								
Capital Spend	£'000	£'000		£'000	£'000	£'000		£'000
Capital Spend	-825	-365	-55.8%	460	-7,398	-3,400	-54.0%	3,998
Inventory					3,562	3,770	5.8%	208
Receivables & Prepayments					15,500	17,831	15.0%	2,331
Payables					-27,408	-27,639	0.8%	-231
Accruals							n/a	0
Deferred Income					-3,414	-5,341	56.4%	-1,927
<b>Cash &amp; Loan Funding</b>								
Cash	£'000	£'000		£'000	£'000	£'000		£'000
Cash					2,966	8,457	185.1%	5,491
Loan Funding							n/a	0
<b>KPIs</b>								
EBITDA %	13.4%	8.0%	-5.4%		5.3%	5.0%	-0.3%	
Deficit %	6.7%	1.5%	-5.2%		0.4%	0.1%	-0.3%	
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		



## Workforce - "At a glance"

Executive Lead: Andrew McMenemy

	People				Actual YTD	Trend	Month Status
	Target						
	19/20	Feb-19	Sep-19	Oct-19			
<b>Workforce</b>							
Sickness Absence Rate	3.50%	4.84%	4.55%	4.94%	4.90%	↑	
Staff Turnover	8.5%	8.8%	8.96%	8.99%	8.67%	↑	
Mandatory Training	90.0%	88.6%	89.2%	89.2%	89.9%	↔	
Appraisal Rates - Total	90.0%	95.6%	95.5%	95.5%	77.6%	↔	



Quality Indicators

Heat Map - October 2019

	KPI																																																																																			
	Environmental Cleaning			Hand Hygiene			MRSA Screening - elective			MRSA Screening - emergency			HCAI CDIFF - due to lapses in care			Saving Lives - 02b peripheral lines			Saving Lives - 06b urinary catheter			Datix incidents reported			Falls, Injuries or Accidents			Pressure Ulcers - Grade 3/4			Serious Incidents			Never Events			Nutrition Audit			Pain Score			Medicines Management Audit			% of Deaths with Priorities of Care (1 month average)			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					96	12		1											7	0					NA	↓-3	↓-1	↑1																																																					
B1			NA					18	0						NA							2	2						→0	↓-1	↑2																																																					
B2 Hip								16	5													2	16						↑1	↑1	↓-2																																																					
B2 Trauma								13	3													0	1						→0	↓-1	↑1																																																					
B3								20	3													1	0						↓-2	↑1	↑1																																																					
B4								22	7													3	1						↓-3	↓-3	↑6																																																					
B5			NA					8	0						NA							2	0						→0	↑1	↑1																																																					
C1			NA	NA				20	6													1	37						↓-4	↑2	↑1																																																					
C2			NA				NA	47	1						NA							3	0						↑1	↑2	↓-3																																																					
C3			NA					14	4													2	16						→0	→0	↓-1																																																					
C4							NA	17	2													2	25						↓-1	↑1	↑1																																																					
C5								27	3													1	25						↓-2	↑1	↑1																																																					
C6								3	0						NA							0	1						↓-5	→0	↑3																																																					
C7			NA					41	8					NA								3	12						↓-1	↑1	→0																																																					
C8			NA					37	15					NA								3	27						↑1	↑2	↓-3																																																					
CCU & PCCU			NA					18	2						NA					NA		0	0						↓-1	↓-2	↑1																																																					
Critical Care								40	0		1			NA					NA			0	24						→0	↑1	↑1																																																					
Maternity			NA	NA		NA	NA	123	0				NA		NA			NA				4	128						↑1	→0	→0																																																					
MHDU			NA	NA				17	0													0	9						↓-2	→0	↑2																																																					
Neonatal			NA	NA			NA	32	0						NA			NA				0	15						↓-1	↑1	↑1																																																					
Trust Total	95.6%	99.7%	97.4%	93.0%	0	99%	100%	540	65	0	3	0	96.7%	95%	96.4%	30.0%	93.5%	93.6%	97.5%	95.6%	33.9%	79	587	95.5%	89.0%	85.1%	89.3%	4.94%																																																								
RAG Rating	R: <85% A: 85%-95% G: ≥95%	R: <100% A: 100% G: ≥100%	R: <95% A: 95% G: ≥95%	R: <95% A: 95% G: ≥95%	R: <0 A: 0 G: 0	R: <75% A: 75%-95% G: ≥95%	R: <75% A: 75%-95% G: ≥95%	No RAG rating for this indicator	No RAG rating for this indicator	R: >0 A: 0 G: 0	R: >0 A: 0 G: 0	R: >0 A: 0 G: 0	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <30% A: 30%-60% G: ≥60%	R: <85% A: 85%-95% G: ≥95%	R: <95% A: 95% G: ≥95%	R: <85% A: 85%-95% G: ≥95%	R: <26.18% A: 26.19%-32.74% G: ≥32.75%	R: <96.41% A: 96.42%-97.31% G: ≥97.32%	No RAG rating for this indicator	No RAG rating for this indicator	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <80% A: 80%-90% G: ≥90%	R: <4% A: 3.5%-4% G: ≤3.5%																																																								

Paper for submission to the Board of Directors (Public Session) on Thursday  
5 December 2019

<b>TITLE:</b>	<b>Summary of Workforce and Staff Engagement Committee meeting on 26 November 2019</b>		
<b>AUTHOR:</b>	Julian Atkins	<b>PRESENTER</b>	Julian Atkins
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
<b>ACTION REQUIRED OF COMMITTEE:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
	X	X	
<b>OVERALL ASSURANCE LEVEL</b>			
<b>Significant Assurance</b>	<b>Acceptable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
<input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives	<input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/> No confidence in delivery
<b>RECOMMENDATIONS FOR THE BOARD:</b>			
The Board to note the assurances provided by the Committee the matters for escalation and the decisions made by the Committee.			
<b>CORPORATE OBJECTIVE:</b>			
<b>SO4: Be the place people choose to work</b>  <b>SO5: Make the best use of what we have</b>  <b>SO6: deliver a viable future</b>			
<b>SUMMARY OF KEY ISSUES:</b>			
As detailed in the paper.			

IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description:
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well led
	NHSI	Y	Details: Annual Business Planning Process
	Other	N	Details:

**CHAIRS LOG**  
**UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE**  
**26 November 2019**

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>A verbal report was presented on the Apprenticeship Scheme and levy. The Trust currently has circa £1.73 million in the apprenticeship pot but it was reported that the Trust will lose money for the first time in November 2019. This will be up to a maximum of £42k. This is due in part to some staff not completing training. Work is underway to minimise losses in future months. This will be closely monitored by the Committee.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>The Head of Learning and Organisational Development presented details of the funding available for Continuous Professional Development. A report will be presented to the Committee in January 2020 showing how this will be allocated.</li> <li>The Head of HR presented the five year staffing plan that has recently been presented to HEE. The plan will now be maintained as a live document and will be periodically presented to the Committee.</li> <li>An update was provided regarding the 'Dudley People Plan'. Good progress was reported. This is a standing item on the Workforce and Staff Engagement Committee agenda.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>The Medical Director presented the results of the recent Medical Engagement survey. 109 members of the medical staff affiliated to the Dudley Group NHS Foundation Trust completed the survey and the results showed a significant improvement from a similar survey carried out in 2018.</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>The Committee received the Corporate and Significant Risk Report. It was noted that the risk in respect of the 'pensions implications for high earners' had reduced from 'major' to 'moderate'.</li> <li>The Committee received and discussed the quarterly report on the Board Assurance Framework. It was agreed that the risk appetite for BAF 4A, 'Be The Place People Choose To Work', should be reduced.</li> </ul>
<p><b>Chair's comments on the effectiveness of the meeting:</b> <b>The meeting was well attended and included good levels of challenge and debate.</b></p>	

Paper for submission to the Board of Directors on 5<sup>th</sup> December 2019

<b>TITLE:</b>	<b>Speak Up (FTSU) Guardian Update</b>		
<b>AUTHOR:</b>	Derek Eaves, FTSU Guardian, Philippa Brazier, FTSU Guardian	<b>PRESENTER</b>	Derek Eaves, FTSU Guardian, Philippa Brazier, FTSU Guardian
<b>CLINICAL STRATEGIC AIMS</b>			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
<i>Provide specialist services to patients from the Black Country and further afield.</i>			
<b>ACTION REQUIRED OF COMMITTEE</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
√		√	
<b>RECOMMENDATIONS</b>			
<ul style="list-style-type: none"> <li>To agree that the actions being taken are appropriate <b>and that consideration should be made in terms of increasing the resources available</b></li> </ul>			
<b>CORPORATE OBJECTIVE:</b>			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO4: Be the place people choose to work SO5: Make the best use of what we have, SO6: Deliver a viable future			
<b>SUMMARY OF KEY ISSUES:</b>			
<p>This paper gives an update on:</p> <ul style="list-style-type: none"> <li>Concerns raised in the last quarter (Q2) and for Q3 up to date, numbers and types of recent concerns raised and an outline of outcomes and feedback from these.</li> <li>Recent information, activities and developments which include: <ul style="list-style-type: none"> <li>Numbers of concerns raised nationally and local Trusts.</li> <li>New posts</li> <li>Freedom to speak up steering group/NHSI Action plan</li> <li>Latest situation with Speak Up Champions</li> <li>NGO Case Reviews</li> <li>Northwest Ambulance NHS Trust</li> <li>National Speak Up Month - evaluation</li> </ul> </li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK</b> None			
<b>RISK</b>	<b>N</b>	<b>Risk Description:</b> As above	
	<b>Risk Register: N</b>	<b>Risk Score:</b>	
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> SAFE, EFFECTIVE, CARING, RESPONSIVE WELL LED
	<b>NHSI</b>	<b>Y</b>	<b>Details:</b> Recent review of FTSU and recommendations
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>REPORT DESTINATION</b>	<b>EXECUTIVE DIRECTORS</b>	<b>Y</b>	<b>DATE:</b> 5 <sup>TH</sup> DECEMBER 19

## THE DUDLEY GROUP NHS FOUNDATION TRUST

### Freedom to Speak Up (FTSU) Guardian December 2019 update

#### Numbers of concerns raised at the Trust

The table below indicates the numbers and types of concerns raised with the Guardians a) each full quarter in the last three financial years with annual totals and b) in the first six months of this year with the numbers for the ongoing Q3. As previously noted, the National Guardian Office (NGO) has discussed the difficulties in categorising types of concerns being raised and those below are locally based categories. The majority of concerns being raised are regarding behaviour unrelated to patient care although as the Civility Saves Lives Campaign points out, inappropriate behaviour between and towards staff can result in ineffective care. We have divided the national category on this topic into two: a) perceived bullying and harassment and b) perceived unfair behaviour, the latter includes such concerns as unfair recruitment, unfair rotas and concerns about redeployment of staff. Both of these two types of concerns cover those regarding colleagues, line and senior managers.

	Number	Anonymously	Patient Safety	Behaviour: Bullying/ Harassment	Behaviour: Unfair/ Inappropriate	Other
<b>Apr-Jun</b>	2	0	0	2	0	0
<b>Jul-Sep</b>	14	3	4	8	2	0
<b>Oct-Dec</b>	17	0	3	8	6	0
<b>Jan-Mar</b>	11	2	2	4	5	0
<b>2017/18</b>	44	5	9	22	13	0
<b>Apr- Jun</b>	15	0	3	8	5	2
<b>Jul – Sep</b>	12	0	2	5	4	2
<b>Oct – Dec</b>	26	1	4	7	11	4
<b>Jan- Mar</b>	14	0	1	7	4	2
<b>2018/19</b>	67	1	10	27	24	10
<b>Apr-Jun</b>	24	0	5	8	7	4
<b>July-Sep</b>	17	0	3	7	7	1
<b>Oct-Nov 19<sup>th</sup></b>	16	1	2	5	8	1

The table below breaks down the types of staff who are raising the concerns and it can be seen that these come from a cross-section of staff.

	Number	Nursing	Midwife	HCA	Medical	AHP	Clinical Scientist	Corporate	Admin. /Ancillary	Unknown
<b>Apr-Jun</b>	2	2	0		0	0	0		0	0
<b>Jul-Sep</b>	14	7	2		0	1	0		3	1
<b>Oct-Dec</b>	17	7	0		1	0	1		8 <sup>^</sup>	0
<b>Jan- Mar</b>	11	5	2		2	0	0		2	0
<b>2017/18</b>	44	21	4		3	1	1		13	1
<b>Apr- Jun</b>	15	9	2		2	1	0		1	0
<b>Jul – Sep</b>	12	8	1		1	1	0		1	0
<b>Oct – Dec</b>	26	10	2		3	3	0		8	0
<b>Jan - Mar</b>	14	6	1		2	0	0		4	1
<b>2018/19</b>	67	33	6		8	5	0		14	1
<b>Apr-Jun</b>	24	7	1	4	1 <sup>*</sup>	2	0	4 <sup>”</sup>	5+	0
<b>July-Sep</b>	17	3	4	3	0	2	0	1	4	0
<b>Oct-Nov 19<sup>th</sup></b>	16	5	0	1	0	1	3+	1	4 <sup>”</sup>	1

<sup>^</sup>1 of these was a PFI staff member, <sup>\*</sup> = a group, + = 2 of total were more than one individual, <sup>”</sup> = 1 was more than one individual

It can be seen that the numbers of concerns have increased in this part quarter as it did in 2018 which is probably due to the publicity and events that occurred during Speak Up month in October.

### **Actions/Outcomes**

The concerns being raised vary considerably in complexity and as a consequence the time and resources required to come to a conclusion do differ markedly. Some issues can be resolved quickly by the Guardian, sometimes with the assistance of the Chief Executive or in liaison with local management while others are handed over, with the agreement of the person raising the concern, to such departments as Human Resources and Complaints. The following are some latest examples of cases and actions/outcomes as a result of concerns raised:

- Midwife concerned about the behaviour of a consultant. Issue raised with Clinical Director who has reviewed the clinical notes which confirmed a number of the concerns. The relevant consultant has left the Trust.
- As mentioned last quarter, concern raised regarding behaviour of manager generally then the behaviour during a sickness monitoring meeting. This was taken down the Grievance route and a number of issues fully and partially upheld although there was miscommunication to the individual about the results. This confusion has now been resolved. This is a possible Employment Tribunal case.
- Five staff from the same department raised concerns about the behaviour of a colleague and the same manager as the item above. This is being investigated at present.
- A number of allied health professionals concerned about the effectiveness of a clinical incident investigation and the lack of communication they had received about it. From the information they provided, the Guardian drew up a core timeline of the clinical case and the progress of the investigation. The Governance Department then arranged a full multidisciplinary meeting to which the Allied Health Professionals were invited to resolve the matter. The patient's family have now gone down the litigation route.
- A concern was raised about an action a manager stated had taken place, which in fact wasn't the case. A guardian spoke with and wrote twice to the manager without a response and so this was escalated by email to the manager's line manager who initially did not reply. Following a further escalation to a Director the action was promised on the same day and this took place a number of days later.
- Several administrative staff were concerned about unfair behaviour about their line manager and they agreed to go to the manager of the next line up. An apparent productive meeting occurred. They now report the behaviour has not changed and so the staff are disappointed that the promised action has not occurred. This may result in a grievance case.
- A patient safety concern has resulted in a meeting organised by the Chief Executive to agree a way forward.

Three of the concerns in this period were initially raised with champions who provided the initial advice and then they highlighted the issues with the Guardians, who took appropriate action as necessary.

## Feedback

It is not always possible to get written feedback from those who raise concerns but five have stated:

'Wow! Thank you xxx. You've been so helpful with all this'.

'Hi xxx, Thank you for all the time and effort you have put into this concern.'

'That's super. xxx, you have provided me with so much help with this. I cannot express how much this has meant to me and my family and the pressure it has taken off me'.

'Thank you so much. That is really great news. What you drinking?'

'Thank you for meeting with me last week. It did help to have someone independent to the situation to talk to.'

'It's great to have the opportunity to discuss this further with the management team – thank you for your help with this.'

*"Thank you for listening to me, I just don't want another member of staff to go through this situation I have"*

*"Thank you for taking time out and helping me"*

## Numbers of concerns raised nationally and local Trusts.

The NGO have updated their software and so it has only just published both Q1 and Q2 data. With regards to Q1 (2019/20) figures there were 24 concerns raised at the Trust. The national picture showed:

- 3,156 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
- 767 of these cases included an element of patient safety / quality of care
- 1,213 included elements of bullying and harassment
- 116 related to incidents where the person speaking up may have suffered some form of detriment
- 439 anonymous cases were received
- 3 organisations did not receive any cases through their Freedom to Speak Up Guardian
- 197 out of 224 NHS trusts sent returns
- Highest Trust had 67 cases (Local Trusts: 14, 33, No data, No data)

With regards to Q2 (2019/20) figures there were 17 concerns raised at the Trust. The national picture showed:

- 3,473 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
- 844 of these cases included an element of patient safety / quality of care
- 1,240 included elements of bullying and harassment
- 127 related to incidents where the person speaking up may have suffered some form of detriment
- 455 anonymous cases were received
- 2 organisations did not receive any cases through their Freedom to Speak Up Guardian
- 201 out of 224 NHS trusts sent returns
- Highest Trust had 73 cases (Local Trusts: 28, 26, No data, No data)



## **New Posts**

Following the NHSI review of FTSU, two posts have been advertised: Guardian for 4 days and a FTSU Administrator for 2 days. Interviews for both posts have been arranged and take place this month and in early December.

## **Freedom to Speak Up Steering Group/NHSI Action plan**

This Group has now been established following a recommendation from the NHSI FTSU review. It had its first meeting on 18<sup>th</sup> November. The Group will report into the Workforce Committee. The purpose of the group can be seen from the attached agreed membership and terms of reference which is provided in Appendix 1. At its first meeting the group, amongst other issues discussed the action plan drawn up following the NHSI review of FTSU. The updated action plan has been attached which provides a summary of the meeting (Appendix 2).

**Speak Up Champions:** There are now 20 FTSU and Patient Safety Champions with the latest interest coming from Neonates, palliative care, one of the orthopaedic wards and community. Meetings are arranged on a 6-8 week basis for the champions. These are not always well attended with the latest one on 11<sup>th</sup> November having six champions present. The individual posters for the longstanding champions have now been completed and are in place. It has been agreed to undertake a review of the champions in terms of their understanding of the role, any concerns they have and what actions they have taken so far. This will be conducted by the Guardians and Dr Calthorpe, the Trust Patient Safety Lead.

## **NGO Case Reviews**

The NGO undertakes case reviews of the FTSU processes in Trusts when issues are raised with them by either staff or regulators. The NGO states: 'We expect all NHS trusts and foundation trusts to look at our case review reports to identify whether they can adopt the recommendations within to help improve their speaking up culture'.

### **a) Northwest Ambulance Service NHS Trust**

The latest review (September 2019) was at the above Trust after the NGO was contacted by staff dissatisfied by both the FTSU process and actions taken following that process. The FTSU Steering Group has completed the Trust's response to the review (Appendix 3)

## **National Speak Up Month**

The NGO declared October as the National Speak Up month. The following occurred:

- John Higgins presented at the Grand Round on 7<sup>th</sup> November. It was well attended by a variety of people from all of the Board to student nurses. The speaker was engaging and had great experience of speak up across industry, NHS and military with a number of useful anecdotes. There were some questions at the end which resulted in the Trust chair and a non-executive involved in a debate.
- A schedule of walkabouts covering 11 days in the month occurred when the Guardians and champions visited all areas of the Trust with information on Speak up, doughnuts and pens.
- Speak Up Surgeries by the Guardians and Julian Atkins were held at Corbett Training Room and RHH Undergraduate Centre. Following a review, it is unlikely that further surgeries will be held.
- Helene Donnelly OBE has agreed to come and speak on 30<sup>th</sup> January - whistleblower at Mid Staffordshire Hospital and now Ambassador for Cultural Change / Freedom to Speak Up Guardian at Midlands Partnership NHS Foundation Trust

## **APPENDIX 1**

## **FREEDOM TO SPEAK UP (FTSU) STEERING GROUP**

### **TERMS OF REFERENCE**

#### **1. Constitution**

The Workforce Committee resolves to establish a reporting group to be known as the Freedom to Speak Up Steering Group.

The Freedom to Speak Up Steering Group (FTSU) in its workings will be required to adhere to these Terms of Reference, and has no delegated powers outside of these.

#### **2. Membership**

##### **2.1 Membership of the Group**

- FTSU Executive Lead (Chair)
- FTSU Non-Executive Lead
- Chief Nurse (Deputy Chair)
- Human Resources Representative
- Communications Representative
- Guardian of Safeworking Hours
- Trust Patient Safety Lead
- Staff-side representative
- FTSU Guardian(s)

2.2 Nominated deputies may attend in the absence of a member and as long as fully briefed.

2.3 In the absence of the designated Chair, the Deputy Chair will take the Chair.

#### **3. Attendance**

3.1 The following shall be entitled to attend and receive papers to be considered by the Committee/Group:

- FTSU and Patient Safety Champions

3.2 Other managers/staff may be invited to attend meetings depending upon agenda and items under discussion.

3.3 The Chair will ensure that an efficient secretariat service is provided to the Group.

#### **4. Quorum**

4.1 A quorum will consist of three members, which must include either the Chair or Deputy Chair.

#### **5. Frequency of meetings**

5.1 The Group will meet six times a year and all supporting papers will be circulated 7 days in advance of the meeting.

- 5.2 Ad hoc meetings may be called by the Chair or as a result of a request from at least 3 members of the Group.
- 5.3 Where members of the Group are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the Secretariat of the Group and provide a deputy where appropriate to act of their behalf.

## **6. Authority**

- 6.1 The Group is authorised by the Workforce Committee to investigate any activity within its Terms of Reference and is expected to make recommendations to the Workforce Committee or Board, depending on the sensitivity of the issue.

## **7. Duties and key Responsibilities**

The key responsibilities of the FTSU Steering Group shall be categorised as follows:

- Act as a sounding board for FTSU ideas and promote and encourage FTSU throughout the organisation.
- Develop, review and deliver the Trust's FTSU strategy to ensure that it is effective and include measures and targets that involve employees. Map and evaluate assurance based on the strategy and its impact.
- Develop a sustained, creative and engaging communication strategy that raises awareness of the value of speaking up and publicise the good that comes from speaking up. Evaluate this communications strategy at regular intervals.
- Develop/review a programme of engagement between senior leaders and employees.
- Develop/review a process to encourage all managers to effectively cascade information and seek feedback.
- Ensure that FTSU, alongside other cultural and leadership topics are in the Board development programme
- Oversee the development and review of training programmes to enable staff to develop the skills to speak up, give feedback and to constructively challenge.
- Ensure that the Trust management and leadership training/appraisal process enables all managers to develop the skills required to have effective conversations and carry out fair and confidential investigations.
- Develop a system to triangulate information to identify wider or emerging patient safety and staff experience problems
- Develop routine ways to find out how staff feel about the FTSU culture and then act on that feedback
- Develop/review a process to evaluate the experience of people after they have spoken up and to act on the feedback.

- Ensure that the Board reviews its FTSU processes against the NHSI guidance and requirements of the National Guardian Office on an annual basis.
- Advise and monitor that there is an adequate amount of time for the Guardians and champions to enable them to carry out all of the tasks associated with their role.

## **8. Reporting**

- 8.1 The FTSU Steering Group reports to the Workforce Committee and is required to comply with any reporting requirements set by the Workforce Committee as to format and frequency.

## **9. Review**

- 9.1 The Terms of Reference of the Group shall be reviewed by the Workforce Committee annually.
- 9.2 The Group shall formally consider its effectiveness using any tools specified for the purpose by the Board of Directors on an annual basis.

<b>Recommendations</b>					
<b>Guardian/champion resource</b>		<b>WHO</b>	<b>WHEN</b>	<b>Comments</b>	<b>Progress at Nov 18th</b>
1	Increase the amount of time the Guardians and champions have to enable them to carry out all of the tasks associated with their role. Once you have decided how much extra time they will have, recruit (not select) the Guardian	CEO/CN/ Guardians	October	Agree further hours (4 days per week with administrative support of 2 days) and recruit to the posts. Continually assess at each of the six weekly champion meetings the time available given to champions and liaise with managers if time constraints arise	Arranged: Guardian 26 <sup>th</sup> Nov Stakeholder Event 3 <sup>rd</sup> Dec Interviews Admin: 19 <sup>th</sup> Nov. FTSU Steering Group: It was agreed that with the imminent appointment of the new Guardian champion time availability should wait for a fresh pair of eyes to look at this situation.
2	Increase the diversity in your Guardian/champions in order to better represent your staff in order to encourage vulnerable staffing groups to speak up (ie LGBT, BME, disability, agency, volunteers etc)	Guardians	Sept 2019 & ongoing	Requested all champions to complete diversity information so an assessment can be made	Continues
3	Recruit more champions in order to improve awareness and reduce likelihood of a conflict of interest	Guardians	Sept 2019 & ongoing	Recruitment is ongoing with new recent champions in imaging and AMU. Two persons have shown an interest in ED. There are 19 at present.	Further interest on Neonatal unit, orthopaedic ward, palliative care and community
4	Seek advice from other trusts on developing a code of conduct and regular assessment process for champions	Guardians	October 2019	A local code of conduct already exists although it wasn't called this and so it has now been updated to reflect this. The regional group have been asked about methods of assessment. After August meeting all regular meetings will have action learning (group supervision) at the end of each meeting	Action Learning commencing at 11 <sup>th</sup> Nov meeting
5	Establish a FTSU steering group to act as a sounding board to FTSU ideas.	CEO/CN	October 2019	Agreed initially to include CEO, CN, Governance rep, Guardians, reps from HR and Comms. To meet every six weeks, TOR to be drawn up and agreed	TOR drawn up Commences 18 <sup>th</sup> Nov

6	Complete the missing gap analysis of the NGO case reviews and really question whether there is evidence to show you are meeting the recommendations.	Guardians	Sept 2019	Commenced in September with Royal Cornwall Case Review. All analyses to be more systematic	Trust review of NW Ambulance service case review agreed by FTSU steering group
7	Review your strategy against NHSI's revised guidance on strategy development to ensure that it is effective and at least include measures and targets and involve employees in some way.	CEO/ Guardians	October 2019	Review to take place at first meeting of Steering Group.	FTSU Steering Group :It was agreed to retain the present strategy and await the new Guardian to review and agree any update/changes.
8	Map and evaluate assurance based on FTSU strategy.	CEO/ Guardians	Ongoing from October	To be undertaken by Steering Group with a paper to the Board level committee.	
9	Improve the quality of the Guardian Report so that the Board receives assurance and or where a risk exists has full understanding of risk and mitigation. issues	Guardians	September 2019 onwards	To ensure the quarterly reports are more systematic in their content. Risks to be clearly defined within the report. From October 2019 to include the deliberations/decisions of the Steering Group	To commence at December 2019 Board
10	Develop a sustained, creative and engaging communication strategy that raises awareness of the value of speaking up, all of the speaking up channels (inc the Guardian), but most importantly publicises the good that comes from speaking up. We will evaluate our comms strategy at regular intervals.	Comms	October 2019	Development to occur at the first meeting of the Steering Group in October. The group will be responsible for the evaluation of the strategy which will highlight the positivity of speaking up.	FTSU Steering Group:
11	Develop/review a programme of engagement between senior leaders and employees.	HRD	Ongoing	To build on the present initiatives of: monthly one off events such as anti-bullying week and Movember (November), live chat, team brief behaviour framework, newsletter 'rest, rehydrate, refuel, refreshed' initiative. Further developments will be considered at the FTSU Steering Group and in particular by the HR/Communications reps	Ongoing engagement plan for this year (until March) in place. To be considered in conjunction with Comms plan
12	Develop/review a process to encourage all managers to effectively cascade information and seek feedback.	HRD	September onwards	This is being built into the existing leadership development programmes. In addition, the NGO has recently (August 2019) published their	Speak Up training included in Manager's Essentials programme
13	Include FTSU, alongside other cultural and leadership	HRD/CEO			

	topics in your Board development programme	/CN/Non Exec			
14	Develop/review training programme to enable workers to access training, coaching, peer support to enable them to develop the skills to speak up, give feedback and to constructively challenge.	HRD			
15	Ensure that management and leadership training/appraisal process enables all managers to develop the skills required to have effective conversations and carry out fair and confidential investigations. The quality of the training and the appraisal process should be evaluated.	HRD			
				expectations on Speak Up training at Trusts which it is stated should be treated with parity to other 'mandatory' training. This training covers three groups: 1) All Staff 2) Line and middle managers and 3) Senior leaders. The Learning and Development Department has a plan to cover these requirements to be covered in induction with e-learning for existing staff (1), managers essential training (2) and the use of Deloitte's (3) as part of the existing Board development programme. 360 degree appraisal is planned to be introduced in 2020 at least for managers rolling out to all other staff after then. The FTSU steering group will review the plans to ensure all aspects and staff are covered and that the levels of training expected are met.	for all managers and considers both setting a listening culture as well as the specific requirements of what managers need to know. Developing Leaders programme content adapted to include from Cohort 9 (Oct 2019). Further work ongoing to roll-out required training to all groups. Appraisal/360 framework underdevelopment in line with new policy to be ratified by end Feb 2020 for 2020/21 appraisal window. Training for Speak Up Champions, Guardians and other staff who have a listening/advocacy role (Staffside, HR) arranged for 28/11/19. Similar session arranged for Medical staff to support effective listening/response arranged for 5/12/19.
16	Develop a system to triangulate information to identify wider or emerging patient safety and staff experience problems	CEO	October 2019	This will be one of the key oversight functions of the FTSU Steering Group which will be set up in October 2019. FTSU information will be cross referenced and collated against HR and patient safety data.	FTSU Steering Group: It was agreed that HR and communications departments will work together on a clear

					strategy of publicising a three stage approach where a culture of staff raising concerns directly with their approachable manager and, if not resolved, the involvement of HR and then thirdly to the Guardians has to be encouraged although there is always the opportunity to go to the Guardians directly if staff think it is inappropriate to go to their manager or they have already and the issue has not been resolved.
17	Develop routine ways to find out how workers feel about the FTSU culture and then act on that feedback	Comms	November 2019 onwards	The communications and HR department will be asked to liaise to undertake regular staff surveys on this topic the results of which will be considered by the FTSU Steering Group and an action plan developed as necessary.	FTSU Steering Group: It was agreed to commence bi-monthly LiA events for staff and quarterly surveys on staff views including speak up commencing in January.
18	Develop/review a process to evaluate the experience of people after they have spoken up and to act on any evidence of victimisation.	Guardians	October 2019	The Guardians always ask all those who approach them with concerns about feedback. This will however be undertaken in a more systematic way in future by a set of specific questions and any learning themes/trends will be reflected within the Guardian report to the Board.	Commenced November 2019
19	Re run the FTSU Board review when NHSI publish its updated guidance (July/Aug) and seek feedback from workers.	Chief Nurse and Board	November 2019	The CEO/Chief Nurse will ensure that this is completed and discussed by the Board and the findings shared across the Trust.	Add to the Board Development Programme so all of the



					Board involved in the review
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Consistent with other NGO review reports, the office expects other NHS trusts to identify where the findings of this review apply to their own circumstances and take appropriate action to apply the learning described. For clarity, when making this decision, other trusts should refer to the report's findings, rather than the actions of the trust in response, as they apply to that trust's particular circumstances in this case.

## Review findings and comments

### 1. Speaking up policies

The trust had two policies covering speaking up:

i (i) 'Raising Concerns at Work (Whistle Blowing) Policy and Procedure', based on the Public Interest Disclosure Act.<sup>2</sup>

i (ii) 'Freedom to Speak Up Policy', based on the 'Raising Concerns Policy for the NHS' produced by NHS Improvement.<sup>3</sup> 1.1 Merge the two policies based around the current 'Freedom to Speak Up Policy' in relation to all matters raised by its workers.

ii 1.2 Revise its Freedom to Speak Up Policy to reflect the content of the updated national policy, once NHS Improvement has completed its revision of the policy.

iii 1.3 Advise all its workers of any revisions made to its policies which support its workers to speak up.

iv

The trust had developed the second policy as part of improvement work to respond to staff who raise issues.

The purpose of a speaking up policy is to set out how workers can speak up and the support they can expect when they do so. Such policies include options for workers about who they can speak up to, including their line manager, supervisor, Freedom to Speak Up Guardian or others.

They should be written in a way that is accessible, easily understood, and that encourages workers to speak up.

The existence of multiple policies in the trust does not promote these objectives.

The policies seen in the review included a focus on The Public Interest Disclosure Act. This has only limited relevance to speaking up culture and, therefore, this emphasis does not add to the clarity of the policies.

A review by NHS Improvement of the national speaking up policy is expected to take place later in 2020.

In addition, the NGO has produced a policy review framework to help organisations ensure that their speaking up policies clearly set out how their workers can speak up, to who and the support they will receive. This framework will be available soon on the NGO's webpages.

We acknowledge the trust's recent attempts to identify learning from the speaking up cases at the centre of the NGO review and to improve processes to support speaking up.

## Actions in response to findings

### The trust's actions in response are:

The Trust has just one policy and it has been reviewed by staff at NHSI and approved internally.

## **2. The scope of support from Freedom to Speak Up Guardians**

There was a lack of clarity regarding the scope of the role of the Freedom to Speak Up Guardians in the trust and whether there were certain types of issues that it was not within the Guardian's remit to support workers to raise. The remit of Freedom to Speak Up Guardians, as set out in guidance from the National Guardian's Office, is to provide support for workers to speak up, regardless of the type of matter involved.

Further information about the scope of the Guardian role is set out in Annex A below. In response the trust told our review that they acknowledge that there had been a lack of clarity about the arrangements for managing cases raised through FTSU which are then investigated through HR processes, but it has always supported FTSU as a route to raise any type of concern. The trust also said it had identified learning from recent speaking up cases and had developed agreed protocols for ensuring that cases raised through the Freedom to Speak Up Guardian continue to be supported by them, regardless of the process through which the investigation was managed.

Changes have already been made to the disciplinary policy and associated standard letters, to ensure that the right of access to the FTSU guardian is clear and other policies will be reviewed.

## **3. Thanking workers for speaking up**

Two trust workers, who spoke up about serious issues concerning staff safety, reported that they had not been thanked for speaking up. The trust view on this point was different but acknowledged the workers' perceptions on the matter.

This was not managed as well as it could have been in accordance with good practice, or the Freedom to Speak Up policy for the NHS.

## **The trust action in response is:**

The Trust policy and other publicity material make it clear that the Guardians and Champions can be contacted with any concerns. All of these contacts are logged. Certain issues, e.g. potential fraud, are passed on to the relevant specialists.

## **The trust action in response is:**

All staff raising concerns are thanked for doing so.

#### **4. The independence of investigators into speaking up matters**

An investigation into the issues raised by the two workers was undertaken by an individual who both workers regarded as potentially conflicted and therefore not suitably independent.

The trust told our review that it was aware of the potential conflict of interest. It explained it had assessed the risk associated with this and determined that it was not a conflict. This decision was made in line with its policies.

It added that its investigation processes include an independent, senior review which looks at the quality of investigation, the outcome and recommendations and provides an extra layer of scrutiny and assurance as to fairness and objectivity.

However, trust leaders acknowledged it could have done more to address the workers' concerns.

The National Guardian's Office, in a previous case review report, has recommended that the Department of Health and Social Care commissions guidance on investigations for NHS trusts.

This should include guidance on selecting suitably independent investigators.

The national speaking up policy for the NHS makes clear that investigations into matters raised by workers should be conducted by a 'suitably independent' person.

Published guidance on conducting investigations from the Advisory, Conciliation and Arbitration Service (ACAS) emphasises the need for processes to be conducted in 'fair' and 'reasonable' manner. It states that the perceptions of bias 'should be avoided wherever possible.'

It also sets out questions to be considered when choosing an investigator, which include considering whether the appointment would raise any concerns regarding conflicts of interest.

ACAS provides training based on that guidance. Training for investigations specifically into clinical practice is also available from NHS Resolution.

#### **The trust's actions in response are:**

This and items 5 and 7 below were discussed at the first FTSU Steering group. There have been cases when investigations have not progressed in a timely fashion. It was agreed that there needs to be time targets with regards to both investigations and initial fact finding so that they do not become protracted and it was suggested that these need to be monitored through the Workforce Committee and it needs to be clear under which policy the investigation is taking place and that individuals allocated to undertake investigations are independent and impartial and there is no conflict of interest and that this needs to be explicit in the relevant policies. It was also agreed that the mediation system in the Trust needs to be strengthened. The FTSU Steering Group will be monitoring this.

## **5. Timeliness and handling of investigations**

In respect of the above investigation, the workers concerned felt they received insufficient feedback during the investigation, including as to its progress and how long it might take.

The workers received formal feedback on the outcome of the investigation six months after first speaking up.

The workers concerned were not told under which policy or procedure the trust was investigating their concerns.

There was also evidence that staff involved in the investigation were unclear about this.

The national speaking up policy for the NHS makes clear that workers should be kept updated with the progress of investigations.

The trust's disciplinary processes already include a commitment to delivering investigations within a reasonable timeframe, taking account of the complexity of the case and its oversight and visibility of this is being improved through the implementation of a new HR case management system.

## **The trust's actions in response are:**

See 4 above

## **6. Perceived attitudes towards female workers**

Some who spoke to our review expressed the belief that there were examples of poor attitudes demonstrated towards female workers who spoke up.

In response, the trust provided evidence to demonstrate that it took the issue of equality, diversity and inclusion seriously and that, overall, its staff survey results show an improving picture in respect of the experience of women in the workplace.

## **The trust will continue its work to improve the experience of women in the workplace, including:**

This was discussed at the FTSU Steering Group and the view was that this is not an issue at the Trust. The Group will however be monitoring the situation.

## **7. Mediation**

Following the investigation process described above, the trust offered mediation to the workers involved in the investigation.

The trust explained that they did this entirely in accordance with their policies and procedures and that the process was entirely voluntary.

The workers whose speaking up had triggered the investigation said that they did not want mediation.

A staff member involved in the handling of the matter of mediation commented that the trust could have better communicated the proposed use of mediation to the workers concerned.

## **The trust's actions in response are:**

See item 4

## **8. Freedom to Speak Up and ‘advocacy’**

The trust had appointed 12 volunteer FTSU ‘champions’ to support the work of the trust FTSU Guardians.

They were described by some of the staff we spoke to as ‘advocates.’

It was clarified that the champions did not act as advocates or representatives for workers.

Other than the name, the job roles’ description was consistent with the function of champions and ambassadors as seen in other trusts.

Concern was also expressed in some parts of the organisation that individuals with responsibility for supporting speaking up in the trust acted, at times, more as an ‘advocate’ for workers, where they appeared to take the side of a member of staff.

The NGO is clear in its training and published guidance that those with responsibility for supporting workers to speak up must act impartially, ensuring that they ‘remain objective and unbiased.’

Where individuals responsible for supporting speaking up act or are perceived as acting as advocates for the views of individuals, they risk undermining the purpose and integrity of their speaking up position.

At the same time, where those responsible for supporting workers to speak up do so in accordance with published training and guidance, in a robust and impartial way, trusts must ensure that they respond effectively to this support in accordance with good practice.

The NGO will offer additional support to those with a speaking up role in the trust to address these matters.

## **The trust’s actions in response are:**

The Trust has a list of roles and responsibilities and a review of the champions is occurring in November. The list of roles and responsibilities will be reviewed to ensure this issue is emphasised.

Paper for submission to the Board on the 5<sup>th</sup> December 2019

<b>TITLE:</b>	<b>Guardian of safe working report</b>		
<b>AUTHOR:</b>	<b>Mr Babar Elahi – Guardian of safe Working Hours</b>	<b>PRESENTER</b>	<b>Mr Babar Elahi – Guardian of safe Working Hours</b>
<b>CORPORATE OBJECTIVES:</b>  SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have			
The report covers the following elements: <ul style="list-style-type: none"> <li>Guardian’s quarterly report with ongoing challenges</li> <li>Progress to date</li> </ul>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	<b>Y</b>		<b>Risk Description: Implementation of revised JD contract may adversely impact on rotas</b>
	<b>Risk Register: Y COR102</b>		<b>Risk Score: 16</b>
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details: links to safe, caring and well led domains</b>
	<b>Monitor</b>	<b>N</b>	<b>Details:</b>
	<b>Other</b>	<b>Y</b>	<b>Details: national requirement for effective guardian role</b>
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
			<b>Y</b>
<b>RECOMMENDATIONS FOR THE BOARD</b>  The Board is asked to note the actions taken by the Trust and its appointed guardian of safe working.			

## Board of Directors

### ***Guardian of Safe Working Report December 2019***

#### **Purpose**

To give assurance to the Trust Board that Junior Doctors in Training (JDT) are safely rostered and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

This paper provides a summary of the following areas related to JDT and the 2016 TCS:

- Challenges
- Exception reports
- Vacancies (data provided by Medical Work Force Department)

#### **Background and Links to Previous Papers**

The role of Guardian of Safe Working Hours (GSW) is to:

- Ensure the confidence of doctors that their concerns will be addressed
- Require improvements in working hours and work schedules for JDTs
- Provide Board with assurance that junior medical staff are safe and able to work, identifying risks and advising Board on the required response
- Ensure fair distribution of any financial penalty income, to the benefit of JDTs.

This is the 13<sup>th</sup> GSW report and covers the period of 29<sup>th</sup> August to 20<sup>th</sup> November 2019. The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources and finance to establish his role in the Trust and build relationships.

#### **Challenges**

#### **Engagement**

Engagement with the junior doctor workforce continues to improve. The Guardian is following his strategy to engage junior doctors, which involves.

- Holding regular Guardian Junior doctor forum.
- Introduction to Guardian and his role by attending Junior Doctor Induction Day
- Attending junior doctor forum arranged by Postgraduate Clinical Tutor
- Attending junior doctors' operational forum
- Creating a dedicated Guardian email in the trust
- Creating a webpage on the Trust HUB which carries information on Guardian role as well as



how to make exception reports.

- Regular communication to junior doctors through emails
- Using Trust HUB to advertise important information to junior doctors

As part of the above mention strategy, Guardian has been engaging with junior doctors by one to one contact both formally and informally.

As mentioned in the last GSW board report, there continues to be improvement in the engagement by the Educational Supervisors (ES) and Clinical Supervisors (CS) towards exception reports.

### **Exception Reports by Department – From 29<sup>th</sup> August 2019 – 20<sup>th</sup> November 2019 total = 40**

Number of exceptions carried over	Number of exceptions raised	Number of exceptions closed	Number of exceptions outstanding	Specialty
0	40	23	17	General surgery - 38 Geriatric/General -Medicine 2

### **Exception Reports by Grade**

Grade	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open –
FY1	3	1	19	17

### **Exception Reports and Fines.**

- 40 exception reports by doctors
- 0 immediate safety concerns
- 10 exception reports agreed as compensation overtime payment
- 17 pending
- 5 exception reports agreed as time in lieu
- 7 exception reports agreed as no further action
- No fines during this period
- 1 exception report agreed to monitor time management and handover

A strategy has been agreed with Medical Director, where any outstanding Exception Report is escalated to Medical Director's Office.

### **High level data**

Number of doctors/dentists in training (total): **198**

Number of doctors/dentists in training on 2016 TCS (total): **198**

Gaps as at May 2019

Speciality / Grade	FY1	FY2	ST 1-2, GPVTS	ST 3-8	Total
Cardiology					0
AMU			1		1
Diabetes					0
Dermatology			1		1
Elderly Care				2	2
EAU					0
Gastro					0
ED				2	2
Renal					0
General Surgery					0
ENT		1	2		3
Vascular					0
Surgery					
Haematology					0
T & O		1	2		3
Obs & Gynae					0

Paeds					0
Pathology					0
Radiology					0
Respiratory			1		1
Rheumatology					0
Stroke					0
Urology					0
Ophthalmology					0
Oral/ Max Fax			2		2
Anaesthetics					0
<b>Total</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>4</b>	<b>15</b>

## Next Steps

1. To encourage wider junior doctor engagement by the Guardian.
2. To escalate any outstanding Exception Reports to Medical Director's office.
3. To use the Trust HUB to promote the role of Guardian in the Trust.

## 1. Conclusion

Guardian can give assurance to the Trust Board that Junior Doctors in Training (JDT) are safely rostered and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

## 2. Recommendation

The Board are asked to read and note this report from the Guardian of Safe Working

<b>Author</b>	<b>Babar Elahi</b> <b>Guardian of Safe Working</b>
<b>Executive Lead</b>	<b>Chief Executive</b>
<b>Date</b>	<b>26<sup>th</sup> November 2019</b>